Randolph Community Wellness Plan

Prepared for
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EXECUTIVE SUMMARY

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is an organized multi-sectoral process that is led by community partners and leaders to identify a community's strengths and areas of greatest health need.

What is a Community Wellness Plan?

A Community Wellness Plan uses information gathered from the CHNA and provides recommendations for realizing the community's vision for improved health. These recommendations look beyond the doctors office at how the community and its roads, buildings, and services can improve community health and well-being.

Major Themes and Findings

Diversity, Racism, & Representation

Randolph is majority people of color

*"**This is a diverse community and we need to welcome & celebrate our diversity**. The town needs to offer Information in more languages & celebrate the diversity of those who want to share the towns opportunities."*

Health Care

Transportation, long wait times, language and cultural barriers are cited health care access barriers

Housing

11% of Randolph housing is affordable

Physical & Social Environment

Powers Farm, Belcher Park, and RICC were highlighted as valuable community assets

*"Better healthcare services lead to more timely care for folks who need it most. Our community needs to ensure that health is less of a fiscal burden. **Transportation is needed to access health care services and other necessities**"*

Food Access

50%

Food insecurity rates are higher in Randolph than MA. Over 50% of residents qualify for SNAP

Transportation

157

157 health survey respondents said "Safer Streets" would lead to better health in Randolph

Major Health Concerns Include

Flu is most common infectious disease

2/3

2/3 of adult residents don't eat enough fruit and veggies

Mental Health a common concern among youth and older adults

Youth are less active than their peers nationally

THE COMMUNITY WELLNESS PLAN PROCESS

Steering Committee

A multi-sectoral steering committee helped shape the Community Wellness Plan goals and strategies. The Steering Committee members included residents and representatives from the Health Department, Planning Department, Turner Library, Randolph Housing Authority, Randolph Intergenerational Community Center, Randolph Public Schools, health care and social service providers among others.

Defined Community Health Needs and Priorities Through:

Public Health data

Stakeholder engagement

Interviews and focus groups

Health Survey

Crowd source mapping

Community Wellness Goals

Information gathered from the CHNA process informed the development of goals and recommendations for the Community Wellness Plan.

Implementation: The Randolph Community Wellness Plan is strategically implemented and public health in the Town is improved.

Community: Randolph is a safe and welcoming town that celebrates its unique diversity, encourages civic participation, and connects neighbors.

Health Care & Public Health: Randolph residents have access to affordable, accessible, and culturally competent preventive care and medical treatment.

Transportation: Randolph's transportation network provides residents with safe, multi-modal, and regionally coordinated options that promote health, particularly for those with mobility and income constraints, youth and seniors.

Housing: The mix of housing types meets the needs of Randolph residents, and residents live in homes that are safe, affordable and healthy.

Parks, Open Space, & Recreation: Randolph residents have access to well-maintained, safe parks that promote recreation and are located near their homes.

Food: Residents have access to enough convenient, affordable, healthy, and culturally preferred food options at stores, in school, and through food assistance programs.

Schools: Randolph Public Schools promote student and staff health and engagement.

Major Themes

The following summarizes major themes that were discussed on multiple occasions throughout the CHNA process by the project team, steering committee, focus group participants and key informants to the project. These themes help to articulate some of the most pressing issues, perceived needs, and key characteristics of Randolph and as they pertain to promoting health in the Town.

Transportation: The interstate highway and state routes that pass near and through Randolph are important to connecting the Town regionally but use of the transportation infrastructure brings with it vehicles, congestion, pollution, and accidents. Discussions focused on the burdens felt locally by the volume of traffic and threats to public safety and health particularly where there is limited infrastructure ensuring pedestrian and cyclist safety. Discussion also addressed limitations of public transportation services and challenges in getting to medical appointments, social opportunities, and other desired destinations. Youth, seniors, those with disabilities and non-drivers generally were identified as being particularly impacted by public transportation limitations.

Housing: Housing prices in Randolph are generally lower compared with the surrounding region, but costs are rising. Already a high percentage of renters and owners are housing cost-burdened[b] and unaffordable housing has led to increased evictions in recent years. There was a general sense that Randolph is becoming increasingly unaffordable for Randolph residents. Where stable housing is a cornerstone of health, ensuring affordability of housing and housing stock that meets residents' needs is imperative to promoting community health.

Health Care: The Randolph Public Health Department provides important immunization services in addition to providing other essential public health functions, and Randolph is served by several regional hospitals and preventative care providers. Still, there was consensus for the need to establish a federally qualified health center within the Town of Randolph that would provide primary care services, and specifically pediatric care. Participants described transportation, time, lack of cultural competency of healthcare providers, and health insurance issues (specifically for Medicaid-insured patients) as barriers to accessing care. These are challenges that a local health center would help address. Even with a local health center, Randolph residents would continue to require health care services from regional hospitals and specialists outside of the Town, and to ensure accessibility of these services, participants were interested in public transportation or other transportation solutions, particularly for more vulnerable residents.

Schools: Youth health is significantly influenced by the school and surrounding environment. Youth raised concerns relative to the availability of school resources, quality of school food, drinking water access, and lack of afterschool activities. Youth obesity, limited physical and social activity, the food environment in and around schools, transportation options, and youth homelessness were top concerns of school stakeholders and community leaders. Toward promoting student health, all six Randolph Public Schools have a school nurse who provides a range of health services; a wellness committee has been newly established to review and update the School Wellness Policy;

[b] Housing Cost-Burden describes the condition where one pays 30% or more of their income on housing costs.

the district maintains sports facilities and provides athletic and extracurricular programs; and all students may eat breakfast and lunch for free as a result of its recent enrollment in the Community Eligibility Provision program. Where student health outcomes are worse than peers across the state, school resources should be bolstered to increase the positive impact of health-supportive efforts.

Diversity, Racism and Representation: Randolph has a strong identity. Part of that is being a racially and ethnically diverse community, where people are proud of and invested in the Town's future. Still, some focus group members described personal experiences with racism in Randolph. There is a sense that such experiences diminish social cohesion and a sense of safety and community. To address these issues participants suggested the Town should do more to explicitly encourage exchange across people of different races, ethnicities, ages, and cultures. Randolph leadership was not seen as reflective of the town's diversity, and participants believed representation by a more ethnically and racially diverse leadership could make town governance and civic engagement more welcoming for more residents.

Communication: There was a sense that within Randolph there is limited communication, coordination, and collaboration between Town departments on initiatives, projects, and events. Similarly, methods for communicating opportunities and events to Randolph residents are not streamlined. In most cases, materials are shared in English only and may be failing to engage non-English speakers. Solutions discussed include a centralized communication platform to encourage exchange and awareness of initiatives between Town departments, and to provide residents with one location to find a range of useful Town-related information.

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INTRODUCTION

Project Overview

Community Health Needs Assessment

In 2018, the Metropolitan Area Planning Council (MAPC) partnered with the Town of Randolph Health Department to complete a CHNA. A Community Health Needs Assessment (CHNA) identifies pressing health issues, assets, and needs through systemic, comprehensive qualitative and quantitative data collection and analysis. The Randolph CHNA presents a health profile of Randolph residents and assesses upstream factors that influence health outcomes - the social, economic, and environmental determinants of health in addition to health care services and access. It draws from publicly available quantitative data pertaining to health risk, outcomes, and social determinants as well as qualitative information collected through steering committee meetings, key informant interviews and focus groups with youth and older adults. The CHNA process identified major themes and pressing issues related to transportation infrastructure and services; affordable housing; health care services and access; diversity, racism and representation; communications needs; and schools.

Community Wellness Plan

Building on this collaboration, in 2019 MAPC continued engagement with Randolph's Health Department to expand the Community Health Needs Assessment and conduct a Community Wellness Plan (CWP). The CHNA was bolstered through additional stakeholder engagement, interviews, and other information gathering efforts, particularly engaging immigrant families. A Community Wellness Plan was produced to response to the priority health issues and needs identified in the CHNA and articulates long-term, systematic, evidence-based priorities for realizing the community's vision for improved health.

Focus on Youth, Older Adults, and Immigrant Residents

Youth, older adults and immigrant residents were identified by the Steering Committee as three priority population groups. As such, the Community Health Needs Assessment and Community Wellness Plan sought to understand the issues, perspectives and needs particular to these resident groups, and develop recommendations for their improved health.

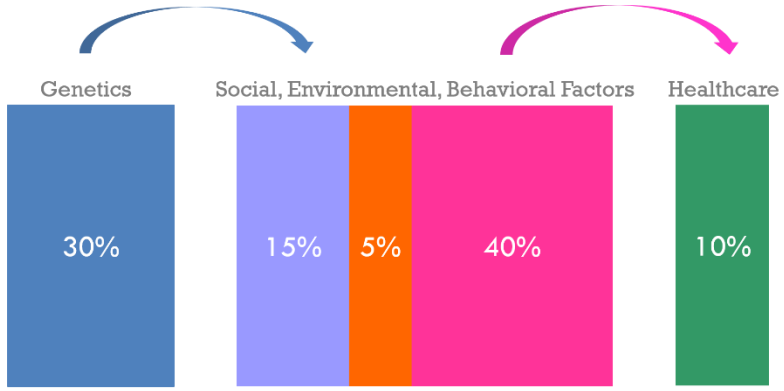
Social Determinants of Health Framework

Social, economic and environmental factors influence health outcomes

Health results from a range of factors. Genetics, individual behavior, and health care access and quality[c] all influence health, but increasingly it is recognized that **the social, economic, and physical conditions into which people are born, live, learn, work, play, and age have a far greater impact on how long and how well people live.**[1]

Figure 1 estimates the degree to which health is influenced by different factors, and shows that social and environmental factors, together with the individual behavior they enable or inhibit, together significantly influence health.

Figure 1: **Determinants of Health**



Source: McGinnis et al, 2002

"Social determinants of health," describe social conditions such as income, education, employment, race, and social supports and relationships; and environmental conditions such as housing, food access, outdoor and neighborhood spaces. The degree of access to and quality of social determinants influence health outcomes. Pollution, racial segregation, violence and discrimination are also social determinants, and exposure to or presence of these factors negatively impact health outcomes.

Conditions like inadequate education, insufficient housing, and neighborhoods lacking green open spaces or healthy food retail options drive poor health. Low-income communities and people of color experience these conditions and associated negative health outcomes disproportionately more.

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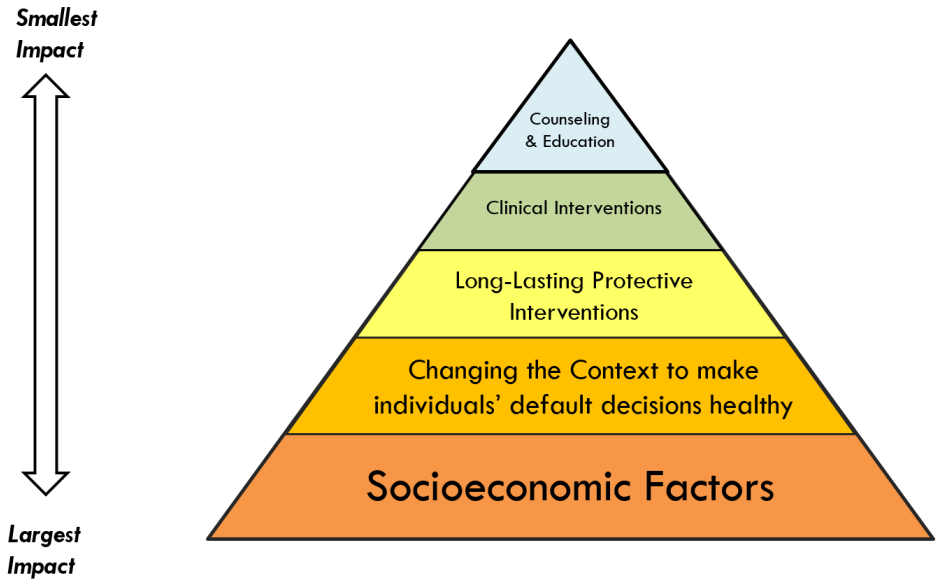
[c] Genetic factors include biological characteristics and predisposition to disease. Individual behavioral factors include eating habits and physical activity. Healthcare factors are those related to the presence and use of health care services for prevention and treatment.

Public interventions that address social, economic, and environmental factors have the greatest impact on the most people

The continuum of interventions to improve health are depicted in the "Health Impact Pyramid," Figure 2. The two base tiers describe the social determinants of health; interventions at this level have the potential for greatest health impacts because they effect population health. Interventions at these tiers effect social, economic, and environmental conditions and contexts, and include approaches such as anti-poverty policy and housing policy; and community features and services like public transit, parks, and healthy food stores. Changes in these contexts both facilitate healthy decision-making by default and would also require significant individual effort to not benefit from them.

In ascending order, long-lasting clinical interventions (i.e. vaccinations), direct clinical care, and individual counseling increasingly narrowly effect individual health; interventions at this level tend to have a decreasing public health impact because they effect fewer people, and an increasing level of individual effort is required to attain and maintain health.[2]

Figure 2: **CDC Health Impact Pyramid**



Leading with a social determinants of health framework in Randolph

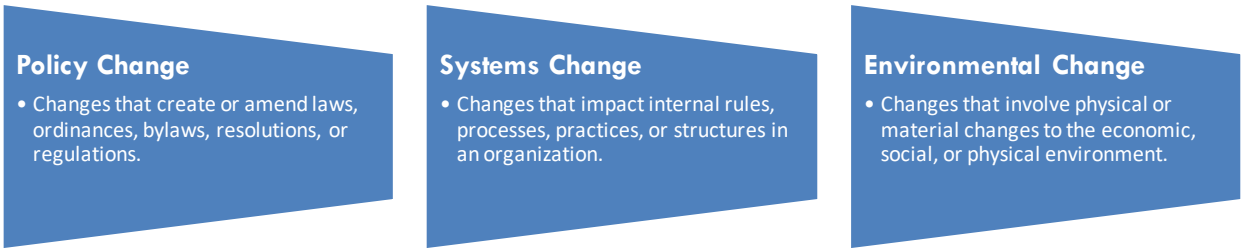
Source: Adapted from "A Framework for Public Health Action: The Health Impact Pyramid, Thomas R. Frieden"

Applying a comprehensive framework of health determinants, the Randolph Community Health Needs Assessment (CHNA) explicitly assesses social determinants with the goal of articulating public health issues and solutions that will improve health for all Randolph residents, and in particular residents that experience disproportionately worse conditions and health outcomes. The CHNA sections that assess social determinants of health most directly include the **Demographics** and **Social and Physical Environment** sections.

Individual health care services are critically important to health, and ensuring these services are available and accessible is essential in promoting health and reducing disease risks. The **Health Care Access and Utilization** section assesses health care services and needs.

The **Randolph Community Wellness Plan** (CWP), the compendium to the CHNA, promotes strategies that affect policy, systems, and environmental changes, described in Figure 3 to improve population and individual health most effectively.

Figure 3: **Policy, Systems, and Environmental Changes Definitions**



Source: Adapted from "A Framework for Public Health Action: The Health Impact Pyramid, Thomas R. Frieden"

RANDOLPH PROFILE

Community Setting

Overview

Randolph, Massachusetts is a Maturing Suburb[3] town, located south of Boston along major highway Route I-93, and Massachusetts Routes 24 and 28. A portion of the Blue Hills Reservation is an open space area in the northern part of Randolph, and the town abuts Ponkapoag Pond and Great Pond Reservoir. Randolph has more than 33,000 residents; in the past decades the population has gradually grown and going forward is anticipated to continue on this trajectory. Randolph is a uniquely racially diverse town. The proportion of residents of color in Randolph is more than double the state average, and the Town has also diversified racially and ethnically more than other MAPC communities in recent years. Nearly 1/3 of residents are foreign born. Vietnamese and Haitian residents make up the largest portion of first-generation immigrants. The town is a largely middle-class town, with comparatively more affordable housing than regionally.

Randolph experiences health inequities unparalleled by most Massachusetts communities. The Town's residents bear a disproportionately high chronic disease burden relative to surrounding communities in the MetroBoston Area. MAPC's regional analysis of six chronic diseases (obesity, diabetes, hypertension, heart failure, asthma, and COPD) shows Randolph in the highest quintile across each of these health indicators (MADPH 2008-2012, BRFSS 2005, 2007, 2009 and BRFSS 2008-2010).

Furthermore, Randolph is one of just five municipalities in Massachusetts for which 100% of its census block groups meet at least one of the Environmental Justice Population criteria, a designation which means Randolph residents are more likely to face greater environmental risks and burdens – and relatedly, health burdens.

All of these characteristics and conditions compelled MAPC to initially engage with Randolph on the CHNA and CWP process, and they are conditions that compel long-term investment to move the needle positively toward health equity.

Randolph has an engaged Health Department committed to carrying out the essential functions of public health and ensuring the Town meets public health regulatory requirements. Toward accomplishing its mission, the Health Department is committed to understanding and addressing systemic and upstream contributors to health issues and working strategically and in partnership to ensure that conditions and health services support the optimal health of Randolph's residents.

In Context

Regional Planning Context

Randolph is one of 101 municipalities that are served by the Metropolitan Area Planning Council (MAPC). MAPC is the regional planning agency that serves the people who live and work in the 101 cities and towns of Metro Boston.

MAPC's mission is to promote smart growth and regionalization in Greater Boston. Its staff of more than 80 work across the following departments: Public Health, Land Use, Transportation, Data Services, Environment, Clean Energy, Communications, Community Engagement, and Municipal Collaboration. Together, it strives to advance sustainable land use, a diverse housing stock, efficient and affordable transportation, protection of natural resources, economic development, public safety, sound municipal management, clean energy, healthy communities, an informed public, and equity and opportunity for all.

Subregional Participation

Randolph is also a member of the Three Rivers Interlocal Council (TRIC), one of eight subregions within the MAPC region. TRIC is a group of twelve municipalities (Canton, Dedham, Dover, Foxborough, Medfield, Milton, Needham, Norwood, Randolph, Sharon, Walpole, and Westwood) that meet regularly to discuss issues of common interest.

MetroFuture

MetroFuture is MAPC's plan for Greater Boston to better the lives of the people who live and work in the region between now and 2030. Thousands of people collaborated to create a bold, forward-looking and achievable vision for future development and preservation. The plan outlines priorities and strategies for advancing smart growth goals and investing in the region's residents. The plan includes thirteen detailed implementation strategies for accomplishing these goals.

Relevant to the Randolph Community Health Needs Assessment project, MetroFuture includes the following goal and related sub-goals:

Goal 3: Residents will be safe, healthy, well-educated, and engaged in their community

3.1. All communities will be safe, including areas currently afflicted by high rates of violent crime.
3.2. Urban and minority residents will not be disproportionately exposed to pollutants and poor air quality.
3.3. All neighborhoods will have access to safe and well-maintained parks, community gardens, and appropriate play spaces for children and youth.
3.4. Residents in all communities and of all incomes will have access to affordable, healthy food.
3.5. Most residents will build regular physical activity into their daily lives.
3.6. All residents will have access to affordable healthcare.
3.7. Children and youth will have access to a strong system of early education programs, after-school programs, teen centers, and youth organizations.
3.8. Public schools will provide a high-quality education for all students, not only in the fundamentals, but also in areas like health education, physical education, art, music, civics, and science.
3.9. More students will graduate from high school and go on to college or career training opportunities.
3.10. Municipalities will operate efficiently and will have adequate funding with less reliance on the property tax.
3.11. The region's residents—including youth, seniors, and immigrants—will be well-informed and engaged in civic life and community planning.
3.12. Seniors will remain active members of their communities.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment assesses the following elements:

- **Demographics**
  - Population Characteristics
  - Racial and Ethnic Diversity
  - Educational Attainment
  - Income, Poverty and Employment
- **Social and Physical Environment**
  - Physical and Built Environment
  - Social Environment
  - Housing and Housing Stability
  - Transportation
  - Food Access
  - Environmental Health and Quality
  - Crime and Safety
- **Health Behaviors and Outcomes**
  - Perceived Community and Individual Health Status
  - Leading Causes of Mortality and Premature Mortality
  - Chronic Disease
  - Infectious Disease
  - Sexual Health
  - Maternal and Infant Health
  - Healthy Eating, Physical Activity, Screen Time, Obesity and Overweight
  - Substance Use
  - Mental Health
- **Health Care Access and Utilization**
  - Resources and Use of Health Care Services
  - Challenges to Accessing Health Care Services

Each section includes an introduction to the topic and a summary of findings. Following this, the sections' topics assess and synthesize information on subtopics to describe conditions, trends, and perspectives on issues and assets. Where possible, the assessment presents the insights and information from focus group participants, steering committee members, key informant interviews, the Community Health Survey, and local reports and plans first, then presents quantitative secondary data. This intentionally prioritizes local perceptions and assessments of health issues and needs.

Demographics

Introduction

Demographic characteristics such as educational attainment, income and poverty, age, race and ethnicity, employment, and similar factors substantially influence a broad range of behavioral risks, health outcomes, and the overall health of communities. Historical trends and anticipated future changes to these factors can help inform a better understanding of related health inequities, and residents' likely future health needs. This section presents information on select demographic characteristics to understand past, current and anticipated future conditions that influence Randolph community health.

Summary Findings

- Randolph is expected to grow moderately, and older adults will make up the majority of this population growth.
- There is a relatively even spread of residents across all age groups, but slightly smaller cohort of young adults.
- Randolph is majority people of color and has diversified more than other MAPC communities.
- One third of Randolph residents are born outside of the U.S.
- Randolph is less educated than the state and county.
- Randolph has a sizeable middle class; its median household income is lower than Massachusetts and Norfolk County.
- Poverty rates are comparable to Massachusetts, but higher than surrounding Norfolk County. Poverty affects Families of Color more than White Families.
- Unemployment is significantly higher than in Massachusetts and Norfolk County.

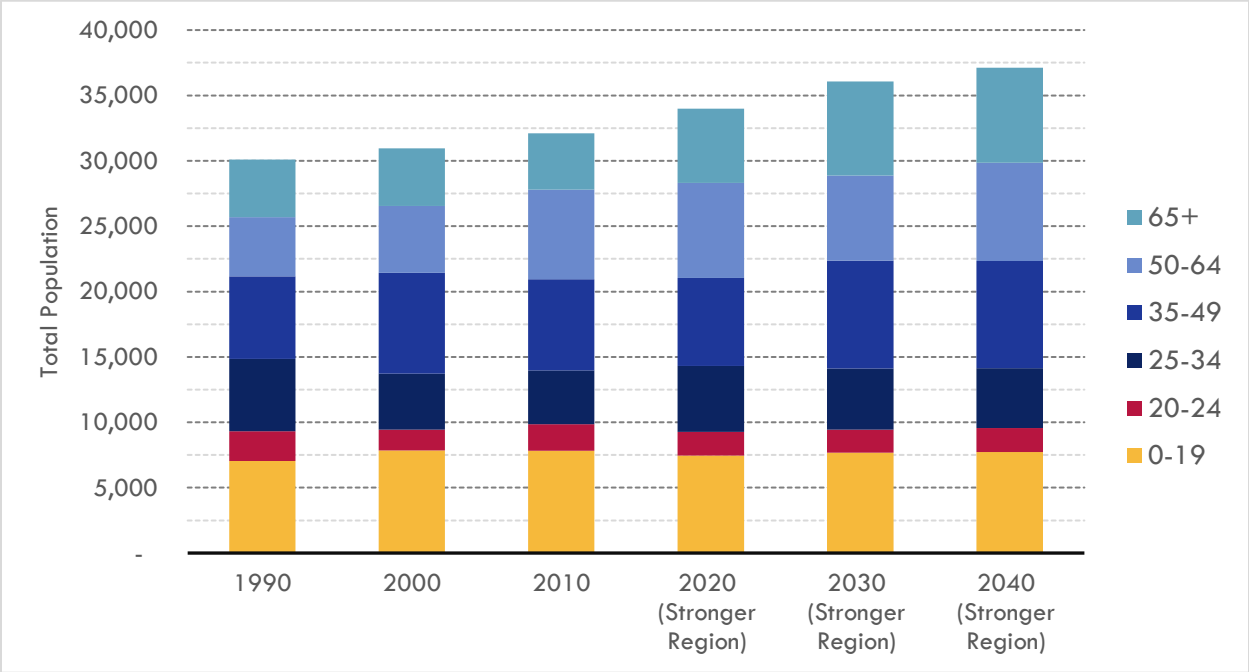
Population Characteristics

> *"…How can we support more population growth?"*
> – Steering Committee Member, 2018
>
> *"…The housing choices, spending habits, and other contributions to the local economy from [those age 34 to 64] which are people in their prime earning years, is important to the town."*
> – *Randolph Master Plan, 2018*
>
> *"…The senior population, those 65 or older, is over 15% of the town's population. The senior population often has different housing needs than the needs of younger residents."*
> – *Randolph Master Plan, 2018*

Population

Randolph is a mature suburban town in the MAPC region, and home to a mix of over 32,000 residents.[4] In the past decades, the population has seen moderate growth. MAPC Projections (Stronger Region) anticipate this trend will continue into future years, with the rate of growth gradually increasing. From 2010 to 2040 the population is projected to grow close to 16%, from 32,112 to 37,119 residents (Figure 4).[5]

Figure 4 **Population by Age in Randolph**



Source: Population Count 1990-2010, U.S. Census Bureau, Decennial Census; Population Projections 2020-2040, Metropolitan Area Planning Council

Population by age

There is a relatively even proportion of residents across all age groups, with the exception of young adults (20-34), which make up a slightly smaller percentage of Randolph's residents. In 2010 children, middle age adults and mature adults made up the largest proportion of Randolph's population. Children and young adults ages 0-19 made up 24 percent of residents. And middle age (35-49) and mature adults (50-64) made up 22% and 21% of Randolph residents, respectively. The age distribution roughly mirrors Norfolk County and Massachusetts.[6]

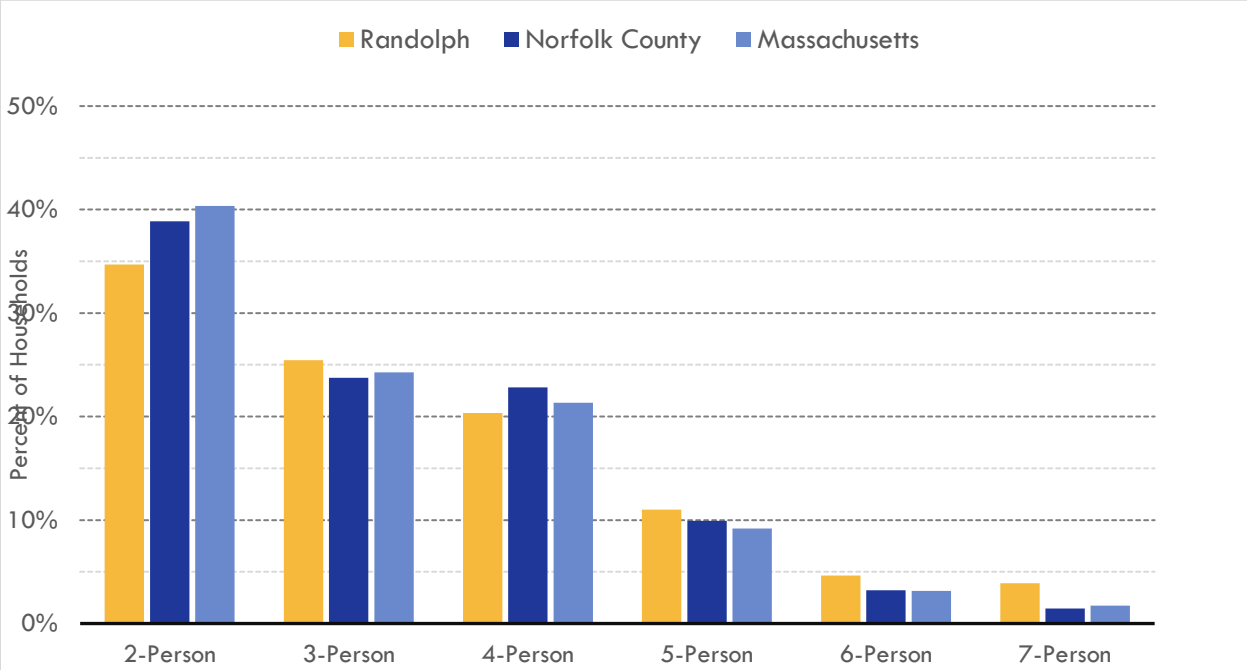
Looking ahead, the most significant growth is expected to come from older adult residents. Figure 4 shows that from 2010-2040 residents 65 and older are expected to increase from 14% to 20% of the population, with the number in this age cohort increasing from 4,318 to 7,270. The growth of Randolph's older adult populations follows national trends and reflect the aging of the Baby Boomers – the large cohort of individuals born between 1945 and 1964 – declines to fertility rates and increases to life expectancies.

The number of younger population (0-34) is expected to stay roughly the same in this time period, though they'll make up a slightly smaller percentage of residents.

Household type

Most households in Randolph are family households. These are households where two or more people live in them, and they make up about 70% of Randolph households.[7] Roughly 30% of the family households include children under 18 years old. Compared with surrounding Norfolk County and the State, Randolph has larger family households.

Figure 5 **Family Household Size in the Town of Randolph, Norfolk County and the State of Massachusetts**



Source: U.S. Census Bureau, Household Count 2010, Decennial Census

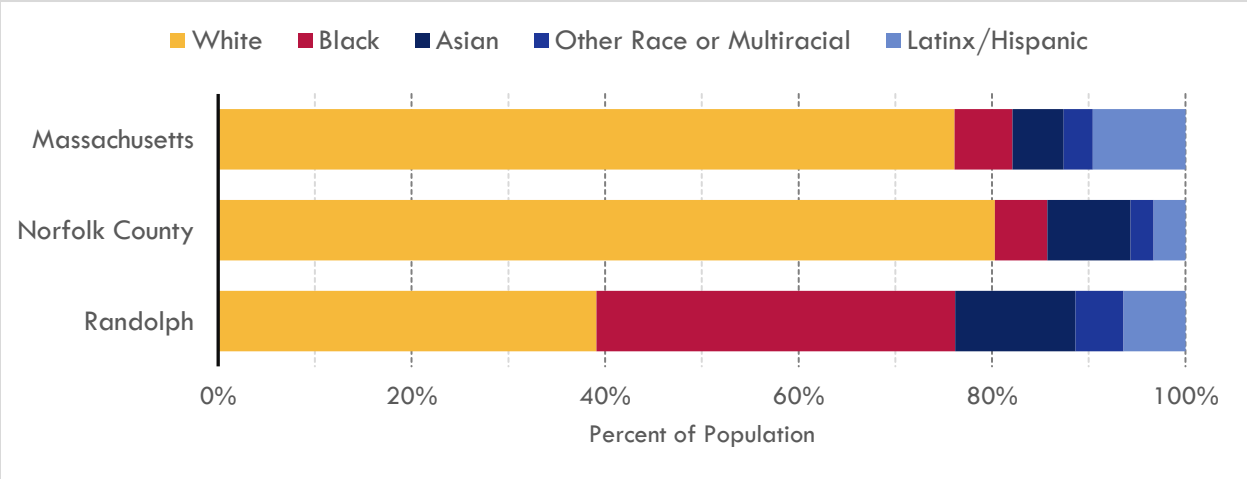
Racial and Ethnic Diversity

"Randolph is a town proud of its especially diverse suburban middle-class community."
– Randolph Master Plan, 2018

"Diversity is another feature that leads people to move to Randolph. It is also a reason cited by some to explain why they stay in Randolph, and for others why they left."
– James Madden, "Randolph: Boston's Gateway Suburb", 2012

Almost all focus groups listed Randolph's racial, ethnic and cultural diversity as a strength of the community. Participants shared stories of children playing with kids of many races, ethnicities, and cultures. Many felt that the town's diversity is well reflected in the town's religious congregations, who serve a broad number of faiths in several languages and encourage cross-cultural exchanges. Some of Randolph's religious institutions even offer integrated, multi-lingual services.[8] Randolph's many ethnic- and immigrant-owned groceries and restaurants were also described as a town asset.

Figure 6: **Population by Race and Ethnicity in the Town of Randolph, Norfolk County and the State of Massachusetts**

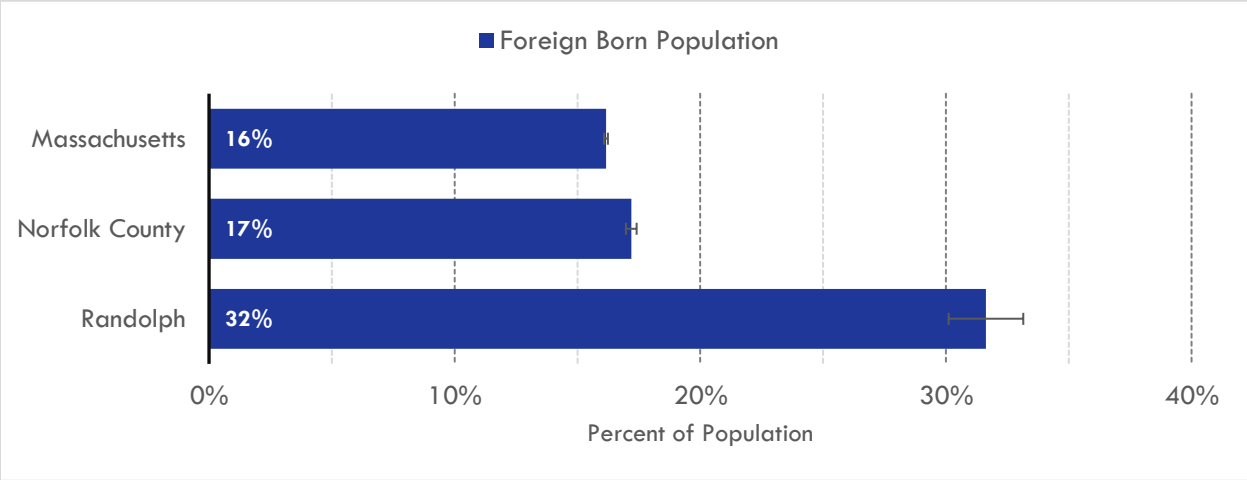


Source: U.S. Census Bureau, Population by Race/Ethnicity 2010, Decennial Census

The data shows that Randolph is a uniquely racially diverse town. Compared with Norfolk county and the state, it stands out. As illustrated in Figure 6, the proportion of residents of color in Randolph is 60%, more than double what is seen across the state. The proportion of White and Black residents is almost equal (39% and 37%, respectively). The visual representation of the population by race and ethnicity shows that not only is Randolph a diverse town, it also has a remarkably even geographic distribution of residents across races and ethnicities across the town and no perceptible indication of neighborhood segregation within the town. **Steering committee members viewed the relative lack of spatial segregation based on race and ethnicity, especially in comparison to nearby municipalities, as a community asset.** Between 2000 and 2010, compared with all municipalities within the MAPC region, Randolph saw the greatest increase in the percentage of residents of color.[9]

Randolph is home to many residents who immigrated to the town from abroad. The data shows that nearly a third (10,401) of residents are foreign born, a larger proportion than the county (17%) and state overall (16%) (Figure 7). Vietnamese and Haitian residents make up the largest portion of first-generation immigrants, but there are also large populations of residents from China, West African countries, and Caribbean nations.

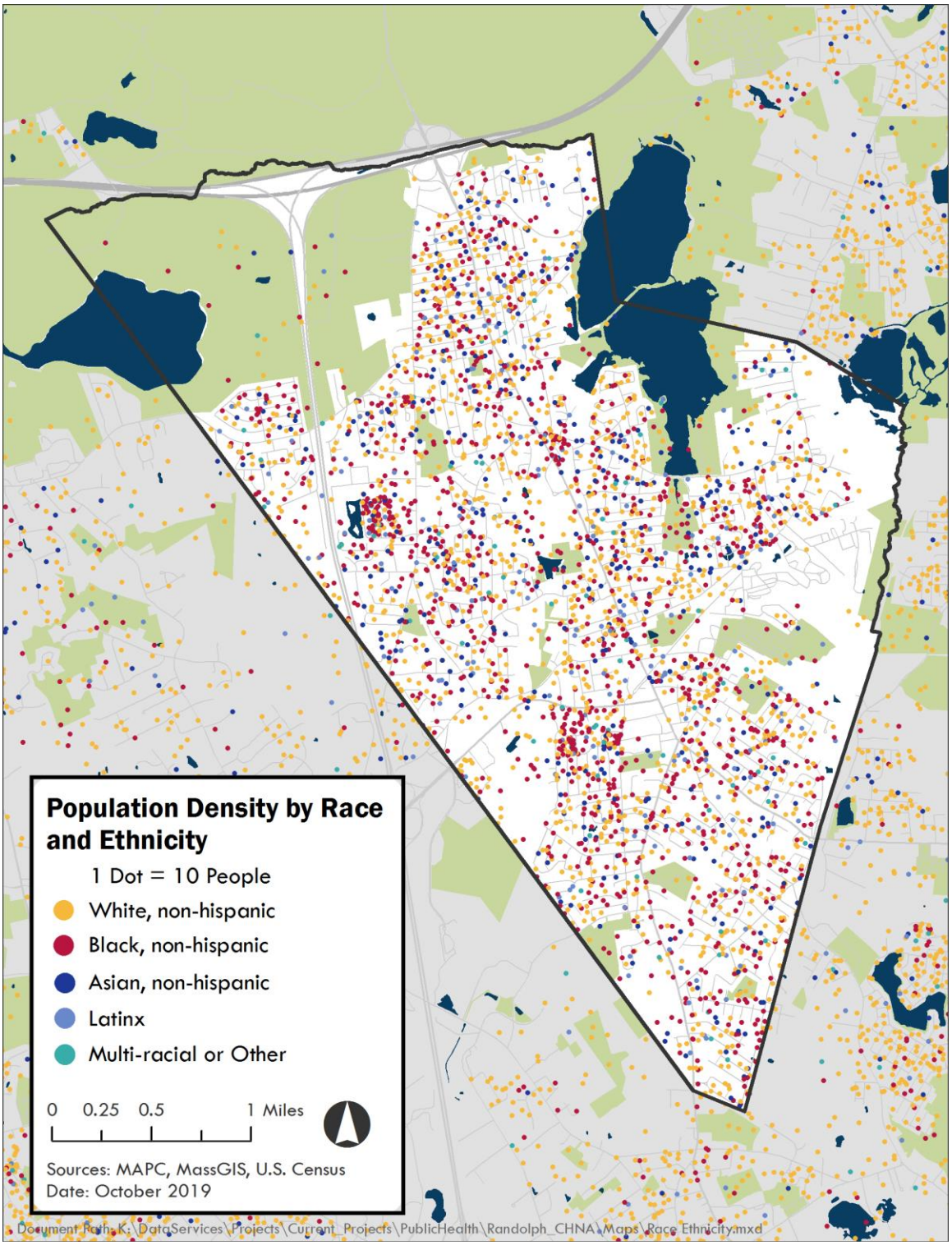
Figure 7: **Population by Percent Foreign Born in the Town of Randolph, Norfolk County and the State of Massachusetts** [d]



Source: U.S. Census Bureau, Population and Foreign Born Persons, American Community Survey, 2013-2017

[d] What are the black lines bracketing these graph bars? These are **error bars;** It is impractical to survey all residents every year, so in between decennial censuses, the U.S. Census Bureau will administer surveys to a random sample of people from the larger population. A sample will rarely be identical to the total population. We use error bars to show how much variability we expect there to be in a measurement if we were to take repeated samples from the same population. The more variation in the population itself, or the smaller the sample size, the larger we can expect our error bars to be. Here, the error bars represent standard error.

Figure 8: **Geographic distribution of Randolph residents by race and ethnicity**



Educational Attainment

> *"The Randolph Public Schools, together with families and the community, will inspire, challenge, and empower each student to acquire the knowledge, skills, and values to become a responsible and caring citizen in a diverse society."*
> – Randolph Public Schools Mission Statement
>
> *"It is an ok school. It could be better if we had all the opportunities to grow and [if it] provide[d] stability for outside of high school. For example [the] RHS volleyball team does not have the funds for new uniforms or equipment, we have to reuse worn out balls."*
> – Youth focus group participant
>
> *"What sort of programs can the town of Randolph access that would promote graduation and post high school degree education?"*
> – Steering Committee member

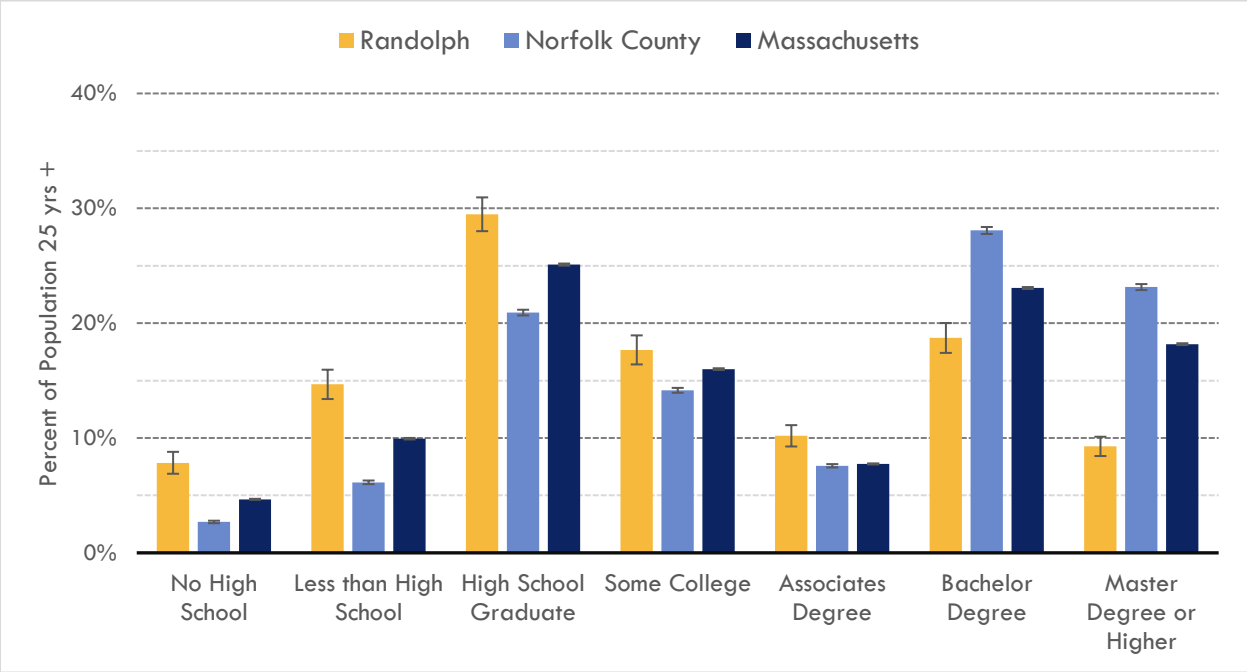
Youth perceived the school to be under-resourced, noting that teachers often don't have enough school supplies, and a lack of extra-curricular programming – leading them to feel bored for lack of engagement outside of school. A youth attending Blue Hills Regional Technical School described comparatively better conditions, specifically that the school has better food available and a culinary program.

Overall, educational attainment levels are lower in Randolph than the county and state. Roughly ¼ of Randolph residents have less than a high school education; and less than ¼ have a bachelor's degree or higher (Figure 9). However, educational attainment varies by residency factors. Most Randolph residents born in the United States have graduated high school, this is not true of Randolph residents born outside of the U.S. These foreign-born residents are also less likely than other residents to have obtained college degrees.

High school graduation rates reflect Massachusetts rates and most high school seniors plan to pursue higher education. The 2017 adjusted 4-year graduation rate[e] in the Randolph Public School District was 84%, close to the Massachusetts 88.3% graduation rate. Dropout rates were also comparable in Randolph and the State, 4.4% and 4.9% respectively. 80% of high school graduates planned to attend school after high school, both in Randolph and in Massachusetts. In the 2017-18 academic year, a greater percentage of Randolph students (38%) intended to enroll in a 2-year college program than Massachusetts (20%), and a correspondingly smaller percentage of Randolph students (44%) intended to enroll in a 4-year college program than Massachusetts (60%).

[e] The adjusted 4-year graduation rate does not include students that transfer in to the district. (DESE)

Figure 9: **Educational Attainment in the Town of Randolph, Norfolk County and the State of Massachusetts**



Source: U.S. Census Bureau, Educational Attainment, 2012-2016 American Community Survey 5-Year Estimates

Table 1: Plans of Randolph High School Graduates

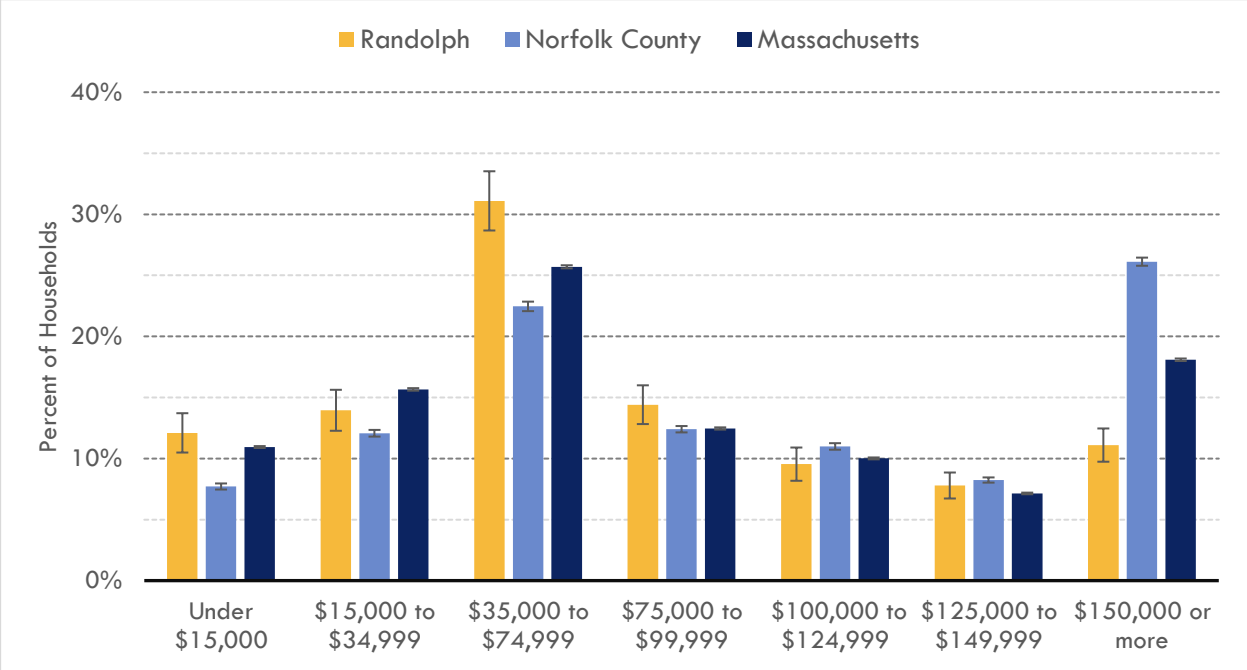
Plan	% of District	% of State
4-Year Private College	16%	29%
4-Year Public College	28%	31%
2-Year Private College	5%	1%
2-Year Public College	33%	19%
Other Post-Secondary	2%	2%
Apprenticeship	0%	0%
Work	11%	9%
Military	2%	2%
Other	2%	2%
Unknown	1%	5%

Source: Department of Elementary and Secondary Education, 2017-2018 Plans of High School Graduates

> *"A particular feature of Randolph is its strong middle-class… There are less people in poverty and fewer people with high incomes in Randolph. This is a real asset that makes Randolph special."* – Randolph Master Plan, 2018

Income

Figure 10: Household **Income in the Town of Randolph, Norfolk County, and the State of Massachusetts**



Source: U.S. Census Bureau, Household Income, 2012-2016 American Community

Randolph's median household income is lower than Massachusetts and Norfolk County. When looking at the distribution of income, residents fall across a wide range of the income spectrum, and **there is a sizeable middle class;** about one third (31%) of all households earn between $35,000 and $75,000 per year, and another 14% make between $75,000 and $99,000 annually, comparatively larger percentages than in the surrounding county and state. Randolph households have a smaller proportion of higher-income earners ($100,000 and over) and slightly larger proportion of lower-income earners (under $35,000) than the state and county overall.

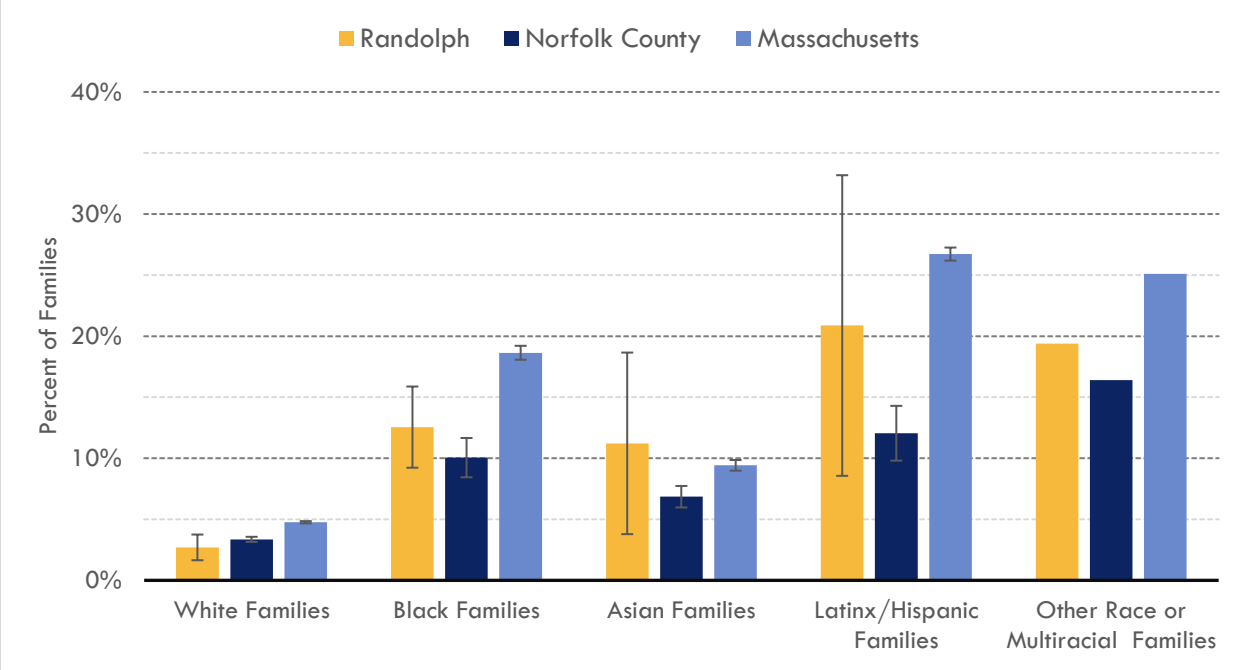
A prominent theme in steering committee discussions was disparities in economic well-being by household type, country of birth, and race and ethnicity. **The median household income in Randolph was $65,316 for all households, yet the data shows that how residents are faring varies significantly by household type.** Family households had a median income of $79,494, while for a nonfamily household it was much lower - $43,244. Described in greater detail in the

housing assessment, there are striking disparities in median income by housing tenure; homeowners have a median household income of $85,625, compared to renters at $31,315. **Asian households have a higher median income ($74,677) and Latinx households ($57,788) have a lower median income than the town overall.**

Poverty

Figure 11: **Families in Poverty in the Town of Randolph, Norfolk County and the State of Massachusetts**

The percent of all Randolph residents and of families living in poverty[f] is significantly higher than the surrounding Norfolk County, but not significantly different than Massachusetts as a



Source: U.S. Census Bureau, Family Households in Poverty, 2012-2016 American Community Survey 5-Year Estimates

whole. However, there are striking disparities in poverty status by household type. A much lower proportion of family households with married couples live below the poverty line (4%) than households of other configurations (i.e. single parent, non-family households). The proportion of households of other configurations that live in poverty is nearly 5 times higher (17%-19%).

Where we look at race, poverty affects Families of Color more than White families; this is true for all geographies (Figure 11). Within Randolph, the population of families living in poverty is

[f] This data is from the Census Bureau, who uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income over the past 12 months is less than the poverty threshold, then that family and every individual in it is considered in poverty. For more information visit: https://www.census.gov/topics/income-poverty/poverty/about.html

too small to determine differences by race and ethnicity, except to note that significantly lower proportion of white families live in poverty than other races and ethnicities. Steering committee members observed that within race and ethnicity categories there may be further variation, particularly between residents who were born in the U.S. and those who were foreign-born. However, we were not able to get poverty data this fine-grained for Randolph.

Of particular concern is the larger than average proportion of public primary and secondary school students who are economically disadvantaged. Nearly half (46%) of children in Randolph public schools are economically disadvantaged,[g] compared to 32% statewide.[10]

Employment

Employment was a smaller part of CHNA discussions. Yet, **Randolph has a significantly higher unemployment rate (11.7%) than Massachusetts (6.8%) and Norfolk County (6.2%).** Steering committee members, reflecting upon the focus of Randolph's recent work, felt that the town has put a lot of effort in attracting more business and jobs in recent years. Exemplifying this work is the 2017 Randolph Economic Development Report that describes economic development tools and resources available through the town, and features that make Randolph business friendly.

High school aged focus groups participants were the most vocal about employment issues, observing that local job opportunities for youth were lacking. Many would like after school employment but reported that it was not easy to find a job. They felt that they could benefit from an employment center or increased opportunities. Survey data found that, in general, both 8th- and 12th-grade Randolph students worked fewer hours than American youth.[11,12]

The state funded YouthWorks Program provides roughly 20 low-income Randolph youth with summer employment opportunities and professional development training. Employment sites have included the Randolph Intergenerational Community Center, Randolph Community Partnership, Department of Public Works, Randolph Auto Center, and Randolph Recreational Department, among others. Additionally, the Randolph Public Schools Family Resource Center collects and advertises youth job opportunities. [13]

Immigrant resident focus group participants and Haitian Creole survey respondents described a need for more job and training opportunities in Randolph, particularly in the following fields: childcare, personal care attendance, finance, accounting, certified nurse assistance. Worth noting, most of the care-providing fields described are lower-wage.

[g] Economically disadvantaged is determined by student participation in one of the following state-administered programs: SNAP (food stamps); TAFDC (welfare); DCF (foster care); MassHealth (Medicaid) in October, March, or June.

Social and Physical Environment

Introduction

How we plan and build communities affects the health and wellness of residents. Positive social and physical environmental conditions can promote health; conversely, conditions like unaffordable or poor-quality housing and neighborhoods lacking green open spaces or healthy food retail options increase health risks and drive poor health. Low-income communities and people of color experience these conditions and associated negative health outcomes disproportionately more. This section seeks to understand how current social and physical environmental conditions are impacting the health of Randolph's residents.

Summary Findings

Physical and Built Environment

- Several natural green spaces were seen as important community assets that encouraged physical activity and promoted quality of life. These included Powers Farm and Belcher Park. Yet, not all residents have equal access to or awareness of these amenities.
- The Randolph Intergenerational Community Center (RICC) was lauded by focus group members as an important community facility[h].
- Youth focus group members described the Randolph High School as under-resourced and in need of improvements.

Social Environment

- Neighborhood stability and tenure, local religious institutions, and programming like that provided by the RICC are factors discussed that can promote social cohesion.
- Focus group members described personal experiences with racism in Randolph, and the sense that such experiences diminish social cohesion and a sense of safety and community.
- Youth reported being less social than their peers nationally. In focus groups, they described a greater need for programs, recreation, and employment opportunities for them.
- Older adults described a range of valuable programs and resources available to them and did not describe unmet programming needs.
- While the Town of Randolph provides some programming, it was noted that more could

[h] The focus groups took place at the RICC, and may have influenced the number of focus group members who mentioned it.

be provided, it should be advertised better, and transportation services should ensure access and participation.

- Randolph is proud of its diversity; the town should encourage inter-race/ethnicity, inter-generational, and cross-cultural interactions.

Housing and Housing Stability

- The housing supply has seen little growth in the last three years, while housing prices for owners and renters have increased steadily.
- Although housing tends to be less expensive in Randolph than housing found in many other communities in the region, it is becoming increasingly expensive.
- About 11% of Randolph's housing is affordable, but there is need for more. A high percentage of renters and owners spend more than 30% of their income on housing, a housing cost-burden rate that is higher than surrounding Norfolk County and Massachusetts. Unaffordable housing has led to increased evictions in recent years.

Transportation

- Randolph has multiple public transit connections to Boston and other employment centers, though there is a need for improved service and routes.
- Traffic safety is a concern for Randolph. Although some areas have improved their pedestrian infrastructure, most residents do not perceive the town as hospitable to walkers or bikers. North Main Street was perceived to have the greatest traffic and safety issues.
- Randolph residents described the existing recreational paths as underutilized assets, and suggested improvements.
- Those without cars, such as youth, the elderly, and low-income families face the greatest transportation barriers.

Food Access

- Most healthy food retail options are in Crawford Square, but options are limited elsewhere in Randolph.
- There are several unhealthy fast food options in Randolph.
- Focus group participants described several international grocery stores and restaurants that offer healthy food.
- Food insecurity rates are higher in Randolph than Massachusetts. SNAP participation is also higher in Randolph than Massachusetts, an indication that food insecure households are taking advantage of this supportive program. Still, over 50% of Randolph residents that qualify for SNAP are not enrolled.
- In the 2019-2020 school year, Randolph Public Schools began participating in the

Community Eligibility Program[i] (CEP), a program that ensures that all students eat breakfast and lunch for free.

Environmental Health and Quality

- Randolph is designated as an Environmental Justice community.
- High volume roadways increase risk in Randolph of exposure to air pollution, and particularly harmful ultra-fine particulate matter.
- Monitoring has shown Randolph to have safe drinking water.
- The levels of lead in children's blood are low in Randolph, though a slightly smaller percentage are screened for lead than statewide.

Crime and Safety

- In general, focus group participants perceived Randolph to be a safe town, describing it as "quiet" or "peaceful."
- Violent and serious property crimes have decreased, though mental health crises and domestic violence calls have increased
- Juvenile crime was not perceived to be a large issue in Randolph, and youth generally feel safe in school and in their school commute.

[i] Schools qualify for CEP when at least 40% of their students meet qualifying criteria, including if their households participate in SNAP, TANF, FDPIR, or Medicaid, or they are in foster care, Head Start, homeless, or migrant youth. As a participating school district, the household application process is eliminated and all district students receive free breakfast and lunch, all schools are required to provide both breakfast and lunch, and Randolph schools pay meal costs above the amounts reimbursed by the federal government

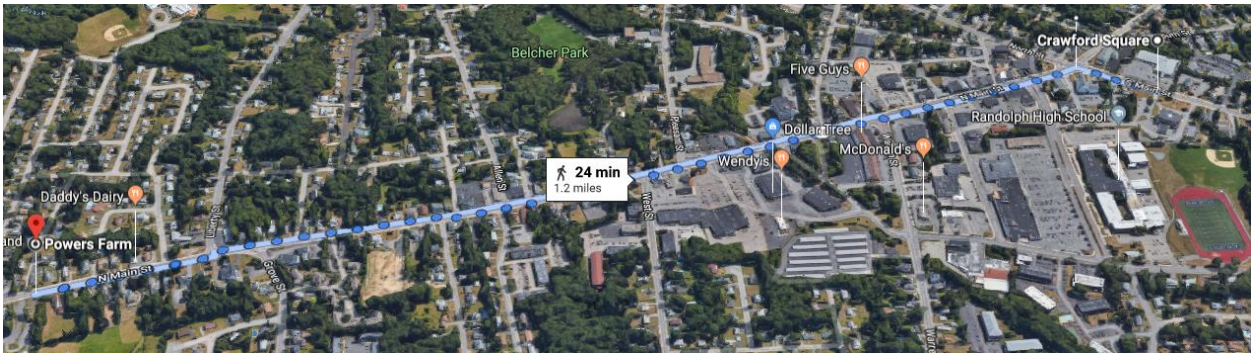
Physical and Built Environment

Open Space and Parks

> *"Everything should start with a healthy environment… parks, the street, and respire (breathe)…clean air."*
> – Immigrant Families focus group participant
>
> *"Powers Farm is a great asset. You can go kayaking in the summer. They have Fallapalooza, and it's a nice place to walk. Also, residents can rent it out."*
> – Immigrant Families focus group participant
>
> *"I am interested in the town promoting more mixed-use zoning and development, and mapping proximity of open space to residential areas."*
> – Steering Committee member

When asked about the greatest assets in their community, focus group participants described natural green spaces that promoted recreation and physical activity. Abundant and accessible parks and open space are not just town amenities, they are powerful determinants of resident health. While access to quality parks and open spaces promotes physical activity, the health benefits of parks and playgrounds extend beyond encouraging exercise.[14] Green, open space can improve cardiovascular health[15] through improved air quality and reduced stress. Open space can also facilitate nature experiences and social interaction, both of which have a positive impact on general mental health.[16] Immigrant residents participating in the focus group echoed these benefits, saying that area parks were good for children and adults, and offered a space for exercising, walking and "fighting stress".

Figure 12: Walking Route between Crawford Square and Powers Farm

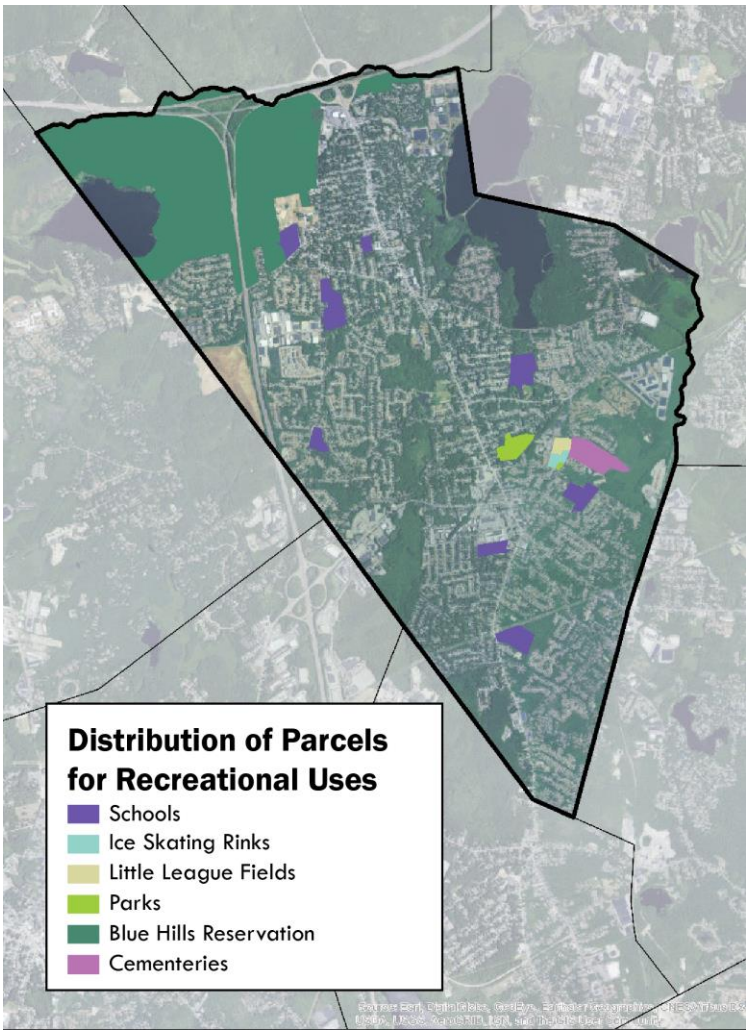


Powers Farm and Belcher Park were noted as valuable open space assets by all focus group participants. Powers Farm is a public park that is just over a mile (24-minute walk) from the Crawford Square Business District. The park has open fields, a pond, and walking paths. It also provides community programming, including guided trail walks, a farmers market, kayaking, and activities for children.[17] Focus group participants were drawn to these features and programs, but also used the space for unstructured active recreations alone and with friends. One drawback noted by participants was the **limited hours of public restroom service and lighting at Powers**

Farm. Belcher Park, youth and senior focus group participants noted, has sports fields and a ropes course and is a great place for youth to play and be physically active.

The parks discussed tended to be concentrated in and within close range of Crawford Square, Randolph's central business district, and the principal location of several civic, cultural and social functions. Steering committee members observed that certain parts of Randolph were underserved by open space, especially parks suitable for active use. Immigrant resident focus group participants agreed, and described a need for more parks, particularly for youth. As illustrated in Figure 14, the Trust for Public Land's ParkServe tool finds several areas in Randolph in high need for additional green space.

Figure 13 **Distribution of Parcels for Recreational Uses**



Interestingly, few focus group participants mentioned the Blue Hills Reservation as a community asset, and it was generally not mentioned in focus group discussions. Whether the omission was due to a lack of access or knowledge of the Blue Hills Reservation requires further investigation. The Blue Hills Reservation is a 6,000-acre open space feature with over 125 miles of trails and other activities. It lies to the north of Randolph, with a portion of it within Randolph.

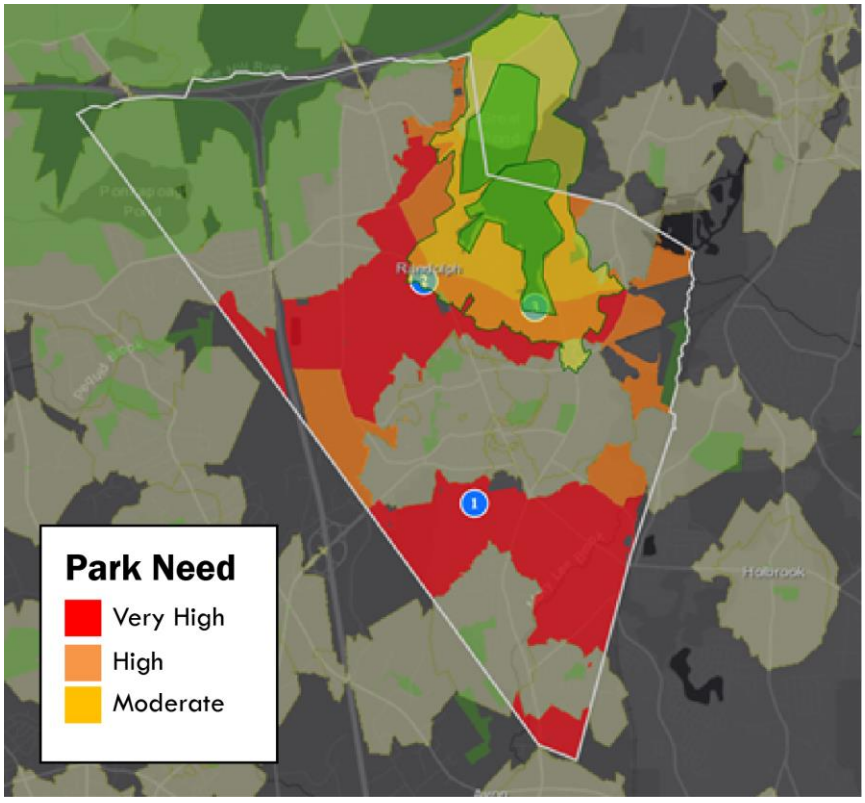
The Randolph Comprehensive Master Plan describes Randolph: **"The local image and perception of Randolph [is that it is] a family-friendly town with a 'village' design character, lots of open space, and nature-based recreation amenities."** Of the Town's roughly 6,665 acres, Open space comprises about 18.8% of the land (1,439 acres), and is the second-largest land use, after residential land uses (43%).[18] Roughly 42% (or 600 acres) of the open space is owned by the Town of Randolph. Over half (56%) of the open space in Randolph is comprised of the Department of Conservation and Recreation-owned Blue Hills Reservation.

Randolph's open space includes both water bodies and land. The greatest portion of Randolph-owned open space (333 acres) is comprised of Great Pond Reservoir System, the water supply for Randolph, Holbrook and Braintree. School grounds comprise the next greatest portion (155 acres). **Parks comprise about 20 acres (or .3%) of Randolph's land.** These are Bertha Soule Memorial Park, Belcher Park, Powers Farm, and the Dog Park, located in closer proximity to

Randolph's center. **The limited number and acreage of parks, and the limited distribution of these contribute to inequitable park access for Randolph's residents.** School sports facilities and playgrounds, though limited, add to the recreational amenities available to children and residents. Figure 144 shows that 53.7% of Randolph residents are within a 10-minute walk of a park. 14,128 residents have limited park access.

The Town's master plan indicates limited opportunities for expanding open space in Randolph, describing the Town as largely developed, with an established pattern and network of open space. Instead of *open space expansion*, the recommendations of the master plan encourage using a variety of approaches to *protect existing open space* assets, promote habitat conservation, and increase public access to existing open space amenities. **One steering committee member urged exploration of the Nike Missile Site for remediation and development into new public open space amenity.**

Figure 14: **Park Need in Randolph**



Source: Trust for Public Land, ParkServe® Tool, modified to include Great Pond Reservoir

> *"The Randolph Intergenerational Community Center is a huge local asset. You can become a member for a small fee or nothing for lots of classes like ballet and coding."*
> – Immigrant Families focus group participant
>
> *"The Town of Randolph and its leadership at all levels understands that investment in public infrastructure is a vital catalyst to private growth. Throughout the last several years the town has undertaken a variety of initiatives to improve various public buildings, roads and streetscapes, public parks and recreation areas."*
> – 2017 Randolph Economic Development Report

When asked about the greatest assets in their community, focus group participants described facilities that promoted quality of life and enrichment.

Across most focus groups, participants echoed the value of the Randolph Intergenerational Community Center (RICC) to the Town. Recently opened in 2017, they described the RICC's robust programming and facilities, and that it is inclusive of all Randolph residents. Youth enjoyed playing basketball and socializing with friends. Older adults valued the walking track and social services provided. Randolph Elder Affairs is also based out of the RICC. In addition to robust programming and facilities, RICC was noted as an asset for socializing, particularly for the town's older adult and youth population. **Though most of the comments were positive, some focus group participants wished more of the RICC programs encouraged intergenerational exchange.**

Focus group participants shared additional community assets, with youth and older adults identifying the Turner Free Library; immigrant residents describing the Randolph Country Fair, an annual fair sponsored by the town and recreation department; and older adults describing the value of several local churches and programming they provide and the South Shore Elder Services.

Youth focus group participants described Randolph High School as under-resourced and in need of improvements, and Blue Hills Regional Technical School (Canton) as having comparatively better conditions. Youth described the Randolph High School building as an older facility that they would like to see rebuilt. They described also wanting a new community pool; this point was echoed by the older adult focus group as well. A significant amount of the conversation turned to the school food, describing it as unappetizing, and sharing concerns with the safety of the tap water. This is discussed later in greater detail, in the food access section.

Randolph maintains and provides a range of public services and facilities. These are listed in the following table (Table 2). The Community Wellness Plan echoes youth focus group's assessment of Randolph High School and needs for updates. Specifically, **the Plan recommends improvements to all school facilities to come into compliance with current Americans with Disabilities Act (ADA) accessibility codes and regulations.** On a scale of 1-4 (high to low), most school facilities were given a 2 for building conditions, suggesting the facilities are overall serviceable and in good condition.

Table 2: **Public Services and Facilities in Randolph, Randolph Master Plan 2018**

Facility / Service
Town Hall
Randolph Public Schools (six public schools: one high-, one middle-, four elementary schools)
Turner Free Library
Randolph Intergenerational Community Center
Stetson Hall
Public Programs
Randolph Police Department
Randolph Fire Department
Solid Waste and Recycling
Water Supply

Social Environment

> *"I have experienced racism… The way I was treated I was like – Ok. It's there. It's not rampant, but it's there. It's a sting every time."*
> – Older Adult Focus Group Participant
>
> *"I don't think Randolph have discrimination. I live here seven years. That's my [experience]…"*
> – Immigrant Resident Focus Group Participant
>
> *"I would like to have groups communicating better, [I] would love to see the community doing something together. Maybe a meal, or an event with food, to celebrate Randolph's many different cultures.*
> – Older Adult Focus Group Participant
>
> *"Welcoming and engaged community members will help to make more positive changes in Randolph and encourage participation in how we can all work together."*
> *-Health Survey Respondent*

A welcoming and engaged community was the second most selected option when Randolph residents were asked what better health in Randolph means to them. This highlights the importance of embracing Randolph's diversity and ensuring the connectedness of the community. Many Randolph residents have lived in the town for a long time, an indicator of stability and community connectedness.[19] Communities with greater levels of social capital[i] have better health outcomes than those with low levels.[20,21] This is true on an individual level as well. Individuals with rich social environments have access to a greater network of social resources, which in turn help them stay healthier. Access to this sort of social support is associated with protective health effects including improved mental health outcomes, reduced stress, better cardiovascular health, better immune system functioning, and more.[22]

Immigrant resident focus group participants spoke of the Randolph Community Partnership as valuable in providing them with a chance to talk and engage with other community members. Other participants described a lack of a centralized resources for finding out about activities going on in town. **Both empirical research and the focus group data show that community interactions strengthen social connections across the town. Community interaction and social connections should continue to be supported and community events and resources should be more widely advertised.** To this end, participants shared a vision for a centrally maintained, online resource of all the events going on in Randolph, municipally sponsored and otherwise.

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[i] Social capital is typically defined in research as the, 'resources imbedded in social networks such as norms and trust that can facilitate coordination and cooperation for people to achieve interests. Communities with high social capital, can influence and improve health.

In a town as diverse as Randolph, it was important to explore experiences of discrimination and racism in community conversations. Though none of the immigrant resident focus group participants described experiencing racism or discrimination, and instead said that Randolph was a safe and welcoming town, some participants of the older adult focus groups (which included some participants of color) reported **personally experiencing or observing racism in Randolph.** The town has seen the greatest increase in residents of color in the MAPC Region (2000-2010, +22%), with black residents accounting for the largest percentage of this increase (+16%). In describing Randolph's changing population, participants reported hearing, or reading on message boards, racist comments such as "Randolph used to be better" or "I don't like where Randolph is going." A fellow resident confided to one participant that they were moving out because of how many people of color had moved into the town. **Focus group participants perceived racism in the behavior towards and treatment of people of color, immigrants, and interracial couples.** One contributor shared a story of being made to feel inferior by administrators who ignored them because of the color of their skin. Another described a, incident where strangers reacted with suspicion to their offer of help. White participants remarked witnessing similar behavior and not knowing the best way to respond.

Furthermore, assessment contributors noted that there are limited spaces in Randolph that actively encourage inter-racial/ethnic and cross-cultural interactions. Participants noted that despite Randolph's large foreign-born population, there is limited representation of immigrants in town government. Youth participants spoke at length about the lack of afterschool activities and indoor spaces that were geared towards their age group. **While teen participants reported socializing with their friends at fast food places, Turner Free Library, and RICC, most felt that there were no indoor spaces intentionally created for them to hang out at.**

Accompanying these criticisms, several Randolph facilities and programs were also described as fostering social cohesion and engagement. The town's religious congregations, which offer integrated, multi-lingual services, were seen by both older adult participants and steering committee members as unique in their ability to accomplish this goal. The youth summer internship program was perceived as a success in this regard as it enables a diverse group of teenagers from Randolph to get involved in town government. Randolph High School organizes over 20 clubs, ranging in areas from performing arts, to academic-oriented, to leadership cultivation, to a gay-straight alliance.[23] Youth perception of limited after school programs may indicate a need for communicating these opportunities or assessing whether they meet students' interests.

Monitoring the Future (MTF)[k] survey data shows that Randolph teens are less socially active during the week than the American youth overall, with over half of youth going out for fun one evening or less during the week. This is perhaps linked to a lack of welcoming spaces as noted above. Encouraging afterschool activities is important because they can boost academic performance, reduce risky behaviors, promote physical health, and provide a safe, structured environment for the children of working parents.[24] The MTF data also indicates that a smaller proportion of Randolph students participate in school clubs, athletic teams, community affairs or volunteer work,

[k] Since 2014, Randolph Public Schools have participated in Monitoring the Future (MTF), a nationwide study of American youth. The 8th grade of Randolph Community Middle School (RCMS) was surveyed by MTF in 2016, 2017 and the 12th grade of Randolph High School was surveyed in 2014 and 2015.

and other activities than the national cohort. But, a larger proportion of town youth participate in music and performing arts during the school year. This may reflect the opportunities available to teenaged residents.

Older residents did not report similar experiences of feeling underserved regarding social interaction. In fact, older adult participants listed several organizations that, in addition to providing services, enhanced quality of life for residents by hosting events at which "people can come together and socialize." The community lunches hosted by Randolph Elder Services at the Simon C. Fireman Community, a senior housing development, and RICC were popular. Randolph Elder Affairs was also commonly mentioned in connection to the Senior Citizen Prom and Senior Olympics.

Housing and Housing Stability

> *"[Randolph] used to be very affordable, but now homes are going for half a million."*
> – Older Adult Focus Group Participant
>
> *"I think some of the rent is too expensive."*
> – Immigrant Resident Focus Group Participant
>
> *"My daughter has done a lot of research on this because she wants to buy a home once she gets married. She's telling me that she's not going to stay in Randolph. She'll probably move to outside of Attleboro, because it's more affordable."*
> – Older Adult Focus Group Participant
>
> *"I live [with] family. My brother bought a house… where many people live. My mother, my father, my sister live in the same house with me. And a few cousins…many generations."*
> – Immigrant Resident Focus Group Participant
>
> *"People who move to Randolph stay in the town for a considerable length of time, which provides the opportunity to build a community of people who have a stake in the town's future."*
> – 2018 Town of Randolph Master Plan Housing Element

Figure 15: Occupied and Vacant Housing Units in Randolph, Norfolk County and Massachusetts

	Randolph	Norfolk	Massachusetts
Total Housing Units	12,893	275,925	2,864,989
Occupied	95%	95%	90%
Vacant	5%	5%	10%
Owner-Occupied	65%	66%	56%
Rent-Occupied	30%	29%	34%

Source: U.S. Census Bureau, Table DP04: Selected Housing Characteristics, 2013-2017 American Community Survey 5-Year Estimates

About three fourths (70%) of housing is owner-occupied, the same as Norfolk County and higher than the state overall (Figure 15). Randolph's almost 12,800 housing units are nearly fully occupied, with a vacancy rate of 5.9%, which is similar to the county's occupancy rate, and higher than that of the state. A 5.0% vacancy rate is considered full occupancy, with sufficient unit availability to allow for the opportunity to move to other units.

The 2018 Randolph Master Plan reports that "*Randolph's residents have been able to benefit from housing that tends to be less expensive than housing found in many other communities in the region*." **Yet, a prevailing perception in assessment discussions was that housing in Randolph was expensive and becoming increasingly unaffordable.** Senior and immigrant resident focus group participants shared personal stories of high rents and unaffordable home prices. They perceived

Figure 16 **Housing Units in a Structure in the Town of Randolph, Norfolk County and Massachusetts State**

	Randolph	Norfolk	Massachusetts
Total Housing Units	12,893	275,925	2,864,989
Single-family	72%	64%	58%
Two-family	6%	7%	10%
3-9 Units	11%	18%	27%
10-49 Units	9%	5%	4%
50+ Units	4%	8%	6%
Other	0%	0%	1%

Source: U.S. Census Bureau, Table B25024: Units in Structures for Housing Units, 2013-2017 American Community Survey 5-Year Estimates

that Randolph used to be affordable for renters and owners alike, but that it has become increasingly expensive of late. There was additional concern around the recurring costs associated with condominium upkeep. When housing is expensive, it's harder to pay doctor bills, join sports leagues, or eat well, which opens the door to chronic disease and other health problems.[25]

The 2018 Randolph Senior Survey found that rising living costs combined with relatively fixed income was a top concern for older adults (60+) living in Randolph. The town master plan addresses the importance of having a mix of housing choices to support residents aging in place. Currently, single-family, detached homes are the majority housing type within Randolph (72% of all housing units) (Figure 16). Both Norfolk County and Massachusetts as a whole have a more diverse distribution of housing types, including more multi-family structures.

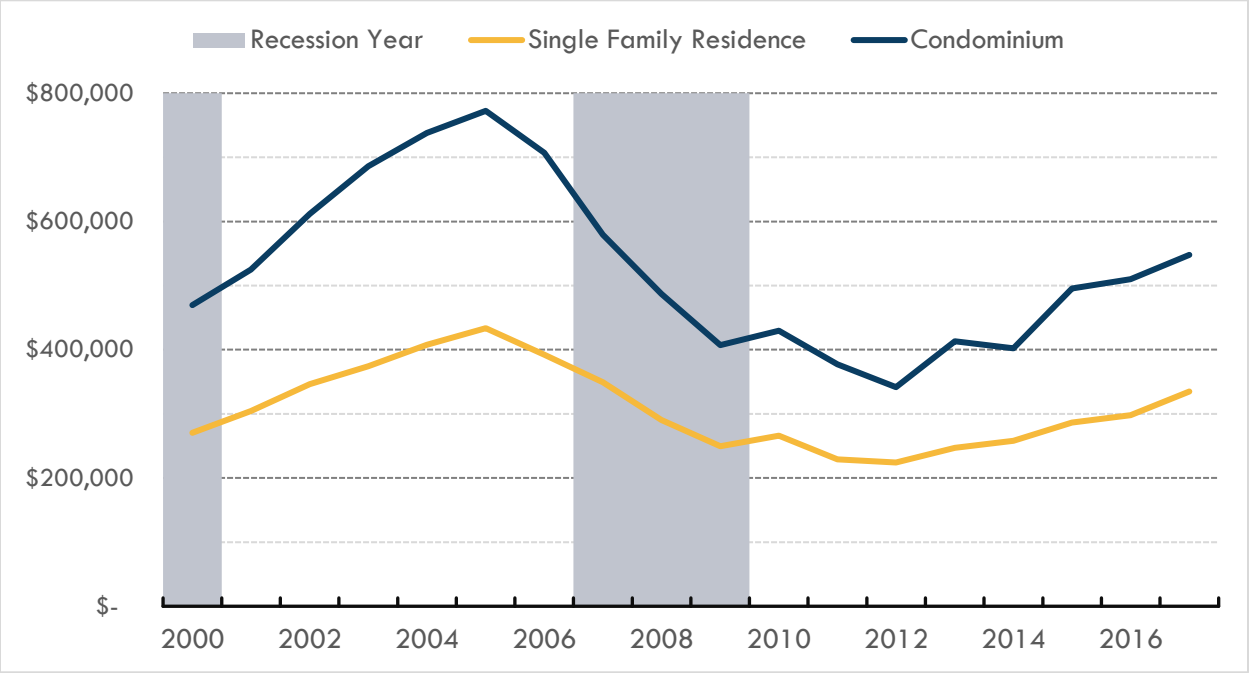
While assessment participants voiced concern about rising property taxes, the 2017 Randolph Economic Development report found that, of surrounding communities[l], "*the Town of Randolph has the 3rd Lowest Average Tax Bill for Single Family Homes*."

Both owners and renters have faced steadily increasing home prices. The data shows that for single-family homes and condominiums, home sales prices are below their 2005 inflation-adjusted peak, but are becoming increasingly expensive (

[l] Surrounding communities included are Brockton, Braintree, Stoughton, Avon, Holbrook, Quincy, Canton, Dedham, and Milton.

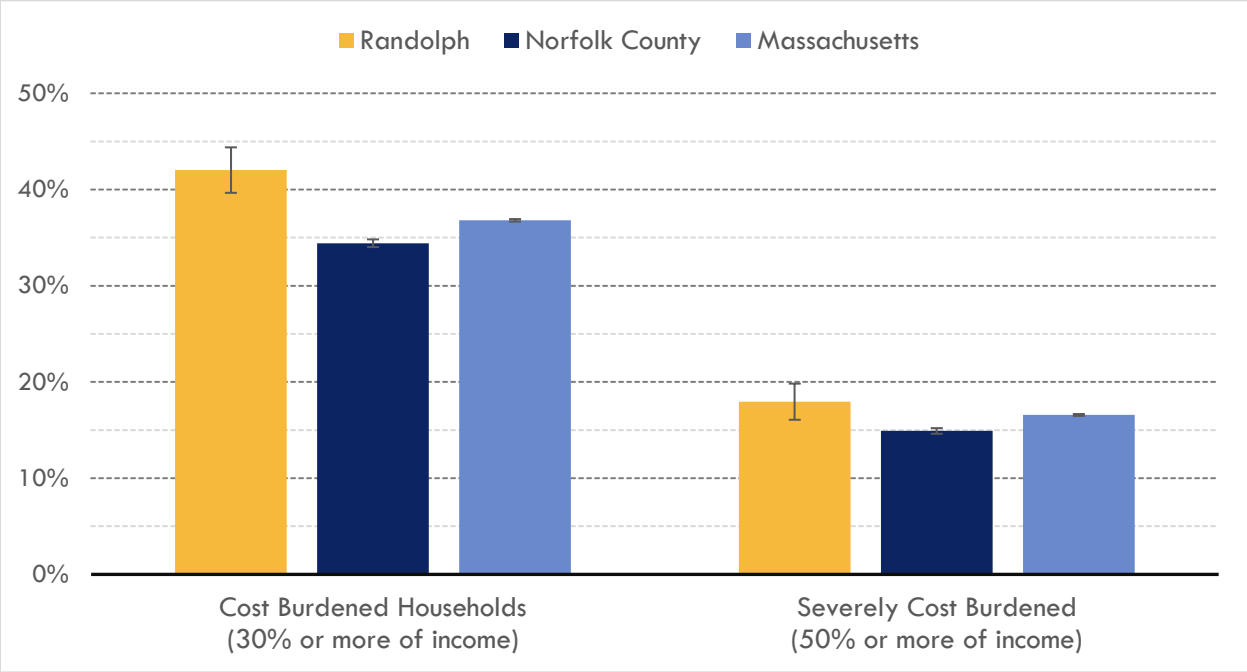
Figure 17). The 2017 Randolph Master Plan reports that Randolph's average monthly rent rose steadily over the past 7 years. Housing supply has an important impact on housing costs. Imbalance between supply and demand can lead to a tightened market and make it progressively more difficult to find affordable market-rate housing. Since 2010, supply of single-family homes has increased by around 23 houses per year and total of 8 multi-family buildings have been built, adding over 350 units to Randolph's housing stock.[26]

Figure 17 **Randolph Median Home Sales**



Source: The Warren Group, Residential Sales by Type and Median Value, 2000-2017
Notes: All values are adjusted for 2017 dollars

Figure 18: **Homes with Monthly Housing Costs at Least 30% of Household Income by Home Occupation Status in Randolph, Norfolk County, and Massachusetts**



Source: U.S. Census Bureau, Cost Burden, 2012-2016 American Community Survey 5-Year Estimates

Across tenure categories (owner occupied and rental) Randolph residents have difficulty affording their homes. In Randolph, 57% of renters and 36% of owners are cost burdened,[m] rates that surpass Massachusetts and Norfolk County (Figure 19). While homeowners may be experiencing cost burden due to mortgage payments on high-priced houses, renter households (especially those who are low-income) are more likely to be cost burdened due to lack of lower-cost housing options. Severe cost burden can lead to overcrowded, substandard, or unsanitary housing environments, and eventually eviction or homelessness.[27]

Figure 19 **Housing Costs by Tenure in Randolph**

	Cost Burdened Households (30% or more of income)	Severely Cost Burdened (50% or more of income)
All Households	42.0%	18.0%
Home-Owners	35.7%	11.3%
Renters	56.9%	33.7%

Source: U.S. Census Bureau, Table B25091 and B25070, 2012-2016 American Community Survey 5-Year Estimate

Indeed, the data show that a higher than average number of Randolph renters have faced evictions in the last ten years (Figure 20). While landlords can evict renters for a number of other reasons, the majority happen because renters cannot or do not pay their rent. **About 11% of Randolph's stock is affordable housing,[28] but these findings indicate that there is a need for more.** Interviews with Randolph Town officials highlighted a concern that as Randolph continues to build their overall housing stock, primarily single-family homes, without building any additional affordable housing, it will lower the percentage of affordable housing. And in 2020 the town's Subsidized Housing Inventory (SHI) calculation will be based on the total housing units recorded in the 2020 decennial census, so the town's SHI could potentially change dramatically based on the ratio of deed-restricted and market-rate units that were added to the town's housing stock in the last 10 years.[n] The State's SHI reports that, of Randolph's 11,980 year-round housing units in 2010, 10.7% (1,279 units) qualified as deed restricted affordable housing.[29] Randolph runs the risk of dropping below the 10% level needed to keep the Town in safe haven from 40B developments.

The Randolph Housing Authority (RHA) currently owns three different properties in Randolph with a total of 236 one-bedroom units. The majority of these units are reserved for 60 years or older or people with a disability. There are 31 units set aside for residents that are under 60 years old

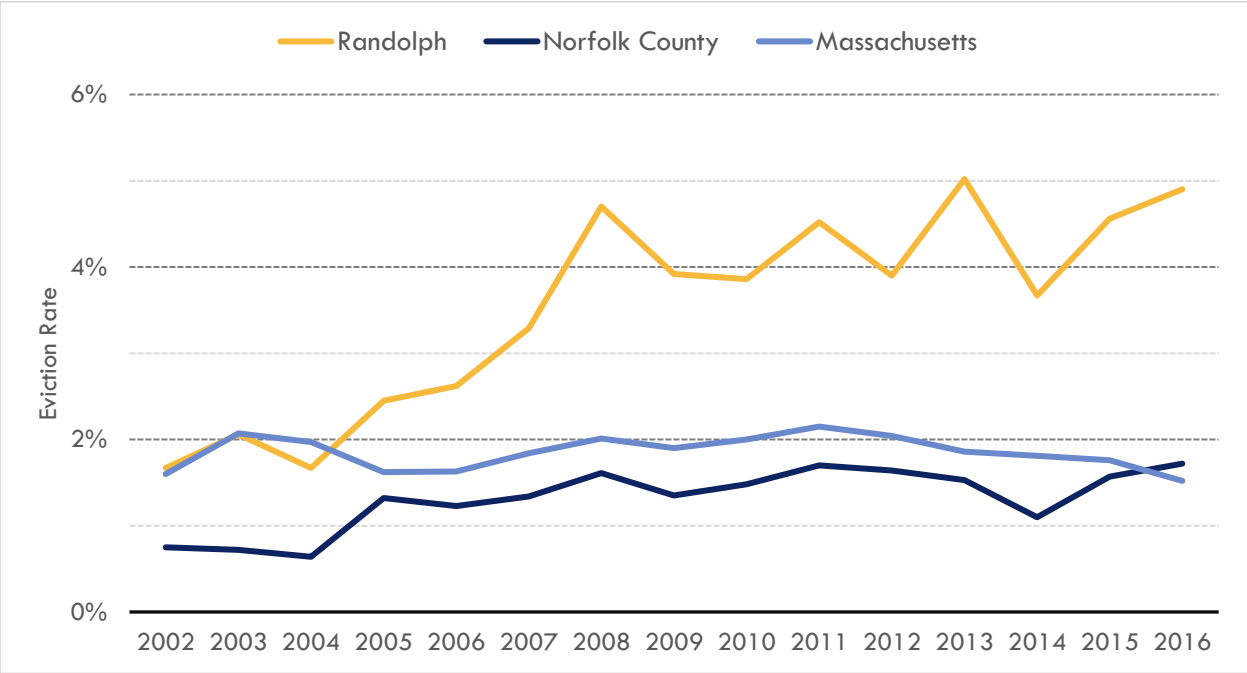
[m] Housing cost burden occurs when a household pays more than 30% of its income on housing, severe cost burden is when a household pays more than 50% of its income on housing.

[n] The Subsidized Housing Inventory (SHI) is used by the State to measure a community's stock of low-or moderate-income housing for the purposes of M.G.L Chapter 40B, the Comprehensive Permit Law. The SHI is determined by the number of subsidized housing units divided by the number of total housing units in a municipality recorded in the most recent decennial census. Currently SHI levels are calculated based on the 2010 decennial census but this will change after the 2020 decennial census is complete. While most SHI eligible units are deed-restricted Affordable, other types of housing such as rentals created through 40B development also qualify to count toward a community's Affordable housing stock

and disabled and 8 units are wheelchair accessible. RHA does not have any family housing which indicates a need for more affordable family housing in Randolph. RHA also does not administer section 8 vouchers, however residents are able to use section 8 vouchers from other housing authorities in Randolph. RHA prioritizes housing for Randolph residents, veterans, and those in emergency situations. **Currently, there is a six month wait, at the minimum, for affordable housing in Randolph, with some residents never being able to get off the list**. The long wait for housing highlights the urgent need to add to the affordable housing stock in Randolph.

Youth homelessness is a concern in the Randolph Public Schools. During the 2017-18 school year, there were 53 homeless students identified in the Randolph school district, the majority of whom end up sharing the housing of others. These students represent 1.9% of the student body, less than statewide homelessness rates (2.4%), but more than double the rate of neighboring Norfolk County School Districts (0.7%) (Table 3). The school district has a homelessness liaison who offers a range of resources to homeless students and their families. Informants reported that food insecurity outside of school was an issue among this population[30] (See Food Access Section).

Figure 20: Eviction Rate in Randolph, 2000-2015



Source: Source: Eviction Lab National Database: Version 1.0. Princeton: Princeton University, 2018, www.evictionlab.org

Randolph Police report that there are only a few unaccompanied adult homeless residents known to them. Assessment participants noted that this population is a visible and particularly vulnerable one; a main concern was connecting individuals to appropriate behavioral health services. Health and Human Services are discussed in greater detail in the Health Care Access Section.

Housing quality was another concern raised by assessment participants. More information on household lead can be found in the Environmental Health and Quality Section.

Table 3: Student Enrollment and Homelessness, 2017-2018

	Percent Homeless Students	Total District Enrollment
Randolph	1.9%	2,823
Norfolk County	0.7%	101,795
Massachusetts	2.4%	954,034

Source: Massachusetts Department of Elementary and Secondary Education, Enrollment and Homeless Student Data, 2017-2018
Note: DESE redacts districts with homeless student numbers less than ten (10) for student privacy reasons.

Transportation

Traffic and Pedestrian Safety

> *"You take your life in your hands whenever you take a left in Randolph. People have to take a 'Boston Left' scooting out until you're in the middle of the road and someone lets you go."*
> – Senior Focus Group Participant
>
> *"…downtown has crosswalks and signage, but that doesn't exist on Main Street or elsewhere in town. We need crosswalks with flashing lights."*
> – Senior Focus Group Participant
>
> *"It's important because we need to have a safe place for kids to do their activities and we need to feel safe walking down the street."*
> – Health Survey Respondent
>
> *"The streetlights don't always come on early enough, which is particularly dangerous for pedestrians."*
> – Senior Focus Group Participant

Community Health Survey respondents ranked "safer streets" highest among improvements that would lead to better health in Randolph. Focus groups echoed the sentiment that **traffic safety is a concern in Randolph, particularly pedestrian- or bike-to-vehicle crashes.** North Main Street (Route 28) was frequently cited by senior focus group participants and steering committee members as the most heavily trafficked street and most dangerous for pedestrians. **Other streets of concern included the intersection of Union and Center Streets, adjacent to the Holbrook/Randolph train station, crossing Pleasant street to access the RICC, and Thompson Drive, which serves the JFK Elementary School.** Speeding cars, air pollution, unsafe traffic patterns, limited sidewalk and crosswalk infrastructure and streetlights, littered streets and sidewalks, and distracted driving were all factors indicated that led to a sense of unsafe and unhealthy conditions.

A Randolph Public School representative noted that High School is nearby the Randolph Intergenerational Community Center and Turner Library are both nearby, and students that use them will walk there. School conversations about transportation and safety, however, are not taking place.[31]

There is a general sense that Randolph's traffic comes more from regional cut-through traffic than local traffic. The major highways and corridors in Randolph are North Main Street (MA-28), South Main Street (MA-28), Mazzeo Drive, Warren Street, and Union Street (Rte-139). Interstate 93 (I-93) encircles the Metro Boston area and grazes Randolph's northern municipal boundary. MA-24 travels south off of I-93 through the western part of Randolph and towards Rhode Island. MA-28 extends from northeastern Massachusetts through Boston to Cape Cod, passing through the center of Randolph. Traffic volume data on MA-28 confirm focus group participants' observations. The appropriate average annual daily traffic (AADT) volume for a principal arterial like MA-28 should be between 7,000- 27,000 cars. Between 2006 and 2016 the AADT on MA-28 was consistently in the upper end of this range, (between 22,218 and 27,998).

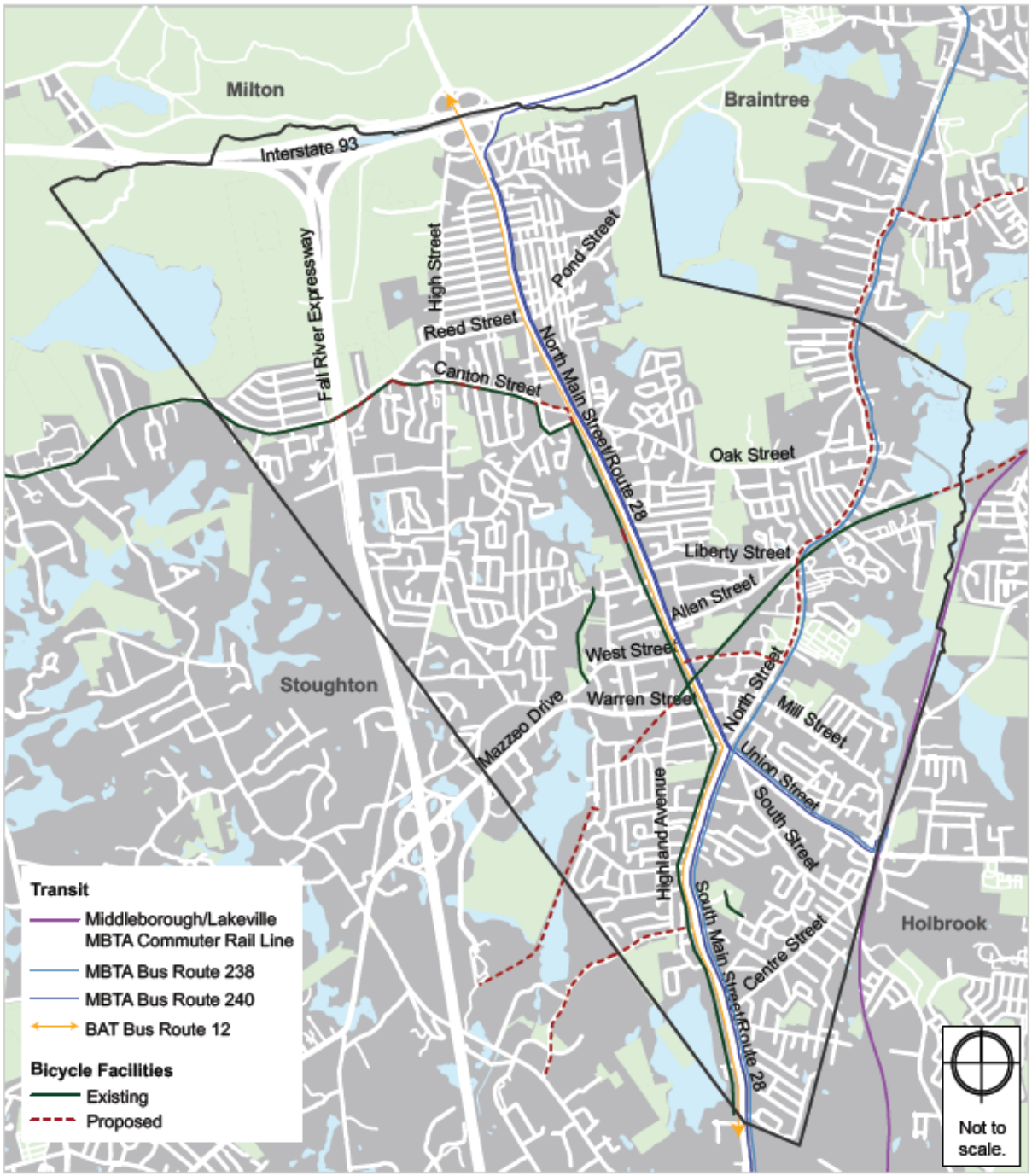
Along Randolph's stretch of MA-28 there are very high numbers of crashes. Serving as a snapshot, between 2012 and 2014 there were over 800 vehicle-to-vehicle crashes. In the same timeframe, most of the 23 pedestrian-to-vehicle crashes and most of the 5 bicycle-to-vehicle crashes happened on MA-28. Together, these conditions compromise the safety of drivers, pedestrians, and cyclists. One steering committee member noted that Randolph has **high auto insurance rates that can contribute to financial strain for families; he attributed the high rates to the accidents that occur on interstate and state roadways** and was interested in legislative changes to address the issue.

Solutions discussed in the Randolph Master Plan include better traffic signal systems, traffic calming to slow vehicle speeds, safer crosswalks, constructing medians, installing leading pedestrian interval signals, and improving and extending bike lane markings, among others. In 2018, Randolph voted to reduce the default speed limit from 30 mph to 25 mph throughout town. This speed limit applies to all town roads, but many of the town's principal roadways are interstate (I-93) or state routes (MA-24, for example) with speed limits of 40 to 65 mph.

Focus group participants included ideas for increased pedestrian safety, calling for raised crosswalks and flashing crosswalk lights. **Another steering committee member urged passage of a complete streets policy,** a formalized plan for street design, maintenance, and funding that ensures the safety of all users, pedestrians, bicyclists, bus riders, and car and truck drivers alike.

Randolph is a decidedly vehicle-designed suburban town. According to the Randolph Master Plan, roadways make up the third largest portion of the land area (16.47% or 1,098 acres). Accordingly, **the vast majority of Randolph residents rely on cars for their commute.** Most Randolph residents drive without passengers to their final destinations (75%). A small percentage (11%) carpool. The third most common means of commuting (10%) is "public transportation" (which excludes taxicab use). Almost no one in Randolph walks or bikes to work.

Figure 21: **Transportation Modes in Randolph**



Source: MAPC, MassDOT, MassGIS. All calculations by Howard Stein Hudson

Public Transportation

> *"I'm working at Walmart. When I take the bus 240, last stop at Avon. We always ask the bus, "why" the last stop is here. Why you don't go to Walmart."*
> - Immigrant Residents Focus Group Participant
>
> *"Public buses don't go everywhere."*
> - Youth Focus Group Participants
>
> *"It takes 45 minutes walking to get anywhere."*
> - Youth Focus Group Participants
>
> *"Elder Services has a great ride program. No one can say they're house bound."*
> - Senior Focus Group Participant

The experiences of youth and immigrant resident focus group participants diverged from senior focus group participants when it came to public transportation services. Immigrant residents described limited bus routes and challenges with commuting to work. Youth described getting around Randolph both by walking and taking the bus. They commented however on the limited bus routes, and that in order to get places on foot it takes a significant amount of time. Older adults described two affordable transportation services that they used and valued: MBTA's The RIDE and the South Shore Elder Services transportation from RICC. The latter provides seniors trips within Randolph for $3 and out of town for $9. The need for better access to transportation was also voiced by a few senior respondents from the health survey, citing that access to transportation will affect their ability to age in place. Additionally, for those that are home-bound, senior focus group members noted that Elder Services has an outreach team that does home visits. **Where there was a sense that there are adequate transit services for older adults, for youth and the broader community, there was a desire to improve public transit.**

Although there is a sense that improvements should be made, Randolph benefits from proximity to and multiple public transit connections to Boston and other employment centers.

Randolph is serviced by public bus and train services. Brockton Area Transit Authority (BAT) has a route and stops on MA-28; the Massachusetts Bay Transit Authority (MBTA) also serves MA-28 as well as North Street and Union Street. These provide residents with connections within Randolph and to surrounding municipalities. The MBTA Commuter Rail Holbrook/Randolph Station is on the southeastern border of Randolph, abutting Holbrook, and brings travelers to Boston's South Station with relative speed (25 minutes). MBTA's The RIDE provides paratransit services to eligible people with mobility limitations. Service is scheduled ahead of time through the dial-a-ride and pre-scheduled programs. Even though Randolph benefits from multiple public transit options, residents and town officials have expressed difficulties in traveling from west to east, specifically to Stoughton where there are potential job opportunities. Randolph's Elder Affairs located at the Randolph Intergenerational Community Center provides additional transportation services for medical appointments and errands.

Transportation and Health Care Access

Randolph residents need to access health care from a variety of general care providers and specialists outside of the Town; focus group participants described some of the challenges in doing so. This topic is discussed further in the Health Care Access and Utilization Section.

Active Transportation

> *"It's scary walking along the path because there are no lights."*
> - Youth Focus Group Participant commenting on the bike trail
>
> *"Powers Farm is underutilized."*
> - Public Health Nurse, Randolph

The Randolph built environment is not supportive of walking or bicycling as alternative modes of transportation.

Randolph residents described the existing recreational paths as underutilized assets, and suggested improvements. There is a trail along the abandoned right-of-way between Warren and North Streets that also runs near Belcher Park and the RICC. Youth focus group participants said that they walk on the path and some ride their bikes there. Limited lighting contributed to a sense of the path not being safe, and youth remarked that the path should be paved. There was general consensus among youth and other informants for improvements to the existing recreational path and its extension to the Braintree Red Line Stop. Senior focus group participants mentioned a walking club at Powers Farm, but that informational signage would enhance the walkers' experience and encourage use of the walking paths. A steering committee member concurred that Randolph needs safe bike and walking paths.

There is an interest in comprehensively improving the walkability and bike-ability of Randolph. Together, where most participants noted issues of traffic and safety, and limited availability and access to recreational infrastructure that encourages physical health, focus group participants and steering committee members together expressed interests in making Randolph more bike and pedestrian friendly. One steering committee member urged the passage of a complete streets policy that could guide safe, multi-modal improvements to the Randolph street network. These efforts could be inclusive of other non-street recreational paths and infrastructure.

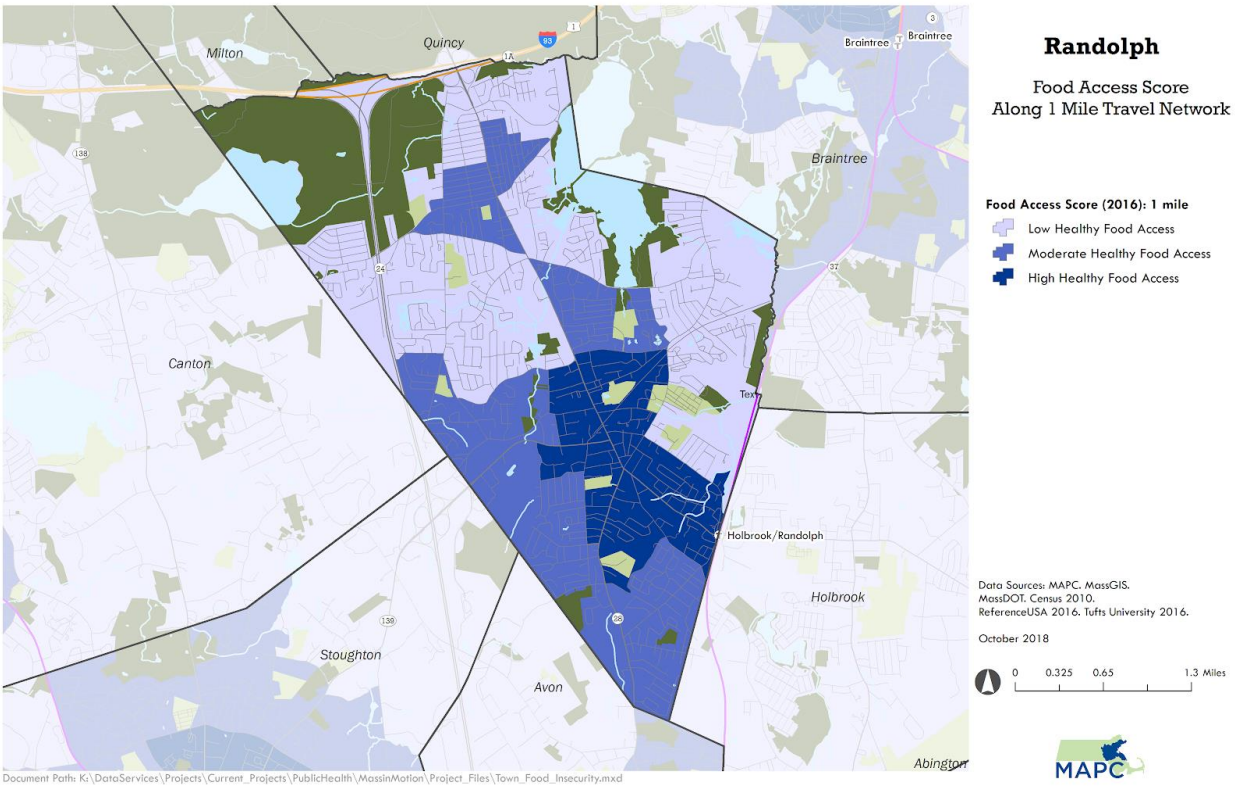
Food Access

> *"You could get better food at McDonald's"*
> – Youth Focus Group Participant on Randolph High School Cafeteria food
>
> *"We have to watch over the sale of spoiled food…especially American Food Basket."*
> – Immigrant Resident Focus Group Participant
>
> *"Food options in Randolph are limited, especially later in the evening when fast food is all that is open"*
> -Health Survey Respondent

Mapping shows that while residents in and within close range of Crawford Square, Randolph's central business district, have good availability of healthy food options, the rest of the town still struggles with healthy food access (Figure 22). This assessment is echoed by the USDA ERS Food Access Research Atlas, which identifies most areas outside of Crawford Square to be both low income with limited supermarket access.[32] Randolph is served by 2 full-service grocery stores, Shaw's and America's Food Basket, both located in the business district. In addition to these stores, focus group participants also described going to local Asian markets in Randolph, BJ's Wholesale in Stoughton, and Market Basket in Boston. Immigrant residents reflected that they are able to get the type and variety of food they desire, but that affordability of food oftentimes had quality tradeoffs.

Beyond its grocery stores, the town's food environment is characterized by an abundance of fast-food chains clustered in and around Crawford Square and along Route 28, with several international food markets and carry-out restaurants along the same corridors. **The Powers Farm farmer's market, off the Route 28 corridor, was mentioned as an additional source of healthy food by focus group participants.** Participants described the farmers market as good, but "expensive and vegetables not from all our cultures. [I] would appreciate Haitian food."

Figure 22: **Healthy Food Access along a 1-Mile Travel Network in Randolph**

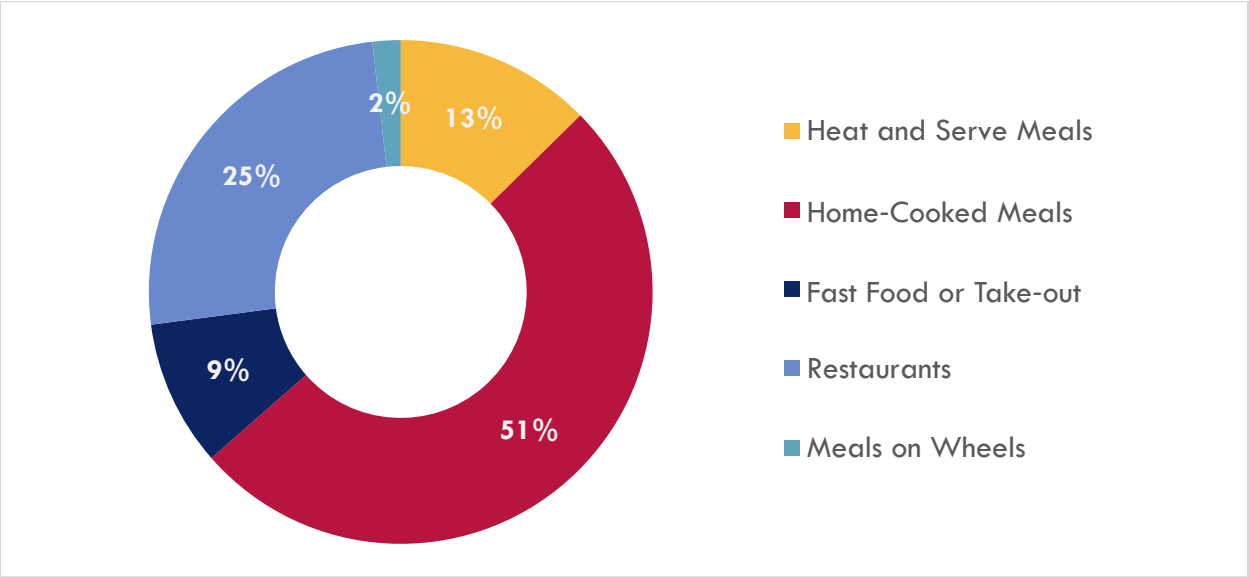


Source: MAPC, Tufts University 2016

Unhealthy food access, particularly the presence of several fast food restaurants, was mentioned frequently in the Community Health Survey. This was particularly concerning because fast food is unhealthy, and often the cheapest and easiest meal or snack choice. In contrast, focus group participants felt the town has fewer unhealthy food venues than most, and they credited this to the wealth of international grocery stores and restaurants, reporting that these retail locations offer healthier, but still convenient and affordable, alternatives to traditional fast food.

The concentration of healthy food options into two main areas was noted by participants as a potential barrier to access, especially for homebound, older adults and households without cars. Around half of all participants in the 2018 senior survey indicated that they ate mostly home-cooked meals, followed by restaurant meals (Figure 23). Given that 70% of survey participants indicated that their primary transportation method was driving themselves, losing the ability to drive significantly compromised their ability to get healthy food.

Figure 23: **Typical Source of Weekly Food in an Older Adult Households in Randolph**



Source: "Check the types of foods you and your family eats and how many times in a typical week," Randolph 2018 Senior Survey, Randolph Department of Health

Food Security

Assessment participants raised transportation to healthy food retailers and the affordability of fresh foods as top concerns, especially for low-income residents. **The data shows that specific Randolph populations are struggling to access healthy and affordable food. About 15% of Randolph residents are food insecure, this is higher than Massachusetts (10.3%).**[o] Food insecurity, and relatedly, chronic hunger have long-term impacts on educational achievement, workforce productivity, chronic disease risk, and mental health.

Table 4: Poverty and Food Insecurity in Randolph and Massachusetts

	Food Insecurity
Randolph	14.8%
Massachusetts	10.3%

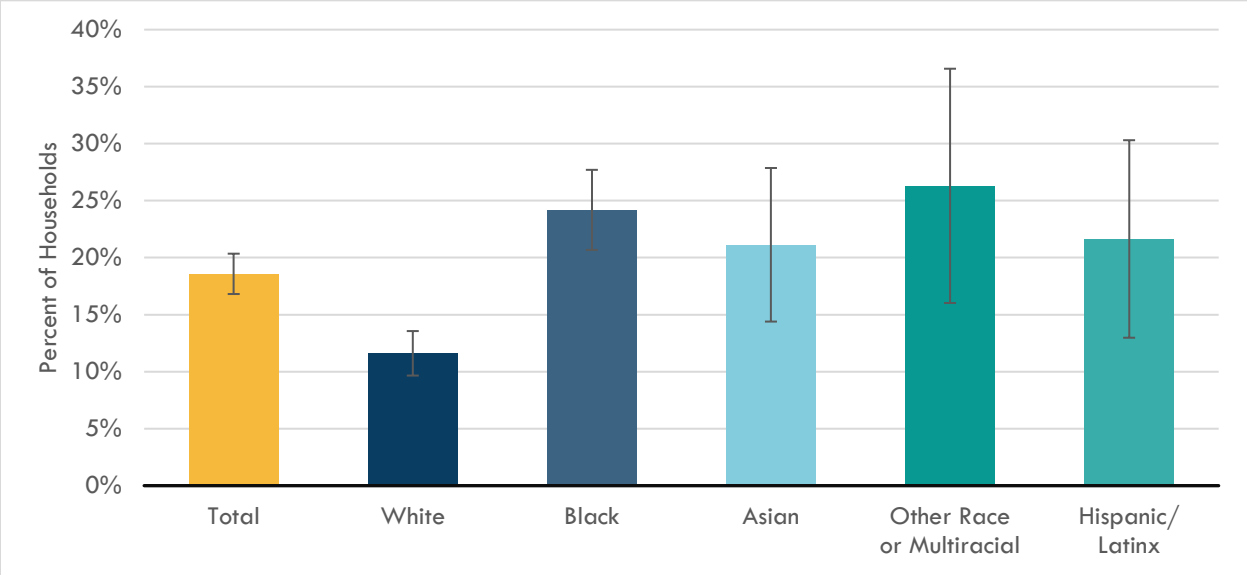
Source: Greater Boston Food Bank, Feeding America (2016)

More Randolph residents are federal Supplemental Nutrition Assistance Program (SNAP) recipients, compared with Massachusetts. Food assistance programs help low-income individuals and families afford more of the food they need. SNAP is the cornerstone of the federal nutrition

[o] The USDA defines food security as the condition of having access at all times to enough food for an active, healthy life. Closely related, food insecurity and hunger are distinct concepts. Food insecurity describes the condition of having limited financial resources to buy food, whereas hunger refers to the personal, physical sensation of discomfort from not having eaten enough.

safety net and has demonstrably improved food security for those who access it.[33] In Randolph, populations of color (Figure 24), households with children, or households with older adult participate in the SNAP program at higher rates. Due to historic oppression and persistent structural racial inequity, poverty and food insecurity impact people of color more than White populations; it's not surprising that these populations also receive food assistance at higher rates.[34]

Figure 24: **Households by Race and Ethnicity and SNAP Participation in Randolph**



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimate

School Food

Students eat a majority of their meals in schools and eating enough nutritious food is foundational to a student's ability to perform well in school and in life. Where students have a healthy diet, this positively impacts their cognitive development, school achievement, and socioemotional wellbeing.[35] Because children from food insecure households face increased risks of negative health outcomes, the nutritious meals they eat throughout the school week are especially important to reducing these risks. Randolph school nurses see food insecure students visiting their offices with hunger-related complaints.[36]

In the 2019-2020 school year, Randolph Public Schools began participating[37] in the Community Eligibility Program[P] (CEP), a program that ensures that all students eat breakfast and lunch for free. The CEP Program is an opportunity for school districts to meaningfully and

[P] Schools qualify for CEP when at least 40% of their students meet qualifying criteria, including if their households participate in SNAP, TANF, FDPIR, or Medicaid, or they are in foster care, Head Start, homeless, or migrant youth. As a participating school district, the household application process is eliminated and all district students receive free breakfast and lunch. All schools are required to provide both breakfast and lunch, and Randolph schools pay meal costs above the amounts reimbursed by the federal government.

equitably increase nutritious food access for its students and eliminate issues of stigma that are commonly experienced where there are free- and reduced-cost meal programs in place. Randolph Public Schools provides additional programming that fosters healthy eating and building healthy habits; these include a partnership with the UMass SNAP-Ed nutrition education program, a Harvest of the Month program that features local produce in cafeteria meals, and policies for celebration snacks that comply with the wellness policy, and no vending machines in schools. A backpack program had at one point been in place, that would provide students with food during the holiday (i.e. turkey on Thanksgiving), but staff capacity issues prevented the continuation and expansion of the program.

A prominent theme in the youth focus group was the school food environment at Randolph High School (RHS) and the desire for better food options. This also echoed among several Community Health Survey respondents, with one student citing that the "school food is not really good" and another saying that "healthier foods are necessary [because] obesity is increasing daily". Participants reported that the cafeteria serves low-quality food and variety is limited. They described a cafeteria menu that did not provide alternatives for people with food restrictions or allergies and which had only limited healthy food options. Students reported that pests are an issue at RHS, so there are restrictions on bringing food and drink from the outside. A follow-up assessment of RHS by the Health Department Director, the RHS Headman and Janitor, revealed that while pests had been a problem in the past, they were no longer. Although participants did not recall cafeteria options at the elementary or middle schools being any better than those at the high school, many more of them brought their lunch, so they felt school food was less of a concern. Youth attending Blue Hills Regional Technical School described comparatively better conditions, specifically that the school has better food available and a culinary program.

Drinking water access in RHS was another issue discussed in the youth focus group. Safe, potable drinking water should be freely available to children throughout the school day, as per Massachusetts state law,[38] and water access points in schools should be clean and appealing. However, students expressed concern that the only water available to them during the day either came from the school nurse or had to be purchased from a vending machine for $3. This is a health inequity, as students who do not have the resources to purchase bottled water may forego drinking water throughout the school day, which greatly impedes their ability to learn and thrive.

Many youth participants also acknowledged both the benefits and challenges of presented by Randolph's fast food options. The fast food restaurants near the high school offer an affordable alternative to the cafeteria food, are places to hang out after school, and do offer some healthy menu choices, such as salads or lean proteins. However, participants also acknowledged that the majority of fast-food offerings are unhealthy, and the unsupervised space can lead to bad behavior, such as pot smoking, fights or littering.

Environmental Health and Quality

Environmental health hazards are forms of pollution that can come from historical sources, accidental releases, manufacturing processes, or regular activities like driving a car. The degree to which a person might be impacted by an environmental hazard is extremely variable and depends on many factors including age, individual health status, the amount and toxicity of the hazard and the length of time of exposure.[39]

Environmental Justice

According to the U.S. Centers for Disease Control, people who are members of minority groups, and people who are poor, are more likely to live near toxic waste sites, in areas with high air pollution, and in low-quality housing. These populations might also have trouble getting to the doctor or understanding health information due to problems like accessing transportation or language differences. The principle of environmental justice (EJ) states that all people, regardless of income or race, have the right to fair treatment and equal involvement in environmental issues, and the right to live in environmentally healthy neighborhoods. **All of Randolph meets one or more of the EJ criteria, compared to 12% of the state overall.**[q] EJ neighborhoods where more than one criteria are met may be the most at risk of exposure to environmental and health hazards.

Air

Vehicular air pollution is a known environmental health hazard that has been linked to mortality and hospitalizations due to asthma exacerbation, chronic lung disease, and major cardiovascular diseases.[40,41,42] Certain pollutants emitted from vehicles impact local air quality, while others from vehicle exhaust or other sources, such as fine particulate matter or ozone, impact air quality across a larger scale.

The U.S. Environmental Protection Agency (EPA) has identified six criteria air pollutants that have human health impacts, of these the four most closely linked to vehicular traffic pollution are: Ozone, Carbon Monoxide, Nitrogen Dioxide, and Particulate Matter. **In 2016, the Norfolk County levels of all criteria pollutants meet the EPA standards.**[43]

Ultrafine particles (UFP), the smallest and possibly the most dangerous of all particulate matter, are not an EPA-regulated pollutant. Since UFP are so tiny, they can more easily get inside the body where research has linked them to high levels of inflammation in blood.[44] Long-term elevated levels of inflammation can cause harm and lead to heart attacks, strokes, and other illnesses.[45] **Unlike particulate matter or ozone, UFP concentrations depend heavily on local**

---

[q] The Massachusetts Executive Office of Energy and Environmental Affairs (EOEEA) defines EJ neighborhoods as census block groups where at least one of the following is true:

- Median annual household income is at or below 65% of the statewide median income;
- 25% or more of the residents are a minority; or
- 25% or more of the residents are not fluent in the English language.

dispersion patterns and are often elevated next to (<500 feet) highways and major roadways and near (within a few miles) airports.[46] This type of air pollution is of significant concern in Randolph due to the high volume roadways (roughly 30,000 vehicles/day or more) in the town (Figure 25).

Drinking Water Quality

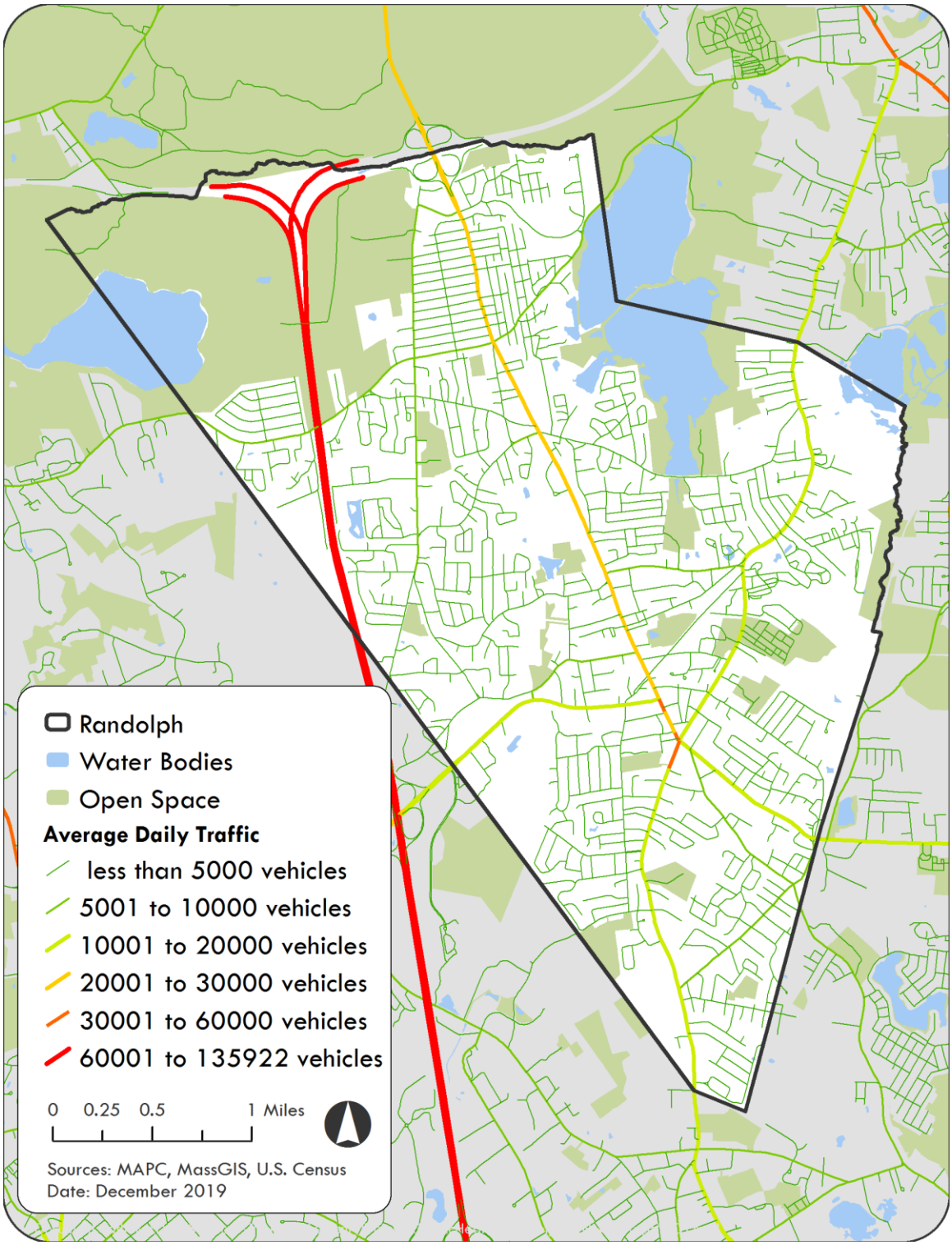
The U.S. EPA sets limits for acceptable and safe levels of contaminants in drinking water, and the MassDEP Drinking Water Program is responsible for monitoring and enforcing those limits. Of the nine contaminants tracked by the Massachusetts Environmental Public Health Tracking (EPHT) there have been no violations reported for water systems that service Randolph.

Master plan recommendations emphasize issues related to the water and sewer system, recognizing **strains on the current and expected future increase demand for water, and the need for improvements to infrastructure.** Symptomatic of the aging water infrastructure, in summer 2019 issues of the pump station in the water treatment plant led to very low water pressure and discolored water. A "boil water" advisory was issued by Massachusetts Department of Environmental Protection for a few days in July 2019, and water testing revealed not biological contamination. Improvements have been made, and eventual rebuilding of the water treatment plan is under discussion.

Childhood Lead Poisoning

Lead paint in older homes is the most common source of lead poisoning. Lead can cause damage to the brain, kidneys, and nervous system and slow growth and development. The use of lead in household paint was banned in 1978, but lead paint applied before the ban is still present in many older homes across the Commonwealth. **Although the majority (68%) of housing in Randolph was built before 1978, a smaller proportion of children are screened for lead in Randolph (69%) than statewide (73%). Nonetheless, rate of children with high blood lead levels remains low.**[47]

Figure 25 **Average Daily Traffic on Randolph Roads**



Crime and Safety

> *"Randolph is safe, my children can play in our yard. We moved here from Dorchester 10 years ago after someone was shot in our neighborhood while my daughter was playing outside. I was pregnant with another child and we decided to move to Randolph"*
> – Focus Group Participant
>
> *"Randolph has a lot of scattered areas where there's substance abuse issues, addiction issues, and probably dealing…But Randolph is also a town where you can leave your bike unattended and it's still there the next day"*
> – Focus Group Participant

In general, focus group participants perceived Randolph as a safe town, describing it as "quiet" or "peaceful." A few participants who had moved to Randolph from other areas remarked that Randolph was safer and more peaceful than their previous community. Participants appreciated living in a town "*where you can leave your bike unattended and it's still there the next day*" and commended Randolph's firefighters, emergency medical personal and police for their responsiveness. Where participants observed crime, they saw it as varying by neighborhood and largely related to substance abuse (see Substance Use Section).

Table 5: Property crime rate per 100,000 residents in Randolph and Massachusetts

	Property crime rate per 100,000 residents	
Year	**Randolph**	**Massachusetts**
2010	1884	2350.5
2011	1835.5	2258.7
2012	1692.0	2153.0
2013	1596.0	2051.2
2014	*N/A*	1857.1
2015	1561.3	1690.7

Source: Uniform Crime Reporting Statistics - UCR Data Online: http://www.ucrdatatool.gov/ and https://ucr.fbi.gov/crime-in-the-u.s/

Commander David Avery, of the Randolph Police Department (RPD), noted that crime in Randolph is mobile; because of the presence of Rt. 24 and Rt. 28 through Randolph and the proximity to Boston and the MBTA the town does get pass-through crime. Overall, the department has seen a decrease in violent and serious property crimes and an increase in mental health crises and domestic violence calls.

The data support participant observations. The annual property crime rates in Randolph are well below statewide averages and there has been a steady decrease in the total number of property crimes each year (Table 5). Randolph also had lower than average violent crime rates for all years except 2013.

In general, juvenile crime was not perceived to be a large issue in Randolph. Nonetheless, Commander Avery cautions that Randolph's proximity to Boston makes it difficult to get a full picture of the extent of juvenile crime, as many individuals have ties to the City. The Monitoring

the Future (MTF) survey found that the majority of Randolph students either rarely, or never, feel unsafe at school or going to or from school. Reported cases of theft, violence, or threats of violence were also extremely low.[48] The RPD has two School Resource Officers (SRO), one placed at RHS and the other at RMS.

According to Commander Avery, domestic violence and mental health are large and often entwined issues within the town. Per Avery, both the RPD and nearby hospitals receive a high call volume from Randolph residents seeking emergency assistance with mental health crises (see Mental Health Section). The Police will not arrest someone who is having a mental health crisis but will calm them down and refer to care. This requires a good deal of conflict negotiation skills and time. To increase capacity the department is looking to bring on a social worker.
Informants report that immigrant and refugee families are particularly at risk for domestic violence. Women from non-white, English-speaking, middle class backgrounds face additional hurdles accessing domestic violence services. Migration history and differences in cultural values and norms may also cause conflict. In the past, Randolph Community Partnership, Inc. has offered seminars on domestic violence resources to their English to Speakers of Other Languages (ESOL) students. Provision, however, is dependent on funding.

Health Behaviors and Outcomes

Introduction

Health data can reveal what health issues are currently being experienced by Randolph residents and provide a look into how health issues might change in the future. Data particular to hospital and emergency room visits reveal acute issues that are affecting residents. Health behavior and risk data provides the glimpse into what health issues might persist, which might arise, and which may fall away.

Residents of Randolph generally suffer from poorer outcomes than residents of other towns in the Commonwealth. A clear understanding of health behaviors and outcomes can guide efforts to mitigate chronic and infectious diseases and factors that contribute to negative health outcomes and behaviors, particularly where negative health outcomes are disproportionately experienced by specific population groups. An understanding of health conditions can inform physical environmental improvements and community programs and services to promote overall health, active lifestyles, and disease prevention. Healthcare providers locally and regionally work to prevent, screen and detect, manage, and eliminate preventable diseases. A shared understanding of local health conditions also enables coordination and action by the range of players invested in community health.

Summary Findings

Perceived Community and Individual Health Status

- Little was learned about perceptions of individual health in Randolph, however older adults that described their health as poor or fair was comparable to State self-assessments.
- Major health concerns among youth cohorts include mental health, substance abuse and obesity. Health concerns among older adults include social isolation. Health concerns generally observed in Randolph include substance abuse, mental health and depression, limited physical activity, limited healthy food options, asthma, cardiovascular diseases and other chronic diseases. Opioid use was not a perceived health concern.

Leading Causes of Mortality and Premature Mortality

- In Norfolk County, cancer, heart disease, stroke, and chronic lower respiratory disease are the top four causes of death. This data is not available for Randolph specifically.
- Premature death rates in Randolph are comparable to Massachusetts, however White residents experience premature death at much higher rates than non-White residents.

Chronic Disease

- Chronic disease-related hospitalization or emergency room visit rates are generally higher in Randolph than in the Massachusetts.
- Focus group participants linked chronic diseases to environmental conditions in Randolph and limited prevention programs and services.
- Cancer rates are generally comparable with Massachusetts; however, Randolph has a much higher rate of prostate cancer deaths.

Infectious Disease

- Influenza (the flu) is the most commonly reported infectious disease in Randolph.

Sexual Health

- Randolph has a slightly higher incidence of sexually transmitted infectious disease than the surrounding towns and Massachusetts, specifically Hepatitis B and C.

Maternal and Infant Health

- Generally, Randolph mothers do not receive adequate prenatal care. Still, instances of low birth weights or pre-term births are comparable to or better than the State. Pregnant mothers also smoke less, and the rate of teen pregnancies is roughly half the State rate.

Healthy Eating, Physical Activity, Screen Time, Obesity and Overweight

- Healthy eating and physical activity were recurring concerns in focus group and steering committee conversations. More than two thirds of adult residents don't eat enough fruits and vegetables, and over half don't get enough exercise. These issues are mostly comparable to surrounding Norfolk County and the State.
- Adult obesity rates are higher in Randolph than surrounding Norfolk County and Massachusetts.
- Youth are less active than their peers nationally, however, as recommended, they report watching less than two hours of television weekly. Information on daily internet usage was not available.
- Youth in Randolph are more likely than their peers in Massachusetts to be overweight or obese, however the obesity rate has been improving in recent years.

Mental Health

- Mental health of youth and older adults was identified as a top concern by focus group participants. They believed mental health issues often go unrecognized and that finding adequate and culturally competent care can be difficult.

- Mental health issues occur at lower rates in Randolph than in Massachusetts, however, socially isolated older adults are particularly vulnerable to mental health issues, and other CHNAs, inclusive of Randolph, have identified youth mental health as major concerns. Medicaid insured, low-income and uninsured, or non-English speakers are likely to face additional barriers to accessing behavioral health services.

Substance Use

- Some focus group participants and steering committee members were concerned with substance abuse and its negative impact on public safety and the community. Youth have identified substance and alcohol use, and some specifically mentioned e-cigarettes and vaping as top concerns.

- Youth substance and alcohol use is less prevalent in Randolph than nationally.

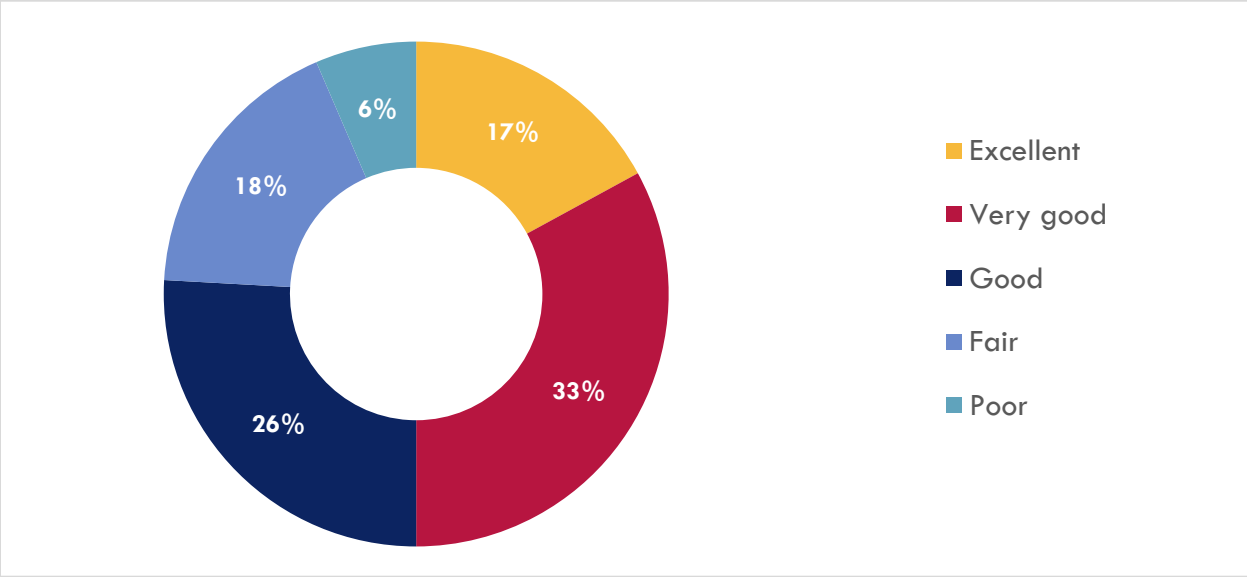
- Hospitalization rates related to alcohol and substance use, and deaths related to opioid use are lower in Randolph than the State overall. Whereas this is not a major local concern, opioid use in Massachusetts and the nation warrant diligent monitoring and prevention measures.

Perceived Community and Individual Health Status

Individual and Community Health

Randolph's older adults generally described their health status comparably to the State. An estimated 18.6% of older adults in Randolph self-reported fair or poor health, whereas in Massachusetts 20.7% described their health this way.[49] A 2018 survey of Randolph seniors (60 years and older) was conducted in three locations, and respondents who completed the survey during a home visit showed a dramatically higher percentage (roughly 50%) with self-reported fair or poor health status. Home-visit survey respondents also listed health issues as reasons for not engaging in social activities far more than other respondents, suggesting health issues can contribute to social isolation.

Figure 26: **Self-Reported Physical Health of Older Adult Residents in Randolph**



Source: "In general, how would you rate your overall physical health?" Randolph 2018 Senior Survey, Randolph Department of Health

Similar self-assessment information was not available, nor included in this report, for other resident subgroups of Randolph and is an area for further future exploration.

Top Health Concerns

A variety of health behaviors and issues were observed in Randolph. Among **youth,** substance and alcohol use, mental health, and overweight and obesity were the top health concerns.[50] Youth focus group participants described **vaping** and **marijuana use** as top issues. Among **older adults** surveyed,[51] all identified "access to learning opportunities" as one of their most important issues. "Recreation, culture, and leisure activities" was also an important issue. "Opportunities for social interaction" was listed as the most important issue for seniors completing the survey during a home-visit. Senior focus group participants described **social isolation among seniors** as concern.

Substance abuse and addiction issues and **mental health and depression** among older adults and youth were observed issues by focus group participants and steering committee members,

and they were interested in improving mental health education. There was also a sense that **high blood pressure (hypertension), asthma, cardiovascular disease,** and **diabetes** were generally pressing health issues. There was also a perception that Randolph residents **lack exercise** and **fewer healthy food venues** compared with other communities. **Opioid use was not perceived to be a major issue in Randolph,** in comparison to the state. These health issues and the degree to which they impact Randolph are examined more in subsequent sections.

Leading Causes of Mortality and Premature Mortality

Cancer, heart disease, stroke, chronic respiratory diseases, diabetes, and flu and pneumonia are some of the top causes of death in the town, county and state (Table 6). Many of these conditions are to some extent preventable.

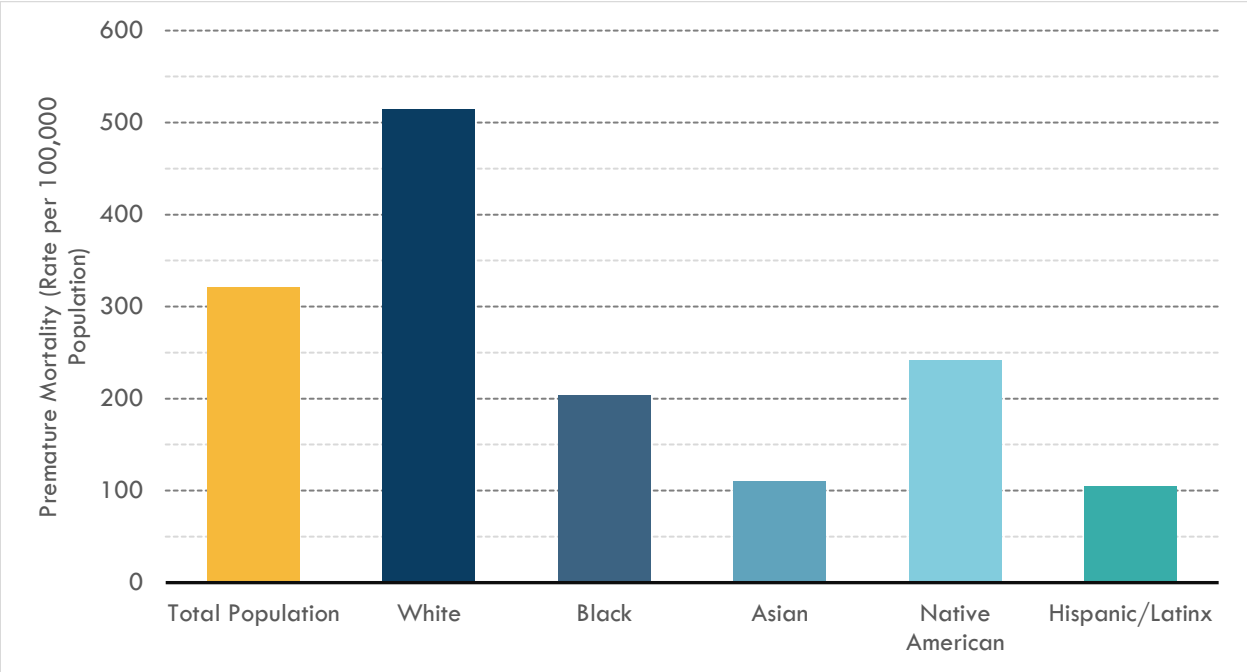
Table 6: Deaths by Cause, in Massachusetts, Norfolk County, Randolph; 2016

	Number of Deaths		
	Massachusetts	Norfolk	Randolph
Total Cancer	12691	1314	49
Lung Cancer	*3168*	*324*	*12*
Female Breast Cancer	*775*	*80*	*1*
Heart Disease	11923	1247	50
Stroke	2468	244	9
Chronic Lower Respiratory Disease	2676	243	6
Diabetes	1267	110	2
Influenza & Pneumonia	1243	121	*7*
Motor Vehicle	466	*35*	1
Homicide	140	11	1
Suicide	636	*57*	3

Source: Massachusetts Department of Public Health, Massachusetts Deaths 2016, 11/2018, Accessed at https://www.mass.gov/files/documents/2018/12/26/DPH-Death-Report-2016_FINAL.pdf

Overall, the rate of premature deaths, the deaths that occur before a person reaches an expected age (e.g. age 75), in Randolph is similar to the rate statewide. However, the rate of premature death for White residents is more than twice as much as Black residents, and five times as much for Asian or Latinx residents (Figure 27). A common question in steering committee conversations was the root cause of these discrepancies in premature mortality, especially given that they run counter to national trends.

Figure 27: **Premature Mortality in Randolph by Race and Ethnicity**



Source: Massachusetts Department of Public Health, 2008-2012

Chronic Disease

> "If most chronic diseases are preventable, why are we not working on prevention?"
> – Focus Group Participant

Chronic conditions including high blood pressure, diabetes, heart disease, and respiratory disease were discussed in focus group as affecting individuals and their community. Diabetes and asthma were perceived as impacting residents of all ages, while high blood pressure, heart disease, and COPD were a focus for older adults only. These conditions were mentioned specifically in relation to healthy food access, traffic-related air pollution, a lack of prevention services, and poor health care access. In particular, participants discussed how their limited access to health care could exacerbate chronic conditions and affect their mental health. Steering committee members perceived a need for more prevention programs.

Table 7: Rate of Hospitalizations due to Chronic Disease in the Town of Randolph and the State of Massachusetts

	Age-adjusted rate per 100,000	
	Randolph	**Massachusetts**
Diabetes	**210**	135
Diabetes-related	**2518**	1846
Hypertension	**91**	45
Hypertension-related	**4,893**	4,015
Major cardiovascular disease	**1,656**	1,344
Heart disease	**1,183**	980
Cerebrovascular disease	**281**	228
COPD	**489**	364
Asthma	**252**	152

Source: Mass CHIP, 2008-2012

With few heart disease-related exceptions, the age adjusted hospital utilization rates for all chronic disease were higher in Randolph than the state overall (Table 7). Steering committee members were particularly struck by the high rates of hospitalizations due to asthma and diabetes.

Table 8: Rate of Emergency Department Discharges due to Chronic Diseases in the Town of Randolph and the State of Massachusetts

	Age-adjusted rate per 100,000	
	Randolph	Massachusetts
Diabetes	**173**	133
Hypertension	**190**	121
Hypertension-related	**4474**	2831
Major cardiovascular disease	**473**	402
Heart disease	206	215
Asthma	**656**	573
Asthma-related	**2025**	1444

Source: Mass CHIP, 2008-2012

Respiratory Diseases

Table 8 illustrate that Randolph has worse respiratory disease outcomes than the state overall. The rate of hospitalizations visits for Asthma (252 per 100,000 population) and COPD (489 per 100,000 population), as well as Emergency Department (ED) visits due to adult asthma (656 per 100,000 population) are much higher than the state. South Shore Compass data further indicates that Hispanic residents in Randolph visit the ED for adult asthma at significantly higher rates (1,309 per 100,000 population) than Randolph residents overall.

Diabetes

The rate of ED visits (173 per 100,000 population) and hospitalizations (210 per 100,000 population) due to diabetes in Randolph are also higher than for the state (133 and 135 per 100,000 population) (Table 7 and Table 8). Since 2009, hospitalization rates due to diabetes among Randolph residents have been increasing. Yet, ED visit rates have not seen a significant change.

Cardiovascular Disease

As seen in Figure 28 the mortality rate from cardiovascular (heart) disease in Randolph is similar to the state. When broken down by sub-category, data illustrate that coronary heart disease is the most common cause of heart disease hospitalization and mortality (
Figure 29).

Figure 28: **Heart Disease and Stroke Death Rate in the Town of Randolph and the State of Massachusetts**

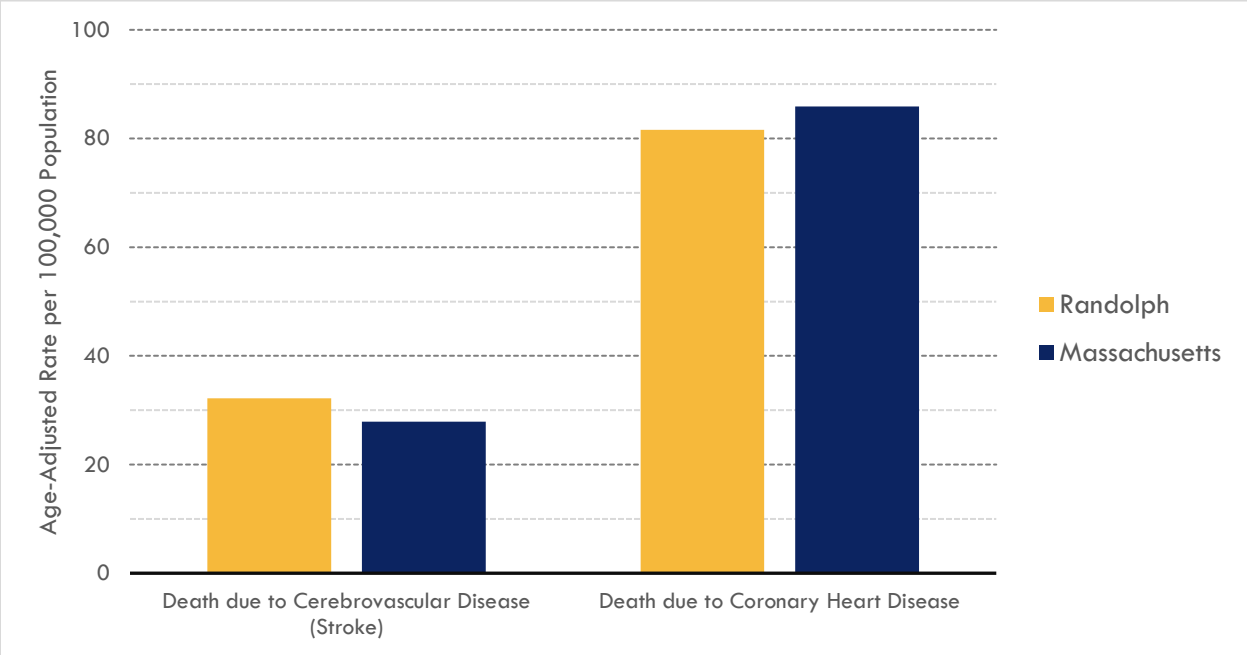
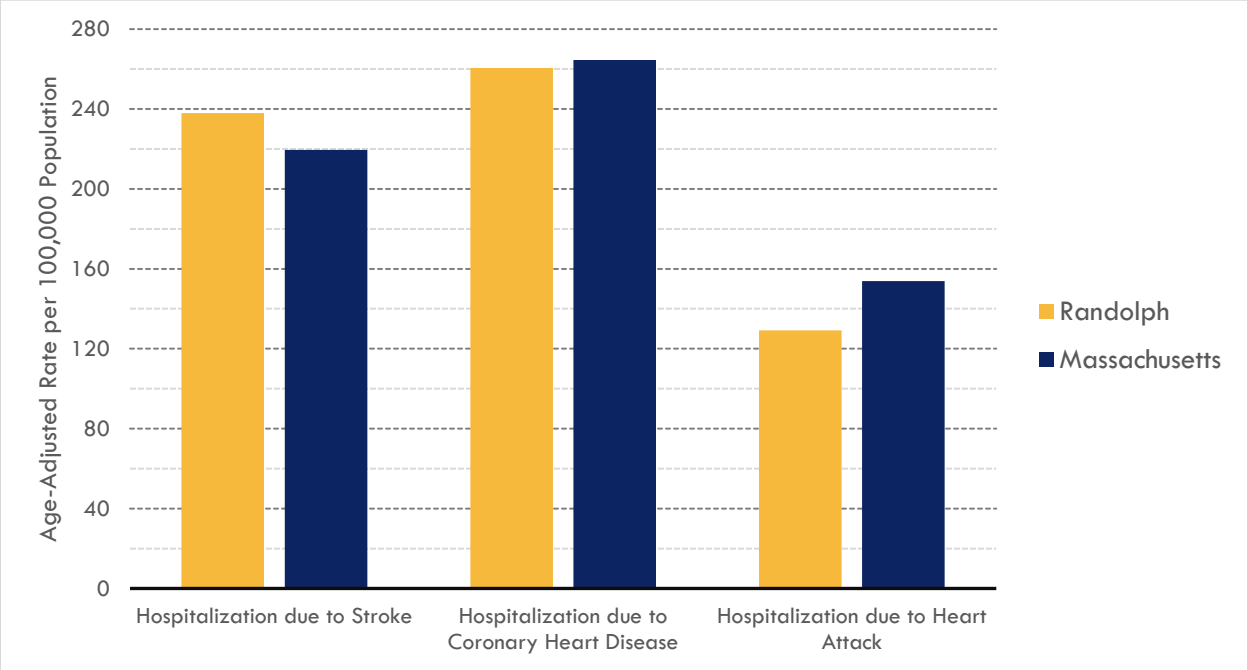


Figure 29: **Heart Disease and Stroke Hospitalization Rate in Randolph and Massachusetts**



Source: MassCHIP, 2012. Retrieved from Plymouth and Norfolk Counties Health Compass, http://www.southshorehealthcompass.org/

Cancer

Randolph has comparable cancer death rates to Massachusetts (Table 9), **yet cancer remains the leading cause of death in Massachusetts and Norfolk County.** When looking at specific types of cancer deaths, Randolph had higher death rates when compared to the state for oral, prostate, colorectal and breast cancer. The death rate due to prostate cancer was particularly high, compared with Massachusetts rates. Randolph also has significantly higher incidence rates of colorectal cancer than the state overall. Otherwise, Randolph incidence rates were not statistically different than the state overall. **Although 2013-2014 BRFSS data show that Norfolk County had comparable cancer screening rates to the Commonwealth overall,[52] efforts to screen for and identify those with cancer should continue.**

Cancer was not a health issue surfaced by assessment discussion. However, the comparable incidence rate and higher death rates of certain cancers may reflect issues in access to care. The South Shore Health System CHNA report emphasized, "the need for more educational opportunities regarding cancer treatment and management as well as greater outreach and utilization of community based social support services." Efforts should be made to ensure those who have cancer have access to quality care and supportive services, with an emphasis on those facing the greatest barriers to care (Health Care Access Section).

Table 9: Cancer Rates by Type in Randolph and Massachusetts

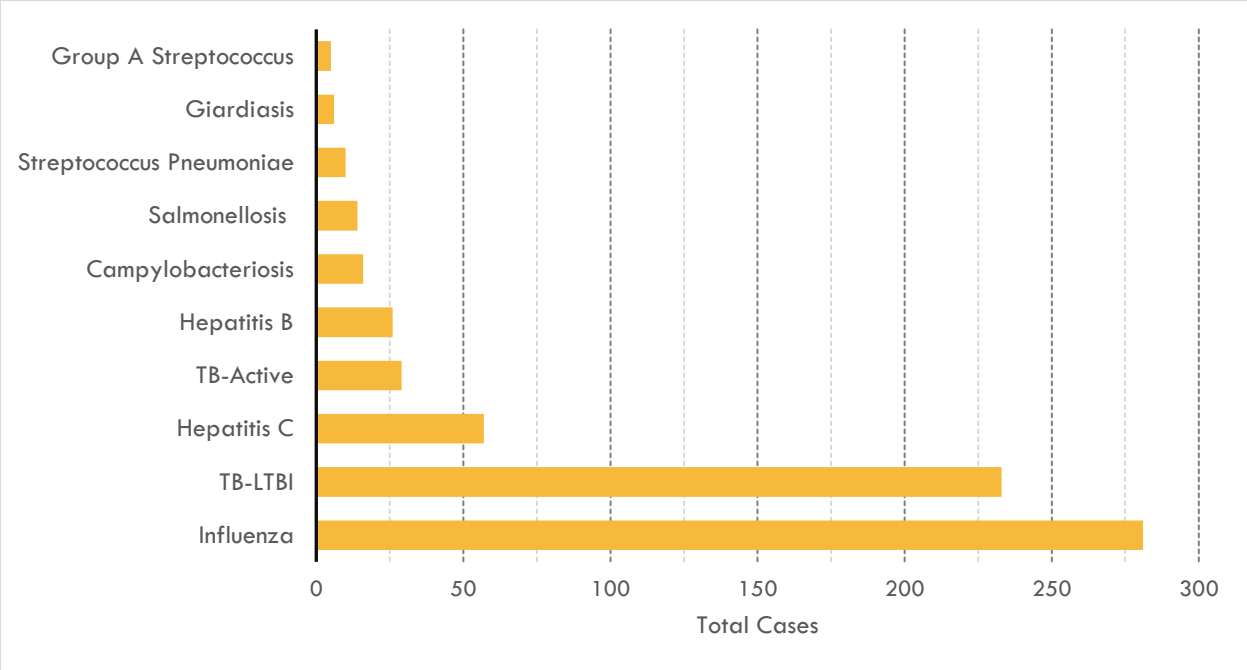
Cancer	Randolph	Massachusetts
Colorectal Cancer Incidence Rate	**56.1**	38.0
Prostate Cancer Incidence Rate	**191.4**	136.8
Breast Cancer Incidence Rate	**139.3**	136.9
Lung and Bronchus Cancer Incidence Rate	**51.4**	66.1
Age-Adjusted Death Rate due to Cancer	**134.9**	162.9
Age-Adjusted Death Rate due to Oral Cancer	**3.5**	2.4
Age-Adjusted Death Rate due to Prostate Cancer	**35.4**	19.0
Age-Adjusted Death Rate due to Colorectal Cancer	**13.7**	13.2
Age-Adjusted Death Rate due to Breast Cancer	**20.2**	19.3
Age-Adjusted Death Rate due to Lung Cancer	**29.0**	44.4

Source: Source: Plymouth and Norfolk Counties Health Compass, Randolph Community Dashboard, Accessed at http://www.southshorehealthcompass.org/

Infectious Disease

Figure 30 presents the most common infectious diseases among Randolph residents in 2018 by total number of cases.

Figure 30: **Most Frequent Infectious Diseases among Randolph Residents by Total Number of Cases, 2015-2018**



Source: Randolph Public Health Department, 2018 Infectious Disease Report

Year over year, influenza (the flu) was the most commonly reported infectious disease among Randolph residents. While anyone can get the flu, and serious problems related to flu (such as severe illness, complications, and even death) can happen at any age, older adults (65+ years), pregnant women, and young children (0-5 years) are at elevated risk of developing serious flu-related complications. Data shows that Randolph residents were hospitalized at higher than average rates due to pneumonia and influenza when compared to Massachusetts overall.[53] Flu shots are available at the Public Health Nurses office starting in September and Flu clinics are held at various locations across town.

Other top reported infectious diseases in the past 10 years include latent and active tuberculosis infection, Hepatitis C and Hepatitis B, noroviruses ("stomach flu"), streptococcal bacterial infections, foodborne illnesses – such as Campylobacteriosis, Salmonellosis, and Giardiasis – and vector-borne diseases – such as Lyme disease and Malaria. The Randolph Public Health Department evaluates, regulates and educates businesses that prepare food through their Randolph Food Protection Program. In 2018, 136 food permits were issued and over 230 risk-based food safety inspected were conducted through this program. The Malaria mosquito is not native to Randolph, suggesting that the disease was contracted during travel.

Since 2008, there have been 228 reported cases of Hepatitis C, nearly two-times the number of cases as Hepatitis B (N=125). Both Hepatitis C (HCV) and Hepatitis B (HBV) viral infections are spread through blood and body fluids, such as through sexual contact, intravenous drug use, and

mother-to-child transmission. It is important to note that prevalence of both infections is higher in certain areas of the world. Immigrants from countries with higher prevalence rates may be at an increased risk of infection due to exposure in their countries of origin. Informants to this process suggested that many of the HBV and HCV infections among Randolph's residents occurred before arriving in the United States.

Safe and effective vaccines are available for HBV; no vaccine exists against HCV. Chronic HBV and HCV represent a leading cause of chronic liver disease and hepatocellular carcinoma in the United States.[54] Steering committee members were concerned about the extent communicable disease cases in Randolph were linked to inadequate access to health providers (see Health Care Access Section).

A prominent theme in focus group conversations were Public Health Nursing immunization programs. This program is of note, as Randolph is the only town in the area that offers an immunization clinic to all children under 19 that is supported by the DPH. In 2018, the Public health nurse vaccinated 563 individuals for influenza, school vaccinations, and adult vaccinations. Focus group participants raised questions about what services were, or were not, available to them or their age cohort. Older adult participants had concerns about where they could get Hepatitis A, Hepatitis B, and Shingles vaccinations.

Sexual Health

Randolph has a higher incident rate of sexually transmitted infections than the state; it also has higher rates than all surrounding towns and cities, with the exception of Brockton. Again, when considering the high rate of sexually transmitted infections, it is important to consider the high proportion of Randolph residents who immigrated from countries with higher rates of infections. Sexual behaviors were not prominently discussed among focus group respondents and interviewees, but the subject deserves further study. The Steering Committee raised questions about the current sexual education curriculum in Randolph Schools.

Of significant note is the HIV/AIDS mortality rate in Randolph; **despite having a similar prevalence of HIV/AIDs among residents as the commonwealth overall, the population of infected individuals in Randolph have a significantly higher death rate.** Treatment with HIV medication can keep people healthy and prevent HIV from progressing into AIDS. Randolph's high mortality rates could indicate that residents with HIV/AIDS face barriers to care that prevent them from effectively managing the disease. Access to Health Care is described in greater detail in the Health Care Access Section.

Table 10: HIV and AIDS Prevalence and Death Rates in Randolph and Massachusetts

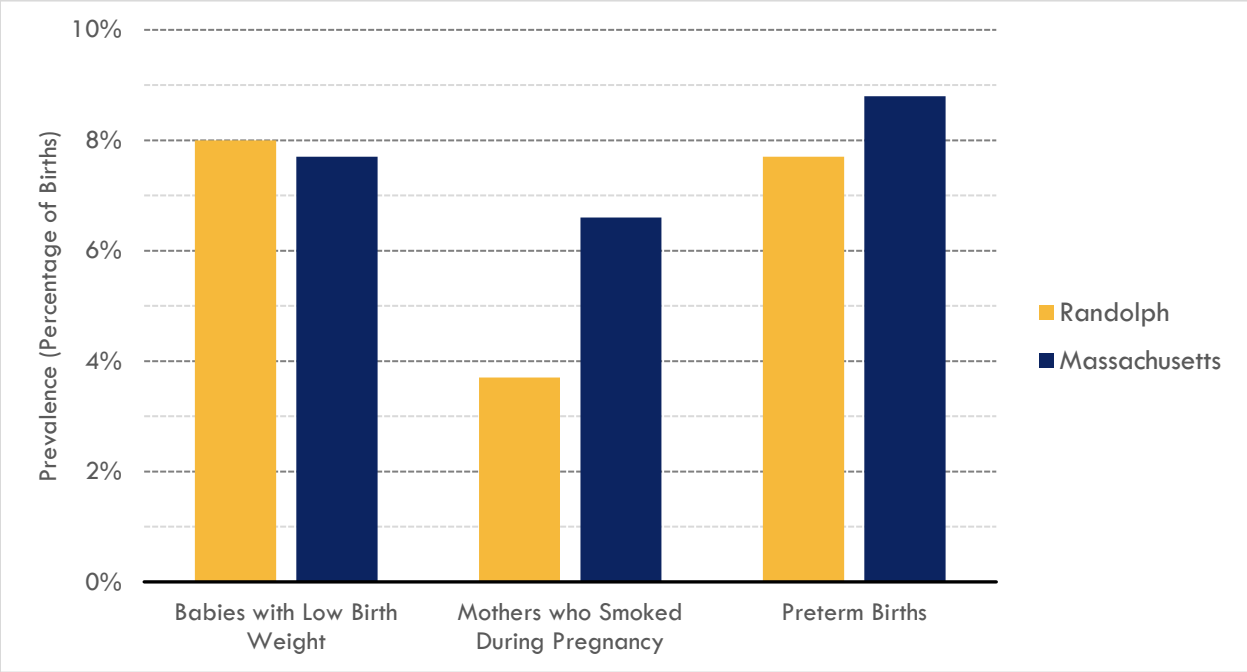
	HIV/AIDS Prevalence Rate	Age-Adjusted Death Rate due to HIV/AIDS
Randolph	283.4 cases/ 100,000 population	**5.2 deaths/ 100,000 population**
Massachusetts	272.8 cases/ 100,000 population	1.3 deaths/100,000 population

Source: Plymouth & Norfolk Counties Health Compass, Randolph Community Dashboard

Maternal and Infant Health

While the health and well-being of mothers, infants, and children are important indicators of community health, these issues rarely were discussed in focus groups.

Figure 31: **Maternal, Fetal and Infant Health in the Town of Randolph and State of Massachusetts**



Receiving adequate prenatal care is important for the health of the baby. **Randolph falls below the state percent of mothers receiving adequate prenatal care.**[55]

Randolph has slightly higher rates of low-weight births (LBW)[r], but lower rates of pre-term

Source: MassCHIP, 2013. Retrieved from Plymouth and Norfolk Counties Health Compass, http://www.southshorehealthcompass.org/

births, as compared to Massachusetts. Pregnant mothers smoke at a lower rate in Randolph than across the state, suggesting that additional factors are likely impacting infant health outcomes. Numerous pregnancy and medical conditions can contribute to birth outcomes. Social, personal, and economic characteristics (such as race/ethnicity, income, health care access, and age) and risk behaviors (such a tobacco use) are also factors.[56, 57] While limiting unhealthy behaviors and improving access to prenatal care are associated with better perinatal health outcomes, multiple studies have shown the persistence of the racial LBW gap once controlling for these factors.[58,59,60,61 62]

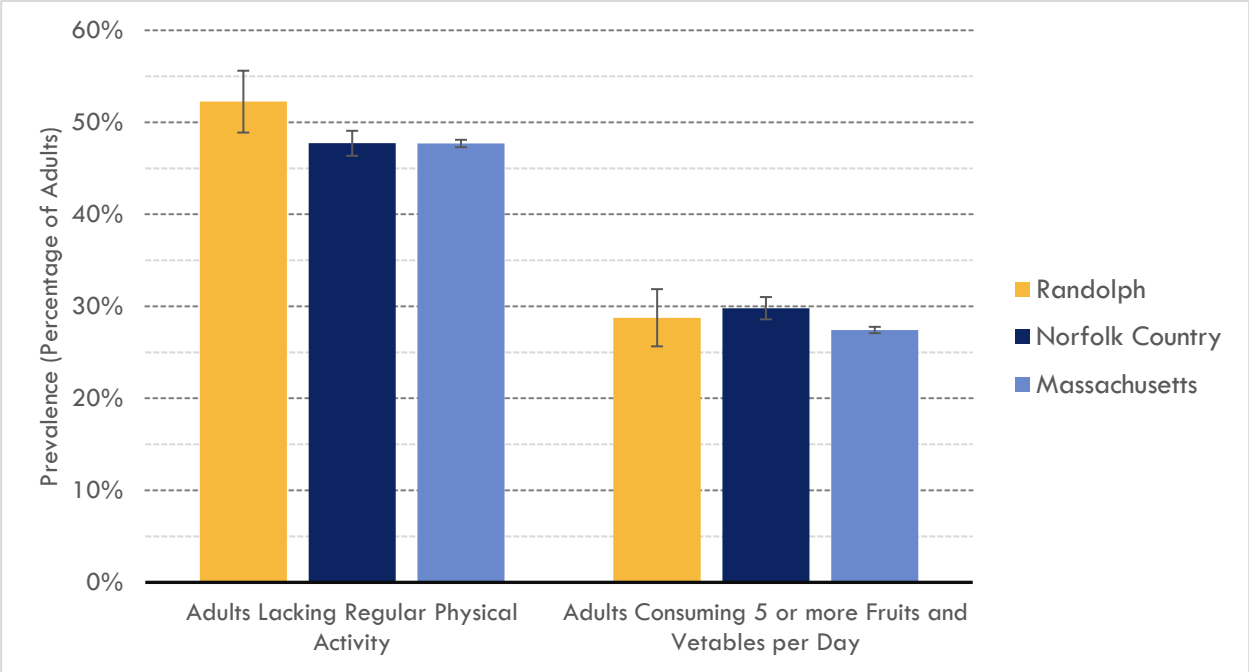
Teenage birthrate in Randolph is roughly half that of the rate for Massachusetts. Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or have low birth weight. The teen birthrate for Randolph in 2013 was 12.7 live births per 1,000 females aged 15-19, while the state rate for teen births was 26.5 per 1,000 females aged 15-19.[63]

[r] Low birth weight is defined as a birth weight of less than 2500 grams by the World Health Organization.

Healthy Eating, Physical Activity, Screen Time, and Obesity and Overweight

Healthy eating and physical activity were recurring concerns in focus group and steering committee conversations. Physical activity and poor nutrition are leading risk factors associated with obesity and other chronic health conditions, such as heart disease, diabetes, and poor mental and emotional health. Focus group participants felt that Randolph had good facilities for residents to use for exercise (see Physical and Built Environment Section) – but that more could be done to get people to use them.

Figure 32: **Obesity, Healthy Eating, Physical Activity in Randolph, Norfolk County, and Massachusetts**



Source: Behavioral Risk Factor Surveillance System (BRFSS), Adults Lacking Regular Physical Activity, 5 years avg (2001,2003,2005,2007,2009); BRFSS, Adults Consuming 5 or more Fruits and Vegetables per Day, 3 years avg (2005,2007,2009).

Healthy Eating

Figure 32 illustrates health behavior in Randolph as compared to Norfolk County and Massachusetts overall. **Over two thirds of Randolph residents report eating less than the five recommended servings of fruits and vegetables daily.**[64] This is fairly comparable to fruit and vegetable consumption reported in surrounding Norfolk County and Massachusetts. Access to healthy food and the food environment is described in more depth in the Food Access Section. Assessment participant concerns about healthy eating included need for more nutrition education.

Physical Activity

Data show that over half of residents do not get enough physical activity.[65] This is somewhat higher than Norfolk County and Massachusetts estimates.

Randolph Public Schools offers fall, winter and spring season sports, including Soccer, Cross Country, Volleyball, Football, Basketball, Track, Swimming, Tennis and Cheerleading.[66] Youth focus group participants reported going to the RICC, joining school sports teams, or using the school gym. Still, informants cited particular concern for the lack of physical activity for youth and the amount of time spent indoors, using screens. And, survey results from MTF program found that youth who engage in sports, athletics or exercise in Randolph do so less frequently than youth nationally. **Consistently, more youth in Randolph marked that they never participate in sports, athletics or exercise.**[67,68] Transportation may be a barrier for this population in particular; youth informants noted that public transit was not convenient for getting around town and that missing their ride could mean a 5-mile walk home from after school activities.

Exercise and muscle strength are also important for older adults as it can help them avoid falls; however, **older adults in Randolph are hospitalized due to falls at higher rate than the state overall.**

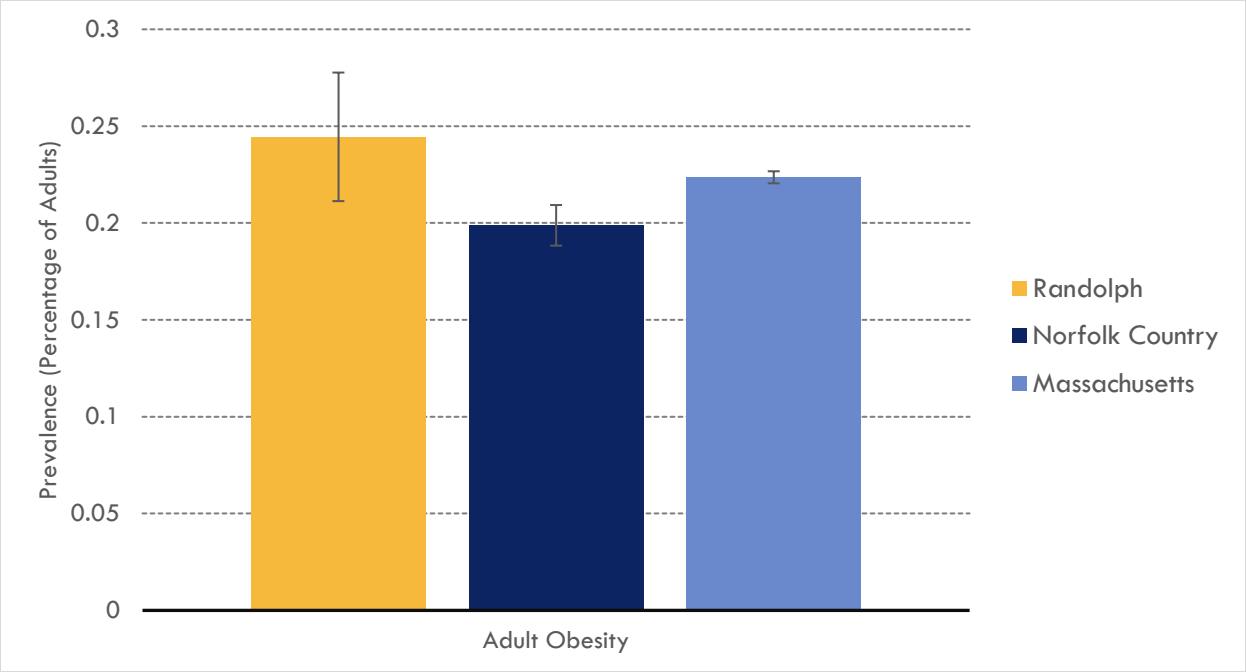
Screen Time

Media use by school-aged children and adolescents has been found to have both benefits and risks. Youth can be exposed to new ideas and interactive media can increase opportunities for social contact and support. However, excessive screen time can contribute to obesity and can negatively affect sleep.[69] The American Academy of Pediatrics recommends that children have two hours or less of sedentary screen time daily. **Since 2014, the majority of youth nationally (about 70%) report watching less than two hours of TV on the average weekday. Data show a comparable amount of youth in Randolph meeting these recommendations.**[70,71] There are no good estimates of daily internet use for Randolph youth. Weekly, about 20% of youth nationally report spending 2-5 hours on the internet and an about equal proportion (15%) report spending 6-9 hours and 10-19 hours. Consistently, around 10% of youth report spending 40 hours or more a week on the internet, not counting work for school or a job.[72,73]

Obesity and Overweight

Randolph's obesity rates are higher than surrounding Norfolk County and somewhat higher than the Commonwealth overall, as seen in Figure 33. Several hospital CHNA reports associated the high rate of obesity in Randolph to the high prevalence of related diseases, like diabetes and hypertension.[74,75]

Figure 33 **Obesity in the Town of Randolph, Norfolk County, and State of Massachusetts**

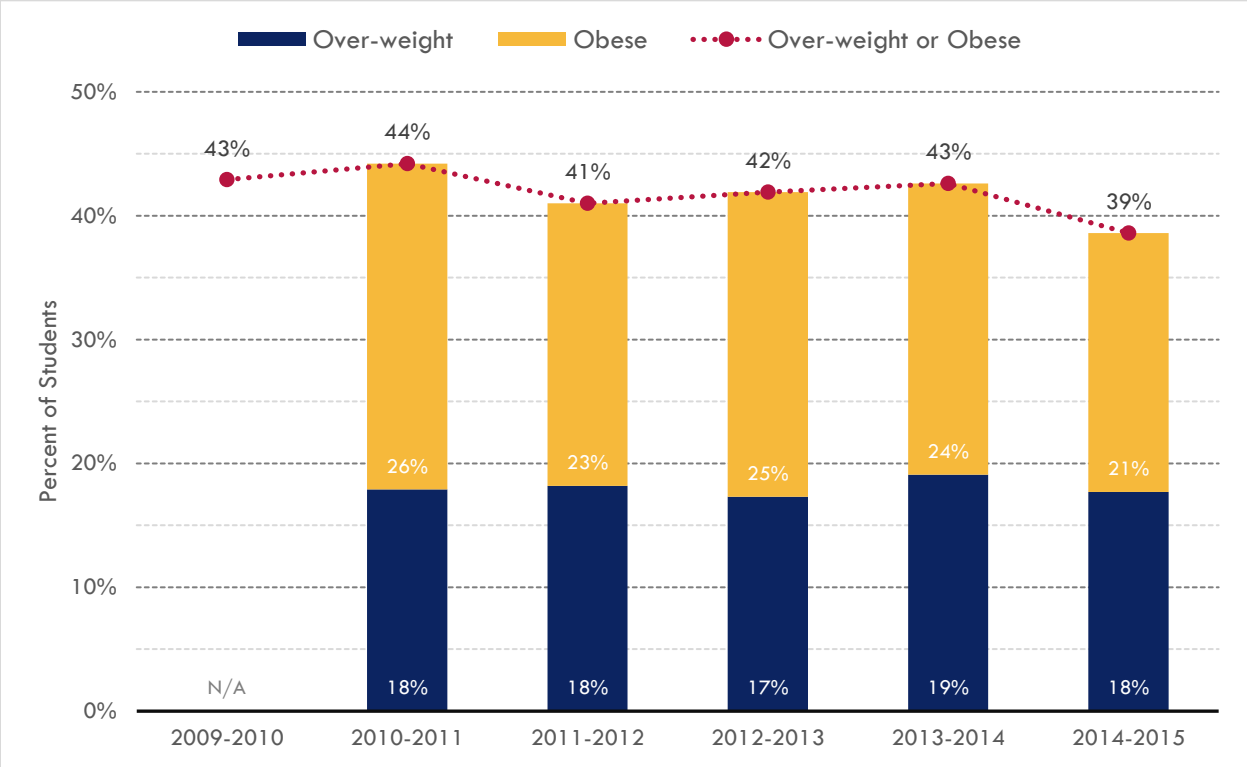


Source: Behavioral Risk Factor Surveillance System (BRFSS), Adults Obesity, 3 year avg (2008-10)

Of particular concern for informants was unhealthy weights among youth. Randolph Public School Nurse Leader and School Nurse, Irene Keefe BSN, RN echoed that obesity among young students was her top concern and priority.[76] Children with a high BMI are more likely to become overweight or obese adults and be at a higher risk for diabetes, heart disease and some cancers. Helping children attain a healthy weight now, and stay at a healthy weight, may prevent serious illness later in life. **Youth in Randolph are more likely than youth across the state to be overweight or obese.** In the 2014-2015 school year, 39% of youth in Randolph and 32% Commonwealth wide were an unhealthy weight. Figure 34 illustrates the percentage of overweight and obese youth in Randolph Public Schools over time. **While the percent of Randolph youth that are over-weight has remained fairly constant, the percent of that are obese has been decreasing, from 26% in 2009 to 21% in the 2014-2015 school year.**[s]

[s] BMI statistics may vary from year to year due to factors that do not reflect long-term trends, so increases and decreases should be interpreted with caution.

Figure 34: **Overweight or Obese Youth in Randolph Over Time**



Source: School Health Unit, Bureau of Community Health and Prevention, Massachusetts Department of Health, 2009-2015.
Note: BMI statistics for those districts reflect overweight and obesity levels for students in grades 1, 4, 7 and 10. BMI percentiles are based on a child's height and weight and are calculated using the Children's BMI Calculator, provided by the Centers for Disease Control and Prevention (CDC).

School Wellness Policy

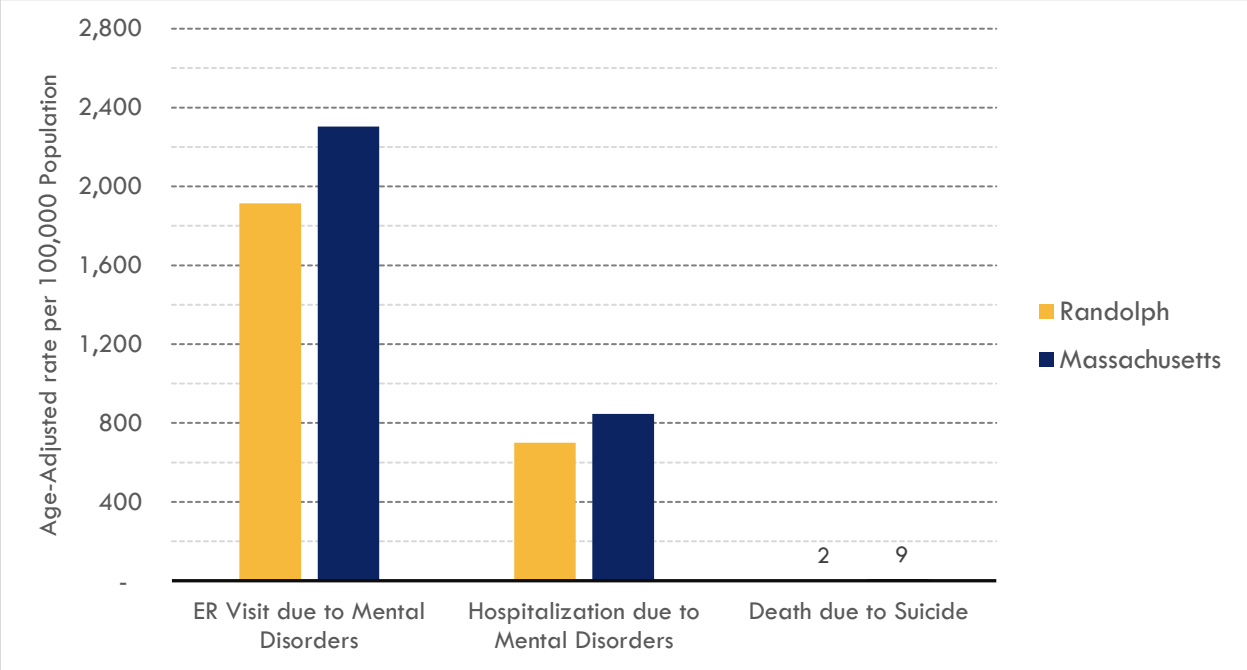
The Randolph Public Schools Wellness Policy articulates student nutrition standards, guides nutrition and physical activity programs and curriculum, and other school-based activities, though the policy is not an actively used guidance document and needs to be updated. Randolph Public Schools Nurse Leader, Irene Keefe had attempted establishing a wellness committee that would lead the update of the wellness policy, but, at the time her key informant interview, staff capacity issues had prevented its formation. However, with the recent addition of two nurses, Keefe intends to establish a wellness committee for the update of the wellness policy with the start of the 2019-2020 school year. She described inviting participation in the wellness committee by a UMass SNAP-Ed, Manet Community Health Center, RPS Food Service Director, RPS health teacher, and RPS physical education teacher, in addition to RPS nurses.[77]

Mental Health

> *Let's talk about depression… I think a lot of our adults and youth need to know what good mental health and mental hygiene is.*
>
> *– Focus Group Participant*

When compared with Massachusetts, Randolph has a lower rate of mental health hospitalizations, ED visits, and death rate (Figure 35). However, hospital admissions data on mental health cannot be explored in much detail and does not reflect the full consequences of poor mental health. Mental and physical health have a strong influence on each other;[78] depression and anxiety are associated with substance use and chronic disease. **While the data shows that behavioral health issues are lower in Randolph than state averages, informants identified mental health as a top concern and mentioned adolescents and older adults as populations of particular need.**

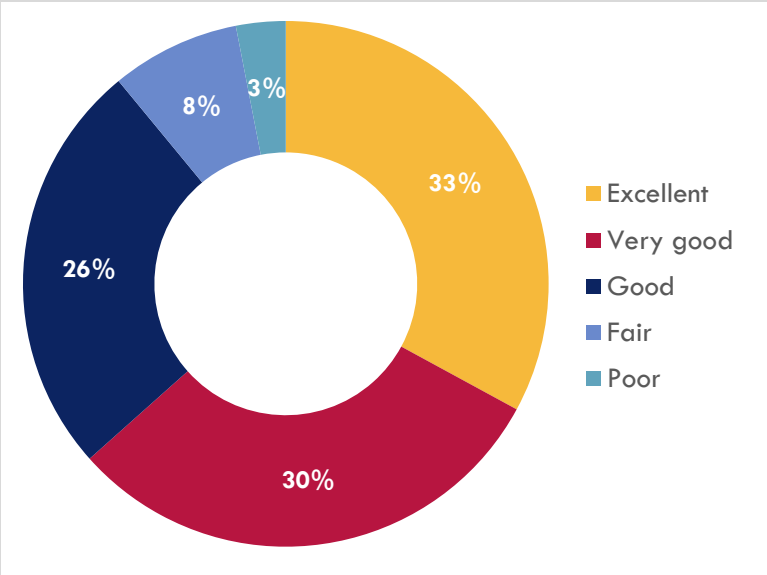
Figure 35: **Mental Health and Mental Disorders in Town of Randolph and State of Massachusetts**



Source: MassCHIP, 2012. Retrieved from Plymouth and Norfolk Counties Health Compass, http://www.southshorehealthcompass.org/

Data suggest that socially isolated older adults are particularly vulnerable to poor mental health. Of Randolph Senior Survey interviewees who took the survey at Town Hall or the RICC, over 75% reported that they have excellent or very good mental health (Figure 36). Meanwhile, less than 25% of those who were interviewed at home reported the same. A smaller proportion of the home visit group drove by themselves and a larger proportion report staying home due to factors outside of choice. **This suggests that a subset of Randolph older adults is both socially isolated and at elevated risk of poor mental health.**

Figure 36 **Self-Reported Mental Health of Older Adult Residents in Randolph**



Source: "In general, how would you rate your overall mental health?" Randolph 2018 Senior Survey, Randolph Department of Health

While the older adult focus group participants listed multiple organizations that offer programming and events appealing to aging residents (see Social Environment Section), it is likely this subset of Randolph seniors are not being reached. Increasing outreach about existing services could help, but survey results indicate that insufficient transportation is likely the primary challenge.

No data on youth mental health was available for this assessment, yet informants and CHNA reports for overlapping geographies cite it as a top concern. In particular, depression, anxiety, stress, and peer pressure.[79,80] Mental health did not come up as part of the youth focus group conversation.

Assessment participants perceived that mental health issues often go unrecognized and that finding accessible and culturally competent behavioral health specialists can be difficult. A participant perceived that "*what [mental health services] are here are offered through faith-based services, which is great for those that can use that.*" The CHNA reports of several nearby health care systems similarly noted this as a challenge. **Residents who are Medicaid insured, low income and uninsured, or non-English speakers face even greater difficulty accessing behavioral health services, despite high need.** There is a general lack of mental health providers in the South Shore region. According to the South Shore Health System, the wait for a provider who accepts Medicaid could up to 6 months. While police are almost always the ones who receive calls for mental health crises (with over 300 such cases in 2018), there is no streamlined process connecting residents to health care services.

The Randolph Police Department (RPD) endeavors to improve this process. In 2018, RPD partnered with South Shore Mental Health to bring on a mental health clinician specially trained in mental health crisis. This clinician will be embedded in the department. In addition, every officer

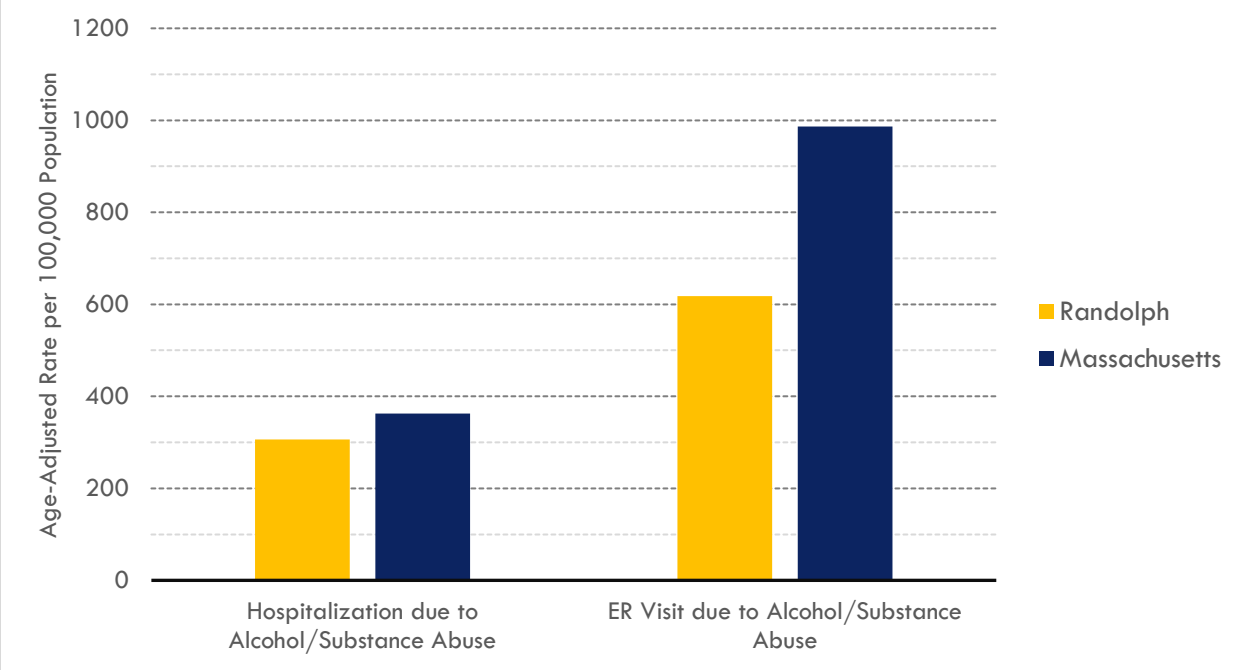
will be trained in Mental Health First Aid by the end of 2019. This could help improve communication and improve service delivery.

Overall participants observed the need for greater awareness of mental illness, improved communication between service providers, increased mental health education within the schools, and a community health center which could improve access to behavioral health services for the Medicaid insured (see Healthcare Access Section). They also saw improving social cohesion as a way to address mental health concerns.

Substance Use

As seen in Figure 37, alcohol and substance use related hospitalization rates were lower in Randolph than the state overall. Randolph's Police Department's Commander Avery suggests that these results could be a result of Randolph's demographics, specifically as they relate to opioids. Nationwide, opioid-related deaths are disproportionately occurring among the White, non-Hispanic population.[81] The South Shore Health Compass (http://www.bluehillscha.org/south-shore-compass) shows that within Randolph's population, white residents visit the ED and are hospitalized at significantly higher rates (1,151.8 and 589.1 per 100,000 residents) than the town overall. However, as illustrated in the Population Characteristics section, a smaller proportion of Randolph residents fit this description than nationwide.

Figure 37: **Substance Use Hospitalization and ER Rates in the Town of Randolph and State of Massachusetts**



Source: MassCHIP, 2012. Retrieved from Plymouth and Norfolk Counties Health Compass, http://www.southshorehealthcompass.org/

While not widespread, focus group participants perceived illicit substance use as negatively impacting public safety in their community. Participants observed that, while Randolph has been affected by the opioid epidemic, substance use is not concentrated in one area of the town. Commander Avery expanded, sharing that the mobile nature of both residents and crime in

Randolph (see Crime and Safety Section) is a variable the RPD contends with in addressing substance use. In 2018, there were 36 overdoses in Randolph, the number is down from 71 in 2016.

A substance abuse prevention grant enabled the Public Health Nurse, along with the Randolph Fire and Police Department, to attend a related conference and hold three workshops on recognizing the signs of substance abuse and raising awareness on resources. The grant also enabled the purchase of naloxone rescue kit for the defibrillators in town hall and the DPW. Municipal informants highlighted the importance of naloxone availability to overdose prevention. RPD has provided a post-overdose door knocking program in the past, but it is currently suspended due to safety concerns and limits to manpower.

Youth Substance Use

Participants in the youth focus groups did not mention alcohol, marijuana, or other illicit drug use, but listed e-cigarettes and vaping as top health concerns for their age group. Other outreach processes have found that youth substance and alcohol use are a large concern for community members. The 2013 Randolph Youth Survey (YRBS) found that RHS students listed substance and alcohol use as a top concern. Youth substance and alcohol use was also a top concern for community members from Milton, Quincy, and Randolph interviewed for the 2016 Beth Israel Deaconess Hospital-Milton CHNA.

Student survey results indicate that substance and alcohol use is less prevalent among Randolph youth than youth nationwide. Monitoring the Future (MTF) survey results indicate that, in comparison to a national sample, a larger than average proportion of Randolph students have never drunk an alcoholic beverage, smoked a cigarette, or used marijuana or hashish.[82,83] Aligned with these data, the 2013 Randolph YRBS found that while fewer students abstain as they get older, the majority of students had never had a drink or used marijuana. MTF observed that a larger proportion of Randolph students report that they strongly disapprove of binge drinking and regularly smoking cigarettes than nationwide. Attitudes toward alcohol and smoking play a role in future use. There was no available data on use of e-cigarettes.

Prescription drug use, specifically of opiates, is a concern throughout the region, because it can be an entry point for use of non-prescription opiates. In 2013, the YRBS found that 6% of students reported using prescription pain relievers without a doctor's orders in the past 30 days. Ease of access to substances is often correlated with use rates. According to the YRBS results, many students believe that prescription drugs are easy to get. While MTF found that a larger than average proportion of Randolph students report having never used illegal drugs,[84,85] it is possible that students do not consider prescription drugs illicit.

While substance use disorders may not be as large of a concern for Randolph as surrounding communities, it remains present in the town and should be monitored. In 2013, more than 20% of students indicated on the YRBS that someone in their family has had a severe drug or alcohol problem. Rates of substance use related ED visits and hospitalization, while less than regional rates, saw year over year increases from 2011 to 2013, the most recent year for which we have hospital records data.

Health Care Access and Utilization

Introduction

Meeting health care needs is dependent on the availability of appropriate services, having quality health insurance, and otherwise being able to access care. Insufficient or incomplete health care services, limited health insurance, or transportation, economic or cultural barriers are factors that can impede healthcare service access. Typically, poor people and those with health issues face such barriers to accessing and using health care services at a higher rate.

Summary Findings

Resources and Use of Health Care Services

- The Randolph Public Health Department provides important immunization services in addition to providing other essential public health functions.
- Randolph is in the service area of several regional hospitals, however, focus group participants noted the absence of and need for a federally qualified health center and acute care facilities within Randolph.
- Most of Randolph's residents have health insurance. Of those that do not have health insurance, they are more likely to be unemployed or poor.

Challenges to Accessing Health Care Services

- When asked about access to health care services, focus group participants cited transportation, long waits, language and cultural barriers, and shortages of providers willing to serve the Medicaid insured as top barriers to care. Those residents who are uninsured or receive public health insurance have limited access to nearby primary care, including pediatric care.
- Older adults and Randolph residents who rely on forms of public transportation face significant barriers to accessing care.
- Finding a culturally competent provider is another barrier of care. This includes access to providers who speak patients' native language or offer translation services.

Resources and Use of Health Care Services

> *"We need a health center in town… there is no hospital, urgent care center, no x-ray facility, no diagnostics"*
>
> *– Focus group participant*
>
> *"[To get to my primary health care provider] I go all day…the bus is one hour, when I miss this bus, I wait another hour."*
>
> *- Immigrant Resident Focus Group Participant*
>
> *"[There are] multiple locations up and down north and south Main Street for outpatient care but no acute care services in this town."*
>
> *– Focus group participant*

Randolph is served by its Health Department. The Health Department assists the town in meeting public health regulatory requirements and works with the Board of Health to support the 10 essential functions of public health:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Residents praised the Randolph Public Health Department for their work on streamlining the referral pathway for school physicals while their school immunization and popular flu clinics take place on location. Older adult participants wished that the adult immunization program could expand to cover other vaccinations, like shingles.

Randolph Public Schools seeks to promote student health and prevent the spread of communicable diseases in the school setting. All six Randolph public schools have a school nurse, who provide a range of student health services, including emergency care for students, management of health records; developing and managing individual health care plans; and ensuring students meet requirements for immunizations, disease prevention and general health. Further, students are offered dental services.[86]

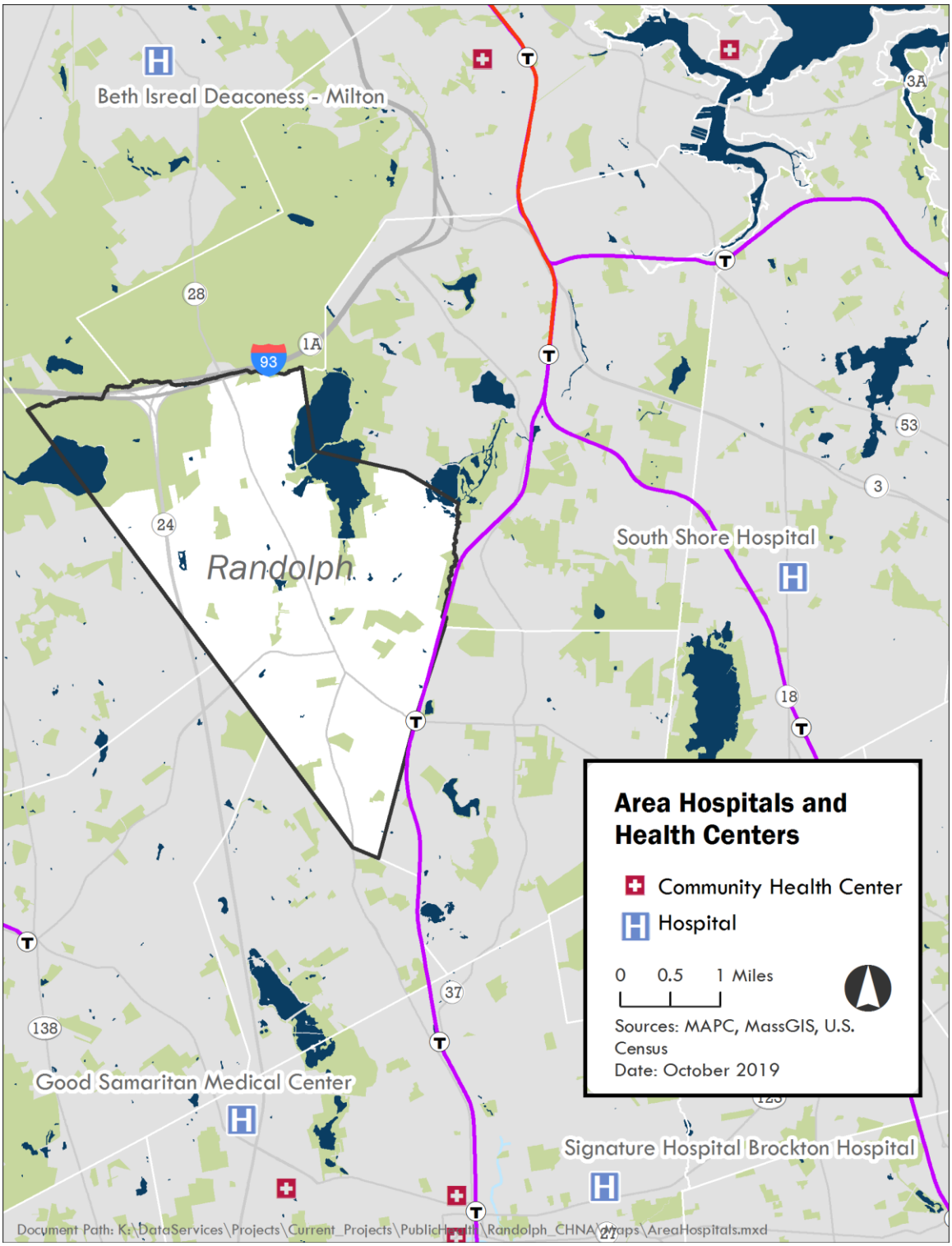
Several area hospitals serve Randolph. The Town is part of the Blue Hills Community Health Alliance (CHNA 20) and is located within the primary and secondary service area of 4 hospitals; Signature Healthcare Brockton Hospital, South Shore Hospital, Beth Israel Deaconess Hospital – Milton, and Good Samaritan Medical Center (Figure 38). Town residents reported receiving care from providers outside of these four as well, such as Boston Medical Center and Codman Square Health Center. There are no community health centers or related satellites within the town limits.

Assessment participants were concerned about the lack of a federally qualified health center and acute care providers accessible to residents. While there are several primary care providers (PCP) in Randolph, there are no pediatrics PCPs. Further, there are no outpatient facilities, urgent care centers, lab services, or medical specialists within the town, so residents must travel to other communities to access these types of health care services. This resource gap was seen as particularly problematic for those without a personal vehicle, older adults, and young children. **Participants also described a limited number of providers who serve Medicaid insured or low income, uninsured patients.** A federally qualified health center would increase access to primary care, including pediatric care, for those who are uninsured or are covered by MassHealth.

The RHS School nurse services were discussed as underutilized health resources by teenagers of the youth focus group participants. Students were unclear on the services offered by their school nurse and were more familiar with seeing the school trainer for sports injuries. Some noted that they had visited the nurse for bottled water or crackers. One interviewee shared that they would like the nurse to provide more resources, noting that "*when someone is sick and needs something to feel better… the nurse doesn't have everything, so that person would have to go home or just stay there. I want that to change.*"

While gaps in health care resources were a concern for residents, health care insurance coverage was perceived as less of an issue. **Nearly 100% of Randolph and Massachusetts residents reported having health insurance.**[87] While participants spoke to the barriers posed by public health insurance, they did not perceive any difficulties accessing insurance coverage. **Yet, the data shows that gaps in coverage remain, especially among Randolph's more vulnerable residents;** 16.7% (+/-9.0) of unemployed residents are uninsured and 10.3% (+/-6.2) of households are living in poverty.

Figure 38 **Area Hospitals and Health Care Centers**



Challenges to Accessing Health Care Services

> *"The poor people who do not have cars are the ones who suffer… it is a class issue."*
>
> *– Blue Hills Community Health Alliance CHNA*
>
> *"If my children are in respiratory distress, I am concerned about having to bring them to Boston, which can take an hour in the car to get care for them. I've gone to Milton, and they've given my kids oxygen, but they then still tell me I need to go see my children's doctor."*
>
> *– Focus Group Participant*

Access to care can be affected by different factors such as, having health insurance, having a usual source of care, and timeliness of care.[88] Individual access can also be influenced by language spoken at a healthcare facility, cost of doctor visits, and difficulties encountered when seeking care. As a critical piece of promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity, improving access to comprehensive, quality health care is a national goal of Healthy People 2020.

When asked about access to health care services, focus group participants cited transportation, long waits, language and cultural barriers, and shortages of providers willing to serve the Medicaid insured as top barriers to care. Those residents who are uninsured or receive public health insurance have limited access to nearby primary care, including pediatric care. They report having to go further, or to medical providers with longer waits, to receive care. This was an area of particular concern for families with young children who have to choose between day-long wait times at Brockton Hospital or driving an hour into Boston in order to see a pediatrician.

While cost of care did not come up in assessment conversations, survey findings listed it as frequent obstacle to care in the CHNA 20, BIDHC Milton, and South Shore Hospital community health needs reports. Participants reflected costs may be a barrier for those on public health plans, especially for follow-up medical appointment.

Older adults and Randolph residents who rely on forms of public transportation face significant barriers to accessing care. In the Randolph Senior Survey, the population of Randolph seniors who reported a method other than driving themselves as a primary mode of transportation were also less likely to think that chronic care, caregiver support, and primary care were very accessible. A focus group participant reported that her mother goes to Codman Square Health Center by senior service transit and that "*this is an all-day excursion for her. Means she has to take a bus very early in the morning and expect to wait for a long time to be seen.*" The Blue Hills Health Alliance CHNA report adds that "*even for families with a car, paying rent and other bills can leave you without a way to pay for gas.*"

Finding a culturally competent provider is another barrier of care. This includes access to providers who speak patients' native language or offer a translation service. Focus group participants mostly became aware of available health services through word of mouth from residents of their cultural background. They noted that communities that share a culture or language often go to the same health care centers for this reason. "*You go to places because they offer interpretation services in your language or a health care provider might have a familiar last name*." Informants reported that they may see a provider who is further away because of language services or community trust. This creates transportation barriers for residents who must arrange transport or find time to drive long distances.

Informants shared that nearby hospitals employed telephone translation services, but that these were often not sufficient to overcome communication barriers. Until 2018, Randolph Public Health Nursing supervised two Community Health Workers to help residents navigate their health care at BID-Milton Hospital. They also provided translation support to the health department in their work.

Culture and language barriers are significant obstacles to Randolph's public health initiatives, as well. Steering committee members observed that flu clinics had great success reaching particular segments of the population but struggled to reach others such as immigrants. Interviewees perceived that newly arrived families do not always understand Massachusetts's vaccination program and they do not get a clear explanation from the schools, resulting in situations where children end up getting held out of school for extended periods. Referral pathways were another barrier; most new arrivals to the school (new immigrants and out-of-state students) go through the Family Resource Center where they are referred to town public health nurses for vaccinations. Randolph's public health nurse provides immunizations to children free of cost through the Vaccines for Children Program (VFC). Physicals, also required prior to children starting at Randolph Public Schools, are outside the public health nurse scope of practice. Without a pediatrician or community health center available to Randolph's families, these vital health services can become a barrier to a child's education.

COMMUNITY WELLNESS PLAN

The Community Wellness Plan (CWP) articulates goals and recommendations to improve health in Randolph. The CWP responds to the priority health issues and needs identified in the CHNA and articulates long-term, systematic, broadly informed priorities and strategies for realizing the community's vision for improved health. Goals and recommendations range from narrow, specific items to broad visions. Some describe strategies for continuing and building on current, impactful initiatives, whereas others describe new initiatives that respond to pressing needs. Some are time-sensitive and require immediate attention, while others are more transformational in nature and scope, and will take time and investments to achieve. Herein, a "**Goal**" is an aspirational statement that describes the future conditions if desired change takes place. A "**Recommendation**" describes an informed[†] approach for achieving a Goal; these are written as directional statements (i.e. increase, decrease, enhance).

CWP Implementation will build on and expand efforts to-date, and more specifically articulate the steps needed to make Randolph a healthier and more vibrant town. In implementation, working groups will be established to focus on priority CWP Goals. During the CWP process, some Actions were identified for some of the Recommendations. In implementation, Working Groups will articulate more "**Actions**" that describe the specific and measurable steps needed to achieve Recommendations. Tracking the progress made on implementing health promoting strategies is vitally important; together, Working Groups and the Steering Committee will also define "**Outcomes Indicators**", a common set of indicators to monitor and track progress. The CWP is intended to be a living and adaptable guide for improving health in Randolph. As "Actions" and "Outcomes Indicators" are defined, these will be nested under Recommendation statements and Goals statements, respectively.

[†] The CWP recommendations are responsive to the Randolph health-related needs and issues identified through and by a community survey, focus group discussions, key stakeholder interviews, the CHIP steering committee, secondary data analysis and mapping, and municipal and regional plans.

Summary of Goals

Implementation

1. **Goal: The Randolph Community Wellness Plan is strategically implemented and public health in the Town is improved.**

Community

2. **Goal: Randolph is a safe and welcoming town that celebrates its unique diversity, encourages civic participation, and connects neighbors.**

Health Care & Public Health

3. **Goal: Randolph residents have access to affordable, accessible, and culturally competent preventive care and medical treatment.**

Transportation

4. **Goal: Randolph's transportation network provides residents with safe, multi-modal, and regionally coordinated options that promote health, particularly for those with mobility and income constraints, youth and seniors.**

Housing

5. **Goal: The mix of housing types meets the needs of Randolph residents, and residents live in homes that are safe, affordable and healthy.**

Parks, Open Space & Recreation

6. **Goal: Randolph residents have access to well-maintained, safe parks that promote recreation and are located near their homes.**

Healthy Food

7. **Goal: Residents have access to enough convenient, affordable, healthy, and culturally preferred food options at stores, in school, and through food assistance programs.**

Schools

8. **Goal: Randolph Public Schools promote student and staff health and engagement.**

Goals, Recommendations, and Actions

Implementation

9. **Goal: The Randolph Community Wellness Plan is strategically implemented and public health in the Town is improved.**

    9.1. Recommendation: Establish a structure and roles for implementation that builds on the Collective Impact Framework and includes a backbone organization, steering committee, working groups, and partners.

    9.2. Recommendation: Secure funding for sustaining the administration, coordination and implementation of the CWP.

    9.3. Recommendation: Apply for the Community Compact Best Practices Program and select to advance the Public Health Best Practices that will improve public health and healthy community initiatives, such as the "Healthy Community Design" or the "Local board of Health" best practices.

    9.4. Recommendation: Foster inclusive participation in planning and implementation activities by priority youth, older adult and immigrant resident groups, and other groups that experience disparate health outcomes.

    9.5. Recommendation: Build the capacity of CWP leadership through funded Collective Impact Framework and other capacity building trainings.

    9.6. Recommendation: Track progress on the CWP and communicate progress updates to Randolph residents and stakeholders through diverse media channels and events. Do this annually or more frequently.

Community

10. Goal: Randolph is a safe and welcoming town that celebrates its unique diversity, encourages civic participation, and connects neighbors.

10.1. Recommendation: Identify barriers, solutions, and pathways to increased participation and leadership by immigrant residents in municipal and school decision-making.

10.1.1. Action: Establish a municipal racial equity taskforce.

10.1.2. Action: Provide all municipal and school staff and leadership with equity training.

10.1.3. Action: Institute municipal and school policies to explicitly advance racial equity.

10.2. Recommendation: Institute municipal and school policies that promote a multilingual culture in all activities, ensuring that materials and communication are in Vietnamese, Haitian Creole, and other primary languages spoken in Randolph, in addition to English.

10.3. Recommendation: Increase opportunities for civic participation by Randolph residents in town issues and events.

10.3.1. Action: Continue efforts like the Randolph 101: Citizens' Academy, to increase resident knowledge of Town and school governance structures, processes, and opportunities for engaging in such processes.

10.3.2. Action: Efforts should include promoting citizen tools that allow residents to communicate with Town government bodies, such as "SeeClickFix" a tool for reporting non-emergency neighborhood issues, or website chat services, available on some town sites, that allow residents to communicate directly with Town staff.

10.3.3. Action: Efforts should include maintaining a centralized communication platform to encourage exchange and awareness of initiatives between Town departments.

10.3.4. Action: Efforts should include providing residents with one digital location to find a range of useful Town-related information, in languages that reflect those spoken by Randolph residents. Efforts should build on the Fall 2019 collaboration with Boston University's MetroBridge program that is developing the best methods and process for resident communication.

10.4. Recommendation: To preserve a welcoming, engaged and connected community, implement housing and economic development strategies that prevent displacement; promote economic stability, homeownership and wealth generation; and increase affordable housing and a variety of housing types that meet the accessibility and service needs of Randolph residents across income levels and across all life stages. Reference the housing recommendations for more.

10.4.1. Action: Support and enhance existing efforts in Randolph toward this recommendation, such as the THRIVE Financial Opportunity Center in Randolph which provides an integrated set of services aimed at increasing the incomes and financial stability of Randolph families.

10.4.2. Action: The Equity Forward Uphams Corner project facilitated by MAPC further articulates these strategies. Reference this project for ideas for implementing these strategies.

10.5. Recommendation: Support, expand, and ensure funding for programming that fosters resident capacity building.

10.5.1. Action: In particular these should include programs, services, jobs and English language classes at the Randolph Intergenerational Community Center, programs and services offered from Randolph Public Schools, the Turner Free Library, the Randolph Community Partnership, YouthWorks summer jobs programs.

10.6. Recommendation: Establish programs to support resident-led, municipally-supported projects to make Randolph's neighborhoods and streets more connected, safer, cleaner, and more vibrant.

10.6.1. Action: Projects should seek to encourage street play, reduce traffic, slow car speeds, improve biking and walking safety, and connect key neighborhood locations, such as schools, parks, and neighborhood squares. Projects can accomplish this by including pavement murals, bump outs and corners, signage, neighborhood parklets, colorful crosswalks and bike lanes. Neighborways is a leader in such neighborhood street calming programs, which Boston, Chelsea, Everett, Revere, and Somerville have implemented on their residential streets. This complements the transportation recommendations.

10.6.2. Action: Institute initiatives to promote community beautification and greening through programs like the Keep America Beautiful program, which Randolph recently joined. This can include community clean-ups, litter prevention, trash and recycling containers and programs, graffiti abatement, vacant lot transformation, and tree and native species plantings.

10.6.3. Action: Establish a Community Action Mini Grant Program that will enable community members to submit proposals for project ideas that serve to implement CWP actions or align with the broader vision for a healthier Randolph. These may include projects such as block parties, establishing neighborhood associations, neighborhood street traffic calming, placemaking initiatives, or community greening or gardening initiatives.

Health Care & Public Health

11. Goal: Randolph residents have access to affordable, accessible, and culturally competent preventive care and medical treatment.

11.1. Recommendation: Facilitate development of a Federally Qualified Health Center.[u] Build awareness and local support for the health center through workshops, informational materials, and coalition building efforts with community partners.

11.2. Recommendation: Towards improving access to non-emergency medical care and health-supporting services for older adults and those that do not drive, partner with Blue Hills Regional Coordinating Council on the regional assessment of current transportation barriers and participate in piloting solutions, currently underway.

11.3. Recommendation: Continue and build on the Public Health Department's capacities and functions. Increase capacity through expanding funding and health department staff capable of enforcing health and other codes, providing inspectional services, and providing population and community health services. Sustain ongoing work in Environmental Health, Community Health, and Public Health Emergency Preparedness, and expand community health functions of the department to include facilitating the implementation of the Randolph Community Wellness Plan.

11.4. Recommendation: Coordinate resources and provision of student and family health services (i.e. immunizations and flu vaccinations) and social services between Randolph Health Department, Randolph Public Schools (including School Nurses, and the Family Resource Center and Registration Office), and area health centers.

11.5. Recommendation: In all Town- and School- provided health and social services, ensure appropriate linguistic and culturally competent supports. Refer to the national standards for Culturally and Linguistically Appropriate Services (CLAS) for guidance.

11.6. Recommendation: Toward providing community support to individuals in Randolph with mental health issues, continue to support Mental Health First Aid training for Randolph Police and explore participation by the Randolph Police, Fire, Health, Veterans Services and other Departments in a program such as the One Mind Campaign, which uses coordinated training, partnerships, and response protocols to support individuals in mental health crisis.

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[u] Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

Transportation

12. Goal: Randolph's transportation network provides residents with safe, multi-modal, and regionally coordinated options that promote health, particularly for those with mobility and income constraints, youth and seniors.

12.1. Recommendation: Develop and adopt a Complete Streets Policy and a Prioritization Plan to unlock transportation improvement funding.

12.1.1. Action: Unlock up to $400,000 in annual construction funding from MassDOT by developing a Complete Streets Policy and a Prioritization Plan. MassDOT has several resources on www.masscompletestreets.com for starting this process. MassDOT also provides communities with funding to work with consultants to work through the Prioritization Plan process. There are also several local and national resources for rural and context-sensitive design of complete streets for historic and rural/small town areas.

12.1.2. Action: Formalize inclusion of the Disabilities Commission and Council on Aging in complete streets planning and implementation to ensure that improvements comply with Americans with Disability Act (ADA) standards for accessible design.

12.2. Recommendation: Adopt a data-driven traffic safety practice to identify locations with high crash potential and prioritize capital investments for interventions to reduce the risk of crash-related fatalities and injuries.

12.2.1. Action: Work with MassDOT and/or MAPC to analyze traffic and crash data from the most recent five years to determine areas that not only have concentrations of crashes, but also higher crash or injury rates compared to regional or statewide averages. These data can help prioritize areas for safety improvements.

12.3. Recommendation: Proactively engage in Transportation Planning processes by MassDOT and the MPO and communicate the transportation infrastructure investment needs for Randolph.

12.3.1. Action: Work with the Boston MPO to determine which infrastructure projects might be eligible for funding, including the new Community Connections that provides funding for infrastructure that connects transit services with employment centers and other community destinations.

12.4. Recommendation: Advocate for improved transit infrastructure and funding, including increased system capacity and system improvements. Examples include, improved MBTA and BAT bus services, increased shuttle services from hubs to businesses, and increased number of clean air buses, and transit facilities such as bus shelters and wayfinding signage.

12.4.1. Action: Work with the MBTA to assess and prioritize the accessibility improvement needs of the existing bus stops in Randolph though the MBTA's Plan for Accessible Transit Infrastructure (PATI).

12.4.2. Action: As the MBTA works on the Bus Network Redesign and BAT on their new five-year Transit Plan, proactively meet with each transit authority to review possible service improvements, including stop relocations and infrastructure improvements that will help with community access.

12.4.3. Action: Conduct a local mobility study to determine better east-west and first mile/last mile connections to employment and community resources, including medical, and determine pilots for local shuttles that could be funded through the Boston MPO Community Connections program, the MassDOT Community Transit Grant Program, and the MassDOT Workforce Transportation Program.

12.5. Recommendation: Prioritize pedestrian and bicyclist capital investments which improve sense of security and enhance safety along corridors and recreational paths that connect to healthy destinations such as grocery stores, commercial districts, recreation destinations, parks, childcare, transit stations and schools. These investments should include improved lighting, audible pedestrian signals, crossing times, comply with ADA standards for accessible design, and use of evidence-based interventions.

12.5.1. Action: Formalize inclusion of the Disabilities Commission and Council on Aging in corridor planning and site plan review processes.

12.5.2. Action: Explore extending in either direction the recreational path in Randolph (running under the bridge at N. Main Street and Depot Street), and installing pavement, lighting and wayfinding signage. Ensure that these improvements extend to the RICC as well as other recreational, residential and other nodal areas. This complements the Open Space & Recreation recommendations.

12.5.3. Action: To better understand breaks in the walking network, map out the existing sidewalk network, signalized crosswalks, and community resources such as the recreational facilities, schools, senior centers, medical centers and grocery stores.

Housing

13. Goal: The mix of housing types meets the needs of Randolph residents, and residents live in homes that are safe, affordable and healthy.

13.1. Recommendation: Conduct and adopt a state-certified Housing Production Plan (HPP) to offer more detailed documentation of specific housing needs, and additional tools to meet these needs, and keep the Town in safe harbor from 40B development (currently 10.7 % in Randolph).

13.1.1. Action: If the Town would like to prepare an HPP, municipalities in the MAPC region can apply to work with MAPC through its Technical Assistance Program. Calls for project proposals are typically issued twice a year. If approved, MAPC will work with the Town to develop a scope of services for the project.

13.2. Recommendation: Make zoning and related policy changes that allow for the production of naturally occurring affordable housing stock (accessory dwelling units, multi-family and multi-generational housing) in all neighborhoods and to allow for more density in compatible locations.

13.2.1. Action: Work with Mass Housing to identify naturally occurring affordable housing types that should be allowed.

13.2.2. Action: Create awareness for these housing types and address any community concerns through a public engagement process.

13.2.3. Action: Draft regulations permitting these housing types in areas of town that are suitable for housing (close to existing transit, infrastructure, employment opportunities, parks and amenities). Relieve zoning requirements in existing zones that restrict or discourage these housing types.

13.2.4. Action: Evaluate eligibility and opportunity to establish a 40R Smart Growth District.

13.3. Recommendation: Increase affordable housing availability by supporting development proposals which provide affordable units and adopting an Inclusionary Housing ordinance to require a percentage of housing units to be set aside as deed-restricted affordable that are accessible to low and moderate-income households.

13.3.1. Action: Hire a consultant to draft an inclusionary zoning ordinance with carefully crafted requirements based on market conditions and development costs. Requirements should address housing need but shouldn't discourage overall housing development. If the Town would like to draft an HPP, funding may be available from the MAPC Technical Assistance Program.

13.4. Recommendation: Develop new deed-restricted Affordable Housing and Affordable Housing with supportive services, and preserve, maintain, and upgrade existing NOAH and deed-restricted Affordable Housing units.

13.4.1. Action: Seek and secure development and maintenance funding for affordable housing; refer to "A Guide to State Development Resources" produced by the Massachusetts Department of Housing and Community Development (DHCD) for a list and description of such funding sources.

13.4.2. Action: Offer financial assistance to small landlords to upgrade their properties to improve the quality of housing for tenants. Financial assistance should be offered with the condition that housing units receive a deed-restriction ensuring affordability.

13.5. Recommendation: Offer financial assistance and tenant protections to help Randolph residents remain in their homes.

13.5.1. Action: Provide tax relief to income eligible owner-occupied households to help reduce cost burden and remain in their homes.

13.5.2. Action: Assess local capacity to support a home loan improvement program and promote existing state programs such as the Mass Housing home improvement loan program to help aging or disabled homeowners make the necessary home modifications to age in place.

13.5.3. Action: Adopt and advocate for tenant protections such as a local tenant protection ordinance or just cause eviction legislation to protect tenants vulnerable to displacement pressures.

13.6. Recommendation: Maintain a partnership of community, health care, and municipal partners to provide testimony and evidence at local processes that support the preservation and production of affordable housing.

13.6.1. Action: Prepare a list of current partners and potential partners for outreach

13.6.2. Action: Provide meeting spaces and technical assistance to facilitate partnerships and share resources and information

Parks, Open Space & Recreation

14. Goal: Randolph residents have access to well-maintained, safe parks that promote recreation and are located near their homes.

14.1. Recommendation: Implement coordinated maintenance protocols to preserve and enhance the image, character, and quality of existing open space and recreational facilities.

14.2. Recommendation: Develop and preserve parks and open spaces in neighborhoods where there is currently limited availability of such amenities. These should include larger town parks, neighborhood pocket parks, and infrastructure that facilitates bicycle, pedestrian, and transit access to them.

14.2.1. Action: Explore opportunities for creating pocket parks on underutilized parcels and/or municipally-owned properties.

14.2.2. Action: Where school grounds comprise the second largest portion of Randolph-owned open space, assess the portion dedicated to recreational use, and strategize to maximize this type of use.

14.3. Recommendation: Explore renovations to or rebuilding the Randolph Community Pool.

14.4. Recommendation: Assess public transit service, walkability, and safe bike routes to parks and recreational facilities, and identify improvements that would increase Randolph resident access. This complements the transportation recommendations.

14.4.1. Action: Explore partnership between Randolph entities and the Blue Hills Reservation to increase awareness and use of the Reservation's recreational activities and programs.

14.4.2. Action: Explore wayfinding signage, transit service, and infrastructure improvements to increase walking, biking, and transit access from Crawford Square to Powers Farm.

14.5. Recommendation: Explore sites and parcels, such as Nike Missile Site, that might be eligible for brownfield redevelopment to create new public open space amenities.

Healthy Food

15. Goal: Residents have access to enough convenient, affordable, healthy, and culturally preferred food options at stores, in school, and through food assistance programs.

15.1. Recommendation: Establish a municipal food policy council to develop a forum for advocacy and policy development to ensure equitable, healthy food access for all residents

15.2. Recommendation: Create food procurement policies to increase healthy and local food purchasing in Randolph across different institutions such as schools, the RICC, and municipal offices to ensure meals offered to students, elder residents, town staff and other residents are nutritious.

15.3. Recommendation: Establish a Healthy Food Zone Ordinance or amend the zoning code to prohibit additional fast-food and formula fast-food establishments and food and beverage vendor carts from locating near schools. Currently these are permitted by right or by a permit from the Town Council in a range of business and highway districts in Randolph. Reference ChangeLab Solution's model ordinance.

15.4. Recommendation: Partner with the Department of Transitional Assistance, Women Infants and Children (WIC) and other organizations to ensure that all residents who qualify for SNAP, WIC, and other food assistance program are aware of the resources and can apply for enrollment easily and in their primary language.

15.5. Recommendation: Encourage development of small and independent food businesses that increase availability of healthy and culturally diverse food options. Investigate application to the Massachusetts Food Trust Program for grants, loans and technical assistance to make this happen.

Food Policy Councils (FPCs) are multi-sectoral networks that address food-related issues and needs of a particular place. Through collaboration among diverse sectors FPCs reform food systems through public policy. There are more than 20 local food policy councils in Massachusetts. For more information click here:

A Health Food Zone Ordinance prohibits new fast food restaurants from locating within a certain distance from any schools or other designated locations children are likely to frequent such as parks, playgrounds, or youth centers. It does not prohibit operation of existing fast food restaurants. For more information click here.

Schools

16. Goal: Randolph Public Schools promote student and staff health and engagement.

16.1. Recommendation: Establish a wellness committee comprised of school and health representatives that will guide the revision, adoption, and implementation plan of the Randolph Public Schools Wellness Policy.

16.2. Recommendation: As of the 2019-2020 school year all Randolph students receive free breakfast and lunch through the Community Eligibility Provision program. To ensure that students have enough healthy food outside of school and at home, revisit reinstating at the "Backpack Program" with dedicated staff, and fund after-school, school cancellation day, and summer meal programs.

16.3. Recommendation: Make facilities improvements to Randolph Public Schools in alignment with the goals and recommendations of the Randolph Comprehensive Master Plan and related school facilities capital improvement priorities.

16.4. Recommendation: Assess feasibility of and develop school-based health centers that give students access to health care at schools, which puts them in a better position to learn and overcomes transportation barriers. This complements the health care and public health recommendations.

IMPLEMENTATION

The Randolph Community Wellness Plan implementation will draw from the successes Randolph has had with project implementation previously and the Collective Impact Framework.

Building on Successes in Randolph

Randolph CWP steering committee members reflected on projects and initiatives that have previously been implemented in Randolph and shared the elements of them that made them successful.[v] The projects included Powers Farm; a 2008 plan for improving Randolph Public Schools; Imagination Station[89] – Randolph's largest community playground; Turner Free Studio, the local library's digital media studio; and the Randolph Public School, Back to School Jamboree.

Project strengths identified included:

- **Multi-sectoral partnerships increased capacity.** All projects discussed engaged partners beyond the municipal or school system leadership. Initiatives were often led by municipal department staff (i.e. planning, DPW, library), school district staff, and commissions (i.e. conservation). In some cases, they engaged outside consultants that provided important expertise and capacity (i.e. related to ecological assessments, design and construction, and community engagement facilitation). And, in some cases private entities were important partners (i.e. businesses, Higashi school).
- **The community informed and was involved in doing projects.** All projects described engaged community members. Youth involvement was noted to be of particular importance. Larger projects included community meetings and workshops (i.e. Powers Farm and the Randolph Public Schools project), that engaged a greater number of residents. The Randolph Public Schools project was emphasized as exemplary in its community engagement approach, in which a hired facilitation consultant convened a very successful community workshop. The Imagination Station project held a design workshop with children for the playground, and a subsequent community build day for its construction.
- **Several sources of funding were required.** Projects typically applied several sources of funding and other resources. These included town staff time and resources, municipal funds (i.e. Community Preservation Act), Randolph public school funds, state funds (i.e. Local Acquisition for Natural Diversity Grant), donations (Costco and United Way), and in-kind contributions (i.e. use of meeting spaces).

[v] Steering Committee members provided this feedback at the July 12, 2019 CHIP Steering Committee Meeting.

- **Tracking project implementation guided improvements.** Some projects tracked participation. In the case of the Back to School Jamboree, this information led to a change in location of the event to attract more middle and high school age youth.

Steering Committees also shared **hurdles** they generally encountered in implementing projects and initiatives. These are included here to understand and learn from constraints and challenges encountered in previous project work, and proactively address them in future projects. Some of the key hurdles included:

- **Capacity limitations** Limited staff to lead and guide projects.
- **Responsibility** Lack of coordination across municipal departments and limited formal assignment of responsibility for maintenance of projects, particularly park projects.
- **Funding** Limited funding sources.
- **Distrust and tensions** As they pertained to the Randolph Public School project, distrust of school department and racial tensions were mentioned.

The Collective Impact Framework

Collective Impact[90] is a structured approach to bringing people together to coordinate and act on complex issues, to bring about positive social change. It has five key conditions (Figure 39) and is based on a set of practice principles. Principles include prioritizing equity, involving community members, fostering cross-sector partnerships, making iterative improvements, cultivating leadership, making system changes, encourage a culture of trust and respect, and customize action to the local context (See Appendices for detailed list of Principles).

Figure 39: Five Conditions of Collective Impact source: https://www.unitedwaylebco.org

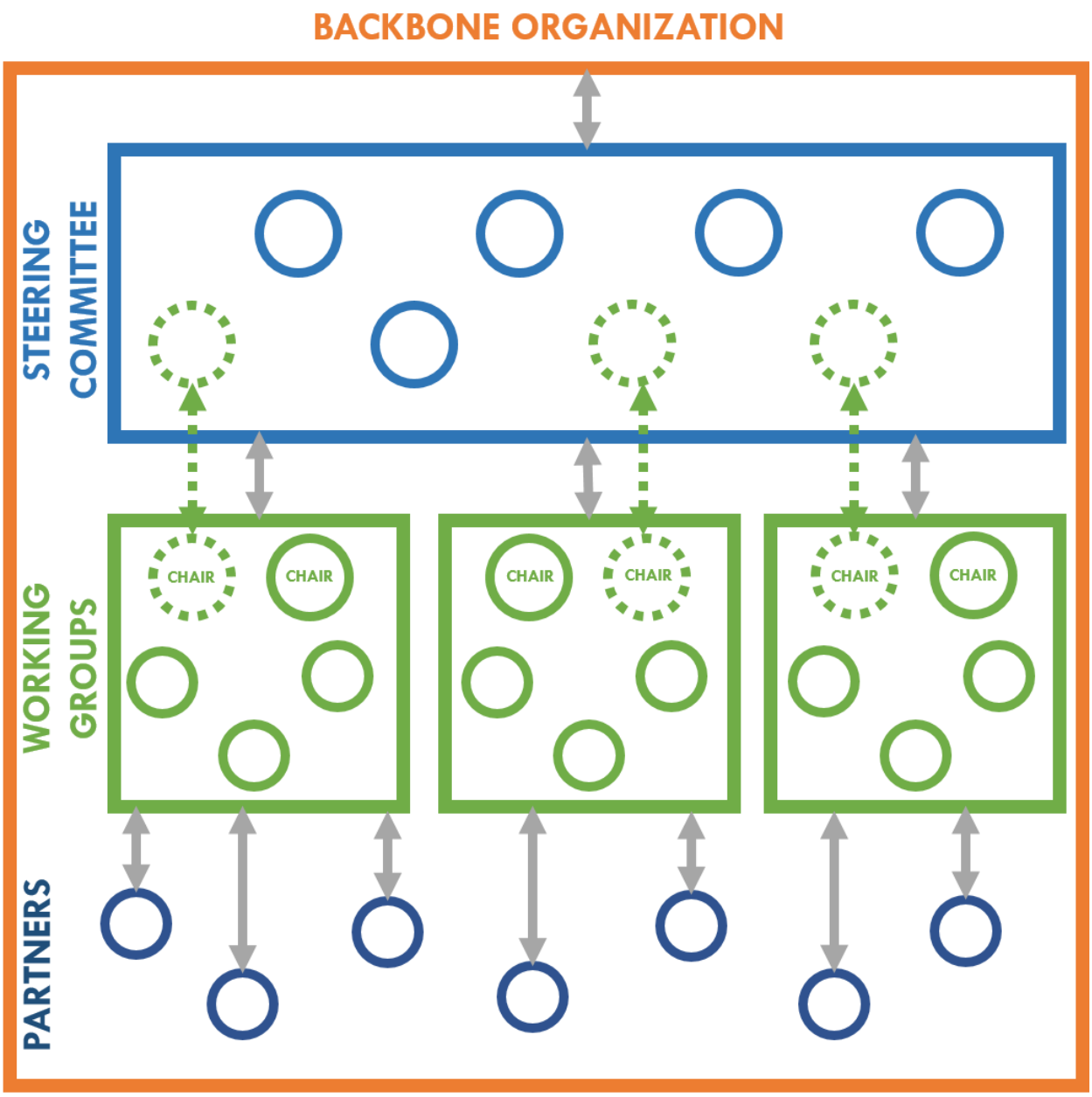
Five Conditions of Collective Impact:[91]

1. **Common agenda:** All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
2. **Shared measurement:** All participants agree on how to measure and report on progress, with a short list of common indicators identified to drive learning and improvement.
3. **Mutually reinforcing activities:** A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated, mutually reinforcing set of activities.
4. **Continuous communication:** All players engage in frequent, structured communication to build trust, assure mutual objectives, and create common motivation.
5. **Backbone support:** An independent, dedicated staff provides support and key functions for the sustained operation of the collective impact initiative.

Structures for Coordinating Activities

Application of C*ollective Impact* includes establishing structures for coordinating activities. The **Backbone Organization** supports the overall infrastructure and facilitates coordination of the Collective Impact strategy and provides six essential functions related to strategy, aligned activities, evaluation, community engagement, advancing policy, and mobilizing resources (see Appendices for detailed description of functions). The Backbone Organization has dedicated capacity, staff and funding to carry out the role. The **Steering Committee** provides strategic direction on an initiative, and is a cross-sector group, with members who bring diverse perspectives relevant to the issues addressed by the initiative. **Working Groups** coordinate action on discrete parts of the common agenda and are comprised of members with firsthand experience with the issues being acted on, who are empowered with the authority to represent and influence their organization and field. Working Groups are led by 2-3 co-chairs, one of whom is also Steering Committee member. These are the formal members and structures, but other stakeholders and community representatives are also simultaneously engaged and partnered with in the initiative.

Figure 40: **Collective Impact Organizational Structure**, adapted from Collective Impact Forum by MAPC



METHODS

Research Methods

This project was divided into 2 phases: 1) Defining the Community and Identify Needs and 2) Confirming Community Health Needs and Developing a Community Wellness Plan. MAPC worked closely with town leadership, public health department staff, and the Steering Committee throughout.

Research agenda

Project partners agreed upon a research agenda, which laid out a framework for the Randolph CHNA and included six (6) main topic areas: Demographics, Social and Physical Environment, Community Strengths and Assets, Health Behaviors and Outcomes, Healthcare Access and Utilization, and Resident's and Leaders' Vision for the Future. The framework identified the quantitative and qualitative information for each section. The Community Strengths and Assets section was ultimately dissolved and integrated into the remaining sections as appropriate.

Steering Committee Meetings

The Steering Committee met seven (7) times over the course of the project, three (3) meetings in 2018, and four (4) meetings in 2019. The meetings were progressive, and generally sought to establish a common understanding of the project scope and expectations, integrate the member's knowledge of Randolph conditions and needs into the CHNA, and provide feedback on intermediate project research, goals and recommendations, and products. A full list of meeting dates, locations, and objectives can be found in the Appendices.

Data Collection Methods

Quantitative Data

The CHNA builds off comprehensive local data collected by the Town of Randolph. Key local documents that informed this report include:

- Senior Services Report, 2018
- Land Assessor's Classification Report, 2016 to 2018
- Infectious Disease Reports, 2008 to 2018
- Comprehensive Master Plan, 2017
- Economic Development Snapshot, Spring 2017
- Monitoring the Future School Report, 2014 to 2017
- Results of Randolph Youth Survey, 2013

Secondary data was included from statewide and national, government and academic sources, such as the Massachusetts (MA) Department of Public Health, MA Department of Elementary and Secondary Education, MA Environmental Public Health Tracking, U.S. Census Bureau, the Federal Bureau of Investigations, Healthy Aging Collaborative, Warren Group, and Eviction Lab.

Additional data was included from Community Health Needs Assessment and Population Health Improvement reports of hospitals which included Randolph in their primary service area.

Qualitative Data

Focus Groups

The Steering Committee identified youth, older adults and immigrant families and key groups to engage in focus group discussions to inform the CHNA. During October and November 2018, three focus group interviews were conduct by Randolph Health Department staff and MAPC. One focus group was held for immigrant families, one for older adults, and two for youth. Each focus group had between six and 10 participants, except for the immigrant families focus group, which had one participant. The quality of the discussion for each was high but lacked a diversity of perspectives from immigrant families. To increase the immigrant resident voice, in 2019, during the second phase of the project, the project team collaborated with Steering Committee members to host a focus group with immigrant residents at an English for Speakers of Other Languages (ESOL) class; seven residents participated in the discussion.

Focus group participants were asked to discuss community strengths and problems; pressing health concerns; programs and services available and absent to address pressing health concerns; and their vision for changes that would make Randolph healthier and more vibrant in the future. The focus group conversation guide can be found the Appendices. The perspectives shared during these focus groups were integrated into the CHNA.

Crowdsourcing Data through Mapping Platform

Youth and older adult focus group participants also shared their perspectives through an interactive digital mapping platform. MAPC developed a digital map of the Town of Randolph, which prompted participants to consider features in the town that encourage or discourage health. Once identified, participants placed a marker on the map, marking the feature. They were then prompted to describe what feature was at that location, select whether it encouraged or discouraged health, then describe how it either encourages or discourages health. The features and associated information were then added to the map, shown along with all other feature entries. During the youth and older adult focus groups roughly 40 features were identified that either encourage or discourage health. The focus group entries into the map inform the **Social and Physical Environment** section. A Snapshot of the map is in the Appendices.

Community Health Survey

The CWP team developed a short Community Health Survey, responding to Steering Committee member interest to engage a broader range of Randolph residents in determining community health issues and priorities, and leverage their relationships with Randolph residents to solicit feedback. The health survey was distributed electronically and in paper form by Steering Committee members. The survey asked residents to mark the identity groups they associated with (senior, student, parent, immigrant, or other), what better health in Randolph means to them, and to explain why this is important to them. The health surveys were produced in four languages to reflect the diverse population of Randolph: English, Spanish, Vietnamese, and Haitian Creole. Steering Committee members handed out the survey to residents at numerous locations, such as faith-based churches, the RICC, the Randolph Community Partnership Inc., the Turner Library and

local events such as the annual July 3rd celebration. An online version of the health survey was also distributed on the town website and to Randolph residents who were subscribed to certain town email lists.

See the Appendices for a copy of the health survey and a summary quantitative analysis of the survey results.

Key Informants

Topical experts in Randolph helped to inform additional aspects of the project. In addition to Town of Randolph Health Department project partners and Steering Committee members, the following individuals also shared valuable insights, information and data.

Name	Affiliation	Title
David Avery	Randolph Police Department	Commander of Investigations
Nancy Gordon	Randolph Housing Authority	Executive Director
Susan Hearn	Randolph Community Partnership	Executive Director
Irene Keefe	Randolph Public Schools	JFK/RPS Nurse Leader
Ginny Laetz	Monitoring the Future	Project Manager
Ashley Stockwell	CHNA 20	Program Manager
Christine Tangishaka	Randolph Public Schools	Family & Community Engagement
Michelle Tyler	Randolph Planning Department	Town Planner
Yangyang Wang	Randolph Health Department	Research Specialist
Kym Williams	CHNA 20	Program Director

Limitations

There are several limitations to note with both the quantitative and qualitative data. As the secondary data was gathered from many sources, it should be noted that the year reported in this report varies depending on source. Health data typically lags by one to several years and for areas with small populations, data may be limited due to low numbers and privacy restrictions. All information cited in the following sections, while sometimes several years old, represents some the most up to date, publicly available data for Randolph.

Special caution should be taken in interpreting self-reported data, such as behavioral surveys. Respondents may over- or under-report behaviors due to stigma, misunderstanding the question being asked, or remembering incorrectly. While at the national level, survey data can be used to track trends with a high degree of precision, this is not true at the local level, where the number of people answering a given question may be small. Where sample sizes are small, we have interpreted reports with caution.

While the mapping exercise, focus groups and interviewees all provide valuable insights, the qualitative results are not meant to be statistically representative. Participants were recruited using non-random techniques and sample sizes were low.

FIGURES AND TABLES

Figures

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APPENDICES

Steering Committee Meetings

Community Health Needs Assessment Steering Committee Meetings		
Date	**Location**	**Objectives**
September 10, 2018	Randolph Town Hall	• Participants will have a chance to meet other steering committee members, and learn about how their work relates to the CHNA • Participants will have a shared understanding of the project and their roles in it • Participants will consider information we have to-date • Participants will help to identify the populations to engage and the topics to discuss for the focus groups and key informant interviews
October 29, 2018	Randolph Town Hall	• Participants will have a shared understanding of the project status • Participants will help develop an inventory of health promoting agencies/organizations • Participants will consider secondary information we have to-date • Participants will review focus group guide and outreach plan
December 11, 2018	Randolph Town Hall	• Participants will have a shared understanding of the project status • Participants will identify a review sub-committee for the CHNA first draft • Participants will help refine the inventory of health promoting agencies/organizations and nominate additional participants for steering committee
Community Health Improvement Plan Steering Committee Meetings		
Date	**Location**	**Objectives**
May 3, 2019	Randolph Town Hall	• Participants will have a chance to meet other steering committee members and understand how their work relates to the CHIP • Participants will understand the goals and scope of the project • Participants will understand how to gather community input with HEALTH TALK Postcards • Participants will understand their role in implementing the CHIP
July 12, 2019	Randolph Town Hall	• Participants will understand current project status and next steps • Participants will share findings from their community outreach • Participants will identify best practices for effective project implementation to inform CHIP process
September 27, 2019	Randolph Town Hall	• Participants will understand current project status and next steps • Participants will provide feedback on the draft recommendations and identify the entities that could lead their implementation • Participants will generate ideas for the November public forum, and identify what they can help with in planning, outreach and putting it on
December 6, 2019	Randolph Town Hall	• Participants will understand current project status and final steps of the planning phase • Participants will generate ideas for dissemination of the CWP • Participants will consider how they might be active in implementing the CWP • Participants will evaluate their participation the CWP process, on the Steering Committee

Inventory of Organizations and Resources

This is an inventory of organizations, entities, and departments that are engaged in promoting health in Randolph. These include health care facilities, social service providers, municipal departments, community organizations, civic groups, and others that are improving social and environmental conditions, healthy behaviors, and preventative, early detection, and treatment services to support health of residents.

Organization	Focus Area/Services	Populations Served	Service Geography (town or region)
Beth Israel Deaconness Health Care - Milton Hospital	Acute Care Hospital	All	Milton, Quincy, Braintree, Randolph
South Shore Hospital	Acute Care Hospital	All	South Shore
Boston Medical Center	Acute Care Hospital	All	Boston, Regional
Good Samaritan Medical Center-Brockton	Acute Care Hospital	All	Brockton, Regional
Brockton Hospital - Signature Healthcare	Acute Care Hospital	All	Brockton, Regional
Boston Children's Hospital	Acute Care Hospital	Youth	Boston, Regional
Randolph Medical Associates	Primary Care	All	Randolph
Beth Israel Deaconness Health Care - Randolph	Primary Care	All	Randolph
Randolph - Signature Healthcare	Primary Care	All	Randolph
Manet Community Health Center	Primary Care	All, Low-Income	South Shore
Dr. Richard Rossman	Oral Health	All	Randolph
Dental Specialties	Oral Health	All	Randolph
Dr. Quan L. Tran	Oral Health	All	Randolph
Dr. Luping Ge	Oral Health	All	Randolph
Randolph Dental	Oral Health	All	Randolph
New Life Counseling & Wellness Center	Health, Behavioral	Youth, Families	Randolph
Lamour Counseling and Consulting Clinic	Health, Behavioral	All	Randolph
South Shore Mental Health	Health, Behavioral	All	South Shore
Bay State Community Services	Behavioral Health and Substance Abuse, Multi-Service	All, Families	South Shore
Impact Quincy MA Opioid Abuse Prevention Collaborative (MOAPC)	Substance Use, Prevention	Adults	Quincy, Braintree, Randolph, Weymouth, Stoughton
Randolph Health Department	Civic, Public Health	All	Randolph

	Board of Health	Civic, Public Health	All	Randolph
	Randolph Police Department	Civic, Public Safety	All	Randolph
	Randolph Fire Department	Civic, Public Safety	All	Randolph
	Board of Recreation	Civic, Programs and Fitness	All	Randolph
	Randolph Development Authority	Civic, Economic Development	All	Randolph
	Randolph Veterans Services	Civic, Veterans Services	Veterans	Randolph
	Randolph Council on Aging	Civic, Community Wellness	Older Adults	Randolph
	Randolph Elder Affairs	Civic, Community Wellness	Older Adults	Randolph
	Randolph Local Cultural Council	Civic, Cultural	Artists, performers	Randolph
	Randolph Outreach Workers	Civic, Community Wellness	Recent Immigrants	Randolph
	Randolph Public Schools	Civic, Education	Youth	Randolph
	Randolph Public School Family Resource Center	Civic, Family Resources	Youth, Families	Randolph
	Randolph Youth Council	Civic, Youth Leadership	Youth	Randolph
	Power's Farm	Facility, Recreation	All	Randolph
	Randolph YMCA	Facility, Recreation	All	Randolph
	Belcher Park	Facility, Recreation	All	Randolph
	Bertha Soule Memorial Park	Facility, Recreation	All	Randolph
	Dog Park	Facility, Recreation	All	Randolph
	Imagination Station	Facility, Recreation	Youth	Randolph
	Randolph Community Pool	Facility, Recreation	Students; All	Randolph
	Joseph J. Zapustas Ice Arena	Facility, Recreation	All	Randolph
	Randolph Public School Playgrounds	Facility, Recreation	Youth	Randolph
	Stetson Hall	Facility, Civic	All	Randolph
	Town Hall/Police Department	Facility, Civic	All	Randolph
	Randolph Fire Stations	Facility, Civic	All	Randolph
	Randolph Intergenerational Community Center	Adult Education, Fitness	Older Adults; Youth	Randolph
	Randolph Turner Free Library	Facilities, Library	All	Randolph
	Randolph Housing Authority	Elderly and Disabled Housing	Older Adults, Low Income	Randolph
	Seth Mann 2nd Home for Women	Elderly Housing	Older Adults	Randolph
	Simon C. Fireman Community	Elderly Housing	Older Adults, Low Income	Regional
	CareOne	Rehabilitation Program, Long-Term Care, Respite Care	Older Adults	Regional
	Housing Solutions for Southeastern Massachusetts	Housing Assistance	Low to moderate income families and individuals	Regional
	South Shore Elder Services	Elderly Services	Older Adults	Regional

	The RIDE	Transportation, Paratransit	Older Adults, Disabled	Regional
	South Shore Hospital Courtesy Coach	Transportation Assistance	Older Adults, Disabled	South Shore
	South Shore Community Action Council	Transportation Assistance	Older Adults, Disabled, Low-Income	South Shore
	MBTA	Transportation, Public	All	Boston, Regional
	BAT	Transportation, Public	All	Brockton, Regional
	Randolph Community Partnership Inc.	Adult Education	ESOL Adults	Randolph
	Triangle, Inc.	Special Education, Day and Residential Programs, Employment Assistance	Adults	Regional
	Boston Higashi School	Special Education, Day and Residential Program	Youth, Adults	Regional
	South Shore Educational Collaborative	Special Education, Professional Development	Youth, Adults	Regional
	GROW Associates, Inc.	Special Education, Day Program, Employment Assistance	Adults	Regional
	May Center School	Special Education, Day and Residential Programs	Youth	Regional
	Extended Arms	Afterschool Programs, Summer Programs	Youth	Randolph
	South Shore Stars	Early Childhood Education, Family Services	Youth, Families	Regional (HQ: Weymouth)
	Randolph Dream Project, INC	Youth Scholarship Program	RHS students	Randolph
	Randolph Youth Basketball Association	Recreation	Youth	Randolph
	Randolph Youth Softball and Baseball Association	Recreation	Youth	Randolph
	Randolph Youth Soccer Association	Recreation	Youth	Randolph
	Friendly Food Pantry	Food Security	Low Income	Randolph
	Randolph WIC	Food Security	Low Income	Randolph
	Quincy Community Action Programs	Anti-Poverty, Multi-Service	Low-income	Regional
	Advocates, South Coastal Family Support Center	Children and Family Services, Multi-Service	Families	Randolph
	EACH	Housing Assistance	Recent Immigrants	Regional (HQ: Quincy)
	SHAR Medical Reserve Corps	Civic, Community Services	All	6 Local Communities

	Randolph Interfaith Council	Community Services, Religious Practice	All	Randolph
	First UCC Church Randolph	Religious Practice	All	Randolph
	First Baptist Church	Religious Practice	All	Randolph
	St. Mary's & St. Bernadette Catholic Church	Religious Practice	All	Randolph
	Catholic Charities- South of Boston	Religious Practice	All	Regional
	Randolph Community TV	Communications	All	Randolph
	Randolph Wicked Local News	Communications	All	Randolph

Focus Group Guide

[NOTE: QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND (10 minutes)

- Hi, my name is [_____] and I am with [ORGANIZATION]. I'd also like to introduce my colleague [_____]. He/She/They are/is involved with me on this project and is here to observe and take notes during our discussion, so that I can have my hands and attention free as we talk. Thank you for taking the time to speak with us today.
- We're going to be **having a focus group today**. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are **no right or wrong answers** during our discussion. We want to know your opinions, and those **opinions might differ**. This is fine. Please feel free to share your opinions, both positive and negative.
- The Randolph Health Department is undertaking a comprehensive community health needs assessment effort to gain a **greater understanding of the health of residents and how health needs are currently being addressed**. As part of this process, we are having discussions like these around Randolph with a range of people - community members, government officials, leaders in the faith community, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the **strengths and needs of the community and suggestions for the future.**
- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be **writing a summary report** of the general opinions that have come up. In that report, we might provide some **general information on what we discussed tonight**, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.
- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. The group will last only about 90 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.
- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (15 minutes)

- Now, first let's spend a little time getting to know one another. Let's go around the circle and introduce ourselves. Please tell me:
  1) Your first name;
  2) something about yourself you'd like to share– such as how many children you have or what activities you like to do in your spare time.

[AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ISSUES (20 minutes)

1. Today, we're going to be talking a lot about the community that you live in.

   a. How would you **describe your community**?

2. If someone was thinking about moving into your community:

   a. What would you say are some of its **biggest strengths** or the most positive things about it?
   [PROBE ON PHYSICAL FEATURES (Parks, recreation facilities) COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

   b. What are some of the **biggest problems** or concerns in your community?
   [PROBE ON ISSUES IF NEEDED – HEALTH, ECONOMIC, SOCIAL, SAFETY, ETC.]

   c. In what ways is Randolph **welcoming or unwelcoming** to people of different races, cultures, people who speak different languages, or gay or lesbian people or transgender people?
   [PROBE ON PERCEIVED RACISM AND DISCRIMINATION, BOTH PERSONAL EXPERIENCES OF AND BROAD OBSERVATIONS]

III. HEALTH CONCERNS (15 min)

3. What do you think are the most **pressing *health* concerns** in your community?

   a. How have these health issues affected your community? In what way?

   b. Who is most at-risk for these issues? I.e. What specific population groups?

   ---

   c. YOUTH AND OLDER ADULT follow-up question: What health issues have you seen or heard about among your friends or peer group?

IV. PERCEPTIONS OF PUBLIC HEALTH/PREVENTION SERVICES AND HEALTH CARE (15 min)

4. Let's **talk about a few of the health issues** you mentioned.
[SELECT TOP HEALTH CONCERNS]

a. What **programs, services, policies** are you aware of in the community that currently focus on these health issues?

b. ALL AND YOUTH IN PARTICULAR: How did you **first become aware** of these services or programs?

c. **What's missing?** What programs, services, or policies are currently not available that you think should be?

5. What do you think the community should do to **address these issues**?
[PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

6. I'd like to ask specifically about **health care** in your community.

a) If you or your family had a general health issue that needed a doctor's care or prescription medicine – such as the flu or a child's ear infection– **where would you go for this type of health care?**

[PROBE IF THEY GO TO PRIVATE PRACTICE, COMMUNITY HEALTH CLINIC, E/R, ETC **YOUTH:** Include and school-based health centers/services.]

b) **What do you think** of the health care services in your community?
[PROBE ON **POSITIVE AND NEGATIVE** ASPECTS OF THE HEALTH CARE SERVICES]

c) Have you or someone close to you ever **experienced any challenges** in trying to get health care? What specifically?
[PROBE FOR BARRIERS: INSURANCE ISSUES, LANGUAGE BARRIERS, LACK OF TRANSPORTION, ETC.]

i. [NAME BARRIER] was mentioned as something that made it difficult to get health care. **What do you think would help** so that people don't experience the same type of problem that you did in getting health care? What would be needed so that this doesn't happen again? [REPEAT FOR OTHER BARRIERS]

V. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT (15 min)

7. I'd like you to think ahead about the future of your community. When you think about **Randolph 3-5 years from now, what would you like to see?** What is your vision for the future?
   a. What is your vision **specifically related to people's health** in the community?
      i. What do you think needs to happen in the community to make this vision a reality?
      ii. Who should be involved in this effort?

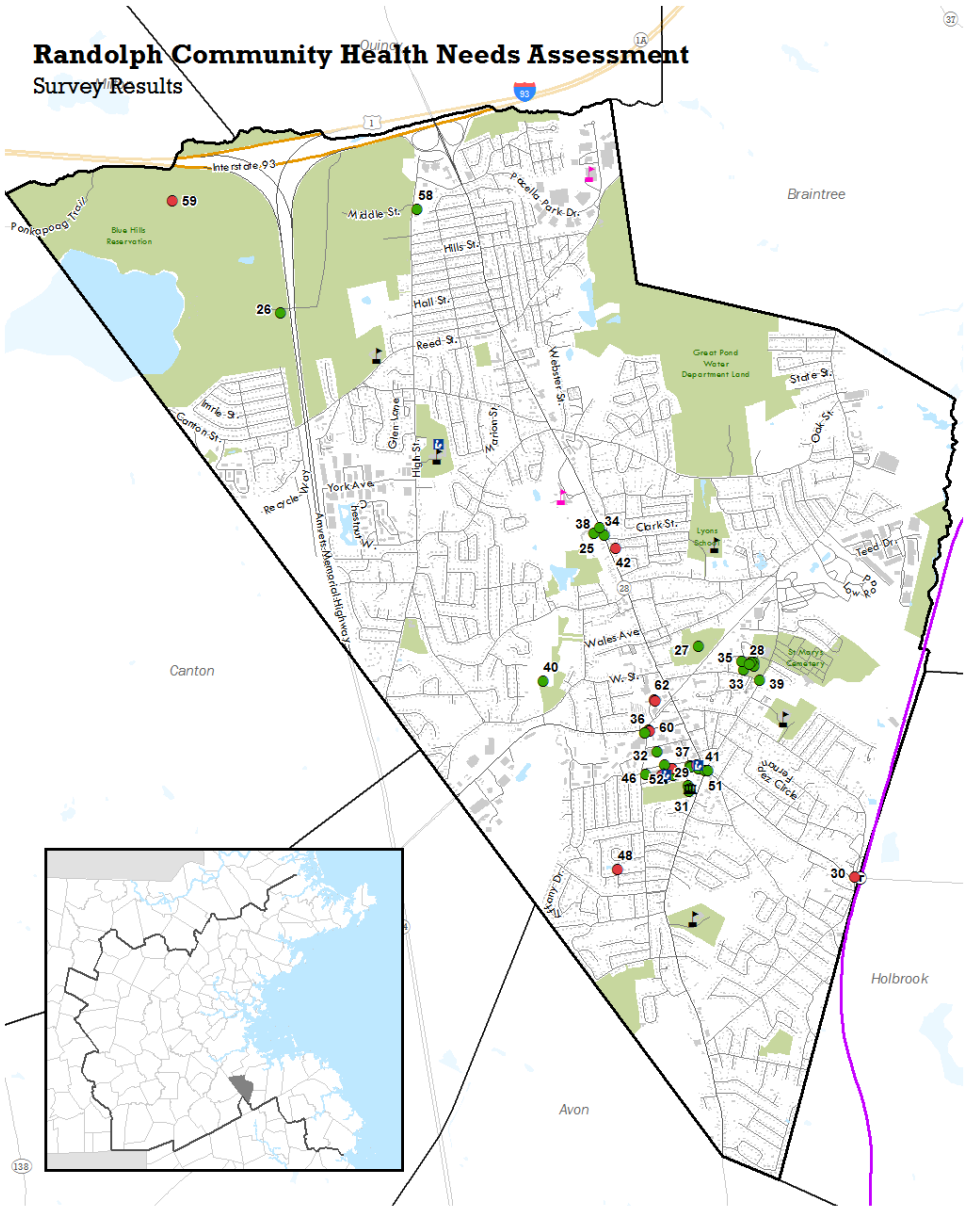
OLDER ADULTS: In what ways can Randolph better support older adults to age in their community? What do you think needs to change to support that?

VI. CLOSING (5 min)

Thank you so much for your time. That's it for my questions. **Is there anything else** that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon.

[IF NEEDED: TALK ABOUT NEXT STEPS OF THE PROCESS; SPECIFICALLY, HOW PARTICIPANTS CAN RECEIVE FOLLOW UP INFORMATION.]

Randolph CHNA Community Health Map, Entries and Comments



MAP ID	CATEGORY	FOCUS GROUP	LOCATION	VOTES	How does this location encourage or discourage health?	TYPE
57	Education	Youth	High school		It is an ok school it could be better if we had all the opportunities to grow and provides stability for outside of high school. For example, RHS volleyball team does not have the funds for new uniforms or equipment, we have to reuse worn out balls	discourages
62	Food Environment	Youth	Dollar tree		It discourages health because it's cheap unhealthy food	discourages
63	Food Environment	Youth	Dollar tree	1	This location discourages health because its cheap unhealthy food so...	discourages
38	Food Environment	Seniors	Fireman community center	1	Lunches Monday Tuesday and Wednesday through south shore elder services. I have many friends who go there and for a three-dollar voluntary donation you can get a good meal and socialize with friends. Elderly housing.	encourages
38	Food Environment	Seniors	Fireman community center		This is an assisted living facility. If you don't have the means you can still have lunch. You need to be screened by South Shore Elder Services."	
37	Food Environment	Seniors	Food Pantry		They have corporate sponsors who donate food.	encourages
25	Food Environment	Seniors	Powers Farm		Farmers market at powers farm is good BUT expensive and vegetables not from all our cultures. Would appreciate Haitian food.	
51	Food Environment	Youth	RICC		They feed the students health food and we have teachers that talk about health	encourages
51	Food Environment	Seniors	RICC		Group that gets out of date breads and pastries from Panera and Shaw's and bring to the RICC and distribute to seniors on Friday. We invite people to come take what they want and need.	

32	Food Environment	Seniors	Where my household goes shopping		Daughter shops at Shaw's. She lives with me and prepares most of our food.	encourages
45	Health Care	Seniors	1 south main st		Multiple Initiatives for health	encourages
65	Health Care	Other	health center		we need a health center in town, for there is no hospital, urgent care center, no xray facility, no diagnostics.	encourages
34	Health Care	Seniors	Multiple locations for out of hospital care.		Multiple locations up and down north and south main street for outpatient care but no acute care services in this town.	encourages
36	Health Care	Seniors	No hospital and no urgent health care centers		No access to health CARE.	discourages
61	Health Care	Youth	Randolph High School		It does discourage health because when someone is sick and need something to feel better but the nurse doesn't have everything so that person would have to go home or just stay there so I want that change.	discourages
40	Open Space, Recreation	Seniors	A Dog Park	1	Encourages people to bring their dog here, so their dog debris doesn't end up in other areas where we like to walk	encourages
40	Open Space, Recreation	Seniors	A Dog Park		But it's only walk and walk dogs	
27	Open Space, Recreation	Seniors	Belcher Park	1	Open space promotes active living	encourages
27	Open Space, Recreation	Youth	Belcher Park		Yea sounds like good place	
27	Open Space, Recreation	Seniors	Belcher Park		It's good place for people kids to play	
25	Open Space, Recreation	Seniors	Powers Farm	5	Walking trails, green space, kayaking in the summer at the pond.	encourages

25	Open Space, Recreation	Seniors	Powers Farm		Goes visiting with friends - goes for a walk by the pond, see the geese and swans. There's a lot of trails. Pavilion is nice if you just want to sit down and talk. However restrooms being closed is an issue. Fencing is open and made of stone.	
25	Open Space, Recreation, Programs, Food Environment	Seniors	Powers Farm		Have different programs and activities - farmers market, civil war reenactment.	
27	Open Space, Recreation; Sports, Food, Programs	Youth	Belcher Park		There are sports teams having games there. There is a stand where you can buy food and a restaurant. Girl scout house is down there - a cottage where they meet and have discussions. Grandchildren use these amenities.	
43	Physical Activity	Seniors	RICC		The thought and provision of this facility is excellent. I believe it has helped to enhance my health and maybe of other people. I go to the gym - I miss gym for a week, I can feel it in every single part of my body.	encourages
43	Physical Activity	Seniors	RICC		Use the track at the RICC, you can walk around and get some exercise - great in the winter b/c its plowed and easy to access.	
43	Physical Activity		RICC		I think this place is really encouraging in health because it's a nice place to go and has good activities and helps with keeping people in shape	
43	Physical Activity	Youth	RICC		I think the rec center is a good place because i get to play basketball with all my friends	
43	Physical Activity	Youth	RICC		We can all come here to play ball and there is a lot of activities and we can all chill	

43	Safety	Seniors	RICC		Not enough handicap parking - one time i had to walk the length of the building and then there's a lot of seniors and people with disabilities.	
41	Services and Programs	Seniors	Stetson hall		They have a lot of programs - nice plays.	encourages
28	Services and Programs	Seniors	RICC		Get to walk the track. Husband and i participate in Veterans programming. Get information related to veterans' services. Teach and play mah jongg.	encourages
35	Services and Programs	Seniors	RICC		We have a lot of exercise classes here which keeps us healthy.	encourages
49	Services and Programs	Youth	RICC		The some of the workers have bad attitude and some are really nice they worker are willing to help with personal issues	encourages
51	Services and Programs		RICC		The staff also does an excellent job, everything they offer is good	
33	Services and Programs	Seniors	Council of Aging		Council of Aging meets here monthly. Friends of the council pay $5 + a year. They plan events like the senior Olympics and senior prom. It's a good excuse to get together and play the game, you don't care how well you do.	encourages
44	Services, Municipal	Seniors	EMS	1	The emergency services that comprise of 911 and fire they do an excellent job. We call them and they come quickly.	encourages
44	Services, Municipal		EMS		They are super!	
31	Services, Municipal	Seniors	Town hall	1	Very accessible. Has an elevator. User friendly - easy to get around.	encourages
29	Services, Municipal	Seniors	Turner Free Library	2	Belong to friends of the library group. I lead the friends book group.	encourages
53	Services, Municipal	Youth	Turner Free Library		You can join the healthy food club and literally eat healthy	encourages

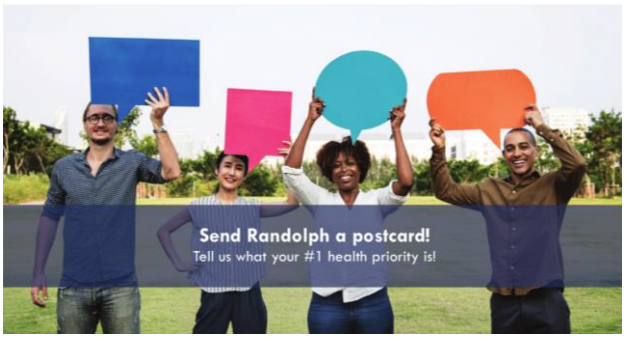
53	Services, Municipal	Seniors	Turner Free Library		Lots of programs for all age groups - senior programming, teen programming, services for English learners, speakers, book club, three librarians and a director, each librarian focuses on an age group.	
53	Services, Municipal	Youth	Turner Free Library		the library is such a good place to study and do homework but i feel like people dont always acknowledge that people are trying to do work and are kind if loud sometimes.	
53	Services, Municipal	Youth	Turner Free Library		I think that the library is a very nice place to go socially and for fun because they have a teen room and its very welcoming and nice to people in the public	
53	Services, Municipal	Youth	Turner Free Library		I think the library is a very nice place to go after school and hang out with friends and I think they have a lot of nice activities to get people involved with	
54	Services, Municipal	Youth	Turner Free Library		The library help us with homework and if u need a book to read	encourages
47	Social and Food Environment	Youth	Wendy's	3	My friends go there and it's good place to relax and talk and eat with your friends and family	encourages
47	Social and Food Environment	Youth	Wendy's		I think it's a nice place to go eat with your friends but it doesn't really focus on health as much because fast food isn't the best for you so I don't think it's the best place to go everyday	encourages
59	Social Environment	Youth	Blue Hills Reservation		It discourages because people should pick after themself	discourages
60	Social Environment	Youth	McDonald's		This location is always overly packed , and the kids can be very loud at times and very messy leaving trash behind and leaving the workers to pick up the mess	discourages

25	Social Environment	Youth	Powers Farm		power farms should have bathrooms. It's really dark there, i think there should be some lights there.	
50	Social Environment	Youth	RICC		It encourages health because it provide a safe place for all generations to go and have fun and spend time with friends	encourages
48	Social Environment	Youth	Wendy's		The inside of the restaurant is dirty and people smoking weed and causing second hand smoking and aways have a bad atmastfare and workers with bad attitude	discourages
39	Social Environment, Physical Activity	Seniors	RICC	2	Multiple activities focused on physical and social needs	encourages
55	Social Environment, Physical Activity	Youth	RICC	1	They have a decent space where people could work out and hang out.	encourages
64	Sports	Youth	A track,basket ball court, and foot ball field		It encourages health by exercising	encourages
58	Sports	Youth	Central Rock Gym		It encourages health because It allows for people of all ages to get out and work out in a fun and engaging way	encourages
52	Sports	Youth	Dorchester ymca			encourages
56	Sports	Youth	Track	1	You can run and exercise which makes you healthier	encourages
46	Sports	Youth	Track and field	1	People can jog, run, and walk.	encourages
46	Sports	Youth	Track and field			
46	Sports	Youth	Track and field		This is a nice place where you can go on a walk and jog at anytime and it's a very open space and it's nice to have	

42	Transportation Infrastructure	Seniors	Entire north main street is treacherous for pedestrians		Poor sidewalks, not enough cross walks, need cross walks with flashing lights, regular intervals	discourages
30	Transportation Infrastructure	Seniors	Intersection	2	Very long light, you'd think its broken. Theres a proposal to add a recycling facility down the road, which will make traffic worse on this intersection. The old senior center used to be right around here.	discourages
30	Transportation Infrastructure	Seniors	Intersection		Very safe crossing pleasant street from senior housing to here at the community center	

Community Health Survey

Front of health survey ***Back of health survey***



Results:

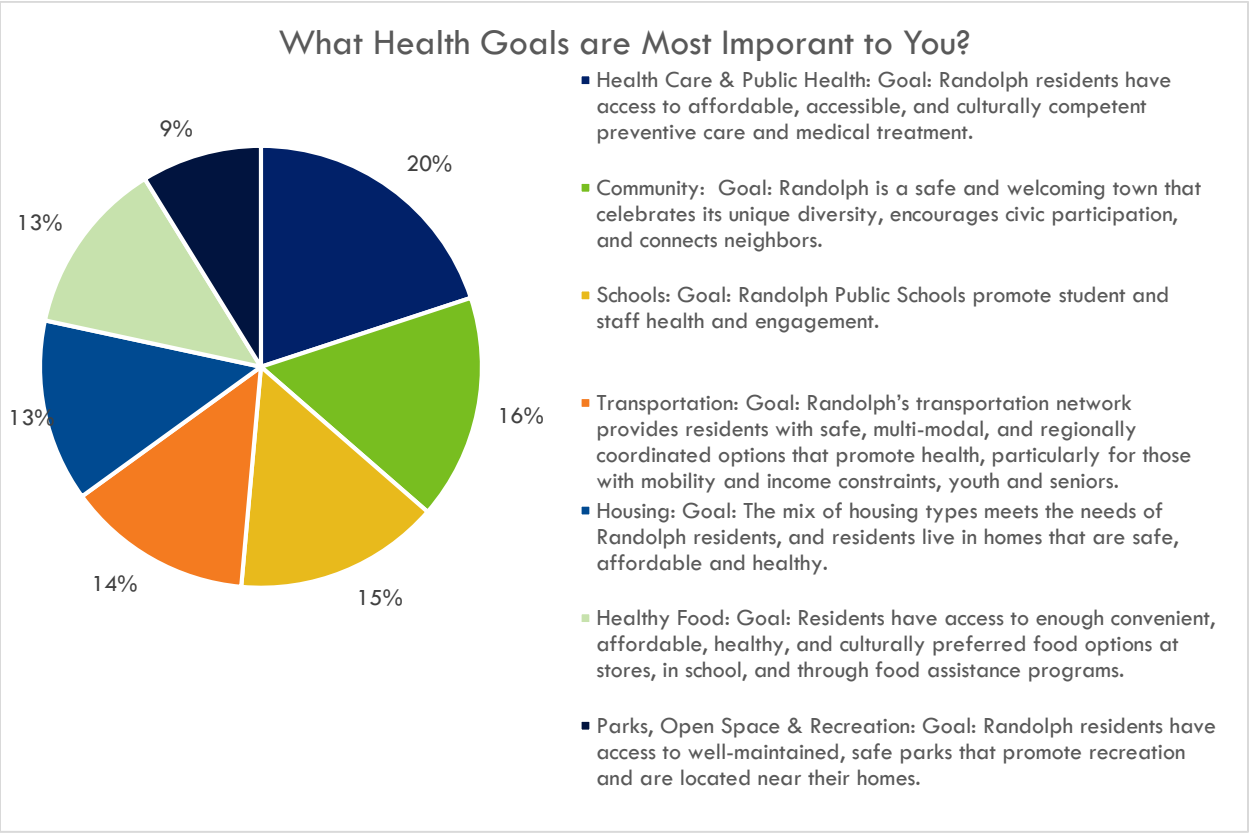
Total Respondents: 220 Qualitative themes:

I am a Randolph:	N
Senior	73
Student	33
Parent	59
Immigrant	23
Other	54
Total	242
Better health in Randolph means:	**N**
Safer Streets	157
Safe and affordable housing	122
Easy park access	97
Healthier food options	141
A welcoming and engaged community	151
Better health care access	120
Other	40
Total	828

Theme	N
1) The built environment shapes the healthy life I want to live (sub-themes of CHNA needs)	104
Physical and built environment	16
Social environment	22
Housing Stability	17
Transportation	6
Food access	24
Environmental health	5
Crime and safety	19
Health care access	21
Job opportunities	7
2) Resident's perception of safety influences individual health behaviors and outcomes	7
3) Residents cares about Randolph and are invested in its future	58
4) Unsanitary conditions lead to the spread of infectious diseases	6

Community Forum Goal Voting Results

On November 22, 2019, the Community Wellness Plan team held two open house sessions at the Randolph Intergenerational Community Center to hear from residents and Randolph stakeholders what their community health priorities are. Roughly 70 participants voted on the Community Wellness Plan goals, indicating their top five priorities. The following summarizes the feedback provided.



Collective Impact, Principles of Practice

1. Design and implement the initiative with a priority placed on equity.
2. Include community members in the collaborative.
3. Recruit and co-create with cross-sector partners.
4. Use data to continuously learn, adapt, and improve.
1. Cultivate leaders with unique systems leadership skills.
2. Focus on program and system strategies.
3. Build a culture that fosters relationship, trust, and respect across participants.
4. Customize for local context.

Source: https://www.collectiveimpactforum.org/resources/collective-impact-principles-practice

Collective Impact, Backbone Organization, Six Essential Functions

1. **Guiding vision and strategy:** The backbone team works together with the Steering Committee to provide data, prioritize opportunities for action, and adapt to changing context and systems in the overall vision and strategy of the effort. It is critical that the backbone prioritizes equity in its efforts to guide the vision and strategy, thereby ensuring that Steering Committee and working group members keep equity at the center of their strategies and actions.
2. **Supporting aligned activities:** The backbone facilitates dialogue between partners, provides direct support for Steering Committee and working group meetings as needed, and generally helps to coordinate the actions across the effort.
3. **Establishing shared measurement practices:** The backbone manages data collection among partners and supports the use of data for learning and evaluation of the effort.
4. **Cultivating community engagement and ownership:** The backbone cultivates broad relationships throughout the community in coordination with the Steering Committee and working group members, seeking to build an inclusive effort that authentically engages and fosters ownership within the community over the long term.
5. **Advancing policy:** As the collective impact effort matures, the backbone often plays a role supporting a policy agenda that impacts large systems and institutions in support of the effort's overall goal.
6. **Mobilizing resources:** The backbone plays a key role in developing resources for the initiative's sustainability, including fundraising for the backbone itself and recruiting volunteers or other non-monetary support for the initiative. Backbone staff can also coordinate or support the fundraising efforts of members of the collective impact initiative.

Source:
https://www.collectiveimpactforum.org/sites/default/files/Backbone%20Starter%20Guide.pdf

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