LAWRENCE GENERAL HOSPITAL HOLY FAMILY HOSPITALS

2025 Community Health Needs Assessment

Lawrence General Hospital | Holy Family Hospital
METHUEN | HAVERHILL

SUBMITTED BY HOLLERAN

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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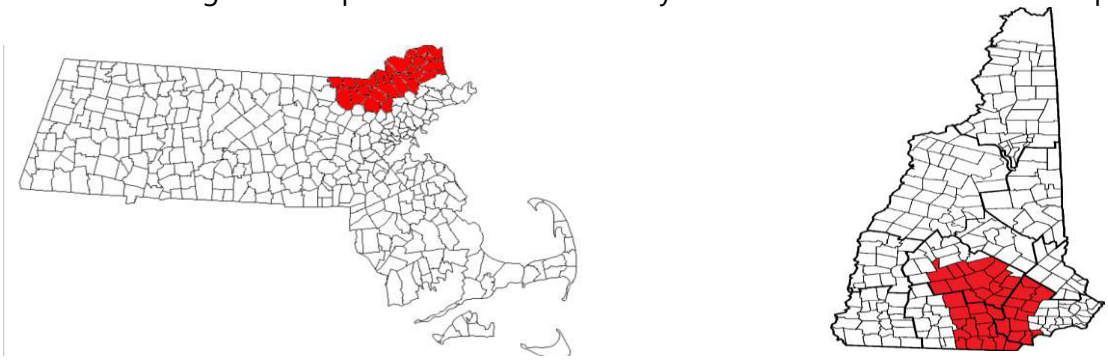
STUDY AND ORGANIZATION BACKGROUND

In November 2024, Lawrence General Hospital (LGH), Holy Family Hospital (HFH), Greater Lawrence Family Health Center (GLFHC) initiated a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in its 19-town primary service area in Massachusetts and New Hampshire. The aim of the assessment is to emphasize their commitment to the health of community members and align their health prevention efforts with the community's greatest needs. The assessments examined a variety of health indicators, focusing on various health issues affecting the community's different population groups. The organizations contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute the CHNA.

The 3 organizations serve the population in the Merrimack Valley which is located along the Merrimack River in Massachusetts and New Hampshire.

Figure 1. Map of the Merrimack Valley in Massachusetts and New Hampshire



Lawrence General Hospital (LGH) has met the needs of the population in the Merrimack Valley for more than 100 years. This non-profit community hospital has 189 inpatient beds and currently provides many different areas of patient care including inpatient Medical Surgical, Maternity, Labor and Delivery, Trauma, and Telemetry, in addition to many outpatient services. There is a "41-bay Emergency Center, an Imaging Center featuring the only "Ambient Imaging" technology in the State, a top-rated Cardiac Cath Lab, a 4-suite Sleep Center, a MITS Clinic, an expanded and fully renovated Pediatric Center and an expanded Diabetes and Nutrition Education Center." The mission of the hospital is to *"provide quality medical care and related services to the people of the Greater Lawrence community. Every member of our clinical team works to assure the level of care the Hospital provides, supporting community education and research to improve the health of the citizens of the Merrimack Valley."*

The Greater Lawrence Family Health Center (GLFHC) is an extension of the work at LGH. Its clinics provide ambulatory acute care seven days a week through a team of over 100 family physicians and 40 residents and a range of other clinicians. GLFHC physicians deliver more than 800 babies and make over 12,000 hospital visits annually. The mission of GLFHC is to improve and maintain the health of

individuals and families in the Merrimack Valley by providing a network of high quality, comprehensive health care services and by training health care professionals to respond to the needs of a culturally diverse population.

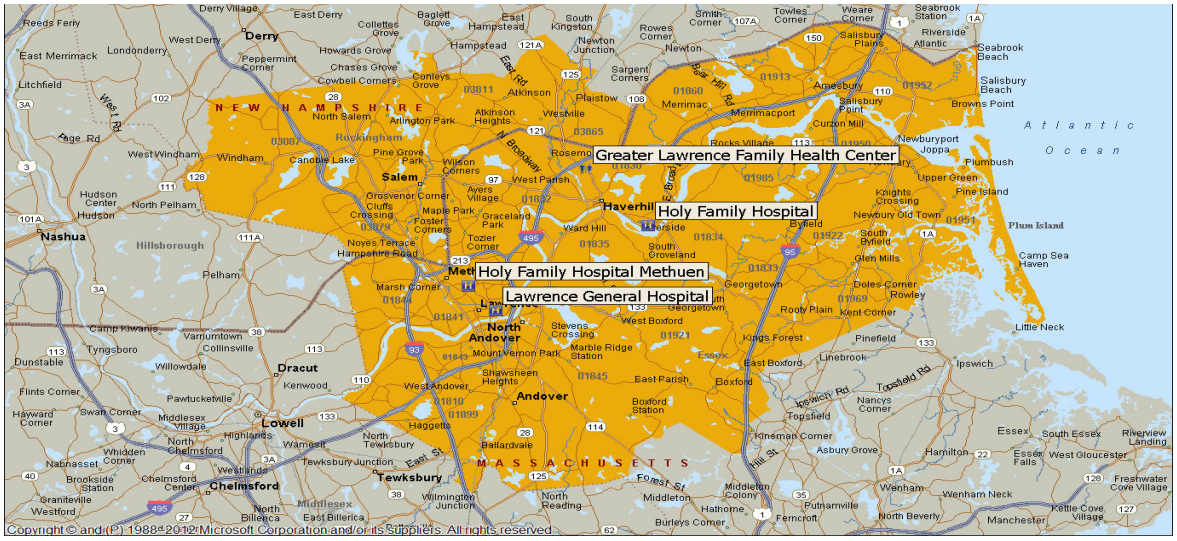
On Oct. 1, 2024, Lawrence General Hospital completed its acquisition of Holy Family Hospital in Methuen and Haverhill, the critical next step in building a true regional health care system in the Merrimack Valley.

Holy Family Hospital (HFH) is a 310-bed full service, acute care hospital with two campuses located in Methuen and Haverhill, Massachusetts. Holy Family Hospital is accredited by The Joint Commission and provides expert care in the areas of orthopedics, wound care, women's health, cardiovascular care, stroke care and behavioral health to patients in the Merrimack Valley. Holy Family Hospital features comprehensive inpatient medical/surgical units[1] and 24/7 emergency services at both locations, outpatient services, a Level II Special Care Nursery, and Adult and Geriatric Psychiatry. The Haverhill campus offers inpatient behavioral health services, hyperbaric medicine, and wound care. The Methuen campus offers a state-of-the-art catheterization suite, a Joint Commission certified Advanced Total Hip and Knee Center of Excellence and stroke care that has earned the American Heart Association's Get With The Guidelines®-Stroke Gold Plus Target: Type 2 Diabetes.

Community Served

For purposes of this assessment, "community" is defined as the city and geographical area in which the organizations are found and the locations they serve. Specifically, the primary service area includes the Massachusetts towns of Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Lawrence, Methuen, Merrimac, Newbury, Newburyport, North Andover, Rowley, Salisbury and West Newbury along with Atkinson, Plaistow, Salem and Windham in New Hampshire.

Figure 2. Map of Primary Service Area



[1] The provision of this service is currently under review at the Haverhill campus.

CHNA Components

The Patient Protection and Affordable Care Act of 2010 set forth requirements for non-profit hospital organizations in order to maintain their tax-exempt status as a charitable hospital, 501(c)(3). One of the regulations is a requirement that all non-profit hospitals conduct a Community Health Needs Assessment and adopt an implementation strategy that meets the community health needs identified in the assessment every three years.

Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The completion of the CHNA enables the organizations to take an in-depth look at how they can positively impact the health of their service area during the next 3 years. The findings from the assessment are utilized by the organizations to prioritize public health issues and used to develop a strategic implementation plan focused on meeting community needs.
This CHNA consists of several components. The first is research compiled from Secondary Data. The second component is primary research. A Key Informant survey and Key Informant Focus Groups were conducted with community stakeholders. Finally, a Community Member survey with residents living in its service area was performed to uncover additional insights into the health of the community. This report examines the findings of the Secondary Data, Key Informant Survey, Key Informant Focus Groups and Community Member Survey and is a compilation of each research component.

Methodology/Reading the Results

The CHNA offers a broad, but rich overview of the current health status of the primary service area and is a compilation of Secondary Data and Key Informant and Community Member testimony. Demographic and health statistics were collated to portray the current health status of the community in the service area towns as well as in Essex County, Massachusetts and Rockingham County, New Hampshire. When data by town were not available, data for the county was incorporated. For all of the statistics provided, the most recently published data at the town or county level were utilized. For example, if 2024 data are available at the national and state levels, but only 2022 data are available at the town or county level, 2022 data are utilized at all levels unless otherwise indicated. Secondary Data represent a point in time study using the most recent data possible.

When available, state and national comparisons are provided as benchmarks for the regional statistics. A national comparison includes United States data when available. When possible, a comparison to Healthy People 2030[2] is also made. The primary data sources consist of data from the U.S. Census Bureau, Centers for Disease Control and Prevention, Massachusetts Department of Public Health, New Hampshire Department of Health, Massachusetts Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), National Cancer Institute, Robert Wood Johnson Foundation County Health Rankings and Substance Abuse Mental Health Services Administration among others.

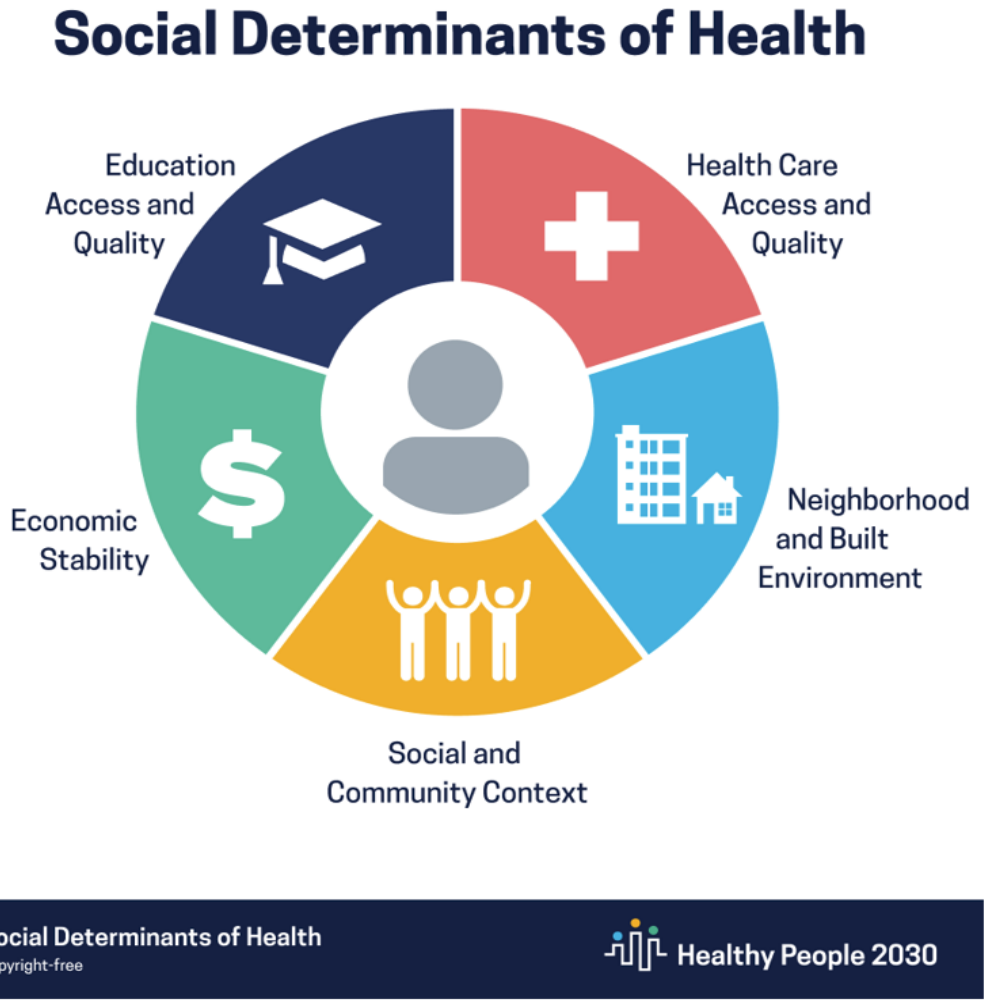
Sources for Secondary Data are included as References in Appendix A. In addition, definitions for statistical terms used in the report are included in Appendix B.

[2] Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

Social Determinants of Health

An individual's health is influenced by numerous factors including a range of personal, social, economic, and environmental factors known as Social Determinants of Health. The U.S. Department of Health and Human Service's Healthy People 2030, addresses conditions in the environment in which people are born, live, learn, work, play, worship, and age. The conditions affect a wide range of health, function, and quality-of-life outcomes and risks. Healthy People 2030 groups these determinants into 5 domains; economic stability, education access and quality, health care access and quality, social and community context and neighborhood and the built environment. These reach beyond the boundaries of traditional health care into public health sectors and can be important allies in improving population health. Research demonstrates that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions. Addressing Social Determinants of Health is important for improving health outcomes and reducing disparities.

Throughout this report, data related to the Social Determinants of Health and their impact on county, region, state and national health is provided.



Community Engagement

Community engagement and feedback were an integral part of the CHNA process. The organizations sought community input through a Key Informant survey offered to community leaders and partners and inclusion of community leaders in the prioritization process.

Lawrence General Hospital, Holy Family Hospital, and Greater Lawrence Family Health Center identified 102 Key Informants who were asked to complete the Key Informant survey. An email containing a pre-communication letter to these informants was sent, making them aware of the opportunity to complete the survey. The organizations also reached out to potential participants to ensure adequate participation. In addition, 3 reminder emails were sent by Holleran during February 2025. A total of 44 individuals (36 online and 8 through an anonymous link) participated for a response rate of 43.1%. Most participants in the survey are affiliated with health care/public health organizations, followed by non-profit/social service/aging organizations. Two "other" organizations include town/municipality and community member (as well as non-profit.) A full list of Key Informants and the organizations they represent can be found in Appendix D.

Table 1. Key Informant Community Affiliation[3]

	Count	Percent
Health Care/Public Health Organization	17	42.5%
Non-Profit/Social Services /Aging Services	10	25.0%
Mental Behavioral Health Organization	5	12.5%
Government/ Housing/Transportation Sector	4	10.0%
Community Member	1	2.5%
Education/Youth Services	1	2.5%
Business Sector	0	0.0%
Faith Based Cultural Organization	0	0.0%
Other (specify)	2	5.0%

Holleran conducted Focus Groups with 12 local community experts via videoconference over a 3-day period in April 2025. These individuals have specific knowledge and perspective on the health needs of the population and offered valuable insights into the services available to the community. The Focus Group portion of the CHNA allowed Lawrence General Hospital, Holy Family Hospital, and Greater Lawrence Family Health Center to take a deeper look into issues that were identified in the survey and ask for suggestions related to how to improve the issues. Focus Group Research Guide questions were informed by the results of the Secondary Data and the Key Informant survey. These individuals represented the local community in a variety of health and human services. The full list of these individuals and the agencies they represent can be found in Appendix E.

[3] Count does not total to 42 as some participants responded through an anonymous link which did not collect this data or did not provide this data.

Lawrence General Hospital, Holy Family Hospital, and Greater Lawrence Family Health Center also sought input from primary service area residents through an online and written Community Member survey, administered in English as well as Spanish, Vietnamese, Portuguese (Brazilian), and Arabic languages. 624 community residents participated in the survey. Responses were elicited for 22 questions about a variety of topics including general health, frequency of healthy behaviors, smoking and drinking, diet and exercise, disorders and diseases, pressing health issues and barriers to health care. Demographic data about the participants were collected such as age, gender, marital status, race and ethnicity, educational and employment status, household income and insurance coverage. A majority of respondents are between the ages of 35 and 64, female, married, white with bachelor's degrees, employed with annual incomes of $75,000, own their home and have health insurance. About 11% are Black or African American, and 2.3% are Asian. Of all respondents, 38.2% responded that they are Hispanic, Latino/a or of Spanish origin. Ninety-two percent reside in Massachusetts and 8% live in New Hampshire. Most are from the city of Lawrence (37.3%). Detailed responses to the survey can be found in Appendix H.

Research Partner

The organizations contracted with Holleran Consulting (Holleran), an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 30 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from Secondary Data sources
- Collected, analyzed, and interpreted data from Key Informant and Community Member survey results
- Conducted focus groups and synthesized findings
- Prepared all reports

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. Due to the availability of Secondary Data, some of the health indicator statistics represent counts or crude rates only. Crude rates are generally defined as the total number of cases or deaths divided by the total population at risk. A crude rate is generally presented as per populations of 1,000, 10,000 or 100,000 (which will be noted on each table). It is based on raw data and does not account for characteristics such as age, race, and gender.

In some instances, Key Informant survey participants may over or underreport behaviors and illnesses based on fear of social stigma depending on the health outcome of interest or misunderstanding the question being asked. In addition, respondents may be prone to recall bias where they may attempt to answer accurately but remember incorrectly.

Finally, Community Member survey participants may not entirely represent the distribution in the general population of gender, race/ethnic, language spoken, education or income level. The organizations tried to mitigate this by offering the survey online and in written form in several

languages and advertised the availability of the survey in various locations throughout the community, particularly in areas known to be underserved.

Prioritization of Community Health Issues and Needs in 2025

Upon the completion of the CHNA, a session was held on June 24, 2025 with leadership at the hospitals and family health center to review findings and key health issues. Subsequent to this presentation, hospital leadership prioritized areas for focus during the upcoming three-year cycle (2026 to 2028).

Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center, in conjunction with its community partners (which include health care providers, public health experts, health and human service agencies, and other community representatives, plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Maternal Child Health and Prenatal Education
- Reopen TB Clinic
- Expand Behavioral Health Services on the Haverhill campus

These specific issues were selected based on the importance of issues to the health of the community and the organizations' ability to impact outcomes. Other key health issues have not been selected at this time as the organizations take time to assess their resources during this transition period.

Priority Community Health Issues and Needs in 2022

The following priorities were selected in 2022 and addressed by Lawrence General Hospital in the 2022 to 2025 CHNA cycle. The priorities are accompanied by strategies devised to address them. A detailed compilation of priorities, strategies, measures and outcomes for each year is found in Appendix J.

- Access to Behavioral Health Sciences
  - Participate in multisector community efforts to promote collaboration between sectors and improve access to services for individuals with behavioral health needs, substance use disorder, recent opioid overdose, and/or homelessness.
  - Expand access to services and improve the quality of care for patients in crisis.
- Social Determinants of Health
  - Participate in multisector Community coalitions to promote collaboration, advocate for enhanced policies/system changes that address the social determinants of health (e.g., housing, food insecurity, economic insecurity).
  - Implement SDoH screening/assessment, and referral activities that Identify those who are being impacted by social factors and ensure those with unmet needs are linked to and engaged with community resources.
  - Promote job training and employment opportunities for those experiencing economic insecurity or who lack meaningful opportunities for advancement.
- Access to Care
  - Provide proactive, specialized, linguistically/culturally appropriate eligibility assessment and financial/health insurance counseling services that help to ensure that individuals without health insurance and/or experiencing economic insecurity have access to health insurance.

- Develop initiatives that support those with more complex or intense needs to navigate the system and coordinate their care (clinical and non-clinical services) across the system.
- Develop partnerships to enhance access and promote transportation equity with regional transportation providers and community partners.

➢ Chronic and Complex Conditions and their Risk Factors
- Develop and support initiatives that raise awareness and educate community residents about the importance of healthy eating and active living, including efforts that help people to change unhealthy behaviors.
- Increase capacity and expand access to chronic disease screening, assessment, and referral initiatives in clinical and non-clinical settings (e.g., hypertension, diabetes, asthma, depression, etc.).
- Develop initiatives that promote appropriate infectious disease screening/testing, vaccination (Inc. vaccine hesitancy), follow-up/case finding, and treatment (e.g., COVID-19, TB, HIV, etc.) geared to both clinical service providers and consumers.
- Increase access to evidence-informed, linguistically/culturally appropriate, self-management support programming for those with chronic medical conditions.

KEY FINDINGS

The following section provides key takeaways derived from data highlights found throughout the research phase of the CHNA as noted by the Holleran consulting team. Prior to discussing health issues, gaps in service and areas that are perceived to need improvement, it is valuable to share the many positive attributes of the health care and social service support systems in the primary service area and what is being done right in the community. These were noted by Key Informants and Community Members and are shared here.

What is Being Done Well in the Community

- There are a lot of agencies working together overall smoothly. The community has a strong basis of religion and culture and does a lot of events that bring people together around this.
- There are providers making inroads to enhance the nutrition options to underserved populations. There are many organizations working to bring education and support to those underserved and at risk.
- I think great efforts are made to reach the most vulnerable of our residents.
- There are several walk-in clinics available for residents to get on-demand service.
- Availability of flu and COVID vaccinations. Access to walk-in clinics.
- Access to a community Health Center is a strength and there is a lot of outreach happening to try to encourage patients to follow up. There has been an increase in substance use treatment options in the area.
- Community groups coming together to support health in the community working, in the areas of prevention supports the medical centers in keeping residents well.
- Greater Lawrence Family Health Center's outreach. The CBHC insurance blind policy.

- Agespan is great various Councils on Aging are involved in services for the elders advocating food pantry expansion, activities to alleviate loneliness & solitude, classes that address IT issues to help navigate telehealth, van and NEET MEVA rides to visits.
- Great caring nursing staff at LGH. Good attempts at on-the-ground community outreach and information dissemination around chronic disease issues.
- SNAP accessibility
- Commitment to Language Access (GLFHC, JC Health equity certification LGH)
- Free bus service that stops at LGH and HFH robust interpretation services at HFH and LGH multiple sites for GLFHC.
- Primary care providers (GLFHC) are excellent but not enough of them and they don't have enough support.
- The Lawrence community has done an excellent job of building community partnerships. Organizations are good at sharing the resources they have and disseminating that information amongst all CBOs and front line community workers. There is a strong commitment across the city to making fresh fruits and vegetables available to more people, and to work with state and federal partners to continue to grow the pie for the City. Haverhill has also built a similarly strong network, but these communities have very little overlap.
- In Atkinson Community, Recreation Department offers many wellness activities at the community center for mature adult over 55 years old with minimum fees and seasonal events to youth and community. Library offers many educational and enrichment programs for youth to seniors all year around.
- I strongly trust GLFHC and I would say that overall they are well regarded in the community.
- I believe strongly that in a trauma/emergency situation, LGH is the hospital of choice by most with positive experiences by those who have sought emergency services there. The specialist care as well as women's health imaging and MRI departments are well regarded and the care professionals are generally given good reviews. They are top notch in my personal opinion.
- I am happy with LGH and HFH and recommend them to patients and family.
- I've always gone to Lawrence General at the recommendation of my doctor. I've always had excellent results at Lawrence General.

While many opportunities are noted throughout the report to improve the lives of those in the community, several key areas of need have risen to the forefront. A summary of the Key Findings for the overarching themes related to health issues is provided here.

- Access to Health Care and Missing Services
- Affordability: Income and Housing
- Chronic Illness, Mortality and Prevention
- Mental/Behavioral Health and Substance Abuse

The summary includes Secondary Data statistics, Key Informant perceptions, and Community Member survey data as well as verbatim comments by Key Informants, Focus Group participants and Community Members.

Access to Health Care and Missing Services

A service area may report generally good health and have a plethora of health and behavioral health services, however if the most vulnerable and needy in the population cannot access these services, health outcomes may suffer. Community members were asked what kind of health care they could not get in the past 12 months. Their responses reflect that 27.7% could not get primary care. Also, specialty care (26.1%), dental care (14.6%) mental health services (13.0%), optometry (8.3%) and substance abuse treatment (1.1%) were unavailable. Importantly, access to care emerged as the most frequently cited driver of community health and trust-building by Community Members.

Access to Health Insurance

Massachusetts, New Hampshire and Essex and Rockingham counties each have a higher percentage of the population covered by health insurance than the nation. Massachusetts (97.3%) and Essex County (97.1%) have the greatest coverage. In Rockingham County 95.5% have coverage. Despite having a high coverage percentage, Essex County has the highest level of public coverage (39.7%). When asked about access to care with public health insurance, over half of all Key Informants (about 54.0%) strongly disagreed or disagreed that there are ample providers accepting MassHealth insurance. For these individuals, copays and health insurance premiums may be unaffordable according to Focus Group participants. However, the standard MassHealth plan is reported to have a dental package which is considered somewhat sufficient when a provider accepts it.

Being uninsured and underinsured was among the Top 5 Key Health issues facing the community, chosen by 34.1% of Key Informants. Over one-third of Community Members who were surveyed identified access to care and being uninsured among the most pressing health issues and a significant barrier facing their community. 12.7% reported that their provider would not take their insurance. Focus Group members confirmed the fact that the number of providers accepting MassHealth and MassHealth Limited coverage is low. "There are frequently no appointments or providers available for people" with these insurances. One Key Informant is concerned about the lack of acceptance of MassHealth Limited, a program that provides emergency health services to people who meet income and asset criteria and have an immigration status that prevents them from receiving standard MassHealth. "None accept MassHealth Limited or speak Spanish which accounts for about 40% of all patients in Lawrence."

Transportation

According to a MeVa Fare-Free evaluation, riders most often use this service to access health care services, with Lawrence General Hospital and Greater Lawrence Family Health Center as the most popular stops. The frequency of buses was noted as a key support for riders in reaching doctors' appointments on time. Over 500 additional trips to Lawrence General and Holy Family Hospitals nearly doubled the number of trips in the first year of the new ridership program. A Key Informant touted the value of the free transit system in the primary service area. "Transportation is the key to everything, and

our free public transit system bisects many of the poorest census tracts in Lawrence, Methuen, and Haverhill. These census tracts have high percentages of homes with limited or no access to a personal vehicle." Positively, the MeVA transit report notes that the sense of freedom and independence afforded to individuals who use the bus system is a significant emotional benefit for paratransit riders and seniors who then do not need to be dependent upon family and friends.

Despite the availability of buses and the benefits of free public transit, Focus Group participants discussed the lack of transportation services. Access to food pantries and meal programs is particularly difficult without transportation. "With the bad winter weather older seniors can't get there. One church serves breakfast and dinner if they can get there." The North Essex Elder Transport (NEET) is described as "a volunteer force that serves 13 cities and towns in Merrimack Valley, but the city of Lawrence dropped out a few years ago. Since COVID the number of volunteers has really gone down and there are unmet needs every week. Some need to go to Boston and only a few drivers will want to do this." It was said that some towns in the primary service area are financially unable to participate in the program or provide next day service or have a bus that goes through town. As it relates to ambulance services a Community Member shared, "Not all have transportation nor is there enough ambulance service to provide safe delivery to other community hospitals for specialty care."

A large majority (63.5%) of Key Informants strongly disagree or disagree that transportation to local medical appointments is accessible and 56.8% chose transportation among the Top 5 Missing services and resources in the community. The lack of transportation is a significant barrier to accessing health care services according to 59.1% of Key Informants. One requested "more frequent buses or inexpensive/subsidized Uber/Lyft/Taxi options with incentives to these companies to participate." A Community Member echoed this sentiment by saying, "Transportation to and from appointments, since bus service does not always run in all neighborhoods, is critical and taxi service is expensive".

Language Barriers and Cultural Competency

In the state of Massachusetts, about one quarter of the population speaks a language other than English at home and 39.2% speak it less than "very well". In New Hampshire, the population speaking another language is far less (7.9%). Over three-quarters (77.9%) of the population in the city of Lawrence speak a language other than English and half of those individuals, speak the language less than "very well". This is also high In Methuen where 37.1% speak a language other than English. 16.8% of Community Members responded that they "sometimes" need help understanding instructions from doctors and pharmacies. This is significant in that 74.7% stated that they get their health information from doctors, nurses and pharmacists. Community Members reported that almost 30% of their health information also comes from family and friends.

According to one Key Informant, "Local specialists seldom speak Spanish or use translators." 59.1% of all Key Informants chose language and cultural issues as significant barriers to accessing health services. Over one-third (34.1%) identified bilingual services as a missing resource in the community. 73.2% of respondents strongly disagree or disagree that service area residents are able to access multilingual providers, increasing the difficulty for non-English speaking individuals to receive appropriate care. One Key Informant noted the variability in the presence of Spanish speaking providers. "At GLFHC most

clinicians, nurses, and really all MAs and front line staff are fluent in Spanish with some also speaking French/Haitian Creole. At the hospitals, essentially none of the clinicians or nurses speak Spanish at all." Focus Group members pointed out that services and follow up care is impacted when a patient or family member does not speak English and is afraid to ask questions. They may not be willing to give consent, particularly in the case of parents with young children, when they cannot understand what they are being asked to consent to. Also, patients are known to "wait in an ER hallway for 48 hours and no one answers them. They don't know why they are hospitalized because no one speaks their language". A recommendation was made to "build a local pipeline of vendors and workers, to recruit train, hire and advance a culturally competent local workforce." And a Community Member said, "Have more providers that are racially competent".

Provider Availability

Medically Underserved Areas (MUAs), designated by the U.S. Health Resources Services Administration, detect geographic areas with a lack of access to primary care services. The cities of Lawrence and Haverhill in Massachusetts are located in a medically underserved area. No medically underserved areas have been designated in the service area in New Hampshire.

Health care provider density or the provider to population ratio is a measure of overall health care access. Notably, there are more individuals per primary care provider in Essex and Rockingham counties and the nation than in Massachusetts or New Hampshire. 29.5% of Key Informants also noted that medical specialists are missing in the community. The availability of dentists is better in Massachusetts and Essex County than in New Hampshire and Rockingham County.

Key Informants were asked to respond to statements about the ease of accessing providers. Perceptions seem to be mixed about primary care. About the same percentage that selected strongly disagree or disagree that there is sufficient access to primary care providers (43.9%), also agree or strongly agree that there is sufficient access to primary care providers (46.3%). Half (50.0%) of respondents chose primary care providers as a missing resource in the community and when asked about significant barriers to accessing health care, 65.9% of Key Informants selected the availability of providers/appointments. Community Members selected primary care providers as one of the top missing resources in the community (34.6%) and one commented, "The community needs more primary care providers to care for patients so that the very sick…can get timely care in an emergency department". A Key Informant wants to see "appointments for PCPs be more readily available, long waits are problematic." Medical specialists including neurologists, dermatologists as well as dentists are also perceived to be difficult to access. A Community Member said, we need "more specialists in the area. It's a very long wait for appointments, especially for children and adolescents with special needs". Reportedly, patients may struggle to find a provider who is accepting new patients or offers convenient appointment times. Time limitations was chosen by 56.8% of Key Informants and 40.9% of Community Members as a significant barrier to accessing care. "While there are many organizations constantly trying to fill gaps, sometimes the timing of the activities is not convenient for working folks." And from a Focus Group member, "Patients' lives are very chaotic. They are unhoused, their meds get stolen and care is chaotic. If a primary care provider (PCP) is not within Lawrence, they can't access services."

Waiting lists are reported to be long and overall, it is the consensus of Focus Group participants that there are not enough providers accepting new patients.

The negative impact from the lack of providers can be seen in Community Member responses. When surveyed, 34.3% responded that they delayed getting medical care in the past 12 months because they could not get an appointment soon enough. Likewise, 13.9% could not get through on the phone and 9.8% said that once they got there, they had to wait too long to see the doctor. Community Members find the issue of provider and appointment availability to be one of the most significant barriers that keep people from getting the health care they need.

In support of practitioners, Focus Group members noted that "reimbursement is not sufficient to providers" and "providers can only do what they are given tools and resources to do." Also concerning, "Doctors are retiring at a huge rate, especially specialists, so the infrastructure is crumbling at a quick rate." Another echoed this sentiment, pointing out that it is a national issue. "We are not creating more physicians. We need more residency spots. Health care is not going in the right direction."

Systemic Barriers Impacting Health Outcomes and Trust

Trust in providers and the health care system is an important element in achieving positive health outcomes. A Key Informant described a trustworthy facility in this way. "An organization's demonstrated respect for and competency in serving, the non-white, high-need members of the community. "

Key Informants shared their perception of the level of trust that the community has in the local hospital and providers. 80.5% of respondents say the community trusts or strongly trusts Lawrence General Hospital to improve their health and 70.7% say that the community trusts or strongly trusts Greater Lawrence Family Health Center. However, only 29.3% say the same for Holy Family Hospital. As it pertains to a general level of trust, "my impression in the community is that trust was eroded somewhat due to the overcrowding/overwhelming volume of patients during Covid." One respondent called for the development of a "trusted source for accurate, scientific-based health care guidance. Better training of all health providers on working with people with disabilities."

Focus Group members discussed the issue of trust at length, describing a situation between a patient and doctor. "There is a lack of trust between patient and provider. When the provider doesn't know how to navigate the system outside of the hospital, the doctor is giving advice to patients on what they need to do but they don't know the exact details. Patients get frustrated and then can't believe them or trust them." Another Focus Group member lamented that physicians are overbooked and do not have time to do physical examinations, so they rely on lab tests to make a diagnosis.

As it relates to specific hospitals, Focus Group members said that during the last 15 years, trust has been eroded. "I've lived in Haverhill for years and I don't send patients to Haverhill Hospital, only Lawrence General. It's a stigma that will be hard to overcome." "Consumers have recognized that Steward disinvested in their two hospitals so they have concerns about going there. Well off residents will never go to Lawrence because they do not feel safe and will go elsewhere." However, trust in each hospital or clinic seems to vary, sometimes according to the community that is lived in. For example, a Focus

Group member stated that "In Methuen people trust Holy Family more than Lawrence General Hospital." Also, "the community clinic (Greater Lawrence Family Health Center) takes more time because there are residents and not doctors. They take more time with the patients because they want to learn." Instability of the health care system was discussed in the Focus Groups, including that although the community is pleased that the hospital did not close, they wonder if this could happen in the future.

As it relates to staffing, Community Members strongly associate trust of an organization with capacity and employee preparedness. Community Members were also asked to rate their level of trust in the three institutions with 5 being the highest level of trust. As it relates to Lawrence General Hospital, the ratings were almost evenly distributed between 3 (29.9%) , 4 (26.8%) and 5 (28.5%). Trust in Holy Family Hospital is somewhat lower. 13.5% of Community Members rate their level of trust as 5 (high). Over one-quarter each rate it a 3 (25.6%) or 4 (26.4%). 17.1% rated Greater Lawrence Family Health Center a 5 and 22.7% rate their level of trust as a 4. Patient care quality stood out as the single strongest trust-building factor for Community Members. Issues that reduced the level of trust across the entire health system are related to lengthy wait times, lack of providers and staff, communication between patients and providers particularly follow up and language barriers, customer service, acceptance of insurance, needed improvements in equipment, fear of losing the HGH maternity unit, adequate and appropriate care and treatment, lack of professionalism and compassion, and emergency room triage system. A Community Member commented on an overall service requirement, "Don't eliminate Holy Family Haverhill. It is needed in this community". Another said, "Don't close Haverhill Hospital to acute care services, which has already happened. The elderly will have no place to go".

Vulnerable Populations and Social Isolation

Key Informants identified vulnerable populations who are inadequately served in the primary service area. Individuals who are uninsured/underinsured (56.8%), homeless (50.0%), immigrant/refugee (47.7%), low-income/poor (47.7%), seniors/elderly (38.6%), LGBTQ (29.5%) and the Hispanic/Latino population (22.7%) are perceived to be the most inadequately served. Additionally, a Key Informant discussed the need for more veteran health services. Focus group participants identified seniors who are aging in place. "They don't have a support system, for instance they may have no one to take them to the doctor. The biggest hole and gap is medical advocacy." Dialysis patients were also identified as underserved. "We see a lot of patients that are from ER and need dialysis. No one will take them because of lack of insurance so they go to the ER for it." A Community Member called for "Better, low cost and easy access to basic health care for all, especially low income families, the elderly, the homeless and the mental and physically challenged."

Vulnerable populations also include those who are overweight and obese. "We are trying hard to reframe the stigma of obesity. You can still be healthy and be larger in weight. People have little control over what they can buy and eat. Doctors shouldn't be shaming them, especially with kids." Immigrants were also identified as a vulnerable population. The concern for immigrants was discussed by Focus Group members. Reportedly, this population is experiencing stress that is affecting their mental health. Many are fearful and will not go to the hospital to receive care. "So many are undocumented or have green cards. They are so scared to come into a facility. They are picking people up in the Merrimack Valley, so they are actively skipping their scheduled appointments." Also,

"Students are afraid to come to school because they are scared about immigration. Right now there is a 50% absenteeism rate in one school district. They are afraid to come home from school and not find their parents."
Individuals who are disabled may face access challenges related to transportation and other barriers to accessing medical services as well as social stigma and stress related to managing daily challenges. Financial difficulties may also result if the individual is unable to work. In Massachusetts, 11.9% are disabled compared to New Hampshire and the U.S. (12.9%). Unfortunately, the percentage of disability is greater than this in Amesbury, Haverhill, Lawrence, Merrimac, Rowley, Salisbury (Massachusetts) and Atkinson (New Hampshire).

Social isolation can also lead to individuals being inadequately served. Those residing alone are generally at higher risk for social isolation and may have difficulty accessing health and social services. The percentage of individuals living alone ranges from 8.9% in West Newbury to 31.2% in Salisbury in Massachusetts. In Plaistow, New Hampshire 29.2% are single households. Also, some towns have a lower than average percentage of married individuals. These include Amesbury (45.2%), Haverhill (42.6%) and Lawrence (33.6%). The divorce rate in Merrimac (15.3%) is somewhat higher other towns, the two states and nation. A much higher percentage of older adults live with their grandchildren in the towns of Lawrence (6.9%) and Newbury (4.0%). In Rowley and Merrimac, a very high percentage of these grandparents are responsible for their grandchildren (79.6% and 46.3% respectively). Grandparents who raise their grandchildren may experience increased stress, emotional challenges, financial burdens, and potential disruptions to the family dynamic. They may also have far less time to address their own health care needs.

Navigating the Health Care System

Navigation of the health system is difficult for under resourced and vulnerable populations who may face language and cultural obstacles. More than half of all Key Informants (52.3%) and 41.0% of Community Members chose "lack of understanding of the health care system" as a significant barrier to accessing care. Also, "lack of health education/information/outreach" was selected as a missing resource by more than half of Key Informants and almost a third of Community Members. In combination, this may severely reduce health literacy and access to needed care in the primary service area. Consequently, 43.2% of Key Informants perceive the lack of knowledge and skills to be a key barrier to getting and staying healthy. A Focus Group participant commented, "The result of all this is that they don't receive the care they need and don't receive prevention services. They wait until they are really sick to get care."

Health literacy and health equity were topics that Focus Groups spoke passionately about. "Health literacy in the city is subpar. They don't understand health concerns at all and they admit this. Is there a caregiver that may be able to be involved or are they just too sick to understand? A lot of things come in to play." The community is perceived as not having enough knowledge or understanding about the importance of maintaining good health and little understanding of what services the hospitals have to offer. One participant noted, "We as a hospital have a big footprint and have the responsibility to not just care for their immediate acute care needs, but to care for the whole person." And from the public health perspective, "In an ideal world, local public health is part of the solution. However, where these

patients are, public health is not available." A Community Member remarked that health may improve if "Multilingual health care information about the benefits of exercise, healthy diet and the immediate dangers of substance/alcohol abuse" were available. Many comments were also made about the need for education around when to use primary care providers, clinics and the emergency room as well as the need for more coordination between community organizations. "Information/resource sharing needs to happen in the places where people live and work."

Affordability: Income and Housing

Research suggests that low income and poverty can limit access to healthy food, clean water, safe neighborhoods, and other elements that define an individual's standard of living. It can also lead to working environments with more environmental risks for illness and disability. In addition, people living in poverty tend to have higher rates of chronic conditions like heart disease, diabetes, and stroke. They may also have higher rates of dental complications. A poignant comment from a Key Informant explained the impact. "Poor health in our community stems from lack of economic opportunity, living wages, decent and affordable housing, and levels of educational attainment. When these things improve, people's access to and utilization of care improves and they also can afford to make better choices nutritionally and care-wise."

Income and Poverty

Communities with high unemployment rates are more likely to have limited employment opportunities, low-quality housing, fewer available recreational activities, limited access to public transportation and public services, and underfunded schools. Lawrence has the highest unemployment rate for ages 20 to 64 at 9.4%. The city also has fewer (71.7%) individuals with high school degrees or higher. The highest unemployment rate for those 65 to 74 is in Windham, New Hampshire at 23.9%. There are very high unemployment rates among older adults age 75+ in Amesbury, Andover, North Andover, and Salem.

The median household income ranges from $81,989 (Haverhill) to $209,423 (Boxford). In comparison, the median income in the U.S. is $75,149. It is higher in Massachusetts ($96,505) and New Hampshire ($90,845). The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. One-person households living below 100% of the poverty level have an income of $15,060/year or less. The percentage of households in the U.S. below the federal poverty level is 12.6%. In Massachusetts it is 9.9% in Massachusetts and in New Hampshire it is 7.3%. In contrast, 19.4% in the city of Lawrence and 10.6% in Haverhill live below 100% of the poverty level.

Twelve percent of children live in poverty in Essex County (similar to Massachusetts yet higher than in New Hampshire and nation) and there is a higher percentage of children residing in single-parent households. Likewise, income inequality in Essex County is greater than in the U.S., New Hampshire and Rockingham County as households with higher incomes have 5.4 times that of households with lower incomes. Finally, a larger percentage of households in Essex County and Massachusetts receive cash public assistance as well as food stamp/SNAP benefits than those in Rockingham County and New Hampshire.

When issues of affordability and low income are prevalent in a community, residents must often choose between paying for food, housing and medical care. Frequently the decision is made to forgo medical care, particularly if uninsured. 20.2% of Community Members surveyed noted that they cannot afford the out of pocket costs and, as a result, have delayed getting medical care in the past 12 months. One noted, "The cost of out of pocket expenses is crazy as deductibles just keep rising". The lack of free and low cost medical and dental care and affordable insurance is mentioned numerous times by Community Members. Free and low cost medical and dental care and the lack of prescription assistance were chosen by both Key Informants and Community Members as being among the top missing services and resources. Also, Key Informants chose difficulty meeting basic needs as a significant barrier to Community Members' ability to get and stay healthy. Reportedly, dental care is particularly difficult to access due to insurance and affordability issues. A Focus Group member commented that "People would have to pay on their own but can't afford it. They are paying the Part D premium instead. They can't afford these services so they don't go to the dentist and deal with the pain, until it becomes infected and they have to address it. They can have teeth pulled and get dentures instead. There is no other option that they can afford rather than getting restorative services."

Fortunately, a Focus Group member pointed out that "Schools do offer programs for children such as free dental cleanings and sealants. Poor dental care can lead to sepsis and death. Fortunately, most of the water is fluoridated. There are statewide programs for oral health and prevention that schools can access."

Affordable Housing

The median home value in Massachusetts is $483,900 and $337,100 in New Hampshire. In comparison, the towns of Amesbury, Groveland, Haverhill, Lawrence, Merrimac, Methuen and Salisbury in Massachusetts are below this value. None of the towns in the New Hampshire primary service area are below that state's median home value. The percentage of those that own their residence range from 29.9% (Lawrence) to 95.3% (Windham, NH), pointing to the disparity among towns/cities in the service area. In Massachusetts, the median monthly rent is $1,588 and in New Hampshire it is $1,336. Several towns in Massachusetts including Andover, Georgetown, Newbury, North Andover and West Newbury have higher rents. Plaistow, Salen and Windham in New Hampshire also have higher rents than the median in the state.

Thirty percent (30%) of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship. The percentage of households spending more than 30% on a home mortgage (and other housing costs) and therefore experiencing financial hardship is very high in Lawrence at 50.6% while most other towns range from 20% to 30%. The percentage of adults spending more than 30% on monthly rent and other housing costs is high in Methuen (64.3%), Windham (61.1%), West Newbury (66.1%) and Boxford (72.9%). By contrast, this is 50.2% in Massachusetts and 46.8% in New Hampshire and 49.9% in the U.S. This is significant as a high percentage of households (37.6% and 27.7% in Massachusetts and New Hampshire respectively) are renter households.

One Key Informant shared, "I think for older residents it is more a case of housing insecurity than about being homeless. Even if housed, any event could make them unstable or unhoused." This was

confirmed in the Focus Groups. "Affordable housing is a big issue." "People are facing evictions and need to be connected to services for assistance." For Community Members, homelessness is among the top 5 pressing health issues facing the community.
In Essex County, 19% of homes are reported to have severe housing problems, higher than all other locations assessed. A Community Member stated, "Housing conditions are not the best. Often times, these housing units do not meet minimum standards". The vacant housing rate in New Hampshire (14.9%) as well as in Newbury (15.5%) and Salisbury (20.3%) Massachusetts is also high, perhaps because some households left their homes due to unaffordability or substandard living conditions. The Massachusetts Department of Housing and Urban Development (HUD) estimates that 27 in every 10,000 people were experiencing sheltered homelessness (6,259 individuals and 12,882 families) in 2023. Another 1,362 were unsheltered. In New Hampshire, it is estimated that 17 in every 10,000 were experiencing sheltered homelessness including 1,648 individuals and 793 families. A Key Informant confirmed the high rate of homelessness in their community and a Community Member noted that, "Shelters are needed to get people out of the elements that are negatively impacting their physical and mental health".

Food Insecurity and Physical Activity

Meeting basic needs, including access to healthy foods, impacts health outcomes and is frequently a barrier to getting and staying healthy. Individuals with limited access to nutritious food or recreation spaces may be undernourished and physically inactive. The Food Environment Index measures overall food access and is based on a score of 0 (worst) to 10 (best) for two factors. The first factor, limited access to healthy foods, measures the proportion of the population that is low income and does not live close to a grocery store. The second factor, food insecurity, measures the percentage of the population that did not have sufficient food, or food of adequate quality, to meet one's basic needs. The Food Environment Index in Essex County (8.8) and Rockingham County (9.2) is worse when compared to New Hampshire (9.5) and worse or similar to Massachusetts (9.2). Comparatively, the national food environment index is 7.7 which is lower than all other geographies.

Fortunately, when food insecurity is measured separately, a low percentage (8.0% in Essex County and 5.0% in Rockingham County) did not have a reliable source of food during the last year. Rockingham County is meeting a target set by Healthy People 2030 of 6.0% as the percentage of households that are food insecure while all other geographies do not meet the goal. When asked to describe access to food in their household during the past month, 22.6% of Community Members said that "they had enough, but not always the type that they wanted". Four percent said that "sometimes they did not have enough to eat" and 1% reported that "they often did not have enough to eat". Also, a Focus Group member stated "Food pantries are not necessarily healthy foods. The majority of pantries operate during the workday so if you work you don't have access to that." As it relates to schools and nutrition, a Community Member suggested, "We need to get high processed and sugar filled foods out of the schools."

Body Mass Index (BMI), correlated with chronic health conditions, is a factor of diet and physical activity and calculated based on the height and weight. A BMI equal to or greater than 30 is defined as obese. Obesity as well as a lack of physical activity can increase the risk of many serious health problems

including heart disease and stroke, Type 2 diabetes, cancer, musculoskeletal disorders and breathing problems. In Essex and Rockingham counties, 30% and 29% of adults respectively are considered obese. This is better than the U.S. in which 34% of the population is obese. Individuals in Rockingham County (88%) have less access to exercise opportunities than in Essex County (97%), however, once again, this is better than in the nation (84%). Obesity was identified by 43.8% of Community Members as the second most pressing health issue facing their community. Reportedly there is a lack of knowledge in the community as to how to feed their families a healthy diet. "I feel obesity causes health and stroke issues for most. Reducing or cutting back on smoking and poor diet habits will improve overall health in the community." One-third of Community Members report not participating in any physical activities or exercises such as running, sports, golf, gardening or walking in the past month.

When asked to select key barriers to getting and staying healthy, half of all Key Informants chose the cost of healthy foods and/or gym memberships. Eleven percent (11.0%) of Community Members noted that they eat fast food "always or most of the time". A Focus Group participant noted that immigrants are coming from countries where fresh produce is available daily however, during the winter months in Massachusetts this is not true. Food pantries also carry more shelf stable foods than fresh foods. The consensus is that "Providing access to affordable, nutritious foods (and) creating more safe and walkable areas in our communities" is needed. Community Members also called for "access to lower cost/higher quality and healthier food options." A Focus Group member described the situation with a client. "Older adults struggle with being overweight and being diabetic. This may be linked to food insecurity and instability. They have SNAP but it's not enough ($16/month). If they are deciding between food and prescriptions, prescriptions will win every time. Pasta versus fresh veggies because it is cheaper."

Fortunately, according to Focus Group members, "The school system does a backpack program where kids bring home food over the weekend. Pantry in Haverhill supports kids there as well." "Lawrence General Hospital is working with grants for food and exercise opportunities."

In Essex County, the population is less active than Massachusetts, New Hampshire and Rockingham County, but slightly more active than the U.S. as a whole. In Essex County 22.0% of the population 18 years and over have not exercised in the last month. In Rockingham County, this is 18%. Healthy People 2030 has set a target of 51.0% of older adults to be physically active. The goal is to increase the proportion of older adults who have physical or cognitive health problems who will get physical activity as a way to improve these chronic conditions. A Focus Group member who works with adult students reported that "students work two and three jobs and don't have time to go to the gym." They also cannot afford a gym membership. "They come from work at night straight to school and can't get a good meal so they are eating fast food on the go."

Chronic Illness, Mortality and Prevention

The CHNA assessed multiple health conditions and outcomes (including morbidity and mortality) for Essex and Rockingham counties and compared these to the state and nation. Life expectancy, which is 79.9 years in Essex County and 80.5 years in Rockingham County, is better for both states and counties than in the nation. Yet, a higher percentage of individuals in Essex County (13%) experience "poor or

fair" health than the other geographies. The number of poor health days reported for Essex and Rockingham counties are similar (2.9 per month). Positively, a large majority (85.8%) of Community Members surveyed reported being in "good, very good or excellent health". Almost half described the health of the community overall as "somewhat healthy" while an equal percentage perceive it to be "healthy "or "unhealthy".

Morbidity/Chronic Illness

Chronic conditions adversely affect the individual's quality of life. These diseases can be costly in terms of medical expenses, lower productivity, disability and care-taking by family members. The data for specific chronic illnesses indicate that the percentage of individuals with arthritis in Rockingham County is high (29.7%) and the percentage of the population with asthma is high in Essex County (11.0%). 23.6% of Community Members surveyed said that they have been told by a doctor, nurse or health professional that they have a form of arthritis and 18.8% said they have asthma. The prevalence of diabetes in Essex and Rockingham counties (8.0% and 7.0% respectively) is lower or similar to the states and the nation (10.0%). Likewise, 11.5% of Community Members have been told that they have diabetes. For heart disease, a high percentage of adults in Rockingham County (5.4%) have been diagnosed, however, fewer have ever had a stroke (3.1%). Of Community Members taking the survey, 5.4% have been told they have angina or coronary disease, yet 38.2% have been told they have high cholesterol and 32.5% have been told that they have high blood pressure, putting about one-third of the population at risk for heart disease. Finally, as it pertains to chronic obstructive pulmonary disease (COPD), fewer residents in Essex and Rockingham counties have this than in their respective states and the nation.

A Key Informant discussed the impact of chronic kidney disease. "Chronic kidney disease should be mentioned as it is very prevalent and (it is) the predictable outcome of metabolic disorders and hypertension under cardiovascular diseases." Another mentioned, "there is high rate of Infectious Diseases, Respiratory Disease and Cognitive Disorders/Alzheimer's."

As it relates to cancer, the overall incidence rate in Rockingham County (475.6) and New Hampshire (472.5) is higher than the nation (444.4). Conversely, the overall incidence rate in Essex County (433.6) and Massachusetts (427.2) is lower than the nation. For specific cancer sites, Essex County is higher than the state and nation for bladder, brain & ONS (other nervous system), breast (female), childhood sites, thyroid and uterus (female). In Rockingham County, the incidence rate is higher than the state and nation for bladder, brain & ONS, breast (female), breast in situ, esophagus, lung and bronchus, melanoma of the skin, non-Hodgkin lymphoma, oral cavity and pharynx, ovary (female) and prostate (male). Positively, when comparing different racial and ethnic groups, Essex County has a lower overall age-adjusted cancer incidence rate for White (Non-Hispanic), Black (Non-Hispanic), Hispanic, Asian or Pacific Islander (Non-Hispanic) and American Indian/Alaskan Native populations than the nation. This same is true in Rockingham County with the exception of the White population (475.2 per 100,000) which has higher overall cancer incidence. Strikingly, almost 10.0% of Community Members report being told by a health professional that they have cancer.

Communicable diseases are typically spread through contact with others or may be airborne. These diseases disproportionally impact under-resourced communities and may be linked to Social Determinants of Health such as safe water and sanitation, housing conditions, poverty and other sociocultural factors. In general, the incident rate per 100,000 individuals for sexually transmitted illnesses including chlamydia, gonorrhea, and syphilis is lower in both counties than in the respective states and nation with the exception of chlamydia in Essex County which is higher than the state. Massachusetts has a higher incidence of HIV (8.3 per 100,000) than New Hampshire (1.9). The data are unavailable for Essex County, however; Rockingham County has a lower incidence of HIV as well (1.9). 52.4% of Community Members reported that they "always" practice safe sex, however almost 20% practice safe sex "most of the time, sometimes, rarely or never". A Community Member commented, "Having sex ed classes for the community can help reduce the spread of diseases amongst our youth who are unaware of the precautionary measures that can be taken."

Essex County has a higher rate of tuberculosis (2.8 per 100,000 population) than in the other geographies. The rate is suppressed for Rockingham due to the low number of cases. Healthy People 2030 set a target of 1.4 per 100,000 for new cases of confirmed tuberculosis. New Hampshire is meeting this target. A Focus group participant shared that the Lawrence General Hospital "TB clinic went away years ago. Now the nearest clinic is in Salem and that is hard to get to and patients have to travel far. If the clinic is opened in Lawrence, people won't have to take a day off from work." Also, "TB cases are really difficult. These patients are in the waiting room with no mask and active infection. We need a solution."

Mortality

Measuring mortality is important in public health as it provides valuable insights into population health, helps identify areas for intervention and may inform policy decisions. The mortality rate for all ages is lower in both counties (924.2 in Essex County and 934.5 in Rockingham County) than in the U.S. (984.1). Yet, the overall death rate for Essex County is worse than in Massachusetts. For specific county age cohorts, those ages 0 to 14, 15 to 24 and 65 to 74 have a somewhat higher mortality rate than those in Massachusetts. Positively, for each age group, Essex County mortality rates are lower than the U.S. with the exception of 85+ which is 14,725.6 per 100,000. The mortality rates in Rockingham County for each age group are lower than New Hampshire and the U.S.

As it relates to the leading cause of death, the mortality rate in Essex County is worse than in Massachusetts for several leading causes including diseases of the heart, cerebrovascular disease, Alzheimer's disease, diabetes, chronic liver disease and cirrhosis, septicemia, essential hypertension and hypertensive renal disease and Parkinson's disease. However, all of Essex County rates are better than the nation with the exception of septicemia, which is 16.0 for the county, 13.4 for the state and 12.7 for the nation. In Rockingham County, the rate of chronic lower respiratory diseases and Parkinson's Disease are higher than in New Hampshire and the nation. For cancer, the counties fare better than the states and the nation.

Premature death (defined as years of potential life lost before the age of 75 years per age-adjusted 100,000 population) is 8,000 in the U.S. All geographies substantially outperform the U.S. with Essex

County at 5,900 years of potential life lost and Rockingham County at 5,100. Premature death can vary by Social Determinants of Health such as race and ethnicity, place, income and education. Measuring premature mortality focuses attention on deaths that might have been prevented.

Infant mortality is the death of an infant before their first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. Besides providing key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. Both Essex County (4.57) and Rockingham County (5.00) experience higher infant mortality rates than in Massachusetts (3.32) and New Hampshire (3.48). Positively, county rates are lower than the national infant mortality rate of 5.61 per 1,000 live births. However, Focus Groups noted that adequate services are lacking. "Labor and Delivery is very busy and often has very complex patients that should be seen at an academic medical center in Boston. But patients can't afford the doctors and there is no neonatology available here, there is only a pediatric hospitalist. Staffing does not match the complexity of the patient." According to one Focus Group participant, the anticipated consolidation of resources between Holy Family Hospital and Lawrence General Hospital may reduce access to laborists who are dedicated providers in the hospital setting.

Prevention and Wellness Care

A variety of preventative health measures are used to assess the health of adults. These preventative measures include the flu and COVID vaccine, and colon, breast, and skin cancer screenings. Community Members were vocal about the need for preventative care, particularly free screenings and health education. They mentioned most often health education and public awareness as improving health outcomes, indicating a strong demand for better information. They said there should be "more culturally aware vaccine education to convince parents to fully immunize children." And "Consistent health messaging in a personal way" will lead to improved health. "Initiatives that engage and motivate participants to make healthy choices" would be effective.

The flu vaccine as well as the COVID vaccine are recommended as annual prevention measures, particularly for older adults. For influenza, individuals in Massachusetts, Essex and New Hampshire have a higher percentage of vaccination than in the U.S. or Rockingham County. Yet, over half (51.6%) of Community Members reported that they did not get the flu vaccine in the past 12 months. During the 2023-2024 season, there was low vaccination rate against COVID-19 in Massachusetts. The rate was somewhat higher in the counties.

Cancer screenings are important for the early detection and treatment of cancer. For women, mammograms for the prevention of breast cancer and Pap smears for the prevention of cervical cancer are recommended**.** Healthy People has set a target to "increase the proportion of females who receive a breast cancer screening" to 80.3%. Massachusetts and both counties exceed this target. Also, the percentage of mammograms for women ages 50 to 74 in the last 2 years in both counties (81.1% in Essex and 83.5% in Rockingham) surpasses the nation. The Healthy People 2030 target for cervical cancer screenings is 79.2%. Although close, none of the geographies meets or surpasses this target. Cervical cancer screenings in Rockingham County are fewer than all other geographies.

Colorectal screening is important for men and women. Sigmoidoscopies/Colonoscopies are used to detect the presence of colorectal cancer. Older adults ages 50 to 75 years in Massachusetts and New Hampshire are more likely to screen for colorectal cancer than are the adults in the counties or the nation.
As it relates to skin cancer, Community Members were asked about their use of sunscreen as a preventative measure. 76.4% stated they use it "always, most of the time, or sometimes" while 21.4% stated that they "rarely or never" do.

Reducing preventable hospital stays can result in cost savings, improved quality of care, improved patient experience and patient quality of life. Massachusetts and Essex County have more preventable hospital stays per 1,000 Medicare enrollees (3,158 and 3,301 respectively). New Hampshire, Rockingham County and the nation overall have fewer preventable hospital stays.

Preterm birth, defined as being born before 37 completed weeks of gestation, can lead to long-term challenges for some babies, including intellectual and developmental disabilities and problems with lungs, heart, eyes and other organs. Healthy People 2030 has established a target for preterm births of no more than 9.4% of all live births. Both counties are meeting this objective, yet the percentage of preterm births in Rockingham County (8.9%) is somewhat higher than in New Hampshire (8.3%). Positively, Essex County is lower than Massachusetts and for both counties and states the percentages are lower than the percentage of preterm births in the nation (10.4%). Maternal and child health issues such as the lack of adequate prenatal care were discussed in the Focus Groups. "The population of pregnant woman may already have HIV, and other complex issues. They need more follow-up beyond just medications." "Hypertension and diabetes is difficult and you are also treating the baby. They don't get preventive medicine to begin with."

Mental/Behavioral Health and Substance Abuse

According to the Centers for Disease Control, mental and physical health go hand in hand in terms of overall health. For example, depression is linked to the presence of long-lasting conditions such as diabetes, heart disease and stroke and increases the risk for other physical health problems. Also, the presence of chronic conditions can increase the risk for mental health issues. When demands on an individual are greater than their resources, their mental health may be affected, and they may also engage in risky behaviors. Social Determinants of Health such as income, housing and immigration status can impact mental health and increase the use of substances as well. Also compounding the situation according to a Focus Group member is the fact that "An open discussion about mental health is not engrained in you and this may be generational. We need to break that cycle in families. We live in a society where it is looked down upon to ask for help with mental health or any other social resources."

Behavioral health refers to the treatment of mental health conditions, substance use disorders, and other behaviors that can affect a person's well-being. Key Informants identified behavioral health and substance abuse/alcohol abuse as the top 2 health issues, selected by 84.1% and 63.3% respectively. Behavioral health issues are noted to be affecting all age groups and substance abuse/alcohol abuse issues are affecting individuals ages 11 to 20, 21 to 40 and 41 to 70 the most. A Focus Group member

noted that issues of substance abuse are particularly difficult to handle in 16 to 18 year olds in light of the limited availability of resources and clinicians for this age group. "A lot of services have left that serviced youth because this is not a money maker." One Key Informant called for family supports when facing behavioral health issues and respite programs to keep children with behavioral health issues out of emergency departments. Another stated, "Behavioral Health as a whole to include MH (mental health) and Suicide and Substance and Alcohol abuse is the largest problem that either directly or indirectly affects all age groups. It also impairs the ability to care for other manageable health concerns such as diabetes and obesity."

Mental Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral and mental health of the nation and to improve the lives of individuals living with mental and substance abuse disorders and their families. Data related to the prevalence of mental health and substance abuse issues are collected by region. Essex County is in the Massachusetts Northeast Region and Rockingham County is in the New Hampshire Southern Region.

Overall, the New Hampshire Southern Region experienced more mental illness than the Massachusetts Northeast Region in the past year. Specifically, serious mental illness is higher in New Hampshire and the Southern Region (5.2% and 5.1% respectively) than in Massachusetts (4.7%), Massachusetts Northeast Region and (4.5%) and the U.S. (4.5%). Major depression in the population is also highest in New Hampshire (8.0%) and the Southern Region (7.7%). Perhaps related is the fact that a smaller percentage of individuals in these two geographies received mental health services in the past year. Healthy People 2030 has an established goal to "Increase the proportion of adults with serious mental illness who get treatment (MHMD-04)." The target is 68.8%. The percentage of individuals receiving treatment in both regions is much less than the target (20.6% in the Northeast Region and 18.5% in the Southern Region.)

SAMHSA also measures serious thoughts of suicide which are highest in New Hampshire (4.9%), followed by the Southern Region (4.8%). Similarly, the crude death rate for intentional self-harm per 100,000 (suicide) is substantially higher in Rockingham County (11.3) than in Essex County (6.8). In New Hampshire, the suicide rate is 17.7 per 100,000.

According to County Health Rankings, the population in Essex County is reported to have experienced 5.1 poor mental health days in the last 30 days while those in Rockingham County experienced fewer (4.6 days per month). The national figure is 4.8 days. The percentage of the population with frequent mental distress ranges from 14% in Massachusetts to 16% in New Hampshire and Essex County. Almost half of Community Members reported feeling stressed out or overwhelmed "sometimes" and 31.6% are "always" stressed out or stressed out "most of the time". Consistent with this is the fact that 34.8% of Community Members have been told that they have an anxiety disorder by a health professional and 29.0% have been told they have a depressive disorder. Nevertheless, a substantial percentage (81.4%) of Community Members rated their mental health as "good, very good or excellent". Almost 16% rated their mental health as "fair" and only 2.4% said it is "poor".

Key Informants (70.5%) identified mental health services as the top missing resource in the community. Community Members also identified mental health as the most pressing health issue facing their community and treatment services as missing resources. According to an Informant, "There is a serious need to address peri/postpartum mental health in Latinas in this community." We need "more culturally sensitive, multilingual mental health programming that is accessible to the underinsured." A Focus Group member identified the need for a partial hospitalization program as well as mental health services in languages spoken by community members. Lastly, "Hoarding and housing are problems for which mental health resources are needed to help bridge the gap."

A Community Member offered a lifelong solution to these issues. "Mental health and substance abuse needs to be assessed starting in grammar school. The children will feel safe to discuss it and problems can be navigated early on. They can be taught early on that they are not a burden, and it doesn't carry a stigma."

Substance Abuse

SAMHSA tracks several indicators related to alcohol, marijuana, cocaine, and heroin use by individuals 12 years or older. Generally, the use of substances (alcohol, marijuana, and cocaine) among the populations in the Massachusetts Northeast and New Hampshire Southern regions is higher than in the nation, but less than in Massachusetts and New Hampshire. However, 8.1% of Community Members report using marijuana "always, most of the time or sometimes" and this is higher than the data from SAMHSA. Focus Group members discussed a new substance that is readily available and harmful. "Kratom is available in grocery stores as is Zin and other nicotine products. Dextromethorphan is also being used."

Excessive drinking includes binge drinking (defined as males having 5 or more alcoholic drinks and females having 4 or more drinks on 1 occasion) and/or heavy drinking (males having more than 2 alcoholic drinks and females having more than 1 drink per day). The percentage of adults engaging in excessive drinking is higher in Rockingham County (20%) than in the other geographies (18% in U.S. and Essex County and 19% in Massachusetts and New Hampshire). Almost 20% of Community Members reported that they drank excessively 1 to 2 times in the past 30 days and 8.6% drank excessively 3 to 5 times, 6 to 10 times or 11 to 15 times. A Focus Group member commented, "Substance abuse and alcoholism are really coming out since COVID."

Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke, and heart disease. Healthy People 2030 has established a target of 6.1% or less of the population currently smoking. Twelve percent (12%) in Essex and 13% in Rockingham counties are current smokers, less than adults in the nation (15%). 4.2% of Community Members report that they smoke every day. A Key Informant pointed out that the amount of vaping is high. The percentage of Community Members using electronic cigarettes or vaping "always, most of the time or sometimes" is 6.3%. A higher percentage report being exposed to secondhand smoke or vaping mist "always, most of the time or sometimes" (15.9%).

Access to Providers and Treatment

The cities of Lawrence and Haverhill have been designated as Health Resource Shortage areas for mental health by the U.S. Health Resources Services Administration. Yet, County Health Rankings finds that Massachusetts and Essex County have more mental health providers per individual than the nation. In Massachusetts, there is one mental health provider for every 140 individuals (140:1) and in Essex County the density is 150 individuals per provider (150:1). In the U.S., the density is 320:1. By contrast, New Hampshire is 260:1 and Rockingham County is 330:1. The difference between the designation as a Health Resource Shortage Area and the ratio of individuals to provider in the counties highlights an access issue specific to the cities of Lawrence and Haverhill due to the lack of mental health providers. Towns surrounding the city of Lawrence are perceived by Focus Group participants to have even fewer mental health providers. Community Member echoed these concerns, "The Merrimack Valley needs more psychiatrists and behavioral health clinicians".

The city of Lawrence is reported to have several outpatient services for Opioid treatment, however; there are less services outside the city including in Haverhill where the services are reported to be "less robust". Individuals residing in New Hampshire are not able to access services located in Massachusetts because most practitioners are not licensed in that state. A Focus Group member remarked "The community of Lawrence has tried to hire practitioners to help, such as a police department ride along resource but it is impossible to retain people."

An overwhelming majority of Key Informants (90.2%) disagree or strongly disagree that there are enough mental/behavioral health providers. One Key Informant called for "the use of more Community Health Workers to meet with the community and educate them on behavioral changes and ways to stay healthy and well." Another Key Informant stated "I believe the lack of community and connection has deteriorated over the past decade or so, exacerbated by COVID and as result, many people of all ages are struggling with depression and anxiety. Coping strategies and access to affordable and competent behavioral health are lacking." Focus Group members also spoke to the lack of mental health and substance use providers. "On the behavioral health side there is nothing! There are a few psychiatrists in clinic but they can't come close to meeting the demands. We can't provide ongoing care; we only provide one or two visits and then they are transferred to an outside agency but wait lists are so long."

Focus Group members discussed the effect of the lack of providers on individuals needing care. "The impact on these folks includes prolonged ED visits and then a psych admission. This creates negative health outcomes." Others are sent home without appropriate care. "They sit in the ER for a psych visit which may or may not happen and then are sent home with no plan." And likewise, "People sit on waiting lists, which often causes them to change their minds (about receiving care) since they need to trust to start on a journey. There are not enough appropriate clinicians to service their need."

Positively, Focus Group members commented that "School resources and the youth center work well together. School screenings are plentiful and this data is reported to public health." They also perceive that "Substance abuse services in outpatient settings in Lawrence are extensive with minimal barriers to care and an alcohol and opioid use focus."

COMMUNITY HEALTH REPORT CARDS

The Community Health Report Card highlights statistics that vary between the primary service area, counties, Massachusetts, New Hampshire, and the United States. When only state and national data are available, the state will be classified as an area of greatest strength, area of moderate need or an area of greatest need. When county data are available, it will be classified rather than the state. To be classified as an area of strength, the local figure is similar to or must exceed the state and national data. Conversely, to be classified as an area of need, the local figure must be unfavorable compared to the state and national statistics. Not all figures on the Community Health Report Card will have accompanying national or state comparisons. Some questions were only asked of the local Key Informants or Community Members. When a comparison is unavailable the cell is omitted.

LAWRENCE GENERAL HOSPITAL HOLY FAMILY HOSPITALS

2025 Community Health Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	U.S.	MASSACHU-SETTS	ESSEX COUNTY	NEW HAMPSHIRE	ROCK-INGHAM COUNTY
SOCIAL DETERMI-NANTS OF HEALTH	LANGUAGE	Population who speak English less than "very well"	37.9%	39.2%		29.8%	
	INCOME	Population living below 100% the poverty level	12.5%	9.9%		7.3%	
		% of unemployed older adults (20-64 years)	4.6%	4.6%		2.9%	
		Key Informants selected as the most significant barrier keeping individuals in the community from accessing health care: Inability to pay out of pocket expenses	68.2%				
		Community members who reported not having enough to eat "Sometimes or Often"	5.0%				
	EDUCATION	Adults with a bachelor's degree or higher (35-64 years)	34.3%	45.9%		39.0%	
	AFFORDABLE HOUSING	Renters spending more than 30% of their income on housing	49.9%	50.2%		46.8%	
		Homeowners spending more than 30% of their income on housing	27.3%	29.8%		28.2%	
	SOCIAL SUPPORT	Householders living alone	28.3%	28.5%		27.1%	
	HEALTH CARE ACCESS	% of population without health insurance coverage	8.7%	2.7%		5.8%	
		Key Informants ranked as the most inadequately served: uninsured/ underinsured	56.8%				
		Population to primary care physician ratio	1,330:1	990:1	1,350:1	1,150:1	1,270:1
		Population to mental health providers ratio	320:1	140:1	150:1	260:1	330:1
		Population to dentist ratio	1,360:1	910:1	1,080:1	1,300:1	1,310:1
		Key Informants disagreed or strongly disagreed that residents have sufficient access to transportation for local medical appointments	63.5%				
		Most prevalent barriers to accessing care cited by key informants: Inability to pay out of pocket expenses/availability of providers/ appointments	68.2%/ 65.9%				
		Community members selected behavioral/mental health services among the Top 5 most pressing health issues	56.1%				
		Community members reported free/low cost dental care as the resource missing the most	49.7%				
		Community members rated their level of trust of Lawrence General Hospital as low (2 or 1 with 5 being high)	15.7%				
		Community members rated their level of trust of Holy Family Hospital as low (2 or 1 with 5 being high)	34.2%				
		Community members rated their level of trust of Greater Lawrence Family Health Center as low (2 or 1 with 5 being high)	28.8%				
	BUILT ENVIRONMENT	Food environment index (Ranking from 1 - worst to 10 – best)	7.7	9.2	8.8	9.5	9.2
		Physical Inactivity (Adults 18+ years)	23%	21%	22%	19%	18%
		Community members reported that during the past month, they did not participate in any physical activities or exercises	33.2%				

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

DOMAIN	INDICATOR	MEASURE	U.S.	MASSACHU-SETTS	ESSEX COUNTY	NEW HAMPSHIRE	ROCK-INGHAM COUNTY
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Adults reported the number of poor physical health days in the past 30 days	3.3	2.7	2.9	3.0	2.9
		Adults reported the number of poor mental health days in the past 30 days	4.8	4.4	5.1	5.2	4.6
		Frequent Physical Distress	10%	8%	9%	9%	9%
		Frequent Mental Distress	15%	14%	16%	16%	15%
		Obese adults (BMI ≥ 30)	34%	28%	30%	31%	29%
		Key Informants selected as the Top 5 pressing health issue: Behavioral Health	84.1%				
		Key Informants selected as second among the Top 5 pressing health issue: Substance Abuse/Alcohol Abuse	63.3%				
		Key Informants disagreed or strongly disagreed that there are enough Mental/Behavioral Health providers	90.2%				
		Key Informants selected as the Top 5 missing service and resources: Mental Health Services	70.5%				
		Community members described their physical health as "Fair or Poor"	14.0%				
		Community members described their mental health as "Fair or Poor"	18.3%				
		Community members described their community's health as "Somewhat Unhealthy or Unhealthy or Very Unhealthy"	76.0%				
		Community members who have ever been told by a health professional that they have an anxiety disorder	34.8%				
		Community members who have ever been told by a health professional that they have a depressive disorder	29.0%				
		Community members who reported feeling stressed out or overwhelmed "Always" or Most of the Time"	31.6%				
		Community members who have ever been told by a health professional that they have high cholesterol/high blood pressure	38.2%/ 32.5%				
		Community members who have ever been told by a health professional that they have diabetes	11.5%				
		Community members who have ever been told by a health professional that they have arthritis, gout, lupus or fibromyalgia	23.6%				
	TOBACCO AND ALCOHOL USE	Adults who currently smoke	15%	11%	12%	13%	13%
		Adults who drink excessively	18%	19%	18%	19%	20%
		Community members who reported having 5 or more drinks (men) or 4 or more drinks (women) on one occasion or in one sitting in the past month	28.2%				
		Community members who reported exposure to second hand smoke or vaping mist at home or work: "Always, Most of the Time or Sometimes"	15.9%				

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

LAWRENCE GENERAL HOSPITAL HOLY FAMILY HOSPITALS

2025 Community Health Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	U.S.	MASSACHU-SETTS	ESSEX COUNTY	NEW HAMPSHIRE	ROCK-INGHAM COUNTY
HEALTH BEHAVIORS	PREVENTION	Community members who reported delaying medical care in the past 12 months: Couldn't get an appointment soon enough	34.3%				
		Community members who reported eating fast food more than once a week: "Always, Most of the Time or Sometimes"	37.7%				
		Community members who did not have a flu vaccine in the past 12 months	51.6%				
		Community members who reported practicing safe sex "Sometimes, Rarely, Never"	10.2%				
		Older adult women who had a Mammogram in the past 2 years	76.3%	84.9%	81.1%	80.8%	83.5%
		Adult women who had a Pap test in the past 3 years	77.7%	77.8%	78.3%	78.4%	75.6%
		Older adults who had a Sigmoid/Colonoscopy in the past 10 years	71.9%	77.0%	67.8%	75.8%	66.5%
HEALTH OUTCOMES	CHRONIC CONDITIONS	Total Cancer incidence rate per 100,000 population	444.4	437.2	433.6	472.5	475.6
		Adults diagnosed with Diabetes	10%	8%	8%	7%	7%
		Adults diagnosed with Coronary Heart Disease	4.4%	4.6%	4.9%	4.7%	5.4%
		Adults diagnosed with Asthma	10.4%	11.3%	11.0%	13.1%	10.2%
		Adults diagnosed with COPD	6.9%	5.8%	5.4%	6.7%	6.5%
	PREMATURE DEATH	Years of potential life lost (death before age 75) per 100,000 population	8,000	5,900	5,900	6,500	5,100
	DEATH RATES	Multiple Cause of Death Rate per 100,000 population	984.1	907.6	924.2	1,040.3	934.5
		Mortality rate for Diseases of heart	210.9	178.0	190.9	211.5	198.2
		Total Cancer mortality rates per 100,000 population	146.0	137.0	130.8	144.5	136.8
		Lung and Bronchus Cancer mortality rate per 100,000 population	32.4	30.6	29.4	33.0	31.4
		Breast cancer mortality rate per 100,000 population	19.3	15.2	15.7	17.6	15.3
		Prostate cancer (male) mortality rate per 100,000 population	19.0	18.3	16.7	19.0	18.0
		Influenza and Pneumonia death rate per 100,000 population	14.1	13.4	13.0	11.7	9.1
		Accidents (unintentional injuries) death rate per 100,000 population	68.1	68.5	68.0	74.5	57.3
		Alzheimer's death rate per 100,000 population	36.0	22.9	23.9	33.1	28.2

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

SECONDARY DATA PROFILE

I. Demographics

A. Population Estimates

Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center is located in the Merrimack Valley, Massachusetts, near the border of New Hampshire. The primary service area is comprised of 19 towns as displayed in Table A1. Fifteen towns are located in Essex County, Massachusetts and 4 are in Rockingham County, New Hampshire.

Table A1. Primary Service Area

Essex County, Massachusetts	
Amesbury	Merrimac
Andover	Newbury
Boxford	Newburyport
Georgetown	North Andover
Groveland	Rowley
Haverhill	Salisbury
Lawrence	West Newbury
Methuen	
Rockingham County, New Hampshire	
Atkinson	Salem
Plaistow	Windham

The estimated adult population in the towns located in the Massachusetts service area is 367,706 in the period from 2018 to 2022. The city of Lawrence accounts for the largest portion, totaling 88,067. This is followed by Haverhill (67,273). The total population in the service area in New Hampshire is less (61,111) and the largest town is Salem with a population of 30,350.

Table A2. Primary Service Area Total Population (2018-2022)

	Total Population	Male Population	Female Population
United States	**331,097,593**	**49.6%**	**50.4%**
Massachusetts	**6,984,205**	**49.0%**	**51.0%**
Amesbury	17,279	48.3%	51.7%
Andover	36,389	48.5%	51.5%
Boxford	8,168	51.2%	48.8%
Georgetown	8,455	49.0%	51.0%
Groveland	6,742	48.3%	51.7%
Haverhill	67,273	49.0%	51.0%
Lawrence	88,067	49.6%	50.4%
Merrimac	52,812	48.1%	51.9%
Methuen	6,717	52.5%	47.5%
Newbury	6,723	46.3%	53.7%
Newburyport	18,356	44.7%	55.3%
North Andover	30,847	50.5%	49.5%
Rowley	6,175	48.8%	51.2%
Salisbury	9,182	49.2%	50.8%
West Newbury	4,521	49.3%	50.7%
Total MA Towns Population	367,706		
New Hampshire	**1,379,610**	**50.0%**	**50.0%**
Atkinson	7,154	52.4%	47.6%
Plaistow	7,843	47.9%	52.1%
Salem	30,350	50.9%	49.1%
Windham	15,764	52.1%	47.9%
Total NH Towns Population	61,111		

Source: U.S. Census Bureau

The population in the overall service area is predominantly White. The town of Andover in Massachusetts is more diverse than most others with 14.8% of the population comprised of Asian or Pacific Islanders. In Haverhill, Massachusetts, 9.9% are classified as "some other race". A very large portion of the population in the city of Lawrence are estimated to be Hispanic or Latino. The Hispanic or Latino population in Haverhill is 24.2%.

Table A3. One Race Alone, Population (2018-2022)

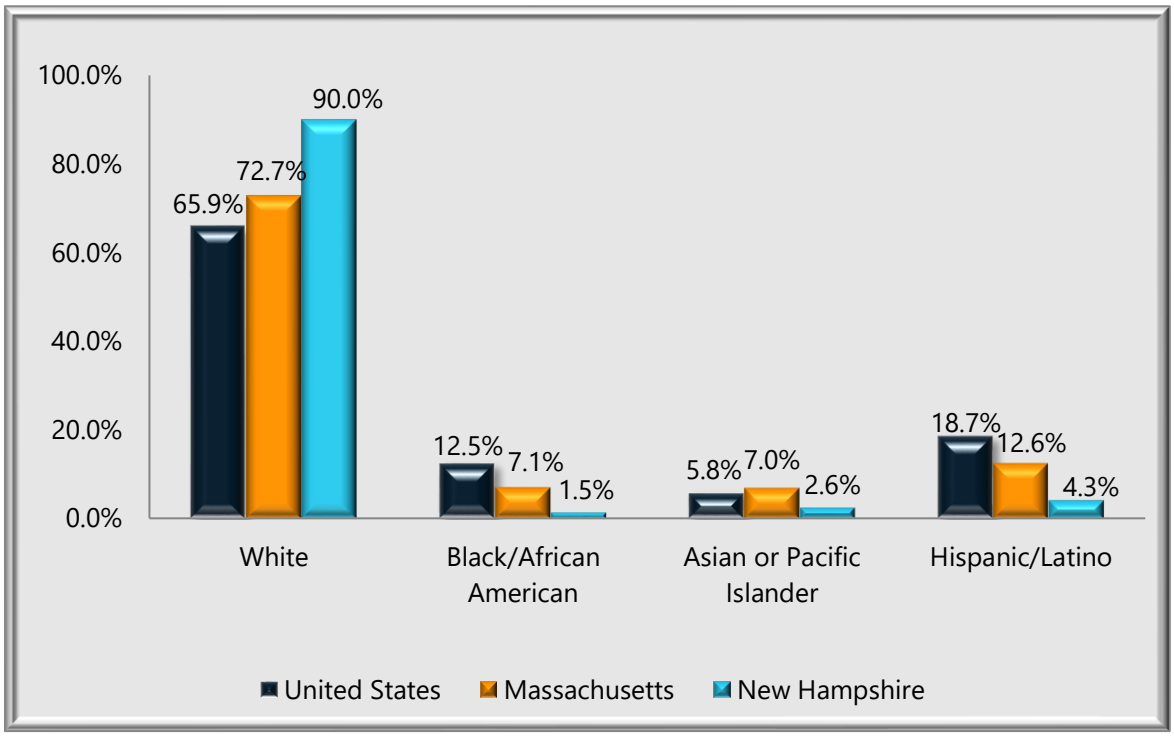
	Total Population	White	Black/ African American	American Indian/ Alaska Native	Asian or Pacific Islander	Native Hawaiian and Pacific Islander	Some Other Race	Hispanic or Latino (of any race)[a]
United States	**331,097,593**	**65.9%**	**12.5%**	**0.8%**	**5.8%**	**0.2%**	**6.0%**	**18.7%**
Massachusetts	**6,984,205**	**72.7%**	**7.1%**	**0.2%**	**7.0%**	**0.0%**	**5.0%**	**12.6%**
Amesbury	17,279	88.9%	3.1%	0.1%	1.0%	0.0%	1.2%	2.7%
Andover	36,389	74.7%	2.5%	0.2%	14.8%	0.0%	2.2%	9.3%
Boxford	8,168	92.8%	0.0%	0.0%	1.1%	0.0%	0.0%	2.3%
Georgetown	8,455	91.5%	1.2%	0.1%	1.0%	0.0%	0.2%	2.5%
Groveland	6,742	98.1%	0.0%	0.0%	0.2%	0.0%	0.6%	4.0%
Haverhill	67,273	71.5%	3.8%	0.1%	1.5%	0.0%	9.9%	24.2%
Lawrence	88,067	26.1%	5.1%	0.3%	2.1%	0.0%	51.3%	82.0%
Merrimac	6,717	93.7%	0.0%	0.0%	0.6%	0.0%	0.0%	1.7%
Methuen	52,812	62.2%	5.5%	0.2%	4.2%	0.0%	17.3%	29.9%
Newbury	6,723	92.1	0.0%	0.0%	1.9%	0.0%	1.8%	1.7%
Newburyport	18,356	93.7%	0.6%	0.0%	1.5%	0.0%	0.3%	2.8%
North Andover	30,847	82.9%	2.5%	0.2%	6.8%	0.0%	2.8%	8.7%
Rowley	6,175	94.2%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%
Salisbury	9,182	87.6%	1.1%	0.2%	3.1%	0.0%	1.7%	6.3%
West Newbury	4,521	88.3%	0.0%	0.7%	2.0%	0.0%	0.0%	4.1%
New Hampshire	**1,379,610**	**90.0%**	**1.5%**	**0.2%**	**2.6%**	**0.0%**	**1.1%**	**4.3%**
Atkinson	7,154	94.9%	0.0%	0.0%	1.4%	0.0%	1.2%	2.2%
Plaistow	7,843	86.5%	0.8%	0.0%	0.4%	0.0%	4.6%	7.2%
Salem	30,350	87.7%	1.2%	0.3%	3.9%	0.0%	2.4%	9.2%
Windham	15,764	86.5%	0.6%	0.0%	5.7%	0.0%	1.6%	2.8%

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

[b]Race will not add to 100% as some of the population is recorded as 2 or more races.

Figure A1. Racial breakdown of the three major races and Hispanic/Latino (2018 – 2022)



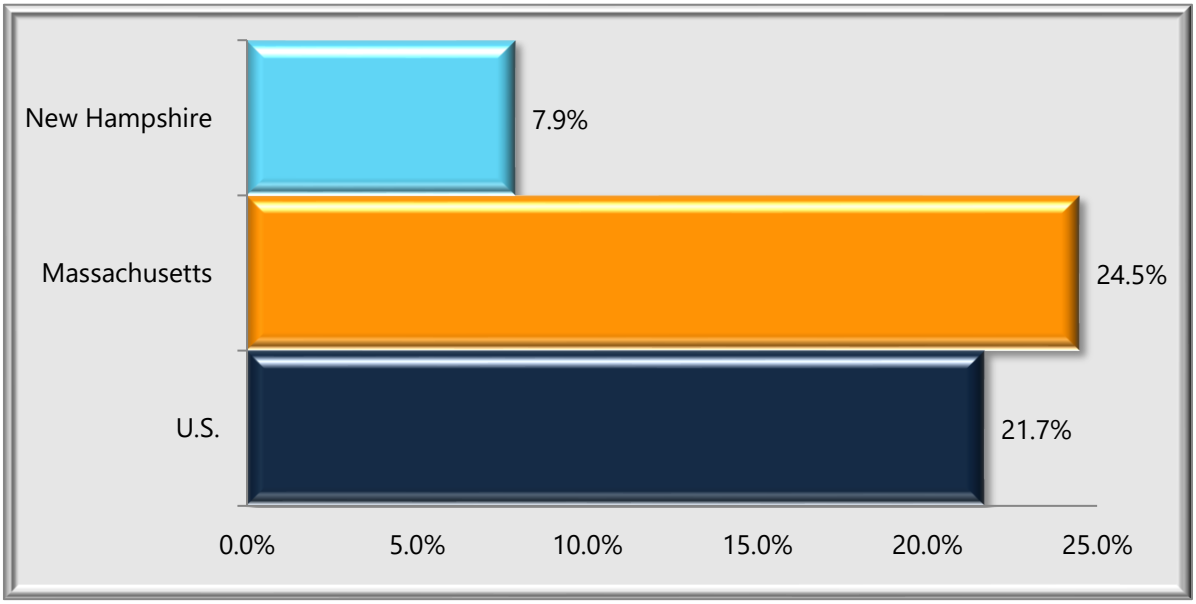
In the state of Massachusetts, about one quarter of the population speaks a language other than English at home and 39.2% speak it less than "very well". In New Hampshire the population speaking another language is far less (7.9%). Over three-quarters (77.9%) of the population in the city of Lawrence speak a language other than English and half of those individuals, speak the language less than very well. In Methuen, Massachusetts, 37.1% speak a language other than English.

Table A4. Language Other than English Spoken at Home, Population 5 Years and Over (2018 - 2022)

	Spoken language other than English	Speaks English less than "very well"
United States	**21.7%**	**37.9%**
Massachusetts	**24.5%**	**39.2%**
Amesbury	6.0%	27.5%
Andover	19.7%	24.2%
Boxford	7.5%	24.7%
Georgetown	3.3%	28.9%
Groveland	3.1%	27.4%
Haverhill	23.7%	28.5%
Lawrence	77.9%	50.0%
Merrimac	6.9%	22.2%
Methuen	37.1%	34.4%
Newbury	4.9%	25.7%
Newburyport	6.5%	39.6%
North Andover	15.2%	37.7%
Rowley	2.2%	65.9%
Salisbury	8.2%	22.2%
West Newbury	4.9%	26.4%
New Hampshire	**7.9%**	**29.8%**
Atkinson	4.2%	0.0%
Plaistow	4.2%	6.5%
Salem	11.5%	32.7%
Windham	8.1%	27.9%

Source: U.S. Census Bureau

Figure A2. Percentage of population speaking language other than English (2018 - 2022)



The veteran population in Massachusetts numbers 266,304 and 90,386 in New Hampshire. In the service area, the veteran population totals 15,555.

Table A5. Veteran Population (2018 - 2022)

	Veteran Population Total		Veteran Population Total
United States	**17,038,807**	Newbury	557
Massachusetts	**266,304**	Newburyport	832
Amesbury	553	North Andover	840
Andover	1,007	Rowley	294
Boxford	364	Salisbury	706
Georgetown	647	West Newbury	325
Groveland	269	**New Hampshire**	**90,386**
Haverhill	2,890	Atkinson	582
Lawrence	993	Plaistow	485
Merrimac	319	Salem	1,546
Methuen	1,821	Windham	525

Source: U.S. Census Bureau

B. Household Estimates

The majority of residences in the service area with the exception of residences in Lawrence are occupied by the owner. The percentage of those that own their residence range from 29.9% (Lawrence) to 95.3% (Windham, NH). In the United States, the percentage of homeowners is 64.8%, similar to Massachusetts (62.4%) and less than New Hampshire (72.3%). The percentage of renter-occupied houses is lower in all areas. Vacant houses account for 10.8% in the nation, 8.6% in Massachusetts and 14.9% in New Hampshire. The town with the highest vacancy rate is Salisbury (20.3%), followed by Newbury (15.5%).

Table B1. Housing Tenure (2018 - 2022)

	Owner-occupied residences	Renter-occupied residences	Vacant housing
United States	**64.8%**	**35.2%**	**10.8%**
Massachusetts	**62.4%**	**37.6%**	**8.6%**
Amesbury	67.4%	32.6%	2.8%
Andover	81.4%	18.6%	3.8%
Boxford	94.4%	5.6%	2.3%
Georgetown	82.2%	17.8%	1.6%
Groveland	91.5%	8.5%	1.4%
Haverhill	60.0%	40.0%	4.6%
Lawrence	29.9%	70.1%	3.4%
Merrimac	79.5%	20.5%	4.8%
Methuen	74.0%	26.0%	4.1%
Newbury	87.5%	12.5%	15.5%
Newburyport	77.0%	23.0%	7.9%
North Andover	69.6%	30.4%	4.7%
Rowley	80.5%	19.5%	0.7%
Salisbury	77.2%	22.8%	20.3%
West Newbury	94.2%	5.8%	10.1%
New Hampshire	**72.3%**	**27.7%**	**14.9%**
Atkinson	93.4%	6.6%	3.1%
Plaistow	83.5%	16.5%	2.3%
Salem	77.2%	22.8%	5.9%
Windham	95.3%	4.7%	7.2%

Source: U.S. Census Bureau

The median home value in Massachusetts is $483,900 and $337,100 in New Hampshire. In comparison, the towns of Amesbury, Groveland, Haverhill, Lawrence, Merrimac, Methuen and Salisbury in Massachusetts are below this value. None of the towns in New Hampshire are below the median home value for New Hampshire. In terms of rent, in Massachusetts the median monthly cost is $1,588 and in

New Hampshire, it is $1,336. Several towns in Massachusetts including Andover, Georgetown, Newbury, North Andover and West Newbury have higher rents. Plaistow, Salen and Windham in New Hampshire also have higher rents than the median in the state. The very low median rent in Boxford ($730) is based upon a very small percentage of renters in the town (5.6%).

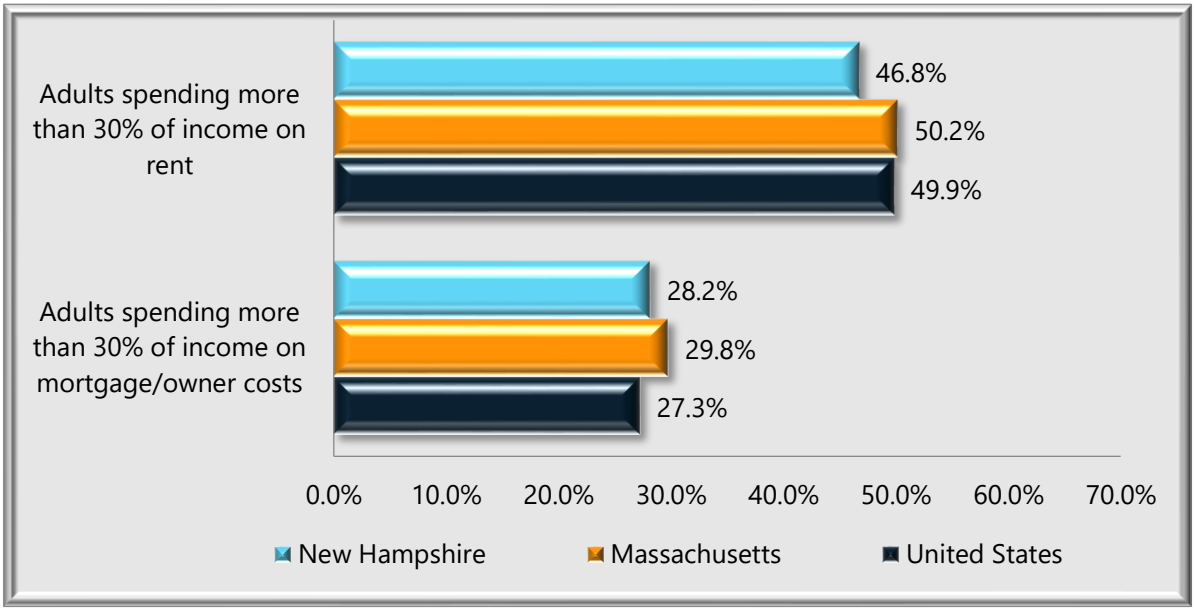
Thirty percent (30%) of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship. The percentage of adults spending more than 30% on rent range from 37.5% in Andover to 72.9% in Boxford. By contrast, this is 50.2% in Massachusetts and 46.8% in New Hampshire and 49.9% in the U.S. Households in this range are considered housing cost burdened.

Table B2. Housing Characteristics (2018 – 2022)

	Median Home Value ($)	Median Rent ($)	Adults spending more than 30% of income on mortgage/ owner Costs	Adults spending more than 30% of income on rent
United States	**281,900**	**1,268**	**27.3%**	**49.9%**
Massachusetts	**483,900**	**1,588**	**29.8%**	**50.2%**
Amesbury	435,400	1,464	31.8%	57.7%
Andover	756,600	2,037	27.5%	37.5%
Boxford	816,200	730	35.9%	72.9%
Georgetown	563,100	2,044	19.2%	53.4%
Groveland	483,700	1,576	29.7%	47.3%
Haverhill	400,900	1,462	32.5%	57.4%
Lawrence	370,600	1,502	50.6%	57.5%
Merrimac	462,900	1,179	30.5%	48.2%
Methuen	439,500	1,514	29.9%	64.3%
Newbury	745,700	2,092	23.3%	52.7%
Newburyport	737,200	1,426	28.9%	46.6%
North Andover	621,100	2,061	28.0%	52.0%
Rowley	610,500	1,211	28.9%	41.8%
Salisbury	436,700	1,556	29.7%	54.8%
West Newbury	726,300	2,143	20.7%	66.1%
New Hampshire	**337,100**	**1,336**	**28.2%**	**46.8%**
Atkinson	459,000	1,158	25.1%	56.4%
Plaistow	370,300	1,524	22.8%	47.3%
Salem	406,600	1,453	26.9%	39.2%
Windham	609,900	3,125	25.1%	61.8%

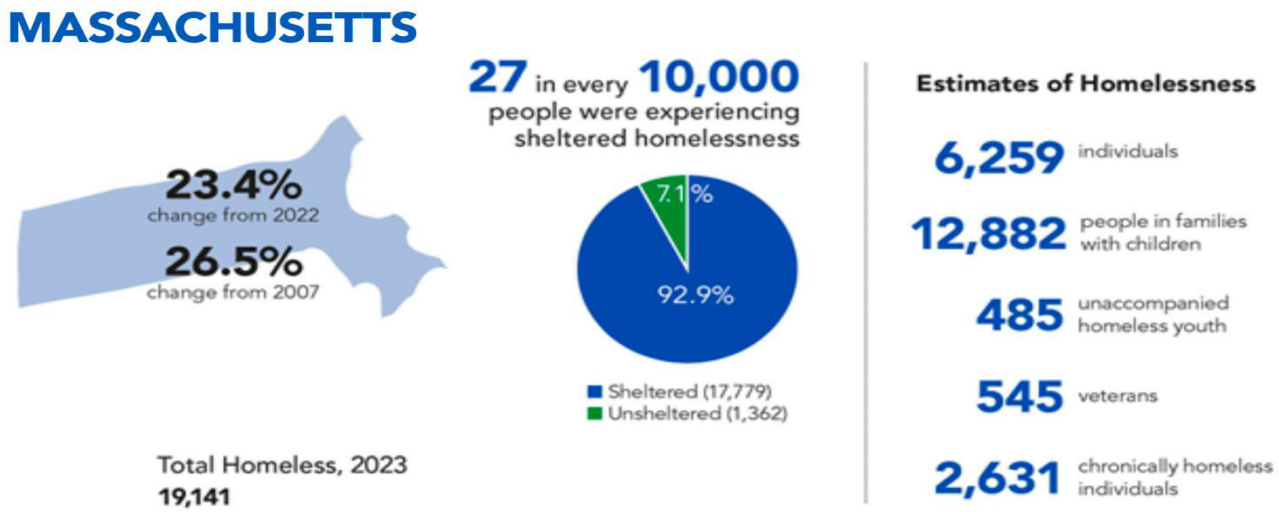
Source: U.S. Census Bureau

Figure B1. Adult Housing costs greater than or equal to 30% of income (2018 – 2022)



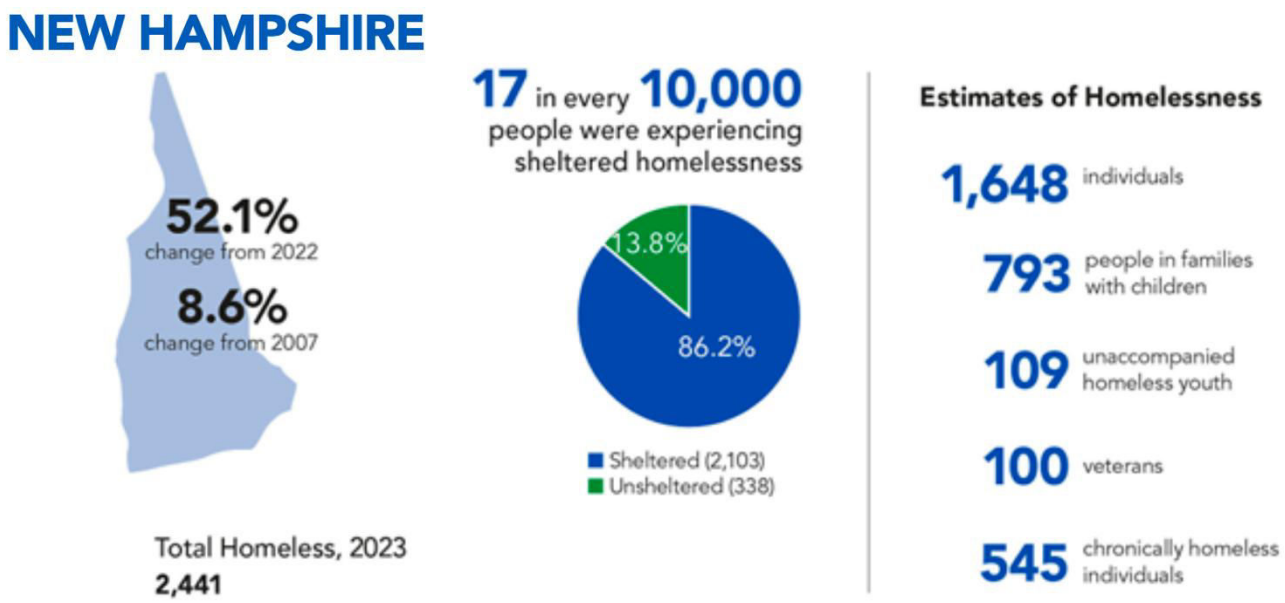
In Massachusetts, the Department of Housing and Urban Development (HUD) estimates that 27 in every 10,000 people were experiencing sheltered homelessness (6,259 individuals and 12,882 families). Another 1,362 were unsheltered in 2023. In New Hampshire, it is estimated that 17 in every 10,000 were experiencing sheltered homelessness including 1,648 individuals and 793 families.

Figure B2. Estimates of Homelessness in Massachusetts (2023)



Source: Department of Housing and Urban Development (HUD)

Figure B3. Estimates of Homelessness in New Hampshire (2023)



Source: Department of Housing and Urban Development (HUD)

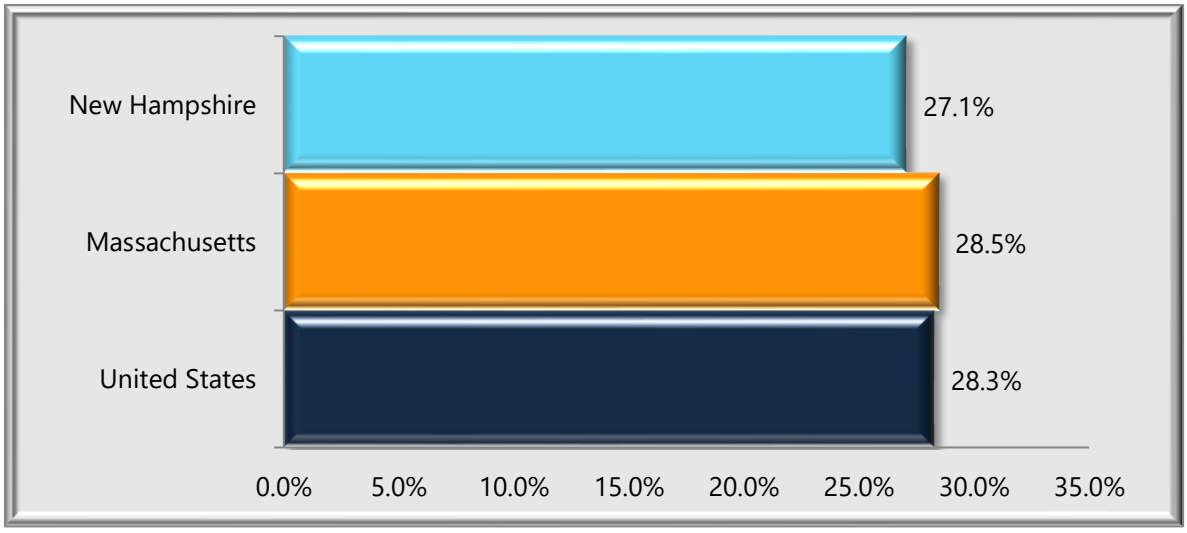
Households are identified as either family households or non-family households. Typically, there are a greater number of family households than non-family households in a geography. Massachusetts and the nation are similar in the percentage of households living alone and New Hampshire is slightly less (27.1%). In comparison, the percentage in towns ranges from 8.9% (West Newbury) to 31.2% in Salisbury. Living alone generally results in a higher risk for social isolation.

Table B3. Households by Type (2018 - 2022)

	Family Households	Non-family Households	Householder Living Alone
United States	**81,432,908**	**44,303,445**	**28.3%**
Massachusetts	**1,716,907**	**1,024,088**	**28.5%**
Amesbury	4,612	2,976	30.8%
Andover	10,147	3,214	20.6%
Boxford	2,340	506	13.0%
Georgetown	2,333	842	21.7%
Groveland	1,924	689	20.7%
Haverhill	16,585	9,391	26.4%
Lawrence	20,841	9,489	25.5%
Merrimac	1,816	828	25.1%
Methuen	13,789	5,254	23.3%
Newbury	1,882	619	17.0%
Newburyport	5,035	2,556	27.7%
North Andover	7,616	3,695	25.4%
Rowley	1,894	482	17.4%
Salisbury	2,379	1,671	31.2%
West Newbury	1,346	278	8.9%
New Hampshire	**353,906**	**191,210**	**27.1%**
Atkinson	2,043	865	21.5%
Plaistow	2,158	1,049	29.2%
Salem	8,494	3,764	23.0%
Windham	4,454	897	14.6%

Source: U.S. Census Bureau

Figure B4. Householders living alone (2018 – 2022)



In regard to marital status, the percentage of now married (except separated) is about 47% in the nation and in Massachusetts and higher in New Hampshire (51.1%). Most towns are higher in terms of percentage married with the exception of Amesbury (45.2%), Haverhill (42.6%) and Lawrence (33.6%). The divorce rate in Merrimac (15.3%) is somewhat higher than the states and nation.

Table B4. Marital Status (2018 - 2022)

	Never Married	Now Married, except separated	Separated	Widowed	Divorced
United States	**34.1%**	**47.8%**	**1.7%**	**5.6%**	**10.7%**
Massachusetts	**37.1%**	**46.7%**	**1.5%**	**5.2%**	**9.4%**
Amesbury	32.9%	45.2%	2.4%	6.3%	13.2%
Andover	28.0%	60.4%	1.1%	4.0%	6.5%
Boxford	24.6%	67.0%	0.2%	3.5%	4.7%
Georgetown	25.2%	62.7%	0.1%	3.2%	8.7%
Groveland	21.7%	62.2%	0.2%	5.7%	10.2%
Haverhill	38.3%	42.6%	2.3%	5.0%	11.7%
Lawrence	47.8%	33.6%	3.9%	4.1%	10.5%
Merrimac	25.6%	53.9%	0.7%	4.5%	15.3%
Methuen	35.4%	47.5%	1.8%	4.8%	10.5%
Newbury	25.0%	57.7%	0.5%	4.5%	12.3%
Newburyport	22.4%	60.0%	0.3%	4.9%	12.3%
North Andover	31.9%	51.1%	1.0%	6.4%	9.5%
Rowley	21.3%	59.4%	1.2%	8.6%	9.5%
Salisbury	31.3%	46.6%	1.5%	7.6%	13.0%
West Newbury	26.4%	60.1%	0.5%	4.1%	9.1%
New Hampshire	**30.0%**	**51.1%**	**1.1%**	**5.6%**	**12.0%**
Atkinson	21.7%	62.7%	0.3%	4.8%	10.4%
Plastow	25.5%	53.8%	2.4%	5.4%	12.8%
Salem	26.1%	55.1%	1.2%	5.3%	12.2%
Windham	23.7%	64.1%	0.2%	4.9%	7.0%

Source: U.S. Census Bureau

A greater percentage of individuals live with their grandchildren in the U.S. than in Massachusetts and New Hampshire. A much higher percentage are found in the towns of Lawrence (6.9%) and Newbury (4.0%). In Rowley and Merrimac a very high percentage of these grandparents are responsible for their grandchildren (79.6% and 46.3% respectively).

Table B5. Responsible for Grandchildren Under 18 Years (2018 - 2022)

	Living with Grandchild(ren)	Percentage Living with Grandchildren	Responsible for Grandchild(ren)	Percentage Responsible for Grandchildren
United States	**6,928,281**	**3.4%**	**2,243,607**	**32.4%**
Massachusetts	**123,300**	**2.8%**	**29,072**	**23.6%**
Amesbury	104	0.9%	39	37.5%
Andover	335	1.4%	88	26.3%
Boxford	174	3.1%	31	17.8%
Georgetown	154	2.8%	15	9.7%
Groveland	54	1.2%	0	0.0%
Haverhill	1,272	3.1%	416	32.7%
Lawrence	3,164	6.9%	864	27.3%
Merrimac	108	2.4%	50	46.3%
Methuen	1,268	3.8%	345	27.2%
Newbury	190	4.0%	0	0.0%
Newburyport	120	0.9%	0	0.0%
North Andover	551	2.9%	165	29.9%
Rowley	54	1.3%	43	79.6%
Salisbury	236	3.7%	69	29.2%
West Newbury	41	1.3%	12	29.3%
New Hampshire	**22,371**	**2.5%**	**6,309**	**28.2%**
Atkinson	79	1.5%	55	69.6%
Plastow	104	1.9%	52	50.0%
Salem	534	2.6%	238	44.6%
Windham	245	2.4%	93	38.0%

Source: U.S. Census Bureau

Of the population in Massachusetts, 11.9% are disabled compared to New Hampshire and the U.S. for which the percentage is 12.9%. The percentage of disabled is greater in Amesbury, Haverhill, Lawrence, Merrimac, Rowley, Salisbury and Atkinson.

Table B6. Disability Status and Over (2018 - 2022)

	Percent Disabled		Percent Disabled
United States	**12.9%**	Newbury	6.3%
Massachusetts	**11.9%**	Newburyport	9.7%
Amesbury	13.0%	North Andover	12.2%
Andover	7.3%	Rowley	14.0%
Boxford	9.7%	Salisbury	15.5%
Georgetown	9.5%	West Newbury	11.9%
Groveland	8.6%	**New Hampshire**	**12.9%**
Haverhill	14.2%	Atkinson	13.8%
Lawrence	13.6%	Plaistow	11.8%
Merrimac	12.4%	Salem	10.4%
Methuen	11.7%	Windham	5.7%

Source: U.S. Census Bureau

C. Income and Poverty Statistics

The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. The federal poverty level may also be reported as a percentage. Households that are below 100% of the poverty level have an income less than the amount deemed necessary to sustain basic needs ($15,060/year per person). Households at 100% to 149% of the poverty level have an income 1.0 to 1.49 times the necessary amount.

Table C1. 2024 Federal Poverty Guidelines

Persons in family/household	Poverty guideline
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families/households with more than 8 persons, add $5,380 for each additional person.	

Source: U.S. Department of Health and Human Services

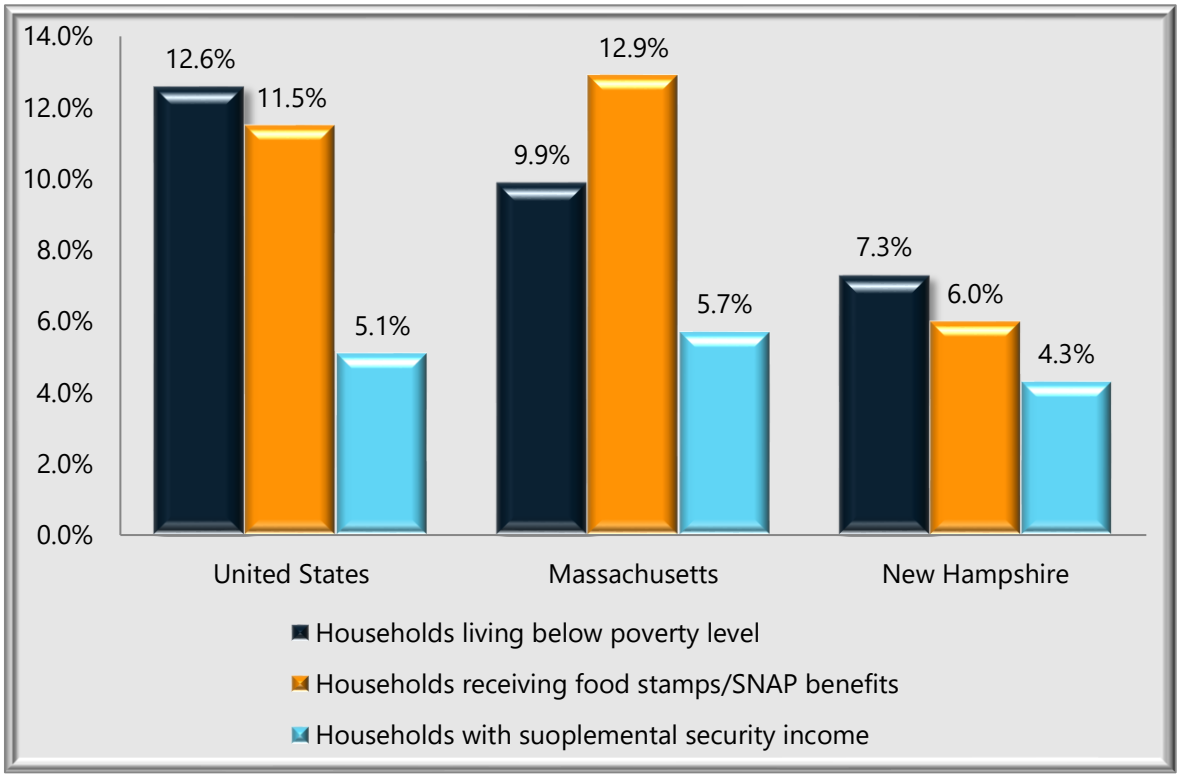
Table C2. Household Earnings and Poverty Status (2018 - 2022)

	Median Household Income (in dollars)	Mean Household Income (in dollars)	Population Below Poverty Level
United States	**75,149**	**105,833**	**12.5%**
Massachusetts	**96,505**	**134,568**	**9.9%**
Amesbury	91,010	120,601	8.2%
Andover	162,694	215,400	3.3%
Boxford	209,423	273,426	1.5%
Georgetown	147,156	163,230	3.0%
Groveland	131,952	147,211	3.2%
Haverhill	81,989	101,822	10.6%
Lawrence	53,977	73,856	19.4%
Merrimac	100,321	113,952	8.6%
Methuen	93,681	117,518	8.9%
Newbury	167,625	205,918	6.0%
Newburyport	127,306	176,211	5.8%
North Andover	131,852	177,360	7.4%
Rowley	135,396	187,695	0.9%
Salisbury	97,237	124,337	5.5%
West Newbury	181,125	209,597	3.5%
New Hampshire	**90,845**	**118,118**	**7.3%**
Atkinson	137,674	153,505	2.0%
Plaistow	103,788	126,692	4.4%
Salem	101,856	126,793	4.4%
Windham	171,563	201,640	2.0%

Source: U.S. Census Bureau

Median household income ranges from $81,989 (Haverhill) to $209,423 (Boxford). In comparison, the median income in the U.S. is $75,149. It is higher in Massachusetts ($96,505) and $90,845 in New Hampshire. The percentage of households in the U.S. below the federal poverty level is 12.5% and it is 9.9% in Massachusetts and 7.3% in New Hampshire. In contrast, 19.4% in the city of Lawrence and 10.6% in Haverhill live below the poverty level.

Figure C1. Households living below poverty level and/or receiving food stamps/SNAP benefits, 2018 - 2022



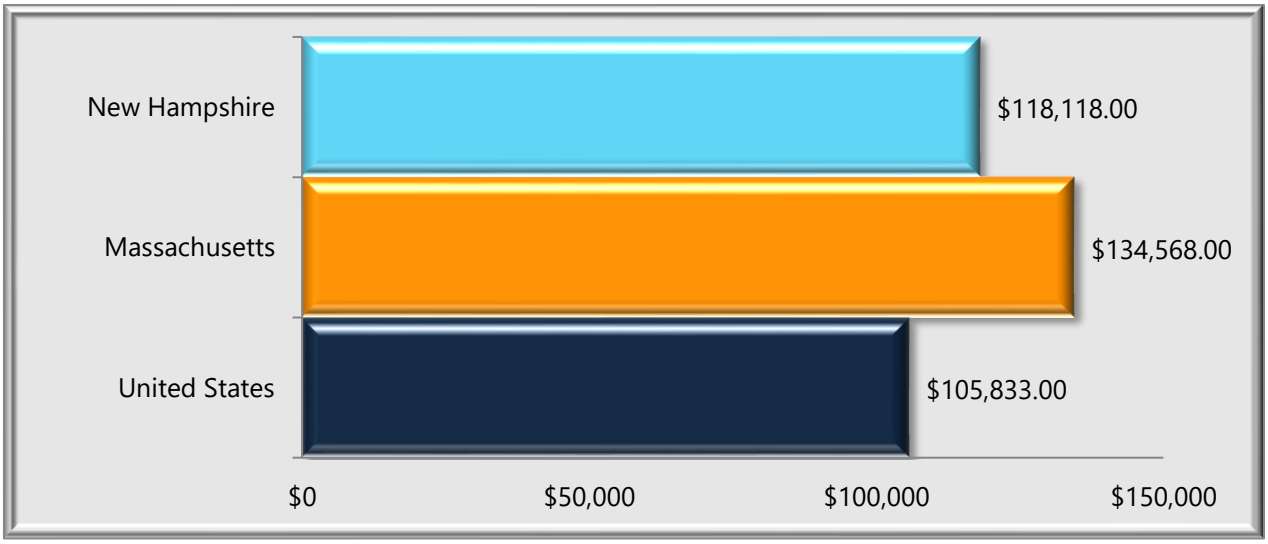
A larger percentage of households in Essex County and Massachusetts receive cash public assistance as well as food stamp/SNAP benefits than those in Rockingham County and New Hampshire.

Table C3. Households with Supplemental Benefits in the Past 12 Months (2018 – 2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Households with supplemental security income	**5.1%**	**5.7%**	5.8%	**4.3%**	3.3%
Mean supplemental security income	**$11,137**	**$11,143**	$10,743	**$12,132**	$12,773
Households with cash public assistance income	**2.7%**	**3.3%**	4.2%	**2.6%**	1.9%
Mean cash public assistance income	**$4,243**	**$4,933**	$4,526	**$4,094**	$5,023
Households with food stamp/ SNAP benefits in the past 12 months	**11.5%**	**12.9%**	15.1%	**6.0%**	3.4%

Source: U.S. Census Bureau

Figure C2. Population mean household earnings (2018 – 2022)



D. Employment and Education

The following tables depict the employment status of adults in the service area. A higher proportion of individuals are employed in New Hampshire than in the nation and Massachusetts for ages 20 to 64 years and 75 years and older. For those 65 to 74, Massachusetts has a higher employment rate.

Lawrence has the highest unemployment rate for ages 20 to 64 at 9.4%. The highest unemployment rate for those 65 to 74 in Windham, New Hampshire at 23.9%. There are very high unemployment rates among older adults age 75+ in Amesbury, Andover, North Andover and Salem.

Table D1. Employment Status (2018 - 2022)

	20 to 64 Years		65 to 74 Years		75 Years and Older	
	Employed	Unemployment Rate	Employed	Unemployment Rate	Employed	Unemployment Rate
United States	**56.0%**	**4.6%**	**25.7%**	**4.0%**	**6.8%**	**3.9%**
Massachusetts	**58.9%**	**4.6%**	**32.2%**	**4.7%**	**7.7%**	**4.2%**
Amesbury	63.3%	3.1%	33.3%	5.7%	4.4%	26.6%
Andover	60.9%	3.5%	39.4%	8.3%	5.4%	20.6%
Boxford	57.8%	4.1%	21.6%	14.7%	4.2%	0.0%
Georgetown	63.2%	0.7%	27.9%	2.9%	0.0%	N/A
Groveland	65.3%	2.5%	35.9%	7.5%	3.6%	0.0%
Haverhill	61.5%	5.3%	31.7%	4.2%	6.3%	0.0%
Lawrence	59.9%	9.4%	22.8%	7.5%	4.3%	0.0%
Merrimac	55.2%	2.3%	32.0%	0.0%	36.3%	0.0%
Methuen	59.5%	5.4%	29.8%	5.8%	5.2%	0.0%
Newbury	60.5%	1.9%	39.8%	0.0%	4.5%	0.0%
Newburyport	57.1%	4.6%	42.6%	3.4%	10.3%	0.0%
North Andover	61.8%	3.1%	37.4%	1.4%	6.3%	16.8%
Rowley	66.3%	2.2%	31.3%	0.0%	5.6%	0.0%
Salisbury	56.0%	5.1%	36.7%	5.8%	9.7%	0.0%
West Newbury	53.4%	3.9%	47.9%	0.0%	23.4%	0.0%
New Hampshire	**59.2%**	**2.9%**	**29.9%**	**3.1%**	**8.6%**	**3.5%**
Atkinson	59.2%	3.9%	29.4%	4.8%	3.8%	0.0%
Plaistow	67.5%	1.8%	26.9%	6.0%	4.6%	0.0%
Salem	64.8%	2.2%	33.0%	0.8%	9.7%	8.0%
Windham	58.1%	2.6%	16.4%	23.9%	12.4%	0.0%

Source: U.S. Census Bureau

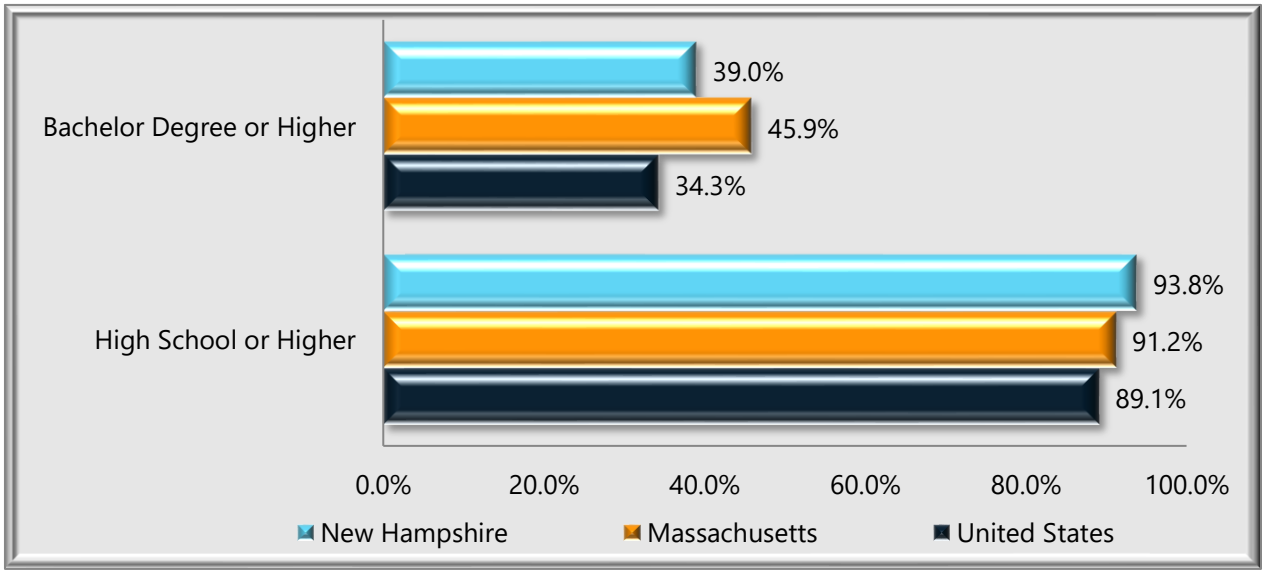
Massachusetts and New Hampshire exceed the percentage of individuals with high school degrees or higher and bachelor's degrees or higher in the nation. However, in Lawrence, fewer (71.7%) have high school degrees or higher. In Andover, three-quarters (75.6%) have advanced degrees.

Table D2. Educational Attainment (2018 - 2022)

	High School or Higher	Bachelor's degree or Higher
United States	**89.1%**	**34.3%**
Massachusetts	**91.2%**	**45.9%**
Amesbury	95.8%	41.3%
Andover	97.1%	75.6%
Boxford	97.6%	70.1%
Georgetown	97.4%	55.7%
Groveland	94.9%	45.0%
Haverhill	90.2%	30.0%
Lawrence	71.7%	15.0%
Merrimac	94.5%	33.2%
Methuen	89.4%	30.7%
Newbury	97.7%	55.5%
Newburyport	97.2%	64.6%
North Andover	96.6%	59.6%
Rowley	97.7%	48.7%
Salisbury	93.8%	45.0%
West Newbury	97.9%	64.3%
New Hampshire	**93.8%**	**39.0%**
Atkinson	96.4%	39.7%
Plaistow	98.6%	35.0%
Salem	95.7%	38.2%
Windham	98.0%	63.5%

Source: U.S. Census Bureau

Figure D1. Educational attainment (2018 – 2022)



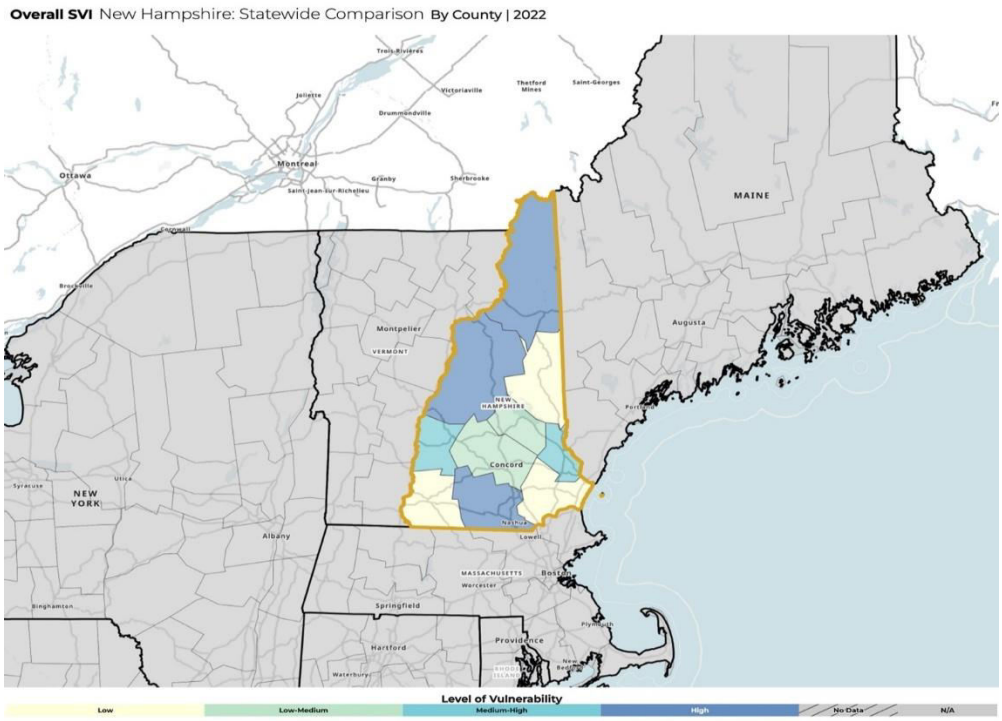
II. Social Vulnerability and Health Access

E. Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index (SVI) percentile ranking values are ranked from 0 to 1 in quartiles as low (0.0-0.2500), mid-low (0.2501-0.5000), mid-high (0.5001-0.7500), and high (0.7501-1.0). Higher SVI ranking values correspond to higher vulnerability. The SVI evaluates census tracts on 15 social factors, including unemployment, household composition and disability, minority status and language, and housing and transportation.

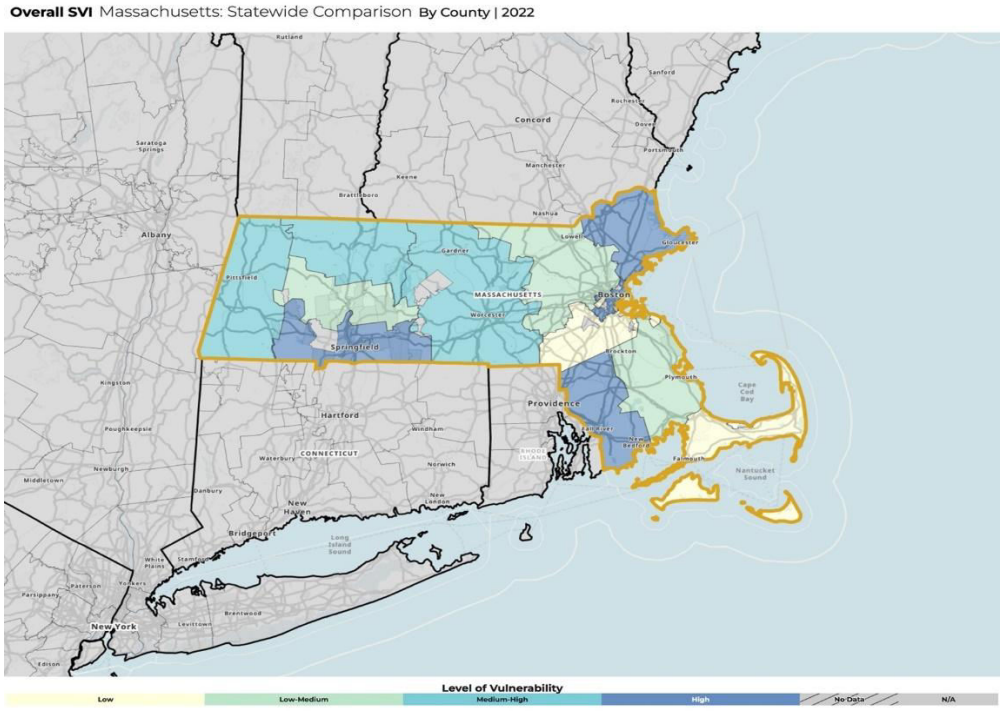
According to the maps, both Massachusetts and New Hampshire have areas of high social vulnerability. Rockingham County, New Hampshire (which contains the service area towns) however, appears to have "low vulnerability". Conversely, Essex County, Massachusetts (the location of the majority of service area towns) is considered an area of "high vulnerability".

Figure E1. Social Determinant of Health Measure: Social Vulnerability Index (2021)



Source: Social Vulnerability Index, United States, 2017 to 2021

Figure E2. Social Determinant of Health Measure: Social Vulnerability Index (2021)



Source: Social Vulnerability Index, United States, 2017 to 2021

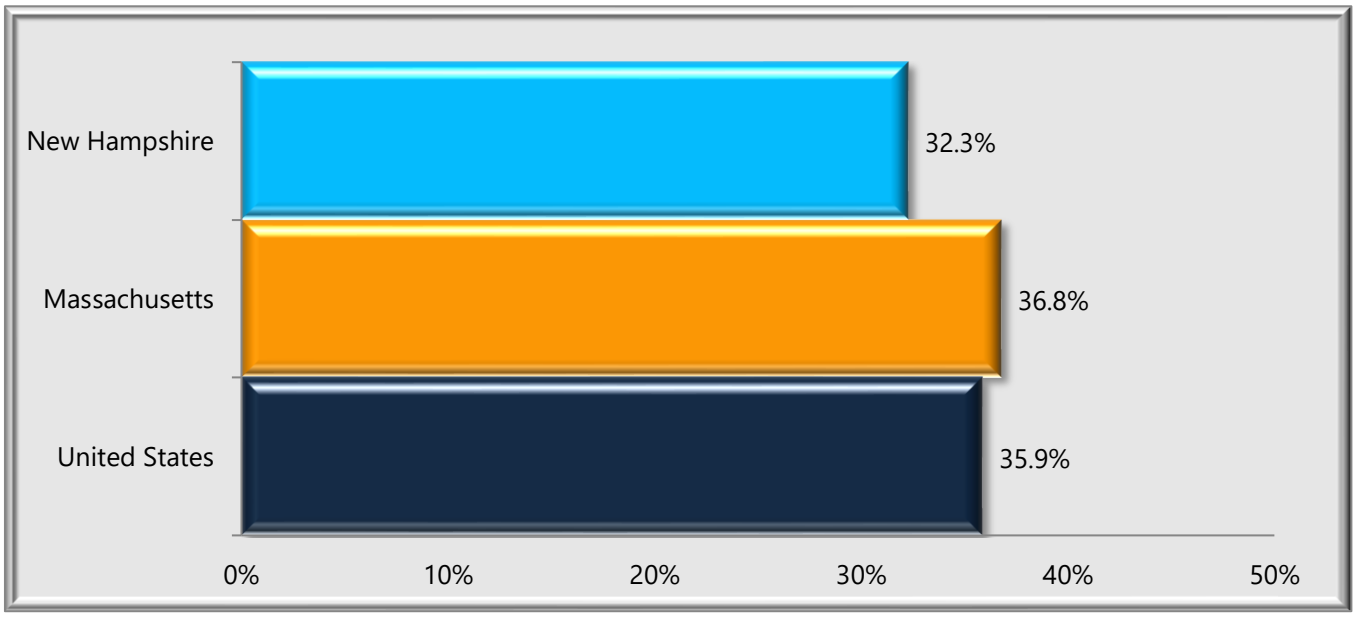
Both states and counties have a higher percentage of population covered by health insurance than the nation. Massachusetts (97.3%) and Essex County (97.1%) have the greatest coverage. However, Essex County also has the highest level of public coverage (39.7%). In Rockingham County 4.5% do not have any coverage.

Table E1. Health Insurance Coverage (2018 – 2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
With health insurance coverage	**297,832,418**	**6,732,793**	776,208	**1,284,468**	298,975
% of population with health insurance coverage	**91.3%**	**97.3%**	97.1%	**94.2%**	95.5%
With private health insurance	**67.6%**	**74.1%**	71.1%	**76.2%**	82.3%
With public coverage	**35.9%**	**36.8%**	39.7%	**32.3%**	27.7%
% of population without health insurance	**8.7%**	**2.7%**	2.9%	**5.8%**	4.5%

Source: U.S. Census Bureau

Figure E3. Civilian non-institutionalized population with public health insurance 2018-2022

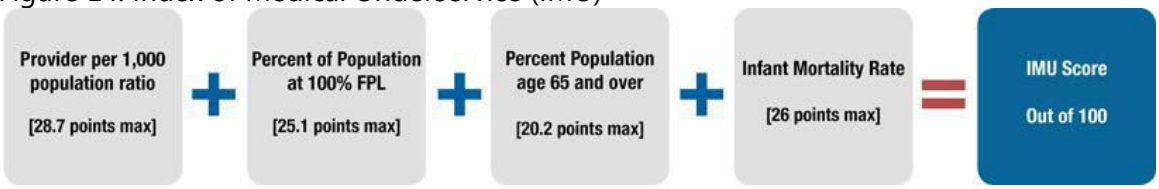


Medically Underserved Areas (MUAs), designated by the U.S. Health Resources Services Administration, detect geographic areas with a lack of access to primary care services. There is a shortage of primary care health services for residents within the specific geographic area. The designations are based on the Index of Medical Underservice (IMU), which is calculated based on four demographic and health indicators:

- Provider per 1,000 population ratio
- Percent of the population below the federal poverty level
- Percent of the population over age 65
- Infant mortality rate

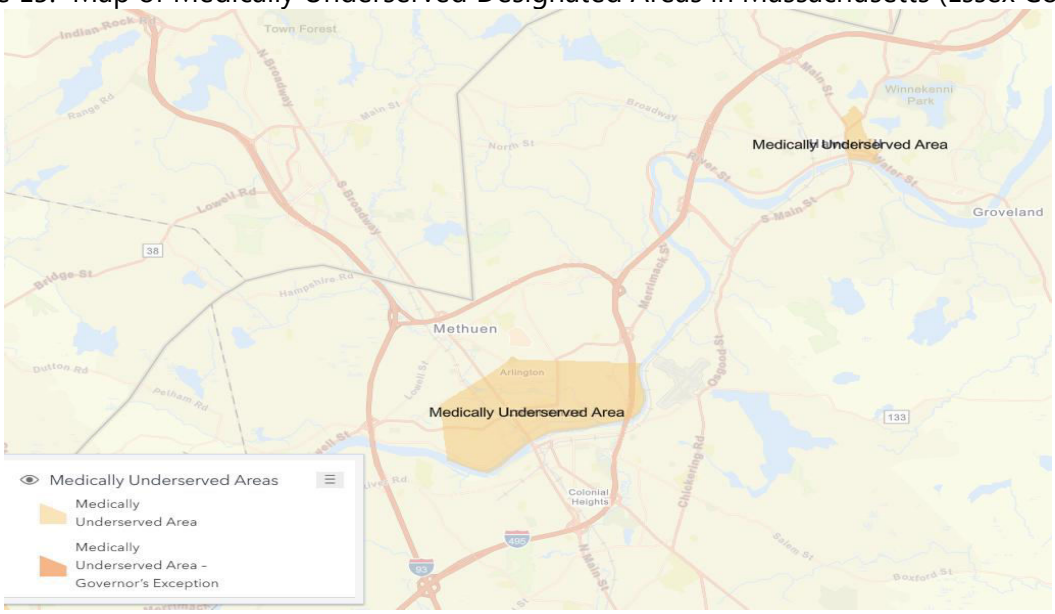
The IMU scale can range from 0 to 100, where 0 represents the completely underserved. To qualify for a designation, the IMU score must be less than or equal to 62.0.

Figure E4. Index of Medical Underservice (IMU)



The cities of Lawrence and Haverhill in Massachusetts are shown on the map to be a medically underserved area. No medically underserved areas have been designated in the service area in New Hampshire.

Figure E5. Map of Medically Underserved Designated Areas in Massachusetts (Essex County)



A Health Professional Shortage Area (HPSA) score is a federal designation used to identify areas, populations, and facilities that have a shortage of either primary care, dental, or mental health providers. The score is measured by the ratio of available discipline-specific providers to

- the population of the area;
- a specific population group; or
- the number of those served by the facility
- all federally qualified health centers and rural health clinics are automatically designated as having such a shortage.

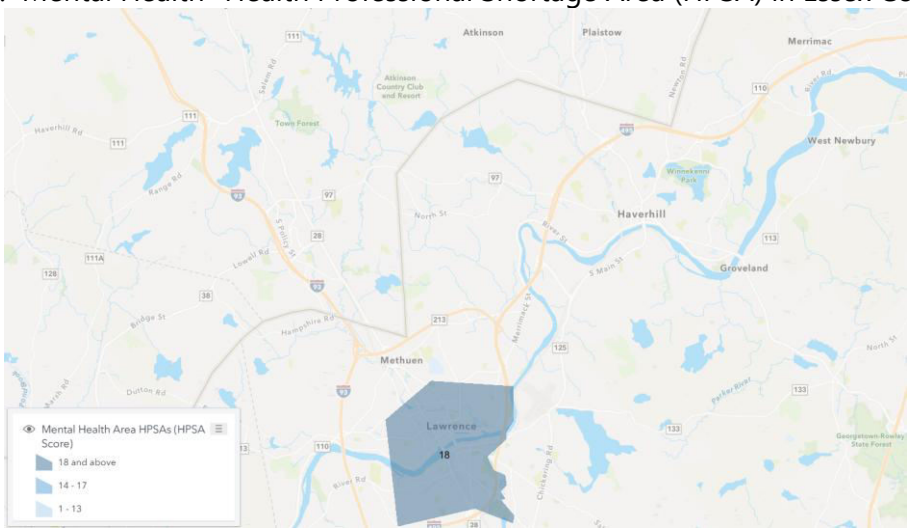
The HPSA for primary care providers is scored as follows.

- Population-to-Provider Ratio [10 points max]
- Percent of population below 100% Federal Poverty Level (FPL) [5 points max]
- Infant Health Index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate)* [5 points max]
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area [5 points max]

Figure E6. Index of HPSA Score

Primary Care HPSAs can receive a score between 0-25 where 0 is completely underserved. Dental Health and Mental Health are scored on various criteria and can receive a score of 0 to 25 where 0 is completely underserved as well. In Essex County the area surrounding the city of Lawrence has been designated as a Health Resource Shortage area for mental health.

Figure E7. Mental Health- Health Professional Shortage Area (HPSA) in Essex County, MA



III. Health Indicators & Health Statistics

F. County Health Rankings[1]

Health Outcomes describe how long people live on average within a community and how much physical and mental health people experience while they are alive.

- Essex County is faring about the same as the average county in Massachusetts for Health Outcomes, and better than the average county in the nation.
- Rockingham County is faring slightly better than the average county in New Hampshire for Health Outcomes, and better than the average county in the nation.

[1] The County Health Rankings 2024 report representation of county health has changed significantly. Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.

Figure F1. Health Outcomes Comparison for Essex County, MA

Figure F2. Health Outcomes Comparison for Rockingham County, NH

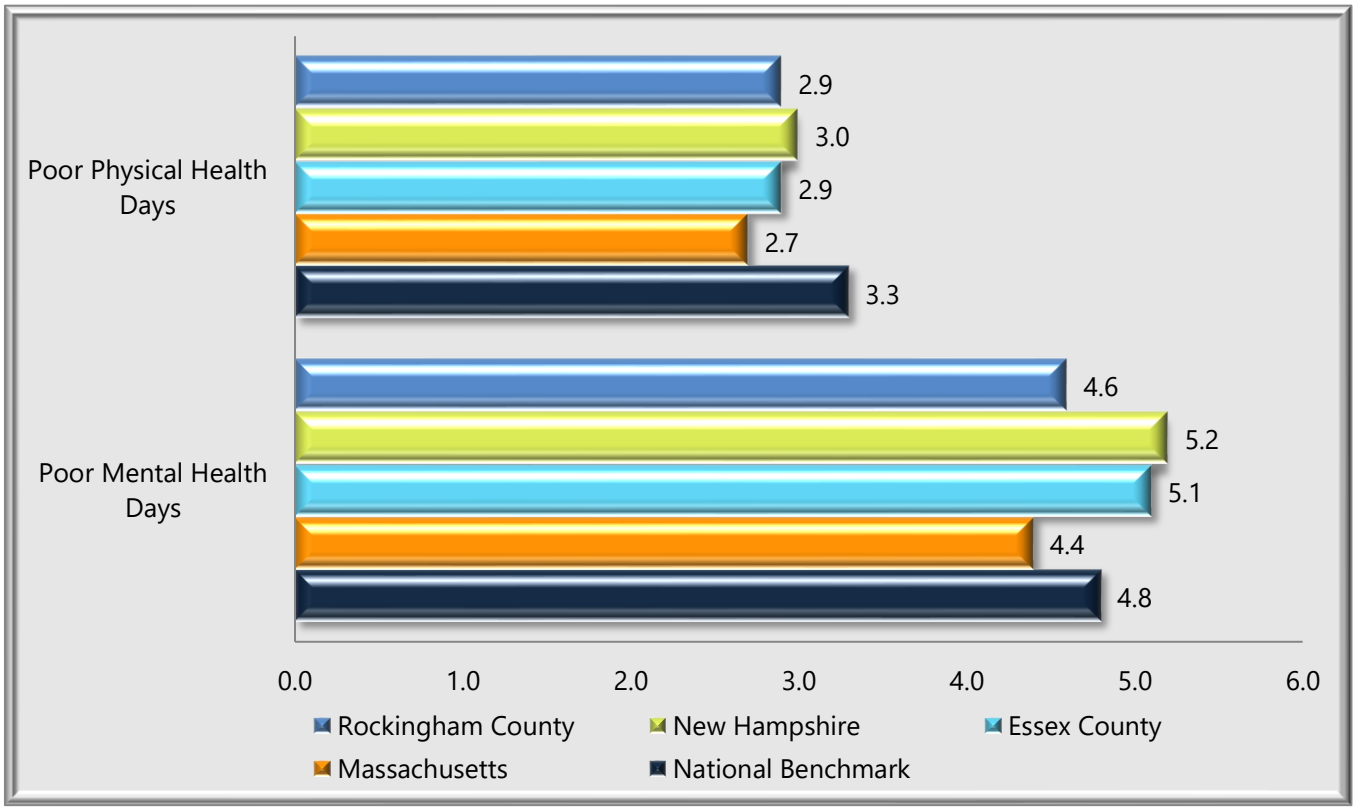
Life expectancy and premature death (years of potential life lost) are better for both states and counties than in the nation. A higher percentage of individuals in Essex County (13%) experience poor or fair health than the other geographies. The number of poor health days reported for Essex and Rockingham counties are similar (2.9 per month), however the population in Essex County experiences 5.1 poor mental health days while those in Rockingham County experience fewer (4.6 days). The frequency of mental health distress is highest in Essex County and New Hampshire (both 16%) while physical distress is the same for both counties (9%).

Table F1. Health Outcome Rankings (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	**8,000**	**5,900**	5,900	**6,500**	5,100
Life expectancy (years)	**77.6**	**79.9**	79.7	**79.2**	80.5
Poor or fair health	**14%**	**11%**	13%	**11%**	11%
Poor physical health in past 30 days (Average number of days)	**3.3**	**2.7**	2.9	**3.0**	2.9
Poor mental health in past 30 days (Average number of days)	**4.8**	**4.4**	5.1	**5.2**	4.6
Frequent Physical Distress	**10%**	**8%**	9%	**9%**	9%
Frequent Mental Distress	**15%**	**14%**	16%	**16%**	15%

Source: County Health Rankings

Figure F3. Days of Poor Physical Health and Mental Health in the Past Month (2023)

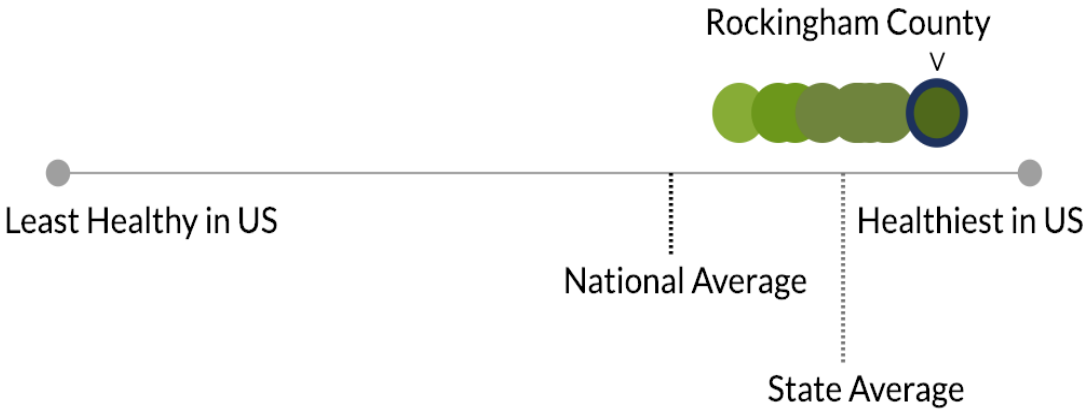


Health Factors represent those things that can be improved to live longer and healthier lives. They are indicators of the future health of a community.

- Essex County is faring about the same as the average county in Massachusetts for Health Factors, and better than the average county in the nation.
- Rockingham County is faring about the same as the average county in New Hampshire for Health Factors, and better than the average county in the nation.

Figure F4. Health Factors Comparison Essex County, MA

Figure F5. Health Factors Comparison Rockingham, NH



Health care provider density or the provider to population ratio is a measure of overall health care access. For primary care providers, there are more individuals per provider in Essex County and the nation than in the other locations. The availability of dentists is better in Massachusetts and Essex County than in New Hampshire and Rockingham County as well as the nation. However, Massachusetts and Essex County have more mental health providers per individual.

Massachusetts and Essex County have more preventable hospital stays per 1,000 Medicare enrollees. Reducing preventable hospital stays can result in cost savings, improved quality of care, improved patient experience and patient quality of life.

Table F2. Clinical Care Rankings (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Primary care physician density	**1,330:1**	**990:1**	1,350:1	**1,150:1**	1,270:1
Dentist density	**1,360:1**	**910:1**	1,080:1	**1,300:1**	1,310:1
Mental health provider density	**320:1**	**140:1**	150:1	**260:1**	330:1
Preventable hospital stays per 1,000 Medicare enrollees	**2,681**	**3,158**	3,301	**2,478**	2,544

Source: County Health Rankings

More children live in poverty in Essex County than the states and nation and there is a higher percentage of children residing in single-parent households. Likewise, income inequality in Essex County is greater than in Rockingham County as households with higher incomes had 5.4 times that of households with lower incomes. There are more firearm fatalities in New Hampshire as well as injury deaths per 100,000; however, deaths in Rockingham County are fewer than the other locations.

Table F3. Social and Economic Factors Rankings (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Children in poverty	**16%**	**12%**	12%	**8%**	5%
Income inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	**4.9**	**5.5**	5.4	**4.3**	3.9
Children in single-parent households	**25%**	**23%**	26%	**19%**	17%
Social associations per 10,000	**9.1**	**9.0**	8.3	**10.0**	9.3
Firearm fatalities	**13**	**4**	3	**10**	9
Injury deaths per 100,000	**80**	**73**	77	**88**	74

Source: County Health Rankings

In Rockingham County, there are fewer severe housing problems and a greater percentage of the population has access to Broadband than in Essex County, the states and the nation.

Table F4. Physical Environment Rankings (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Severe housing problems	**17%**	**17%**	19%	**14%**	13%
Driving alone to work	**72%**	**64%**	70%	**76%**	76%
Long commute – driving alone	**36%**	**43%**	43%	**39%**	44%
Broadband Access	**88%**	**91%**	90%	**91%**	94%

Source: County Health Rankings

The ability to maintain a healthy weight through diet and physical activity is influenced by both behavioral and environmental indicators. Environmental indicators include, but are not limited to, access to healthy foods and access to exercise opportunities.

The food environment index measures overall food access based on 2 indicators, limited access to healthy foods and food insecurity. The index is based on a score of 0 (worst) to 10 (best). The first factor, limited access to healthy foods, measures the proportion of the population that is low income and does not live close to a grocery store. The second factor, food insecurity, measures the percentage of the population that did not have access to a reliable source of food during the past year. The food environment index in Essex County (8.8) and Rockingham County (9.2) is worse when compared to the index for New Hampshire (9.5) and worse or similar to Massachusetts (9.2). The national food environment index is 7.7.

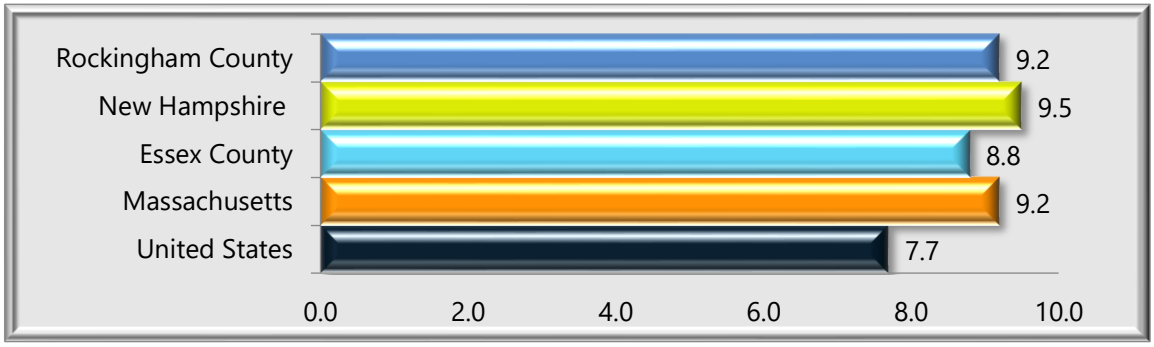
Eight percent of those in Essex County and 5.0% of those in Rockingham County did not have a reliable source of food (food insecurity) during the last year. While Rockingham County is better than all others, Essex County is similar to Massachusetts (8.0%) and better than the U.S. (10.0%). New Hampshire and this is better than the target set by Healthy People 2030 of 6.0% as the percentage of households that are food insecure.

Table F5. Food Environment Index (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Food Environment Index	**7.7**	**9.2**	8.8	**9.5**	9.2
Limited access to healthy foods	**6.0%**	**4.0%**	4.0%	**4.0%**	5.0%
Food insecurity	**10.0%**	**8.0%**	8.0%	**7.0%**	5.0%

Source: County Health Rankings

Figure F6. Food Environment Index (2024)



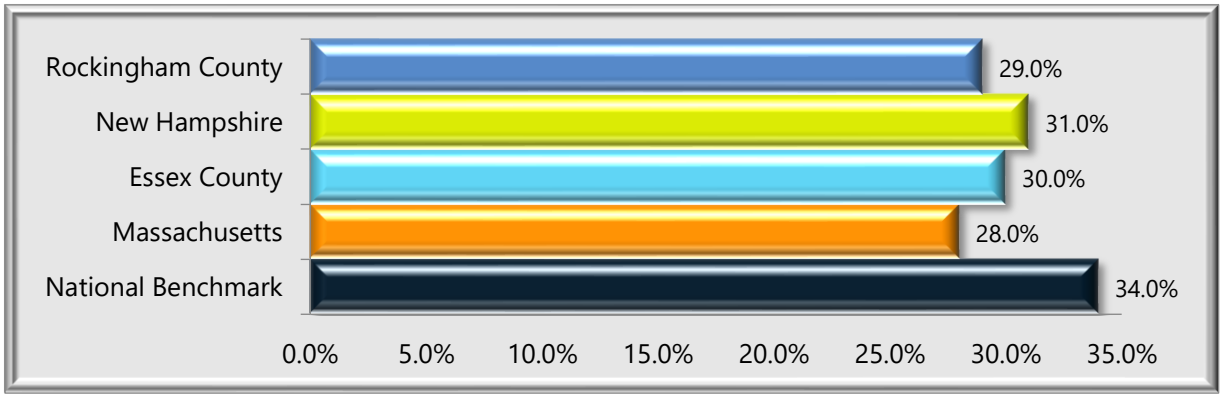
Body Mass Index (BMI) is a factor of diet and physical activity and is correlated with chronic health conditions. It is calculated based on the height and weight of an individual and a BMI equal to or greater than 30 is defined as obese. The following table depicts the percentage of adults who are overweight or obese**.** In Essex and Rockingham counties, 30% and 29% of adults respectively are considered obese. This is better than the U.S. in which 34% of the population is obese.

Table F6. Adult Obesity in Population 18 Years and Over (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Obese (BMI ≥ 30)	**34%**	**28%**	30%	**31%**	29%

Source: County Health Rankings

Figure F7. Obese adult population (2024)



Individuals in Rockingham County (88%) have less access to exercise opportunities than in Essex County (97%), however this is greater than in the nation (84%). In Essex County, the population is less active than Massachusetts, New Hampshire and Rockingham County, but slightly more active than the U.S. as a whole. In the county 22.0% of the population 18 years and over have not exercised in the last month. In Rockingham County, this is 18%. Healthy People 2030 which has set an objective to "increase the proportion of older adults with physical or cognitive health problems who get physical activity" as a way

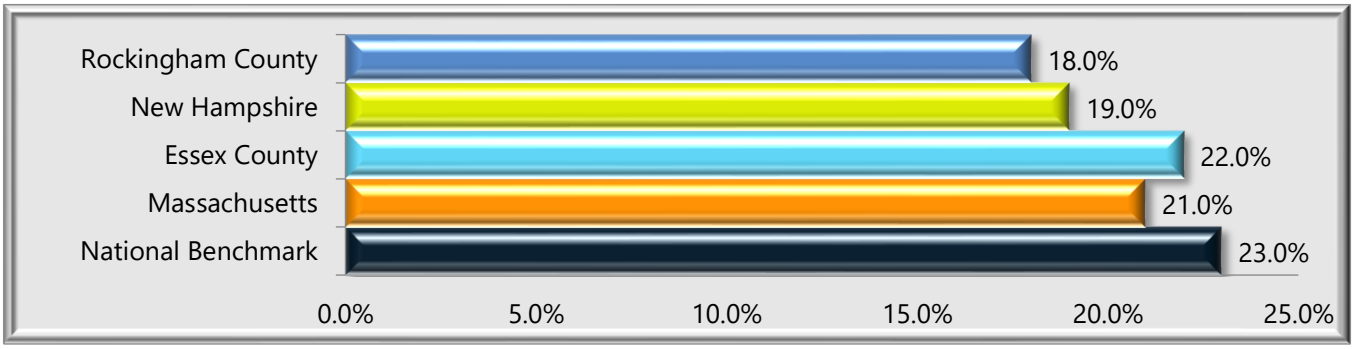
to improve these chronic conditions. A target has been set for 51.0% of older adults to get physically active.

Table F7. Population 18 years and over that have not exercised in the past month (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Physical inactivity	**23%**	**21%**	22%	**19%**	18%
Access to exercise opportunities	**84%**	**95%**	97%	**85%**	88%

Source: County Health Rankings

Figure F8. Adults that have not exercised in the past month (2024)



IV. Behavioral/Mental Health And Substance Use

G. Mental Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance abuse disorders, and their families. Services within Massachusetts and New Hampshire are provided and data are collected by region. Essex County is in the Massachusetts Northeast region and Rockingham County is in the New Hampshire southern region. Data for these regions is provided in the tables below.

Overall, the New Hampshire Southern Region experienced more mental illness than in the Massachusetts Northeast Region in the past year. The region also received fewer mental health services in the past year (18.5%). The crude death rate for intentional self-harm per 100,000 (suicide) which is measured by the CDC for counties, state and the nation is also higher in Rockingham County (11.3) than in Essex County (6.8). In New Hampshire, the suicide rate is 17.7 per 100,000.

Healthy People 2030 has an established goal to "Increase the proportion of adults with serious mental illness who get treatment (MHMD-04). The target is 68.8%. It is important to note that the indicator in the table below is for individuals with any mental illness who received mental health services in the past year. The two indicators cannot be directly compared.

Table G1. Mental Health Indicators by SAMHSA Region (2018)

	U.S.	Massachusetts	Massachusetts Northeast	New Hampshire	New Hampshire Southern
Serious Mental Illness in the Past Year	**4.5%**	**4.7%**	4.5%	**5.2%**	5.1%
Any Mental Illness in the Past Year	**18.8%**	**20.8%**	19.1%	**19.9%**	19.3%
Had Serious Thoughts of Suicide in the Past Year	**4.2%**	**4.5%**	4.2%	**4.9%**	4.8%
Major Depressive Episode in the Past Year	**7.0%**	**7.5%**	6.9%	**8.0%**	7.7%
Received Mental Health Services in the Past Year	**14.7%**	**21.0%**	20.6%	**19.0%**	18.5%

Source: SAMHSA

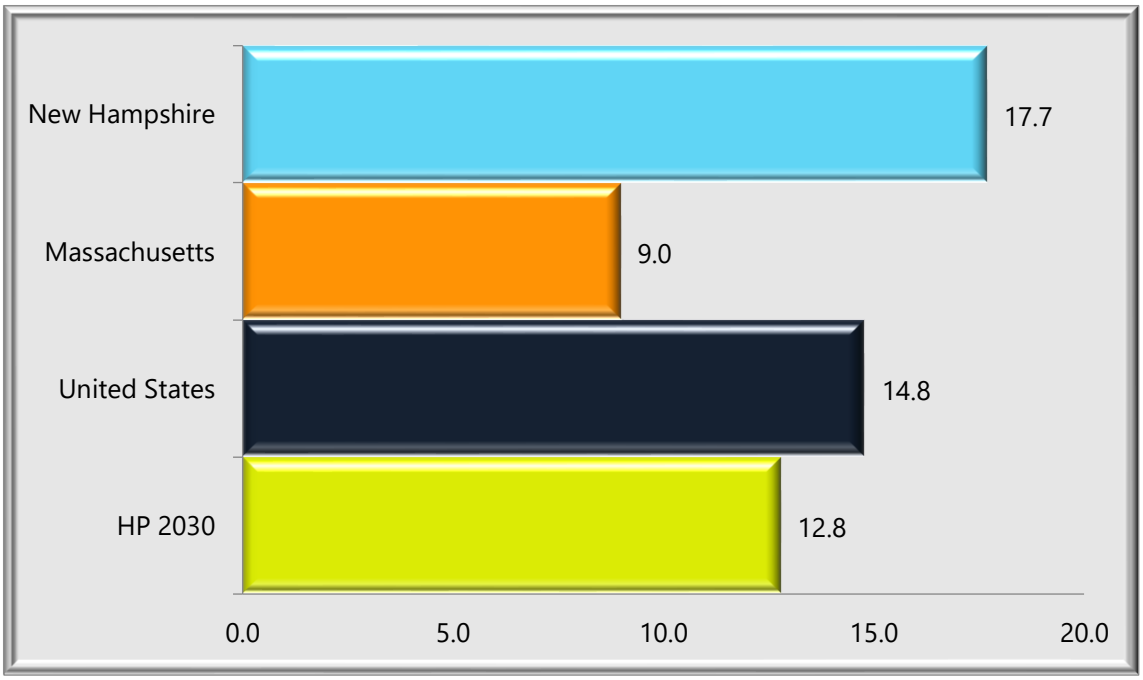
*Data for substate regions is only available through 2018.

Table G2. Intentional Self-harm (Suicide) Crude Death Rate per 100,000 (2018-2012)

	Healthy People 2030	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Intentional Harm (Suicide)	12.8	**14.8**	**9.0**	6.8	**17.7**	11.3

Source: CDC Wonder

Figure G1. Intentional self-harm crude death rate per 100,000 (2018 -2022)



H. Substance Use

SAMHSA tracks several indicators related to alcohol, marijuana, cocaine and heroin use in the past year by individuals 12 years of older. In the case of marijuana use, the time period is within the past month. The use of substances (alcohol, marijuana and cocaine) among the populations in the Massachusetts Northeast and New Hampshire Southern regions is higher than in the nation, but less than in Massachusetts and New Hampshire (respectively).

Table H1. SAMHSA Substance Use Data (2018)

	U.S.	Massachusetts	Massachusetts Northeast	New Hampshire	New Hampshire Southern
Alcohol Use Disorder in the Past Year Among Individuals Aged 12 and Older	**5.4%**	**7.3%**	6.2%	**6.3%**	6.1%
Average Annual Rate of First Use of Marijuana among Individuals 12 Years and Older	**2.1%**	**3.5%**	2.9%	**3.0%**	2.9%
Marijuana Use in the Past Month among Individuals 12 Years and Older	**9.5%**	**13.3%**	10.4%	**13.4%**	12.8%
Cocaine Use in the Past Year among Individuals Aged 12 Years and Older	**2.0%**	**3.0%**	2.4%	**2.5%**	2.3%
Heroin Use in the Past Year among Individuals Aged 12 Years and Older	0.3%	0.5%	0.4%	0.5%	0.5%

Source: SAMHSA Substate Data
Data for substate regions is only available through 2018.

County Health Rankings evaluates excessive drinking includes binge drinking (defined as males having 5 or more alcoholic drinks and females having 4 or more drinks on 1 occasion) and/or heavy drinking (males having more than 2 alcoholic drinks and females having more than 1 drink per day). Generally, the percentage of adults engaging in excessive drinking is higher in Rockingham County (20%) than in the other geographies which are 18% (U.S. and Essex County) and 19% (Massachusetts and New Hampshire).

Table H2. Percentage of Adults Reporting Binge or Heavy Drinking, Population 18 Years and Over (2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Excessive Drinking	**18%**	**19%**	18%	**19%**	20%

Source: County Health Rankings
Binge Drinking: Males having 5 or more and females having 4 or more drinks per occasion.
Heavy Drinking: Males having 2 or more and females having 1 or more drinks per day.

Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke, and heart disease. Those in the service area counties are less likely to currently smoke when compared to adults in the nation (15%). Twelve and 13% respectively in Essex and Rockingham counties represent the percentage of population who are currently smokers. Healthy People 2030 has established a target of 6.1% of the population currently smoking.

Table H3. Adult Smoking, Population 18 Years and Over (2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
% Adult Current Smokers	**15%**	**11%**	12%	**13%**	13%

Source: County Health Rankings

V. Chronic Conditions

I. Morbidity Statistics

Arthritis is defined as inflammation of the joints. The percentage of individuals diagnosed with arthritis is lower in Massachusetts and the nation than in New Hampshire and Rockingham County (29.7%).

Table I1. Population 18 Years and Over Diagnosed with Arthritis [a] (2022)

U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
27.7%	**26.2%**	N/A	**29.2%**	29.7%

Source: BRFSS
Essex County is only available for 2005 and 2007
[a] Arthritis diagnoses includes rheumatism, polymyalgia rheumatica; osteoarthritis (not osteoporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, etc.

Asthma is defined as a chronic condition that inflames and narrows the airways in the lungs. In the data, asthma is reported as the percentage of individuals who currently have asthma. Massachusetts, New Hampshire and Essex County each have a higher percentage of asthma than the United States (10.4%) while Rockingham County is slightly less than the nation.

Table I2. Population 18 Years and Over Diagnosed with Asthma (2021)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Currently have asthma	**10.4%**	**11.3%**	11.0%	**13.1%**	10.2%

Source: BRFSS and the National Environmental Public Health Tracking Network

Cancer rates are age-adjusted and measured per 100,000 population. The table contains information about cancer by site. The overall cancer incidence rate in Rockingham County (475.6) and New Hampshire (472.5) is higher than the nation (444.4). Conversely, the overall incidence rate in Essex County (433.6) and Massachusetts (427.2) in lower than the nation.

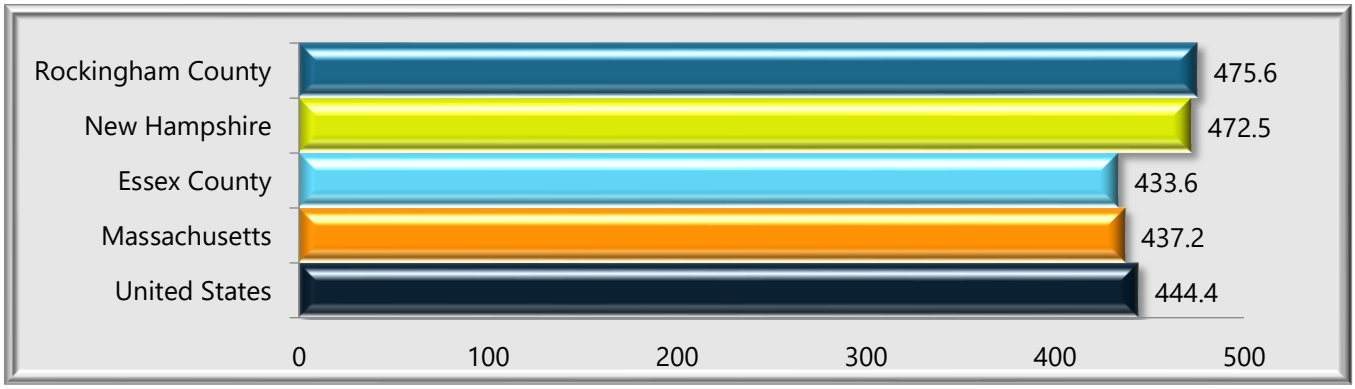
For specific sites, Essex County is higher than the state and nation for bladder, brain & ONS, breast (female), childhood sites, thyroid and uterus (female). In Rockingham County, the incidence rate is higher than the state and nation for bladder, brain & ONS, breast (female), breast in situ, esophagus, lung and bronchus, melanoma of the skin, non-Hodgkin lymphoma, oral cavity and pharynx, ovary (female) and prostate (male).

Table I3. Population Cancer Incidence Rates per Age-Adjusted 100,000 by Site (2017-2021)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Bladder	**18.8**	**20.7**	21.1	**26.1**	27.7
Brain & ONS	**6.3**	**6.6**	6.7	**7.5**	8.2
Breast (Female)	**129.8**	**136.2**	139.2	**139.6**	141.7
Breast (in situ) (Female)	**29.3**	**36.2**	35.1	**33.1**	42.0
Cervix (Female)	**7.5**	**4.8**	4.9	**5.2**	4.0
Childhood (Ages <15, All Sites)	**16.8**	**17.8**	22.0	**18.5**	15.4
Childhood (Ages <20, All Sites)	**18.4**	**18.7**	22.0	**20.2**	17.7
Colon & Rectum	**36.4**	**31.3**	29.5	**34.2**	35.2
Esophagus	**4.5**	**5.1**	5.0	**6.2**	7.0
Kidney & Renal Pelvis	**17.3**	**15.0**	14.8	**17.1**	16.4
Leukemia	**14.1**	**12.8**	12.0	**13.8**	13.6
Liver & Bile Duct	**8.6**	**8.4**	7.7	**6.3**	5.6
Lung & Bronchus	**53.1**	**56.6**	55.3	**59.3**	58.2
Melanoma of the Skin	**22.7**	**17.7**	18.7	**29.9**	30.5
Non-Hodgkin Lymphoma	**18.5**	**18.6**	18.6	**20.1**	20.2
Oral Cavity & Pharynx	**12.0**	**11.4**	11.4	**12.6**	12.6
Ovary (Female)	**10.1**	**9.6**	9.3	**10.1**	10.6
Pancreas	**13.5**	**13.9**	13.9	**13.6**	13.3
Prostate (Male)	**113.2**	**113.3**	108.0	**116.3**	122.0
Stomach	**6.3**	**6.2**	5.8	**5.5**	4.8
Thyroid	**12.9**	**15.2**	16.9	**13.1**	12.3
Uterus (Female)	**27.8**	**28.3**	29.2	**29.8**	29.5
Total Cancer Incidence	**444.4**	**437.2**	433.6	**472.5**	475.6

Source: National Cancer Institute, State Cancer Profiles

Figure I1. Total cancer age-adjusted incidence rate (2017 – 2021)



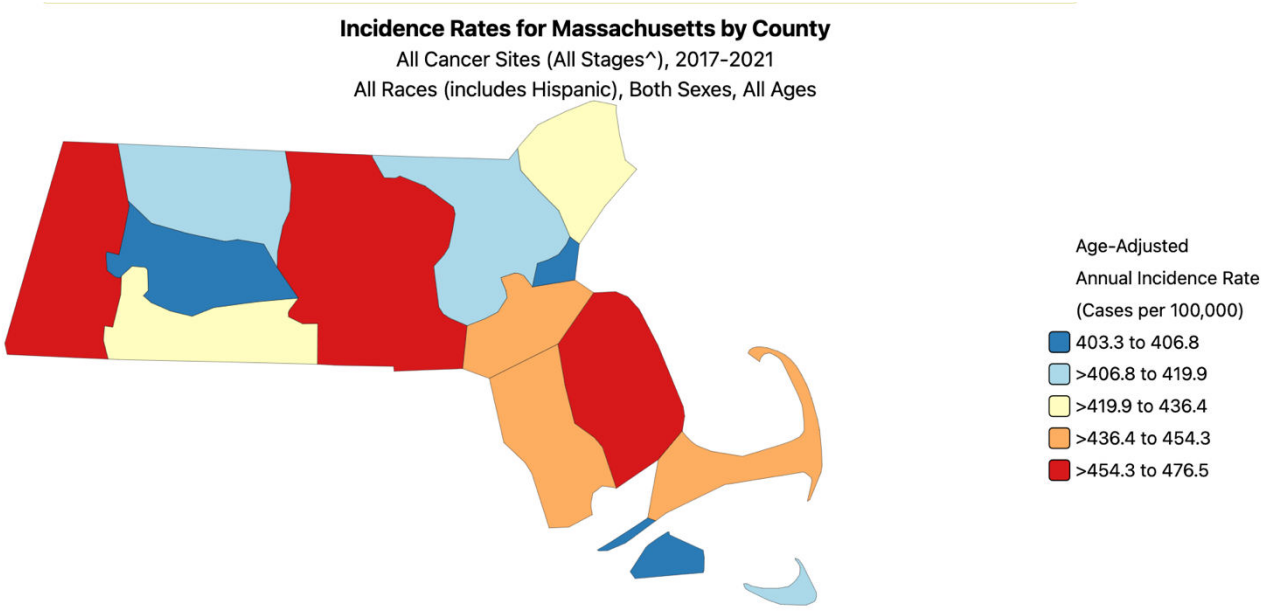
Positively, when comparing different racial and ethnicity groups, Essex County has a lower overall cancer incidence rate for White (Non-Hispanic), Black (Non-Hispanic), Hispanic, Asian or Pacific Islander (Non-Hispanic) and American Indian/Alaskan Native than the nation. This is true for all but the White population in Rockingham County (475.2).

Table I4. Population Cancer Incidence Rates per Age-Adjusted 100,000 (All Sites) by Race/Ethnicity (2017-2021)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
White (Non-Hispanic)	**463.1**	**447.9**	452.3	**476.1**	475.2
Black (Non-Hispanic)	**447.9**	**419.8**	382.5	**319.7**	285.1
Hispanic (any race)	**350.0**	**338.5**	313.0	**373.2**	327.9
Amer. Indian/Alaskan Native (Non-Hispanic)	**408.9**	**268.9**	302.0	**287.7**	N/A
Asian or Pacific Islander (Non-Hispanic)	**292.9**	**283.6**	281.5	**199.8**	221.4

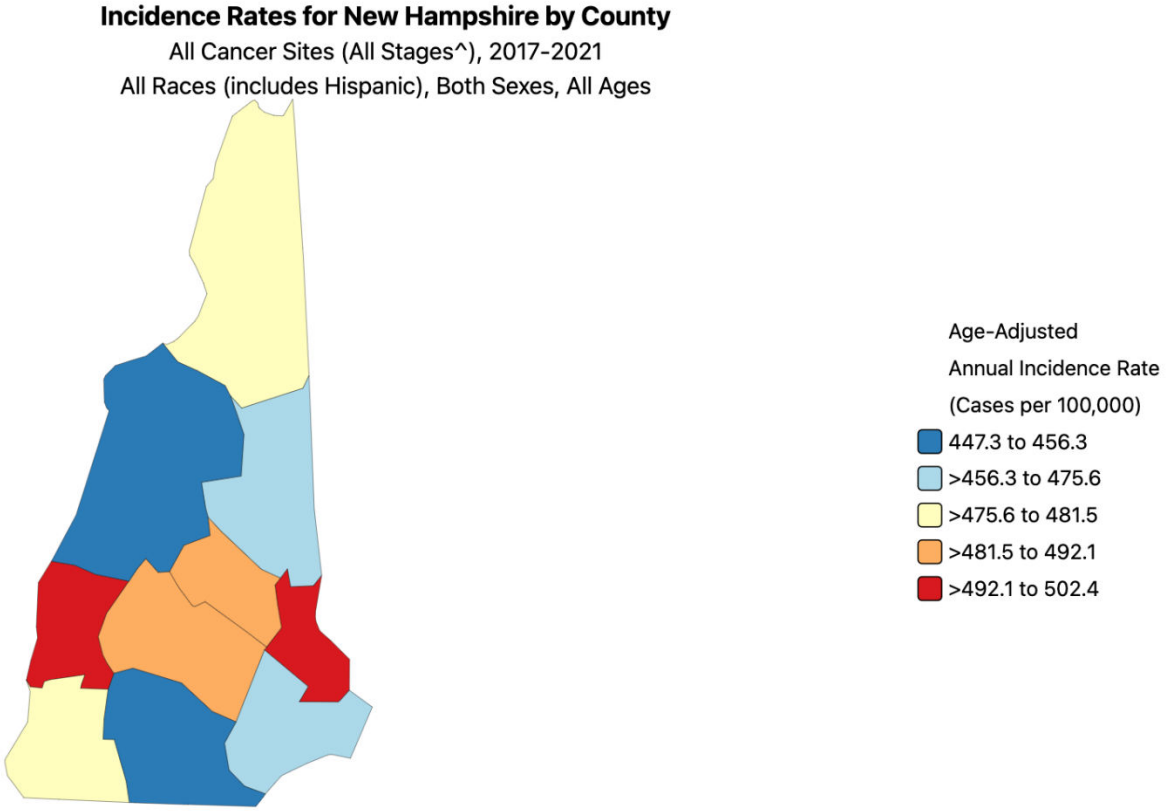
Source: National Cancer Institute, State Cancer Profiles

Figure I2. Incidence Rates for Massachusetts by County 2017 – 2021



Source: State Cancer Profiles, 2017 – 2021

Figure I3. Incidence Rates for New Hamphire by County 2017 – 2021



Source: State Cancer Profiles, 2017 – 2021

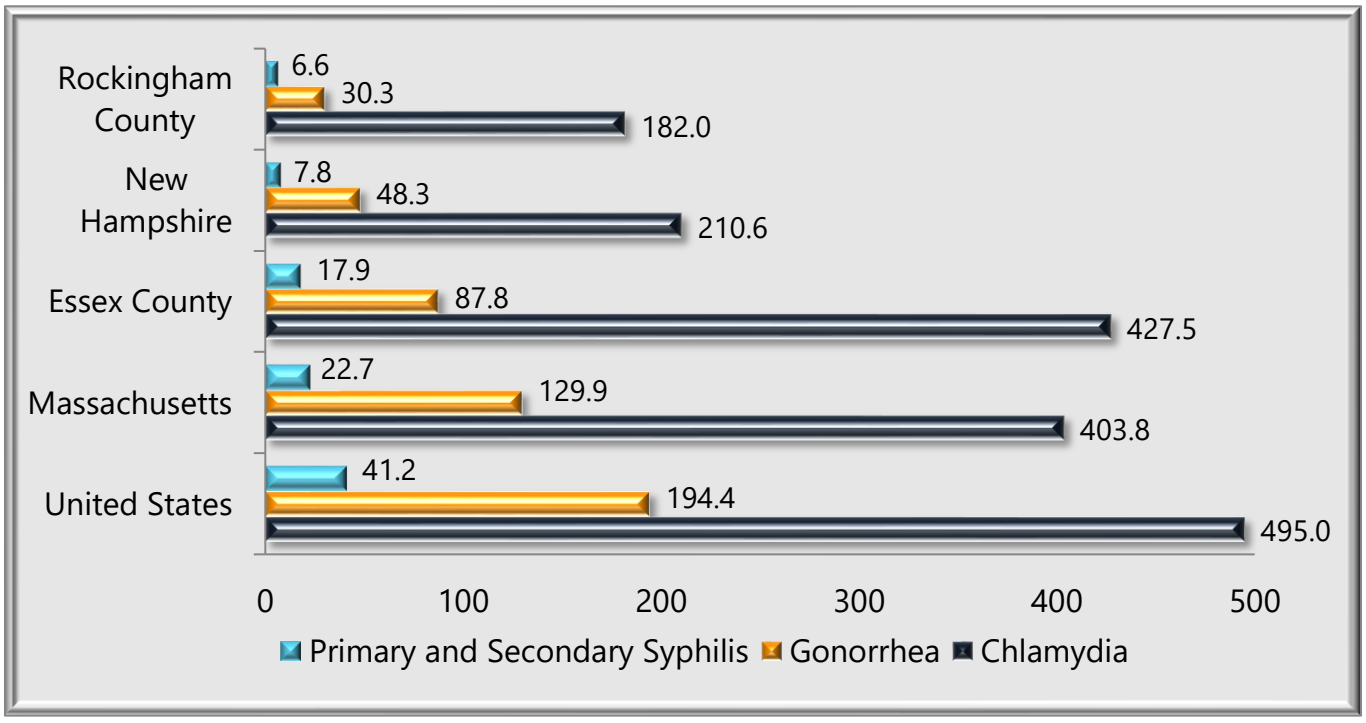
Assessing communicable disease is important to public health. In general, the incident rate per 100,000 individuals for sexually transmitted illnesses is lower in both counties than in the respective states and nation. However, Essex County has a higher rate of chlamydia than the state of Massachusetts. Essex County experiences a higher rate of STIs (Sexually Transmitted Illnesses) than Rockingham County.

Table I5. Sexually Transmitted Illness Incidence Rates per 100,000 (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Chlamydia	**495.0**	**403.8**	427.5	**210.6**	182.0
Gonorrhea	**194.4**	**129.9**	87.8	**48.3**	30.3
Syphilis	**41.2**	**22.7**	17.9	**7.8**	6.6

Sources: Centers for Disease Control, AtlasPlus State STI Surveillance
Data for New Hampshire and Rockingham County (Infectious Syphilis), Essex County (Early Syphilis)

Figure I4. Sexually Transmitted Illness Incidence Rates per 100,000 (2022)



Essex County has a higher rate of tuberculosis (2.8 per 100,000 population) than in all other available geographies. Healthy People 2030 set a target of 1.4 per 100,000 for new cases of confirmed tuberculosis. New Hampshire is meeting this target unlike the other locations.

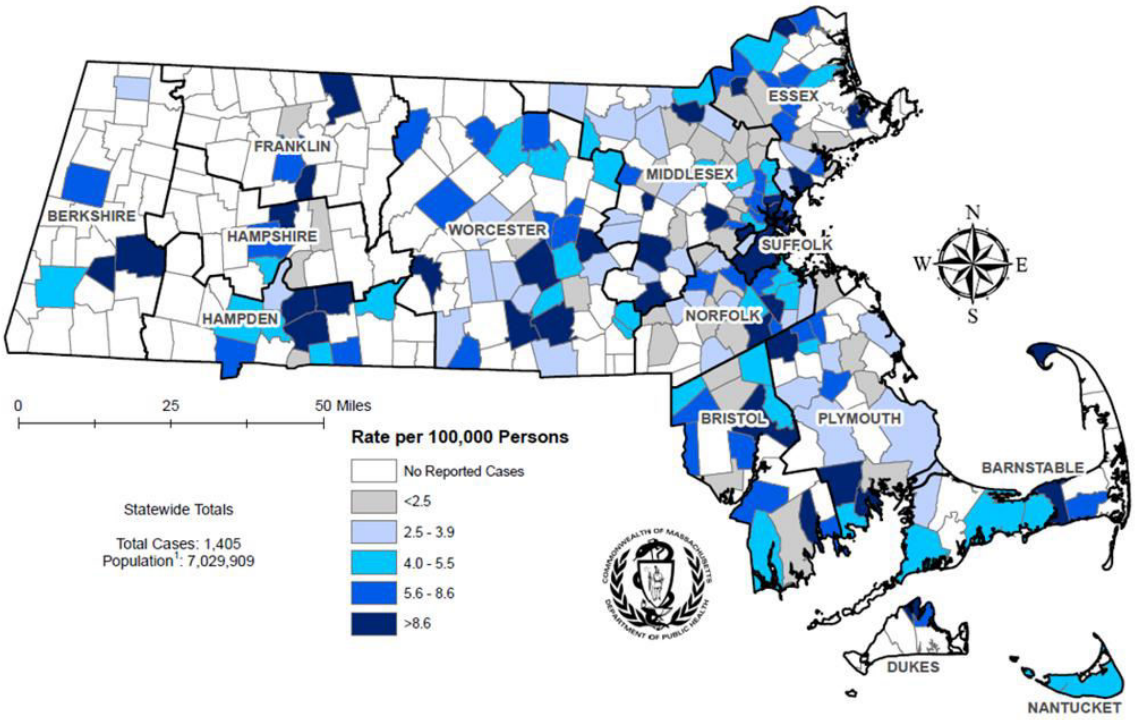
New Hampshire has a lower rate for HIV and tuberculosis than Massachusetts. The incidence of HIV Diagnosis is not available for Essex County, rather it is displayed by town for Essex County in Figure I5.

Table I6. HIV, Tuberculosis and Hepatitis B Incidence per 100,000 (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
HIV Incidence	**12.7**	**8.3**	N/A	**1.9**	1.9
HIV Diagnosis	**13.3**	**7.2**	See Figure I5	**0.6**	--
Tuberculosis	**2.5**	**2.2**	2.8	**1.0**	--
Hepatitis B (acute)	**0.6**	**0.39**	0.3	**N/A**	N/A

Sources: Centers for Disease Control and Prevention AtlasPlus, Massachusetts Bureau of Infectious Diseases and New Hampshire Division of Public Health Services
--Data suppressed

Figure I5. Average annual rate of HIV diagnosis per 100,000 population by city/town, Massachusetts



Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Adults in all geographies are less likely to have been diagnosed with diabetes than in the United States. Rockingham County and New Hampshire have the lowest percentage of the population diagnosed with diabetes.

Table I7. Prevalence of Adults Age 20 and Above Diagnoses with Diabetes (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Diabetes Prevalence	**10%**	**8%**	8%	**7%**	7%

Source: County Health Rankings

In general, a lower percentage of adults in Rockingham County have Heart Disease than in New Hampshire or the U.S. However, fewer in this county have ever had a stroke.

Table I8. Population 18 Years and Over Diagnosed with Heart Disease or Stroke (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Angina or Coronary Heart Disease	**4.4%**	**4.6%**	4.9%	**4.7%**	5.4%
Stroke	**3.4%**	**2.7%**	N.A.	**3.3%**	3.1%

Source: BRFSS and U.S. Department of Health and Human Services
Essex County is only available for 2020.

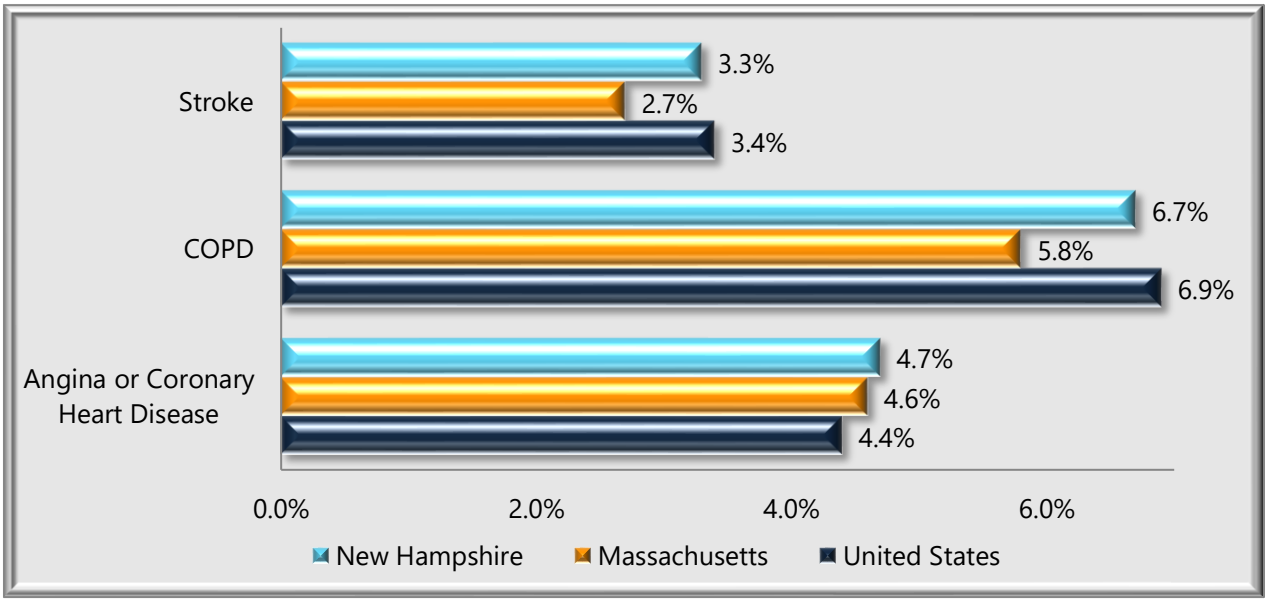
Chronic Obstructive Pulmonary Disease (COPD) is an ongoing lung condition causes by damage to the lungs, making it difficult to breathe. More residents in Rockingham County have COPD than in New Hampshire and the nation. Air pollution is often associated with higher rates of respiratory diseases like asthma and COPD. Fine particulate matter is a form of air pollution and is a measure of the overall outdoor air quality. It is measured as an average daily amount in micrograms per cubic meter. The particulate matter is lower in Essex County than in the state or nation, but higher in Rockingham County than in the state (and lower than the nation).

Table I9. COPD and Daily Fine Particulate Matter (2022 - 2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
COPD	**6.9%**	**5.8%**	5.4%	**6.7%**	6.5%
Particulate Matter	**7.4**	**6.8**	6.5	**5.3**	5.9

Source: CDC, BRFSS and County Health Rankings

Figure I6. Adults Diagnosed with Heart Disease, COPD, or Stroke (2022)



VI. Preventive Health and Wellness

J. Prevention

A variety of preventative health measures are used to determine the overall health of adults. These preventative measures include the flu and COVID vaccine, and colon and breast cancer screenings. In addition, preterm births may be reduced with good prenatal care.

The flu vaccine as well as the COVID vaccine are recommended as an annual prevention measure, particularly for older adults. During the 2023-2024 season, there was low vaccination retention against COVID-19 in Massachusetts. For influenza, individuals in Massachusetts, Essex and New Hampshire have a higher percentage of vaccination than in the U.S. or Rockingham County.

Table J1. Percent of People Vaccinated this Season 2023 - 2024

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
COVID-19	**49.7%**	**18.0%**	30%	22.7%	Estimated 20.0% to 24.9%
Influenza	**46%**	**56%**	56%	51%	46%

Sources: Massachusetts Department of Health and Human Services and New Hampshire Department of Health and Human Services and County Health Rankings

Cancer screenings are important for the early detection and treatment of cancer. Colorectal screening is important for men and women. For women, mammograms for the prevention of breast cancer and Pap smears for the prevention of cervical cancer are recommended**.**

Sigmoidoscopies/Colonoscopies are used to detect the presence of colorectal cancer. Older adults ages 50 to 75 years in Massachusetts and New Hampshire are more likely to screen for colorectal cancer than are the adults in the counties or the nation.

Table J2. Colorectal Cancer Screening among Population 50 to 75 years (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Within 10 Years	**71.9%**	**77.0%**	67.8%	**75.8%**	66.5%

Source: BRFSS and County Health Rankings
County data is from 2017-2019.

Favorably, all locations surpass the percentage of breast cancer screening in the U.S. which is 76.3%. Healthy People has set a target to "increase the proportion of females who receive a breast cancer screening based on the most recent guidelines" to 80.3%. Massachusetts and both counties exceed this target. The percentage of cervical cancer screening among women 21 to 65 is lower in Rockingham County (75.6%) than all other locations which range from 77.7% in the nation to 78.4% in New

Hampshire. For cervical cancer screenings, the Healthy People 2030 target is 79.2%. Although close, none of the geographies meets or surpasses this target.

Table J3. Breast Cancer Screening among Women 50 to 74 years (2019 -2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Mammography In the Past 2 Years	**76.3%**	**84.9%**	81.1%	**80.8%**	83.5%

Source: BRFSS and County Health Rankings

Table J4. Cervical Cancer Screening among Women 21 Years to 65 (Age-adjusted) (2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Pap Test in the Past 3 Years	**77.7%**	**77.8%**	78.3%	**78.4%**	75.6%

Source: BRFSS and County Health Rankings

Preterm birth is defined as a live birth before 37 completed weeks gestation. Preterm birth is further classified as: late preterm (34 to less than 37 weeks), moderate preterm (32 to less than 37 weeks) and very preterm (less than 32 weeks). Preterm birth can lead to long-term challenges for some babies, including intellectual and developmental disabilities and problems with lungs, heart, eyes and other organs. The percentage of preterm births in Rockingham County (8.9%) is higher than in New Hampshire (8.3%). Positively, Essex County is lower than Massachusetts and in both counties and states the percentages are lower than the nation (10.4%). Healthy People 2030 has established a target for preterm births of no more than 9.4%. Both counties are meeting this objective.

Table J5. Percentage of Preterm births (2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Preterm births	**10.4%**	**9.1%**	8.2%	**8.3%**	8.9%

Source: March of Dimes

VII. Mortality

K. Causes of Death

Mortality is assessed with two indicators, multiple causes of death (including both the immediate cause of death and contributory conditions) and leading cause of death per 100,000 population. Both rates reflect crude rates rather than age-adjusted rates and the multiple cause of death is provided by age cohort while the leading cause is death is by diagnosis.

The following table depicts the crude mortality rate for various age brackets. The rate is based on the multiple cause of death (both the immediate cause of death and contributory conditions.)

New Hampshire has the highest crude mortality rate per 100,000 for all ages. Essex County is higher than Massachusetts, and Rockingham County is lower than New Hampshire. Overall, the mortality rate for the United States is higher than Massachusetts but lower than New Hampshire. As expected, the data demonstrate that as the population ages, the death rate increases.

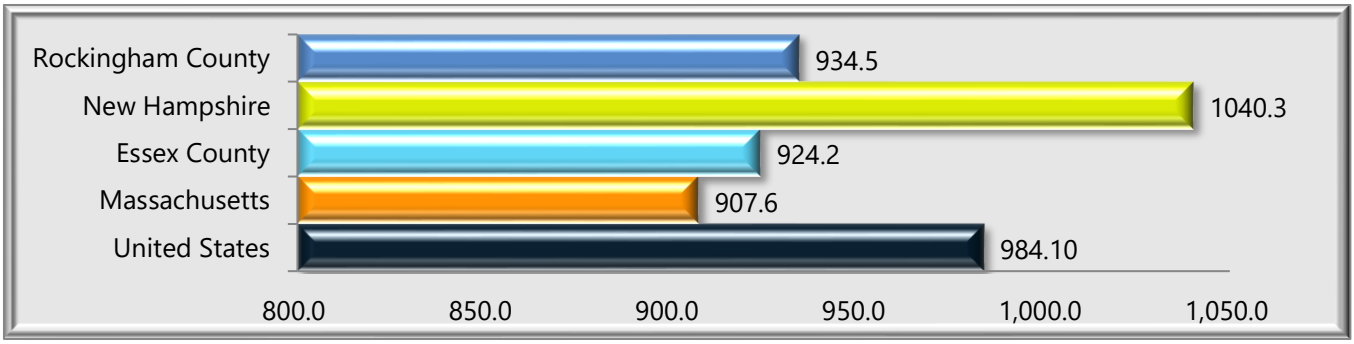
For all age groups, Essex County mortality rates are lower than the U.S. with the exception of 85+. The age groups 0 to 14 , 15 to 24 and 65 to 74 years old in the county have a somewhat higher mortality rate in the county than in the state. The mortality rates in Rockingham County for each age group are lower than New Hampshire and the U.S.

Table K1. Multiple Cause of Death, Single Race Rate per 100,000 (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
0 – 14 years	**52.1**	**31.2**	36.8	**32.2**	==
15-24 years	**79.5**	**45.4**	57.9	**50.3**	==
25-34 years	**163.4**	**112.6**	111.5	**157.8**	87.7
35-44 years	**255.4**	**205.4**	188.4	**223.4**	173.1
45-54 years	**453.3**	**342.4**	307.6	**385.3**	248.5
55-64 years	**992.1**	**750.3**	728.4	**829.5**	704.0
65-74 years	**1,978.7**	**1,570.8**	1,592.4	**1,727.4**	1,599.9
75-84 years	**4,708.2**	**4,194.9**	4.108.0	**4,601.7**	4,296.3
85+	**14,389.6**	**14,725.6**	14,869.0	**15,034.6**	14,129.0
All Ages	**984.1**	**907.6**	**924.2**	**1,040.3**	**934.5**

Source: CDC WONDER
==Unreliable

Figure K1. Multiple Cause of Death, Single Race per 100,000 (2022)



In terms of premature death, also known as years of potential life lost before age 75, all geographies substantially outperform the U.S., for which the premature mortality is 8,000.

Table K2. Premature Mortality: Years of Potential Life Lost Before Age 75 per 100,000 (2024)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Premature Mortality	**8,000**	**5,900**	5,900	**6,500**	5,100

Source: County Health Rankings

The following table depicts crude mortality rates per 100,000 population for the 15 leading causes of death in the nation. The mortality rate in Essex County is worse than in Massachusetts for several leading causes including diseases of the heart, cerebrovascular disease, Alzheimer's disease, diabetes, chronic liver disease and cirrhosis, septicemia, essential hypertension and hypertensive renal disease and Parkinson's disease. However, all of the Essex County rates are better than in the nation with the exception of septicemia, which is 16.0 for the county, 13.4 (state) and 12.7 (nation). In Rockingham County, the rate of chronic lower respiratory diseases, and Parkinson's disease are higher than in New Hampshire and the nation.

Table K3. Population Mortality Rate per 100,000 by Leading Cause of Death (2021)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Diseases of heart	**210.9**	**178.0**	190.9	**211.5**	198.2
Malignant neoplasms	**182.5**	**178.1**	167.8	**208.4**	195.7
Accidents (unintentional injuries)	**68.1**	**68.5**	68.0	**74.5**	57.3
Chronic lower respiratory diseases	**44.2**	**34.1**	29.7	**53.4**	55.1
Cerebrovascular diseases	**49.6**	**34.3**	36.1	**43.0**	40.7
Alzheimer's disease	**36.0**	**22.9**	23.9	**33.1**	28.2
Diabetes mellitus	**30.4**	**21.5**	23.8	**32.5**	26.6
Influenza and pneumonia	**14.1**	**13.4**	13.0	**11.7**	9.1
Nephritis, nephrotic syndrome and nephrosis	**17.4**	**20.1**	19.6	**15.3**	13.8
Intentional self-harm (suicide)	**14.8**	**9.0**	6.8	**17.7**	11.3
Chronic liver disease and cirrhosis	**16.4**	**13.6**	14.6	**19.1**	16.0
Septicemia	**12.7**	**13.4**	16.0	**12.4**	11.0
Essential hypertension and hypertensive renal disease	**13.0**	**11.0**	11.4	**9.0**	unreliable
Parkinson's disease	**12.0**	**10.7**	11.5	**15.6**	15.7
Pneumonitis due to solids and liquids	**6.0**	**10.1**	8.4	**6.7**	Unreliable

Source: CDC WONDER

Infant mortality is the death of an infant before their first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to providing key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. Both Essex County and Rockingham County experience higher infant mortality rates than in

Massachusetts and New Hampshire respectively. Positively, both rates are lower than the national infant mortality rate of 5.61 per 1,000 live births.

Table K4. Infant Mortality Rate per 1,000 Live Births (2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Number of Deaths	**20,577**	**228**	39	**42**	30
Mortality Rate	**5.61**	**3.32**	4.57	**3.48**	5.00

Source: CDC WONDER (2022) and New Hampshire Department of Health and Human Services (2019 – 2023).

Low Birthweight is defined as the percentage of live births under 2,500 grams (5 pounds, 8 ounces). There are fewer low birthweight infants born in New Hampshire and Rockingham County than in the other geographies.

Table K5. Percentage of Preterm births (2023)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Low Birthweight	**8%**	**8%**	7%	**7%**	6%

Source: County Health Rankings

The total population cancer mortality rate (age-adjusted pre 100,000) is highest in the U.S.(146.0). Essex County is the lowest at 130.8. This is followed closely by New Hampshire (144.5)The 5 deadliest types of cancer among adults, nationally, in ranking order, are lung and bronchus, breast (female), prostate (male), colon & rectum and pancreas. The following table depicts age-adjusted mortality rates for each of these sites as well as other for adults in the counties, state, and nation.

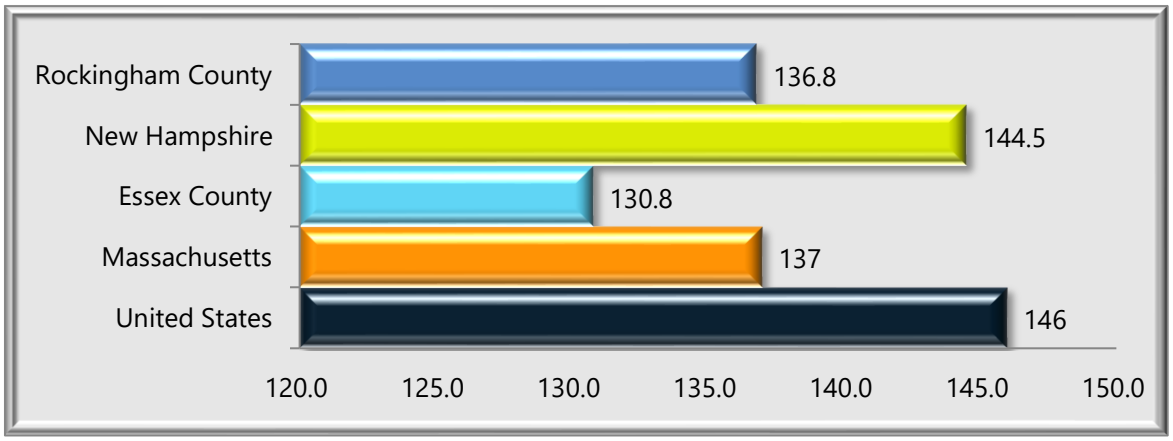
In Essex County, the cancer mortality rate for breast (female), leukemia, melanoma of the skin, Non-Hodgkin lymphoma, oral cavity and pharynx and thyroid are higher than in Massachusetts. Notably, melanoma (2.4) and thyroid (0.6) are also higher than the national rates (2.0 and 0.5 respectively). In Rockingham County, the cancer mortality rate for esophagus, leukemia and ovary (female) are higher than in New Hampshire. The rate for esophageal cancer (4.7) and ovarian cancer (7.0) is higher than the nation (3.7 and 6.0 respectively).

Table K6. Population Cancer Mortality Rates per Age-Adjusted 100,000 by Site (2018 - 2022)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Bladder	**4.1**	**4.2**	3.9	**4.6**	4.5
Brain & ONS	**4.4**	**4.6**	4.3	**5.2**	4.9
Breast (Female)	**19.3**	**15.2**	15.7	**17.6**	15.3
Cervix (Female)	**2.2**	**1.1**	1.1	**1.3**	n/a
Colon & Rectum	**12.9**	**10.3**	9.2	**11.1**	10.4
Esophagus	**3.7**	**4.0**	3.8	**4.7**	4.8
Kidney & Renal Pelvis	**3.4**	**2.6**	2.3	**2.9**	2.7
Leukemia	**5.9**	**5.4**	5.8	**5.4**	5.5
Liver & Bile Duct	**6.6**	**6.2**	5.8	**5.3**	4.9
Lung & Bronchus	**32.4**	**30.6**	29.4	**33.0**	31.4
Melanoma of the Skin	**2.0**	**2.1**	2.4	**2.6**	2.2
Non-Hodgkin Lymphoma	**5.0**	**4.7**	5.0	**4.7**	4.5
Oral Cavity & Pharynx	**2.6**	**2.4**	2.5	**2.6**	2.3
Ovary (Female)	**6.0**	**6.1**	5.8	**6.1**	7.0
Pancreas	**11.2**	**11.5**	11.0	**11.5**	9.4
Prostate (Male)	**19.0**	**18.3**	16.7	**19.0**	18.0
Stomach	**2.7**	**2.6**	2.2	**2.0**	1.7
Thyroid	**0.5**	**0.4**	0.6	**0.4**	n/a
Uterus (Female)	**5.2**	**5.2**	4.7	**5.4**	4.7
Total Cancer Mortality	**146.0**	**137.0**	**130.8**	**144.5**	**136.8**

Source: National Cancer Institute

Figure K2. Cancer mortality rate among adults (2018 – 2022)



VIII. Medicare Fee-For-Service Beneficiaries

L. Chronic Conditions

The following table depicts the percentage of Medicare beneficiaries aged affected by chronic conditions. The most recent data available from the Centers for Medicare and Medicaid Services is 2018. Essex County exceeds the percentage of chronic conditions for several including alcohol abuse, Alzheimer's disease, asthma, atrial fibrillation, cancer (all types), depression, drug use/substance use, osteoporosis and schizophrenia/psychotic disorders. Several of these are mental and behavioral health related. Rockingham County is more in line with New Hampshire and the U.S.; however it exceeds the percentages in atrial fibrillation and hyperlipidemia.

Table L1. Chronic Conditions among Medicare Beneficiaries (2018)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
Alcohol Abuse	**2.1%**	**3.7%**	3.6%	**2.8%**	2.5%
Alzheimer's Disease/Dementia	**10.8%**	**11.2%**	11.5%	**9.1%**	9.0%
Arthritis	**33.5%**	**31.1%**	31.8%	**29.8%**	30.8%
Asthma	**5.0%**	**6.5%**	6.6%	**4.8%**	5.1%
Atrial Fibrillation	**8.4%**	**9.7%**	10.2%	**8.9%**	9.5%
Cancer	**8.4%**	**9.5%**	9.7%	**7.9%**	8.8%
Chronic Kidney Disease	**24.5%**	**24.0%**	25.7%	**19.0%**	19.9%
COPD	**11.5%**	**10.8%**	10.8%	**10.3%**	10.7%
Depression	**18.4%**	**23.2%**	24.3%	**19.6%**	18.8%
Diabetes	**27.0%**	**23.2%**	23.4%	**21.5%**	21.2%
Drug Use/Substance Abuse	**3.5%**	**4.4%**	4.2%	**3.6%**	3.3%
Heart Failure	**14.0%**	**12.8%**	12.7%	**10.8%**	11.5%
Hyperlipidemia	**47.7%**	**46.8%**	46.9%	**42.5%**	48.7%
Hypertension	**57.2%**	**55.9%**	56.1%	**49.8%**	54.1%
Ischemic Heart Disease	**26.8%**	**23.7%**	23.0%	**21.5%**	22.4%
Osteoporosis	**6.6%**	**7.5%**	8.1%	**5.6%**	6.0%
Schizophrenia/Other Psychotic Disorders	**3.0%**	**3.9%**	3.9%	**2.6%**	2.2%
Stroke	**3.8%**	**3.6%**	3.6%	**3.0%**	3.2%

Source: Centers for Medicare & Medicaid Services (CMS)

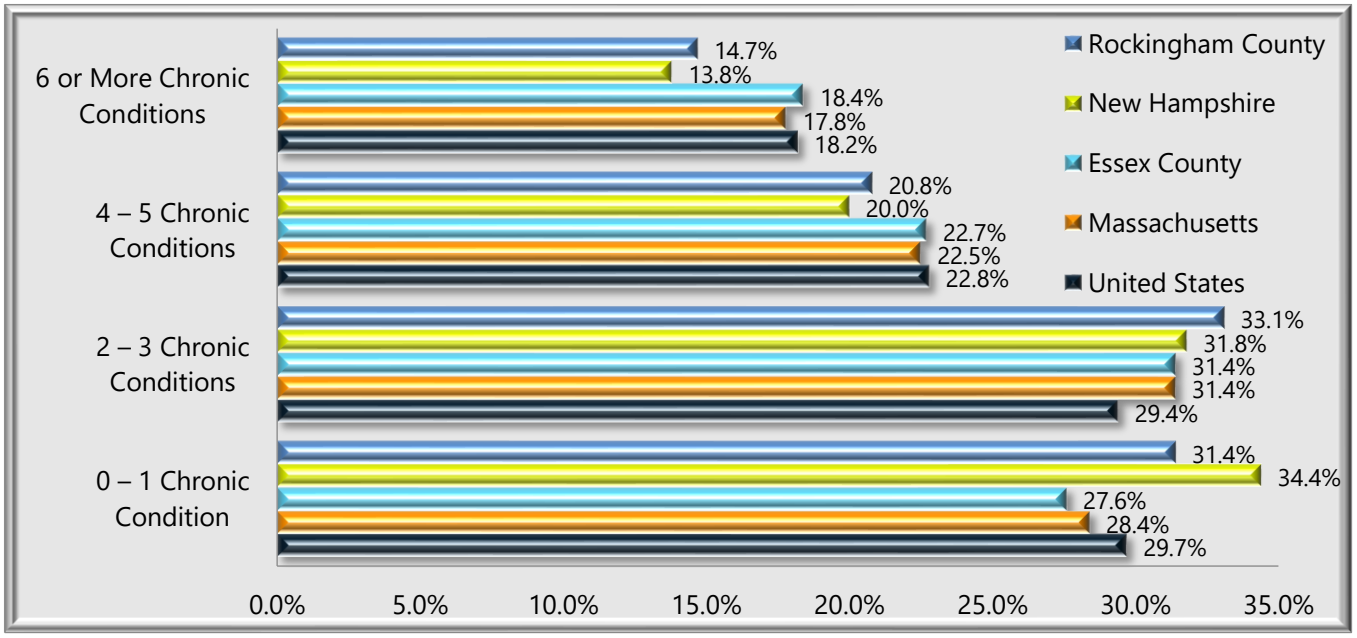
In general, there are no notable differences in chronic condition prevalence among Medicare beneficiaries when comparing Essex, Rockingham counties, the state, and the nation. Essex County has a higher percentage of 6 or more chronic conditions that the other geographies (18.4%).

Table L2. Chronic Conditions per 100,000 Medicare Beneficiaries, 65 Years and Over (2018)

	U.S.	Massachusetts	Essex County	New Hampshire	Rockingham County
0 – 1 Chronic Condition	**29.7%**	**28.4%**	27.6%	**34.4%**	31.4%
2 – 3 Chronic Conditions	**29.4%**	**31.4%**	31.4%	**31.8%**	33.1%
4 – 5 Chronic Conditions	**22.8%**	**22.5%**	22.7%	**20.0%**	20.8%
6 or More Chronic Conditions	**18.2%**	**17.8%**	18.4%	**13.8%**	14.7%

Source: Centers for Medicare & Medicaid Services (CMS)

Figure L1. Chronic conditions among Medicare beneficiary population, 65 Years and Over (2018)



Hospital readmissions are tracked for Medicare beneficiaries by the number of chronic conditions. The data demonstrates that the more chronic conditions beneficiaries have, the more frequent the hospital readmissions. In the 0 – 1, 2-3 and 6 or more chronic conditions Rockingham County is somewhat higher than the states and nation.

Table L3. Hospital Readmissions for Chronic Conditions (2018)

	United States	Massachusetts	Essex County	New Hampshire	Rockingham County
0 – 1 Chronic Condition	**4.6%**	**4.7%**	4.3%	**5.9%**	7.3%
2 – 3 Chronic Conditions	**6.1%**	**6.6%**	7.0%	**6.5%**	7.9%
4 – 5 Chronic Conditions	**9.4%**	**10.2%**	10.8%	**9.9%**	9.3%
6 or More Chronic Conditions	**21.2%**	**23.2%**	22.8%	**21.5%**	22.3%

Source: Centers for Medicare & Medicaid Services (CMS)

Similarly, the rates of emergency visits and the per capita cost are tracked**.** Emergency room visits for chronic conditions are higher for the state and generally for the counties when compared to the nation. The rates in Essex and Rockingham counties are lower than the rate of visits at the state level. As expected, the highest per capita cost in each county is among those with 6 or more chronic conditions. In addition, the per capita cost for Essex County is generally higher than the other counties, states and the nation.

Table L4. Emergency Department Visits for Chronic Conditions per 1,000 Beneficiaries 65 Years and Over (2018)

	United States	Massachusetts	Essex County	New Hampshire	Rockingham County
0 – 1 Chronic Condition	**122.6**	**133.5**	132.1	**138.5**	125.7
2 – 3 Chronic Conditions	**318.4**	**334.4**	327.0	**361.0**	317.5
4 – 5 Chronic Conditions	**621.1**	**671.9**	662.9	**746.5**	682.4
6 or More Chronic Conditions	**1,719.1**	**1,884.6**	1,845.8	**1,924.3**	1,833.8

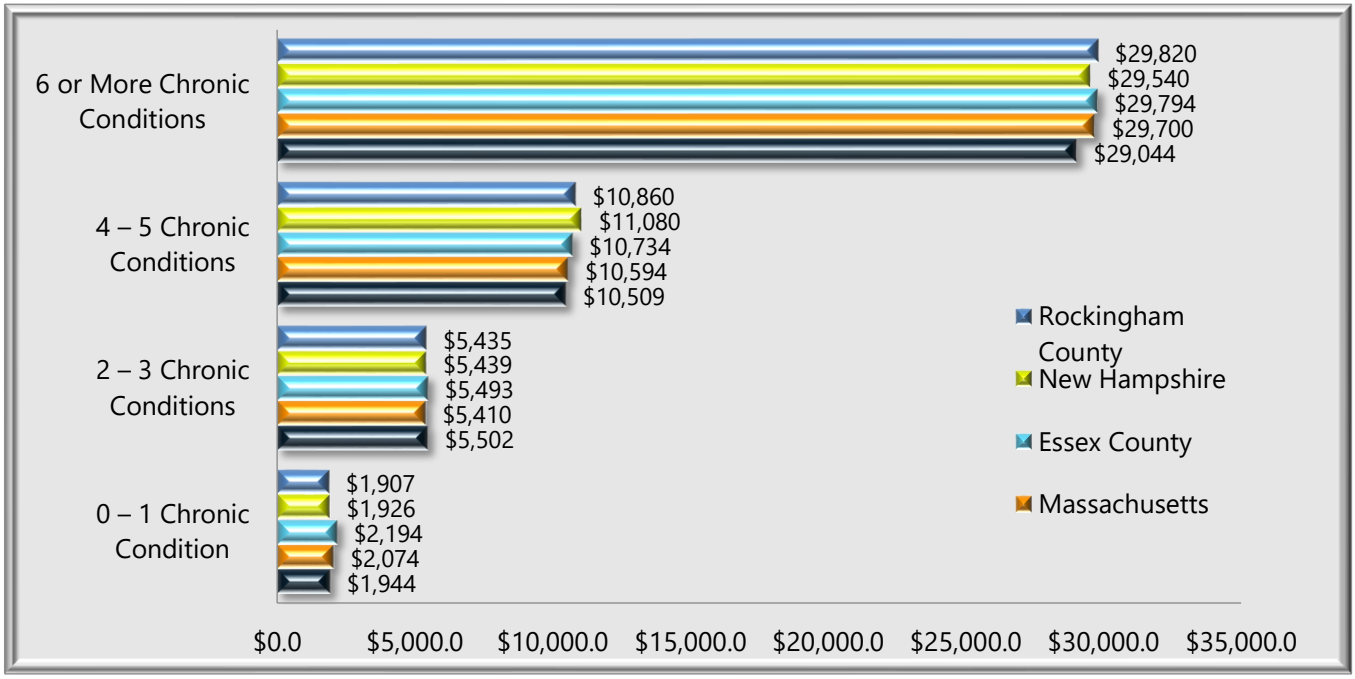
Source: Centers for Medicare & Medicaid Services (CMS)

Table L5. Per Capita Cost for Chronic Conditions (Standardized) (2018)

	United States	Massachusetts	Essex County	New Hampshire	Rockingham County
0 – 1 Chronic Condition	**$1,944**	**$2,074**	$2,194	**$1,926**	$1,907
2 – 3 Chronic Conditions	**$5,502**	**$5,410**	$5,493	**$5,439**	$5,435
4 – 5 Chronic Conditions	**$10,509**	**$10,594**	$10,734	**$11,080**	$10,860
6 or More Chronic Conditions	**$29,044**	**$29,700**	$29,794	**$29,540**	$29,820

Source: Centers for Medicare & Medicaid Services (CMS)

Figure L2. Per capita costs for beneficiaries (2018)



KEY INFORMANT SURVEY FINDINGS

Key informants (defined as community stakeholders with expert knowledge about the needs of individuals in the Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center service area) were invited to participate in a survey that gathers quantitative ratings and qualitative feedback through closed and open-ended questions. The survey included questions pertaining to overall key health issues impacting the community as well as focused questions on significant health issues for age groups, health care access, barriers to access and staying healthy, missing resources and service and inadequately served populations. Key informants included participants from social service providers, long-term care/aging service providers, public and private healthcare organizations and associations, educational institutions, non-profit organizations, and other community social and medical organizations.

Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center identified 102 key informants who were asked to complete the survey. An email containing a pre-communication letter to these informants was sent, making them aware of the opportunity to complete the survey. Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center reached out to potential participants to ensure adequate participation. In addition, 3 reminder emails during February 2025 were sent. A total of 44 individuals (36 online and 8 through an anonymous link) participated for a response rate of 43.1%. The largest percentage of informants were affiliated with Health Care/Public Health Organizations (42.5%), followed by Non-profit/Social Service Aging Services (25.0%). A smaller percentage (11.1%) were from Mental/Behavioral Health Organizations (12.5%) and Government Housing Transportation Sector (10.0%). Smaller percentages of respondents are Community Members and Education Youth Services representatives (2.5% each). A full list of key informants and their affiliations can be found in Appendix D. It is important to note that the results reflect the perceptions of some community leaders but may not represent all community perspectives.

Most participants primarily serve Lawrence (70.5%), followed by Methuen (65.9%), Haverhill (61.4%) and Andover (50.0%). Other participants primarily serve North Andover, Georgetown, Merrimac, Salem (NH), Amesbury, Boxford, Salisbury, Plastow (NH), Newbury, Newburyport, Rowley, Windham, West Newbury, Atkinson and Groveland.

Figure I. Top 3 community affiliations

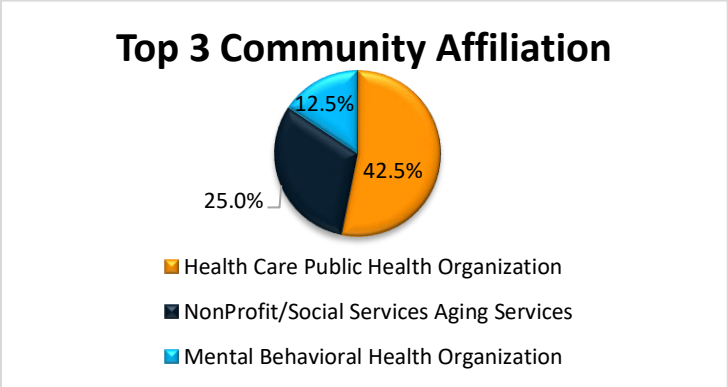
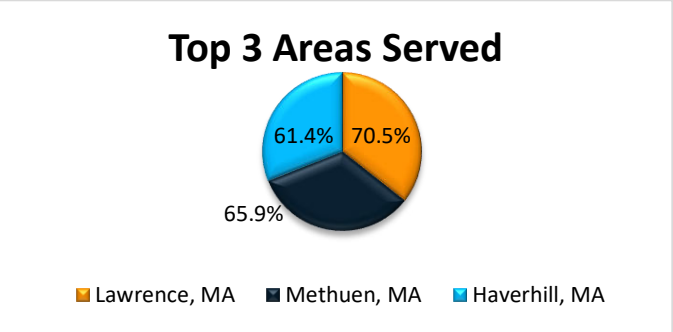


Figure 2. Top 3 areas primarily served



KEY HEALTH ISSUES & BARRIERS

Key Health Issues

The first set of questions asked Key informants to identify the most important health and social issues in the community and the ability to access health care providers services. Key informants were asked to determine the five most pressing health issues in their community from a list of 25 focus areas identified in the survey. The issues of behavioral health, substance abuse/alcohol abuse, homelessness, overweight/obesity and access to care/uninsured were the Top 5 chosen.

The following figure depicts the percentage of respondents who rank the five most common health issues as a concern in their community. In addition, Table 1 summarizes the number of times an issue is mentioned and the percentage of respondents who rate the issue as being one of the top five health issues in their community. In the table, other is specified by respondents as cost of care, aging issues, poverty, education/information and access to transportation.

Figure 3. Top 5 health issues in the community

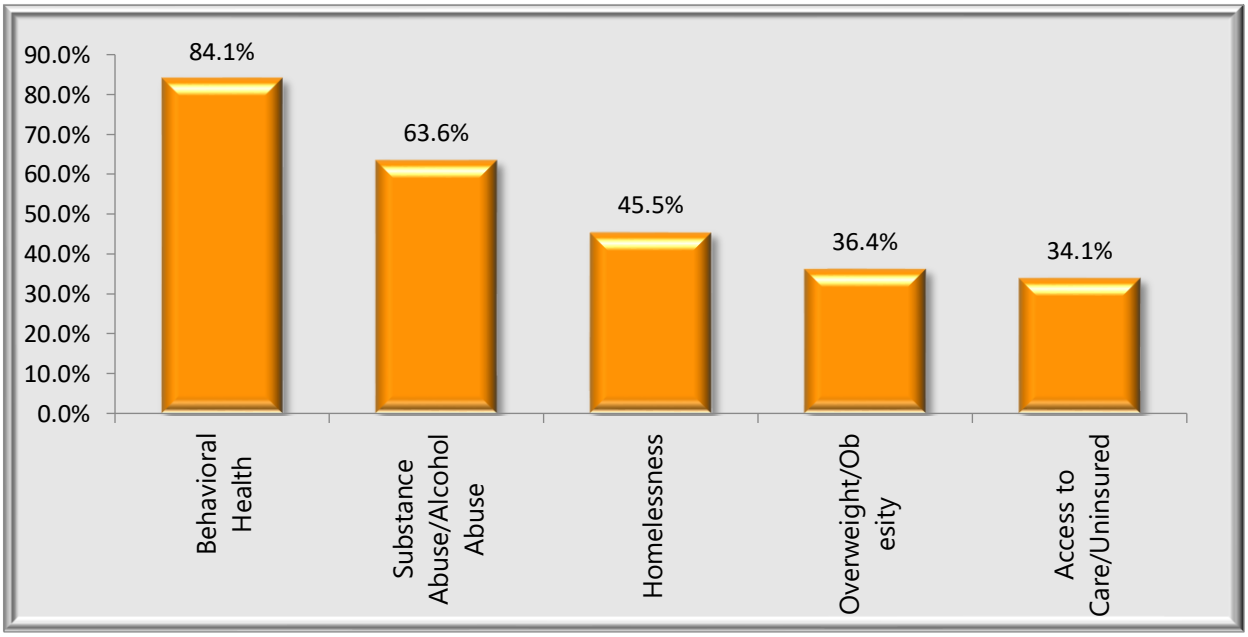


Table 1: Top 5 Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Behavioral Health	37	84.1%
Substance Abuse/Alcohol Abuse	28	63.6%
Homelessness	20	45.5%
Overweight/Obesity	16	36.4%
Access to Care/Uninsured	15	34.1%
Food Insecurity	14	31.8%
Diabetes	13	29.5%
Mental Health/Suicide	12	27.3%
Nutrition	11	25.0%
Heart Disease	9	20.5%
Maternal/Infant Health	9	20.5%
Respiratory Disease	8	18.2%
Cognitive Disorders/Alzheimer's	5	11.4%
Violence	4	9.1%
Cancer	3	6.8%
Dental Health	2	4.5%
Sexually Transmitted Diseases	1	2.3%
Stroke	1	2.3%
Vaccinations	1	2.3%
Vaping	1	2.3%
Arthritis	0	0.0%
Infectious Diseases/COVID-19	0	0.0%
Tobacco	0	0.0%
Other (specify)	4	9.1%
None/Not Applicable	0	0.0%

**Respondents could select more than one option therefore the percentages may add to more than 100.0%.

Key informants were also asked to specifically identify significant key health issues facing various age cohorts. The following charts display their Top 3 responses for ages 0 – 10, 11 – 20, 21 – 40, 41 to 74 and 75 and over. The Top 3 responses for the second, third and fourth age cohorts include behavioral health and substance abuse. For the youngest age group, homelessness and overweight/obese are included (replacing substance abuse). Overweight/Obesity is also a concern for the 11 to 20 year age cohort. For adults 21 to 40, homelessness replaces overweight/obesity. For

the age cohort 41 to 70, diabetes becomes an issue. Finally, for the eldest age group 70+, food insecurity is considered one of the Top 3 key health issues.

Figure 4. Top Health Issues Ages 0 - 10

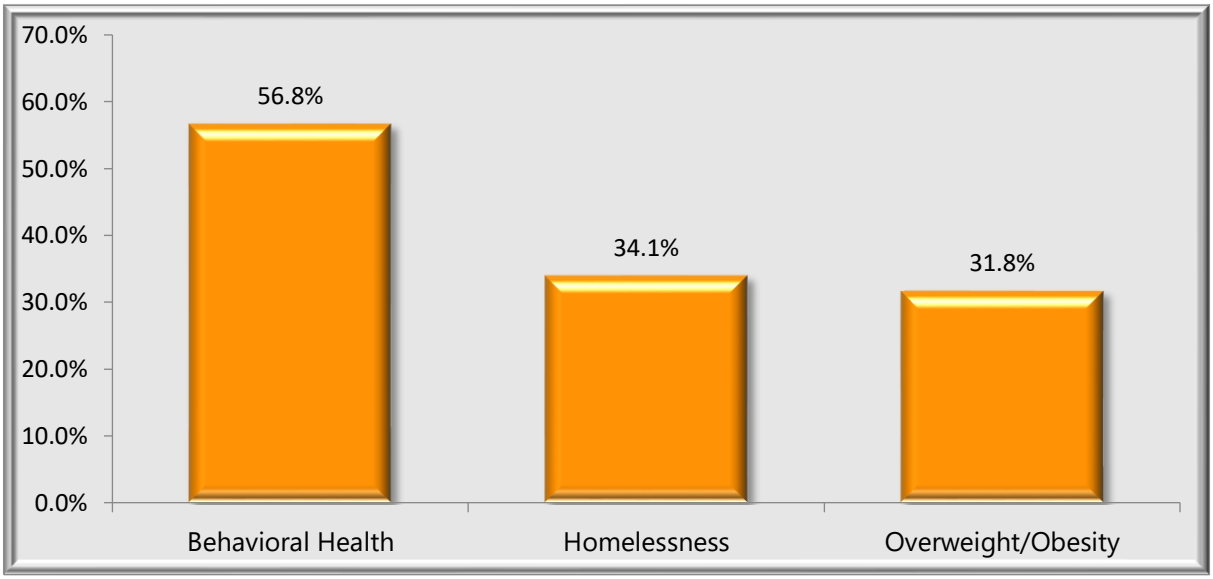


Figure 5. Top Health Issues Ages 11 - 20

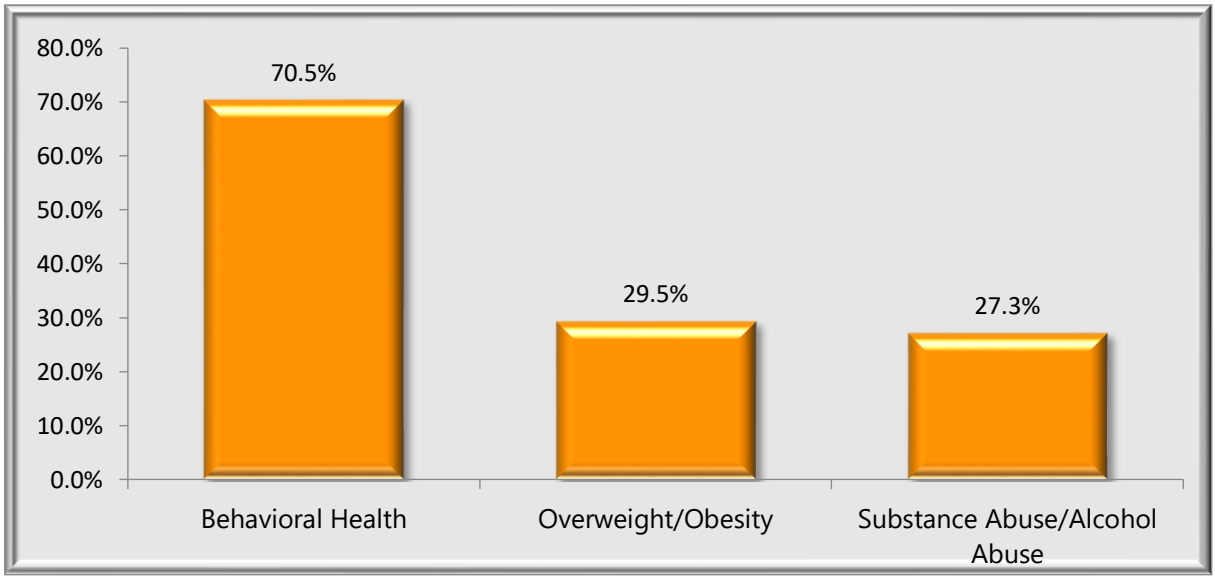


Figure 6. Top Health Issues Ages 21 – 40

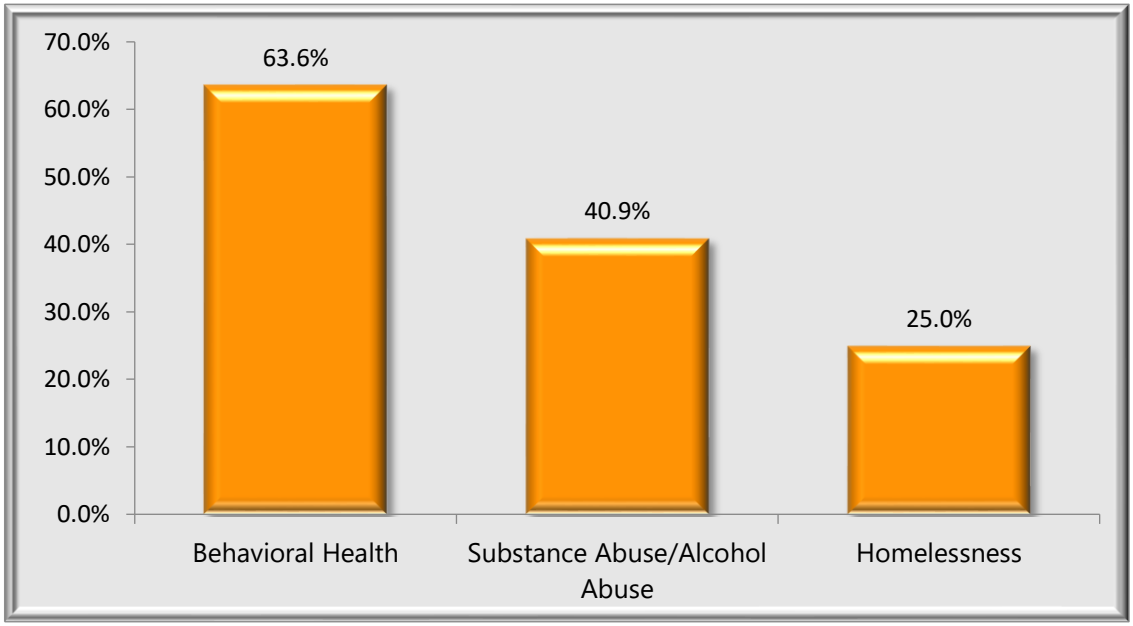


Figure 7. Top Health Issues Ages 41 - 70

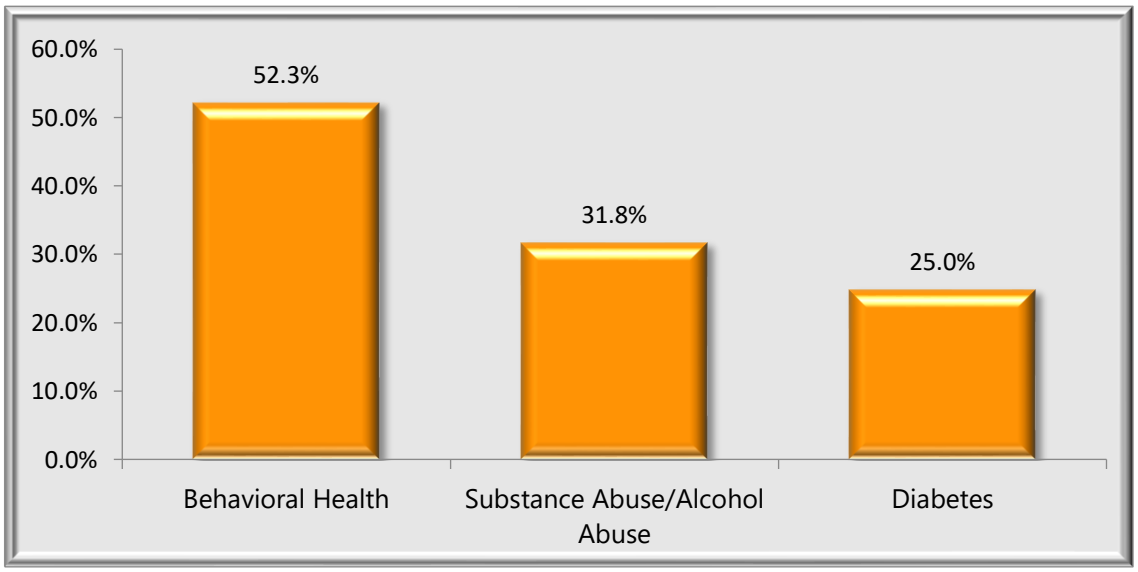
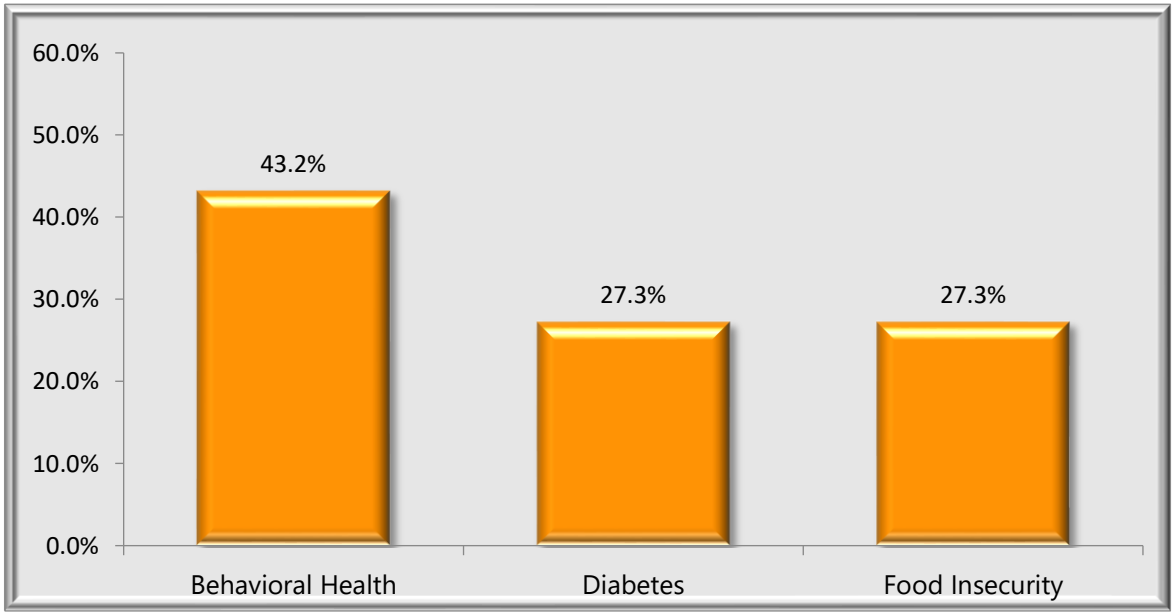


Figure 8. Top Health Issues Ages 75 and over



Respondents were asked to share information regarding these key health issues and their reasons for ranking them this way. Summaries of responses are listed below. The focus on mental and behavioral health, housing, food and transportation insecurity in the community is evident. These issues are perceived to lead to poor outcomes, including physical health. Chronic kidney disease, diabetes, respiratory disease, Alzheimer's and cardiovascular diseases are also viewed as problematic.

Select Comments Regarding Key Health Issues

- I would have liked to see "isolation/loneliness" listed as a health factor. I listed behavioral health as a top issue across ages. I believe the lack of community and connection has deteriorated over the past decade or so, exacerbated by COVID and as result, many people of all ages are struggling with depression and anxiety. Coping strategies and access to affordable and competent behavioral health are lacking.
- I think for older residents it is more a case of housing insecurity than about being homeless. Even if housed any event could make them unstable or unhoused.
- There is a serious need to address peri/postpartum mental health in Latinas in this community.
- Poor health in our community stems from lack of economic opportunity, living wages, decent and affordable housing, and levels of educational attainment. When these things improve, people's access to and utilization of care improves and they also can afford to make better choices nutritionally and care-wise.
- In addition to the five condition I selected there is high rate of infectious diseases, Homelessness, mental health problems, Vaping, Respiratory disease and Cognitive Disorders/Alzheimer's.
- Chronic kidney disease should be mentioned as it is very prevalent and the predictable outcome of metabolic disorders and hypertension under cardiovascular diseases.

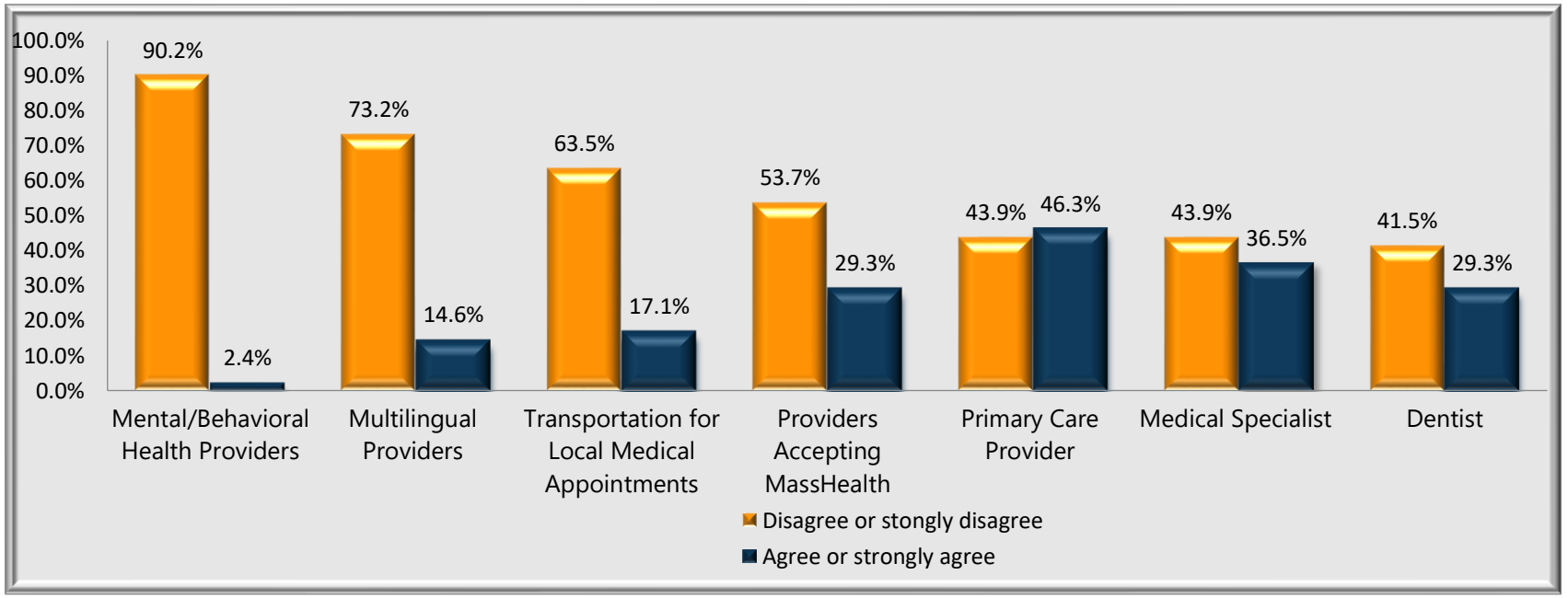
- Behavioral Health as a whole to include MH and Suicide and Substance and Alcohol abuse is the largest problem that either directly or indirectly affects all age groups. It also impairs the ability to care for other manageable health concerns such as diabetes and obesity.
- Transportation is the key to everything, and our free public transit system bisects many of the poorest census tracts in Lawrence, Methuen, and Haverhill. These census tract have high percentages of homes with limited or no access to a personal vehicle.

Barriers and Access to Care

Respondents were asked to rate statements about access to health care providers and services by strongly disagreeing to strongly agreeing with its ease of access. The questions were related to access to primary care providers, medical specialists, dentist, providers who accept Medicaid/Medical Assistance, multilingual providers, behavioral/mental health providers and the availability of transportation for local medical appointments.

Most respondents (90.2%) disagree or strongly disagree that there are enough mental/behavioral health providers. 73.2% of respondents strongly disagree or disagree that service area residents are able to access multilingual providers and 63.5% strongly disagree or disagree that transportation to local medical appointments is accessible. Over half of respondents (about 53.0%) strongly disagreed or disagreed that there are ample providers accepting MassHealth insurance. Positively, about the same percentage that selected strongly disagree or disagree that there is sufficient access to primary care providers (43.9%), also agree or strongly agree with this statement (46.3%). Medical specialists and dentists are also perceived to be difficult to access by a smaller percentage of respondents (43.9% and 41.5% respectively).

Figure 9. Responses to Strongly Disagree to Strongly Agree about access to providers



Respondents were asked to identify the most significant barriers that keep individuals in the service area from accessing health care when they need it. According to the responses, the inability to pay out of pocket expenses (68.2%), availability of providers/appointments (65.9%), lack of transportation (59.1%) and language/cultural barriers (59.1%) top the list. Other barriers that were rated as significant include time limitations (long wait times, limited office hours, time off work), lack of understanding of the health care system and basic needs not met (food/shelter). Almost half selected lack of trust (47.7%).

The graph shows the Top 6 Most Significant Barriers (in which more than 50% selected the factor. Table 2 displays all responses with the number that selected the barrier and the percentage that this represents. "Other "is specified as substance use disorder (SUD) and MassHealth acceptance is limited by specialists.

Figure 10. Most significant barrier keeping individuals in the community from accessing health care

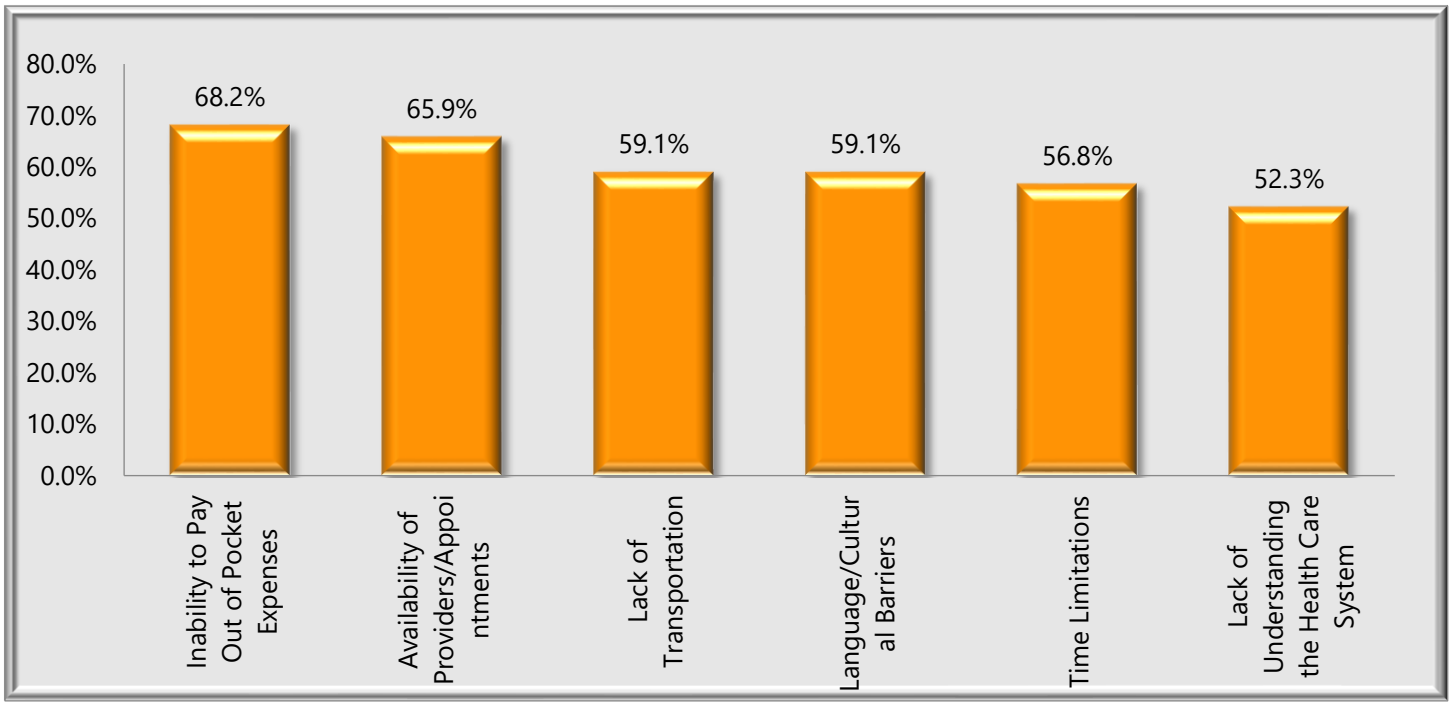


Table 2: Most Significant Barriers

Barrier	Number of respondents who selected the barrier as most significant	Percent of respondents who selected the barrier as most significant
Inability to Pay Out of Pocket Expenses	30	68.2%
Availability of Providers/Appointments	29	65.9%
Lack of Transportation	26	59.1%
Language/Cultural Barriers	26	59.1%
Time Limitations	25	56.8%
Lack of Understanding the Health Care	23	52.3%
Basic Needs Not Met (Food/Shelter)	22	50.0%
Lack of Trust	21	47.7%
Homelessness	19	43.2%
Lack of Health Insurance Coverage	16	36.4%
Ability to use Telehealth Services	15	34.1%
Lack of Child Care	14	31.8%
Access to Telehealth Services	2	4.5%
Other (specify)	2	4.5%
None/No Barriers	0	0.0%

* Respondents could select more than one option therefore the percentages may add to more than 100.0%.

SUPPORT AND HEALTHCARE SERVICES

The next set of questions addresses which resources and services are missing, populations are inadequately served, and barriers to staying healthy . The results are summarized below.

Missing Resources/Services

The graph displays the services and resources identified as missing in the service area. The Top 2 missing services and resources echo the key health issues and barriers identified in the previous section and include mental health services, identified by 70.5% of respondents and transportation (56.8%). Half of respondents (52.3%) selected health education/information/outreach, free or low cost dental care (50.0%) and primary care providers (50.0%). To a lesser degree, respondents also chose substance abuse services, bilingual services, free and low cost medical care and prescription assistance. Several responses were given for other including, awareness of existing resources, wellness, accessible culturally sensitive mental health programming, better employment and housing and access using MassHealth Limited. Table 3 lists all of the rated Missing Services and

Resources along with the county and percentage of respondents selecting the missing service or resource.

Figure 11. Ranking of the Top 5 Missing Services and Resources

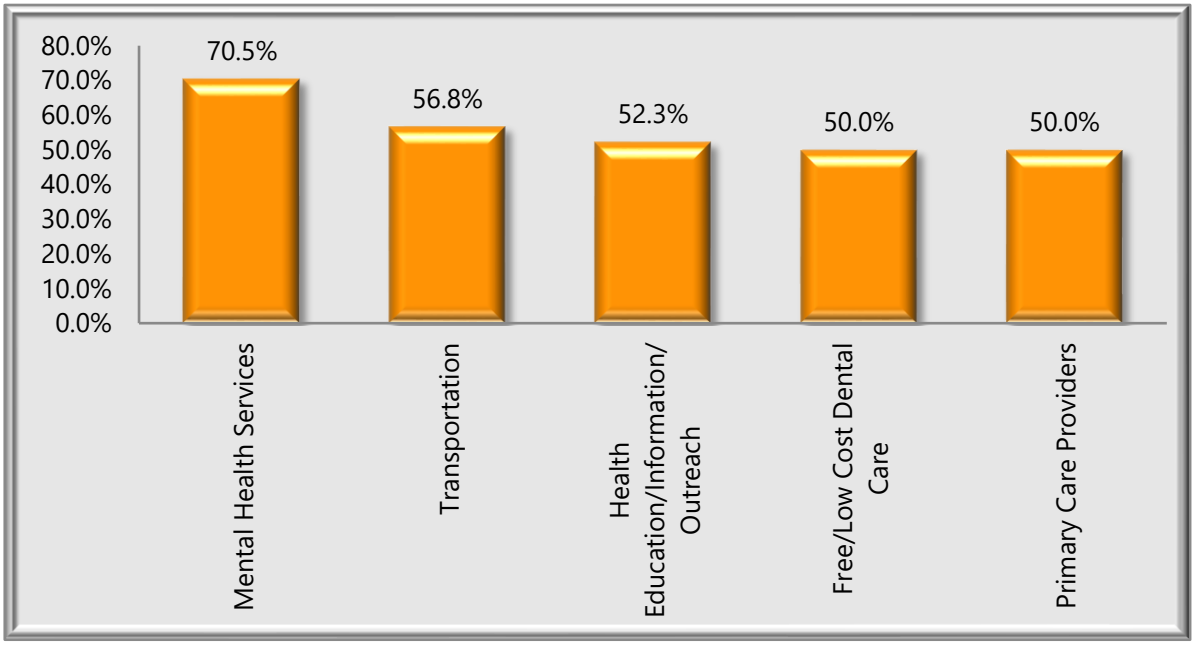


Table 3. Top Rated Missing Services and Resources

Service or Resource	Number of respondents who stated "Missing"	Percentage of respondents who stated "Missing:
Mental Health Services	31	70.5%
Transportation	25	56.8%
Health Education/Information/Outreach	23	52.3%
Free/Low Cost Dental Care	22	50.0%
Primary Care Providers	22	50.0%
Substance Abuse Services	18	40.9%
Bilingual Services	15	34.1%
Free/Low Cost Medical Care	15	34.1%
Prescription Assistance	14	31.8%
Medical Specialists	13	29.5%
Health Screenings	10	22.7%
None	0	0.0%
Other (specify)	5	11.4%

Key informants were asked which, if any, populations in the service area are being inadequately served by local health and support services. Key Informants chose from a list of 14 factors and perceived that individuals who are uninsured/underinsured (56.8%), homeless (50.0%), immigrant/refugee (47.7%), low-income/poor (47.7%), seniors/elderly (38.6%) LGBTQ (29.5%) and the Hispanic/Latino population (22.7%) are the most inadequately served. The table displays the percentage of respondents that chose each factor.

Figure 12. Top population groups rated as inadequately served

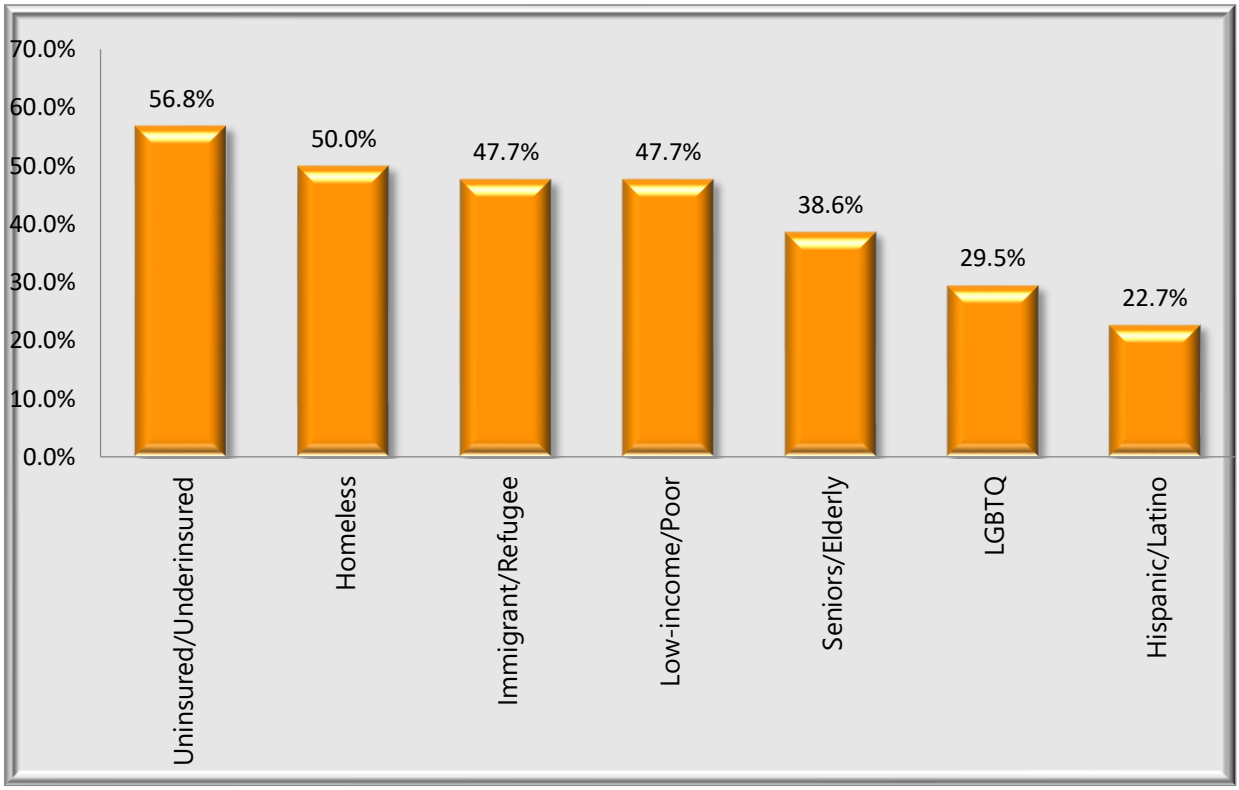


Table 4: Rating of populations that are inadequately served

Population	Number of key informants who selected the population as inadequately served	Percent of key informants who selected the population as inadequately served
Uninsured/Underinsured	25	56.8%
Homeless	22	50.0%
Immigrant/Refugee	21	47.7%
Low-income/Poor	21	47.7%
Seniors/Elderly	17	38.6%
LGBTQ	13	29.5%
Hispanic/Latino	10	22.7%
Black/African American	8	18.2%
Disabled	8	18.2%
Children/Youth	6	13.6%
Young Adults	6	13.6%
Arabic	3	6.8%
None	1	2.3%
Other (specify)	4	9.1%

* Respondents could select more than one option therefore the percentages may add to more than 100.0%.

Barriers to Getting and Staying Healthy

Respondents were asked to identify the Top 3 barriers that individuals may or may not face in the community in trying to get and stay healthy. A list of 10 factors were selected from and the key informants listed as the top barrier, difficulty meeting basic needs (59.1%). This is followed by cost of healthy foods and/or gym memberships (50.0%) and a lack of knowledge and skills (43.2%). The lack of time, lack of access to fresh fruit and vegetables, lack of support and lack of available knowledge was selected more than 20% of the time.

The graph displays the Top 3 barriers, while the table lists the number and percentage of responses to all factors. One key informant selected other and described this as a lack of education and money.

Figure 13. Barriers to getting and staying healthy

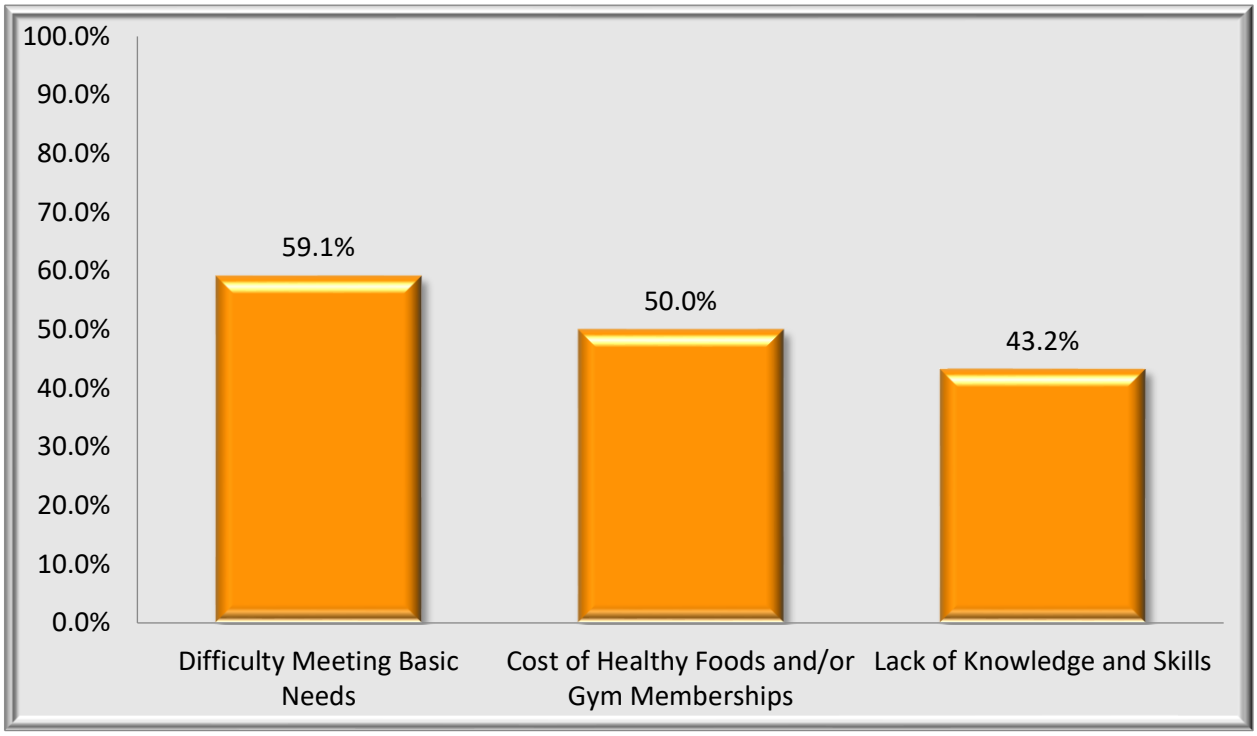


Table 5. Barriers to Trying to Get or Stay Healthy

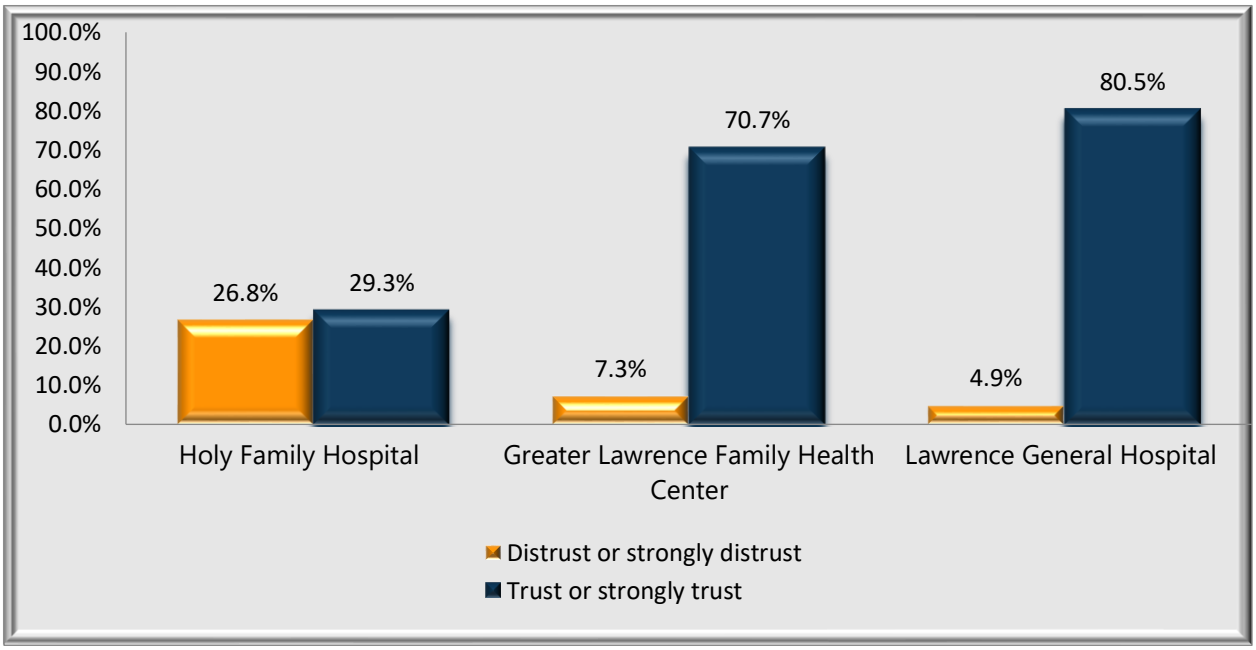
Barriers to Trying to Get or Stay Healthy	Number of key informants who selected the barrier	Percent of key informants who selected the barrier
Difficulty Meeting Basic Needs	26	59.1%
Cost of Healthy Foods and/or Gym Memberships	22	50.0%
Lack of Knowledge and Skills	19	43.2%
Lack of Time	13	29.5%
Lack of Access to Fresh Fruits and Vegetables	11	25.0%
Lack of Support	10	22.7%
Lack of Available Information	9	20.5%
Lack of Motivation	8	18.2%
Lack of Safe Opportunities for Physical Activity	3	6.8%
Other (specify)	1	2.3%

Trustworthiness of Organizations

Key informants were asked to express an opinion related to their perception of the level of trust the residents in their community feel about recommendations made about improving their personal health. These recommendations are made by either Lawrence General Hospital, Greater Lawrence Family Health Center or Holy Family Hospital.

80.5% of respondents trust or strongly trust Lawrence General Hospital and 70.7% trust or strongly trust Greater Lawrence Family Health Center. However, only 29.3% say the same for Holy Family Hospital.

Figure 14. Ranking of Trustworthiness of Organizations



OPEN-ENDED COMMENTS

Finally, key informants were given the opportunity to provide additional feedback in the form of an open-ended comment field. Respondents were prolific in their comments related to what is being done well in the community, the improvements that are needed and the level of trust of health care organizations.

Key informants were asked, "What is being done well in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)." Based on these comments, it appears that key informants perceive the community working well together to meet resource and health needs including outreach and accessible clinics.

Select Comments regarding What is Being Done Well in the Community

- There are a lot of agencies working together overall smoothly. The community has a strong basis of religion and culture and does a lot of events that bring people together around this.
- There are providers making inroads to enhance the nutrition options to underserved populations. There are many organizations working to bring education and support to those underserved and at risk.
- I think great efforts are made to reach the most vulnerable of our residents.
- There are several walk-in clinics available for residents to get on-demand service.
- Availability of flu and COVID vaccinations. Access to walk-in clinics.
- Access to a community Health Center is a strength but the volume of needs cannot be adequately covered by existing providers. There is a lot of outreach happening to try to encourage patients to follow up. Where there is comorbid mental health involved compliance with treatment and follow up can be an ongoing challenge. There has been an increase in substance use treatment options in the area.
- Community groups coming together to support health in the community working, in the areas of prevention, supports the medical centers in keeping residents well.
- Greater Lawrence Family Health Center's outreach. The CBHC insurance blind policy.
- Agespan is great various Councils on Aging are involved in services for the elders advocating food pantry expansion, activities to alleviate loneliness & solitude, classes that address IT issues to help navigate telehealth, van and NEET MEVA rides to visits.
- Great caring nursing staff at LGH. Good attempts at on-the-ground community outreach and information dissemination around chronic disease issues.
- SNAP accessibility
- Commitment to Language Access (GLFHC, JC Health equity certification LGH)
- Free bus service that stops at LGH and HFH robust interpretation services at HFH and LGH multiple sites for GLFHC.
- Primary care providers (GLFHC) are excellent but not enough of them and they don't have enough support.
- The Lawrence community has done an excellent job of building community partnerships. Organizations are good at sharing the resources they have and disseminating that information amongst all CBOs and front line community workers. There is a strong commitment across the city to making fresh fruits and vegetables available to more people, and to work with state and federal partners to continue to grow the pie for the City. Haverhill has also built a similarly strong network, but these communities have very little overlap.
- In Atkinson Community, Recreation Department offers many wellness activities at the community center for mature adult over 55 years old with minimum fees and seasonal events to youth and community. Library offers many educational and enrichment programs for youth to seniors all year around.

Key informants were asked to comment on the improvements that can be made to better meet the health needs of the community and improve quality of life. Many comments are related to the need for more coordination of services that are convenient and culturally appropriate. The needs seems to be great for more education to improve health literacy and services/programs that reduce language barriers.

Select Comments from Key Informants about the Improvements to Services that Need to be Made

- PCP availability. Appointments for PCP be more readily available long waits are problematic .
- Affordable access to healthier foods, more safe open spaces for exercise, more education within the community.
- Educating our community the importance of healthy eating and physical activity. Providing access to affordable, nutritious foods. Creating more safe and walkable areas in our communities.
- Improve access to health literacy. Access to specialty care. Language appropriate services. Add more Veterans access to health services.
- More behavioral health services, especially for youth.
- Lower cost of health care. Develop trusted source for accurate, scientific-based health care guidance. Better training of all health providers on working with people with disabilities such as Autism, Brain injuries and intellectual and developmental disabilities.
- More stable living situations to improve sobriety and compliance with treatment is needed.
- Affordable places to exercise.
- The use of more Community Health Workers to meet with community and educate them on behavioral changes and ways to stay healthy and well.
- More access to support around meeting basic needs for children. We have encountered a number of Hispanic peri/postpartum women in the community having a mental health crisis. More culturally sensitive, multilingual mental health programming that is accessible to the under-insured.
- LGH in particular needs to build its bilingual / bicultural capacity. We also need more and more diverse mental health supports and culturally competent providers.
- More education where members are. Workplace, factories, schools, church groups, senior centers. More supports for families facing BH issues in the family, whether it be the child or parents. Appropriate respite programs to keep kids with BH issues out of EDs.
- Local specialists seldom speak Spanish or use translators, none accept MassHealth Limited which accounts for ~40% of all patients in Lawrence.
- Multilingual education, reduce fear of immigration enforcement (ICE).
- Transportation access - more frequent buses or inexpensive/subsidized Uber/Lyft/Taxi options with incentives to these companies to participate. Less expensive healthy foods with meal recipes attached/available. Free meal delivery services for those who need them. Housing.
- While there are many orgs constantly trying to fill gaps sometimes the timing of the activities is not convenient for working folks. More coordination between community organizations and information/resource sharing needs to happen in the places where people live and work.

- Providers and staff who speak the languages spoken by patients. At GLFHC most clinicians, nurses, and really all MAs and front line staff are fluent in Spanish with some also speaking French / Haitian Creole. At the hospitals essentially none of the clinicians or nurses speak Spanish at all.
- The bulk of the high risk population resides in cities with lower incomes and level of education as well as language barriers. Outreach efforts there are very different than the ones required for the surrounding suburbs. For the latter the key is availability and efficiency to be able to compete with high brand recognition large networks in the area.

Respondents were asked to share comments related to the level of trust that residents in the community feel as it pertains to recommendations to improve health by Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center. Some comments were positive about the level of trust for the three organizations. However, some cited examples in which trust have been eroded for various reasons.

Select Comments Related to Trustworthiness of Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center

- I have high confidence in all 3 organizations.
- Over the past 5+ years community trust in Holy Family Hospital seems to have deteriorated. While I personally strongly trust Lawrence General Hospital, my impression in the community is that trust was eroded somewhat due to the overcrowding/overwhelming volume of patients during Covid. I believe strongly that in an trauma/emergency situation, LGH is the hospital of choice by most with positive experiences by those who have sought emergency services there. The specialist care as well as women's health imaging and MRI departments are well regarded and the care professionals are generally given good reviews. They are top notch in my personal opinion. Additionally I strongly trust GLFHC and I would say that overall they are well regarded in the community. There are still some community members that do not fully know about their services or do not seek healthcare there, but I think that has more to do with education about the quality of care than anything else.
- Steward's ownership and perceived corporate greed, eroded trust with Holy Family.
- The bad press due to the steward organization has caused holy family to need to do some service recovery.
- The chaos surrounding Holy Family, especially in Haverhill, has made folks question their ability to care for patients and their staff. Since there existence was in question, it made folks seek care elsewhere.
- A more community outreach of the combined organizations would be well received this could not only be in the way of health initiatives but also in events that bring a show of community through a walk/run, senior supper with senior education & light meal at low cost or nominal fee, babysitter course for tweens!

- Closing DR Turners clinic was a poor decision for public health nurses and immigrant care in general. In looking at utilizing HF at Haverhill, there is opportunity to restore that kind of resource.

Finally respondents were asked in their opinion, what qualities make a healthcare organization more or less trustworthy. A presence in the community, outreach that is culturally appropriate, improved communication, empathy and compassion are what seem to increase trust in health care organizations.

Additional Feedback Related to Trustworthiness of Health Care Organizations

- A more trustworthy organization: Creating a safe and welcoming environment free of Bias/Discrimination.
- Less trustworthy: a poor or negative experience More trustworthy: Their problem was fixed or helped.
- More Trustworthy-culturally and linguistically aware, visible in the community, positive stories in all areas of media.
- Less trustworthy- Steward's ownership and perceived corporate greed, eroded trust with Holy Family. Increase trust- be more transparent and communicate more with community leaders, other community organizations and the general public. Be a community resource not just for the provision of medical services but as a convenor and connector of services across the community. Community organizations are siloed and this creates fragmentation of care leading to poorer outcomes. Now that LGH is three hospitals and is essentially the MV community hospital system, it has the opportunity to help unite existing resources.
- It's the reputation of good care. At LGH, longer wait times in the ED make people wonder how good the care is. If a facility seems chaotic, then the trust will be less.
- Great healthcare and the trust that comes with it, stems from open, honest communications, adequate time set aside for patients, an ability for the provider to really listen to the concerns of the patient, and having additional resources if applicable. Providers should also be empathetic, kind, approachable, and courteous to those under their care, as well as to those they work with.
- An organization's demonstrated respect for and competency serving, the non-white, high-need members of the community.
- Reputation, response time, accountability, follow up and compassion.
- Connection to, rootedness in, and participation in the local community.
- Quality, reputation and engagement of clinical staff.

APPENDIX A. SECONDARY DATA REFERENCES

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APPENDIX B. SECONDARY DATA DEFINITIONS

Age-Adjusted Rate: Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes, which allows populations with different age structures to be compared.

Behavioral Risk Factor Surveillance System (BRFSS): Ongoing surveillance system with the objective to collect uniform, state-specific data from surveys on adults' health-related risk behaviors, chronic health conditions, and use of preventive services.

Crude Rate: Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health: The personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations.

Family: Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Frequency: Often denoted by the symbol "n," and referred to the number of occurrences of an event.

Health: A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health Disparities: Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

Health Outcomes: A medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.

Housing Unit: A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.

Household: All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder: One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence: Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Infant Mortality Rate: Number of live-born infants who die before their first birthday per 1,000 live births in a given year.

Morbidity: Refers to the state of being diseased or unhealthy within a population.

Mortality: Number of deaths occurring in a given period in a specified population.

Poverty: When a person or group of individuals lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter.

Prevalence: The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life: Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate: A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household: Includes all the people occupying a housing unit.

Size of Family: Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES): A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Years of Potential Life Lost (YPLL): A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

APPENDIX C. KEY INFORMANT SURVEY TOOL

Key Informant Online Questionnaire

INTRODUCTION: As part of their ongoing commitment to improving the health of the communities it serves, Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center are spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the Service Area defined by Lawrence General Hospital and Holy Family Hospital as these 15 towns in Massachusetts: Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Lawrence, Methuen, Merrimac, Newbury, Newburyport, North Andover, Rowley, Salisbury, West Newbury and these 4 towns in New Hampshire: Atkinson, Plastow, Salem and Windham.

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

2. Of those health issues mentioned, which **3 are most significant for those ages 0-10?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease

☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

3. Of those health issues mentioned, which **3 are most significant for those ages 11-20?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

4. Of those health issues mentioned, which **3 are most significant for those ages 21- 40?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

5. Of those health issues mentioned, which **3 are most significant for those ages 41 - 74?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

6. Of those health issues mentioned, which **3 are most significant for those ages 75+?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

7. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

HEALTH CARE ACCESS

8. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

Strongly Disagree←→Strongly Agree

Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a dentist when needed.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of providers accepting MassHealth?	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of multilingual providers in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental/behavioral health providers in the area.	☐1	☐2	☐3	☐4	☐5
Transportation for local medical appointments is available to area residents when needed.	☐1	☐2	☐3	☐4	☐5

9. What are the most significant barriers that keep people in the community from accessing health care when they need it? **(Select all that apply)**

☐ Access to Telehealth Services
☐ Ability to use Telehealth Services
☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (Food/Shelter)
☐ Homelessness
☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Lack of Understanding the Health Care System
☐ Language/Cultural Barriers
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ Other (specify):
☐ None/No Barriers

10. Of those barriers selected, which **3** are the most significant? (CHOOSE 3)

☐	Access to Telehealth Services
☐	Ability to use Telehealth Services
☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Homelessness
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Lack of Understanding the Health Care System
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	Other (specify):
☐	None/No Barriers

11. Related to health and quality of life, what resources or services do you think are missing in the community? **(Check all that apply)**

☐	Bilingual Services
☐	Free/Low Cost Dental Care
☐	Free/Low Cost Medical Care
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	Medical Specialists
☐	Mental Health Services
☐	Prescription Assistance
☐	Primary Care Providers
☐	Substance Abuse Services
☐	Transportation
☐	None
☐	Other (specify):

12. Are there specific populations in this community that you think are not being adequately served by local health services? If yes, please identify: **(Select all that apply)**

☐	Arabic
☐	Black/African American
☐	Children/Youth
☐	Disabled
☐	Hispanic/Latino

☐ Homeless
☐ Immigrant/Refugee
☐ LGBTQ
☐ Low-income/Poor
☐ Seniors/Elderly
☐ Uninsured/Underinsured
☐ Young Adults
☐ Other (specify):
☐ None

13. What are the top 3 barriers people in the community face in trying to get and stay healthy? **(CHOOSE 3)**

☐ Cost of Healthy Foods and/or Gym Memberships	☐ Lack of Motivation
☐ Difficulty Meeting Basic Needs	☐ Lack of Safe Opportunities for Physical Activity
☐ Lack of Access to Fresh Fruits and Vegetables	☐ Lack of Support
☐ Lack of Available Information	☐ Lack of Time
☐ Lack of Knowledge and Skills	☐ Other (specify):

14. In your opinion, what is being done ***well*** in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)

15. What improvements can be made to better meet the health needs of the community and improve quality of life?

16. In terms of recommendations to improve personal health, how much do you feel the residents in your community trust the recommendations of each organization? **(Select one)**

	Strongly trust	Trust	Neither trust nor distrust	Distrust	Strongly distrust
☐ Lawrence General Hospital					
☐ Holy Family Hospital					
☐ Greater Lawrence Family Health Center					

17. Reflecting on your answers in the previous question, in your opinion what qualities make a healthcare organization more or less trustworthy?

18. Please provide the name and contact information of anyone who would be an appropriate source for focus group interview.

CLOSING

1. Which one of these categories would you say BEST represents your community affiliation? **(CHOOSE 1)**

☐ Business Sector
☐ Community Member
☐ Education/Youth Services
☐ Faith-Based/Cultural Organization
☐ Government/Housing/Transportation Sector
☐ Health Care/Public Health Organization
☐ Mental/Behavioral Health Organization
☐ Non-Profit/Social Services/Aging Services
☐ State/Federal Legislator
☐ Other (specify):

2. Please select the area(s) that you believe you/your organization primarily serve(s). **(CHOOSE UP TO 10)**

☐ Amesbury, MA
☐ Andover, MA
☐ Douglas, MA
☐ Boxford, MA
☐ Georgetown, MA
☐ Haverhill, MA
☐ Lawrence, MA
☐ Methuen, MA
☐ Merrimac, MA
☐ Newbury, MA
☐ Newburyport, MA
☐ Millbury, MA
☐ North Andover, MA
☐ Rowley, MA
☐ Salisbury, MA
☐ West Newbury, MA
☐ Atkinson, NH
☐ Plastow, NH
☐ Salem, NH
☐ Windham, NH
☐ Other (specify):

3. Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below. Your identity will not be associated with your comments.

Thank you! That concludes the survey.

APPENDIX D. KEY INFORMANT PARTICIPANTS AND VERBATIM COMMENTS

KEY INFORMANT PARTICIPANTS/ORGANIZATIONS		
Name		**Organization**
Jessica	Andors	Lawrence Community Works
Amy	Anwyl	Sara's Place
Christine	Basil	Holy Family Hospital
Sheela	Batlivala	Holy Family Hospital
Lorinda	Blaisdell	CBHC Lawrence
Garrett	Bomba	MGB Community Primary Care
Paul	Brennan	Lawrence General Hospital, Holy Family Hospital
Greg	Brownstein	Holy Family Hospital
Thomas	Carbone	Town of Andover
Rita	Casper	Andover Public Schools
Mary	Connelly	City of Haverhill
Paula	Drelick	Holy Family Hospital
Joshua	Eigen	Eliot Community Human Services
Amy	Ewing	Town of Andover
Karen	Ferullo	City of Methuen
Edward	Frost	Holy Family Hospital
Dr. William	Goodman	Holy Family Hospital
Eduardo	Haddad	Lawrence General Hospital
Lori	Howe	Family Services of the Merrimack Valley
Brad	Howell	Waystone
Martha	Leen	Agespan
Jennifer	Long	BILH Behavioral Health Services
Lesly	Melendez	Groundwork Lawrence
Elecia	Miller	Mayor's Health Task Force
Christina	Minicucci	Merrimack Valley Transit Authority
Jazmin	Nunez	City of Methuen
Lorenza	Ortega	Mayor's Health Task Force
Awilda	Pimenetel	City of Lawrence
Lisa	Smith	Neighbors in Need
Kolleen	Taylor	Lawrence General Hospital, Holy Family Hospital
Virgilio	Velez	Lawrence General Hospital, Holy Family Hospital
Jacob	Venter	BILH Behavioral Health Services
Brienne	Walsh	Merrimac Senior Center
Collen	Welch	Methuen CARES
Anita	Wright	Groveland, MA
Noriko	Yoshida-Travers	Town of Atkinson

VERBATIM COMMENTS FROM KEY INFORMANTS
KEY HEALTH ISSUES
Atkinson Elder Services provides transportation for Atkinson seniors over 65 years old and Atkinson disabled residents for medical appointment, M-F between 8 am and 5 pm.
Diabetes/Obesity : Health Literacy Lacking and supports
I would have liked to see "isolation/loneliness" listed as a health factor. I listed behavioral health as a top issue across ages. I believe the lack of community and connection has deteriorated over the past decade or so, exacerbated by COVID and as result, many people of all ages are struggling with depression and anxiety. Coping strategies and access to affordable and competent behavioral health are lacking.
I think for older residents it is more a case of housing insecurity than about being homeless. Even if housed any event could make them unstable or unhoused.
We have seen numerous children in CBHC MCI/Urgent care with housing and food insecurity. There is a serious need to address peri/postpartum mental health in Latinas in this community.
Inactivity in young poor, eating habits, food insecurity, job availability, fixed income elderly housing
Poor health in our community stems from lack of economic opportunity, living wages, decent and affordable housing, and levels of educational attainment. When these things improve, people's access to and utilization of care improves and they also can afford to make better choices nutritionally and care-wise.
In addition to the five conditions I selected there is a high rate of infectious diseases, homelessness, mental health problems, vaping, respiratory disease and cognitive disorders/Alzheimer's.
Chronic kidney disease should be mentioned as it is very prevalent and the predictable outcome of metabolic disorders and hypertension under cardiovascular diseases. If we can reduce the incidence of ESKD this would be hard proof that our actions mattered and made a real meaningful difference.
Behavioral Health as a whole to include MH and Suicide and Substance and Alcohol abuse is the largest problem that either directly or indirectly affects all age groups. It also impairs the ability to care for other manageable health concerns such as diabetes and obesity.
We do not collect specific demographic information on our riders - age/race etc. Also, as the public transit agency for the region, we don't fully know where people are headed each time they take a ride, but we know some of the most common stops along our routes. Lawrence High School is one of our busiest stops, with 100s of students taking our buses each day to get to school and to after school jobs. We also know that the GLFHC locations, Lawrence General, and HFH (especially Haverhill) are busy stops. Finally, food pantry locations are busy as well as plazas containing Market Basket and Walmart locations. Transportation is the key to everything, and our free public transit system bisects many of the poorest census tracts in Lawrence, Methuen, and Haverhill. These census tracts have high percentages of homes with limited or no access to a personal vehicle. In our individual rider interviews, we know that as many as 42% of our riders would not make the trips (specifically to places like LGH) if our public transit system was not free.
WHAT IS BEING DONE WELL IN THE COMMUNITY?
There are a lot of agencies working together overall smoothly. The community has a strong basis of religion and culture and does a lot of events that bring people together around this.

VERBATIM COMMENTS FROM KEY INFORMANTS
There are providers making inroads to enhance the nutrition options to underserved populations. There are many organizations working to bring education and support to those underserved and at risk.
Availability of healthcare by places like GLFHC. LGH has community outreach programs.
In Atkinson Community, Recreation Department offers many wellness activities at the community center for mature adult over 55 years old with minimum fees - activities include walking, line dancing, yoga, tai chi, fitness, card games, luncheons / socials, Veterans club and day trips. Recreation Department offers youth summer 6-week program outdoor park to keep youth active. Also it offers seasonal events to youth and community. Library offers many educational and enrichment programs for youth to seniors all year around. All above programs will help our community's physical health and mental health.
There are many great community based organizations trying to address HRSN (health related social needs).
I think great efforts are made to reach the most vulnerable of our residents.
There are several walk-in clinics available for residents to get on-demand service.
Availability of flu and COVID vaccinations. Access to walk-in clinics.
Access to a community Health Center is a strength but the volume of needs cannot be adequately covered by existing providers. There is a lot of outreach happening to try to encourage patients to follow up. Where there is comorbid mental health involved, compliance with treatment and follow up can be an ongoing challenge. There has been an increase in substance use treatment options in the area.
Various initiatives to bring together groups of providers/ stakeholders to work more together.
Health is in all places. Community groups coming together to support health in the community, working in the areas of prevention, supports the medical centers in keeping residents well.
Greater Lawrence Family Health Center's outreach. The CBHC insurance blind policy.
Agespan is great. Various Councils on Aging are involved in services for the elders advocating food pantry expansion, activities to alleviate loneliness & solitude, classes that address IT issues to help navigate telehealth, van and NEET MEVA rides to visits.
SNAP accessibility, Outreach
Great caring nursing staff at LGH. Good attempts at on-the-ground community outreach and information dissemination around chronic disease issues.
This community needs more educational program or assistance in understanding the differences between a PCP, Emergency room and follow ups.
Outreach services and screenings.
Key stakeholder commitment. Commitment to Language Access (GLFHC, JC health equity certification LGH)
Primary care providers (GLFHC) are excellent but not enough of them and they don't have enough support.
Free bus service that stops at LGH and HFH, robust interpretation services at HFH and LGH multiple sites for GLFHC.

VERBATIM COMMENTS FROM KEY INFORMANTS
We have many primary care clinicians, and many are bilingual, however - it's not enough. We are not paying PCPs well enough for the work they are doing and we are not helping them to focus on patient care by off-loading the administrative burden. PCPs are decreasing to part-time (probably 50% of GLFHC clinicians) because of this high administrative burden. If this was changed with increased staffing (social work, nursing, clinical pharmacist, behavioral health, referrals processes that worked well), PCPs would be able to work more hours and there would be more availability of PCPs in the community.
The Lawrence community has done an excellent job of building community partnerships. Organizations are good at sharing the resources they have and disseminating that information amongst all CBOs (Community Based Organizations) and front line community workers. There is a strong commitment across the city to making fresh fruits and vegetables available to more people, and to work with state and federal partners to continue to grow the pie for the City. Haverhill has also built a similarly strong network, but these communities have very little overlap.
WHAT IMPROVEMENTS CAN BE MADE?
Affordable access to healthier foods, more safe open spaces for exercise, more education within the community.
Focusing resources on programs/organizations that are doing a good job allows them to expand what they do well already. There are many individuals that don't have the knowledge to make their needs known and thus they struggle in isolation - we need to utilize resources to reach out to all members of our community.
PCP availability. Appointments for PCP should be more readily available, long waits are problematic.
We need to promote more knowledge and skills for wellness, and healthy food. We should promote prevention: Educating our community about the importance of healthy eating and physical activity. Providing access to affordable, nutritious foods. Creating more safe and walkable areas in our communities.
Improve access to health literacy. Access to specialty care. Language appropriate services. Add more Veterans access to health services. Access to better paying jobs with opportunities for growth.
More behavioral health services, especially for youth.
Primary care access is hard; there is a lack of PCPs, which decreases prevention opportunities, and forces people to the walk-in clinics.
Lower cost of health care. Develop trusted source for accurate, scientific-based health care guidance. Healthcare for all. Better training of all health providers on working with people with disabilities such as Autism, brain injuries and intellectual and developmental disabilities.
Homelessness, substance use and mental health all contribute to worsening quality of life. More stable living situations to improve sobriety and compliance with treatment is needed. State/legally mandated treatment can help improve quality of life over time.
Indoor swimming, affordable places to exercise
The use of more Community Health Workers to meet with community and educate them on behavioral changes and ways to stay healthy and well. More community/clinical linkages- sharing spaces with the intention of teaching and connecting residents to those in the medical, community, and public health spaces.

VERBATIM COMMENTS FROM KEY INFORMANTS
More coordinated efforts access to meeting the community's non-clinical/non-medical needs. More access to support around meeting basic needs for children. We have encountered a number of Hispanic peri/postpartum women in the community having a mental health crisis. More culturally sensitive, multilingual mental health programming that is accessible to the under-insured.
More infrastructure in programs already in place and the need for more to assist where there is not enough assistance.
We have some great providers in LGH and GLFHC. However, LGH in particular needs to build its bilingual/bicultural capacity, and also see itself not just as a health provider but as the city's largest employer and buyer of goods/services. They need to build a local pipeline of vendors and workers AT ALL LEVELS through a long-term plan of investing in strategies and programs to recruit, train, hire, and advance a culturally competent local workforce. Then they can be part of the solution in addressing social determinants of health. All health providers should also be allies around issues of housing and education and job-training as well... an ounce of prevention is worth a pound of cure! We also need more and more diverse mental health supports and culturally competent providers.
More information in regards to health care needs.
Motivate engagement in maintaining health. There is personal effort on this that needs to be promoted and guided. Understanding long term consequences of poor health choices in plain language, culturally appropriate.
More education where members are. Workplace, factories, schools, church groups, senior centers. More supports for families facing BH issues in the family, whether it be the child or parents. Appropriate respite programs to keep kids with BH issues out of Eds.
Local specialists seldom speak Spanish or use translators, none accept MassHealth Limited which accounts for ~40% of all patients in Lawrence. Those patients can only get specialty care in Boston so they do not access it. Hospitals no longer support any primary care practices leaving GLFHC on their own to provide all primary care.
Multilingual education, reduce fear of immigration enforcement (ICE).
Transportation access - more frequent buses that are ELECTRIC to prevent damaging our community more. Or inexpensive/subsidized Uber/Lyft/Taxi options with incentives to these companies to participate. Less expensive healthy foods with meal recipes attached/available. Free meal delivery services for those who need them. Housing.
We hear from many folks that do not know where to turn when they are need of services. While there are many orgs constantly trying to fill gaps, sometimes the timing of the activities is not convenient for working folks. More coordination between community organizations and information/resource sharing needs to happen in the places where people live and work. Especially given the current political climate it is even more challenging to find safe spaces for people to congregate. Also, with constantly changing information, creating alternative pathways for disseminating information is going to become more important. I think moving forward Methuen needs to build out its network of providers and be a more integrated part of community partnership and sharing meetings. With the LGH-HFH merger, there will have to be a more concerted effort to bring together Lawrence and Haverhill community sharing groups to work together towards community health. This would be a slight deviation from historical municipal and service "borders" but will be necessary for the health of the region - especially given the impact federal funding (or lack there of) could have on our region as a whole.

VERBATIM COMMENTS FROM KEY INFORMANTS
ISSUES OF TRUST
Open communication and collaboration.
The chaos surrounding Holy Family, especially in Haverhill, has made folks question their ability to care for patients and their staff. Since there existence was in question, it made folks seek care elsewhere.
The bad press due to the Steward organization has caused Holy Family to need to do some service recovery.
Physicians' attitude with patients.
A more trustworthy organization: Creating a safe and welcoming environment free of Bias/Discrimination.
Less trustworthy: a poor or negative experience. More trustworthy: Their problem was fixed or helped.
It's the reputation of good care. At LGH, longer wait times in the ED make people wonder how good the care is. If a facility seems chaotic, then the trust will be less.
Less trustworthy- Steward's ownership and perceived corporate greed, eroded trust with Holy Family. Increase trust- be more transparent and communicate more with community leaders, other community organizations and the general public. Be a community resource not just for the provision of medical services but as a convenor and connector of services across the community. Community organizations are siloed and this creates fragmentation of care leading to poorer outcomes. Now that LGH is three hospitals and is essentially the MV community hospital system, it has the opportunity to help unite existing resources.
Great healthcare and the trust that comes with it, stems from open, honest communications, adequate time set aside for patients, an ability for the provider to really listen to the concerns of the patient, and having additional resources if applicable. Providers should also be empathetic, kind, approachable, and courteous to those under their care, as well as to those they work with.
An organization's demonstrated respect for and competency serving, the non-white, high-need members of the community.
Access, Availability, Reputation – I would like to see a LGH presence in Haverhill at The Old Hale...Steward ruined a nice little place. it would be nice for the Northeast to have a State TB Clinic to see ,refer, treat TB issues. Closing Dr. Turners' clinic was a poor decision for public health nurses and immigrant care in general. In looking at utilizing HF at Haverhill, there is opportunity to restore that kind of resource.
Reputation, response time, accountability, follow up and compassion.
Connection to, rootedness in, and participation in the local community.
Quality, reputation and engagement of clinical staff.
More Trustworthy-culturally and linguistically aware, visible in the community, positive stories in all areas of media.
Providers and staff who speak the languages spoken by patients. At GLFHC most clinicians, nurses, and really all MAs and front line staff are fluent in Spanish with some also speaking French/Haitian Creole. At the hospitals essentially none of the clinicians or nurses speak Spanish at all.
WHAT MAKES AN ORGANIZATION MORE TRUSTWORTHY?
Consistent services, access to care, media reports, word of mouth.

VERBATIM COMMENTS FROM KEY INFORMANTS
Over the past 5+ years, community trust in Holy Family Hospital seems to have deteriorated. While I personally strongly trust Lawrence General Hospital, my impression in the community is that trust was eroded somewhat due to the overcrowding/overwhelming volume of patients during Covid. I believe strongly that in a trauma/emergency situation, LGH is the hospital of choice by most with positive experiences by those who have sought emergency services there. The specialist care as well as women's health imaging and MRI departments are well regarded and the care professionals are generally given good reviews. They are top notch in my personal opinion. Additionally I strongly trust GLFHC and I would say that overall they are well regarded in the community. There are still some community members that do not fully know about their services or do not seek healthcare there, but I think that has more to do with education about the quality of care than anything else.
TRUST IN THREE ORGANIZATIONS
I have high confidence in all 3 organizations More community outreach of the combined organizations would be well received. This could not only be in the way of health initiatives but also in events that bring a show of community through a walk/run, senior supper with senior education & light meal at low cost or nominal fee, babysitter course for tweens!
Economic Insecurity is a major factor in health and wellness.
I believe that the organizations try to do the best they can for the communities they serve with limited services.
LGH has been working with local public health to re-establish a TB clinic for the region; we appreciate the willingness to make this happen.
Keep up the great work you do.
The bulk of the high risk population resides in cities with lower incomes and level of education as well as language barriers. Outreach efforts there are very different than the ones required for the surrounding suburbs. For the latter, the key is availability and efficiency to be able to compete with the high brand recognition of the large networks in the area.
Thank you for your efforts.

APPENDIX E. FOCUS GROUP PARTICIPANTS

Name	Organization
Allysa Lee	Groveland Council on Aging
Betty Kamali, NDEC	Notre Dame Education Center
Briana Correa, MSN	Lawrence General Hospital Clinical Programs
Brienne Walsk	Merrimac Council on Aging and Senior Center
Colleen Pelczar	Notre Dame Education Center
Jennifer Prokop	Lawrence General Hospital Nurse Education
Jose Gonzalez, NDEC	Notre Dame Education Center
Joshua St. Louis, MD	Lawrence Family Medicine Residency
Shanyn Toulouse, DNP, Med, RN, NCSN	Northeast Regional School Nurse Consultant
Smriti Vaid, MD	Lawrence General Hospital
Sylvia Rojas NDEC-L	Notre Dame Education Center
Thomas Carbone	Andover Public Health Department

APPENDIX F. FOCUS GROUP SUMMARY OF RESPONSES

1. Mental/Behavioral Health and Substance Abuse - Our primary research through key informants shows that mental/behavioral health and substance abuse continue to be issues (and missing services) within the community. For example, the population in Essex County experiences 5.1 poor mental health days per month compared to the national figure of 4.8 days. The frequency of mental health distress is highest in Essex County and New Hampshire (both 16%) while the U.S. and Rockingham County are 15%. In Essex County the area surrounding the city of Lawrence has been designated as a Health Resource Shortage area for mental health providers. As it relates to substance use, the percentage of adults engaging in excessive drinking is higher in Rockingham County (20%) than in the other geographies which are 18% (U.S. and Essex County) and 19% (Massachusetts and New Hampshire).

a.) Can you speak to these issues? What are you seeing in your position/organization? What resources are lacking that if available would have an impact on this issue?
b.) Has there been a change in the last few years? Are there different/new substances that are being abused or new treatments that have been effective?

- There are small towns surrounding Lawrence in which there are not enough mental health providers. People sit on waiting lists which often causes them to change their minds since they need to trust to start on a journey. There are not enough appropriate clinicians to service their need. Substance abuse and alcoholism are really coming out since COVID. In terms of need, some but not all have a social worker on staff. They can't always deal with it in house and it is hard to make referrals. Outside of the catchment area people don't understand the challenges of seniors but it's a huge issue. The wait list can be 6 months to a year for most. These issues are insurance driven, financially driven, and transportation driven.
- We do receive quite a few requests from individuals seeking support. However, the waitlists can be long, and in some cases, even just getting through the intake process is a barrier, with multiple steps that can be overwhelming or discouraging. I do encourage people to use the behavioral health line.
- This is an insurance driven process and people don't know how to navigate the system.
- This has a huge impact on their lives and lives of their families. People don't know who to go to or what to do. So many people don't know about senior centers and think they are just for bingo and coffee. Seniors are very private and don't want to be a burden. There is a lot of stigma in receiving help.
- We should think about why this is a problem. Is there a certain section that are experiencing these issues? Is there an overlap with other social determinants of health (SDOH) that led them to have these problems?
- There is a new drug of choice called Kratom. It causes kidney failure but it is not being seen in chart reviews (doctors aren't mentioning it).
- Substance use services in outpatient settings are extensive with minimal barriers to care and an alcohol and opioid use focus. There are lots of services for outpatient Opioid treatment in

Lawrence, but less outside the city. There is something in Haverhill but it is not as robust. If they live in New Hampshire, they can't get to Lawrence and we can't do telehealth because it is not licensed in New Hampshire. Patients' lives are very chaotic. They are unhoused, their meds get stolen and care is chaotic. If a primary care provider (PCP) is not within Lawrence, they can't access services.

- On the behavioral health side there is nothing! There are a few psychiatrists in clinic but they can't come close to meeting the demands. We can't provide ongoing care, we only provide one or two visits and then they are transferred to an outside agency but wait lists are so long. There is no access to a partial hospitalization program. Language barriers exist as most providers cannot speak the language.
- The impact on these folks includes prolonged ED visits and then a psych admission. This creates negative health outcomes. One patient was on a psych hold, decompensated in the ED and was admitted for starvation ketosis because he did not eat because of schizophrenia. There is nowhere to send them. They sit in the ER for psych visit which may or may not happen and then are sent home with no plan.
- It's getting even harder to admit them from the inpatient unit to the psych facility. An open discussion about mental health is not engrained in you and this may be generational. We need to break that cycle in families. We live in a society where it is looked down upon to ask for help with mental health or any other social resources. People say "I don't need that give it to someone else". Seniors have so many needs that they are not asking for help with.
- The community of Lawrence has tried to hire practitioners to help such as a police department ride along resource but it is impossible to retain people. They had to change the model several times. There are two social workers in the senior center that try to work with other agencies. Hoarding and housing are problems for which mental health resources are needed to help bridge the gap, but it's hard when Public Health staff go out to visit these individuals.
- School resources and the youth center work well together. The problem with 16-18 year olds is difficult. We've used Opioid money to contract with SOLACE to try and connect people in need with services, but if no practitioner is available to connect resources to, it becomes difficult.
- There is domestic violence among undocumented people. Resources may be available but they don't know the process well.
- There are no services for substance abuse.
- School screenings are plentiful and this data is reported to public health. However, a lot of services have left that serviced youth because this is not a money maker.
- I see a lot of students facing depression.
- There are providers but there are long waiting lists. However, overall there are not enough providers.
- We made a list of hotlines a few years ago for Substance Abuse, National Domestic Violence, Behavioral Health Line, and National Alliance for Mental Wellness.
- Immigration and overall stress is affecting their mental health and we will need more services. We can't diagnose anyone but we can see it.

- Students are afraid to come to school because they are scared about immigration. Right now there is a 50% absenteeism rate in one school district. They are afraid to come home from school and not find their parents.
- Kratom is available in grocery stores as is Zin and other nicotine products. Dextromethorphan is also being used.

2. Overweight/Obesity - Another issue that has risen to the top is overweight/obesity . This specifically impacts young children, teenagers and young adults up to age 40, after which diabetes (perhaps a result of being overweight) becomes an issue. 30% of Essex County adults and 20% of Rockingham County adults are obese. Hand-in-hand is food insecurity, particularly in Essex and Norfolk counties which may result in poor nutrition. About 22% of the population does not exercise in Essex County (and this is 18% in Rockingham County). Furthermore, the cost of healthy food and gym memberships were identified by 50% of key informants as barriers to getting or staying healthy.

a.) Do you perceive overweight/obesity to be an issue? If so, for which groups is this a particular issue and why?
b.) Do food insecurity, poor nutrition and lack of exercise opportunities contribute to obesity in this community?
c.) What is being done and what can be done to improve this situation?

- Older adults struggle with being overweight and being diabetic. We are following a lot of clients with our nurse on staff. This may be linked to food insecurity and instability. They have SNAP but its not enough ($16/month). If they are deciding between food and prescriptions, prescriptions will win every time. Pasta versus fresh veggies because it is cheaper. There is a SNAP gap, they make too much for assistance but not enough to get by. Food banks try to offer healthy options.
- In the Lawrence area, the Hispanic population eats according to their culture which may not be health. Trying to change that is difficult.
- Older adults as they age lose taste so they eat more sugar etc.
- Lately a break in the trend because of the availability of GLP1 drugs such as Ozempic, nationwide.
- The public health nurse has identified nutrition as a key factor. We are working with the senior center's healthy eating group and trying to expand that into the youth center. Eating habits are a problem without access to healthy food. Food pantries are not necessarily healthy foods. The majority of pantries operate during the workday so if you work you don't have access to that.
- Healthy food cost is a big barrier. The lack of knowledge about what recipes and how to feed your family. Many people in the Lawrence community are on SNAP. There are other programs to buy healthy food but it's an additional $40. Pasta is cheaper than a healthy option and its perishable, so people pick what they can store. There is a lessened stigma around using a SNAP card but it's impossible to feed a family on supplemental income. Other funds they may receive are designated for housing, electricity, a car and other expenses. The Farmers Market is Wednesday mornings (and a few Saturdays).
- We are trying hard to reframe the stigma of obesity. You can still be healthy and be larger in weight. People have little control over what they can buy and eat. Doctors shouldn't be

shaming them, especially with kids. That's not a good thing. The American Academy of Pediatrics is recommending a rigorous approach to obesity (bypass surgery at an early age). Tufts Children's had a nice program and then it closed. Massachusetts General Hospital (MGH) won't see patients because they don't have the insurance. There are not enough spaces to exercise and there are tons of kids with diabetes and hypertension.

- The school system does a backpack program where kids bring home food over the weekend. Pantry in Haverhill supports kids there as well.
- Lawrence General Hospital is working with grants for food and exercise opportunities.
- There are barriers to accessing healthy foods for students. They are also coming from countries where they can get fresh produce daily and they can't get it here.
- There are farmers markets from June to October but that is it.
- They come from work at night straight to school and can't get a good meal so they are eating fast food on the go.
- Students work two and three jobs and don't have time to go to the gym.
- Sometimes students are prioritizing academics over health and nutrition. School nurses are mandated to collect and report BMI to the Massachusetts Department of Public Health (MDPH).
- Students can't afford a gym membership. There are also food pantries but there is a lack of transportation. With the bad winter weather older seniors can't get there. One church serves breakfast and dinner if they can get there.
- Food pantries don't have fresh produce, only shelf stable foods.
- Health issues related to stress issues.

3. Infant Mortality – Infant mortality is the death of an infant before their first birthday (per 1,000 births). The infant mortality rate is an important marker of the overall health of a society. Both Essex County and Rockingham County experience higher infant mortality rates than in Massachusetts and New Hampshire respectively.

a.) How is this impacting families in the service area as well as the community at large?
b.) What is being done to lower the rate of infant mortality or what can be done in the future?

- I hear from nurses that expectant mothers are not getting prenatal care.
- Pregnant woman often have a high degree of complex medical issues going into pregnancy and this is compounded by pregnancy issues and SDOH are high . Labor and Delivery is very busy and often has very complex patients that should be seen at an academic medical center in Boston. But patients can't afford the doctors and there is no neonatology available here, there is only a pediatric hospitalist. Staffing does not match the complexity of the patient. With the affiliation with Holy Family, it could get worse. Each have one laborist at their hospital and the position may be combined and one may be eliminated. It's not a money maker and it's a legal and financial risk. There are a lot of pregnancies, and those patients aren't going anywhere. Consolidation of resources will be bad.
- The population of pregnant woman may already have HIV, and other complex issues. They need more follow-up beyond just medications. The average body mass index (BMI) in Lawrence is

already elevated. There is no such thing as a low risk person, either in medical history or pregnancy.

- Hypertension and diabetes is difficult and you are also treating the baby. They don't get preventive medicine to begin with.
- In an ideal world, local public health is part of the solution. However, where these patients are, public health is not available. Grant money is needed to provide care to these individuals.

4. Financial Issues/Missing Resources - Difficulty meeting basic needs and the inability to pay out of pocket medical expenses were found to be the most significant barrier to accessing health care according to key informants. Missing resources, particularly free and low cost dental care (as to a lesser degree medical care) and the lack of providers and appointments were also identified as negatively impacting health. These may lead to community members not using health care services for prevention or even when medical care is needed.

a.) Is this something that community organizations/providers like yourselves can impact? Why or why not?
b.) Have financial issues and missing health resources increased recently?
c.) What other areas of daily living do you see as being impacted by limited financial resources?
d.) What are some ways these issues could be addressed?

- We see a lot of patients that are from ER and need dialysis. No one will take them because of lack of insurance so they go to the ER for it. There is a need for dialysis if the state can help with the gap. The patients have to be admitted, and the hospital eats the cost. And they can't be discharged because there isn't a slot for them to continue treatment.
- If a client is on MassHealth they can see a dentist but there are only so many that accept the insurance. Dentists don't want to take it. If you don't have MassHealth and only Medicare, there is no dental benefit. People would have to pay on their own but can't afford it. They are paying the Part D premium instead. They can't afford these services so they don't go to the dentist and deal with the pain, until it becomes infected and they have to address it. They can have teeth pulled and get dentures instead. There is no other option that they can afford rather than getting restorative services. This is a gap that has been a problem for a long time. I know of only one primary care provider that is taking new patients. Doctors are retiring at a huge rate, especially specialists, so the infrastructure is crumbling at a quick rate. Waiting lists are huge and it is hard to get an appointment. Doctors can't open a practice anymore, it's not affordable.
- I am looking for a new doctor and only one nurse practitioner is available next summer, a year later. We are not creating more physicians. We need more residency spots. Healthcare is not going in the right direction. These are national issues.
- LGH is working on bringing back a TB clinic to the region. With the number of immigrants that come through, many have TB and need to see a pulmonologist.
- The TB clinic went away years ago. Now the nearest clinic is in Salem and that is hard to bet to and patients had to travel far and Salem is hard to get to. If the clinic is opened in Lawrence,

people won't have to take a day off from work. If the State can provide startup money that will be a huge access to care issue that we can overcome. I'm not seeing a lot of options for dental care.

- Public health programs do not cover dental care. MassHealth standard insurance has an okay dental package. Generally they can get care if they can find a provider that will accept it. Some have insurance but not supplemental dental. I send them to dental schools such as Tufts. It's cheaper and if they can get to Boston its good care (but a long wait).
- TB cases are really difficult. These patients are in the waiting room with no mask and active infection. We need a solution.
- What does community feel about the journey to health equity. How the federal government is looking at it is so different than how the state is handling it. As it pertains to access to care, patients hop around a lot. It is even more confusing with the consolidation now. What is the impact of social media? We as a hospital have a big footprint and have the responsibility to not just care for their immediate acute care needs, but to care for the whole person.
- The craziness of the ED will get worst with the proposed cutbacks in Medicaid/Medicare. People will delay care. How will we utilize urgent care facilities and take pressure off the Eds?
- Schools do offer programs for children such as free dental cleanings and sealants. Poor dental care can lead to sepsis and death. Fortunately, most of the water is fluoridated. There are statewide programs for oral health and prevention that schools can access.
- On problem is that parental consent is needed to treat students. So if consent is not received they can't get care. Schools would even transport them to services.
- Many people don't know that routine care is necessary. They are not aware of their health and find illnesses late.
- Undocumented students have limited services.
- There are language barriers and they are not being able to afford the copay and insurance.
- May be parents don't know about the services to give consent. If not communicating in the appropriate language they may not know.
- Affordable housing is a big issue.
- People are facing evictions and need to be connected to services for assistance.
- We need affordable lawyers. People can't access services. Some came from shelters but now they work.
- Unhoused students often do not speak up otherwise we could help connect them to resources.
- Some people are living in shelters and they have families. Their social workers are helping them there.

5. Trustworthiness/Health System Navigation - Lack of trust as well as a lack of understanding the health system and lack of education and health literacy have been identified as a serious issues facing the health care community right now. These issues are significant barriers to accessing the health system on the part of community members.

a.) Do these issues go hand-in-hand or does one stand out to you?
b.) Do you view these issues as a serious threat to community health? In what ways?

c.) How can the LGH, HFH and GLFHC address issues of mistrust, navigation of the health system and health literacy to improve the use of health systems?

- Patients feel like no one knows how to take care of them and they lose trust and faith. I make discharge phone calls and I find that they don't know what to do after discharge or how to get follow up appointments etc, Although they get discharge orders it is unclear if they understand it. You may not be paying attention to discharge instructions when leaving the hospital due to the desire to get home.
- Some trust no one and others do trust. The biggest hole and gap is medical advocacy. There is no one to help them. Aging in place at home is problematic because maybe they don't have a support system, for instance they may have no one to take them to the doctor. In the community there aren't enough people available to help. A lot of people talk about it but nothing gets done. There are no resources for it. These are multiple complex issues. The senior center does as much as they can. They are helping so many people.
- People are excited that the hospitals didn't go away and that they are still available to them. But people are still concerned that they almost closed. They think, what if it could happen again? There is a lot of instability.
- People are happy and excited but also concerned about its sustainability especially with Medicaid cuts. There were layoffs too recently. People are worried.
- Our patients are thankful patients. I personally know of nothing negative.
- There is a lack of trust between patient and provider. When the provider doesn't know how to navigate the system outside of the hospital, the doctor is giving advice to patients on what they need to do but they don't know the exact details. Patients get frustrated and then can't believe them or trust them.
- I've lived in Haverhill for years and I don't sent patents to Haverhill Hospital, only Lawrence General. It's a stigma that will be hard to overcome. Consumers have recognized that Steward disinvested in their two hospitals so they have concerns about going there. Well off residents will never go to Lawrence because they do not feel safe and will go elsewhere. But I am anticipating some development and improvement.
- There were having meet and greets with the two campuses to get to know one another. One was held in the city of Lawrence and no one responded. A meet and greet at the country club was well attended and other locations by providers but not at Lawrence. This is bias from a professional standpoint.
- Access is a big issue. Haverhill is an ER and psych only . It's not a whole hospital. It is missing care. Is the direction to open that up or not, who knows?
- Patients will drive to MGH or others. Within 24 miles they can get to high level hospitals. If Lawrence wants to pull in private pay folks it will be hard. Fifteen years of Steward hitting the health system hard. The ER is hell! Folks aren't interested in sitting through that.
- Does the community trust the organization, is the wrong question. The community would be interested in trusting them but the last 15 years have eroded that trust. Those that come have nowhere else to go but no one spokes in their language. They can wait in an ER hallway for 48

hours and no one answers them. They don't know why they are hospitalized. They may have come in with a back ache but are hospitalized for a stroke no one tells them.

- There are few providers, so care is minimized and time is minimized.
- Did they have a translator? Health literacy in the city is subpar. They don't understand health concerns at all and they admit this. Is there a caregiver that may be able to be involved or are they just too sick to understand? A lot of things come in to play.
- So many are undocumented or have green cards. They are so scared to come into a facility. They are picking people up in the Merrimack Valley, so they are actively skipping their scheduled appointments.
- Patients feel rushed and some providers don't touch the patient or do a physical examination. They just order tests and go with the results. So people don't trust the doctors. No explanations are given to them about their situation. Doctors are double booked all the time. People don't follow up after the visit. They are afraid to ask questions after their appointment. Language barrier is a big issue.
- In Haverhill they don't trust Holy Family Hospital. But they trust Lawrence General Hospital (LGH) more. Specifically, doctors were not taking the time to diagnose patients. In LGH, the doctors listen more and have a more accurate diagnosis.
- In Methuen people trust Holy Family more than Lawrence General Hospital.
- The community doesn't understand what facility offers what services.
- Immigration is the biggest issue. They feel doctors here are doing business rather than really taking care of the patient and just prescribing medicine.
- Getting an appointment at Haverhill with specialists takes a long time.
- Patients do not understand the difference between a PCP, Urgent Care and the Emergency Department. They don't know when to go where.
- The result of all this is that they don't receive the care they need and don't receive prevention services. They wait until they are really sick to get care.
- Perception is reality. People don't understand that the resources available to providers have to be considered. Providers can only do what they are given tools and resources to do.
- It may be a marketing issue of who does what.

6. Other Issues - Are there other issues/populations that we should be aware of/focusing on? How might these areas be improved?

a.) For instance, the data revealed that transportation to local medical appointments is a barrier to receiving needed health care.
b.) Another example is language barriers and the lack of multilingual providers.
c.) MassHealth and MassHealth Limited have been mentioned as not being accepted by providers as coverage for medical care. Also, under and uninsured community members were noted by key informants to be the top underserved population.

- Transportation is always an issue. It is longstanding. It is great that the bus is free now in Lawrence but issues with frequencies and stops. There was a press release that reported that this

will get better. Even with these services it's still hard. North Essex Elder Transport (NEET) is a volunteer force- 2 paid employees and a volunteer that serves 13 cities and towns in Merrimack Valley, but Lawrence dropped out a few years ago. It is donation based if you can pay. It schedules rides to medical and dental care. In other counties the bus will also go to the hairdresser or church. Since COVID the number of volunteers has really gone down and there are unmet needs every week. Some need to go to Boston and only a few drivers will want to do this. Accessibility is problematic too. Some don't have a bus that goes through town. Other towns can't financially participate and this is difficult, especially for seniors. The next day or same day transit is difficult. They traditionally schedule 3 to 4 business days out.

7. What Else? - What have we missed in our discussion today in terms of health-related issues? Who or what organizations should be connecting to improve health outcomes in the service area?

- How we use this data (from the CHNA) will be important. For example we could use it in outreach, obtaining workers, and creating programing. We can have staff go into the community rather than waiting for patients to come in.
- It's complicated. If someone needs an ambulance, they prefer not to go because of the price and timing to get to them. Maybe a private ambulance system would be more beneficial, but it's also a limited resource.
- The HEAL Program is a good program to educate people and navigate the healthcare system. Really helps people. We should increase these programs. We need funding and also need people to teach the program.
- Funding for mental health services and education programs in that area as well would be ideal.
- Employing Spanish and French speaking providers is important.
- There are frequently no appointments or providers available for people with Mass Health And MassHealth Limited insurance.
- Reimbursement is not sufficient to providers and this is not good for business. Insurers mandate what is and what is not covered rather than the other way around.
- If they cannot get coverage – what happens? They can't get appointments. There is also a long time for the pre-approval and certification process.
- It is difficult to get providers such as neurologists and dermatologists. They are not available everywhere.

APPENDIX G. COMMUNITY MEMBER SURVEY

Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center 2025 CHNA Community Survey

Thank you for participating in the Lawrence General Hospital, Holy Family Hospital and Greater Lawrence Family Health Center Community Health Survey. All information gathered in this survey will be anonymous and confidential to ensure your privacy. The information will be used to help better understand the health issues and needs of our community. By completing this survey, you are helping our efforts to make the Merrimack Valley a healthier place to live and work.

The survey should take 15 minutes to complete and is only open to individuals 18 years of age and older.

If you have questions about the survey or the overall Community Health Needs Assessment, please contact:

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Phone: (978) 683-4000, x 2108.

Thank you in advance for your participation. We look forward to hearing your views.

In which community do you spend most of your time?

Massachusetts

- ☐ Amesbury
- ☐ Andover
- ☐ Boxford
- ☐ Georgetown
- ☐ Groveland
- ☐ Haverhill
- ☐ Lawrence
- ☐ Methuen
- ☐ Merrimac
- ☐ Newbury
- ☐ Newburyport
- ☐ North Andover
- ☐ Rowley
- ☐ Salisbury
- ☐ West Newbury

New Hampshire

- ☐ Atkinson
- ☐ Plaistow
- ☐ Salem
- ☐ Windham

How would you rate your physical health?

- ❍ Excellent
- ❍ Very good
- ❍ Good
- ❍ Fair
- ❍ Poor
- ❍ Don't know / not sure

How would you rate your mental health?

- ❍ Excellent
- ❍ Very good
- ❍ Good
- ❍ Fair
- ❍ Poor
- ❍ Don't know / not sure

How would you describe your community’s health?

- ❍ Very unhealthy
- ❍ Unhealthy
- ❍ Somewhat healthy
- ❍ Healthy
- ❍ Very healthy

Have you delayed getting medical care for any of the following reasons in the past 12 months? **(CHOOSE 3)**

- ❍ You couldn't afford the out-of-pocket costs
- ❍ You couldn't get through on the telephone
- ❍ You couldn't get an appointment soon enough
- ❍ Once you got there, you had to wait too long to see the doctor
- ❍ The clinic/doctor's office wasn't open when you went there
- ❍ You didn’t have transportation
- ❍ You weren’t sure who to contact
- ❍ You didn’t have childcare
- ❍ The provider would not take your insurance
- ❍ I don’t have a doctor or a provider
- ❍ I don’t have health insurance
- ❍ I need an interpreter to communicate in my preferred language
- ❍ I don’t have access to a computer for a telehealth appointment
- ❍ I am afraid of or distrust the health care system
- ❍ No, I did not delay getting medical care/did not need medical care

What kind of health care were you not able to get? (Check all that apply**)**

- ❍ Primary care
- ❍ Mental health care
- ❍ Substance use treatment/care
- ❍ Emergency medical care
- ❍ Specialty care
- ❍ Dental care
- ❍ Optometry (eye) services
- ❍ Other (please describe) _____

How often do you have to have someone help you understand instructions and information from your doctors or pharmacies?

- ❍ Never
- ❍ Sometimes
- ❍ Often
- ❍ Always

Where do you get your health information? (Check all that apply)

- ❍ Family/friends
- ❍ Church
- ❍ Public Library
- ❍ Doctors, Nurses, Pharmacists
- ❍ Hospital
- ❍ Health Department
- ❍ Schools
- ❍ Employer
- ❍ Internet/Websites
- ❍ Community Clinic
- ❍ Other (please specify) _____

How often do you do the following?

	Always	Most of the time	Sometimes	Rarely	Never	N/A
Wear a seatbelt when driving or riding in a car	❍	❍	❍	❍	❍	❍
Wear a helmet while riding a motorcycle, skateboard, bicycle, scooter, roller blading, etc.	❍	❍	❍	❍	❍	❍
Eat fast food more than once a week	❍	❍	❍	❍	❍	❍
Use electronic cigarettes, vape	❍	❍	❍	❍	❍	❍
Get exposed to second hand smoke or vaping mist at home or work	❍	❍	❍	❍	❍	❍
Use marijuana	❍	❍	❍	❍	❍	❍
Use opioids, heroin, or other illegal drugs	❍	❍	❍	❍	❍	❍
Use prescription drugs more than prescribed	❍	❍	❍	❍	❍	❍
Use sunscreen regularly	❍	❍	❍	❍	❍	❍
Practice safe sex i.e. use a condom, monogamous, get tested	❍	❍	❍	❍	❍	❍
Feel stressed out or overwhelmed	❍	❍	❍	❍	❍	❍

Drive responsibly, follow safe rules of the road, drive within the speed limit	❍	❍	❍	❍	❍	❍

Do you currently smoke cigarettes every day, some days, or not at all?

- ❍ Every day
- ❍ Some days
- ❍ Not at all
- ❍ Don't know / not sure

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?

- ❍ 1 - 2 times
- ❍ 3 - 5 times
- ❍ 6 - 10 times
- ❍ 11 - 15 times
- ❍ Never
- ❍ Don't know / not sure

Which of these statements best describes access to food in your household during the past month?

- ❍ We had enough of the types of food we wanted to eat
- ❍ We had enough food but not always the types of food we wanted
- ❍ Sometimes we did not have enough to eat
- ❍ We often did not have enough to eat
- ❍ Don't know / not sure

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, sports, golf, gardening, or walking?

- ❍ Yes
- ❍ No
- ❍ Don't know / not sure

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in the nose?

- ❍ Yes
- ❍ No
- ❍ Don't know / not sure

Have you ever been told by a doctor, nurse, or other health professional that you have: (Check all that apply)

	Yes	No
Anxiety disorder	❍	❍
Depressive disorder	❍	❍
Asthma	❍	❍
Cancer	❍	❍
Angina or coronary disease	❍	❍
High cholesterol	❍	❍
Heart attack, also called myocardial infarction	❍	❍
Stroke	❍	❍
High blood pressure	❍	❍
Chronic obstructive pulmonary disease (COPD)	❍	❍
Diabetes	❍	❍
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	❍	❍
Other please specify) _____	❍	❍

Do you have routine health screenings for:

	Yes	No	Not applicable
Skin Cancer	☐	☐	☐
Breast Cancer	☐	☐	☐
Prostate Cancer	☐	☐	☐
Oral/Throat Cancer	☐	☐	☐
Colorectal Cancer	☐	☐	☐

What do you think are the top 5 most pressing health issues facing your community? **(Choose 5)**

☐ Access to Care/Uninsured	☐ Maternal/Infant Health
☐ Accidents/Unintentional Injuries	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health/Mental Health (gambling addiction, eating disorder, suicide, depression, anxiety)	☐ Respiratory Disease
☐ Cancer	☐ Self-Care Disabilities
☐ Cognitive Disorders/Alzheimer's	☐ Sexually Transmitted Diseases
☐ COVID-19 / Long Term COVID Effects	☐ Social Isolation/Lack of Community Connectedness
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse (alcohol, marijuana, or other drug abuse)
☐ Food Insecurity	☐ Tobacco
☐ Health Needs of Migrants /Refugees	☐ Vaccinations
☐ Hearing	☐ Vaping
☐ Heart Disease	☐ Violence
☐ Hoarding	☐ None/Not Applicable
☐ Homelessness	☐ Other (specify): _____
☐ Infectious Diseases	

What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

☐	Access to Telehealth Services
☐	Ability to use Telehealth Services
☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (food/shelter)
☐	Gender Identity / Sexual Orientation
☐	Hearing / Sight Loss
☐	Homelessness
☐	Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
☐	Immigration Status
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Lack of Understanding the Health Care System
☐	Lack of a Social Support System
☐	Language/Cultural Barriers
☐	Mental Health
☐	Mobility Issues
☐	Race / Ethnicity
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	None/No Barriers
☐	Other (specify): _____

Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

☐	Bilingual Services
☐	Free/Low Cost Dental Care
☐	Free/Low Cost Medical Care
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	Medical Specialists
☐	Mental Health Services
☐	Prescription Assistance
☐	Primary Care Providers
☐	Services Sensitive to Race/Ethnicity
☐	Services Sensitive to Gender Identity/Sexual Orientation
☐	Services Sensitive to Immigration Status
☐	Services Sensitive to Individuals with Cognitive Challenges
☐	Substance Abuse Services
☐	Telehealth Appointments
☐	Transportation
☐	Women's Health Services
☐	None
☐	Other (specify): _____

What suggestions do you have to improve health in the community?

On a scale of 1 to 5 (5 being high), how much do you trust Lawrence General Hospital, Holy Family Hospital and/or the Greater Lawrence Family Health Center

	1	2	3	4	5
Lawrence General Hospital					
Holy Family Hospital					
Greater Lawrence Family Health Center					

What could Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center do to better earn your trust?

DEMOGRAPHIC QUESTIONS

What is your gender?
- ❍ Female
- ❍ Male
- ❍ Not listed. My gender is _____

What is your marital status?
- ❍ Married
- ❍ Divorced
- ❍ Widowed
- ❍ Separated
- ❍ Never married
- ❍ Member of an unmarried couple

Are you Hispanic, Latino/a, or of Spanish origin?
- ❍ Yes
- ❍ No
- ❍ Don’t know / not sure

Which one of these groups would you say best represents your race/ethnicity?
- ❍ White
- ❍ Black or African American
- ❍ Asian
- ❍ American Indian or Alaska Native
- ❍ Native Hawaiian or Pacific Islander
- ❍ Other (please specify): _____

What is the highest level of school you completed?

- ❍ Never attended school
- ❍ Grades 1-8 (elementary school)
- ❍ Grades 9-11 (Some high school, but no diploma)
- ❍ Grade 12 (High school diploma or GED)
- ❍ Some college (1 year to 3 years)
- ❍ Associate's degree
- ❍ Bachelor’s degree
- ❍ Graduate / Master’s degree
- ❍ Other (please specify) _____

Which of the following categories best describes your employment status?

- ❍ Employed full-time
- ❍ Employed part-time
- ❍ Unemployed, looking for work
- ❍ Unemployed, not looking for work
- ❍ Retired
- ❍ Disabled, not able to work
- ❍ Student
- ❍ Homemaker

What is your annual household income?

- ❍ Less than $15,000
- ❍ $15,000-$19,999
- ❍ $20,000-$24,999
- ❍ $25,000-$34,999
- ❍ $35,000-$49,999
- ❍ $50,000-$74,999
- ❍ $75,000 and more

Are you currently covered by any of the following types of health insurance or health coverage plans? **(Select all that apply)**

- ❍ Your employer
- ❍ Someone else's employer
- ❍ A plan that you or someone else buys on your own
- ❍ Medicaid or MassHealth
- ❍ The military, TRICARE, or the VA
- ❍ Medicare
- ❍ Some other source
- ❍ None
- ❍ Don't know/not sure

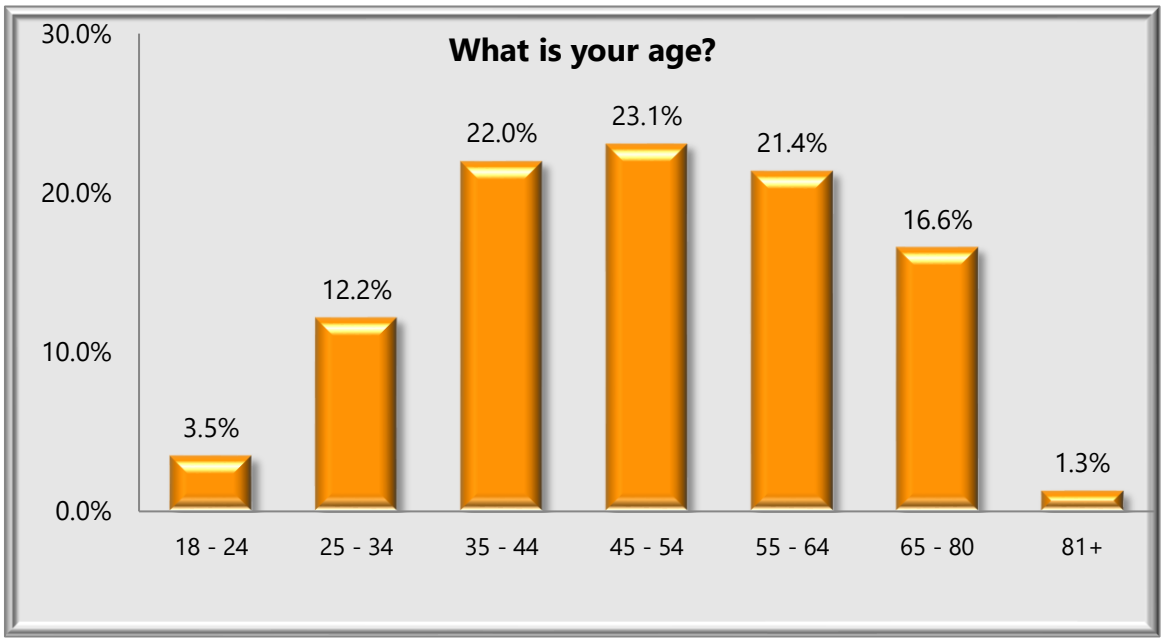
What is your housing situation?

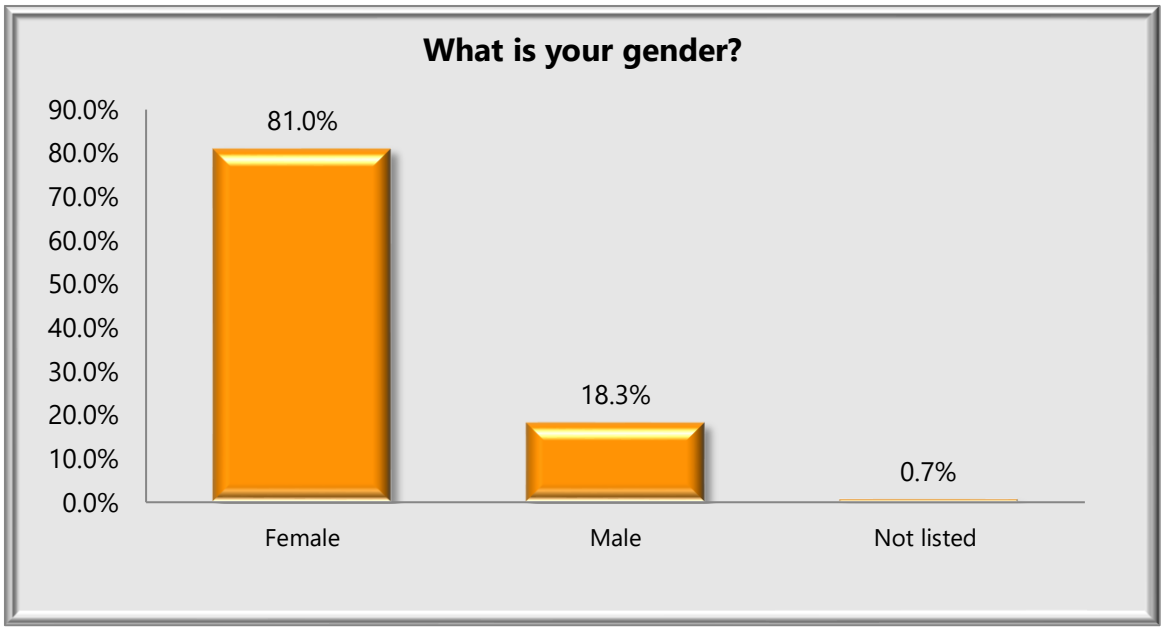
- ❍ I rent my home
- ❍ I own my home
- ❍ I stay with friends, family or others who have space for me
- ❍ I am experiencing homelessness and am staying in a shelter
- ❍ I am experiencing homelessness and am living on the street
- ❍ Other (please specify) _____
- ❍ Prefer not to answer

Thank you for your valuable input.

APPENDIX H. 2025 COMMUNITY SURVEY RESULTS AND VERBATIM COMMENTS

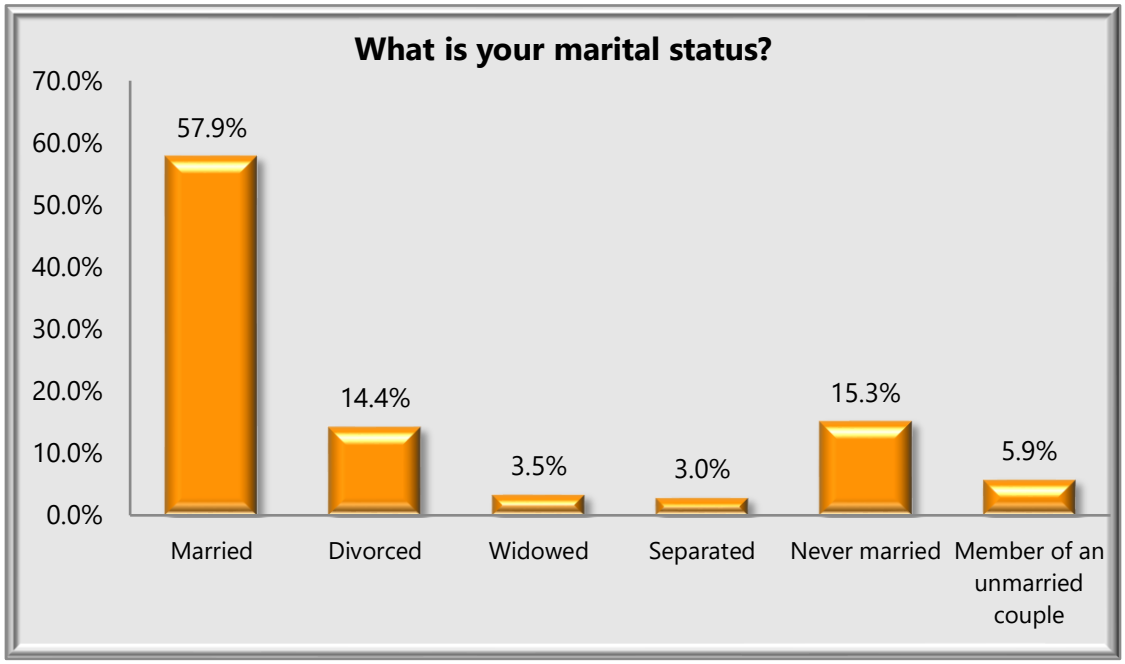
Participant Demographics

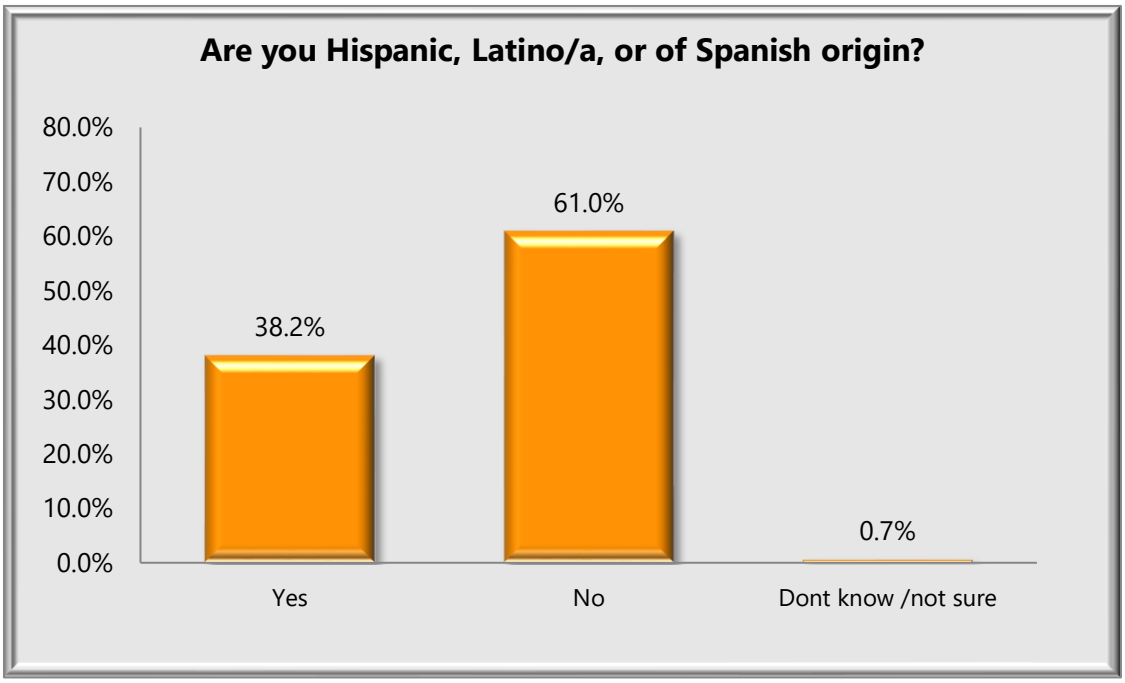


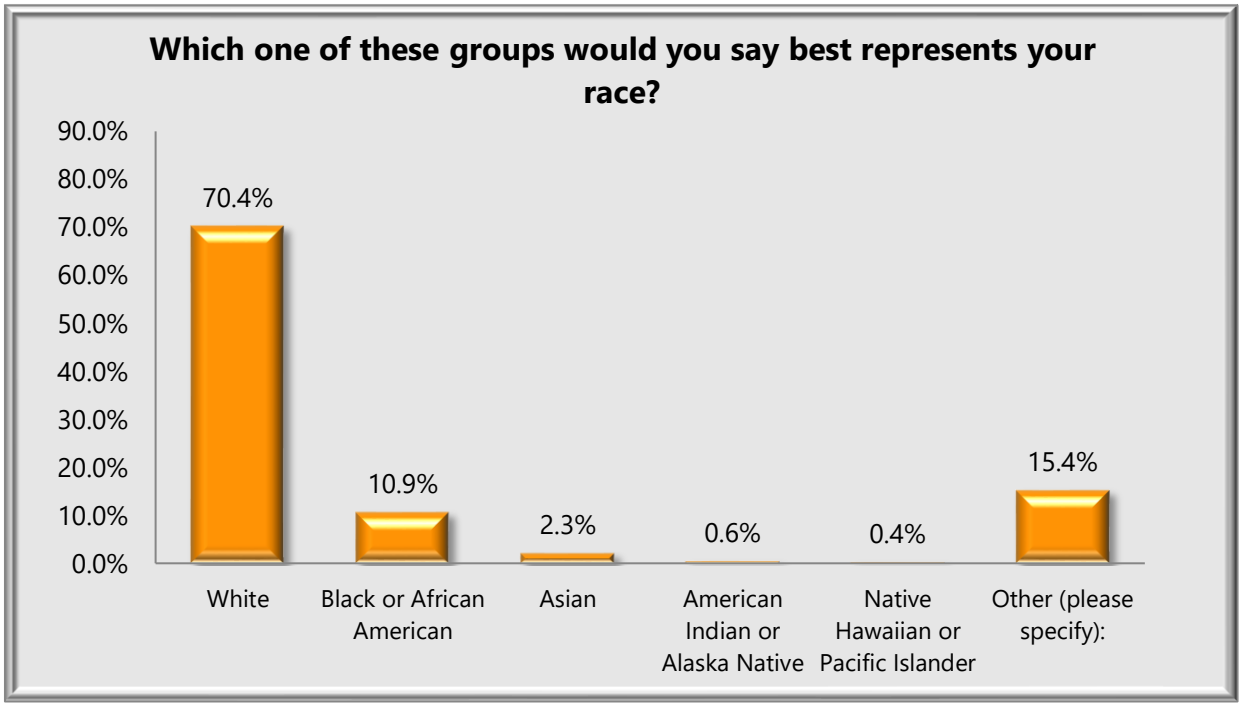


Responses to "other" are listed in the following table.

What is your gender? "Other"
Non Binary/Female
Trans Masculine
Not Important

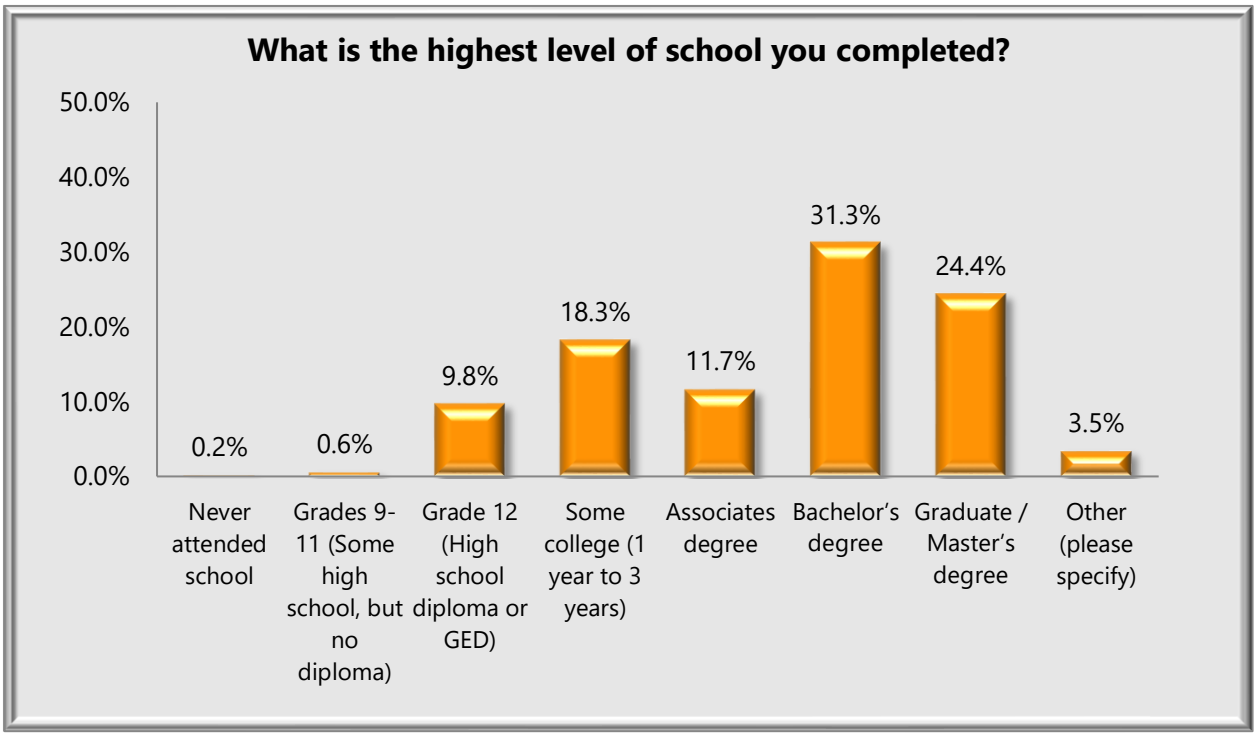



Are you Hispanic, Latino/a, or of Spanish origin?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
38.2%
61.0%
0.7%
Yes
No
Dont know /not sure


Which one of these groups would you say best represents your race?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
70.4%
10.9%
2.3%
0.6%
0.4%
15.4%
White
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Pacific Islander
Other (please specify):

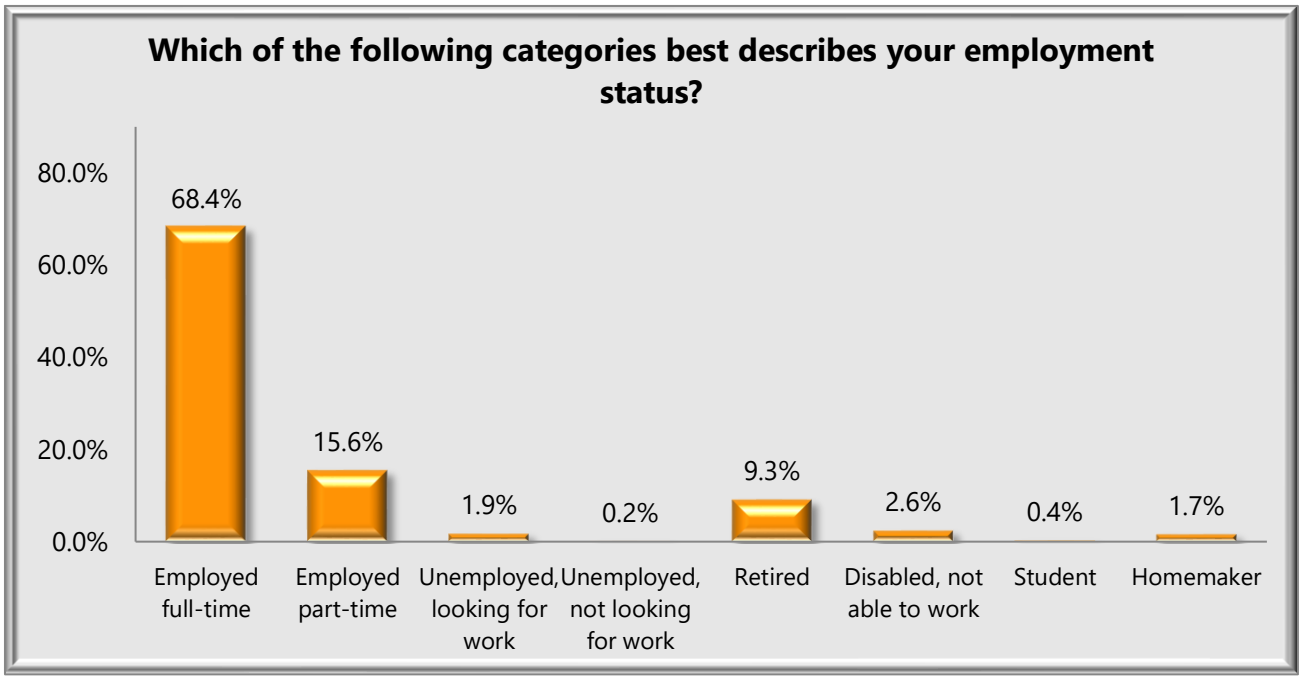
Responses to "other" are listed in the following table.

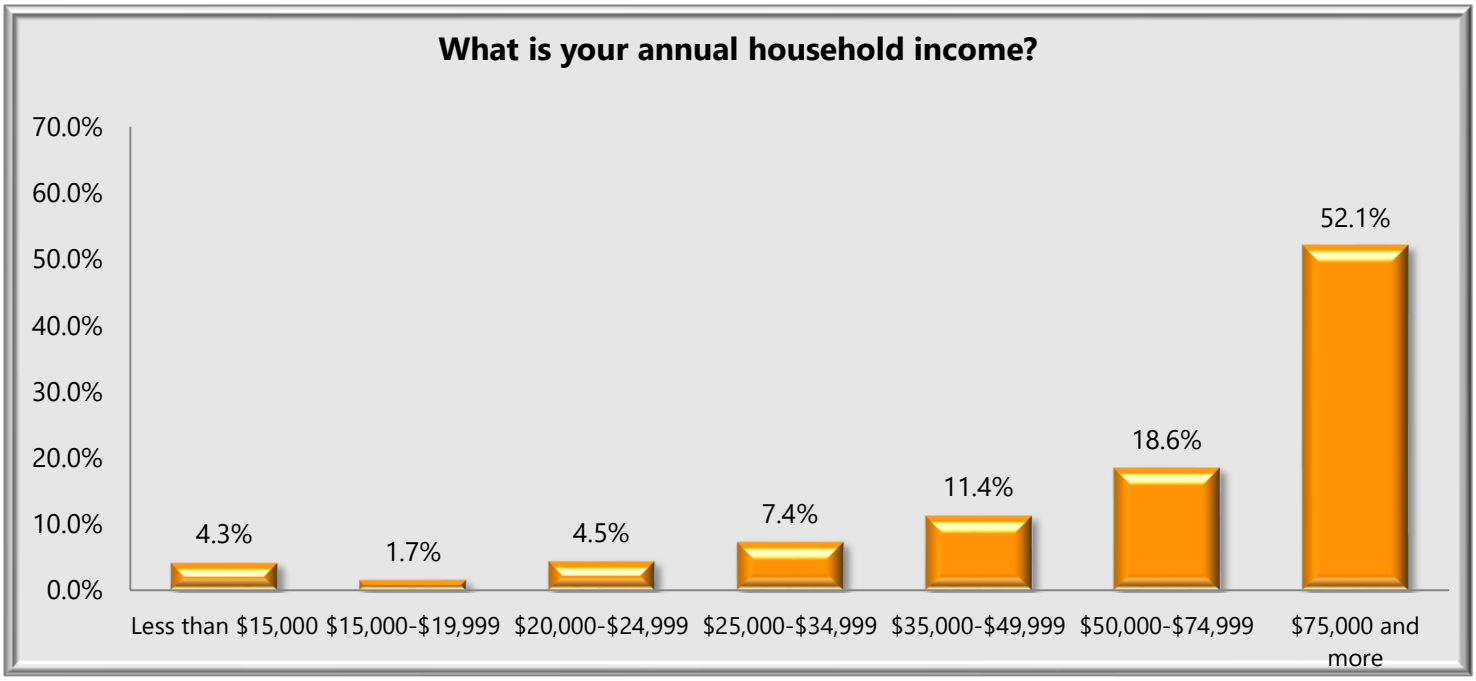
Which of these group would you say best represents your race? "Other"		
Spanish	HISPANIC	Mix Race
None Of This Identifies My Skin Color	Latina	Hispanic
Puerto Rican /Dominican	Hispanic	Brazilian
Dominican	I'm A Mix Of Races	Black From The Caribbean
Black And White	Puerto Rican	Latino
Nicaraguan	Italian	None
Hispanic	Basque European	Hispanic
Mestizo	Scotch/ English	White/Black
Dominican	Hispanic	Hispanic
Black, Native American, White	Hispanic	Latino
Latina	Doesn't Matter	Hispanic Latino/A
Other	Mixed Race	Latino
Dominican Republic	Taino	Hispanic
Hispanic / Latin	Biracial	Hispano Latino
Hispano	Latinos	Latino
Mixed	Hispano	Hispano
Na	Mixed	Hispanic
Afro Caribbean	Mixed	Hispano.
Hispano Latino	Latin	Hispano.
Hispanic	Dominican	Multiracial.
Latino	Caribbean	Latino American.
European	Anglo Saxon Cherokee Prussian	Multiracial.
Latina	Mixed Race	Latino, Dominican Republic
Mix	Hispanic	Hispanic

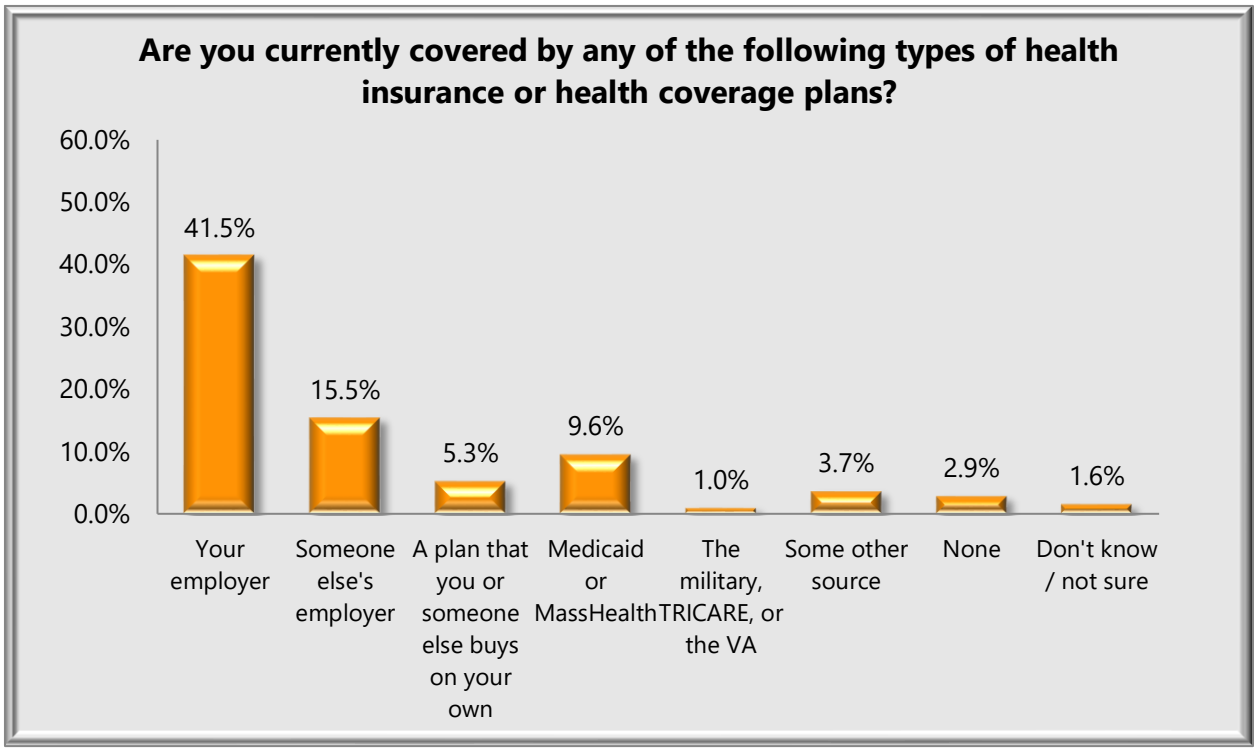


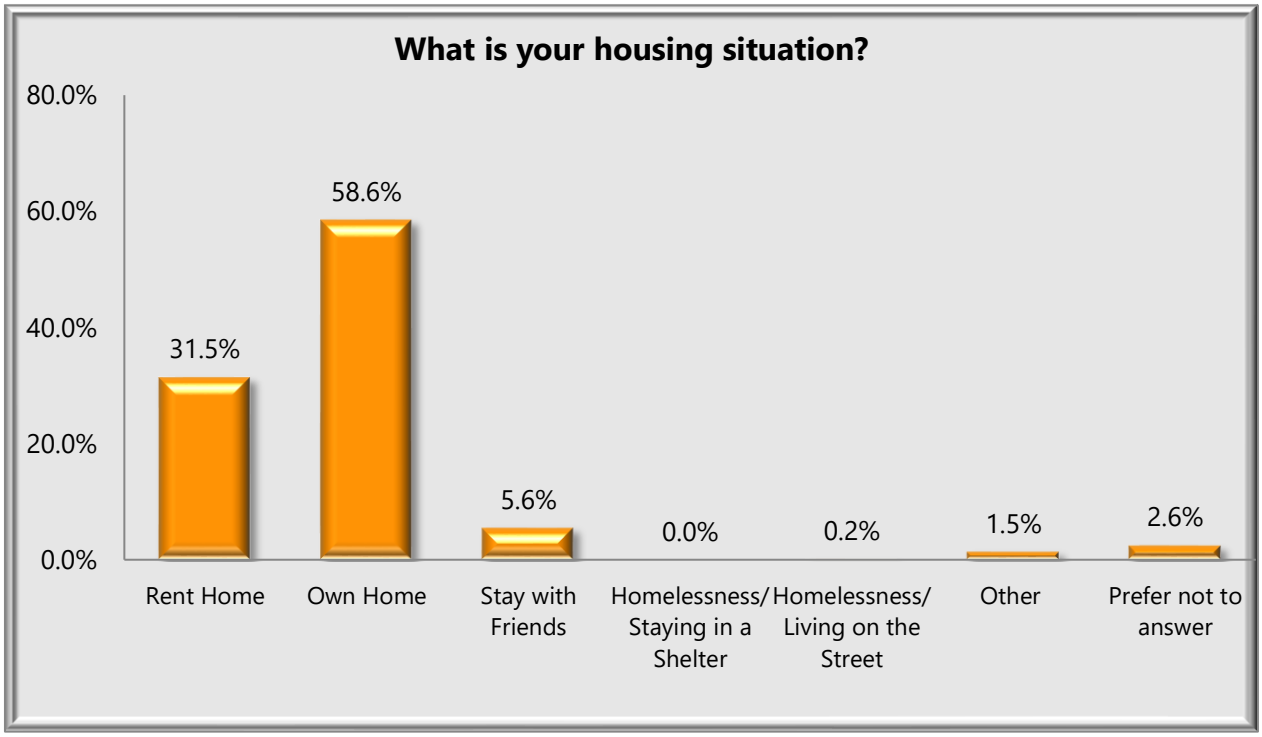
Responses to "other" are listed in the following table.

Which is the highest level of school you completed? "Other"	
Trade Schooling	Professional Doctorate
Diploma RN	Diploma
Tecnico Quirurgico	Nursing
Doctorate	Doctorate
Doctorate Degree	Three Master's Degrees.
Pharmd	Doctorate
College	Doctorate
Md	Titulo De Ingenieria
Doctorate	Ingeniero


Which of the following categories best describes your employment status?
80.0%
60.0%
40.0%
20.0%
0.0%
68.4%
15.6%
1.9%
0.2%
9.3%
2.6%
0.4%
1.7%
Employed full-time
Employed part-time
Unemployed, looking for work
Unemployed, not looking for work
Retired
Disabled, not able to work
Student
Homemaker


What is your annual household income?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4.3%
1.7%
4.5%
7.4%
11.4%
18.6%
52.1%
Less than $15,000
$15,000-$19,999
$20,000-$24,999
$25,000-$34,999
$35,000-$49,999
$50,000-$74,999
$75,000 and more

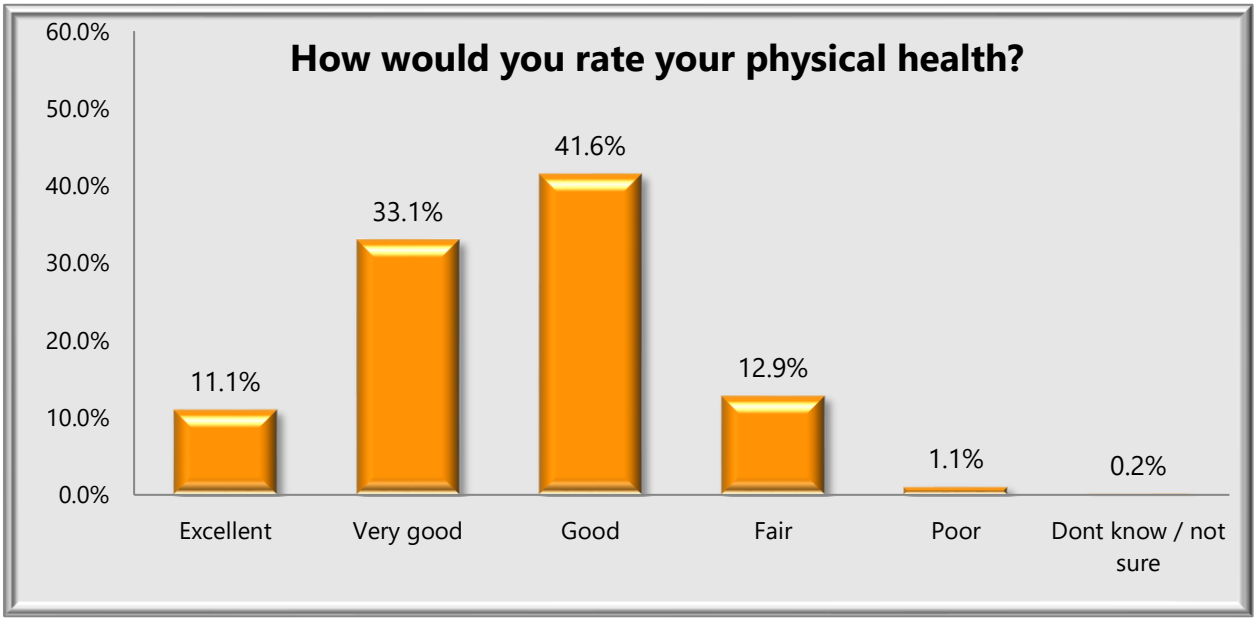

Are you currently covered by any of the following types of health insurance or health coverage plans?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
41.5%
15.5%
5.3%
9.6%
1.0%
3.7%
2.9%
1.6%
Your employer
Someone else's employer
A plan that you or someone else buys on your own
Medicaid or MassHealth
The military, TRICARE, or the VA
Some other source
None
Don't know / not sure

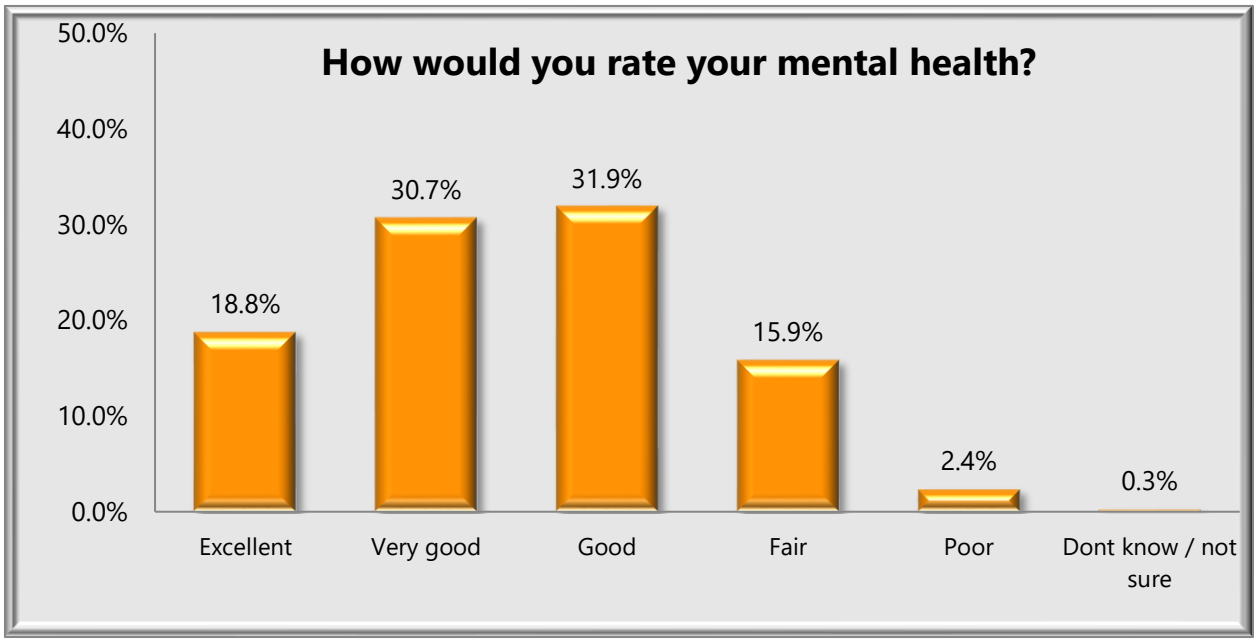

What is your housing situation?
80.0%
60.0%
40.0%
20.0%
0.0%
31.5%
58.6%
5.6%
0.0%
0.2%
1.5%
2.6%
Rent Home
Own Home
Stay with Friends
Homelessness/ Staying in a Shelter
Homelessness/ Living on the Street
Other
Prefer not to answer

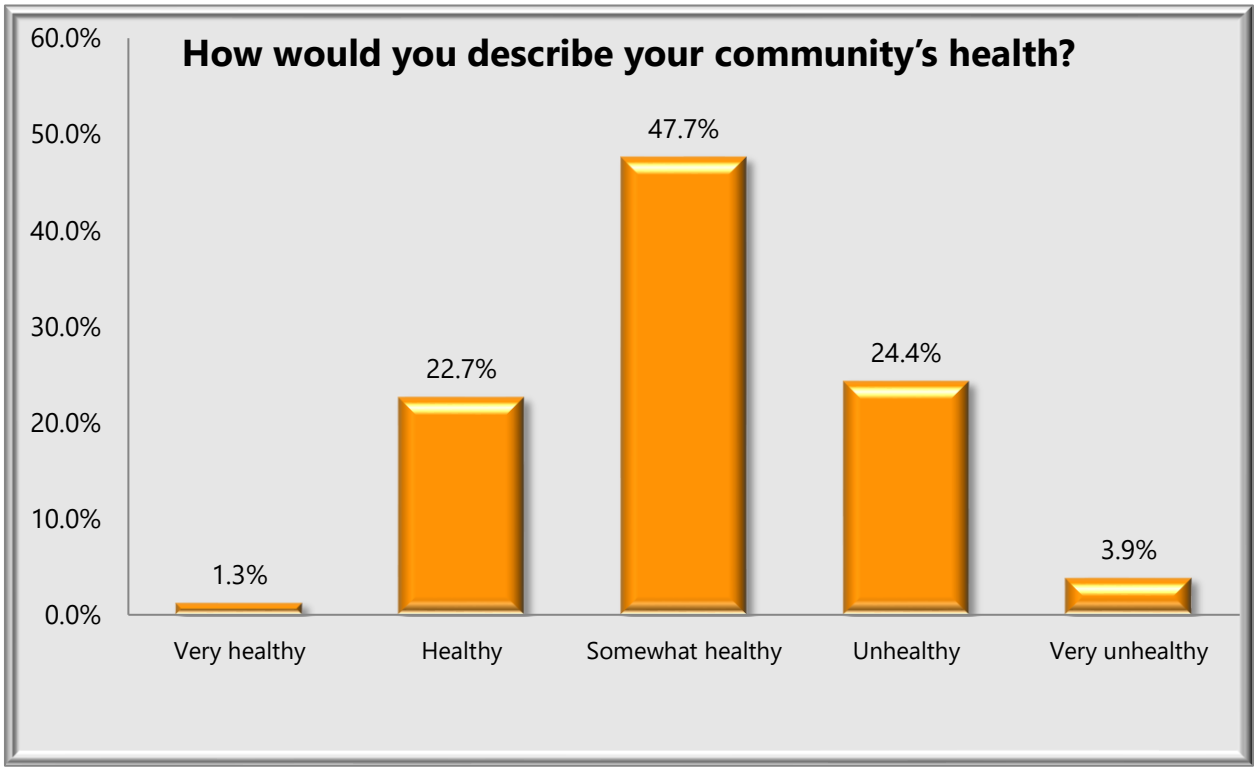
Responses to "other" are listed in the following table.

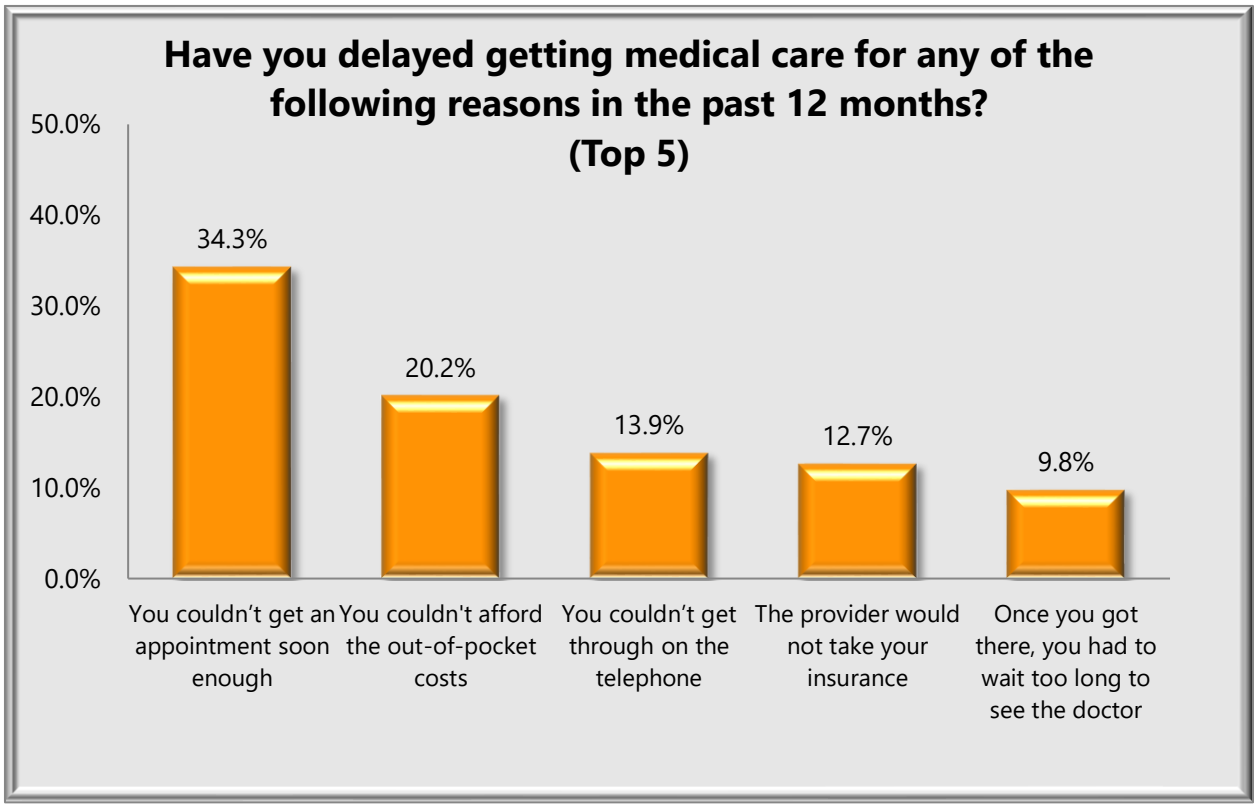
"Other" Housing Situation
My partner owns our home.
Housing
Live with family
Vivo con un familiar
In law
I own my home, but can not afford to buy out my ex husband.
Elder housing
Housing

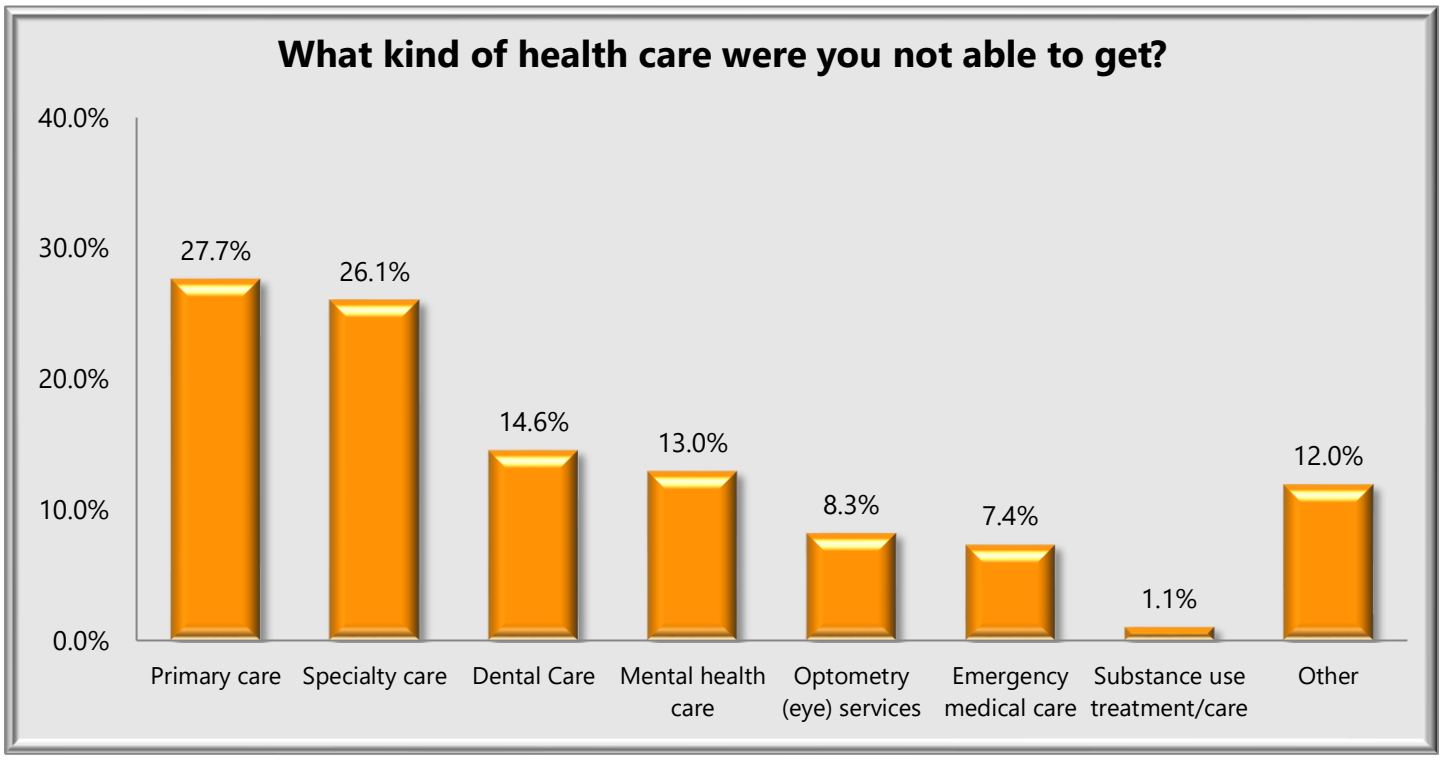
Health Ratings

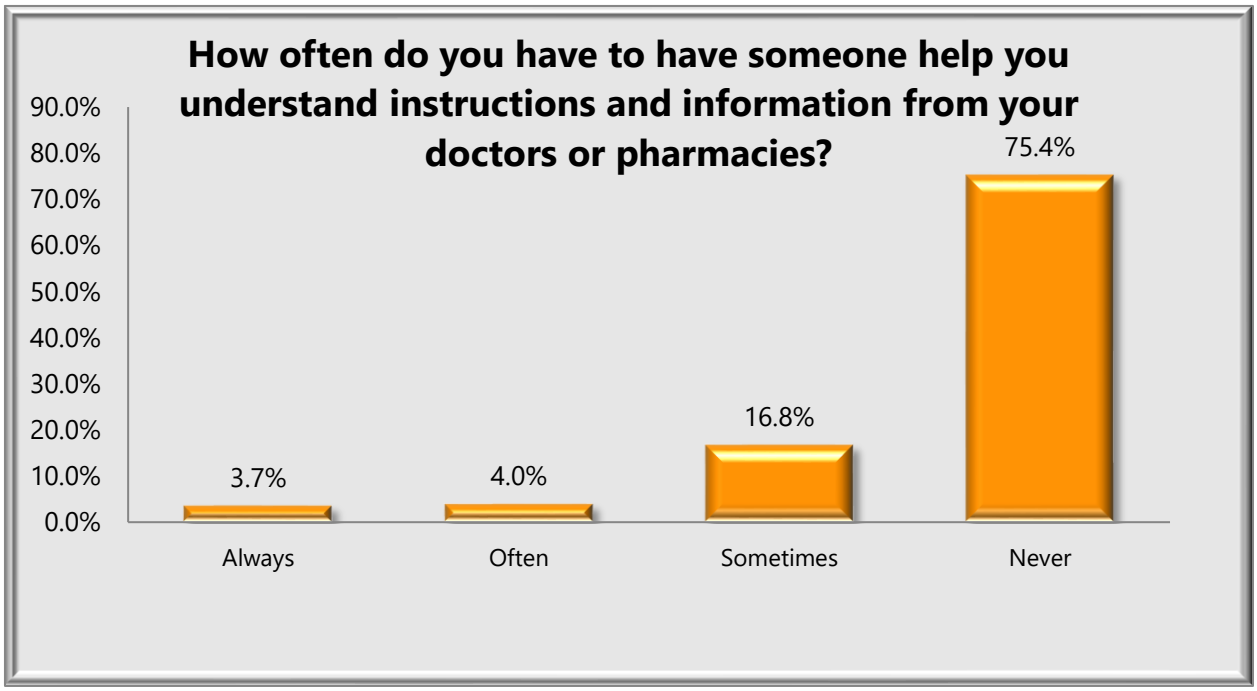


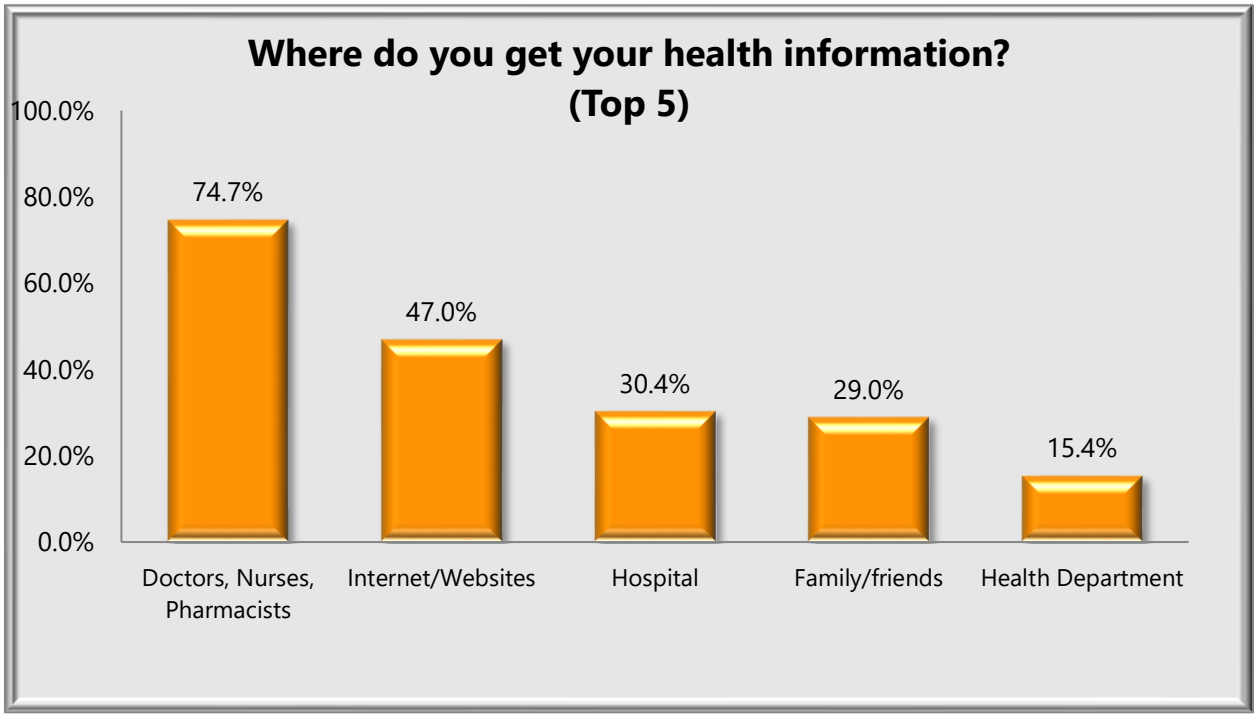

How would you rate your mental health?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
18.8%
30.7%
31.9%
15.9%
2.4%
0.3%
Excellent
Very good
Good
Fair
Poor
Dont know / not sure


How would you describe your community's health?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.3%
22.7%
47.7%
24.4%
3.9%
Very healthy
Healthy
Somewhat healthy
Unhealthy
Very unhealthy

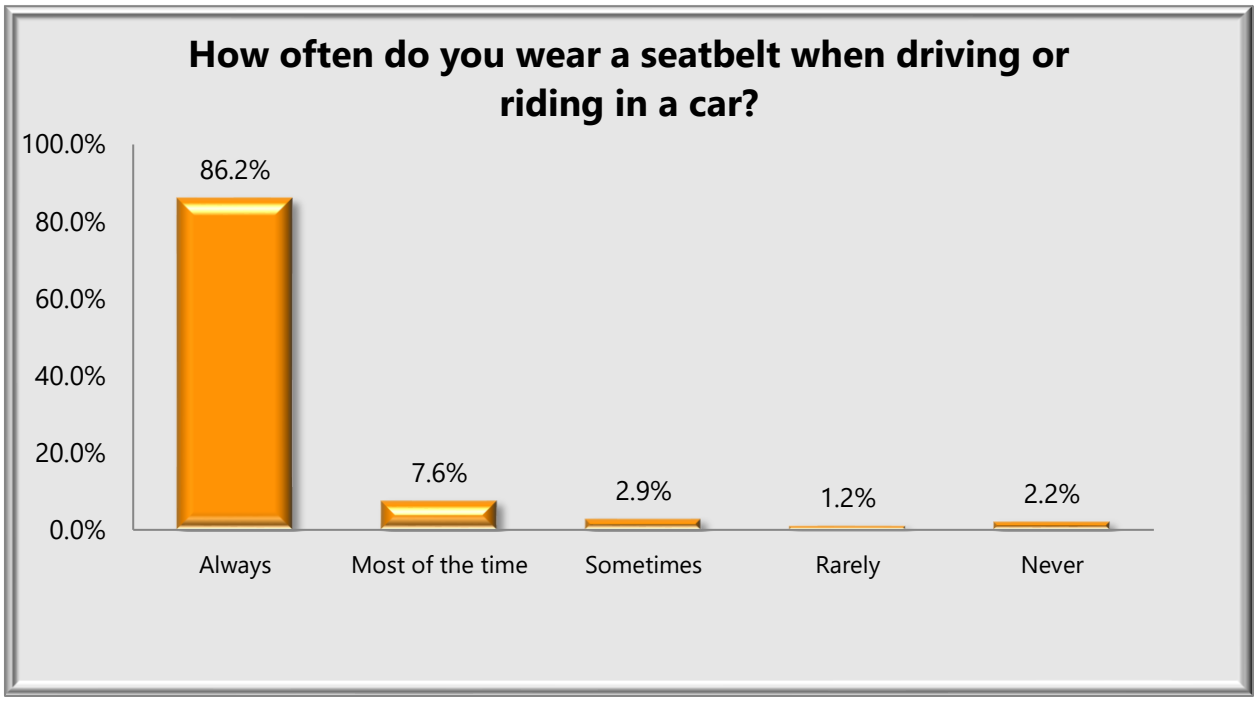

Have you delayed getting medical care for any of the following reasons in the past 12 months? (Top 5)
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
34.3%
20.2%
13.9%
12.7%
9.8%
You couldn't get an appointment soon enough
You couldn't afford the out-of-pocket costs
You couldn't get through on the telephone
The provider would not take your insurance
Once you got there, you had to wait too long to see the doctor

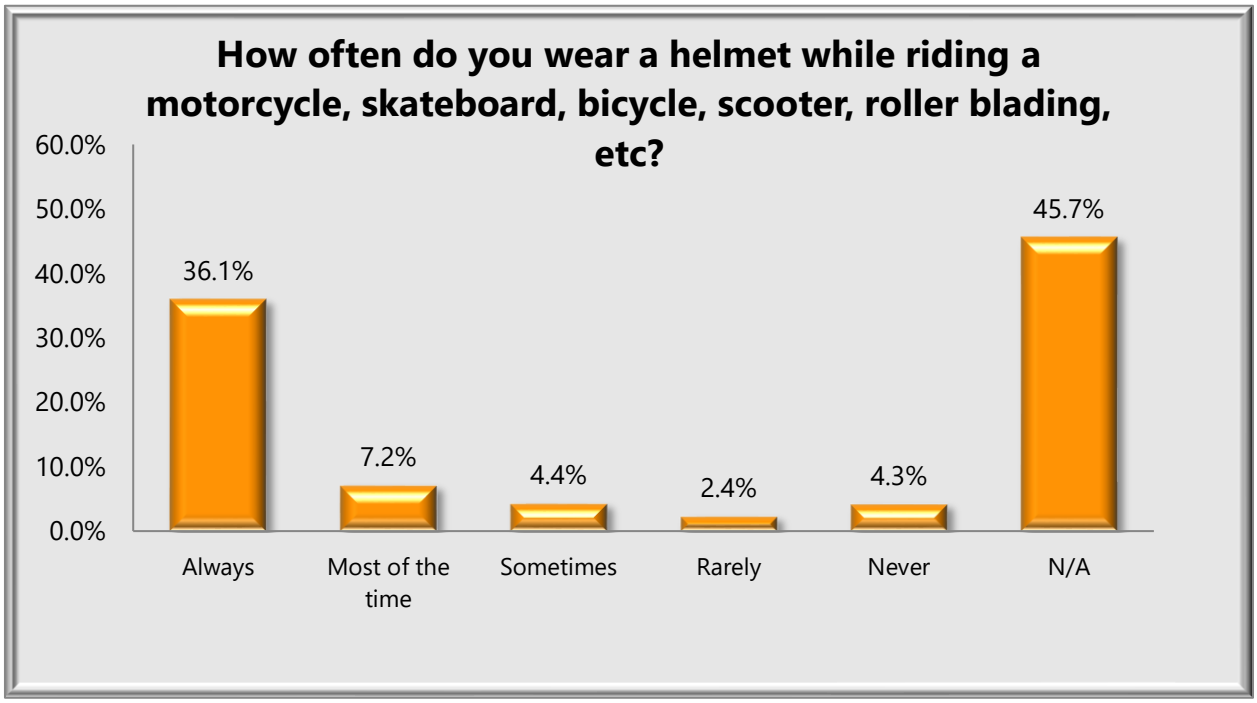

What kind of health care were you not able to get?
40.0%
30.0%
20.0%
10.0%
0.0%
27.7%
26.1%
14.6%
13.0%
8.3%
7.4%
1.1%
12.0%
Primary care
Specialty care
Dental Care
Mental health care
Optometry (eye) services
Emergency medical care
Substance use treatment/care
Other

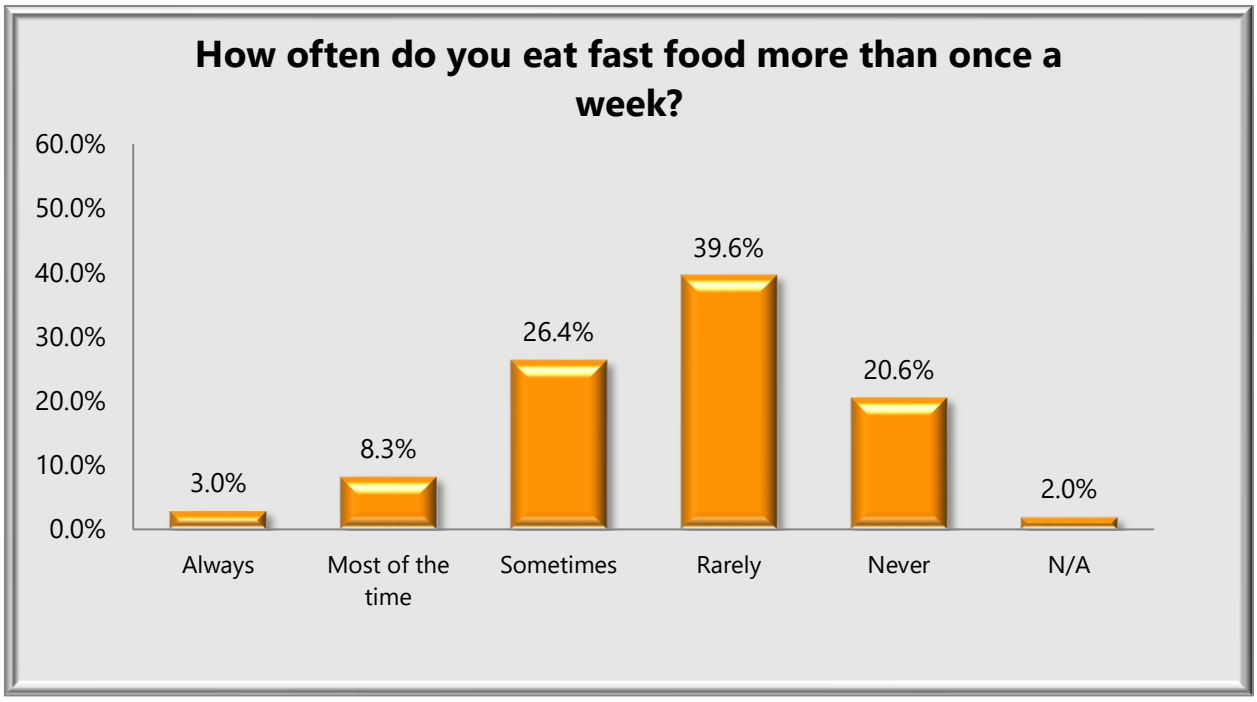

How often do you have to have someone help you understand instructions and information from your doctors or pharmacies?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
3.7%
4.0%
16.8%
75.4%
Always
Often
Sometimes
Never

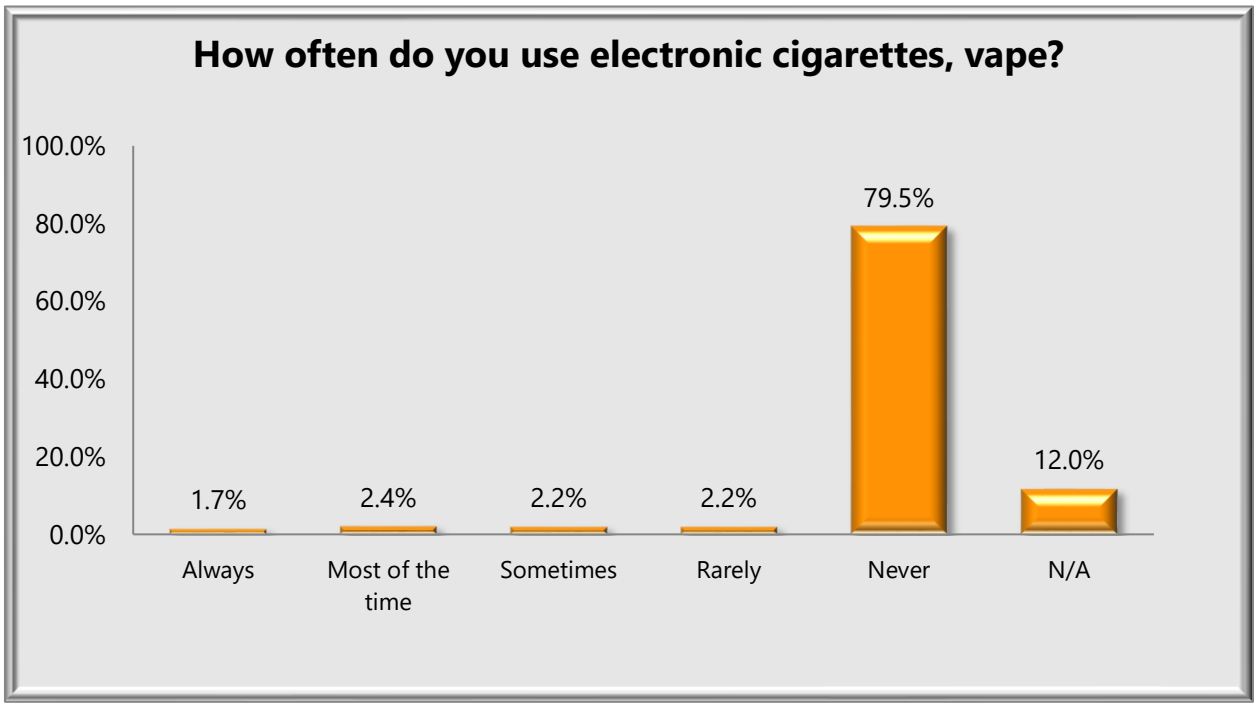

Where do you get your health information? (Top 5)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
74.7%
47.0%
30.4%
29.0%
15.4%
Doctors, Nurses, Pharmacists
Internet/Websites
Hospital
Family/friends
Health Department

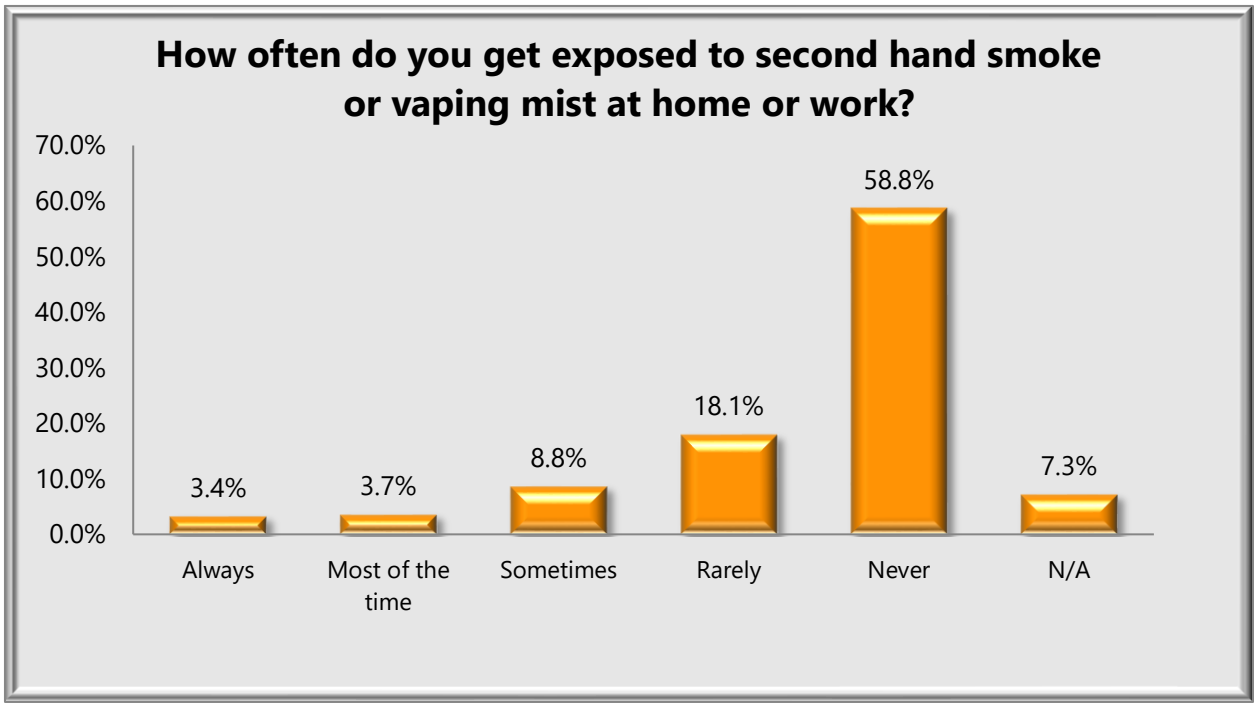
Frequency of Risk Behaviors

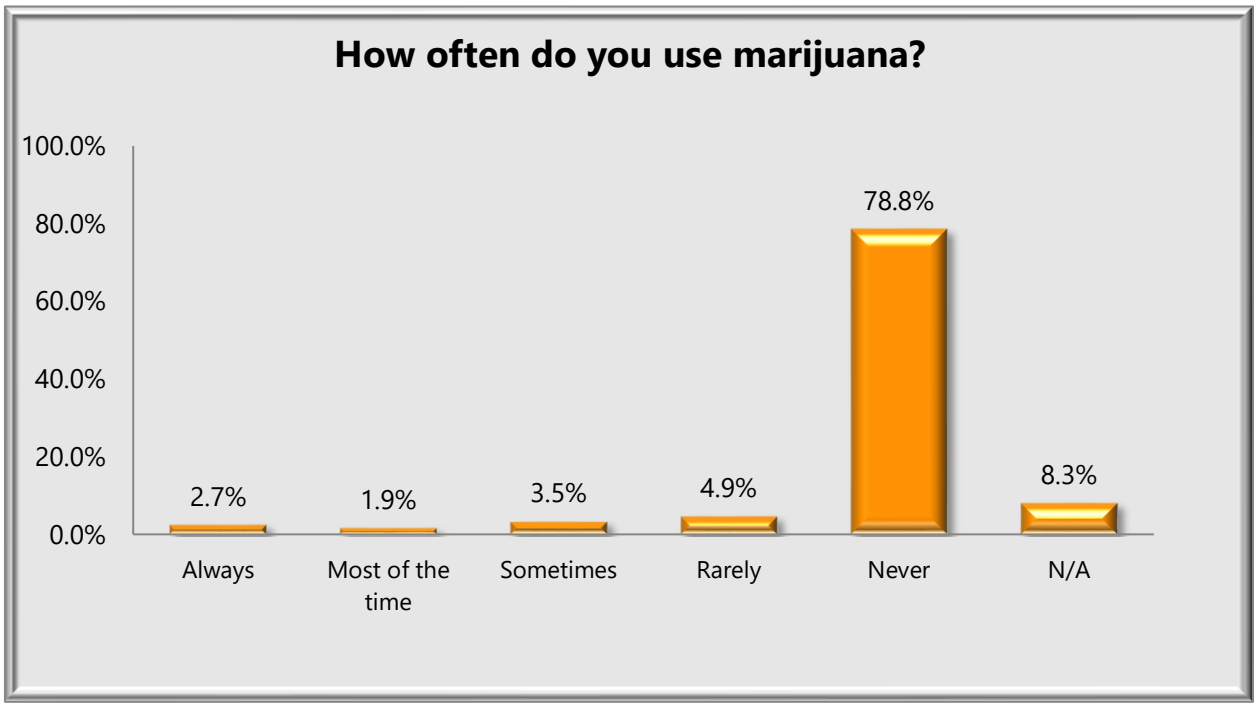


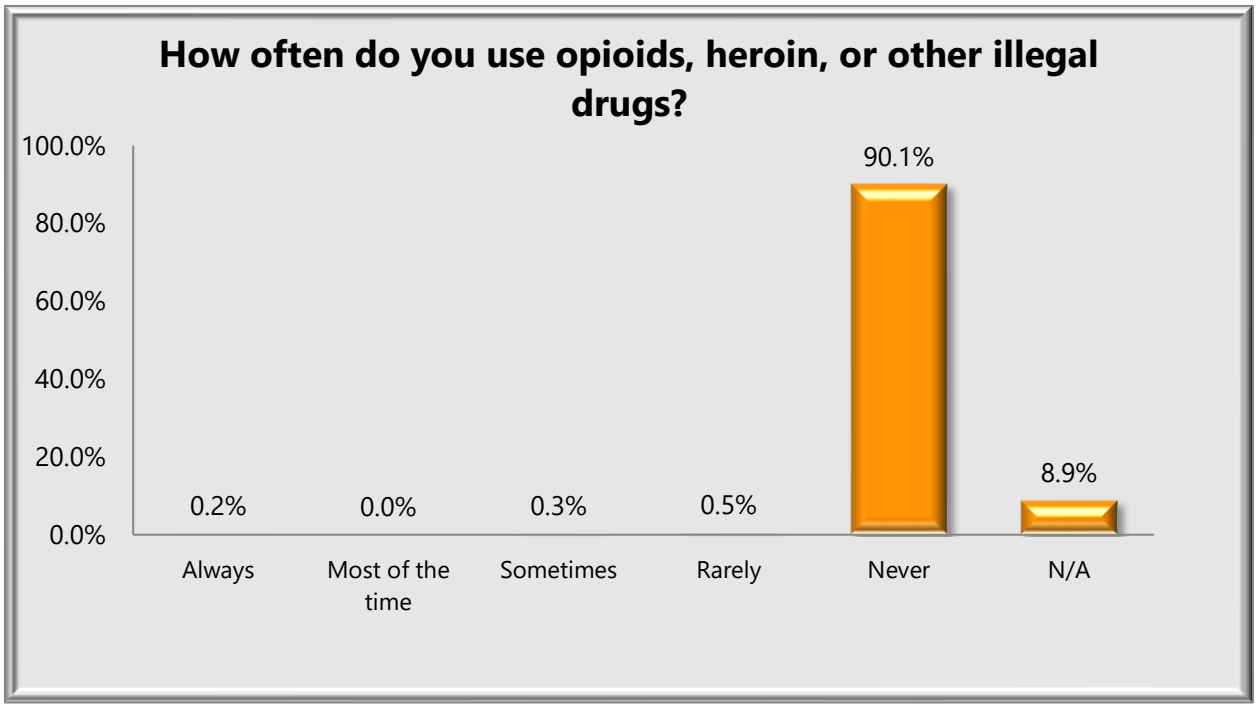


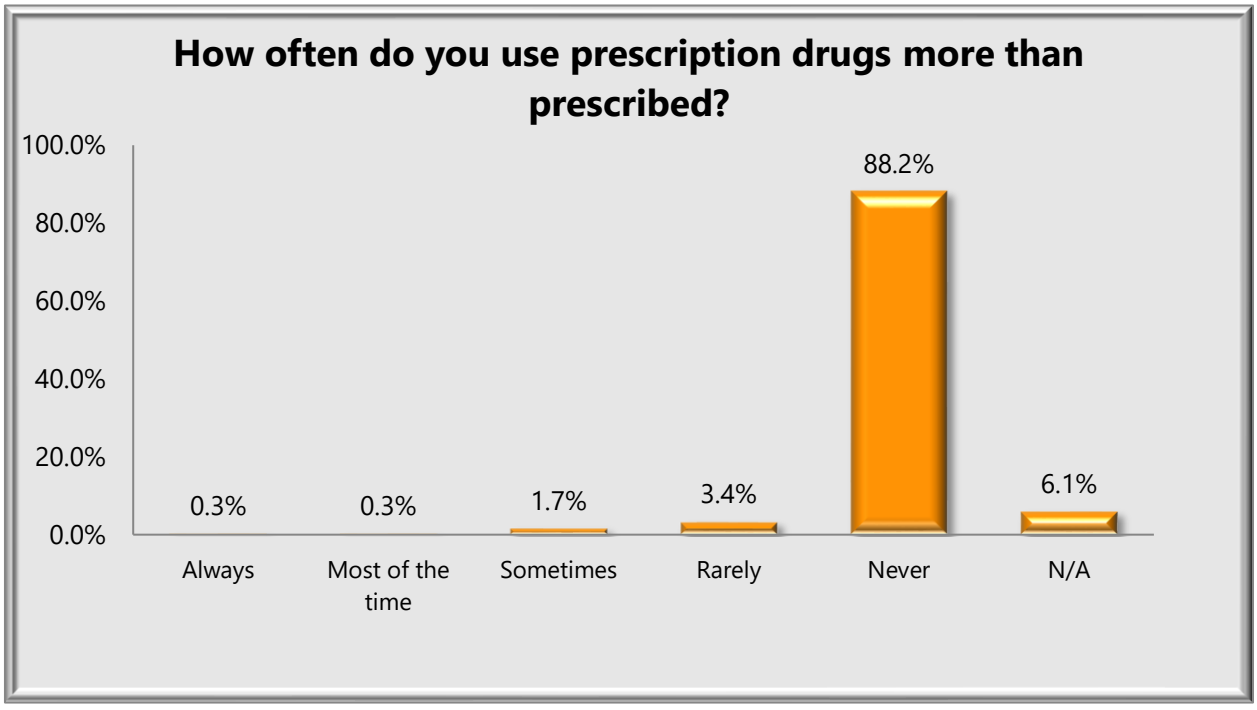

How often do you eat fast food more than once a week?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
3.0%
8.3%
26.4%
39.6%
20.6%
2.0%
Always
Most of the time
Sometimes
Rarely
Never
N/A

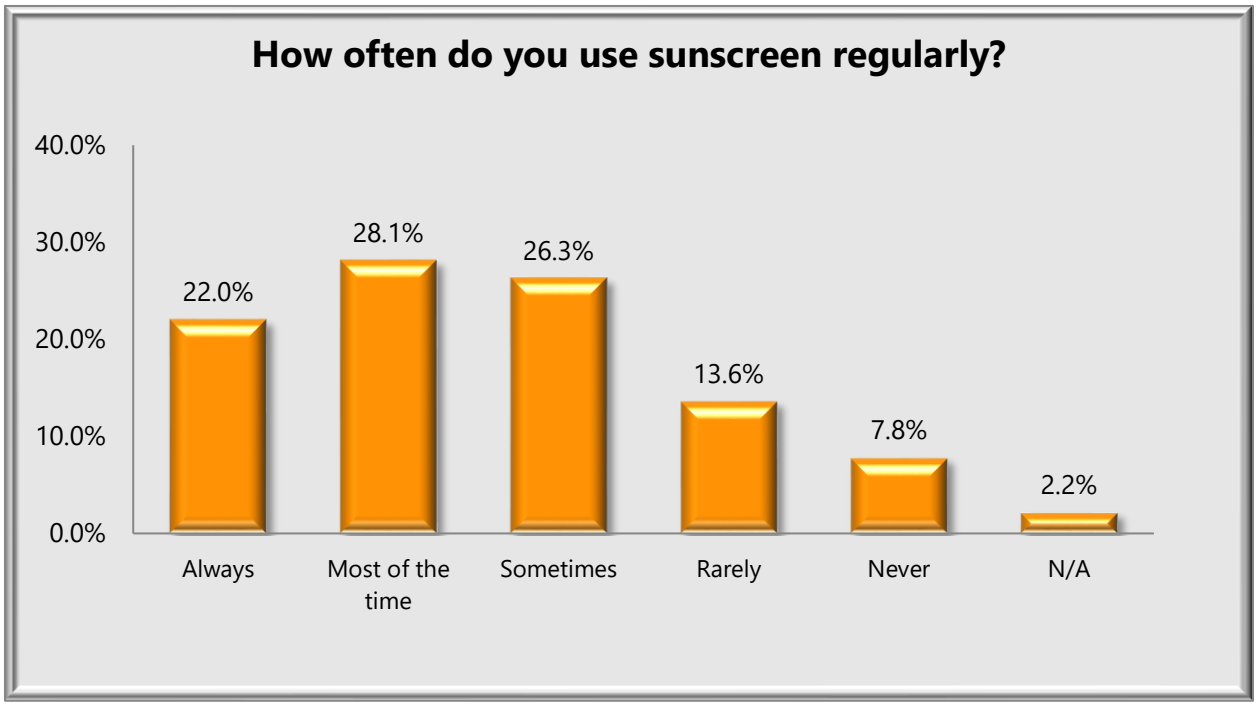

How often do you use electronic cigarettes, vape?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
1.7%
2.4%
2.2%
2.2%
79.5%
12.0%
Always
Most of the time
Sometimes
Rarely
Never
N/A


How often do you get exposed to second hand smoke or vaping mist at home or work?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
3.4%
3.7%
8.8%
18.1%
58.8%
7.3%
Always
Most of the time
Sometimes
Rarely
Never
N/A

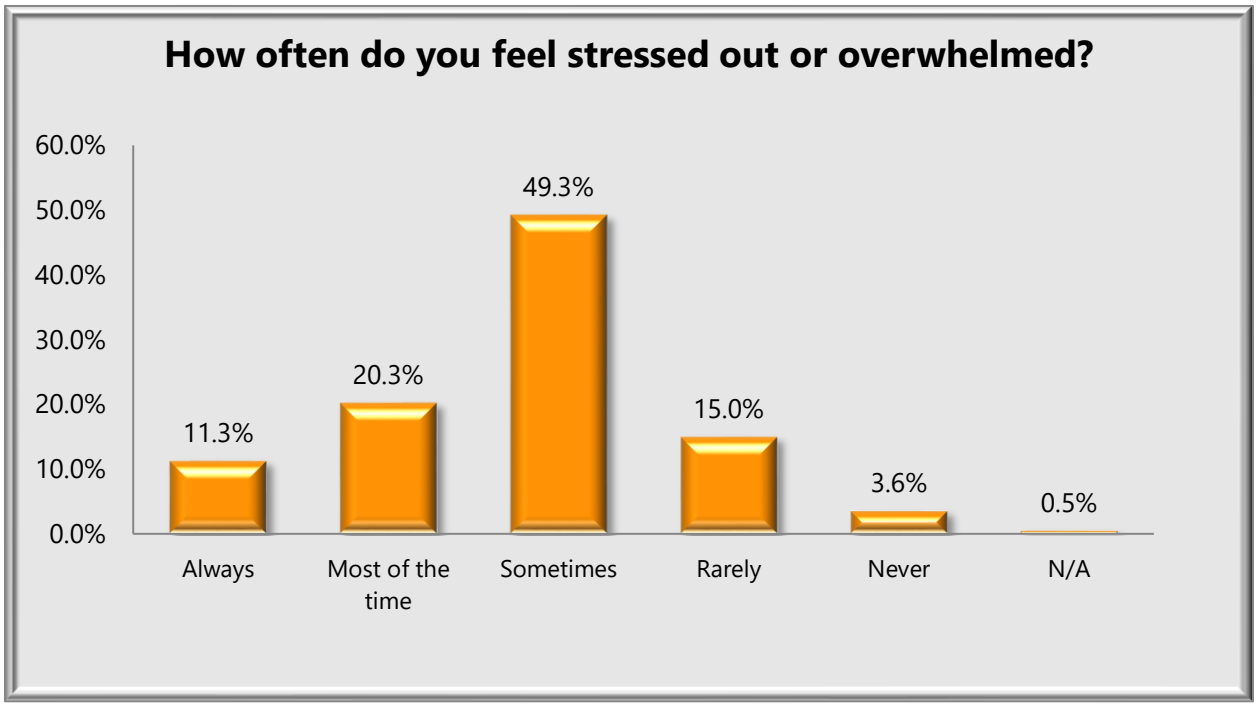

How often do you use marijuana?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2.7%
1.9%
3.5%
4.9%
78.8%
8.3%
Always
Most of the time
Sometimes
Rarely
Never
N/A

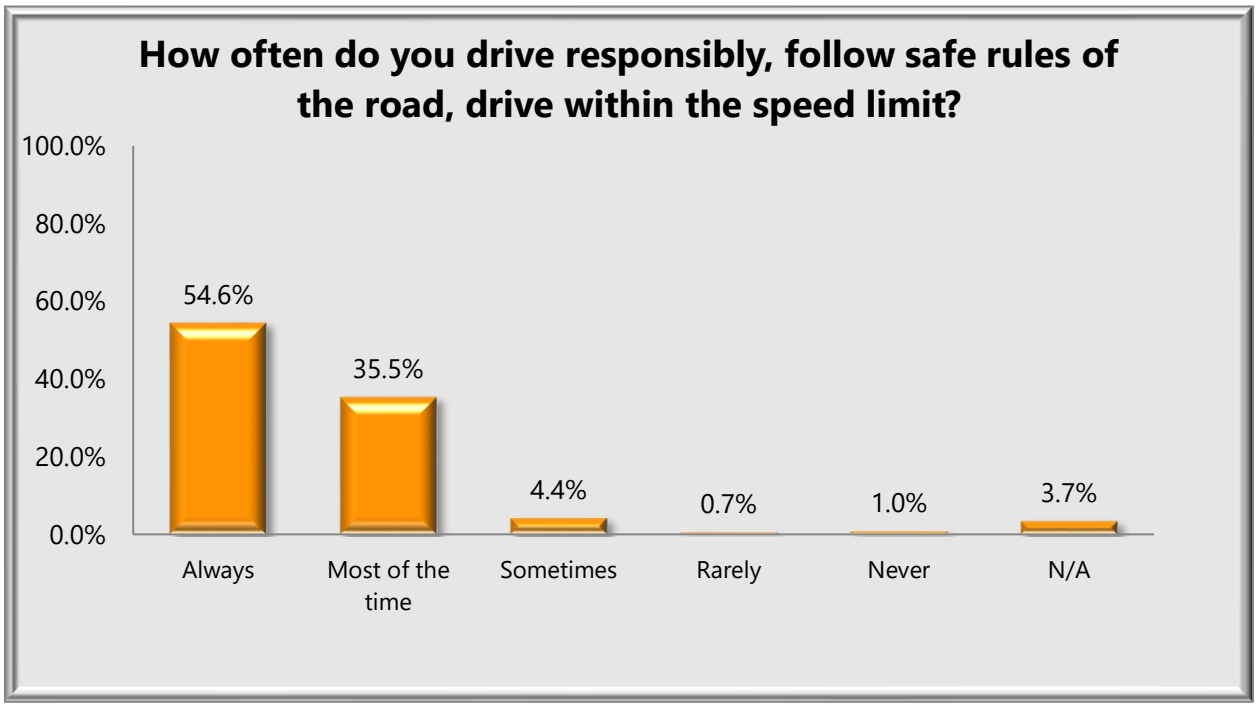

How often do you use opioids, heroin, or other illegal drugs?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
0.2%
0.0%
0.3%
0.5%
90.1%
8.9%
Always
Most of the time
Sometimes
Rarely
Never
N/A


How often do you use prescription drugs more than prescribed?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
0.3%
0.3%
1.7%
3.4%
88.2%
6.1%
Always
Most of the time
Sometimes
Rarely
Never
N/A

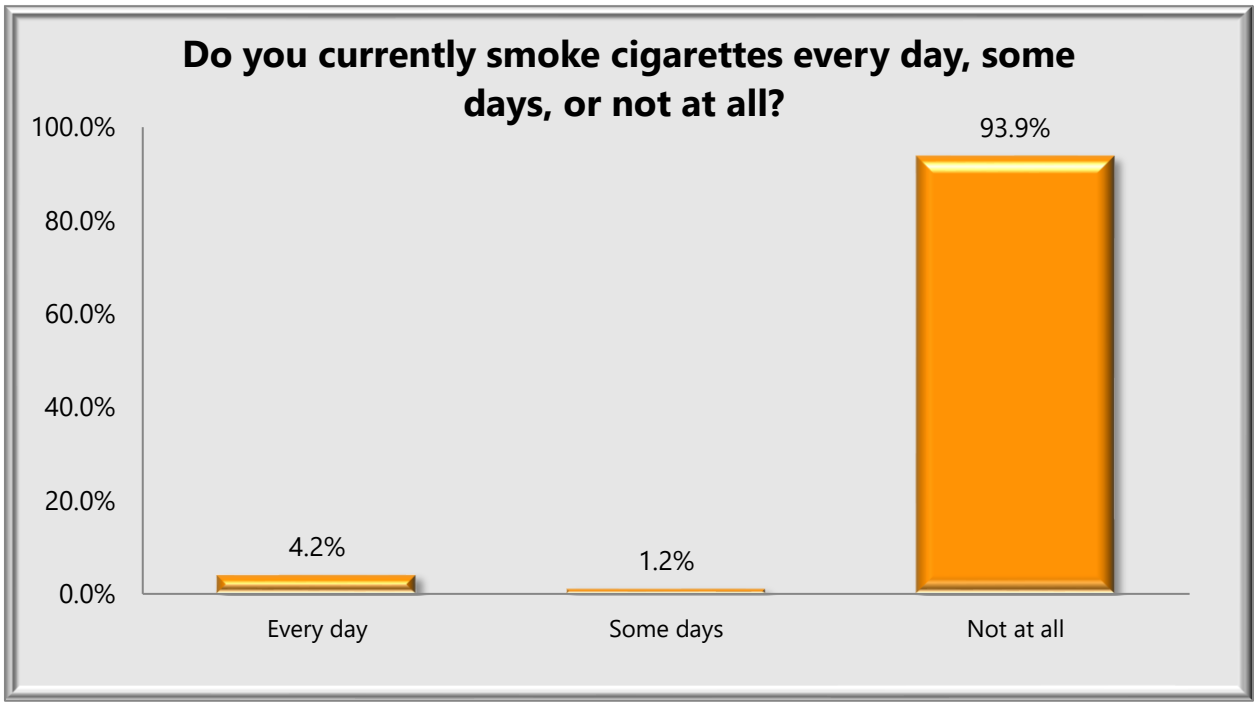

How often do you use sunscreen regularly?
40.0%
30.0%
20.0%
10.0%
0.0%
22.0%
28.1%
26.3%
13.6%
7.8%
2.2%
Always
Most of the time
Sometimes
Rarely
Never
N/A

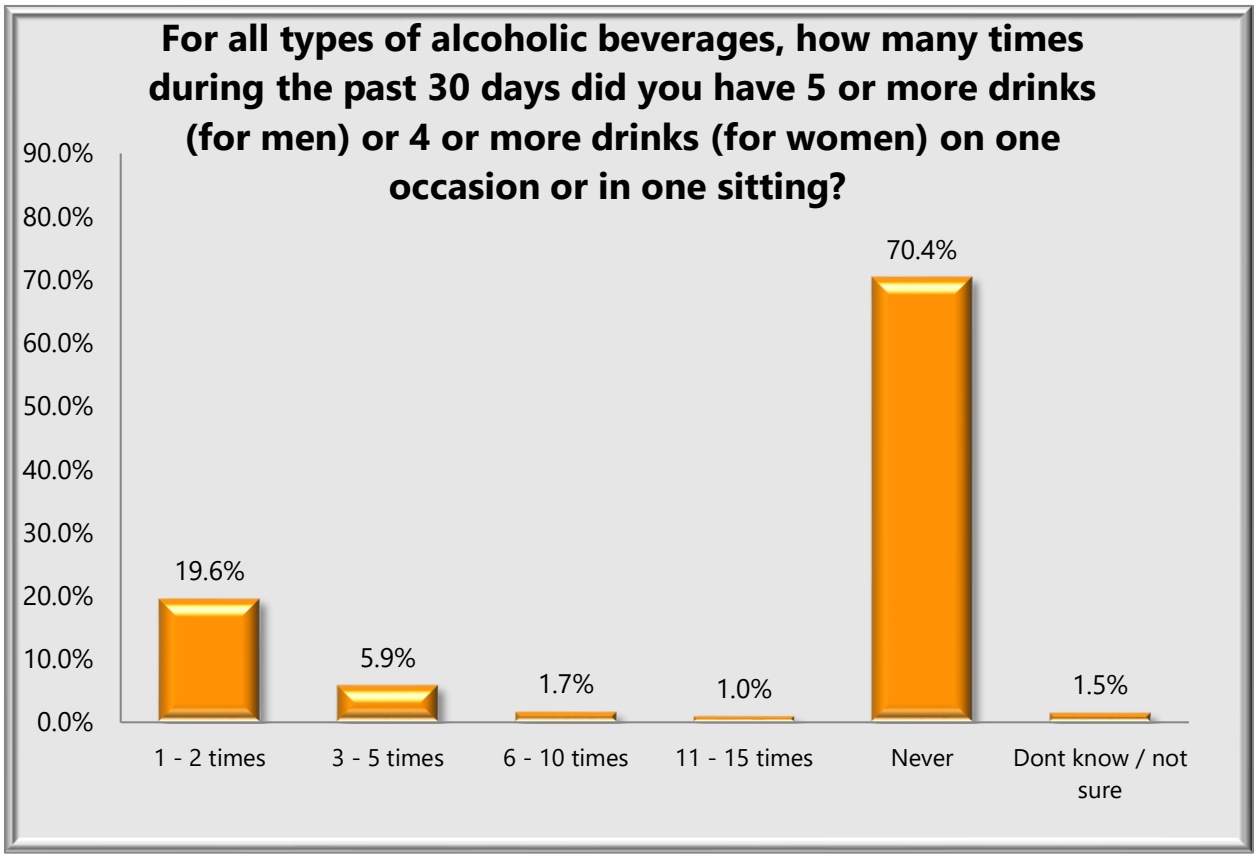

How often do you practice safe sex (i e use a condom, monogamous, get tested)?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
52.4%
9.3%
2.4%
2.0%
5.8%
28.1%
Always
Most of the time
Sometimes
Rarely
Never
N/A


How often do you feel stressed out or overwhelmed?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
11.3%
20.3%
49.3%
15.0%
3.6%
0.5%
Always
Most of the time
Sometimes
Rarely
Never
N/A

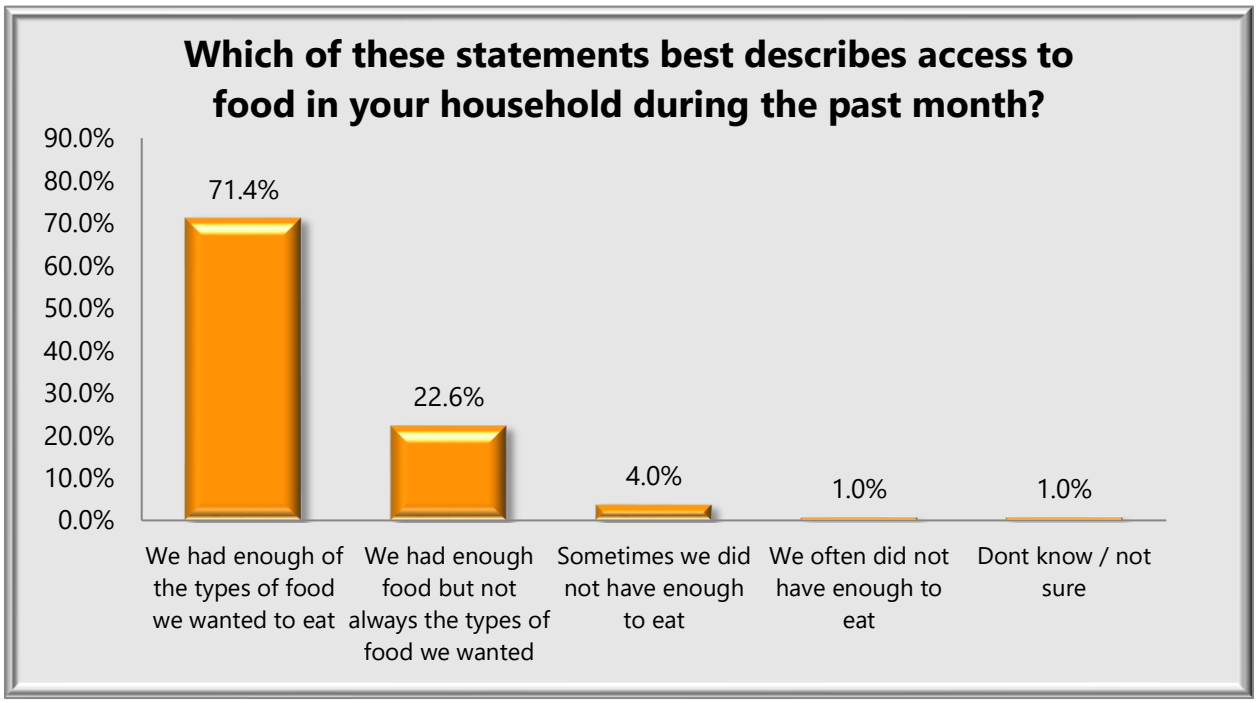

How often do you drive responsibly, follow safe rules of the road, drive within the speed limit?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
54.6%
35.5%
4.4%
0.7%
1.0%
3.7%
Always
Most of the time
Sometimes
Rarely
Never
N/A

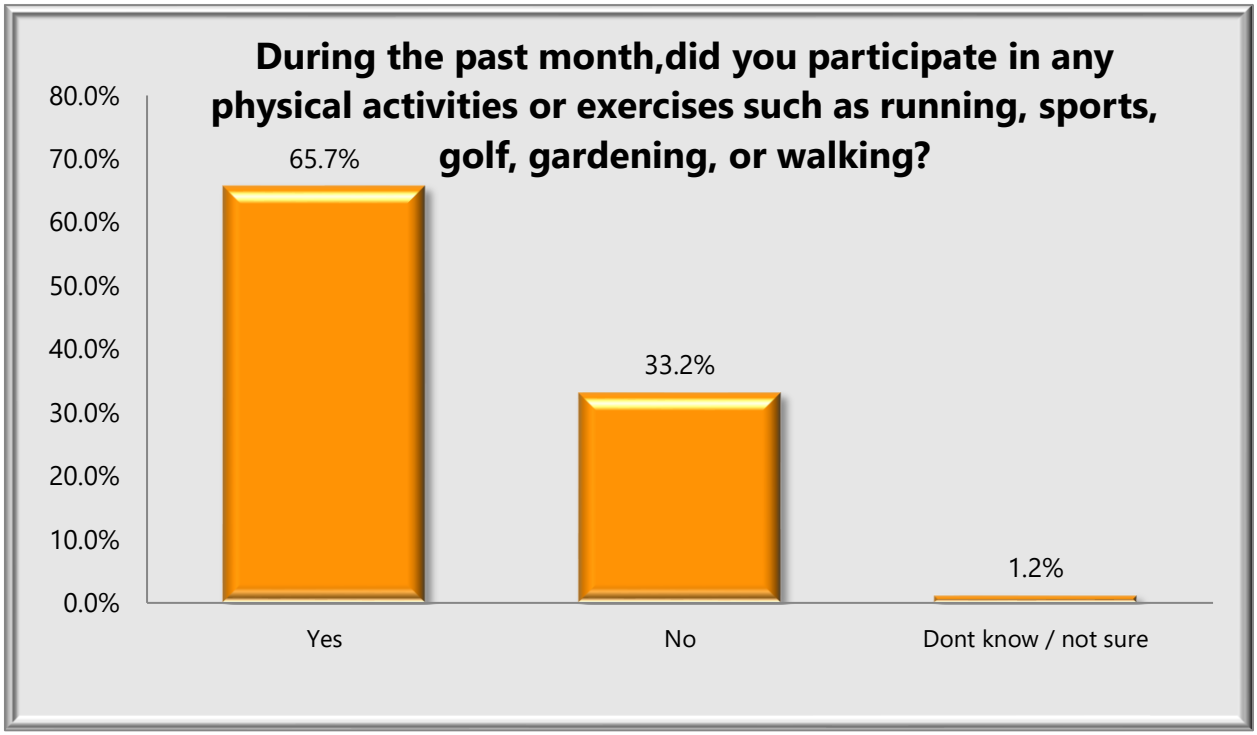
Frequency of Smoking and Drinking

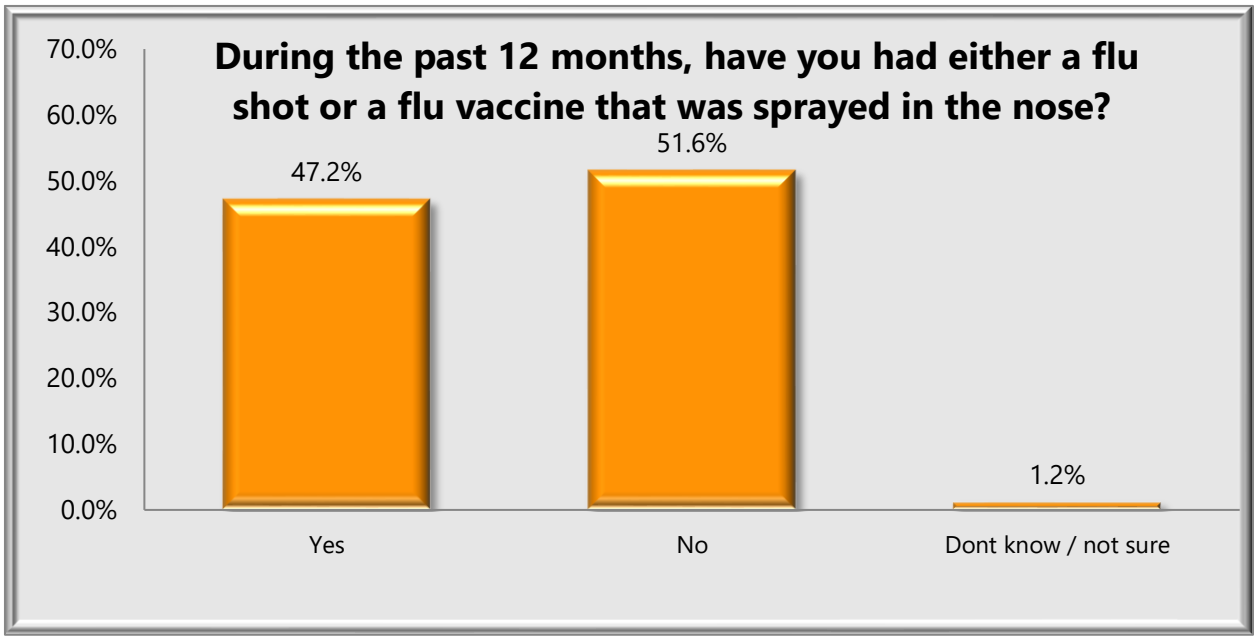



For all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
19.6%
5.9%
1.7%
1.0%
70.4%
1.5%
1 - 2 times
3 - 5 times
6 - 10 times
11 - 15 times
Never
Dont know / not sure

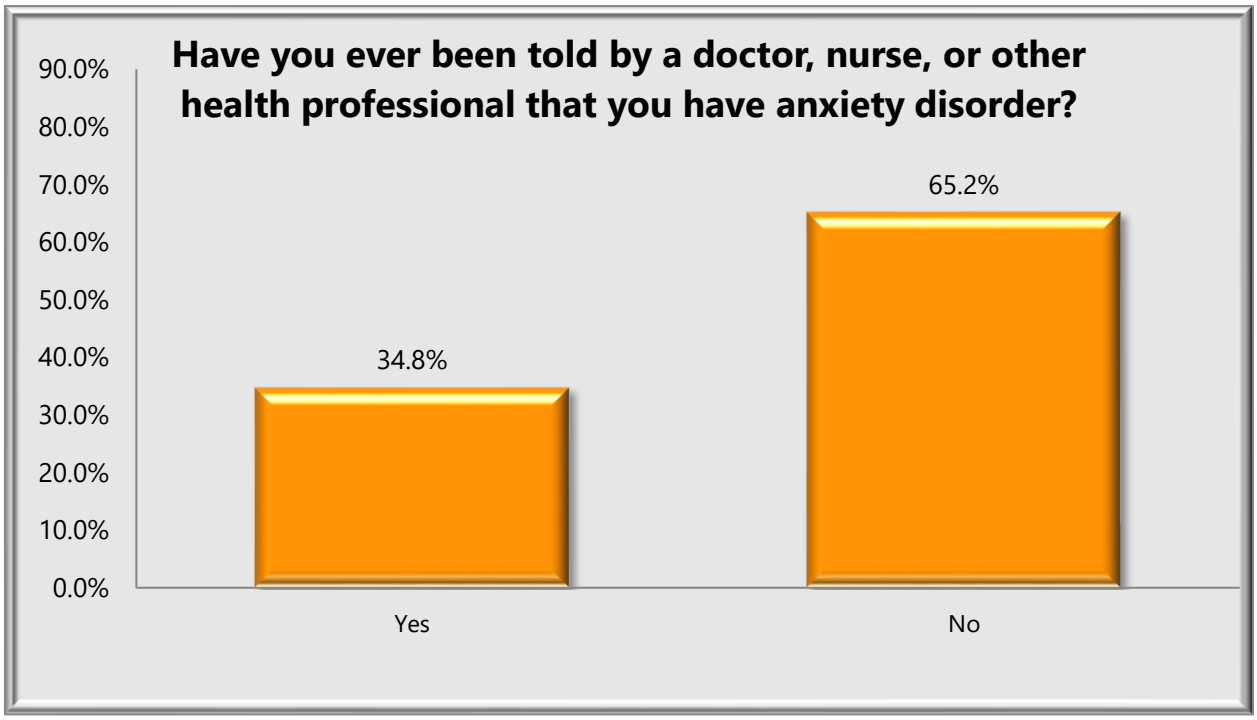
Diet and Exercise Habits and Flu Prevention

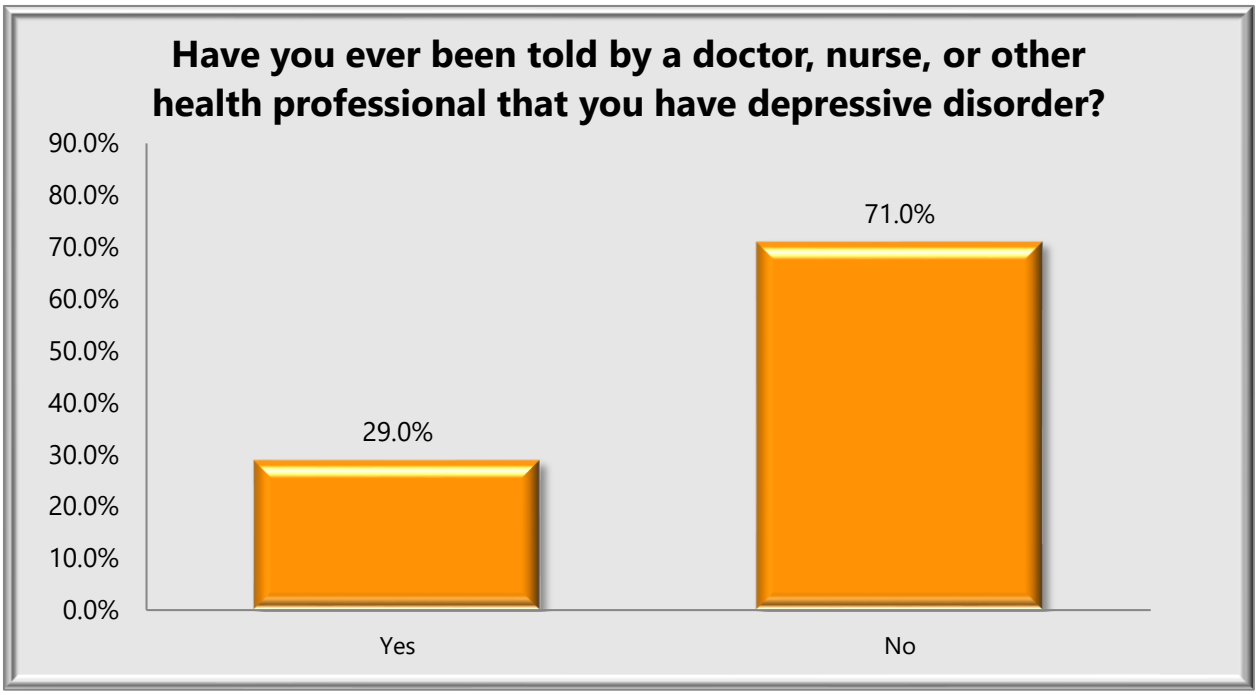


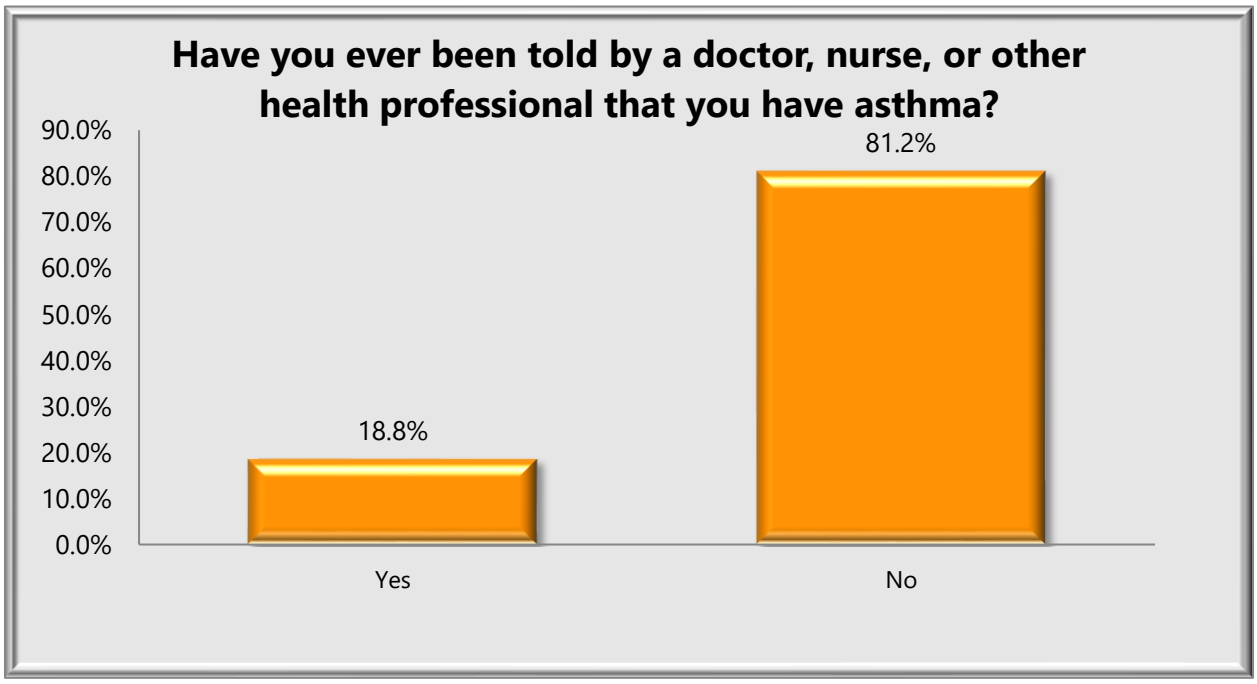


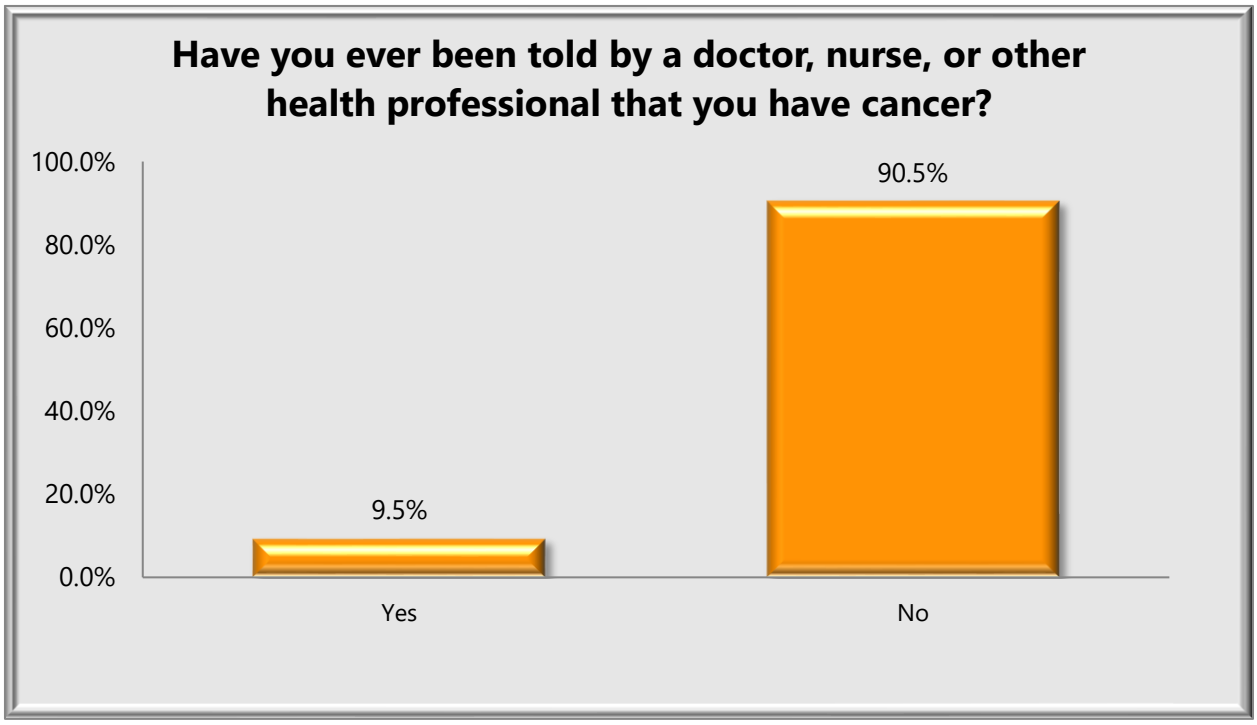


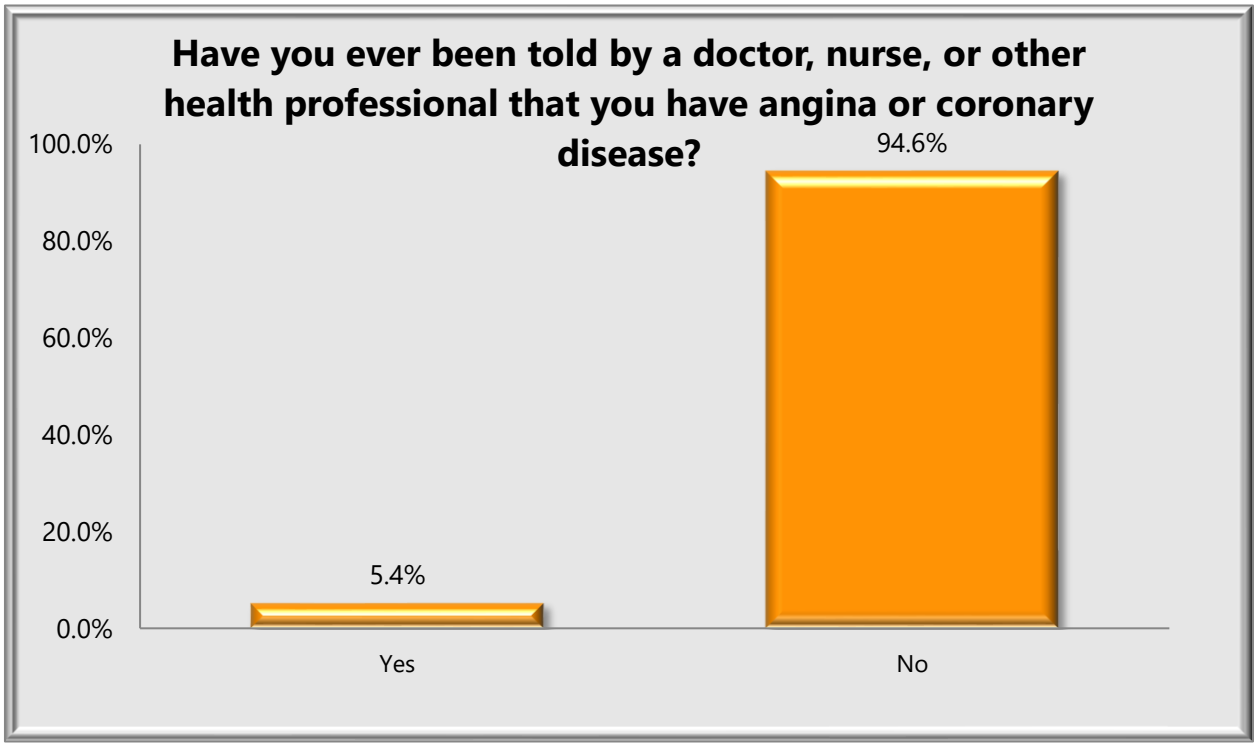
Disorders and Diseases

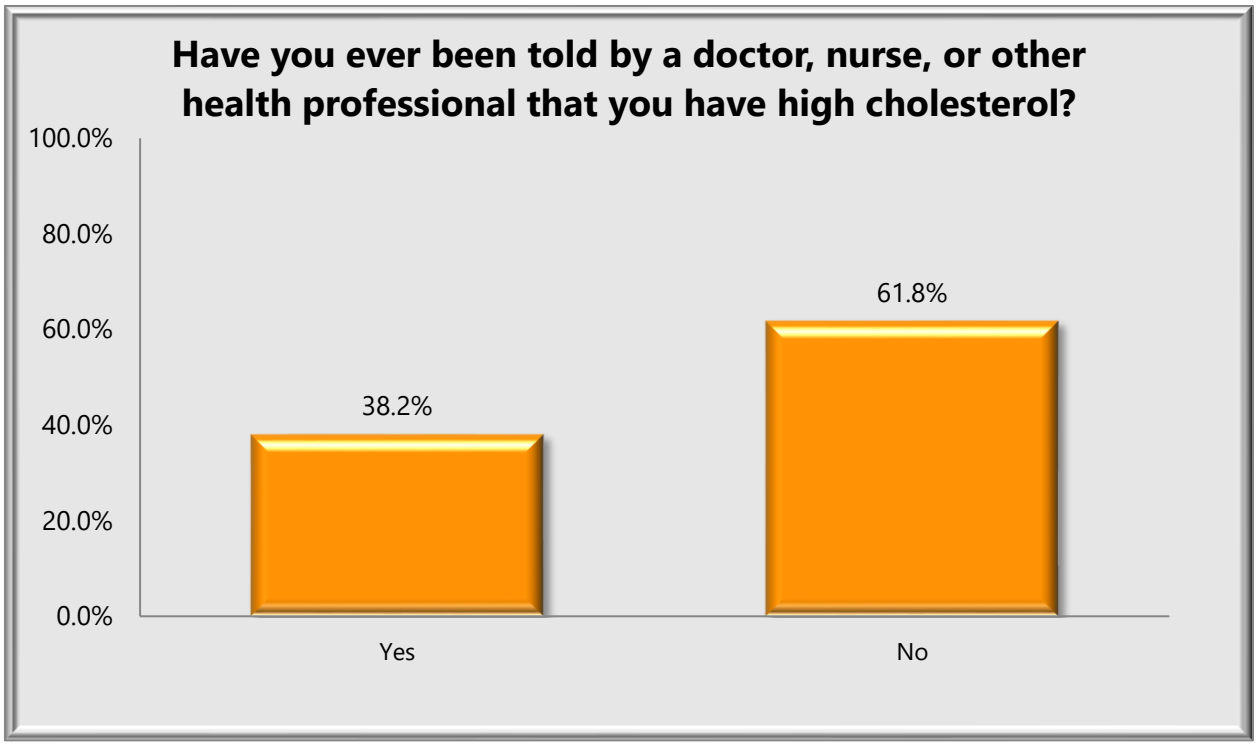


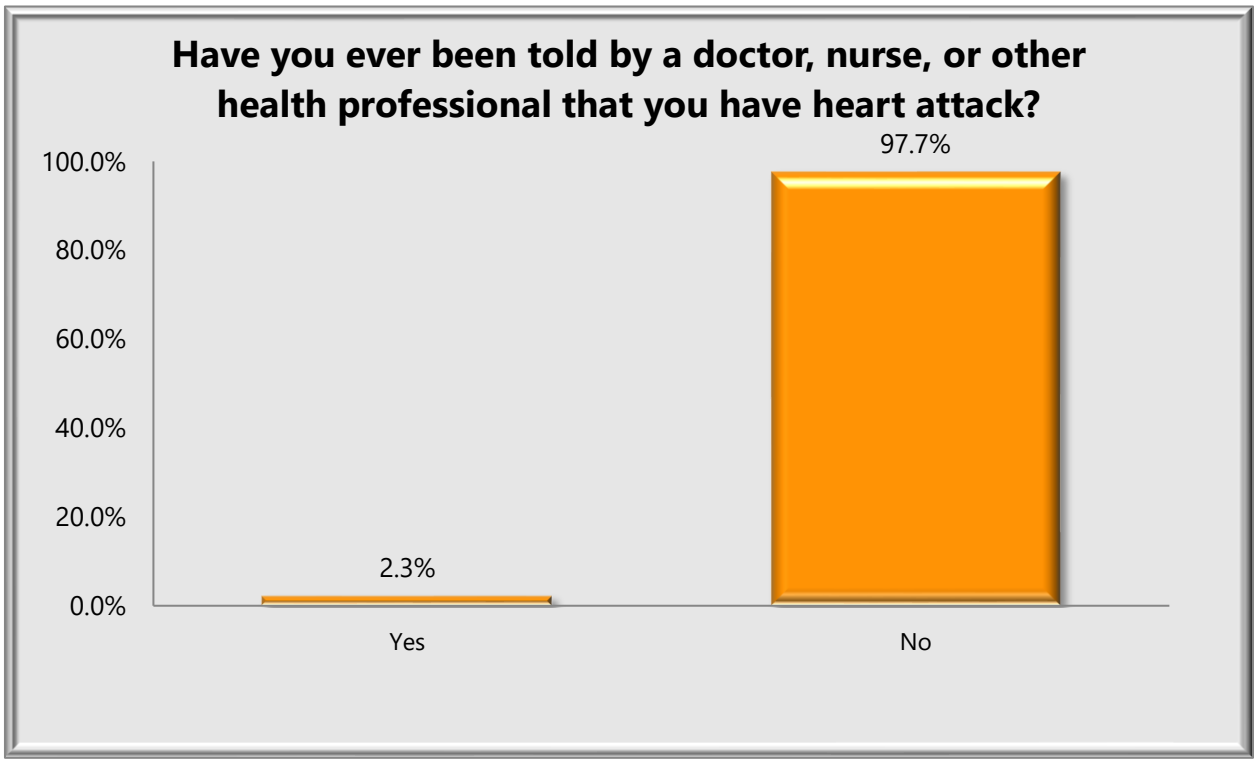

Have you ever been told by a doctor, nurse, or other health professional that you have depressive disorder?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
29.0%
71.0%
Yes
No

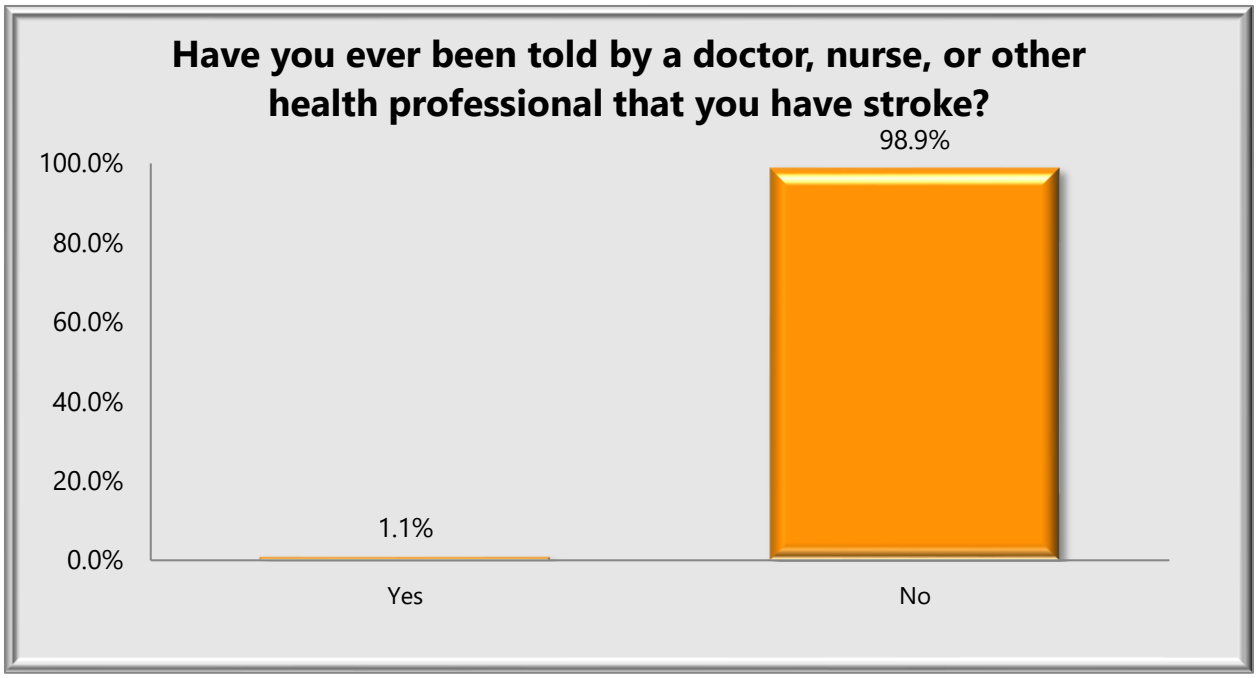

Have you ever been told by a doctor, nurse, or other health professional that you have asthma?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
18.8%
81.2%
Yes
No

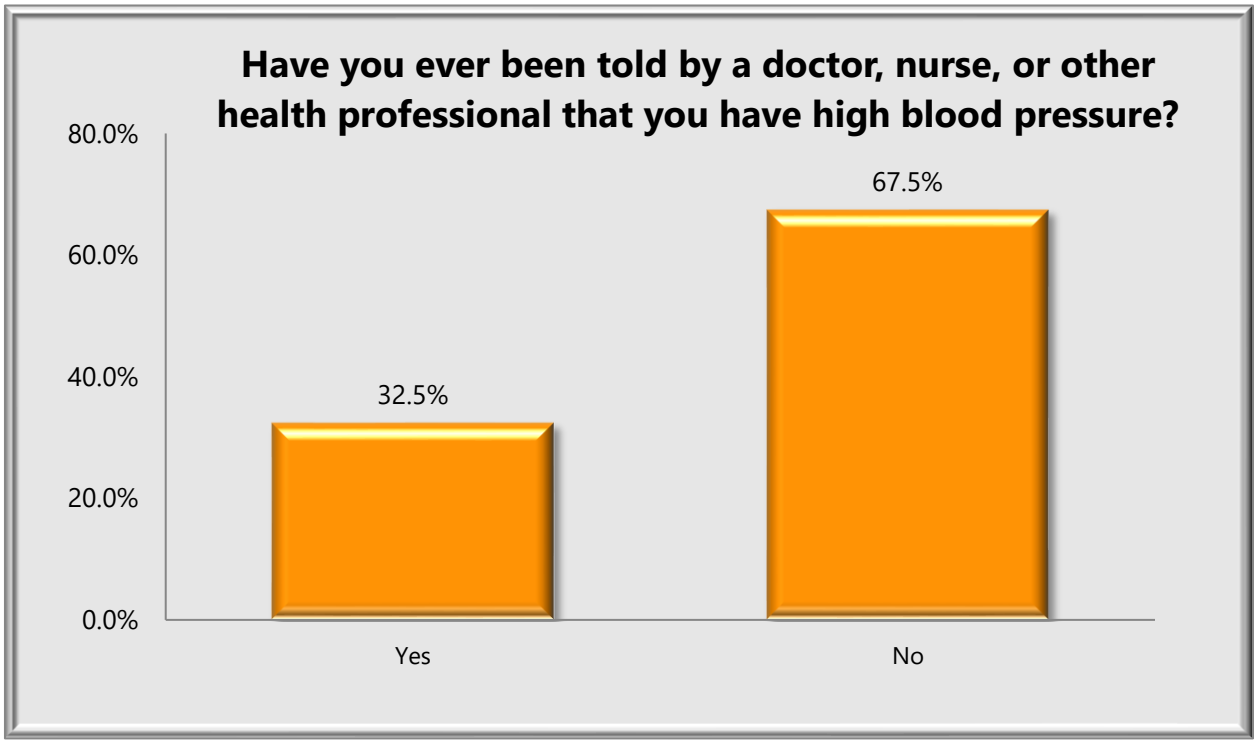

Have you ever been told by a doctor, nurse, or other health professional that you have cancer?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
9.5%
90.5%
Yes
No

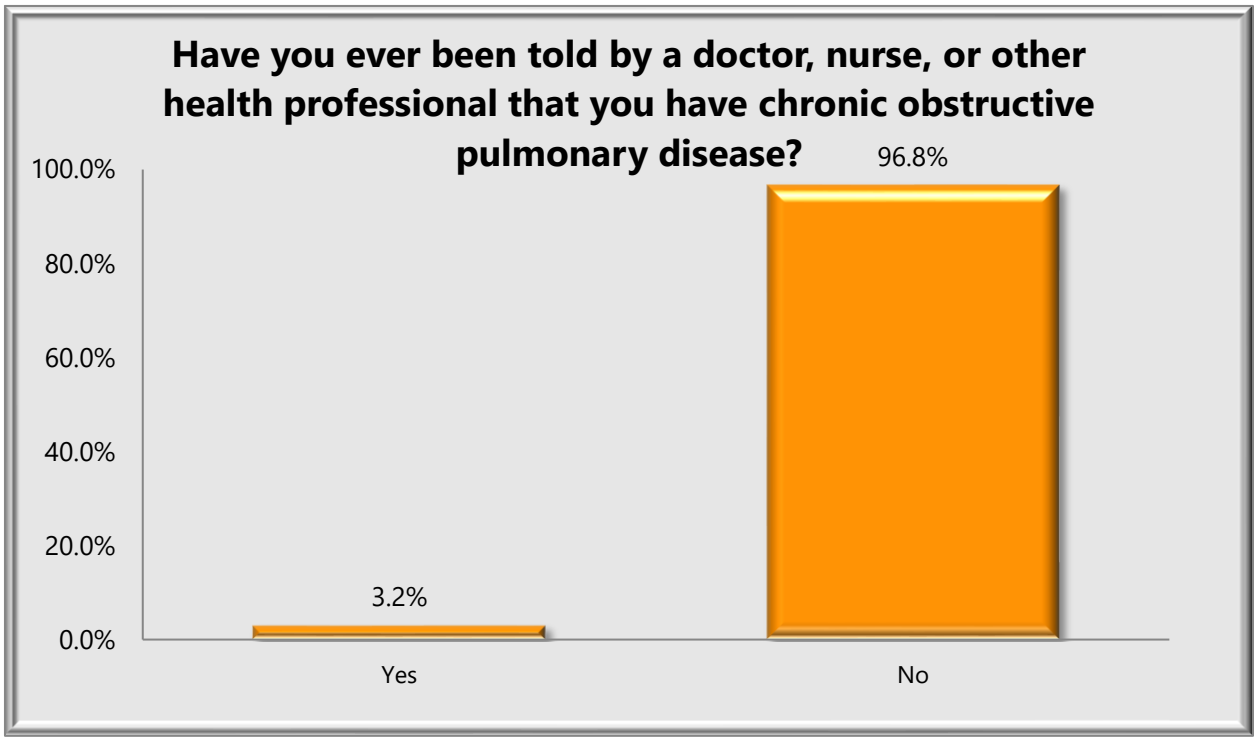

Have you ever been told by a doctor, nurse, or other health professional that you have angina or coronary disease?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
5.4%
94.6%
Yes
No

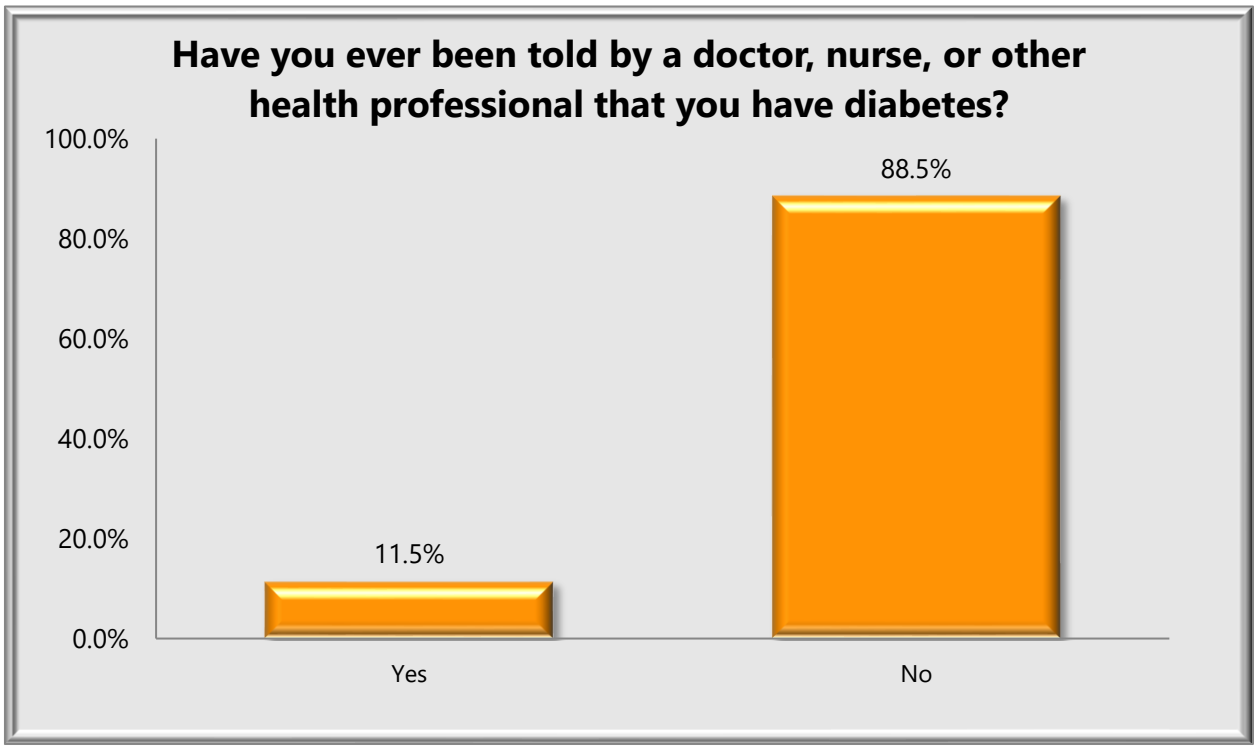

Have you ever been told by a doctor, nurse, or other health professional that you have high cholesterol?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
38.2%
61.8%
Yes
No

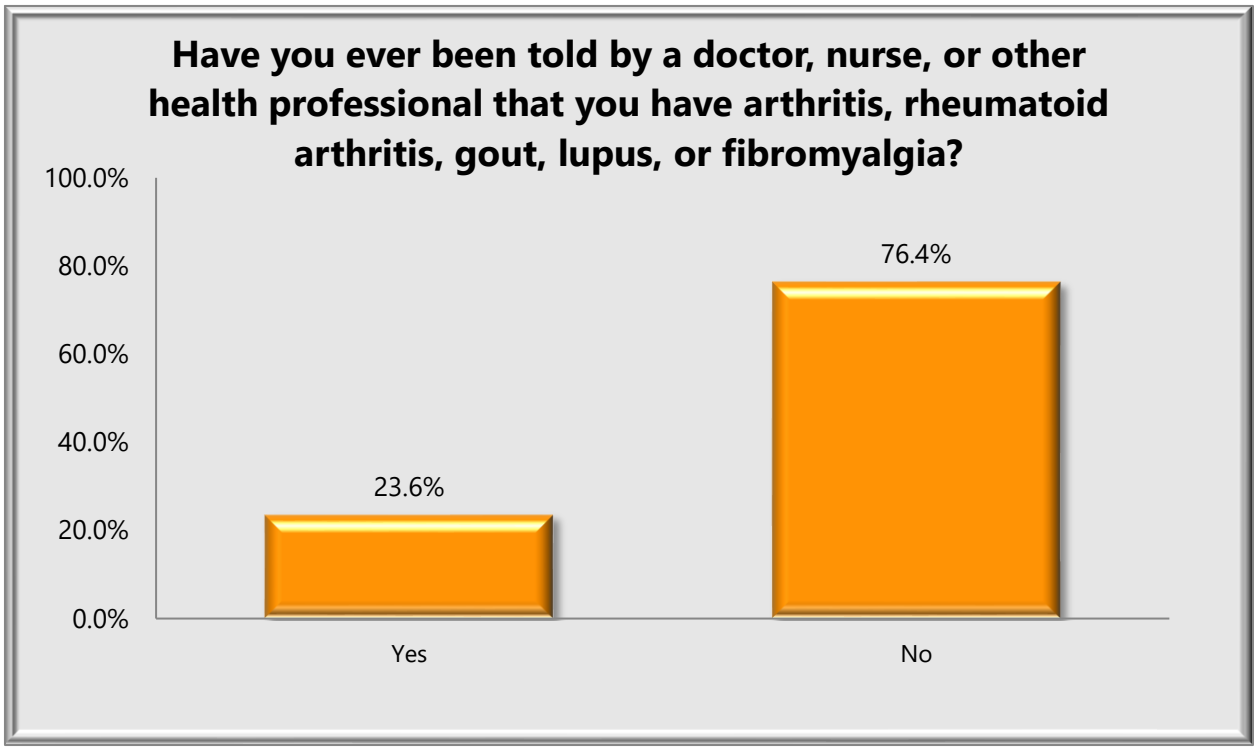

Have you ever been told by a doctor, nurse, or other health professional that you have heart attack?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2.3%
97.7%
Yes
No

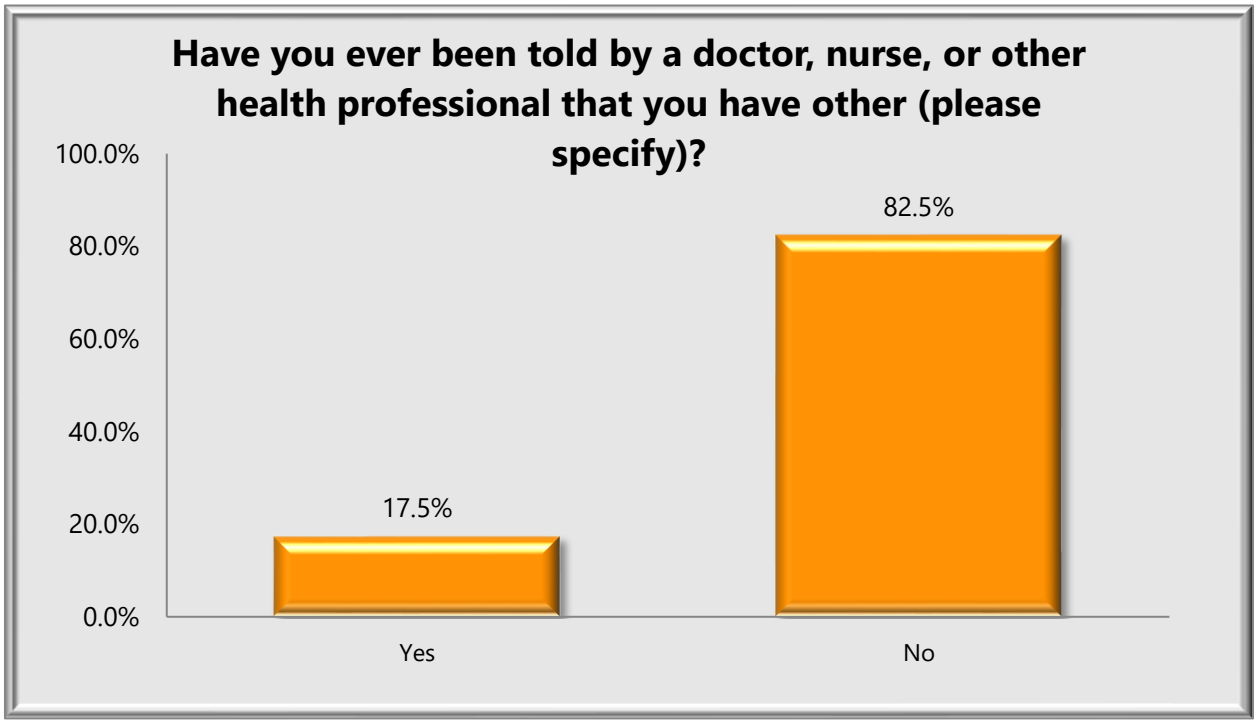

Have you ever been told by a doctor, nurse, or other health professional that you have stroke?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
1.1%
98.9%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
80.0%
60.0%
40.0%
20.0%
0.0%
32.5%
67.5%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have chronic obstructive pulmonary disease?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
3.2%
96.8%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
11.5%
88.5%
Yes
No

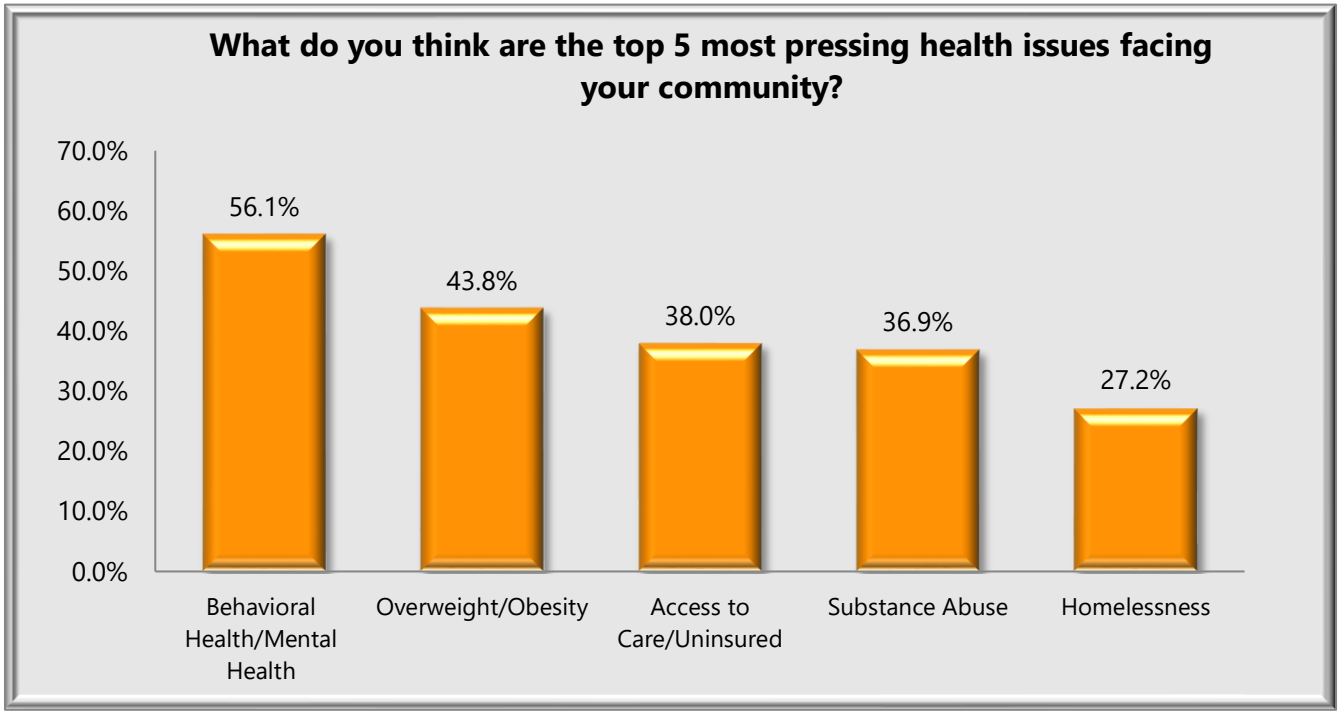


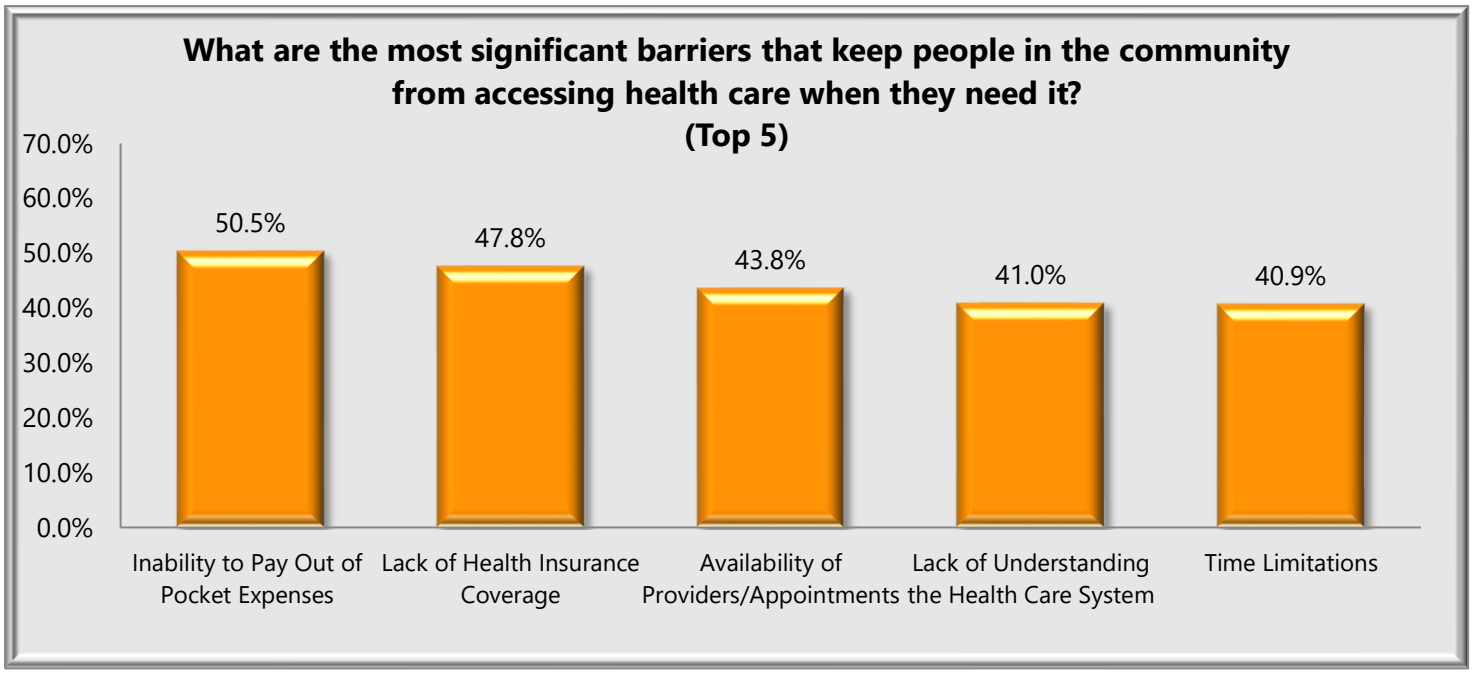


Responses to the question "Have you ever been told by a doctor, nurse or other health professional that you have other (please specify)?)" are listed in the following table.

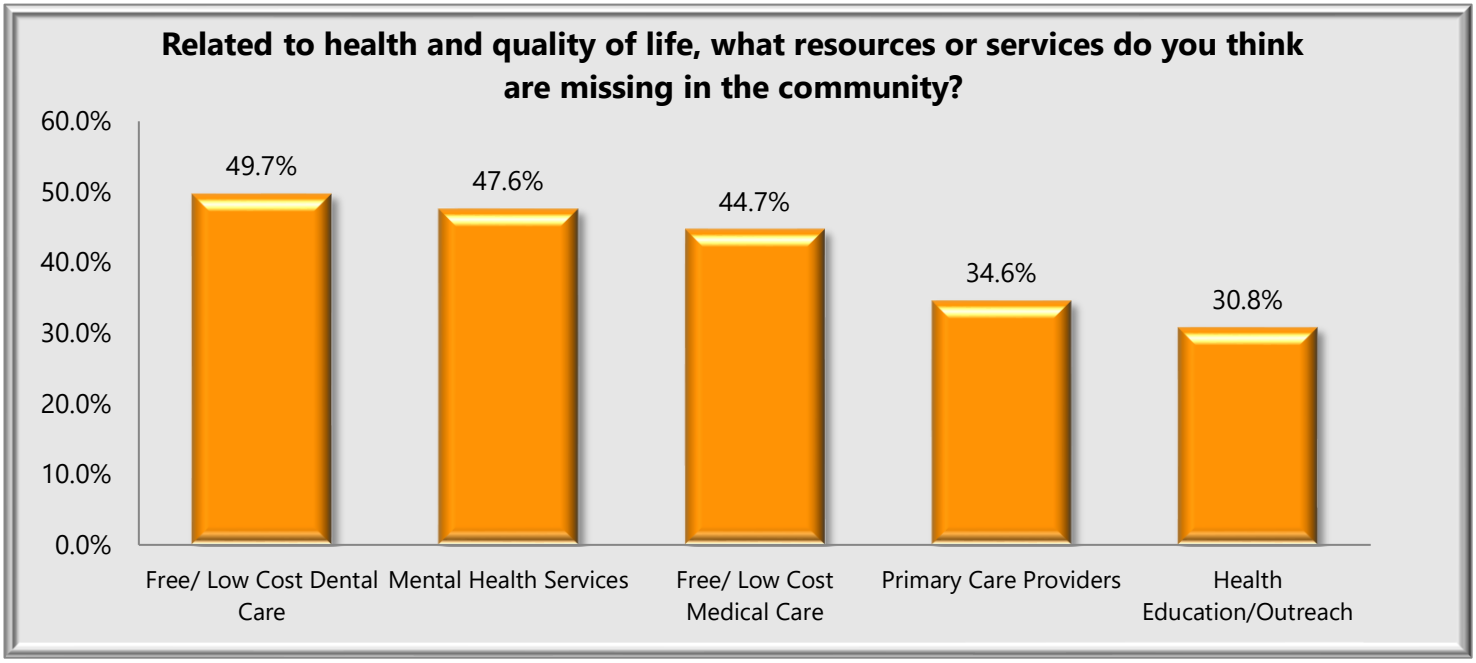
Have you ever been told by a doctor, nurse or other health professional that you have "other "(please specify)?		
Collapsed mitral & tricipital heart valve repair. a fib, osteoporosis	Psoriasis	Raynaud's, migraines
Hashimoto's	Partial Tear Rotator Cup	Orthostatic tachycardia, dissociative disorder with dissociative crises.
IBS	Crohn's, Benign Protein Urea, Lyme & Babesiosis	Migraines, menopause issues
Chronic Migraine and Eating Disorder (OSFED)	Acute Myelocytic leukemia in remission	hypothyroidism
Epilepsy	elevated triglycerides	IBS-C
PE,NF, POTS	Scalp psoriasis. Mitral valve prolapse, mild	Hiatal hernia
ADHD	diabetes, a fib	Hypothyroidism
Overweight	MS	Stomach aneurism
Thyroid disease	EXCESSIVE STRESS	Glycogen storage disease type 9a
Thyroid Condition	low vitamin D, obesity, PCOS, migraines	Chronic migraines
Glaucoma bradycardia	Neuropathy	Traumatic brain injury
Epilepsy	Iron deficiency anemia	Cushing's syndrome
Multiple sclerosis	Migraines	Thyroid
Kidney disease	gastro	PTSD,ADHD
Kidney disease	Overweight	Sjogren, Reynaud, ITP
Psoriasis	Capel tunnel	Vascular artery disease
Allergies	Thyroid Disease	Type 1 diabetic
Uveitis problems, eye inflammation	Prediabetes	Osteoporosis
Pots Ehlers Danlos,Migraines seizure disorder	Migraines	Psa. Fibromyalgia
Thyroid disease	PTSD	Hernia
Migraines	osteoporosis	EGPA
anemia	Exposer to UV, Microwave, and low frequency noise pollution	Fibromyalgia
pre-diabetic	End stage renal disease	OSA
Herpes (genital)	Cellulitis	Thyroid high blood pressure
Hypothyroidism	Urine infection	Parkinsons
Prediabetes	Migraine	

Pressing Health Issues and Barriers to Accessing Health Care

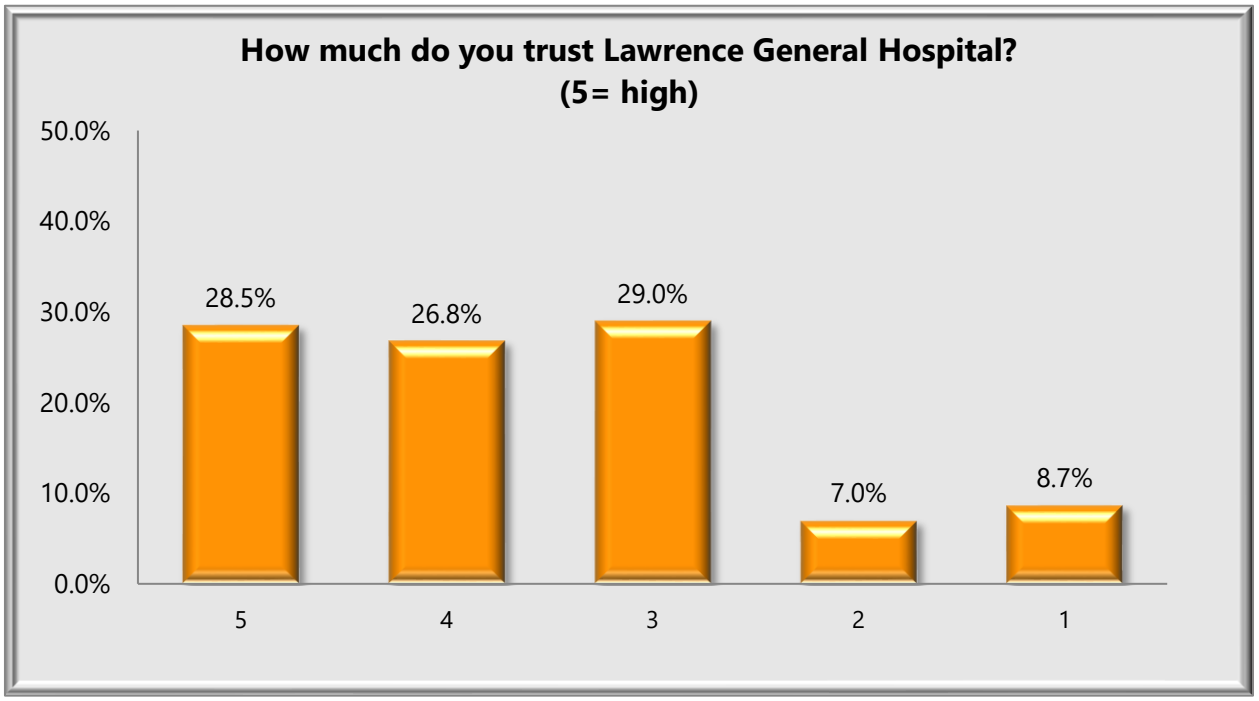


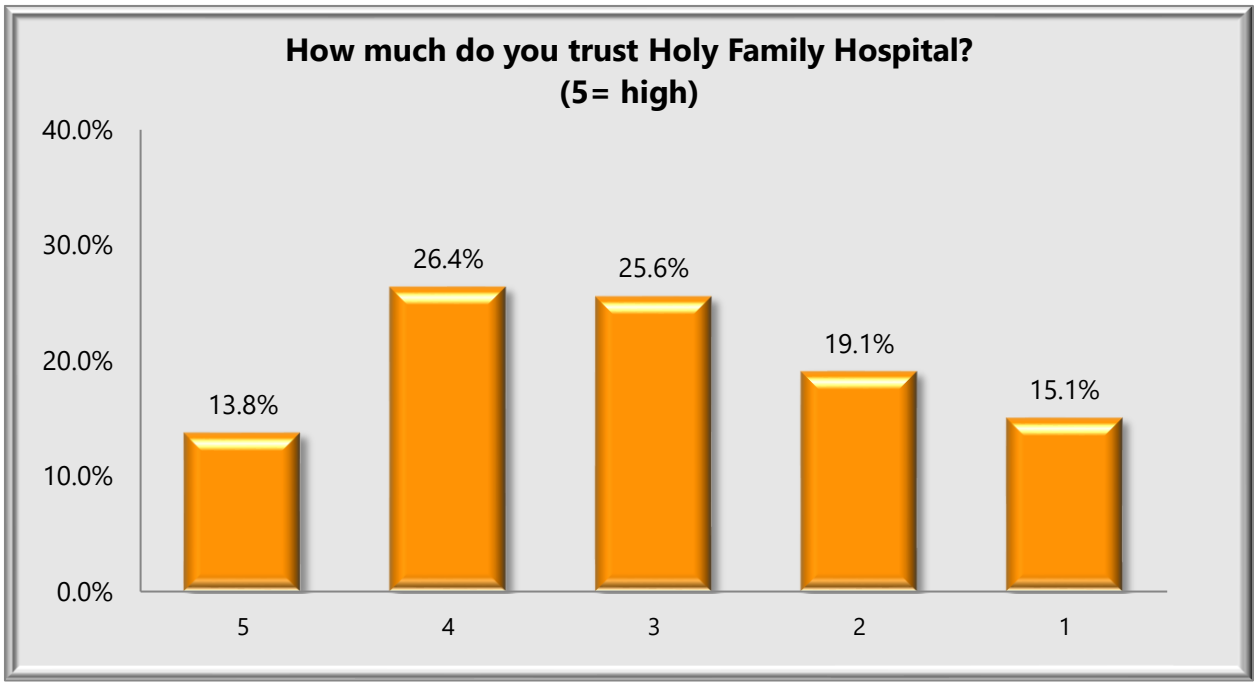


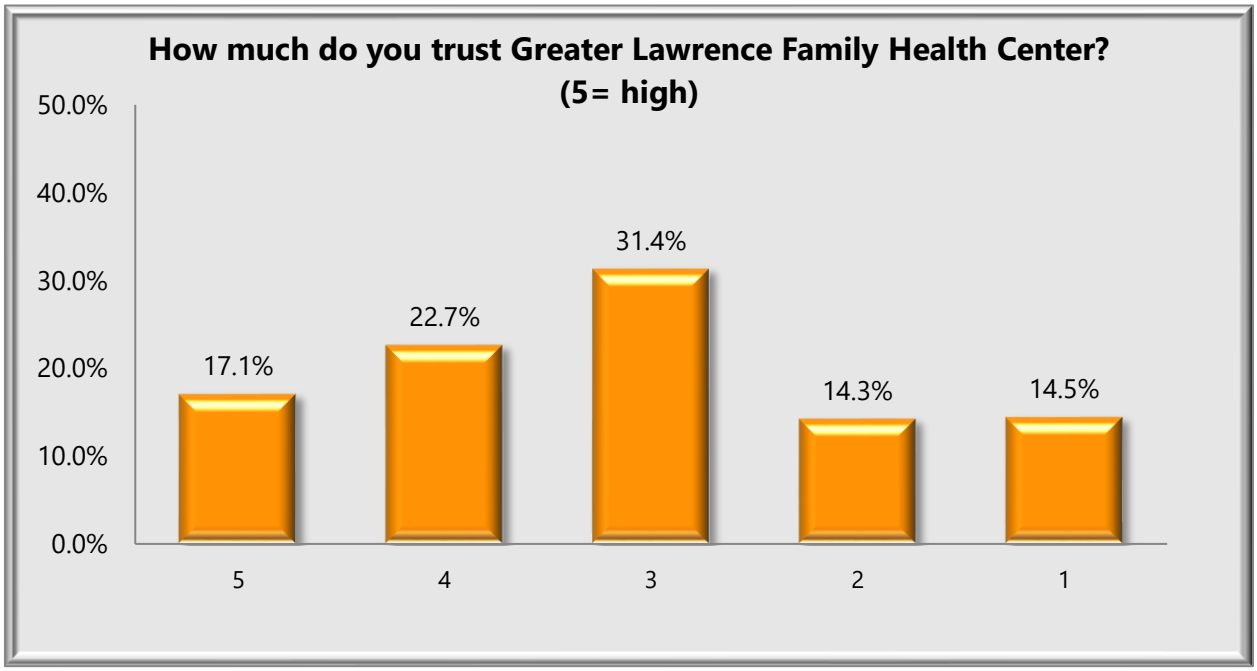
Missing Resources



Issues of Trust




How much do you trust Holy Family Hospital?
(5= high)
40.0%
30.0%
20.0%
10.0%
0.0%
13.8%
26.4%
25.6%
19.1%
15.1%
5
4
3
2
1


How much do you trust Greater Lawrence Family Health Center?
(5= high)
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
17.1%
22.7%
31.4%
14.3%
14.5%
5
4
3
2
1

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
What suggestions do you have to improve the community?
With the federal government imploding, I think we need to use our hospitals and GLFHC to bring clinical services to the people who need them the most. I have great health insurance and access to care; the people who are most vulnerable do not. We also need to divert ED visits to Urgent Care sites so that the EDs can better serve the emergencies.
I think it's important to focus on making healthcare more affordable and accessible for everyone. We could also really benefit from more community wellness programs that promote overall well-being. It's key to address the bigger picture, like housing, nutrition, and education, which all play a huge role in health. Strengthening mental health support services is also crucial, as is creating safe places for physical activity, like parks and recreational areas, to encourage a more active lifestyle. The best way to make these changes stick is by working together with local organizations, schools, and healthcare providers to ensure that everyone in the community has the support they need. This is how to improve health in Lawrence, MA.
The cost of medical insurance is putting a financial hardship on the population. Health insurance should not be and is not an option or a choice, it is a necessity. For example, in my personal situation, I make $57,000 a year for a family of 5. I do not qualify for any assistance. Through the Mass Health Connector I was quoted the monthly amount of $1,400 per month for health insurance. I cannot afford it. I was able to get insurance through my employer and the monthly amount is %821.52 per month. Now I do not have enough money left to cover my rent and food. When I apply for services since I work, I do not qualify for anything. The cost is too high and creating a hardship for many families.
PCPs need to open their office to more sick visits and stop sending patients to the ER
Access to Primary Care Physicians Access to affordable health plans and Copays Improvement in communication between PCP offices and walk in clinics/EMRs
Better access to medical care and regular checkups to monitor health Case Management for complex medical conditions Provide public awareness events for different medical conditions like cancer, diabetes, chronic medical conditions and environmental issues affecting our health for instance lead prevention and quality of air.
Housing options
People without health ins should not use the hospital ER like a PCP office. causes long wait times.
Having Sex ed classes for the community can help reduce the spread of diseases amongst our youth who are unaware of the precautionary measures that can be taken. In addition to these services, we should have more information/ workshops and conversations centered around services (mental health/ behavior health, and physical health), addressing the dimension of health needs for the community. Breaking the negative correlation between mental health services and how it can affect employability, and more is key to a successful community in need. Additionally, educating our community members on accessible space for those with or without insurance is key.
1. Hire more behavioral health clinicians that have expertise around eating disorders and body image issues 2. Hire more Spanish-speaking clinicians 3. Hire Community Health Workers to educate the community about basic health issues in different languages (e.g., Spanish, Haitian Creole, Khmer) 4. Implement more adult-friendly playgrounds 5. Clean the city 6. Clean the parks and have security or cameras installed
You shouldn’t have to wait more than 2 hours to be seen at an emergency room.
On a serious not and not to be funny. Don't get sick. Take care of your health.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Keeping all services local to this community in order to keep our community safe and ability to care for all our members of this community here at Lawrence General. Not all have transportation nor is there enough ambulance services to provide safe delivery to other community hospitals for specialty/care
Have services available locally to residents of Lawrence and surrounding areas.
Keep MCH services within local community to have better access. Limit unhealthy options for state funded grocery assistance. increase health education and promotion.
Keep MCH at Lawrence General Hospital, this community needs our services, our population would suffer greatly without these services being available.
Stop seeing patients just as another number and think more about the patients. Put the patients need first and involve the community with community health problems and solutions.
Preventive healthcare. Promoting healthy lifestyles. Focus on addressing basic needs. Ensure us access to healthcare. Promote equity in the health care. More healthcare facility. More hospital around the area.
1.) Don't move the maternity unit to from Lawrence General to Holy Family Hospital- bad for all!! And don't close the Pediatric Unit! 2.) More mental health facilities with easier access for all 3.) More Prenatal classes for families 4.) More food availability to homeless
We need to get high processed and sugar filled foods out of the schools. We are killing our children with high carb/sugary fake foods. Only foods with less than 5 ingredients or whole foods should be fed to children. Remove all artificial dyes from foods that are available in schools, they have a negative effect on behavior and intellectual ability. Fix the food and most of the chronic health issues in the community will fix themselves.
Do more to help people who are not eligible for public assistance.
I think that the health insurance should have more coverage. Facilitate the service of medical specialties. And offer more support to people, no matter their legal status.
Starting from eliminating businesses that sell items to vape.
Quicker with customer service.
More specialists in the area, it’s a very long wait for appointments, especially for children and adolescents with special needs; more affordable insurance, low-cost dental.
Better, low cost and easy access to basic health care for all, especially for low income families, the elderly, the homeless and the mental and physically challenged.
A lot of patient education. This community lacks education on health and what to look for and just use Google to 'solve' their health issues. Also teaching what the emergency department is really for and what the clinic and urgent care is available for.
Create a large Functional Health practice to cater to health-aware patients who want an alternative to the horrible PCP situation right now. Create a Practice that would be able to take insurance and offer out of pocket services that are found at other concierge and functional medicine private practices. Set the Merrimack Valley apart from other communities! Partner with acupuncturists, nutritionists, health and wellness gurus, vitamin and eastern medicine practitioners. Make functional medicine with global care payment models an innovation in the Merrimack Valley! Create a Merrimack Valley Board of Overseers made

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
up of health experts in the area to drive proactive health activities and drive funding from outside sources and the US Dept of Health and Human Services. Bring in Functional Medicine! Happy to share more ideas.
More health with diabetes care
We really need a sound care clinic back in Lawrence. HF in Haverhill has one but it's always very busy
Use telehealth since the availability of specialists has decreased due to consolidation
Have more providers that are racially competent. Also services/appointment schedules are respected.
Don't eliminate holy family Haverhill it is needed in this community
There is such a shocking lack of good PCPs, especially for women and for the elderly. Many decent PCPs either are no longer accepting new patients, are about to retire, or are a distance from my town of North Andover, MA.
Working in a healthcare system for over 30 years. Communication, hiring people that enjoy their job, taking the time to help the community, it all starts with our employees that work with this community. I see the frustration of patients every day.
Keep Merrimack Valley hospital; put money into it to restore it to be a fully functioning community hospital
More specialists with early or late appts for the working class. Higher educated specialists so that I don't have to go to Boston for care. Mental health and substance abuse needs to be assessed starting in grammar school. The children will fill safe to discuss and problems can be navigated early on. They do this for weight etc. mental health needs to be a priority so they are taught early they are not a burden or carry a stigma. Financial help should be offered to all patients. A working class family will avoid care because of the high deductibles.
More programs for substance abuse, hire more doctors and other health care employees to combat short staffing and delayed care
Improve hospital care
Visiting elders who live along, helping them with shores. There is a lack of understanding in the community of what is health quality and how can they improve it. Housing conditions are not the best. Often times these housing units do not meet minimum standards. Frequent educational and preventative community engagement through activities and info sessions. More mental and behavioral health interventions in the community, such as health fairs, forums, and direct care in their neighborhoods or districts. I've seen many people hoarding in their homes and they don't even recognize that as a safety and hazard issue for them.
I truly believe pt education is severely lacking in all communities ..more education is needed on current illness and resources ..I believe 'we' as a society cater to much ..pts need to be taught... to be their own advocates and take more responsibility in their healthcare instead of 100% dependence on the current system...I also understand there are those who need to rely on society such as our elderly population which is increasing by the day...
Focus on mental health, Healthy lifestyle teaching- nutrition
More telehealth to reduce unnecessary trips to the ER for what should be handled by primary care. more preventative Health Education offered by MassHealth or Private Health Insurance providers and in the public schools.
That medical services are not so expensive
Fee or low-cost assistance programs for immigrants
Have or put more emphasis on the elderly and children

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Implement programs such as living a healthier life.
English classes with bilingual teachers
BETTER CARE WHEN WE STAY IN THE HOSPITAL
Customer service
Listen to the staff as they have valuable inside views to improve the overall health and well-being of patients and employees. Need to have more town hall meetings encouraging staff to share their ideas and concerns. Need to have a contest and reward for best ideas that can be implemented to improve patient and employee satisfaction. More Indians and less chiefs.
Windham is a fairly affluent community but mental health seems to suffer regardless, especially among youth - rates of anxiety, depression are very high.
Direct patients to the correct care and reduce unneeded ER visits
The Merrimack Valley needs more psychiatrists and behavioral health clinicians. Prescribe medication that help rather than giving all pts the same. prescribers need to be aware of the side effects rather than assuming there are none. a better medication for anxiety. prescribers treat all problems with Gabapentin.
More caring provide and better health care on hospital
Faith-based
Our system can't support the community members if people continue to flood the community who are not taxpayers. Spreads resources far too thin.
1-Have more staff available so professionals are not overwhelmed when taking care of / assisting patients . 2- More programs to educate the community because if we are conscious and educated chances to improve as a community in general will be higher and will bring us to a better place. 3- Preventive care/education programs, instead of treating care.
The community in Lawrence and the surrounding areas is facing a significant challenge with a large homeless population and a severe shortage of shelters for those living unsheltered. There is also a pressing need for improved mental health services as well as primary care, including accessible healthcare providers who are physically available to see patients. Many individuals seeking care do not have reliable phones for telehealth appointments, and some require in-person visits for proper evaluation and comfort. It's crucial to bring healthcare providers back into the offices to meet the needs of the community effectively.
None
More preventative services and education
Maintain supervision and training. More responsive people. They act as if they had scheduled and referrals take a long time and for specialist appointments, it’s always a long wait
Get information out where the community can have access to learn
Offer better medical help at the local hospital. Update equipment and availability . Invest in the community
I feel obesity causes heart and stroke issues for most. Reducing or cutting back on smoking and poor diet habits, will improve overall health in the community.
Primary care facilities providing appointments to patients when needed
Don't close Haverhill hospital to acute care services. Which had already happened.. the elderly will have no place to go.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Open a walk in clinic on a sliding pay scale for fees
Flexibility from employers for employees who work after business hours so that they are able to go to medical appointments/seek care. Health insurance coverage/lowering the cost More help for people in need of mental/emotional help.
There is a lack of availability of appointments, doctors and even space at the ER
The community needs more primary care providers to care for patients so that the very sick members of community can get timely care in an emergency department.
I think that nutrition education is lacking and that the food industry in general is taking advantage of people's lack of knowledge of real nutrition.
Primary care offices preventative education. Community centers education and resources activities.
Make it easier for providers to enroll into the insurance that is offered to the employees. Expand the community of physicians for New Hampshire employees.
Based on some things I have seen over all in the local communities, it is very hard for even we skilled medical professionals to navigate today's complicated healthcare system. The person on a limited income (even more limited than those of us taking this survey..) and with limited understanding of the endless changes with 'tiers' and allowed providers, does not have a chance to get the care they need without racking up big bills. My secretary got an EGD at the Orchard where her GI MD referred her, and later learned it was not a preferred provider. She then was sent letters asking for more money because she owed more than insurance paid. The docs should help their patients and not try to just take their money . It was the actual doctor who sent the letters too. (prob. not legal) . So.. we should keep an eye on our MDs and the Stark Law for one.
Mental health services and homelessness resources , drug & alcohol rehab services senior citizen services
Offer more clinics with a LOT of advertisement to make people aware of what is being offered. Bring the mobile unit to other communities not just Lawrence. Let the communities know that they are cared about as well as Lawrence. Offer more free screening for preventative care. Educate regarding certain diseases when these clinics are being held, diabetes, heart disease, heart failure, etc.
People need to be more accountable for their own health care...self-advocate...people are in need of education
Have more education on the proper way to use the health care system, many come from countries that do not have Primary care doctors so they come to Emergency Room like a clinic. They need to understand in any language when to use the resources and how to use the resources. That said we need to have appointments at clinics for them to get seen, they should not have to wait months to get in to see a doctor, NP or PA for fevers, sore throats, and cold symptoms as sick child visit.
Communication and more resources to those who needed it
I HONESTLY DON'T KNOW. YOU PROBABLY HAVE TO START IN PUBLIC SCHOOLS WITH MORE SCIENCE LITERACY AND MEDIA LITERACY, AS WELL AS MEDIA CAMPAIGNS HIGHLIGHTING MEDICAL SUCCESS STORIES TO BALANCE OUT THE ANECDOTES [OR OUTRIGHT LIES] THAT GO AROUND. YOU ALSO NEED MORE TRAINED MEDICAL STAFF AT EVERY LEVEL, AND THAT COMES FROM BENEFITS AND PAY.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
This community needs more mental health services and availability to doctors especially for those of us who don't have MassHealth it's almost impossible to get a md appt in a timely manner; and forget about specialists or special testing like an MRI - also the cost of out of pocket expenses is crazy as the deductibles just keep rising - Obesity ,hypertension, diabetes women's health issues during pregnancy and drug use are rampant and need to be addressed - Also it is nuts that LGH is moving their maternity and other units to Holy Family who now has a crap reputation, is harder to walk to and routinely does not serve the Hispanic population and lacks services like translation services to provide any quality of care.
More mental health services in patient for juveniles and counseling More shelters for families and individuals More nutritious meals for families
More mental health, especially pedi mental health, providers in area. More culturally aware vaccine education to convince parents to fully immunize their children following AAP guidelines. More culturally aware education about importance of behavioral/mental/developmental healthcare. More pediatric subspecialists in area.
MORE MENTAL HEALTH HELP
The answers that I gave about my community are not necessarily what is going on.....I am not sure how to access information on what is lacking in my community. So in actuality, this survey I took is not necessarily accurate.
There need to be more providers as well as more providers that accept all insurances and no insurances. There needs to be a better system of how appointments are given out as well to help provide patients with appointments in a timely manner. There also needs to be some kind of way for patients to better access the appointments i.e. transportation and childcare.
There hasn't been much of a community focus on the impacts of the environment or climate on health- getting hotter, air quality, pollution, etc.
Better access to PCP and other doctors
Law enforcement; Drug use is up and free care abuse is up. Hold abusers responsible for their actions and vet the capable non-seniors to get a job rather than live off the state and free care.
We have a lot of patients who can't get care due to poor understanding of the health care system, no transportation, poor understanding of the importance of care, socioeconomic issues. Patients need more education on health care and easily understand how to get transportation to appointments. Those are the biggest barriers we see here. Our patients not only are medically complex but their lives are also quite complex which affects their frequency in care.
Education of the people in the community regarding health care.
Promote Nutritional alternatives to junk food. Limit non-nutritious food for publicly funded programs. Promote the advantages of breastfeeding through social media etc.
That waiting times for appointments are shorter and wait times in emergencies are also shorter.
None
To be intentional about finding creative ways to ensure that the information and the resources are getting to the community.
Need affordable housing Need easier access for mental health services
Increase access to primary care providers.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
There needs to be a focus on promoting health education
Shelters are needed to get people out of the elements that are negatively impacting their physical and mental health.
1.Increase Health Insurance Coverage . 2. Expand access to primary care. 3. Promote preventive care and health education. 4. Address mental health needs .
Consistent health messaging in a personal way. Initiatives that engage and motivate participants to make healthy choices. More bilingual mental health services. More primary care doctors. Shorter wait times for appointments at the clinic.
Follow up after doctor's appointments. conversation about expectations and need of compliance review of medications and actual need of them after first prescribed. follow up with taking medications as prescribed. b
More education regarding the health care system
Whole new federal administration
More community outreach
In working with and advocating for families with children that recently received Autism diagnosis, there is a lack of follow-through support for them from medical providers to share service provision resources, even if their knowledge of community resources is minimal. There are typically recommendations for seeking ABA services or additional evaluation through the Public School but no follow-up with the family on how to do that or where to start. It is assumed they will know how to start applying and seeking providers. Head Start has been intensively supporting families to get these services initiated with programs that specialize in these therapies, but when a provider calls to ask why a child has not been evaluated by Head Start or received specialty services from Head Start, it is concerning.
Mental Health Is raging in our community and even though there are services around they are very hard to find and not many people know about them. It needs to be very well advertised and affordable.
We need more medical offices. We need low cost dental services. Also, we need low cost medical services. We need affordable medical and dental services for undocumented immigrants in the Merrimack Valley area.
It would be good for the health insurance to have more coverage, to cover the specialties and also to make it easier for people to obtain the necessary medicines.
I have nothing to say.
Facilitating faster specialist appointments for patients
We are bringing more doctors
I think the best action to take to improve health in my community is provide more medical insurance.
Free clinics for general health and dentistry
Quality hospital with quality emergency room.
Have tier system of hospitals and other medical programs. Everyone gets medical help but just in different places depending on their socioeconomic needs.
Multilingual healthcare information about the benefits of exercise, healthy diet and the immediate dangers of substance/alcohol abuse.
None at this time.
Hospitals should offer free health screenings at various community events. This would reduce risk of disease and reduce the costs associated with those diseases.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
I have lived in Northern Essex county since 2003. At that time I was younger and earned considerably more income and so did my wife. Now my income has plummeted and our marital relations are in a tangle. This has occurred due to having chosen this area to purchase a residence. I placed $35,000.00 down. Now I could afford a cup of coffee. Sometime you lived in bad places and fall among a bad crowd. I have been beaten by the Massachusetts State Police, shackled, denied health care treatment, and told to like jobs that pay only subsistence wages. My right are a by gone notion that with the American Dream has evaporated like water on hot pavement. The local municipal worker trap on my property right as if they own it not me. I have had dogs run at me on my property. One bit me will I was in my driveway and started shaking as if to tear off flesh. Now I'm I told to take my meds that I am mentally ill. In my youth I served in the US Army in 'The Old Guard' and the 101st Airborne Division. I do not think I crazy, although a label can stick whether it has benefit or harm. I no longer trust in any one but god. In a way isn't that what George Washington said in his inaugural address.
Single payer healthcare
Be alert to those who may fall through the cracks: unhoused, mental health issues, language gaps.
Bring down cost
We need more primary doctors and specialists at lower cost . Unfortunately health insurance are not covering a lot of tests, etc..
Inclusive health care and increased access.
increase the number of Primary care providers Make health insurance more affordable for those who don't qualify for state assistance Make quality health care affordable and available
Promote communication about substance abuse and mental health. Have more providers to address these issues, especially for the younger generation. Isolation is the biggest challenge for seniors. More community building activities that help to bring people together.
Low cost dental assistance/ low cost access to hearing aids/ information translated to multiple languages / advocates that can explain health care system / empathy
Creating a system that is easy to understand.
Educating the community in a language that they understand and can better understand how to do things; scheduling medical appointments and following them up would be very helpful. In addition, they should be educated about preventive health to prevent them from contracting the disease severely or chronically. A care unit could be assigned that explains the analytical results and different tests that are carried out so that patients are not left with doubts about the results.
Need more PCPs and specialists. So many have left the field in the last few years. Also faith needs to be restored in the hospital system after what happened with Steward.
I think it would be helpful if there were more primary care providers available.
More advertising about obesity, drugs, and homelessness that have become a big problem in our community.
That they try to make the appointments for specialists and general practitioners a little shorter.
Lower medical costs. They are very high and dental the same
In my community everything is fine I do not think it needs to improve but it has to have better prices. To get your teeth done is very expensive, e.g., for dental implants

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
A continuous promotion of health services, in places where low-income people reside. For example, at schools, sports centers, adult schools. Improving communication is basically for a safer and healthier community.
So far, I feel very satisfied with the care they have given me.
We want more specialized doctors, nurses, specialized healthcare staff and friendlier staff for the patients.
We need more providers in the community. There is a 6-12 month waiting time for a new patient appointment with any PCP in the area. I had to get a special deferral from my health insurance to continue seeing my out-of-network provider because I could not get a single appointment within 6 months and I had medical conditions that required regular maintenance.
I live in an affluent community. But I'm not rich. I have Wellsense for insurance and it's impossible finding doctors to take my insurance. That should be improved so I get better healthcare
Affordable health insurance, waiting too long to get an appointment with a specialist. Health costs in general are too high. Prescription costs are out of sight, especially biologicals which is so vital to many people. Insurance companies that only think of profits & not the person that they are denying on something that might be life or death.
To improve health in our community, I believe LGH, HGH, and GLFHC should focus on making healthcare services more accessible and affordable for everyone. Organizing fun community events that encourage physical activity can help us stay active together. Additionally, providing education on nutrition and mental health in a friendly and engaging way can make a big difference. Creating partnerships with local organizations like the Merrimack Valley Y or Lazarus House could be incredibly beneficial. For example, if a doctor recommends more physical activity, we could have a partnership similar to NECC with the Y, where participants pay just a dollar a day to access the gym and start building healthy habits. With Lazarus House, we could collaborate with their pantry to not only provide basic foods but also teach how to turn these foods into healthy meals. Additionally, working with Groundwork Lawrence to create a brochure or page for doctors and other health workers to use with their patients to highlight the green spaces available in the community. This can promote outdoor activities and a healthier environment.
We need more doctors who accept MassHealth. MassHealth also needs more dental care plans. Dental should not be considered cosmetic all dental procedures should be covered in some way.
Increase number of PCP
Strongly suggest that Holy Family staffing receive additional training in HIPPA. It's total lack of professionalism in that hospital. Patient care is discussed openly in all public spaces. Staff while not rude-gossips openly and notoriously. This is done in hallways, elevators etc. It is like the 1970's. I do not and will not use this hospital and will be transferred out as quickly as possible.
1. Lawrence General Hospital should engage in an active partnership with one of the academic hospitals in Boston. 2. There should be active and aggressive fund raising to improve the health facilities in this area. It is a shame that the health care facilities in this area are substandard in comparison to the world class institutions in Boston. 3. Health care provided by Holy Family Hospital emergency department is substandard. Recruit and retain excellent physicians.
I think my community has good, available health care services. People do not always take advantage of these services.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Fortunately I am an 86 year old woman in good health. Mental health seems to be a major problem in our country. So many have so little help and it is showing all over the world. Children today (most not all) are not taught manners and expect everything to be given to them. Mobile phones are wonderful but most people cannot be without them. Schools do not seem to be teaching the basic reading, writing and arithmetic. Yup I am old school. I am a mother of four daughters, grandmother to nine and great grandmother to four. Parents need to be parents not the children's best friend until they are adults. I was taught respect and so were my girls - I cannot believe how children speak to adults and teachers. I could go on and on but will end this here.
Need local hospitals to remain open especially for primary/preventive care...also need community transportation to the local hospitals
Access to a gym for pre-teens , obesity is rising and once you can bring your child to a gym due to age , bad habits have formed already or it's harder to lose the extra weight
Insurance to cover more like prescriptions and copayments for patients
We need more rehabs for substance abuse and mental health issues, better mental health care, easier access for those who are homeless, lower costs on healthy nutritious food, more support for our youths mental health
Enforce traffic rules. I have witnessed a great deal of reckless driving that endangers innocent people. Promote literacy. This is the big one. People who can read are healthier and practice better self-advocacy.
More admins and operations people are needed to help patients navigate the insurance landscape and advocate for the patient.
Change the healthcare system by letting doctors make the decisions not the insurance companies
I find that most of these doctor leave and u get. NP which is not bad but they leave also we need doctor that stay
Specialists in one building with primary care.
Offering health insurance at low costs, including dentistry. Low cost insurance giving insurance to low-income people
Better accessibility to information.
That they have more doctors available to attend to the patient and make medical appointments in a short time.
Have more primary care centers for people with limited resources.
Improving health in the community would mean more primary care physicians, nurses and community outreach. It would mean awareness of understanding that a portion of the population does not have access or understanding of the internet (seniors in particular). More efficient telephone service-less time on hold, quicker response in returning calls. Transportation to and from appointments, since bus service does not always run in all neighborhoods, is critical and taxi service is expensive.
More PCPs and specialists. Ability to do cardiac caths, stroke treatments via interventional radiology.
Vaccination clinics should be offered to complete the basic care for children and adults. That a low cost or free transportation service is offered for people who need it. That a person is there to help with the language
Mental health clinic CBHC closer to Haverhill, the one for Haverhill is in Danvers (40 minutes away). Same day appointments would be good (walk in time maybe?)
Teach the community when NOT to use the ER! Most of the things they routinely show up at the ER for could be dealt with through urgent care facilities.
waiting a long time in ER and in far appointments
Everything cheaper

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
More informative sessions on various issues available to the public — similar to DCS programs but on health related issues.
More health education programs especially for diabetics, importance of health screening and getting appointments sooner with providers not 2-3 months later
Access to lower cost higher quality/healthier food options.
I am 77.. All I can tell you is what I know
Being More Human. Having More Empathy
They should have more specialists. They should have more specialists.
Caring for the homeless and disabled needs to be a top priority across the board. The sooner they can get proper care and support the sooner they can get healthy and live better lives.
What could Lawrence General Hospital, Holy Family Hospital and the Greater Lawrence Family Health Center do to better earn your trust?
It will take some time to coordinate, but we want to see how the three hospitals will operate in the Valley, bringing equitable services to all three.
Clarify the long-term plan for Holy Family Hospital along with current staffing levels and services being offered. Provide more context to LGH's President leaving so abruptly.
Front desk and assistants are rude and judgmental. They don't get that people visit doctor's or ERs are stressed because the think they are sick, they don't go to the doctors just because. Front desks lacks empathy, kindness and caring.
Communicating with clients from the moment they walk into the wait rooms. Explain medical information in a way that can be understood. Have trained individuals that can de-escalate patients when they are feeling unwell, desperate, scared and are unsure of what is happening to them or their loved ones. More compassion is needed.
Be more professional and not let people die
Listen
Happy with care at LGH and HFH- recommend to patients and family. Use personally. I would recommend opening all available space at HFH Haverhill and Methuen to ease burden of current patient facilities and regain trust in the community of both facilities since concerns over Steward
Expand the pool of medical professionals and administrative staff from other communities and cities by providing incentives. Attend career events in the different colleges' campuses across MA and NH. Conduct regular focus group meetings with different communities like Methuen, Andover and Lawrence. Use radio and social media to educate the public in all the different services available to them.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
LGH is much too congested, something out of their control as they are considered the best within the area and the community understands they are doing their best. HFH has a bad history regarding their medical care, neglect, and even lack of empathy to the Lawrence community. Now under LGH there is hope of improvement for HFH to be more than a great hospital for childbearing women and include excellent services for all in need. GLFHC has a mixed reputation of physicians who are not diving deep into their patients' needs and only tending to the superficial issues, and patients feeling as if their physicians are not listening to their issues. Over booking is a huge issue with large wait times for appointments and difficulty in contacting the offices. Scoring higher than HFH simply because they are not a hospital and, like LGH, they are overpopulated, but there can be improvement with patient care and quality of care.
Implementing an annual training or a few workshops per year on building employee empathy, respect, cultural sensitivity, and communication skills. In particular, when it comes to elders and non-English speakers.
Better service from the staff and their friendliness for the patients
More public relations and having a representative go out in the community educated the public on ratings of the hospital and Center and what services they provide .
Allow for choice of hospital for care and not dictating which my family would need to use for specialty/services
Focus on the needs of the people that entrust their care to them be keeping services available locally.
Keep MCH within walkable distance to Lawrence Citizens. Thought to patient accessibility. Management to be transparent and increase more verbal, in-person communication through direct specific floor management.
Please keep MCH at LGH
Have more providers, be truthful to our community. Open more health care places don't close anymore. They should build close relationships with their patients. Create seamless experience for patients. Deliverer information in simple form. Overall BE TRANSPARENT!
Offer a more transparent care to all. Build relationship with patients and family as well. Focus on building connections. Better value based care. Building a better communication among the public and the health care institutions. Improve access to health care without long hours of wait time. We need more facility, more hospital more provider in our area. We don't have enough healthcare facility to take care of our growing community. A community that is unhealthy. We need more preventive care , work with our community. Don't close any facility, we need them.
Lawrence General Hospital has my trust and the GLFHC too although they are extremely difficult to get on the phone - Holy Family now has a poor reputation since they almost went under and had very bad publicity and needed to be saved by Lawrence General Hospital just to continue to operate. We need to come together and publicize the positive advances of each location. We also need strong leadership and support with the unions such as the nurses' union.
Stop using pharmaceuticals as the end all and be all. Lifestyle (food and exercise) should always be looked at first before drugs are introduced. Find what is causing illness rather than just treating symptoms. The whole medical system needs to change to a wholistic approach. Look for alternative treatments.
Hire more nurses, update hospital, make it more affordable for the middle class.
Make its services more efficient, strengthening the human and the social aspect.
Engage with more events
Service their patient better. Kindness, from front desk to visit with doctor. Doctors should take more time to talk to patients and meet their needs.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Speed at the front desk and better patient care.
Holy Family could really use Emergency Room Doctors that actually care about their patients and not just be a number to them. They should want to help any person that has come into their emergency room. My opinion they should all be fired and new doctors should be hired. Their lack of medical knowledge shows by how they treat their patients.
Providing information ahead of time
Maintain supervision and training. More responsive people. They act as if they had scheduled and referrals take a long time and for specialist appointments, it's always a long wait
More Doctors in the emergency department handling the patients instead of just Nurses or Nurse Practitioners.
Expand emergency facilities, the ER's look like a war zone
Bring the catholic chapel at holy family hospital
Create a unique brand of healthcare that supports PCP needs. Bring back proactive care.
Become more professional. When I go to the emergency department I can't tell who is a doctor or a nurse or an aid. They all basically wear street clothes. Seems like the nurses have attitude problems.
Provide more information, more doctors in the area
I've always gone to Lawrence General at the recommendation of my doctor. I've always had excellent results at Lawrence General. Holy Family has become known as Holy Heart Attack. I've heard about lots of people who got care there, were released and passed away in hours to two days.
When appointment times are scheduled, physicians attending patient on time.
Have services throughout ALL the hospitals
Don't acquire a hospital and then shut down all its services
Hire more staff in order to improve access to services. Provide such staff with the required training especially customer service skills.
Have better access to PCPs. Many nurses are wonderful, but sometimes I would like to talk to a doctor.
Hire more doctors and health care employees, invest in your facilities
I don't know enough about any of them.
Increase staffing… holy family Methuen needs radiology staffing to read and report MRI etc.… waited almost 4 weeks for results for a breast MRI , causing stress. I was told currently report being analyzed at Lawrence General , causing delays.
Providers should take time to listen regarding your health, better staffing responsibilities
Nothing
Lawrence general should hire better customer service staff to serve at the front desk. The wait period is too long even for urgent care services in all three institutions.
As a healthcare provider working w/GLFHC.. I hear on a daily basis...'can't get an appt for 3 months', 'My Dr left the practice and I was never assigned a new one', 'I don't know who my Dr is', 'when I called I was told to go to ER' (with non-emergent complaints)....WE NEED A BETTER SYSTEM!
Take less patients in a period of time and more quality care. Wait if too long.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Being trauma informed and treating patients with respect especially those individuals who struggle with homelessness, mental health disorders, and substance use disorder care is distasteful. I went in as an outreach worker to medically clear a client of mine and the first thing the nurse said this isn't a shelter I am not admitting her. I was simply looking for medical clearance as we had found a detox bed, but the client had open sores. She refused to treat the client due to pass history and security was called. This client did not get to detox that night. This was at Lawrence General Hospital emergency room.
Unsure. i only hear from others that they don't trust them. I've never been there. i only work in Lawrence. I don't live in the area.
Continuing to innovate by giving opportunities to the community
That they continue to provide the good services, as they are doing so far
Nothing, everything is perfect
That the service to the client is more efficient in giving the information to the client, and that the doctors who assist the patients are more empathetic
more rooms available and emergency doctors,
IMPROVE PATIENT WAITING TIME BECAUSE I HAD TO LEAVE QUICKLY BECAUSE I COULD NOT BREATHE AND THEY DID NOT TAKE CARE OF ME
Improve personnel
Respect and value the staff Provide the staff with good and affordable health insurance Understand the value of all positions especially the ancillary staff!
It is hard to get patients into GLFHC and it is the only place where those without insurance or with certain government insurances can go. I know it is hard to ramp up clinic capacity and PCP capacity, but honestly we need to figure out how to do this to regain trust.
Time to present quality data and harm index
Not keep Behavioral pts in ED for so long. that is why these patients go untreated. poor treatment, pts are often shamed and lack of facilities for quick transfers
Better patient care. Being more transparent with the community
The hospitals just need more time to organize their new structure. GLFHC needs to stop turning away patients who have health insurance just because there is an issue with the insurance companies.
To have a better services, caring nurses and overall compassionate staff
Improve on waiting time, customer service, enough time on appts with the patients, provide a quicker follow up on results and patients concerns. Schedule availability for appts that are far from the dates you make them.
Too numerous to name, but general care, wait times, communication are all issues I've had with LGH and HFH. Not so much with GLFHC
HFH not culturally competent
There are providers that take advantage of our uneducated population, patients are waiting hours just to see a provider that will spend 5 minutes with them rushing to get to the next patient. That is not good patient care. Unfortunately, our patients will rarely advocate for themselves.
I believe that patient need more staff that speak their language, also they need to decrease the wait time at the ED as it's one of the causes patient leave without being seen.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
The demand for healthcare providers is extremely high. Patients seeking care often have complex, chronic conditions, and the limited availability of providers—often only offering telehealth appointments—makes it difficult to meet the needs of the overwhelming patient load. Additionally, the influx of immigrants seeking asylum in the U.S. over the past four years has increased the demand for healthcare services tenfold in the Merrimack Valley Community. However, the staffing levels in this area have either remained the same or decreased, largely due to difficulties in recruitment or financial constraints.
Have better doctors and better qualified health care workers in general
Read radiology studies faster. Have at least 2 available operating rooms for obstetrics at all times in both hospitals.
Increase cultural competence
More transparency and communication (newsletter?)
Lawrence general should reduce the hours of waiting in emergencies, it is not possible to wait more than 5 hours to be treated. Holy family should acquire more employees to provide services. GREATER Lawrence, better staff, more competent, availability less than two months to see a doctor, better doctors
Find more providers
Offer good healthcare at all facilities
Get out into the communities they serve and keep educating young people. Also, get into the schools and put on workshops, demonstrations of having healthy living provides better outcomes.
Better policies, consistency, and proactive care vs reactive
GLFHC needs to be more flexible with appointments to their patients. LGH needs to provide better Health insurance to their employees.
Partner with Boston hospitals for better treatment and service.. I am not a fan of LGH an leaving my community to get better healthcare
LFHC never answered phones or return's phone calls. No follow through
Work in collaboration/as a team vs. against each other and ALWAYS practice patient center-medicine
I was born and raised here and was taught you never want to go to Holy Family, it was called Holy Fatality by some. I would never go to the Haverhill campus even though I live here. I would trust Lawrence with trauma/emergency care but I would go elsewhere for specialized needs. More advancement and upgraded health system like EPIC would make me feel like the hospitals are trying to keep current
Commitment to the needs of the community and good patient outcomes.
Offer better health insurance for their employees. Have more primary and specialist on their insurance .
Holy Family Hospital could change its name to something not religious and exclusionary.
Lawrence family health center has long wait times on phone and in person. Sometimes it's near impossible to reach a person by phone and takes days or longer to get a call back.
Improve quality of care
Better management. Complete overhaul of systems.
Provide enough services to help the population of the area

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Improve health portals. Allow patients to make appointments online -AND- have an electronic triage where patients can enter their concerns and a health care professional will help the patient access the right providers. If labs need to be drawn, they should be drawn BEFORE the appointment - not after. This involves trusting the patient. If the patient feels like they could have gallstones, let the patient get the labs. Most people are educated and have a clue. Let's not look at patients like they are ignorant to health. Also, if providers have a patients labs during the appointment, the provider will be able to efficiently determine next steps. For patients that are not good with portals, there should be a lean phone tree that gets a patient to a triage health care professional. Handouts and QR codes could be placed everywhere to make patients aware of the efficient portal. Also silly questions that must be answered due to CMS or other regulatory bodies should be answered electronically so time is not taken away from the chief compliant. (For example questions on pronouns and abuse: The responses could be recorded into the medical record. A 'yes' to abuse would flag the provider. A 'no' would allow the provider to stay focused on the chief compliant. LESS DISTRACTION = MORE FOCUSED INTERACTION!
Continue to provide personal service Answer the phone Work in teams Increase availability of appointments and hours
Communication between doctors treating patients. More thorough follow up, teaching.
New equipment in the holy family emergency room it's dangerous to staff and patients
Better advertising of services offered at both hospitals. Lure people back to HFH where the trust was lost.
GLHC could have f/up with their patient when giving treatment because many don't understand if it does not work you need to see the doctor again not show up to the hospital month later because the first treatment did not work.
Have more providers available and to provide proper communication between pt and provider
BETTER COMMUNICATION BETWEEN DEPARTMENTS, MORE STAFF, MORE STAFF TRAINING.
Don't move the maternity unit- Keep it at LGH where it belongs
Holy needs more reliable services
Provide better work environments for employees with better training and proper wages
Promote collaboration with the Big Hospitals in Boston for more serious medical issues.
HFH - change name to no longer be religiously affiliated, LGH - get more subspecialty providers especially pedi ones like PEM, GLFHC - get more doctors and less NPs, get more subspecialty providers especially pedi, 30 minutes per patient for all WCCs
This is a huge undertaking for LGH to take on 2 other hospitals when LGH itself relies on federal and state money to make one hospital stay above water.....now 2 other facilities that have not been kept up infrastructure wise or with services. The staff who care for the patients keep the grounds of the buildings working, and the Environmental services staff should have the appropriate number of staff members to do a good job and be paid appropriately so it is worth giving their all to make this work to care for the community they serve.
Lawrence General Hospital could step up and actually run the takeover of Holy Family Hospital much better. They could have had a set plan in place before buying the facility instead of attempting to fix problems as they arise. In a hospital setting with acute care, there should never be time when there is plans, procedures, products, and more that are unavailable or not working. I would maybe trust Lawrence General if they had a better system of support for its ancillary hospital.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Hospital sites need to improve transparency.
Better ED doctors when someone has a broken bone no surgery needed and is sent home with an anti-inflammatory medication and a lidocaine patch. Not strong enough. Or when someone goes to be seen due to pain in his foot thinking it was gout. Labs drawn he was told ' no' that it was nothing !!!! saw his PCP few days later due to pain not getting better and she looked at the labs and told his yes it is gout. THE ED IS NOT TREATING PATIENTS RIGHT
Generally, better care (rather than back and forth a million times before a specific testing and/or treatment is offered). Be vigilant, as in 'The treatment is working very good' so you can keep on the same treatment; where in fact the treatment is doing more harm! And as important, VET the patient's records and triage them appropriately!!! Someone who shouldn't be on free care, simply SHOULD not get free care.
I do fear the care my patients receive at GLFHC because patients I see are not being screened out to see the appropriate specialist. Most patients come to physical therapy; the physical therapist then screens them for other appropriate services. It causes a delay in care. Dizzy patients are not being referred to neurology or ENT. I am constantly calling back to GLFHC to have these pt referred elsewhere due to their complexity. I have had patients referred to me for dizziness but they have primary cardiac issues which are the cause of their dizziness. The referrals have not been appropriate although I am happy to screen so the patient can receive appropriate care.
EDUCATE THE COMMUNITY! Put signs up for patient's prior to checking in with registration; such as: Did you check your temperature? Did you try Tylenol or Motrin? Have you been drinking enough fluids? .....this may prevent a lot of the provider burnout hence creating a more happier work environment but also empowering patient's to be more independent and in control of their health status.
The staff should be friendlier and more sensitive to Latinos. Even though some people aren't polite or respectful, everyone should be treated equally, with kindness and a smile. This gesture reduces the tension and stress of patients who are already stressed with their health problems, especially mental health.
Improve processes.
Working as a physical therapist, GLFHC seems chaotic for patients(ie..long wait times on phone, difficulty talking to provider, over-scheduling at clinic.)
Hospitals: faster triage and placement. GLFHC: HC leaders are not open to change or GLFHC is all they know in their medical career (healthcare continues to evolve and they are stuck in the 80s) . RN don't work to their full scope (THEY ARE BORED)! MA get lazier by the day and also said to be busy and not working up to their scope (Getting dumber by the day) Front desk staff is being over worked and underpaid. The underuse of medical staff is ridiculous. No wonder why metrics are not met. Providers are seeing WCC in 15 minutes, expected to see walk-ins, no help with box management, no pre visit planning, wasted visits, provider over paneling , thousands of patient don't have assigned PCPs, no access, panels never close, Thousands of patients in our community seek care at the clinic and what are they getting? Poor care due to sensitive egos
Holy Family struggles with their response to mental health sections. HFH has discharged individuals before patient requested evaluations have been completed. HFH discharged a patient who was under a chemical restraint.
Improve Healthcare Infrastructure!

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
I know that times are challenging. But after a few visits to the LGH Emergency Room, that extended into longer stays at the LGH, there seems to be too many patients per staff. After being transferred to Beth Israel Deaconess, the frequency of nurse visits and the quality of care were far superior. So only in comparison do I find fault with the way operations occur locally. I don't know if our local options have the capacity or resources to offer the same level of care as the options in Boston. But they should be the measure of success.
Hire more customer service friendly staff that provide empathy when attending clients especially in ER/urgent care services.
Keep appointments and be more thorough in the diagnostic process. Sufficiently explain the processes to patients. Understand the population better.
Probably now with the new managing of the 2 hospitals, a new sense of cooperation between the 3 agencies can be the opportunity to bring about better service across the region. Not site shopping and better communication between the agencies could improve quality of care, better community engagement and hopefully a better service throughout.
For GLFHC - continuity of care with the same doctor. PCP changes too often.
Lawrence General Hospital needs a better ER department, more compassion when people arrive injured. Need to have assessments of need based on emergency issue. Greater Lawrence Family Health Center; they appear to think people have all day to wait for service. Appointment times are rarely met.
Refer to specialists earlier, take family complaints seriously
Work towards establishing deeper partnerships with community agencies or programs that support families with children and create opportunities to learn about program options that are being recommended for families to apply for.
Speaking of a particular location of a GLFHC clinic, constant changes of doctors is not good. After 1, 2 or 3 years, doctors leave, and another one is coming. I registered in another clinic because in short periods of time I had around 3 different doctors. I will also register my child in another center as well not GLFHC, she has had 3 doctors in less than 2 year or her life.
Greater Lawrence Family Health center needs more doctors and nurse practitioners. Lawrence General and Holy Family needs to provide a more efficient service.
Make people who request services, feel totally satisfied, when using them.
Provide better care to their patients.
Best available appointments at the best time
Please put more doctors
Quality emergency room with shorter wait rooms.
Better service and higher recovery rates
Not sure. Needs to improve reputation
More doctors, more timely availability of appointments. More community education and engagement.
I've only had direct experience with Holy Family. I've been there twice in one year; three times in the past two years. Each and every time there was a lack of professionalism let along no demonstration of empathy and compassion.
Tell me more about what you do, how you do it, build trust by building presence and awareness
Be more present in communities like Andover and North Andover.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Come out into the community and attend community events; present health seminars and remind everyone that they know what they're talking about. These hospitals probably don't deserve the reputation, but when we have all these big named teaching hospitals around, these little ones seem like they couldn't be as good.
They would not be my health providers of choice. I would choose University of Massachusetts Memorial Hospital -- they are more advanced and are the best in this state.
Single payer healthcare
More help
Improve morale among the staff
Staff can be rude, less wait time more compassion
Gets more primary doctors , walk in clinics and specialists .
Increases staffing to decrease wait time. Increase access.
I really don't know too much about any of these medical providers. I would need more information - better marketing perhaps.
Prefer to use BILH network
Have more providers and medical professional who are engaged and caring. Shorter wait times. Build a better reputation by providing resources that calm the patients in the hospital setting like having chaplains and volunteers who help the patients.
Introduce themselves to our community/ translate information so the entirety of the community can know more them / have access to translators for in office visits
Better quality providers. Holy Family Hospital in Haverhill is a scary place. I wouldn't go there ever.
I was admitted to Lawrence General several years ago for a colon bleed and then was fed a meal before the colonoscopy. I objected but that was on the order. I don't know what to say about such a mishap 🙃
Improve staffing and retention. Holy family Haverhill is awful.
Improve communication between doctor-patient, as well as the interpreter service that if they understand Spanish well because most of their patients are Spanish speakers, some of us are learning English but it takes time to speak or understand it.
Unfortunately, I had a negative experience at Lawrence General. My mother was there a few months ago, with a blocked colon, along with a case of COVID. Though the staff was nice to her, they appeared to ignore her blocked colon and seemed to have the idea that she was just going to die of COVID (though COVID has become mostly non-lethal). .... They allowed her to languish for days with a blocked colon. It was a terrible, torturous thing for her to endure. .... Eventually my brother-in-law advocated for her to have surgery to unblock her colon. Lawrence General could better earn my trust if I saw a more on-the-ball approach to addressing acute health emergencies.
Fix the ER - horrible experience - over crowded, discharged without proper care- lost lab results ended up spending a week at another hospital due to delay in care
Better communication with their community.
I understand that everything works very well, the times I have visited any of those centers it has been easy for me and they have treated me without any problems.
Be a little bit more friendly
They are all Good but I like it or Lawrence general because it is bigger
The issue is the number of patients and waiting for specialist services

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Let them continue as they have done so far.
At the moment I have waited an hour but they don't cover everything for my illnesses or medicines and for my dental work they don't cover.
Well, take care of the patients with more kindness and pay more attention to what the patient actually has and give the correct diagnosis. Check well actually what you have those people
Update the hospitals so inpatient stays are more comfortable.
To better earn my trust, Lawrence General Hospital, Holy Family Hospital, and the Greater Lawrence Family Health Center could implement a more efficient emergency room triage system. This system would ensure that patients who do not require emergency room services are promptly transitioned to urgent care. This would not only reduce wait times but also ensure that emergency resources are reserved for those in critical need. Additionally, improving communication and transparency about treatment options and wait times can help build trust and confidence in the care provided.
Staff conversating in different languages in front of you. Very rude. Less wait times. More attention is needed at the holy family hospital Methuen ER department.
Decrease delays in Emergency department. Increase number of PCP
See previous comment about Holy Family If/when the blatant disregard of patient confidentiality is resolved I might consider going there. I have no experience with GLFHC Any incidents with LGH have been handled professionally and resolved
Each of these institutions should try to form a partnership with a teaching hospital from Boston so that standards will be up graded. The Holy Family Hospital emergency department in Methuen is woeful at best. The physicians are overworked and because of that, or because of poor skills, are slipshod and inept. Whoever thought that Lawrence General Hospital, which can't get out of its own way on its best day, should take over Holy Family Hospital, was not thinking clearly. LGH and Holy Family Hospital need a thorough review - lean into the experts in healthcare from the academic hospitals… loose the parochial hubris that drags the institutions down.
I am a member of the PFAC committee at LGH and a longtime volunteer. I also have been president of the Lady's Auxiliary and have done fundraising so I feel confident that LGH strives to provide excellent care to all their patients. I am hopeful that the other two hospitals in the Merrimack Valley will provide excellent care for their patients as they continue under the guidance of LGH. Perhaps, if LGH was able to publicize their accomplishments in the newspaper people would be aware of all the stellar work that is done there. Better marketing on the part of LGH about their progress, their awards and the wonderful staff would make residents feel more confident in going to the hospital.
I have never been to GLFHC center so I cannot speak to that
Partner with Boston hospital groups
Have more employees so you don't have to wait long in the hospitals make sure they can speak to you in English
Holy family needs to stop thinking everyone is med seeking and actually listen to patients. They also need more training in pediatric trauma and other lifesaving skills for pediatric patients. Our children shouldn't have to be transported out if the city to receive proper medical care in emergencies
Be consistent, community outreach with truly caring people.

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
I'd feel better if the ER at HFH and LGH were not so intimidating in terms of waiting and crowding. I have no idea how you fix this. I just went to HFH for our patient services. The lobby is cold, dark and so unwelcoming and no one there to help. I had to flag down a staff member passing by to get directions.
Get rid of for profit healthcare entities. They should be illegal.
When things get rough don't wait to long to ask for help (that's why these hospitals are in the pickle)
Services.
Answer calls and make appointments faster
Better accessibility to information.
Talk to the patient about their insurance coverage, so that after the consultation, they do not receive a payment receipt with a large amount.
Having more doctors that allow the waits to be reduced.
Better qualified employees
Hire and retain qualified staff. Improve facilities and equipment for patient care. Get with the times - offer more telehealth appointments, have a user friendly patient portal, easily accessible translation services. Train staff in evidence based practices.
Get more help. People shouldn’t have to spend hours in er to be seen or admitted
Faster emergency room intake.
Not almost kill me Holy fam Methuen
Holy Family Haverhill is a nightmare . I was there recently, 8 hours in ER and only an x-ray taken. Cat Scan was down, was going to transfer me to Methuen, theirs was down. the transfer to Lawrence, Dr waited to see if Lawrence was down...I had to call and let Dr. Know it was working. I signed out of hospital and saw Primary. Haverhill needs more ER doctors,,
They need qualified leadership to improve all 3 hospitals! They need to attract additional staff, doctors and nurses. They need to drastically improve emergency room services!
Nothing. I trust them
GLFHC needs sooner appointments. Waiting months is crazy. Wait times on the phone to talk to someone are also long at times
Reorganize the ER to allow referrals to urgent care
The problem is with the private insurance , because we have to make expensive co-payments to the hospital for specialized test .
I don’t know I haven’t been there
I've never used the GLFHC — so no opinion. Not sure with the hospitals — there's too much turmoil within administrations, everything takes too long (but not always the hospitals fault — people use ERs as clinics, tying them up), too many errors, employees not acting professional while at work.
Be more accessible to Providers in the community and share information for the good of the patient with their permission. Get back to providers timely not days after or not returning calls at all
I have not had to use these services so I am not familiar with them.
Hospitals need better staffing
I hated the Stewart system . Hence I don't like Holy Family
Put more Specialists, (doctors) at the service of people, thus eliminating long hours in emergencies and consultations

VERBATIM COMMUNITY MEMBER SURVEY COMMENTS
Helping people more with medical appointments
Better care of their patients. I had an emergency medical issue and was hospitalized for a week and left with no answers. My father was also left in the care of holy family and their negligence killed him.
Safety in results. Reduce waiting times.
More empathy.
Lawrence General Hospital should start by giving their staff better training on how to be kind to patients. They treat us like they don't care and are Super Rude. If I'm dying, I wouldn't want them to take me to Lawrence General Hospital.
LGH could not discriminate when a patient sees them. GLFHC could charge less to its doctors so they can truly provide healthcare and answer patient questions.
LGH could not discriminate when a patient sees them. GLFHC could charge less to its doctors so they can truly provide healthcare and answer patient questions.
More assistance and focus when a new patient comes in with a difficulty.

APPENDIX I. COMMUNITY SURVEY SENTIMENT ANALYSIS

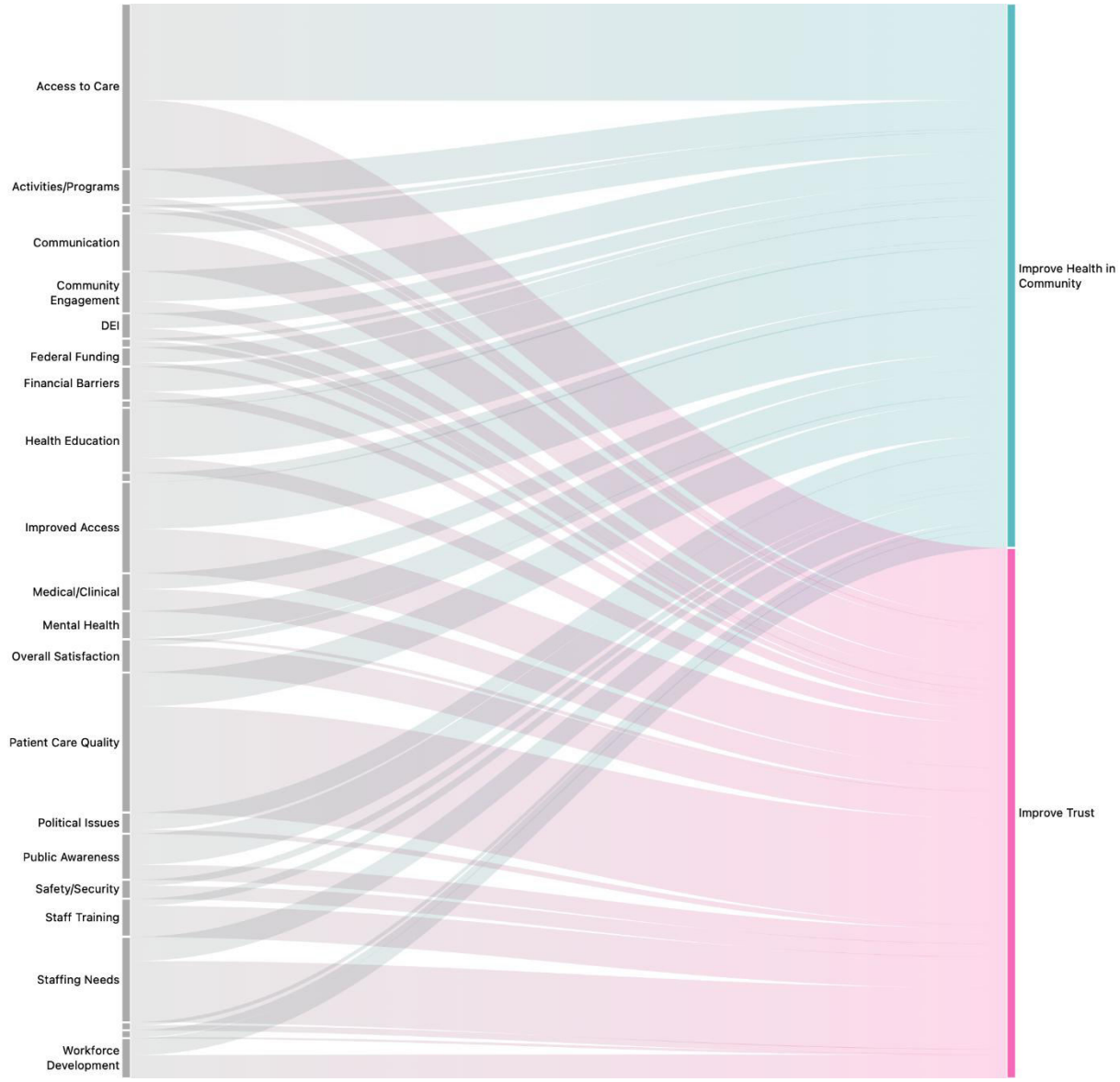
Summary of Key Findings

- **Access to Care** emerged as the most frequently cited driver of both community health improvement (96 mentions) and trust-building (69 mentions).
- **Patient Care Quality** stood out as the **single strongest trust-building factor**, with 106 mentions—more than any other code in either category.
- **Health Education, Improved Access, and Public Awareness** were also highly referenced for improving health outcomes, indicating strong demand for better information and access.
- **Staffing Needs** and **Staff Training** were dominant trust drivers, **suggesting that community members strongly associate trust with organizational capacity and employee preparedness.**
- A few codes such as **Mental Health** and **Workforce Development** had more balanced or moderate contributions across both goals, offering potential cross-cutting leverage points.
- Some topics, like **Food/Meals** and **Housing**, were seen primarily as health-related with little to no connection to trust.

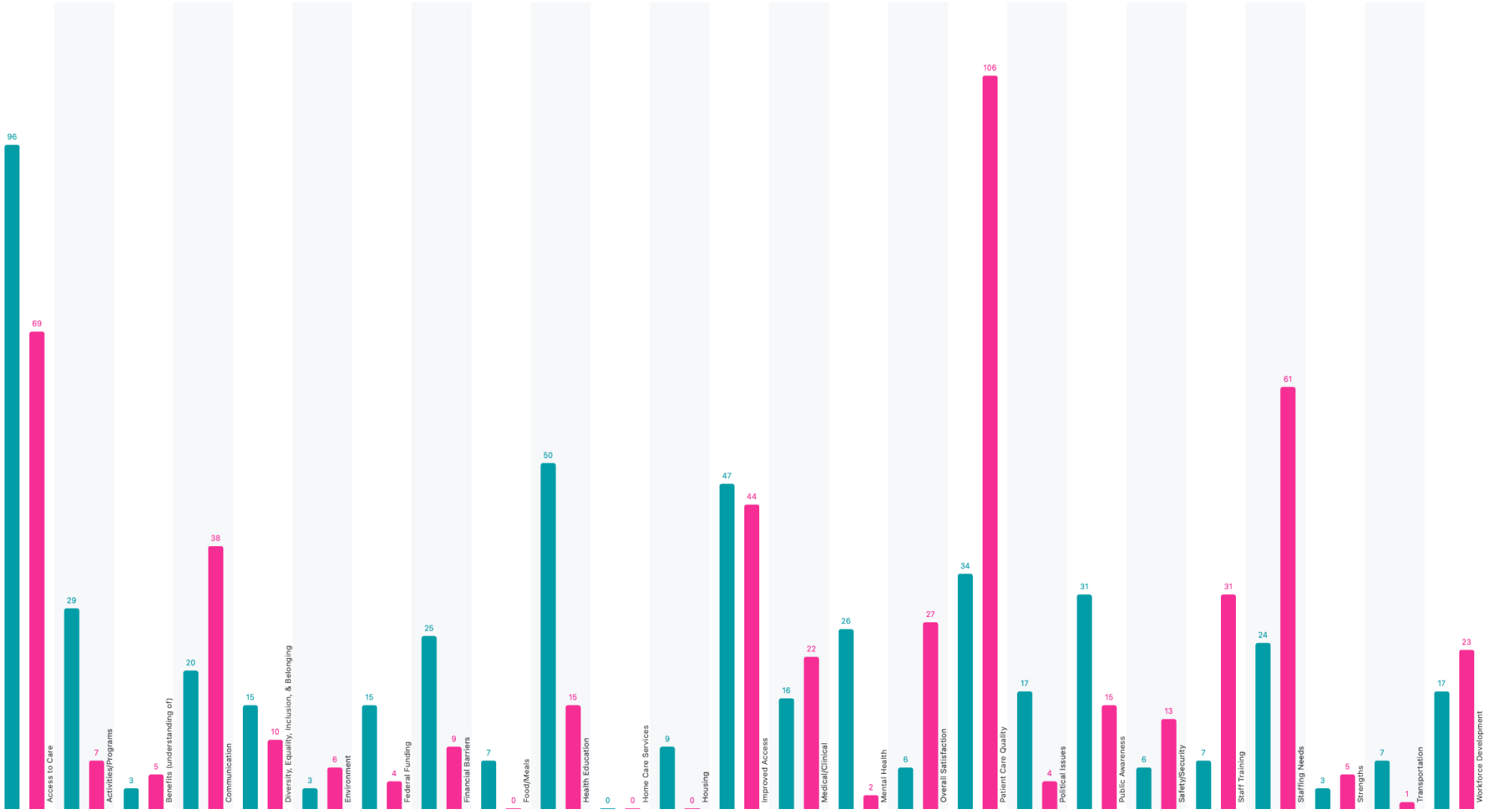
Data Table: This table presents the total number of mentions for each theme, broken down by whether it was associated with health improvement or trust-building. Darker shading indicates higher frequency.

		Improve Health in Community 3	Improve Trust 1
Access to Care	164	96	69
Activities/Programs	35	29	7
Benefits (understanding of)	8	3	5
Communication	58	20	38
Community Engagement	41	30	12
DEI	25	15	10
Environment	9	3	6
Federal Funding	19	15	4
Financial Barriers	34	25	9
Food/Meals	7	7	0
Health Education	63	50	15
Home Care Services	0		
Housing	9	9	0
Improved Access	91	47	44
Medical/Clinical	38	16	22
Mental Health	28	26	2
Overall Satisfaction	33	6	27
Patient Care Quality	140	34	106
Political Issues	21	17	4
Public Awareness	45	31	15
Safety/Security	19	6	13
Staff Training	38	7	31
Staffing Needs	85	24	61
Strengths	8	3	5
Transportation	8	7	1
Workforce Development	40	17	23

Sankey Diagram: This flow diagram shows how each theme connects to one or both outcome areas. The width of each flow line corresponds to the frequency of mentions, with thicker flows indicating stronger perceived impact.



Bar Chart: This chart provides a direct side-by-side comparison of how often each theme was associated with health vs. trust. The colors of each bar are consistent with the Sankey diagram (Pink = Improve Trust; Green = Improve Health in Community). The label on right-side of each bar grouping is the correlated code.


96
69
Access to Care
29
7
Activities/Programs
3
5
Benefits (understanding of)
20
38
Communication
15
10
Diversity, Equality, Inclusion, & Belonging
3
6
Environment
15
4
Federal Funding
25
9
Financial Barriers
7
0
Food/Meals
50
15
Health Education
0
0
Home Care Services
9
0
Housing
47
44
Improved Access
16
22
Medical/Clinical
26
2
Mental Health
6
27
Overall Satisfaction
34
106
Patient Care Quality
17
4
Political Issues
31
15
Public Awareness
6
13
Safety/Security
7
31
Staff Training
24
61
Staffing Needs
3
5
Strengths
7
1
Transportation
17
23
Workforce Development

APPENDIX J. LAWRENCE GENERAL HOSPITAL 2022 – 2025 IMPLEMENTATION PLAN

Priority Area: Access to Behavioral Health Services				
Strategy	**Initiatives/Actions**	**FY 2023**	**FY 2024**	**FY2025**
1. Participate in multisector community efforts to promote collaboration between sectors and improve access to services for individuals with behavioral health needs, substance use disorder, recent opioid overdose, and/or homelessness	• Participate in the LLEAPS n' Bounds program to develop and deploy a Crisis Intervention Team, centering the voices of Black, Indigenous, People of Color (BIPOC) residents, as an alternative to traditional law enforcement responses to individuals experiencing a behavioral health crisis, struggling with SUD and/or homelessness. • Continue to participate in weekly HUB meetings hosted by the Lawrence Methuen Community Coalition (LMCC), to drive cross-sector post-overdose outreach in the LGH CBSA. • Continue to support allocation of remaining Determination of	• LLEAPS n' Bounds Advisory Board meetings cancelled, project folded, no further information available from the city of Lawrence. • LGH BH Care Coordinator participated weekly in HUB meetings, collaborated with local agencies to coordinate care for residents with recent opioid overdose, mental illness and/or homelessness. • Applied for BSAS grant to support embedded GLFHC Addiction Medicine team at LGH. • Approved allocation of remaining DON funds to support community/provider education on mental health topics.	• LGH BH Care Coordinator continued to participate in weekly HUB meetings. • BSAS grant awarded, GLFHC subcontracted to provide Addiction Medicine consultations and services at LGH (specially trained providers, Addiction RN, CHW) • Initiated HQEIP performance improvement project (PIP 1) with C3 ACO and GLFHC to improve 7-day follow-up after ED visit for mental illness. Interventions include close care coordination with GLFHC and BILH BH teams, and optimized	• BH Care Coordinator continued participating in weekly HUB meetings and joined Merrimack Valley Opioid Coalition. • Addiction Medicine consult services available 7 days per week (inpatient and ED), supported by BSAS grant. Team to explore expanding this service to Holy Family Hospital (HFH), acquired by LGH from Steward Health in October, 2024. • SUD Committee reconvened to improve care for patients with substance use disorder and oversee BSAS grant activities. • PIP 1 interventions implemented

Priority Area: Access to Behavioral Health Services				
Strategy	**Initiatives/Actions**	**FY 2023**	**FY 2024**	**FY2025**
	Need (DON) funds to support the Mayor's Health Task Force (MHTF) efforts to improve behavioral health provider knowledge and coordination in the city of Lawrence.		coding and billing of BH crisis evaluation and stabilization services • LGH Maternal Child Health Social Worker met monthly with GLFHC Moms Do Care team to ensure patients with SUD are connected to appropriate resources.	including: post-discharge follow-up phone calls, weekly care coordination with GLFHC and BILH BH Services, efforts to improve BH crisis care coding and billing processes.
2. Expand access to services and improve the quality of care for patients in crisis	• Collaborate closely with Beth Israel Lahey Health's (BILH) Commonwealth funded Community Behavioral Health Center (CBHC) and the Lawrence Police Department (PD) to expand access to community-based BH crisis intervention services. • Add a 24/7 Behavioral Health Technician, preferably who is bilingual/bicultural (Spanish speaking/Hispanic) ,	• Manager of BH Services huddles twice weekly with BILH CBHC staff to ensure care coordination between CBHC and EC. • Full time and per diem day/eve BH Technicians hired. Ongoing recruitment for overnight BH Technician. • BH Care Coordinator initiated care coordination for patients presenting with SUD treatment needs to facilitate connection to outpatient SUD	• Exec Dir. of Pop Health and Care Continuum continued to serve on BILH CBHC Advisory Board. • Manager of BH Services team continued to huddle twice weekly with BILH CBHC leadership. • Continued to optimize BH Crisis workflows and billing, developed dashboard to track crisis evaluation,	• Exec Dir. of Pop Health and Care Continuum continued to serve on BILH CBHC Advisory Board. • Manager of BH Services team continued meeting weekly with BILH BH services team and GLFHC BH team to improve care coordination between sites and ensure timely BH follow-up. • Centralized BH Crisis services

Priority Area: Access to Behavioral Health Services				
Strategy	**Initiatives/Actions**	**FY 2023**	**FY 2024**	**FY2025**
	in LGH's emergency department (ED) to help maintain a therapeutic environment, and support BH patients awaiting disposition. • Continue clinical collaboration to bridge patients from the LGH to outpatient clinics offering Medically Assisted Treatment (MAT) to individuals with SUD (e.g., GLFHC Office-based Addiction Treatment (OBAT) clinic and Column Health). • Partner with the Boston Medical Center (BMC) Healing Communities Study (HCS) to expand access to Narcan for individuals with opioid use disorder.	treatment, including GLFHC and MGB bridge clinics, available detox beds, AA and other resources as needed/available. • Hired and deployed BH Crisis team to deliver BH crisis evaluation and stabilization services ED and inpatient units, team 50% bilingual (Spanish/English) to best serve patient population. • Executive Dir of Pop Health and Care Continuum participated in BMC Healing Community Study meetings, shared resources with LIHPN PCPs, BH team, and others at LGH as appropriate. • Executive Dir of Pop Health and Care Continuum served on BILH CBHC Community Advisory Board.	post-discharge follow-up calls, and ED LOS. Achieved average ED boarding time of 29.76 hours. • Filled majority of BH Crisis Team vacancies to optimize team performance. • Explored partnership with acute inpatient BH provider to utilize available space at LGH to build inpatient BH capacity. • Continued to participate in LMCC-GLFHC-OTP coalition after BMC Healing Communities ended in December 2023. • Manager of BH Services participated in design of statewide acute BH referral platform.	and optimized billing across the health system, including HFH, acquired from Steward Health in October 2024. Achieved average ED boarding time of 23.95 hours FY to-date – a decrease of ~6 hours. • With HFH acquisition, expanded local access to acute inpatient BH units, previously available primarily to Steward Health patients. • Convened key stakeholders to identify opportunities to build a more comprehensive, coordinated BH care continuum in the Merrimack Valley, leveraging resources of LGH, HFH, GLFHC, and other community partners.

Priority Area: Access to Behavioral Health Services				
Strategy	**Initiatives/Actions**	**FY 2023**	**FY 2024**	**FY2025**

Anticipated Impact: Decreased ED boarding times for BH patients, improved access to BH and addiction medicine services.

Resources: Grant funding from the Attorney General's Office (AGO) and the Bureau of Substance Addiction Services (BSAS), BH team members and leaders, LGH Social Workers.

Collaborations: BILH Behavioral Health Services, GLFHC, BMC HEALing Communities Study, MHTF/City of Lawrence, BSAS, MA Attorney General's Office

Priority Area: Social Determinants of Health				
Strategy	**Measurement**	**FY 2023**	**FY 2024**	**FY2025**
1. Participate in multisector Community coalitions to promote collaboration, advocate for enhanced policies/system changes that address the social determinants of health (e.g., housing, food insecurity, economic insecurity)	• Continue to allocate DON funding to support MHTF capacity, coordination, and activities aimed at addressing SDOH in the city of Lawrence. • Participate in a Regional Food Resiliency Coalition with CBO, municipal, and academic partners across the LGH CBSA. • Partner with healthcare providers, CBOs, and municipal leaders to convene a Merrimack Valley Homelessness/Housing Insecurity Coalition to support regional collaboration and problem-solving, including engagement of non-traditional partners such as banks, housing developers, landlords, and local businesses.	• Approved allocation of a portion of remaining DON funding to support MHTF capacity, coordination and activities totaling $126,632.16 in FY23. • Participated in Regional Food Resiliency Coalition action planning meetings and summit, resulting in report Merrimack Valley Food Systems Resiliency Partnership • Convened monthly MV Homelessness Coalition meetings with	• Approved allocation of remaining DON funds totaling 159,475 to support Mayor's Health Task Force staff and activities, including emergency food support in the form of $100 Market Basket gift cards distributed to Lawrence residents with demonstrated food insecurity. • Partnered with Regional Food Resiliency Coalition to pursue USDA grant to support action steps recommended by the coalition in FY23 report.	• Approved allocation of remaining DON funds totaling $77,511 to support Mayor's Health Task Force staff and activities. • Continued participation in Regional Food Resiliency Coalition, though activities limited to-date. • Continued to host virtual MV Homelessness Coalition meetings monthly. • LGH continued to participate in Lawrence

Priority Area: Social Determinants of Health				
Strategy	**Measurement**	**FY 2023**	**FY 2024**	**FY2025**
	• Continue to participate in the Lawrence Partnership.	broad cross-continuum representation, providing admin and facilitation support, creating and maintaining a Google drive where the group can share resources. • LGH CEO continued to serve on the Lawrence Partnership Board • LGH Green Team established with Executive sponsorship to explore ways for the hospital to mitigate environmental impact and respond to Climate Change.	• Continued to host virtual MV Homelessness Coalition meetings monthly. • LGH CEO continued to serve on the Lawrence Partnership Board • LGH represented as stakeholder on the Lawrence CHIP Advisory Committee • LGH Green Team activities included: surplus meal donation to Bread and Roses, single stream recycling and organic waste collection for biogas production, Earth Day celebration with Groundwork Lawrence, donation of unused medical supplies to Partners for World Health, addition of public EV charging stations,	CHIP Advisory Committee, though activity limited to-date. • Green Team maintained initiatives initiated in FY24.

Priority Area: Social Determinants of Health				
Strategy	**Measurement**	**FY 2023**	**FY 2024**	**FY2025**
			membership in IHI Safety Net Decarbonization Collaborative.	
2. Implement SDoH screening/assessment, and referral activities that Identify those who are being impacted by social factors and ensure those with unmet needs are linked to and engaged with community resources	• Add a Resource Specialist role to LGH ED to screen all admitted patients for SDoH needs and facilitate referrals to appropriate services prior to discharge. • Add a bilingual/bicultural CHW to LGH's primary care practice (Community Medical Associates) to support annual SDoH screening for all patients, referrals to appropriate services and follow-up to ensure services were received. • Maintain Care Navigators in LGH's ED to perform SDOH screenings, referrals, and link patients to primary care for follow-up.	• Case Management Resource Specialist role created and filled in Integrated Care. • SDoH screening tool chosen, and plan developed to initiate screenings with all inpatients in CY 2024, in alignment with HQEIP • CHW in place at CMA, new screening and referral workflows implemented, 20% of all new/annual patient visits screened for SDoH. • SDOH screenings initiated at CMA N. Andover site in Q4 FY23.	• Maintained contract with Unite Us. • Exceeded goal of screening 50% of CMA patients at annual/new pt visits. (>90% screened in Q1 FY24) • CMA CHW resigned, position eliminated. Resource packet created and disseminated to CMA practices to support patients with positive SDOH screening results. • Partnered with YWCA to deliver free education on breast cancer screening in Spanish and English to community residents and hired bilingual Patient Navigator to	• Leveraged Case Management Resources Specialists to initiate SDOH screening for patients , continued to improve workflows to maximize screening impact. • Onboarded LGH team to Unite Us platform. • Added SDOH screening tool to Unite Us platform for use at community engagement events • Updated SDOH screening at CMA to match hospital screening tool. • Patient Navigator resigned in FY25, grant funding for YMCA

Priority Area: Social Determinants of Health				
Strategy	**Measurement**	**FY 2023**	**FY 2024**	**FY2025**
		• ED Navigator roles eliminated by MGB ACO and GLFHC (GLFHC transitioned to C3 ACO on 4/1/2023) • Signed 3-year contract with Unite Us to continue using this SDoH referral platform through July 2026.	schedule/ reschedule mammogram appointments and provide Uber Health transportation to those in need.	partnership fully expended, plan to develop new pathways for patient education and navigation related to preventative care by Q4 FY25
3. Promote job training and employment opportunities for those experiencing economic insecurity or who lack meaningful opportunities for advancement	• Build external pipelines to employment at LGH in collaboration with local academic institutions and CBOs who offer job preparedness training to local residents. • Develop and implement initiatives to achieve workforce diversity goals reflective of the diversity of the LGH patient population. • Develop internal advancement pathways for LGH employees, especially those in entry-level positions.	• Hosted 113 local youth in hospital internships and job shadowing opportunities. • $11.5 K sponsorship provided to Top Notch Scholars to support student internships. • Provided job shadowing opportunities for CNA students from Notre Dame Adult Learning Center • Added 2 Hispanic,	• Partnered with Lawrence Community Works (LCW) to provide free Medical Customer Service, soft skills training, and internships to community residents, as well as to entry-level LGH employees. • Partnered with NECC to connect LGH employees with the MassReconnect program, offering free Community	• Continued to host student interns from Top Notch, LHS, Notre Dame Adult Learning, etc. • Atrius grant awarded in FY24, hired a full time Internship and Workforce Development Manager in Q2 FY25 to expand youth internships and employment pipeline in partnership with LCW, Youth Development

Priority Area: Social Determinants of Health				
Strategy	**Measurement**	**FY 2023**	**FY 2024**	**FY2025**
		Spanish-Speaking Recruiters to the HR team • Participated in the El Mundo Latin Career Expo Job Fair • 3 in-person job fairs at LGH, advertised in English and Spanish across the region	College to MA residents. • Continued to host student interns from Top Notch, LHS, Notre Dame Adult Learning, etc. • Partnered with LCW and other youth-serving organizations to apply for Youth as Health Care Change Agents grant (Atrius Health Equity Foundation)	Organization, Elevated Thought, Squashbusters, Movement City and other youth-serving organizations.

Anticipated Impact: Increased community capacity to address SDoH, maintain SDoH support provided to patients in need, increase the diversity of LGH staff, increase internship opportunities at LGH

Resources: Case Management Resource Specialists, Director of Case Management, Exec. Director of Population Health & Care Continuum, Human Resources, hospital Sponsorship budget, BCBSMA grant funds, P32H

Collaborations: CMA, P32H, Unite Us, Top Notch Scholars, Lawrence Community Works, Notre Dame Adult Learning Center, Youth Development Organization, Elevated Thought, Squashbusters, Movement City, Atrius Health Equity Foundation.

Priority Area: Access to Care				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
1. Provide proactive, specialized, linguistically/culturally appropriate eligibility assessment and financial/health insurance counseling services that help to ensure that individuals without health insurance	• Continue to provide LGH patients and the public free consultations with our bilingual (Spanish/English) Certified Application Counselors to	• LGH Certified Application Counselors served an estimated 3000 individuals/families in 2023. • CMA CHW certified as Application Counselor, able to	• LGH Certified Application Counselors served an estimated 8000 individuals/families in 2024.	• LGH Certified Application Counselors to continued assisting individuals and families from the community with insurance

Priority Area: Access to Care				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
and/or experiencing economic insecurity have access to health insurance	help with insurance enrollment, optimization and education on how to utilize insurance benefits to access care.	independently provide insurance enrollment assistance to CMA patients as needed.		application and utilization. • Community Engagement Program Manager leveraged LGH Certified Application Counselors to assist community members in need to obtain health insurance.
2. Develop initiatives that support those with more complex or intense needs to navigate the system and coordinate their care (clinical and non-clinical services) across the system	• Continue to provide expanded access to intensive case management and care navigation services for patients within LGH's Medicaid ACO. • Develop and implement care coordination strategy for high-risk patients within the LGH network's Medicare Shared Savings Program(MSSP). • Continue to offer support to the LGH provider network to	• Transitioned to MGB ACO in April 2023, activated referrals to MGB ACO Care Management teams and Community Partner programs in July 2023. 176 patients outreached, 22 enrolled in CM. • Entered TMP contract with Steward Health, utilizing CareMax MSO to provide care coordination and management to at-risk patients. • Hired bilingual Patient Navigator who provides LIHPN practices with support in	• 269 MGB ACO members enrolled in Care Management in FY24 • Entered MSSP contract with On Belay, locally-owned MSO. • Patient Navigator hired to assist women with scheduling and rescheduling screening mammograms as eligible, identifying and addressing barriers to access as needed • LIHPN team continued participation with GLFHC in DCFI cancer screening equity project with	• 179 MGB ACO members enrolled in Care Management in FY25 to-date • Continued participation in MSSP with On Belay • Continued participation in DCFI cancer screening equity project, focusing on lung cancer screening and breast cancer screening in FY25 • Patient Navigator resigned, team developing new pathways for

Priority Area: Access to Care				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
	ensure patients receive needed cancer screening (breast, cervical, colorectal) and disease management (diabetes, hypertension).	closing breast cancer screening gaps. • LIHPN team participated in DCFI and GLFHC project to provide bilingual Patient Navigation to Hispanic patients needing colonoscopies	continued focus on colorectal screening and lung cancer screening in FY24	patient navigation for implementation in 2nd half of FY25.
3. Develop partnerships to enhance access and promote transportation equity with regional transportation providers and community partners	• Continue to provide Uber Health rides as needed to LGH patients who lack transportation or insurance transportation benefits. • Continue to provide Crossways chair car rides for patients who lack transportation or insurance transportation benefits and who cannot be transported by Uber or ambulance	• Hospital funded $7258.45 in Uber Health rides for patients and $7053 in Crossways Chair Van transport in 2023. • Initiated Uber rides for women who lacked transportation to obtain a mammogram – 15 rides provided in 2023. • Worked with MEVA to add 25 Marston Street (location with multiple medical clinics and services) to bus route #4, not previously on bus route.	• Hospital funded $9,788.83 in Uber Health rides for patients and $18,806.03 in Crossways Chair Van transport in 2023.	• Continue to provide Uber Health rides to patients in need of transportation support as needed. • Continue to provide Crossways Chair Car rides as needed.

Anticipated Impact: Decreased negative impact of unmet social needs on community health

Resources: ACO and CareMax CM teams, hospital funds budgeted for Financial Counseling team, Uber Health and Crossways.

Collaborations: MEVA, Crossways, Uber Health, DCFI, GLFHC, CareMax, MGB ACO

Priority Area: Chronic and Complex Conditions and their Risk Factors				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
1. Develop and support initiatives that raise awareness and educate community residents about the importance of healthy eating and active living, including efforts that help people to change unhealthy behaviors	• Continue allocate DoN funding to support MHTF-sponsored community events and activities that promote healthy living (e.g., annual SALSA and Ciclovia festivals). • Continue to provide funding to Groundwork Lawrence that supports year-round Farmer's Markets across the LGH CBSA to expand access to fresh, affordable, locally-grown food.	• MHTF continued to use DON funding to support 3 community health festivals in Lawrence: SALSA in June 2023 and 2 Ciclovia events in August 2023. • Provided $8000 in funding to GWL to support year-round Farmer's Markets and other efforts across the LGH CBSA	• $31,500 budgeted for community partnership support/sponsorships in FY24. Unable to utilize bulk of these funds due to hospital financial challenges. • Provided $2500 to Run for the Troops in FY24.	• $17,500 budgeted for community partnership support/sponsorships in FY24. • Provided $5000 to YMCA, $2500 to Run for the Troops, and $8500 to Groundwork Lawrence FY25 to date • Online form added to LGH website for organizations looking for LGH support.
2. Increase capacity and expand access to chronic disease screening, assessment, and referral initiatives in clinical and non-clinical settings (e.g., hypertension, diabetes, asthma, depression, etc.)	• Analyze LGH PCP network claims data to identify and address health disparities (e.g., diabetes and hypertension	• Utilized BCBSMA grant funds to build an Ambulatory Health Equity dashboard using CMA EMR data to identify	• Created Ambulatory Health Equity dashboard and identified a high rate of health literacy need, especially among patients with diabetes, and identified gaps in	• Offer 52 health screening events annually, design and initiate protocols to provide diabetes screening and interventions (21 health screenings offered to-date in FY25, despite CE

Priority Area: Chronic and Complex Conditions and their Risk Factors				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
	management, cancer screening rates) and develop strategies to address identified disparities • Partner with CBOs, municipalities, businesses, churches, and others to implement a free, low-barrier Community Health Screening program, to help individuals identify health risks such as hypertension, provide health education, and connect individuals to primary care. • Develop plan to Utilize the Mobile Health Unit and expand health screening program offerings across the LGH CBSA.	disparities in quality metrics. • Offered 11 community BP screenings in partnership with CBOs, churches, municipalities, senior centers, public libraries, and local businesses. Total number of participants, total # of BP monitors given to participants. • Hired full-time, bilingual RN to serve as Community Engagement program Manager – outreach to 1053 women eligible for breast cancer screening in 2023, attended 10 in-person community events (7 in partnership with YWCA) • Purchased new mobile	cancer screening documentation. • 48 health screenings offered in FY24. • Initiated post-screening event follow-up by the CE Program Manager with goal of ensuring participants are able to connect with PCP, are able to use their BP monitor, and gain a better understanding of how to manage hypertension. • Health on Wheels van deployed in January 2024.	Program Manager position being vacant for approx. 3 months). • Expand health screenings to include diabetes and other conditions of concern. • Expand Health on Wheels footprint to cover the combined service areas of LGH and HFH.

Priority Area: Chronic and Complex Conditions and their Risk Factors				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
		health unit to utilize for community events.		
3. Develop initiatives that promote appropriate infectious disease screening/testing, vaccination (Inc. vaccine hesitancy), follow-up/case finding, and treatment (e.g., COVID-19, TB, HIV, etc.) geared to both clinical service providers and consumers	• Continue to host the COVID-19 Task Force made up of regional healthcare providers, municipalities, and CBOs to support local access to COVID-19 testing and vaccines. • Provide education for providers on current practices in infectious disease screening, testing, vaccination, follow-up, and treatment.	• Monthly COVID Task Force meetings hosted through January 2023, group will be leveraged as needed to respond to future COVID surges or other public health challenges that may arise • Twice monthly LGH Medical Grand Rounds presented free and via Teams, open to all clinical staff affiliated with the hospital. 2023 topics included HIV, COVID, COPD, Kidney disease, addiction medicine, health equity, hypertension and more.	• Continued to offer medical grand rounds, topics in FY24 included renal disease, hypertension, bleeding, climate change, cerebral palsy, COPD, autism, chronic pelvic pain, alcohol use disorder, medical Ethics, and more. • Explore possibility of re-establishing a monthly TB clinic on the LGH campus with the help of local public health nurses and Infectious Disease MD.	• Continue to offer medical grand rounds, topics in FY25 to-date have included pediatric oral health, sepsis, postpartum complications, safety and quality, infectious disease, pediatric eye care, skin, palliative care, addiction medicine, organ donation, and more. • Visited Lowell TB clinic and met with DPH to discuss TB clinic contracting and funding available. However, with changes in executive leadership, extreme financial challenges, and ongoing efforts to integrate HFH and LGH into one health system, plan for TB clinic put on hold until FY26.

Priority Area: Chronic and Complex Conditions and their Risk Factors				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
4. Increase access to evidence-informed, linguistically/culturally appropriate, self-management support programming for those with chronic medical conditions	• Increase PCP knowledge of the LGH Weight Management program which offers treatment options for healthy weight loss • Bariatric team to continue offering free, virtual education sessions to the public in English and Spanish • Continue to provide additional care navigation services for Medicare beneficiaries with heart failure and COPD to prevent 30-day readmissions.	• Bariatric team visited all GLFHC locations to provide education on clinic offerings, educational material shared with additional local practices • Bariatric team offered monthly virtual education sessions to the public in English and Spanish • Post-discharge outreach and care coordination support offered to Medicare patients with HF, COPD, Pneumonia and AMI. • LGH contracted with Emmi Educate to provide culturally and linguistically appropriate	• UpToDate (formerly Emmi Educate) videos deployed at LGH via website, EMR batch texting to patients with specific diagnoses (COPD, CHF), and viewing during admission. • Continued targeted post-discharge outreach and transitional care management to patients with stroke, COPD, HF, AMI, and Pneumonia to decrease readmissions	• Continue to make UpToDate patient education videos available to patients via text, email, at the bedside, on the public-facing hospital website, and in primary care targeting diabetes and hypertension. • Continue targeted post-discharge outreach and transitional care management to patients with stroke, COPD, HF, AMI, and Pneumonia to decrease readmissions

Priority Area: Chronic and Complex Conditions and their Risk Factors				
Strategy	**Measurement**	**FY23**	**FY24**	**FY25**
		patient education videos that will be utilized to deliver low-barrier patient education on disease and disease management.		

Anticipated Impact: Improve health literacy, empower residents to better manage chronic diseases, encourage healthy eating and provide access to medical weight loss options.
Resources: Cardiac screening grant funds, remaining DOH funds held by MHTF, BCBSMA Health Equity grant funds
Collaborations: MHTF, GWL, BCBSMA, The Center, Robb Center, Lawrence Public Library, Mercy Beauty, AMEDAL, Emmi Educate, GLFHC