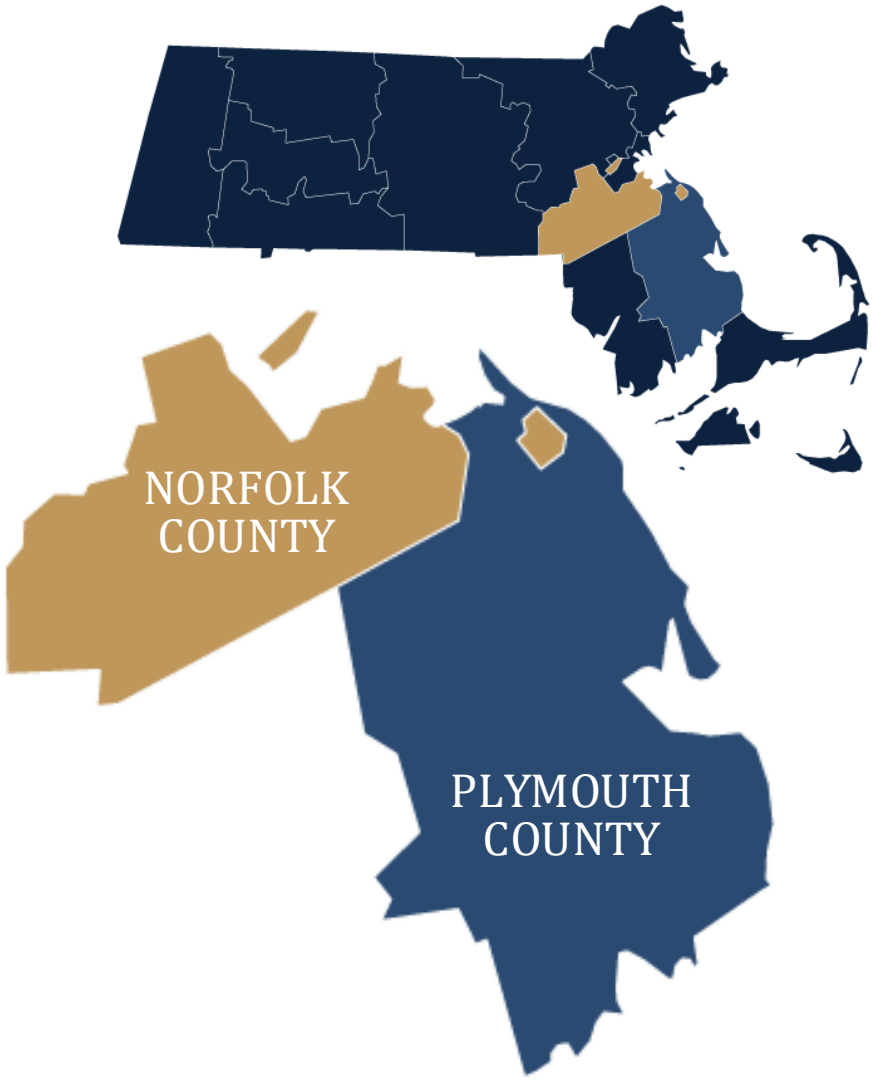
DELIVERED BY:

Moxley
PUBLIC HEALTH



2025 PN-5 COMMUNITY HEALTH ASSESSMENT

PUBLISHED JUNE 2025

PN-5
Public Health Excellence
Shared Services Group

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A NOTE FROM
PN-5 (PLYMOUTH NORFOLK-5)

PN-5 (Plymouth and Norfolk-5) strives to bring together people and organizations to improve community wellness. PN-5 is a health collaborative made up of the boards of health from Plymouth and Norfolk Counties, including the towns of Abington, Avon, Brockton, Stoughton, and Whitman. The Community Health Assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024, PN-5 partnered to conduct a comprehensive Community Health Assessment (CHA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the service area's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

PN-5 and their many health partners conduct CHAs for measuring and addressing the health status of the eastern Massachusetts community. We have chosen to assess our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2025 PN-5 CHA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members and organizations, working together to be a thriving community that supports health and well-being at home, work, and play.

Conducting the CHA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

INSERT SIGNATURE(S)

ACKNOWLEDGEMENTS

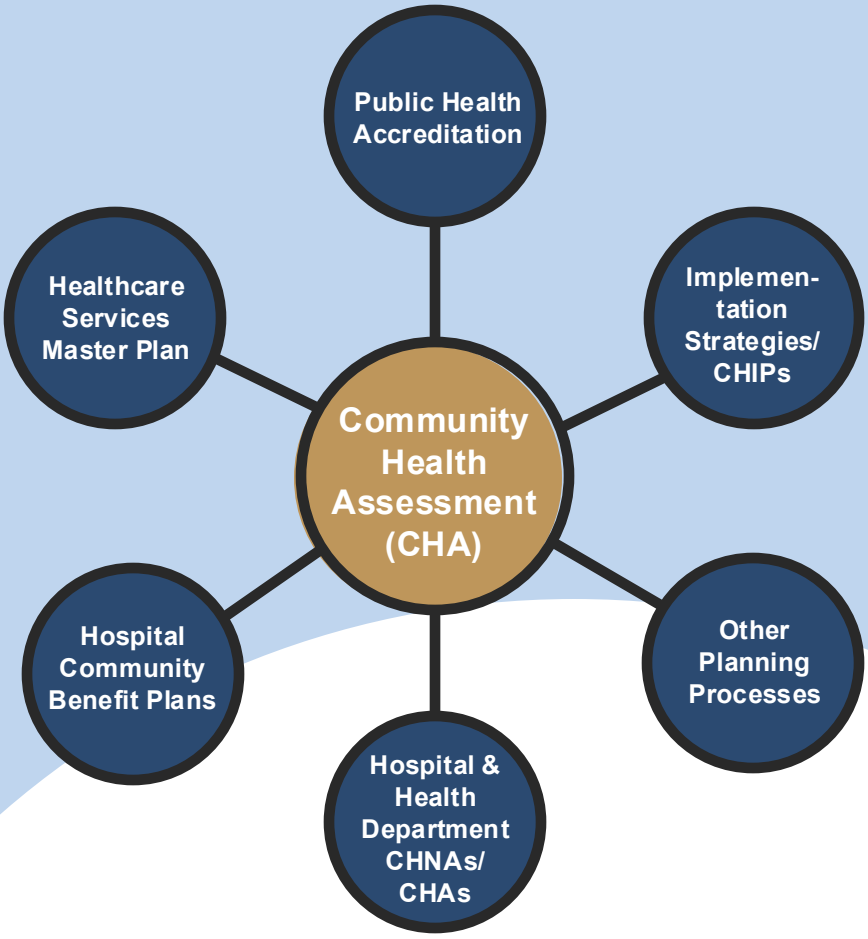
This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of PN-5 (Plymouth-Norfolk-5), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

PN-5 WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Abington COPES (Community, Outreach, Prevention, Education, Support)
Abington Fire Department
Abington Public Library
Abington Public Schools
Abington Senior Center
Avon Baptist Church
Avon Board of Health
Avon Council on Aging
Avon Fire Department
Avon Middle-High School
Avon Police Department
Avon Public School District
Brockton Board of Health
Brockton Council on Aging
Brockton Neighborhood Health Center
Brockton Public Library
Cape Verdean Women United
Commonwealth Care Alliance
Grace Church
Grace Tabernacle Evangelical Church
Haitian Community Partners
Immigrant Family Services Institute
Mayflower Council Scouting
Stoughton Fire Department
Stoughton Public Library
Stoughton Schools
Town of Abington
Town of Avon
Town of Randolph
Town of Stoughton
Town of Stoughton Recreation Department
Town of Whitman
United Church of Christ
Veterans Services Abington
Whitman Board of Health
Whitman Council on Aging
Whitman Fire Department
Whitman Hansen Regional School Districts
Whitman Select Board
Youth Commission and Families

INTRODUCTION

WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **Community Health Assessment (CHA)** is a tool that is used to guide community benefit activities and for several other purposes. For health departments and boards of health, it is used to identify and address key health needs and support the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of a Community Health Improvement Plan (CHIP).

A CHA is an important piece in the development of a CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, PN-5 utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews and focus groups with community residents and leaders.

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OVERVIEW
OF THE PROCESS

In order to produce a comprehensive Community Health Assessment (CHA), PN-5 followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years.

Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of CHAs and Community Health Improvement Plans (CHIPs) for local health departments.

THE 2025 PN-5 CHA MEETS ALL FEDERAL, STATE, AND PHAB REGULATIONS.

OVERVIEW
OF THE PROCESS (CONTINUED)

The following graphic shows the health improvement framework that this report followed while adhering to the Public Health Accreditation Board (PHAB) requirements and the community's needs.

Heath Improvement Framework

Equity

Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Priorities

The SHIP identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

Community Conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health Behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to Care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

How will we know if health is improving in the PN-5 service area?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic Disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All PN-5 community residents achieve their full health potential
- Improved health status
- Reduced premature death

Vision:
PN-5 community is a model of health, well-being, and economic vitality

Strategies

The SHIP provides state and local partners with a menu of effective policies and programs to improve performance on these priorities.

** These factors are sometimes referred to as the social determinants of health or the social drivers of health.*

STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT

IN THIS STEP, PN-5 (PLYMOUTH NORFOLK-5):

- ✓ DETERMINED WHO WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED HEALTH BOARD AND COMMUNITY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

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PLAN AND PREPARE

PN-5 began planning for the 2025 PN-5 Community Health Assessment (CHA) in 2024. They involved health board leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The CHA team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

> ***Community health assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.***
>
> - Catholic Health Association

STEP 2

DEFINE THE PN-5 SERVICE AREA

IN THIS STEP, PN-5 (PLYMOUTH NORFOLK-5):

- ✓ DESCRIBED THE PN-5 SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

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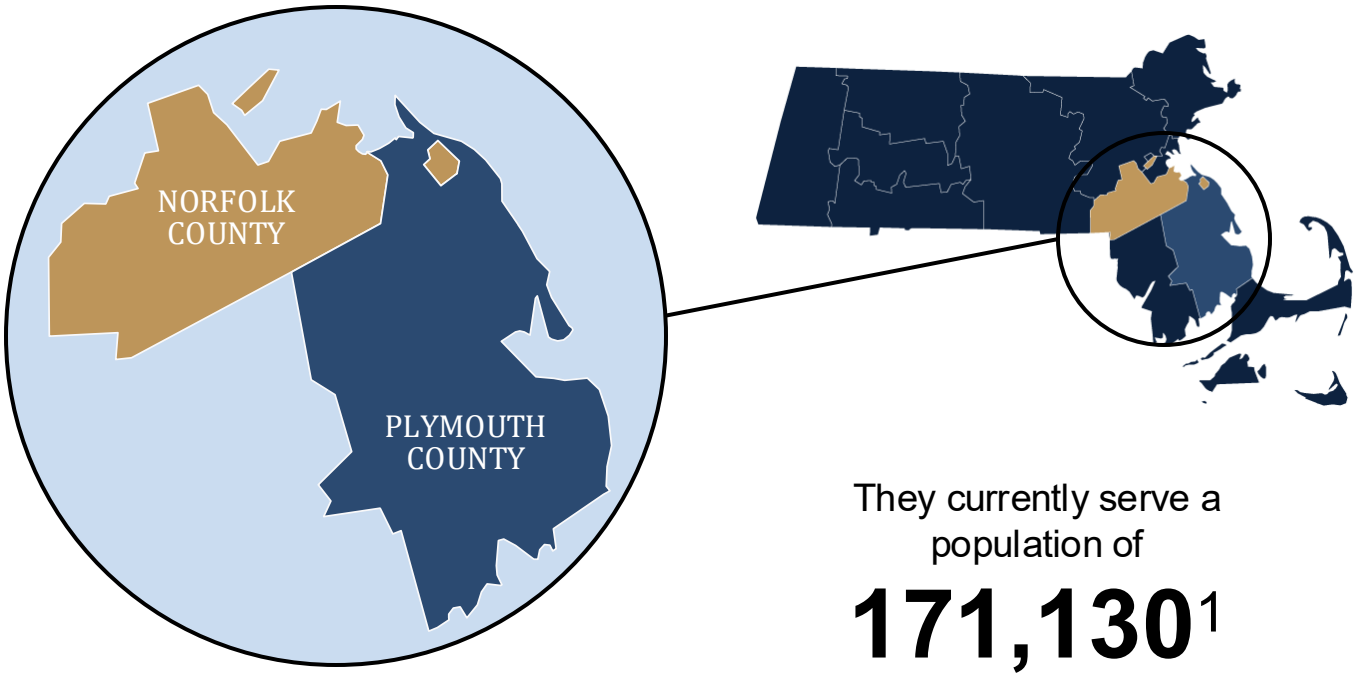
DEFINING THE PN-5
SERVICE AREA

For the purposes of this report, PN-5 defines their primary service area as being made up of the communities of Abington, Avon, Brockton, Stoughton, and Whitman (in Plymouth and Norfolk Counties).



They currently serve a population of

171,130[1]

PN-5 SERVICE AREA		
GEOGRAPHIC AREA	**ZIP CODE**	**POPULATION**
Abington	02351	17,008
Avon	02322	4,753
Brockton	02301, 02302, 02303, 02304, 02305	105,080
Stoughton	02072	29,074
Whitman	02382	15,215

ABINGTON
AT-A-GLANCE

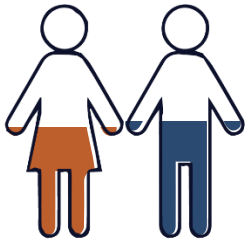
Abington's population is 17,008.[1]
Abington's population **increased at a faster rate** than Massachusetts' in the past 3 years.[1]

+2.7% ABINGTON

+1.7% MASSACHUSETTS

87% of the population in Abington **speaks only English.**
10% are foreign-born.[2]

The % of males is **slightly higher** than females.[1]



49% **51%**

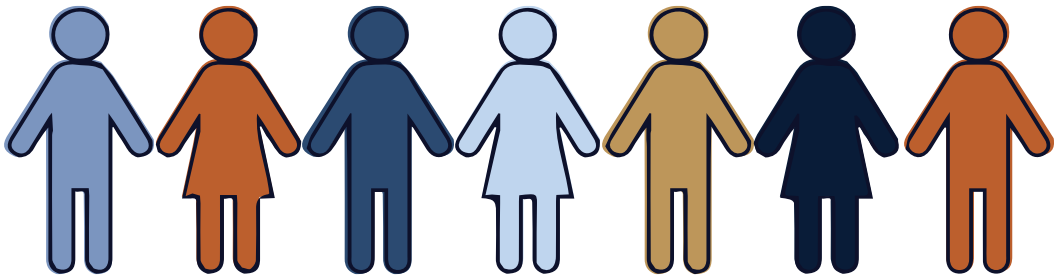
5%

of Abington residents are **veterans**, slightly higher than the state rate.[2]

Youth ages 0-18 and seniors 65+ make up almost **35% of the population**

In Abington, **1 in 8 residents (13%) are ages 65+.**[1]

The **majority (85%)** of the population in Abington identifies as **White** as their only race.[2]



85% WHITE RESIDENTS

5% MULTI-RACIAL/ OTHER RESIDENTS

4% HISPANIC OR LATINO RESIDENTS

3% ASIAN RESIDENTS

0.8% BLACK/ AFRICAN AMERICAN RESIDENTS

0.0% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.0% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

The life expectancy in Norfolk County is **81 years, which is longer than the state expectancy (80 years) years).** Plymouth County's is slightly lower **(79 years).**[3*]

In Norfolk County, **1 in 249 residents** will **die prematurely**, which is higher than the Plymouth County rate (**1 in 326**) and the state rate (**1 in 303**).[3*]

Data only available at county level.

AVON
AT-A-GLANCE

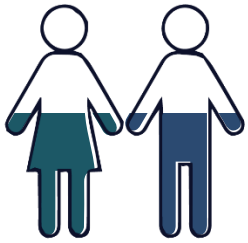
Avon's population is 4,753.[1]
Avon's population **increased at a faster rate** than Massachusetts' in the past 3 years.[1]

+5.3%
AVON

+1.7%
MASSACHUSETTS

76% of the population in Avon **speaks only English. 19% are foreign-born.**[2]

The % of males and females is **equal**.[1]



50% **50%**

8%

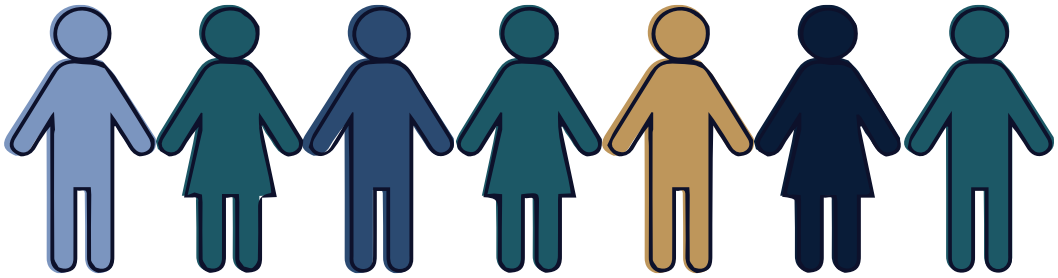
of Avon residents are **veterans**, higher than the state rate.[2]

Youth ages 0-18 and seniors 65+ make up almost

40% of the population

In Avon, almost **1 in 5 residents (17%) are age 65+.**[1]

The **majority (58%)** of the population in Abington identifies as **White** as their only race.[2]



58% WHITE RESIDENTS

25% BLACK/ AFRICAN AMERICAN RESIDENTS

5% ASIAN RESIDENTS

5% HISPANIC OR LATINO RESIDENTS

5% MULTI-RACIAL/ OTHER RESIDENTS

0.0% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.0% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

The life expectancy in Norfolk County is **81 years, which is longer than the state expectancy (80 years) years).** Plymouth County's is slightly lower **(79 years).**[3*]

In Norfolk County, **1 in 249 residents** will **die prematurely**, which is higher than the Plymouth County rate (**1 in 326**) and the state rate (**1 in 303**).[3*]

Data only available at county level.

BROCKTON
AT-A-GLANCE

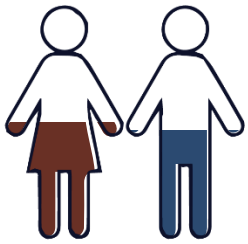
Brockton's population is 105,080.[1]
Brockton's population **increased at a faster rate** than Massachusetts' in the past 3 years.[1]

+9.8%
BROCKTON

+1.7%
MASSACHUSETTS

54% of the population in Brockton **speak only English.**
33% are foreign-born.[2]

The % of females is **slightly higher** than males.[1]



51% **49%**

4%

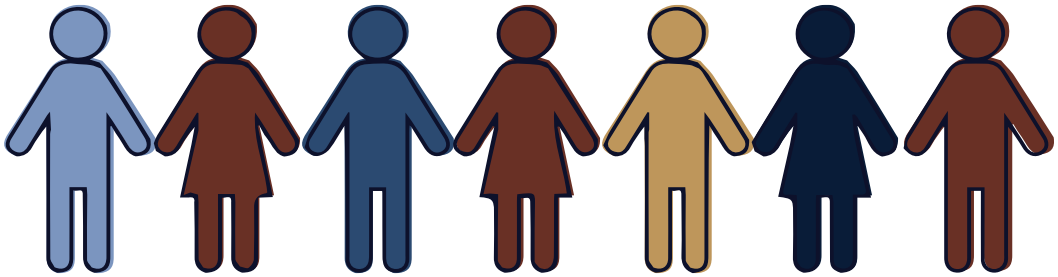
of Brockton residents are **veterans**, lower than the state rate.[2]

Youth ages 0-18 and seniors 65+ make up almost

40% of the population

In Brockton, almost **1 in 7 residents (14%) are age 65+.**[1]

In Brockton, **37%** of the population identifies as **Black or African American**, while **27%** identifies as **White**.[2]



37% BLACK/ AFRICAN AMERICAN RESIDENTS

27% WHITE RESIDENTS

14% MULTI-RACIAL/ OTHER RESIDENTS

13% HISPANIC OR LATINO RESIDENTS

2% ASIAN RESIDENTS

0.1% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.1% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

The life expectancy in Norfolk County is **81 years, which is longer than the state expectancy (80 years) years).** Plymouth County's is slightly lower **(79 years).**[3*]

In Norfolk County, **1 in 249 residents** will **die prematurely**, which is higher than the Plymouth County rate (**1 in 326**) and the state rate (**1 in 303**).[3*]

Data only available at county level.

STOUGHTON
AT-A-GLANCE

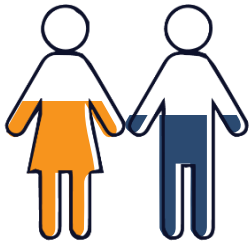
Stoughton's population is 29,074.[1]
The populations of Stoughton and Massachusetts have **increased slightly** in the past 3 years.[1]

+1.2%
AVON

+1.7%
MASSACHUSETTS

69% of the population in Stoughton **speak only English. 25% are foreign-born.**[2]

The % of females is **higher** than males.[1]



54% **46%**

4%

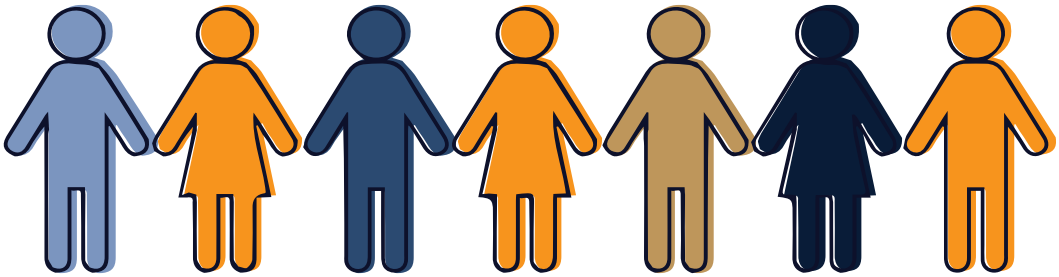
of Stoughton residents are **veterans**, slightly lower than the state rate.[2]

Youth ages 0-18 and seniors 65+ make up almost

40% of the population

In Stoughton, almost **1 in 5 residents (19%) are age 65+.**[1]

The **majority (60%)** of the population in Stoughton identifies as **White** as their only race.[2]



60% WHITE RESIDENTS

18% BLACK/ AFRICAN AMERICAN RESIDENTS

7% MULTI-RACIAL/ OTHER RESIDENTS

6% ASIAN RESIDENTS

5% HISPANIC OR LATINO RESIDENTS

0.0% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.0% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

The life expectancy in Norfolk County is **81 years, which is longer than the state expectancy (80 years) years).** Plymouth County's is slightly lower **(79 years).**[3*]

In Norfolk County, **1 in 249 residents** will **die prematurely**, which is higher than the Plymouth County rate (**1 in 326**) and the state rate (**1 in 303**).[3*]

Data only available at county level.

WHITMAN
AT-A-GLANCE

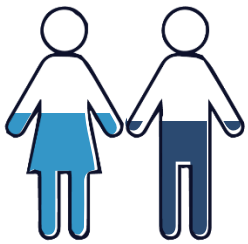
Whitman's population is 15,215.[1]
The populations of Whitman and Massachusetts have **increased slightly** in the past 3 years.[1]

+0.5%
WHITMAN

+1.7%
MASSACHUSETTS

94% of the population in Whitman **speak only English. 5% are foreign-born.**[2]

The % of **females** is higher than males.[1]



52% **48%**

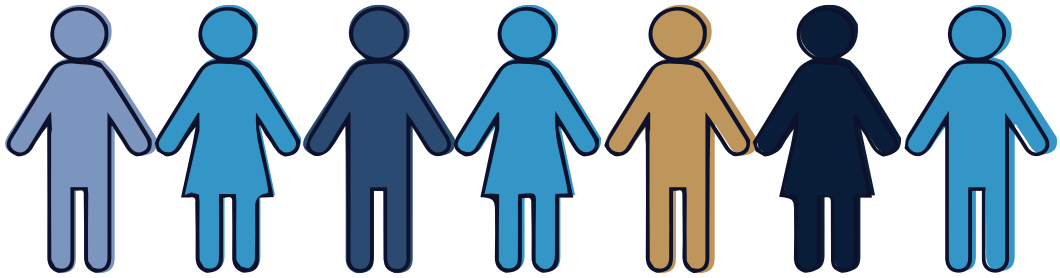
4%

of Whitman residents are **veterans**, slightly lower than the state rate.[2]

Youth ages 0-18 and seniors 65+ make up **36% of the population**

In Whitman, almost **1 in 7 residents (15%) are age 65+.**[1]

The **majority (88%)** of the population in Whitman identifies as **White** as their only race.[2]



88% WHITE RESIDENTS

5% MULTI-RACIAL/ OTHER RESIDENTS

3% HISPANIC OR LATINO RESIDENTS

1% BLACK/ AFRICAN AMERICAN RESIDENTS

1% ASIAN RESIDENTS

0.3% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.0% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

The life expectancy in Norfolk County is **81 years, which is longer than the state expectancy (80 years) years).** Plymouth County's is slightly lower **(79 years).**[3*]

In Norfolk County, **1 in 249 residents** will **die prematurely**, which is higher than the Plymouth County rate (**1 in 326**) and the state rate (**1 in 303**).[3*]

Data only available at county level.

STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, PN-5 (PLYMOUTH NORFOLK-5):

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS AND FOCUS GROUPS
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED BARRIERS OR SOCIAL DETERMINANTS OF HEALTH
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES

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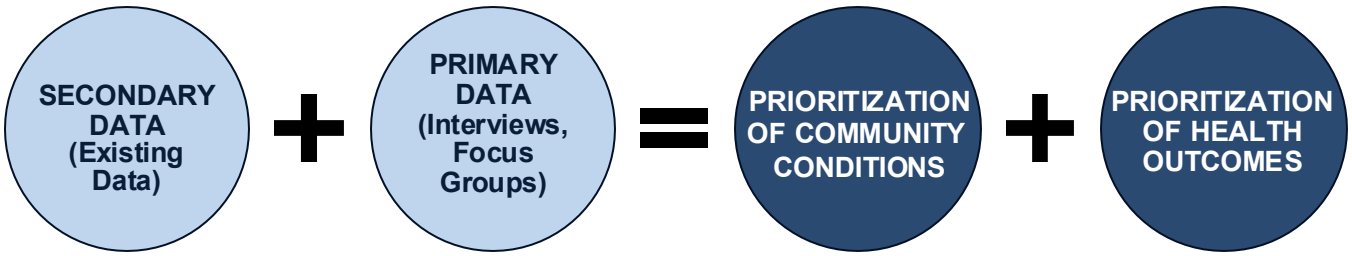
UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS



COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone's environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

In order to align with the Massachusetts goal of improving health, well-being, and economic vitality, the PN-5 Community Health Assessment (CHA) team included the state's priority factors and health outcomes when assessing the community.

PRIMARY & SECONDARY DATA
DATA COLLECTION

ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Priority health needs were identified using the following criteria:

Criteria for Identification of Priority Health Needs:

1. Review of the secondary (existing) data collected for each health need.
2. The ranking of the problem using data from focus groups, and interviews with residents.

To determine the seriousness of the problem, the health need indicators of the PN-5 service area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen in **Appendix B**).

The health needs were further assessed through the primary data collection – key informant interviews and focus groups. The information and data from both the secondary and primary data collection informs this CHA report and the decisions on health needs that PN-5 will address in its Community Health Improvement Plan (CHIP).

This data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, decide on community assets to address needs, and uncover gaps in resources.

SECONDARY DATA DEFINITIONS

PN-5 (Plymouth Norfolk-5) encompasses five towns within Plymouth and Norfolk Counties: Abington, Avon, Brockton, Stoughton, and Whitman.

Behavioral Risk Factor Surveillance System (BRFSS): Massachusetts state data encompasses Abington, Avon, Brockton, Stoughton, and Whitman.

2025 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant and maternal morbidity/mortality, etc.)
- Mental health (depression/suicide, etc.)
- Nutrition and physical health
- Preventive care and practices
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

The secondary and primary data collection will ultimately inform the decisions on health needs that PN-5 will address in the CHIP.

This report will focus on presenting data at the town and county level where available. The geography used will be specified when town or county-level data is not available.

Secondary data was collected for the Community Health Assessment (CHA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to the References section.

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke **with 49 experts** from various organizations serving the PN-5 community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing healthcare and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We **conducted 12 focus groups** with a total of **139 people** in the PN-5 community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS:
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?

THINGS PEOPLE LOVE ABOUT THE COMMUNITY
FROM INTERVIEWS & FOCUS GROUPS

"Abington is community-minded, and we have many activities going on."

- Community Member Focus Group from Abington

"I love being involved with the Council on Aging, and it has made a difference in my life. I enjoy coming here, talking to people, doing things."

- Community Member Focus Group from Brockton

"People really come together, and they come out to support each other, and so I've seen that time and time again. There's a real sense of community."

- Community Member Interview from Stoughton

"We have close-knit communities that look out for each other in a lot of ways."

- Community Member Interview from Whitman

"I love the community because there are so many organizations that are there to help us."

- Community Member Focus Group from Brockton

"I love how welcoming the community is and the diversity."

- Community Member Focus Group from Avon

"[I love the] small-knit communities who look out for each other in a lot of ways."

- Community Member Interview from Whitman

"I love how multicultural it is! Every day, I get to meet people from all over the world and hear different languages. I love that."

- Community Member Interview from Brockton

"If there's ever an issue, the community really supports each other. Places like the food pantry or the senior center really step up and come together."

- Community Member Interview from Abington

TOP PRIORITY HEALTH NEEDS
FROM ABINGTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Access to healthcare
- Education
- Health literacy
- Chronic diseases

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Unmet mental healthcare needs
- Lack of transportation
- Difficult to access healthcare
- Housing affordability/availability
- Language barriers
- Cost/financial barriers

"There is a gap; it's probably for people at the elderly housing to go get groceries, go to the pharmacy, run errands like smaller stuff like that."

- Community Member Interview from Abington

"There is a lack of primary care physicians."

- Community Member Focus Group from Abington

"For those that English is not their 1st language, it puts a little bit of fear into people reaching out and trying to get social services and health services."

- Community Member Interview from Abington

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Water quality issues
- Access to healthcare/hospital closures
- Transportation
- Senior housing shortage

How health concerns are impacting community:
- Lack of communication/emergency communication issues

"Depression is huge with these kids. It's huge with our seniors, I think, across the board. No one is getting the services that they need."

- Community Member Interview from Abington

"The public schools only offer transportation until grade 6, and then after that, it's a fee. So, if you are going to take the bus. There is a fee for that. You have to pay for it. That is a problem with some of our students, but they can usually accommodate them and waive the fee."

- Community Member Focus Group from Abington

"I'm dealing with a couple of people who are in the elderly population 70 or above, who also don't have access to computers, and so, and are homeless, so it's almost impossible for them to navigate the system on their own."

- Community Member Interview from Abington

TOP PRIORITY GROUPS & RESOURCES FROM ABINGTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Elderly/aging population
- Low-income population
- Immigrants
- Youth

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Elderly/aging population
- Uninsured/underinsured individuals
- Non-English speakers
- Haitian population
- Low-income population

Resources people use in the community to address their health needs:
- Emergency rooms/hospitals
- Council on Aging
- Local pharmacies
- MassHealth

Top resources that are lacking in the community:
- Work/employment opportunities
- Mental health services/resources
- Affordable medications/prescription assistance
- Hospitals
- Communication/information systems

"The cost of living and the cost of housing could be taking more than 50% of your monthly income, leaving not enough for everything else, and it's a constant stress. Because when is it going to go up? When is something going to go up again and how long can you stay here?"

- Community Member Interview from Abington

"Transportation to medical appointments is a huge problem for the retired population who no longer drives. They eventually give up. They don't go to their appointments. They get frustrated because they can't get to their appointments. It's a huge problem."

- Community Member Focus Group from Abington

"I think anyone who lives in this town the number one concern that people have is the quality of water... there is a large contingency of the population who just doesn't trust our water sources right now."

- Community Member Focus Group from Abington

"There is miscommunication as far as medications that are available to people."

- Community Member Interview from Abington

TOP FINDINGS FROM
ABINGTON FOCUS GROUPS

SENIORS:

- **Health issues** include healthcare access challenges, transportation barriers, and housing shortages, especially for senior housing. A shortage of primary care providers and the closures of multiple hospitals were noted as a concern, making it difficult to access healthcare. There were also concerns about the water quality, as well as a lack of communication on these concerns. Limited transportation makes it difficult for people to access services, especially those outside the community.
- **Access barriers** are faced by those with disabilities and non-English speaking residents, as well as the general population, which was noted as being affected by these systemic issues.
- **Existing resources** include healthcare services such as local hospitals and urgent care, Abington Senior Center programs, Massachusetts Bay Transportation Authority (MBTA) train service, Abington Senior Center van service, Meals on Wheels, local cable news access, and Code Red emergency alert system.
- **Resource gaps** include healthcare infrastructure (especially hospitals and clinics), a comprehensive public transit system, specialized senior transportation services, and a lack of housing development for affordable options or senior housing.
- **Improvement suggestions** include periodic outreach and wellness checks for seniors living independently, communication systems improvement, and better internet access and digital literacy support. Communication could be improved by having information available in different languages, establishing a central information hub, restoring emergency broadcast systems for alerts, and utilizing local cable for community information. Cable affordability issues also need to be addressed.
- **Other feedback** includes the importance of the Abington Senior Center to the community and the vital role of individuals advocating for their community's health.

YOUTH:

- **Health issues** highlighted were violence at schools, with fights happening between students. These fights make students scared to go to school the next day.
- **Access barriers** were identified for certain areas of the community, with some being noted as not the greatest or cleanest, and others as lacking resources such as healthcare.
- **Existing resources** include local health department services, doctors, and dentists.
- The youth from this group did not note any specific **resource gaps** in the community.
- **Improvement suggestions** include improving health in the community in general.

TOP PRIORITY HEALTH NEEDS
FROM AVON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Access to healthcare
- Education
- Health literacy
- Mental health

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Unmet mental healthcare needs
- Food affordability/access challenges
- Language barriers
- Limited access to exercise/recreation options
- Transportation/walkability barriers

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Addiction and substance use
- Mental health
- Water quality issues
- Healthcare access issues
- Poor youth health behaviors

How health concerns are impacting community:
- Greater effect on young people
- Community safety concerns
- Negative impact on education
- Financial strain

"We don't have resources and education on sexual health in school. What do we do? We're just thrown under the bus."

- Community Member Focus Group from Avon

"There used to be a primary care doctor, but he passed away; and he was located right across the Street from the Avon post office. There is no more community doctor."

- Community Member Focus Group from Avon

"One of the things that we struggle with is getting people access to mental health counseling in a timely manner. You know, I think I mean, that that's state wide. That's probably a country-wide issue."

- Community Member Interview from Avon

"We see younger and younger generations using tobacco and vaping. There are a lot of misconceptions and misinformation."

- Community Member Interview from Avon

"Right now, we have an influx of non-English speaking people coming into our town, and I don't know that they have access to regular healthcare. And when you can get access to regular healthcare, sometimes the wait is very long, so that is preventing them from going for major things right away."

- Community Member Interview from Avon

TOP PRIORITY GROUPS & RESOURCES FROM AVON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- English language learners
- Low-income population
- Elderly/aging population
- Non-English speakers

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Students/youth
- Non-English speakers and immigrants
- Black/African American population
- Families with young children

Resources people use in the community to address their health needs:
- School-based support
- Parks/walking areas
- Local dental services

Top resources that are lacking in the community:
- Mental health services/resources
- Youth programs/activities
- Educational resources
- Community spaces
- Sports/recreation funding

"Water quality is an issue and it's a contributing factor of sickness."

- Community Member Focus Group from Avon

"That becomes our biggest struggle...they get put on a waiting list for 6 months, and by then, who knows whether or not the person wants to engage any longer? And some of those really intense symptoms that they might have faced when the initial referral was made might not be there anymore."

- Community Member Interview from Avon

"There needs to be more translation in school. Students whose first language isn't English tried to have other kids translate for them but are falling behind."

- Community Member Focus Group from Avon

"The only service Avon seems to have readily available is dental services."

- Community Member Interview from Avon

TOP FINDINGS FROM
AVON FOCUS GROUPS

BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC)/CHURCH COMMUNITY:

- **Health issues** include healthcare access challenges, mental health and substance use concerns, safety issues, and water quality concerns. A shortage of healthcare services as well as mental health resources was noted as a concern, making it difficult to access healthcare. There were also concerns about traffic safety as well as general community safety.
- **Access barriers** are faced by seniors, non-English speakers, teen mothers, young adults, and families, especially those with young children. Community members in general also face barriers in accessing services due to distance from needed services and limited transportation options.
- **Existing resources** include the Council on Aging, local dental services, parks and walking areas, YMCA, and Town of Avon website and programs.
- **Resource gaps** include youth and family programs, health services (including primary care, mental health, substance use, and preventive care), and community infrastructure, notably street maintenance and lighting.
- **Improvement suggestions** include better communication and sharing of resources, improved traffic safety (lights, signage, crosswalks), bringing more healthcare services into the community, having a mobile or travelling clinic, improved water quality and testing, and holding more community programming, including youth activities/sports, resources fairs, and family programming.
- **Other feedback** includes the desire for better information on resources available, as well as more community engagement opportunities.

YOUTH:

- **Health issues** highlighted were substance use, mental health concerns, and school issues. Substance use was noted as starting younger and younger, with smoking and vaping in school bathrooms a daily occurrence in addition to hearing of students who use alcohol and other drugs. Multiple issues at school were noted, including unhealthy lunches, old infrastructure, poor college readiness preparation, and inadequate sexual health education. The mental health of students is of concern, with many students feeling unmotivated and isolated, as well as experiencing barriers to care.
- **Access barriers** were identified for Black/African American students, non-English speaking students, students with special needs, and the low-income population. Students from Brockton were also noted as experiencing barriers, especially with transportation to get to and from school.
- **Existing resources** include school-based services (such as guidance counselors and supportive teachers), after-school programs and clubs, special education services, public library, parks and recreation facility, soccer fields, and some health resources.
- **Resource gaps** include enhanced educational programs (such as debate club, more Advanced Placement classes, earlier college preparation, Model United Nations, and improved sexual health education), mental health resources in schools, updated school infrastructure (air conditioning, vending machines, and general modernization), and general programming and activities, including funding for sports and student pep rallies/assemblies.
- **Improvement suggestions** include better community engagement with youth, more school events to boost spirit and motivate students, improved recreational spaces/facilities, improved transportation for students, and enhanced translation services.
- **Additional feedback** includes appreciation from students for being asked their opinions and a desire for the community to listen to youth perspectives more.

TOP PRIORITY HEALTH NEEDS
FROM BROCKTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Access to healthcare
- Housing and homelessness
- Chronic diseases
- Income/poverty and employment

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Language/cultural barriers
- Housing challenges
- Healthy food access/affordability
- Lack of public transportation
- Childcare availability/affordability

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Mental health
- Employment issues/unemployment
- Housing issues
- Financial stress

How health concerns are impacting community:
- Financial strain
- Negative impacts of stress
- Lack of resources
- Depression
- Inability to afford medications

"We, who are immigrants, feel like there are difficulties accessing health services, and we don't know where to go."

- Community Member Focus Group from Brockton

"We end up having some of our senior citizens who are homeless come in and spend the day with us because there's no place for them to go during the day."

- Community Member Interview from Brockton

"I hear stories of people who are attempting to work full-time jobs, but they cannot afford childcare because of the high costs."

- Community Member Interview from Brockton

"We need to work on improving our health based on diet and exercise, and having people understand the health concerns with obesity."

- Community Member Interview from Brockton

"Trying to get into housing is very difficult. Sometimes there is a waitlist up to 4-5 years, and with rent going up, it's hard to stay in our homes."

- Community Member Focus Group from Brockton

"We need more health education and to learn about other resources and how to access them."

- Community Member Focus Group from Brockton

TOP PRIORITY GROUPS & RESOURCES
FROM BROCKTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Immigrant communities
- Haitian community
- Elderly/aging population

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Uninsured/underinsured individuals
- Non-English speakers and immigrants
- Elderly/aging population
- Haitian community

Resources people use in the community to address their health needs:
- Emergency rooms/hospitals
- Council on Aging
- Local pharmacies
- MassHealth

Top resources that are lacking in the community:
- Jobs/employment opportunities
- Affordable housing
- Hospitals
- Affordable medications/prescription assistance programs
- Interpretation services

"A large percentage of the elderly population gets diabetes at some point, so we need more diabetes education."

- Community Member Focus Group from Brockton

"We need more education on using the emergency room vs. urgent care, and that not everything is an emergency."

- Community Member Focus Group from Brockton

"There's no great access in the area to immediate behavioral or mental health care."

- Community Member Interview from Brockton

"Having basic access to healthcare is limited for immigrant women because they have no paperwork."

- Community Member Interview from Brockton

"Homelessness seems to be increasing in terms of what I'm seeing. Every day when I'm walking to the Health Center, I see more and more young people who inject drugs, or take drugs, or have unaddressed mental health issues."

- Community Member Focus Group from Brockton

TOP FINDINGS FROM
BROCKTON FOCUS GROUPS

ENGLISH AS A SECOND LANGUAGE (ESL):

- **Health issues** include employment challenges and economic stress, healthcare access barriers, expensive housing, limited public transportation, community violence concerns, and mental health concerns. A lack of jobs was frequently mentioned as a concern, with the resulting economic pressure causing stress and preventing access to basic needs. Barriers to healthcare access mentioned include lack of insurance, long wait times, providers not listening to patients, and language barriers.
- **Access barriers** are faced by non-English speaking residents, immigrants, those without documentation, low-income families, Black/African American community, and Latino/a community. Language barriers, discrimination, lack of access to services, and fear prevent many people from accessing the resources they need.
- **Existing resources** include MassHealth, Brockton Neighborhood Health Center, Supplemental Nutrition Assistance Program-Department of Transitional Assistance (SNAP-DTA), food pantries, YMCA, and work authorization assistance programs.
- **Resource gaps** include job opportunities and training programs, affordable health insurance options, more consistent healthcare providers, affordable housing options, better public transportation, information provided in other languages, more security and violence prevention programs, and mental health services, especially culturally competent services.
- **Improvement suggestions** include connecting immigrants with employment opportunities, providing better healthcare navigation services in multiple languages, creating comprehensive resource guides, improving the transportation system and services to get to medical appointments, and addressing traffic safety concerns, as well as providing support services.
- **Other feedback** includes the need for more funding for community centers and programs, as well as the importance of treating all community members with respect.

SENIORS:

- **Health issues** highlighted were crime and safety concerns, chronic diseases, mental health concerns, falls and lack of sidewalks, cost of prescriptions, and tense political climate, including concerns about government service cuts.
- **Access barriers** were identified for non-English speakers, those who are uninsured/ underinsured, those without advocates, and seniors. Language barriers are a prominent concern, as well as appropriate services for those questioning their gender identity.
- **Existing resources** include the Council on Aging, Signature Healthcare, Veterans Affairs (VA) services, and the Board of Health.
- **Resource gaps** include affordable housing, access to social workers, education on insurance benefits/navigation, long waitlists for housing assistance, and better training for home health aides, especially on chronic conditions such as diabetes.
- **Improvement suggestions** include more health education programs, better advertising of services and resources available (especially those at the senior center), improving city infrastructure (including potholes and public transportation), and distributing a newsletter to doctors' offices and nursing homes on services available in the community.
- **Other feedback** includes strong appreciation for the Council on Aging, as well as a need for groups to get seniors involved in physical activity.

TOP FINDINGS FROM
BROCKTON FOCUS GROUPS

HAITIAN POPULATION (IMMIGRANT FAMILY SERVICES INSTITUTE):

- **Health issues** include unemployment, financial stress, long hospital wait times, limited health insurance coverage, lack of housing affordability, discrimination, high grocery costs, and immigration-related stress. Many people are experiencing stress due to not being able to afford necessities, as well as fear of going out due to new deportation policies.
- **Access barriers** are faced by the Haitian community, often due to language barriers, harmful stereotypes, and discrimination. Many are also facing barriers to accessing healthcare due to insurance coverage gaps.
- **Existing resources** include Brockton Neighborhood Health Center, Good Samaritan Medical Center, and local pharmacies such as CVS and Walgreens.
- **Resource gaps** include a lack of housing, a lack of hospitals/healthcare services, a lack of jobs, and a lack of public restrooms.
- **Improvement suggestions** include building more housing, making road improvements, improving the residency process for immigrants, adding more street lighting, bringing in more healthcare workers or services, improving street cleaning, and fostering more social integration of groups to help with community support.
- **Other feedback** includes the need for economic opportunities to reduce financial stress, as well as more support for managing stress and other issues.

HAITIAN POPULATION (HAITIAN COMMUNITY PARTNERS):

- **Health issues** highlighted were unemployment-related stress, immigration-related stress, chronic conditions, difficulty in accessing nutritious food, limited physical activity opportunities, financial strain, and poor mental health, especially linked to economic stressors.
- **Access barriers** were identified for elderly/older adults, women, working adults, those who are uninsured/underinsured, parents/caregivers, those with chronic conditions, recent immigrants and non-English speakers, low-income population, Haitian community, those who are unemployed, and families with children. Many people experience financial barriers to accessing care, face cultural and social barriers in receiving care and in the community in general, and language barriers that especially impact employment and service access.
- **Existing resources** include community health centers, hospitals, local pharmacies, MassHealth, Department of Transitional Assistance (DTA), Women, Infants, and Children (WIC), local churches, public libraries, and other social service organizations.
- **Resource gaps** include insufficient translation services, limited specialist access, lack of affordable medication programs, limited culturally competent mental health services, insufficient job and employment services, lack of childcare options, limited transportation options, lack of affordable insurance options, and limited employment opportunities for non-English speakers.
- **Improvement suggestions** include providing better translation/interpretation services, offering more community health education, creating a mobile clinic, enhancing mental health services, improving coordination between healthcare providers, offering extended clinic hours, simplifying the insurance navigation process, improving cultural competency of the community overall, improving access to healthy food, adding more physical activity opportunities, and improving outreach on available resources.
- **Other feedback** includes the need to improve sidewalks, roads, and lighting in the area, as well as a critical need for employment support.

TOP PRIORITY HEALTH NEEDS
FROM STOUGHTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Housing and homelessness
- Mental health
- Adverse childhood experiences (ACEs)
- Access to healthcare
- Income/poverty and employment

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Childcare affordability/availability
- Healthcare and insurance costs
- Housing affordability
- Unmet mental healthcare needs

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Traffic safety
- Healthcare access issues
- Obesity
- Food insecurity

How health concerns are impacting community:
- Unsafe roads/drivers
- Decreased youth sports participation
- Financial barriers
- Long emergency room wait times
- Social isolation

"I think people are feeling like housing costs, like everywhere else, are just really high, like it's, you know, it's very challenging to be able to afford to purchase property."

- Community Member Interview from Stoughton

"Finding a primary care physician is hard, as there aren't many to pick from and many aren't taking new patients either."

- Community Member Focus Group from Stoughton

"We've had the closing of local hospitals in the area, and that definitely has made a negative impact."

- Community Member Interview from Stoughton

"Therapists at all age levels have wait lists that are a mile long."

- Community Member Interview from Stoughton

"More affordable senior housing is a big issue. A new housing project is in the works in Stoughton, and a portion of it is said to be 'affordable'."

- Community Member Focus Group from Stoughton

"There isn't a big provider in the community, so finding jobs is tough."

- Community Member Interview from Stoughton

TOP PRIORITY GROUPS & RESOURCES FROM STOUGHTON INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- English language learners
- Low-income population
- Elderly/aging population
- Non-English speakers

"Cost is still really a significant issue for people. If they don't carry the kind of insurance that the provider takes, or if the co-pays are still too high, they are not getting the care they need."

- Community Member Interview from Stoughton

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Low-income/lower-middle class population
- Elderly/aging population
- Those on fixed incomes

Resources people use in the community to address their health needs:
- Council on Aging
- YMCA Community Market
- Stoughton High School
- Stoughton Youth Commission

Top resources that are lacking in the community:
- Places/activities for teens
- Safe driving courses
- Food pantry delivery service
- More accessible mental health services
- More primary care providers

"There is very lengthy wait lists for senior housing and there have been complaints over getting the side of town that you would prefer to live in."

- Community Member Focus Group from Stoughton

"I think people are often seeking health information but don't always go to the best sources or know that they're not looking at the best sources. I do see a lot of crowdsourcing for health information in Stoughton."

- Community Member Interview from Stoughton

"We are seeing them [vapes] in school, and we're seeing more of it in school than we used to."

- Community Member Focus Group from Stoughton

TOP FINDINGS FROM
STOUGHTON FOCUS GROUPS

SENIORS:

- **Health issues** include mental health concerns, emergency care delays, and allergy management concerns. Long wait times in the emergency room are of concern, as well as access to allergy medications and care.
- **Access barriers** are faced by seniors, those on fixed incomes, those with disabilities, people with allergies, those who need mental health services, and those caring for young children. Seniors experience long waitlists for housing, and people are also struggling to afford transportation.
- **Existing resources** include the Council on Aging, public health and visiting nurses, YMCA Community Market, local hospital and emergency services, tax assistance program, and local food pantry.
- **Resource gaps** include food delivery services, limited food pantry hours, EpiPen and other allergy medication accessibility, and childcare support.
- **Improvement suggestions** include increasing Supplemental Nutrition Assistance Program (SNAP) benefits, establishing food pantry delivery service, expanding food pantry hours and locations, improving sidewalk infrastructure, and addressing Americans with Disabilities Act (ADA) compliance issues.

YOUTH:

- **Health issues** highlighted were substance use, poor physical health, obesity, and safety concerns. Specific safety concerns include reckless teen driving and dangerous bike behavior. Students expressed concern about the abundance of fast-food options as well as decreasing youth sports programs and participation.
- **Access barriers** were identified for low-income and lower-middle-class residents. These financial barriers impact students' ability to participate in various school activities such as Advanced Placement (AP) classes, dances, college applications, and yearbooks.
- **Existing resources** include Stoughton High School, specifically their athletic trainer and free counseling services through the Stoughton Youth Commission.
- **Resource gaps** include a lack of places for youth/teens to gather that foster a sense of community.
- **Improvement suggestions** include more community engagement to foster a greater sense of community, as well as updating driving education courses to encourage safer driving.
- **Other feedback** includes student appreciation for their peers and the new high school building.

TOP PRIORITY HEALTH NEEDS
FROM WHITMAN INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Access to healthcare
- Addiction and substance use
- Health insurance coverage
- Income/poverty and employment

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Healthcare access barriers
- Childcare affordability/availability
- Food affordability/access challenges
- Transportation/walkability issues
- Housing affordability/availability

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Timely healthcare access issues
- High cost of prescription drugs
- Addiction and substance use
- Transportation
- Lack of communication

How health concerns are impacting community:
- Senior going unnoticed/not being considered
- Unaware of available resources
- Delays in care/difficult to access care
- Inability to pay hospital bills/medications

"The ability to receive adequate medical care within a reasonable time frame is getting harder and harder."

- Community Member Focus Group from Whitman

"There is limited access to healthcare for those with chronic conditions such as diabetes and obesity."

- Community Member Focus Group from Whitman

"Even if individuals are on Medicare and their copays are small, they cannot afford it because their cost of living is so high compared to their income."

- Community Member Interview from Whitman

"It can be 3 or 4 months before you actually get mental health care because of the wait list. There are so many people who are dealing with those things."

- Community Member Interview from Whitman

"Housing is definitely a major issue with the older population. Having a fixed income, they cannot afford to pay the mortgage on a home. Some are forced to leave the community because they cannot afford it."

- Community Member Interview from Whitman

"Hospital closures have made it really difficult to get local health care."

- Community Member Focus Group from Whitman

TOP PRIORITY GROUPS & RESOURCES FROM WHITMAN INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Elderly/aging population
- Veterans and their families
- Low-income population

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Non-English speakers and immigrants
- Low-income population
- Elderly/aging population

Resources people use in the community to address their health needs:
- Board of Health
- Local pharmacies
- Council on Aging

Top resources that are lacking in the community:
- Informational pamphlets for seniors and the community
- Better communication about available resources
- More activities for younger seniors
- Adequate transportation for seniors

"We have been struggling to get primary care because there is a shortage."

- Community Member Interview from Whitman

"With Medicare no longer paying for telehealth visits, it's made it even harder to get care."

- Community Member Focus Group from Whitman

"I think, throughout the community, our sidewalks are not that great. Recently, they were fixing some of them to make it easier. But again, someone using a walker, someone using a wheelchair, someone using what they call pole leaders, it's very difficult."

- Community Member Interview from Whitman

"We'd like to hope the younger generation is smarter to realize how bad it is to vape and not start it. But it's possible that they're still doing it."

- Community Member Interview from Whitman

"There is a lack of mental health services for children and adults."

- Community Member Focus Group from Whitman

TOP FINDINGS FROM
WHITMAN FOCUS GROUPS

SENIORS:

- **Health issues** include healthcare access and cost challenges, limited mental health services, senior health concerns, and social health concerns such as addiction and substance use, crime concerns, food insecurity, and affordable housing shortages. Residents are struggling with long wait times for appointments, high medication and care costs, and healthcare system challenges like hospital closures and burned-out staff. Seniors specifically are facing transportation barriers to appointments, fall risks, and a lack of communication on services available, especially for those without technology.
- **Access barriers** are faced by seniors, low-income population, and immigrants. Those without technology are limited in their access to information on services, and transportation barriers also exist for many.
- **Existing resources** include local pharmacies, Council on Aging, Board of Health, local urgent care centers, and online health information sites.
- **Resource gaps** include communication about available services in the community, activities for younger seniors (60s-70s), adequate transportation for seniors, mental health services, and healthcare system navigation assistance.
- **Improvement suggestions** include creating a print and digital resource guide, distributing information in various accessible locations (Town Hall, pharmacies), expanding senior transportation by collaborating with community organizations, increasing funding for the Council on Aging, offering technology workshops for seniors, establishing community gardens, and providing health education in the community.
- **Other feedback** includes seniors feeling that their concerns are not adequately considered in town decisions, as well as a need for inter-town collaboration and community organization engagement.

YOUNG MEN:

- **Health issues** highlighted were opioid addiction, high rates of flu and strep throat infections in schools, water quality concerns, inadequate trash collection services, lack of vaccine transparency and awareness, and limited healthcare access, especially for those with chronic conditions.
- **Access barriers** were identified for immigrants and English language learners, particularly the Brazilian population. Seniors and low-income populations were also noted as facing access barriers.
- **Existing resources** include the Board of Health, Town Hall postings, and the park.
- **Resource gaps** include services for children dealing with dependency issues (either personally or within their families), safe and engaging spaces for students, community engagement events, and a lack of information on available resources.
- **Improvement suggestions** include emphasizing exercise and better nutrition for personal health maintenance, increasing green spaces to benefit wildlife and air quality, expanding access to exercise equipment, improving access to healthy and fresh food options, and promoting environmental health awareness, including better public knowledge about hazardous waste management.
- **Other feedback** includes enthusiasm about the new middle school being built as well as a recurring concern that information about available resources is not adequately communicated to residents.

PRIMARY DATA COLLECTION

INTERVIEWS AND FOCUS GROUPS

Each key informant interview and focus group discussion was analyzed to identify and prioritize community health needs. In total, **49** key informant interviews and **12** focus groups were conducted with **139** participants. The community health needs rankings were developed by tracking the number of times each need was mentioned across all interviews and focus groups. Needs mentioned more frequently were ranked higher. The results of how the health needs were ranked in the focus groups and interviews are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report, More details about the interview and focus group questions and findings can be found on pages 20-38, and demographics can be found in **Appendices B and C.**

COMMUNITY CONDITIONS RANKING FROM INTERVIEWS AND FOCUS GROUPS
#1 Access to healthcare
#2 Nutrition and physical health
#3 Income/poverty and employment
#4 Housing and homelessness
#5 Education
#6 Food insecurity
#7 Adverse Childhood Experiences (ACEs)
#8 Transportation
#9 Preventive care and practices
#10 Internet and Wi-Fi access
#11 Crime and violence
#12 Environmental conditions
#13 Access to childcare

HEALTH OUTCOMES RANKING FROM INTERVIEWS AND FOCUS GROUPS
#1 Chronic diseases
#2 Mental health
#3 Addiction and substance use
#4 Maternal and infant health
#5 Tobacco and nicotine use
#6 Injuries
#7 HIV/AIDS and STIs

HEALTH NEEDS

COMMUNITY CONDITIONS

HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the PN-5 service area ranking from focus groups and key informant interviews (see page 39). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of the PN-5 service area and the state compared to the benchmark goal.

PN-5
Public Health Excellence
Shared Services Group

#1 Health Need: ACCESS TO HEALTHCARE

Based on the population to provider ratio, **Norfolk County has better access to primary care and dental providers, while Plymouth County has worse access.**

IN OUR COMMUNITY

NORFOLK COUNTY *863:1[3]	NORFOLK COUNTY **811:1[3]
PLYMOUTH COUNTY *1,577:1[3]	PLYMOUTH COUNTY **1,356:1[3]
MASSACHUSETTS *990:1[3]	MASSACHUSETTS **915:1[3]

*residents : primary care providers

**residents : dental care providers

Community members identified local access to healthcare as the top health need in the PN-5 service area during key informant interviews, and it was also among the most frequently mentioned needs in focus groups.

BARRIERS TO CARE

Focus group participants **ranked affordable medications/prescription assistance and lack of hospitals as some of the most critical gaps** in resources in the community.

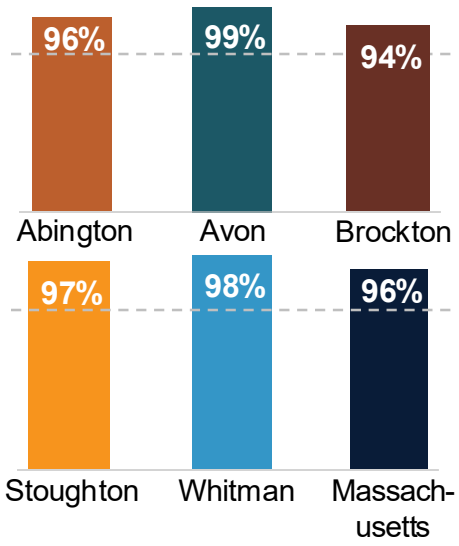
Affordable health insurance options were ranked as a significant gap (#9 in resources lacking in the community by focus group participants).

Focus group participants highlighted **lack of money/financial strain as the number one impact of health issues.** There were mentions of:

- Being unable to pay medical bills
- Delayed medical care due to costs
- Financial struggles for families

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



All communities in the PN-5 service area meet the target.[4]

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#1 Health Need:
ACCESS TO HEALTHCARE

COMMUNITY FEEDBACK

"People are being sold so many different plans that you don't know what to look at, what to believe, and you don't understand what's best for you. So, I think the information and the complexity of health insurance is a barrier. I've met lots of people who were spending way more for a plan than they needed to."

- Community Member Interview from Avon

"When you look at the landscape, you see more and more hospitals and pharmacies closing their doors. Small, independent pharmacies—those mom-and-pop businesses—are nearly gone because they can't compete with the large chain drugstores. And hospitals are shutting down due to financial mismanagement or because they're owned by investors who see them purely as money-making ventures."

- Community Member Interview from Stoughton

"The only service Avon seems to have readily available is dental services."

- Community Member Focus Group from Avon

"I feel like Brockton is sort of isolated within itself, so when you have a patient that has to go for a specialty appointment at Boston Medical center. It is extremely difficult to go there on public transportation. It would take several hours changing bus routes and it's expensive."

- Community Member Interview from Brockton

PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

While **access to healthcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Brockton has the highest uninsured rates in the PN-5 service area for adults **(6%)**, children **(3%)**, and seniors **(2%)**.

Compared to the state average (1%), uninsured rates for **children** are **higher in Avon (2%) and Brockton (3%)**, but lower or equal in all other communities.[4]

Top issues/barriers for access to healthcare (from interviews and focus groups):
- Primary care access
- Hospital access and closures

Sub-populations most affected by access to healthcare (from interviews and focus groups:
- Elderly
- Non-English speakers

Top resources, services, programs, and/or community efforts for access to healthcare:
- Barton Neighborhood Health Center
- Beth Israel Hospital
- Board of Health

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts.

#2 Health Need: NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

25% of **Norfolk County** residents are **obese,** which is lower than the state rate of **28%.** Plymouth County has a slightly higher rate than the state **(29%)**.[6]

COMMUNITY FEEDBACK

"I think it's the technology and the habits that kids and families have around TVs or tablets, electronics, just electronics generally. That's definitely the barrier. I don't think there's a lack of opportunities in town or in the schools for physical activity. There are lots of places people can play games, parks to go for walks, ride bikes. It's just the pressure to be on a device."

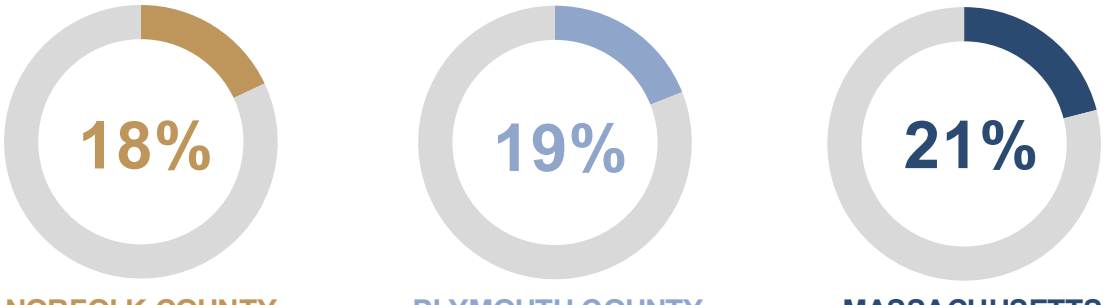
- Community Member Focus Group from Abington

"Avon is so small and doesn't necessarily have all of the opportunities that families are looking for, for their children."

- Community Member Focus Group from Avon

In Norfolk County **9%** of households receive food stamps, which is lower than Plymouth **(12%)** and the state rate of **16%**.[5]

18% of Norfolk County residents and **19%** of Plymouth County residents ages 18 and older are **physically inactive, lower (and better) than the state rate of 21%.**[3]

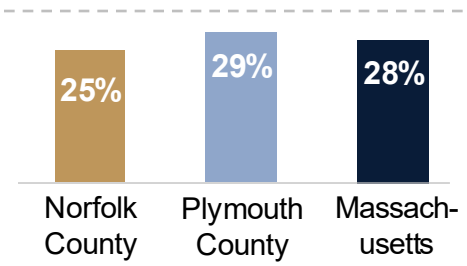


County-level data was utilized when community data was unavailable.

#2 Health Need: NUTRITION & PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✕ Norfolk and Plymouth Counties both exceed the target.[6]

COMMUNITY FEEDBACK

"We do have a couple of supermarkets in town. It's a small town, too. So, we've got like one supermarket for almost every four square miles of community, so it's pretty good."

- Community Member Interview from Abington

"There's no yard space, so how are kids going to go out and play in the yard? You want kids to get away from the computer and go play ball, but there's no room to do that, because there's no yard space."

- Community Member Interview from Stoughton

"There's not a lot of people lifting weights anywhere or going for long runs. We don't have that."

- Community Member Focus Group from Brockton

"We don't have sidewalks everywhere where we need them, so walkability can be challenging."

- Community Member Interview from Stoughton

PRIORITY POPULATIONS

NUTRITION & PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to data, **teen girls** are much more likely than boys to report trying to lose weight, regardless of BMI.[7]

According to research, **lower income individuals, males, and older adults** are more likely to be overweight or obese, not exercise, and not eat enough fruits and vegetables.[8]

The cost of food and food insecurity was a top concern in the **Brockton** and **Stoughton** focus groups.

Top issues/barriers for nutrition & physical health (from interviews and focus groups):

- Unhealthy food is cheap/healthy food is expensive
- Food insecurity/lack of access

Sub-populations most affected by nutrition & physical health (from interviews and focus groups):

- Low-income population

Top resources, services, programs, and/or community efforts for nutrition & physical health:

- Parks/trails/bike paths

County-level data was utilized when community data was unavailable.

#3 Health Need:
INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income**, **employment**, **education,** and many of the most important social factors that impact the community's health.

5% of Norfolk County and **5%** of Plymouth County **teens 16-19** are at risk because they are **not in school or are unemployed**, which is similar to the 5% seen statewide.[9]

Of these teens, **1%* of Norfolk and 2% of Plymouth County** teens **do not hold a high school** diploma, vs. 2% for Massachusetts.[9]

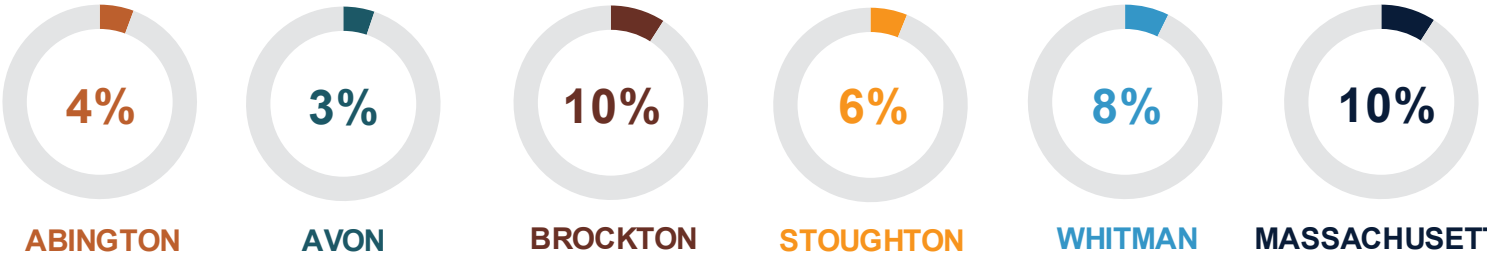
3% Norfolk County and **4%** of Plymouth County **adults are unemployed** vs. 3% for Massachusetts.[9]

IN OUR COMMUNITY

NORFOLK COUNTY	$123,449
PLYMOUTH COUNTY	$107,828
MASSACHUSETTS	$99,750

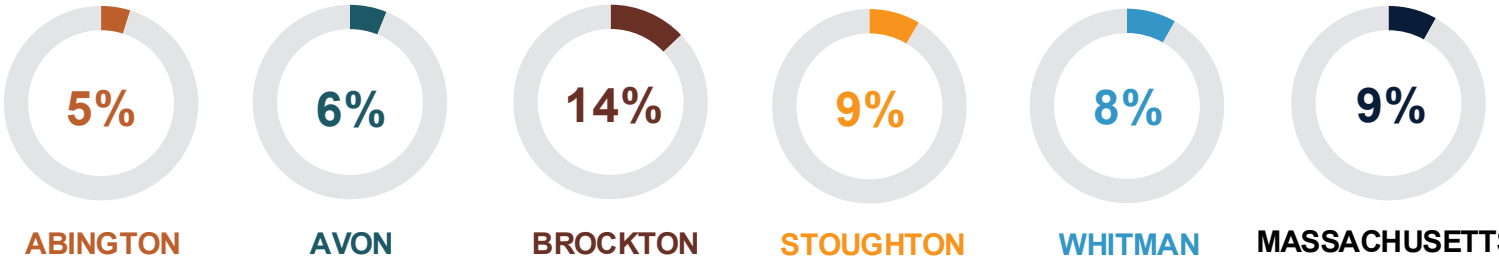
Norfolk County's median household income is **higher** than Plymouth County's and the state average.[9]

POVERTY RATE



Poverty rates are **lower in Avon and higher in Brockton** than all other communities in the PN-5 service area and in Massachusetts overall.[4]

LOW-INCOME RATE



Low-income rates are **lower in Abington and higher in Brockton** than in every other community in the PN-5 service area and Massachusetts overall.[10]

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#3 Health Need: INCOME/POVERTY & EMPLOYMENT

According to the U.S. Census Bureau

9% of low-income Norfolk County and **12%** of Plymouth County adults utilize food stamps, vs. **14%** for Massachusetts.[4]

COMMUNITY FEEDBACK

"All of our students qualify for free and reduced lunch through the federal Community Eligibility Program (CEP) program, reflecting the rising poverty in our community. We're seeing a widening gap and are really a community of haves and have-nots. Some families are doing well, while many others are struggling."

- Community Member Interview from Abington

"Senior year has a lot of costs associated with it in order to participate in the basic events…Once in high school, low-income or lower-middle class students begin to struggle to be able to afford and fund school activities."

- Community Member Focus Group from Stoughton

"People are anxious-delaying appointments, ignoring symptoms-possibly resulting in worsening conditions and more expensive treatments."

- Community Member Focus Group from Whitman

"Many younger veterans start over at entry-level pay without the housing support they had in the military, making it hard to keep up with the rising cost of living."

- Community Member Interview from Stoughton

"We're a small community without public transportation, so daily life favors those who can afford a vehicle and get themselves to work. There aren't many job opportunities locally, and while there are more options outside the community, access depends on reliable transportation. Most development here focuses on housing, not bringing in new industry or jobs."

- Community Member Interview from Abington

PRIORITY POPULATIONS

INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Whitman has the highest female head-of-household poverty rate in the PN-5 service area (35%).[4]

Brockton has the highest overall (10%) and senior (17%) poverty rate in the PN-5 service area.[4]

According to research, **people who are immigrants and/or experience language barriers** may have additional challenges with accessing employment, education, and health and social services.[6]

Top issues/barriers for income/poverty and employment (from interviews and focus groups):
- Employment issues
- Housing challenges

Sub-populations most affected by income/poverty and employment (from interviews and focus groups):
- Economically disadvantaged population
- Elderly

Top resources, services, programs, and/or community efforts for income/poverty and employment:
- Town Hall
- Food pantry

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#4 Health Need: HOUSING & HOMELESSNESS

Housing and homelessness is a concern in terms of quality and affordability, which has only increased since the COVID-19 pandemic. Housing issues (lack of housing, housing being too expensive) were a top concern for both the **Avon and Brockton** focus groups.

IN OUR COMMUNITY

15% of Norfolk and Plymouth County households experience **severe housing problems** (identifying at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities), vs. **17%** for Massachusetts.[6]

Freddie Mac estimates a 13% vacancy rate indicates a well-functioning housing market. In 2023, vacancy rates were lower: **2% in Abington, 1% in Avon, 5% in Brockton, 4% in Stoughton, and 6% in Whitman.**[11]

15% of Norfolk and Plymouth County households are "cost burdened" (spend more than 35% of their income on housing), vs. **16%** for Massachusetts.[6]

Data shows that **8% of Abington, 17% of Avon, 10% of Brockton, 11% of Stoughton, and 11% of Whitman households are seniors who live alone**, vs. **12%** for Massachusetts. Seniors living alone may be isolated and lack adequate support systems.[2]

County-level data was utilized when community data was unavailable.

#4 Health Need: HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"Even given my current salary, which is extremely competitive. I don't think, under the same circumstances, if I wanted to buy the same property at this time that I would have the proper debt to income ratio necessary to allow me to receive that mortgage. I think that exemplifies what people are facing now. They're caught in a situation where they're paying extremely high rents, and they're unable to purchase homes or properties for themselves because of factors that they're facing in our economy."

- Community Member Interview from Brockton

"At the housing authority, we're finding a lot of elderly are becoming unhoused because their rents are being raised so high that they can't afford it. They can't afford to pay $3,000 a month for rent."

- Community Member Interview from Whitman

"I do see a lot of shelters being overfilled because of the fact that they're trying to accommodate as much as possible. That's usually a huge crisis. I do see a lot of folks also squeezing in into other people's places...I see a lot of folks also going to the hospitals to sleep because they have nowhere to go and see folks sleeping on the streets, as well, because they have no other alternative but to do that.

- Community Member Interview from Brockton

"Rents are high, so I'm not sure how people afford it because I see how much people pay for rent, and it's as much as my mortgage for my house."

- Community Member Focus Group from Avon

"Seniors are finding it difficult to remain in Whitman because of the high costs now associated with living here."

- Community Member Focus Group from Avon

PRIORITY POPULATIONS

HOUSING & HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the Centers for Disease Control and Prevention, people experiencing homelessness face higher risks of infectious diseases, mental illness, and chronic conditions.[12]

Lack of affordable housing, particularly **for seniors**, was a top health concern in the **Abington** and **Brockton** focus groups.

Top issues/barriers for housing and homelessness (from interviews and focus groups):

- Limited affordable housing
- Rent is not affordable
- Lack of senior housing

Sub-populations most affected by housing and homelessness (from interviews and focus groups):

- Low-income population
- Seniors

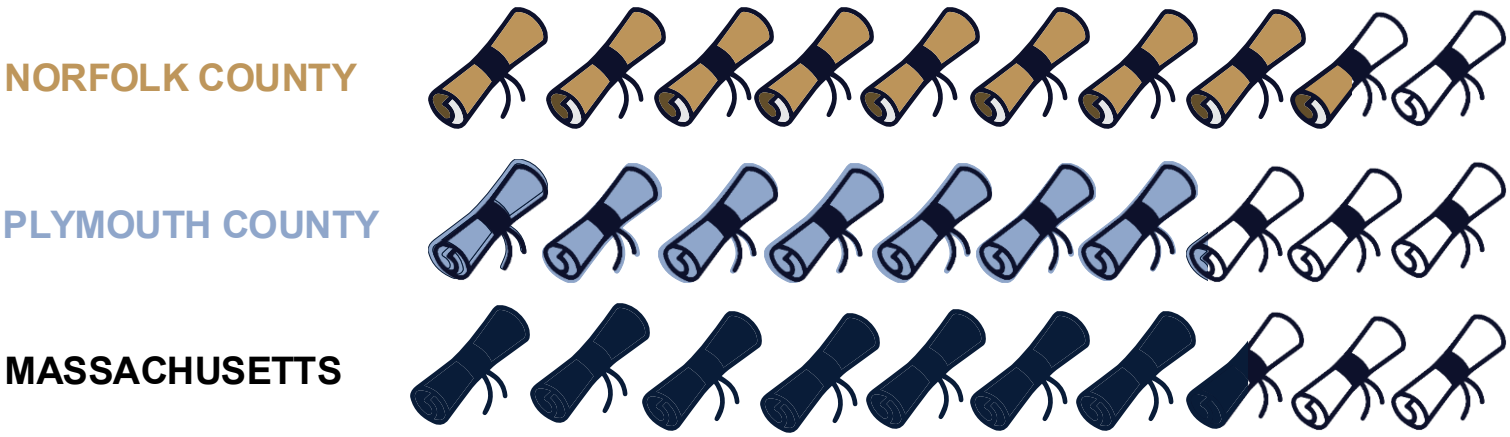
Top resources, services, programs, and/or community efforts for housing and homelessness:

- RAFT (Residential Assistance for
- Families in Transition)
- Senior Center
- Local shelters

#5 Health Need: EDUCATION

IN OUR COMMUNITY

According to census data, **9% of Plymouth and Norfolk County residents did not graduate high school, vs. 10% for the state.**[3]



72% of Plymouth County and **85%** of Norfolk County residents have at least some college education (vs. **75%** for the state of Massachusetts).[3]

Community focus groups identified **educational resources** as a moderate gap in the community.

In 2024, third-grade students in Norfolk County averaged a **3.6** on the English Language Arts standardized test, slightly higher than Plymouth County and the state average of **3.4**. A score of **3.0** indicates grade-level performance.[3]

7% of 3- and 4-year-olds in Norfolk and Plymouth County are enrolled in preschool. This is higher (and better) than the overall Massachusetts rate of **6%**.[3]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.[13]

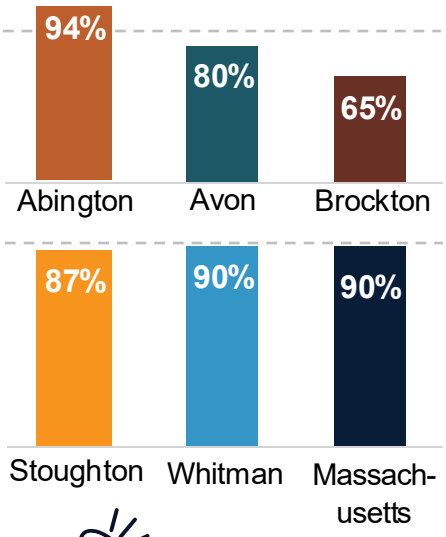
In 2024, graduation rates in Abington **(94%)** were higher than the state rate **(90%),** Whitman was equal to the state rate, whereas Avon **(80%),** Brockton (**65%)** and Stoughton **(87%) had lower graduation rates**.[14]

County-level data was utilized when community data was unavailable.

#5 Health Need: EDUCATION

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%

DESIRED DIRECTION:

- ✓ Abington exceeds the target.[3]
- ✗ Avon, Brockton, Stoughton, and Whitman do not yet meet the target.[3]

COMMUNITY FEEDBACK

"Our tuition for preschool is much cheaper than what a parent would be paying for private daycare."

- Community Member Interview from Whitman

"We have health class, but they don't talk about all the details. It makes people feel isolated. it should be required because a lot of kids are sexually active."

- Community Member Focus Group from Avon

"The biggest roadblock that we're seeing now that impairs graduation rates is mental health concerns that are causing large absenteeism rates that lead to them not reaching their goals."

- Community Member Interview from Abington

"[With the] population growing, we tried to get other kids to translate for them [students unable to speak English], but they had a hard time and are falling behind because of it."

- Community Member Focus Group from Avon

PRIORITY POPULATIONS

EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Youth health behaviors and college readiness were a top concern in the **Avon** focus groups.

Among the **youth** in the **Abington** focus groups, school fights were a top concern.

The impact of mental health on school performance and absenteeism was an overarching concern across **all communities.**

Top issues/barriers for education (from interviews and focus groups):

- Youth mental health
- Language barriers

Top resources, services, programs, and/or community efforts for education:

- After-school programs

"Brockton does a very good job with their school system. They have a lot of programs available. They have after school and breakfast and lunch programs, summer food programs."

- Community Member Interview from Brockton

County-level data was utilized when community data was unavailable.

#6 Health Need: FOOD INSECURITY

According to *Feeding America*, 9% of Plymouth and Norfolk County and 12% of Massachusetts residents experience food insecurity.[15]

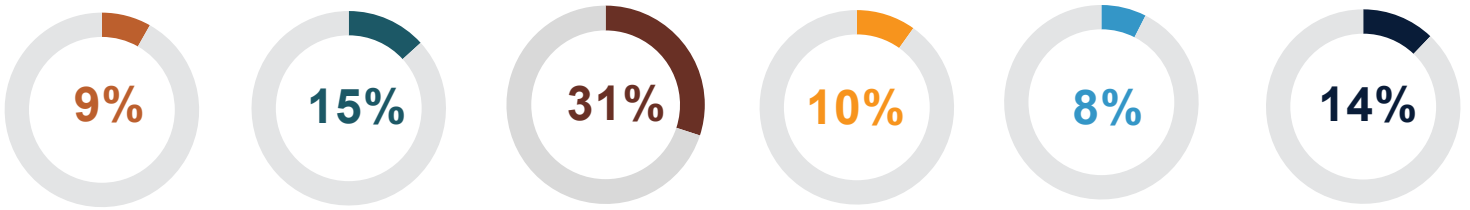
9% of Norfolk County versus **12%** of Plymouth households receive food stamps, Single moms with children receiving food stamps (27% vs. 33%), and senior households receiving food stamps (52% vs. 47%).[4,16]

IN OUR COMMUNITY

Norfolk County's **food environment rating** out of 10 (0 being worst and 10 being best) is **9.5**, (slightly better than the Plymouth County and Massachusetts rating of **9.3/10**).[3]

NORFOLK COUNTY	9.5/10
PLYMOUTH COUNTY	9.3/10
MASSACHUSETTS	9.3/10

SNAP* UTILIZATION RATE



A higher rate of Brockton households than all other communities in the PN-5 service area and Massachusetts households access **SNAP* benefits.**[4]

**Supplemental Nutrition Assistance Program*

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#6 Health Need: FOOD INSECURITY

COMMUNITY FEEDBACK

"People moved to Stoughton because it was more affordable, but rising costs are making it harder to meet basic needs. It's leading to increased food and housing insecurity and putting serious pressure on individuals and families."

- Community Member Interview from Stoughton

"Healthy food is expensive, so families often turn to cheaper options at places like Walmart just to stay within budget. When you're trying to pay for rent, utilities, and other essentials, buying $10 grapes isn't realistic. Food insecurity is real, and it's hard for people to make healthy choices when affordable options are often processed and unhealthy."

- Community Member Interview from Brockton

"We definitely have pockets of the community who are undernourished. I will say that we have children at school who are really happy when they get to go back because those are the meals they get."

- Community Member Interview from Abington

"I'm concerned about the recent grocery store closing in Brockton—it's going to impact the surrounding communities, including where I live. As more supermarkets shut down, it becomes increasingly difficult for people to access fresh produce and other essentials."

- Community Member Interview from Stoughton

PRIORITY POPULATIONS

FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to research, food insecurity among **Black or Latino** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural.**[15]

Food insecurity is higher in **Plymouth County** than Norfolk County.[15]

Focus group participants most frequently mentioned **groceries/high cost of living** as one of the top health issues impacting the community.

Top issues/barriers for food insecurity (from interviews and focus groups):

- Healthy food cost barriers
- Access to food sources

Sub-populations most affected by food insecurity (from interviews and focus groups):

- Economically disadvantaged population
- Elderly
- Children

Top resources, services, programs, and/or community efforts for food insecurity:

- Food pantries
- School meal programs
- Community gardens

County-level data was utilized when community data was unavailable.

#7 Health Need:
ADVERSE CHILDHOOD EXPERIENCES

Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative, can have lifelong impacts.[17]

5 of the top 10
leading causes of death in the U.S. are associated with ACEs.[18]

IN OUR COMMUNITY

Research shows that **youth with the most assets are less likely to engage in**:[18]
- alcohol use
- violence
- sexual activity

Research shows that **youth with the most assets are more likely to**:[18]
- do well in school
- be civically engaged
- value diversity

COMMUNITY FEEDBACK

"We're seeing lots of refugees...new families to this country who have experienced extreme trauma, where in some cases violence has been committed against entire families, children, mothers, fathers...So, it's a level of trauma that I personally haven't seen in my work before."

- Community Member Interview from Brockton

"There's so much pressure on young people today, and I believe it's directly linked to the rise in youth suicides. Many reach a point of hopelessness, feeling like there's no way out. We need to do a better job of talking to them, reminding them that help exists, and encouraging them."

- Community Member Interview from Stoughton

"We have children who have experienced trauma, though it's not always visible or easy to identify—especially outside of a school setting. At the library, we often see kids who may be struggling, and while we can't always address the deeper trauma, we do our best to offer a safe, supportive space."

- Community Member Interview from Abington

"I'm in my early twenties, and many of my friends in this community have experienced some form of childhood trauma. For a lot of us, that trauma carries over into adulthood. How deeply it affects each person varies, but it's something nearly everyone seems to be dealing with."

- Community Member Interview from Abington

PRIORITY POPULATIONS
ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Focus group participants ranked **youth development issues** as one of the top 10 health issues impacting the community.

Children with the following **risk factors**:[17]
- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Top issues/barriers for ACEs (from interviews and focus groups):
- Mental health and healthcare access
- Trauma
- Academic and school impact

Sub-populations most affected by ACEs (from interviews and focus groups):
- Youth
- Elderly
- Immigrant communities

Top resources, services, programs, and/or community efforts for ACEs:
- Churches
- Counseling services

#8 Health Need: TRANSPORTATION

Transportation has a major influence on health and access to services, for example, attending routine and urgent appointments, as well as running essential errands that support daily life.

IN OUR COMMUNITY

55/100
Walkscore Abington[19]

50/100
Walkscore Avon[19]

51/100
Walkscore Brockton[19]

74/100
Walkscore Stoughton[19]

73/100
Walkscore Whitman[19]

When analyzing the PN-5 service area, according to Walkscore.com, **Stoughton and Whitman** were both considered very **Walkable'**, Brockton and Abington were considered **'Somewhat Walkable'**, meaning some errands could be done on foot, and Avon was considered '**Car Dependent**'.[19]

According to the **American Community Survey**:

74% of Abington**, 75%** of Avon**, 72%** of Brockton, **71%** of Stoughton and **73%** of Whitman residents **drive to work alone,** compared to **63%** of Massachusetts residents.[4]

4% of Abington**, 5%** of Avon **and** Brockton, **3%** of Stoughton and Whitman residents **use public transportation to get to work,** compared to **7% of Massachusetts residents.**[4]

The average daily commute time in the PN-5 service area ranges from **29 (Avon) to 32 minutes (Whitman)**, which is comparable to the Massachusetts state average of **29 minutes.**[4]

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts.

#8 Health Need: TRANSPORTATION

COMMUNITY FEEDBACK

"There's no public transportation as far as busing for the Brockton Area."

- Community Member Interview from Stoughton

"As far as our seniors with physical disabilities, transportation is the biggest issue."

- Community Member Interview from Brockton

"Walkability is not great...Sidewalks and safe places to walk are not common here, but we're increasing that infrastructure. We are getting bike lanes and things by the schools, but those are not in high, commercially, accessible places of town."

- Community Member Interview from Abington

"We don't have sidewalks everywhere where we need them, so walkability can be challenging."

- Community Member Interview from Stoughton

"The senior center is connected to the Brockton area transportation network bus system but not much else around town."

- Community Member Interview from Whitman

"We are a small community. It is very easily walkable, and so for the most part, if you need to get from point A to point B, it's not that challenging to find a way to do that."

- Community Member Interview Avon

"Students who live in Brockton had issues getting to school with the transportation system...buses would drive past them, and sometimes they couldn't get to school or home from school."

- Community Member Focus Group from Avon

PRIORITY POPULATIONS

TRANSPORTATION

While **transportation** is a major issue for the entire community, some groups are more likely to be affected by this health need, based on data we collected from our community…

Focus group findings showed that transportation **to medical appointments** for **older adults** was a top concern for the community.

In the community focus groups, **transportation** was ranked as a top concern in **Abington, Stoughton, and Whitman.**

Top issues/barriers for transportation (from interviews and focus groups):

- Lack of public transportation
- Community is not walkable
- Sidewalks need improvement

Sub-populations most affected by transportation (from interviews and focus groups):

- Seniors
- Students/youth

Top resources, services, programs, and/or community efforts for transportation:

- MBTA (Massachusetts Bay Transportation Authority)

#9 Health Need: PREVENTIVE CARE & PRACTICES

Access to preventive care has been found to significantly increase life expectancy, and can help prevent and manage chronic conditions, which are the most common negative health outcomes.[6]

IN OUR COMMUNITY

Childhood immunization rates entering kindergarten in Massachusetts **(98%)** are **slightly ahead** of U.S. rates **(97%)** for all required vaccines.[20*]

60% of Norfolk County and **57%** of Plymouth County Medicare enrollees received a flu vaccine in 2024, slightly higher than the Massachusetts state rate of **56%**.[6]

48%

of Massachusetts adults (18-49) have gotten their flu vaccine in the past year.[21*]

70%

Of women 18-34 years old in Massachusetts, 70% have received their Human Papillomavirus (HPV) vaccine series.[21*]

91% of Massachusetts residents have had their cholesterol checked in the past 5 years.[21*]

Almost **1 in 3 (29%)** of Massachusetts adults ages 45-47 do not meet colorectal screening guidelines.[22*]

In 2024, **57%** of female Medicare enrollees in Plymouth County and **55%** in Norfolk County, received an annual mammogram.[23]

COMMUNITY FEEDBACK

"Our local pharmacies have vaccines, so does the local urgent care, but if you don't have insurance, that vaccine could cost $200, so people (have to) come up with that. We've definitely been running into that problem this year. It's been our trickiest year with vaccines because they're state mandated to start school, but then you can't keep a child out of school for a month because they can't get access to their vaccines."

- Community Member Interview from Whitman

"It is challenging to get a mammogram...it might be between 6 to 8 months before you can get a mammogram in this community."

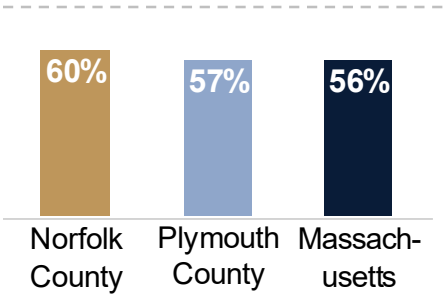
- Community Member Interview from Avon

The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts.
**Data only available at state level.*

#8 Health Need:
PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

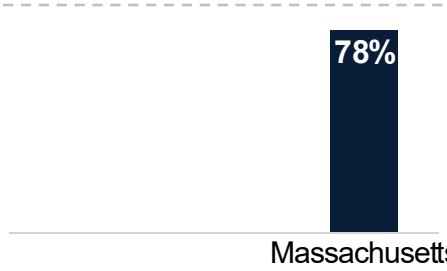
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✗ Norfolk and Plymouth County and Massachusetts do not yet meet the target.[6]

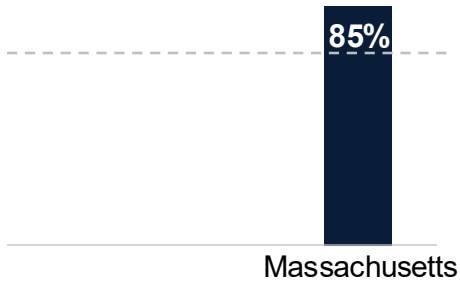
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✗ Massachusetts does not yet meet the target.[24*]

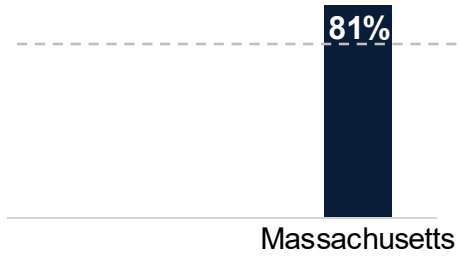
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✓ Massachusetts exceeds the target.[24*]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

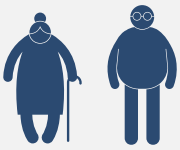


HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✓ Massachusetts exceeds the target.[24*]

PRIORITY POPULATIONS
PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…



Seniors who do not have transportation to appointments was an overarching concern among community interviews and focus groups.

Top issues/barriers for preventive care and practices (from interviews and focus groups):
- Lack of awareness/education
- Lack of utilization

Sub-populations most affected by preventive care & practices (from interviews and focus groups):
- Older adults

Top resources, services, programs and/or community efforts for preventive care and practices:
- Senior Service Center
- MassHealth

**Data only available at state level.*

#10 Health Need: INTERNET ACCESS

Massachusetts ranks 4th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).[25*]

COMMUNITY FEEDBACK

"Even when people have internet access, it's often low-cost and not strong enough to meet their needs, like job searching. Sometimes they have to come to our office to use our resources because their connection isn't reliable enough."

- Community Member Interview from Brockton

"It's important to ensure communication reaches people who don't have internet access or don't use it."

- Community Member Focus Group from Abington

"There are a lot of people who have access to the internet who don't use it."

- Community Member Focus Group from Abington

"Our healthcare programs—like online flu shot sign-ups—aren't always accessible to everyone, and we're limited by staffing and support."

- Community Member Interview from Abington

"At our local library, individuals experiencing homelessness can come in to charge their phones and access Wi-Fi. It's one of the few reliable places they can stay connected."

- Community Member Interview from Avon

"There are still some who can't afford it and rely solely on their phones, and while access has improved, it's not always reliable or sufficient for what families really need.."

- Community Member Interview from Abington

PRIORITY POPULATIONS
INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Lower income people have a lower likelihood of having internet access, according to research.[26]

Top issues/barriers to internet access (from interviews and focus groups):
- Internet affordability
- Healthcare access

Sub-populations most affected by internet access (from interviews and focus groups):
- Elderly
- Economically disadvantaged population
- Non-English speakers

Top resources, services, programs, and/or community efforts:
- Libraries
- Council on Aging technology programs

*Data only available at state level.

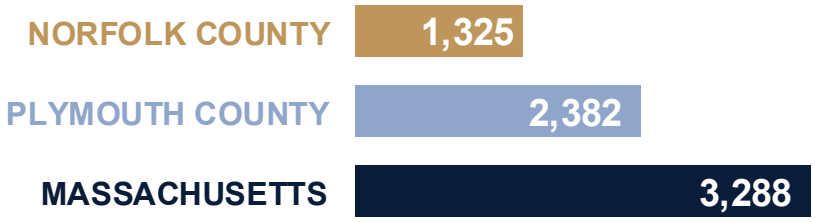
#11 Health Need: CRIME & VIOLENCE

Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

IN OUR COMMUNITY

From 2023 to 2024, crime rates **decreased by 2%** in Plymouth County and **increased by 6%** in Norfolk County.[27]

CRIME RATES PER 100,000[27]



COMMUNITY FEEDBACK

"Legion parkway, where we are located, is not the safest of places you walk outside...you might just be on guard and feel like you have to be vigilant when you're out there."

- Community Member Interview from Brockton

"I think the biggest thing in all the communities right now is drugs. That is the biggest thing that we're dealing with right now, and it's anybody's guess of how to get that under control."

- Community Member Interview from Abington

"I think some of the reasons for it are socioeconomic...people don't know what else to do. It's a way to get money. I'm not making excuses, but unfortunately, that's what happens."

- Community Member Interview from Brockton

"I can tell you that we have had a great increase in drug use in the community in the last several years, as I believe all communities have."

- Community Member Interview from Whitman

PRIORITY POPULATIONS
CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Crime and safety were a top concern across all communities in the PN-5 service area, but were mentioned most frequently in the **Brockton** focus groups.

Top issues/barriers for crime and violence (from interviews and focus groups):
- Domestic violence
- Substance misuse-related incidents
- Car break-ins

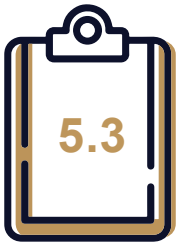
Sub-populations most affected by crime and violence (from interviews and focus groups):
- Those who use substances
- Lower income population

Top resources, services, programs, and/or community efforts for crime and violence:
- Law enforcement

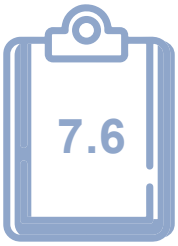
The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#12 Health Need: ENVIRONMENTAL CONDITIONS

IN OUR COMMUNITY



NORFOLK



PLYMOUTH

MASSACHUSETTS

In 2025, **Norfolk County had a better air quality** measurement (lower number of micrograms of particulate matter per cubic meter of air, with lower being better) than Massachusetts overall, while Plymouth County **had worse air quality.**[4]

In 2024, both **Plymouth and Norfolk Counties** reported one community water system health-based drinking water violation.[4]

In 2022, Norfolk County had **439** cases of Lyme Disease, which is lower than the **670** cases in Plymouth County.[28]

COMMUNITY FEEDBACK

"We have poor water quality in Abington. We get the notices very frequently that they have not met the recommendations for the water. The water has been a problem here for several years."

- Community Member Interview from Abington

"Brockton's water actually isn't all that great. A lot of places have filters or our agency provides a lot of bottled water, especially for guests...Nobody in Brockton really likes to drink tap water... Surrounding towns aren't nearly as bad as ours...you can shower in it, but it just has a funny taste, no matter where you get it from."

- Community Member Interview from Brockton

PRIORITY POPULATIONS

ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.[6]

Water quality was a top concern in focus groups for **Abington** and **Avon**.

Top issues/barriers for environmental conditions (from interviews and focus groups):

- Water quality

Sub-populations most affected by environmental conditions (from interviews and focus groups):

- Youth

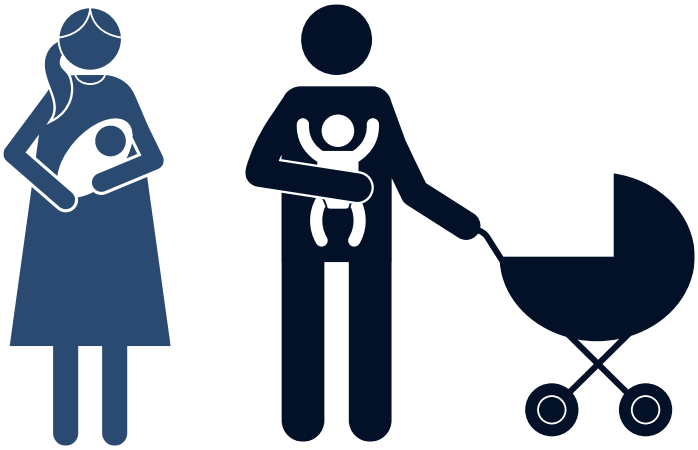
"There are some polluted properties from old shoe and tack manufacturing facilities."

- Community Member Interview from Whitman

County-level data was utilized when community data was unavailable.

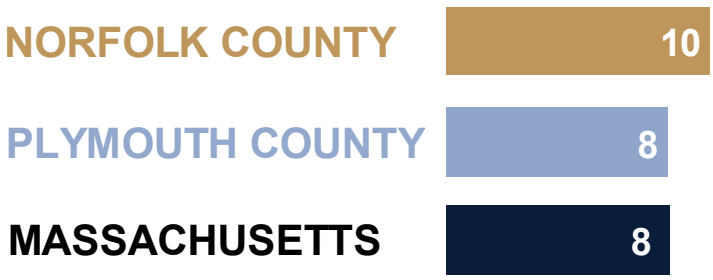
#13 Health Need: ACCESS TO CHILDCARE

IN OUR COMMUNITY



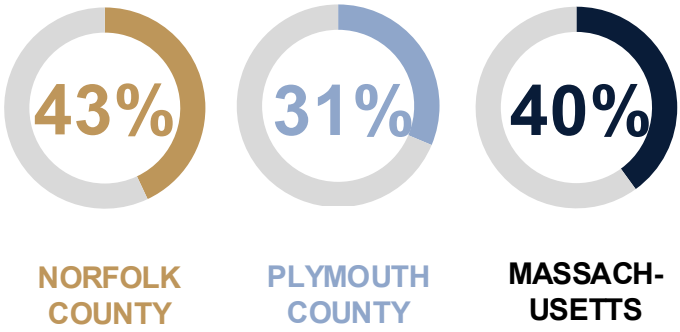
Focus group participants identified **youth programs and activities** as a significant gap, while **better before/after-school programs** were identified as a moderate gap, and **childcare** was identified as a specific resource need.

CHILDCARE AVAILABILITY



Both the state of Massachusetts and Norfolk County have **8 daycare centers per 1,000 children under age 5, slightly fewer than** Plymouth County's **10 per 1,000**.[3]

CHILDCARE AFFORDABILITY



The average two-child **Plymouth County** household spends **31% of its income on childcare, while Norfolk County households spend 43%,** slightly higher than the state average of **40%.**[3]

County-level data was utilized when community data was unavailable.

#13 Health Need: ACCESS TO CHILDCARE

COMMUNITY FEEDBACK

"None of my kids can afford childcare—they're all working multiple jobs just to get by. When I was raising my children, I was able to stay home, but now my grandchildren are being cared for by other relatives, like grandparents or siblings. These days, it feels like you need to be a middle- or high-income family just to meet the basic needs of raising children."

- Community Member Interview from Abington

"Daycare is so expensive that many families are forced to stay home, making it harder to work and improve their financial situation. It creates a trap where those needing support to get ahead are stuck."

- Community Member Interview from Stoughton

"I'm working with a veteran who has four young children. His wife stays home because her income wouldn't cover the high cost of daycare, and now they're in financial trouble and may have to sell their home to manage their debt."

- Community Member Interview from Stoughton

"These days, even in two-parent households, both parents often have to work, but childcare expenses can wipe out one of their incomes entirely. As more families face this reality, the need for accessible, affordable community-based childcare is becoming increasingly urgent."

- Community Member Interview from Brockton

"Affordable childcare is the largest barrier in the community."

- Community Member Interview from Whitman

PRIORITY POPULATIONS

ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Lower-income residents may have challenges affording childcare.[29]

Single parents who lack social support may have a greater need for childcare.[29]

Lack of childcare was a concern in the **Brockton** and **Avon** focus groups, particularly among families with young children.

Top issues/barriers for access to childcare (from interviews and focus groups):

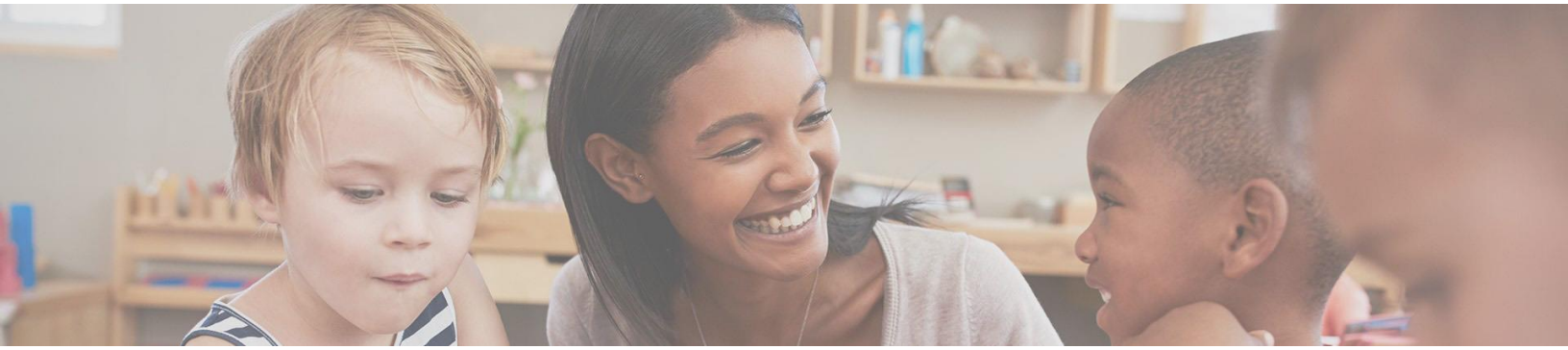
- Affordability and cost issues
- Limited availability and access

Sub-populations most affected by access to childcare (from interviews and focus groups):

- Economically disadvantaged population
- Parents

Top resources, services, programs, and/or community efforts for access to childcare:

- Town Hall
- Government subsidies



HEALTH NEEDS

HEALTH OUTCOMES

HEALTH NEEDS: HEALTH OUTCOMES

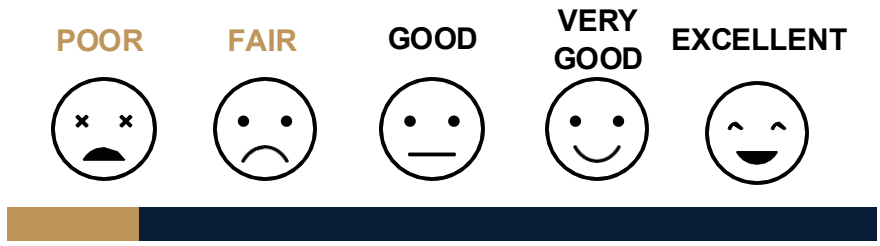
The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the PN-5 service area ranking from the key informant interviews and focus groups (see page 39). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the key informant interviews with community leaders and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of the PN-5 service area and the state compared to the benchmark goal.

PN-5
Public Health Excellence
Shared Services Group

#1 Health Need: CHRONIC DISEASES

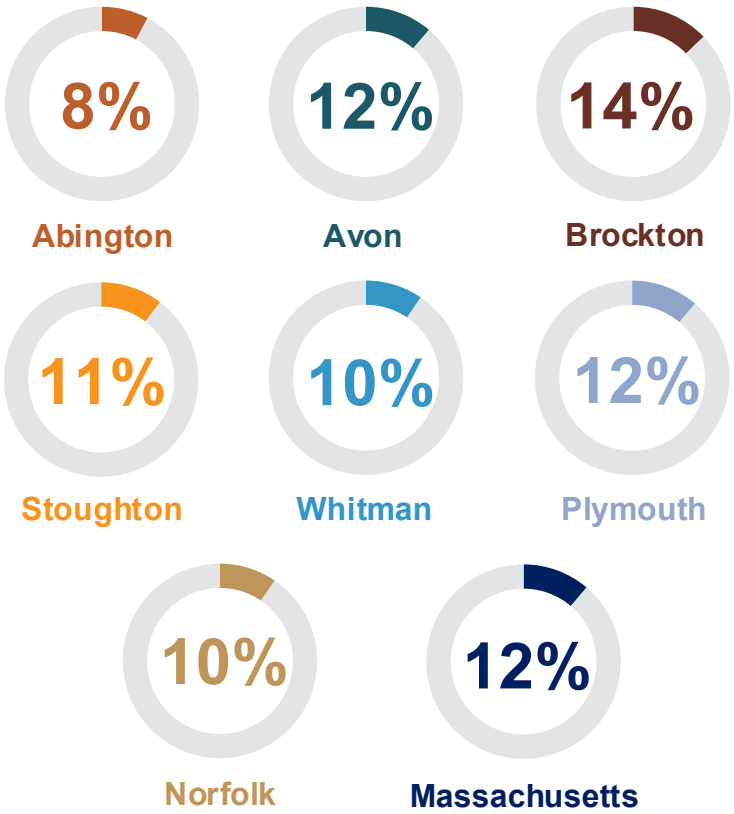
The most prevalent chronic conditions in the PN-5 service area are **obesity**, **high cholesterol, diabetes, and high blood pressure.**

IN OUR COMMUNITY

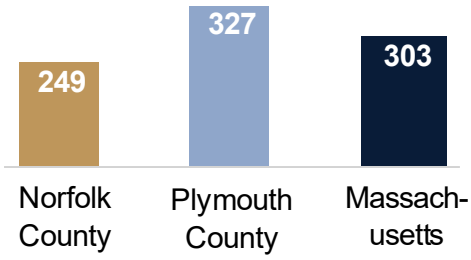


12% both Plymouth and Norfolk County adults rate their health as **fair or poor** (the same as Massachusetts), while the other 88% rank it as excellent, very good, or good.[2]

In the PN-5 service area, the percentage of adults who identify as having a disability varies by community (with **Brockton having the highest rate** at 14%):[2]



There were an average of **327 (age-adjusted) years of potential life lost** among Plymouth County residents, compared to **249** for Norfolk County, under age 75 per 100,000 people, vs. 303 for Massachusetts.[3]

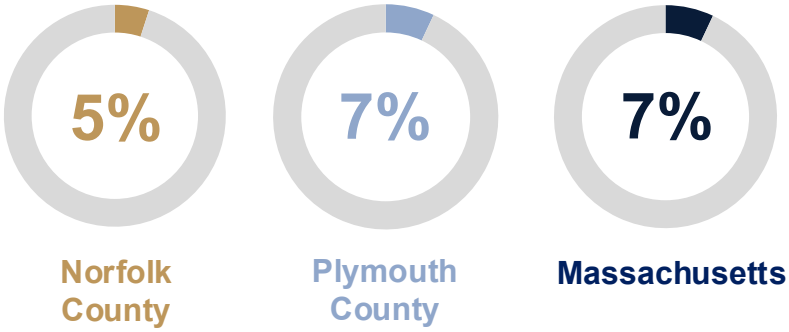


The PN-5 service area includes Abington, Brockton, Avon, Stoughton, and Whitman, Massachusetts. County-level data was utilized when community data was unavailable.

#1 Health Need: CHRONIC DISEASES

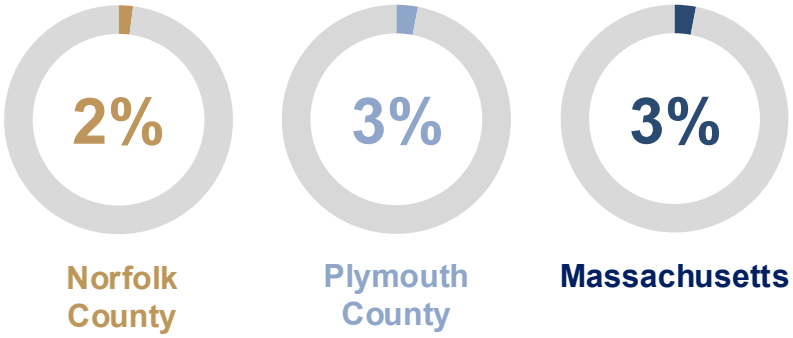
HEART DISEASE

7% of Plymouth County and Massachusetts adults reported they have had coronary heart disease, compared to **5% of Norfolk County.**[31]



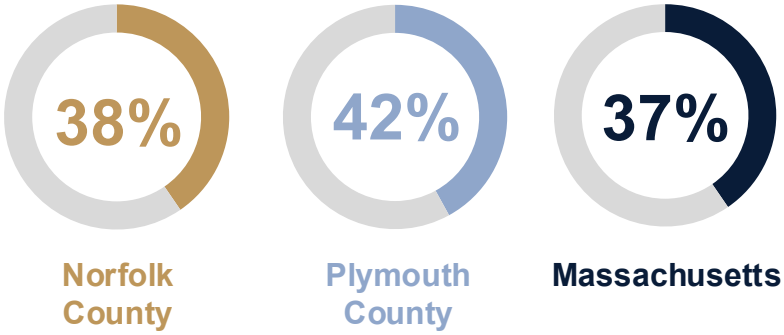
STROKE

3% of both Plymouth County and Massachusetts adults reported that they have had a **stroke,** compared to **2% for Norfolk County.**[31]



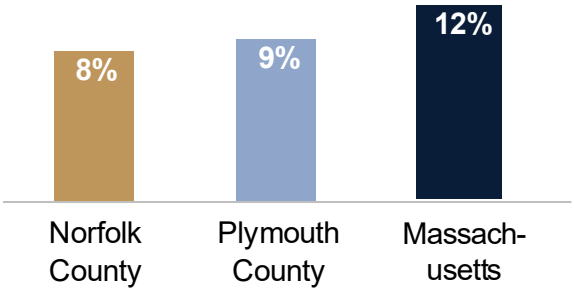
HYPERTENSION

42% of Plymouth County residents have **hypertension**, compared to **38% of Norfolk County** residents and **37% for Massachusetts.**[31]



DIABETES

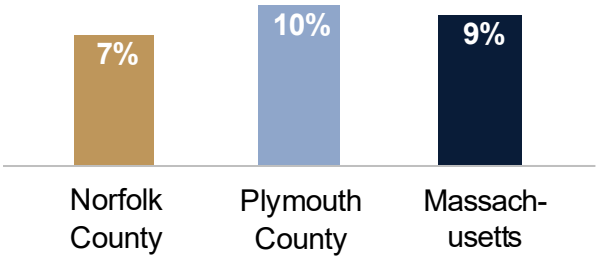
9% of Plymouth County adults have diabetes, compared to 8% of Norfolk County, and 12% of Massachusetts.[31]



Diabetes prevalence rises with age and is also highly impacted by income and level of education.[31]

ASTHMA

10% of Plymouth County adults have **asthma,** compared to **9% of Massachusetts** adults and **7% of Norfolk County** adults.[31]



#1 Health Need: CHRONIC DISEASES

Cancer is the **leading cause of death** in the PN-5 service area.[30]

CANCER INCIDENCE RATES PER 100,000 PERSONS

AGE-ADJUSTED, 2017-2021 AVERAGE

	Norfolk County	Plymouth County	Massachusetts
All Sites	454	476	437
Breast (females)	147	144	136
Prostate (males)	119	117	113
Lung & bronchus	56	64	53
Colon and rectum	34	33	31
Uterus (females)	27	28	28
Melanoma of the skin	22	23	18
Urinary bladder	20	23	21
Non-Hodgkin lymphoma	20	19	19
Kidney and renal pelvis	15	17	15
Thyroid	15	16	15
Leukemia	13	15	13
Pancreas	14	12	12
Oral cavity & pharynx	11	13	11
Ovary	9	10	10
Liver and bile duct	8	8	8
Brain and other central nervous system	6	8	6
Stomach	7	7	6
Esophagus	5	6	5
Cervix	4	5	5

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

Neither Plymouth nor Norfolk County meet the Healthy People 2030 target for lung and overall cancer mortality rates.[32]

County-level data was utilized when community data was unavailable.

#1 Health Need: CHRONIC DISEASES

PRIORITY POPULATIONS

CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

- **Lower-income** people are at a higher risk of developing many chronic conditions.[31]
- Chronic conditions are more common in **older adults.**[31]
- People with **high exposure to air pollution.**[31]
- People who **smoke.**[31]
- People with **challenges with physical activity and nutrition.**[31]

Top issues/barriers for chronic diseases (from interviews and focus groups):
- Access to healthcare
- Chronic disease management
- Healthcare system issues
- Medication access and costs
- Senior health issues

Sub-populations most affected by chronic diseases (from interviews and focus groups):
- Elderly, Black community
- Economically disadvantaged people
- Brazilian community
- Haitian community

COMMUNITY FEEDBACK

"I have pretty much zero training about diabetes, but lots of people have diabetes…training is severely lacking [for home health aides]."

- Community Member Focus Group from Brockton

"For the city of Brockton, diabetes is one of the greatest health issues. Almost everybody I see to do insurance for is diabetic."

- Community Member Interview from Brockton

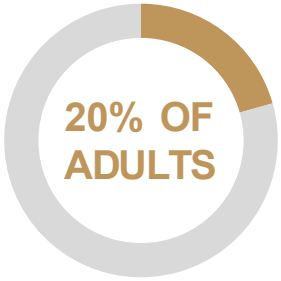
"An issue is being able to pay for medications…particularly when a doctor prescribes some of the new medications that are out. I don't think they realize the cost factor that goes along with them."

- Community Member Interview from Brockton

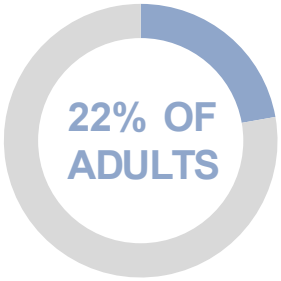
#2 Health Need: MENTAL HEALTH

Trigger Warning: The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

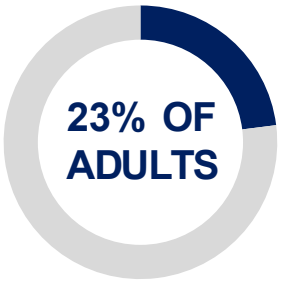
IN OUR COMMUNITY



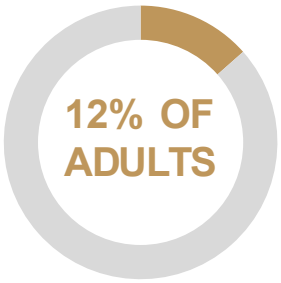
in Norfolk County have been diagnosed with **depression** by a mental health professional.[31]



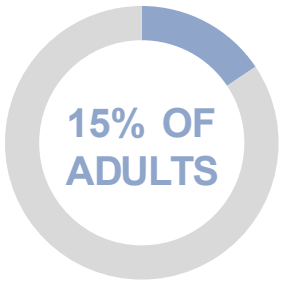
in Plymouth County have been diagnosed with **depression** by a mental health professional[31]



in Massachusetts have been diagnosed with **depression** by a mental health professional.[31]



in Norfolk County experienced **frequent mental distress** (2+ weeks/month in the past month).[6]



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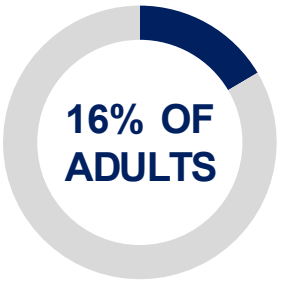


in Massachusetts experienced **frequent mental distress** (2+ weeks/month in the past month).[6]

Norfolk County 140:1

Plymouth County 154:1

Massachusetts 130:1

The 2025 County Health Rankings found that both Plymouth and Norfolk Counties have fewer **mental health providers** relative to their population when comparing the ratio of residents to mental health providers to Massachusetts.[6,15]

Plymouth County adults report **5.3 mentally unhealthy days per month**, compared to 4.7 for Norfolk County, and 4.9 for Massachusetts.[6]

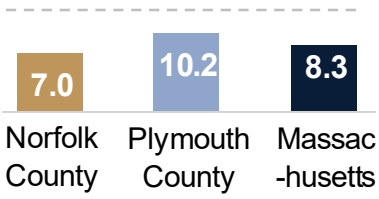
Plymouth County (8 per 100,000) has a **higher overall suicide rate** than Norfolk County (7 per 100,000) and Massachusetts (8 per 100,000).

County-level data was utilized when community data was unavailable.

#2 Health Need: MENTAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



HP 2030 TARGET:
12.8 PER 100,000
DESIRED DIRECTION: ↓

✕ Neither Plymouth County nor Norfolk County meet the target.[34]

COMMUNITY FEEDBACK

"There's not really a place I could go. Last year I struggled with my mental health."

- Community Member Focus Group from Avon

"Mental health counseling is a big issue and being able to access that more easily and efficiently....people feel since COVID-19, isolation has worsened."

- Community Member Focus Group from Stoughton

"Finding helpful information to help mental health is challenging."

- Community Member Focus Group from Avon

"We need more psychological support and more leisure because sometimes we are too focused on school and work."

- Community Member Focus Group from Brockton

"Mental health has become a much bigger issue across the board over the last few years. I think a lot of us are unprepared and don't have the knowledge of what to do or where to go."

- Community Member Focus Group from Abington

PRIORITY POPULATIONS

MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Youth mental health was mentioned as an issue across **all** focus groups.

Top issues/barriers for mental health (from interviews and focus groups):

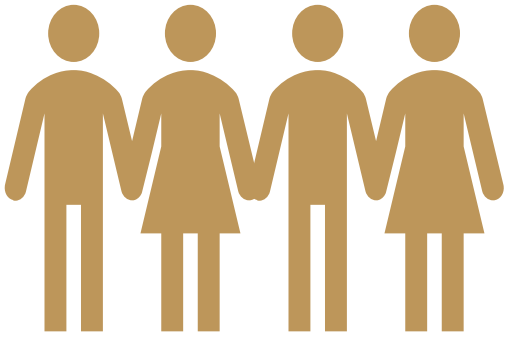
- Lack of resources
- Access and wait times
- Depression and suicide

Sub-populations most affected by mental health (from interviews and focus groups):

- Youth
- Elderly
- Homeless
- Immigrant communities

Top resources, services, programs, and/or community efforts for mental health:

- Youth Commission
- Avon Coalition for Everyone's Success (ACES) Program
- Care Solace



County-level data was utilized when community data was unavailable.

#3 Health Need:
ADDICTION AND SUBSTANCE USE

Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

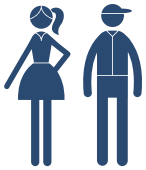
IN OUR COMMUNITY

24% of Plymouth County adults reported binge or heavy drinking within the past month, vs. 22% for Norfolk County and 20% for the state of Massachusetts.[31]

ACCORDING TO THE MASSACHUSETTS YOUTH HEALTH SURVEY (MYHS)*:	
22%	of Massachusetts teens have **used alcohol in the past month**.[12]
11%	of Massachusetts teens have **ever drunk more than a few sips of alcohol**.[12]
10%	of Massachusetts teens who have used alcohol in the past month have **binge drank**.[12]
73%	of Massachusetts teens perceive **binge drinking once or twice a week as a great risk**.[12]

38% of **motor vehicle crash deaths** in Plymouth County involve **alcohol**, compared to **27%** for Norfolk County and **31%** Massachusetts.[31]

6% of Massachusetts youth surveyed through MYHS have **used marijuana at least once**. 19% of Massachusetts youth have used the substance in the **past 30 days.**[35*]



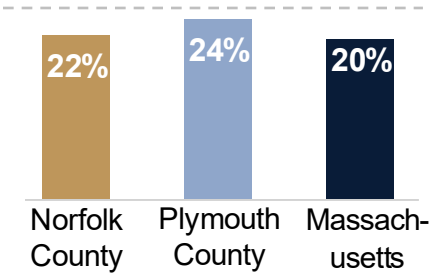
74% of Massachusetts youth perceive **using marijuana once or twice per week to have great risk.**[35*]

County-level data was utilized when community data was unavailable.
**Data only available at state level.*

#3 Health Need: ADDICTION AND SUBSTANCE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

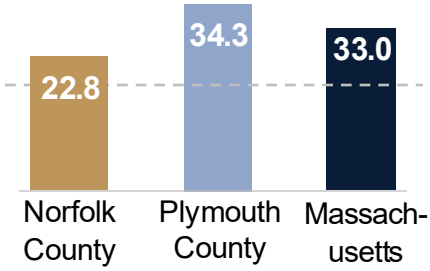


HP 2030 TARGET: 25%

DESIRED DIRECTION: ↓

✓ Norfolk and Plymouth County exceed the target.[6]

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000

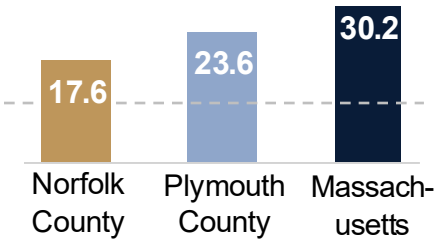


HP 2030 TARGET: 20.7 per 100,000

DESIRED DIRECTION: ↓

✗ Neither Norfolk nor Plymouth County meet the target. Note that only crude rates were available.[31]

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 per 100,000

DESIRED DIRECTION: ↓

✗ Neither Norfolk nor Plymouth meet the target. Note that only crude rates were available.[36]

COMMUNITY FEEDBACK

"When you are not healthy, it affects your social life and your economic life, and it aggravates addictions that a person can have like tobacco and alcohol."

- Community Member Focus Group from Brockton

"How are kids accessing these drugs? Through drug dealers, underage kids are selling them...I'm really concerned about that."

- Community Member Focus Group from Avon

PRIORITY POPULATIONS

SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to research, **boys** are more likely than girls to try drinking alcohol at a younger age.[37]

State binge drinking rates are highest among **men**, **young adults ages 18-34, White people**, and **higher income households.**[15]

Youth are more impacted by substance use due to their developing brains.[37]

Substance misuse, **particularly vaping**, was a very common concern across **all communities.**

Top issues/barriers for substance use (from interviews and focus groups):

- Drug use (in general)
- Marijuana

Sub-populations most affected by substance use (from interviews and focus groups):

- Youth and young adults

Top resources, services, programs, and/or community efforts for substance use:

- Abington Community, Outreach, Prevention, Education, Support (COPES)
- Counseling services
- Department of Public Health
- Oasis Program

County-level data was utilized when community data was unavailable.

#4 Health Need: MATERNAL, INFANT & CHILD HEALTH

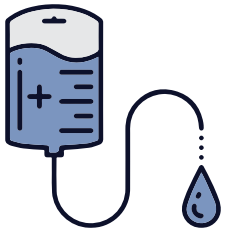
IN OUR COMMUNITY

7%

of Plymouth and Norfolk Counties have a **low-birth weight rate** of **7%**, the same as Massachusetts.[6]

Plymouth County has a higher **teenage birth rate** for ages 15-19 (5 per 1,000 females) than Norfolk County (2 per 1,000 females), vs. Massachusetts (6 per 1,000 females).[6]

According to health department data, **3%** of Brockton, **2%** of Whitman and **1%** of Massachusetts children under 6 tested had **elevated blood lead levels** in 2023. **None of the PN-5 service area** was identified as high risk for elevated blood lead.[39]



Severe maternal morbidities (SMM) are unexpected outcomes of childbirth that result in significant health consequences. The rate of SMM in Massachusetts is **105.5 per 10,000** deliveries.[40*]

The pregnancy-related maternal mortality rate in Massachusetts is 16 per 100,000 live births. The leading causes are:[56*]
#1 Mental health conditions (23%)
#2 Hemorrhage (14%)
#3 Cardiovascular conditions (13%)
#4 Infection (9%)
#5 Embolism (9%)
84% of these deaths may be preventable.[56]

COMMUNITY FEEDBACK

"There are not enough providers in the community…there are wait lists."

- Community Member Interview from Avon

"Lots of pediatrician offices have closed."

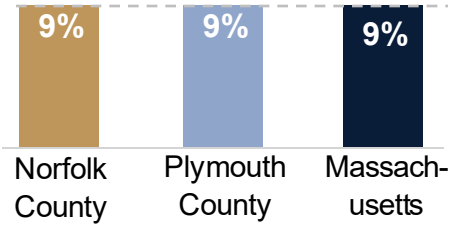
- Community Member Interview from Whitman

County-level data was utilized when community data was unavailable.
**Data only available at state level.*

#4 Health Need: MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

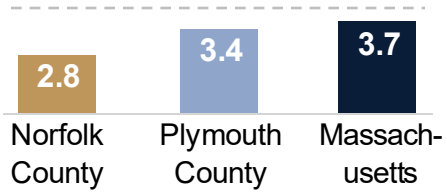
PRETERM BIRTH RATE



HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✕ Both Norfolk and Plymouth County meet the target.[42]

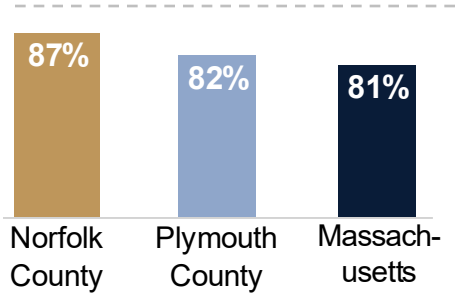
INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✕ Both Norfolk and Plymouth County exceed the target.[6]

ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✕ Neither Norfolk or Plymouth County meet the target.[42]

COMMUNITY FEEDBACK

"Brockton Hospital closed, which is a very, very large hospital that had a lot of OB/GYN services."

- Community Member Interview from Stoughton

"Just from the small number that I see, we've seen women start prenatal care in the third trimester because they just arrived in the country."

- Community Member Interview from Brockton

PRIORITY POPULATIONS

MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant & child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In Massachusetts, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women.[43]

Top issues/barriers for maternal, infant, and child health (from interviews and focus groups):
- Access to care
- Mental health
- Hospital and healthcare facility closures

Sub-populations most affected by maternal, infant, and child health (from interviews and focus groups):
- Haitian community

Top resources, services, programs, and/or community efforts for maternal, infant, and child health:
- Community Health Center

County-level data was utilized when community data was unavailable.

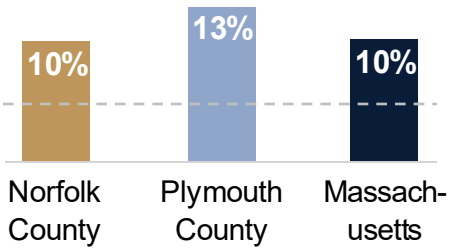
#5 Health Need: TOBACCO & NICOTINE USE

13% of Plymouth County adults are current smokers (vs. **10%** for Norfolk County and Massachusetts).[6,]

The leading chronic disease causes of death in the PN-5 service area are:[44]
#1 Cancer
#2 Heart Disease
#3 Unintentional injury
Smoking is a risk factor for all these chronic diseases.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%
DESIRED DIRECTION: ↓

✕ Neither Norfolk nor Plymouth County meet the target.[6]

COMMUNITY FEEDBACK

"I think it [substance use] affects absenteeism at school or at work, for you know, for adults. And it becomes the root of a lot of problems."

- Community Member Interview from Stoughton

PRIORITY POPULATIONS

TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to Massachusetts data, the highest smoking rates are observed among **multiracial individuals, adults aged 35 to 44, LGBTQ+ people, adults with disabilities, women,** and those **with lower income** and lower levels of education.[45]

In Massachusetts, vaping rates are highest among adults aged **18 to 24, men, Hispanic individuals, people with disabilities**, and those with **lower income** and **lower educational attainment.**[45]

Top issues/barriers for tobacco & nicotine use (from interviews and focus groups):
- Vaping
- Smoking

Sub-populations most affected by tobacco & nicotine use (from interviews and focus groups):
- Youth

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:
- Abington Community, Outreach, Prevention, Education, Support (COPES)
- Health department

County-level data was utilized when community data was unavailable.

#6 Health Need: INJURIES

Plymouth County's unintentional injury death rate (67 per 100,000 population) is **higher** than that of Norfolk County (53 per 100,000 population) and Massachusetts (63 per 100,000).[46]

IN OUR COMMUNITY

27% of Massachusetts adults ages 65+ fell at least once in the past year.[47*]

The **unintentional fall death rate in adults 65+** in Massachusetts is (91 per 100,000).[48*]

COMMUNITY FEEDBACK

"There are certain pockets in Brockton with accidents all the time. I think that we need to think how we want our streets to be for the next 10 years that come."

- Community Member Interview from Brockton

"I know workman's compensation doesn't last long. So, if you get injured at work, you're limited to the time you can spend out, and if you need more time, you don't get paid. So, I think there's an issue there."

- Community Member Interview from Brockton

"We have a lot of people that are accessing those roads, and if they're not familiar with the lighting, if they're not familiar, that you have to stop, they're in a higher propensity of getting into a crash at those locations than maybe people who actually live in town and know to try to avoid those areas."

- Community Member Interview from Avon

PRIORITY POPULATIONS

INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades,** and **frontline workers.**[49]

Older residents are at a higher risk of falling and sustaining injuries from falling.[47]

Fights in schools, was a top concern for injury in the **Abington and Brockton focus groups.**

Top issues/barriers for injuries (from interviews and focus groups):

- Car/traffic accidents
- Workplace safety/injuries
- Falls

Sub-populations most affected by injuries (from interviews and focus groups):

- Elderly

County-level data was utilized when community data was unavailable.
**Data only available at state level.*

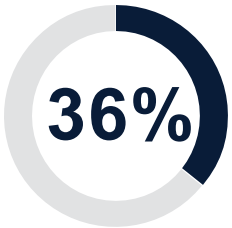
#7 Health Need: HIV & STIs

The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs).[50]

IN OUR COMMUNITY

Both Plymouth and Norfolk Counties have **lower** rates of STI cases and HIV per 100,000 people than Massachusetts as a whole, though these **are higher in Plymouth than Norfolk County**.[50,51]

Rates per 100,000			
	Norfolk County	Plymouth County	Massach-usetts
Chlamydia	264	358	426
HIV Prevalence	164	181	329
Gonorrhea	64	93	196
Syphilis	12	15	18
New HIV Diagnoses	N/A	N/A	7



36% of Massachusetts adults have ever been **tested for HIV**.[51*]

PRIORITY POPULATIONS

HIV & STIs

While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Women have higher rates of chlamydia, particularly those ages 20-24.[52]

Men have higher rates of syphilis and gonorrhea.[52]

Lack of health education was a common concern across focus groups.

Sub-populations most affected by HIV & STIs (from interviews and focus groups):

- Elderly
- Immigrant communities

COMMUNITY FEEDBACK

"We also have high rates of syphilis, and obviously, that's concerning because that's a gateway. If you are positive with syphilis, and it's untreated, now you may be exposed to HIV."

- Community Member Interview from Brockton

"There is a lack of sexual education in schools."

- Community Member Focus Group from Avon

County-level data was utilized when community data was unavailable.
**Data only available at state level.*

LEADING CAUSES OF DEATH

The top two leading causes of death in Plymouth and Norfolk Counties are cancer and heart disease. Plymouth County has a higher all-cause crude mortality rate per 100,000 than Massachusetts, while Norfolk County has a slightly lower rate.[30]

CAUSE	PLYMOUTH COUNTY*	NORFOLK COUNTY*	MASSACH-USETTS*
All causes	1,007	871	905
Cancer	208	183	180
Heart disease	194	162	172
Unintentional injuries	67	53	63
COVID-19	56	48	53
Chronic lower respiratory disease	45	31	36
Stroke	36	37	34
Alzheimer's disease	29	28	24
Kidney disease	23	21	19
Diabetes	23	18	21
Influenza/pneumonia	20	15	15
Liver disease	13	11	13
Parkinson's disease	12	11	11
Suicide	11	8	9
Hypertension and hypertensive renal disease	2	2	2

**Crude rates per 100,000, 2019-2023 average (only crude rates are available starting in 2021)*

County-level data was utilized when community data was unavailable.

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are ***ideas*** that we heard from community leaders and community members for potential suggestions to support community health.

ACCESS TO HEALTHCARE

- Expand primary care provider availability.
- Reduce appointment wait times.
- Prevent hospital closures and maintain emergency services.
- Establish community health clinics.
- Provide health insurance navigation assistance.
- Expand language interpretation services.
- Improve transportation to medical facilities.
- Create mobile health clinics for underserved areas.
- Implement chronic disease management programs.

EDUCATION

- Expand early childhood and preschool programs.
- Enhance special education services.
- Implement school-based health clinics.
- Develop health literacy programs.
- Provide free educational programs.
- Create after-school tutoring programs.
- Establish adult education and GED (General Educational Development) programs.

FOOD INSECURITY

- Expand food pantry and food bank services.
- Increase access to fresh and healthy foods.
- Create affordable healthy food programs.
- Improve food assistance program access.
- Improve grocery store accessibility.
- Establish community gardens.
- Implement mobile food markets.

HIV & SEXUALLY TRANSMITTED INFECTIONS (STIs)

- Expand HIV and STI testing services.
- Implement comprehensive sexual health education.
- Create confidential testing sites.
- Develop peer education programs.
- Establish prevention outreach initiatives.

INTERNET/WI-FI ACCESS

- Expand internet and Wi-Fi access.
- Provide digital literacy training.
- Offer technology support for seniors.
- Create public Wi-Fi hotspots.
- Establish computer access centers.
- Develop online health portal training.

HOUSING & HOMELESSNESS

- Create more emergency shelters.
- Develop affordable housing options.
- Expand supportive housing programs.
- Increase rental assistance programs.
- Implement rapid rehousing initiatives.
- Create transitional housing programs.
- Establish housing navigation services.

MATERNAL/INFANT/CHILD HEALTH

- Expand prenatal care services.
- Improve pediatric healthcare access.
- Increase childhood immunization programs.
- Provide comprehensive well-child checkups.
- Create new parent support groups.
- Establish lactation support services.
- Implement home visiting programs.

IDEAS FOR CHANGE (CONTINUED)
FROM OUR COMMUNITY

These are ***ideas*** that we heard from community leaders and community members for potential suggestions to support community health.

MENTAL HEALTH
- Reduce mental health provider wait times.
- Increase mental health provider capacity.
- Expand crisis intervention services.
- Develop trauma-informed care programs.
- Improve access to mental health services.
- Create peer support programs.
- Establish mental health first aid training.
- Create social isolation prevention initiatives.

NUTRITION/PHYSICAL HEALTH
- Provide nutrition education programs.
- Create community exercise programs.
- Offer cooking and meal preparation classes.
- Establish walking groups and fitness classes.
- Create healthy eating initiatives.
- Develop workplace wellness programs.

TOBACCO/NICOTINE USE
- Expand smoking cessation programs.
- Implement tobacco prevention education.
- Create smoke-free environment policies.
- Develop youth prevention campaigns.
- Establish nicotine replacement therapy access.

OTHER OPPORTUNITES
- Develop substance abuse treatment programs.
- Expand job training and employment programs.
- Enhance veteran services and support.
- Improve public transportation access.
- Establish community resource navigation centers.
- Develop environmental health improvement programs.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
ABINGTON

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Certified Application Counselors
Gather Health
Health Express
Local pharmacies
Massachusetts Health Insurance (Mass Health)
Medicare
Serving Health Information Needs of Elders (SHINE) Program
South Shore Health System
Town of Abington

Community & Social Services
Abington Cultural Council
Abington Elderly Services Inc.
Abington Police Department
Abington Public Library
Abington Senior Center
Abington Town Clerk
Abington Veterans' Services
Department of Children and Families (DCF)
Department of Transitional Assistance (DTA)
Handle with Care Program
Plymouth County Outreach
Plymouth Family Resource Center
Senior SAFE (Student Awareness of Fire Education) Program
Self Help, Inc.
South Shore Veterans Assistance
Touch-a-Truck Events
Volunteers of America Massachusetts

Education
Abington Early Education Program
Abington Education Foundation
Abington Public Schools
Imagine Nation Academy
Mass Mentoring Partnership
Safe and Supportive Schools Grants
SAFE (Student Awareness of Fire Education) Program
South Shore Regional Vocational School District

Employment
MassHire Department of Career Services

Environmental
Abington & Rockland Joint Water Works (ARJWW)
Municipal Vulnerability Preparedness (MVP) 2.0 Program
Myers Avenue Water Treatment Plant
Plymouth County Mosquito Control Project

Food Insecurity
Abington Senior Center - Lunches
Abington Food Pantry
Griffin Dairy Farm Community Garden
Meals on Wheels
National School Lunch Program
St. Vincent de Paul Society
Supplemental Nutrition Assistance Program (SNAP)/Healthy Incentives Program (HIP)

Housing & Homelessness
Abington Affordable Housing Trust Committee
Abington Housing Authority
Residential Assistance for Families in Transition (RAFT)

Mental Health & Addiction
Abington COPES
Abington Opioid Settlement Fund Allocation Committee
Alcoholics Anonymous (AA)
Brook Recovery Center
Care Solace
Narcan distribution
Plymouth County Drug Abuse Task Force
South Shore Coalition of Independent Therapists

Nutrition & Physical Health
Abington Park and Recreation Department
Abington Pickleball Association
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
Ames Nowell State Park
Colonial Road Runners
Hanover Branch Rail Trail
Island Grove Park
Local gyms and fitness centers
Union Point Sports Complex
Silver Sneakers Program

Transportation
Abington Senior Center - Van Service
Community Access Inc. Transportation
Dial-A-BAT (Brockton Area Transit)
Massachusetts Bay Transportation Authority (MBTA) Commuter Rail

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
AVON

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Avon Board of Health
Avon Town Hall—Flu Clinic
Boston Medical Center - South
Health Express
Local pharmacies
Massachusetts Health Insurance (Mass Health)
Program of All-Inclusive Care for the Elderly (PACE)

Community & Social Services
Anonymous Tip411 System
Avon Council on Aging
Avon Neighborhood Watch
Avon Police Department
Avon Public Library
Avon Town Hall
Avon Veterans' Services
Department of Children and Families (DCF)
Department of Transitional Assistance (DTA)
Independence Associates
Old Colony Elder Services
Self Help, Inc.
The 84 Movement

Education
Avon Public Schools
YMCA—Out of School Time

Employment
MassHire Department of Career Services

Environmental
Avon Conservation Commission

Food Insecurity
Avon Food Pantry
Avon Council on Aging—Senior Center Lunches
Meals on Wheels
National School Lunch Program
Supplemental Nutrition Assistance Program (SNAP)/Healthy Incentives Program (HIP)

Housing & Homelessness
Avon Housing Authority
Residential Assistance for Families in Transition (RAFT)

Mental Health & Addiction
Alcoholics Anonymous (AA)
Avon Coalition for Everyone's Success (ACES)
Mental Health First Aid
Narcan distribution
The 988 Suicide and Crisis Lifeline
William James College INTERFACE Referral Service

Nutrition & Physical Health
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
Avon Council on Aging—Exercise Classes
Avon Parks and Recreation Department
D.W. Field Park
Emma's Way Gardens
Local gyms and fitness centers
Old Colony YMCA
Silver Sneakers Program

Transportation
Avon Council on Aging—Van Service
Community Access Inc. Transportation
Dial-A-BAT (Brockton Area Transit)
Massachusetts Bay Transportation Authority (MBTA) Commuter Rail

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
BROCKTON

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
AIDS Action
Boston Medical Center—South
Brockton Board of Health
Brockton Hospital
Brockton Veterans Affairs (VA) Medical Center
Brockton Visiting Nurse Association
Health Imperatives—Greater Brockton
Local pharmacies
Massachusetts Health Connector
Massachusetts Health Insurance (Mass Health)
Medicare
Serving Health Information Needs of Elders (SHINE)
Signature Healthcare

Community & Social Services
American Civil Liberties Union (ACLU) of Massachusetts
Boys & Girls Clubs of Metro South—Brockton Clubhouse
Brockton Area Multi-Services Inc. (BAMSI)
Brockton City Hall
Brockton Council On Aging
Brockton Police Department
Brockton Public Library
Brockton Veterans' Services
Catholic Charities Boston
Community Connections of Brockton
Department of Children and Families (DCF)
Department of Transitional Assistance (DTA)
Haitian Community Partners: HCP Foundation
Living Independently For Equality Inc.
Old Colony Elder Services
Self Help, Inc.
Victory Human Services
Victory Programs

Education
Brockton Adult Learning Center
Brockton Church and Community After School Program
Brockton Police Youth Academy
Brockton Public Schools
Massasoit Community College
Mass Community Health Services
Multi-Lingual Family Communication Center
Smart Start Extended Day Program
YMCA—Out of School Time

Employment
CareerWorks
MassHire Greater Brockton Career Center

Food Insecurity
Avon Baptist Church Food Pantry
Blessings in a Backpack
Brockton Area Hunger Network
Brockton Assembly Of God Church—Food Pantry
Brockton Council on Aging—Senior Center Lunches
Brockton Farmers Market
Catholic Charities Food Pantry—Brockton
Meals on Wheels
National School Lunch Program
Supplemental Nutrition Assistance Program (SNAP)/Healthy Incentives Program (HIP)
The Charity Guild

Housing & Homelessness
Brockton Housing Authority
NeighborWorks Housing Solutions
Residential Assistance for Families in Transition (RAFT)
Smith Family Housing Resource Center

Mental Health & Addiction
Adult & Teen Challenge Massachusetts
Alcoholics Anonymous (AA)
Apex Medical Wellness
Brockton Community Behavioral Health Center (CBHC)

Mental Health & Addiction (cont.)
Community Care in Reach mobile program
Department of Mental Health (DMH)
Eliot Community Human Services
Inclusion Family Counseling Center
Leading Light Behavioral Health, Inc.
Luminosity Behavioral Health Services
Narcan distribution
Northeast Health Services—Brockton
Stairway To Recovery
The COPE Center
Westside Behavioral Health, LLC

Nutrition & Physical Health
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
Arc of Greater Brockton—Fit Zone
Brockton Council on Aging—Exercise Classes
Brockton Parks and Recreation Department
Dance studios
D.W. Field Park
Local gyms and fitness centers
Old Colony YMCA
Silver Sneakers Program

Transportation
Brockton Area Transit (BAT) Authority
Community Access Inc. Transportation
Dial-A-BAT (Brockton Area Transit)
Massachusetts Bay Transportation Authority (MBTA) Commuter Rail

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
STOUGHTON

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Boston Medical Center—South
Local pharmacies
Massachusetts Health Insurance (Mass Health)
Serving Health Information Needs of Elders (SHINE)
Stoughton Visiting Nurses/Stoughton Public Health Association
Town of Stoughton

Community & Social Services
Brockton Area Multi-Services Inc. (BAMSI)—Early Intervention
Department of Children and Families (DCF)
Department of Transitional Assistance (DTA)
New England Community Center—Stoughton
Old Colony Elder Services
Self Help, Inc.
Stoughton Council on Aging
Stoughton Disabilities Commission
Stoughton Fire Department
Stoughton Police Department
Stoughton Public Library
Stoughton Veterans' Services

Education
Literacy Volunteers of Massachusetts (LVM)—Stoughton
Stoughton Extended Day
Stoughton Public Schools
Stoughton Public Schools—Special Education Department
The Jones Early Childhood Center (The Jones ECC)

Employment
MassHire Department of Career Services

Food Insecurity
Blessing Box
Fair Foods
Food pantries/banks
Ilse Marks Food Pantry
Little Food Pantry
Meals on Wheels
National School Lunch Program
Stoughton Community Garden Project
Supplemental Nutrition Assistance Program (SNAP)/Healthy Incentives Program (HIP)
Women, Infants, and Children (WIC)
YMCA Community Market at Stoughton

Housing & Homelessness
40B Housing Projects
Evelyn House—Stoughton
HomeBASE Program
NeighborWorks Housing Solutions (NHS)
Residential Assistance for Families in Transition (RAFT)
Stoughton Housing Authority

Mental Health & Addiction
Alcoholics Anonymous (AA)
Care Solace
Middlesex Recovery Stoughton
Narcan distribution
Organizing to Address Substances in Stoughton (OASIS)
Stoughton Counseling, Inc.
Stoughton Substance Abuse Prevention Department
Stoughton Youth Commission

Nutrition & Physical Health
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
Cedar Hill Golf Course
Halloran Park
Local gyms and fitness centers
Old Colony YMCA
Silver Sneakers Program
Stoughton Council on Aging-Exercise Classes
Stoughton Recreation Department
West School Athletic Complex

Transportation
Community Access Inc. Transportation
Dial-A-BAT (Brockton Area Transit)
Massachusetts Bay Transportation Authority (MBTA) Commuter Rail
Stoughton Council on Aging—Van Service

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
WHITMAN

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Department of Public Health (DPH)
Health Express
Local pharmacies
Massachusetts Health Insurance (Mass Health)
Serving Health Information Needs of Elders (SHINE)
South Shore Health System
South Shore Women's Health
Town of Whitman
Whitman Board of Health

Community & Social Services
Churches
Department of Children and Families (DCF)
Department of Transitional Assistance (DTA)
Old Colony Elder Services
Self Help, Inc.
Veterans of Foreign Wars (VFW)
Whitman Council on Aging
Whitman Cultural Council
Whitman Fire Department
Whitman Police Department
Whitman Public Library
Whitman Public Works Department
Whitman Town Hall
Whitman Veterans' Services

Education
After School Enrichment Program
Head Start Corthell School
Whitman-Hanson Preschool Academy
Whitman-Hanson Regional School District
YMCA—Out of School Time

Employment
MassHire Department of Career Services

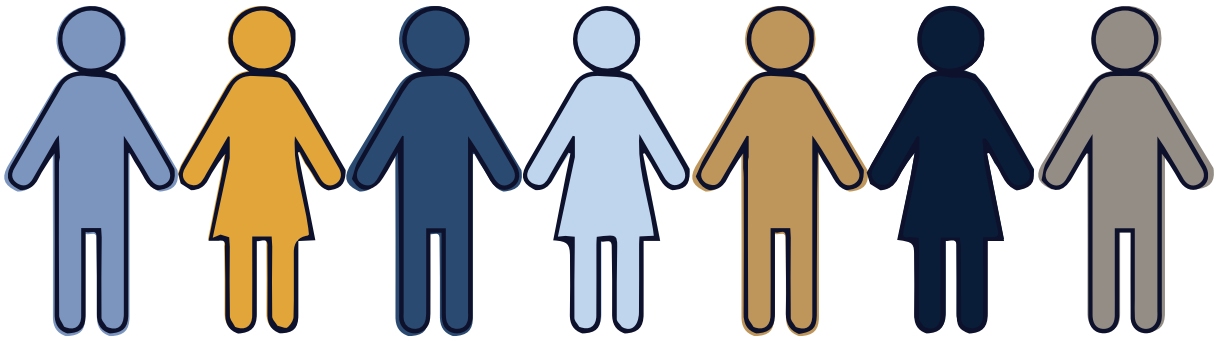
Food Insecurity
Brown Bag Program
Food pantries/banks
Meals on Wheels
Saint Vincent de Paul Society
Whitman Council on Aging—Senior Center Lunches
Whitman Farmer's Market
Whitman Food Pantry

Housing & Homelessness
NeighborWorks Housing Solutions (NHS)
Residential Assistance for Families in Transition (RAFT)
Whitman Housing Authority

Mental Health & Addiction
Alcoholics Anonymous (AA)
Care Solace
Healing Path Care Farm
Narcan distribution
Whitman Counseling Center
Renewal Counseling and Wellness

Nutrition & Physical Health
Holmestead Harvest
Old Colony YMCA
Silver Sneakers Program
Stop & Shop
Whitman Wellness Center
Whitman Council on Aging—Exercise Classes
Whitman Recreation Department
Whitman Town Park

Transportation
Community Access Inc. Transportation
Dial-A-BAT (Brockton Area Transit)
Massachusetts Bay Transportation Authority (MBTA) Commuter Rail
Whitman Council on Aging—Van Service



STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

IN THIS STEP, PN-5 (PLYMOUTH NORFOLK-5):

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT
- ADOPTED AND APPROVED CHA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

PN-5
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Shared Services Group

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

PN-5 (Plymouth Norfolk-5) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Assessment (CHA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders and focus groups with subpopulations and priority groups), the stakeholders will be able to understand the community's perception of health needs. Additionally, PN-5 will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2025 PN-5 CHA meets all Public Health Accreditation Board (PHAB) requirements.

REPORT ADOPTION, AVAILABILITY, AND COMMENTS

This CHA report was adopted by PN-5 leadership and made widely available on the PN-5 community websites in June 2025:

Avon: https://www.avon-ma.gov/

Stoughton: stoughton.org/251

Written comments on this report are welcomed and can be made by emailing jurrea@cobma.us.

CONCLUSION & **NEXT STEPS**

THE NEXT STEPS WILL BE:

- DEVELOP IMPROVEMENT PLAN (CHIP) FOR 2026-2028
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2026-2028 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

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CONCLUSION

NEXT STEPS FOR PN-5 (PLYMOUTH NORFOLK-5)

- Monitor community comments on the CHA report (ongoing) to the provided PN-5 contacts.

- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by PN-5. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).

- Community partners (including the hospital, boards of health, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies suggested by Massachusetts Department of Public Health).

- The 2026-2028 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by PN-5, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

APPENDIX A

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares the PN-5 service area's rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP) to address priority health needs.

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APPENDIX A:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, the PN-5 service area's health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **blue highlighted** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS				
INDICATORS	DESIRED DIRECTION	NORFOLK COUNTY	PLYMOUTH COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate[6]	↑	94.4%	93.2%	90.7%
Child health insurance rate[18]	↑	99.1%	98.5%	92.1%
Adult health insurance rate[18]	↑	97.4%	96.5%	92.1%
Ischemic heart disease deaths[45]	↓	74.7	92.2	71.1 per 100,000 persons
Cancer deaths[45]	↓	183.1	208.3	122.7 per 100,000 persons
Colon/rectum cancer deaths[45]	↓	14.3	14.3	8.9 per 100,000 persons
Lung cancer deaths[45]	↓	38.5	45.8	25.1 per 100,000 persons
Female breast cancer deaths[45]	↓	11.6	13.0	15.3 per 100,000 persons
Prostate cancer deaths[45]	↓	9.4	11.6	16.9 per 100,000 persons
Stroke deaths[45]	↓	37.0	36.2	33.4 per 100,000 persons
Unintentional injury deaths[45]	↓	52.5	66.8	43.2 per 100,000 persons
Suicides	↓	8.1	10.7	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths[45]	↓	10.7	12.9	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+[45]	↓	N/R	N/R	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths[45]	↓	22.8	34.3	20.7 per 100,000 persons
Infant death rate[6]	↓	2.8	3.4	5.0 per 1,000 live births
Adults, ages 20+, obese[6]	↓	27.0%	30.2%	36.0%, adults ages 20+
Students, grades 7th to 12th, obese[44]	↓	N/R	N/R	15.5%, children & youth, 2-19
Adults engaging in binge drinking[6]	↓	22.5%	23.8%	25.4%
Cigarette smoking by adults[6]	↓	10.4%	13.1%	5.0%
Medicare enrollee annual influenza vaccinations[6]	↓	61.0%	59.0%	70.0%, all adults

**Crude rates per 100,000, 2018-2022 average (only crude rates are available starting in 2021)*

APPENDIX B

KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **49** leaders, representatives, and members of the community who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Assessment (CHA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.

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APPENDIX B:
KEY INFORMANT INTERVIEW PARTICIPANTS
ABINGTON

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Heidi Hernandez	Library Assistant	Abington Public Library
2. Aaron Christian	Membership & Unit Service Executive	Mayflower Council Scouting
3. Melissa Cook	Board Member	Abington COPES(Community, Outreach, Prevention, Education, Support)
4. Dr. Felicia Mosch	Superintendent	Abington Public Schools
5. Chris Basta	Assistant Superintendent	
6. Deb Grimmett	Director	Abington Public Library
7. Donna Conso	School Nurse	Abington Public Schools
8. Amy Barret	Director of Outreach and SHINE (Serving Health Insurance Needs of Elders)	Abington Senior Center
9. Adam Gunn	Director	Veterans Services Abington
10. Katie Casey	Assistant Principal	Abington Public Schools
11. Shawn Riley	Resident/Moderator/Lawyer	Abington, MA
12. Suzanne Djusburg	Vice Chari	Town of Abington
13. Justin Silva	Firefighter/Paramedic	Abington Fire Department
14. Rev. Dr. Kristy Coburn	Pastor	United Church of Christ

APPENDIX B:
KEY INFORMANT INTERVIEW PARTICIPANTS
AVON

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Shannon Coffey	Associate Member, Select Board	Town of Avon
2. Mary Blackbum	School Nurse	Avon Middle-High School
3. Ann Martin	Director of Nursing Quality	Town of Randolph
4. Pastor Rick Cederhelm	Senior Pastor	Avon Baptist Church
5. Lori Jodoin	Interim Superintendent	Avon Public School District
6. Dixie Diamond	Assistant Superintendent of Pupil Services	
7. Louise Hardiman	Outreach Coordinator	Avon Council on Aging
8. Emmanuela Isidor	Substance Misuse Prevention Coordinator	Avon Board of Health
9. Jeffrey Bukunt	Chief of Police	Avon Police Department
10. Christopher Bartolo	Deputy Chief of Police	
11. Julie Burns	Firefighter/Paramedic	Avon Fire Department

APPENDIX B:
KEY INFORMANT INTERVIEW PARTICIPANTS
BROCKTON

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. James Doucette	Code Enforcement Officer	Brockton Board of Health
2. Dorothy Slack	Outreach Coordinator	Brockton Council on Aging
3. Jorgette Theophilis	HIV Service Program Manager	Brockton Neighborhood Health Center
4. Josh Brown	Outreach Manager	Smith Family Housing Resource Center
5. Pierre Vital	Project Logistics	Immigrant Family Services Institute
6. Pastor J. Roderick Cherry	Pastor	Grace Tabernacle Evangelical Church
7. Marline Amedee	Founder and President	Haitian Community Partners

APPENDIX B:
KEY INFORMANT INTERVIEW PARTICIPANTS
STOUGHTON

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Jonathan Bunker	Senior Director, Community Care Services	Commonwealth Care Alliance
2. Debra Roberts	Member Select Board	Town of Stoughton
3. Justin Goldberg	Lieutenant/SAFE Coordinator	Stoughton Fire and Rescue
4. Molly Reid	Program Facilitator	Town of Stoughton Recreation Department
5. Christine Iacobucci	Outreach Services Coordinator	Stoughton Public Library
6. Teresa Tapper	Social Worker/ Mental Health Counselor	Youth Commision and Families
7. Stephanie Patton	Prevention Coordinator	Town of Stoughton

APPENDIX B:
KEY INFORMANT INTERVIEW PARTICIPANTS
WHITMAN

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. George M. Ferro Jr. 2. Dr. Nicole Semas Schneeweis 3. Lisa Tobin 4. Jeffrey Szymaniak	Assistant Superintendent of Operations Assistant Superintendent for Equity and Compliance Head Nurse Superintendent of Schools	Whitman Hansen Regional School District
5. Chief Timothy Clancy	Fire Chief	Whitman Fire Department
6. Mary Holland	Director	Whitman Council on Aging
7. Shannon Burke	Veterans Service Director	Town of Whitman
8. Justin Evans	Clerk	Whitman Select Board
9. Danielle Clancy	Board Member - Chair	Whitman Board of Health
10. Tom Evans	Board Member - Clerk	Whitman Board of Health

APPENDIX C

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **12 focus groups** conducted with **139 community members**, including the number of participants, format, and groups represented.

PN-5
Public Health Excellence
Shared Services Group

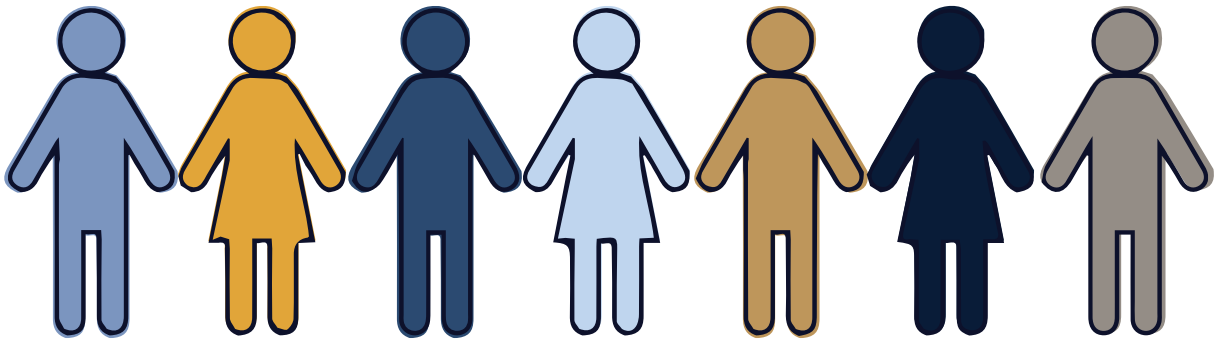
APPENDIX C:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS				
GROUP/TOPIC REPRESENTED	**FORMAT**	**PARTICIPATING ORGANIZATION(S)**	**COMMUNITY**	**# OF PARTICIPANTS**
1. Seniors	In-Person	Town of Abington, Abington Senior Center	Abington	12
2. Youth	In-Peron	Town of Abington	Abington	12
3. Youth	In-Person	Avon Board of Heatlh	Avon	8
4. Black, Indigenous, and People of Color (BIPOC)/Church Community	In-Person	Avon Board of Health, Grace Church	Avon	6
5. English as a Second Language	In-Person	Brockton Board of Health, Cape Verdean Women United	Brockton	13
6. Seniors	In-Person	Brockton Board of Health, Brockton Council on Aging	Brockton	13
7. Haitian Population	In-Person	Brockton Board of Health, Immigrant Family Services Institute	Brockton	21
8. Haitian Population	In-Person	Brockton Board of Health, Haitian Community Partners	Brockton	17
9. Youth	In-Person	Town of Stoughton	Stoughton	10
10. Seniors	In-person	Town of Stoughton, Council on Aging	Stoughton	10
11. Seniors	Virtual	Whitman Board of Health	Whitman	13
12. Young Men	Virtual	Whitman Board of Health	Whitman	4
TOTAL				**139**

APPENDIX C:
FOCUS GROUP DEMOGRAPHICS

Note: 29% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- The greatest proportion of participants came from **Brockton (02301, 02301, 02303,02304, 02305) 46%.**
- **Ages 65+ and 35-44 were the most represented age group,** with both representing **28%** of the focus groups, followed by **45-54 (14%).** All age groups had some representation.
- **62%** of participants were **women**.
- Most participants **(91%) were straight.**
- **78%** of participants were **Black or African American**, while **22%** were **White/Caucasian.**
- A majority of participants **mainly spoke English (64%).**
- **34%** of participants had **at least one child** in their home.
- **19%** of participants had a **high school diploma or equivalent**, while **16% attended trade school/ has a vocational certificate**, **16%** had a **Bachelor's degree**, **16% had a Graduate degree**, and **10%** had **some college but no degree**.
- **26%** were **employed full time (30+ hours per week)**, **19%** were **employed part time**, while **13% were not employed**. **26% were retired.**
- **Education, law and social, community and government services,** followed by healthcare were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with **62% having a household income under $50,000 per year**. All income categories were represented.
- **14%** of participants **identified as having a disability**.
- **73%** of participants **have a steady place to live**.



APPENDIX D

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT

The PHAB Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.

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Shared Services Group

APPENDIX E:
PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Focus groups and interviews included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
✓	5–21	b. The process for how partners collaborated in developing the CHA.	
✓	11-16, 22-77	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	11-16	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	11-16 22-77	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	11-16 22-77	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	80-88	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX E

REFERENCES

APPENDIX E:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Assessment (CHA) in June 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources for more information on years and methodology.

[1] U.S. Census Bureau, American Community Survey, DP05, 2023 5-year estimate. http://data.census.gov

[2] U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate. http://data.census.gov

[3] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

[4] U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate. http://data.census.gov

[5] U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate. http://data.census.gov

[6] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

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APPENDIX E:
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