

Community Health Needs Assessment



TOWN OF HOLBROOK, MA
FURBUSH, ALEXIS

Table of contents

1. Background and purpose	pg. 3
a. Community profile	pg. 3
b. Approach	pg. 3
c. Data and report limitations	pg. 4
2. Key findings	pg. 4
a. Leading causes of mortality	pg. 5
b. Diseases	pg. 9
c. Chronic diseases	pg. 10
d. Infectious/Communicable diseases	pg. 11
3. Environmental health	pg. 16
a. Air quality	pg. 16
b. Water quality	pg. 16
4. Maternal and child health	pg. 18
5. Substance use	pg. 18
6. Education	pg. 19
7. Housing	pg. 20
8. Semi-structured interviews	pg. 20
9. Recommendations	pg. 22
References	pg. 24

1. Background and purpose

Holbrook is a small suburban town in Norfolk County, Massachusetts, with an older-than-average population and limited in-town health resources. While many services are available in surrounding towns, Brockton, and Quincy, or at the county and state level, residents rely on external providers to meet health needs. This context makes a CHNA particularly significant because it helps clarify what health issues are most relevant locally, what resources are available, and where gaps linger. The purpose of this CHNA is to provide insight into Holbrook's health resource landscape, using available data and community input to guide local planning and future resource allocation.

Health concerns highlighted in this report reflect both chronic and emerging conditions that impact residents' quality of life, as well as broader social determinants such as education, housing, and substance use. Chronic disease trends, especially cardiac, pulmonary, diabetes, and dementia, remain persistent challenges. Surveillance of communicable and infectious diseases, such as COVID-19, influenza, Lyme disease, and hepatitis B, illustrates how global and regional health issues can manifest locally. Behavioral health and substance use disorder continue to affect families and the community, emphasizing the need for expanded programs to meet these local needs. These concerns highlight the importance of conducting a localized needs assessment, even in a town that often depends on county or state-level data.

Although Holbrook could independently enhance the availability of direct health programs, residents face similar burdens as those in other nearby communities. By documenting these challenges and assets, the CHNA provides a foundation for community conversations and decision-making that can strengthen prevention, expand access, and close gaps, including through intermunicipal partnerships.

a. Community profile

Holbrook's population tends to be older, a trend seen across Massachusetts but especially relevant in small towns where younger families might move away for housing or financial reasons. The town's demographic makeup means health priorities usually focus on disease management, elder care, and the need for accessible transportation and housing. At the same time, health resources, whether related to maternal and child health, behavioral health, or infectious disease, must remain adaptable to all age groups.

Despite its small size, Holbrook benefits from strong community institutions like its schools, town boards, and health department. Residents often rely on surrounding municipalities and regional healthcare systems for specialized services. The interconnectedness of Holbrook highlights the importance of partnerships across towns and local departments. This CHNA considers not only local data, but also county and state trends to provide context for health risks and opportunities.

b. Approach

This CHNA was conducted through a combination of quantitative and qualitative data collection. Primary data included access to the Massachusetts Virtual Epidemiologic Network (MAVEN), granted through collaboration with the Randolph/Holbrook Public Health Nurse

during the summer practicum. MAVEN provided case counts for most communicable and chronic conditions, though its limitation in processing large datasets hindered the analysis of pandemic data from 2020 and 2021. Death certificate data from Holbrook Town Hall provided valuable insight into mortality trends and causes of death from January 1, 2020, through June 8, 2025.

Secondary data sources included county and state-level surveillance reports, regional assessments such as the South Shore Health Needs Assessment, and federal public health resources. Where town-specific data was unavailable, using broader information helped give community context. Qualitative data were collected through semi-structured interviews with community members, which provided insights into lived experience, perceptions of health needs, and existing community resources.

c. Data and report limitations

While every effort was made to create a comprehensive assessment, this CHNA is limited by both the availability and scope of the data. Holbrook does not have age-specific health data at the town level, making it necessary to rely on county or state surveillance to approximate trends. Certain conditions, including listeriosis, measles, mpox, and mumps, were not reported locally, either because no cases were recorded or because they are not tracked at the town level. Maternal and child health data were limited to 2021-2022 in Massachusetts vital records, leaving a gap in more recent health outcomes.

It is also worth noting that this assessment was conducted by a graduate student intern in collaboration with the Holbrook Health Department. It is not intended to serve as a comprehensive report, but rather as a structured assessment developed as part of a graduate-level public health training program. As a student, my scope was shaped by available data, mentorship from the Holbrook Health Department, and the timeframe of my practicum. The timeline of available data means that some findings are not comprehensive and should be interpreted as suggestive. For these reasons, this CHNA is not a fully exhaustive study, but a structured step toward strengthening local health planning. While these limitations narrow the span of the analysis, the findings still provide meaningful insights into local health challenges, assets, and opportunities for future planning.

Due to the scope and structure of this project, the financial and budgetary aspects of the Town of Holbrook were not included in this assessment. While fiscal capacity is an important factor in how effectively a community can address health challenges, analyzing municipal budgets, taxation structures, and financial planning processes was beyond the scope of this practicum-based CHNA. However, it is important to recognize that budgetary considerations are still closely related to the findings of this report. Expanding existing programs and/or creating new ones will require financial investment and prioritization by town leadership. Future assessments could explicitly incorporate fiscal data to better align community needs with available resources and long-term planning.

2. Key findings

a. Leading causes of mortality

Data from all death certificates filed in Holbrook from 2020 to June 8, 2025, were collected with permission from Holbrook Town Hall. Certificates filed indicate individuals who died as residents of Holbrook or expired in Holbrook at another residence or at a care facility. This data helps gauge significant causes of death in Holbrook, the average age of death, and other conditions individuals were struggling with at the time of their death.

Between 2020 and mid-2025, death patterns in the community showed fluctuation in total counts and shifts in leading causes. The number of recorded deaths ranged from a high of 118 in 2023 to the lowest full year reported of 97 in 2024; the death count is lowest overall at 49 as of June 2025. Counts of full calendar years to date are presented in Chart 1.

Death Count by Year

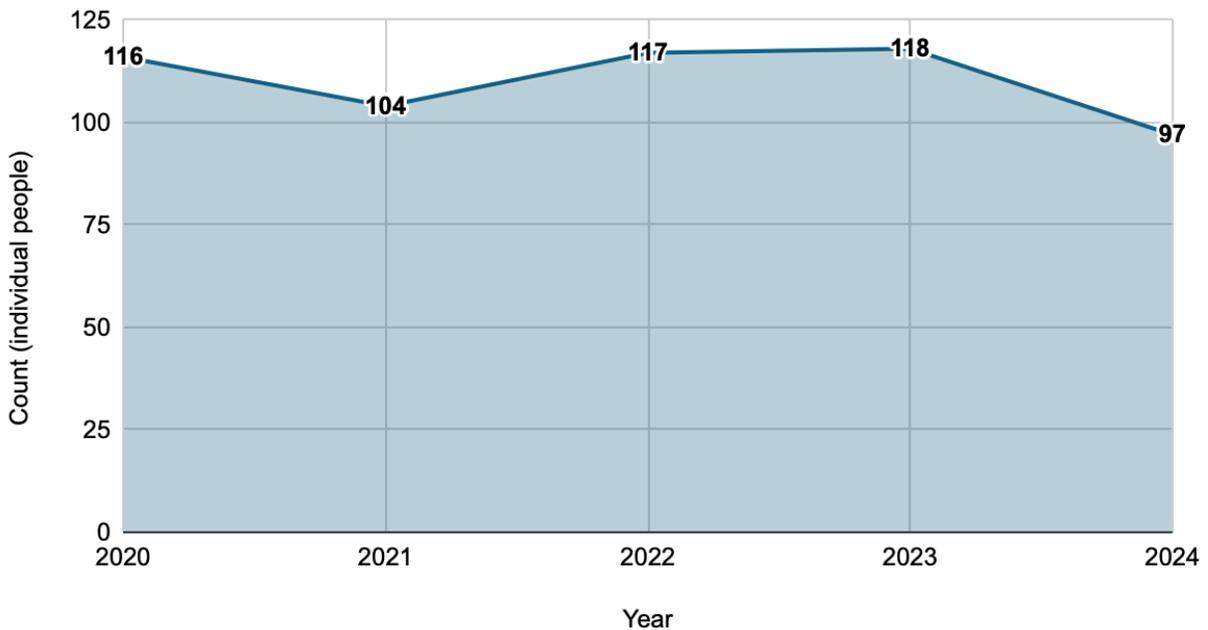
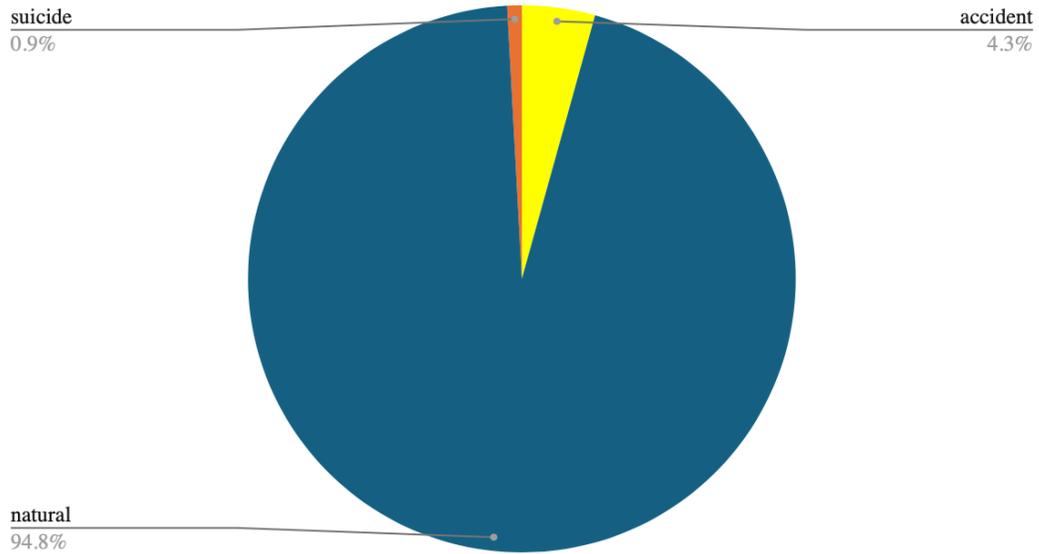


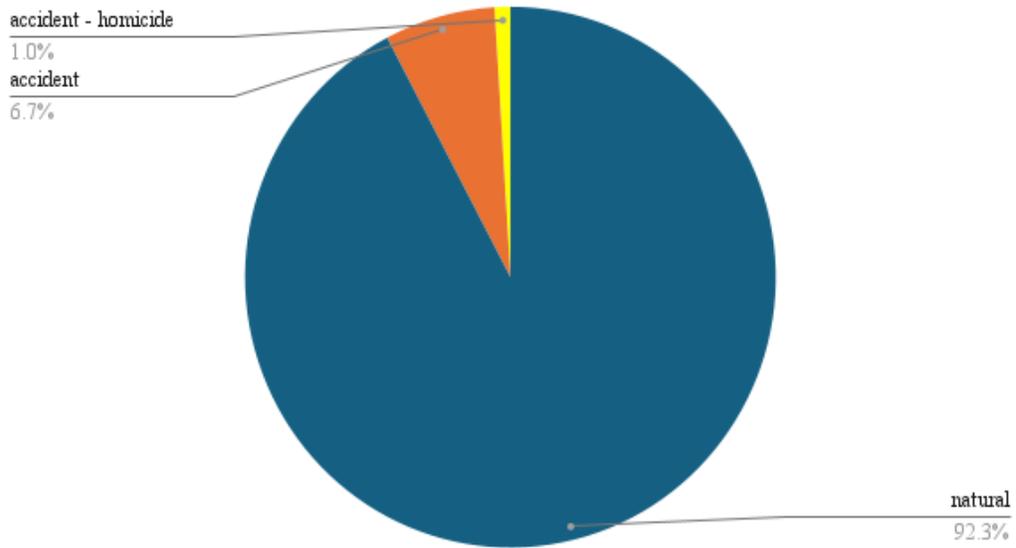
Chart 1

Deaths were categorized by accident, accident-homicide, suicide, or natural. Deaths due to crimes other than those listed on the certificate as homicide, falls, motor-vehicle accidents, or blunt-force injury are listed under accident (See Charts 2-6). Rates fluctuated slightly year to year. A graph for 2025 is not included because the most recent data, dated June 8, 2025, is not representative of the whole year.

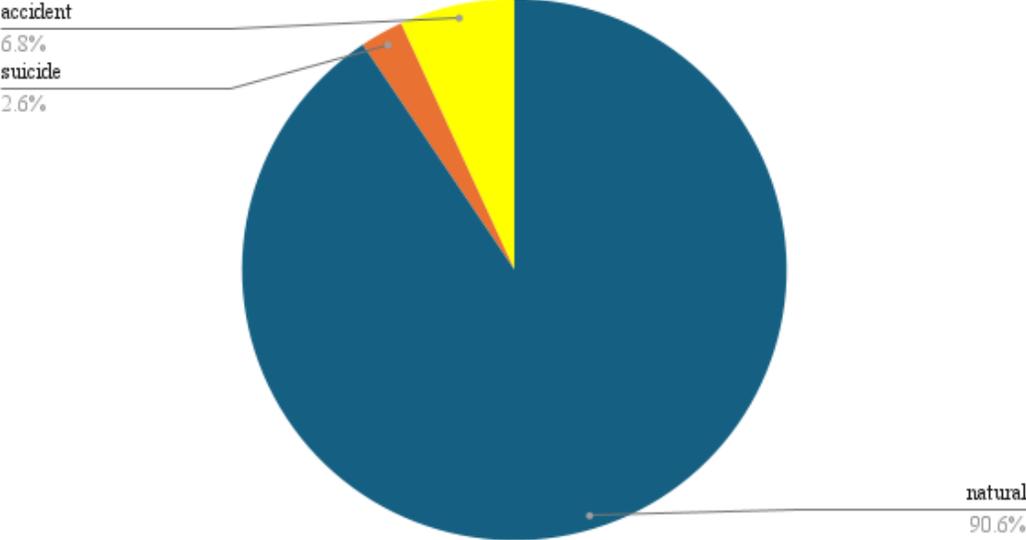
2020 Manner of death



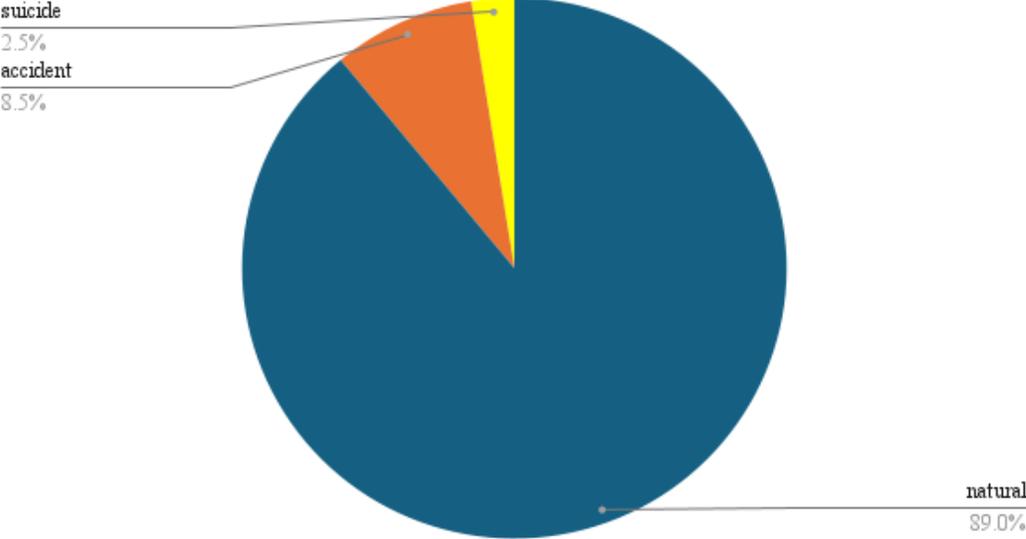
2021 Manner of death



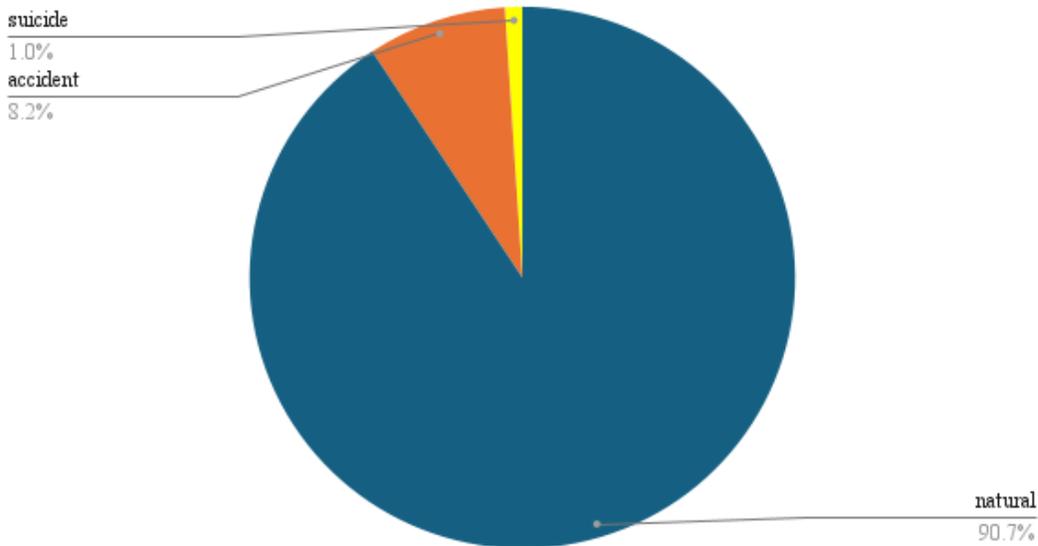
2022 Manner of death



2023 Manner of death



2024 Manner of death



Charts 2-6

While death counts by year vary, this report presents the case count by year rather than averaging them. Cardiac and pulmonary-related conditions consistently accounted for the largest share of causes across all years, with cardiac-associated deaths peaking in 2022 (78 cases) before declining in subsequent years, while pulmonary-related deaths remained relatively steady, fluctuating between 20 and 29 annually. Cardiac-associated deaths are defined here as deaths involving the heart, including heart attack, tachycardia, cardiopulmonary disease, heart disease, and heart failure. Dementia, renal disease, cancer, and respiratory illnesses also appeared regularly, although their frequencies varied. Dementia peaked in 2022 (16 cases), while respiratory-related causes reached their highest in 2023 (29 cases). COVID-19 significantly contributed to deaths in 2020 (14 cases) but sharply declined afterward, dropping to just two cases in 2024 and none in 2025 so far. Data on COVID-19 for 2020 and 2021 were only available through death certificates because the MAVEN system could not process the large data sets. Intoxication, alcoholism, and failure to thrive appeared at lower but consistent levels throughout the six-year period.

Diabetes was consistently noted in death certificates, reflecting broader concerns around health literacy, access to essential medications, and awareness of lifestyle-related risks. To contextualize its impact, the proportion of deaths involving diabetes was calculated for each year. In 2020, diabetes occurred in 8.6% of deaths, rising to its highest rate in 2021 at 12.5%. The lowest rate occurred in 2022, when only 6% of deaths referenced diabetes as of June 8. By the end of 2025, diabetes will have already been recorded in 10% of deaths, indicating a sustained presence in mortality rates.

The average age of death also varied, with the highest recorded in 2020 (76.46 years) and the lowest in 2021 (72.08 years) (See Chart 7). Across the almost six years, the community averaged roughly 74 years, though the trend indicates a gradual decline in recent years, with 2024 (72.51) and 2025 (72.40) showing lower life expectancy compared to earlier years. When comparing across time, the data suggest a brief comeback in average age in 2022 and 2023, before settling back to lows.

Average Age of Death by Year

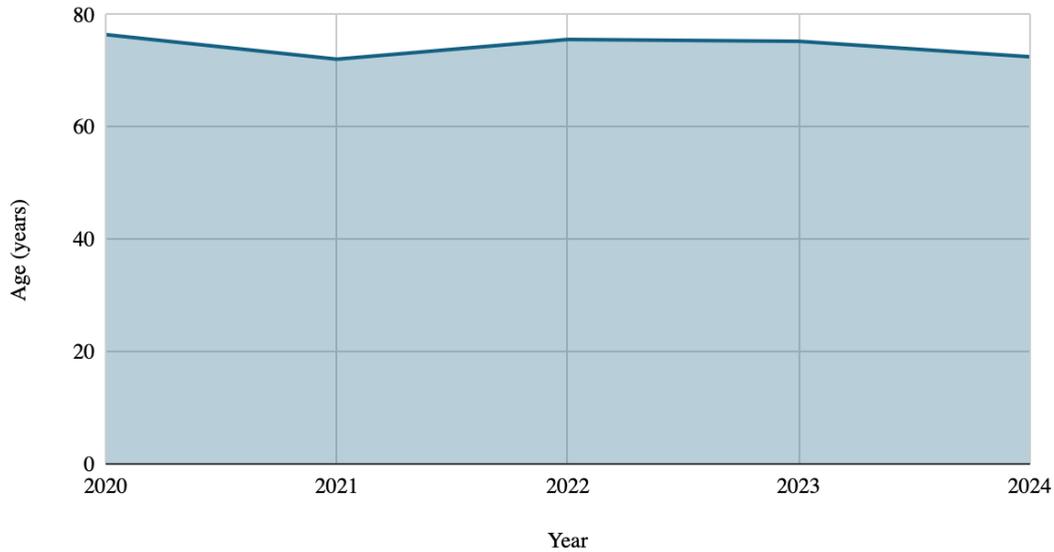


Chart 7

Interpreting together, these trends highlight an ongoing burden from chronic conditions such as heart and lung disease, a decreasing decline in COVID-related mortality, and a decline in the average age of death in recent years, which suggests the need for monitoring. These findings indicate that while impacts from infectious diseases may have lessened, chronic and preventable conditions continue to influence health outcomes in Holbrook. The consistent presence of diabetes, renal disease, and dementia underscores the importance of access to primary care physicians, preventative medicine, and effective chronic disease management. Deaths related to intoxication, alcohol use disorder, and failure to thrive are being reported at a lower rate, pointing to social and behavioral health factors that influence community planning.

The death certificate data highlight that both medical conditions and broader factors, such as health literacy, access to care, and socioeconomic status, influence health outcomes in Holbrook. This information should be seen as an opportunity for the community to enhance resources, reduce preventable deaths, increase life expectancy, and help residents achieve healthier lives.

b. Diseases

Monitoring infectious and chronic diseases is an essential part of any Community Health Needs Assessment. These conditions not only reveal immediate health risks facing a population but also highlight long-term trends that affect health equity and resource distribution. Including diseases such as COVID-19, influenza, Lyme disease, norovirus, malaria, hepatitis B, human granulocytic anaplasmosis, mpox, tuberculosis, rabies, cancer, and sexually transmitted infections (STIs) offers a complete picture of the health challenges most relevant to Holbrook.

Each of these conditions has unique implications for community well-being. Some, like COVID-19 and influenza, highlight the importance of pandemic preparedness, vaccination efforts, and seasonal preventive strategies. Others, such as Lyme disease, HGA, and rabies, emphasize how environmental and local ecological factors influence health outcomes. Travel-related diseases like malaria and emerging global threats such as mpox demonstrate the need for ongoing vigilance in an increasingly connected world. Chronic and long-term illnesses, including hepatitis B, tuberculosis, and cancer, show the persistent health burdens that require prevention, treatment, and education efforts. Sexually transmitted infections reveal gaps in access to sexual health services and expose demographic disparities that call for more targeted interventions.

Notable conditions not listed in this section include diabetes, cardiovascular disease, respiratory disease, kidney disease, or neurological disorders. Data for these diseases were not sufficiently available at the local level, and it was not deemed relevant to report county or state-level data for each. Reports of these conditions are included in the Leading Causes of Mortality through death certificate data to better reflect their relevance at the local level.

By reporting these diseases together, the Community Health Needs Assessment can identify not only where Holbrook has made progress, but also where vulnerabilities remain. This helps the Health Department and community partners develop strategies that improve prevention, support high-risk groups, and distribute resources effectively. Monitoring disease trends over time also offers early warnings of potential risks and enables the community to respond with evidence-based interventions.

c. Chronic diseases

Cancer

Death certificate data offers the most reliable local-level insight into cancer mortality and overall rates in Holbrook. In Norfolk County, age-adjusted cancer death rates per 100,000 residents notably exceed Massachusetts state averages across several cancer types; breast cancer rate is 11.7 vs. 8.6 statewide, colorectal cancer is 14.5 vs. 10.7, esophageal cancer is 5.0 vs. 4.1, kidney cancer is 3.8 vs. 2.6, lung/bronchus cancer is 40.0 vs. 30.7, and prostate cancer is 9.3 vs. 7.2.

Intervention efforts include promoting age-appropriate cancer screenings such as mammography, colonoscopy, and PSA testing for prostate cancer, and working with primary care practices to ensure follow-up testing for abnormal results. Community outreach focuses on tobacco cessation, healthy diet, physical activity, and awareness of early warning signs. For diagnosed individuals, protocols ensure timely referral to oncology specialists, coordination with

cancer treatment centers, and access to support services such as case management, navigation programs, and financial counseling.

d. Infectious/Communicable diseases

COVID

The COVID-19 pandemic significantly impacted the Holbrook community, as it did throughout Norfolk County and the state. Complete case data for 2020 and 2021 is unavailable due to limitations in the MAVEN system; confirmed case numbers from the years following highlight a substantial decline in community transmission. In 2022, Holbrook recorded 1,380 confirmed cases. This number dropped to 200 cases in 2023, followed by 118 cases in 2024, and 36 cases reported as of June 8, 2025.

These trends reflect both the natural trajectory of the pandemic and the effectiveness of ongoing public health interventions. The Holbrook Health Department continues to follow current CDC and Massachusetts Department of Public Health (MDPH) guidelines for COVID-19 prevention and treatment. Interventions include testing access, vaccination clinics, contact tracing when necessary, and public communication around symptoms, isolation, and treatment routes. Though the emergency phase of the COVID-19 pandemic has ended, trends are still monitored, particularly for high-risk populations such as older adults and those with chronic conditions.

Influenza

Influenza continues to pose a seasonal public health challenge in Holbrook, with differing case numbers each year. From 2020 to 2025, confirmed influenza cases fluctuated significantly. In 2020, Holbrook reported 55 cases, followed by a quick decline to 12 cases in 2021; likely due to COVID-19 mitigation efforts like masking, physical distancing, and limited social interactions. As these measures were relaxed, influenza cases increased to 109 in 2022, then declined to 58 in 2023 and 50 in 2024. During flu season 2024-2025, case counts have risen again to 101. We still expect to see a surge in flu cases for the remainder of 2025. These shifts highlight the importance of communicating and maintaining strong prevention strategies during peak flu season.

The Holbrook Health Department continues to promote annual flu vaccination, especially among vulnerable populations such as seniors, young children, and individuals with chronic health conditions. Public health interventions include community flu clinics, health education campaigns, and guidance on hygiene practices and symptom identification. Surveillance and community outreach are critical to reducing transmission and minimizing the burden of seasonal influenza.

Tuberculosis

Tuberculosis (TB) remains a public health concern in Massachusetts, with Norfolk County reporting 15 confirmed cases in 2020. Statewide trends show a clear upward trajectory: 151 cases in 2021, 153 in 2022, 224 in 2023, and 254 in 2024. This rise is thought to be influenced by several factors, including increased healthcare access and utilization post-pandemic, greater international travel and migration, and a reduction in respiratory precautions

that previously limited airborne disease transmission. In Holbrook in 2024, there were 13 infected or latent TB cases and one active TB case.

CDC and MDPH guidelines for TB control focus on early detection, treatment, and prevention. Routine screening is prioritized for high-risk groups such as recent immigrants from high-burden countries, unhoused individuals, individuals living with HIV, and those with prior exposure. Latent TB infection is typically treated with 3-to-4-month antibiotic regimens, while active TB disease requires longer courses of multiple antibiotics over 6-9 months.

Public health efforts emphasize prompt contact tracing, education, and surveillance to prevent further transmission. Given TB's strong association with mobility, housing instability, and other social determinants of health, continued collaboration with local clinics, shelters, and migrant health programs is essential for comprehensive prevention and care in the community.

Norovirus

Between 2020 and mid-2025, confirmed norovirus cases in Holbrook have shown slight variation: 3 cases in 2020, none in 2021, 2 cases each in 2022 and 2023, rising to 6 cases in both 2024 and 2025. This reflects wider regional patterns. Massachusetts saw 678 confirmed cases in 2022, rising to 1,252 in 2023 and continuing to rise to 2,080 in 2024 (CDC, 2025). Norovirus remains among the top causes of gastroenteritis across the Commonwealth, with cases typically peaking in winter months.

Since there is no specific antiviral treatment or vaccine, intervention focuses on preventing transmission and supporting recovery. Case management emphasizes supportive care, primarily rehydration solutions. In long-term care or other larger settings, creating a cohort of symptomatic patients, use of personal protective equipment by staff, and clear communication and surveillance protocols are implemented to limit spread. Through a combination of prevention, early detection, and infection control, the community aims to keep local transmission low and protect its most vulnerable residents.

Mpox

As of June 17, 2025, Massachusetts reported its first confirmed case of Clade I mpox, marking a significant epidemiological event in the state (CDC, 2025). To date, five mpox cases have been identified in the United States, all associated with recent travel to countries with sustained Clade I transmission. The overall risk to the public in Massachusetts and the United States remains low, with no locally acquired cases reported in Holbrook.

Mpox is caused by the monkeypox virus (MPXV), which includes two genetically distinct clades with significant epidemiological and clinical differences. Clade I (subclades Ia and Ib) is endemic in parts of Central Africa, while Clade II (subclades IIa and IIb) is historically more endemic to West Africa. Subclade Ia is often transmitted via contact with infected wild animals or through close household or caregiving contact, disproportionately affecting children under 15. Subclade Ib, more recently identified in eastern DRC, has shown transmission through intimate contact, including heterosexual spread involving sex trade workers, with global cases linked to skin-to-skin or sexual contact during travel. Subclade Ib appears to carry a lower case-fatality rate than subclade Ia.

Local health departments follow CDC and MDPH guidance for mpox surveillance, prevention, and vaccination. The JYNNEOS vaccine is available and recommended for travelers at risk of exposure, including those engaging in intimate or household contact, or healthcare providers operating in endemic regions. The vaccine may also be administered post-exposure as prophylaxis (PEP). Prevention efforts emphasize avoiding close contact with symptomatic individuals, avoiding contaminated personal items like bedding, toothbrushes, or sex toys, and avoiding wildlife products or animal contact in endemic regions, particularly with small mammals and non-human primates.

Rabies

Rabies continues to be a closely monitored zoonotic threat in Norfolk County, with data from the MDPH indicating a notable presence of the virus in local animal populations. In both 2022 and 2024, Norfolk County was among the top four counties in Massachusetts for the number of animals submitted for rabies testing. In 2022, 234 animals were tested, with 7 confirmed positive cases, a positivity rate of 3.0%. By 2024, 292 animals were submitted, and 15 tested positive, raising the rate to 5.1%. No bats or terrestrial mammals tested positive for rabies in Massachusetts during these reporting periods, suggesting limited risk of widespread wildlife transmission.

Animal control and surveillance play a key role in prevention and response, particularly in monitoring domestic pets and wildlife species known to carry the virus, such as raccoons, skunks, and foxes. All domestic animals are required to have up-to-date rabies vaccinations, and local animal control officers respond to reports of animal bites or contact with potentially infected wildlife. To prevent human cases and maintain low transmission risk, public education efforts emphasize the importance of avoiding contact with unfamiliar or wild animals, reporting animal bites immediately, and ensuring pets are vaccinated.

Lyme

Lyme disease continues to affect residents of Holbrook, although levels have declined over recent years. From 2020 through mid-2025, suspected cases reported in the community decreased significantly, from 34 in 2020 and 31 in 2021, to 19 in 2022, 17 in 2023, 8 in 2024, and only 4 cases reported so far in 2025. At the county level, tick-related encounters remain a significant burden on local healthcare; Norfolk County recorded approximately 88,342 emergency department visits for tick exposure or tick-borne illness, of which only 11 visits involved a confirmed tick-borne disease, translating to about 1.25 per 10,000 ED visits and placing the county among the top 8 in the state for tick-borne disease rate.

The Holbrook Health Department follows MDPH guidance and CDC protocols for prevention, early recognition, and treatment of Lyme disease and other tick-borne illnesses. Prevention strategies include community outreach and educational campaigns promoting outdoor safety, such as using DEET or permethrin, wearing proper clothing, conducting tick checks, and other preventative behaviors following outdoor activity. Through continued surveillance, public awareness, and clinical alertness, Holbrook aims to sustain low incidence rates and protect vulnerable populations.

Malaria

Over the period 2020-2025, Holbrook reported no confirmed local malaria cases until 2024, when one travel-associated case was identified in a resident returning from Kenya. A second case occurred in 2025, also linked to travel to Kenya. During both years, there were no instances of locally acquired or airport malaria. This pattern is consistent with the greater U.S. experience; nearly all malaria cases in the United States continue to be travel-associated, with approximately 1,300-1,500 cases annually; 94-95% of these are associated with travel from regions such as sub-Saharan Africa and parts of Asia.

Prevention efforts focus on educating travelers planning trips to endemic regions, specifically about pre-travel prophylaxis using antimalarial medications, mosquito bite prevention strategies such as the use of insect repellent, bed nets, and wearing protective clothing. When a case is diagnosed, the standard protocol involves prompt laboratory confirmation followed by appropriate antimalarial therapy. Clinical follow-up and reporting to state public health authorities are conducted in collaboration with county and state surveillance systems.

Human Granulocytic Anaplasmosis (HGA)

From 2020 through mid-2025, confirmed cases of HGA in Holbrook remained low. No cases were reported in 2020 or 2021. One confirmed case emerged in 2022, followed by no cases in 2023. Three confirmed cases occurred in 2025. This modest increase aligns with broader tick-borne disease trends in Massachusetts, where HGA incidence continues to rise across the state. Prevention methods underscore personal protective measures like those of Lyme disease: applying DEET or permethrin, wearing appropriate clothing, and daily tick checks.

Clinically, if HGA is suspected based on symptoms, treatment is recommended immediately without waiting for laboratory confirmation to prevent severe complications. Monitoring HGA is important through continued surveillance in coordination with local and state partners, educating clinicians about early diagnosis and the importance of timely antibiotic therapy, especially for older adults and immunocompromised individuals at greater risk of severe HGA.

Hepatitis B

Public health reporting focuses on hepatitis B rather than A or C because it presents the most consistent and actionable public health implications for the community. Hepatitis B can be both acute and chronic, with chronic cases leading to long-term liver damage, cancer, and ongoing risk of transmission. It is preventable through vaccination, making surveillance essential to identifying gaps in immunization and reducing community spread. Hepatitis A is generally self-limiting and occurs in isolated outbreaks, and hepatitis C is often managed at the state level due to the complexity of tracking chronic cases.

Between 2020 and mid-2025, Holbrook recorded a moderate number of hepatitis B cases with varying levels of diagnostic certainty. In 2020, there were three confirmed cases and one probable, with no suspected cases. In 2021, confirmed cases remained at three, along with three possible cases. Case counts shifted in 2022 to one confirmed and four probable cases; in 2023,

there were two confirmed and three probable. In 2024-2025, confirmed cases rose to four, probable cases were one, and, notably, suspected cases reached 52, potentially reflecting increased screening or elevated clinical suspicion in the community.

Prevention efforts prioritize vaccination, particularly for infants, adolescents, healthcare workers, and other at-risk populations, and routine prenatal screening of pregnant individuals. Treatment protocols depend on clinical status; individuals with acute hepatitis B receive monitoring and supportive care, while those with chronic infection are referred to specialized providers for antiviral therapy and liver function monitoring. Public awareness interventions emphasize the importance of vaccination, safe injection practices, and screening, especially among high-risk groups. Surveillance and outreach aim to minimize transmission, improve early detection, and reduce long-term health consequences associated with hepatitis B.

STIs

While specific STI case counts are not reportable at the town level per the Massachusetts List of Reportable Diseases, state and county trends provide essential guides for local public health responses. These infections are emphasized in Massachusetts surveillance data because they represent the most urgent and measurable STI threats to public health. Chlamydia, gonorrhea, and syphilis together account for the majority of reportable STI cases in the state and serve as markers for transmission risk, access to sexual health services, and community vulnerability. Their growth despite prevention efforts indicates gaps in education, screening, and treatment access that can be heightened at local levels.

The gender and age disparities reflected in the data below highlight the importance of targeted interventions. For example, higher chlamydia rates among females present risks for infertility and pregnancy complications, while the rise in gonorrhea among males and young adults raises concerns about antibiotic resistance and long-term disease control. Syphilis trends, especially cases with co-infection with HIV, demonstrate how STI surveillance can be crucial in revealing epidemics that require prevention and treatment strategies.

Chlamydia, among the most reported STIs, shows a higher incidence in females than males, with 2022 rates at 330.5 per 100,000 females compared to 230.8 per 100,000 males. Statewide, chlamydia cases dropped by 22% in 2020, likely due to the COVID-19 pandemic's impact on healthcare access and testing, then rose by 15% from 2020 to 2022 as routine health services resumed.

Gonorrhea incidence is higher among males (107.1 per 100,000) compared to females (42.2 per 100,000), with the highest rates occurring among young adults aged 20-24. From 2012 to 2022, statewide gonorrhea cases increased by 243%, highlighting a concerning upward trend.

Early syphilis also presents disproportionately in males (26.1 per 100,000) versus females (5.0 per 100,000), with the highest rates occurring among adults aged 25-29. Between 2012 and 2022, early syphilis cases rose by 184%, with 25%-37% of cases from 2017-2022 co-infected with HIV.

As of 2023, Massachusetts reported 24,119 people living with **HIV** (PLWH). Deaths among PLWH declined from 367 in 2022 to 307 in 2023, indicating progress in treatment and

care. Urban centers such as Boston and Brockton reported among the highest HIV infection diagnosis rates between 2021-2023 (23.7 per 100,00), reflecting regional disparities in HIV transmission and care access.

By aligning local and public health responses with state-identified trends, Holbrook can better anticipate emerging needs, address health disparities, and contribute to the broader statewide effort to reduce the burden of STIs.

3. Environmental health

a. Air quality

Air quality significantly impacts community health, especially for vulnerable groups like children, older adults, and those with respiratory or heart conditions. For Holbrook, including historical air quality data from 2020 to 2025 was essential to support this Community Health Needs Assessment. However, this information was unavailable from town officials or a reliable source tracking the data. Consequently, available data were obtained from nearby monitoring stations and regional resources.

The nearest monitoring station is in Braintree, about three miles from Holbrook, and serves as the most geographically relevant proxy for local conditions. Data from IQAir in August 2025 showed an Air Quality Index (AQI) of 61 (moderate), mainly due to fine particulate matter (PM_{2.5}) at 14.6 µg/m³, which is roughly 2.9 times above the WHO's guideline level. This indicates that while most people are unlikely to be affected, those with increased sensitivity might experience health effects. Weather Underground's Braintree station, using Copernicus data, reported a lower AQI of 22 (good), with ozone as the main pollutant, illustrating some variation across platforms due to differences in measurement methods and timing.

Although air quality in Holbrook generally matches regional averages that are within safe health standards, relying on external stations shows a limitation in local monitoring. Adding a dedicated monitor in Holbrook could yield more accurate data trends for future evaluations and more informed public health decisions.

b. Water quality

PFAS in Holbrook

Holbrook's drinking water is supplied via the Randolph-Holbrook Joint Water System, which sources from the Great Pond Reservoir. A primary concern for residents and officials has been PFAS (Per- and Polyfluoroalkyl Substances), known as "forever chemicals." These substances remain in the environment and can accumulate in the human body. Long-term exposure has been associated with liver and thyroid problems, immune system suppression, effects on infant development, and a higher risk of cancer.

The Massachusetts DEP enforces a maximum contaminant level of 20 parts per trillion (ppt) for PFAS, while the U.S. Environmental Protection Agency has traditionally maintained a higher threshold of 70 ppt. Holbrook exceeded the state standard in 2021 but has not violated it since. Still, Board of Health discussions highlight that current levels are still concerning. Local

officials support lowering the maximum contaminant level to 3 ppt, which would greatly impact compliance across municipalities in Massachusetts.

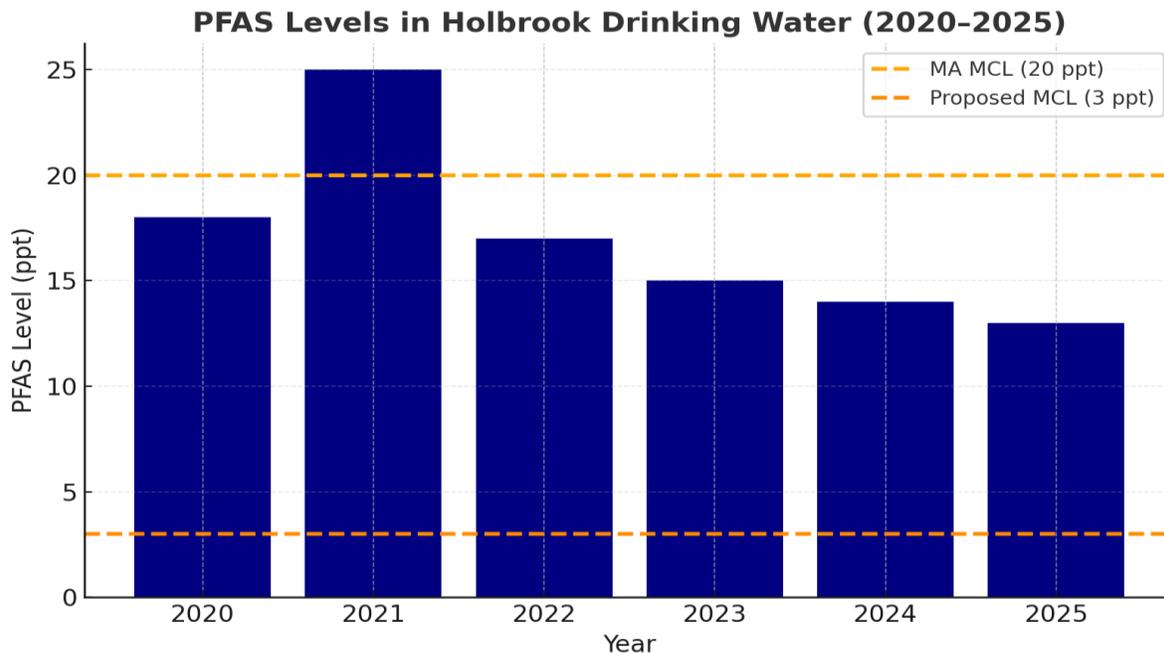


Chart 8

When Holbrook exceeded PFAS standards in 2021, the Department of Public Works and town leadership took steps to support the community. These included:

- **Fill stations and jugs:** The town spent municipal funds to purchase large water jugs and establish water fill stations to provide PFAS-free drinking water. This required a notable local investment, and town leaders are pursuing reimbursement claims to ease the burden.
- **Resident guidance:** Public health communication emphasized that boiling water does not remove PFAS; residents could use certified home filtration systems and take extra precautions for vulnerable populations (pregnant women, infants, and immunocompromised residents).
- **Board of Health:** In recognition of the community concerns, PFAS reporting has been increased from the standard five-year water quality review cycle to annual Board of Health Updates. This change provides more timely communication, strengthens accountability, and ensures residents remain informed about risks and resources.

Holbrook's Department of Public Works and regional partners are planning a new Tri-Town Water Treatment Plant to tackle PFAS contamination directly. Although construction delays have postponed the schedule, the plant is still expected to be operational by 2026. Meanwhile, Holbrook continues to update monitoring and local mitigation efforts to safeguard residents.

Public meetings have shown both concern and cautious optimism. Officials emphasized that although PFAS levels have not surpassed the Massachusetts limit since 2021, they are “still too high” compared to emerging health standards. The combination of local investment in water access, efforts to recover costs, and a commitment to long-term infrastructure highlights Holbrook’s recognition of PFAS as a serious and ongoing public health concern.

4. Maternal and child health

Maternal and child health is a vital part of public health, as healthy births and early life outcomes greatly impact lifelong well-being. In Holbrook, the most recent data from the Massachusetts Registry of Vital Records and Statistics is from 2021. That year, there were 114 total births, with nine classified as low birthweight and 17 preterm. In 2022, there were 119 births, with 10 low birthweight and eight preterm. While these data provide insight into birth outcomes, the absence of more recent statistics reveals a gap in ongoing monitoring. Significantly, Holbrook currently lacks direct maternal and child health programs or services. Though families can be referred to outside providers and nearby resources in towns like Brockton or Quincy, there are no established in-town services to support prenatal, maternal, or early childhood needs directly.

Acknowledging this gap creates an opportunity for future program growth. Holbrook could consider forming partnerships with regional hospitals, OB/GYN practices, and early intervention programs to provide accessible education, prenatal classes, and parenting workshops directly to the community. Setting up local support groups for new mothers and collaborating with health services could also enhance continuity of care during the postpartum period. Developing data-sharing initiatives with state and regional agencies would enable more timely monitoring of birth outcomes and early childhood indicators. Even small-scale, community-based maternal and child health programs would strengthen the health department’s role as an advocate for families in Holbrook.

5. Substance use

Substance use remains a current issue in Holbrook, with the Health Department and community partners working to expand prevention, treatment, and recovery resources for residents. Ongoing efforts include connecting individuals and families to regional services, supporting harm reduction strategies such as Naloxone (Narcan) distribution, and sharing information about statewide programs like the Massachusetts Overdose Prevention Helpline. Recognizing that substance use disorder (SUD) is a complex challenge, Holbrook is actively working to increase its capacity. The Health Department is creating a dedicated SUD website to centralize resources, educational materials, and pathways to make support more accessible for residents.

Holbrook also participates in an Opioid Settlement Advisory Committee, which is a committee of the Select Board established to provide guidance and support for the use of Holbrook’s Opioid Settlement Funds from drug distributors, manufacturers, and pharmacies that

contributed to the current opioid overdose crisis. The committee aims to involve the Holbrook community in the use of these funds, prevent duplication of services, and encourage practical, evidence-based uses for the settlement money. Thanks to the efforts of the Holbrook Opioid Settlement Committee, together with the Board of Health, education and access to Narcan and other harm reduction resources have significantly increased. With the Opioid Settlement Funds allocated to communities, Holbrook received the RIZE Mosaic Municipal Matching Funding grant, enabling the Opioid Settlement Committee and the Board of Health to purchase harm reduction supplies and boost community involvement. The project includes creating substance use disorder resource pages on the town website, featuring support groups, behavioral health resources, and an interactive map of Naloxone Distribution boxes throughout the town. It also involves purchasing an outreach van stocked with harm reduction supplies, wound care kits, Narcan, and educational materials for residents.

Although detailed town-level data is limited, this project assessed local impacts by examining death certificates, which record overdose and intoxication deaths among residents or within the town. These records offer insight into the scale of the problem and add to county and statewide data. Effective planning, resource distribution, and evaluating the effects of substance-related harms in Holbrook are essential for supporting the experiences of current and future residents.

6. Education

Educational attainment is a crucial social factor influencing health, and Norfolk County consistently surpasses state averages in this aspect. According to the latest South Shore Assessment, 94% of Norfolk County residents are high school graduates or higher, compared to 91.2% statewide. Additionally, 56.3% of residents hold a bachelor's degree or higher, well above the state average of 45.9%.

In the Holbrook Public School District, PK-12 enrollment remained steady from 2020 to 2025 (MassDOE). The average enrollment was 1,302 students. The district saw its lowest enrollment in 2021 and 2022, with decreases of 42 and 22 students, respectively. These drops after the pandemic could be due to parents choosing to homeschool their children or move to other districts. Enrollment in 2025 was the highest over these six years.

Beyond enrollment trends, education also plays a vital role in shaping health behaviors and outcomes. Communities with higher educational attainment are more likely to access accurate health information, make informed decisions about vaccination, and adopt preventative health practices. Improving health literacy, especially regarding disease prevention, vaccination safety and effectiveness, and navigating medical choices, empowers residents to protect themselves and others. In this way, education not only supports individual opportunity but also fosters a more resilient and healthy community overall.

7. Housing

Housing stability remains one of the most urgent and persistent public health challenges in the South Shore region, including Holbrook and broader Norfolk County. The 2024 South Shore Health (SSH) assessment highlights a severe shortage of affordable and supportive housing, especially for low- and moderate-income residents, older adults on fixed incomes, and individuals recovering from substance use disorders. While some subsidized housing exists, it is widely seen as insufficient to meet the rising demand. This shortage causes many long-term residents to leave their communities and directly contributes to premature and overall mortality rates, with Norfolk County reporting 233.2 deaths per 100,000 people.

The Holbrook Housing Authority (HHA) plays a key role in providing affordable housing in the community. It manages public housing properties like Holbrook Court, which offers about 84 units for seniors and families. HHA also oversees rental assistance programs, including the Massachusetts Rental Voucher Program and Section 8/Housing Choice Vouchers. As of 2025, HHA manages roughly 77 Housing Choice Vouchers. Additionally, the Braintree Housing Authority provides Section 8 vouchers to qualified Holbrook residents.

Residents facing housing challenges are supported through various procedures. The HHA offers resident services that provide referrals for rent, fuel, and utility assistance; help with SNAP benefits, transportation to medical appointments, and additional support for families and elderly or disabled individuals. Through these programs, along with higher-density housing areas like The Grove and Ramblewood, public housing options in Holbrook Court, and support services, Holbrook has built a strong housing system that helps residents in times of need.

8. Semi-structured interviews

To better understand local perspectives, semi-structured interviews were conducted with town officials, community leaders, and residents. These conversations offered valuable insights into the lived experiences of Holbrook residents, highlighting both community strengths and notable gaps in public health resources.

Community interviews revealed that Holbrook residents and local leaders share strong concerns about environmental conditions, mental health, and access to resources. Several participants emphasized the lasting impact of the McGuire Superfund site and ongoing PFAS contamination in drinking water. These issues pose tangible health risks and cause lasting psychological distress, as one resident noted, the Superfund “causes a lot of psychological damage” to those who experienced it. Throughout the interviews, environmental concerns consistently emerged as the most urgent issue, described as “a large issue” and the primary factor affecting community health.

Mental health emerged as another key theme, with stakeholders repeatedly pointing out the lack of accessible services in town. One participant described mental health as “the biggest struggle Holbrook residents face.” Although the Opioid Settlement Advisory Committee and the availability of Narcan boxes were seen as innovative and helpful steps, participants urged for more sustainable solutions, such as having a clinician embedded within the police department or

a community mental health worker. Substance use continues to be a challenge, often linked to stigma, but residents also stressed the need for ongoing investment in prevention, education, and intervention programs.

Communication came up as a recurring theme in most interviews, with participants expressing uncertainty about the role of the Board of Health and how to access or engage with their work. Several community members noted that, although information exists, it is not always accessible or shared clearly. As one participant explained, residents often “don’t realize what does and does not affect them” and may not know how or when to get involved. Others agreed, noting that even those directly involved in resident health are not consistently included in discussions. One participant reflected that the Board is often “more reactive than proactive” and that there is “no structure” to encourage collaboration. Another individual stated that meetings can seem disconnected from community input, with people sometimes feeling that attending “would not change the outcome.” These perspectives highlight a significant communication gap. While Holbrook has strong community assets and engaged leaders, there is a need for clearer, more inclusive channels for sharing information.

Access to essential items and transportation also intersect with these concerns. Residents described Holbrook as a “food desert,” and another issue is the limited medical options beyond a single primary care office. Many families must travel to nearby towns for medical or mental health appointments, a task made more difficult by limited bus routes and COA vans with restricted capacity and schedules. Housing, especially for the aging population, is frequently cited as a challenge. Residents shared that seniors often struggle with home maintenance, air conditioning, and safe living conditions, while rising housing costs contribute to a growing number of people who are unsheltered.

Despite these challenges, participants emphasized important community assets and opportunities. The library, schools, Council on Aging, and youth sports were praised as safe and supportive spaces that promote community engagement among all age groups. The police and fire departments were acknowledged for their rapid response and new crisis intervention training, which helps fill gaps in services. However, communication remains a major issue. Respondents offered diverse answers about how residents receive information. Many depend on Facebook, churches, or word of mouth for updates, and several noted that the town website is outdated or confusing. As one interviewee stated, “Holbrook is not exclusively English speaking... nothing the town does is in other languages”.

Expanding multilingual communication, enhancing digital access, and establishing a central community center were all viewed as ways to strengthen connections and address urgent health needs. These findings highlight the importance of aligning public health priorities with the needs identified by the community itself, ensuring that future programs and policies target the gaps most directly affecting Holbrook residents.

9. Recommendations

The findings of this Community Health Needs Assessment show that while Holbrook benefits from dedicated leadership and regional partnerships, it also has a powerful sense of community that interview participants noted as one of its most special qualities, and this was easily observed during the project. Town officials and residents alike strive to serve Holbrook residents in the best ways possible and bring services to meet people where they are.

The town faces significant challenges related to chronic disease, environmental health, mental health access, and social factors like housing and transportation. Addressing these issues will require both local initiatives and collaboration with regional and state-level partners. By emphasizing prevention, communication, and resident input, town officials can strengthen Holbrook's already resilient community. The following recommendations are based on the findings of this assessment and can serve as next steps for town planning.

1. Strengthen environmental health monitoring

The town should consider establishing or advocating for a dedicated air quality monitor within Holbrook to reduce reliance on neighboring towns. To alleviate concerns about water quality, continue annual PFAS updates through the Board of Health and prioritize full involvement in the Tri-Town Water Treatment Plant project, clearly communicating this to residents. Increasing communication is essential to ensure residents are aware of the protective measures the town is taking against environmental risks, particularly for vulnerable groups such as children, older adults, and individuals with chronic conditions.

2. Expand mental health and substance use resources

Exploring sustainable options for integrating a clinician or mental health professional into the police department or other local structures could enhance access to crisis services. The work with crisis intervention training at the Police Department is valuable, building on the progress of the Opioid Settlement Advisory Committee; they can advance this by increasing harm reduction outreach, including through the planned outreach van and expanded Naloxone distribution. Additionally, developing the ongoing substance use disorder website into a comprehensive, user-friendly platform with resources, prevention information, and multilingual access is essential. Access to information is critical because even if residents aren't seeking help for themselves, a family member or friend might need support.

3. Enhance maternal and child health services

Partnering with regional hospitals, OB/GYN practices, and early childhood programs can provide prenatal and parenting classes, support groups, and early intervention services directly to Holbrook. The town could establish a data-sharing agreement with state agencies to ensure more timely reporting on birth outcomes and early childhood indicators for Holbrook residents, enabling proactive program development.

4. Improve public health communication and health literacy

Modernizing the town website and adding multilingual materials can ensure that both English-speaking and non-English-speaking residents can access timely updates. Holbrook could also consider partnering with community institutions, like the school and the library, to serve as reliable channels for distributing accurate and current public health information. By promoting health literacy campaigns focused on chronic disease management, vaccination, and preventive behaviors, Holbrook can help reduce the long-term disease burden.

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