Mass General Brigham
Salem Hospital

2025

Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) — Massachusetts General Hospital and Brigham and Women's Hospital. The system also includes high-quality community hospitals — Brigham and Women's Faulkner Hospital, Cooley Dickinson Hospital, Martha's Vineyard Hospital, MGB Salem Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital and Wentworth Douglass Hospital. All are deeply connected to the mission of Mass General Brigham — advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which is more than a report: it is a roadmap for action. It calls on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

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Chief Community Health and Health Equity Officer
Mass General Brigham

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I. Background

Salem Hospital, a member of Mass General Brigham (MGB), is the North Shore's largest healthcare provider. The hospital offers comprehensive care and a commitment to exceptional quality, safety, and kindness at its main hospital campus, ambulatory care sites and physician offices. The hospital has a long-standing commitment to the health and vitality of our North Shore communities. Salem Hospital was founded to serve our neighbors and those in need, a commitment that is just as strong today as it was 150 years ago. Salem Hospital led a highly participatory 2025 Community Health Needs Assessment to gain a greater understanding of the health status of residents, their health-related needs, and the strengths and resources within the service area.

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate and the Community Benefit Reporting Guidelines of the Massachusetts Attorney General(MA AGO) to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

As also required, a description of our investments in community health, actions taken since the last CHNA, and outcomes related to our work can be found in reports submitted annually to the MA AGO available at: https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits.

II. Methods

A. Definition of priority community and populations

Salem Hospital defines community for the purpose of the needs assessment to include Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, and Swampscott based on:

- Geography: The hospital sits in Salem, therefore having an impact on those who live, work, and commute near the hospital's location.
- Patient population: The majority of Salem Hospital patients come from these communities.
- Target populations served: Salem Hospital will focus on residents who are more likely to face disparities that impact their access to care, social determinants of health, and health outcomes.

Therefore, we reaffirm our priority area communities as defined above and will continue to work in them and with residents to address health needs and disparities.

B. Data Sources

The 2025 CHNA was developed using the following data sources:

1. **Secondary data** (e.g., U.S. Census Bureau, Massachusetts Department of Public Health) provided demographic data, as well as information about the health and behavioral health of residents, and the social determinants of health affecting them. Data describing the priority communities and that illustrate disparities in health and the social determinants of health can be found in Appendix A.

2. **Focus groups** were conducted with 45 leaders from a variety of community organizations in the hospital's service area. The goals were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. Six one-hour focus groups were organized to bring representatives together who serve and/or advocate for some of the most vulnerable populations on the North Shore and who address a range of health-related needs: (1) nutrition security and housing; (2) community health centers; (3) behavioral health (mental health and substance use disorders); (4) youth; (5) public health and health care advocates; and (6) older adults. The groups were facilitated online and data were analyzed for common and divergent themes. A summary of the focus group findings can be found in Appendix B.

3. **A Community Survey** was administered across all MGB communities and was open for two months between May and July 2025. To maximize community participation, especially by those experiencing inequities, the survey was available online and in hard-copy and in multiple languages: English, Spanish, Portuguese (European and Brazilian), Haitian Creole, Chinese (Mandarin/Cantonese), Arabic, Russian, and Khmer/Cambodian. It was promoted via social media, by partner organizations, within the MGB system, and on the Community Care van. In total, 2,328 surveys were completed. Identified by respondents' zip codes, 662 surveys were completed by residents who live in Salem Hospital's target communities. Systemwide survey results and findings for Salem Hospital's priority communities can be found in Appendix C.

C. Role of our Community Advisory Board

Salem Hospital's 2025 CHNA was developed with leadership from and in collaboration with its Community Advisory Board (CAB), a 19-member assembly of clinical and community leaders. A list of CAB members can be found in Appendix D. At its August 13 meeting, the CAB members reviewed the primary and secondary data and selected the 2025 CHNA priorities.

III. Assessment Findings

Community assets and resources: The focus group participants described strong collaboration among community agencies, which they argued is more important than ever given significant federal and state budget cuts, competition for resources, and capacity constraints faced by public sector and nonprofit organizations. As in past CHNAs, the CHNA informants identified the diversity of the community as a strength. However, they explained that resiliency, which was also previously identified as a community asset, no longer feels like a strong enough word to describe what residents are enduring. They reported that cuts to public assistance programs and funding for community programs, the high cost of living, and the current political climate are creating a far more desperate environment and one in which many residents are struggling to simply survive.

Demographics: Lynn's population is the largest of the eight communities with 100,905 residents. At 11%, Lynn's population growth over the past decade has outpaced the other priority communities and the state overall (at 6%). Lynn's population is 42% Hispanic and the most racially and ethnically diverse of the communities. The majority (73%) of public school students in Lynn do not have English as their first language.

Table 1. Population by Town

Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott
27,942	100,905	12,964	20,334	3,328	54,180	44,241	15,209

Source: U.S. Census Bureau, American Community Survey 2023

Social Determinants of Health: The focus groups highlighted significant inequities across the eight priority communities. Lynn, in particular, was described as experiencing significant economic challenges and disparities in the social determinants of health. The secondary data support this assertion. The percentage of low-income students enrolled in public schools is substantially higher for Lynn (74%) and Salem (60%) as compared to the state average (42%). The median household income is significantly below the state average for Lynn, Salem and Peabody. The Area Deprivation Index, a measure of structural disadvantage caused by neighborhood disadvantage, was highest in Lynn (69 out of 100), Salem (61) and Peabody (54) and higher than MA (53). Lynn has a rate over twice that of the state average for its population with less than a high school diploma (22% vs 9%) and, among all communities in the hospital's service area, high school graduation rates are lowest in Lynn (78%) and Salem (80%).

Based on data from the recent *"Greater Boston Food Bank's Fifth Statewide Food Access Report"(i),* more than 1 in 3 Massachusetts households experienced food insecurity at some point over the past 12 months and 24% of all Massachusetts households experienced very low food security in 2024. Although focus group participants acknowledged tremendous collaboration and work related to food insecurity on the North Shore, the high cost of food (and living in general) means that many residents are still experiencing food and nutrition insecurity. Focus group participants also explained that the high cost of housing and inadequate supply of

affordable quality housing has led to increased homelessness and housing instability. Among those who are housed are many living in over-crowded and unhealthy conditions. The secondary data revealed that Lynn, Salem, and Peabody have the highest rates of cost-burdened households at 45%, 39% and 36% respectively. Rates of severely burdened households are also highest in Lynn (23%), Salem (21%) and Peabody (18%).

The community survey results regarding the top issues that hospitals should focus on to make communities healthier were consistent across all communities: having enough healthy food, housing, and education help/activities for youth. Job training for better jobs was also among the top solutions identified by survey respondents within Salem Hospital's priority communities. The predominant theme from the focus groups was the immediate and widespread need to address basic needs. The participants advised that the hospital should be strategic in thinking about how it will support community programs that are most critical to the health and well-being of community members, particularly the most vulnerable. If not, they predicted, the hospital will see a dramatic spike in emergency room utilization as needs go unaddressed in the community. They also reported that, while behavioral health and health care access are still major issues, community members themselves are more focused on meeting their basic needs of food and shelter. The stress associated with this struggle contributes to both poor physical and mental health and yet, it's difficult to prioritize health and behavioral health care when such basic necessities are under threat.

Access to care: The focus group participant reported that access to and coordination of care remain significant issues, especially for the lowest-income and highest need patients. While there have been significant shifts in entry points to care due to telehealth, the need for mental health services has grown since the pandemic. They described a severe lack of mental health services for those relying on MassHealth. In the community survey, access to healthcare was deemed "very hard" or "somewhat hard" for more than 50% of survey respondents across all MGB communities. Mental health and specialty care were identified as the hardest healthcare services to access. Among survey respondents in the Salem Hospital catchment area, access barriers to primary care were also significant with 51% of respondents answering "very hard" or "somewhat hard." Across all MGB communities, the top factors that would make it easier to access health care services include help coordinating care, lower out of pocket costs for services, and more available appointments/shorter wait times. Knowing the cost of services and help applying for insurance were also among the top responses for survey respondents in Salem Hospital's priority communities.

Health Conditions and Outcomes: The secondary data and focus groups showed that certain communities and populations in the hospital's service area continue to experience disproportionately high rates of mortality from preventable causes related to cardiometabolic disease, cancer, substance use disorders, and maternal health. In Lynn, where more than 25% of Salem Hospital's patients reside, a greater percentage of residents are living with high blood pressure, heart disease, and diabetes as compared to state averages. While the population of Lynn is younger than the other priority communities, its average life expectancy is only 76 years, roughly 10 years less than neighboring towns like Marblehead. The community survey found that education and community-based care are the services most needed to help with cancer, heart disease, maternal health, and substance use disorders. Focus group participants

emphasized the need for community-based care, particularly for those in need of treatment for substance use disorders. Having to leave one's community for health and behavioral health services presents particular challenges for low/hourly wage workers and those without reliable transportation and childcare.

Immigrant Health: Salem Hospital's service area is home to immigrants from around the world. In Lynn alone, 39% of residents are foreign born-residents. Focus group participants described tremendous fear and distrust within immigrant communities. They explained that many no longer access services that are vital to their health out of fear of detainment and deportation. Stress, anxiety, and isolation were predicted to have long-lasting effects on the mental health of immigrant families for years to come.

Environmental Justice: The secondary data, specifically the Environmental Justice Index (EJI), illustrates the inequitable cumulative impact of environmental burdens in Lynn and Salem. Focus group participants reported that heat and air quality are significant issues impacting community health and that disproportionately impact lower income residents. Over 66% of community survey respondents reported feeling sick on hot days and/or due to poor air quality, most of those experienced such symptoms at home. Survey respondents indicated that the top things that hospitals should do to help with health problems caused by climate change were to provide information/education on heat-related illness and breathing problems, including what to do and when to seek medical care

IV. Conclusions

Our aim is to achieve measurable improvements in health outcomes that contribute to premature mortality and shorter life expectancy in the communities we serve. Addressing leading causes of premature death and large variations in outcomes—such as cardiometabolic disease, cancer, opioid overdoses and maternal health—requires more than clinical interventions, it must include solutions that target the health-related social risks and root causes driving these conditions. An integrated, social risk-informed strategy that addresses both medical and social needs is a more impactful model and essential to narrowing gaps in premature mortality and life expectancy, and building healthier, more resilient communities. For this reason, Salem Hospital ***will define our CHNA priorities as follows:***

1. Broad Landscape of Health: Through our CHNA process, we heard overarching concerns that are deeply interconnected with morbidity and the broader landscape of social determinants of health. Residents facing persistent hardship from a variety of factors often endure higher levels of chronic disease, as well as significant barriers to accessing care and sustaining healthy behaviors. These themes will be interwoven into our work, understanding that without considering these facets of individuals' lives, we cannot improve health and well-being.

In their day-to-day lives, individuals encounter a variety of personal, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. Participants in the focus group discussions described multiple challenging experiences that

contribute to chronic stress, many of which are closely connected to other topic areas in this report. Experiences included living paycheck to paycheck and facing economic instability, loss of loved ones, isolation for seniors and persons with disabilities, the influence of shifting federal policies, climate anxiety, and unstable housing.

The themes we explicitly identified are the following, recognizing there are many factors that contribute to each.

1.1 Life Expectancy, Premature Mortality and Quality of Life
1.2 Mental Health/Chronic Stress/Isolation

2. Health Priorities: Large gaps in premature mortality and life expectancy exist across the hospital's service area. While there have been some improvements in health outcomes over time, certain communities and populations continue to experience disproportionately high rates of mortality from preventable causes. Consistent with the other hospitals in the MGB system, the following health priorities will be a focus:

2.1 Cardiometabolic Disease
2.2 Cancer
2.3 Substance Use Disorders/Misuse
2.4 Maternal Health

3. Social Risk/Social Determinants of Health (SDOH): Social determinants of health and social risk mitigation play a critical role in shaping the health of our residents. Communities with concentrated poverty, limited transportation and under-resourced infrastructure often experience higher rates of chronic disease and premature death. To help address these disparities from the root cause, we will focus on the following SDOH priorities:

3.1 Housing
3.2 Access to Healthy Food/Food Security
3.3 Access to Care and Services
3.4 Economic Growth and Opportunity

4. Emerging Needs: In addition to the named priority areas, we acknowledge that the public health landscape is continually evolving, bringing forth emerging needs that may require a "pause and pivot' to allow for strategic planning and rapid response. Those emerging needs include:

4.1 Extreme Heat and Climate Vulnerability
4.2 Immigrant Health
4.3 Access to Health Insurance and Social Support Services

The table below summarizes the priorities from the 2025 CHNA.

Table 2. 2025 Salem Hospital CHNA Priorities

Category:	Themes:
1) Broad Landscape of Health	1.1 Life Expectancy, Premature Mortality and Quality of Life 1.2 Mental Health/Chronic Stress/Isolation
2) Health Priorities	2.1 Cardiometabolic Disease 2.2 Cancer 2.3 Substance Use Disorders/Misuse 2.4 Maternal Health
3) Social Risk/Social Determinants of Health (SDOH)	3.1 Housing 3.2 Access to Healthy Food/Food Security 3.3 Access to Care and Services 3.4 Economic Growth and Opportunity
4) Emerging Needs	4.1 Extreme Heat and Climate Vulnerability 4.2 Immigrant Health 4.3 Access to Health Insurance and Social Support Services

V. References

(i) Greater Boston Food Bank's Fifth Statewide Food Access Report accessed at https://www.gbfb.org/news/press-releases/2025-annual-statewide-food-access-report/

VI. Appendices

Appendix A

Salem Hospital Secondary Data Highlights

Demographics:

- **Population Size**: Salem Hospital (SH) Catchment Population (consisting of Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, and Swampscott) as of last Census was 280,187. The largest communities are Lynn (100,905), Peabody (54,180), and Salem (44,241) (1). The population of Lynn increased by 11% over the past decade, outpacing all other SH communities and the MA state average of 5% (2).
- **Age of Population**: The population of Lynn is younger than the other communities in SH's catchment area. Lynn has the smallest proportion of residents 65 years and older (14%) whereas Marblehead has highest (23%) (3).
- **Diversity and Language:** Lynn is the most racially/ethnically diverse of the communities in the catchment and has a higher proportion of Hispanic/Latino residents than MA (43% vs. 13%) (4). More than half of Lynn residents (51%) speak a language other than English, the highest in the catchment area and higher than statewide (5). The most common language other than English in the catchment is Spanish (18% of the entire population in the catchment area speaks Spanish at home) (6). Lynn's rate of limited English proficiency (26%) is the highest in the catchment and higher than the state (10%) (7).
- **Education:** Lynn has a rate over twice that of the state average for its population with less than a high school diploma (22% vs 9%) (8). The proportion of students attending the Lynn public schools who are English learners, for whom English is not their first language, have high needs, and are low income are higher than the state rates and highest in the catchment (9). Lynn and Salem have the lowest high school graduation rates (78% and 80% respectively) in the catchment (10).
- **Employment, Income & Poverty:** The median household income in Lynn is $74,715 as compared to the state average ($101,341) (11). The poverty rate is highest in Lynn and Salem (both at 14%) and significantly higher than the state average (10%) (12). 74% of students enrolled in Lynn public schools are low-income as compared to the state average (42%) (13). The Area Deprivation Index, a measure of structural disadvantage caused by neighborhood disadvantage, was highest in Lynn (69 out of 100), Salem (61) and Peabody (54) and higher than MA (53) (14).

Social Determinants of Health:

- **Food and Nutrition:** Based on data from the recent "Greater Boston Food Bank's Fifth Statewide Food Access Report", more than 1 in 3 Massachusetts households experienced food insecurity at some point over the past 12 months. In addition, very low food security is on the rise (24% of all Massachusetts households experienced very low food security in 2024). (Greater Boston Food Bank: 2025 Food Access Report)

- **Housing and homelessness:** Lynn, Nahant, Salem, and Peabody have the highest rates of cost- burdened households at 45%, 45%, 39% and 36% respectively (15). The rate of housing insecurity among adults age 18 and over is highest in Lynn (20%) and is more than double the state rate (10%) (16). The proportion of youth who reported experiencing homelessness was highest in Lynn (7%) than in the other communities in the catchment area and higher than the state average (2%) (17).
- **Internet and computer access:** Lynn has the highest rate of households with no or slow internet (12%) in the catchment area and is higher than the state average (8%) (18). Lynn also has the highest proportion of households with no computer (4%) (19).
- **Health insurance and Medications:** Among communities in the catchment, Lynn has the highest rate of uninsured residents (4.3%) and is higher than the state average (2.6%) (20). Lynn also has the highest proportion of residents on Medicaid (44%), almost twice the state rate ((24%) (21).

Health behaviors, conditions, outcomes, and ER utilization:

- **Life expectancy:** The life expectancy in the catchment communities ranges from a low of 76.3 years in Lynn to a high of 85.7 years in Lynnfield (22).
- **Hypertension:** The proportion of those with hypertension is higher in the catchment overall (39%) than for MA (37%). It was highest in Nahant (44%) and Peabody (43%). Despite a younger population, the rates of hypertension in Lynn (38%) were higher than the state average (23).
- **Cancer:** The cancer incidence per 100,000 people was higher for the catchment area (453.2) than the state (449.4) (24).
- **Stroke:** The crude rate among adults 18 and older who have ever had a stroke was highest Lynn (3.6%) and exceed the state average of 3.1% (25).
- **Smoking and Drug Overdoses:** Smoking prevalence in Lynn (15.3%) is the highest in the catchment area and higher than the state average (12.6%) (26). Lynn residents experience drug overdose deaths and suicides at a higher rate than the state average (2023 City of Lynn Community Needs Assessment).
- **Maternal Health:** Lynn has one of the highest birth rates in the state. Low birth weight rates in Lynn are higher than the state average **(**Massachusetts Births 2022).

Climate/Environmental impact on health:

- **Air Quality:** The non-cancer respiratory hazard index score is higher for the catchment area (.27) than for MA overall (.25) (27).
- **Environmental Justice:** The percentage of Census tracts in the catchment area exceed the 90th percentile ranking for environmental justice health criteria (88.27%) is higher than for MA overall (56.63%). All communities in the catchment area, excluding Lynnfield, exceed the state average (28).

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Population Profile

Map of Cities and Towns Located in the Salem Hospital Service Area

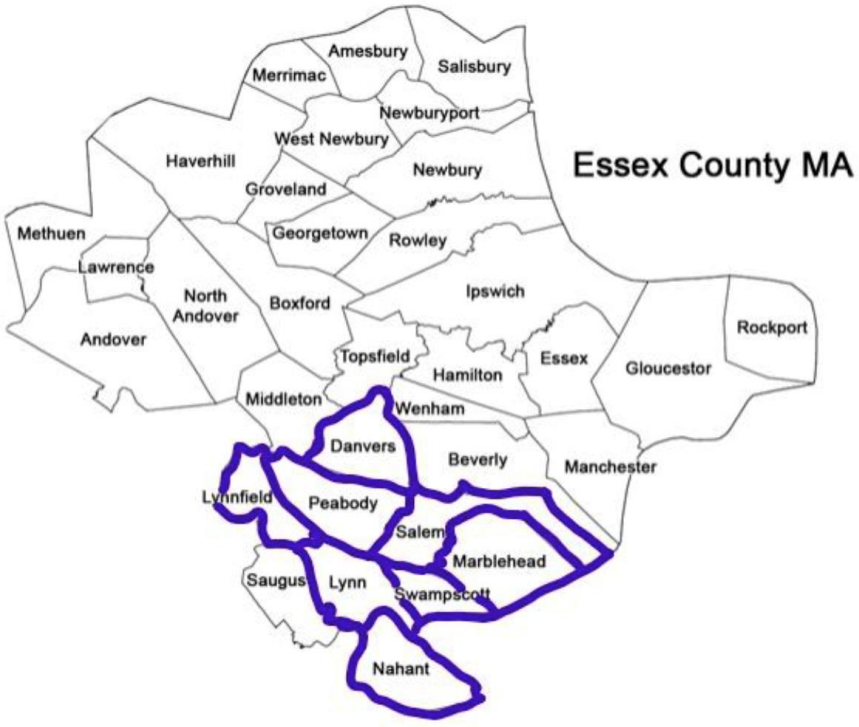


Table 1. Population in SH catchment area communities

Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott
27,942	100,905	12,964	20,334	3,328	54,180	44,241	15,209

U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 2023 5-Year and 1-Year Estimates Data Profiles, Table DP05, Accessed on July 31, 2025.

Table 2. Population Change between 2013 and 2023

	2013	2023	Percent
Massachusetts	6,692,824	7,001,399	+4.6%
Essex County	762,550	810,089	+6.2%
Danvers	26,899	27,924	+3.8%
Lynn	91,595	101,250	+10.5%
Lynnfield	11,812	12,964	+9.8%
Marblehead	19,958	20,334	+1.9%
Nahant	3,432	3,328	-3.0%
Peabody	51,522	54,180	+5.2%
Salem	41,926	44,241	+5.5%
Swampscott	13,862	15,209	+9.7%

Data Source: U.S. Census Bureau. "ACS DEMOGRAPHIC AND HOUSING ESTIMATES." American Community Survey, ACS 1-Year Estimates Data Profiles and 5 Year Estimates Data Profiles, 2013 and 2023.

Table 3: Age Distribution by City and Town

	Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott
Total pop	27,924	100,905	12, 964	20, 334	3,328	54,180	44,241	15,209
Under 5 years	1,231 (4.4%)	6,672 (6.6%)	879 (6.8%)	602 (3.0%)	170 (5.1%)	3,092 (5.7%)	1,691 (3.8%)	953 (6.3%)
5 to 9 years	1,138 (4.1%)	6,451 (6.4%)	1,342 (10.4%)	854 (4.2%)	88 (2.6%)	2,593 (4.8%)	2,021 (4.6%)	765 (5.0%)
10 to 14 years	1,218 (4.4%)	6,543 (6.5%)	807 (6.2%)	1,686 (8.3%)	60 (1.8%)	2,292 (4.2%)	2,181 (4.9%)	858 (5.6%)
15 to 19 years	1,752 (6.3%)	7,716 (7.6%)	719 (5.5%)	1,859 (9.1%)	107 (3.2%)	2,683 (5.0%)	2,650 (6.0%)	628 (4.1%)
20 to 24 years	1,657 (5.9%)	6,813 (6.8%)	437 (3.4%)	712 (3.5%)	182 (5.5%)	2,846 (5.3%)	3,673 (8.3%)	842 (5.5%)
25 to 29 years	1,603 (5.7%)	6,927 (13.7%)	504 (3.9%)	494 (2.4%)	70 (2.1%)	3,005 (5.5%)	3,709 (8.4%)	789 (5.2%)
30 to 34 years	1,649 (5.9%)	6,937 (6.9%)	718 (5.5%)	768 (3.8%)	141 (4.2%)	3,826 (7.1%)	4,153 (9.4%)	745 (4.9%)
35 to 39 years	2,115 (7.6%)	7,669 (7.6%)	869 (6.7%)	786 (3.9%)	242 (7.3%)	3,097 (5.7%)	2,991 (6.8%)	1,109 (7.3%)
40 to 44 years	1,513 (5.4%)	6,668 (6.6%)	1,024 (7.9%)	1,334 (6.6%)	44 (1.3%)	3,092 (5.7%)	3,027 (6.8%)	867 (5.7%)
45 to 49 years	1,436 (5.1%)	7,117 (7.1%)	926 (7.1%)	1,359 (6.7%)	141 (4.2%)	2,685 (5.0%)	2,282 (5.2%)	1,072 (7.0%)
50 to 54 years	1,917 (6.9%)	6,078 (6%)	751 (5.8%)	2,030 (10.0%)	273 (8.2%)	3,847 (7.1%)	2,619 (5.9%)	1,296 (8.5%)
55 to 59 years	2,402 (8.6%)	5,479 (5.4%)	885 (6.8%)	1,740 (8.6%)	287 (8.6%)	4,280 (7.9%)	3,082 (7.0%)	1,201 (7.9%)
60 to 64 years	2,106 (7.5%)	5,852 (5.8%)	710 (5.5%)	1,514 (7.4%)	445 (13.4%)	3,677 (6.8%)	2,875 (6.5%)	1,148 (7.5%)
65 to 69 years	1,820 (6.5%)	5,190 (5.1%)	876 (6.8%)	1,478 (7.3%)	309 (9.3%)	3,618 (6.7%)	2,307 (5.2%)	901 (5.9%)
70 to 74 years	1,384 (5%)	3,685 (3.7%)	455 (3.5%)	1,216 (6.0%)	418 (12.6%)	2,873 (5.3%)	2,179 (4.9%)	721 (4.7%)
75 to 79 years	1,118 (4%)	2,226 (2.2%)	457 (3.5%)	925 (4.5%)	122 (3.7%)	2,307 (4.3%)	1,309 (3.0%)	530 (3.5%)
80 to 84 years	915 (3.3%)	1,199 (1.2%)	306 (2.4%)	468 (2.3%)	97 (2.9%)	1,369 (2.5%)	6,721 (5%)	287 (1.9%)
85 years+	950 (3.4%)	1,683 (1.7%)	299 (2.3%)	509 (2.5%)	132 (4.0%)	2,998 (5.5%)	8, 201 (9%)	497 (3.3%)

U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2023.

Table 4. Percent Population Hispanic or Latino

	Total Population	Non-Hispanic Population	Percent Population Non-Hispanic	Hispanic or Latino Population	Percent Population Hispanic or Latino
Catchment area	279,085	217,284	77.86%	61,801	22.14%
Danvers	27,924	26,511	94.94%	1,413	5.06%
Lynn	100,905	58,047	57.53%	42,858	42.47%
Lynnfield	12,964	12,421	95.81%	543	4.19%
Marblehead	20,334	19,810	97.42%	524	2.58%
Nahant	3,328	3,287	98.77%	41	1.23%
Peabody	54,180	47,461	87.60%	6,719	12.40%
Salem	44,241	35,644	80.57%	8,597	19.43%
Swampscott	15,209	14,103	92.73%	1,106	7.27%
Essex County	807,258	619,737	76.77%	187,521	23.23%
Massachusetts	6,992,395	6,087,716	87.06%	904,679	12.94%

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed via DPHIT.

Table 5: Population 5 and older that speak a language other than English

	Population Aged 5 and Older	Speak only English	Speak a Language Other than English
Catchment area	263,795	69.46%	30.54%
Danvers	26,693	88.64%	11.36%
Lynn	94,233	48.73%	51.27%
Lynnfield	12,085	83.82%	16.18%
Marblehead	19,732	91.49%	8.51%
Nahant	3,158	91.01%	8.99%
Peabody	51,088	76.24%	23.76%
Salem	42,550	77.41%	22.59%
Swampscott	14,256	75.11%	24.89%
Massachusetts	6,642,060	75.24%	24.76%
United States	313,447,641	78.04%	21.96%

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed via DPHIT

Table 6. Languages Spoken at Home

	Population	Percent
Spanish	46,484	17.62%
Other Indo-European languages	15,139	5.74%
French, Haitian, or Cajun	4,592	1.74%
Other Asian and Pacific Island languages	4,332	1.64%
Russian, Polish, or other Slavic languages	3,541	1.34%
Other and unspecified languages	2,622	0.99%
Arabic	1,152	0.44%
Chinese (incl. Mandarin, Cantonese)	880	0.33%
German or other West Germanic languages	507	0.19%
Vietnamese	484	0.18%
Tagalog (incl. Filipino)	429	0.16%
Korean	401	0.15%

Data Source: US Census Bureau, American Community Survey. 2019-23.

Table 7. Population with limited English Proficiency

***** Limited English Proficiency is measured as those over 5 who speak a language other than English at home and speak English less than "very well."

	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Report Location	263,795	36,645	13.89%
Danvers	26,693	1,020	3.82%
Lynn	94,233	24,345	25.83%
Lynnfield	12,085	400	3.31%
Marblehead	19,732	312	1.58%
Nahant	3,158	25	0.79%
Peabody	51,088	5,119	10.02%
Salem	42,550	4,005	9.41%
Swampscott	14,256	1,419	9.95%
Massachusetts	6,642,060	644,604	9.70%
United States	313,447,641	26,299,012	8.39%

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed through DPHIT.

Table 8. Educational Attainment Profile .

	Less Than High School Diploma	High School Graduate (Includes Equivalency)	Some College or Associate's Degree	Bachelor's Degree or Higher
Catchment area	11.52%	24.90%	22.99%	40.58%
Danvers	5.46%	22.48%	25.25%	46.81%
Lynn	21.63%	31.38%	23.66%	23.33%
Lynnfield	2.18%	17.23%	19.51%	61.08%
Marblehead	0.90%	8.27%	13.91%	76.92%
Nahant	1.87%	20.65%	15.73%	61.74%
Peabody	9.43%	29.62%	27.07%	33.87%
Salem	8.12%	20.60%	21.67%	49.60%
Swampscott	3.39%	14.74%	20.16%	61.71%
Massachusetts	8.60%	22.84%	21.93%	46.62%
United States	10.61%	26.19%	28.20%	35.00%

Data Source: Data Source: US Census Bureau, American Community Survey. 2019-23.

Table 9. Public School Enrollment of Selected Populations

	Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott	MA
High Needs	43.9%	86.7%	28.4%	29.4%	31.1%	59.9%	71%	40.4%	55.8%
English Learners	6.3%	45.8%	2.1%	3.4%	.6%	17.6%	18.6%	5.1%	13.9%
First Language not English	11%	73.2%	11.7%	8%	1.8%	27.6%	31.7%	15.7%	27.2%
Low Income	26.9%	73.9%	9.8%	11.7%	17.2%	45.3%	59.7%	20.4%	42.1%
Students with Disabilities	23%	19.7%	19.3%	19.2%	21%	21.0%	25.1%	23.1%	20.6%

Data Source: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

Table 10. High School Cohort 2023 Graduation Rates, Percentage Graduated

	Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott
All Students	93.7%	78.1%	97.1%	97.4%	N/A	82.7%	80.6%	92%
Male	91.3%	73.3%	98.6%	100%		79.9%	76.9%	92.5%
Female	96%	83.5%	95.2%	95.7%		85.7%	85%	91.4%
EL		50.9%		100%		52%	63.8%	66.7%
Low Income	88.4%	76.6%	95.2%	97.8%		76.1%	76.8%	92%
High needs	88%	76%	90.5%	94.3%		77.1%	76%	84.4%
Students w/ disabilities	79.6%	72.5%	84%	91.8%		68.4%	59.3%	75.7%
Foster care		40%					57.1%	
Homeless		39.4%				71.4%	75%	
African American / Black		88.6%		100%		76.5%	86.7%	90%
Asian	100%	96%	100%			83.3%		71.4%
Hispanic/Latino	93.8%	72.1%	100%	91.7%		67%	74.8%	73.7%
American Indian or Alaska Native								
White	93.6%	90.6%	96.5%	97.5%		88.1%	85.3%	96.7%
Native Hawaiian or Pacific Islander								
Multi-race, non-Hispanic/Latino	83.3%	88.9%				71.4%	85.7%	

DATA SOURCE: "Cohort 2023 Graduation Rates, 4-Year Graduation Rate (2023)." School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

Table 11. Average and Median Income

	Total Households	Average Household Income	Median Household Income
Catchment area	110,336	$129,446	No data
Danvers	11,041	$137,591	$117,072
Lynn	36,328	$96,037	$74,715
Lynnfield	4,621	$212,266	$172,484
Marblehead	8,187	$233,773	$165,859
Nahant	1,604	$188,841	$111,004
Peabody	22,469	$123,587	$95,278
Salem	19,789	$108,786	$85,137
Swampscott	6,297	$182,191	$128,964
Massachusetts	2,762,070	$140,991	$101,341
United States	127,482,865	$110,490	$78,538

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed via DPHIT.

Table 12. Population (individuals) in Poverty

	Total Population	Population in Poverty	Population in Poverty, Percent
Catchment area	275,563	27,332	9.92%
Danvers	27,360	1,430	5.23%
Lynn	100,255	13,728	13.69%
Lynnfield	12,964	787	6.07%
Marblehead	20,233	759	3.75%
Nahant	3,281	222	6.77%
Peabody	53,517	3,482	6.51%
Salem	42,894	5,870	13.68%
Swampscott	15,059	1,054	7.00%
Massachusetts	6,777,241	676,516	9.98%
United States	324,567,147	40,390,045	12.44%

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed via DPHIT.

Table 13. Low-Income Public-School Enrollment

	Danvers	Lynn	Lynnfield	Marblehead	Nahant	Peabody	Salem	Swampscott	MA
Low Income	26.9%	73.9%	9.8%	11.7%	17.2%	45.3%	59.7%	20.4%	42.1%

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

Table 14. State and National Area Deprivation Rank Percentile

	Total Population (2020)	State Percentile	National Percentile
Catchment area	278,512	53	21
Danvers	28,087	39	15
Lynn	101,253	69	29
Lynnfield	13,000	15	6
Marblehead	20,441	14	5
Nahant	3,334	30	12
Peabody	54,481	54	21
Salem	42,805	61	24
Swampscott	15,111	33	13
Massachusetts	7,029,917	53	24
United States	331,129,211	51	46

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2022. Accessed via DPHIT.

Table 15. Cost-Burdened Households

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Catchment area	110,336	41,622	37.72%
Danvers	11,041	3,373	30.55%
Lynn	36,328	16,352	45.01%
Lynnfield	4,621	1,176	25.45%
Marblehead	8,187	2,062	25.19%
Nahant	1,604	719	44.83%
Peabody	22,469	8,071	35.92%
Salem	19,789	7,673	38.77%
Swampscott	6,297	2,196	34.87%
Massachusetts	2,762,070	902,375	32.67%
United States	127,482,865	37,330,839	29.28%

Data Source: US Census Bureau, American Community Survey. 2019-23. Accessed via DPHIT.

Table 16. Housing Insecurity - Adults

Report Area	Total Population	Adults Age 18+ Having Housing Insecurity (Crude)	Adults Age 18+ Having Housing Insecurity (Age-Adjusted)
Catchment area	280,187	12.9%	No data
Danvers	28,087	7.7%	No data
Lynn	101,253	19.9%	No data
Lynnfield	13,000	8.2%	No data
Marblehead	20,441	5.1%	No data
Nahant	3,334	5.9%	No data
Peabody	54,481	10.0%	No data
Salem	44,480	11.4%	No data
Swampscott	15,111	7.0%	No data
Massachusetts	6,981,974	10.4%	11.2%
United States	333,287,557	11.8%	12.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table 17. Housing Insecurity- Students

	Students in All Districts	Students Reporting Experiencing Homelessness	Students Reporting Experiencing Homelessness, Percent	Districts Reporting	Students in Reported Districts
Catchment Area	35,463	1,456	4.11%	75.00%	93.43%
Danvers	3,217	17	0.53%	100.00%	100.00%
Lynn	15,727	1,174	7.46%	100.00%	100.00%
Lynnfield	2,167	No data	0.00%	0.00%	0.00%
Marblehead	2,601	10	0.38%	100.00%	100.00%
Nahant	164	No data	0.00%	0.00%	0.00%
Peabody	5,881	102	1.73%	100.00%	100.00%
Salem	3,665	145	3.96%	100.00%	100.00%
Swampscott	2,041	8	0.39%	100.00%	100.00%
Massachusetts	911,529	22,077	2.42%	72.00%	90.98%
United States	49,654,028	1,240,135	2.50%	60.63%	93.14%

Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.

Table 18. Internet Access

Report Area	Total Households	Households with No or Slow Internet	Households with No or Slow Internet, Percent
Report Location	110,336	9,618	8.72%
Danvers	11,041	745	6.75%
Lynn	36,328	4,176	11.50%
Lynnfield	4,621	194	4.20%
Marblehead	8,187	318	3.88%
Nahant	1,604	83	5.17%
Peabody	22,469	2,026	9.02%
Salem	19,789	1,848	9.34%
Swampscott	6,297	228	3.62%
Massachusetts	2,762,070	225,633	8.17%
United States	127,482,865	13,115,603	10.29%

Data Source: US Census Bureau, American Community Survey. 2019-23.

Table 19. Computer and Internet Usage of Population, Percent

	Population with No Computer	Population with Any Computer	Population with Any Computer with Dial-up Alone	Population with Any Computer without An Internet Subscription
Report Location	3.38%	96.62%	0.06%	2.92%
Danvers	3.99%	96.01%	0.00%	1.37%
Lynn	4.30%	95.70%	0.03%	4.35%
Lynnfield	1.24%	98.76%	0.00%	0.62%
Marblehead	1.83%	98.17%	0.04%	0.68%
Nahant	3.20%	96.80%	0.37%	1.28%
Peabody	3.13%	96.87%	0.10%	3.11%
Salem	3.47%	96.53%	0.14%	2.72%
Swampscott	0.85%	99.15%	0.00%	1.51%
Massachusetts	2.75%	97.25%	0.07%	3.08%
United States	3.19%	96.81%	0.11%	4.64%

Data: *US Census Bureau, American Community Survey. 2019-23.* Accessed via DPHIT.

Table 20. Insurance Coverage

	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Catchment area	277,447	8,097	2.92%
Danvers	27,426	379	1.38%
Lynn	100,673	4,436	4.41%
Lynnfield	12,964	185	1.43%
Marblehead	20,233	269	1.33%
Nahant	3,281	36	1.10%
Peabody	53,686	1,549	2.89%
Salem	44,094	1,115	2.53%
Swampscott	15,090	128	0.85%
Massachusetts	6,926,890	183,468	2.65%
United States	327,425,278	28,000,876	8.55%

Data Source: US Census Bureau, American Community Survey. 2019-23.Show more details. Accessed via DPHIT.

Table 21. Population with Insurance by Provider Type

	Employer or Union	Direct Purchase	TRICARE or Other Military	Medicare	Medicaid	VA Health Care
Report Location	60.36%	16.03%	0.76%	19.64%	27.37%	1.40%
Danvers	71.97%	18.89%	1.31%	22.72%	14.88%	1.46%
Lynn	47.45%	13.50%	0.54%	16.18%	43.56%	1.24%
Lynnfield	77.22%	19.11%	0.45%	17.43%	9.08%	0.63%
Marblehead	72.65%	18.35%	0.87%	22.40%	7.94%	1.56%
Nahant	75.07%	17.94%	0.62%	29.92%	9.61%	0.99%
Peabody	63.72%	20.02%	0.90%	24.83%	21.52%	2.40%
Salem	62.48%	13.40%	0.79%	18.00%	25.98%	0.77%
Swampscott	70.66%	14.59%	0.74%	19.01%	15.67%	1.17%
Massachusetts	64.37%	14.49%	1.15%	18.56%	23.49%	1.40%
United States	60.22%	14.85%	2.97%	19.82%	22.61%	2.42%

Data Source: US Census Bureau, American Community Survey. 2019-23.

Table 22. Life Expectancy 2017-2021

Town	Average
Danvers	79.7
Lynn	76.3
Lynnfield	85.7
Marblehead	84.1
Nahant	78.5
Peabody	80.1
Salem	80.6
Swampscott	82.6

Source			
Mortality data	*Death counts by age group for MA residents geocoded to 2010 census tract boundaries*	*2017-2021*	*Massachusetts Department of Public Health*
Population data	*American Community Survey 5 year 2019 data (table S0101)*	*2015-2019*	*data.census.gov*

Data compiled and rates computed by Census Tract by the VCU Center on Society and Health

Table 23. Hypertension Prevalence, 18+ (Electronic Health Records)

	Population (Total)	Prevalence
Catchment area	222,377	39.02%
Danvers	23,004	40.40%
Lynn	76,530	37.84%
Lynnfield	9,572	37.88%
Marblehead	15,967	37.82%
Nahant	2,966	43.67%
Peabody	44,626	43.21%
Salem	37,596	36.51%
Swampscott	12,116	37.64%
Massachusetts	5,615,292	37.30%

Data Source: Massachusetts Department of Public Health, Massachusetts Department of Public Health. 2023. Accessed via DPHIT.

Table 24. All Cancers Incidence

	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Catchment area	350,870	1,590	453.2
Danvers	35,172	159	452.1
Lynn	126,796	575	453.5
Lynnfield	16,279	74	454.6
Marblehead	25,597	116	453.2
Nahant	4,175	19	455.1
Peabody	68,225	309	452.9
Salem	55,700	252	452.4
Swampscott	18,922	86	454.5
Massachusetts	8,615,709	38,719	449.4
United States	383,976,486	1,698,328	442.3

Data Source: State Cancer Profiles. 2016-20. Accessed via DPHIT.

Table 25. Percentage of Adults Age 18+ Ever Having a Stroke

	Total Population	Adults Age 18+ Ever Having a Stroke (Crude)	Adults Age 18+ Ever Having a Stroke (Age-Adjusted)
Catchment area	280,187	3.3%	No data
Danvers	28,087	2.9%	No data
Lynn	101,253	3.6%	No data
Lynnfield	13,000	2.9%	No data
Marblehead	20,441	2.8%	No data
Nahant	3,334	3.4%	No data
Peabody	54,481	3.5%	No data
Salem	44,480	2.9%	No data
Swampscott	15,111	3.0%	No data
Massachusetts	6,981,974	3.1%	2.7%
United States	333,287,557	3.6%	3.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022

Table 26. Smoking Prevalence (Electronic Health Records)

	Population (Total)	Prevalence
Catchment area	222,377	12.67%
Danvers	23,004	10.45%
Lynn	76,530	15.28%
Lynnfield	9,572	5.89%
Marblehead	15,967	7.93%
Nahant	2,966	12.75%
Peabody	44,626	11.79%
Salem	37,596	14.41%
Swampscott	12,116	9.83%
Massachusetts	5,615,292	12.63%

Data Source: Massachusetts Department of Public Health, Massachusetts Department of Public Health. 2023.

Table 27. Air Quality – Non-Cancer Respiratory Hazard Index

	Total Population	Respiratory Hazard Index Score
Report Location	258,008	0.27
Danvers	26,493	0.25
Lynn	90,328	0.27
Lynnfield	11,596	0.26
Marblehead	19,808	0.26
Nahant	3,410	0.24
Peabody	51,246	0.26
Salem	41,340	0.29
Swampscott	13,787	0.28
Massachusetts	6,547,460	0.25
United States	312,566,557	0.31

Source: Data Source: EPA - AirToxScreen. 2019. Accessed via DPHIT.

Table 28. Environmental Justice Index

	Total Population	Number of Neighborhoods in Report Area	Population in Neighborhoods Meeting EJ Social Criteria (%)	Population in Neighborhoods Meeting EJ Health Criteria (%)
Catchment area	270,298	60	32.61%	88.27%
Danvers	27,549	6	0.00%	100.00%
Lynn	94,201	22	50.37%	94.70%
Lynnfield	12,968	2	0.00%	55.23%
Marblehead	20,530	4	22.65%	56.63%
Nahant	3,512	1	100.00%	100.00%
Peabody	53,004	11	23.02%	77.37%
Salem	43,279	10	31.59%	100.00%
Swampscott	15,255	4	43.73%	100.00%
Massachusetts	6,873,003	1,620	26.18%	56.63%
United States	326,569,308	85,019	36.79%	53.46%

Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022. Accessed via DPHIT.

Appendix B

Summary of Focus Groups with Community Leaders to Inform Salem Hospital's 2025 Community Health Needs Assessment

I. Background and Methodology: To inform the 2025 Community Health Needs Assessment (CHNA), Salem Hospital invited leaders from a variety of community organizations in the hospital's service area to participate in focus groups. The goals of the focus groups were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. In all, six focus groups were held with 45 participants. Each group was one hour in length and conducted via Zoom. The groups were organized to bring representatives together who serve similar populations, address particular issues, or work in similar settings together: (1) nutrition security and housing; (2) community health centers; (3) behavioral health (mental health and substance use disorders); (4) youth; (5) public health and health care advocates; and (6) older adults.

A focus group guide was developed for use across the MassGeneral Brigham (MGB) system. It employed a confirmatory approach designed to assess whether findings from the last CHNA are still relevant and/or how things may have changed. Additionally, the guide included questions about MGB priorities, including the leading causes of death and climate-related problems caused by extreme heat and poor air quality. The guide was modified to reflect the findings from the last CHNA conducted by Salem Hospital. The groups were conducted by an outside consultant and participants were ensured of their anonymity. The consultant analyzed the focus group data for common and divergent themes. The findings are summarized below.

II. Findings:

A. Community strengths and assets: The assets and strengths of the community identified in Salem Hospital's last CHNA were: (1) collaboration and partnership among community agencies; and (2) the diversity and resilience of the community. Across all groups, there was agreement that these are still strengths. However, since the last CHNA there have been some noteworthy changes, as described below.

Collaboration and partnership among community agencies:

- Strong collaboration is more important than ever, especially to address food access, mental health, and child care and in light of the challenges facing immigrant communities. As the population becomes increasingly diverse and as baby boomers require more and more care, collaboration will be critical to ensure the health and safety of the population.
- The Dignity Alliance and the collaboration to house the influx of Haitian families on the North Shore were described as very successful collaborative efforts. New partnership with Stop and Shop around vaccines was also highlighted.
- Collaboration peaked during COVID when more resources were available and the federal government was supportive of state and local efforts. While most still believe it is strong, some feel organizations have become more siloed and with staff turnover,

connections have weakened. Nevertheless, they acknowledge important lessons and partnerships established during COVID can be leveraged now.
- Recent budget cuts at the state and federal levels threaten closures (e.g., The Daily Table) and are causing organizations to scale back services (e.g., $12b federal cut to public health services affecting multiple key public health services; 10% reduction in school mental health funding; cuts to substance abuse prevention grants). Cuts and closures are increasing stress on staff, which is contributing to staff turnover and burnout. They fear community agencies may find themselves competing for the same pool of philanthropic resources.

Diversity and resilience of the community/population:

- Resiliency should be re-defined as survival; it's not just positive adaptation; people are barely getting by. With cuts to services and rising costs, basic survival is the focus for many.
- While diversity and resiliency are still assets, there are new threats, particularly for immigrant populations. Participants described a surge in new arrivals on the North Shore and a "all hands" approach to try and meet their health and social needs. New cultures and languages are represented in the community all the time and it is a challenge to ensure services are appropriate for their needs.
- Immigration raids have had an impact on access to services as many are reluctant to engage due to fear of arrest, detainment, and deportation. Participation in some programs has dropped by 40 to 50% since raids began. There have been noticeable increases in housing and food insecurity and domestic violence.
- Immigrant workers, particularly in health care/long-term care, are essential and require protections.
- Participants described the emotional toll experienced by children whose parents have been detained and adults who have lost other family members to deportation.
- Wrap-around supports and creative ways of delivering services are needed for immigrant families who may be afraid to leave their homes.
- There was also discussion about threats to the LGBTQIA+ community and concerns about the hospital's ability to provide gender-affirming care.

B. Priorities from the previous CHNA: The last CHNA identified the following as priorities: (1) ***Behavioral health*** (mental health, substance use disorders, gaps in treatment, stigma, violence); (2) ***healthcare access*** (accessibility, health insurance/cost, care coordination/navigation, oral health services); (3) ***culturally sensitive care*** (culturally sensitive services in multiple languages; (4) the ***social determinants of health*** (including housing, food/nutrition, transportation, broadband and cell service, education, childcare), and (5) ***health care workforce development***. While offering some nuance about how things have changed since the last CHNA, participants agreed that these are still priorities. Among some participants, there was a sense of discouragement that the CHNA issues (particularly the relationship between the hospital/MGB and the health centers, as well as around discharge planning and coordination of care) remain the same, year after year, and said that it affects the relationships of community providers with the hospital as well as patient experiences and trust in the system. Participants explained that, while the hospital cannot make up for all of the federal cuts and how they will impact the community, the hospital should be strategic in thinking about how it will support community

programs that are most critical to the health and well-being of community members, particularly the most vulnerable. If not, they predicted, the hospital will see a dramatic spike in emergency room utilization as needs go unaddressed in the community. They also reported that, while behavioral health and health care access are still major issues, community members themselves are more focused on meeting their basic needs of food and shelter. The stress associated with struggling to meet the most basic of needs contributes to both poor physical and mental health and yet, it's difficult to prioritize health and behavioral health care when such necessities are under threat.

- **Behavioral health:** While there have been significant shifts in entry points to care thanks to telehealth, the need for mental health services has grown since the pandemic. For many, social isolation continues to impact mental health. With an increase in need and fewer mental health clinicians accepting MassHealth, there is a growing gap in behavioral health care for the most economically disadvantaged. With cuts to Medicaid and persistent workforce issues, they predict the gap will only get worse. Participants explained that the lack of psychiatric beds is causing burnout for ED staff and long wait times for all ED patients. The loss of the domestic violence advocacy staff at the hospital was described as contributing to riskier discharges for victims of violence. Youth/gang violence is on the rise. The loss of the Hospital to Home project, cut due to funding constraints, was also described as a blow to ensuring the safety of patients with behavioral health needs. The mental health of young people, from young children to young adults, is still very much at risk and located mental health services is increasingly difficult. One group explained that, due to concerns for how those with active substance use are treated at the hospital, increasingly her institution is sending such patients to Beverly Hospital. Participants explained that stigma around mental health remains high and believe that hospital providers often miss legitimate medical issues because complaints are attributed to behavioral health issues. A few argued that neurodiversity should be a priority within the behavioral health category.
- **Access to quality care:** Access to and coordination of care remain significant issues, especially for the lowest-income and highest need patients.
    - *Cost/insurance:* The health centers, particularly in Lynn, have seen a shift in payer mix towards uninsured and Medicaid patients and worry about the financial impact on the health centers worsening with deeper cuts to Medicaid. The health centers provide an important safety net to the most vulnerable residents and, if they cannot meet the need, the hospital will face dramatic increases in ER visits and sicker patients. Changes in the state's Medicaid program that dictate where patients can access care have created confusion for patients and limited access for those for whom transportation is a challenge. The MGB insurance, which reimburses at lower rates than Medicaid at the health centers, was described as contributing to both financial and relationship problems. The health centers need more balanced partnership with the hospital and improvement in service level agreements and terms of collaboration.
    - *Coordination and discharge planning:* There was also concern about insufficient coordination, including patient data sharing, between the hospital (both inpatient and ER) and outpatient services, including the health centers, nursing/rehab facilities, and other community agencies. Participants explained that often patients are lost to follow-up because the "hand off" between hospital and

community providers does not occur. They added that patients are routinely given unrealistic discharge plans, including prescriptions the patients can neither pay for nor access due to transportation issues. The health centers play an important role in providing essential medications at lower costs but coordination must occur. Patients are sometimes discharged to unsafe conditions (e.g., the street or unsafe, unhealthy, and/or unstable housing. Participants called for "age friendly hospital care" and explained that often older adults are discharged to nursing homes without they or their families having an adequate understanding of the patient's prognosis and the likelihood that the patient will not improve enough to return to his or her home. Further, they do not understand the costs and limitations of coverage for skilled nursing/long-term care. There was concern that the hospital's focus on limiting lengths of stay means sacrificing aftercare planning and suggested that an important metric for reduced LOS should be the success of discharge planning. Young people, who often lack PCPs, are increasingly using the ER. When discharged without a medication order, they aren't able to take their medications at school. School nurses spend substantial time following up with the ER. Participants argued that better communication, education of hospital staff and providers, and collaboration are needed to improve patient outcomes and maintain trust in the healthcare system.

    - *Primary care:* In addition to concern about the financial viability of the health centers, there remains a pressing need for more primary care on the North Shore. With the closure of more facilities, the demand for basic care at the hospital has only increased. Many would like to see more community-based services like those offered by the Community Cares van.
    - *Specialists:* Some explained that, while part of the MGB system, Salem does not have all of the specialty services available in Boston. The logistics involved in getting patients to Boston was described as very difficult. Many patients must go to BMC, even though they are MGB patients, because of their insurance or inability to pay for specialty care.
- **Culturally sensitive care:** The need for more providers and staff who speak other languages remains high. In addition, hospital staff and providers should be trained to understand the fears among immigrants and to help their patients feel safe in accessing care. Maternal outcomes in particular were raised as a concern among immigrant women who may be afraid to access prenatal care. All of the concerns around access, coordination of care, health literacy, and trust in health care are far worse among those who face linguistic barriers.
- **Social determinants of health:** In the wake of HUD funding cuts and changes to the shelter system, it has become increasingly difficult for individuals and families to access shelter services. With affordable housing in such short supply, shorter lengths of stay in shelter and transitional programs, and potential changes to the housing voucher system, participants predict a significant spike in homelessness. They also emphasized the importance of community resources that provide food and argued that more supports are needed to help people maintain eligibility and access to programs like SNAP, Medicaid, etc. through case management services. The lack of affordable childcare was cited as a major reason many people are unable to work. Some questioned whether

sufficient progress had been made on broadband such that it may not be as important as the other CHNA priorities, while others described pockets of the community whose digital access is compromised, especially seniors who often lack the technology and requisite skills to access online content and services. Transportation continues to limit access to care on the North Shore and is especially a barrier for those who must leave their community to access scarce behavioral health services or specialists elsewhere, as well as those whose insurance dictates they get care at sites far from home. One group described race as a critical determinant of health and acknowledged that nearly every problem impacting health is worse for communities of color.

- **Workforce development:** Some described successful initiatives for introducing middle and high school students to potential health care careers, but also explained that more flexible training programs are needed to accommodate diverse life circumstances for those with children, caring for family members, working other jobs, etc. This is especially important if we want to engage community members to diversify the health care workforce. The health centers face significant health care workforce issues as well and generally cannot pay what the hospitals can. Better collaboration on recruitment and workforce strategies would benefit both the hospital and health centers.

MGB priority health Issues: Most believe heart disease/hypertension, maternal health, asthma, and cancer are significant issues in the community. Participants argued that diabetes, Alzheimer's, and dementia also belong among the MGB priority health issues. They described several factors that impact the care and management of these conditions, including the health care access and workforce issues described above. They also cited the closure of the healthcare facility in Lynn, cultural barriers, and costs as issues that prevent people from accessing routine care. Several reported that the Community Cares van has created safer and more accessible care for many in the community and helped provide health education. Long-standing racial disparities in maternal outcomes were discussed, as was the complexity of accessing timely life-saving cancer services due to delays caused by overly burdensome pre-authorization requirements. Many cautioned that barriers related to food and nutrition access will only exacerbate heart disease, vascular-related dementia, and diabetes. Some argued that better (and earlier) health education around contraception and the dangers of vaping is required in schools. Several believe that state cuts to HIV prevention and testing will lead to a rise in HIV cases and in their lethality. Some discussion highlighted the impact of smoking and unsafe housing on asthma. Some efforts at the municipal health department-level are underway to track whether regular inspection of rental dwellings has an impact on childhood asthma over time.

Climate change: All agreed that heat and air quality are significant issues impacting community health and that disproportionately impact on lower income residents. Some described the potential of initiatives like electric school buses, planting more trees, energy saving initiatives at large institutions (e.g., hospitals, businesses), and a climate action plan in one low-income Salem neighborhood. However, a few expressed skepticism about MGB's prioritization of climate change and suggested that, instead, the system focus on food insecurity and access to and coordination of care. They argued that hospitals are among the largest contributors to waste and thus, the emphasis on climate change feels hypocritical. Water bans present challenges to maintaining gardens (which impacts the availability of produce) and cooling

options like splash pads. Some described the lack of AC in school buildings, many over 100 years old. Non-profits that lack AC are unable to offer their clients any relief from the heat when accessing services in their buildings. While cooling centers can play an important role in protecting residents, particularly the unhoused and those without reliable air conditioning, there is little to do at cooling centers so people prefer to stay home. Splash pads, senior centers, and malls (where many seniors do mall walking) may be more attractive options. The unhoused population, pregnant women and infants, and individuals with respiratory problems are of great concern as they are particularly at risk during heat waves and/or due to poor air quality. One person described an increase in heat-related illness among pregnant women and explained that pregnant women in state-funded shelters are not permitted to have AC units, even if they buy them themselves. Because current fuel assistance funds only cover heat in the winter, several suggested that MGB use its influence with the legislature to argue for the allocation of funds to support energy costs associated with AC use by low income individuals. There is room to collaborate with others invested in climate change, including the Barr Foundation.

Other: One person questioned whether there is a group that meets regularly to stay informed about initiatives to address CHNA priorities and their progress. Another described the need for respected/trusted health care providers, especially in communities of color, to counteract anti-vaccine messages that are so pervasive now.

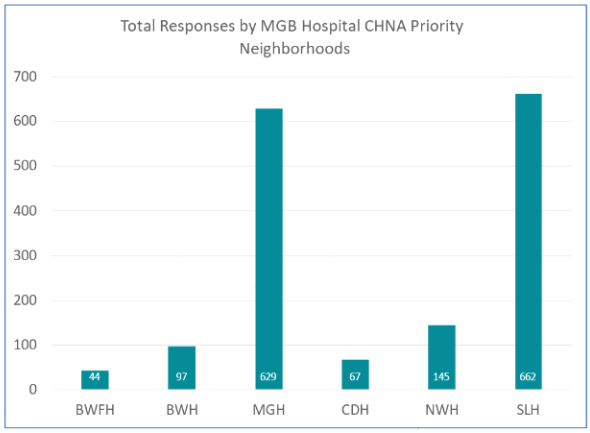
Appendix C
Community Survey Results

MGB CHNA Survey

Opened 2 months (May-July)

- 2,862 total responses
  - **81.3% from MA zip codes (2,328)**
  - *12.3% no zip code*
  - *6.4% zip code outside of MA*
- **Of MA responses, top zip codes:**
  - 19% Lynn (435)
  - 16% Boston (369) – of those 185 from Charlestown
  - 4% Salem (90)
  - 3% Chelsea (61)
  - 2% Revere (56)

NOTE: Responses with no zip code listed or zip code outside of MA excluded from analysis



NOTE: Some overlap in responses due to overlap in MGB Hospital priority neighborhoods

2

Total Responses by MGB Hospital CHNA Priority Neighborhoods

AMC Hospitals:

MGH	Total: 629	%
Boston	369	59%
Chelsea	61	10%
Revere	56	9%
Waltham	35	6%
Newton	29	5%
Somerville	26	4%
Everett	28	4%
Winthrop	10	2%
Danvers	14	2%
Concord	1	0%

BWH	Total: 97	%
Boston - Dorchester	33	34%
Boston - Roxbury	22	23%
Boston - Jamaica Plain	15	15%
Boston - Mattaphan	12	12%
Boston - Mission Hill	8	8%
Chestnut Hill	7	7%
West Bridgewater	0	0%
Foxborough	0	0%

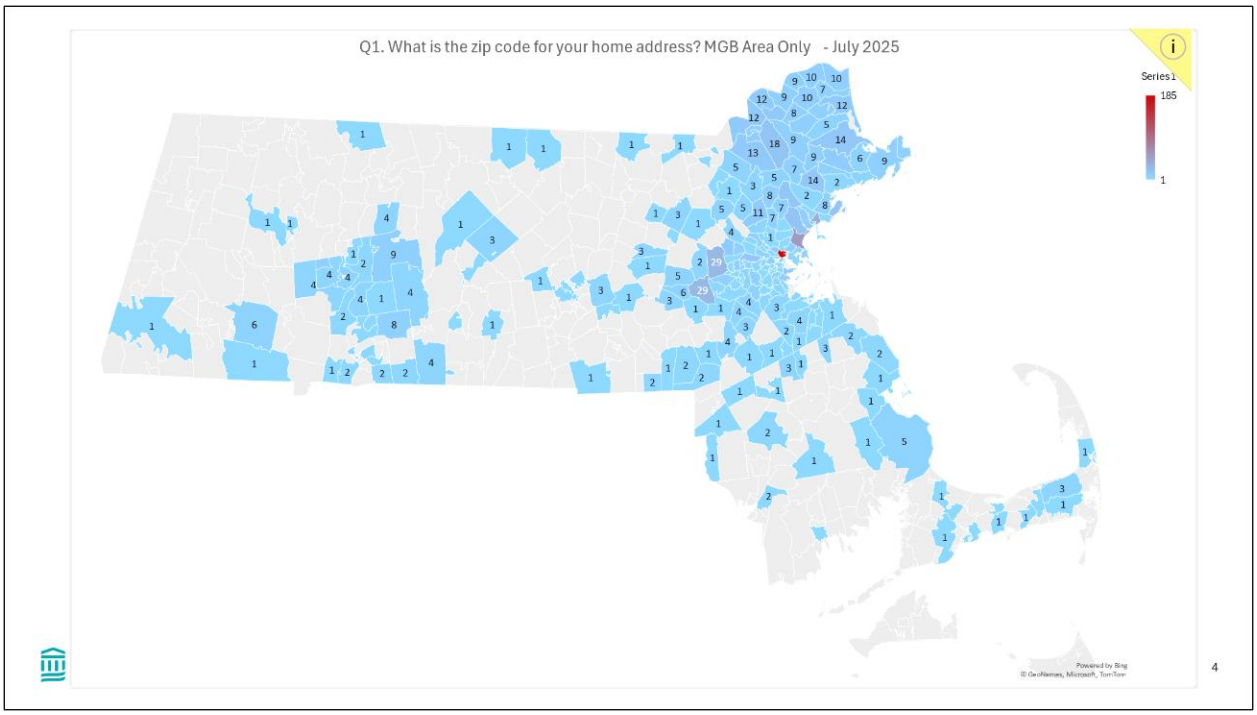
BWFH	Total: 44	%
Boston-Jamaica Plain	15	34%
Boston-Hyde Park	13	30%
Boston-Roslindale	9	20%
Boston-West Roxbury	7	16%

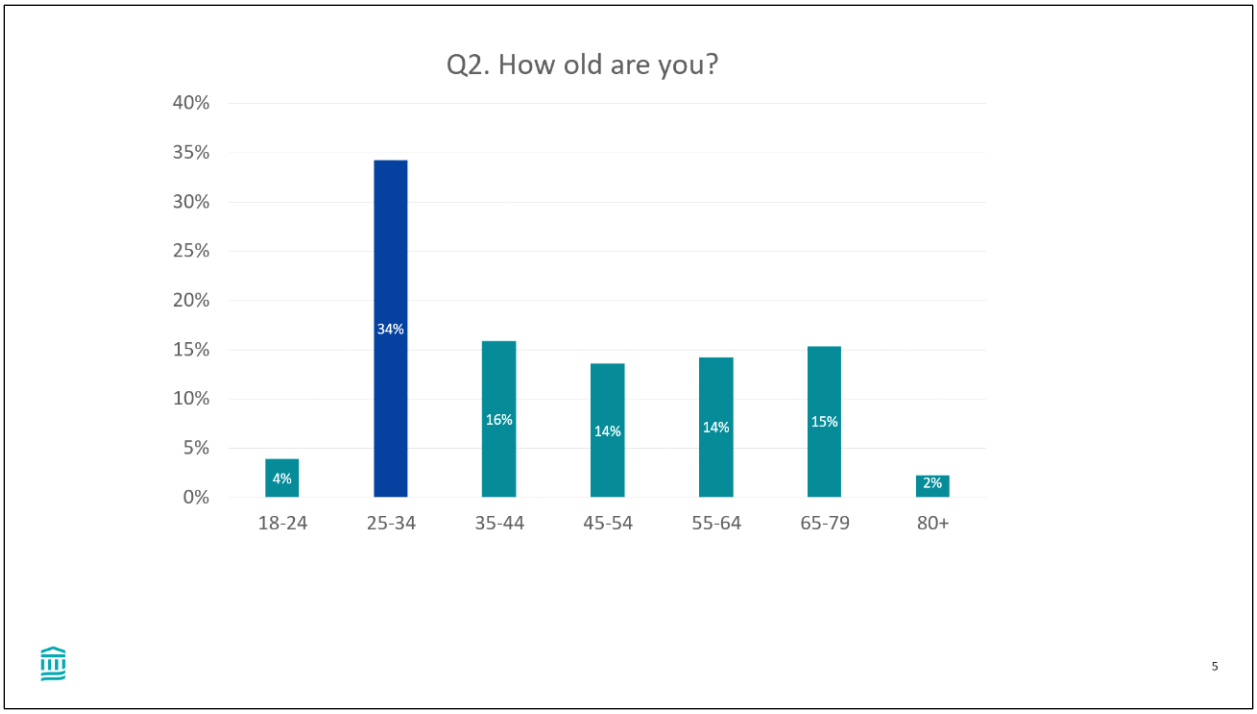
CDH	Total: 67	%
Amherst	24	36%
Leeds	8	12%
South Hadley	5	7%
Chesterfield	4	6%
Leverett	4	6%
East Hampton	4	6%
Northampton	4	6%
Florence	4	6%
Belchertown	3	4%
Hadley	2	3%
Cummingham	1	1%
Goshen	1	1%
Granby	1	1%
Hatfield	1	1%
Bernandston	1	1%

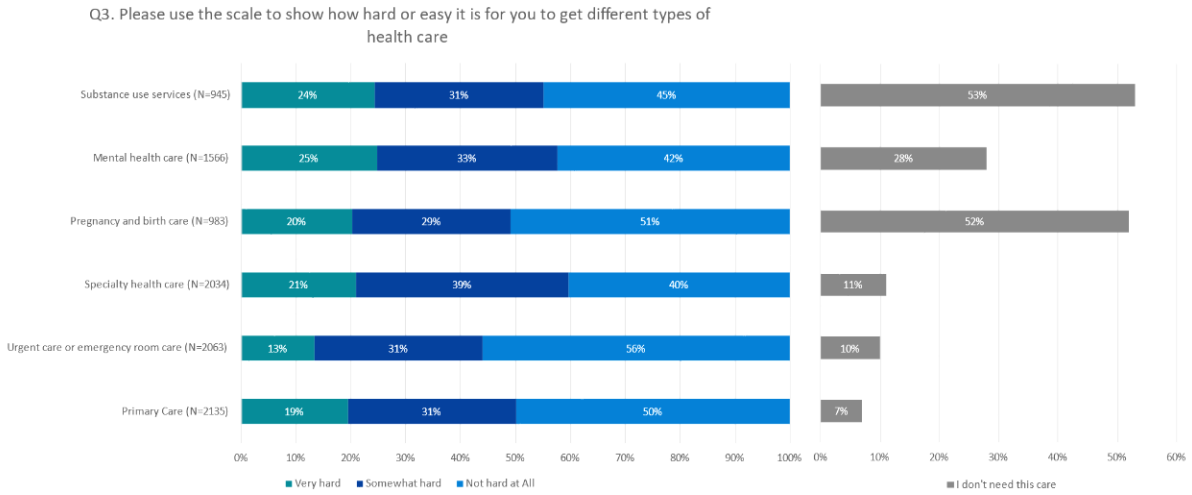
SLH	Total: 662	%
Lynn	435	66%
Salem	90	14%
Peabody	49	7%
Swampscott	28	4%
Marblehead	17	3%
Danvers	14	2%
Lynnfield	16	2%
Nahant	13	2%

NWH	Total: 145	%
Waltham	35	24%
Weston	30	21%
Natick	29	20%
Newton	29	20%
Needham	12	8%
Wellesley	10	7%

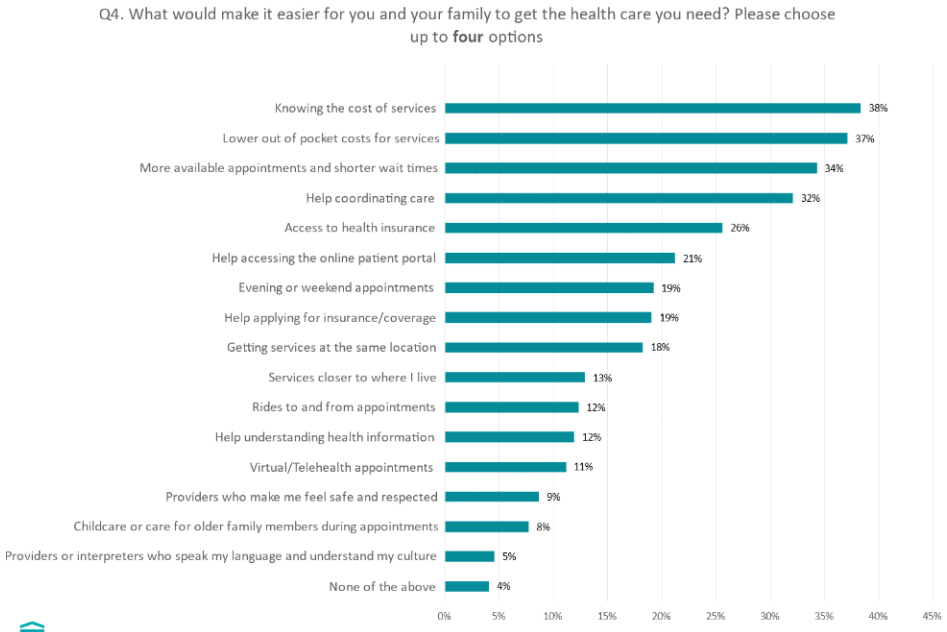
3


Q1. What is the zip code for your home address? MGB Area Only - July 2025
Series1
185
1
4


Q2. How old are you?
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
34%
16%
14%
14%
15%
2%
18-24
25-34
35-44
45-54
55-64
65-79
80+
5

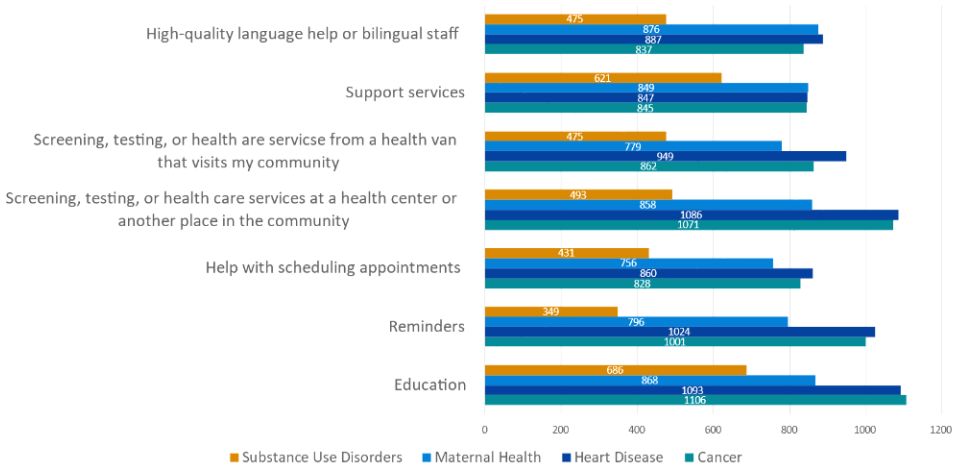

Q3. Please use the scale to show how hard or easy it is for you to get different types of health care
Substance use services (N=945)
24%
31%
45%
53%
Mental health care (N=1566)
25%
33%
42%
28%
Pregnancy and birth care (N=983)
20%
29%
51%
52%
Specialty health care (N=2034)
21%
39%
40%
11%
Urgent care or emergency room care (N=2063)
13%
31%
56%
10%
Primary Care (N=2135)
19%
31%
50%
7%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 0% 10% 20% 30% 40% 50% 60%
Very hard
Somewhat hard
Not hard at All
I don't need this care

6


Q4. What would make it easier for you and your family to get the health care you need? Please choose up to four options
Knowing the cost of services 38%
Lower out of pocket costs for services 37%
More available appointments and shorter wait times 34%
Help coordinating care 32%
Access to health insurance 26%
Help accessing the online patient portal 21%
Evening or weekend appointments 19%
Help applying for insurance/coverage 19%
Getting services at the same location 18%
Services closer to where I live 13%
Rides to and from appointments 12%
Help understanding health information 12%
Virtual/Telehealth appointments 11%
Providers who make me feel safe and respected 9%
Childcare or care for older family members during appointments 8%
Providers or interpreters who speak my language and understand my culture 5%
None of the above 4%
0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

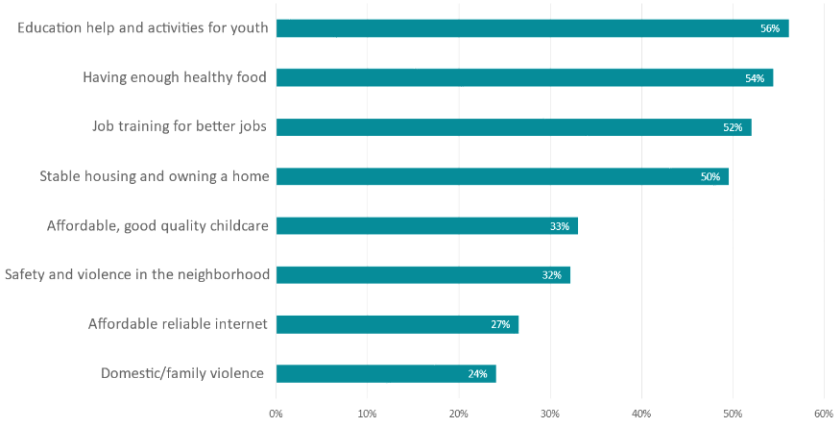
7

Q5. Please review the list of services below and tell us which are **MOST NEEDED** in your community to help with cancer, heart disease, maternal health, and substance use disorders



8

Q6. Select the top **four** issues that hospitals should focus on to make your community healthier



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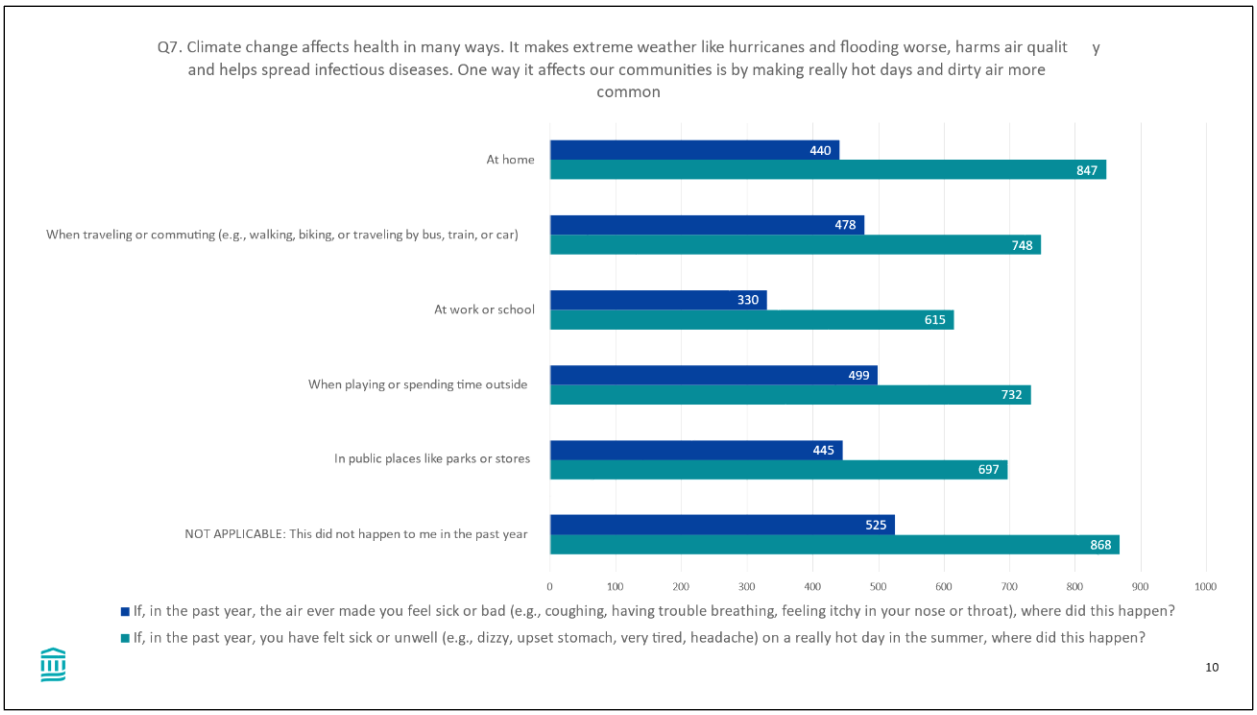
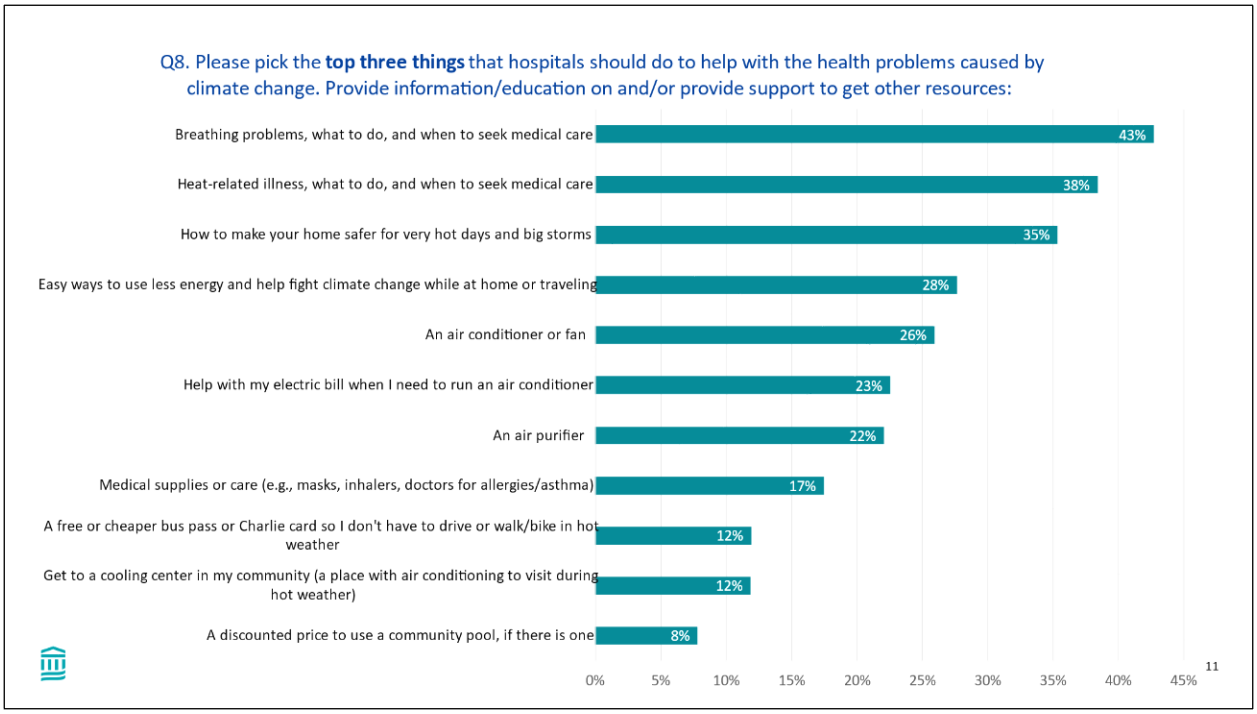
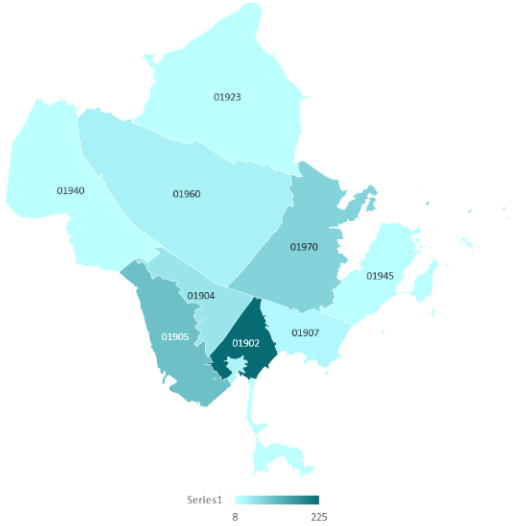

Q7. Climate change affects health in many ways. It makes extreme weather like hurricanes and flooding worse, harms air quality and helps spread infectious diseases. One way it affects our communities is by making really hot days and dirty air more common
At home
440
847
When traveling or commuting (e.g., walking, biking, or traveling by bus, train, or car)
478
748
At work or school
330
615
When playing or spending time outside
499
732
In public places like parks or stores
445
697
NOT APPLICABLE: This did not happen to me in the past year
525
868
0
100
200
300
400
500
600
700
800
900
1000
If, in the past year, the air ever made you feel sick or bad (e.g., coughing, having trouble breathing, feeling itchy in your nose or throat), where did this happen?
If, in the past year, you have felt sick or unwell (e.g., dizzy, upset stomach, very tired, headache) on a really hot day in the summer, where did this happen?
10


Q8. Please pick the top three things that hospitals should do to help with the health problems caused by climate change. Provide information/education on and/or provide support to get other resources:
Breathing problems, what to do, and when to seek medical care
43%
Heat-related illness, what to do, and when to seek medical care
38%
How to make your home safer for very hot days and big storms
35%
Easy ways to use less energy and help fight climate change while at home or traveling
28%
An air conditioner or fan
26%
Help with my electric bill when I need to run an air conditioner
23%
An air purifier
22%
Medical supplies or care (e.g., masks, inhalers, doctors for allergies/asthma)
17%
A free or cheaper bus pass or Charlie card so I don't have to drive or walk/bike in hot weather
12%
Get to a cooling center in my community (a place with air conditioning to visit during hot weather)
12%
A discounted price to use a community pool, if there is one
8%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
11

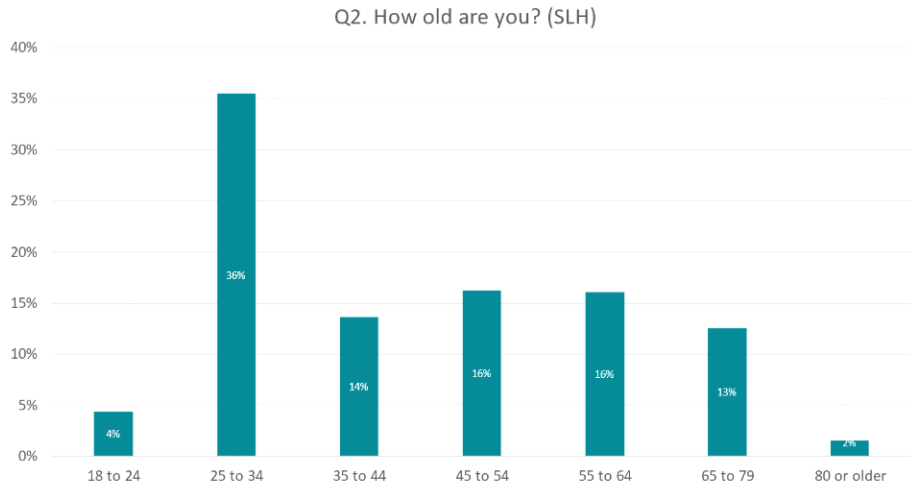
Salem Hospital

Q1. What is your zip code? SLH area only

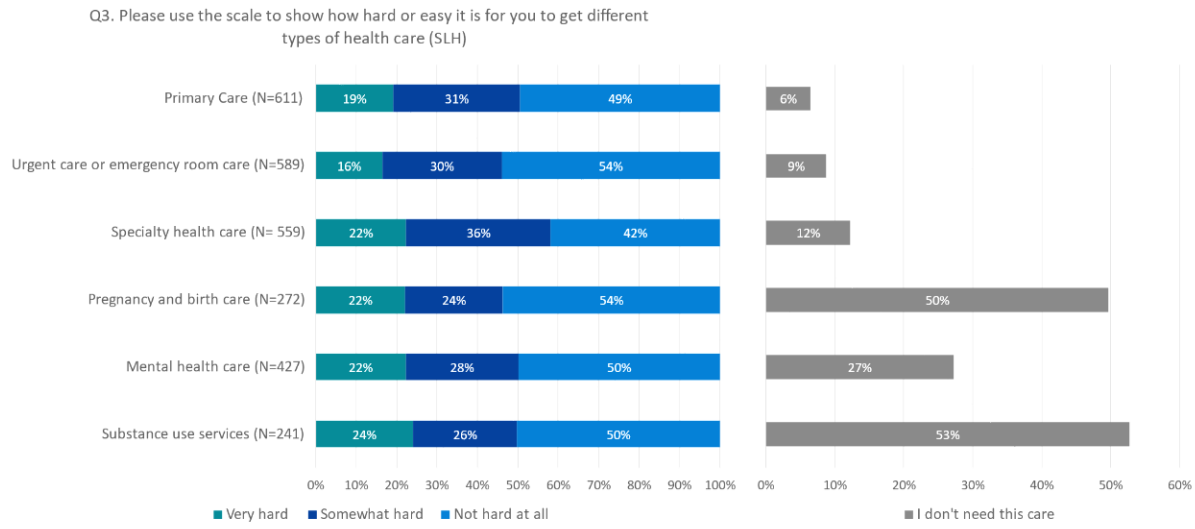
SLH	Total: 662	%
Lynn	435	66%
Salem	90	14%
Peabody	49	7%
Swampscott	28	4%
Marblehead	17	3%
Danvers	14	2%
Lynnfield	16	2%
Nahant	13	2%



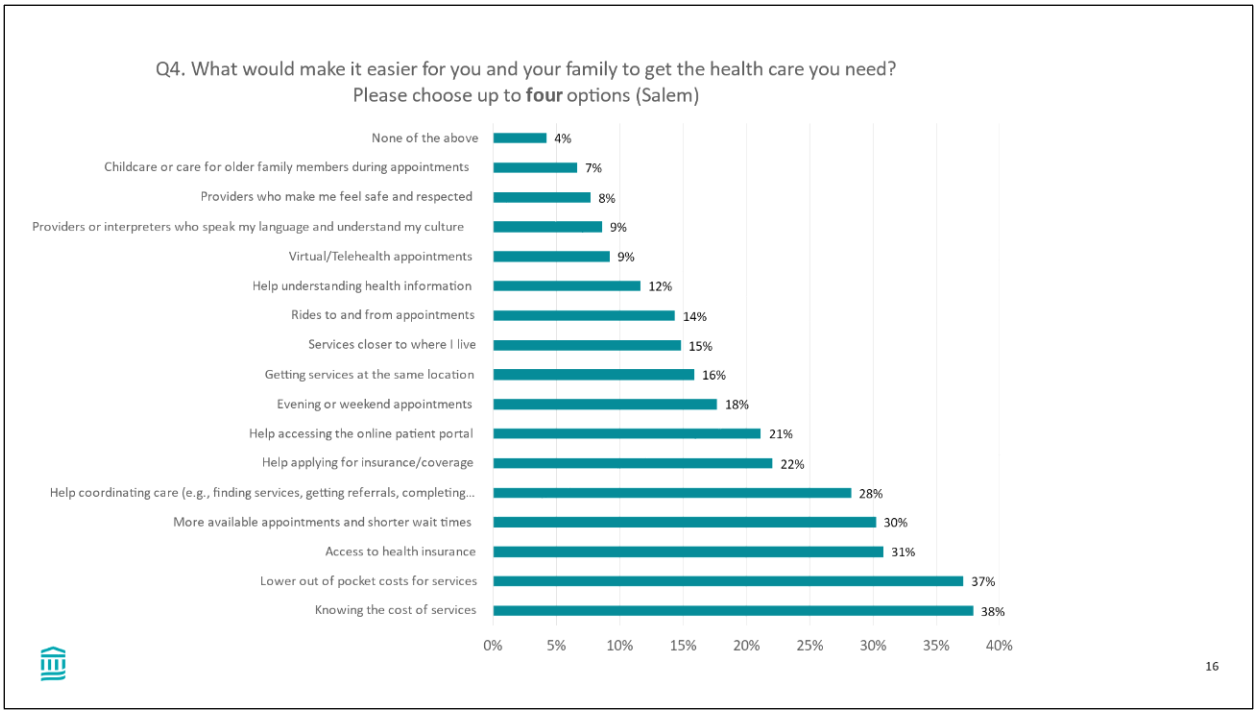
13

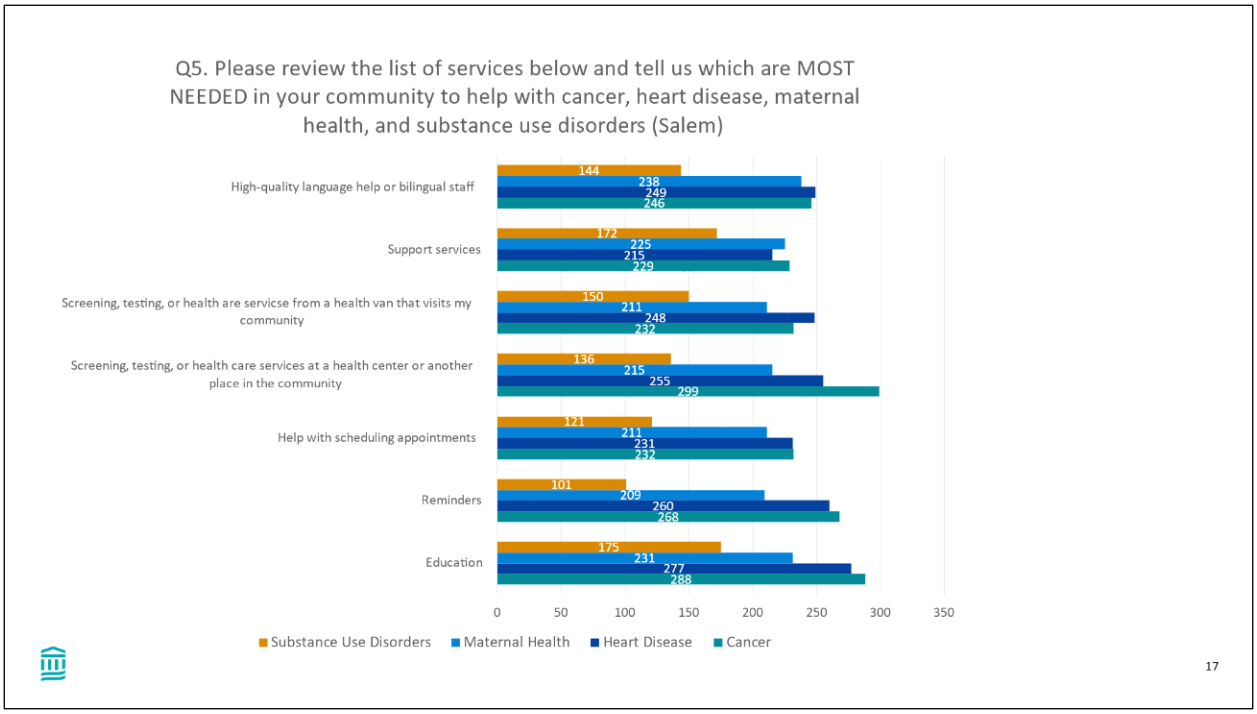

Q2. How old are you? (SLH)
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
36%
14%
16%
16%
13%
2%
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 to 79
80 or older

14

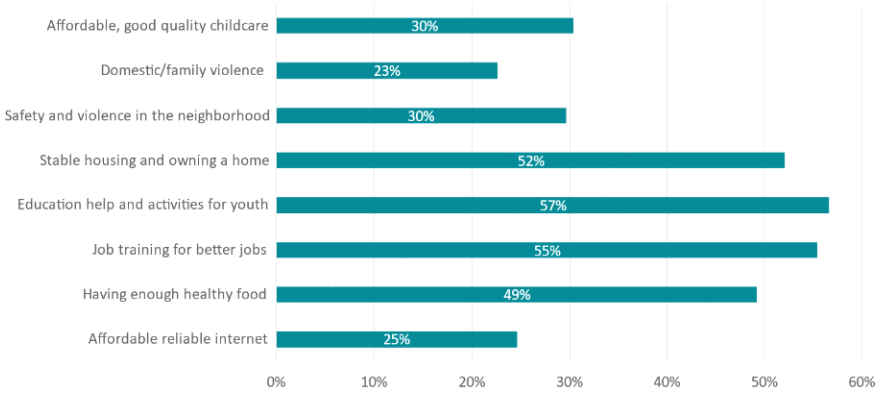

Q3. Please use the scale to show how hard or easy it is for you to get different types of health care (SLH)
Primary Care (N=611)
19%
31%
49%
6%
Urgent care or emergency room care (N=589)
16%
30%
54%
9%
Specialty health care (N= 559)
22%
36%
42%
12%
Pregnancy and birth care (N=272)
22%
24%
54%
50%
Mental health care (N=427)
22%
28%
50%
27%
Substance use services (N=241)
24%
26%
50%
53%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
0% 10% 20% 30% 40% 50% 60%
Very hard
Somewhat hard
Not hard at all
I don't need this care

15


Q4. What would make it easier for you and your family to get the health care you need? Please choose up to **four** options (Salem)
None of the above 4%
Childcare or care for older family members during appointments 7%
Providers who make me feel safe and respected 8%
Providers or interpreters who speak my language and understand my culture 9%
Virtual/Telehealth appointments 9%
Help understanding health information 12%
Rides to and from appointments 14%
Services closer to where I live 15%
Getting services at the same location 16%
Evening or weekend appointments 18%
Help accessing the online patient portal 21%
Help applying for insurance/coverage 22%
Help coordinating care (e.g., finding services, getting referrals, completing... 28%
More available appointments and shorter wait times 30%
Access to health insurance 31%
Lower out of pocket costs for services 37%
Knowing the cost of services 38%
0% 5% 10% 15% 20% 25% 30% 35% 40%
16

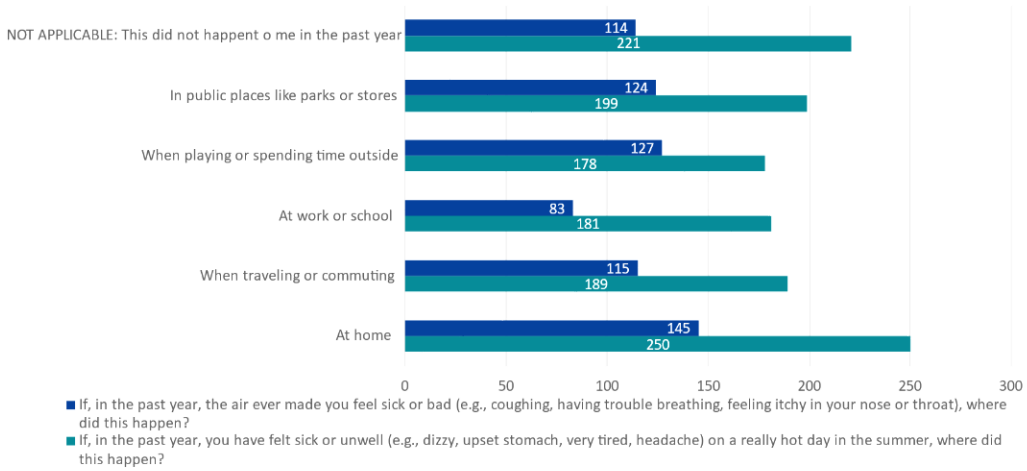

Q5. Please review the list of services below and tell us which are MOST NEEDED in your community to help with cancer, heart disease, maternal health, and substance use disorders (Salem)
High-quality language help or bilingual staff 144 238 249 246
Support services 172 225 215 279
Screening, testing, or health are servicse from a health van that visits my community 150 211 248 232
Screening, testing, or health care services at a health center or another place in the community 136 215 255 299
Help with scheduling appointments 121 211 231 232
Reminders 101 209 260 268
Education 175 231 277 288
0 50 100 150 200 250 300 350
Substance Use Disorders
Maternal Health
Heart Disease
Cancer
17

Q6. Select **the top four issues** that hospitals should focus on to make your community healthier (Salem)

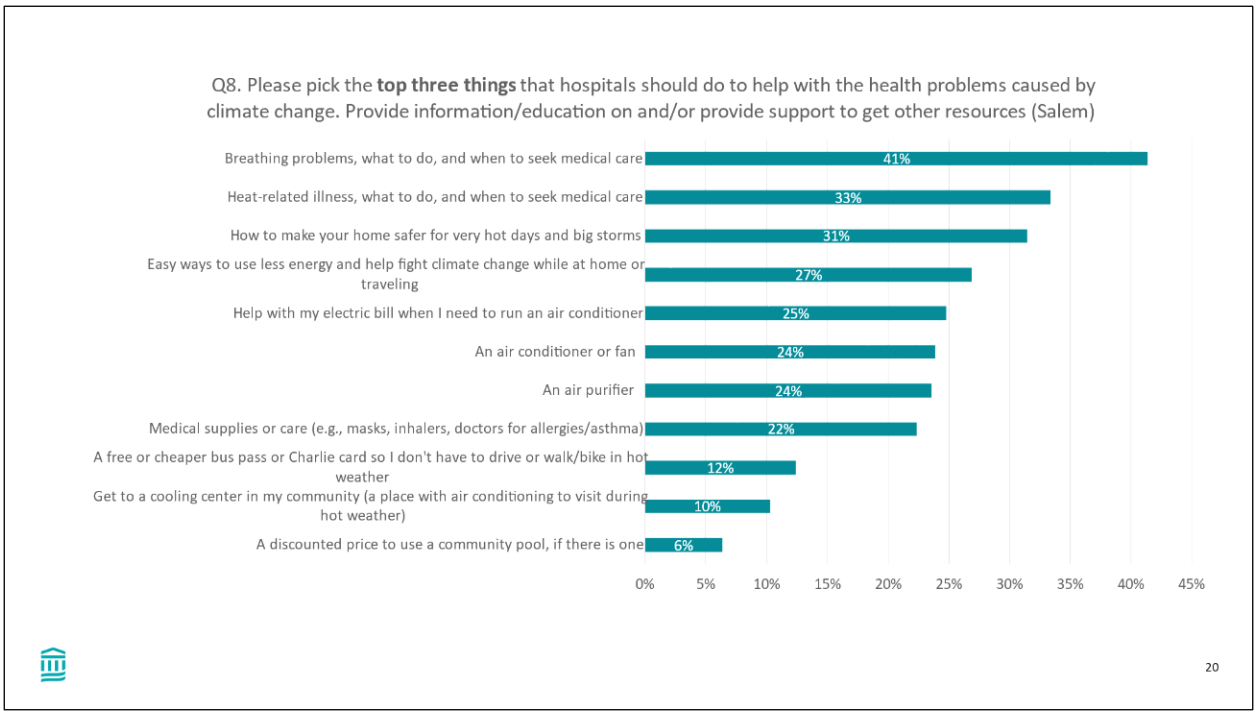


18

Q7. Climate change affects health in many ways. It makes extreme weather like hurricanes and flooding worse, harms air quality and helps spread infectious diseases. One way it affects our communities is by making really hot days and dirty air more common



19


Q8. Please pick the top three things that hospitals should do to help with the health problems caused by climate change. Provide information/education on and/or provide support to get other resources (Salem)
Breathing problems, what to do, and when to seek medical care
41%
Heat-related illness, what to do, and when to seek medical care
33%
How to make your home safer for very hot days and big storms
31%
Easy ways to use less energy and help fight climate change while at home or traveling
27%
Help with my electric bill when I need to run an air conditioner
25%
An air conditioner or fan
24%
An air purifier
24%
Medical supplies or care (e.g., masks, inhalers, doctors for allergies/asthma)
22%
A free or cheaper bus pass or Charlie card so I don't have to drive or walk/bike in hot weather
12%
Get to a cooling center in my community (a place with air conditioning to visit during hot weather)
10%
A discounted price to use a community pool, if there is one
6%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
20

Appendix D
Community Advisory Board Members

Board Members:
- Co-Chair: Gargi Cooper, NP (Medical Director Lynn Community Health Center Recuperative Care Center)
- Lucy Corchado (Center for Justice and Liberation Salem State University)
- Coleen Reid , MD (Chair of Palliative Care MGB Salem Hospital)

Other Committee Members:
- Co-Chair: Tina McLoughlin (Director of Community Health MGB Salem Hospital)
- Margaret Brennan (President and CEO North Shore Community Health)
- Robyn Burns (Executive Director The Salem Pantry)
- Joseph C. Correnti, Esq. (Serafini, Darling & Correnti, LLP)
- Emily Herzig (Lynn Health Task Force)
- Molly Hogan Fowley (Director of Practicum Education Salem State)
- Dianne Kuzia-Hills (Executive Director My Brother's Table, Lynn Health Task Force)
- Meaghen Hamill (Chief of Staff Lynn Community Health Center)
- Charity Lezama (Executive Director Salem YMCA)
- Caroline Loughlin (Salem Hospital Bridge Clinic Therapist & Coordinator)
- Tavinder Phull (Vice President of Community Health MGB)
- Linda Saris (Director Leap for Education)
- Christine Valdes, MD (Medical Director NSPG Saugus)

Mass General Brigham
Salem Hospital