

Community Health Needs Assessment 2019-2021



SIGNATURE HEALTHCARE

Signature Healthcare 2019 Community Health Needs Assessment

Acknowledgements

This assessment has been made possible by community members and organizations in the Signature Healthcare service area. We would like to thank those who shared their thoughts, valuable ideas, time, and expertise. Thank you to the following organizations for their assistance:

- Brockton Board of Health
- Cape Verdean Adult Day Health Center
- East Bridgewater Council on Aging
- East Bridgewater Police Department
- Haitian Community Partners
- Holbrook Cares
- Massachusetts Department of Public Health
- Massasoit Community College
- Town of Stoughton/OASIS
- Town of Avon/Avon ACES

These organizations represent a wide array of community members that include significant diversity in areas such as age, gender, race, ethnicity, socio-economic status, disability, etc. The input of these organizations is crucial to addressing and eliminating health disparities.

We would also like to acknowledge the input of local community members from Brockton, Bridgewater, East Bridgewater, West Bridgewater, Holbrook, and Stoughton. Insights provided by the community have been critical in guiding the process and outcomes of this Community Health Needs Assessment.

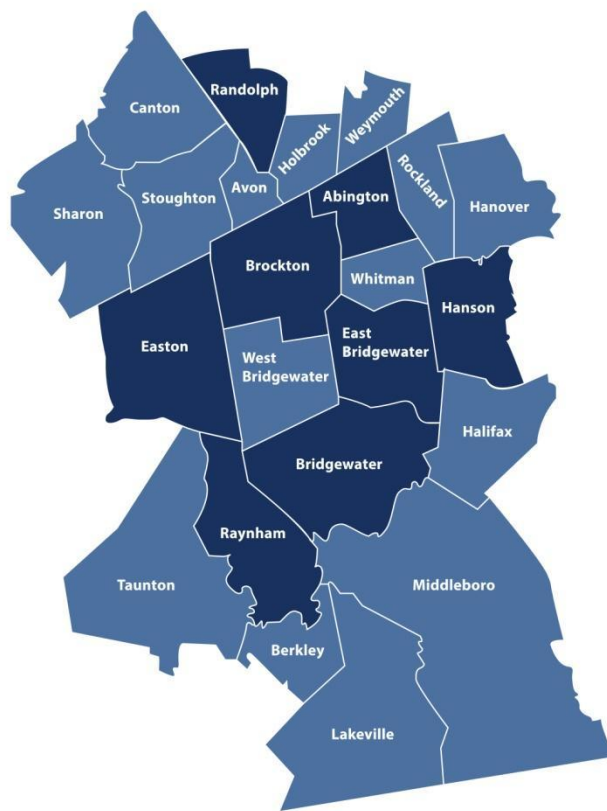
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Introduction

Service Area

Map of Signature Healthcare's service area



Organizational Priorities

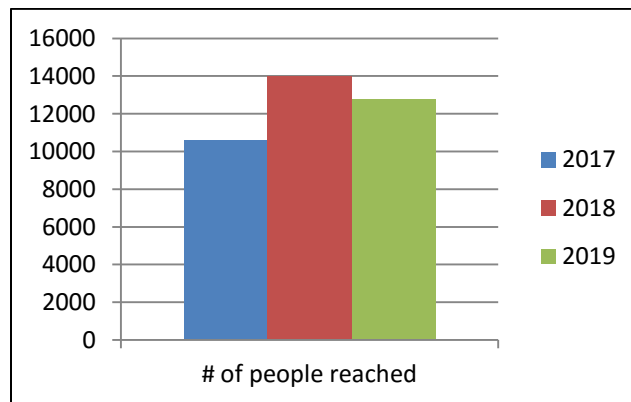
Our 2016 Community Health Needs Assessment identified Nutrition, Diabetes and Substance Use amongst all populations as major health concerns in the communities we serve. Signature Healthcare focused its efforts to combat these concerns by offering tools and education to individuals in need. Our target population was community wide and our priorities included educational tools, classes, screenings and educational seminars.

Through community outreach with local businesses, community groups and events, hospital staff members were able to educate the community on nutrition, diabetes and substance use disorder in a variety of ways. Signature Healthcare provided educational tools on diabetes, healthy recipes, free exercise classes and opportunities for questions and answers with clinical staff. Each year, hospital staff participate in more than 25 community events that promote education on the topics of Diabetes, Nutrition and Substance Use Disorder. As a result of these efforts we have been able to reach thousands of individuals to assist them with their healthcare needs and educate them on the best path to personal wellness.

Signature Healthcare has contributed to the health needs of the community by providing:

- Free Screenings – 1200
- Free Medical Educational and Awareness Events – 103

The graph below represents the total number of individuals reached from 2017-2019 to date.



Nutrition & Diabetes

As part of the 2016 CHNA, we discovered individuals living in the community viewed exercising as unsafe and expensive, had trouble affording healthy food, and faced challenges preparing meals properly.

Based on these findings, Signature Healthcare continued its wellness program. Elements include free exercise classes, free health screenings, healthy cooking demonstrations and free healthy recipes.

Signature Healthcare offers free Yoga and Zumba classes to the community and employees every Tuesday and Wednesday evening from 5-6pm to combat cost and safety concerns cited as reasons for a sedentary community. These classes, attended by 20-30 people weekly, are well received. The program is in its 9th year and continues to thrive. Massasoit Community College hosts the classes, providing additional space and affording the opportunity for college faculty, staff and students to attend.

Signature Healthcare continues to work with “Blessings in a Backpack”. Many of the children in Brockton Public Schools are on the free and reduced breakfast and lunch program and Blessings ensures these same students have healthy food for the weekends as well. Signature Healthcare works with our food services provider to put together meals for 60 students at the Kennedy School. Each weekend, these children are provided nutritious foods to take home such as soups, fresh fruit and healthy grains. Signature Healthcare will be working with Blessings in a Backpack again for the 2019-2020 school year to assist in expanding this program to other children in our community.

On many occasions since 2016, Signature Healthcare staff members offered nutrition information and hands on activities to the community. One major event is the “Health & Wellness Expo”. This event has many components including: free screenings for vascular and metabolic disease, a healthy cooking demonstration, healthy recipes, and an area where Signature Healthcare and community partners highlight nutrition and diabetes services. There is also an exercise area with Kickboxing and Zumba for adults and an obstacle course for children provided by the Easton Children’s Museum. This event is a great success each year with more than 250 attendees and more than 100 of those being screened.

Signature Healthcare continues to be part of a larger, community-wide “Brockton Knocks Down Diabetes” initiative; kicking off with the Health & Wellness Expo., providing clinicians where needed, assisting with coordination and staffing for various events, and offering classes throughout the week. BKDD is a weeklong initiative to provide education and awareness around diabetes. Numerous local partners participate in this event including the Old Colony YMCA, Harbor One, Brockton VNA and the American Diabetes Association. This group worked diligently on creating programming the community would find beneficial. Activities planned include educational presentations as well as fitness classes.

We continue to support a local grassroots program, “Kids Road Races”. This 30 + year old program is led by Brockton resident Dave Gorman and his wife with two 8-week sessions, one in the fall and one in the spring. Children come each week and run a 2-mile road race at DW Field Park. This program promotes childhood physical health and provides them with a sense of accomplishment and pride.

Substance Use Disorder

Data in our past few Community Health Needs Assessments shows an increase in Substance Use Disorders. From 2012-2015, overdose deaths continued to increase. In 2012, the State reported 668 deaths. In 2015, the reported deaths jumped to 1,379. As part of our 2016 Community Health Needs Assessment, one key informant stated “The opioid epidemic is frightening. There was always a stigma around drug addicts and now it’s everywhere. It does not matter your social or economic status, it hits everybody. We need to identify those issues and needs while we have students with us to hopefully prevent things happening when they leave the district.”

Signature Healthcare works with staff from High Point, the Brockton Area Prevention Collaborative and the Plymouth County Drug Abuse Task Force. The Plymouth County Drug Abuse Task Force published a paper in 2017 titled “Would you Prescribe Your Patient Heroin?--Plymouth County’s Response to the Opioid Crisis.” Dan Muse, MD and Lisa Harrington, RN from Signature Healthcare’s Emergency Department both authored sections of this paper. Dr. Muse provided the introduction and focused on prescribing practices and recommendations. Lisa focused her efforts on reasons for collecting data, level of data reporting and components of data to be collected.

Signature Healthcare hosted “Lunch and Learns” to share information on this research with our employees. Attendees received a background on the opioid epidemic, recommendations on how healthcare professionals can do their part in reversing the crisis, and community-based resources to address substance use prevention. Dan Muse, Emergency Department Physician from Signature Healthcare and Hillary Dubios, High Point Treatment Center, presented and answered questions. These presentations were held at both Signature Healthcare Brockton Hospital and our Signature Medical Group location at 110 Liberty St. in Brockton.

In June 2018, Signature Healthcare hosted “Hidden in Plain Sight”, a hands-on presentation designed to prepare parents on the signs and hidden sights of substance use. This was an interactive event centered on a teenager’s mock bedroom, allowing attendees the opportunity to explore and see if they could identify drug paraphernalia and hiding places along with other signs indicating drug or alcohol abuse by a teen. As part of the program, a prevention specialist from Brockton Area Opioid Prevention Collaborative attended to guide attendees through the bedroom and explain various substance use trends, signs and symptoms in an effort to bring awareness and local resource options.

Signature Healthcare Emergency Department physicians work with local police and fire departments to provide training and medical guidance. Police Departments from Norfolk, Plymouth and Bristol Counties were trained on the proper use of Nasal Narcan. The ED physicians also work on projects with the Norfolk, Plymouth and Middlesex County District Attorney’s offices to provide lectures to students, parents, teachers, and other healthcare professionals on concussions, sports injuries and substance use. Dr. Muse serves as the EMS Medical Director for 14 local fire departments and is very active in other matters related to substance use, including the Brockton Mayor’s Opioid Coalition, Independence academy and Plymouth County’s Substance Use Coalition.

Within the Signature Healthcare Emergency Department, overdose patients received Nasal Narcan, a list of detox facilities, and counseling. The ED physicians are also limiting the number of narcotics they prescribe to patients. They will not fill lost prescriptions and are advancing the use of the state’s Prescription Monitoring Program.

Signature Healthcare created a Pain and Opioid Management Committee who developed a charter to guide our purpose and ensure we are meeting the regulatory requirements of the Joint Commission as they relate to pain and opioid management. We started by ensuring appropriate pain and opioid management policies were developed to meet the needs of our patient population. At the same time, we monitored the effectiveness of patient pain assessment and pain management throughout the organization. Part of our effort includes raising awareness of available resources for consultation and referral for patients with complex pain management needs among both staff and our licensed

independent practitioners. The committee works to ensure educational resources and programs are available to improve pain assessment, pain management, and safe use of opioid medications throughout the organization in an ongoing basis.

Methods

To conduct their 2019 Community Health Needs Assessment, Signature Healthcare worked with the Stoughton Youth Commission. This year, Stoughton Youth Commission hired an evaluator to conduct the assessment with the goals of identifying (1) unmet health needs, (2) vulnerable populations, and (3) gaps in existing community health services. This needs assessment used a multi-pronged approach which included analyzing existing data as well as holding focus groups and key informant interviews. The following process was followed in gathering primary and secondary data.

- Quantitative data gathering (September 2018 – January 2019)
The process began with quantitative data gathering around demographics, social determinants of health, other health risk and protective factors, and health outcomes. The primary data sources used for this were Massachusetts Department of Public Health, Massachusetts Department of Education, American Communities Survey, and the United States Census. This data was used to guide the qualitative data collection process by identifying critical voices who needed representation within the community health needs assessment.
- Qualitative data collection (February 2019 – June 2019)
Qualitative data was collected through a series of key informant interviews and focus groups. To ensure the community voice was at the heart of this needs assessment, community members and key informants were asked to make suggestions for what other voices they would like represented in addition to their own. This led to a secondary set of qualitative data collection.
- Report generation and presentations (July 2019 – September 2019)
The report was generated collaboratively by the Stoughton Youth commission and Signature Healthcare and presented to relevant stakeholders.

Executive Summary

The 2019 Signature Healthcare Community Health Needs Assessment solicited the input of the community, with a particular focus on those facing inequities, to provide actionable context and relevance to the quantitative data that was analyzed. The prioritization of health needs was completed with the following procedures.

- (1) Community-identified health needs were ranked by frequency of mention.
- (2) When available, data concerning racial and ethnic inequities was considered.
- (3) Data points that were farthest from state and national benchmarks were prioritized.

It should be noted that the intersectionality of these health concerns is significant. Each area will be discussed in detail, along with their intersectionality, later in the report.

Mental Illness

Mental illness was identified in each focus group and in each key informant interview. It was the second most common health concern listed on the written surveys, behind obesity and chronic conditions. In the City of Brockton, 16.6% of residents experience frequent mental distress (as defined by 15 or more poor mental health days in the past 30). While data is not available by race/ethnicity, the most diverse census tracts have the highest rates, some reaching as high as 23% of the adult population. Key informants noted both the cultural stigma as well as an insufficient quantity of healthcare resources as contributing factors to the increase in mental illness.

Obesity-Related Illness

Obesity and chronic disease resulting from obesity were the number one noted item in written surveys of focus group participants. Participants reported social isolation, built environment, and transportation as contributing factors to these health concerns. According to the US Centers for Disease Control and Prevention, chronic diseases affect minority groups more severely due to a number of contributing factors such as the social determinants of health. Due to the significant inequities in these determinants from a young age, such as high school graduation, poverty, and teen births, it can be assumed these contribute to the rates of chronic illnesses such as diabetes and heart disease later in life. This data, coupled with only 26% of adults in Brockton completing preventive services, suggests that obesity-related illness will be a top priority for many years to come.

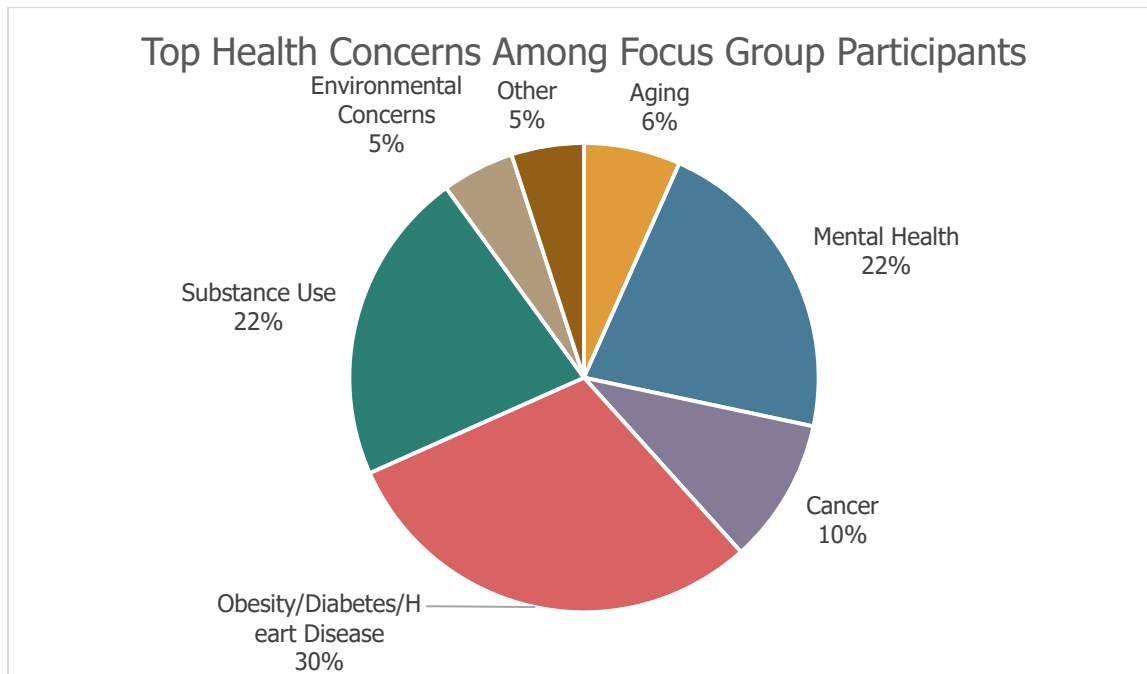
Substance Use

The third-most identified concern reported by community informants was substance use. The rapidly evolving landscape of substance use makes it challenging to stay on top of. With the increase use of electronic vapor products in young people, adult substance use and associated conditions should be closely monitored. Changes in marijuana laws and increasing availability is also likely to change the landscape of substance use in Massachusetts. Additionally, the widely available data on opioid use, overdose, and mortality can be used to create community-wide impact.

Community Input

Focus groups and key informant interviews were conducted in partnerships with local community leaders. The focus groups were determined by first examining quantitative demographic data to determine the largest demographic groups in Signature Healthcare’s service area, along with groups that are growing most rapidly.

Focus groups were conducted in Brockton, West Bridgewater, East Bridgewater, and Holbrook. Over 85 residents participated in the focus groups and ranged in age from 18 – 92. Representatives identified their race/ethnicity and demographics represented were largely reflective of the communities in Signature Healthcare’s service area. The five focus groups had a mean size of 17. Identified race/ethnicities of participants included White, African American, Haitian, Cape Verdean, Portuguese, and Indian. Participants primary language included English, Haitian Creole, Portuguese, Cape Verdean Creole, French, and Spanish.



Focus group participants were asked to identify additional stakeholders who should provide input. This led to interviews with police, hospital staff, a councilwoman, culturally focused non-profits, and a local substance use prevention expert. Their input is included in the following tables.

The groups had very different perceptions of the top health concerns, referenced in the two charts below. Each chart details either health concerns or risk factors, and includes which focus groups were most concerned about each topic.

Risk Factor

Primary Concerned Groups

Environmental Concerns (Pollutants)	Holbrook residents, Senior participants
Bullying	Parents, suburban/rural communities
Built Environment (Sidewalks, Snow Removal, Dangerous Intersections)	Young participants, Urban participants
Social Isolation	Senior participants, Suburban/Rural participants
Access to Healthcare	Foreign-Born populations, Senior participants
Socio-Economic Concerns	All

Health Concern

Primary Concerned Groups

Substance Use (Opioids, Electronic Vapor Products, Alcohol, Marijuana)	Parents, suburban/rural communities, seniors
Mental Illness (Anxiety, Depression)	Parents, suburban/rural communities
Cancer	Holbrook Residents, Senior Participants
Populations with special needs (Autism Spectrum Disorder)	Parents
Obesity	Urban participants

Demographics

Race/Ethnicity

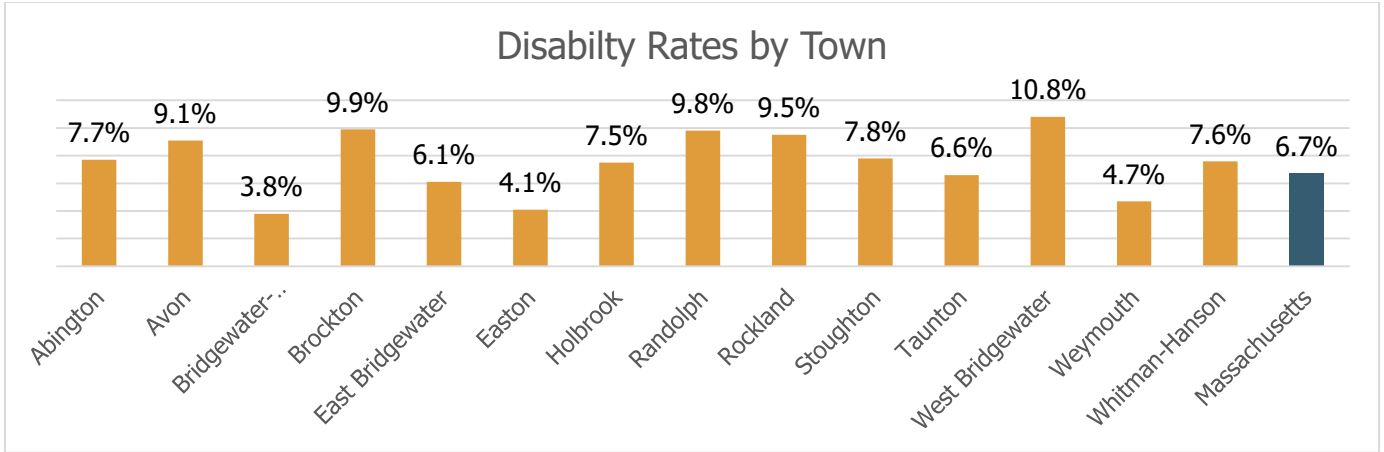
Race and ethnicity demographics have remained fairly stable in the Signature Healthcare Service area over the course of the past three years. Three municipalities experienced significant demographic shifts.

- Avon saw an increase in minority racial and ethnic groups from 16% to 25.8% since 2016. This shift can be attributed to a 76% increase in the Asian population and a 91% increase in the population who identify as two or more races. The population of Avon has remained level throughout this time.
- Weymouth increased minority racial and ethnic groups from 6% to 14% since 2016. The largest increases were in the African American/Black population, Asian population, and Hispanic population.
- East Bridgewater's minority population increased from 5.7% to 9.3% since 2016. This shift is most significantly seen in the African-American/Black population and Asian population, both of which have more than doubled.

In addition to race and ethnicity, there are three communities that have a foreign-born population higher than the state rate of 16.16%. These municipalities are Randolph (31.6%), Brockton (27.9%), and Stoughton (19.7%)

Disability

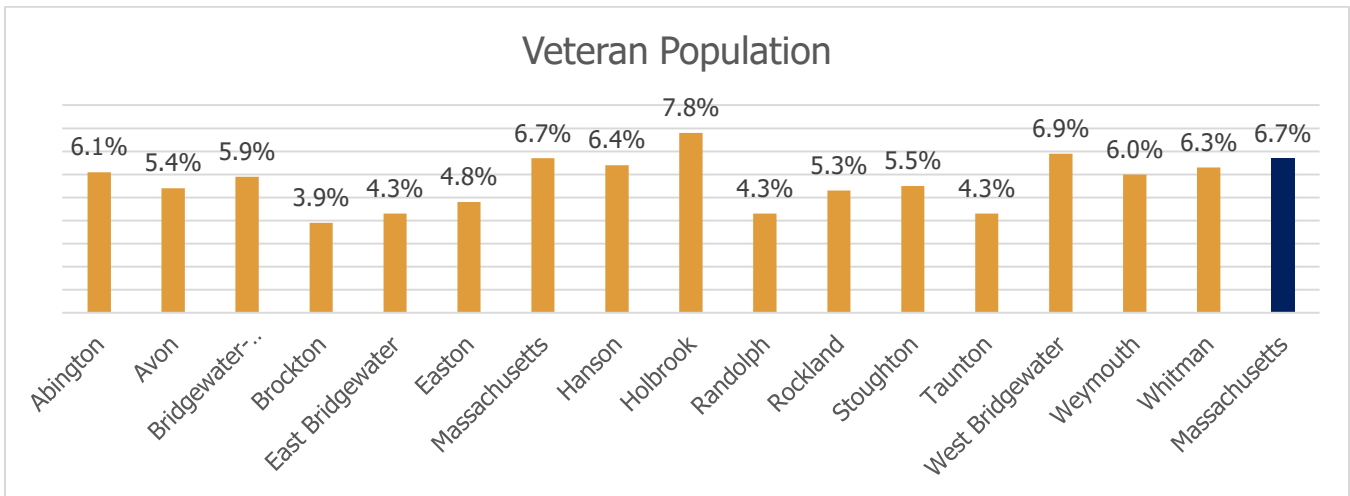
Disabilities affect health both directly and indirectly through social determinants of health. The Massachusetts Department of Public Health defines social determinants of health as the “social, economic, behavioral, and physical factors that we experience where we work, live, and play.” Disabilities can, but do not necessarily, alter transportation needs, employment opportunities, social networks, and economic earning potential. The disability rate among those 16 years old and over in Massachusetts is 6.7%. The municipalities that exceed this rate are West Bridgewater (10.8%), Brockton (9.9%), Randolph (9.8%), Rockland (9.5%), Avon (9.1%), Stoughton (7.8%), Abington (7.7%), and Holbrook (7.5%).



Source: American Communities Survey

Veteran Population

In Massachusetts, 6.7% of the adult population are veterans, 6.9% of which are women. The Massachusetts veteran population is much older than the overall United States population. In Massachusetts 57.4% of the veteran population is 65 and older. That rate is only 47% in the United States as a whole. The largest population of Massachusetts veterans served in the Vietnam Era. The United States Department of Veterans Affairs identifies major health conditions confronting veterans to include musculoskeletal injuries and pain, mental health issues, traumatic brain injury, and noise and vibration exposure. Many of these conditions are very specific to those with military experiences. It is critical to monitor the veteran population to ensure they are able to access quality care tailored to their specific health needs. Below is a chart of the veteran population by municipality.



Source: American Communities Survey

Built Environment

The built environment, according to the United State Centers for Disease Control and Prevention, “includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure).” The built environment varies drastically throughout Signature Healthcare’s service area, which includes urban, suburban, and rural landscapes. As such, the needs of the community differ significantly. In the rural communities, senior populations were particularly concerned about unsafe driving and walking conditions.



“You have to use ‘Dial-a-Bat’ which is challenging if you are senior and the wait is prohibitive”

Focus Group Participant

Driving and walking conditions were also of large concern in urban focus groups, with participants indicating that poor snow removal leads to unsafe walking conditions and more sedentary lifestyles.

Nine municipalities in Signature Healthcare’s service area contain environmental justice populations. The US Environmental Protection Agency defines an environmental justice community as, “Minority, low-income, tribal, or indigenous populations or geographic locations in the United States that potentially experience disproportionate environmental harms and risks.” To qualify as an environmental justice community, census block groups must have one of the following: (1) an annual median household income equal or less than 65% of the statewide median; (2) 25% or more of the residents identify as a race other than white; or (3) 25% or more of households have no one over the age of 14 who speak English only or very well. In Randolph, 100% of residents live in an environmental justice community, followed by Brockton (96.8%), Stoughton (24.7%), Taunton (23.6%), Holbrook (15.2%), Rockland (11.3%), Easton (7.3%), Weymouth (7.2%), Whitman (4.9%).

Additional data from City Health Dashboard shows that Brockton scores better than the average for the 500 largest cities nationwide on one of the main measures of pollution with an average particulate matter (PM) 2.5 concentration of 6.9 compared to 9.2. PM 2.5 are fine inhalable particles emitted from construction sites, unpaved roads, fields, smokestacks or fires. According to the EPA, PM 2.5 can enter deep into the lungs and possibly even the bloodstream, posing a significant health risk.

In Brockton, 35.7% of Brockton’s houses have an elevated potential lead risk compared to 18.5% in the average of the 500 largest cities. This leads to an average poverty-adjusted risk of housing-based lead exposure score of 9 out of 10 (versus an average of 5.5). Using the same database, Brockton was similar to the average of the 500 largest cities on walkability, park access, and access to healthy foods.

Social Environment

Focus groups and key informants identified a number of concerns regarding the social environment of their communities. Issues that came up frequently included both the duplication of services, and entities that work in silos. While parents often had praises about the experience their children had with specific school staff or programs, school systems as a whole seemed to generate frustration:

“It feels like the community and the parents are unwelcome at school.”

-Focus Group Participant

Significant praise was delivered in regard to the collaboration and coordination that has occurred as a result of the opioid epidemic, but focus group participants still expressed more was desired around other health concerns such as pollutants, cancers, and mental health.

“I feel like overall; our town is reacting and never active proactively.”

-Focus Group Participant

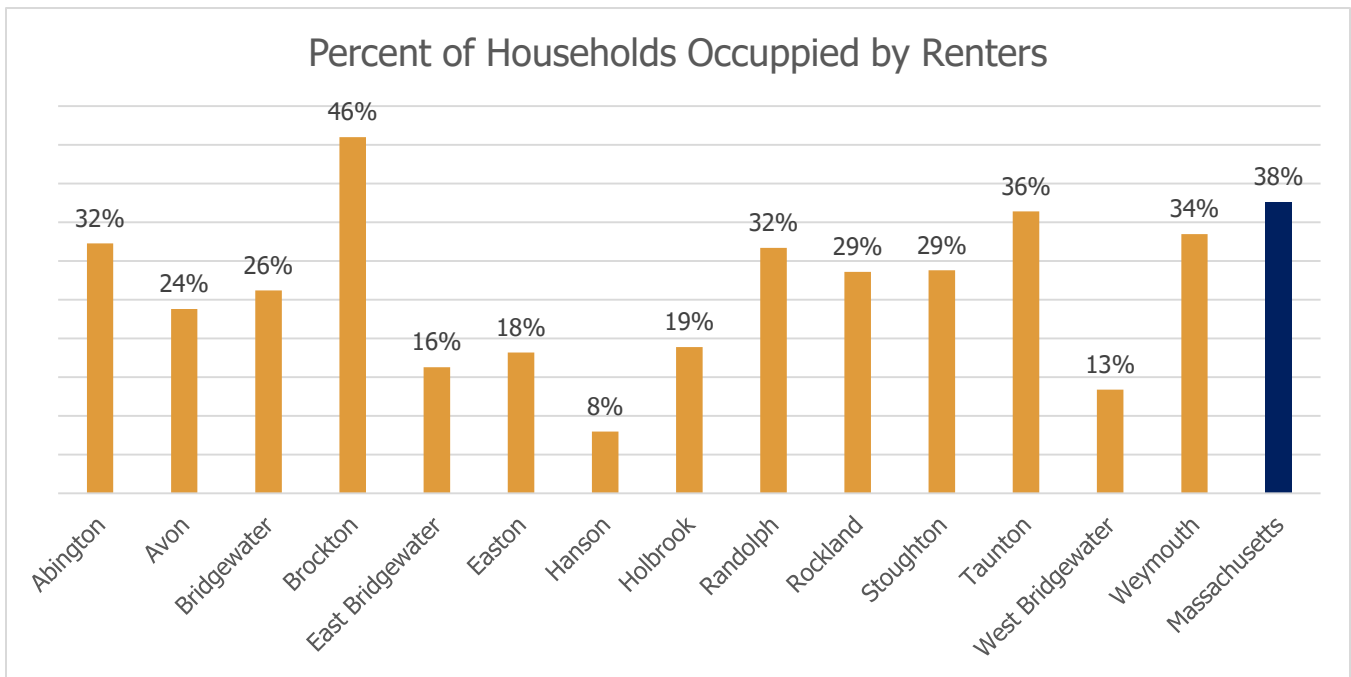
Additionally, focus group participants identified inequities due to race, ethnicity, gender, and income contributing to a challenging social environment.

According to Washington University, racially segregated neighborhoods lead to higher exposure to pollution, violent crime, more poverty, and higher rates of death from chronic diseases such as cancer and heart disease. While Brockton at large is significantly diverse, with a diversity score of 80.7 out of 100, compared to the 500 largest cities at 64.1, some census tracts have a much lower rate of racial and ethnic diversity. One example in Brockton would be the southwest corner census tract with a diversity score of 58.2.

Across the 500 largest cities in the United states, the average income inequality score is -5.5 Being close to zero would indicate little to no income inequality. Brockton, on average, has a score of -13.2, with the center census tract at a score of -66.2. This exemplifies the massive inequities that face the city of Brockton.

Housing and Homelessness

According to George Washington University, renters are more likely to have health hazards in their home such as uncomfortable temperatures, mold, cockroaches, inadequate septic systems, and water leakage. In Massachusetts, 37.6% of households are occupied by renters.



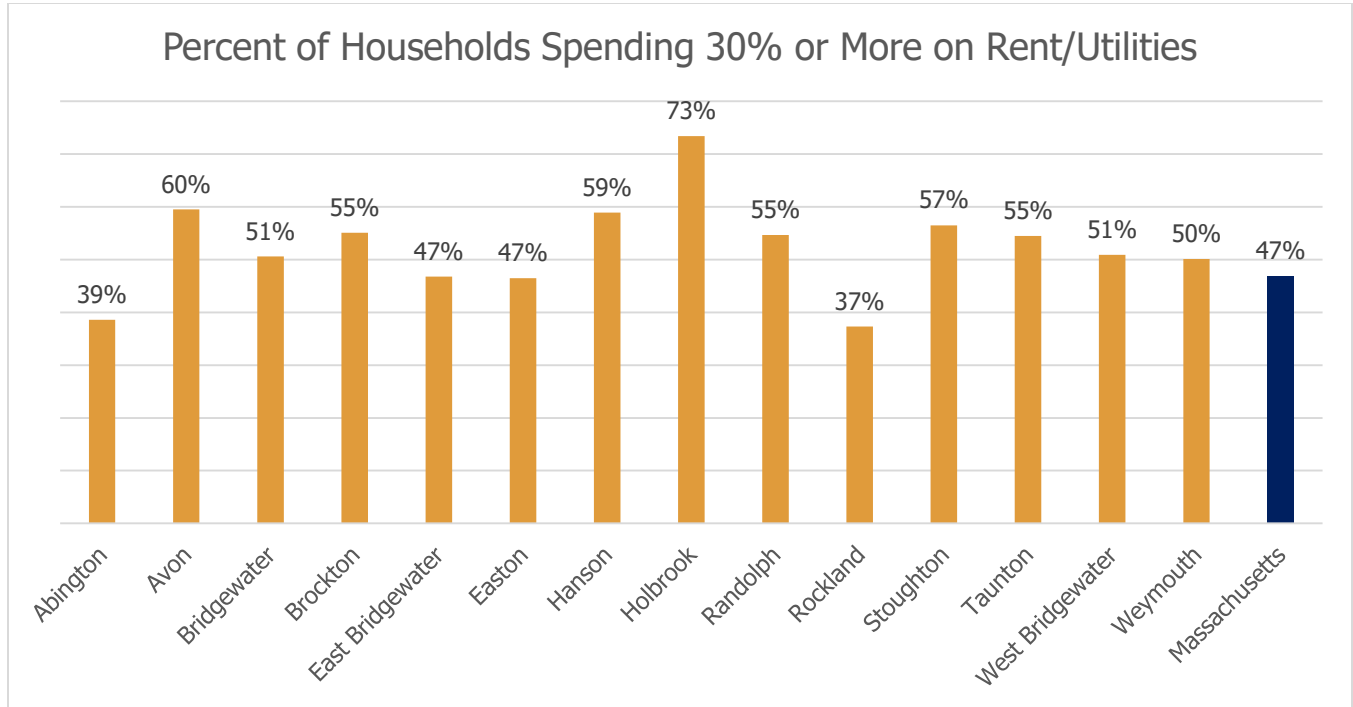
Source: American Communities Survey

The South Shore Health Compass states, “Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.”

“The homeless population often comes to the emergency department with social needs beyond what the hospital is able to provide.”

-Key Informant

In Signature Healthcare’s service area, ten of the thirteen communities have the majority of residents that are housing burdened. These municipalities are Holbrook (73.4%), Avon (59.5%), Hanson (58.9%), Stoughton (56.5%), Brockton (55.1%), Randolph (54.7%), Taunton (54.5%), Weymouth (50.9%), Bridgewater (50.6%), and Whitman (50.1%).



Source: American Communities Survey

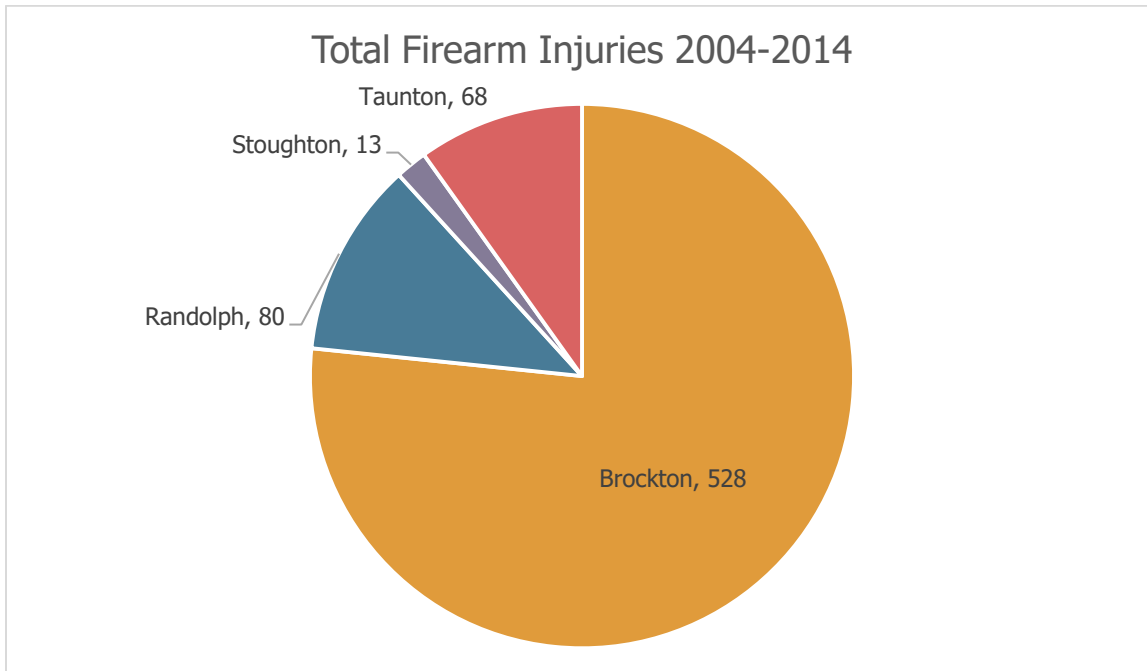
Additionally, key informants from both the Brockton Health Department and Signature Healthcare identified needs for those transitioning between inpatient treatment for behavioral health and independent living.

“These people have nowhere to go and we need to give them somewhere.”

-Key Informant

Violence

According to the Massachusetts Department of Public Health, Brockton ranks number one in the state of Massachusetts for nonfatal assault-related firearm injuries with an average rate of 194.2 per 100,000. On this same metric, Randolph ranks fifth in the state with a rate of 108.8 per 100,000. From 2012-2016, Brockton had 21 firearm homicides, putting it 5th in the state.



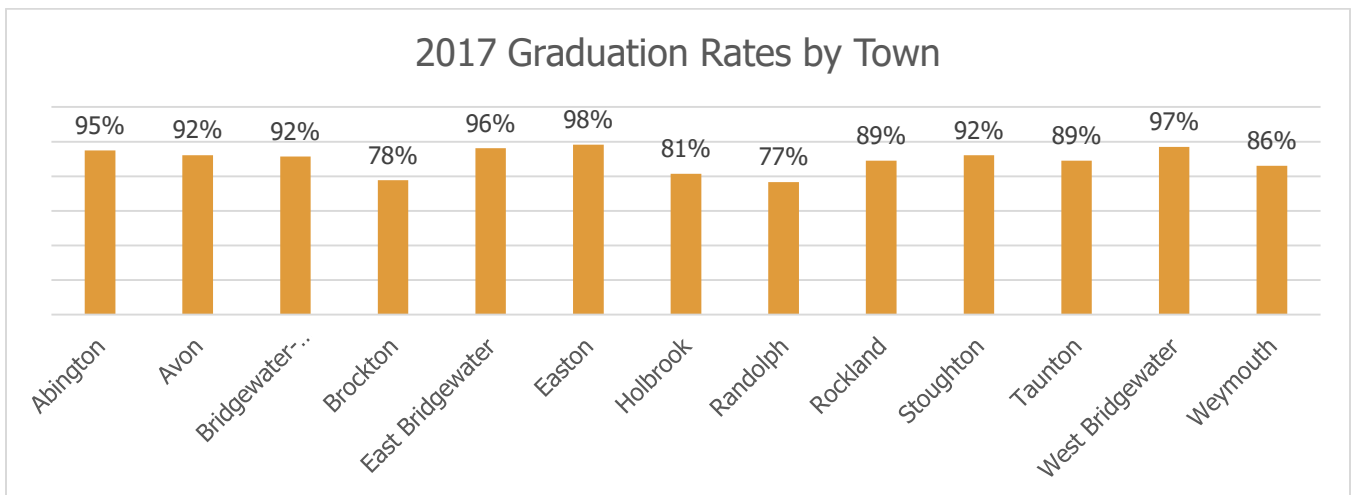
Source: Massachusetts Department of Public Health

While 2017 data indicates that Brockton has a higher rate of violent crime (967.2 per 100,000) than the average of the 500 largest cities (513.5 per 100,00), this rate has decreased from 1085.3 per 100,000 in 2016.

Education

According to the United States Centers for Disease Control and Prevention, higher levels of education decreases the likelihood of obesity and risky behaviors such as smoking, and increases the likelihood of preventive behaviors such as meeting physical activity recommendations or having mammograms or colorectal screenings, and overall increases life expectancy.

The population aged 25+ without a high school degree or equivalent in the state is 9.5%. Avon (13.3%), Brockton (18.7%), Randolph (14.4%), Taunton (16%) are above this rate. In addition, Hanson, Holbrook, Rockland, Taunton, and West Bridgewater fall below the state rate of having more than a high school diploma.



Source: Massachusetts Department of Education

It is important to note significant racial and ethnic disparities exist in educational attainment both locally and nationally. In Brockton, the graduation rates for 2017 are:

Racial/Ethnic Group	Graduation Rate
Asian	91.7%
Black	77.3%
Hispanic	74.3%
White	83.2%
Total	77.8%

Students with limited English proficiency are much less likely to graduate. In Brockton, for example, students with limited English proficiency only have a 61.8% chance of graduating high school.

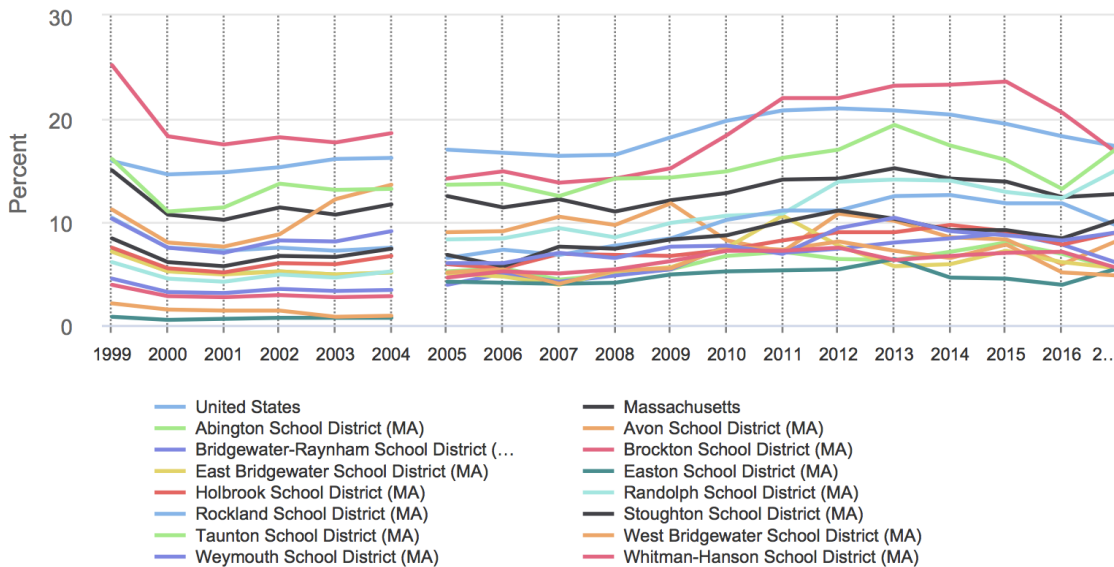
Employment

Poverty

When looking at the entire service area of Signature Healthcare, the percentage of the population at both 100% of the Federal Poverty Level and at 200% of the Federal Poverty Level are identical with the percentage for the state of Massachusetts. The distribution of this poverty is not equal between municipalities in the service area. Avon (8.5%), Bridgewater (9.5%), Brockton (16.8%), Randolph (11.3%), Stoughton (8.3%), and Taunton (13.8%) all have a higher percent of their total population living below the state and service area average of 6.9%. Additionally, Brockton (35.8%), Rockland (44.3%), and Taunton (30.0%) have higher than the state and service area rate (23%) of the population living under 200% of the Federal Poverty Level.

When examining poverty in children, school district data shows that while a decline was seen across the area in the 1990s, the poverty rates became much more unstable after the financial crisis in 2008. In 2017, Brockton fell below the state rates for children in poverty for the first time since 2011. All other municipalities in the service area have not exceeded the state rate at any point after 2000. While typically near or below the state rate for children in poverty, Randolph jumped above in 2017. Both Taunton and Brockton historically had rates above the state rate.

Ages 5 to 17 in Families (school district) (1999 - 2017)



U.S. Census Bureau

Behavioral Health

High School Age Substance Use

According to the US Centers for Disease Control and Prevention, “the earlier teens start using substances, the greater their chances of continuing to use substances and developing substance use problems later in life.” They also note that substance use in teens “contributes to the development of adult health problems such as heart disease, high blood pressure, and sleep disorders.”

In focus groups, parents identified progress made in prevention of youth substance use, including a positive sense of community, education made available for parents, and safe recreational activities provided for youth. Parents did identify electronic vapor products as an emerging concern:



“One concern I have is that we have no understanding of the long-term health data.”

-Focus Group Participant

Several local municipalities have published data on youth risk and protective factors, which provide critical insights for preventing substance use disorders. Key findings include:

Marijuana Use

Municipality	Lifetime Use Rate	30 Day Use Rate
Massachusetts	37.9%	24.1%
Avon	25.7%	12.2%
Easton	34.9%	21.0%
Stoughton	32.9%	18.6%

Cigarette Use

Municipality	Lifetime Use Rate	30 Day Use Rate
Massachusetts	19.6%	6.4%
Avon	9.1%	5.0%
Easton	10.5%	4.1%
Stoughton	5.9%	1.4%

Alcohol Consumption

Municipality	Lifetime Use Rate	30 Day Use Rate
Massachusetts	56.2%	31.4%
Avon	45.4%	13.7%
Easton	49.1%	17.7%
Stoughton	47.3%	20.4%

Electronic Vapor Product Use

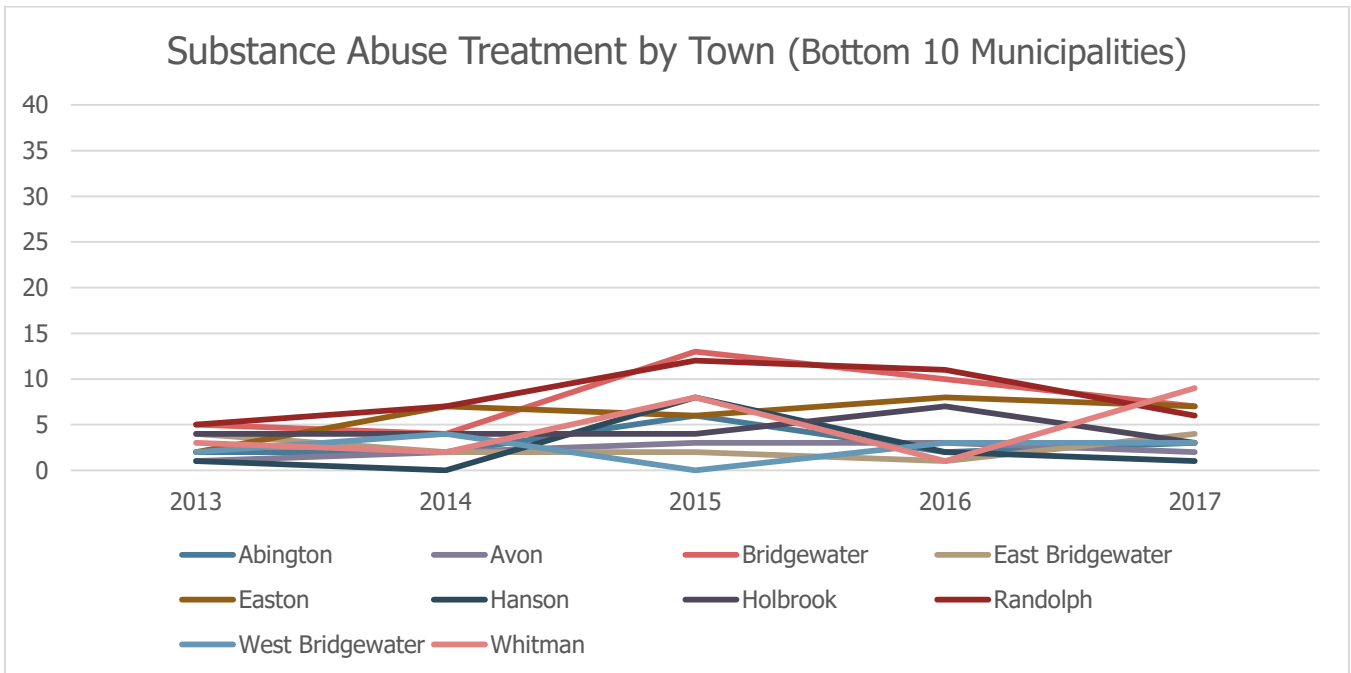
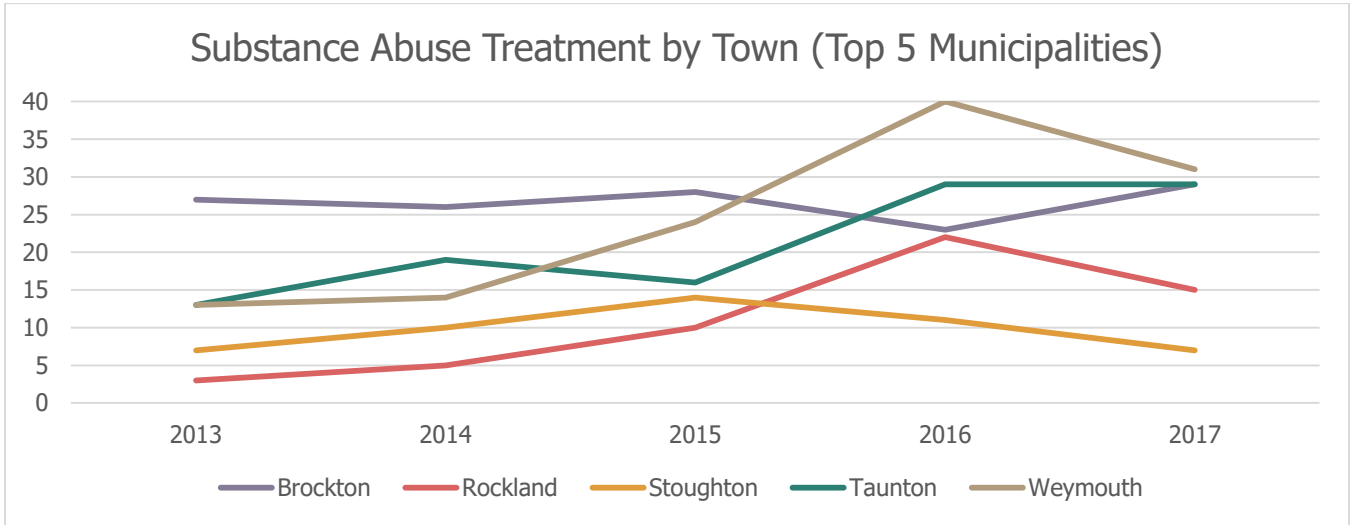
Municipality	Lifetime Use Rate	30 Day Use Rate
Massachusetts	41.1%	20.1%
Easton	44.1%	32.3%
Stoughton	42.5%	23.4%

Prescription Drugs Use

Municipality	Lifetime Use Rate	30 Day Use Rate
Massachusetts	10.6%	4.1%
Avon	5.8%	4.9%
Easton	2.9%	1.4%
Stoughton	3.8%	0.5%

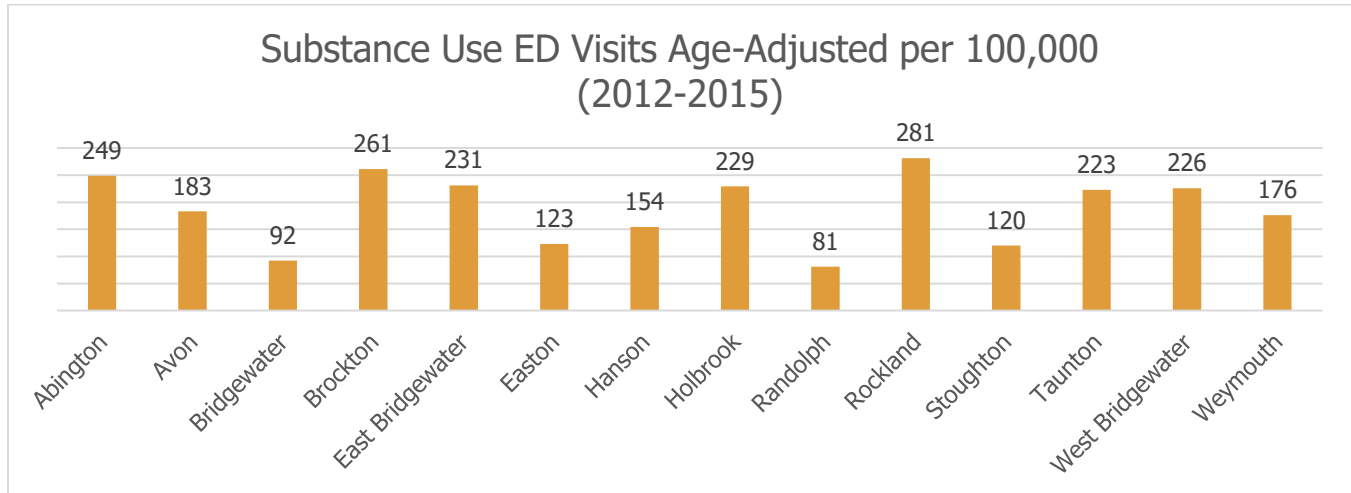
Adult Substance Use

The rate of age-adjusted emergency department visits for substance use varies significantly by municipality. There appears to be no correlation between size or demographics of local municipalities and their burden of substance use.



Source: Massachusetts Department of Public Health

For the first time in the past five years, heroin has not increased in likelihood of being the primary drug during admission for substance abuse treatment. Heroin peaked in 2016 with 53.6% of all admissions identifying it as their primary drug. At admission, 50.7% of patients identify heroin as the primary drug, 34% alcohol, 6.1% other opioids (including methadone, opiates, oxycodone, etc.), 3.9% crack/cocaine, and 3.1% marijuana. The rest of patients identified other (including other sedatives/hypnotics or stimulants) as their primary drug.



Source: Massachusetts Department of Public Health

At Brockton Hospital’s Emergency Department, data on opioid overdoses can be used to gather insights about how the epidemic is manifesting.

The 2018 data reveals that 95% of overdose patients arrive via EMS, with the remaining 5% arriving via car. Most patients are treated with Narcan before arriving at the hospital, 94% of which receive it nasally. Narcan is most frequently delivered by EMS (61%), followed by a bystander (21%), Police (12%), and the hospital (7%).

There is a disparity between the municipalities in which these patients reside and the municipalities in which they overdose. While 71% of residents overdosed on their own municipality, 29% overdosed in a different municipality. Brockton disproportionately sees overdoses from other municipalities, including some that are quite distant such as Seekonk, Fall River, and Lowell.

The chart below identifies the percent of the total overdoses treated by Signature Healthcare in 2018. The second column indicates the breakdown of which towns the overdose occurred in. The third column indicates the breakdown of people who live in each community of their service. It is important to note that not all those that overdose in Signature Healthcare’s service area will present at the Brockton Hospital emergency department. Individuals may present at another emergency department or not seek medical care at all.

City/Town	City/Town of Overdose	City/Town of Residence
Abington	4%	2%
Avon	0%	0%
Bridgewater	8%	7%
Brockton	66%	53%
East Bridgewater	6%	4%
Easton	0%	0%
Hanson	2%	3%
Holbrook	3%	3%
Randolph	1%	2%
Rockland	3%	3%
Stoughton	0%	1%
Taunton	0%	1%
Weymouth	0%	2%
Whitman	6%	6%
West Bridgewater	1%	1%
Other	1%	12%

Source: Signature Healthcare

Mental Health

Anxiety and depression were identified in all focus groups and several key informant interviews, particularly when discussing youth.

“Mental health is a really big concern, especially for young children. Kids are struggling with social skills not being taught in schools and they are frequently exposed to secondary trauma via news and social media.”

-Focus Group Participant



Alternatively, seniors identified social isolation as a major concern for their community. This was particularly prominent in focus groups and key informant interviews with immigrant populations. One

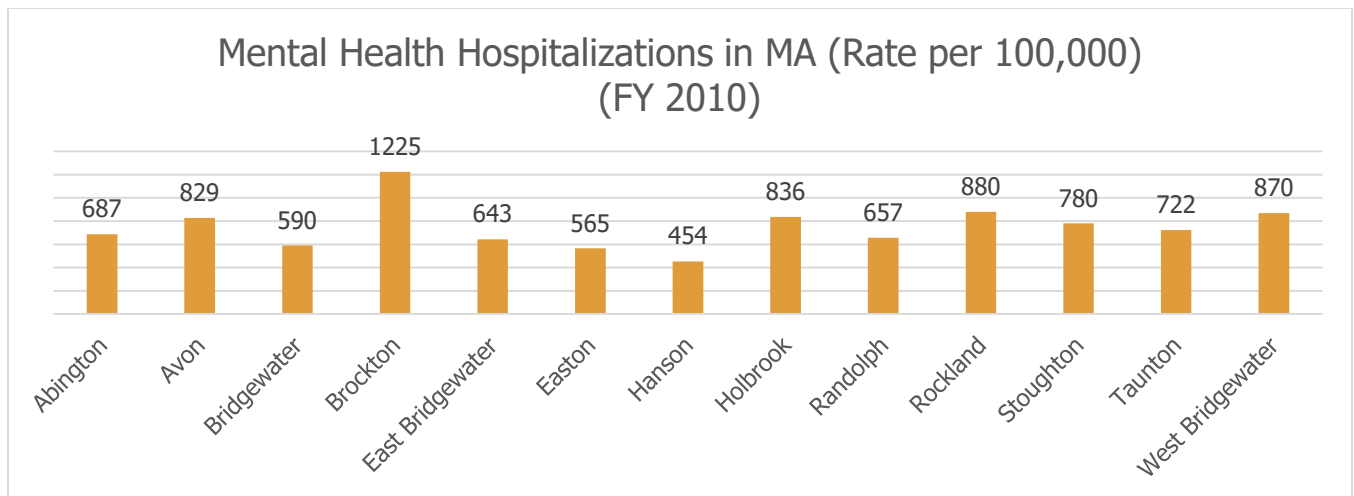
focus group participant highlighted that living here, she has everything she needs to safely live alone even as an older adult, but that also can be isolating.

“When you stay at home alone, you relive the trauma you experienced back in Cape Verde and you start to feel abandoned.”

-Focus Group Participant

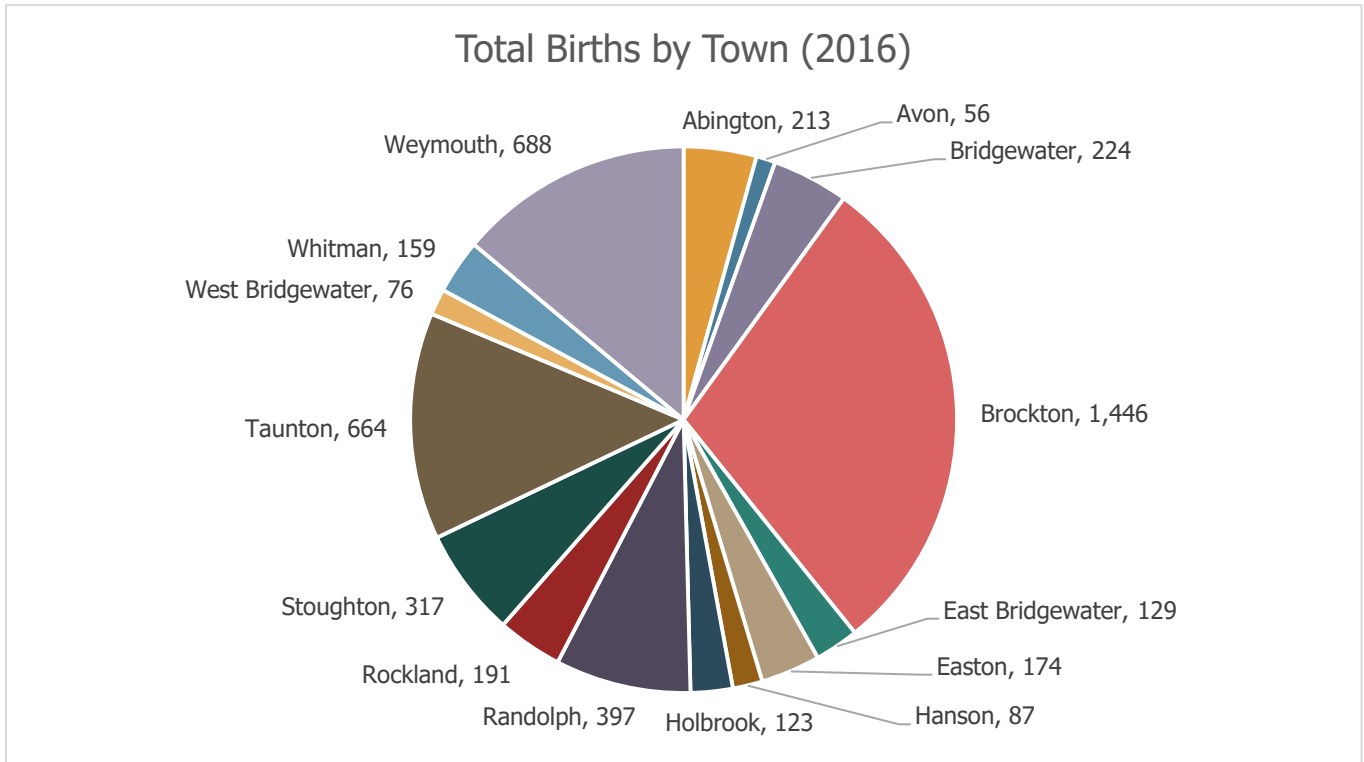
According to the Massachusetts Department of Public Health, Abington, Brockton, Holbrook, Randolph, Rockland, Stoughton, and Taunton all rank in the worst quintile for poor mental health. This is defined by the percent of residents that indicate they had 15 or more poor mental health days in the past month. Hanson, Weymouth, and Whitman were in the fourth quintile. Easton was the only municipality in the top quintile.

The data around poor mental health is indicative of mental health hospitalizations in Massachusetts with similar municipalities experiencing the highest rates of hospitalizations.



Source: Massachusetts Department of Public Health

Maternal and Child Health



Source: Massachusetts Department of Public Health

Births by Local Hospital

Hospital	City/Town	Percent Low Birthweight	Percent with Adequate Prenatal Care	Early Term
Brockton Hospital	Brockton	5.3%	81.5%	22.3%
Good Samaritan Medical Center	Brockton	5.8%	64%	23.4%
Morton Hospital	Taunton	4.3%	64.6%	25.9%

South Shore Hospital	Weymouth	5.8%	90%	22.5%
Statewide		7.5%	82.1%	22.8%

Low Birthweight/Preterm Births

Low birthweight babies are born weighing less than 5 pounds 8 ounces. Low birthweight babies are prone to acute issues such as respiratory distress, bleeding in the brain, jaundice, and other illnesses. Later in life, babies born at a low birth weight are more likely to have diabetes, high blood pressure, obesity, metabolic syndrome, and intellectual and developmental disabilities.

The Massachusetts rate of low birth weight is 7%. Seven municipalities in Signature Healthcare’s service area exceed this rate. Holbrook (15%), Brockton (11%), Randolph (10%), West Bridgewater (9%), Whitman (9%), and Stoughton (8%), all have higher rates than the state average.

For preterm births, West Bridgewater (16%), Hanson (13%), Holbrook (13%), Randolph (12%), Avon (11%), Brockton (11%), and Stoughton (10%) all exceed the state rate of 9%.

Teen Births

In 2016, the state experienced 1,931 teen births. Brockton experienced 82 and Taunton experienced 23. In Brockton, 52% of teen births were to Black Non-Hispanic mothers, 28% to Hispanic mothers, and 17% to white mothers. Over the past 10 years, teen births in Brockton and Taunton, as well as at the state level have reduced by 50%.

The average percent of births that are low birth weight is 7.5%, but teen births statewide have a rate of 9.7%. Brockton rate of low birth weight babies born to teen mothers is 12.3%. In Taunton, 21.7% of teen births are preterm and in Brockton, 7.3% are preterm, with a state rate of 9.4%.



Sexually Transmitted Infections

HIV/AIDS

Rates of people living with HIV infection has been steadily increasing in Massachusetts by about 3% each year. This is due to both improvements in antiretroviral treatments that have increased health and longevity in those with the disease as well as ongoing transmission, mainly in vulnerable populations including men who have sex with men, black and Hispanic/Latino individuals, and those who inject drugs. Brockton had the second highest average annual rate of HIV infection incidence in Massachusetts during 2014 to 2016 according to the Massachusetts Department of Public Health.

Other Sexually Transmitted Infections

Brockton has seen an increase in several types of sexually transmitted infections in addition to HIV.

- Syphilis rates increased by 333% from 2013 to 2016.
- Chlamydia cases increased from 755 per 100,000 people to 922 from 2013 to 2016, which is the third highest in the state.
- Gonorrhea rates are second highest in the state and three times the state average, increasing from 141 per 100,000 people to 236 from 2015 to 2016.

Chronic Illnesses



In Brockton, data from the 500 Cities Project provides insight around health access, health behaviors, and health outcomes.

Health care access, while far better than national averages, is still concerning in Brockton. Minority populations including Black (4.6%), Hispanic (5.5%), and other (5.2%) have higher rates of being uninsured than white (3.3%) and Asian (3.1%). Even with higher insurance rates, Brockton ranks far lower than national averages on residents completing core preventive services, such as vaccinations and cancer screenings. Only 26% of Brockton residents have all preventive screenings completed, with that number in one census tract being 16.6%.

As of 2016, 32% of adults in Brockton are obese. This decreased from 36% in 2014. The highest census tract currently has an obesity rate of 41%.

Cancer

In the latest data produced by the Massachusetts Department of Health (January 2019), cancer incidence (for all types) decreased (3.1% for males and 0.7% for females), which is statistically significant.

Specific cancers for males including bronchus & lung, esophageal, Hodgkin's lymphoma, melanoma, and testicular cancer all decreased in incidences as well. Statistically significant increases were seen in males in kidney & renal pelvis cancer and Non-Hodgkin's lymphoma. Mortality rates for males with kidney & renal pelvis cancer increased by 6.7%.

Black non-Hispanic males had significantly higher rates of multiple myeloma and prostate cancer when compared to all other race/ethnic groups. Additionally, Black non-Hispanic, Asian non-Hispanic, and Hispanic males had significantly higher rates of liver/intrahepatic bile duct cancer. White non-Hispanic males had significantly higher rates of brain, nervous system, esophagus, leukemia, oral cavity, pharynx, and urinary bladder cancers compared to all other race/ethnic groups. Black non-Hispanic males had the highest total cancer mortality rate.

For females, the incidence of multiple myeloma and urinary bladder cancer decreased, while pancreatic cancer increased. Breast cancer remains the most commonly diagnosed cancer for each racial/ethnic group. Black non-Hispanic females had significantly higher rates of multiple myeloma. Additionally, Black non-Hispanic and Hispanic females had significantly higher rates of cervical cancer.

Below is a table that indicates statistically significant increases for males (blue) and females (green) for each type of cancer.

	Abington	Avon	Bridgewater	Brockton	East Bridgewater	Easton	Hanson	Holbrook	Randolph	Rockland	Stoughton	Taunton	West Bridgewater	Weymouth	Whitman
Bladder, Urinary															
Brain and Other Nervous System															
Breast															
Cervix Uteri															
Colon/Rectum															
Esophagus															
Hodgkin Lymphoma															
Kidney & Renal Pelvis															
Larynx															
Leukemia															
Liver and Intrahepatic Bile Ducts															
Lung and Bronchus															
Melanoma of Skin															
Multiple Myeloma															
Non-Hodgkin Lymphoma															
Oral Cavity & Pharynx															
Ovary															
Pancreas															
Prostate															
Stomach															
Testis															
Thyroid															
Uteri Corpus and Uterus, NOS															
All Sites/Types															

Source: Massachusetts Department of Public Health

Diabetes

The crude prevalence of diabetes has been increasing in Massachusetts by an average of 3% per year, with pre-diabetes increasing an average of 4% per year. In 2017, 9.5% of adults reported being diagnosed with diabetes. In Brockton specifically, that rate was 12.6% in the last available data from 2016. This is not homogeneous throughout the city, however. The more suburban north and west sides see rates around 10%, while the tract in the center of the City sees a rate of 20.2%. These tracts also see a difference in life expectancy by about ten years according to the Robert Wood Johnson Foundation.

Heart Disease

In the City of Brockton, 36% of adults report having high blood pressure, compared to 29.4% in the average of the 500 largest cities. In one census tract, this number is 47%.

A bright spot, Brockton has lower than average rates of death due to cardiovascular disease than these 500 cities (193.7 per 100,000 versus 209.4). Additional demographic data for this metric indicates that while the rates are slightly less for the Hispanic and White populations in Brockton, the rates of death are magnitudes less for the Asian and Black populations. The Asian population death rate from cardiovascular disease is 47% less than that of the Asian population average and the death rate in the Black population is half that of the average for the Black population in the 500 cities.

Appendix

ABINGTON		TOTAL	PERCENT
TOTAL POPULATION		16,275	
DEMOGRAPHICS	Asian (alone)	386	2.43%
	Black or African American (alone)	446	2.81%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	14,959	94.15%
	Other race (alone)	160	1.01%
	Two or more races	324	2.04%
	Foreign Born Population	1,406	8.85%
	Veteran Population	991	6.09%
	Disabled Population (Population aged 16+)	1041	9.09%
ECONOMIC	Population Below 100% FPL	586	3.6%
	Population Below 200% FPL	2,205	13.56%
	Housing Burdened		38.6%
EDUCATION	Population 25+	11,297	
	Population 25+ with Less Than High School Degree	592	5.24%
	Population 25+ with High School Degree/Equivalent	3,045	26.95%
	High School Graduation (2017)		95.00%
	High School Drop Out (2017)		3.00%
SUBSTANCE USE	Overdose Deaths (2017)	3	
BIRTHS	Total Births (2016)	213	
	Low Birthweight (2016)	12	5.73%
CHRONIC DISEASE	Diabetes (2014)		9.70%
	Obese (2014)		22.40%

AVON		TOTAL	PERCENT
TOTAL POPULATION		4,468	
DEMOGRAPHICS	Asian (alone)	390	9.56%
	Black or African American (alone)	555	13.61%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	3,317	81.34%
	Other race (alone)	116	2.84%
	Two or more races	4,078	2.21%
	Foreign Born Population	693	16.99%
	Veteran Population	239	5.35%
	Disabled Population (Population aged 16+)	345	9.09%
ECONOMIC	Population Below 100% FPL	380	8.50%
	Population Below 200% FPL	738	16.52%
	Housing Burdened		59.5%
EDUCATION	Population 25+	3,387	
	Population 25+ with Less Than High School Degree	450	13.29%
	Population 25+ with High School Degree/Equivalent	1,185	34.99%
	High School Graduation (2017)		92.20%
	High School Drop Out (2017)		5.90%
SUBSTANCE USE	Overdose Deaths (2017)	2	
BIRTHS	Total Births (2016)	56	
CHRONIC DISEASE	Diabetes (2014)		9.00%
	Obese (2014)		22.30%

BRIDGEWATER		TOTAL	PERCENT
TOTAL POPULATION		27,434	
DEMOGRAPHICS	Asian (alone)	541	2.01%
	Black or African American (alone)	2,214	8.23%
	Native American or Alaska Natives (alone)	33	0.12%
	Native Hawaiian or Other Pacific Islander (alone)	14	0.05%
	White (alone)	23,449	87.19%
	Other race (alone)	501	1.86%
	Two or more races	682	2.54%
	Foreign Born Population	1,661	6.18%
	Veteran Population	1,608	5.86%
	Disabled Population (Population aged 16+)	880	3.76%
ECONOMIC	Population Below 100% FPL	2,606	9.50%
	Population Below 200% FPL	4,037	14.72%
	Housing Burdened		50.6%
EDUCATION	Population 25+	15,030	
	Population 25+ with Less Than High School Degree	661	4.40%
	Population 25+ with High School Degree/Equivalent	4,402	29.29%
	High School Graduation (Bridgewater-Raynham 2017)		91.50%
	High School Drop Out (Bridgewater-Raynham 2017)		4.30%
SUBSTANCE USE	Overdose Deaths (2017)	7	
BIRTHS	Total Births (2016)	224	
	Low Birthweight (2016)	5	2.23%
CHRONIC DISEASE	Diabetes (2014)		6.30%
	Obese (2014)		20.90%

BROCKTON		TOTAL	PERCENT
TOTAL POPULATION		95,162	
DEMOGRAPHICS	Asian (alone)	1,876	2.01%
	Black or African American (alone)	38,997	41.80%
	Native American or Alaska Natives (alone)	381	0.41%
	Native Hawaiian or Other Pacific Islander (alone)	38	0.04%
	White (alone)	40,136	43.03%
	Other race (alone)	10,317	11.06%
	Two or more races	3,416	3.66%
	Foreign Born Population	26,569	28.48%
	Veteran Population	3,694	3.88%
	Disabled Population (Population aged 16+)	7,297	9.93%
ECONOMIC	Population Below 100% FPL	15,987	16.80%
	Population Below 200% FPL	34,109	35.84%
	Housing Burdened		55.1%
EDUCATION	Population 25+	60,744	
	Population 25+ with Less Than High School Degree	11,364	18.71%
	Population 25+ with High School Degree/Equivalent	20,478	33.71%
	High School Graduation (2017)		77.70%
	High School Drop Out (2017)		8.60%
SUBSTANCE USE	Overdose Deaths (2017)	29	
BIRTHS	Total Births (2016)	1446	
	Low Birthweight (2016)	153	10.58%
CHRONIC DISEASE	Diabetes (2014)		11.60%
	Obese (2014)		33.10%

**EAST
BRIDGWATER**

TOTAL PERCENT

		TOTAL	PERCENT
TOTAL POPULATION		14,301	
DEMOGRAPHICS	Asian (alone)	291	2.08%
	Black or African American (alone)	519	3.70%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	12,972	92.59%
	Other race (alone)	286	2.04%
	Two or more races	233	1.66%
	Foreign Born Population	714	5.10%
	Veteran Population	619	4.33%
	Disabled Population (Population aged 16+)	681	6.08%
ECONOMIC	Population Below 100% FPL	944	6.60%
	Population Below 200% FPL	2,200	15.38%
	Housing Burdened		46.8%
EDUCATION	Population 25+	9,536	
	Population 25+ with Less Than High School Degree	385	4.04%
	Population 25+ with High School Degree/Equivalent	2,076	21.77%
	High School Graduation (2017)		96.20%
	High School Drop Out (2017)		2.20%
SUBSTANCE USE	Overdose Deaths (2017)	4	
BIRTHS	Total Births (2016)	129	
	Low Birthweight (2016)	8	6.20%
CHRONIC DISEASE	Diabetes (2014)		7.70%
	Obese (2014)		21.40%

EASTON		TOTAL	PERCENT
TOTAL POPULATION		24,001	
DEMOGRAPHICS	Asian (alone)	521	2.22%
	Black or African American (alone)	941	4.01%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	21,956	93.51%
	Other race (alone)	261	1.11%
	Two or more races	322	1.37%
	Foreign Born Population	1,775	7.56%
	Veteran Population	1,139	4.75%
	Disabled Population (Population aged 16+)	789	4.05%
ECONOMIC	Population Below 100% FPL	1,128	4.70%
	Population Below 200% FPL	2,431	10.13%
	Housing Burdened		46.5%
EDUCATION	Population 25+	15,291	
	Population 25+ with Less Than High School Degree	598	3.91%
	Population 25+ with High School Degree/Equivalent	3,111	20.35%
	High School Graduation (2017)		98.30%
	High School Drop Out (2017)		0.00%
SUBSTANCE USE	Overdose Deaths (2017)	7	
BIRTHS	Total Births (2016)	174	
	Low Birthweight (2016)	10	5.75%
CHRONIC DISEASE	Diabetes (2014)		8.10%
	Obese (2014)		19.60%

HANSON		TOTAL	PERCENT
TOTAL POPULATION		10,560	
DEMOGRAPHICS	Asian (alone)	151	1.45%
	Black or African American (alone)	54	0.52%
	Native American or Alaska Natives (alone)	11	0.11%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	10,087	96.91%
	Other race (alone)	16	0.15%
	Two or more races	241	2.32%
	Foreign Born Population	278	2.67%
	Veteran Population	678	6.42%
	Disabled Population (Population aged 16+)	661	7.50%
ECONOMIC	Population Below 100% FPL	359	3.40%
	Population Below 200% FPL	1,053	9.97%
	Housing Burdened		58.9%
EDUCATION	Population 25+	7,399	
	Population 25+ with Less Than High School Degree	435	5.88%
	Population 25+ with High School Degree/Equivalent	2,182	29.49%
	High School Graduation (Whitman-Hanson 2017)		95.60%
	High School Drop Out (Whitman-Hanson 2017)		0.70%
SUBSTANCE USE	Overdose Deaths (2017)	1	
BIRTHS	Total Births (2016)	87	
	Low Birthweight (2016)	5	5.75%
CHRONIC DISEASE	Diabetes (2014)		7.40%
	Obese (2014)		24.20%

HOLBROOK		TOTAL	PERCENT
TOTAL POPULATION		11,029	
DEMOGRAPHICS	Asian (alone)	596	5.71%
	Black or African American (alone)	1,191	11.42%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	8,980	86.07%
	Other race (alone)	146	1.40%
	Two or more races	116	1.11%
	Foreign Born Population	1,763	16.90%
	Veteran Population	863	7.82%
	Disabled Population (Population aged 16+)	925	9.80%
ECONOMIC	Population Below 100% FPL	739	6.70%
	Population Below 200% FPL	1,564	14.18%
	Housing Burdened		73.4%
EDUCATION	Population 25+	8,234	
	Population 25+ with Less Than High School Degree	376	4.57%
	Population 25+ with High School Degree/Equivalent	2,566	31.56%
	High School Graduation (2017)		81.40%
	High School Drop Out (2017)		11.40%
SUBSTANCE USE	Overdose Deaths (2017)	3	
BIRTHS	Total Births (2016)	123	
	Low Birthweight (2016)	18	14.63%
CHRONIC DISEASE	Diabetes (2014)		8.40%
	Obese (2014)		25.90%

RANDOLPH		TOTAL	PERCENT
TOTAL POPULATION		33,704	
DEMOGRAPHICS	Asian (alone)	4,169	14.12%
	Black or African American (alone)	13,216	44.75%
	Native American or Alaska Natives (alone)	30	0.10%
	Native Hawaiian or Other Pacific Islander (alone)	23	0.08%
	White (alone)	13,728	46.48%
	Other race (alone)	1,409	4.77%
	Two or more races	1,129	3.82%
	Foreign Born Population	10,659	36.09%
	Veteran Population	1,436	4.26%
	Disabled Population (Population aged 16+)	2,681	9.54%
ECONOMIC	Population Below 100% FPL	3,809	11.30%
	Population Below 200% FPL	2,205	6.54%
	Housing Burdened		
EDUCATION	Population 25+	23,780	
	Population 25+ with Less Than High School Degree	3,429	14.42%
	Population 25+ with High School Degree/Equivalent	6,883	28.94%
	High School Graduation (2017)		76.70%
	High School Drop Out (2017)		4.40%
SUBSTANCE USE	Overdose Deaths (2017)	6	
BIRTHS	Total Births (2016)	397	
	Low Birthweight (2016)	38	9.57%
CHRONIC DISEASE	Diabetes (2014)		9.20%
	Obese (2014)		30.70%

RAYNHAM		TOTAL	PERCENT
TOTAL POPULATION		13,845	
DEMOGRAPHICS	Asian (alone)	492	3.60%
	Black or African American (alone)	634	4.60%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	12,018	86.80%
	Other race (alone)	30	0.20%
	Two or more races	671	4.80%
	Foreign Born Population	1,006	7.30%
	Veteran Population	899	8.40%
	Disabled Population (Population aged 16+)	608	5.49%
ECONOMIC	Population Below 100% FPL	869	6.40%
	Population Below 200% FPL	1,796	12.97%
	Housing Burdened		29.72%
EDUCATION	Population 25+	9,684	
	Population 25+ with Less Than High School Degree	110	1.1%
	Population 25+ with High School Degree/Equivalent	455	4.7%
	High School Graduation (Bridgewater-Raynham 2017)		91.50%
	High School Drop Out (Bridgewater-Raynham 2017)		4.30%
SUBSTANCE USE	Overdose Deaths (2017)	4	
BIRTHS	Total Births (2016)	147	
	Low Birthweight (2016)	8	5.44%
CHRONIC DISEASE	Diabetes (2014)		6.10%
	Obese (2014)		20.50%

ROCKLAND		TOTAL	PERCENT
TOTAL POPULATION		17,849	
DEMOGRAPHICS	Asian (alone)	92	0.52%
	Black or African American (alone)	611	3.44%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	16,640	93.71%
	Other race (alone)	124	0.70%
	Two or more races	382	2.15%
	Foreign Born Population	927	5.22%
	Veteran Population	938	5.26%
	Disabled Population (Population aged 16+)	1,144	7.76%
ECONOMIC	Population Below 100% FPL	1,124	6.30%
	Population Below 200% FPL	7,905	44.29%
	Housing Burdened		37.3%
EDUCATION	Population 25+	12,765	
	Population 25+ with Less Than High School Degree	545	4.27%
	Population 25+ with High School Degree/Equivalent	4,458	34.92%
	High School Graduation (2017)		89.10%
	High School Drop Out (2017)		5.10%
SUBSTANCE USE	Overdose Deaths (2017)	15	
BIRTHS	Total Births (2016)	191	
	Low Birthweight (2016)	9	4.71%
CHRONIC DISEASE	Diabetes (2014)		5.80%
	Obese (2014)		18.90%

STOUGHTON		TOTAL	PERCENT
TOTAL POPULATION		28,338	
DEMOGRAPHICS	Asian (alone)	1,141	4.20%
	Black or African American (alone)	4,045	14.87%
	Native American or Alaska Natives (alone)	188	0.69%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	21,325	78.41%
	Other race (alone)	790	2.90%
	Two or more races	849	3.12%
	Foreign Born Population	5,569	20.48%
	Veteran Population	1,559	5.50%
	Disabled Population (Population aged 16+)	1,562	6.59%
ECONOMIC	Population Below 100% FPL	2,352	8.30%
	Population Below 200% FPL	5,001	17.65%
	Housing Burdened		56.5%
EDUCATION	Population 25+	11,297	
	Population 25+ with Less Than High School Degree	592	5.24%
	Population 25+ with High School Degree/Equivalent	3,045	26.95%
	High School Graduation (2017)		92.10%
	High School Drop Out (2017)		3.80%
SUBSTANCE USE	Overdose Deaths (2017)	7	
BIRTHS	Total Births (2016)	317	
	Low Birthweight (2016)	26	8.20%
CHRONIC DISEASE	Diabetes (2014)		7.40%
	Obese (2014)		20.40%

TAUNTON		TOTAL	PERCENT
TOTAL POPULATION		56,826	
DEMOGRAPHICS	Asian (alone)	597	1.06%
	Black or African American (alone)	4,035	7.18%
	Native American or Alaska Natives (alone)	14	0.02%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	48,151	85.63%
	Other race (alone)	2,099	3.73%
	Two or more races	1,930	3.43%
	Foreign Born Population	6,292	12.32%
	Veteran Population	248	4.27%
	Disabled Population (Population aged 16+)	4,918	10.79%
ECONOMIC	Population Below 100% FPL	7,842	12.80%
	Population Below 200% FPL	17,067	30.03%
	Housing Burdened		54.5%
EDUCATION	Population 25+	39,686	
	Population 25+ with Less Than High School Degree	6,330	15.95%
	Population 25+ with High School Degree/Equivalent	13,017	32.80%
	High School Graduation (2017)		88.7%
	High School Drop Out (2017)		5.10%
SUBSTANCE USE	Overdose Deaths (2017)	29	
BIRTHS	Total Births (2016)	664	
	Low Birthweight (2016)	47	7.08%
CHRONIC DISEASE	Diabetes (2014)		7.90%
	Obese (2014)		29.70%

**WEST
BRIDGEWATER**

TOTAL PERCENT

		TOTAL	PERCENT
TOTAL POPULATION		7,117	
DEMOGRAPHICS	Asian (alone)	7	0.10%
	Black or African American (alone)	254	3.57%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	6,651	93.54%
	Other race (alone)	70	0.98%
	Two or more races	135	1.90%
	Foreign Born Population	204	2.87%
	Veteran Population	489	6.87%
	Disabled Population (Population aged 16+)	274	4.71%
ECONOMIC	Population Below 100% FPL	256	2.60%
	Population Below 200% FPL	1102	15.48%
	Housing Burdened		41.5%
EDUCATION	Population 25+	4,855	
	Population 25+ with Less Than High School Degree	295	6.08%
	Population 25+ with High School Degree/Equivalent	1,583	32.61%
	High School Graduation (2017)		96.90%
	High School Drop Out (2017)		0.00%
SUBSTANCE USE	Overdose Deaths (2017)	3	
BIRTHS	Total Births (2016)	76	
	Low Birthweight (2016)	7	9.21%
CHRONIC DISEASE	Diabetes (2014)		6.40%
	Obese (2014)		21.20%

WEYMOUTH		TOTAL	PERCENT
TOTAL POPULATION		40,586	
DEMOGRAPHICS	Asian (alone)	3,229	6.13%
	Black or African American (alone)	2,825	5.36%
	Native American or Alaska Natives (alone)	69	0.13%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	48,082	91.30%
	Other race (alone)	604	1.15%
	Two or more races	1,081	2.05%
	Foreign Born Population	5,885	11.18%
	Veteran Population	3,366	6.02%
	Disabled Population (Population aged 16+)	3,506	7.55%
ECONOMIC	Population Below 100% FPL	3,689	6.60%
	Population Below 200% FPL	10,864	19.44%
	Housing Burdened		50.9%
EDUCATION	Population 25+	40,586	
	Population 25+ with Less Than High School Degree	2,651	6.53%
	Population 25+ with High School Degree/Equivalent	11,470	28.26%
	High School Graduation (2017)		86.30%
	High School Drop Out (2017)		
SUBSTANCE USE	Overdose Deaths (2017)	31	
BIRTHS	Total Births (2016)	688	
	Low Birthweight (2016)	43	6.25%
CHRONIC DISEASE	Diabetes (2014)		8.00%
	Obese (2014)		23.10%

WHITMAN		TOTAL	PERCENT
TOTAL POPULATION		14,864	
DEMOGRAPHICS	Asian (alone)	138	0.94%
	Black or African American (alone)	143	0.97%
	Native American or Alaska Natives (alone)	0	0.00%
	Native Hawaiian or Other Pacific Islander (alone)	0	0.00%
	White (alone)	14,076	95.59%
	Other race (alone)	194	1.32%
	Two or more races	313	2.13%
	Foreign Born Population	464	3.15%
	Veteran Population	940	6.32%
	Disabled Population (Population aged 16+)	892	7.45%
ECONOMIC	Population Below 100% FPL	1,026	6.90%
	Population Below 200% FPL	2,121	14.27%
	Housing Burdened	e	
EDUCATION	Population 25+	10,042	
	Population 25+ with Less Than High School Degree	648	6.45%
	Population 25+ with High School Degree/Equivalent	3,431	34.17%
	High School Graduation (Whitman-Hanson 2017)		95.60%
	High School Drop Out (Whitman-Hanson 2017)		0.70%
SUBSTANCE USE	Overdose Deaths (2017)	9	
BIRTHS	Total Births (2016)	159	
	Low Birthweight (2016)	14	8.81%
CHRONIC DISEASE	Diabetes (2014)		6.70%
	Obese (2014)		26.00%

Programs and Services Available in Signature Healthcare’s Service Area

The following is a list of area health programming, grouped by broad health topics that are offered by agencies in our service area. This list was compiled by using the BAMSI Helpline Directory, Brockton Community Resource Guide, Signature Healthcare Community Benefit Report as well as resources identified through key informant interviews, focus groups and Community Stakeholder meetings.

General Health Services and Health Screening:

Brockton Neighborhood Health Center
Signature Healthcare Brockton Hospital
Good Samaritan Medical Center
Brockton Family Planning
VA Medical Center

Insurance Services:

MassHealth
MassHealth Family Assistance
BMC Health Net Plan
Massachusetts Department of Transitional Assistance
MassHealth
MassHealth Family Assistance
BMC HealthNet Plan
Neighborhood Health Plan
US Social Security Administration
Massachusetts Department of Elder Affairs
S.H.I.N.E program through the Massachusetts Executive Office of Elder Affairs

Elder Services:

24 hour Elder Abuse Hotline
Ann L. Ward Congregate House
Bristol Elder Services
Brockton Visiting Nurse Association
Councils on Aging in Each town
Dorn Davies Senior Center – a program of BAMSI
Emmanuel House Residence
L.I.F.E. Center
Old Colony Elder Services
Alzheimer’s Association

Housing and Homelessness Services:

Father Bills & Mainspring
Housing Authorities in Each town
Old Colony YMCA – Social Services
Self-Help, Inc.
The Ruth House Teen Living

BAMSI Housing Assistance Program
Signature Healthcare – Housing 101 in collaboration with Massachusetts Coalition for the Homeless

HIV/AIDS Services:

BAMSI HIV Case Management
BAMSI C.O.P.E. Center
Brockton Family Planning
Brockton Neighborhood Health Center
Catholic Charities
Latin American Health Institute

Mental Health Services:

BAMSI Behavioral Health Services
Department of Mental Health
Old Colony YMCA – Mental Health Clinic
South Bay Community Services
South Shore Mental Health
High Point Treatment Center
Westside Behavioral Health
Brockton Multi Service Center
Community Counseling of Bristol County

Disability Services:

Disabled Persons Protection Commission
Massachusetts Rehabilitation Commission
Department of Developmental Services
L.I.F.E. Center
BAMSI's Developmental Disabilities Services
Dial-a- bat
South Bay Mental Health – Early intervention Program
Brockton Area ARC

Substance Abuse Services:

Alcoholics Anonymous
Alanon Family Groups of Massachusetts
Brockton Addiction Treatment Center – a program of High Point
Champion Plan – Leap into Recovery
Dads Navigating Recovery Together
Gosnold Inc.
Highpoint Treatment Center
Habit OPCO
Learn to Cope
Recovering Moms Helping Moms
Signature Healthcare – OBAT Clinic
South Bay Mental Health

Stairway to Recovery
Teen Challenge

Emergency Services:
American Red Cross

Domestic Violence/Sexual Assault Crisis Services:
A New Day
Brockton Family and Community Resources
David Jon Louison Family Shelter
Family and Community Resources
Penelope's Place
Safelink
South Bay Mental Health Trauma Program

Maternal and Child Services:
Boys & Girls Club of Brockton
Department of Children and Families
Healthy Start
Self Help
My Turn, Inc.
Old Colony YMCA
Brockton Family and Community Resources
School on Wheels

Nutrition Resources:
Department of Transitional Assistance – SNAP program
Project Bread
Meals on Wheels
WIC – Brockton, Stoughton and Taunton locations
Fair Foods Inc. – People Affecting Community Change

Food Pantries:
Brockton Seventh Day Adventist Church
Catholic Charities
Charity Guild
East Bridgewater Food Pantry – Union Congregational Church
Full Gospel Tabernacle
Halifax Congregational Church
Hanson Food Pantry
Main Spring
Mt. Moriah Baptist Church
My Brother's Keeper
Rockland Food Pantry
Salvation Army

Trinity Baptist Church
West Bridgewater Food Pantry
Whitman Food Pantry

Mutli-Service Agencies:

Cape Verdean Association
Cape Verdean Adult Day Health Center
Community Connections of Brockton
Latin American Health Institute
Department of Transitional Assistance
BAMSI
Brockton Family and Community Resources
Catholic Charities
Haitian Community Partners
Self-Help Inc.
United Way

Employment:

Careerworks
My Turn Inc.
YouthBuild Coalition of Massachusetts
Catholic Charities Certified Nursing Assistance and Home Health Aide Training Program
Self Help Inc.
MassHire Department of Career Services
Training Resources of America Inc.
Brockton Area Workforce Investment Board (BAWIB)
Brockton Area ARC

Financial Assistance:

Bay State Gas, Southeastern Massachusetts
Brockton DTA Office
Citizens Energy Oil Heat Program
Massachusetts Electric/National Grid
Self-Help, Inc.

Massachusetts Department of Transitional Assistance

MassHealth
MassHealth Family Assistance
BMC HealthNet Plan
Neighborhood Health Plan
US Social Security Administration
Massachusetts Department of Elder Affairs
S.H.I.N.E program through the Massachusetts Executive Office of Elder Affairs