# NORFOLK COUNTY-8 PUBLIC HEALTH COALITION 2026 COMMUNITY HEALTH ASSESSMENT

Covering the towns of Canton, Dedham, Norwood, Walpole, and Westwood

**July 2026**

Prepared by:

HEALTH RESOURCES IN ACTION

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# EXECUTIVE SUMMARY

## Background

Where a person lives, learns, works, and plays all have an enormous impact on health. Understanding these factors and how they influence health is critical to the health planning process in a community. To facilitate this process, the Norfolk County 8 Public Health Coalition (NC-8) engaged Health Resources in Action (HRiA), a non-profit public health organization in Boston, to conduct a Community Health Assessment (CHA) of five towns in Norfolk County: Canton, Dedham, Norwood, Walpole, and Westwood. The purpose of the CHA process is to provide a data-driven and community-engaged process that identifies and prioritizes the health needs of residents of Norfolk County for future health planning.

## Approach and Methods

Having a healthy population is about more than delivering quality healthcare to residents. Therefore, the data collection and analysis for this assessment was conducted with a Social Drivers of Health (SDoH) perspective in order to identify upstream and structural factors that affect a community's health and wellbeing. Data collection was conducted using a mixed-methods approach to gain a robust understanding of health needs and strengths in the region. This approach included secondary data analysis, a community health survey, and qualitative data collection through interviews and focus groups with community members.

## Findings

*Social Drivers of Health*

- **Housing affordability, transportation, food insecurity, and economic inequities** influence many of the region's health challenges. Cost-burdened housing, limited affordable housing stock, and transportation barriers disproportionately affect older adults, lower-income households, and young families.
- About half of survey respondents identified **safe and affordable housing and affordable childcare** as improvements that would most strengthen their community.
- **Food insecurity** remains present despite strong local supports such as food pantries and community programs. Notable differences in income, poverty, and housing stability across communities suggest the need for continued investment in **health equity strategies**.

*Community Health Outcomes and Behaviors*

- **Infectious disease** indicators suggest continuing need for public health surveillance, prevention, and education. Adult influenza vaccination rates ranged from 42% to 51% across towns, while COVID-19 vaccination rates were substantially lower at 13% to 18%. Lyme disease cases may be increasing, highlighting the importance of vector-borne disease awareness and prevention.

- **Mental health** emerged as the dominant health concern across all five communities. Over 70% of survey respondents identified mental health as a top community concern. Over 20% of adults reported a lifetime diagnosis of depression and approximately 13% to 16% reported recent poor mental health. Residents described long wait times, providers not accepting new patients, insurance challenges, and uncertainty about where to seek help. Care navigation, convenient counseling services, support groups, and integrated behavioral and medical care were frequently identified as priorities.
- **Substance use** was the second most frequently identified community health concern. Alcohol-related emergency department visits, opioid-related emergencies, and substance-related deaths indicate ongoing need for prevention, treatment, recovery, and harm reduction services. Participants emphasized shortages of residential treatment options, particularly for individuals covered by MassHealth or Medicaid. Stigma and low awareness of available services continue to prevent residents from accessing care. Respondents prioritized care navigation, crisis services, education, and co-located mental health and substance use treatment.
- Negative **birth outcomes** were relatively rare across communities. However, parents described significant challenges identifying and accessing prenatal, postpartum, and early childhood supports. **Maternal mental health** emerged as a notable concern, with residents reporting difficulty locating providers before and after birth. **Childcare affordability and availability** were major stressors for families. Participation and awareness gaps in WIC and other family support programs suggest opportunities for stronger outreach and coordination.

*Access to Services*

- Residents reported considerable challenges **accessing healthcare**. Key barriers included provider shortages, insurance limitations, increasing costs, transportation challenges, and fragmented systems of care. Access to behavioral health services was particularly difficult.
- The **closure of Norwood Hospital** was repeatedly cited as a major concern, contributing to longer travel times for emergency care and reduced confidence in timely access to services. Survey respondents stressed the need for more locally available services and stronger coordination among providers.
- A consistent theme throughout the assessment was difficulty **navigating health and social service systems**. Residents often described services as fragmented and difficult to locate, especially for behavioral health, maternal health, housing, food assistance, and older adult supports.
- Many participants expressed a desire for a centralized resource hub, stronger interagency communication, and dedicated care navigators or social workers who could connect residents to appropriate services. Navigation challenges were compounded by transportation barriers, language needs, stigma, and limited awareness of available resources.

## Conclusions and Recommendations

Overall, the towns of Canton, Dedham, Norwood, Walpole, and Westwood are considered great places to live by their residents. Most residents are economically secure and relatively healthy. However, this average level of health and economic security can actually make living in these communities more difficult for vulnerable populations. They may not know how to access available resources, they may experience stigma or shame accessing services, or they may face other barriers to good health and well-being in their surroundings.

Recommendations:

- Expand access to mental health and substance use prevention, treatment, and recovery services.
- Strengthen care navigation through centralized information, social workers, and resource coordinators
- Improve healthcare access by addressing provider shortages, transportation barriers, and insurance-related obstacles.
- Enhance maternal, child, and family supports, including maternal mental health and childcare resources.
- Increase outreach for food, housing, and financial assistance programs.
- Continue infectious disease prevention, vaccination, and public health education efforts.
- Advance health equity by addressing the social drivers of health that disproportionately affect vulnerable populations.

The compilation of data in this assessment report seeks to provide evidence for the NC-8 Public Health Coalition to make data-informed decisions for planning and program implementation. These findings may also be used by other town agencies, community organizations, healthcare providers, and town residents to support local initiatives that seek to improve the health and well-being of residents of Canton, Dedham, Norwood, Walpole, Westwood, and neighboring communities.

# ACKNOWLEDGEMENTS

This Norfolk County 8 Public Health Coalition (NC-8) Community Health Assessment (CHA) is the culmination of a collaborative process that began in March 2026. It was made possible through the *Local Health Support for COVID-19 Case Investigation and Contact Tracing* grant provided by the Massachusetts Department of Public Health.

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## Additional Acknowledgements

The Community Health Assessment would not have been possible without the contributions and support of the community and many individuals and organizations that supported data collection and analysis. Please refer to Appendix B for the list of individuals and organizations who contributed.

# INTRODUCTION

## Background and Purpose

Where a person lives, learns, works, and plays all have an enormous impact on health. Understanding these factors and how they influence health is critical to the health planning process in a community. To facilitate this process, the Norfolk County 8 Public Health Coalition (NC-8) engaged Health Resources in Action (HRiA), a non-profit public health organization in Boston, to conduct a Community Health Assessment (CHA) of five towns in Norfolk County: Canton, Dedham, Norwood, Walpole, and Westwood.

The purpose of the CHA process is to provide a data-driven and community-engaged process that identifies and prioritizes the health needs of residents of Norfolk County for future health planning. The CHA provides NC-8 the opportunity to:

- Examine the current health status of the residents of these 5 towns as compared to Norfolk County;
- Determine current health priorities amongst the residents of these 5 towns within the social context of their communities;
- Identify opportunities, gaps, strategies, and resources to inform future programming in Norfolk County; and
- Facilitate partnership and dialogue between NC-8 and community organizations.

This report synthesizes and focuses on the findings of the CHA and will be used by NC-8 and their partners across Norfolk County to develop strategies and initiatives to address key priorities. This CHA provides a snapshot in time of community strengths, needs, and perceptions.

## Geographic Scope

The geographic focus area for this Community Health Assessment (CHA) is Norfolk County, specifically the municipalities of Canton, Dedham, Norwood, Walpole, and Westwood. While the Norfolk County-8 Public Health Coalition includes Milton and Wellesley, those municipalities are not included in the NC-8 2026 CHA. Throughout this assessment report, the geographic scope for this CHA is referred to as the "region."

## Health and Racial Equity Approach

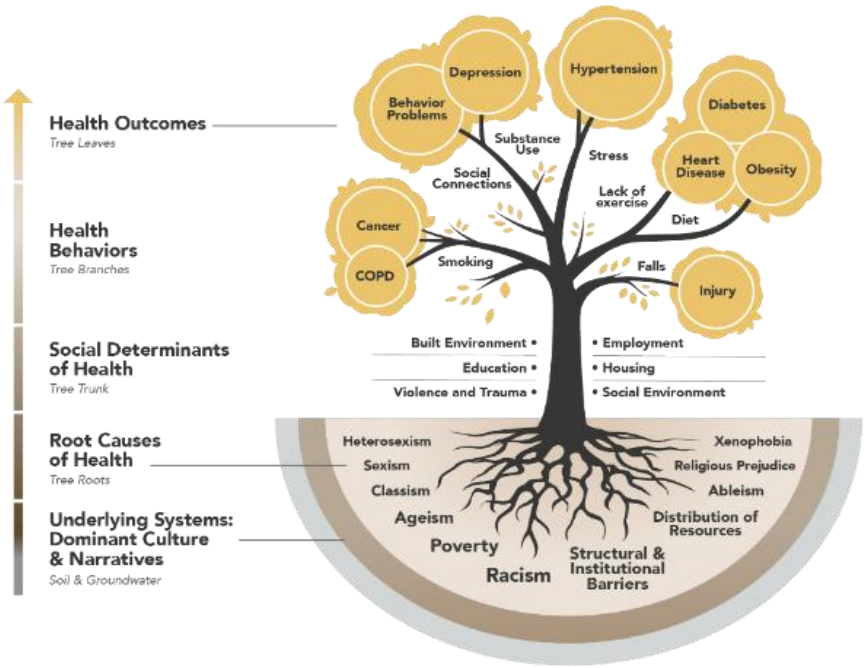
### Social Drivers of Health Framework

Having a healthy population is about more than delivering quality healthcare to residents. Therefore, the data collection and analysis for this assessment was conducted with a broad definition of health that recognizes and emphasizes numerous factors beyond individual behaviors that impact

individual, community, and regional health. It is important to recognize that these multiple factors, referred to as the social drivers of health (SDoH), have a downstream impact on health outcomes and that there is a dynamic relationship between real people and their lived environments. In addition to recognizing and emphasizing these SDoH, this assessment was also undertaken with an understanding that health equity (or inequity) precedes these social drivers.

## Health Equity Approach

Health outcomes are influenced by many factors; there is often a deep connection between how race, ethnicity, income, geography, and a multitude of root causes affect patterns of health outcomes.[1] The graphic on the right is a visual depiction of these relationships which guide this report in its examination of data.




The Health EquiTREE (2022), illustration by *Health Resources in Action* for the Massachusetts Community Health and Healthy Aging Funds. https://mahealthfunds.org/resources/

This report uses an equity lens. Understanding factors that contribute to health patterns for populations can help us identify data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

[1] Ndugga, N., Hill, L., Rao, A., Pillai, A., & Artiga, S. (2025, December 16). *Key data on health and health care by race and ethnicity*. The Henry J. Kaiser Family Foundation. Retrieved from: https://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity

# PROCESS AND METHODS

Data collection was conducted using a mixed-methods approach to gain a robust understanding of health needs and strengths in the region. This approach included secondary data analysis, a community health survey, and qualitative data collection through interviews and focus groups with community members. The following section describes how data for the assessment were compiled and analyzed.

## Quantitative Data

### Secondary Data

Secondary data are data that have already been collected by another entity for a purpose unrelated to this assessment. Examining secondary data helps to identify trends, baselines, and differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps. Secondary data were drawn from existing national, state, and local sources including, but not limited to, the U.S. Census Bureau, Massachusetts Department of Health, Massachusetts Department of Elementary and Secondary Education, and Centers for Disease Control and Prevention (CDC). Several of the data from these sources were obtained using the Massachusetts Population Health Information Tool (MA PHIT). When available, data were stratified by the appropriate demographics. Data are typically presented as frequencies (%) and any comparisons between groups should be interpreted as lay comparisons and not statistically significant differences.

In referencing sub-divisions, for ease of reading, some sub-group categories are abbreviated. For race, Latino/Hispanic populations are referred to as Latino, and Black/American African populations are referred to as Black throughout the report.

### 2026 NC-8 CHA Community Survey

In addition to the standard secondary data compiled for this community health assessment, the 2026 NC-8 Coalition CHA launched a community-wide survey in the spring of 2026. The survey was available from April 2 to May 21, 2026. The survey focused on community assets and challenges, social drivers of health, physical health and wellbeing, mental health and substance use, access and barriers to social services and medical services, and community priorities. The survey was available online in three languages (English, Spanish, and Portuguese). Extensive community outreach was conducted with assistance from the NC-8 Coalition and their partners.

Figure 1 provides the sociodemographic characteristics of community survey respondents. In this report, people who completed the survey are referred to as “survey respondents”, whereas those who were part of focus groups and interviews are referred to as “participants” for distinction.

Figure 1. Characteristics of Community Health Assessment Survey Respondents, 2026

| Respondent Town of Residence (N=474) | |
|---|---|
| Canton | 26.6% |
| Dedham | 22.4% |
| Norwood | 28.3% |
| Walpole | 9.3% |
| Westwood | 4.9% |
| Other | 8.7% |
| **Respondent Town of Work (N=474)** | |
| Canton | 9.5% |
| Dedham | 9.5% |
| Norwood | 19.4% |
| Walpole | 3.2% |
| Westwood | 3.2% |
| I do not work in any of these towns/Not Applicable | 55.3% |
| **Respondent Area of Residence or Work (N=474)** | |
| Canton | 29.5% |
| Dedham | 25.7% |
| Norwood | 34.6% |
| Walpole | 10.3% |
| Westwood | 6.8% |
| **Age (N=405)** | |
| Under 18 years old | * |
| 18-29 years old | * |
| 30-49 years old | 37.8% |
| 50-64 years old | 29.4% |
| 65-74 years old | 17.8% |
| 75 years old or older | 11.4% |

| Gender Identity (N=399) | |
|---|---|
| Woman | 69.2% |
| Man | 28.1% |
| Nonbinary/ genderqueer | 1.3% |
| Self-Described | 1.5% |
| **Racial/Ethnic Background† (N=382)** | |
| American Indian, Native American, Indigenous, Alaskan Native | * |
| Asian, Asian American, South Asian, Southeast Asian, East Asian | 3.9% |
| Black, African American, African | * |
| Middle Eastern or North African | * |
| White | 91.1% |
| Hispanic/Latino(a) | * |
| Other | * |
| **Annual Household Income (N=323)** | |
| Less than $50,000 | 8.7% |
| $25,000- $49,999 | 5.9% |
| $50,000- $74,999 | 8.7% |
| $75,000-$99,999 | 13.0% |
| $100,000- $149,999 | 24.1% |
| $150,000-$199,999 | 14.2% |
| $200,000-$249,999 | 13.3% |
| $250,000 or more | 18.0% |
| **Languages Mainly Spoken at Home† (N=403)** | |
| English | 99.0% |
| Other languages | 5.7% |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Dagger (†) indicates that respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. To protect respondents' privacy, an asterisk (*) is placed in any table cell with fewer than 10 responses.

Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question and vary by question. For data that are stratified by town, respondents were considered part of a particular community if they lived and/or worked in that community, unless otherwise

noted. This creates cases of double-counting some respondents, but it more accurately reflects the different ways people can be members of a community.

# Qualitative Data

## Key Informant Interviews

Twelve interviews were conducted with 20 community providers, partners, and leaders who worked in Canton, Dedham, Norwood, Walpole, and Westwood. Interviews were conducted in April and May 2026 by HRiA staff. The interviews lasted between 45 - 60 minutes and were conducted over Zoom or in-person. The discussion explored interviewees' experiences of addressing the needs of community residents, perceptions of gaps and ongoing challenges, and recommendations for priority areas of focus (see Appendix C). Sectors represented in these interviews included: healthcare, academic, food insecurity, environmental, housing, mental and behavioral health, substance use, community and economic development, and other governmental and social services (see Appendix B).

## Community Resident Discussion Groups

Five focus groups were conducted with 22 community members from Canton, Dedham, Norwood, Walpole, and Westwood. Focus groups were conducted in April and May 2026 by HRiA staff. The focus groups lasted between 60 – 90 minutes and were conducted over Zoom or in-person. The discussion aimed to delve deeply into community needs, strengths, accessibility of and barriers to services, and opportunities for the future (see Appendix C). Sectors represented in these focus groups included: healthcare, food, mental and behavioral health, substance use, and other governmental and social services (see Appendix B). Focus group participants were given a stipend of a virtual or physical gift card to compensate them for their time. Local organizations who helped with focus group recruitment were offered an honorarium.

## Analyses

The collected qualitative information was coded and thematically analyzed using NVivo 14 (QSR International Pty Ltd.) to identify main categories and subthemes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Key themes were identified based on frequency and intensity of a specific topic within and across transcripts. Selected de-identified quotes are presented in the narrative of this report to further illustrate points within topic areas.

# Data Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. Different secondary data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity) and some data are not available by specific population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., city or zip code) due to small sub-

sample sizes. Thus, data visualizations may exclude categories or data labels for values under 10. In addition, caution should be exercised when interpreting data based on small counts, as year-to-year fluctuations may reflect random variation as opposed to an underlying trend.

The community health survey used a convenience sample, meaning there is potential selection bias in who participated or was asked to participate in the survey. Respondents' sociodemographic distribution does not represent the sociodemographic distribution of the region. For example, 69% of the sample identified as women and 91% identified as White. Due to this potential bias, results cannot necessarily be generalized to the larger population.

Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of Norfolk County as a whole. However, a range of strategies such as multiple collection sites, access points, and survey administration modalities were used to minimize selection bias (e.g., community outreach) and multiple population groups typically underrepresented in surveillance data (e.g., specific language and demographic groups) were engaged to try to yield a sample that was similar to Norfolk County's population.

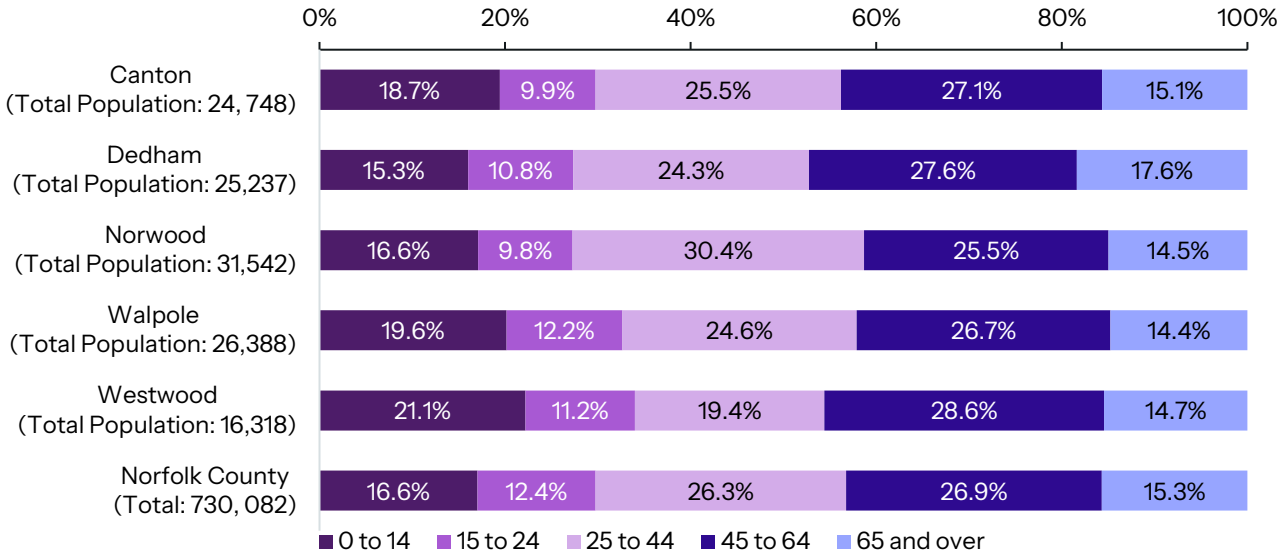
For qualitative data, while efforts were made to engage a diverse cross-section of individuals for key informant interviews and focus groups, results are not statistically representative of a larger population due to intentional non-random recruitment and small sample size. Community members who were involved in this assessment process were generally individuals who were already involved in community programming. Because of this, it is possible that the responses received do not represent all perspectives in the community about the issues discussed in this report, which limit the generalizability to the overall population.

# FINDINGS

## Population Characteristics/Demographics

The populations of Canton, Dedham, Norwood, Walpole, and Westwood ranged from 16,318 residents in Westwood to 31,542 in Norwood in 2020-2024 (Figure 2). The age distributions within the towns were similar to each other and to Norfolk County overall. However, Westwood had a somewhat lower percentage of 25–44-year-olds (19%) while Norwood had a higher percentage (30%) (Figure 2). Norwood had the most growth in overall population from 2014-2019 to 2020-2024 (7%) (see Appendix D).

Figure 2. Age Distribution, by Town and County, 2020-2024




DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024

Among the five towns, the proportion of White residents ranged from 67% in Canton to 85% in Walpole in 2020-2024 (Figure 3). Westwood (11%) and Canton (10%) had the largest proportion of Asian residents, Canton had the largest proportion of Black residents (12%), and Norwood had the largest proportion of Latino residents (10%).

Figure 3. Race/Ethnicity Distribution, by Town and County, 2020-2024

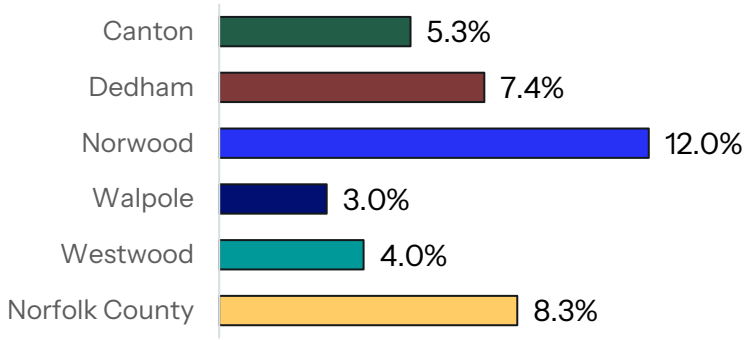
| | Asian | Black or African American | Latino | White | Some Other Race | Two or More Races |
|---|---|---|---|---|---|---|
| Canton | 10.4% | 11.6% | 4.5% | 67.2% | 1.2% | 4.8% |
| Dedham | 2.8% | 6.4% | 7.9% | 78.8% | 0.2% | 3.8% |
| Norwood | 6.7% | 6.7% | 10.0% | 68.6% | 2.7% | 5.4% |
| Walpole | 4.4% | 3.5% | 3.6% | 85.1% | 0.3% | 3.1% |
| Westwood | 10.8% | 1.4% | 4.0% | 77.9% | 1.3% | 4.5% |
| Norfolk County | 12.4% | 7.1% | 5.8% | 68.7% | 1.1% | 4.8% |

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024
NOTE: Race/Ethnicity categories do not include Hispanic/Latino; Ethnicity categories include all races.

### *Foreign-Born Population*

In 2020-2024, about 20% of Norwood residents were foreign-born, compared to just over 10% in Walpole (see Appendix D). Similarly, limited English proficiency ranged from 12% in Norwood to 3% in Walpole (Figure 4).

Figure 4. Percent Population Age 5+ with Limited English Proficiency, by Town and County, 2020-2024




DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024

Between 13% in Walpole to 25% of residents in Norwood spoke a language other than English at home (see Appendix D). The top languages among the five towns include Spanish, Chinese, and Other Indo-European Languages (which includes Portuguese).

Figure 5: Top 5 Languages Other than English Spoken at Home, by Town, 2020-2024

| Canton | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|
| Chinese (3.6%) | Spanish (5.4%) | Other Indo-European (11.0%) | Other Indo-European (6.1%) | Other Indo-European (5.1%) |
| Other Indo-European (3.5%) | Other Indo-European (4.2%) | Spanish (7.3%) | Spanish (2.7%) | Chinese (4.8%) |
| French, Haitian, or Cajun (2.5%) | Russian, Polish, or other Slavic (1.8%) | French, Haitian, or Cajun (1.8%) | Other and unspecified (1.1%) | Spanish (2.8%) |
| Spanish (2.4%) | French, Haitian, or Cajun (1.1%) | Other Asian and Pacific Island (1.6%) | Other Asian and Pacific Island (1.0%) | Russian, Polish, or other Slavic (1.2%) |
| Other Asian and Pacific Island (2.2%) | Chinese (1.0%) | Arabic (1.5%) | Arabic (1.0%) | Arabic (1.0%) |

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024
NOTE: Percents represent percent of individuals age 5+ speaking the language. Chinese includes Mandarin, Cantonese; Other Indo-European Languages include Albanian, Lithuanian, Pashto/Pushto, Portuguese, Romanian, Swedish among others. Other Asian and Pacific Island Languages includes languages other than Chinese Vietnamese, Korean, and Tagalog.

# Socio-Economic Profile

Income, work, education, and other social and economic factors are powerful social determinants of health.[1] For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that facilitate physical activity, resident engagement, and access to healthy foods), and provide income and benefits to access health care.[2] In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods, and services linked with health and healthcare access, and contribute to stressful life events that affect multiple aspects of health.[2]

Educational attainment is an important social determinant of health, as it both influences and serves as an indication of the range of employment opportunities, income, and health literacy in the community.[3] The education levels in the towns in this assessment were high, with between 24%

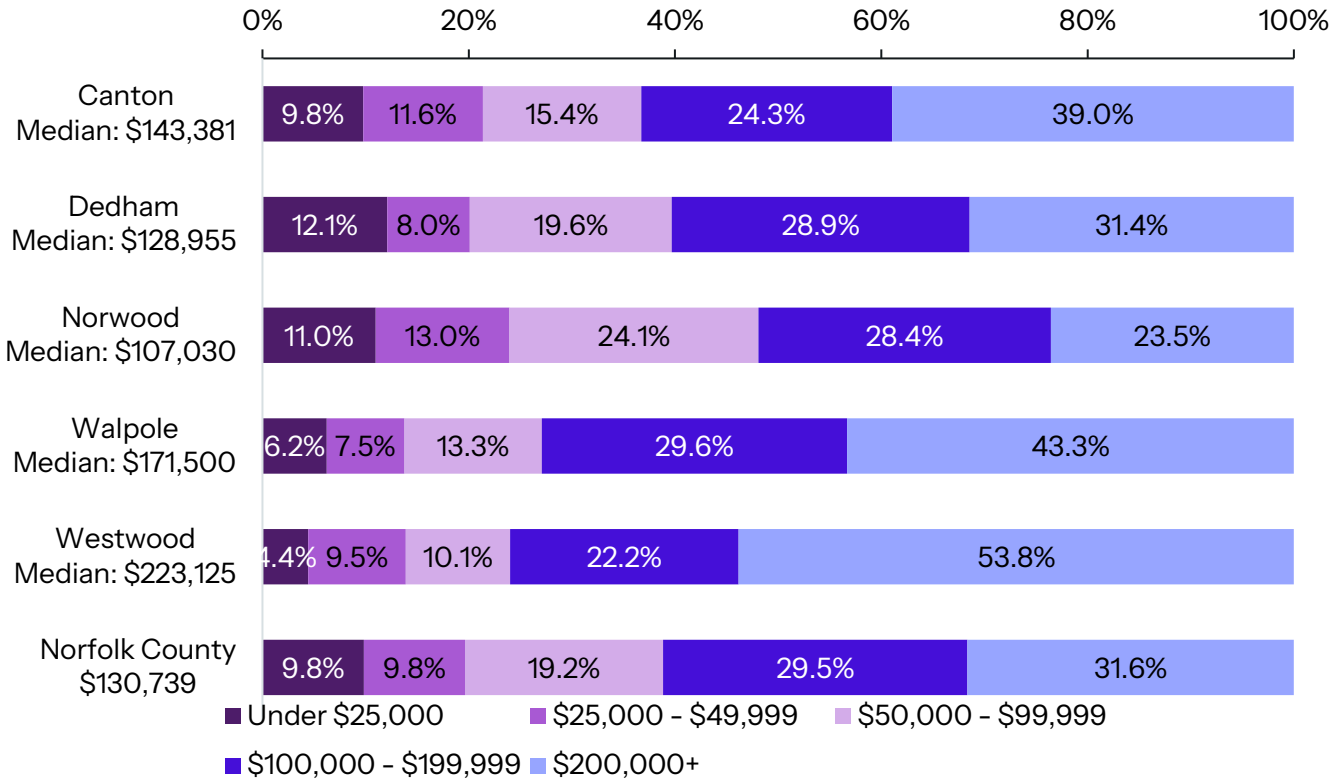
[2] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of Health Literature Summaries: Employment.* Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment

[3] Zimmerman, E. B., Woolf, S. H., & Haley, A. (2015). Understanding the relationship between education and health: A review of the evidence and an examination of community perspectives. In Beyond health care: The role of social determinants in promoting health and health equity. National Academy of Medicine. https://nam.edu/perspectives/understanding-the-relationship-between-education-and-health/

(Norwood) and 37% (Westwood) of residents holding a graduate or professional degree in 2020-2024, and between 30% (Dedham) and 35% (Canton) holding a bachelor's degree. Dedham (20%) and Norwood (18%) had the highest percentages of residents whose highest level of educational attainment was a high school diploma or equivalent (see Appendix D).

Linked to educational attainment, income is a key social driver that impacts several other social drivers including access to health resources, food, housing, and transportation.[2] Consequently, disparities in income can have rippling impacts on overall well-being. As shown in Figure 6, there were notable income differences across the towns as median household incomes ranged from $107,030 in Norwood to $223,125 in Westwood (see Appendix D). The distribution in Figure 6 also shows that Norwood, Dedham, and Walpole had substantially greater proportions of lower income households compared to Walpole and Westwood.

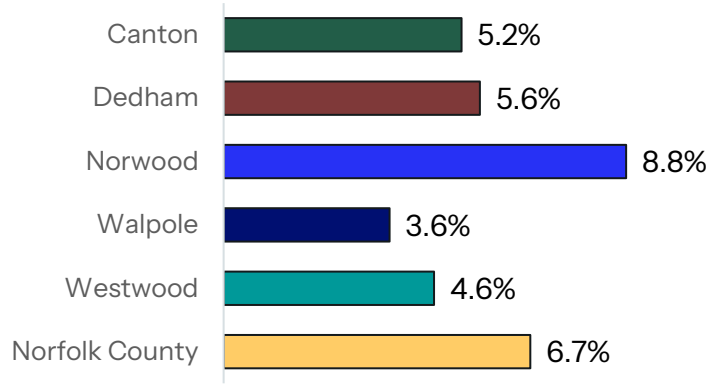
Figure 6. Household Income Distribution, by Town and County, 2020-2024




DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024 via MA PHIT Tool

In 2020-2024, over one in five households in Norwood (24%), Canton (21%), and Dedham (20%) earned less than $50,000 annuallyWalpole (14%) and Westwood (14%). Disparities were present across race and ethnic lines as well. Notably, Latinos had a substantially lower median income compared to non-Latino populations across the towns (see Appendix D). In a similar trend, poverty rates ranged from 9% in Norwood to 4% in Walpole in 2020-2024 (Figure 7).

Figure 7. Percent Population in Poverty, by County and Town, 2020-2024




DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024 via MA PHIT Tool
NOTE: Poverty is defined as below 100% of the federal poverty level

Poverty rates among Latinos were more than twice that of non-Latinos in Canton (11% vs 5%) and Norwood (19% vs 8%) (see Appendix D). Moreover, poverty rates among Black populations were much higher across all towns compared to the overall rates. Populations with higher rates of poverty than the overall rate may face disproportionate barriers in meeting needs and face increased risks for poor health.[4]

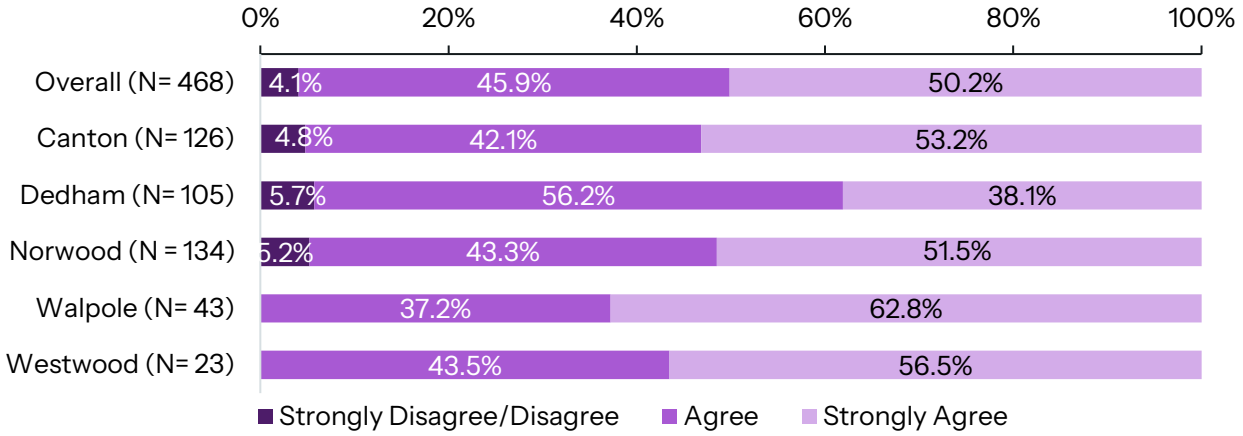
# Social Drivers of Health

## Community Strengths and Assets

Over 96% of survey respondents strongly agreed or agreed that their community was a good place to live, with minimal variation across towns (Figure 8).

[4] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of Health Literature Summaries: Poverty*. Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

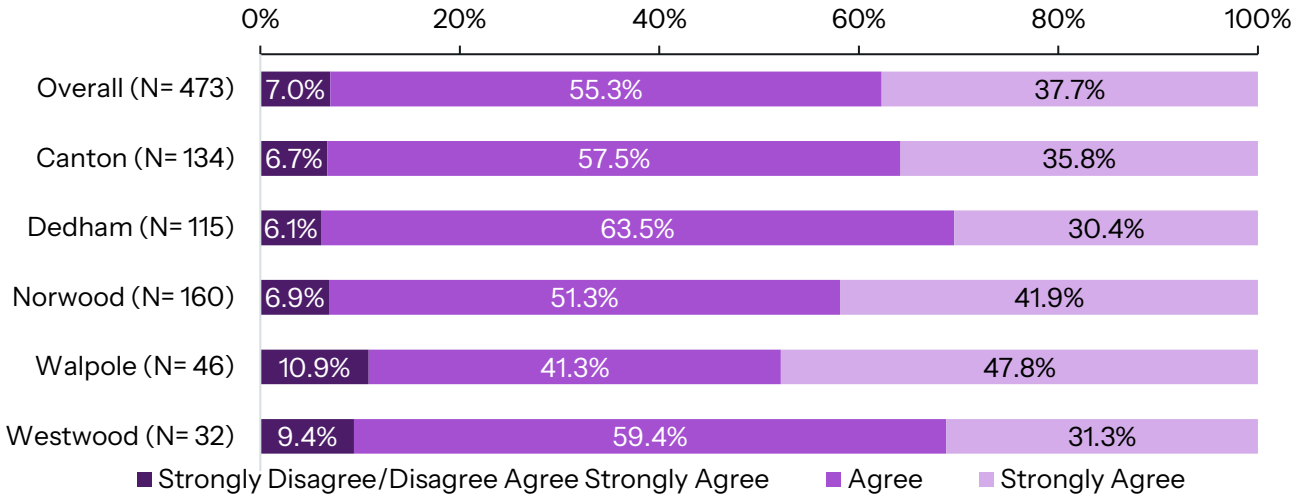
Figure 8. Percent of Survey Respondents' Level of Agreement That Their Community Is a Good Place to Live, 2026




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: For data by communities, only respondents who live in these communities are included.

Similarly, 93% of respondents strongly agreed or agreed that they felt that they belonged in their community (Figure 9). The proportion of residents who strongly disagreed or disagreed with this statement ranged from 6% in Dedham to 11% in Walpole.

Figure 9. Survey Respondents' Level of Agreement that They Feel that They Belong in Their Community, 2026




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026

## Housing and Cost of Living

Housing affordability was a critical concern amongst discussion participants, with seniors, low-and middle-income populations, and young families being disproportionately impacted by rising costs.

For example, seniors who paid off their mortgages years ago mentioned still struggling to cover taxes and ongoing expenses. Additionally, teachers, firefighters, police officers, and other town staff discussed not being able to buy homes in the communities they serve. For young families, discussion participants shared, *"My children were born and raised here, [they] all live elsewhere now, but they couldn't afford to buy here even if they wanted to."*

> "***We raised our children here, we sent them to schools, they moved out and now they can't afford to move back.*** *But guess what? I can't afford to move out because there is no housing for me that's not more expensive than what I could get from my house. So, it's a wacky upside-down kind of thing where* ***we would love to have more young families come in with children, but where are we going to go****?"*
>
> - Discussion Participant

Statewide housing data confirm that these affordability concerns are widespread across all five communities. In 2020-2024 average monthly homeowner costs ranged from $2,310 in Norwood to $2,958 in Walpole to $3,682 in Westwood. Monthly rent costs followed a similar trend (see Appendix D).

Most households in Norfolk County own their homes. Among the towns in this assessment, homeownership ranged from 87% in Westwood to only 54% in Norwood (Figure 10). However, homeownership varies by race: ownership was much lower among Black populations, especially in Norwood (20%) and Canton (28%).

Figure 10. Homeownership, by Race, by Town and County, 2020-2024

| Area | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Overall | 73.6% | 73.4% | 54.0% | 83.5% | 87.3% | 68.8% |
| Asian | 85.0% | 74.7% | 47.4% | 83.3% | 95.7% | 66.5% |
| Black | 27.9% | 55.0% | 20.3% | 58.7% | 72.7% | 45.2% |
| Multiple Races | 73.2% | 69.1% | 20.5% | 42.7% | 92.5% | 52.5% |
| Some Other Race | 8.9% | 49.1% | 13.7% | 45.0% | 100.0% | 50.2% |
| White | 80.3% | 75.5% | 63.0% | 86.3% | 86.1% | 72.8% |

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024 via MA PHIT Tool

NOTE: Data shows percent of total householders identifying under a race/ethnicity category who own a home (i.e. denominator is total householders in stated race/ethnicity, numerator is householders identifying as the stated race/ethnicity who own a home).

When looking at age distributions among householders, a majority of owner householders were age 45 or older; between 23% of owner householders in Westwood to 31% in Norwood were age 44 or younger. (Figure 11)

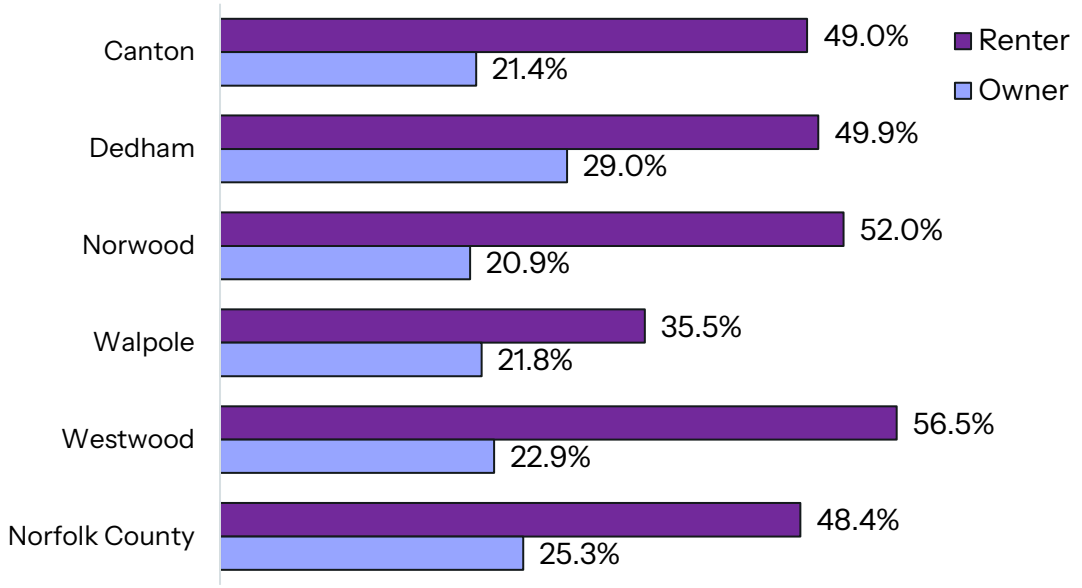
Figure 11. Percent of Owner-Occupied Homes, by Age of Householder, 2020-2024

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Under 35 years | 9.3% | 8.8% | 8.8% | 8.3% | 5.5% | 8.0% |
| 35 to 44 years | 21.3% | 18.2% | 17.5% | 17.9% | 17.7% | 18.2% |
| 45 to 54 years | 20.7% | 19.1% | 19.5% | 24.8% | 21.8% | 20.8% |
| 55 to 64 years | 20.8% | 22.2% | 23.3% | 20.9% | 21.7% | 23.1% |
| 65 to 74 years | 13.1% | 16.8% | 16.6% | 16.6% | 14.1% | 17.3% |
| 75 to 84 years | 10.4% | 9.6% | 8.0% | 9.0% | 11.6% | 8.9% |
| 85 years and over | 4.4% | 5.3% | 6.4% | 2.4% | 7.8% | 3.7% |

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024 via MA PHIT Tool
NOTE: For each town, percents should sum to 100% down the column as percents represent the proportion of owner-occupied households whose owners fall within the stated age category. Denominator is total number of householders who own a home, numerator is number of householders of the stated age category who own a home.

In Canton, Dedham, Norwood, and Westwood, about half of renters were considered cost-burdened (i.e. paying over 30% of their income toward rent) (Figure 12). Comparatively, Walpole had lower rates, with 36% of renter households being cost-burdened. Cost-burden rates among owner-households were about half that of renters, ranging between 21% in Norwood to 29% in Dedham. About 4% of adults in Westwood to over 6% in Norwood also report utilities insecurities (see Appendix D).

Figure 12. Total Households Cost Burdened, by Renter or Owner, by Town and County, 2020-2024




DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024 via MA PHIT
NOTE: Cost Burden is defined as paying over 30% of Household Income toward housing costs (i.e. mortgage, rent)

**"There's just not enough affordable housing, the need is much greater than the stock. [The town] only has about 311 units available which is split between family and elderly and disabled housing and there's about 290,000 on the waitlist."**

**- Discussion Participant**

For cost-burdened residents, subsidized housing may offer an alternative, but discussion participants pointed to the drawbacks of this system. They shared how these programs are designed to be a stepping-stone to help residents until they can transition to private housing, but rising costs have made that impossible. As one participant noted, even residents who do manage to move on *"are not able to stay in Norwood, they have to go elsewhere to find a house that's more affordable."* Additionally, the demand for subsidized housing far outpaces the supply, with people remaining on waitlists for years before receiving housing services.

Federal funding constraints also further limit the reach of housing assistance programs. For example, participants mentioned how Section 8 vouchers are designed to bridge the gap between what a tenant can afford and what a landlord charges, but as rents rise, the per-unit cost of each voucher increases, and housing authorities are unable to stretch their fixed budgets any further. As one participant shared, *"[The town] has Section 8 vouchers that aren't being utilized, because we can't afford to do so. Our budget is just surviving with the current participants we have…we can't bring more people on."* This results in a waitlist that never moves and eligible residents are unable to get help.

### GAPS IN THE HOUSING SPECTRUM

Compounding these challenges is a **lack of "missing middle" housing**, which includes mid-range options such as smaller single-family homes, townhomes, and other multi-family home types.

*"Westwood is seeing a lot of growth where the community is getting a little bigger. We were once a quiet town but **neighborhoods that were once small homes are now becoming filled with mansions** and building up in a way that is not necessarily denser, but people are coming in and changing the makeup of individual lots."*

*- Discussion Participant*

## Transportation

*"Sometimes there's transportation issues. A lot of our residents don't drive and have **difficulty using local transit** or have **trouble scheduling a ride** or using the MBTA. Our resident service coordinators can help make those calls, but with the amount of residents that we have, **we can't always get to everyone every single day that they have issues**."*

*- Discussion Participant*

Transportation was a persistent theme that discussion participants highlighted as a barrier to meeting their daily needs. For residents who don't drive, particularly seniors, reliable transportation is a daily challenge that affects all aspects of their lives including getting groceries and attending medical appointments. Existing services like the Council on Aging shuttles and the MBTA provide some coverage, but rides aren't always available when needed. Coordinating the logistics of a ride is also a barrier, as they often need to call in advance to set up their rides, so same-day needs are hard to accommodate.

Census data from the five towns confirms how car-dependent these communities are. In Canton, Dedham, and Norwood, less than 8% of households had no motor vehicle and rates were even lower in Walpole (4%) and Westwood (4%) (see Appendix D).

As discussion participants confirmed, the transit network itself compounds the problem. Bus routes do exist, but they often do not cover most of the town. For example, there was a lack of public transportation routes to everyday destinations like recreation facilities, courthouses, and social

services departments. As one participant observed, commuter rail and bus lines may run between different towns, but *"if you're trying to travel within the town, it's hard."*

The consequences of these gaps are most pronounced around basic needs. For families without cars, getting to a grocery store, a food pantry, or a doctor's office can be difficult. Even when resources exist, they're only useful if people can get to them.

**"The problem is the food pantry is in an old church far away from people who might need it. If you don't have a car, you can't get there. And how would you get it home if you don't have a car?"**

**- Discussion Participant**

## Food Security and Nutrition

Food insecurity, which is defined as a limited or uncertain capacity to get nutritionally adequate foods, has been associated with chronic diseases[5], mental health concerns[6], and many other adverse health outcomes. Financial hardship, rising food costs, limited transportation, and struggles with accessing food assistance programs can also exacerbate food insecurity within communities.

*"I hear from school counselors, where **kids are coming hungry** or they are leaving for sports and they are hungry."*

*- Discussion Participant*

Discussion participants across communities noted that food insecurity was a growing concern, with many noticing an increase in demand at local food pantries in recent years. As one participant noted, *"I've never seen lines at the Walpole food pantry except in the last 5 years."* Additionally, participants reported a trend in children arriving to school hungry.

Secondary data confirm what discussion participants described seeing at the food pantries. As shown in Figure 13, over one in ten adults in Norwood (11%) reported food insecurity in 2023, compared to 7% in Westwood. Similarly, the percent of households receiving SNAP benefits was highest in Norwood (11%), Canton (11%), and Dedham (9%) and lowest in Walpole (4%) and Westwood (<1%) (see Appendix D). The disparity in SNAP benefits and insecurity rates in Westwood and Walpole suggests there may be populations with unmet needs. Only 12% of households reporting food insecurity in Westwood are receiving SNAP benefits, and only 58% of households in Walpole [calculated from data in Figure 13]. This may indicate barriers such as awareness or stigma are preventing provision of needed services in these communities.

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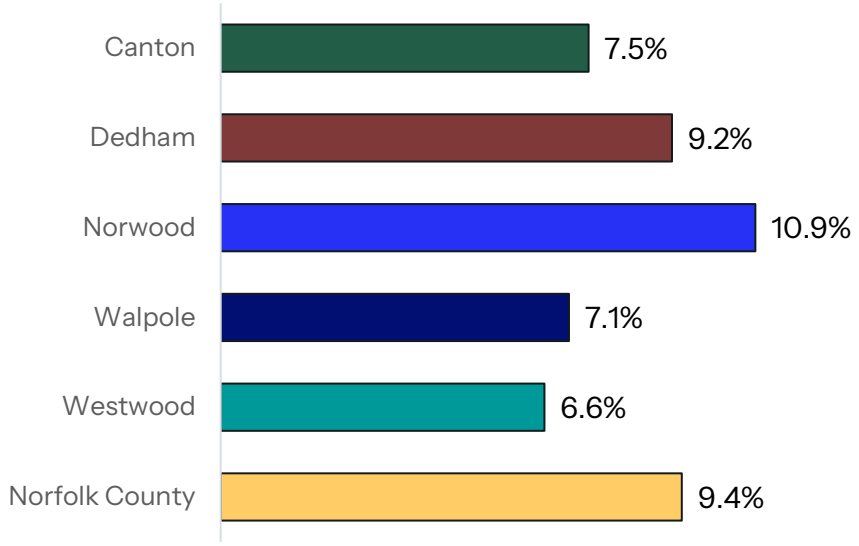
[5] Gregory, C. A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults (Economic Research Report No. 235). United States Department of Agriculture, Economic Research Service. https://doi.org/10.22004/AG.ECON.261813

[6] Niles, M. T., Mitchell, R. C., Anderzén, J., Belarmino, E., Bliss, S., Laurent, J. S., … Yerxa, K. (2026). Syndemic linkages between financial hardships, food insecurity, and mental health challenges following the COVID-19 pandemic. *Journal of Health Equity*, *3*(1). https://doi.org/10.1080/29944694.2026.2666494

Figure 13. Percent Adults Reporting Food Insecurity, 2023




DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System on the PLACES Data Portal via MA PHIT
NOTE: Data represents percent of adults age 18+ reporting " who reported "Always", "Usually", or "Sometimes" to "How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?"

WIC, the Women, Infants, and Children Nutrition Program, provides nutritional support and education to pregnant, postpartum, or breastfeeding individuals or children under age 5 if their family incomes are below 185% of the federal poverty level.[7] WIC eligibility was highest in Norwood (727 people eligible) and lowest in Westwood (56), with Canton (354), Dedham (332), and Walpole (271), falling in the middle (see Appendix D). WIC participation rates were relatively similar across Canton, Dedham, Norwood, and Walpole, ranging from 54% of those eligible in Walpole to 64% in Norwood. In contrast, Westwood's participation rate (30%) was substantially lower. Similar to what was noted above about SNAP participation, while overall there is a greater prevalence of need in other communities, data indicate that the highest prevalence of unmet need is in Westwood. WIC data indicate that most of the families eligible for WIC support in Westwood are not receiving it. There is room for improvement in service participation in all these communities (see Appendix D).

A range of food assistance resources exist across the region, including food pantries, community fridges, farmers market token programs, and SNAP incentives like the HIP program, which provides additional funds for fresh produce purchases. Food pantries are an

**"A lot of our residents have food stamps, so they have access to money to buy food. But some just don't qualify or are just below the maximum that you can make... so we started a community shelf within each development that we stock with foods, so residents have access to that."**

**- Discussion Participant**

[7] Massachusetts Department of Public Health. (n.d.). *Women, Infants, & Children Nutrition Program (WIC)*. Mass.gov. https://www.mass.gov/orgs/women-infants-children-nutrition-program

especially important resource, with several communities operating their own program. They operate multiple days a week and receive regular donations from local businesses and grocery stores, allowing them to offer fresh produce alongside shelf-stable goods. One participant described how welcoming a local food pantry was and noted it was, *"so clean, spotless, [with] plenty of storage."* Community shelves within housing developments offer another low-barrier option for residents without access to formal assistance, such as SNAP, and who have transportation barriers to reaching food pantries.

### Violence and Safety

The 2023 Massachusetts Community Health Equity Survey provides some insight into experiences of community safety in the town of Norwood specifically. Of Norwood respondents, 78% strongly agreed that they were able to get to where they need to go safely, comfortably, and easily (see Appendix D).

> *"Safety and security are something [residents] are always talking about. For example, lighting and making sure there's no dark spots,* ***so they feel comfortable going out at night."***
>
> *- Discussion Participant*

However, discussion participants noted some specific issues with security and safety, especially in public spaces after dark, due to inadequate lighting. For example, parks and recreation spaces were identified as inaccessible at night. Similarly, in some affordable housing developments, discussion participants noted an increase in requests for cameras and security measures. As one participant shared, residents want a "*safety net [and] knowing that when they go to bed at night, all of their doors are covered and no one's entering when they're not supposed to."*

For residents with disabilities or mobility limitations, emergency preparedness and safety were a particular concern. Participants described efforts to ensure residents know what to do in an emergency and that the town is *"trying to do some interagency collaborations to make sure our residents are safe. [The town] is getting ready to do fire drills again to make sure residents know what to do in an emergency."*

# Community Health Outcomes and Behaviors

Survey respondents were asked about the top health concerns in their communities (Figure 14). Strikingly, mental health issues ranked the highest overall (71%) and among all the towns. Alcohol and drug use ranked among the top two issues overall (47%) and for the towns of Dedham (56%), Norwood (51%) and Walpole (60%), followed by concerns related to older adults, chronic or long-term diseases, and environmental health concerns.

Figure 14. Top 5 Health Concerns among Survey Respondents, 2026

| Overall (N=464) | Canton (N= 139) | Dedham (N= 116) | Norwood (N= 163) | Walpole (N= 47) | Westwood (N= 30) |
|---|---|---|---|---|---|
| Mental health issues (71.3%) | Mental health issues (65.5%) | Mental health issues (68.1%) | Mental health issues (78.5%) | Mental health issues (68.1%) | Mental health issues (80.0%) |
| Alcohol and drug use (46.8%) | Chronic or long-term diseases (48.2%) | Alcohol and drug use (56.0%) | Alcohol and drug use (50.9%) | Alcohol and drug use (59.6%) | Concerns related to children (43.3%) |
| Concerns related to older adults (46.3%) | Environmental health concerns (46.8%) | Concerns related to older adults (46.6%) | Concerns related to older adults (47.2%) | Concerns related to older adults (57.4%) | Concerns related to older adults (40.0%) |
| Chronic or long-term diseases (45.3%) | Alcohol and drug use (44.6%) | Environmental health concerns (44.0%) | Chronic or long-term diseases (46.6%) | Environmental health concerns (42.6%) | Chronic or long-term diseases (40.0%) |
| Environmental health concerns (43.1%) | Concerns related to older adults (44.6%) | Chronic or long-term diseases (39.7%) | Environmental health concerns (40.5%) | Chronic or long-term diseases (40.4%) | Environmental health concerns (36.7%) |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%.

## Overall Mortality

Mortality rates help to measure the burden and impact of disease on a population. Patterns of death can provide insight into the leading health challenges affecting residents and help identify populations that may be at increased risk of premature mortality.[8] Mortality data reflect the cumulative impact of a wide range of factors, including access to healthcare, chronic disease prevalence, health behaviors, environmental conditions, socioeconomic status, and other social drivers of health.[8]

The all-cause mortality rates ranged from 500 per 100,000 population in Westwood to 670 in Norwood (see Appendix D). Figure 15 shows the leading causes of death and associated age-adjusted mortality rates. The top three causes of death in the five towns were cancer, heart disease, and unspecified dementia. Heart disease and unspecified dementia rates are slightly lower in Westwood compared to the other towns.

[8] Hernandez, J. B. R., & Kim, P. Y. (2025). *Epidemiology, morbidity, and mortality*. In StatPearls, StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK547668/

Figure 15. Top 5 Leading Causes of Death, by Town, per 100,000 population, 2021-2025

| | Canton | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|---|
| 1 | Cancer (138.5) | Cancer (122.1) | Cancer (155.4) | Cancer (129.9) | Cancer (133.8) |
| 2 | Heart Disease (107.3) | Heart Disease (90.8) | Heart Disease (117.5) | Heart Disease (100.0) | Heart Disease (73.8) |
| 3 | Unspecified dementia (56.7) | Unspecified dementia (52.9) | Unspecified dementia (54.9) | Unspecified dementia (39.0) | Stroke (29.6) |
| 4 | Stroke (28.7) | Unintentional Injuries (43.8) | Unintentional Injuries (37.1) | Unintentional Injuries (37.5) | Unspecified dementia (29.1) |
| 5 | Unintentional Injuries (28.4) | Stroke (23.3) | Stroke (33.3) | Stroke (27.7) | Unintentional Injuries (26.1) |

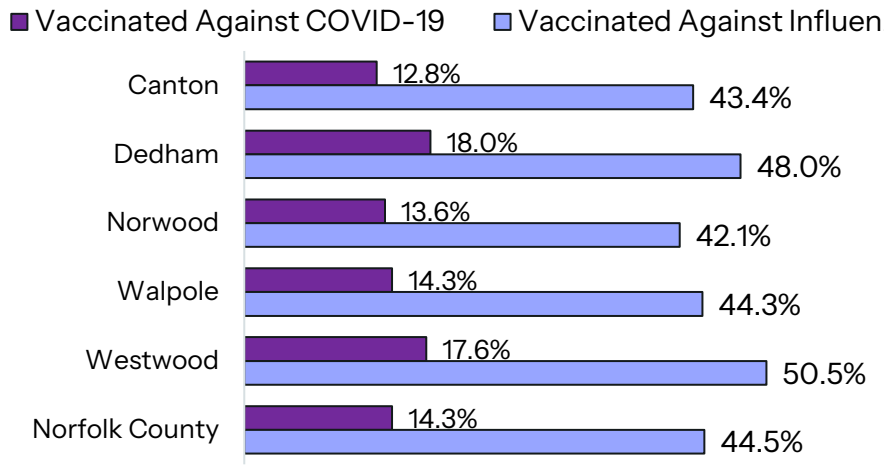
DATA SOURCE: 2021-2023 death data are from Massachusetts closed death files. 2024-2025 death data is from Massachusetts open death files and is up-to-date as of June 1, 2026. 2024 and 2025 data are preliminary at this time, and thus subject to change.
NOTE: Rates are age-adjusted. Unspecified Dementia refers to dementia deaths that were not attributed to more specific case ICD-10 codes (i.e. Alzheimer's Disease, Vascular Cognitive Impairment (VCI), Cerebrovascular disease, etc.).

## Infectious Disease

Infectious disease plays a critical role in community health, as outbreaks can spread, strain healthcare systems, and disproportionately affect high-risk populations.[9] In the 2025–2026 season, adult vaccination rates were comparable across the towns, with COVID-19 vaccination ranging from 13% in Canton to 18% in Dedham and influenza vaccination ranging from 42% in Norwood to 51% in Westwood (Figure 16). Reported COVID-19 Case Rates were also similar between the towns with the lowest in Walpole (360.5 per 100,000) and highest in Dedham (584.0) (see Appendix D).

[9] van Seventer, J. M., & Hochberg, N. S. (2017). Principles of Infectious Diseases: Transmission, Diagnosis, Prevention, and Control. International Encyclopedia of Public Health, 22–39. https://doi.org/10.1016/B978-0-12-803678-5.00516-6

Figure 16. Adult Vaccination Rates, by Town and County, 2025-2026 Season




DATA SOURCE: Massachusetts Immunization Information System (MIIS) via Massachusetts Department of Health, Viral Respiratory Illness Dashboard, 2026
NOTE: Data represents vaccination rates between Jun 29th 2015 to April 18th 2026. MIIS data represents any vaccine administered in Massachusetts, but may not include all vaccination records for Massachusetts residents, such as those who were vaccinated out of state.

Sexually transmitted infections (STIs) are another priority for maintaining healthy communities. Figure 17 shows the rates of chlamydia, gonorrhea, and syphilis in 2024. Chlamydia was the most prevalent STI, with rates in Dedham and Norwood notably higher than in Westwood.

Figure 17. Sexually Transmitted Infection Rates per 100,000 Population, by Type, by Town and County, 2024

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Chlamydia | 197.0 | 287.8 | 303.7 | 117.5 | 73.8 | 248.9 |
| Gonorrhea | 78.0 | 106.5 | 63.3 | 41.7 | 73.8 | 81.3 |
| Syphilis | - | - | 22.1 | 0.0 | 0.0 | 10.3 |

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences (BIDLS), 2025
NOTE: Dash (-) represents data suppressed due to n<5. Syphilis includes primary and secondary syphilis.

Lyme disease is a vector-borne disease, the most commonly reported in the United States, and is transmitted through the bite of infected ticks.[10] A prolonged and untreated infection can lead to serious complications such as neurological and cardiac issues, arthritis, and persistent fatigue.[11] Reported cases of Lyme disease varied and fluctuated across towns between 2022-2025, ranging from a low of nine in Norwood in 2022 to 43 in Canton in 2025 (Figure 18). Between 2024 and 2025, cases more than doubled in Canton from 21 cases (rate: 8 per 10,000) to 43 (17 per 10,000).

[10] Massachusetts Department of Public Health. (n.d.). *Lyme disease*. Mass.gov. https://www.mass.gov/info-details/lyme-disease
[11] Centers for Disease Control and Prevention. (2024, May 15). *Signs and symptoms of untreated Lyme disease*. https://www.cdc.gov/lyme/signs-symptoms/index.html

However, rates slightly decreased in Walpole and Westwood, and decreased by half in Dedham and Norwood. Changing Lyme Disease rates are often due to changes in the natural environment, but it is critical to have public health support to meet evolving needs.[12]

Figure 18. Total Reported Lyme Disease Cases, by Town, 2022 - 2025

| Lyme Disease | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Canton | 24 | 22 | 21 | 43 |
| Dedham | 25 | 14 | 22 | 10 |
| Norwood | 9 | 24 | 27 | 14 |
| Walpole | 18 | 28 | 28 | 25 |
| Westwood | 15 | 23 | 18 | 13 |

DATA SOURCE: Massachusetts Virtual Epidemiological Network
NOTE: Data shows number of probable and confirmed cases.

Human Granulocytic Anaplasmosis (HGA) and Babesiosis are two other tick-borne diseases, and similar to Lyme disease, spread by infected blacklegged ticks.[13] The rates of HGA and Babesiosis across the towns in 2025 were lower than rates of Lyme Disease (Figure 19). However, Dedham notably had a higher count of Babesiosis (7 cases) compared to the other towns while Walpole notably had a higher count of HGA (7) compared to other towns.

Figure 19. Additional Tick-Borne Disease Cases, by Town, 2025

| | Human Granulocytic Anaplasmosis (HGA) | Babesiosis |
|---|---|---|
| Canton | 2 | 1 |
| Dedham | 2 | 7 |
| Norwood | 1 | 1 |
| Walpole | 7 | 3 |
| Westwood | 2 | 1 |

DATA SOURCE: Massachusetts Virtual Epidemiological Network
NOTE: Data shows number of probable and confirmed cases.

Foodborne illnesses reflect the safety of the food supply and potentially problems in local food handling practices.[14] Public health infrastructure plays a key role in maintaining this safety. Figure 20 shows the reported prevalence of three common food-borne illnesses across the towns.

[12] Cary Institute of Ecosystem Studies. (2026, March 11). Ticks carrying more than one pathogen are on the rise in US Northeast. https://www.caryinstitute.org/news-insights/press-release/ticks-carrying-more-one-pathogen-are-rise-us-northeast
[13] Cary Institute of Ecosystem Studies. (n.d.). *Tick-borne diseases: What you need to know*. https://www.caryinstitute.org/news-insights/guide/tick-borne-diseases-what-you-need-know
[14] Shah, G. H., Shankar, P., Sittaramane, V., Ayangunna, E., & Afriyie-Gyawu, E. (2022). Ensuring food safety for Americans: The role of local health departments. *International Journal of Environmental Research and Public Health, 19*(12), Article 7344. https://doi.org/10.3390/ijerph19127344

Campylobacteriosis is often associated with contaminated poultry, unpasteurized dairy products, or untreated water.[15] Salmonellosis is similar and often associated with contaminated poultry and eggs.[15] Lastly, norovirus is highly infectious and can be spread via contaminated food and water, contaminated surfaces such as doorknobs, and person-to-person contact.[15]

In all towns and for all illnesses, the total number of reported cases of foodborne illness was less than 20 in 2025. There is very likely extensive under-reporting of these illnesses to healthcare professionals. Nevertheless, Norovirus was most prevalent among the three illnesses, with 4 cases (rate: 2 per 10,000) in Westwood to 10 in Dedham (rate: 5 per 10,000). There were low cases of Salmonella in 2025 representing fewer than 5 cases per town, while Walpole (9 cases), Canton (9 cases), and Dedham (10 cases) had the highest counts of Campylobacteriosis. Counts for all three illnesses were relatively similar between 2018 and 2025, with Norwood experiencing a slight steady increase in Norovirus between 2023 and 2025 (see Appendix D).

Figure 20. Food-Borne Illnesses Cases, by Town, 2025

| | Campylobacteriosis | Salmonellosis | Norovirus |
|---|---|---|---|
| Canton | 9 | 5 | 9 |
| Dedham | 10 | 1 | 10 |
| Norwood | 2 | 3 | 16 |
| Walpole | 9 | 3 | 9 |
| Westwood | 4 | 1 | 4 |

DATA SOURCE: Massachusetts Virtual Epidemiological Network
NOTE: Data shows number of probable and confirmed cases.

## Environmental Health

Environmental Health refers to both the natural and built environments in local communities, as well as potential exposure to health or risk of harm from these environments.

> *"Walkability is something the town has done a lot with just in the past 10 years to make it easier for people to live, shop, and go about their daily life in the same neighborhood. But it's **hard to change hundreds of years of development overnight**."*
>
> *- Discussion Participant*

Walkability and access to safe, alternative transportation routes emerged as a consistent concern across communities participating in this assessment. Many noted that while some towns have made progress on pedestrian infrastructure in recent years, they said that progress was limited due to road layouts and infrastructure. Additionally, gaps in sidewalks and a lack of bike lanes make it unsafe for people to

[15] Massachusetts Department of Public Health. (n.d.). *Foodborne illness information for the public*. Mass.gov. https://www.mass.gov/info-details/foodborne-illness-information-for-the-public

engage in active transportation and exercise. As one participant noted, *"We're not a walking town or even a biking town."*

Data on fatal crashes between 2019-2023 underscores this concern. Canton (20) and Dedham (16) had the highest crash rates per 100,000 population, over four times the other towns (see Appendix D). This translates to nine fatal crashes in Canton and 20 in Dedham.

Access to parks and natural spaces was identified as both a strength and a challenge. Many discussion participants highlighted the amount of green space, such as trail networks and large parks, as a major asset of their communities. However, they also shared that access is not evenly distributed. As one participant shared, *"Nature is free and should be accessible all the time."* For example, those without cars were effectively cut off from trails and larger natural areas that require driving to reach.

**"I would like to see more green energy in town, geothermal only or fossil fuel-free. We're about to build a new middle school, it's an aging middle school and our biggest one. I would like to see a very thoughtfully designed and forward-thinking middle school that takes advantage of solar energy and geothermal work."**

**- Discussion Participant**

Also related to environmental health, some discussion participants raised concern about the town-wide use of pesticides on lawns and public parks. As one participant noted, *"We have a hard time convincing the town to change what they do in their parks."* Beyond pesticides, they expressed a desire for communities to incorporate more environmental sustainability into town infrastructure including solar or geothermal structures.

## Chronic Disease

Chronic diseases contribute substantially to overall wellbeing and are linked to several leading causes of death.[16] Factors such as access to healthcare, socioeconomic conditions, health behaviors, and environmental influences contribute to the prevalence of chronic diseases.[16] Prevention, early intervention, and disease management are key to reducing chronic disease burden.[17]

Figure 21 shows the prevalence of common chronic diseases in the five towns in 2023. The prevalence of asthma was similar across towns (8-9%). Diabetes was most prevalent in Norwood

[16] Mair, F. S., & Jani, B. D. (2020). Emerging trends and future research on the role of socioeconomic status in chronic illness and multimorbidity. *The Lancet Public Health, 5*(3), e128–e129. https://doi.org/10.1016/S2468-2667(20)30001-3

[17] Thomas, S. A., Browning, C. J., Charchar, F. J., Klein, B., Ory, M. G., Bowden-Jones, H., & Chamberlain, S. R. (2023). Transforming global approaches to chronic disease prevention and management across the lifespan: integrating genomics, behavior change, and digital health solutions. Frontiers in public health, 11, 1248254. https://doi.org/10.3389/fpubh.2023.1248254

(12%) and Walpole (12%). Hypertension was most prevalent in Dedham (41%). Obesity was most common in Norwood (34%).

Figure 21. Chronic Disease Prevalence in Total Population, by Chronic Disease, by Town and County, 2023

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Asthma | 8.1% | 9.0% | 9.2% | 9.0% | 8.6% | 8.2% |
| Diabetes | 10.9% | 10.4% | 11.8% | 12.1% | 9.8% | 9.3% |
| Hypertension | 39.0% | 41.3% | 39.1% | 38.4% | 36.8% | 36.1% |
| Obesity | 28.0% | 29.4% | 33.7% | 29.9% | 23.7% | 28.3% |

DATA SOURCE: Massachusetts Department of Public Health, Electronic Health Records 2023 via MA PHIT

The top cancers in Norfolk County were Invasive Female Breast, Prostate, Lung and Bronchus, Colon and Rectum, and Urinary Bladder (see Appendix D for Age-Adjusted Rates). Figure 22 shows the top cancers in the five towns, ranked based on case numbers, and their associated relative standard incidence ratios (SIRs). SIRs are the ratio of observed cases in the town to expected new incidences based on state rates. Breast Cancer consistently had a rate higher than 100 indicating that observations surpassed the expectations based on state rates. Melanoma of the skin had some of the highest SIRs among the top five types ranging from 110 to 177, suggesting a disproportionately high incidence relative to the expected number of cases. Further, additional cancer types, although they were not the most common cancers by case numbers, had disproportionately high incidence relative to the expected number of cases, such as stomach cancer in Westwood (see Appendix D).

Figure 22. Leading Types of Cases and Associated Standardized Incidence Ratios (SIR), by Town, 2017-2021

| Rank | Canton | | | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|---|---|---|
| 1 | Breast (invasive) (106) | | | Breast (invasive) (101) | Breast (invasive) (111) | Breast (invasive) (107) | Breast (invasive) (115) |
| 2 | Prostate (109) | | | Lung and Bronchus (94) | Lung and Bronchus (119) | Prostate (102) | Prostate (132) |
| 3 | Lung and Bronchus (90) | | | Prostate (77) | Prostate (98) | Lung and Bronchus (93) | Lung and Bronchus (77) |
| 4 | Colon/Rectum (113) | | | Melanoma of the Skin (144) | Colon/ Rectum (114) | Colon/ Rectum (112) | Colon/ Rectum (114) |
| 5 | Melanoma of the Skin (110) | Non-Hodgkin Lymphoma (106) | Bladder, Urinary (88) | Colon/ Rectum (72) | Melanoma of the Skin (146) | Melanoma of the Skin (136) | Melanoma of the Skin (177) |

DATA SOURCE: Massachusetts Cancer Registry via Cancer Incidence City & Town Report Dashboard, 2017-2021.
NOTE: Ranking was made based on number of observations per cancer. Cancers with the same number of observations per town were shown as a tie and may have different SIRs. SIR=100 indicates incidence is equal to expected based upon statewide average, SIR>100

indicates incidence is higher than expected based upon statewide average, SIR<100 indicated incidence is lower than expected based upon statewide average. In situ breast cancer was not considered for this ranking. All cancers represent invasive cancers except for bladder, urinary which includes invasive and in situ.

These chronic disease rates don't exist in isolation; discussion participants linked chronic diseases directly to food and nutrition. Participants noted that food insecurity and poor nutritional quality are contributing to a rise in conditions like heart disease, obesity, and diabetes. As one participant observed, *"That is the paradox. [People] are eating but not necessarily nutritiously."*

Lack of physical activity can be another major contributor to increased risk of chronic diseases. Regular physical activity can help prevent and manage conditions such as cardiovascular disease, stroke, type 2 diabetes, obesity, arthritis, and high blood pressure.[18] Communities with lower levels of physical activity often face a greater burden of chronic disease and reduced overall well-being. The five towns had similar rates of adults reporting no leisure-time for physical activity in 2023, ranging from 15% of adults in Walpole to 19% in Norwood, which were similar to Norfolk County overall (17%) (see Appendix D).

## Mental and Behavioral Health

Mental illnesses can have broad impacts on an individual's overall health, such as impacting their engagement with healthy behaviors, ability to access resources and maintain health treatments, and management of daily life stressors.[19] Mental illnesses that continue without intervention have impacts on daily living and quality of life; notably, mental illnesses are among one of the leading causes of disability and work absenteeism in the United States.[20]

In 2023, over 20% of adults in all of the five towns reported that they had ever been diagnosed with depression by a healthcare professional (Figure 23). Similarly, at least 13% reported having poor mental health, defined as more than 14 days in the past month where their mental health was not good. From 2020 to 2023, the percentage of adults reporting depression and poor mental health increased across all towns (see Appendix D).

[18] Booth, F. W., Roberts, C. K., & Laye, M. J. (2012). Lack of exercise is a major cause of chronic diseases. *Comprehensive Physiology*, *2*(2), 1143–1211. https://doi.org/10.1002/cphy.c110025
[19] Magomedova, A., & Fatima, G. (2025). Mental Health and Well-Being in the Modern Era: A Comprehensive Review of Challenges and Interventions. *Cureus*, *17*(1), e77683. https://doi.org/10.7759/cureus.77683
[20] ADA National Network. (n.d.). Mental health conditions in the workplace and the ADA. https://adata.org/factsheet/health/

Figure 23. Adults Reporting Having a Mental Health Concern, by Type of Concern, by Town and County, 2023

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Poor Mental Health (past month) | 13.7% | 14.8% | 15.5% | 14.1% | 13.2% | 14.6% |
| Depression (lifetime diagnosis) | 21.6% | 22.7% | 23.1% | 22.6% | 21.7% | 21.9% |

DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2023 via MA PHIT

NOTE: "Poor Mental Health" shows percent of adults reporting 14 or more days during the past 30 days during which their mental health was not good. "Depression" shows percent adults who have ever been told by a doctor, nurse, or other health professional that they had depressive disorder.

Stigma and limited awareness further compound the issue and remain a barrier to people seeking help. As one discussion participant noted, *"There is still stigma, and then knowing where to go for access…counselors are overwhelmed and it's too much."*

Community survey respondents were asked how often they or their families could get mental health care when needed (Figure 24). Most respondents (58%) indicated that this question was not applicable to them. Among respondents who did need access to mental health care, 53% reported that they could always access it, 40% said sometimes, and 6% said never.

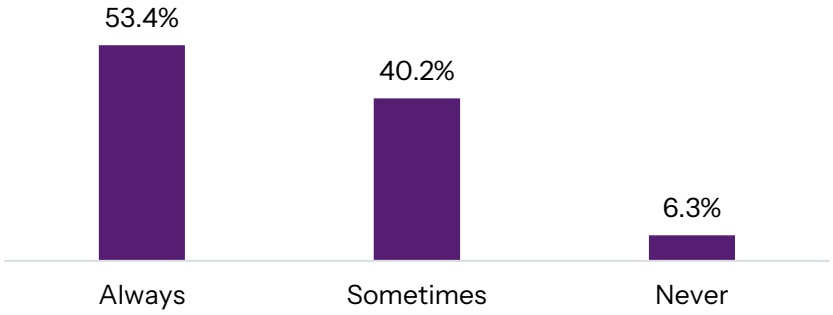
### DUAL BURDENS OF MENTAL HEALTH AND SUBSTANCE USE

Among adults, **mental health and substance use needs are deeply intertwined and growing**. Yet many in crisis go without support because of limited capacity and low awareness of resources.

"***Adult usage of drugs and alcohol is a lot of mental health issues****. I don't think there's enough mental health facilities and/or* ***people don't know they will be welcome with open arms****."*

- *Discussion Participant*

Figure 24. Frequency of Access to Needed Mental Health Care in Past 12 Months among Survey Respondents, 2026 (n=174)




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026

Survey respondents were asked if they felt like they had access to quality mental health care or substance use services and supports in their local community (Figure 25); overall, about a third of respondents reported being able to access care near where they live. Notably, over 50% of Canton and Walpole respondents reported needing to travel outside their local community.

Figure 25. Survey Respondents' Access to Quality Mental Health Care and Substance Use Services and Supports in Their Community, 2026

| | Overall (N= 377) | Canton (N= 105) | Dedham (N= 92) | Norwood (N= 139) | Walpole (N= 38) | Westwood (N= 26) |
|---|---|---|---|---|---|---|
| Have access near where I live | 32.1% | 26.7% | 39.1% | 34.5% | 26.3% | * |
| Would need to travel outside my local community | 44.6% | 51.4% | 39.1% | 41.7% | 52.6% | 38.5% |
| I can access some, but not all, of my medical needs in my community | 23.3% | 21.9% | 21.7% | 23.7% | 21.1% | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: An asterisk (*) is placed in any table cell with fewer than 10 responses.

Overall and across towns, survey respondents reported the same three consistent barriers (where data available) to accessing mental health care, including doctors or providers not accepting new patients, insurance problems, and being unable to find care or not knowing where to go (Figure 26).

Figure 26. Top 5 Barriers Accessing Mental Health Services Identified by Survey Respondents, 2026

| Overall (N= 292) | Canton (N= 81) | Dedham (N= 71) | Norwood (N= 109) | Walpole (N= 29) | Westwood (N= 22) |
|---|---|---|---|---|---|
| Doctors or providers not accepting new patients (59.6%) | Doctors or providers not accepting new patients (60.5%) | Doctors or providers not accepting new patients (56.3%) | Doctors or providers not accepting new patients (59.6%) | Doctors or providers not accepting new patients (65.5%) | Unable to find care; do not know where to go to for care (50.0%) |
| Insurance problems (47.3%) | Insurance problems (50.6%) | Insurance problems (46.5%) | Unable to find care; do not know where to go to for care (45.0%) | Insurance problems (48.3%) | Doctors or providers not accepting new patients (45.5%) |
| Unable to find care; do not know where to go to for care (42.5%) | Unable to find care; do not know where to go to for care (46.9%) | Unable to find care; do not know where to go to for care (31.0%) | Insurance problems (44.0%) | Cost of care (41.4%) | * |
| Cost of care (36.0%) | Cost of care (37.0%) | Cost of care (31.0%) | Cost of care (36.7%) | Unable to find care; do not know where to go to for care (34.5%) | * |
| Hard to schedule an appointment at a convenient time of day/evening/weekend (28.4%) | Hard to schedule an appointment at a convenient time of day/evening/weekend (27.2%) | Hard to schedule an appointment at a convenient time of day/evening/weekend (31.0%) | Hard to schedule an appointment at a convenient time of day/evening/weekend (28.4%) (tie) | * | * |
| | | | Wait times at doctor's or provider's office or clinic are too long (28.4%) (tie) | | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

Survey respondents were also asked about barriers to accessing problem gambling services. Overall and across towns, the most selected response was no barriers, while in Canton, being unable to find care or not knowing where to go was the top barrier (Figure 27). Stigma or shame, the cost of care, and insurance problems were also among the Top 3 across towns.

Figure 27. Top 5 Barriers Accessing Problem Gambling Services Identified by Survey Respondents, 2026

| Overall (N= 159) | Canton (N= 37) | Dedham (N= 37) | Norwood (N= 74) | Walpole (N= 14) |
|---|---|---|---|---|
| No barriers (40.9%) | Unable to find care; do not know where to go to for care (37.8%) | No barriers (56.8%) | No barriers (44.6%) | No barriers (42.9%) |
| Unable to find care; do not know where to go to for care (33.3%) | No barriers (29.7%) | Unable to find care; do not know where to go to for care (24.3%) | Unable to find care; do not know where to go to for care (33.8%) | * |
| Stigma or shame (23.9%) | Cost of care (29.7%) | Insurance problems (21.6%) | Stigma or shame (29.7%) | * |
| Insurance problems (20.1%) | Doctors or providers not accepting new patients (27.0%) | Doctors or providers not accepting new patients (18.9%) | Insurance problems (14.9%) | * |
| Doctors or providers not accepting new patients (16.4%) | Insurance problems (24.3%) | Hard to schedule an appointment at a convenient time of day/ evening/ weekend (18.9%) | Doctors or providers not accepting new patients (10.8%) | * |
| | | Stigma or shame (18.9%) | | |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses. Data from Westwood omitted due to all options having fewer than 10 responses.

When asked about types of mental health treatment that would most benefit their community, survey respondents overall identified counseling and therapy in convenient locations (54%), care navigation (51%), and co-located mental health and medical services (32%) (Figure 28) as top types of treatment. In addition, support groups (34%) rose to the top three in Dedham and crisis intervention ranked highly in Walpole (44%).

Figure 28. Top 3 Types of Mental Health Treatment Services That Would Most Benefit Their Community Identified by Survey Respondents, 2026

| Overall (N = 275) | Canton (N= 75) | Dedham (N= 64) | Norwood (N= 108) | Walpole (N= 27) | Westwood (N= 20) |
|---|---|---|---|---|---|
| Counseling and therapy services in convenient locations (53.8%) | Counseling and therapy services in convenient locations (52.0%) | Care navigation (57.8%) | Care navigation (54.6%) | Care navigation (59.3%) | Counseling and therapy services in convenient locations (70.0%) |
| Care navigation (50.9%) | Care navigation (42.7%) | Counseling and therapy services in convenient locations (56.3%) | Counseling and therapy services in convenient locations (52.8%) | Counseling and therapy services in convenient locations (48.1%) | * |
| Co-located mental and medical health services (32.4%) | Co-located mental and medical health services (26.7%) | Support groups (34.4%) | Co-located mental and medical health services (36.1%) | Crisis intervention (44.4%) | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

## Substance Use

Alcohol, tobacco, opioids, and other substance use disorders can contribute to chronic disease, mental health conditions, poor quality of life, overdose, and death.[21] In 2023, just under 20% of adults reported binge drinking in the past 12 months, with similar rates across all five towns (Figure 29). Binge drinking can contribute to alcohol-related health outcomes such as ER visits and is one of the symptoms of Alcohol Use Disorder.[22] Between 2024 and 2025, Norwood had the highest rate of alcohol-related ER visits (140 per 10,000) – much higher than the other towns or than Norfolk County overall (Figure 30).

The prevalence of smoking cigarettes varied slightly ranging from 4% in Westwood to 9% in Norwood. As of 2026, Westwood notably had fewer tobacco retailers (3) compared to the other four towns, which each had over 20 retailers (See Appendix D).

[21] National Institute on Drug Abuse. (2020). Common comorbidities with substance use disorders research report. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/books/NBK571451/
[22] Centers for Disease Control and Prevention. (2025, January 14). Alcohol use and your health. https://www.cdc.gov/alcohol/about-alcohol-use/index.html

Figure 29. Binge-Drinking and Smoking Prevalence, 2023

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| Binge-Drinking | 16.7% | 17.3% | 16.8% | 18.2% | 16.7% | 16.8% |
| Smoking | 5.4% | 7.9% | 8.6% | 5.8% | 3.9% | 7.8% |

DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2023 via MA PHIT [Binge-Drinking], Massachusetts Department of Public Health, Electronic Health Records 2023 via MA PHIT [Smoking]
NOTE: Data for binge-drinking shows percent of people self-reporting binge-drinking in the past 12 months.

Figure 30 shows rates of ER visits and EMS incidents per 10,000 population. Rates of opioid-related ER visits and EMS incidents provide some insight into opioid misuse and availability of resources. Norwood (7.6 per 10,000), Dedham (6.7), and Canton (6.1) had somewhat similar rates of opioid-related ER visits, while Walpole (2.3) and Westwood (0) had much lower rates.

A similar trend can be seen in opioid-related EMS incidents in 2024-2025, with Dedham (12.3) and Norwood (10.8) having the highest rates, while Canton (7.3), Walpole (5.3), and Westwood (4.9) had rates that were nearly half as high. These differences may indicate varying levels of opioid use disorder, overdose risk, and healthcare utilization differences between ER and EMS resources.

Figure 30. Substance Related Emergency Visits, Rate per 10,000 Population, by Town and County, 2024-2025

| | Any Substance Related ER Visits | Opioid Related ER Visits | Alcohol-Related ER Visits | Stimulant Related ER Visits | Opioid Related EMS Incidents |
|---|---|---|---|---|---|
| Canton | 82.0 | 6.1 | 62.6 | * | 7.3 |
| Dedham | 116.5 | 6.7 | 87.6 | * | 12.3 |
| Norwood | 163.9 | 7.6 | 140.1 | 0.0 | 10.8 |
| Walpole | 89.1 | 2.3 | 68.6 | 0.0 | 5.3 |
| Westwood | 46.0 | 0.0 | 36.8 | 0.0 | 4.9 |
| Norfolk County | 116.1 | 6.8 | 92.5 | 0.5 | 13.5 |

DATA SOURCE: Massachusetts Bureau of Substance Addiction Services Dashboard, 2026
NOTE: Data from July 2024 - June 2025. Rates were calculated by HRiA based on number of visits and incidents. An asterisk (*) is placed in any table cell with fewer than 10 responses. Individuals counted are residents of the stated community, unhoused individuals are not included in these rates.

The overall drug overdose death rate in 2024 was very similar across the towns, at around 23 deaths per 10,000 population. In 2024 alone, Norwood had the highest rate of substance related deaths (13 cases, rate: 4.1 per 10,000) as shown in Figure 31. Opioid related overdose deaths were similar between Dedham (4 cases, rate: 15.8) and Norwood (4 cases, rate: 12.7). While trends are difficult to assess from 1-year data alone due to an overall low number of occurrences, these rates continue to

be consistent with the needs in treatment and healthcare utilization observed across the five towns. Overall, deaths have gone down across the towns between 2016 and 2024 (see Appendix D).

Figure 31. Substance Related Deaths, by Substance, by Town and County of Residence, 2024

| | Any Substance Related Deaths | Opioid Related Deaths | Alcohol Related Deaths | Stimulant Related Deaths |
|---|---|---|---|---|
| Canton | 6 | 1 | 5 | 1 |
| Dedham | 9 | 4 | 5 | 3 |
| Norwood | 13 | 4 | 7 | 2 |
| Walpole | 3 | 1 | 2 | 0 |
| Westwood | 2 | 0 | 1 | 1 |
| Norfolk County | 241 | 94 | 148 | 74 |

DATA SOURCE: Registry of Vital Records and Statistics and Substance Unintentional Drug Overdose Reporting System via Massachusetts Bureau of Substance Addiction Services Dashboard, 2026
NOTE: Data from Jan to Dec 2024. Deaths represent deaths of residents of that community (rather than deaths that took place within that community). Individuals counted are residents of the stated community, unhoused individuals are not included in these rates.
Counts are not mutually exclusive as more than one substance can be related to a death. Opioid related deaths refers to deaths with poisoning injury ICD code, psychiatric injury ICD code, or other ICD code for opioids

These ER and EMS rates reflect a treatment landscape that discussion participants described as bottlenecked at every step. Discussion participants shared that for people struggling with substance use, the path to recovery is much harder due to the lack of local treatment options, particularly for residential care. They mentioned limitations across the continuum of care, from promotion and prevention to treatment and recovery. For example, transitional support beds are limited, 30-to-90 day programs are even fewer, and longer-term 6-month residential options are scarce. As one participant shared, *"A lot of people want to move on, but there is no bed available, then they get returned to the street."* The gap in residential services is especially pronounced locally, where participants noted, "*I don't know if there is a single residential recovery home within Norfolk County."* Additionally, sober housing that is close to home is rarely available.

### SUBSTANCE USE AND MASSHEALTH

Those who rely on MassHealth or Medicaid – who are often those with the greatest need – have the **most limited treatment options of all**.

*"The **residential services are non-existent** for those who have MassHealth or Medicaid."*

- *Discussion Participant*

*"I haven't seen any public awareness campaigns to just inform these communities like this is going on in our town, but then the **promotion for the services available is also lacking**."*

*- Discussion Participant*

Even where services do exist, interviewees and focus group participants mentioned the difficulties around finding them. Awareness of available resources remains a persistent gap. As one discussion participant mentioned, *"Once upon a time, I didn't know where to go either, and if I didn't have this job, I wouldn't know…community members who aren't working in the field or involved don't know where to go."*

Further complicating the issue, discussion participants mentioned how some community members do not recognize substance use as a pressing issue and that there is tension between maintaining a "*beautiful small-town narrative*" and how some people *"don't want to paint a picture that there are people in our communities that are having these challenges."*

Figure 32 shows admissions for substance-related services per 10,000 population in 2024-2025. Dedham had the highest rate of admissions to non-medication-based treatment for substance use disorders (e.g.psychotherapy) as well as to methadone treatment. Canton and Norwood had the highest rates of residents prescribed buprenorphine, while Norwood and Walpole had the highest rates of residents admitted to community support services for substance use. These variations in treatment modalities by community may reflect the underlying nature of substance use disorders among residents (i.e. methadone tends to be prescribed to opioid users with more severe addiction). But they may also reflect differences in standard of care by healthcare professionals in the different communities or differences in the availability of services. Moreover, data reported in Figure 32 only include clients seeking substance use-related services from BSAS licensed and/or funded programs and does not include unhoused populations. Given the substantial overlap between individuals with substance use disorder and housing instability, this can lead to a large undercounting of both need and services utilized.

Figure 32. Admissions to Substance-Related Services, Rate per 10,000 Population, by Town and County, 2024-2025

| | Individuals Admitted to Treatment Services Except MAT | Individuals Who Received Methadone | Individuals Who Received Buprenorphine Prescriptions | Individuals Admitted to Community Support Services |
|---|---|---|---|---|
| Canton | 9.3 | 10.1 | 90.1 | * |
| Dedham | 22.6 | 14.3 | 66.6 | 5.9 |
| Norwood | 14.9 | 11.4 | 82.1 | 7.9 |
| Walpole | 10.2 | 8.3 | 50.4 | 6.8 |
| Westwood | 6.7 | 6.7 | 21.4 | 3.7 |
| Norfolk County | 17.6 | 15.6 | 64.4 | 4.8 |

DATA SOURCE: Massachusetts Bureau of Substance Addiction Services Dashboard, 2026
NOTE: Data from July 2024 - June 2025. Rates were calculated by HRiA based on number of individuals reported. MAT stands for Medication-Assisted Treatment. Intervention & engagement services are aimed at engaging individuals in the community, the providers of which do not need specific licensure (i.e. non-clinical referrals to opioid urgent care centers and school outreach programs). Community-based non-MAT treatment services are clinical services provided by licensed healthcare professionals (i.e. acute treatment services and outpatient services). Community-based community support services are services that provide ongoing support, the providers of which do not need specific licensure (i.e. non-clinical recovery support centers and housing support services). Individuals counted are residents of the stated community, unhoused individuals are not included in these rates.
An asterisk (*) means that data were suppressed due to low numbers.

Naloxone kits and fentanyl test strips are key overdose prevention resources.[23] Naloxone can reverse an opioid overdose prior to professional medical intervention when administered promptly.[23] Fentanyl test strips can help individuals identify the presence of fentanyl, reducing the risk of unintentional exposure and overdose.[23] Canton (212.2) had the highest rate per 10,000 population for the number of Naloxone Kits distributed by MA BSAS-funded programs in 2024-2025, twice as high as Norwood (131.9), and seven to ten times higher than Dedham, Walpole, and Westwood (Figure 33). These rates translated to 517 kits distributed from MA BSAS-funded programs in Canton, 417 in Norwood, and at the lowest amount, 25 kits in Westwood (see Appendix D).

Dedham distributed the highest rate of fentanyl strips from MA BSAS-funded programs (1,268 per 10,000) followed by Canton (1,051). Norwood (380.4) distributed fentanyl strips at about one-fourth the rate, despite having a similar need, followed by much lower rates for Walpole (75.8) and Westwood (0). These rates translate to 3,200 fentanyl strips for Dedham to 200 strips for Walpole (see Appendix D). Note that these counts are reported for BSAS-funded programs and may not include distributions by other entities. For example, Dedham and Canton have full service harm reduction programs through their local health departments which distribute naloxone and fentanyl test strips directly in their communities, but other local health departments may be funded separately and not included in BSAS counts.

Figure 33. Naloxone Kits and Fentanyl Strip Distributed, Rate per 10,000, by Town and County, 2024-2025

| | Naloxone Kits Distributed from Select Programs | Fentanyl Test Strips Distributed from Select Programs |
|---|---|---|
| Canton | 212.2 | 1,050.6 |
| Dedham | 35.9 | 1,268.0 |
| Norwood | 131.9 | 380.4 |
| Walpole | 26.2 | 75.8 |
| Westwood | 15.4 | 0.0 |
| Norfolk County | 203.1 | 387.6 |

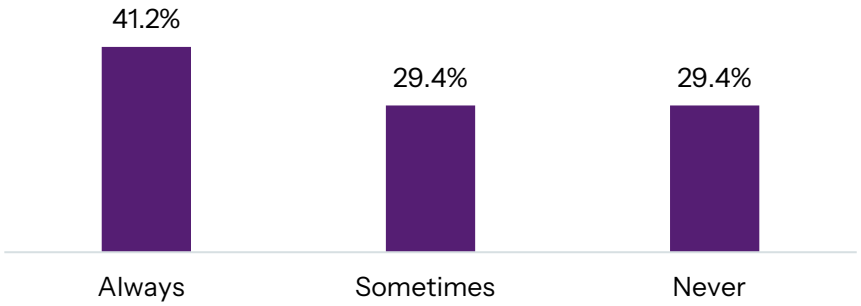
DATA SOURCE: Massachusetts Bureau of Substance Addiction Services (BSAS) Dashboard, 2026
NOTE: Data from July 2024 - June 2025. Naloxone Kit Distribution rates were obtained directly from BSAS Dashboard, Fentanyl Strip Distribution rates were calculated by HRiA based on number of strips. Data represents kits and strips distributed by MA BSAS Funded programs only and does not represent those that may be distributed by other programs. Please note that some local health departments (e.g. Dedham) also distribute naloxone kits and fentanyl test strips, which may or may not be included in these MA BSAS count

Community survey respondents were asked how often they or their families could get substance use services and supports when needed (Figure 34). The vast majority of respondents (92%) indicated that this question was not applicable to them. Among those who did need access to substance use services, 41% reported that they could always access it, 29% said sometimes, and 29% said never.

[23] Northeastern University Office of Prevention and Education. (n.d.). Opioid overdose response and prevention. Northeastern University. https://open.northeastern.edu/aod/opioid-overdose-response-and-prevention/

Note that the total number of respondents to this question was small, so results should be interpreted with caution.

Figure 34. Frequency of Access to Needed Substance Use Services and Supports in Past 12 Months among Survey Respondents, 2026 (n=34)




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026

Survey respondents were asked about barriers to accessing substance use services. Overall, top barriers identified were being unable to find care (35%) and insurance problems (30%), followed by no barriers (Figure 35). In Canton, the cost of care was identified as one of the top barriers.

Figure 35. Top 3 Barriers Accessing Substance Use Services Identified by Survey Respondents, 2026

| Overall (N= 187) | Canton (N= 46) | Dedham (N= 41) | Norwood (N= 82) |
|---|---|---|---|
| Unable to find care; do not know where to go to for care (35.3%) | Unable to find care; do not know where to go to for care (39.1%) | No barriers (41.5%) | No barriers (35.4%) |
| Insurance problems (29.9%) | Cost of care (34.8%) | Insurance problems (36.6%) | Unable to find care; do not know where to go to for care (35.4%) |
| No barriers (29.4%) | Insurance problems (32.6%) | Unable to find care; do not know where to go to for care (29.3%) | Stigma or shame (30.5%) |
| Stigma or shame (29.4%) | Doctors or providers not accepting new patients (30.4%) | Doctors or providers not accepting new patients (29.3%) | Insurance problems (22.0%) |
| Doctors or providers not accepting new patients (25.7%) | * | Stigma or shame (24.4%) | Doctors or providers not accepting new patients (20.7%) |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses. Data from Walpole and Westwood omitted due to all options having fewer than 10 responses.

Survey respondents were asked about types of substance use *treatment* that would most benefit their community (Figure 51). Similar to rankings of mental health treatments, respondents overall identified care navigation (53%) and counseling and therapy in convenient locations (44%) as the top types of treatment. Crisis intervention was also ranked highly overall and by towns.

Figure 36. Top 3 Types of Substance Use Treatment Services That Would Most Benefit Their Community Identified by Survey Respondents, 2026

| Overall (N= 204) | Canton (N= 57) | Dedham (N= 45) | Norwood (N= 82) | Walpole (N= 21) |
|---|---|---|---|---|
| Care navigation (53.4%) | Care navigation (45.6%) | Care navigation (53.3%) | Care navigation (54.9%) | Care navigation (61.9%) |
| Counseling and therapy services in convenient locations (44.1%) | Counseling and therapy services in convenient locations (43.9%) | Counseling and therapy services in convenient locations (44.4%) | Counseling and therapy services in convenient locations (40.2%) | Crisis intervention (52.4%) |
| Crisis intervention (35.8%) | Co-located mental and medical health services (28.1%) | Crisis intervention (37.8%) | Crisis intervention (39.0%) | Counseling and therapy services in convenient locations (47.6%) |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. Data from Westwood omitted due to all options having fewer than 10 responses.

Survey respondents were asked about substance use *prevention and recovery services* that would most benefit their community (Figure 48). Overall and for most towns, education, awareness and anti-stigma programs (48%), school-based prevention programs (44%) and substance use and mental health co-treatment (35%) were ranked as the top three. Housing supports and assistance (31%) ranked among the top three types of prevention/recovery services in Walpole.

Figure 37. Top 3 Types of Mental Health or Substance Use Prevention and Recovery Services That Would Most Benefit Their Community Identified by Survey Respondents, 2026

| Overall (N= 331) | Canton (N= 89) | Dedham (N= 75) | Norwood (N= 132) | Walpole (N= 32) | Westwood (N= 24) |
|---|---|---|---|---|---|
| Education, awareness, and anti-stigma programs (48.0%) | School-based prevention programs (48.3%) | Education, awareness, and anti-stigma programs (50.7%) | Education, awareness, and anti-stigma programs (45.5%) | School-based prevention programs (56.3%) | Education, awareness, and anti-stigma programs (58.3%) |
| School-based prevention programs (44.4%) | Education, awareness, and anti-stigma programs (42.7%) | School-based prevention programs (49.3%) | School-based prevention programs (36.4%) | Education, awareness, and anti-stigma programs (53.1%) | School-based prevention programs (45.8%) |
| Substance use and mental health co-treatment (35.3%) | Substance use and mental health co-treatment (36.0%) | Substance use and mental health co-treatment (37.3%) | Substance use and mental health co-treatment (35.6%) | Housing supports and assistance (31.3%) | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

## Maternal and Child Health

Maternal and child health measures are key indicators of population health. Outcomes such as prenatal care initiation, low birth weight, infant mortality, and birth outcomes are closely linked to healthcare access, nutrition, health literacy and broader social drivers of health.[24]

Births to teen mothers, low birth weight, and preterm birth infants may face higher risks of developmental delays, chronic health conditions, and infant mortality. These outcomes can also require increased medical care and can place additional strain on families and healthcare systems.[24]

Low birth weight rates were somewhat similar across the five towns, with the highest rate in Canton (7%) and lowest in Walpole (5%) and Westwood (5%) (Figure 38). Preterm birth rates were similar and highest in Canton (9%) and lowest in Walpole (8%) and Dedham (7%). Teen births were very rare in all communities.

### MATERNAL MENTAL HEALTH

Proactive mental health support during pregnancy is hard to access, leaving many **scrambling to find help after they're already struggling**.

*"I never was a person who saw a mental health support [person], but **before I gave birth, I earmarked a few people to talk to in case I needed it and that was the best gift I gave myself.** And with the initial challenges of postpartum I was glad I had someone to talk to about the struggles. I have heard so many people who struggle to get connected to that provider … because **once someone is struggling it is harder to find a mental health professional**."*

*- Discussion Participant*

Figure 38. Percent of Live Births, by Birth Outcome, by Town, 2018-2022

| | Canton | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|---|
| Teen Births | 0.5% | 0.6% | 0.6% | 0.1% | 0.2% |
| Low Birthweight | 7.3% | 6.5% | 6.9% | 5.0% | 5.3% |
| Very Low Birthweight | 0.8% | 0.9% | 1.3% | 0.8% | 1.4% |
| Total Preterm | 9.1% | 7.3% | 8.4% | 7.6% | 8.3% |

DATA SOURCE: Registry of Vital Records and Statistics via Birth Outcomes Data of Massachusetts Residents Dashboard

In addition to birth outcomes, maternal health conditions during pregnancy are also critical indicators. Gestational diabetes is a condition in which elevated blood glucose levels are first identified during pregnancy. It is often associated with increased risks for both the birthing parent

[24] National Academies of Sciences, Engineering, and Medicine. (2020). *Systemic influences on outcomes in pregnancy and childbirth*. In E. P. Backes & S. C. Scrimshaw (Eds.), *Birth settings in America: Outcomes, quality, access, and choice*. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK555488/

and the infant. Within the five towns, gestational diabetes rates were between under 2% in Walpole and 6% in Norwood (See Appendix).

Participation in WIC can be both a pre-natal and post-natal resource. WIC participation among those eligible is associated with improved birth outcomes, including reduced risk of low birth weight and preterm birth, as well as improved infant nutrition and developmental outcomes[25] (see Appendix D). Pregnant individuals account for a subsection of WIC-eligible residents. Of all live births in 2022, over 20% of Norwood residents who gave birth received WIC during pregnancy, a rate much higher than in Walpole (8%) and Westwood (2%). This suggests a greater need for nutritional support among pregnant residents in Norwood compared to the other towns.

The wide variation in WIC participation rates across towns partly reflects what discussion participants consistently described as a gap in coordination and access to supports. They shared that providers ask a lot of screening questions but don't follow up or communicate with each other, leaving them to make referrals or connections themselves. As one participant shared, *"It seems like there is no communication between [providers]…it would be nice if they read each other's notes or talked to each other."* For example, supports such as pelvic floor physical therapy, lactation resources, postpartum doulas, visiting nurses, and postpartum mental health care exist but they often had to explicitly request them, or they happened to stumble on them.

As with many other issues, finding support was difficult for discussion participants as there was no centralized place for them to find information. The burden of piecing together support can be overwhelming, as one participant shared*, "I had to do the work myself to find resources and it's a lot of trial and error, and when you are postpartum, it is hard to do that legwork."* Community groups and library programs offer some connection, but they were scattered and inconsistently available.

**"I care for my two grandchildren a couple of days a week but the other days, my son and daughter-in-law pay for them to go to childcare, and it's obscenely expensive. That has got to change because that's putting a big dent in people's budgets."**

**- Discussion Participant**

Beyond the immediate postpartum period, focus group participants described logistical and financial pressures of finding childcare. They mentioned waitlists that are years-long and costs that are prohibitively expensive. For parents without family nearby, their options are further limited as childcare vouchers are scarce.

## Youth and Families

Youth aged 0 to 19 made up between 20% (Dedham) to 28% (Westwood, Walpole) of the populations of each town (see Figure 2). Youth outcomes reflect broader community needs and

[25] Eppes, E., Neuberger, Z., Sullivan, J., & Schwartz, S. (2026). Participating in WIC can help improve perinatal and child health. Center on Budget and Policy Priorities. https://www.cbpp.org/research/food-assistance/participating-in-wic-can-help-improve-perinatal-and-child-health

opportunities for early intervention and prevention in schools, healthcare, behavioral health services, and other family supports.

School enrollment patterns help illustrate population distribution and service needs across communities.[26] The rates shown in Figure 39 generally reflected many of the socioeconomic trends of the communities as whole. Among the five counties, Norwood had the highest proportion of high-need students in grades K–12 (56%), while Westwood had the lowest (28%). Norwood also had the highest percentages of English Learners (16%) and students whose first language is not English (30%), at approximately two to four times higher than the other four towns.

Figure 39. Percent of Public Students, by Population Characteristics, 2025-2026

| | High Needs | English Learners | First Language Not English | Low Income | Students with Disabilities |
|---|---|---|---|---|---|
| Canton | 37.3% | 4.2% | 10.6% | 22.1% | 18.2% |
| Dedham | 42.4% | 6.1% | 14.6% | 26.2% | 24.0% |
| Norwood | 55.8% | 15.5% | 29.5% | 40.3% | 23.5% |
| Walpole | 30.5% | 4.0% | 14.6% | 14.7% | 17.8% |
| Westwood | 28.3% | 0.8% | 7.3% | 7.7% | 21.6% |

DATA SOURCE: DESE School and District Profiles, 2025-2026 Enrollment Summary
NOTE: "High Needs" is an umbrella term for students who fall into one or more of the following categories: low-income/economically disadvantaged, English learners (or former English learners), and students with disabilities/ Students with disabilities: Students receiving special education services or having an IEP. English Learners (EL) or Former English Learners (FEL): Students whose first language is not English. Low Income/Economically Disadvantaged: Students participating in programs like SNAP, TAFDC, Medicaid (MassHealth), or foster care.

There were notable economic differences between towns in student socioeconomics. Norwood had the highest percentage of low-income students (40%), two times higher than Canton and Dedham, and over five times higher than Westwood (8%). This aligned with children in poverty rates within the towns, which ranged from 13% in Norwood to 1% in Westwood (see Appendix D). In Canton and Dedham, poverty rates were drastically higher among Black children compared to overall (see Appendix D).

The data suggest an inversely proportional link between higher socioeconomic needs and educational outcomes. As shown in Figure 40, Norwood had the lowest rates of middle school students meeting grade level expectations in English and Language Arts (ELA) (38%) and Math (36%) while Westwood had the highest (71% ELA, 72% Math). A similar trend was present in Grade 10 level expectations, but as an outlier, Dedham had the lowest percentage of students meeting grade level ELA expectations (39%).

[26] Hunsinger, E. (2026, July 1). *A new lens on school enrollment*. Esri ArcGIS Blog. https://www.esri.com/arcgis-blog/products/arcgis/analytics/a-new-lens-on-school-enrollment

Figure 40. Percent Meeting or Exceeding Expectations in Public Schools, 2025 Student Achievement MCAS, by Town, 2025

| | Grades 3-8 | | Grade 10 | |
|---|---|---|---|---|
| | ELA | MATH | ELA | MATH |
| Canton | 58.0% | 61.0% | 60.0% | 59.0% |
| Dedham | 45.0% | 46.0% | 39.0% | 54.0% |
| Norwood | 38.0% | 36.0% | 43.0% | 41.0% |
| Walpole | 56.0% | 64.0% | 57.0% | 65.0% |
| Westwood | 71.0% | 72.0% | 77.0% | 77.0% |

DATA SOURCE: DESE School and District Profiles DART Trends, 2025
NOTE: Meeting Expectations means performing at a scaled score of 500+

Mental and behavioral health are critical components of youth well-being, influencing emotional development, academic performance, social relationships, and long-term health outcomes.[27] Youth survey data from 2023 showed one in three high school students in Norwood (33%) reporting depressive symptoms in the past year, followed by Dedham (24%), and Canton (22%) (Figure 41). These rates were two to three times higher than in Walpole (12%) and Westwood (10%). High schoolers in Westwood also reported life being "very stressful" at two to three times lower rates than the other towns. Suicidal ideation in the past year among high schoolers was similar across the five towns ranging from 8% in Walpole to 11% in Dedham. Concerningly, middle school students reported slightly higher rates of suicidal ideation (see Appendix D). For Canton and Westwood, data from 2025 show that rates appear to have increased on each mental health measure between 2023 and 2025 (see Appendix D).

Figure 41. High School Students Reporting Poor Mental Health, 2023

| | Canton | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|---|
| Depressive Symptoms in the past 12 months | 22.0% | 24.1% | 32.5% | 13.2% | 10.2% |
| Suicidal Ideation in the past 12 months | 9.0% | 11.0% | 8.1% | 7.5% | 9.7% |
| Life "very" stressful in the past 30 days | - | 27.0% | 32.5% | 21.0% | 11.2% |

DATA SOURCE: MetroWest Adolescent Health Survey Key Indicator Report, 2023 for Dedham Public Schools, Norwood Public Schools, Walpole Public Schools, and Westwood Public Schools; and Centers for Disease Control, the Massachusetts Department of Public Health, and the Massachusetts Department of Elementary and Secondary Education, Youth Risk Behavior Survey (YRBS) for Canton Public Schools.
NOTE: Dash (-) refers to no data either because the question was not asked. Suicidal Ideation is titled Considered Suicide in MetroWest Adolescent Health Survey.

High school students in Dedham reported higher rates of cigarette smoking (5%), electronic vapor product use (16%), and marijuana use (13%) compared to the other towns (Figure 42). Binge drinking

[27] Lee, X., Griffin, A., Ragavan, M. I., & Patel, M. (2024). Adolescent mental health and academic performance: determining evidence-based associations and informing approaches to support in educational settings. *Pediatric research*, *95*(6), 1395–1397. https://doi.org/10.1038/s41390-024-03098-3

rates were somewhat similar between Dedham (14%), Norwood (10%), and Walpole (12%). Rates for substance use among high school students in Canton and Westwood appear to have decreased between 2023 and 2025 (see Appendix D).

Figure 42. High School Students Reporting Substance Use, 2023

| | Canton (N=768) | Dedham (N=633) | Norwood (N=746) | Walpole (N=739) | Westwood (N=726) |
|---|---|---|---|---|---|
| Current cigarette smoking (past 30 days) | 2.0% | 4.7% | 2.1% | 1.5% | 2.4% |
| Current electronic vapor product use (past 30 days) | 6.0% | 15.7% | 9.9% | 6.6% | 8.0% |
| Current alcohol use (past 30 days) | 13.0% | 22.2% | 15.3% | 18.9% | 23.2% |
| Binge drinking (past 30 days) | - | 13.5% | 9.6% | 12.2% | - |
| Current marijuana use (past 30 days) | 6.0% | 13.2% | 8.0% | 6.6% | 7.5% |

DATA SOURCE: MetroWest Adolescent Health Survey Key Indicator Report, 2023 for Dedham Public Schools, Norwood Public Schools, Walpole Public Schools, and Westwood Public Schools; and Centers for Disease Control, the Massachusetts Department of Public Health, and the Massachusetts Department of Elementary and Secondary Education, Youth Risk Behavior Survey (YRBS) for Canton Public Schools.
NOTE: Dash (-) refers to no data either because the question was not asked or no data was publicly available for it.

Bullying and exposure to violence also play a significant role in the physical and mental health of youth. Experiences of bullying and violence exposure can negatively impact sense of safety, self-esteem, and social development, and are associated with increased risks of mental health concerns.[28] Students in Walpole reported the lowest rate of physical fighting in the past 12 months (8%), while the rate in Dedham (15%) was nearly twice as high (Figure 43). Bullying victimization followed a similar pattern, with the lowest rates reported in Canton (10%) and Walpole (14%) and higher rates in Dedham (21%) and Westwood (20%), where levels were again nearly twice as high. In contrast, cyberbullying victimization varied only slightly across towns, ranging from a high of 20% in Dedham to a low of 14% in Walpole. Students reporting violence and bullying appear to have decreased in Canton and Walpole between 2023 and 2025 (see Appendix D).

Figure 43. Students Reporting Violence and Bullying, 2023

| | Canton | Dedham | Norwood | Walpole | Westwood |
|---|---|---|---|---|---|
| Physical Fighting (*) | 10.0% | 14.6% | 11.1% | 8.1% | 10.8% |
| Bullying Victim (past 12 months) | 10.0% | 20.6% | 17.0% | 14.4% | 19.5% |
| Cyberbullying victim (past 12 months) | 11.0% | 19.8% | 17.3% | 13.9% | 16.6% |

DATA SOURCE: MetroWest Adolescent Health Survey Key Indicator Report, 2023 for Dedham Public Schools, Norwood Public Schools, Walpole Public Schools, and Westwood Public Schools; and Centers for Disease Control, the Massachusetts Department of Public Health, and the Massachusetts Department of Elementary and Secondary Education, Youth Risk Behavior Survey (YRBS) for Canton Public Schools.
NOTE: Asterisk (*) represents lifetime for Dedham, Norwood, Walpole, and Westwood, and past 12 months for Canton.

[28] Centers for Disease Control and Prevention. (2024, October 28). *Bullying*. https://www.cdc.gov/youth-violence/about/about-bullying.html

These rates of depression, stress, and bullying align with what discussion participants described: that youth mental health was a key concern, with many highlighting the need for earlier and more proactive interventions and programs. For example, many noted that prevention efforts should start in schools, particularly in middle school, where the potential for impact is highest. As one participant noted, *"6th through 8th grade is prevention and in high school, it's correction. We need to start teaching all of this is middle school."* Others elaborated and shared how evidence-based social-emotional learning curriculum has been proven to be effective, but implementation depends on having enough counselors and time to deliver them consistently.

> *"[The school district] has a curriculum in place called Character Strong that is starting at the kindergarten level and going all the way up to middle school. It teaches social emotional skills or* ***how to behave appropriately****."*
>
> *- Discussion Participant*

Beyond the classroom, discussion participants emphasized the importance of having places for young people and children to simply exist. They shared that children need low-cost, accessible places where they can decompress and connect with each other. Dedicated teen centers, school recreation facilities, and structured recreational programming like sports, arts, and mentorship were all raised as needs. As one participant noted, *"Nowadays, you have to pay for everything in order to hang out somewhere."*

Discussion participants also pointed to a mental health system struggling to keep pace with demand as one participant noted schools hiring *"a tremendous amount of adjustment counselors and social workers to head off some of those [mental health] issues."* Middle and high schoolers are showing an increasing need, but the therapy that is available is often short-term and fragmented, as one participant shared, *"The goal is for them to find a more long-term therapist for the child if it is deemed necessary, but sometimes it's difficult for them to do."*

**"I would love to see mental health services that are more readily available, especially for youth."**
**- Discussion Participant**

For mental health support specifically, discussion participants also stressed the need for services that are affordable and available before a crisis hits, not just hotlines and education sessions, but a fuller continuum of proactive, coordinated, community-based care. As one participant shared, *"A one stop shop would be ideal where you can go to this place, speak to a therapist, get medication you need, and follow up with your pediatrician. And all providers are on the same page on what the child needs."* Additionally, support that is no or low cost is essential to reach families who need it the most.

## Older Adult Health

As mentioned previously, older adults across the communities are disproportionately impacted by issues of housing stability and affordability. Even when they own their own home, they are still

struggling to keep up with property taxes and other expenses. Additionally, when families decide to sell their house, the transition process to get into senior housing is often drawn out and complicated. Many discussion participants emphasized that the goal should be to support aging in place for those who want it.

> *"Allowing residents to age in place is the big thing,* ***we want them staying in their houses and aging at home as much as possible****. Like, they would need a PCA in their house, or someone in their house.* ***It's devastating when a resident has to leave their house*** *and go live in a nursing home when they really could have other options. I would love to see more resources around helping residents age in place."*
>
> *- Discussion Participant*

Older adults also face financial pressures tied directly to healthcare coverage gaps. Discussion participants mentioned that Medicare does not meet all their needs, specifically around long-term care, vision, hearing, dental, and behavioral health services. Consequently, these gaps force them to make difficult decisions, especially among older adults who are on fixed incomes that have not kept pace with inflation. As one participant shared, *"A lot of what our residents are forced to do is to choose whether they can afford all their medications."*

For example, the data show that the median income for householders age 65+ is consistently around half of the overall median household income in each town, ranging from $62,6205 in Norwood to $119,917 in Westwood (see Appendix D).

> **"We have issues with the transportation. We have the Council on Aging, which is awesome, but you do need to reserve in advance, which can be difficult. Setting up the ride is an absolute nightmare."**
>
> **- Discussion Participant**

Reliable transportation was also discussed as a persistent barrier for older adults, particularly for those with mobility limitations or who live far from public transit. While some community services exist, they are inconsistent and difficult to navigate, especially for those who are not proficient with using smart phones. Thus, transportation barriers directly limit older adults' ability to attend medical appointments, access services, and maintain independence.

The proportion of older adults (aged 65+) with any disability ranged from 22% in Westwood to 30% in Norwood (Figure 44). Further, a notable population of older adults have an ambulatory (i.e. mobility) disability, ranging from 13% in Westwood to 20% in Norwood.

Figure 44. Percent Population Age 65+ with a Disability, by Type of Disability, by Town and County, 2020-2024

| | Canton | Dedham | Norwood | Walpole | Westwood | Norfolk County |
|---|---|---|---|---|---|---|
| With Any Disability (Overall) | 27.3% | 25.9% | 30.2% | 27.4% | 21.7% | 31.5% |
| With a hearing difficulty | 10.2% | 11.4% | 11.1% | 9.8% | 8.1% | 10.7% |
| With a vision difficulty | 3.7% | 2.8% | 3.5% | 3.6% | 2.3% | 3.6% |
| With a cognitive difficulty | 6.9% | 4.6% | 8.3% | 5.4% | 5.9% | 6.9% |
| With an ambulatory difficulty | 16.8% | 18.3% | 20.0% | 17.8% | 12.9% | 24.2% |
| With a self-care difficulty | 6.5% | 7.1% | 10.9% | 6.7% | 5.0% | 10.1% |
| With an independent living difficulty | 12.4% | 13.0% | 17.0% | 13.9% | 10.6% | 19.3% |

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2020-2024

Social isolation and other mental health challenges were another issue that discussion participants highlighted. They shared how these issues often go undetected, in part because older adults may not voice their struggles directly. As one participant shared, *"Loneliness is a bit of an issue with the seniors, they maybe don't say anything outright concerning if it seems their basic needs are being met, but maybe they're really self-isolating."* Hoarding is another issue interviewees mentioned that is connected to unmet mental health needs.

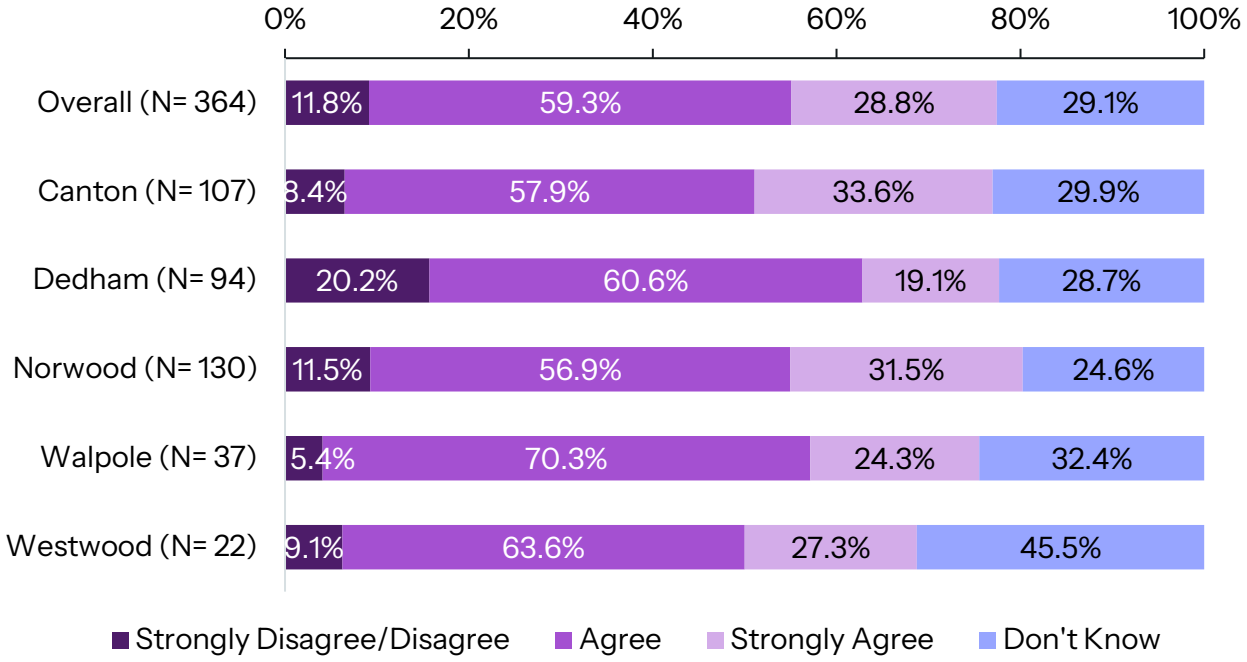
The percent of older adults who lived alone in 2020-2024 was lowest in Walpole (22%), and slightly higher among the other towns ranging from 29% in Westwood to 32% in Dedham (see Appendix D).

# Access to Services

## Social Services

Overall 88% of survey respondents strongly agreed or agreed that they could easily access helpful resources in their community, while 12% strongly disagreed or disagreed (Figure 45). Notably, almost 30% of respondents reported that they "Don't Know" in answer to this question. The proportion of those who strongly disagreed or disagreed with this statement ranged from 5% in Walpole to 20% in Dedham.

Figure 45. Percent of Survey Respondents' Level of Agreement That They Can Easily Access Helpful Resources in Their Community, 2026




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Examples of helpful resources were provided, including social service agencies, food assistance, childcare, and transportation options

Survey respondents were asked about social services or improvements that would most strengthen their community (Figure 46). Respondents overall and respondents from Canton, Dedham, and Norwood reported safe and affordable housing as the top social support that would strengthen their community. Affordable childcare and access to social workers to help navigate services ranked in the top three overall.

Figure 46. Top 5 Social Supports/ Improvements Survey Respondents' Identified to Strengthen Their Community, 2026

| Overall (N=466) | Canton (N= 136) | Dedham (N= 121) | Norwood (N= 161) | Walpole (N= 49) | Westwood (N= 32) |
|---|---|---|---|---|---|
| Safe and affordable housing (50.0%) | Safe and affordable housing (46.3%) | Safe and affordable housing (54.5%) | Safe and affordable housing (55.3%) | Access to social workers to help navigate services (46.9%) | Affordable childcare (53.1%) |
| Affordable childcare (47.4%) | Affordable childcare (44.9%) | Affordable childcare (48.8%) | Affordable childcare (50.3%) | Affordable childcare (44.9%) | More inclusion for diverse members of the community (43.8%) |
| Access to social workers to help navigate services (42.7%) | Access to social workers to help navigate services (44.1%) | Effective town services (44.6%) | Access to social workers to help navigate services (46.0%) | Low-cost healthy foods (44.9%) | Safe and affordable housing (40.6%) |
| Low-cost healthy foods (38.0%) | Environmental improvements (41.9%) | Access to social workers to help navigate services (38.8%) | Low-cost healthy foods (38.5%) | Safe and affordable housing (42.9%) | Improved transportation options (37.5%) |
| Effective town services (36.9%) (tie) | Effective town services (40.4%) | Improved transportation options (38.0%) | Environmental improvements (31.7%) | Environmental improvements (e.g., reduced pollution) (38.8%) | Access to social workers to help navigate services (34.4%) (tie) |
| Environmental improvements (36.9%) (tie) | | | | | Low-cost healthy foods (34.4%) (tie) |
| | | | | | Environmental improvements (34.4%) (tie) |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%.

**"[People] often need a lot more support than [the town] can provide. It's not just one phone call or one email exchange. There's a lot of people where you're hearing from them multiple times after that."**

**- Discussion Participant**

These priorities reflect what discussion participants described - that community needs are becoming more complex and interconnected between sectors. For example, issues around housing are often discussed with mental health or financial burdens, and healthcare access is affected by a lack of transportation. Several participants in social services noted spending a lot more time with individuals on referral calls and having to piece together support across multiple systems to address a web of issues.

However, even when services exist, getting to them is another challenge. Discussion participants, especially those who are new to the area, mentioned that navigating the social service system is a major barrier to accessing services. As one participant shared, *"If you don't know, you don't know where to begin to look…there's no obvious place on Google where you can look for services."* There is no single-entry point and the process of finding resources requires time and familiarity with how local government works. Resources are scattered across departments, websites, and organizations that don't always communicate on what is available. For example, participants expressed confusion around SNAP audits and not knowing what forms to submit. Others shared issues with a lack of a centralized mental health referral resource. One participant suggested, "*Maybe the town [could] build something on the town website. For example, something on the website that has a 'how do I do xyz with [topic].'"*

Underlying all of these challenges was a shared theme: there isn't enough funding to meet community needs. As one discussion participant noted, *"[The town] has great things in place, but we just don't have enough funding…there's so much more we can do with more resources."* Many towns mentioned already drawing on reserve funds to sustain basic operations and concern around the loss of federal dollars. Grant-dependent programs that support housing are particularly vulnerable, with funding cuts and spending regulations limiting their effectiveness.

### STRENGTHS OF SOCIAL SERVICES

Across communities, **strong inter-agency collaboration**, such as those between housing authorities, health departments, councils on aging, police, and others, has allowed staff to **address complex cases that no single community or department could handle alone**.

*"The strength is that any department, whether that's the housing authority, the health department, general manager's office, **everyone is always willing to go above and beyond**. You can always send a message to the department heads or general staff, and everyone is willing to do whatever they can to help."*

*- Discussion Participant*

## Healthcare Access

Many people face barriers that prevent or limit access to needed healthcare services, which may increase the risk of adverse health outcomes and health disparities. The closure of Norwood Hospital was the most frequently cited healthcare access concern across interviews, focus groups, and survey participants. They described wide-ranging impacts from the closure, including longer emergency response times, the loss of local specialist and primary care providers, increased strain

on surrounding hospitals, and disproportionate effects on vulnerable populations. An overwhelming majority of participants called for the hospital to reopen.

To further illustrate the breadth of this concern, survey respondents were asked how the closure of Norwood hospital impacted them or their families (Figure 47). Increased travel time to access emergency services ranked among the top two impacts overall and in all towns. Notably, this percentage is highest among Norwood respondents (77%). On the other hand, the majority of Dedham respondents reported no impact (55%). This is likely due to location, as Dedham is closer to Boston, with greater ease of access to metro-Boston area hospitals. Almost half of respondents in Norwood and Walpole also noted increased stress or worry about accessing care, due to the closure of Norwood Hospital.

Figure 47. Top 3 Impacts of Norwood Hospital Closure on Respondent/Family among Survey Respondents, 2026

| Overall (N= 462) | Canton (N= 132) | Dedham (N= 118) | Norwood (N= 162) | Walpole (N= 46) | Westwood (N= 32) |
|---|---|---|---|---|---|
| Increased travel time to access emergency care (53.5%) | Increased travel time to access emergency care (54.5%) | No impact (55.1%) | Increased travel time to access emergency care (77.2%) | Increased travel time to access emergency care (63.0%) | Increased travel time to access emergency care (37.5%) |
| Increased stress or worry about accessing care (27.9%) | Minor inconvenience (29.5%) | Increased travel time to access emergency care (23.7%) | Increased stress or worry about accessing care (44.4%) | Increased stress or worry about accessing care (45.7%) | * |
| Minor inconvenience (27.1%) | No impact (26.5%) | Minor inconvenience (17.8%) | Increased travel time to access specialty care (34.0%) | Minor inconvenience (30.4%) | * |
| No impact (25.5%) | Increased stress or worry about accessing care (20.5%) | Increased stress or worry about accessing care (11.9%) | Minor inconvenience (32.7%) | Increased travel time to access specialty care (28.3%) | * |
| Increased travel time to access specialty care (21.9%) | Increased travel time to access specialty care (15.9%) | Increased travel time to access specialty care (10.2%) | Delay in receiving needed medical care (27.8%) | * | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

*Emergency Access and Response Times*

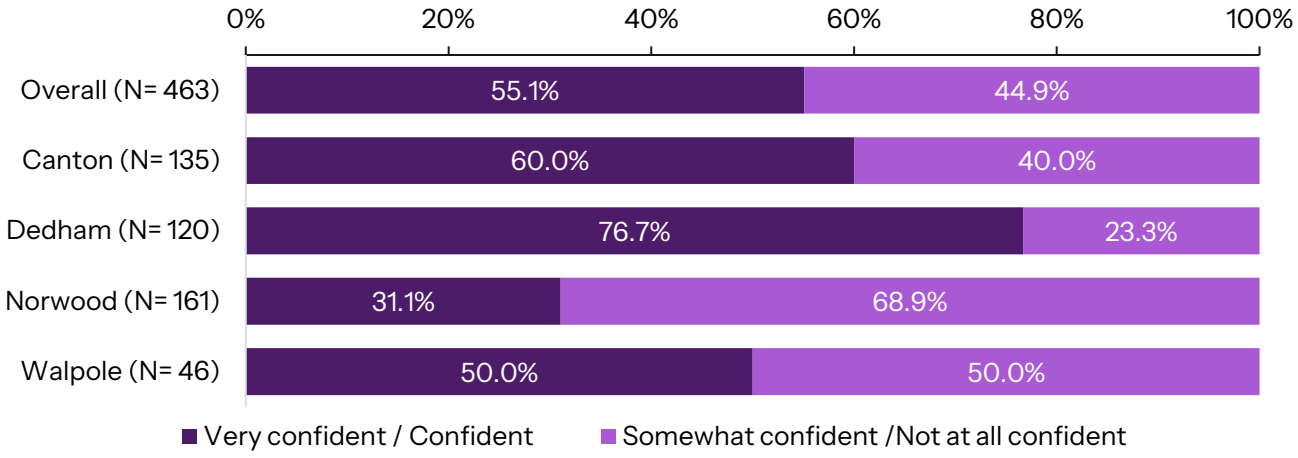
The most consistently mentioned impact of the closure is the increase in travel time to emergency care. With the closure of Norwood Hospital, survey respondents shared that the nearest emergency rooms were 20-30 minutes away under normal traffic conditions but could increase significantly during peak travel hours. Additionally, discussion participants noted that the strain has effects beyond individual patients, noting that each ambulance transport to a distant hospital removes that service from local availability, leaving the community more vulnerable during the time it takes to return. As one respondent described, "*In an emergency, every minute matters…I am greatly concerned that in an emergency, myself or my family members would not get appropriate care in a timely manner.*"

**"With the closure of Norwood Hospital, the nearest hospital is 16 miles away. In an emergency situation, to get to the nearest hospital could take anywhere from 25 mins to an hour depending on traffic, EMS response time, etc."**

**- Survey Respondent**

The survey data reinforce how deeply the hospital closure has affected residents' confidence in emergency care as survey respondents were asked about their confidence in receiving timely care for serious or life-threatening emergencies (Figure 48). Overall, the majority (55%) of respondents reported being very confident or confident. But this aggregated statistic hides the notable geographic differences between these communities in terms of distance to alternative emergency care. Notably, the overwhelming majority in Dedham (77%) were very confident or confident that they could receive timely care. In contrast, 69% of Norwood survey respondents were somewhat or not at all confident.

Figure 48. Survey Respondents' Confidence in Receiving Timely Care for Serious or Life-Threatening Emergencies, 2026




DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Data from Westwood omitted due to low response rate.

### *Strain on Surrounding Hospitals*

As a result of Norwood Hospital closing, patients have been redirected to surrounding facilities and those hospitals have absorbed additional volume, leading to increased wait times and limited capacity. Survey respondents described waiting for hours in hallways with one noting they *"spent 6 hours on a gurney in the hallway of BID Needham for a hernia."* Another survey respondent echoed, *"A closed ER puts further burden on other ERs locally, increasing wait times."* Multiple people noted this ripple effect extending to communities beyond Norwood, with surrounding towns experiencing overcrowding and longer wait times at their local hospitals.

### *Specific Population Impacts*

Certain populations have felt the closure more acutely, such as elderly residents with chronic or complex conditions who lost access to specialized units. Additionally, pregnant people shared their stress around having to drive long distances to hospitals over 30 minutes away to deliver. As one survey respondent shared, "*Increased travel time for delivery at Boston hospitals caused significant stress due to planning, traffic, and childcare."* Families with children in need of pediatric emergency care was another group that is disproportionately affected. As one survey respondent noted, *"Needham does not do pediatrics, and I have two children, which leaves Newton Wellesley; if I'm in an emergency, that's quite a bit of time before they see an ER doc."*

> *"I've had **medical issues severe enough that I needed emergency care 3 different times** in the past 5-6 years…The commute was over 30 minutes, and each time there's been a **significant queue waiting** to see the appropriate medical staff."*
>
> *- Survey Respondent*

### *Provider Availability*

Norfolk County overall has a ratio of one primary care physician (PCP) per 830 residents and one dentist per 800 residents (Figure 49). There is a much higher ratio of mental health providers with one per 140 residents. Norfolk County did see a slight drop in PCPs between 2020 and 2021 according to the County Health Rankings 2025 Report from one physician per 800 residents in 2020 to one physician per 840 residents in 2021. It is possible that this was associated with the closure of Norwood Hospital due to flooding in 2020, which displaced several staff, or part of the larger trend in Massachusetts of slightly declining ratios[29].

Figure 49. Ratio of Provider: Population, by County, 2022, 2023, or 2025

| | Primary Care Physician (2022) | Mental Health Providers (2025) | Dentists (2023) |
|---|---|---|---|
| Norfolk County | 1 : 830 | 1 : 140 | 1 : 800 |

DATA SOURCE: County Health Rankings 2025 Report

[29] Center for Health Information and Analysis (CHIA), Primary Care Dashboard via Massachusetts Health Quality Partners. Accessed via https://www.mhqp.org/2025/06/11/primary-care-dashboard-paints-a-troubling-picture-for-massachusetts-healthcare/

The availability of providers who specialize in addiction and substance use disorders varies greatly. As shown in Figure 50, Norwood (76) had a much higher rate per 100,000 of providers compared to the other towns. Of the 36 providers total in the five towns, 24 were in Norwood, followed by 7 in Walpole, suggesting there may be greater gaps in provider accessibility for some towns.

Figure 50. Addiction and Substance Use Disorder Providers and Facilities, by Town and County, 2025

| | Number of Facilities | Number of Providers | Rate of Providers (per 100,000 Population) |
|---|---|---|---|
| Canton | 1 | 3 | 12.3 |
| Dedham | 2 | 2 | 7.9 |
| Norwood | 0 | 24 | 75.9 |
| Walpole | 1 | 7 | 26.5 |
| Westwood | 0 | 0 | 0.0 |
| Norfolk County | 33 | 143 | 19.7 |

DATA SOURCE: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2025 via MA PHIT

NOTE: Data shows number of providers who specialize in addiction or substance use disorder treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance use disorder treatment are also listed (but are not included in the calculated rate).

### PRIMARY CARE AND SPECIALIST CARE AVAILABILITY

Beyond the emergency room access, the Norwood Hospital closure led to **physicians, specialists, and diagnostic services leaving the area**, leaving many residents without established providers and **limited local options for routine and specialty care**.

*"I am a TNBC surviving patient - free of cancer now for 10 years. However, **I lost ALL my doctors** as my radiologist doctor, oncologist, primary care, surgeon, eye doctor, were all part of Steward Health Care [Norwood Hospital]. So, when they went belly-up, **I lost my whole medical history**."*

*Community Confidence and Safety*

**"It's insanity to have closed the hospital. The distance you need to travel is absurd in an emergency. Not to mention the horrific overcrowding at the other ones absorbing the overflow. With all the thinly stretched EMS services we're considering moving."**

**- Survey Respondent**

Beyond the impacts on healthcare access, the Norwood Hospital closure has influenced how residents feel about living in the community. Survey respondents described feeling vulnerable, anxious, and less safe than they did when the hospital was open. As one survey respondent shared, *"I know that people who live in the catchment area have suffered and even died because there is no longer an acute care hospital in the area."* Others shared that the town feels like it isn't complete until the hospital is finished building. They also described losing confidence in town leadership because of the prolonged timeline, with some considering leaving the area altogether.

While the closure of Norwood Hospital was the most prominent theme in community survey feedback, discussion participants and survey respondents also identified a number of broader healthcare access challenges outside of the closure.

Insurance coverage emerged as a significant barrier to accessing healthcare. An overwhelming majority of residents are insured with uninsured rates ranging from less than 1% in Westwood to just over 2% in Norwood (see Appendix D). However, discussion participants described a two-tiered system in which those on MassHealth or Medicare face additional difficulties finding providers willing to accept their insurance. As one participant noted, *"MassHealth are not good payers. Medicare is the worst…People that have lower insurance, the system is broken because their insurance is the worst…When I get a Medicare call, I see what I can do. I try to make sure they can [be seen] but those rates are so low."* Participants also noted instances where they could not follow up on their referrals because the recommended provider didn't accept their insurance.

More broadly, discussion participants and survey respondents expressed frustration with the overall cost and quality of the healthcare system. Rising premiums, high out-of-pocket costs, and the financial risk of emergency care were recurring concerns. As one participant noted, *"The ambulance charges thousands of dollars to get a ride to the hospital and it's already expensive enough to live here."* For those with limited insurance coverage, the cost of seeking care can be a big deterrent. Many also highlighted a perceived decline in care quality alongside increasing costs, with some describing rushed appointments and limited time with providers. As one survey respondent shared, *"Give patients at least appointments of 30 minutes or more. They rush you in and out without discussing issues that concern you and your health."*

> *"The quality of care has diminished greatly despite the increasing costs of health insurance and co-pays. Something must be done. Health and Human Services need to set a higher standard because* ***we are receiving sub-standard care and high out of pocket costs****."*
>
> *- Survey Respondent*

These concerns are reflected in how residents rate their access to care. When asked about accessing quality medical care in their community, about 40% of respondents overall could access care near where they live and a third of respondents reported needing to travel outside their community (Figure 51).

Figure 51. Survey Respondents' Access to Quality Medical Care in Their Community, 2026

| | Overall (N=462) | Canton (N=121) | Dedham (N=104) | Norwood (N=132) | Walpole (N=43) | Westwood (N=23) |
|---|---|---|---|---|---|---|
| Have access near where I live | 41.8% | 40.5% | 52.9% | 30.3% | 39.5% | 56.5% |
| Would need to travel outside my local community | 31.6% | 33.9% | 27.9% | 33.3% | 37.2% | * |
| I can access some, but not all, of my medical needs in my community | 26.6% | 25.6% | 19.2% | 36.4% | 23.3% | * |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options, therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

When asked what areas of medical care are most needed in the community, community survey respondents overall and by town reported emergency/ hospital care, preventative care, care for heart health/ cardiovascular issues, and women's health (Figure 52). Notably, about 90% of survey respondents in Norwood and Walpole reported emergency/hospital care as the area of care most needed.

Figure 52. Top 3 Areas of Medical Care Needed in Community Identified by Survey Respondents, 2026

| Overall (N=441) | Canton (N=129) | Dedham (N=110) | Norwood (N=158) | Walpole (N=44) | Westwood (N=31) |
|---|---|---|---|---|---|
| Emergency/ hospital care (79.8%) | Emergency/ hospital care (78.3%) | Emergency/ hospital care (61.8%) | Emergency/ hospital care (93.0%) | Emergency/ hospital care (88.6%) | Emergency/ hospital care (74.2%) |
| Preventative care (37.9%) | Preventative care (41.1%) | Preventative care (46.4%) | Heart health/ cardiovascular issues (39.9%) | Preventative care (31.8%) | * |
| Heart health/ cardiovascular issues (32.0%) | Women's health (31.0%) | Heart health/cardiovascular issues (33.6%) | Preventative care (31.6%) (tie) | Women's health (22.7%) (tie) | * |
| | | | Women's health (31.6%) (tie) | Children's health or pediatrics (22.7%) (tie) | |

DATA SOURCE: Norfolk County 8 Public Health Coalition Community Health Survey, 2026
NOTE: Respondents were allowed to select multiple options; therefore, percentages may not add up to 100%. An asterisk (*) is placed in any table cell with fewer than 10 responses.

# VISION FOR THE FUTURE

## Community Suggestions for the Future

Discussion participants and survey respondents were asked to share suggestions for addressing key issues, identify what would support their health and well-being, and to describe their visions for the future. The following section summarizes and presents these recommendations for future consideration.

### *Housing and Cost of Living*

The need for more affordable housing options emerged as a pressing concern among both discussion participants and survey respondents. Recommendations included expanding "missing middle" housing, adjusting zoning policies to increase the number of affordable units, and raising income eligibility thresholds for housing assistance programs. Another recurring theme centered on older adults aging in place, with many noting that rising property taxes and housing costs are pushing long-time residents out of their communities. At the same time, participants highlighted the importance of creating more affordable senior housing, which could support smoother transitions for older adults while freeing up homes for younger families.

### *Transportation, Built Environment, and Environmental Health*

Participants identified transportation as a key area for improvement, emphasizing the need for more accessible and reliable local transit options. Suggestions included town-run buses and shuttle services to help residents reach grocery stores, medical appointments, and other essential destinations. The design of the built environment was also a major focus, with calls for more walkable and bike-friendly communities, expanded bike lanes, safer streets and sidewalks, and increased access to green spaces. While raised less frequently, environmental health concerns were also noted, including issues related to well water quality, pesticide runoff, and air pollution.

### *Food Security and Nutrition*

Food security was discussed as part of a broader set of basic needs, closely tied to housing affordability and economic stability. Survey respondents pointed to the need for improved access to food assistance programs and emergency food resources. They also highlighted the importance of enhancing the physical spaces of food pantries, particularly by ensuring adequate indoor areas that create a more dignified and comfortable experience for visitors. In discussions, participants further emphasized the importance of equitable access, especially for individuals who face transportation-related barriers to obtaining food.

### *Violence and Safety*

Concerns about safety were expressed across multiple communities, with older adults in particular voicing heightened awareness of these issues. Some respondents called for increased police accountability, while others focused on the need for stronger public safety infrastructure, such as the addition of a second fire station. Safety within schools was also raised, with participants noting the importance of reducing incidents of violence and fighting among students.

### *Maternal Child Health*

Participants and survey respondents shared a vision of stronger community-based support systems for individuals during pregnancy and the postpartum period. They emphasized the value of expanding local, in-person support groups for expecting and new parents, particularly those that foster connection and community-building. Additionally, the need for clear, centralized, and easily accessible information about available resources was highlighted as a key priority.

### *Youth and Families*

Participants described a vision in which children and families are supported by a more comprehensive and connected system of services. This includes stronger school-based supports, greater availability of afterschool programs and childcare, and expanded resources to help continue their education and advance in the workforce. Suggestions also highlighted the need for specialized services for children on the autism spectrum, along with increased access to in-home supports. In addition, survey respondents emphasized ongoing challenges in locating local providers for speech therapy and applied behavioral analysis (ABA).

### *Mental and Behavioral Health*

Across communities, mental and behavioral health consistently emerged as a top priority. Participants expressed a desire for more accessible and coordinated services, particularly for young people, including the creation of a centralized “one-stop shop” where individuals could see a therapist, psychiatrist, and primary care provider in a single location. Respondents also pointed to the importance of offering services in multiple languages and reducing long wait times. Beyond clinical care, some noted that community-wide social activities could play a meaningful role in supporting mental well-being.

### *Substance Use*

Closely connected to mental health, concerns around substance use prompted calls for stronger prevention and treatment systems. Participants and survey respondents emphasized the importance of harm reduction approaches, reducing stigma, and expanding access to residential recovery supports. Many described the current system as insufficient—particularly due to limited sober housing options and the heightened risk of relapse when individuals leave treatment without continued support. Early prevention efforts, especially those targeting teenagers, were also identified as a key need.

### *Older Adult Health*

Aging with dignity emerged as a central theme in discussions about older adults. Participants envisioned a community that enables residents to remain in their homes, supported by services such as home health aides, personal care attendants, and housekeeping assistance. They also raised concerns about income eligibility thresholds for assistance programs, noting that these limits often fail to reflect the true cost of living. In addition to practical supports, reducing social isolation through community programming and events was seen as essential to older adult well-being.

### *Social Services*

The need for better coordination across social services was a recurring theme. Participants described a vision in which social workers are embedded within the community, helping residents navigate and access available supports. Improving communication about existing resources—particularly through centralized platforms like a town website—was also identified as critical, as many residents remain unaware of what services are currently available.

### *Healthcare Access*

The reopening of Norwood Hospital was a major priority across the survey and discussions, raised by respondents from multiple towns. Discussion participants and survey respondents described the hospital's closure as leaving a significant gap in emergency care, specialist services, and primary care. They shared how it displaced patients to facilities much further away. Additionally, they noted the strain on other facilities leading to longer wait times and reduced quality of care for everyone in the area. Participants emphasized how the lack of a local hospital is also a matter of safety and that every ambulance diverted to a distant hospital is one less resource available for the next emergency in the community.

Beyond the hospital closure, participants called more broadly for better access to primary care providers, expanded urgent care options, increased EMS services, and more access to specialists such as dental care and rehabilitation services. Multilingual services for appointments were also named as an important access issue.

# KEY THEMES AND CONCLUSIONS

Overall, the towns of Canton, Dedham, Norwood, Walpole, and Westwood are considered great places to live by their residents. Most residents are economically secure and relatively healthy. However, this average level of health and economic security can actually make living in these communities more difficult for vulnerable populations. They may not know how to access available resources, they may experience stigma or shame accessing services, or they may face other barriers to good health and well-being in their surroundings.

## Social Drivers of Health

*Housing affordability*

The cost of living and availability of affordable housing are a nationwide concern. As a systemic and structural issue, there may not be much that local towns and organizations can do to move the needle. That said, towns should still consider potential changes in zoning laws, or how to assist the most vulnerable residents in affording other basic needs, with the knowledge that housing costs consume so much of limited and sometimes fixed incomes. Additionally, towns should explore innovative approaches for enabling older residents to age in place, while providing the ability for young families to move into the area.

*Transportation and the Built Environment*

The vast majority of residents in the NC-8 region have access to a car. Which leaves the residents who do not particularly vulnerable, living in a car-centric community. Towns and organizations can consider improving services for this small but vulnerable population.

*Food Security*

While food security programs are available in the region, assessment participants noted food insecurity as a growing issue. Suggestions were made to increase access, reduce stigma, and provide more emergency food resources. In some cases, quantitative data showed that the number of households reporting food insecurity was much greater than the number receiving benefits like SNAP. Towns should explore potential ways of increasing participation rates or providing supplemental resources to residents who do not qualify for state or federal benefits.

## Social and Healthcare Services

*Service Navigation and Coordination*

Assessment participants noted that many services were available in their towns, but knowing where to look and how to access services could be daunting. Investing in care navigators to

help coordinate care would be especially helpful to vulnerable populations living in the region.

*Mental Health and Substance Use*

- Mental Health and Substance Use were the top community health concerns identified by respondents to the Community Health Survey. The majority of respondents reported that they did not have access to all the services they needed in their local community. Survey respondents and discussion participants noted the interconnection between mental health and substance use, and therefore the need for connected services.
- For prevention and recovery services, survey respondents noted a need for education and anti-stigma programs. For treatment services, the need was for care navigation support and co-located services in convenient and accessible locations. The limited availability of residential services for substance use disorder as well as ongoing support for the chronic care needs of people in recovery were highlighted as acute concerns for this vulnerable population.
- Youth, older adults, and pregnant/post-partum community members were uplifted as special populations in need of additional mental health supports.

*Infectious Disease*

- Across all towns, less than half of residents received an annual flu vaccine, and many fewer were vaccinated against COVID-19. Towns should consider partnering with trusted local organizations or entities to educate residents about the importance of vaccinations, using messaging that resonates with diverse local populations.
- Rates of reported Lyme Disease are in flux, but rising in some communities. While this is a regional concern related to deer populations and ecosystem health, local health departments can invest in awareness campaigns to promote early intervention for tick bites and increased monitoring and reporting.

*Access to Medical Care*

The closure of Norwood Hospital and distance to needed medical services was a main theme of survey responses and discussion participants. The distance to reach emergency services was of particular concern, as was the resulting burden on local EMS services and hospital ERs in neighboring communities. Survey respondents identified emergency services, preventive care, cardiovascular care, and women's healthcare as the areas of greatest need in the region.

# Recommendations

- Expand access to mental health and substance use prevention, treatment, and recovery services.
- Strengthen care navigation through centralized information, social workers, and resource coordinators

- Improve healthcare access by addressing provider shortages, transportation barriers, and insurance-related obstacles.
- Enhance maternal, child, and family supports, including maternal mental health and childcare resources.
- Increase outreach for food, housing, and financial assistance programs.
- Continue infectious disease prevention, vaccination, and public health education efforts.
- Advance health equity by addressing the social drivers of health that disproportionately affect vulnerable populations.

The compilation of data in this assessment report seeks to provide evidence for the NC-8 Public Health Coalition to make data-informed decisions for planning and program implementation. These findings may also be used by other town agencies, community organizations, healthcare providers, and town residents to support local initiatives that seek to improve the health and well-being of residents of Canton, Dedham, Norwood, Walpole, Westwood, and neighboring communities.