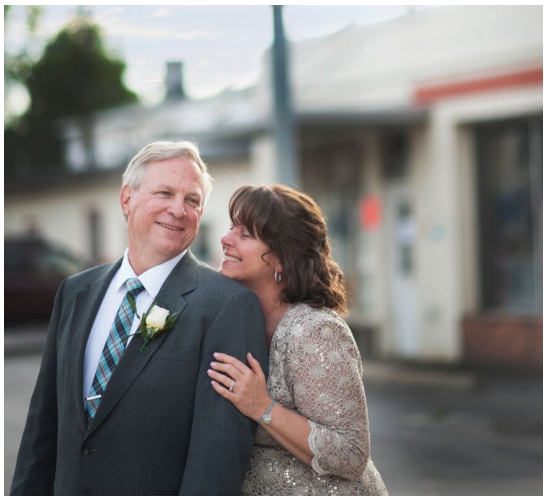
COMMUNITY HEALTH NEEDS ASSESSMENT

Beth Israel Lahey Health
Beverly Hospital

Beth Israel Lahey Health
Addison Gilbert Hospital



NORTHEAST HOSPITAL CORPORATION

2019

Executive Summary

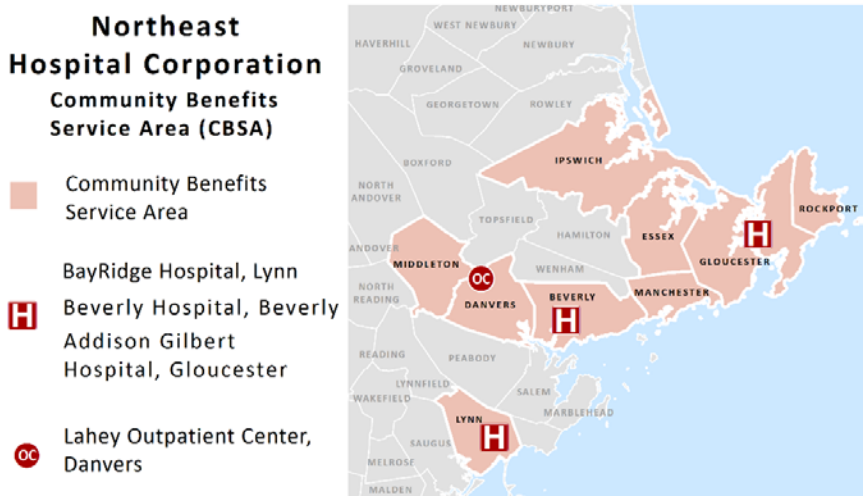
Background and Purpose

Northeast Hospital Corporation (NHC), part of Beth Israel Lahey Health, consists of multiple entities organized to service the needs of those in its communities. NHC operates, under a single license, two acute care campuses – Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts; an acute psychiatric inpatient satellite, BayRidge Hospital in Lynn, Massachusetts; and an outpatient facility, Lahey Outpatient Center – Danvers, in Danvers, Massachusetts. Beverly Addison Gilbert Hospitals, referred to throughout this report as BH-AGH, are among only 41 hospitals in the United States to be awarded "A" grades from The Leapfrog Group – the nation's leading nonprofit watchdog on hospital quality and safety.

Beverly Hospital (BH) is a full-service, 223-bed community hospital providing leading-edge, patient-centered care to North Shore and Cape Ann residents. The hospital provides a full range of state-of-the-art care and services including primary care, cardiovascular care, surgery, orthopedics, emergency care, maternity, and pediatrics, as well as many other specialties. For more information on Beverly Hospital, visit www.beverlyhospital.org.

Addison Gilbert Hospital (AGH) is a full-service, 79-bed medical/surgical acute care facility. The hospital, founded in 1889, provides state-of-the-art inpatient and outpatient care to residents of the Cape Ann community in specialties such as pain management, wound care, cancer care, primary and pediatric care, cardiology, geriatric services, and emergency medicine. For more information on Addison Gilbert Hospital, please visit www.addisongilbert.org.

BH-AGH is committed to fulfilling the Massachusetts Attorney General's Office community benefit requirements and federal Internal Revenue Service (IRS) requirements to assess and prioritize health needs in its Community Benefits Service Area (CBSA). BH-AGH's CBSA includes the towns of Ipswich, Essex, Gloucester, Rockport, Manchester-by-the-Sea, Beverly, Danvers, Middleton, and Lynn. Given that BH-AGH operates multiple buildings under a single state license and serves different geographic areas and populations, the communities that are part of the CBSA are an aggregate of these areas and populations. The City of Lynn is a new addition to BH-AGH's CBSA for 2019 – while the hospital has limited services in the area, it is open to exploring and supporting collaborative efforts to address priority health needs. While new collaborations and partnerships develop, BH-AGH will focus its efforts in other CBSA communities to



ensure they have the greatest impact. The CBSA does not exclude medically underserved, low-income, or minority populations. For this assessment, BH-AGH made every effort to identify the health needs of all residents within its CBSA, regardless of whether or not they use or have used services at BH-AGH facilities.

BH-AGH strives to create and support opportunities for residents of the service area to lead healthy and productive lives through community benefit programming. The hospitals acknowledge their role as a critical community resource, but they also recognize the value in collaborating with community partners to identify, educate, and address issues that prevent community residents from accessing the health and social services they need. This Community Health Needs Assessment (CHNA) and the associated Implementation Strategy were done in close collaboration with BH-AGH's leadership, staff, health and social service partners, and the community at large. This assessment involved input from nearly 1,000 community residents, stakeholders, and service providers. This assessment, including the process that was applied to develop the Implementation Strategy, exemplifies the spirit of collaboration and community engagement that is such a vital part of BH-AGH's mission.

This CHNA provides information that will be used to make sure that BH-AGH's services and programs are appropriately focused, are delivered in ways that are responsive to those in its CBSA, and are conducted to address leading barriers to health and well-being. This CHNA and the Implementation Strategy allow BH-AGH to meet commonwealth and federal community benefits requirements per the Massachusetts Attorney General's Office and the federal Internal Revenue Service (IRS) as part of the Affordable Care Act.

Approach and Methods

The assessment began in December 2018 and was conducted in three phases, which allowed for the collection of an extensive amount of quantitative and qualitative data (Phase 1); engagement of community residents, key stakeholders, and service providers (Phase 2); and analysis and prioritization of findings for use in developing a data-driven Implementation Strategy (Phase 3).

2019 CHNA and Implementation Strategy: Project Phases

Phase 1 – Preliminary Assessment and Engagement	Phase 2 – Targeted Engagement	Phase 3 – Strategic Planning and Reporting
Identify health needs	**Engage key stakeholders**	**Develop Community Health Needs Assessment and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of hospitals' current portfolio of community benefit activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Focus groups with target populations and service providers. • Community forums with community residents and service providers. • Dissemination and analysis of a Community Health Survey to capture residents' perceptions of barriers to good health, leading health issues, vulnerable populations, accessibility of health services, and opportunities for the hospitals to improve the services they offer to the community.	• Meetings with the CBAC and PAC to present CHNA findings, prioritize community health issues, identify vulnerable populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Literature review of evidence-based strategies and identification of successful strategies being conducted by community-based organizations to respond to identified health priorities. • Development of a final Community Health Needs Assessment report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities.		

Hundreds of individuals from across BH-AGH's CBSA were engaged in the assessment and planning process, including:

- Health and social service providers
- Town administrators/elected officials
- Public health officials
- Public school nurses and administrators
- Community organizers and advocates
- Community residents
- BH-AGH senior leadership, staff, providers, and board members

These individuals were invited to provide input through key informant interviews, focus groups, community listening sessions, and a widely distributed Community Health Survey. While it was not possible for this assessment to involve all community stakeholders, BH-AGH made every effort to be as

inclusive as possible and to provide a broad range of opportunities for participation over the course of several months.

Key Findings

Below is a high-level summary of health-related findings that were identified after a comprehensive review of all the quantitative and qualitative information that was collected as part of the CHNA. A detailed and in-depth discussion of key findings is included in the full CHNA report.

- **The social determinants of health (e.g., economic stability, transportation, access to care, housing, food insecurity) impact many segments of the population.** A key theme from the assessment's key informant interviews, focus groups, listening sessions, and Community Health Survey was the continued impact that the social determinants of health have on residents of BH-AGH's service area, especially those that are low to moderate income, are frail or homebound, have mental health or substance use issues, or lack a close support system.

- **Certain populations are more vulnerable to health care disparities and barriers to care.** Despite the fact that Massachusetts has one of the highest rates of health insurance enrollment, and the communities that make up BH-AGH's service area have strong, robust safety net systems, there are still substantial numbers of low-income, Medicaid-covered, uninsured, and otherwise vulnerable individuals who face health disparities and are not engaged in essential medical and behavioral services. Efforts need to be made to expand access, reduce barriers to care, and improve the quality of primary care, medical specialty care, and behavioral health services.

- **Mental health issues (e.g., depression, anxiety/stress, access to treatment, stigma) underlie many health and social concerns.** Nearly every key informant interview, focus group, and listening session included discussions on the impact of mental health issues. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading concerns. There were particular concerns around the impact of depression, anxiety, and e-cigarette/vaping for youth and social isolation among older adults.

- **Substance dependency continues to impact individuals, families, and communities.** The opioid epidemic continues to be an area of focus, especially in BH-AGH's service area, where many of the commonwealth's treatment services are located. Beyond opioids, key informants were also concerned with alcohol misuse, changing community norms in light of the legalization of recreational marijuana use, and e-cigarette/vaping among adolescents.

- **Chronic diseases (e.g., cardiovascular disease, cancer, diabetes, asthma) require more education, screening/early intervention, and management – and a focus on risk factors.** Although there was major emphasis on behavioral health issues, many key informants, focus group participants, and listening session participants identified a need to address the many risk factors associated with chronic and complex health conditions. Physical inactivity and poor nutrition/lifestyle were discussed by many – some of these issues being associated with age (mobility issues among older adults), education/health literacy (lack of understanding about healthy eating), and socioeconomic

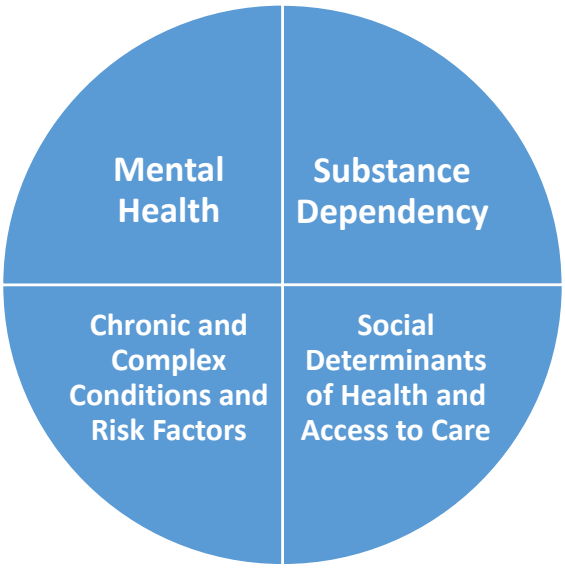
status (fresh foods being more expensive, gyms and health centers unaffordable). Addressing the leading risk factors is at the root of many chronic disease prevention and management strategies.

Community Health Priorities

The CHNA was designed as a population-based assessment, meaning the goal was to identify the full range of community health issues across all demographic and socioeconomic segments of the population. The issues identified were framed in a broad context to ensure that the breadth of unmet needs and community health issues were recognized.

An integrated analysis of all assessment activities framed the leading community health issues into four priority areas: mental health, substance dependency, chronic and complex conditions and their risk factors, and social determinants of health and access to care.

2020-2022 BH-AGH Community Health Priority Areas



Priority Populations

All segments of the population face challenges that may limit their ability to access health services, regardless of age, race/ethnicity, income, family history, or health status. The body of this report includes a comprehensive review of the full breadth of quantitative and qualitative data compiled as part of this assessment effort; this review includes findings that touch on common challenges cited among community residents throughout the service area.

In order to target community benefits efforts and to comply with commonwealth and federal guidelines, there was an effort to prioritize segments of the population with complex health needs or who face significant barriers to care. With this in mind, four population segments were prioritized: older adults, children and families, individuals and families of low resource, and individuals with chronic/complex conditions.

2020-2022 BH-AGH Priority Populations

Summary Implementation Strategy

The following is a listing of the goals and objectives that have been established for each community health priority area in BH-AGH's Implementation Strategy.

Priority Area 1: Mental health
Goal 1: Support mental health outreach, education, and prevention programs, and improve access to treatment and services.
• Increase the number of individuals and families educated on the risks, protective factors, and impacts of mental health issues. • Increase the number of individuals who are screened and referred to appropriate mental health treatment and support services. • Reduce structural barriers to mental health treatment. • Increase access to primary care practices that have integrated behavioral health services. • Explore opportunities to reduce social isolation and depression.
Priority Area 2: Substance dependency
Goal 1: Address the impact(s) of substance dependency.
• Promote collaboration, share knowledge, and increase awareness around the impacts and risk factors for developing substance misuse issues.
Goal 2: Improve access to substance misuse treatment and support services.
• Increase the number of individuals who are screened and referred to appropriate mental health treatment and support services.
Priority Area 3: Chronic/complex conditions and risk factors
Goal 1: Prevent, detect, and manage chronic diseases and complex conditions, and enhance access to treatment and support services.
• Create awareness/educate community members about the preventable risk factors associated with chronic and complex health conditions. • Provide opportunities for people to be screened for chronic and complex health conditions, and provide linkages to associated services. • Support individuals and their caregivers who are engaged in evidence-based support and chronic disease management programs. • Increase access to affordable healthy foods and affordable physical activity. • Increase access to supportive services that reduce stress among individuals with chronic/complex conditions and their caregivers.
Priority Area 4: Social determinants of health and access to care
Goal 1: Address barriers to social determinants of health and access to care
• Educate providers/community members about hospital or public assistance programs to help them identify/enroll in appropriate health insurance plans and/or reduce their financial burden • Increase access to appropriate primary care and specialty care services • Increase access to affordable and nutritious foods • Increase mentorship, training, and employment opportunities • Increase awareness about creating a healthy and safe environment for babies and families, and promote healthy child development • Increase access to affordable and free opportunities for physical activity

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Acknowledgments

This Community Health Needs Assessment (CHNA) and its associated Implementation Strategy are the results of a collaborative process between Beverly Hospital and Addison Gilbert Hospital (BH-AGH), including hospital leadership and clinical staff, and many community-based organizations, municipal leaders, advocates, and community residents throughout their service area. At the foundation of this endeavor was a desire to meaningfully engage community residents and service providers to share their thoughts on barriers to good health, leading community health issues, local assets and resources, and opportunities to improve the delivery of health care services and the overall health of the community.

This assessment was overseen by the:

- **Beth Israel Lahey Health – North: Steering Committee 2019**, composed of Community Relations staff from BH-AGH; Lahey Hospital & Medical Center and Lahey Medical Center – Peabody (LHMC/LMCP); Winchester Hospital; and Beth Israel Lahey Health (formerly Lahey Health).

- **Beverly and Addison Gilbert Hospitals Community Benefits Advisory Committee 2019 (CBAC)**, which included hospital leadership, clinical providers, and representatives from community-based organizations, advocacy groups, and other sectors. This body recommended the Implementation Strategy for Board approval on August 2, 2019.

- **Beth Israel Lahey Health – North: Project Advisory Committee 2019 (PAC)**, composed of representatives from BH-AGH; Lahey Hospital & Medical Center and Lahey Medical Center – Peabody; Winchester Hospital; Lahey Health at Home; and Beth Israel Lahey Health (BILH) Behavioral Services, as well as local public health officials, community stakeholders, and Community Relations staff.

BH-AGH hired John Snow, Inc. (JSI), a public health research and consulting firm, to assist in the completion of this work. The hospitals appreciate the contributions that JSI has made in collecting and analyzing data, engaging the community, and conducting research throughout CHNA and Implementation Strategy development process.

Finally, BH-AGH would like to thank the many residents who contributed to this process. Since the beginning of the assessment in December 2018, hundreds of individuals shared their needs, experiences, and expertise through interviews, focus groups, surveys, and community listening sessions.

The authorized body of Northeast Hospital Corporation, Inc. – the Board of Trustees – approved this Community Health Needs Assessment and adopted the Implementation Strategy on September 5, 2019.

Beth Israel Lahey Health – 2019 Northern Region Steering Committee
Christine Healey, Director, Community Relations, Beth Israel Lahey Health
Noreen Gavin, Community Relations Coordinator, Community Relations, Beth Israel Lahey Health
Marylou Hardy, Regional Manager, Community Relations, Winchester Hospital
Wendy Hawkins, Project Manager/Senior Planning Analyst, Market Analytics and Intelligence, Beth Israel Lahey Health
Robert Murray, Manager, Market Analytics and Intelligence, Beth Israel Lahey Health
Lisa Neveling, Vice President, Business Development, Beth Israel Lahey Health
Grace Numerosi, Regional Manager, Community Relations, Beverly Hospital-Addison Gilbert Hospital
Michelle Snyder, Regional Manager, Community Relations, Lahey Hospital & Medical Center

Beverly and Addison Gilbert Hospitals Community Benefits Advisory Committee 2019
Nancy Palmer, Chair, Board of Trustees
Philip Cormier, President, Beverly and Addison Gilbert Hospitals
David DiChiara, Associate Chief Medical Officer, Beverly and Addison Gilbert Hospitals
Cynthia Cafasso Donaldson, Vice President, Addison Gilbert Hospital and Lahey Outpatient Center, Danvers
Charles Favazzo, Member, Board of Trustees
Mark Gendreau, MD, Chief Medical Officer, Beverly and Addison Gilbert Hospitals
Christine Healey, Director, Community Relations, Beth Israel Lahey Health
Rebecca Imperiali, Vice President of Philanthropy and Development, Beverly and Addison Gilbert Hospitals
Julie LaFontaine, Executive Director, The Open Door
Chris Lovasco, Chief Executive Officer, YMCA of the North Shore
Chessye Moseley, Community Resident
Lisa Neveling, Vice President, Business Development, Beth Israel Lahey Health
Grace Numerosi, Regional Manager, Community Relations, Beverly Hospital-Addison Gilbert Hospital
Kimberly Perryman, Chief Nursing Officer, Beverly and Addison Gilbert Hospitals
Peter Short, MD, Associate Chief Medical Officer, Beverly and Addison Gilbert Hospitals
Michael Tarmey, Vice President of Behavioral Health/Associate Chief Nursing Officer, BayRidge Hospital
Scott Trenti, Chief Executive Officer, SeniorCare, Inc.
Craig Williams, Interim Chief Operating Officer, Beverly and Addison Gilbert Hospitals

Beth Israel Lahey Health – North: Project Advisory Committee 2019
Kristy Cahill, MD, Medical Director, Lahey Health Hub
Sharon Cameron, Public Health Director, City of Peabody
Karin Carroll, Public Health Director, City of Gloucester
Deborah Costello, Chief Operating Officer, Home Health and Hospice, Lahey Health at Home
Marylou Hardy, Regional Manager, Community Relations, Winchester Hospital
Wendy Hawkins, Project Manager/Senior Planning Analyst, Market Analytics and Intelligence, Beth Israel Lahey Health
Christine Healey, Director, Community Relations, Beth Israel Lahey Health
Theresa Kirsch, Public Health Nurse, City of Beverly
Jill Lack, Vice President of Ambulatory & CBHI Services, Beth Israel Lahey Behavioral Health Services
Susan Lumenello, Public Health Director, Town of Burlington
Jennifer Murphy, Public Health Director, Town of Winchester
Robert Murray, Manager, Market Analytics and Intelligence, Beth Israel Lahey Health
Lisa Neveling, Vice President, Business Development, Beth Israel Lahey Health

Grace Numerosi, Regional Manager, Community Relations, Beverly Hospital-Addison Gilbert Hospital
Leslie Sebba, MD, President and Chief Medical Officer, Lahey Clinical Performance Network, Beth Israel Lahey Health
Peter Short, MD, Associate Chief Medical Officer, Beverly and Addison Gilbert Hospitals
Michelle Snyder, Regional Manager, Community Relations, Lahey Hospital & Medical Center
Andy Villanueva, MD, Chief Quality Officer, Lahey Hospital & Medical Center
Dana Zitkosky, MD, Chief Medical Officer, Beverly Hospital-Addison Gilbert Hospital

Introduction and Purpose

Introduction

Northeast Hospital Corporation (NHC), part of Beth Israel Lahey Health, consists of multiple entities organized to service the needs of those in its communities. NHC operates, under a single license, two acute care campuses – Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts; an acute psychiatric inpatient satellite, BayRidge Hospital in Lynn, Massachusetts; and an outpatient facility, Lahey Outpatient Center – Danvers, in Danvers, Massachusetts. Beverly Addison Gilbert Hospitals, referred to throughout this report as BH-AGH, are among only 41 hospitals in the United States to be awarded "A" grades from The Leapfrog Group – the nation's leading nonprofit watchdog on hospital quality and safety.

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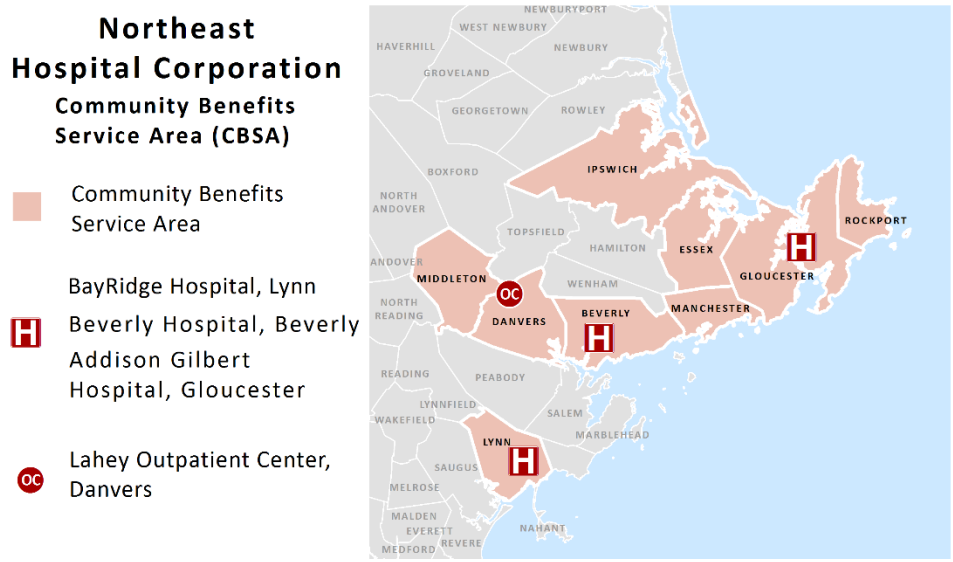
Figure 1: BH-AGH Community Benefits Service Area



is a new addition to BH-AGH's CBSA for 2019 – while the hospital has limited services in the area, it is open to exploring and supporting collaborative efforts to address priority health needs. While new collaborations and partnerships develop, BH-AGH will focus its efforts in other CBSA communities to ensure they have the greatest impact. The CBSA does not exclude medically underserved, low-income, or minority populations. For this assessment, BH-AGH made every effort to identify the health needs of all residents within its CBSA, regardless of whether or not they use or have used services at BH-AGH facilities.

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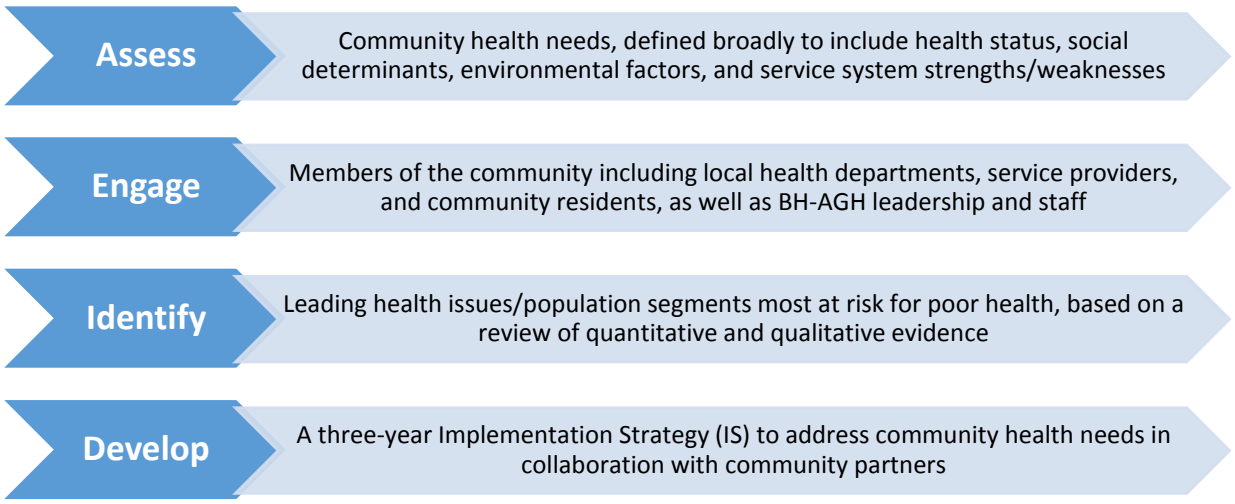
Purpose

Not-for-profit hospitals and health maintenance organizations enjoy a range of benefits, including commonwealth and federal tax-exempt status. With these benefits come fiduciary and public obligations, including periodic assessments of community health needs, barriers to care, and vulnerable populations. From these community health needs assessments, hospitals and HMOs develop Implementation Strategies that outline the ways in which the entities will address the identified health needs – otherwise known as "community benefits" activities.

Conducted through a collaborative process engaging hospital leaders and clinical staff from BH-AGH, along with leaders, organization representatives, service providers, and residents from the CBSA, the CHNA is a population-based assessment that considers the needs of the entire population, regardless of whether individuals are or were patients at the hospitals. As per the community benefits guidelines that govern the CHNA, special efforts were made to assess the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed vulnerable or at risk.

The primary goals of the CHNA and this report are to:



This CHNA may be used as a source of information and guidance to:

- Clarify issues related to community characteristics, barriers to care, existing service gaps, unmet community needs, and other health-related factors
- Prioritize and promote community health investment
- Inform and guide a comprehensive, collaborative community health improvement planning process
- Facilitate discussion within and across sectors regarding community need, community health improvement, and health equity
- Serve as a resource to others working to address health inequities

BH-AGH is committed to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout the assessment process, efforts were made to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. BH-AGH's Implementation Strategy will focus on reaching the geographic, demographic, and socioeconomic segments of the population most at risk, as well as those with physical and behavioral health needs.

Approach and Methods

Approach

The assessment began with the creation of a Steering Committee composed of representatives from the former Lahey Health system, including BH-AGH; Lahey Hospital & Medical Center/Lahey Medical Center – Peabody; and Winchester Hospital. The hospitals hired John Snow, Inc. (JSI), a public health research and consulting firm in Boston, to complete the CHNA and IS. The Steering Committee provided vital oversight of the CHNA approach, methods, and reporting process. This Committee met monthly, in person and via conference call, to review project activities, vet preliminary findings, address challenges, and ensure alignment in CHNA approach and methods across the Beth Israel Lahey Health (BILH) system.

BH-AGH engaged its Community Benefits Advisory Committee (CBAC), made up of hospital leadership and clinical staff, local service providers, and key community stakeholders, extensively throughout this process. This group met three times over the course of the assessment and provided input on the assessment approach, vetted preliminary findings, and helped prioritize community health issues and vulnerable populations. The CBAC also reviewed and provided feedback on the associated Implementation Strategy. Meeting dates and agendas are included in Table 1.

Finally, a Project Advisory Committee (PAC) was convened to provide input and feedback from a system-wide perspective. The PAC was composed of representatives from clinical and administrative leadership and local public health officials, along with community benefit staff. The PAC met three times over the course of the project and provided broad-based feedback on the approach and vetted preliminary findings relative to identified priority community health issues and vulnerable populations. Meeting dates and agendas are included in Table 1.

BH-AGH ENGAGEMENT

- 41 community stakeholders and leaders participated in interviews
- 14 interviews with BH-AGH and BILH leaders and staff
- 3 focus groups with high school students and individuals who are currently or formerly homeless/unstably housed
- 3 community listening sessions with 50+ participants
- 6 total meetings with Community Benefits Advisory Committee and Project Advisory Committee

Table 1: CBAC and PAC meeting dates and agendas

Community Benefits Advisory Committee (CBAC)	
Meeting Date	**Agenda**
May 14, 2019	• Conduct overview of CHNA requirements and process, including distribution of Community Health Survey. • Gather feedback on initial data findings. • Perform initial identification of priority areas and populations.
June 11, 2019	• Review data findings, including initial Community Survey results. • Review refined priority areas and populations. • Perform initial review of Implementation Strategy.
August 2, 2019	• Review and provide feedback on Implementation Strategy
Project Advisory Committee (PAC)	
Meeting Date	**Agenda**
February 12, 2019	• Conduct overview of CHNA requirements and process. • Define role of PAC. • Gather input on Community Survey instrument and distribution.
June 13, 2019	• Inform PAC on information gathering and synthesis. • Share key findings. • Gather input on strategies to address needs.
August 12, 2019	• Present final results of needs assessment and implementation strategies for each hospital. • Gather feedback on process – what worked well, what to improve. • Gather input on opportunities for system-wide initiatives.

BH-AGH's Community Relations staff, CBAC, and hospital leadership reviewed this CHNA report and Implementation Strategy before it was submitted to the Board of Trustees for approval on September 5, 2019.

The assessment was completed in three phases. A summary of each phase and associated activities is included in Table 2. A detailed description of BH-AGH's approach to community engagement is included in Appendix A.

Table 2: Assessment phases

Phase 1 – Preliminary Assessment and Engagement	Phase 2 – Targeted Engagement	Phase 3 – Strategic Planning and Reporting
Identify health needs	**Engage key stakeholders**	**Develop Community Health Needs Assessment and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of hospital's current portfolio of community benefits activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Focus groups with target populations and service providers. • Community forums with community residents and service providers. • Dissemination and analysis of a Community Health Survey to capture residents' perceptions of barriers to good health, leading health issues, vulnerable populations, accessibility of health services, and opportunities for the hospital to improve the services offered to the community.	• Meetings with the CBAC and PAC to present CHNA findings, prioritize community health issues, identify vulnerable populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Literature review of evidence-based strategies and identification of successful strategies being conducted by community-based organizations to respond to identified health priorities. • Development of a final Community Health Needs Assessment report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities.		

Methods

Quantitative Data Collection and Analysis

Quantitative data from a wide range of sources was collected and analyzed to characterize communities in BH-AGH's CBSA, measure health status, and inform a comprehensive understanding of health-related issues. National, state, and local sources included:

- U.S. Census Bureau, American Community Survey 5-Year Estimates (2013-2017)
- Massachusetts Department of Elementary and Secondary Education: School and District Profiles (2017; 2018-2019)
- FBI Uniform Crime Reports (2017)
- Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2015)
- Massachusetts Department of Public Health, Bureau of Substance Abuse Services (2017)
- Massachusetts Department of Public Health, Annual Reports on Births (2016)
- Massachusetts Bureau of Infectious Disease and Laboratory Sciences (2017)

- Massachusetts Center for Health Information Analysis (CHIA) Hospital Profiles (FY 2013-2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Discharges (2017)
- Massachusetts Healthy Aging Collaborative Community Profiles (2018)
- Youth Risk Behavior Surveys (2017 and 2018)
- Essex County Community Foundation: Impact Essex County Website
- SeniorCare, Inc., Area Plan on Aging 2018-2021

Whenever possible, confidence intervals were analyzed to test for statistically significant differences between municipal and commonwealth data points. A comprehensive Data Book is included in Appendix B. In this Data Book, data points are color-coded to visualize which municipal-level data points were significantly higher or lower compared with the commonwealth overall. Data from the Massachusetts Department of Elementary and Secondary Education, the Bureau of Substance Abuse Services, the Annual Report on Births, the Bureau of Infectious Disease and Laboratory Sciences, and FBI Crime Data did not include confidence intervals and could not be tested for statistical significance.

In addition to the major publicly available data sets listed above, JSI also obtained more local data from stakeholders offered during key informant interviews. Although not included in data books, JSI incorporated the information and data into the needs assessment.

JSI, working in collaboration with staff from BILH and the Massachusetts Center for Health Information and Analysis (CHIA), obtained federal Fiscal Year 2017 hospital discharge data for municipalities within the commonwealth. JSI analyzed the discharge data for each hospital's Community Benefits Service Area, based on patient residence. JSI also developed statewide averages for comparative purposes. CHIA aggregates hospital discharge data from all hospitals in Massachusetts and makes it available to hospitals and researchers to evaluate morbidity, access to care, and health services utilization trends.

The data allowed for hospital-specific analyses based on where the patient was hospitalized within Massachusetts, and patient origin analyses based on the patient's address of residence. Related to the CHNA activities, this data was used to:

- Measure hospitalization rates for major health issues as identified by stakeholders in the qualitative research, and
- Gauge access to high-quality primary and outpatient services for residents within the CBSA, using Agency for Health Research and Quality (AHRQ) Quality Indicators (QI) and Prevention Quality Indicators (PQI) software.

Prevention quality indicator (PQI) rates were developed for eight chronic PQI measures, four of which are related to diabetes (Table 3). PQIs use data from hospital discharges to identify admissions that might have been avoided through access to high-quality primary or outpatient care. The PQIs are population based and therefore can help public health agencies, health care systems, and others interested in improving health care quality in their communities.[1]

JSI compared municipal-level PQI rates to Massachusetts' statewide average.

[1] AHRQ Prevention Quality Indicators v2019 ICD-10-CM Benchmark Data Tables.

Table 3: PQI measures

Indicator	Label	Population
PQI 1	Diabetes short-term complications admission rate	Over age 18
PQI 3	Diabetes long-term complications admission rate	Over age 18
PQI 5	Chronic obstructive pulmonary disease (COPD) or asthma in older adults	Over age 45*
PQI 7	Hypertension admission rate	Over age 18
PQI 8	Heart failure admission rate	Over age 18
PQI 14	Uncontrolled diabetes admission rate	Over age 18
PQI 15	Asthma in younger adults	Ages 20 to 44
PQI 93	Prevention quality diabetes composite	Over age 18

*JSI's age group varied slightly from those used by AHRQ to align with U.S. Census Bureau groupings used for the discharge analysis.

JSI produced rates per 100,000 population, as defined for the measure. Results from the discharge data analysis are included in the Key Findings: Behavioral Risk Factors and Health Status section of this report.

Quantitative Data Limitations

Relative to most states, Massachusetts does an excellent job of making comprehensive data available at the commonwealth, county, and municipal levels through the Massachusetts Department of Public Health (MDPH). Historically, this data has been made available through the Massachusetts Community Health Information Profile (MassCHIP) data system, an automated and interactive resource provided by MDPH; MassCHIP is no longer updated. To replace this system, MDPH is creating the Population Health Information Tool (PHIT), which will include municipal-level data stratified by demographic and socioeconomic variables (e.g., gender, age, race/ethnicity, poverty level). At the time this report was produced, community profiles were not available via the PHIT. The most significant limitation this caused was the availability of timely data related to morbidity, mortality, and service utilization. The data sets used in this report are the most up-to-date provided by MDPH. This data was still valuable and allowed for identification of health needs relative to the commonwealth and specific communities; however, these data sets may not reflect recent trends in health statistics.

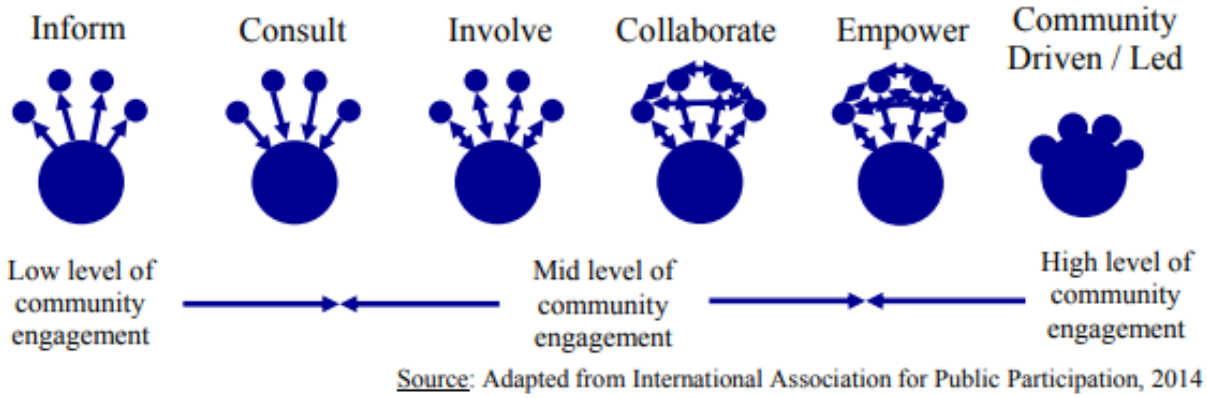
Additionally, quantitative data was not stratified by age, race/ethnicity, income, or other characteristics, which limited the ability to identify health disparities in an objective way. Qualitative activities allowed for exploration of these issues, but the lack of objective quantitative data constrained this effort.

Qualitative Data Collection and Analysis

BH-AGH recognizes that authentic community engagement is critical to assessing community needs, identifying health priorities and vulnerable populations, and creating a robust Implementation Strategy. The hospital was committed to engaging the community throughout this process. Using the community engagement continuum included in the Massachusetts Department of Public Health's Community Engagement Standards for Community Health Planning as a guide (Figure 2), BH-AGH employed a variety of approaches to ensure that community members were informed, consulted, and involved throughout

the assessment process, and that they were collaborators in ensuring that the Implementation Strategy addressed priority issues and vulnerable populations.

Figure 2: Community engagement continuum



Source: Adapted from International Association for Public Participation, 2014

Informed: BH-AGH informed the community of:

- Assessment activities (e.g., Community Health Survey, focus groups, community forum)
- Summary quantitative and qualitative data findings in public meetings

Consulted: BH-AGH consulted the community by:

- Presenting its current CHNA to town leadership and stakeholder groups
- Hosting focus groups with community stakeholders and residents
- Conducting key informant interviews
- Conducting a Community Health Survey
- Holding community listening sessions to solicit opinions and ideas directly from community residents

Involved: BH-AGH involved its advisory bodies, including the CBAC and the PAC, to provide input and feedback on the assessment approach and to vet preliminary findings. These bodies included community residents and stakeholders. Local health and public health directors were involved throughout the CHNA process and served as members of the CBAC and the PAC. The hospitals further engaged with the community by co-hosting one of their listening sessions with a Community Health Network Area in their service area.

Collaborated: Members of the CBAC and PAC were asked to help prioritize health needs and vulnerable populations. These advisory bodies were also consulted in the drafting of the Implementation Strategy. Many of the activities outlined in the Implementation Strategy will be community driven.

Below are descriptions of the approach to community engagement activities. Associated tools, lists of participants, and other materials are included in Appendix A: Detailed Community Engagement Approach.

Key Informant Interviews (27 individuals; four meetings with town leadership) – JSI conducted key informant interviews with community stakeholders from throughout BH-AGH's service area. These interviews were done to confirm and refine findings from secondary data analysis, to provide community context, and to clarify needs and priorities within specific communities. Individual interviews were conducted by phone and in person using a structured interview guide developed by JSI and the Steering Committee. JSI worked with BH-AGH to identify a representative group of interviewees that included hospital administrators, clinical providers, and representatives from community-based organizations that worked across the health and social service spectrum (e.g., community coalitions, recreation, elder health/healthy aging, homelessness and housing, health centers).

JSI also conducted four group interviews with municipal leadership, including mayors or town administrators and representatives from various municipal offices (e.g., health and/or public health, senior services, police, fire, planning, etc.). These interviews were done to understand municipal-level needs, to identify potential community partners, and to set a foundation for a more impactful and relevant Implementation Strategy. Detailed notes were taken for each interview. For a list of interviewees, sectors represented, interview dates, and the interview guide, please see Appendix A. Key themes and findings from these interviews are included in the narrative sections of this report.

Focus Groups (three) – Focus groups were conducted for three vulnerable populations: individuals who are currently homeless/unstably housed (Lynn Shelter Association), individuals who were formerly homeless/unstably housed (The Grace Center), and high school students (Danvers High School). Focus groups were held at locations that were considered safe and accessible for participants, which allowed for more open dialogue. JSI facilitated all focus groups using a guide that was similar to the one used for key informant interviews to ensure consistent data collection. Focus groups allowed for the collection of more nuanced information to augment findings from secondary data and key informant interviews, and exploration of strategic and programmatic options to address identified health issues, service gaps, and/or barriers to care. JSI and BH-AGH worked with leadership or representatives at each location to identify focus group participants. For a list of focus group locations, target populations, dates, and the focus group guide, please see Appendix A.

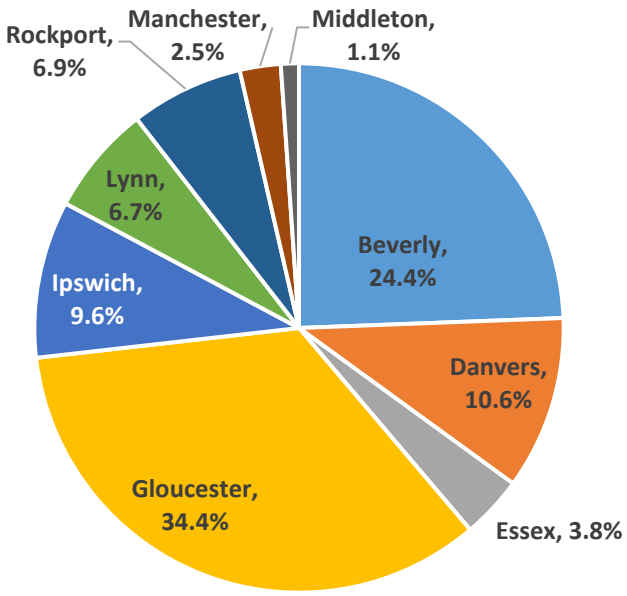
Community Listening Sessions (three) – JSI facilitated two listening sessions in BH-AGH's service area (Beverly and Gloucester) and one session in Peabody, which was planned in collaboration with Community Health Network Area 13/14. Community Health Network Area 13/14 includes representatives from municipalities within both BH-AGH's and LHMC/LMCP's service areas, making this session relevant for both assessment processes. These sessions allowed for the capture of information directly from community residents, staff from community-based organizations, and local service providers. Participants were asked to react to a set of preliminary data findings and to share thoughts on community health needs, barriers to care, vulnerable populations, and community assets and resources.

All sessions were held in locations that were easily accessible, safe, and well known. For a list of locations, dates/times, approximate number of attendees, marketing strategies, and a discussion guide, please see Appendix A.

Community Health Survey (832 responses) – JSI worked with the Steering Committee, the CBAC, and the PAC to develop a Community Health Survey to solicit information directly from community residents. Respondents were asked to provide their opinion and perceptions of leading social determinants of health and barriers to care, clinical health issues, vulnerable populations, access to health care services, and opportunities for the hospital to improve community health programming. These results were used by the CBAC to inform the selection of priority health issues and populations.

Surveys were available online, through the SurveyGizmo platform, in English and seven other languages (Spanish, Portuguese, Chinese [Traditional], Khmer, Italian, Haitian Creole, and Hindi). Surveys were also made available in hard copy for distribution; hard-copy surveys were collected, and the responses were included in the final analysis. BH-AGH worked in close collaboration with local community organizations, businesses, and stakeholders to distribute the survey to community residents, including those who are typically hard to reach (e.g., non-English speakers, diverse populations). Appendix A includes a copy of the Community Health Survey and a list of survey distribution channels.

Figure 3: Community health survey results, responses by municipality



Responses were received from residents from all towns within BH-AGH's CBSA, with most responses coming from Gloucester (34.4%) and the fewest coming from Middleton (1.1%) (Figure 3).

Findings from the survey are integrated into the narrative sections of this report; a summary of top responses for selected questions is included in Table 4.

Table 4: Summary of Community Health Survey results

Question	Top 3 responses
Think about your community. Choose the top three (3) issues that you think prevent people from being able to live a healthy life.	• Housing is expensive or unsafe **(56.1%)** • Physical inactivity or sedentary lifestyle **(44.9%)** • Poverty, low wages, no jobs **(35.2%)**
Think about your community. Choose the top three (3) issues that you think people struggle with the most.	• Mental health **(49.0%)** • Substance use **(46.5%)** • Physical inactivity, nutrition, and/or obesity **(41.4%)**
Think about your community. Choose the top three (3) populations that you think have the greatest health needs.	• Older adults (65+) **(57.3%)** • Homeless/housing insecure **(55.9%)** • Low-income populations **(52.3%)**
Think about your community. What health services are hardest for people to access?	• Inpatient or residential drug and alcohol treatment (e.g., rehabilitation and detoxification) **(51.1%)** • Inpatient mental health treatment (e.g., residential treatment, psychiatric hospitals, hospital inpatient units) **(48.0%)** • Outpatient mental health treatment (e.g., community mental health centers, mental health counseling) **(46.8%)**

Community Benefit Evaluation

JSI reviewed the Fiscal Year 2017 Community Benefits Report to the Attorney General (AG Report) submitted by BH-AGH to help the hospital evaluate strategies and programs addressing needs identified in the 2016 CHNA and plan for community benefits activities over the next three years. Activities reported in the AG Report, defined as "actions undertaken in accordance to the community benefits which contributed to achieving the strategic objective of supporting community health," were abstracted from this report and individually scored by an evaluator at JSI. JSI determined the intensity of each activity by coding three specific attributes:

- Behavioral intention (providing information, enhancing skills, modifying policy)
- Duration (one time or ongoing)
- Reach (proportion of population involved)

Examples of the types of strategies and programs that were analyzed as part of the evaluation are presented in Table 5. JSI and Community Relations staff used the evaluation results to inform the development of the 2019 Implementation Strategy.

Table 5: Sample of 2016 community benefits programs

Health Priority Area	Program	Program Highlights
Behavioral Health	Recovery Coaches in Beverly and Addison Gilbert Hospitals' Emergency Departments (EDs)	Recovery Coaches provide supportive services to individuals who present in an ED for an opiate overdose, as well as individuals seeking services for substance use disorders, regardless of insurance status. Recovery Coaches work closely with ED staff and provide education to individuals and family members on the recovery process.
Maternal and Child Health	Connecting Young Moms Program	This free program is to be attended in the first or second trimester and focuses on healthy pregnancy. Topics include nutrition, body image, and preterm labor. This program uses a team approach to provide health and parenting education, community resources, and peer support to help young mothers develop healthy and positive parenting skills.
Older Adult Health	Enhance Fitness at the YMCA	Enhance Fitness is an evidence-based group exercise program for older adults that uses simple, easy-to-learn movements that motivate individuals to stay active throughout their life. The program is offered free of charge at three community locations.
Wellness, Prevention, and Chronic Disease Management	Beverly Bootstraps Mobile Market	The Beverly Bootstraps Mobile Market offers fresh produce to residents of the Beverly Housing Authority. Each week from June to October, residents access produce at no cost while also learning basic nutrition and recipes.

Resource Inventory

Community Relations staff created a resource inventory to inform residents of what services are available to address community needs and to determine the extent to which there are gaps in health-related services. Community Relations staff compiled a list of resources across the broad continuum of services, including:

- Access to health care
- Child, parent, and family support
- Disabilities and special needs services
- Domestic violence services
- Food assistance
- Transportation services
- Veterans services
- Housing and homelessness services
- Mental health and substance use services
- Senior services
- Sexual/reproductive health services
- Support groups

The resource inventory was compiled using information from existing resource inventories and partner lists from BH-AGH. Community Relations staff reviewed the hospital's prior annual report of community

benefits activities to the Massachusetts Attorney General, which included a list of partners, as well as publicly available lists of local resources. JSI supported this effort further by collecting information about community resources during CHNA interviews, focus groups, and community listening sessions. The goal of this process was to identify key partners who may or may not already be partnering with the hospital. The resource inventory can be found in Appendix C.

Prioritization, Implementation Strategy, and Reporting

During Phase 2, JSI synthesized and integrated findings from the quantitative and qualitative research, including key findings from secondary data and information from key informant interviews, focus groups, listening sessions, and the Community Health Survey. Through this analysis, JSI developed a set of preliminary priority areas and vulnerable populations.

BH-AGH facilitated a meeting with the CBAC to present findings and to propose priority areas and vulnerable populations. During this meeting, JSI guided the CBAC through a process to refine sub-priorities in each priority area. Using the results of this meeting as a guide, JSI worked with BH-AGH's Community Relations staff to draft and refine the 2020-2022 Implementation Strategy. This Implementation Strategy, including goals, objectives, strategies, sample measures, and community partners, was further refined and finalized through two subsequent meetings with the CBAC. Finally, JSI worked with BH-AGH's Community Relations staff in drafting and finalizing the CHNA report.

Approval/Adoption and Public Comment

The final CHNA and Implementation Strategy were presented to the Board of Trustees for approval and adoption in September 2019. BH-AGH will be responsible for reporting on, and if necessary, updating and resubmitting, their Implementation Strategy to the Massachusetts Attorney General's Office on an annual basis until the next assessment cycle in 2022.

As is done with every CHNA report, this document will be posted on BH-AGH's websites and is available in hard copy by request (free of charge). Community members and service providers were encouraged to share their thoughts, concerns, or questions throughout the CHNA process; they are encouraged to continue to share their thoughts and ideas moving forward.

There has been no written feedback on BH-AGH's previous CHNA since its posting in 2016, but the hospitals did present the findings to the community, stakeholders, and community organizations at several in-person meetings. There was no feedback on the Massachusetts Attorney General's website, which publishes the hospital's community benefits reports and provides an opportunity for public comment. Any feedback received is welcome and will be taken into account when updates and changes are made to the Implementation Strategy or to inform future CHNA processes.

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Demographic Profile

To understand community needs and health status for BH-AGH's service area, we begin with a description of the population's geographic and demographic characteristics. This information is critical to recognizing inequities, identifying vulnerable populations and health-related disparities, and targeting strategic responses. Conclusions were drawn from an integrated analysis of quantitative and qualitative data findings. More expansive data tables are included in the BH-AGH Data Book (Appendix A).

Population and Age Distribution

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared with young people.

Many key informants and focus group/listening session participants identified BH-AGH's service area as an aging region; there were many concerns around the ability of the health and social service system to adequately meet the needs of older adults. While there are many active councils on aging, senior centers, and organizations dedicated to serving this population, some identified that it is often difficult for vulnerable residents to take advantage of their services due to transportation issues and frailty.

- In nearly all municipalities in BH-AGH's service area, the median age was significantly higher than that of the commonwealth overall (39.4).
- In Beverly (17.3%) and Gloucester (16.5%), the percentage of the population under 18 was significantly low compared to the commonwealth overall (20.4%). The percentage was significantly high in Lynn (24.7%).
- With the exception of Lynn, the percentage of the population over 65 was high or significantly high in all municipalities compared to the commonwealth overall (15.5%). The percentage of the population that was 85 or older was significantly high in Beverly (3.0%), Danvers (4.7%), and Gloucester (3.1%) compared to the commonwealth overall (2.3%).

Table 6: Population and age distribution (2013-2017)

	Population (#)	Median age (years)	Under 18 (%)	Ages 20-24 (%)	Ages 45-54 (%)	Ages 55-59 (%)	Ages over 65 (%)	Ages over 85 (%)
Massachusetts	6,789,319	39.4	20.4	7.2	14.3	7.1	15.5	2.3
Essex County	775,860	40.8	21.8	6.6	14.9	7.5	15.9	2.5
Beverly	41,431	40.9	17.3	9.7	14.4	7.7	16.7	3.0
Danvers	27,527	45.0	20.3	4.9	14.5	7.1	21.3	4.7
Essex	3,687	46.3	23.8	4.6	14.6	8.2	18.1	2.4
Gloucester	29,858	49.0	16.5	5.3	15.5	9.1	21.0	3.1
Ipswich	13,810	48.8	20.4	4.7	17.0	9.1	21.8	3.2
Lynn	93,096	34.5	24.7	7.7	12.7	6.5	11.5	1.7
Manchester	5,327	51.1	20.6	3.8	15.9	9.4	24.2	2.8
Middleton	9,656	43.9	19.1	9.6	17.1	8.1	17.8	2.1
Rockport	7,184	53.4	18.0	2.1	13.4	10.3	28.6	3.3

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Race, Ethnicity, and Foreign-Born

An extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for diverse individuals/cohorts and foreign-born populations. According to the Centers for Disease Control (CDC), non-Hispanic Blacks have higher rates of premature death, infant mortality, and preventable hospitalization than non-Hispanic Whites do.[2] Hispanics have the highest uninsured rates of any racial or ethnic group in the United States.[3] Asians are at a higher risk for developing diabetes than those of European ancestry, despite a lower average BMI.[4] These disparities show the disproportionate and often avoidable inequities that exist within communities and reinforce the importance of understanding the demographic makeup of a community to identify populations more likely to experience adverse health outcomes.

Several key informants and focus group participants identified immigrants, refugees, and undocumented individuals as segments of the population that face extreme barriers to accessing health and social services. Fear around immigration status, inability to navigate the health system, and lack of health literacy are often prohibitive factors that affect whether and when these individuals seek out or maintain preventive care.

- The service area is predominately White, with the exception of Lynn. The percentage of residents that identify as Black or African American (13.3%), Asian (8.1%), and Hispanic or Latino

[2] "CDC Health Disparities and Inequalities Report (CHDIR)." Centers for Disease Control and Prevention, Sept. 10, 2015, https://www.cdc.gov/minorityhealth/chdireport.html.

[3] "Hispanic/Latino Profile." U.S. Department of Health and Human Services: Office of Minority Health, n.d., https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64.

[4] "Why Are Asians at a Higher Risk?" Asian Diabetes Prevention Initiative, n.d., https://asiandiabetesprevention.org/what-is-diabetes/why-are-asians-higher-risk.

(38.9%) were significantly high in Lynn compared to the commonwealth overall (7.4%, 6.3%, and 11.2%, respectively).

- With the exception of Lynn (34.7%), the percentage of the population that was foreign-born was significantly low in all municipalities compared to the commonwealth overall (16.2%).

Table 7: Race/ethnicity and foreign-born (2013-2017)

	White alone (%)	Black or African American alone (%)	Asian alone (%)	Hispanic or Latino of any race (%)	Foreign-born (%)
Massachusetts	78.9	7.4	6.3	11.2	16.2
Essex County	80.6	4.0	3.4	19.6	16.2
Beverly	84.8	1.0	1.6	4.2	6.1
Danvers	93.9	1.2	2.2	4.3	7.9
Essex	99.2	0.0	0.0	0.5	2.9
Gloucester	95.7	1.3	1.1	1.9	9.3
Ipswich	96.4	0.9	0.7	3.1	4.0
Lynn	46.9	13.3	8.1	38.9	34.7
Manchester	98.4	0.0	0.6	1.6	8.2
Middleton	90.5	2.5	1.1	9.5	8.3
Rockport	97.7	0.2	0.1	2.1	2.6

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Language

Language barriers pose significant challenges to providing effective and high-quality health and social services. While many health care institutions, including BH-AGH, have medical interpreter services available at their facilities, research has found that health care providers' language and cultural competency is key to reducing racial and ethnic health disparities.[5] Key informants reported that immigrant and refugee populations often face language and cultural barriers when trying to access or navigate the health system.

- In most municipalities, the percentage of the population that spoke a language other than English was significantly low compared to the commonwealth overall. The exception was Lynn, where over half of the population spoke a language other than English in the home (51.5%). The percentage of the population in Lynn who spoke Spanish (33.8%) and Asian/Pacific Island languages (6.1%) was significantly high compared to the commonwealth overall (8.8% and 4.2%, respectively).

[5] Denboba DL, et al. "Reducing health disparities through cultural competence." *Journal of Health Education,* vol. 21, no. 1, 1998, S47-S53.

Table 8: Percentage of population 5+ who speak a language other than English in the home (2013-2017)

	Language other than English (%)	Spanish (%)	Other Indo-European languages (%)	Asian/Pacific Island languages (%)
Massachusetts	23.1	8.8	8.8	4.2
Essex County	25.6	16.5	5.7	2.3
Beverly	7.7	2.7	3.9	0.8
Danvers	8.8	2.2	4.4	1.2
Essex	4.7	0.8	3.9	0.0
Gloucester	9.7	1.2	7.6	0.3
Ipswich	6.8	2.0	3.9	0.5
Lynn	51.5	33.8	8.8	6.1
Manchester	7.8	1.2	6.4	0.0
Middleton	17.8	8.7	2.8	1.0
Rockport	4.1	2.4	1.7	0.0

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Key Findings: Social Determinants of Health

The social determinants of health (SDOH) are the conditions in which people live, work, learn, and play.[6] These conditions influence and define quality of life for many segments of the population in the CHNA service area.

It is important to note that there is limited data to characterize the social determinants of health at the community level. To augment the lack of quantitative data, the key informant interviews, focus groups, community forums, and Community Health Survey specifically solicited feedback on SDOH and barriers to care. A dominant theme from key informant interviews and community forums was the tremendous impact that the underlying social determinants, particularly socioeconomic issues, housing, and transportation, have on residents of BH-AGH's service area.

Socioeconomic Characteristics

Socioeconomic status (SES), as measured by income, employment status, occupation, education, and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality, and overall well-being. Lower-than-average life expectancy is highly correlated with low-income status.[7]

Education

Higher education is associated with improved health outcomes and social development at the individual and community levels.[8] People with lower levels of educational attainment are more likely to experience health issues, such as obesity, substance use, and injury.[9] Proximate factors associated with low education that affect health outcomes include the inability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress.[10] The health benefits of higher education typically include better access to resources, safer and more stable housing, and better engagement with providers. It is important to note that while education affects health, poor health status may also be a barrier to education.

- The percentage of residents with less than a high school degree was significantly high in Lynn (20.8%) compared to the commonwealth overall (9.7%).
- The percentage of residents with a bachelor's degree or higher was significantly low in Gloucester (38.6%) and Lynn (19.6%) compared to the commonwealth overall (42.1%).

[6] "Social Determinants of Health: Know What Affects Health." *Centers for Disease Control and Prevention*, Jan. 29, 2018. https://www.cdc.gov/socialdeterminants/.
[7] Chetty, Raj, et al. "The Association Between Income and Life Expectancy in the United States, 2001-2014." *Journal of the American Medical Association,* vol. 315, no. 16, 2016, p. 1750-1766.
[8] Zimmerman, Emily B., Woolf, Steven H., and Haley, Amber. "Understanding the Relationship Between Education and Health." *Institute of Medicine*, June 2014, https://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf.
[9] "Adolescent and School Health: Health Disparities." *Centers for Disease Control and Prevention*, Aug. 17, 2018, https://www.cdc.gov/healthyyouth/disparities/index.htm.
[10] Zimmerman, Population Health.

Table 9: Educational attainment (2013-2017)

	Less than a high school degree (%)	Bachelor's degree or higher (%)
Massachusetts	9.7	42.1
Essex County	10.6	38.8
Beverly	5.7	48.2
Danvers	5.8	41.2
Essex	1.8	58.4
Gloucester	9.1	38.6
Ipswich	3.2	51.2
Lynn	20.8	19.6
Manchester	2.6	61.2
Middleton	7.6	40.1
Rockport	2.4	51.7

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

The Massachusetts Department of Elementary and Secondary Education provides data on public school enrollment, attendance, retention, and student characteristics. Reports were not available for Manchester and Middleton public school districts.

- The dropout rate was lower than that of the commonwealth overall (4.9%) in all municipalities except Lynn (15%).
- In Lynn, over 50% of students' first language was one other than English (54.6%), more than double the commonwealth percentage (21.9%). Similarly, one in four students in Lynn were English language learners, compared to 10% of students in the commonwealth overall.
- The percentage of students with disabilities was higher than in the commonwealth overall (18.1%) in Beverly (21.0%), Gloucester (26.4%), and Rockport (18.6%).
- Over half of students in Lynn were economically disadvantaged (56.7%) compared to the commonwealth; the percentage was also higher than the commonwealth in Gloucester (35.3%).

Table 10: Characteristics of students in public schools

	Dropout rate (%), 2017	First language not English (%), 2018-2019	English language learners (%), 2018-2019	Students with disabilities* (%), 2018-2019	Economically disadvantaged students** (%), 2018-2019
Massachusetts	4.9	21.9	10.5	18.1	31.2
Essex County	N/A	N/A	N/A	N/A	N/A
Beverly	3.5	8.4	3.6	21.0	25.4
Danvers	1.5	3.4	1.1	16.6	15.9
Essex	1.6	7.4	0.1	17.7	17.2
Gloucester	3.4	9.4	6.2	26.4	35.3
Ipswich	1.2	5.0	2.5	17.2	13.7
Lynn	15.0	54.6	25.0	16.5	56.7
Manchester	N/A	N/A	N/A	N/A	N/A
Middleton	N/A	N/A	N/A	N/A	N/A
Rockport	1.2	1.7	1.4	18.6	19.4

Source: Massachusetts Department of Elementary and Secondary Education School and District Profiles, 2017; 2018-2019

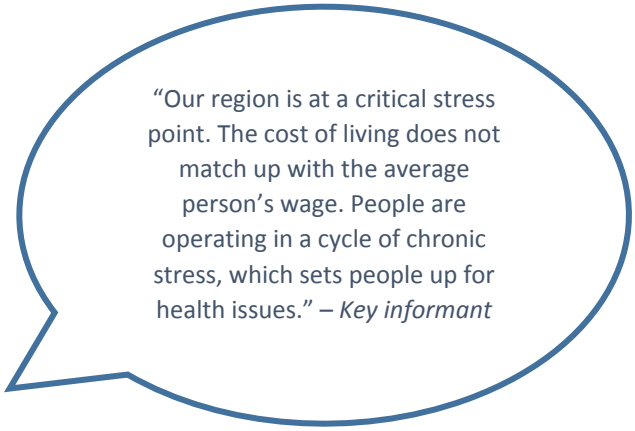
*Students with disabilities includes those who have an Individualized Educational Plan (IEP).

**Category includes students who participate in one or more of the following: Supplemental Nutrition Assistance Program (SNAP), Transitional Aid to Families with Dependent Children (TAFDC), Department of Children and Families (DCF) foster care program, and MassHealth.

Employment, Income, and Poverty

Lack of gainful and reliable employment is linked to several barriers to care, including lack of health insurance, inability to pay for health care services and copays, and inability to pay for transportation to enable individuals to receive services. In key informant interviews and focus groups, participants stressed that while unemployment may be low across the service area, many residents live on fixed incomes or are "underemployed." Certain populations struggle to find and retain stable employment for a variety of reasons, ranging from mental and physical health issues to lack of childcare to transportation issues and other factors.

Like education, income affects all aspects of an individual's life, including the ability to secure housing, needed goods (e.g., food, clothing), and services (e.g., transportation, health care, childcare). It may also affect one's ability to maintain good health. Stress related to work and income has been identified as a risk factor for hypertension, cardiovascular disease, diabetes, substance misuse, and mental health issues.[11]



While most of the municipalities in BH-AGH's

[11] "Work, Stress, and Health & Socioeconomic Status." *American Psychological Association*, n.d., https://www.apa.org/pi/ses/resources/publications/work-stress-health.

service area had median household incomes that were significantly higher than or similar to the commonwealth overall, informant interviewees and focus group participants reported that there were pockets of poverty, even in towns that were considered affluent. There was also concern that data on household income did not reflect the fact that some individuals work multiple jobs to maintain that income.

- Median household income was significantly high in Essex ($109K), Manchester ($106K), and Middleton ($108K), and significantly low in Gloucester ($65K) and Lynn ($54K), compared to the commonwealth overall ($74K).
- The unemployment rate among the civilian labor force was significantly low in Danvers (4.4%) compared to the commonwealth overall (6.0%).
- The percentage of individuals living below 200% of the federal poverty line was higher than the commonwealth (23.7%) in Gloucester (23.8%) and Lynn (36.9%). This data point did not include confidence intervals, so figures could not be tested for statistical significance.

Table 11: Employment, income, and poverty (2013-2017)

	Unemployment rate (%)	Median household income ($)	Below 200% poverty (%)
Massachusetts	6.0	74,167	23.7
Essex County	6.0	73,533	24.2
Beverly	5.3	77,893	21.1
Danvers	4.4	79,795	16.8
Essex	4.0	109,327	13.2
Gloucester	6.1	65,348	23.8
Ipswich	4.9	80,829	17.7
Lynn	6.3	53,513	36.9
Manchester	4.8	105,500	9.8
Middleton	5.4	107,727	7.5
Rockport	5.5	72,015	18.7

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health.[12] At the extreme are those without housing, including those who are homeless or living in unstable or transient housing situations. They are more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[13] Adults who are homeless or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence, and trauma; children in similar situations have difficulty in school and are more likely to exhibit antisocial behavior.[14] Key informants working with individuals who are homeless or unstably housed expressed concern at an increase in the number of unattached single women (ages 18-26) and displaced older adults with acute medical issues that are utilizing their services.

> "There has been an alarming uptick in the number of unattached homeless women ages 18-26. These are people who have been victims of domestic violence and have experienced extreme trauma." – *Key informant*

Many key informants and focus group/forum participants expressed concern over the limited options for affordable housing throughout the service area. This was particularly an issue for older adults, who often bear the burden of household costs (e.g., taxes, maintenance, adaptabilities) while living on fixed incomes. Key informants and focus group/forum participants also made the important distinction that housing was not an issue limited to just those who are "low income" – the rising cost of living has also displaced many moderate-income individuals and families from the region.

On the Community Health Survey, respondents were asked to identify issues that prevent people from living a healthy life, and "housing is expensive or unsafe" was the most common response (56%).

- The percentage of owner-occupied housing units was significantly high in most communities compared to the commonwealth overall (62.4%), with the exception of Lynn, which was exceptionally low (44.5%). The percentage of owner-occupied households in which ownership costs exceed 30% of total household income, representing a major financial burden, was significantly high in Essex (44.8%), Gloucester (40.8%), Lynn (37.3%), and Rockport (42.4%) compared to the commonwealth overall (31.5%).

[12] Krieger, James, and Higgins, Donna L. "Housing and Health: Time Again for Public Health Action." *American Journal of Public Health,* vol. 92, no. 5, 2002,758-768.
[13] Kottke, Thomas, Abariotes, Andriana, and Spoonheim, Joel B. "Access to Affordable Housing Promotes Health and Well-Being and Reduces Hospital Visits." *The Permanente Journal,* vol. 22, 2018, 17-79.
[14] Ibid

- The percentage of renter-occupied housing units was significantly lower than or similar to the commonwealth (37.6%) in all communities, with the exception of Lynn, where the percentage was significantly high (55.5%). The percentage of renter-occupied households whose gross rents exceed 30% of total household income was also significantly high in Lynn (55.8%) compared to the commonwealth (50.1%).

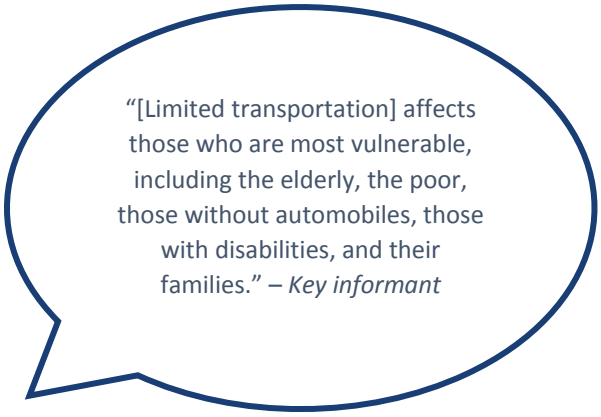
Table 12: Housing (2013-2017)

	Owner-occupied (%)	Monthly owner costs >30% of household income (%)	Renter-occupied (%)	Gross rent >30% of total household income (%)
Massachusetts	62.4	31.5	37.6	50.1
Essex County	63.8	33.0	36.2	53.0
Beverly	60.7	29.8	39.3	49.2
Danvers	70.0	29.4	30.0	51.0
Essex	79.8	44.8	20.2	49.6
Gloucester	63.9	40.8	36.1	47.6
Ipswich	73.6	37.9	26.4	48.7
Lynn	44.5	37.3	55.5	55.8
Manchester	70.3	38.8	29.7	38.6
Middleton	86.2	35.5	13.8	58.1
Rockport	71.4	42.4	28.6	47.8

Source: U.S. Census Bureau, American Community Survey, 2013-2017
Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Transportation

Lack of transportation has a significant impact on access to health care services and is a determinant of whether an individual or family has the ability to access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and a myriad of other community resources.



There is very limited quantitative data to characterize issues related to transportation. Many interviewees, focus group participants, and survey respondents felt that transportation was a critical barrier to accessing health and social services, especially for older adults without access to a personal vehicle. Lack of transportation was also identified as a reason why some older adults, especially those without a dedicated caregiver, live in isolation.

- The percentage of the population traveling outside of their county to work was significantly low or similar in most municipalities compared to the commonwealth overall (30.8%). Mean commute times were also similar to the commonwealth overall (29.3 minutes). The exception was Lynn, where a significantly high percentage of the population works outside their county of residence (39.2%).
- Ipswich (5.1), Rockport (5.3), and Lynn (7.4) had the highest all-transit scores (on a scale of 0 to 10); all other municipalities had scores under 5.0.

Table 13: Transportation (2013-2017)

	Mean commute time (minutes)	Work outside county of residence	All-transit score*
Massachusetts	29.3	30.8	N/A
Essex County	29.8	32.3	N/A
Beverly	27.4	24.0	4.9
Danvers	28.6	29.9	1.8
Essex	30.4	24.2	0.9
Gloucester	26.3	15.2	4.0
Ipswich	29.7	21.1	5.1
Lynn	31.4	39.2	7.4
Manchester	37.7	32.0	3.3
Middleton	29.8	38.2	0.0
Rockport	30.9	22.3	5.3

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

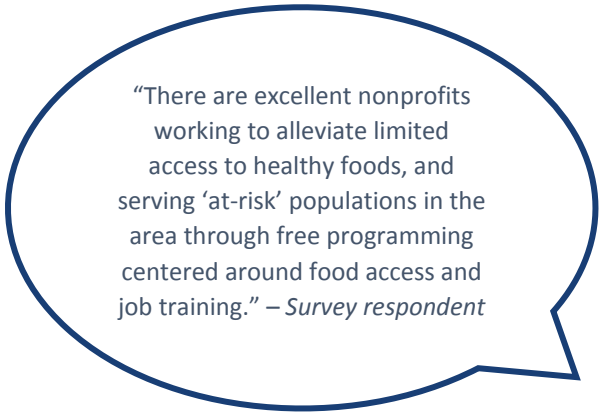
*Scores range from 0 to 10 and consider jobs accessible within a 30-minute transit ride, the number of workers using transit to travel, and the performance of transit/connections to other routes. Provided by the Center for Neighborhood Technology.

Built Environment

The built environment – buildings, streets, parks, open spaces, and other forms of physical infrastructure – has a major influence on physical activity and lifestyle. Creating safe outdoor spaces for people to exercise, relax, and commute is an important component in establishing healthy lifestyle habits that protect against poor health outcomes. While concerns related to the built environment were not key themes of this assessment, these issues can work to either prevent or contribute to disease and disability in the community. There are a number of valuable community resources in the service area, including playgrounds, parks, athletic fields, walking trails, bike paths, dog parks, waterways, and recreational centers.

Food Access

There is an overwhelming body of evidence to show that many families, particularly low-income families of color, struggle to access food that is affordable, high-quality, and healthy.[15] While it is important to have grocery stores placed throughout a community to promote access, research shows that there are a number of factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy foods, and cultural appropriateness of food offerings.[16] Pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, seniors living on fixed income, people with disabilities, and adults working multiple low-wage jobs to make ends meet.



In BH-AGH's service area, issues related to food insecurity, food scarcity, and hunger were discussed as risk factors to poor physical and mental health for both children and adults. Key informants and focus/group forum participants noted that there is a robust network of well-respected and effective organizations working to address food insecurity in BH-AGH's service area.

- The percentage of residents who had received Supplemental Nutrition Assistance Program (SNAP, the food stamp program) benefits in the past 12 months was similar or significantly low compared to the commonwealth overall (12.3%), with the exception of Lynn (28.8%), where the percentage was significantly high.
- The "SNAP gap" is the difference between the number of low-income Massachusetts residents receiving MassHealth who are likely SNAP eligible and the number of people actually receiving SNAP benefits.[17] SNAP gap percentages were higher than the commonwealth in all communities in the service area, indicating that there are many residents who are eligible to receive the benefits but do not. Percentages were particularly high (>75%) in Essex, Manchester, and Middleton – more affluent communities where eligible individuals may not take advantage of benefits because of the stigma associated with assistance programs.

[15] Elsheikh, E., and Barhoum, N. "Structural Racialization and Food Insecurity in the United States: A Report to the the U.N. Human Rights Committee on the International Covenant on Civil and Political Rights." 2013. https://haasinstitute.berkeley.edu/sites/default/files/Structural%20Racialization%20%20%26%20Food%20Insecurity%20in%20the%20US-%28Final%29.pdf.

[16] "Access to Healthy Food and Why It Matters: A Review of the Research." *The Food Trust*, n.d., http://thefoodtrust.org/uploads/media_items/executive-summary-access-to-healthy-food-and-why-it-matters.original.pdf.

[17] Massachusetts Legal Services, www.masslegalservices.org.

Table 14: SNAP enrollment and SNAP gap

	Received SNAP (food stamps) past 12 months (%)	SNAP gap* (%)
Massachusetts	12.3	48.0
Essex County	14.1	N/A
Beverly	11.0	51.0
Danvers	5.3	64.0
Essex	3.5	79.0
Gloucester	9.4	57.0
Ipswich	5.5	61.0
Lynn	28.8	47.0
Manchester	5.1	77.0
Middleton	7.1	77.0
Rockport	6.7	67.0

Source (SNAP enrollment): U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

*Defined by Food Bank of Western Massachusetts; SNAP computed as the percentage of MassHealth enrollees not receiving SNAP benefits.

Crime/Violence

Crime and violence are public health issues that influence health status on many levels, from death and injury to emotional trauma, anxiety, isolation, and absence of community cohesion. Those who participated in the assessment process did not identify crime and violence as major issues.

- Violent crime rates (e.g., murder/non-negligent manslaughter, forcible rape, robbery, aggravated assault) were similar or lower than the commonwealth (353.1), with the exception of Lynn (715.1).
- Property crime rates (e.g., burglary, larceny/theft, motor vehicle theft, arson) were higher than the commonwealth (1,398.1) in Danvers (1,768.0) and Lynn (1,751.1).

Table 15: Violent and property crimes, crude rates per 100,000 (2017)

	Violent crime rate (per 100,000)	Property crime rate (per 100,000)
Massachusetts	353.1	1,398.1
Essex County	N/A	N/A
Beverly	115.2	563.8
Danvers	170.4	1,768.0
Essex	N/A	N/A
Gloucester	273.5	690.5
Ipswich	64.5	573.4
Lynn	715.1	1,751.1
Manchester	36.8	257.6
Middleton	153.2	684.5
Rockport	96.5	165.4

Source: FBI Uniform Crime Statistics, 2017. *Rates were not available for Essex County and Essex.*

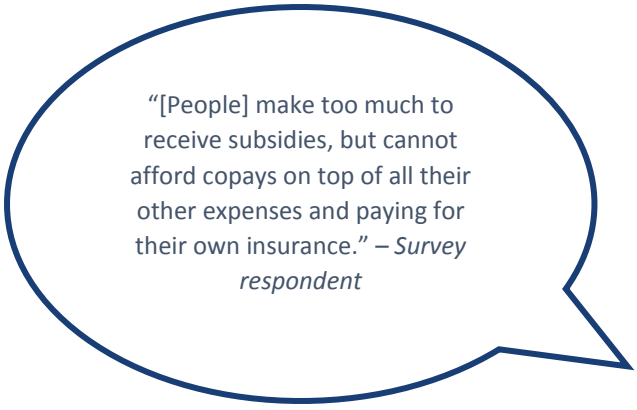
Key Findings: Behavioral Risk Factors and Health Status

At the core of the CHNA process is understanding access-to-care issues, leading causes of morbidity and mortality, and of the extent to which populations and communities participate in certain risky behaviors. This information is critical to assessing health status, clarifying health-related disparities, and identifying health priorities. This assessment captures a wide range of quantitative data from federal and municipal data sources. Qualitative information gathered from key informant interviews, focus groups, and the Community Health Survey informed this section of the report by providing perspective on the confounding and contributing factors of illness, health priorities, barriers to care, service gaps, and possible strategic responses to the issues identified. This data augmented the quantitative data and allowed for the identification of vulnerable population cohorts.

Health Insurance and Access to Care

Whether an individual has health insurance – and the extent to which it helps to pay for needed acute services and access to a full continuum of high-quality, timely, and accessible preventive and disease management or follow-up services – has been shown to be critical to overall health and well-being.[18] Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care and to manage chronic diseases. While Massachusetts has one of the highest health insurance coverage rates in the U.S., there are still pockets of individuals without coverage, including young people, immigrants and refugees, and those who are unemployed.

Many key informants and focus group/forum participants identified issues around navigating the health system, including health insurance, as a barrier to good health. This was especially an issue for older adults attempting to navigate Medicare eligibility, enrollment, and coverage; low-to-moderate income populations – those who do not meet eligibility requirements for public insurance and/or public assistance programs and struggle to afford the rising costs of health care premiums; and immigrants/non-English speakers who may face language or cultural barriers that prevent them from enrolling.



[18] "Health Insurance and Access to Care." *National Center for Health Statistics*, Feb. 2017, https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf.

- The percentage of the population that was uninsured was significantly high in Lynn (5.5%) compared to the commonwealth overall (3.0%); percentages were similar or lower than the commonwealth in all other municipalities in the CBSA.
- The percentage with public insurance (e.g., MassHealth, Medicare) was significantly high in Gloucester (40.2%) and Lynn (52.0%) compared to the commonwealth overall (35.5%); percentages were significantly low or similar to the commonwealth in all other municipalities.
- The percentage of the population with private insurance was significantly high in all municipalities compared to the commonwealth (74.2%), with the exception of Lynn (51.2%), where the percentage was significantly low, and Gloucester (74.4%), where the percentage was similar.

Table 16: Health insurance coverage (2013-2017)

	Uninsured (%)	Public health insurance (%)	Private health insurance (%)
Massachusetts	3.0	35.5	74.2
Essex County	3.3	38.4	71.6
Beverly	2.3	32.4	79.6
Danvers	2.6	33.7	79.9
Essex	2.6	25.9	84.1
Gloucester	3.0	40.2	74.4
Ipswich	1.9	33.3	83.1
Lynn	5.5	52.0	51.2
Manchester	2.0	28.6	86.6
Middleton	2.5	27.4	86.3
Rockport	1.8	38.6	81.6

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Physical Activity, Nutrition, and Weight

Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues. Adequate nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents, while overall fitness and the extent to which people are physically active reduce the risk for many chronic conditions and are linked to good emotional health. Over the past two decades, obesity rates in the United States have doubled for adults and tripled for children. Overall, these trends have spanned all segments of the population, regardless of age, sex, race, ethnicity, education, income, or geographic region.

On the Community Health Survey, 45% of respondents identified "physical inactivity/sedentary lifestyle" as barriers to a healthy life – the second most common response.

Despite the lack of quantitative data, key informants, focus group participants, and listening session attendees identified lack of physical activity, poor nutrition, and obesity as key risk factors for chronic and complex conditions. On the Community Health Survey, "physical inactivity and sedentary lifestyle" was the second most common response when respondents were asked to identify issues that prevent people from leading a healthy life.

"There's a real problem with food inequality. I doubt the average person has a healthy, balanced diet, mostly due to lack of nutrition education and affordability." – *Survey respondent*

- The percentage of children who were obese or overweight was higher than the commonwealth (32%) in Beverly (34%), Gloucester (37%), and Lynn (39%).

Table 17: Children who are overweight/obese (2015)

	Children who are overweight or obese, by school district*
Massachusetts	32%
Essex County	32%
Beverly	34%
Danvers	30%
Essex (Manchester Essex Regional School District)	18%
Gloucester	37%
Ipswich	21%
Lynn	39%
Manchester (Manchester Essex Regional School District)	18%
Middleton (Masconomet School District)	20%
Rockport	27%

Source: Massachusetts Department of Public Health, 2015

*Share of children in grades 1, 4, 7, and 10 considered overweight according to the Body Mass Index. Children are considered overweight if their BMI is at or above the 85th percentile for their age and gender, and are considered obese at or above the 95th percentile. BMI is an estimate of body fat based on height and weight.

All-Cause Mortality and Premature Mortality

All-cause and premature mortality rates do not indicate that all residents of a municipality have equal or similar access to care simply based on proximity to services.[19] For example, not all residents in Beverly and Gloucester have better access to health services, and therefore lower rates, than those in other municipalities simply because there are hospitals in these areas.

- All-cause mortality rates were significantly high in Beverly (844.4), Danvers (854.4), and Lynn (823.6) compared to the commonwealth overall (684.5). Rates were low or significantly low in all other municipalities (e.g., Ipswich, 561.2).

[19] All-cause mortality rate is an aggregation of all deaths of any cause. The premature mortality rate is a measure of unfulfilled life expectancy; it is the deaths among residents under the age of 75.

- Premature mortality rates were significantly high in Beverly (361.4), Gloucester (359.7), and Lynn (434.8) compared to the commonwealth overall (279.6). Rates were significantly low in Essex (177.5), Ipswich (231.1), and Middleton (226.8).

Table 18: All-cause and premature mortality, age-adjusted rates per 100,000 (2015)

	All-cause mortality rate	Premature mortality rate (<75)
Massachusetts	684.5	279.6
Essex County	691.9	284.4
Beverly	844.4	361.4
Danvers	854.4	310.8
Essex	621.9	177.5
Gloucester	750.2	359.7
Ipswich	561.2	231.1
Lynn	823.6	434.8
Manchester	614.6	291.8
Middleton	795.1	226.8
Rockport	693.8	298.2

Source: MDPH Registry of Vital Records and Statistics, 2015

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Chronic and Complex Conditions

Chronic conditions such as heart disease, cancer, stroke, Alzheimer's disease, and diabetes are the leading causes of death and disability in the United States, and they are the leading drivers of the nation's $3.3 trillion annual health care costs.[20] Over half of American adults have at least one chronic condition, while 40% have two or more.[21] Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society. This underscores the need to focus on health risk factors, primary care engagement, and evidence-based chronic disease management. There was broad, if not universal, acknowledgment and awareness of these pervasive health issues among interviewees and forum participants.

Cardiovascular and Cerebrovascular Diseases

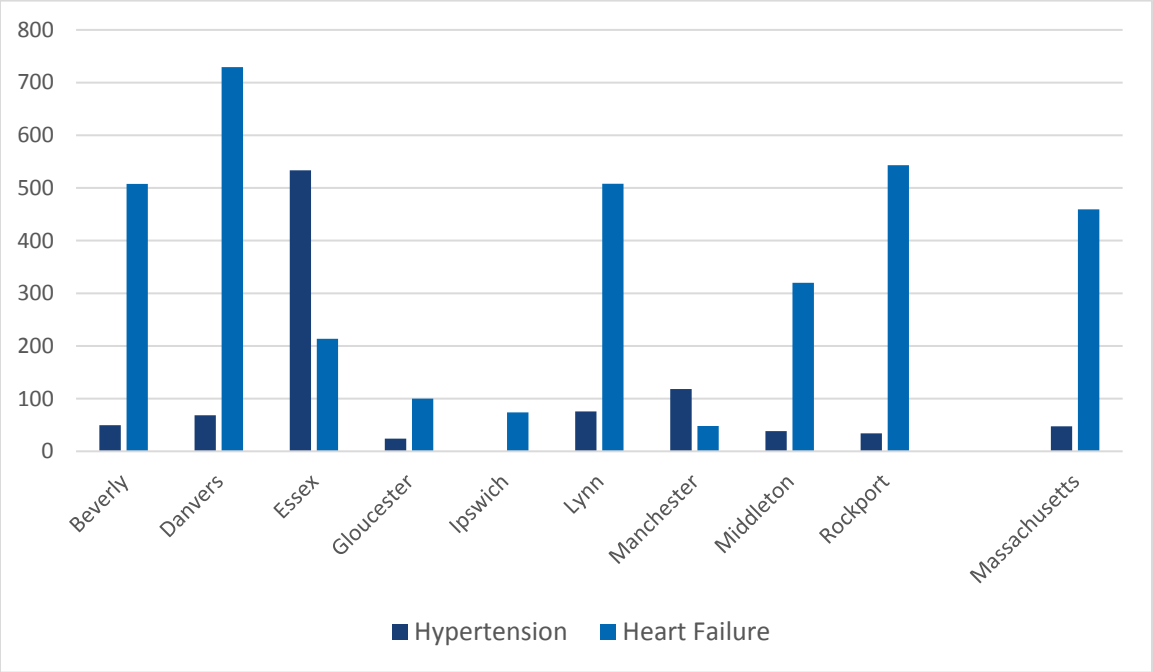
Cardiovascular and cerebrovascular diseases, such as heart disease and stroke, are affected by a number of health and behavioral risk factors, including obesity and physical inactivity, tobacco use, and alcohol use. Hypertension, or high blood pressure, increases the risk of more serious health issues including heart failure, stroke, and other forms of major cardiovascular disease.

- Across the service area, the prevention quality indicator (PQI) rate for hypertension was higher than the commonwealth (47.5) in Beverly (49.6), Danvers (68.4), Essex (533.6), Lynn (75.7), and Manchester (118.2). A higher PQI rate indicates that there may be room to improve the quality of primary care services offered – and patient engagement – to better manage the condition.

[20] Centers for Disease Control and Prevention, "Chronic Diseases in America." April 15, 2019, https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm.
[21] Ibid

- The PQI rate for heart failure was higher than the commonwealth (459.4) in Beverly (507.6), Danvers (729.3), Lynn (508.0), and Rockport (543.2).

Figure 4: Hypertension and heart failure PQI rates (per 100,000 population)



Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

- The major cardiovascular disease inpatient hospitalization rate was higher than the commonwealth overall (1,771.2) in Beverly (2,048.1), Danvers (2,388.3), Gloucester (2,258.3), Lynn (1,831.7), Manchester (2,056.3), and Rockport (2,444.4).
- The heart disease mortality rate was significantly high in Beverly (204.7) and Lynn (167.7) compared to the commonwealth overall (138.7). It should be noted that the mortality rates included in this report are limited to one year of data; rates that include multiple years of data would provide a more accurate representation of disease burden. Data is suppressed when mortality counts were between one and four.

Table 19: Cardiovascular and cerebrovascular disease inpatient hospitalizations and mortality

	Major cardiovascular disease inpatient hospitalizations	Heart disease mortality*	Coronary heart disease mortality*	Cerebrovascular disease (stroke) mortality*
Massachusetts	1,771.2	138.7	82.3	28.4
Essex County	N/A	141.0	83.3	29.0
Beverly	2,048.1	204.7	107.9	35.6
Danvers	2,388.3	153.7	94.3	40.7
Essex	1,423.0	188.3	116.8	‡
Gloucester	2,258.3	135.5	78.9	19.9
Ipswich	1,945.8	129.2	85.0	‡
Lynn	1,831.7	167.7	96.4	40.8
Manchester	2,056.3	145.6	93.0	‡
Middleton	1,331.5	144.8	101.2	‡
Rockport	2,444.4	136.7	70.4	45.1

Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* MDPH Registry of Vital Records and Statistics, age-adjusted rates per 100,000, 2015

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall

Cancer

The most common risk factors for cancer are well known: age, family history of cancer, alcohol and tobacco use, diet, exposure to cancer-causing substances, chronic inflammation, and hormones. Chronic and complex conditions, including cancer, and their risk factors were prioritized by key informants and focus group/forum participants.

- The cancer (all types) inpatient hospitalization rate was higher than the commonwealth overall (456.3) in Beverly (571.8), Danvers (578.9), Gloucester (573.6), Manchester (590.9), and Rockport (577.2).
- The mortality rate for all types of invasive cancers was significantly high in Lynn (190.6) compared to the commonwealth overall (152.8). The rates were similar to the commonwealth in all other municipalities.
- Breast (female) cancer mortality rates were significantly high in Beverly (37.0) and Gloucester (35.7), and significantly low in Essex (0) and Middleton (0) compared to the commonwealth overall (9.8). Rates were similar to the commonwealth or suppressed due to small numbers in all other municipalities.
- The lung cancer mortality rate was significantly high in Gloucester (67.2) compared to the commonwealth overall (39.0). Rates were similar to the commonwealth or suppressed due to small numbers in all other municipalities.

- The prostate cancer mortality rate was significantly high in Danvers (63.1) and significantly low in Essex (0) compared to the commonwealth overall (2.3). Rates were similar to the commonwealth or suppressed due to small numbers in all other municipalities.

Table 20: Cancer inpatient hospitalizations and mortality

	Cancer inpatient hospitalizations (all types)	Cancer mortality (all types)*	Breast cancer mortality (female)*	Lung cancer mortality*	Prostate cancer mortality*
Massachusetts	456.3	152.8	9.8	39.0	7.0
Essex County	N/A	146.4	16.9	37.3	19.6
Beverly	571.8	155.3	37.0	30.4	‡
Danvers	578.9	187.3	21.0	44.7	63.1
Essex	177.9	143.1	0.0	‡	0.0
Gloucester	573.6	193.8	35.7	67.2	‡
Ipswich	409.2	152.3	‡	‡	‡
Lynn	425.4	190.6	14.6	53.9	16.2
Manchester	590.9	134.8	‡	‡	‡
Middleton	384.1	153.8	0.0	‡	‡
Rockport	577.2	157.5	‡	35.0	‡

Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* MDPH Registry of Vital Records and Statistics, age-adjusted rates per 100,000, 2015

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

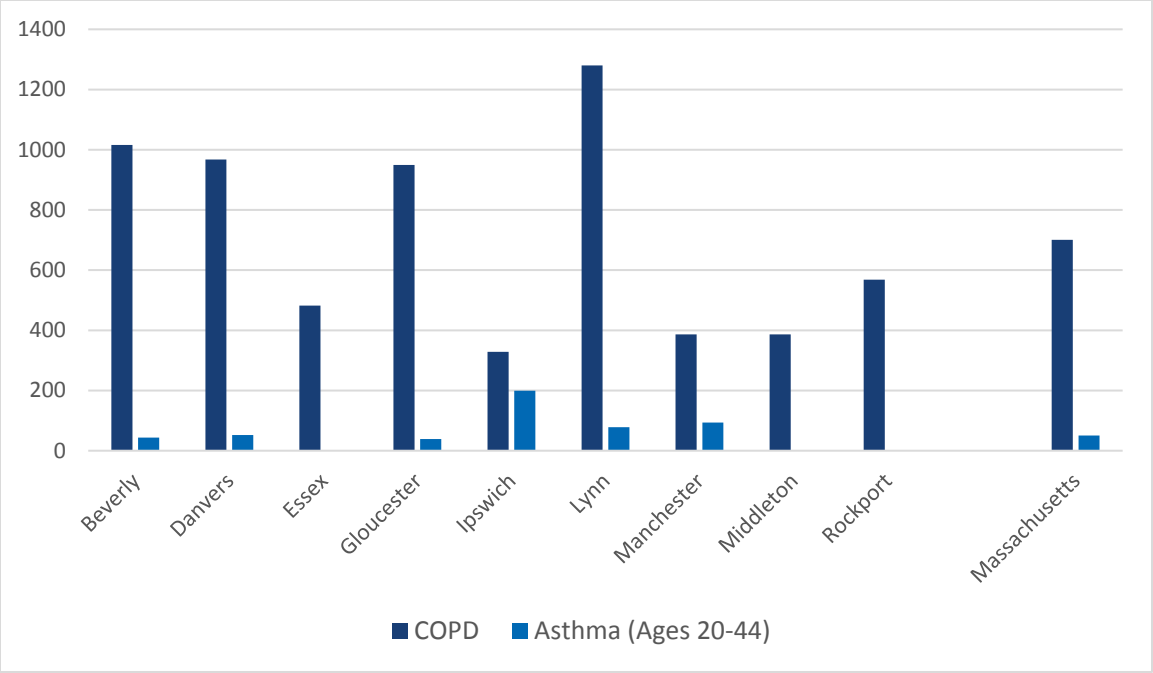
Respiratory Diseases

Respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD) are exacerbated by behavioral, environmental, and location-based risk factors, including smoking, diet and nutrition, substandard housing, and environmental exposures (e.g., air pollution, secondhand smoke). They are the third leading cause of death in the United States. In many scenarios, quality of life for those with respiratory diseases can improve with proper care and management.[22] Though respiratory diseases were not identified as a major concern in BH-AGH's service area, there were a handful of key informants who reported that pediatric asthma has historically been a concern in Lynn, potentially due to substandard housing conditions and environmental triggers.

- Across the service area, the prevention quality indicator (PQI) rate for COPD was higher than the commonwealth (700.6) in Beverly (1,016.1), Danvers (967.4), Gloucester (949.5), and Lynn (1,280.2) (Figure 5). A higher PQI rate indicates that there may be room to improve the quality of primary care services offered – and patient engagement – to better manage the condition.
- The PQI rate for asthma among younger adults (ages 20-44) was higher than the commonwealth (50.3) in Danvers (52.0), Ipswich (199.5), Lynn (78.4), and Manchester (93.5).

[22] "Respiratory Diseases." Office of Disease Prevention and Health Promotion, n.d., https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases.

Figure 5: Chronic obstructive pulmonary disease and asthma among younger adults (PQI rates), per 100,000 (2017)



Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

There were no deaths due to chronic lower respiratory diseases in Essex and Manchester in 2015. Chronic lower respiratory disease mortality rates were higher than the commonwealth (33.0) in Beverly (37.9), Gloucester (49.0), Lynn (44.8), and Middleton (54.8), though not significantly.

Table 21: Chronic lower respiratory disease (CLRD) inpatient hospitalizations and mortality

	CLRD inpatient hospitalizations	CLRD mortality*
Massachusetts	428.3	33.0
Essex County	N/A	33.8
Beverly	606.8	37.9
Danvers	642.7	21.7
Essex	320.2	0.0
Gloucester	698.0	49.0
Ipswich	291.0	‡
Lynn	662.4	44.8
Manchester	307.3	0.0
Middleton	281.7	54.8
Rockport	458.3	‡

Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* MDPH Registry of Vital Records and Statistics, age-adjusted rate per 100,000 2015

‡ Data suppressed due to small numbers

Diabetes

Over the course of a lifetime, approximately 40% of adults in the U.S. are expected to develop type 2 diabetes, and this number increases to over 50% for Hispanic men and women.[23] Several factors increase the risk of developing type 2 diabetes, including being overweight, physical inactivity, age, and family history. Having diabetes increases the risk of cardiovascular comorbidities (e.g., hypertension, atherosclerosis), may limit ability to engage in physical activity, and may have negative impacts on metabolism.[24] A recent study published by Massachusetts General Hospital's Diabetes Unit and Center for Genomic Medicine found that the onset of type 2 diabetes can be delayed with healthy eating, including for those with genetic risk factors.[25] Key informants and focus group participants identified diabetes as a health issue in the service area, especially for those who are unable to manage the condition or who struggle with other chronic health issues.

- There were no diabetes deaths in Essex (0) in 2015. Rates were similar to the commonwealth overall or were suppressed due to small numbers in all other municipalities.
- Across the service area, the PQI rate for diabetes was higher than the commonwealth (200.3) in Beverly (245.1), Lynn (271.0), and Rockport (220.7). A higher PQI rate indicates that there may be room to improve the quality of primary care services offered – and patient engagement – to better manage the condition.

Table 22: Diabetes mortality and PQI measure, rates per 100,000

	Mortality rate (age-adjusted)	Diabetes prevention quality indicator (PQI 93) rate*
Massachusetts	16.8	200.3
Essex County	15.1	N/A
Beverly	20.6	245.1
Danvers	20.6	173.2
Essex	0.0	35.6
Gloucester	‡	49.0
Ipswich	‡	21.0
Lynn	18.6	271.0
Manchester	‡	9.0
Middleton	‡	90.0
Rockport	‡	221.7

Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* MDPH Registry of Vital Records and Statistics, 2015

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in blue are significantly lower.

[23] "Hispanic Health: Prevention Type 2 Diabetes." *Centers for Disease Control and Prevention*, Sept. 18, 2017, https://www.cdc.gov/features/hispanichealth/index.html.

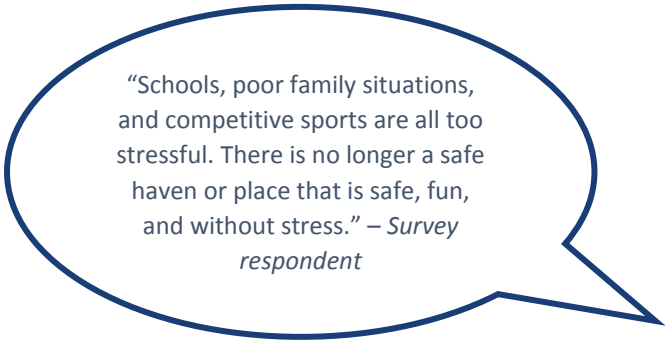
[24] "Management of Common Comorbidities of Diabetes." *American Association of Clinical Endocrinologists*, n.d., http://outpatient.aace.com/type-2-diabetes/management-of-common-comorbidities-of-diabetes.

[25] Merino, Jordi. "Quality of Dietary Fat and Genetic Risk of Type 2 Diabetes: Individual Participant Data Meta-Analysis." *BMJ*, June 10, 2019, https://www.bmj.com/content/bmj/366/bmj.l4292.full.pdf.

Mental Health

Mental health – including depression, anxiety, stress, serious mental illness, and other conditions – was overwhelmingly identified as one of the leading health issues for residents of BH-AGH's service area. Individuals from across the health service spectrum discussed the burden of mental health issues for all segments of the population, specifically the prevalence of depression and anxiety.

On the Community Health Survey, "mental health" was the health issue that respondents felt people in the community struggled with the most (49%).



While mental health was an issue across demographic and socioeconomic segments of the population, there were specific issues identified for youth and for older adults. For youth, key informants and focus group/listening session participants were most concerned about chronic stress/anxiety, depression, and suicidality. In a focus group with students at Danvers High School, students suggested that pressure to succeed in school and activities, social media, and interpersonal relationships was a factor that underlies many mental health issues for themselves and their peers.

The Youth Risk Behavioral Survey (YRBS) is a national school-based survey conducted voluntarily by states, regions, local health agencies, and school districts. In BH-AGH's service area, Beverly (2016), Ipswich (2018), Danvers (2016), Gloucester (2015), and Manchester-Essex (2018) school districts participated at the high school level, and Gloucester (2018) and Manchester-Essex (2018) at the middle school level.

- Nearly a quarter of high school students in all participating districts reported that they had felt sad or hopeless almost every day for two weeks or more at some point in the past 12 months. Percentages were higher than the commonwealth average (27.4%) in the Beverly (28.3%), Danvers (28.0%), and Ipswich (20.0%) districts.
- More than one in 10 high school students in all participating districts reported that they had seriously considered suicide in the past 12 months. Percentages were higher than the commonwealth (12.4%) in the Beverly (13.1%), Danvers (18.0%), Gloucester (13.1%), and Ipswich (13.0%) districts.
- More than one in 10 middle school students in Gloucester (10.2%) and Manchester-Essex (13.0%) school districts reported having seriously considered suicide in the past 12 months.

Table 23: Youth Risk Behavior Surveys, mental health by school district

	HIGH SCHOOL		MIDDLE SCHOOL
	Felt sad/hopeless almost every day for 2+ weeks in past 12 months (%)*	Ever seriously considered suicide (past 12 months) (%)	Ever seriously considered suicide (past 12 months) (%)
Massachusetts (2017)	27.4	12.4	N/A
Beverly	28.3	13.1	N/A
Danvers	28.0	18.0	N/A
Gloucester	25.9	13.1	10.2
Ipswich	30.0	13.0	NA
Manchester-Essex	22.6	11.3	13.0

Source: Youth Risk Behavior Surveys, multiple years

*Full question reads: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"

Many key informants and focus group/listening session participants identified social isolation as an issue for older adults. Participants suggested several reasons for this isolation – a lack of friends or family, inability to leave the home due to frailty or limited access to transportation, or unwillingness to leave the home for unknown reasons. While there are many active senior centers and councils on aging in BH-AGH's service area, participants reported that it was difficult for some older adults to attend activities or utilize services because of transportation or mobility issues.

- The mental health disorder inpatient hospitalization rate was higher than the commonwealth overall (5,957.6) in Beverly (8,606.6), Danvers (9,052.0), Gloucester (8,150.8), Ipswich (6,510.3), Lynn (7,178.2), and Rockport (7,112.5).
- The mental health mortality rate was significantly high in Beverly (112.4) and Danvers (126.9) compared to the commonwealth overall (62.9). As explained above, it is important to understand that this data set is limited to only one year of data and that these rates are not a true reflection of the burden of mental health issues in the CBSA; while mental health disorders underlie many other medical conditions, including substance misuse, they are often not the primary cause of death.
- There were no recorded suicide deaths in Essex, Ipswich, Manchester, and Middleton in 2015. Rates were suppressed due to small numbers in all other municipalities, with the exception of Lynn (11.5 per 100,000), where the rate was similar to the commonwealth (9.0 per 100,000).

Table 24: Mental health inpatient hospitalizations and mortality, rates per 100,000

	Mental health disorder inpatient hospitalizations*	Mental health disorder mortality*	Death by suicide*
Massachusetts	5957.6	62.9	9.0
Essex County	N/A	80.9	7.9
Beverly	8606.6	112.4	‡
Danvers	9052.0	126.9	‡
Essex	4304.5	‡	0.0
Gloucester	8150.8	86.0	‡
Ipswich	6510.3	41.2	0.0
Lynn	7178.2	51.8	11.5
Manchester	4727.0	80.4	0.0
Middleton	4993.0	113.3	0.0
Rockport	7112.5	58.4	‡

Source: Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* MDPH Registry of Vital Records and Statistics, age-adjusted rates per 100,000, 2015

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Substance Use

Along with mental health, substance use was named as a leading health issue among key informants and focus group/listening session participants and Community Health Survey respondents. Behavioral health providers reported that individuals continue to struggle to access care services, including rehabilitation and detox, outpatient treatment, and medication-assisted treatment. As with mental health services, there are a number of community partners working to fill service gaps and address the needs of both individuals and the community at large, although individuals continue to face delays or barriers to care due to limited providers and specialists, limited treatment beds, and social determinants that impede access to care (e.g., insurance coverage, transportation, employment, health literacy). Many participants also discussed the comorbidity that often occurs between mental health and substance use issues.

On the Community Health Survey, "substance use" was the second most common response when respondents were asked to identify the health issue residents struggled with the most (46%).

The opioid epidemic continues to be a critical concern, not only for individuals but also for families, communities, and society. Key informants and focus group/listening session participants were particularly concerned about the traumatic effect opioid use has on family units – including the children of parents with opioid issues, and grandparents or other family members who struggle to access the resources needed to care for these children.

- The rate of fatal opioid overdoses was significantly high in Lynn (50.3) compared to the commonwealth overall (24.6). There were zero recorded fatal opioid overdoses in Manchester in 2015. Rates were similar or suppressed due to small numbers in other municipalities.
- Among those treated in facilities licensed by the Massachusetts Bureau of Substance Abuse Services (BSAS), heroin was the primary substance of use in Danvers, Gloucester, Ipswich, and Lynn.
- The rate of opioid-related inpatient hospitalizations was higher than the commonwealth overall (781.3 per 100,000) in Beverly (959.9), Gloucester (1,075.0), and Lynn (1,236.3).

Several participants noted that while alcohol misuse was not as "acute" an issue as opioids, it was more prevalent and was a major contributor to rates of chronic disease (e.g., cancer, liver disease, cardiovascular disease).

- Among service area residents treated in facilities licensed by BSAS, alcohol was the primary substance of use in Beverly, Essex, Manchester, Middleton, and Rockport.

Table 25: Substance use mortality and treatment statistics (2015, 2017)

	Fatal opioid overdose (rate)	Opioid-related inpatient hospitalizations*	Opioid death count (by city/town of residence) **	Admissions to BSAS-licensed facilities (#)***	Of BSAS admissions: Alcohol as primary substance of use (%)***	Of BSAS admissions: Heroin as primary substance of use (%)***
Massachusetts	24.6	781.3	1,945	98,948	32.8	52.8
Essex County	30.3	N/A	N/A	10,545	34.2	49.5
Beverly	33.5	959.9	7	597	47.6	36.9
Danvers	27.0	562.2	8	287	39.4	47.0
Essex	‡	213.4	1	0-100	54.5	31.8
Gloucester	39.4	1,075.0	17	482	37.1	45.9
Ipswich	‡	536.5	5	185	38.6	48.1
Lynn	50.3	1,236.3	50	2,076	31.3	53.6
Manchester	0.0	283.6	0	0-100	60.0	32.0
Middleton	‡	729.7	2	0-100	48.1	36.4
Rockport	‡	305.6	3	0-100	71.1	20.0

Source: Massachusetts Department of Public Health Registry of Vital Records and Statistics, age-adjusted rate per 100,000, 2015

**Source:* Massachusetts Acute Hospital Case Mix data; hospital discharges as provided by CHIA, crude rates per 100,000, 2017

**Source:* Massachusetts Department of Public Health Registry of Vital Records and Statistics, age-adjusted rate per 100,000, 2017

****Source*: Massachusetts Bureau of Substance Abuse Services (BSAS), 2017

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall

Vaping, or e-cigarette use, was a primary concern for youth. Key informants referred to e-cigarette use as an epidemic and were not only concerned with education and prevention efforts, but also with treating those who had developed nicotine addictions. In a focus group, Danvers High School students corroborated the severity of the issue, describing e-cigarette use as commonplace and generally accepted among their peers. Changing community norms around marijuana and its health impacts, especially in light of legalization in Massachusetts, were also identified as a concern for younger populations.

The Youth Risk Behavior Survey includes several questions on current and lifetime use of various substances.

- Over one-third of high school students in the Ipswich (36%) and Manchester-Essex (40%) school districts reported ever having used an electronic vapor product (e.g., e-cigarettes, Juuls). Data was not available in other districts.
- The percentage of high school students who reported having had one or more alcohol beverages in the past 30 days was higher than the commonwealth average (31.4%) in the Danvers (35.0%), Gloucester (39.3%), and Manchester-Essex (42.8%) districts.
- The percentage of high school students who reported having used marijuana in the past 30 days was higher than the commonwealth average (24.1%) in the Danvers (24.5%), Gloucester (31.2%), and Manchester-Essex (26.5%) districts.

Table 26: Youth Risk Behavioral Survey, substance use by school district

	HIGH SCHOOL					MIDDLE SCHOOL
	Ever tried cigarette (%)	Ever used electronic vapor product (%)*	Had one or more alcoholic beverages in past 30 days (%)	Used marijuana in past 30 days (%)	Ever taken Rx pain medicine not prescribed to you (%)	Ever used marijuana
Massachusetts (2017)	19.6	41.1	31.4	24.1	N/A	N/A
Beverly	10.2	N/A	24.5	20.1	N/A	N/A
Danvers	22.0	N/A	35.0	24.5	5.0	N/A
Gloucester	20.4	N/A	39.3	31.2	N/A	8.3
Ipswich	9.0	36.0	26.0	16.0	3.0	N/A
Manchester-Essex	N/A	40.0	42.8	26.5	N/A	3.0

Source: Youth Risk Behavior Surveys, multiple years

*Includes e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, hookah pens

Older Adult Health/Healthy Aging

As discussed in previous sections, key informants and focus group/forum participants were concerned about social isolation and depression among older adults, especially frail elders who live alone or who did not have a regular caregiver. Key informants who work with individuals who are homeless or unstably housed reported an increase in the number of older adults utilizing their services due to financial difficulties, lack of family or caregiver, or inability to manage or afford care for chronic medical issues.

"If you're living on Social Security, it's hard to maintain any sort of lifestyle. For many people, it's incredibly difficult to sustain rent and other living expenses. We are seeing more and more homeless elders." – *Key informant*

On the Community Health Survey, respondents were asked to identify the segments of the population with the greatest health needs, and "older adults 65+" was the most common response (57%).

Health-related concerns for the older adult population included issues around cognitive decline (e.g., Alzheimer's disease, dementia), mobility (e.g., falls, arthritis), and disease management/navigation of the health system, especially for those with multiple chronic conditions. Several key informants also identified that because of the opioid epidemic, there is a growing number of older adults who have become primary caregivers for grandchildren, causing stress, financial issues, and resource constraints.

According to community profiles put together by the Massachusetts Healthy Aging Collaborative:

- The percentage of older adults (65+) living alone was similar to the commonwealth overall in all municipalities.
- The percentage of older adults (65+) with depression was significantly high in Beverly (35.2%) and Danvers (36.5%) and significantly low in Manchester (25.5%) compared to the commonwealth overall (31.5%).
- The percentage of older adults (65+) with an anxiety disorder was significantly high in Beverly (28.8%) and Danvers (31.2%) compared to the commonwealth overall (25.4%).
- The percentage of older adults (65+) with Alzheimer's disease or a related dementia was significantly high in Beverly (14.8%) and Danvers (17.5%) and significantly low in Gloucester (11.3%), Manchester (8.9%), and Rockport (9.8%) compared to the commonwealth overall (13.6%).
- The percentage of older adults (60+) who had been injured in a fall in the past 12 months was similar to the commonwealth in all municipalities.

Table 27: Older adult health/healthy aging

	% 65+ living alone	% 65+ with depression	% 65+ with anxiety disorders	% 65+ with Alzheimer's or related dementia	% 60+ injured in a fall past 12 months
Massachusetts	29.2	31.5	25.4	13.6	10.6
Essex County	29.3	N/A	N/A	N/A	N/A
Beverly	32.5	35.2	28.8	14.8	9.6
Danvers	29.2	36.5	31.2	17.5	11.7
Essex	23.3	27.7	22.2	11.4	9.6
Gloucester	28.6	31.3	24.5	11.3	9.6
Ipswich	29.7	30.5	24.1	12.4	9.6
Lynn	34.0	N/A	N/A		
Manchester	15.7	25.5	22.5	8.9	9.6
Middleton	20.6	32.2	28.2	11.9	11.7
Rockport	31.7	29.2	25.6	9.8	9.6

Source: Massachusetts Healthy Aging Collaborative, Massachusetts Healthy Aging Community Profiles, 2018
Shading represents statistical significance compared to the commonwealth. Figures highlighted in orange are statistically higher compared to the commonwealth overall, while figures highlighted in blue are significantly lower.

Maternal and Infant Health

The well-being of children and their mothers has implications for future generations. Though maternal and child health issues were not identified as priorities through the assessment process, it is important to track data to identify trends over time. Beverly and Addison Gilbert Hospitals have a long history of addressing issues of maternal and child health, and their efforts may have potentially affected the small counts that appear in the data. It is important to note that many factors may affect maternal and child health outcomes, including the mother's health status preconception, age, socioeconomic status, and access to adequate health care and support services.[26]

[26] "Maternal, Infant, and Child Health." HealthyPeople 2020, n.d., https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health.

Table 28: Maternal and infant health

	Infant mortality rate (per 1,000), 2015	Low birthweight <5.5lbs (%), 2016	Births to 15-19-year-olds (#), 2015
Massachusetts	4.3	7.5%	1,931
Essex County	4.8	N/A	N/A
Beverly	0.0	4.6	5
Danvers	‡	7.9	N/A
Essex	0.0	N/A	N/A
Gloucester	0.0	8.0	6
Ipswich	0.0	5.7	N/A
Lynn	5.9	8.1	104
Manchester	0.0	0.0	N/A
Middleton	‡	8.6	N/A
Rockport	0.0	0.0	N/A

Source: MDPH Registry of Vital Statistics (2015)

*Source: MDPH Annual Report on Births (2015 and 2016)

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in blue are significantly lower.

Infectious Diseases

Though great strides have been made to control the spread of infectious diseases in the U.S., they remain a major cause of illness, disability, and even death. Sexually transmitted infections (STIs), diseases transmitted through drug use, vector-borne illnesses, tuberculosis, pneumonia, and influenza are among the infectious diseases that have the greatest impact on modern American populations. Though interviewees or participants of forums and focus groups did not name infectious disease as a major health concern, it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality. Younger children, older adults, individuals with compromised immune systems, injection drug users, and those having unprotected sex are most at risk for contracting infectious diseases.

Table 29: Infectious disease

	Chlamydia cases (lab confirmed)	Gonorrhea cases (lab confirmed)	Syphilis cases (probable and confirmed)	Hepatitis C cases (confirmed and probable)	Pneumonia/influenza mortality (age-adjusted per 100,000)*-
Massachusetts	29,203	7,307	1,091	7,765	17.1
Essex County	5,162	1,069	234	1,239	18.7
Beverly	101	15	<5	37	15.1
Danvers	73	13	<5	20	29.7
Essex	<5	<5	0	<5	0.0
Gloucester	73	14	<5	23	27.8
Ipswich	32	<5	<5	8	‡
Lynn	732	202	12	148	16.1
Manchester	N/A	N/A	N/A	0	‡
Middleton	28	20	<5	32	‡
Rockport	7	<5	0	<5	0.0

Source: MDPH Bureau of Infectious Disease and Laboratory Services, 2017

Source: *MDPH Registry of Vital Records and Statistics, 2015

‡ Data suppressed due to small numbers.

Shading represents statistical significance compared to the commonwealth. Figures highlighted in blue are significantly lower.

Summary of Priorities and Implementation Strategy

This section provides a summary of the priority issues and priority populations that were identified through the assessment process, based on an integrated analysis of quantitative and qualitative data and results of a prioritization process with the Community Benefits Advisory Committee. A full Implementation Strategy, with goals, priority populations, objectives, strategies, sample measures, and potential community partners may be found in Appendix D.

Implementation Strategy Planning Principles and Commonwealth Priorities

In developing the Implementation Strategy, care was taken to ensure that BH-AGH's community health priorities were aligned with Commonwealth of Massachusetts priorities as set by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Health Policy Commission (MHPC) (Table 30). BH-AGH also made efforts to ensure that the IS was aligned with broader principals drawn from the commonwealth's Community Benefit Guidelines and the literature on how best to promote community health improvement and prevention efforts.

Table 30: Massachusetts community health priorities

Massachusetts Department of Public Health: *Community Benefit Priorities*	**Massachusetts Health Policy Commission:** *Determination of Need Priorities*
• Housing stability and homelessness • Mental illness and mental health • Substance use disorders • Chronic disease, with a focus on cancer, heart disease, and diabetes	• Built environments • Social environments • Housing • Violence • Education • Employment

Priority Populations

BH-AGH is committed to improving the health status and well-being of all residents living throughout its service area; certainly, all geographic, demographic, and socioeconomic segments of the population face challenges that may impede residents' ability to access care or maintain good health. With this in mind, BH-AGH's Implementation Strategy includes activities that will support residents throughout its service area across all segments of the population.

However, based on the assessment's quantitative and qualitative findings, there was broad agreement that BH-AGH's Implementation Strategy should prioritize certain demographic and socioeconomic segments of the population that face significant barriers to care, have complex health issues, or are more impacted by the social determinants of health. The assessment identified older adults, children

and families, individuals and families of low resource, and individuals with chronic/complex conditions as priority populations to be included in the Implementation Strategy.

Figure 6: BH-AGH Priority Populations, 2020-2022

Older Adults

In the U.S. and the commonwealth, older adults are among the fastest-growing age groups. Chronic and complex conditions are the leading cause of death among older adults, and older adults are more likely to develop chronic illnesses such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer's disease, Parkinson's disease, and dementia than younger adult cohorts are. The CDC and the Healthy People 2020 Initiative estimate that by 2030, 37 million people nationwide, 60% of those are 65 and over – 37 million people nationwide – will need to manage more than one chronic medical condition. Significant proportions of this group experience hospitalizations, are admitted to nursing homes, and receive home health services and other social supports in home and community settings.

The challenges faced by older adults came up in nearly every interview, focus group, and community listening session. Older adults were also identified as the segment of the population with the most significant health needs in the Community Health Survey. Older adults living alone, and those without dedicated family or caregivers, were seen as particularly vulnerable.

BH-AGH recognizes that addressing these concerns demands a service system that is robust, diverse, and responsive. BH-AGH has historically supported a number of initiatives aimed at improving health and health care access for older adults and will continue to do so. BH-AGH will work with partners and community-based organizations to explore programs that address social isolation, chronic disease management/navigation, access to care, food insecurity, and transportation issues for older adults in its service area.

Children and Families

Key informants and focus group/listening session participants identified a range of health and social service issues for children and their families. Issues for children/youth included mental health (chronic stress/anxiety, depression), substance misuse (vaping and e-cigarette use, marijuana), physical inactivity and poor nutrition, and risky behaviors. Some were also concerned about the long-lasting impact and trauma for children whose parents or caregivers have mental health or substance misuse issues.

In discussing potential interventions or strategies to address these issues, many felt that taking a family and community-centered approach was critical to success. BH-AGH recognizes the importance of educating and empowering families to create healthy, positive environments for children to thrive. An

extensive body of research indicates that children fare better when parents model positive behaviors and attitudes around healthy habits, family, education, and work.[27] BH-AGH will continue to offer and support programs that provide education and resources to children and their families.

Individuals and Families of Low Resource

Key informants, focus group/listening session participants, and survey respondents discussed the challenges that individuals and families face when they are forced to decide between housing, food, health care services, childcare, transportation, and other essentials. The root of this dilemma is often the inability to find or maintain employment that pays a livable wage. The term "low resource" rather than "low income" was used to underscore the idea that many individuals and families in the service area – not just those in low-income brackets – struggle to access the resources that allow them to achieve and maintain a good quality of life. Many participants spoke of the intense challenges that moderate-income individuals and families face since they are not eligible for public assistance programs like Medicaid, SNAP, Healthy Start, and other subsidized services. Further, those who may be eligible for certain benefits may not know how to access them or may not apply due to a stigma associated with accepting public assistance.

At the root of this issue is often an inability to find or maintain employment that pays a livable wage, which is further complicated by lack of transportation, lack of housing, lack of childcare, and physical/behavioral health issues. BH-AGH is committed to maintaining existing community benefits programs that address these issues, and looks forward to exploring new partnerships and collaborations in this area.

Individuals with Chronic/Complex Conditions

Though substance use and mental health were the leading priority issues for many key informants, providers, and residents, one cannot ignore that cardiovascular disease, stroke, and cancer are the leading causes of death in the nation and the commonwealth. Along with other conditions, including asthma and diabetes, these conditions are considered to be chronic and complex – they may strike early in one's life and persist for many years, may be incurable or irreversible, and may be difficult to manage. It is also important to note that the risk factors for many chronic/complex conditions are the same, including tobacco use, lack of physical activity, poor nutrition, obesity, and alcohol use. Many individuals who participated in the assessment process identified these risk factors as leading health issues in BH-AGH's service area.

BH-AGH recognizes that individuals with chronic/complex conditions often require services that facilitate better navigation, care management, and coordination. Due to disability, poor health status, and frailty, many also struggle to access and maintain the resources necessary for a healthy life (e.g., healthy food, secure housing, and transportation). BH-AGH is dedicated to creating and supporting

[27] "Family Characteristics Have More Influence on Child Development Than Does Experience in Child Care." *National Institutes of Health*, Oct. 3, 2006, https://www.nih.gov/news-events/news-releases/family-characteristics-have-more-influence-child-development-does-experience-child-care.

programs to help individuals with chronic/complex conditions, and their caregivers, to better manage these conditions and access the health and social services they need.

Community Health Priorities

BH-AGH's CHNA is a population-based assessment – the goal is to identify the full range of community health issues affecting individuals in the CBSA. The priority issues have been framed in a broad context to ensure that the breadth of unmet needs and community health issues are recognized. BH-AGH is confident that these priorities reflect the sentiments of the vast majority of those who were involved in the assessment and prioritization process; they were determined through an integrated and thorough analysis of quantitative and qualitative data, and a prioritization process with the CBAC. Within these priority areas, goals and objectives will be determined to maximize impact, focus the hospitals' efforts, and leverage existing resources and partnerships.

Table 31 includes a comparison of priority issues that were chosen from the 2016 and 2019 community health needs assessments.

Table 31: Priority areas from community health needs assessments, 2016 and 2019

2016 BH-AGH Community Health Priority Areas	2019 BH-AGH Community Health Priority Areas
• Behavioral health • Wellness, prevention, and chronic disease management • Older adults • Maternal and child health	• Mental health • Substance dependency • Chronic/complex conditions and their risk factors • Social determinants of health and access to care

Below is a brief description of BH-AGH's 2019 community health priority areas.

Mental Health

As it is throughout the commonwealth and the nation, the burden of mental health issues on individuals, families, communities, and service providers in BH-AGH's Community Benefits Service Area is overwhelming. Nearly every key informant interview, focus group, and listening session included discussions on these topics. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading issues in this domain. There were particular concerns regarding the impact of depression, anxiety, and e-cigarette/vaping for youth and social isolation among older adults.

Despite increased community awareness and sensitivity about the underlying issues and origins of mental health issues, there is still a great deal of stigma related to these conditions. BH-AGH is committed to promoting education and prevention efforts, increasing the number of individuals who are screened and referred to appropriate services, reducing structural barriers to treatment, and maintaining the high-quality treatment services that it provides.

Substance Dependency

Substance dependency has impacts on individuals, families, and communities. In nearly all key informant interviews, focus groups, and listening sessions, participants identified it as a major concern. The opioid epidemic continues to be an area of focus, especially in BH-AGH's service area, where many of the commonwealth's treatment services are located. Beyond opioids, key informants were also concerned with alcohol misuse, changing community norms in light of the legalization of recreational marijuana use, and e-cigarette/vaping among adolescents. Many individuals characterized e-cigarette and vaping as an epidemic, with a need for education, prevention, and treatment services.

BH-AGH is committed to addressing the impact of substance dependency – hospital staff and leadership will continue to be leaders and conveners in promoting collaboration and sharing knowledge with community-based partners. The hospitals are also committed to improving access to treatment and support services through their community benefits activities.

Chronic/Complex Conditions and Risk Factors

Heart disease, stroke, and cancer continue to be the leading causes of death in the nation and the commonwealth, and produce a significant burden on communities. Approximately six in 10 deaths can be attributed to these three conditions combined. If you include respiratory disease (e.g., asthma, COPD) and diabetes, which are in the top 10 leading causes across all geographies, then one can account for the vast majority of causes of death.

Many of the risk factors for these conditions are the same – physical inactivity, poor nutrition, obesity, and tobacco/alcohol use. BH-AGH has a long history of working with community partners to create awareness and education of these risk factors and their link to chronic and complex health conditions. The hospitals will continue to support programs that provide opportunities for people to access low-cost, healthy foods and opportunities for safe and affordable physical activity. Beyond addressing the risk factors, BH-AGH is also committed to supporting individuals and caregivers throughout the service area to engage in chronic disease management programs, providing supportive services (e.g., integrative therapies, support groups), and providing linkages to care.

Social Determinants of Health and Access to Care

A dominant theme from the assessment was the tremendous impact that the social determinants of health, particularly income/employment, housing, transportation, and food insecurity have on residents within BH-AGH's CBSA. The social determinants of health are often the drivers or underlying factors that create or exacerbate mental health issues, substance misuse, and chronic/complex conditions. These social determinants of health, in particular poverty, also underlie many of the access-to-care issues that were prioritized in the assessment: navigating the health system (including health insurance), chronic disease management, and affording care.

BH-AGH is committed to addressing social determinants and breaking down barriers to care. The hospitals will continue to collaborate with community-based organizations to engage individuals in services, reduce financial burdens, increase access to appropriate primary and specialty care services, and support healthy families and communities. BH-AGH is also committed to exploring opportunities to

sponsor or support mentorship, training, and employment opportunities for those in its service area to empower individuals to overcome financial issues and to strengthen the local workforce.

Community Health Needs Not Prioritized by BH-AGH

It is important to note that there are community health needs that were identified by BH-AGH's assessment that were not prioritized for inclusion in the Implementation Strategy, for a number of reasons:

- Feasibility of BH-AGH having an impact in the short or long term
- Limited burden on residents of service area
- Existing focus on the issue by community partners, such that the issue does not warrant additional support

Namely, lack of affordable housing was identified as a community health issue, but this issue was deemed by the CBAC to be outside of BH-AGH's primary sphere of influence. This is not to say that BH-AGH will not support efforts in this area; the hospitals remain open and willing to work with hospitals across Beth Israel Lahey Health's network and with other public and private partners to address this issue collaboratively.

Community Benefit Resources

Over the past year, BH-AGH has contributed direct, in-kind, and grant funding to support community initiatives operated by the hospitals and their community partners to improve the health of individuals in the service area. BH-AGH has leveraged grants and other funds to address health disparities and health inequities, and provided uncompensated "charity care" to low-income individuals who were unable to pay for care and services at the hospitals.

This year, BH-AGH will commit a comparable amount, if not more, through charity care, direct community health program investments, and in-kind resources of staff time, materials, and programs. BH-AGH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, and on behalf of its community partners.

Recognizing that community benefits planning is ongoing and will change with continued community input, BH-AGH's Implementation Strategy will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may require a change in the Implementation Strategy or the strategies documented within it.

Summary Implementation Strategy

The following is a listing of the goals and objectives that have been established for each community health priority area in BH-AGH's Implementation Strategy.

Priority Area 1: Mental health
Goal 1: Support mental health outreach, education, and prevention programs, and improve access to treatment and services.
• Increase the number of individuals and families educated on the risks, protective factors, and impacts of mental health issues. • Increase the number of individuals who are screened and referred to appropriate mental health treatment and support services. • Reduce structural barriers to mental health treatment. • Increase access to primary care practices that have integrated behavioral health services. • Explore opportunities to reduce social isolation and depression.
Priority Area 2: Substance dependency
Goal 1: Address the impact(s) of substance dependency.
• Promote collaboration, share knowledge, and increase awareness around the impacts and risk factors for developing substance misuse issues.
Goal 2: Improve access to substance misuse treatment and support services.
• Increase the number of individuals who are screened and referred to appropriate mental health treatment and support services.
Priority Area 3: Chronic/complex conditions and risk factors
Goal 1: Prevent, detect, and manage chronic diseases and complex conditions, and enhance access to treatment and support services.
• Create awareness/educate community members about the preventable risk factors associated with chronic and complex health conditions. • Provide opportunities for people to be screened for chronic and complex health conditions, and provide linkages to associated services. • Support individuals and their caregivers who are engaged in evidence-based support and chronic disease management programs. • Increase access to affordable healthy foods and affordable physical activity. • Increase access to supportive services that reduce stress among individuals with chronic/complex conditions and their caregivers.
Priority Area 4: Social determinants of health and access to care
Goal 1: Address barriers to social determinants of health and access to care
• Educate providers/community members about hospital or public assistance programs to help them identify/enroll in appropriate health insurance plans and/or reduce their financial burden • Increase access to appropriate primary care and specialty care services • Increase access to affordable and nutritious foods • Increase mentorship, training, and employment opportunities • Increase awareness about creating a healthy and safe environment for babies and families, and promote healthy child development • Increase access to affordable and free opportunities for physical activity

Appendix A:

Detailed Community Engagement Approach

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Key Informant Interviews

Beth Israel Lahey Health – Northern Region: Interviewees		
Name	**Title/Affiliation**	**Sectors(s) Represented/ Population Served**
Deborah Costello	Chief Operating Officer, Home Health and Hospice, Lahey Health at Home	Home health
Theresa Giove	Executive Director, Urgent Care, Beth Israel Lahey Health	Health system leadership; clinical care
Richard Iseke	Chief Quality Officer, Lahey Health System	Health system leadership
Hilary Jacobs	President, Beth Israel Lahey Health Behavioral Services	Behavioral health
Pauline Lodge	Senior Vice President, Business Development/Marketing and Communications	Health system leadership
Richard Nesto, MD	Chief Medical Officer, Beth Israel Lahey Health	Health system leadership
Wayne Saltsman, MD	Chief Medical Officer, Lahey Health Continuing Care	Health system leadership
Leslie Sebba, MD	President and Chief Medical Officer, Lahey Clinical Performance Network, Beth Israel Lahey Health	Health system leadership
Linda Weller-Newcomb	Vice President, Lahey Health Cancer Institute	Health System leadership; chronic/complex conditions
BH-AGH Internal Key Informant Interviewees		
Philip Cormier	President, Beverly and Addison Gilbert Hospitals	Internal
Mark Gendreau, MD	Chief Medical Officer, Beverly and Addison Gilbert Hospitals	Internal
Cynthia Cafasso Donaldson	Vice President, Addison Gilbert Hospital and Lahey Outpatient Center, Danvers	Internal
Susan Graves, MD	Pediatrician – Beverly	Internal
Michael Tarmey	Vice President of Behavioral Health/Associate Chief Nursing Officer, BayRidge Hospital	Internal
External Key Informant Interviewees		
Christopher Lovasco	Chief Executive officer, North Shore YMCA	Community
Bernadette Orr	Director, CHNA 13/14	Community
Sue Gabriel	Executive Director, Beverly Bootstraps	Low resource individuals and families
Sue Todd	Chief Executive Director, Pathways for Children	Children and youth
Melissa Dimond	Executive Director, Wellspring House	Homeless, at risk for homelessness
Peggy Hegarty-Steck	Executive Director, Action Inc.	Low resource individuals and families
Julie LaFontaine	Executive Director, The Open Door	Low resource individuals and families

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Scott Trenti	Chief Executive Officer, Senior Care Inc.	Older adults
External Key Informant Interviewees		
Derek Fullerton	Public Health Director, Middleton	Community
Diane Bertolino	Council on Aging (COA) Director, Rockport	Older adults
Margaret Brennan	Chief Executive Officer, Gloucester Family Health Center	Community
Jason Etheridge	Executive Director, LifeBridge (Grace Center & River House)	Homeless, at risk for homelessness
Rachel Hand	Executive Director, Family Promise NorthShore	Low resource individuals and families
Andrew DeFranza	Executive Director, Harborlight Community Partners	Low resource individuals and families
Kiame Mahaniah, MD, and Debbie Walsh	Chief Executive Officer and Community Relations Director, Lynn Community Health Center	Community
Mark Evans and Mike Hiland	Executive Director and Program Director of the Emergency Shelter/CSPECH, Lynn Shelter Association	Homeless, at risk for homelessness
Charlie Gaeta	Chief Executive Officer, Lynn Housing Authority & Development	Homeless, at risk for homelessness
Paul Crowley	Executive Director, Greater Lynn Senior Services	Older adults
Laura Gallant, Dianne Kuzia, and Emily Herzig	Lynn Health Task Force	Community
Municipal Leadership		
Beverly Town Leaders	Michael Cahill, Mayor of Beverly William Burk, Director of Public Health Paul Cotton, Fire Chief Kevin Harutunian, Chief of Staff Mary Ann Holak, Director of Beverly Council on Aging and Senior Center Teresa Kirsch, Public Health Nurse John Lelaucher, Beverly Police	
Gloucester City Leaders	Sefatia Romeo Theken, Mayor of Gloucester Joe Aiello, Assistant Fire Chief Karin Carroll, Public Health Director Michael Hale, Public Works Dori Prescott, Home Care Director, Senior Care Sander Schultz, EMS	

Municipal Leadership (continued)	
Lynn City Leaders	Thomas McGee, Mayor of Lynn Lenny Desmarais, Deputy Chief of Police Michele Desmarais, Public Health Director MJ Duffy Alexander, Public Health Nurse Tina Hoofnagle, Lynn Public Schools Kathy McNulty, Lynn Public Schools Deb Tanzer, Lynn Public Schools
Danvers Town Leaders	Steve Bartha, Town Manager Patrick Ambrose, Police Chief Jen Breaker, Assistant Town Manager Aaron Henry, Director of Land Use and Community Services Peter Mirandi, Public Health Director Pam Parkinson, Senior & Social Services Director Bob Pyburn, Fire Chief

Key Informant Interview Guide

Introduction: As you may know, the Hospitals are conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of those living in their service area. This assessment and a subsequent Implementation Strategy are required of all nonprofit hospitals to meet state attorney general and federal IRS requirements.

The Implementation Strategy will outline how the Hospitals will work to address health needs and factors leading to poor health, as well as ways in which they will build on the community's strengths. It is therefore extremely important that the Hospitals hear from a broad range of people living, working, and learning in the community. JSI has been contracted by the Hospitals to conduct the assessment, which will include interviews, a Community Health Survey, and focus groups. This interview is part of the data collection and should take between 30 and 60 minutes. To ensure our data reflect your community or the community you serve, it is important that you speak openly and honestly. We will be taking notes during the conversation, but we will not link your name or personal information to your quotes without your permission. Do you have any questions before we get started?

- **Question 1 (External):** Could you tell me more about yourself? How long have you worked at [name of organization]? Are you also a resident of a community within the service area? **(Internal):** What is your role at the Hospital, and how long have you worked there?
    - *Probe for information on programs/services offered through their organization, populations they work with, etc.*

- **Question 2:** The assessment is looking at health defined broadly – beyond clinical health issues, we are also looking at the root causes most commonly associated with ill health. (e.g., housing, transportation, employment/workforce). For those in the service area, what do you see as the major barriers to care?
    - *Try to identify the top 2-3 barriers.*

- **Question 3:** What clinical health issues (e.g., substance use, mental health, cancer, overweight/obesity, etc.) do you think are having the biggest impact on those in the service area?
    - *Try to identify the top 2-3 issues.*

- **Question 4:** What segments of the population have the most significant health needs or are most vulnerable (e.g., young children, low-income, non-English speakers, older adults)?
    - *Do you see this changing in the future? Improving? Getting worse?*

- **Question 5 (External):** Are there programs or services offered by other community organizations that you think are working well to address the needs of the community? **(Internal):** How effectively do you think the Hospitasl are currently meeting the needs of the community? Are there specific programs or services offered by the Hospital that stand out to you as working well to address community health?
    - *Mention that we will be compiling a list of community organizations/resources for the Resource Inventory.*

- **Question 6:** As we explained at the beginning of the interview, we will be making an effort to gather input from community residents as part of this assessment. Can you recommend any strategies to engage hard-to-reach populations?
    - *Are there any coalitions or advocacy groups that work with hard-to-reach populations?*

- **Question 7:** Finally, we are working to gather quantitative data to characterize health status – this includes demographic and socioeconomic data, and disease-specific incidence, hospitalization, emergency department, and mortality data wherever it is available. Do you know of, or use, any local data sources (e.g., reports, other needs assessments)?

Additional Questions (Internal):

- Where do you see opportunities for the Hospital to implement programs and services to address community health needs?
- Are there any community organizations that you would identify as strong partners to the Hospitals?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Focus Groups

Name of group	Population/Sector Represented	Date	Location	Number of attendees (approximate)
Lynn Shelter Association	Homeless/at-risk for homelessness	May 20, 2019	Lynn Shelter Association	8
Danvers High School	High school students (freshman)	May 16, 2019	Danvers High School	20
The Grace Center	Formerly homeless/unstably housed; low-resource individuals	June 12, 2019	The Grace Center (Gloucester)	5

Focus Group Guide

Introduction & Purpose of Focus Group: The Hospital is conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of those living in its service area. This assessment and a subsequent Implementation Strategy (IS) are required of all nonprofit hospitals to meet state attorney general and federal IRS requirements.

The IS will outline how the Hospital will work to address health needs and factors leading to poor health, as well as ways in which it will build on the community's strengths. It is therefore extremely important that the Hospital hear from a broad range of people living, working, and learning in the community. To ensure our data reflect your community or the community you serve, it is important that you speak openly and honestly. We will be taking notes during the conversation, but we will not link your name or personal information to your quotes without your permission.

- **Question 1:** The assessment is looking at health defined broadly – beyond clinical health issues, we are also looking at the root causes of ill health (e.g., housing, transportation, employment/workforce, poverty), also called the "social determinants of health." What social determinants do people struggle with the most in your community?
    - *Try to identify the top 2-3 social determinants.*

- **Question 2:** What clinical health issues (e.g., substance use, mental health, cancer, overweight/obesity) are having the biggest impact on those in your community?
    - *Try to identify top 2-3 issues.*

- **Question 3:** What segments of the population have the most significant health needs or are most vulnerable to poor health (e.g., young children, low-income, non-English speakers, older adults, racial/ethnic minorities)?
    - *Do you see this changing in the future? Improving? Getting worse?*

- **Question 4:** How effectively do you think the Hospital is currently meeting the needs of your community?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

- **Question 5:** Where do you see opportunities for the Hospital to implement programs/services to address community health needs?

- **Question 6:** Are there programs or services offered by other community organizations that you think are working well to address the needs of the community?

- **Question 7:** We will be making an effort to gather input from community residents as part of this assessment. Can you recommend any strategies to engage hard-to-reach populations?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Community Listening Sessions

Name of group	Population/Sectors Represented	Date	Location	Number of attendees (approximate)
Community session – Community Health Network Area 13/14	Community residents and service providers	May 2, 2019	Peabody Council on Aging	12
Community session – Gloucester	Community residents and service providers	May 22, 2019	Gloucester Town Hall auditorium	30
Community session – Beverly	Community residents and service providers	May 23, 2019	Beverly Senior Center	15

JSI facilitated a community forum with residents and service providers throughout the Hospital's service area. JSI facilitated the community listening sessions by presenting a high-level overview of quantitative data findings from the Hospital's Community Health Needs Assessment and then soliciting feedback and input from participants on leading health issues, vulnerable populations, barriers to care, community assets/resources, and opportunities for the Hospital to improve its services and outreach. Questions were discussed in plenary sessions and in small groups. JSI documented the results of these sessions and used the information gathered to inform the assessment and development of the Implementation Strategy.

Community Listening Discussion Questions

1. Think of the data you've seen and your own knowledge/experiences. What are the most pressing barriers to good health for those in your community?
2. Think of the data you've seen and your own knowledge/experiences. What health issues do you think people struggle with the most in your community?
3. Think of the data you've seen and your own knowledge/experiences. What populations do you think are vulnerable or at risk for poor health in your community?
4. What resources are available in your community to help address the issues discussed today?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Community Health Survey

Translated into Chinese, Spanish, Portuguese, Khmer, Haitian-Creole, Hindi, and Italian.

Distribution channels

- Internal hospital newsletters and communications
- Patient Family Advisory Council
- **Newspapers:** Wicked Local Gloucester
- **Community Meetings:** Be Healthy Beverly, Ipswich Aware
- Elected officials
- **Chambers of Commerce:** Beverly, Cape Ann
- **Councils on Aging/Senior Centers:** Beverly, Danvers, Middleton, Manchester, Essex, Ipswich
- **Libraries:** Beverly (held surveys), Danvers (held surveys), Ipswich (held surveys, sent in newsletter), Lynn (held surveys), Manchester (held surveys), Middleton (held surveys), Rockport (held surveys), Essex (survey link/Facebook post), Gloucester (tabling)
- Senior Suppers (Rockport, Gloucester, Beverly, Danvers)
- SeniorCare, Inc.
- **Websites:** Good Morning Gloucester, Good Morning Cape Ann, Gloucester Rotary, Be Healthy Beverly
- **Health Fairs:** North Shore Mall, Healthy Kids Day
- Community Health Network Area 13/14
- Danvers Cares
- **YMCAs:** Beverly, Cape Ann, Ipswich, Danvers, Lynn
- Family Promise
- Beverly Bootstraps
- The Open Door
- Middleton Board of Health
- Ipswich Aware

Community Health Survey Questions

Beverly Hospital and Addison Gilbert Hospital, Lahey Hospital and Medical Center, and Winchester Hospital are conducting Community Health Needs Assessments to better understand the most pressing health-related issues for residents in the communities we serve. The information gathered will help us develop health improvement plans that address these issues, and will guide our decisions on investments in community programs and services. Your input is extremely important to us.

Please take about 10 minutes to complete this survey. Your responses will be anonymous.

This survey has been shared widely. **Please complete this survey only once.**

Please email Madison MacLean (madison_maclean@jsi.com) with questions.

Question 1: What town do you live in?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Question 2: How old are you?

__ Under 18 __ 18 to 24 __ 23 to 34 __ 35 to 44

__ 45 to 54 __ 55 to 64 __ 65 to 74 __ 75 or older

Question 3: Are you Hispanic, Latino/a, or of Spanish origin? __Yes __No

Question 4: Which of these best describes your race? Choose all that apply.

__ White __ Black or African American __ Asian

__ Native Hawaiian or Pacific Islander __ American Indian or Alaska Native __ Other (please specify)

Question 5: Think about your community. Choose the top three (3) issues that you think prevent people from being able to live a healthy life.

__ Housing is expensive or unsafe

__ Transportation issues

__ Cannot find or afford healthy foods

__ No or limited health insurance

__ No or limited education

__ Poverty, low wages, no jobs

__ Other (please specify)

__ Unsafe streets (bad roads or sidewalks)

__ Physical inactivity or sedentary lifestyle

__ Social isolation, lack of support, loneliness

__ Long commute to/from work or school

__ Discrimination, racism, distrust

__ Crime or violence

Question 6: Read the following statements. Check all that you agree with.

__ Expensive co-payments for care and medication stop me from seeking care or filling prescriptions.

__ It is hard to find health care providers who understand my (or others') language, culture, or religion.

__ It is hard to find doctors who are taking new patients.

__ It is hard to find appointments that work with my schedule.

__ Health care is too expensive.

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Question 7: Think about your community. Choose the top three (3) populations that you think have the greatest health needs.

__ Young children (0-5 years of age)
__ School age children (6-11 years of age)
__ Adolescents (12-17 years of age)
__ Young adults (18-24 years of age)
__ Older adults (older than 65 years of age)
__ Immigrants/refugees
__ Other (please specify)
__ Non-English speakers
__ Homeless/housing insecure
__ Low-income populations
__ Those with disabilities (physical, cognitive, developmental)
__ Lesbian, gay, bisexual, transgender, queer/questioning
__ Racial/ethnic minorities

Question 8: Think about your community. Choose the top three (3) health issues that you think people struggle with the most.

__ Cancer
__ Cardiovascular conditions (e.g., hypertension/high blood pressure, heart disease, stroke)
__ Respiratory diseases (e.g., asthma, chronic obstructive pulmonary disease [COPD], emphysema)
__ Physical inactivity, nutrition, and/or obesity
__ Maternal and child health issues (e.g., prenatal care, teen pregnancy, infant mortality)
__ Diabetes
__ Dental care
__ Infectious disease (e.g., influenza, HIV/AIDS, sexually transmitted infections, hepatitis C)
__ Neurological disorders (e.g., Alzheimer's, Parkinson's, dementia)
__ Mobility impairments (e.g., falls, arthritis, fibromyalgia)
__ Mental health

If chosen: __ Depression __ Anxiety/stress __ Other mental illness

__ Substance use

If chosen: __ Alcohol __ Marijuana __ Opioids/prescription drugs __ Nicotine (including e-cigarettes)

Question 9: What programs or services offered by organizations in your community stand out as working well to address your community's health needs? Please specify.

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Question 10: Think about your community. What health services are hard for people to access? (Check all that apply.)

__ Primary care (e.g., family, general practice, or internal medicine physicians)

__ Emergency care

__ Urgent care (e.g., immediate care centers, Minute Clinics)

__ Oral health care (e.g., dentists, oral surgeons)

__ Specialty care (e.g., cardiology, dermatology, oncology, endocrinology)

__ OB/GYN (e.g., female reproductive system, maternity care)

__ Pharmacies

__ Inpatient or residential drug and alcohol treatment (e.g., rehabilitation and detoxification)

__ Outpatient drug and alcohol treatment (e.g., medication-assisted treatment, outpatient clinics)

__ Inpatient mental health treatment (e.g., residential treatment, psychiatric hospitals, hospital inpatient units)

__ Outpatient mental health treatment (e.g., community mental health centers, mental health counseling)

__ Long-term care (e.g., assisted living, skilled nursing facilities/nursing homes, convalescent homes)

__ Other (please specify)

Question 11: What programs or services should the Hospital offer to improve community health? Please specify.

Question 12: Please provide additional thoughts on community health issues or on how the Hospital could better improve health in your community.

Thank you for your input. Please contact Madison MacLean (Madison_Maclean@jsi.com) with questions.

Appendix B:

Data Book

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

	MA	*Essex County*	*Beverly*	*Danvers*	*Essex*	*Gloucester*	*Ipswich*	*Lynn*	*Manchester-by-the-Sea*	*Middleton*	*Rockport*	*Source*
Demographics												
Population	6,789,319	775860.0	41431.0	27527.0	3687.0	29858.0	13810.0	93069.0	5327.0	9656.0	7184.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age												
Under 5 years	5.3	5.6	4.0	4.3	6.9	4.3	3.4	7.8	3.8	3.9	4.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
5 to 9 years	5.5	5.8	5.1	6.3	5.0	3.9	6.1	7.0	5.1	3.9	5.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
10 to 14 years	5.9	6.4	5.7	6.1	7.3	4.8	6.8	6.0	8.4	8.2	4.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
15 to 19 years	6.8	6.7	6.7	5.5	5.3	5.6	6.8	6.5	4.3	4.4	5.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
20 to 24 years	7.2	6.6	9.7	4.9	4.6	5.3	4.7	7.7	3.8	9.6	2.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
25 to 34 years	13.9	12.1	11.9	12.5	10.6	11.0	6.9	15.9	4.2	11.9	10.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
35 to 44 years	12.3	12.0	11.5	10.5	9.7	9.7	10.2	13.5	12.1	9.8	6.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
45 to 54 years	14.3	14.9	14.4	14.5	14.6	15.5	17.0	12.7	15.9	17.1	13.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
55 to 59 years	7.1	7.5	7.7	7.1	8.2	9.1	9.1	6.5	9.4	8.1	10.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
60 to 64 years	6.2	6.4	6.5	7.1	9.6	9.7	7.3	5.0	8.9	5.3	8.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
65 to 74 years	8.7	8.9	9.3	10.5	11.2	12.3	11.9	6.5	15.4	10.6	16.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
75 to 84 years	4.5	4.5	4.4	6.1	4.6	5.6	6.7	3.3	6.0	5.1	8.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
85 years and over	2.3	2.5	3.0	4.7	2.4	3.1	3.2	1.7	2.8	2.1	3.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Median age (years)	39.4	40.8	40.9	45.0	46.3	49.0	48.8	34.5	51.1	43.9	53.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age under 18 (%)	20.4	21.8	17.3	20.3	23.8	16.5	20.4	24.7	20.6	19.1	18.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age over 65 (%)	15.5	15.9	16.7	21.3	18.1	21.0	21.8	11.5	24.2	17.8	28.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Race / Ethnicity / Culture												
White alone (%)	78.9	80.6	94.8	93.9	99.2	95.7	96.4	46.9	98.4	90.5	97.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Black or African American alone (%)	7.4	4.0	1.0	1.2	0.0	1.3	0.9	13.3	0.0	2.5	0.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Asian alone (%)	6.3	3.4	1.6	2.2	0.0	1.1	0.7	8.1	0.6	1.1	0.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Native Hawaiian and Other Pacific Islander (%)	0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
American Indian and Alaska Native (%)	0.2	0.2	0.1	0.1	0.0	0.1	0.0	0.3	0.0	0.0	0.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Some Other Race (%)	4.1	8.9	0.8	1.1	0.2	0.7	1.1	24.5	0.4	2.4	1.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Two or More Races (%)	3.1	2.7	1.7	1.6	0.5	1.0	0.9	6.6	0.6	3.4	0.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Hispanic or Latino of Any Race (%)	11.2	19.6	4.2	4.3	0.5	1.9	3.1	38.9	1.6	9.5	2.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Foreign Born (%)	16.2	16.2	6.1	7.9	2.9	9.3	4.0	34.7	8.2	8.3	2.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Language Spoken at Home by Population 5 Years and Older												
Language other than English	23.1	25.6	7.7	8.8	4.7	9.7	6.8	51.5	7.8	17.8	4.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	9.1	10.5	2.3	2.7	0.3	3.6	2.3	23.9	2.4	3.6	0.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Speak Spanish at home (%)	8.8	16.5	2.7	2.2	0.8	1.2	2.0	33.8	1.2	8.7	2.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	3.6	7.2	0.8	0.8	0.0	0.6	0.4	16.1	0.8	3.3	0.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Other Indo-European languages (%)	8.8	5.7	3.9	4.4	3.9	7.6	3.9	8.8	6.4	2.8	1.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	3.1	1.9	1.0	1.2	0.3	2.6	1.6	3.9	1.6	0.1	0.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Asian and Pacific Islander Languages (%)	4.2	2.3	0.8	1.2	0.0	0.3	0.5	6.1	0.0	1.0	0.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	2.0	1.0	0.3	0.4	0.0	0.2	0.2	2.7	0.0	0.2	0.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Household												
Total households	2,585,715	291659	16408	10624	1439	12906	5677	32981	2106	2998	3201	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Family households (families) (%)	63.7	66.9	58.6	66.7	69.4	62.3	66.7	65.3	79.3	68.6	59.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With own children of the householder under 18 years (%)	27.1	29.0	21.4	26.4	29.5	20.2	26.7	32.7	28.9	26.8	19.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
In married couple family (%)	47.2	48.7	46.6	50.0	58.0	50.7	54.3	36.7	66.2	58.1	51.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
In married couple family - With own children of the householder under 18 years (%)	18.9	19.5	17.0	20.0	24.9	14.6	20.5	16.9	20.7	22.1	13.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Male householder, no wife present, family(%)	4.2	4.6	2.7	3.5	4.6	3.6	2.9	7.9	4.9	2.0	1.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Male householder, no wife present, family - With own children of the householder under 18 years(%)	1.7	2.1	0.3	1.1	2.5	1.9	1.2	4.0	4.2	1.5	1.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Female householder, no husband present, family(%)	12.3	13.6	9.3	13.2	6.8	8.0	9.5	20.7	8.2	8.5	6.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Female householder, no husband present, family - With own children of the householder under 18 years(%)	6.5	7.4	4.1	5.3	2.1	3.7	5.0	11.9	4.0	3.2	4.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Nonfamily households(%)	36.3	33.1	41.4	33.3	30.6	37.7	33.3	34.7	20.7	31.4	40.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Average family size	3.1	3.2	3.0	3.1	3.2	2.9	3.0	3.5	2.8	3.4	2.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Income/Poverty												
Unemployment Rate among Civilian Labor Force (%)	6.0	6.0	5.3	4.4	4.0	6.1	4.9	6.3	4.8	5.4	5.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Median household income (dollars)	$74,167	$73,533	$77,893	$79,795	$109,327	$65,348	$80,829	$53,513	$105,500	$107,727	$72,015	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - all residents (%)	11.1	10.9	8.3	6.3	6.2	8.5	7.1	18.2	3.7	3.6	6.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - families (%)	7.8	8.1	4.4	3.9	3.7	5.5	4.6	15.0	1.2	2.7	3.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - under 18 years (%)	14.6	15.4	11.3	4.8	6.6	8.9	7.2	27.2	0.0	2.1	8.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - age 65+ (%)	9.0	9.6	5.6	7.8	11.8	9.0	7.2	19.8	2.3	4.6	5.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - female head of household, no husband present (%)	24.4	24.1	13.8	11.5	9.2	17.7	19.4	27.2	3.5	8.2	17.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 200% of poverty level	23.7	24.2	21.1	16.8	13.2	23.8	17.7	36.9	9.8	7.5	18.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 300% of poverty level	36.4	37.7	32.5	29.2	21.5	37.5	28.6	56.4	25.3	17.8	29.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 400% of poverty level	48.6	49.7	43.9	40.5	28.1	51.7	39.5	69.0	31.7	24.6	43.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates

	MA	*Essex County*	*Beverly*	*Danvers*	*Essex*	*Gloucester*	*Ipswich*	*Lynn*	*Manchester-by-the-Sea*	*Middleton*	*Rockport*	*Source*
Demographics												
With cash public assistance income (%)	2.8	3.5	2.4	1.2	0.8	2.8	1.0	5.9	2.3	5.5	2.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With Food Stamp/SNAP benefits in the past 12 months (%)	12.3	14.1	11.0	5.3	3.5	9.4	5.5	28.8	5.1	7.1	6.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
SNAP Gap (%)	48.0		51.0	64.0	79.0	57.0	61.0	47.0	77.0	77.0	67.0	Food Bank of Western MA 2018
Health Insurance												
Without insurance (%)	3.0	3.3	2.3	2.6	2.6	3.0	1.9	5.5	2.0	2.5	1.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With public insurance (%)	35.5	38.4	32.4	33.7	25.9	40.2	33.3	52.0	28.6	27.4	38.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With private insurance (%)	74.2	71.6	79.6	79.9	84.1	74.4	83.1	51.2	86.6	86.3	81.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Transportation												
Takes car, truck, van (alone) to work (%)	70.7	74.2	72.5	84.3	71.3	76.1	80.0	63.7	64.1	85.2	72.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Takes car, truck, van (carpool) to work (%)	7.5	8.5	6.3	6.0	6.3	7.4	5.2	7.8	2.5	5.8	4.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Takes public transportation (excluding cab) to work(%)	10.2	5.9	8.3	2.9	8.9	4.7	3.2	13.5	16.1	2.3	7.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Mean commute time (minutes)	29.3	29.8	27.4	28.6	30.4	26.3	29.7	31.4	37.7	29.8	30.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Worked outside county of residence(%)	30.8	32.3	24.0	29.9	24.2	15.2	21.1	39.2	32.0	38.2	22.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Housing												
Vacant housing units (%)	9.7	6.3	5.1	4.3	15.9	13.0	6.1	4.5	9.5	3.4	22.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Owner-occupied (%)	62.4	63.8	60.7	70.0	79.8	63.9	73.6	44.5	70.3	86.2	71.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Avg household size of owner occupied	2.7	2.7	2.6	2.7	2.8	2.5	2.6	3.0	2.8	2.9	2.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Monthly owner costs exceed 30% of household income (%)	31.5	33.0	29.8	29.4	44.8	40.8	37.9	37.3	38.8	35.5	42.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Renter-occupied (%)	37.6	36.2	39.3	30.0	20.2	36.1	26.4	55.5	29.7	13.8	28.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Avg household size of renter occupied	2.3	2.4	1.9	2.0	1.6	1.9	2.0	2.7	1.9	2.0	2.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Gross rent exceeds 30% of household income (%)	50.1	53.0	49.2	51.0	49.6	47.6	48.7	55.8	38.6	58.1	47.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Educational Attainment (Population 25 Years and Older)												
High school degree or higher (%)	90.3	89.4	94.3	94.2	98.2	90.9	96.8	79.2	97.4	92.4	97.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Bachelor's degree or higher (%)	42.1	38.8	48.2	41.2	58.4	38.6	51.2	19.6	61.2	40.1	51.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
School Enrollment												
Graduation rate(%), 2017	88.3		88.4	93.7	97.3	88.7	95.1	73.7			94.0	MA. Dept. of Elementary and Secondary Education School and District Profiles
Drop out rate(%), 2017	4.9		3.5	1.5	1.6	3.4	1.2	15.0			1.2	MA. Dept. of Elementary and Secondary Education School and District Profiles
First language not English(%), 2018-19	21.9		8.4	3.4	7.4	9.4	5.0	54.6			1.7	MA. Dept. of Elementary and Secondary Education School and District Profiles
English language learners(%), 2018-19	10.5		3.6	1.1	0.1	6.2	2.5	25.0			1.4	MA. Dept. of Elementary and Secondary Education School and District Profiles
Students with Disabilities(%), 2018-19	18.1		21.0	16.6	17.7	26.4	17.2	16.5			18.6	MA. Dept. of Elementary and Secondary Education School and District Profiles
High Needs(%), 2018-19	47.6		40.6	29.4	32.7	52.8	28.2	73.7			34.5	MA. Dept. of Elementary and Secondary Education School and District Profiles
Economically disadvantaged(%), 2018-19	31.2		25.4	15.9	17.2	35.3	13.7	56.7			19.4	MA. Dept. of Elementary and Secondary Education School and District Profiles
Total Expenditures per Pupil, 2017	$15,911.38		13964.1	15747.8	19261.9	16450.7	16992.8	13632.3			18506.5	MA. Dept. of Elementary and Secondary Education School and District Profiles
Crime												
Population in 2017	6,624,327		41678.0	28168.0		29980.0	13951.0	93140.0	5435.0	9788.0	7255.0	FBI Uniform Crime Reports 2017
Violent crime counts	23,393		48.0	48.0		82.0	9.0	666.0	2.0	15.0	7.0	FBI Uniform Crime Reports 2017
Murder/non-negligent manslaughter	171		0.0	0.0		0.0	0.0	12.0	0.0	1.0	0.0	FBI Uniform Crime Reports 2017
Forcible rape	2,012		6.0	4.0		5.0	1.0	28.0	1.0	0.0	3.0	FBI Uniform Crime Reports 2017
Robbery	4,643		6.0	7.0		7.0	0.0	164.0	0.0	0.0	0.0	FBI Uniform Crime Reports 2017
Aggravated assault	16,567		36.0	37.0		70.0	8.0	462.0	1.0	14.0	4.0	FBI Uniform Crime Reports 2017
Property crime counts	92,614		235.0	498.0		207.0	80.0	1631.0	14.0	67.0	12.0	FBI Uniform Crime Reports 2017
Burglary	16,371		25.0	32.0		19.0	15.0	299.0	0.0	4.0	0.0	FBI Uniform Crime Reports 2017
Larceny-theft	68,955		202.0	440.0		181.0	62.0	1101.0	14.0	56.0	12.0	FBI Uniform Crime Reports 2017
Motor vehicle theft	7,288		8.0	26.0		7.0	3.0	231.0	0.0	7.0	0.0	FBI Uniform Crime Reports 2017
Arson	373		0.0	2.0		1.0	1.0	8.0	0.0	0.0	1.0	FBI Uniform Crime Reports 2017
Violent crime rate (per 100,000)	353.1		115.2	170.4		273.5	64.5	715.1	36.8	153.2	96.5	FBI Uniform Crime Reports 2017
Murder/non-negligent manslaughter	2.6		0.0	0.0		0.0	0.0	12.9	0.0	10.2	0.0	FBI Uniform Crime Reports 2017
Forcible rape	30.4		14.4	14.2		16.7	7.2	30.1	18.4	0.0	41.4	FBI Uniform Crime Reports 2017
Robbery	70.1		14.4	24.9		23.3	0.0	176.1	0.0	0.0	0.0	FBI Uniform Crime Reports 2017
Aggravated assault	250.1		86.4	131.4		233.5	57.3	496.0	18.4	143.0	55.1	FBI Uniform Crime Reports 2017
Property crime rate (per 100,000)	1,398.1		563.8	1768.0		690.5	573.4	1751.1	257.6	684.5	165.4	FBI Uniform Crime Reports 2017
Burglary	247.1		60.0	113.6		63.4	107.5	321.0	0.0	40.9	0.0	FBI Uniform Crime Reports 2017
Larceny-theft	1,040.9		484.7	1562.1		603.7	444.4	1182.1	257.6	572.1	165.4	FBI Uniform Crime Reports 2017
Motor vehicle theft	110.0		19.2	92.3		23.3	21.5	248.0	0.0	71.5	0.0	FBI Uniform Crime Reports 2017
Arson	5.6		0.0	7.1		3.3	7.2	8.6	0.0	0.0	13.8	FBI Uniform Crime Reports 2017

TABLE C16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OLDER, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES

MOE = Margin of Error

	BEVERLY			DANVERS			ESSEX			GLOUCESTER			IPSWICH			LYNN			MANCHESTER			MIDDLETON			ROCKPORT		
	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+	Est.	MOE	% of Total Pop 5+
Population 5 years and over	39768	327		26331	212		3433	127		28571	205		13346	137		85764	640		5126	101		9276	171		6866	125	
Speak only English at home	36708	523	92.3	24008	555	91.2	3271	157	95.3	25798	514	90.3	12445	261	93.2	41612	1454	48.5	4725	261	92.18	7624	472	82.19	6586	189	95.92
SPANISH or SPANISH CREOLE	1060	269	2.7	588	251	2.2	29	37	0.8	343	163	1.2	264	139	2.0	29025	1194	33.8	64	78	1.25	809	330	8.72	165	137	2.40
Speak English less than "very well"	338	152	0.8	204	108	0.8	0	12	0.0	163	110	0.6	50	43	0.4	13849	1048	16.1	42	67	0.82	309	213	3.33	22	30	0.32
FRENCH (Incl. Haitian, Cajun)	355	162	0.9	187	160	0.7	67	50	2.0	222	104	0.8	157	108	1.2	2530	562	2.9	71	58	1.39	31	50	0.33	60	36	0.87
Speak English less than "very well"	50	52	0.1	0	23	0.0	10	16	0.3	33	30	0.1	65	82	0.5	763	239	0.9	7	11	0.14	0	17	0.00	8	13	0.12
GERMAN or WEST GERMANIC	203	150	0.5	102	73	0.4	20	33	0.6	51	36	0.2	14	22	0.1	243	231	0.3	17	20	0.33	16	24	0.17	16	18	0.23
Speak English less than "very well"	21	28	0.1	14	23	0.1	0	12	0.0	11	12	0.0	0	19	0.0	71	83	0.1	0	17	0.00	0	17	0.00	0	17	0.00
RUSSIAN, POLISH, OTHER SLAVIC LANGUAGES	147	107	0.4	236	169	0.9	0	12	0.0	42	35	0.1	45	71	0.3	1218	252	1.4	162	244	3.16	0	17	0.00	0	17	0.00
Speak English less than "very well"	71	55	0.2	61	47	0.2	0	12	0.0	17	18	0.1	45	71	0.3	842	179	1.0	31	48	0.60	0	17	0.00	0	17	0.00
OTHER INDO-EUROPEAN LANGUAGES	863	250	2.2	626	234	2.4	46	38	1.3	1851	445	6.5	309	158	2.3	3596	632	4.2	79	94	1.54	215	137	2.32	39	35	0.57
Speak English less than "very well"	270	163	0.7	245	111	0.9	0	12	0.0	679	198	2.4	98	65	0.7	1633	457	1.9	44	54	0.86	11	18	0.12	16	18	0.23
KOREAN	67	56	0.2	39	47	0.1	0	12	0.0	0	23	0.0	0	19	0.0	28	34	0.0	0	17	0.00	0	17	0.00	0	17	0.00
Speak English less than "very well"	23	27	0.1	10	16	0.0	0	12	0.0	0	23	0.0	0	19	0.0	14	16	0.0	0	17	0.00	0	17	0.00	0	17	0.00
CHINESE (Incl. Mandarin, Cantonese)	108	87	0.3	31	50	0.1	0	12	0.0	38	35	0.1	25	27	0.2	209	96	0.2	0	17	0.00	47	72	0.51	0	17	0.00
Speak English less than "very well"	76	73	0.2	0	23	0.0	0	12	0.0	23	22	0.1	12	18	0.1	89	57	0.1	0	17	0.00	0	17	0.00	0	17	0.00
VIETNAMESE	0	26	0.0	104	109	0.4	0	12	0.0	37	44	0.1	14	21	0.1	836	351	1.0	0	17	0.00	23	36	0.25	0	17	0.00
Speak English less than "very well"	0	26	0.0	72	75	0.3	0	12	0.0	29	38	0.1	0	19	0.0	445	231	0.5	0	17	0.00	0	17	0.00	0	17	0.00
TAGALOG (Incl. Filipino)	11	19	0.0	46	66	0.2	0	12	0.0	13	20	0.0	11	16	0.1	450	454	0.5	0	17	0.00	0	17	0.00	0	17	0.00
Speak English less than "very well"	11	26	0.0	11	50	0.0	0	12	0.0	13	23	0.0	0	16	0.0	319	135	0.4	0	17	0.00	0	17	0.00	0	17	0.00
OTHER ASIAN LANGUAGES	120	92	0.3	93	112	0.4	0	12	0.0	8	15	0.0	11	16	0.1	3740	469	4.4	0	17	0.00	23	26	0.25	0	17	0.00
Speak English less than "very well"	9	16	0.0	0	23	0.0	0	12	0.0	8	15	0.0	1	2	0.0	1649	254	1.9	0	17	0.00	18	25	0.19	0	17	0.00
ARABIC	94	142	0.2	99	122	0.4	0	12	0.0	81	96	0.3	0	19	0.0	863	321	1.0	0	17	0.00	366	423	3.95	0	17	0.00
Speak English less than "very well"	72	110	0.2	0	23	0.0	0	12	0.0	20	25	0.1	0	19	0.0	480	215	0.6	0	17	0.00	0	17	0.00	0	17	0.00
OTHER AND UNSPECIFIED LANGUAGES	32	46	0.1	172	207	0.7	0	12	0.0	87	109	0.3	51	57	0.4	1414	415	1.6	8	13	0.16	122	130	1.32	0	17	0.00
Speak English less than "very well"	0	26	0.0	77	104	0.3	0	12	0.0	33	44	0.1	22	33	0.2	519	201	0.6	0	17	0.00	0	17	0.00	0	17	0.00

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

	MA	*Essex County*	*Beverly*	*Danvers*	*Essex*	*Gloucester*	*Ipswich*	*Lynn*	*Manchester-by-the-Sea*	*Middleton*	*Rockport*	Source
All-Cause; Injuries; Assaults (Age-adjusted per 100,000)												
All cause												
Deaths, 2015	684.5	691.9	844.4	854.4	621.9	750.2	561.2	823.6	614.6	795.1	693.8	MDPH Registry of Vital Records and Statistics
Premature mortality for <75 yr population, 2015	279.6	284.4	361.4	310.8	177.5	359.7	231.1	434.8	291.8	226.8	298.2	MDPH Registry of Vital Records and Statistics
Injuries and Poisonings												
Deaths, 2015	58	62	62.1	58.8	112	71.7	45.9	103.8	‡	72.3	145.4	MDPH Registry of Vital Records and Statistics
Motor Vehicle Related												
Deaths, 2015	5.4	4.1	‡	‡	‡	0	0	6.4	‡	0	0	MDPH Registry of Vital Records and Statistics
Assault												
Deaths, 2015	2	2.2	0	0	0	0	0	‡	0	0	0	MDPH Registry of Vital Records and Statistics
Behavioral Health												
Admissions to BSAS Contracted/Licensed Programs FY17												
Number of people served	81006	10462	581	338	0-100	540	145	1859	0-100	0-100	0-100	MA Bureau of Substance Abuse Services (BSAS)
Number of admissions	109001	11334	614	291	0-100	493	162	2213	0-100	0-100	0-100	MA Bureau of Substance Abuse Services (BSAS)
% Male	67.8	66	67.9	70.4	77.3	63.7	74.7	61.6	64	85	73.9	MA Bureau of Substance Abuse Services (BSAS)
% Black of African American	7.3	3.4	2.3	N/A	0	1.4	N/A	8.9	0	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Multi-Racial	6.3	3.9	3.7	4.5	0	3.5	N/A	5.6	0	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Other	9.4	10.2	5.3	4.2	N/A	2	3.7	11.5	0	N/A	0	MA Bureau of Substance Abuse Services (BSAS)
% White	77.1	82.5	88.7	89.6	90.9	93.1	93.8	74.1	100	93.8	95.7	MA Bureau of Substance Abuse Services (BSAS)
% Hispanic	14	14.6	7	N/A	N/A	3.4	N/A	18.6	0	N/A	0	MA Bureau of Substance Abuse Services (BSAS)
% No Education/Less Than High School Education	25.5	23.8	19	12.5	N/A	19.9	16.8	27.1	0	9.1	23.8	MA Bureau of Substance Abuse Services (BSAS)
% College Degree or Higher	7.4	8.5	11.7	10.7	35	8.3	7.7	4.9	47.6	23.4	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Less Than 18	1.3	1.5	1.8	2.4	0	2.2	N/A	0.9	0	0	N/A	MA Bureau of Substance Abuse Services (BSAS)
% 18 to 25	14.7	15.9	14.2	19.9	27.3	19.5	14.8	13.3	28	11.2	21.7	MA Bureau of Substance Abuse Services (BSAS)
% 26 to 30	21.7	22.2	16.9	17.9	N/A	22.7	26.5	22.5	N/A	28.7	N/A	MA Bureau of Substance Abuse Services (BSAS)
% 31 to 40	30.9	31.9	27.7	26.5	40.9	24.9	20.4	37.7	N/A	27.5	15.2	MA Bureau of Substance Abuse Services (BSAS)
% 41 to 50	17.6	15.8	18.6	14.8	N/A	12	15.4	15.9	N/A	22.5	21.7	MA Bureau of Substance Abuse Services (BSAS)
% 51 and older	13.9	12.6	20.8	18.6	N/A	18.7	20.4	9.7	40	10	30.4	MA Bureau of Substance Abuse Services (BSAS)
% Employed at Enrollment	44.9	46.1	46.2	56.4	76.5	47.5	46.2	45.1	71.4	66	70	MA Bureau of Substance Abuse Services (BSAS)
% Homeless at Enrollment	30.1	26.2	22.8	22	0	21.3	7	32.2	0	17.5	0	MA Bureau of Substance Abuse Services (BSAS)
% At Risk of Homelessness	38.1	32.4	30.1	27.9	0	26.5	12.6	41.7	0	20.3	0	MA Bureau of Substance Abuse Services (BSAS)
% Past Year Needle Use	47.6	43	33.5	37.6	*	36.9	41.1	49.3	N/A	36.4	17.8	MA Bureau of Substance Abuse Services (BSAS)
% Prior Mental Health Treatment	46.2	44.6	51.8	46	36.4	49	49.4	46.4	68	37.7	66.7	MA Bureau of Substance Abuse Services (BSAS)
Primary Substance of Use 2017												
Total Admissions	98948	10545	597	287	0-100	482	185	2076	0-100	0-100	0-100	MA Bureau of Substance Abuse Services (BSAS)
% Alcohol	32.8	34.2	47.6	39.4	54.5	37.1	38.6	31.3	60	48.1	71.1	MA Bureau of Substance Abuse Services (BSAS)
% Crack/Cocaine	4.1	3.5	2.5	N/A	N/A	3.3	N/A	4.8	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Heroin	52.8	49.5	36.9	47	31.8	45.9	48.1	53.6	32	36.4	20	MA Bureau of Substance Abuse Services (BSAS)
% Marijuana	3.4	4.6	5.4	3.5	N/A	3.7	5.1	3.6	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Other	0.3	0.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Other Opioids	4.6	5.6	4.2	5.2	N/A	5.8	5.1	4.9	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Other sedatives/hypnotics	1.5	1.7	2	N/A	N/A	2.7	N/A	1.5	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
% Other stimulants	0.5	0.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	MA Bureau of Substance Abuse Services (BSAS)
Mental Disorders (age adjusted per 100,000)												
Hospitalizations, Crude Rate per 100,000	5957.6		8606.6	9052.0	4304.5	8150.8	6510.3	7178.2	4727.0	4993.0	7112.5	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	62.9	80.9	112.4	126.9	‡	86	41.2	51.8	80.4	113.3	58.4	MDPH Registry of Vital Records and Statistics
Suicide Deaths, 2015	9	7.9	‡	‡	0	‡	0	11.5	0	0	‡	MDPH Registry of Vital Records and Statistics
Opioids (age adjusted per 100,000)												
Hospitalizations, Crude Rate per 100,000	781.2923447		959.9	565.2	213.4	1075.0	536.5	1236.3	283.6	729.7	305.6	Center for Health Information and Analysis Hospital Discharge Data 2017
Fatal opioid overdoses (count, by residence), 2017	1966		11	9	0	16	3	62	0	3	2	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Fatal opioid overdoses (count, by residence), 2018	1976		7	8	1	17	5	50	0	2	2	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Fatal opioid overdoses (count, by occurrence), 2017	2042		17	3	0	17	4	65	0	1	1	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019

	MA	*Essex County*	*Beverly*	*Danvers*	*Essex*	*Gloucester*	*Ipswich*	*Lynn*	*Manchester-by-the-Sea*	*Middleton*	*Rockport*	Source
All-Cause; Injuries; Assaults (Age-adjusted per 100,000)												
Fatal opioid overdoses (count, by occurrence), 2018	2045		12	4	0	16	4	47	0	1	3	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Opioid-Related EMS Incidents (count, by occurrence), 2017	22294		106	142	5	106	22	586	6	19	13	Office of Emergency Medical Services, Bureau of Health Care Safety and Quality, MDPH
Opioid-Related EMS Incidents (count, by occurrence), 2018	20948		97	141	<5	109	14	591	<5	31	<5	Office of Emergency Medical Services, Bureau of Health Care Safety and Quality, MDPH
Fatal Overdoses, 2015	24.6	30.3	33.5	27	‡	39.4	‡	50.3	0	‡	‡	MDPH Registry of Vital Records and Statistics
Chronic Disease (age-adjusted rates per 100,000)												
Diabetes												
Diabetes Short-Term Complications Admission Rate, Crude Rate per 100,000 Population (among 18+ years)			116.7	31.9		116.3	63.6	104.2	70.9		50.9	Center for Health Information and Analysis Hospital Discharge Data 2017
Diabetes Long-Term Complications Admission Rate, Crude Rate per 100,000 Population (among 18+ years)			90.4	136.7		100.3	81.8	161.3	47.3	64.0	169.8	Center for Health Information and Analysis Hospital Discharge Data 2017
Uncontrolled Diabetes Admissions Rate, Crude Rate per 100,000 Population (among 18+ years)			90.4	36.5	35.6	88.2	9.1	77.1	47.3		17.0	Center for Health Information and Analysis Hospital Discharge Data 2017
Prevention Quality Diabetes Composite, Crude Rate per 100,000 Population (among 18+ years)	200.3		245.1	173.2	35.6	268.8	163.7	301.2	118.2	89.6	220.7	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	16.8	15.1	20.6	20.6	0	‡	‡	18.6	‡	‡	‡	MDPH Registry of Vital Records and Statistics
Hypertension												
Hypertension Admission Rate, Crude Rate per 100,000 Population (among 18+ years)	47.5		49.6	68.4	533.6	24.1	0.0	75.7	118.2	38.4	34.0	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	6.9	5.5	‡	‡	0	0	25	5.4	0	0	0	MDPH Registry of Vital Records and Statistics
Major cardiovascular disease												
Hospitalizations, Crude Rate per 100,000	1771.2		2048.1	2388.3	1423.0	2258.3	1945.8	1831.7	2056.3	1331.5	2444.4	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	180.8	180.6	248	206.1	233.9	162.2	179.3	220.4	159.2	198.3	187.8	MDPH Registry of Vital Records and Statistics
Heart Disease												
Deaths, 2015	138.7	141	204.7	153.7	188.3	135.5	129.2	167.7	145.6	144.8	136.7	MDPH Registry of Vital Records and Statistics
Coronary Heart Disease												
Deaths, 2015	82.3	83.3	107.9	94.3	116.8	78.9	85	96.4	93	101.2	70.4	MDPH Registry of Vital Records and Statistics
Heart Failure												
Heart Failure Admissions Rate, Crude Rate per 100,000 Population (among 18+ years)	459.4		507.6	729.3	213.4	437.2	381.9	521.1	567.2	268.9	543.2	Center for Health Information and Analysis Hospital Discharge Data 2017
Cerebrovascular												
Deaths, 2015	28.4	29	35.6	40.7	‡	19.9	‡	40.8	‡	‡	‡	MDPH Registry of Vital Records and Statistics
Chronic lower respiratory diseases												
Hospitalizations, Crude Rate per 100,000	428.3		606.8	642.7	320.2	698.0	291.0	662.4	307.3	281.7	458.3	Center for Health Information and Analysis Hospital Discharge Data 2017
Bacterial Pneumonia Admission Rate, per 100,000 Population (among 18+ years)	201.3		274.2	351.0	213.4	200.6	190.9	238.4	189.1	179.2	407.4	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	33	33.8	37.9	21.7	0	49	‡	44.8	0	54.8	‡	MDPH Registry of Vital Records and Statistics
Asthma												
Asthma in Younger Adults Admissions Rate, Crude Rate per 100,000 Population (among 20-44 years)	50.3		43.7	52.0	0.0	38.6	199.5	78.4	93.5			Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	1	‡	0	0	0	0	0	0	0	0	0	MDPH Registry of Vital Records and Statistics
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admissions Rate, Crude Rate per 100,000 Population (am	700.6		1016.1	967.4	482.3	949.5	328.3	1280.2	386.3	386.2	568.4	Center for Health Information and Analysis Hospital Discharge Data 2017
Chronic Liver Disease												
Deaths, 2015	8.1	8.2	‡	‡	‡	14.8	‡	12.1	0	0	0	MDPH Registry of Vital Records and Statistics
Cancer (age-adjusted rates per 100,000)												
All-cause												
Hospitalizations	456.3		571.8	578.9	177.9	573.6	409.2	425.4	590.9	384.1	577.2	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	152.8	146.4	155.3	187.3	143.1	193.8	152.3	190.6	134.8	153.8	157.5	MDPH Registry of Vital Records and Statistics
Breast (invasive, female)												
Deaths, 2015	9.8	16.9	37	21	0	35.7	‡	14.6	‡	0	‡	MDPH Registry of Vital Records and Statistics
Colorectal												
Deaths, 2015	12	10	10.9	‡	0	13	‡	14.1	‡	‡	0	MDPH Registry of Vital Records and Statistics
Lung												
Deaths, 2015	39	37.3	30.4	44.7	‡	67.2	‡	53.9	‡	‡	35	MDPH Registry of Vital Records and Statistics
Prostate												
Deaths, 2015	7	19.6	‡	63.1	0	‡	‡	16.2	‡	‡	‡	MDPH Registry of Vital Records and Statistics

	MA	Essex County	Beverly	Danvers	Essex	Gloucester	Ipswich	Lynn	Manchester-by-the-Sea	Middleton	Rockport	Source
All-Cause; Injuries; Assaults (Age-adjusted per 100,000)												
Maternal and Child Health												
Infant Mortality, 2015 (rate per 1,000)	4.3	4.8	0.0	--1	0.0	0.0	0.0	5.9	0	--1	0	MDPH Registry of Vital Records and Statistics
Infectious Disease												
Chlamydia cases (lab confirmed), 2017	29203	3330	101	73	<5	73	32	732		28	7	MDPH Bureau of Infectious Disease and Laboratory Services
Gonorrhea cases (lab confirmed), 2017	7307	580	15	13	<5	14	<5	202		10	<5	MDPH Bureau of Infectious Disease and Laboratory Services
Syphillis cases (probable and confirmed), 2017	1091	86	<5	<5	0	<5	<5	12		<5	0	MDPH Bureau of Infectious Disease and Laboratory Services
Hepatitis A cases (confirmed), 2017	53	5	0	0	0	0	0	1	0	0	0	MDPH Bureau of Infectious Disease and Laboratory Services
Chronic Hepatitis B (confirmed and probable), 2017	2023	140	9	<5	<5	<5	0	48	0	<5	0	MDPH Bureau of Infectious Disease and Laboratory Services
Hepatitis C cases (confirmed and probable), 2017	7765	710	37	20	<5	23	8	148	0	32	<5	MDPH Bureau of Infectious Disease and Laboratory Services
Pneumonia/Influenza												
Confirmed Influenza cases, 2017	24278	2447	170	80	11	164	67	163	16	23	39	MDPH Bureau of Infectious Disease and Laboratory Services
Deaths, 2015	17.1	18.7	15.1	29.7	0	27.8	‡	16.1	‡	‡	0	MDPH Registry of Vital Records and Statistics
HIV/AIDS (age-adjusted rate per 100,000)												
Incidence, 2017	1870	216	<5	<5	0	5	<5	50	0	<5	0	MDPH Bureau of Infectious Disease and Laboratory Services
Deaths, 2015	1.1	1.5	0	‡	0	0	0	‡	0	0	0	MDPH Registry of Vital Records and Statistics
Infectious and Parasitic Disease (age-adjusted rate per 100,000)												
Deaths, 2015	18.9	18.1	30.7	18.3	0	‡	‡	19.6	‡	‡	‡	MDPH Registry of Vital Records and Statistics
Urinary Tract Infection Admissions Rate, per 100,000 Population (among 18+ years)	165.4		341.3	414.8	142.3	168.5	200.0	197.0	189.1	102.4	152.8	Center for Health Information and Analysis Hospital Discharge Data 2017
Prevention Quality Acute Composite, Crude Rate per 100,000 Population (among 18+ years)	667.6		1102.8	1185.1	640.3	726.0	681.9	819.5	756.3	512.1	831.8	Center for Health Information and Analysis Hospital Discharge Data 2017
Elder Health (age-adjusted rate per 100,000)												
Alzheimers deaths, 2015	20.2	14.5	24.5	14.3	‡	17.8	‡	15.1	0	‡	‡	MDPH Registry of Vital Records and Statistics
Parkinson's deaths, 2015	7.7	6.3	12.2	12.5	0	‡	0	6.8	‡	0	‡	MDPH Registry of Vital Records and Statistics

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

‡ Suppressed due to small numbers

Source: Massachusetts Vital Statistics, 2015

	MA	*Essex County*	*Beverly*	*Danvers*	*Essex*	*Gloucester*	*Ipswich*	*Lynn*	*Manchester-by-the-Sea*	*Middleton*	*Rockport*
Cancer Mortality (Age-adjusted per 100,000), 2015											
All Types (invasive)	152.8	146.4	155.3	187.3	143.1	193.8	152.3	190.6	134.8	153.8	157.5
Bladder	4.7	5.3	--1	--1	0.0	--1	0.0	5.4	0.0	--1	--1
Bone	0.3	--1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Brain/Central Nervous System	4.7	4.7	--1	--1	0.0	0.0	--1	--1	0.0	--1	0.0
Breast (female)	9.8	16.9	37.0	21.0	0.0	35.7	--1	14.6	--1	0.0	--1
Cervical	0.6	--1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Colorectal	12.0	10.0	10.9	--1	0.0	13.0	--1	14.1	--1	--1	0.0
Esophageal	4.9	4.5	--1	--1	0.0	--1	--1	6.1	--1	--1	0.0
Kaposi's Sarcoma	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kidney	3.5	2.9	--1	--1	0.0	--1	0.0	--1	0.0	0.0	0.0
Larynx	0.8	1.0	0.0	--1	0.0	0.0	0.0	--1	--1	0.0	0.0
Leukemia	5.7	6.1	--1	--1	0.0	--1	0.0	--1	0.0	--1	--1
Liver	6.0	5.7	--1	--1	0.0	--1	--1	9.8	0.0	0.0	--1
Lung	39.0	37.3	30.4	44.7	--1	67.2	--1	53.9	--1	--1	35.0
Lymphoma (Hodgkin)	0.2	--1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lymphoma (Non-Hodgkin)	5.2	4.9	12.2	0.0	0.0	--1	--1	9.4	--1	--1	0.0
Melanoma of Skin	2.3	2.5	--1	0.0	--1	--1	--1	--1	0.0	0.0	--1
Multiple Myeloma	3.1	2.9	--1	--1	--1	0.0	--1	5.4	0.0	--1	0.0
Oral Cavity	2.4	1.9	--1	--1	0.0	0.0	0.0	--1	--1	0.0	0.0
Ovary	3.9	6.7	--1	0.0	0.0	--1	--1	--1	0.0	--1	--1
Pancreatic	11.3	11.8	11.7	27.4	--1	23.2	--1	18.9	0.0	0.0	--1
Prostate	7	19.6	--1	63.1	0.0	--1	--1	16.2	--1	--1	--1
Soft Tissue	1.5	1.2	0.0	--1	0.0	--1	0.0	--1	--1	0.0	0.0
Stomach	3.2	3.2	--1	--1	0.0	--1	--1	6.8	0.0	0.0	0.0
Testis	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Thyroid	0.5	--1	--1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Uterine	2.7	3.2	--1	0.0	0.0	0.0	0.0	9.6	0.0	0.0	0.0

Youth Risk Behavior Survey(s) - High School Students

Risky Behavior and Threats to Safety	MA(2017)	Beverly(2016)	Ipswich(2018)	Danvers(2016)	Gloucester(2015)	Manchester-Essex(2018)
or were abandoned?		4.2				
During the past 30 days, have you ridden in a car or other vehicle driven by someone who had been drinking alcohol?	14.4	19.9	17	17.5		21
During the past 30 days, drove when they had been drinking alcohol (in a car or other vehicle, one or more times, among students who had driven a car or other vehicle)	5.7	18.6	8	5		7.6
During the past 30 days, have you at least checked your cell phone, text, or e-mail while driving a car or other vehicle?	35.6					
During the past 12 months, have you at least on one day carried a gun? DO NOT count the days when you carried a gun only for hunting or for a sport, such as target shooting.	2.7					
During the past 30 days, have you at least on one day carried a gun, knife, or club?	11.1	9.5		9	10.7	
During the past 30 days, have you at least on one day carried a weapon such as a gun, knife, or club on school property?	2.7	2.7		1.5	2.8	
During the past 30 days, have you at least on one day not go to school because you felt you would be unsafe at school or on your way to or from school?	4.5	6.1	7	5		
During the past 12 months, have you at least one one day had someone threaten or injur you with a weapon such as a gun, knife, or club on school property?	4.8			3		3
During the past 12 months, have you at least once been in a physical fight?	17.8		13	14	13.1	
During the past 12 months, have you at least once been in a physical fight on school property?		5.5	4	2	5.8	5.3
During the past 12 months, have you ever been a member of a gang?				9		
Relationship and Sexual Violence	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
Have you ever been physically forced to have sexual intercourse when you did not want to?	6.8	3.9	4		3.7	
During the past 12 months, have you had anyone force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.	10.4				7.3	
During the past 12 months, have you had someone you were dating or going out with force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.	5.8	1.1			1.6	8.6
During the past 12 months, have you had someone you were dating or going out with physically hurt you on purpose? Count such things as being hit, slammed into something, or injured with an object or weapon.	5.6	2.6	7		4.1	2.7
Bullying	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
During the past 12 months, have you ever been bullied on school property?	14.6	24	23		24	12
During the past 12 months, have you ever been bullied when not on school property?		17.9	16		17.7	
During the past 12 months, have you ever been electronically bullied? Count being bullied through texting, Instagram, Twitter, Facebook, or other social media apps.	13.6	19.9	18		20.2	9.8
During the past 12 months, have you seen someone else be bullied at school?		41.4	38		49.8	
Self-Harm and Suicidality	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
During the past 12 months, have you done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?		15.8	16		18	
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	27.4	28.3	30	28	25.9	22.6
During the past 12 months, did you ever seriously consider attempting suicide?	12.4	13.1	13	18	13.1	11.3
During the past 12 months, did you make a plan about how you would attempt suicide?	10.9	9	6	16	9.5	8.8
During the past 12 months, did you actually attempt suicide?	5.4	4.7	3	6	4.9	10.3
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	1.9	1.1	1	5	2	
Substance Use	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
Have you ever tried cigarette smoking, even one or two puffs?	19.6	10.2	9	22	20.4	
Have you ever smoked cigars or little cigars?		11.6	12			
First tried cigarette smoking before age 13 years (even one or two puffs)	5.7			4		
During the past 30 days, did you smoke part or all of a cigarette?		4.7	5	9	9.4	7.5

During the past 30 days, on at least one day did you smoke cigarettes?	6.4	1.8				
During the past 30 days, on at least one day did you smoke cigars, cigarillos, or little cigars?	6.7	3	4	5		5.8
During the past 30 days, did you at least on one day use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products? Examples of these products are as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs. DO NOT count any electronic vapor products.	4.8			4		4
Have you ever used an electronic vapor product?	41.1		36			40
During the past 30 days, on at least one day did you use an electronic vapor product?	20.1		21			
During the past 12 months, did not try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products						
During your life, have you ever had at least one drink of alcohol?	56.2	45.3	45	57	63	
Had their first drink of alcohol before age 13 years (other than a few sips)		4.7		10		
During the past 30 days, did you drink one or more drinks of an alcoholic beverage?	31.4	24.5	26	35	39.3	42.8
During the past 30 days, did you on at least one day have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?	15.9		24		24.9	23.9
During your life, have you ever used marijuana?	37.9	31.9	29	38	51.1	42
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	4.4	3.2				
During the past 30 days, have you used marijuana?	24.1	20.1	16	24.5	31.2	26.5
During the past 30 days, did you on at least one day use marijuana on school property?				4		
During your life, ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet, one or more times during their life)			6	12.5	12	5
During the past 30 days, have you used prescription drugs not prescribed to you?			3	5		
During your life, have you used any form of cocaine, including powder, crack, or freebase?	4.1	3.4	1	3	2.3	1.5
During your life, have you used heroin? It is also called smack, junk, or China White.	1.4	1.5	1	0.6	0.3	0.5
During your life, have you used methamphetamines? It is also called speed, crystal, crank, or ice.	1.7	2.1	1	0.8	0.5	0.8
During your life, have you used ecstasy? It is also called MDMA.	2.8	2.3	1	1	3.2	1
During your life, have you used synthetic marijuana? It is also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks.	5			5		
During your life, have you taken over-the-counter medication, including cough syrup, to get high?				9		
During your life, have you used other illegal drugs?		4.8	4		6.5	
During your life, have you used a needle to inject any illegal drug into your body?						
During the past 30 days, did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?		2.3		2		2.8
During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?	20.1					19.6
Sexual Behavior	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
Have you ever had sexual intercourse?	35.3	35.2	22	38	46.2	
Had sexual intercourse for the first time before age 13 years	2.4	2.6	<1			
Had sexual intercourse with four or more persons during their life	6.7	7.7	3			
Did you drink alcohol or use drugs before you had sexual intercourse the last time?	18.2	17.1	26	9	22.3	
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	42.2	26.4	44	66	63.4	
Had been pregnant or gotten someone pregnant (at least once)		2			2	
Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically?					14	
Physical Activity	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
Described themselves as slightly or very overweight	28.1	25.7	23		32.3	
Were not trying to lose weight	56.2	58.9	64			
Were not physically active for a total of at least 60 minutes per day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	15.1	8.5	7			

Played video or computer games or used a computer for 3 or more hours per day (Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work, on an average school day)	47.9	33.8	34			
Social Support	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
Has at least one teacher or other adult in your school that you can talk to if you have a problem			73		73.8	
Can talk with at least one parent or other adult family members about things that are important to them			93	90.5	83	
Cigarette, E-cigarette, Alcohol, Marijuana, Prescription Drugs (Moderate or Great Risk)	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?		84	90	84	90.9	
How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?			52			
or twice a week?		81.1	83	77	73.7	
How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?		61.8	68	67	57.9	
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?		35.1	36	40	32.6	
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are		88.5	96	82.5	90	
Cigarette, E-cigarette, Alcohol, Marijuana, Prescription Drugs (Wrong or Very Wrong)	**MA(2017)**	**Beverly(2016)**	**Ipswich(2018)**	**Danvers(2016)**	**Gloucester(2015)**	**Manchester-Essex(2018)**
How wrong do your parents feel it would be for you to smoke tobacco?		93.1	98	94	94.1	
How wrong do your parents feel it would be for you to use electronic vapor products?			92			
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?		90.9	94	94.5	90.8	
How wrong do your parents feel it would be for you to smoke marijuana?		82.7	85	85	79.2	
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?		94.9	99	98	80.3	
How wrong do your friends feel it would be for you to smoke tobacco?			82	78	71	
How wrong do your friends feel it would be for you to use electronic vapor products?			92			
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?		66.7	68	76	59.5	
How wrong do your friends feel it would be for you to smoke marijuana?		41	48	53	32.7	
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?		81.5	87	89	80.3	

Youth Risk Behavior Survey(s) - Middle School Students

YRBS Question	Gloucester(2018)	Manchester-Essex(2018)
Never or rarely wore a helmet when riding a bicycle (among those who rode a bicycle)		
Never or rarely wore a helmet when rollerblading or riding a skateboard (among those who rollerbladed or rode a skateboard)		
Never or rarely wore a seatbelt when riding in a car		
Rode in a car driven by someone who had been drinking alcohol		
Carried a weapon (such as, a gun, knife, or club)		19
Were in a physical fight		29
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media)	24.1	
Were bullied on school property	39.9	17
Are currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problem (from a doctor or other health professional)		
Which of the following do you find causes the most negative stress for you? (One response selected)	**Gloucester(2018)**	**Manchester-Essex(2018)**
Busy schedule (school, activities, sports, etc.)		
Parent/family demands/expectations about academics, grades, etc.		
Difficulty getting enough sleep		
Extracurricular activity demands or pressures		
School demands/expectations—such as assignments, homework, etc.		
Social pressures from friends, peers, etc.		
Other family or personal issues which cause emotional stress for you		
Worrying about the future such as college, career, etc.		
Which of the following do you find mos stressful about school? (One response selected)	**Gloucester(2018)**	**Manchester-Essex(2018)**
School related factors that cause the most stress; Having to study things you do not understand		
Teachers expecting too much from you		
Keeping up with schoolwork		
Having to concentrate too long during the school day		
Having to study things you are not interested in		
Pressure of study		
Getting up early in the morning to go to school		
Going to school		
Self-Harm and Suicidality	**Gloucester(2018)**	**Manchester-Essex(2018)**
Seriously thought about attempting suicide	10.2	13
Made a plan about how they would attempt suicide	5.5	7
Attempted suicide	2.6	3
Substance Use	**Gloucester(2018)**	**Manchester-Essex(2018)**
Ever tried cigarette smoking (even one or two puffs)	4.3	4
Tried cigarette smoking before age 10 years (for the first time, even one or two puffs)		
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	0.9	

Youth Risk Behavior Survey(s) - Middle School Students

Currently smoked cigarettes frequently (on 20 or more days during the 30 days before the survey)		
Currently smoked more than 5 cigarettes per day(more than 5 cigarettes per day on the days they smoked, during the past 30 days before the survey)		
Currently smoked cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey)		
Currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on at least 1 day during the 30 days before the survey)		
Used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)		13
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)		
Ever drank alcohol (other than a few sips)	15.3	15
Drank alcohol before age 11 years (for the first time other than a few sips)		
Currently drank alcohol (at least one drink of alcohol during the 30 days before the survey)	5.2	
Ever used marijuana	8.3	3
Tried marijuana before age 10 years (for the first time)		
(counting drugs such as codeine, Vicodin, OxyCotin, Hydrocodone, and Percocet)	3.2	3
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase)	0	2
Ever sniffed glue, breathed the contents of spray cans, or inhaled paints or sprays to get high		6
Sexual Behavior	**Gloucester(2018)**	**Manchester-Essex(2018)**
Had sexual intercourse	5	6
Had sexual intercourse before age 10 years (for the first time)		
Had sexual intercourse with four or more persons (during their life)		
Did not use a condom (during last sexual intercourse, among students who have had sexual intercourse)		
Physical Activity and Nutrition	**Gloucester(2018)**	**Manchester-Essex(2018)**
Described themselves as slightly or very overweight	28.4	
Were not trying to lose weight		
Did not eat breakfast at all during the week (during the 7 days before the survey)		
Did not eat breakfast on at least one day during the week (during the 7 days before the survey)		
Were not physically active at least 60 minutes per day on at least one day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)		
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)		
Watched TV for 3 or more hours per day (on an average school day)		
Played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)		
Did not attend physical education classes on 1 or more days (in an average week when they were in school)		
Did not play on at least 1 sports team (during the past 12 months, counting teams run by school or community groups)		
Had a concussion from playing a sport or being physically active (one or more times during the 12 months before the survey)		

Appendix C:

Resource Inventory

2019 Community Resource Guide

Beverly Hospital and Addison Gilbert Hospital

Disclaimer:

The listings within this guide are designed as informational and are not to be interpreted as recommendations or endorsements.

Beth Israel Lahey Health
Beverly Hospital

Table of Contents

Community Directory

Areas of Care

State and Regional Resources

Access to Care

Mass 211 Dial 2-1-1 or Toll Free (877) 211-6277 www.mass211.org
Medicare & Medicaid Services (800) 633-4227 www.medicare.gov
Mass Health (800) 841-2900 www.mass.gov/eohhs/gov/departments/masshealth
Health Connector Customer Service Call Center 1-877-MA-ENROLL (1-877-623-6765)
https://www.mahealthconnector.org/

Disabilities and Special Needs

Mass Commission for the Blind (800) 392-6450 www.mass.gov/mcb
Mass Commission for the Deaf (800) 882-1155 www.mass.gov/mcdhh
Mass Rehabilitation Commission (For people with disabilities) (781) 324-7160
www.mass.gov/mrc

Housing and Homelessness

Mass. Coalition for Homeless: (781) 595-7570

Mental Health and Substance Abuse

National Suicide Prevention Lifeline (800) 273-8255
SAMHSA's National Helpline – 1-800-662-HELP (4357) Statewide ESP Toll-Free Number 1-877-382-1609

Senior Services

1-800-AGE-INFO (800-243-4636) www.800ageinfo.com
Executive Office of Elder Affairs (617) 727-7750 www.mass.gov/elders

Veteran Services

Crisis Hotline (800) 273-8255 (Press 1)

Beverly

Access to Health Care

Beverly Hospital

85 Herrick Street
Beverly, Massachusetts
978.922.3000
https://www.beverlyhospital.org

Beverly Hospital is a full service, 221-bed, community hospital providing quality, patient-centered care to North Shore and Cape Ann residents. Services include maternity, pediatrics, surgical, orthopedics, cardiology, as well as several other specialties.

Patient Financial Counseling & Community Liaison at Beverly Hospital

978.922.3000, ext. 2127

The Financial Counseling & Community Liaison office at Beverly Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Serving Health Information Needs of Elders (SHINE)

This program provides trained volunteers to help elders with all their health insurance questions and needs. SHINE volunteers are available at the Beverly Senior Center on Tuesdays and Fridays. Call Marjorie at 978.921.6017 or visit the front desk to make an appointment.

SHINE counselors are also available at Beverly Hospital Monday through Friday. Please call 978.921.1210 for more information.

Beverly Health Department

90 Colon Street
Beverly, MA 01915
978.921.8591
http://www.beverlypublichealth.org

It is the mission of the Beverly Health Department to serve as a resource committed to educate, inform and protect the general public and meet the multitude of health related needs of the community.

Child, Parent and Family Support

Beverly Hospital Childbirth Education Classes

The Parent Education Department has several prenatal and postpartum classes to prepare you for the birth of your child and help after the child is born.

To register call the Parent Education Department at978.927.9103.For childbirth education classes it is requested that expectant mothers either call us by their 4th month to check for availability, dates, times and location of classes. Allclasses are held on the Beverly Hospital campus. Classes fill rapidly and are scheduled on a first-come, first serve basis. For all our classes, pre registration and pre-payment are required.

McPherson Teen Center

4 McPherson Drive
Beverly, MA 01915
978.921.6061
https://www.northshoreymca.org/content/mcpherson-teen-center

The Myles McPherson Youth Center is drop-in center for boys and girls ages 11-18. Our center offers youth and teens a safe and fun place to hang out shoot some pool, use the computer lab, play video games, get in a game of air hockey, and participate in programs, leagues and more! Teen Leaders Club:The Y is helping shape the future of our community through the next generation- our teens. The McPherson Teen Leaders Club meets twice a month during the school year and completes a community service event or fundraiser each month. Boys and girls in grades 6-12 work hard and make a true impact in the City of Beverly through their dedication to service.

Pathways for Children

292 Cabot Street
Beverly, MA 01915
978.236.4101
https://pw4c.org

Pathways is a leading provider of education and care programs on the North Shore of Massachusetts. Our year-round programming, including Head Start and Early Head Start, serves children birth to age 13 and their families. We have centers in Gloucester, Beverly and Salem. Our comprehensive, all-inclusive educational programming offers meals, nutrition assessment, health and developmental screenings, referrals for special education services, family support, enrichment programs and transportation when necessary.

Women, Infants, and Children (WIC)

4 Ocean Street
Beverly, MA 01915
978.922.2110

WIC helps keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy. WIC provides personalized nutrition information, consultations and support, Checks to buy free, healthy food, medical and dental referrals, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family. WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health workshops on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, and shopping on a budget. Fathers, mothers, grandparents, foster parents or other legal guardians of a child under 5 may apply for WIC.

Greater Beverly YMCA

254 Essex St
Beverly, MA 01915
978.927.6855
https://www.northshoreymca.org

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Catholic Charities North

Catholic Charities North
117 N. Common Street
Lynn, MA 01902
781.593.2312
https://www.ccab.org/location-north-boston

The programs at Catholic Charities North strive to prevent hunger and homelessness for local families in a financial emergency; engage youth in education and employment programs focused on long term solutions to poverty; and support families in their effort to build safe, nurturing environments for children.

Disabilities and Special Needs

Bass River Inc.

437 Essex Street
Beverly, MA 01915
978.927.5326
https://bassriver-inc.org

Bass River's mission is to support and advocate for adults who are developmentally challenged; to assist them in achieving their fullest potential; to enable them to improve and enrich the quality of their lives; to provide exceptional services that are responsive to individual needs and are based upon respect for each person; and to enhance their skills so that they may become productive members of society.

Our success begins with person-centered planning, continues with building day to day relationships, which leads to life enrichment, independence and security and has been providing continual support and community involvement to individuals with Developmental Disabilities in residential and day program settings. We endeavor to initiate, provide and foster an environment within the community that assures each individual's full rights, responsibilities and promotes their community membership.

The Children's Center for Communication, Beverly School for the Deaf

6 Echo Avenue
Beverly, MA 01915
978.927.7070
https://cccbsd.org

CCCBSD specializes in meeting the academic and therapeutic needs of children that are deaf, hard of hearing and hearing students who may or may not have unique development and/or communication challenges.

CCCBSD is proud to support the unique language needs of our students including: ASL, oral language, cochlear implants, FM systems, hearing aids, lip-reading, and additional systems, which assist with learning and development.

Communitas

800 Cummings Center, Suite 166 S
Beverly, MA 01915
978.279.2100
https://communitasma.org

Communitas has three Day Programs located in Wakefield, Burlington and Beverly. Each Program offers a wide spectrum of service models geared towards individuals with Developmental & Intellectual disabilities. Each of these three programs support participants by using a person centered approach in its day to day operations and works in creative ways to teach skills that are both meaningful to everyday living and promotes independence.

Domestic Violence

Healing Abuse Working for Change (HAWC)

27 Congress Street
Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

North Shore Elder Services

Elder Abuse 24-hour Hotline at
1.800.922.2275

Reportable Conditions are:

- Physical, Emotional/Mental or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

North Shore Elder Services is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in Danvers, Marblehead, Middleton, Peabody and Salem. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Food Assistance

Beverly Bootstraps

35 Park Street
Beverly, MA 01915
978.927.1561
https://www.beverlybootstraps.org

Beverly Bootstraps was first established as a Food Pantry in the basement of the First Baptist Church. With the generous support of our donors, volunteers and the community at large, we have grown to be a leading social service agency on the North Shore. We are unique in our approach to the issues of hunger. While recognizing that people need food in hand to stem immediate hunger, our clients also need the opportunity to be embraced by the community, educated about the resources available and empowered to improve their own lives. As we continue to grow, our commitment to the community remains the same: to provide critical resources to families and individuals so that they may achieve self-sufficiency. We accomplish this while maintaining our commitment to fiscal responsibility and serving as trusted stewards of the organization.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Beverly Housing Authority

137 Bridge Street
Beverly, MA 01915
978.922.3100
http://www.beverlyhousing.net

Beverly Housing Authority provides housing assistance to low income residents through the management of HUD programs such as Low Rent Public Housing and the Housing Choice Voucher Program – Section 8 and State programs such as State Public Housing and the Massachusetts Rental Voucher Program.

Fund to Prevent Homelessness

P.O. Box 17
Manchester by the Sea, MA 01944
(978) 526-4852

Serving the communities of Beverly, Essex, Gloucester, Hamilton, Manchester, Rockport and Wenham. The Fund to Prevent Homelessness helps working families stay in their homes. The goal of the organization is to assist families before they lose their homes and fall into the vicious cycle of poverty.

River House, Inc.

56 River Street
Beverly, MA 01915
978.921.1304
https://riverhousebeverly.org

River House was formed in response to the chronic need for emergency-shelter services for homeless individuals in the greater Beverly and North Shore area. They provide supportive services and case management for the homeless in our community. The Beverly location has 34 shelter beds and 5 units of supportive permanent housing for formerly homeless adults.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Family Promise North Shore Boston

330 Rantoul Street
Beverly, MA 01915
978-922-0787
https://www.familypromisensb.org/

Family Promise North Shore Boston aims to return newly homeless families to economic self-sufficiency, while serving each family that experiences homelessness in a manner that embraces the dignity and strength of the family. We are committed to keeping families together during their time of homelessness and to helping them through the process of finding support and housing.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.998.3601
http://www.nebhealth.org/services-locations/community-service-agency

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

Lahey Health Behavioral Services – Beverly Outpatient Mental Health Clinic

800 Cummings Center, Suite 266 T
Beverly, MA 01915
978.921.1190
http://www.nebhealth.org

Beverly Outpatient Mental Health Clinic offers behavioral/substance and mental health services to children, adolescents, adults and families.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Family Continuity

9 Centennial Drive, Ste. 202
Peabody, MA 01960
978.927.9410
http://familycontinuity.org

Family Continuity is a private, non-profit mental health and social services agency supporting Eastern and Central Massachusetts from hub offices in Peabody, Lawrence, Whitinsville, Worcester, Plymouth, and Hyannis. The agency was founded to provide individuals with community-based resources that reduced the need for institutional care. Our mission statement is to: "Support family success in every community by empowering people, enhancing their strengths, and creating solutions through partnerships to achieve hope, positive change and meaningful lives".

Our 36 program portfolio provides a spectrum of emotional, developmental, and behavioral programs for children, adolescents, adults, couples, families and seniors. Our services encompass community and home-based services as well as outpatient clinics that provide evidence-based, best practice therapies for individuals and families.

Our treatment philosophy begins with meeting an individual's basic needs and creates a collaborative partnership between client and clinician.

North Shore Counseling Center (NSCC)

900 Cummings Center, Suite 324-S
Beverly, MA 01915
978.922.2280
http://www.nscc-inc.com

North Shore Counseling Center seeks to provide high quality behavioral health services with an emphasis on compassionate and evidence-based best practices. We serve individuals, couples, families, and organizations in a supportive therapeutic environment with our dedicated interdisciplinary staff. As a fully licensed Mental Health Clinic, we provide a wide range of Outpatient Behavioral Health Services including substance use services.

Be Healthy Beverly

We seek to empower the youth and community members of Beverly, MA to live healthy lives. Our current focus is substance abuse prevention for youth.

Senior Services

Beverly Council on Aging

90 Colon St.
Beverly, MA 01915
978.921.6017
http://www.beverlyma.gov/departments/council-on-aging

The Senior Center is open to all seniors 60 and older, including seniors from neighboring towns. There is no membership fee to join, simply come in and fill out a registration form. There is something for everyone here. Staff members and volunteers are available to show you around, share a cup of coffee, and introduce you to some new friends.

Comfort Keepers of the North Shore

129 Dodge Street, Suite One
Beverly, MA 01915
978.232.9988
https://beverly-254.comfortkeepers.com

Comfort Keepers believes in the philosophy 'Interactive Caregiving' as a way to help seniors and other adults remain active participants in their own lives. We help clients with daily tasks and routines while engaging your loved one in meaningful companionship. We also provide transportation for clients unable to drive. This can be to a doctor's appointment or out shopping for the afternoon.

Girdler House

78 Lothrop St
Beverly, MA 01915
978.922.0346
http://www.girdlerhouse.com

The Girdler House is a wonderful retirement option for women who want comfort and support at an affordable price. Each resident has a private bedroom in a historic home set in one of Beverly's most desirable residential neighborhoods. All meals are home-cooked and served in a lovely dining room. A dedicated staff provide all the housekeeping services and assistance with daily living. Social activities are tailored to the interests of each resident.

Harborlight Community Partners – Harborlight House

Harborlight House
1 Monument Square
Beverly, MA 01915
978-927-2121
https://harborlightcp.org/properties/assisted-living/harborlight-house

Harborlight House is a quality senior residence, providing a comfortable, nurturing home to seniors, age 62 and over, of limited means. Harborlight House features beautiful New England decor, 30 private units with bathrooms and kitchenettes, inviting common areas, recreational activities, and personal care and medication management services. Harborlight House's caring and friendly staff is committed to maintaining an environment that fosters respect, dignity and privacy within the context of a safe, healthy, and active home. Residents maintain their maximum independence while receiving the assistance they need.

The Herrick House

89 Herrick Street
Beverly, MA 01915
978.922.1999
https://www.beverlyhospital.org/locations--services/locations/the-herrick-house

The Herrick House offers all of the comforts of home, with the support of nursing and resident care staff and the companionship of other residents. Assisted living at The Herrick House is a lifestyle option offering independence and companionship in a supportive, safe, secure environment. The Herrick House staff includes 24-hour nursing, resident care aides, a social worker and a recreation director, all of whom work together to meet the needs of each individual resident.

Ledgewood Rehabilitation and Skilled Nursing Center

87 Herrick Street
Beverly, MA 01915
978.921.1392
https://www.banecare.com/Ledgewood-skilled-nursing-home-rehabilitation

Ledgewood Rehabilitation and Skilled Nursing Center is a unique provider of healthcare services. We are part of a continuum of services that includes acute care services at Beverly Hospital, subacute care at Ledgewood, and care after discharge through Lahey Health at Home. We believe this partnership offers the highest quality post-acute services north of Boston. Our dedicated team provides outstanding short-term rehabilitation and subacute care. We are the only facility in the area that has full-time onsite Physician/Nurse Practitioner teams. These teams help prevent patients from requiring re-hospitalization. In addition, consulting specialists often visit the facility.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

Support Groups

Alanon/Alateen

Meetings are held at White Whale, behind the First Baptist Church on Cabot Street. Meetings occur Thursdays evenings at 7 pm.

9 Hale Street
Beverly, MA 01915

Meetings are held at First Baptist Church on Friday mornings at 10 am.

221 Cabot Street
Beverly, MA 01915

Meetings are held at the 2nd Congregational Church on Saturdays at 10:45 am.

35 Conant St, Rm103
Beverly, MA 01915

Beverly Hospital Support Groups

85 Herrick Street
Beverly, Massachusetts
978.922.3000
https://www.beverlyhospital.org

Beverly Hospital offers free support groups to provide emotional support, coping skills and resource assess to patients and families. Free groups at Beverly Hospital offer support for: Breast Cancer, Huntington's disease, Melanoma, Ostomy, Pregnancy, Childbirth and Parenting, and Prostate Cancer.

NAMI Family Support Group

Beverly Hospital
85 Herrick Street
Meetings: Last Wednesday, 7:00- 8:30 pm
Contact: Chris at csadkowski@yahoo.com
or call 617-984-0504

NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Groups generally meet on a monthly basis but may meet weekly. The hallmark of a NAMI support group is leveraging the collective knowledge and experience of the other participants. Meets may occur monthly or weekly for 90-minute sessions free of charge. They are designed for loved ones (18 and over) of individuals living with mental illness. Group meetings are facilitated by a trained team of family members of individuals living with mental illness. All meetings are confidential and will not recommend or endorse any medications or other medical therapies for your family member.

Narcotics Anonymous

Meetings are held at White Whale in Beverly, MA. Meetings are held on both Monday at 7:30 pm and Wednesday at 7:15 pm

9 Hale Street
Beverly, MA 01915

Meetings are also held at Beverly's Church Of The Nazarene on Tuesday nights at 7 pm.

556 Cabot Street
Beverly, MA 01915

Transportation Services

Beverly Council on Aging Transportation Services

978.921.6078

The Beverly Council on Aging offers curb-to-curb, wheelchair accessible transportation within the City of Beverly to doctors appointments, hairdresser appointments, to and from the senior center, and more. This service is available to Beverly residents 60 + and the disabled(**Please note, a doctor's note is required for proof of disability for participants under the age of 60. Please call the Transportation Department for more information.)

Our Transportation operates Monday-Wednesday 8 am – 3 pm, Thursday 8 am – 6 pm, and Friday 8 am – 1 pm.

Veterans Services

North Shore Veterans Counseling Services, Inc.

45 Broadway Street
Beverly, MA 01915
978.921.4851
http://www.northshoreveterans.com

The Agency believes in "SERVING THOSE WHO SERVED US". Any individual who can show documented military service, or a family member, or a significant other of that veteran is eligible to seek assistance from the agency. The North Shore Veterans Counseling Services, Inc. though based in Beverly, serves veterans, combat and non-combat alike, and their families, at no fee, North of Boston.

Veterans' Services Officer

62 Pleasant St.
Beverly, MA 01915
978.778.5000
http://www.beverlyma.gov/departments/veterans-services

The objective of the Beverly's Veterans' Services Officer is to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Danvers

Access to Health Care

Lahey Outpatient Center, Danvers

480 Maple Street
Danvers, MA 01923
978 774-4400
https://www.beverlyhospital.org/locations--services/locations/lahey-outpatient-center-danvers

Lahey Outpatient Center, Danvers is an outpatient facility with state-of-the-art care centers and specialty services. The facility includes multidisciplinary centers for Breast Health, Cardiovascular, Infectious Disease, Pain Management, and Spine care among others. The Day Surgery Center has four operating rooms featuring the latest in minimally invasive technologies for all types of conditions. The Lifestyle Management Institute offers several comprehensive programs designed to address healthy options for individuals coping with chronic conditions.

Patient Financial Counseling & Community Liaison at Beverly Hospital

978.922.3000, ext. 2127

The Financial Counseling & Community Liaison office at Beverly Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Lahey Health Urgent Care

480 Maple St
Danvers, MA 01923
978.304.8380
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

SHINE at Danvers Council on Aging/Senior Center

25 Stone Street
Danvers, MA 01923
978.762.0208

Medicare/Insurance counseling available at no charge by trained volunteers - Every Wednesday and Thursdays from 10AM until Noon at the Senior Center by appt. only.

Danvers Board of Health

1 Sylvan Street
Danvers, MA 01923
978.777.0001 x3095
https://www.danversma.gov/departments/board-of-health/

The Board of Health consists of three (3) community residents appointed by the Town Manager. They are charged with the protection of the public health and fulfill their duty by developing, implementing, and enforcing health policies, regulations and laws. Local Boards of Health have statutory powers to develop regulations in many areas of public and environmental health.

Child, Parent and Family Support

Pathways for Children

292 Cabot Street
Beverly, MA 01915
978.236.4101
https://pw4c.org

Pathways is a leading provider of education and care programs on the North Shore of Massachusetts. Our year-round programming, including Head Start and Early Head Start, serves children birth to age 13 and their families. We have centers in Gloucester, Beverly and Salem.

Our comprehensive, all-inclusive educational programming offers meals, nutrition assessment, health and developmental screenings, referrals for special education services, family support, enrichment programs and transportation when necessary.

Women, Infants, and Children (WIC)

4 Ocean Street
Beverly, MA 01915
978.922.2110

WIC helps keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy. WIC provides personalized nutrition information, consultations and support, Checks to buy free, healthy food, medical and dental referrals, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family.

WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health workshops on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, and shopping on a budget. Fathers, mothers, grandparents, foster parents or other legal guardians of a child under 5 may apply for WIC.

Danvers Community YMCA

34 Pickering Street
Danvers, MA 01923
978.774.2055
https://www.danversymca.org

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Catholic Charities North

Family Counseling and Guidance Center
152 Sylvan Street
Danvers, MA 01923
978.774.6820
https://www.ccab.org/counseling-services

Our Counseling Center, headquartered in Danvers, is a professional, mental health clinic that provides a comprehensive, integrated continuum of quality care for people struggling with a range of life issues. All treatment is provided by master's level clinicians and is supervised by a multi-disciplinary treatment team.

Disabilities and Special Needs

Northeast Arc

Early Intervention-North Shore
149 Sylvan Street
Danvers, MA 01923
978.774.7570
https://ne-arc.org

The Northeast Arc helps people with disabilities become full participants in the community; choosing for themselves how to live, learn, work, socialize and play.

Domestic Violence

Healing Abuse Working for Change (HAWC)

27 Congress Street
Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

North Shore Elder Services

Elder Abuse 24-hour Hotline at
1.800.922.2275

Reportable Conditions are:

- Physical, Emotional/Mental or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

North Shore Elder Services is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in Danvers, Marblehead, Middleton, Peabody and Salem. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Food Assistance

Danvers People to People Food Pantry

12 Sylvan Street
Danvers, MA
978.739.4188
https://www.danverscommunitycouncil.com/danvers-people-to-people-food-pantry

The Danvers People to People Food Pantry was created by the Danvers Community Council to help Danvers families needing assistance. The pantry is operated by a team of volunteers who are dedicated to community service. Eligible clients may visit the pantry twice a month. Families in need register at the pantry. Proper identification and proof of residency are required at each visit when

signing in. A piece of mail such as an electric bill is necessary. A driver's license is not acceptable as proof of residency.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Danvers Housing Authority

14 Stone St
Danvers, MA 01923
978.777.0909
https://danvershousing.org

The Danvers Housing Authority provides decent and affordable housing. Established in 1957, the Danvers Housing currently has both Federal and State housing programs comprised of 259 residential units and 2 groups homes throughout Danvers, Massachusetts.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Family Promise North Shore Boston

330 Rantoul Street
Beverly, MA 01915
978-922-0787
https://www.familypromisensb.org/

Family Promise North Shore Boston aims to return newly homeless families to economic self-sufficiency, while serving each family that experiences homelessness in a manner that embraces the dignity and strength of the family. We are committed to keeping families together during their time of homelessness and to helping them through the process of finding support and housing.

Mental Health and Substance Abuse

Lahey Health Behavioral Services Detox Center Danvers

111 Middleton Rd.
Danvers, MA 01923
978.777.2121, Option 3
http://www.nebhealth.org

Detox Center Danvers offers medication-assisted treatment and counseling for adult opiate users. They offer 3 types of medication-assisted treatments.

Lahey Health Danvers Treatment Center

111 Middleton Road
Danvers, MA 01923
978.777.2121
http://www.nebhealth.org

Lahey Health Danvers Treatment Center is a 56-bed inpatient detoxification for adult men and women over 18 years old who need detoxification from alcohol, opiates and benzodiazepines.

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.998.3601
http://www.nebhealth.org/services-locations/community-service-agency

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

DanversCARES

Danvers High School
64 Cabot Road
Danvers, MA, 01923
978.777.8932 ext. 2213
http://danverscares.org

DanversCARES is a dynamic community partnership that supports youth and families in making healthy decisions. DanversCARES is a program of the town of Danvers, managed through the school department.

Senior Services

Danvers Council on Aging

25 Stone Street
Danvers, MA
978.762.0208
https://www.danversma.gov/departments/council-on-aging

The Town of Danvers Council on Aging is a senior center that provides comprehensive services to enrich the lives of older adults in the Danvers community. The Council on Aging offers a wide variety of opportunities in the areas of health and fitness, nutritional services, outreach and visitor services, transportation service, day and multi-day trips and a supportive adult day program. We encourage you to check out our programs and consider volunteering with us.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

Support Groups

Alanon/Alateen

Meetings are held at First Church of Danvers, Congregational (corner of Hobart & Centre St.) park in church lot on Hobart St. Walk through larger door to basement church hall. Meeting are held at 7:30 pm on Tuesday nights.

41 Centre St.
Danvers, MA

Meetings are held at Christ the Redeemer Church, 188 Elliott St on Wednesday mornings at 10 am.

188 Elliott St
Danvers, MA

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Medical Center, Peabody offer support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation

Danvers Council on Aging/Senior Center

Medical transportation is available to Danvers residents age 60 or older, and/or disabled Danvers residents under the age of sixty. It is suggested that residents make transportation requests as early as possible for scheduling purposes. Individuals in wheelchairs can be accommodated. Please call to schedule a ride at 978-762-0208.

Veterans Services

Danvers Town Hall
1 Sylvan Street
Danvers, MA 01923
978.777.0001, Extension 3025

The Veterans' Services Department offers a unique and efficient approach to serving the needs of qualified veterans and their dependents in a way designed to benefit their well-being with the dignity they deserve.

Essex

Access to Health Care

Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital is a full-service, 58-bed medical/surgical acute care facility. The hospital provides inpatient and outpatient care to residents of the Cape Ann community in specialties such as cancer care, surgical day care, critical care and emergency medicine.

Patient Financial Counseling & Community Liaison at Addison Gilbert Hospital

978.283.4001, ext. 623

The Financial Counseling & Community Liaison office at Addison Gilbert Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Cape Ann Medical Center

One Blackburn Drive
Gloucester, MA 01930
978. 281.1500
http://www.capeannmed.com/

Cape Ann Medical Center, LLC provides quality medical care to the residents of the North Shore. The relationship between the practice and the community has continued to grow and progress successfully.

In January 2015, Cape Ann Medical Center began an affiliation with Lahey Health Systems which includes Addison Gilbert and Beverly Hospital. These class institutions have made a commitment to service our patients both near and far, as well as providing many services to support our physicians.

The SHINE Program

SHINE counselors are available at Addison Gilbert Hospital Monday-Friday and can be reached at 978.283.4001 ext 623. SHINE is a Massachusetts state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers.

Essex Board of Health

30 Martin Street, Room 304
Essex, MA 01929
978.768.7614
https://www.essexma.org/health-department-board-health

The mission of the Essex Board of Health Department is to assess and address the needs of the Essex community, in order to protect and improve the health and quality of life of our residents, visitors, and work force. This charge is carried out by health promotion, community health services, public outreach and education, as well as promulgation and enforcement of municipal, state, and federal regulations.

Child, Parent and Family Support

Cape Ann YMCA

71 Middle Street
Gloucester, MA 01930
978.283.0470
https://www.northshoreymca.org

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Pathways for Children

29 Emerson Ave
Gloucester, MA 01930
978.281.2400
https://pw4c.org

Pathways is a leading provider of education and care programs on the North Shore of Massachusetts. Our year-round programming, including Head Start and Early Head Start, serves children birth to age 13 and their families. We have centers in Gloucester, Beverly and Salem.

Our comprehensive, all-inclusive educational programming offers meals, nutrition assessment, health and developmental screenings, referrals for special education services, family support, enrichment programs and transportation when necessary.

Women, Infants, and Children (WIC)

302 Washington St
Gloucester, MA 01930
978.281.4540

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

Disabilities and Special Needs

Auditory-Verbal Communication Center

544 Washington St.
Gloucester, MA 01930
978.282.0025
http://www.avcclisten.com

The Auditory-Verbal Communication Center LSLS certified Auditory-Verbal Therapists to help parents teach their children who are deaf and hear of hearing to listen and talk.

Domestic Violence

Healing Abuse Working for Change (HAWC)

27 Congress Street
Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

Food Assistance

Acord Food Pantry

69 Willow Street
South Hamilton, MA 01982
978.468.7424
http://acordfoodpantry.org

Acord Food Pantry was founded with the mission of empowering individuals and families to feed themselves in a nutritionally balanced way. Clients are allowed to shop once per week on any of the three days we're open and may choose from the variety of items we offer. Acord Food Pantry offers food assistance to residents of six towns north of Boston:Hamilton, Wenham, Topsfield, Ipswich, Essex, and Manchester by the Sea

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

The Open Door/Cape Ann Food Pantry

28 Emerson Avenue
Gloucester MA, 01930
978.283.6776
http://www.foodpantry.org

The Open Door/Cape Ann Food Pantry provides a free emergency groceries once every seven days for income-qualified residents of Gloucester, Rockport, Ipswich, Manchester and Essex. Clients are asked to fill out a confidential form that helps the Food Pantry track its resources. They should be prepared to provide a name and birth date for each person receiving food in their household. The Open Door also offers prescreening for Food Stamp eligibility and application assistance. Clients can expect confidentiality and one-on-one attention.

Housing and Homelessness

Fund to Prevent Homelessness

P.O. Box 17
Manchester by the Sea, MA 01944
(978) 526-4852

Serving the communities of Beverly, Essex, Gloucester, Hamilton, Manchester, Rockport and Wenham, The Fund to Prevent Homelessness helps working families stay in their homes. The goal of the organization is to assist families before they lose their homes and fall into the vicious cycle of poverty.

Essex Housing Authority

Chebacco Terrace
Essex, MA 01929
978.768.6821
https://www.essexma.org/housing-authority

The Essex Housing Authority provides safe, decent and affordable housing opportunities for Ipswich seniors, disabled individuals and families. The Ipswich Housing Authority is committed to providing fair and non-discriminatory practices throughout our affordable housing programs.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Family Promise North Shore Boston

330 Rantoul Street
Beverly, MA 01915
978-922-0787
https://www.familypromisensb.org/

Family Promise North Shore Boston aims to return newly homeless families to economic self-sufficiency, while serving each family that experiences homelessness in a manner that embraces the dignity and strength of the family. We are committed to keeping families together during their time of homelessness and to helping them through the process of finding support and housing.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.998.3601
http://www.nebhealth.org/services-locations/community-service-agency

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
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Senior Services

Essex Council on Aging

Essex Senior Center
17 Pickering Street
Essex, MA 01929
978.768.7932
https://www.essexma.org/essex-senior-center-council-aging

The Mission of the Essex Council on Aging is to enhance and promote the quality of life for adults 60 and older in the community of Essex.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

North Shore Health Project

5 Center Street
Gloucester, MA 01930
978.283.0101
http://healthproject.org

North Shore Health Project has been supporting the health and well being of people living on the North Shore for almost three decades. Originally formed by friends, loved ones, and those impacted by the HIV/AIDS epidemic, over the years NSHP has grown to include client advocacy, case management, needle exchange, community education, overdose prevention, testing for HIV, STI, and Hepatitis C, and LGBTQ services.

Support Groups

Addison Gilbert Hospital - Support Groups

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital offers free support groups to provide emotional support, coping skills and resource assess to patients and families.

Free groups at Addison Gilbert Hospital offer a variety of support for health issues including: Breast Cancer, Diabetes, Stroke, and Widowed Persons.

NAMI Family Support Group

43 Gloucester Ave., Room 2A
Meetings: Meetings: 2nd and 4th Tuesday of every month, 7–8:30 p.m
978.281.1557
namicapeann@verizon.net

NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Groups generally meet on a monthly basis but may meet weekly. The hallmark of a NAMI support group is leveraging the collective knowledge and experience of the other participants.

Meets may occur monthly or weekly for 90-minute sessions free of charge. They are designed for loved ones (18 and over) of individuals living with mental illness. Group meetings are facilitated by a trained team of family members of individuals living with mental illness. All meetings are confidential and will not recommend or endorse any medications or other medical therapies for your family member.

Transportation Services

Cape Ann Transportation Authority (CATA)

CATA is a public, non-profit organization charged with providing public transportation to the Cape Ann area, consisting of the city of Gloucester and the adjoining towns of Essex, Ipswich and Rockport.

Ipswich Essex Explorer Summertime weekend shuttle service connecting Ipswich MBTA train station with Crane Beach, Essex and Appleton Farms.

Veterans Services

Veterans' Services Officer

25 Green Street
Ipswich, MA 01938
978.356.3915
http://www.eessexvets.com

The objective of the Veterans' Services Officer to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Gloucester Community Based Outpatient Clinic

199 Main Street
Gloucester, MA 01930
978.282.0676
https://www.bedford.va.gov/locations/Gloucester_Community_Based_Outpatient_Clinic.asp

The Gloucester Outpatient Clinic is one of three satellite clinics of the Bedford VA. At the Gloucester clinic we provide compassionate healthcare to eligible veterans in the Cape Ann /Gloucester area. Services provided are Primary Care, Mental Health Services, and Lab Blood Drawing.

Gloucester

Access to Health Care

Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital is a full-service, 58-bed medical/surgical acute care facility. The hospital provides inpatient and outpatient care to residents of the Cape Ann community in specialties such as cancer care, surgical day care, critical care and emergency medicine.

Patient Financial Counseling & Community Liaison at Addison Gilbert Hospital

978.283.4001, ext. 623

The Financial Counseling & Community Liaison office at Addison Gilbert Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Lahey Health Urgent Care

305 Gloucester Crossing Rd
Gloucester, MA 01930
978.381.7700
https://www.laheyhealth.org/what-we-offer/ urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

The SHINE Program

SHINE is a Massachusetts state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers.

SHINE counselors are available at Addison Gilbert Hospital Monday-Friday and can be reached at 978.283.4001 ext 623

NeedyMeds

P.O. Box 219
Gloucester, MA 01931
1.800.503.6897
http://www.needymeds.org

NeedyMeds is a national non-profit organization that maintains a website of free information on programs that help people who can't afford medications and healthcare costs. They also publish information about resources for specific diseases. All information is accessible online, at no charge and without registration.

Gloucester Family Health Center

302 Washington Street
Gloucester MA 01930
978.282.8899
https://www.nschi.org

The Gloucester Family Health Center fulfills North Shore Community Health's mission of providing high quality health care regardless of age, ethnicity, creed, gender, country of origin, place of residence or economic status. The center follows a family practice model of care.

Gloucester Health Department

3 Pond Rd.
City Hall Annex
Gloucester, MA 01930
978.325.5260
http://gloucester-ma.gov/index.aspx?NID=183

The mission of the Gloucester Health Department is to promote physical and mental health and prevent disease, injury, and disability in the City of Gloucester, Massachusetts.

Child, Parent and Family Support

Action Inc.

180 Main Street
Gloucester, MA 01930
978.282.1000
https://actioninc.org

Action Inc. is a non-profit human service organization and the designated Community Action Agency serving primarily the City of Gloucester and the towns of Essex, Ipswich, Manchester, and Rockport. Action also oversees energy conservation projects throughout the state. Action's programs aim to promote economic security, not dependency, by helping economically disadvantaged individuals and families in a number of unique ways.

Pathways for Children

29 Emerson Ave
Gloucester, MA 01930
978.281.2400
https://pw4c.org

Pathways is a leading provider of education and care programs on the North Shore of Massachusetts. Our year-round programming, including Head Start and Early Head Start, serves children birth to age 13 and their families. We have centers in Gloucester, Beverly and Salem.

Our comprehensive, all-inclusive educational programming offers meals, nutrition assessment, health and developmental screenings, referrals for special education services, family support, enrichment programs and transportation when necessary.

Cape Ann YMCA

71 Middle Street
Gloucester, MA 01930
978.283.0470
https://www.northshoreymca.org

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Compass Youth Program of Action, Inc.

180 Main St.
Gloucester, MA 01930
978.281.9682
https://actioninc.org/education/compass-youth-program

Our COMPASS Youth Program helps out-of-school young people ages 16 to 24 prepare for and pass the High School Equivalency Test (HiSET). Our COMPASS Youth Program tackles challenges and barriers that you may have experienced and supports you with one-on-one counseling, tutoring, college and job preparation, employment and career counseling, and life skills coaching. We also will connect you to opportunities for paid internships, job shadowing, and employment.

COMPASS is a safe and flexible program designed to help you pass the HiSET, determine your career interests, and set you on a path for success. We wrap services around you and your needs to help you get your life in a better place

Women, Infants, and Children (WIC)

302 Washington St
Gloucester, MA 01930
978.281.4540

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

The City of Gloucester Children's Dental Center

99 Prospect Street
Gloucester, MA 01930
978.281.5885
https://www.gloucesterchildrensdental.com

The City of Gloucester Children's Dental Center is to increase access to dental care for underserved Cape Ann children and to improve the oral health of children by providing dental services and education. Patients who are one year old to age 20 and have Mass Health or CMSP are accepted in our Dental Center. Services provided include: Emergency Care, Dental exams, X-Rays, Cleanings, Dental sealants, Fluoride treatments, Fillings, Extractions of teeth, and Oral Health Education.

Disabilities and Special Needs

Auditory-Verbal Communication Center

544 Washington St.
Gloucester, MA 01930
978.282.0025
http://www.avcclisten.com

The Auditory-Verbal Communication Center LSLS certified Auditory-Verbal Therapists to help parents teach their children who are deaf and hear of hearing to listen and talk.

Adult Foster Care of the North Shore

63 Middle Street
Gloucester, MA 01930

978.281.2612
http://adultfostercarens.com/

Adult Foster Care of the North Shore provides financial and emotional support solutions for families who are in need of care for a disabled or chronically ill loved one. AFCNS is a MassHealth-funded program that provides a monthly payment to the caregiver. Clients and caregivers are assigned a nurse and care manager who visit the homes regularly. Staff members can answer questions about health issues and serve as a resource for medical training, education and needed interventions. We provide on-call support 24 hours a day, 7 days a week. We help our clients and their families navigate the complexities of living with a disability or illness.

Domestic Violence

Healing Abuse Working for Change

27 Congress Street
Salem, MA 01970
978.744.8552
Gloucester Outreach Office: 978.283.8642
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

SeniorCare

Reportable Conditions are:

- Physical, Emotional or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

Elder Abuse 24-hour Hotline at
1.800.922.2275

SeniorCare is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in the surrounding communities. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Food Assistance

Harvest Meals-Cape Ann
Interfaith Mission – Soup Kitchens

Trinity Congregational Church
70 Middle Street
Gloucester, MA 01930
978.283.1442

Trinity's Harvest Meal is served in the church's Fellowship Hall on Fridays at 5:00 pm.

The Open Door/Cape Ann Food Pantry

28 Emerson Avenue
Gloucester MA, 01930
978.283.6776
http://www.foodpantry.org

The Open Door/Cape Ann Food Pantry provides a free emergency groceries once every seven days for income-qualified residents of Gloucester, Rockport, Ipswich, Manchester and Essex. Clients are asked to fill out a confidential form that helps the Food Pantry track its resources. They should be prepared to provide a name and birth date for each person receiving food in their household. The Open Door also offers prescreening for Food Stamp eligibility and application assistance. Clients can expect confidentiality and one-on-one attention.

Supplemental Nutritional
Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Action Inc. – Emergency Homeless Shelter

Emergency Homeless Shelter
370 Main Street
Gloucester, MA 01930
978.282.1000
https://actioninc.org/client-housing-services/emergency-shelter

Action Inc.'s Emergency Homeless Shelter provides a limited number of beds and hot meals to homeless adults (ages 18 and older) on a nightly basis. Prior to leaving the Shelter in the morning, guests are also provided with bag lunches. The Shelter offers a safe, supportive environment in a clean, comfortable. Space at the Shelter is limited and a bed cannot be guaranteed.

Fund to Prevent Homelessness

P.O. Box 17
Manchester by the Sea, MA 01944
(978) 526-4852

Serving the communities of Beverly, Essex, Gloucester, Hamilton, Manchester, Rockport and Wenham, The Fund to Prevent Homelessness helps working families stay in their homes. The goal of the organization is to assist families before they lose their homes and fall into the vicious cycle of poverty.

Gloucester Housing Authority

259 Washington Street
Gloucester, MA 01930
978.281.4770
http://www.ghama.com

The Gloucester Housing Authority is proud of its long history of promoting and providing adequate and affordable housing, economic opportunity and a suitable living environment free of discrimination.

Wellspring House Inc.

302 Essex Avenue
Gloucester, MA 01930
978.281.3558
http://www.wellspringhouse.org

Wellspring House empowers individuals and families to live more secure lives through basic needs assistance, education and job training. Wellspring assists over 1,000 families each year. Through active case management, advocacy, referrals and one time cash grants, families are assisted in homelessness prevention, emergency shelter placement, and securing long term housing.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Family Promise North Shore Boston

330 Rantoul Street
Beverly, MA 01915
978-922-0787
https://www.familypromisensb.org/

Family Promise North Shore Boston aims to return newly homeless families to economic self-sufficiency, while serving each family that experiences homelessness in a manner that embraces the dignity and strength of the family. We are committed to keeping families together during their time of homelessness and to helping them through the process of finding support and housing.

The Grace Center of Gloucester

Gloucester Unitarian Universalist Church
10 Church St.
Gloucester, MA 01930
978.675.6240
https://stjohnsgloucester.org/outreach/grace-center/

The Grace Center, Inc provides a place for those in need to find welcome, shelter, and assistance in their desire to move out of poverty and into a sustainable life. We offer homeless individuals and those in need a safe day space, access to food, medical care, and help with life skills and housing opportunities.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.998.3601
http://www.nebhealth.org/services-locations/community-service-agency

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

DISCOVER Program – Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.381.7422
http://www.nebhealth.org

DISCOVER at AGH is based on a recovery model, which assists participants in regaining an optimal level of functioning in their community, family and vocational roles. It accepts adults with substance use or addictive disorders. DISCOVER consists of psychoeducational & skill building groups, group psychotherapy.

Lahey Health Behavioral Services – The Gloucester Clinic

298 Washington Street
Gloucester, MA 01930
978.283.0296
http://www.nebhealth.org

Addison Gilbert Hospital offers outpatient mental health services to adults, teens and families. They offer individual, couples & family counseling and substance use counseling.

Lahey Health Behavioral Services – Outpatient Methadone Clinic

298 Washington Street
Gloucester, MA 1930
978.283.0296 Ext. 213
http://www.nebhealth.org

Addison Gilbert Hospital offers medication-assisted treatment and counseling for adult opiate users. They offer 3 types of medication-assisted treatments.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Link House, Inc.

37 Washington St.
Newburyport, MA 01950
978.462.7341
https://linkhouseinc.org

Link House, Inc. is a 503(c) non-profit organization that has been providing residential substance use services in the North Shore communities The mission of Link House, Inc. is to provide the necessary tools that enable addicted men and women to recover and lead happy and productive lives.

Healthy Gloucester Collaborative

3 Pond Rd
Gloucester, MA 01930
http://www.healthygloucester.org

Healthy Gloucester works with students, educators, parents, seniors, faith leaders, businesses, law enforcement and city officials to promote a healthy community and a drug free environment for our youth and children.

Senior Services

Gloucester Council on Aging

Rose Baker Senior Center
6 Manuel F. Lewis Street
Gloucester, MA 01930
978.281.9765
http://gloucester-ma.gov/index.aspx?nid=291

The mission of the COA is to serve as a focal point where seniors and their families can access the local and state network of elder services, while providing an integrated array of social, health, recreational and education programs for older men and women.

Programs of All-Inclusive Care for the Elderly

29A Emerson Ave.
Gloucester, MA 01930
978.283.7375
https://elementcare.org

Pace Elder Services provide comprehensive medical and social services to frail elders so that they can live in their communities instead of in nursing homes.

A team of health professionals does an assessment of each elder's needs, and develops a plan of total care. Services are usually provided in an adult day health center, but may be given in the elder's home or other facility.

Eligibility for the Service Plan is contingent upon a variety of factors including age, location of residence, income, etc.

Seacoast Nursing and Rehabilitation Center

292 Washington Street
Gloucester, MA 01930
978.283.0300
https://www.banecare.com/Seacoast-skilled-nursing-home-rehabilitation

Seacoast Nursing and Rehabilitation Center provides a wide array of services enables patients and residents to receive the medical care they need, the restorative therapy they require, and the support they and their families deserve. Seacoast Nursing and Rehabilitation Center serves many types of patient and resident needs – from short-term rehabilitation to traditional long-term care.

Working with your physician, our staff – including medical specialists, nurses, nutritionists, therapists, dietitians and social workers – establishes a comprehensive treatment plan intended to restore the client to their fullest practicable potential.

SeniorCare, Inc.

49 Blackburn Center
Gloucester, MA 01930
978.281.1750
http://www.seniorcareinc.org

SeniorCare Inc. is a non-profit, multi-faceted organization that provides a one-stop portal for information and services to elders and adults with disabilities on the Greater North Shore and Cape Ann. SeniorCare provides important services such as homecare, protective services, transportation, nursing home ombudsmen, money management, benefits specialist, Medicare & Medicaid insurance counseling, legal, caregiver support, nutrition, and preventative health services. In addition, SeniorCare coordinates the Meals on Wheels program, feeding over 500 frail, homebound seniors each week, and the Retired & Senior Volunteer Program (RSVP), placing more than 400 volunteers in local businesses and agencies each year.

Connected Home Care of Gloucester

38 Blackburn Center 2nd Floor
Gloucester, MA 01930
978.282.5575
https://connectedhomecare.com

Connected Home Care provides non-medical home care and companionship services for elders who want to live at home. Our goal is to help you maintain the highest quality of life. We accomplish this by developing a long-term relationship between you, your family, and your caregiver.

Visiting Angels Senior Care and In Home Assisted Living Services

85 Constitution Lane, Unit 2-D
Danvers, MA 01923
877.618.4748
https://www.visitingangels.com

Visiting Angels Senior Care and In Home Assisted Living Services can assist elderly people located in Beverly, Gloucester, Marblehead, Wenham, and other surrounding areas of Essex County. Visiting Angels offers non-medical in home care services. Our caregivers are scheduled at your convenience. Weekday, weekend, holiday, and overnight visits are available as needed. From hourly visits to 24 hour care, a Visiting Angels caregiver can be there when you need them.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

North Shore Health Project

5 Center Street
Gloucester, MA 01930
978.283.0101
http://healthproject.org

North Shore Health Project has been supporting the health and well being of people living on the North Shore for almost three decades. Originally formed by friends, loved ones, and those impacted by the HIV/AIDS epidemic, over the years NSHP has grown to include client advocacy, case management, needle exchange, community education, overdose prevention, testing for HIV, STI, and Hepatitis C, and LGBTQ services.

Support Groups

Alanon/Alateen

Meetings are held at St Paul's Lutheran Church, side door of church, upstairs to library. Meetings occur on Sunday evenings at 7:00 PM.

1123 Washington Street
Gloucester, MA 01931

Addison Gilbert Hospital - Support Groups

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital offers free support groups to provide emotional support, coping skills and resource assess to patients and families.

Free groups at Addison Gilbert Hospital offer a variety of support for health issues including: Breast Cancer, Diabetes, Stroke, and Widowed Persons.

Learn to Cope

Rose Baker Senior Center
6 Manuel F. Lewis St. 2nd Floor
Gloucester, MA 01930
508.738.5148
https://www.learn2cope.org

Learn to Cope is a support group for parents, family members and care-givers struggling with a member of the family who is addicted to opiates and other drugs. Meetings are Wednesdays at 7-8:30 pm.

NAMI Family Support Group

43 Gloucester Ave., Room 2A
Meetings: Meetings: 2nd and 4th Tuesday of every month, 7–8:30 p.m
978.281.1557
namicapeann@verizon.net

NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Groups generally meet on a monthly basis but may meet weekly. The hallmark of a NAMI support group is leveraging the collective knowledge and experience of the other participants.

Meets may occur monthly or weekly for 90-minute sessions free of charge. They are designed for loved ones (18 and over) of individuals living with mental illness. Group meetings are facilitated by a trained team of family members of individuals living with mental illness. All meetings are confidential and will not recommend or endorse any medications or other medical therapies for your family member.

Narcotics Anonymous

Meetings are held at the West Gloucester Trinitarian Church on Thursday evenings at 7:30 am.

488 Essex Avenue
Gloucester, MA 01930

Meetings are held at the Unitarian Universalist Church on Wednesday evenings at 7:30 pm.

10 Church Street
Gloucester, MA 01930

Transportation Services

Gloucester Council on Aging

Rose Baker Senior Center
6 Manuel F. Lewis Street
Gloucester, MA 01930
978.281.9765
http://gloucester-ma.gov/index.aspx?nid=291

The mission of the COA is to serve as a focal point where seniors and their families can access the local and state network of elder services, while providing an integrated array of social, health, recreational and education programs for older men and women.

Cape Ann Transportation Authority (CATA)

CATA is a public, non-profit organization charged with providing public transportation to the Cape Ann area, consisting of the city of Gloucester and the adjoining towns of Essex, Ipswich and Rockport.

Ipswich Essex Explorer Summertime weekend shuttle service connecting Ipswich MBTA train station with Crane Beach, Essex and Appleton Farms.

MBTA Commuter Rail Service

Newburyport/Rockport Line stops in Rockport, Gloucester, Manchester, Beverly, Newburyport, Rowley, Ipswich, Hamilton, Salem, Swampscott, Lynn and Chelsea.

Veterans Services

North Shore Veterans Counseling Services, Inc.

45 Broadway Street
Beverly, MA 01915
978.921.4851
http://www.northshoreveterans.com

The Agency believes in "SERVING THOSE WHO SERVED US". Any individual who can show documented military service, or a family member, or a significant other of that veteran is eligible to seek assistance from the agency. The North Shore Veterans Counseling Services, Inc. though based in Beverly, serves veterans, combat and non-combat alike, and their families, at no fee, North of Boston.

Veterans' Services Officer

12 Emerson Ave.
Gloucester, MA 01930
978.281.9740
http://gloucester-ma.gov/index.aspx?nid=147

The Veterans' Agent reports to the Cape Ann Veterans District Board of Directors which is comprised of a represenative of the three communities served by the district which are Gloucester, Rockport, and Manchester-by-the-Sea. The functions of the Veterans' Agent include:Assisting and providing information on compensation and other benefits available through the VA program. Administer the DVS needs-based program of veterans assistance.

Gloucester Community Based Outpatient Clinic

199 Main Street
Gloucester, MA 01930
978.282.0676
https://www.bedford.va.gov/locations/Gloucester_Community_Based_Outpatient_Clinic.asp

The Gloucester Outpatient Clinic is one of three satellite clinics of the Bedford VA. At the Gloucester clinic we provide compassionate healthcare to eligible veterans in the Cape Ann /Gloucester area. Services provided are Primary Care, Mental Health Services, and Lab Blood Drawing.

Ipswich

Access to Health Care

Beverly Hospital

85 Herrick Street
Beverly, Massachusetts
978.922.3000
https://www.beverlyhospital.org

Beverly Hospital is a full service, 221-bed, community hospital providing quality, patient-centered care to North Shore and Cape Ann residents. Services include maternity, pediatrics, surgical, orthopedics, cardiology, as well as several other specialties.

Patient Financial Counseling & Community Liaison at Beverly Hospital

978.922.3000, ext. 2127

The Financial Counseling & Community Liaison office at Beverly Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Serving Health Information Needs of Elders (SHINE)

Ipswich Council on Aging
25 Green St.
Ipswich MA 01938
978.356.6650
https://www.ipswichma.gov/335/Council-on-Aging

Call 978.356.6650 to make an appointment.

Ipswich Board of Health

25 Green St.
Ipswich, MA 01938
978.356.6606
https://www.ipswichma.gov/404/Board-of-Health

The Ipswich Board of Health is responsible for the enforcement of State Sanitary Codes, State Environmental Codes, and Health Regulations. The Board of Health sets the health policy for the town which is carried out by the Public Health Department. The Ipswich Board of Health is comprised of 3 members appointed by the Town Manager for 3 year staggered terms.

Child, Parent and Family Support

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Gloucester, MA 01930
978.282.1000
https://actioninc.org

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Ipswich Caring

P.O. Box 584
Ipswich, MA 01938
978.471.0575
https://www.ipswichcaring.org

Ipswich Caring is a non-profit, tax-exempt organization that relies on charitable donations from individuals, foundations and local businesses to fulfill its mission. Ipswich Caring has a singular goal and commitment to assist Ipswich families in need. With the dedication and generous support of more than 200 volunteers each year, Ipswich Caring provides financial and in-kind support to youth, adults and families through a variety of programs and services.

Ipswich Family YMCA

110 County Road
Ipswich, MA 01938
978.356.9622
https://www.northshoreymca.org/locations/ipswich-family-ymca-rowley-campus

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Disabilities and Special Needs

Auditory-Verbal Communication Center

544 Washington St.
Gloucester, MA 01930
978.282.0025
www.avcclisten.com

The Auditory-Verbal Communication Center LSLS certified Auditory-Verbal Therapists to help parents teach their children who are deaf and hear of hearing to listen and talk.

Domestic Violence

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Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

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SeniorCare

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Food Assistance

Acord Food Pantry

69 Willow Street
South Hamilton, MA 01982
978.468.7424
http://acordfoodpantry.org

Acord Food Pantry was founded with the mission of empowering individuals and families to feed themselves in a nutritionally balanced way. Clients are allowed to shop once per week on any of the three days we're open and may choose from the variety of items we offer. Acord Food Pantry offers food assistance to residents of six towns north of Boston: Hamilton, Wenham, Topsfield, Ipswich, Essex, and Manchester by the Sea

The Open Door/Cape Ann Food Pantry

00 Southern Heights
Ipswich, MA 01938
978.283.6776
http://www.foodpantry.org

The Open Door/Cape Ann Food Pantry provides a free emergency groceries once every seven days for income-qualified residents of Gloucester, Rockport, Ipswich, Manchester and Essex. Clients are asked to fill out a confidential form that helps the Food Pantry track its resources. They should be prepared to provide a name and birth date for each person receiving food in their household. The Open Door also offers prescreening for Food Stamp eligibility and application assistance. Clients can expect confidentiality and one-on-one attention.

Ipswich Community Food Pantry

31 N. Main Street
Ipswich, MA 01938

Free food distributions for Ipswich residents are available on Thursday evenings from 5-7 pm at 31 N. Main Street, in basement space donated by the Ipswich United Methodist Church. Monetary and food donations are welcome, and can be dropped off at the Food Pantry when it is open on Thursdays. Food donations can also be dropped off at Shaw's

Market, 146 High Street, Ipswich. Monetary contributions can be mailed to Ipswich Community Food Pantry, P.O. 316, Ipswich, MA 01938. The Food Pantry is a volunteer-run, non-profit organization, and donations are tax deductible.

Ipswich Dinner Bell – Community Meal Program

Masonic Hall
70 Topsfield Road
Ipswich, MA 01938
https://ipswichdinnerbell.org

Ipswich Dinnerbell is a non-profit cooperation of Churches and Community organizations that exists with a shared love of God and neighbor to serve hot, nutritious meals, free to all who come, and create a mealtime atmosphere of fellowship with one another. Meals are served every Monday from 5:00-6:00 PM.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Ipswich Housing Authority

One Agawam Village
Ipswich, MA 01938
978.356.2860
https://www.ipswichhousingauthority.com

The Ipswich Housing Authority provides safe, decent and affordable housing opportunities for Ipswich seniors, disabled individuals and families. The Ipswich Housing Authority is committed to providing fair and non-discriminatory practices throughout our affordable housing programs.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Mental Health and Substance Abuse

Lahey Health Behavioral Services – Gloucester Clinic

298 Washington Street
Gloucester, MA 01930
978.283.0296
http://www.nebhealth.org

Lahey Health Behavioral Services is a private, nonprofit agency that provides mental health, addiction treatment and community education and prevention services to residents in greater Boston, the North Shore and the Merrimack Valley, Massachusetts. Services include Individual, couples & family counseling and substance use counseling.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts. The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Ipswich Aware

Ipswich Aware works to bring resources from different areas of the community to promote awareness, education, and prevention of substance abuse in the town of Ipswich. Together, we strive to support each other and reduce the stigma surrounding addiction.

Senior Services

Ipswich Council on Aging

25 Green St.
Ipswich MA 01938
978.356.6650
https://www.ipswichma.gov/335/Council-on-Aging

Their mission is to advocate for Ipswich senior citizens and to design, implement and promote programs and services that support their independence, health and well-being. All senior residents of Ipswich are invited to participate in the many scheduled activities and programs that have been developed for your enjoyment and benefit.

The Residence at Riverbend

149 County Road
Ipswich, MA 01938
978.3476170
https://www.residenceriverbend.com

The Residence at Riverbend is Ipswich's only Independent Living, Assisted Living and Memory Care residence for area seniors. With two decades of senior housing experience, The Residence at Riverbend offers residents and their families the peace of mind they are looking for, while providing an active, stimulating community full of life, laughter and friendship.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

Support Groups

Beverly Hospital Support Groups

85 Herrick Street
Beverly, Massachusetts
978.922.3000
https://www.beverlyhospital.org

Beverly Hospital offers free support groups to provide emotional support, coping skills and resource assess to patients and families. Free groups at Beverly Hospital offer support for: Breast Cancer, Huntington's disease, Melanoma, Ostomy, Pregnancy, Childbirth and Parenting, Prostate Cancer.

Alanon/Alateen

Meetings are held at First Church 1 Meetinghouse Grn, Ipswich, MA, 01938, Meeting are held on Wednesdays at 7:00 PM.

1 Meetinghouse Grn
Ipswich, MA, 01938

Transportation Services

Ipswich Council on Aging

25 Green St.
Ipswich MA 01938
978.356.6650
https://www.ipswichma.gov/335/Council-on-Aging

A 14 passenger handicapped accessible van is utilized by Ipswich seniors Monday –Friday 8 a.m. to 4 p.m. for in-town transportation. Call the senior center 24 hours in advance to schedule a ride. A donation of $2 per round trip ride is suggested. Special trips and scenic rides are offered throughout the year. Check the newsletter for specific trips and dates.

Veterans Services

North Shore Veterans Counseling Services, Inc.

45 Broadway Street
Beverly, MA 01915
978.921.4851
http://www.northshoreveterans.com

The Agency believes in "SERVING THOSE WHO SERVED US". Any individual who can show documented military service, or a family member, or a significant other of that veteran is eligible to seek assistance from the agency. The North Shore Veterans Counseling Services, Inc. though based in Beverly, serves veterans, combat and non-combat alike, and their families, at no fee, North of Boston.

Veterans' Services Officer

25 Green Street
Ipswich, MA 01938
978.356.3915
http://www.eessexvets.com

The objective of the Veterans' Services Officer to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Lynn

Access to Health Care

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody includes a 24-hour emergency department and a 10-bed hospital. We combine advanced technology, research and medical education to provide the best care possible. You benefit from specialty resources at our medical centers and top-quality primary care services at community-based practices throughout northeastern Massachusetts.

Financial Counseling Assistance at BayRidge Hospital

781.599.9200, ext. 7909

BayRidge Hospital, provides financial counseling assistance to help you pay your medical bills. If you have limited insurance or no insurance coverage, you may qualify for government assistance through the MassHealth, Commonwealth Care or Health Safety Net (Free Care) programs.

Lynn Board of Health

3 City Hall Square
Lynn, MA 01901
781.598.4000
http://www.ci.lynn.ma.us/citydepartments_publichealth.shtml

The public health division is a division of inspectional services department and is responsible for ensuring the health and welfare to the inhabitants of the city through the oversight of all health related issues.

Lynn Community Health Center

269 Union St.
Lynn, MA, 01901
781.581.3900
http://www.lchcnet.org

Comprehensive health care of the highest quality to everyone in our community, regardless of ability to pay.

Child, Parent and Family Support

Pathways for Children

79 Willson St
Salem, MA 01970
978.515.5400
https://pw4c.org

Pathways is a leading provider of education and care programs on the North Shore of Massachusetts. Our year-round programming, including Head Start and Early Head Start, serves children birth to age 13 and their families. We have centers in Gloucester, Beverly and Salem. Our comprehensive, all-inclusive educational programming offers meals, nutrition assessment, health and developmental screenings, referrals for special education services, family support, enrichment programs and transportation when necessary.

Boys & Girls Club of Lynn

25 North Common St
Lynn, MA 01902
781.593.1772
https://bgcl.org/

The Boys & Girls Club of Lynn was established to provide youth with a place to gather constructively both afterschool and in the summer. Club programs and services promote and enhance the development of boys and girls by instilling a sense of competence, usefulness, belonging and influence.

Girls Incorporated of Lynn

50 High Street
Lynn, MA 01902
781.592.9744
https://girlsinclynn.org/

Girls Inc. delivers life-changing programs and experiences that equip girls to overcome serious barriers to grow up Strong, Smart, and Bold. Our research-based programming is delivered by trained professionals who focus on the development of the whole girl, supporting, mentoring, and guiding girls in an affirming, pro-girl environment. Here, girls learn to value their whole selves, discover and develop their inherent strengths, and receive the support they need to navigate the challenges they face.

Disabilities and Special Needs

North Shore Community Action Programs

119 Rear Foster Street
Building 13
Peabody, MA 01960
978.531.0767
https://www.nscap.org

NSCAP is a private, non-profit organization that provides a wide range of social services that enable low-income families and individuals to obtain the skills and knowledge they need to become economically self-sufficient, civically engaged, and to live in dignity and decency. NSCAP programs and services cover five key areas: Education and Training, Economic Stabilization, Housing and Homelessness Prevention, Energy Services, and Home Care.

Communitas

30 Audubon Rd
Wakefield, MA 01880
781.587.2440
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Domestic Violence

Healing Abuse Working for Change

27 Congress Street
Salem, MA 01970
978.744.8552
Gloucester Outreach Office: 978.283.8642
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

Food Assistance

St. Stephen's Food Pantry

74 South Common St.
Lynn, MA 01902
781.599.4220
http://www.ststephenslynn.org

A pantry distributing emergency food free to anyone with legitimate photo id. We give away identical bags of largely canned or dry goods to individuals and slightly larger bags to legitimately-identified families (adults with resident children under 16). 3 to 4pm on Friday, except for the first Friday of each month. New clients must have: Proof of Lynn address, Photo ID for adults, Birth certificate or health card for children.

Greater Lynn Senior Services

8 Silsbee St.
Lynn, MA 01901
781-599-0110
WWW.GLSS.NET

Lynn Council on Aging Meals on Wheels

Meals on Wheels brings meals to people over 60 who are homebound and unable to prepare their own meals. Meals are delivered between 9 AM and Noon, Monday through Friday, except holidays. If you're isolated and homebound, you can arrange for frozen meals that you can use over the weekend.

Food pantry is open the third friday of the month 9:30-12:30pm. Must be 60 or older, pre-register and meet income guidelines.

SALVATION ARMY - LYNN Emergency Food

1 Franklin Street
Lynn, MA 01902
781-598-0673
http://www.salvationarmyma.org/lynn

Food Pantry is open Mondays, Wednesdays and Fridays, 9:00 – 11:30 am. Must be resident of either Lynn, Lynnfield, Nahant, Saugus, and Swampscott. Photo ID and proof of residency required. Clients are welcome to visit once every 30 days. In addition, there is a weekly Grocery Store Surplus Food Distribution on Tuesdays and Thursdays at 12:00 p.m. All welcome.

My Brother's Table

98 Willow Street
Lynn, MA 01901
781.595.3224
http://www.mybrotherstable.org

My Brother's Table serves free meals Monday Through Friday 11:45 - 12:30 PM and 5:30 - 7:15 PM. We also serve on Saturday and Sunday 2:30 - 4:15 PM. Everyone Is Welcome! They also offer a free dinner shuttle delivering food to critically ill individuals and families each week and a weekly medical clinic to receive basic medical care and personal care items.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Lynn Housing Authority

10 Church Street
Lynn, MA 01902
781.581.8600
http://www.lhand.org

Lynn Housing Authority & Neighborhood Development (LHAND) has had a mission of assisting low and moderate-income families and individuals with safe and affordable housing. Our emphasis is on fostering economic independence and providing homeownership opportunities.LHAND continues to be committed to enhancing the quality of our community and building stronger, healthier neighborhoods by providing a wide range of neighborhood services and funding a variety of grant and loan programs that address the needs of renters, owners, homebuyers, and nonprofit housing providers.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Lynn Shelter Association

91 Liberty St
Lynn, MA 01901
781.581.0739
http://www.lsahome.org/

The Lynn Shelter Association believes every person deserves a place to call home. Our mission is to provide a safe environment for each individual to define and pursue their goals for independence and self-sufficiency. We work alongside individuals and families to create a supportive environment- by listening and building relationships- empowering them to define and pursue their goals. We provide shelter, supportive services, housing solutions and access to a continuum of community supports to more than 1,000 individuals and families at risk for and experiencing homelessness each year.

Mental Health and Substance Abuse

Bayridge Hospital

60 Granite St.
Lynn, MA 01902
781.477.6940
http://www.nebhealth.org

Bayridge is a 62 bed psychiatric hospital that offers continuum of chemical dependency and psychiatric services on an inpatient, partial hospitalization and outpatient basis.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Ryan House

100-110 Green Street
Lynn, MA 01902
781.593.9434
http://www.nebhealth.org

Ryan House is a treatment focused halfway house for those seeking recovery from addiction and related mental health issues. It accepts both adult men and women.

Senior Services

Greater Lynn Senior Services

8 Silsbee St
Lynn, MA 01901
781.586.8687
WWW.GLSS.NET

Greater Lynn Senior Services offers information, referral, and advocacy on a wide range of aging-related issues. They coordinate in-home services, such as homemaking, personal care, and meals on wheels to help people remain independent in their own homes.

Lynn Council On Aging

8 Silsbee Street
Lynn, MA 01901
781-599-0110
http://www.lynnma.gov/departments/councilonaging.shtml#gpm1_1

The Council On Aging is responsible for all senior activities. We are not a club; the center is open to anyone 60 years of age or older as well as those over 50 years with a disability at the Director's discretion.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

140 Commonwealth Avenue
Danvers, MA 01923
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents. This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Support Groups

Alanon/Alateen

Stop And Shop. Enter on pharmacy side. conference room on second floor. Meetings occur Sunday at 10:00 AM.

35 Washington St
Lynn, MA, 01904

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Medical Center, Peabody offer support for: Breast Cancer Group,Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation Services

MBTA Commuter Rail Service

Newburyport/Rockport Line stops in Rockport, Gloucester, Manchester, Beverly, Newburyport, Rowley, Ipswich, Hamilton, Salem, Swampscott, Lynn and Chelsea.

Greater Lynn Senior Services

8 Silsbee St
Lynn, MA 01901
781.477.4237
ww.glss.net

Transportation requests for medical appointments. GLSS Medical runs Monday though Friday. Request lines are open from 8:00 a.m. to 4 p.m. GLSS requires a two business day notice. Passengers can travel to a doctor's appointment between 8:30 a.m. and 3:30 p.m. (8:30 being the first appointment and 3:30 being the last return.) GLSS service area includes Lynn, Lynnfield, Nahant, Saugus, & Swampscott. For more information or to schedule a ride: GLSS van reservations: 781-477-4237.

Veterans Services

Veterans Services

3 City Hall Square
Lynn, Massachusetts 01901
781.586.6911
http://www.lynnma.gov/departments/veterans.shtml#

The Lynn Department of Veterans Services is a one-stop shop for veterans and their families in need of information or assistance in obtaining any federal state or local veterans benefit to which they may be entitled. Our goal is to provide this service with the dignity.

Manchester by the Sea

Access to Health Care

Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital is a full-service, 58-bed medical/surgical acute care facility. The hospital provides inpatient and outpatient care to residents of the Cape Ann community in specialties such as cancer care, surgical day care, critical care and emergency medicine.

Patient Financial Counseling & Community Liaison at Addison Gilbert Hospital

978.283.4001, ext. 623

The Financial Counseling & Community Liaison office at Addison Gilbert Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Lahey Health Urgent Care

480 Maple St
Danvers, MA 01923
978.304.8380
https://www.laheyhealth.org/what-we-offer/ urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

SHINE Program—Manchester-By-The-Sea Council on Aging

A SHINE Counselor is available at the Manchester Council on Aging by appointment. If you need an appointment, please call 978.526.7500.

Manchester-By-The-Sea Board of Health

10 Central Street
Manchester-by-the-Sea, MA 01944
978.526.7385
https://www.manchester.ma.us/337/Board-of-Health

The mission of the Board of Health is to protect the public health of the Town of Manchester-by-the-Sea through enforcement of health codes and regulations while promoting a healthy community.

Child, Parent and Family Support

Action Inc.

180 Main Street
Gloucester, MA 01930
978.282.1000
https://actioninc.org

Action Inc. is a non-profit human service organization and the designated Community Action Agency serving primarily the City of Gloucester and the towns of Essex, Ipswich, Manchester, and Rockport, Massachusetts. Action also oversees energy conservation projects throughout the state. Action's programs aim to promote economic security, not dependency, by helping economically disadvantaged individuals and families in a number of unique ways.

Disabilities and Special Needs

Auditory-Verbal Communication Center

544 Washington St.
Gloucester, MA 01930
978.282.0025
www.avcclisten.com

The Auditory-Verbal Communication Center LSLS certified Auditory-Verbal Therapists to help parents teach their children who are deaf and hear of hearing to listen and talk.

Domestic Violence

Healing Abuse Working for Change

27 Congress Street
Salem, MA 01970
978.744.8552
Gloucester Outreach Office: 978.283.8642
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

SeniorCare

Elder Abuse 24-hour Hotline at
1.800.922.2275

Reportable Conditions are:

- Physical, Emotional or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

SeniorCare is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in the surrounding communities. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Food Assistance

Acord Food Pantry

69 Willow Street
South Hamilton, MA 01982
978.468.7424
http://acordfoodpantry.org

Acord Food Pantry was founded with the mission of empowering individuals and families to feed themselves in a nutritionally balanced way. Clients are allowed to shop once per week on any of the three days we're open and may choose from the variety of items we offer. Acord Food Pantry offers food assistance to residents of six towns north of Boston:Hamilton, Wenham, Topsfield, Ipswich, Essex, and Manchester by the Sea.

The Open Door/Cape Ann Food Pantry

28 Emerson Avenue
Gloucester MA, 01930
978.283.6776
http://www.foodpantry.org

The Open Door/Cape Ann Food Pantry provides a free emergency groceries once every seven days for income-qualified residents of Gloucester, Rockport, Ipswich, Manchester and Essex. Clients are asked to fill out a confidential form that helps the Food Pantry track its resources. They should be prepared to provide a name and birth date for each person receiving food in their household. The Open Door also offers prescreening for Food Stamp eligibility and application assistance. Clients can expect confidentiality and one-on-one attention.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Fund to Prevent Homelessness

P.O. Box 17
Manchester by the Sea, MA 01944
(978) 526-4852

Serving the communities of Beverly, Essex, Gloucester, Hamilton, Manchester, Rockport and Wenham, The Fund to Prevent Homelessness helps working families stay in their homes. The goal of the organization is to assist families before they lose their homes and fall into the vicious cycle of poverty.

Manchester Housing Authority

P.O. Box 608
Manchester, MA 01944
978.526.1850

The Housing Authority is authorized to manage the construction, financing, maintenance, and rental policies of low-cost housing for low-income families and the elderly.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 266-T
Beverly, MA 01915
978.922.0025
http://www.nebhealth.org/services-locations/community-service-agency

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

DISCOVER Program – Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4001, x 422 or 586

DISCOVER at AGH provides an alternative to, or a step down from Addiction Treatment Program, Outpatient Counseling inpatient addiction care. DISCOVER provides crisis stabilization and support toward community integration. The program is based on a recovery model, which assists participants in regaining an optimal level of functioning in their community, family and vocational roles.

Lahey Health Behavioral Services – The Gloucester Clinic

298 Washington Street
Gloucester, MA 01930
978.283.0296

Lahey Hospital and Medical Center in partnership with Addison Gilbert Hospital offers outpatient mental health services to adults, teens and families.

Lahey Health Behavioral Services – Outpatient Methadone Clinic

298 Washington Street
Gloucester, MA 1930
978.283.0296

Lahey Hospital and Medical Center in partnership with Addison Gilbert Hospital offers outpatient mental health services to men and women in recovery from opiate addiction

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Senior Services

Manchester-by-the-Sea Council on Aging

Town Hall
10 Central Street
Manchester, MA 01944
978.526.7500
https://www.manchester.ma.us/371/Council-On-Aging

The Council on Aging mission is dedicated to keeping elders as integral members of the community by supporting them through community services, resources and intergenerational activities. The Council also offers trips, events and classes throughout the year.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness.

Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

Support Groups

Low Vision Group at the Plains

The Low Vision Group meets every 2nd Monday of the Month at pm. Transportation is available through the Council on Aging. Please call: 978.526.7500

Narcotics Anonymous

Meetings are held at the Manchester Community Center on Monday nights at 7:30 pm.

40 Beach Street
Manchester, MA 01944

Transportation Services

MBTA Commuter Rail Service

Newburyport/Rockport Line stops in Rockport, Gloucester, Manchester, Beverly, Newburyport, Rowley, Ipswich, Hamilton, Salem, Swampscott, Lynn and Chelsea.

Manchester-By-The-Sea Council on Aging Van

Town Hall
10 Central Street
Manchester, MA 01944
978.526.7500

The COA van provides transportation for seniors to attend events and classes at the senior center. They also offer weekly shopping trips. They request 24 hour notice for transportation. Please call 978.526.7500.

Veterans Services

North Shore Veterans Counseling Services, Inc.

45 Broadway Street
Beverly, MA 01915
978.921.4851
http://www.northshoreveterans.com

The Agency believes in "SERVING THOSE WHO SERVED US". Any individual who can show documented military service, or a family member, or a significant other of that veteran is eligible to seek assistance from the agency. The North Shore Veterans Counseling Services, Inc. though based in Beverly, serves veterans, combat and non-combat alike, and their families, at no fee, North of Boston.

Veterans' Services Officer

12 Emerson Ave.
Gloucester, MA 01930
978.281.9740
http://gloucester-ma.gov/index.aspx?nid=147

The Veterans' Agent reports to the Cape Ann Veterans District Board of Directors which is comprised of a represenative of the three communities served by the district which are Gloucester, Rockport, and Manchester-by-the-Sea. The functions of the Veterans' Agent include:Assisting and providing information on compensation and other benefits available through the VA program. Administer the DVS

needs-based program of veterans assistance.

Gloucester Community Based Outpatient Clinic

199 Main Street
Gloucester, MA 01930
978.282.0676
https://www.bedford.va.gov/locations/Gloucester_Community_Based_Outpatient_Clinic.asp

The Gloucester Outpatient Clinic is one of three satellite clinics of the Bedford VA. At the Gloucester clinic we provide compassionate healthcare to eligible veterans in the Cape Ann /Gloucester area. Services provided are Primary Care, Mental Health Services, and Lab Blood Drawing.

Middleton

Access to Health Care

Lahey Outpatient Center, Danvers

480 Maple Street
Danvers, MA 01923
978 774-4400
https://www.beverlyhospital.org/locations--services/locations/lahey-outpatient-center-danvers

Lahey Outpatient Center, Danvers is an outpatient facility with state-of-the-art care centers and specialty services. The facility includes multidisciplinary centers for Breast Health, Cardiovascular, Infectious Disease, Pain Management, and Spine care among others. The Day Surgery Center has four operating rooms featuring the latest in minimally invasive technologies for all types of conditions. The Lifestyle Management Institute offers several comprehensive programs designed to address healthy options for individuals coping with chronic conditions.

N_rgc lr Dgl_ lag_j Amslqcjgle $ Amk ksl grw Jg_gqml _r @ctcpjw Fmqngr_l

978.922.3000, ext. 2127

The Financial Counseling & Community Liaison office at Beverly Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

Middleton Health Department

195 North Main Street
Middleton, MA 01949
978.777.1869
https://middletonma.gov/192/Health-Department

Our mission is to improve public health through promoting an individual's well-being, preventing disease, and protection of an individual's health within the community.

Middleton Council on Aging SHINE Program

38 Maple Street
Middleton, MA 01949
978.777.4067

To schedule an appointment call 978.777.4067

Child, Parent and Family Support

Women, Infants, and Children (WIC)

4 Ocean Street
Beverly, MA - 01915
978.922.2110

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

Danvers Community YMCA

34 Pickering Street
Danvers, MA 01923
978.774.2055
https://www.danversymca.org

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Disabilities and Special Needs

Northeast Arc

Early Intervention-North Shore
149 Sylvan Street
Danvers, MA 01923
978.774.7570
https://ne-arc.org

The Northeast Arc helps people with disabilities become full participants in the community; choosing for themselves how to live, learn, work, socialize and play.

Domestic Violence

Healing Abuse Working for Change

27 Congress Street
Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

North Shore Elder Services

Elder Abuse 24-hour Hotline at
1.800.922.2275

Reportable Conditions are:

- Physical, Emotional/Mental or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

North Shore Elder Services is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in Danvers, Marblehead, Middleton, Peabody and Salem. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Food Assistance

Middleton Food Pantry

38 Maple Street
Middleton, MA 01949
https://middletonma.gov/176/Food-Pantry

The Middleton Council On Aging and Senior Center generously donated space for the food pantry. Clients can visit the food pantry on Fridays from 1 to 3 p.m. and select items to fill 2 grocery bags in a grocery store setting. Please bring proof of Middleton residency.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Women, Infants, and Children (WIC)

4 Ocean Street
Beverly, MA - 01915
978.922.2110

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

Housing and Homelessness

Middleton Housing Authority

Orchard Circle
Middleton, MA 01949
978.774.4333

The Housing Authority is authorized to manage the construction, financing, maintenance, and rental policies of low-cost housing for low-income families and the elderly.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.922.0025
http://www.nebhealth.org/services-locations/community-service-agency/

Community Service Agency (CSA) serves families and children who are enrolled members of MassHealth or eligible to be enrolled in MassHealth Standard or CommonHealth. If you are a parent or guardian of a child who has a serious mental, behavioral or emotional difficulty, we can help to get you and your family the services you need. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts. The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Tri-Town Council

7 Grove Street, Unit 202
Topsfield, MA 01983
978. 887.6512
http://www.tritowncouncil.org

Tri-Town Council is proud to have served the communities of Middleton, Topsfield and Boxford for five decades (1968-2018). We work with thousands of youth, parents, educators and vested community members providing parent education, youth programs, professional development, prevention services, after-school enrichment and various types of family and community support.

Senior Services

Middleton Council on Aging

38 Maple Street
Middleton, MA 01949
978.777.4067
https://middletonma.gov/179/Council-on-Aging

The mission of the Town of Middleton MA Council on Aging and Senior Center is to enhance and promote the best quality of life for elders in our community. By treating those we serve with respect, dignity, and interest, we strive to foster self-fulfillment and independence. Our vision is to provide a comfortable and welcoming environment, whether in our building or through our other outreach venues. We support the rights and expectations of older adults through social participation, workforce training and placement, community involvement. We continuously strive to offer a wide variety of programs offering numerous benefits.

North Shore Elder Services

300 Rosewood Drive, Suite 200
Danvers, MA 01923
978.750.4540
https://nselder.org

North Shore Elder Services is a team of specialists making life easier for elders and those who care for them. We offer information, support, and solutions. Our specialists are experts in elder care. NSES offers a variety of successful elder care programs in the Danvers, Salem, Peabody, Middleton & Marblehead area, to ensure older adults can live life to the fullest. Most of the services are free, while others are low cost, and all are proven to deliver results.

The Residence at Pearl Street

75 Pearl Street
Reading, MA 01867
781.944.9200
https://www.residencepearl.com/

The Residence at Pearl Street offers Assisted Living and Reflections Memory Care for discerning seniors. Just The Residence at Pearl Street gives residents the peace and comfort that they're looking for in a friendly social atmosphere that promotes life, learning, laughter and continuous personal growth.

Our Reflections Memory Care neighborhood is renowned for its approach, and benefits from our collaboration with Brigham & Women's Hospital, McLean Hospital and Harvard Medical School.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

Support Groups

Alanon/Alateen

First Church of Danvers, Congregational (corner of Hobart & Centre St.) park in church lot on Hobart St..walk through larger door to basement church hall. Meetings occur Tuesday at 7:30 pm.

41 Centre St
Danvers, MA, 01923

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Medical Center, Peabody offer support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation Services

Middleton Council on Aging

38 Maple Street
Middleton, MA 01949
978.777.4067
https://middletonma.gov/179/Council-on-Aging

Transportation to and from our regular programming is free. In-town errands transportation on Friday mornings for a small fee of $1.00. Out of town errands monthly for a small fee of $3.00 . Medical escort program for $6 per hour. We provide medical escorts for those without other means of getting to appointments. This is door-to-door service with a trusted, careful person. Please call for details. We request a minimum of two weeks notice to book appointments.

Veterans Services

Veteran's Services

48 S Main Street
Middleton, MA 01949
978.762.0611
https://middletonma.gov/341/Veterans-Services

The Office of Veterans' Services in the Town of Middleton has been an advocate for all veterans and their dependents. The Department advises and assists clients in obtaining benefits to which they are entitled.

Rockport

Access to Health Care

Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital is a full-service, 58-bed medical/surgical acute care facility. The hospital provides inpatient and outpatient care to residents of the Cape Ann community in specialties such as cancer care, surgical day care, critical care and emergency medicine.

Patient Financial Counseling & Community Liaison at Addison Gilbert Hospital

978.283.4001, ext. 623

The Financial Counseling & Community Liaison office at Addison Gilbert Hospital provides free information and advocacy for people who need assistance to access health care. If you, your child, or someone else you know needs: affordable or free health care; affordable or free health insurance; information about prescription programs. All the services of the office of Financial Counseling & Community Liaison are free of charge and confidential.

The SHINE Program

SHINE counselors are available at Addison Gilbert Hospital Monday-Friday and can be reached at 978.283.4001 ext 623.

SHINE is a Massachusetts state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers.

Rockport Board of Health

Town Hall Annex
26 Broadway
Rockport, MA 01966
978.546.3701
https://www.rockportma.gov/board-health/pages/public-health

The Board of Health is comprised of public health experts and physicians and oversees all aspects of the Town's public health awareness including the surveillance, treatment, and reporting of communicable diseases to the Massachusetts Department of Public Health. The Board of Health promotes awareness of general health issues on topics such as fluoride, smoking, air and water quality, hoarding, disease prevention, mental and physical health awareness, and many others.

Child, Parent and Family Support

Action Inc.

180 Main Street
Gloucester, MA 01930
978.282.1000
https://actioninc.org

Action Inc. is a non-profit human service organization and the designated Community Action Agency serving primarily the City of Gloucester and the towns of Essex, Ipswich, Manchester, and Rockport, Massachusetts. ACTION also oversees energy conservation projects throughout the state. ACTION's programs aim to promote economic security, not dependency, by helping economically disadvantaged individuals and families in a number of unique ways.

Ben Beyea Youth & Teen Center

32 Pooles Lane
Rockport, MA 01966
978.546.3600
https://www.northshoreymca.org/bubbles/ben-beyea-youth-teen-center-rockport

Ben Beyea Youth & Teen Center was opened as a collaboration between the Town of Rockport and the YMCA, the Youth & Teen Center is located at Evans Field. Staff and teens have forged strong, healthy, enduring relationships while working together for the future of Rockport youth. The Youth & Teen Center gives teens a place to belong and a chance to have a good time while making healthy decisions. The Teen Center is open to all youth from 6th through 12th grade.

Disabilities and Special Needs

Old Farm Rockport

291 Granite St
Rockport, MA 01966
781.937.3199
https://www.supportivelivinginc.org

Old Farm Rockport (OFR) is a new independent affordable housing facility for survivors of brain injury and cognitive/neurological disorders.

Located in Rockport, Mass., OFR is a renovation of the Old Farm Inn at Halibut Point. OFR's main building, Norwood House, has four accessible bedrooms offering a home-like environment on the main floor. The adjacent building, Murphy House, has two accessible studio apartments on the main floor. Both buildings have a completely separate one-bedroom apartment on the second floor.

Domestic Violence

Healing Abuse Working for Change

27 Congress Street
Salem, MA 01970
978.744.8552
24-hour Hotline: 1.800.547.1649
Gloucester Outreach Office: 978.283.8642
https://hawcdv.org

HAWC services include a 24-hour hotline, support groups, individual advocacy, legal advocacy, and hospital advocacy, children's services, a shelter program, community education, and a Parent-Child Trauma Recovery Program.

SeniorCare

Elder Abuse 24-hour Hotline at
1.800.922.2275

SeniorCare is an agency designated by the Commonwealth of Massachusetts to investigate reports of suspected abuse or neglect and provide services to elders in the surrounding communities. They strive to implement the least restrictive and least intrusive measures possible to keep elders safe and respect the balance between the right of self-determination against the mandate to protect.

Reportable Conditions are:

- Physical, Emotional or Sexual Abuse
- Financial Exploitation
- Caretaker Neglect
- Self-neglect
- Financial exploitation

Food Assistance

The Open Door/Cape Ann Food Pantry

28 Emerson Avenue
Gloucester MA, 01930
978.283.6776
http://www.foodpantry.org

The Open Door/Cape Ann Food Pantry provides a free emergency groceries once every seven days for income-qualified residents of Gloucester, Rockport, Ipswich, Manchester and Essex. Clients are asked to fill out a confidential form that helps the Food Pantry track its resources. They should be prepared to provide a name and birth date for each person receiving food in their household. The Open Door also offers prescreening for Food Stamp eligibility and application assistance. Clients can expect confidentiality and one-on-one attention.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Fund to Prevent Homelessness

P.O. Box 17
Manchester by the Sea, MA 01944
(978) 526-4852

Serving the communities of Beverly, Essex, Gloucester, Hamilton, Manchester, Rockport and Wenham, The Fund to Prevent Homelessness helps working families stay in their homes. The goal of the organization is to assist families before they lose their homes and fall into the vicious cycle of poverty.

Rockport Housing Authority

13 Millbrook Park
Rockport, MA 01966
978.546.3181
https://www.rockportma.gov/housing-authority

The Rockport Housing Authority (RHA) has provides the subsidized housing needs of low- and moderate-income families. The Housing Authority administers State and Federal rental assistance programs by helping families living at Millbrook Park, Kitefield Road, and throughout Massachusetts.

Harborlight Community Partners

283 Elliott Street
Beverly, MA 01915
978.922.1305
https://harborlightcp.org/

Harborlight Community Partners, Inc. is a non-profit, Massachusetts certified Community Development Corporation (CDC) with the capacity and sustainability to provide affordable housing across Southern Essex County. By anticipating the housing needs of the region's increasing underserved population and creating, preserving and operating safe, affordable housing units and supportive services, Harborlight Community Partners, Inc. strives to make homes available to all North Shore citizens, regardless of means.

Mental Health and Substance Abuse

Cape Ann Community Service Agency (CSA)

800 Cummings Ctr., Suite 364U
Beverly, MA 01915
978.998.3601
http://www.nebhealth.org

Assists families to access services and coordinate care for children and youth with serious emotional disturbance. The CSA serves residents of the following towns/cities: Beverly, Danvers, Essex, Gloucester, Hamilton, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem and Wenham.

DISCOVER Program – Addison Gilbert Hospital

298 Washington Street
Gloucester, MA 01930
978.283.4001, x 422 or 586

DISCOVER at AGH provides an alternative to, or a step down from Addiction Treatment Program, Outpatient Counseling inpatient addiction care. DISCOVER provides crisis stabilization and support toward community integration. The program is based on a recovery model, which assists participants in regaining an optimal level of functioning in their community, family and vocational roles.

Lahey Health Behavioral Services – The Gloucester Clinic

298 Washington Street
Gloucester, MA 01930
978.283.0296

Lahey Hospital and Medical Center in partnership with Addison Gilbert Hospital offers outpatient mental health services to adults, teens and families.

Lahey Health Behavioral Services – Outpatient Methadone Clinic

298 Washington Street
Gloucester, MA 01930
978.283.0296

Lahey Hospital and Medical Center in partnership with Addison Gilbert Hospital offers outpatient mental health services to men and women in recovery from opiate addiction.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Link House, Inc.

37 Washington St.
Newburyport, MA 01950
978.462.7341
https://linkhouseinc.org

Link House, Inc. is a 503(c) non-profit organization that has been providing residential substance use services in the North Shore communities The mission of Link House, Inc. is to provide the necessary tools that enable addicted men and women to recover and lead happy and productive lives.

Senior Services

Rockport Council on Aging/Rockport Senior Center

58 Broadway
Rockport, MA 01966
978.546.2573
https://www.rockportma.gov/council-aging

Rockport Council on Aging was established to design, promote, and implement services and programs that directly benefit our senior community. The COA serves as the focal point for Rockport seniors and their families in a safe and friendly environment. The center has noon lunches, classes, activities, a well-equipped kitchen, television, DVD, fitness classes, computer room, and fitness equipment available for use.

Seacoast Nursing and Rehabilitation Center

292 Washington Street
Gloucester, MA 01930
978.283.0300
https://www.banecare.com/Seacoast-skilled-nursing-home-rehabilitation

Seacoast Nursing and Rehabilitation Center provides a wide array of services enables patients and residents to receive the medical care they need, the restorative therapy they require, and the support they and their families deserve. Seacoast Nursing and Rehabilitation Center serves many types of patient and resident needs – from short-term rehabilitation to traditional long-term care.

Working with your physician, our staff – including medical specialists, nurses, nutritionists, therapists, dietitians and social workers – establishes a comprehensive treatment plan intended to restore the client to their fullest practicable potential.

Sexual Health

Health Quarters

100 Cummings Center, Suite 131-Q
Beverly, MA 01915
978.705.4039
https://healthq.org

Health Quarters provides confidential exams and counseling related to your sexual and reproductive health and wellness. Our board-certified physicians, nurse practitioners and medical assistants are dedicated to providing accurate, evidence-based information, education and clinical care. We welcome people of all ages, sexual orientations and gender identities.

North Shore Health Project

5 Center Street
Gloucester, MA 01930
978.283.0101
http://healthproject.org

North Shore Health Project has been supporting the health and well being of people living on the North Shore for almost three decades. Originally formed by friends, loved ones, and those impacted by the HIV/AIDS epidemic, over the years NSHP has grown to include client advocacy, case management, needle exchange, community education, overdose prevention, testing for HIV, STI, and Hepatitis C, and LGBTQ services.

Support Groups

Addison Gilbert Hospital - Support Groups

298 Washington Street
Gloucester, MA 01930
978.283.4000

Addison Gilbert Hospital offers free support groups to provide emotional support, coping skills and resource assess to patients and families.
Free groups at Addison Gilbert Hospital offer a variety of support for health issues including: Breast Cancer, Diabetes, Stroke, and Widowed Persons.

NAMI Family Support Group

43 Gloucester Ave., Room 2A
Meetings: 2nd and 4th Tuesday of every month, 7–8:30 p.m
978.281.1557
namicapeann@verizon.net

NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Groups generally meet on a monthly basis but may meet weekly. The hallmark of a NAMI support group is leveraging the collective knowledge and experience of the other participants. Meets may occur monthly or weekly for 90-minute sessions free of charge. They are designed for loved ones (18 and over) of individuals living with mental illness. Group meetings are facilitated by a trained team of family members of individuals living with mental illness. All meetings are confidential and will not recommend or endorse any medications or other medical therapies for your family member.

Transportation Services

Rockport Council on Aging/Rockport Senior Center

Transportation is provided by Cape Ann Transportation Authority, (CATA), Dial-a-Ride program. CATA provides transportation for medical appointments, local shopping, and mall shopping. Grocery shopping is every Tuesday from 11:45 am - 2 pm. You must call 978.283.7916 to make a reservation. The driver stops at Stop & Shop Gloucester, and Shaw's Market, Eastern Avenue, Gloucester,and Market Basket near Blackburn Circle. Cost is $4.00 round trip.

MBTA Commuter Rail Service

Newburyport/Rockport Line stops in Rockport, Gloucester, Manchester, Beverly, Newburyport, Rowley, Ipswich, Hamilton, Salem, Swampscott, Lynn and Chelsea.

Veterans Services

Veterans' Services Officer

12 Emerson Ave.
Gloucester, MA 01930
978.281.9740
http://gloucester-ma.gov/index.aspx?nid=147

The Veterans' Agent reports to the Cape Ann Veterans District Board of Directors which is comprised of a represenative of the three communities served by the district which are Gloucester, Rockport, and Manchester-by-the-Sea. The functions of the Veterans' Agent include:Assisting and providing information on compensation and other benefits available through the VA program.Administer the DVS needs-based program of veterans assistance.

Gloucester Community Based Outpatient Clinic

199 Main Street
Gloucester, MA 01930
978.282.0676
https://www.bedford.va.gov/locations/Gloucester_Community_Based_Outpatient_Clinic.asp

The Gloucester Outpatient Clinic is one of three satellite clinics of the Bedford VA. At the Gloucester clinic we provide compassionate healthcare to eligible veterans in the Cape Ann /Gloucester area. Services provided are Primary Care, Mental Health Services, and Lab Blood Drawing.

Beth Israel Lahey Health
Beverly Hospital

Appendix D:

Implementation Strategy

Northeast Hospital Corporation
Beverly Hospital and Addison Gilbert Hospital
Implementation Strategy 2020–2022

Between November 2018 and August 2019, Beverly Hospital and Addison Gilbert Hospital (BH-AGH) conducted a comprehensive Community Health Needs Assessment (CHNA) that included an extensive review of existing quantitative data as well as the collection of qualitative information through interviews, focus groups, community listening sessions, and a community health survey. A resource inventory was also completed to identify existing health-related assets and service gaps. This extensive array of assessment and community engagement activities allowed BH-AGH to collaborate with key health system partners across the region. During the CHNA process, BH-AGH also made substantial efforts to engage their own administrative and clinical staff, including senior leadership. A detailed review of the CHNA approach, data collection methods, and community engagement activities is included in BH-AGH's 2019 Community Health Needs Assessment report.

Throughout the CHNA process, BH-AGH's Community Relations staff worked with the Hospitals' Community Benefits Advisory Committee (CBAC), composed of senior leadership from the Hospitals and community stakeholders/service providers, to:

- Describe quantitative and qualitative findings
- Prioritize community health issues and vulnerable populations
- Review existing community benefits programming
- Develop BH-AGH's 2020–2022 Implementation Strategy

IMPLEMENTATION STRATEGY PLANNING PRINCIPLES AND STATE PRIORITIES

In developing the Implementation Strategy, care was taken to ensure that BH-AGH's community health priorities were aligned with priority areas determined by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Attorney General's Office (MA AGO). In addition to the four priority areas, MDPH identified six health priorities to guide investments funded through Determination of Need processes. The MDPH and the MA AGO encourage hospitals to consider these priorities during the community benefits planning process.

Table 1: MA DPH/MA AGO Priority Areas

Community Benefits Priorities	Determination of Need Priority Areas
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	Built Environment
Housing Stability/Homelessness	Social Environment
Mental Illness and Mental Health	Housing
Substance Use Disorders	Violence
	Education
	Employment

The following are a range of programmatic ideas and principles that are critical to community health improvement and have been applied in the development of the Implementation Strategy provided below.

- **Social Determinants of Health:** With respect to community health improvement, especially for low-income and disadvantaged populations, there is growing appreciation for the importance of addressing the underlying social determinants of health. These social determinants have been defined as the conditions in which people are born, grow, live, work and age that may limit access, lead to poor health outcomes, and are at the heart of health inequities between and within communities.[1] The leading social determinants of health include issues such as poverty, housing, food access, violence, racism/bigotry, and transportation. It is important that hospital Implementation Strategies include collaborative, cross-sector initiatives that address these issues.

- **Health Education and Prevention:** Primary prevention aims to prevent disease or injury before it ever occurs by reducing risks, preventing exposures to hazards, or altering unhealthy behaviors that can lead to disease or injury. Secondary and tertiary prevention aims to reduce the impact of chronic disease or health conditions through early detection as well as behavior change and chronic disease management geared toward helping people manage health conditions, lessen a condition's impact, or slow a condition's progress. Targeted efforts across the

[1] O. Solar and A. Irwin, World Health Organization, "A Conceptual Framework for Action on the Social Determinants of Health," Social Determinants of Health Discussion Paper 2 (Policy and Practice), 2010, available at http://www.who.int/social_determinants/corner/SDHDP2.pdf.

continuum to raise awareness about a particular condition, educate people about risk factors and protective factors, change unhealthy behaviors, and manage illness are critical to improving health status.

- **Screening and Referral:** Early identification of those with chronic and complex conditions, followed by efforts to ensure that those in need receive education, further assessment, counseling, and treatment, is critical to preventing illness before it takes hold or managing illness so as to lessen or slow its impacts. A critical component of screening and referral efforts is taking steps to ensure that people are fully engaged in treatment, including linkages to a primary care provider.

- **Chronic Disease Management:** Learning how to manage an illness or condition, change unhealthy behaviors, and make informed decisions about health allows individuals to lead healthier lives. Evidence-based chronic disease management or self-management education programs, implemented in community-based settings by clinical and non-clinical organizations, can help people learn skills to manage their health conditions, improve eating and sleeping habits, reduce stress, and maintain a healthy lifestyle.

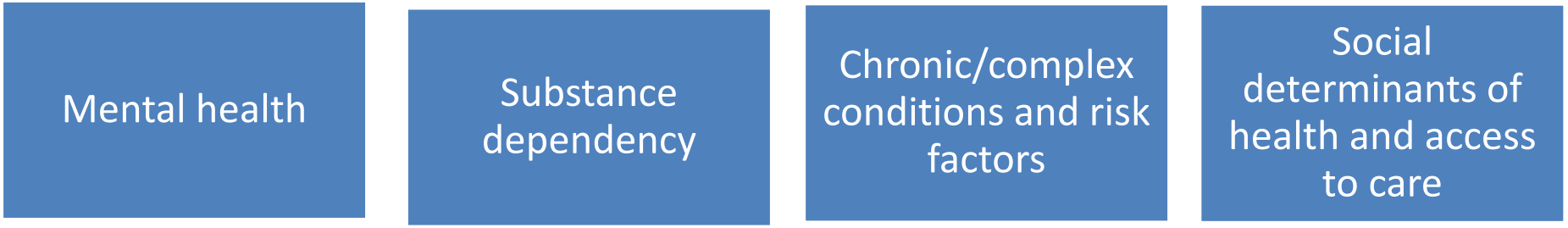
- **Care Coordination and Service Integration:** Efforts to coordinate care and integrate services across the health care continuum are critical to community health improvement. These efforts involve bringing together providers and information systems to coordinate health services, patient needs, and information. This helps people achieve the goals of treatment and care.

- **Patient Navigation and Access to Health Insurance:** One of the most significant challenges that people face in caring for themselves or their families is finding the services they need and navigating the health care system. Having health insurance that can pay for needed services is a critical first step. The availability of health coverage/insurance enrollment support, patient navigation, and resource inventories is an important aspect of community health improvement.

- **Cross-Sector Collaboration and Partnership:** When it comes to complex social challenges, such as community health improvement, there is a clear consensus that success will be achieved only through collective action, partnership, and collaboration across organizations and health-related sectors. No one organization or type of organization can have a sustained impact on these types of issues on its own. The hospital Implementation Strategies must be collaborative and include partnerships with service providers across multiple sectors (e.g., health, public health, education, public safety).

COMMUNITY HEALTH PRIORITY AREAS

BH-AGH's CHNA and strategic planning process provided many opportunities to vet the quantitative and qualitative data compiled during the assessment. The BH-AGH CBAC and Community Relations staff identified, based on this process, four community health priority areas, which together embody the leading health issues for residents of BH-AGH's service area and the barriers to care: mental health, substance dependency, chronic/complex conditions and risk factors, and social determinants of health and access to care.



Community Health Needs Not Prioritized by BH-AGH

It is important to note that there are community health needs identified by BH-AGH's assessment that were not prioritized for inclusion in the implementation strategy, for a number of reasons such as the following:

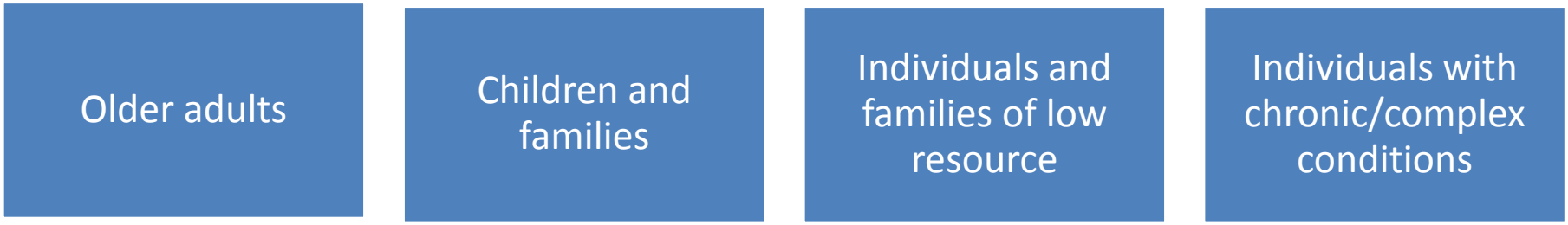
- Feasibility of BH-AGH having an impact in the short or long term
- Limited burden on residents of service area
- Existing focus on the issue by community partners, such that the issue does not warrant additional support

Namely, lack of affordable housing was identified as a community health issue, but this issue was deemed by the CBAC to be outside of BH-AGH's primary sphere of influence. This is not to say that BH-AGH will not support efforts in this area; the Hospitals remain open and willing to work with hospitals across Beth Israel Lahey Health's network and with other public and private partners to address this issue collaboratively.

The City of Lynn is a new addition to BH-AGH's service area for 2019; although the Hospitals have limited services in the area, they are open to exploring and supporting collaborative efforts to address priority health needs. While new collaborations and partnerships develop, BH-AGH will focus its efforts in other CBSA communities to ensure they have the greatest impact.

PRIORITY POPULATIONS

BH-AGH is committed to improving the health status and well-being of all residents living throughout its service area. However, in recognition of the considerable health disparities that exist in some communities, BH-AGH focuses the bulk of its community benefits resources on improving the health status of underserved populations. The CBAC voted to prioritize older adults, children and families, individuals and families of low resource, and individuals with chronic/complex conditions.



The following is BH-AGH's Implementation Strategy. The grid below provides details on BH-AGH's goals, priority populations, objectives, activities, sample measures to track progress and outcomes, and potential partners. The grid also notes, when applicable, where BH-AGH objectives align with state community health priorities. BH-AGH looks forward to working toward these goals in collaboration with community partners in the years to come.

PRIORITY AREA 1: MENTAL HEALTH

Description: As throughout the Commonwealth and the nation, the burden of mental and substance use on individuals, families, communities, and service providers in BH-AGH's community benefit service area is overwhelming. Nearly every key informant interview, focus group, and listening session included discussions on these topics. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading issues in this domain. There were particular concerns regarding the impact of depression and anxiety among youth and social isolation among older adults.

Despite increased community awareness and sensitivity about the underlying issues and origins of mental health issues, there is still a great deal of stigma related to these conditions. BH-AGH is committed to promoting education and prevention efforts, increasing the number of individuals who are screened and referred to appropriate services, reducing structural barriers to treatment, and maintaining the high-quality treatment services that it provides.

Resources/Financial Investment: BH-AGH will commit direct community health program investments and in-kind resources of staff time and materials. BH-AGH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

<table>
<tr><th colspan="6">Goal 1: Support mental health outreach, education, and prevention programs, and improve access to treatment and services</th></tr>
<tr><th>Target Populations</th><th>Objectives</th><th>Activities</th><th>Sample Measures</th><th>Potential Partners</th><th>State Priority Area(s)</th></tr>
<tr><td rowspan="2">• Individuals and families of low resource
• Older adults
• Children and families
• Individuals with chronic/complex conditions</td><td rowspan="2">Increase the number of individuals and families educated on the risks, protective factors, and impacts of mental health issues</td><td>Support Pathways for Children Nurturing Families program in community-based settings</td><td rowspan="2">• # of individuals and/or families served
• # of sessions held (e.g., trainings, educational events, support groups)
• # of vouchers distributed
• # of referrals made
• # of meetings held
• Pre/post tests to measure changes in knowledge, motivation, ability, etc.</td><td>• Pathways for Children
• The Open Door</td><td rowspan="2">Mental illness and mental health</td></tr>
<tr><td>Provide Mental Health First Aid training(s) in community-based settings</td><td>• Local school systems
• Local health departments
• Beth Israel Lahey Health Behavioral Services</td></tr>
</table>

Goal 1: Support mental health outreach, education, and prevention programs, and improve access to treatment and services					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Increase the number of individuals who are screened and referred to appropriate mental health treatment and support services	Support High-Risk Intervention Team, Compass/Moms Do Care program	• # of individuals and/or families served • # of sessions held (e.g., trainings, educational events, support groups) • # of vouchers distributed • # of referrals made • # of meetings held • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	Internal	Mental illness and mental health
		Support counseling and/or referral resources in community-based settings (e.g., Healing to Housing Program)		• Action Inc., • Wellspring	
	Reduce structural barriers to mental health treatment	Support BayRidge Transportation and Taxi Voucher programs		BayRidge Hospital	
	Increase access to primary care practices that have integrated behavioral health services	Enhance and promote integrated behavioral health in primary care clinics		• Primary care providers • Beth Israel Lahey Health Primary Care	
	Explore opportunities to reduce social isolation and depression	Organize and support initiatives that increase opportunities for social engagement (e.g., Widow Person Support Group, Senior Dine & Learn)		Local councils on aging	

PRIORITY AREA 2: SUBSTANCE DEPENDENCY

Description: Substance dependency has impacts on individuals, families, and communities. In nearly all key informant interviews, focus groups, and listening sessions, participants identified it as a major concern. The opioid epidemic continues to be an area of focus, especially in BH-AGH's service area, where many of the Commonwealth's treatment services are located. Beyond opioids, key informants were also concerned with alcohol misuse, changing community norms in light of the legalization of recreational marijuana use, and e-cigarette/vaping amongst adolescents. Many individuals characterized e-cigarette and vaping as an epidemic, with a need for education, prevention, and treatment services.

BH-AGH is committed to addressing the impact of substance dependency; Hospital staff and leadership will continue to be leaders and conveners in promoting collaboration and sharing knowledge with community-based partners. The Hospitals are also committed to improving access to treatment and support services through their community benefits activities.

Resources/Financial Investment: BH-AGH will commit direct community health program investments and in-kind resources of staff time and materials. BH-AGH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal 1: Address the impact(s) of substance dependency					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Promote collaboration, share knowledge, and increase awareness around the impacts and risk factors for developing substance misuse issues	Support and/or participate in task forces and community collaborations that offer education on the risks, protective factors, and impacts of substance misuse	• # of meetings attended • # of initiatives supported	• Regional/local task forces • Local public health coalitions	Substance use disorder

Goal 2: Improve access to substance misuse treatment and support services					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Increase the number of individuals who are screened and are referred to appropriate mental health treatment and support services	Provide recovery coaches in the emergency departments at BH-AGH; provide suboxone kits, medication-assisted treatment (SHIFT)	• # of individuals and/or families served • # of sessions held • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Emergency Departments • Beth Israel Lahey Health Behavioral Services	Substance use disorder
		DISCOVER Partial Hospitalization Program		Internal	
		Compass/Moms Do Care Program offering counseling, group therapy, and connections to services and peer moms		Internal	

PRIORITY AREA 3: CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS

Description: Heart disease, stroke, and cancer continue to be the leading causes of death in the nation and the commonwealth, and produce a significant burden on communities. Approximately six in 10 deaths can be attributed to these three conditions combined. By including respiratory disease (e.g., asthma, COPD) and diabetes, which are in the top 10 leading causes across all geographies, one can account for the vast majority of causes of death.

Many of the risk factors for these conditions are the same: physical inactivity, poor nutrition, obesity, and tobacco/alcohol use. BH-AGH has a long history of working with community partners to create awareness and education around these risk factors and their links to chronic and complex health conditions. The Hospitals will continue to support programs that provide opportunities for people to access low-cost healthy foods as well as opportunities for safe and affordable physical activity. Beyond addressing the risk factors, BH-AGH is also committed to supporting individuals and caregivers throughout the service area to engage in chronic disease management programs and to use supportive services (e.g., integrative therapies, support groups), and continues to provide linkages to care.

Resources/Financial Investment: BH-AGH will commit direct community health program investments and in-kind resources of staff time and materials. BH-AGH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal 1: Prevent, detect and manage chronic disease and complex conditions, and enhance access to treatment and support services					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Create awareness/educate community members about the preventable risk factors associated with chronic and complex health conditions	Organize and/or support programs and activities in clinical or community-based settings to provide education and prevention efforts	• # of individuals/families reached • # of education/prevention programs held • # of screenings offered • # of referrals made • # of vouchers distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• American Cancer Society • Local boards of health • Local councils on aging • Local school systems	Chronic disease

Goal 1: Prevent, detect and manage chronic disease and complex conditions, and enhance access to treatment and support services					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Provide opportunities for people to be screened for chronic and complex health conditions, and provide linkages to associated services	Organize and/or support health screenings in clinical or non-clinical settings to detect chronic/complex conditions and refer to and/or coordinate care (e.g., skin cancer screening, blood pressure screening, breast cancer risk screening, health fairs)	• # of individuals/families reached • # of education/prevention programs held • # of screenings offered • # of referrals made • # of vouchers distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Lifestyle Management Institute • Local boards of health • Local councils on aging • Local school systems	Chronic disease
	Support individuals and their caregivers who are engaged in evidence-based support and chronic disease management programs	Organize and/or support programs and activities that refer, educate, or support individuals around better managing their chronic/complex conditions (e.g., YMCA Cornerstone Program)		• Local boards of health • Local councils on aging • North Shore YMCA	

Goal 1: Prevent, detect and manage chronic disease and complex conditions, and enhance access to treatment and support services					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/ complex conditions	Increase access to affordable, healthy foods and affordable physical activity	Organize and/or support programs that provide access to free or low-cost healthy foods and physical activity (e.g., Emergency Food Bag Program, Senior Nutrition Program, Cape Ann Transportation program)	• # of individuals/families reached • # of education/prevention programs held • # of screenings offered • # of referrals made • # of vouchers distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Local councils on aging • Local food pantries • Local transportation authorities	Chronic disease
	Increase access to supportive services that reduce stress among individuals with chronic/complex conditions and their caregivers	Provide support to alleviate burden(s) associated with chronic/complex conditions to individuals and family members (e.g., Reiki, support groups, cancer navigators)		Oncology Department	

PRIORITY AREA 4: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE

Description: A dominant theme from the assessment was the tremendous impact that the social determinants of health, particularly income/employment, housing, transportation, and food insecurity, have on residents within BH-AGH's CBSA. The social determinants of health are often the drivers or underlying factors that create or exacerbate mental health issues, substance misuse, and chronic/complex conditions. These social determinants of health, particularly income/employment, also underlie many of the access-to-care issues that were prioritized in the assessment, including navigating the health system (including health insurance), managing chronic disease, and affording care.

BH-AGH is committed to addressing social determinants and breaking down barriers to care. The Hospitals will continue to collaborate with community-based organizations to engage individuals in services, reduce financial burdens, increase access to appropriate primary and specialty care services, and support healthy families and communities. BH-AGH is also committed to exploring opportunities to sponsor or support mentorship, training, and employment opportunities for those in the Hospitals' service area to empower individuals to overcome financial issues and to strengthen the local workforce.

Resources/Financial Investment: BH-AGH will commit direct community health program investments and in-kind resources of staff time and materials. BH-AGH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal #1: Address barriers to social determinants of health and access to care					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Educate providers/community members about BH-AGH or public assistance programs to help them identify/enroll in appropriate health insurance plans and/or reduce their financial burden	Provide counseling, support, and referral services to community members to enroll and remain in appropriate programs (e.g., financial counseling, SHINE program)	• # of individuals/families served • # of sessions or classes offered • # of volunteers trained • # of mini grants distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Local councils on aging • NHC Financial Services	Access to health services

Goal #1: Address barriers to social determinants of health and access to care					
Target Populations	**Objectives**	**Activities**	**Sample Measures**	**Potential Partners**	**State Priority Area(s)**
• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Increase access to appropriate primary care and specialty care services	Support programs that provide clinical services in community-based settings (e.g., Health Center at Gloucester High School, Mobile Phlebotomy)	• # of individuals/families served • # of sessions or classes offered • # of volunteers trained • # of mini grants distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Gloucester High School	• Access to health services
	Increase access to affordable and nutritious foods	Provide mini grants to community partners that address issues associated with food insecurity		• Local food pantries • Other organizations addressing food insecurity	• Food access • Chronic disease
	Increase mentorship, training, and employment opportunities	Explore employment and workforce development issues, including existing community resources and programs		To be determined	• Employment • Built environment
		Identify opportunities to strengthen the workforce, including education and job training		To be determined	• Employment

• Individuals and families of low resource • Older adults • Children and families • Individuals with chronic/complex conditions	Increase awareness about creating a healthy, safe environment for babies and families, and promote healthy child development	Organize and/or support programs that promote a healthy, safe environment and/or that foster healthy growth and development for infants and babies and their families (Compass/Moms Do Care Program, Connecting Young Moms, Cuddler Program, BH Parent Education, Lactation Boutique, etc.)	• # of individuals/families served • # of sessions or classes offered • # of volunteers trained • # of mini grants distributed • Pre/post tests to measure changes in knowledge, motivation, ability, etc.	• Local boards of health • BH Parent Education • BH Maternal Health	Social environment
	Increase access to affordable and free opportunities for physical activity	Support community-based initiatives to offer free or low-cost physical activity (Osteo Class, Enhance Fitness)		• North Shore YMCA • Senior centers/councils on aging	• Access • Built environment

Appendix E:

Acronyms

ACA	Affordable Care Act
AGH	Addison Gilbert Hospital
AHRQ	Agency for Healthcare Research and Quality
BH	Beverly Hospital
BH-AGH	Beverly Hospital and Addison Gilbert hospital
BILH	Beth Israel Lahey Health
BILHBS	Beth Israel Lahey Health Behavioral Services
CBAC	Community Benefits Advisory Committee
CBSA	Community Benefits Service Area
CHIA	Center for Health Information and Analysis
CHNA	Community Health Needs Assessment
EMS	Emergency Medical Services
JSI	John Snow, Inc.
LEP	Limited English Proficiency
LHMC	Lahey Hospital & Medical Center
LMCP	Lahey Medical Center – Peabody
MassCHIP	Massachusetts Community Health Information Profile
MHAC	Massachusetts Healthy Aging Collaborative
MDPH	Massachusetts Department of Public Health
MHPC	Massachusetts Health Policy Commission
PAC	Project Advisory Committee
PHIT	Population Health Information Tool
PQI	Prevention Quality Indicators
SDOH	Social Determinants of Health
YRBS	Youth Risk Behavior Survey