

HEALTH PARTNERSHIP COMMUNITY HEALTH NEEDS ASSESSMENT

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A) Agencies

- Boxford Police Department
- Council on Aging
- Emmaus House
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- Holy Family Hospital, Methuen
- Holy Family Hospital, Haverhill
- Lahey Clinic
- Link House, Inc.
- Local Boards of Health
- Newburyport City Hall
- Newburyport Learning Enrichment Center
- Pettengill House
- Rowley Police Department
- Senior Centers
- Team Coordinating Agency (NFI)
- YMCA Haverhill
- YWCA Haverhill

B) The Health Partnership Leadership Team (Executive Committee Members)

- Karen Kennedy, Co-chair (Holy Family Hospital, Methuen & Haverhill)
- Nicholas Costello, Co-chair (Link House, Inc.)
- Kelley O'Brien, Secretary (Anna Jaques Hospital)
- Renee McGuire, Treasurer (YWCA Haverhill)

C) Community Needs Assessment Committee Members

- Karen Kennedy (Holy Family Hospital at Merrimack Valley)
- Renee McGuire (YWCA Haverhill)
- Megan Shea (Haverhill/Methuen Shannon Partnership)
- Cynthia Smith (Element Care)
- Christine Soundara (Health Partnership)
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D) Oversight of Needs Assessment

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Executive Summary

The Health Partnership (HP) of the Lower Merrimack Valley and Seacoast previously known as the Community Health Network Area 12 of Greater Haverhill conducted a community health needs assessment for the eleven Health Partnership service areas: Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimac, Newbury, Newburyport, Rowley, Salisbury, and West Newbury. The purpose of this assessment includes evaluating the overall health concerns of residents, identifying the priority health issues within the communities, recommending actions to address priority concerns, and providing information that informs a community process to build consensus around strategies to improve the health of the residents in each community.

This report summarizes the major findings from our community health needs assessment. Primary data collection included a total of 231 surveys (58 paper copies, 173 online tool), 21 key informants, 2 focus groups with a total of 15 participants, and secondary data sources that included demographic and public health data.

The major health issues that were identified in the surveys, focus groups, interviews, and supported by public health data include drug and substance use, mental health, oral hygiene, and homelessness. The majority of mental health issues include substance abuse (specifically heroin and opioids), depression, anxiety, and suicidality. The residents identified at greatest risk for these health issues include the elderly, youth, and low income or unemployed individuals.

Key barriers to obtaining healthcare include transportation, access to available resources, affordability, insurance coverages, inadequate services, lack of healthcare providers, and language barriers. Transportation was the largest concern throughout all communities in the Greater Haverhill area. According to survey respondents, inadequacies in the following services have been identified: school health personnel, mental health providers and services, providers who accept MassHealth, treatment and recovery services, inability to receive timely appointment, availability of providers on evenings and weekends, lack of cultural and linguistically appropriate services, and access to primary care.

Indicators of health status based on public health and other secondary data are presented for the CHNA 12 of Greater Haverhill and Massachusetts on the following topics: access to health, asthma, chronic disease, diabetes, general health status, heart disease, high blood pressure, high cholesterol, obesity, oral and pharynx cancer, physical activity, servings of fruits and vegetables a day, and substance use.

Health status indicators according to Massachusetts Department of Public Health data for each of the eleven Health Partnership cities and towns include the following topics: demographics, perinatal and child health, infectious disease, injury, chronic disease, hospital discharge for primary care manageable conditions, and substance use.

Key recommendations provided by the survey respondents, focus group participants, and key informants to improve the health of residents in each community include extending evaluation and treatment plans for users of substances; provide increased training on behavioral and mental health first aid; increased education on prescription drugs; organize support groups and outreach

education at a centralized location for youth and elders; provide outreach and education to communities in the Health Partnership on MassHealth enrollment options; partner with health agencies and homeless shelters to develop a plan for the homeless during winter; and encourage partners to provide culturally and linguistically appropriate services to respond to the needs of the demographics in the community, e.g. Hiring interpreters

The next step is to identify priorities and action plans. The Health Partnership is committed to a collaborative approach with community stakeholders and residents to develop working groups to address the priority health issues and to create community forums in each city and town allowing health and human service providers, residents, community based organizations, faith-based groups, coalitions, businesses, community leaders, and municipal governments to provide their input and assist in improving the health status of residents in their community.



Introduction

The Health Partnership (HP) is a collaborative whose mission is to improve the health status of its communities.

Since 1992, the Massachusetts Department of Public Health launched the Community Health Network Area (CHNA). In 1993, the department expanded to twenty seven networks across the Commonwealth. The Health Partnership became one of the CHNA, previously known as the CHNA 12. The partnership has increased in program productivity and membership involvement. To fulfill its mission to the community, the Health Partnership partnered with graduate students and faculty from the University of Massachusetts Lowell and community providers to conduct an assessment of community health needs. The goals of this study were to:

- Assess the overall health of area residents
- Determine the top priority health issues facing area residents
- Involve a wide range of community providers and area residents
- Provide recommendations to address unmet health needs
- Develop an action plan based on the priority needs identified in the assessment

This report summarizes major findings from our community health needs assessment.

Community Health Needs Assessment Committee Members and Partners

The Health Partnership intend to use the information within this report to inform a community process in collaboration with other community partners to identify priority health needs and develop action plans to improve the overall community health.

The Health Partnership is a collaboration with health and human services providers, community based organizations, faith-based groups, coalitions and taskforces, residents, businesses, community leaders, and municipal governments that seek to improve the health status of its communities.

Needs Assessment Committee was made up of partners from the Health Partnership, community based organizations, hospitals, and academic institutions.

University of Massachusetts Lowell is a national research university committed to preparing students for work in the real world – solving real problems and helping real people – by providing an affordable, high-quality education. The University offers more than 17,000 students bachelors, masters, and doctoral degrees in six colleges.

Methodology

The community health needs assessment involved primary data collection using electronic and paper surveys, focus groups, key informant interviews, and secondary data sources from the Massachusetts Department of Public Health MassCHIP database and the United States Census Bureau. The data collection began in February 2015 and ended in July 2015.

A) Surveys

The Health Partnership designed an electronic survey that consist of 10 questions and distributed to over 150 members of the Health Partnership on various distribution lists and received a total of 58 responses. The Health Partnership also distributed a hard copy of the survey to the Council on Aging, Senior Centers, and partner organizations in all eleven communities and received a total of 173 completed surveys. All hard copies of the survey were uploaded onto the electronic survey tool to analyze the data. There were a total of 231 surveys completed.

B) Focus Groups

There were two focus groups. The first focus group was facilitated by two UMass Lowell graduate students at Haverhill High School (HHS) with Violence Intervention and Prevention program. The second focus group was facilitated by the Director of the Health Partnership at the Amesbury Senior Center. Both focus groups lasted no more than 60 minutes.

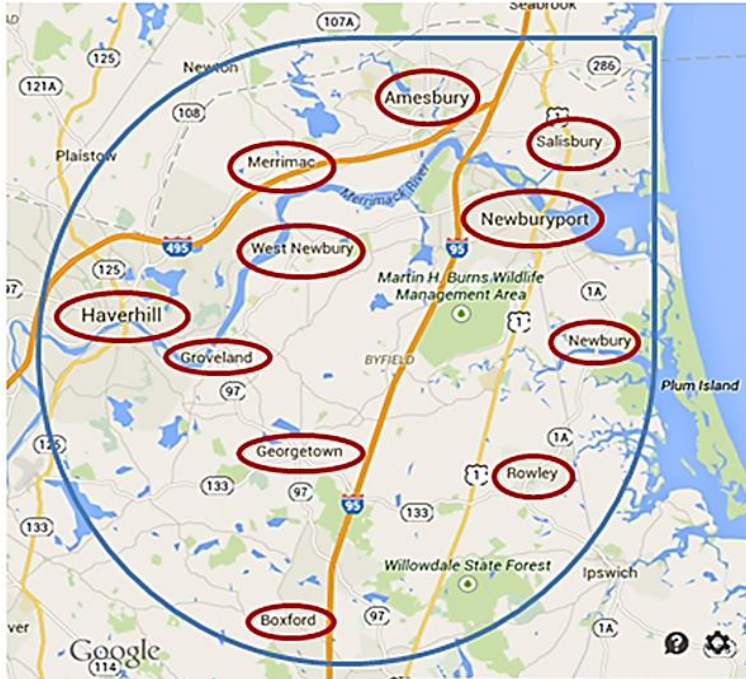
C) Key Informant Interviews

A list of key informants was developed from the partnership communities that consisted of providers, city officials, residents, and healthcare professionals. Each interview ranged between 30 to 45 minutes.

D) Analysis of Secondary Data Sources

Data review was conducted from the research of publicly available databases, including the Massachusetts Community Health Information Profile (MassCHIP), United States Census Bureau, and the Behavioral Risk Factor Surveillance System (BRFSS).

Demographics



The Health Partnership of the Lower Merrimack and Seacoast service areas includes Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimac, Newbury, Newburyport, Rowley, Salisbury, and West Newbury.

According to the 2010 Census, the Health Partnership area has a population of 148,562. The three largest communities in the region are the cities of Haverhill (60,878), Newburyport (17,416), and Amesbury (16,283). The smallest communities are the towns of Rowley (5,856) and West Newbury (4,235). From 2000 to 2010, the

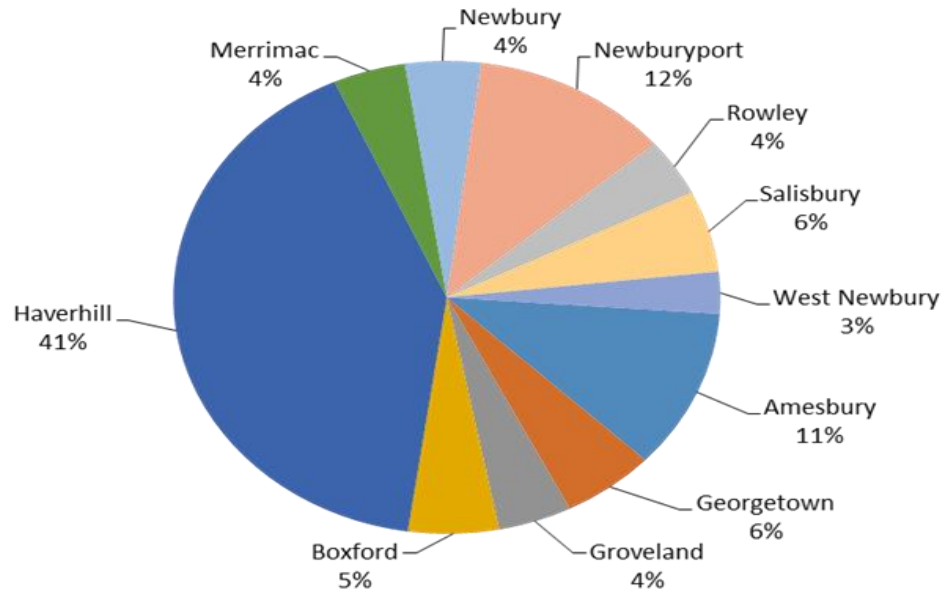
Health Partnership region as a whole experienced a growth of 4,387 people, with a growth rate of 2.3 percent. All communities experienced a growth rate within the decade except Salisbury with a negative one percent drop in total population.

Health Partnership Cities/Towns - Population Data 2000 versus 2010

Cities/Towns	2000 Population	2010 Population	Percent Growth
Amesbury	16,450	16,283	-1%
Boxford	7,921	7,965	0.6%
Georgetown	7,277	8,183	5.6%
Groveland	6,038	6,459	7%
Haverhill	58,969	60,878	3.2%
Merrimac	6,138	6,338	3%
Newbury	6,717	6,666	0.8%
Newburyport	17,189	17,416	1.3%
Rowley	5,500	5,856	6.5%
Salisbury	7,827	8,283	5.8%
West Newbury	4,149	4,235	2.1%
CHNA 12	144,175	148,562	2.3%
State of Massachusetts	6,349,097	6,547,629	3.1%

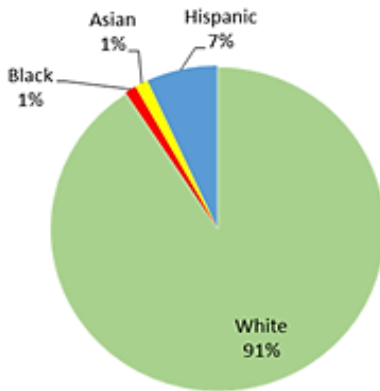
Source: U.S. Census Bureau website (www.census.gov): 2000 & 2010 Census

Health Partnership Towns - % Distribution of Population by Town (2010)

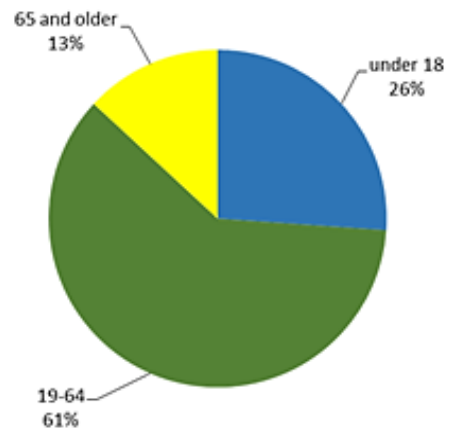


Source: U.S. Census Bureau website (www.census.gov): 2010 Census

**(Fig.2) Health Partnership Towns
% Distribution of Population by Race (2010)**



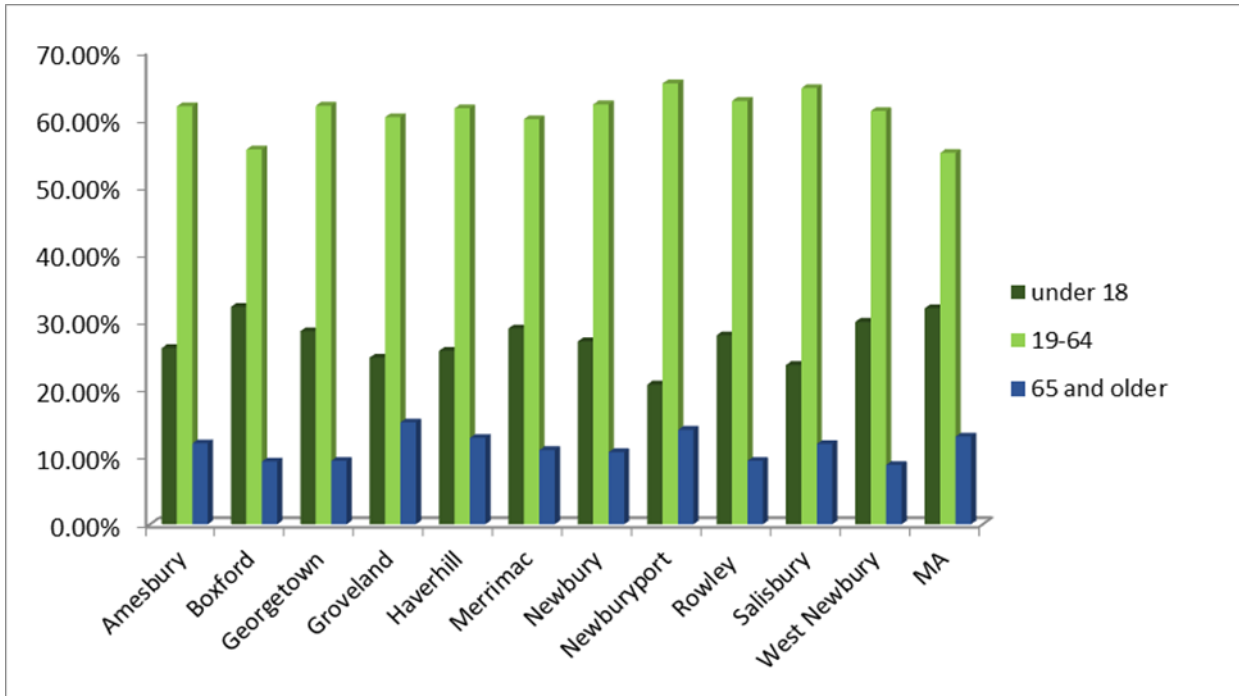
**(Fig.3) Health Partnership Towns
% Distribution of Population by Age Group (2010)**



Source: U.S. Census Bureau website (www.census.gov):2010 Census

The population data by race in 2010 shows a majority of the population is 91 percent White, 7 percent Hispanic, 1 percent Asian, and 1 percent Black. The city of Haverhill has a substantial Latino population compared to the other communities. Population by age provided insight to age-related concerns that might be pertinent to the entire Health Partnership. Three-quarters of the population of the Health Partnership were over the age of 19 in 2010.

Health Partnership Towns - Distribution of Age Group by Town (2010)



Source: Census Data from MassCHIP

Findings

A) SURVEYS

Demographics

Of the 231 respondents, 77 percent of the participants were female and 23 percent were male. Over half (52%) of the participants were 61 years or older, 31 percent were between 35-60 years old, 13 percent were between 21 and 34 years old, and 4 percent were under the age of 21.

A majority of the respondents live in the larger cities and towns of the Health Partnership. This includes Salisbury (21%), Haverhill (19%), Amesbury (12%), Newburyport (12%), Merrimac (11%), and a majority of others from Lawrence, MA and Seabrook, NH. A majority of the respondents were White (83%) with 8% Hispanics, and a combined total 9% all other races (Black/African American, Asian/Pacific Islander, Native American/Indian, Non-Hispanic, and a mix of two or more races)

Survey Questions

- 1) Where do you get most of your health information from? (Check all that apply.)

Top 5 Answer Choices	Percent Responses	Number of Responses
Health Care Provider	53%	122
Primary Care Physician	45%	103
Internet	36%	83
Family	26%	59
Friends	24%	56

- 2) What do you identify as the top 5 health issues in your community?

Top 5 Answer Choices	Percent Responses	Number of Responses
Drug/Addiction Use	54%	123
Mental Health Issues	45%	103
Overweight/Obesity	45%	103
Cancer	38%	87
Alcoholism	37%	84

- 3) Where would you go for immediate medical services? (Choose one)

Top 5 Answer Choices	Percent Responses	Number of Responses
Emergency Room	51%	118
Physician's Office	29%	67
CVS/Walgreens/Rite Aid	9%	20
Urgent Care Clinic	8%	19
Do Not Seek Health Care	2%	4

- 4) What prevents you from accessing care? (Check all that apply.)

Top 5 Answer Choices	Percent Responses	Number of Responses
None	53%	121

Higher Co-pays and Deductibles	17%	39
Financial Difficulties	12%	27
Transportation	9%	21
Unable to Pay for the Care	9%	20

Other (Please Specify) Responses for Question 4 (These answers were transferred from the surveys):

- Not a Massachusetts resident yet
- Unnecessary tests
- Competing priorities
- Lack of dental care for poor and indigent and those on MassHealth.
- Limited psychiatric services for those on MassHealth.
- Time to get an appointment
- All of the reason checked are what we have identified as barriers to people seeking care
- No time
- Unsure of where/type of doctor/kind of help needed
- Able to access care when needed – grateful for no barriers
- Not an issue – I do access care
- Nothing
- I access health care
- My doctor does not offer information or provide my test results in a timely manner
- If I was answering for some of my families – transportation and cost
- Have no problems

5) What three improvements should be made for a healthier community?

Top 5 Answer Choices	Percent Responses	Number of Responses
Affordable Health Care	47%	105
Mental Health Services	30%	68
Substance Abuse Rehabilitation Services	29%	65
Transportation	27%	60
Safe Places to Walk and Play	26%	59

Other (Please Specify) Responses for Question 5:

- Maternal, parental support, child-centered community support
- Dental program (2)
- Not sure
- I think all is well
- Affordable housing (3)
- Primary care
- Higher minimum wages
- Structured housing programs for drugs and alcohol abusers
- National healthcare system
- Prevention initiatives throughout the lifespan
- Elder care services
- Access to state services that are not three hour bus ride away

6) What is your gender?

Answer Choices	Percent Responses	Number of Responses
Female	77%	169
Male	23%	50

7) What is your age?

Answer Choices	Percent Responses	Number of Responses
61 and Older	52%	113
35 to 60	31%	67
21 to 34	13%	28
Under 21	4%	9

8) Where do you live?

Answer Choices	Percent Responses	Number of Responses
Salisbury	21%	46
Haverhill	19%	41
Amesbury	12%	27
Newburyport	12%	27
Other	12%	27
Merrimac	11%	24
West Newbury	3%	7
Newbury	3%	6
Georgetown	2%	5
Groveland	2%	4
Rowley	2%	4
Boxford	0%	0

Other (Please Specify) Responses to Question #8:

- Gloucester (1)
- Ipswich (1)
- Lawrence (7)
- Methuen (1)
- New Hampshire (2)
- Newton (1)
- Peabody (1)
- Seabrook (8)
- Shelter (1)
- Work in Haverhill, Live in Lowell (1)
- Work in Haverhill, Live in Plaistow, New Hampshire (1)
- Work in Newburyport, Live in Ipswich, Massachusetts (1)
- All of the town's make up our company's service area (1)

9) What is your ethnicity/race?

Answer Choices	Percent Responses	Number of Responses
White	83%	180
Hispanic	8%	18
Other	3%	6
Black/African American	2%	4
Asian/Pacific Islander	1%	3

Native American/American Indian	1%	3
Non-Hispanic	1%	2

Other (Please Specify) Responses to Question #9:

- Armenian American (1)
- Amerasian (2)
- Italian (1)
- White, African American (1)

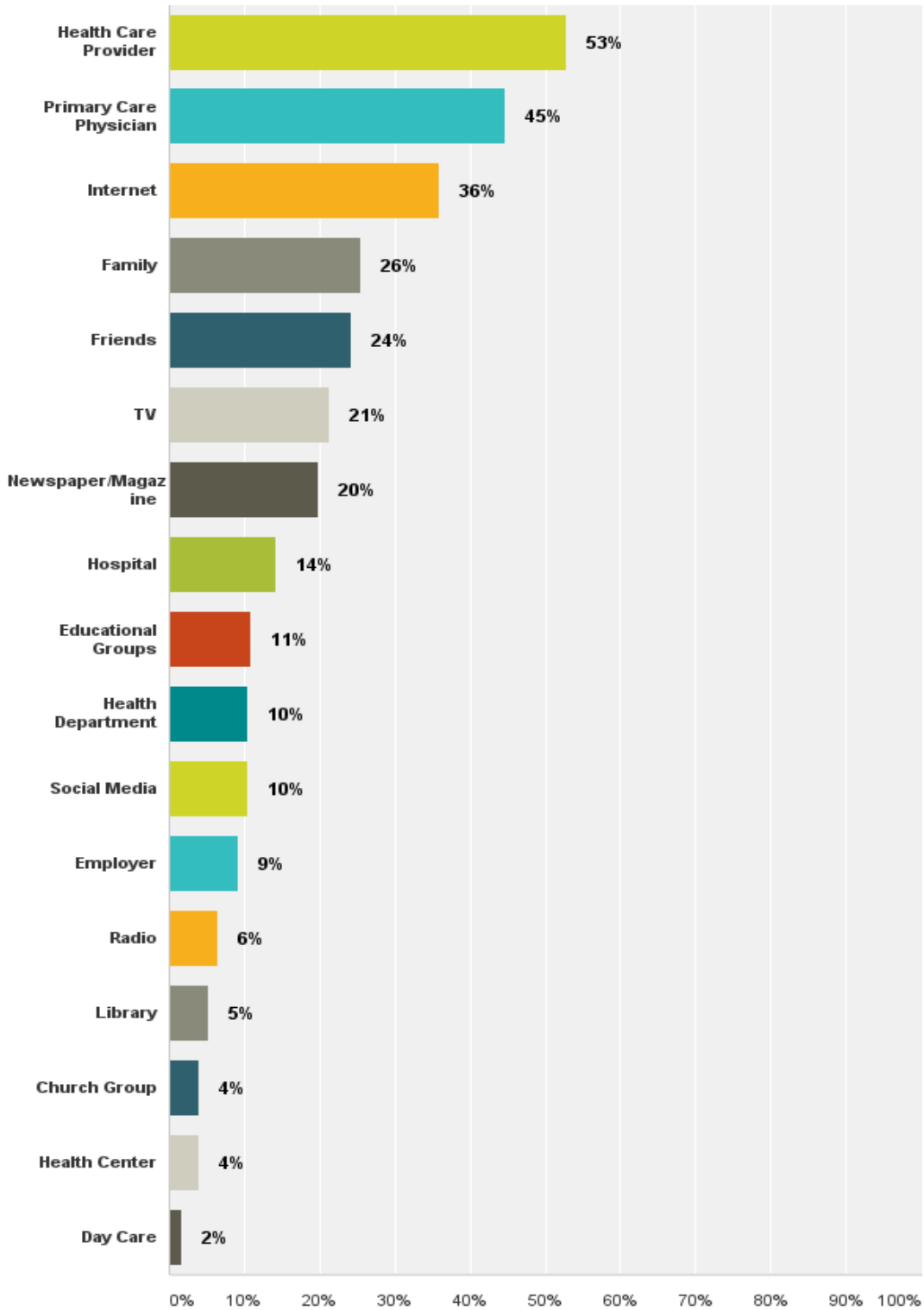
10) When was your last physical exam?

Answer Choices	Percent Responses	Number of Responses
Less Than 1 Year Ago	71%	156
1-2 Years	21%	45
Not Sure	3%	7
3-4 Years Ago	2%	5
5 or More	2%	5

Survey Questions and Detailed Results

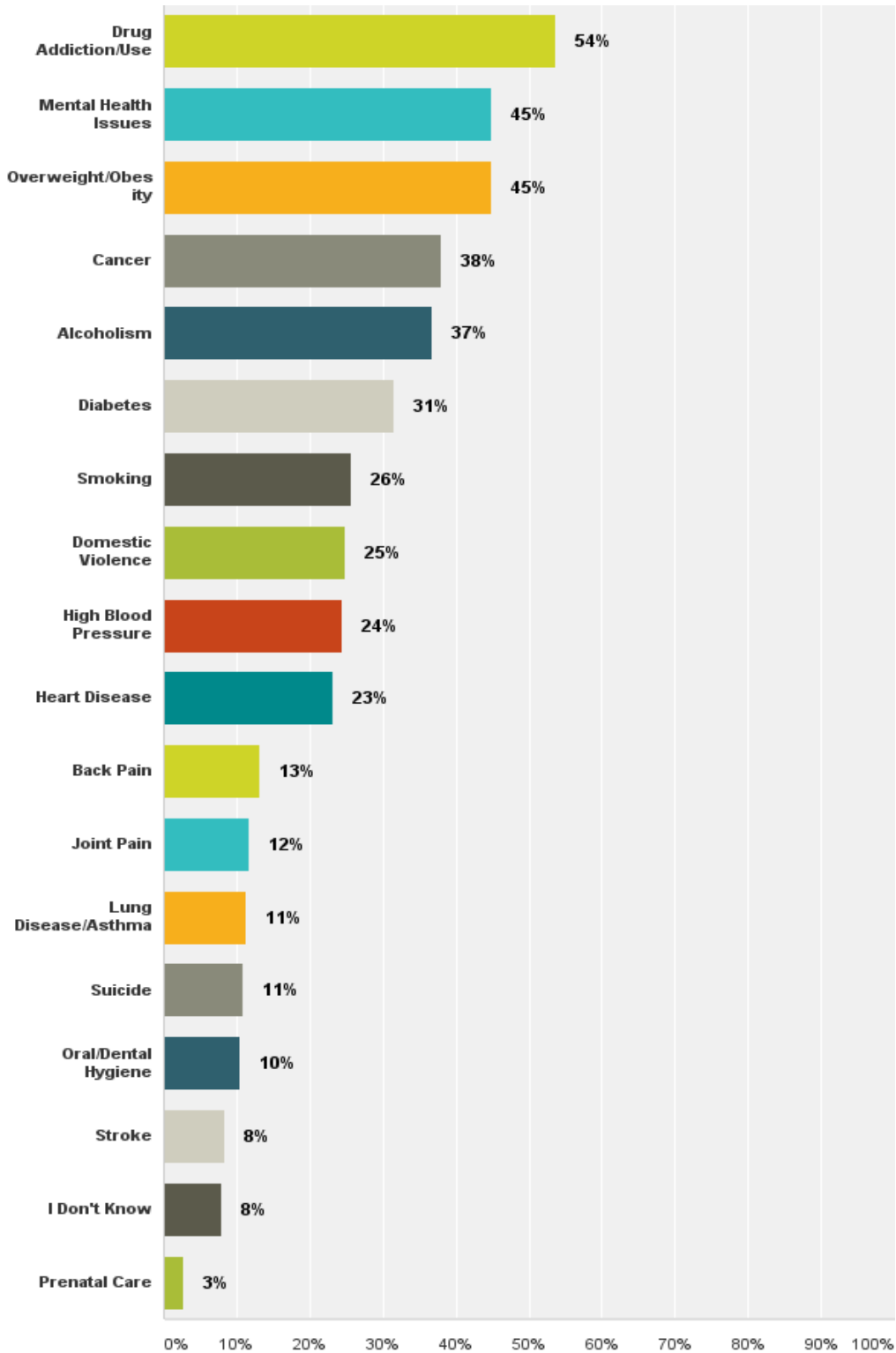
Question 1: Where do you get most of your health information from? (Check all that apply.)

Answered: 231 Skipped: 0



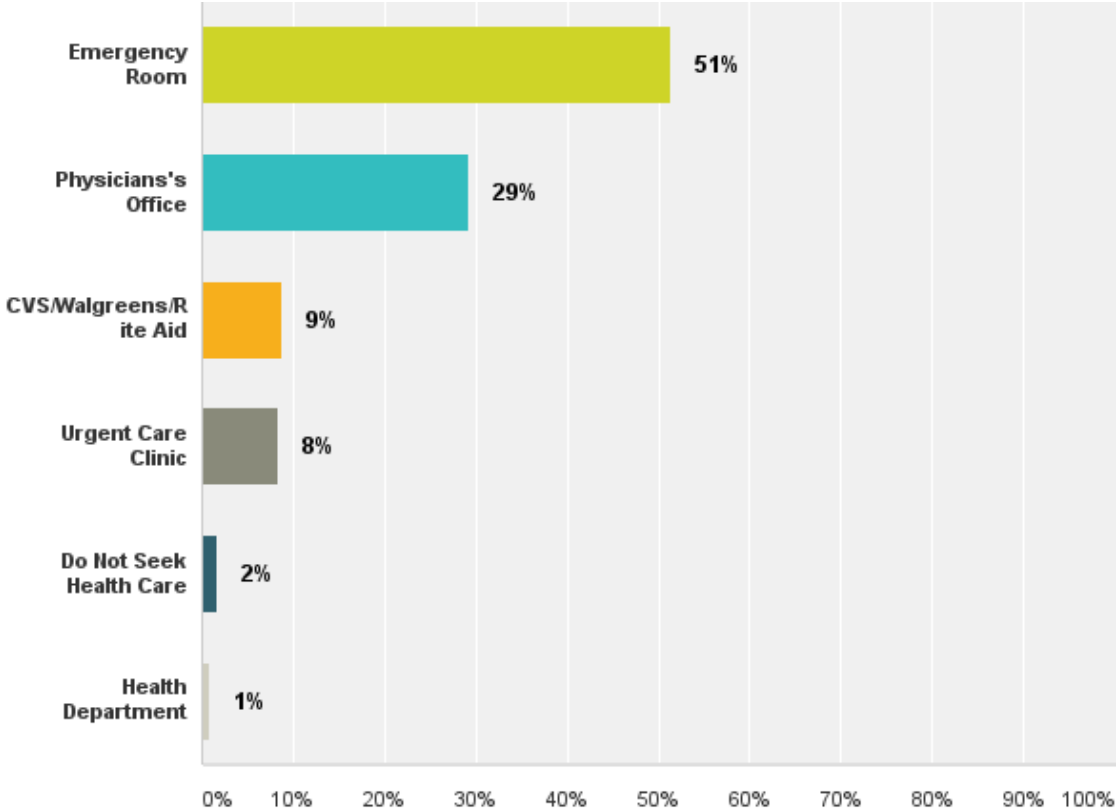
Question 2: What do you identify as the top 5 health issues in your community?

Answered: 229 Skipped: 2



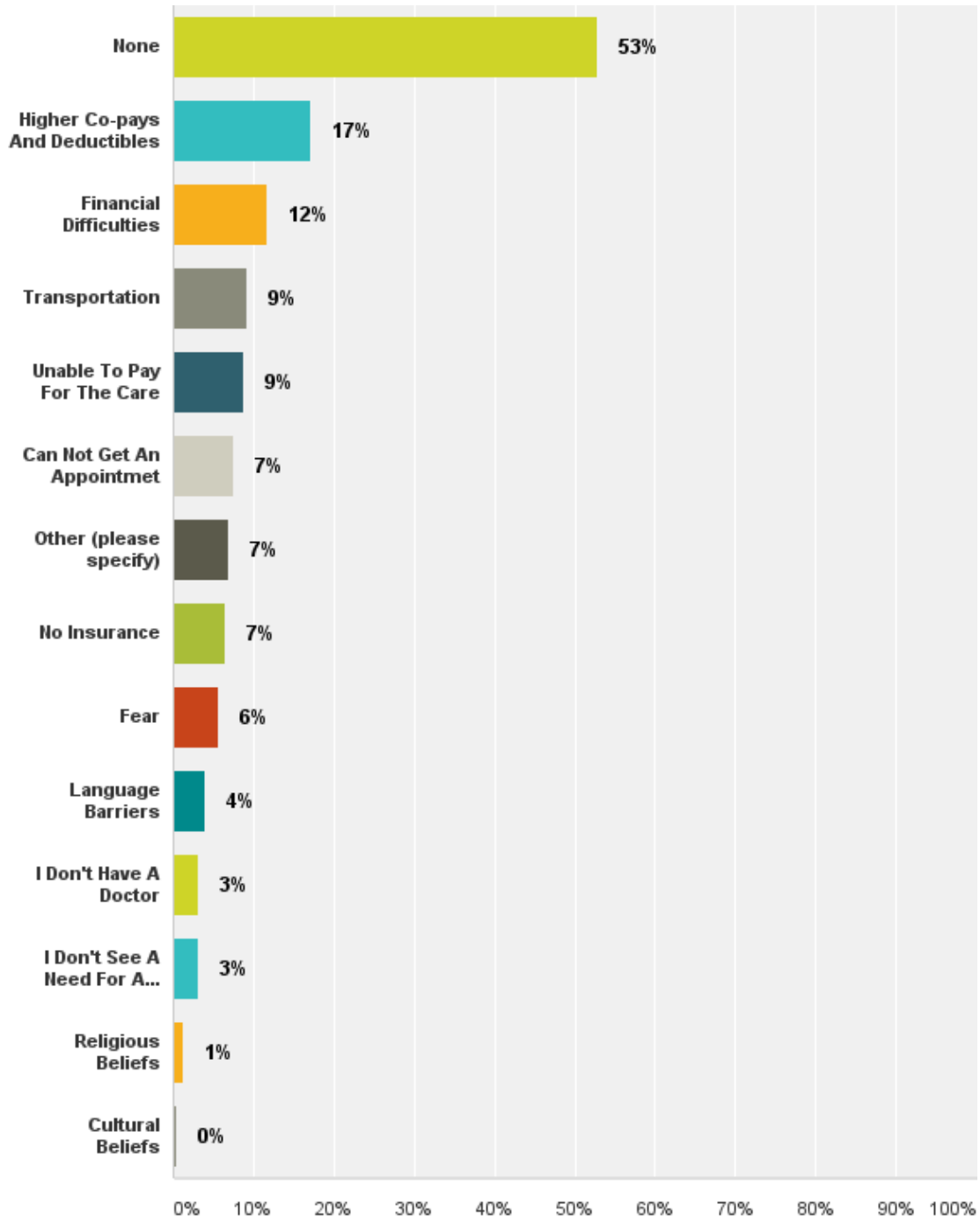
Question 3: Where would you go for immediate medical services? (Choose one)

Answered: 230 Skipped: 1



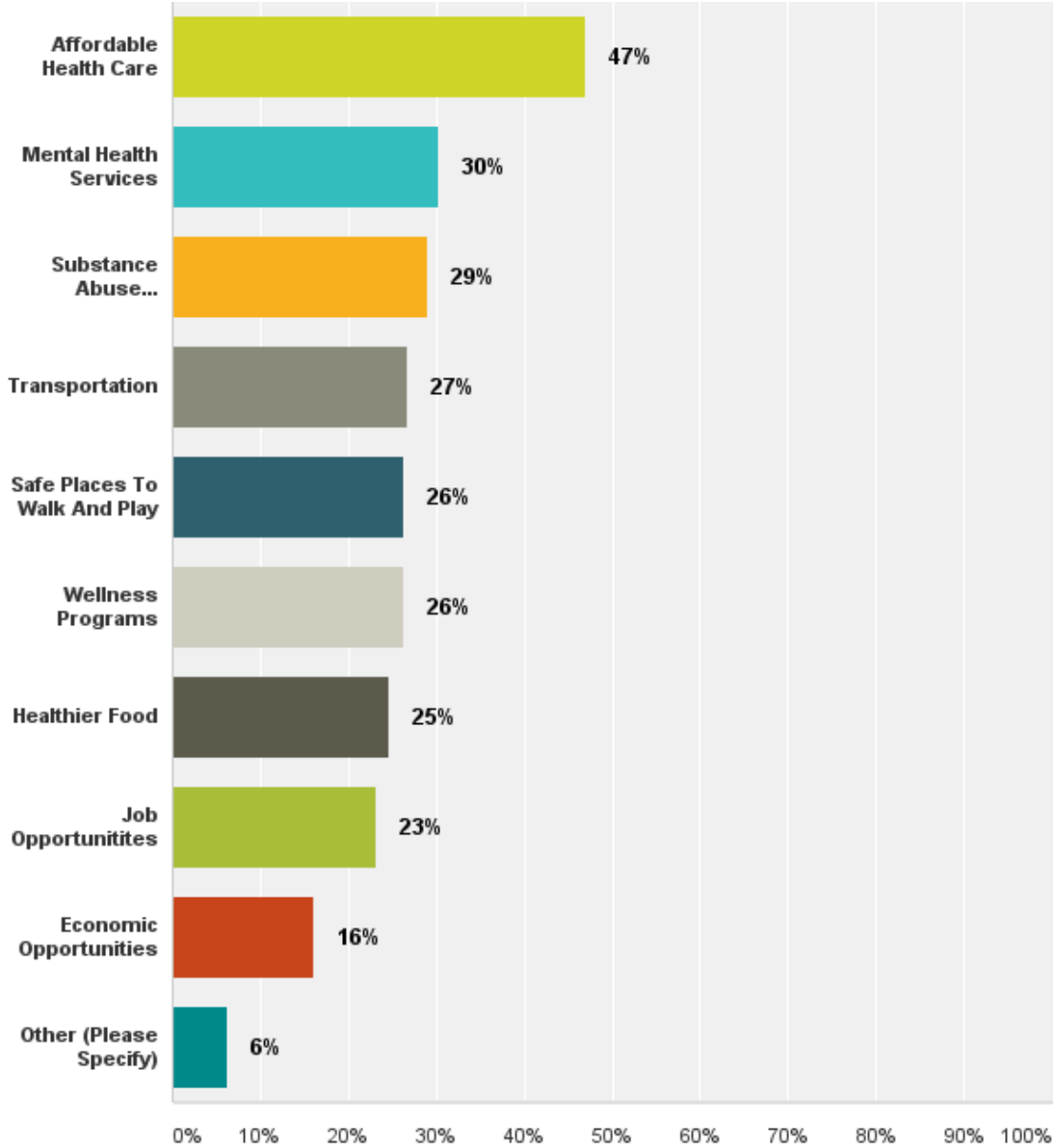
Question 4: What prevents you from accessing care? (Check all that apply.)

Answered: 229 Skipped: 2



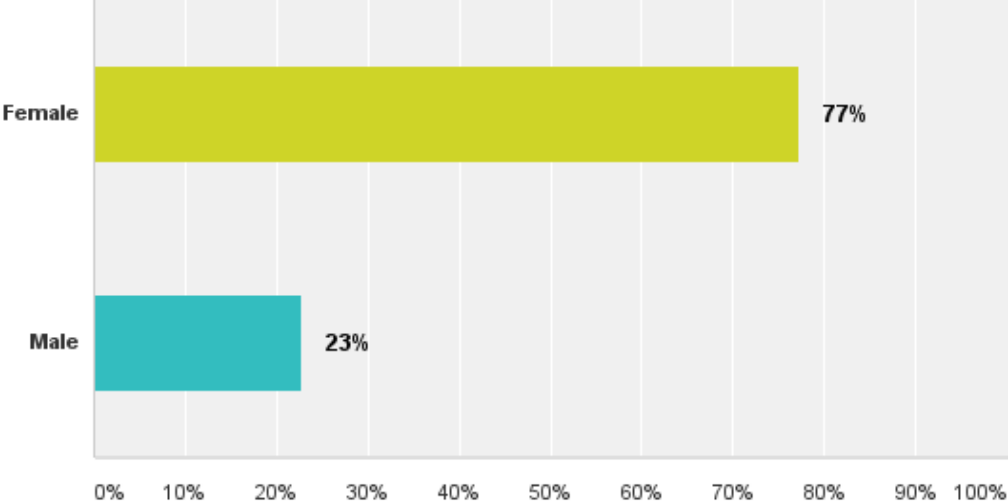
Question 5: What three improvements should be made for a healthier community?

Answered: 224 Skipped: 7



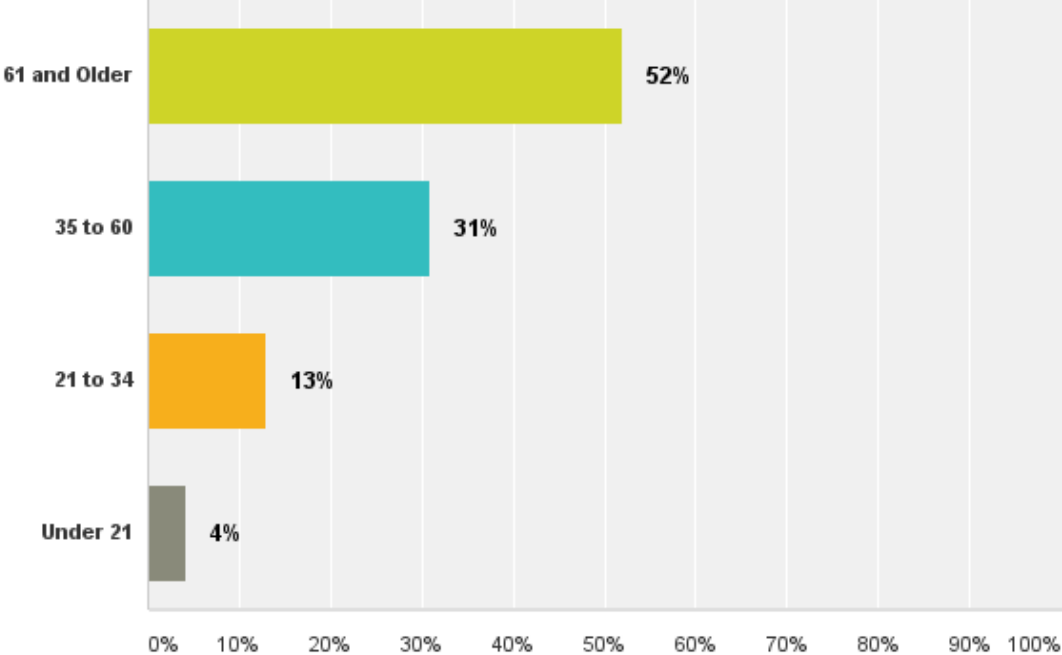
Question 6: What is your gender?

Answered: 219 Skipped: 12



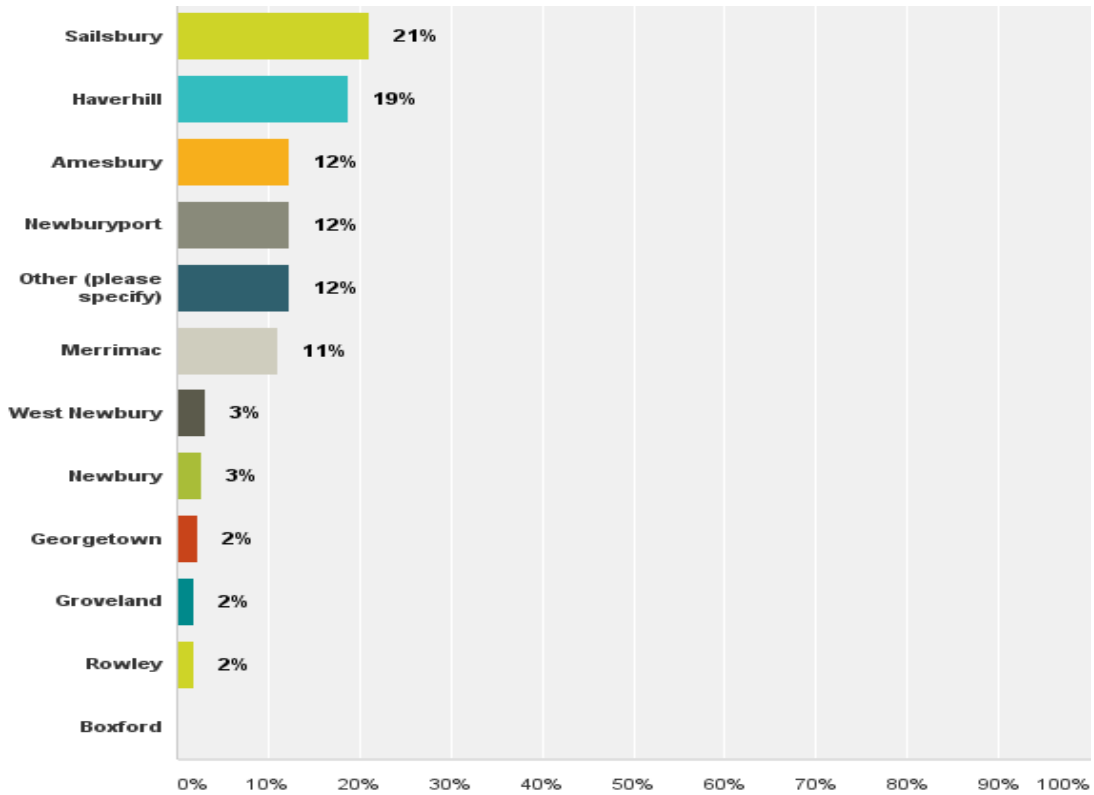
Question 7: What is your age?

Answered: 217 Skipped: 14



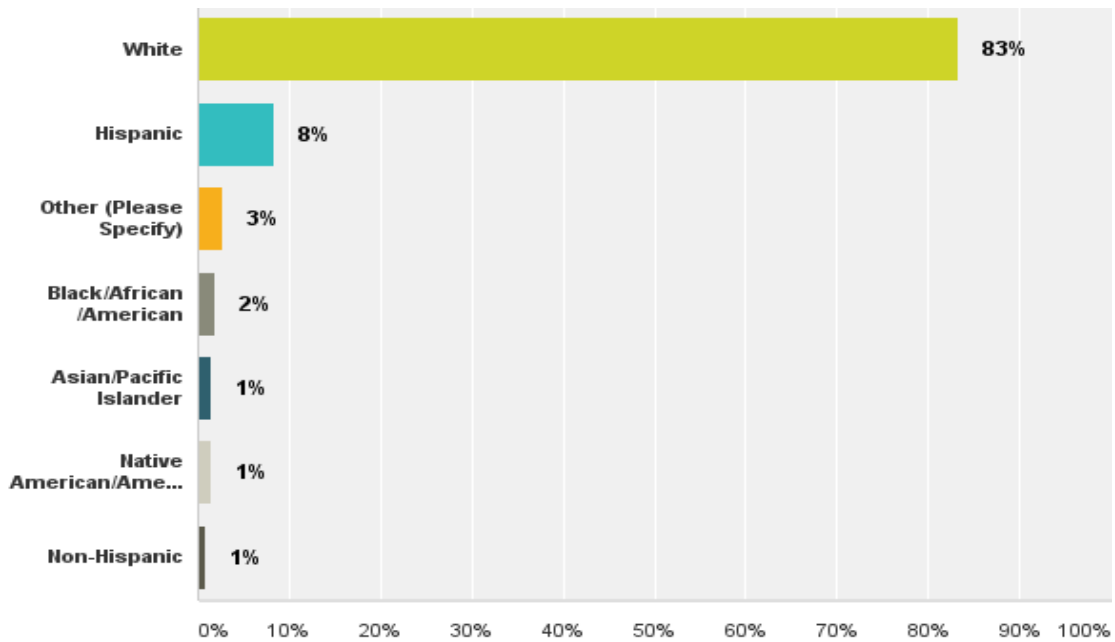
Question 8: Where do you live?

Answered: 218 Skipped: 13



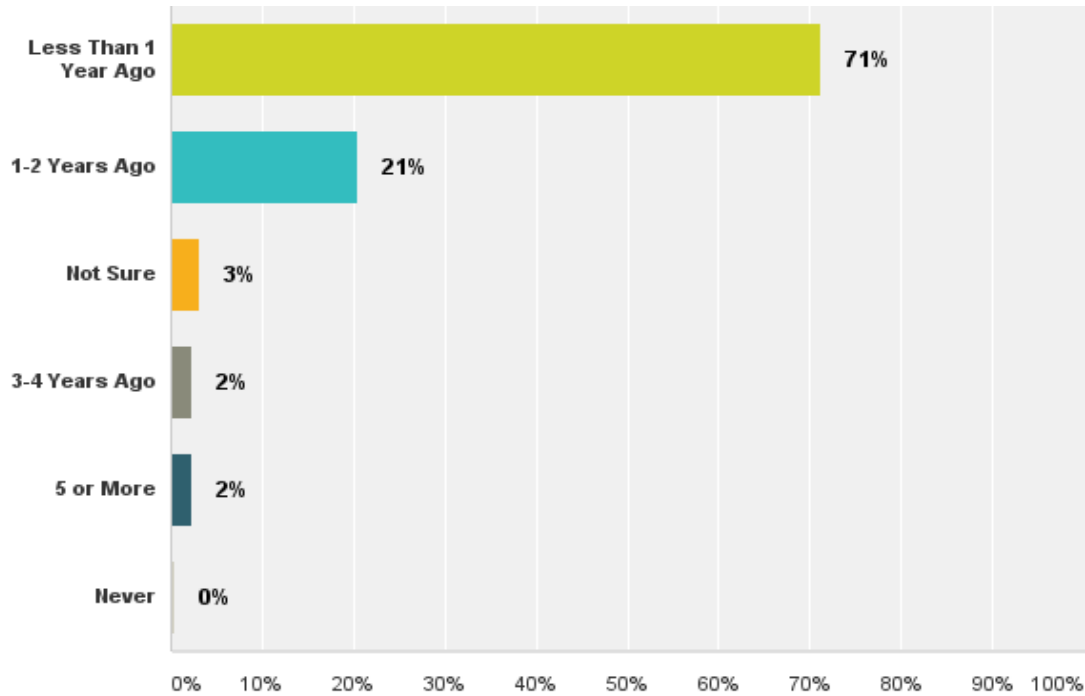
Question 9: What is your race/ethnicity?

Answered: 216 Skipped: 15



Question 10: When was your last physical exam?

Answered: 219 Skipped: 12



Over half of the respondents (53%) do not have anything that prevents them from accessing care and 71 percent have had a physical exam within the last year. However, the remaining 47 percent respondents have mentioned higher copays and deductibles, financial difficulties, transportation, and their inability to pay for care that prevents them from accessing the proper care that they need. Other reasons that respondents have disclosed include not being a Massachusetts resident yet, having to take unnecessary tests, the time it takes to get an appointment, lack of dental care for poor and indigent, along with those on Mass Health insurance (Limited psychiatric services for those on MassHealth), etc. When asked “What do you identify are the top 5 health issues in your community?” the respondents answered with Drug/Addiction Use (54%), Mental Health (45%), Overweight/Obesity (45%), Cancer (38%), and Alcoholism (37%).

B) Focus Groups

The Director and Capstone Project Fellows conducted the first focus group with the Violence Intervention Prevention program students at Haverhill High School. There were a total of 12 students who participated in the focus group. The discussion lasted one hour and recorded and summarized below.

During the focus group discussion on health and well-being, the following areas were identified by the participants. We took their lead and decided to supplement the discussion with those areas and these were the highlights: bullying, teen dating violence, gang-related violence, depression and anxiety, suicidality, and substance use.

- The students observe bullying beginning in the middle school level and it carries over to the high school level. The types of bullying mentioned frequently was cyber bullying through social media outlets such as Facebook and a form of texting involving called sexting.
- Social media has made reaching the suppliers of substances much more accessible and hard to trace.
- Teen dating violence and partner violence is often seen among young couples inside and outside of school. Students describe a friend or someone they have seen in school become overprotective, controlling, and display signs of jealousy in a relationship. They all have highlighted issues around domestic violence.
- Marijuana is the gateway drug at Haverhill High School. The students mention they smell “weed in the bathroom” and even seeing their peers come to school “high.”
- There are several gangs at Haverhill High School. The gang related activity occurs mainly outside of the school perimeters. The VIP students describe the need for increased youth employment. Without responsibilities, the youth often turn to gang related activity.
- Depression among high school students is prevalent and the students mention it leads to isolation, cutting, and suicidality.

The Violence Intervention and Prevention program is made up of students at Haverhill High School who serve as teen advocates who mission is to address all forms of violence through community collaboration, training and education, prevention, and outreach.

The Violence Intervention and Prevention students describe how there is a big disconnection between Haverhill High School and its collaboration with agencies for counseling and behavioral and mental health services. They express their desire to have younger, more relatable guidance counselors and providers who can provide more clinical support for the issues described above. They also expressed the desire for assistance in financial planning, how to apply for credit cards and loans, and added support for seniors applying to college.

They are grateful for the support services provided by the YWCA Haverhill, UTEC and their street workers, Pentucket Medical Associates for health related issues and Lahey Clinic in downtown Haverhill for their mental health services.

The YWCA of Haverhill, an organization that serve women, children, and families from Greater Haverhill providing domestic violence and sexual assault services and school-aged programming for youth ages 5-17.

United Teen Equality Center is an organization whose mission is to ignite and nurture the ambition of Lowell's most disconnected young people to trade violence and poverty for social and economic success by engaging youth in workforce development and alternative education.

Pentucket Medical Associates is a large, private for-profit multi-specialty group that offers services and specialties that integrate with their System of Care.

Lahey Medical Center whose mission is to provide superior health care leading to the best possible outcome for every patient, to exceed each day their patients' high expectations for service, advance medicine through research and the education of tomorrow's healthcare leaders, and to promote health and wellness in partnership with the diverse communities they serve.

The second focus group took place at the Amesbury Senior Center and the participants were residents of Amesbury.

The major topics of discussion were transportation, affordable insurance, affordable housing, and substance use. Highlights are summarized below.

- Transportation for elders is a huge problem getting to and from appointments. Seniors often miss their appointments because they miss the Merrimack Valley Regional Transit Authority (MVRTA) bus for transportation. They do not know what times buses come and go and often, they must leave hours in advanced to be sure they make it to their appointment on time. There have been request to make announcements at the bus stop for arriving and departing MVRTA buses.
- Insurance affordability: Increases in copays, deductibles, and premiums
- Affordable housing and accessibility for low income families
- The governmental agencies, both at state and local, public safety, first responders, and service providers are becoming more proactive and engaging in substance abuse prevention.
- Under the leadership of local government, public safety and providers, the community is organizing to educate the community and thus prevent the use of substances

Overall, the participants explained how funding for programs has not been a problem. For example, there are various clinics held for blood pressure checks, cholesterol levels, diabetes screening and more. There are educational programs, physical activities such as Zumba to improve healthy living, and a brown paper bag lunch program.

C) Key Informant Interviews

There were a total of 21 key informant interviews conducted. Each key informant interview took no more than 45 minutes. Below is a summary of the discussions with each key informant.

Boxford

Boxford is a small residential community with a population of 8,000. There is no public transportation system, public housing, or public place of assembly. You will not find a house for less than \$350,000 as they range between \$500,000 to \$1,000,000 and more with high property taxes.

Stationed at the Boxford Police Department is the Drop Box for prescription drug disposal. The program has been active for two years and has been successful. In the town of Boxford, there has been less than two incidences of Opioid overdoses in less than six months. A few police officers have been trained to use Narcan because in the event of an emergency, police officers will respond to an incident before the fire department or emergency medical services arrive.

Georgetown

A key informant from the Georgetown Police Department has provided the following number of incidences during the period of July 1, 2014 through June 30, 2015 listed below. Most of the drug abusers are unemployed and have financial issues and personal issues. Very few of the drug abusers seek help or go for treatments. The Community Collaborative Initiative (CCI) is a program developed by the Essex County District Attorney's Office that meets frequently and tries to develop programs for prevention, early intervention and treatment for juvenile cases.

- Drug/Narcotics – 46
- Operating under the Influence – 37
- Arrests/Summons – 163
- Disturbances – 102
- General Services – 197

Haverhill

- Youth at Haverhill High School often go to the nurse's office for unmet dental needs. Most often they do not have dental insurance coverage.
- Senior's living on limited income in Haverhill rely on food banks and the Meals on Wheels program. With a limited income, their diet is high in fat and calories and their health is compromised causing a 60 percent obesity rate in the city. This eventually leads to hypertension and Type 2 Diabetes.
- Several youth and their families have MassHealth insurance. There are limited number of providers for health and dental services who accept MassHealth insurance while others aren't fully aware what their options are.
- There is a large homeless population in Haverhill, which is seasonal and increases during the winter season. The homeless people have to leave the shelters in the morning and cannot return

until evening when they can get back into the shelter. Emmaus, Inc., an organization that provides both immediate assistance and long-term solutions through emergency shelters, affordable housing, job training, and more. A key informant stated that the homeless prefer to stay in tents outside where they are more comfortable being together as a community of their own.

- Among the substance users, heroin seems to be the most popular. We have seen an increase of heroin use and overdose in the communities in the Health Partnership, especially in Haverhill over the past year. In a broad spectrum, most of the abusers are in their 20s to early 40s with a majority of overdoses by the unemployed and males. There are juvenile cases using marijuana and drinking alcohol.

The Haverhill Police Department and the Greater Haverhill community made up of local human service agencies, school personnel, city officials, Haverhill residents, and other concerned individuals have created the Haverhill Overdose Prevention and Education task force (HOPE) to address the increase in drug use in the community. The recidivism among this population is much higher.

The following are records provided by the Haverhill Police Department on the incidence of narcotics and overdoses.

- Narcotics:
 - 2013 – 134
 - 2014 – 200
 - 2015 – 98 (January-May)
- Overdose:
 - 2014 – 182
 - 2015 – 81 (January-May)
- Depression and suicide ideation is prevalent among youth at Haverhill High School. The school personnel would like more training on mental and behavioral health first aid.
- The general population and seniors are faced with transportation to and from appointments. It is very time consuming and they must make arrangements ahead of time for their medical needs.
- There is a cultural and linguistic gap among Hispanic residents in Haverhill and service providers. The service providers do not have trained and qualified interpreters and thus depend heavily on client's immediate family members or friends.

Merrimac

Merrimac has a population of about 6,500. Elder residents often go to the Merrimac Council on Aging for services along with health services because the Director also serves at the Public Health Nurse.

The drug related emergency room visits have increased over the past five years. According to the key informant, minors around the age of 12 begin to experiment with tobacco use. The common drug used among minors is marijuana and other drugs such as heroin, alcohol, and spice (synthetic marijuana) are rarely taken. In Massachusetts, people carrying less than one ounce of marijuana is decriminalized. Alcohol consumption starts in college and they begin experimenting with cocaine and heroin during their junior and senior year in college.

Community members of Merrimac, West Newbury, and Groveland started the “Grass Roots Committee” over 6 months ago to promote “mindfulness.” The Grass Roots Committee consists of health and human service providers whose mission is to “EMPOWER” (Engage Merrimack Valley Youth to Promote Ongoing Wellness Education and Resilience). The three structures of mindfulness include 1) Thinking about today 2) Personal time (such as listening to music, reading, yoga, etc.) 3) Being non-judgmental

Newburyport

The drug issues are similar to other communities of the same size. Governor Charlie Baker and the Massachusetts Department of Public Health launched the “Stop Addiction In Its Tracks” public awareness campaign to educate people about the warning signs of opioid misuse as part of the Commonwealth’s preventative strategy and the Governor’s Opioid Working Group. Currently, members in the Newburyport, Amesbury, and Salisbury area are working closely together to develop a plan to address the issue. The initial plan is to begin with a flyer containing information on available resources in the seacoast area.

Rowley

Rowley has a population of about 6,000. The elder population makes up a majority of the residents in Rowley. The main health concerns with the elder population include vision, hearing, high cholesterol, Triple E, Lyme disease, and hoarding. Due to weakened immune systems, elders are most at risk for contracting Triple E.

The Rowley Senior Center reaches out to 850 seniors each month. They have a transportation problem. The fund is limited and therefore seniors very heavily rely on volunteer drivers to pick them up to and from their doctor appointments. Appointments must be booked in advanced because the senior center must find volunteer drivers who are available to transport the senior. It usually requires the full day to get to and from appointments since there is no mode of public transportation in Rowley.

Salisbury

The data shows substance use and alcoholism has increased in the town of Salisbury. The John Ashford Link House, Inc. provides residential programs in Salisbury, Newburyport, Amesbury, and Gloucester for men and women who struggle with drug and alcohol addictions. Through gender-specific programs, education, therapy, and life skills are offered in a drug free environment to help each resident cope. There are weekly one-on-one and group therapy and counseling with trained staff offered for, but not limited to relationships, emotional, physical, sexual abuse, gambling, and family issues. There are several 12-step programs on alcohol and drug addictions, relapse prevention, HIV/AIDS prevention, and more.

Overall Perception about Community Health

- The overall perception is that the health is below average in the Greater Haverhill area. There is not much variation in health status for different communities in the Health Partnership because they are similar in size and population except the city of Haverhill.
- The senior population have issues with accessing health care because of transportation
- The residents of Haverhill seem to have the many health issues with residents having limited access to available resources.

Major Health Issues in the Community

These are listed in order of importance based on the surveys, focus groups, and key informant interviews.

- **Drugs and Substance Use** – This issue ranked high in the Health Partnership. Substances include heroin, marijuana, opioids/opiates, and alcohol. The high use of substance use cause issues of concerns that may lead to mental and behavioral health risks, overdoses, and potential death.
- **Mental Health** – Commonly identified areas are depression, anxiety, and suicide ideation.
- **Oral Hygiene** – Children, youth, and elders were affected with dental and oral hygiene problems.
- **Homelessness** – Homelessness in urban communities are a concern.
- **Primary Care** – Access has been referenced as a major issue according to survey respondents, however it has not been listed as a major health issue.

At-Risk Populations

Elderly

Common health problems described in key informant interviews and focus groups include lack of or no dental insurance, hoarding, homelessness, social isolation, being homebound, and chronic diseases. The assessment highlights that they have poor access to healthcare due to transportation, availability of appointments, and health insurance coverages.

Youth

It has been described in key informant interviews and with high school students during a focus group session that the youth are at high risk of substance use and abuse, gang related activity, and mental and behavioral issues such as depression, anxiety, cutting, and suicidality. Youth begin experimenting with tobacco and marijuana in high school. Due to lack of employment, youth find outlets within the gang community describing it as “family” when their immediate family is not there for them. Depression among youth has increased and has led to cases of suicidality and self-inflicted wounds, such as cutting because of bullying and cyber bullying in and out of the school system.

Substance Users

Substance users have been described to be between the ages of 18-40 years old. The substances used include an epidemic of heroin and opioids with some cases of cocaine. These substance users continue to fall back into the same cycle upon completing rehab. The users turn to substances due to depression, anxiety, loss of jobs, financial difficulties, and more.

Barriers to Obtaining Healthcare Services

Transportation

Transportation was the largest concern throughout all communities in the Greater Haverhill area. It is especially difficult for the elder population who must plan accordingly with the Council on Aging or Senior Centers in advance. The elderly must book appointments days in advance to ensure the Senior Center staff will have a volunteer driver available to pick them up and drop them off to their appointment. The process usually involves the whole day to get from one appointment and back home. This is because the transportation system in majority of the Health Partnership does not run buses or have taxis available.

The transportation issue is the same in the larger communities such as Haverhill, Amesbury, Newburyport, and Salisbury. A large majority of the residents from the seacoast area utilize the services located in the Haverhill and Methuen area. Because of this, residents must plan hours in advance to utilize the transportation system to get to and from their doctors appointment. If you miss your bus, you are likely to miss your appointment and have to waste a whole day getting back home.

Language barriers

Language barriers are a major concern in the community of Haverhill, which is mainly a Spanish-speaking community. There are few interpreters and limited Spanish-speaking health providers in Haverhill to meet the needs of its residents. It's been described that the Spanish-speaking community is less likely to utilize the services available in Haverhill because of the lack of Spanish-speaking employers. It was described that they are a community that receive information by speaking with one another through family members, their children, and friends.

Insurance coverage

Youth have been described to lack insurance coverage more than any population. Most youth insurance coverage is through MassHealth and unfortunately many services do not take MassHealth insurance or are filled to their maximum quota for serving MassHealth patients. They are limited to certain service areas and providers. The coverage was mainly described for dental and mental health services in both youth and elderly.

Affordability

Often residents cannot pay for the co-pays and high deductible cost of appointments. In many cases, they must make the decision about what is a priority for their family such as food, shelter, and living expenses before they seek any medical help.

Access/Inadequate Services/Lack of Healthcare Providers

According to the survey respondents, the following inadequacies have been identified:

- School health personnel
- Mental health providers – child mental health providers

- Lack of interpreter services with providers
- Dentist who accept MassHealth
- Treatment and recovery services
- Lack of primary care provider
- Inability to get timely appointments
- Transportation
- Waiting time at service providers
- Availability of providers on evenings and weekends

Mental Health Services

According to respondents, those who accept MassHealth services are delayed because of limited number of providers who accept that specific insurance.

Health Partnership Community Profile:

The Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) reports provide demographic data including gender, age, and race/ethnicity for the Greater Haverhill CHNA 12.

“All percentages in the data listed below are weighted to represent the Massachusetts population. All data collected are based on self-reported information from respondents by the BRFSS.” – MassCHIP (Massachusetts Community Health Profile)

Demographic Profile of Adults (2002-2007)

	CHNA 12 (%)	Massachusetts (%)
Overall	100%	7.7
Gender		
Male	52.6	47.4
Female	47.4	52.6
Age		
Ages 18-34	28.5	28.9
Ages 35-44	22.2	21.8
Ages 45-54	21.5	18.3
Ages 55-64	11.5	13.2
Ages 65+	16.3	17.8
Race/Ethnicity		
White	93.2	84.9
Black	0.4	3.9
Hispanic	5.3	8.1
Asian	1.1	3

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Access to Health Care

A) Percentage of Adults Who Could Not See a Doctor Due to Cost

Percentage of adults who could not see a doctor due to cost, 2003-2007: All respondents were asked whether they were unable to see a doctor in the past year due to cost. Here is the percentage of respondents who reported that the cost had prevented them from seeing a doctor at some point in the past year.

	CHNA 12 (%)	Massachusetts (%)
Overall	5.1	7.7
Gender		
Male	5.9	7.5
Female	4.3	7.8
Age		
Ages 18-34	4.6	11.3
Ages 35-44	5.3	7.8
Ages 45-54	5	7.4
Ages 55-64	9.1	5.7
Ages 65+	3.2	3.6

Race/Ethnicity		
White	4.6	6.3
Black	N/A	13.6
Hispanic	8.4	17.1
Asian	2.4	6.3

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B) Percentage of Adults with No Health Insurance

Percentage of adults with no health insurance, 2002-2007: All respondents were asked if they had any type of health care coverage at the time of the interview. Those who indicated that they had no coverage were asked a follow-up question to be certain that they had considered all types of health care coverage. This included health care coverage from their employer or someone else's employer, a plan that they had bought on their own, Medicare, MassHealth, and coverage through the military, or the Indian Health Service.

	CHNA 12 (%)	Massachusetts (%)
Overall	6.2	7.6
Gender		
Male	7.1	9.9
Female	5.3	5.5
Age		
Ages 18-34	10.3	12.7
Ages 35-44	2.8	5.6
Ages 45-54	6.9	5.4
Ages 55-64	3.4	4.8
Ages 65+	N/A	0.3
Race/Ethnicity		
White	5.7	5.9
Black	N/A	11.9
Hispanic	17.3	19.3
Asian	1.9	7.1

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C) Percentage of Adults Who Have a Personal Health Care Provider

Percentage of adults who have a personal health care provider, 2002-2007: All respondents were asked if they had a person that they thought of as their personal doctor or health care provider. Presented here are the percentage of respondents who reported that they did have a personal health care provider.

	CHNA 12 (%)	Massachusetts (%)
Overall	92.3	87.8
Gender		
Male	89.4	83.3
Female	95.5	91.8
Age		
Ages 18-34	86.8	75.7
Ages 35-44	93.6	88.9
Ages 45-54	93.4	92.3

Ages 55-64	94.6	94.3
Ages 65+	97.2	96.3
Race/Ethnicity		
White	93.2	90.2
Black	N/A	84.6
Hispanic	73.6	92.9
Asian	90.6	78.8

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Asthma among Adults

Asthma among adults, 2002-2007: All respondents were asked if they had ever been told by a doctor, nurse, or other health care professional that they had asthma. Those who reported ever having asthma, were then asked if they currently have asthma. Reported here are the percentages of respondents who reported ever having asthma and those who reported currently having asthma.

	CHNA 12 (%)	Massachusetts (%)
Overall	15	14.4
Gender		
Male	13.1	12.2
Female	17.1	16.3
Age		
Ages 18-34	23.8	18
Ages 35-44	13	13.3
Ages 45-54	14.2	14.1
Ages 55-64	9.6	13.8
Ages 65+	7.3	10.7
Race/Ethnicity		
White	14.8	14.3
Black	20.8	14.9
Hispanic	9	16.3
Asian	18.8	8.5

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Chronic Disease

	CHNA 12 Area Count	Age-Adjusted Rate	State-Adjusted Rate
Total deaths (all causes)	1,173	699.4	667.8
Total cancer deaths	272	160.3	170.3
Lung cancer deaths	80	48.0	47.2
Breast cancer deaths	18	19.2	19.1
Cardiovascular disease deaths	378	223.9	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Prevalence of Diabetes

	CHNA 12 (%)	Massachusetts (%)
Overall	6.9	7.5
Gender		
Male	7.2	8.3
Female	6.7	6.8
Age		
Ages 18-24	N/A	N/A
Ages 25-44	N/A	2.9
Ages 45-64	6.6	9.5
Ages 65+	19.8	17.9
Race/Ethnicity		
White	6.6	7.1
Black	N/A	11
Hispanic	N/A	6.5
Asian-	N/A	9.3

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Prevalence of Risk Factors among People with and without Diabetes

	CHNA 12 (%)		Massachusetts (%)	
	Persons with Diabetes	Persons without Diabetes	Persons with Diabetes	Persons without Diabetes
High Blood Pressure	66.3	21.5	61.8	23.0
High Cholesterol	71.2	33.4	59.7	33.5
Cardiovascular: Had a Stroke	NA	NA	7.9	2.0
Cardiovascular: Had or have Angina or Coronary Heart Disease	20.5	5.2	16.5	3.9
Overweight	84.1	56.1	81.4	56.8
Obese	40.6	17.6	47.0	20.3
Low Physical Activity	57.3	40.7	64.0	46.4
Less than 5 Servings of Fruits and Vegetables	68.7	67.4	74.9	72.4
Current Smoker	NA	14.4	13.4	15.2
Have Health Insurance	NA	98.1	98.2	96.7
Have a disability	NA	20.0	42.6	18.4

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General Health Status

A) Fair to Poor Health Among Adults

	CHNA 12 (%)	Massachusetts (%)
Overall	12.6	12.7

Gender		
Male	11.4	12
Female	13.8	13.3
Age		
Ages 18-34	120	7.2
Ages 35-44	10.5	8.4
Ages 45-54	6.3	12
Ages 55-64	12.6	16.5
Ages 65+	28.4	24.8
Race/Ethnicity		
White	11.6	11.4
Black	N/A	14.9
Hispanic	24.9	26
Asian	N/A	5.6

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B) 15+ Days of Poor Physical Health in the Past 30 Days Among Adults

	CHNA 12 (%)	Massachusetts (%)
Overall	7.8	8.6
Gender		
Male	5.1	7.8
Female	10.8	9.4
Age		
Ages 18-34	4.6	4.4
Ages 35-44	9.5	6.6
Ages 45-54	7.3	9.5
Ages 55-64	11.2	11.9
Ages 65+	9.3	15
Race/Ethnicity		
White	8.2	8.6
Black	N/A	9.5
Hispanic	3.5	10.8
Asian	N/A	3.1

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C) 15+ Days of Poor Mental Health in the Past 30 Days Among Adults

	CHNA 12 (%)	Massachusetts (%)
Overall	7.7	9.1
Gender		
Male	5.4	7.7
Female	10.3	10.3
Age		
Ages 18-34	6.3	10.6
Ages 35-44	14	9.2

Ages 45-54	6.3	10.3
Ages 55-64	6.4	8.9
Ages 65+	4.5	5.4
Race/Ethnicity		
White	17.8	8.7
Black	N/A	11.4
Hispanic	1.7	12.1
Asian	N/A	4.8

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D) 15+ Days of Sad, Blue, or Depressed in the Past 30 Days Among Adults

	CHNA 12 (%)	Massachusetts (%)
Overall	7.2	7.2
Gender		
Male	6.5	6.1
Female	8	8.2
Age		
Ages 18-34	10.7	8
Ages 35-44	5.2	6.5
Ages 45-54	3	8.1
Ages 55-64	7.5	7.5
Ages 65+	10.4	5.8
Race/Ethnicity		
White	6.7	6.6
Black	N/A	10.8
Hispanic	9.5	12.8
Asian	N/A	2.8

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Heart Disease among Adults

Heart disease among adults, 2003, 2005 - 2007: All respondents ages 35 and older were asked if they had been told by a doctor or nurse, or other health professional that they had had a heart attack or myocardial infarction, or if they had been told they had angina or coronary heart disease, respondents were classified as having heart disease. Presented here is the percentage of adults with heart disease.

	CHNA 12 (%)	Massachusetts (%)
Overall	5.5	6.8
Gender		
Male	6.5	8.4
Female	4.3	5.3
Age		
Ages 18-34	1.4	0.8
Ages 35-44	0.8	1.5
Ages 45-54	2.5	3.7
Ages 55-64	9.3	9.1

Ages 65+	16.8	20.1
Race/Ethnicity		
White	5.5	6.9
Black	N/A	5.8
Hispanic	7.7	5.1
Asian	N/A	2.9

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High Blood Pressure among Adults

High blood pressure among adults, 2003, 2005, 2007: All respondents were asked if they had ever been told by a doctor, nurse, or other health professional that they had high blood pressure. Women who reported that they had high blood pressure only during pregnancy were excluded from the analysis. Presented here is the percentage of respondents who had ever been told they had high blood pressure.

	CHNA 12 (%)	Massachusetts (%)
Overall	25	25
Gender		
Male	26.7	25.2
Female	23.1	24.8
Age		
Ages 18-34	5.6	7.9
Ages 35-44	19.2	12.2
Ages 45-54	24.6	24.3
Ages 55-64	35.7	40.3
Ages 65+	57.6	56.5
Race/Ethnicity		
White	25.8	25.9
Black	32.6	29.6
Hispanic	14.3	20.7
Asian	N/A	6.8

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5+ Servings of Fruits and Vegetables per Day

5+ servings of fruits and vegetables per day, 2002-2003, 2005, and 2007: All respondents were asked about their consumption of fruits and vegetables. This included fruit juice, fruit, green salad, carrots, potatoes, and other vegetables. Presented here is the percentage of respondents who consumed five or more servings of fruits or vegetables per day.

	CHNA 12 (%)	Massachusetts (%)
Overall	32.2	28.7
Gender		
Male	25.2	23
Female	39.7	33.9
Age		
Ages 18-34	24.6	27.1
Ages 35-44	28.6	26.3

Ages 45-54	41.4	28.1
Ages 55-64	25.2	30.2
Ages 65+	39.4	33.6
Race/Ethnicity		
White	32.4	29.2
Black	N/A	24.7
Hispanic	17.7	23.7
Asian	11.1	31.3

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High Cholesterol among Adults

High cholesterol among adults, 2003, 2005, 2007: All respondents who had their cholesterol checked were asked if they had ever been told by a doctor, nurse, or other health professional that their cholesterol was high. Reported is the percentage of those who had been told that they had high cholesterol.

	CHNA 12 (%)	Massachusetts (%)
Overall	34.8	34.6
Gender		
Male	37.3	37.1
Female	32.1	32.5
Age		
Ages 18-34	7.9	16.1
Ages 35-44	33.8	26.1
Ages 45-54	33.1	35.8
Ages 55-64	54.8	48.6
Ages 65+	56.6	50.9
Race/Ethnicity		
White	34.3	35.5
Black	N/A	27.6
Hispanic	43.9	33.1
Asian	32	23.8

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Obese Adults

Percentage of adults who are obese, 2002-2007: All respondents were asked to report their height and weight. Respondents were categorized based on their Body Mass Index (BMI), which equals weight in kilograms divided by height in meters squared. Using the Healthy People 2010 standards (HP2010), all adults with a BMI between 25.0 - 29.9 were classified as being overweight and adults with a BMI greater than or equal to 30.0 were classified as being obese. For example, a person who is 5'6" would be considered overweight at 155 pounds and obese at 186 pounds. Presented here is the percentage of respondents who were determined to be overweight or obese. Please note that the obese category presented here includes respondents with a BMI larger than 30.0 (respondents classified as obese).

	CHNA 12 (%)	Massachusetts (%)
Overall	17.1	19.4
Gender		
Male	18.4	20.8
Female	15.6	17.9

Age		
Ages 18-34	9.5	15.4
Ages 35-44	22.8	19.7
Ages 45-54	22.5	22.6
Ages 55-64	18.6	25.1
Ages 65+	15.1	18.2
Race/Ethnicity		
White	17.3	19
Black	43.1	29.7
Hispanic	10.6	24.1
Asian	N/A	5.5

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Oral Cavity and Pharynx Cancer Mortality

	Area 3 year Count		Area Age-adjusted Rate		State Age-adjusted Rate	
	Males	Females	Males	Females	Males	Females
Total Oral Cavity and Pharynx Cancer Deaths	18	3	8.5	1.1	4.0	1.4
White	17	3	8.4	1.1	4.0	1.5
Black	0	0	0.0	0.0	5.8	0.8
Asian	0	0	0.0	0.0	4.5	1.9
Hispanic	1	0	16.7	0.0	1.2	1.3
	Area 3 year Count		Area Age-specific Rate		State Age-specific Rate	
	Males	Females	Males	Females	Males	Females
Ages 0 to 19	0	0	0.0	0.0	0.0	0.0
Ages 20 to 44	0	0	0.0	0.0	0.6	0.0
Ages 45 to 64	8	0	12.9	0.0	6.1	1.5
Ages 65 to 74	6	0	49.2	0.0	17.1	5.4
Ages 75 to 84	3	3	40.0	26.2	18.7	12.8
Ages 85 plus	1	0	36.6	0.0	28.0	12.6

Age-adjusted rate is expressed per 100,000 persons, Age-specific rate is expressed per 100,000 persons in specific age group

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Oral Cavity and Pharynx Cancer Hospitalizations

	Area 3 year Count		Area Age-adjusted Rate		State Age-adjusted Rate	
	Males	Females	Males	Females	Males	Females
Total Oral Cavity and Pharynx Cancer Hospitalizations	23	13	11.2	4.6	8.6	3.4

White	21	13	10.5	4.8	7.5	3.0
Black	0	0	0.0	0.0	7.7	3.3
Asian	0	0	0.0	0.0	4.0	4.2
Hispanic	0	0	0.0	0.0	8.9	2.8
	Area 3 year Count		Area Age-specific Rate		State Age-specific Rate	
	Males	Females	Males	Females	Males	Females
Ages 0 to 19	0	0	0.0	0.0	NA	NA
Ages 20 to 44	NA	NA	NA	NA	2.1	1.1
Ages 45 to 64	10	NA	17.0	NA	17.8	6.0
Ages 65 to 74	7	NA	62.9	NA	32.8	11.3
Ages 75 to 84	NA	NA	NA	NA	30.5	16.5
Ages 85 plus	NA	NA	NA	NA	28.1	10.0

Age-adjusted rate is expressed per 100,000 persons, Age-specific rate is expressed per 100,000 persons in specific age group
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Oral Cavity and Pharynx Cancer Incidence

	Area 5 year Count		Area Age-adjusted Rate		State Age-adjusted Rate	
	Males	Females	Males	Females	Males	Females
Total Oral Cavity and Pharynx Cancer Incidence	67	27	19.4	6.3	16.5	6.5
White	64	26	19.3	6.4	16.8	6.5
Black	NA	0	NA	0.0	14.7	5.3
Asian	0	NA	0.0	NA	9.4	7.5
Hispanic	NA	0	NA	0.0	10.7	5.1
	Area 5 year Count		Area Age-specific Rate		State Age-specific Rate	
	Males	Females	Males	Females	Males	Females
Ages 0 to 19	0	0	0.0	0.0	0.3	0.2
Ages 20 to 44	NA	NA	NA	NA	3.6	2.1
Ages 45 to 64	33	13	33.8	12.6	35.9	11.3
Ages 65 to 74	15	NA	80.9	NA	57.0	23.7
Ages 75 to 84	14	NA	112.2	NA	58.4	26.7
Ages 85 plus	NA	NA	NA	NA	56.2	28.0

Age-adjusted rate is expressed per 100,000 persons, Age-specific rate is expressed per 100,000 persons in specific age group
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Overweight Adults

Percentage of adults who are overweight, 2002-2007: All respondents were asked to report their height and weight. Respondents were categorized based on their Body Mass Index (BMI), which equals weight in kilograms divided by height in meters squared. Using the Healthy People 2010 standards (HP2010), all adults with a BMI of 25.0 - 29.9 were classified as being overweight and adults with a BMI greater than or equal to 30.0 were classified as being obese. For example, a person who is 5'6" would be considered overweight at 155 pounds and obese at 186 pounds. Presented

here is the percentage of respondents who were determined to be overweight or obese. Please note that the overweight category presented here includes respondents with a BMI larger than 25.0 (respondents classified as overweight or obese).

	CHNA 12 (%)	Massachusetts (%)
Overall	58.5	55.4
Gender		
Male	68.1	65.9
Female	47.2	43.3
Age		
Ages 18-34	47.8	44.5
Ages 35-44	62.2	56.9
Ages 45-54	65.5	61.9
Ages 55-64	64.6	65.4
Ages 65+	59.6	57.6
Race/Ethnicity		
White	58	55.2
Black	64	67.3
Hispanic	67.3	61.6
Asian	6.7	31.6

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Regular Physical Activity among Adults

Regular physical activity among adults, 2002-2003, 2005, 2007: All respondents were asked if they had participated in either moderate (activity that causes some increase in breathing and heart rate) or vigorous (activity that causes large increases in breathing or heart rate) physical activities. Adults who participated in 30 minutes of moderate physical activity 5 days per week or 20 minutes of vigorous activity 3 days per week were said to have engaged in regular physical activity.

	CHNA 12 (%)	Massachusetts (%)
Overall	54.9	52.1
Gender		
Male	54.6	53.1
Female	55.3	51.1
Age		
Ages 18-34	60.9	57.5
Ages 35-44	54	52.8
Ages 45-54	56.2	54.7
Ages 55-64	50.3	49.8
Ages 65+	46.4	40.9
Race/Ethnicity		
White	56.1	53.7
Black	32.6	43.8
Hispanic	52.6	41
Asian	5.8	42.4

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Substance Use

	CHNA 12 Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	1,781	1198.9	1532.4
Injection drug user admissions to DPH funded treatment program	589	396.5	621.2
Alcohol and other drug related hospital discharges	293	197.2	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

The total number of people served during FY 2014 was 85,823.

People served refer to individuals who received services during the fiscal year.

Client Characteristic	Percent
Gender	
Male	68.4%
Female	31/5%
Race	
Black or African American	6.6%
Multi-Racial	2.8%
Other	9.6%
White	81.0%
Hispanic	
Hispanic	11.7%
Non-Hispanic	88.3%
Education Level	
Less Than High School	23.7%
Completed High School	45.7%
More Than High School	28.7%
Other	2.0%
Marital Status	
Married	9.5%
Never Married	72.7%
Separated	4.0%
Divorced	11.1%
Partnership	1.5%
Widowed	1.2%
Age	

Less Than 18	1.6%
18 to 25	21.4%
26 to 30	20.9%
31 to 40	25.9%
41 to 50	18.7%
51 and Older	11.6%
Employment	
Employed	23.7%
Unemployed	76.3%
Homelessness	
Homeless	17.6%
Not Homeless	76.3%
Past Year Needle Use	
Yes	50.3%
No	49.7%
Prior Mental Health Treatment	
Yes	43.9%
No	56.1%

Source: Bureau of Substance Abuse Services Massachusetts Residents

Health Partnership Communities Primary Drug Trend at Admission Treatment: FY 2014

Community	Total Admissions	Alcohol	All Other Opioids	Crack/Cocaine	Heroin	Marijuana	None	Other
Amesbury	288	32.6%	5.2%	2.1%	52.8%	5.2% * 2.1%	*	2.1%
Boxford	0-100	58.6%	*	*	31.0%	*	*	*
Georgetown	0-100	42.4%	*	*	50.0%	*	*	*
Groveland	0-100	51.9%	*	*	35.2%	*	*	*
Haverhill	1,132	29.3%	7.2%	2.7%	54.9%	5.1%	*	0.7%
Merrimac	0-100	42.6%	*	*	44.7%	*	*	*
Newbury	0-100	44.2%	*	*	40.4%	*	*	*
Newburyport	130	44.6%	*	*	43.1%	6.2%	*	*
Rowley	0-100	50.9%	*	*	32.1%	11.3%	*	*

Salisbury	375	24.0%	6.7%	5.1%	60.0%	2.9%	*	*
West Newbury	0-100	64.7%	*	*	*	*	*	*
Massachusetts	104,233	31.9%	5.8%	3.4%	53.1%	4.0%	0.1%	1.7%

Source: Bureau of Substance Abuse Services FY 2014

Other includes PCP, Other Hallucinogens, Methamphetamine, Other Amphetamines, Other Stimulants, Benzodiazepines, Other Tranquilizers, Barbiturates, Other Sedatives, Inhalants, OTC, Club Drugs, Other All Other Opioids include Non – Rx Methadone, Other Opiates, Oxycodone, Non-Rx Suboxone, Rx Opiates, and Non-Rx Opiates

Primary Substance of Use At admission a client identifies a “primary drug” of use which is the substance for which they seek treatment. Table 1 shows the percent distribution by primary drug.

Health Partnership Communities Past year Substance Use upon Entering Treatment: FY 2014*

Community	Total Admissions	Alcohol	All Other Opioids	Crack/Cocaine	Heroin	Marijuana	Other
Amesbury	263	52.5%	17.9%	23.2%	61.2%	22.1%	20.2%
Boxford	0-100	80.0%	*	224.0%	36.0%	28.0%	*
Georgetown	0-100	54.7%	8	10.9%	53.1%	18.8%	*
Groveland	0-100	66.0%	17.0%	11.3%	39.6%	24.5%	15.1%
Haverhill	1,088	46.8%	19.5%	22.7%	59.5%	23.5%	18.3%
Merrimac	0-100	64.4%	20.0%	15.6%	53.3%	15.6%	22.2%
Newbury	0-100	58.8%	*	17.6%	39.2%	13.7%	19.6%
Newburyport	123	59.3%	9.8%	17.1%	42.3%	23.6%	18.7%
Rowley	0-100	75.0%	11.5%	13.5%	28.8%	26.9%	25.0%

Salisbury	361	50.4%	22.2%	37.7%	68.7%	29.1%	32.4%
West Newbury	0-100	81.2%	*	*	*	*	*
Massachusetts	99,316	54.4%	17.8%	26.4%	58.9%	24.1%	22.2%

Source: Bureau of Substance Abuse Services FY 2014

*Past Year Substance Use Upon entering treatment, clients are asked to report ALL substances used in the year (12 months) prior to admission. It is possible to report using more than one substance within the past year.

Health Status Indicators by Community

AMESBURY

	Area Count	Area Percent	State Percent
Per Capita Income		\$24,103	\$25,952
Population below 100% of poverty level	951	5.9	9.3
Population below 200% of poverty level	2,988	18.6	21.7
Children less than 18 years of age living below 100% of poverty line	311	7.6	12.0
Unemployed persons age 16 and over	737	8.3	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
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	Area Count	Area Percent	State Percent
Persons under 18 years of age	4,293	26.1	23.6
Persons under 20 years of age	3,958	24.3	24.8
Persons age 65 years and over	2,011	12.4	13.8
White non-Hispanic persons	15,723	96.6	78.4
Black non-Hispanic persons	108	0.7	6.3
Hispanic persons	310	1.9	9.6
Asian persons	112	0.7	5.5
AFDC Medicaid Recipients	751	5.3	7.1
Multiple Assistance Unit Medicaid Recipients	50	0.9	1.2

*AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).
Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age)
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Perinatal and Child Health Indicators for Amesbury

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	204	66.0	53.8
White non-Hispanic	193	65.4	49.0
Black non-Hispanic	NA	NA	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	1	NA	4.4
White non-Hispanic	1	NA	3.4
Black non-Hispanic	0	0.0	8.2

Hispanic	0	0.0	6.1
Asian	0	0.0	4.3
	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	7	3.4	7.8
Births to adolescent mothers	8	3.9	5.4
Mothers not receiving prenatal care in first trimester	30	15.2	16.1
Mothers with adequate prenatal care	175	89.7	84.9
Mothers receiving publicly funded prenatal care	59	28.9	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	1	1.9	0.3

2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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Infectious Disease for Amesbury

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	13	78.2	261.0
AIDS and HIV-related deaths	0	0.0	1.8
Tuberculosis	0	0	3.7
Pertussis	N/A	N/A	5.8
Hepatitis-B	N/A	N/A	11.3
Syphilis	0	0	9.4
Gonorrhea	N/A	N/A	37.9
Chlamydia	20	120.4	322.1

Crude Rates are expressed per 100,000 persons

2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based,

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Injury for Amesbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	6.1	5.8
Suicide	2	123	9.0
Homicide	0	0.0	3.1

Crude rates are expressed per 100,000 persons, Copyright © 1995-2013 Massachusetts Department of Public Health

2010 Mortality (Vital Records) ICD-10 based

Chronic Disease for Amesbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Total deaths (all causes)	131	728.4	667.8
Total cancer deaths	31	173.2	1703
Lung cancer deaths	11	61.4	47.2
Breast cancer deaths	1	11.1	19.1
Cardiovascular disease deaths	42	227.2	192.0

Age-adjusted rates are expressed per 100,000 persons, Copyright © 1995-2013 Massachusetts Department of Public Health 2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Amesbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	25	145.4	160.2
Angina	N/A	N/A	10.3
Bacterial pneumonia	63	371.2	296.1

Age-adjusted rates are expressed per 100,000 persons, Copyright © 1995-2013 Massachusetts Department of Public Health 2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Amesbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	243	1462.3	1532.4
Injection drug user admissions to DPH funded treatment program	65	391.2	621.2
Alcohol and other drug related hospital discharges	35	210.6	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

BOXFORD

	Area Count	Area Percent	State Percent
Per Capita Income		\$48,846	\$25,952
Population below 100% of poverty level	108	1.4	9.3
Population below 200% of poverty level	246	3.1	21.7
Children less than 18 years of age living below 100% of poverty line	21	0.8	12.0
Unemployed persons age 16 and over	255	6.1	8.5

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Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force

	Area Count	Area Percent	State Percent
Persons under 18 years of age	2,551	32.2	23.6
Persons under 20 years of age	2,394	30.1	24.8
Persons age 65 years and over	1,049	13.2	13.8
White non-Hispanic persons	7,659	96.2	78.4
Black non-Hispanic persons	36	0.5	6.3
Hispanic persons	145	1.8	9.6
Asian persons	123	1.5	5.5
AFDC Medicaid Recipients	17	0.2	7.1
Multiple Assistance Unit Medicaid Recipients	22	0.8	1.2

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AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

Perinatal and Child Health Indicators for Boxford

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	42	36.0	53.8
White non-Hispanic	36	32.7	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	11	26.2	7.8
Births to adolescent mothers	0	0.0	5.4
Mothers not receiving prenatal care in first trimester	0	0.0	16.1
Mothers with adequate prenatal care (a)	32	100.0	84.9
Mothers receiving publicly funded prenatal care (b)	NA	NA	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Boxford

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0.0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	0	0	11.3
Syphilis	0	0	9.4
Gonorrhea	0	0	37.9
Chlamydia	NA	NA	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Boxford

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	0	0	5.8
Suicide	0	0	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Chronic Disease for Boxford

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	42	540.5	667.8
Total cancer deaths	14	161.3	170.3
Lung cancer deaths	3	35.4	47.2
Breast cancer deaths	1	22.5	19.1
Cardiovascular disease deaths	13	170.6	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions: Boxford

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	NA	NA	160.2
Angina	0	0	10.3
Bacterial pneumonia	9	136.4	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Boxford

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	31	379.8	1532.4
Injection drug user admissions to DPH funded treatment program	12	147.0	621.2
Alcohol and other drug related hospital discharges	10	122.5	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

GEORGETOWN

	Area Count	Area Percent	State Percent
Per Capita Income		\$28,846	\$25,952
Population below 100% of poverty level	309	4.2	9.3
Population below 200% of poverty level	762	10.4	21.7
Children less than 18 years of age living below 100% of poverty line	85	4.1	12.0
Unemployed persons age 16 and over	307	6.7	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
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	Area Count	Area Percent	State Percent
Persons under 18 years of age	2,113	28.6	23.6
Persons under 20 years of age	2,343	28.6	24.8
Persons age 65 years and over	924	11.3	13.8
White non-Hispanic persons	7,920	96.8	78.4
Black non-Hispanic persons	37	0.5	6.3
Hispanic persons	143	1.7	9.6
Asian persons	76	0.9	5.5
AFDC Medicaid Recipients	63	1.0	7.1
Multiple Assistance Unit Medicaid Recipients	21	0.9	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Georgetown

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	70	50.0	53.8
White non-Hispanic	68	50.6	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	0	0.0	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	NA	NA	7.8
Births to adolescent mothers	0	0.0	5.4
Mothers not receiving prenatal care in first trimester	6	9.5	16.1
Mothers with adequate prenatal care (a)	58	93.5	84.9
Mothers receiving publicly funded prenatal care (b)	9	12.9	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Georgetown

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	NA	NA	11.3
Syphilis	0	0	9.4
Gonorrhea	0	0	37.9
Chlamydia	7	87.3	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Georgetown

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	12.2	5.8
Suicide	1	12.2	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Chronic Disease for Georgetown

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	51	702.2	667.8
Total cancer deaths	10	148.5	170.3
Lung cancer deaths	3	44.6	47.2
Breast cancer deaths	0	0	19.1
Cardiovascular disease deaths	13	195.6	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Georgetown

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	NA	NA	160.2
Angina	0	0	10.3
Bacterial pneumonia	26	538.8	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Georgetown

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	51	635.7	1532.4
Injection drug user admissions to DPH funded treatment program	13	162.0	621.2
Alcohol and other drug related hospital discharges	8	99.7	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

GROVELAND

	Area Count	Area Percent	State Percent
Per Capita Income		\$25,430	\$25,952
Population below 100% of poverty level	269	4.5	9.3
Population below 200% of poverty level	759	12.6	21.7
Children less than 18 years of age living below 100% of poverty line	128	7.1	12.0
Unemployed persons age 16 and over	273	6.9	8.5

Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force

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	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,787	29.6	23.6
Persons under 20 years of age	1,733	26.8	24.8
Persons age 65 years and over	973	15.1	13.8
White non-Hispanic persons	6,282	97.3	78.4
Black non-Hispanic persons	28	0.4	6.3
Hispanic persons	85	1.3	9.6
Asian persons	61	0.9	5.5
AFDC Medicaid Recipients	81	1.6	7.1
Multiple Assistance Unit Medicaid Recipients	23	1.2	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Groveland

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	48	44.9	53.8
White non-Hispanic	46	44.7	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	0	0.0	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	NA	NA	7.8
Births to adolescent mothers	NA	NA	5.4
Mothers not receiving prenatal care in first trimester	NA	NA	16.1
Mothers with adequate prenatal care (a)	35	89.7	84.9
Mothers receiving publicly funded prenatal care (b)	NA	NA	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Groveland

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	NA	NA	11.3
Syphilis	0	0	9.4
Gonorrhea	0	0	37.9
Chlamydia	9	136.5	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Groveland

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	15.5	5.8
Suicide	0	0	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Chronic Disease for Groveland

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	47	598.2	667.8
Total cancer deaths	16	212.0	170.3
Lung cancer deaths	6	77.7	47.2
Breast cancer deaths	1	42.7	19.1
Cardiovascular disease deaths	12	146.2	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Groveland

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	NA	NA	160.2
Angina	NA	NA	10.3
Bacterial pneumonia	20	366.4	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Abuse for Groveland

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	62	940.6	1532.4
Injection drug user admissions to DPH funded treatment program	16	242.7	621.2
Alcohol and other drug related hospital discharges	10	151.7	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

HAVERHILL

	Area Count	Area Percent	State Percent
Per Capita Income		\$23,280	\$25,952
Population below 100% of poverty level	5,243	9.1	9.3
Population below 200% of poverty level	12,578	21.8	21.7
Children less than 18 years of age living below 100% of poverty line	1,900	12.8	12.0
Unemployed persons age 16 and over	3,003	9.4	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
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	Area Count	Area Percent	State Percent
Persons under 18 years of age	15,152	25.7	23.6
Persons under 20 years of age	15,421	25.3	24.8
Persons age 65 years and over	7,405	12.2	13.8
White non-Hispanic persons	49,399	81.1	78.4
Black non-Hispanic persons	1,571	2.6	6.3
Hispanic persons	8,831	14.5	9.6
Asian persons	993	1.6	5.5
AFDC Medicaid Recipients	4,193	8.6	7.1
Multiple Assistance Unit Medicaid Recipients	266	1.4	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Haverhill

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	823	64.8	53.8
White non-Hispanic	616	62.1	49.0
Black non-Hispanic	31	91.7	67.8
Hispanic	153	70.6	65.5
Asian	15	56.6	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	4	4.8	4.4
White non-Hispanic	3	4.9	3.4
Black non-Hispanic	1	NA	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	70	8.5	7.8
Births to adolescent mothers	57	6.9	5.4
Mothers not receiving prenatal care in first trimester	154	18.9	16.1
Mothers with adequate prenatal care (a)	691	84.8	84.9
Mothers receiving publicly funded prenatal care (b)	320	38.9	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	1	0.4	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Haverhill

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	108	179.9	261.0
AIDS and HIV- related deaths	0	0	1.8
Tuberculosis	NA	NA	3.7
Pertussis	NA	NA	5.8
Hepatitis-B	NA	NA	11.3
Syphilis	NA	NA	9.4
Gonorrhea	7	11.7	37.9
Chlamydia	201	334.8	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Haverhill

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	3	4.9	5.8
Suicide	6	9.9	9.0
Homicide	3	4.9	3.1

Crude rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Chronic Disease for Haverhill

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	501	739.5	667.8
Total cancer deaths	113	174.5	170.3
Lung cancer deaths	34	55.5	47.2
Breast cancer deaths	6	17.0	19.1
Cardiovascular disease deaths	169	245.7	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Haverhill

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	130	216.0	160.2
Angina	10	17.6	10.3
Bacterial pneumonia	229	357.6	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Abuse for Haverhill

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	798	1329.3	1532.4
Injection drug user admissions to DPH funded treatment program	281	468.1	621.2
Alcohol and other drug related hospital discharges	124	206.6	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

MERRIMAC

	Area Count	Area Percent	State Percent
Per Capita Income		\$24,869	\$25,952
Population below 100% of poverty level	165	2.7	9.3
Population below 200% of poverty level	559	9.2	21.7
Children less than 18 years of age living below 100% of poverty line	13	0.7	12.0
Unemployed persons age 16 and over	276	7.6	8.5

Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force

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	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,779	29.0	23.6
Persons under 20 years of age	1,694	26.7	24.8
Persons age 65 years and over	842	13.3	13.8
White non-Hispanic persons	6,138	96.8	78.4
Black non-Hispanic persons	36	0.6	6.3
Hispanic persons	115	1.8	9.6
Asian persons	41	0.6	5.5
AFDC Medicaid Recipients	121	2.3	7.1
Multiple Assistance Unit Medicaid Recipients	13	0.6	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Merrimac

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	36	32.3	53.8
White non-Hispanic	35	32.8	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	0	0.0	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	NA	NA	7.8
Births to adolescent mothers	0	0.0	5.4
Mothers not receiving prenatal care in first trimester	6	17.6	16.1
Mothers with adequate prenatal care (a)	30	90.9	84.9
Mothers receiving publicly funded prenatal care (b)	5	13.9	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Merrimac

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	0	0	11.3
Syphilis	0	0	9.4
Gonorrhea	NA	NA	37.9
Chlamydia	11	173.2	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Merrimac

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	0	0	5.8
Suicide	0	0	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for Merrimac

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	41	621.7	667.8
Total cancer deaths	9	120.8	170.3
Lung cancer deaths	3	36.1	47.2
Breast cancer deaths	1	21.0	19.1
Cardiovascular disease deaths	17	258.7	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Merrimac

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	NA	NA	160.2
Angina	0	0	10.3
Bacterial pneumonia	29	483.2	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Merrimac

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	52	818.9	1532.4
Injection drug user admissions to DPH funded treatment program	NA	NA	621.2
Alcohol and other drug related hospital discharges	11	173.2	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

NEWBURY

	Area Count	Area Percent	State Percent
Per Capita Income		\$34,640	\$25,952
Population below 100% of poverty level	208	3.1	9.3
Population below 200% of poverty level	839	12.6	21.7
Children less than 18 years of age living below 100% of poverty line	52	2.9	12.0
Unemployed persons age 16 and over	278	7.3	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
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	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,820	27.1	23.6
Persons under 20 years of age	1,637	24.6	24.8
Persons age 65 years and over	924	13.9	13.8
White non-Hispanic persons	6,531	98.0	78.4
Black non-Hispanic persons	15	0.2	6.3
Hispanic persons	67	1.0	9.6
Asian persons	43	0.6	5.5
AFDC Medicaid Recipients	89	1.6	7.1
Multiple Assistance Unit Medicaid Recipients	60	2.9	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Newbury

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	34	33.9	53.8
White non-Hispanic	33	34.0	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	0	0.0	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	NA	NA	7.8
Births to adolescent mothers	0	0.0	5.4
Mothers not receiving prenatal care in first trimester	5	15.2	16.1
Mothers with adequate prenatal care (a)	28	84.8	84.9
Mothers receiving publicly funded prenatal care (b)	8	24.2	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Newbury

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	NA	NA	5.8
Hepatitis-B	0	0	11.3
Syphilis	NA	NA	9.4
Gonorrhea	0	0	37.9
Chlamydia	NA	NA	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	15	5.8
Suicide	0	0	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	39	572..3	667.8
Total cancer deaths	9	130.0	170.3
Lung cancer deaths	4	62.2	47.2
Breast cancer deaths	1	22.9	19.1
Cardiovascular disease deaths	20	290.4	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	10	143.4	160.2
Angina	NA	NA	10.3
Bacterial pneumonia	26	381.1	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	36	515.0	1532.4
Injection drug user admissions to DPH funded treatment program	NA	NA	621.2
Alcohol and other drug related hospital discharges	13	186.0	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

NEWBURYPORT

	Area Count	Area Percent	State Percent
Per Capita Income		\$34,187	\$25,952
Population below 100% of poverty level	877	5.2	9.3
Population below 200% of poverty level	2,417	14.3	21.7
Children less than 18 years of age living below 100% of poverty line	231	6.5	12.0
Unemployed persons age 16 and over	726	7.3	8.5

Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force

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	Area Count	Area Percent	State Percent
Persons under 18 years of age	3,551	20.7	23.6
Persons under 20 years of age	3,872	22.2	24.8
Persons age 65 years and over	2,880	16.5	13.8
White non-Hispanic persons	16,814	96.6	78.4
Black non-Hispanic persons	95	0.5	6.3
Hispanic persons	291	1.7	9.6
Asian persons	195	1.1	5.5
AFDC Medicaid Recipients	348	2.4	7.1
Multiple Assistance Unit Medicaid Recipients	51	1.0	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Newburyport

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	133	47.1	53.8
White non-Hispanic	122	45.4	49.0
Black non-Hispanic	NA	NA	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	1	NA	4.4
White non-Hispanic	1	NA	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	7	5.1	7.8
Births to adolescent mothers	NA	NA	5.4
Mothers not receiving prenatal care in first trimester	20	15.3	16.1
Mothers with adequate prenatal care (a)	111	85.4	84.9
Mothers receiving publicly funded prenatal care (b)	23	17.0	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Newburyport

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	11	63.2	261.0
AIDS and HIV- related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	NA	NA	5.8
Hepatitis-B	0	0	11.3
Syphilis	0	0	9.4
Gonorrhea	NA	NA	37.9
Chlamydia	12	69.0	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Newburyport

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	5.7	5.8
Suicide	3	17.2	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for Newburyport

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	185	750.4	667.8
Total cancer deaths	36	150.1	170.3
Lung cancer deaths	7	31.1	47.2
Breast cancer deaths	4	25.1	19.1
Cardiovascular disease deaths	47	176.9	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Newburyport

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	27	123.6	160.2
Angina	NA	NA	10.3
Bacterial pneumonia	92	462.4	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Newburyport

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	125	718.6	1532.4
Injection drug user admissions to DPH funded treatment program	47	270.2	621.2
Alcohol and other drug related hospital discharges	32	184.0	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

ROWLEY

	Area Count	Area Percent	State Percent
Per Capita Income		\$27,413	\$25,952
Population below 100% of poverty level	224	4.1	9.3
Population below 200% of poverty level	688	12.7	21.7
Children less than 18 years of age living below 100% of poverty line	88	5.8	12.0
Unemployed persons age 16 and over	254	7.6	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
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	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,539	28.0	23.6
Persons under 20 years of age	1,547	26.4	24.8
Persons age 65 years and over	672	11.5	13.8
White non-Hispanic persons	5,716	97.6	78.4
Black non-Hispanic persons	16	0.3	6.3
Hispanic persons	59	1.0	9.6
Asian persons	64	1.1	5.5
AFDC Medicaid Recipients	83	1.8	7.1
Multiple Assistance Unit Medicaid Recipients	15	0.9	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

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Perinatal and Child Health Indicators for Rowley

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	49	50.8	53.8
White non-Hispanic	45	48.8	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	0	0.0	7.8
Births to adolescent mothers	NA	NA	5.4
Mothers not receiving prenatal care in first trimester	5	12.8	16.1
Mothers with adequate prenatal care (a)	32	86.5	84.9
Mothers receiving publicly funded prenatal care (b)	9	18.4	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Rowley

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	16	102.9	261.0
AIDS and HIV- related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	0	0	11.3
Syphilis	0	0	9.4
Gonorrhea	0	0	37.9
Chlamydia	6	102.9	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Rowley

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	17.1	5.8
Suicide	0	0	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for Rowley

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	42	778.9	667.8
Total cancer deaths	7	143.2	170.3
Lung cancer deaths	0	0	47.2
Breast cancer deaths	1	22.8	19.1
Cardiovascular disease deaths	18	340.8	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Rowley

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	8	136.7	160.2
Angina	0	0	10.3
Bacterial pneumonia	18	395.0	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Rowley

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	67	1148.9	1532.4
Injection drug user admissions to DPH funded treatment program	14	240.1	621.2
Alcohol and other drug related hospital discharges	15	257.2	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

SALISBURY

	Area Count	Area Percent	State Percent
Per Capita Income		\$21,608	\$25,952
Population below 100% of poverty level	526	6.8	9.3
Population below 200% of poverty level	1,629	21.0	21.7
Children less than 18 years of age living below 100% of poverty line *	171	9.6	12.0
Unemployed persons age 16 and over	474	10.2	8.5

Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force

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	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,847	23.6	23.6
Persons under 20 years of age	1,807	21.8	24.8
Persons age 65 years and over	1,260	15.2	13.8
White non-Hispanic persons	8,004	96.6	78.4
Black non-Hispanic persons	35	0.4	6.3
Hispanic persons	128	1.5	9.6
Asian persons	98	1.2	5.5
AFDC Medicaid Recipients	442	7.1	7.1
Multiple Assistance Unit Medicaid Recipients	26	1.1	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

Copyright © Census 2000 by U.S Census Bureau, 1996 Medicaid (MassHealth)

Perinatal and Child Health Indicators for Salisbury

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	73	50.2	53.8
White non-Hispanic	68	49.0	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	1	NA	4.4
White non-Hispanic	1	NA	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	8	11.0	7.8
Births to adolescent mothers	NA	NA	5.4
Mothers not receiving prenatal care in first trimester	12	17.9	16.1
Mothers with adequate prenatal care (a)	59	88.1	84.9
Mothers receiving publicly funded prenatal care (b)	23	32.4	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for Salisbury

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	8	96.8	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	NA	NA	3.7
Pertussis	0	0	5.8
Hepatitis-B	NA	NA	11.3
Syphilis	0	0	9.4
Gonorrhea	NA	NA	37.9
Chlamydia	12	145.2	322.1

Crude Rates are expressed per 100,000 persons

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2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for Salisbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	12.1	5.8
Suicide	1	12.1	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for Salisbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	74	796.1	667.8
Total cancer deaths	23	215.2	170.3
Lung cancer deaths	9	71.0	47.2
Breast cancer deaths	2	38.1	19.1
Cardiovascular disease deaths	24	263.2	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for Salisbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	3	341.3	160.2
Angina	NA	NA	10.3
Bacterial pneumonia	36	417.1	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for Salisbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	301	3642.2	1532.4
Injection drug user admissions to DPH funded treatment program	125	1512.5	621.2
Alcohol and other drug related hospital discharges	33	399.3	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

WEST NEWBURY

	Area Count	Area Percent	State Percent
Per Capita Income		\$35,323	\$25,952
Population below 100% of poverty level	156	3.8	9.3
Population below 200% of poverty level	340	8.2	21.7
Children less than 18 years of age living below 100% of poverty line	48	3.8	12.0
Unemployed persons age 16 and over	152	6.5	8.5

*Unemployment Rate: all unemployed persons in labor force divided by all persons in labor force
Copyright © Census 2000 by U.S Census Bureau, 2010 Employment and Training*

	Area Count	Area Percent	State Percent
Persons under 18 years of age	1,246	30.0	23.6
Persons under 20 years of age	1,216	28.7	24.8
Persons age 65 years and over	484	11.4	13.8
White non-Hispanic persons	4,117	97.2	78.4
Black non-Hispanic persons	4	0.1	6.3
Hispanic persons	66	1.6	9.6
Asian persons	44	1.0	5.5
AFDC Medicaid Recipients	20	0.6	7.1
Multiple Assistance Unit Medicaid Recipients	10	0.8	1.2

AFDC recipients percent denominator is persons age less than 65 (eligible population based on age).

Multiple Assistance Unit recipients percent denominator is persons age less than 25 (eligible population based on age).

Copyright © Census 2000 by U.S Census Bureau, 1996 Medicaid (MassHealth)

Perinatal and Child Health Indicators for West Newbury

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	22	37.2	53.8
White non-Hispanic	20	34.8	49.0
Black non-Hispanic	0	0.0	67.8
Hispanic	NA	NA	65.5
Asian	NA	NA	57.5
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	0	0.0	4.4
White non-Hispanic	0	0.0	3.4
Black non-Hispanic	0	0.0	8.2
Hispanic	0	0.0	6.1
Asian	0	0.0	4.3

	Area Count	Area Percent	State Percent
Low Birthweight (less than 2500 grams)	NA	NA	7.8
Births to adolescent mothers	NA	NA	5.4
Mothers not receiving prenatal care in first trimester	NA	NA	16.1
Mothers with adequate prenatal care (a)	21	95.5	84.9
Mothers receiving publicly funded prenatal care (b)	NA	NA	35.8
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0	0.0	0.3

Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned)

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year

Lead poisoning rates are expressed per 1,000 children screened.

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2010 Births (Vital Records), 2010 Infant Deaths (Vital Records), 2010 Lead Poisoning Prevention Program

Infectious Disease for West Newbury

	Area Count	Area Crude Rate	State Crude Rate
HIV/Incidence	NA	NA	8.6
HIV/AIDS Prevalence	NA	NA	261.0
AIDS and HIV-related deaths	0	0	1.8
Tuberculosis	0	0	3.7
Pertussis	0	0	5.8
Hepatitis-B	0	0	11.3
Syphilis	0	0	9.4
Gonorrhea	0	0	37.9
Chlamydia	0	0	322.1

Crude Rates are expressed per 100,000 persons

Copyright © 1995-2013 Massachusetts Department of Public Health

2009 AIDS Surveillance Program, 2009 Division of Epidemiology and Immunization, 2009 Division of Tuberculosis Prevention and Control, 2010 Division of Sexually Transmitted Disease Prevention, 2010 Mortality (Vital Records) ICD-10 based

Injury for West Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Motor vehicle related injury deaths	1	23.6	5.8
Suicide	1	23.6	9.0
Homicide	0	0	3.1

Crude rates are expressed per 100,000 persons

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Chronic Disease for West Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
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Total deaths (all causes)	20	492.2	667.8
Total cancer deaths	4	85.8	170.3
Lung cancer deaths	0	0	47.2
Breast cancer deaths	0	0	19.1
Cardiovascular disease deaths	3	95.3	192.0

Age-adjusted rates are expressed per 100,000 persons

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2010 Mortality (Vital Records) ICD-10 based

Hospital Discharge for Primary Care Manageable Conditions for West Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Asthma	NA	NA	160.2
Angina	NA	NA	10.3
Bacterial pneumonia	10	187.6	296.1

Age-adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS)

Substance Use for West Newbury

	Area Count	Age-Adjusted Rate	State-Adjusted Rate
Admissions to DPH funded treatment programs	15	348.7	1532.4
Injection drug user admissions to DPH funded treatment program	NA	NA	621.2
Alcohol and other drug related hospital discharges	NA	NA	344.7

Crude rates are expressed per 100,000 persons

Age adjusted rates are expressed per 100,000 persons

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2009 Calendar Year Hospital Discharges (UHDDS), 2011 Substance Abuse (BSAS) DPH funded program utilization

Recommendations

The following recommendations are from the focus groups and key informant interviews.

- With the utilization rate of MassHealth insurance increasing, education and outreach must be provided for the communities on MassHealth enrollment at a centralized location such as the Senior Center in Haverhill.
- We need to develop short term and long term plans to address homelessness. Develop partnership with homeless shelters to effectively provide collaborative support to address the issue of homelessness.
- With an increase in mental and behavioral health issues among students, school personnel would like additional training on behavioral and mental health first aid as well as increased resources in the school system.
- Improvement in interpreter services was raised as an important issue in the Haverhill community. A majority of the language spoken in the Haverhill area is Spanish. A strategy to increase interpreting capacity is to hire more Spanish-speaking providers.
- There is a major need to provide support services and outreach and education on health related issues for elders who live at home.
- Link social workers and mental health professionals with elders at home.
- Organize support groups once a month on issues such as alcohol and substance use, nutrition, tobacco use, etc.
- There is a need to have a centralized location for elders to interact. Increase the participation of elders at Senior Centers and Council on Aging.
- Educate physicians and pharmacies to assess the need for prescribing medications that are addictive in nature and make sure patients are well-educated on the side effects of the medications they are prescribed.
- There was recommendation to modify the treatment plan for users of substances and alcohol. The treatment plan consists of a detox, a 14 day evaluation, then in a Recovery House, and lastly a Progress House. Insurance plans cover only 14 days of evaluation, but it was suggested that the evaluation period should be extended to 28 days.

Next Steps: Identifying Top Priorities and Action Plans

The aim of the community health needs assessment report is to provide information about the overall health status of area residents and to determine the top priority health issues the residents face. The Health Partnership is committed to maximizing community involvement through a collaborative approach involving community stakeholders and residents.

The plan of actions to be developed in conjunction with community stakeholders include creating working groups to address priority health issues. The two most prominent health issues within the HP communities were drugs and substance use and mental health.

The second plan of action to maximize community involvement with partners and residents include the development of community forums in each town and city. A committee will be developed that will include volunteer partners and students from academic institutions to set schedule and plan the forums where the information in this report will be released to each community allowing residents and key stakeholders to provide their input.

References

<http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles/state-and-city-town-admissions-fy14.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/dmoa/health-survey/brfss/community-health-network-area-reports.html>

<http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html>

APPENDIX A

Hard Copy/Electronic Survey Questions

1. Where do you get most of your health information from? (Check all that apply.)

Church Group	Internet
Day Care	Library
Health Care Provider	Newspaper/Magazine
Educational Groups	Social Media
Family	Primary Care Physician
Friends	Radio
Health Center	TV
Health Department	Employer
Hospital	

2. What do you feel are the top 5 health issues in your community?

Alcoholism	Lung Disease/Asthma
Cancer	Mental Health Issues
Diabetes	Oral/Dental Hygiene
Domestic Violence	Overweight/Obesity
Drug Addiction/Use	Prenatal Care
Heart Disease	Smoking
High Blood Pressure	Stroke
Joint Pain	Suicide
Back Pain	I Don't Know

3. Where would you go for immediate medical services? (Choose one)

CVS/Walgreens/Rite Aid	Urgent Care Clinic
Emergency Room	Do Not Seek Health Care
Health Department	Other (please specify)
Physician's Office	

4. What prevents you from accessing care? (Check all that apply.)

Cultural Beliefs	No Insurance
I Don't Have A Doctor	Unable To Pay For The Care
I Don't See A Need For A Doctor	Transportation
Fear	Higher Co-pays And Deductibles
Financial Difficulties	Religious Beliefs
Can Not Get An Appointment	None
Language Barriers	Other (please specify)

5. What three improvements should be made for a healthier community?

Economic Opportunities
Affordable Health Care
Healthier Food
Job Opportunities
Mental Health Services

Safe Places To Walk And Play
Substance Abuse Rehabilitation Services
Transportation
Wellness Programs
Other (Please Specify)

6. What is your gender?

Female
Male
Transgender

7. What is your age?

Under 21
21 to 34
35 to 60
61 and Older

8. Where do you live?

Amesbury
Boxford
Georgetown
Groveland
Haverhill
Merrimac
Newbury
Newburyport
Rowley
Salisbury
West Newbury
Other (please specify)

9. What is your race/ethnicity?

Hispanic
Non-Hispanic
Asian/Pacific Islander
Black/African /American
Native American/American Indian
White
Other (Please Specify)

10. When was your last physical exam?

Less Than 1 Year Ago
1-2 Years Ago
3-4 Years Ago
5 or More
Not Sure
Never

APPENDIX B

General Focus Group and Interview Questions

1. What do you like most about living in your community?
2. What concerns you most about living here?
3. What do you do to stay healthy?
4. What health issues do you need education about?
5. What do you think are some changes in healthcare that need to be made in your community?
6. What are some health services people need that are currently not being offered?
7. (A) Do you think the economy/job opportunities affect health and wellness?
(b) If so, how can it be improved?