Beth Israel Lahey Health
Mount Auburn Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

July 2021

Published by John Snow, Inc.

JSI

Executive Summary

Background and Purpose

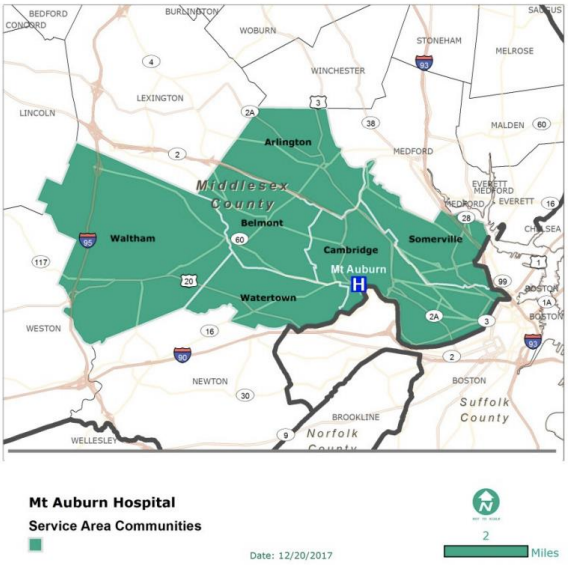
Mount Auburn Hospital (MAH or the Hospital) is a 217-bed acute-care, Harvard-affiliated community teaching hospital. The Hospital was founded in 1886, and for over 100 years has been dedicated to maintaining the highest standards of excellence in care for its patients, while also educating the caregivers of tomorrow and participating in critically important research. In 2019, Mount Auburn Hospital became part of Beth Israel Lahey Health (BILH), a new health care system that brings together academic medical centers and teaching hospitals, community, and specialty hospitals, more than 4,000 physicians and 35,000 employees in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education. MAH's mission is to improve the health of the residents of Cambridge and its surrounding communities. Mount Auburn Hospital's mission is to improve the health of the residents of Cambridge and the surrounding communities through the delivery of excellent, compassionate care. MAH is equally committed to teaching students of medicine and the health professions to benefit the next generation of patients and their families.

MAH provides care to residents from dozens of cities and towns throughout the Greater Boston Area, but the vast majority of the Hospital's consumers of service are from Arlington, Belmont, Cambridge, Somerville, Watertown, and Waltham. These communities make up the Hospital's Community Benefits Service Area (CBSA).

In addition to its commitment to clinical excellence, education, and research, MAH is committed to being an active partner and collaborator in the communities it serves. Community service has been a core value of the Hospital since it was established in 1886 and remains an important part of its mission today. MAH provides services to residents across the demographic and socio-economic spectrum but with respect to its community benefits efforts focuses its activities on improving the health status of

those who have been historically marginalized, including those with limited financial means, those without health insurance, immigrants, and those impacted by racism.

This community health needs assessment report is an integral part of MAH's population health and community engagement efforts. It supplies vital information that is applied to make sure that the services and programs that MAH provides are appropriately focused, delivered in ways that are responsive to those in its community benefits service area (CBSA), and address unmet community needs. This assessment and the associated prioritization and planning processes also provide a critical opportunity for MAH to engage the community and to strengthen the community partnerships that are essential to MAH's success now and in the future. This report also allows MAH to meet its Commonwealth and Federal Community Benefits requirements per the Massachusetts Attorney General's Office (MA AGO) and the Federal Internal Revenue Service (IRS) as part of the Affordable Care Act.



This Community Health Needs Assessment (CHNA) and the associated Implementation Strategy (2022-2024) were completed in close collaboration with MAH's leadership, staff, health, and social service partners, BILH Community Benefits leadership, and the community at-large. This assessment involved the input of nearly 100 community residents, service providers, and other stakeholders. This assessment, including the process that was applied to develop the Implementation Strategy, exemplifies the spirit of collaboration and community engagement which is a vital part of MAH's mission.

The next CHNA and an update to the Implementation Strategy will be completed in FY22 (the Implementation Strategy will be applicable to FY23-25).

Approach and Methods

The assessment began in September 2020 and was conducted in three phases. The phased approach allowed the assessment team to collect an extensive amount of quantitative and qualitative data while also providing opportunities for engagement of key stakeholders at vital elements along the way. Below are brief descriptions of the activities that occurred in each phase of the assessment and planning project.

Table 1: FY21 CHNA and Implementation Strategy: Project Phases

Phase 1 – Preliminary Assessment and Engagement	Phase 2 – Targeted Engagement	Phase 3 – Strategic Planning and Reporting
Identify Health Heeds and Strengths	**Engage Key Stakeholders**	**Develop Community Health Needs Assessment and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of the hospital's current portfolio of community benefits activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Interviews with community stakeholders and health departments • Focus groups with target populations and service providers.	• Meetings with the Community Benefits Advisory Committee and Project Advisory Committee to present CHNA findings, prioritize community health issues, identify priority populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Development of a final CHNA report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities.		

During the assessment and planning activities, nearly one hundred individuals from across MAH's CBSA were engaged in the process, including:

- Health and social services providers
- Town administrators/elected officials
- Public health officials
- Community organizers and advocates
- Community residents
- Immigrants (Cambridge Learning Center)
- Mount Auburn Hospital senior leadership and staff
- Mount Auburn Hospital Board of Trustee members
- Youth
- Housing corporations
- Mount Auburn Hospital Patient and Family Advisory Committee
- Councils on Aging

Per the Massachusetts Attorney General's Office Community Benefits Guidelines,[1] MAH's CHNA and Implementation Strategy were developed with the intent of "building long-term capacity to improve outcomes and reduce disparities around common health priorities." The Community Benefits Advisory Committee (CBAC), along with MAH's Steering Committee team, were committed from the outset to implementing a comprehensive, inclusive, data informed process to identify a series of health-related priorities that they believed would drive improvements in health and well-being in MAH's CBSA. Central to the MAH's CHNA and Implementation Strategy process was a focus on COVID-19 and its impact on historically underserved communities. As such, there was particular focus on racial and health equity as well as the social determinants of health.

There is a clear and growing appreciation regarding the impact that racism has on health status, both through its influence on the social determinants of health and as an independent factor affecting health. One cannot explore issues of community need and community health improvement without incorporating these concepts and considering how historical and current social and institutional inequities have contributed to imbalanced living conditions and have hindered individuals and families' ability to experience their full health potential.

Key Findings

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

- **The social determinants of health (e.g., economic stability, access to care, housing, and food insecurity) affect many segments of the population.** A key theme from the assessment's key informant interviews and focus groups was the continued impact that the social determinants of health have on residents of MAH's service area, especially individuals experiencing material poverty, individuals who do not have safe, stable housing, individuals with a substance use disorder, individuals with mental illness or people that lack a reliable, nourishing social support system.

- **Racism was a priority for many community stakeholders we spoke with this year.** Many community members were explicit that racism is a key factor in addressing health disparities. Although social determinants of health impact the health outcomes of communities, racism, particularly structural racism, was stated as the root cause of many social determinants of health (e.g., housing, educational, food insecurity).

- **Certain populations face health care disparities and barriers to care because of systemic and historical marginalization.** The communities that make up MAH's CBSA Area have strong, robust safety net systems and Massachusetts has one of highest rates of health insurance enrollment.

[1] https://www.mass.gov/files/documents/2018/02/07/Updated%20Hospital%20Community%20Benefits%20Guidelines.pdf

Overall unemployment is relatively low and by nearly all measures the economy in MAH's CBSA is strong, even amid the COVID-19 pandemic. Nonetheless, the findings from our interviews and focus groups clearly indicated there are still substantial numbers of individuals who have historically been under-resourced, who continue to face health disparities and are not engaged in essential medical and behavioral services largely due to systematic barriers and a shortage of culturally appropriate and inclusive services. Efforts need to be made to expand access to services, reduce barriers to care, address systemic racism, and improve the quality of primary care medical, medical specialty, and behavioral health services.

- **Mental health issues (e.g., depression, anxiety/stress, access to treatment, stigma) underlie many health and social concerns.** Nearly every key informant interview and focus group included discussions on the impact of mental health issues. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading concerns. In addition to the overall burden and prevalence of mental health issues, many drew attention to the lack of quality, culturally appropriate mental health services. There were concerns about the impact of depression, anxiety, particularly in the adolescent community, and social isolation among older adults.

- **Substance dependency continues to have a major effect on individuals, families, and communities.** While the rates of substance use have declined in many cases, the opioid epidemic continues to be an area of focus and great concern. Beyond opioids, key informants were also concerned with alcohol misuse, recreational marijuana use, and e-cigarette/vaping among adolescents. Once again, many drew attention to the lack of quality, culturally appropriate mental health services.

- **Chronic diseases (e.g., cardiovascular disease, cancer, diabetes, asthma) require more education, screening/early intervention, and management – and a focus on risk factors.** Although there was major emphasis on behavioral health issues, many key informants, and focus group participants identified a need to address the multitude of risk factors associated with chronic and complex health conditions. Physical inactivity and poor nutrition were discussed by many, with some of these issues being associated with age (mobility issues among older adults), education/health literacy (lack of understanding about healthy eating), and systemic barriers (fresh foods being expensive, and gyms and health centers unaffordable). Addressing the leading risk factors is at the root of many chronic disease prevention and management strategies.

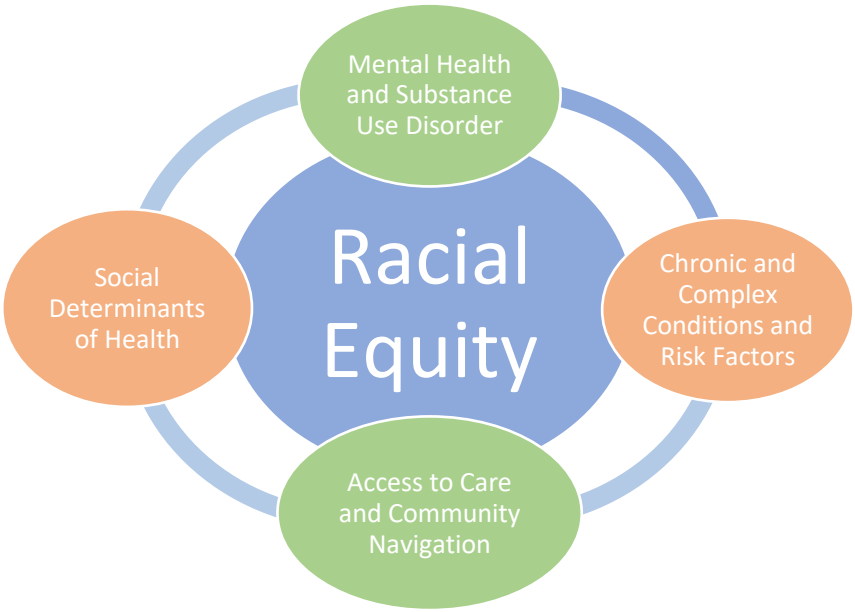
Community Health Priorities

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

An integrated analysis of all assessment activities, along with an inclusive prioritization process with MAH's CBAC, framed the leading community health issues into five priority areas: **racial equity, social determinants of health, mental health and substance use disorder, chronic and complex conditions and their risk factors, and access to care and community navigation.**

It is important to note that the bulk of the assessment was conducted from September 2020 through February 2021 at the time of the COVID-19 pandemic. Simultaneously, there was and continues to be a growing social unrest in response to years of racial injustices, such as the killing of Black men and women at the hands of police officers. This increased awareness of longstanding injustices, along with the disproportionate impact of COVID-19 on racial and ethnic minority populations, led to many discussions regarding the impacts of COVID-19, racism, and inequities. This led to discussions involving ways in which MAH, along with its partners, could better focus its community benefits investments. Despite these unique circumstances, MAH is confident the core findings and recommendations articulated in this report are valid now and will remain relevant even as the COVID-19 public health emergency abates in the coming months and year.

Figure 1: MAH Priority Areas, Identified in FY21 CHNA



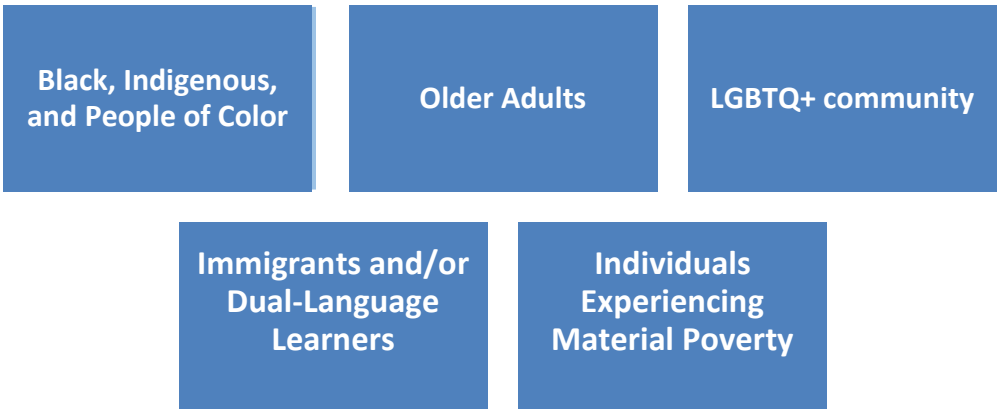
Priority Populations

All segments of the population face challenges that may limit the ability to access health services, regardless of age, race/ethnicity, income, family history, or health status. However, we acknowledge that there are specific communities that have been systematically marginalized and under-resourced that require a focused approach to address existing health inequities. In the body of this report, there is a comprehensive review of the full breadth of quantitative and qualitative data that was compiled as part of this assessment effort; this review includes findings that touch on common challenges cited

among community residents throughout the service area, as well as specific populations and focus areas of high concern.

To focus community benefits efforts and to comply with commonwealth and federal guidelines, the following five population segments were identified as MAH's priority populations: **Black, Indigenous, and People of Color, Older Adults, LGBTQ+ community, Immigrants and/or Dual-Language Learners, and Individuals Experiencing Material Poverty.**

Figure 2: MAH Priority Populations, Identified in FY21 CHNA



Summary Implementation Strategy

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

Priority Area 1: Racial Equity

- GOAL 1: PROMOTE HEALTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DESCRIMINATION, PARTICULARLY FOR COMMUNITIES OF COLOR
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and externally with community partners to identify and implement projects to promote racial equity and improve outcomes, particularly for prioritized population segments
    ii. Support and partner with CHNA 17 to help them build their capacity by supporting their work to promote racial equity in the mental health field and practice.

Priority Area 2: Mental Health and Substance Use Disorders

- GOAL 1: REDUCE THE IMPACT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS AMONG RESIDENTS OF MAH'S COMMUNITY BENEFITS SERVICE AREA

- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Expand access to mental health and substance use disorder treatment/support services
  ii. Expand access to linguistically/culturally sensitive mental health and substance use treatment/support services
  iii. Increase and enhance support for those affected by trauma, and or emotional stress
  iv. Increase access to "care navigation" services for those with mental illness and substance use disorders
  v. Promote collaboration, share knowledge, and coordinate activities internally at MAH and externally with community partners

---

Priority Area 3: Chronic and Complex Conditions and Risk Factors

- ❖ GOAL 1: ENHANCE ACCESS TO HEALTH EDUCATION, SCREENING, AND REFERRAL SERVICES IN CLINICAL AND NON-CLINICAL SETTINGS
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Increase the number of adults who receive health education and screening, for chronic/complex conditions
    ii. Increase the number of adults participating in cancer education, screening, and referral events
    iii. Promote healthy aging and one's ability to Age in Place

- ❖ GOAL 2: ENHANCE ACCESS TO SELF-MANAGEMENT AND OTHER SUPPORTIVE SERVICES FOR INDIVIDUALS WITH OR RECOVERING FROM CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Enhance access and promote equitable care for vulnerable individuals with chronic and complex conditions
    ii. Increase access to supportive services to reduce stress and anxiety, reduce negative symptoms and side effects, and increase overall wellbeing
    iii. Increase the ability of older adults to live independently and age in place

---

Priority Area 4: Social Determinants of Health

- ❖ GOAL 1: PROVIDE SUPPORTIVE SERVICES FOR THOSE WHO ARE UNSTABLY HOUSED
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify those who are experiencing housing insecurity
    ii. Increase access to housing and eviction prevention services

- GOAL 2: IMPROVE ACCESS TO HEALTHY AND NUTRITIOUS FOOD FOR THOSE WHO EXPERIENCE FOOD INSECURITY
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify those who are experiencing food insecurity
    ii. Increase access to healthy foods for those who are experiencing food insecurity

- GOAL 3: PROMOTE TRANSPORTATION EQUITY
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify those who have limited access to safe, affordable, accessible transportation
    ii. Increase access to safe, affordable, accessible transportation where transportation is a barrier to health care
    iii. Participate in the Cambridge Transportation task force

---

Priority Area 5: Access to Care and Community Navigation

- GOAL 1: ADDRESS THE SOCIAL DETERMINANTS OF ACCESS TO CARE
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify the community assets and barriers that either promote or hinder access to needed services

- GOAL 2: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO ARE DUAL-LANGUAGE LEARNERS
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Promote health literacy internally at MAH and externally with community partners

- GOAL 3: PROMOTE HEALTH EQUITY FOR LGBTQ+ POPULATIONS
  - *Priority Population:* LGBTQ+ community
  - *Programmatic Objectives:*
    i. Promote best practices with respect to collecting accurate information on sexual orientation and gender identity internally at MAH and externally with community partners
    ii. Reduce barriers to health care and disparities in health outcomes
    iii. Share LGBTQ+ resources with external partners

- GOAL 4: PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESS
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Support cities/towns to promote resilience, emergency care and emergency preparedness

- GOAL 5: PROMOTE RESILIENCY FOR NEW MOMS
  - Priority Populations: *:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Support outreach and assistance to new moms to increase awareness about how to create a healthy and safe environment for babies and families

Community Benefits Resources

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

This year, MAH will commit a comparable amount, if not more, through charity care, direct community health program investments, and in-kind resources of staff time, materials, and programs. MAH will also generate work by collaborating with its partners to help leverage funds on behalf of its own programs or services and on behalf of its community partners.

Recognizing that community benefits planning is ongoing and will change with continued community input, MAH's Implementation Strategy will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may require a change in the Implementation Strategy or the strategies documented within it.

Table of Contents

Acknowledgements

Mount Auburn Hospital's (MAH) 2021 Community Health Needs Assessment (CHNA) and Implementation Strategy were developed by MAH's Office of Community Health under the direction of MAH's Community Benefits Director, Mary DeCourcey. The CHNA and Implementation Strategy were developed through a collaborative, inclusive process involving both administrative and clinical staff at MAH as well as a diverse Community Benefits Advisory Committee (CBAC) made up of health and social service providers, local public health officials, community health advocates, and other community leaders. The CBAC met periodically throughout the assessment and planning process to inform the assessment and planning approach, oversee progress, and provide critical feedback on preliminary and results. The CBAC's support and involvement was central to the success of the CHNA and Implementation Strategy development process.

Since the beginning of the assessment in September 2020, nearly 100 individuals participated in interviews, focus groups, and CHNA/Implementation Strategy review sessions. These participants included representatives from the CBAC, health and social service organizations, public health departments, community-based organizations, and advocacy groups, as well as businesses leaders, MAH patients, MAH staff, BILH Community Benefits leadership, and the community at-large. The information gathered as part of these efforts allowed MAH to engage the community and gain a better understanding of community capacity, strengths, and challenges as well as community health status, barriers to care, service gaps, underlying determinants of health, and overall community need.

MAH would like to thank everyone who was involved in this effort, but particularly the region's service providers, health departments, advocacy groups, and community members who invested their time, effort, and expertise through interviews and focus groups to ensure the development of a comprehensive, thoughtful, and quality CHNA and Implementation Strategy. While it was not possible for this assessment to involve all the community's stakeholders, care was taken to ensure that a representative sample of key stakeholders was engaged. Those involved showed a clear commitment to strengthening the region's health system and elevating the impacts of racism and other social factors that we know are at the heart of existing disparities in health-related outcomes, particularly for those segments of the population who have been historically and systematically marginalized. This assessment would not have been nearly as successful without the support of those involved.

Special thanks and consideration should go to Mary DeCourcey Director of Community Benefits at MAH. MAH was supported in this work by John Snow, Inc. (JSI), a public health management consulting and research organization dedicated to improving the health of individuals and communities in the United States and around the world. MAH appreciates the contributions that JSI has made in analyzing data, interviewing stakeholders, and conducting research throughout the CHNA and Implementation Strategy development process.

Mount Auburn Hospital
Community Benefits Advisory Committee (CBAC)

Last Name	First Name	Organization and Title
Beaudoin	Carla	Director, Development, Metro Housing Boston
Bongiorno	Christine	Director, Arlington Health and Human Services
Bono	Diane	Vice President, Human Resources, Mount Auburn Hospital
Browne	Liz	CEO, Charles River Community Health
Camarata Hamilton	Renee	Director, Community Health Improvement Team, Cambridge Health Alliance
Carruth	Stacy	Planning Director, CHNA 17
Cheung, MD	Yvonne	Chair, Quality and Safety, Mount Auburn Hospital
Chin	Wesley	Director, Belmont Health Department
Contente	Patty	Director, Community Outreach, Help & Recovery, Somerville Police Department
Cook	Lisa	Supervisor, Community Education, Somerville Center for Adult Learning Experiences (SCALE)
DeCourcey	Mary	Director, Community Benefits, Mount Auburn Hospital
Gibbons-Perez	Heather	Manager, Regulatory Compliance and Patient Safety, Mount Auburn Hospital
Guarino	Rich	COO, Mount Auburn Hospital
Howard	Kathy	Director, Social Work, Mount Auburn Hospital
Jacob	Claude	Chief Public Health Officer, Cambridge Public Health Department
Kress	Doug	Director, Somerville Health and Human Services
Kurman	Laura	Senior Program Director, Wayside Youth and Family Support Network
Libby	Mike	Executive Director, Somerville Homeless Coalition
Londergan, Esq	Julia	Director of Development, CASPAR Inc.
McCune, RN	Marie	Stroke Nurse Coordinator, Mount Auburn Hospital
Michel	Myriam	Executive Director, Healthy Waltham

Morrissey	Colleen	Director of Volunteers and Special Projects, Somerville Cambridge Elder Services
Niv-Vogel	Nava	Director, Belmont Council on Aging
Ramdin	Larry	Director, Watertown Public Health Department
Torres	Robert	Director, Community Benefits, Beth Israel Deaconess Medical Center, Beth Israel Lahey Health
Venizelos	Stephanie	Manager, Community Wellness, City of Watertown
Wendel	Jose	Director, Population Health Initiatives, Cambridge Public Health Department

Mount Auburn Hospital
Patient and Family Advisory Council (PFAC)

Patient/Family/Community Representatives
Gary Peter Cormier
Stacey Daley
Robin Harris
Pam Morris
Jeffrey Pokorak
Marla Rhodes
Hospital Representatives
Yvonne Cheung, MD, Chair of Quality and Safety Heather Gibbons, Director of Performance Improvement and Regulatory Affairs
Mary DeCourcey, Director, Community Benefits
Meredith Hobson, Clinical Social Worker
Kathy Howard, Director of Social Work and Neurology
Kayla Pendleton, Patient Relations Coordinator
Juan Perez, MD, Hospitalist
Dee Teso, Manager

Introduction and Purpose

Introduction

Mount Auburn Hospital (MAH or the Hospital) is a 217-bed acute-care, Harvard-affiliated community teaching hospital. The Hospital was founded in 1886, and for over 100 years has been dedicated to maintaining the highest standards of excellence in care for its patients, while also educating the caregivers of tomorrow and participating in critically important research. In 2019 Mount Auburn Hospital became part of Beth Israel Lahey Health (BILH), a new health care system that brings together academic medical centers and teaching hospitals, community, and specialty hospitals, more than 4,000 physicians and 35,000 employees in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education. MAH's mission is to improve the health of the residents of Cambridge and its surrounding communities. MAH provides care to residents from dozens of cities and towns throughout the Greater Boston area but the vast majority of the Hospital's consumers of service are from Arlington, Belmont, Cambridge, Somerville, Watertown, and Waltham. These communities make up the Hospital's Community benefits Service Area (CBSA).

MAH offers comprehensive inpatient and outpatient medical, surgical, obstetrical, and psychiatric services as well as specialized care in bariatrics, cardiology, cardiac surgery, orthopedics, neurology, vascular surgery, and oncology. In addition, Mount Auburn also offers a network of satellite primary care practices in several surrounding communities, as well as a range of community-based programs, Care Group Parmenter Homecare and Hospice, outpatient specialty services, and rehabilitation services. Medical education and clinical research play an important part in the hospital's mission and are considered necessary to maintain high-quality care for its patients. Mount Auburn's dual mission is to provide excellent and compassionate health care and to teach students of medicine and the health professions.

In addition to its commitment to clinical excellence, education, and research, MAH is committed to being an active partner and collaborator in the communities it serves. Community service has been a core value of the Hospital since it was established in 1871 and remains an important part of its mission today. MAH provides services to residents across the demographic and socio-economic spectrum but with respect to its community benefits efforts focuses its activities on improving the health status of those who have been historically marginalized, including those with limited financial means, those without health insurance, immigrants, and those impacted by racism. MAH currently supports dozens of educational, outreach, and community health-strengthening initiatives targeting those living in its service area. During these efforts, MAH collaborates with many of the service area's leading healthcare, public health, and social service organizations. MAH has particularly strong relationships with the region's local health departments, local Councils on Aging, Somerville Center for Adult Education and Learning (SCALE), the Community Learning Center, Waltham Family School, Community Health Network

Area 17 (CHNA 17), and the Charles River Community Health. These and many other community health partners are ideal community benefits partners as they are rooted in their communities.

Mount Auburn Hospital's

Community Health Mission Statement

"Mount Auburn Hospital is steadfast in its commitment to improving the health and wellbeing of community members, through collaboration with community partners to reduce barriers to health care and to continually strive to reduce health disparities and health inequities for those who are most vulnerable in our community. We seek to identify current and emerging health needs and address these needs through education, prevention, treatment and the promotion of healthy behaviors."

Purpose

This community health needs assessment process, along with the report itself, is an integral part of MAH's population health and community engagement efforts. It supplies vital information that is applied to make sure that the services and programs that MAH provides are appropriately focused, delivered in ways that are responsive to those in its CBSA and address unmet community needs. This assessment and the associated prioritization and planning processes also provide a critical opportunity for MAH to engage the community and to strengthen the community partnerships that are essential to MAH's success now and in the future. This report also allows MAH to meet its Commonwealth and Federal Community benefits requirements per the Massachusetts Attorney General's Office (MA AGO) and the Federal Internal Revenue Service (IRS) as part of the Affordable Care Act.

This Community Health Needs Assessment (CHNA) and the associated Implementation Strategy (2022-2024) were completed in close collaboration with MAH's leadership, staff, health and social service partners, and the community at-large, as well as the Hospital's CBAC.[2] This assessment involved input from nearly 100 community residents, service providers, and other stakeholders. This assessment, including the process that was applied to develop the Implementation Strategy, exemplifies the spirit of collaboration and community engagement that is such a vital part of MAH's mission.

The primary goals for the CHNA and this report are to:

[2] The next update to the Implementation Strategy will occur in 2022, to inform programming in 2023-2025.

This CHNA may be used as a source of information and guidance to:

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

Mount Auburn Hospital is committed to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address racism, systemic inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. The CHNA is a population-based assessment that considers the needs of the entire population, regardless of whether individuals are or previously were patients at the hospital. However, with an eye towards ensuring an inclusive process and meeting the Commonwealth of Massachusetts and Federal Community Benefits guidelines that govern the CHNA, special efforts were made to assess the needs and engage those in the CBSA who are often marginalized by the current health system and who as a result face disparity in health-related outcomes.

Approach and Methods

Approach

The assessment began with the creation of a Steering Committee composed of representatives from Mount Auburn Hospital and Beth Israel Lahey Health. The hospital hired JSI, a public health research and consulting firm in Boston, to support the CHNA process and the development of the Implementation Strategy. The Steering Committee provided vital oversight of the CHNA approach, methods, and reporting process. This committee met bi-weekly, via video conference call, to review project activities, vet preliminary findings, address challenges, and ensure alignment in CHNA approach and methods across the BILH system. In addition to the bi-weekly meetings of the project Steering Committee an internal hospital community benefits team which meets monthly was kept informed of the project and given the opportunity for feedback to the project Steering Committee. MAH and BILH also met regularly with Cambridge Health Alliance, their safety net affiliate, to ensure meaningful participation in the health needs assessment and program planning.

MAH engaged its CBAC, made up of hospital leadership and clinical staff, local service providers, and key community stakeholders, extensively throughout this process. This group met four times over the course of the assessment and provided input on the assessment approach, vetted preliminary findings, and prioritized community health issues and priority populations. The CBAC also reviewed and provided feedback on the associated Implementation Strategy. Meeting dates and agendas are included in Table 1.

Table 1: CBAC Meeting Dates and Agendas

MAH CBAC	
Meeting Date	**Agenda**
September 18, 2020	• Overview of CHNA requirements and process
December 4, 2020	• Review data findings • Gather feedback on initial data findings
February 25, 2021	• Identify initial priority areas and populations • Initial review of Implementation Strategy • Review and provide feedback on Implementation Strategy
April 30, 2021	• Update on CHNA Report • Final feedback and final approval of IS

The Steering Committee, CBAC, and hospital leadership reviewed this CHNA report and Implementation Strategy before it was submitted to the Board of Trustees for approval on 09/14/2021.

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

Table 2: Assessment Phases

Phase 1 – Preliminary Assessment and Engagement	Phase 2 – Targeted Engagement	Phase 3 – Strategic Planning and Reporting
Identify health needs	**Engage key stakeholders**	**Develop CHNA and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of hospital's current portfolio of community benefits activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Focus groups with target populations and service providers. • Key informant interviews with community residents and service providers.	• Meetings with the CBAC and PFAC to present CHNA findings, prioritize community health issues, identify priority populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Literature review of evidence-based strategies and identification of successful strategies being conducted by community-based organizations to respond to identified health priorities. • Development of a final CHNA report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities. CBAC Meetings to provide feedback on the assessment's approach, discuss findings, identify priorities, and inform Implementation Strategy		

Throughout the entirety of the CHNA, the COVID-19 pandemic limited opportunities to be present in various community settings and engage people in person. To accommodate social distancing

requirements, all tasks were completed via videoconferencing and participants were engaged in virtual activities such as utilizing digital whiteboards or polling features. JSI and MAH tried to host focus groups during existing stakeholder or organizational meeting times to acknowledge rising digital fatigue given increased virtual activities. With recognition that people often face issues with connectivity, quiet working spaces, and more, participants were always invited to participate at their discretion by using their video, audio, or Zoom's chat functions and reactions.

Broader Context of the CHNA and Implementation Strategy

Social Determinants of Health & Racial and Health Equity

Per the Massachusetts Attorney General's Office Community Benefits Guidelines, MAH's CHNA and Implementation Strategy were developed with the intent of "building long-term capacity to improve outcomes and reduce disparities around common health priorities."[3] With this in mind, the CBAC, along with MAH's assessment and planning team, were committed from the outset to implementing a comprehensive, inclusive, data informed process to identify a series of health-related priorities that they believed would drive improvements in health and well-being in MAH's CBSA. Central to the MAH's CHNA and Implementation Strategy process was a focus on the impacts of COVID, racial/health equity and the social determinants of health. There is a clear and growing appreciation regarding the impact that racism has on health status, both through its influence on the social determinants of health and as an independent factor affecting health. While the interview guide included questions to specifically understand racial and health equity, the key informant interviewees and focus group participants also emphasized the need for elevating issues of equity or applying an equity lens when discussing community needs. One cannot explore issues of community need and community health improvement without incorporating these concepts and considering how past and present social and institutional inequities have contributed to imbalanced living conditions and have hindered individuals and families' ability to take on healthy habits and thrive to their full potential.

It is important to note that the bulk of the assessment was conducted from September 2020 through February 2021 at the time of the COVID-19 pandemic. Simultaneously, social unrest in response to racial inequities, spurred by the killing of George Floyd on March 25, 2020, highlighted the impact of racism and inequality. This increased awareness, along with the disproportionate impact of COVID-19 on racial and ethnic minorities, certainly dominated discussions during the assessment. In fact, much of the assessment was geared to better understanding the impacts of COVID-19, racism, and existing inequities so that MAH, along with its partners, could better tailor and target its community benefits investments. Despite these unique circumstances, MAH is confident the core findings and recommendations articulated in this report are valid now and will remain relevant and valid even as the COVID-19 public health emergency abates in the coming months and year. If anything, it seems likely that in the coming years, there will be an increasing appreciation for the findings and recommendations in this report as people more fully appreciate the impacts that racism and other key social factors have on one's ability to live happy, healthy lives or care for their families.

[3] https://www.mass.gov/files/documents/2018/02/07/Updated%20Hospital%20Community%20Benefits%20Guidelines.pdf

Figure 1, developed by the Bay Area Regional Health Inequities Initiative, draws the critical connection that upstream factors such as social inequities, institutional power dynamics, and living conditions have on the health risk factors, disease or injury, health status, and mortality. For many, racism is at the heart of the social and institutional inequities that impact living conditions' ultimate upstream health impacts.

Figure 1: The Social Determinants of Health

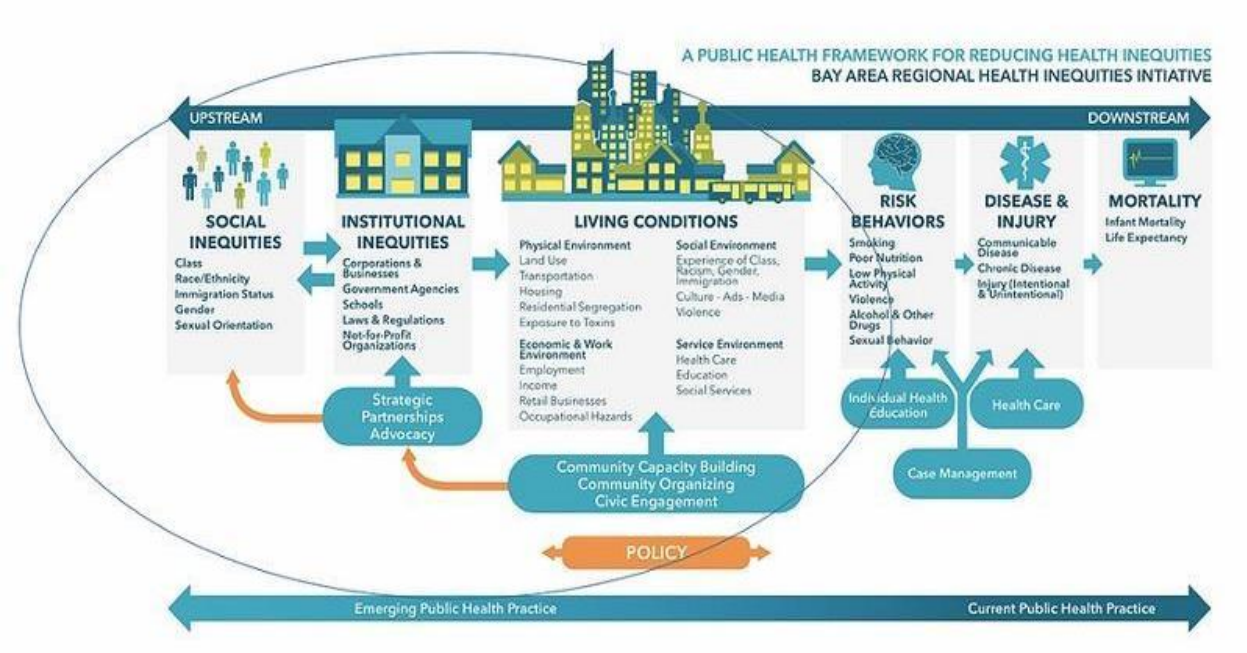


Figure 2 below from the Vermont Department of Public Health, illustrates the idea that health equity is not fully achieved when members of society are afforded the same opportunities (center image), but rather when the "ground" (existing systems and institutions) is changed to ensure that disparities are eradicated at the root level (far right image) to promote equitable outcomes.

Achieving health equity involves addressing structural racism, defined as the macro-level systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups. Therefore, short-term programming or solutions to address inequities are not enough to achieve health equity; a holistic and effective approach focuses upstream causes and addresses existing institutions that perpetuate, whether consciously or unconsciously, inequities.

Figure 2: The Process of Equity *(Drawn from the Vermont Department of Public Health)*

The CHNA approach and the Implementation Strategy development process was designed to ensure that issues related to racism and the social determinants of health were explored during the quantitative data and qualitative information gathering phases as well as the Phase III planning activities.

Methods

Quantitative Data Collection and Analysis

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

- U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019)
- FBI Uniform Crime Reports (2017)
- Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2015)
- Massachusetts Department of Public Health, Bureau of Substance Abuse Services (2017)
- Massachusetts Department of Public Health, Annual Reports on Births (2016)
- Massachusetts Bureau of Infectious Disease and Laboratory Sciences (2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Profiles (FY 2013-2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Discharges (2017)
- Massachusetts Healthy Aging Collaborative, Community Profiles (2018)
- Youth Risk Behavior Surveys (2017 and 2018)

Quantitative Data Limitations

Relative to most states, Massachusetts does an exemplary job at making comprehensive data available at the commonwealth, county, and municipal levels through the Massachusetts Department of Public Health (MDPH). Historically, this data has been made available through the Massachusetts Community

Health Information Profile (MassCHIP) data system, an automated and interactive resource provided by MDPH. MassCHIP is no longer updated. To replace this system, MDPH created the Population Health Information Tool (PHIT), which includes municipal-level data stratified by demographic and socioeconomic variables (e.g., gender/sex, age, race/ethnicity, poverty level). At the time this report was produced, data available via the PHIT was limited. The most significant issue this caused was the availability of timely data related to morbidity, mortality, health behaviors, and service utilization. The data sets used in this report are the most up to date provided by MDPH and the PHIT. This data was still valuable and allowed for identification of health needs relative to the Commonwealth of Massachusetts and specific communities; however, these data sets may not reflect recent trends in health statistics. Additionally, not all quantitative data was able to be stratified by age, race/ethnicity, income, or other characteristics, which limited the ability to identify health disparities in an objective way. Qualitative activities allowed for exploration of these issues, but the lack of objective quantitative data constrained this effort.

Qualitative Data Collection and Analysis

MAH recognizes that authentic community engagement is critical to assessing community needs, identifying health priorities and vulnerable populations, and creating a robust implementation strategy. The hospital was committed to engaging the community throughout this process. Using the community engagement continuum included in MDPH's Community Engagement Standards for Community Health Planning as a guide (Figure 2), MAH employed a variety of approaches to ensure that community members were informed, consulted, and involved throughout the assessment process, and that they were collaborators in ensuring that the Implementation Strategy addressed priority issues and populations.

Informed: MAH informed the community of:

- Assessment activities and community engagement (e.g., focus groups, and interviews)
- Summary quantitative and qualitative data findings in public meetings

Consulted: MAH consulted the community by:

- Presenting its current CHNA to town leadership and stakeholder groups
- Hosting focus groups with community stakeholders and residents
- Conducting key informant interviews

Involved: MAH involved its advisory bodies and senior leadership, including the CBAC and the PFAC, to provide input and feedback on the assessment approach and to vet preliminary findings. These bodies included community residents and stakeholders. Local health and public health directors were also key members of the CBAC.

Collaborated: Members of the CBAC were key collaborators in helping prioritize health needs and populations. This advisory body was also consulted in the drafting of the Implementation Strategy.

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

Key Informant Interviews (23 individuals) – JSI conducted key informant interviews with community stakeholders from MAH's service area. These interviews were done to confirm and refine findings from secondary data analysis, to provide community context, and to clarify needs and priorities within specific communities. Individual interviews were conducted virtually, via phone and Zoom, using a structured interview guide developed by JSI and the Steering Committee. JSI worked with MAH to identify a representative group of interviewees that included hospital administrators, clinical providers, and representatives from community-based organizations that worked across the health and social services spectrum (e.g., community coalitions, health department directors, racial justice advocates recreation, elder health/healthy aging, homelessness and housing, health centers).

Focus Groups (7 meetings) – Focus groups were conducted for three target populations: youth (Trailblazers at Waltham Partnership for Youth), older adults (Arlington residents) and the directors of the area Councils on Aging, and immigrants or individuals learning the English language (Cambridge Learning Center). They were also conducted with Mount Auburn's Patient Family Advisory Committee, Community Health Network Area 17 (CHNA17), and Somerville Community Stakeholders. Given the safety measures in place due to the COVID-19 pandemic, all focus groups were held virtually using Zoom, an online video-conferencing platform. JSI facilitated all focus groups using a guide that was like the one used for key informant interviews to ensure consistent data collection. Focus groups allowed for the collection of more nuanced information to augment findings from secondary data and key informant interviews, and for the exploration of strategic and programmatic options to address identified health issues, service gaps, and/or barriers to care.

Most interviews and focus groups occurred during the winter when Massachusetts and the entire United States experienced the greatest rate of COVID-19 infections and hospitalizations. With this heightened context in mind, COVID-19 and its impacts were often the center of discussion as people and organizations continued to navigate new concerns and the changing regulations. The interview guide encouraged participants to reflect on pre- and post- pandemic realities as well, so these discussions enriched the qualitative data collection by highlighting both shifting and longstanding community challenges.

Community Benefits Evaluation

JSI reviewed the most recent Community Benefit Report to the Attorney General (AG Report) submitted by MAH to help the hospital evaluate strategies and programs addressing needs identified in the 2018 CHNA and plan for community benefits activities over the next three years based on the FY21 CHNA and Implementation Strategy. See Appendix B.

Resource Inventory

Community Health staff created a Resource Inventory to inform what services are available to address community needs and to determine the extent to which there are gaps in health-related services.

Community Health staff compiled a list of resources across the broad continuum of services, including but not limited to:

- Health Care
- Family and Child Support
- Disabilities and special needs
- Domestic violence
- Food assistance
- Transportation services
- Employment
- Veterans' services
- Housing
- Mental health and substance use
- Senior services
- Support groups
- Immigrant and Refugee Services

The Resource Inventory was compiled using information from existing resource inventories and partner lists from MAH. Community Health staff reviewed the hospital's prior annual report of community benefits activities to the MA AGO, which included a listing of partners, as well as publicly available lists of local resources. JSI supported this effort further by collecting information about community resources during CHNA interviews and focus groups. The goal of this process was to identify key partners who may or may not be already collaborating with the hospital. The resource inventory can be found in Appendix C.

Prioritization, Implementation Strategy, and Reporting

During Phase 2, JSI synthesized and integrated findings from the quantitative and qualitative research, including key findings from secondary data and information from key informant interviews and focus groups. Through this analysis, JSI developed a set of preliminary priority areas and systematically marginalized populations.

JSI facilitated a meeting with the CBAC to present findings and to propose priority health issues and priority populations. During this meeting, JSI guided the CBAC through a process to refine sub-priorities in each priority area. Using the results of this meeting as a guide, JSI worked with MAH's Community Health staff to draft and refine the 2022-2024 Implementation Strategy. This Implementation Strategy, including goals, objectives, strategies, sample measures, and community partners, was further refined and finalized through subsequent engagements with the CBAC via email and during the CBAC's regular quarterly meetings. Finally, JSI worked with MAH's Community Health staff in drafting and finalizing the CHNA report.

Approval/Adoption and Public Comment

The final CHNA and Implementation Strategy were presented to the MAH Board of Trustees for approval and adoption in 09/14/2021. This document was approved by the MAH Board of Trustees on 09/14/2021. MAH will be responsible for reporting on, and if necessary, updating and resubmitting, its

Implementation Strategy to the Massachusetts AG's office on an annual basis until the next assessment cycle.

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

There has been no written feedback on MAH's previous CHNA since its posting in 2018, but MAH did present the findings to the community, stakeholders, and community organizations at several in-person meetings. There was no feedback on the Massachusetts AG's website, which publishes the hospital's community benefits reports and provides an opportunity for public comment. Any feedback received is welcome and will be considered when updates and changes are made to the Implementation Strategy or to inform future CHNA processes.

For more information, please contact:

Mary DeCourcey
Director, Community Benefits
Mount Auburn Hospital
617-499-5625
mountauburnhospital.org

Demographic Profile

To understand community needs and health status for MAH's service area, we begin with a description of the population's geographic and demographic characteristics. This information is critical to recognizing inequities, identifying vulnerable populations and health-related disparities, and targeting strategic responses. Conclusions were drawn from an integrated analysis of quantitative and qualitative data findings. More expansive data tables are included in the MAH Data Book (Appendix D).

Population and Age Distribution

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

Many key informants and focus group participants identified concerns around the ability of the health and social services systems to adequately meet the needs of older adults. Although many organizations were able to adapt to the changing needs of communities due to COVID-19, there were still gaps in providing contextualized services to older adults. For example, as many programming transitioned to virtual settings, older adults disproportionately experienced challenges adjusting to virtual platforms, which led to increased isolation.

- The municipality with the largest population was Cambridge (116,632); the smallest was Belmont (26,113).
- The percentage of the population under 18 was significantly high in Arlington (21.3%) and compared with the commonwealth overall (20.0%). The percentage was significantly low in other service area communities.
- The percentage of the population over 65 was significantly low in Cambridge (11.1%), Somerville (9.0%), and Waltham (13.8%) compared with the commonwealth overall (16.2%). The percentage was similar to the commonwealth in all other communities.

Table 3: Population and age distribution (2015-2019)

	Population (#)	Under 18 (%)	Ages 20-24 (%)	Ages 45-54 (%)	Ages 55-59 (%)	Ages over 65 (%)	Ages over 85 (%)
Massachusetts	**6,850,553**	**20.0**	**7.1**	**13.7**	**7.1**	**16.2**	**2.3**
Middlesex County	1,600,842	20.0	7.0	13.8	6.8	15.0	2.2
Arlington	45,304	21.3	3.5	13.5	6.8	16.7	2.2
Belmont	26,113	25.3	3.8	16.5	6.1	16.5	2.9
Cambridge	116,632	12.2	13.9	8.0	3.6	11.1	1.3
Somerville	80,906	11.7	11.3	8.8	4.2	9.0	1.4

Waltham	62,777	13.7	12.1	10.3	5.8	13.8	1.8
Watertown	35,401	15.4	4.6	11.5	5.4	16.2	2.6

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Race, Ethnicity, and Residents Born Outside the United States

While there is no Commonwealth or local quantitative health status data available by race and ethnicity, an extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for diverse individuals, and individuals born outside of the United States of America. According to the Centers for Disease Control and Prevention (CDC), non-Hispanic Black people have higher rates of premature death, infant mortality, and preventable hospitalization than do non-Hispanic whites.[4] Hispanics have the highest uninsured rates of any racial or ethnic group in the United States.[5] Asian people are at a higher risk for developing diabetes than are those of European ancestry, despite a lower average body mass index.[6] These disparities show the disproportionate and avoidable inequities that exist within communities and reinforce the importance of understanding the demographic makeup of a community to identify populations more likely to experience adverse health outcomes due to systemic and institutional racism.

The MAH service area is quite diverse. While many municipalities are predominantly white, there are significant populations of residents who identify as Asian and residents who were born outside of the United States throughout the service area. Several key informants identified immigrants, refugees, and undocumented individuals as segments of the population that face extreme barriers to accessing health and social services. Some of the prohibitive factors that affect when these individuals seek out or maintain preventative care include fears due to immigration status which could lead to distrust and hesitancy towards health and social services, a complex health system that is difficult to independently navigate, a lack of culturally and language appropriate services and/or providers, and a lack of culturally and language appropriate communications or engagement from health and social systems.

- The percentage of Black or African American residents was significantly high in Cambridge (9.9%) compared with the commonwealth overall (6.9%), and significantly low in all other municipalities.
- The percentage of Asian residents was significantly high in all municipalities compared with the commonwealth overall (6.6%).

[4] "CDC Health Disparities & Inequalities Report (CHDIR)." CDC, 10 Sept. 2015, https://www.cdc.gov/minorityhealth/chdireport.html
[5] "Hispanic/Latino Profile." U.S. Department of Health and Human Services: Office of Minority Health, n.d., https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64
[6] "Why Are Asians at Higher Risk?" Asian Diabetes Prevention Initiative, n.d., https://asiandiabetesprevention.org/what-is-diabetes/why-are-asians-higher-risk

- The percentage of Hispanic/Latino residents was significantly low in Arlington (4.9%), Belmont (4.3%), Cambridge (9.5%), and Watertown (9.2%) compared with the commonwealth overall (11.8%).
- The percentage of foreign-born residents was significantly high in all municipalities compared to the commonwealth overall (16.8%).

Table 4: Race, ethnicity, and foreign-born (2015-2019)

	White alone, not Hispanic/ Latino (%)	Black or African American alone, not H/L (%)	Asian alone, not H/L (%)	Hispanic or Latino of any race (%)	Foreign-born (%)
Massachusetts	**71.6**	**6.9**	**6.6**	**11.8**	**16.8**
Middlesex County	71.9	5.0	11.9	8.0	21.4
Arlington	75.8	3.1	12.3	4.9	19.6
Belmont	73.2	1.4	17.2	4.3	24.9
Cambridge	59.8	9.9	16.6	9.5	28.9
Somerville	68.2	5.6	10.2	12.4	25.0
Waltham	65.9	6.7	11.6	13.6	27.5
Watertown	76.4	1.5	9.9	9.2	21.4

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Language

Language barriers pose significant challenges to providing effective and high-quality health and social services. While many health care institutions, including MAH, have medical interpreter services available at their facilities, research has found that the health care provider's language and cultural competency are key to reducing racial and ethnic health disparities.[7] Some key informants and focus group participants reported that language and cultural barriers were major obstacles to accessing health and social services and navigating the complex health system.

[7] Denboba, DL, et al. "Reducing health disparities through cultural competence." *Journal of Health Education,* vol. 21, no. 1, 1998, S47-S53

- The percentage of the population (age 5+) who spoke a language other than English in the home was significantly high in all municipalities, except for Arlington (20.8%) compared with the commonwealth overall (23.8%).
- The percentage of the population who spoke Spanish was significantly low in Arlington (3.0%), Belmont (2.6%), Cambridge (7.0%), and Watertown (5.6%) compared with the commonwealth (9.1%) overall.
- The percentage of the population who spoke other Indo-European languages (e.g., French, Haitian, Portuguese, Armenian, German, etc.) was significantly high in all municipalities, except Arlington (9.3%), compared to the commonwealth (9.0%) overall.
- The percentage of the population who spoke Asian/Pacific Islander languages was significantly high in most municipalities compared to the commonwealth overall (4.3%). Percentages were similar to the commonwealth in Somerville (5.0%) and Watertown (5.0%).

> "Language services and cultural understanding are a significant gap. There is a need for diverse staff."
>
> *– Key informant*

Table 5: Percent of population age 5+ who speak a language other than English in the home (2015 -- 2019)

	Language other than English (%)	Spanish (%)	Other Indo-European languages (%)	Asian/Pacific Islander languages (%)
Massachusetts	**23.8**	**9.1**	**9.0**	**4.3**
Middlesex County	26.5	6.0	11.6	7.3
Arlington	20.8	3.0	9.3	7.3
Belmont	29.7	2.6	12.8	12.9
Cambridge	33.7	7.0	13.2	9.8
Somerville	30.2	9.8	14.3	5.0
Waltham	32.5	11.5	10.7	8.0
Watertown	29.0	5.6	16.6	5.0

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Key Findings: Racial Equity

Racial equity is the condition where one's racial identity has no influence on how one fares in society.[8] As the quantitative data shows, racial equity has not been achieved in the MAH service area. The national quantitative data along with the qualitative information from our interviews and focus groups has unequivocally demonstrated the clear consensus that racial equity has not been achieved. However, the qualitative data provides a deeper understanding as to why these inequities continue to persist in the MAH service area.

While defining and addressing social determinants of health is important to promote good health for all to be truly committed to addressing the social determinants of health, we must work and invest to address racism because it is a contributing factor in driving inequities with respect to the social determinants of health. It's important that MAH in the short-term work to address social determinants of health and pursue long term efforts to address the social determinants of inequities, such as racism. Racism has influenced the social, economic, and physical development process in Black, Indigenous, and People of Color, resulting in poorer social and physical conditions in those communities today.[9]

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.[10] Race and racial health differences are not biological in nature, however, generations of inequity have created real consequences and different health outcomes because of structural environments and unequal distribution of resources.

> "We need to recognize that racism is a public health issue and an underlying issue Black men face."
>
> *– Key informant*

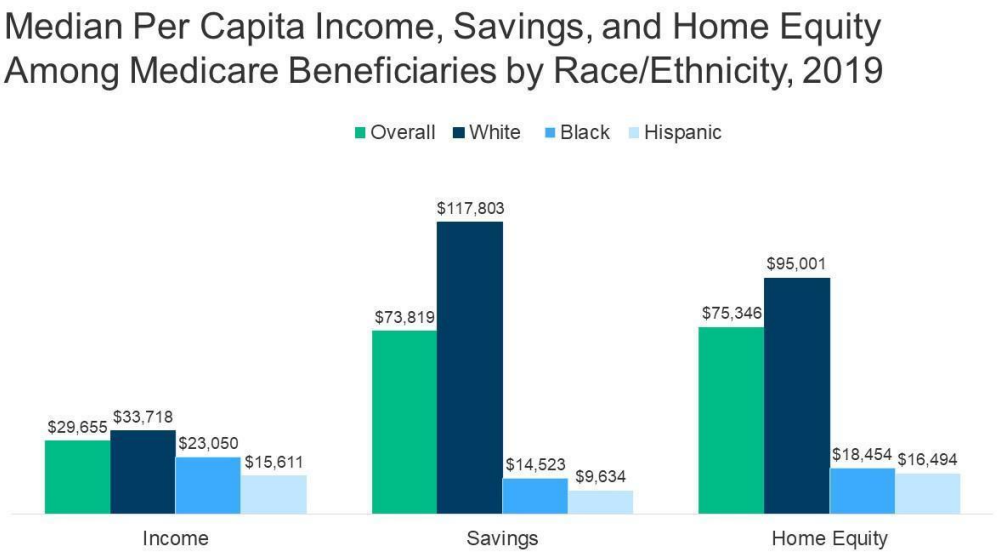
There are multiple levels of racism, the most widely accepted framework comes from Dr. Camara Jones' Gardener's Tale. Racism can be understood on three levels: institutionalized, personally mediated, and internalized.[11] Racism operates at many levels including the psychological, interpersonal, institutional, and structural, and includes discriminatory individual acts as well as policies and practices of institutions and interlocking systems.[12] In our interviews and focus groups, racism was stated as one of the most impactful health related issues, whether related to housing and employment opportunities, or access to high quality health care. Throughout MAH's CBSA, qualitative data demonstrated what national quantitative data has confirmed regarding racial and ethnic disparities.

Although there are no neighborhood specific data demonstrating inequalities based on race and ethnicity, there is a myriad of national data sources that show the disparities between races and ethnicities in income and internet access, which has become essential to education and health care due

[8] Awake to Woke To Work: Building a Race Equity Culture: https://equityinthecenter.org/aww/
[9] https://www.policylink.org/sites/default/files/Health%20Care%20and%20the%20Competitive%20Advantage%20of%20Racial%20Equity.pdf
[10] https://www.apha.org/-/media/Files/PDF/webinars/2020/Camara_Jones_Slides_Part1.ashx
[11] https://www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/jones-allegories.pdf
[12] https://ssir.org/articles/entry/advancing_equity_in_health_systems_by_addressing_racial_justice

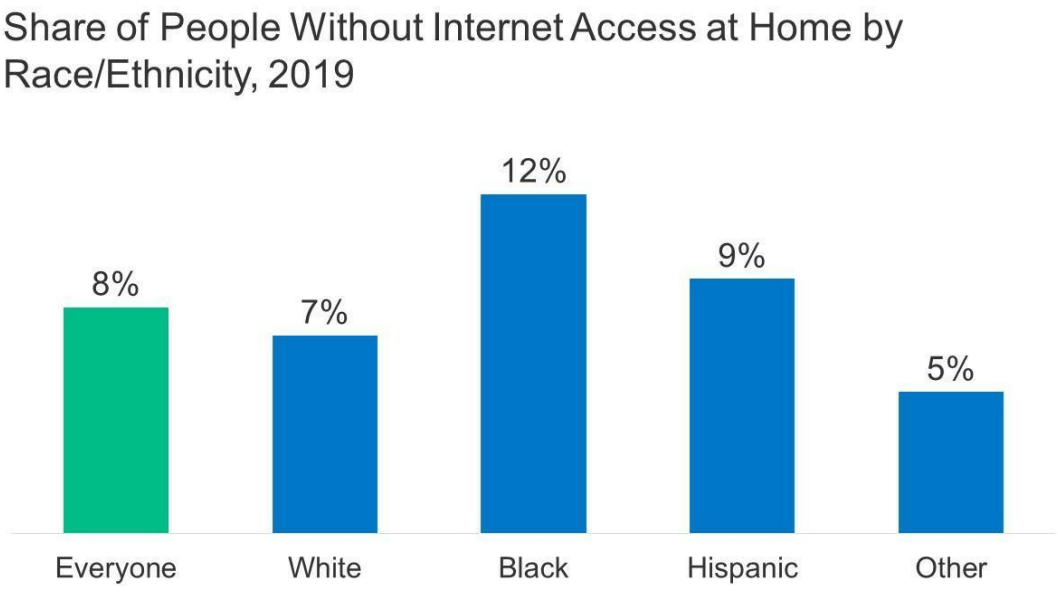
to COVID-19. There is also national data demonstrating discrimination that occurs in health care settings.

Table 6: Median Per Capita Income, Savings and Home Equity (United States)



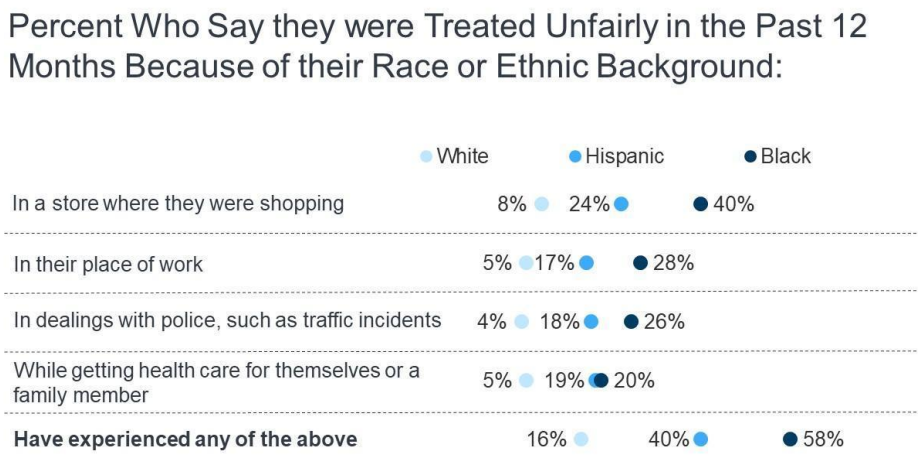
Source: KFF Racial Equity and Health Policy

Table 7: Share of People Without Internet Access at Home (United States)



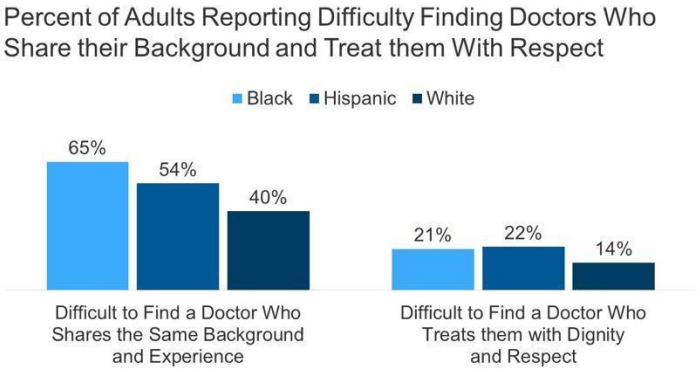
Source: KFF Racial Equity and Health Policy

Table 8: Percent Who Say they were Treated Unfairly in the Past 12 Months (United States)



Source: KFF Racial Equity and Health Policy

Table 9: Percent of Adults Reporting Difficulty Finding Doctors Who Share their Background and Treat them With Respect (United States)



Source: KFF Racial Equity and Health Policy

Key Findings: Social Determinants of Health

The social determinants of health are the conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality of life outcomes and risks.[13] These conditions influence and define quality of life for many segments of the population in the CHNA service area.

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

Economic Stability

Socioeconomic status, as measured by income, employment status, occupation, education, and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality, and overall well-being. Lower-than-average life expectancy is highly correlated with low-income status.[14]

Lack of gainful and reliable employment is linked to several barriers to care, including lack of health insurance, inability to pay for health care services and copays, and inability to pay for transportation to enable individuals to receive services. In key informant interviews and focus groups, participants stressed that while unemployment may be low across the service area, many live on fixed incomes or are underemployed. Certain populations struggle to find and retain employment for a variety of reasons – from mental and physical health issues to lack of childcare to transportation issues and other factors. Like education, income impacts all aspects of an individual's life, including the ability to secure housing, needed goods (e.g., food, clothing), and services (e.g., transportation, health care, childcare). It may also affect one's ability to maintain good health. While all of the municipalities in MAH's CBSA had median household incomes that were significantly higher than the commonwealth overall, key informant interviews and focus group participants reported that there were pockets of poverty throughout the service area, even in towns that were considered affluent.

- The unemployment rate among the civilian labor force was significantly lower than the commonwealth (4.8%) in all municipalities except Belmont and Cambridge, where the rate was similar (4.0%).

[13] https://www.healthypeople.gov/2020/leading-health-indicators/Healthy-People-2020-Leading-Health-Indicators%3A-Progress-Update

[14] Chetty, Raj, et al. "The Association Between Income and Life Expectancy in the United States, 2001-2014." *Journal of the American Medical Association,* vol. 315, no. 16, 2016, p.1750-1766

- Median household income was significantly high in all municipalities compared to the commonwealth overall ($81,215).
- The percentage of individuals living below 200% of the federal poverty line was lower than the commonwealth overall (21.6%) in all municipalities except Somerville (21.8%). This data point did not include confidence intervals, so figures could not be tested for statistical significance.

Table 10: Employment, income, and poverty (2015-2019)

	Unemployment rate (%)	Median household income ($)	Below 200% poverty (%)
Massachusetts	**4.8**	**$81,215**	**21.6**
Middlesex County	3.8	$102,603	15.7
Arlington	3.3	$108,389	11.2
Belmont	4.0	$129,380	10.2
Cambridge	4.0	$103,154	18.5
Somerville	3.3	$97,328	21.8
Waltham	3.0	$95,964	16.5
Watertown	3.5	$101,101	13.1

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Education Access, Inequality, and Quality

> "Educational disparities exist because of how the systems are set up."
>
> *– Key informant*

Higher education is associated with improved health outcomes and social development at the individual and community levels.[15] Compared with individuals with more education, people with less education are more likely to experience health issues, such as obesity, substance use, and injury.[16] The approximate health benefits associated with higher education typically include better access to resources, safer and more stable housing, and better engagement with providers. It is important to note that many communities' access to education opportunities vary depending on historical context and resource allocation.[17] Proximate factors associated with low education that affect health outcomes include the inability to navigate the

[15] Zimmerman, Emily B., Woolf, Steven H., and Haley, Amber. "Population Health: Behavioral and Social Science Insights – Understanding the Relationship Between Education and Health," *Institute of Medicine*, June 2014, https://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf
[16] "Adolescent and School Health: Health Disparities," CDC, 17 Aug. 2018, https://www.cdc.gov/healthyyouth/disparities/index.htm
[17] https://www.pnas.org/content/117/32/19108

healthcare system, educational disparities in personal health behaviors, and exposure to chronic stress.[18]

- The percentage of residents with less than a high school degree was significantly low in Arlington (3.4%), Belmont (3.0%), Cambridge (4.5%), and Watertown (5.0%) compared to the commonwealth overall (7.2%). The percentage in Somerville was significantly high (9.4%) compared to the commonwealth.
- The percentage of residents with a bachelor's degree or higher was significantly high in all communities compared to the commonwealth overall (42.1%).

Table 11: Educational attainment (2015-2019)

	Less than a high school degree (%)	Bachelor's degree or higher (%)
Massachusetts	**7.2**	**42.1**
Middlesex County	6.6	56.3
Arlington	3.4	70.9
Belmont	3.0	74.4
Cambridge	4.5	79.0
Somerville	9.4	64.5
Waltham	8.0	54.2
Watertown	5.0	65.9

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health.[19] At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations. They are more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[20]

[18] Zimmerman, Population Health

[19] Krieger, James and Higgins, Donna L. "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health,* vol. 92, no. 5, 2002, 758-768

[20] Kottke, Thomas, Abariotes, Andriana, and Spoonheim, Joel B. "Access to Affordable Housing Promotes Health and Well-Being and Reduces Hospital Visits," *The Permanente Journal,* vol. 22, 2018, 17-79

Adults who are experiencing homelessness or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence, and trauma; children in similar situations have difficulty in school and are more likely to exhibit antisocial behavior.[21] Many key informants and focus group participants expressed concern over the limited options for affordable and safe housing throughout the service area.

- The percentage of owner-occupied housing units was significantly low in most communities compared with the commonwealth overall (62.4%), except for Belmont, which was exceptionally high (64.5%).
- The percentage of renter-occupied housing units was significantly high or similar to the commonwealth overall (37.6%) in all communities.

Housing insecurity was a common theme across key informant interviews and focus groups. Participants stated that COVID-19 has exacerbated the need for affordable and safe housing as many front-line workers lost their jobs and many organizations focused on housing needs felt overwhelmed by the overwhelming need experienced by community members.

Table 12: Housing (2015-2019)

	Owner occupied (%)	Monthly owner costs >30% of household income (%)	Renter occupied (%)	Gross rent >30% of total household income (%)
Massachusetts	**62.4**	**30.1**	**37.6**	**49.5**
Middlesex County	62.4	27.8	37.6	44.9
Arlington	58.0	24.0	42.0	38.9
Belmont	64.5	28.4	35.5	39.7
Cambridge	34.8	27.0	65.2	45.1
Somerville	33.6	29.7	66.4	38.3
Waltham	51.7	30.8	48.3	41.0
Watertown	51.8	31.7	48.2	38.6

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

[21] Kottke, *Access to Affordable Housing*

Nutrition and Healthy Eating

There is an overwhelming body of evidence to show that many families, particularly low-income families of color, struggle to access food that is affordable, high-quality, and healthy.[22] While it is important to have grocery stores placed throughout a community to promote access, research shows that there are a number of factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food, and cultural appropriateness of food offerings.[23] Pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, seniors living on fixed incomes, people with disabilities, and adults working multiple low-wage jobs to make ends meet. Several key informants noted how food needs have doubled or even tripled at local food pantries or programs since the start of the COVID-19 pandemic.

In MAH's service area, issues related to food insecurity, food scarcity, and hunger were discussed as factors for poor physical and mental health for both children and adults.

- The percentage of households who had received SNAP (food stamp) benefits in the past 12 months was significantly low compared with the commonwealth overall (11.7%) in all municipalities.
- The percentage of eligible residents participating in WIC was lower than the state in all municipalities compared to the commonwealth overall (54.6%), except for Cambridge (54.9%). Confidence intervals were not available for this data; therefore, statistical significance could not be calculated.

Table 13: SNAP enrollment (2015-2019)

	Households receiving SNAP (food stamps) in the past 12 months (%)	Women, Infants, and Children (WIC) Participation Rate (%)
Massachusetts	11.7	54.6
Middlesex County	7.0	ND
Arlington	3.9	41.6
Belmont	3.1	33.8
Cambridge	7.9	54.9
Somerville	8.7	51.2
Waltham	5.5	51.7
Watertown	4.6	38.0

U.S. Census Bureau, American Community Survey, 2015-2019

[22] Elsheikh, E. and Barhoum, N. "Structural Racialization and Food Insecurity in the United States: A Report to the U.N. Human Rights Committee on the International Covenant on Civil and Political Rights," 2013, https://haasinstitute.berkeley.edu/sites/default/files/Structural%20Racialization%20%20%26%20Food%20Insecurity%20in%20the%20US-%28Final%29.pdf

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

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

Key Findings: Systemic Factors, Behavioral and Physical Health

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

Access to Care, Community Navigation and Communications

Whether an individual has health insurance – and the extent to which it helps pay for needed acute services and access to a full continuum of high-quality, timely, and accessible preventive and disease management or follow-up services – has been shown to be critical to overall health and well-being.[24] Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care and to manage chronic diseases.

While Massachusetts has one of the highest health insurance coverage rates in the U.S., there are still pockets of individuals without coverage, including young people, immigrants, and refugees, and those who are unemployed. Many key informants and focus group participants identified issues around navigating the health system, as well as the losses that occur during follow-ups, the referral process, or in coordinating care and services. Especially those that are learning English as a second language.

- The percentage of the population that was uninsured was significantly low in Arlington (1.3%), Belmont (1.6%), Cambridge (2.0%), and Watertown (1.6%) compared with the commonwealth overall (2.7%); percentages were similar to the commonwealth overall in all other municipalities in the CBSA.
- The percentage with public insurance (e.g., MassHealth, Medicare) was significantly low in all municipalities compared with the commonwealth overall (36.3%).

[24] "Health Insurance and Access to Care," *National Center for Health Statistic*s, Feb. 2017, https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf

- The percentage of the population with private insurance was significantly high in all municipalities compared with the commonwealth overall (74.2%).

Table 14: Health insurance (2015-2019)

	Uninsured (%)	Public health insurance (%)	Private health insurance (%)
Massachusetts	2.7	36.3	74.2
Middlesex County	2.5	28.8	80.6
Arlington	1.3	24.3	87.4
Belmont	1.6	21.9	88.2
Cambridge	2.0	20.8	85.0
Somerville	3.1	25.6	77.4
Waltham	3.5	29.2	77.9
Watertown	1.6	27.8	82.9

Source: U.S. Census Bureau, American Community Survey, 2015-2019
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Mental Health

Mental health – including depression, anxiety, stress, serious mental illness, and other conditions – was overwhelmingly identified in stakeholder feedback as one of the leading health issues for residents of MAH's service area. Individuals from across the health services spectrum discussed the burden of mental health issues for all segments of the population, specifically the prevalence of depression and anxiety.

Many key informants and focus group participants identified social isolation as an issue for not only older adults, but single-parents, and youth/adolescents due to COVID-19 and its impact on social activities.

- The mental health disorder inpatient hospitalization rate was lower than the commonwealth overall (1,432) in all municipalities. However, between 2016 and 2018, inpatient hospitalizations increased in all municipalities.
- Mental health emergency department discharges were lower than the commonwealth overall (3,073) in all municipalities. Between 2016 and 2018, emergency department discharges increased by 1% in Watertown and stayed the same in Cambridge; charges decreased in all other municipalities.

Table 15: Mental health mortality, age-adjusted rates per 100,000 (2015)

	Mental health disorder inpatient hospitalizations (per 100,000) (2018)	Change in inpatient hospitalizations (2016-2018)	Mental health disorder ED discharges (per 100,000) (2018)	Change in ED discharges (2016-2018)
Massachusetts	1,432	+9%	3,073	+17%
Middlesex County	ND	ND	ND	ND
Arlington	964	+2%	1,519	-14%
Belmont	895	+17%	1,163	-8%
Cambridge	978	+4%	1,943	0%
Somerville	1,027	+8%	2,133	-9%
Waltham	1,350	+19%	2,299	-7%
Watertown	1,416	+11%	1,920	+1%

Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018

Substance Use

Along with mental health, substance use was named as a leading health issue among key informants and focus group participants. As with mental health services, there are several community partners working to fill service gaps and address the needs of both individuals and the community at-large, although individuals continue to face delays or barriers to care due to limited culturally appropriate providers and specialists, limited treatment beds, and social determinants that impede access to care (e.g., insurance coverage, transportation, employment). Many participants also discussed the co-morbidity that often occurs between mental health and substance use issues.

- Substance use disorder inpatient hospitalizations were lower than the commonwealth (706 per 100,000) in all municipalities. Between 2016 and 2018, hospitalizations increased in Arlington (2%), and decreased in all other municipalities.
- Alcohol inpatient discharges were lower than the commonwealth overall (344) in all municipalities.
- Opioid-related emergency department visits were lower than the commonwealth overall in all municipalities. Between 2016 and 2018, visit rates decreased in all municipalities.
- Cambridge had the most opioid overdoses (22); Belmont had the least (1).

Table 16: Substance Use

	SUD* inpatient hospitalizations (per 100,000) (2018)	Change in SUD inpatient hospitalizations (2016-2018)*	Alcohol inpatient discharges (per 100,000) (2018)	Opioid emergency department visits (2018)	Change in ED visits related to opioids (2016-2018)	Opioid overdoses by city/town of occurrence (#) (as of Nov 2020)**
Massachusetts	706	+3%	344	246	+7%	1,799
Middlesex County	ND	ND	ND	ND	ND	ND
Arlington	301	+2%	182	62	-47%	7
Belmont	154	-13%	84	35	-64%	1
Cambridge	323	-5%	261	90	-41%	22
Somerville	365	-4%	304	109	-41%	15
Waltham	424	-20%	278	116	-26%	7
Watertown	339	-17%	236	100	-22%	2

*Excluding opioids and alcohol

Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018; **Massachusetts Department of Public Health, January 1, 2020-November 2020

Physical Activity, Nutrition, and Weight

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

Focus group and interview participants identified lack of physical activity, poor nutrition, and obesity as key risk factors for chronic and complex conditions. With the pandemic's stay at home order and increased social distancing, several key informant interviews noted outdoor activities and virtual fitness activities as some of the top factors in keeping people healthy currently.

Data from the Massachusetts Healthy Aging Collaborative includes several data points on physical activity and nutrition/diet for those 65 or older:

- The percentage of adults 60+ with any reported physical activity in the past month was significantly lower than the commonwealth overall (73.3%) in Somerville (59.3%) and similar to the commonwealth in all other municipalities.
- The percentage of adults 60+ who consumed five or more fruits and vegetables a day was lower than the commonwealth overall (21.5%) in Somerville (18.1%). Statistical significance was not reported for this measure.
- The percentage of adults 60+ who self-reported as obese was significantly lower than the commonwealth overall (23.1%) in Arlington (15.3%), Belmont (15.3%), Cambridge (15.3%), Waltham (15.3%), and Watertown (15.3%).
- The percentage of adults 65+ who had been clinically diagnosed as obese was significantly higher than the commonwealth overall (19.0%) in Somerville (21.7%), and significantly lower in Arlington (16.5%), Cambridge (14.2%), Belmont (16.4%), and Waltham (17.3%).

Table 17: Physical activity and nutrition/weight among older adults

	Self-reported any physical activity in past month (60+) (%)	Five or more fruits and vegetables a day (60+) (%)	Self-reported as obese (60+) (%)	Clinically diagnosed as obese (65+) (%)
Massachusetts	73.3	21.5	23.1	19.0
Middlesex County	N/A	N/A	N/A	N/A
Arlington	77.8	22.4	15.3	16.5
Belmont	77.8	22.4	15.3	16.4
Cambridge	77.8	22.4	15.3	14.2
Somerville	59.3	18.1	26.6	27.1
Waltham	77.8	22.4	15.3	17.3
Watertown	77.8	22.4	15.3	19.6

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

Chronic and Complex Conditions

Chronic conditions such as heart disease, cancer, stroke, Alzheimer's disease, and diabetes are the leading causes of death and disability in the United States and are the leading drivers of the nation's $3.3 trillion annual health care costs.[25] Over half of American adults have at least one chronic condition, while 40% have two or more.[26] Perhaps most significantly, chronic diseases are largely preventable

[25] "Chronic Diseases in America," CDC, 15 April 2019, https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm
[26] "Chronic Diseases in America," CDC

despite their high prevalence and dramatic impact on individuals and society. This underscores the need to focus on health risk factors, primary care engagement, and evidence-based chronic disease management. There was broad, if not universal, acknowledgement and awareness of these pervasive health issues among interviewees and forum participants.

Cardiovascular and Cerebrovascular Diseases

Cardiovascular and cerebrovascular diseases, such as heart disease and stroke, are affected by several health and behavioral risk factors, including obesity and physical inactivity, tobacco use, and alcohol use. Hypertension, or high blood pressure, increases the risk of more serious health issues, including heart failure, stroke, and other forms of major cardiovascular disease.

- Hypertension related inpatient discharges were lower than the commonwealth (2,194 per 100,000) in all municipalities. Note that confidence intervals were not included with this data set, therefore, statistical significance could not be determined.
- Heart disease inpatient discharges were lower than the commonwealth (3,068 per 100,000) in all municipalities except Watertown (3,287).
- Heart disease emergency department discharges were lower than the commonwealth (2,828 per 100,000) in all municipalities.
- Heart disease mortality data was not available for the state. Among municipalities in MAH's service area, the rate was highest in Watertown (161 per 100,000) and lowest in Cambridge (85 per 100,000).

Table 18: Cardiovascular disease hospitalizations and mortality (per 100,000 population)

	Hypertension inpatient discharges (per 100,000) (2018)	Heart disease inpatient discharges (per 100,000) (2018)	Heart disease ED volume (per 100,000) (2018)	Heart disease mortality (crude rate per 100,000)(2017)
Massachusetts	2,194	3,068	2,828	ND
Middlesex County	ND	ND	ND	ND
Arlington	1,683	2,860	1,896	149
Belmont	1,617	2,492	1,417	106
Cambridge	1,122	1,723	1,822	85
Somerville	1,252	1,927	2,282	116
Waltham	1,747	2,566	2,791	106
Watertown	2,031	3,287	2,151	161

Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018; heart disease mortality from Massachusetts Vital Records via the Population Health Information Tool (2017)

Diabetes

Over the course of a lifetime, approximately 40% of adults in the U.S. are expected to develop type 2 diabetes – this number increases to over 50% for Hispanic men and women.[27] Several factors increase the risk of developing type 2 diabetes, including being overweight, physical inactivity, age, and family history. Having diabetes increases the risk of cardiovascular comorbidities (e.g., hypertension, atherosclerosis), may limit the ability to engage in physical activity, and may have negative impacts on metabolism.[28] A recent study published by Massachusetts General Hospital's Diabetes Unit and Center for Genomic Medicine found that the onset of type 2 diabetes can be reduced with healthy eating, including for those with genetic risk factors.[29] While very few key informants and focus group participants identified diabetes as an issue, there was significant discussion about many of the risk factors for diabetes: poor nutrition, physical inactivity, and obesity.

- Across the service area, the PQI rate for diabetes was higher than the commonwealth overall (200.3) in Burlington (235.8), Lowell (315.8), and Peabody (207.2)
- The diabetes mortality rate was significantly low in Billerica (30.2) compared with the commonwealth overall (16.8). Rates were similar to the commonwealth overall or were suppressed because of small numbers in all other municipalities.

Cancer

The most common risk factors for cancer are well-known: age, family history of cancer, alcohol and tobacco use, diet, exposure to cancer-causing substances, chronic inflammation, and hormones.

- Inpatient discharges for cancer were lower than the commonwealth (788 per 100,000) in all municipalities except Watertown (963 per 100,000). Confidence intervals were not available for this data set; therefore, statistical significance could not be determined. From 2016-2018, discharge rates increased in Cambridge (+13%) and Waltham (+11%) and decreased in all other municipalities.

- The cancer mortality rate was not available at the state level. Among municipalities in MAH's CBSA, rates were highest in Arlington (200.2 per 100,000) and lowest in Cambridge (103.1 per 100,000).

[27] "Hispanic Health: Preventing Type 2 Diabetes," CDC, 18 Sept. 2017, https://www.cdc.gov/features/hispanichealth/index.html
[28] "Management of Common Comorbidities of Diabetes." American Association of Clinical Endocrinologists, n.d., http://outpatient.aace.com/type-2-diabetes/management-of-common-comorbidities-of-diabetes
[29] Merino, Jordi. "Quality of Dietary Fat and Genetic Risk of Type 2 Diabetes: Individual Participant Data Meta-Analysis." *BMJ*, 10 June 2019, https://www.bmj.com/content/bmj/366/bmj.l4292.full.pdf

Table 19: Cancer hospitalizations and mortality

	Cancer inpatient discharges (per 100,000) (2018)	Change in discharge rate (2016-2018) (%)	Cancer mortality (crude rate per 100,000) (2017)
Massachusetts	788	-1%	ND
Middlesex County	ND	ND	ND
Arlington	784	-16%	200.2
Belmont	611	0%	173.7
Cambridge	542	+13%	103.1
Somerville	454	-14%	147.1
Waltham	743	+11%	157.2
Watertown	963	-4*	162.4

Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018; Cancer mortality from Massachusetts Vital Records via the Population Health Information Tool (2017)

Respiratory Diseases

Respiratory diseases such as asthma and COPD are exacerbated by behavioral, environmental, and location-based risk factors, including smoking, diet and nutrition, substandard housing, and environmental exposures (e.g., air pollution, secondhand smoke). They are the third leading cause of death in the United States. In many scenarios, quality of life for those with respiratory diseases can improve with proper care and management.[30]

- Asthma inpatient discharges were higher than the commonwealth (285 per 100,000) in Waltham (286 per 100,000) and lower in all other municipalities. From 2016-2018, asthma inpatient discharges increased in Belmont (+33%) and Waltham (+35%) and stayed neutral or declined in all other municipalities. This data set does not provide confidence intervals; therefore, statistical significance could not be determined.
- Chronic lung disease inpatient hospitalization rates were lower than the commonwealth (999 per 100,000) in all municipalities. The mortality rate was highest in Arlington (33.4 per 100,000) and lowest in Cambridge (16.3 per 100,000).

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

Table 20: Respiratory disease hospitalizations and mortality

	Asthma inpatient discharges (per 100,000) (2018)	Change in Asthma discharge rate (2016-2018)	Chronic lung disease (excluding asthma) inpatient discharge rate (per 100,000) (2018)	Chronic lung disease mortality rate (crude rate per 100,000) (2015)
Massachusetts	285	-10%	999	ND
Middlesex County	ND	ND	ND	ND
Arlington	157	0%	771	33.4
Belmont	200	+33%	488	ND
Cambridge	138	-21%	414	16.3
Somerville	162	-17%	558	18.2
Waltham	286	+35%	756	30.8
Watertown	199	-7%	781	18.2

Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018; Mortality from Massachusetts Vital Records via the Population Health Information Tool (2017)

All-Cause Mortality and Premature Mortality

The all-cause and premature mortality rates do not indicate that all residents of a municipality have equal or similar access to care based simply on proximity to services.[31] For example, not all residents in MAH CBSA have better access to health services, and therefore lower rates, than do those in other municipalities simply because they live closer to the hospital.

- All-cause mortality and premature mortality rates were lower than the commonwealth overall (676 and 283 per 100,000 respectively) in all municipalities. Note that confidence intervals were not included with this data set, therefore statistical significance could not be determined.

Table 21: All-cause and premature mortality, age-adjusted rates per 100,000 (2017)

	All causes mortality rate	Premature mortality rate (< 75)
Massachusetts	676	283
Middlesex County	605	228
Arlington	532	179
Belmont	411	112

[31] All-cause mortality rate is an aggregation of all deaths of any cause. The premature mortality rate is a measure of unfulfilled life expectancy; it is the deaths among residents under the age of 75.

Cambridge	507	204
Somerville	673	250
Waltham	614	249
Watertown	630	222

Source: MDPH Registry of Vital Records and Statistics, 2017

Older Adult Health/Healthy Aging

As discussed in previous sections, key informants and focus group participants were concerned about social isolation and depression among older adults, especially elders who live alone or who did not have a regular caregiver. Other concerns for the older adult population included issues around chronic disease management and navigation of the health system (including health insurance), neurological issues (e.g., Alzheimer's, dementia), and mobility/falls.

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

- The percentage of older adults (65+) living alone was higher than the commonwealth (30.2%) in all municipalities except Belmont (27.9%).
- The percentage of older adults (65+) with depression was significantly high in Cambridge (34.9%) and Somerville (35.2%) compared to the commonwealth overall (31.5%), and significantly low in Belmont (29.2%).
- The percentage of older adults (65+) with an anxiety disorder was significantly high in Somerville (28.0%) compared to the commonwealth overall (25.4%).
- The percentage of older adults (65+) with Alzheimer's disease or a related dementia was similar to the commonwealth (13.6%) in all municipalities.
- The percentage of older adults (60+) who had been injured in a fall in the past 12 months was significantly high in municipalities in the service area, except for Somerville (12.5%) compared with the commonwealth overall (10.6%).
- The percentage of older adults (65+) with osteoporosis was significantly high in Arlington (22.9%) compared to the commonwealth overall (20.7%).

Table 22: Older adult health (2018)

	65+ living alone (%)	65+ with depression (%)	65+ with anxiety disorders (%)	65+ with Alzheimer's or a related dementia (%)	60+ injured in a fall past 12 months (%)	65+ with osteoporosis (%)
Massachusetts	30.2	31.5	25.4	13.6	10.6	20.7
Middlesex County	ND	ND	ND	ND	ND	ND

Arlington	35.5	32.8	25.7	12.8	17.6	22.9
Belmont	27.9	29.2	23.8	12.3	17.6	22.2
Cambridge	40.6	34.9	25.3	12.8	17.6	20.8
Somerville	38.5	35.2	28.0	14.4	12.5	21.5
Waltham	32.9	31.2	26.0	13.7	17.6	21.7
Watertown	35.7	33.0	25.9	14.1	17.6	21.2

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

Infectious Disease

Though great strides have been made to control the spread of infectious diseases in the U.S., they remain a major cause of illness, disability, and even death. Sexually transmitted infections, diseases transmitted through drug use, vector-borne illnesses, tuberculosis, pneumonia, and influenza are among the infectious diseases that have the greatest impact on modern American populations. Though not named as a major health concern by interviewees or participants of forums and focus groups, it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality. Young children, older adults, individuals with compromised immune systems, injection drug users, and those having unprotected sex are most at risk for contracting infectious diseases.

Table 23: Infectious disease

	Chlamydia cases (lab confirmed)	Gonorrhea cases (lab confirmed)	Syphilis cases (probable and confirmed)	Hepatitis C cases (probable and confirmed)	Pneumonia/influenza inpatient discharges (crude rate per 100,000)*	Adults 60+ with flu shot in past year (%)**
Massachusetts	31,635	7,172	1,243	4,660	549	60.8
Middlesex County	5,771	1,293	274	676	ND	ND
Arlington	95	28	<5	10	474	69.8
Belmont	65	13	<5	13	269	69.8
Cambridge	495	189	34	43	225	69.8
Somerville	461	144	24	23	260	63.0
Waltham	298	70	22	28	345	69.8
Watertown	100	31	<5	19	393	69.8

Source: MDPH Bureau of Infectious Disease and Laboratory Services, 2019
*Source: Massachusetts Center for Health Information and Analysis (CHIA), 2018
**Source: Massachusetts Healthy Aging Collaborative, 2018
Shading represents statistical significance compared with the commonwealth overall. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

COVID-19

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) a global pandemic and advised the public to reduce activities and practice social distancing. Since then, society and systems continue to quickly adapt and frequently change due to new research, procedures, and policies. In speaking with key informants and focus group participants, all emphasized that COVID-19 was a priority concern that directly impacted their clients, services, and service delivery. As a result of social distancing precautions, one interviewee mentioned that people are less connected to formal supports like medical providers as well as informal supports like friends and family. COVID-19 presented substantial health concerns particularly for older adults and those with underlying medical conditions because they face a higher risk of complications from the virus. People of color are another priority population during the pandemic because of the known disparities in experiences, risks, and deaths for people of color.[32] Several key informant interviews described how COVID-19 highlighted existing inequities and system deficiencies, but also how there has been so much resilience and potential to transform service systems at this moment.

Table 24: Count and Rate of Confirmed COVID-19 Cases and Tests (January 1, 2020-March 23, 2021)

	Total Case Count	Average Daily Incidence Rate per 100,000 (Last 14 days)	Total Test	Total Tests (Last 14 days)	Percent Positivity (Last 14 days)
Massachusetts	584,024	21.5	118,201,030	23,589	2.0%
Middlesex County	ND	ND	ND	ND	ND
Arlington	1,701	10.0	103,454	6,377	1.19%
Belmont	1,041	6.5	63,271	3,924	0.76%
Cambridge	4,878	15.2	766,703	65,909	0.43%
Somerville	5,122	23.1	429,026	28,842	0.95%
Waltham	5,180	26.4	283,585	23,973	1.16%
Watertown	2,137	15.8	92,606	6,263	1.29%

Source: Massachusetts Department of Public Health COVID-19 Dashboard

[32]https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

Table 25: Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.7x	0.7x	1.1x	1.3x
Hospitalization[2]	3.7x	1.0x	2.9x	3.1x
Death[3]	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

Source: CDC COVID-19 Dashboard

Summary of Priorities and Implementation Strategy

This section provides a summary of the priority issues and priority populations that were identified through the assessment process, based on an integrated analysis of quantitative and qualitative data and results of a prioritization process with the CBAC. A full Implementation Strategy, with goals, priority populations, objectives, strategies, sample measures, and potential community partners, can be found in Appendix F.

Implementation Strategy Planning Principles and Commonwealth Priorities

In developing the Implementation Strategy, care was taken to ensure that MAH's community health priorities were aligned with the Commonwealth of Massachusetts priorities as set by the MDPH and the MA AGO (Table 27). MAH also made efforts to ensure that the Implementation Strategy was aligned with literature on how to best promote community health improvement and prevention efforts.

Table 26: Massachusetts community health priorities

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

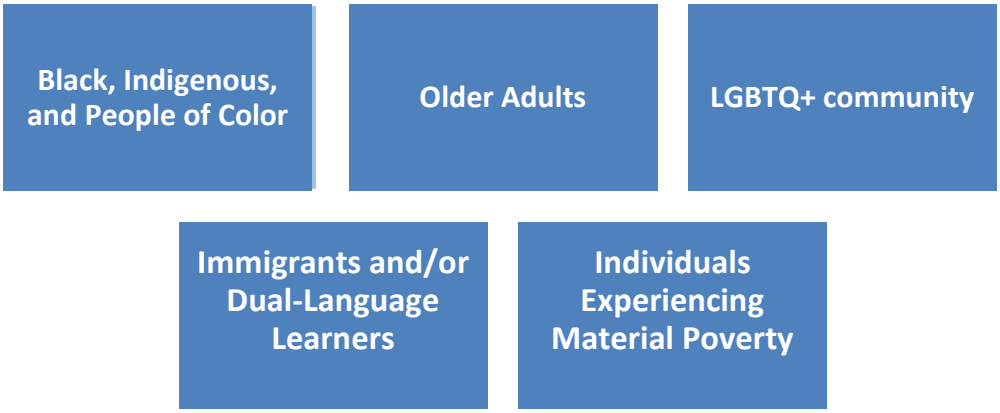
Priority Populations

MAH is committed to improving the health status and well-being of all residents living throughout its service area – certainly all geographic, demographic, and socioeconomic segments of the population face challenges that may impede their ability to access care or maintain good health. However, based on the assessment's quantitative and qualitative findings, there was broad agreement that MAH's Implementation Strategy should prioritize certain demographic and socioeconomic segments of the population that face significant barriers to care, have complex health issues, or are disproportionately impacted by the social determinants of health. The assessment identified Black, Indigenous, and People of Color, older adults, LGBTQ community, immigrants and individuals learning the English language and

individuals experiencing material poverty as priority populations to be included in the Implementation Strategy.

With these priority populations in mind, MAH's Implementation Strategy includes activities intended to support all residents throughout its service area with tailored attention to specific segments of the population and specific root causes or challenges for community health.

Figure 3: MAH priority populations, 2022-2024



Black, Indigenous, and People of Color

Black, Indigenous, and People of Color encompasses various historically underserved racial and ethnic groups that face varying disparities and inequities. As discussed above, there is a clear and growing appreciation regarding the impact that racism has on health status, both through its influence on the social determinants of health and as an independent factor affecting health. In research studying Medicare beneficiaries, people of color are more likely than white beneficiaries to report relatively poor health, have higher prevalence rates of some chronic conditions, and be more likely to have higher rates of hospital admissions and emergency department visits.[33] Key informants and focus group participants, as well as CBAC members, spoke passionately throughout the assessment regarding the challenges that communities and people of color experience with respect to racism, social factors such as housing instability, lack of cultural humility, and access to care issues. For example, quantitative data collected for this assessment showed that people of color were three times more likely to have a positive COVID-19 test than their White, non-Hispanic counterparts.

Additionally, many participants stated that there are several institutional structures that were developed to better accommodate white people. One of the individuals interviewed for the assessment, spoke of the impacts that "redlining" still has on some of the communities in MAH's

[33] https://www.kff.org/medicare/report/racial-and-ethnic-health-inequities-and-medicare/

CBSA.[34] Yet, another participant in the assessment shared that people of color experience significant mental health disparities because there is a lack of providers of color who can most effectively meet the needs of diverse communities.

MAH is committed to working with community-based organizations and community residents to address the root causes of health disparities, especially those in Black, Indigenous, and People of Color.

Older Adults

In the U.S. and the Commonwealth, older adults are among the fastest-growing age groups. Chronic and complex conditions are the leading cause of death among older adults, and older adults are more likely to develop chronic illnesses and conditions such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer's disease, Parkinson's disease, and dementia than are younger adult cohorts. By 2030, the CDC and the Healthy People 2020 Initiative estimate that 37 million people nationwide, or 60% of the older adult population aged 65 and over, will need to manage more than one chronic medical condition. Significant proportions of this group experience hospitalizations are admitted to nursing homes and receive home health services and other social supports in home and community settings.

The challenges faced by older adults came up in nearly every interview and focus group, especially in the context of COVID-19. Many participants stated that older adults living alone and those without dedicated family or caregivers require more attention and services, particularly in regard to the recent challenges of social isolation and transition to virtual services during COVID-19.

MAH recognizes that addressing these concerns demands a service system that is robust, diverse, and responsive. MAH has historically supported a number of initiatives aimed at improving health and health care access for older adults, and it will continue to do so.

LGBTQ+ Community

Massachusetts has the second largest LGBTQ+ population of any state in the nation (5%). While societal acceptance of the LGBTQ+ community has increased greatly over the past few decades, this population still faces discrimination and health disparities. The LGBTQ+ community continues to face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.
The LGBTQ+ population is a large and diverse population, though there is a tendency to view LGBTQ+ as a monolithic identity, some experience greater disparities than others do. In Massachusetts, transgender residents experience higher rates of poverty, unemployment, and homelessness compared to those who are not transgender.

[34] "Redlining" is a discriminatory practice that puts services (financial and otherwise) out of reach for residents of certain areas based on race or ethnicity. It can be seen in the systematic denial of mortgages, insurance, loans, and other financial services based on location (and that area's default history) rather than on an individual's qualifications and creditworthiness. Notably, the policy of redlining is felt the most by residents who are "people of color".

MAH is committed to providing equitable care for all and will continue to uphold non-discrimination policies for LGBTQ+ health education for staff members.

Immigrants and/or Dual-Language Learners

Key informants and focus group participants identified a range of issues that impact immigrants and individuals learning the English Language – namely, in the areas of housing and healthcare. Navigating the healthcare system or filling out housing forms can be incredibly challenging to those who do not feel confident in speaking and/or writing the English language.

MAH will continue to work with community partners, including English as a second language learning centers, in order to address the need for culturally competent care and language accessibility.

Individuals Experiencing Material Poverty

Key informants, focus group participants, the CBAC and MAH's leadership discussed the challenges that individuals and families face with respect to income insecurity and lack of adequate financial resources. Specifically, they discussed the challenges that many residents of MAH service area face with respect to affording the cost of safe housing, transportation, childcare, food, health care services, and other essentials. Fundamentally, those experiencing material poverty are forced to decide, which of these essential elements is most important at a given time, which often leads to missed care or delays in needed health care services, due to either the direct costs of care (co-pays and deductibles) or the indirect costs of transportation, childcare, or missed wages. There was near consensus that lack of affordable and high-quality housing was a leading issue in MAH's CBSA. Participants also spoke of the intense challenges that many moderate-income individuals and families face due to the high cost of living, combined with the fact that most of those in the middle-income group are not eligible for public programs like Medicaid, SNAP benefits, Healthy Start, and other subsidized services.

MAH will continue to work with community partners in order to address the needs of individuals and families experiencing material poverty by supporting programs that reach out to these segments and links them to needed resources and services.

Community Health Priorities

MAH's CHNA is a population-based assessment – the goal being to identify the full range of community health issues affecting individuals throughout the CBSA, rather than any one component or those who have received services at MAH or its affiliates. The priority issues have been framed in a broad context to ensure that the breadth of unmet needs and community health issues is recognized. MAH is confident that these priorities reflect the sentiments of the vast majority of those who were involved in the assessment and prioritization process; they were determined through an integrated and thorough analysis of quantitative and qualitative data and a prioritization process with the CBAC. Within these

priority areas, goals and objectives will be determined to maximize impact, focus the hospital's efforts, and leverage existing resources and partnerships.

Figure 4: MAH Priority Areas, 2022-2024

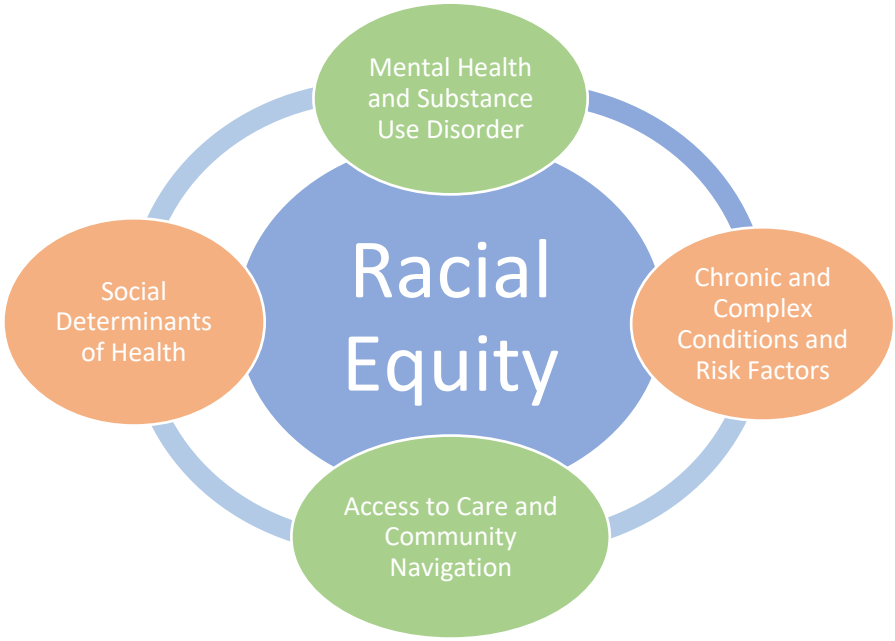


Table 28 includes a comparison of priority issues that were chosen from the 2015 and 2018 community health needs assessments.

Table 28: Priority areas from community health needs assessments, 2015 and 2018

2015 MAH Community Health Priority Areas	2018 Community Health Priority Areas
• Obesity and inactive living • Chronic Disease self-management • mental health • Substance Use • Health access • Broader public health issues	• Mental health • Substance use disorder • Chronic and complex conditions and their risk factors • Social determinants of health and access to care • Healthy Aging

Below is a brief description of MAH's 2021 community health priority areas.

Racial Equity

It is important to understand that achieving racial equity benefits all of society. Prioritizing the needs of certain populations should not be viewed as neglecting others, but rather prioritizing seeks to address disproportionate needs, which in turn improves overall access and quality of life for everyone. Racism is interlinked with other systemic issues, therefore in pursuing race-related concerns other health equity concerns related to gender, age, ability, etc. are not devalued, but rather more thoroughly addressed through an intersectional approach.

MAH is committed to addressing systemic racism to ensure that the root causes to inequities are addressed in a collaborative and thoughtful way, ensuring sustainability and effective change.

Social Determinants of Health

The social determinants of health, particularly housing, transportation, and food insecurity, have a tremendous impact on residents within MAH's CBSA, especially those who are low to moderate income. The social determinants of health are often the drivers of or underlying factors that create or exacerbate mental health issues, substance misuse, and chronic and complex conditions. These social determinants of health, particularly poverty, also underlie many of the access-to-care issues that were prioritized in the assessment: navigating the health system (including health insurance), chronic disease management, and affording care.

MAH is committed to addressing social determinants and breaking down barriers to care. The hospital will continue to collaborate with community-based organizations to engage individuals in services, reduce financial burdens, increase access to appropriate primary and specialty care services, and support healthy families and communities. MAH is also committed to strengthening the local workforce and exploring opportunities for the hospital to address local unemployment issues.

Access to Care and Community Navigation

Issues regarding health care access, navigation, and communications continue to impact residents within MAH's CBSA, especially youth, those without easily attainable transportation, and those learning English as a second language. Many key informants and focus group participants identified a lack of understanding on the various services that MAH provides its local communities.

MAH is committed to addressing the various barriers to access to quality health care due to lack of accessible transportation, lack of culturally and linguistically appropriate care and the complex nature of the health care system.

Mental Health and Substance Use Disorder

As it is throughout the Commonwealth and the nation, the burden of mental health and substance use on individuals, families, communities, and service providers in MAH's CBSA is overwhelming. Nearly every key informant interview and focus group included discussions on these topics. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading issues in this domain. There were concerns regarding the impact of depression, anxiety, and e-cigarette use/vaping on youth and social isolation among older adults.

MAH recognizes the importance of primary prevention – the hospital will continue to work with community partners to offer educational programs around mental health and substance misuse. The hospital will also promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners. MAH will continue to increase access to navigation and other supportive services for those with mental illness and or substance use. MAH will continue to partner and collaborate with community-based organizations that work with older adults to reduce social isolation and enhance access to supportive services.

Chronic and Complex Conditions

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

Many of the risk factors for these conditions are the same – physical inactivity, poor nutrition, obesity, and tobacco/alcohol use. MAH has a long history of working with community partners to create awareness of and education about risk factors and their links to chronic and complex health conditions. The hospital will continue to support programs that provide opportunities for people to access low-cost, healthy foods. Beyond addressing the risk factors, MAH is also committed to providing screening and educational opportunities, supporting individuals and caregivers throughout the service area to engage in chronic disease management programs and supportive services (e.g., integrative therapies, support groups), and providing links to care.

Community Health Needs Not Prioritized by MAH

There were community health needs that were identified through MAH's assessment that were not prioritized for inclusion in the Implementation Strategy due to resource constraints:

- Hoarding and Overcrowding
- Referral Systems
- Digital Divide

Community Benefits Resources

Since the last CHNA, MAH has contributed direct, in-kind, and grant funding to support community initiatives operated by the hospital and its community partners to improve the health of individuals in its service area. MAH has leveraged grants and other funds to address health disparities and health inequities, and it continues to provide uncompensated "charity care" to low-income individuals who are unable to pay for care and services at the hospital.

This year, MAH will commit a comparable amount, if not more, through charity care, direct community health program investments, and in-kind resources of staff time, materials, and programs. MAH will also generate work by collaborating with its partners to help leverage funds on behalf of its own programs or services and on behalf of its community partners.

Recognizing that community benefits planning is ongoing and will change with continued community input, MAH's Implementation Strategy will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may require a change in the Implementation Strategy or the strategies documented within it.

Summary Implementation Strategy

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

Priority Area 1: Racial Equity

- GOAL 1: PROMOTE HEALTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DESCRIMINATION, PARTICULARLY FOR COMMUNITIES OF COLOR
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and externally with community partners to identify and implement projects to promote racial equity and improve outcomes, particularly for prioritized population segments
    ii. Support and partner with CHNA 17 to help them build their capacity by supporting their work to promote racial equity in the mental health field and practice.

Priority Area 2: Mental Health and Substance Use Disorders

- GOAL 1: REDUCE THE IMPACT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS AMONG RESIDENTS OF MAH'S COMMUNITY BENEFITS SERVICE AREA
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Expand access to mental health and substance use disorder treatment/support services
    ii. Expand access to linguistically/culturally sensitive mental health and substance use treatment/support services
    iii. Increase and enhance support for those affected by trauma, and or emotional stress
    iv. Increase access to "care navigation" services for those with mental illness and substance use disorders
    v. Promote collaboration, share knowledge, and coordinate activities internally at MAH and externally with community partners

---

Priority Area 3: Chronic and Complex Conditions and Risk Factors

- GOAL 1: ENHANCE ACCESS TO HEALTH EDUCATION, SCREENING, AND REFERRAL SERVICES IN CLINICAL AND NON-CLINICAL SETTINGS

- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Increase the number of adults who receive health education and screening, for chronic/complex conditions
  ii. Increase the number of adults participating in cancer education, screening, and referral events
  iii. Promote healthy aging and one's ability to Age in Place

❖ GOAL 2: ENHANCE ACCESS TO SELF-MANAGEMENT AND OTHER SUPPORTIVE SERVICES FOR INDIVIDUALS WITH OR RECOVERING FROM CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Enhance access and promote equitable care for vulnerable individuals with chronic and complex conditions
  ii. Increase access to supportive services to reduce stress and anxiety, reduce negative symptoms and side effects, and increase overall wellbeing
  iii. Increase the ability of older adults to live independently and age in place

---

Priority Area 4: Social Determinants of Health

❖ GOAL 1: PROVIDE SUPPORTIVE SERVICES FOR THOSE WHO ARE UNSTABLY HOUSED
- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Work internally at MAH and with community partners to identify those who are experiencing housing insecurity
  ii. Increase access to housing and eviction prevention services

❖ GOAL 2: IMPROVE ACCESS TO HEALTHY AND NUTRITIOUS FOOD FOR THOSE WHO EXPERIENCE FOOD INSECURITY
- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Work internally at MAH and with community partners to identify those who are experiencing food insecurity
  ii. Increase access to healthy foods for those who are experiencing food insecurity

❖ GOAL 3: PROMOTE TRANSPORTATION EQUITY
- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  iv. Work internally at MAH and with community partners to identify those who have limited access to safe, affordable, accessible transportation
  v. Increase access to safe, affordable, accessible transportation where transportation is a barrier to health care
  vi. Participate in the Cambridge Transportation task force

Priority Area 5: Access to Care and Community Navigation

- GOAL 1: ADDRESS THE SOCIAL DETERMINANTS OF ACCESS TO CARE
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify the community assets and barriers that either promote or hinder access to needed services

- GOAL 2: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO ARE DUAL-LANGUAGE LEARNERS
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Promote health literacy internally at MAH and externally with community partners

- GOAL 3: PROMOTE HEALTH EQUITY FOR LGBTQ+ POPULATIONS
  - *Priority Population:* LGBTQ+ community
  - *Programmatic Objectives:*
    i. Promote best practices with respect to collecting accurate information on sexual orientation and gender identity internally at MAH and externally with community partners
    ii. Reduce barriers to health care and disparities in health outcomes
    iii. Share LGBTQ+ resources with external partners

- GOAL 4: PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESS
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Support cities/towns to promote resilience, emergency care and emergency preparedness

- GOAL 5: PROMOTE RESILIENCY FOR NEW MOMS
  - Priority Populations: *:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Support outreach and assistance to new moms to increase awareness about how to create a healthy and safe environment for babies and families

Appendix A: Community Engagement Summary

Mount Auburn Hospital CHNA 2021
Community Engagement Summary

Key Informant Interviews (23) **Purpose:** Key informant interviews are done to collect qualitative information from key health and social service providers, city/town officials, representatives from community organizations, and other community leaders to (1) confirm and refine findings from secondary data, (2) provide community context, (3) clarify needs and priorities of the community. **Methods:** JSI worked with MAH to identify a representative group of key informants. Interviews were approximately 30-60 minutes long and were conducted via Zoom using a structured interview guide created by JSI Project Team. Detailed notes were taken for each interview and recommendations were compiled to identify emerging themes (Attachment B).	**23 Interviews** *See Attachment A: Key Informant Interviewees*
Focus Groups (7) **Purpose:** Focus groups are conducted with key segments of the population and/or key types of service providers. This activity allows for the collection of more targeted and nuanced information from segments of the population who are deemed most at-risk and the key service providers who serve these populations and are critical to community health improvement. Focus groups (1) augment findings from secondary data and key informant interviews and (2) allow for exploration of strategic and programmatic options to address identified health issues, service gaps, and/or barriers to care. **Methods**: Focus groups are conducted using a structured guide developed by the JSI Project Team. Each group lasted 60-90 minutes depending on the size of the group. Participants were recruited in collaboration with MAH and key informants. Detailed notes were taken for each interview and recommendations were compiled to identify emerging themes (Attachment B).	1. Arlington Council on Aging 2. Cambridge Learning Center 3. CHNA 17 Steering Committee 4. Council on Aging (Directors Meeting) 5. MAH Patient Family Advisory Committee 6. Somerville Community Stakeholders Meeting on Mental Health Addiction, and Criminal Justice System 7. Waltham Partnership for Youth (Trailblazers)

Appendix A: Community Engagement Summary

Key Informant Interviewees

Organization	Individual
Arlington Department of Public Health	Christine Bongiorno
Belmont Department of Public Health	Wesley Chin
Cambridge Health Alliance	Lisa Brukilacchio
Cambridge Department of Public Health	Albert Pless, Jose Wendel
Cambridge Non-Profit Coalition	Elena Sokolow-Kaufman
Charles River Community Health	Francisca Guevara, Berlineda Pierre
Housing Corp. of Arlington	Pamela Hallett
Kingdom Empowerment Center	Rev. Lorraine Thornhill
Live Well Watertown	Stephanie Venzizelos
MAH Chair of Disparities Committee	Heather Gibbons
MAH Clinical Director of Outpatient Psychiatry	Katie Thayer
MAH Medical Director of Emergency Department	Chris Fischer
Somerville Department of Public Health	Doug Kress
Somerville Homeless Coalition	Mike Libby
Waltham Family School	Britta McNemar
Waltham Health Department	Michelle Feeley, Meaghan Ritcey
Watertown Department of Public Health	Larry Ramdin
Watertown Police Department Jail Diversion Program	Melissa Duarte, Colleen Murray
Wayside Youth Services	Laura Kurman

Community Health Improvement Recommendations

The following themes arose from conversations with the Community Benefits Advisory Committee, community based organizations, local health departments, community residents, and other key stakeholders within the community benefits service area

Social Determinants of Health

Develop programs to address disparities in the social determinants of health (access to health care, transportation, food)

Collaboration

Increase collaboration with community members, providers, and community based organizations

Grant Funding

Increase and maintain grant funding for community based organizations

Mental Health & Substance Use

Utilize programming to address mental health and substance use in the community

Outreach

Bring services, programs, and knowledge to community members

Racial Equity

Apply a racial equity lens to all aspects of assessment and program planning

Community Resources

Increase community awareness of local community resources

COVID-19

Implement programming to support those most impacted by the COVID-19 pandemic

Population-Specific Recommendations

Create programs tailored to older adults, immigrants, and people learning English as their second language

Beth Israel Lahey Health
Mount Auburn Hospital

Appendix B: MAH Community Benefit Program Evaluation

Health Priority Area	Programs FY20	Program Highlights	Outcomes	Recommendation to continue?
Mount Auburn Hospital Community Benefit Programs FY 20				
Substance Use	Addressing the Opioid Epidemic and Substance Use	Hosting the Middlesex DA Metro Regional Opioid Task Force Substance Use Navigator	Ongoing	yes
Access to care	Cancer Disparities Work	Tobacco education and Lung Screening education, free mammogram screenings, ESOL health education	15 women screened at mammography free clinic, one received follow up care. 10 men participated in a free tobacco education and lung screening program.	yes
Mental Health	Caregiver Support Group	Continuous support group meets 2 times per month	58 people attended at least one support group session	yes
Access to Care	Coalition Building	Host Elder Service provider meetings, Participate in local community and coalition meetings	MAH staff attended over 40 local community meetings	yes
All	Collaborations with local Departments of Public Health	Grant funding to support Health Departments	Funding provided to Arlington, Belmont, Cambridge, Somerville, Waltham, and Watertown Departments of Public Health. These funds support work to address one or more of the health priority areas identified in the CHNA	yes
Social Determinants of Health	Collaborations with local Housing Departments	Grant funding to support local Housing Authorities	Funding provided to Arlington, Belmont, Cambridge, Somerville, Waltham, and Watertown. These funds are designated for the improvement of housing access, living conditions within buildings, to help improve upon safe and affordable housing space or to work on policy changes that would increase access to affordable housing.	No, shifting our current housing investments and exploring a new collaboration with Metro Housing / Boston
Access to health care	Community and Professional Education for Emergency Care	Emergency room physicians work as medical directors to provide medical advice and training to increase capacity of service area police, fire and EMT staff to bridge the gap from the community setting to health care and improve access.	Monthly peer review and education sessions, on call medical director available. 20- 30 staff in attendance each month	yes

Appendix B: MAH Community Benefit Program Evaluation

Healthy Aging	Elder Cardiovascular Health	Blood Pressure Clinics in the community (ran for 6 months in FY20 due to pandemic)	24 blood pressure clinics served 593 elders	Yes, depending on pandemic guidelines
Access to Care	Health Coverage and public assistance Enrollment	Certified Application Counselors available to provide support and enrollment services at both MAH and Charles River Community Health	Ongoing	Yes
Social Determinants of Health	Health Equity and Food Access	Collaborated with community organizations providing services to increase access to healthy foods.	60 families at CRCH received grocery store gift cards, 66 residents in Cambridge received SNAP Match dollars, over a 2-month period provided food to Arlington Eats for their food distribution program which included 600 dozen eggs, 400 loaves of bread, 200 jars of peanut butter and 200 jars of orange juice	Yes
Chronic/Complex Conditions	Hertzstein Wellness Center	Provide space for healing, revitalization and hope through education and integrative care for cancer patient and their caregivers. Programs include individual appointments or programs for chair yoga, Rieiki, therapeutic massage, therapeutic music and paing break clsasses.	Over 500 appointments/encounters throughout the year until March due to the pandemic. A virtual platform was then created to continue programming for FY21	Yes
Healthy Aging	In-home Services/Lifeline	This program provides personal emergency response services (Lifeline) to underserved Elders and disabled adults. Mount Auburn Hospital works closely with local Aging Services Access Point Agencies and provides the emergency response systems below cost to over 1,000 community members who need these services.	Over 1,000 eligible elders and or disabled adults received a personal emergency response system installed at below cost.	
Access to Care	Medical Interpreter Services	To bridge the gap and improve access to care MAH provides professional medical interpreter services to non-English speaking, limited-English speaking, Deaf, and Hard of Hearing patients.	Provided 14,977 individual encounters either face to face, video, or telephonic encounters.	

Appendix B: MAH Community Benefit Program Evaluation

Access to Care	Latina Prenatal/Postpartum Support for women at Charles River Community Health	This program provides an on-call Doula support coach for women at the time of delivery, a community outreach worker who provides postpartum support including connections to social services and other navigational needs. This year MAH worked with CRCH to create a blood pressure cuff-lending program. This program also offers infant car seats to those women who have limited funds to purchase an infant care seat to transport their newborn safely home after delivery.	The Doula program was reduced due to the limited visitors and support people allowed at the hospital during COVID restrictions. Provided Doula support for 7 deliveries. 70 blood pressure cuffs were purchased and are made available to pre/postnatal patients. 18 car seats were given to women in need of transporting their newborn infant safely home after birth.	Yes
Mental Health	Racial Justice and Mental Health, Collaboration with Community Health Network Area 17	To increase the capacity of Community Health Network Area (CHNA) 17 MAH collaborates with CHNA 17 to help support and fulfill its mission. CHNA 17's mission is to promote healthier people and communities by fostering community engagement, elevating innovative and best practices, advancing racial equity, and supporting reciprocal learning opportunities to address the needs of the most marginalized members of our communities.	MAH provides funding, technical assistance and active steering committee membership	Yes
Social Determinants of Health	Reducing Health Disparities	The MAH disparities committee is focused on reducing identified health disparities. This committee reviews national, local and hospital data to identify where disparities in healthcare may exist and works creatively to make an impact on reducing health disparities at Mount Auburn Hospital.	Ongoing	Yes
Mental Health	Social Work Community Support	Mount Auburn Hospital social workers attend community meetings to share best practices, identify opportunities to improve collaborations and address challenges to optimizing health for our most vulnerable community members including the homeless and elders.	Designated social workers attend regular and monthly meetings in the MAH service area. Over 40 meetings attended either in person or virtually.	Yes

Appendix B: MAH Community Benefit Program Evaluation

Chronic/Complex Conditions	Stroke Navigation and Prevention	MAH supports a stroke certified nurse. She provides Stroke Education and Awareness within the hospital to patients, families, and staff. She collaborates with the AHA/ASA which is vitally important to providing evidence-based care to all stroke patients. Stroke and heart health education is also provided in a variety of community settings to our community members.	Ongoing education and support to patients and their families. Due to the pandemic the stroke education program in the community did not happen	Yes
Chronic Complex Conditions	Support for Community Members with Cancer	This program works with cancer patients to create a sense of support, confidence, courage, and community among cancer patients. These programs are aimed at increasing hope and empowerment for those affected by cancer, and to improve mental health and wellbeing but many of these programs were cancelled due to the pandemic.	Over 50 women attended at least one session of the breast cancer support group which ran throughout the year	Yes
Social Determinants of Health	Transportation as a barrier to medical care	Transportation is too often a barrier to medical care. MAH responds to community requests where transportation is a barrier to care.	Over 3,000 rides provided free of charge to those where transportation is a barrier to medical care. Ongoing transportation is provided via SCM Transportation, Metro Cab vouchers and Charlie Cards distributed as determined by the social work staff.	Yes
Social Determinants of Health	Volunteer Services and support for STEM education	MAH volunteer department provides local high school students an opportunity for a summer internship. The volunteer department also provides opportunity for older adults to volunteer. The Watertown Med Science program is onsite and gives Watertown High School students an opportunity to experience different departments at the hospital by rotating through the areas and learning about the different disciplines.	558 older adult volunteers gave 8,843 hours of service to MAH. 16 students attended programming which highlighted science and health care education The high school summer internship program did not run due to the pandemic.	Yes

2021 Community Resource Guide

MOUNT AUBURN HOSPITAL

Beth Israel Lahey Health
Mount Auburn Hospital

TABLE OF CONTENTS

Service Area

Resource Type

ARLINGTON

FOOD ASSISTANCE

ARLINGTON EATS FOOD PANTRY

74 Pleasant Street
Arlington, MA 02476
www.arlingtoneats.org
Contact: 339-707-6761

When:
Wednesdays: 9:00-10:30am and 5:30-7:00pm

HOUSING

ARLINGTON HOUSING AUTHORITY

4 Winslow Street #1
Arlington, MA 02474
arlingtonhousing.org
Contact: 781-646-3400

HOUSING CORPORATION OF ARLINGTON

252 Massachusetts Avenue
Arlington, MA 02474
www.housingcorparlington.org
Contact: 781-859-5294

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

ARLINGTON HEALTH DEPARTMENT

27 Maple Street
Arlington, MA 02476
www.arlingtonma.gov/departments/health human-services/health-department
Contact: 781-316-3170

MOUNT AUBURN HOSPITAL WOMEN'S HEALTH CLINIC

22 Mill Street Suite 204
Arlington, MA 02476
www.mountauburnhospital.org/locations/locations-profile/?id=357

Contact: 781-646-1043

LAHEY HOSPITAL & MEDICAL CENTER, BURLINGTON

41 Mall Road
Burlington, MA 01805
www.lahey.org
Contact: 781-744-5100

MENTAL HEALTH

ARLINGTON YOUTH COUNSELING CENTER

670R Massachusetts Avenue
Arlington, MA 02476
www.arlingtonma.gov/aycc
Contact: 781-316-3255

LIFESTANCE HEALTH

22 Mill Street Suites 004 & 308
Arlington, MA 02476
www.cfpsych.org
Contact: 781-646-0500

WAYSIDE ARLINGTON

18 Prescott Street
Arlington, MA 02474
www.waysideyouth.org
Contact: 508-879-9800

WAYSIDE WALTHAM

431 River Street
Waltham, MA 02453
www.waysideyouth.org
Contact: 781-891-0555

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

RIVERSIDE COMMUNITY CARE

Child and Family Home-Based Services
237 Highland Avenue
Needham, MA 02494
www.riversidecc.org
Contact: 781-752-6857

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113

SUBSTANCE USE

COLUMN HEALTH

339 Massachusetts Avenue
Arlington, MA 02474
columnhealth.com/home.php
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

125 Hartwell Avenue
Lexington, MA 0242
www.eliotchs.org
Contact: 781-861-0890
Emergency Services: 800-988-1111

EMPLOYMENT

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com
Contact: 617-661-7867

TRANSPORTATION

ARLINGTON COUNCIL ON AGING

27 Maple Street
Arlington, MA 02476
www.arlingtonma.gov/departments/health-human-services/council-on-aging
Contact: 781-316-3400

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

ARLINGTON RECREATION DEPARTMENT

422 Summer Street
Arlington, MA 02474
arlingtonrec.com/info/default.aspx
Contact: 781-316-3880

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
Contact: 617-244-6050

LEGAL AID

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203
Cambridge, MA 02141
www.gbls.org

Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

REACH

P.O. Box 540024
Waltham, MA 02454
reachma.org
Contact: 781-891-0724
Hotline (24 Hours): 800-899-4000

RESPOND

66-70 Union Square #205
Somerville, MA 02143
www.respondinc.org
Contact: 617-625-5996
Hotline (24 Hours): 617-623-5900

ELDER SERVICES

ARLINGTON COUNCIL ON AGING

27 Maple Street
Arlington, MA 02476
www.arlingtonma.gov/departments/health-human-services/council-on-aging
Contact: 781-316-3400
Email: kshah@town.arlington.ma.us

MINUTEMAN SENIOR SERVICES

26 Crosby Drive
Bedford, MA 01730
www.minutemansenior.org
Contact: 781-272-7177

BRIGHTVIEW SENIOR LIVING

1 Symmes Road
Arlington, MA 02474
www.brightviewseniorliving.com/find-acommunity/brightview-arlington
Contact: 781-262-3366

SUNRISE OF ARLINGTON

1395 Massachusetts Avenue
Arlington, MA 02476
www.sunriseseniorliving.com/communities/sunrise-of-arlington/overview.aspx
Contact: 781-643-2100

CAMBRIDGE NEIGHBORS

545 Concord Avenue Suite 104
Cambridge, MA 02138
www.cambridgeneighbors.org
Contact: 617-864-1715

METROPOLITAN HOME HEALTH SERVICES

297 Broadway Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Arlington Area Office
30 Mystic Street
Arlington, MA 02474

www.mass.gov/locations/dcf-arlington-area-office
Contact: 781-641-8500

ARLINGTON BOYS & GIRLS CLUB

60 Pond Lane
Arlington, MA 02474
www.abgclub.org
Contact: 781-648-1617

ARLINGTON FAMILY CONNECTION

P.O. Box 150
Arlington, MA 02476
www.arlingtonfamilyconnection.org

THOM CHILD AND FAMILY SERVICES

Early Intervention Services
10P Gill Street
Woburn, MA 01801
www.thomchild.org/locations/woburn-early-intervention
Contact: 781-932-2888

LGBTQ

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

CHNA17

chna17.org
Contact: Stacy Carruth at chna17info@gmail.com

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org

Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org
Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

ARLINGTON DISABILITY COMMISSION

27 Maple Street
Arlington, MA 02476
www.arlingtonma.gov/town-governance/boards-and-committees/disability-commission

Contact: 781-316-3170

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141
www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org
Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

ARLINGTON HEALTH AND HUMAN SERVICES

Arlington COVID-19 Relief Fund
670R Massachusetts Avenue
Arlington, MA 02476
ahhscc.org/arlington-covid-19-relief-fund
Contact: 781-316-3259

COVID-19 HOUSING RESOURCES NAVIGATOR: ERIN ZWIRKO

730 Mass Ave. Annex
Arlington, MA 02476
www.arlingtonma.gov/departments/planning-community-development/affordable-housing-in-arlington/covid-19-housing-resources
Contact: 781-316-3091
Email: ezwirko@town.arlington.ma.us

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund
9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help
Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download
Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

BELMONT

FOOD ASSISTANCE

BELMONT FOOD PANTRY

455 Concord Ave
Belmont, MA 02478
Contact: belmontfoodpantry@gmail.com

When:
1st and 3rd Saturdays;
8:30-9:30am

HOUSING

BELMONT HOUSING AUTHORITY

59 Pearson Road
Belmont, MA 02478
belmontha.org
Contact: 617-484-2160

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

BELMONT HEALTH DEPARTMENT

19 Moore Street, 2nd Floor, P.O. Box 56
Belmont, MA 02478
www.belmont-ma.gov/health-department
Contact: 617- 993-2720

BELMONT CAMBRIDGE HEALTH CARE

799 Concord Avenue
Cambridge, MA 02138
belmontcambridgehealthcare.com
Contact: 617-491-5111

MENTAL HEALTH

MCLEAN HOSPITAL

115 Mill Street
Belmont, MA 02478
www.mcleanhospital.org
Contact: 617-855-3141

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

RIVERSIDE COMMUNITY CARE

Child and Family Home-Based Services
237 Highland Avenue
Needham, MA 02494
www.riversidecc.org
Contact: 781-752-6857

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113

SUBSTANCE USE

COLUMN HEALTH

339 Massachusetts Avenue
Arlington, MA 02474
columnhealth.com/home.php
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113
Email: AdultsMH@eliotchs.org

MIDDLESEX HUMAN SERVICE AGENCY

200 Trapelo Road
Waltham, MA, 02452
www.mhsainc.org
Contact: 781-899-0357

SPECTRUM HEALTH SYSTEMS, INC.

210 Bear Hill Road
Waltham, MA 02451
spectrumhealthsystems.org
Contact: 781-290-4970

RIGHT TURN

440 Arsenal Street
Watertown, MA 02472
www.right-turn.org
Contact: 781-646-3800

EMPLOYMENT

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com

Contact: 617-661-7867

TRANSPORTATION

BELMONT COUNCIL ON AGING

266 Beech Street
Belmont, MA 02478
www.beechstreetcenter.org/transportation.html
Contact: 617-993-2980

SPRINGWELL'S SENIOR MEDICAL ESCORT PROGRAM

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452
springwell.com/service/medical-escort
Contact: 617-926-4100

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

BELMONT RECREATION DEPARTMENT

19 Moore Street, P.O. Box 56
Belmont , MA 02478
belmontma.myrec.com/info/default.aspx
Contact: 617-993-2760

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

SOMERVILLE YMCA

101 Highland Ave
Somerville, MA 02143
somervilleymca.org
Contact: 617-625-5050

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
Contact: 617-244-6050

LEGAL AID

BOSTON COLLEGE LEGAL SERVICES LAB

885 Centre Street
Newton, MA 02459
bclawlab.org
Contact: 617-552-0248

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203

Cambridge, MA 02141
www.gbls.org
Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

REACH

P.O. Box 540024
Waltham, MA 02454
reachma.org
Contact: 781-891-0724
Hotline (24 Hours): 800-899-4000

RESPOND

66-70 Union Square #205
Somerville, MA 02143
www.respondinc.org
Contact: 617-625-5996
Hotline (24 Hours): 617-623-5900

ELDER SERVICES

BELMONT COUNCIL ON AGING

266 Beech Street
Belmont, MA 02478
www.belmont-ma.gov/council-on-aging
Contact: 617-993-2970

SPRINGWELL ELDER SERVICES

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452
www.springwell.com
Contact: 617-926-4100

ALWAYS BEST CARE SENIOR SERVICES

375 Concord Avenue, Suite #102
Belmont, MA 02478
www.alwaysbestcare.com/ma/belmont
Contact: 617-489-9000

CAMBRIDGE NEIGHBORS

545 Concord Avenue, Suite 104
Cambridge, MA 02138
www.cambridgeneighbors.org
Contact: 617-864-1715

BELMONT MANOR NURSING & REHABILITATION CENTER

34 Agassiz Avenue
Belmont, MA 02478
www.belmontmanor.com
Contact: 617- 489-1200

METROPOLITAN HOME HEALTH SERVICES

297 Broadway Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Arlington Area Office
30 Mystic Street
Arlington, MA 02474
www.mass.gov/locations/dcf-arlington-area-office
Contact: 781-641-8500

THE LOVED CHILD (TLC FAMILY CENTER)

173 Belmont Street
Belmont, MA 02478
thelovedchild.net
Contact: 617-855-5819

THOM CHILD AND FAMILY SERVICES

Early Intervention Services
465 Waverley Oaks Road, Suite 101
Waltham, MA 02452
www.thomchild.org/locations/waltham-early-intervention
Contact: 781-894-6564

LGBTQ

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

CHNA17

chna17.org
Contact: Stacy Carruth at
chna17info@gmail.com

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org
Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org
Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

BELMONT DISABILITY ACCESS COMMISSION

Town Administration Office
455 Concord Avenue, 2nd Floor
Belmont, MA 02478
www.belmont-ma.gov/disability-access-commission
Contact: 617-993-2610

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141
www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org
Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

TOWN OF BELMONT COVID-19 DASHBOARD

Information on COVID-19 updates and resources for Belmont residents.
www.belmont-ma.gov/home/urgent-alerts/covid-19-information-for-the-town-of-belmont-find-all-updates-here

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund
9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help
Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download
Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

CAMBRIDGE

FOOD ASSISTANCE

CAMBRIDGE ECONOMIC OPPORTUNITY COMMITTEE

11 Inman Street
Cambridge, MA 02139
ceoccambridge.org/services/food-pantry
Contact: 617-868-2900

When:
Tuesdays: 12:00-2:00pm; Thursdays: 11:00am-1:00pm

EAST END HOUSE

105 Spring Street
Cambridge, MA 02141
eastendhouse.org/programs-and-services/emergency-food-program
Contact: 617-876-4444

When:
Tuesdays & Fridays: 1:00-2:00pm

MARGARET FULLER NEIGHBORHOOD HOUSE

71 Cherry Street
Cambridge, MA 02139
www.margaretfullerhouse.org/food-services
Contact: 617-547-4680

When:
Wednesdays: 4:00-6:30pm; Thursdays: 2:00-5:00pm; Fridays: 9:00am-12:00pm; Saturdays: 10:00am-1:00pm

CAMBRIDGE COMMUNITY CENTER

5 Callender Street
Cambridge, MA 02139
www.cambridgecc.org/food--supply-pantry
Contact: 617-547-6811

When:
Tuesdays-Fridays: 1:00-3:00pm

HOUSING

CAMBRIDGE HOUSING AUTHORITY

362 Green Street
Cambridge, MA 02139
cambridge-housing.org
Contact: 617-864-3020

CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT

344 Broadway
Cambridge, MA 02139
www.cambridgema.gov/CDD/housing.aspx
Contact: 617-349-4622

DE NOVO CENTER FOR JUSTICE AND HEALING

47 Thorndike Street, SB-LL-1
Cambridge, MA 02141
www.denovo.org
Contact: 617-661-1010

CAMBRIDGE MULTI SERVICE CENTER

362 Green Street
Cambridge MA 02139
www.cambridgema.gov/DHSP/programsforadults/cambridgemultiservicecenter
Contact: 617-349-6340

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

CAMBRIDGE PUBLIC HEALTH DEPARTMENT

119 Windsor Street
Cambridge, MA 02139
www.cambridgepublichealth.org
Contact: 617-665-3826

BELMONT CAMBRIDGE HEALTH CARE

799 Concord Avenue
Cambridge, MA 02138
belmontcambridgehealthcare.com
Contact: 617-491-5111

CHA CAMBRIDGE HOSPITAL

1493 Cambridge Street
Cambridge, MA 02139
www.challiance.org/locations/cambridge/cha-cambridge-hospital
Contact: 617-665-1000

HARVARD VANGUARD MEDICAL ASSOCIATES

1611 Cambridge Street
Cambridge, MA 02138
www.atriushealth.org/locations/cambridge-harvard-vanguard
Contact: 617-661-5500

MERINO CENTER FOR INTEGRATED HEALTH

725 Concord Avenue
Cambridge, MA 02410
www.marinocenter.org
Contact: 617-661-6225

MENTAL HEALTH

CAMBRIDGE HEALTH ALLIANCE

Central Street Care Center
26 Central Street
Somerville, MA 02143
www.challiance.org/locations/somerville/cha-central-street-care-center
Contact: 617-665-3220

DE NOVO CENTER FOR JUSTICE AND HEALING

47 Thorndike Street, SB-LL-1
Cambridge, MA 02141
www.denovo.org
Contact: 617-661-1010

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
Child and Family Home-Based Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Everett
173 Chelsea Street
Everett, MA 02149
www.eliotchs.org
Contact: 781-388-6200

SUBSTANCE USE

THE INSTITUTE FOR HEALTH AND RECOVERY

349 Broadway
Cambridge MA 02139
www.healthrecovery.org
Contact: 857-285-6264

COLUMN HEALTH

401 Highland Avenue
Somerville, MA 02144
www.columnhealth.com
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Everett
173 Chelsea Street
Everett, MA 02149
www.eliotchs.org
Contact: 781-388-6200
Email: AdultsMH@eliotchs.org

MIDDLESEX HUMAN SERVICE AGENCY

200 Trapelo Road
Waltham, MA, 02452
www.mhsainc.org
Contact: 781-899-0357

SPECTRUM HEALTH SYSTEMS, INC.

210 Bear Hill Road
Waltham, MA 02451
spectrumhealthsystems.org
Contact: 781-290-4970

RIGHT TURN

440 Arsenal Street
Watertown, MA 02472

www.right-turn.org
Contact: 781-646-3800

EMPLOYMENT

CAMBRIDGE EMPLOYMENT PROGRAM

51 Inman Street
Cambridge, MA 02139
www.cambridgema.gov/DHSP/programsforadults/cambridgeemploymentprogram
Contact: 617-349-6166

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com
Contact: 617-661-7867

TRANSPORTATION

CAMBRIDGE TAXI DISCOUNT COUPON PROGRAM

51 Inman Street
Cambridge MA 02139
www.cambridgema.gov/DHSP/programsforadults/ccpd/Transportation/taxidiscountcouponprogram
Contact: 617-349-4692 or 617-349-6220

SOMERVILLE-CAMBRIDGE ELDER SERVICES

Volunteer Escort Transportation Program
61 Medford Street
Somerville, MA 02143-3429
eldercare.org/rides
Contact: 617-628-2601 x3118

SCM TRANSPORTATION

167 Holland Street
Somerville MA 02144
scmtransportation.org
Contact: 617-625-1191

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

CAMBRIDGE RECREATION DEPARTMENT

1640 Cambridge Street

Cambridge, MA 02138
www.cambridgema.gov/DHSP/programsforfamilies/Recreation
Contact: 617-349-6229

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

SOMERVILLE YMCA

101 Highland Avenue
Somerville, MA 02143
somervilleymca.org
Contact: 617-625-5050

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
Contact: 617-244-6050

LEGAL AID

DE NOVO CENTER FOR JUSTICE AND HEALING

47 Thorndike Street, SB-LL-1
Cambridge, MA 02141
www.denovo.org
Contact: 617-661-1010

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203
Cambridge, MA 02141
www.gbls.org
Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

TRANSITION HOUSE

P.O. Box 392016
Cambridge, MA 02139
transitionhouse.org
Contact: 617-868-1650
24hr Crisis Line: 617-661-7203

CAMBRIDGE HEALTH ALLIANCE

Victims Resource Center
1493 Cambridge Street
Cambridge, MA 02139
Contact: 617-665-2992

RIVERSIDE COMMUNITY CARE

117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

ELDER SERVICES

CAMBRIDGE COUNCIL ON AGING

806 Massachusetts Avenue
Cambridge MA 02139
www.cambridgema.gov/dhsp/programsforadults/seniorscouncilonaging
Contact: 617-349-6220

CITYWIDE SENIOR CENTER

806 Massachusetts Avenue
Cambridge MA 02139
www.cambridgema.gov/DHSP/programsforadults/seniorscouncilonaging/citywideseniorcenter
Contact: 617-349-6060

NORTH CAMBRIDGE SENIOR CENTER

266B Rindge Avenue
Cambridge MA 02140
www.cambridgema.gov/DHSP/programsforadults/seniorscouncilonaging/northcambridgeseniorcenter
Contact: 617-349-6320

SOMERVILLE CAMBRIDGE ELDER SERVICES

61 Medford Street
Somerville, MA 02143
eldercare.org
Contact: 617-628-2601

CAMBRIDGE NEIGHBORS

545 Concord Avenue, Suite 104
Cambridge, MA 02138
www.cambridgeneighbors.org
Contact: 617-864-1715

NEVILLE PLACE

650 Concord Avenue
Cambridge, MA 02138
www.seniorlivingresidences.com/communities/cambridge-neville-place
Contact: 617-497-8700

CADBURY COMMONS AT CAMBRIDGE

66 Sherman Street
Cambridge, MA 02140
www.cadburycommons.com
Contact: 617- 868-0575

METROPOLITAN HOME HEALTH SERVICES

297 Broadway Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Cambridge Area Office
810 Memorial Drive
Cambridge, MA 02139
Contact: 617-520-8700

CAMBRIDGE FAMILY & CHILDREN'S SERVICE

60 Gore Street
Cambridge, MA 02141
www.helpfamilies.org
Contact: 617-876-4210

CAMBRIDGE YOUTH CENTER PROGRAMS

51 Inman Street
Cambridge MA 02139
www.cambridgema.gov/DHSP/programsforkidsandyouth/youthcenterprograms
Contact: 617-349-6200

RIVERSIDE COMMUNITY CARE

Early Intervention Services

12 Tyler Street
Somerville, MA 02143
www.riversidecc.org/child-family-services/early-childhood-services/early-intervention
Contact: 617-629-3919

LGBTQ

LGBTQ+ COMMISSION

51 Inman Street, 2nd Floor
Cambridge, MA 02139
www.cambridgema.gov/departments/lgbtqpluscommission
Contact: 617-349-3355

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

BLACK LIVES MATTER CAMBRIDGE

www.facebook.com/blacklivesmattercambridge
Contact: blmccambridge@gmail.com

CHARLES HAMILTON HOUSTON INSTITUTE FOR RACE AND JUSTICE

Harvard Law School
Areeda Hall, Room 522
1545 Massachusetts Avenue
Cambridge, MA 02138
charleshamiltonhouston.org
Contact: 617-495-8285

CHNA17

chna17.org
Contact: Stacy Carruth at chna17info@gmail.com

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org
Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org
Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

CAMBRIDGE COMMISSION FOR PERSONS WITH DISABILITIES

51 Inman Street
Cambridge MA 02139
www.cambridgema.gov/DHSP/programsforadults/ccpd
Contact: 617-349-4692

CAMBRIDGE SPECIAL EDUCATION PARENT ADVISORY COUNCIL

cambridgesepac.org
Contact: 617-593-4402

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141
www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org
Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

CITY OF CAMBRIDGE COVID-19 HOUSING STABILIZATION PROGRAM

795 Massachusetts Avenue
Cambridge, MA 02139
www.cambridgema.gov/covid19/housingfund
Contact: 617-349-9797

FOOD FOR FREE HOME DELIVERY PROGRAM

11 Inman Street
Cambridge, MA 02139
foodforfree.org/home-delivery
Contact: 617-868-2900

Eligibility: 60+; Unable to access food pantries due to disability or severe COVID-19 vulnerability

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund

9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help
Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download
Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

SOMERVILLE

FOOD ASSISTANCE

PROJECT SOUP

15 Franklin Street
Somerville, MA 02145
somervillehomelesscoalition.org/food-security
Contact: 617-776-7687

ELIZABETH PEABODY HOUSE FOOD PANTRY

277 Broadway
Somerville, MA 02145
www.teph.org/food-pantry
Contact: 617-623-5510

When:
Wednesday: 6:00-8:00pm

HEARTY MEALS FOR ALL

31 College Avenue
Somerville, MA 02144
heartymealsforall.org
Contact: hello@heartymealsforall.org

When:
2nd Friday of each month: 5:00-7:00pm

HOUSING

SOMERVILLE HOUSING AUTHORITY

30 Memorial Road
Somerville, MA 02145
sha-web.org
Contact: 617-625-1152

SOMERVILLE OFFICE OF STRATEGIC PLANNING AND COMMUNITY DEVELOPMENT

93 Highland Avenue
Somerville, MA 02143
www.somervillema.gov/departments/ospcd/housing
Contact: 617 625-6600

COMMUNITY ACTION AGENCY OF SOMERVILLE

66-70 Union Square, Suite 104
Somerville, MA 02143
www.caasomerville.org/head-start
Contact: 617-623-7370 ext.145

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

SOMERVILLE HEALTH AND HUMAN SERVICES DEPARTMENT

City Hall Annex
50 Evergreen Avenue
Somerville, MA 02145
www.somervillema.gov/departments/health-and-human-services
Contact: 617- 625-6600 ext. 4300

HARVARD VANGUARD MEDICAL ASSOCIATES

40 Holland Street
Somerville, MA 02144
www.atriushealth.org/locations/somerville-harvard-vanguard
Contact: 617-629-6000

CHA SOMERVILLE HOSPITAL

33 Tower Street
Somerville, MA 02143
www.challiance.org/services-programs/urgent-care
Contact: 617-591-4500

CHA CENTER STREET CARE CENTER

26 Central Street
Somerville, MA 02143
www.challiance.org/locations/somerville/cha-central-street-care-center
Contact: 617-665-3220

MENTAL HEALTH

NEIGHBORHOOD COUNSELING AND COMMUNITY SERVICES, INC.

403 Highland Avenue
Suite 202, Room 5
Somerville, MA 02144
www.neighborhoodcounselingservices.org
Contact: 781-600- 6074

CAMBRIDGE HEALTH ALLIANCE

Central Street Care Center
26 Central Street
Somerville, MA 02143
www.challiance.org/locations/somerville/cha-central-street-care-center
Contact: 617-665-3220

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
Child and Family Home-Based Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Everett
173 Chelsea Street
Everett, MA 02149

www.eliotchs.org
Contact: 781-388-6200

SUBSTANCE USE

COLUMN HEALTH

401 Highland Avenue
Somerville, MA 02144
www.columnhealth.com
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Everett
173 Chelsea Street
Everett, MA 02149
www.eliotchs.org
Contact: 781-388-6200
Email: AdultsMH@eliotchs.org

MIDDLESEX HUMAN SERVICE AGENCY

200 Trapelo Road
Waltham, MA, 02452
www.mhsainc.org
Contact: 781-899-0357

SPECTRUM HEALTH SYSTEMS, INC.

210 Bear Hill Road
Waltham, MA 02451
spectrumhealthsystems.org
Contact: 781-290-4970

RIGHT TURN

440 Arsenal Street
Watertown, MA 02472
www.right-turn.org
Contact: 781-646-3800

EMPLOYMENT

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com
Contact: 617-661-7867

TRANSPORTATION

SOMERVILLE-CAMBRIDGE ELDER SERVICES

Volunteer Escort Transportation Program
61 Medford Street
Somerville, MA 02143-3429
eldercare.org/rides
Contact: 617-628-2601 x3118

SCM TRANSPORTATION

167 Holland Street
Somerville MA 02144
scmtransportation.org

Contact: 617-625-1191

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

SOMERVILLE PARKS AND RECREATION DEPARTMENT

19 Walnut Street
Somerville, MA 02143
www.somervillerec.com/info/default.aspx
Contact: 617-625-6600 x 2980

SOMERVILLE YMCA

101 Highland Avenue
Somerville, MA 02143
somervilleymca.org
Contact: 617-625-5050

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
617-244-6050

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

LEGAL AID

DE NOVO CENTER FOR JUSTICE AND HEALING

47 Thorndike Street, SB-LL-1
Cambridge, MA 02141
www.denovo.org
Contact: 617-661-1010

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203
Cambridge, MA 02141
www.gbls.org
Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

RESPOND

66-70 Union Square #205
Somerville, MA 02143

www.respondinc.org
Contact: 617-625-5996
24-hour hotline: 617-623-5900

CAMBRIDGE HEALTH ALLIANCE

Victims Resource Center
1493 Cambridge Street
Cambridge, MA 02139
Contact: 617-665-2992

RIVERSIDE COMMUNITY CARE

117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

ELDER SERVICES

SOMERVILLE COUNCIL ON AGING

Tufts Administration Building
167 Holland Street
Somerville, MA 02144
www.somervillema.gov/departments/health-and-human-services/council-aging
Contact: 617-625-6600 ext. 2300

SOMERVILLE CAMBRIDGE ELDER SERVICES

61 Medford Street
Somerville, MA 02143
eldercare.org
Contact: 617-628-2601

CAMBRIDGE NEIGHBORS

545 Concord Avenue, Suite 104
Cambridge, MA 02138
www.cambridgeneighbors.org
Contact: 617-864-1715

METROPOLITAN HOME HEALTH SERVICES

297 Broadway Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Cambridge Area Office
810 Memorial Drive
Cambridge, MA 02139
Contact: 617-520-8700

RIVERSIDE COMMUNITY CARE

Early Intervention Services
12 Tyler Street
Somerville, MA 02143
www.riversidecc.org/child-family-services/early-childhood-services/early-intervention
Contact: 617-629-3919

COMMUNITY ACTION AGENCY OF SOMERVILLE

Head Start Program
66-70 Union Square, Suite 104
Somerville, MA 02143
www.caasomerville.org/head-start
Contact: 617-623-7370

HOPEWELL INC.

Family Support And Stabilization
265 Medford Street, Suite 604
Somerville, MA 02143
hopewellinc.org
Contact: 617-629-2710

LGBTQ

CITY OF SOMERVILLE LGBTQ LIAISON

City Hall Annex
50 Evergreen Ave.
Somerville, MA 02143
www.somervillema.gov/departments/health-and-human-services/lgbtq-services
Contact: 617- 625-6600 ext. 4300

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

CHNA17

chna17.org
Contact: Stacy Carruth at
chna17info@gmail.com

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org
Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org

Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

SOMERVILLE COMMISSION FOR PERSONS WITH DISABILITIES

Cross Street Center
165 Broadway
Somerville, MA 02145
www.somervillema.gov/departments/commission-for-persons-with-disabilities
Contact: 617-625-6600 ext. 2323

PARTNERS FOR YOUTH WITH DISABILITIES

5 Middlesex Avenue, Suite 307
Somerville, MA 02145
www.pyd.org
Contact: 617-556-4075

SOMERVILLE CAMBRIDGE ELDER SERVICES

Adult Family Care Program
61 Medford Street
Somerville, MA 02143
adultfamilycare.org
Contact: 617-440-0987

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

THE HAITIAN COALITION OF SOMERVILLE

268 Rear Powder House Blvd., 17C
Somerville, MA 02144
haitiancoalitionofsomerville.wordpress.com
Contact: 617- 625-6400

ENROOT

99 Bishop Allen Drive
Cambridge, MA 02139
www.enrooteducation.org
Contact: 617- 876-5214

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141

www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org
Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

SOMERVILLE CARES FUND

www.caasomerville.org/somerville-cares-fund
Contact: 617-623-7370 ext. 155

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund
9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help
Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download
Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

WALTHAM

FOOD ASSISTANCE

BRISTOL LODGE FOOD PANTRY

Immanuel United Methodist Church
545 Moody Street
Waltham, MA 02453
www.mhsainc.org/foodpantry
Contact: 781-883-2050

When:
Wednesday: 9:00am-12:00pm

SALVATION ARMY FOOD PANTRY

33 Myrtle Street
Waltham, MA 02453
massachusetts.salvationarmy.org/MA/Waltham
Contact: 781-894-0413

When:
Monday-Friday: 10:00am-12:00pm

HEALTH WALTHAM COMMUNITY RESPONSE PANTRY

Saint Mary's Church
133 School Street
Waltham, MA 02452
www.healthy-waltham.org/community-response-food-pantry/
Contact: 781-314-5647

When:
2nd, 4th and 5th Thursdays (with some exceptions): 3:00-5:30pm

HOUSING

WALTHAM HOUSING AUTHORITY

110 Pond Street
Waltham, MA 02451
www.walhouse.org
Contact: 781-894-3357

WATCH CDC

24 Crescent Street, Suite 201
Waltham, MA 02453
watchcdc.org
Contact: 781-891-6689

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

CHARLES RIVER COMMUNITY HEALTH

43 Foundry Ave
Waltham, MA 02453
www.charlesriverhealth.org
Contact: 781-693-3800

WALTHAM HEALTH DEPARTMENT

119 School Street
Waltham, MA 02451
www.city.waltham.ma.us/health-department
Contact: 781-314-3305

BOSTON CHILDREN'S AT WALTHAM

9 Hope Avenue
Waltham, MA 02453
www.childrenshospital.org/about-us/locations/waltham
Contact: 781-216-2100

WALTHAM MEDICAL GROUP

6 Lexington Street, 2nd floor
Waltham, MA 02452
www.stewardmedicalgroup.org
Contact: 781- 899-5555

BETH ISRAEL DEACONESS HEALTHCARE - WALTHAM

75 3rd Avenue, 1st Floor
Waltham, MA 02451
www.bidmc.org/locations/beth-israel-deaconess-healthcare-waltham
Contact: 781-290-0100

MENTAL HEALTH

WAYSIDE WALTHAM

431 River Street
Waltham, MA 02453
www.waysideyouth.org
Contact: 781-891-0555

ADVOCATES, INC

675 Main Street
Waltham, MA, 02451
www.advocates.org
Contact: 781-893-5110

JEWISH FAMILY & CHILDREN'S SERVICES

1430 Main Street
Waltham, MA, 02451
www.jfcsboston.org
Contact: 781-647-5327

WALDEN BEHAVIORAL CARE

69 Hickory Drive, Suite 2000
Waltham, MA 02451
www.waldeneatingdisorders.com
Contact: 781-899-2460

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

RIVERSIDE COMMUNITY CARE

Child and Family Services
237 Highland Avenue
Needham, MA 02494
www.riversidecc.org
Contact: 781-752-6857

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113

SUBSTANCE USE

COLUMN HEALTH

339 Massachusetts Avenue
Arlington, MA 02474
columnhealth.com/home.php
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113
Email: AdultsMH@eliotchs.org

MIDDLESEX HUMAN SERVICE AGENCY

200 Trapelo Road
Waltham, MA, 02452
www.mhsainc.org
Contact: 781-899-0357

SPECTRUM HEALTH SYSTEMS, INC.

210 Bear Hill Road
Waltham, MA 02451
spectrumhealthsystems.org
Contact: 781-290-4970

RIGHT TURN

440 Arsenal Street
Watertown, MA 02472
www.right-turn.org
Contact: 781-646-3800

EMPLOYMENT

CHARLES WEBSTER POTTER PLACE

15 Vernon Street
Waltham, MA 02453
www.edinburgcenter.org/charles-webster-potter-place
Contact: 781-894-5302

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com
Contact: 617-661-7867

TRANSPORTATION

WALTHAM COUNCIL ON AGING

488 Main Street
Waltham, MA 02452
www.city.waltham.ma.us/council-on-aging/pages/transportation
Contact: 781-314-3499

SPRINGWELL'S SENIOR MEDICAL ESCORT PROGRAM

307 Waverley Oaks Road, Suite 205,
Waltham, MA 02452
springwell.com/service/medical-escort
Contact: 617-926-4100

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

WALTHAM RECREATION DEPARTMENT

510 Moody Street
Waltham, MA 02453
www.city.waltham.ma.us/recreation-department
Contact: 781-314-3475

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

SOMERVILLE YMCA

101 Highland Avenue
Somerville, MA 02143
somervilleymca.org
Contact: 617-625-5050

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
Contact: 617-244-6050

LEGAL AID

BOSTON COLLEGE LEGAL SERVICES LAB

885 Centre Street
Newton, MA 02459
bclawlab.org
Contact: 617-552-0248

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203
Cambridge, MA 02141
www.gbls.org

Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

REACH

P.O. Box 540024
Waltham, MA 02454
reachma.org
Contact: 781-891-0724
Hotline (24 Hours): 800-899-4000

RESPOND

66-70 Union Square #205
Somerville, MA 02143
www.respondinc.org
Contact: 617-625-5996
Hotline (24 Hours): 617-623-5900

ELDER SERVICES

WALTHAM COUNCIL ON AGING

William F. Stanley Senior Center
488 Main Street
Waltham, MA 02452
www.city.waltham.ma.us/council-on-aging
Contact: 781-314-3499 or 781-899-7228

SPRINGWELL ELDER SERVICES

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452
www.springwell.com
Contact: 617-926-4100

BENCHMARK SENIOR LIVING AT WALTHAM CROSSINGS

126 Smith Street
Waltham, MA 02451
www.benchmarkseniorliving.com/senior-living/ma/waltham/benchmark-senior-living-at-waltham-crossings
Contact: 781- 609-7996

LELAND HOME

21 Newton Street
Waltham, MA 02453
www.lelandhome.org
Contact: 781-893-2557

MEADOW GREEN REHABILITATION AND NURSING CENTER

45 Woburn Street
Waltham, MA 02452
www.meadowgreenrehabandnursing.com
Contact: 781- 899-8600

METROPOLITAN HOME HEALTH SERVICES

297 Broadway, Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Arlington Area Office
30 Mystic Street
Arlington, MA 02474
www.mass.gov/locations/dcf-arlington-area-office
Contact: 781-641-8500

THOM CHILD AND FAMILY SERVICES

Early Intervention Services
465 Waverley Oaks Road, Suite 101
Waltham, MA 02452
www.thomchild.org/locations/waltham-early-intervention
Contact: 781-894-6564

ADOPTION JOURNEYS

Child & Family Services
395 Totten Pond Road, Suite 204
Waltham, MA 02451
child-familyservices.org/waltham
Contact: 781-444-1042; 1-800- 972-2734

WALTHAM BOYS & GIRLS CLUB

20 Exchange Street
Waltham, MA 02451
walthambgc.org
Contact: 781-893-6620

LGBTQ

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

CHNA17

chna17.org
Contact: Stacy Carruth at
chna17info@gmail.com

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org
Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org
Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

WALTHAM DISABILITY SERVICES COMMISSION

110 Pond Street
Waltham, MA 02451
www.city.waltham.ma.us/disability-services-commission
Contact: 781-894-3357 X267

ADVOCATES FOR AUTISM OF MASSACHUSETTS

217 South Street
Waltham, MA 02453
www.afamaction.org
Contact: 781-891-6270

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141
www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org

Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

WATCH TENANT ASSISTANCE FUND

Grant of up to $3,000, possible 2nd grant
Application:
watchcdcwaltham.formstack.com/forms/watch_covid_tenant_assistance_fund_dec2020
Contact: 781-570-4394

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund
9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help
Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download

Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

WATERTOWN

FOOD ASSISTANCE

WATERTOWN FOOD PANTRY

80 Mount Auburn Street
Watertown, MA 02472
www.watertown-ma.gov/250/Watertown-Food-Pantry
Contact: 617-972-6490

When:
Tuesdays: 10:00am-2:00pm

CATHOLIC COLLABORATIVE FOOD PANTRY

770 Mount Auburn Street
Watertown, MA 02472
Contact: 617-926-7121

When:
Thursdays: 10:00am-11:45am

HOUSING

WATERTOWN HOUSING AUTHORITY

55 Waverley Ave # 1
Watertown, MA 02472
watertownha.org
Contact: 617-923-3950

METRO WEST COLLABORATIVE DEVELOPMENT

79-B Chapel Street
Newton, MA 02458
metrowestcd.org
Contact: 617-923-3505

MIDDLESEX HUMAN SERVICE AGENCY

Bristol Lodge Men's Shelter
27 Lexington Street
Waltham, MA 02452
www.mhsainc.org/mensshelter
Contact: 781-893-0108

Bristol Lodge Women's Shelter
205 Bacon Street
Waltham, MA 02451
www.mhsainc.org/womensshelter
Contact: 781-894-1225 (after 4pm only)

SOMERVILLE HOMELESS COALITION

1 Davis Square
Somerville, MA 02144
somervillehomelesscoalition.org
Contact: 617-623-6111

HEALTH CARE

MOUNT AUBURN HOSPITAL

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-492-3500

MOUNT AUBURN PROFESSIONAL SERVICES

330 Mount Auburn Street
Cambridge, MA 02138
www.mountauburnhospital.org
Contact: 617-499-5644; Call for primary care and specialty provider information.

WATERTOWN HEALTH DEPARTMENT

149 Main Street
Watertown, MA 02472

www.watertown-ma.gov/186/Health
Contact: 617-972-6446

STEWARD MEDICAL GROUP

9 Galen Street
Watertown, MA 02472
www.stewardmedicalgroup.org
Contact: 800-329-9217

MENTAL HEALTH

WAYSIDE WATERTOWN

127 N Beacon Street
Watertown, MA 02472
www.waysideyouth.org
Contact: 617-926-3600

RIVERSIDE COMMUNITY CARE

Adult and Child Outpatient Services
117 Summer Street
Somerville, MA 02143
www.riversidecc.org
Contact: 617-354-2275

RIVERSIDE COMMUNITY CARE

Child and Family Services
237 Highland Avenue
Needham, MA 02494
www.riversidecc.org
Contact: 781-752-6857

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113

SUBSTANCE USE

COLUMN HEALTH

339 Massachusetts Avenue
Arlington, MA 02474
columnhealth.com/home.php
Contact: 339-368-7696

ELIOT COMMUNITY HUMAN SERVICES

The Eliot Center at Concord
86 Baker Ave Extension, Suite 100
Concord, MA 01742
www.eliotchs.org
Contact: 978-369-1113
Email: AdultsMH@eliotchs.org

MIDDLESEX HUMAN SERVICE AGENCY

200 Trapelo Road
Waltham, MA, 02452
www.mhsainc.org
Contact: 781-899-0357

SPECTRUM HEALTH SYSTEMS, INC.

210 Bear Hill Road
Waltham, MA 02451
spectrumhealthsystems.org
Contact: 781-290-4970

RIGHT TURN

440 Arsenal Street
Watertown, MA 02472
www.right-turn.org
Contact: 781-646-3800

EMPLOYMENT

JUST-A-START CORPORATION

1035 Cambridge Street #12
Cambridge, MA 02141
www.justastart.org
Contact: 617-494-0444

MASSACHUSETTS REHABILITATION COMMISSION

Vocational Rehabilitation Program
5 Middlesex Avenue 3rd Floor
Somerville, MA 02145
www.mass.gov/locations/mrc-somerville
Contact: 617-776-2662

MASSHIRE METRO NORTH CAREER CENTER

186 Alewife Brook Pkwy, Suite 310
Cambridge, MA 02138
masshiremncareers.com
Contact: 617-661-7867

CHARLES WEBSTER POTTER PLACE

15 Vernon Street
Waltham, MA 02453
www.edinburgcenter.org/charles-webster-potter-place
Contact: 781-894-5302

TRANSPORTATION

WATERTOWN COUNCIL ON AGING

31 Marshall Street
Watertown, MA 02472
www.watertown-ma.gov/266/Transportation
Contact: 617-972-6490

SPRINGWELL'S SENIOR MEDICAL ESCORT PROGRAM

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452
springwell.com/service/medical-escort
Contact: 617-926-4100

MASSHEALTH TRANSPORTATION PROGRAM

www.mass.gov/doc/masshealth-transportation-consumer-brochure-pdf/download
Contact: 1-800- 841-2900

THE RIDE (MBTA)

www.mbta.com/theride
Contact: : 800-533-6282
Eligibility Center: 617-337-2727: Call for eligibility questions

RECREATION

WATERTOWN RECREATION DEPARTMENT

149 Main Street
Watertown, MA 02472
recreation.watertown-ma.gov
Contact: 617-972-6494

WALTHAM YMCA

725 Lexington Street
Waltham, MA 02452
ymcaboston.org
Contact: 781- 894-5295

SOMERVILLE YMCA

101 Highland Avenue
Somerville, MA 02143
somervilleymca.org
Contact: 617-625-5050

WEST SUBURBAN YMCA

276 Church Street
Newton, MA 02458
www.wsymca.org
Contact: 617-244-6050

LEGAL AID

BOSTON COLLEGE LEGAL SERVICES LAB

885 Centre Street
Newton, MA 02459
bclawlab.org
Contact: 617-552-0248

HARVARD LEGAL AID BUREAU

23 Everett St #1
Cambridge, MA 02138
www.harvardlegalaid.org
Contact: 617-495-4408

GREATER BOSTON LEGAL SERVICES

Cambridge and Somerville Office
60 Gore Street Suite 203
Cambridge, MA 02141
www.gbls.org
Contact: 617-603-2700

Boston Office
197 Friend Street
Boston, MA 02114
www.gbls.org
Contact: 617-371-1234

DOMESTIC VIOLENCE

REACH

P.O. Box 540024
Waltham, MA 02454
reachma.org
Contact: 781-891-0724
Hotline (24 Hours): 800-899-4000

RESPOND

66-70 Union Square #205
Somerville, MA 02143
www.respondinc.org
Contact: 617-625-5996
Hotline (24 Hours): 617-623-5900

ELDER SERVICES

WATERTOWN COUNCIL ON AGING

Watertown Senior Center
31 Marshall Street
Watertown, MA 02472
www.watertown-ma.gov/128/Council-on-AgingSenior-Center
Contact: 617-972-6490

SPRINGWELL ELDER SERVICES

307 Waverley Oaks Road, Suite 205
Waltham, MA 02452
www.springwell.com
Contact: 617-926-4100

CAMBRIDGE NEIGHBORS

545 Concord Avenue, Suite 104
Cambridge, MA 02138
www.cambridgeneighbors.org
Contact: 617-864-1715

THE RESIDENCE AT WATERTOWN SQUARE

20 Summer Street
Watertown, MA 02472

www.lcbseniorliving.com/communities/residence-at-watertown-square
Contact: 617-924-8100

METROPOLITAN HOME HEALTH SERVICES

297 Broadway, Suite 222
Arlington, MA 02474
www.metrohh.com
Contact: 781-643-9115

FAMILY AND CHILD SUPPORT

DEPARTMENT OF CHILDREN AND FAMILIES

Arlington Area Office
30 Mystic Street
Arlington, MA 02474
www.mass.gov/locations/dcf-arlington-area-office
Contact: 781-641-8500

WATERTOWN BOYS & GIRLS CLUB

25 Whites Avenue
Watertown, MA 02472
watertownbgc.org
Contact: 617-926-0968

THOM CHILD AND FAMILY SERVICES

Early Intervention Services
465 Waverley Oaks Road, Suite 101
Waltham, MA 02452
www.thomchild.org/locations/waltham-early-intervention
Contact: 781-894-6564

LGBTQ

BISEXUAL RESOURCE CENTER

P.O. Box 400639
Cambridge, MA 02140
www.biresource.org
Contact: 617-424-9595

TIFFANY CLUB OF NEW ENGLAND

P.O. Box 540071
Waltham, MA, 02454
www.tcne.org
Contact: 781-891-9325

FENWAY COMMUNITY HEALTH CENTER

1340 Boylston Street
Boston, MA 02215
www.fenwayhealth.org
Contact: 617-457-8140

GREATER BOSTON PFLAG (PARENTS AND FRIENDS OF LESBIANS AND GAYS)

P.O. Box 541619
Waltham, MA 02454
www.gbpflag.org
Contact: 781-891-5966

BAGLY (BOSTON ALLIANCE OF GAY, LESBIAN AND TRANSGENDER YOUTH)

P.O. Box 814
Boston, MA 02103
www.bagly.org
Contact: 617-227-4313

RACIAL EQUITY

CHNA17

chna17.org

Contact: Stacy Carruth at
chna17info@gmail.com

YWCA CAMBRIDGE

7 Temple Street
Cambridge, MA 02139
ywcacam.org
Contact: 617-491-6050

COMMUNITY CHANGE INC

2 Oliver Street
Boston, MA 02109
communitychangeinc.org
Contact: 617-523-0555

UNION OF MINORITY NEIGHBORHOODS

42 Seaverns Avenue
Jamaica Plain, MA 02130
unionofminorityneighborhoods.org
Contact: 617-522-3349

CITY LIFE/VIDA URBANA

284 Amory Street, First Floor
Jamaica Plain, MA 02130
www.clvu.org
Contact: 617-524-3541

BLACK LIVES MATTER BOSTON

blacklivesmatterboston.org
Contact: email@blacklivesmatterboston.org

SHOWING UP FOR RACIAL JUSTICE

www.surjboston.org
Contact: surj@communitychangeinc.org

TRINITY BOSTON CONNECTS

206 Clarendon Street
Boston, MA 02116
trinityconnects.org
Contact: 617)-536-0944

DISABILITIES AND SPECIAL NEEDS

WATERTOWN COMMISSION ON DISABILITY

149 Main Street
Watertown, MA 02472
www.watertown-ma.gov/271/Commission-on-Disability
Contact: 617-972-6443

THE EDINBURG CENTER

205 Burlington Road
Bedford, MA 01730
www.edinburgcenter.org
Contact: 781-862-3600
*Application through DDS/DMH

IMMIGRANT AND REFUGEE

MABEL CENTER FOR IMMIGRANT JUSTICE

1167 Massachusetts Avenue
Arlington, MA 02476
www.mabelcenter.org
Contact: 617-417-4325

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

1046 Cambridge Street
Cambridge, MA 02139
maps-inc.org
Contact: 617-864-7600

ADBAR WOMEN'S ALLIANCE

14 Roosevelt Towers
Cambridge, MA 02141
www.ethiopianwomen.org
Contact: 617-945-7596

REFUGEE & IMMIGRANT ASSISTANCE CENTER

253 Roxbury Street
Boston, MA 02119
www.riacboston.org
Contact: 617-238-2430

INTERNATIONAL INSTITUTE OF NEW ENGLAND

2 Boylston Street, 3rd Floor
Boston, MA 02116
iine.org
Contact: 617-695-9990

COVID-19 RESOURCES

WATERTOWN HOUSING PARTNERSHIP

COVID-19 Emergency Rental Assistance Program
Contact: 617-923-3505 ext. 5 or robyn@metrowestcd.org

WATERTOWN COVID-19 RESOURCE GUIDE

sites.google.com/minlib.net/watertowncovidguide/home

THE MASSACHUSETTS BAY & MERRIMACK VALLEY UNITED WAY

COVID-19 Family Support Fund
9 Channel Center Street, Suite 500
Boston, MA 02210
unitedwaymassbay.org/covid-19/get-help

Contact: dial 2-1-1 for comprehensive information and referrals related to the virus, including information on how to access flexible funds through the COVID-19 Family Support Fund.

MASSHEALTH AND HEALTH SAFETY NET

Transportation to COVID-19 Vaccine Appointments for MassHealth Members and Health Safety Net Patients.
www.mass.gov/doc/transportation-to-covid-19-vaccine-appointments-for-masshealth-members-and-health-safety-net-0/download
Contact: 800-854-9928

COVID-19 EVICTION LEGAL HELP PROJECT (CELHP)

Free legal help for low-income tenants and owner-occupants of 2-3 family properties navigating the eviction process.
evictionlegalhelp.org
Contact: 2-1-1

SOURCE: US Census Bureau, American Community Survey 5-Year Estimates (2015-2019)

KEY:
Statistically significant compared to Massachusetts - LOWER
Statistically significant compared to Massachusetts - HIGHER

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Population								
Population Count	6,850,553	1,600,842	45,304	26,113	116,632	80,906	62,777	35,401
Male (%)	48.5	48.9	46.4	46.4	49.9	49.6	48.8	46.7
Female (%)	51.5	51.1	53.6	53.6	50.1	50.4	51.2	53.3
Age (%)								
Under 5 years	5.3	5.4	6.8	6.2	4.4	4.2	4.4	7.0
5 to 9 years	5.3	5.4	6.1	7.7	3.4	3.3	3.7	3.4
10 to 14 years	5.8	5.6	4.9	6.8	2.6	2.5	3.6	3.1
15 to 19 years	6.7	6.4	5.1	6.3	7.7	4.8	8.0	3.3
20 to 24 years	7.1	7.0	3.5	3.8	13.9	11.3	12.1	4.6
25 to 34 years	14.2	15.4	14.5	10.5	28.4	33.2	19.7	22.4
35 to 44 years	12.2	13.1	15.2	14.2	12.9	14.4	13.3	15.6
45 to 54 years	13.7	13.8	13.5	16.5	8.0	8.8	10.3	11.5
55 to 59 years	7.1	6.8	6.8	6.1	3.6	4.2	5.8	5.4
60 to 64 years	6.5	6.1	6.9	5.3	3.9	4.4	5.3	7.7
65 to 74 years	9.2	8.5	9.5	8.1	6.6	5.2	7.6	8.9
75 to 84 years	4.6	4.4	5.0	5.4	3.2	2.5	4.4	4.6
85 years and over	2.3	2.2	2.2	2.9	1.3	1.4	1.8	2.6
Median age (years)	39.5	38.5	40.7	41.1	30.5	31.3	34.3	38.2
Under 18	20.0	20.0	21.3	25.3	12.2	11.7	13.7	15.4
Age over 65	16.2	15.0	16.7	16.5	11.1	9.0	13.8	16.2
Race / Ethnicity / Culture (%)								
White alone, not Hispanic/Latino	71.6	71.9	75.8	73.2	59.8	68.2	65.9	76.4
Black or African American alone, not H/L	6.9	5.0	3.1	1.4	9.9	5.6	6.7	1.5
Asian alone, not H/L	6.6	11.9	12.3	17.2	16.6	10.2	11.6	9.9
Asian Indian	1.6	3.4	2.9	2.8	3.8	2.0	3.7	2.1
Chinese	2.4	4.2	3.4	9.4	7.1	3.3	5.3	4.1
Filipino	0.2	0.3	1.4	0.1	0.2	0.2	0.2	0.3

Japanese	0.1	0.3	0.8	0.6	0.8	0.3	0.1	0.2
Korean	0.4	0.7	1.7	2.5	2.0	0.9	0.3	0.7
Vietnamese	0.7	0.6	0.2	0.1	0.4	0.6	0.5	0.5
Other Asian	1.1	2.4	1.8	1.7	2.4	3.0	1.5	2.0
Native Hawaiian and Other Pacific Islander, not H/L	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0
American Indian and Alaska Native, not H/L	0.1	0.6	0.1	0.2	0.8	0.1	0.2	0.0
Two or More Races	2.1	3.0	3.8	3.8	4.4	4.3	3.8	2.5
Hispanic or Latino of Any Race	11.8	8.0	4.9	4.3	9.5	12.4	13.6	9.2
Mexican	0.7	0.8	0.9	0.4	1.6	1.2	1.2	1.3
Puerto Rican	4.8	2.3	0.5	0.9	2.2	1.7	2.3	0.9
Cuban	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.9
Other Hispanic or Latino	6.1	4.7	3.3	2.6	5.3	9.2	9.8	6.1
US Citizenship (%)								
Foreign Born	16.8	21.4	19.6	24.9	28.9	25.0	27.5	21.4
Naturalized US Citizen	53.4	49.8	48.0	51.2	36.7	38.8	40.9	55.6
Not a US Citizen	46.6	50.2	52.0	48.8	63.3	61.2	59.1	44.4
Born in Europe	20.4	18.9	28.0	26.2	23.2	22.7	12.4	24.9
Born in Asia	30.5	42.2	52.3	59.3	43.0	32.2	40.8	48.6
Born in Africa	9.1	6.9	4.2	4.3	9.1	4.6	8.7	4.5
Born in Oceania	0.4	0.5	0.6	0.5	1.3	0.7	0.1	0.5
Born in Latin America	37.0	28.5	9.2	7.3	19.0	37.2	32.9	18.5
Born in Northern America	2.6	3.0	5.7	2.5	4.3	2.6	5.0	2.9
Language Spoken at Home by Population 5 Years and Older (%)								
Language other than English	23.8	26.5	20.8	29.7	33.7	30.2	32.5	29.0
Speak English less than "very well"	9.2	9.2	5.7	8.1	7.8	12.0	11.2	7.3
Speak Spanish at home	9.1	6.0	3.0	2.6	7.0	9.8	11.5	5.6
Speak English less than "very well"	3.7	2.1	0.5	0.4	1.5	4.5	4.6	0.9
Other Indo-European languages	9.0	11.6	9.3	12.8	13.2	14.3	10.7	16.6
Speak English less than "very well"	3.1	3.7	2.5	2.8	2.5	5.5	3.2	4.4
Asian and Pacific Islander Languages	4.3	7.3	7.3	12.9	9.8	5.0	8.0	5.0
Speak English less than "very well"	2.0	2.9	2.4	4.7	2.7	1.6	3.0	1.6
Other Languages	1.4	1.7	1.2	1.4	3.7	1.2	2.3	1.8
Speak English less than "very well"	0.4	0.5	0.3	0.2	1.0	0.4	0.4	0.4

Source: US Census Bureau American Community Survey 5-Year Estimates (2015-2019)

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
People Reporting Single Ancestry (%)								
Total (#)	3,583,707	848,903	21,547	14,024	63,052	41,441	33,598	19,532
Afghan	0.0	0.0	-	-	0.0	-	-	-
Albanian	0.4	0.2	0.1	0.1	0.1	0.6	-	0.5
Alsatian	0.0	0.0	-	-	-	0.0	-	-
American	5.4	4.2	3.8	3.6	3.1	2.7	4.2	2.6
Arab:	1.2	1.3	1.7	1.4	2.2	1.7	1.0	2.1
Egyptian	0.1	0.2	0.6	0.1	0.2	0.1	0.1	-
Iraqi	0.1	0.1	-	-	0.0	-	0.0	-
Jordanian	0.0	0.0	0.1	-	0.0	-	0.0	-
Lebanese	0.3	0.3	0.1	0.6	0.4	0.2	0.2	0.6
Moroccan	0.2	0.3	0.3	0.1	0.1	0.2	0.2	0.1
Palestinian	0.0	0.0	-	-	0.1	-	0.2	0.5
Syrian	0.1	0.1	0.6	-	0.0	-	-	0.3
Arab	0.0	0.1	0.1	0.3	0.4	0.2	-	0.3
Other Arab	0.2	0.3	-	0.4	0.9	1.1	0.2	0.2
Armenian	0.4	0.9	1.0	5.5	0.3	0.3	3.5	9.7
Assyrian/Chaldean/Syriac	0.0	0.0	-	-	-	-	0.0	0.1
Australian	0.0	0.0	-	0.1	0.2	0.0	0.1	0.1
Austrian	0.1	0.1	0.1	0.2	0.3	0.1	0.1	0.1
Basque	0.0	0.0	-	-	-	-	-	0.1
Belgian	0.0	0.0	-	0.1	0.0	0.0	0.1	0.1
Brazilian	2.0	4.0	0.3	0.1	0.2	3.9	0.8	1.8
British	0.5	0.7	1.3	0.9	1.4	0.6	0.4	0.8
Bulgarian	0.1	0.2	0.1	0.5	0.2	0.4	0.3	0.4
Cajun	0.0	0.0	-	-	-	-	-	-
Canadian	0.5	0.6	0.2	0.2	0.5	0.5	0.7	0.7
Carpatho Rusyn	0.0	0.0	-	-	-	0.1	-	-
Celtic	0.0	0.0	0.1	0.0	0.0	0.0	-	-
Croatian	0.0	0.0	0.1	0.1	-	-	-	0.0
Cypriot	0.0	0.0	-	0.1	0.0	-	-	-
Czech	0.1	0.1	0.1	0.8	0.3	0.1	0.1	-
Czechoslovakian	0.0	0.0	0.3	-	0.0	-	-	-
Danish	0.1	0.1	0.2	0.0	0.1	0.1	-	0.0
Dutch	0.2	0.2	0.3	0.3	0.3	0.4	0.1	0.2
Eastern European	0.6	1.0	2.2	2.5	1.5	0.9	0.4	0.6
English	3.9	3.4	2.8	3.0	2.7	2.5	2.5	2.6
Estonian	0.0	0.0	-	-	0.0	0.0	-	-
European	1.9	3.0	6.7	5.2	5.0	3.4	3.0	2.8
Finnish	0.2	0.1	1.0	-	0.1	-	0.2	0.6
French (except Basque)	2.4	1.6	1.5	1.4	1.8	0.8	1.7	0.3
French Canadian	2.8	2.1	1.5	0.8	0.6	0.9	2.3	1.7
German	1.8	2.0	1.4	2.2	3.2	2.7	1.5	2.8
German Russian	0.0	0.0	-	-	-	-	-	-
Greek	1.0	1.3	2.3	3.4	0.6	1.3	0.6	3.2
Guyanese	0.0	0.0	-	-	0.0	-	-	-
Hungarian	0.1	0.2	0.0	0.0	0.3	0.0	0.1	-
Icelander	0.0	0.0	-	0.3	0.2	0.0	0.0	-
Iranian	0.2	0.3	0.6	0.1	0.9	0.2	0.4	0.3
Irish	12.4	12.2	15.2	10.9	5.2	10.3	9.6	14.2
Israeli	0.1	0.1	-	0.1	0.3	0.0	0.0	-
Italian	7.6	9.0	8.6	7.9	3.3	7.1	9.4	13.8
Latvian	0.0	0.0	0.0	-	0.0	0.0	0.1	0.1
Lithuanian	0.3	0.3	0.2	0.3	0.3	0.1	0.5	-
Luxembourger	0.0	0.0	-	-	-	-	-	-
Macedonian	0.0	0.0	-	-	0.0	-	-	-

Maltese	0.0	0.0	-	-	0.0	-	-	-
New Zealander	0.0	0.0	0.1	-	0.1	-	-	0.0
Northern European	0.2	0.3	0.4	0.4	0.5	0.3	0.4	0.1
Norwegian	0.2	0.2	0.1	0.3	0.2	0.1	0.1	0.2
Pennsylvania German	0.0	0.0	-	-	-	0.0	0.0	-
Polish	2.3	1.5	1.6	1.7	1.3	1.2	1.0	1.2
Portuguese	4.1	2.1	0.8	0.4	1.7	5.0	0.6	0.6
Romanian	0.1	0.2	0.1	0.1	0.2	0.3	0.1	0.9
Russian	1.1	1.5	1.8	1.5	1.2	0.9	1.4	1.4
Scandinavian	0.1	0.1	-	0.1	0.0	0.1	0.0	0.1
Scotch-Irish	0.4	0.5	0.8	0.5	0.3	0.5	0.1	0.5
Scottish	0.9	0.8	0.5	0.8	0.9	0.4	0.7	0.6
Serbian	0.1	0.0	0.1	0.1	0.2	0.0	-	-
Slavic	0.0	0.0	-	-	-	-	0.1	-
Slovak	0.0	0.1	0.1	-	0.1	0.1	-	-
Slovene	0.0	0.0	0.1	-	-	0.0	-	0.1
Soviet Union	0.0	0.0	-	-	-	-	-	-
Subsaharan African:	3.4	2.5	2.3	0.6	4.5	2.7	4.6	1.0
Cape Verdean	1.5	0.1	-	-	0.1	0.9	0.1	-
Ethiopian	0.2	0.3	0.4	0.1	1.8	0.5	-	0.3
Ghanaian	0.2	0.1	0.8	0.1	-	0.3	0.1	-
Kenyan	0.2	0.2	-	0.1	0.1	-	-	-
Liberian	0.1	0.1	-	-	0.0	-	-	-
Nigerian	0.3	0.2	-	-	0.4	0.1	0.5	0.1
Senegalese	0.0	0.0	-	-	-	-	-	-
Sierra Leonean	0.0	0.0	-	-	-	-	-	-
Somali	0.1	0.0	-	-	-	0.1	0.0	-
South African	0.0	0.0	-	-	0.2	-	-	0.1
Sudanese	0.0	0.0	-	0.1	0.0	-	-	-
Ugandan	0.1	0.3	-	-	0.1	-	2.4	0.5
Zimbabwean	0.0	0.0	-	-	0.0	-	-	-
African	0.7	0.8	0.3	0.2	1.1	0.3	1.3	-
Other Subsaharan African	0.1	0.2	0.7	-	0.1	0.6	0.1	-
Swedish	0.5	0.4	0.3	0.8	0.4	0.2	0.2	0.3
Swiss	0.1	0.1	0.1	0.1	0.2	0.2	0.0	0.1
Turkish	0.2	0.2	0.2	1.3	0.5	0.2	0.2	0.2
Ukrainian	0.3	0.3	0.8	0.5	0.4	0.3	0.8	1.2
Welsh	0.1	0.1	0.2	0.1	0.2	0.1	0.0	0.2
West Indian (except Hispanic groups):	3.1	2.6	0.3	0.1	5.1	3.4	3.5	0.4
Bahamian	0.0	0.0	-	-	-	-	-	-
Barbadian	0.1	0.1	-	0.1	0.2	0.1	-	-
Belizean	0.0	0.0	-	-	-	-	-	-
Bermudan	0.0	0.0	-	-	0.0	-	-	-
British West Indian	0.1	0.0	0.1	0.0	-	0.0	0.1	-
Dutch West Indian	0.0	0.0	-	-	-	-	-	-
Haitian	2.1	2.2	0.1	0.0	3.4	2.9	2.7	0.3
Jamaican	0.6	0.2	0.1	-	1.0	0.2	0.3	0.1
Trinidadian and Tobagonian	0.1	0.0	-	-	0.0	0.0	0.0	-
U.S. Virgin Islander	0.0	0.0	-	-	0.0	-	-	-
West Indian	0.1	0.1	0.1	-	0.5	0.1	0.2	-
Other West Indian	0.0	0.0	-	-	-	-	0.1	-
Yugoslavian	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.2
Other groups	36.1	36.8	35.7	38.4	46.1	41.6	34.5	13.5

Source: US Census Bureau, American Community Survey 5-Year Estimates (2015-2019)

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Total (#)	6,489,537	1,514,413	42,236	24,486	111,448	77,547	59,999	32,936
Speak only English (%)	76.2	73.5	79.2	70.3	66.3	69.8	67.5	71.0
Spanish (%):	9.1	6.0	3.0	2.6	7.0	9.8	11.5	5.6
Speak English less than "very well"	41.1	35.0	16.3	17.0	21.7	45.8	40.3	15.7
French, Haitian, or Cajun (%):	2.2	2.1	2.2	1.9	3.1	2.5	2.6	1.1
Speak English less than "very well"	33.5	29.5	35.6	82.0	34.2	36.7	30.7	9.7
German or other West Germanic languages (%):	0.3	0.5	0.4	0.9	1.3	0.6	0.3	0.7
Speak English less than "very well"	9.6	8.7	5.8	9.6	8.3	-	10.4	8.1
Russian, Polish, or other Slavic languages (%):	1.1	1.3	1.7	2.2	1.6	1.0	1.5	2.1
Speak English less than "very well"	35.2	28.3	19.9	26.7	17.8	24.8	27.1	32.0
Other Indo-European languages (%):	5.5	7.7	5.0	7.9	6.2	10.3	6.4	12.7
Speak English less than "very well"	36.0	35.8	27.5	22.3	16.7	42.2	30.8	28.0
Korean (%):	0.3	0.5	1.1	2.0	1.5	0.5	0.3	0.9
Speak English less than "very well"	38.0	38.7	37.1	1.1	29.9	27.0	47.1	19.1
Chinese (incl. Mandarin, Cantonese) (%):	2.1	3.5	2.7	8.3	5.5	26.7	4.9	2.6
Speak English less than "very well"	50.3	42.0	43.8	35.7	27.4	28.3	43.6	42.0
Vietnamese (%):	0.7	0.5	0.2	0.1	0.3	0.6	0.5	0.4
Speak English less than "very well"	61.3	57.4	28.8	-	35.8	53.4	31.7	-
Tagalog (incl. Filipino) (%):	1.4	0.2	0.9	0.1	0.1	0.2	0.2	0.2
Speak English less than "very well"	21.8	19.8	-	-	2.0	11.4	20.8	32.8
Other Asian and Pacific Island languages (%):	1.7	2.6	2.5	2.5	2.4	1.1	2.2	1.0
Speak English less than "very well"	35.0	34.2	32.9	28.7	29.1	34.7	23.9	35.1
Arabic (%):	0.5	0.6	0.4	0.4	0.9	0.5	0.6	1.1
Speak English less than "very well"	32.4	32.0	38.2	40.9	10.4	35.6	42.3	16.4
Other and unspecified languages (%):	0.9	1.1	0.8	1.0	2.8	0.6	1.7	0.7
Speak English less than "very well"	25.9	24.1	16.2	-	32.5	3.1	11.7	26.6

Source: US Census Bureau, American Community Survey 5-Year Estimates 2015-2019

KEY:
Statistically significant compared to Massachusetts - LOWER
Statistically significant compared to Massachusetts - HIGHER

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Educational Attainment (Population 25 Years and Older) (%)								
High school graduate or higher	92.8	93.4	96.6	97.0	95.5	90.6	92.0	95.0
Associate's degree	7.6	5.8	4.0	4.4	1.9	3.2	6.2	5.5
Bachelor's degree	24.1	27.5	29.9	24.5	28.8	33.4	29.4	32.3
Graduate or professional degree	19.6	28.8	41.0	50.9	50.2	31.1	24.8	33.6
Employment (%)								
Population 16 and over in labor force	67.3	70.1	71.6	68.1	70.6	79.3	70.8	75.2
Civilian labor force	67.2	70.0	71.5	68.0	70.5	79.2	70.8	75.2
Employed	64.0	67.3	69.2	65.3	67.7	76.5	68.7	72.5
Armed forces	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0
Unemployment rate	4.8	3.8	3.3	4.0	4.0	3.3	3.0	3.5
Occupation (civilian employed population 16+) (%)								
Management, business, science, and arts	46.8	57.0	69.0	72.6	75.8	64.6	52.9	63.1
Service	17.3	13.9	9.9	7.8	7.7	13.1	16.1	11.3
Sales and office	19.9	17.4	15.5	14.9	12.3	13.7	19.8	17.6
Natural resources, construction, and maintenance	6.7	5.2	2.7	1.7	1.5	3.3	4.9	3.7
Production, transportation, and material moving	9.3	6.5	2.8	3.1	2.6	5.3	6.4	4.4
Industry (civilian employed population 16+) (%)								
Agricultural, forestry, fishing, and hunting	0.4	0.2	0.2	0.1	0.1	0.1	0.0	0.2
Construction	5.7	4.7	2.4	2.6	1.2	2.9	4.7	3.6
Manufacturing	8.8	9.8	9.1	10.0	6.1	6.4	9.2	6.3
Wholesale trade	2.2	1.8	1.0	1.2	0.9	1.7	1.6	2.0
Retail trade	10.3	8.5	5.9	6.1	5.4	6.6	10.9	7.6
Transportation and warehousing	3.9	2.9	1.8	1.1	1.8	2.6	2.5	2.3
Information	2.3	3.1	4.5	3.7	3.2	4.1	2.8	2.4
Finance, insurance, and real estate	7.3	7.2	6.2	8.1	6.3	5.5	7.5	7.7
Professional, scientific, management, administrative, and waste management	14.0	18.7	23.0	23.1	23.6	23.4	16.4	20.8
Educational services, health care, and social assistance	28.2	28.5	30.5	32.5	40.4	31.3	28.2	33.4
Arts, entertainment, recreation, accomodation, and food services	8.7	7.1	7.1	5.2	5.4	8.3	7.8	5.3
Public administration	3.8	3.3	3.3	2.7	2.2	2.6	3.2	4.0
Other	4.5	4.3	4.9	3.6	3.5	4.5	5.4	4.3
Income								
Median household income ($)	$ 81,215	$ 102,603	$ 108,389	$129,380	$ 103,154	$ 97,328	$ 95,964	$ 101,103
Median earnings for workers ($)	$ 43,382	$ 51,783	$ 64,498	$ 70,349	$ 48,850	$ 50,397	$ 43,901	$ 59,267
Median earnings for male, full-time, year round worker ($)	$ 68,665	$ 81,270	$ 96,158	$119,646	$ 82,954	$ 67,399	$ 71,705	$ 77,435
Median earnings for female, full-time, year round worker ($)	$ 56,036	$ 64,048	$ 75,704	$ 86,804	$ 68,437	$ 58,163	$ 54,890	$ 68,420
With cash public assistance income (%)	2.7	1.7	1.6	1.1	1.4	1.4	1.4	1.3
With retirement income (%)	17.9	16.2	17.9	15.9	9.9	8.8	16.3	15.1
With Supplemental Security income (%)	6.0	4.0	2.6	1.7	3.2	4.2	2.8	2.5
With Social Security income (%)	30.1	26.2	25.0	25.7	18.4	16.6	25.8	25.5
Poverty (%)								
Income is below federal poverty line - all residents	10.3	7.4	5.2	6.0	12.7	11.5	9.3	7.6
By age								
Under 18 years	13.2	8.0	4.5	5.4	12.7	20.2	11.6	10.1
18 to 64	9.7	7.3	4.1	5.9	13.0	10.1	9.0	6.8
Age 65+	9.0	7.4	10.3	7.3	11.5	11.8	8.4	8.7
By race and Hispanic or Latino origin								
White alone, not Hispanic or Latino	8.3	5.3	4.2	3.9	7.6	7.9	6.6	5.8
Black or African American alone	18.7	15.5	1.3	12.0	23.0	32.6	12.4	6.7
Hispanic or Latino origin (of any race)	24.5	18.4	7.6	13.4	27.6	18.4	18.5	24.6
Asian alone	12.9	9.4	10.8	11.2	16.5	16.8	12.0	7.1
American Indian and Alaska Native alone	22.3	27.6	0	54.1	16.7	0.0	6.4	0.0
Native Hawaiian and Other Pacific Islander alone	12.8	7.6	-	-	0.0	0.0	-	-
Some other race alone	23.8	15.1	8	36.5	24.1	12.3	21.6	9.8
Two or more races	16.4	9.7	7.4	14.2	11.4	9.5	27.2	7.7
Below 200% of poverty level	21.6	15.7	11.2	10.2	18.5	21.8	16.5	13.1
Below 300% of poverty level	33.2	25.2	18.2	16.7	26.6	34.4	25.3	24.6
Below 400% of poverty level	44.8	35.6	26.6	25.0	34.4	47.6	36.4	35.2

Source: US Census Bureau, American Community Survey 5-Year Estimates 2015-2019

KEY:
Statistically significant compared to Massachusetts - LOWER
Statistically significant compared to Massachusetts - HIGHER

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Housing (%)								
Occupied	90.3	94.9	94.3	95.9	90.3	94.7	94.2	94.3
Vacant	9.7	5.1	5.7	4.1	9.7	5.3	5.8	5.7
Owner occupied	62.4	62.4	58.0	64.5	34.8	33.6	51.7	51.8
Monthly ownership costs exceed 30% of household income	30.1	27.8	24.0	28.4	27.0	29.7	30.8	31.7
Renter occupied	37.6	37.6	42.0	35.5	65.2	66.4	48.3	48.2
Gross rent exceeds 30% of household income	49.5	44.9	38.9	39.7	45.1	38.3	41.0	38.6
Lacking complete plumbing	0.3	0.3	0.1	0.2	0.3	0.2	0.4	0.4
Lacking complete kitchen	0.8	0.8	0.4	0.2	1.1	0.3	1.3	0.4
No telephone service available	1.4	1.3	1.1	1.3	2.2	2.2	1.4	1.7
Without computer	7.6	6.9	7.0	4.9	5.8	8.2	6.2	6.6
Without broadband internet	13.6	10.3	9.4	6.6	11.4	11.9	11.6	8.8
Households								
Total households (#)	2,617,497	604,384	19,065	9,819	46,835	32,802	23,690	15,620
Married-couple family (~~%~~)	47.1	51.5	50.0	59.9	33.3	31.9	41.5	42.8
With own children of the householder under 18 years	18.6	22.4	23.6	31.6	13.3	11.5	15.5	16.8
Cohabiting couple household (%)	6.7	6.1	5.3	3.5	10.0	11.3	9.3	9.0
With own children of the householder under 18 years	1.8	1.1	0.9	0.7	0.6	0.7	0.6	1.0
Male householder, no spouse/partner present (%)	17.2	16.8	14.9	10.1	25.6	25.0	21.4	18.3
With own children of the householder under 18 years	0.9	0.8	0.7	1.0	0.9	0.4	0.3	0.5
Female householder, no spouse/partner present (%)	29.0	25.6	29.9	26.4	31.0	31.9	27.9	29.9
With own children of the householder under 18 years	5.2	3.9	3.7	4.1	3.2	3.2	2.5	2.8
Average household size (#)	2.5	2.6	2.4	2.6	2.1	2.4	2.3	2.3
Average family size (#)	3.1	3.1	3.0	3.2	2.8	2.9	3.0	2.9
Grandparents living with their own grandchildren under 18 (#)	124,701	23,829	574	361	513	830	822	498
Grandparents responsible for grandchildren (%)	25.2	20.9	22.3	22.4	36.1	29.2	20.3	17.3

Source: US Census Bureau, American Community Survey 5-Year Estimates (2015-2019)

KEY:
Statistically significant compared to Massachusetts - LOWER
Statistically significant compared to Massachusetts - HIGHER

ND = No Data

	Mount Auburn Hospital Community Benefits Service Area							
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Food Security								
Households receiving Food Stamps/SNAP in past 12 months	11.7	7.0	3.9	3.1	7.9	8.7	5.5	4.6
Women, Infants, and Children (WIC) Program (WIC Program Data, 2018)								
Participation rate (%)	54.6	ND	41.6	33.8	54.9	51.2	51.7	38.0
Eligible (#)	207,249	ND	409	219	1,613	1,781	1,830	555
Enrolled (#)	113,169	ND	170	74	885	912	947	211
Participating Vendors (#)	ND	ND	1	1	7	8	5	3
Transportation								
Occupied housing units with no vehicle available	12.4	10.5	11.5	8.0	32.1	23.9	7.9	10.5
Takes car, truck, van (alone) to work	69.9	67.1	58.2	62.1	26.8	36.8	70.3	63
Takes car, truck, van (carpool) to work	7.5	6.9	6.3	7.1	3.2	5.4	8	6.7
Takes public transportation (excluding cab) to work	10.4	12.5	21.2	17.3	29.1	33.6	7.5	16
Walked to work	4.9	5.0	2.8	2.6	24.2	11.3	8	3.0
Worked from home	5.2	5.8	7.1	7.9	7.3	4.5	4.6	6.8
Mean travel time to work (minutes)	30.2	31.4	33.6	31	26.6	32.6	25.8	28.0
Environmental Health (from MA Environmental Public Health Tracking)								
Children 9-47 months screened for lead (%) (2017)	73.0	ND	81.0	56	82	84	66	75
Children 9-47 months with elevated blood lead levels (rate per 1,000)* (2013-2017)	19.2	ND	9.8	11	12	15	20	16
Crime (Massachusetts Crime Statistics, 2019)								
Number of crimes	200,764	ND	502	373	4,616	2,182	1,357	772
Crime rate per 100,000	2,913	ND	1,101	1,417	3,850	2,672	2,163	2,133
Clearance rate	30%	ND	16%	10%	20%	16%	34%	37%
Crimes against persons (#)								
Murder	126	ND	0	0	1	0	0	0
Sex offenses	3,957	ND	13	3	29	61	13	16
Assaults	59,408	ND	126	49	1,213	442	391	151
Human Trafficking	27	ND	0	0	1	0	0	0
Kidnapping/Abduction	589	ND	0	0	10	7	3	0
Crimes against society (#)								
Drug crimes	9,570	ND	10	4	99	54	51	33
Gambling	59	ND	0	0	0	0	0	0
Prostitution	359	ND	2	0	4	1	6	5
Betting/Wagering	7	ND	0	0	0	0	0	0
Pornography/Obscene Material	756	ND	0	0	9	10	0	3
Weapon Law Violations	2,749	ND	1	2	41	48	13	4
Animal Cruelty	92	ND	0	0	0	0	0	0
Crimes against property owners (#)								
Larceny	54,700	ND	140	104	1789	840	438	279
Fraud	19,230	ND	87	79	538	170	138	143
Arson	308	ND	3	2	8	4	5	0
Bribery	6	ND	0	0		0	0	0
Burglary/Breaking and Entering	10,646	ND	17	76	162	141	72	36
Counterfeiting	3,077	ND	7	16	58	34	30	15
Criminal Damage	25,216	ND	74	32	421	235	166	59
Embezzlement	419	ND	0	0		0	0	2
Extortion/Blackmail	273	ND	1	1	12	7	2	6
Robbery	2,637	ND	8	0	67	39	7	2
Motor Vehicle Theft	4,932	ND	12	5	104	89	22	15
Stolen property offenses	1,621	ND	1	0	50	0	0	3

*Elevated blood levels (BLL) > or equal to 5 micrograms per deciliter (ug/DL). A child with blood lead level greater than 5 ug/DL must, by State law, receive follow-up testing using venous blood. Data from MDPH BEH Childhood Lead Poisoning Prevention Program

KEY:
Statistically significant compared to Massachusetts - LOWER
Statistically significant compared to Massachusetts - HIGHER

ND = No Data

	Mount Auburn Hospital Community Benefits Service Area								
	Massachusetts	*Middlesex County*	*Arlington*	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*	Source
Health Insurance (%) (2015-2019)									
Without insurance	2.7	2.5	1.3	1.6	2.0	3.1	3.5	1.6	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With public coverage	36.3	28.8	24.3	21.9	20.8	25.6	29.2	27.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With private insurance	74.2	80.6	87.4	88.2	85.0	77.4	77.9	82.9	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Overall Morbidity & Mortality									
All cause (Crude rates per 100,000)									
Mortality (age adjusted rate per 100,000) (2017)	676	605	534	411	507	673	614	630	MA Registry of Vital Records and Statistics
Premature mortality for <75 yr population (per 100,000 population)* (2017)	283	228	179	112	204	250	249	222	MA Registry of Vital Records and Statistics
Inpatient Discharges (all cause)	11,039	ND	9,420	8,217	6,883	7,542	9,643	10,785	CHIA Case Mix ED & Inpatient
ED Volume (all cause)	34,171	ND	17,625	14,576	21,245	26,257	23,328	20,366	CHIA Case Mix ED & Inpatient
Allergic Reactions (Crude rates per 100,000)									
Inpatient Discharges (2018)	152	ND	106	119	77	105	102	108	CHIA Case Mix ED & Inpatient
ED Volume (2018)	1,591	ND	1,550	1,402	2,872	4,064	1,675	1,735	CHIA Case Mix ED & Inpatient
Injuries and Poisonings, including Falls (Crude rates per 100,000)									
Inpatient Discharges (2018)	1,020	ND	826	722	551	575	713	926	CHIA Case Mix ED & Inpatient
ED Volume (2018)	5,251	ND	4,104	3,540	3,926	5,226	2,791	3,780	CHIA Case Mix ED & Inpatient
Disability Characteristics (%) (2015-2019)									
With any disability (all populations)	11.6	9.3	8.9	7.2	6.9	7.9	9.2	10.9	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
By age									
Under 5 years	0.7	0.5	0.0	0.0	0.1	0.7	0.0	1.9	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
5 to 17 years	5.8	4.7	2.7	2.6	4.5	6.8	4.9	7.6	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 34 years	6.0	4.6	3.6	4.9	3.0	2.8	3.4	4.7	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
35 to 64 years	10.6	7.6	5.9	4.2	8.0	8.6	8.6	9.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 to 74 years	21.3	18.3	18.8	11.6	16.1	22.8	24.3	16.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
75 years and over	46.5	45.3	49.9	39.3	40.2	54.7	44.2	51.2	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
By Race and Hispanic or Latino origin									
White alone, not Hispanic or Latino	12.0	10.2	10.2	8.5	7.4	8.0	11.0	12.2	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Black or African American alone	12.5	8.2	2.9	4.7	9.5	11.3	5.1	10.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Hispanic or Latino (of any race)	12.1	9.0	6.8	5.7	10.1	9.8	7.0	11.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Asian alone	6.1	5.1	4.6	3.1	2.1	4.2	4.7	3.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
American Indian and Alaska Native alone	22.0	12.4	40.0	0.0	13.0	14.5	5.6	0.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Native Hawaiian and Other Pacific Islander alone	10.7	8.0	-	-	10.2	80.0	-	-	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With a hearing difficulty (all populations)	3.2	2.8	3.0	2.8	1.5	2.0	3.0	3.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Under 18	0.5	0.5	0.4	0.2	0.3	1.1	0.2	1.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	1.5	1.2	1.1	0.6	0.6	0.5	1.4	1.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	13.5	12.8	13.3	14.6	9.0	16.1	14.4	12.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With a vision difficulty (all populations)	1.8	1.4	1.4	0.7	0.9	1.5	1.8	1.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Under 18	0.6	0.4	0.1	0.0	0.2	0.4	0.3	1.3	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	1.4	1.1	0.9	0.7	0.6	1.2	1.2	1.6	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	5.1	4.5	5.1	1.9	3.2	5.6	6.4	2.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With a cognitive difficulty (all populations)	5.0	3.8	3.2	3.0	2.9	2.9	4.1	4.8	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Under 18	4.6	3.7	2.1	2.2	3.9	4.4	4.2	7.6	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	4.4	3.1	2.4	2.1	2.5	2.4	3.1	3.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	7.7	7.2	7.2	7.2	5.0	6.6	9.3	11.0	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With an ambulatory difficulty (all populations)	5.8	4.6	4.3	3.1	3.3	3.7	5.0	5.6	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Under 18	0.6	0.5	0.5	0.0	0.7	1.8	0.0	0.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	3.7	2.5	1.6	1.2	1.7	1.7	2.6	2.4	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	19.3	17.9	17.5	13.3	15.8	23.2	21.0	21.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With a self care difficulty (all populations)	2.4	1.9	1.3	1.8	1.1	1.2	2.1	2.4	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Under 18	1.0	0.9	0.6	0.2	0.9	0.4	0.2	0.7	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	1.5	1.0	0.5	1.0	0.7	0.4	1.1	0.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	7.5	6.8	4.9	6.5	4.5	8.5	8.6	11.5	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
With an independent living difficulty (all populations)	5.3	4.2	4.0	4.0	2.5	3.0	4.1	5.1	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
18 to 64 years old	3.3	2.3	1.5	2.3	1.5	1.2	2.2	2.3	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
65 years and over	13.5	12.8	13.3	10.3	9.4	18.7	14.3	16.9	US Census Bureau, American Community Survey 5-Year Estimates 2015-2019
Behavioral Health - Crude Rate per 100,000 (18+)									
Mental Disorders									
Inpatient Discharges (2018)	1,432	ND	964	895	978	1,027	1,350	1,416	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	9%	ND	2%	17%	4%	8%	19%	11%	CHIA Case Mix Inpatient
ED Volume (2018)	3,073	ND	1,519	1,163	1,943	2,133	2,299	1,920	CHIA Case Mix ED
Change in ED visit rate (2016-18)	17%	ND	-14%	-8%	0%	-9%	-7%	1%	CHIA Case Mix ED
Substance Use (excl. alcohol and opioid)									
Inpatient Discharges (2018)	706	ND	301	154	323	365	424	339	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	3%	ND	2%	-13%	-5%	-4%	-20%	-17%	CHIA Case Mix Inpatient
ED Volume (2018)	3,788	ND	1,099	810	3,171	3,309	2,237	1,470	CHIA Case Mix ED
Change in ED visit rate (2016-18)	5%	ND	-12%	3%	7%	-24%	-7%	4%	CHIA Case Mix ED
Alcohol Use									
Inpatient Discharges (2018)	344	ND	182	84	261	304	278	236	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	1%	ND	3%	-41%	19%	3%	-10%	1%	CHIA Case Mix Inpatient
ED Volume (2018)	574	ND	173	104	742	558	454	191	CHIA Case Mix ED
Change in ED visit rate (2016-18)	-6%	ND	-48%	-64%	-18%	-13%	-32%	-56%	CHIA Case Mix ED
Opioid Related									
Opioid overdose deaths by city/town of residence (#) (as of 11/2020)	1,967	ND	7	2	22	17	14	7	
Opioid overdose deaths by city/town of occurence (#) (as of 11/2020)	1,799	ND	7	1	22	15	7	2	
Inpatient Discharges (2018)	248	ND	109	35	119	184	144	174	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	4%	ND	9%	-18%	-21%	13%	-6%	39%	CHIA Case Mix Inpatient
ED Volume (2018)	246	ND	62	35	90	109	116	100	CHIA Case Mix ED
Change in ED visit rate (2016-18)	7%	ND	-47%	-64%	-41%	-41%	-26%	-22%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	13.3	NC	10.9	22.1	15.4	30.4	MA Registry of Vital Records and Statistics
Chronic Disease - Crude Rate per 100,000 (18+)									
Asthma									
Inpatient Discharges (2018)	285	ND	157	200	138	162	286	199	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-10%	ND	0%	33%	-21%	-17%	35%	-7%	CHIA Case Mix Inpatient
ED Volume (2018)	1,161	ND	514	534	1,263	1,552	1,154	963	CHIA Case Mix ED
Change in ED visit rate (2016-18)	8%	ND	14%	51%	-1%	-11%	22%	100%	CHIA Case Mix ED
Chronic Liver Disease									
Inpatient Discharges (2018)	241	ND	122	119	134	179	191	242	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-17%	ND	-29%	-34%	-15%	-3%	-28%	21%	CHIA Case Mix Inpatient
ED Volume (2018)	91	ND	38	38	22	26	78	37	CHIA Case Mix ED
Change in ED visit rate (2016-18)	17%	ND	31%	-9%	-4%	-28%	104%	44%	CHIA Case Mix ED
Chronic Lung Disease (excl. asthma)									
Inpatient Discharges (2018)	999	ND	771	488	414	558	756	781	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-4%	ND	-2%	-12%	-11%	-11%	4%	3%	CHIA Case Mix Inpatient
ED Volume (2018)	560	ND	363	138	319	338	437	379	CHIA Case Mix ED
Change in ED visit rate (2016-18)	17%	ND	43%	-14%	-2%	2%	28%	32%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	33.4	NC	16.3	18.2	30.8	18.2	MA Vital Records (PHIT)
Diabetes									
Inpatient Discharges (2018)	1,211	ND	853	557	617	842	948	1,117	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	2%	ND	-6%	3%	9%	13%	2%	10%	CHIA Case Mix Inpatient
ED Volume (2018)	1,904	ND	944	634	1,276	1,856	1,342	1,080	CHIA Case Mix ED
Change in ED visit rate (2016-18)	5%	ND	-6%	2%	-2%	1%	-3%	-3%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	20	NC	13.6	19.5	15.4	21.3	MA Vital Records (PHIT)
Heart Disease									
Inpatient Discharges (2018)	3,068	ND	2,860	2,492	1,723	1,927	2,566	3,287	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	3%	ND	5%	10%	16%	8%	10%	23%	CHIA Case Mix Inpatient
ED Volume (2018)	2,828	ND	1,896	1,417	1,822	2,282	2,791	2,151	CHIA Case Mix ED
Change in ED visit rate (2016-18)	24%	ND	-4%	-30%	-16%	-14%	27%	-19%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	149	105.8	85	115.8	106.3	161.1	MA Vital Records (PHIT)
Hypertension									
Inpatient Discharges (2018)	2,194	ND	1,683	1,617	1,122	1,252	1,747	2,031	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-1%	ND	6%	10%	8%	7%	0%	3%	CHIA Case Mix Inpatient
ED Volume (2018)	4,453	ND	2,902	2,062	3,203	3,803	3,536	2,943	CHIA Case Mix ED
Change in ED visit rate (2016-18)	6%	ND	-1%	-19%	0%	-6%	6%	-7%	CHIA Case Mix ED

Stroke									
Inpatient Discharges (2018)	230	ND	239	165	142	114	156	211	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	12%	ND	16%	23%	43%	2%	0%	32%	CHIA Case Mix Inpatient
ED Volume (2018)	57	ND	55	19	33	29	19	28	CHIA Case Mix ED
Change in ED visit rate (2016-18)	41%	ND	92%	-58%	-32%	-4%	-29%	-41%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	28.9	NC	23.5	26	37	24.3	MA Vital Records (PHIT)
Cancer - Crude Rates per 100,000 (18+)									
All other cancer									
Inpatient Discharges (2018)	788	ND	784	611	542	454	743	963	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-1%	ND	-16%	0%	13%	-14%	11%	-4%	CHIA Case Mix Inpatient
ED Volume (2018)	369	ND	219	165	141	179	302	265	CHIA Case Mix ED
Change in ED visit rate (2016-18)	24%	ND	1%	-31%	-30%	-10%	-4%	-13%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	200.20	173.7	103.10	147.1	157.2	162.4	MA Vital Records (PHIT)
Breast Cancer									
Inpatient Discharges (2018)	65	ND	64	31	40	25	46	68	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-16%	ND	-26%	-67%	-20%	-59%	-6%	-25%	CHIA Case Mix Inpatient
ED Volume (2018)	101	ND	58	58	65	50	78	85	CHIA Case Mix ED
Change in ED visit rate (2016-18)	20%	ND	-7%	-35%	22%	-5%	36%	25%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	13.3	22.7	7.2	NC	9.2	18	MA Vital Records (PHIT)
Colorectal Cancer									
Inpatient Discharges (2018)	63	ND	69	104	27	49	86	63	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	4%	ND	-9%	286%	7%	-15%	80%	-33%	CHIA Case Mix Inpatient
ED Volume (2018)	33	ND	11	<11	14	11	22	28	CHIA Case Mix ED
Change in ED visit rate (2016-18)	7%	ND	-29%	-50%	21%	29%	-48%	-23%	CHIA Case Mix ED
GYN Cancer									
Inpatient Discharges (2018)	32	ND	29	27	17	18	22	48	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-4%	ND	-19%	0%	-26%	-32%	-18%	13%	CHIA Case Mix Inpatient
ED Volume (2018)	30	ND	22	<11	<11	<11	22	20	CHIA Case Mix ED
Change in ED visit rate (2016-18)	20%	ND	0%	-75%	-50%	20%	-48%	-36%	CHIA Case Mix ED
Lung Cancer									
Inpatient Discharges (2018)	345	ND	281	253	145	195	284	313	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	0%	ND	1%	22%	-14%	-20%	13%	-12%	CHIA Case Mix Inpatient
ED Volume (2018)	1,135	ND	738	849	1,023	1,537	1,192	1,165	CHIA Case Mix ED
Change in ED visit rate (2016-18)	65%	ND	102%	333%	20%	-14%	47%	123%	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	37.8	41.5	24.4	36.4	43.2	39.5	MA Vital Records (PHIT)
Prostate Cancer									
Inpatient Discharges (2018)	36	ND	31	31	18	<11	24	20	CHIA Case Mix Inpatient
Change in discharge rate (2016-18)	-14%	ND	-18%	-43%	-34%	0%	-21%	-42%	CHIA Case Mix Inpatient
ED Volume (2018)	44	ND	31	23	21	17	46	20	CHIA Case Mix ED
Change in ED visit rate (2016-18)	28%	ND	-26%	-45%	9%	27%	-3%	-13%	CHIA Case Mix ED
Maternal & Child Health									
Low Birth Weight (<2500 grams) (% of live births) (2015)	2.2	2.1	1.5	NS	1.9	3.0	2.5	2.3	Massachusetts Population Health Information Tool
Preterm births (<37 weeks) (% of live births) (2015)	6.5	ND	5.5	5.7	5.4	7.4	5.0	4.0	Massachusetts Population Health Information Tool
Very preterm births (<37 weeks) (% of live births) (2011-2015)	1.0	0.8	0.8	1.0	0.7	0.8	0.9	0.5	Massachusetts Population Health Information Tool
Infectious Disease - Crude Rate per 100,000 (All Ages)									
Pneumonia/Influenza									
Influenza (# of confirmed and probable cases) (2019)	24,525	6,557	40	19	112	115	95	31	MDPH Bureau of Infectious Disease and Laboratory Sciences
Inpatient Discharges (2018)	549	ND	474	269	225	260	345	393	CHIA Case Mix Inpatient
ED Volume (2018)	178	ND	131	150	109	124	113	208	CHIA Case Mix ED
Mortality (crude rate per 100,000) (2015)	ND	ND	31.1	NC	4.5	NC	13.9	21.3	MA Vital Records (PHIT)
Sexually Transmitted Infections									
Chlamydia (# of confirmed and probably cases) (2019)	31,635	5,771	95	65	495	461	298	100	MDPH Bureau of Infectious Disease and Laboratory Sciences
Gonorrhea (# of confirmed and probably cases) (2019)	7,172	1,293	28	13	189	144	70	31	MDPH Bureau of Infectious Disease and Laboratory Sciences
Infectious Syphilis (# of confirmed and probable cases) (2019)	1,243	274	<5	<5	34	24	22	<5	MDPH Bureau of Infectious Disease and Laboratory Sciences
HIV/AIDS									
Diagnoses (#) (2018)	662	142	<5	<5	11	15	9	<5	MDPH Bureau of Infectious Disease and Laboratory Sciences
Inpatient Discharges (2018)	42	ND	20	12	57	27	22	40	CHIA Case Mix Inpatient
ED Volume (2018)	89	ND	24	<11	132	34	52	57	CHIA Case Mix ED
Infectious and Parasitic Disease (excluding Hepatitis & TB)									
Inpatient Discharges (2018)	1,783	ND	1,590	1,313	1,010	1,102	1,486	1,655	CHIA Case Mix Inpatient
ED Volume (2018)	2,611	ND	1,590	1,329	1,679	2,441	1,418	1,746	CHIA Case Mix ED
Tuberculosis									
Inpatient Discharges (2018)	<11	ND	<11	<11	<11	<11	<11	<11	CHIA Case Mix Inpatient
ED Volume (2018)	<11	ND	<11	<11	<11	<11	<11	<11	CHIA Case Mix ED
Hepatitis B									
Number of confirmed and probably cases (2019)	1,838	459	11	8	30	25	18	9	MDPH Bureau of Infectious Disease and Laboratory Sciences
Inpatient Discharges (2018)	22	ND	18	<11	28	23	14	14	CHIA Case Mix Inpatient
ED Volume (2018)	<11	ND	<11	<11	<11	<11	<11	<11	CHIA Case Mix ED
Hepatitis C									
Number of confirmed and probably cases (2019)	4,660	676	10	13	43	23	28	19	MDPH Bureau of Infectious Disease and Laboratory Sciences
Inpatient Discharges (2018)	104	ND	44	31	64	63	86	48	CHIA Case Mix Inpatient
ED Volume (2018)	95	ND	11	12	38	20	35	<11	CHIA Case Mix ED
Other Hepatitis									
Hepatitis A (number of confirmed and probably cases) (2019)	195	46	<5	<5	4	0	2	<5	MDPH Bureau of Infectious Disease and Laboratory Sciences
Inpatient Discharges (2018)	53	ND	27	23	40	64	62	57	CHIA Case Mix Inpatient
ED Volume (2018)	12	ND	<11	<11	<11	<11	24	<11	CHIA Case Mix ED
Elder Health - Crude Rate per 100,000 (18+)									
Falls (65+ Only)									
Inpatient Discharges (2018)	39	ND	<11	12	20	17	<11	11	CHIA Case Mix Inpatient
ED Volume (2018)	171	ND	38	23	49	96	25	48	CHIA Case Mix ED
Alzheimer's & Dementia									
Inpatient Discharges (2018)	336	ND	370	296	203	239	268	424	CHIA Case Mix Inpatient
ED Volume (2018)	197	ND	106	111	43	66	81	88	CHIA Case Mix ED
Parkinson's & Movement Disorders									
Inpatient Discharges (2018)	96	ND	100	115	75	48	67	108	CHIA Case Mix Inpatient
ED Volume (2018)	98	ND	75	54	53	64	38	60	CHIA Case Mix ED

Notes:

For CHIA Data: Population Counts, U.S. Census Bureau (2018). American Community Survey 5-Year Estimates. Retrieved from Census Reporter Profile.

Data is based on crude rate per 100,000 population by town. Inpatient discharge and ED data retrieved from CHIA FY16-FY18.

Data includes all ages, unless otherwise noted.

Categorization by Health Condition determined by AHRQ Clinical Classifications Software Refined (CCSR), Chartis cancer definition, and Sg2 CARE Family by ICD-9 and ICD-10 codes.

% change based on rate per 100,000 in 2016 compared to rate per 100,000 in 2018, using the same health condition categorization. Please note the % change in rate for some health conditions is large, likely due to small volumes or coding changes from ICD9 to ICD10 in 2015.

COVID-19 Cases and Tests by City/Town of Residence, January 1, 2020 - January 5, 2021

	Mount Auburn Hospital Community Benefits Service Area					
	Arlington	*Belmont*	*Cambridge*	*Somerville*	*Waltham*	*Watertown*
Total cumulative case count	1,075	708	3,083	3,394	3,338	1,402
Case count (last 14 days)	167	129	420	417	465	258
Average daily incidence rate per 100,000 (last 14 days)	26	33.6	26.8	39.4	50	55.8
Total tests administered	63,808	38,606	451,671	266,444	165,736	54,909
Total tests (last 14 days)	5,222	3,363	27,189	13,594	7,700	5,881
Total positive tests (last 14 days)	186	146	488	477	523	302
Percent positivity	3.6%	4.3%	1.8%	3.5%	6.8%	5.1%

Source: MA DPH Covid-19 Dashboard
https://www.mass.gov/doc/weekly-covid-19-public-health-report-january-7-2021/download

Appendix E: MAH Community Partners

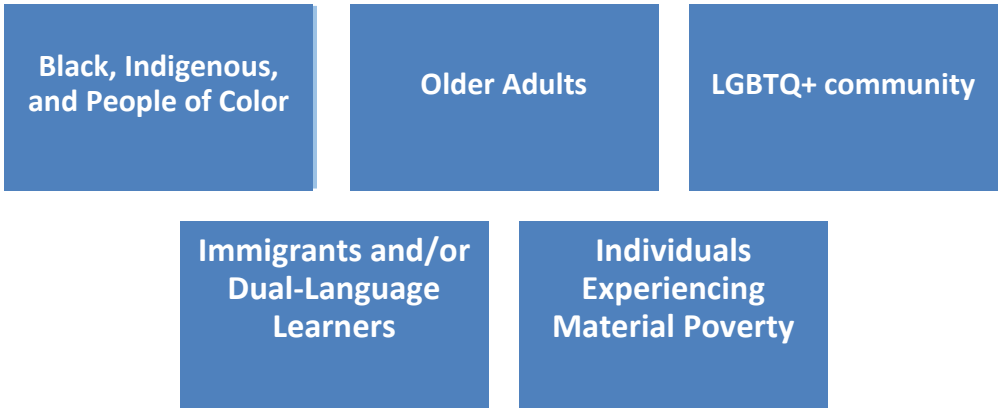
Mount Auburn Hospital FY20 List of Partners	
AIDS Action Committee	Live Well Watertown
Alcohol Anonymous	Marino Foundation
American Cancer Society	Mass. Department of Public Health -
American Lung Association	Mass. Institute of Technology EMS
Arlington Council on Aging	Massachusetts Bay Transit Authority
Arlington Eats	Meadowgreen Rehabilitation and Nursing
Arlington Fire Department	Metro Cab of Boston
Arlington Health and Human Services	Middlesex District Attorney Office
Arlington Housing Authority	Neville Place
Arlington Police Department	Professional Ambulance EMS
Arlington Youth Counseling Center	Schenderian Pharmacy
Arl. Youth Health and Safety Coalition	SCM Community Transportation
Belmont Council on Aging	Somerville Cambridge Elder Services
Belmont Department of Public Health	Somerville Center for Adult Learning Experiences (SCALE)
Belmont Fire Department	Somerville Council on Aging
Belmont First Armenian Church	Somerville Department of Health and Human Services
Belmont Housing Authority	Somerville Homeless Coalition
Belmont Police Department	Somerville Housing Authority
Belmont Veteran's Memorial	Somerville Police Department
Cambridge Community Foundation	Somerville Stakeholders Coalition
Cambridge Council on Aging	Springwell Elder Services

Appendix E: MAH Community Partners

Cambridge Department of Public Health	Tufts University
Cambridge Fire Department	Waltham Challenger Program
Cambridge Health Alliance	Waltham Connections
Cambridge Housing Authority	Waltham Council on Aging
Cambridge Police Department	Waltham Family School
Cambridge SNAP Match Coalition	Waltham Fields Community Farm
CASPAR INC.	Waltham Health Department
Charles River Community Health Center	Waltham Housing Authority
City of Cambridge	Waltham Partnership for Youth
Community Health Network Area 17 (CHNA 17)	Waltham Police Department
Crivello Foundation	Watertown Baseball and Softball Challenger Program
Elder Services of Merrimack Valley	Watertown Cares
Greater Boston Food Bank	Watertown Council on Aging
Harvard University EMS	Watertown Fire Dept.
Healthy Living Center of Excellence	Watertown Health Department
Healthy Waltham	Watertown High School
Housing Corp. of Arlington	Watertown Housing Authority
Lexington Fire Department	Watertown Police Department
Lifeline In Home Services at Mount Auburn	Wayside Youth and Family Services

Appendix F
Mount Auburn Hospital FY22 – FY24 Implementation Strategy
July 2021

MAH FY22 – FY24 Priority Populations



MAH FY22 – FY24 Priority Areas, Goals, Objectives and Strategies/Activities

Priority Area 1: Racial Equity

- GOAL 1: PROMOTE HEALTH EQUITY AND REDUCE DISPARITIES FOR THOSE FACING RACISM AND DESCRIMINATION, PARTICULARLY FOR COMMUNITIES OF COLOR
  - *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - *Programmatic Objectives:*
    i. Work internally at MAH and externally with community partners to identify and implement projects to promote racial equity and improve outcomes, particularly for prioritized population segments
    ii. Support and partner with CHNA 17 to help them build their capacity by supporting their work to promote racial equity in the mental health field and practice.
  - *Community Activities/Strategies:*
    i. Collaborate with internal committees at MAH, determine a goal and objective for improving racial health disparities
    ii. Research options for staff orientation that includes content on understanding and addressing racial equity
    iii. Participate as a member of the steering Committee for CHNA 17
    iv. Provide grant support to CHNA 17 to promote its fellowship grant program
    v. Provide grant support and funding for local public health departments to promote racial equity
  - *Metrics:*
    i. Collect and analyze hospital data
    ii. # of initiatives
    iii. # of trainings

iv. # of participants
v. Evaluation of trainings

➢ *Community Partners:* CHNA 17, MAH Disparities Committee, MAH Patient Family Advisory Committee, CHNA 17, community organizations focused on racial equity, Men's Health League, Faith based organizations

---

Priority Area 2: Mental Health and Substance Use Disorders

❖ GOAL 1: REDUCE THE IMPACT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS AMONG RESIDENTS OF MAH'S COMMUNITY BENEFITS SERVICE AREA

➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty

➢ *Programmatic Objectives:*

i. Expand access to mental health and substance use disorder treatment/support services
ii. Expand access to linguistically/culturally sensitive mental health and substance use treatment/support services
iii. Increase and enhance support for those affected by trauma, and or emotional stress
iv. Increase access to "care navigation" services for those with mental illness and substance use disorders
v. Promote collaboration, share knowledge, and coordinate activities internally at MAH and externally with community partners

➢ *Community Activities/Strategies:*

i. ED Social Work Navigator to support the START program (Substance Treatment and Referral Team)
ii. Organize and facilitate support groups to address emotional distress, mental health, and substance use recovery and or peer support groups for those in relationships with substance users
iii. Organize and support mindfulness based programs for community members in response to COVID 19
iv. Social workers to attend community meetings where they share best practices, identify opportunities to improve collaborations and optimize health for vulnerable community members
v. Provide grant support and funding for local public health departments to support evidence-based programs that promote mental health and substance use education and prevention services
vi. Support CHNA 17 with funding in its efforts to address mental health in African American/Black population and other vulnerable segments facing discrimination

➢ *Metrics:*

i. # of Bridge Clinic referrals
ii. # patients screened by social work navigator
iii. # Support groups organized
iv. # participants

v. Evaluation data from support groups
vi. Number of community meetings Social Workers attended

➢ *Community Partners:* CHNA 17, community based organizations and coalitions, Local police and fire departments, Wayside Youth and Family Services, Arlington Youth Counseling Center, Watertown Cares, Local DPH departments, Middlesex DA Office

---

Priority Area 3: Chronic and Complex Conditions and Risk Factors

❖ GOAL 1: ENHANCE ACCESS TO HEALTH EDUCATION, SCREENING, AND REFERRAL SERVICES IN CLINICAL AND NON-CLINICAL SETTINGS

➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty

➢ *Programmatic Objectives:*

i. Increase the number of adults who receive health education and screening, for chronic/complex conditions
ii. Increase the number of adults participating in cancer education, screening, and referral events
iii. Promote healthy aging and one's ability to Age in Place

➢ *Community Activities/Strategies:*

i. Provide adults with health education regarding risk factors and healthy behaviors in settings convenient to those community members who are most vulnerable
ii. Facilitate an elder service provider working group in order to share best practices, listen to needs to improve programing and to promote healthy aging
iii. Partner with area COA and ASAPs to provide monthly health education and venue space for older adults
iv. Collaborate with CRCH to provide free mammogram event/s for those who are uninsured or underinsured
v. Organize blood pressure screening events in the community
vi. Provide emergency response services (Lifeline) at below cost to underserved elders and disabled persons who are in need, as identified by regional elder services agencies
vii. Provide an opportunity for older adults to volunteer at the hospital
viii. Provide grant support and funding for local public health departments to support evidence-based programs that increase access to health education, screening, and chronic disease management

➢ *Metrics*

i. # of health education events
ii. # of participants
iii. Evaluation data from events
iv. # of elder service provider meetings
v. # of community members receiving Lifeline at reduced cost or below rate.
vi. # of volunteers
vii. # volunteer hours

- ➢ *Community Partners:* Local COA's, CASPAR, Lifeline Services, SCES, Springwell, Local Health Departments, MAH volunteer services, BILH at Home, Healthy Living Center of Excellence

- ❖ GOAL 2: ENHANCE ACCESS TO SELF-MANAGEMENT AND OTHER SUPPORTIVE SERVICES FOR INDIVIDUALS WITH OR RECOVERING FROM CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Enhance access and promote equitable care for vulnerable individuals with chronic and complex conditions
    ii. Increase access to supportive services to reduce stress and anxiety, reduce negative symptoms and side effects, and increase overall wellbeing
    iii. Increase the ability of older adults to live independently and age in place
  - ➢ *Community Activities/Strategies:*
    i. Provide a survivorship day event for patients and community members
    ii. Provide an ongoing support group for breast cancer patients and community members
    iii. Provide an ongoing support group for caregivers of those with Alzheimer's and dementia
    iv. Stroke Nurse Navigator provides ongoing stroke education and support for patients and their families
  - ➢ *Metrics:*
    i. *# of participants*
    ii. *Evaluation of support groups*
    iii. *# patients stroke nurse provides education and support*
  - ➢ *Community Partners:* American Cancer Society, SCES, Local COA's, CRCH, Springwell

---

Priority Area 4: Social Determinants of Health

- ❖ GOAL 1: PROVIDE SUPPORTIVE SERVICES FOR THOSE WHO ARE UNSTABLY HOUSED
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Work internally at MAH and with community partners to identify those who are experiencing housing insecurity
    ii. Increase access to housing and eviction prevention services
  - ➢ *Community Activities/Strategies:*
    i. Provide screening for patients in order to identify housing insecurity
    ii. Contract with Metro Housing Boston (MHB) to facilitate case management and to support those who are struggling with housing insecurity or homelessness
    iii. Provide housing stability resources and information for community members

iv. Increase partnerships and collaborations with community-based organizations to address the lack of safe and affordable housing

- ➢ *Metrics:*
  i. # referrals to MHB
  ii. # families/residents receiving referrals to community resources
  iii. # families receiving housing counseling/services to remain in their current home or found new stable, affordable housing
- ➢ *Community Partners:* Metro Area Planning Council, Metro Housing Boston, Local Housing Authorities, Housing Corp. of Arlington, CASPAR, City of Cambridge, City of Somerville

❖ GOAL 2: IMPROVE ACCESS TO HEALTHY AND NUTRITIOUS FOOD FOR THOSE WHO EXPERIENCE FOOD INSECURITY

- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Work internally at MAH and with community partners to identify those who are experiencing food insecurity
  ii. Increase access to healthy foods for those who are experiencing food insecurity
- ➢ *Community Activities/Strategies:*
  i. Partner with community based organizations/programs that address food insecurity and promote access to healthy foods.
  ii. Provide funding for local organizations which are supporting food insecure families/residents
  iii. Provide funding to support SNAP Match programs
  iv. Provide healthy and nutritious food that can be delivered to food distribution locations
- ➢ *Metrics:*
  i. Quantities of food provided
  ii. # of people benefitting from the SNAP match program
- ➢ *Community Partners:* Local food pantries, Arlington Eats, SNAP Match programs, SNAP Match Coalition of Cambridge, Cambridge Community Foundation, farmers markets, MAH food service department, Healthy Waltham, Waltham Fields Community Farm Mobile Outreach Market

❖ GOAL 3: PROMOTE TRANSPORTATION EQUITY

- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Work internally at MAH and with community partners to identify those who have limited access to safe, affordable, accessible transportation
  ii. Increase access to safe, affordable, accessible transportation where transportation is a barrier to health care
  iii. Participate in the Cambridge Transportation task force
- ➢ *Community Activities/Strategies:*
  i. Provide transportation vouchers to priority populations (e.g., low income, older adults, and other segments)
  ii. Participate in Cambridge's transportation task force

- ➢ *Metrics:*
  - i. # of vouchers, cab rides, Charlie cards given to those where transportation is a barrier
  - ii. # of meetings
- ➢ *Community Partners:* Cambridge transportation task force, MBTA, Metro Cab, SCM Transportation

---

Priority Area 5: Access to Care and Community Navigation

- ❖ GOAL 1: ADDRESS THE SOCIAL DETERMINANTS OF ACCESS TO CARE
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    - i. Work internally at MAH and with community partners to identify the community assets and barriers that either promote or hinder access to needed services
  - ➢ *Community Activities/Strategies:*
    - i. Support enrollment assistance activities to assist community members to assess eligibility and apply for public assistance programs.
    - ii. Support CHNA 17's work to address racism, particularly with respect to behavioral health services
    - iii. Collaborate with CHNA 17 in its efforts to provide grant opportunities/funding for community based organizations to increase awareness and break down barriers for priority populations
    - iv. Provide grant support and funding for local public health departments to support evidence-based programs that address access, community navigation or improved communications
  - ➢ *Metrics:*
    - i. *# of new enrollees*
    - ii. *# of people receiving enrollment assistance*
    - iii. *evaluation of CHNA 17 funded work*
    - iv. *evaluation data from health department grants*
  - ➢ *Community Partners:* CRCH, CHNA 17, Local Health Departments,

- ❖ GOAL 2: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO ARE DUAL-LANGUAGE LEARNERS
  - ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    - i. Promote health literacy internally at MAH and externally with community partners
  - ➢ *Community Activities/Strategies:*
    - i. Provide health education including navigating the health care system to our community partners, and other organizations which work with those with limited English proficiency.
    - ii. Conduct health equity/diversity trainings at MAH and include other clinical and non-clinical partners, as possible and appropriate

iii. Provide access to interpreter services internally at MAH and work to improve access for patients and community members

- ➢ *Metrics:*
  i. *# of health education programs*
  ii. *# of participants in health education programs*
  iii. *program evaluation data*
  iv. *# trainings*
  v. *# participants trained*
  vi. *# of interpreter services encounters*
- ➢ *Community Partners:* SCALE, Cambridge Community Learning Center, Waltham Family School, CRCHC

❖ GOAL 3: PROMOTE HEALTH EQUITY FOR LGBTQ+ POPULATIONS

- ➢ *Priority Population:* LGBTQ+ community
- ➢ *Programmatic Objectives:*
  i. Promote best practices with respect to collecting accurate information on sexual orientation and gender identity internally at MAH and externally with community partners
  ii. Reduce barriers to health care and disparities in health outcomes
  iii. Share LGBTQ+ resources with external partners
- ➢ *Community Activities/Strategies:*
  i. Provide or support programs and initiatives to improve health and wellbeing of the LGBTQ+ population
  ii. Continue to meet the standards for Leader status for the Human Rights Commission for the LGBTQ+ Healthcare Equality Index
  iii. Partner with community organizations which support the LGBTQ + community
- ➢ *Metrics:*
  i. # of resources shared with external partners
- ➢ *Community Partners:* Fenway Health Center, Y2Y, Local LGBTQ+ organizations, AIDS Action Committee

❖ GOAL 4: PROMOTE RESILIENCE AND EMERGENCY PREPAREDNESS

- ➢ *Priority Populations:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
- ➢ *Programmatic Objectives:*
  i. Support cities/towns to promote resilience, emergency care and emergency preparedness
- ➢ *Community Activities/Strategies:*
  i. Provide Emergency Services training to local City/Town police and fire departments.
  ii. Serve as EMS Medical Directors for Cambridge, Arlington and Belmont Medical Dispatchers, MIT EMS and Harvard University EMS
  iii. Serve on State and regional EMS advisory boards to lend medical oversight to the region
- ➢ *Metrics:*
  i. # of trainings provided to first responders and community partners.

- ➢ *Community Partners:* Local Health Departments, ProEMS, MIT EMS, Local Police and Fire Departments

- ❖ GOAL 5: PROMOTE RESILIENCY FOR NEW MOMS
  - ➢ Priority Populations: *:* Black, Indigenous, and People of Color, Immigrants and Dual-Language Learners, Older Adults, LGBTQ+ Community, Individuals Experiencing Material Poverty
  - ➢ *Programmatic Objectives:*
    i. Support outreach and assistance to new moms to increase awareness about how to create a healthy and safe environment for babies and families
  - ➢ *Community Activities/Strategies:*
    i. Organize and/or support programs to support prenatal patients and new moms that promote a healthy and safe environment and/or foster healthy births and growth and development for newborns and infants
    ii. Provide Doula support during delivery
    iii. Collaborate with the CRCH pre/postnatal department to address access issues that may affect their care.
  - ➢ *Metrics:*
    i. # Doula births, evaluation of Doula program
    ii. # car seats distributed to new moms who otherwise do not have a safe way to transport their newborn
    iii. # community outreach visits to pre/postnatal patients
  - ➢ *Community Partners:* CRCH