

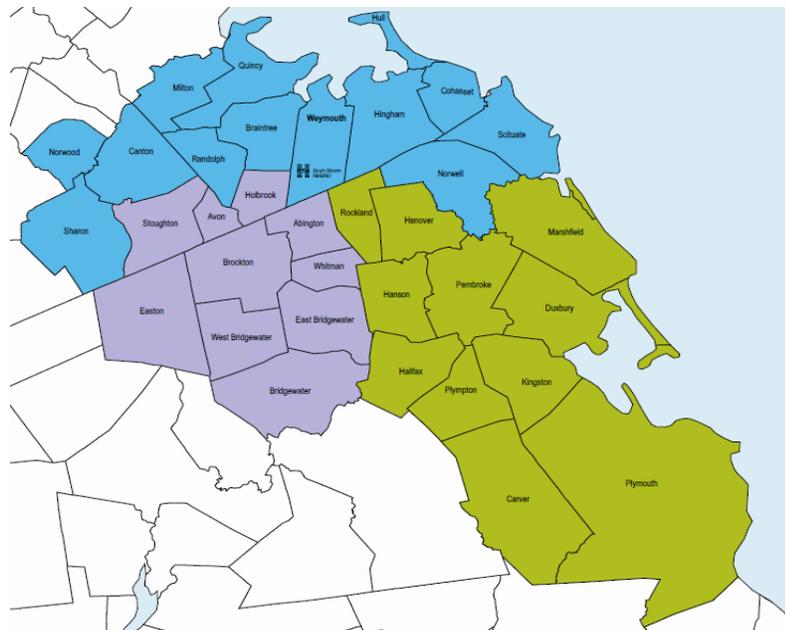


South Shore Hospital 2013 Community Health Needs Assessment

*An assessment of the community health needs of the South Shore region of Massachusetts
conducted by South Shore Hospital.*

Description of Community Served by South Shore Hospital

South Shore Hospital is the leading regional provider of acute, outpatient, home health, and hospice care to the approximately 700,000 residents in its primary and secondary service areas in southeastern Massachusetts. The Hospital is located at 55 Fogg Road in Weymouth, MA and operates several outpatient facilities in other parts of Weymouth and in Hingham. The Hospital generally considers its service area to cover 26 communities spanning from Quincy in the north, Plymouth to the south, the Route 24 corridor to the west, and the Atlantic Ocean to the east. The chart below illustrates the region served by South Shore Hospital.



Overall, the communities in the region have a racial composition of approximately 88% White, 5% African-American, 4% Hispanic, and 3% Asian. However, there are areas with significant minority concentrations, such as the African-American population in the Greater Brockton area and a higher concentration of Asians in the northern portion in and around the city of Quincy. Most of the communities in the region are at or below the average state unemployment rate of 6.8%, with particular areas such as Brockton (8.6%), Plymouth and Carver (7.5%), and East Bridgewater (7.3%) that have higher unemployment. The population is growing very slowly – at approximately 1% per decade – and aging, with the number of people over age 45 estimated to grow 8% in the decade from 2010-2013.

Who Was Involved in the Assessment

South Shore Hospital's health needs assessment is an ongoing and collaborative process involving input, expertise, and data from people and organizations throughout our region. Participants and sources come from Hospital staff, public health organizations, government, and our patients. These sources include:

- ❑ South Shore Hospital Board of Directors and Patient and Family Advisory Council
- ❑ South Shore Hospital clinical staff and program area managers tracking the experiences of our patients
- ❑ The Blue Hills Community Health Alliance
- ❑ The Greater Brockton Community Health Network Area
- ❑ South Shore Community Partners in Prevention
- ❑ The Town of Weymouth
- ❑ Department of Public Health's Massachusetts Community Health Information Profile (MassCHIP)
- ❑ American Hospital Association
- ❑ Massachusetts Hospital Association
- ❑ Massachusetts Health Data Consortium
- ❑ Federal Centers For Disease Control
- ❑ Trust For America's Health
- ❑ Kaiser Family Foundation
- ❑ Truven Health Analytics
- ❑ Healthy Communities Institute, a third-party private firm that provides data research and decision support analysis intended to improve the health and sustainability of communities

How the Assessment Was Conducted

The 2013 community health needs assessment is a cumulative product formed by two major components:

- 1) A product compiled by The Healthy Communities Institute (HCI) of Berkeley, California, and
- 2) An ongoing compilation of data gathered throughout the year from various community and national sources along with recurring discussions among the program leaders across South Shore Hospital leading to conclusions on priority areas for action within the Community Benefits Program.

The 2013 South Shore Hospital community health assessment analyzed data across our region with a particular focus on the factors identified by Healthy People 2020, an initiative of the Department of Health and Human Services, as the 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. HCI constructed the assessment based on their expertise in these health determinants utilizing data compiled from the community health needs assessments performed by the three regional Community Health Network Areas (CHNAs) with which South Shore Hospital actively participates – the Blue Hills Community Health Alliance (CHNA 20), the Greater Brockton Community Health Network Area (CHNA 22) and South Shore Community Partners in Prevention (CHNA 23). As South Shore Hospital is a core funder of the regional CHNA network – including \$335,000 in FY2013 – and we regularly seek to collaborate with these organizations in order to maximize the benefit of programs, the issues highlighted in the CHNA assessments served as a key informant in our own assessment and in Community Benefit program development. The remainder of our assessment process is an ongoing accumulation and collective review of the data sources listed above, culminating in a series of discussions and meetings among colleagues, program leaders, Hospital administrative leaders, and approved by our Board of Directors.

A copy of the assessment is available to any interested individuals by visiting, www.southshorehospital.org/community-health-assessments, or by calling Alan Macdonald at (781) 624-8564.

Types of Indicators and Measures Collected:

- Demographic:
 - While nearly 90% of the region is White, there are pockets with strong minority population such as Brockton and Randolph, where more than 30% are African-American, or Quincy, with a 15% Asian population.
 - Six out of ten residents in the Greater Brockton area have a high school diploma or less.
 - The regional population is aging. Population growth is coming from those over age 45. The number of people below age 45 is decreasing.

❑ Economic Stability:

- Unemployment and poverty levels vary widely across the region – with towns such as Duxbury and Cohasset at near full employment and Greater Brockton at 8.6% unemployment. 13.5% of the Greater Plymouth area lives below the federal poverty level.
- Brockton has the highest level of “distressed” homes in the state. Rockland has the second most homes in the state with negative equity.
- Seven out of ten families in the northern portion of the region have incomes above \$50,000.

❑ Health and Health Care Access:

- Despite extremely high rates of health insurance coverage, many people cite lack of public transportation, language barriers, high copayments, and general lack of understanding the system as meaningful barriers to accessing medical and preventative services.
- There is a disparity in heart disease related to income – only 4% of adults making over \$50,000 suffer heart disease versus 10% of adults who make below \$50,000.
- Cohasset, Hull, and Scituate have suicide rates above the state average.
- Several area towns have higher drug and alcohol usage rates compared to the national average.
- 16.6% obesity rate in Blue Hills area of region and 59% overweight or obese rate in Plymouth area.
- Diabetes and asthma among African-Americans higher than the state average.

❑ Neighborhood and Built Environment:

- The gunshot and sharp instrument rate in Brockton is 92.4 per 100,000.
- Access to healthy food is a major obstacle in many towns.
- Many towns do not have water fluoridation.

Process for Identifying and Prioritizing Community Health Needs

South Shore Hospital is governed by a volunteer Board of Directors committed to balancing community health needs with available resources to meet those needs. Our Board approves a strategic-planning process that involves conducting community health assessments, reaffirming the Hospital's mission and vision, establishing strategic priorities, and routinely monitoring our charity's progress in achieving them. An executive within the organization serves as the Hospital's Community Benefits Officer to coordinate these efforts.

The Community Health Needs Assessment process has three core components; 1) data collection, 2) extensive group discussion, and 3) prioritization and approval.

- 1) As referenced above, data was collected in two primary methods, a formal analysis performed in April and May 2013 by The Healthy Communities Institute, which reviewed formal data from the work of the three regional Community Health Network Areas and also through ongoing collection of various data sources by the clinical leaders and program managers in our organization as detailed above.
- 2) Throughout the summer, the Community Benefits Officer engaged in meetings and discussions with the program leaders, CHNA leaders, and other engaged residents (a comprehensive list of individuals contributing to this process is attached below) regarding the needs identified and the programs capable of being offered. Priority is based on factors such as:
 - Relevance and coordination with broader South Shore Hospital organizational vision,
 - Scope of the issue, and
 - Potential for community benefit programs to have a tangible impact.
- 3) In late Summer and early Fall the Community Benefits Officer summarizes the findings of the Community Health Needs Assessment. This process then forms the basis of our Community Benefits Plan and Implementation Strategy for the coming year. This Plan is submitted to the Hospital Board of Directors for approval.

Participants in the South Shore Hospital Community Health Needs Assessment and Planning Process:

South Shore Hospital Patient and Family Advisory Council

- Joe Cahill, Chief Operating Officer
- Sue Cohoon, RN
- Kim Dever MD, OB GYN
- Richard Elliot, Advisor
- John Emler, Chair
- Walt Fraser, Advisor
- Sandra Geiger, VP/Performance Excellence
- Dick Justino, Advisor
- Julie Kembel, Advisor
- Gregory Kleiner, Advisor
- Diana Latimer, Advisor
- Kathy Maynard, Advisor

- Kevin Muldoon, Advisor
- Leah Murray, Nutrition & Food Services
- Louise Norcott, Advisor
- Rosemary Phalan, Advisor
- John Stevenson MD, Chief Medical Officer

- Joanne Tully, Advisor
- Marianne Wells Clark, Vice Chair
- Susanne Wittenberg, Advisor
- Chuck Zonderman, Advisor

Community advisors to South Shore Hospital's Community Benefits Program

- John Brothers, Quincy Asian Resources
- Barbara Brooks, Quincy WIC Nutrition
- Suzanne Brownell, Health Thyself
- Linda Chuckran, Welch Retirement Group
- Colleen Coffey, Jewish Vocational Services
- Heather Coughlin, Isis Parenting
- Joan Cirillo, Operation A.B.L.E of Greater Boston, Inc.
- Timothy Cruz, Plymouth County DA
- Juliana Langilli, Cmty Connections Brockton
- Ed DiSante, Blue Hills CHNA/
Friends of the Homeless/South Shore
- Ari Fertig, Health Care For All
- Peter Forman, President, South Shore Chamber
- Lyn Frano, Weymouth substance abuse prevention coordinator
- Linda Gabruk, Chair, Greater Brockton CHNA/
Brockton Neighborhood Health Center
- Anuj Goel, Massachusetts Hospital Association
- George Gorgizian, Plymouth Correctional Facility
- Arlene Goldstein, Impact Quincy Program
- Susan Haberstroh, Blue Hills Regional Adult Basic Education
- Betsy Harris, Weymouth Public Schools
- Vinny Hart, Wellspring Multiservice Center
- Pattijean Horton, Chair, SS Community Partners in Prevention/A New Day
- John Ireland, South Shore YMCA
- Michael Jackman, Congressman Keating Office
- Gwen Morgan, What If? Program
- Michael Morrissey, Norfolk County DA
- Karen Mullen, Needham Coalition for Youth Substance Abuse Prevention
- John Mulveyhill, Weymouth Emergency Mgmt
- Chief James Neenan, Pembroke Fire Department
- Julie Nussbuam, SADD
- Cathy O'Connor, Department of Public Health Office of Healthy Communities
- Stephanie Patton, Organizing Against Substances in Stoughton (OASIS)
- Rosemary Phalen, ethics counselor
- Greg Ranieri, Scituate High School
- Marge Rossi, RN, Scituate Schools
- Linda Rudnick, Communities Mobilizing for Change on Alcohol
- Cynthia Sierra, Manet Community Health, Chair Blue Hills CHNA
- Lucille Sorrentino, Weymouth Health Care Center
- Kathy Spear, High Point Treatment Center
- Valerie Sullivan, Healthy Wey Program
- Katherine Touafek, School to Careers Partnership

Colleague advisors to South Shore Hospital's Community Benefits Program

- Charles Arienti, respiratory care
- Dennis Cartin, physician/network development
- Donna Chase, RN, clinical professional development
- Jean Ciborowski-Fahey, PhD, South Shore Hospital Reading Partnership
- Catherine Cleary, RN, diabetes educator
- Andrea Collins, office of research
- Joan Cooper-Zack, emergency preparedness
- Lynn Cornelius, marketing/media relations
- Cheryl Coveney, patient access services
- Christine Dindy, RN, cardiovascular care
- Maureen Donnelly, kidney care
- Robert Driscoll, MD, trauma services
- Katrina Dwyer, RN, home care community outreach
- Eugene Duffy, paramedic services
- Todd Ellerin, MD, infectious disease
- Pamela Fredericks, RN, diabetes home care
- Patrick Gerrish, rehabilitation services
- Deborah Gilman, Workman Cancer Resource Center
- Catherine Gilson, RN, maternity services
- Barbara J. Green, PhD, South Shore Hospital Youth Health Connection
- James Green, orthopedic, spine and sports medicine care
- Donna Hawkesworth, Community Colleague Connection

- Peg Holda, strategy, marketing governance
- Carl Holland, budget and reimbursement
- Julie Kembel, Helping Children Cope
- Janet Kent, MD, concussion management
- Mary Kennedy, trauma injury prevention
- Jackie Kilrain, rehabilitation services
- Karen LaFond, RN, cardiac and pulmonary rehabilitation services
- Jennifer Logan, community exercise programs
- Patricia Long, stroke care
- Kathy Loveridge, marketing
- Alan Macdonald, public policy and community benefits officer
- Andrea Mariani, registered dietitian
- Nancy Manzolillo, RN, cardiovascular home care
- Marie McCarthy, controller
- Susan Medici, RN, case management
- Richard Mirel, MD, internal medicine
- Jesslyn Murphy, respiratory care
- Kimberly Noble, RN, South Shore Hospital Youth Health Connection
- Maureen O'Brien, Helping Children Cope
- Peggy O'Neil Files, pastoral care
- Amy Parker, human resources liaison
- Maria Parisi, RN, smoking cessation
- Deborah Pentecost, RN, trauma program
- Eric Preuss, maternal/newborn care
- Lisa Rabideau, interpreter services
- Lisa Raymond, RD, nutrition education
- Kathy Sheehan, patient access services
- Marcia Smith, RN, certified passenger safety technician
- Patricia Smith, RN, Home & Health Resources
- Jason Tracy, MD, emergency medicine
- Barbara Wahlstrom, Friends of South Shore Hospital
- Mark Waltzman, MD, pediatric medicine

Identified Community Health Needs

The health and social issues raised in the South Shore Hospital assessment process were:

- Mental Health*
- Violence/Safety*
- Asthma*
- Diabetes*
- Hypertension*
- Obesity*
- Lack of sleep*
- Substance abuse*
- Smoking*
- Oral Health*
- Dementia*
- Economic conditions*
- Language barriers*
- Transportation*
- Barriers to physical activity*

Prioritized Focus Areas From the Assessment Process

In light of community health assessment findings – and based on South Shore Hospital’s ability to address the findings – the following community benefits priorities have been established for FY2014:

- 1) Improving the prevention and management of chronic diseases,
- 2) Promoting wellness in vulnerable populations,
- 3) Reducing disparities in the provision of care, and
- 4) Supporting the principles of Massachusetts and federal health care reforms.

Community Assets Identified

South Shore Hospital aspires to be The Choice – trusted as the first place to turn for quality health care services. We recognize that to achieve this vision and to successfully address the needs identified in this assessment process, our organization must become a fully integrated health care provider that works in close partnership with physicians, clinical affiliates, insurers, and community-based organizations. Among the regional health organizations with which we intend to collaborate are the following:

- The Blue Hills Community Health Alliance (CHNA 20)
- The Greater Brockton Community Health Network Area (CHNA 22)
- South Shore Community Partners in Prevention (CHNA 23)
- The Town of Weymouth
- Manet Community Health Center
- Brockton Neighborhood Community Health Center
- Quincy Medical Center
- Beth Israel Deaconess Medical Center/ Milton
- Steward Carney Hospital
- Brockton Good Samaritan Hospital
- Signature Brockton Hospital
- Jordan Hospital

Next Steps

The Community Benefits Officer will coordinate the discussion among the participants identified above to create a Community Benefits Plan and Implementation Strategy. This Plan will be submitted for approval by the South Shore Hospital Board of Directors. The programs will be offered in continuation of our proud tradition of benefiting the community in ways outside our core clinical services that advance the well-being of our patients, their families and others who live and work in our region.

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 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 for

than 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.

