

Greater Lowell Community Health Needs Assessment

Executive Summary

Conducted on Behalf of:

Lowell General Hospital
Saints Medical Center
Greater Lowell Health Alliance

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September 2010

The authors thank the many individuals (as well as the organizations for which they work) who participated in focus group and personal interviews. We also thank Michelle Davis, and Erin Caples for coordinating the hospitals' involvement and support of our work. Finally, we give special thanks to Alicia Rogers and Amy Stanley for recruiting and scheduling the focus groups and personal interviews. The research was conducted by the Center for Health Promotion and Research at University of Massachusetts Lowell.



On behalf of Lowell General Hospital (LGH), Saints Medical Center (SMC) and the Greater Lowell Health Alliance (GLHA), a team of UMass Lowell (UML) researchers and students conducted a community health needs assessment study to distinguish the unmet medical and public health needs within the Greater Lowell community. The geographic area assessed included the communities of Lowell, Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsborough and Westford. The study had two objectives. One objective was to meet state and federal requirements that the two hospitals conduct a Comprehensive Health Needs Assessment every three years. The second, ultimately more important objective was to conduct a study that would provide a foundation for the GLHA and its partners, including LGH and SMC, in working to build consensus on the area's health needs and plan coordinated activities to improve the health of the area's residents.

Information for this report was collected from multiple sources, in three different ways: (1) a web-based survey, (2) focus groups and interviews, and (3) a review of publicly-collected health and demographic statistics. The web-based survey was available to all adults residing within the study area. It was designed to elicit public feedback about the health services in the Greater Lowell area, and included both forced answer multiple choice questions and open-ended questions asking people to state what they perceived to be the strengths and weaknesses of the area's healthcare system. Of the 153 community residents who responded, the majority were white (88%), women (76%), and aged 31 to 65 (78%). These individuals reported having good access to health care, as 88% had seen their personal physician in the previous 12 months.

A total of 50 Greater Lowell professionals participated in the focus groups and interviews. This group included school nurses, hospital executives, town managers and local health department directors, as well as individuals representing the Councils on Aging, skilled nursing facilities and various community-based organizations. Through their participation in this study, these individuals were asked to speak to the strengths and weaknesses of the area's health system and suggest changes to improve it.

The health and demographic data available within the Greater Lowell area was thoroughly investigated, focusing substantially on the issues or problems indicated from the personal and focus group interviews, as well as the web-based survey. These data indicated that the Greater Lowell area saw a doubling of the rate of mental health hospitalizations between 1989 and 2006. In addition, Lowell has seen increases in problematic alcohol consumption and opiate-related mortality. The experience in the Lowell area was compared, as appropriate, with the statewide experience. This comparison was evident in the finding that use of emergency department services in Lowell was up to 39% higher than the state average in the most recent data available, 2002 through 2005. When reliable information was available, we examined the comparative experience of different demographic subgroups. The mortality rate among Asian-Americans in the Greater Lowell area, for example, was nearly twice as high as the Massachusetts average for this group. In addition to providing supplemental information on healthcare concerns voiced by various study respondents, the data analysis also indicated

other important findings, such as a substantial increase in the proportion of individuals in Lowell without health insurance between 2000 and 2008.

The larger study found consistent themes with regard to the strengths and weaknesses of the Greater Lowell health system, and generated various suggestions for. These findings are summarized below in three sections—Strengths, Weaknesses and Suggestions.

Strengths

- Convenient access to high quality health care
- A strong health care system, namely, LGH, SMC, the Lowell Community Health Center (LCHC), and the area health departments
- A mature human services system
- Strong elderly health services
- A growing awareness of the community's cultural diversity allowing providers, but especially LCHC, to provide culturally and linguistically appropriate care
- Sustained improvements over time in important health outcomes such as mortality and teen pregnancy
- A sharp decrease in infant mortality

Weaknesses

- Insufficient access to primary care resources, leading to overuse of emergency departments
- Woefully inadequate mental health resources
- Insufficient resources for health education and other public health activities
- Transportation-related limits on provider access
- Competition, rather than cooperation, between the two hospitals
- Insufficient resources to address the idiosyncratic needs of a culturally, increasingly diverse population
- Low health status levels for some, compared to the rest of the state (e.g., a much higher age-adjusted death rate for non-Hispanic whites)
- Recent deterioration in important health outcomes— more binge drinking, increased asthma hospitalization, increased opioid deaths, and possibly increased teenage pregnancy
- Despite healthcare reform, a dramatic increase in the percentage of Lowell residents uninsured

Suggestions

- Asking the two hospitals and other local health care organizations to work together in providing health education through public access television
- Developing a coordinated system for providing urgent care and after-hours primary care services
- Establishing a clearinghouse of provider information
- The Greater Lowell healthcare and public health networks, along with social service and support organizations that work with low income and immigrant communities, need to establish an integrated and effective system for identifying the health needs of immigrant and low income communities

It is necessary, however, to indicate an important caveat with regard to these findings. Our web-based survey did not include a fully representative sample of people living in the Greater Lowell area. Those less likely to participate in a web survey, notably immigrants, refugees and individuals with low levels of formal education, were not simply represented in the data collected. In addition, there was comparatively little data available from which to distinguish the health status and needs of immigrants and low income subgroups. Although we did speak with individuals who work with these populations, we readily acknowledge that such proxy reports cannot fully replace information that might come directly from the individuals themselves. Further research into the needs of disadvantaged individuals and populations is needed, and would extend our knowledge and understanding of the unmet medical and public health needs. We nevertheless hope that this document can serve as a starting point and lead to concrete steps and constructive dialog focused on improving the health of all individuals within the Greater Lowell area.