



2012 Community Health Needs Assessment
EXECUTIVE SUMMARY

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Introduction

Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts are two of the North Shore's leading health care facilities and are dedicated to meeting the healthcare needs of those living in North Shore and Cape Ann communities. The hospitals are part of Lahey Health System, Inc. (LHS), a vertically and horizontally integrated network of hospitals, long-term care facilities, assisted living facilities, health and social service agencies, and community-based primary care and specialty care. LHS is recognized for the care and services it provides to residents throughout the North Shore and Cape Ann area and is committed to ensuring that a full continuum of high-quality, coordinated health and human services are available to those who live in its primary and secondary service areas. The hospitals, in close partnership with its affiliates, other health-related service organizations, and the community at-large, strive to develop programs and services that address community need and improve the area's overall health status.

To support this commitment, LHS hired John Snow, Inc. (JSI), a nationally recognized public health consulting firm to conduct a comprehensive community health needs assessment for the communities on the North Shore / Cape Ann and particularly those that are part of Addison Gilbert and Beverly hospital's primary service area. The overall goals of the assessment were to identify the major health care needs, service gaps, barriers to access, and health priorities for those living in the region. As part of the assessment, JSI compiled quantitative and qualitative information from a broad array of sources, which will be discussed in more detail below. By informing and motivating the communities involved in the assessment, LHS is eager to build collaborative relationships, leverage existing community resources, and encourage community dialogue. Ultimately, the purpose of the assessment was to facilitate the development of short and long-term strategic plans to guide the health investments for the North Shore and Cape Ann communities.

I. Assessment Approach and Specific Methods

A broad range of quantitative data was compiled for all of the cities and towns that are part of Addison Gilbert and Beverly hospital's primary service area. An additional, more targeted set of data was also collected for a subset of key cities/towns, including those that are part of Cape Ann in the northeast portion of Essex County. The cities and towns that were part of this more targeted analysis were Gloucester, Essex, Hamilton, Ipswich, Manchester, Rockport, and Wenham. Comparison data was also compiled for Essex County, the Commonwealth of Massachusetts, and the nation, whenever possible.

The assessment initiative was conducted in two distinct phases. In **Phase I** the JSI Project Team conducted a preliminary needs assessment that relied heavily on secondary health-related data drawn from the Massachusetts Department of Health's, Massachusetts Community Health Information Profile (MassCHIP) system as well as other national, state and local sources. These data allowed the Project Team to assess health status, explore hospital emergency department and inpatient trends, and identify the leading health issues and barriers to care, as well as identify

segments of the population that were most at-risk. More specifically, this preliminary assessment compiled data related to:

- Demographic and socio-economic characteristics (e.g., age, gender, race/ethnicity, language, ancestry, and income)
- Social determinants of health (e.g., education, crime, housing, employment, and child abuse/neglect)
- Health status and morbidity/mortality (e.g., chronic disease, cancer, mental health, substance abuse/addiction, infectious disease, oral health, and maternal and child health)
- Access to care and service utilization (e.g., insurance status, primary care/specialty care engagement use, and hospital emergency department and inpatient use)

In **Phase I** the Project Team also conducted more than 50 interviews with hospital and community-based health and social service providers as well as other key community stakeholders. Interviews were held with city/town health officials, health/social service providers, advocacy organizations, elected officials, school administrators/staff, and other community members. The purpose was to identify issues and concerns about specific health needs and priorities in various communities and to share information about the assessment process. Ongoing and potential collaborative efforts within communities and with the hospitals, and potential partners for future collaboration, were identified for later strategic planning efforts. These interviews helped to refine topics for data collection and analysis and set the stage for the development of a comprehensive community survey.

Phase II consisted of primary data collection through the distribution of a community survey conducted through the mail to randomly selected residents in the targeted communities. The purpose of the mail survey was to capture detailed information from the population at-large as well as from hidden, hard-to-reach populations that might not be well-represented in community interviews. The 20-page survey drew on validated questions from existing health surveys, including those developed by the federal Center for Disease Control and Prevention. This helped to ensure that the resulting survey data was valid, reliable, and comparable to other databases. Topics addressed in the survey included:

- Access and barriers to care
- Health behaviors and lifestyle
- Chronic disease and prevention
- Self-reported health status
- Disabilities and care giving
- Elder health
- Perceived health concerns and community priorities

Approximately 2,300 surveys were distributed and 1,179 were returned, representing a response rate of roughly 50%, for the overall survey sample. Final data reports were weighted to correct for higher rates of response from older and female residents.

At the culmination of Phase II, the JSI Project Team and the project's Steering Committee conducted integrated analysis, facilitated hospital and community-based strategic planning, and developed a series of reports for the hospital administration community benefits committee, community-based providers, and the community at-large.

II. Key findings

Overall JSI's review of the data compiled for the assessment revealed that those living in the North Shore and Cape Ann region of Massachusetts are healthier than and have better access to health care and social services than those living in Essex County overall, the Commonwealth of Massachusetts, and the nation. Upon reviewing the leading health care indicators related to access and morbidity/mortality the residents from the cities and towns in the region were more likely to receive the services they needed and had lower rates of disease, hospitalization, and death than the County, State, and nation. Despite, this overall assessment, there are clear disparities in access and in health outcomes for certain segments of the population, particularly older adults and those in lower income brackets who live in households earning less than 200% of the federal poverty level (FPL).

Below is a review of key findings from the secondary data review and community survey. The findings and data laid out in this section are derived from our integrated analysis of all the data that was compiled during the assessment. The findings are broken up into seven (7) categories:

- Access to Care
- Chronic Disease
- Health Risk Factors
- Mental Health
- Substance Abuse
- Oral Health
- Maternal and Child Health

Access to Care

With the passage of the Massachusetts Health Care Insurance Reform Law in 2006, Massachusetts became the first state in the nation to adopt measures that would lead to nearly universal health insurance. As a result, almost everyone in the State has comprehensive health insurance. The North Shore area also has a comprehensive array of health and social service organizations that are able to provide nearly all of the enabling, supportive, preventive, acute, chronic disease management, specialty care, hospital-based, and other community-based services they need.

The most significant issues with respect to access to care were related to dental services, particularly for adults and mental health and substance abuse services for low income and middle income brackets. In addition, a significant proportion of the population in the region struggled to access prescription drugs, due primarily to the cost of co-pays and deductibles. Access to care was also affected by transportation and cost barriers, which were by far the two most significant barriers to care for those in the region. These issues have a particularly strong impact on low income and older adult populations who are most likely to be isolated and struggle to make ends meet financially.

- **Health Insurance Status:** Health insurance rates in the region were high and comparable to State rates (*Health Insurance: Overall Survey Sample - 95%, State - 96%*)
- **Usual Source of Care:** Nearly everyone had access to primary care provider or doctor (*Regular PCP or Doctor: Overall Survey Sample - 96%, State - 91%*)

- **Dental Insurance:** Significant proportions of the population in the region lack dental insurance
(Dental Insurance: Overall Survey Sample - 40%, Low income – 58%)
- **No Dental Care:** Significant proportions of the population in the region had no dental care in the past 12 months
(No Dental Care in Past Year: Overall Survey Sample – 27%, Low Income - 45%, State - 19%)
- **No Prescription Drugs:** Significant proportions of the population in the region were unable to obtain prescription drugs due to cost
(No Prescription Drug: Overall Survey Sample - 12%, Low Income – 23%)

Chronic Disease

Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society.

The regional prevalence, hospitalization, and death rates for chronic diseases are comparable to the rates at the State in almost all cases but there are some important exceptions, particularly with respect to diabetes and hypertension. There is also some indication that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. As evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions.

- **Diabetes:** Relative to the State, residents of the North Shore and Cape Ann region are more likely to have diabetes, particularly those in low income categories
(Overall Survey Sample - 13%, Low income 15%, State - 7%)
- **Heart Disease and Stroke:** Heart disease and stroke are the leading causes of death in the region but rates in the region are comparable or lower than rates for the State
(Heart Disease Death Rate per 100,000: Essex County - 221, State - 222)
(Stroke Death Rate per 100,000 : Essex County - 37, State - 37)
- **Hypertension:** Regionally, the proportion of the population with hypertension is slightly higher than the State but there are segments of the population, including the low income population, that have much higher rates than region and State
(Overall Survey Sample - 27%, Low Income - 30%, State - 26%)
- **Respiratory Disease:** Regionally the proportion of the population with asthma and the death rates for chronic lower respiratory disease and pneumonia are comparable to the State.
(Asthma Prevalence in Adults: Overall Survey Sample - 13%, State - 15%)
(Chronic Lower Respiratory Disease Death Rate per 100,000: Essex County - 34, State - 34)
(Pneumonia Death Rate per 100,000: Essex County - 20, State - 22)
- **Cancer:** Hospitalization and death rate for cancer (all-types) is comparable or lower than the state rate for all cities/towns in the region but there are a number of notable exceptions

where certain cities/towns have higher rates for certain cancers.
(*Cancer Death rate per 100,000 - all-types: Essex County 182, State - 183*)

- **Cancer Screening:** Regionally, the proportion of the female population who has had a recent mammogram and a recent pap test is comparable or higher than the State.
(*Recent Mammogram: Overall Survey Sample - 82%, Low Income - 74%, State - 80%*)
(*Recent Pap Test: Overall Survey Sample - 87%, Low Income - 83%, State - 87%*)

Healthy Behaviors and Risk Factors

There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, physical exercise, poor nutrition, and smoking. These factors can lead to variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state-level, as well as at regional level. Conversely healthy habits and behaviors with respect to nutrition and physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries, and other conditions.

- **Overweight/Obesity:** The prevalence of obesity and overweight (according to Body Mass Index) for the region was comparable to state but nonetheless extremely high with approximately 50% of the population reporting as either overweight or obese. Obesity/overweight was perceived to be the #1 or #2 most significant health problem across all of the groups in the survey.
- **Lack of Physical Exercise:** The proportion of residents throughout the region reporting no physical exercise was comparable to the State but, once again, was very high, especially among lower income populations.
(*No Physical Exercise: Overall Survey Sample – 19%, Low Income - 34%, State - 21%*)
- **Tobacco Use:** Regionally, the proportion of the population who currently smokes cigarettes is comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations the proportion of cigarette smokers was higher. (*Current Smokers: Overall Survey Sample - 11%, Low Income - 19%, State - 14%*)

Mental Health

Depression, anxiety and stress are major health issues throughout the nation and place significant burdens on individuals, families and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing health care expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays. Numerous data elements from the survey and the state quantitative morbidity and mortality data highlight the burden that it places on the region, especially among low income populations.

- **Poor Mental Health:** Regionally, the proportion of survey respondents who reported being in poor mental health more than 15 days in a given month was comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations the proportion of people reporting this level of

illness was higher. *(Poor Mental Health > 15/month: Overall Survey Sample - 9%, Low Income - 18%, State - 9%)*

- **Depression and Anxiety:** The proportion of people in the overall survey sample who reported being sad/blue more than 15 days in a given month was significantly smaller than the proportion of those who reported this level of illness in low income brackets. Similarly, the proportion of people in the Overall Survey Sample who reported being tense or anxious more than 15 days in a given month was also smaller than the proportion of people who reported this level of illness in the low income population.
(Sad/Blue > 15/month: Overall Survey Sample - 8%, Low Income - 18%)
(Tense/Anxious > 15/month: Overall Survey Sample - 12%, Low Income - 26%)

Substance Abuse

Like mental health, substance abuse is evident across all income and geographic groups and causes significant burdens and loss of productivity upon individuals, families and communities. Substance abuse increases health care expenditures as well as community expenditures on law enforcement and incarceration. The extent to which many segments of the region's population abuse alcohol and prescription drugs was one of the more dramatic findings in the assessment. Regionally, those who responded to our survey were much more likely to report as "heavy" alcohol drinkers (more than seven drinks a week for women and more than 14 drinks a week for men) or binge drinkers (more than four drinks at any one sitting for women and more than five drinks at any one sitting for men) than those in the state overall. Regionally, high proportions of the population also abused prescription drugs.

- **Heavy and Binge Drinking:** The proportion of survey respondents who reported as heavy drinkers was significantly higher than the proportions for the state, particularly in the more affluent areas of the region.
(Heavy Drinking: Overall Survey Sample - 12%, Low Income - 10%, State - 6%)
(Binge Drinking: Overall Survey Sample - 27%, Low Income - 21%, State - 17%)
- **Prescription Drug Abuse:** A large proportion of people who responded to the survey reported abusing prescription drugs, particularly in the low income brackets.
(Prescription Drug Abuse: Overall Survey Sample - 9%, Low Income - 16%)

Oral Health

Good oral health is important for good nutrition, overall general health and even mental health as related to self-esteem and sense of well-being. Proven preventive measures include good personal dental hygiene and regular dental care including recommended interventions such as cleaning and placement of sealants. Many respondents lacked dental insurance in the region and were in the majority in some communities and sub-groups. Lack of insurance and/or high deductibles/co-pays lead to lack of dental care for both prevention and treatment of decay and other problems.

- **Dental Insurance:** Except for the most affluent communities in the region, almost half of the respondents from the cities/towns that were included in the community survey lacked dental insurance. *(No Dental Insurance: Overall Survey Sample - 40%, Low Income - 58%)*
- **No Dental Care:** Regionally, higher proportions of those survey reported not having any dental care within the last 12 months compared to the State.

(No Dental Care in Past Year: Overall Survey Sample – 27%, Low Income - 45%, State - 19%)

Maternal-child health

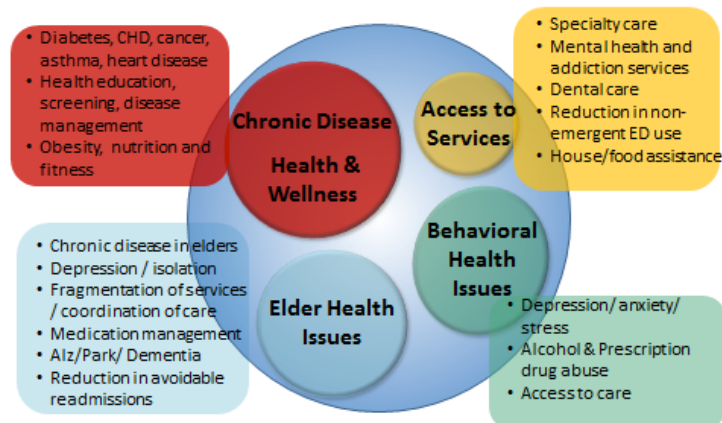
The health and well-being of pregnant women and children is always a priority. The region has strong levels for almost all of the indicators for maternal-child health, with better rates than both the county and the state. These strengths are reflections of, among other things, adequate access to care, good nutrition and generally lower rates of smoking.

- **Maternal and Child Health:** Regionally, the rates for late prenatal care, infant mortality, teen pregnancy and low birth weight are better than the rates for the State

III. Strategic Planning and Community Health Priorities

As stated above, at the culmination of Phase II when all of the assessment data had been compiled, the JSI Project Team and the project's Steering Committee conducted an integrated analysis and facilitated a series of hospital and community-based strategic planning sessions. These sessions allowed the overall project team to identify a series of strategic, community health priorities that would guide the efforts of LHS, the hospital administration's Community Benefits Committee, other community-based providers, and the community at-large as they work to improve the region's health status and address the major health issues identified by the assessment. The follow are the priorities that were identified by the project's Steering Committee and the project's various strategic planning efforts.

Community Health Priorities



IV. Conclusions and Ongoing Planning and Program Development Activities

Lahey Health System, Inc. and the staff at Addison Gilbert and Beverly hospitals are committed to developing hospital services and other community-based programs that are tailored to meet the needs of the communities they serve. Both of LHS' hospitals have a recognized track record of working collaboratively with community partners to develop programs and services that are providing health education, expanding access to service, addressing barriers to care, and

improving overall health status. We are proud of this record and look forward to using the findings from this assessment to refine our current services and develop new community programs and partnerships. Community health workgroups that correspond to the health priorities identified by the assessment have already been convened and these workgroups are in the process of developing detailed strategic plans. The staff at Addison Gilbert and Beverly hospitals looks forward to working with all of the area's health and social service providers and the community at-large as to improve the overall health status of the North Shore and Cape Ann communities.