



South Shore Hospital
2013 Community Health Needs Assessment
An assessment of the community health needs of the South Shore region of Massachusetts
conducted by South Shore Hospital.

APPENDIX A: Consolidated Community Health Needs Assessment from Regional
Community Health Network Areas

Executive Summary

South Shore Hospital in Weymouth, MA serves towns and cities in three Community Health Network Areas (CHNAs) – Blue Hills, Greater Brockton, and Greater Plymouth. From 2010-2011 each CHNA produced a community health needs assessment using surveys conducted by national, state and local organizations as well as key informant interviews with residents in the communities. While each report has its own methodology and uses slightly different data, each aims to describe how the demographic, social, physical and economic environment impact the health and well being of the residents.

Overall, the South Shore area is healthy compared to the state and the country. However, there are pockets within each area where disparities exist between towns, socio-economic groups, racial/ethnic groups and age groups.

The health and well being of a person and the community is impacted by the their social and physical environment. Healthy People 2020, an initiative of the Department of Health and Human Services, identified five key social and physical determinants of health: Economic Stability, Education, Neighborhood and the Built Environment, Health and Health Care, and the Social and Community Context. The following three sections highlight key topics identified for each Community Health Network Area as they relate to the determinants of health, demographics, health behaviors and health status.

CHNA 20 – Blue Hills

Towns served: Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, Sharon, Weymouth.

Demographics: While close to 90% of the population of the entire Blue Hills CHNA is White, certain towns have a higher proportion of minorities – Randolph (approx. 30% Black), Quincy (approx. 15% Asian), and Milton (15% Hispanic).

Economic Stability: The percent of families living below the federal poverty level (\$23,350 for a family of four in 2013) varied from 9% in Quincy to 1% in Cohasset. As of March 2013, only Hingham had a higher unemployment rate (6.9%) than the state (6.8%). Overall, seven out of ten of adults (over 18) make over \$50,000 a year. National guidelines suggest that households should not spend more than 30% of their income on their rent or mortgage. The towns where the highest percentage of renters paid more than 30% of their income on rent are Norwell, Sharon and Hull and for owners its Scituate, Randolph and Hull.

Health and Health Care (Access): The major barriers to access to care in the Blue Hills area were lack of public transportation, language barriers, especially among the elderly, and high copayments. Despite almost universal health insurance coverage, high copayments, lack of

specialists and dentists accepting MassHealth, and difficulty with understanding how to navigate the system prevent residents from accessing medical and preventative services.

Health Behaviors: Alcohol and drug related hospitalization discharges were higher the entire Blue Hills CHNA (approx. 500 per 100,000 residents) compared to the state (approx. 350 per 100,000 residents). The towns with the highest rates were Weymouth, Quincy and Norwood.

Chronic Diseases: Overall, the diabetes mortality rate (15.2 per 100,00 residents) was approximately the same as the state; the rate was significantly higher for Non-Hispanic Blacks (50.9 per 100,000) and Hispanics (46.4 per 100,000). There was an economic disparity related to heart disease – only 4% for adults making over \$50,000 had heart disease compared to 10% of adults making less than \$50,000.

Mental Illness: The hospitalizations rate for mental illness was highest for residents from Hull, Quincy and Weymouth (all over 2,000 per 100,000 residents). Cohasset, Hull and Scituate had the highest suicide rates for Blue Hills.

CHNA 22 – Greater Brockton

Towns Served: Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Stoughton, West Bridgewater, Whitman.

Demographics: The Greater Brockton CHNA is the most racially/ethnically diverse of all three CHNAs in the region -16.2 percent of the population are minorities. Six out of ten residents have a high school diploma or less and four out of ten make less than \$50,000 a year.

Economic Stability: As of March 2013, Brockton had the highest unemployment rate (8.6%) and Easton had the lowest (5.3%). In April 2010, Brockton had the most distressed homes in the state – homes that are in foreclosure or homes where the owner owes more than the house is worth.

Neighborhood and Built Environment: Not including the city of Brockton, the murder rate in the Greater Brockton CHNA (.74 per 100,000 residents) was significantly less than the state (2.8 per 100,000). No towns had water fluoridation and residents complain about unsafe parks for children to play in. Residents also had difficulties accessing healthy foods due to cost and low quality of available fruits and vegetables.

Health Behaviors: Towns outside of the city of Brockton had a higher rate of alcohol and drug related hospital discharges than the state. The towns with the highest rate of alcohol and drug related hospital discharges among young adults (20-24) are: Avon, Whitman, Holbrook, Stoughton, East Bridgewater, Brockton and Abington. Only two out of every ten adults eats five servings of fruits and vegetables a day

Chronic Diseases: While the ER rates for the Greater Brockton CHNA (approx. 350 per 100,000 residents) was better than the state (approx. 600 per 100,000), the ER rate was significantly higher for non-Hispanic Black and Hispanics compared to Whites.

CHNA 23 – Greater Plymouth (also known as “South Shore Community Partners in Prevention”)

Towns Served: Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton, Rockland.

Demographics: The population of Greater Plymouth CHNA is almost entirely non-Hispanic White (approx. 95%). College graduation rates vary significantly between towns. In Duxbury about seven out of ten residents (25+) have a college degree; only about three out of ten residents in Carver have a college degree.

Economic Stability: Approximately one in ten residents live in a household below 200% of the Federal Poverty Level (\$47,100 for a family of 4 in 2013). The March 2013 unemployment rate was highest in Carver (7.5%) and lowest in Pembroke (6.4%).

Neighborhood and Built Environment: The ER discharge rate for assault related injuries for the Greater Plymouth CHNA was the same as the state. However, the ER discharge rate for assault related injuries was higher for non-Hispanic Blacks and Hispanics than Whites. Duxbury and Pembroke are the only towns with water fluoridation. Access to healthy food was a major concern for residents – with limited public transportation it can be difficult to reach supermarkets and high prices of fruits and vegetables prevent many families from purchasing healthy food.

Health Behaviors: One in six people are overweight or obese. Drug, alcohol and marijuana use among Plymouth teenagers is significantly higher than the national average. The towns of Carver, Halifax, Hanson, Kingston, Marshfield, Plymouth and Rockland all have smoking rates higher than the state (16.1%).

Maternal and Child Health: Nine out of ten women received adequate prenatal care. However, only about 75% of teenagers (15-19) received adequate prenatal care.