

DEMOGRAPHICS

SOCIAL DETERMINANTS
OF HEALTH

LEADING HEALTH INDICATORS

2015 WELLBEING OF MALDEN REPORT



The Prevention Parable

A man, walking along a riverbank, suddenly sees a person flailing his arms and hears him pleading for help as he bobs in the water while being pushed downstream. The man on the bank dives into the water, swims to the victim and rescues him by pulling him ashore. When the man turns toward the river, once again he hears someone screaming for help. Then another, and yet another. One after the other, the man pulls victims from the river.

Exhausted, and pulling yet another victim to shore, he notices a woman walking by. "Help me!" he pleads. "All these people are drowning and I have to do something to save them. More people are falling in and need help. Look!" he says, pointing to the river where more victims are in the water and needing help. Immediately, the woman starts to run upstream along the bank. "Where are you going?" he screams at the woman. "I need help now!" The woman calls back, "I am helping right now. I'm going upstream to understand why they're falling into the river so we can prevent that!" (Adapted from McKinlay, 1979)

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Dear Malden Residents,

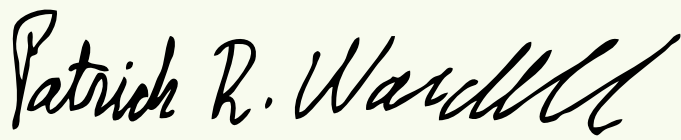
The City of Malden joins the Cambridge Health Alliance and the Institute for Community Health in presenting the *Wellbeing of Malden* health data report. This report serves to inform the community about the health status of Malden. Further, the report provides baseline data to assist in the planning and improving of current and future actions that impact the health of Malden residents.

In the *Wellbeing of Malden Report*, readers will find information on key health and wellbeing indicators such as healthy weight/obesity status, substance abuse and tobacco use, mental health, chronic disease, sexual and reproductive health, violence and access to health care. Readers will also learn about a variety of topics that impact the community's health including housing, education, income and employment, the built and natural environment and social factors. Each section provides an overview of the assets and strengths within Malden, the current data and accompanying recommendations to further improve the health of our community.

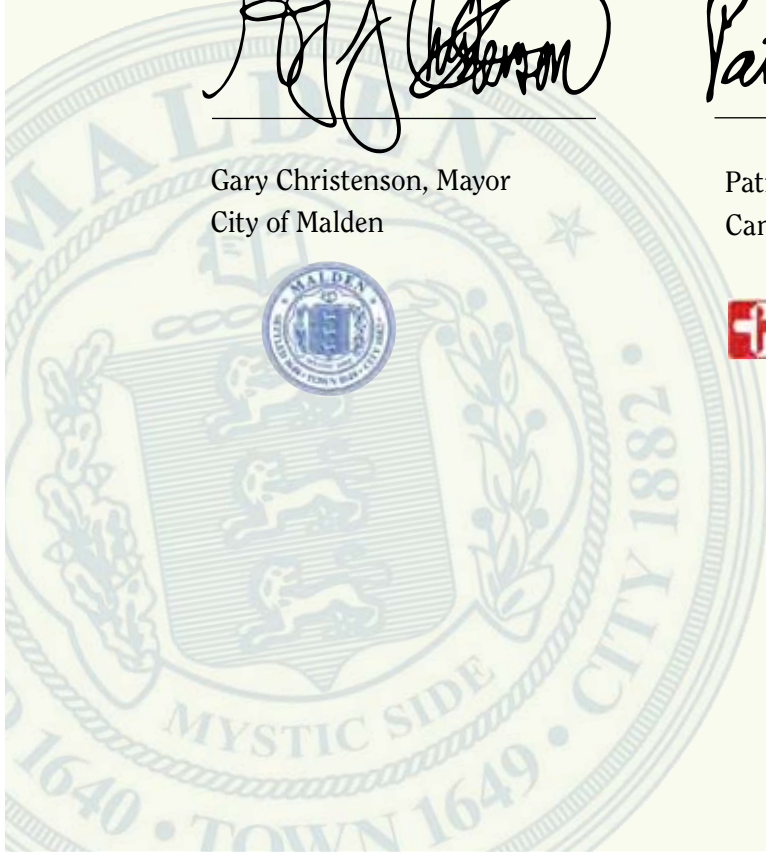
Moving forward, we welcome the opportunity to work together and build from this data to create action plans that address the identified needs through our rich community partnerships. The hope is that this report will be helpful in that endeavor and that it engages your continued interest in being part of making Malden a healthy and vibrant community.



Gary Christenson, Mayor
City of Malden



Patrick Wardell, Chief Executive Officer
Cambridge Health Alliance



Introduction

What is the *Wellbeing of Malden Report*?

The *Wellbeing of Malden Report* provides readers with a summary of our city's health and serves as a tool for local leaders, community agency members/directors, and other stakeholders to continue learning together about Malden's community and public health issues. It attempts to both inform and inspire action to improve our community's future wellbeing through collaborative discussion and sharing of ideas. The very process of gathering in small groups across the city to look at topical data has already proven fruitful for gaining a shared understanding of local strengths and concerns. The outcome of this process, the *Wellbeing of Malden Report* is an attempt to not only inform, but to inspire action to improve our community's future wellbeing through collaborative discussion and recommendation making.

Why create the *Wellbeing of Malden Report*?

The past century has seen monumental improvements in the overall health and life expectancy of individuals in the United States and around the world. However, at the beginning of the 21st century, great health disparities and substantial gaps in health still abound for vulnerable groups. These disparities and gaps have the potential to widen in times of economic and political struggle and result in continued social inequities.

Malden is a unique city with a rapidly changing identity. A melting pot of longtime residents and new immigrants, it has a lively and diverse population and the National Center for Education Statistics named Malden Public Schools the most diverse student body in the Commonwealth in 2013. Despite concerted efforts, the data indicates that there are local health disparities based on race/ethnicity and socioeconomic status. This report summarizes community and public health topics included in the national Healthy People 2020 goals, as well as related social determinants of health. It identifies policy or programming opportunities to help address gaps, with a focus on decreasing social inequities. Furthermore, by offering recommendations, it will be possible to review them over time as a measure of the report's impact. The hope is that this report will serve as a catalyst that inspires dialogue and collaboration between municipal departments, community agencies and residents throughout Malden.

The partners who created the *Wellbeing of Malden Report* are committed to promoting a healthy community – and a place where residents of every background feel welcome and supported. This requires a constant dialogue between people from all parts of the city. We hope this report helps to facilitate continued ongoing dialogue between agencies and residents who catalyze the process of making Malden a healthier city.

Why is there a section on Social Determinants of Health?

Malden Community Health Improvement Partnership is committed to ensuring that everyone in Malden has access to good health care. But health care alone cannot prevent negative health outcomes. This report looks beyond factors of the traditional health care system. Indicators such as diabetes and cancer rates are signs and symptoms of local health, but they do not explain the underlying causes. Looking at social determinants of health helps us to better understand how diverse agencies can have an active role in promoting improved community and public health by addressing the social and economic issues contributing to health outcomes.

The context of people's lives greatly determines their overall health. Thus, in preparing a report such as this one, it is important to recognize critical determinants of good health such as: a good education, a living wage, healthy food, safe and affordable housing, a supportive built and natural environment, and social inclusion and support. There is a need to work "further upstream" by developing policies and programs that address societal level factors that contribute to disparities. Indeed, upstream work requires ongoing and coordinated efforts by residents, community leaders and other stakeholders.

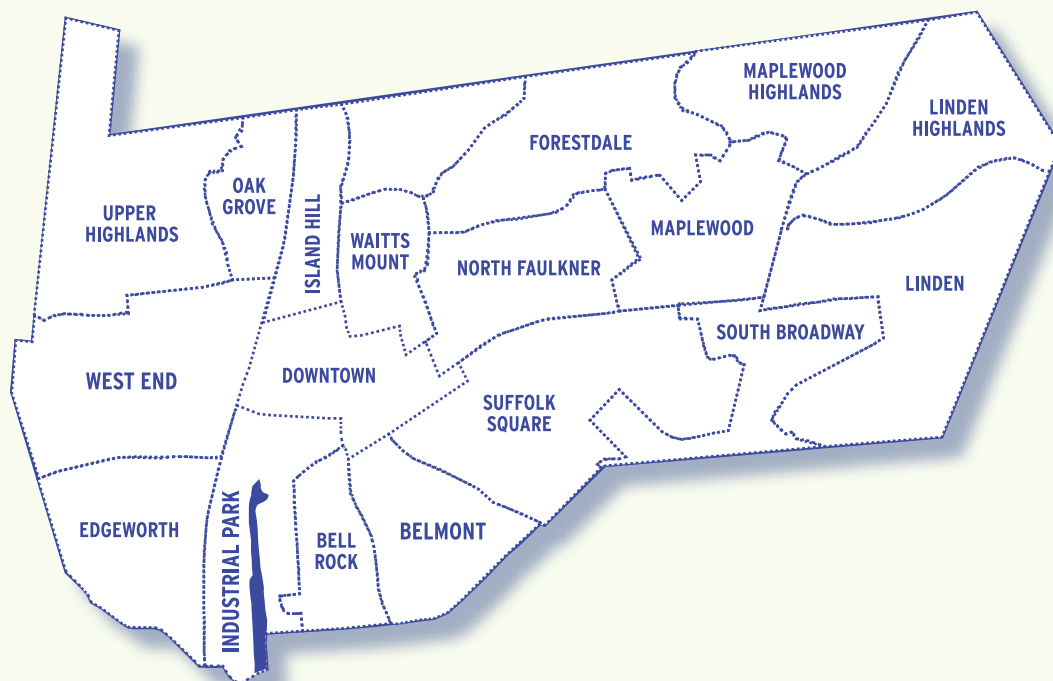
Who created the *Wellbeing of Malden Report*?

This report is the result of contributions from across the City of Malden – from the feedback received from community members, agencies and service providers, to city and public school employees. The Institute for Community Health reviewed and analyzed available data. The selection of data points and the development of recommendations resulted from numerous community meetings and processes aimed at gathering resident input, including the City of Malden’s Master Plan and the Malden Public School’s District Plan. The coordination of the effort was led by Cambridge Health Alliance in collaboration with the City of Malden. A list of authors, partner organizations, and other contributors is featured in the acknowledgements section. Special thanks to the interns who worked with the Cambridge Health Alliance and the Institute for Community Health over the past year to support the process and production of this report. We are also grateful to our graphic designer and printer for bringing our work to life through their talents.

Wellbeing of Malden Report User Guide

This book is divided into three main sections. The Demographics section describes the population of Malden. The second section is the Social Determinants of Health, which includes chapters on Education, Economics, Employment and Housing, Built and Natural Environment and Community. The third section is Leading Health Indicators, which covers important health topics from the Healthy People guidelines. Photos provided by the City of Malden’s online *Flickr* account and Paul Hammersley help distinguish new chapters, while also illustrating Malden’s beauty. In addition, each chapter has a distinctive color scheme to help denote each topic area.

Each chapter follows a similar format: introduction of the topic, data and data analysis, topical information, strengths and assets and some recommendations for future collaborative action. There is a list of the sources used as well as related information found in the appendices. This report can be found on the websites of the Malden Community Health Improvement page at Cambridge Health Alliance and at the City of Malden.



Malden Demographics



AGE DISTRIBUTION

RACIAL AND ETHNIC DIVERSITY

LANGUAGES



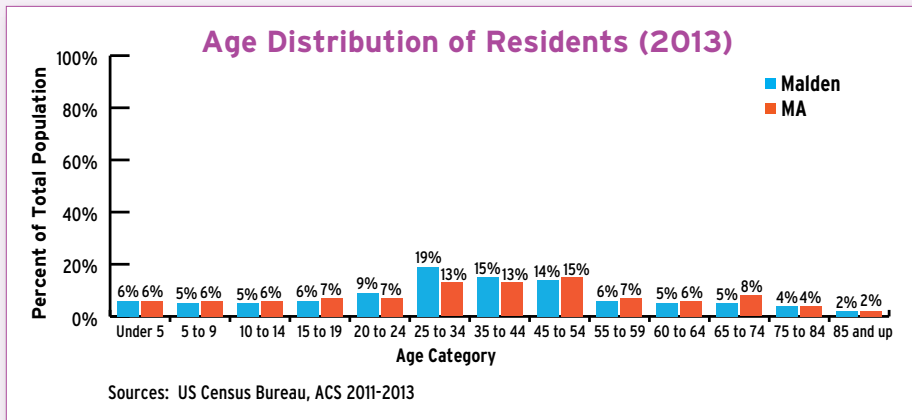
Malden Demographics

Demographic data includes population information such as gender, age, race/ethnicity and country of origin.

Based on 2013 US Census Bureau data, the total population of Malden is 60,213, which is a nearly 7% increase from the 2000 Census level (56,340). According to benchmarks.org, between 2010 and 2014, Malden ranked 11th in percentage population growth throughout the Commonwealth. Malden ranks 5th for housing density (housing units per square mile of land area), with neighbors Somerville and Cambridge ranking 1st and 2nd.

Malden is a growing “gateway” community, and its people are becoming increasingly diverse in background, ethnicity, race, and language spoken at home. It is home to many newly arrived and working class residents.

Age Distribution

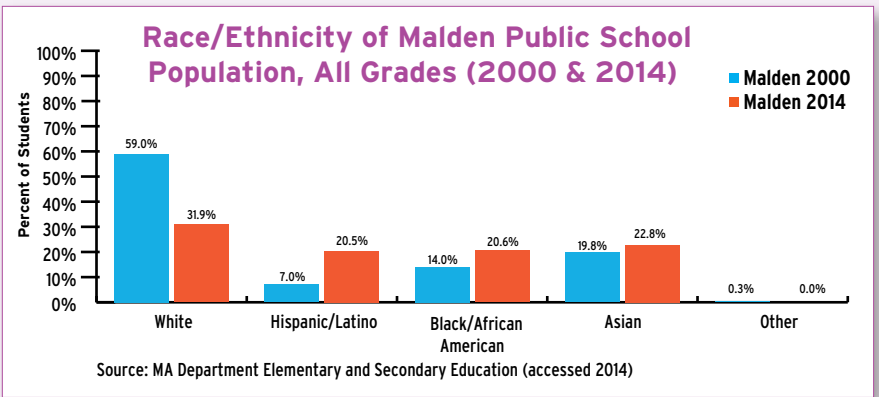
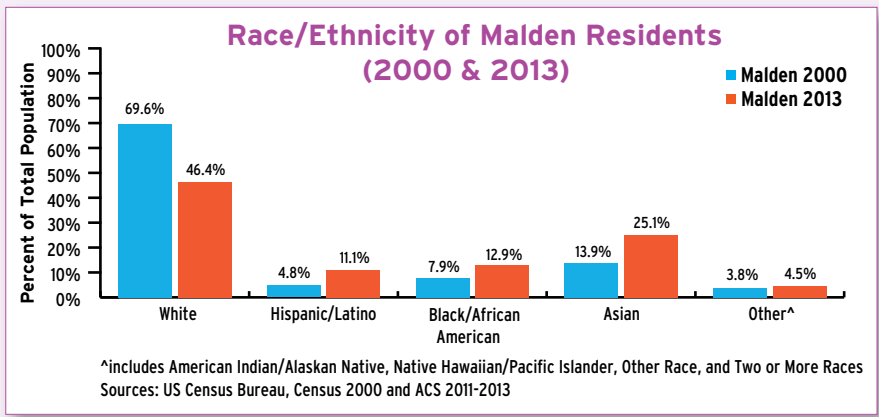


Malden has a young population, with a median age of 35.4 years compared to 39.3 in Massachusetts overall. While the proportion of children has stayed generally stable since 2000 (about 1 in 5 Malden residents is under the age of 20), the proportion of residents over the age of 60 has decreased slightly and is below state averages (from nearly 18% in 2000 to 15.5% in 2013, and compared to 20% in MA). Malden has a slightly higher proportion of adults in the 25-34 age range (19% compared to 13% in MA) and in the 35-44 age range (15% compared to 13% in MA).

This resource of those who are in the prime ages for working and child-rearing is an asset to the community, and requires that adequate and affordable housing, early education and after-school services, childcare and employment opportunities be available to ensure community health.

Where Do We Get Demographic Data?

Every 10 years, the US Government authorizes the US Census Bureau to conduct the Decennial Population Census. Besides providing the basis for congressional redistricting, Census data are used in many other ways, including: the distribution of funds for government programs such as Medicaid; planning the right locations for schools, roads, and other public facilities; helping real estate agents and potential residents learn about a neighborhood; and identifying trends over time that can help predict future needs.



Racial and Ethnic Diversity

Malden prides itself on being an extremely diverse community and the most diverse public school district in the Commonwealth (National Center for Educational Statistics, 2013.) Malden is becoming increasingly ethnically, racially and linguistically diverse and is home to residents who have come from many countries in Asia, Africa, South and Central America and the Caribbean.

Malden’s Asian population nearly doubled in numbers between 2000 and 2013, and has increased from 14% to 25% of Malden’s overall population. Over half of Malden’s Asian residents are Chinese (56%), and there are increasing numbers of Asian Indians (16%) and Vietnamese (14%).

Numbers of Hispanic/Latinos have more than doubled, increasing from 8% to 13% of Malden residents. The largest number of Hispanics are Central American (34%, with over a half of those Salvadoran), Puerto Rican (26%), South American (19%) and Dominican (11%).

Significant increases were also seen in the percentage of Black/African residents, which increased from 8% to 13% of Malden’s overall population. Numbers of White residents have decreased significantly (70% to 46%, or from 39,230 to 27,956).

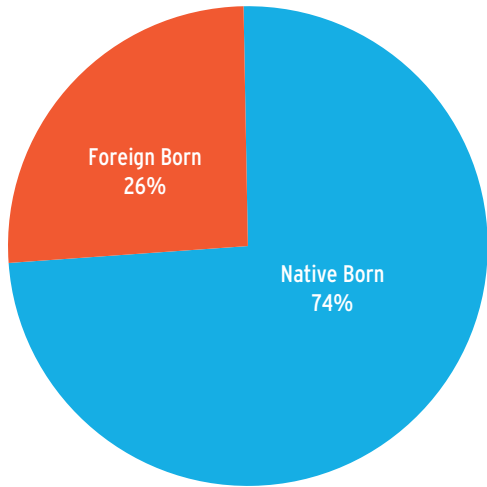
Compared to Massachusetts as a whole, Malden is home to more Asian (25% as compared to 6%), more Black/African (13% as compared to 6%) and fewer White (45% as compared to 75%) residents.

What are Gateway Cities?

Gateway Cities are small to mid-sized cities in Massachusetts that have historically been home to immigrant and working class residents and have been vital to regional economies. They have served as the “launching pad” for generations of families in their quest for upward mobility. Changes in the manufacturing and industrial economy slowed the growth of these cities, lessened their resources, and led to greater economic disparities. In 2007, MassInc and the Brookings Institute initiated the Gateway Cities initiative, which mobilized local and state leaders to work together to address the common challenges that these communities face. In 2010, the term “Gateway Municipality” was introduced in the state legislature, with a formula that includes demographic and economic factors to identify cities. Massachusetts currently has 26 designated “Gateway” communities, including Malden.

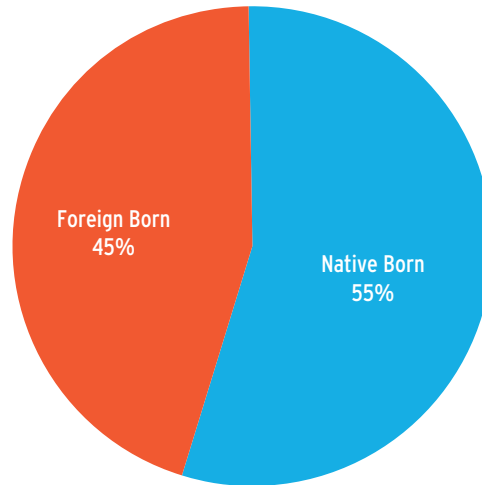
Malden, with its manufacturing roots, many social and educational institutions, and continuing tradition of immigrant entrepreneurship, is a Gateway community that is poised for a vibrant future.

Nativity of Malden Residents, 2000



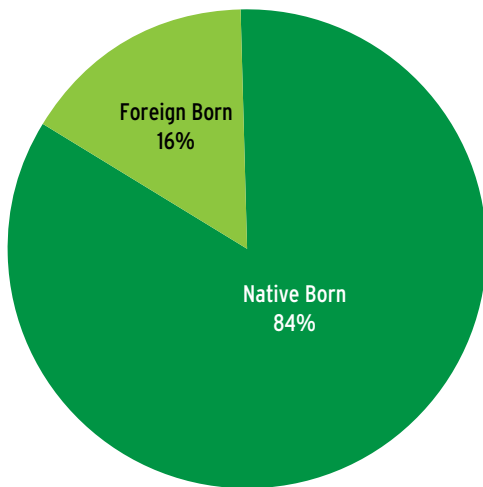
Source: US Census Bureau, Census 2000

Nativity of Malden Residents, 2013



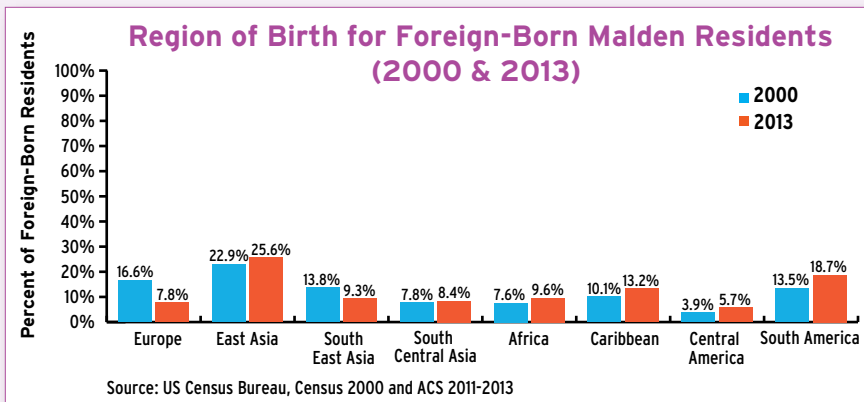
Source: US Census Bureau, ACS 2009-2013

Nativity of MA Residents, 2013



Source: US Census Bureau, ACS 2009-2013

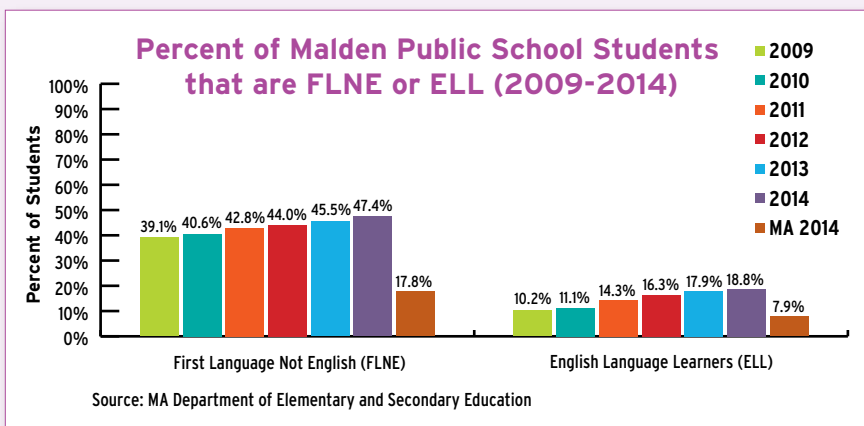
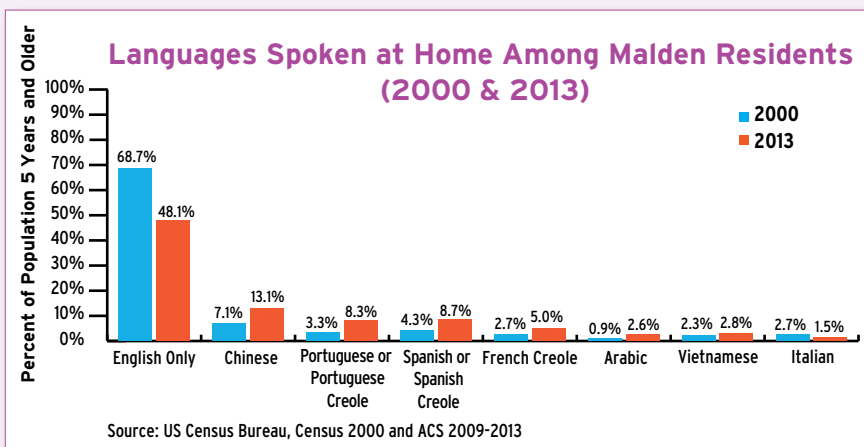
Foreign-Born Residents: Most striking is the large increase in foreign-born residents in Malden, from 26% of the population in 2000 to 45% in 2013 (compared to 16% of MA residents overall). This increase represents more than 10,000 additional foreign-born residents in Malden. The largest portion (43%) of foreign-born residents comes from East Asia, South East Asia, and South Central Asia. An increasing percentage of foreign-born residents come from Africa (nearly 10%) and from the Caribbean (13%). Malden has fewer foreign-born residents from Europe than does MA as a whole (8% as compared to 26%).



Languages

Over a half of the Malden population speaks a language other than English at home (52%). This proportion is significantly higher than that of the county and the state as a whole. Other common languages are: Spanish/Spanish Creole, Portuguese/Portuguese Creole, French Creole, Arabic and Vietnamese. The increased variation in

English proficiency impacts access to health, education and other community resources.



Nearly half of students in the Malden Public Schools have a first language other than English and nearly 1 in 5 students are English Language Learners (ELL). Of note, the percentage of ELL students nearly doubled between 2009 and 2014.

Social Determinants of Health



Social Determinants of Health

Social Determinants of Health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

People experience different life conditions depending on multiple factors such as income, age, race, or address. Health status is affected in negative and/or positive ways by these conditions and related behavioral choices. A human rights approach to health suggests that any one group should not be subjected to an overburden of environmental or occupational health hazards. There has been increased attention given in recent years to the roles of determinants of health, including those included in this section. Public health efforts are focusing more on these societal level factors and the interrelationship between these conditions to create a healthier population as a whole through addressing inequities affecting identified vulnerable populations.

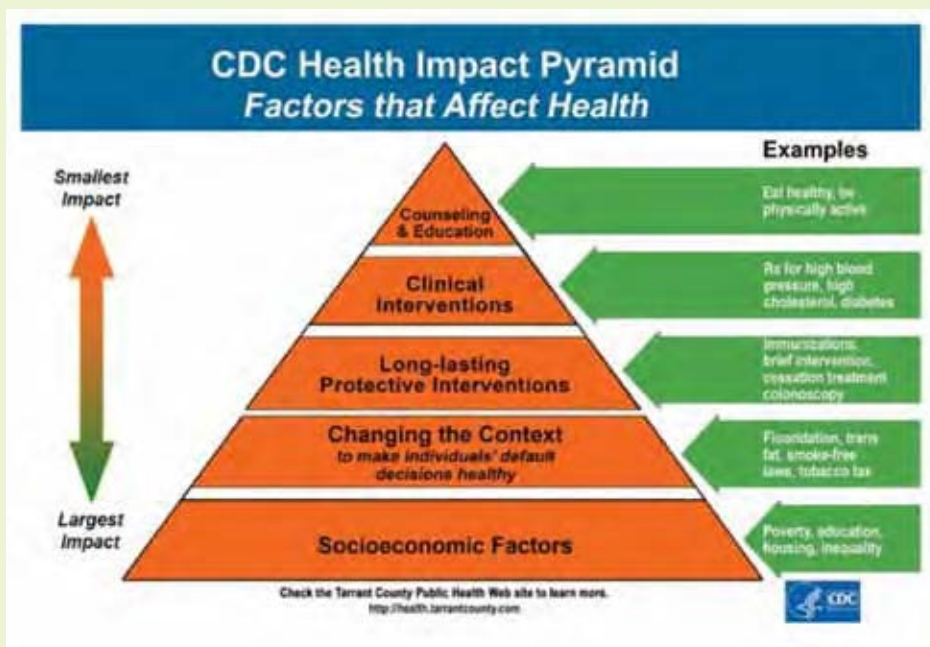
Also, higher exposures to chronic stress levels have been related to racism, inequality, prolonged insecurity about housing or jobs, poor health, violence or numerous other forces that face people in vulnerable circumstances. The effects of prolonged chronic stress have been shown to negatively impact obesity and chronic disease prevention (Scott, Melhorn & Sakai, 2012). The health of generations is linked closely with these social determinants, as the socio-economic advantages or disadvantages experienced by children have been demonstrated to carry across generations, affecting their future children as well.

The World Health Organization Charter

The World Health Organization Charter for Health Promotion proposed a comprehensive approach to health with this statement from 1986: The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

Health Impact Pyramid Graphic

The Centers for Disease Control and Prevention promote the Health Impact Pyramid as one model for illustrating the many factors that affect health. Each level of the pyramid provides an opportunity for making change; from education on how to eat healthfully and be physically active, to treatment for chronic disease/risk factors, to immunizations and preventative screenings. Moving further down the pyramid to influence the health of larger segments of the population are policies and regulations that impact health broadly, such as smoking bans and fluoridation of water. The base of the pyramid represents the social determinants of health which are addressed in this section and include housing, education, poverty and inequality.





EDUCATION

Levels of Education

Dropout Rate

Future Plans for
Malden Students



Education

Education is a key societal factor in supporting child and youth development, building skills for future jobs and careers, and leading to greater opportunities in secondary and higher level education.

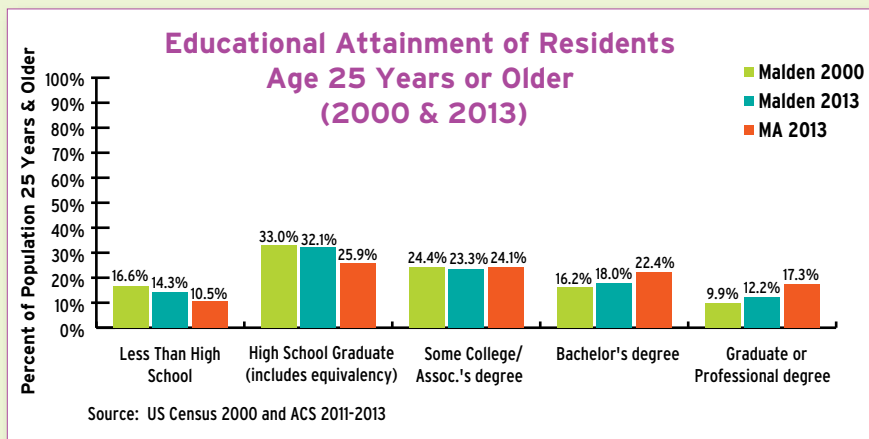
Education is one of the strongest predictors of individual and community health. More years of formal education are associated with increased economic and social opportunity, better health, lower levels of risky health behaviors, and lower death rates (cdc.gov). Conversely, better health and wellbeing of youth are predictive of doing well in and persisting in school. Nationwide, there are significant and growing discrepancies in the educational attainment across racial, ethnic and economic lines. Closing the achievement gap in educational achievement and attainment will go a long way in improving the health and wellbeing of the most vulnerable populations.

High school graduation has been identified as an important economic and health indicator. A high school diploma dramatically increases an individual's job and wage opportunities, and is a starting point for higher education and training. Communities that work to maximize opportunities for high school success and graduation improve the skills of their work force and help individuals have healthier and more productive lives (U.S. Department of Education, Strategic Plan 2010-14). A reduction in dropout rates is cost-effective, as graduates obtain a higher level of employment, earn more, are less likely to get public assistance or to be involved in the criminal justice system (American Psychological Association, 2013.)

School dropout is a serious public health problem across the US. There are multiple causes for school dropout, including poverty, family stress, school factors, learning and behavioral problems, and health issues or pregnancy. ELL (English Language Learners) students and students with disabilities have among the lowest levels of high school graduation. Because of the complexity of risk factors, multiple approaches are needed to improve high school graduation rates. Effective interventions include: targeting young children and their families, including preschool programs for 3 and 4 year-olds; improving schools by reducing class size in early grades and increasing teacher salaries; and addressing at-risk students – whether their vulnerability comes from poverty, family stress, learning or health challenges. Programs are most effective when there are collaborative community efforts that link public health and school personnel. (Centers for Disease Control, 2007)

Shifts in Levels of Education

Malden has had a slight decrease in the number of residents who have obtained less than a high school education over the past 13 years, yet Maldonians still have a higher proportion of residents of its population in this category than the state does as a whole. The percentage of Malden residents who have a high school degree has decreased slightly, but is higher than the state level. Post-secondary levels of education have remained consistent from 2000 to 2013 for those who have acquired some college or an Associate's degree. Malden residents with either a Bachelor's/Graduate/Professional degree have increased slightly between 2000 and 2013; however, this percentage of the population is lower than Massachusetts on the whole.



Community Approaches to Increasing Graduation Rate

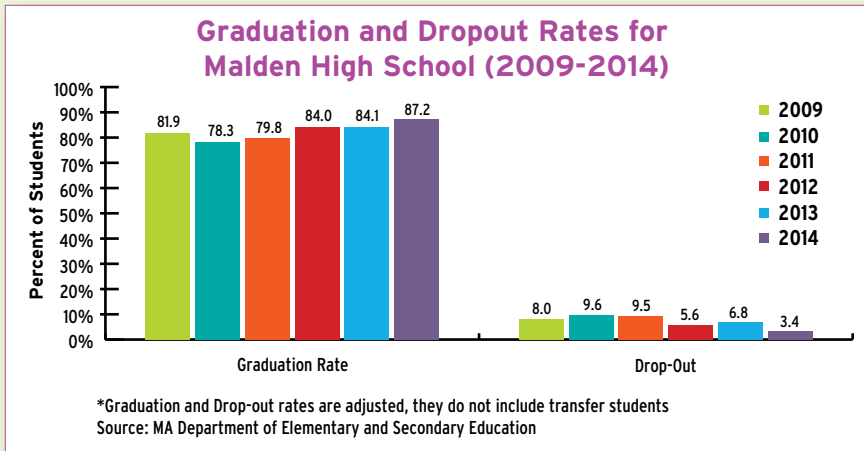
Malden's Promise is a coalition that provides the city, schools and community organizations of Malden with a supportive network to communicate, collaborate, share resources and provide opportunities for youth. This exciting and broad based coalition includes community members from faith and civic groups, youth leadership and enrichment programs, parents, youth as well as school personnel, health experts, and leaders from a variety of community organizations. You can receive more information by emailing: maldenspromise@gmail.com

Drop Out Rate Among Malden Youth

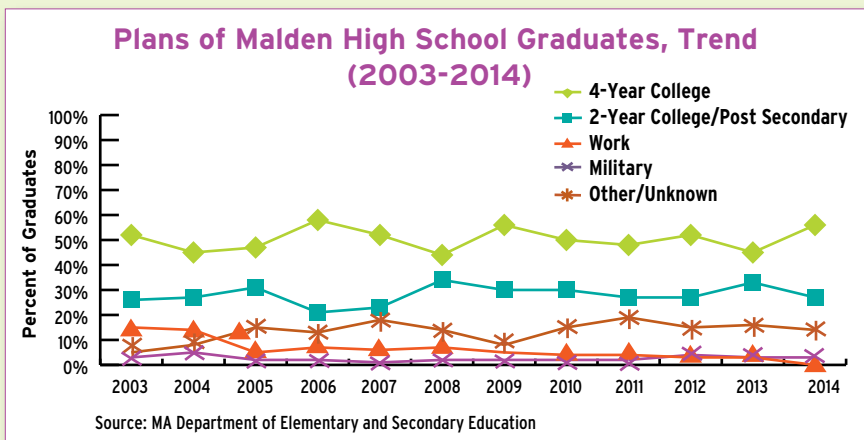
Most recent 4-Year Adjusted Cohort Graduation Rate data from the Massachusetts Department of Elementary and Secondary Education indicate the following:

- Since 2009, the four year adjusted dropout rate has decreased. These rates include students across the Malden Public School (MPS) district, including Pathways, the alternative high school. Students with disabilities and ELL students drop out from high school at higher rates than many other subgroups (students with disabilities: 6.7%; ELL students: 10.9%). Males are more likely to drop out than females (males 5.1% as compared to females 1.7%). With regard to ethnicity, Latinos drop out at higher rates (8.1%) than do their Black, Asian and White counterparts.





In a city like Malden with a large non-English speaking population and a highly diverse public school district, access to English language classes for adults is critical for educational and career development as well as for supporting children’s education and promoting parental/family engagement.



Student Future Plans

Since 2003, future plans for Malden High School students have remained relatively constant. A majority of students plan to continue in a post secondary education program (83%). Three percent report planning to enter military services and 13% of students are unsure of their post secondary plans. The most notable change in plans of high school graduates is the decreasing number of students who plan to work in the years after high school. Most recent data indicate that almost no students have this as a post secondary goal.



Strengths and Assets

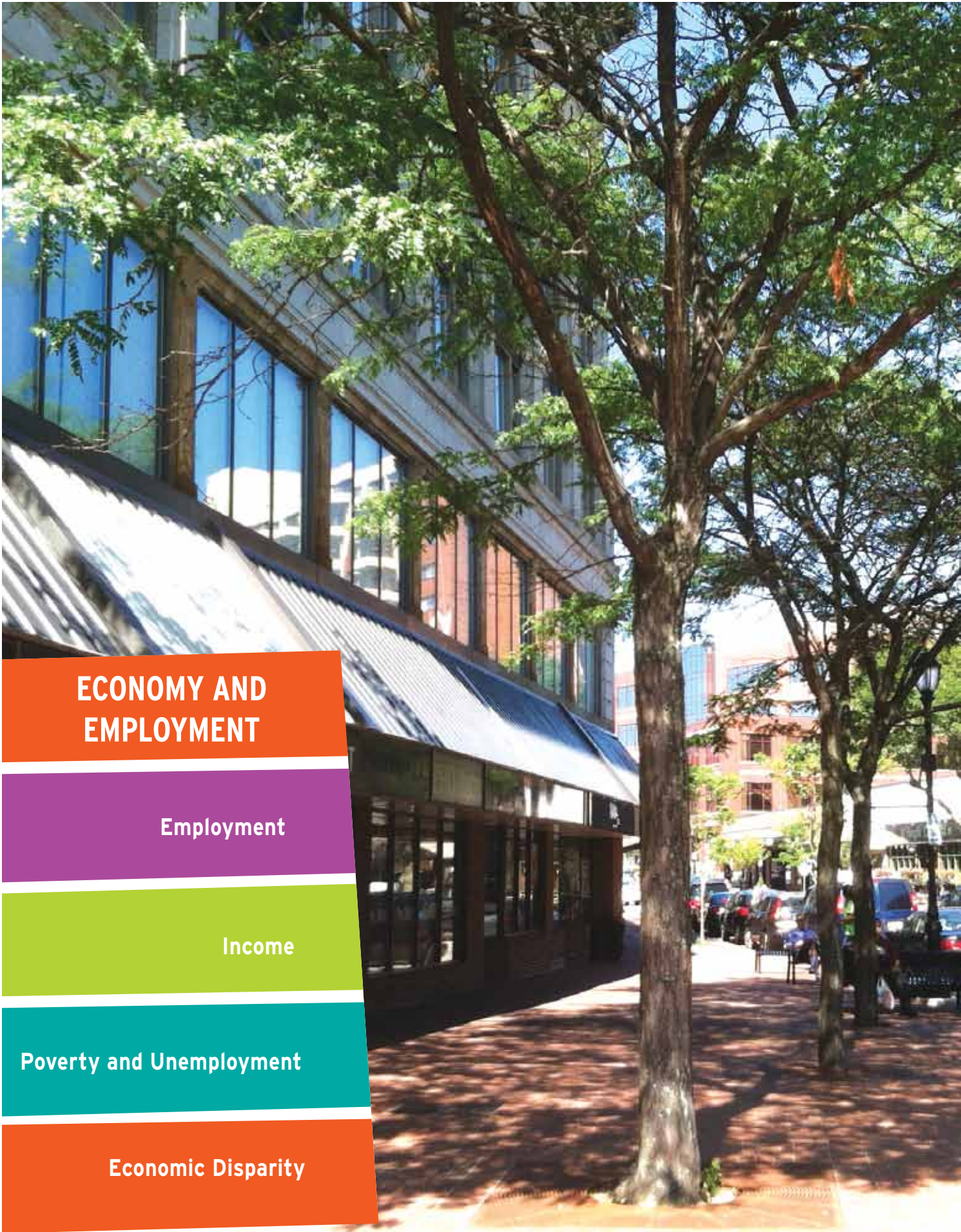
- In 2013, Malden was named the most ethnically diverse public school district in the Commonwealth of Massachusetts by the National Center for Education Statistics.
- Malden Public Schools consists of five K-8 schools, one high school, an alternative high school (Pathways) and an Early Learning Center, which serves Malden families with children ages three through Kindergarten.
- Malden Public Schools offers free Kindergarten education to all enrolled children.
- The Parent Information Center is a registration center and clearinghouse for support services for new families entering the district.
- Malden's Promise is a broad based city-school-community coalition that meets monthly and works to decrease the dropout rate by focusing on contributing factors: poverty, transiency, lack of connection to adults, undiagnosed and/or untreated mental health, and substance use disorders.
- Malden's high school dropout rate is decreasing.
- Malden High School has a formal relationship with Bunker Hill Community College (BHCC), where currently enrolled MHS students can attend courses at BHCC free of cost. Many classes are located at Malden High, which serves as a satellite campus for BHCC.



Recommendations

Malden Public School's District Plan 2015-18: A collaboratively designed district strategy plan was developed in 2015. This group of school staff, administrators, students, parents and community members prepared a mission, vision, set of core values and a theory of action to guide the growth and improvement of the Malden Public School District. This group focused upon the following actions to support effective preparation of students for post secondary success in a global society:

- Strengthen Early Childhood programming across the district.
- Create a social and emotional framework and improve the quality of in-school and wraparound service that promote students' social and emotional growth.
- Develop college and career pathways that meet the individual needs of all students.
- Improve the city's capacity to welcome and support newcomers.



ECONOMY AND EMPLOYMENT

Employment

Income

Poverty and Unemployment

Economic Disparity



Economy and Employment

Malden is home to many small businesses, most with fewer than 10 employees. According to the City of Malden website and data provided by Applied Geographic Solutions, Malden is home to 1,822 local businesses, of which 1,527 (84%) employed less than 10 employees (cityofmalden.org/content/about-malden).

Maldonians are employed in a wide range of business, industry and service. Compared to Massachusetts as a whole, Maldonians are employed in retail and food/hospitality service industries, which tend to have lower wage jobs, at higher rates (50% as compared to 40.7%). Overall, just under two-thirds of Maldonians are employed in service, sales, hospitality and retail, and 25% are employed in educational services, health care and social assistance.

| Occupation and Industry | Malden 2008 | | Malden 2013 | | MA 2013 | |
|--|-------------|--------|-------------|--------|-----------|--------|
| Civilian employed population 16 years and over | 31,127 | 100.0% | 31,104 | 100.0% | 3,345,356 | 100.0% |
| Occupation | | | | | | |
| Management, business, science, and arts | 10,330 | 33.2% | 10,407 | 33.5% | 1,456,034 | 43.5% |
| Service occupations | 7,523 | 24.2% | 7,816 | 25.1% | 589,598 | 17.6% |
| Sales and office occupations | 7,293 | 23.4% | 7,759 | 24.9% | 771,299 | 23.1% |
| Natural resources, construction, and maintenance | 2,317 | 7.4% | 1,902 | 6.1% | 232,394 | 6.9% |
| Production, transportation, and material moving | 3,664 | 11.8% | 3,220 | 10.4% | 296,031 | 8.8% |
| Industry | | | | | | |
| Agriculture, forestry, fishing and hunting, and mining | 0 | 0.0% | 0 | 0.0% | 12,808 | 0.4% |
| Construction | 2,066 | 6.6% | 1,245 | 4.0% | 180,558 | 5.4% |
| Manufacturing | 2,673 | 8.6% | 2,276 | 7.3% | 308,545 | 9.2% |
| Wholesale trade | 790 | 2.5% | 356 | 1.1% | 80,916 | 2.4% |
| Retail trade | 2,722 | 8.7% | 3,361 | 10.8% | 366,944 | 11.0% |
| Transportation and warehousing, and utilities | 1,388 | 4.5% | 1,580 | 5.1% | 121,383 | 3.6% |
| Information | 755 | 2.4% | 919 | 3.0% | 74,077 | 2.2% |
| Finance and insurance, and real estate and rental and leasing | 3,286 | 10.6% | 1,913 | 6.2% | 258,873 | 7.7% |
| Professional, scientific, and management, and administrative and waste management services | 3,794 | 12.2% | 4,224 | 13.6% | 435,267 | 13.0% |
| Educational services, and health care and social assistance | 7,168 | 23.0% | 7,857 | 25.3% | 931,384 | 27.8% |
| Arts, entertainment, and recreation, and accommodation and food services | 3,536 | 11.4% | 4,216 | 13.6% | 291,083 | 8.7% |
| Other services, except public administration | 1,868 | 6.0% | 1,868 | 6.0% | 149,731 | 4.5% |
| Public administration | 1,081 | 3.5% | 1,289 | 4.1% | 133,787 | 4.0% |

Source: US Census Bureau, ACS 2006-2008 and ACS 2011-2013

Employment

According to the City of Malden's website, Malden's businesses provide employment for approximately 15,757 employees (2015). The number of residents far outweighs available local jobs, making commuting a daily reality for most residents (average commute time: 33.5 minutes).

Income

In recent decades, the United States has become increasingly unequal in the wages, income and wealth of its residents. Gaps are wider than at any other time in the last century and are more pronounced than in other developed, democratic countries. While the top 1% have made dramatic gains, the middle and working class cohorts are trying to make ends meet or are faltering. Middle class workers make no more than they did in the 1970s, while low wage workers earn less. The modest growth that workers have made has often come from increased participation in the work force and increased hours worked. Finally, as income inequality is closely tied to health inequality, there is national cause for concern. (<http://inequality.org/inequality-101/>).

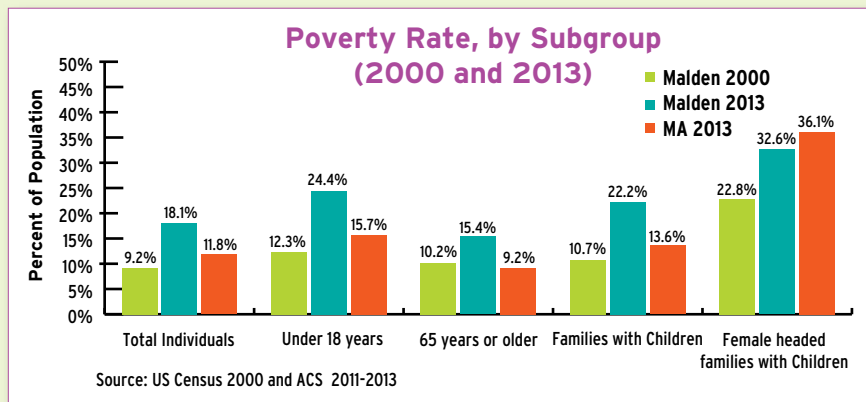


About Malden

Malden has a long industrial and manufacturing history. Its manufacturing base included rubber boots, munitions, leather goods and textiles. With the building of the Boston and Maine railroad in mid-1800s, industrial development along the Malden River boomed. The Boston Rubber Shoe Company, first established in the 1850s, was Malden's largest industry and employer from the 1870s to 1920s. The Converse Rubber Shoe Company was initially sited in Malden and was a large employer from 1908 to the late 1970s. There are multiple small industries operating at the present day in Malden, although other business and service sector jobs now account for an increased percentage of jobs. Malden now has a growing business community, strengthened by a number of small businesses, including those which are newcomer owned. Malden's strong immigrant entrepreneurial business community brings a wide range of services, including restaurants, salons and grocers.

Increase in Median Household Income

The Malden median household income increased by 14% between 2000 and 2013, from \$45,654 to \$51,916. By comparison, the statewide median household income increased by 31% from \$50,502 in 2000 to \$66,135 in 2013. While Malden's median household income is on the rise, there is evidence of increasing economic disparity. The numbers of households struggling economically, including the number of those living in poverty is increasing, meaning that economic stability and prosperity are not shared across all Malden residents.



The percentage of individuals who are under 100% federal poverty guidelines increased dramatically from 9.2% in 2000 to 18.1% in 2013, significantly higher than the statewide rate of 11.8%. Children under the age of 18 represent a large proportion of those living in poverty; rising from 12.3% in 2000 to 24.4% in 2013, which is significantly higher than the statewide rate (15.7%) for this population. The percentage of families with children in poverty increased from 10.7% to 22.2%, well above the statewide 13.6%. Percentage of female headed families with children in poverty jumped from nearly 23% to over 32%. Finally, individuals 65 years or older who live in poverty increased from over 10% in 2000 to over 15% in 2013, well over the state average.

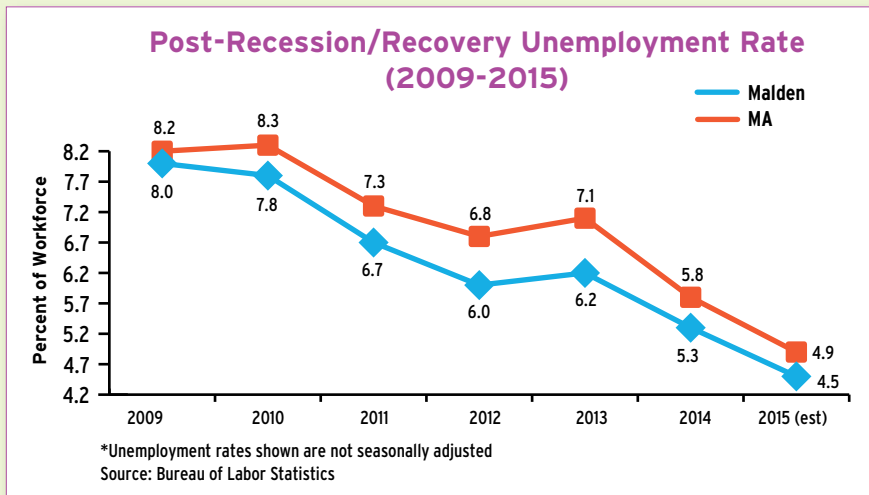
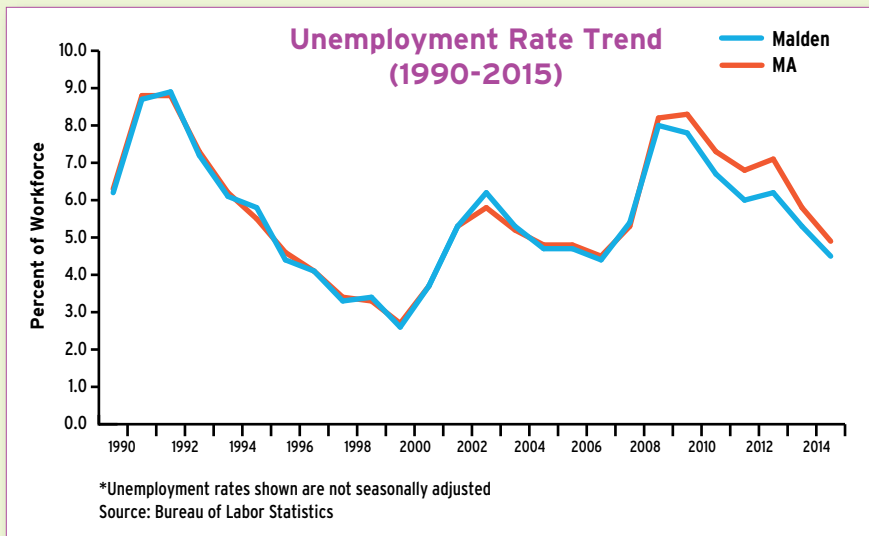
Malden food pantries have reported an increase in demand for food support over the past several years, serving as another indication of the increasing poverty rate.

About Massachusetts

According to the Center for Budget and Policies and the Economic Policy Institute, income inequality in Massachusetts is 8th highest in the country. Top earners in Massachusetts earn even more than "average" US top earners. The value of the minimum wage has decreased. "A minimum wage earner working full time earns about \$5000 less today than in 1968." (massbudget.org/tool_window.php?loc=labor_day_2012_slideshow.html#tool)

Children in Poverty

In 2013, one in four Malden children lived in poverty. This is up from approximately one in eight children who lived in poverty in 2000.



Malden Unemployment Lower than MA

In the period from 1990 to 2015, Malden’s unemployment rate generally mirrored the ebbs and flows of the MA unemployment rate. In the post-recession period since 2009, Malden’s unemployment rate has been consistently lower than that of MA, with 2014 levels at 5.3 in Malden as compared to 5.8 in MA. Indications are that the decreasing trends in both Malden and MA are continuing in 2015.

What Does “Working Poor” Mean?

In Malden, about 40% of individuals fall into this category, defined as those with incomes below 200% of the poverty threshold.

Economic Independence and the “Real” Cost of Living

The Crittenton Women’s Union developed a measure, the Massachusetts Economic Independence Index, which looks at the real cost of living across Massachusetts. This measure calculates how much income different types of families need to pay basic expenses. In 2013, a single adult needed \$28,500 to cover basic needs. A single parent with two children required \$65,880, substantially more than attained by minimum wage earnings (nearly four times as much). Costs for all family types in Middlesex County are higher than the state averages (<http://www.liveworkthrive.org/site/assets/docs/MASS%20INDEX%20FINALWEB.pdf>).

Malden Households Participating in Supplemental Nutrition Assistance Program (SNAP)

| Fiscal Year | Count of SNAP Households in Malden | Count of Total Households in Malden* | Percent of Total Households Receiving SNAP |
|-------------|------------------------------------|--------------------------------------|--|
| 2010 | 6,382 | 22,471 | 28.4% |
| 2011 | 7,038 | 23,422 | 30.0% |
| 2012 | 7,141 | 22,836 | 31.3% |
| 2013 | 7,438 | 22,952 | 32.4% |
| 2014 | 7,215 | 22,952 (estimate) | 31.4% |
| 2015 | 6,697 | 22,952 (estimate) | 29.2% |


Source: SNAP Utilization Data from USDA FNS 2010-14; Count of Households from ACS 3-Year estimates for 2010, 2011, 2012 and 2013
 Note: The count of households for 2014 and 2015 was not available, 2013 data used as estimate to calculate rate.



What is SNAP?

SNAP is the Supplemental Nutrition Assistance Program, a key federal food assistance program. It provides low-income households with benefits that they can use at most grocery stores and some farmers' markets and community supported agriculture (CSA) programs.

According to the Massachusetts Department of Transitional Assistance (DTA), only 45.3% of eligible Malden households receive SNAP benefits, as compared to 49.6% of eligible households statewide. As such, the majority of households eligible for SNAP services are not receiving benefits, raising questions about access to information and the potential need for assistance enrolling in supplemental benefits programs.



Strengths and Assets

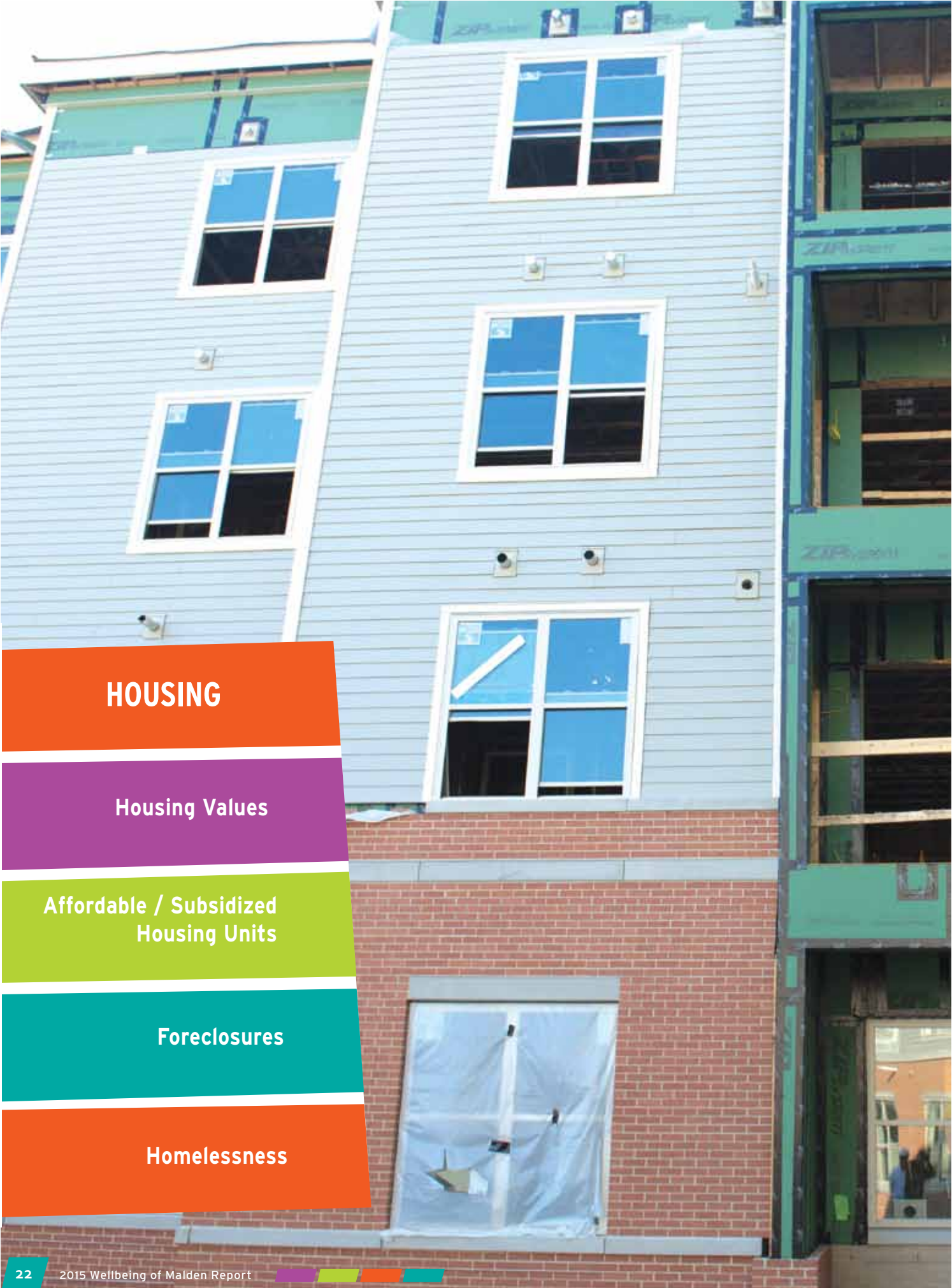
- The City of Malden's Business Development office has numerous small business support programs in place.
- Malden's Comprehensive Planning Process included a focus on economic growth.
- The Malden Chamber of Commerce was founded in 1891 and is one of the oldest and most active Chamber groups in the Commonwealth. The Chamber consists of over 300 members including local businesses of all sizes, schools, organizations and agencies focused on promoting and developing commercial and civic interests in the city.
- Immigrant entrepreneurs have a strong presence in Malden and have been highlighted by the Metropolitan Area Planning Council (MAPC) for their contributions to the revitalization of downtown Malden.
- Malden recently adopted the Community Preservation Act (CPA), a smart growth tool that helps communities preserve open space and historic sites, create affordable housing, and develop outdoor recreational facilities. The CPA also helps strengthen the state and local economies by expanding housing opportunities and construction jobs for the Commonwealth's workforce, and by supporting the tourism industry through preservation of the Commonwealth's historic and natural resources.





Recommendations

- Increase local jobs with good wages and benefits for Malden residents with different education levels. Explore advocating for a living wage ordinance.
- Identify the types of employers (and respective jobs) coming into the city to determine trends to follow for future job training.
- Support alternative economic supports such as time banking, alternative savings programs and financial literacy programs.



HOUSING

Housing Values

**Affordable / Subsidized
Housing Units**

Foreclosures

Homelessness

Housing

Long known as a “Gateway City,” Malden housing costs for both purchase and rental are pricing out immigrants as well as those who have grown up in the city.

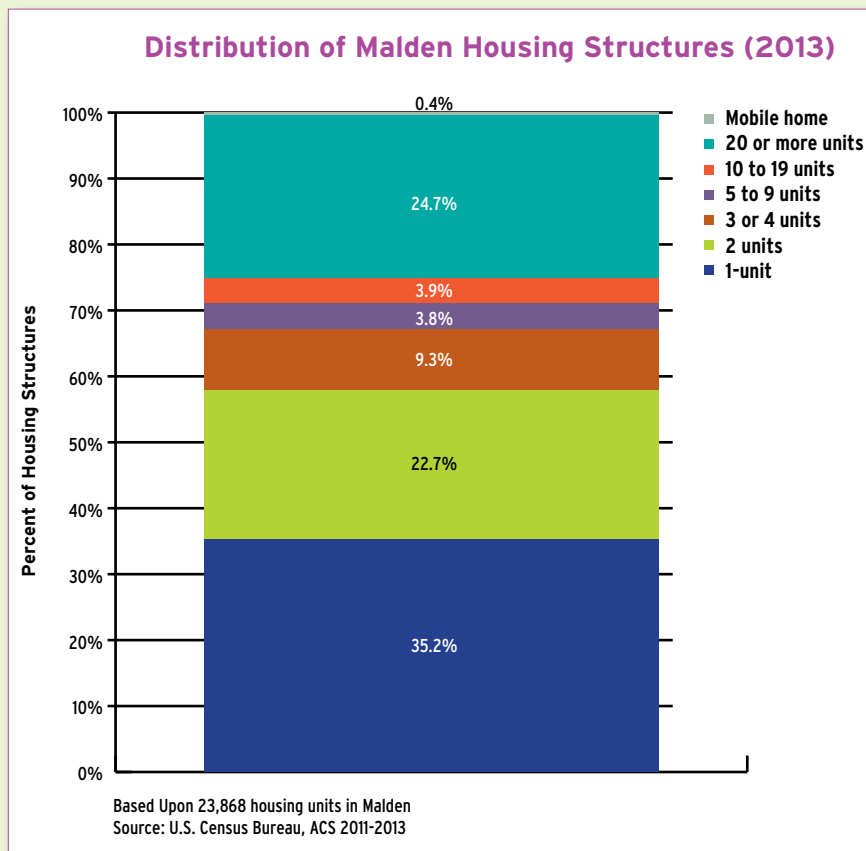
In addition, many of Malden’s multi-family rental structures have converted to condominiums serving young professional couples with larger incomes who find Malden attractive for its convenient location and amenities. While there has been a building boom in luxury condos and rental units, there has been little addition of affordably priced housing units. Thus, homeownership by low and middle income households is becoming increasingly more difficult as housing prices edge upwards.

Malden Housing

Malden offers a variety of types of housing stock, and historically has been an affordable “gateway” destination. There are 23,868 housing units in Malden of which 94% (22,509) are occupied. Census data reveals that about half of Malden’s housing stock was built before 1940. There are approximately the same proportion of single unit (35%; attached or detached) and smaller multi-unit structures (36%; 2-9 units). Structures with 10 or more units account for approximately 29% of housing units. While the overall number of housing units has changed

Affordable Housing

“Affordable and stable housing is a platform for other important positive family and community outcomes, such as physical and mental health, educational achievement, and economic development. It is critically important to address the housing cost component of housing affordability to make further progress in reducing the number of households spending a disproportionate share of their income on housing.” (nhc.org/media/files/Landscape2014.pdf).



little from 2000 to 2013, there has been an increase in the numbers and proportion of single unit structures (20% to 35%) and 10 or more unit structures (26% to 29%), and a decrease in mid-sized structures (44% to 36%).

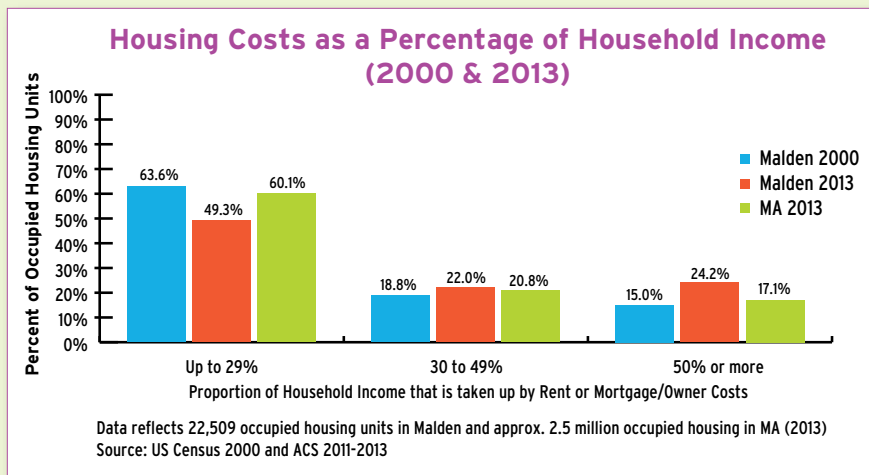
Housing Values

Housing data provides further verification as to economic stressors faced by many Malden residents. The median rent and house values in Malden have increased significantly, thus many Maldonians are paying increasingly higher proportions of their income toward housing.

The median house value for Malden residents has increased from \$176,100 in 2000 to \$314,800 in 2013 (somewhat below the 2013 median house value in MA of \$325,800). Home ownership has decreased from 43% to 39% of units, while the proportion of renter-occupied units has remained constant at 56%.

Cost-Burdened

Households spending greater than 30% of their income for housing needs are considered "cost-burdened." In 2013, one in three Americans spent more than 30% of their income on housing. In Malden, about half of the households fall into this range, indicating significant financial strain for a segment of Maldonians.



Across the US, millions of households spend a disproportionate amount of their income on housing. In 2012, over 15% of US households were considered "severely" housing cost burdened, spending more than half of their income on housing.

Most striking in the Malden housing data is the increase of both renters and homeowners who are "housing cost burdened." For homeowners, housing units with a mortgage that consumes at least 50% of the household income increased from 14% in 2000 to 29% in 2013. Those whose mortgage consumes 30-49% increased from 17% to 21%. For renters, there is a similarly dramatic increase in renter occupied housing units that cost 50% or more of household income, from 17% in 2000 to 29% in 2013. In all, in 2013, 46% of all Malden households pay more than a 30% of their income on housing, compared to 38% of those across the state.

Affordable / Subsidized Housing Units

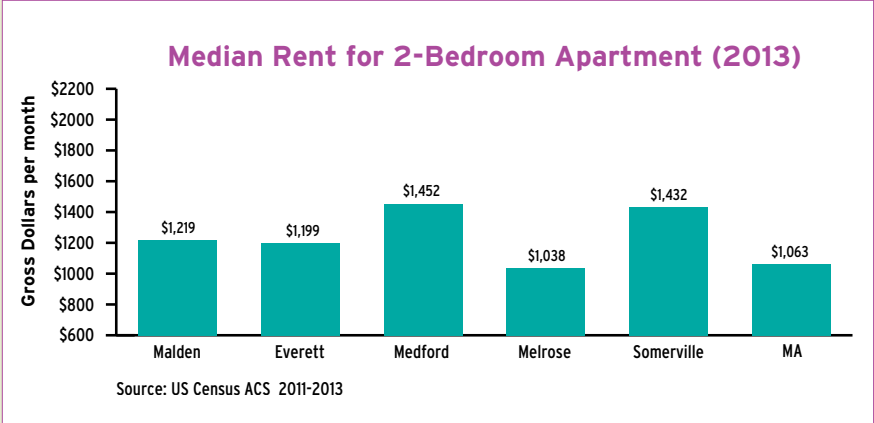
As indicated by the table below, Malden has a broad range of subsidized housing stock, including privately funded affordable housing, federal and state funded housing for the elderly and disabled as well as family housing units. There are units designated for clients of Department of Mental Health and veterans. Almost 1000 vouchers for Section 8 housing exist as well. However, demand for affordable and subsidized housing exceeds available supply.

Malden Subsidized Housing, by Type

| Type | # of Units (persons) |
|---|------------------------|
| MHA - Federal/State Elderly/Disabled Public Housing Units | 898 units |
| MHA - Federal/State Family Public Housing Units | 473 units |
| MHA DMH Disabled Units | 15 units |
| MHA Federal Section 8 Housing Vouchers | 977 units |
| Massachusetts Rental Voucher Program | 15 units |
| Alternative Housing Voucher Program | 1 unit |
| Special Programs for Homeless Persons | 71 units (133 persons) |

Data source: Massachusetts Department of Housing and Community Development, 2015





Malden shows a mid-range median advertised rent as compared to surrounding communities. Greater Boston continues to be one of the most expensive areas in the country for renters.

Drop in Malden Foreclosures Petitions

According to the Greater Boston Housing Report Card report, foreclosure activity has dropped significantly in Malden since the high rates in 2009. This decrease mirrors what is seen across the state and across the US. Foreclosure petitions were listed at 34 in 2013, which is down from 100 in 2011.

The Marginally Housed, Homeless, and Unaccompanied Youth

While Malden does not have a shelter, many homeless individuals cite Malden as their city of residence. During the most recent Point in Time homeless count in early 2015, there were 165 individuals who were counted as homeless in Malden.




Franco Folini, Creative Commons, Flickr

Housing and Transportation

A greater proportion of Maldonians are commuting to work via public transportation (30% in 2013 as compared to 23.5% in 2008 and compared to a 2013 Massachusetts rate of approximately 10%). Conversely, fewer Maldonians are traveling in private vehicle (65% in 2013 as compared to 72% in 2008). Commuting times are showing some increase over this time period, with commutes of less than 30 minutes decreasing from 47% to 39% and commutes of greater than 60 minutes increasing from 11% to 16%.

Counting the Homeless

The Annual Homeless Census in the Tri-City area of Malden, Medford and Everett provides critical information on the scope of the problem of homelessness in the three communities. During the 2015 homeless census, there were 11 projects in Malden that provided emergency shelter, transitional housing, and permanent supportive housing services. In total, these initiatives provided 280 beds (142 units), and of those, 50 were set aside for individuals. Additionally, seven unsheltered adult individuals were counted at the point in time census. By tracking these numbers, the Homeless Census helps the city identify the unmet need for housing and other support services. These beds are consistently filled and demand exceeds supply year round.



Strengths and Assets

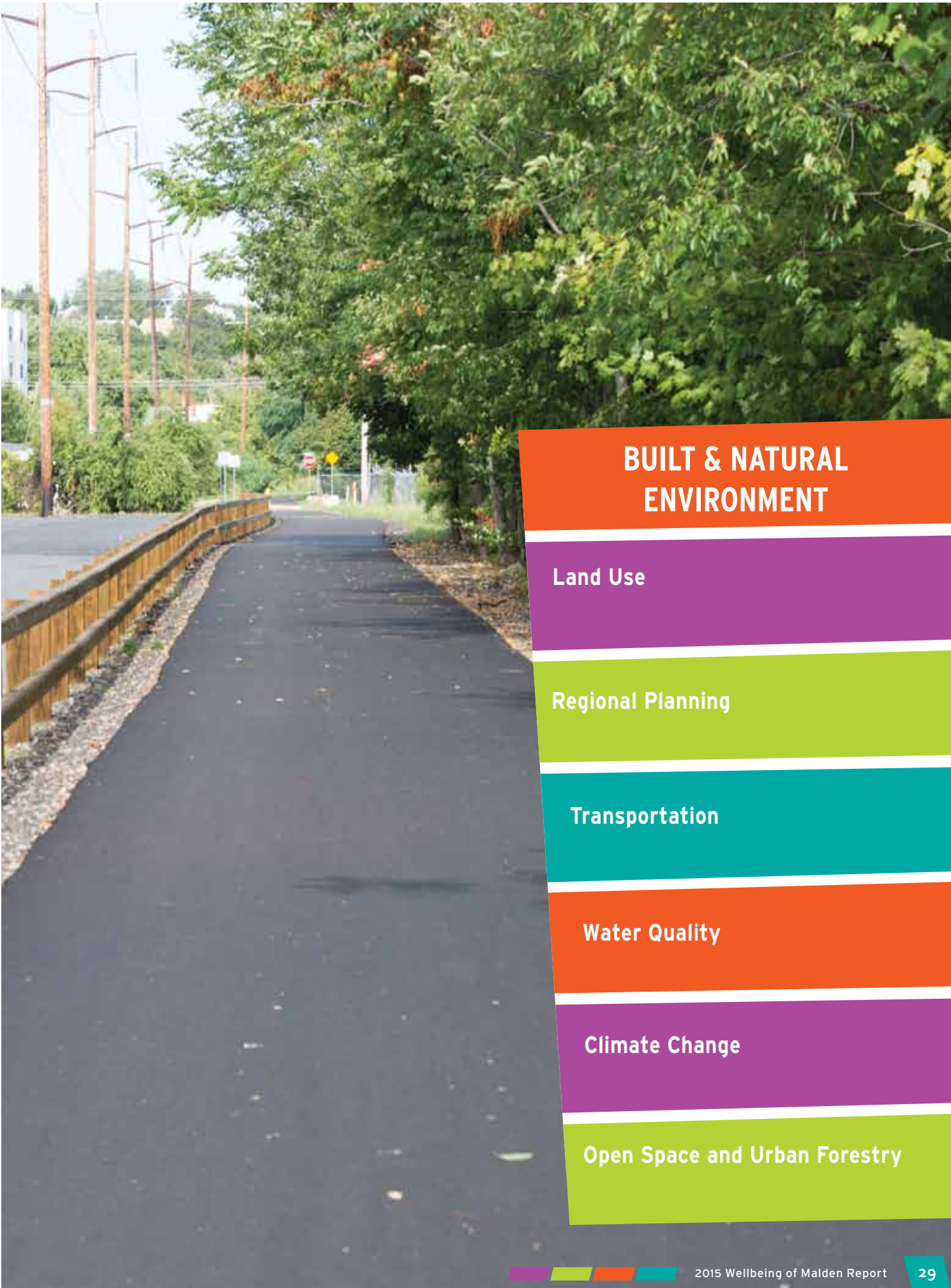
- Malden is well positioned to be a model for smart growth and transit oriented development.
- Several community-based organizations address affordable housing issues and housing emergencies such as The Malden Housing Authority, Heading Home, Housing Families, Inc., Action for Boston Community Development, Metro North Housing Corporation, YouthHarbors, YWCA, Bread of Life, Just A Start, among others. Collectively, these agencies and others participate on the Tri-Cities Housing and Homelessness Taskforce. This group takes part in two annual *Point in Time* counts, a census for both homeless youth and adults.
- A diverse stock of subsidized private and public housing exists, including municipal, state and federally funded housing serving a range of populations.
- Malden has a Redevelopment Authority (MRA) that runs the North Suburban Consortium dedicated to providing affordable housing through the HUD Home program.
- The MRA also runs a strong lead paint abatement and education program.



Recommendations

- Many individuals who have secured access to affordable housing in Malden lose their housing due to substance abuse and mental health issues. This ongoing issue is not being adequately addressed and requires a collaborative approach to assisting residents to access needed substance abuse and mental health services.
- Malden should consider the development of a Housing Production Plan. A Housing Production Plan (HPP) in 760 CMR 56.03(4) is a proactive strategy for planning and developing affordable housing. It should be developed with opportunities for community residents to become informed of the planning process and the plan, and to provide input. The HPP assists communities to plan for low and moderate income residents by providing a diverse housing supply. This Housing Production Plan would include an inventory assessment and development of a strategy to facilitate the development of affordable housing. The strategy could include items such as an Inclusionary Zoning Ordinance and/or the development of an Affordable Housing Trust Plan. These strategies have become models for other communities looking to address affordability for lower-income residents in high-cost areas, like Malden. This would ensure that the socio-economic diversity of Malden is reflected in new housing.





BUILT & NATURAL ENVIRONMENT

Land Use

Regional Planning

Transportation

Water Quality

Climate Change

Open Space and Urban Forestry

Built and Natural Environment

Land Use

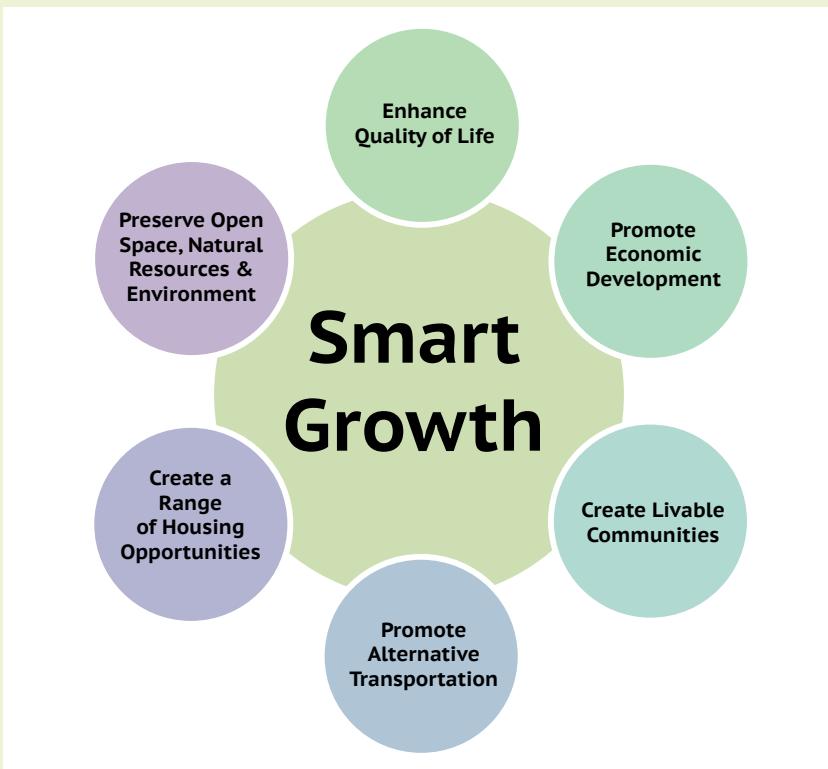
The built environment consists of the physical settings in which people live, work and play. The built environment refers to human made elements such as streets, buildings, public spaces such as parks, public transportation and energy networks. This physical infrastructure can either facilitate or stifle social interactions and networking, positive family life, and good health and wellbeing. Political and civic efforts to institute land use policies, such as mixed commercial/residential zoning, are vital in the creation of vibrant communities.

Land Use Policy Tools

Zoning is the mechanism that brings together planning, policy and legislative work to determine the future character of a community through land use planning. Zoning with a public health focus can promote and protect community features, such as mixed commercial-residential districts that encourage walking and biking, the preservation of open space, improved access to healthy food choices, and reduced exposure to pollution.

Smart Growth

Smart Growth is a term used to describe building communities with housing and transportation choices near jobs, shops and schools. Smart growth principles ensure that growth is fiscally, environmentally and socially responsible and recognizes the connections between development and quality of life.



The Malden Historical Society

The Malden Historical Society was founded in 1886 with the goal of educating and preserving the history of Malden. The Society maintains an extensive collection of books, papers, photographs and manufactured goods and sponsors a variety of community activities.

“The main goal of Malden Historical Society is to create a sense of community in the neighborhood where people live and work. We hope that an increased sense of community will lead to more personal involvement and more cultural, educational and social activities, which will create a better community and a better place for us to live.” (maldenhistoricalsociety.org).

In addition to multiple historical buildings and landmarks, Malden has numerous properties listed in the National Register of Historic Places.



Regional Planning

The Malden Comprehensive Planning Process

Over the course of the last several years, Malden has worked with the MAPC on several planning efforts. In accordance with Massachusetts General Laws, Chapter 41, Section 81D, in 2007 the City of Malden launched the development of the Malden Comprehensive Planning Process. An extensive process of community involvement was undertaken throughout this community visioning process. This plan was intended to reflect the vision of what Malden wants to become and the steps needed to achieve that vision and to support decision making related to long term city planning. It concluded with a report in 2010 with recommendations focusing upon transportation, neighborhoods, housing, economic development, community facilities, natural and cultural resources, and land use. (http://www.cityofmalden.org/sites/default/files/malden_master_plan_final_072010.pdf)

Several years later, in 2013, the City of Malden, MAPC and Harvard Graduate School of Design facilitated another community visioning process, Plan Downtown Malden: A Blueprint for Action. This process focused on revitalizing the downtown, exploring six topic areas: urban design principals, redevelopment opportunities, housing balance, transportation and downtown connections, natural systems and open space, and downtown activities. (http://www.mapc.org/sites/default/files/COMBINED%20FINAL%20REPORT_without%20appendices_2_7_14.pdf). Several recommendations from each of the six topic areas have been implemented. Since the beginning of this planning process, the city has already taken action on a number of the recommendations that were included in the draft plan. The City issued a Request For Proposal for the redevelopment of the Malden Government Center site and is actively engaged in the process of relocating the current City Hall. The Commonwealth committed MassWorks funds to help demolish and relocate City Hall as well as the adjacent police headquarters, contingent on a redevelopment plan that will tie the Orange Line station to downtown Malden. The Malden Redevelopment Authority conducted a parking study to assess the downtown parking needs, and a special mayoral task force recently installed dozens of new wayfinding signs across the downtown area, featuring artwork from famous Malden-born painter Frank Stella.

National trends as well as state priorities are to support population and commercial growth in the inner core suburbs – with density, diversity and sustainability as priorities. Malden is within the top 10% of Massachusetts communities in terms of change in population growth and its location just 5 miles from downtown Boston makes it a desirable location for many. This consistent influx of residents warrants careful future community planning to ensure smart growth. Malden's strengths include excellent public transit, relative affordability (as compared to the rest of the metro Boston region) and the potential for housing, commercial real estate and recreational development along the river (<http://uli.org/advisory-service-panels/advisory-services-panel-malden-everett-massachusetts/>).

MAPC

The Metropolitan Area Planning Council (MAPC) is the regional planning agency serving the people who live and work in the 101 cities and towns of Metropolitan Boston. Malden is also part of the Inner Core Committee subgroup, comprised of 21 urban communities. MAPC's mission is to promote smart growth and regional collaboration. Their regional plan, MetroFuture, guides the work as they engage the public in responsible stewardship of our region's future.

MAPC works toward sound municipal management, sustainable land use, protection of natural resources, efficient and affordable transportation, a diverse housing stock, public safety, economic development, clean energy, healthy communities, an informed public, and equity and opportunity among people of all backgrounds.

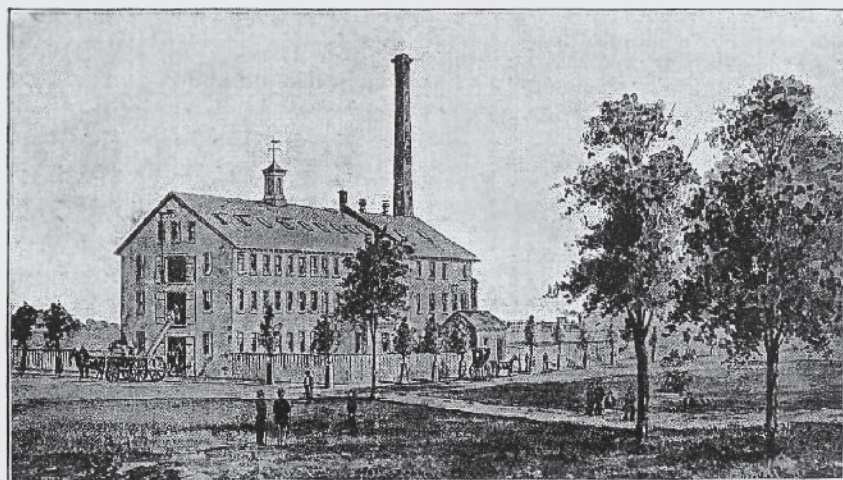
Case study for regional planning efforts: River's Edge

Telecom City and the development of the Rivers Edge project is one example of progress resulting from the Malden Master Plan. River's Edge is an economic developmental initiative in the tri-city area of Malden, Everett, and Medford. The project has been recognized by numerous entities as an excellent example of regional partnership, brownfield revitalization, community development and environmental design. The multi-phased project involves the redevelopment of 200 acres of underutilized/brownfield adjacent to the Malden River. The 30 acre mixed-development area includes office/lab buildings, luxury housing, restaurants, and specialty retail fronting the Park at River's Edge. State-of-the-art "green" design principles have been incorporated into the design and buildings, and the Park was granted an Honor Design Award from the Boston Society of Landscape Architects in 2008. The Park includes a 10 acre riverfront area, a recreation field, and the Tufts Boathouse.

Brownfields

Malden, like much of the inner-ring of the Boston metropolitan area, has a strong industrial history, and past land uses have left a legacy of contamination, known as brownfields. Malden has been part of EPA's Brownfields Program, which empowers states, communities, and other stakeholders to work together to prevent, assess, safely clean up, and sustainably reuse brownfields. A brownfield site is real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant. In 2002, the Small Business Liability Relief and Brownfields Revitalization Act was passed to help states and communities around the country cleanup and revitalize brownfields sites.

Nineteenth century industries left a legacy of environmental contamination and degradation of the riverbank and property in Malden and adjacent communities. The Mystic Valley Development Commission received two EPA brownfield assessment grants for environmental site assessments at 17 parcels in the Everett and Malden portion of the River's Edge project as well as community outreach activities.



BOSTON RUBBER SHOE COMPANY, 1853.

Wikipedia.org, Public Domain

Transportation

There is increasing attention to the importance of well designed, safe and reliable public transportation to the promotion of robust community health. Transportation equity, meaning fair and equitable distribution of transportation resources, is linked to economic, housing, education and health access outcomes. Funding policy at the federal level has long favored vehicle travel over public transit or active transportation (such as walking or biking). Research and advocacy efforts continue to indicate ways in which policy decisions at all levels of government can support active living, which has the potential to impact cardiovascular and respiratory health indicators as well as promote social cohesion within a community.

Local Public Transit

Malden is part of the Massachusetts Bay Transportation Authority (MBTA) public transportation system. The MBTA Orange Line, Commuter Rail, and 18 different bus routes serve the City of Malden's public transportation needs. The Oak Grove and Malden Center MBTA facilities accommodate rapid transit service to downtown Boston. Commuter rail service linking Malden to Haverhill and Boston via the Reading/Haverhill Commuter Line is available at the Malden Center station. Malden Center is also a regional bus terminal serving seven communities. Malden Center is the fifth busiest station on the MBTA's Orange Line system of 18 stations; more than 18,000 commuters use the station on a daily basis (City of Malden Open Space and Recreation Plan Update, March 2010).



Frank Reese, Creative Commons, Flickr

Active transportation is getting increasing attention as a transportation policy goal both nationally as well as in Malden. There has been ongoing promotion of walking and biking in Malden through the improvements made on the Northern Strand Community Trail as well as the establishment of other bike and walking paths (City of Malden Open Space and Recreation Plan Update, 2010).

Malden is Moving!

Malden in Motion is part of a larger statewide program "Mass in Motion", which promotes opportunities for healthy eating and active living in the places people live, learn, work and play. Mass in Motion is a public-private partnership coordinated by the Mass Department of Public Health, and is working with 27 community programs covering 60 cities and towns in the Commonwealth.

Mass in Motion: The City of Malden Public Health Department has partnered with the YWCA to engage a cross-section of local agencies, community groups, and local businesses and coalitions to find healthier options for everyone in Malden. (<http://www.maldenismoving.org/index.html>).



Northern Strand Community Trail



The Northern Strand Community Trail is a nine mile community trail from Everett to the Lynn and Nahant waterfront. In 2013, the three mile Malden portion was paved and trail amenities are currently in the process of being developed. There are plans to make these trails part of the East Coast Greenway, a 2,500 mile car-free path linking East Coast cities from Maine to Florida, much like the Appalachian Trail.

Water Quality

Drinking Water

Drinking water for Malden is provided through the Massachusetts Water Resources Authority (MWRA), sourced from the central part of the state and through series of reservoirs and conduits. The drinking water quality is generally very good, with the exceptions linked to aging pipes.

The Mystic River Watershed

The Mystic River Watershed is a regional water system that runs through 21 cities and towns north of Boston. The Mystic River flows from the Mystic Lakes in Winchester and Arlington through a number of cities to the Boston Harbor. The Malden River is flanked by Malden, Medford, and Everett. The Friends of Malden River describe that “though now dammed, the river used to be tidal, bordered on its banks by salt marshes and tidal flats.” In addition to the existing

Bike to the Sea

Bike to the Sea is a 501(c)3 non-profit organization. Since 1993, Bike to the Sea has been working to create the Northern Strand Trail: a trail free of cars from the Malden/ Everett area of Massachusetts to the beaches in Revere, Lynn and Nahant. (biketothesea.com).

pollution, the lack of public access to the Malden River is one of the main challenges in enjoying the Malden River as a public amenity.

MyRWA (see sidebar) began water quality testing activities in 2000. The EPA began working with Massachusetts Department of Environmental Protection and MyRWA on monitoring and compliance activities and EPA New England launched the first annual Mystic River Watershed report card in 2006. MyRWA instituted a new rating system in 2014, based on an average of boating and swimming bacterial compliance rates and allowing for detailed analyses of various segments of the mystic river watershed area. In 2014, the Malden River received an overall grade of C-. This is below that of the Mystic Lake, and the Mystic, Aberjona and Chelsea rivers, but better than a range of other sections.

Climate Change

There is much discussion about the impacts of climate change on human health, both directly and indirectly through variables such as sea-level rise, changes in precipitation causing flooding and drought, heat waves, more intense hurricanes and storms, and poor air quality. Addressing these health effects of climate change will be challenging and require both local adaptation and wide-reaching policy shifts.

Climate Actions in Malden

Because of the social, economic and geographic connectedness of the Greater Boston metropolitan area, it is critical that surrounding communities in the region work together to address the environmental vulnerabilities of the area. In May of 2015, Malden and 13 other Greater Boston communities created a task force to address the region's readiness for the challenges of climate change. This task force was the result of a summit on regional climate preparedness convened by Boston Mayor Marty Walsh, and will meet bimonthly to make policy recommendations and set regional priorities for climate preparedness.

MyRWA

The Mystic River Watershed Association (MyRWA) is an award-winning environmental advocacy and education organization with the mission of protecting and restoring the Mystic River and its tributaries and watershed lands for present and future benefit. Since its inception in 1972, it has spearheaded many projects including water quality monitoring, legislative and advocacy efforts, community activities and education, removal of invasive water chestnut, and herring monitoring.



James Ennis, Creative Commons, Flickr

Open Space and Urban Forestry

Malden maintains a number of properties and has about 24 public parks available to its residents. Parks such as Maplewood and Amerige were renovated in only 2007 in order to preserve space for people and play. Along with the vast choices that are offered to Malden residents and guests, Malden also offers a park adjacent to each of its five elementary and middle schools to keep the children active and healthy. In recent years, numerous parks have been refurbished, including Callahan, Waitt's Mount, South Broadway and Miller parks. Additionally, Coytemore Lea Park was renovated with grant monies to become Malden's first all-inclusive/adaptive playground, designed for children of all abilities to enjoy.

Along the Northern Strand Community Trail, a community garden can be found between Faulkner and Bryant Streets. Through the combined efforts of City Councilors, Bike to the Sea, Groundwork Somerville, and many volunteers, this garden now hosts 25 gardening plots.





Strengths and Assets

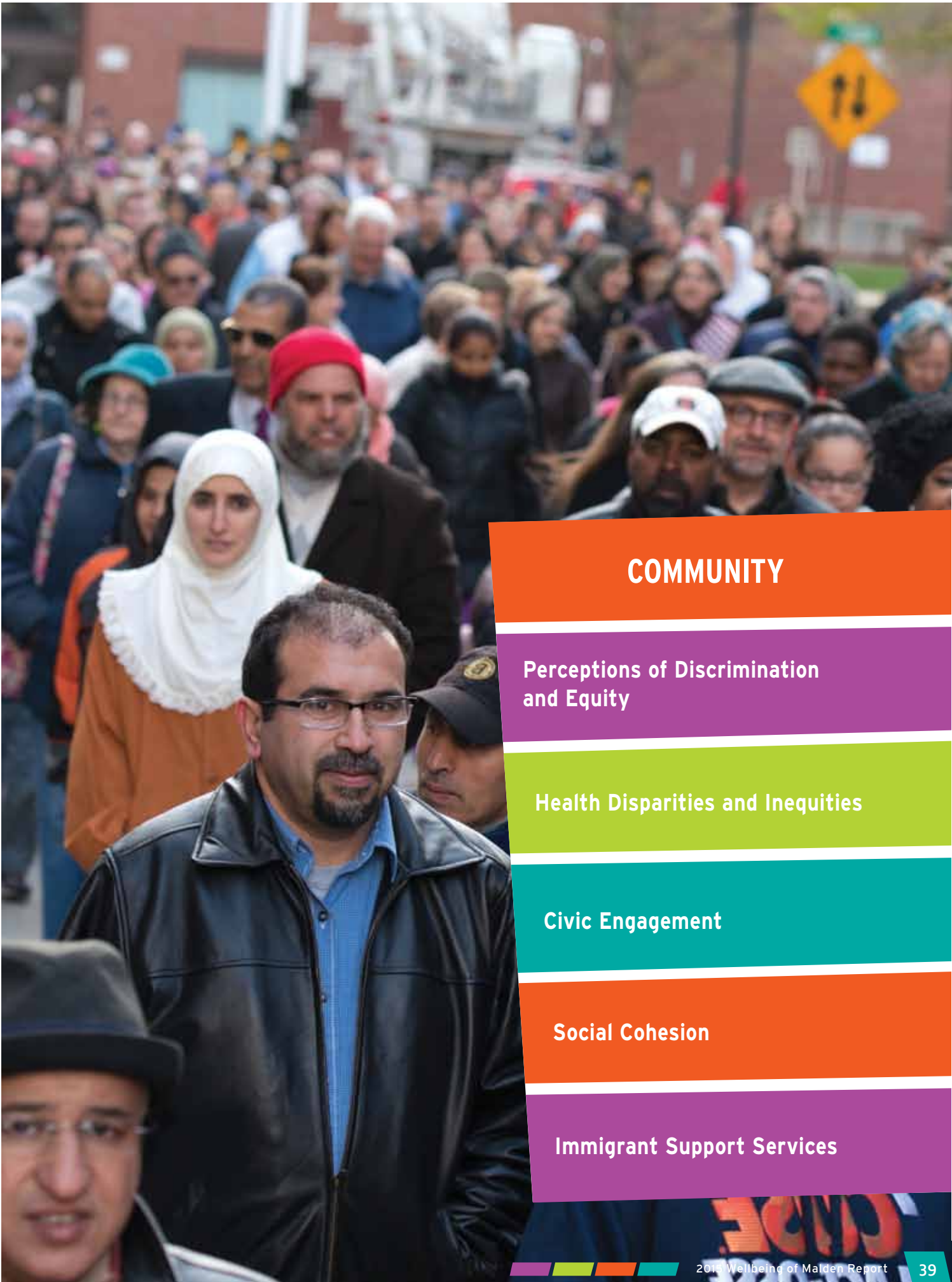
- The Northern Strand Community Trail is a multi use trail that connects the communities of Everett, Malden, Revere, Saugus and Lynn. Malden paved its three mile portion of the trail and continues to work with Bike to the Sea to install amenities.
- Malden's first community garden was installed along the Northern Strand Community Trail and houses several beds available to Malden residents.
- Several community groups, residents and organizations around the Malden River watershed have formed Friends of Malden River to generate awareness and encourage action concerning issues of environmental justice and water quality in the communities surrounding the Malden River.
- Malden is Moving is a local version of the Mass in Motion program and is aimed at promoting wellness by encouraging healthy eating and active living.
- Malden is a Complete Streets Partner which means that Malden takes part in a planning and design approach that enables safe, convenient and comfortable access and travel for users of all ages and abilities, regardless of their modes of transportation.



Recommendations

- Continue to promote universal design approaches wherever possible to ensure access for all people regardless of limitations.
- Foster community connections and continue to develop healthy and attractive public spaces.
- Address the city's riverfront areas as a regional ecological resource, with a balance between public access and the viability of the local ecological system.
- Ensure that the Arts are integrated into the built environment through a variety of spaces that support creative work, exhibits and performances.
- Continue to explore adopting the Complete Streets policy to ensure that healthy and active transportation options are available to all.
- Promote actions and policies to reduce atmospheric carbon levels locally and regionally.





COMMUNITY

Perceptions of Discrimination and Equity

Health Disparities and Inequities

Civic Engagement

Social Cohesion

Immigrant Support Services

Community

A healthy community, according to the World Health Organization, is “... one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

Determinants of health include not only access to education, jobs, housing and a safe physical environment, but social factors as well. Some of these elements are social supports and social networks, but also freedom from discrimination based on race, ethnicity, religion, gender, age or sexual orientation.

Community resources that facilitate health and personal growth may also include access to arts and cultural experiences, faith based communities, open channels of communication, and opportunities to be civically engaged. The presence of social supports is linked to individual and community health outcomes, with better health and lower mortality rates. In addition to helping reduce the negative impacts of stress, social networks provide support for individuals in coping with jobs, housing, childcare and other resources that influence social economic impacts on health. Some of the sources of negative stressors, which can cause chronic stress, are driven by societal issues such as discrimination, racism, or other ‘isms’ that impact status and access to fairness and justice in society.

Social Justice Informing Policy

Social justice is the view that “everyone deserves equal economic, political and social rights and opportunities” (National Association of Social Workers). Social status is both shaped by and reflective of inequity related to gender race and class, power and wealth differences, and unequal access to political influence. Political influence, in turn, shapes social policy which can either reinforce inequities or challenge them.

Social policy is linked directly to health policy. For example, the average life expectancy in the US improved by 30 years during the 20th century. Researchers attribute much of that increase not to drugs or medical technologies, but to social changes such as improved wage and work standards, universal education, improved sanitation, housing and civil rights laws. Social measures like living wage jobs, paid sick and family leave, universal preschool and access to college, and universal health care can extend and improve lives. These are as relevant to health and wellbeing as diet, smoking and exercise.

“If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.” – Lilla Watson

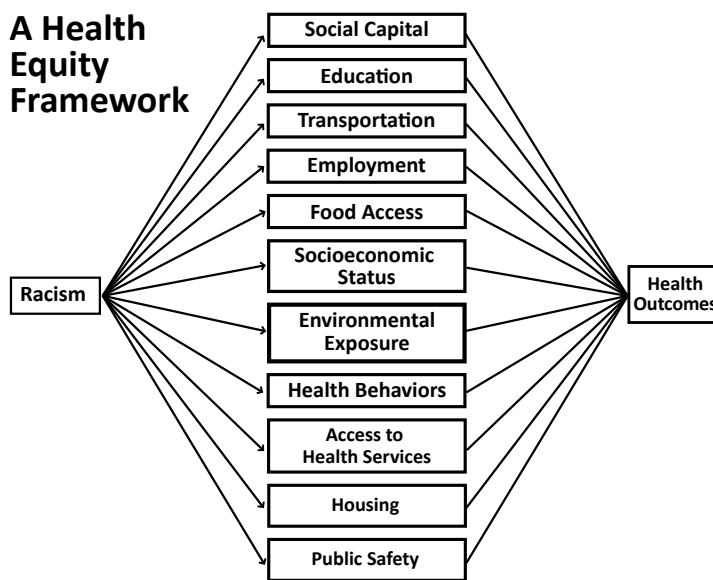
“We cannot seek achievement for ourselves and forget about progress and prosperity for our community ... Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own.” – Cesar Chavez

Health Disparities and Health Inequities

The National Institute of Health defines health disparities as “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” Health disparity equates with inequality related to differences between individuals or groups, whereas health inequity refers to underlying avoidable societal conditions that are unfair or unjust. Health inequities are socially produced, creating systemic difference in health between different socioeconomic populations.

Racism

Race is a social construct that carries significant implications for health (ncbi.nlm.nih.gov/pmc/articles/PMC2837428/). Racism is defined as a system of advantage based on race. Research related to health disparities, when controlled for social factors such as socioeconomic and educational status, indicates that people of color experience worse health outcomes than white people. The chart below indicates some of the factors impacted by race, as demonstrated in numerous studies. Ethnic health inequities also follow a similar pattern of poorer health outcomes.



Source: Boston Public Health Commission Center for Health Equity and Social Justice

There is growing acknowledgement that the chronic stressors associated with racism threaten health. Racism can manifest as internalized, interpersonal or institutional—changing the life experiences for people of color where they live, work, learn and play. Racism impacts health across the full spectrum of life from maternal and child health to achieving the average life expectancy. Racism is also prevalent in anti-immigrant sentiments, present with coded or even blatant racial overtones. Effective efforts to improve health outcomes need to take into consideration these issues in order to challenge deep seated health inequities.

Racism

Racism is defined as a system of advantage based on race. Race is a social construct that carries significant implications for health.

Structural Racism

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist. (Aspen Institute)

Faith Based Communities

Based on the literature, participation in faith based communities can be a critical social support for many people. Malden is home to approximately 33 houses of worship. Over the past several decades, there have been significant changes in the religious demographics in Malden. The immigrant based faith communities have been growing and thriving, often sharing spaces with existing congregations or by outright purchase. Quarterly meetings are held in the Mayor's office for the faith community to discuss shared concerns and issues impacting their populations through the Faith Leaders roundtable.

Arts Activities and Performance Spaces

Malden has a growing arts population and the City recognizes the benefits of arts and culture in society. There are several organized groups promoting the arts, including the Malden Sketch Group and the Malden Cultural Council (a local chapter of the Massachusetts Cultural Council). Malden Arts and Malden High School's Blue and Gold Gallery are forums for displaying the work of Malden's talented youth. Malden also hosts organized exhibits and informal meetings.

The City of Malden sponsors and partners with local community groups, such as Malden Arts, in various initiatives, including the downtown exhibition Window Arts Malden, the summer concert series at Government Center plaza, the citywide Switch Box Project, and the Community Mural Project. The City also completed the Irving Street Studios in 2009. This nine-unit live-work space condominium development with a common gallery and classroom areas is a former convent converted by the Malden Redevelopment Authority.

ArtSPACE@16 ONLINE regularly updates a list of community, arts and cultural venues in Malden, which includes artist live/work loft studios, galleries, exhibition spaces; arts, community, and cultural organizations; online resources; music and performance spaces; dance studios; local public school auditoriums; and local newspapers. In addition to resources located within Malden, the city is also within easy distance of major arts and entertainment venues throughout the Greater Boston Region, such as theaters and museums.

Civic Engagement

Mayor Christenson's office has increased ways in which information can be exchanged between the government and the Malden Community. One example is the Mayor's Safety Awareness meetings which occur monthly at different locations around the city to engage residents. These events are televised, bringing the conversation to a broader audience through local access television (MATV) so others can learn about the issues being discussed. The Mayor also hosts "Mayor on the Move" where he sets up a roving "office" in the community where community members can voice concerns.



Mass Senior Action Council is a grassroots senior-run organization committed to empowering seniors and others to act collectively to promote the rights and wellbeing of all people, particularly vulnerable seniors. The Metro North chapter of MSAC meets at the Malden Senior Community Center regularly.

Immigrant Support Services

In addition to the Immigrant Learning Center, other local agencies have developed to serve specific immigrant populations such as the Chinese Culture Association, the Arab American Women's Association, the Malden Latino Council, and the Outreach Community and Reform Center. Within the schools, Malden's diverse mix of new students and their families are supported by the Malden Public Schools' Parent Information Center.

At the state level, the Massachusetts Immigrant and Refugee Advocacy Coalition works to support rights and integration of the one million plus foreign born residents in the state through policy analysis and advocacy, organizing, training and leadership development and strategic communications.

Social Supports and Interactions

A variety of informal supports and interactions have grown in Malden in the past several years. The concept "third space" refers to places in a community where people can gather informally, such as cafes, plazas, libraries, or dog parks. Block parties are one way of claiming the streets for public activities as well. Online forums have increasingly become places where individuals go for information. One such example are groups on Facebook such as Malden Young Families group which shares concerns, questions and resources related to raising kids in the city and the Mayor's City of Malden page which updates citizens on events and happenings throughout the city. Organizations such as Bread of Life and Action for Boston Community Development serve low income and newly arrived communities and provide opportunities for community members to learn about resources to support their families.

Sports Activities

Many residents find both physical activity and social outlets through team sports as well as Malden's Recreation Department, which keep the city fields busy. Softball/baseball fields and basketball courts have dedicated areas in the community while school gyms play host to students during school hours and Pickleball games in the off hours. Community sports opportunities such as Seven Mile Road's free soccer camp and various boot camps are other ways Maldonians keep active. Children's sports such as Little League, Pee Wee Football, and Malden Cheerleading engage hundreds of local families who turn out to cheer on their daughters and sons. Road races are popular, with many permitted road races taking place annually. Because of Malden's density, finding unstructured free space for outdoor play challenges the long history of kids in the neighborhood gathering to be actively engaged in physical activity. Indoor space is also at a premium for the general public.



Media and Communication Technologies

Over the course of the last four years, Malden has made great strides forward in the online realm. One key goal was to change the way City Hall communicates with residents and businesses. The Mayor's office sought to build a strategy of communication that was focused on the latest technology including web, email, newsletter and social media such as Twitter, Facebook, Flickr, and podcasts. One such example is the streamlining of municipal processes through the City of Malden's website. Residents can access electronic documents, financial applications, storage and enhanced databases to increase access to city government. Malden has Malden 311 to "Plug-in to City Hall." The 311 Call Center is staffed by the Mayor's constituent services team during City Hall business hours. Volunteers are on hand to answer questions and log in city service requests. During snow and other emergencies where information is needed quickly, Malden employs the "Code Red" system which allows for messages to be sent to residents regarding school and safety issues.

Within a short time Malden has been able to build the 3rd largest social media presence for a municipality in Commonwealth. From posting snow cancellation notices to thousands of followers on Facebook and Twitter to sharing tens of thousands of photo and video views on Flickr and YouTube to sharing an email newsletter to over 10,000 email subscribers, Malden residents are finding new ways to stay informed.

Malden has a nationally recognized and active local cable system. Malden Access Television (MATV) is responsible for the management and operation of the Public, Education and Government Access channels for the City of Malden. Primarily funded by an annual grant from the current cable providers, Comcast and Verizon, MATV is Malden's Media Center, providing resources, training, and channel time to members of the Malden community. Since MATV opened in 1989 it has become a vibrant community center where people come together to express their opinions, share their knowledge, explore their cultures, reveal their talents and encourage citizen participation. MATV is built upon the belief that freedom of speech, empowerment, diversity and encouraging public discourse strengthens democracy and builds community through the use of media.





Strengths and Assets

- Malden is a thriving diverse gateway city with many civic and cultural groups representing community members.
- Malden is home to approximately 33 houses of worship, many of which house resources for the greater community such as food pantries and sports activities. Many of the faith leaders participate on a roundtable sponsored by the Mayor's office.
- Organizations such as the YWCA work explicitly toward eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all.
- The City has a vibrant sports community that promotes active living and physical activity.
- Malden Arts, the Malden Cultural Council and other organizations stimulate a local environment that fosters creativity and artistic expression.
- MATV provides rich programming for the diverse Malden community.
- Social media is used to communicate to varied and broad audiences in Malden, increasing access to information and resources for much of the population.
- Youth led community wide events celebrating healthy behaviors occur regularly throughout the city.



Recommendations

- Increase the number of intergenerational, interethnic and interracial community building projects. Inequities exist, in part, due to how segregation influences health by simultaneously isolating racial groups from one another and by concentrating exposures and resources.
- Encourage and support mechanisms to increase representation of Malden’s diverse populations on School Committee, City Council, Boards and Commissions.
- Consider the creation of a Multicultural Affairs Commission or a Human Rights Commission to make Malden a more welcoming community for newcomers.
- Increase the number of “third places” in the community to serve as informal social gathering places to promote healthy social interactions, such as farmers markets and community concerts.



Leading Health Indicators



ACCESS TO HEALTHCARE
CHRONIC DISEASE
PHYSICAL ACTIVITY & NUTRITION
REPRODUCTIVE & SEXUAL HEALTH

MENTAL HEALTH
SUBSTANCE ABUSE
VIOLENCE

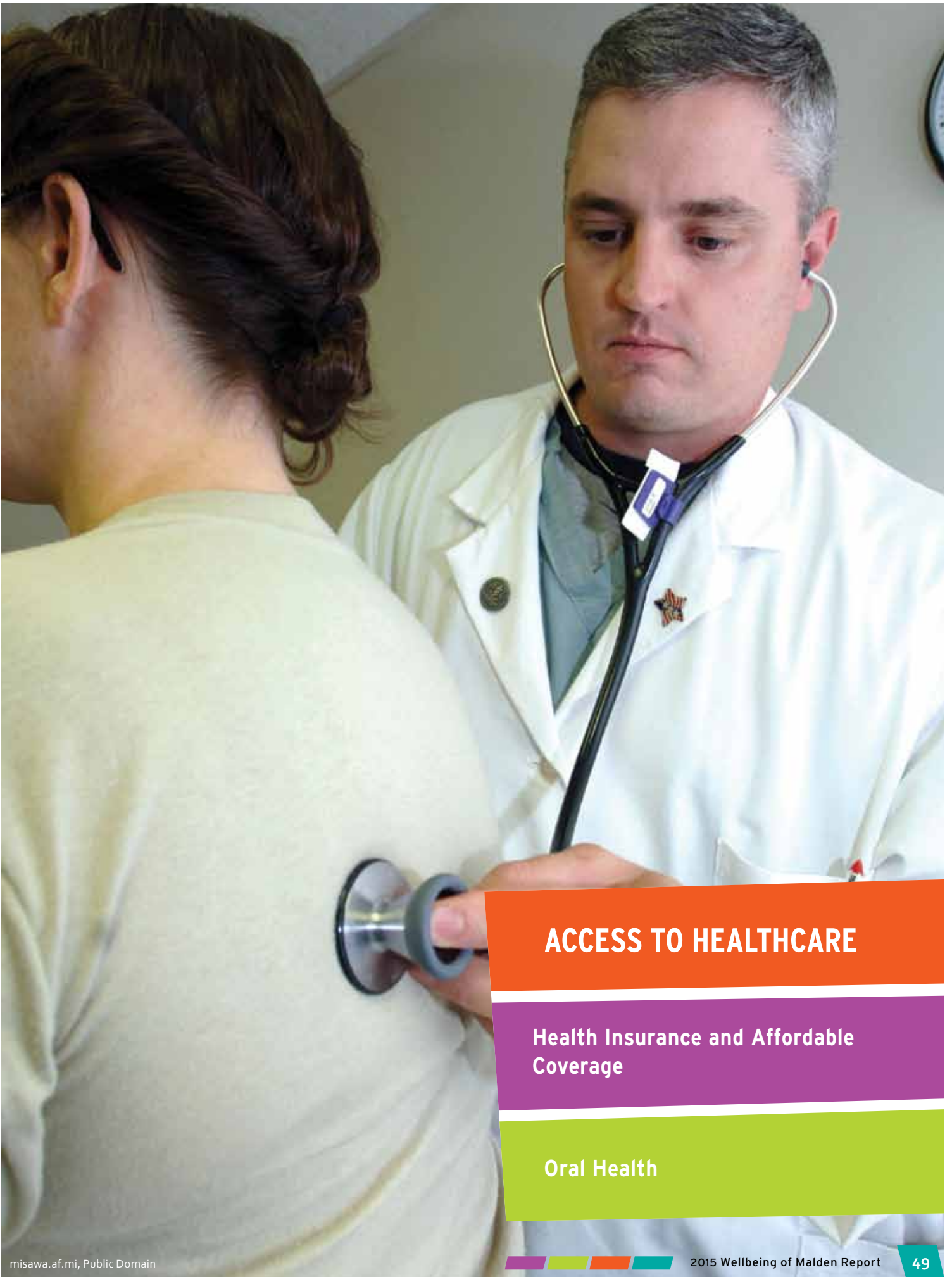


Leading Health Indicators

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with more than 1,200 objectives. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators (LHIs), have been selected to communicate high-priority health issues and actions that can be taken to address them (healthypeople.gov/2020/leading-health-indicators/2020-LHI-Topics). The *Wellbeing of Malden Report* examines topics concerning several Leading Health Indicators in this section:

- Access to Healthcare and Oral Healthcare
- Chronic Disease
- Physical Activity and Nutrition
- Reproductive and Sexual Health
- Mental Health
- Substance Abuse
- Violence and Injury





ACCESS TO HEALTHCARE

Health Insurance and Affordable Coverage

Oral Health

Access to Healthcare

Access to health care is critical to maintaining overall physical, social and mental health and aids in the prevention and treatment of disease and disability. Access includes the absence of barriers to seeking or receiving care, including oral and mental health care.

Barriers can include limited availability or hours of operation, physical barriers to people with limited mobility, financial issues such as prohibitive cost or lack of insurance coverage, related social determinants such as lack of transportation or childcare or fear of deportation, and cultural/linguistic accessibility. Access to healthcare also includes availability of emergency services. Yet, the basic tenet of access to healthcare concepts is a focus on decreasing the need for emergency room visits through preventive medical, dental, nutritive and mental health care. Access to regular medical and dental checkups and the financial/insurance supports to sustain relationships with primary care providers and to pay for prescriptions are critical steps to accessing preventative care throughout life for all residents. With equitable access to health care, residents can experience an increase in quality of life with related decreases in mortality and morbidity rates and preventable hospitalizations. Policies at the state and federal level have had significant impacts on access to affordable health care and more changes are in process.

Having Health Insurance Doesn't Guarantee Affordable Coverage

In April 2015, the Blue Cross Blue Shield Foundation (BCBSF) reported that “Though the Commonwealth leads the nation in health coverage, with [over] 95 percent of Massachusetts adults insured, a significant number of people struggle with the affordability of health care... [N]early one of five reported problems paying medical bills or reported paying them off over time. People who have low incomes, those who are in poor health or have chronic conditions needing regular care or medication, and those who are only intermittently insured experience even greater difficulties with the high cost of health care.” The findings from the BCBSF report are based on the Foundation’s Massachusetts Health Reform Survey. Looking at the annual surveys, they found that:

- Consumer health care costs are increasing much faster than incomes. From 2006 to 2012, median incomes went up 15%, while consumer-paid health care spending went up 38%.
- High deductible plans are growing in Massachusetts - now around 45% of those with individual plans, and 38% of those with coverage through a small (under 50 workers) employer. As a result, nearly one in ten adults spent over 10% of their income on out-of-pocket health care costs.
- And so, an increasing number of people in Massachusetts are avoiding needed health care due to cost. Around one in seven of all adults who were covered all year report avoiding needed care because of the cost. The most frequently avoided services due to costs are dental care and prescription drugs. The problem is worse for younger adults, parents, people who identify themselves as Hispanic or Latino, and those buying coverage on their own.



COD Newroom, Creative Commons, Flickr

Oral Health in America: A Report of the Surgeon General (2000)

This report found that the interdependence of oral health and general health and wellbeing is widely underestimated. In addition to a lack of awareness of the importance of oral health among the public, this report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues. The major findings of the report were:

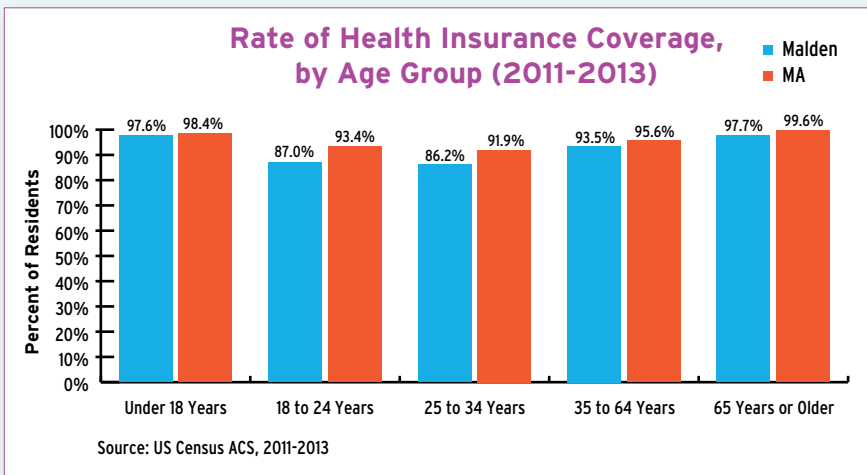
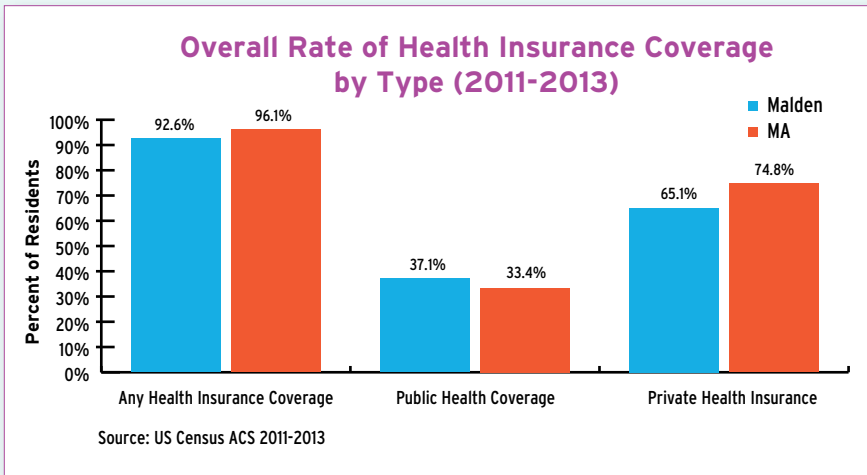
- Oral diseases and disorders in and of themselves affect health and wellbeing through life.
- There are safe and effective measures to prevent the most common dental diseases – dental caries and periodontal diseases.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.
- There are profound and consequential oral health disparities within the American population.
- More information is needed to improve America’s oral health and eliminate health disparities.
- The mouth reflects general health and wellbeing.
- Oral diseases and conditions are associated with other health problems.
- Scientific research is key to further reduction in the burden of diseases and disorders that affect the face, mouth, and teeth.



Sgt. 1st Class Jeff Troth, CC, Flickr

Insurance Coverage in Malden

A slightly lower proportion of Malden residents have health insurance (92%) than Massachusetts overall (96%). Among those who do have health insurance, two-thirds reported having private health insurance coverage. One-third of Malden residents report having public insurance. While most Malden residents are insured, those aged 18-34 are less likely to be insured.



What If Someone Does Not Have Insurance Coverage?

The Health Safety Net is a program for Massachusetts residents who are not eligible for health insurance or cannot afford to buy it. To be eligible, one must be uninsured or underinsured, with no access to affordable health coverage. Additionally, people of any income with large medical bills they cannot pay are also eligible. Citizenship or immigration status does not affect eligibility; however one must be a resident of Massachusetts.



Strengths and Assets

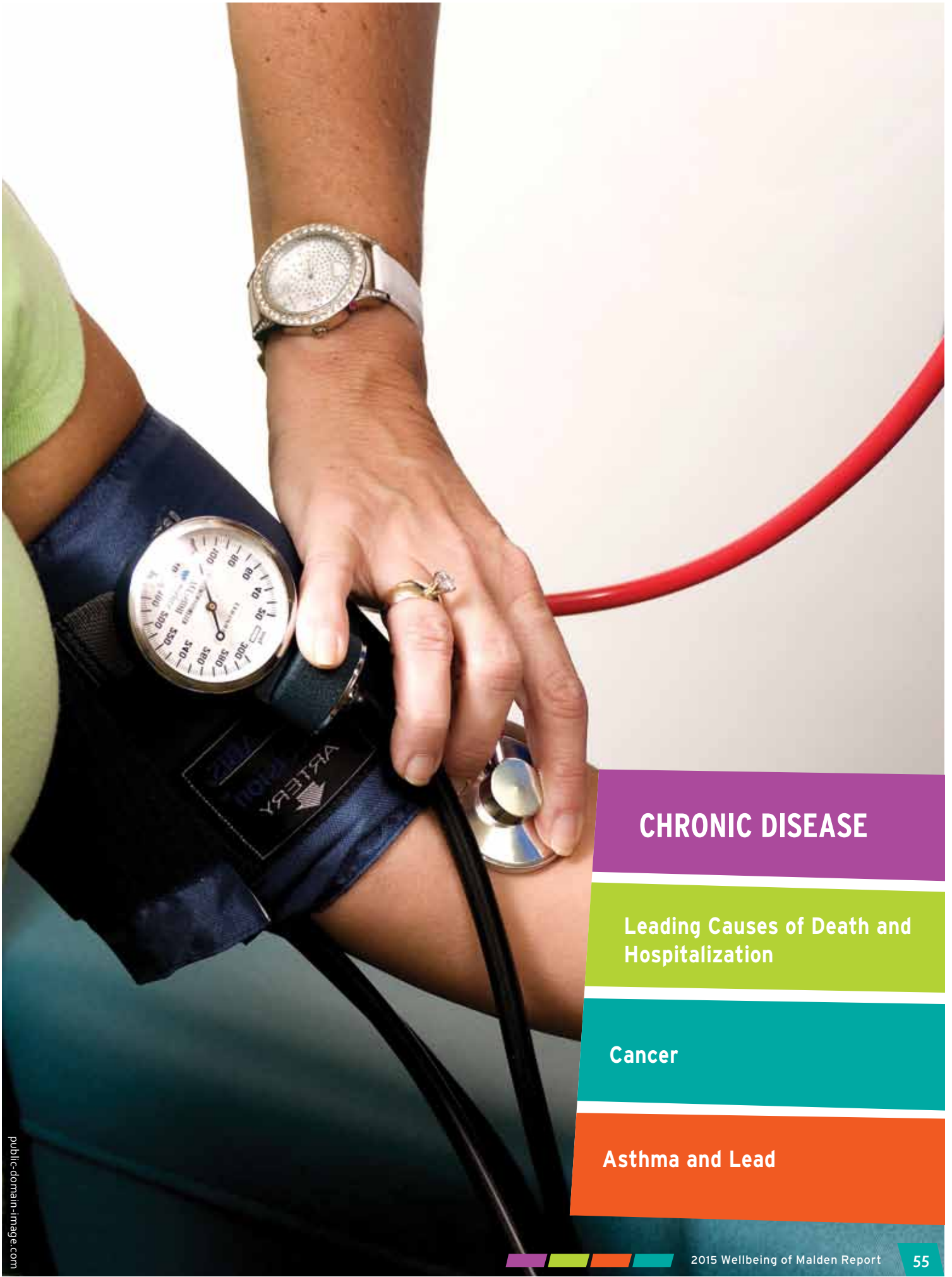
- Immigrant service organizations such as the Chinese Culture Connection and Massachusetts Alliance of Portuguese Speakers (MAPS) and low income service agencies like Action for Boston Community Development (ABCD) refer clients to health care providers.
- Health insurance enrollment support is available in four key languages at Whidden Hospital in Everett and at CHA's financial assistance office at 350 Main Street in Malden (Haitian Creole, Spanish, Portuguese & English) and community based efforts at ABCD and Cambridge Economic Opportunity Council (CEOC) also provide enrollment assistance at agency based sites.
- School nurses from Malden Public Schools provide support and services in public school settings to assure students are ready to learn.
- Public Health Nursing work to assure residents of Malden have access to services including vaccinations and management of reportable communicable diseases.
- School Based Health Centers in Everett, Cambridge and Somerville provide teen-friendly primary care, confidential reproductive health care, health education, and mental health services for youth age 24 and under. A pilot School Based Health Center at Malden High School provides access to primary care, health education and confidential reproductive health services.
- CHA provides local, comprehensive outpatient services, inpatient services and 24/7 emergency care at Whidden Hospital. CHA also has a Community Health Center located on Canal Street providing access to primary care, mental health services, physical therapy, radiology, sports medicine, acupuncture, and maternity care in the city.



Recommendations

- Promote advocacy for Health Safety Net Coverage.
- Increase training/professional development and funding for Community Health Workers.
- Increase consistent access to health care for undocumented immigrants.
- Identify needs and provide education on available health care options for low-income residents and undocumented immigrants.
- Explore ways to increase access to dental screenings for children.
- Increase access to dental/oral health care for all residents.
- Enhance citywide education on health insurance access and coverage, keeping current with frequent shifts in system due to policy and budget changes.





CHRONIC DISEASE

Leading Causes of Death and Hospitalization

Cancer

Asthma and Lead

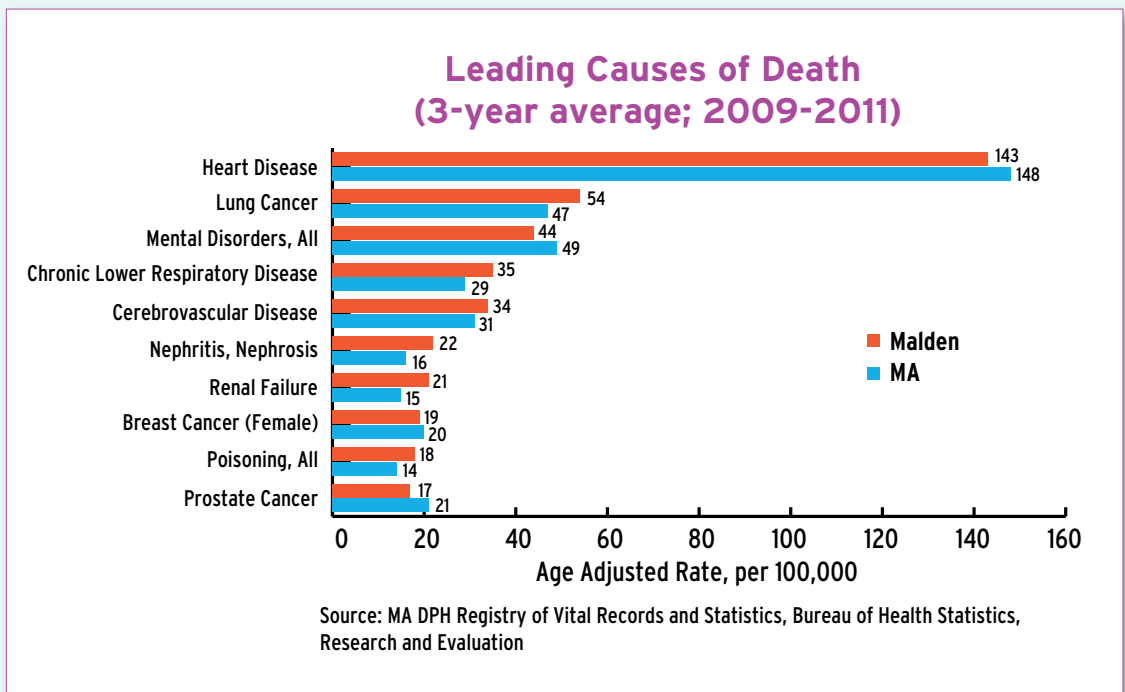
Chronic Disease

Chronic disease is differentiated from acute disease by its persistence, producing symptoms which last for three months or more. Like an acute disease, a chronic disease can be mild, severe or fatal.

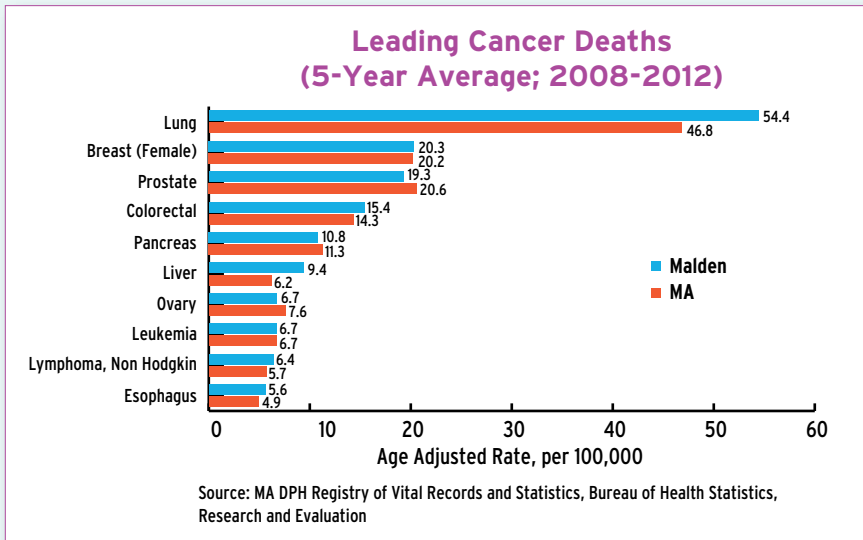
Common chronic diseases—such as heart disease, cancer, diabetes and renal disease—are among the leading causes of death and disability in the United States. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use or alcohol abuse can help prevent or control the devastating effects of these diseases. But there are also other things which affect rates of chronic disease—these include exposure to environmental toxins (air quality and lead exposure), barriers to health care access, negative metabolic impacts of chronic stress and genetic factors.

Leading Causes of Death in Malden

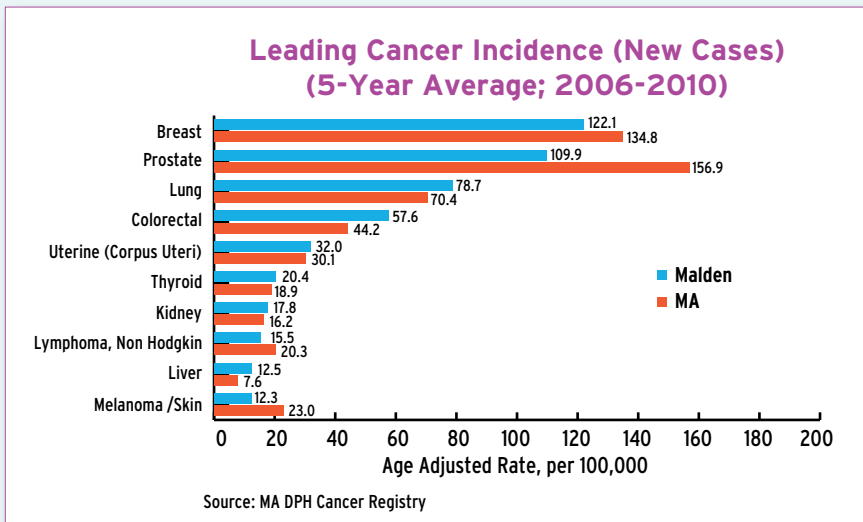
Heart disease and lung cancer together accounted for approximately 31% of the deaths in Malden from 2009 to 2011. There were an average of 91 deaths per year due to heart disease and 32 per year due to lung cancer during this time period.



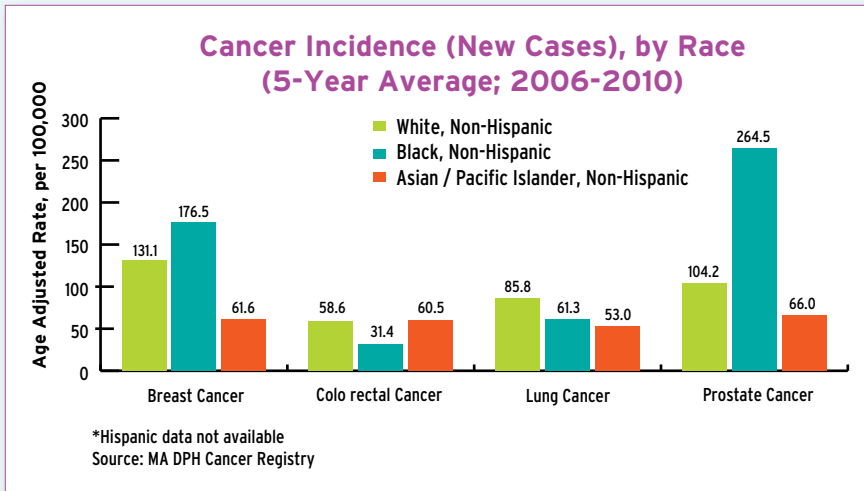
Cancer



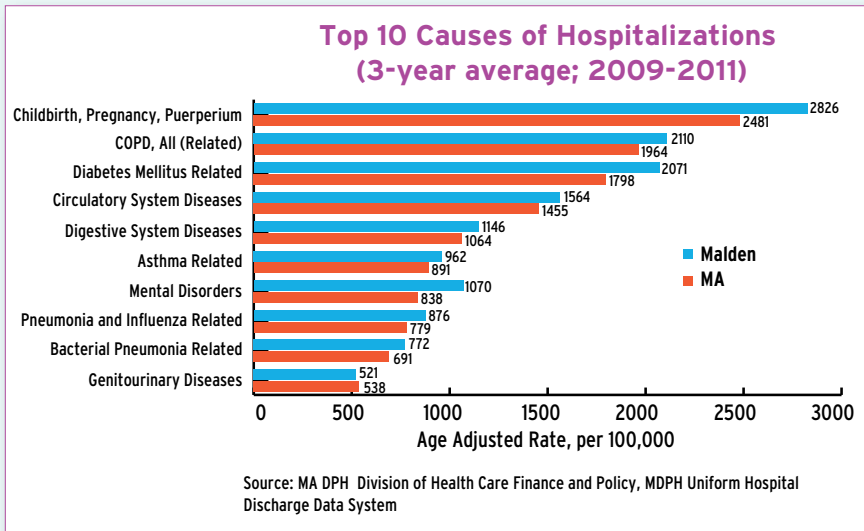
Lung cancer remains the number one cause of cancer deaths in Malden residents with a rate of 54.4 deaths per 100,000 individuals. Between the years 2008 and 2012, this equates to an average of 32 lung cancer deaths per year in Malden.



Breast cancer among women and prostate cancer among men represent the two leading types of cancer incidence (new cases) in Malden, however the age adjusted rates were much lower than MA overall. There were an average of 40 new cases of invasive breast cancer per year and an average of 29 new cases of prostate cancer per year between the years 2006 and 2010. The third leading rate of new cancer diagnosis was lung cancer with an average of 48 per year during the same time period, which was substantially higher than the MA overall incidence rate.



Data on new cases of cancer by race indicate that the incidence of breast and prostate cancer among Black, non-Hispanic residents is higher than rates for both White, non-Hispanic and Asian/Pacific Islander residents. This health inequity could be due to a number of factors, including access to screening.

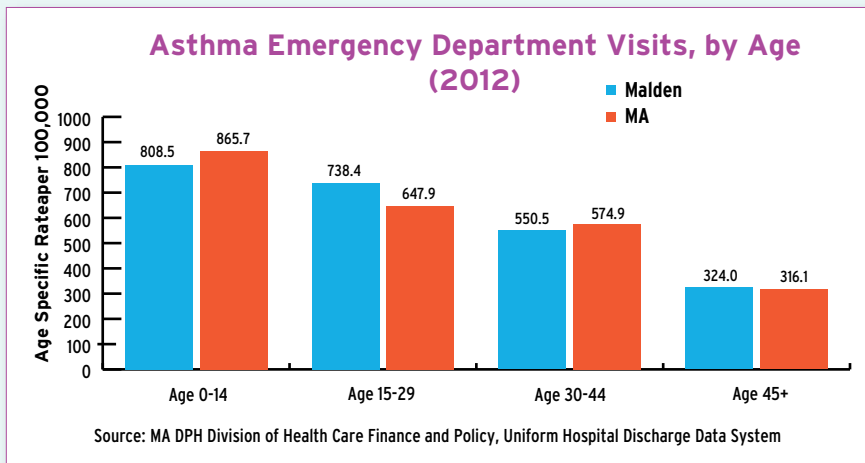


Leading Causes of Hospitalizations

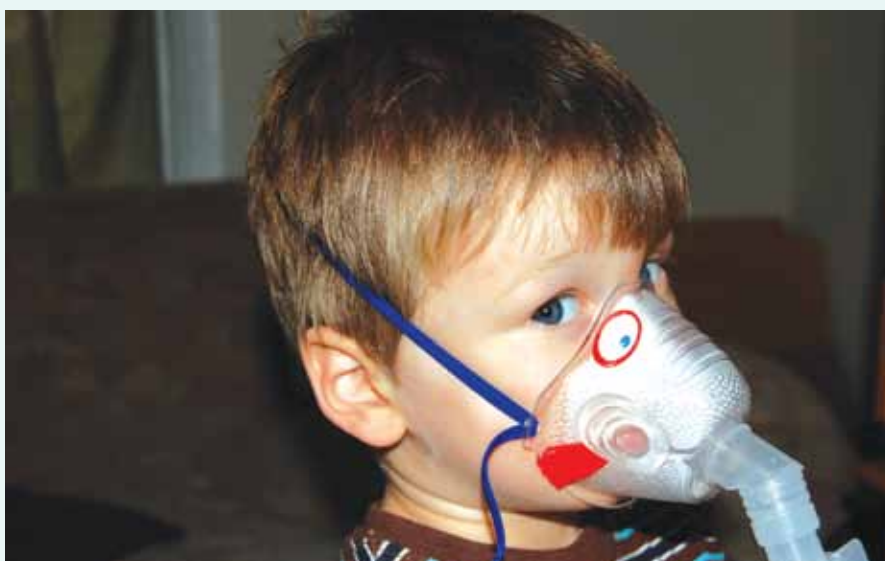
The leading causes of hospitalizations between 2009 and 2011 were childbirth related, followed by chronic obstructive pulmonary disease (COPD) and diabetes related diseases. Malden had higher rates of hospitalization for all three of these causes than Massachusetts.

Asthma and Lead Exposure

Rates of Emergency Department visits for asthma in Malden have increased in the past 10 years, from 391 per 100,000 in 2002 to 564 per 100,000 in 2012. Rates are now comparable to state levels. Of note, for the 15-29 age group, the rate of ED visits is higher than state levels (738 versus 648 per 100,000). Other age groups are lower or comparable to state levels. This suggests that targeted asthma management may be needed.



Between 2009 and 2011, asthma accounted for 7% of total hospitalizations in Malden and ranked as the 7th most frequent cause of hospitalizations (age adjusted rate of 962 per 100,000 individuals). This is on par with state levels where asthma accounted for 8% of total hospitalizations and ranked as the 6th most frequent cause of hospitalization (age adjusted rate of 891 per 100,000 individuals).



KristyFaith, Creative Commons, Flickr

Total Cases of Elevated Blood Lead Levels ($\geq 15 \mu\text{g/dL}$) (2009-2013)

| Childhood Blood Lead Screening (2009-2013) | Children with Elevated Lead Levels ($\geq 15 \mu\text{g/dL}$) | |
|--|---|-------------------------------------|
| | Count | As Percent of All Children Screened |
| Cambridge | 11 | 0.83 |
| Chelsea | 25 | 1.72 |
| Everett | 4 | 0.38 |
| Malden | 29 | 2.17 |
| Revere | 8 | 0.63 |
| Somerville | 16 | 1.35 |
| Massachusetts Total | 1,219 | 1.11 |

Data Source: MA DPH Lead Poisoning Prevention Program (CLPPP)

Cases of elevated lead levels among children were 2.17%, a higher rate than found in surrounding communities and the state as a whole. Since lead was removed from gasoline, most lead exposure is likely due to older housing stock with existing old paint, from before 1978 when paint was required to be lead free.

Getting the Lead Out

In 2014, Malden Redevelopment Authority was granted \$3 million to address lead paint hazards in 200 housing units for low to moderate income families with children.

Healthy Homes

This concept recognizes the importance of disease or injury prevention through providing safe, secure and sanitary housing. Increasingly, scientific research indicates that new policies and practices are needed to address health outcomes such as asthma, lead poisoning and unintentional injuries related to exposures related to housing issues. The U.S. Department of Housing and Urban Development (HUD) estimates that across the country there are more than 6 million substandard housing units. Children are particularly vulnerable to such impacts which can negatively effect their growth and development.

Housing Conditions and Health Impact

Housing conditions can significantly affect public health. Childhood lead poisoning, injuries, respiratory diseases such as asthma, and quality of life issues have been linked to the more than 6 million substandard housing units nationwide. Residents of these units are also at increased risk for fire, electrical injuries, falls, rodent bites, and other illnesses and injuries. Other issues of concern include exposure to pesticide residues, indoor toxins and tobacco smoke. Census ACS data from 2013 indicate that about half of Malden's housing stock was built before 1940, compared to 35% statewide. While these units may not be substandard, there is a higher likelihood of exposure to these hazards.





Strengths and Assets

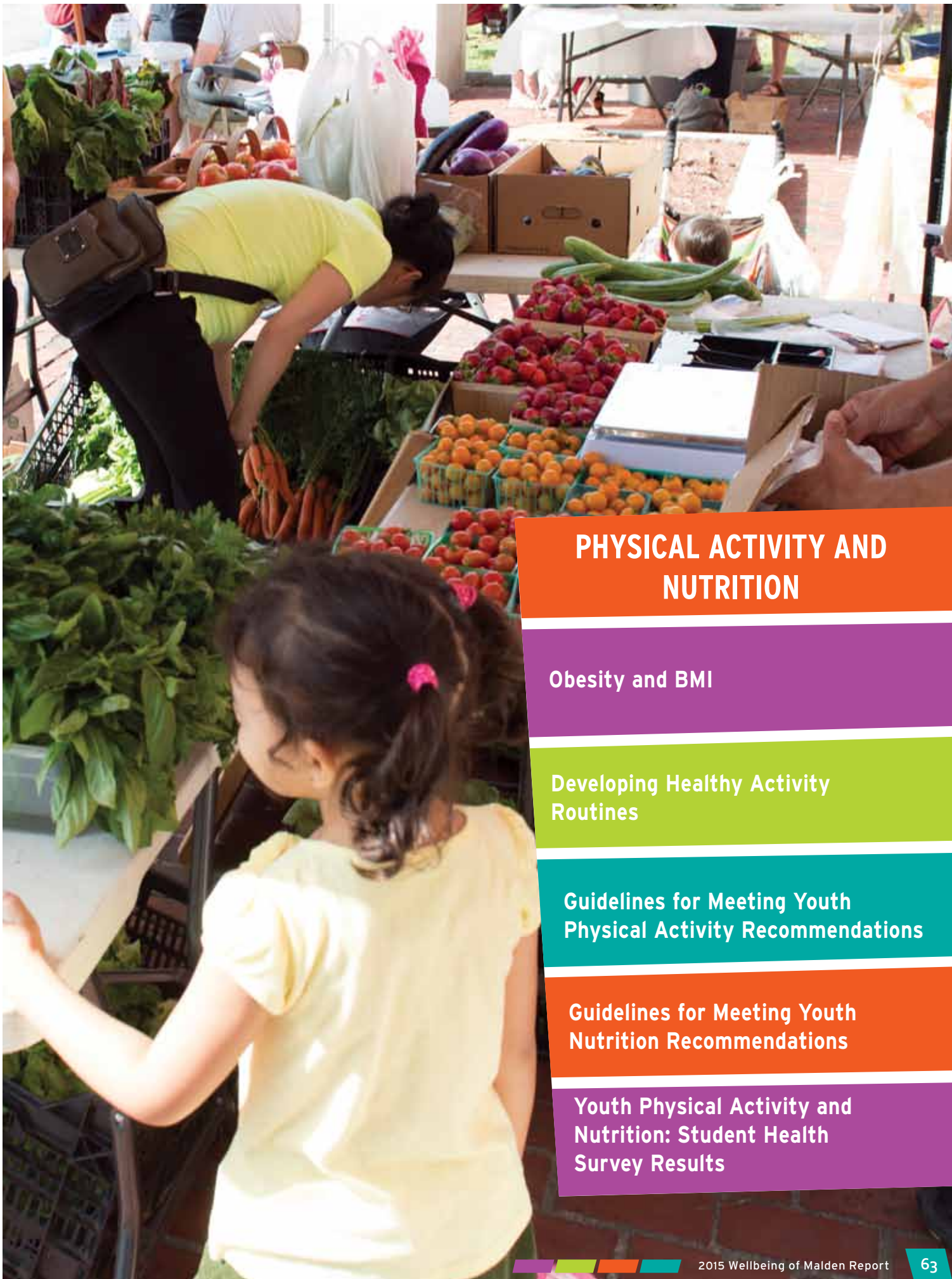
- The City of Malden Health Department provides communicable disease surveillance, organizes immunization clinics, oversees public health nurses and provides health and sanitary inspections and emergency preparedness.
- Malden is Moving which promotes healthy eating and active living initiatives for cardiovascular disease and obesity prevention.
- Volunteer Health Advisors (VHAs) at Cambridge Health Alliance are members of the local community who are trained by public health and medical professionals on health topics and screenings that are relevant to the communities Cambridge Health Alliance (CHA) serves. Once trained, VHAs provide basic health education and screenings in disease prevention and wellness, lead health education forums and screening events, and educate community members about the availability of free and low cost health care coverage.
- Malden Redevelopment Authority offers a Lead Paint Loan/Grant Program to homeowners in Malden. Under this program, funds are available for abating lead for low/moderate owner-occupied and investor-owned properties.
- Encoreplus is a breast cancer education and referral program for women over 40. Encore Plus was created by the YWCA of the USA to reach out to all women who face obstacles to getting high-quality, affordable breast cancer screening. The program provides Health Screenings, Transportation, Babysitting, Translation, Companionship to Screenings and much more, free of cost. Educational sessions are also available to any interested agencies or individuals.
- The Cambridge Health Alliance has developed registries of many chronic diseases such as diabetes and asthma patients to promote increase integration and management.
- The Malden Care Center of CHA has been recognized with the highest designation of Level 3 Medical Homes by the National Committee for Quality Assurance.
- Mystic Valley Elder Services provides a number of programs including education and support around chronic disease management as well as hospital to home transition services.



Recommendations

- Expand screening and prevention programs in clinical & community settings.
- Continue to broadly advertise and educate the community regarding lead paint hazards and the programs that are available to homeowners regarding the city's lead abatement grant and loan programs to assist them in creating a safer home environment.
- Continue to develop prevention programs targeting health disparities, such as diabetes in Latino and Haitian populations.
- Increase dialogue opportunities to address health inequities through collaborative processes.
- Focus on prevention of obesity and substance abuse, including tobacco.
- Expand immunization services, including flu clinics.





PHYSICAL ACTIVITY AND NUTRITION

Obesity and BMI

Developing Healthy Activity Routines

Guidelines for Meeting Youth Physical Activity Recommendations

Guidelines for Meeting Youth Nutrition Recommendations

Youth Physical Activity and Nutrition: Student Health Survey Results

Physical Activity and Nutrition

Regular physical activity and healthful eating habits can contribute to overall health.

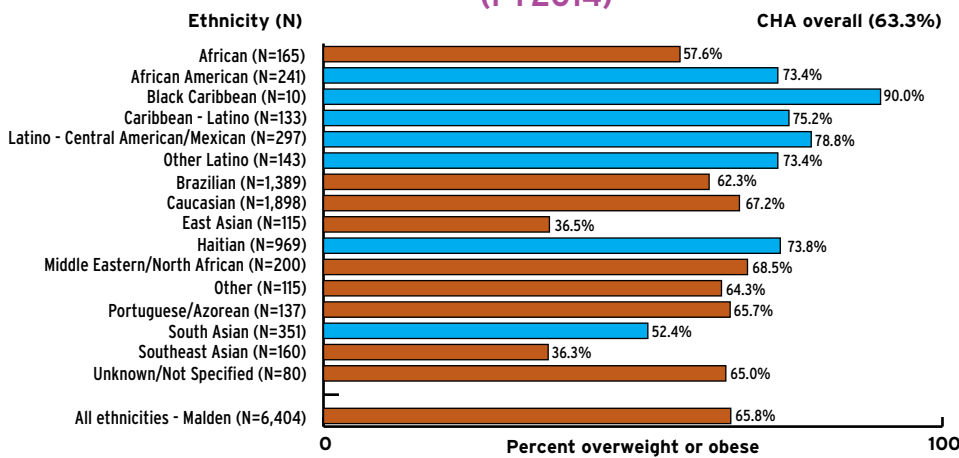
Research also indicates that physical activity and nutrition behaviors are socially constructed – that is, they are learned through habits and routines and reinforced by one’s environment. There is a better chance of creating healthy habits when healthy choices are available and supported at home and in our community. For adults, regular physical exercise can lower risk of coronary heart disease, stroke, Type II diabetes, high blood pressure, breast & colon cancer and depression. In children and adolescents, exercise can improve bone health, cardiovascular and muscular fitness, decrease body fat, and even improve educational outcomes.

Among Malden adults, 2015 Body Mass Index (BMI) data from Cambridge Health Alliance patients show an overall high rate of obesity of 66%, though not substantially higher than other communities that CHA serves (average of 63%). Among CHA patients aged 18-39, 59% fall in the overweight/obese range and that percentage grows to a 75% among 40-59 year olds. When we look at this CHA patient data by ethnicity, a disproportionately high percentage of African American, Haitian and Latino patients are overweight or obese. While these data are not entirely representative of all Malden adults in this age range, this sample provided an indication of the challenges in healthy weight promotion efforts across different cultural beliefs about weight, as well as race, ethnicity and socioeconomic status.

Obesity and Chronic Stress

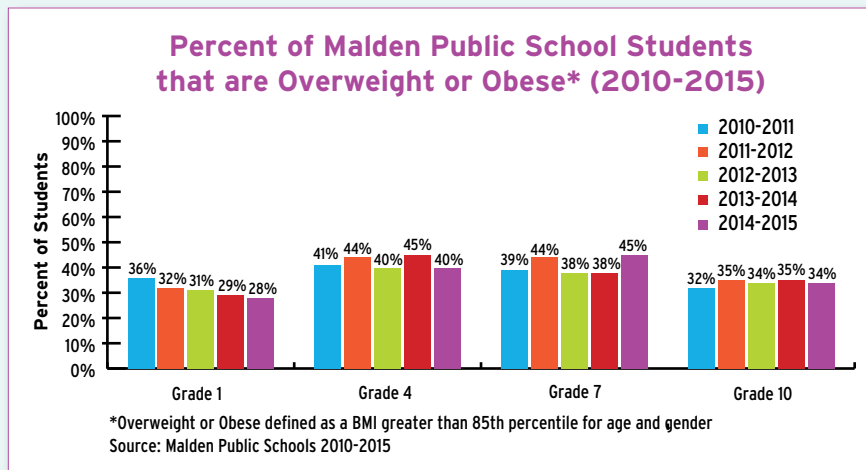
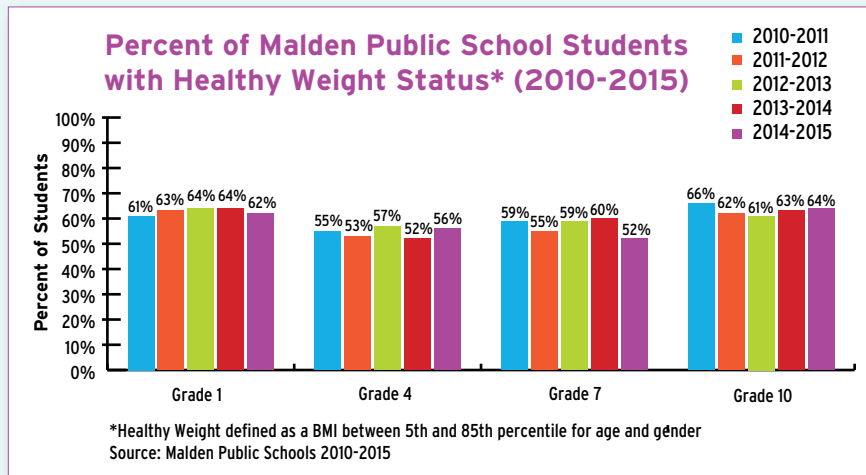
Research shows a high correlation between high stress and obesity. Stress hormones create inflammation through the body, the accumulation of which can lead to physiological damage and cognitive decline as well as obesity, a precursor to a host of chronic illnesses, including cancer and heart disease. Addressing the connection between chronic stress and obesity will help us to shape programs which can mitigate chronic stress more effectively and result in decreased levels of obesity and chronic disease.

CHA Primary Care Patients Living in Malden who are Overweight or Obese (BMI 25 or greater) by Ethnicity (FY2014)



N refers to count of patients in the denominator
Source: Cambridge Health Alliance Primary Care Patient Panel Data FY14

Youth



The Massachusetts Department of Public Health requires school districts to report Body Mass Index (BMI) for all students in grades one, four, seven and ten. Since data was available beginning in the 2010-2011 school year, rates of overweight and obesity among Malden public school students have ranged from 28% to 45% depending on the grade and year, with rates clustering in the 32-40% range.

Overall rates for grades 1, 4, and 10 have remained relatively stable or shown little fluctuation since 2010. Grade 10 rates of overweight and obesity have held steady at approximately 35%. Of note, there has been a reduction in the rates of overweight and obesity in Grade 1, from 36% in 2010 to a low of 28% in 2015. This is the lowest rate of obesity of all data collected, and it holds some promise for this upcoming cohort of children.

Most recent self-report data from Malden Student Health Survey show that 60% of high school girls and one-third of high school boys report actively trying to lose weight while a further third of boys are actively trying to gain weight.

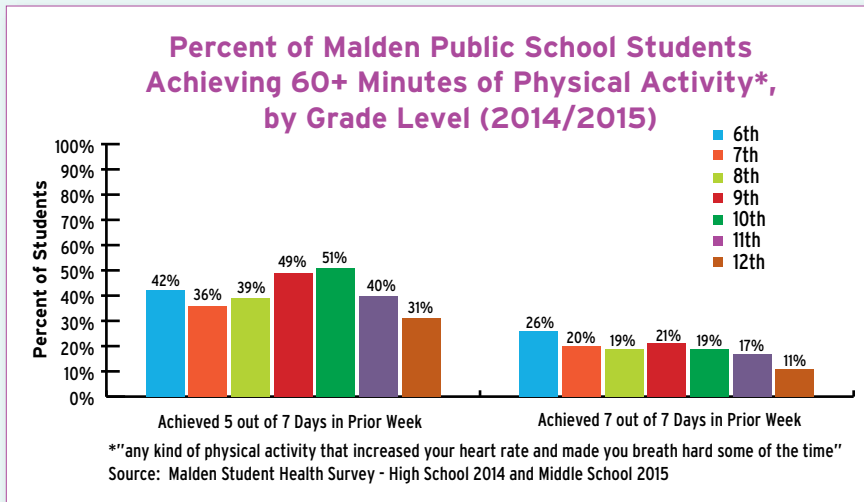
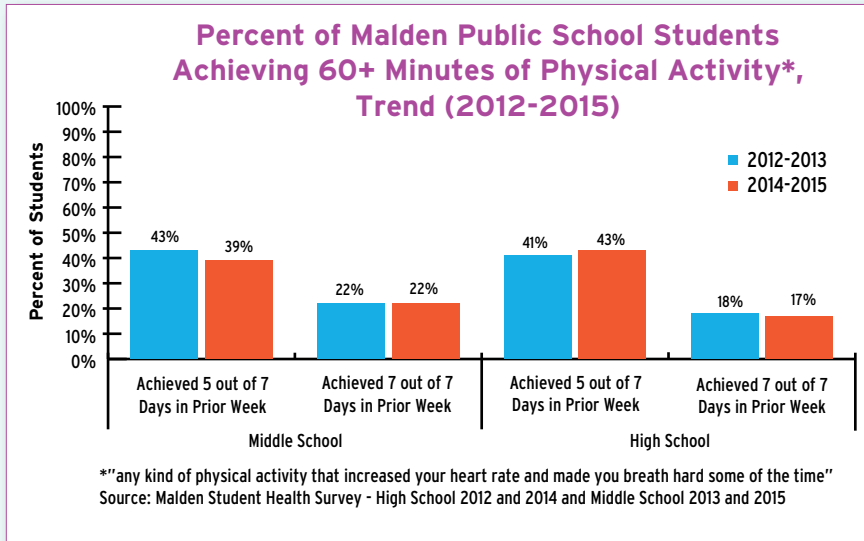
A Measure of Weight: Youth Body Mass Index

What is BMI, why is it used and what are the limitations of using this measure? Body Mass Index is a standard measurement of overweight and obesity. The calculation (weight in kilograms divided by height in meters squared) helps practitioners determine whether or not someone's weight is of concern. However, there are limitations to this measure including that it doesn't differentiate between muscle tissue and adipose (fat) tissue. Among children, BMI is considered a reliable tool and it accounts for it being normal for children to have different amounts of body fat at different ages, and for girls and boys to have different amounts of body fat. So in children and teens, the healthy range for BMI varies based on age and gender. (Kuczmarski, et. al, 2002).

How Much Physical Activity is Recommended?

Current guidelines for physical activity include 60 minutes of moderate/vigorous activity each day including both muscle-strengthening and bone-strengthening activities for children 6-17 years and 150 minutes of moderately intense, 75 minutes of vigorously intense, or an equivalent mix of intensity each week with additional muscle-strengthening exercise 2 days per week for adults age 18 years and older. (Centers for Disease Control and Prevention).

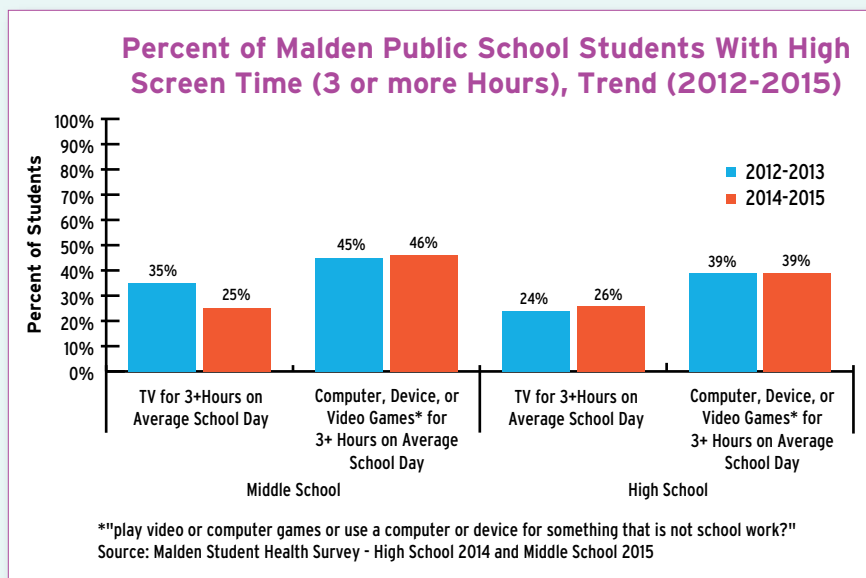
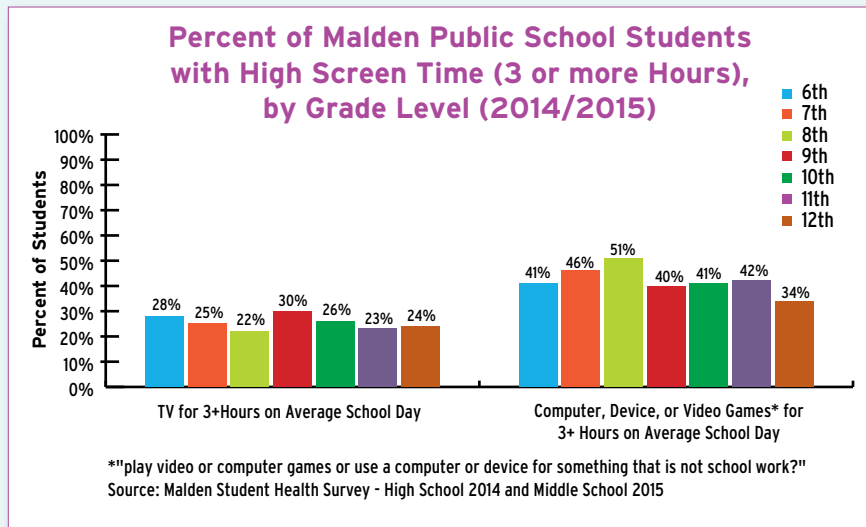
Physical Activity



The percentage of Malden High School students who reported 60 minutes or more of physical activity for at least 5 of the past 7 days in 2014 was 43%, slightly higher than 41% in 2012. The percentage that achieved 60+ minutes of activity all 7 days was 17%, similar to 18% in 2012.

The percentage of Malden Middle School students who reported 60 minutes or more of physical activity for at least 5 of the past 7 days in 2015 was 39%, slightly lower than 43% in 2013. The percentage that achieved 60+ minutes of activity all 7 days was 17%, similar to 18% in 2012. The proportion of middle school student achieving 5 of 7 days was 52% (MA YRBS 2013).

Screen Time



During 2012 and 2014, high school students reporting that they are engaging in more than 3 hours of screen time on an average school night has remained steady at approximately 39%, and the percentage reporting more than three hours a night of TV remained steady at approximately 24%. However, less than half of Malden High School students reported spending less than three hours on both TV and computer/video combined.

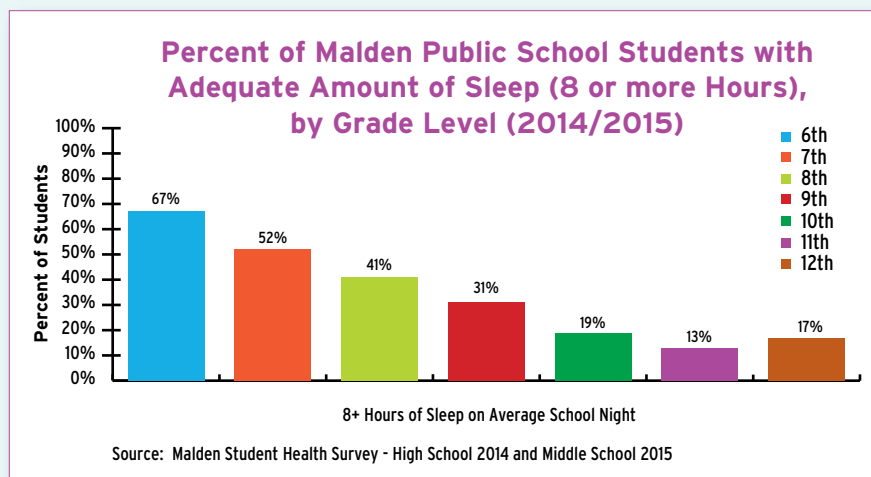
Data suggests that middle school students are engaging in more hours of computer/video screen time than high school students. The percentage of middle school students reporting that they spent less than 3 hours of computer/video games on an average school day has remained steady at 54% for both 2013 and

2015. An increasing percentage of middle school students report spending less than three hours of TV on an average school day (75% in 2015 as compared to 65% in 2013.) Similar to their high school counterparts, only half of middle school students report less than three hours social networking time, suggesting that half of students are spending more than three hours a day on social networking.

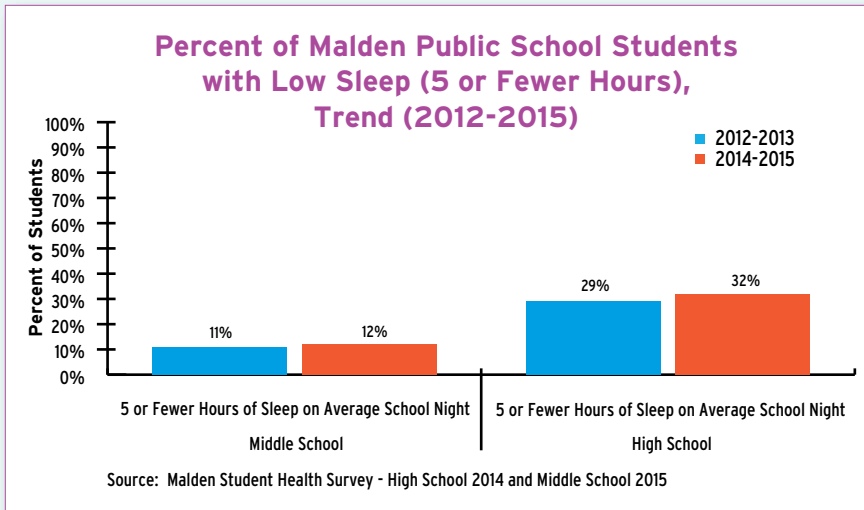
Massachusetts data for middle school shows that 24% of middle school students have high TV screen time and 36% of middle school students have high computer screen time (MA YRBS 2013).

Sleep

The importance of adequate sleep on physical, mental and emotional functioning is increasingly recognized by public health experts. Sleep insufficiency is linked to safety issues such as motor vehicle crashes and occupational errors. Persons experiencing sleep insufficiency are also more likely to develop chronic diseases such as hypertension, diabetes, depression, and obesity, cancer and have a reduced quality of life and productivity. A recent poll conducted by the National Sleep Foundation indicates that only 42% of adults report getting enough sleep. For adolescents, the statistics are more sobering, with only 31% of students in grades 9-12 reporting getting at least 8 hours of sleep or more on an average school night.



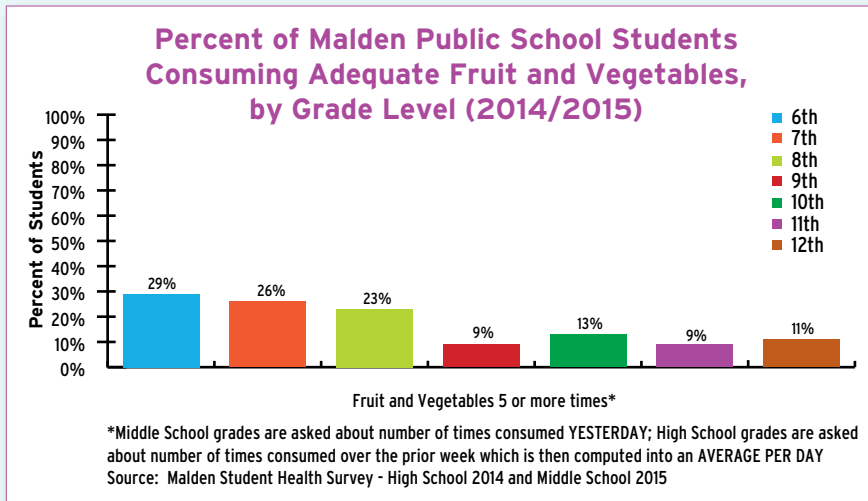
From 2012 to 2014, only about 20% of Malden High School students reported sleeping eight or more hours on an average school night. Middle School students were more likely to report sleeping eight hours or more (53% in both 2013 and 2015). The alarming trend of low sleep (five or fewer hours) continues with 7% of 6th grade students reporting low sleep and 39% of 12th grade students.



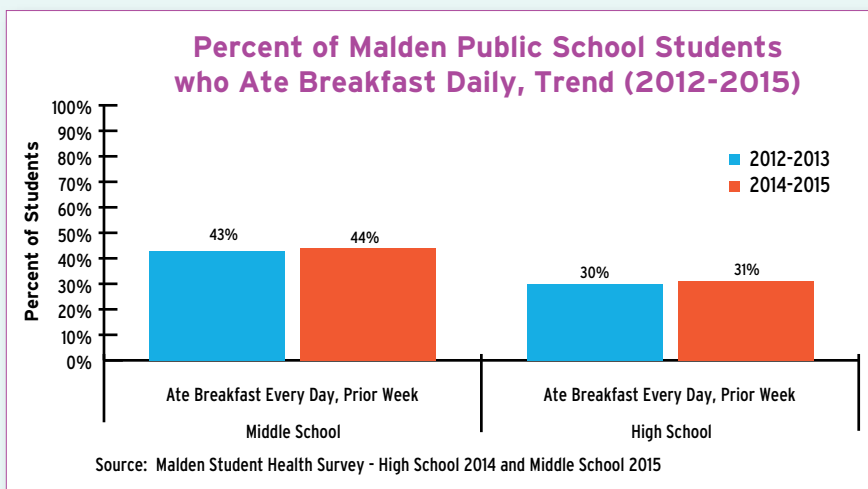
Pabak Sarkar, Creative Commons, Flickr


Nutrition

The percentage of Malden High School students who reported consuming fruits and vegetables five or more times per day was lower than the statewide rate (10% vs. 15%). In both 2012 and 2014, data suggests that more than one-third (34%) of Malden High students reported consuming fruits and vegetables less than one time per day. In 2015, less than 26% of Malden middle school students reported consuming fruits and vegetables five or more times in the prior day.



In 2014, only 31% of Malden High School students reported eating breakfast every day of the prior week, which is lower than the statewide rate (31% vs. 40%). In 2015, 44% of middle school students reported eating breakfast every day of the prior week, which is consistent with the rates in 2013.





Strengths and Assets

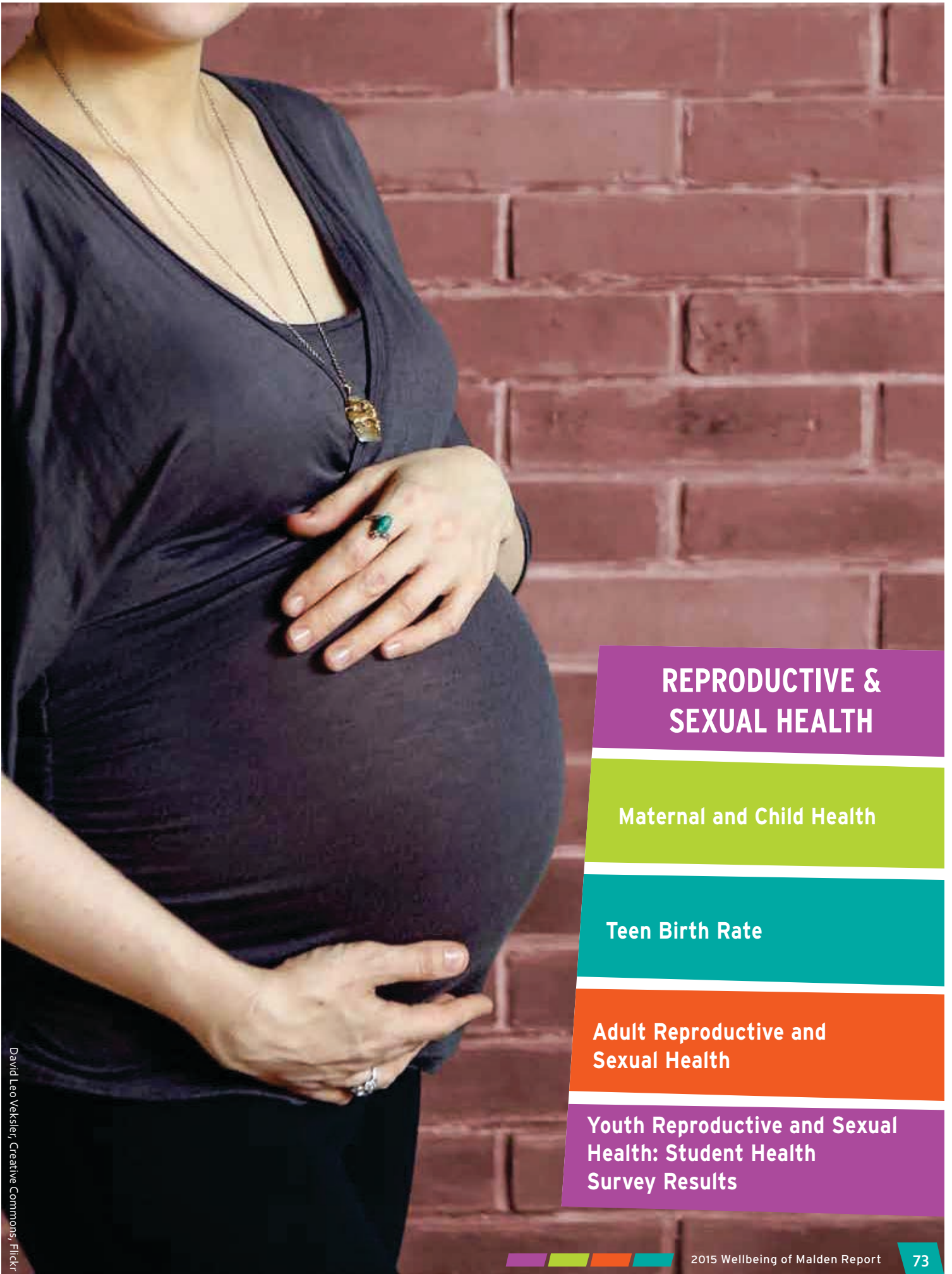
- Malden is Moving: Supported by the Department of Public Health's Mass in Motion initiative, Malden is Moving focuses upon promoting wellbeing through a particular focus on the importance of healthy eating and active living. The objective is to provide Malden residents with simple, practical and cost effective ways to develop habits around eating healthfully and moving more at home, work and play.
- Malden Public Schools offers free and reduced breakfast and lunches to students.
- Malden Walkability Committee meets monthly since 2012 and has developed a report with a series of recommendations to increase the ease of walkability throughout the city.



Recommendations

- Increase food access and food security interventions.
- Support early childhood healthy eating and active living initiatives.
- Appreciate and promote cultural relevance for healthy eating and active living options.
- Work with School Wellness Committee to increase minutes of physical activity before, during and after school as well as options for making eating healthful, nutrient dense options more available in the schools.
- Continue to work with the Walkability committee to improve the walking environments throughout Malden.
- Continue to develop connections between land use planning, built environment and physical activity and healthy eating opportunities.
- Continue to support Malden is Moving's efforts to increase local restaurants' offerings of healthy menu options.
- Strengthen efforts around promoting access to locally grown produce at Farmer's Markets and CSA pickup sites, including increasing availability to those using SNAP, WIC and senior coupons.
- Explore changing commercial zoning to allow businesses to have their doors facing the Northern Strand Community path.
- Add passive space to the Northern Strand Community path to encourage other reasons to use the path (consider art, exercise stations, playgrounds that are adjacent to the path).





REPRODUCTIVE & SEXUAL HEALTH

Maternal and Child Health

Teen Birth Rate

Adult Reproductive and Sexual Health

Youth Reproductive and Sexual Health: Student Health Survey Results

Reproductive and Sexual Health

Reproductive and sexual health covers issues of conception, contraception, pregnancy, reproductive systems, and the infections that can affect one's ability to engage in safe and healthy sexual activity or to have children. Reproductive and sexual health also covers sexual orientation, gender identity, and healthy intimate relationships.

Reproductive and sexual health are closely linked to maternal and child health outcomes. Family planning, medical care, and prevention and treatment of sexually transmitted infections (STIs) are all essential to maintaining reproductive and sexual health. STI is the term that is more commonly used to refer to sexually transmitted diseases. It has a broader meaning, as one can be infected without showing signs of disease. More than 25 infections that are transmitted primarily through sexual activity are referred to as STIs. Some can be acquired in other ways; for example, the Human Immunodeficiency Virus (HIV) can also be spread via breastfeeding or needle sharing. Untreated STIs can lead to long-term health complications, especially for young women and people considering pregnancy.

As part of general health and wellness, it is beneficial for people to regularly access preventive reproductive health care. This can include gynecological and urological exams, prenatal and postnatal care, and preconception counseling. Comprehensive preventive reproductive health care can not only result in better health outcomes, but can also have added benefits for a future pregnancy.

Sexual health is not limited to protection from STIs, pregnancy prevention, and pregnancy care. It is also linked to sexuality, intimate relationships, gender identity and expression. Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) individuals come from a variety of backgrounds, including all races and ethnicities, religions, and social classes. Research has shown that LGBTQ individuals have even higher rates of sexual and reproductive health disparities, often linked to societal stigma, discrimination, and access to culturally competent health care providers.

Adult

Maternal and Child Health

Across the board, pregnant individuals in Malden are receiving adequate prenatal care at rates higher than across the Commonwealth, across all racial backgrounds. Despite this, Malden has slightly higher rates of children born with low birth weight than across the state at 8.3% versus 7.8%. Parents from all racial backgrounds in Malden report that they intend to breastfeed their child at rates at or above statewide rates. The rates for parents intending to breastfeed are high; hovering around 90%.

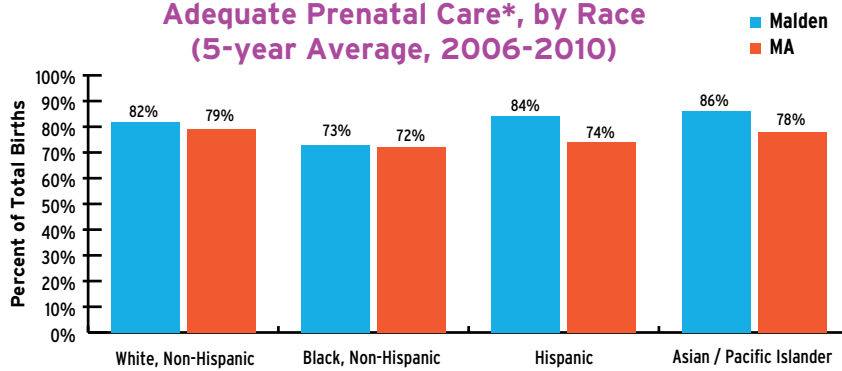
Sexual Health

The World Health Organization defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (World Health Organization, 2006).

What Does LGBTQ mean?

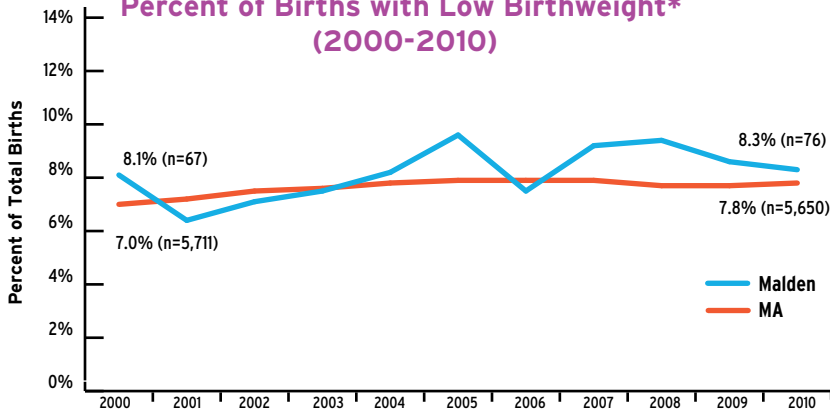
The letters LGBT are an abbreviated way of referring to lesbian, gay, bisexual, and transgender individuals. "Q" represents people questioning their sexual orientation, or for those who feel that other labels don't adequately describe their sexual orientation (in which case it stands for Queer). Transgender is an umbrella term describing a person's identification with a gender other than the one society expects of them based on their assigned sex at birth.

Percent of Total Births Receiving Adequate Prenatal Care*, by Race (5-year Average, 2006-2010)



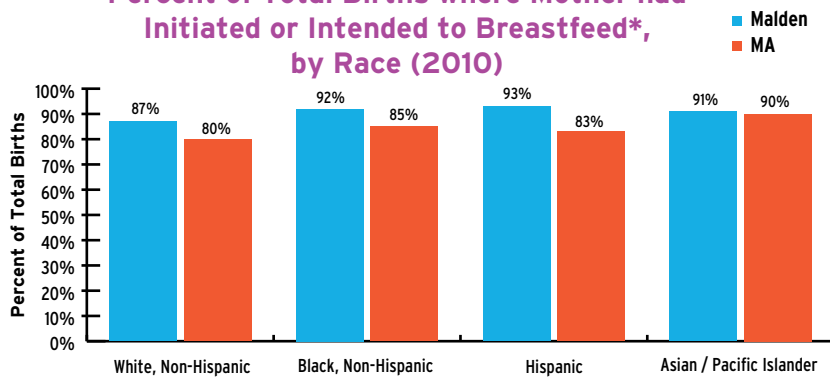
Source: MA DPH Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation
 *Adequate care based upon Kotelchuck Index (care begun by month 4 and 80% or more of the expected visits received)

Percent of Births with Low Birthweight* (2000-2010)



Source: MA DPH Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation
 *Low Birth Weight is defined by weight less than 2,500 grams

Percent of Total Births where Mother had Initiated or Intended to Breastfeed*, by Race (2010)



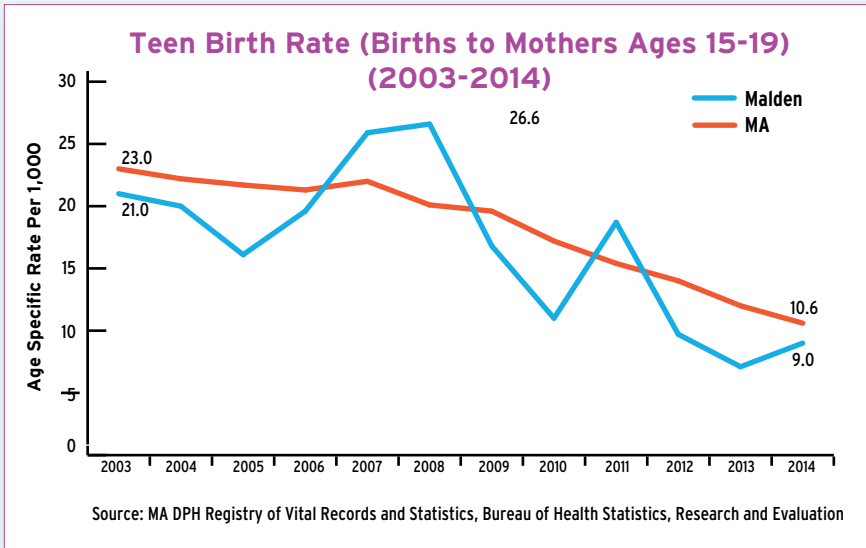
Source: MA DPH Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation
 *Breastfeeding initiated or intended to be initiated at time of discharge

Other Relevant Chapters

Sexual and intimate partner violence pose serious threats to sexual health; they are discussed in the "Violence" chapter of this report.

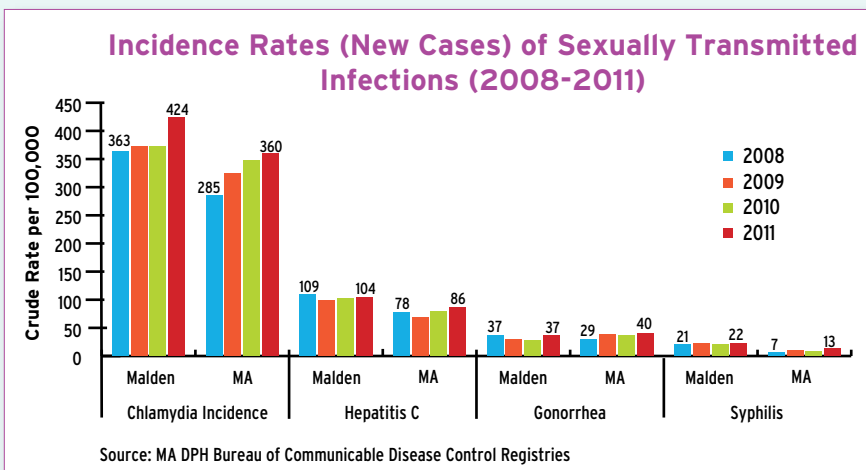
Births to Teen Parents

According to most recent data available, Malden has seen a decrease in teen birth rate and at a faster rate than seen statewide. The highest teen birth rate in Malden occurred in 2008 when it was at 26.6. In 2012, that rate decreased to 9.7. This decrease is in line with a continued drop in teen births throughout the state (Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation, MDPH).



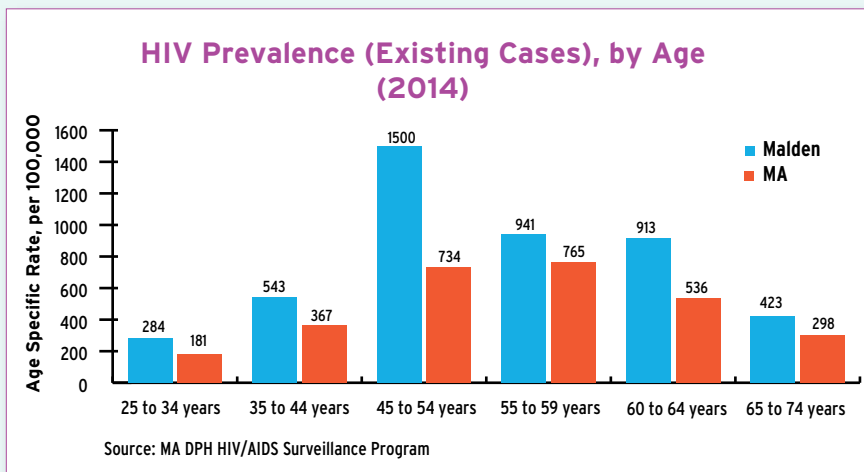
Sexually Transmitted Infections

Chlamydia and Syphilis have increased steadily over the past decade and remain above the state average, while Gonorrhea has remained just above or below state average. Hepatitis C has remained relatively consistent, but is above state average.



HIV Incidence and Prevalence for Malden Adults

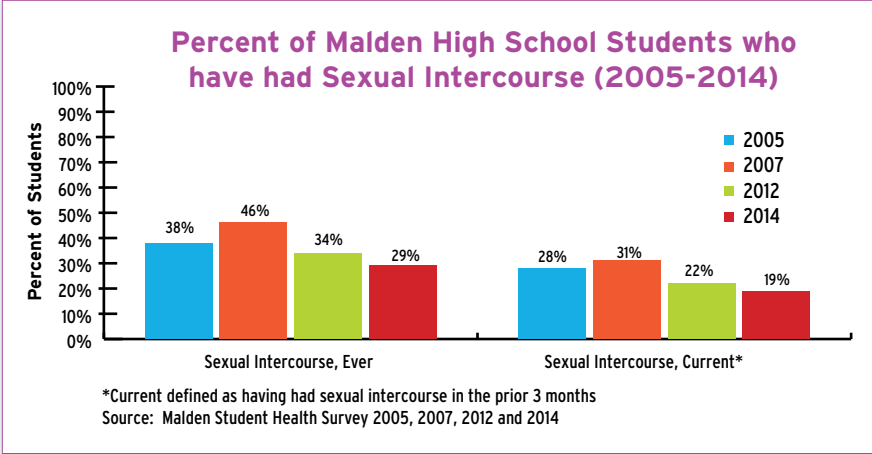
Malden’s HIV incidence (new cases) has decreased over the last decade from 35.3 per 100,000 in 2001 to 15.1 in 2011, but incidence rates remain higher than the state average (9.9 per 100,000 in 2011). Malden’s HIV/AIDS prevalence rate (all existing cases) has decreased from a high of 165 per 100,000 in 2007 to its current low of 84 per 100,000 in 2013. The state prevalence rate for 2013 was 113 per 100,000. HIV prevalence rates for specific age groups are detailed in the chart below.



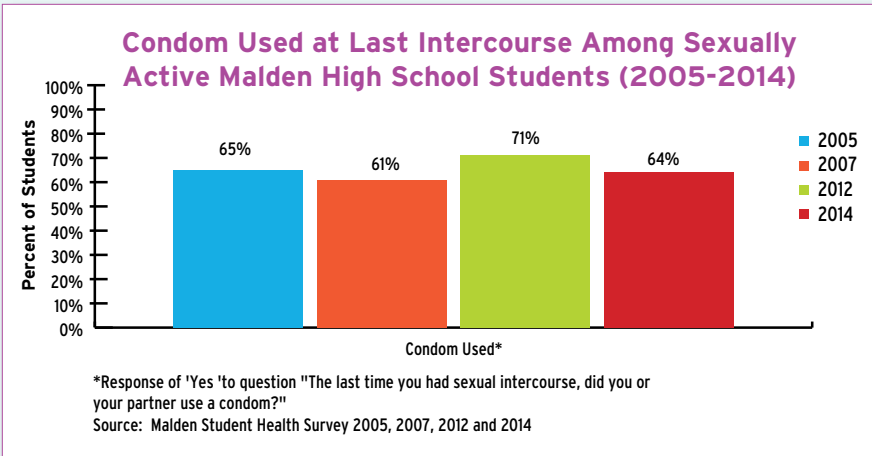
Youth

Sexual and Reproductive Health: High School

To reduce sexual risk behaviors and related health problems among youth, schools and other youth-serving organizations can help young people adopt lifelong attitudes and behaviors that support their health and wellbeing—including behaviors that reduce their risk for HIV, other STIs, and unplanned pregnancy. The National HIV/AIDS Strategy calls for all Americans to be educated about HIV. This includes knowing how HIV is transmitted and prevented, and knowing which behaviors place individuals at greatest risk for infection. The CDC recommends that HIV awareness and education should be universally integrated into all educational environments (<http://www.cdc.gov/healthyyouth/sexualbehaviors/>).

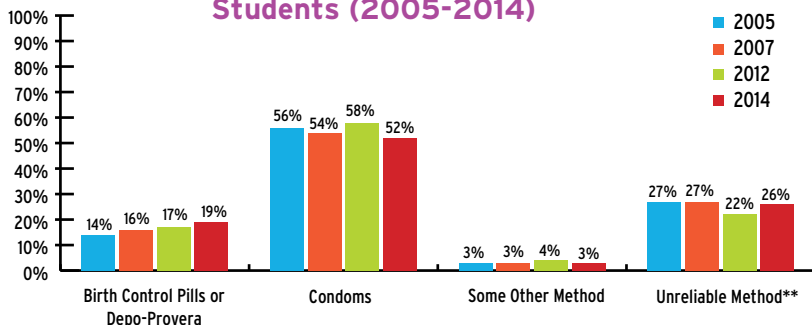


The percentage of high school students who report having sexual intercourse both “ever” or “currently” (within the last three months) has been notably trending down since 2007. Twenty nine percent of high school students report ever having had sexual intercourse, and 19% report current activity. As expected, the percent of high school students reporting ever having had sexual intercourse increases steadily with grade level, with a high of 44% for seniors (down from 66% in 2007). Eight percent of 9th graders and 30% of 12th graders report having had sexual intercourse in the past 3 months. Malden High School students report lower levels of sexual intercourse than Massachusetts youth as a whole (29% as compared to 38% reporting ever having intercourse; 19% as compared to 28% reporting current sexual intercourse).



While condom use increased between 2005 and 2012, the reported rate of condom use during last intercourse decreased between 2012 and 2014, from 71% to 64%. Condom use increased slightly among 12th graders, from 63% to 68%, but was as low as 58% among 11th graders. Of note, reported condom use declined from 2012 to 2014 in 9th, 10th, and 11th grades, but increased slightly in 12th grade (from 63% to 68%).

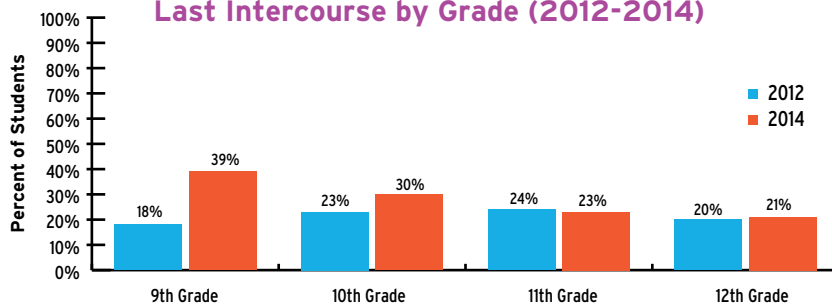
Type of Birth Control Method Used* Among Sexually Active Malden High School Students (2005-2014)



*The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
 **Unreliable method defined by response of 'Withdrawal', 'No method was used', or 'Not sure'
 Source: Malden Student Health Survey 2005, 2007, 2012 and 2014

In 2014, approximately one half of sexually active students reported using condoms as birth control. Of note, approximately 1 in 4 sexually active students report using an unreliable method for birth control. The use of birth control pills or Depo-Provera has been trending upward since 2005 (from 14% to 19%).

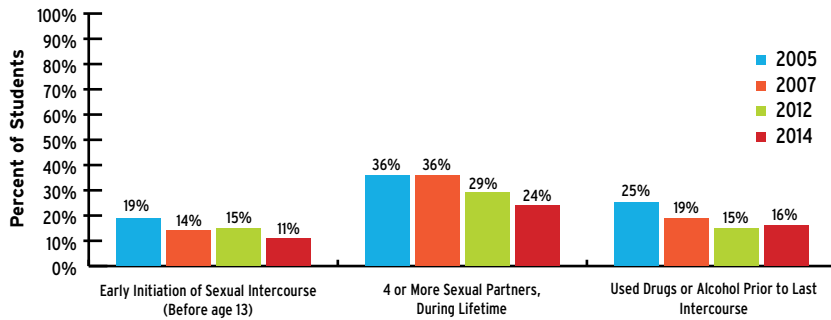
Percent of Sexually Active Malden High School Students, who Used Unreliable Method** at Last Intercourse by Grade (2012-2014)



**Responses of 'Withdrawal', 'No method was used', or 'Not sure' to the question "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?"
 Source: Malden Student Health Survey 2012 and 2014

Of note, a high percentage (39%) of 9th graders report using an unreliable method in 2014 (up from 18% in 2012). 10th graders increased somewhat (from 23% to 30%) and 11th and 12th graders remained steady at 23% and 21%.

Indicators of Sexual Risk Among Sexually Active Malden High School Students (2005-2014)

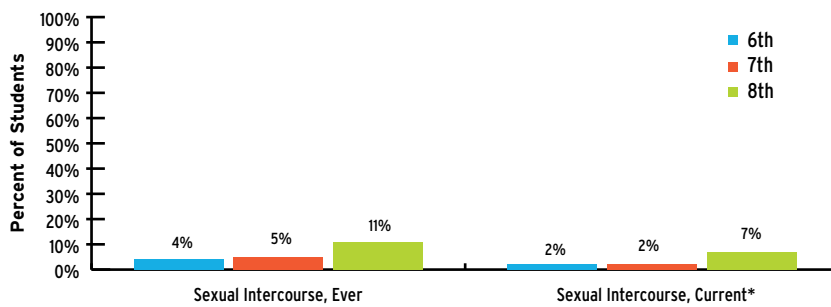


Source: Malden Student Health Survey 2005, 2007, 2012 and 2014

The percentage of sexually active students who report having used drugs or alcohol prior to last intercourse is 16% in 2014, down from 25% in 2005.

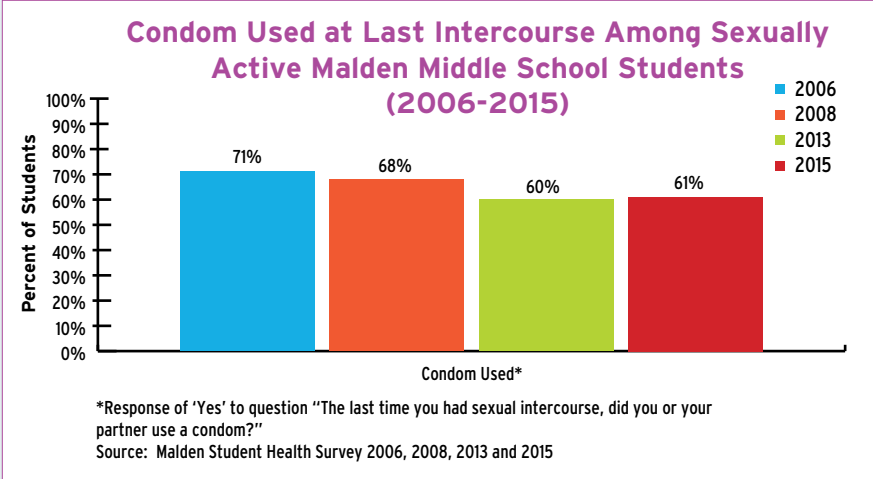
Reproductive and Sexual Health: Middle School

Percent of Malden Middle School Students who have had Sexual Intercourse, by Grade (2015)



*Current defined as having had sexual intercourse in the prior 3 months
Source: Malden Student Health Survey 2015

The percent of middle school students who report having had sexual intercourse increases with grade level, from 4% of 6th graders to 11% of 8th graders (6% overall). Rates are comparable to those reported in nearby Everett and Somerville.



Among middle school students, condom use has declined since 2006, but remained steady since 2013 (71% in 2006 to 60% in 2013 and 61% in 2015). Data for 2015 further suggests that condom use is consistent across grade levels, with 62% use among 6th graders, 61% among 7th graders and 60% among 8th graders.





Strengths and Assets

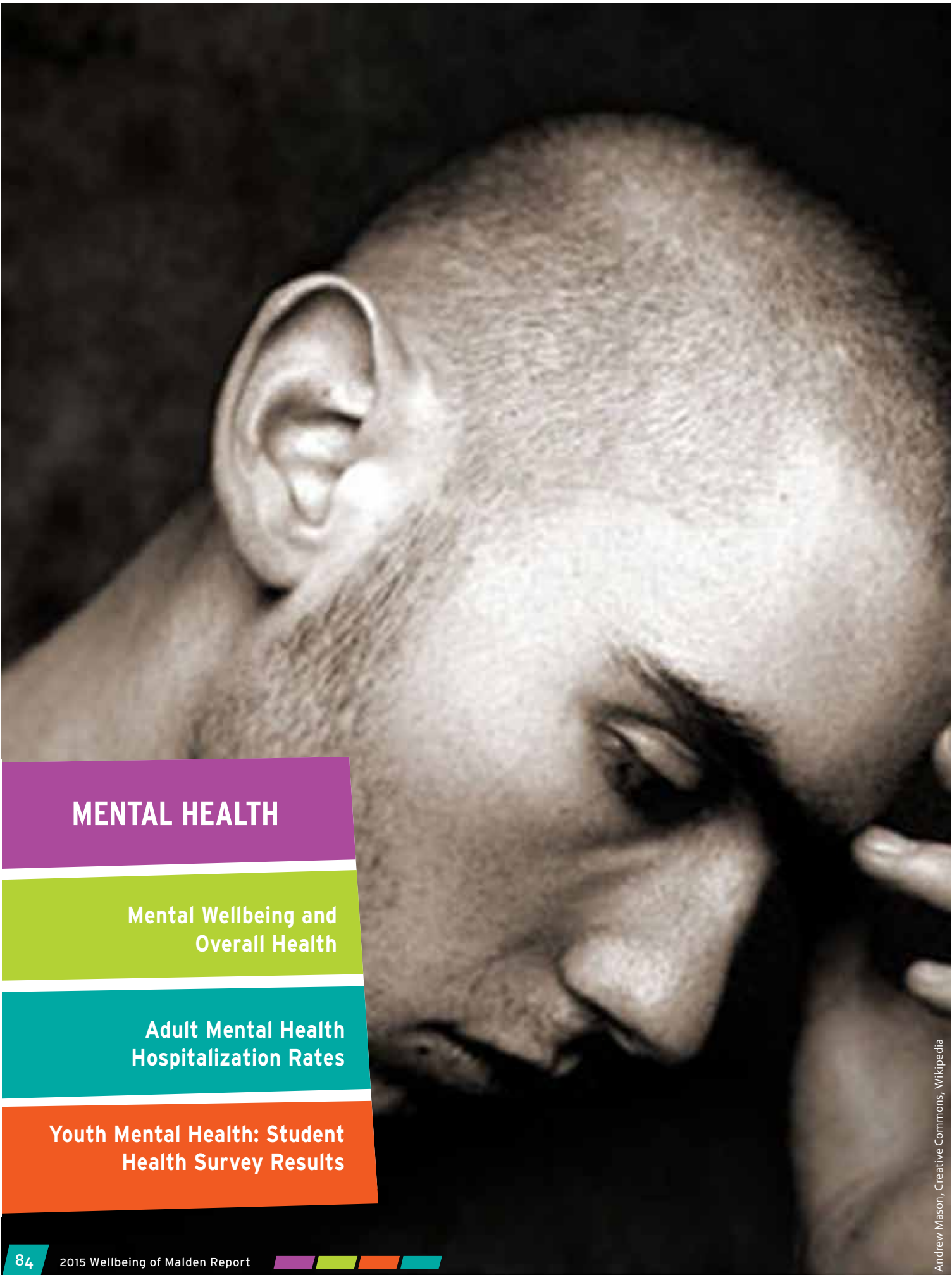
- Cambridge Health Alliance and Tufts University Family Medicine Residency have been working with the City of Malden Public Schools and partners like the Harvard Center for Primary Care to pilot School Based Health Center services at Malden High School.
- CHA runs the Teen Health Advisory at Malden High School which facilitates youth peer education on a variety of health topics.
- The HIV Prevention and Services Department at CHA provides free and confidential integrated counseling, testing and referral services in Malden. Participants of all ages can access screening for HIV/AIDS and other STIs, in addition to obtaining free male and female condoms and referrals to other services.





Recommendations

- Explore why there are still higher than average rates of babies born with low birth weight, despite excellent access to prenatal care.
- Research Chlamydia, Syphilis and Hepatitis C transmission in Malden: identify populations at most risk and strategies for increasing prevention and treatment services.
- Ensure students kindergarten through 12th grade have evidenced-based, age appropriate health curriculum.
- Ensure that youth have access to reproductive health counseling and testing services as well as to contraception, especially during school breaks when other School Based Health Centers are closed.



MENTAL HEALTH

Mental Wellbeing and Overall Health

Adult Mental Health Hospitalization Rates

Youth Mental Health: Student Health Survey Results



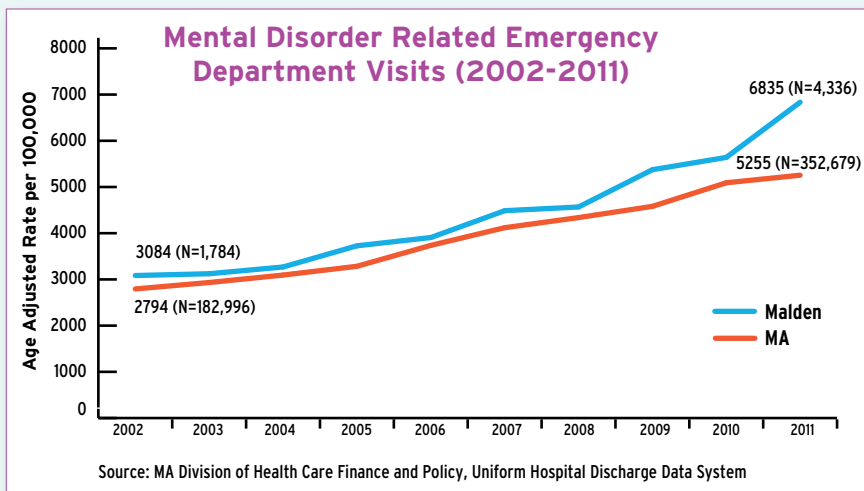
Mental Health

Mental Health is more than the absence of mental illness. It includes our ability to be resilient to adversity, balance life’s stressors and pleasures, and to form healthy relationships with others.

Mental health is essential to our wellbeing and our ability to be contributing members of the community. Mental illnesses can be more disabling than many chronic physical illnesses and are among the most common causes of disability, yet two thirds of individuals with a treatable mental illness do not seek treatment. Long-term activation of the stress-response system can disrupt almost all of the body’s processes and increase the risk for numerous health problems (Mayo Clinic Organization, 2011; NIH, 2011). Daily adaptation to physical and emotional stress is considered to be a risk factor for several diseases—coronary vascular disease, obesity, diabetes, depression, cognitive impairment and both inflammatory and autoimmune disorders. The links between mental health and overall health are inextricable.

Mental Health Related Hospitalizations and Mortality

Among Malden adults, between the years 2002 through 2011 the rate of Emergency Room visits related to mental disorders increased steadily (from 1,784 visits to 4,336 visits) and was at a rate higher than across the Commonwealth. Men enter the ED at a higher rate than women.



Youth

Emotional health is a vital part of the overall health and wellbeing of young people. The mental health of a community depends on opportunities that all of its residents have to experience safe, caring and secure environments in the families, schools, work settings and community life.

There is growing concern nationwide as to the levels of stress and mental health challenges faced by teenagers. While both boys and girls of all walks of life report high levels of stress, girls consistently report higher levels of stress as well as more trouble managing stress. About half of teens feel confident in their ability to cope with personal problems; but they do report that talking to an adult and making lifestyle changes can help. It is critical that those who work with teens teach them about the effects of stress, to recognize it, teach healthy ways to cope, and give them ways to form healthy lifestyles and behaviors to get them on a healthy trajectory for life.

Survey findings reported by the American Psychological Association in February 2014 suggest that patterns of unhealthy stress behaviors seen in adults may begin developing earlier in life. “Many American teens reported experiencing stress at unhealthy levels, appeared uncertain in stress management techniques and experienced symptoms of stress in numbers that mirrored adults’ experiences. These findings are especially sobering when paired with research that suggests physical activity, nutrition and lifestyle – all wellness factors in the survey revealed to be affected by stress in teens and adults – not only contribute to adolescents’ health now, but also to habits that can be sustained into adulthood.” (*Stress in America: Are Teens Adopting Adults’ Stress Habits?* February 2014 American Psychological Association)

Stigma and Illness

Stigma is a deeply discrediting trait that causes those who are stigmatized to become isolated from the rest of society, and causes deep feelings of shame. Due to the negativity associated with the stigma, many people will deny symptoms and not seek help or treatment. According to surveys done by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention, only about 25% of young adults between 18-24 years of age believe that a person with a mental illness can eventually recover. Findings such as this indicate that need to further educate the public on how to support persons with mental illness. (cdc.gov/mentalhealth/about_us/stigma-illness.htm)



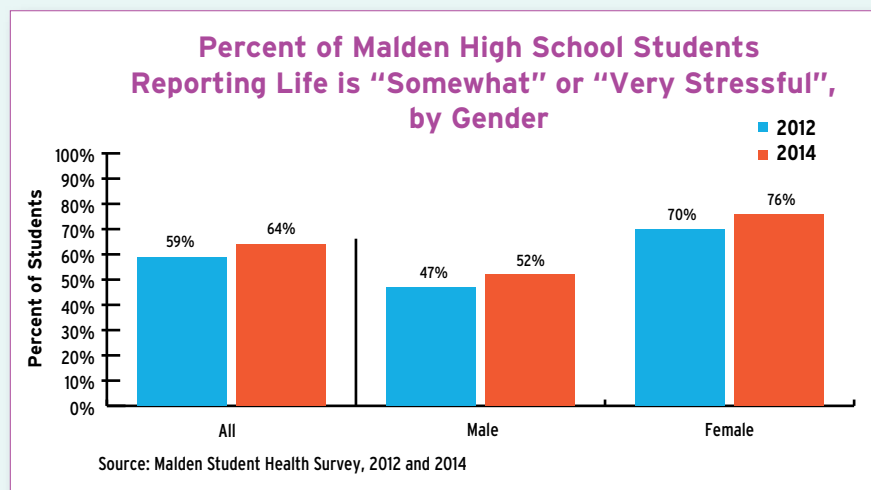
In Malden, the schools view wellbeing through a lens of trauma informed care. As defined by SAMHSA, trauma informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma informed care emphasizes physical, psychological and emotional safety and helps survivors rebuild a sense of control and empowerment. Trauma is pervasive in our society and many practitioners in the school environment assume trauma when working with young people. Trauma affects the individual, family, and community by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse. Everyone pays the price when a community produces multiple generations of citizens with untreated trauma by an increase in crime, loss of wages and threat to the stability of the family.



High School

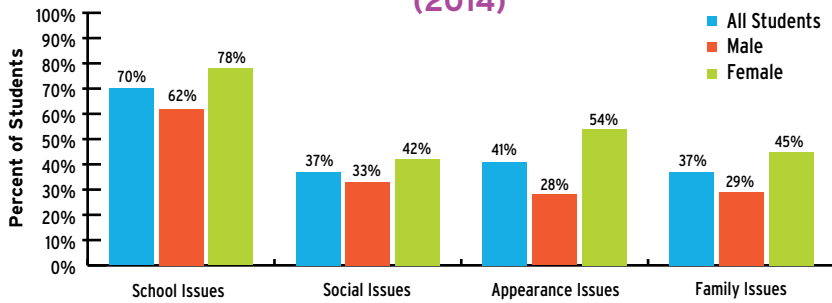
Stress and Worry

The levels of stress reported by students across Massachusetts as well as across the country are high and rising, and should signal the need for concerted attention by parents and community members. Malden’s female students, typical of female students across the country, report higher levels of mental health distress than males across a variety of indices.



Rates of Malden high school students reporting that life is “somewhat” or “very stressful” have increased in recent years (59% in 2012 compared to 64% in 2014). Females reported higher rates of stress than males (76% as compared to 52%), and Black students are less likely to report stress (over half as compared to 71% of White and 67% of Hispanic and Asian students).

Percent of Malden High School Students Who Worry About Issues "Often" or "Almost Every Day" (2014)



Source: Malden Student Health Survey, 2014

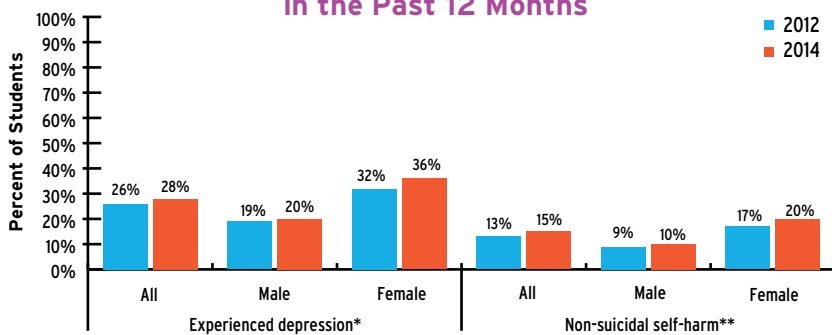


Ken Hammond, Creative Commons, Wikipedia

What do students worry about?

Malden students report worrying about issues “often” or almost every day,” primarily about school issues (70%), with girls worrying at higher rates than boys (78% as compared to 62%). More than a third of students report worrying about social issues (37%), appearance (41%) and family issues (37%). Female students report higher rates of worry in all four of these areas, with the greatest difference in worrying reserved for appearance (54% of females as compared to 28% of males) and school issues (78% of females as compared to 62% of males). Hispanic students reported the highest rates of worry on all four areas as compared to White, Black and Asian students, with particularly high rates of worry about family issues (49%).

Percent of Malden High School Students Who Experienced Depression or Non-Suicidal Self-harm in the Past 12 Months

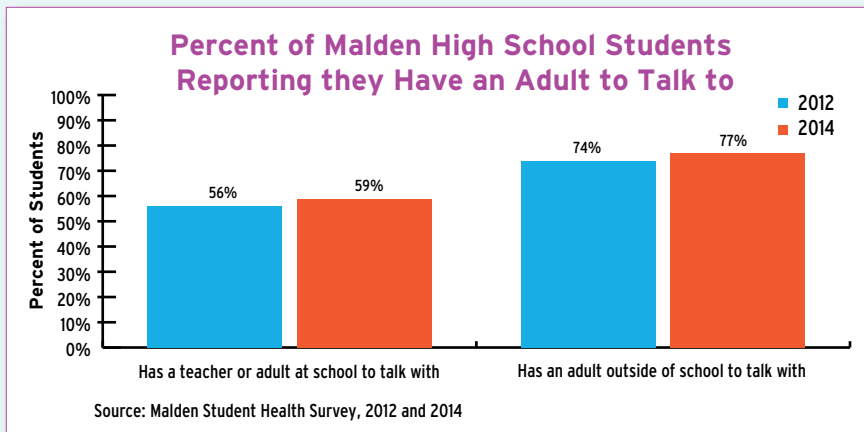


*Depression defined as feeling “so sad or hopeless almost everyday for two weeks or more in a row that you stopped doing some usual activities”; **Non-Suicidal Self-harm defined as “doing something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose”
Source: Malden Student Health Survey, 2012 and 2014



Depression and Suicide Indicators

Depression is a significant issue among adolescents nationwide. Overall 30% of US high school students report feeling depressed within the past 12 months (depression defined as feeling “sad and hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities”). Massachusetts rates are somewhat lower, with 22% high school students reporting depression.



Twenty eight percent of Malden high school students reported frequent sadness and hopelessness, with minimal change in this rate for over a decade of administration of the Malden Student Health Survey. Malden students report non-suicidal self-harm at rates similar to the state (15% versus 14%).

Over one-third of Malden High School females (36%) reported experiencing depression in the past 12 months, notably higher than male students (20%). Females were twice as likely to report non-suicidal self-harm compared to male students (20% as compared to 10%).

Both female and male Malden High students were more likely to report experiencing depression as compared to state level (females: 36% in Malden as compared to 29% in MA; males: 20% in Malden as compared to 14% in MA).

Twelve percent of Malden high school students seriously considered suicide, 11% planned suicide and 7% actually attempted suicide, with males and females attempting at an equal rate. The rate of Malden High School females who reported seriously considering suicide was higher than that of their male counterparts (16% as compared to 9%), and females also reported a higher rate of suicide planning than males (14% as compared to 8%). Rates for females on all three suicide indices (considered, planned, attempted) were similar to state levels, with Malden males showing a slightly higher than the state rate of suicidal attempts (7% as compared to 4%).

Depression

Depression is characterized by the Centers for Disease Control and Prevention as sad mood, diminished interest in activities which were once pleasurable, weight gain or loss, fatigue, inappropriate guilt, difficulties concentrating, or thoughts of death. Experiencing sadness and hopelessness for at least 2 weeks where it impacts daily living is a sign. An official diagnosis involves seeing a clinician.

Social Support

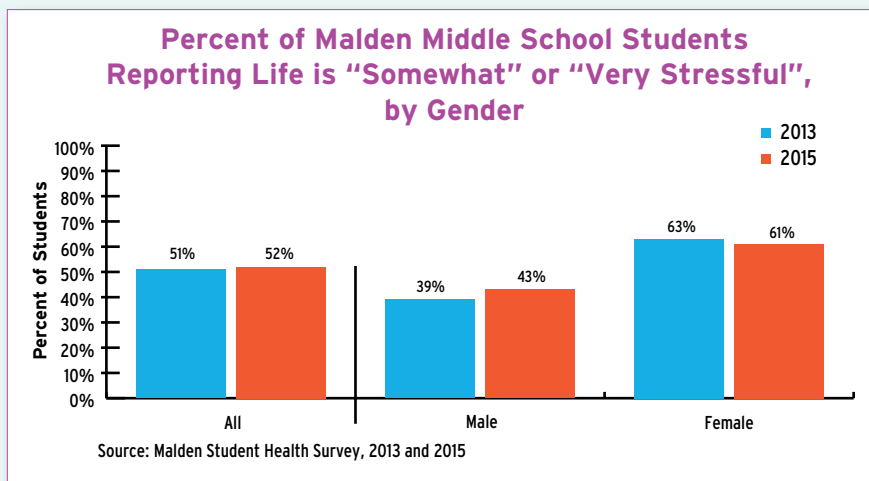
Social support plays an important role in the prevention of stress as well as a protective factor in high stress situations. Youth (as well as adults) who have people in their lives on whom they can rely, get advice and emotional support from tend to weather life challenges better than those who do not.

Similar to 2012, in 2014 over half of Malden High School students report having a teacher or adult at school to talk with (59%), and more than three quarters report having an adult outside of school to talk with (77%). Girls were slightly less likely to report having an adult outside of school to talk to (74%) compared to boys (79%) while White students were more likely to report having a teacher or adult at school to talk with (71%) as compared to 60% of Black, 55% of Hispanic and 52% of Asian students.

Middle School

Stress and Worry

A similar pattern of stress and worry was reported by Malden middle school students as Malden high school students; however, a number of mental health concerns were reported by particularly high levels by middle school girls.



Similar to females in high school, females in middle school were much more likely to report that their lives are "somewhat" or "very" stressful as compared to males in 2013 (63% vs. 39%) and 2015 (61% vs. 43%).

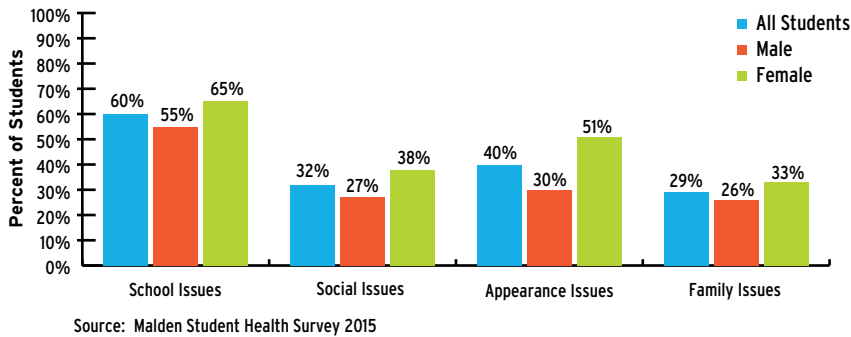
Only about half of middle school students report that they have a teacher or adult at school to talk to. Somewhat more males report that they have an adult outside of school to talk to (77% vs. 72%), a similar difference seen in the high school respondents.

Building Resilience

The ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress — can help young people manage stress, feelings of anxiety and uncertainty. However, being resilient does not mean that children won't experience difficulty or distress. Some stressors are healthy and appropriate, such as emotional pain and sadness which are common when we have suffered major trauma or personal loss, or even when we hear of someone else's loss or trauma.

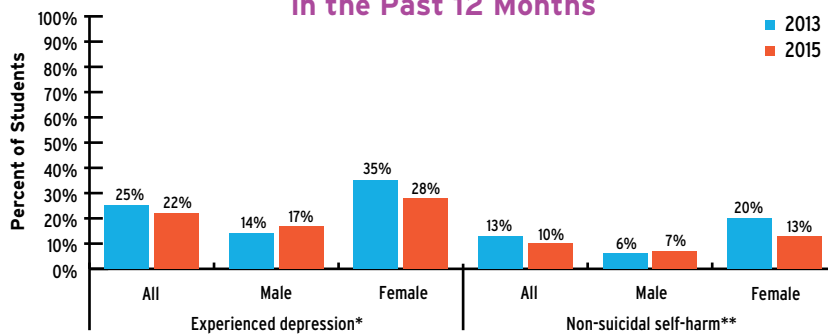


Percent of Malden Middle School Students Who Worry About Issues "Often" or "Almost Every Day" (2015)



Similar to high school students, school issues were the most frequently reported concern among Malden middle school students. Students in 6th grade were the least likely to report worrying about all four categories compared to 8th grade students, who were most likely to worry in all categories. Female students consistently reported higher rates of worry about all four issues compared to male students. Similar to the high school students, the largest gender difference is seen in worrying about appearance issues (51% of females as compared to 30% of males).

Percent of Malden Middle School Students Who Experienced Depression or Non-Suicidal Self-harm in the Past 12 Months

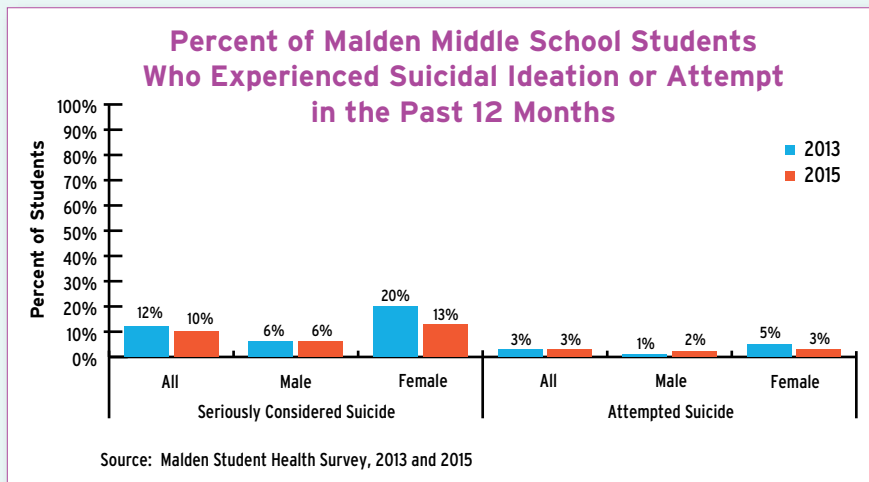


*Depression defined as feeling "so sad or hopeless almost everyday for two weeks or more in a row that you stopped doing some usual activities"; **Non-Suicidal Self-harm defined as "doing something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose"
 Source: Malden Student Health Survey, 2013 and 2015

Depression is a significant concern for middle school students in Malden, particularly among girls. Over 20% of all students reported experiencing depression in the past 12 months, a rate higher than Massachusetts (16%). Rates are generally consistent across grade levels based on the 2015 data.

Female middle school students report a markedly high rate of depression 35% in 2013 and 28% in 2015, a rate twice as likely as males and on par with female high school students.

In 2015, Malden female middle school students were slightly more likely to report seriously considering suicide (13%) compared to females in the state (11%). The rate for Malden male students was the same as that of the state (6%).



Overall trends in suicidality show a decrease since 2008; however, the percentage of Malden middle school students who reported having seriously considered suicide remains higher than the state for 2013 (12% as compared to 7%) and 2015 (10% as compared to 8%). Students who reported they actually attempted suicide decreased from 9% in 2006 to 3% in 2013 and 2015 and remains lower than the state rate (4%).




In summary, mental health issues among Malden youth are substantial.

High School:

- Student experience of stress has increased since 2012.
- Reported depression and self-harm have increased slightly since 2012 and girls are particularly affected.
- Compared to the state, both boys and girls are experiencing higher rates of depression.
- Suicidality has increased since 2012.

Middle School:

- Only half of 7th and 8th graders indicate they have an adult at school to talk to about problems.
- Girls report higher stress than boys and worry more about appearance issues.
- Over 20% of students report at least one episode of depression and approximately 12% express some form of suicidal thoughts or actions.
- Girls appear particularly at risk for depression, self-harm and suicidality compared to boys.



Strengths and Assets

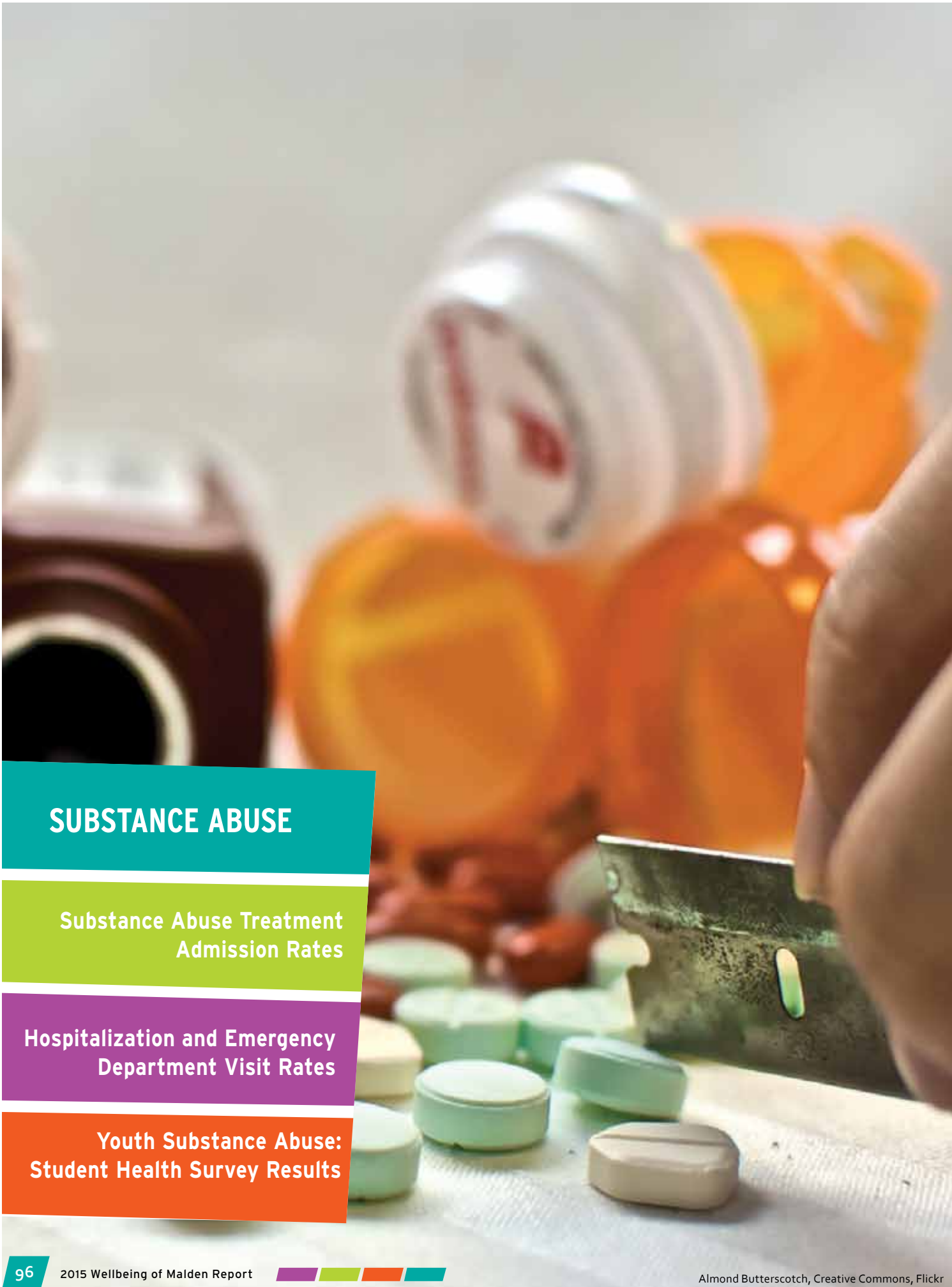
- With funding from CHNA 16, Malden began offering Mental Health First Aid trainings that decrease stigma and help triage individuals experiencing mental health issues.
- Mental health clinics have been developed at CHA to service linguistically and culturally competent services for Haitian, Portuguese, Latino populations.
- Malden collaborates with regional and state partners such as National Alliance on Mental Illness (NAMI) among other groups.
- Malden's Promise Coalition has identified mental health as a primary concern for Malden families.
- Trauma informed care is a systemwide approach used in Malden Public Schools.
- Malden's 2009 Asian Health Assessment identified some of the mental health issues that the Chinese and Vietnamese populations experience.





Recommendations

- Establish a venue to discuss mental health broadly, how to best support and navigate a system with limited resources and the specific challenges to accessing services.
- Improve integration of mental health services among early childhood, school based and community agency providers.
- Work with our young people to develop skills to cope with stress and worry.
- Address mental health stigma. Be inclusive of different perceptions of mental health and wellbeing among different cultural groups.
- Continue to identify mental health resources in the community.
- Work with legislative delegation to increase advocacy for mental health services.



SUBSTANCE ABUSE

Substance Abuse Treatment
Admission Rates

Hospitalization and Emergency
Department Visit Rates

Youth Substance Abuse:
Student Health Survey Results



Substance Abuse

Substance abuse has a major impact on individuals, families and communities. The nation is currently facing an epidemic of substance abuse and addiction. Effects of substance abuse are cumulative, contributing to costly social, physical, mental and public health problems. Substance abuse and addiction can lead to severe and chronic health problems, mental health disorders, family disintegration, failure in school, relationship violence, increased crime and child abuse and neglect. Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior altering substances that have negative behavioral and health outcomes. Long term substance abuse has been shown to alter the areas of the brain that are needed for judgment, memory and learning, behavior control and decision-making (NIDA, 2012). Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

Prevention is the most effective means to reduce substance abuse at the community and individual levels. Changing and updating policies can reduce the availability of substances as well as reducing demand for them. Preventing substance abuse is important because it impacts the whole community: individuals, families, businesses, local government, schools, law enforcement and more.

When prevention is no longer an option, intervention and treatment services must be considered. In Massachusetts, one can seek admission into publically funded substance abuse programs through the state program, the Bureau of Substance Abuse Services. This could include the following:

- Acute inpatient
- Post-detox treatment
- Residential treatment
- Outpatient treatment
- Opioid treatment
- Family treatment and other treatment programs

There is a severe shortage of available spots in publically funded treatment facilities. Many people seek private services and those services are not reflected in the data in this chapter.

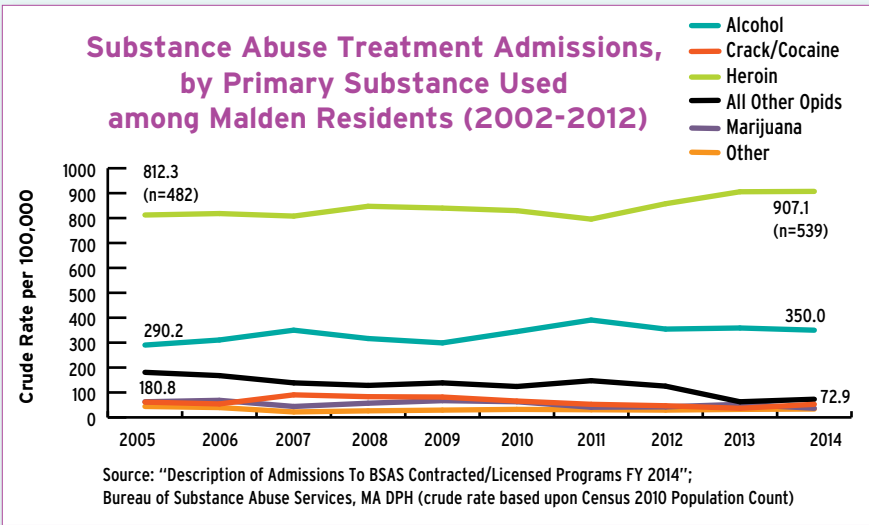
Overall Trends In Treatment Admissions

Over the last decade, Malden residents have been admitted to substance abuse treatment in publically-funded programs at a rate comparable to that of Massachusetts residents overall (2003-2012 data from MDPH). In 2012, 880 Malden residents were admitted to publically-funded substance abuse treatment (rate 1480/100,000). The majority of this treatment was for heroin addiction, with another sizable portion for alcohol addiction.

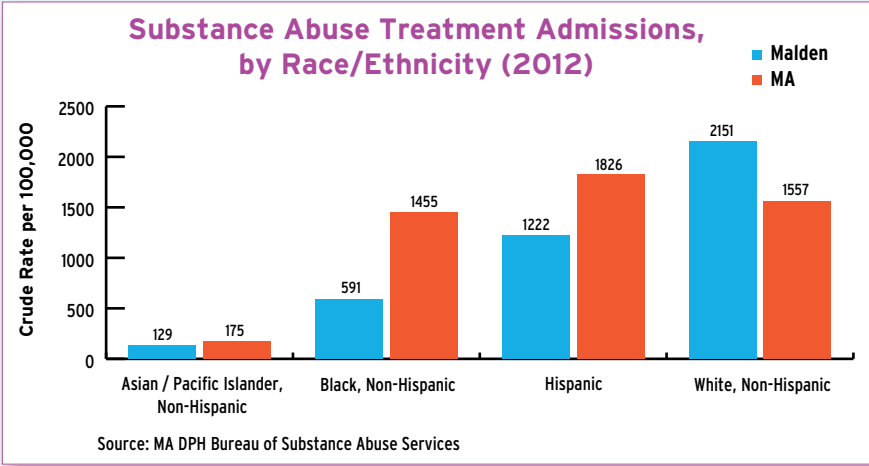
Dependence versus Addiction

Physical dependence occurs because of normal adaptations to chronic exposure to a drug. Dependence is often accompanied by tolerance or the need to take higher doses of a medication to get the same effect.

Addiction is when a drug becomes central to a person's thoughts, emotions and activities and he or she feels a craving or compulsion to continue using the drug. It may or may not include physical dependence. Someone who is physically dependent on an opioid will experience withdrawal symptoms when use of the drug is abruptly reduced or stopped (NIDA, 2011).



Approximately 60% of Malden residents who enter publically-funded treatment programs are treated for heroin abuse and another 27% for alcohol abuse. Admissions are highest among 20 to 40 year olds. Overall, the admission rate is about double for males as compared to females.



There is greater variability in treatment rates for different racial/ethnic groups in Malden as compared to Massachusetts as a whole. In 2012, treatment admissions rates were highest among White/non-Hispanic residents (2,151/100,000) followed by Hispanic (1,222/100,000) and Black/non-Hispanic residents (591/100,000). Rates were the lowest among Asian/Pacific Islanders (129/100,000).

Heroin and Other Opioids

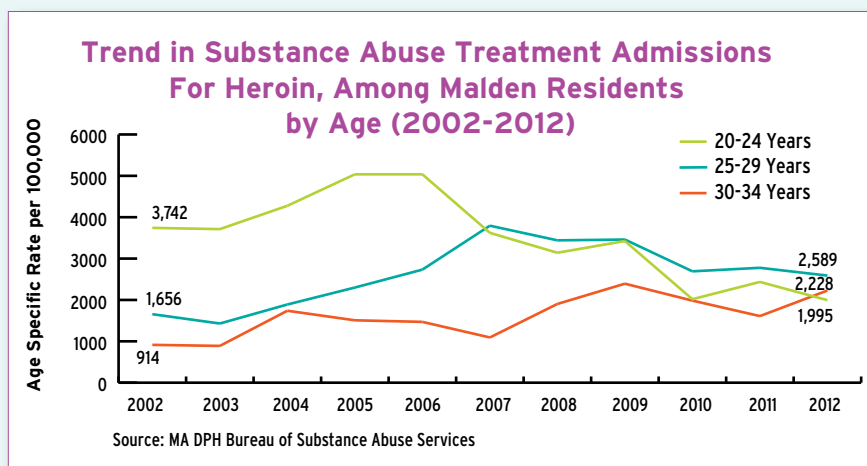
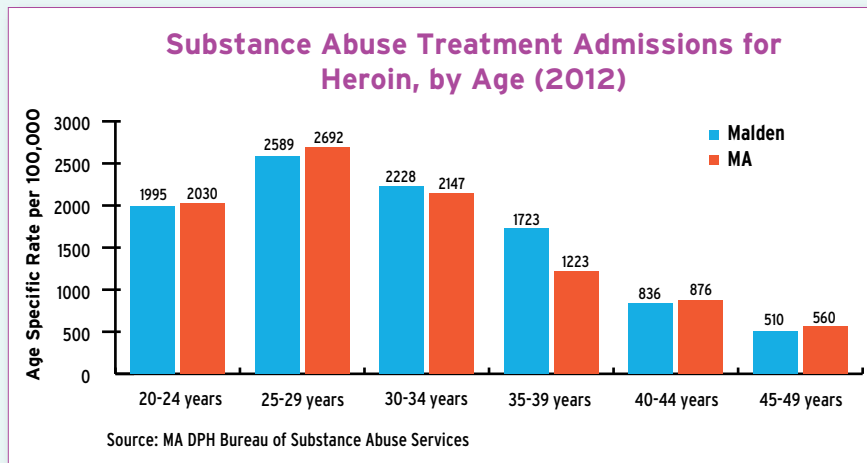
Massachusetts, like many states across the country, is in the midst of a growing epidemic of opioid misuse and overdose deaths. Opioid misuse includes use of the illegal drug heroin and misuse of opioid prescription medications, such as pain killers. It is a major and preventable cause of overdose and death. Deaths from opioid painkillers now exceed all other drug overdose deaths, and we are seeing increases in heroin use and increased deaths from heroin as people addicted to painkillers transition to this cheaper, more potent street drug. As an unregulated street drug, heroin is often mixed with other strong drugs such as Fentanyl, which increases chances of overdose. Opioid misuse is a complex issue that affects diverse groups of people, and is linked to short and long term consequences including health problems, psychiatric conditions, cognitive changes, and possible legal troubles. (MasTAPP, 2015)

Age of Admission

Malden age of admission to heroin treatment was similar to the rate of Massachusetts residents, with the exception of a higher rate of admission for 35-39 year olds (1723 compared to 1223/100,000).

Efforts to Curb Opioid Drug Abuse

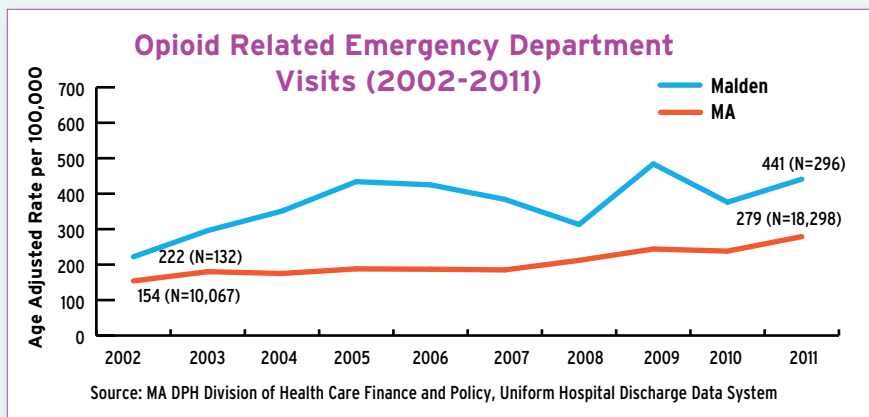
In March 2015, Health and Human Services (HHS) announced a initiative to reduce overdose, death, and addition as a result of opioid drugs. The federal initiative focuses on three areas: helping healthcare providers make better pain-management decisions to prevent overprescribing; increasing availability and use of the opioid antagonist Narcan, also known as naloxone (which is an effective overdose reversal tool now approved for use by first responders across the Commonwealth); and enhancing use of effective medication-assisted treatments, such as Methadone, Suboxone and Vivitrol, for opioid addiction, which can occur in the outpatient setting. In Massachusetts, the Department of Public Health Bureau of Substance Abuse Services monitors initiatives, programs and services to prevent, intervene, treat and provide recovery support for residents of the Commonwealth.



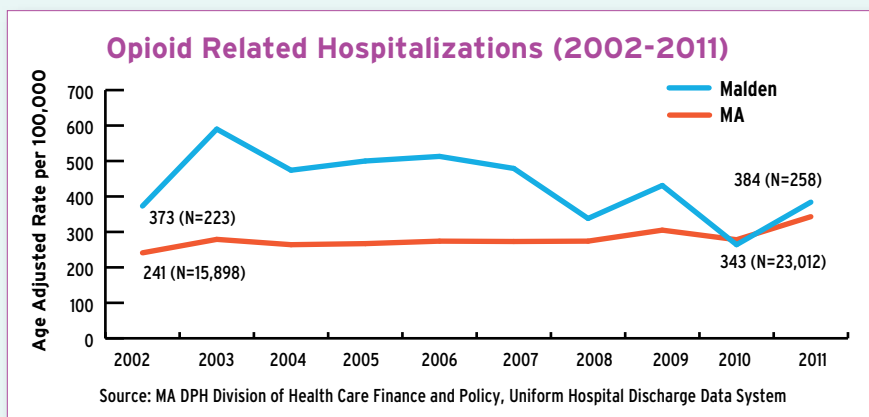
Data suggests that there continues to be a marked decrease in the rates of heroin treatment admissions for young adults in Malden since a high point of admissions in 2005-2006. The chart above shows the decrease in admissions in most age groups except in the 30-34 years group.

This data might not tell the whole story however. Since the early 2000s, there has been a reduction in available treatment services and there is also a lag in the data that we have available to us.

In terms of gender, admission rates of men 20-40 are highest, the highest for females is for 25-29 year age group, although rates are much lower than for males.



Rates of Opioid Related Emergency Department Visits for Malden residents are higher than for Massachusetts as a whole. While the rate has been higher over time (since 2002) the rate decreased between 2005 and 2008 but has since increased.



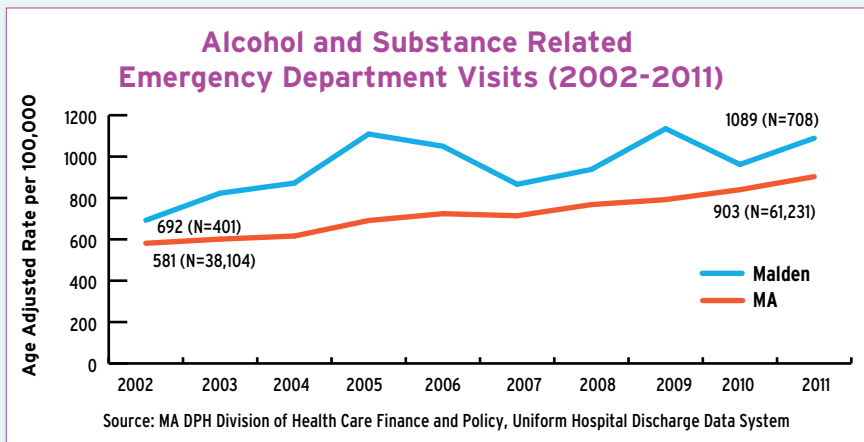
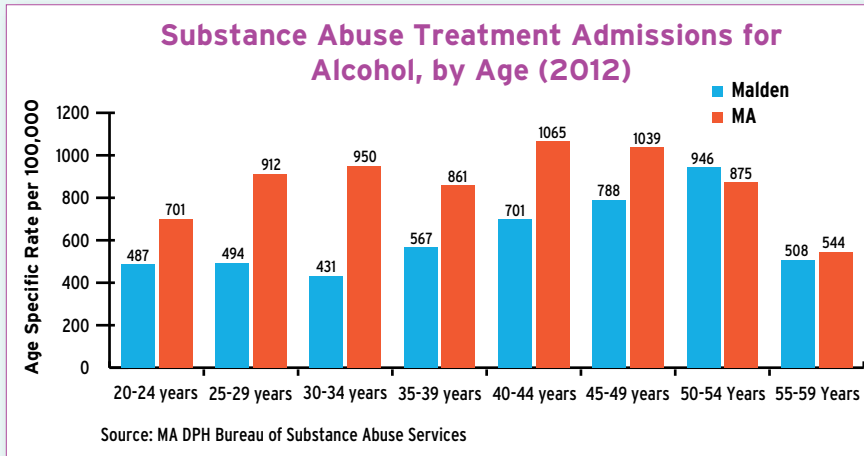
There has been improvement in the rates for opioid related hospitalizations, with a peak in 2003, then decline to approximately comparable rates to Massachusetts. The years from 2010 to 2011 showed an uptick in both Malden and Massachusetts.

Proper Disposal of Medications

The misuse of non prescribed medications is widespread across Massachusetts and throughout the United States. Prescription drugs left unattended or forgotten in family medicine cabinets are one of the most accessible gateways to opiate and heroin abuse. In an effort to keep expired, unwanted and unused medication out of the environment, Malden maintains a location for residents to dispose of medications safely. A medication drop box is located at Malden City Hall. In addition the city sponsors National Prescription Drug Take-Back Days throughout the year. Additional information can be found online at: www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/opioid-overdose-prevention.html

Alcohol

When viewing by age group, Malden has generally lower admission rates for alcohol treatment than Massachusetts as a whole, with the exception of the 50-59 year range.



Since 2002, rates of alcohol related ED visits for Malden residents has generally been higher than for Massachusetts as a whole. Rates for alcohol related hospitalization has decreased to a level approximately comparable to the state as a whole.

Heavy Drinking

Nearly 1 in 4 adults (age 18 and older) reported having at least one heavy drinking day (5+ drinks for men and 4+ drinks for women) in the past year (CDC 2013).



Strengths and Assets

- Malden is a partner in the Mystic Valley Public Health Coalition, a regional coalition representing health departments from Malden, Medford, Melrose, Reading, Stoneham, Wakefield and Winchester. The coalition houses regional grants from the Massachusetts Department of Public Health, Bureau of Substance Abuse Services to lead substance abuse prevention efforts.
- Malden Police and Fire Departments now carry Narcan (naloxone) to aid first responders in reversing opioid overdoses.
- Malden Overcoming Addiction, a grassroots community coalition, is working to eliminate the stigma of addiction and raise awareness around substance abuse.
- Malden is taking an active role in regional efforts including District Attorney Marion Ryan's Eastern Middlesex Opioid Task Force and community conversations about substance abuse led by legislative delegates.
- Substance exposed newborns and mothers summit was held by Hallmark Health and District Attorney Ryan to address treatment options for this population.
- The Cambridge Health Alliance offers medication-assisted treatment for opiate addiction in the outpatient setting.
- Malden organizes with the Drug Enforcement Administration "Prescription Take Back" days to help households safely dispose of unused and expired medications. Malden Police Department also houses a permanent disposal drop box.
- Malden has three needle disposal kiosks (200 Pleasant Street, 630 Salem Street and at the Malden Senior Community Center at 7 Washington Street) for residents to safely dispose of needles.



Recommendations

- Continue to develop support networks for parents, family members and friends who are coping with loved ones who are struggling with addiction and dealing with substance use disorder.
- Advocate for increased funding for prevention and treatment services dedicated to those of all ages with substance use disorder.
- Promote the statewide substance abuse treatment hotline to increase awareness of treatment resources and options for individuals and families managing substance use disorder.
- Expand awareness and educational opportunities for residents in Malden to recognize the signs and symptoms of substance abuse disorder. Assist with referrals for treatment and support for family members and loved ones living with addiction.
- Expand education and awareness of the effects of selling alcohol to minors at area businesses.
- Provide professional development and training such as Mental Health First Aid for city employees, youth workers, after school program staff, teachers and coaches with regard to recognizing signs and symptoms of substance use, and provide resources to help refer youth, adults and families for support.
- Continue to practice safe monitoring of prescription drugs in the home and utilize appropriate resources such as the prescription drop boxes in the community to properly dispose of unused or old prescriptions.
- All first responders should receive ongoing training to support intervention efforts for when Narcan is administered to individuals experiencing an opioid overdose. Providing the individual with follow up education and services may help the individual consider options for treatment and support.
- Explore having a needle and syringe exchange program to provide people who inject drugs with access to sterile injecting equipment (needles and syringes, swabs, vials of sterile water) and offer access to health education, referrals, counseling and other services.

Youth Substance Abuse

Adolescent substance use and addiction is a national public health problem impacted communities across the nation, including Malden. Exposure to alcohol, marijuana and other substance may interfere with adolescent brain development leading to adverse lifetime consequences. Drug and alcohol use can increase other risk behaviors leading to injury, violence, victimization, sexually transmitted diseases, teen pregnancy, suicide and poor educational outcomes.

Youth are exposed to drug and alcohol use from the media, other peers, and within their own family. School based prevention efforts using a skills enhancing approach have a promising impact on improving attendance and graduation rates while reducing violence and mental health disorders. Research has also shown that prevention efforts using a skill based approach have demonstrated improved attendance and graduation rates while reducing violence and mental health disorders.

High School

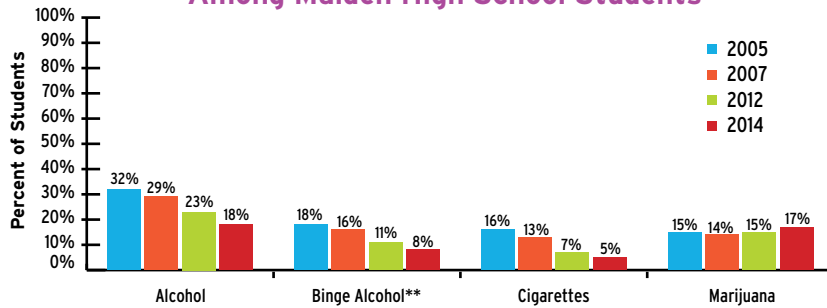
There are promising reductions in levels of high school substance abuse among Malden high school students in recent years, likely reflecting both national trends and the result of youth prevention programming in Malden. Findings from the Malden Student Health Survey indicate that rates of both current use (as defined as “in the last 30 days”) and lifetime use (defined as “have you ever”) of alcohol and cigarettes have decreased between 2005 and 2014.

With regard to marijuana use, both current and lifetime use remains largely unchanged. (Note: High school student use of e-cigarettes had not been surveyed at the time of this report, but will be in future administrations of the survey.)



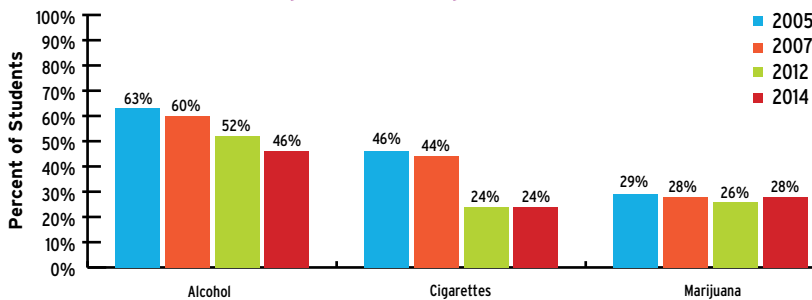
e-Magine Art, Creative Commons, Flickr

Current Use of Alcohol, Cigarettes, and Marijuana Among Malden High School Students



Current use is any use in the 30 days prior to the survey;
 **Respondents were asked about consuming "5 or more drinks of alcohol in a row, that is, within a couple of hours"
 Source: Malden Student Health Survey, 2005, 2007, 2012 and 2014

Lifetime Use of Alcohol, Cigarettes and Marijuana Among Malden High School Students



Lifetime use is any use in one's lifetime
 Source: Malden Student Health Survey 2005, 2007, 2012, and 2014

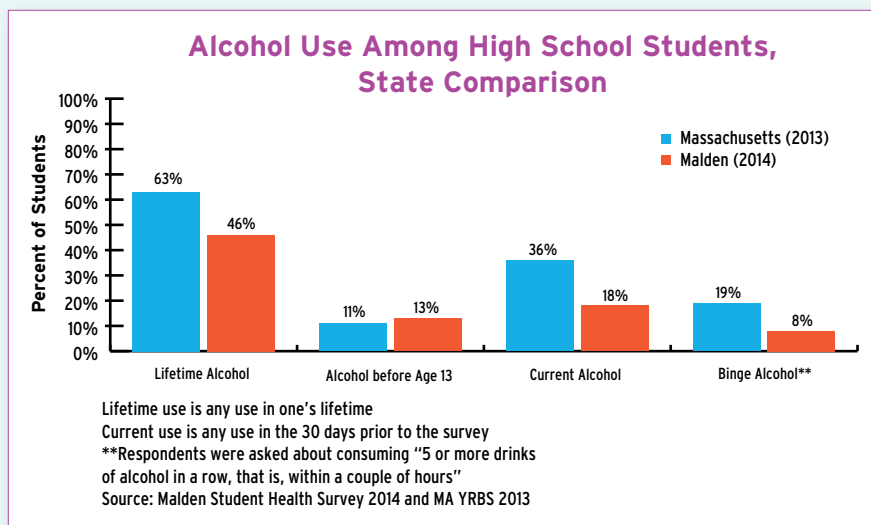
The percentage of Malden high school students who report a lifetime use of alcohol decreased steadily from 2005-2014 from 63% to 46%. Lifetime use of cigarettes decreased substantially 2007-2012 from 45% to 24% and remained steady through 2014. Lifetime use of marijuana has remained unchanged since 2005.

Binge Drinking

Binge drinking is defined by the National Institute on Alcohol Abuse and Alcoholism as a pattern of drinking that brings alcohol concentration (BAC) levels to 0.08 g/dL. In women this will usually occur after 4 drinks in two hours, while for men it will be about 5 drinks in two hours.

Alcohol is the most commonly used and abused substance among youth under the age of 21. Research indicates that youth who begin drinking before the age of 15 are five times as likely to develop an alcohol dependence or alcohol abuse later in life as when compared to those who have been drinking after the age of 21.

Malden Compared to Massachusetts



Malden high school students report a lower rate than Massachusetts high school students overall for lifetime alcohol use (46% versus 63%) binge drinking (8% versus 19%), and the current smoking of cigarettes (11% versus 36%). Also both current and lifetime marijuana use is lower among Malden high school students as compared to state levels. In contrast to the lower rates on the above indices for alcohol use, the rates of Malden high school students that report consumption of alcohol before age 13 is on par with that of the state (11-13%).

While rates for use of "other" substances (non tobacco, alcohol, marijuana) remain lower than alcohol, tobacco and marijuana usage (under 7% of students in general), there is data to suggest that there are sex specific increasing trends in use. Of note, among boys there is a small increase in opiate abuse. Among girls we see a very slight increase in use of stimulants. These gender specific rates in Malden are generally on par with state levels, and while small, are illustrative of a potentially developing trend.

Electronic Cigarette Use

Electronic cigarette use has become a larger trend in the recent years. Due to its relatively newer status, there are less regulations and information available on its effects in the younger and general populations. "Vaping" is becoming a greater issue because the vapor produced by e-cigarettes is odorless and undetectable to smoke detectors, making them ideal for concealed usage. Manufacturers have also been marketing towards the youth with different e-cigarette flavors. The youth are currently a large and untapped market for tobacco companies due to federal and state regulations against tobacco specific products. Recent studies by the CDC have shown that youth who had never smoked a conventional cigarette, have used electronic cigarettes. The youth who tried electronic cigarettes were shown to be twice as likely to have intentions of smoking conventional cigarettes.

Middle School

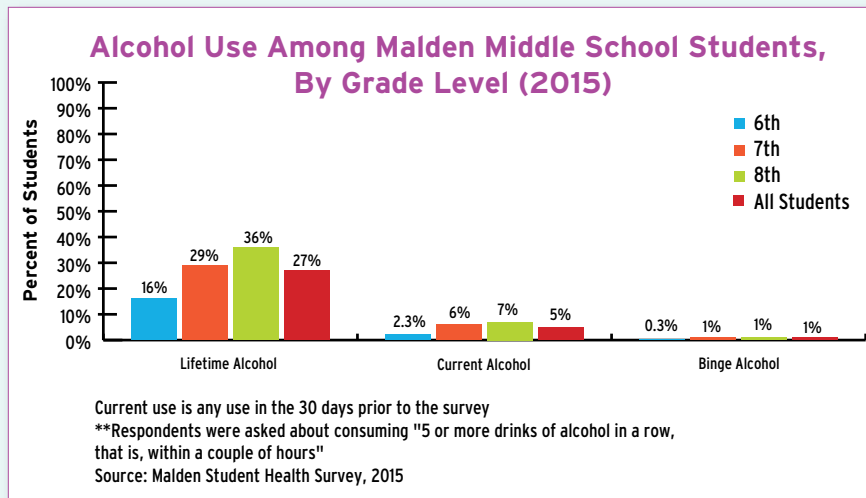
Alcohol

Early age of alcohol onset (consumption) is a serious public health issue associated with later alcohol dependence/abuse, and is an important target for intervention at the middle school level. Survey data indicates that a sizable portion of Malden Middle School students have tried alcohol on at least one occasion. The percentage of middle school students reporting lifetime alcohol use has declined from 34% in 2006 to 27% in 2015. Rates predictably increase from 6th through 8th grades for current, lifetime and binge alcohol use with over 33% reporting having tried alcohol and 7% currently using alcohol in 8th grade.

Malden middle school students' lifetime use of alcohol was higher than among Massachusetts middle school students (Malden 27% in 2015 as compared to Massachusetts 18% in 2013). In 2015, among those students who indicated they had used alcohol in the prior 30-days, 68% reported obtaining alcohol either from home, through friends, or at parties. Overall, these findings suggest that early alcohol use among Malden students is an important area for intervention.

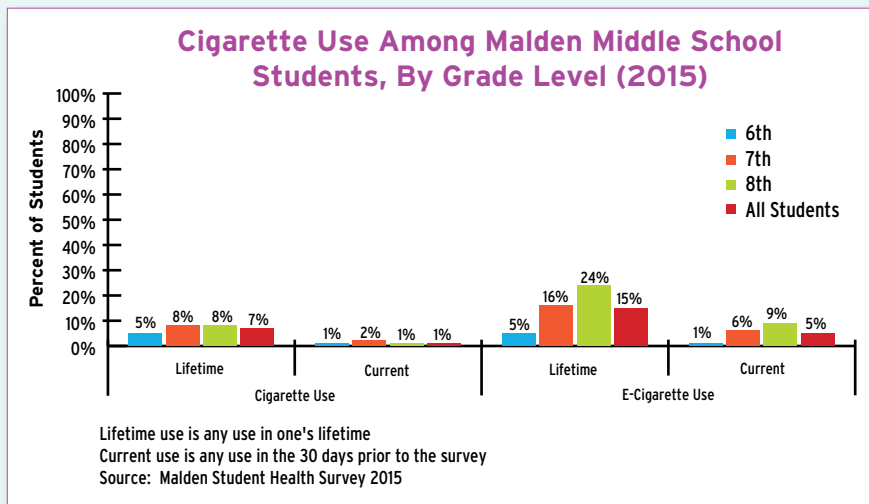
Underage Drinking

Underage drinking is a leading public health concern in the United States. Studies found that the early initiation of alcohol use by adolescents who are age 13 and younger are at risk for developing alcohol-related issues further in adulthood. Heavy drinking during adolescence can lead to decreased performance on cognitive tasks of memory, attention, spatial skills and executive functioning. In addition, substance abuse during adolescence has been associated with alterations in brain structure, function and neurocognition (www.ncbi.nlm.nih.gov, 2009).

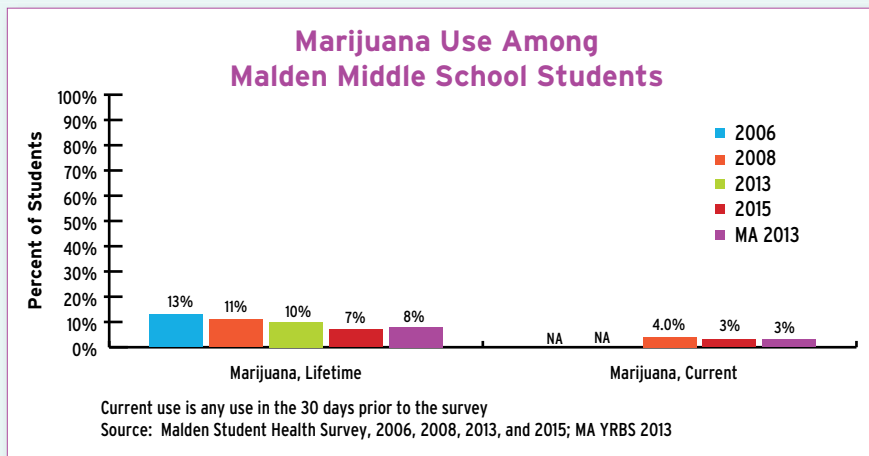



Tobacco and Other Substances

There is an encouraging reduction in the rate of lifetime use of cigarettes in middle school with a substantial drop between 2008 and 2015 (27% as compared to 7%). Current use of cigarettes and other tobacco products (smokeless tobacco, cigars) among Malden middle school students are slightly below state rates. In 2015, Malden began surveying students about electronic cigarette use or “vaping.” Overall, 15% of Malden middle school students have tried e-cigarettes and 5% reported use in the past 30 days. This is slightly higher than e-cigarette usage nationwide, which was 3.9 % of middle school students in 2014, according to the National Youth Tobacco Survey.



Lifetime marijuana use among Malden middle school students has been trending down slightly, currently at 10%, and is generally on par with state levels. Use of other drugs (cocaine, oxycontin and stimulants) is reported to be low, at 1-2%.





Strengths and Assets

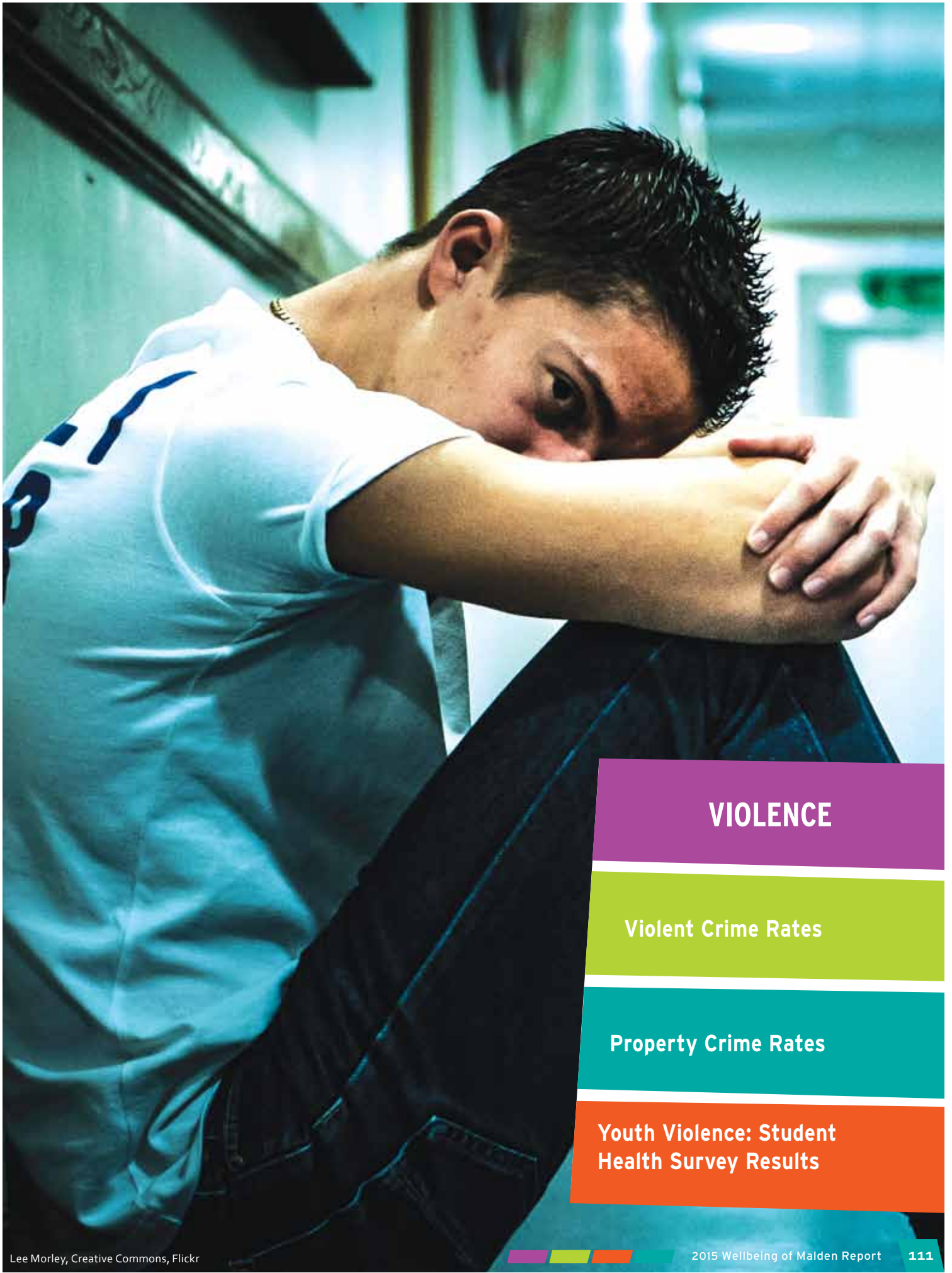
- Mystic Valley Public Health Coalition is working to reduce substance use and abuse through primary prevention efforts. The regional grants are focused on systems change, policy change, education and awareness building.
- The Malden YWCA offers a number of programs to prevent youth substance use through the education and environmental approaches such as participation in the statewide coalition “the 84 and various other programs that engage youth in substance use prevention.”
- Malden Public Schools participate in an annual Youth Risk Behavior Survey alternating between the Middle and High Schools which is organized and managed by the Institute for Community Health.
- School staff and local health practitioners are aware of and can refer to local youth and family treatment services for a variety of addictions.
- Malden’s Promise coalition is working to increase awareness of substance use and reduce use among Malden’s youth.



Recommendations

- While Malden is part of a regional (MVPHC) opioid and substance abuse prevention coalition, there is data to support the need for a citywide coalition. Malden's Promise coalition has been identified as a possible convener for this effort. A citywide coalition would be positioned to create system and policy change through:
 - o Increasing venues for discussion of alcohol and drug use for parents, youth and families.
 - o Advocating for increased funding to support prevention work starting with youth of middle school age.
- Advocate for Health and Wellness classes to return to middle and high schools.
- Expand science based prevention curriculum in schools.
- Increase support for youth impacted by familial drug use.
- Increase knowledge and awareness about e cigarette usage and marijuana usage.
- Use middle and high school data to drive evidence based practices that reduce substance abuse.





VIOLENCE

Violent Crime Rates

Property Crime Rates

Youth Violence: Student Health Survey Results

Violence

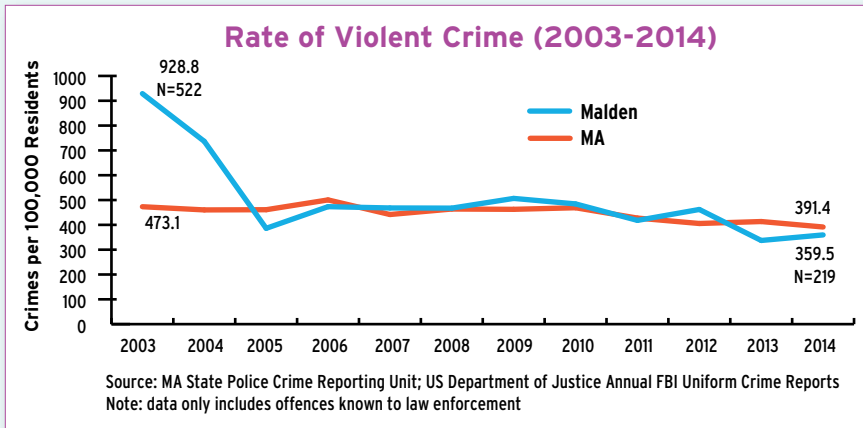
Violence impacts both individuals and communities. Violent crime may result in premature death or injury, and it is linked to disability, mental health issues, and increased medical costs.

Children who witness domestic violence are also subject to short and long term health effects. While gang and gun-related violence remains a key area of concern in the U.S., other forms of violence have been the focus of increasing research and public attention. Bullying has become a major issue, particularly the issue of cyber-bullying.

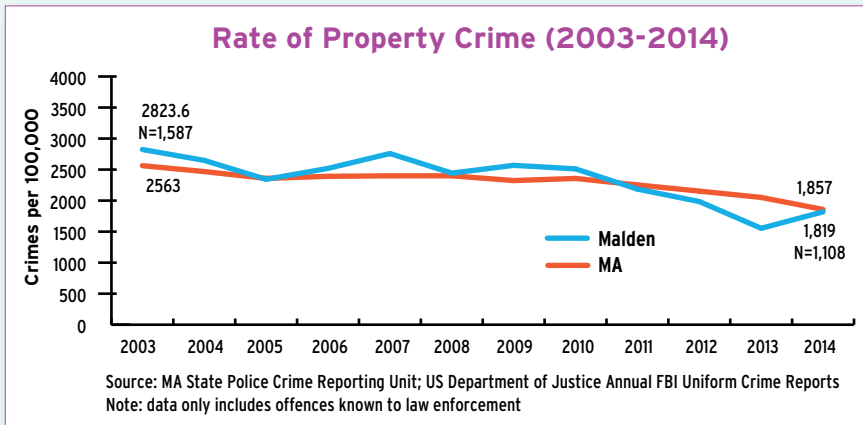
Sexual violence is a common and under-reported crime. Sexual violence includes rape, which is non-consensual sexual penetration, and sexual assault, which is non-consensual touching. In Massachusetts, consent cannot legally be given if a person is under the age of 16, mentally disabled, or incapacitated. Such violence can result in profound immediate and long-term consequences for survivors.

Domestic or family violence includes parent/guardian abuse of children and intimate partner violence (IPV), which includes acts of physical or sexual violence or abuse that occur between partners or spouses. Like sexual violence, IPV can occur at any age or affect any gender. IPV estimates among same-sex couples are similar to those of heterosexual couples. Children who witness domestic violence are also subject to short and long term health effects.





Since 2005, the rate of violent crime in Malden has mirrored that of Massachusetts as a whole. From 2012 to 2014, Malden's level dipped from slightly above to slightly below the state level. Future data can determine whether this represents a significant trend. In 2014, there were 219 incidents of violent crime in Malden (rate of 359.5 per 100,000). Per the FBI Crime Reports for 2014, in Malden there was 1 murder/non-negligent manslaughter, 7 rapes, 63 robberies, and 148 aggravated assaults.



From 2003 to 2014, the rate of property crime has been at or somewhat above that of Massachusetts as a whole. Of note, rates of property crimes in Malden have been dropping since 2010 but then increased in 2013. In 2014, property crime rates are at state levels. Per the FBI Crime Reports for 2014, in Malden there were 186 burglaries, 813 larceny-thefts, 109 motor vehicle thefts, and 1 act of arson.

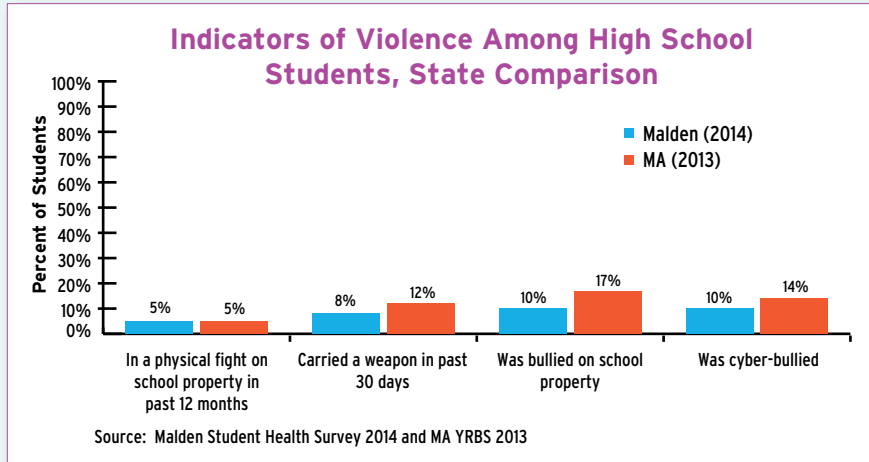
Domestic Violence Unit

The Malden Police Department's Domestic Violence Unit is located within the Family Service Unit. Information about domestic violence and services available can be found at <http://www.maldenpd.com/new-web/Info&Resources/DomViol.htm>.

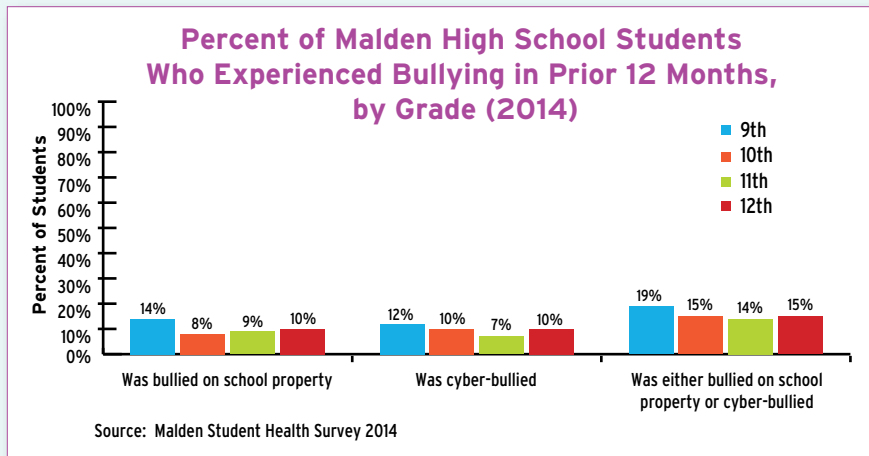
Youth

High School

Malden High School students reported lower levels of violence than their counterparts reported statewide, except in being involved in a physical fight, which was at state levels.



Ten percent of high school students report being bullied on school property; similarly 10% report being cyber-bullied. A higher portion, 15-19% dependent on grade, report experiencing one of these types of bullying. Of note, 9th graders consistently report somewhat higher levels of both types of bullying.



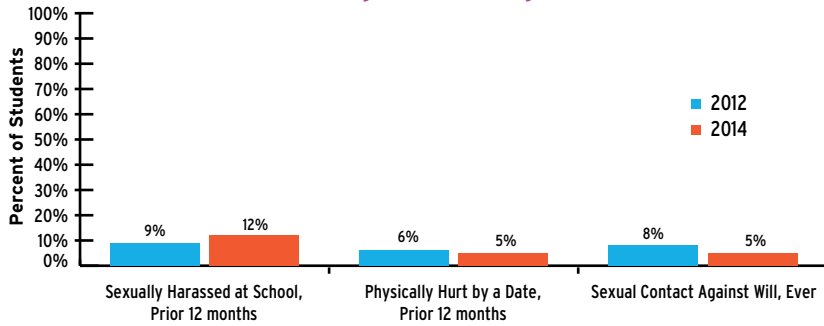
What is Cyber-Bullying?

Cyber-bullying is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones. If an adult engages in similar harmful behavior, it is considered cyber-harassment or cyber-stalking. It is a serious offense that can result in misdemeanor or federal criminal charges, depending on the severity of the crime.

Bullying Rates

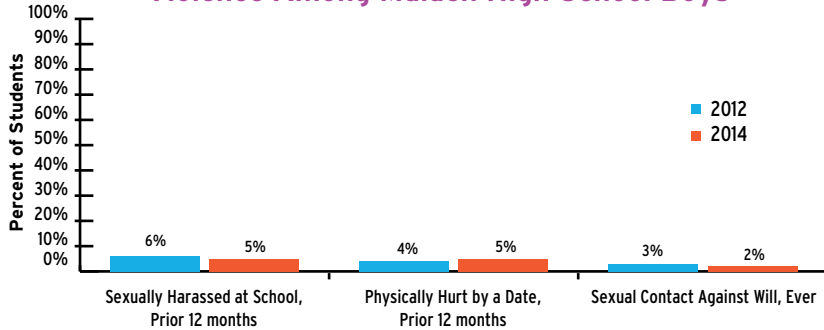
More than 1 in 6 Malden High School students report being bullied on school property or being cyber-bullied. The rate is nearly 1 in 5 for 9th graders.

Indicators of Sexual Harassment or Dating Violence Among Malden High School Girls



Source: Malden Student Health Survey 2012 and 2014

Indicators of Sexual Harassment or Dating Violence Among Malden High School Boys



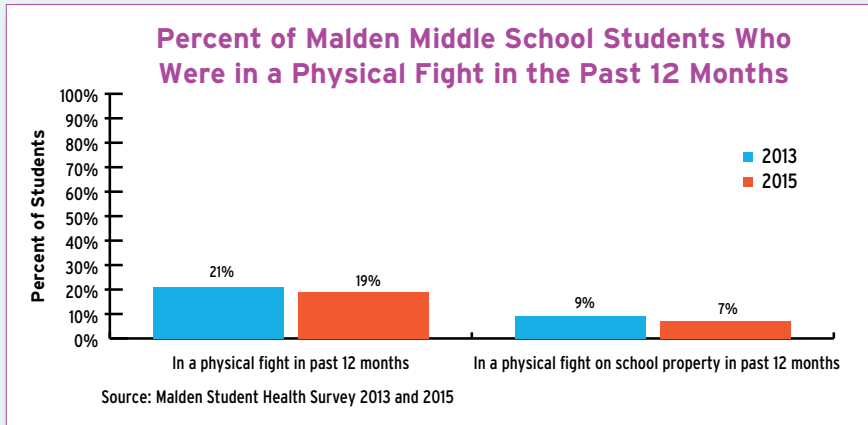
Source: Malden Student Health Survey 2012 and 2014

As similarly reported in nationwide surveys, rates of sexual harassment and dating violence among Malden students are generally reported higher among girls. Most notable is that 12% of high school girls reported having been sexually harassed at school in the last 12 months. While the rate among boys is lower at 5%, it should be noted that this does represent dozens of students.

Anti-Bullying Laws

Massachusetts has one of the strongest anti-bullying laws in the country with strict requirements that schools must follow to protect students from bullying, even where bullying does not involve physical violence. Every school (with the exception of some, but not all, private schools) was required by law have in place an anti-bullying law by 2011. It must be posted on the school's website, and it can be requested from school administrators. The Malden Public School's anti-bullying policy as well as resources for parents can be found at: www.maldenps.org/parents.cfm?subpage=729309.

Middle School

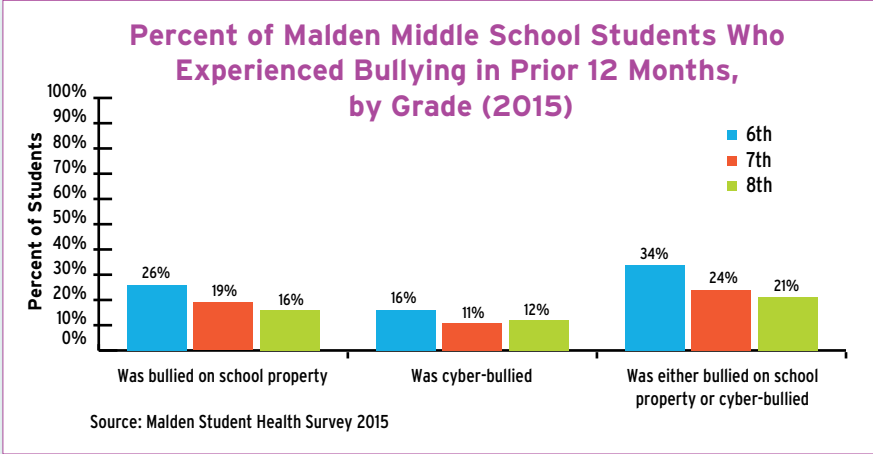


Approximately 20% of middle school students report having been in a physical fight in the past 12 months based upon 2013 and 2015 survey data, and about 7-9% reported fights on school property. In 2015, 8% percent reported carrying a weapon and gang involvement was reported among 3% of middle school students.

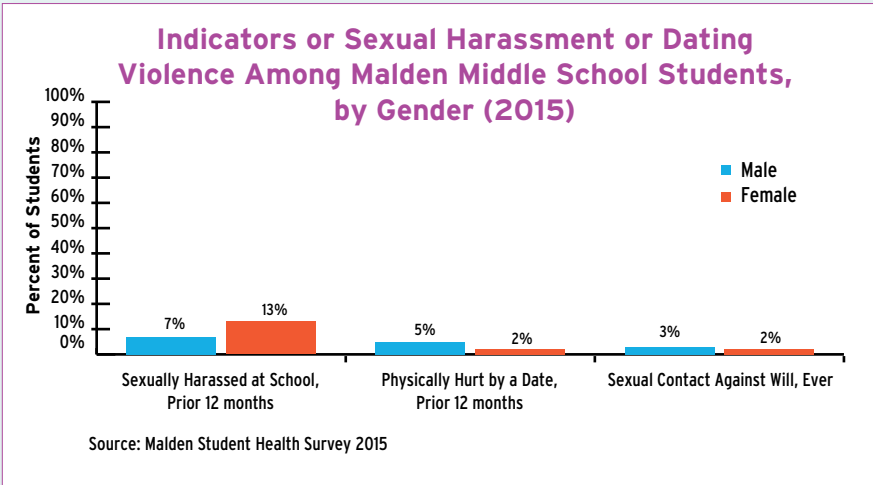


Working Word, Creative Commons, Anti-bullying Respect Tour 2009





Rates of bullying are higher among middle schoolers than high schoolers. Approximately 20% of all middle schoolers reported being bullied on school property in the past 12 months (compared to 36% statewide). Thirteen percent of all students reported being cyberbullied within the past 12 months, a rate comparable to state levels. Twenty-six percent of all students reported one of these types of bullying in 12 months. Rates of bullying differ dramatically by grade level among middle schoolers, with 34% of 6th graders reporting being either bullied or cyberbullied in the prior year. Rates of bullying among girls are significantly higher than that of boys in 2015 (31% versus 22%), as is found in nationwide surveys in both types of bullying surveyed.





Strengths and Assets

- The Mayor holds monthly safety discussions throughout the city in partnership with Malden Police, Fire, Public Works and City Counselors. This is an opportunity for community members to discuss safety issues in their ward and citywide.
- The Department of Children and Families is a state agency charged with the responsibility of protecting children from child abuse and neglect with a 24-hour hotline for reporting child neglect or abuse.
- RESPOND, Inc. provides a 24-hour hotline, support groups, and advocacy to Malden individuals/families experiencing domestic violence; it also services families who have fled domestic violence and need emergency shelter. They also provides community education and linguistic outreach to survivors from non-English speaking communities. Through local grants, RESPOND also has a staff person working within Malden Police Department.
- The Victims of Violence Program at Cambridge Health Alliance offers professional trainings, support groups, and counseling as well as a Center for Homicide Bereavement.
- Boston Area Rape Crisis Center (BARCC) serves Malden sexual violence survivors and their partners, families, and friends through its 24-hour hotline. BARCC also offers community education, medical advocacy to survivors at Whidden and Cambridge Hospitals and other medical centers, and counseling at its Cambridge and Boston offices.
- Malden High School has promoted healthy relationships through student groups, such as the Teen Health Advisory.
- Malden employs concepts and practices of Restorative Justice in the schools.



Recommendations

- Ensure that intimate partner violence and sexual violence education reaches youth and other vulnerable populations as well as those who are likely to receive disclosures of abuse and violence from youth.
- Increase supportive programs and mentoring for adolescent girls, who are at particularly high risk for becoming victims of violence and abuse.
- Support bullying prevention/intervention programs. Work toward improving and tracking the efficacy of elementary school efforts to prevent violence.
- Develop preventive programs that support youth through difficult times of transition (particularly 8th to 9th grades, given the higher rates of reported bullying among 9th graders).
- Continue to promote opportunities for families and youth to learn about Malden Public School's anti-bullying policy and provide community education opportunities to discuss what constitutes bullying and cyber bullying.



Acknowledgements

Appendix

**Conventional 10 Tips
for Better Health**

**What Your Doctor Didn't Tell You
or Social Determinant Tips
for Better Health**



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City of Malden, Health Department

Malden Public Schools

Malden's Promise Coalition

Mystic Valley Public Health Coalition

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Disclaimer

This report is an ongoing effort to reflect some community defined indicators that relate to health broadly defined. This report also highlights a range of data sources, including the most current public and community health data and most recent Youth Risk Behavior Survey data collected from middle and high school students.

To be involved with implementing the recommendations, please contact Renée Cammarata Hamilton at rcammaratahamilton@challiance.org. For online access to this document, please visit our website: challiance.org/MCHI.

Appendix

- i. Data Sources**
- ii. 10 Essential Public Health Services**
- iii. Tips for Better Health**



i. Data Sources

- Bureau of Substance Abuse Services (BSAS), Substance Abuse Treatment Programs, MDPH 2002-2012
- Cambridge Health Alliance Primary Care Patient Panel Data FY14
- Malden Public Schools, Healthy Weight Status 2010-2015
- Malden Public Schools, High School Student Health Survey/Youth Risk Behavior Survey (YRBS) 2005-2014
- Malden Public Schools, Middle School Student Health Survey/Youth Risk Behavior Survey (YRBS) 2006-2015
- Massachusetts Department of Elementary and Secondary Education, School and District Profiles 2003-2014
- Massachusetts Department of Housing and Community Development (DHCD) 2015
- Massachusetts High School Youth Risk Behavior Survey (YRBS) 2010-2014
- Massachusetts Office of Health and Human Services, Department of Transitional Assistance 2010-2014
- Massachusetts State Police, Crime Reporting Unit 2003-2014
- Massachusetts Department of Public Health, Cancer Registry, Bureau of Health Statistics, Research and Evaluation, 2006-2010
- Massachusetts Department of Public Health, Epidemiology Program, Bureau of Communicable Disease Control Registries, 2008-2011
- Massachusetts Department of Public Health, HIV/AIDS Surveillance Program, Bureau of Communicable Disease Control Registries, 2014
- Massachusetts Department of Public Health, Lead Poisoning Prevention Program, (CLPPP), 2009-2013
- Massachusetts Department of Public Health, Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation 2000-2012
- Massachusetts Division of Health Care Finance and Policy Uniform Hospital Discharge Data System 2002-2012
- The Boston Foundation, “Greater Boston Housing Report Card 2014-2015”
- US Census Bureau, American Community Survey (ACS) 2006-2013
- US Census Bureau, Decennial Census 2000, 2010
- US Department of Agriculture, Food and Nutrition Service (FNS) 2010-2014
- US Department of Justice, Annual FBI Uniform Crime Reports 2003-2014
- US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics 1990-2015

References

Introduction

McKinlay, J. (1979). A case for refocusing upstream: The political economy of illness. In J. Gartley (Ed.), *Patients, physicians and illness: A sourcebook in behavioral science and health* (pp. 9-25). New York, NY: Free Press

Demographics

massbenchmarks.org

National Center for Educational Statistics, 2013.

Social Determinants of Health

Scott, K. A., Melhorn, S. J., & Sakai, R. R. (2012). Effects of Chronic Social Stress on Obesity. *Current Obesity Reports*, 1(1), 16–25. <http://doi.org/10.1007/s13679-011-0006-3>

Friedan, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, p.590.

Education

Reframing School Dropout as a Public Health Issue; Centers for Disease Control: Preventing Chronic Disease 4(4) 2007.

US Department of Education Strategic Plan 2010-14.

American Psychological Association; apa.org/pi/ses/resources/indicator/2013/05/poverty-dropouts.aspx.

Economy and Employment

cityofmalden.org/content/about-malden

inequality.org/inequality-101/

liveworkthrive.org/site/assets/docs/MASS%20INDEX%20FINALWEB.pdf

Housing

Center for Housing Policy “The Housing Affordability Challenges of America’s Working Households” source: nhc.org/media/files/Landscape2014.pdf.

Built and Natural Environment

maldenhistoricalsociety.org (Accessed 2015)

cityofmalden.org/sites/default/files/malden_master_plan_final_072010.pdf

mapc.org/sites/default/files/COMBINED%20FINAL%20REPORT_without%20appendices_2_7_14.pdf.

uli.org/advisory-service-panels/advisory-services-panel-malden-everett-massachusetts

City of Malden Open Space and Recreation Plan Update, 2010.

maldenismoving.org/index/html

biketothesea.com

Community

socialworkers.org/pressroom/features/issue/peace.asp

A Health Equity Framework: Boston Public Health Commission Center for Health Equity and Social Justice.

ncbi.nlm.nih.gov/pmc/articles/PMC2837428/

Aspen Institute Roundtable on Community Change. 2004. “Structural Racism and Community Building.” Keith Lawrence, Stacey Sutton, Anne Kubisch, Gretchen Susi and Karen Fulbright-Anderson, authors. Washington, D.C.: The Aspen Institute

Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis. *American Journal of Public Health*, 100 (Suppl 1), S30–S35. doi.org/10.2105/AJPH.2009.171058

Leading Health Indicators

healthypeople.gov/2020/leading-health-indicators/2020-LHI-Topics

Access to Health Care

bluecrossfoundation.org/sites/default/files/download/publication/Rising%20Health%20Care%20Costs%20in%20MA%20and%20Consumers_final.pdf

Oral Health in America: A Report of the Surgeon General (2000)

Substance Abuse

National Institute on Drug Abuse. Understanding Drug Abuse and Addiction (2012). Retrieved from drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction on December 21, 2015.

National Institute on Drug Abuse (2011). Retrieved from drugabuse.gov/publications/drugfacts/heroin on December 21, 2015.

Prevention and Reduction of Opioid Misuse in Massachusetts: Guidance Document; MassTAPP Technical Assistance Partnership for Prevention DPH, 2015

CDC 2014: Accessed at niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics

mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/substance-abuse-services.html

pubs.niaaa.nih.gov/publications/StrategicPlan/NIAAAS-STRATEGICPLAN.htm#CHAPTER_III. ncbi.nlm.nih.gov: Influence of Substance Use on Adolescent Brain Development. Clin.EEG Neuroscience 2009 Jan; 40 (1): 31-38

Mental Health

The Mayo Clinic (2011). Stress Management mayoclinic.com/health/stress/sr00001

National Institute of Health. (2011). nih.gov/

Stress in America: Are teens Adopting Adults' Stress Habits? American Psychological Association, February 2014

cdc.gov/mentalhealth/about_us/stigma-illness.htm

Physical Activity and Nutrition

Kuczmarski R, Ogden, CL, Guo, SS, et al. 2000 CDC growth charts for the United States: Methods and development. National Center for Health Statistics. 2002.

Reproductive and Sexual Health

WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.

cdc.gov/healthyyouth/sexualbehaviors/

ii. 10 Essential Public Health Services

Public Health is a population based approach to promote health and prevent disease in order to reduce the burden of preventable illness and injury. Public Health efforts at their best help reduce overall health costs and are essential in creating high quality of life for everyone who lives in the United States. The motto most commonly used to describe Public Health Efforts is “Prevent, Promote, and Protect.”

The 10 Essential Services of Public Health listed below can be defined as a consensus statement that defines Public Health within the context a larger health system. Public Health efforts are models of partnership: in Massachusetts the 10 Essential Services are provided to our residents through the combined efforts of local and state public health entities.

Three Core Functions of public health are carried out through the 10 Essential Services.

Assessment

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.

Policy Development

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.

Assurance

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.



iii. Tips for Better Health

Conventional 10 Tips for Better Health

1. Don't smoke. If you can, stop. If you can't, cut down.
2. Stay on a balanced diet with plenty of fruits and vegetables.
3. Make sure you stay physically active and exercise at least 3 times a week.
4. Manage stress by, for example, talking things through and taking time to slow down, or planning relaxing getaways.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Make sure you practice safer sex.
8. Don't forget regular check-ups with your family doctor and get screenings for cancer.
9. Be safe on the roads: Follow the highway code and wear your seatbelt.
10. Learn the first-aid ABC: airways, breathing, circulation.

What Your Doctor Didn't Tell You or Social Determinant Tips for Better Health

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Live near good supermarkets and affordable fresh produce stores.
3. Live in a safe leafy neighborhood with parks and green space nearby.
4. Work in a rewarding and respected job with good compensation, benefits and control over your work.
5. If you work, don't lose your job or get laid off.
6. Take family vacations and all the benefits you are entitled to.
7. Make sure you have wealthy parents.
8. Don't live in damp low-quality housing, next to a busy road or near a polluting factory.
9. Be sure to own a car if you have to rely on neglected public transportation.
10. Learn how to fill in the complex housing benefit application forms before you become homeless and destitute.



challiance.org/MCHI