



BEVERLY HOSPITAL
Community Health Needs Assessment

EXECUTIVE SUMMARY FOR THE
TOWN OF ROCKPORT, MASSACHUSETTS

Submitted To:

GERALD B. MACKILLOP JR. MBA

Public Relations Manager

Lahey Health

500 Cummings Center

Suite 6500

Beverly, MA 01915

gmackill@nhs-healthlink.org

Submitted By:

JOHN SNOW, INC

44 Farnsworth Street

Boston, MA 02210

Introduction

Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts are two of the North Shore's leading health care facilities and are dedicated to meeting the healthcare needs of those living in North Shore and Cape Ann communities. The hospitals are part of Lahey Health System, Inc. (LHS), a vertically and horizontally integrated network of hospitals, long-term care facilities, assisted living facilities, health and social service agencies, and community-based primary care and specialty care. LHS is recognized for the care and services it provides to residents throughout the North Shore and Cape Ann area and is committed to ensuring that a full continuum of high-quality, coordinated health and human services are available to those who live in its primary and secondary service areas. The hospitals, in close partnership with its affiliates, other health-related service organizations, and the community at-large, strive to develop programs and services that address community need and improve the area's overall health status.

To support this commitment, LHS hired John Snow, Inc. (JSI), a nationally recognized public health consulting firm to conduct a comprehensive community health needs assessment for the communities on the North Shore / Cape Ann and particularly those that are part of Addison Gilbert and Beverly hospital's primary service area. The overall goals of the assessment were to identify the major health care needs, service gaps, barriers to access, and health priorities for those living in the region. As part of the assessment, JSI compiled quantitative and qualitative information from a broad array of sources, which will be discussed in more detail below. By informing and motivating the communities involved in the assessment, LHS is eager to build collaborative relationships, leverage existing community resources, and encourage community dialogue. Ultimately, the purpose of the assessment was to facilitate the development of short and long-term strategic plans to guide the health investments for the North Shore and Cape Ann communities.

As part of this project JSI has compiled a series of reports that have presented the findings from this assessment. Most of these reports have reported findings for the North Shore overall and have presented data for Essex County as well as aggregate data for all the towns that were part of the assessment. The following is a more targeted report that reviews the assessment's approach and presents summary findings specifically for the Town of Rockport, Massachusetts. The purpose of this report is to provide vital information specifically for City officials, town residents, and the health and social service organizations that serve the town so that they can be used to improve the health and well being of those who live or work in Rockport's communities.

I. Assessment Approach and Specific Methods

A broad range of quantitative data was compiled for all of the cities and towns that are part of Addison Gilbert and Beverly hospital's primary service areas. An additional, more targeted set of data was also collected for a subset of key cities/towns, including those that are part of Cape Ann in the northeast portion of Essex County. The cities and towns that were part of this more targeted analysis were Gloucester, Rockport, Hamilton, Ipswich, Manchester, Essex, and Wenham. Comparison data was also compiled for Essex County, the Commonwealth of Massachusetts, and the nation, whenever possible.

The assessment initiative was conducted in two distinct phases. In **Phase I** the JSI Project Team conducted a preliminary needs assessment that relied heavily on secondary health-related data drawn from the Massachusetts Department of Health's, Massachusetts Community Health

Information Profile (MassCHIP) system as well as other national, state and local sources. These data allowed the Project Team to assess health status, explore hospital emergency department and inpatient trends, and identify the leading health issues and barriers to care, as well as identify segments of the population that were most at-risk. More specifically, this preliminary assessment compiled data related to:

- Demographic and socio-economic characteristics (e.g., age, gender, race/ethnicity, language, ancestry, and income)
- Social determinants of health (e.g., education, crime, housing, employment, and child abuse/neglect)
- Health status and morbidity/mortality (e.g., chronic disease, cancer, mental health, substance abuse/addiction, infectious disease, oral health, and maternal and child health)
- Access to care and service utilization (e.g., insurance status, primary care/specialty care engagement use, and hospital emergency department and inpatient use)

In **Phase I** the Project Team also conducted more than 50 interviews with hospital and community-based health and social service providers as well as other key community stakeholders. Interviews were held with city/town health officials, health/social service providers, advocacy organizations, elected officials, school administrators/staff, and other community members. The purpose was to identify issues and concerns about specific health needs and priorities in various communities and to share information about the assessment process. Ongoing and potential collaborative efforts within communities and with the hospitals, and potential partners for future collaboration, were identified for later strategic planning efforts. These interviews helped to refine topics for data collection and analysis and set the stage for the development of a comprehensive community survey.

Phase II consisted of primary data collection through the distribution of a community survey conducted through the mail to randomly selected households in the targeted communities. The purpose of the community mail survey was to capture detailed information from the population at-large as well as from hidden, hard-to-reach populations that might not be well-represented in community interviews. The 20-page survey drew on validated questions from existing health surveys, including those developed by the federal Center for Disease Control and Prevention. This helped to ensure that the resulting survey data was valid, reliable, and comparable to other databases. Topics addressed in the survey included:

- Access and barriers to care
- Health behaviors and lifestyle
- Chronic disease and prevention
- Self-reported health status
- Disabilities and care giving
- Elder health
- Perceived health concerns and community priorities

Approximately 2,300 surveys were distributed and 1,179 were returned, representing a response rate of approximately 50%, for the overall survey sample. Final data reports were weighted to correct for higher rates of response from older and female residents.

At the culmination of Phase II, the JSI Project Team and the project's Steering Committee conducted integrated analyses, facilitated hospital and community-based strategic planning, and

developed a series of reports for hospital administration, Board of Trustees, community-based providers, and the community at-large.

In Phase III, the JSI Project Team worked with the hospital's External Affairs Department to disseminate the information to the community. The hospital has also used the information to refine its operations and outreach efforts so that it could be more responsive to those it serves and address the health issues that were highlighted by the initiative.

The following is a summary of the key findings from each of the major components of the assessment.

II. Key Findings

Overall JSI's review of the data compiled for the assessment revealed that those living in the North Shore region of Massachusetts are healthier than and have better access to health care and social services than those living in Essex County overall, the Commonwealth of Massachusetts, and the nation. Upon reviewing data on the leading health care indicators related morbidity and mortality, the residents from the cities and towns in the region were also more likely to have lower rates of disease, hospitalization, and death than the County, State, and nation.

However, despite this overall assessment, there were clear disparities in access and in health outcomes for certain segments of the population, particularly for those in racial/ethnic minority groups and those in low income brackets who live in households earning less than 200% of the federal poverty level (FPL). The assessment also revealed that Essex County and the region has a higher proportion of older adults and a larger proportion of the households in the region have at least one member living in them that is over 65 years old. Older adults face unique access barriers and have significantly higher rates of morbidity, and certainly mortality, than other segments of the population across nearly all health areas. With these factors in mind, any community health strategy in the region needs to put special emphasis on low income populations, racial/ethnic minority populations, and older adults.

Below is a review of key findings specifically for the Town of Rockport. The findings and data laid out in this section are derived from our integrated analysis of all the data that was compiled during the assessment, including the quantitative, secondary data from the Massachusetts Department of Public Health review, the community mail survey, and our community interviews. The findings are broken up into seven (7) categories:

- Access to Care
- Chronic Disease
- Health Risk Factors
- Mental Health
- Substance Abuse
- Oral Health
- Maternal and Child Health

Access to Care

With the passage of the Massachusetts Health Care Insurance Reform Law in 2006, Massachusetts became the first state in the nation to adopt measures that would lead to near universal health insurance coverage. As a result, almost everyone in the Commonwealth has comprehensive health insurance. The North Shore area also has a comprehensive array of health and social service organizations that are able to provide nearly all of the enabling, supportive,

preventive, acute, chronic disease management, specialty care, hospital-based, and other community-based services they need.

The most significant issues with respect to access to care were related to dental services, particularly for adults and mental health and substance abuse services for low income and middle income brackets. In addition, a significant proportion of the population in the region struggled to access prescription drugs, due primarily to the cost of co-pays and deductibles. Access to care was also affected by transportation and cost barriers, which were by far the two most significant barriers to care for those in the region. These issues have a particularly strong impact on low income and older adult populations who are most likely to be isolated and struggle to make ends meet financially.

In Rockport, issues related to health care access mirrored the region. Rockport has a robust health and social service system with no absolute gaps in service across the full continuum of care. Rockport residents even have a robust safety net system for uninsured residents and those in low income brackets. There are numerous health care service providers that tailor their services and operations to underserved populations, including organizations that provide primary medical care, mental health, substance abuse, and dental services for children. This does not mean that everyone receives the care they need in a timely way. There are often long-wait times for some types of services as well as transportation barriers, particularly for older adults, and cost barriers for those who must pay co-pays or insurance deductibles. As stated above the biggest access issues relate to behavioral health and dental. With respect to dental the issue is primarily with low income or uninsured adults. With respect to behavioral health, the issues are broader with individuals and families in low and middle income brackets as well children often struggling to access needed services.

- **Health Insurance Status:** Health insurance rates in Rockport were high and comparable to regional and State rates

(Health Insurance: Rockport - 97%, Overall Survey Sample - 95%, Essex County - 95%, State - 96%)

- **Usual Source of Care:** Nearly everyone in Rockport has access to a primary care provider or doctor

(Regular PCP or Doctor: Rockport - 99%, Overall Survey Sample - 75%, Essex County - 92%, State - 91%)

- **Dental Insurance:** Significant proportions of the population in the region lack dental insurance. Residents of Rockport were less likely to have dental insurance compared to the overall survey sample.

(No Dental Insurance: Rockport- 49%, Overall Survey Sample - 40%, Low income – 58%)

- **No Dental Care:** Significant proportions of the population in the region had no dental care in the past 12 months. Rockport rates of access were higher than the region and comparable to the State.

(No Dental Care in Past Year: Rockport - 19%, Overall Survey Sample - 27%, Low Income - 45%, State - 19%)

- **No Prescription Drugs:** Significant proportions of the population in the region were unable to obtain prescription drugs due to cost. Relatively few people in Rockport were unable to obtain prescription drugs due to cost.

(No Prescription Drugs: Rockport -8%, Overall Survey Sample - 12%, Low Income – 23%)

- **Shortage of Behavioral Health Providers.** A common theme from our key informant interviews was the idea that there was a shortage of behavioral health providers that accepted insurance, particularly public insurance, and only a small handful of providers that served individuals on a discounted basis.
- **Higher Hospital Emergency Department and Hospital Inpatient Utilization.** Residents of Rockport were less likely to be discharged from hospital emergency departments for mental health- and substance abuse-related conditions than residents in the State and County overall. Rockport residents were also less likely to be discharged from hospital inpatient beds for conditions that are considered preventable or avoidable, particularly those discharged for pneumonia or chronic obstructive pulmonary disease (COPD).

(Mental Health Emergency Department Discharges per 100,000: Rockport – 1,496, Essex County – 1,934, State -1,855)

(Substance Abuse Emergency Department Discharges per 100,000: Rockport – 699, Essex County - 774, State -768)

(Preventable Inpatient Hospitalizations per 100,000 for Pneumonia: Rockport - 372, Essex County – 448, State -419)

(Preventable Inpatient Hospitalizations per 100,000 for COPD: Rockport - 306, Essex County - 439, State -432)

Chronic Disease

Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society.

The regional prevalence, hospitalization, and death rates for chronic diseases are comparable to the rates at the State in almost all cases but there are some important exceptions, particularly with respect to diabetes and hypertension. There is also some indication that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. As evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions.

Relative to the State and the County, Rockport is an extremely healthy place. The town has relatively low chronic disease incidence, hospitalization, and death rates across all chronic diseases compared to the State and the County and those who do have chronic disease are more likely to get the treatment they need, such as hypertension and cholesterol lowering medications. Data suggests that when there are high or concerning rates of morbidity in the Town that they are driven largely by the high proportion of older adults who live in Rockport. Older adults tend to

have higher rates of disease and hospitalization than those in young and middle-aged cohorts. The other driver of high morbidity and mortality in the region are the disparities in morbidity and mortality experienced in the low income and racial/ethnic minority population but there are very few people in these groups living in Rockport.

- **Diabetes:** Relative to the region and the state, residents of Rockport are just as likely to have diabetes

(Diabetes (all types): Rockport – 8%, *Overall Survey Sample* - 7%, *Low income* 7%, *State* - 7%)

- **Heart Disease and Stroke:** Heart disease and stroke are among the leading causes of death in the region. In Rockport heart disease death rates are lower than the County and State rates. Death rates from stroke (cerebrovascular disease), however, are much higher than the County and State rates.

(*Heart Disease Death Rate per 100,000: Rockport* - 192, *Essex County* - 221, *State* – 222)

(*Stroke Death Rate per 100,000: Rockport* - 46, *Essex County* - 37, *State* - 37)

- **Hypertension:** Regionally the proportion of the population with hypertension is slightly higher than the County and State. This is true in Rockport.

(*Rockport* - 29%, *Overall Survey Sample* - 27%, *Low Income* - 30%, *Essex County* – 24%, *State* - 26%)

- **Respiratory Disease:** Regionally, the proportion of the population with asthma and the death rates for chronic lower respiratory disease and pneumonia are comparable or lower compared to the County and State. This is true in Rockport.

(*Asthma Prevalence in Adults: Rockport* - 13%, *Overall Survey Sample* - 13%, *County* - 15%, *State* - 15%)

(*Chronic Lower Respiratory Disease Death Rate per 100,000: Rockport* - 27, *Essex County* - 34, *State* - 34)

(*Pneumonia Death Rate per 100,000: Rockport* - 13, *Essex County* - 20, *State* - 22)

- **Cancer:** The death and hospitalization rates for cancer are lower in Rockport than the State and the County.

(*Cancer Death rate per 100,000 - all-types: Rockport* - 162, *Essex County* 182, *State* - 183)

(*Cancer Hospitalization rate per 100,000 – all-types: Rockport* - 408, *Essex County* - 436, *State* - 415)

- **Cancer Screening:** Regionally, the proportion of the female population who has had a recent mammogram and a recent pap test is comparable to or higher than the County and State overall. Similarly, the proportion of the male population who has had a PSA screen is also comparable to or higher than the State and County. In all cases, the rates for low income populations were lower than the State and County rates.

(*Recent Mammogram: Rockport* - 84%, *Overall Survey Sample* - 82%, *Low Income* - 74%, *County* - 84%, *State* - 80%)

(Recent Pap Test: Rockport - 84%, Overall Survey Sample - 87%, Low Income - 83%, County - 88%, State - 87%)

(Recent PSA test: Rockport - 61%, Overall Survey Sample - 54%, Low Income - 53%, County - 54%, State - 49%)

Healthy Behaviors and Risk Factors

There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, physical exercise, poor nutrition, and smoking. These factors can lead to a variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state-level, as well as at regional level. Conversely healthy habits and behaviors with respect to nutrition and physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries, and other conditions. Rockport is not immune to these issues and while the rates for these risk factors are not higher than those who live in neighboring towns they are still a concern.

- **Overweight/Obesity:** The prevalence of obesity and overweight (according to Body Mass Index) for the region was comparable to state but nonetheless extremely high with approximately 50% of the population reporting as either overweight or obese. In Rockport, 56% of the population is either overweight or obese and in the low income population 60% of the population falls into these categories.

Obesity/overweight was perceived to be the #1 or #2 most significant health problem across all of the groups in the survey.

- **Lack of Physical Exercise:** The proportion of residents throughout the region reporting no physical exercise was comparable to the State but, once again, was very high among lower income populations. Residents of Rockport were slightly more likely to have exercised in the past month than residents of the State or County.

(No Physical Exercise: Rockport - 16%, Overall Survey Sample - 19%, Low Income - 34%, State - 21%)

- **Tobacco Use:** Regionally, the proportion of the population who currently smokes cigarettes is comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations the proportion of cigarette smokers was higher.

(Current Smokers: Rockport - 7%, Overall Survey Sample - 11%, Low Income - 19%, State - 14%)

Mental Health

Depression, anxiety and stress are major health issues throughout the nation and place significant burdens on individuals, families and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing health care expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays. Numerous

data elements from the survey and the state quantitative morbidity and mortality data highlight the burden that it places on the region, especially among low income populations.

Mental illness is one of the leading health care issues in the region. While significant proportions of the population report having poor mental health, the hospital emergency department discharge rates for mental health-related issues was lower for those living in Rockport than for those living in the County or the State overall.

- **Poor Mental Health:** Regionally, the proportion of survey respondents who reported being in poor mental health more than 15 days in a given month was comparable to the State. However, among low income populations overall and cities/towns with higher proportions of low income populations the proportion of people reporting this level of illness was higher. The number of Rockport residents reporting poor mental health 15 or more days in the last month was comparable to the State.

(Poor Mental Health > 15/month: Rockport - 9%, Overall Survey Sample - 9%, Low Income - 18%, State - 9%)

- **Depression and Anxiety:** The proportion of people in Rockport who reported being sad/blue more than 15 days in a given month was lower than the proportion of those who reported this level of illness in the Overall Survey Sample. The proportion of people in Rockport who reported being tense or anxious more than 15 days in a given month was comparable to proportion of people who reported this level of illness in the Overall Survey Sample.

(Sad/Blue > 15/month: Rockport - 6%, Overall Survey Sample - 8%, Low Income - 18%)

(Tense/Anxious > 15/month: Rockport - 12%, Overall Survey Sample - 12%, Low Income - 26%)

Substance Abuse

Like mental health, substance abuse is a major health issue throughout the region but particularly in Rockport. Data clearly shows that this cuts across all income and geographic groups and causes significant burdens and loss of productivity upon individuals, families and communities. Substance abuse increases health care expenditures as well as community expenditures on law enforcement and incarceration.

The extent of alcohol abuse and prescription drug abuse provided some of the more dramatic findings in the assessment. Regionally, those who responded to our survey were much more likely to report as “heavy” alcohol drinkers (more than 7 drinks a week for women and more than 14 drinks a week for men) or binge drinkers (more than 4 drinks at any one sitting for women and more than 5 drinks at any one sitting for men) than those in the County and the State overall. Regionally, high proportions of the population also abused prescription drugs.

- **Heavy and Binge Drinking:** The proportion of survey respondents who reported as heavy drinkers was significantly higher than the proportions for the state, particularly in the more affluent areas of the region. The rates for heavy and binge drinking are higher in Rockport than in the State and the County.

(Heavy Drinking: Rockport – 12%, Overall Survey Sample - 12%, Low Income - 10%, County - 6%, State - 6%)

(Binge Drinking: Rockport - 24%, Overall Survey Sample - 27%, Low Income - 21%, County - 16, State - 17%)

- **Prescription Drug Abuse:** A large proportion of people who responded to the survey reported abusing prescription drugs, particularly in the low income brackets.

(Prescription Drug Abuse: Rockport - 6%, Overall Survey Sample - 9%, Low Income - 16%)

Oral Health

Good oral health is important for good nutrition, overall general health and even mental health as related to self-esteem and sense of well-being. Proven preventive measures include good personal dental hygiene and regular dental care including recommended interventions such as cleaning and placement of sealants. Many respondents lacked dental insurance in the region and were in the majority in some communities and sub-groups. Lack of insurance and/or high deductibles/co-pays lead to lack of dental care for both prevention and treatment of decay and other problems. For insured populations and those who have the means to pay out of pocket there are limited to no barriers but for uninsured and low and middle income groups the cost barriers can be a real barrier. Low income and/or uninsured adults struggle to access services as there are virtually no dental providers who take publically insured adults or provide care at a discounted rate.

- **Dental Insurance:** Except for the most affluent communities in the region, almost half of the respondents from the cities/towns that were included in the community survey lacked dental insurance.

(No Dental Insurance: Rockport - 49%, Overall Survey Sample - 40%, Low Income - 58%)

- **No Dental Care:** Regionally, higher proportions of those survey reported not having any dental care within the last 12 months compared to the State.

(No Dental Care in Past Year: Rockport - 21%, Overall Survey Sample – 15%, Low Income - 45%, State - 19%)

Maternal-child health

The health and well-being of pregnant women and children is always a priority. The region has strong levels for almost all of the indicators for maternal-child health, with better rates than both the county and the state. These strengths are reflections of, among other things, adequate access to care, good nutrition and generally lower rates of smoking. Rockport's rates for the leading maternal and child health indicators were comparable or lower than the rates for the County and the State.

- **Maternal and Child Health:** Regionally and in Rockport, the rates for late prenatal care, infant mortality, teen pregnancy and low birth weight are better than the rates for the State

Community Stakeholder Interviews

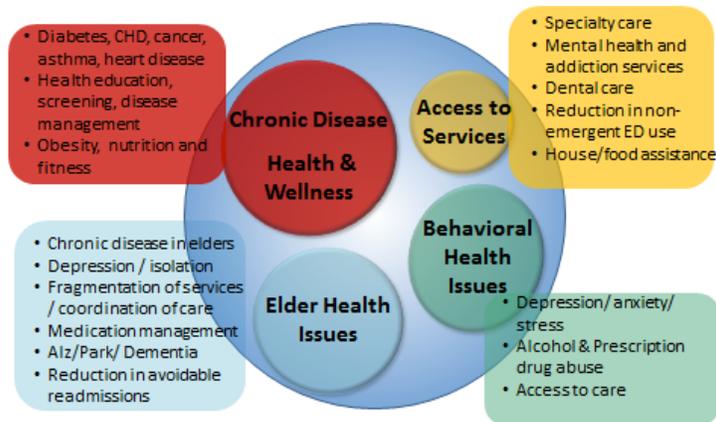
Overall, the community stakeholders that were interviewed identified health concerns that were consistent with the other components of the assessment. The following is a listing of the health-related issues that interviewees thought were most concerning.

- Chronic disease (heart disease, stroke, and cancer) and related lifestyle issues such as proper nutrition, exercise, overweight/obesity, and smoking.
- Mental health and substance abuse issues, particularly depression, stress, alcohol abuse for both adults and adolescents.
- Access to mental health services, particularly for adolescents and families in low-income brackets.
- Many low-income individuals and families in communities throughout the North Shore fall through the cracks and cannot access needed specialty and primary care services, including important supportive services.
- Many older adults face barriers that hinder their access to needed health-related services as well as isolate them from vital social activities.
- There is limited collaboration between health care providers and other social service organizations serving older adults. This leads to poor care coordination and can have dramatic impacts on the health and well-being of older adults, particularly those who are frail, disabled, or have chronic health conditions.

III. Strategic Planning and Community Health Priorities

As stated above, at the culmination of Phase II when all of the assessment data had been compiled, the JSI Project Team and the project's Steering Committee conducted an integrated analysis and facilitated a series of hospital and community-based strategic planning sessions. These sessions allowed the overall project team to identify a series of strategic, community health priorities that would guide the efforts of LHS, the hospital administration's Community Benefits Committee, other community-based providers, and the community at-large as they work to improve the region's health status and address the major health issues identified by the assessment. The follow are the priorities that were identified by the project's Steering Committee and the project's various strategic planning efforts.

Community Health Priorities



IV. Conclusions and Ongoing Planning and Program Development Activities

Lahey Health System, Inc. and the staff at Addison Gilbert and Beverly hospitals are committed to developing hospital services and other community-based programs that are tailored to meet the needs of the communities they serve. Both of LHS' hospitals have a recognized track record of working collaboratively with community partners to develop programs and services that are providing health education, expanding access to service, addressing barriers to care, and improving overall health status. We are proud of this record and look forward to using the findings from this assessment to refine our current services and develop new community programs and partnerships. Community health workgroups that correspond to the health priorities identified by the assessment have already been convened and these workgroups are in the process of developing detailed strategic plans. The staff at Addison Gilbert and Beverly hospitals looks forward to working with all of the area's health and social service providers and the community at-large as to improve the overall health status of the North Shore and Cape Ann communities.

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from ctty & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Demographics			
Gender			
Counts			
Male	3205	3166628	356615
Female	3747	3381001	386544
Percentages			
Male	46.1%	48.4%	48.0%
Female	53.9%	51.6%	52.0%
Race/ethnicity			
Counts			
Non-Hispanic White	6666	4984800	565035
Non-Hispanic Black	41	391693	19566
Hispanic	111	627654	122745
Non-Hispanic Asian/Pacific Islander	62	348962	23025
Non-Hispanic American Indian/Alaskan Native	4	10778	915
Other race	68	183742	11873
Percentages			
Non-Hispanic White	95.9%	76.1%	76.0%
Non-Hispanic Black	0.6%	6.0%	2.6%
Hispanic	1.6%	9.6%	16.5%
Non-Hispanic Asian/Pacific Islander	0.9%	5.3%	3.1%
Non-Hispanic American Indian/Alaskan Native	0.1%	0.2%	0.1%
Other race	1.0%	2.8%	1.6%
Percent of the population foreign born	3.9% (2-5.8%)	14.5% (14.4-14.6%)	14.5% (14.2-14.8%)
Percent of 5+ yr olds that speak language other than English in the home	4.9% (2.4-7.4%)	21% (20.9-21.1%)	23.3% (22.9-23.7%)
Age			
Counts			
0-4 yrs	262	367087	43632
5-14 yrs	687	791300	96426
15-19 yrs	380	462756	51888
20-34 yrs	745	1320809	129099
35-44 yrs	730	887149	100353
45-54 yrs	1170	1012435	121262
55-64 yrs	1370	803369	95416
65+ yrs	1608	902724	105083
Population 18 years and older	5756	5128706	571070
Population less than 18 years of age	1196	1418923	172089
Percentages			
0-4 yrs	3.8%	5.6%	5.9%
5-14 yrs	9.9%	12.1%	13.0%
15-19 yrs	5.5%	7.1%	7.0%
20-34 yrs	10.7%	20.2%	17.4%
35-44 yrs	10.5%	13.5%	13.5%
45-54 yrs	16.8%	15.5%	16.3%
55-64 yrs	19.7%	12.3%	12.8%
65+ yrs	23.1%	13.8%	14.1%
Population 18 years and older	82.8%	78.3%	76.8%
Population less than 18 years of age	17.2%	21.7%	23.2%

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from ctty & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Households			
Percent of households with children <18 years old	25.3% (20.3-30.3%)	31.9% (31.7-32.1%)	34% (33.5-34.5%)
Percent single female householder with own children <18 present	2.5% (0-5%)	7% (6.9-7.1%)	7.8% (7.5-8.1%)
Percent of households with one or more people 65+ years old	35.9% (32.1-39.7%)	24.8% (24.7-24.9%)	25.7% (25.4-26%)
Percent with high school degree or more education	96% (92.9-99.1%)	88.7% (88.6-88.8%)	88.2% (87.8-88.6%)
Income			
Median household income (in 2010 inflation-adjusted dollars)	\$70625 (\$57059-84191)	\$64509 (\$64165-64853)	\$64153 (\$63380-64926)
Percent of families living below poverty level	0.7% (0-1.8%)	7.5% (7.3-7.7%)	7.7% (7.3-8.1%)
Percent of persons living below poverty level	3.7% (2.4-5%)	10.5% (10.3-10.7%)	10.1% (9.7-10.5%)
Percent of single female households with children living below poverty level	0% (0-34.2%)	33.4% (32.4-34.4%)	33.1% (31-35.2%)
Percent of children <18 yrs old living below poverty level	0% (0-2.7%)	13.2% (12.8-13.6%)	13.3% (12.5-14.1%)
Unemployment			
Unemployment (percent of labor force that is unemployed)			
December 2011 Unemployment rate	6.45% (5.7-7.2%)	6.84% (6.82-6.87%)	6.98% (6.9-7.06%)
November 2011 Unemployment rate	6.32% (5.58-7.07%)	6.98% (6.96-7.01%)	6.83% (6.75-6.91%)
2010 Unemployment rate	7.58% (6.69 - 8.48%)	8.50% (8.47 - 8.53%)	8.95% (8.86 - 9.04%)
Housing			
Number of housing units	4210 (3933-4487)	2786077 (2785649-2786505)	304902 (304376-305428)
Median house value of owner-occupied units	\$504700 (\$455952-553448)	\$352300 (\$351548-353052)	\$372400 (\$370414-374386)
Among owner occup. units, monthly owner costs ≥35% of total income	38.7% (32.4-45%)	31% (30.7-31.3%)	32.8% (32-33.6%)
Percent of housing units that are vacant	28.6% (24.6-32.6%)	9.8% (9.6-10%)	7.2% (6.8-7.6%)
Percent of housing units that are renter occupied	29.7% (24.4-35%)	36% (35.8-36.2%)	34.6% (34.1-35.1%)
Among renter occupied units, rent 35% or more of total income	46% (34.1-57.9%)	40.4% (40-40.8%)	43.3% (42.1-44.5%)
Participation in Public Programs			
Number of tax filers in 2008	2827	3146019	361449
Number of tax filers taking EITC in 2008	199	344168	45446
Percent of tax filers in 2008 that took the EITC	7.04% (6.1-7.98%)	10.94% (10.91-10.97%)	12.57% (12.47-12.68%)
Number of children <4 years of age	201	292,461	34,678
Number of licensed child care slots by the state	141	229,312	29,314
Child care slots per 1,000 children <4 years of age	701.5 (585.7-817.3)	784.1 (780.9-787.3)	845.3 (835.6-855)
Number of families with dependent children	693	776,289	93,242
Number of Temporary Family Assistance (TANF) recipients	14	49,673	5,796
Percent of families with dependent children that receive TANF	2.02% (0-9.39%)	6.4% (6.18-6.61%)	6.22% (5.59-6.84%)
Number of children <4 years of age	201	292,461	34,678
Number of Early Intervention active clients	18	33,533	4,286
Number of Early Intervention new clients	7	18,390	2,289
Percent of Early Intervention active clients among children <4 yrs of age	8.96% (0-22.15%)	11.47% (11.12-11.81%)	12.36% (11.37-13.34%)
Percent of Early Intervention new clients among children <4 yrs of age	3.48% (0-17.06%)	6.29% (5.94-6.64%)	6.6% (5.58-7.62%)
Total number of women 20-44 yrs and children <5 yrs	1032	1,489,787	161,450
Number of WIC active participants - total	27	131,846	17,855
Percent of WIC active participants among women 20-44 yrs and children <5 yrs	2.62% (1.64-3.59%)	8.85% (8.8-8.9%)	11.06% (10.91-11.21%)

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from cty & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Education and Schools (http://profiles.doe.mass.edu/search/search.aspx?leftNavid=)			
Public school enrollment - total (count) - as of 2011-2012	924	953,369	
Student-teacher ratio in 2010-2011 (number of students to 1 teacher)	12.0 (11.24-12.80)	13.9 (13.87-13.93)	
Number of students in 4 year cohort for Class of 2011	81	74,307	
Cumulative four-year dropout rate for Class of 2011	2.5% (0-5.9%)	7.2% (7.01-7.39%)	
Cumulative four-year graduate rate for Class of 2011	90.1% (83.6-96.6%)	83.4% (83.13-83.67%)	
School district expenditures (per pupil)	\$13067 (\$13059.63-13074.37)	\$13055 (\$13054.77-13055.23)	
Percent of students that are minority race/ethnicity	6.7% (5.09-8.31%)	33% (32.91-33.09%)	
Percent of students that are limited English proficient	0.6% (0.1-1.1%)	7.3% (7.25-7.35%)	
Percent of enrolled students eligible for free/reduced-price meals	8% (6.25-9.75%)	35.2% (35.1-35.3%)	
Percent of students that are special education	18.1% (15.62-20.58%)	17% (16.92-17.08%)	
Crime (per 100,000 population)			
Population count	7,580	6,547,629	
Violent crime counts			
Overall count	5	30,553	
Murder/non-negligent manslaughter count	0	210	
Forcible rape count	2	1,745	
Robbery count	0	6,874	
Aggravated assault count	3	21,724	
Property crime counts			
Overall count	13	153,905	
Burgulary count	5	37,767	
Larceny-theft count	7	104,685	
Motor vehicle theft count	1	11,453	
Arson count	0	Not provided	
Violent crime rates (per 100,000)			
Overall rate	66.0 (21.4-153.9)	466.6 (461.4-471.9)	
Murder/non-negligent manslaughter rate	0.0 (0.0-48.7)	3.2 (2.8-3.7)	
Forcible rape rate	26.4 (3.2-95.3)	26.7 (25.4-27.9)	
Robbery rate	0.0 (0.0-48.7)	105.0 (102.5-107.5)	
Aggravated assault rate	39.6 (8.2-115.7)	331.8 (327.4-336.2)	
Property crime rates (per 100,000)			
Overall rate	171.5 (91.3-293.3)	2350.5 (2338.8-2362.3)	
Burgulary rate	66.0 (21.4-153.9)	576.8 (571.0-582.6)	
Larceny-theft rate	92.3 (37.1-190.3)	1598.8 (1589.2-1608.6)	
Motor vehicle theft rate	13.2 (0.3-73.5)	174.9 (171.7-178.1)	
Arson rate	0.0 (0.0-48.7)	Not provided	

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from ctly & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Substance Abuse and Mental Health			
Admissions to DPH funded substance abuse programs			
Total admissions (per 100,000)	618.47 (444.04 - 792.89)	1589.89 (1580.35 - 1599.44)	1492.41 (1464.98 - 1519.84)
Admissions where alcohol was primary substance (per 100,000)	347.89 (216.89 - 478.88)	606.71 (600.78 - 612.64)	561.52 (544.61 - 578.43)
Admissions where there was injection of primary substance (per 100,000)	128.85 (49.04 - 208.66)	500.14 (494.75 - 505.52)	458.25 (442.97 - 473.53)
Percent of All Admissions that used a need within the past year	22.92% (11.03 - 34.81%)	38.97% (38.67 - 39.26%)	39.88% (38.97 - 40.78%)
Hospitalizations (age-adjusted rates)			
Alcohol/substance-related hospitalizations (age-adjusted rate per 100,000)	326.30 (262.21 - 390.38)	338.77 (336.79 - 340.74)	328.58 (322.79 - 334.38)
Mental disorders - hospitalizations (age-adjusted rate per 100,000)	789.54 (693.26 - 885.82)	789.46 (786.44 - 792.48)	945.05 (935.22 - 954.89)
Mental disorders - all related hospitalizations (age-adjusted rate per 100,000)	3416.37 (3240.91 - 3591.82)	3743.44 (3737.21 - 3749.68)	4014.17 (3995.13 - 4033.21)
ED visits (age-adjusted rates)			
Alcohol/substance-related ED visits (age-adjusted rate per 100,000)	614.45 (521.29 - 707.60)	702.96 (700.10 - 705.81)	732.51 (723.76 - 741.26)
Mental disorders - ED visits (age-adjusted rate per 100,000)	1485.09 (1343.85 - 1626.32)	1759.05 (1754.52 - 1763.57)	1852.63 (1838.77 - 1866.48)
Mental disorders - all related ED visits (age-adjusted rate per 100,000)	3834.82 (3616.55 - 4053.09)	3713.44 (3706.98 - 3719.91)	4059.02 (4038.90 - 4079.14)
Mortality (age-adjusted rates)			
Opioid-related Fatal Overdoses - Death Rate Per 100,000	2.05 (0.00 - 6.07)	8.73 (8.41 - 9.05)	9.88 (8.87 - 10.90)
Mental Disorders: All - Death Rate Per 100,000	24.76 (14.13 - 35.38)	32.52 (31.97 - 33.08)	32.63 (31.01 - 34.25)
Supply of Physicians			
Total number of registered physicians	2	26,267	1,675
Total primary care (FP/GM, IM, OB/GYN, PED)	1	10,895	805
Population-to-registered physician ratio	3476.0 (3394.8-3558.6)	249.3 (249.1-249.5)	443.7 (442.7-444.7)
Population-to-licensed primary care physicians ratio	6952.0 (6789.6-7117.2)	601.0 (600.5-601.4)	923.2 (921.1-925.3)
Maternal and Child Health			
Women 15-44 yrs old	964	1,350,576	143,285
Total Births Residence (5 years aggregated, 2005-2009)	244	384,363	45,001
Fertility rate for women 15-44 yrs (births per 1,000 women 15-44 yrs)	50.6 (44.3-57)	56.9 (56.7-57.1)	62.8 (62.2-63.4)
Low birthweight (<2500 grams)	14	30,129	3,443
Percent low birthweight (<2500 grams)	5.74% (2.82 - 8.66%)	7.84% (7.75 - 7.92%)	7.65% (7.41 - 7.90%)
Cigarette smoking	15	27,520	3,097
Percent of births where mother smoked cigarettes	6.15% (3.13 - 9.16%)	7.16% (7.08 - 7.24%)	6.88% (6.65 - 7.12%)
Late/no prenatal care	19	82,963	10,142
Percent of births with no/late prenatal care	7.79% (4.42 - 11.15%)	21.58% (21.45 - 21.71%)	22.54% (22.15 - 22.92%)
Infant mortality rate (per 1,000 live births)	NA	4.90 (4.68 - 5.12)	4.40 (3.79 - 5.01)
Domestic Violence - Child Abuse			
2010 Population count for children (0-18 yrs)	1,196	1,418,923	172,089
Undup. Counts of Children Reported Maltreated (Allegedly Abused/Neglected)	37	77,415	8,767
Rate of child reported maltreatment (per 1,000 children 0-18 years)	30.9 (21-40.9)	54.6 (54.2-54.9)	50.9 (49.9-52)
Undup. Counts of Children Who Were the Subject of Investig. of Maltreatment	18	51827	5043
Percent of reports that were investigated (unduplicated by child)	48.65% (32.54-64.75%)	66.95% (66.62-67.28%)	57.52% (56.49-58.56%)
Undup. Counts of Children w/ Subst. Allegations of Maltreatment following Investig.	NA	29,741	2,579
Percent of reports investigated that were substantiated (unduplicated by child)	NA	57.39% (56.96-57.81%)	51.14% (49.76-52.52%)

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from ctty & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Lead Poisoning			
Percent of housing units built before 1950	55.0%	44.0%	
Total number of children 6-72 months	678	712404	
Total number of children 6-72 months screened	280	414506	
Total number of children 6-72 months with elevated blood lead levels	0	302	
Percent of children 6-72 months screened for lead poisoning	41.3% (37.59-45%)	58.18% (58.07-58.3%)	
Percent of children 6-72 mos screened with elevated blood lead levels (≥15 ug/dl)	0.0% (0.0-1.31%)	0.1% (0.06-0.08%)	
Infectious Disease			
TB Incidence (crude rate per 100,000)		3.70 (3.24 - 4.16)	4.26 (2.79 - 5.74)
Chlamydia Incidence (crude rate per 100,000)		322.07 (317.75 - 326.40)	310.61 (298.02 - 323.20)
Gonorrhea Incidence (crude rate per 100,000)	0.00 (0.00 - 0.00)	37.87 (36.39 - 39.36)	23.85 (20.36 - 27.35)
Syphilis Incidence (crude rate per 100,000)	0.00 (0.00 - 0.00)	9.42 (8.68 - 10.16)	6.93 (5.05 - 8.81)
Lyme disease incidence (crude rate per 100,000)		61.51 (59.62 - 63.41)	39.58 (35.08 - 44.08)
Pneumonia/Influenza			
Hospitalizations - age adjusted rate	270.15 (220.35 - 319.96)	354.31 (352.34 - 356.29)	373.09 (367.20 - 378.99)
Deaths - age adjusted rate	12.72 (4.61 - 20.82)	21.93 (21.47 - 22.39)	20.04 (18.76 - 21.33)
HIV/AIDS			
HIV/AIDS incidence (crude rate per 100,000)	NA	8.60 (7.89 - 9.31)	NA
HIV/AIDS prevalence (crude rate per 100,000)	NA	260.98 (257.09-264.88)	185.62 (175.88-195.36)
HIV/AIDS hospitalizations (primary dx; age-adjusted rate per 100,000)	NA	17.83 (17.37 - 18.28)	17.06 (15.75 - 18.37)
HIV/AIDS related hospitalizations (primary or secondary dx; age-adjusted rate per 100,000)	16.91 (5.31 - 28.50)	49.77 (49.01 - 50.53)	35.21 (33.35 - 37.08)
HIV/AIDS deaths (crude rate per 100,000)	0.00 (0.00 - 0.00)	2.50 (2.33 - 2.67)	1.62 (1.22 - 2.01)
Emergency Department (ED) discharges			
All cause ED discharges (age-adjusted per 100,000)	25854.58 (24785.58 - 26923.59)	36712.17 (36675.35 - 36748.99)	38078.69 (37970.64 - 38186.73)
Alcohol/substance use related ED discharges (age-adjusted per 100,000)	699.14 (476.42 - 921.87)	767.99 (761.33 - 774.65)	773.88 (753.79 - 793.97)
Mental health related ED discharges (age-adjusted per 100,000)	1496.16 (1174.93 - 1817.39)	1854.70 (1844.31 - 1865.09)	1933.50 (1901.87 - 1965.13)
Preventable inpatient hospitalizations (conditions associated with AHRQ Prevention quality indicators (PQI)) (age-specific rates per 100,000)			
Asthma admissions in young adults (age <40 yrs)	128.97 (71.02 - 186.92)	125.05 (123.36 - 126.73)	122.07 (117.17 - 126.96)
Congestive heart failure admissions (age 20+ yrs)	408.01 (336.34 - 479.67)	450.10 (447.43 - 452.76)	453.91 (445.95 - 461.87)
Hypertension admissions (age 20+ years)	42.77 (19.53 - 66.02)	64.04 (63.03 - 65.05)	57.17 (54.34 - 60.00)
Bacterial pneumonia admissions (20+ years)	371.81 (303.38 - 440.24)	419.24 (416.66 - 421.81)	448.07 (440.16 - 455.98)
Chronic obstructive pulmonary disease (COPD) (age 20+ yrs)	306.00 (243.91 - 368.10)	432.06 (429.45 - 434.67)	439.38 (431.55 - 447.21)

Health and Demographic Data Sheet: Rockport, Essex County, and Massachusetts

	Disparity from state	Disparity county	Disparity from ctly & state
	Benchmarks		
Indicators	Rockport	State	Essex County
Total Population (count)	6,952	6,547,629	743,159
Chronic Disease: Cancer (age-adjusted rates per 100,000)			
Cancer (all types) (Invasive)			
Incidence - age adjusted rate	512.08 (452.81 - 571.35)	516.53 (514.14 - 518.91)	529.10 (522.04 - 536.16)
Incidence - age adjusted for men	674.22 (570.27 - 778.17)	598.60 (594.72 - 602.49)	614.14 (602.63 - 625.65)
Incidence - age adjusted for women	402.58 (331.78 - 473.37)	461.34 (458.29 - 464.39)	471.27 (462.26 - 480.28)
Hospitalizations - age adjusted rate	408.41 (355.26 - 461.55)	414.82 (412.70 - 416.94)	436.11 (429.70 - 442.52)
Deaths - age adjusted rate	162.49 (130.39 - 194.60)	182.75 (181.35 - 184.16)	181.99 (177.90 - 186.08)
Breast cancer (invasive) - women only			
Incidence - age adjusted rate	111.01 (73.58 - 148.44)	132.51 (130.86 - 134.17)	128.75 (124.00 - 133.50)
Hospitalizations - age adjusted rate	40.37 (15.72 - 65.01)	38.78 (37.88 - 39.67)	37.62 (35.02 - 40.22)
Deaths - age adjusted rate	12.04 (1.03 - 23.04)	22.28 (21.62 - 22.94)	22.42 (20.48 - 24.36)
Colorectal cancer (invasive)			
Incidence - age adjusted rate	54.12 (35.68 - 72.56)	51.39 (50.64 - 52.15)	51.46 (49.27 - 53.66)
Hospitalizations - age adjusted rate	64.36 (43.91 - 84.81)	45.14 (44.44 - 45.83)	45.13 (43.08 - 47.17)
Deaths - age adjusted rate	6.34 (0.49 - 12.18)	16.71 (16.28 - 17.13)	16.83 (15.60 - 18.06)
Lung cancer (invasive)			
Incidence - age adjusted rate	79.14 (56.10 - 102.18)	72.28 (71.38 - 73.19)	74.11 (71.45 - 76.78)
Hospitalizations - age adjusted rate	38.71 (22.64 - 54.78)	52.69 (51.93 - 53.46)	55.92 (53.59 - 58.24)
Deaths - age adjusted rate	40.78 (24.12 - 57.43)	51.40 (50.65 - 52.16)	50.75 (48.56 - 52.94)
Prostate cancer (invasive) - men only			
Incidence - age adjusted rate	174.07 (121.07 - 227.08)	165.68 (163.63 - 167.73)	168.88 (162.82 - 174.94)
Hospitalizations - age adjusted rate	96.52 (57.67 - 135.36)	66.45 (65.22 - 67.68)	83.22 (79.10 - 87.35)
Deaths - age adjusted rate	14.96 (0.00 - 30.17)	23.09 (22.29 - 23.88)	22.04 (19.80 - 24.29)
Chronic Disease: Endocrine, Cardiovascular, Respiratory (age-adjusted rates per 100,000)			
Diabetes			
Hospitalizations - age adjusted rate	39.93 (23.82 - 56.04)	134.95 (133.71 - 136.18)	133.73 (130.11 - 137.35)
Deaths - age adjusted rate	6.24 (1.21 - 11.27)	16.34 (15.92 - 16.76)	16.55 (15.32 - 17.78)
Major cardiovascular disease (CVD)			
Hospitalizations - age adjusted rate	1127.45 (1042.05 - 1212.86)	1477.24 (1473.38 - 1481.09)	1523.94 (1512.45 - 1535.44)
Deaths - age adjusted rate	191.62 (159.94 - 223.30)	221.55 (220.07 - 223.03)	221.30 (217.03 - 225.58)
Cerebrovascular			
Hospitalizations - age adjusted rate	198.73 (162.93 - 234.53)	235.99 (234.41 - 237.58)	266.91 (261.97 - 271.85)
Deaths - age adjusted rate	45.91 (30.50 - 61.32)	36.93 (36.32 - 37.54)	36.78 (35.03 - 38.54)
Chronic lower respiratory diseases			
Hospitalizations - age adjusted rate	226.80 (179.97 - 273.64)	348.92 (346.93 - 350.91)	339.79 (334.07 - 345.52)
Deaths - age adjusted rate	26.70 (13.95 - 39.44)	34.10 (33.50 - 34.70)	33.51 (31.78 - 35.24)
Asthma			
Hospitalizations - age adjusted rate	113.35 (75.23 - 151.47)	150.69 (149.35 - 152.04)	145.02 (141.20 - 148.84)
Deaths - age adjusted rate	0.00 (0.00 - 0.00)	0.84 (0.75 - 0.93)	0.88 (0.60 - 1.17)
Alzheimers			
Deaths - age adjusted rate	23.40 (12.89 - 33.91)	20.35 (19.91 - 20.79)	23.94 (22.58 - 25.31)
Other Hospitalizations and Mortality: All Cause and Injuries (age-adjusted rates per 100,000)			
All cause			
Deaths - age adjusted rate	559.34 (503.69 - 615.00)	712.18 (709.53 - 714.84)	702.28 (694.61 - 709.95)
Deaths - age adjusted rate for men	663.92 (567.73 - 760.12)	857.18 (852.57 - 861.80)	827.09 (813.92 - 840.26)
Deaths - age adjusted rate for women	492.50 (424.25 - 560.74)	604.48 (601.31 - 607.65)	606.03 (596.82 - 615.25)
Hospitalizations - age adjusted rate	9605.57 (9315.09 - 9896.05)	11824.68 (11814.26 - 11835.11)	12279.92 (12248.82 - 12311.02)
Hospitalizations - age adjusted rate for men	9082.10 (8693.11 - 9471.09)	11136.69 (11122.27 - 11151.11)	11406.16 (11363.66 - 11448.66)
Hospitalizations - age adjusted rate for women	10226.32 (9792.38 - 10660.26)	12663.81 (12648.66 - 12678.96)	13252.97 (13207.53 - 13298.41)
Premature mortality for <75 yr population (age adjusted)	202.19 (161.61 - 242.77)	304.07 (302.14 - 305.99)	297.27 (291.64 - 302.89)
Injuries/poisonings			
Hospitalizations - age adjusted rate	792.19 (706.10 - 878.28)	875.86 (872.77 - 878.94)	951.38 (941.93 - 960.83)
Deaths - age adjusted rate	20.54 (9.07 - 32.00)	40.50 (39.83 - 41.18)	41.04 (39.01 - 43.07)

**Results of Lahey Health Community Health Needs Assessment Survey: Rockport
October, 2012**

Table 1: Number of respondents and response rates by town. Also, reporting average age, gender and household income based on *weighted* data.

	Rockport	Low Income	Overall
Number of respondents to survey	257	249	1,179
Response rate	51%	--	49%
Average age	55 yrs.	51 yrs.	51 yrs.
% female	56%	54%	53%
Household income			
% <\$50,000	32%	97%	33%
% \$50,000-124,999	40%	3%	42%
% \$125,000 or more	29%	--	25%

Table 2: Demographics of the North Shore/Cape Ann community health survey sample (N=1,179) compared to data for MA and Essex County. Reporting *weighted* survey data.

Demographics	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Source of Benchmark Data
				Essex County	State of MA	
Gender –female (A2)	56%	54%	53%	52%	52%	2010 Decennial Census
Median Age (A1)	56 yrs.	50 yrs.	50 yrs.	40 yrs.	39 yrs.	2006-2010 ACS (for total population, not just 18+ years)
65 years or older	29%	28%	21%	14%	14%	2010 Decennial Census
Minority (non-White race and/or Hispanic ethnicity) (A5)	5%	11%	6%	24%	24%	2010 Decennial Census
Non English Speaking (A7)	0%	4%	1%	23%	21%	2006-2010 American Community Survey (ACS)
Married (A8)	59%	36%	59%	50%	48%	2006-2010 ACS (population 15 years and older)
Less than high school/GED education (A9)	1%	9%	3%	12%	11%	2006-2010 ACS
Households with children <18 (A11)	30%	39%	34%	34%	32%	2006-2010 ACS
<i>Among non-retirees...</i> Unemployed (A10)	5%	6%	5%	7%	7%	Dec. 2011 Massachusetts Department of Unemployment Assistance

Table 3: Health care access and utilization of primary care, dental care, prescription drugs, specialty care, and hospital: North Shore/Cape Ann community health sample (N=1,179) compared for MA and Essex County. Reporting *weighted* survey data.

Area	Description	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Benchmark Data Source
					County Rate	State Rate	
General Access	Received all needed health services in past 12 mos. (B18)	87%	76%	82%			
	Didn't receive all needed services	6%	9%	7%			
	Did not need care	7%	15%	12%			
Primary Care	Regular PCP or personal doctor (B6)	99%	89%	96%	92%	91%	2010 Massachusetts Behavioral Risk Factor Surveillance System (BRFSS)
	Routine check-up in the past 12 months – Adults (B10)	83%	71%	75%	81%	80%	2010 MA BRFSS
	Distance traveled for Primary Care Services (B11) Less than 20 miles	90%	96%	92%			
	Adults 18-64 currently insured (B3)	97%	94%	95%	95%	96%	2010 MA BRFSS
	Any time in the past 12 months that respondent did not have any health insurance (B1)	8%	14%	10%			
Dental Care	Dental insurance (B23)	51%	42%	60%			
	Dental care in last 12 mos. (B24)	81%	55%	73%	82%	81%	2010 MA BRFSS
Prescriptions	Prescription coverage (B5)	96%	96%	95%			
	Couldn't get prescription in past 12 mos. because of cost (B22)	8%	23%	12%			
Specialty Care	Special care utilization in the past 12 mos. (B13)	56%	56%	56%			
	Distance traveled for Specialty Care Services (B15) Less than 20 miles	71%	76%	75%			
Hospital Care	Overnight hospital stay in the past 12 mos. (B16)	13%	16%	11%			
	ER Utilization in the past 12 mos. (B12)	21%	32%	25%			

Table 4: Preventive care: North Shore/Cape Ann community health survey sample (N=1,179) compared to Essex County and MA rates. Reporting weighted survey data.

Preventive Care	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Benchmark Data Source
				County Rate	State Rate	
<i>Among women ≥40 years...</i> Ever had mammogram (D28) Mammogram in past 2 years (D29)	95% 84%	98% 74%	97% 82%	84%	80%	2010 MA BRFSS
<i>Among men ≥40 years...</i> Ever had PSA (D33) PSA in past 2 years (D34)	73% 61%	65% 53%	66% 54%	54%	49%	2010 MA BRFSS
<i>Among men and women ≥50 years...</i> Ever had sigmoidoscopy/ colonoscopy (D26)	80%	66%	77%	74%	73%	2010 MA BRFSS
<i>Among women ≥18 years...</i> Ever had Pap test (D31) Pap in past 3 years (D32)	97% 84%	97% 83%	96% 87%	88%	87%	2010 MA BRFSS

Table 5: Chronic Disease: North Shore/Cape Ann community health survey sample (N=1,179) compared to Essex County and MA rates. Reporting weighted survey data.

Chronic Disease	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Benchmark Data Source
				County Rate	State Rate	
Ever told had diabetes – adult (D1)	6%	7%	7%	8%	7%	2010 MA BRFSS
Ever told asthma – adult (D8)	13%	13%	13%	15%	15%	2010 MA BRFSS
<i>Among those with asthma...</i> ER in past 12 months for asthma (D10)	13%	10%	6%			
Ever told had hypertension (D11)	29%	30%	27%	24%	26%	2009 MA BRFSS
<i>Among those with hypertension...</i> Taking Rx for Hypertension (D12)	88%	91%	86%	83%	79%	2009 MA BRFSS
Ever had cholesterol checked (D13)	98%	86%	91%	81%	84%	2009 MA BRFSS
<i>Among those with cholesterol ever checked...</i> Ever told had High Cholesterol (D14)	38%	35%	35%	40%	35%	2009 MA BRFSS
<i>Among those with cholesterol ever checked and ever told high...</i> Taking Rx to lower cholesterol (D15)	74%	65%	67%			
Ever told had cancer (D22)	17%	15%	13%			
Ever told had angina or coronary heart disease (D18)	8%	9%	5%	5%	4%	2010 MA BRFSS

Table 6: Health behavior data: North Shore/Cape Ann community health survey sample (N=1,179) compared to Essex County and MA rates. Reporting *weighted* survey data.

Behavior	Description	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Benchmark Data Source
					County Rate	State Rate	
Weight	% Overweight (BMI) (C1/C2)	39%	33%	36%	35%	34%	2010 MA BRFSS
	% Obese (BMI) (C1/C2)	17%	27%	20%	23%	22%	2010 MA BRFSS
	Overweight or Obese (C1/C2)	56%	60%	56%	58%	56%	2010 MA BRFSS
Exercise	Met physical activity guidelines (C3-C8)	37%	32%	38%	48%	47%	2009 MA BRFSS
	Participated in any physical activities or exercises, other than regular job, in past month (C9)	84%	66%	81%	78%	79%	2010 MA BRFSS
Nutrition	5 or more fruits and vegetables per day (excluding fruit juices)	61%	59%	62%	18%	17 _[K1] %	2011 MA BRFSS
	No regular soda or sweetened fruit days on an average day (C15)	89%	65%	77%			
Tobacco	Former smoker (C116)	36%	28%	32%			
	Never smoker (C16)	57%	53%	57%			
	Current Smoker (C17)	7%	19%	11%	12%	14%	2010 MA BRFSS
	<i>Among current smokers... Consider quitting smoking in next 6 mos.(C19)</i>	56%	74%	72%			
Alcohol	Excessive drinker (C16)	27%	23%	31%			
	Heavy drinker (C17-20)	12%	10%	12%	6%	6%	2010 MA BRFSS
	Binge drinker (C17-20)	24%	21%	27%	16%	17%	2010 MA BRFSS
Drugs	Marijuana in past 12 mos.(C26)	13%	16%	13%			
	Cocaine in past 12 mos. (C27)	0%	2%	1%			
	Heroin in past 12 mos. (C28)	0%	1%	<1%			
	Legal drugs used on own in past 12 mos. (C30)	6%	16%	9%			
Injury Prevention	Drove within 2 hours of drinking or using illegal drugs in past month (C31)	23%	17%	28%			
	In car with driver DUI (C32)	21%	15%	24%			
	Adult seat belt use – always (C33)	88%	70%	81%	76%	78%	2010 MA BRFSS

Table 7: Self-reported health status (physical and mental): North Shore/Cape Ann community health survey sample (N=1,179) compared to Essex County and MA rates. Reporting *weighted* survey data.

General Health Status	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)	Benchmark Data		Benchmark Data Source
				County Rate	State Rate	
% reporting fair/poor health (E1)	10%	24%	9%	14%	12%	2010 MA BRFSS
Average days in poor physical health in past 30 days (E4)	3	6	3	3	3	2010 MA BRFSS
% people with ≥ 15 days in poor physical health (34)	7%	17%	7%	8%	8%	2010 MA BRFSS
Average days in poor mental health in 30 days (E5)	3	6	3	3	3	2010 MA BRFSS
% people with ≥ 15 days in poor mental health (E5)	9%	18%	9%	10%	9%	2010 MA BRFSS
% people with ≥ 15 days sad or blue (E6)	6%	18%	8%			
% people with ≥ 15 days tense or anxious (E7)	12%	26%	12%			
% people with ≥ 15 days felt healthy/full of energy (E9)	65%	46%	64%			
% limited in any way in any activities by physical, mental or emotional problems (E2)	19%	40%	21%	19%	18%	2010 MA BRFSS

Table 8: Ranking of ten most important factors to a healthy community: North Shore/Cape Ann community health survey sample (N=1,179). Reporting *weighted* survey data.

Most important factors to a healthy community (H1)	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)
Low crime/safe neighborhoods	Rank #1	Rank #1	Rank #1
Good place to raise children	2	2	2
Access to health care	3	3	3
Clean environment	4	5	4
Good schools	5	4	5
Good jobs/healthy economy	9	8	6
Healthy behaviors/lifestyles	6	7	7
Strong family life	8	6	8
Good place to grow old	7	10	9
Parks/recreation areas	10		10
Affordable housing		9	
Community organizations			

Table 9: Ranking of ten most significant health problems in the community: North Shore/Cape Ann community health survey sample (N=1,179). Reporting *weighted* survey data.

Most significant health concerns (H2)	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)
Substance abuse issues	Rank #3	Rank #1	Rank #1
Obesity/overweight	1	2	2
Cancer	2	4	3
Mental health issues	4	3	4
Lack of exercise	5	10	5
Tobacco use	6	8	6
Heart disease/heart attacks	7	7	7
Lack of access to health care		5	8
Diabetes	9	9	9
Poor nutrition	8		10
Domestic violence		6	
Teenage pregnancy			
Accidental injuries	10		
Motor vehicle accidents			
Autism			

Table 10: Ranking of ten behaviors/lifestyle issues putting community's health at risk: North Shore/Cape Ann community health survey sample (N=1,179). Reporting *weighted* survey data.

Behavior/lifestyle issues that are putting community's health at risk (H3)	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)
Poor eating habits/nutrition	Rank #1	Rank #2	Rank #1
Illegal drug use/substance abuse	5	1	2
Lack of physical activity/exercise	2	6	3
Risky driving	3	4	4
Drinking and driving	4	3	5
Youth illegal drug use/substance abuse	9	5	6
Adult alcohol abuse	6	7	7
Underage drinking	7	9	8
Adult tobacco use	8	10	9
Depression		8	10
Not going to the doctor for yearly check ups			
Bullying in schools	10		

ADDITIONAL Table: Gambling: North Shore/Cape Ann community health survey sample (N=1,179). Reporting *weighted* survey data.

Gambling	Rockport (N=257)	Low Income (N=249)	Overall (N=1,179)
Gambled in the past 12 months (C34)	7%	16%	16%
<i>Among those that gambled in past year:</i> Restless/irritable/anxious when trying to cut down on gambling (C35)	3%	2%	2%
<i>Among those that gambled in past year:</i> Tried to keep family/friends from knowing how much gambled (C36)	4%	10%	3%
<i>Among those that gambled in past year:</i> Had to get help from family/friends/welfare due to financial trouble from gambling (C37)	0%	2%	<1%



Rockport / Community Health Needs Assessment

How healthy are we?

A review of the leading health status indicators for **Rockport**

Rockport at a glance: A Demographic Breakdown

Rockport has a population of nearly 7,000 people. Like other towns in the area, the population is significantly older and less racially diverse compared to the State and the County. Residents also tend to be better educated with over 54% of adults with a college or graduate degree. Though the per capita income is less than both the State and the county, Rockport has much lower proportion of residents living in low income households, earning less than 200% of the federal poverty level.

Demographic Indicators	Massachusetts	Essex County	Rockport
Total population	6,547,629	743,159	6,952
Percent male; Percent female	48.4%; 51.6%	48.0%; 52.0%	46.1%; 53.9%
Median Age	38.7 years	40 years	50.4 years
Percent of households with one or more people 65+ years old	24.8%	25.7%	35.9%
Foreign-born population	14.5%	14.5%	3.9%
Language other than English	21.0%	23.3%	4.9%
Race (White, Black, Asian)	76.1%, 6.0%, 5.3%	76.0%, 2.6%, 3.1%	95.9%; 0.6%; 0.9%
Hispanic	9.6%	16.5%	1.60%
Have a college or graduate degree	38.3%	36.1%	54.2%
Did not complete high school	11.3%	11.9%	4.00%
Have an income below 200% federal poverty level	23.2%	23.2%	13.90%
Median household income (in 2010 inflation-adjusted dollars)	\$64,509	\$64,153	\$70,625
Median Per Capita Income	\$37,606	\$34,251	\$30,957

Rockport and beyond: How do we compare?

		MA	Essex County	Rockport		
Maternal and Child Health Indicators	• Percent of women receiving adequate prenatal care	78%	77%	92%	Nearly all women in Rockport receive early and adequate prenatal care.	
	• Percent of women who smoked during pregnancy	7%	7%	6%		
	• Percent low birth weight babies per 1,000 live births	8%	8%	6%		
Infectious Disease Indicators		5	4	N/A	Infectious disease rates are considerably lower in Rockport than the rates for the State and County overall across all leading indicators.	
	• HIV/AIDS Prevalence per 100,000	261	186	N/A		
	• New cases of Chlamydia per 100,000	322	311	0		
	• New cases of Gonorrhea per 100,000	38	24	0		
	• New cases of Tuberculosis per 100,000	4	4	N/A		
	• Pneumonia deaths per 100,000	22	20	13		
Chronic Disease Indicators		354	373	270	Residents of Rockport are less likely to be hospitalized and much less likely to die of respiratory diseases than residents of the State and the County overall.	
	Asthma / Respiratory Disease					
	• Percent of adults who have ever been told they have asthma	15%	15%	13%*		
	• Hospitalizations for asthma per 100,000	151	145	113	Residents of Manchester are just as likely to have diabetes as resident of the State and County overall but are much less likely to be hospitalized or to die of the disease if they contract it.	
	• Hospitalizations for chronic lower respiratory disease per 100,000	349	340	227		
	• Deaths due to chronic lower respiratory disease per 100,000	34	34	27		
	Diabetes					
	• Percent of adults who have ever been told they have diabetes	7%	8%	8%*		
	• Hospitalizations per 100,000	135	134	40		
	• Deaths per 100,000	16	17	6		
	Cardiovascular Disease					
	• Hospitalizations per 100,000	1,477	1,524	1,127		
	• Deaths per 100,000	222	221	192		
	All Cancer					
	• New cases per 100,000	517	529	512		
	• Deaths per 100,000	183	182	162		
	Lung Cancer					
	• New cases per 100,000	72	74	79		
• Deaths per 100,000	51	51	41			
Prostate Cancer (Men Only)						
• New cases per 100,000	166	169	174			
	23	22	15			
Breast Cancer (Women Only)						
• New cases per 100,000	133	129	111			
• Deaths per 100,000	22	22	12			
Premature Mortality	• Deaths per 100,000	304	297	202	Rockport residents are just as likely as State and County residents to contract cancer (all types) but are considerably less likely to die of cancer if they contract it.	
Mental Health and Substance Abuse Indicators	• Percent of adults who have had 15+ days of poor mental health in the past 30 days	9%	10%	9%*		
	• Percent of adults who drink alcohol at risky levels on a weekly basis	6%	6%	12%*		
	• Percent of adults who binge drink	17%	16%	24%*		
	• Hospitalizations for mental health issues per 100,000	789	945	790		
	• Hospitalizations for alcohol/substance abuse per 100,000	339	329	326		
		20	24	23		
Risk Factors	• Percent of adults who are overweight	34%	35%	39%*		
	• Percent of adults who are obese (BMI >30)	22%	23%	17%*		
	• Percent who met regular physical activity standards	47%	48%	37%*		
	• Percent of adults who are current smokers	14%	12%	7%*		
Adult Health Access & Utilization	• Percent of adults who have no health insurance	4%	5%	3%*		
	• Percent of adults who have a personal doctor	91%	92%	99%*		
	• Percent of women age 50+ yrs. old who have had a mammogram in the past 2 yrs.	80%	84%	84%*		
	• Percent of adults age 50+ yrs. old who have ever been screened for colorectal cancer	73%	74%	80%*		
	• Percent of adults who have ever had their cholesterol checked	84%	81%	98%*		
	• Preventable hospitalizations for pneumonia per 100,000 (20+ yrs. old)	419	448	372		

Nearly all women in Rockport receive early and adequate prenatal care.

Infectious disease rates are considerably lower in Rockport than the rates for the State and County overall across all leading indicators.

Residents of Rockport are less likely to be hospitalized and much less likely to die of respiratory diseases than residents of the State and the County overall.

Residents of Manchester are just as likely to have diabetes as resident of the State and County overall but are much less likely to be hospitalized or to die of the disease if they contract it.

Rockport residents are just as likely as State and County residents to contract cancer (all types) but are considerably less likely to die of cancer if they contract it.

Rockport residents are less likely than residents of the State and County overall to die prematurely.

Rockport residents are twice as likely to drink too much over the course of a week (Heavy Drinking) than residents of the State and County. They are also much more likely to drink excessively at any one sitting (Binge Drink) than resident of the State and County overall.

More than 50% of residents of Rockport are either overweight or obese and less than 40% of residents meet regular physical activity standards.

Nearly all residents of Rockport have health insurance and a doctor they see on a regular basis for acute and preventive services.

* These data were captured from a household mail survey and residents of Rockport were grouped with residents of Essex and Manchester to ensure a large enough sample of survey respondents for the data analysis.