

2025

Community Health Needs Assessment



Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) — Massachusetts General Hospital and Brigham and Women's Hospital. The system also includes high-quality community hospitals — Brigham and Women's Faulkner Hospital, Cooley Dickinson Hospital, Martha's Vineyard Hospital, MGB Salem Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital and Wentworth Douglass Hospital. All are deeply connected to the mission of Mass General Brigham — advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which is more than a report: it is a roadmap for action. It calls on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

We thank every person who contributed to this assessment and look forward to deepening our partnerships as we work toward a healthier region for all.



A handwritten signature in black ink, reading "Elsie M. Taveras".

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I. Background

Newton-Wellesley Hospital (NWH), a member of Mass General Brigham (MGB) is a full-service, comprehensive medical center and community-based hospital located providing direct, high-quality inpatient and outpatient care in the Greater Boston community. NWH excels at prevention and wellness along with acute care and disease treatment. With a 140-year history of serving our community, NWH places the patient and their family at the center of everything it does. NWH's 2025 CHNA was informed by multiple sources, including community members and leaders of organizations serving the community, to gain a greater understanding of the health status of residents, their health-related needs, and the strengths and resources within the service area.

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate and the Community Benefit Reporting Guidelines of the Massachusetts Attorney General (MA AGO) to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

As also required, a description of our investments in community health, actions taken since the last CHNA, and outcomes related to our work can be found in reports submitted annually to the MA AGO available at: <https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits>.

II. Methods

A. Definition of priority community and populations

Newton-Wellesley Hospital defines community for the purpose of the needs assessment to include Natick, Needham, Newton, Waltham, Wellesley, and Weston based on:

- Geography: The hospital sits in Newton, therefore having an impact on those who live, work, and commute near the hospital's location.
- Patient population: The majority of Newton-Wellesley Hospital patients come from these communities.
- Target populations served: Newton-Wellesley Hospital will focus on residents who are more likely to face disparities that impact their access to care, social determinants of health, and health outcomes.

Therefore, we reaffirm our priority area communities as defined above and will continue to work in and with residents to address the health needs and disparities.

B. Data Sources

The 2025 CHNA was developed using the following data sources:

1. **Secondary data** (e.g., from the U.S. Census Bureau, Massachusetts Department of Public Health) provided demographic data, as well as information about the health and behavioral health of residents, and the social determinants of health affecting them. Data describing the priority communities and that illustrate disparities in health, and the social determinants of health can be found in Appendix A.
2. **Focus groups** were conducted with 67 leaders from a variety of community organizations in and/or serving the priority communities. The goals were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. Six one-hour focus groups were organized to bring representatives together who serve and/or advocate for some of the most vulnerable populations in the area and who address a range of health-related needs. Four groups were held with those who have expertise related to: (1) Youth and children; (2) behavioral health (mental health and substance use disorders); (3) health care (both providers and advocates); and (4) nutrition security and housing. The two remaining groups engaged representatives from a variety of community organizations, including those serving older adults, immigrant and refugees, domestic violence survivors, people with disabilities, as well as those providing job training/vocational and recreation programs. The groups were facilitated online, and data were analyzed for common and divergent themes. A summary of the focus group findings can be found in Appendix B.
3. **A Community Survey** was administered across all MGB communities and was open for two months between May and July 2025. To maximize community participation, especially by those experiencing inequities, the survey was available online and in hard-copy and in multiple languages: English, Spanish, Portuguese (European and Brazilian), Haitian Creole, Chinese (Mandarin/Cantonese), Arabic, Russian, and Khmer/Cambodian. It was promoted via social media, by partner organizations, within the MGB system, and on the Community Care van. In total, 2,328 surveys were completed. Identified by respondents' zip codes, 145 surveys were completed by residents who live in NWH's priority communities; this is a small number given the total population size of NWH community's and should be considered when reviewing the findings. Systemwide survey results and findings for NWH's priority communities can be found in Appendix C.

C. Role of our Community Advisory Board

NWH's long-standing 31-member Community Benefit Committee of clinical and community leaders serves as the Community Advisory Board (CAB) for the hospital's CHNAs and CHIPs. A list of CAB members can be found in Appendix D. The 2025 CHNA was developed with leadership from and in collaboration with the CAB. At its August 26 meeting, members reviewed the primary and secondary data and selected and approved the 2025 CHNA priorities. The NWH Board of Directors adopted the CHNA on September 10, 2025.

III. Assessment Findings

Community assets and resources: The focus group participants echoed the community assets named in NWH's previous CHNA, namely collaboration and partnership among community agencies, and the resilience and diversity of the community. However, they explained that, since the last CHNA several things have changed in the community. They indicated that collaboration peaked during the pandemic and has been challenged by recent federal and state budget cuts, which have fueled turnover and employee burnout and caused organizations to scale back services. The participants also described the socio-economic diversity of the hospital's priority communities as dwindling. Lower-income families are priced out of the housing market and have difficulty affording the costs of living (e.g., food, childcare, transportation). As one focus group participant explained, *"It's a luxury to take care of your health and mental health when you are struggling to put food on the table and keep a roof over your head."* Additionally, the political climate and recent raids by U.S. Immigration and Customs Enforcement have contributed to anxiety and fear which has prevented use of resources that are vital to health and mental health of immigrants and members of the LGBTQIA+ community.

Demographics: According to the last U.S. Census, the total population of the six priority communities was 264,639, the largest of which is in Newton (at 88,923) followed by Waltham (at 65,218). The greatest population growth was experienced in Natick and Needham (at 8.9% and 9.6%, respectively) outpacing all other NWH priority communities and the state average (6%). In Waltham, 65.3% of residents are working-aged adults (i.e., residents between 20 and 64), the largest proportion in the catchment. Waltham's public schools are the most racially/ethnically diverse. Waltham has a higher proportion of Hispanic/Latino students than MA overall (48.6% vs. 25.9%, respectively). Just over a third of Waltham residents age 5 and up (33.5%) speak a language other than English at home, the highest in the NWH catchment and higher than MA overall (24.8%).

Social Determinants of Health: The focus groups highlighted significant inequities across the six priority communities. Waltham, in particular, was described as experiencing significant economic challenges and disparities in the social determinants of health. The secondary data support this assertion. Waltham has the lowest median household income at \$116,560 and highest rate of poverty (8.6%). The Area Deprivation Index, a measure of structural disadvantage caused by neighborhood disadvantage, was also highest in Waltham. Within the priority communities, poverty is higher for all racial/ethnic minority groups than for Whites (4.5%) and highest among Black and African American (11.6%) and Hispanic/Latino (9.7%) residents.

The community survey showed that the top issues most respondents believe hospitals should focus on to make communities healthier are having enough food, housing, and education help and activities for youth. Based on data from the recent *"Greater Boston Food Bank's Fifth Statewide Food Access Report"* (i), more than 1 in 3 Massachusetts households experienced food insecurity at some point over the past 12 months and 24% of all Massachusetts households experienced very low food security in 2024. Focus group participants expressed concern about food security given the cuts to SNAP, decreased resources at food pantries, and increased cost of groceries. They also explained that the problem with housing is greater than one of affordability. Inventory is low and prices have continued to rise, which has fueled housing instability. Many residents live in unsafe and overcrowded conditions. The area also lacks sufficient emergency shelter capacity. Given cuts to services, fewer case managers are

available to help those in need of shelter and housing than in the past. The secondary data show that, while generally better than state rates for most indicators, among the priority communities, Waltham has the highest rates in the catchment for food insecurity (10.9%) and housing insecurity (10.3%) among adults 18 and over; the highest rate of severely cost-burdened households (15.7%); and the highest rate of youth homelessness (2.4%). However, regardless of the percentages, food and housing insecurity were of concern in all of the communities. Focus group participants expressed concern about the high school drop-out rate in Waltham. Indeed, Waltham has the lowest high school graduation rate (79.7%) and lowest proportion of those with a Bachelor's degree or higher (56.4%) in the catchment. The secondary data also showed that the proportion of students attending the Waltham public schools who are English learners (25.6%), for whom English is not their first language (55.3%), have high needs (63.1%), and are low income (48.6%) are higher than the state rates and highest in the catchment. While transportation is challenging in general, they explained that it is particularly difficult for lower-income residents and youth and young adults. Few employment and skill-building opportunities exist and are further limited by lack of transportation. Focus group participants also described childcare as a critical need. Community survey respondents from the priority communities named childcare as a top issue that hospitals should work on to improve community health. Focus group participants added that seniors are particularly affected by digital inequities, lack up-to-date technology and Wi-Fi, and skills to use them.

Access to Care: The community survey showed that more than half of respondents across MGB communities find it very or somewhat hard to access care; mental health and specialty care were the hardest to access. Focus group participants described challenges finding primary care providers in the area, which is causing increased utilization of the ED and urgent care and/or delays in care until health problems are advanced. They also described the need for follow-up care post-discharge from the ED and urgent care, including care coordinators and navigators; school-based health care for youth; flexible clinic hours for hourly wage workers; integrated primary care and behavioral health services; and more mental health providers of color and who speak languages other than English. Wait times for specialty care, especially for Alzheimer's and dementia, are lengthy. Linguistic barriers, insufficient cultural competency, transportation, and cuts to Medicaid were named as substantial barriers to healthcare access. The secondary data show that, within the NWH catchment, Medicaid utilization is highest in Waltham (18.7%). Although lower than the state overall, the proportion of the population that is uninsured in the catchment is 1.68% and highest in Waltham at 2.67%. The community survey respondents indicated that help coordinating care, lower out of pocket costs, and more available appointments and shorter wait times were the top factors that would make it easier to access care.

Health Conditions and Outcomes: Within the priority's communities, the average life expectancy is 83.4 years. Life expectancy is highest in Weston at 85.6 years and lowest in Natick at 80.2 years. The proportion of those with hypertension is higher in the catchment overall (32.8%) than for MA (32.4%), and highest in Newton (33.2%), Needham (35.9%), and Natick (37.2%). While rates related to stroke, the cancer, infant deaths, and low birthweight are lower than state rates overall, focus group participants believe heart disease/hypertension, maternal health, and cancer are all significant issues in the communities and are particularly challenging for low-income residents and communities of color, especially immigrants. Some argued that obesity and pre-diabetes and dementia should also be prioritized health issues. Community survey respondents reported that education and community-based care are the services most needed to help with cancer, heart disease, maternal health, and substance use disorders. Focus group participants explained that the need for behavioral health services is

particularly high for youth and young adults and among immigrants, especially those who faced trauma in their countries of origin. The secondary data show that the proportion of adults age 18 and over who have depression is higher among Waltham adults (23.9%) than the state (22.1%). Although lower than the state rate, the proportion of adults aged 18 and over with poor mental health is higher in Waltham than in the other priority communities.

Immigrant Health: Focus group participants reported that the recent increases in detentions and deportations have led to family separations, increased fear and anxiety among children and adults, and a decrease in utilization of critical services thus restricting their access to food, work, education, health care, and other supports.

Environmental Justice: Focus group participants reported that heat and air quality and environmental contaminants are significant issues impacting the health of the community and that they have a disproportionate impact on lower income residents, older adults, and children with asthma. Based upon the secondary data, the priority communities face greater environmental threats to their health than statewide, including a higher non-cancer respiratory hazard index score and the percentage of Census tracts that exceed the 90th percentile ranking for environmental justice health criteria. More than two-thirds of community survey respondents in general and over 50% of those from NWH's priority communities reported feeling sick on hot days and/or due to poor air quality. Most of those report experiencing such symptoms while in their own homes. The survey respondents indicated that hospitals should provide information and education on heat-related illness and breathing problems, including what to do and when to seek medical care. Additionally, NWH-area respondents would like the hospital to improve awareness of how to make a home safer for very hot days and big storms.

IV. Conclusions

Our aim is to achieve measurable improvements in health outcomes that contribute to premature mortality and shorter life expectancy in the communities we serve. Addressing leading causes of premature death and large variations in outcomes—such as cardiometabolic disease, cancer, opioid overdoses and maternal health—requires more than clinical interventions, it must include solutions that target the health-related social risks and root causes driving these conditions. An integrated, social risk-informed strategy that addresses both medical and social needs is a more impactful model and essential to narrowing gaps in premature mortality and life expectancy, and building healthier, more resilient communities. For this reason, NWH **will define our CHNA priorities as follows:**

1. Broad Landscape of Health: Through our CHNA process, we heard overarching concerns that are deeply interconnected with morbidity and the broader landscape of social determinants of health. Residents facing persistent hardship from a variety of factors often endure higher levels of chronic disease, as well as significant barriers to accessing care and sustaining healthy behaviors. These themes will be interwoven into our work, understanding that without considering these facets of individuals' lives, we cannot improve health and well-being.

In their day-to-day lives, individuals encounter a variety of personal, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. Participants in the focus group discussions described multiple challenging experiences that contribute to chronic stress, many of which are closely connected to other topic areas in this report. Experiences included living paycheck to paycheck and facing economic instability, loss of loved ones, isolation for seniors and persons with disabilities, the influence of shifting federal policies, unstable housing, and family separation. The themes we explicitly identified are the following, recognizing there are many factors that contribute to each.

- 1.1 Life Expectancy, Premature Mortality and Quality of Life
- 1.2 Mental Health/Chronic Stress/Isolation

2. Health Priorities: Large gaps in premature mortality and life expectancy exist across the hospital's service area. While there have been some improvements in health outcomes over time, certain communities and populations continue to experience disproportionately high rates of mortality from preventable causes. Consistent with the other hospitals in the MGB system, the following health priorities will be a focus:

- 2.1 Cardiometabolic Disease
- 2.2 Cancer
- 2.3 Substance Use Disorders/Misuse
- 2.4 Maternal Health

3. Social Risk/Social Determinants of Health (SDOH): Social determinants of health and social risk mitigation play a critical role in shaping the health of our residents. Communities with concentrated poverty, limited transportation and under-resourced infrastructure often experience higher rates of chronic disease and premature death. To help address these disparities from the root cause, we will focus on the following SDOH priorities:

- 3.1 Housing
- 3.2 Access to Healthy Food/Food Security
- 3.3 Access to Care and Services
- 3.4 Economic Growth and Opportunity

4. Emerging Needs: In addition to the named priority areas, we acknowledge that the public health landscape is continually evolving, bringing forth emerging needs that may require a “pause and pivot” to allow for strategic planning and rapid response. Those emerging needs include:

- 4.1 Extreme Heat and Climate Vulnerability
- 4.2 Immigrant Health
- 4.3 Access to Health Insurance and Social Support Services

The table below offers the priorities from the 2025 CHNA at a glance.

Table 1. 2025 NWH CHNA Priorities

Category:	Themes:
1) Broad Landscape of Health	1.1 Life Expectancy, Premature Mortality and Quality of Life 1.2 Mental Health/Chronic Stress/Isolation
2) Health Priorities	2.1 Cardiometabolic Disease 2.2 Cancer 2.3 Substance Use Disorders/Misuse 2.4 Maternal Health
3) Social Risk/Social Determinants of Health (SDOH)	3.1 Housing 3.2 Access to Healthy Food/Food Security 3.3 Access to Care and Services 3.4 Economic Growth and Opportunity
4) Emerging Needs	4.1 Extreme Heat and Climate Vulnerability 4.2 Immigrant Health 4.3 Access to Health Insurance and Social Support Services

V. References

- (i) Greater Boston Food Bank’s Fifth Statewide Food Access Report accessed at <https://www.gbfb.org/news/press-releases/2025-annual-statewide-food-access-report/>

VI. Appendices

Appendix A

Newton-Wellesley Hospital Secondary Data Highlights

Demographics:

- **Population Size:** NWH Catchment Population as of last Census was 264,639 (1). Populations of both Middlesex and Norfolk counties grew by nearly 7% between 2013 and 2023, outpacing population growth in MA at 5.9% (2).
- **Age of Population:** Newton has largest proportion of residents 65 years and older (22.1%) whereas Waltham has lowest (15.3%). Wellesley has largest proportion of those 19 years and younger, whereas Waltham has lowest (19.4%). The community with the largest proportion of residents between 20 and 64 (i.e., working-aged adults) is Waltham (65.3%) vs the lowest in Weston (49.8%) (3).
- **Diversity and Language:** Waltham public schools are the most racially/ethnically diverse of the communities in the catchment and has a higher proportion of Hispanic/Latino students than MA overall (48.6% vs. 25.9%, respectively) (4). Just over a third of Waltham residents age 5 and up (33.5%) speak a language other than English at home, the highest in the NWH catchment and higher than MA overall (24.8%) (5). The most common languages other than English in the catchment are Chinese, including Mandarin and Cantonese, and Spanish (at 5.6% each) (6). Waltham's rate of limited English proficiency (10.1%) is the highest in the catchment, which has a rate of 7.6%, and is also higher than the state overall (9.7%) (7).
- **Education:** With regard to the proportion of the population that has a Bachelor's degree or higher, all communities in the NWH catchment exceed the state (46.6%). However, Waltham has the lowest proportion of those with a Bachelor's or higher in the catchment at 56.4% (8). The proportion of students attending the Waltham public schools who are English learners (25.6%), for whom English is not their first language (55.3%), have high needs (63.1%), and are low income (48.6%) are higher than the state rates and highest in the catchment (9). Waltham has the lowest high school graduation rate (79.7%) in the catchment and, within Waltham, Hispanic/Latino youth have the lowest graduation rate (66.4%) (10).
- **Employment, Income & Poverty:** None of the communities in the NWH catchment exceed the state's unemployment rate (5.1%), but Needham's is highest at 4.5% (11). Unemployment was a concern for 25.4% of NWH ambulatory patients screened for SDOH (28). At \$116,560, the median household income in Waltham is the lowest in the catchment but still higher than for MA (\$101,341) (12). While lower than the state rate (9.9%), the poverty rate in Waltham (8.6%) is highest in the catchment (13). In the catchment, poverty is higher for all racial/ethnic minority groups than for Whites (4.5%) and highest among Black and African American (11.6%) and Hispanic/Latino (9.7%) residents (14). The Area Deprivation Index, a measure of structural disadvantage caused by neighborhood disadvantage, was highest in Waltham (32 out of 100) but still lower than MA (53 out of 100) (15).

Social Determinants of Health:

- **Internet and computer access:** While the percentage of households with no or slow internet in the catchment (4.68%) is lower than for the state (8.17%), Waltham (6.06%) and Natick (6.30%) have the highest rates in the catchment (16). Although lower than the state (4.87%), Waltham has the highest proportion of households with no computer (3.62%) (17).
- **Food Insecurity:** Based on data from the recent “Greater Boston Food Bank’s Fifth Statewide Food Access Report” (i), more than 1 in 3 Massachusetts households experienced food insecurity at some point over the past 12 months and 24% of all Massachusetts households experienced very low food security in 2024. Waltham has the highest proportion of adults 18 years and older who are food insecure (10.9%), just shy of the MA rate (11%) (18).
- **Housing and homelessness:** Ranging from \$2,156 in Waltham to \$4,001 in Weston, all communities in the catchment have higher median monthly owner housing costs than for MA (\$2,081) (19). Similarly, ranging from \$2,059 in Natick to \$2,849 in Wellesley, the median gross rent in all communities in the catchment is higher than for MA (\$1,687) (20). The highest percentage of cost-burdened households in the catchment is in Waltham (33.25%), which also exceeds the state rate (32.67%) (21). The rate of housing insecurity among adults age 18 and over is higher in Waltham (10.3%) than in the rest of the catchment (6.7%) and is just shy of the state rate (10.4%) (22). The proportion of households that are severely cost-burdened in the catchment are highest in Waltham (15.68%) and Weston (19.08%), both exceeding the state rate (15.58%) (23). Although lower than for the state (2.42%), the proportion of youth who reported experiencing homelessness was higher in Waltham (2.37%) than in the other communities in the catchment (24).
- **Health insurance and Medications:** The proportion of the population that is uninsured in the catchment (1.68%) is lower than for MA overall (2.65%). However, among communities in the catchment, Waltham has the highest rate of uninsured residents (2.57%) (25). Compared to MA (23.5%), the proportion of those on Medicaid is lower in the catchment. However, among the communities in the NWH catchment, the proportion of Medicaid recipients is highest in Waltham (18.7%) (26).

Health behaviors, conditions, outcomes, and ER utilization:

- **Life expectancy:** Within the NWH catchment area, the average life expectancy is 83.4 years. Life expectancy is highest in Weston at 85.6 years and lowest in Natick at 80.2 years.
- **Hypertension:** The proportion of those with hypertension is higher in the catchment overall (32.8%) than for MA (32.4%). It was highest in Newton (33.2%), Needham (35.9%), and Natick (37.2%) (28). The percentage of adults with hypertension increased in all communities in the catchment from 2019 to 2021 (29).
- **Cancer:** While the cancer incidence per 100,000 people was lower for the catchment (435.5) than the state (449.4), the rate in Needham exceeded both (463.6) (30).
- **Stroke:** The crude rate among adults 18 and older who have ever had a stroke was lower for the catchment (2.3%) than for MA overall (3.1%) but was higher in Natick (2.4%), Weston (2.4%), and Needham (2.5%) than the catchment overall (31).
- **Maternal and child health:** The rate of infant deaths per 1,000 live births and the percentage of low-birth-weight births are higher for the state (3.9 per 1,000 and 7.6%, respectively) than for the catchment area (2.9 per 1,000 and 7.0%, respectively) or any of the communities (32 and 33).

- **Smoking and Drug Overdoses:** Smoking prevalence in the catchment (4.8%) is substantially lower than for MA overall (12.6%). In the catchment, the smoking prevalence is highest in Wellesley (6.9%) (34). Among adults 18 and over who reported smoking at least 100 cigarettes in their lifetime and who currently smoke, the rate for the catchment (7.1%) is lower than the state (11.5%) but, within the catchment, it is highest in Waltham (8.8%) (35). The crude death rate due to overdose per 100,000 people is lower for the catchment (23.5) than MA overall (34.9) with the highest rates (at 24.5 per 100,000) in Needham and Wellesley (36). Although the proportion of adults age 18 and over who have depression is lower in the catchment (22.1%) than for the state (23.4%), the rate for Waltham adults (23.9%) is higher than the state (22.1%) (37). The percentage of adults aged 18 and over with poor mental health is lower in the catchment area (13.2%) than for MA overall (16.9%), but Waltham's rate (15.8%) is the highest among the communities in the catchment area (38).
- **ER visits:** The rate of ER visits per 1,000 Medicare beneficiaries age 65 and older is lower for the catchment (593.4) than for MA overall (623.7). Among the communities in the catchment, the highest rate is in Needham (599.4) (39).

Climate/Environmental impact on health:

- **Air Quality:** The non-cancer respiratory hazard index score is higher for the catchment (.27), as well as for Newton (.28) and Waltham (.27) than for MA overall (.25) (40).
- **Environmental Justice:** The percentage of Census tracts in the catchment area exceed the 90th percentile ranking for environmental justice health criteria (68.84%) is higher than for MA overall (56.63%). Three communities exceed the state rate: Natick (100%), Newton (91.35%), and Weston (57.18%) (41).

Population Profile

Map of Cities and Towns Located in the Newton-Wellesley Hospital Service Area



1. Population of NWH catchment and communities

Total Population	NWH	Natick	Needham	Newton	Waltham	Wellesley	Weston
	264,639	37,006	32,091	88,923	65,218	29,550	11,851

Data Source: US Census Bureau, Decennial Census. 2021.

2. Population Change between 2013 and 2023

Geography	2013	2023	% Change
Massachusetts	6,605,058	6,992,395	+5.9%
Middlesex County	1,522,533	1,622,896	+6.6%
Norfolk County	677,296	724,540	+6.9%
Natick	33,634	36,627	+8.9%
Needham	29,240	32,059	+9.6%
Newton	86,241	88,504	+2.6%
Waltham	61,321	64,723	+5.5%
Wellesley	28,504	29,906	+4.9%
Weston	11,538	11,443	-0.8%

DATA SOURCE: US Department of Commerce, Bureau of the Census, 5-Year Estimates, American Community Survey

3. Age Distribution by State, County, and City/Town

Age	MA	Middlesex	Norfolk	Natick	Needham	Newton	Waltham	Wellesley	Weston
Under 5	350,335 (5.0%)	80,760 (5.0%)	37,102 (5.1%)	1,900 (5.2%)	1,496 (4.7%)	3,916 (4.4%)	3,270 (5.1%)	1,531 (5.1%)	549 (4.8%)
5 to 9 years	366,340 (5.2%)	85,463 (5.3%)	39,735 (5.5%)	2,458 (6.7%)	2,865 (8.9%)	5,233 (5.9%)	2,227 (3.4%)	1,648 (5.5%)	871 (7.6%)
10 to 14 years	399,918 (5.7%)	89,990 (5.5%)	42,720 (5.9%)	2,124 (5.8%)	2,948 (9.2%)	5,039 (5.7%)	2,036 (3.1%)	2,322 (7.8%)	1,131 (9.9%)
15 to 19 years	456,586 (6.5%)	102,856 (6.3%)	44,773 (6.2%)	2,010 (5.5%)	2,422 (7.6%)	8,322 (9.4%)	5,034 (7.8%)	4,096 (13.7%)	1,010 (8.8%)
20 to 24 years	473,586 (6.8%)	109,502 (6.7%)	45,853 (6.3%)	1,508 (4.1%)	1,277 (4.0%)	5,624 (6.4%)	8,095 (12.5%)	3,411 (11.4%)	592 (5.2%)
25 to 29 years	488,135 (7.0%)	121,065 (7.5%)	44,125 (6.1%)	2,249 (6.1%)	558 (1.7%)	4,288 (4.8%)	5,607 (8.7%)	441 (1.5%)	244 (2.1%)
30 to 34 years	496,017 (7.1%)	120,707 (7.4%)	48,119 (6.6%)	2,423 (6.6%)	976 (3.0%)	4,430 (5.0%)	5,986 (9.2%)	756 (2.5%)	173 (1.5%)
35 to 39 years	464,816 (6.6%)	120,094 (7.4%)	50,424 (6.9%)	2,262 (6.2%)	1,974 (6.2%)	4,468 (5.1%)	4,822 (7.5%)	1,290 (4.3%)	557 (4.9%)
40 to 44 years	433,760 (6.2%)	109,059 (6.7%)	48,229 (6.6%)	2,829 (7.7%)	2,613 (8.2%)	4,906 (5.5%)	3,493 (5.4%)	1,583 (5.3%)	621 (5.4%)
45 to 49 years	417,119 (6.0%)	100,075 (6.2%)	45,149 (6.2%)	2,244 (6.1%)	2,611 (8.1%)	5,186 (5.9%)	3,394 (5.2%)	2,136 (7.1%)	842 (7.4%)
50 to 54 years	462,056 (6.6%)	103,043 (6.3%)	48,360 (6.6%)	2,662 (7.3%)	2,358 (7.4%)	6,535 (7.4%)	3,031 (4.7%)	1,821 (6.1%)	942 (8.2%)
55 to 59 years	487,752 (7.0%)	104,329 (6.4%)	50,852 (7.0%)	2,544 (6.9%)	2,409 (7.5%)	5,724 (6.5%)	4,434 (6.9%)	2,214 (7.4%)	973 (8.5%)
60 to 64 years	474,626 (6.8%)	103,381 (6.4%)	48,998 (6.7%)	2,459 (6.7%)	1,928 (6.0%)	5,211 (5.9%)	3,380 (5.2%)	1,858 (6.2%)	753 (6.6%)
65 to 69 years	399,166 (5.7%)	87,424 (5.4%)	41,951 (5.8%)	2,157 (5.9%)	1,719 (5.4%)	5,487 (6.2%)	3,116 (4.8%)	1,187 (4.0%)	550 (4.8%)
70 to 74 years	322,272 (4.6%)	69,420 (4.3%)	33,946 (4.7%)	1,710 (4.7%)	1,271 (4.0%)	5,917 (6.7%)	2,389 (3.7%)	1,297 (4.3%)	517 (4.5%)
75 to 79 years	211,022 (3.0%)	51,835 (3.2%)	25,025 (3.4%)	914 (2.5%)	880 (2.7%)	3,267 (3.7%)	2,157 (3.3%)	945 (3.2%)	314 (2.7%)
80 to 84 years	134,157 (1.9%)	31,942 (2.0%)	14,981 (2.1%)	1,065 (2.9%)	560 (1.7%)	2,730 (3.1%)	1,333 (2.1%)	577 (1.9%)	315 (2.8%)
85 years and over	154,732 (2.2%)	33,007 (2.0%)	17,131 (2.4%)	1,109 (3.0%)	1,194 (3.7%)	2,132 (2.4%)	919 (1.4%)	793 (2.7%)	489 (4.3%)

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

4. Racial Composition of Public School District Student Enrollment by State and City/Town

% of District	MA	Natick	Needham	Newton	Waltham	Wellesley	Weston
American Indian or Alaska Native	0.2%	0.1%	0%	0.1%	0.1%	0%	0%
Asian	7.5%	11.8%	11.8%	21.7%	4.6%	18.8%	23.4%
Black	10.2%	2.7%	3.1%	4.7%	8.7%	3.8%	5.3%
Hispanic/Latino	25.9%	10.3%	7.2%	11.1%	48.6%	7.7%	6.9%
Mult-Race, Not Hispanic or Latino	4.6%	6.7%	6.4%	9.1%	4.0%	7.6%	6.3%
Native Hawaiian or Other Pacific Islander	0.1%	0%	0.1%	0.1%	0.1%	0%	0%
White	51.4%	68.4%	71.4%	53.2%	34%	62.1%	58.1%

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

5. Primary Languages Spoken at Home (English/Other Language) by Population Ages 5 and Older

	MA	NWH Catchment	Natick	Needham	Newton	Waltham	Wellesley	Weston
Population Age 5 +	6,642,060	250,861	34,727	30,563	84,849	61,453	28,375	10,894
Speak only English	75.2%	73.5%	77.5%	79.9%	72.5%	66.5%	79.6%	73.3%
Speak a Language Other than English	24.8%	26.5%	22.5%	20.2%	27.5%	33.5%	20.4%	26.7%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

6. Languages Spoken at Home in NWH Catchment Area

Language	Population	Percent
Chinese (incl. Mandarin, Cantonese)	14,077	5.6%
Spanish	14,035	5.6%
Other Indo-European Languages	13,251	5.3%
Russian, Polish, or other Slavic Languages	7,478	2.9%
Other and unspecified Languages	4,010	1.6%
French, Haitian or Cajun	3,906	1.6%
Other Asian and Pacific Island Languages	3,882	1.6%
Korean	1,782	0.7%
German/other West Germanic Languages	1,751	0.7%
Arabic	1,313	0.5%
Vietnamese	858	0.3%
Tagalog (incl. Filipino)	182	0.07%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

7. Limited English Proficiency

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Population Age 5 and Older	6,642,060	250,861	34,727	30,563	84,849	61,453	28,375	10,894
Population Age 5+ with Limited English Proficiency	644,604	19,099	2,779	1,409	6,673	6,191	1,554	493
% Population Age 5+ with Limited English Proficiency	9.7%	7.6%	8.0%	4.6%	7.9%	10.1%	5.5%	4.5%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

8. Educational Attainment Profile

	Less than High School Diploma	High School Graduate (Includes Equivalency)	Some College or Associate's Degree	Bachelor's Degree or Higher
NWH Catchment Area	3.64%	10.58%	12.11%	73.68%
Natick	2.37%	14.16%	14.04%	69.43%
Needham	2.65%	7.04%	9.46%	80.85%
Newton	2.65%	6.64%	10.06%	80.65%
Waltham	7.39%	18.80%	17.39%	56.42%
Wellesley	1.48%	3.93%	7.44%	87.15%
Weston	1.63%	5.62%	8.31%	84.43%
Massachusetts	8.60%	22.84%	21.93%	46.62%
US	10.61%	26.19%	28.20%	35.00%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

9. Public School District Student Enrollment of Selected Populations

% District	English Learners	First Language Not English	High Needs	Low Income	Students with Disabilities
Massachusetts	13.9%	27.2%	55.8%	42.1%	20.6%
Natick	5.3%	15.6%	32.4%	14.2%	19.2%
Needham	2.6%	12.5%	26.6%	7.1%	18.%
Newton	6.6%	29.2%	34.6%	13.7%	18.4%
Waltham	25.6%	55.3%	63.1%	48.6%	18.7%
Wellesley	2.6%	12.1%	26.9%	8.2%	17.0%
Weston	3.2%	12.3%	28.7%	7.9%	16.6%

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

10. High School Graduation Rate

Geography	% Graduated (All)	Male	Female	EL	Low Income	Students w/ Disabilities	Foster Care	Homelessness
Natick	96.1	95.1	97.5	88.9	89.9	85.3	-	71.4
Needham	98.7	98.4	99.0	-	97.5	95.8	-	-
Newton	96.1	95.1	97.5	88.9	89.9	85.3	-	71.4
Waltham	79.7	78.7	80.8	53.1	71.4	68.6	83.3	76.5
Wellesley	96.7	95.8	97.6	-	94.7	83.8	-	-
Weston	95	95.6	94.1	66.7	100	95.2	-	-
Geography	% Graduated (All)	Black	Asian	Hispanic/Latino	American Indian/Alaska Native	White	Native Hawaiian or PI	Multi Race, Non Hisp/Lat
Natick	96.1	94.9	97.9	94.4	-	96.7	-	89.2
Needham	98.7	-	100	100	-	98.7	-	94.4
Newton	96.1	94.9	97.9	94.4	-	96.7	-	89.2
Waltham	79.7	86	92.9	66.4	-	93.8	-	100
Wellesley	96.7	100	98	77.8	-	97.7	-	96
Weston	95	100	93.3	100	-	94.3	-	100

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

11. Employment Status – Unemployment

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Labor Force	3,892,683	143,733	21,136	16,401	47,810	39,588	13,875	4,923
Number Unemployed	199,882	4,944	624	738	1,581	1,401	469	131
Unemployment Rate	5.1%	3.4%	2.9%	4.5%	3.3%	3.5%	3.4%	2.7%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

12. Median Income

Median Household Income	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
	\$101,341	--	\$134,591	\$212,241	\$184,989	\$116,560	\$250,001	\$250,001

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

13. Poverty Rate

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Total Population	6,777,241	244,302	35,356	31,369	82,417	58,207	25,261	10,692
Population in Poverty	676,516	13,366	2,031	1,177	3,872	5,019	811	456
% Population in Poverty	9.9%	5.5%	5.6%	3.8%	4.7%	8.6%	3.2%	4.3%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

14. Population in Poverty by Race/Ethnicity

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
% American Indian or Alaska Native	19.1%	4.6%	0	0	14.0%	0	0	0
% Asian	11.0%	7.1%	3.0%	4.8%	6.9%	13.9%	2.4%	5.8%
% Black or African American	17.1%	11.6%	17.8%	1.8%	14.6%	11.3%	13.8%	0
% Hispanic/Latino	20.6%	9.7%	7.3%	7.0%	8.6%	11.6%	2.3%	0
% Multiple Race	15.7%	7.9%	15.7%	10.1%	4.6%	9.9%	2.5%	6.2%
% Native Hawaiian or Pacific Islander	21.7%	36.6%	0	57.8%	--	0	--	--
% Some Other Race	20.1%	8.8%	4.5%	0	5.0%	11.9%	0	0
% White	7.6%	4.5%	5.1%	3.1%	3.9%	6.8%	3.4%	4.1%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

15. Area Deprivation Index

The Area Deprivation Index rates neighborhoods relative to neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The Area Deprivation Index is calculated based on 17 measures related to four primary domains: education, income & employment, housing and household characteristics. Excluding racial and ethnic demographic information, enables analysis of structural disadvantage caused by neighborhood disadvantage. The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

	Total Population (2020)	State Percentile	National Percentile
NWH Catchment Area	246,722	19	6
Natick	37,006	29	11
Needham	32,091	10	3
Newton	80,963	12	3
Waltham	59,585	32	12
Wellesley	25,912	10	1
Weston	11,165	10	1
Massachusetts	7,029,917	53	24
US	331,129,211	51	46

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, [Neighborhood Atlas](#). 2022.

16. Internet Access

	Total Households	Households with No or Slow Internet	Percent of Households with No or Slow Internet
NWH Catchment Area	96,894	4,538	4.68%
Natick	15,409	971	6.30%
Needham	11,401	593	5.20%
Newton	31,730	985	3.10%
Waltham	25,721	1,558	6.06%
Wellesley	9,101	390	4.29%
Weston	3,531	41	1.16%
Massachusetts	2,762,070	225,633	8.17%
US	127,482,865	13,115,603	10.29%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

17. Computer Access

	Total Households	Households with No Computer	Percent of Households with No Computer
NWH Catchment Area	96,894	2,629	2.71%
Natick	15,409	382	2.48%
Needham	11,401	303	2.66%
Newton	31,730	697	2.2%
Waltham	25,721	930	3.62%
Wellesley	9,101	253	2.78%
Weston	3,531	64	1.81%
Massachusetts	2,762,070	134,526	4.87%
US	127,482,865	6,624,173	5.20%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

18. Food Insecurity - % of Adults Age 18+ Who Report Food Insecurity in the Past 12 Months

	Total Population	Adults Age 18+ Having Food Insecurity (Crude)
NWH Catchment Area	264,639	6.7%
Natick	37,006	5.5%
Needham	32,091	4.5%
Newton	88,923	5.3%
Waltham	65,218	10.9%
Wellesley	29,550	5.9%
Weston	11,851	4.7%
Massachusetts	6,981,974	11.0%
US	333,287,557	13.9%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022

19. Housing Costs

	Total Owner-Occupied Housing Units	Average Monthly Owner Costs	Median Monthly Owner Costs
NWH Catchment Area	65,934	\$3,532	--
Natick	10,404	\$2,713	\$2,589
Needham	9,612	\$3,897	\$3,549
Newton	22,530	\$3,880	\$3,282
Waltham	12,553	\$2,314	\$2,156
Wellesley	7,642	\$4,453	\$3,899
Weston	3,193	\$5,219	\$4,001
Massachusetts	1,728,986	\$2,358	\$2,081
US	82,892,037	\$1,667	\$1,331

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

20. Renter Costs

	Total Renter-Occupied Housing Units	Average Gross Rent	Median Gross Rent
NWH Catchment Area	30,960	\$2,319	--
Natick	5,005	\$1,934	\$2,059
Needham	1,789	\$2,704	\$2,412
Newton	9,200	\$2,441	\$2,388
Waltham	13,168	\$2,265	\$2,232
Wellesley	1,459	\$2,940	\$2,849
Weston	339	\$2,123	\$2,168
Massachusetts	1,033,084	\$1,736	\$1,687
US	44,590,828	\$1,447	\$1,348

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

21. Cost Burdened Households

	Total Households	Cost-Burdened Households	Percent Cost-Burdened Households
NWH Catchment Area	96,894	27,739	28.63%
Natick	15,409	4,205	27.29%
Needham	11,401	3,099	27.18%
Newton	31,730	8,746	27.56%
Waltham	25,721	8,552	33.25%
Wellesley	9,101	2,059	22.62%
Weston	3,532	1,078	30.52%
Massachusetts	2,762,070	902,375	32.67%
US	127,482,865	37,330,839	29.28%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

22. Housing Insecurity

	Total Population	Adults Age 18+ Having Housing Insecurity (Crude)
NWH Catchment Area	264,639	6.7%
Natick	37,006	6.0%
Needham	32,091	4.9%
Newton	88,923	5.6%
Waltham	65,218	10.3%
Wellesley	29,550	5.6%
Weston	11,851	4.8%
Massachusetts	6,981,974	10.4%
US	333,287,557	11.8%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022

23. Severe Cost Burdened Households

	Total Households	Severely Burdened Households	Severely Burdened Households, Percent
NWH Catchment Area	96,894	13,455	13.89%
Natick	15,409	1,774	11.51%
Needham	11,401	1,524	13.37%
Newton	31,730	4,454	14.04%
Waltham	25,721	4,034	15.68%
Wellesley	9,101	995	10.93%
Weston	3,532	674	19.08%
Massachusetts	2,762,070	430,285	15.58%
US	127,482,865	17,661,218	13.85%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23

24. Homelessness Among Youth

	Students in all Districts	Students Reporting Experiencing Homelessness	Percent of Students Reporting Experiencing Homelessness	Districts Reporting	Students in Reported Districts
NWH Catchment Area	34,531	269	0.78%	83.3%	94.4%
Natick	5,308	34	0.64%	100%	100%
Needham	5,515	22	0.40%	100%	100%
Newton	11,974	67	0.56%	100%	100%
Waltham	5,496	130	2.37%	100%	100%
Wellesley	4,290	16	0.37%	100%	100%
Weston	1,948	--	0%	0%	0%
Massachusetts	911,529	22,077	2.42%	72%	90.9%
US	49,654,028	1,240,135	2.5%	60.6%	93.1%

Note: Indicator data for the report location is calculated using [small area estimation method](#). This indicator is compared to the state average. Data Source: US Department of Education, [ED Data Express](#). Additional data analysis by [CARES](#). 2021-2022

25. Insurance Coverage

	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population %
NWH Catchment Area	261,429	4,392	1.68%
Natick	36,364	504	1.39%
Needham	31,722	389	1.23%
Newton	87,957	1,271	1.45%
Waltham	64,392	1,657	2.57%
Wellesley	29,674	505	1.70%
Weston	11,320	66	0.58%
MA	6,926,890	183,468	2.65%
US	327,425,278	28,000,876	8.55%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

26. Population with Insurance by Provider Type, Percentage

Insurance Type	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Employer or Union	64.4%	74.4%	75.2%	81.1%	76.2%	68.4%	72.8%	77.4%
Direct Purchase	14.5%	17.1%	15.1%	14.5%	16.9%	16.9%	23.8%	16.7%
TRICARE or Other Military	1.2%	0.41%	0.34%	0.70%	0.32%	0.48%	0.17%	0.75%
Medicare	18.6%	17.0%	19.0%	16.8%	17.8%	15.9%	15.0%	16.6%
Medicaid	23.5%	10.2%	11.0%	5.5%	7.3%	18.7%	5.5%	6.9%
VA Health Care	1.4%	0.62%	0.65%	0.69%	0.55%	0.91%	0.36%	0%

Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

27. Life Expectancy 2017-2021

Town	Average
Natick	80.2
Needham	83.7
Newton	85.8
Waltham	80.5
Wellesley	84.7
Weston	85.6

Data Sources:

Compiled by and rates computed by Census Tract by the VCU Center on Society and Health

- Mortality data – Death counts by age group for MA residents geocoded to 2010 census tract boundaries (2017-2021) Massachusetts Department of Public Health
- Population data – American Community Survey 5 year 2019 data, table S0101 (2015-2019) data.census.gov

28. Hypertension Prevalence (Electronic Health Records)

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Population (Total)	5,615,292	209,345	28,808	23,154	70,085	56,116	22,347	8,835
HTN Prevalence among Adults 18+	32.4%	32.8%	37.2%	35.9%	33.2%	30.6%	29.1%	32.4%

Data Source: Massachusetts Department of Public Health, [Massachusetts Department of Public Health](#). 2023.

29. Percentage of Adults with High Blood Pressure, 2019-2021 (Crude)

	2019	2021
NWH Catchment Area	24.6%	25.5%
Natick	25.6%	26.6%
Needham	26.4%	27.1%
Newton	24.7%	26.0%
Waltham	22.8%	23.6%
Wellesley	23.7%	24.2%
Weston	29.2%	27.2%
MA	27.9%	29.0%
US	32.6%	32.7%

Community Preventive Services Task Force. Accessed via [DPHIT](#).

30. All Cancer Incidences

	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston	MA	US
Estimated Total Population	313,875	43,245	39,904	103,916	76,214	36,745	13,849	8,615,709	389,976,486
New Cases (Annual Average)	1,367	184	185	443	325	170	59	38,719	1,698,328
Cancer Incidence Rate (Per 100,000 Population)	435.5	425.5	463.6	426.3	426.4	426.6	426.0	449.4	442.3

Note: Indicator data for the report location is calculated using [small area estimation method](#). This indicator is compared to the state average.

Data Source: [State Cancer Profiles](#). 2016-20.

31. Stroke Prevalence (Survey-Based)

Adults Age 18+ Ever Having Stroke (Age-Adjusted) for MA 2.7%; US 3.1%

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Adults Age 18+ Ever Having Stroke (Crude)	3.1%	2.3%	2.4%	2.5%	2.3%	2.3%	2.2%	2.4%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022

32. Infant Mortality

	Number of Infant Deaths	Deaths per 1,000 Live Births
NWH Catchment Area	51.11	2.9
Natick	8.21	2.8
Needham	7.46	3.1
Newton	15.50	2.8
Waltham	12.55	2.8
Wellesley	5.46	3.1
Weston	1.93	2.8
Massachusetts	1,883	3.9
US	150,841	5.7

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2015-2021.

33. Low Birthweight

	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
NWH Catchment Area	17,327.14	1,219.83	7.0%
Natick	2,843.47	201.43	7.1%
Needham	2,366.01	163.21	6.9%
Newton	5,367.12	380.20	7.1%
Waltham	4,348.12	308.02	7.1%
Wellesley	1,732.97	119.54	6.9%
Weston	669.46	47.42	7.1%
Massachusetts	482,324	36,461	7.6%
US	16,262,906	2,190,533	8.3%

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2016-2022

34. Smoking Prevalence (Electronic Health Records)

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Smoking Prevalence among Adults 18+	12.6%	4.8%	4.5%	4.5%	3.6%	4.6%	6.9%	2.9%

Data Source: Massachusetts Department of Public Health, [Massachusetts Department of Public Health](#). 2023.

35. Smoking Prevalence (Survey-Based)

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Adults Age 18+ as Current Smokers (Crude)	11.5%	7.1%	7.3%	6.8%	6.2%	8.8%	6.7%	5.6%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022

36. Drug Overdose Mortality

This indicator reports the 2019-2023 five-year average rate of death due to drug overdose of all substances per 100,000 population. Figures are reported as crude rates.

	MA	NWH Catchment Area	Natick	Needham	Newton	Waltham	Wellesley	Weston
Total Pop, 2019-23 Avg	6,950,835	261,957	36,629	31,771	88,017	64,554	29,256	11,731
Five Year Total Deaths, 2019-2023 Total	12,126	307	42	39	102	75	36	14
Crude Death Rate (Per 100,000)	34.9	23.5	23.1	24.5	23.1	23.1	24.5	23.1

Note: Indicator data for the report location is calculated using [small area estimation method](#). This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2019-2023.

37. Depression-Prevalence (Survey-based)

Report Area	Total Population	Adults Age 18+ with Depression (Crude)	Adults Age 18+ with Depression (Age-Adjusted)
Report Location	235,089	22.1%	No data
Natick	37,006	22.3%	No data
Needham	32,091	19.4%	No data
Newton	88,923	21.7%	No data
Waltham	65,218	23.9%	No data
Weston	11,851	21.3%	No data
Massachusetts	6,981,974	23.4%	23.9%
United States	333,287,557	20.7%	21.1%

38. Well-Being – Mental Health (Survey-based)

Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Report Location	235,089	13.2%	No data
Natick	37,006	12.4%	No data
Needham	32,091	11.5%	No data
Newton	88,923	12.4%	No data
Waltham	65,218	15.8%	No data
Weston	11,851	12.0%	No data
Massachusetts	6,981,974	16.2%	16.8%
United States	333,287,557	15.8%	16.4%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#). 2022 .[Show more details](#)

39. Clinical Care - Hospitalization - Emergency Room Visits

Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Report Location	39,562	15,411	593.4
Natick	6,348	2,449	592.3
Needham	5,740	2,363	599.4
Newton	16,319	6,295	592.3
Waltham	8,950	3,452	592.3
Weston	2,204	850	592.3
Massachusetts	1,251,210	513,344	623.7
United States	59,319,668	17,059,786	575.6

Note: This indicator is compared to the state average. Indicator data for the report location are calculated using [small area estimation method](#). Data Source: Centers for Medicare and Medicaid Services, [CMS - Geographic Variation Public Use File](#). 2022.[Show more details](#)

40. Air Quality – Non-Cancer Respiratory Hazard Index

This indicator reports the non-cancer respiratory hazard index score. This score represents the potential for noncancer adverse health effects, where scores less than 1.0 indicate adverse health effects are unlikely, and scores of 1.0 or more indicate a potential for adverse health effects.

Report Area	Total Population	Respiratory Hazard Index Score
Report Location	218,931	0.27
Natick	33,006	0.25
Needham	28,886	0.25
Newton	85,146	0.28
Waltham	60,632	0.27
Weston	11,261	0.25
Massachusetts	6,547,460	0.25
United States	312,566,557	0.31

Note: This indicator is compared to the state average.
Data Source: [EPA - AirToxScreen](#). 2019.[Show more details](#)

41. Environmental Justice Index

"The Environmental Justice Index (EJI) is the first national, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity. The EJI scores census tracts using a percentile ranking which represents the proportion of tracts that experience cumulative impacts of environmental burden and injustice equal to or lower than a tract of interest. The indicator summary data displays the number of neighborhoods (census tracts) within the report area exceeding the 90th percentile ranking for environmental justice social criteria or health criteria."

	Total Population	Number of Neighborhoods in Report Area	Neighborhoods Meeting Environmental Justice Social Criteria	Population in Neighborhoods Meeting Environmental Justice Social Criteria (%)	Neighborhoods Meeting Environmental Justice Health Criteria	Population in Neighborhoods Meeting Environmental Justice Health Criteria (%)
NWH Catchment	258,990	53	4	5.80%	37	68.84%
Natick	36,044	7	1	13.32%	7	100%
Needham	31,177	6	1	7.69%	3	44.49%
Newton	88,322	19	1	4.22%	17	91.35%
Waltham	62,597	13	1	6.55%	7	52.35%
Wellesley	28,747	6	0	0.00%	2	27.81%
Weston	12,103	2	0	0.00%	1	57.18%
Massachusetts	6,873,003	1,620	472	26.18%	961	56.63%
US	326,569,308	85,019	32,953	36.79%	45,692	53.46%

Data Source: Centers for Disease Control and Prevention, [CDC - Agency for Toxic Substances and Disease Registry](#). Accessed via [CDC National Environmental Public Health Tracking](#). 2022.

Appendix B

Summary of Focus Groups with Community Leaders to Inform Newton—Wellesley Hospital’s 2025 Community Health Needs Assessment

I. Background and Methodology: To inform the 2025 Community Health Needs Assessment (CHNA), Newton-Wellesley Hospital (NWH) invited leaders from a variety of community organizations in the hospital’s service area to participate in focus groups. The goals of the focus groups were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. In all, six focus groups were held with 67 participants. Each group was one hour in length and conducted via Zoom. Four of the groups were organized to bring representatives who serve similar populations or who address particular issues together: (1) Youth and children; (2) behavioral health (mental health and substance use disorders); (3) health care providers and advocates; and (4) food and housing. The two remaining groups engaged representatives from a variety of community organizations, including those serving older adults, immigrant and refugees, domestic violence survivors, people with disabilities, as well as those providing job training/vocational and recreation programs.

A focus group guide was developed for use across the MassGeneral Brigham (MGB) system. It employed a confirmatory approach designed to assess whether findings from the last CHNA are still relevant and/or how things may have changed. Additionally, the guide included questions about MGB priorities, including the leading causes of death and climate-related problems caused by extreme heat and poor air quality. The guide was modified to reflect the findings from the last CHNA conducted by NWH. The groups were conducted by an outside consultant, and participants were ensured of their anonymity. The consultant analyzed the focus group data for common and divergent themes. The findings are summarized below.

II. Findings:

A. Community strengths and assets: In the last CHNA, the assets and strengths of the community were identified as (1) collaboration and partnership among community agencies; and (2) resilience and diversity of the community. Across the groups, participants agreed that both are still strengths, however, since the last CHNA there have been some changes, as described below.

Collaboration and partnership among community agencies:

- Current collaboration remains strong although some feel it peaked during COVID when more resources were available.
- Recent federal and state budget cuts have caused organizations to scale back services and are fueling turnover and burnout among staff.
- They fear vital community agencies may close while others may find themselves competing for the same pool of philanthropic resources.
- Organizations must be creative in how they address the needs of those they serve. It is becoming increasingly difficult to connect community members to the services they need, particularly mental health and primary care services.

Diversity and resilience of the community/population:

- Socio-economic diversity is dwindling as increasingly lower-income families are priced out of the housing market.
- Often those moving into the area's affordable housing units are attracted to the safety, schools, and other community resources, but leave behind their support systems and cannot afford the costs of living (e.g., food, childcare, transportation) beyond rent.
- Often without cars, the area's low-income residents struggle to get to work and to access the services they need.
- Fear of being detained and deported by Immigration and Customs Enforcement has led many immigrants to stop accessing services to which they are entitled, thus restricting their access to food, work, education, health care, and other supportive services.
- Participants described the emotional toll experienced by children whose parents have been detained and adults who have lost other family members to deportation.
- Wrap-around supports and creative ways of delivering services are needed for immigrant families who may be afraid to leave their homes. True, respectful, and sustained partnership with immigrant serving organizations is needed (vs. one-off presentations) to build trust with the hospital and engage people in care.
- The current political climate is causing fear in the LGBTQIA+ community, particularly for those who are transgender and non-binary who worry about discrimination and the potential loss of gender-affirming health care.

B. Priorities from the previous CHNA: The last CHNA identified the following as priorities: (1) Mental health and substance use (and the intersection of the two); (2) housing affordability; (3) access to quality care (including to address chronic disease and the need for navigation and wrap-around services); (4) transportation; and (5) workforce development (including opportunities in the community as well as in healthcare). Across the groups, participants agreed that these are all still priorities but offered some nuance to better understand these needs today. They also described some additional needs. They argued that while people need mental health services, the challenges residents face in meeting their most basic needs (e.g., food, housing, transportation), makes addressing health and mental health feel like a luxury. And yet financial stress only serves to exacerbate mental health problems.

- **Mental health and substance use:** The need for behavioral health services remains high and access is much harder for those who rely on insurance (vs. self-pay). The NWH SUDs clinic, like other programs, have limited staffing and would benefit from information about other mental health clinicians in the community who accept insurance. A range of community agencies lost access to Interface, a highly valued service for locating mental health resources, when it became a costly subscription service. The need is particularly high among youth and young adults, as well as in immigrant communities, especially those who faced trauma in their countries of origin. Youth vaping is on the rise. Stigma and lack of access to providers who speak their native language/represent their culture are barriers to mental health services for many immigrants. In the absence of mental health services, use of substances has increased to aid in coping with trauma. Navigators and case managers, especially in the emergency room, are needed to ensure patients are engaged in care, not lost to follow-up, and connected to the range of concrete and health care resources they need.
- **Housing affordability:** The problem is greater than affordability. Housing inventory is low and prices have continued to rise, which has fueled housing instability. Many residents, particularly in immigrant communities, are living in unsafe and over-crowded conditions to afford the cost of housing in the area. Overcrowding has given rise to

increases in family violence. The lack of sober housing is also problematic. Emergency shelter is harder to access due to a rise in demand and decrease in available beds. Applications are complex, criteria strict, and durations of stay are shorter. African and Haitian Creole families are disproportionately affected. Fewer case managers are available to help those in need of shelter and housing.

- **Access to quality care:** While the “Hospital at Home” program was described as successful, access to primary care and specialists is worse than three years ago. With the closure of a NWH family medicine site in Waltham and many PCPs moving to concierge care it is difficult to find an open PCP panel. Increasingly people are using the ED and urgent care for primary care issues and/or are delaying care until health problems are advanced. Follow-up is needed to ensure people aren’t lost once they leave the ED/urgent care setting. For youth, a health center at the high school would substantially improve access. For hourly wage workers, flexible hours are important. Across the board, but particularly related to Alzheimer’s and dementia, wait times for specialist appointments are typically six months or more. Integrated primary care and behavioral health services are needed with outreach happening in non-clinical settings to improve access. Language and cultural competence are still needed to improve access for non-English speaking communities. Transportation is a significant barrier to care. Cuts to Medicaid will further limit access.
- **Transportation:** Transportation continues to be a barrier to health care, mental health and substance use treatment services, food and other community programs, as well as job training and work. Lower-income residents and youth/young adults are particularly disadvantaged with regard to transportation.
- **Workforce development:** The high school dropout rate in Waltham is higher than statewide. Few employment and skill-building opportunities exist and are further limited by lack of transportation. The need for primary care providers and mental health clinicians remains high, particularly from different cultural groups and who speak languages other than English.
- **Other needs:** Participants suggested adding food/nutrition security to the list of priorities given the cuts to SNAP, decreased resources at food pantries, and increased cost of groceries. They also described affordable quality childcare as a critical need among those who want to work or get an education. Seniors are particularly affected by digital inequities. They often lack up-to-date technology and Wi-Fi, as well as the skills to use it and, thus, miss out on information and services available online. Participants called for wrap-around services like a Family Resource Center model for low-income families in the region; creative strategies for delivering services to those without transportation and immigrants who are afraid to access services in the community; and increased communication to both agencies and the public about the range of resources available in the community.

MGB priority health Issues: Most believe heart disease/hypertension, maternal health, asthma, and cancer are significant issues in the community and the primary challenge people face in treating or managing their disease is health care access, including too few providers, long wait times, inflexible hours, transportation challenges, etc. For immigrants, confusion about the health system and language barriers are also obstacles to care. Most indicated that these conditions are far worse for low-income residents and communities of color. Maternal health outcomes, in particular, were described as much worse for people of color. Several suggested MGB include obesity and pre-diabetes and diabetes as priority issues and acknowledged their link to nutrition security. They also recommended adding dementia to the list and explained its

link to vascular disease and nutrition insecurity. They also believe a focus on mental health and substance use disorders is important to expand access to care. They acknowledged the importance of customer service and the need for those answering the phone in healthcare facilities to go above and beyond to engage people in the care they need. Finally, they believe health education sessions should be held in the community at sites frequented by residents (rather than online) to engage with residents directly and potentially link them to care (e.g., the Walk with a Doc program at Bentley for seniors)

Climate change: Everyone agreed that heat and air quality are significant issues impacting the health of the community and that they have a disproportionate impact on lower income residents. Several indicated that older adults are particularly at-risk for dehydration and heat-related illness and suggested older adults may benefit from education on the importance of hydration even when not thirsty. Several also described low-income children with asthma, who tend to live in unhealthy homes (e.g., with dust mites, mold, lead paint) that exacerbate asthma, as particularly at-risk for respiratory problems due to poor air quality. Some explained that extreme weather will impact farms and the availability and cost of produce, further exacerbating nutrition insecurity. While most of the participants indicated that many low-income people need both AC and help with electric bills, a few argued that these measures only serve to further isolate people in their homes. Some explained that fuel assistance programs do not offer support for summer cooling costs. While cooling centers are a good idea, they are largely under-utilized due to stigma and because there are generally no activities associated with the centers. Transportation is another barrier to cooling center use. Several participants expressed concerns about the unhoused residents in their communities during heat waves. Some argued that hospitals should focus on the CHNA priorities, particularly improving access to health and behavioral health care. They noted that municipalities generally manage cooling centers for their communities and their public health professionals are often called upon to provide guidance about environmental concerns. Some added, given the amount of waste created by hospitals, it feels hypocritical for them to address the effects of climate change without addressing the contributions to climate change.

Appendix C

Community Survey Results

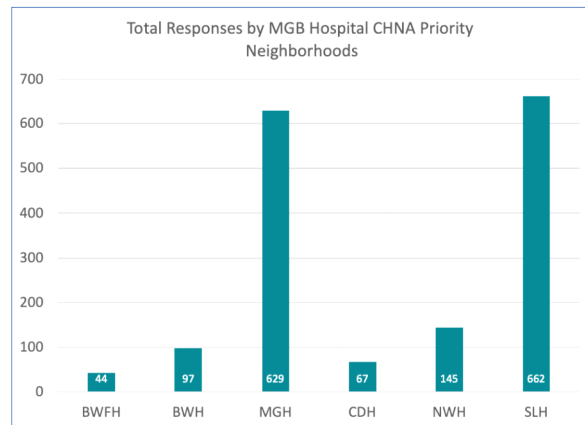
MGB CHNA Survey



MGB CHNA Survey

Opened 2 months (May-July)

- 2,862 total responses
 - **81.3% from MA zip codes (2,328)**
 - *12.3% no zip code*
 - *6.4% zip code outside of MA*
- **Of MA responses, top zip codes:**
 - 19% Lynn (435)
 - 16% Boston (369) – of those 185 from Charlestown
 - 4% Salem (90)
 - 3% Chelsea (61)
 - 2% Revere (56)



NOTE: Some overlap in responses due to overlap in MGB Hospital priority neighborhoods



NOTE: Responses with no zip code listed or zip code outside of MA excluded from analysis

2

Total Responses by MGB Hospital CHNA Priority Neighborhoods

AMC Hospitals:

MGH	Total: 629	%
Boston	369	59%
Chelsea	61	10%
Revere	56	9%
Waltham	35	6%
Newton	29	5%
Somerville	26	4%
Everett	28	4%
Winthrop	10	2%
Danvers	14	2%
Concord	1	0%

BWH	Total: 97	%
Boston - Dorchester	33	34%
Boston - Roxbury	22	23%
Boston - Jamaica Plain	15	15%
Boston - Mattapan	12	12%
Boston - Mission Hill	8	8%
Chestnut Hill	7	7%
West Bridgewater	0	0%
Foxborough	0	0%

BWFH	Total: 44	%
Boston-Jamaica Plain	15	34%
Boston-Hyde Park	13	30%
Boston-Roslindale	9	20%
Boston-West Roxbury	7	16%

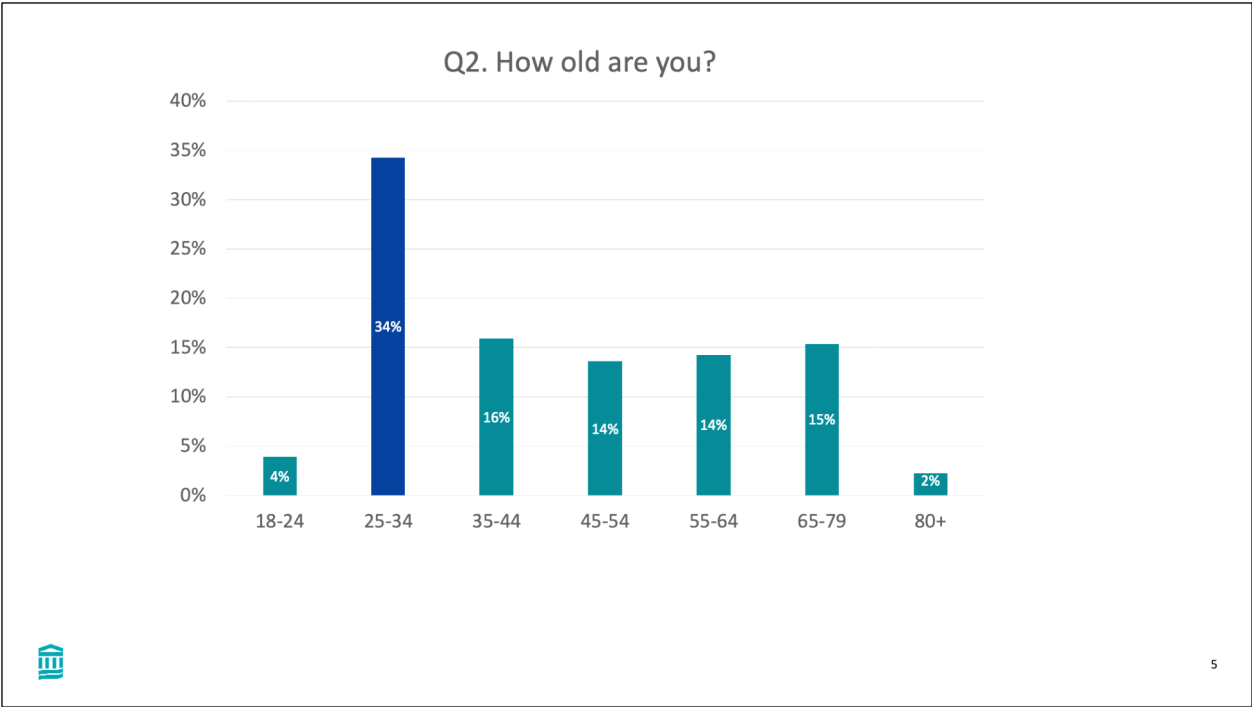
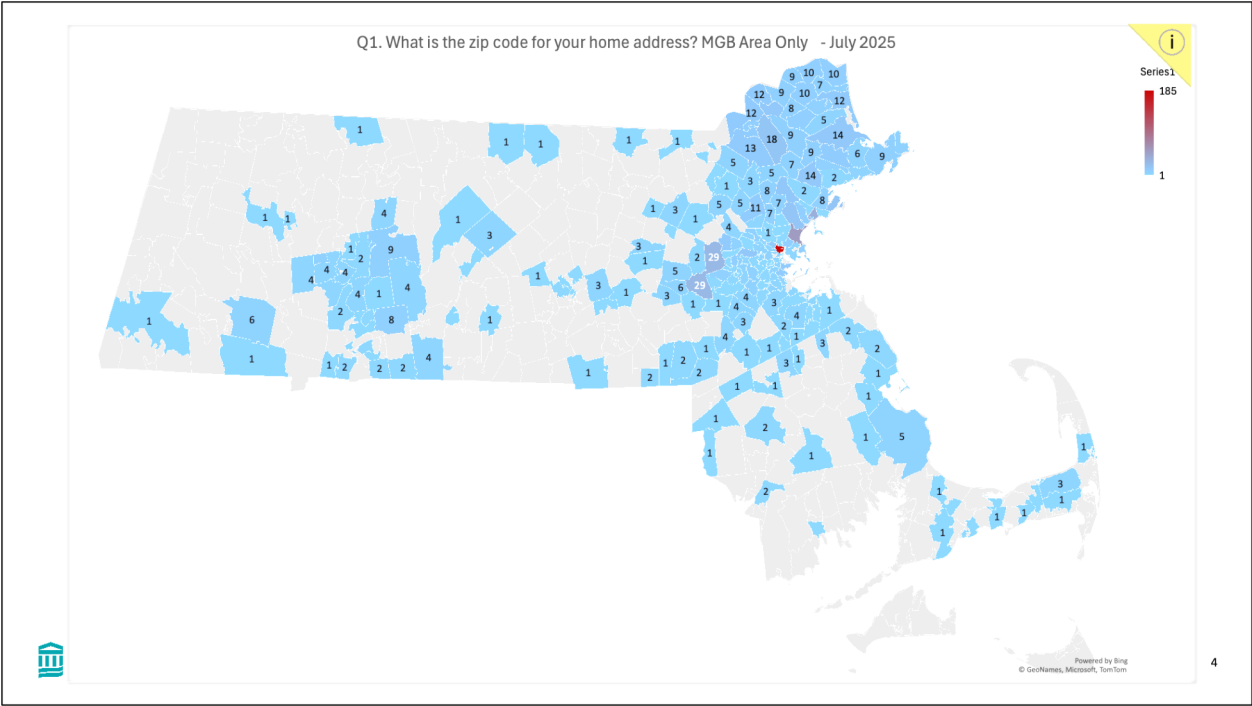
CDH	Total: 67	%
Amherst	24	36%
Leeds	8	12%
South Hadley	5	7%
Chesterfield	4	6%
Leverett	4	6%
East Hampton	4	6%
Northampton	4	6%
Florence	4	6%
Belchertown	3	4%
Hadley	2	3%
Cummingham	1	1%
Goshen	1	1%
Granby	1	1%
Hatfield	1	1%
Bernardston	1	1%

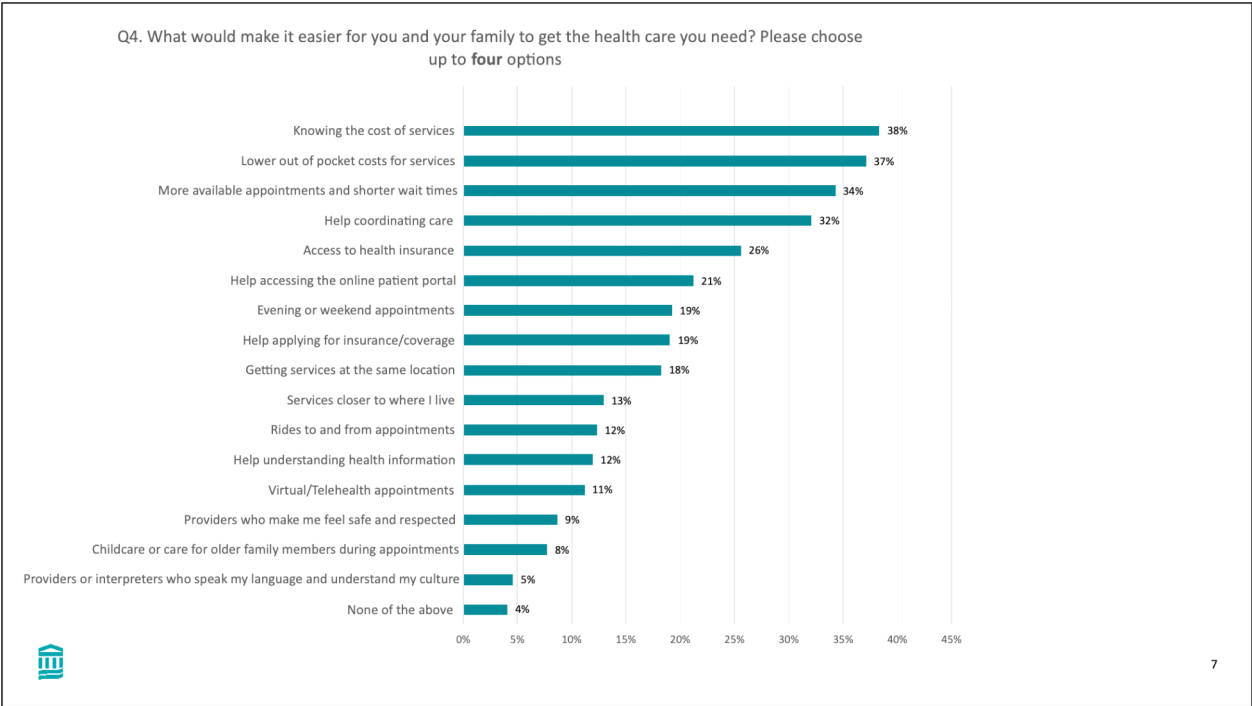
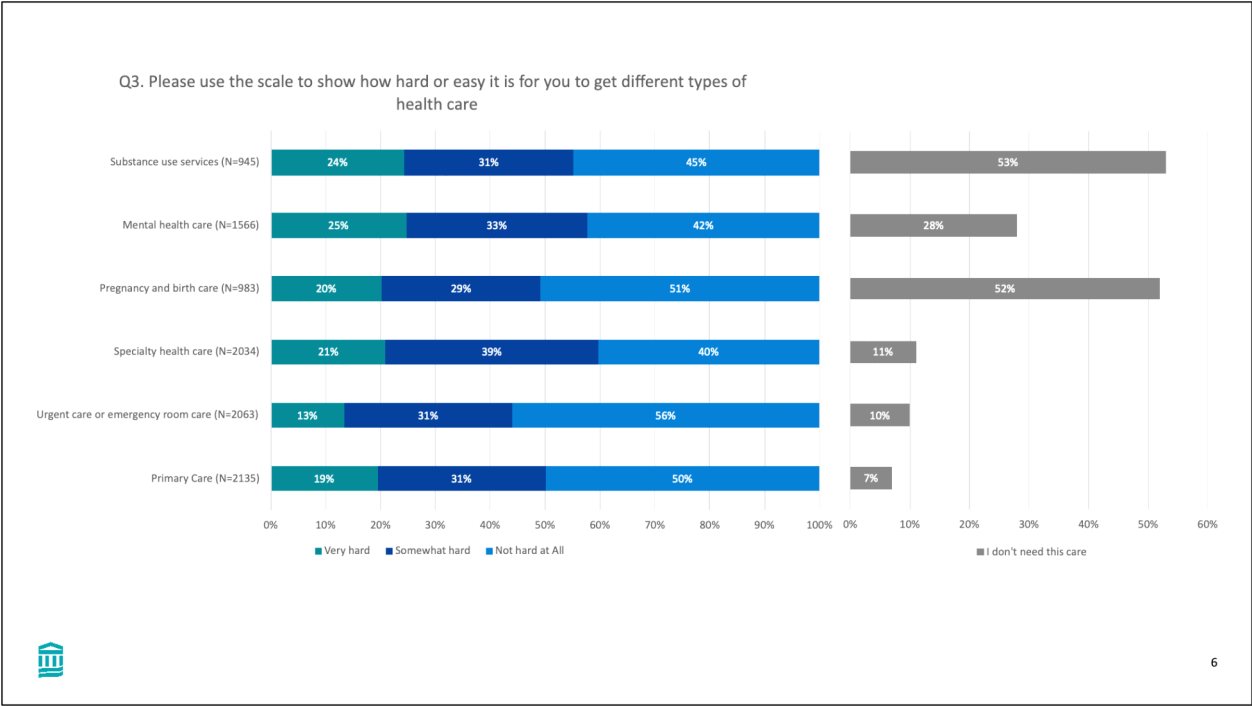
SLH	Total: 662	%
Lynn	435	66%
Salem	90	14%
Peabody	49	7%
Swampscott	28	4%
Marblehead	17	3%
Danvers	14	2%
Lynnfield	16	2%
Nahant	13	2%

NWH	Total: 145	%
Waltham	35	24%
Weston	30	21%
Natick	29	20%
Newton	29	20%
Needham	12	8%
Wellesley	10	7%

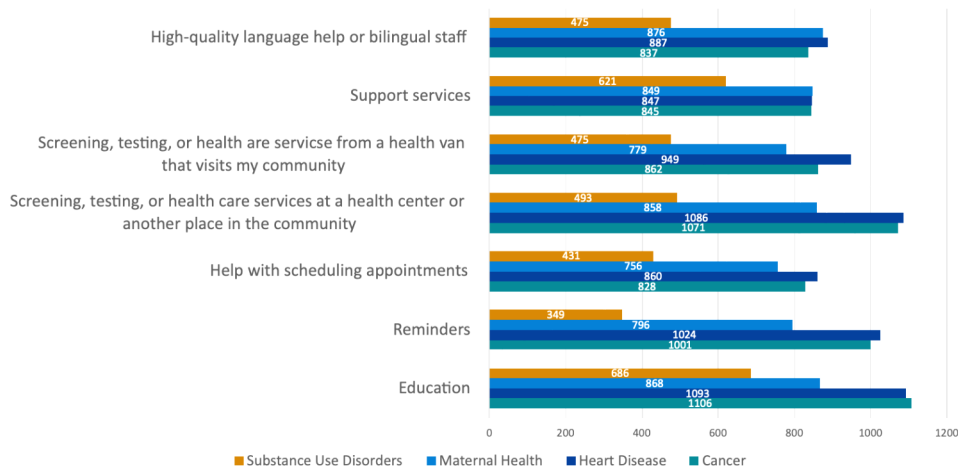


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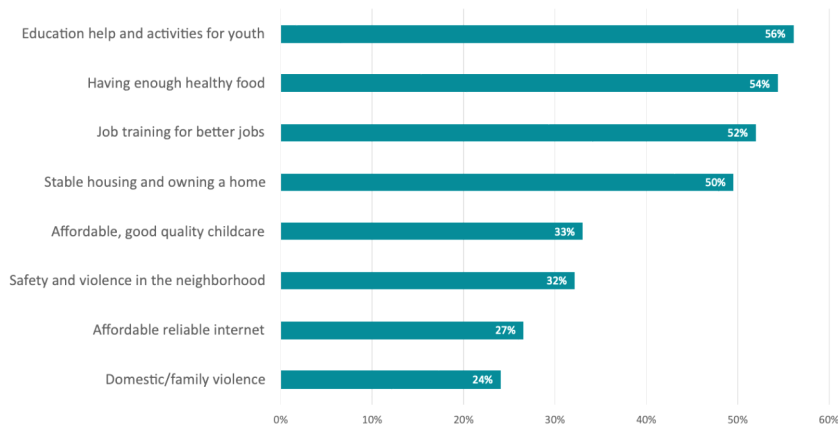


Q5. Please review the list of services below and tell us which are **MOST NEEDED** in your community to help with cancer, heart disease, maternal health, and substance use disorders

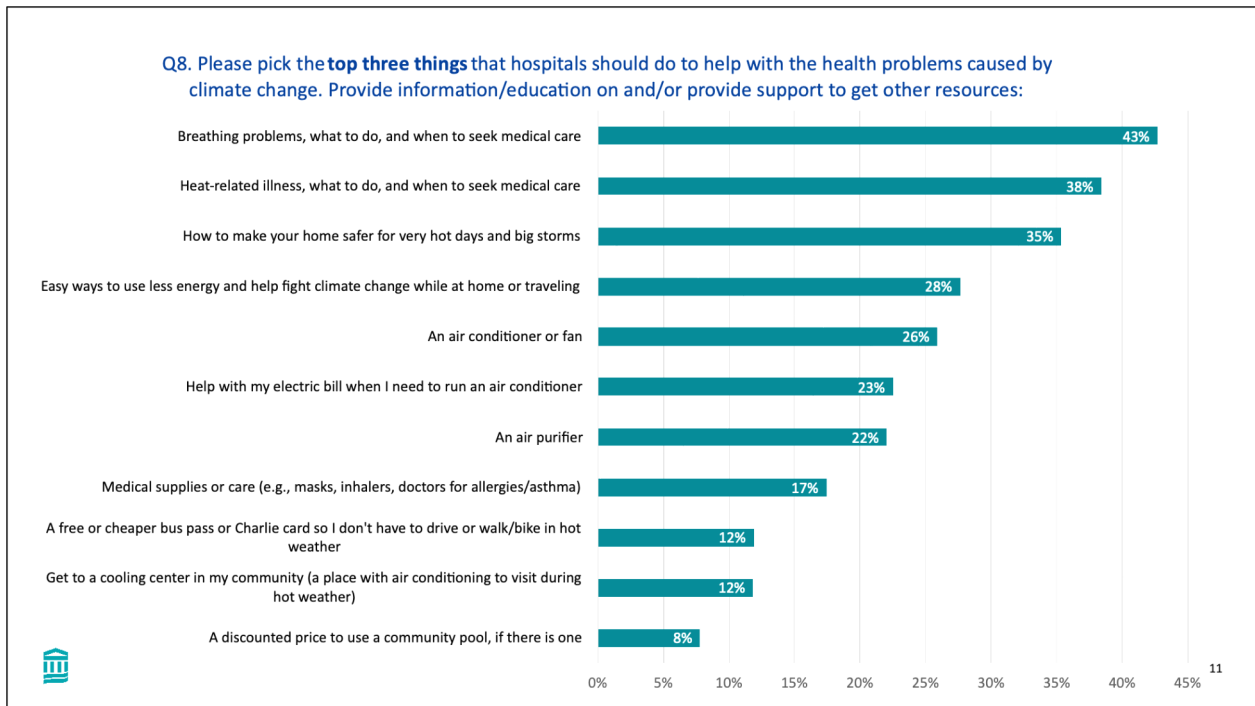
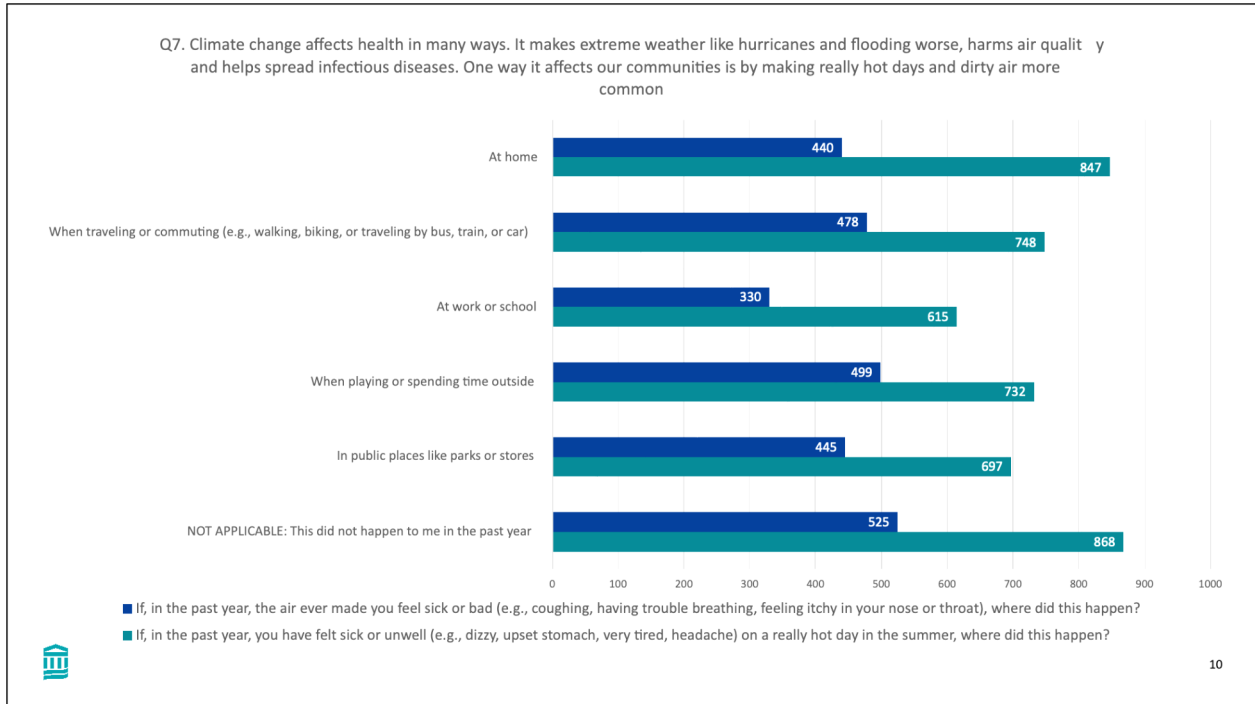


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Q6. Select the top **four** issues that hospitals should focus on to make your community healthier



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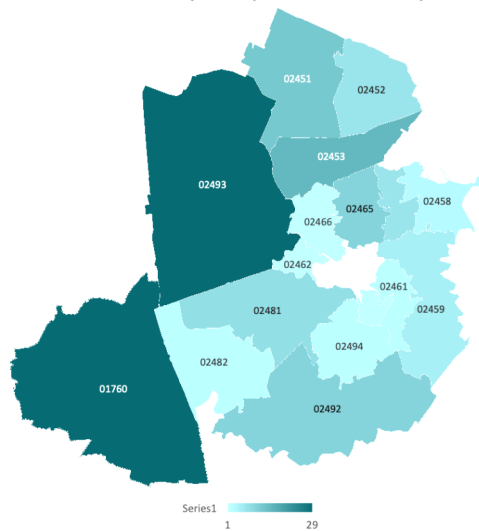


Newton-Wellesley Hospital



Q1. What is your zip code? NWH only

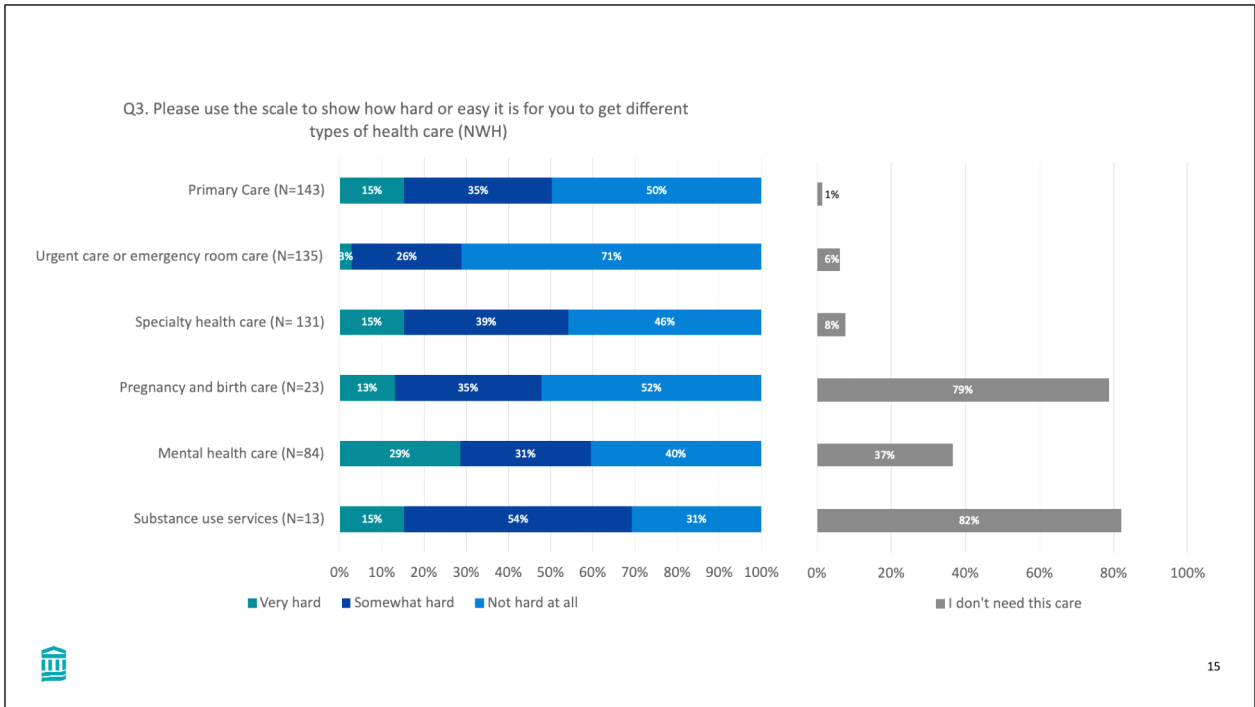
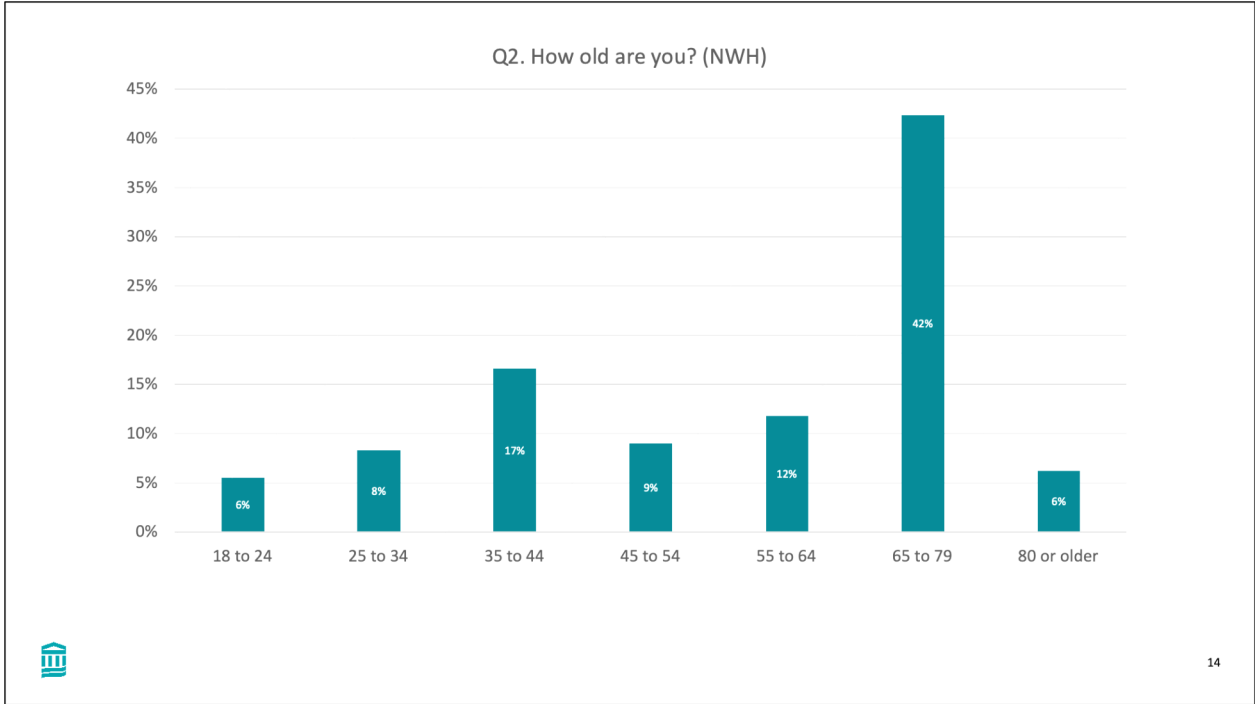
NWH	Total: 145	%
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Wellesley	10	7%



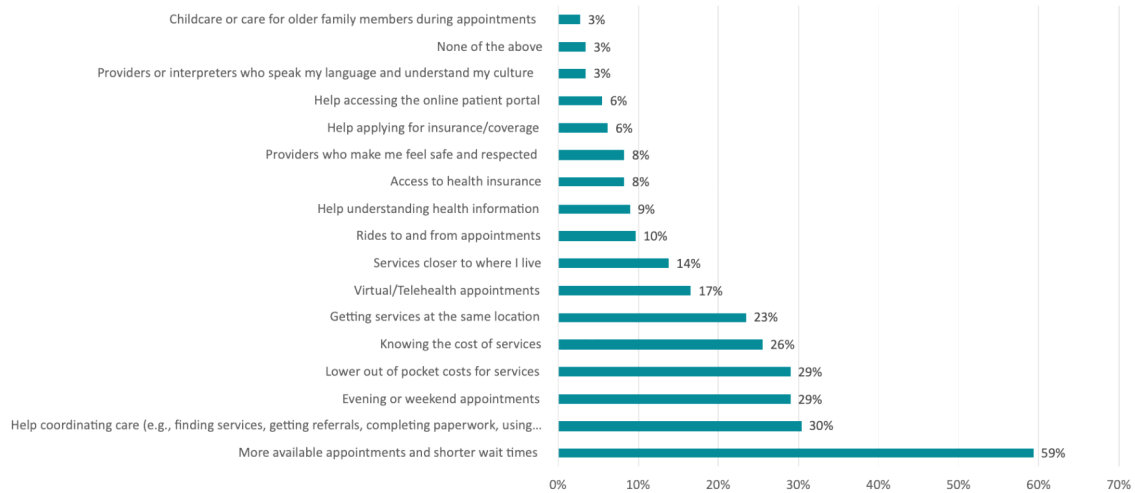
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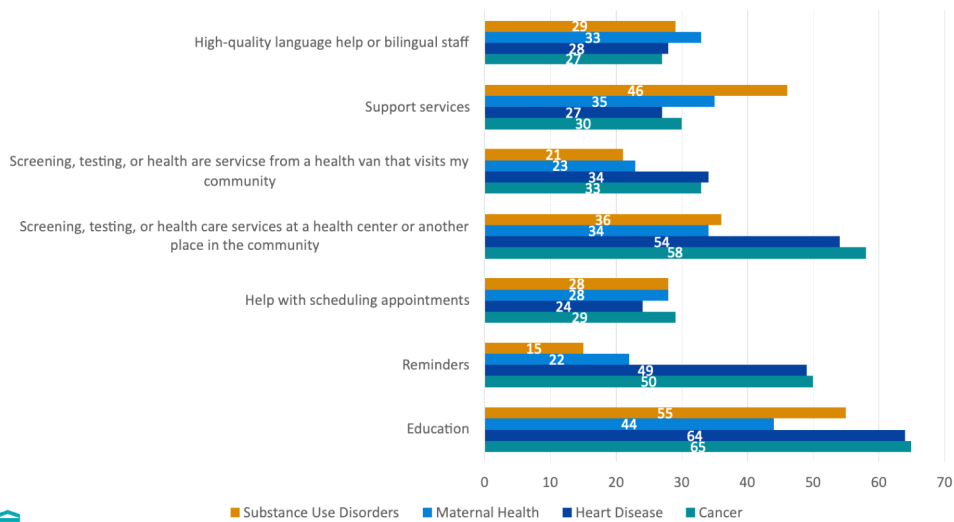


Q4. What would make it easier for you and your family to get the health care you need? Please choose up to four options (NWH)

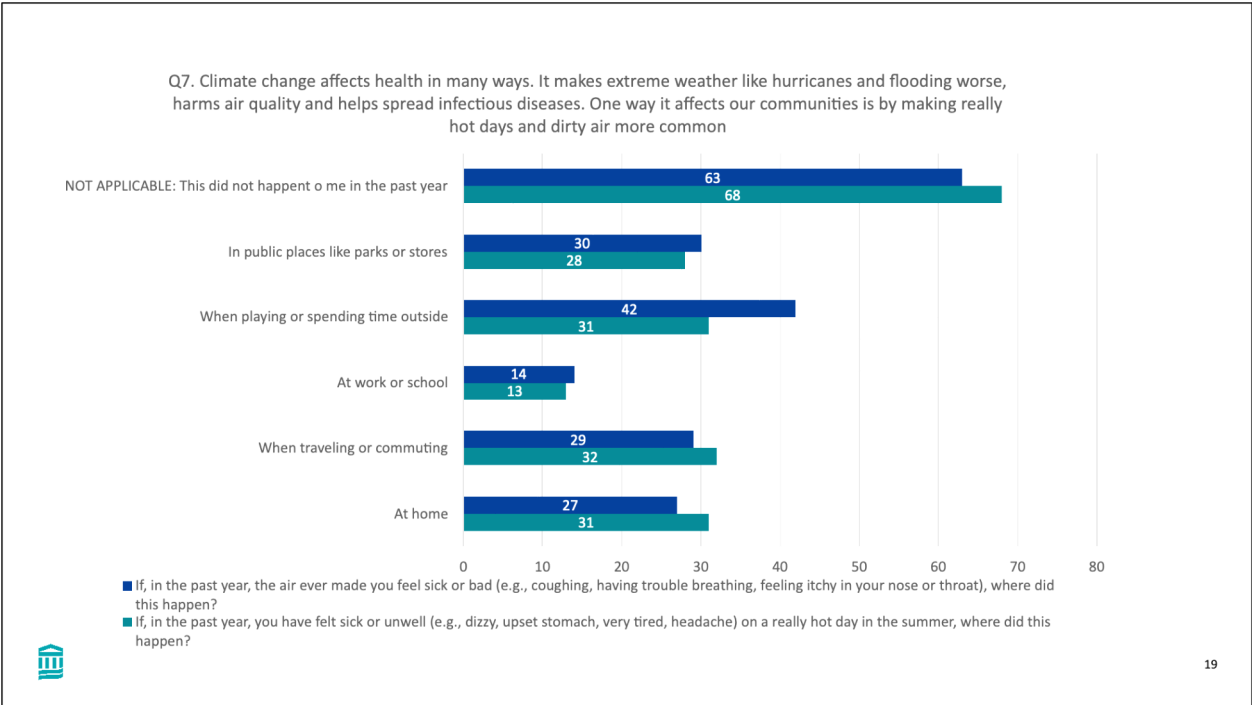
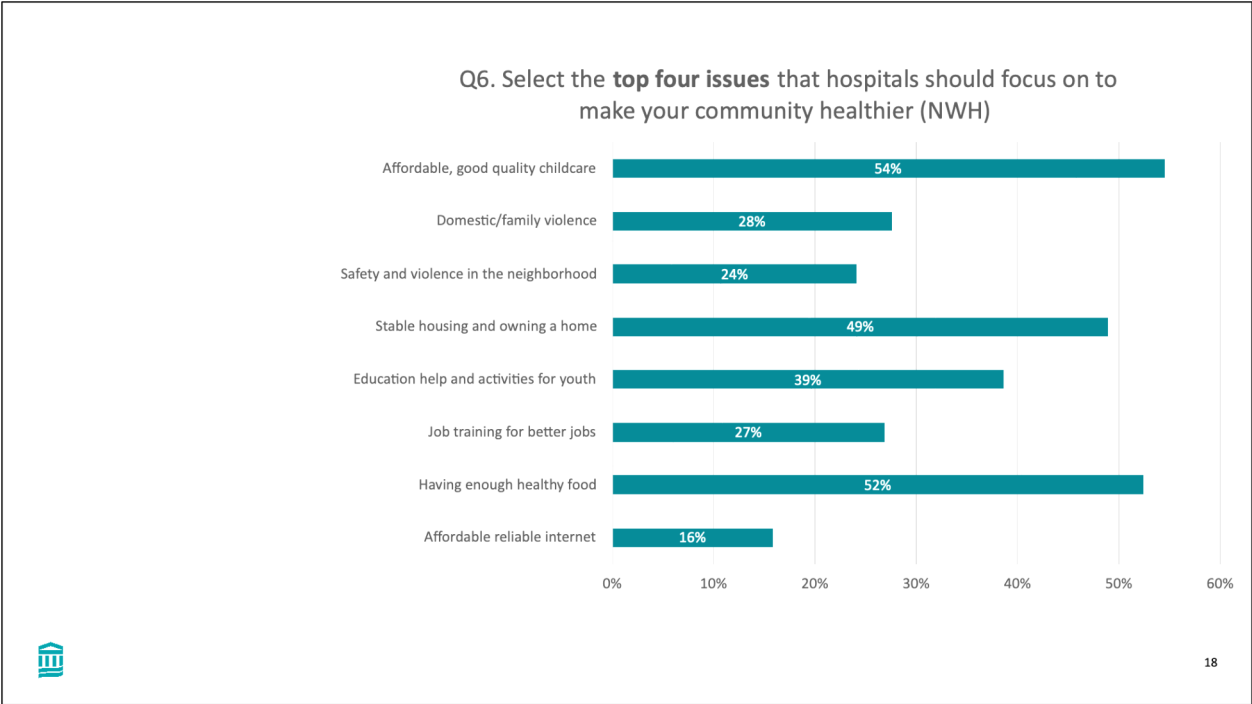


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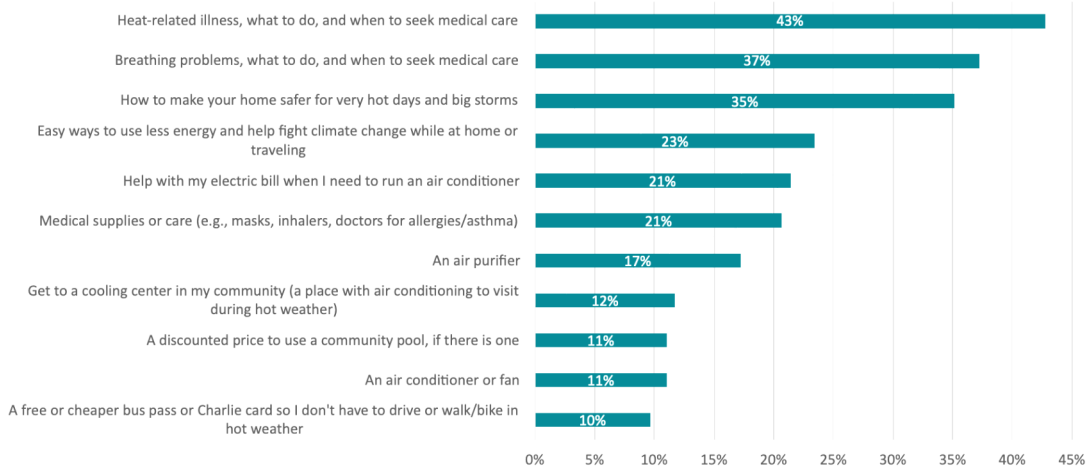
Q5. Please review the list of services below and tell us which are MOST NEEDED in your community to help with cancer, heart disease, maternal health, and substance use disorders (NWH)



17



Q8. Please pick the **top three things** that hospitals should do to help with the health problems caused by climate change. Provide information/education on and/or provide support to get other resources (NWH)



Appendix D

Community Advisory Board Members

Name	Title	Organization
Lauren Lele	Senior Director, Community Health and Volunteer Services	NWH
Seth Alexander *Committee Chair	NWH Board of Trustee; President	MIT Investment Management Company
Kosha Thakore, MD	Sullivan Family Chief of Palliative Care	NWH
Mohini Daya, MD	Medical Director of Primary Care	Newton-Wellesley Medical Group
Jennifer DelRey, PhD	Staff Psychologist; Director, The Resilience Project	Newton-Wellesley Hospital
Jhana Wallace	Community Health Coordinator	Wellesley Board of Health
Ginnie Chacon-Lopez	Public Health Nurse	Needham Dept Public Health
Mike Boudreau	Director	Natick Dept Public Health
Josephine MacNeil	Executive Director	CAN-DO (Housing)
James Mutamba	NWH Board of Advisor; Chief Business Officer	Arrakis Therapeutics
Shin-Yi Lao	Commissioner	City of Newton, Health and Human Services
Gihan Suliman	Community Health Manager	Charles River Community Health Center
Magali Garcia-Pletsch	Executive Director	Waltham Partnership for Youth
Mignonne Murray	Director of Senior Services	Director, Older Adult Services, City of Newton
Alejandro Bracamontes	Executive Director	The Right to Immigration Institute
Chukwuemeka (BJ) Osuagwu	Executive Director	Healthy Waltham
Christine VanDeWege	Associate Pastor	Wellesley Hills Congregational Church
Julie Marriott	NWH Board of Trustee Liaison; Community Collaborative Liaison	NWH Board of Trustee; Community Collaborative Oversight Committee
Erica Blonde	Assoc. Vice President, Equity and Engagement Practice Manager	HRNB
Mark Beaumont	Interim President and Chief Executive Officer	Opportunities for Inclusion
Maria Rios	Director, Equity and Community Health Policy	MGB
Mel Pace	Executive Director	Out MetroWest

COMMITTEE INVITEES MEMBERS:		
Katie Connolly	Chief, Development Officer NWH and Salem Hospitals	NWH
Steve Dautruche	Program Manager, Community Health	NWH
Emily DeMariano	Senior Project Manager, Community Health	NWH
Carolyn Marzilli	Manager, Ambulatory Social Work	NWH
Ellen Moloney	President/COO	NWH
Rehana Rahman	Manager, DSV Program	NWH
Liz Booma, MD	Chief, Child and Adolescent Psychiatry	NWH
Maria DiMaggio	Communications and Development Director	Healthy Waltham
Katie Sugarman	Prevention and Outreach Program Manager, Program Director	Natick 180, Natick Health Department



Mass General Brigham
Newton-Wellesley Hospital