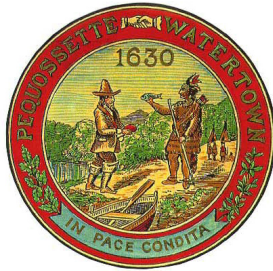


Town of Watertown  
Health Department & Live Well Watertown



# COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

February 2019

## Acknowledgements

This Community Health Needs Assessment grew out of a graduate student internship in the Watertown Health Department. We appreciate the hard work of Mensimah Bentsi-Enchill, MPH, MS from Boston University School of Public Health, for developing the process for this Assessment, doing much of the initial secondary data gathering, drafting a preliminary report, as well as co-developing the stakeholder interview protocol. We recognize the leadership and dedication of Deborah Rosati, former Director, Watertown Health Department, in facilitating the preparation of this report. Mount Auburn Hospital generously provided funding towards the completion of the report. We would also like to thank all of the individuals and organizations that volunteered their time to contribute their perspectives as interview participants, and those who shared local data.

Stephanie Venizelos, MA, originally Coordinator of Live Well Watertown (LWW) and then Community Wellness Program Manager for the Health Department, led this project from inception to completion and conducted the vast majority of stakeholder interviews. Gideon Schreiber, Senior Planner for the Department of Community Development & Planning and active Live Well Watertown Advisory Committee Member, created a GIS map for the report and provided resources and baseline information to the consultant. Larry Ramdin, MA, MPH, Director of Public Health, oversaw the publication of this report.

The final report was prepared by Pietra Check, MPH, under contract with the Health Department.

## Executive Summary

The Watertown Health Department promotes and protects the health and well-being of the individual, family, and community. The Health Department began this community health needs assessment in 2016 as a collaboration with Live Well Watertown (LWW), a community health coalition that has since been incorporated into the Health Department. The purpose of this Assessment is to characterize the population of Watertown and identify programming and other needs to support multigenerational healthy living.

This Assessment relies on two sources of data: a compilation of descriptive quantitative data from local, state, and national sources; and 22 in-depth interviews with local stakeholders representing agencies, organizations, and institutions in Watertown with health-related programs.

Stakeholders were asked first to describe what they think makes a healthy community. Responses reflected a broad view of what defines health. There was a shared vision across nearly all stakeholders that a healthy Watertown would be an inclusive, connected community with appropriate spaces, activities and events to promote health and well-being in an equitable way for all residents. The stakeholder interviews uncovered many assets in the work that organizations are already doing, and opportunities for further cross-disciplinary collaboration.

Issues of greatest concern for stakeholders were mental health, substance use, affordable housing, the stresses of meeting basic needs, and equitable access to services. Inclusive, affordable, and accessible services, spaces, and events for youth in middle and high school, as well as the aging and elderly population were discussed as having particular importance.

This Assessment was the first of its kind for Watertown. This report is not comprehensive but instead gives a broad overview of Watertown residents, local health concerns, and experiences with the social determinants of health. Follow-up activities will strive to involve a wider cross-section of stakeholder groups, and ensure that the diversity of the Watertown community is reflected in the process, including LGBT adults and youth; immigrants and non-English speakers; people living with disabilities; people of all faiths, ethnic, and racial backgrounds; and people in recovery.

Stakeholders' vision of community health encompassed the social determinants of health—those social and structural conditions in which we are born, grow, live, work, and age. This suggests that, to truly address the community's health concerns and create the thriving, healthy Watertown that stakeholders imagined, many departments and sectors have a role to play. The Health Department will continue to lead this work by facilitating dialogue, engagement, collaboration, and action. Through this process the Health Department aims to identify opportunities for Watertown to become a more supportive community that positively impacts health.

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## Needs Assessment Process

This Assessment relies on two sources of data: a compilation of relevant descriptive quantitative data from publicly-available national, statewide, and local sources; and a series of in-depth interviews with local stakeholders representing agencies, organizations, and institutions with health-related programs. Interviews lasting approximately 45-60 minutes were conducted with (21) key stakeholder organizations from Watertown governmental and social services agencies from December 2016-July 2017, with one additional interview conducted in summer 2018, for a total of 22 interviews. (See **Appendix A** for a list of participating stakeholder organizations.) Some interviews had a single organizational representative and others were group interviews, with more than one informant representing an organization. Stakeholders were identified by Deb Rosati, Health Director, and Stephanie Venizelos, LWW Coordinator, and approached by the Health Department's graduate student intern and LWW Coordinator. Ms. Venizelos conducted all but three of the interviews. The other three interviews were conducted by the graduate student intern. All interviews used a semi-structured interview guide [**Appendix B**].

Participating stakeholders represented government (12), nonprofit/social service (5), and faith-based organizations (4) [**Figure 1**]. Many organizations provided services to the general population and several focused services on youth or the elderly. One faith-based organization and one social service organization mentioned specific programming for substance abuse and residents in recovery; one organization was focused on veterans.

Notes from all interviews were analyzed by Pietra Check, consultant, and interpretation was done collaboratively between Ms. Venizelos and Ms. Check. This report, including the integration of quantitative secondary and interview data, was completed by Ms. Check with input and oversight from Ms. Venizelos and Larry Ramdin, Watertown Director of Public Health.

## **Framework for this Report**

Stakeholder conceptualizations of a healthy community and of the specific health concerns facing Watertown implicitly acknowledge that health status and outcomes are largely determined by social and physical environments that impact health and health-related behaviors, rather than by clinical care and genetics. This view of health is consistent with the perspective of the social determinants of health. The Massachusetts Department of Health (MDPH) defines the social determinants of health as “the conditions in which people are born, grow, live, work, and age.” (1) The structures and systems that determine these conditions affect social, economic, behavioral, and physical factors that individuals experience throughout life and are not experienced by all residents in the same way, which can lead to health inequities. Mount Auburn Hospital (MAH), in their most recent Community Health Needs Assessment, similarly acknowledges the role of social determinants of health and calls on its partners to “... address the underlying social determinants, inequities, and injustices that are at the root of the health status issues that exist.” (2; p.10) Key quantitative measures of social determinants of health include indicators related to income, housing, education, and employment. Both the MDPH and MAH health assessments use social determinants as a conceptual framework.

Bringing the implicit perspective of stakeholders in alignment with MDPH and MAH, this report places emphasis on understanding how the social determinants of health act within Watertown.

## Describing A Healthy Community

Stakeholders were asked first to describe what they think makes a healthy community. There was a surprising convergence among responses that reflected a broad vision of community health. Stakeholders described an inclusive, thriving community where there is collaboration, engagement, mutual support, and connection. They envisioned a healthy Watertown as a place where a diversity of residents feel they belong, are welcomed and valued.

## Health Concerns

Several themes emerged from stakeholders as the most pressing health-related concerns for Watertown. **Mental health** and **substance use** were the top concerns for all age groups. Stakeholders offered potential explanations for high rates of mental health disorders and substance use in Watertown: lack of community connections, stress, a need for greater inclusivity and acceptance of diversity, and stigma. **Affordable housing** was also a primary concern, along with challenges residents have with meeting their other basic needs. There was a related concern that the **rising cost of living and economic/land use development strategies** may be leaving certain segments of the community behind, particularly families, long-standing residents, recent immigrants, and people of color. This was again seen as a source of stress for residents and the community. **Accessibility, affordability, and awareness/advertising of services** were also commonly cited concerns, specifically around equity of access for older residents, those who do not use the internet, and non-native English speakers. Lastly, while stakeholders cited a need for more spaces for residents to congregate, socialize, recreate, and be physically active, **events and health-promoting spaces for youth and teens** held particular salience to a number of stakeholders. Informants reported parents having busy lifestyles and work schedules and in many cases not having the means to spend after-school time with children. Many stakeholders viewed these concerns not as discrete phenomena, but as interrelated consequences of modern lifestyles with increased isolation, social, and economic pressures on families – both parents and children – which, coupled with stigma around asking for help, lead to stress and (sometimes unhealthy) coping strategies. Lastly, several stakeholders discussed the importance of strong local leadership and commitment for creating a community that fosters health and well-being.

## Demographics

Watertown is growing. There were an estimated 35,756 residents in 2017, an increase of 12% since the 2010 Census.<sup>(3)</sup> There are 1,183 veterans living in Watertown (4.2% of the civilian adult population).<sup>(4)</sup> Women make up 52.5% of Watertown's population, mainly because women aged 65 and older outnumber men in the same age group almost 2 to 1.<sup>(5)</sup> Just over half of households in Watertown constitute families (54.5%); 22.5% are families with minor children.<sup>(5)</sup>



## Age

Two-thirds of Watertown's residents are of working age, 18-64 years.(3) Watertown is aging, but more slowly than Massachusetts overall. The median age of Watertown residents rose slightly from 37.9 years in 2005-2009 to 38.1 years in 2012-2016, older than the U.S. median (37.6 years) but younger than Massachusetts (39.3 years).(6,3,7) Nearly 40% of Watertown residents are aged 45 years or older and 14.7% are aged 65 and older; 16.2% of residents statewide are in this oldest age group.(3,7) **[Figure 2]** More than one out of every ten Watertown residents is a senior aged 65 years or older, living alone in a non-family household (6). The percentage of residents aged 60 and older is expected to rise significantly by 2030 as Baby Boomers enter the senior age group in increasing numbers. (8) The proportion of children under age 18 years is also growing, from 14.7% of Watertown's population in 2005-2009 to 16.7% in 2012-2016. The largest gains among children were in the under-5 age group. (6,3)

## Race, Ethnicity , and Nativity

Watertown is predominantly white, with 76.7% of the population identifying as non-Hispanic white.(5) This is slightly higher than Massachusetts overall (72.2%).(7) Hispanics/Latinos comprise Watertown's next largest racial/ethnic group (10%), while Asians make up another 7.7% of the population.(5) Similar proportions of residents are Black/African American (2.7%) and two or more races (2.3%).(5) Massachusetts has a higher proportion of Hispanics/Latinos (11.9%) and a much higher proportion of Black/African Americans (8.8%) than Watertown, but a lower percentage of residents of Asian descent (6.9%).(7)

One-in-five (20.2%) Watertown residents is foreign-born. Of these, more than half (54%) are naturalized U.S. citizens and almost 90% entered the U.S. before 2010. Foreign-born residents in Watertown come mainly from Asia, Europe, and Latin America **[Figure 3]**.(4)

## Language

More than one-quarter of Watertown residents speak a language other than English at home (27.1%), higher than the state overall (22.7%). (4,9) **Table 1** compares the distribution of language groups spoken in Watertown residents aged 5 years and older with those spoken around the state in more detail.

**Table 1: Speakers of Languages Other than English, Watertown<sup>(4)</sup> and Massachusetts<sup>(9)</sup>**

	Watertown		Massachusetts	
	Total (%)	% Speak English less than “very well”	Total (%)	% Speak English less than “very well”
Speak a language other than English	27.1	8.5	22.7	8.9
Spanish	7.1	1.8	8.6	3.5
Other Indo-European Languages	13.7	4.5	8.7	3.0
Asian and Pacific Island Languages	4.1	1.9	4.1	1.9
Other Languages	2.1	0.4	1.4	0.5

Data on languages spoken in schools provide more insight about the diversity of languages spoken across the Watertown community. Of the 2608 students in Watertown Public Schools (10), more than one-third (939; 34%) speak a language other than English at home.(11) More detail about the 60 languages spoken in Watertown schools is found in **Figure 4** below.(11)

## **Social Determinants of Health**

### **Education**

Nearly one-third of Watertown's residents aged 25 years and older have earned a bachelor's degree (32.1%) – almost ten percent higher than adults statewide (23.1%).(4,9) Almost 30% of Watertown adults have gone on to attain a graduate or professional degree.(4) Fully 10% of Massachusetts adults have not completed high school, compared with only 5.7% of Watertown adults.(9,4) Watertown High School has a 93.4% attendance rate and a 91.1% 5-year graduation rate, reflecting better performance than the state as a whole on both metrics.(12)

### **Housing and Transportation**

Stakeholders named housing availability and affordability as one of the greatest challenges to health for Watertown residents. Of particular concern were the pace and direction of local development and rising housing costs that displace older, longer-term residents and people of color.

Housing demand in Watertown is high, with only 5.9% of Watertown's 15,645 housing units vacant compared to almost 10% state-wide. (13,14) Housing is almost evenly split between owner-occupied (50.7%) and renter-occupied (49.3%), though the proportion of renter-occupied may be increasing. The average household size for both types of occupancy is around 2.3. More than 40% of householders have moved into their units since 2010 (43.4%); less than 30% moved in before 2000 (29.1%).(13) These trends could indicate an increasing short-term community of resident adults without children. Almost 40% of residents aged 15 years and older have never been married (38.7% of males, 37.4% of females).(4) On the other hand, a large majority of residents report living in the same house they did a year ago (85%), which does indicate some level of housing stability.(4)

The vast majority (88.1%) of owner-occupied units had a value of \$300,000 or above during the 2012-2016 measurement period.(13) A commonly-used rule-of-thumb for estimating housing cost burden is that more than 30% of household income is spent on housing.(15) By this measure, more than one-third of residents in both rental (39.3%) and owner-occupied (34.2%) units are housing cost burdened.(13) Low-income residents experience disproportionate levels of housing cost burden compared with high-income residents; middle-income residents are also likely to be housing cost burdened.(16) When considering the burden of housing and transportation costs together, almost every household in Watertown spends more than one-third of income on these two necessities. More than half of households (58.7%) spend 45% or more; another 38.9% spend between 36 and 45 per cent of income on just housing and transportation. (17)

Watertown Housing Authority (WHA) owns or manages six public housing facilities, with 3 facilities totaling 228 units for families and veterans, and 3 facilities comprising 326 units for elderly and disabled people. Of these 326, 10 units are handicapped accessible. The WHA also owns and operates an additional 12 units across six sites around Watertown, as well as 23 units at 3 separate sites specifically allocated to promote independent living among adults with physical and developmental challenges. As of February, 2019, a total of 915 people, in 492 occupied units, are being served by the WHA. Just over half (55%) are male residents, and slightly fewer (45%) female residents. Seventy-five percent of WHA residents (693) are over 18 years old, and one-quarter (222) are under 18. Of the adult residents, just under half (305) are over 60 years, with an estimated count of 30 Veterans. There are 196 (21%) minority residents in total, with almost half (48%) identifying as Hispanic. (18)

In addition to WHA, Watertown's Department of Community Development and Planning works with the Watertown Housing Partnership, a group of 5 members appointed "to oversee the development and preservation of affordable housing in Watertown."(19) The Watertown Housing Partnership acts as the policy body to facilitate achievement of the annual housing production goals (16) and works with the Town Planner to administer Watertown's Inclusionary Zoning Requirements. Under this mandate, 15% of any project that will develop six or more housing units must be set aside as affordable.(19, 20, 21) Some 206 affordable units of different sizes across 13 properties are currently on the market under the inclusionary zoning policies; another 74 are planned at 3 properties currently under development.(22) As of January 2014, the Town needed to increase its Subsidized Housing Inventory by more than half again (543 additional units) to meet the state mandate of 10%.(21)

Along with availability and affordability, housing quality is also important for health. Housing stock in Watertown is older, with almost two-thirds of units being built before 1960 (64.7%) and 81.9% built before 1979,(13) indicating potential lead paint risks.

Transportation was also mentioned in stakeholder interviews as a potential barrier to health. While overall Watertown is well-connected through MBTA bus service, sections of Watertown have little access. The urban sustainability group Center for Neighborhood Technology found that nearly half (49.7%) of Watertown's households are underserved by transit (23) even though 16% of Watertown workers aged 16 years and older relied on public transportation for their commute to work.(24)

Residents of 9.2% of occupied housing units in Watertown do not have access to a vehicle; another 38.6% have access to only one.(24) Annual transportation costs in the region average \$11,160.(25)

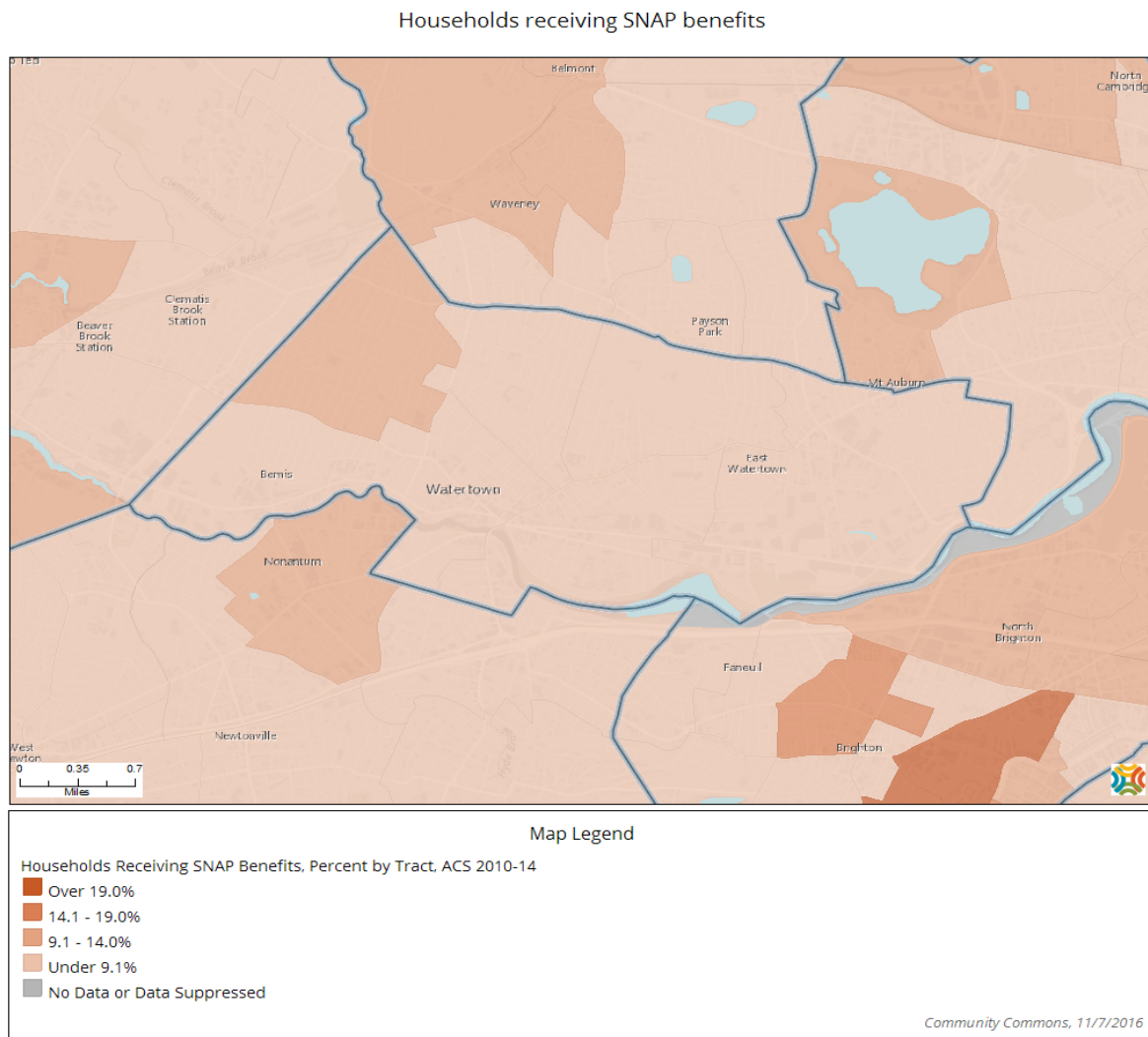
Furthermore, mobility for certain residents, such as seniors and people living with disabilities, is limited. Watertown residents with disabilities can use The Ride, which is administered by the Massachusetts Bay Transportation Authority (MBTA). The Ride provides subsidized, door-to-door, shared ride services to residents with disabilities who cannot access other MBTA transit services some or all of the time.(26) Watertown seniors can get to a supermarket or the mall using the Watertown Senior Shuttle, which runs on a fixed route and schedule Tuesdays-Thursdays. This service is provided by the Watertown Council on Aging and suggested donation is \$1. (27) Watertown is also working in a public/private non-profit partnership, the Watertown Transportation Management Association (WTMA), to increase access to sustainable transportation options. WTMA promotes active commuting, such as biking and walking, assists with establishment of car and van pools, and is exploring creation of shuttle services to ensure transportation access to all Watertown residents. (28)

## Food Access

Stakeholders were concerned with residents' abilities to meet their basic needs, and the health impacts of stress as a result of not being secure in the ability to meet those needs. Watertown has two food pantries for residents, but given limitations on pantry hours and requirements for documentation of residential address, it is difficult to evaluate the level of unmet need for this type of service. The Watertown Food Pantry is a program of the Watertown Council on Aging, while the other food pantry is a program of Sacred Heart Church-St. Vincent de Paul's, a faith-based organization.(29) The Watertown Food Pantry serves between 300 and 400 people per month (30, 31); Sacred Heart Church-St. Vincent de Paul's Food Pantry reports serving 2500 people.(29) Proof of residency is required to access the food pantry services; residents can visit the food pantry once per month and receive a 3-5 day supply of food. The pantries are both open for 90-120 minutes on Tuesdays and Thursdays only. Watertown Food Pantry has late afternoon hours on Thursdays; their Tuesday hours and all of the Sacred Heart Church-St. Vincent de Paul's Food Pantry hours are in the morning. (29) The Watertown Food Pantry does make deliveries to homebound seniors on Tuesdays (29); the federal Meals on Wheels program is also available to homebound seniors.(32)

The federal Supplemental Nutrition Assistance Program (SNAP) provides cash assistance to low-income families to buy nutritious foods. (33) Nearly 1000 Watertown households (945; 6.4%) receive SNAP benefits. (24) The figure below illustrates that there is one particular census tract in Watertown where there is a higher concentration of households receiving SNAP benefits.[Figure 5]

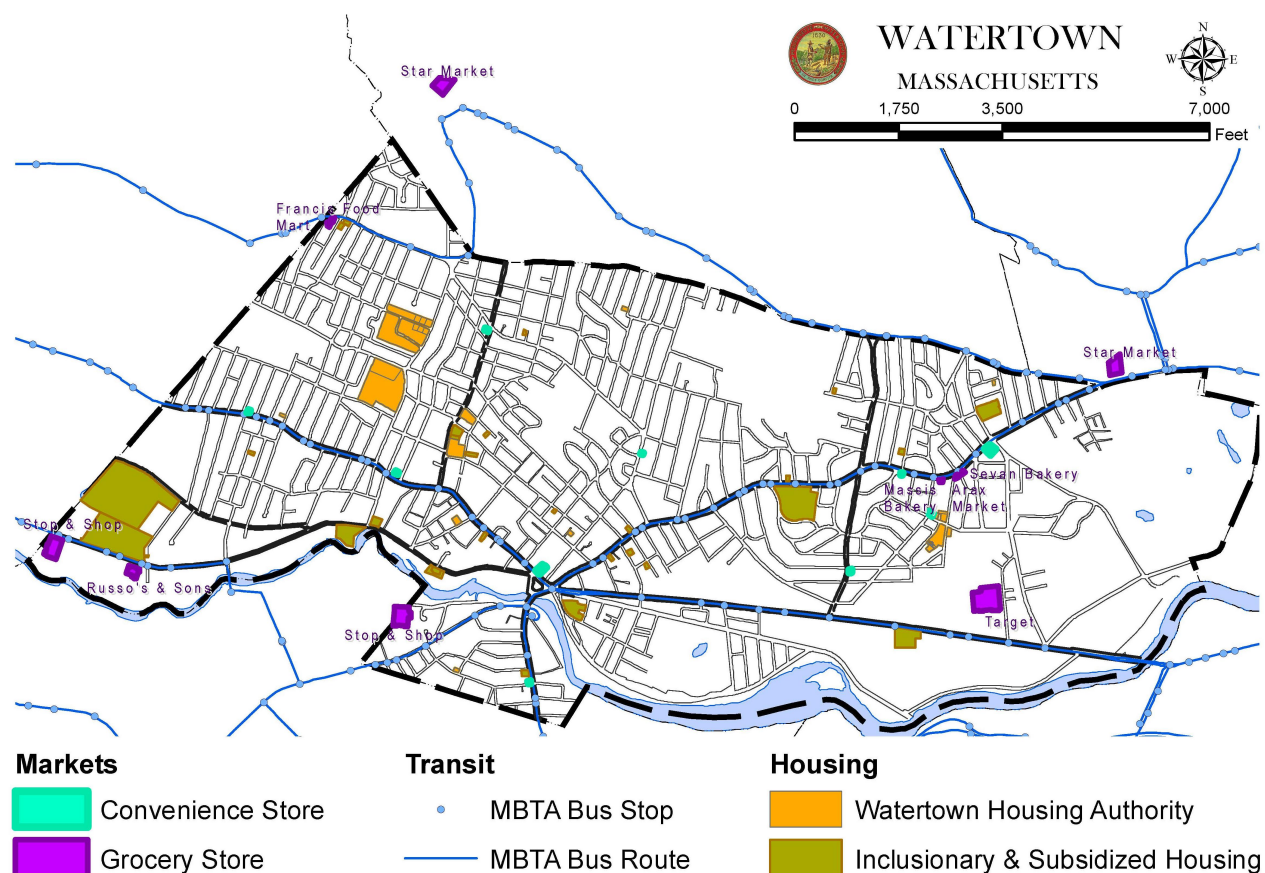
**Figure 5: Map of Households Receiving SNAP Benefits<sup>(34)</sup>**



Watertown has three full-size grocery stores, a large chain department store that sells fresh, frozen, and nonperishable food items, and 4 smaller food markets. Three of these smaller markets could be considered ethnic food stores and are located within a few blocks of each other. In addition to these food stores, Watertown has 11 convenience stores that sell food products. (35) The Watertown Farmers' Market brings local produce to a central location for 5 hours every Thursday from June through October. (36) SNAP recipients can use their benefits at the farmers market and receive matching funds for food items purchased. In 2018, there were 14,538 SNAP and HIP transactions at the Farmers' Market and the matching program grew 38% over the prior year. (37)

Affordable housing, transportation, and food are interconnected, place-based necessities for optimal health. While Watertown rates highly in these areas overall, certain groups and neighborhoods in Watertown may experience challenges to accessing high-quality food based on the location of housing and the frequency and location of public transportation. [Figure 6]

**Figure 6: Map of Public and Affordable Housing, Food Outlets, and Public Transportation Routes<sup>1</sup>**



## Income and Employment

The median household income of Watertown (\$92,050) exceeds the median household income of both the state overall (\$77,385) and the Boston-Cambridge-Quincy metro area (\$82,380). (38,39,40) Median household income varies considerably by race/ethnicity. Asians have the highest median income at \$101,194, followed by non-Hispanic whites at \$93,712 and Black/African Americans at \$92,250. Latinos had the lowest median of any defined racial/ethnic group, at \$72,208. (38) The household income trends by race/ethnicity largely hold true state-wide, although Black/African-American residents in Watertown experience much less income disparity than across the state. [Figure 7]

<sup>1</sup> This map was prepared by the Town of Watertown Department of Community Development and Planning using data from (18,20,22,35) and publicly available datasets.



\*Sample sizes for American Indian/Alaska Native in the Watertown population were too small to provide a reliable estimate.

The proportion of Watertown residents living below the poverty line in 2016 was significantly lower than in the Commonwealth overall.(24, 41) However, 8.3% of all residents have incomes below the poverty line, and more than one-in-ten children do (10.3%).(24) According to the US Census Bureau, 8.5% of residents aged 65 years and older have incomes below the poverty line, which is similar to the state average.(24, 41) A report from the Massachusetts Healthy Aging Collaborative, however, put this number much higher, at 12.3% in 2015.(42)

More than three-quarters of Watertown's population older than 16 years participate in the labor force (76.3%).(24) At 5.7%, the civilian unemployment rate is lower than the statewide rate of 6.8 %.(24, 41) Women have a slightly lower participation rate at 71.9%, but also a lower rate of unemployment (4%).(24) People living with a disability make up 6% of residents of working age (18-64 years).(5) Multiple stakeholders remarked about the work-life balance challenges they observed with parents in families: that parents are not able to be present with their children because of economic and work-related pressures; that parents have little time for leisure and pursuing health-promoting activities; and that related stress may contribute to coping behaviors that negatively impact health for themselves and their children. The data support these observations, with 82.3% of households with children under age 6 years and 73.4% of households with children aged 6-17 having all parents in the labor force. (24)

## Access to Health Insurance

Stakeholders identified access to health care as one barrier to health and well-being in Watertown. While access to care is multifaceted and more research would be needed to understand the specific barriers to access, health insurance is a generally recognized barrier to health care access. Almost everyone in Watertown (97.6%) has health insurance. More than one-quarter (28%) have publicly-provided health insurance, including 9% of employed people aged 18 to 64 years. Unemployed residents



are more likely to be uninsured (10.8%) than employed people (2.8%) and people not in the labor force (1.9%). (24)

## Other Issues

### Substance Use

Substance use was identified by many stakeholders as a significant and pressing problem among Watertown residents. There is a recovery community, but limited access to care and services statewide may hinder residents' ability to seek treatment. Stakeholders explicitly linked substance use disorder, mental health issues, and violence concerns in the community, as well as social exclusion and a need for connectedness.

There has been a sharp increase in opioid-related deaths in Massachusetts over the past decade, from 642 in 2007 to 2,016 in 2017. The death rate may have peaked in 2016 at 31.6 per 100,000, with the death rate declining to 29.6 per 100,000 in 2017. (43) It remains to be seen, however, whether this is a sustained decreasing trend. The proportion of opioid-related overdose deaths in which prescription drugs, heroin, and likely heroin have all been decreasing, while the percentage with fentanyl present has been rising since 2014. (43)

Watertown has not been immune to this epidemic. According to state health data, the number of opioid-related overdose deaths in Watertown has risen steadily from just one in 2012 to 10 in both 2015 and 2016. (44) Local law enforcement data, shown below in **Table 2**, report fewer overdose fatalities but a similar trend of increasing overdoses from 2015-2017. As of mid-September, 2018, however, there have been zero opioid fatalities recorded in Watertown despite similar numbers of overdoses. Narcan is widely in use by police, fire, and residents for overdose death prevention. (45)

**Table 2. Opioid-related Overdoses and Fatalities in Watertown, 2015-2018**

Year	# Overdoses	# Fatalities	Narcan Used
2015	36	9	2 <sup>a</sup>
2016	48	6	10
2017	43	10	16
2018 <sup>b</sup>	35	0	27

<sup>a</sup> Narcan was introduced for use by Watertown Police and Fire Departments in fall 2015

<sup>b</sup> As of mid-September, 2018

### Youth

Interview respondents expressed considerable concern for youth in Watertown. There seemed to be a general feeling that, beginning in middle school, there are fewer activities available outside of organized team sports that promote physical activity, healthy habits, socialization, and development of self-esteem. Stakeholders expressed concern that adolescents spend a lot of time without adult supervision and positive activities to engage them, and as a result, are at risk for delinquency, substance use, violence, and mental health issues.

The Youth Risk Behavior Survey (YRBS) is administered to Watertown middle and high school students every one to three years by Wayside Youth and Family Support Network. The results are used to identify trends and track the prevalence of health-risk behaviors among Watertown adolescents. For detailed information about Watertown adolescents' health behaviors, mental health, and how they compare to adolescents around Massachusetts, please read Wayside's report of the most recent YRBS results here: <http://watertownyouthcoalition.org/wp-content/uploads/2019/01/Watertown-2017-YRBS-Report-FINAL-12.21.18-Web.pdf>.

## Communicable and Infectious Diseases

The five infectious diseases that Watertown most commonly reported to the Massachusetts Virtual Epidemiologic Network (MAVEN; the Massachusetts state infectious disease surveillance system) are Influenza, Latent Tuberculosis (TB), Hepatitis C (Hep C), Lyme disease and Campylobacteriosis. **Figure 8** below shows trends in reported cases between 2009 and 2015. Influenza cases have increased steadily from 13 cases in 2009 to 102 in 2015, with the highest reported number of cases in 2014 (112). Lyme disease could be showing an increasing trend as well. Hep C cases have increased sharply between 2009 and 2015; additional investigation into this trend may be warranted as increasing rates of Hep C are likely due to injection drug use related to the opioid epidemic, and may be a bellwether for increased HIV.

## Limitations

There are several limitations to this Assessment. Because this grew out of a student internship project, a complete conceptual framework, process, and protocol were not developed before the project began; focus and methods evolved over time. This was the first such undertaking by the Health Department, and personnel capacity and expertise were developed over the course of the project. With *a priori* conceptual framework development, planning, and capacity development, future assessments can be more focused.

Stakeholders were primarily drawn from a list of organizations affiliated with the Health Department or participating in the Live Well Watertown (LWW) coalition. As such, the stakeholder participants somewhat favored government perspectives. Some of the organizations interviewed were already working together and therefore may share views and opinions. Diversity and inclusion were specifically named and mentioned throughout the interviews, but organizations from key stakeholder groups did not participate, despite outreach efforts to those not connected to the LWW coalition. Some invited organizations elected not to participate. More work will be needed for future assessments to ensure their inclusion in the process. Therefore, this report reflects the views of stakeholders who are largely already collaborating and participated voluntarily; the findings may not represent the views of all relevant stakeholder groups.

## Conclusion

This community health needs assessment aimed to characterize Watertown's population and identify needs to inform programming towards improving community health. As the first health needs assessment of its kind for Watertown, this report represents not an end point, but a starting point. The Assessment is not comprehensive and took a broad overview of the health of Watertown residents rather than going in-depth on specific issues or programs.

This process revealed that even governmental departments and social service agencies that do not provide direct health services see health as part of their mission. There was a shared vision across nearly all stakeholders for what a healthy Watertown would look like: an inclusive, connected community with appropriate spaces, activities and events to promote health and well-being in an equitable way for all residents. The stakeholder interviews uncovered many assets in the work that organizations are already doing, and opportunities for further cross-disciplinary collaboration.

Several concerns raised through this assessment are consistent with other recent reports. A 2018 report, **Envisioning a Watertown for All Ages**, commissioned by Watertown for All Ages and the Watertown Council on Aging and Senior Center raised affordable housing, accessibility of information about community events and services, built environment, social connection and participation as areas for potential improvement to make Watertown an "age-friendly city."<sup>(8)</sup> Similarly, the built environment, community events and programs, and communication and outreach were suggested as focus areas for improving healthy and active living in the 2013 **Live Well Watertown Wellness Report** published by the Town of Watertown Department of Community Development and Planning.<sup>(46)</sup>

Future actions as a result of this assessment may include identifying the particular assets and strengths in Watertown that residents and programming agencies and organizations may draw on to optimize health; leveraging multiple sources and different types of data towards enhancing understanding of the health of Watertown and how to ensure it for the future; and centering community engagement in the next steps. In this Assessment, quantitative data from a variety of authoritative sources corroborated and provided structure to the qualitative stakeholder observations. The **LWW Wellness Report** and **Envisioning a Watertown for All Ages** were more narrowly focused and used different methodologies than each other and the current Assessment. As such, these three reports are complementary but not duplicative; it is instructive for focusing follow-up that the three reports concur on certain priority issues: creating more effective communication and outreach strategies, the built environment, and creating a socially connected community. The two prior reports make specific recommendations related to its particular focus that may be instrumental inputs into next steps for furthering the results of the current Assessment. For example, the **LWW Wellness Report** had an initial inventory of Watertown assets for active living, which could be informative for an updated and expanded inventory of health and wellness assets in the Town. The process for this Assessment highlighted a need to take a more inclusive community engagement approach. Additionally, the stakeholder participants suggested creating community connections by developing ways to engage residents not in high need.

A universal theme in this analysis is inclusion. Stakeholder participants were concerned about leading the community to a future in which all residents can participate fully, be respected, and thrive in the community, including those who may be marginalized in larger society, not fully integrated into community life, or have language or technology barriers to accessing available resources. As a beginning, this report suggests next steps in a pathway to engagement, dialogue, conversation about the salient issues—mental health, substance abuse, stress, basic needs—and in which all Watertown residents are called to participate. This will require additional efforts to identify and involve stakeholder groups that represent the broad diversity of the Watertown community, including LGBT adults and youth; immigrants and non-English speakers; people living with disabilities; people of all faiths, ethnic, and racial backgrounds; and people in recovery.

Stakeholders described a broad view of community health that encompassed the social determinants of health—those social and structural conditions in which we are born, grow, live, work, and age. This suggests that, to truly address the community’s health concerns and create the thriving, healthy Watertown that stakeholders imagined, many departments and sectors will need to be involved. The Health Department cannot do this alone. The Health Department sees its role keeping this work moving forward; continuing to ask questions and listen; and facilitating dialogue, engagement, collaboration, and action. Through this process the Health Department aims to identify opportunities for Watertown to become a more supportive community that positively impacts health.

## **Appendices**

### **Appendix A: Participating Stakeholder Organizations**

#### **Town Government**

Board of Health  
Department of Veteran Services  
Community Development and Planning  
Health Department/Public Health Nurse  
Middle School Nurse  
Police Department  
Police Department School Resource Officers  
Public Schools  
Senior Center Social Worker  
Social Service Resource Specialist  
Town Council, Human Services Subcommittee  
Watertown Housing Authority

#### **Nonprofit/Social Services**

Boys and Girls Club  
Marshall Home Fund  
Watertown Community Foundation  
Watertown Family Network  
Watertown for All Ages  
Wayside Youth & Family Support Network

#### **Faith-based**

Belmont-Watertown United Methodist Church  
Church of the Good Shepherd  
First Parish of Watertown Unitarian Universalist  
Taxiarchae/Archangels Greek Orthodox Church

## Appendix B: Stakeholder Interview Guide

### INTRODUCTIONS

*Thank you for taking the time to talk with me today. As part of our goal to assess the health needs of the community in order to strategically set health priorities for the Health Department and Live Well Watertown, I am meeting with key stakeholders to learn about community health, the populations you serve and the needs of these populations, and the community at large. We want to make sure that we record an accurate picture of health in the community, so if you can include specific examples or stories in your responses that would be extremely helpful.*

*This discussion should take about an hour. Please let me know if you need me to repeat or clarify anything. I will take notes during this interview so I don't forget any important comments. We will not include any names or attach any names to comments in the final report.*

### INTERVIEW CONTENT

1. What is your role/mission/function in the community and describe the population you serve?
  - a. What assets or services do you or the town provide that support health/your mission to make it easier to be healthy?
2. What do you think makes a healthy community?
  - a. What are the most critical components of a healthy community?
3. How do you most impact the health of the community for the better? What are you currently doing that works?
4. What do you think needs to be improved? What other services do you feel need to be provided for the population you serve?
5. What are some of the biggest problems or concerns for the population you serve? What worries you the most? What doesn't work well?
6. What are the top 3 "health" concerns in the population you serve? In the general Watertown population?  
(Do not read list to INTERVIEWEE)
  - Substance abuse
  - Access to services
  - Crime
  - Mental health
  - Obesity and active living
  - Homelessness/affordable housing
  - Domestic violence
  - Poverty
  - Nutrition/access to (healthy) food
  - Transportation
  - Others \_\_\_\_\_
  - a. What specifically concerns you about X?
  - b. Why do you believe that this is a problem? (Probe for any kind of data, evidence or information i.e. annual reports, tracking tools, Facebook data etc.)
7. If you were conducting a community health needs assessment what information or data do you think would be important to include? Is there sufficient data or is there a lack of data available in your area of expertise? What sources of data are you aware of? What do you think is lacking?
8. Are there any questions I may have missed or that you think I should have asked? Are there any last comments that anyone would like to make?

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