

APPENDIX D. Scan of Community Health & Health Needs Assessments from Across Massachusetts, 2012 – 2017

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Abstract

Introduction: As part of the 2017 State Health Assessment, the Massachusetts Department of Public Health collected and analyzed Community Health and Health Needs Assessments from health systems, hospitals, organizations, and municipalities across the state. These documents identify priority health issues in communities through both qualitative and quantitative data collection. The purpose of this analysis was to ensure that the State Health Assessment includes the majority of the key health issues identified in these documents.

Methods: Documents completed in the past five years were collected through the Massachusetts Attorney General's Annual Community Benefits Reports search tool, and Google searches. Documents were quickly read and terms for health issues, barriers, disparities and priority populations were defined before analysis began. All 3,386 pages were coded using NVivo software. Coding was analyzed and terms were ranked according to the number of assessments in which they appear.

Results: The 42 analyzed documents cover 339 out of the 351 municipalities in Massachusetts. The represented municipalities account for roughly 99% of the state population. The top ten health priorities identified were: mental health; alcohol and substance use; chronic disease (including obesity, diabetes, heart disease, asthma, etc.); cancer; lack of physical activity; poor nutrition; tobacco use; reproductive health (including maternal, prenatal and infant health); sexual health (including sexually transmitted infections and teen pregnancy); and public safety (including crime, violence and motor vehicle crashes). The top ten barriers to health or health care were: cost of care or insurance; transportation; lack of affordable housing; health literacy issues; insurance coverage; lack of services or providers; general access to care; lack of cultural humility; language barriers; and access to healthy food. The top four disparities were based on geography, race, economic status, and age. The top four priority populations were the elderly, youth, poor, and immigrant communities.

Discussion: This analysis provides a broad overview of community health issues and barriers in Massachusetts municipalities. Therefore, the results should not be treated as a complete list of issues regarding health in the state. Despite limitations, repetition and improvement of this process is highly recommended to better inform future State Health Assessments. Further analysis on community strengths, resources, and strategies is also recommended during the State Health Improvement Planning process.

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The full Scan of Community Health and Health Needs Assessments from across Massachusetts is online: www.mass.gov/dph/2017StateHealthAssessment.