

Greater Lowell Community Health

Needs Assessment

Executive Summary

Conducted on behalf of:

Lowell General Hospital
Greater Lowell Health Alliance

Authors:

David Turcotte, ScD

Emily Vidrine, MA

University of Massachusetts Lowell

September 25, 2013



Executive Summary

Lowell General Hospital, in partnership with the Greater Lowell Health Alliance, commissioned The University of Massachusetts Lowell to conduct an assessment of community health needs for the Greater Lowell area, which includes the towns of Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsborough, and Westford. The purpose of this assessment includes evaluating the overall health of residents by involving a broad spectrum of community members, identifying the top health issues and strengths and weaknesses of the healthcare network, recommending actions to address priority concerns, and providing information that informs a community process to build consensus around strategies to improve the health of Greater Lowell residents. This report summarizes the major findings from our community health needs assessment. Primary data collection included interviews with six key informants and fourteen focus group with 113 participants, and secondary data sources included demographic, socioeconomic, and public health data.

The top health problems that were identified in the focus groups and interviews and supported by public health data include mental health, substance abuse, diabetes, obesity, respiratory diseases (e.g. asthma and chronic obstructive pulmonary disease), cardiovascular disease, and Hepatitis B in the Cambodian community. The residents identified at greatest risk for these and other health problems include the elderly, immigrants, non-immigrant Latinos, youth, low income individuals, those with mental health issues, and the lesbian/gay/bisexual/transgender/questioning (LGBTQ) community.

The major strengths of the healthcare system identified include the healthcare providers, the more collaborative approach resulting from the merger between Lowell General Hospital and Saints Medical Center, cultural sensitivity, good access, and supportive organizations.

The major weaknesses identified include mental health needs that are not being met, insufficient cultural awareness, the overall healthcare approach, coordination problems, overreliance on medication, and inadequate outreach efforts. In addition, focus groups and interviews indicated that there is not enough availability of the following types of healthcare providers: therapists, specialists, home care, dentists, pediatric dentists, geriatric physicians, and primary care providers for alternative families. They also indicated that there are inadequate services in the following areas: interpreter services, emergency services, geriatrics, substance abuse, urgent care, walk-in clinics, and LGBTQ services.

The key barriers they identified to obtaining healthcare services include trouble obtaining emergency care due to long waits in the emergency room, lack of insurance coverage, language barriers, scheduling delays for doctor appointments, transportation barriers, and affordability issues.

Indicators of health based on public health and other secondary data are presented and discussed for Lowell, Greater Lowell, and Massachusetts on the following topics: general health, mental health, substance abuse, diabetes, obesity, cardiovascular disease, respiratory diseases, cancer, smoking, teen pregnancy, and Hepatitis B. Most of the health indicators show greater need for the city of Lowell than Greater Lowell. This is expected because of socioeconomic differences between Lowell's urban community and the surrounding suburban towns.

Some of the social determinants and environmental factors that affect community health are highlighted. Homeless individuals can have difficulty maintaining their health due to lack of basic necessities and poor insurance coverage. The majority of Lowell's housing stock is old (49% of the housing stock was built in 1939 or earlier, and 85% was built in 1979 or earlier [2006-2010 American Community Survey]), leading to higher rates of lead exposure and increased exposure to asthma triggers. The large numbers of multifamily housing units in Lowell also contributes to higher exposure to environmental tobacco smoke. Access to nutritious foods is adequate, though more affordable nutritious foods are less accessible to those without transportation.

Key recommendations to improve the healthcare system include improving communication and collaborations among the community, hospitals, and public health agencies; expanding healthcare; increasing community outreach; expanding interpreter services; hiring more culturally representative medical staff to improve cultural competency; expanding the number and geographic reach of urgent care and walk-in clinics; implementing various strategies to make the system more patient-centered; applying strategies to maintain high quality healthcare staff; increasing access to some services (e.g. community screening, pre-care for surgeries, reproductive services, palliative services, geriatric services, and home care); expanding transportation services; increasing political advocacy for better insurance policies; as well as focusing on community-level strategies for disease prevention like improving housing conditions and using schools to spread nutrition and health information.

The next step is to identify top priorities and action plans using the information provided in this report. Lowell General Hospital and the Greater Lowell Health Alliance are committed to a collaborative approach involving other community stakeholders, and they have scheduled community input sessions in various locations as part of this next step.