Beth Israel Lahey Health
Anna Jaques Hospital

2022 Community Health Needs Assessment

Acknowledgments

This 2022 Community Health Needs Assessment report for Anna Jaques Hospital (AJH) is the culmination of a collaborative process that began in September 2021. At the foundation of this endeavor was a desire to meaningfully engage and gather important input from residents, community-based organizations, clinical and social service providers, public health officials, elected/appointed officials, hospital leadership, and other key collaborators from throughout AJH's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging cohorts who have been historically underserved.

AJH appreciates all who invested time, effort, and expertise to develop this report and the Implementation Strategy. This report summarizes the assessment and planning activities and presents key findings, community health priorities, and strategic initiatives that are the results of this work.

AJH thanks the AJH Community Benefits Advisory Committee and the residents who contributed to this process. Hundreds of residents throughout AJH's Community Benefits Service Area shared their needs, experience, and expertise through interviews, focus groups, a survey, and community listening sessions. This assessment and planning process would not have been possible or as successful had it not been for the time and effort of the residents who engaged in this work.

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Introduction

Background

Anna Jaques Hospital (AJH) is a not-for-profit community hospital serving the Merrimack Valley and North Shore regions of Massachusetts and southern New Hampshire. AJH is a 119-bed hospital with 1,200 employees and more than 200 physicians on staff. The hospital is recognized for providing high quality care at a lower cost and a superior patient experience. AJH's main campus is located in Newburyport, with a licensed outpatient services facility in Haverhill and a health center in Amesbury.

AJH discharges more than 10,000 patients, delivers more than 700 babies, serves more an 27,000 adults and children in the emergency department (Level III Trauma Center), and performs more than 4,700 surgeries annually. The hospital was named a "150 Top Places to Work in Healthcare" by Becker's Hospital Review in 2016, 2017, 2018; one of only four Massachusetts hospitals, and the only community hospital. AJH delivers excellent care with compassion, dignity, and respect.

AJH is committed to being an active partner and collaborator within the communities it serves. In 2019, as part of a merger of two health systems in the greater Boston region, AJH became part of Beth Israel Lahey Health (BILH) - a system of academic medical centers, teaching hospitals, community hospitals, and specialty hospitals with more than 35,000 caregivers and staff who are collaborating in new ways across professional roles, sites of care, and regions to make a difference for patients, communities, and one another. AJH, in partnership with the BILH system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA).

This 2022 Community Health Needs Assessment (CHNA) report is an integral part of AJH's population health and community engagement efforts. It supplies vital information that is applied to make sure that the services and programs that AJH provides are appropriately focused, delivered in ways that are responsive to those in its CBSA, and address unmet community needs. This CHNA, along with the associated prioritization and planning processes, also provided a critical opportunity for AJH to engage the community and strengthen the partnerships that are essential to AJH's success now and in the future. The assessment engaged more than 800 people from across the CBSA, including local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department, and ambulance officials), faith leaders, government officials, and community residents.

The process that was applied to conduct the CHNA and develop the associated Implementation Strategy (IS) exemplifies the spirit of collaboration and community engagement that is a vital part of AJH's mission. Finally, this report allows AJH to meet federal and Commonwealth community benefits requirements per the federal Internal Revenue Service, as part of the Affordable Care Act, the Massachusetts Attorney General's Office, and the Massachusetts Department of Public Health.

Purpose

The CHNA is at the heart of AJH's commitment to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing efforts to address inequities and socioeconomic barriers to accessing care, as well as the current and historical discrimination and injustices that underlie existing disparities. Throughout the CHNA process, efforts were made to understand the needs of the communities that AJH serves, especially the population segments that are often disadvantaged, face disparities in health-related outcomes, and who have been historically underserved.

AJH completed its last CHNA in the summer of 2019. The report, along with the associated 2020-2022 IS, was approved by the AJH Board of Trustees on September 26, 2019. The 2019 CHNA report was posted on AJH's website before September 30, 2019 and, per federal compliance requirements, made available in paper copy, without charge, upon request.

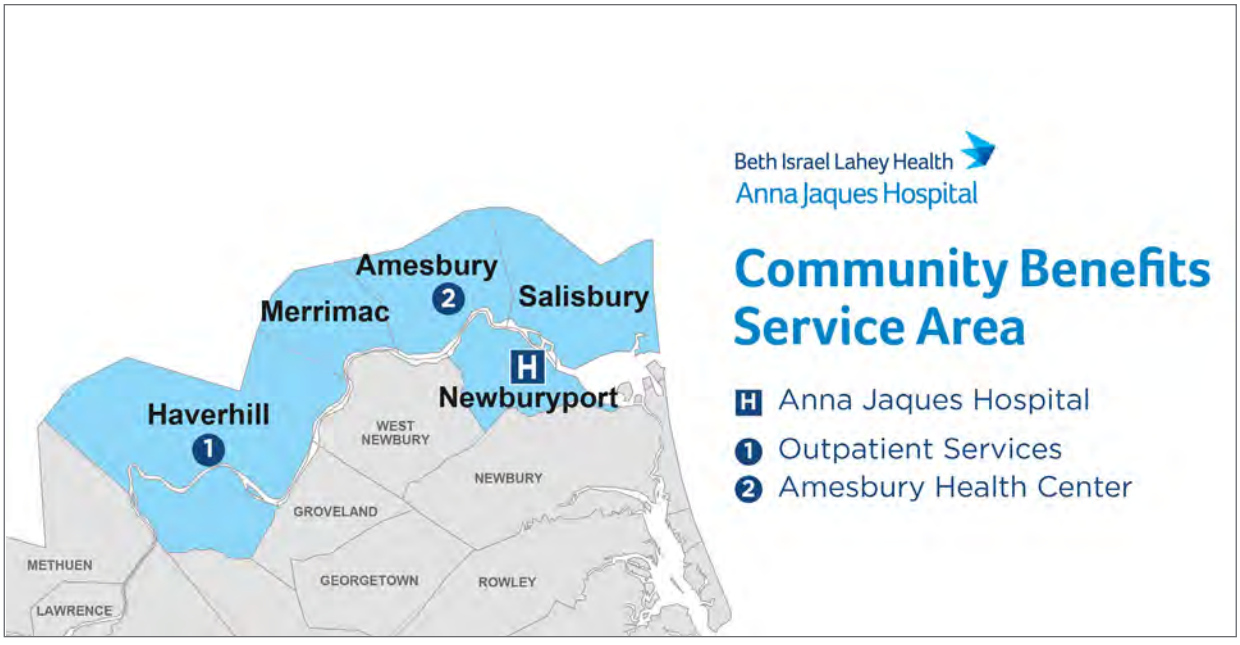
The assessment and planning work for this current report was conducted between September 2021 and September 2022 and AJH's Board of Trustees approved the 2022 CNA report and adopted the 2023-2025 IS, included as Attachment E, on September 1, 2022.

Definition of Community Served

The federal government and the Commonwealth require that nonprofit hospitals engage their communities and conduct comprehensive CHNAs that identify the leading health issues, barriers to care, and service gaps for people who live and/or work within their designated CBSAs. Understanding the geographic and demographic characteristics of AJH's CBSA is critical to recognizing inequities, identifying priority cohorts, and developing focused strategic responses.

Description of Community Benefits Service Area

AJH's CBSA includes the five municipalities of Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury, located in Essex County in the northeast portion of Massachusetts. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment) and geography (e.g., urban, suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of AJH's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. AJH is committed to promoting health, enhancing access, and delivering the best care to all who live work in its CBSA,



regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. AJH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

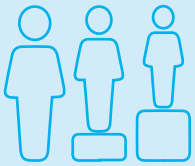
AJH's CHNA focused on identifying the leading community health needs and priority cohorts living within this CBSA. However, in recognition of the health disparities that exist for some residents, AJH focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved. By prioritizing these cohorts, AJH is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.

Assessment Approach & Methods

Approach

It would be difficult to overstate AJH's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. AJH's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage the AJH's partners and community residents, and thoughtful prioritization, planning, and reporting processes. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, those who speak a language other than English, those who are in substance use recovery, or those who experience barriers and disparities due to their race, ethnicity, gender identity, disability status, age, or other personal characteristics.

The CHNA and IS development process was guided by the following principles: equity, collaboration, engagement, capacity building, and intentionality.

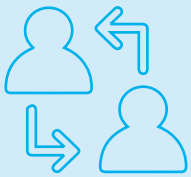


Equity:

Work toward the systemic, fair, and just treatment of all people.

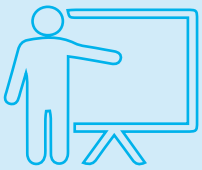
Collaboration:

Leverage resources to achieve greater impact by working with community residents and organizations.



Engagement:

Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, people most impacted by inequities, and others.



Capacity Building:

Build community cohesion and capacity by co-leading community listening sessions and training community residents on facilitation.

Intentionality:

Be deliberate in requests for and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit.

The assessment and planning process was conducted between September 2021 and September 2022 in three phases, which are detailed in the table below.

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement of existing CBAC	Additional interviews	Presentation of findings and prioritization with CBAC and AJH leadership
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Draft and finalize CHNA report and IS document
Interviews with key collaborators	Dissemination of AJH Community Health Survey, focusing on resident engagement	Presentation of final report to CBAC and AJH leadership
Evaluation of community benefits activities	Facilitation of community listening sessions to present and prioritize findings	Presentation to AJH's Board of Trustees
Preliminary analysis of key themes	Compilation of resource inventory	Distribution of results via AJH website

In July of 2021, BILH hired John Snow, Inc. (JSI), a public health research and consulting firm based in Boston, to assist AJH and other BILH hospitals to conduct the CHNA. AJH worked with JSI to ensure that the final AJH CHNA engaged the necessary community constituents, incorporated comprehensive quantitative information for all communities in its CBSA, and fulfilled federal and Commonwealth community benefits guidelines.

Methods

Oversight and Advisory Structures

The CBAC greatly informs AJH's assessment and planning activities. AJH's CBAC is made up of staff from the hospital's Community Benefits Department, other hospital administrative/clinical staff, and members of the AJH Board of Trustees. Perhaps more importantly, the CBAC includes representatives from:

- Local public health departments/boards of health
- Additional municipal staff (such as elected officials, planning, etc.)
- Education
- Housing (such as community development corporations, local public housing authorities, etc.)
- Social services
- Regional planning and transportation agencies
- Private sectors
- Community health centers
- Community-based organizations.

These institutions are committed to serving residents throughout the region and are particularly focused on addressing the needs of those who are medically underserved, those who are experiencing poverty, and those who face inequities due to their race, ethnicity, spoken language, national origin, religion, gender identity, sexual orientation, disability status, age, or other personal characteristics.

The involvement of AJH's staff in the CBAC promotes transparency and communication, and ensures that there is a direct link between AJH and many of the

Demographic, SES* & SDOH** Data	Commonwealth/National Health Status Data	Hospital Utilization Data	Municipal Data Sources
Age, SOGI***, race, ethnicity	Vital statistics	Inpatient discharges	Public school districts
Poverty, employment, education	Behavioral risk factors	Emergency department discharges	Local assessments and reports
Crime/violence	Disease registries		
Food access	Substance use data		
Housing/transportation	COVID-19 Community Impact Survey		

*Socioeconomic status **Social determinants of health ***Sexual orientation and gender identity

community's leading health and social service organizations. The CBAC meets quarterly to support AJH's community benefits work and met six times during the assessment and planning process. During these meetings, the CBAC provided invaluable input on the assessment approach and community engagement strategies, vetted preliminary findings, and helped to prioritize community health issues and the population cohorts experiencing or at-risk for health inequities.

Quantitative Data Collection

To meet the federal and Commonwealth community benefits requirements, AJH collected a wide range of quantitative data to characterize the CBSA communities. AJH also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. A databook that includes all the quantitative data gathered for this assessment, including the AJH Community Health Survey, is included in Appendix B.

Community Engagement and Qualitative Data Collection

Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Accordingly, AJH applied Massachusetts Department of Public Health's Community Engagement Standards for Community Health Planning to guide engagement.[1]

To meet these standards, AJH employed a variety of strategies to help ensure that community members were informed, consulted, involved, and empowered throughout the assessment process. Between October 2021 and February 2022, AJH conducted 18 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 750 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 800 community residents, clinical and social service providers, and other key community partners. Appendix A of this report contains a comprehensive community engagement summary detailing how these activities were conducted, who was involved, and what was learned. Also included in Appendix A are guides, notes, and other materials related to interviews, focus groups, and community listening sessions.

18 interviews

with community leaders

773 survey respondents

3 focus groups

- LGBTQIA+ youth
- Link House
- Pettengill House.

Inventory of Community Resources

Community Benefits staff created a resource inventory of services available to address community needs. The inventory includes resources across a broad continuum of services, including:

- Domestic violence
- Food assistance
- Housing
- Mental health and substance use
- Senior services
- Transportation.

The resource inventory was compiled using information from existing resource inventories and partner lists from AJH. Community Benefits staff reviewed AJH's prior annual report of community benefits activities submitted to the Massachusetts Attorney General's Office, which included a listing of partners, as well as publicly available lists of local resources. The goal of this process was to identify key partners who may or may not be collaborating with AJH. The resource inventory can be found in Appendix C.

Prioritization, Planning, and Reporting

At the outset of the strategic planning and reporting phase of the project, community listening sessions were organized with the public-at-large, including community residents, clinical and social service providers, and community-based organizations that provided services throughout the CBSA. This was the first step in the prioritization process and allowed the community to discuss the assessment's findings and formally identify the issues that they believed were most important, using an interactive and anonymous polling program. These sessions also allowed participants to share their ideas on existing community assets and strengths, as well as the services, programs, and strategies that should be implemented to address the issues identified.

After the community listening sessions, the AJH CBAC was engaged. The CBAC was updated on assessment progress and was provided the opportunity to vet and comment on preliminary findings. The CBAC then participated in its own prioritization process using the same set of interactive and anonymous polls, which allowed them to identify a set of community health priorities and population cohorts that they believed should be considered for prioritization as AJH developed its IS.

After the prioritization process, a CHNA report was developed and AJH's existing IS was augmented, revised, and tailored. In developing the IS, AJH Community Benefits staff took care to retain the community health initiatives that worked well and that aligned with the identified priorities from the 2022 CHNA, but also posed new strategies.

After drafts of the CHNA report and IS were developed, they were shared with AJH's senior leadership team for input and comment. AJH's Community Benefits staff reviewed these inputs and incorporated elements, as appropriate, before the final 2022 CHNA report and 2023-2025 IS were submitted to AJH's Board of Trustees for approval.

After the Board of Trustees formally approved the 2022 CHNA report and adopted 2023-2025 IS, these documents were posted on AJH's website, alongside the 2019 CHNA report and 2020-2022 IS, for easy viewing and download. As with all AJH CHNA processes, these documents were made available to the public whenever requested, anonymously and free of charge. It should also be noted that AJH Community Benefits staff have mechanisms in place to receive written comments on the most recent CHNA and IS, although no comments have been received since the last CHNA and IS were made available.

Questions regarding the 2022 assessment and planning process or past assessment processes should be directed to:

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Assessment Findings

This section provides a comprehensive review of the findings from this assessment. This section draws on quantitative data from a variety of sources and qualitative information collected from local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department, and ambulance officials), faith leaders, government officials, and community residents engaged in supporting the health and well-being of residents throughout AJH's CBSA. Findings are organized into the following areas:

- **Community Characteristics**
- **Social Determinants of Health**
- **Systemic Factors**
- **Behavioral Factors**
- **Health Conditions.**

Each section begins with a highlight of key findings. This introduction is followed by graphs and other data visuals. It is important to note that these five sections do not review all the findings collected during the assessment, rather they draw out the most significant drivers of health status and health disparities. A summary of interviews, focus groups, and community listening sessions and a databook that includes all of the quantitative data gathered for this assessment are included in Appendices A and B.

Community Characteristics

A description of the population's demographic characteristics and trends lays the foundation for understanding community needs and health status. This information is critical to recognizing health inequities and identifying communities and population segments that are disproportionately impacted by health issues and other social, economic, and systemic factors. This information is also critical to AJH's efforts to develop its IS, as it must focus on specific population cohorts that face the greatest health-related challenges. The assessment gathered a range of information related to age, race/ethnicity, nation of origin, gender identity, language, sexual orientation, disability status, and other characteristics.

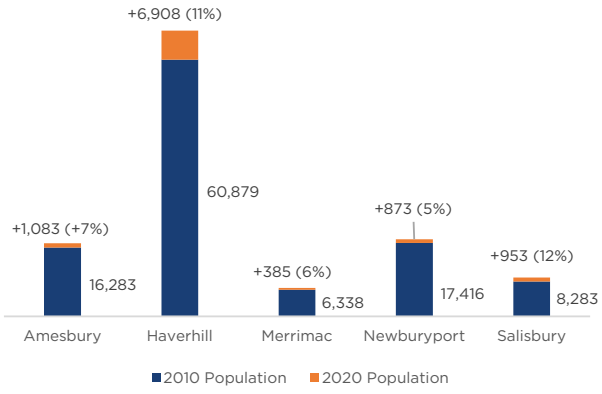
Based on the assessment, community characteristics that were thought to have the greatest impact on health status and access to care in the CBSA were issues related to age, race/ethnicity, language, and disability status. While the majority of residents in the CBSA were predominantly white and born in the United States, there were non-white, people of color, recent immigrants, non-English speakers, and foreign-born populations in all communities. There was consensus among interviewees and focus groups that older adults, people of color, recent immigrants, individuals with disabilities, and non-English speakers were more likely to have poor health status and face systemic challenges accessing needed services than young, white, English speakers, without a disability, who were born in the United States. These segments of the population were impacted by language, cultural barriers, and stigma that limited access to appropriate services, posed health literacy challenges, exacerbated isolation, and may lead to discrimination and disparities in access and health outcomes.

One issue to be noted was the lack of data stratified by gender identity or sexual orientation at the municipal level. Research shows that those who identify as lesbian, gay, bisexual, transgender and/or queer/questioning experience health disparities and challenges accessing services.

Population Growth

Between 2010 and 2020, the population in AJH's CBSA increased by 9%, from 109,199 to 119,401 people. Salisbury saw the greatest percentage increase (12%) and Newburyport saw the lowest (5%).

Population Changes by, Municipality, 2010 to 2020



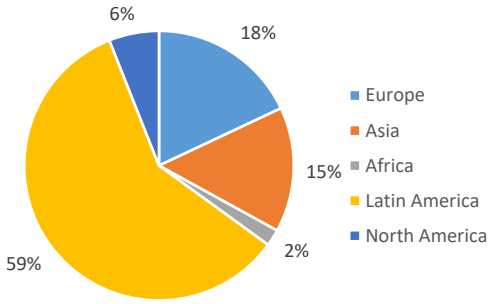
Source: US Census Bureau, 2010 and 2020 Decennial Census

Nation of Origin

Immigration status is linked to health in many ways; individuals who are foreign-born are less likely to have access to health care and are more likely to forgo needed care due to fear of interacting with public agencies.[2]

9% of the AJH CBSA population was foreign-born.

Region of Origin Among Foreign-Born Residents in the CBSA, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Language

Language barriers pose significant challenges to receiving and providing effective and high-quality health and social services. Studies show that health outcomes improve when patients and providers speak the same language.[3]

15% of AJH CBSA residents 5 years of age and older spoke a language other than English at home and of those,

29% spoke English less than "very well."

Source: US Census Bureau American Community Survey, 2016-2020

Age

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to young people.

17%
of residents in the AJH CBSA were 65 years of age or older. The proportion of older adults is expected to increase by 2030, which may have implications for the provision of health and social services.

21%
of residents in the AJH CBSA were under 18 years of age.

Source: US Census Bureau American Community Survey, 2016-2020

Gender Identity and Sexual Orientation

Massachusetts has the second largest lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) population of any state in the nation. LGBTQIA+ individuals face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.

5%
of adults in Massachusetts identified as LGBTQIA+. Data was not available at the municipal level.

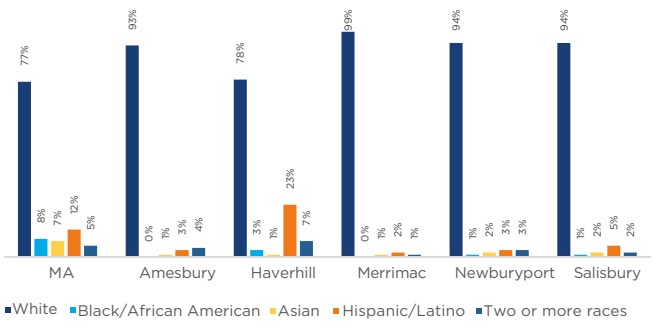
21%
of LGBTQIA+ adults in Massachusetts were raising children.

Source: Gallup/Williams 2019

Race and Ethnicity

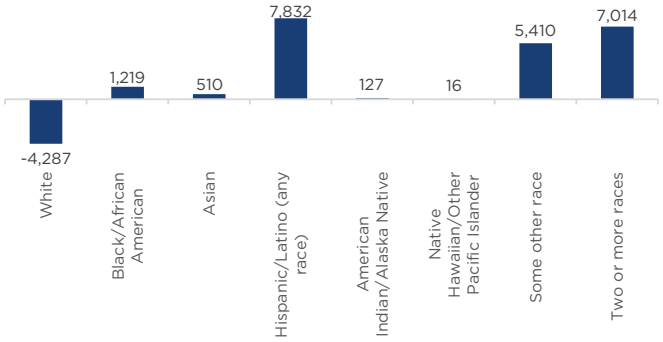
In the CBSA overall, the number of residents who identified as white has decreased since 2010, while there was an increase in other census categories. Though interviewees who participated in the assessment reported that they felt that the CBSA was increasingly diverse, all communities were predominantly white and non-Hispanic.

Race/Ethnicity by Municipality, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

CBSA Population Changes by Race/Ethnicity, 2010 to 2020



Source: US Census Bureau, 2010 and 2020 Decennial Census

Note: The US Census Bureau reported that the 2020 Decennial Census significantly undercounted Black/African American, American Indian or Alaska Native, Some Other Race alone, and Hispanic/Latino populations. The Census significantly overcounted the white, non-Hispanic white, and Asian populations.

Household Composition

Household composition and family arrangements may have significant impacts on health and well-being, particularly as family members act as sources of emotional, social, financial, and material support.[4]

31% of AJH CBSA households included one or more people under 18 years of age.

30% of AJH CBSA households included one or more people over 65 years of age.

Source: US Census Bureau American Community Survey, 2016-2020

Social Determinants of Health

The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."[5] These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. economic insecurity, access to care/navigation issues, and other important social factors.[5]

There was limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the AJH Community Health Survey reinforced that these issues had the greatest impact on health status and access to care in the CBSA.

Interviewees, focus groups, and listening session participants shared that access to affordable housing was a significant challenge for many residents. This was particularly true for older adults, those experiencing poverty, those living on fixed incomes, and those with mental health or substance use disorders.

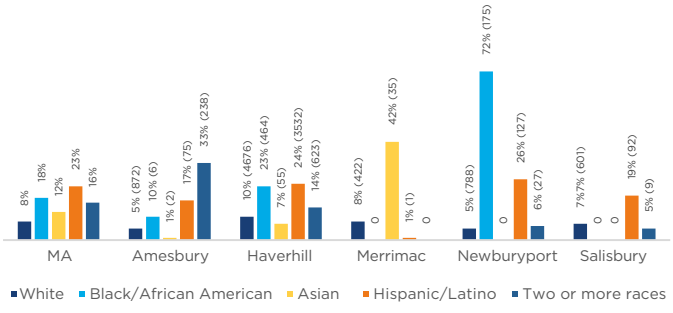
Interviewees, focus groups, listening session participants, and AJH Community Health Survey respondents shared that transportation was a critical factor to maintaining health and accessing care, especially for those who did not have a personal vehicle or were without caregivers, family, or social support networks. Issues related to food insecurity, food scarcity, and hunger were also identified as significant challenges particularly for individuals and families experiencing economic insecurity. Other social factors that were highlighted in a more limited way during the assessment and were thought to have substantial impacts on health status and access to care were violence (including domestic violence), the need for more inclusive and robust education and training resources, and the importance of safe streets, sidewalks, and recreational areas.

Economic Stability

Economic stability is affected by income/poverty, financial resources, employment, and work environment, which allow people the ability to access the resources needed to lead a healthy life.[6] Lower-than-average life expectancy is highly correlated with low-income status.[7] Those who experience economic instability are also more likely to be uninsured or to have health insurance plans with limited benefits. Research has shown that those who are uninsured or have limited health insurance benefits are substantially less likely to access health care services.[8]

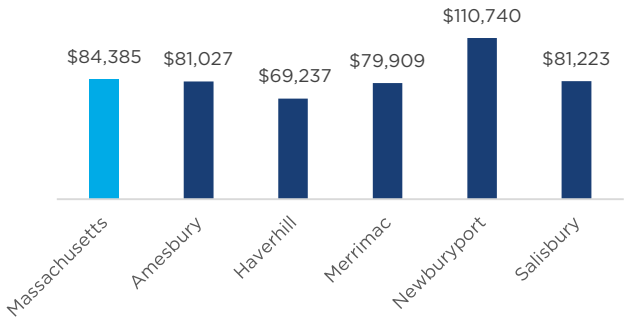
COVID-19 exacerbated many issues related to economic stability; individuals and communities were impacted by job loss and unemployment, leading to issues of financial hardship, food insecurity, and housing instability.

Percentage of Residents Living Below the Poverty Level, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Median Household Income, 2016-2020

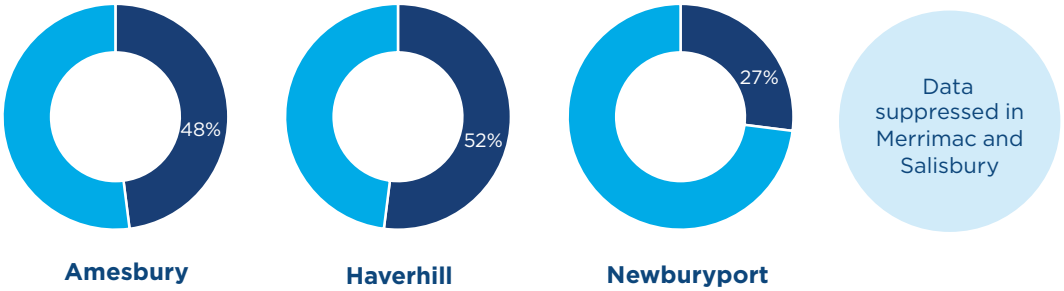


Source: US Census Bureau American Community Survey, 2016-2020

Across the CBSA, the percentage of individuals living below the poverty level tended to be higher among non-white cohorts. Research shows that racial disparities in poverty are the result of systemic racism, discrimination, and cumulative disadvantage over time.[9] Median household income is the total gross income before taxes, received within a one-year period by all members of a household. Median household income was higher than the Commonwealth overall in Newburyport.

The Massachusetts Department of Public Health (MDPH) conducted the COVID-19 Community Impact Survey in the fall of 2020 to assess emerging health needs, results of which indicated that community residents were concerned about their ability to pay their bills.

Percentage* Worried About Paying for One or More Type of Expenses/Bills in Coming Weeks (Fall 2020)



Amesbury **Haverhill** **Newburyport**

***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Education

Research shows that those with more education live longer and healthier lives.[10] Patients with higher levels of educational attainment are more likely to understand their health needs, follow instructions, advocate for themselves and their families, and communicate effectively with health providers.

93% of AJH CBSA residents 25 years of age and older had a high school degree or higher.

38% of AJH CBSA residents 25 years of age and older had a bachelor's degree or higher.

Source: US Census Bureau, American Community Survey, 2016-2020

Social Determinants of Health

Food Insecurity and Nutrition

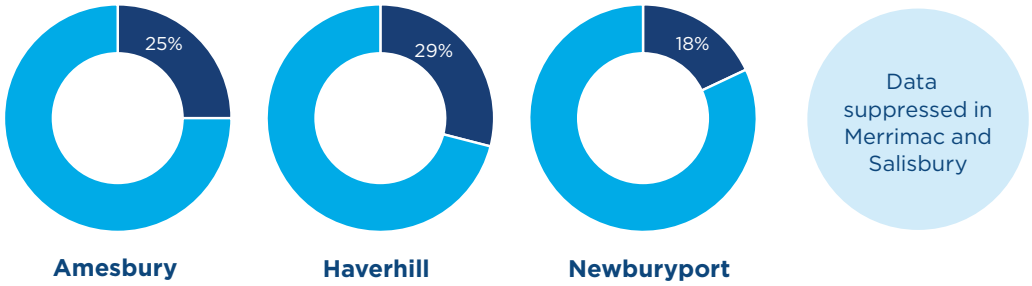
Many families, particularly families who are low-resourced, struggle to access food that is affordable, high-quality, and healthy. Issues related to food insecurity, food scarcity, and hunger are factors contributing to poor physical and mental health for both children and adults.

While it is important to have grocery stores placed throughout a community to promote access, there are other factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food, and cultural appropriateness of food offerings. Food pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, old adults living on fixed incomes, and people living with disabilities and/or chronic health conditions.

13%

of AJH CBSA households received SNAP benefits (formerly food stamps) within the past year. SNAP provides benefits to low-income families to help purchase healthy foods. In Amesbury and Haverhill, at least 25% of respondents to MDPH's COVID-19 Community Impact Survey reported that they were worried about getting food or groceries in the fall of 2020.

Percentage* of Individuals Worried About Getting Food or Groceries in the Coming Weeks, Fall 2020



***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Neighborhood and Built Environment

The conditions and environment in which one lives has significant impacts on health and well-being. Access to safe and affordable housing, transportation resources, green space, sidewalks, and bike lanes improve health and quality of life.[11]

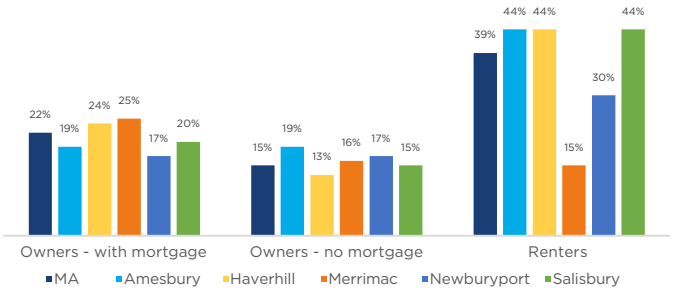
Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health.[12] At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations who are more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[13]

Interviewees, focus groups, listening session participants, and AJH Community Health Survey respondents expressed concern over the limited options for affordable housing throughout the AJH CBSA.

The percentage of owner-occupied housing units (with a mortgage) in the CBSA with monthly owner costs in excess of 35% of household income was higher than the Commonwealth in Haverhill and Merrimac. The percentage among owner-occupied housing units with a mortgage was higher in Amesbury, Merrimac, and Newburport. Among renter-occupied units, monthly owner costs in excess of 35% of household income was higher than the Commonwealth in all CBSA communities except Merrimac and Newburyport.

Percentage of Housing Units With Monthly Owner/ Renter Costs Over 35% of Household Income



Source: US Census Bureau American Community Survey, 2016-2020

"There are long, long, long wait lists for low-income housing. The alternative is living in hotels that burn through financial reserves and really isn't sustainable."

- AJH focus group participant

When asked what they'd like to improve in their community,

53% of AJH Community Health Survey respondents said "more affordable housing."

Transportation

Lack of transportation has an impact on access to health care services and is a determinant of whether an individual or family can access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and other community resources.

Transportation was identified as a significant barrier to care and needed services, especially for older adults who no longer drove or who didn't have family or caregivers nearby.

When asked what they'd like to improve in their community:

29% of AJH Survey Community Health Survey respondents wanted more access to public transportation.

8% of housing units in the AJH CBSA did not have an available vehicle.

Source: US Census Bureau American Community Survey, 2016-2020

Roads/Sidewalks

Well-maintained roads and sidewalks offer many benefits to a community, including safety and increased mobility. Sidewalks allow more space for people to walk or bike, which increases physical activity and reduces the need for vehicles on the road. Respondents to the AJH Community Health Survey prioritized these improvements to the built environment.

44% of AJH Community Health Survey respondents identified a need for better sidewalks and trails, and also identified a need for better roads.

Systemic Factors

In the context of the health care system, systemic factors include a broad range of considerations that influence a person's ability to access timely, equitable, accessible, and high-quality services. There is a growing appreciation for the importance of these factors as they are seen as critical to ensuring that people are able to find, access, and engage in the services they need, communicate with clinical and social service providers, and transition seamlessly between service settings. The assessment gathered information related to perceptions of service gaps, barriers to access (e.g., cost of care, health insurance status, language access, cultural competence), care coordination, and information sharing. The assessment also explored issues related to diversity, equity, and inclusion and the impacts of racism and discrimination.

Systemic barriers affect all segments of the population, but have a particularly significant impact on people of color, non-English speakers, recent immigrants, individuals with disabilities, older adults, individuals who are uninsured, and those who identify as LGBTQIA+. Findings from the assessment reinforced the challenges that residents throughout the AJH CBSA faced with respect to long wait times, provider/workforce shortages, and service gaps which impacted people's ability to access health care services in a timely manner. This was particularly true with respect to primary care, behavioral health care, medical specialty care, and dental care services.

Interviewees, focus groups, and listening session participants also reflected on linguistic and cultural barriers to care. Individuals reported that it was difficult for some residents to schedule appointments, coordinate care, and find the services they needed. Interviewees, focus groups, and listening session participants discussed the need for tools to address these issues, such as resource inventories, case managers, recovery coaches, and health care navigators.

Racial Equity

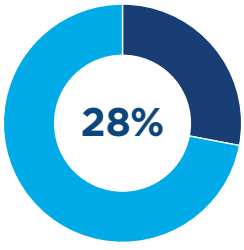
Racial equity is the condition where one's racial identity has no influence on how one fares in society.[14] Racism and discrimination influence the social, economic, and physical environments of Black, Indigenous and People of Color (BIPOC), resulting in poorer social and physical conditions in those communities today.[15] Race and racial health differences are not biological in nature. However, generations of inequity creates consequences and differential health outcomes because of structural environments and unequal distribution of resources.

"Racism is woven into the fabric of our society in so many different ways and it's important to openly acknowledge this and attempt to unravel the damage. Racism is too often unacknowledged, denied, or politicized, especially in our predominantly white community."

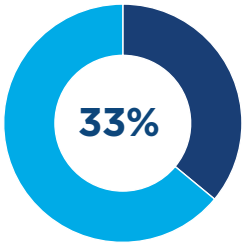
- AJH Community Health Survey respondent

Interviewees, focus groups, and listening session participants reported that their communities were increasingly diverse in terms of race, ethnicity, sexual orientation, and gender identity. This diversity was identified as a strength. However, these individuals also expressed concerns about racism, discrimination, and varying levels of acceptance and recognition of diversity in the community. Experiencing racism and discrimination contributes to trauma, chronic stress, and mental health issues that ultimately impact health outcomes.

Among AJH Community Health Survey respondents:



reported that built, economic and educational environments in the community were impacted by **systemic racism.**



reported that environments in the community were impacted by **individual racism.**

Accessing and Navigating the Health Care System

Interviewees, focus groups, listening session participants, and AJH Community Health Survey respondents identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, meaning that the issues stemmed from the way in which the system did or did not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that was difficult for many to navigate.

There were also individual-level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.[16] Finally, transportation was identified as a barrier, particularly for those without a personal vehicle.

Some providers began offering care via telehealth over the course of the pandemic to mitigate COVID-19 exposure and retain continuity of care. This strategy removed barriers for some but created new hardships for those who lacked the technical resources or technical savvy to take advantage of such programs.[17]

"As a provider myself, I am shocked at the lack of access in our community to primary care and mental health services, let alone to specialists. It took me 5 weeks of calling and leaving voicemails to my PCP before I was able to get an appointment."

- AJH Community Health Survey respondent

Cohorts facing barriers and disparities:

- Individuals best served in a language other than English
- Older adults without caregivers
- Individuals with disabilities
- Individuals with limited economic means.

Community Connections and Information Sharing

A strength of the AJH CBSA were the strong community collaboratives and task forces that convened to share information and resources. Interviewees and listening session participants described a strong sense of partnership and camaraderie among community-based organizations and clinical and social service providers, borne out of a shared mission to ensure that community members had access to the services and care that they needed.

Behavioral Factors

The nation, including the residents of Massachusetts and AJH's CBSA, faces a health crisis due to the increasing burden of chronic medical conditions. Underlying these health conditions are a series of behavioral risk factors that are early signs or contributors of the leading causes of death (e.g., heart disease, cancer, stroke, and diabetes). According to the National Centers for Disease Control and Prevention, the leading behavioral risk factors include an unhealthy diet, physical inactivity and tobacco, alcohol, and marijuana use. Engaging in healthy behaviors and limiting the impacts of these risk factors are known to improve overall health status and well-being and reduces the risk of illness and death.[18] When considering behavioral factors, the assessment reflected on a range of mostly quantitative information related to nutrition, physical activity, tobacco use, and alcohol use. Those who participated in the assessment's community engagement activities were asked to identify the health issues that they felt were most important. While these issues were ultimately not prioritized during AJH's prioritization process, the information from the assessment supported the importance of incorporating these issues into AJH's IS.

Nutrition

Adults who eat a healthy diet have increased life expectancy and decreased risk of chronic diseases and obesity; children require a healthy diet to grow and develop properly.[19] Access to affordable healthy foods is essential to a healthy diet.

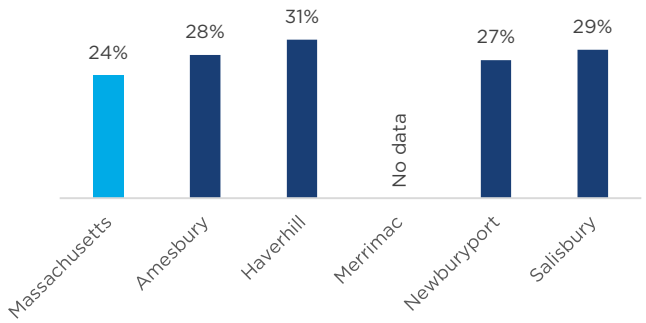
15% of AJH Community Health Survey respondents said they would like their community to have better access to healthy food.

Physical Activity

Access to opportunities for physical activity was not identified as a significant need in the CBSA, though there was recognition that lack of physical fitness was a leading risk factor for obesity and a number of chronic health conditions.

The percentage of adults who were obese (with a body mass index over 30) was higher than the Commonwealth in all communities in the AJH CBSA, except Merrimac, where data was unavailable.

Percentage of Adults Who Were Obese, 2019



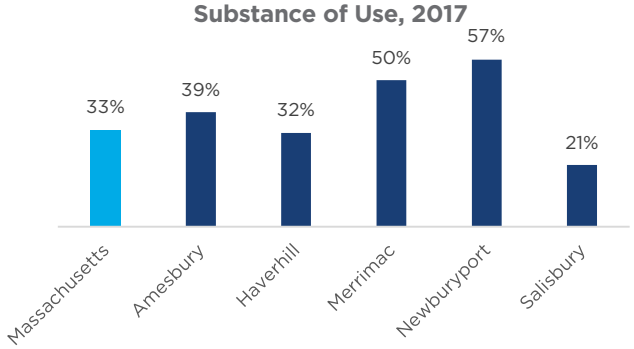
Source: Behavioral Risk Factor Surveillance System, 2019

Alcohol, Marijuana, and Tobacco Use

Though legal in the Commonwealth for those 21 years of age and older, long-term and excessive use of alcohol, marijuana, and tobacco can lead to the development and exacerbation of chronic and complex conditions, including high blood pressure, cardiovascular disease, and cancer.

Though opioid use was a major concern in the AJH CBSA, clinical service providers also identified an increase in alcohol use over the course of the pandemic.

Percentage of Individuals Treated at DPH Treatment Centers Who Named Alcohol as the Primary Substance of Use, 2017



Source: Massachusetts Bureau of Substance Abuse Services, 2017

Clinical service providers reported an increase in substance use and relapse since the onset of the pandemic – potentially caused by increased stress, isolation, and lapses in treatment.

Health Conditions

The assessment gathered information related to the conditions that are known to be the leading causes of death and illness. These conditions include chronic and communicable medical conditions, and mental health and substance use disorders. As discussed in the introductory sections of this report, the CHNA gathered quantitative data to assess the extent that these issues were a concern in AJH's CBSA.

To augment and clarify this information, the assessment efforts included community engagement activities that specifically asked for participants to reflect on the issues that they felt had the greatest impact on community health. Efforts were made to ensure that participants reflected on a broad range of issues, including chronic and communicable medical conditions and behavioral health issues.

Given the limitations of the quantitative data, specifically that it was often old and not stratified by age, race, or ethnicity, the qualitative information gathered from interviews, focus groups, listening sessions, and the AJH Community Health Survey was of critical importance.

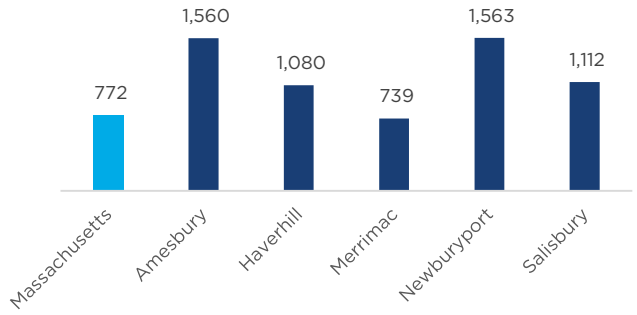
Mental Health

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. The assessment identified specific concerns about the impact of mental health issues on youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and other mental health services. Interviewees, focus groups, and listening session participants also reflected on the stigma, shame, and isolation that those with mental health challenges faced on a day-to-day basis that limited their ability to access care and cope with their illness.

Youth mental health was a critical concern in the AJH CBSA, including the significant prevalence of chronic stress, anxiety, and behavioral issues. These conditions were exacerbated during the pandemic, as a result of isolation, uncertainty, remote learning, and family dynamics.

Mental Health Inpatient Discharges (per 100,000) Among Those Under 18 Years of Age, 2019



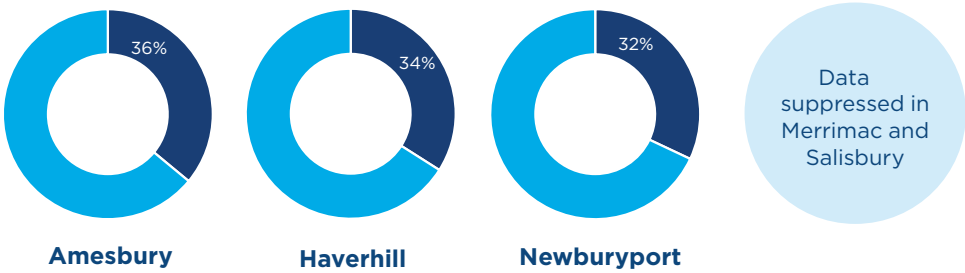
Source: Center for Health Information and Analysis, 2019

Inpatient discharge rates for individuals under 18 years of age for mental health conditions were higher than the Commonwealth in all CBSA communities, except Merrimac.

"The stress of the past 18 to 20 months... is becoming more evident, not only with our students but with their families and with our staff."
– AJH interviewee

In Amesbury, Haverhill, and Newburyport, approximately a third of residents who took MDPH's COVID-19 Community Impact Survey reported they had 15 or more poor mental health days in the past month.

Percentage* of Individuals with 15 or More Poor Mental Health Days in the Past Month (Fall 2020)



Data suppressed in Merrimac and Salisbury

***Unweighted percentages displayed** Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Health Conditions

Substance Use

Substance use continued to have a major impact on the AJH CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities including mental health, housing, and homelessness. Interviewees, focus groups, and listening session participants engaged in the assessment identified stigma as a barrier to treatment, and reported a need for programs that addressed common co-occuring issues (e.g., mental health issues, homelessness.)

Interviewees, focus groups, and listening session participants identified a lack of substance use treatment and supportive services for both youth and adults, including:

- Inpatient treatment
- Outpatient treatment and supportive services
- Transitional and long-term residential housing
- Peer recovery coaches, support groups, and case managers.

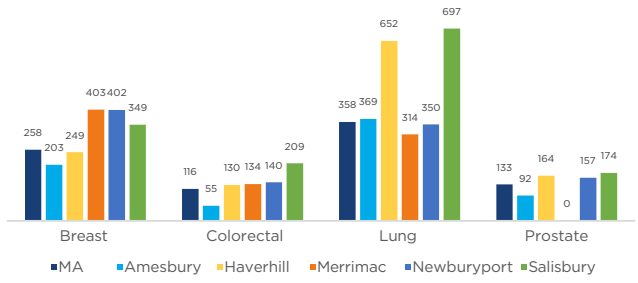
> "Individuals in mental health crisis or seeking substance use treatment are not accessing the proper levels of care due to an overburdened system."
>
> -AJH Community Health Survey respondent

Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contributed to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.[20]

Inpatient discharge rates varied across conditions and communities. Rates were consistently higher than the Commonwealth in Haverhill, Newburyport, and Salisbury.

Cancer Inpatient Discharge Rates (per 100,000) Among Those 45-64 Years of Age, 2019



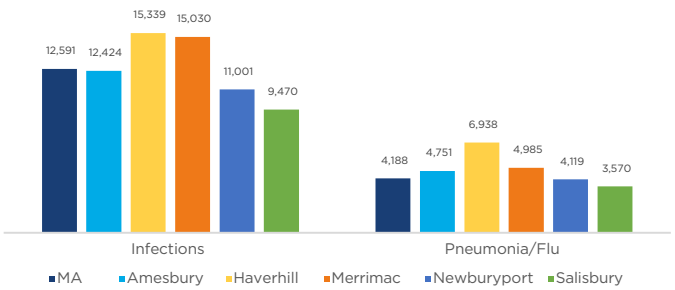
Source: Center for Health Information and Analysis, 2019

Communicable and Infectious Disease

Though great strides have been made to control the spread of communicable diseases in the U.S., they remain a major cause of illness, disability, and even death - as evidenced by the COVID-19 pandemic. Though not named as a major health concern by interviewees, focus groups, or listening session participants, it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality.

Data from the Center for Health Information and Analysis indicated that older adults in Haverhill and Merrimac had higher inpatient discharge rates than the Commonwealth for infections and pneumonia/flu.

Inpatient Discharge Rates (per 100,000) Among Those 65 Years of Age and Older, 2019



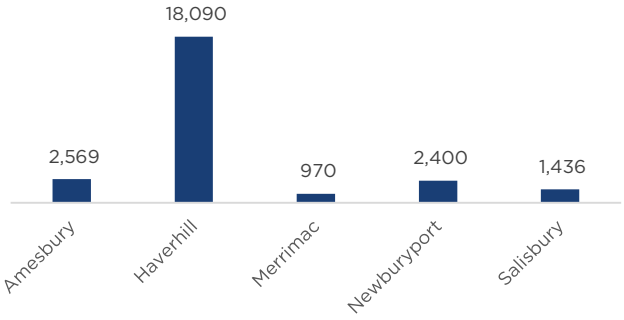
Source: Center for Health Information and Analysis, 2019

COVID-19

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus a global pandemic. Society and systems continue to adapt and frequently change protocols and recommendations due to new research, procedures and policies. Interviewees, focus groups, and listening session participants emphasized that COVID-19 was a priority concern that continues to directly impact nearly all facets of life, including economic stability, food stability, mental health (stress, depression, isolation, anxiety), substance use (opioids, marijuana, alcohol), and one's ability to access health care and social services.

COVID-19 presented significant risks for older adults and those with underlying medical conditions because they faced a higher risk of complications from the virus. Several interviewees described how COVID-19 exacerbated poor health outcomes, inequities, and health system deficiencies.

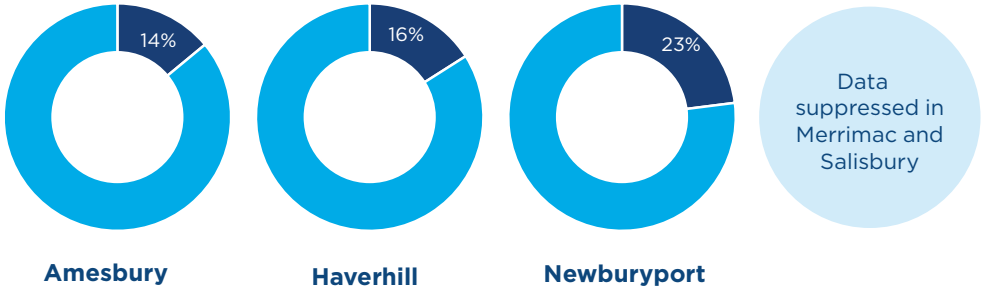
Total COVID-19 Case Counts Through April 28, 2022



Source: Massachusetts Department of Public Health, COVID-19 Data Dashboard

In Newburyport, more 20% of MDPH COVID-19 Community Impact Survey respondents reported that they had not gotten the medical care they needed since July of 2020. Lapses in medical care may lead to increases in morbidity and mortality.

Percentage* of Individuals Who Have Not Gotten the Medical Care They Need Since July 2020 (as of Fall 2020)



***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Priorities

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on analysis of their CHNA data to determine the community health issues and population cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism, or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, AJH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and the cohorts that they believed should have been the focus of AJH's IS. This prioritization process helped to ensure that AJH maximized the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying AJH's community health issues and prioritized cohorts was also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

Massachusetts Community Health Priorities

Massachusetts Attorney General's Office	Massachusetts Department of Public Health
• Chronic disease - cancer, heart disease, and diabetes • Housing stability/homelessness • Mental illness and mental health • Substance use disorder.	• Built environment • Social environment • Housing • Violence • Education • Employment.
Regulatory Requirement: Annual AGO report; CHNA and Implementation Strategy	*Regulatory Requirement: Determination of Need (DoN) Community-based Health Initiative (CHI)*

Community Health Priorities and Priority Cohorts

AJH is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, AJH will work with its community partners to develop and/or continue programming to improve overall well-being and create a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following cohorts within the community health priority areas.

AJH Community Health Needs Assessment: Priority Cohorts

Youth

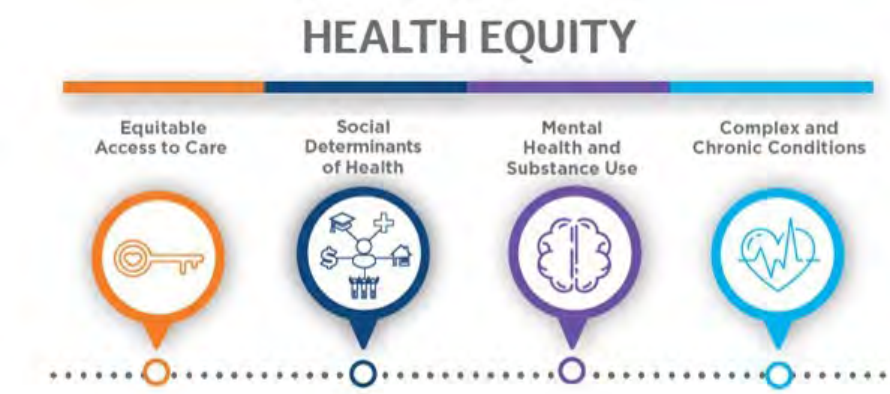
Low-Resourced Populations

Older Adults

Individuals with Disabilities

Racially, Ethnically, and Linguistically Diverse Populations

AJH Community Health Needs Assessment: Priority Areas



Community Health Needs Not Prioritized by AJH

It is important to note that there are community health needs that were identified by AJH's assessment that were not prioritized for investment or included in AJH's Specifically, supporting education across the lifespan, strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities), and digital divide/access to tech resources, were identified as community needs but were not included in AJH's IS. While these issues are important, AJH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, AJH recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. AJH remains open and willing to work with community residents, other hospitals, and public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in AJH's IS

The issues that were identified in the AJH CHNA and are addressed in some way in the hospital's IS are housing issues, food Insecurity, transportation, economic insecurity, build capacity of workforce, navigation of healthcare system, linguistic access/barriers, cost and insurance barriers, care giver support, school based services, youth mental health, stress, anxiety, depression, isolation, mental health stigma, racism/discrimination, diversifying leadership, outreach/education/prevention, services to support long-term recovery, alcohol, marijuana, and opioid use, information sharing, and cross sector collaboration.

Implementation Strategy

AJH's current 2020-2022 IS was developed in 2019 and addressed the priority areas identified by the 2019 CHNA. The 2022 CHNA provides new guidance and invaluable insight on the characteristics of AJH's CBSA population, as well as the social determinants of health, barriers to accessing care, and leading health issues, which informed and allowed AJH to develop its 2023-2025 IS.

Included below, organized by priority area, are the core elements of AJH's 2023-2025 IS. The content of the strategy is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

Below is a brief discussion of the resources that AJH will invest to address the priorities identified by the CBAC and the hospital's senior leadership team. Following the discussion of resources are summaries of each of the selected priority areas and a listing of the goals that were established for each.

Community Benefits Resources

AJH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by AJH and/or its partners to improve the health of those living in its CBSA. Finally, AJH supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and are unable to pay for care and services. Moving forward, AJH will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Recognizing that community benefits planning is ongoing and will change with continued community input, AJH's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may arise, which may require a change in the IS or the strategies documented within it. AJH is committed to assessing information and updating the plan as needed.

Following are brief descriptions of each priority area, along with the goals established by AJH to respond to the CHNA findings and the prioritization and planning processes. Please refer to the full IS in Appendix E for more details.

Summary Implementation Strategy

EQUITABLE ACCESS TO CARE

Goal: Provide equitable, comprehensive, high-quality access to health care services, including primary care, specialty care, as well as urgent, emergent care, particularly for those who face cultural, linguistic, and economic barriers.

Strategies to address the priority:

- Promote access to health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.
- Promote equitable care and support for those who face cultural and linguistic barriers.
- Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation to healthcare services.

SOCIAL DETERMINANTS OF HEALTH

Goal: Enhance the built, social, and economic environment where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

Strategies to address the priority:

- Provide community health grants to support impactful programs that address issues associated with the social determinants of health.
- Support programs and initiatives that stabilize or create access to affordable housing.
- Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.
- Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent food insecurity and/or housing challenges.

MENTAL HEALTH AND SUBSTANCE USE

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care.

Strategies to address the priority:

- Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to increase resiliency, coping, and prevention skills.
- Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.
- Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.
- Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.

COMPLEX AND CHRONIC CONDITIONS

Goals:

- Address the prevalence and impact, risk/protective factors, and access issues associated with cancer.
- Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

Strategies to address the priority:

- Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.
- Support community-based programs/initiatives that increase access to healthy foods and/or physical activity to support cancer survivorship.
- Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent, or provide needed supports related to cancer.

Evaluation of Impact of 2020-2022 Implementation Strategy

As part of the assessment, AJH evaluated its current IS. This process allowed the hospital to better understand the effectiveness of their community benefits programming and to identify which programs should or should not continue. Moving forward with the 2023-2025 IS, AJH and all BILH hospitals will review community benefit programs through an objective, consistent process using the BILH Program Evaluation and Assessment Tool. Created with Community Benefits staff across BILH hospitals, the tool scores each program using criteria focused on CHNA priority alignment, funding, impact, and equity to determine fit and inclusion in the IS.

Since 2020, many of the programs that would normally be conducted in-person were postponed or canceled because of COVID-19. When possible, programs were delivered virtually to ensure that the community was able to receive services to improve health and wellness.

For the 2020-2022 IS process, AJH planned for a comprehensive strategy to address the prioritized health needs of the CBSA as outlined in the 2019 CHNA report. These strategies included grantmaking, in-kind support, partnerships, internal hospital programming, and charity care. Below is a summary of accomplishments and outcomes for a selection of community benefits programs for Fiscal Year (FY) 2020 and 2021. AJH will continue to monitor efforts through FY 2022 to determine its impact in improving the health of the community and inform the next IS. A more detailed evaluation is included in Appendix D.

Priority Area	Summary of accomplishments and outcomes
Obesity	AJH partnered with three cities/towns (Newburyport, Amesbury, Haverhill) to provide free on-going fitness programming for all ages/levels of fitness, reaching 300+ community participants in collaboration with different local businesses.
Cancer	AJH supported the YMCA Haverhill Cornerstone program, a collaborative health and wellness program that provided essential daily living support to 45 individuals a year, including those that were impacted by cancer, cancer survivors, and their immediate families. AJH supported North of Boston Cancer Resource's (NBCR) virtual support group offerings - roughly 10 speaker series per year (total of three years). This was particularly important given the impact of COVID-19 where people, especially those who were immunocompromised, were unable to gather in person to maintain connections. NBCR hosted 10 Speaker Series events for a total of 138 participants.
Substance Use	The Pettengill House screens roughly 20 individuals per year to: seek substance mis-use and/or mental health needs; access substance/mental health care and treatment across the spectrum of care; support mental health and substance use recovery. AJH formalized a new partnership with Essex County Outreach (ECO) to directly support its efforts of community educational and awareness around substance use disorder, mental/behavioral health to access to necessary services related to substance use, mental or behavioral health needs, and access. ECO attends roughly 10 community events per year to provide materials to raise awareness.
Social Determinants of Health (Food and Housing)	AJH sponsored to-go weekly meals and Our Neighbors' Table. AJH supported the Jeanne Geiger Crisis Center to support victims of domestic violence. AJH supported Mitch's Place 24/7 emergency housing shelter in Haverhill.

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Appendices

Appendix A: Community Engagement Summary

Appendix B: Data Book

Appendix C: Resource Inventory

Appendix D: Evaluation of 2020-2022 Implementation Strategy

Appendix E: 2023-2025 Implementation Strategy

Appendix A:
Community Engagement Summary

Interviews

- Interview Guide
- Interview Summary

Beth Israel Lahey Health Community Health Assessment
Interview Guide

Please complete this section for each interview:

Date:	Start Time:	End time:
Name of Interviewee:		
Name of Organization:	Affiliate Hospital:	
Facilitator Name:	Note-taker Name:	
Did all participants agree to audio recording?		
Did anything unusual occur during this interview? (Interruptions, etc.)		

Thank you for taking the time to speak with me today. Beth Israel Lahey Health (BILH) and [Hospital and any collaborators] are conducting a community health needs assessment and creating an implementation plan to address the prioritized needs identified. For the first time, all 10 hospitals in the BILH system are conducting this needs assessment together. Our hope is that we will create a plan at the individual hospital level as well as the system level that will span across the hospitals.

During this interview, we will be asking you about the strengths and challenges of the community you work in and the populations that you work with. We also want to know what BILH should focus on as we think about addressing some of the issues in the community. The data we collect during the assessment is analyzed, prioritized, and then used to create an Implementation Strategy. The Implementation Strategy outlines how the Hospital and System will address the identified priorities in partnership with community organizations. For example, if social isolation is identified as a priority, we may explore partnering with Councils on Aging on programs to engage older adults, and support policies and system changes around mental health supports.

Before we begin, I would like you to know that we will keep your individual contributions anonymous. That means no one outside of this interview will know exactly what you have said. When we report the results of this assessment, no one will be able to identify what you have said. We will be taking notes during the interview, but your name will not be associated with your responses in any way. Do you have any questions before we begin?

If you agree, we would like to record the interview for note taking purposes to ensure that we accurately capture your thoughts and obtain exact quotes to emphasize particular themes in our final report. Do you agree?"

[*<u>if interviewee does not agree to be recorded, do not record the interview</u>]

Question	Direct Answer	Additional Information
Community Characteristics, Strengths, Challenges		
What communities/populations do you mainly work with?		
• How would you describe the community (or population) served by your organization?		
• How have you seen the community/population change over the last several years?		
What do you consider to be the community's (or population's) strengths?		
How has COVID affected this community/population?		
What are some of its biggest concerns/issues in general? What challenges does this community/population face in their day-to-day lives?		
Health Priorities and Challenges		
What do you think are the most pressing health concerns in the community/among the population you work with? Why?		
• How do these health issues affect the populations you work with? [Probes: In what way? Can you provide some examples?]		
We understand that there are differences in health concerns, including inequalities for ethnic and		

racial minority groups **/** the impacts of racism. Thinking about your community, do you see any disparities where some groups are more impacted than others?		
• What contributes to these differences?		
What are the biggest challenges to addressing these health issues?		
What barriers to accessing resources/services exist in the community?		
Community-Based Work		
What are some of the biggest challenges your organization faces while conducting your work in the community, especially as you plan for the post-COVID period?		
Do you currently partner with any other organizations or institutions in your work?		
Suggested Improvements		
When you think about the community 3 years from now, what would you like to see?		
• What would need to happen in the short term?		
• What would need to happen in the long term?		
How can we tap into the community's/population's strengths to improve the health of the community?		

In what way can BILH and [Hospital] work toward this vision? What should be our focus to help improve the health of the community/population?		
Thank you so much for your time and sharing your opinions. Before we wrap up, is there anything you want to add that you did not get a chance to bring up earlier?		

I want to thank you again for your time. Once we finish conducting survey, focus groups and interviews, we will present the data back to the community to help determine what we should prioritize. We will keep you updated on our progress and would like to invite you to the community listening sessions where we will present all of the data. Can we add you to our contact list? After the listening sessions, we will then create an implementation plan to address the priorities. We want you to know that your feedback is valuable, and we greatly appreciate your assistance in this process.

Summary of Interviewees: Anna Jaques Hospital

Interviewees

- Amesbury Municipal Leaders: Kassandra Gove, Kathleen Crowley, Courtney Hutchinson, Tina LaCourse, Kael Brooks, Craig Bailey
- Reverend Rebecca Bryan, First Religious Society Universalist Unitarian Church, Newburyport
- Bonny Dufresne (Deputy Director of Health and Inspectional Services) and Mary Connolly (Community Health Nurse), City of Haverhill
- Marie Caprio, Program Supervisor of Big Friends Little Friends, Family Services of Merrimack Valley
- John Feehan (Executive Director) and Ilene Harnch-Grady (Health and Wellness Director), YWCA Greater Newburyport
- Tracy Fuller, Regional Executive Director, YMCA of the North Shore
- Lindsay Haight (Executive Director) and Lori Townsend (Program Director), Our Neighbors Table
- Martha Leen (Director of Community Programs) and Naomi Tang (Community Nurse Manger), Elder Services of Merrimack Valley
- Kate Liddy, Program Manager, Jeanne Geiger Crisis Center
- Jeanine Murphy, CEO and Executive Director, Emmaus Inc.
- Jeremiah Murphy, Veterans Services Officer, City of Newburyport
- Rich Napolitano, Senior Vice President, External Relations and Chief Strategy Officer, Greater Lawrence Family Health Center
- Newburyport Municipal Leaders: Andi Egmont, Kevin Hunt, Paula Burke, Tracy Watson
- Mayara Reiss, Co-founder and Executive Director, Merrimack Valley Black and Brown Voices
- Ginny Salem, Administrator, New England Elder Transport
- Deanna Tashjian, Community Coordinator, Community Action, Inc.
- Salisbury Municipal Leaders: Liz Pettis, Jack Morris, Scott Carrington, Emily Thompson
- Katie Vozeolas, Director of Health and Nursing Services, Haverhill Public Schools

Key Findings

Community characteristics

- Significant diversity across the service area – race, ethnicity, language, economic status, education
- Residents are engaged and civic-minded

Specific populations facing barriers

- Youth
- BIPOC
- Individuals with disabilities
- Older adults
- Individuals with limited economic means
- LGBTQIA+
- Non English Speakers

Social Determinants of Health

- Housing issues
    - Lack of affordable housing

- Economic insecurity – cost of living continues to rise; pandemic placed extra stress on many
- Transportation issues
- Food insecurity – food costs are rising
- Need to improve safety/quality of roads and sidewalks

Mental health

- Significant prevalence of depression, anxiety, chronic stress for youth and adults
    - Exacerbated by COVID
- Youth mental health
    - Increase in behavioral issues among young people, which puts strain on educators and those who work with youth
    - "*The stress of the past 18 to 20 months… is becoming more evident, not only with our students but with their families and with our staff."*

Access to care

- Many have difficulties navigating the healthcare system – including health insurance
- During COVID, many people experienced long wait times, providers not accepting new patients
- Cost and insurance are significant barriers for those who are uninsured or underinsured

Diversity, Equity, Inclusion

- Increasingly, people are willing to acknowledge and have dialogue about diversity – "more people are willing to be open allies and activists."
- Need leadership of community organizations and healthcare providers to match increasingly diverse population
- Increasingly diverse population requires that we address linguistic barriers
- Need more supportive services to reflect economic diversity in communities
- Still need more proactive education and outreach – anti racist trainings

Substance Use

- Individuals with substance use disorder are in need of more supportive services to aid recovery – need assistance with housing (residential services), transportation support, job training
- Need for more treatment services for both you and adults – recovery coaches, peer recovery groups, case managers
- Stigma is huge barrier for SUD population

Resources/Assets

- Engaged community – *"very engaged community. People are proud to live here."*
- Resilient people
- Good sense of collaboration among organizations

Focus Groups

- Focus Group Guide
- Focus Group Summary Notes

Beth Israel Lahey Health: Focus Group Guide

Thank you for participating in this discussion on health in your community. I'm going to review some information about the purpose and ground rules for the discussion, then we'll begin.

We want to hear your thoughts about things that impact health in your community. The information we collect will be used by Beth Israel Lahey Health to create a report about community health. We will share the results with the community in the winter and identify ways that we can work together to improve health and wellbeing. The is used to put together a plan that outlines how the Hospital and System will address the identified priorities in partnership with community organizations.

We want everyone to have the chance to share their experiences. Please allow those speaking to finish before sharing your own comments. To keep the conversation moving, I may steer the group to specific topics. I may try to involve people who are not speaking up as much to share their opinions, especially if one or more people seem to be dominating the conversation. If I do this, it's to make sure everyone is included. We are here to ask questions, to listen, and to make sure you all have the chance to share your thoughts.

We will keep your identity and what you share private. We would like you all to agree as a group to keep today's talk confidential as well. We will be taking notes during the focus group, but your names will not be linked with your responses. When we report the results of this assessment, no one will be able to know what you have said. We hope you'll feel free to speak openly and honestly.

With your permission, we would like to audio record the focus group to help ensure that we took accurate notes. No one besides the project staff would have access to these recordings, and we would destroy them after the report is written. Does everyone agree with the audio recording?

If all participants agree, you can record the Zoom. If one or more person does not agree or are hesitant, do not record the focus group.

Does anyone have any questions before we begin?

Section One: Community Perceptions

1. To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?

2. What are some of the things that make it hard for you, and your community members, to be healthy?

3. Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?

   If yes, move on to Section 2.

   If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)

   Let's talk more deeply about these concepts.

Section Two: Key Factors

In this section, ask participants to go more in depth about the factors they brought up in the previous section. For example, if they brought up the lack of affordable healthy foods, ask "are healthy foods available to some people, if so who? And why do you think they are not available to everyone?"

For each issue they identified:

- Are these (things that keep you healthy) available to everyone or just a few groups of people?

- Why do you think they (things that make it hard to be healthy) exist? / Why is this a challenge?

Section Three: Ideas and Recommendations

4. **Ideas:** Thinking about the issues we discussed today, what ideas do you have for ways hospitals can work with other groups or services to address these challenges?
    1. Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?

5. **Priorities**: What do you think should be the top 3 issues that Hospitals and community organizations should focus on to make your community healthier?

AJH Focus Group Summary: Link House

Date: 11/4/21	Start Time: 4pm	End time: 5:30
Group Name and Location: Link House Amesbury		

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	● Timely accessible flexible transportation ● Safe, affordable housing ● Wide breadth of recovery support services ● Social / community supports (e.g., peer groups, social groups, financial supports, job training/placement)
Unhealthy: What are some of the things that make it hard for you to be healthy?	● Stigma and discrimination towards those with substance use disorders or MH issues ● Lack of affordable housing ● Lack of transitional housing and "Holding" place for those when they are transitioning from Detox to long-term residential or the next step in their recovery ● Lack of social support
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus*	Top Factors 1. Access to Coordinated, High Quality, Mental health, SUD Treatment and Recovery Services 2. Need for Social Supports to support sustained recovery 3. Housing 4. Mental Health and SUD Stigma 5. Transportation

on the 3-4 factors that will shape the rest of the conversation) Let's talk more deeply about these concepts.	
<u>Section 2: Exploring Key Factors</u> *In this section, ask participants to go more in depth about the factors they brought up in the previous section.*	
Are these **(things that keep you healthy)** available to everyone or just a few groups of people?	***Access to Coordinated, High Quality, Mental health, SUD Treatment and Recovery Services*** ● Especially for uninsured, resource insecure, Medicaid insured individuals ● Language barriers - Gaps in services for those who do not speak English ● Gaps in services for youth ● Gaps in services for children and families or those in recovery who have children, especially single parents in crisis ● Service gap in "Holding" services (maybe half-way-house?) for those who are transitioning from Detox to long-term residential services. They are often discharged to the community and to the exact settings that encouraged their substance use or that hindered their recovery. ● Affordable outpatient services for those living in the community who are not tied to a residential program but are linked to recovery services. Link House does that but there are others in the community who may not be associated with Link House and need access to services along with other supports ● Need for multi-service, "one-stop-shop" service settings that provide the full range of mental Health, SUD and Recovery support services. ● Gaps in transitional housing as a step down from long-term or short-term residential treatment ● Navigating services is too difficult. Need to be able to seize the moment when people are ready to engage in care. Need for low barrier services that don't require you to jump through hoops to get the services they need ● Need for Recovery Coaches, peer groups, experienced peer group leaders, and case management specialists

	● Need for recovery support services that includes housing counseling, navigating the system, transportation, job training and placement ● Systems to coordinate care and promote referrals and seamless transitions between organizations ***Need for Social Supports to support sustained recovery*** ● Transportation, Transportation, Transportation ● Housing assistance programs ● Job training, coaching, job readiness support, Placement services ● Meditation and mindfulness programs ● Need for peer recovery coaches, recovery specialists, intensive case management ● Social groups that are not peer groups that bring people together who are going through similar things and allow for socialization and building connections ● Better more robust case management programs to support people in their recovery ***Housing Challenges*** ● Very limited access to low cost, safe affordable housing ● Need for innovative housing solutions that support those in recovery to get or maintain housing ● Need for short-term transitional housing ● Need for housing subsidies to help people get and maintain housing ● Alternatives to living in hotels that burn through your financial reserves and are really not sustainable ● LONG LONG LONG wait lists for low income housing slots, section 8, and housing vouchers ● Need for housing programs that link other recovery support and transportation services (Housing First model) ● Scale “Gavin Foundation” program in Quincy that provides financial subsidies for people looking for housing ● Need for Housing counselors

	Mental Health and SUD Stigma ● Lots of misunderstanding and Judgement and negative feelings about people with MH and SUD issues ● Hard to keep a job ● Hard to build connections in your community ● Lots of negativity and judgement ***Transportation*** ● Transportation was one of the leading issues talked about in the group. It was identified as a leading social factor but there was consensus that it needed to called out as a separate issue. ● Transportation is expensive, not accessible, and critical to recovery ● Most people are not able to drive, there licenses have been taken away and/or they can not afford a car. ● Public transportation has gotten better but it is nowhere near adequate. ● One of the participants runs a non-profit (founder and President) Transportation Program called Hue-Manatee Medical Liaison Transport that is a peer run transportation company that provides transportation services especially for addicts and those in recovery. Social program and transportation all at the same time.
Why do you think they **(things that make it hard to be healthy)** exist? - Why is this a challenge?	***See Above***
What are some examples of how these challenges impact someone's health?	“Have to tell the hospital EDs that you are going to kill yourself or hurt someone else in order to get the services you need” **“**Most people do not have a car or have lost their license and it is really hard to maintain recovery if you don’t have safe, reliable, convenient, flexible, low cost transportation

	"I lost my job, got kicked out of my living situation with my parents and ended up in a motel with a lot of others suffering from substance use. This made me eat through all of my savings, until I had no money and then ended up living in the woods for 3 months, until I was able to get access to a program. There needs to be more volume and more varied housing options for those with SUD." Many people reflected on the challenges of having an inflexibile, complicated, and "broken" transportation system for those who are trying to get too and from appointments and peer groups, much less for social activities and essentail errands. "PT1s" are unreliable and "finicky" you get approved one day and rejected the next.
<u>Section 3: Ideas and Priorities</u>	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?	● Need for multi-service, "one-stop-shop" service settings that provide the full range of mental Health, SUD and Recovery support services. ● Need for Recovery Coaches, peer groups, experienced peer group leaders, and case management specialists ● Need for recovery support services that includes housing counseling, navigating the system, transportation, job training and placement ● Need for innovative housing solutions that support those in recovery to get or maintain housing ● Need to address broader awareness, reduce stigma and promote a kinder more understanding perspective about those with SUD issues ● Need for housing subsidies to help people get and maintain housing ● Alternatives to living in hotels that burn through your financial reserves and are really not sustainable ● Social groups that are not peer groups that bring people together who are going through similar things and allow for socialization and building connections
Priorities: - What do you think should be the top 3 issues service providers	● Access to <u>well-coordinated</u>, <u>linked</u> treatment and recovery services ● More and a better spectrum of housing options to address transitions and recovery ● Transportation

should focus on to make your community healthier?	
Section 4: Final Remarks & Closing	
Are there other factors that influence your health that we have not discussed tonight that you feel are important?	To what extent do you feel issues of racisms and discrimination impact the community? Are there people who face inequities? Is there an awareness of the importance of equity and breaking down systems of white priveledge and systems that promote racial inequities? ● Mixed feelings in the group but most believed that the community was a kind community that was sensitive to issues of race and equity. "This is NOT to say that there are not a lot of racist people out there but the service providers and the those that part of the SUD / Mental Health Recovery world are not part of this group ● The one Black/African American in the group said that since he came to this community 5-10 years ago he has never felt discriminated against. He is not saying that there are not racist people in the region but his experience with his peers and with the programs he has been part of have been strong and free of overt racism. ● Lots of enthusiasm for the idea that those with SUD are discriminated against and the stigma exists. Treated like "dogs", don't understand that SUD is an illness,. Those with SUD are bad and don't want to be healthy"

AJH Focus Group Summary: Pettengill House

Health	

What does being healthy mean to you?
• What does it look like?
• What does it feel like?
	- being nice, kind
	- getting proper attention from medical providers
	- getting regular check-ups
	- healthy relationships with family and friends
	- striving towards a healthy lifestyle
	- good habits
	- having patience
	- mindfulness
	- good hygiene
	- mental awareness
	  - being able to think about life beyond the day to day
	- spirituality (like meditation)
	- good eating, nutrition
	- exercise
	- mental health
	  - available services and medication
	- self-care
	- being well-rested
	- active
	  - mentally
	  - engaging with the world

Healthy Factors	
What are some of the things that help you stay healthy? • Are there things in your community that help you stay healthy?	● open space ● nature, parks ● food pantries ● local social services ● support systems guidance (like from local social services) ● fun events and activities ● satellite medical services ○ similar to how people get vaccines (flu and covid) ● zoom virtual meetings

Are the things that help you stay healthy available to everyone or just a few groups of people?	***N/A***
Of the things that you've named as helping to keep you healthy, which would you like to see more of?	***N/A***
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?	Top Factors 1. Lack of care coordination 2. Navigating the complex healthcare system 3. Insurance coverage
<u>Unhealthy Factors</u>	
What are some of the things that make it hard for you to be healthy?	● stress ● lack of transportation ● availability of medical appointments (especially specialty appointments) ○ there is no sense of urgency from the healthcare system ● not being heard by the healthcare system ● insurance coverage ● confusing healthcare system ● lack of psychological services ● lack of connection with service providers ● lack of care coordination ● navigating the healthcare system ● stigma
Do these things (that make it hard for you to be healthy) affect everyone or just a few groups of people?	***N/A***
Why do you think the things that make it hard for you to be healthy exist?	***N/A***

Section 3: Ideas and Priorities	

Thinking about all that we have talked about, what ideas do you have for ways that hospitals can work with other groups to help make your community healthier?	1. a website with a list of local resources
	2. increase in social workers and social services
	3. more privacy within the healthcare system, no more categorization
	  a. example: "I don't want to always be known as a recovering addict but I know that's how doctors view me."
	4. more focused treatment in ER for individuals experiencing SUD, overdose
	  a. faster treatment
	  b. a department or section within the ER with providers focused on helping people come down from their high in a way that makes it easier to then seek help, instead of being left alone in a hospital room or in the hallway for hours at a time
	  c. mental health providers available so that people can be treated holistically
	5. Welcoming detox centers
	6. Different approaches to care
	7. PT1 (transportation program) should be run like a taxi service
	8. more social workers
	9. more care coordination services
	10. more community engagement activities
	11. mentorship programs
	12. more funding for individuals to become recovery coaches
	13. free narcan and training available to community members

What do you think should be the top 3 issues that health service providers should focus on to make your community healthier?	1. Lack of care coordination 2. Insurance coverage 3. Navigating the healthcare system
Section 4: Final Remarks & Closing	
Are there any other ideas you wanted to share before we leave today?	No

AJH Focus Group Summary: Youth in Amesbury/LGBTQ Youth

Date: 12/16/21	Start Time:2:45pm	End time:4:00pm
Group Name and Location: Amesbury High School – Student Focus Group		

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	● Sports, clubs, honor society (community connections) keep healthy mentally, physically, and emotionally. ● Supporting arts programs and giving kids outlets. ● Groups like PACT where we can connect with leaders in our community and have young people connect with those people in power. Give students an opportunity to feel heard. ● Healthy good ● Exercise ● Health services, including MH supports
Unhealthy: What are some of the things that make it hard for you to be healthy?	● Mental health is most important: it would be nice to have more resources for the community. Giving more specific groups for communities (LGBTQIA+). ● Hate and discrimination around LGBTQIA+ groups/issues. ● Lack of diversity and sometimes lack of learning and leadership from people of color: issues of equity, privilege, awareness. ● Social Media has a role in spreading hate or cyber bullying. Not internalize the things we see on social media (beauty standards, body-image, gender norms, LGBTQ issues). How we use social media and remembering it impacts forever. ● Too much pressure balancing school, jobs. They want us to grow up too fast. Expectations to act as adults but still be seen as children. Stress. ● Lack of focus on social health -- people who struggle with balancing mental, physical and social health. (Not being able to make friends, have opportunities) ● Homework: balancing priorities because of the amount of work, difficulty with sleep, staying up late, contributing to mental health and anxiety. Can't sleep if homework isn't done.

	● Need for students to learn time management to learn to get things done. Life balance.
	● Physical Health: very high demand for sports which can take a big toll on the body then are physically and mentally exhausted doing work.
	● Prioritize school and homework over physical health because of pressures.
	● Substance abuse - self medicating their feelings of stress and not getting the appropriate help for their stress.
	  ○ Major issues that people try to hide but nobody wants to talk about it or admit to it. Fear around it and treated like crime instead of a health issue. We are educated about the dangers but not how to respond to people who are struggling.
	  ○ Turning away from a punitive approach - helping people see other ways and opportunities.

Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)* Let's talk more deeply about these concepts.	Top Factors 1. Mental Health 2. Life Balance 3. Equity and Racism
<u>Section 2: Exploring Key Factors</u> *In this section, ask participants to go more in depth about the factors they brought up in the previous section.*	
Are these **(things that keep you healthy)** available to everyone or just a few groups of people?	• Clear sense that some groups were much more affected by these issues than others, particularly those experience material poverty, blacks/African Americans, and Asians across the spectrum (e.g., Korean, Chinese, people from India, etc.)

	• A great deal of discussion regarding cultural stereotypes and racism and the trauma, injustice, and harm that can occur by reinforcing or "buying-in" to these stereotypes and racist ideas.
Why do you think they **(things that make it hard to be healthy)** exist? - Why is this a challenge?	• ***See above and below***
What are some examples of how these challenges impact someone's health?	• ***See above and below***
<u>Section 3: Ideas and Priorities</u>	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?	**<u>Mental Health and Life Balance</u>** • Issus are mostly related to pressures of school - balancing and it becomes a cycle that builds on itself and grows. Academic Pressure, anxiety, stress feels of being overwhelmed. o Personal Life stressors - feel like schools don't remember all of these stressors and that students are facing these in conjunction with academic stress o Feeling disconnected from teachers because they don't seem to understand the challenges of being a youth. Schools forget to give students time to do the things they enjoy. o Peer stress too • Increase in students struggling since the pandemic - more people are talking about it and getting help for it. Highlighted by pandemic. • We don't always see what's underneath - we see the happy face people put on. It can be a hidden problem. **What should the community do about it?** o Would like to see more community conversations where students have time to express their feelings/emotions and be heard. o Teaching time management skills-- for many students it's trial and error

	because we're not taught these things. o Knowing that you can use guidance to take a break/breather. Using a resource before in a crisis. Educate teachers and students to allow this more freely. o Destigmatizing asking for help: teachers not overreacting. Knowing it's okay to ask for help. Biggest issue with MH is bottling it up. o More programs outside of school so people know that they have someone to go to. o Having more regular meetings with guidance to check in so people don't go a long time without talking with a trusted adult. Letting students know there is someone who cares about them. o Help teachers understand that the things students do outside of school are important and are part of keeping us sane, healthy and productive. Too much homework can be really problematic. ▪ Different system with homework (assign Monday but not due Wednesday)... more flexibility with deadlines and options of due dates. ▪ More conversation around why you might not be getting homework and assignments done. • Identifying what is essential to learning - are we learning things we are going to use. Is the homework relevant? • Teachers work with other teachers to find more balance in assigning work. • Parents: different. Some are always checking in and others don't understand the stress levels. Fears of not wanting parents to worry. o Educating parents about overwhelm and understanding why students might need breaks from homework. **Equity** • Many adults grew up in a time LGBTQ wasn't accepted and in a racist world. They may not have that mindset but it might be harder for them to accept. More education for teachers and older generations. o More education around homophobia and racism - • Lacking diversity in the community and among educators. • Don't see a lot of LGBTQ issues being taught in the school system and current issues of racial justice/inequality. Stop focusing on history and start focusing on

	what is happening now.
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	● ***Mental Health*** ● ***Life Balance*** ● ***Equity and Racism***
<u>Section 4: Final Remarks & Closing</u>	
Are there other factors that influence your health that we have not discussed tonight that you feel are important?	

Community Listening Sessions

- Presentation from Facilitation Training for community partners
- Facilitation guide for listening sessions
- Priority vote results and notes from January 27, 2022 listening session
- Priority vote results and notes from February 10, 2022 listening session

John Snow Research and Training Institute, Inc.

Beth Israel Lahey Health

FACILITATION TRAINING

Best Practices on Inclusive Facilitation

October 07, 2021
Virtual Room

AGENDA

- What is facilitation?
- Inclusive facilitation
- Creating inclusive space
- Characteristics of a good facilitator
- Let's practice!

WHAT IS FACILITATION?

Facilitation is a dance, an artform.

INCLUSIVE FACILITATION

inclusive means including everyone

Provide space and identify ways participants can engage at the start of the meeting

Depending on the size of the group, ask participants to share their name, pronouns, and in one word describe how they're feeling today.

Dedicate time for personal reflection

Normalize silence. It’s okay if folks are quiet, don’t interpret as non-participation. Encourage people to take the time to reflect on the information presented to them.

Establish community agreements

Create common ground. This helps with addressing power dynamics that may be present in the space.

CREATING INCLUSIVE SPACE

move at the speed of trust

Identify ways to make people feel welcomed

We shouldn't assume everyone feels comfortable enabling their video. Make this an option as opposed to a request.

Design for different learning and processing styles

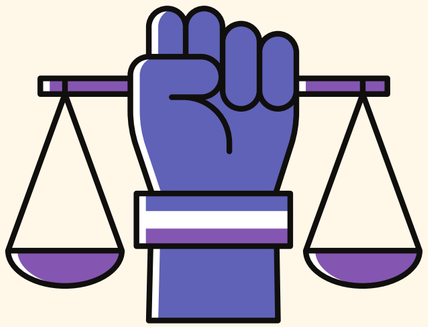
Support visual learners with a slideshow or other images. Real-time note-taking or tools that allow people to see how information is being processed and documented help each person stay engaged in the conversation.

Consider accessibility

Some folks may join through the dial in number, so consider walking through your agenda as if you were only on the phone. Consider language interpretation and closed captioning services.

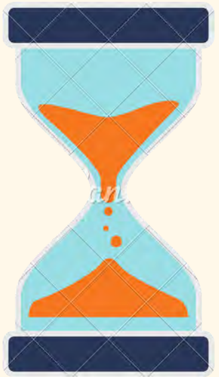
CHARACTERISTICS OF A GOOD FACILITATOR

Impartial



Active listener

Authentic



Patient

Enthusiastic

LET'S CONSIDER THE FOLLOWING

1

A participant seems to dominate the conversation.

2

A participant has a lot of experience in the topic but is too shy to share them in a group setting.

3

A participant is talking about something not related to the topic of discussion.

THANK YOU FOR YOUR PARTICIPATION!

Beth Israel Lahey Health

Feel free to send in any questions to **corina_pinto@jsi.com.**

BILH Community Listening Session: Breakout Discussion Guide

Session name, date, time: [Filled in by notetaker]
Community Facilitator: [Filled in by notetaker]
Notetaker: [Filled in by notetaker]

Mentimeter link:
Jamboard link:

Ground rules and introductions (5 minutes)

Facilitator: "Thank you for joining the Community Listening Session today. We will be in this small breakout group for approximately 45 minutes. Let's start with brief introductions and some ground rules for our time together. I will call on each of you. If you're comfortable, please share your name, your community, and one word to describe how you're feeling today. If you don't want to share, just say pass. I'll start. I'm ____ from ____ and today I'm feeling _____."
(Facilitator calls on each participant)

"Thanks for sharing. I'd like to start with some ground rules to be sure we get the most out of our discussion today:

- Make space and take space. We ask that you try to speak and listen in equal measure
- Be open to learning about experiences that don't match with your own
- What is said here stays here; what is learned here leaves here. [Notetaker's name] will be taking notes during our conversation today, but will not be marking down who says what. None of the information you share will be linked back to you specifically.

Are there other ground rules people would like to add for our discussion today?"

Question 1 (5 minutes)

Facilitator: What is your reaction to data and preliminary priorities we saw today?

- *Probe: Did anything from the presentation surprise you, or did this confirm what you already know?*
- *Probe: What stood out to you the most?*

Notes:

Question 2 (15 minutes)

Part 1: 10 minutes

Notetaker: *List preliminary priority areas from presentation in the Zoom chat.*

Facilitator: "We're going to move on to Question 2. Our notetaker has listed the preliminary priority areas from the presentation in our Zoom chat. Looking at this list – are there any priority areas that you think are missing?"

Notes on missing priority areas:

[After 5 minutes, the Meeting Host will pop into your Breakout Room to collect any additional priority areas.]

Part 2: 5 minutes

[Meeting host will send Broadcast message when it's time to move on to Part 2]

Facilitator: "We want to know what priority areas are most important to you. Right now, our notetaker is going to put a link into the Zoom chat. (Notetaker copies & pastes Mentimeter link: <<**https://www.menti.com/yqztahwt4c**>>. When you see that link, please click on it.

"Within this poll, we want you to choose the 4 priority areas that are most concerning to you. The order in which you choose is not important. We'll give you a few minutes to make your selections.

"If you're unable to access the poll, go ahead and put your top 4 priority areas into the chat, or you can say them out loud and we can cast your vote for you.

After a few minutes, the poll results will be screen shared to our group."

[Meeting Host will pop in to your room to ensure all votes have been cast. After confirmation, Meeting Host will broadcast poll results to all Breakout Groups]

Facilitator: "It looks like (A, B, C, D) are the top four priority areas for this session. Our Notetaker will type these into the Chat box so we can reference them during our next activity."

Question 3 (25 minutes)

Facilitator: "Next, we'd like to discuss how issues within these priority areas might be addressed. We know that no single entity can address all of these priorities, and that it usually takes many organizations and individuals working together. For each priority area we want to know about existing resources and assets – what's already working? – and gaps and barriers – what is most needed to be able to successfully address these issues."

Let's start with [Priority Area 1].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 2].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 3].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 4].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?"

Notetakers will be taking notes within Jamboard.

[Meeting Host will send a broadcast message when there are 2 minutes left in the Breakout Session]

Wrap Up (1 minute)

Facilitator: "I want to thank you all for sharing your experiences, perspectives, and knowledge. In a minute we're going to be moved back into the Main Zoom room to hear about some of the things discussed in the groups today, and to talk about the next steps in the Needs Assessment process. Is there anything else people would like to share before we're moved out of the breakout room?"

Notes:

ANNA JAQUES HOSPITAL COMMUNITY LISTENING SESSION

January 27, 2022 8:30-10:00 AM
February 10, 2022 4:00-5:30 PM

Beth Israel Lahey Health

Anna Jaques Hospital Community Listening Session

Acknowledgements

Anna Jaques Hospital Community Listening Session

Agenda

Time	Activity	Speaker/Facilitator
4:00-4:05	Opening remarks	JSI
4:05-4:15	Overview of assessment purpose, process, and guiding principles	Kelley Sullivan, Regional Manager of Community Benefits/Community Relations, Anna Jaques Hospital
4:15-4:25	Presentation of preliminary themes and data findings	JSI
4:25-5:25	Breakout Groups	Community Facilitators
5:25-5:30	Wrap up: Closing statements and next steps	Kelley Sullivan

Assessment Purpose and Process

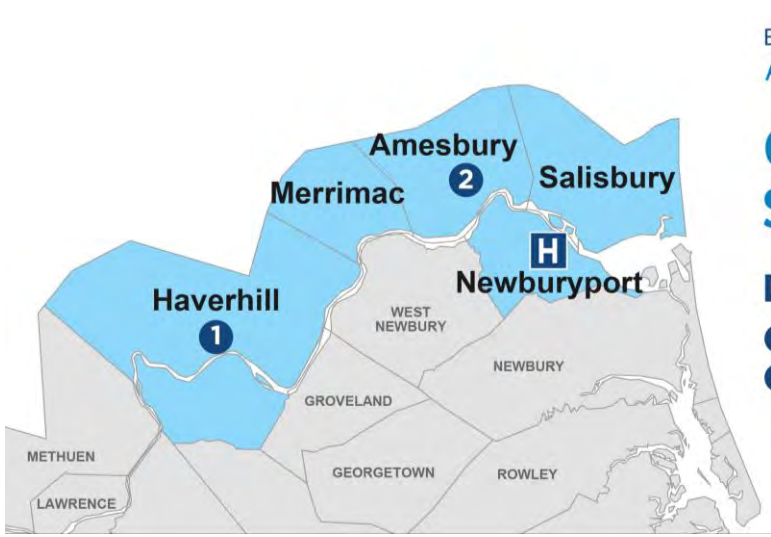
Assessment Purpose and Process

Purpose

Identify and prioritize the health-related and social needs of those living in the service area with an emphasis on diverse populations and those experiencing inequities.

- A **Community Health Needs Assessment (CHNA)** identifies key health needs and issues through data collection and analysis.
- An **Implementation Strategy** is a plan to address public health problems collaboratively with municipalities, organizations, and residents.

All non-profit hospitals are required to conduct a CHNA and develop an Implementation Strategy every 3 years



Beth Israel Lahey Health
Anna Jaques Hospital

Community Benefits Service Area

H Anna Jaques Hospital
1 Outpatient Services
2 Amesbury Health Center

Assessment Purpose and Process

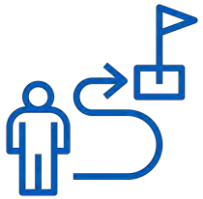
FY22 CHNA and Implementation Strategy Guiding Principles

Equity: Work toward the systemic, fair and just treatment of all people; engage cohorts most impacted by COVID-19

Collaboration: Leverage resources to achieve greater impact by working with community residents and organizations

Engagement: Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, communities most impacted by inequities, and others

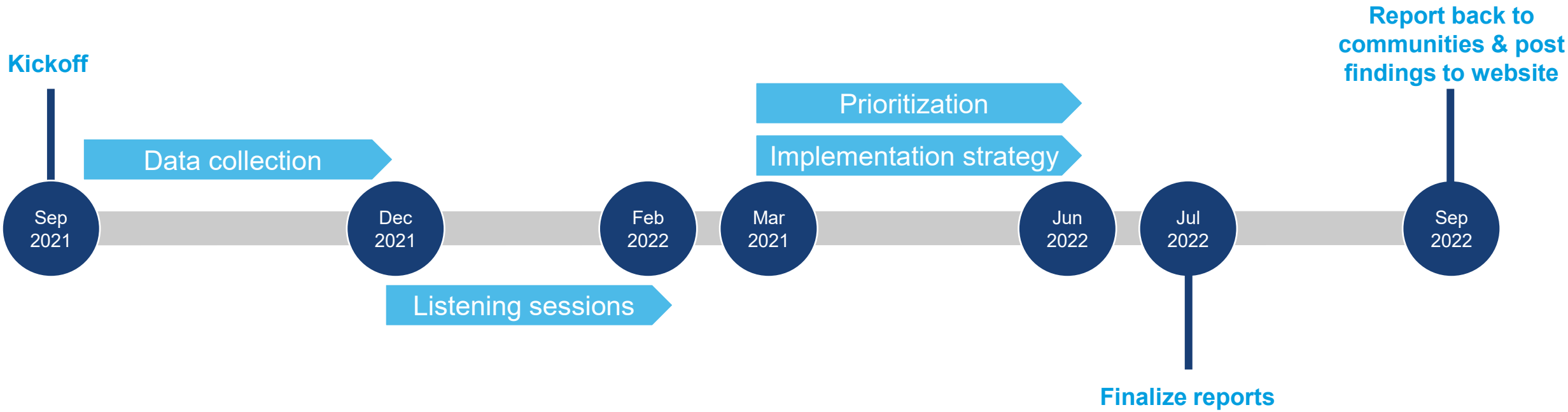
Capacity Building: Build community cohesion and capacity by co-leading Community Listening sessions and training community residents on facilitation



Intentionality: Be deliberate in our engagement and our request and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit

Assessment Purpose and Process

FY22 CHNA and Implementation Strategy Process

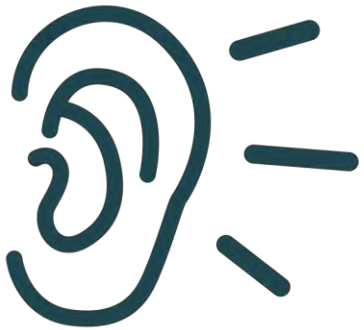


Assessment Purpose and Process

Meeting goals

Goals:

- Conduct listening sessions that are ***interactive, inclusive, participatory and reflective of the populations*** served by AJH
- Present data for prioritization
- Identify opportunities for ***community-driven/led solutions and collaboration***



We want to hear from you.
Please speak up, raise your hand, or use the chat when we get to Breakout Sessions

Key Themes & Data Findings

CHNA Progress
Activities to date

Collection of secondary data, e.g.:

- ✓ Massachusetts Department of Public Health
- ✓ Center for Health Information and Analytics (CHIA)
- ✓ County Health Rankings
- ✓ Behavioral Risk Factor Surveillance Survey
- ✓ Youth Risk Behavior Survey
- ✓ US Census Bureau

18 **Key Informant Interviews**

773 **BILH Community Health Survey Respondents**

3 **Focus Groups**

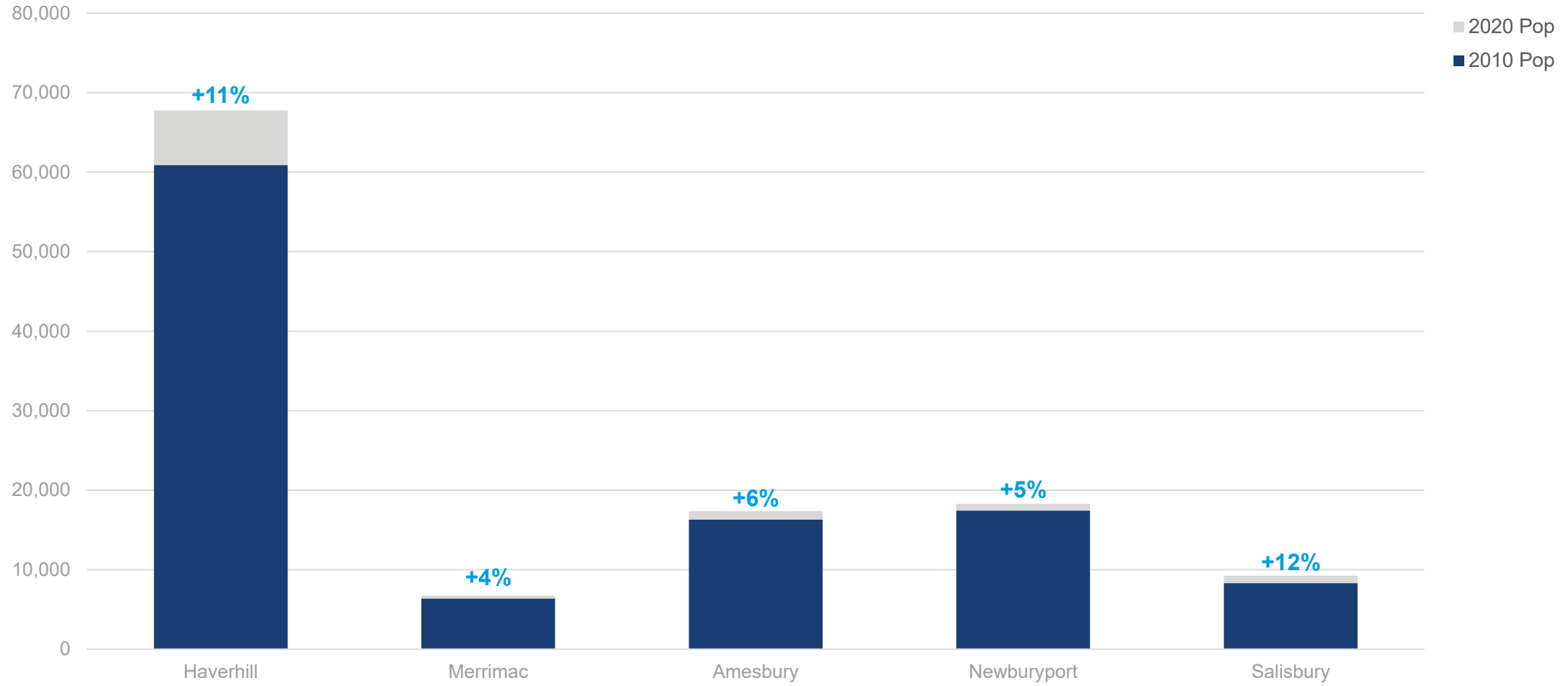
-LGBTQ Youth

-Link House

-Pettengill House

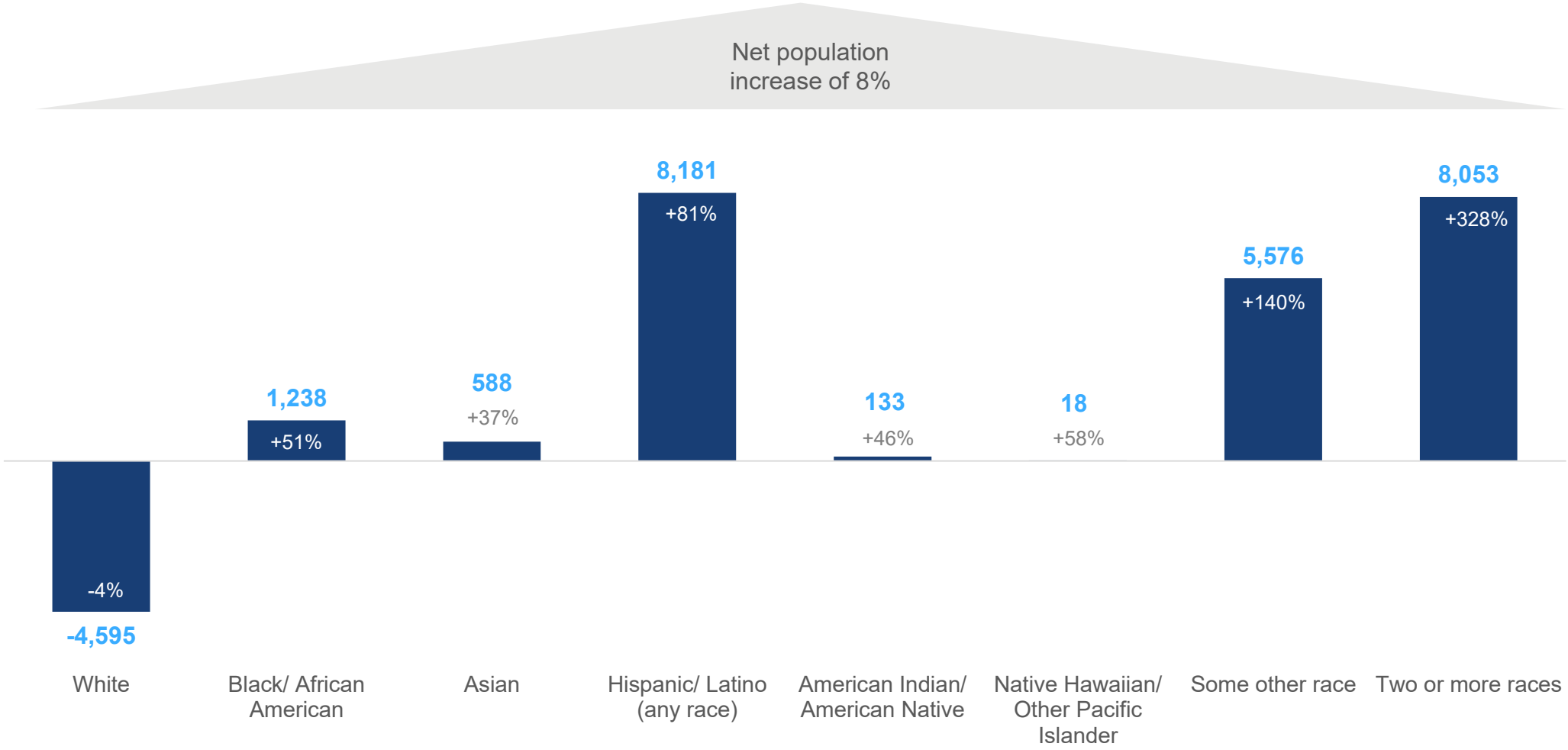
CHNA Progress

Population Change in Community Benefits Service Area 2010-2020



CHNA Progress

Race/Ethnicity Population Change in Community Benefits Service Area, 2010-2020

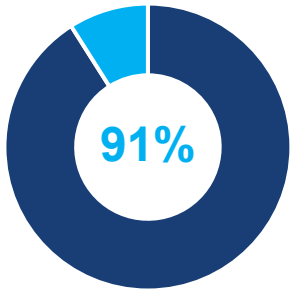


CHNA Progress
Service Area Strengths

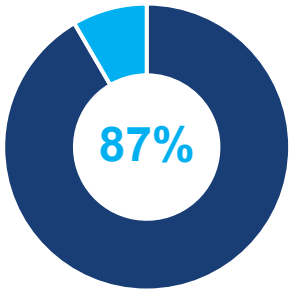
FROM INTERVIEWS & FOCUS GROUPS:

- Significant diversity between service area communities, in terms of income, race, ethnicity, education, language
- Engaged, civic-minded communities

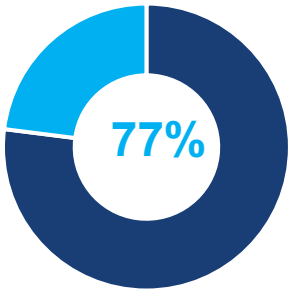
FROM AJH COMMUNITY HEALTH SURVEY:



said they were **satisfied with the quality of life** in their community



said the community has **good access to resources**



said the community is a **good place to grow old**

CHNA Progress
Key themes

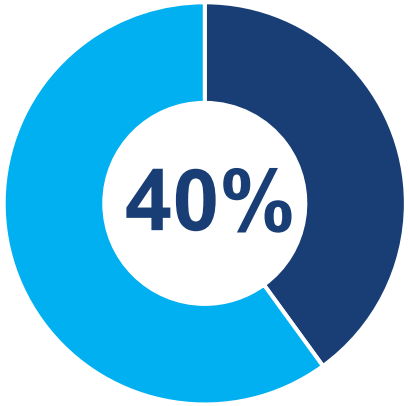
- Mental health
- Social determinants of health
- Access to care
- Substance use
- Diversity, equity, inclusion

CHNA Progress
Key Themes: Mental Health (Youth)

Significant prevalence of stress, anxiety, behavioral issues

- Exacerbated by Covid

Increase in behavioral health issues resulted in difficulties for educators and in-school providers/staff



40% of high school students in Newburyport report feeling stressed "fairly or very often"
(Student Life Attitudes and Behaviors Survey, 2019)

"The stress of the past 18 to 20 months… is becoming more evident, not only with our students but with their families and with our staff."

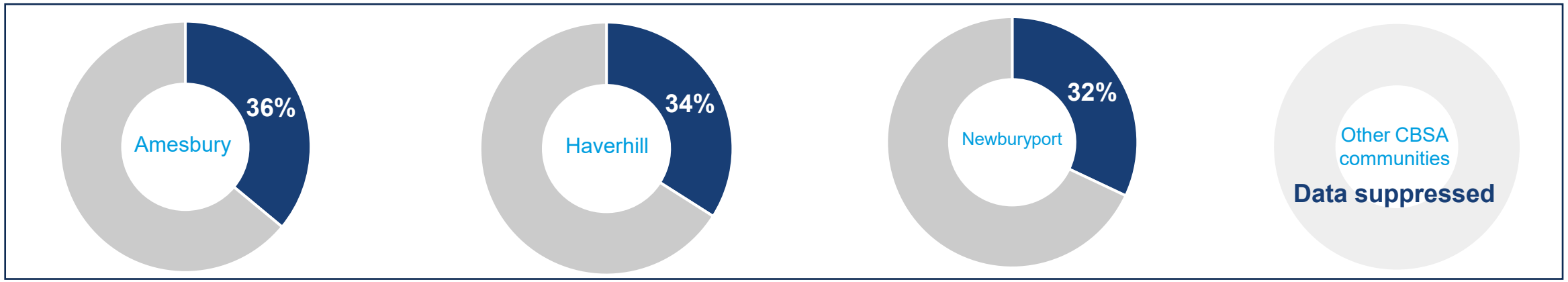
– Key informant

CHNA Progress
Key Themes: Mental Health (Adult)

Mental health issues exacerbated by COVID – anxiety, stress, depression, isolation

11% of AJH Community Health Survey respondents reported that, within the past year, they needed mental health care but were not able to access it. Many cited lack of providers taking new patients, long wait times, and lack of insurance coverage as barriers

Percentage* with 15 or more poor mental health days in the past month (Fall 2020)



**Unweighted percentages displayed*

Data source: COVID-19 Community Impact Survey, MDPH

CHNA Progress
Key Themes: Social Determinants of Health

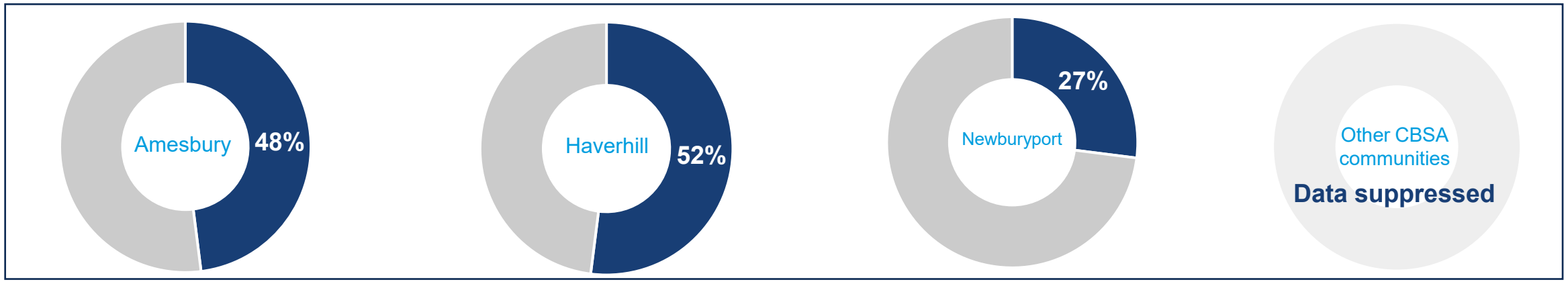
Primary concerns:

- Lack of affordable housing
- Economic insecurity/high cost of living
- Transportation
- Food insecurity
- Built environment (sidewalks, roads)

When asked what they'd like to improve in their community, **53%** of AJH Community Health Survey respondents reported

"more affordable housing"
(#1 response)

Percentage* worried about paying for one or more type of expense/bills in the coming weeks (Fall 2020)



**Unweighted percentages displayed*

Data source: COVID-19 Community Impact Survey, MDPH

CHNA Progress
Key Themes: Access to Care

Difficulty accessing care because of long wait times, lack of providers, cost/insurance barriers

- Primary care & screenings
- Behavioral health care
- Dental care
- Specialties

Difficulties navigating and understanding healthcare system and insurance

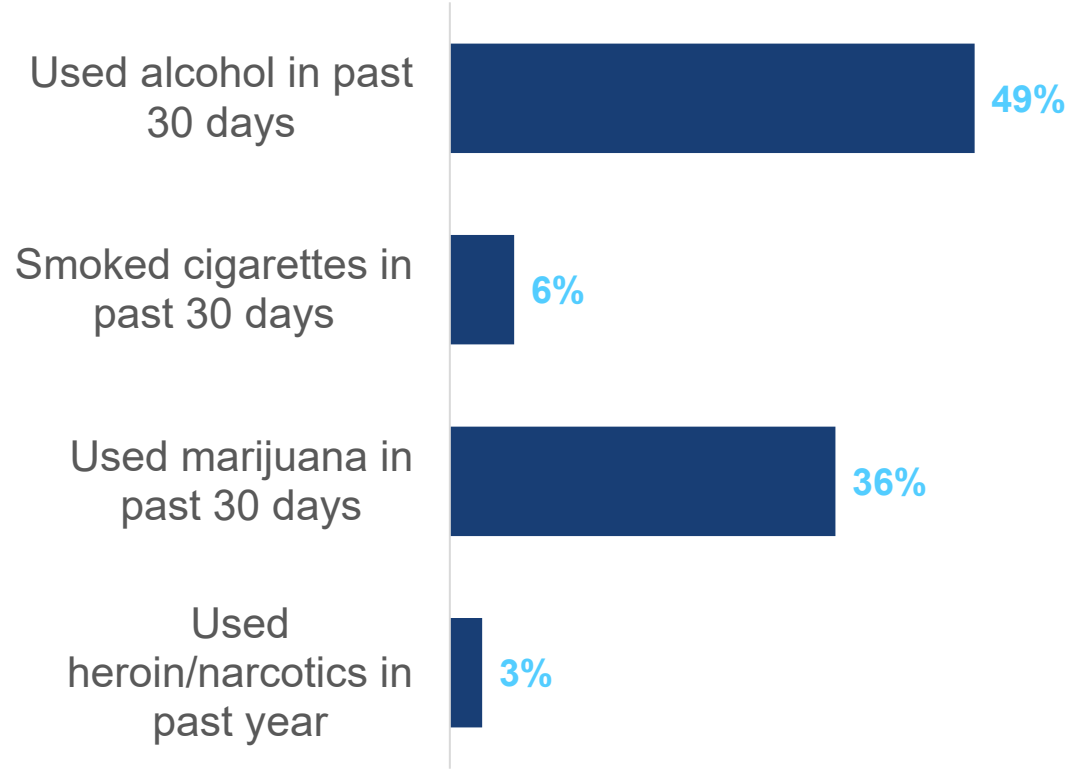
"As a provider myself, I am shocked at the lack of access in our community to primary care and mental health services, let alone to specialists. It took me 5 weeks of calling and leaving voicemails to my PCP before I was able to get an appointment… I have been working in emergency medicine for 15 years and have never seen such a critical lack of resources - beds, ambulances, tertiary care ability to accept critical transfers, lack of pediatric services, and most of all disgraceful lack of mental health resources."

– AJH Community Health Survey respondent

CHNA Progress
Key Themes: Substance Use

- Lack of substance use treatment services in the region, for adults and for youth
- Lack of transitional and long-term residential services for those coming out of detox and treatment
- Lack of supportive social services (transportation, job training/readiness, safe social opportunities)
- Need for more recovery coaches, peer groups, and case managers

Substance Use Among Newburyport 12th graders

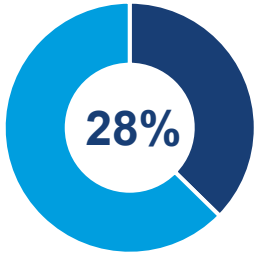


Student Life Attitudes and Behaviors Survey, 2019

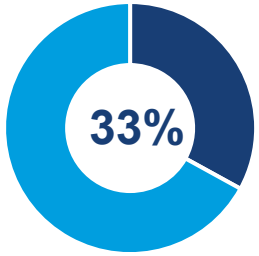
CHNA Progress
Key Themes: Diversity, Equity, and Inclusion

- Despite increasing diversity in service area, there is a lack of representation among health care providers
- Need housing supports and social services that reflect the economic diversity in the community
- **27%** of BILH Community Health Survey respondents felt their community could be improved by being more inclusive of diverse members

AMONG AJH COMMUNITY HEALTH SURVEY RESPONDENTS:



28% agreed that the built, economic, and educational environments in the community are impacted by systemic racism



33% agreed that the community is impacted by individual racism

Breakout Sessions

Reconvene

Wrap-up
Anna Jaques Hospital Community Benefits

Kelley Sullivan
Manager, Community Benefits & Community Relations
Anna Jaques Hospital
978-463-1475
ksullivan@ajh.org

Community Health & Community Benefits Information on website:
https://www.ajh.org/community/outreach-and-involvement

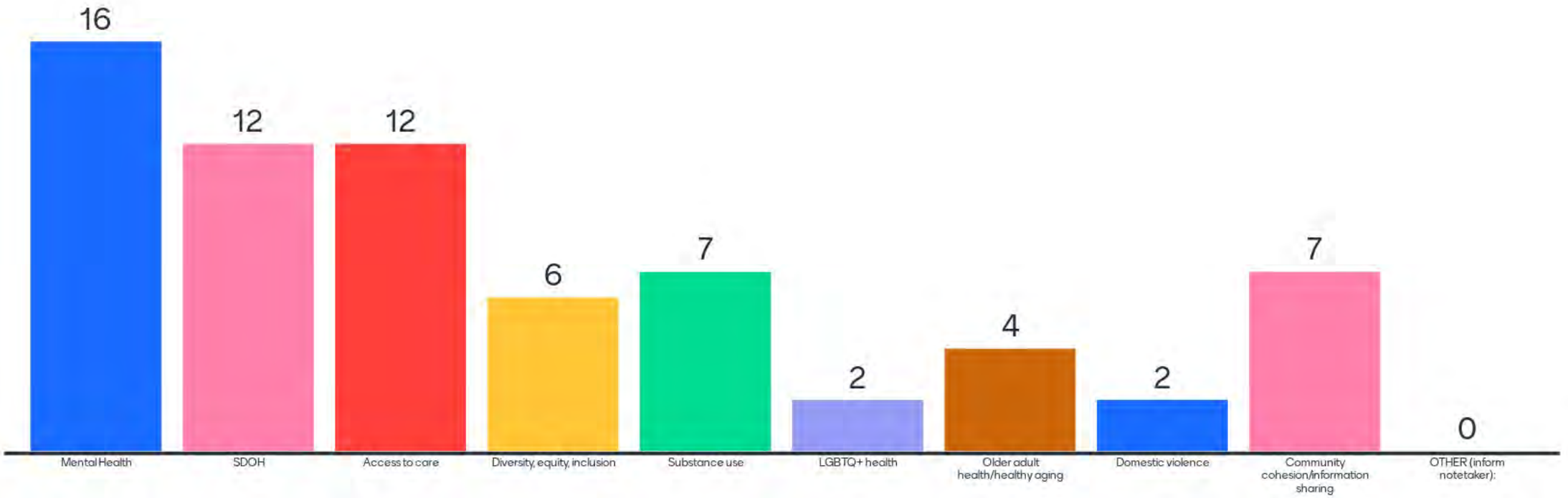
Community Benefits Annual Meeting in June (More info TBD)

Thank you!

Choose your top 4 priority areas.

Mentimeter

Priority vote results from January 27, 2022 Listening Session



Notes from January 27, 2022 session

Priority Area 1: Mental health

Resources/Assets

- Newburyport Community Taskforce
- Leahey Health has great crisis team, but aftercare is still a need.
- Council on Aging
- Schools have increased number of counselors and strengthened linkages to other providers.
- Link House- outpatient mental health services for adults & youth, services for individuals with MassHealth, counseling, med management, support groups
- Collaboration with Home for Little Wanderers to provide mental health services in-house
- More online therapies available, Mass Health needs to continue to fund
- Moving Forward Counseling, Inc.
- Private practitioners for those with insurance or financial means
- Elder and aging mental health team providing in home counseling for seniors
- Free and expanded domestic violence services

Gaps/Barriers

- Dearth of resources +1
- Need to train up more providers
- Lots of stigma, so need to incorporate MH services into other programs, so a little more discrete
- Lack of access for individuals with MassHealth
- Long wait-times +1
- Need more diversity among clinicians (culture, race, ethnicity, gender) +1
- Inequity in terms of language access
- Most therapists are private pay, don't take Mass Health
- Maintenance of services
- Hospital overwhelmed during COVID. Very limited ability to respond
- Lots of providers but limited capacity, shortages of services, case loads are full as soon as they start
- Need for warm handoffs and supported transitions from one level of care to the next

Priority Area 2: Social Determinants of Health

Resources/Assets

Our Neighbors Table is a SNAP outreach partner.

WIC federal waivers; able to use them online.

Lots of resources in seacoast area to support housing. Pettingill, Community Action, etc.

Agencies doing wrap around services

Development of affordable housing though limited to Haverhill

School systems (Salisbury Elementary) adapting to support families experiencing homelessness

Free bus coming on line soon

Need for greater education and awareness about existing resources, particularly PTI and how to access these services

Gaps/Barriers

Family Tax Credits for children lifted so many children out of poverty, but went away.

There are some resources, but programs are not robust enough.

Transportation is a huge problem, especially for those with disabilities, people trying to get to food stores +3

Lack of affordable housing will be a long term issue in our communities

Amount of paperwork needed is a barrier. E.g., every 6 months, you have to renew your voucher, and doing that means taking a day off work.

Housing an absolute crisis - so many people doubling up, coach surfing, and accessing shelter periodically - huge problem for those who are chronically homeless and unstably housed

Lack of Housing capacity, great counseling to support navigation but very few actual options.

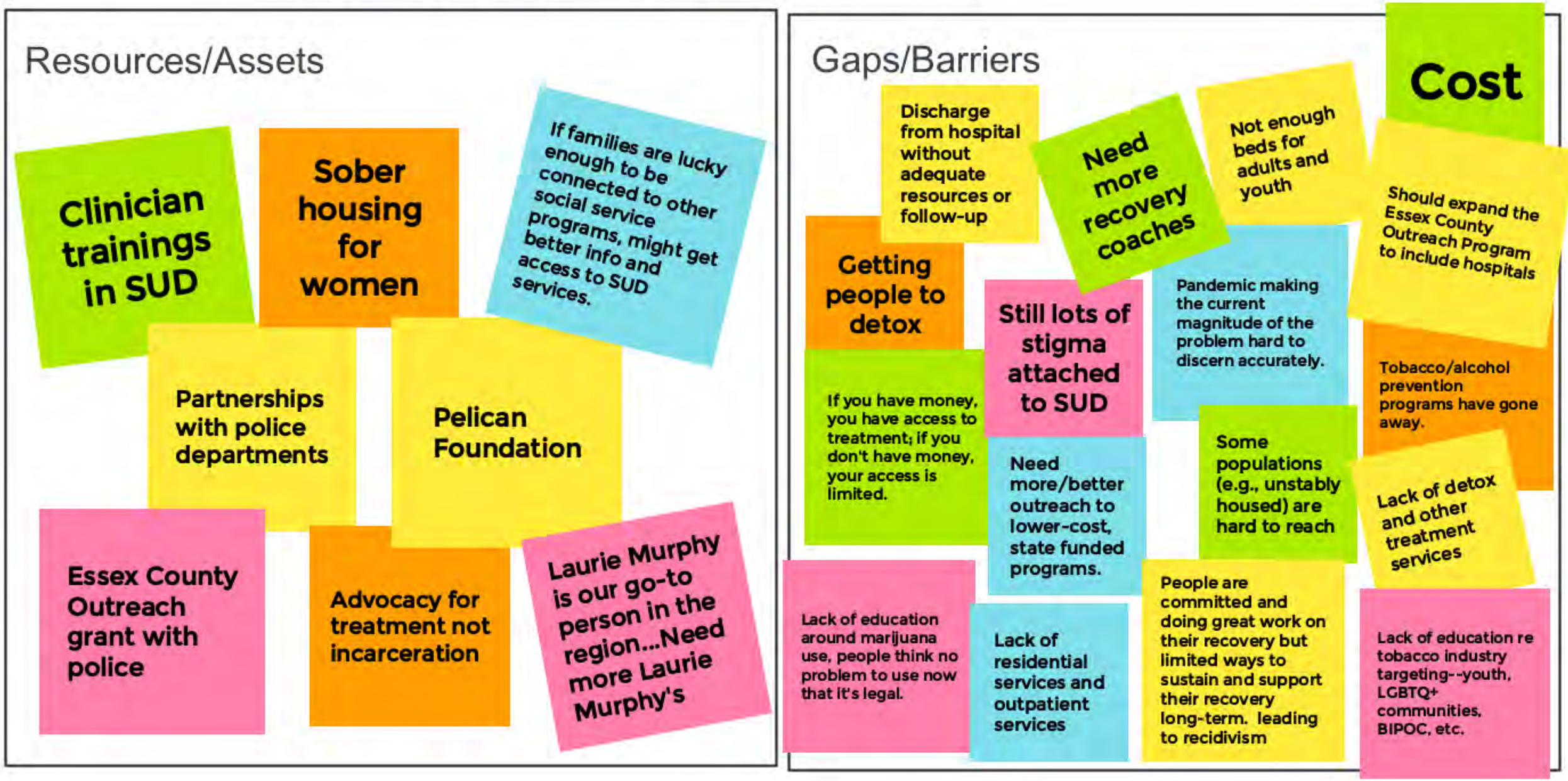
Shelters capacity is limited and hard to get to for many people

Priority Area 3: Access to Care

Resources/Assets

Gaps/Barriers

Priority Area 4: Substance Use



Priority Area 5: Community Cohesion, Information Sharing

Resources/Assets

Great Collaboration in Area - Newburyport and Amesbury heatlh care coalitions

Zoom has been a great asset with respect to attending the coalition meetings

Emmaus

Senior Centers at a huge asset for communication and information sharing, particularly related to elder health

Pennies for Poverty

St. Vincent's does amazing work in this community. Unsung hero, provide case management and financial support

Pettengil House

Moving Forward Counseling, Inc. - Counseling in Newburyport

Many groups coming together - often the same groups

Meetings in certain communities are great, but DPH lead on this went on to a different job.

Salvation Army

Amesbury Providers Meeting

Gaps/Barriers

Sheer volume of work makes it hard to share effectively or reach people, so busy , case loads are huge

Need specific and targeted collaboration with AJH and BILH

Bring back and further support the CHNAs - Community Health Network Areas

Can there be quarterly or annual meetings to update the CHNA and Report on strategies

In greater area, communities have such differences that it is challenging to do coalition efforts.

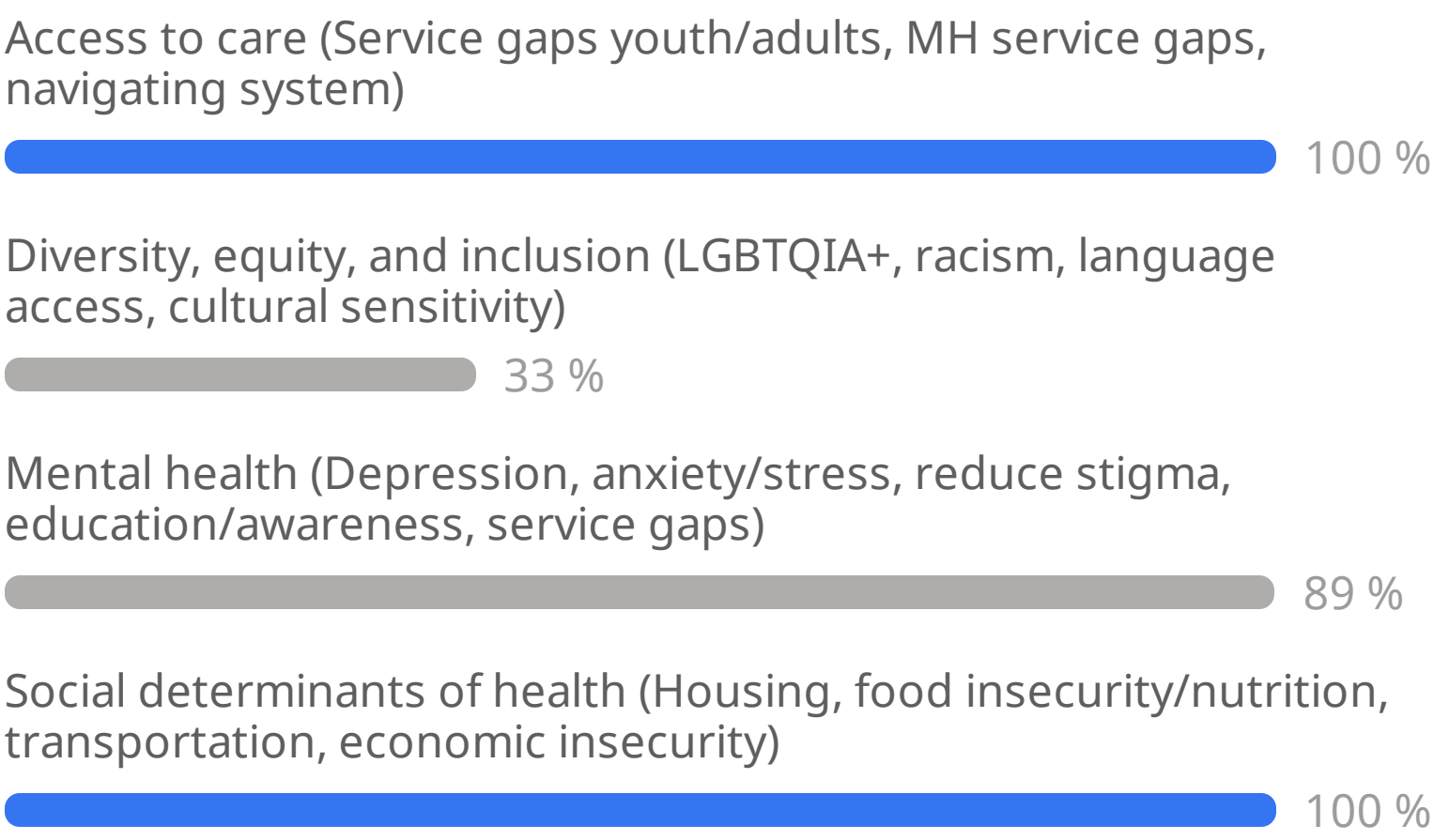
Need to communicate and collaborate in a way that is inclusive - very white centered

Results from February 10, 2022 Listening Session

(AJH 2/10) What are the 4 priority areas that are most important to you.

0 0 9

(1/2)



(AJH 2/10) What are the 4 priority areas that are most important to you.

0 0 9

(2/2)

Substance use (opioids, alcohol, marijuana, service gaps)

56 %

Chronic disease and Risk Factors (Cancer, diabetes, nutrition/fitness)

33 %

Notes from February 10, 2022 session

Priority Area 1: Access to Care

Resources/Assets

One positive note re transportation: Upcoming MBTA will be offering free transportation (shuttle buses) soon as well.

Convenient MD - pop ups. Take some of the burden from hospital ERs for routine things. But very expensive.

Gaps/Barriers

Services are cost prohibitive, insurance doesn't pay for it very well.

Was impossible to get a COVID test from hospitals; couldn't pivot from the "big care" they normally gave.

if child has appt, adult needs to bring them to care

lack of MH resources

not a lot of services accept mass health

There aren't enough providers, and if you find someone, they have no spaces. Has given rise to tele-sessions. Even before pandemic, there was already a shortage of physicians.

had to wait 6 months for a black therapist

transportation

technology to access virtual health is not accessable to all

confusing systems and navigating systems

Cities need to join together to collaborate to address housing, healthcare and other issues

most people don't have cars and mass transportation is inadequate

need school health care

people who don't have insurance or are underinsured

disabled and seniors cannot get served on medicare

adopted children on mass health have to go out of town for services

towns do not have specialty therapists for BIPOC or LGBTQ community members

Priority Area 2: Social Determinants of Health

Resources/Assets

- Affordable Housing Trust in Newburyport
- Newburyport not siloed in response to youth/care/housing efforts
- Growing Humanitarians offers resources
- Emmeus House (Haverhill)
- good resources for food insecurity
- Hospital can help Healthy Food Network get better pricing.
- some food pantries deliver to other towns
- Our Neighbors Table (food insecurity)

Gaps/Barriers

- Not enough low-income housing.
- there is a leadership issue with housing
- there is a long history of racism around housing access
- Rents too expensive and people don't know where to go
- Need DEEPLY affordable housing as well as for those that are employed - can't find housing in Newburyport
- Developing more resources for people to navigate housing search can be improved
- Landlords discriminate against Section 8 housing
- language barriers are sometimes a problem
- There are 10K people in region who are food insecure, and we serve only half. We need help finding them. And the stigma needs to be overcome
- People don't know what's out there; and they believe that they are not qualified.
- While we have a transportation system, can take an hour to get from A to B. There is not enough of it, and it's not helpful enough.

Priority Area 3: Mental Health

Resources/Assets

Schools are doing a better job of helping.

HS doing more with allowing students to express anxiety, sadness, etc.

Went to PT the other day, and asked me about sadness etc., so that is getting better.

Boys and Girls Club, etc., are resources to combat teen isolation.

Chambers of Commerce are doing more to help with feelings experienced with business closures.

Newburyport youth services is available

Councils on Aging. If you have concerns about a senior, they can check on them.

Gaps/Barriers

World has become so complex; how can one figure it all out between care, insurance, hospitals, etc.?

managed care system is fragmented

Stigma getting better, but still there. May be gender differences.

Different providers only accept certain insurances; have to meet a high co-pay.

wait lists are a barrier

need to biuld coping into school curriculum

social workers are also needing to go for private pay clients because insurance is a barrier

not enough access to MH care across all levels of care, inpatient and outpatient

their is an absence of a place for kids to go especially those who are not mainstream

stress in schools due to MH issues and staffing constraints

good therapists go for private pay because insurance does not reimburse well and is problematic

people choose to pay out of pocket for MH serivces but then cannot pay bills

ratio of 1 or 2 counselors for 150 students is unworkable

need to build assets for youth

seniors have suffered immensely

seniors are lonely and isolated

Priority Area 4: Substance Use

Resources/Assets

- Services like Pettengil, pelican intervention fund etc resources are available
- Sally's Place (Amesbury)
- Narcotics Anonymous
- Link House is opening a new program maybe in Saulsibury
- Adult outpatient in LInk house is available and are opening an adolescents outpatient program desperately needed
- Link House, Baldpate, True North (AJH)

Gaps/Barriers

- Emergency SU services are especially scarce
- long term care is unavaialble
- Other SDOH including transportation are barriers to getting people what they need
- local recovery houses are unavailable
- Opioid crisis is life threatening
- Housing options are limited.

- insurance is a barrier for treatment
- seeing all levels of care need more services , detox, step down programs etc.
- Haverhill has fewer resources than other communities.

Priority Area 5: Diversity, Equity, Inclusion

Resources/Assets

HRC and Afhgan response is in place

Lack of acceptance of difference in Newburyport

Gaps/Barriers

DEI for Newburyport - will take a while to get concrete about plans

there is a long history of racism around housing access

Encountered racism around finding a family housing despite a family having financial support

Appendix B:
Data Book

Secondary Data

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
Demographics								
Population								US Census Bureau, American Community Survey 2016-2020
Total Population	6,873,003	787,038	17,474	63,783	6,926	18,197	9,465	
Female	51.5%	48.2%	49.2%	48.4%	50.4%	44.8%	51.0%	
Male	48.5%	51.8%	50.8%	51.6%	49.6%	55.2%	49.0%	
Age Distribution								US Census Bureau, American Community Survey 2016-2020
Under 5 years (%)	5.2%	5.6%	3.7%	5.0%	5.7%	4.1%	4.5%	
5 to 9 years	5.3%	5.5%	4.2%	6.0%	4.8%	6.4%	2.9%	
10 to 14 years	5.7%	6.3%	6.7%	6.8%	4.1%	9.1%	5.3%	
15 to 19 years	6.6%	6.5%	7.0%	6.4%	7.8%	4.5%	5.5%	
20 to 24 years	7.1%	6.5%	5.1%	6.5%	5.0%	3.6%	6.7%	
25 to 34 years	14.3%	12.4%	11.9%	14.5%	8.0%	8.6%	11.9%	
35 to 44 years	12.2%	12.0%	12.1%	12.5%	8.3%	12.8%	10.9%	
45 to 54 years	13.3%	13.8%	17.4%	13.3%	17.4%	12.6%	14.6%	
55 to 59 years	7.1%	7.7%	8.1%	8.1%	9.2%	8.2%	9.4%	
60 to 64 years	6.5%	6.6%	7.1%	6.5%	5.7%	9.5%	7.0%	
65 to 74 years	9.5%	9.8%	10.1%	8.7%	12.5%	12.2%	13.1%	
75 to 84 years	4.6%	4.6%	4.6%	3.7%	9.1%	5.2%	5.0%	
85 years and over	2.4%	2.7%	2.1%	2.1%	2.2%	3.2%	3.3%	
Under 18 years of age	19.8%	21.3%	19.2%	21.9%	19.1%	22.2%	15.3%	
Over 65 years of age	16.5%	17.1%	16.8%	14.5%	23.8%	20.5%	21.3%	
Race/Ethnicity								US Census Bureau, American Community Survey 2016-2020
White alone (%)	76.6%	78.2%	93.4%	77.9%	96.5%	94.3%	94.1%	
Black or African American alone (%)	7.5%	4.3%	0.4%	3.2%	0.0%	1.3%	0.6%	
Asian alone (%)	6.8%	3.4%	1.1%	1.3%	1.2%	1.7%	1.8%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	
American Indian and Alaska Native (%) alone	0.2%	0.2%	0.3%	0.1%	0.0%	0.0%	0.1%	

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
Some Other Race alone (%)	4.2%	9.1%	0.8%	10.4%	1.0%	0.2%	1.5%	
Two or More Races (%)	4.8%	4.7%	4.2%	7.1%	1.3%	2.4%	1.8%	
Hispanic or Latino of Any Race (%)	12.0%	21.4%	2.6%	23.2%	2.3%	2.7%	5.1%	
Race/Ethnicity of Students in Public Schools								School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2020-2021, B05006
African American (%)	9.3		2.2	5.3	No data	0.9	No data	
Asian (%)	7.2		1.2	1.8	No data	1.9	No data	
Hispanic (%)	22.3		9.9	40.1	No data	4.1	No data	
White (%)	56.7		82.3	50.3	No data	90.7	No data	
Native American (%)	0.2		0.2	0.2	No data	No data	No data	
Native Hawaiian, Pacific Islander (%)	0.1		0.1	0.1	No data	No data	No data	
Multi-Race, Non-Hispanic (%)	4.10		4.2	2.1	No data	2.4	No data	
Foreign-born	17.0%	17.5%	5.7%	11.6%	3.2%	7.4%	4.8%	US Census Bureau, American Community Survey 2016-2020
Naturalized U.S. Citizen	54.2%	56.6%	56.9%	55.5%	94.7%	50.4%	73.1%	
Not a U.S. Citizen	45.8%	43.4%	43.1%	44.5%	5.3%	49.6%	26.9%	
Region of birth: Europe	20.0%	15.0%	24.5%	10.8%	52.0%	40.6%	32.2%	
Region of birth: Asia	31.1%	16.0%	29.6%	11.1%	21.3%	18.1%	42.2%	
Region of birth: Africa	9.3%	5.3%	4.2%	2.3%	0.0%	1.2%	0.0%	
Region of birth: Oceania	0.3%	0.3%	0.0%	0.0%	0.0%	1.3%	0.0%	
Region of birth: Latin America	36.7%	61.2%	16.9%	73.0%	19.6%	29.6%	23.6%	
Region of birth: Northern America	2.5%	2.2%	24.7%	2.8%	7.1%	9.2%	2.0%	
Language								US Census Bureau, American Community Survey 2016-2020
English only	76.1%	73.30%	94.90%	77.30%	95.20%	93.60%	93.30%	
Language other than English	23.9%	26.70%	5.10%	22.70%	4.80%	6.40%	6.70%	
Speak English less than "very well"	9.2%	11.20%	1.50%	6.70%	0.90%	1.70%	1.30%	
Spanish	9.1%	17.70%	2.30%	17.70%	0.80%	1.10%	1.50%	
Speak English less than "very well"	3.8%	8.00%	1.00%	5.10%	0.30%	0.20%	0.10%	
Other Indo-European languages	9.0%	5.90%	2.30%	3.70%	3.50%	5.10%	3.60%	
Speak English less than "very well"	3.0%	2.00%	0.10%	1.20%	0.70%	1.40%	1.10%	
Asian and Pacific Islander languages	4.4%	2.10%	0.40%	0.90%	0.50%	0.20%	1.40%	
Speak English less than "very well"	2.0%	0.90%	0.30%	0.30%	0.00%	0.00%	0.20%	
Other languages	1.4%	1.10%	0.10%	0.40%	0.00%	0.00%	0.30%	

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
Speak English less than "very well"	0.4%	0.30%	0.00%	0.10%	0.00%	0.00%	0.00%	
Percent of public school student population that are English language learners (%)	10.5		2.1	9.6	0.4 (inclusive of Groveland Merrimac, West Newbury)	2.2	1.1 (inclusive of Newbury, Rowley, Salisbury)	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)
Employment								US Census Bureau, American Community Survey 2016-2020
Unemployment rate	5.1%	5.2%	4.1%	5.1%	0.8%	5.5%	5.5%	
Unemployment rate by race/ethnicity								
White alone	4.5%	4.4%	3.4%	4.0%	0.5%	5.1%	5.7%	
Black or African American alone	8.3%	5.4%	0.0%	4.6%	-	0.0%	18.4%	
American Indian and Alaska Native alone	10.7%	21.3%	0.0%	0.0%	-	-	-	
Asian alone	4.2%	3.0%	0.0%	10.3%	16.9%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	5.4%	0.0%	-	0.0%	-	-	0.0%	
Some other race alone	8.3%	9.0%	0.0%	9.3%	0.0%	9.1%	0.0%	
Two or more races	9.1%	13.2%	20.9%	12.0%	0.0%	25.7%	0.0%	
Hispanic or Latino origin (of any race)	8.3%	9.2%	1.8%	10.3%	0.0%	12.5%	7.0%	
Unemployment rate by educational attainment								
Less than high school graduate	9.7%	11.6%	5.6%	8.0%	0.0%	20.2%	7.4%	
High school graduate (includes equivalency)	5.9%	5.6%	6.1%	5.0%	0.0%	8.3%	4.6%	
Some college or associate's degree	4.5%	4.3%	4.7%	6.5%	0.0%	2.0%	1.4%	
Bachelor's degree or higher	2.8%	2.9%	2.8%	1.8%	2.1%	3.5%	1.0%	
Income and Poverty								US Census Bureau, American Community Survey 2016-2020
Median household income (dollars)	84,385	82,225	81,027	69,237	79,909	110,740	81,223	
Population living below the federal poverty line in the last 12 months								
Individuals	9.8%	10.1%	6.6%	12.0%	8.2%	5.5%	6.9%	
Families	6.6%	7.3%	4.2%	9.2%	7.2%	4.6%	5.2%	
Individuals under 18 years of age	12.2%	13.6%	7.9%	19.6%	19.5%	6.5%	5.4%	
Individuals over 65 years of age	8.9%	9.7%	7.1%	7.8%	1.9%	3.0%	6.6%	
Female head of household, no spouse present	20.5%	21.3%	3.2%	21.2%	39.8%	16.6%	20.7%	

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
White alone	7.9%	8.1	5.4%	9.6%	7.9%	4.7%	6.8%	
Black or African American alone	17.6%	17.1	9.7%	23.3%	-	71.7%	0.0%	
American Indian and Alaska Native alone	23.3%	34.2	63.6%	27.3%	-	-	100.0%	
Asian alone	11.8%	9	1.1%	6.6%	42.2%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	11.9%	29.9	-	0.0%	-	-	0.0%	
Some other race alone	22.2%	21.7	0.0%	26.1%	1.4%	4.9%	21.6%	
Two or more races	15.5%	14.7	32.9%	13.9%	0.0%	6.1%	5.3%	
Hispanic or Latino origin (of any race)	23.0%	20.4	16.7%	24.0%	0.6%	25.9%	19.2%	
Less than high school graduate	23.2%	23.6%	10.3%	19.2%	1.9%	20.5%	26.1%	
High school graduate (includes equivalency)	11.7%	12.5%	10.4%	15.3%	18.2%	16.0%	7.7%	
Some college, associate's degree	8.4%	8.1%	6.4%	5.9%	2.0%	5.6%	6.1%	
Bachelor's degree or higher	3.9%	3.5%	2.8%	4.8%	0.9%	1.4%	4.0%	
With Social Security	30.2%	31.8%	29.8%	30.5%	41.1%	33.2%	78.8%	
With retirement income	19.3%	19.2%	15.6%	18.0%	29.4%	23.1%	28.1%	
With Supplemental Security Income	5.9%	6.1%	3.4%	8.0%	5.4%	2.7%	6.9%	
With cash public assistance income	2.8%	3.8%	3.4%	6.4%	7.3%	0.8%	3.3%	
With Food Stamp/SNAP benefits in the past 12 months	11.6%	13.6%	8.2%	18.0%	10.8%	6.0%	8.0%	
Public School Distric Students Who are Low Income (%)	36.6		28.3	53.6	13.0 (inclusive of Groveland Merrimac, West Newbury)	11.5	25.1 (inclusive of Newbury, Rowley, Salisbury)	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)
Housing								US Census Bureau, American Community Survey 2016-2020
Occupied housing units	2,646,980	297,254	7,404	24,612	2,800	7,419	3,922	
Owner-occupied	62.5%	63.8%	67.7%	58.2%	81.0%	75.1%	81.3%	
Renter-occupied	37.5%	36.2%	32.3%	41.8%	19.0%	24.9%	18.7%	
Lacking complete plumbing facilities	0.3%	0.5%	0.7%	0.0%	0.4%	0.0%	0.0%	
Lacking complete kitchen facilities	0.8%	1.1%	1.0%	0.7%	0.4%	0.2%	0.0%	
No telephone service available	1.2%	1.4%	1.0%	1.8%	0.8%	0.2%	0.7%	
Monthly housing costs <35% of total household income								

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
Among owner-occupied housing units with a mortgage	22.0%	23.9%	18.6%	23.8%	24.8%	16.6%	20.4%	
Among owner-occupied units without a mortgage	15.2%	16.1%	18.5%	13.2%	16.4%	17.0%	14.8%	
Among occupied units paying rent	39.1%	44.2%	44.0%	43.7%	14.9%	30.1%	44.2%	
Number of evictions	37,500 (2018)	6,200 (2018)	41	296	No data	7	14	Eviction Lab; 2016 evictions
Access to Technology								US Census Bureau, American Community Survey 2016-2020
Among households								
Has smartphone	83.3%	82.8%	85.0%	83.7%	80.6%	86.6%	81.0%	
Has desktop or laptop	82.2%	79.8%	83.6%	78.3%	88.2%	86.5%	83.3%	
Has tablet or other portable wireless computer	64.8%	65.1%	67.4%	61.8%	72.9%	73.0%	65.7%	
No computer	7.4%	7.9%	6.8%	6.8%	7.9%	5.0%	6.7%	
With broadband internet	88.2%	87.6%	88.7%	85.4%	87.8%	92.3%	88.3%	
Transportation								US Census Bureau, American Community Survey 2016-2020
Mode of transportation to work for workers aged 16+								
Car, truck, or van -- drove alone	68.0%	73.7%	79.3%	80.2%	76.2%	70.8%	79.1%	
Car, truck, or van -- carpooled	7.3%	8.4%	8.5%	9.0%	10.2%	7.9%	4.9%	
Public transportation (excluding taxicab)	9.5%	5.2%	1.8%	3.5%	0.6%	3.1%	1.6%	
Walked	4.8%	3.1%	1.3%	1.9%	0.5%	5.7%	2.0%	
Other means	2.1%	2.0%	1.2%	1.5%	2.0%	2.0%	0.8%	
Worked from home	8.3%	7.6%	7.9%	3.8%	10.6%	10.5%	11.7%	
Mean travel time to work (minutes)	30	30.2	31.7	27.5	31	34	31	
Vehicles available among occupied housing units								
No vehicles available	12.2%	10.6%	6.4%	9.9%	1.6%	4.9%	6.1%	
1 vehicle available	35.1%	34.1%	35.7%	35.5%	27.7%	36.0%	35.1%	
2 vehicles available	36.1%	37.4%	38.7%	38.7%	50.9%	46.1%	39.1%	
3 or more vehicles available	16.5%	18.0%	19.2%	15.8%	19.8%	13.1%	19.7%	
Education								US Census Bureau, American Community Survey 2016-2020
Educational attainment of adults 25 years and older								
Less than 9th grade (%)	4.2%	5.5%	0.8%	3.4%	1.5%	1.0%	1.7%	
9th to 12th grade, no diploma (%)	4.7%	4.8%	3.2%	6.3%	3.8%	1.7%	4.5%	

			Community Benefits Service Area					
	MA	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
High school graduate (includes equivalency) (%)	23.5%	24.5%	27.9%	31.0%	24.6%	14.6%	27.8%	US Census Bureau, American Community Survey 2016-2020
Some college, no degree (%)	15.3%	16.3%	16.5%	20.4%	24.5%	14.4%	18.0%	
Associate's degree (%)	7.7%	8.2%	11.7%	9.5%	8.2%	6.0%	10.1%	
Bachelor's degree (%)	24.5%	24.3%	26.6%	19.6%	24.0%	35.6%	25.6%	
Graduate or professional degree (%)	20.0%	16.4%	13.3%	9.9%	13.3%	26.7%	12.3%	
High school graduate or higher (%)	91.1%	89.7%	96.0%	90.3%	94.6%	97.2%	93.8%	
Bachelor's degree or higher (%)	44.5%	40.6%	39.9%	29.4%	37.3%	62.3%	37.9%	
Educational attainment by race/ethnicity								
White alone								
High school graduate or higher	93.3%	93.0%	96.0%	91.8%	94.5%	97.6%	93.5%	
Bachelor's degree or higher	46.3%	44.0%	39.9%	31.6%	37.1%	62.5%	37.6%	
Black alone								
High school graduate or higher	86.2%	85.8%	87.5%	86.1%	-	95.2%	100.0%	
Bachelor's degree or higher	27.6%	26.5%	25.0%	23.7%	-	38.7%	100.0%	
American Indian or Alaska Native alone								
High school graduate or higher	81.0%	66.3%	100.0%	100.0%	-	-	100.0%	
Bachelor's degree or higher	21.9%	23.0%	36.4%	0.0%	-	-	0.0%	
Asian alone								
High school graduate or higher	85.7%	85.1%	100.0%	91.3%	100.0%	74.5%	100.0%	
Bachelor's degree or higher	61.8%	56.1%	75.8%	52.9%	100.0%	46.2%	63.2%	
Native Hawaiian and Other Pacific Islander alone								
High school graduate or higher	89.1%	100.0%	-	100.0%	-	-	100.0%	
Bachelor's degree or higher	36.4%	65.2%	-	100.0%	-	-	100.0%	
Some other race alone								
High school graduate or higher	69.9%	62.9%	91.8%	79.0%	100.0%	93.8%	100.0%	
Bachelor's degree or higher	15.7%	9.1%	0.0%	9.6%	0.0%	62.5%	0.0%	
Two or more races								
High school graduate or higher	81.3%	78.8%	94.6%	87.1%	100.0%	98.2%	100.0%	
Bachelor's degree or higher	34.9%	30.8%	38.0%	25.2%	0.0%	77.2%	34.0%	
Hispanic or Latino Origin								
High school graduate or higher	72.4%	67.8%	97.6%	80.8%	100.0%	98.7%	100.0%	
Bachelor's degree or higher	20.9%	13.6%	35.1%	15.7%	12.8%	63.8%	36.9%	

			Community Benefits Service Area					
	MA	**Essex County**	**Amesbury**	**Haverhill**	**Merrimac**	**Newburyport**	**Salisbury**	**Source**
4-Year Graduation Rate Among Public High School Students (%)	89.0		87.9	80.4	94.7 (inclusive of Groveland, Merrimac, West Newbury)	94.6	89.5 (inclusive of Newbury, Rowley, Salisbury)	Massachusetts Department of Elementary and Secondary Education, 2020
Safety/Crime								Massachusetts Crime Statistics, 2021
Property Crimes Offenses (#)								
Burglary	9,592.0		6	133	2	7	16	
Larceny-theft	55,672.0		50	439	8	92	74	
Motor vehicle theft	7,045.0		4	61	0	3	13	
Arson	312.0		0	3	0	2	0	
Crimes Against Persons Offenses (#)								
Murder/non-negligent manslaughter	151		0	1	0	0	0	
Sex offenses	4,171		10	26	3	5	15	
Assaults	67,690		81	1422	14	88	83	
Human trafficking	41			0	0	0	0	
Access to Care								
Ratio of population to primary care physicians	960 to 1	1380 to 1						County Health Rankings, 2019
Ratio of population to mental health providers	140 to 1	160 to 1						County Health Rankings, 2021
Ratio of population to dentists	930 to 1	1090 to 1						County Health Rankings, 2020
Health insurance coverage among civilian noninstitutionalized population (%)								American Community Survey (U.S. Census Bureau), 2016-2020, S2301
With health insurance coverage	97.3%	97.0%	98.0%	96.0%	97.0%	98.1%	96.8%	
With private health insurance	74.5%	71.9%	81.5%	67.8%	74.3%	83.9%	71.9%	
With public coverage	36.1%	39.3%	29.8%	40.5%	42.2%	28.6%	44.4%	
No health insurance coverage	2.7%	3.0%	2.0%	4.0%	3.0%	1.9%	3.2%	

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

			Community Benefits Service Area					
	Massachusetts	**Essex County**	**Amesbury**	**Haverhill**	**Merrimac**	**Newburyport**	**Salisbury**	Source
Overall Health								
Mortality rate (age-adjusted per 100,000)	654	671	907	867.7	747.6	636	654.4	Massachusetts Death Report, 2019
Premature mortality rate (per 100,000)	272.8	271.3	414.1	378.8	249.9	187.9	364.1	
Leading causes of death (counts)								
Cancer	12,584		39	135	17	38	19	
Heart Disease	11,779		41	126	7	32	16	
Chronic Lower Respiratory Disease	2,842		13	40	6	8	6	
Stroke	2,463		2	24	1	7	2	
Disability								US Census Bureau, American Community Survey 2016-2020
Percent of population with a disability	11.7%	12.0%	11.8%	14.0%	13.1%	8.7%	15.6%	
Under 18	4.7%	4.7%	4.2%	6.7%	2.0%	0.8%	3.5%	
18-64	8.9%	9.0%	9.5%	11.9%	13.6%	6.5%	13.4%	
65+	31.3%	32.4%	30.9%	35.3%	20.8%	24.2%	30.6%	
Healthy Living								
Adults over 18 with no leisure-time physical activity (age-adjusted) (%)	26	30						Behavioral Risk Factor Surveillance System, 2019
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines (%)	22.2							Behavioral Risk Factor Surveillance System, 2019
Population with adequate access to locations for physical activity (%)	89	93						County Health Rankings, 2021
Adults who consumed fruit less than one time per day (%)	32.7							Behavioral Risk Factor Surveillance System, 2019
Adults who consumed vegetables less than one time per day (%)	15.5							Behavioral Risk Factor Surveillance System, 2019
Population with limited access to healthy foods (%)	4	4						USDA Food Environment Atlas, 2019
Total Population that Did Not Have Access to a Reliable Source of Food During Past Year (food insecurity rate) (%)	8.2							Feeding America, Map the Meal Gap, 2019
Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted) (%)	34	35						Behavioral Risk Factor Surveillance System, 2018
Mental Health								
Average number of mentally unhealthy days in past 30 days (adults)	4.2	4.4						County Health Rankings, 2019
Profile of Student Life: Attitude and Behavior Survey (Grades 6-12)								Essex County Asset Builder Network, 2019 Student Profiles
Youth depression rate (%)			25			14	17*	*Note that data for Salisbury is data for the Triton Regional School District, which includes the communities of Newbury, Rowley, and Salisbury.
Feels he or she has control over things that happen to them (%)			34			52	40*	
Reports having high self esteem (%)			38			59	42*	
Reports that their life has a purpose (%)			48			72	61*	
Optimistic about their personal future (%)			67			80	71*	
Feels safe at home, school, and neighborhood			48			66	56*	
Substance Use								
Admissions to DPH-funded treatment programs (count)	98944		258	1219	0-100	150	184	MA DPH, Bureau of Substance Abuse Services, 2017
Rate of injection drug user admissions to DPH-funded treatment program (%)	52.4		43	42	No data	24.7	58.7	MA DPH, Bureau of Substance Abuse Services, 2017
Primary substance of use when entering treatment								MA DPH, Bureau of Substance Abuse Services, 2017
Alcohol (%)	32.8		38.8	31.6	50	57.3	21.2	
Crack/Cocaine (%)	4.1		2.7	3.4	-	-	3.3	
Heroin (%)	52.8		50.4	49.1	28.1	32	64.1	
Marijuana (%)	3.5		-	5.7	-	-	3.3	
Other Opioids (%)	4.6		4.3	7.5	-	-	6.5	
Other Sedatives/Hypnotics (%)	1.5		-	2.2	-	6.7	-	
Other Stimulants (%)	0.5		-	-	-	-	-	
Other (%)	0.3		-	-	-	-	-	
Adults who are current smokers (age-adjusted) (%)	12	14						Behavioral Risk Factor Surveillance System, 2019
Adults who report excessive drinking (binge or heavy drinking) (%)	22	23						Behavioral Risk Factor Surveillance System, 2019
Profile of Student Life: Attitude and Behavior Survey (Grades 6-12)								Essex County Asset Builder Network, 2021 (Note that this data is inclusive of Amesbury, Georgetown, Newburyport, and Triton Regional School District [includes Newbury, Rowley, and Salisbury] for Grades 6-12)
Used alcohol once or more in past 30 days (%)		16						
Got drunk once or more in past two weeks (%)		7						
Drove after drinking once or more in past year (%)		2						
Rode with a driver who had been drinking at least once in past year (%)		18						
Smoked cigarettes once or more in past 30 days (%)		1						

			Community Benefits Service Area					
	Massachusetts	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
Used smokeless tobacco once or more in past year (%)		1						
Vaped tobacco, nicotine, or marijuana once or more in past 30 days (%)		11						
Used marijuana or hashish once or more in past 30 days (%)		8						
Used heroin or other narcotics once or more in past year (%)		1						
Chronic Disease (more data on CHIA data tabs)								
Cancer mortality (all types, age-adjusted rate per 100,000)	149.92	143.41						Massachusetts Cancer Registry, 2014-2018
Cancer incidence (age-adjusted per 100,000)								
All sites	498.16	509.23						
Breast Cancer	176.35	178.01						
Cervical Cancer	5.5	5.8						
Coloretal Cancer	35.96	34.59						
Lung and Bronchus Cancer	61.41	62.27						
Prostate Cancer	108.84	109.42						
Risk factors								
Percent of Adults who are Obese (%)	24		28.2	31.2	No data	27.1	28.9	Behavioral Risk Factor Surveillance System, 2018
Diagnosed diabetes among adults aged >=18 years (%)	8.6		6.9	8.6	No data	6.5	7.2	Behavioral Risk Factor Surveillance System, 2018
Age-adjusted mortality due to heart disease per 100,000 population (%)	138.7							Massachusetts Department of Public Health, Population Health Information Tool, 2015
Adults ever told by doctor that they had angina or coronary heart disease (%)	4.7							Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high blood pressure (age adjusted) (%)	26.8		25.6	28	No data	25	27.4	Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high cholesterol (age-adjusted) (%)	33.1		29	29.9	No data	28.7	29.5	Behavioral Risk Factor Surveillance System, 2017
Reproductive Health								
Infant Mortality Rate (per 1,000 live births)	3.7	4.6						March of Dimes, 2019
Low birth weight (%)	7.4	6.8						March of Dimes, 2020
Mothers with late or no prenatal care (%)	3.9%	3.7						March of Dimes, 2020
Births to adolescent mothers (per 1,000 females ages 15-19)	8	11						National Center for Health Statistics, 2014-2020
Percent of mothers receiving publicly funded prenatal care 2016	38.60%							Massachusetts Births 2016
Women screened for postpartum depression within 6 months after delivery (%)								MDPH January 2016-December 2016
White (non-Hispanic)	13.60%							
Black (non-Hispanic)	9.70%							
Asian or Pacific Islander (non-Hispanic)	14.60%							
American Indian/Alaska Native (non-Hispanic)	10.30%							
Other race (non-Hispanic)	13.30%							
Unknown race	12.40%							
Less than a high school diploma	8.00%							
With a high school diploma or GED	9.30%							
Some College/Associate Degree	11.40%							
Bachelor Degree	14.10%							
Graduate Degrees	15.20%							
Among individuals who had a full-term birth	12.10%							
Among individuals who had a pre-term birth	11.50%							
Among individuals who are not married	9.70%							
Among individuals who are married	13.70%							
Frequency of self-reported postpartum depressive symptoms 2017								MDPH 2019. CY18 Summary of Activities Related to Screening for Postpartum Depression
Rarely/Never	61.4%							
Often/Always	10.7%							
Sometimes	27.9%							
Communicable and Infectious Disease								
HIV prevalence	355	291						National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention, 2019
STI infection cases (per 100,000)								Massachusetts Population Health Information Tool, 2018
Syphillis (case count)	1,164		Less than 5	11	0	0	0	
Gonorrhea (case count)	7,629		6	50	0	Less than 5	7	
Chlamydia	30,297		42	261	13	34	28	
Confirmed and probable Hepatitis B cases (per 100,000 population)	25.1							Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. Hepatitis B Virus Infection 2020 Surveillance Report. https://www.mass.gov/lists/infectious-disease- data-reports-and-requests. Published February 2021
Rate of Hepatitis C (per 100,000)	97.9		72.1	81.3	0	78.7	90.9	Massachusetts Population Health Information Tool, 2018
Tuberculosis (case count)	204		0	1	0	0	Less than 5	Massachusetts Population Health Information Tool, 2018
Medicare enrollees that had annual flu vaccination (%)	56%	56						Mapping Medicare Disparities, 2019

*Suppressed			Community Benefits Service Area					
	Massachusetts	Essex County	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury	Source
COVID-19 Community Impact Survey								MDPH COVID-19 Community Impact Survey, updated November 2021. Note that these unweighted percentages represent rates of response of individuals that completed the survey in those geographies, and may not be represenative of those geographies as a whole.
% very worried about getting infected with COVID-19		34%	31%	29%	*	34%	*	
% ever been tested for COVID		48%	49%	56%	*	51%	*	
% who have not gotten the medical care they needed since July 2020		14%	14%	16%	*	23%	*	
% with 15 or more of poor mental health days in the past 30 days		33%	36%	34%	*	32%	*	
% of substance users who said they are now using more substances than before the pandemic		42%	*	36%	*	*	*	
% Worried about paying for 1 or more types of expense or bills in the coming few weeks		43%	48%	52%	*	27%	*	
% Worried about getting food or groceries in the coming weeks		26%	25%	29%	*	18%	*	
% Worried about getting face masks in the coming weeks		13%	*	16%	*	*	*	
% Worried about getting medication in the coming weeks		12%	18%	12%	*	*	*	
% Worried about getting broadband in the coming weeks		13%	15%	16%	*	*	*	
% of Employed residents who experienced job loss		8%	*	8%	*	*	*	
% of employed residents who experienced reduced work hours		12%	21%	8%	*	*	*	
% Worried about paying mortgage, rent, or utilities related expenses		33%	38%	43%	*	15%	*	
% Worried they may have to move out of where they live in the next few months		19%	*	*	*	*	*	
Boston Indicators: COVID Community Data Lab								Boston Indicators
Unemployment claims (#) reported on 10/30/21	5,901							
Unemplyment rate as of 10/21/21	5.3%							
COVID-19 Layoff								Metropolitian Area Planning Council, The COVID-19 Layoff Housing Gap (October 2020)
Estimated number of households in need of assistance with no government aid (without any unmployment benefits)			292	1,837	139	119	102	
Unemployment claims (#)			667	3,604	322	268	243	

Community Health Needs Assessment - Anna Jaques Hospital

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume

Patients aged 0-17, Anna Jaques Hospital Community Benefits Service Area defined by BILH Community Benefits

		Anna Jaques Hospital Community Benefits Service Area				
	MA	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury
All Cause						
FY19 Inpatient Discharges (all cause) rate per 100,000	1,735	1,508	2,011	1,848	1,089	2,093
Change in Inpatient Discharge Rate FY17 to FY19	-7%	12%	-12%	0%	-25%	45%
FY19 ED Volume (all cause) rate per 100,000	19,530	13,621	24,806	13,401	13,512	16,874
Change in ED Volume Rate FY17 to FY19	-1%	-18%	11%	-27%	-14%	-11%
Chronic Disease						
Asthma						
FY19 Inpatient Discharges rate per 100,000	333	238	310	185	168	65
Change in Inpatient Discharge Rate FY17 to FY19	-12%	29%	-21%	-60%	0%	0%
FY19 ED Volume rate per 100,000	2,481	1,772	2,787	1,941	1,759	1,570
Change in ED Volume Rate FY17 to FY19	2%	-24%	39%	-36%	-19%	-51%
Diabetes Mellitus						
FY19 Inpatient Discharges rate per 100,000	53	0	81	0	0	65
Change in Inpatient Discharge Rate FY17 to FY19	7%	-100%	200%	0%	-100%	0%
FY19 ED Volume rate per 100,000	117	26	182	462	84	0
Change in ED Volume Rate FY17 to FY19	-2%	-88%	35%	25%	-40%	0%
Obesity						
FY19 Inpatient Discharges rate per 100,000	61	26	115	0	0	65
Change in Inpatient Discharge Rate FY17 to FY19	6%	0%	21%	0%	0%	0%
FY19 ED Volume rate per 100,000	81	0	13	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	-100%	-75%	0%	0%	0%

Injuries and Infections						
Allergy						
FY19 Inpatient Discharges rate per 100,000	125	106	162	0	112	65
Change in Inpatient Discharge Rate FY17 to FY19	2%	-20%	-17%	-100%	33%	-50%
FY19 ED Volume rate per 100,000	1,874	3,332	1,701	3,604	4,132	4,513
Change in ED Volume Rate FY17 to FY19	-1%	-26%	22%	-24%	6%	-13%
HIV Infection						
FY19 Inpatient Discharges rate per 100,000	1	0	0	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	18%	0%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	1	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	-23%	0%	0%	0%	0%	0%
Infections						
FY19 Inpatient Discharges rate per 100,000	767	529	918	832	223	850
Change in Inpatient Discharge Rate FY17 to FY19	-2%	82%	-3%	29%	-43%	30%
FY19 ED Volume rate per 100,000	7,457	4,628	8,435	4,159	3,378	4,578
Change in ED Volume Rate FY17 to FY19	4%	17%	20%	2%	-1%	-13%
Injuries						
FY19 Inpatient Discharges rate per 100,000	345	212	344	739	140	65
Change in Inpatient Discharge Rate FY17 to FY19	-4%	-11%	-18%	167%	-44%	-67%
FY19 ED Volume rate per 100,000	7,024	5,528	8,307	5,545	6,784	6,736
Change in ED Volume Rate FY17 to FY19	-8%	-31%	0%	-42%	-12%	-13%
Poisonings						
FY19 Inpatient Discharges rate per 100,000	85	0	148	92	140	131
Change in Inpatient Discharge Rate FY17 to FY19	-30%	-100%	-27%	-50%	150%	0%
FY19 ED Volume rate per 100,000	501	344	398	370	307	327
Change in ED Volume Rate FY17 to FY19	32%	30%	-12%	-33%	175%	67%
Pneumonia/Influenza						
FY19 Inpatient Discharges rate per 100,000	213	291	243	370	112	262
Change in Inpatient Discharge Rate FY17 to FY19	3%	83%	16%	33%	33%	300%
FY19 ED Volume rate per 100,000	1,098	423	1,505	370	391	719
Change in ED Volume Rate FY17 to FY19	38%	-30%	72%	-43%	27%	10%
Sexually Transmitted Diseases						
FY19 Inpatient Discharges rate per 100,000	4	0	7	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	35	0	47	0	0	0
Change in ED Volume Rate FY17 to FY19	15%	-100%	17%	0%	-100%	0%

Other						
Attention Deficit Hyperactivity Disorder						
FY19 Inpatient Discharges rate per 100,000	141	132	202	92	168	654
Change in Inpatient Discharge Rate FY17 to FY19	-3%	-17%	-12%	0%	-54%	900%
FY19 ED Volume rate per 100,000	588	79	945	185	28	196
Change in ED Volume Rate FY17 to FY19	17%	-73%	19%	100%	-83%	200%
Learning Disorders						
FY19 Inpatient Discharges rate per 100,000	135	132	216	647	84	327
Change in Inpatient Discharge Rate FY17 to FY19	12%	67%	0%	250%	-57%	67%
FY19 ED Volume rate per 100,000	103	106	101	0	28	65
Change in ED Volume Rate FY17 to FY19	84%	0%	200%	0%	0%	0%
Mental Health						
FY19 Inpatient Discharges rate per 100,000	772	1,560	1,080	739	1,563	1,112
Change in Inpatient Discharge Rate FY17 to FY19	-5%	34%	-23%	-47%	51%	-23%
FY19 ED Volume rate per 100,000	2,592	2,222	4,670	1,386	1,312	3,270
Change in ED Volume Rate FY17 to FY19	5%	-22%	0%	-40%	-41%	6%
Substance Use Disorders						
FY19 Inpatient Discharges rate per 100,000	53	159	94	0	140	196
Change in Inpatient Discharge Rate FY17 to FY19	-8%	-14%	17%	0%	25%	200%
FY19 ED Volume rate per 100,000	343	450	1,923	185	447	262
Change in ED Volume Rate FY17 to FY19	-5%	-32%	-13%	-50%	7%	-69%
Complication of Medical Care						
FY19 Inpatient Discharges rate per 100,000	229	132	263	462	140	458
Change in Inpatient Discharge Rate FY17 to FY19	-4%	150%	0%	400%	-50%	600%
FY19 ED Volume rate per 100,000	208	0	304	92	112	262
Change in ED Volume Rate FY17 to FY19	3%	-100%	41%	0%	-67%	0%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.

Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge Categorization of the Health Conditions listed above determined by Sg2 CARE Family (ICD-9 and -10 diagnosis code to disease grouping)

Percent change based on rate per 100,000 in FY17 compared to rate per 100,000 in FY19, using identical Sg2 CARE Family

Volumes noted as <11 are supressed per CHIA cell suppression guidelines.

Community Health Needs Assessment - Anna Jaques Hospital

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department
Patients aged 18-44, Anna Jaques Hospital Community Benefits Service Area defined by BILH Community Benefits

		Anna Jaques Hospital Community Benefits Service Area				
	MA	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury
All Cause						
FY19 Inpatient Discharges (all cause) rate per 100,000	6,072	6,569	8,646	4,448	4,923	5,923
Change in Inpatient Discharge Rate FY17 to FY19	0%	2%	2%	12%	-3%	-20%
FY19 ED Volume (all cause) rate per 100,000	25,053	23,035	37,563	16,424	17,678	28,894
Change in ED Volume Rate FY17 to FY19	-1%	-21%	1%	-16%	-10%	-22%
Cancer						
Breast Cancer						
FY19 Inpatient Discharges rate per 100,000	32	53	14	43	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-10%	0%	-25%	0%	0%	-100%
FY19 ED Volume rate per 100,000	27	53	18	0	0	0
Change in ED Volume Rate FY17 to FY19	25%	0%	0%	-100%	0%	0%
Colorectal Cancer						
FY19 Inpatient Discharges rate per 100,000	15	18	5	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	17%	0%	-50%	0%	-100%	0%
FY19 ED Volume rate per 100,000	4	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	21%	0%	-100%	0%	0%	0%
GYN Cancer						
FY19 Inpatient Discharges rate per 100,000	41	0	50	43	21	0
Change in Inpatient Discharge Rate FY17 to FY19	11%	0%	-21%	0%	-50%	-100%
FY19 ED Volume rate per 100,000	30	0	36	0	0	0
Change in ED Volume Rate FY17 to FY19	23%	0%	33%	0%	0%	0%
Lung Cancer						
FY19 Inpatient Discharges rate per 100,000	26	0	14	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	3%	-100%	-67%	0%	0%	-100%
FY19 ED Volume rate per 100,000	7	0	5	0	0	0
Change in ED Volume Rate FY17 to FY19	47%	0%	-75%	0%	0%	-100%

Prostate Cancer						
FY19 Inpatient Discharges rate per 100,000	1	18	0	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-15%	0%	-100%	0%	0%	0%
FY19 ED Volume rate per 100,000	0	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	150%	0%	0%	0%	0%	0%
Other Cancer						
FY19 Inpatient Discharges rate per 100,000	304	195	384	470	42	103
Change in Inpatient Discharge Rate FY17 to FY19	2%	-31%	-4%	175%	-71%	-63%
FY19 ED Volume rate per 100,000	142	35	325	171	0	0
Change in ED Volume Rate FY17 to FY19	29%	0%	177%	0%	0%	-100%
Chronic Disease						
Asthma						
FY19 Inpatient Discharges rate per 100,000	745	708	930	257	229	753
Change in Inpatient Discharge Rate FY17 to FY19	-5%	14%	-12%	-33%	-31%	-24%
FY19 ED Volume rate per 100,000	2,649	3,576	4,174	1,583	2,160	5,546
Change in ED Volume Rate FY17 to FY19	3%	-11%	4%	-29%	-13%	-10%
Congestive Heart Failure						
FY19 Inpatient Discharges rate per 100,000	124	106	271	0	21	137
Change in Inpatient Discharge Rate FY17 to FY19	14%	20%	76%	0%	0%	33%
FY19 ED Volume rate per 100,000	56	71	140	43	0	137
Change in ED Volume Rate FY17 to FY19	42%	0%	138%	0%	0%	-64%
COPD and Lung Disease						
FY19 Inpatient Discharges rate per 100,000	136	106	203	86	21	308
Change in Inpatient Discharge Rate FY17 to FY19	-5%	200%	-15%	100%	-80%	-44%
FY19 ED Volume rate per 100,000	127	35	262	0	83	514
Change in ED Volume Rate FY17 to FY19	16%	-82%	-16%	-100%	100%	-17%
Diabetes Mellitus						
FY19 Inpatient Discharges rate per 100,000	478	885	727	299	229	411
Change in Inpatient Discharge Rate FY17 to FY19	5%	178%	10%	133%	22%	-37%
FY19 ED Volume rate per 100,000	1,167	1,505	1,597	428	872	1,780
Change in ED Volume Rate FY17 to FY19	7%	57%	6%	25%	35%	30%

Heart Disease						
FY19 Inpatient Discharges rate per 100,000	445	283	727	171	104	650
Change in Inpatient Discharge Rate FY17 to FY19	6%	33%	46%	0%	0%	-27%
FY19 ED Volume rate per 100,000	375	142	411	128	125	342
Change in ED Volume Rate FY17 to FY19	31%	60%	3%	200%	-25%	-23%
Hypertension						
FY19 Inpatient Discharges rate per 100,000	606	602	826	257	706	548
Change in Inpatient Discharge Rate FY17 to FY19	1%	31%	-1%	20%	113%	-33%
FY19 ED Volume rate per 100,000	1,838	1,558	2,721	684	1,205	2,260
Change in ED Volume Rate FY17 to FY19	8%	-33%	-1%	-33%	38%	-24%
Liver Disease						
FY19 Inpatient Discharges rate per 100,000	427	513	817	86	229	411
Change in Inpatient Discharge Rate FY17 to FY19	15%	61%	89%	100%	22%	0%
FY19 ED Volume rate per 100,000	185	124	406	0	21	103
Change in ED Volume Rate FY17 to FY19	25%	133%	233%	-100%	-75%	-40%
Obesity						
FY19 Inpatient Discharges rate per 100,000	919	903	2,292	898	374	822
Change in Inpatient Discharge Rate FY17 to FY19	6%	38%	25%	200%	0%	-23%
FY19 ED Volume rate per 100,000	530	71	668	128	83	205
Change in ED Volume Rate FY17 to FY19	11%	-71%	20%	-25%	33%	-54%
Stroke and Other Neurovascular Diseases						
FY19 Inpatient Discharges rate per 100,000	71	0	77	0	125	34
Change in Inpatient Discharge Rate FY17 to FY19	9%	-100%	-15%	0%	200%	0%
FY19 ED Volume rate per 100,000	28	18	90	0	21	0
Change in ED Volume Rate FY17 to FY19	11%	-67%	122%	-100%	0%	0%
Injuries and Infections						
Allergy						
FY19 Inpatient Discharges rate per 100,000	553	620	979	257	353	240
Change in Inpatient Discharge Rate FY17 to FY19	13%	59%	81%	20%	0%	-46%
FY19 ED Volume rate per 100,000	3,482	10,375	4,075	6,630	7,000	12,701
Change in ED Volume Rate FY17 to FY19	44%	-2%	71%	21%	3%	-7%

Hepatitis						
FY19 Inpatient Discharges rate per 100,000	344	372	361	86	187	787
Change in Inpatient Discharge Rate FY17 to FY19	-4%	24%	-25%	-33%	50%	21%
FY19 ED Volume rate per 100,000	195	159	248	128	62	205
Change in ED Volume Rate FY17 to FY19	1%	13%	8%	-25%	50%	500%
HIV Infection						
FY19 Inpatient Discharges rate per 100,000	44	124	41	0	21	0
Change in Inpatient Discharge Rate FY17 to FY19	2%	250%	-31%	0%	0%	0%
FY19 ED Volume rate per 100,000	102	106	135	0	0	68
Change in ED Volume Rate FY17 to FY19	11%	0%	11%	0%	0%	100%
Infections						
FY19 Inpatient Discharges rate per 100,000	1,534	1,381	2,410	1,112	1,143	2,157
Change in Inpatient Discharge Rate FY17 to FY19	2%	-23%	8%	18%	53%	-9%
FY19 ED Volume rate per 100,000	5,547	4,426	8,285	3,293	3,781	5,717
Change in ED Volume Rate FY17 to FY19	-6%	-22%	-5%	-13%	-6%	-20%
Injuries						
FY19 Inpatient Discharges rate per 100,000	1,103	1,062	1,340	470	602	1,506
Change in Inpatient Discharge Rate FY17 to FY19	5%	9%	-10%	0%	26%	5%
FY19 ED Volume rate per 100,000	7,762	5,152	10,943	4,534	4,612	6,573
Change in ED Volume Rate FY17 to FY19	-4%	-30%	-7%	-25%	-16%	-24%
Poisonings						
FY19 Inpatient Discharges rate per 100,000	189	319	334	86	249	205
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-28%	-15%	-50%	50%	-50%
FY19 ED Volume rate per 100,000	693	460	1,069	556	499	822
Change in ED Volume Rate FY17 to FY19	-8%	-57%	-23%	-28%	-20%	-47%
Pneumonia/Influenza						
FY19 Inpatient Discharges rate per 100,000	286	336	447	86	145	342
Change in Inpatient Discharge Rate FY17 to FY19	8%	36%	3%	-50%	-22%	-9%
FY19 ED Volume rate per 100,000	588	496	948	214	436	650
Change in ED Volume Rate FY17 to FY19	27%	4%	50%	25%	31%	12%

Sexually Transmitted Diseases						
FY19 Inpatient Discharges rate per 100,000	80	71	59	43	21	68
Change in Inpatient Discharge Rate FY17 to FY19	-9%	-33%	-13%	0%	0%	0%
FY19 ED Volume rate per 100,000	262	124	347	128	62	171
Change in ED Volume Rate FY17 to FY19	15%	0%	20%	200%	-50%	-29%
Tuberculosis						
FY19 Inpatient Discharges rate per 100,000	9	0	5	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	-50%	0%	0%	0%
FY19 ED Volume rate per 100,000	5	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	0%	-100%	0%	-100%	0%
Other						
Dementia and Cognitive Disorders						
FY19 Inpatient Discharges rate per 100,000	177	177	271	86	208	240
Change in Inpatient Discharge Rate FY17 to FY19	9%	-17%	28%	100%	25%	17%
FY19 ED Volume rate per 100,000	201	195	203	86	249	240
Change in ED Volume Rate FY17 to FY19	-11%	-39%	18%	-33%	71%	-36%
Mental Health						
FY19 Inpatient Discharges rate per 100,000	4,382	6,693	6,701	2,737	4,113	5,751
Change in Inpatient Discharge Rate FY17 to FY19	5%	8%	-2%	-17%	-6%	-20%
FY19 ED Volume rate per 100,000	7,907	5,471	11,187	2,908	3,677	7,497
Change in ED Volume Rate FY17 to FY19	16%	-27%	12%	-40%	-21%	-23%
Parkinsons and Movement Disorders						
FY19 Inpatient Discharges rate per 100,000	41	0	41	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-2%	-100%	-36%	0%	0%	0%
FY19 ED Volume rate per 100,000	95	142	140	171	145	103
Change in ED Volume Rate FY17 to FY19	-4%	-33%	-50%	300%	-22%	-63%
Substance Use Disorders						
FY19 Inpatient Discharges rate per 100,000	2,012	2,532	3,051	941	1,433	3,047
Change in Inpatient Discharge Rate FY17 to FY19	-2%	-3%	-11%	-12%	-22%	-26%
FY19 ED Volume rate per 100,000	8,347	8,888	12,189	5,346	5,816	14,618
Change in ED Volume Rate FY17 to FY19	0%	-38%	-11%	-40%	-15%	-26%

Complication of Medical Care						
FY19 Inpatient Discharges rate per 100,000	2,698	2,426	3,443	2,395	2,306	2,123
Change in Inpatient Discharge Rate FY17 to FY19	5%	-1%	10%	44%	0%	0%
FY19 ED Volume rate per 100,000	582	443	835	385	374	650
Change in ED Volume Rate FY17 to FY19	14%	-11%	22%	-10%	-14%	0%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.

Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge and ED data retrieved from CHIA FY17 and FY19.

Categorization of the Health Conditions listed above determined by Sg2 CARE Family (ICD-9 and -10 diagnosis code to disease grouping)

Percent change based on rate per 100,000 in FY17 compared to rate per 100,000 in FY19, using identical Sg2 CARE Family

Volumes noted as <11 are supressed per CHIA cell suppression guidelines.

Community Health Needs Assessment - Anna Jaques Hospital

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 45-64, Anna Jaques Hospital Community Benefits Service Area defined by BILH Community Benefits

		Anna Jaques Hospital Community Benefits Service Area				
	MA	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury
All Cause						
FY19 Inpatient Discharges (all cause) rate per 100,000	9,762	8,449	14,062	8,203	6,648	11,398
Change in Inpatient Discharge Rate FY17 to FY19	0%	-17%	9%	-7%	-7%	-8%
FY19 ED Volume (all cause) rate per 100,000	24,003	22,339	31,844	15,150	17,950	27,048
Change in ED Volume Rate FY17 to FY19	2%	2%	10%	-15%	-8%	-10%
Cancer						
Breast Cancer						
FY19 Inpatient Discharges rate per 100,000	258	203	249	403	402	349
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-8%	-27%	50%	21%	0%
FY19 ED Volume rate per 100,000	195	18	74	0	70	139
Change in ED Volume Rate FY17 to FY19	18%	-67%	-32%	0%	33%	0%
Colorectal Cancer						
FY19 Inpatient Discharges rate per 100,000	116	55	130	134	140	209
Change in Inpatient Discharge Rate FY17 to FY19	0%	-25%	35%	-40%	300%	20%
FY19 ED Volume rate per 100,000	27	0	34	0	17	35
Change in ED Volume Rate FY17 to FY19	12%	0%	-63%	0%	0%	0%
GYN Cancer						
FY19 Inpatient Discharges rate per 100,000	182	258	142	0	175	314
Change in Inpatient Discharge Rate FY17 to FY19	-3%	100%	-48%	-100%	-33%	-25%
FY19 ED Volume rate per 100,000	82	37	85	0	0	70
Change in ED Volume Rate FY17 to FY19	21%	0%	88%	-100%	-100%	0%

Lung Cancer						
FY19 Inpatient Discharges rate per 100,000	358	369	652	314	350	697
Change in Inpatient Discharge Rate FY17 to FY19	5%	67%	46%	133%	33%	54%
FY19 ED Volume rate per 100,000	97	37	147	45	35	105
Change in ED Volume Rate FY17 to FY19	21%	0%	8%	0%	0%	50%
Prostate Cancer						
FY19 Inpatient Discharges rate per 100,000	133	92	164	0	157	174
Change in Inpatient Discharge Rate FY17 to FY19	-5%	67%	-3%	-100%	29%	-29%
FY19 ED Volume rate per 100,000	60	37	57	45	17	0
Change in ED Volume Rate FY17 to FY19	30%	100%	150%	0%	0%	0%
Other Cancer						
FY19 Inpatient Discharges rate per 100,000	1,984	1,605	2,642	986	1,942	2,196
Change in Inpatient Discharge Rate FY17 to FY19	3%	7%	24%	5%	16%	-17%
FY19 ED Volume rate per 100,000	597	203	550	45	122	349
Change in ED Volume Rate FY17 to FY19	27%	22%	-6%	0%	-50%	233%
Chronic Disease						
Asthma						
FY19 Inpatient Discharges rate per 100,000	1,051	553	1,378	1,255	595	1,081
Change in Inpatient Discharge Rate FY17 to FY19	-17%	-42%	-17%	8%	-13%	-11%
FY19 ED Volume rate per 100,000	1,944	2,435	2,563	1,434	1,575	3,032
Change in ED Volume Rate FY17 to FY19	0%	-6%	-5%	-33%	-20%	21%
Congestive Heart Failure						
FY19 Inpatient Discharges rate per 100,000	1,292	1,181	2,070	134	787	767
Change in Inpatient Discharge Rate FY17 to FY19	10%	7%	32%	-87%	32%	-48%
FY19 ED Volume rate per 100,000	396	443	505	45	1,242	697
Change in ED Volume Rate FY17 to FY19	41%	-27%	75%	-67%	13%	300%
COPD and Lung Disease						
FY19 Inpatient Discharges rate per 100,000	1,994	2,011	3,243	1,434	910	2,300
Change in Inpatient Discharge Rate FY17 to FY19	1%	-12%	7%	-26%	4%	-30%
FY19 ED Volume rate per 100,000	1,388	1,476	1,990	448	490	2,370
Change in ED Volume Rate FY17 to FY19	10%	-1%	-4%	-50%	-38%	5%

Diabetes Mellitus						
FY19 Inpatient Discharges rate per 100,000	2,808	2,453	4,315	1,838	1,540	3,207
Change in Inpatient Discharge Rate FY17 to FY19	3%	-24%	0%	-31%	6%	-2%
FY19 ED Volume rate per 100,000	4,109	3,708	6,061	2,107	3,237	3,660
Change in ED Volume Rate FY17 to FY19	10%	-7%	29%	9%	11%	-13%
Heart Disease						
FY19 Inpatient Discharges rate per 100,000	3,609	3,579	4,905	2,017	2,134	3,799
Change in Inpatient Discharge Rate FY17 to FY19	4%	-6%	11%	-35%	21%	-5%
FY19 ED Volume rate per 100,000	1,448	793	1,497	403	297	941
Change in ED Volume Rate FY17 to FY19	17%	43%	5%	0%	-41%	17%
Hypertension						
FY19 Inpatient Discharges rate per 100,000	4,045	3,339	5,290	3,855	2,414	4,427
Change in Inpatient Discharge Rate FY17 to FY19	-2%	-13%	-7%	23%	-9%	-22%
FY19 ED Volume rate per 100,000	7,878	7,231	9,946	4,796	4,601	7,633
Change in ED Volume Rate FY17 to FY19	10%	-4%	19%	-5%	-17%	-27%
Liver Disease						
FY19 Inpatient Discharges rate per 100,000	1,562	1,273	1,792	717	910	2,022
Change in Inpatient Discharge Rate FY17 to FY19	5%	-30%	-11%	100%	18%	21%
FY19 ED Volume rate per 100,000	404	295	573	45	52	209
Change in ED Volume Rate FY17 to FY19	19%	23%	25%	-80%	-63%	50%
Obesity						
FY19 Inpatient Discharges rate per 100,000	2,410	1,789	5,682	1,838	1,067	2,231
Change in Inpatient Discharge Rate FY17 to FY19	5%	-22%	43%	-9%	-16%	-2%
FY19 ED Volume rate per 100,000	675	55	442	90	70	209
Change in ED Volume Rate FY17 to FY19	17%	-77%	-5%	-60%	-60%	-25%
Stroke and Other Neurovascular Diseases						
FY19 Inpatient Discharges rate per 100,000	443	406	714	90	210	593
Change in Inpatient Discharge Rate FY17 to FY19	2%	69%	6%	-75%	-14%	13%
FY19 ED Volume rate per 100,000	119	74	301	90	140	35
Change in ED Volume Rate FY17 to FY19	6%	0%	104%	0%	167%	-67%

Injuries and Infections						
Allergy						
FY19 Inpatient Discharges rate per 100,000	1,314	1,107	2,302	1,300	735	1,255
Change in Inpatient Discharge Rate FY17 to FY19	20%	0%	101%	4%	-7%	-36%
FY19 ED Volume rate per 100,000	4,000	11,603	3,533	6,903	10,637	14,291
Change in ED Volume Rate FY17 to FY19	59%	31%	132%	-4%	16%	13%
Hepatitis						
FY19 Inpatient Discharges rate per 100,000	492	92	493	269	70	244
Change in Inpatient Discharge Rate FY17 to FY19	-19%	-81%	-24%	100%	-75%	-30%
FY19 ED Volume rate per 100,000	211	18	289	0	0	0
Change in ED Volume Rate FY17 to FY19	-11%	-83%	65%	0%	-100%	-100%
HIV Infection						
FY19 Inpatient Discharges rate per 100,000	157	111	210	0	17	0
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-33%	164%	-100%	0%	-100%
FY19 ED Volume rate per 100,000	236	55	176	45	0	35
Change in ED Volume Rate FY17 to FY19	-3%	-57%	-11%	0%	0%	0%
Infections						
FY19 Inpatient Discharges rate per 100,000	3,824	2,859	5,676	3,272	2,484	4,392
Change in Inpatient Discharge Rate FY17 to FY19	3%	-33%	14%	-4%	-3%	7%
FY19 ED Volume rate per 100,000	3,618	3,339	4,973	2,376	3,569	4,636
Change in ED Volume Rate FY17 to FY19	-4%	2%	-3%	-22%	17%	6%
Injuries						
FY19 Inpatient Discharges rate per 100,000	3,425	2,767	4,655	2,869	2,204	4,287
Change in Inpatient Discharge Rate FY17 to FY19	6%	-12%	7%	49%	-23%	8%
FY19 ED Volume rate per 100,000	7,959	6,493	9,974	5,020	5,633	7,564
Change in ED Volume Rate FY17 to FY19	-2%	-12%	6%	-8%	-9%	-26%
Poisonings						
FY19 Inpatient Discharges rate per 100,000	232	277	227	224	87	383
Change in Inpatient Discharge Rate FY17 to FY19	-7%	88%	-20%	67%	-55%	-21%
FY19 ED Volume rate per 100,000	395	406	567	179	227	279
Change in ED Volume Rate FY17 to FY19	5%	100%	23%	0%	18%	33%

Pneumonia/Influenza						
FY19 Inpatient Discharges rate per 100,000	1,135	1,070	1,996	672	752	1,325
Change in Inpatient Discharge Rate FY17 to FY19	8%	-12%	39%	7%	26%	-27%
FY19 ED Volume rate per 100,000	555	461	907	538	315	383
Change in ED Volume Rate FY17 to FY19	11%	25%	37%	50%	-14%	-56%
Sexually Transmitted Diseases						
FY19 Inpatient Discharges rate per 100,000	24	0	11	0	17	0
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	100%	-100%	0%	-100%
FY19 ED Volume rate per 100,000	38	18	45	0	17	0
Change in ED Volume Rate FY17 to FY19	5%	-67%	33%	0%	0%	0%
Tuberculosis						
FY19 Inpatient Discharges rate per 100,000	18	0	6	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-3%	-100%	-50%	0%	-100%	0%
FY19 ED Volume rate per 100,000	6	0	23	0	0	0
Change in ED Volume Rate FY17 to FY19	7%	0%	0%	0%	0%	0%
Other						
Dementia and Cognitive Disorders						
FY19 Inpatient Discharges rate per 100,000	868	683	1,123	448	402	837
Change in Inpatient Discharge Rate FY17 to FY19	10%	-20%	-6%	25%	-12%	4%
FY19 ED Volume rate per 100,000	325	277	403	90	210	314
Change in ED Volume Rate FY17 to FY19	-5%	50%	45%	0%	-20%	-31%
Mental Health						
FY19 Inpatient Discharges rate per 100,000	7,268	6,032	9,379	4,796	4,374	8,052
Change in Inpatient Discharge Rate FY17 to FY19	4%	-19%	4%	-2%	-16%	-15%
FY19 ED Volume rate per 100,000	6,209	3,025	8,125	1,479	2,152	2,823
Change in ED Volume Rate FY17 to FY19	17%	-18%	27%	-51%	-31%	-38%
Parkinsons and Movement Disorders						
FY19 Inpatient Discharges rate per 100,000	252	148	346	45	122	383
Change in Inpatient Discharge Rate FY17 to FY19	8%	-50%	24%	-67%	-13%	38%
FY19 ED Volume rate per 100,000	185	148	238	90	105	209
Change in ED Volume Rate FY17 to FY19	5%	-47%	17%	0%	-54%	-25%

Substance Use Disorders						
FY19 Inpatient Discharges rate per 100,000	3,820	3,228	5,438	3,003	2,082	5,891
Change in Inpatient Discharge Rate FY17 to FY19	0%	-17%	-1%	40%	-13%	19%
FY19 ED Volume rate per 100,000	7,619	7,803	10,422	3,855	3,866	11,223
Change in ED Volume Rate FY17 to FY19	3%	-1%	8%	-22%	-9%	-11%
Complication of Medical Care						
FY19 Inpatient Discharges rate per 100,000	1,870	1,808	2,364	1,703	1,242	2,091
Change in Inpatient Discharge Rate FY17 to FY19	7%	3%	31%	3%	4%	11%
FY19 ED Volume rate per 100,000	472	184	618	314	262	558
Change in ED Volume Rate FY17 to FY19	8%	11%	17%	17%	25%	-6%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.
Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge and ED data retrieved from CHIA FY17 and FY19.

Categorization of the Health Conditions listed above determined by Sg2 CARE Family (ICD-9 and -10 diagnosis code to disease grouping)

Percent change based on rate per 100,000 in FY17 compared to rate per 100,000 in FY19, using identical Sg2 CARE Family definitions. Please note the % change in rate for some health conditions is large, likely due to small volumes or coding changes. Volumes noted as <11 are supressed per CHIA cell suppression guidelines.

Community Health Needs Assessment - Anna Jaques Hospital

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume

Patients aged 65+ Anna Jaques Hospital Community Benefits Service Area defined by BILH Community Benefits

		Anna Jaques Hospital Community Benefits Service Area				
	MA	Amesbury	Haverhill	Merrimac	Newburyport	Salisbury
All Cause						
FY19 Inpatient Discharges (all cause) rate per 100,000	25,473	26,260	31,221	26,935	24,691	21,567
Change in Inpatient Discharge Rate FY17 to FY19	5%	7%	10%	33%	1%	-4%
FY19 ED Volume (all cause) rate per 100,000	26,010	28,957	30,455	27,455	31,548	26,128
Change in ED Volume Rate FY17 to FY19	10%	5%	14%	19%	6%	4%
Cancer						
Breast Cancer						
FY19 Inpatient Discharges rate per 100,000	1,253	867	1,172	1,711	1,502	843
Change in Inpatient Discharge Rate FY17 to FY19	6%	-29%	-14%	229%	-16%	-11%
FY19 ED Volume rate per 100,000	480	64	242	0	48	0
Change in ED Volume Rate FY17 to FY19	42%	100%	56%	-100%	0%	-100%
Colorectal Cancer						
FY19 Inpatient Discharges rate per 100,000	271	161	252	74	242	347
Change in Inpatient Discharge Rate FY17 to FY19	2%	-17%	-33%	-88%	-9%	17%
FY19 ED Volume rate per 100,000	42	0	97	0	0	99
Change in ED Volume Rate FY17 to FY19	9%	0%	100%	0%	0%	100%
GYN Cancer						
FY19 Inpatient Discharges rate per 100,000	508	995	436	818	606	645
Change in Inpatient Discharge Rate FY17 to FY19	6%	63%	-34%	120%	-11%	-38%
FY19 ED Volume rate per 100,000	145	0	116	74	0	99
Change in ED Volume Rate FY17 to FY19	47%	0%	33%	0%	0%	0%

Lung Cancer						
FY19 Inpatient Discharges rate per 100,000	1,347	1,669	1,434	2,232	1,066	1,388
Change in Inpatient Discharge Rate FY17 to FY19	9%	108%	-17%	43%	-32%	0%
FY19 ED Volume rate per 100,000	282	32	562	74	48	99
Change in ED Volume Rate FY17 to FY19	26%	-67%	107%	-67%	-50%	100%
Prostate Cancer						
FY19 Inpatient Discharges rate per 100,000	1,270	963	1,182	1,414	1,212	1,339
Change in Inpatient Discharge Rate FY17 to FY19	6%	-14%	-10%	111%	-7%	50%
FY19 ED Volume rate per 100,000	434	0	213	446	73	50
Change in ED Volume Rate FY17 to FY19	36%	-100%	47%	200%	-40%	0%
Other Cancer						
FY19 Inpatient Discharges rate per 100,000	7,146	6,709	7,519	9,152	8,190	6,891
Change in Inpatient Discharge Rate FY17 to FY19	13%	24%	14%	41%	10%	23%
FY19 ED Volume rate per 100,000	1,519	482	1,143	967	267	595
Change in ED Volume Rate FY17 to FY19	33%	114%	-4%	86%	57%	200%
Chronic Disease						
Asthma						
FY19 Inpatient Discharges rate per 100,000	1,596	995	1,473	1,637	1,381	694
Change in Inpatient Discharge Rate FY17 to FY19	-16%	-31%	-26%	0%	-17%	-26%
FY19 ED Volume rate per 100,000	1,257	1,798	1,696	2,158	1,963	1,289
Change in ED Volume Rate FY17 to FY19	8%	19%	5%	26%	40%	-7%
Congestive Heart Failure						
FY19 Inpatient Discharges rate per 100,000	8,161	6,292	8,915	8,036	5,403	6,693
Change in Inpatient Discharge Rate FY17 to FY19	9%	3%	-1%	71%	-6%	22%
FY19 ED Volume rate per 100,000	1,705	1,798	2,054	2,158	1,987	2,082
Change in ED Volume Rate FY17 to FY19	34%	-15%	64%	16%	17%	147%
COPD and Lung Disease						
FY19 Inpatient Discharges rate per 100,000	7,130	10,080	9,661	10,417	6,009	8,528
Change in Inpatient Discharge Rate FY17 to FY19	5%	20%	2%	52%	-13%	17%
FY19 ED Volume rate per 100,000	2,422	4,623	3,547	3,869	3,538	3,768
Change in ED Volume Rate FY17 to FY19	18%	14%	28%	0%	11%	46%

Diabetes Mellitus						
FY19 Inpatient Discharges rate per 100,000	8,376	8,475	10,078	8,185	5,961	7,933
Change in Inpatient Discharge Rate FY17 to FY19	5%	12%	-1%	43%	-8%	10%
FY19 ED Volume rate per 100,000	5,867	6,677	7,917	5,208	6,324	6,891
Change in ED Volume Rate FY17 to FY19	18%	-5%	38%	-13%	22%	45%
Heart Disease						
FY19 Inpatient Discharges rate per 100,000	18,344	16,597	18,973	19,717	14,805	16,411
Change in Inpatient Discharge Rate FY17 to FY19	6%	-2%	5%	51%	-8%	10%
FY19 ED Volume rate per 100,000	3,975	1,990	2,965	1,935	1,333	1,735
Change in ED Volume Rate FY17 to FY19	16%	41%	-12%	73%	28%	67%
Hypertension						
FY19 Inpatient Discharges rate per 100,000	10,397	11,846	12,132	10,938	12,188	9,668
Change in Inpatient Discharge Rate FY17 to FY19	-1%	6%	-4%	5%	8%	-11%
FY19 ED Volume rate per 100,000	12,665	15,441	14,893	13,170	17,737	15,221
Change in ED Volume Rate FY17 to FY19	14%	-1%	18%	-8%	2%	5%
Liver Disease						
FY19 Inpatient Discharges rate per 100,000	1,956	2,343	2,587	2,381	1,672	992
Change in Inpatient Discharge Rate FY17 to FY19	16%	55%	60%	88%	47%	-26%
FY19 ED Volume rate per 100,000	258	32	426	521	218	99
Change in ED Volume Rate FY17 to FY19	36%	-86%	214%	250%	350%	100%
Obesity						
FY19 Inpatient Discharges rate per 100,000	3,869	4,238	9,603	4,539	2,229	3,669
Change in Inpatient Discharge Rate FY17 to FY19	14%	42%	49%	79%	-12%	10%
FY19 ED Volume rate per 100,000	367	32	174	0	24	0
Change in ED Volume Rate FY17 to FY19	26%	-88%	-18%	0%	-75%	-100%
Stroke and Other Neurovascular Diseases						
FY19 Inpatient Discharges rate per 100,000	2,064	1,926	2,432	893	1,890	1,487
Change in Inpatient Discharge Rate FY17 to FY19	5%	11%	14%	-29%	4%	-33%
FY19 ED Volume rate per 100,000	380	96	620	149	291	149
Change in ED Volume Rate FY17 to FY19	10%	-81%	56%	-71%	-14%	-50%

Injuries and Infections						
Allergy						
FY19 Inpatient Discharges rate per 100,000	3,711	3,210	5,039	3,348	3,102	2,677
Change in Inpatient Discharge Rate FY17 to FY19	32%	0%	113%	29%	-4%	-8%
FY19 ED Volume rate per 100,000	5,138	16,437	3,353	13,690	18,900	14,626
Change in ED Volume Rate FY17 to FY19	88%	32%	123%	44%	32%	34%
Hepatitis						
FY19 Inpatient Discharges rate per 100,000	273	193	300	149	24	99
Change in Inpatient Discharge Rate FY17 to FY19	-3%	20%	-3%	0%	-75%	0%
FY19 ED Volume rate per 100,000	70	32	58	0	0	0
Change in ED Volume Rate FY17 to FY19	36%	0%	50%	0%	0%	0%
HIV Infection						
FY19 Inpatient Discharges rate per 100,000	53	225	19	0	0	50
Change in Inpatient Discharge Rate FY17 to FY19	2%	17%	-50%	0%	0%	0%
FY19 ED Volume rate per 100,000	47	0	39	0	0	0
Change in ED Volume Rate FY17 to FY19	34%	0%	300%	0%	0%	0%
Infections						
FY19 Inpatient Discharges rate per 100,000	12,591	12,424	15,339	15,030	11,001	9,470
Change in Inpatient Discharge Rate FY17 to FY19	6%	-1%	8%	135%	2%	-18%
FY19 ED Volume rate per 100,000	4,213	5,778	5,969	5,060	5,307	4,958
Change in ED Volume Rate FY17 to FY19	3%	14%	5%	11%	12%	-6%
Injuries						
FY19 Inpatient Discharges rate per 100,000	11,877	10,658	12,171	10,268	12,067	8,280
Change in Inpatient Discharge Rate FY17 to FY19	15%	5%	21%	64%	11%	7%
FY19 ED Volume rate per 100,000	10,393	9,856	10,775	9,821	12,018	8,379
Change in ED Volume Rate FY17 to FY19	11%	-1%	7%	42%	10%	-12%
Poisonings						
FY19 Inpatient Discharges rate per 100,000	281	321	378	223	194	347
Change in Inpatient Discharge Rate FY17 to FY19	7%	-52%	-2%	200%	-20%	-22%
FY19 ED Volume rate per 100,000	185	225	145	0	170	149
Change in ED Volume Rate FY17 to FY19	27%	75%	7%	-100%	-36%	0%

Pneumonia/Influenza						
FY19 Inpatient Discharges rate per 100,000	4,188	4,751	6,938	4,985	4,119	3,570
Change in Inpatient Discharge Rate FY17 to FY19	0%	-6%	10%	37%	-15%	-11%
FY19 ED Volume rate per 100,000	569	642	1,017	372	654	545
Change in ED Volume Rate FY17 to FY19	1%	5%	25%	-44%	4%	-35%
Sexually Transmitted Diseases						
FY19 Inpatient Discharges rate per 100,000	30	32	39	0	24	50
Change in Inpatient Discharge Rate FY17 to FY19	9%	0%	-20%	0%	0%	0%
FY19 ED Volume rate per 100,000	5	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	0%	-100%	0%	0%	0%
Tuberculosis						
FY19 Inpatient Discharges rate per 100,000	52	0	29	0	0	50
Change in Inpatient Discharge Rate FY17 to FY19	-11%	-100%	-77%	0%	-100%	0%
FY19 ED Volume rate per 100,000	6	0	19	0	0	0
Change in ED Volume Rate FY17 to FY19	13%	0%	100%	0%	0%	0%
Other						
Dementia and Cognitive Disorders						
FY19 Inpatient Discharges rate per 100,000	6,264	6,485	7,955	3,943	6,494	3,123
Change in Inpatient Discharge Rate FY17 to FY19	6%	15%	4%	26%	-3%	-13%
FY19 ED Volume rate per 100,000	2,053	1,766	3,740	893	1,478	694
Change in ED Volume Rate FY17 to FY19	11%	20%	66%	71%	-31%	-26%
Mental Health						
FY19 Inpatient Discharges rate per 100,000	10,900	11,621	11,221	6,771	9,838	7,734
Change in Inpatient Discharge Rate FY17 to FY19	15%	15%	10%	7%	13%	3%
FY19 ED Volume rate per 100,000	3,500	2,247	4,089	1,414	2,060	1,587
Change in ED Volume Rate FY17 to FY19	35%	-18%	41%	-32%	-19%	-29%
Parkinsons and Movement Disorders						
FY19 Inpatient Discharges rate per 100,000	1,523	1,252	1,386	670	1,381	942
Change in Inpatient Discharge Rate FY17 to FY19	10%	22%	-1%	-25%	6%	-17%
FY19 ED Volume rate per 100,000	602	417	746	223	315	99
Change in ED Volume Rate FY17 to FY19	11%	-13%	48%	-50%	-62%	-80%

Substance Use Disorders						
FY19 Inpatient Discharges rate per 100,000	2,956	3,242	4,215	4,539	2,302	3,471
Change in Inpatient Discharge Rate FY17 to FY19	13%	-9%	11%	110%	1%	35%
FY19 ED Volume rate per 100,000	2,258	2,857	2,403	3,274	2,350	3,371
Change in ED Volume Rate FY17 to FY19	22%	-18%	-3%	42%	37%	-9%
Complication of Medical Care						
FY19 Inpatient Discharges rate per 100,000	4,867	5,201	4,118	4,688	4,362	4,760
Change in Inpatient Discharge Rate FY17 to FY19	13%	-6%	3%	26%	3%	-2%
FY19 ED Volume rate per 100,000	835	963	1,105	1,563	1,042	843
Change in ED Volume Rate FY17 to FY19	9%	43%	34%	75%	-12%	0%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.

Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge and ED data retrieved from CHIA FY17 and FY19.

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Discovering what kids need to succeed

Developmental Assets: A Profile of Your Youth

Executive Summary and Complete Survey Report

Results from the Search Institute Survey *Profiles of Student Life: Attitudes and Behaviors*

Essex County Schools
Newburyport, MA
January 2022

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Executive Summary

Developmental Assets: A Profile of Your Youth

Essex County Schools

Over the past 20 years, Search Institute has surveyed over three million youth about how they experience the 40 Developmental Assets—a research-based framework that identifies basic building blocks of human development. We've found clear relationships between youth outcomes and asset levels in both cross-sectional and longitudinal studies.

The results are compelling: The more assets kids have, the better. Youth with high asset levels are less likely to engage in high-risk behaviors (such as violence, sexual activity, drug use, and suicide), and more likely to engage in thriving behaviors (such as helping others, doing well in school, and taking on leadership roles).

Assets are crucial for the healthy development of all youth, regardless of their community size, geographic region, gender, economic status, race, or ethnicity. This report summarizes the extent to which *your* youth experience the Developmental Assets and how the assets relate to their behavior and overall health.

The Developmental Assets were assessed in your school community in November 2021, using the Search Institute survey *Profiles of Student Life: Attitudes and Behaviors*. Below you'll find a brief summary of demographic data that describes the young people who participated in your study.

Table 1. Youth Who Were Surveyed

		Actual Number of Youth	Adjusted Number of Youth	Adjusted Percent of Total
Total Sample[1]		3124		100
Gender[2,3]	Female	1406	1406	49
	Male	1478	1478	51
	Transgender, male-to-female	0	0	0
	Transgender, female-to-male	0	0	0
	Transgender, do not identify as exclusively male or female	67	0	0
	Not sure	67	0	0
Grade[2]	6	471		15
	7	505		16
	8	567		18
	9	408		13
	10	396		13
	11	436		14
	12	329		11
Race/Ethnicity[2]	American Indian or Alaska Native	29		1
	Asian	51		2
	Black or African American	57		2
	Hispanic or Latino/Latina	72		2
	Native Hawaiian or Other Pacific Islander	0		0
	White	2508		81
	Other	71		2
	More than one of the above	316		10

[1] Three criteria were used to determine whether individual responses were valid. Survey forms that did not meet one or more of the criteria were discarded. Reasons for survey disqualification include missing data on 40 or more items, pattern filling, and surveys from students in grades other than those intended. See full report for more information.

[2] Numbers may not add up to the "Total Sample" figure due to missing information on individual surveys.

[3] Gender combination occurs for all transgender options. Male-to-female is recoded as female. Female-to-male is recoded as male. Others are not included in the gender columns.

The Developmental Assets in Your Community

The Developmental Asset framework covers extensive territory, including the experiences of young people and their commitments, values, skills, and identity. Your youth were asked questions about their experience of each of the 40 assets. Their answers form the basis for this report. To grasp the range and depth of concepts measured by the asset framework, we can divide assets into two key areas: external assets and internal assets.

External assets are the positive developmental experiences that families, schools, neighborhoods, community groups, and other youth and family-serving organizations provide young people. These positive experiences are reinforced and supported by the broader efforts of society through government policy, health care providers, law enforcement agencies, civic foundations, and other community institutions.

Table 2. Percent of Your Youth Reporting External Assets

Category	Asset Name	Definition	Percent
Support	1. Family support	Family life provides high levels of love and support.	81
	2. Positive family communication	Young person and his or her parent(s) communicate positively, and young person is willing to seek parent(s') advice and counsel.	39
	3. Other adult relationships	Young person receives support from three or more nonparent adults.	55
	4. Caring neighborhood	Young person experiences caring neighbors.	43
	5. Caring school climate	School provides a caring, encouraging environment.	39
	6. Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.	35
Empowerment	7. Community values youth	Young person perceives that adults in the community value youth.	26
	8. Youth as resources	Young people are given useful roles in the community.	35
	9. Service to others	Young person serves in the community one hour or more per week.	42
	10. Safety	Young person feels safe at home, school, and in the neighborhood.	52
Boundaries and Expectations	11. Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.	51
	12. School boundaries	School provides clear rules and consequences.	66
	13. Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behavior.	45
	14. Adult role models	Parent(s) and other adults model positive, responsible behavior.	45
	15. Positive peer influence	Young person's best friends model responsible behavior.	85
	16. High expectations	Both parent(s) and teachers encourage the young person to do well.	61
Constructive Use of Time	17. Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	16
	18. Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.	63
	19. Religious community	Young person spends one or more hours per week in activities in a religious institution.	21
	20. Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.	61

Internal assets are the positive commitments, skills, and values that form a young person's inner guidance system. Youth make personal choices and actions based upon the degree to which their internal assets are developed.

Table 3. Percent of Your Youth Reporting Internal Assets

Category	Asset Name	Definition	Percent
Commitment to Learning	21. Achievement motivation	Young person is motivated to do well in school.	76
	22. School engagement	Young person is actively engaged in learning.	84
	23. Homework	Young person reports doing at least one hour of homework every school day.	50
	24. Bonding to school	Young person cares about his or her school.	67
	25. Reading for pleasure	Young person reads for pleasure three or more hours per week.	20
Positive Values	26. Caring	Young person places high value on helping other people.	70
	27. Equality and social justice	Young person places high value on promoting equality and reducing hunger and poverty.	76
	28. Integrity	Young person acts on convictions and stands up for his or her beliefs.	76
	29. Honesty	Young person tells the truth even when it is not easy.	72
	30. Responsibility	Young person accepts and takes personal responsibility.	75
	31. Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.	50
Social Competencies	32. Planning and decision–making	Young person knows how to plan ahead and make choices.	37
	33. Interpersonal competence	Young person has empathy, sensitivity, and friendship skills.	55
	34. Cultural competence	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	63
	35. Resistance skills	Young person can resist negative peer pressure and dangerous situations.	52
	36. Peaceful conflict resolution	Young person seeks to resolve conflict nonviolently.	54
Positive Identity	37. Personal power	Young person feels he or she has control over "things that happen to me."	40
	38. Self-esteem	Young person reports having a high self-esteem.	41
	39. Sense of purpose	Young person reports that "my life has a purpose."	56
	40. Positive view of personal future	Young person is optimistic about his or her personal future.	67

The External Developmental Assets (Assets 1–20)

Think of *external assets* as positive developmental experiences provided for youth by networks of supportive people and social systems in the community. They offer youth a consistent source of love and respect, opportunities for empowerment, leadership, service, and creativity, safe interpersonal and physical boundaries, and high expectations for personal achievement.

The table below summarizes the extent to which young people in your community experience each of the 20 external Developmental Assets.

Table 4. Percent of Youth Reporting External Assets by Gender and Grade

External Asset	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
Support										
1. Family support	81	86	80	88	86	80	82	80	75	74
2. Positive family communication	39	39	41	47	47	42	38	35	27	32
3. Other adult relationships	55	56	57	56	54	54	59	53	55	55
4. Caring neighborhood	43	45	45	49	43	42	46	41	44	38
5. Caring school climate	39	42	37	49	41	41	29	35	32	42
6. Parent involvement in schooling	35	35	36	54	46	32	37	27	25	16
Empowerment										
7. Community values youth	26	29	26	37	27	28	27	22	20	19
8. Youth as resources	35	38	36	37	31	34	40	39	33	36
9. Service to others	42	39	45	45	38	45	40	38	43	43
10. Safety	52	65	43	37	47	49	54	56	63	63
Boundaries and Expectations										
11. Family boundaries	51	54	49	46	48	49	50	56	52	54
12. School boundaries	66	70	63	75	72	66	62	66	58	57
13. Neighborhood boundaries	45	47	46	51	50	47	45	43	41	36
14. Adult role models	45	44	50	50	47	45	45	47	41	39
15. Positive peer influence	85	84	87	93	93	89	86	81	75	72
16. High expectations	61	63	62	74	67	62	55	55	50	58
Constructive Use of Time										
17. Creative activities	16	10	21	21	17	17	17	12	13	15
18. Youth programs	63	63	66	60	57	59	67	66	68	68
19. Religious community	21	22	22	29	24	22	20	21	15	14
20. Time at home	61	63	57	70	65	61	57	62	58	51

The Internal Developmental Assets (Assets 21–40)

The *internal assets* can be thought of as inner characteristics: a young person's motivation and commitment to academic achievement and lifelong learning; his or her positive personal values; social competencies (including relationship and communication skills); and characteristics of personal identity, including an optimistic future outlook and sense of purpose.

The table below summarizes the extent to which young people in your community experience each of the 20 internal Developmental Assets.

Table 5. Percent of Youth Reporting Internal Assets by Gender and Grade

Internal Asset	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
Commitment to Learning										
21. Achievement motivation	76	72	82	79	76	76	74	75	76	74
22. School engagement	84	83	88	86	84	82	84	85	85	87
23. Homework	50	44	57	25	39	42	62	61	68	60
24. Bonding to school	67	69	69	82	70	65	68	62	61	60
25. Reading for pleasure	20	15	23	30	24	20	17	15	16	18
Positive Values										
26. Caring	70	64	76	77	71	68	66	72	67	66
27. Equality and social justice	76	68	83	80	77	77	73	76	73	71
28. Integrity	76	74	78	75	73	73	74	78	78	83
29. Honesty	72	72	75	79	72	69	70	74	69	76
30. Responsibility	75	74	79	78	74	74	73	76	75	79
31. Restraint	50	51	48	71	73	64	48	35	23	16
Social Competencies										
32. Planning and decision-making	37	34	42	34	34	34	37	40	39	42
33. Interpersonal competence	55	46	65	61	55	52	55	53	54	56
34. Cultural competence	63	56	70	62	61	65	66	68	63	57
35. Resistance skills	52	52	54	59	55	54	48	51	48	47
36. Peaceful conflict resolution	54	43	65	67	57	53	51	51	51	46
Positive Identity										
37. Personal power	40	46	38	36	40	40	41	44	45	38
38. Self-esteem	41	52	34	45	44	38	42	40	35	44
39. Sense of purpose	56	65	50	63	58	57	56	55	50	51
40. Positive view of personal future	67	71	68	71	69	67	69	62	65	66

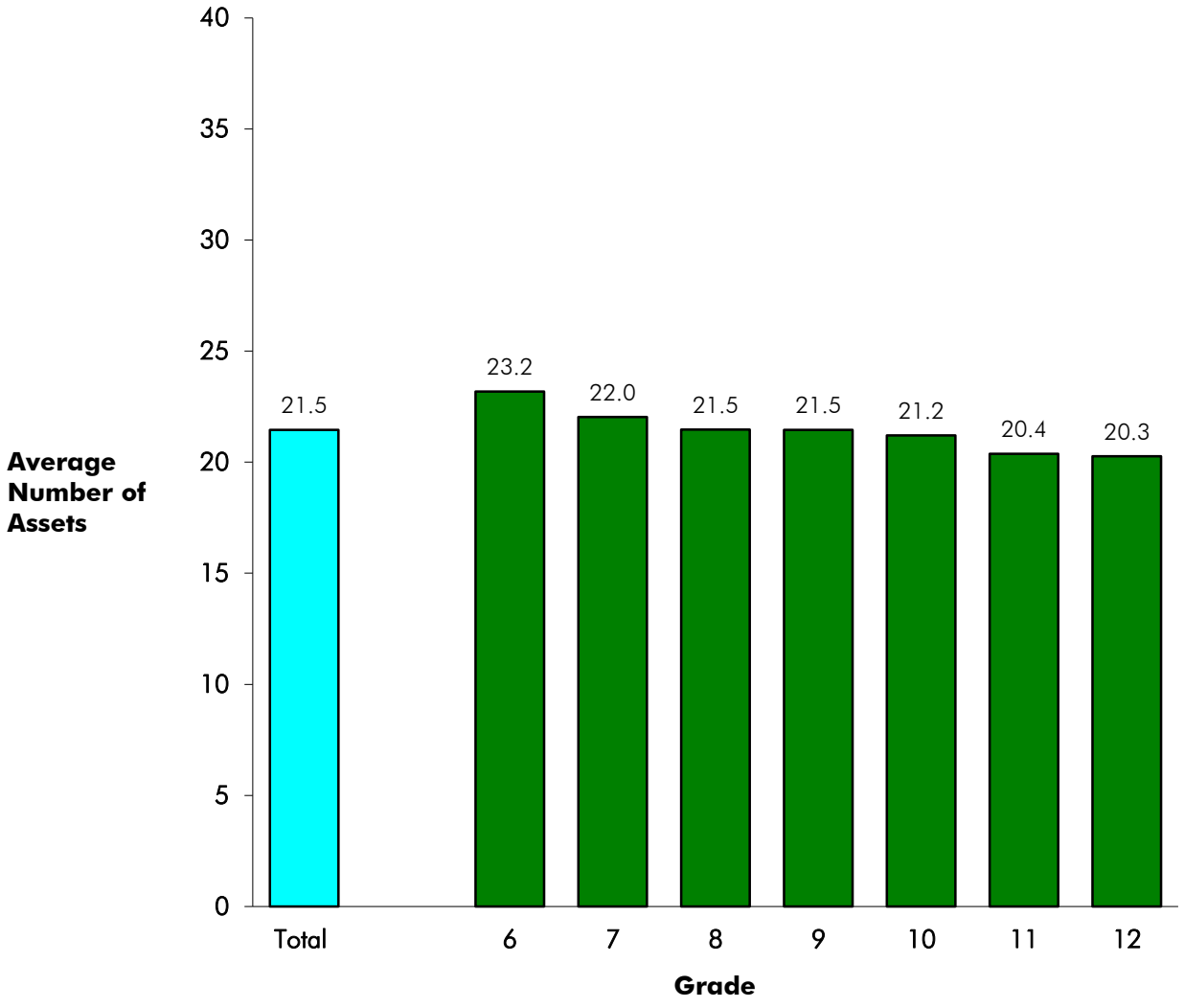
Average Number of Developmental Assets in Your Youth

Search Institute's research on adolescents consistently shows a small but meaningful difference in assets between older youth (grades nine through 12) and younger youth (grades six through eight), with younger youth reporting more assets than older youth. This result has been found in both "snapshot" and longitudinal studies. Regardless of age, gender, economic status, or geographic region, most young people in the United States experience far too few of the 40 Developmental Assets.

If one or more grade levels in your survey sample report particularly low average numbers of assets compared to other grades in your study, you may need to closely examine community conditions that affect asset development at those particular grade levels.

The following figure reflects the average number of Developmental Assets reported at each grade level by youth in your community.

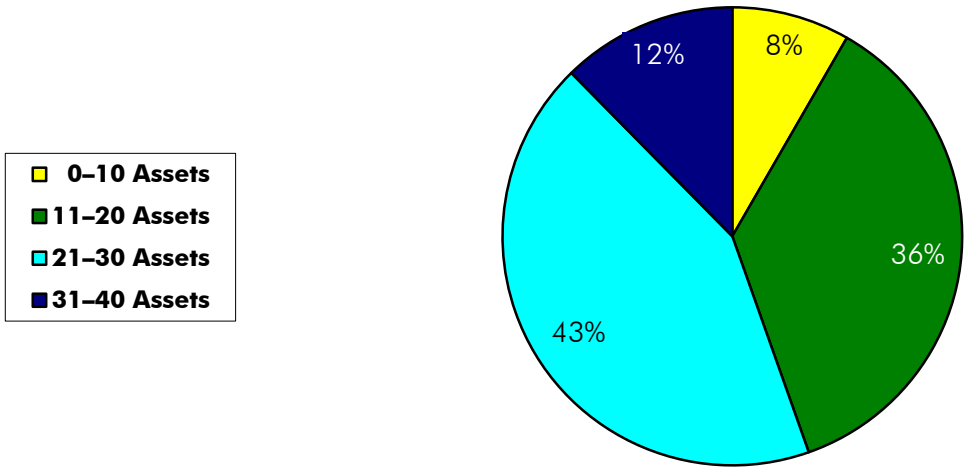
Figure 1. Average Number of Assets Reported by Your Youth



Your Community's Challenge

For optimal youth outcomes, the more assets youth have, the better. Having 31–40 assets is better than 21–30, which is better than having 11–20, and so on. In an ideal world, communities would strive to ensure that all youth eventually experience between 31 and 40 of the Developmental Assets. In your community, 12 percent of surveyed students report 31 or more of the 40 assets. Below in Figure 2 you'll find the percent of your young people who currently experience Developmental Assets (in asset groups of 10).

Figure 2. The Asset Challenge Facing Your Community



The Asset Challenge for All Communities

The state of Developmental Assets in your community is likely to be similar to the challenging asset pattern found throughout the country. The particular strengths and weaknesses highlighted in this report are a unique reflection of your community, but general patterns (of average numbers of assets, general decreases in asset levels, and relationships between assets and risk behaviors and between assets and thriving behaviors) are typical of other communities that have administered this survey to youth. Search Institute studies have found regardless of town size or geography that youth typically lack support. Communities can draw upon the inherent strengths of youth and adults to increase assets in young people and do the following:

- Give adequate adult support through long-term, positive intergenerational relationships;
- Provide meaningful leadership and community involvement opportunities;
- Engage young people in youth-serving programs;
- Provide consistent and well-defined behavioral boundaries;
- Help youth connect to their community; and
- Create critical opportunities to develop social competencies and form positive values.

Young people may face complex social forces, including:

- High levels of parental absence;
- Adult silence on positive values and healthy boundaries;
- Fragmented family and community social systems;
- Neighbors who are isolated from one another and separated by age barriers;
- Adult fear of becoming involved and the sense that young people are someone else's responsibility;
- Public disengagement from the important work of building meaningful connections with youth;
- Youth overexposure to media saturated with violence and sexual situations;
- Poverty and lack of access to supportive programs and services;
- Inadequate education and poor economic opportunities that cause families to be unable to provide for their children's needs;
- Schools, religious institutions, and other youth-serving organizations that are not adequately equipped to be supportive, caring, and challenging in a positive way.

By working to eliminate these barriers and conditions, communities can fortify young people against the allure of risk-taking behaviors, negative pressures, and undesirable sources of belonging in order to prepare them to become the next generation of parents, workers, leaders, and citizens. While this combination of social factors suggests that we have much work to do, a concerted effort by all members of the community to build assets in youth can strengthen our capacity to be caring, connected and committed to the common good.

The Power of Developmental Assets to Promote Thriving in Youth

Youth who report higher levels of assets are not only less likely to engage in risk-taking behaviors, but they are also more likely to consistently report higher numbers of eight thriving indicators, according to Search Institute's research. These indicators offer a brief look at thriving, which is a much more comprehensive concept.[4] Figure 3 reflects the power of assets to promote the eight specific thriving indicators among young people.

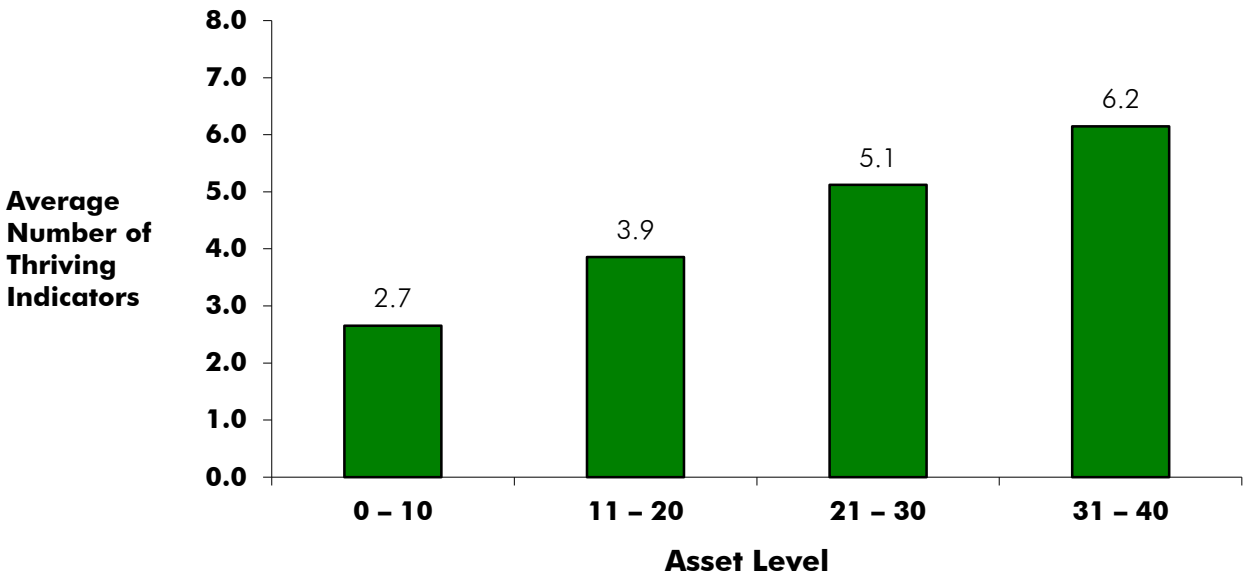
Eight Indicators of Thriving Youth

Youth:

- Experience school success
- Help others informally
- Value diversity
- Maintain good personal health
- Exhibit leadership
- Resist danger
- Controll impulsive behavior
- Overcome adversity

In the figure below, each bar represents a relationship between the average number of thriving indicators reported by your youth and the total number of assets (in asset groups of 10) reported by the same youth.

Figure 3. The Power of Developmental Assets to Promote Thriving Indicators



[4] For more details regarding the definition and measurement of thriving, see *Sparks: How Parents Can Ignite the Hidden Strengths of Teenagers* by Peter L. Benson, Ph.D. (Jossey-Bass, 2008). See also Benson, P. L., & Scales, P. C. (2009). The definition and preliminary measurement of thriving in adolescence. *Journal of Positive Psychology 4*(1), 85-104.

The Protective Power of Developmental Assets

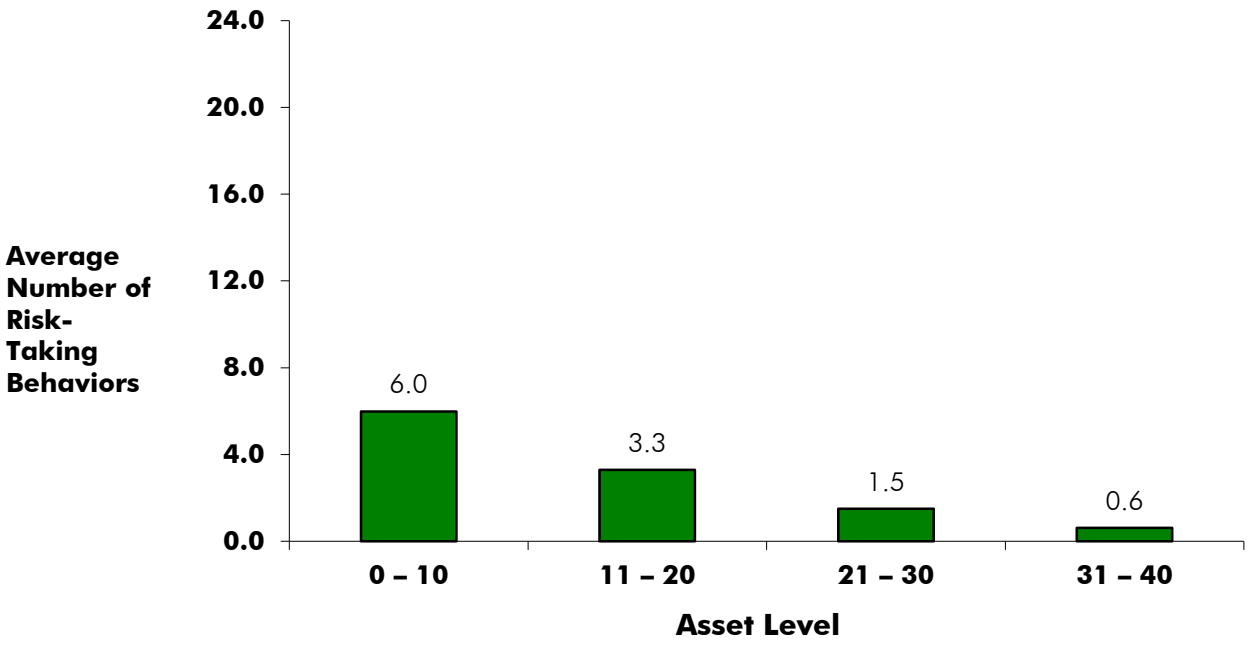
Search Institute's research consistently shows that youth with higher levels of Developmental Assets are involved in fewer risk-taking behaviors and experience higher levels of thriving indicators. Developmental Assets have the power to protect youth from engaging in the following 24 risk-taking behaviors:

Risk-Taking Behaviors

- Alcohol use
- Binge drinking
- Marijuana use
- Smokeless tobacco use
- Illegal drug use
- Driving while drinking
- Early sexual intercourse
- Vandalism
- Vaping
- Smoking
- Shoplifting
- Using a weapon
- Eating disorders
- Skipping school
- Gambling
- Depression
- Getting into trouble with police
- Hitting another person
- Hurting another person
- Fighting in groups
- Carrying a weapon for protection
- Threatening to cause physical harm
- Attempting suicide
- Riding with an impaired driver

Each vertical bar in Figure 4 represents the average number of risk-taking behaviors reported by your youth at particular asset levels (in asset groups of 10). *Note the average number of risk-taking behaviors reported by students who experience assets at both the highest and lowest levels.*

Figure 4. The Power of Developmental Assets to Protect Against Risk-Taking Behaviors



Take Action!

This report provides educators and administrators, parents, neighbors, community members, and leaders with insight into the behaviors, opportunities, and challenges facing young people in your community. Use this information as a powerful basis for ongoing, community-wide discussions about how best to improve the well-being of your youth.

Set a Community-Wide Asset Goal

It is important for each community to establish and work toward the goal of a higher average total number of assets that each of its young people experience. This goal-setting process can provide a critical opportunity for community members to create a shared vision for healthy youth. As you begin your goal-setting process, keep in mind the barriers and challenges noted above, as well as the protective power of Developmental Assets and their power to help youth thrive.

The good news is that everyone—parents, grandparents, educators, neighbors, children, teenagers, youth workers, employers, health care providers, business people, religious leaders, coaches, mentors, and many others—can build Developmental Assets in youth. Ideally, an entire community will become involved in ensuring that its young people receive the solid developmental foundation they need to become tomorrow's competent, caring adults.

Begin With First Steps

As a Neighbor or Caring Adult, You Can . . .

- □ Invite a young person you know to join you in an activity: play a game, visit a park, or go for a walk together.
- □ Greet the children and adolescents you see every day.
- □ Send birthday cards, letters, "I'm thinking of you" notes, or e-messages to a child or adolescent with whom you have a connection.

As a Young Person, You Can . . .

- □ Challenge yourself to develop a new interest on your own, or try a new activity through school, local youth programming, cocurricular activities, or faith community youth program.
- □ Strike up a conversation with an adult you admire, and get to know that person better. See adults as potential friends and informal mentors.
- □ Look for opportunities to build relationships with younger children through service projects, tutoring, or baby-sitting.

As a Parent or Family Member, You Can . . .

- □ Consistently model—and talk about—your family's values and priorities.
- □ Regularly include all children in your family in projects around the house, recreational activities of all kinds, and community service projects that benefit people with needs greater than your own.
- □ Post a list of the Developmental Assets and talk to children about them. Ask teens for suggestions of ways to strengthen their assets as well as yours.

As an Organization Member and/or Businessperson, You Can . . .

- □ Highlight, develop, expand, and support programs designed to build assets, such as one-on-one mentoring, peer helping, service learning, and parent education.
- □ Provide meaningful opportunities for young people to contribute to the lives of others, in and through your organization.
- □ Develop employee policies that encourage asset building in youth, including flexible work schedules for parents and other employees that allow them to volunteer in youth development programs.

For detailed information about building Developmental Assets or starting an asset-building initiative in your community, visit Search Institute at *www.search-institute.org* or call (800) 888–7828.

Complete Report

Section 2

Developmental Assets: A Model of Positive Human Development

This report summarizes how young people in your community experience the 40 Developmental Assets and how those assets relate to their behavioral choices, as measured by the Search Institute survey *Profiles of Student Life: Attitudes and Behaviors*. Students in your community recently took the survey in November 2021.

Search Institute's framework of 40 Developmental Assets provides a positive way to assess the overall well-being of middle school and high school youth. Assets represent developmental building blocks that are crucial for all youth, regardless of gender, race, ethnicity, family economics, community size, or geographic region. Search Institute's research is based on fifty years of scientific inquiry into risk-taking and resiliency factors, as well as normal developmental processes. See Section 3, Portrait of Developmental Assets, for a complete list of Developmental Assets.

Profiles of Student Life: Attitudes and Behaviors assesses the protective factors present in the lives of youth, including thriving and resiliency behaviors. It also measures levels of high-risk behaviors, including the use of tobacco, alcohol, other drugs, violence, and early sexual involvement. By juxtaposing challenging risk behaviors with the positive model of the Developmental Asset framework, Search Institute offers communities a hopeful vision of change that can guide your efforts to create a positive climate in which to raise youth. The framework emphasizes healthy human development, and relies on every resident to share responsibility for ensuring that young people grow up healthy and capable of leading productive lives.

The Value of Developmental Assets

Search Institute researchers synthesized what's been learned from a substantial body of literature in the fields of developmental psychology and positive youth development, as well as drawing upon decades of Search Institute research studies, to create the Developmental Assets framework.[5] The Institute's survey research demonstrates a **strong correlation between high levels of Developmental Assets present in young people's lives and significantly lower levels of risk-taking behaviors, including substance use, school truancy, premature sexual activity, and delinquency.**

The research also shows that youth who report higher levels of Developmental Assets are more likely to show **signs of thriving**, including **higher student achievement** and **school success**, as well as **informal helping behaviors, leadership, resisting danger and controlling impulsive behavior, valuing diversity, maintaining good personal health, and overcoming adversity.**

Ensuring Healthy Youth—Everyone's Responsibility

Study after study—local and national—draws attention to disturbingly high rates of teen and adolescent risk-taking. These behaviors include alcohol and other drug use, early sexual activity and teen pregnancy, interpersonal violence, and school failure, among others. In searching for solutions, communities and

[5] Scales, Peter C., Ph.D. and Leffert, Nancy, Ph.D. (2004). *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development* (2nd ed.). Minneapolis, MN: Search Institute.

individuals may turn to prevention programs, behavioral interventions, and social services for help. These methods are often, although not always, effective.

It's vitally important for communities to confront behaviors that threaten the health, safety, and positive futures of young people, whether youth engage in risky behaviors themselves or are exploited by the behaviors of other adults, the media, pervasive poverty, racism, or family and community violence. Despite the best efforts of concerned, competent people and community organizations, these problems often persist or are replaced by equally challenging ones.

Troubling youth behaviors can often be explained by a scarcity of positive developmental experiences. Strengthening, and in some cases rebuilding, the Developmental Assets framework is essential for young people's positive development.

Key Supports for Young People

The Developmental Assets approach emphasizes the importance of providing youth with the positive core developmental supports and traits they need from adults, including but not limited to:

- Caring adult relationships
- Positive intergenerational family relationships
- Safety at home, school, and in the neighborhood
- Clear, consistent boundaries and guidelines
- Opportunities for participation in constructive activities
- A commitment to learning
- Consistent attention to developing positive values
- Opportunities to serve the needs of others
- Time to practice and learn planning and decision-making skills
- Opportunities to develop a sense of purpose and goals for the future

The Developmental Assets framework allows you a way to assess the health of youth in your community and focus community-wide attention on creating the positive conditions necessary to nurture healthy development. Responsibility for ensuring these conditions lies with adults who interact with youth every day—families, friends, neighbors, teachers, retirees, law enforcement professionals, business people, coworkers, religious leaders—and many others. Everyone has a valuable role to play in nurturing healthy youth.

External and Internal Developmental Assets

Think of the 40 Developmental Assets as ***external*** experiences in the home, school, peer group, and community that support and nurture youth, and ***internal*** attitudes, values, and competencies that work together to help youth become healthy, independent, and successful young adults.

External assets are positive developmental experiences that surround youth with support, personal boundaries and expectations, and opportunities for empowerment and constructive use of time. When various systems in the community deliberately provide these critical experiences for young people, positive development is stimulated and nurtured.

Internal assets are elements of a young person's educational commitments, strong positive values, social competencies, and healthy, positive identity. Similar to external assets, internal assets develop in young people through consistent, deliberate community efforts.

For more information about Search Institute's work and research supporting the Developmental Assets framework, see Appendix C.

How Your Survey Was Conducted

Search Institute's *Profiles of Student Life: Attitudes and Behaviors* survey measures Developmental Assets levels in your community. Similar research has been conducted with over three million young people in hundreds of communities across the country and around the world.[6]

The survey was administered in November, 2021 to students in grades 6 through 12 at Newburyport, Amesbury, Georgetown, and Triton Regional School District schools. Standardized administration procedures were provided to school staff by Search Institute to enhance the quality of the data. To ensure complete student anonymity, no names or identification numbers were used. 0

A Note about Interpreting the Data

To create the final dataset on which these findings are based, multiple careful reviews were made of individual survey responses. For your survey report, 469 surveys were eliminated due to one or more of the following factors:

- Missing data on 40 or more items within the same survey;
- Filling in long patterns of responses rather than answering thoughtfully (e.g., answering "Strongly Disagree" to 18 questions in a row even though the questions have a mix of positive and negative tone);
- Reporting a grade level other than those intended to be surveyed.

The number of surveys discarded from your survey sample represents 13 percent of the total number of your surveys received by Search Institute. Typically, for online surveys, between fifteen and twenty-five percent of surveys are discarded for the reasons mentioned above. If, for any reason, the percentage of discarded surveys is greater than 25 percent, caution should be used in interpreting the results, as survey bias may be present.

An important factor affecting survey data quality is the degree to which the surveyed students represent all youth in a participating school(s). If a survey consists of a *random sample* of students, the sample must be large enough to appropriately represent the student population. Survey studies that are intended to assess *all* youth should ideally obtain data from at least 80 percent of the student population. Neither method produces perfect results, but both methods can provide quality information about your youth.

In this report, percentages are generally reported by total group, gender, and grade. To protect students' anonymity, if data are received from fewer than 30 students per grade, percentages are reported for *combinations* of grades (for example, grades six, seven, and eight, grades nine and 10, or grades 11 and 12).

Please note: When grade-level survey sample sizes are 50 or less, exercise caution in making blanket comparisons between individual grade levels, unless sample sizes represent the total number of youth in those grades. Also, when not every student in grades six through 12 is surveyed, use caution in reporting total survey item percentages, as figures will not necessarily represent the experience of the entire population of students in grades six through 12. See Table 6 below for characteristics of the youth who participated in your study.

[6] The current framework of 40 Developmental Assets reflects Search Institute's continuing commitment to increase an understanding of Developmental Assets and the developmental processes working in the lives of children and adolescents. Search Institute studies conducted prior to 1996 measured a set of 30 Developmental Assets.

Table 6. Youth Who Were Surveyed

		Actual Number of Youth	Adjusted Number of Youth	Adjusted Percent of Total
Total Sample[7]		3124		100
Gender[8,9]	Female	1406	1406	49
	Male	1478	1478	51
	Transgender, male-to-female	0	0	0
	Transgender, female-to-male	0	0	0
	Transgender, do not identify as exclusively male or female	67	0	0
	Not sure	67	0	0
Grade[8]	6	471		15
	7	505		16
	8	567		18
	9	408		13
	10	396		13
	11	436		14
	12	329		11
Race/Ethnicity[8]	American Indian or Alaska Native	29		1
	Asian	51		2
	Black or African American	57		2
	Hispanic or Latino/Latina	72		2
	Native Hawaiian or Other Pacific Islander	0		0
	White	2508		81
	Other	71		2
	More than one of the above	316		10

9

[7] Four criteria were used to determine whether individual responses were valid. Survey forms that did not meet one or more of the criteria were discarded. Reasons for survey disqualification include inconsistent responses, missing data on 40 or more items, reports of unrealistically high levels of alcohol or other drug use, and surveys from students in grades other than those intended. See full report for more information.

[8] Numbers may not add up to the "Total Sample" figure due to missing information on individual surveys.

[9] Gender combination occurs for all transgender options. Male-to-female is recoded as female. Female-to-male is recoded as male. Others are not included in the gender columns.

How to Use This Report

This report contains important insights into the lives of young people living in your community. It includes information about the challenges they face, as well as the external supports and internal strengths they have to help them overcome those challenges. When reading survey reports, readers sometimes debate the meaning or accuracy of individual numbers. General guidelines for interpreting your results may be helpful:

- First, give additional consideration to survey differences of *five percentage points or more* between grade levels and between males and females.

- Next, look for *patterns* of findings, rather than focusing on a specific asset level or individual survey item finding. Ask, for example, "Does one grade level or set of grade levels consistently report fewer assets?"

- Finally, rather than overwhelming and confusing community members with individual item numbers, *convey an overall message* about youth in your community, such as the average number of assets reported by your youth.

Many members of your community will benefit from the information in this report, including:

- Young people
- Educators
- Youth workers
- Community leaders
- Healthcare providers
- Parents
- Media representatives
- Religious leaders
- Employers and business people
- After-school caregivers and coaches
- Community and neighborhood residents

Use local resources, as well as survey resources from Search Institute's Web site (*www.search-institute.org*), Survey Services, and Training and Speaking departments, to communicate your survey findings. See Appendix D for an extensive list of asset-building resources to aid your efforts and Appendix E for answers to Frequently Asked Questions.

After you share the survey report with your youth, parents, educators, community leaders and others, you can begin the important work of asset building. This work requires long-term commitment and community-wide effort. While the information gathered from the *Profiles of Student Life: Attitudes and Behaviors* survey represents a snapshot of your youth at a particular moment in time, opportunities for asset building in youth (ideally beginning at birth and continuing throughout childhood) can extend well into adolescence and beyond.

See section 7, *Taking Action*, for ideas on getting started. And note the "Questions to Consider" at the bottom of many pages, which can be used to start a candid discussion about what works well and what needs attention in your community's efforts to build assets in your young people. Once you're engaged in asset building, you may discover individuals and groups who are already involved in supporting youth in highly creative ways. While asset building is not a program, it *is* a catalyst for empowering and connecting all parts of the community.

Section 3
Portrait of Developmental Assets

Here you'll find information in various forms about the state of Developmental Assets in your young people, including reports of "Average Number of Assets" and "Percentage of Youth Who Report Each Asset." Whether a youth is said to have an asset is based on how that person answered survey questions that measure the asset.

Each asset is carefully evaluated, and is considered either present or absent in a youth's life in order to simplify survey reporting and focus attention on overall trends. In reality, of course, young people experience assets by degrees, and not as an "all or nothing" proposition.

To motivate and challenge your community, you'll want to create a shared vision of the average number of assets your youth should ideally experience. This approach reminds everyone that many different asset combinations contribute to the healthy development of young people. When the majority of youth experience an asset, that experience becomes the accepted standard for the community.

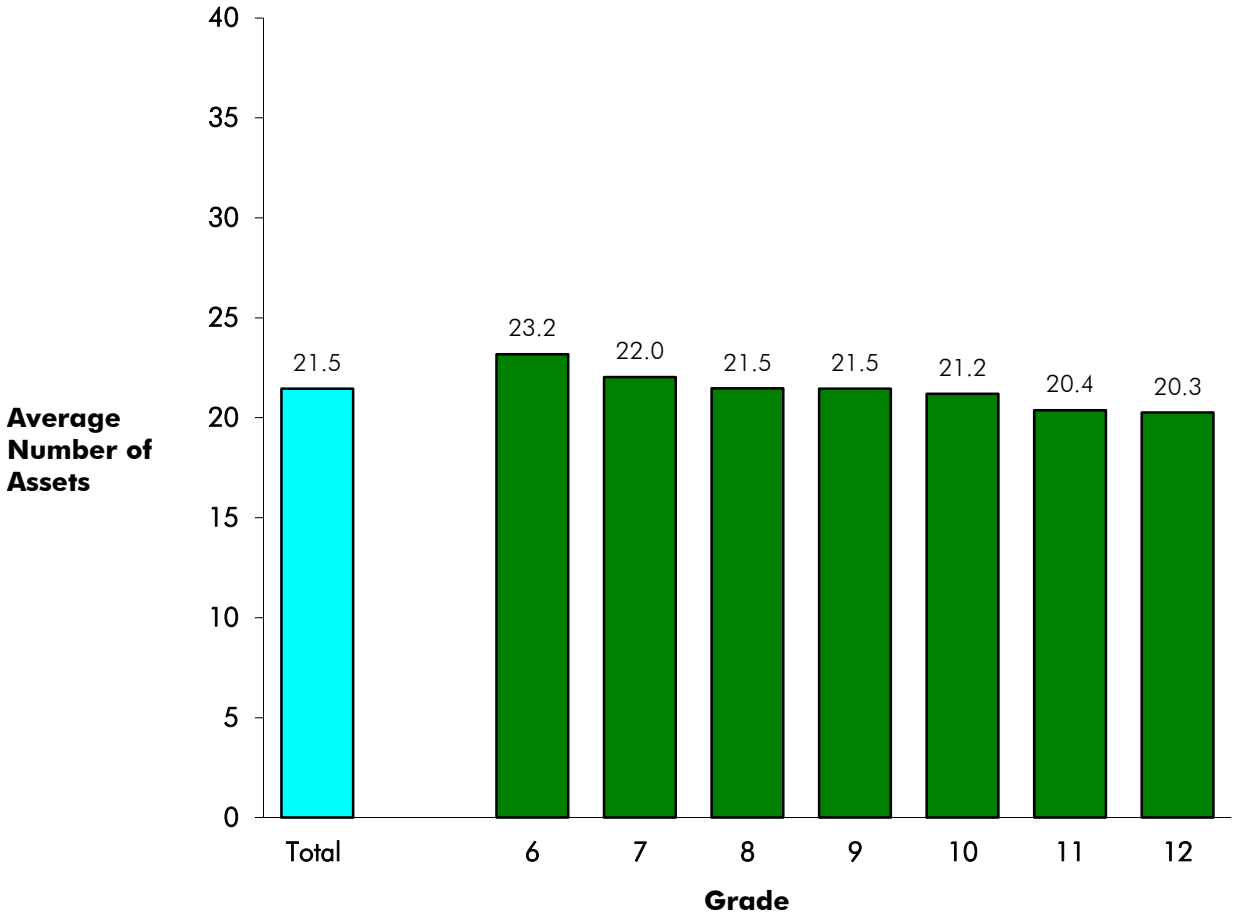
See Appendix A for detailed information about youth responses to each survey item, and Appendix B to examine the relationship between survey items and the assets they measure.

Average Number of Assets in Your Youth

Students' individual survey responses were analyzed to determine whether they "have" each asset. Figure 5 represents the average number of Developmental Assets reported by your students, as well as the average number reported at each grade level.

Most young people in the United States—regardless of ethnicity, age, gender, economic status, or geographic region—experience too few of the 40 assets. Of particular concern, a Search Institute longitudinal study found that the average number of assets reported by adolescents in the 6th through 8th grades tends to decrease as they move into the 9th through 12th grades.

Figure 5. Average Number of Assets Reported by Your Youth



Questions to Consider

- What is the average number of assets reported by your youth?
- How does the average number of reported assets compare across various grade levels?
- Do some grade levels report especially low numbers of assets? If so, why might this be, and what response can you make to turn the numbers around?

External Developmental Assets

External assets are the positive experiences and supports a young person receives from formal and informal connections to adults and peers in the community. Twenty external assets are organized into four categories: Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time.

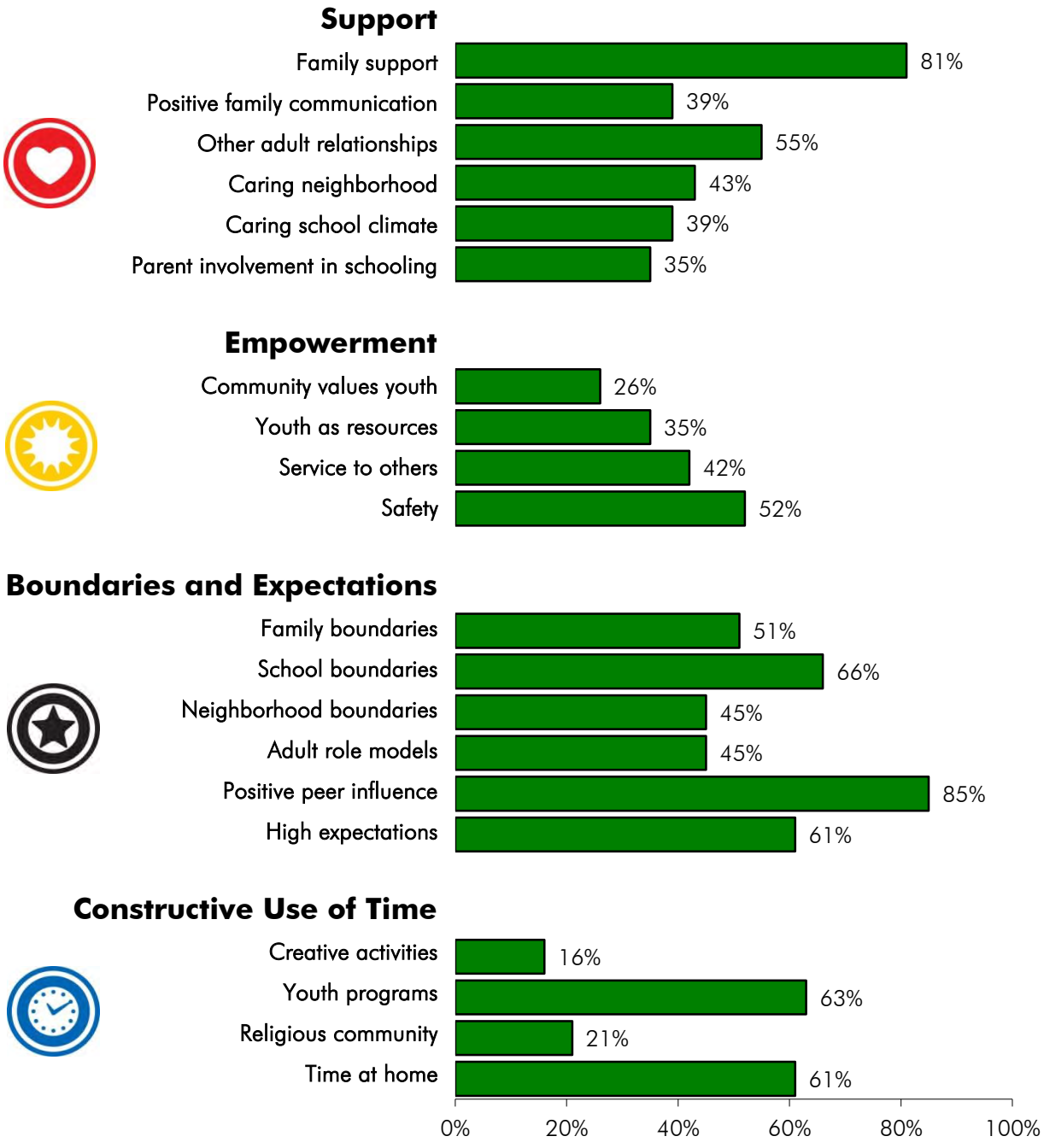
The Support assets refer to the love, affirmation, and acceptance that young people receive from their families, other adults, and peers. Ideally, young people experience an abundance of support not only within their families, but also from many other people in their community.

The Empowerment assets relate to the key developmental need youth have to be valued and valuable. Empowerment assets focus on community perceptions of young people (as reported by youth themselves), on opportunities for youth to contribute to and serve their community in meaningful ways, and on the community's efforts to create a safe place for youth to grow and flourish.

Boundaries and Expectations assets refer to the need youth have for clear and enforced boundaries to complement their experience of the Support and Empowerment assets. Ideally, Boundaries and Expectations assets are experienced within the family, school, and neighborhood, providing a set of consistent messages about appropriate and acceptable behavior across social systems and contexts.

The Constructive Use of Time assets are the purposeful, structured opportunities for children and adolescents that a healthy community offers to its young people. Whether they're provided through schools, community groups, or religious institutions, organized activities contribute to the development of many external and internal assets.

Figure 6. Percent of Youth Reporting Each of 20 External Assets



External Developmental Assets in Your Youth

This table reflects percentages of external Developmental Assets reported by the total sample of youth who were surveyed. The data refer to each of the 20 external assets, which are grouped by external asset categories (Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time).

Table 7. Percent of Youth Reporting External Assets (with Definitions)

Category	Asset Name	Definition	Percent
Support	1. Family support	Family life provides high levels of love and support.	81
	2. Positive family communication	Young person and his or her parent(s) communicate positively, and young person is willing to seek parent(s') advice and counsel.	39
	3. Other adult relationships	Young person receives support from three or more nonparent adults.	55
	4. Caring neighborhood	Young person experiences caring neighbors.	43
	5. Caring school climate	School provides a caring, encouraging environment.	39
	6. Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.	35
Empowerment	7. Community values youth	Young person perceives that adults in the community value youth.	26
	8. Youth as resources	Young people are given useful roles in the community.	35
	9. Service to others	Young person serves in the community one hour or more per week.	42
	10. Safety	Young person feels safe at home, school, and in the neighborhood.	52
Boundaries and Expectations	11. Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.	51
	12. School boundaries	School provides clear rules and consequences.	66
	13. Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behavior.	45
	14. Adult role models	Parent(s) and other adults model positive, responsible behavior.	45
	15. Positive peer influence	Young person's best friends model responsible behavior.	85
	16. High expectations	Both parent(s) and teachers encourage the young person to do well.	61
Constructive Use of Time	17. Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	16
	18. Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.	63
	19. Religious community	Young person spends one or more hours per week in activities in a religious institution.	21
	20. Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.	61

Questions to Consider

- Which external Developmental Assets are particularly strong in your surveyed students? Particularly weak?
- Which external asset categories are particularly strong or weak?
- What implications do these findings have for your community?

External Assets by Gender and Grade

This table reflects percentages of surveyed youth who reported each of the 20 external Developmental Assets. Results are given by *total sample*, *gender*, and *grade* and are grouped by external asset categories. Notice that percentages for the total sample correspond to the bar graph in Figure 6.

Table 8. Percent of Youth Reporting External Assets by Gender and Grade

External Asset	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
Support										
1. Family support	81	86	80	88	86	80	82	80	75	74
2. Positive family communication	39	39	41	47	47	42	38	35	27	32
3. Other adult relationships	55	56	57	56	54	54	59	53	55	55
4. Caring neighborhood	43	45	45	49	43	42	46	41	44	38
5. Caring school climate	39	42	37	49	41	41	29	35	32	42
6. Parent involvement in schooling	35	35	36	54	46	32	37	27	25	16
Empowerment										
7. Community values youth	26	29	26	37	27	28	27	22	20	19
8. Youth as resources	35	38	36	37	31	34	40	39	33	36
9. Service to others	42	39	45	45	38	45	40	38	43	43
10. Safety	52	65	43	37	47	49	54	56	63	63
Boundaries and Expectations										
11. Family boundaries	51	54	49	46	48	49	50	56	52	54
12. School boundaries	66	70	63	75	72	66	62	66	58	57
13. Neighborhood boundaries	45	47	46	51	50	47	45	43	41	36
14. Adult role models	45	44	50	50	47	45	45	47	41	39
15. Positive peer influence	85	84	87	93	93	89	86	81	75	72
16. High expectations	61	63	62	74	67	62	55	55	50	58
Constructive Use of Time										
17. Creative activities	16	10	21	21	17	17	17	12	13	15
18. Youth programs	63	63	66	60	57	59	67	66	68	68
19. Religious community	21	22	22	29	24	22	20	21	15	14
20. Time at home	61	63	57	70	65	61	57	62	58	51

Questions to Consider

- Do significant differences show up between numbers of external assets reported by males and females? If so, which external assets are those?
- Did some grade levels report consistently higher or lower levels of external assets compared to others? If so, what might explain the differences?
- How can the community respond in a constructive way to disparities in asset levels?

Internal Developmental Assets

Internal assets are those qualities, skills, and attributes a community and family can nurture within youth so they can contribute to their own development. The 20 internal assets are divided into four asset categories: Commitment to Learning, Positive Values, Social Competencies, and Positive Identity.

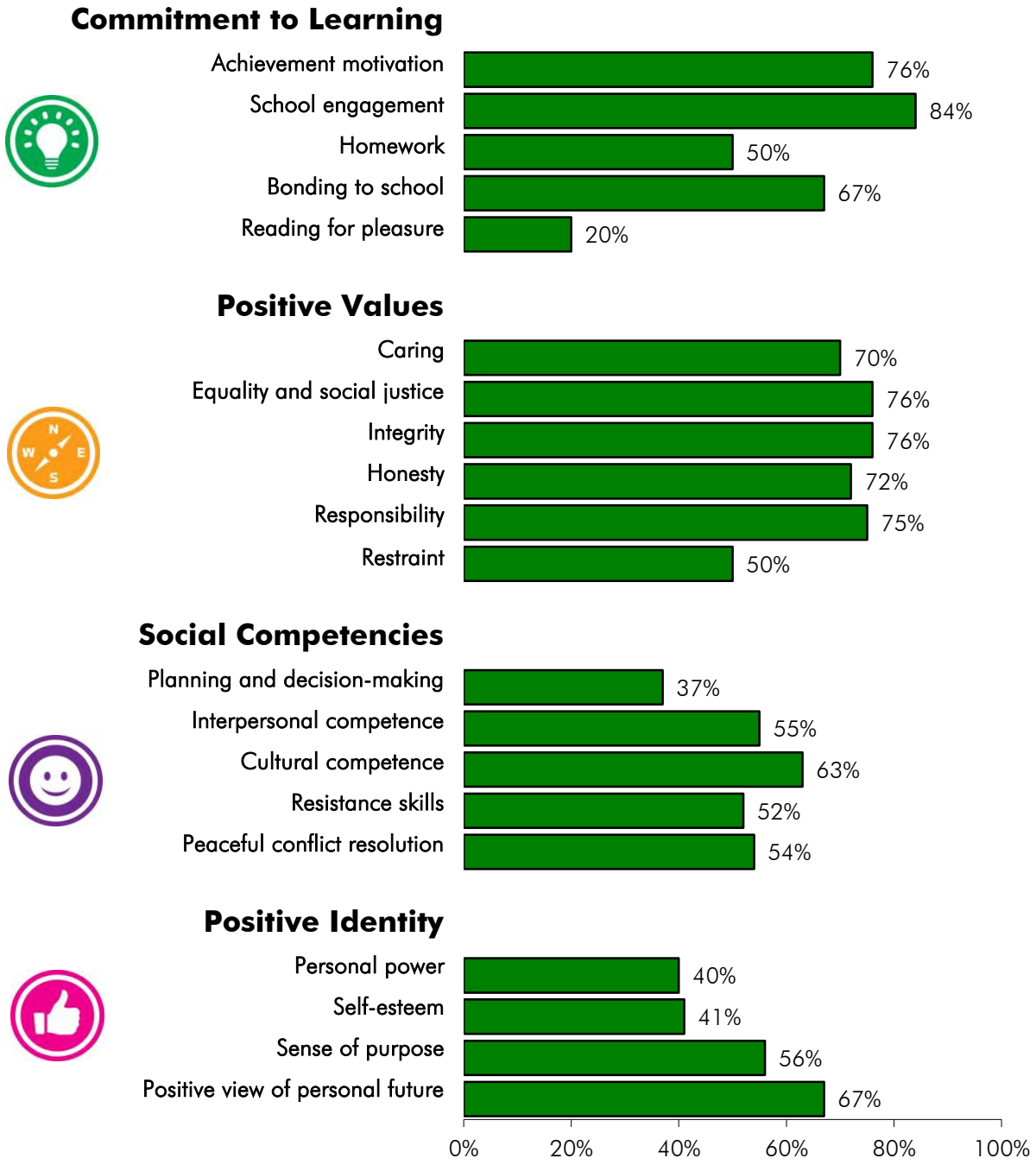
Commitment to Learning assets are essential in a rapidly changing world. Developing intellectual curiosity and critical thinking skills to acquire knowledge and learn from experience are important characteristics of successful adolescents.

Positive Values assets are important "internal compasses" that guide young people's priorities and choices. These values represent the foundation first laid by a young person's family. Though parents and caregivers seek to nurture and instill many values in children, the asset framework focuses particularly on six known to help prevent high-risk behaviors and promote caring for others.

Social Competencies assets reflect important personal skills young people need to negotiate the maze of choices and options they face in the teenage years. These skills also lay a foundation for the development of independence and competence as young adults.

Positive Identity assets focus on young people's views of themselves—their own sense of power, purpose, worth, and promise. Without these assets, young people risk feeling powerless and lack a sense of initiative and meaning.

Figure 7. Percent of Youth Reporting Each of 20 Internal Assets



Internal Developmental Assets in Your Youth

This table reflects percentages of internal Developmental Assets reported by the total sample of youth who were surveyed. The data refer to each of the 20 internal assets, which are grouped by internal asset categories (Commitment to Learning, Positive Values, Social Competencies, and Positive Identity).

Table 9. Percent of Youth Reporting Internal Assets (with Definitions)

Category	Asset Name	Definition	Percent
Commitment to Learning	21. Achievement motivation	Young person is motivated to do well in school.	76
	22. School engagement	Young person is actively engaged in learning.	84
	23. Homework	Young person reports doing at least one hour of homework every school day.	50
	24. Bonding to school	Young person cares about his or her school.	67
	25. Reading for pleasure	Young person reads for pleasure three or more hours per week.	20
Positive Values	26. Caring	Young person places high value on helping other people.	70
	27. Equality and social justice	Young person places high value on promoting equality and reducing hunger and poverty.	76
	28. Integrity	Young person acts on convictions and stands up for his or her beliefs.	76
	29. Honesty	Young person tells the truth even when it is not easy.	72
	30. Responsibility	Young person accepts and takes personal responsibility.	75
	31. Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.	50
Social Competencies	32. Planning and decision-making	Young person knows how to plan ahead and make choices.	37
	33. Interpersonal competence	Young person has empathy, sensitivity, and friendship skills.	55
	34. Cultural competence	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	63
	35. Resistance skills	Young person can resist negative peer pressure and dangerous situations.	52
	36. Peaceful conflict resolution	Young person seeks to resolve conflict nonviolently.	54
Positive Identity	37. Personal power	Young person feels he or she has control over "things that happen to me."	40
	38. Self-esteem	Young person reports having a high self-esteem.	41
	39. Sense of purpose	Young person reports that "my life has a purpose."	56
	40. Positive view of personal future	Young person is optimistic about his or her personal future.	67

Questions to Consider

- Where are the strengths and needs of your youth with respect to their internal assets? Which assets do more youth report, and which do fewer report?
- Are reports of some internal asset categories particularly high or low? Why might this be?
- What actions can you take to strengthen internal assets in your young people?

Internal Assets by Gender and Grade

This table reflects percentages of surveyed youth who reported each of the 20 internal Developmental Assets. Results are given by *total sample*, *gender*, and *grade* and are grouped by internal asset categories. Notice that percentages for the total sample correspond to the bar graph in Figure 7.

Table 10. Percent of Youth Reporting Internal Assets by Gender and Grade

Internal Asset	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
Commitment to Learning										
21. Achievement motivation	76	72	82	79	76	76	74	75	76	74
22. School engagement	84	83	88	86	84	82	84	85	85	87
23. Homework	50	44	57	25	39	42	62	61	68	60
24. Bonding to school	67	69	69	82	70	65	68	62	61	60
25. Reading for pleasure	20	15	23	30	24	20	17	15	16	18
Positive Values										
26. Caring	70	64	76	77	71	68	66	72	67	66
27. Equality and social justice	76	68	83	80	77	77	73	76	73	71
28. Integrity	76	74	78	75	73	73	74	78	78	83
29. Honesty	72	72	75	79	72	69	70	74	69	76
30. Responsibility	75	74	79	78	74	74	73	76	75	79
31. Restraint	50	51	48	71	73	64	48	35	23	16
Social Competencies										
32. Planning and decision-making	37	34	42	34	34	34	37	40	39	42
33. Interpersonal competence	55	46	65	61	55	52	55	53	54	56
34. Cultural competence	63	56	70	62	61	65	66	68	63	57
35. Resistance skills	52	52	54	59	55	54	48	51	48	47
36. Peaceful conflict resolution	54	43	65	67	57	53	51	51	51	46
Positive Identity										
37. Personal power	40	46	38	36	40	40	41	44	45	38
38. Self-esteem	41	52	34	45	44	38	42	40	35	44
39. Sense of purpose	56	65	50	63	58	57	56	55	50	51
40. Positive view of personal future	67	71	68	71	69	67	69	62	65	66

Questions to Consider

- Are there significant differences between internal asset levels reported by males and females? If so, which assets are those?
- Do some grade levels report consistently higher or lower levels of external assets than others? If so, what might explain the differences?

Developmental Deficits in Youth

Assets form part of the developmental foundation upon which healthy lives are built. Although Search Institute advocates positive, community-based efforts to promote Developmental Assets in young people, communities must also focus attention on preventing the developmental deficits measured by *Profiles of Student Life: Attitudes and Behaviors*. Developmental deficits are the negative influences that can interfere with the ability to develop into a healthy, successful adult. These influences limit a young person's access to external assets, block their development of internal assets, and ease the way into risky behavioral choices. While deficits don't necessarily do permanent harm by themselves, together they make lasting harm possible.

Five developmental deficit conditions were evaluated in this survey, including being home alone two or more hours per school day; exposure to television and video programming three or more hours per day; victimization by household physical abuse; victimization by violence outside the home; and exposure to tobacco, alcohol, marijuana, and other substance use at parties.

The percentage of your surveyed youth reporting each of these five developmental deficits is shown for the total sample, gender, and grade level. Each deficit is correlated here with a high-risk behavior.

Table 11. Percent of Youth Reporting Developmental Deficits

Deficit	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Alone at Home	Spends two hours or more alone per school day	31	31	31	19	25	33	33	37	34	44
TV Overexposure	Watches TV or videos three or more hours per school day	27	27	24	22	27	29	27	27	25	30
Physical Abuse	Reports once or more, "Have you ever been physically harmed (that is, where someone caused you to have a scar, black & blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?"	15	14	14	20	18	15	15	14	12	12
Victim of Violence	Reports once or more, "How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?"	20	22	15	24	24	26	18	15	13	13
Drinking Parties	Reports attending one or more parties in the last year "where other kids your age were drinking."	23	22	26	2	3	8	24	38	48	59

Questions to Consider

- Do differences exist between males and females? Between grade levels? How can you respond positively?
- How do any deficits noted here relate to Developmental Asset levels in your youth?
- What other deficits are present in the community that may underlie the deficit conditions (such as poverty, racism, and social exclusion) noted here?

Section 4
Thriving Indicators and Risk-Taking

Youth were asked about the presence of eight thriving indicators in their lives—factors commonly valued and accepted by developmental experts as important elements of healthy human development. Thriving behaviors that were measured include succeeding in school, helping others, valuing diversity, taking care of one's health, showing leadership, resisting danger, delaying gratification, and overcoming adversity. Researchers have noted a simultaneous decrease in these positive, health-promoting behaviors as youth risk-taking behaviors increase.

In this section you'll also find information about young people's involvement in risk-taking behaviors. Youth were asked specifically about their experience with 24 risk-taking behaviors, including using inhalants, alcohol, tobacco, marijuana, and other illicit drugs, as well as driving under the influence of alcohol and riding with an impaired driver.

Other risk behaviors that were measured include early sexual intercourse, antisocial behaviors (shoplifting, vandalism, and trouble with police), committing acts of violence, school truancy, gambling, eating disorders, depression, and attempted suicide. Each of these behaviors is identified and measured by total sample, gender, and grade.

You will also find data here related to patterns of high-risk behaviors that indicate repeated acts of risk-taking. Perhaps more important than a young person's involvement in *individual* acts of risk-taking is the repeated involvement in behaviors that compromise well-being. A young person who reports using alcohol once or more in the past month is considered to be involved in *risk-taking behavior*. However, a young person who has used alcohol *three* or more times in the past month (almost every week) is considered to be engaging in a *high-risk pattern of behavior* and is even more likely to experience negative consequences related to the behavior. When negative, and sometimes potentially life-threatening, behaviors among young people become more common, it is especially important to look for root causes and conditions leading to these behaviors.

Eight Indicators of Thriving

Table 12 presents the percentages of your youth who report each of eight thriving indicators, including valuing diversity, succeeding in school, helping others, maintaining good health, showing leadership, resisting danger, delaying gratification, and overcoming adversity. The table defines thriving indicators and presents percentages for each by total sample, gender, and grade level.

Table 12. Percentages of Eight Thriving Indicators in Your Youth

Thriving Indicator	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Succeeds in School	Gets mostly As on report card	39	36	43	41	41	39	36	42	32	41
Helps Others	Helps friends or neighbors one or more hours per week	77	75	81	82	78	80	77	74	75	71
Values Diversity	Places high importance on getting to know people of other racial/ethnic groups	74	68	80	74	71	72	74	79	76	74
Maintains Good Health	Pays attention to healthy nutrition and exercise	60	65	61	66	61	60	63	58	59	53
Exhibits Leadership	Has been a leader of a group or organization in the last 12 months	62	64	63	65	62	61	62	55	62	72
Resists Danger	Avoids doing things that are dangerous	25	21	30	32	28	24	24	22	24	23
Delays Gratification	Saves money for something special rather than spending it all right away	55	60	52	61	53	55	54	55	55	53
Overcomes Adversity	Does not give up when things get difficult	65	69	63	63	64	60	68	67	67	68

Questions to Consider

- In what areas is the community doing a particularly good job of nurturing thriving behaviors in young people?
- Are there differences between males and females, or across grade levels? If so, why?
- How do differences in thriving behaviors relate to differences in assets, deficits, and risk-taking behaviors?

Nine Risk-Taking Behaviors Related to Substance Use

In Table 13 you'll find the percentage of your youth who report nine risk-taking behaviors related specifically to substance use, including alcohol, tobacco, and/or other illicit drug use.

The table presents each substance mentioned above and nine related risk-taking behaviors, as well as how these behaviors are defined within the survey. Percentages are reported for each risk behavior by total sample, gender, and grade level.

Table 13. Percent of Youth Who Report Nine Risk-Taking Behaviors Related to Substance Use

Risk-Taking Behavior		Total	Gender		Grade						
Category	**Definition**	**Sample**	**M**	**F**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Alcohol	Used alcohol once or more in the last 30 days	16	15	17	4	4	7	17	22	28	41
	Got drunk once or more in the last two weeks	7	8	8	1	2	3	8	10	14	21
Tobacco	Smoked cigarettes once or more in the last 30 days	1	2	1	1	0	1	2	1	2	5
	Used smokeless tobacco once or more in the last 12 months	1	1	0	1	0	1	1	2	1	3
Vaping	Vaped tobacco, nicotine, or marijuana once or more in the last 30 days	11	11	12	1	2	5	11	17	21	30
Marijuana	Used marijuana or hashish once or more in the last 30 days	8	8	7	1	0	3	6	11	15	24
Other Drug Use	Used heroin or other narcotics once or more in the last 12 months	1	1	0	0	0	0	1	1	1	3
Driving and Alcohol	Drove after drinking once or more in the last 12 months	2	2	1	0	1	0	1	2	2	6
	Rode (once or more in the last 12 months) with a driver who had been drinking	18	14	20	16	17	21	20	21	15	15

Questions to Consider

- What percentage of your youth reports substance-related risk-taking behaviors?
- How do substance use differences relate to differences in reported numbers of assets or reported numbers of deficits you have already identified?
- Which asset categories could have a positive effect on risk-taking behaviors?

Fifteen Additional Risk-Taking Behaviors

In Table 14 you'll find data about eight risk categories and 15 associated risk-taking behaviors in which your youth report involvement, including early sexual intercourse, anti-social behavior, violence, school truancy, gambling, eating disorders, depression, and attempted suicide. Percentages are reported for each behavior by total sample, gender, and grade level.

Table 14. Percent of Youth Reporting 15 Additional Risk-Taking Behaviors

Risk-Taking Behavior		Total	Gender		Grade						
Category	**Definition**	**Sample**	**M**	**F**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Sexual Intercourse	Has had sexual intercourse one or more times	20	21	19		0	1	9	17	27	39
Anti-Social Behavior	Shoplifted once or more in the last 12 months	9	9	8	5	4	8	9	11	12	13
	Committed vandalism once or more in the last 12 months	7	8	4	4	5	7	10	6	8	8
	Got into trouble with police once or more in the last 12 months	8	11	5	4	9	9	10	7	7	12
Violence	Hit someone once or more in the last 12 months	15	20	8	18	19	16	16	13	9	10
	Physically hurt someone once or more in the last 12 months	6	9	3	7	7	7	8	6	3	6
	Used a weapon to get something from a person once or more in the last 12 months	1	1	1	1	1	1	1	1	1	3
	Been in a group fight once or more in the last 12 months	9	11	6	14	10	10	10	7	5	7
	Carried a weapon for protection once or more in the last 12 months	10	12	6	8	8	11	13	12	8	13
	Threatened physical harm to someone once or more in the last 12 months	14	18	9	14	16	14	15	14	12	14
School Truancy	Skipped school once or more in the last four weeks	23	22	24	29	24	26	13	19	24	26
Gambling	Gambled once or more in the last 12 months	14	19	9	12	13	11	14	14	11	27
Eating Disorder	Has engaged in bulimic or anorexic behavior	19	13	25	16	16	19	17	24	21	25
Depression	Felt sad or depressed most or all of the time in the last month	21	13	25	16	14	20	21	24	26	28
Attempted Suicide	Has attempted suicide one or more times	11	7	12	9	8	12	10	15	12	15

Questions to Consider

- Looking at positive percentages, what school programs appear to be effective for youth?
- Which of the additional 15 risk-taking behaviors appear to be a concern for your youth?
- Do differences emerge between male and female reports of risk behaviors? Across various grade levels?
- How can you thoughtfully engage young people in a discussion of these issues?

High-Risk Behavior Patterns

Table 15 presents the percentages of your surveyed youth who report problematic levels of the 10 high-risk behavior patterns by total sample, gender, and by grade.

Patterns of high-risk behaviors shown here represent higher incidence levels of 24 previously reported, individual behaviors noted in Tables 13 and 14. The 10 high-risk behavior patterns presented here are defined by both single and combined (related) risk behaviors.

Table 15. Percent of Youth Reporting 10 High-Risk Behavior Patterns

High-Risk Behavior Pattern		Total	Gender		Grade						
Category	Definition	Sample	M	F	6	7	8	9	10	11	12
Alcohol	Has used alcohol three or more times in the last 30 days or got drunk once or more in the last two weeks	10	9	10	1	2	4	10	15	18	26
Tobacco	Smokes one or more cigarettes every day or uses chewing tobacco frequently	1	1	0	0	0	0	1	1	1	3
Illicit Drugs	Used heroin or other narcotics multiple times in the last 12 months	1	1	0	0	0	0	1	1	1	3
Sexual Intercourse	Has had sexual intercourse three or more times in lifetime	14	13	15		0	0	6	9	20	30
Depression/ Suicide	Is frequently depressed and/or has attempted suicide	25	16	30	19	16	24	24	29	30	35
Anti-Social Behavior	Has been involved in three or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months	6	6	5	2	3	5	7	7	7	11
Violence	Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last 12 months	13	15	9	10	11	13	17	15	12	17
School Problems	Has skipped school two or more days in the last four weeks and/or has below a C average	14	14	14	17	17	16	9	11	12	16
Driving and Alcohol	Has driven after drinking or ridden with a drinking driver three or more times in the last 12 months	7	5	7	5	5	7	9	9	4	9
Gambling	Has gambled three or more times in the last 12 months	5	8	2	3	5	5	4	5	4	12

Questions to Consider

- What percent of your youth reports high-risk behavior patterns?
- What differences are reported between males and females? Across grade levels?

Section 5
The Protective Power of Developmental Assets

The choices young people make about how they act, what they do with their time, and who they will become are not made simply by chance. Their decisions are based upon a web of external and internal influences, including the positive influence of Developmental Assets. Survey data in this section reflect how the assets experienced by young people affect the choices they make regarding both risk-taking behaviors and thriving indicators (described in section 4).

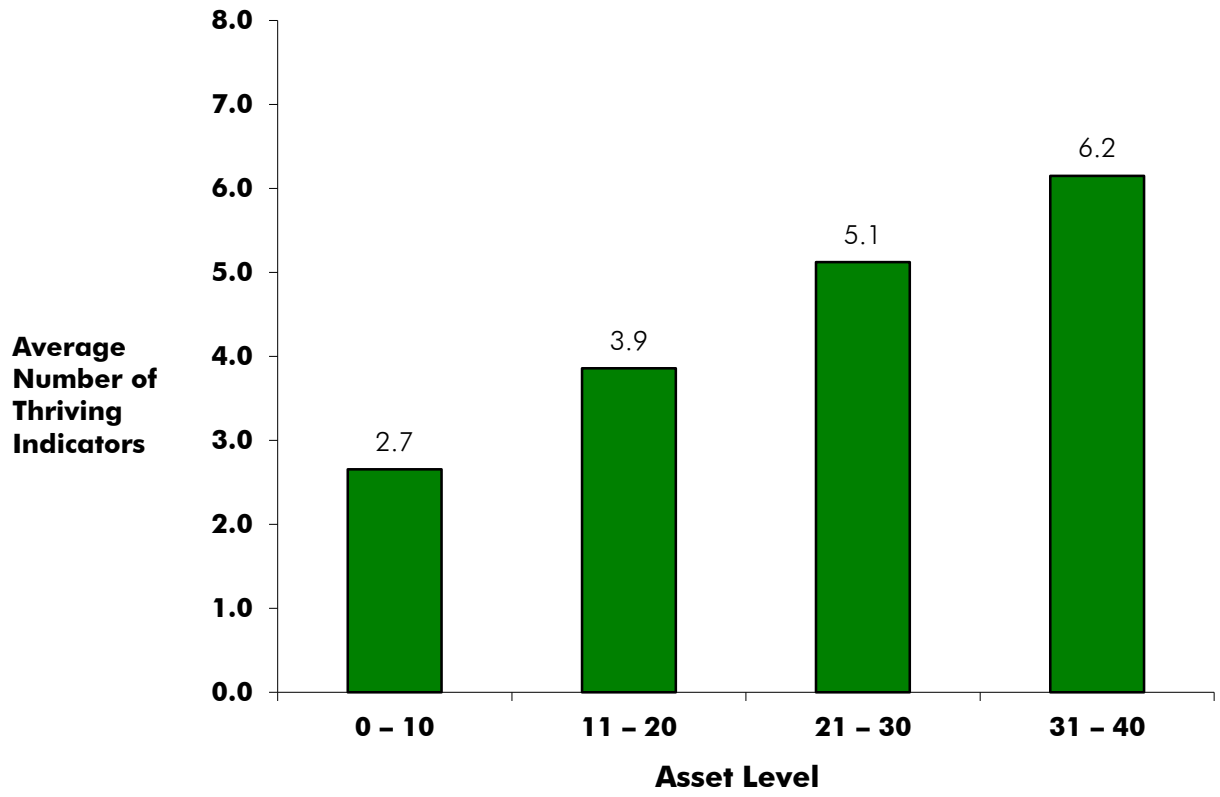
Search Institute's studies have consistently shown that young people who experience more of the Developmental Assets engage in fewer risk-taking behaviors. They are also more likely to report indicators of thriving. In other words, the more assets a young person has, the more likely he or she will make healthy lifestyle choices, regardless of a young person's age, race, gender, or geographic origins. It is likely that the data for your youth will follow this same pattern.

Average Thriving Levels and Developmental Asset Levels

Just as assets protect against negative behaviors, they also promote positive behaviors. Having multiple protective factors (assets) as a young adolescent is more influential in ensuring positive youth outcomes than having risk factors (deficits and risky behaviors). In other words, the influence of assets is stronger than individual risk factors.[10]

As Figure 8 illustrates, youth with more Developmental Assets generally report higher average levels of thriving indicators (reported by asset level in groups of 10).

Figure 8. Average Number of Eight Thriving Indicators Reported by by Asset Levels



Questions to Consider

- Do assets make a positive difference for your youth? What conclusions, if any, can you draw from the data?
- Do your youth follow the typical pattern of reports of increasing levels of thriving indicators along with higher levels of assets? How can you continue to support thriving indicators in youth?

[10] See Scales, P. C. Ph.D. and Leffert, Nancy, Ph.D. (2004). *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development* (2nd ed.). Minneapolis, MN: Search Institute.

Individual Thriving Indicators and Related Asset Levels

Strong and consistent evidence indicates that youth who have more assets also report more thriving indicators. Here you'll find data about the positive consequences of Developmental Assets expressed by the percentage of your surveyed youth who report each of eight thriving indicators. These findings are reported for the total sample and by asset level.

Table 16. Percent of Youth Reporting Eight Thriving Indicators by Asset Level

Thriving Indicator	Definition	Total Sample	Number of Assets[11]			
			0–10	11–20	21–30	31–40
Succeeds in School	Gets mostly As on report card	39	14	27	48	63
Helps Others	Helps friends or neighbors one or more hours per week	77	57	71	82	91
Values Diversity	Places high importance getting to know people of other racial/ethnic groups	74	43	69	80	91
Maintains Good Health	Pays attention to healthy nutrition and exercise	60	22	42	73	95
Exhibits Leadership	Has been a leader of a group or organization in the last 12 months	62	47	57	66	75
Resists Danger	Avoids doing things that are dangerous	25	10	20	27	41
Delays Gratification	Saves money for something special rather than spending it all right away	55	31	46	63	75
Overcomes Adversity	Does not give up when things get difficult	65	41	53	74	85

Questions to Consider

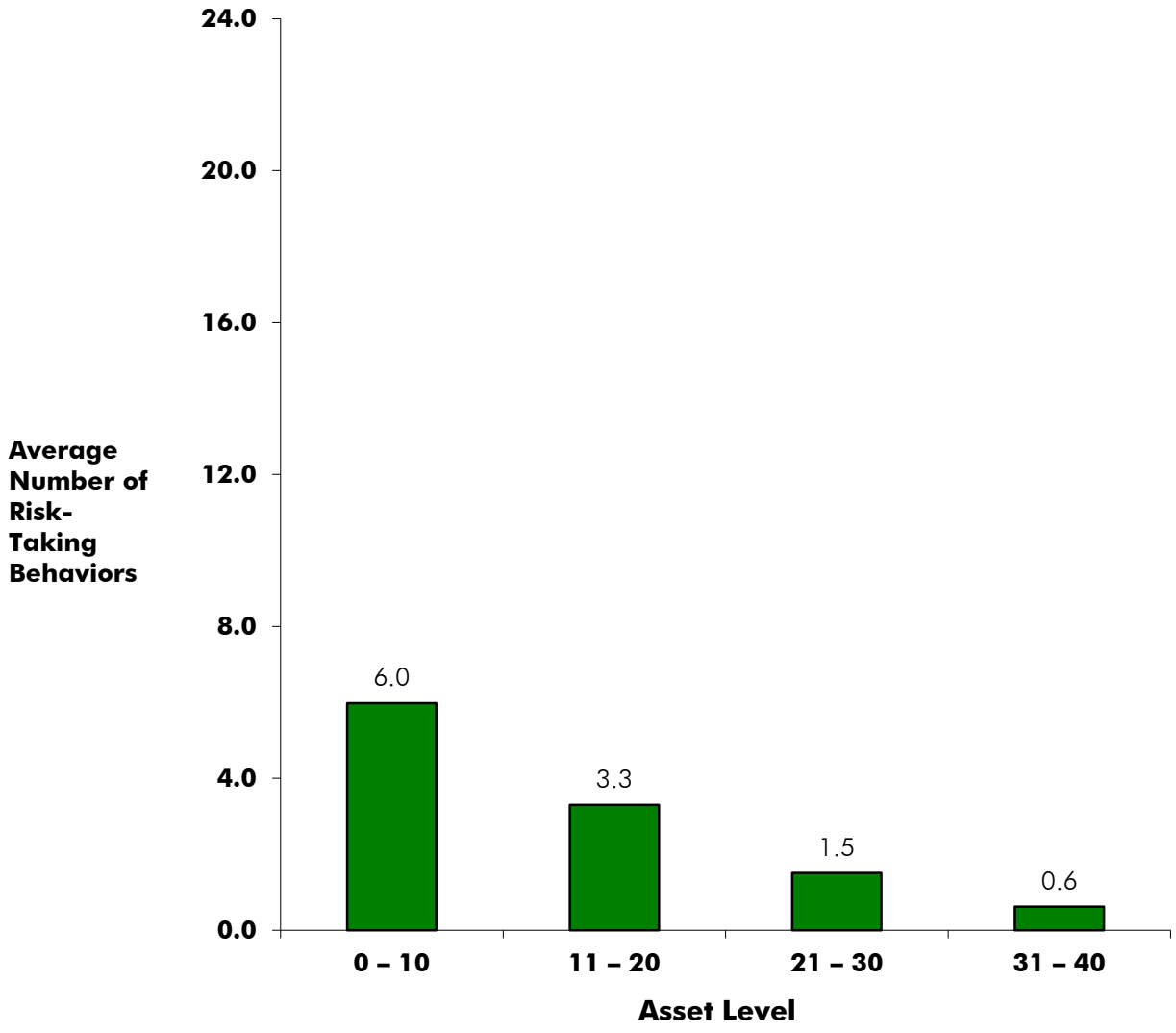
- What pattern of thriving indicators do you notice as you scan the table of asset levels?
- Which thriving indicators require additional attention by your community?

[11] One or more of the Number of Assets columns may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

24 Risk-Taking Behaviors by Asset Level

This figure illustrates the powerful effect assets have on reducing risk-taking behaviors among youth. It is likely that your data reflect a higher average number of risk-taking behaviors among students who also report lower asset levels. The data below show the average number of risk-taking behaviors by asset levels reported by your youth.

Figure 9. Average Number of 24 Risk–Taking Behaviors by Asset Level



Questions to Consider

- Do assets make a positive difference for your youth? What examples do you see in young people?
- Do your youth follow the expected pattern of decreasing levels of risk-taking behaviors with higher levels of assets? If not, are there other extenuating circumstances?

Risk-Taking Behaviors Related to Substance Use

The protective properties of Developmental Assets are clearly illustrated by the relationship of assets to youth substance use. Typically, strong and consistent evidence shows that youth who report more assets also report fewer risk-taking behaviors.

In the table below you'll find the percentage of your youth who report nine risk-taking behaviors related specifically to alcohol, tobacco, and other drug use. These findings, similar to those in Figure 9, are based on the total survey sample and are reported for each behavior by asset level (in asset groups of 10).

Table 17. Percent of Youth Reporting Nine Substance Use-Related Risk-Taking Behaviors by Asset Level

Risk-Taking Behavior		Total	Number of Assets[12]			
Category	Definition	Sample	0–10	11–20	21–30	31–40
Alcohol	Used alcohol once or more in the last 30 days	16	31	21	12	6
	Got drunk once or more in the last two weeks	7	19	10	4	1
Tobacco	Smoked cigarettes once or more in the last 30 days	1	7	2	0	0
	Used smokeless tobacco once or more in the last 12 months	1	6	1	0	0
Vaping	Vaped tobacco, nicotine, or marijuana once or more in the last 30 days	11	28	16	6	2
Marijuana	Used marijuana or hashish once or more in the last 30 days	8	25	11	4	1
Other Drug Use	Used heroin or other narcotics once or more in the last 12 months	1	5	1	0	0
Driving and Alcohol	Drove after drinking once or more in the last 12 months	2	6	2	0	0
	Rode (once or more in the last 12 months) with a driver who had been drinking	18	36	25	13	4

Questions to Consider

- What general pattern of risk-taking behaviors do you note as you move across asset levels?
- Is your community's pattern consistent with results Search Institute has observed in its studies? If not, why not?
- What actions can you take to help reduce substance-use risk behaviors in your community?

[12] One or more of the Number of Assets columns may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

Incidence of Additional Risk-Taking Behaviors

This table presents 15 additional risk-taking behaviors related to actions potentially harmful to young people. Percentages are reported by total sample and asset level (in asset groups of 10). Strong and consistent evidence shows that youth who report more assets also report fewer risk-taking behaviors.

Table 18. Percent of Youth Reporting 15 Additional Risk-Taking Behaviors by Asset Level

Risk-Taking Behavior		Total	Number of Assets[13]			
Category	Definition	Sample	0–10	11–20	21–30	31–40
Sexual Intercourse	Has had sexual intercourse one or more times	20	37	23	16	8
Anti-Social Behavior	Shoplifted once or more in the last 12 months	9	28	12	4	1
	Committed vandalism once or more in the last 12 months	7	23	9	3	1
	Got into trouble with police once or more in the last 12 months	8	24	12	4	2
Violence	Hit someone once or more in the last 12 months	15	31	19	10	4
	Physically hurt someone once or more in the last 12 months	6	19	8	3	1
	Used a weapon to get something from a person once or more in the last 12 months	1	6	2	0	0
	Been in a group fight once or more in the last 12 months	9	22	12	5	2
	Carried a weapon for protection once or more in the last 12 months	10	31	14	4	2
	Threatened physical harm to someone once or more in the last 12 months	14	36	19	9	2
School Truancy	Skipped school once or more in the last four weeks	23	41	27	18	14
Gambling	Gambled once or more in the last 12 months	14	23	17	11	6
Eating Disorder	Has engaged in bulimic or anorexic behavior	19	38	27	14	5
Depression	Felt sad or depressed most or all of the time in the last month	21	51	32	11	2
Attempted Suicide	Has attempted suicide one or more times	11	36	17	5	1

Questions to Consider

- How can our community continue to support youth in reducing risk-taking behaviors?
- What general pattern of risk-taking behaviors do you notice as you move across asset levels?
- Is the pattern consistent with what you would expect to find, and if not, why not?

[13] One or more of the Number of Assets columns may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

High-Risk Behavior Patterns and the Protective Power of Assets

Strong and consistent evidence shows that youth report more assets when they also report fewer high-risk behaviors. This table presents data that demonstrates an inverse relationship between patterns of high-risk behaviors and levels of Developmental Assets in young people.

Table 19 defines 10 high-risk behavior patterns and gives percentages for each pattern by total sample and asset level (in asset groups of 10).

Table 19. Percent of Youth Reporting 10 High-Risk Behavior Patterns by Asset Level

High-Risk Behavior Pattern		Total	Number of Assets[14]			
Category	**Definition**	**Sample**	**0–10**	**11–20**	**21–30**	**31–40**
Alcohol	Has used alcohol three or more times in the last 30 days or got drunk once or more in the last two weeks	10	24	13	6	3
Tobacco	Smokes one or more cigarettes every day or uses chewing tobacco frequently	1	5	1	0	0
Illicit Drugs	Used heroin or other narcotics multiple times in the last 12 months	1	4	1	0	0
Sexual Intercourse	Has had sexual intercourse three or more times in lifetime	14	26	18	11	4
Depression/ Suicide	Is frequently depressed and/or has attempted suicide	25	61	38	14	3
Anti-Social Behavior	Has been involved in three or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months	6	22	8	2	0
Violence	Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last 12 months	13	41	19	7	1
School Problems	Has skipped school two or more days in the last four weeks and/or has below a C average	14	32	17	9	6
Driving and Alcohol	Has driven after drinking or ridden with a drinking driver three or more times in the last 12 months	7	18	10	4	1
Gambling	Has gambled three or more times in the last 12 months	5	10	7	4	1

Questions to Consider

- What is the community doing well with regard to reducing youth high-risk behaviors?
- What general pattern of high-risk behaviors do you notice as you scan the asset level data?

[14] One or more of the Number of Assets columns may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

Section 6
Portrait of the Four Core Measures

Young people are increasingly exposed to negative behaviors and opportunities for risk-taking. Youth who experience low levels of Developmental Assets and high levels of developmental deficit conditions are particularly vulnerable. In this section, you'll find data describing four core measures related to young people's use of alcohol, tobacco, prescription drugs, and marijuana (the four core measures are defined below). These data can be used to meet Drug Free Communities (DFC) grantee reporting requirements established by the Substance Abuse and Mental Health Services Administration (SAMHSA).

All communities can also use the data in this section to assess student levels of involvement with substance use and abuse. This information is invaluable not only to your efforts to educate the community and develop an action plan for reducing substance use, associated risk behaviors, and deficit factors, but also as a basis for strengthening protective factors (assets) critical to ensuring that your youth thrive. See section 4 for more information on thriving behaviors and their sources.

Profiles of Student Life: Attitudes and Behaviors specifically measures students' use of alcohol, tobacco, prescription drugs, and marijuana. Selected survey questions address the following four core measures:

- The percentage of youth who report using alcohol, tobacco, marijuana, or prescription drugs at least once in the 30 days immediately preceding the survey date.
- The percentage of youth who think there is moderate or great risk in binge drinking, smoking one or more packs of cigarettes per day, smoking marijuana once or twice a week, or using prescription drugs not prescribed to them.
- The percentage of youth who report that their parents feel *regular use* of alcohol is wrong or very wrong, and report that their parents feel *any* use of cigarettes, marijuana, or unprescribed prescription drugs is wrong.
- The percentage of youth who report that their friends feel *regular use* of alcohol is wrong or very wrong, and report that their parents feel *any* use of cigarettes, marijuana, or unprescribed prescription drugs is wrong.

You can use the data in this section to guide school and community prevention activities and asset building efforts that lead to a permanent reduction of negative choices by young people in your community.

Past 30-Day Use of Alcohol, Tobacco, Marijuana, and Prescription Drugs

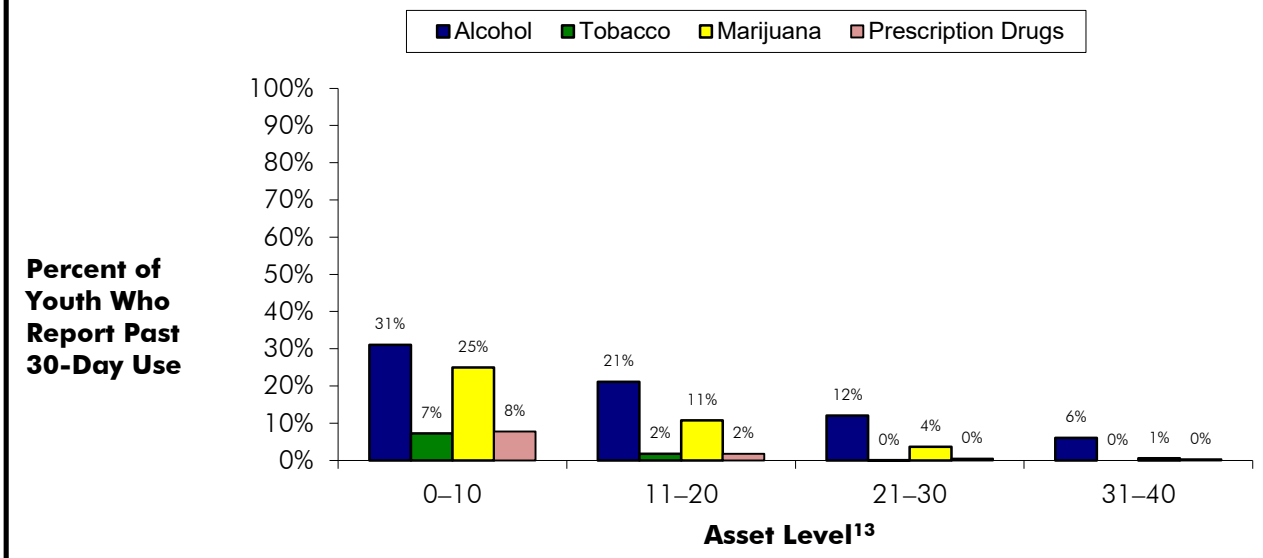
One of the areas evaluated by the *Profiles of Student Life: Attitudes and Behaviors* survey relates to students' alcohol, tobacco, marijuana and prescription drug use in the 30 days *immediately preceding* the survey administration (see Appendix A for the text of questions 84, 86, 87, and, 88). The percentages for past 30-day substance use by total sample, gender, and grade are shown in Table 20.

Table 20. Past 30-Day Substance Use by Gender and Grade

Category	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Alcohol	Used alcohol once or more in the past 30 days	16	15	17	4	4	7	17	22	28	41
Tobacco	Smoked cigarettes once or more in the past 30 days	1	2	1	1	0	1	2	1	2	5
Marijuana	Used marijuana once or more in the past 30 days	8	8	7	1	0	3	6	11	15	24
Prescription Drugs	Used prescription drugs once or more in the past 30 days	2	2	1	2	2	1	0	2	1	3

Figure 10 shows how alcohol, tobacco, marijuana, and prescription drug use in the 30 days preceding the survey compare across asset levels.

Figure 10. Past 30-Day Substance Use by Asset Level



[15] One or more of the Asset Level groups may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

Youth Perception of Risk of Alcohol, Tobacco, Marijuana, and Prescription Drug Use

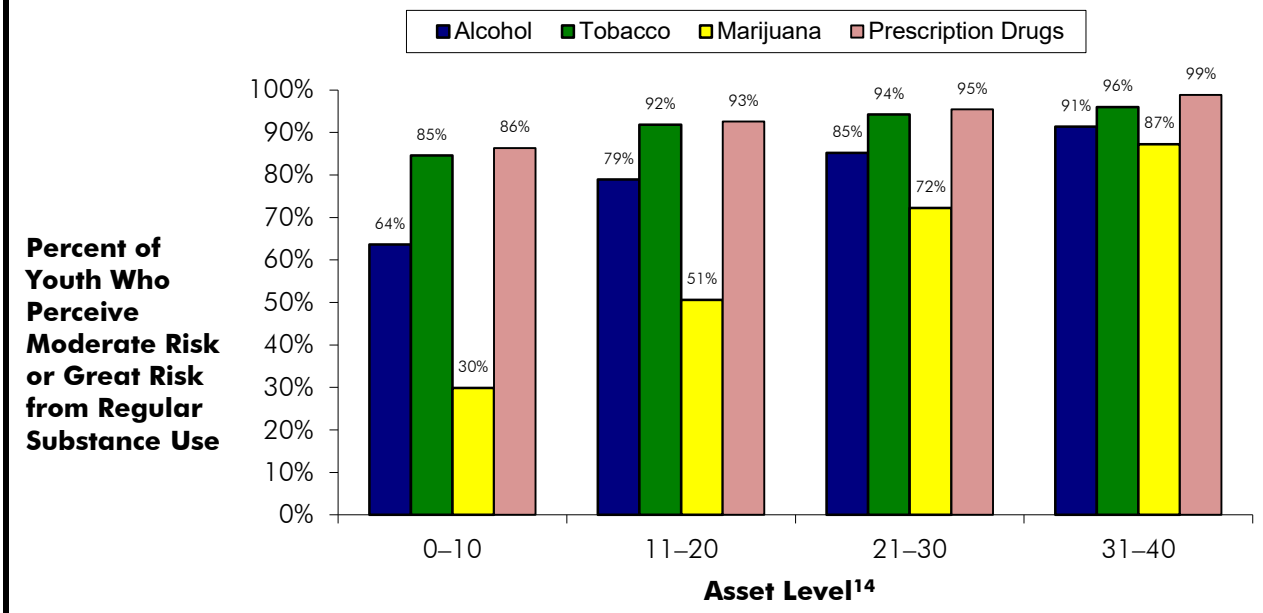
One of the four core measures evaluated by the *Profiles of Student Life: Attitudes and Behaviors* survey is students' perception of the risks involved in using alcohol, tobacco, marijuana, and prescription drugs (see Appendix A for the text of questions 97 through 100). The percentages for youth perception of risk are recorded in Table 21.

Table 21. Perception of Substance-Use Risk by Gender and Grade

Category	Definition *Moderate Risk or Great Risk*	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Alcohol	Five or more drinks once or twice a week	81	78	84	81	84	84	82	80	78	78
Tobacco	One or more packs of cigarettes per day	92	91	93	90	92	93	93	93	92	93
Marijuana	Once or twice a week	63	60	68	83	79	72	64	56	43	31
Prescription Drugs	Use prescription drugs that are not prescribed to them	93	93	95	91	93	95	93	94	94	94

Figure 11 shows youth perception of the risks involved in substance use compared across asset levels.

Figure 11. Perception of Substance-Use Risk by Asset Level



[16] One or more of the Asset Level groups may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

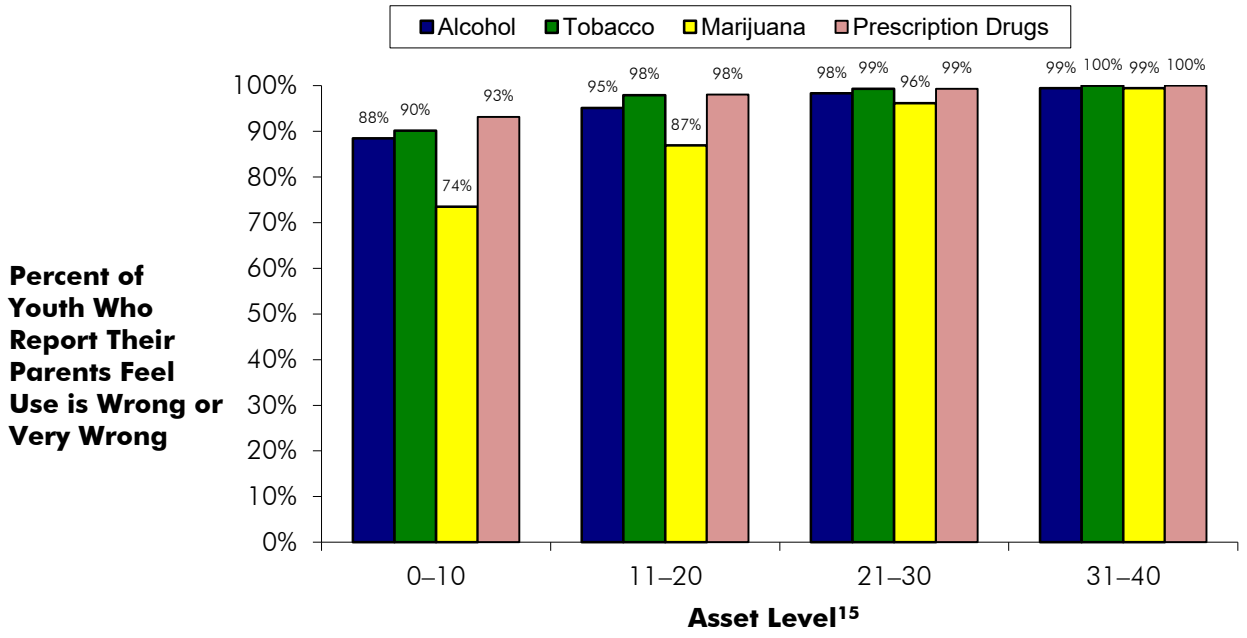
Youth Perception of Parental Disapproval of Alcohol, Tobacco, Marijuana, and Prescription Drug Use

The *Profiles of Student Life: Attitudes and Behaviors* survey evaluates students' perception of their parents' disapproval of youth use of alcohol, tobacco, marijuana, and prescription drugs (see Appendix A for the text of questions 89 through 92). Percentages for youth perception of parental disapproval of substance use are recorded below in Table 22 and Figure 12.

Table 22. Perception of Parental Disapproval of Substance Use

Category	Definition *Wrong or Very Wrong*	Total Sample	Gender M	Gender F	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Alcohol	Drink regularly	96	96	97	97	97	96	97	96	96	91
Tobacco	Smoke cigarettes	98	98	98	99	98	98	99	98	97	96
Marijuana	Smoke marijuana	91	91	93	98	97	94	93	89	85	78
Prescription Drugs	Use prescription drugs not prescibed to you	98	98	99	99	99	99	99	98	98	97

Figure 12. Perception of Parental Disapproval by Asset Level



[17] One or more of the Asset Level groups may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

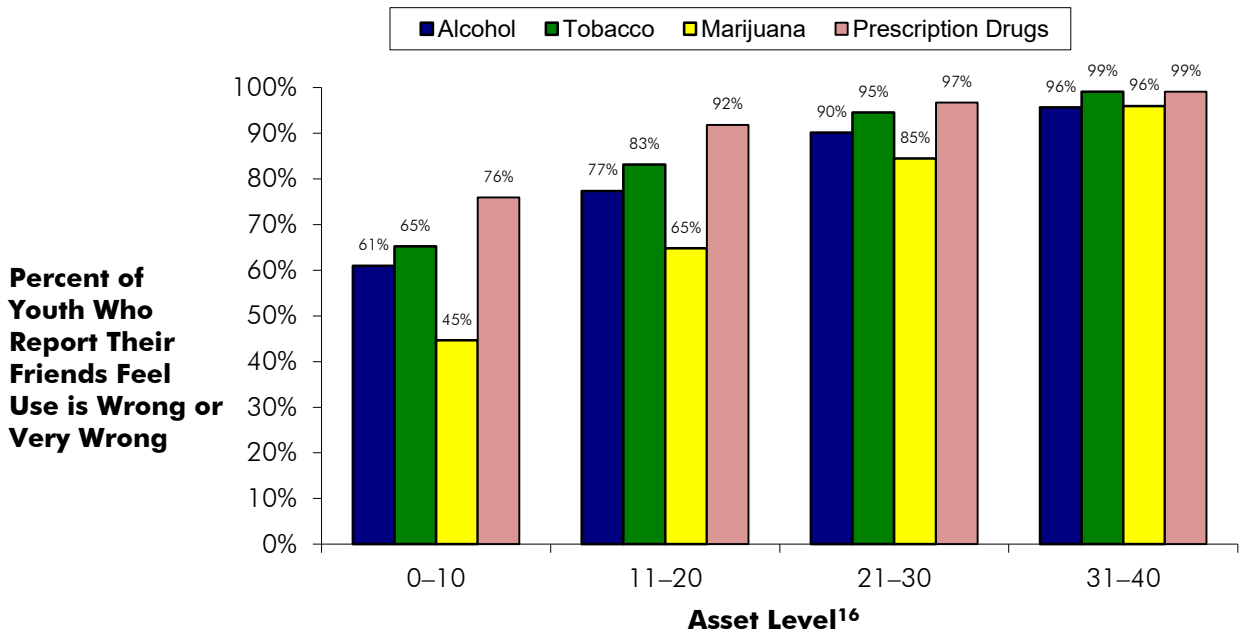
Youth Perception of Peer Disapproval of Alcohol, Tobacco, Marijuana, and Prescription Drug Use

The *Profiles of Student Life: Attitudes and Behaviors* survey evaluates students' perception of their friends' disapproval of youth use of alcohol, tobacco, marijuana, and prescription drugs (see Appendix A for the text of questions 93 through 96). Percentages for youth perception of peer disapproval of substance use are recorded below in Table 23 and Figure 13.

Table 23. Perception of Peer Disapproval of Substance Use

Category	Definition *Wrong or Very Wrong*	Total Sample	Gender M	Gender F	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Alcohol	Drink regularly	84	83	85	94	94	87	85	74	75	72
Tobacco	Smoke cigarettes	89	89	89	95	97	90	90	83	81	79
Marijuana	Smoke marijuana	76	76	76	95	95	86	78	63	57	41
Prescription Drugs	Use prescription drugs not prescibed to you	94	94	94	96	95	93	95	91	93	92

Figure 13. Perception of Peer Disapproval by Asset Level



[18] One or more of the Asset Level groups may be blank due to fewer than 20 youth representing that asset level. Reporting on small numbers of youth yields unreliable results, and could potentially compromise anonymity.

Four Core Measures Data Summary

Table 24 summarizes how your students responded to all questions related to the four core measures measured by the *Profiles of Student Life: Attitudes and Behaviors* survey.

Table 24. Summary of Four Core Measures Data

		Past 30-Day Use				Perception of Risk				Perception of Parental Disapproval				Perception of Peer Disapproval			
		Alc	Tob	Mar	Pre	Alc	Tob	Mar	Pre	Alc	Tob	Mar	Pre	Alc	Tob	Mar	Pre
Total Sample	*%	15.9	1.5	7.8	1.6	81.3	92.2	63.1	93.4	96.0	97.9	91.2	98.4	84.0	88.7	76.0	93.7
	n	494	46	242	51	2522	2861	1950	2897	2992	3049	2835	3062	2617	2758	2360	2915
	N	3099	3121	3095	3103	3104	3103	3090	3102	3116	3115	3107	3113	3114	3111	3104	3110
Male	*%	14.6	1.6	8.2	1.7	78.5	91.0	59.5	92.6	95.6	98.0	90.7	98.4	83.0	89.4	76.1	93.9
	n	213	24	120	25	1153	1339	870	1360	1408	1444	1333	1450	1223	1317	1120	1382
	N	1463	1476	1463	1469	1469	1472	1462	1468	1473	1473	1470	1474	1474	1473	1472	1472
Female	*%	17.3	0.6	7.0	0.9	84.3	93.3	67.9	94.6	97.4	98.4	92.9	98.8	85.3	88.6	76.4	94.0
	n	242	9	97	13	1177	1300	944	1319	1367	1381	1298	1384	1195	1240	1064	1317
	N	1397	1405	1393	1396	1396	1393	1391	1395	1403	1403	1397	1401	1401	1399	1393	1401
Grade 6	*%	3.6	0.9	1.1	1.5	80.6	90.0	82.8	90.8	97.2	98.5	98.1	98.9	93.8	95.5	95.0	95.9
	n	17	4	5	7	370	414	375	416	456	462	453	463	438	444	437	448
	N	466	470	455	462	459	460	453	458	469	469	462	468	467	465	460	467
Grade 7	*%	4.0	0.2	0.4	2.2	84.4	92.0	79.3	92.8	96.8	97.6	96.8	98.6	93.6	96.6	95.2	95.2
	n	20	1	2	11	421	460	394	463	488	490	488	495	471	486	477	478
	N	496	505	501	504	499	500	497	499	504	502	504	502	503	503	501	502
Grade 8	*%	7.5	0.7	3.0	1.4	84.1	92.8	72.0	95.1	96.5	98.2	94.0	98.6	87.5	90.3	85.7	93.3
	n	42	4	17	8	476	526	406	538	545	556	530	558	495	511	485	525
	N	563	566	563	562	566	567	564	566	565	566	564	566	566	566	566	563
Grade 9	*%	17.3	1.7	6.4	0.5	81.8	92.8	64.2	93.4	96.8	99.0	92.9	98.8	84.7	89.6	78.3	94.6
	n	70	7	26	2	333	376	260	380	393	402	377	400	343	362	317	383
	N	404	407	406	405	407	405	405	407	406	406	406	405	405	404	405	405
Grade 10	*%	21.5	1.0	11.4	1.5	79.5	92.7	55.7	94.2	96.2	97.7	89.1	98.0	74.5	83.1	63.4	90.7
	n	85	4	45	6	315	366	220	372	380	386	352	388	295	329	251	359
	N	395	396	395	394	396	395	395	395	395	395	395	396	396	396	396	396
Grade 11	*%	27.8	1.8	15.2	1.4	78.4	92.4	42.5	93.8	96.1	97.5	84.8	98.4	75.2	81.0	56.7	93.1
	n	121	8	66	6	342	402	185	409	419	425	369	429	328	353	247	406
	N	436	436	434	435	436	435	435	436	436	436	435	436	436	436	436	436
Grade 12	*%	41.3	5.2	24.0	3.0	78.1	93.3	31.3	93.9	91.2	96.0	77.5	96.6	71.7	79.3	41.2	92.4
	n	135	17	79	10	257	307	103	309	300	316	255	317	236	261	135	304
	N	327	329	329	329	329	329	329	329	329	329	329	328	329	329	328	329

Notes:

* In Table 24 the rows marked with a percent sign (%) reflect **percentages** of youth who meet the criteria appropriate to the particular column for Past 30-Day Use, Perception of Risk, Perception of Parental Disapproval, and Perception of Peer Disapproval.

n Rows marked with a lower case n report the **number** of students who meet the criteria.

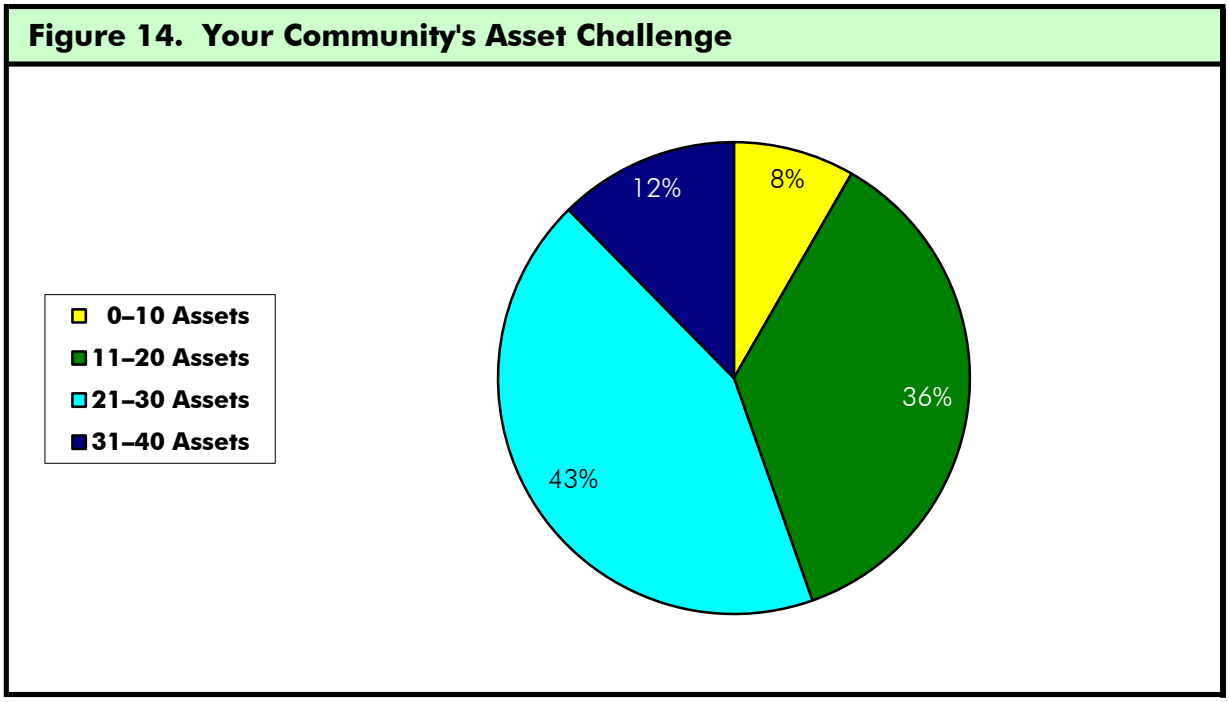
N Rows marked with an upper case N report the **number** of students who responded to the relevant question.

Section 7
Taking Action

Assets are cumulative—and the more assets, the better. Search Institute's research consistently shows that the more assets young people have, the less likely they are to be involved in risk-taking behaviors. And multiple indicators of thriving, including school academic success, increase as assets increase. Figure 14 presents the distribution of assets in your community.

While well-intentioned youth development efforts often focus on the consequences of asset "depletion," the problems we see now will persist, and likely increase, unless we place a major emphasis on rebuilding the asset foundation for our youth.

Figure 14. Your Community's Asset Challenge



Asset-building communities galvanize people, organizations, institutions, and systems to take action around a shared understanding of positive development. Ultimately, strengthening and rebuilding the developmental framework of a community is a movement led by the people—parents, relatives, educators, youth workers, religious leaders, and other concerned adults—to create a community-wide sense of common purpose.

Residents and community leaders are part of the same team moving in the same direction. Asset building creates a culture in which all residents are encouraged and expected, by virtue of their membership in the community, to promote the positive development of youth.

Strengthening the Foundation of Developmental Assets

How do you strengthen Developmental Assets for all young people? Search Institute has identified six principles to help guide the process:[17]

1. *All young people need assets:* While it is crucial to pay special attention to youth who have the least resources (economically and/or emotionally), **all** children and adolescents will benefit from having even more assets than they now have.

2. *Everyone can build assets:* All adults, youth, and children can play a role in developing assets by spreading positive messages to and about young people across the community.

3. *Building assets is an ongoing process:* Asset development starts when a child is born, and continues through high school and beyond.

4. *Relationships are crucial:* A key to asset development is strong relationships between adults and young people, between young people and their peers, and between teenagers and younger children.

5. *Send consistent messages:* Asset building requires sending consistent, positive messages to youth and adults about what is important.

6. *Repeat the message—again and again:* Young people need to hear the same positive messages and feel support, over and over, from many different people.

Characteristics of Healthy, Asset-Building Communities

Successful asset-building communities are those in which adults and youth work together to create a culture of cooperation rooted in respect for all community members. Here you'll find the characteristics of healthy asset-building communities. Note that there is and should be much overlap between the various roles and responsibilities identified below.

Educators, youth leaders, and faith community members can do the following:

□ Build assets in youth by concentrating on

- Building intergenerational relationships
- Educating and supporting parents
- Encouraging a constructive use of time
- Focusing on values development
- Emphasizing service to the community.

The focus is on both their own members and on the larger community.

[19] Adapted from *Uniting Communities for Youth: Mobilizing All Sectors to Create a Positive Future*, Peter L. Benson, Ph.D., Minneapolis, MN: Search Institute, 1995.

- □ Youth-serving professionals and volunteers (such as day-care providers, teachers, social workers, religious and community youth leaders, coaches, and mentors) receive training in asset building.
- □ Preschool, elementary, and secondary schools place a high priority on becoming caring environments for all students. Schools provide a challenging and engaging curriculum, offer opportunities for nurturing the values that community members consider critical, expand and strengthen out-of-school activities, and connect with parents to reinforce the importance of family attention to asset building.

Young people can do the following:

- □ Learn about the Developmental Assets and care about increasing them by promoting asset building actions for themselves and their peers.
- □ Ask for opportunities to lead, make decisions, and offer their knowledge and ideas to others. They are empowered to take on useful roles in community life.
- □ Actively participate in developing community programs and policies, rather than function as passive objects of adult programming.
- □ Engage frequently in service to other people, often partnering with adults. The community highly values the service-learning that comes from these experiences.
- □ Most 7- to 18-year-olds are involved in one or more clubs, teams, or other youth-serving organizations that make asset building central to their mission.
- □ Establish and sustain healthy relationships with younger children.

All caring adults, including parents, community residents, business people, elected representatives, and organization members can do the following:

- □ Create safe places for youth to meet and hang out.
- □ Assume personal responsibility for developing sustained, caring, intergenerational relationships with young people and building assets by taking the following concrete actions:
  - Listening carefully
  - Sharing respectful conversation
  - Enjoying their company and distinguishing them by name
  - Complimenting positive behaviors
  - Acknowledging youth when they're present
  - Involving youth in decision-making.
- □ Identify and share with youth a core set of common values and boundaries. Adults model and articulate these positive values and boundaries to young people.
- □ Believe in the importance of building Developmental Assets in youth. Communicate that message several times a year to all residents.
- □ Support families and adults (particularly parents) with community programs that teach and equip adults to make asset building a top priority.
- □ Invest in expanding and strengthening the community system of youth clubs, teams, and organizations.
- □ Elevate peer helping, mentoring, and service-learning programs, all of which intentionally build assets, to top priority within the community and expand them to reach a larger number of youth.

- □ Ensure that businesses that employ teenagers deliberately address the Support, Boundaries and Expectations, Positive Values, and Social Competencies assets in the workplace.
- □ Encourage employers to develop family-friendly policies in the workplace and provide processes for employees to build healthy relationships with youth.
- □ Train youth organizations and other service provider leaders and volunteers in asset-building strategies. Provide meaningful opportunities for youth to serve their communities and build citizenship and leadership skills.
- □ Move asset development and community-wide cooperation to the top of local government planning, policy, and funding priorities through policy-making, influence, training, and resource allocation.
- □ Consistently and repeatedly communicate a vision for healthy youth through local, regional, and national media (including print, radio, television, and Internet). Public relations efforts support local asset-building efforts. The media provide forums for sharing innovative actions taken by individuals and organizations.
- □ Take pride in and share with youth the community's cultural strengths and traditions, including:

  - Showing respect for elders and authority figures
  - Nurturing intergenerational relationships
  - Caring for others
  - Understanding the wisdom about "what matters."

  Affirming these strengths represents an important dimension of cultural competence, in addition to knowledge and contact with cultures outside one's own.

- □ Offer frequent expressions of support to young people in informal public settings and in formal gathering places.
- □ Recognize and celebrate the innovative actions of asset-building individuals and systems. Youth professionals and volunteers experience a high status in the life of the community.
- □ Make a community-wide commitment to asset building that is long-term and includes all residents.
- □ Pay particular attention to helping girls develop and express assertiveness skills, personal control and skill mastery, and a healthy self-concept.
- □ Pay particular attention to helping boys develop and express compassion, caring, and a healthy self-concept.
- □ Ensure that there are safe sources of short-term childcare for families on weekends and weeknights.

Creating an Asset-Rich Community

There is no single "best model" or "right way" for launching and sustaining a community-wide asset-building initiative. However, certain dynamics appear to be essential. The movement requires a team—representing all the social systems and voices in the community, *including youth*—to gather information, plan, and take the lead in mobilizing the community's asset-building capacity.

We recommend these general strategies for getting started:

- **Establish long-term goals and perspective**—Use the information in this report to develop a shared community vision for increasing the asset base for all children and adolescents. Strive to increase the average number of assets to 31 or more. Reaching your target cannot be rushed or accomplished with a single idea or program. It will take long-term commitment, multiple and coordinated changes, and a passion for the vision that will sustain your efforts.
- **Educate and motivate**—Make it a priority to communicate the power of Developmental Assets to all community residents—including children and youth—on multiple occasions, using a variety of media.
- **Think "intergenerationally"**—Communities that are too segregated by generations must look for opportunities to connect old and young, adults and youth, teenagers and children. Acknowledge and celebrate the asset-building power of intergenerational relationships.
- **Expand the reach of family education**—Families are the key source of Developmental Assets. All parents and guardians need multiple opportunities to learn about, remember, and build Developmental Assets in youth. Agencies, schools, community education, religious institutions, the media, public health, and other community-based organizations must work together to provide these opportunities, with particular emphasis on promoting responsible parenting by fathers and mothers.
- **Support and expand current asset-building efforts**—Though they may not use the same vocabulary, many people, places, and programs already build assets in neighborhoods, schools, parks and recreation programs, religious institutions, and youth organizations. Recognizing, publicizing, and supporting asset-building efforts helps reinforce their commitment and inspires others to take similar action.
- **Strengthen socializing systems**—Though much asset building occurs in daily, informal interactions, neighborhoods, schools, religious institutions, youth organizations, and employers must also be intentional about asset building. Look for ways to make training, technical assistance, and networking opportunities available in these settings.
- **Empower youth to contribute**—Many young people feel devalued by adults. Most report that their community does not provide useful roles for them. In settings where youth are involved, make it a typical occurrence to ask for their ideas and advice, to make decisions with them, and to treat them as responsible, competent allies in all asset-building efforts.
- **Elevate the importance of service**—Make it the accepted practice for children and youth to serve others in caring and compassionate ways through youth organizations, families, neighborhoods, schools, and religious institutions. Service solidifies caring values and provides opportunities to build social competencies, empowerment, and positive identity assets. It becomes even more powerful (shaping learning, positive values, and competencies) when combined with reflection activities. A reasonable goal would be to ensure that all youth engage in acts of service many times a year from the ages of five to 20.
- **Provide places to grow**—Too many youth lack connection to the kinds of teams, clubs, organizations, and programs that provide safe and active places to develop asset strength. All citizens and leaders need to look for opportunities to expand choices for young people to gather safely. Parents and other caring adults must encourage and reward involvement.
- **Advocate for high-quality opportunities for young people**—Young people are the responsibility not just of their families but of the whole community. All citizens—whether they are parents or not—must demand, support, and allocate necessary resources for the highest quality schools, out-of-school

care, and other youth programs. Challenge individuals to contribute their time and talent as youth program volunteers. Encourage employers to provide incentives for volunteering on behalf of children and youth.

- ☐ Start a public dialogue—It can be a big job to build public consensus around shared community values and boundaries that relate to our hopes for young people and their future. Nevertheless, look for ways to pursue this dialogue. While cultural, religious, and political diversity adds richness to any discussion, every community and its people also share common values and boundaries that can be articulated and upheld. Beginning the conversation in neighborhoods and apartment buildings, congregations, community centers, and other grassroots settings not only leads everyone to a broader understanding of common values related to civic life, but it also supports the beginning of new relationships and connections on the personal level.

Appendices

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Survey Item Percentages by Gender and Grade

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
1. Age										
11 or younger	10	9	10	63	0	0	0	0	0	0
12	16	17	15	37	65	0	0	0	0	0
13	19	19	18	0	34	71	0	0	0	0
14	14	14	14	0	1	29	68	1	0	0
15	13	12	13	0	0	0	31	67	0	0
16	14	13	15	0	0	0	1	32	68	0
17	11	12	11	0	0	0	0	1	32	66
18	4	4	3	0	0	0	0	0	0	33
19 or older	0	0	0	0	0	0	0	0	0	0
2. Grade in school										
5th	0	0	0	0	0	0	0	0	0	0
6th	15	15	15	100	0	0	0	0	0	0
7th	16	17	16	0	100	0	0	0	0	0
8th	18	19	17	0	0	100	0	0	0	0
9th	13	13	14	0	0	0	100	0	0	0
10th	13	12	13	0	0	0	0	100	0	0
11th	14	13	15	0	0	0	0	0	100	0
12th	11	11	10	0	0	0	0	0	0	100
3. Gender										
Female	47	0	100	46	46	43	49	49	50	44
Male	49	100	0	49	50	52	48	47	46	51
Transgender, male-to-female	0	0	0	0	0	0	0	0	0	0
Transgender, female-to-male	0	0	0	0	0	0	0	0	0	0
Transgender, do not identify as exclusively male or female	2	0	0	2	2	3	2	2	2	2
Not sure	2	0	0	3	2	2	2	2	2	2
4. Would you say that you are ... ?										
Only straight/heterosexual	84	94	81	83	85	83	84	86	83	84
Mostly straight/heterosexual	0	0	0	0	0	0	0	0	0	0
Bisexual	12	4	16	12	12	13	13	11	13	12
Mostly lesbian/gay	0	0	0	0	0	0	0	0	0	0
Only lesbian/gay	4	2	3	5	3	4	3	3	4	4
5. Race / ethnicity										
American Indian or Alaska Native	1	1	1	3	2	1	0	0	0	0
Asian	2	2	2	2	1	2	2	2	1	2
Black or African American	2	2	1	1	2	3	1	3	2	1
Hispanic or Latino/Latina	2	2	2	2	3	2	3	2	2	3
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	81	80	82	76	75	82	83	84	84	84
Other	2	2	2	5	4	1	2	2	1	1
More than one of the above	10	10	9	11	13	9	9	8	11	10
6. Which of the following best describes your family?										
I live with my two birth / biological parents	68	68	69	71	65	67	69	69	69	66
I live with my two adoptive parents	2	2	1	1	1	3	2	3	1	2
Sometimes I live with my mom and sometimes my dad	11	11	10	13	14	11	10	10	10	8
I live with one parent	9	8	9	5	7	9	9	10	11	11
I live with one parent and one stepparent	6	5	6	4	7	5	5	5	6	9
I live with one birth parent and one adoptive parent	0	0	0	0	0	1	0	1	0	1
I live with foster parents	0	0	0	0	0	0	0	0	0	0
I live with my grandparents or other adult relatives who take care of me	2	2	1	2	1	3	2	1	1	2
Other	2	2	2	3	4	2	2	2	2	2

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
How important is each ot the following to you in your lite?										
7. Helping other people										
Not important	1	1	0	0	0	1	1	1	1	1
Somewhat important	6	8	5	5	6	5	8	8	7	6
Not sure	4	4	3	4	4	4	3	3	4	4
Quite important	53	56	50	53	57	57	49	48	53	51
Extremely important	36	31	42	39	32	33	39	40	35	39
8. Helping to reduce hunger and poverty in the world										
Not important	3	4	1	2	2	2	2	3	4	6
Somewhat important	9	11	7	6	9	5	10	8	12	11
Not sure	14	16	12	13	13	18	15	12	14	14
Quite important	34	34	34	24	27	35	33	39	41	42
Extremely important	40	35	46	55	49	40	39	38	29	27
9. Helping to make the world a better place in which to live										
Not important	2	2	1	1	2	1	1	1	3	2
Somewhat important	6	7	4	4	5	5	7	6	8	7
Not sure	7	10	5	5	8	10	8	4	8	8
Quite important	35	37	33	29	29	37	36	37	38	38
Extremely important	50	44	56	61	55	48	48	51	44	44
10. Being religious or spiritual										
Not important	30	30	29	21	24	27	34	31	40	41
Somewhat important	22	22	21	20	25	23	20	23	19	21
Not sure	24	24	25	30	27	26	21	23	20	19
Quite important	16	16	17	17	16	17	18	16	14	11
Extremely important	8	9	8	11	9	7	7	7	6	9
11. Helping to make sure that all people are treated fairly										
Not important	1	2	1	0	1	1	1	2	2	2
Somewhat important	5	6	4	6	6	4	4	5	6	5
Not sure	6	8	4	4	6	6	6	4	6	6
Quite important	37	42	32	33	35	37	39	36	42	36
Extremely important	52	42	59	57	52	52	49	53	45	52
12. Getting to know people who are of a different race or ethnic group than I am										
Not important	3	4	2	1	2	2	4	3	4	4
Somewhat important	8	10	6	6	9	9	9	7	9	10
Not sure	15	18	12	19	18	17	13	11	12	13
Quite important	41	44	39	39	44	44	38	42	41	42
Extremely important	33	23	41	35	27	28	36	38	35	32
13. Speaking up for equality (everyone should have the same rights and opportunities)										
Not important	2	3	1	1	2	1	3	3	2	2
Somewhat important	5	6	3	5	4	4	5	5	6	5
Not sure	8	12	5	8	9	9	10	7	8	9
Quite important	30	37	25	25	27	34	29	31	32	31
Extremely important	55	42	65	63	58	52	53	55	52	54
14. Giving time or money to make life better for other people										
Not important	3	4	2	1	2	2	4	4	4	6
Somewhat important	12	15	10	9	12	14	14	12	13	14
Not sure	17	18	16	16	18	19	19	17	14	16
Quite important	47	46	48	46	48	48	42	48	51	46
Extremely important	21	17	23	29	21	17	21	20	18	18

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
How important is each of the following to you in your life?										
15. Doing what I believe is right, even if my friends make fun of me										
Not important	2	2	1	1	2	1	2	1	2	1
Somewhat important	7	7	7	7	7	8	7	5	6	5
Not sure	10	10	9	11	10	12	10	9	7	6
Quite important	43	46	42	37	40	41	42	47	50	46
Extremely important	39	36	41	44	40	38	39	38	34	41
16. Standing up for what I believe, even when it's unpopular to do so										
Not important	2	2	1	2	3	2	1	1	2	1
Somewhat important	6	6	6	7	7	7	8	3	6	6
Not sure	12	13	11	13	15	14	12	12	9	7
Quite important	40	42	40	37	37	39	40	42	45	41
Extremely important	40	37	42	40	38	39	39	42	38	45
17. Telling the truth, even when it's not easy										
Not important	2	3	1	1	2	3	3	3	2	2
Somewhat important	10	10	10	7	13	12	11	9	10	9
Not sure	15	15	14	12	14	16	16	15	18	13
Quite important	44	45	43	42	42	43	42	46	43	48
Extremely important	29	27	32	37	30	26	28	28	26	28
18. Accepting responsibility for my actions when I make a mistake or get in trouble										
Not important	2	2	1	1	2	2	2	2	2	1
Somewhat important	7	7	6	6	8	7	6	6	6	7
Not sure	10	9	9	10	12	12	10	11	10	5
Quite important	48	49	48	48	45	50	46	46	51	51
Extremely important	33	33	35	35	33	29	36	35	31	36
19. Doing my best, even when I have to do a job I don't like										
Not important	2	2	1	0	2	2	2	2	3	2
Somewhat important	7	8	6	8	6	7	8	6	8	6
Not sure	9	9	8	7	8	11	12	8	9	8
Quite important	45	46	44	44	42	44	44	47	48	49
Extremely important	37	35	41	40	41	37	34	36	32	34
20. On an average school day, how much time do you spend doing homework outside of school?										
None	6	8	4	3	4	5	7	7	8	9
Half hour or less	18	22	14	30	20	20	14	13	8	18
Between a half hour and an hour	26	26	26	42	37	32	17	19	16	12
1 hour	19	21	17	16	22	19	20	18	17	18
2 hours	20	16	24	7	13	18	28	25	28	25
3 hours or more	11	6	16	2	4	5	14	19	23	18
21. What grades do you earn in school?										
Mostly As	39	36	43	41	41	39	36	42	32	41
About half As and half Bs	36	35	36	37	33	36	34	34	40	37
Mostly Bs	10	12	9	11	9	10	13	8	13	11
About half Bs and half Cs	10	12	8	9	10	10	11	12	10	7
Mostly Cs	2	2	1	1	3	2	1	1	2	3
About half Cs and half Ds	2	2	2	1	3	2	3	2	2	1
Mostly Ds	0	1	0	0	1	1	0	0	0	0
Mostly below Ds	1	1	0	0	2	1	1	1	0	0

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
How often does one of your parents . . . ?										
22. Help you with your school work										
Very often	8	8	9	16	12	8	7	5	3	3
Often	15	16	15	27	23	16	15	8	9	4
Sometimes	33	33	34	37	36	38	34	32	28	22
Seldom	22	21	22	12	18	23	23	23	29	28
Never	21	22	19	8	11	15	21	32	31	43
23. Talk to you about what you are doing in school										
Very often	33	32	35	40	35	29	35	36	29	27
Often	36	40	34	35	39	38	37	31	36	38
Sometimes	21	20	20	18	18	22	20	22	25	19
Seldom	6	5	7	5	5	7	4	7	6	9
Never	4	3	4	3	2	3	4	4	4	7
24. Ask you about homework										
Very often	39	40	36	43	48	38	42	38	30	27
Often	31	32	31	33	29	32	30	32	34	27
Sometimes	17	16	18	13	15	19	16	15	19	19
Seldom	8	6	9	6	6	7	6	7	10	13
Never	6	5	6	5	3	4	5	8	8	13
25. Go to meetings or events at your school										
Very often	20	21	21	29	24	22	23	12	18	9
Often	30	31	29	35	32	31	34	28	25	22
Sometimes	29	29	30	23	28	32	28	32	30	33
Seldom	12	12	11	9	9	10	11	15	15	19
Never	8	7	9	3	6	5	4	13	13	16
26. At school I try as hard as I can to do my best work										
Strongly agree	37	32	44	45	37	37	37	38	32	30
Agree	49	51	45	47	53	49	49	43	49	49
Not sure	9	10	8	7	7	10	8	11	12	10
Disagree	4	5	2	1	2	3	4	5	5	9
Strongly disagree	1	2	0	0	1	1	1	3	2	2
27. My teachers really care about me										
Strongly agree	18	20	15	30	19	18	11	15	9	19
Agree	43	43	44	41	42	41	38	39	48	51
Not sure	31	28	33	23	32	33	38	33	31	21
Disagree	6	6	7	3	5	6	9	8	8	6
Strongly disagree	3	3	2	2	2	2	4	5	3	3
28. It bothers me when I don't do something well										
Strongly agree	46	39	52	45	43	44	47	50	46	45
Agree	37	41	34	34	38	38	36	31	42	41
Not sure	10	11	8	11	10	11	10	12	7	8
Disagree	5	7	4	7	7	6	4	5	4	5
Strongly disagree	2	2	1	3	3	1	2	1	1	1
29. I get a lot of encouragement at my school										
Strongly agree	11	11	11	18	11	10	10	10	5	11
Agree	40	43	40	41	39	43	34	39	41	47
Not sure	31	28	33	30	31	30	36	31	33	23
Disagree	13	13	12	8	14	10	14	15	16	13
Strongly disagree	5	5	4	3	5	6	5	5	5	6
30. Teachers at school push me to be the best I can be										
Strongly agree	19	19	19	34	24	19	16	12	8	17
Agree	47	47	48	47	48	49	41	47	47	47
Not sure	24	22	25	14	21	24	29	28	30	23
Disagree	7	8	7	3	6	5	11	9	10	9
Strongly disagree	3	4	2	2	2	3	3	4	4	5

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
31. My parents push me to be the best I can be										
Strongly agree	54	59	51	59	59	51	56	56	45	49
Agree	34	32	37	30	30	35	33	33	40	38
Not sure	9	7	9	8	7	11	8	8	11	8
Disagree	2	2	2	2	3	3	2	2	3	2
Strongly disagree	1	1	1	2	1	1	1	1	1	3
32. During the last four weeks, how many days of school have you missed because you skipped or "ditched"?										
None	77	78	76	71	76	74	87	81	76	74
1 day	11	10	11	12	11	12	7	9	13	11
2 days	5	5	5	5	6	5	3	3	4	6
3 days	4	3	4	4	3	4	1	3	4	5
4 – 5 days	2	2	2	3	3	3	1	2	2	3
6 – 10 days	1	1	1	2	1	1	0	1	0	1
11 or more days	1	1	1	4	1	1	0	1	0	1
33. During this school year, have you received special help in school for your class work or behavior on a daily or weekly basis?										
Yes	20	19	19	18	20	24	18	21	19	14
No	80	81	81	82	80	76	82	79	81	86
How often do you . . . ?										
34. Feel bored at school										
Usually	58	60	54	42	48	62	61	62	67	63
Sometimes	41	39	44	55	49	36	38	37	33	36
Never	2	1	2	3	2	1	1	1	0	1
35. Come to classes without the supplies I need (for example, paper, computer, books)										
Usually	15	15	13	16	15	16	13	12	15	14
Sometimes	34	37	30	48	43	39	30	24	23	23
Never	52	47	58	37	43	45	57	64	63	63
36. Come to classes without your homework finished										
Usually	15	15	14	14	16	14	16	14	15	14
Sometimes	44	47	39	38	45	49	43	40	43	48
Never	41	38	47	48	40	37	40	46	42	38
37. Feel interested in what you are learning at school										
Usually	23	24	22	36	28	24	18	15	14	22
Sometimes	65	62	68	55	63	63	67	70	73	66
Never	12	14	10	10	9	13	15	15	13	12
38. On the whole, I like myself										
Strongly agree	26	35	20	34	25	26	27	23	23	26
Agree	43	45	43	39	42	41	40	44	48	45
Not sure	18	14	22	17	22	18	17	19	17	16
Disagree	8	4	10	6	6	9	10	9	8	6
Strongly disagree	5	2	5	4	5	6	6	5	4	6
39. It is against my values to drink alcohol while I am a teenager										
Strongly agree	43	47	39	63	65	53	39	29	21	20
Agree	23	22	25	15	20	25	28	29	28	17
Not sure	17	15	19	16	10	15	19	20	24	22
Disagree	10	9	12	2	3	5	9	15	20	24
Strongly disagree	6	6	5	4	3	2	5	6	7	16
40. I like to do exciting things, even if they are dangerous										
Strongly agree	12	14	8	12	13	13	11	12	9	13
Agree	32	38	27	25	28	33	36	34	34	31
Not sure	31	27	35	31	31	30	29	32	33	34
Disagree	19	16	22	20	20	19	17	16	20	18
Strongly disagree	7	5	8	12	8	5	6	6	4	5

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
41. At times, I think I am no good at all										
Strongly agree	13	9	14	15	12	13	11	11	13	16
Agree	29	24	33	28	30	31	29	25	32	25
Not sure	21	19	22	22	20	22	20	25	19	20
Disagree	24	29	21	21	25	22	22	25	25	26
Strongly disagree	14	18	10	15	14	12	18	15	11	13
42. I get along well with my parents										
Strongly agree	42	48	40	50	48	40	46	39	36	36
Agree	42	42	42	40	40	43	39	45	45	44
Not sure	10	7	12	7	9	11	10	10	11	12
Disagree	4	2	5	3	2	5	3	4	7	6
Strongly disagree	1	1	1	1	1	1	2	1	1	2
43. All in all, I am glad I am me										
Strongly agree	35	45	28	44	36	33	38	33	30	31
Agree	37	37	38	33	35	37	31	36	43	43
Not sure	17	12	22	14	19	19	17	20	17	15
Disagree	7	4	8	5	6	7	8	8	7	7
Strongly disagree	4	2	4	3	4	5	5	3	3	4
44. I feel I do not have much to be proud of										
Strongly agree	6	5	6	6	6	7	9	4	6	6
Agree	16	13	17	14	14	15	14	18	21	17
Not sure	19	17	20	19	21	20	16	21	17	17
Disagree	35	34	38	32	30	37	34	38	36	39
Strongly disagree	24	30	20	29	29	21	27	20	20	21
45. If I break one of my parents' rules, I usually get punished										
Strongly agree	20	20	20	21	21	24	17	23	16	18
Agree	48	51	44	47	46	47	47	49	52	48
Not sure	18	16	20	17	19	18	17	16	19	18
Disagree	11	9	12	13	11	9	14	8	11	11
Strongly disagree	3	3	3	2	3	3	5	4	3	5
46. My parents give me help and support when I need it										
Strongly agree	45	49	44	57	50	43	46	44	35	38
Agree	41	41	41	33	39	42	40	41	47	44
Not sure	9	7	9	8	7	10	9	10	12	10
Disagree	3	3	3	2	2	4	3	3	6	5
Strongly disagree	1	1	2	1	1	1	1	2	1	3
47. It is against my values to have sex while I am a teenager										
Strongly agree	30	29	31	50	52	39	25	15	10	8
Agree	16	17	16	14	19	22	20	16	11	7
Not sure	24	24	25	24	19	24	26	26	29	20
Disagree	17	17	19	6	7	11	17	25	29	37
Strongly disagree	12	14	9	6	3	5	12	18	21	28
48. In my school there are clear rules about what students can and cannot do										
Strongly agree	30	33	28	50	37	34	28	24	17	15
Agree	52	51	53	42	50	49	53	55	61	58
Not sure	11	11	12	6	9	13	11	15	14	13
Disagree	5	4	5	1	3	4	7	5	6	11
Strongly disagree	1	1	1	1	0	1	1	2	2	2
49. I care about the school I go to										
Strongly agree	21	21	22	38	23	17	24	16	14	13
Agree	46	48	47	44	47	48	44	47	47	47
Not sure	20	19	20	12	20	23	19	23	23	21
Disagree	8	7	7	4	7	7	8	8	11	13
Strongly disagree	5	6	4	2	3	5	5	7	6	7

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
50. My parents often tell me they love me										
Strongly agree	60	62	61	74	68	62	61	55	49	45
Agree	31	32	28	22	26	28	31	34	38	42
Not sure	5	4	6	3	3	6	4	7	7	7
Disagree	3	2	3	0	2	3	3	3	4	2
Strongly disagree	1	1	1	1	0	1	1	1	2	4
51. In my family, I feel useful and important										
Strongly agree	35	39	34	40	37	30	40	35	31	33
Agree	39	41	38	35	39	41	36	37	43	43
Not sure	16	12	17	14	15	18	15	18	15	14
Disagree	7	5	7	6	6	7	5	8	9	5
Strongly disagree	3	2	4	4	4	4	4	2	2	5
52. Students in my school care about me										
Strongly agree	13	15	12	16	14	16	14	11	9	9
Agree	44	47	44	46	48	43	41	43	45	44
Not sure	29	28	28	30	30	30	31	27	26	27
Disagree	8	5	10	5	4	6	8	13	13	13
Strongly disagree	5	4	6	2	5	5	6	6	6	7
53. In my family, there are clear rules about what I can and cannot do										
Strongly agree	32	34	31	43	36	32	33	29	25	22
Agree	50	52	50	45	48	52	47	51	55	54
Not sure	12	10	12	9	11	12	13	13	13	12
Disagree	5	4	6	2	5	3	6	6	6	10
Strongly disagree	1	0	1	0	1	1	0	2	1	2
54. In my neighborhood, there are a lot of people who care about me										
Strongly agree	14	14	16	21	15	15	15	10	12	8
Agree	29	31	29	28	28	27	32	30	32	30
Not sure	34	36	32	36	37	36	33	35	28	32
Disagree	14	12	16	11	13	15	13	15	19	15
Strongly disagree	8	7	7	5	6	7	9	9	9	16
55. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs										
Strongly agree	43	47	38	63	54	44	36	36	30	27
Agree	34	33	37	20	29	34	37	40	42	43
Not sure	12	11	13	11	10	12	14	13	13	14
Disagree	6	5	7	2	3	5	8	8	11	9
Strongly disagree	5	5	4	5	4	5	5	3	4	8
56. If one of my neighbors saw me do something wrong, he or she would tell one of my parents										
Strongly agree	16	16	16	22	21	17	15	14	10	7
Agree	30	31	30	30	30	30	30	29	31	29
Not sure	40	40	40	40	40	39	40	40	39	41
Disagree	10	9	10	5	5	9	11	12	14	14
Strongly disagree	5	4	5	3	4	5	5	4	6	9
During the last 12 months, how many times have you . . . ?										
57. Been a leader in a group or organization										
Never	38	36	37	35	38	39	38	45	38	28
Once	16	16	18	16	17	18	17	15	16	16
Twice	15	15	15	13	13	16	16	13	17	14
3 – 4 Times	17	16	18	19	18	15	14	15	18	21
5 or More Times	15	17	12	17	15	12	15	12	11	20

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
During the last 12 months, how many times have you . . . ?										
58. Stolen something from a store										
Never	91	91	92	95	96	92	91	89	88	87
Once	4	5	4	3	3	4	5	5	6	5
Twice	2	2	1	1	0	2	2	3	3	2
3 – 4 Times	1	1	1	0	0	1	1	2	1	2
5 or More Times	2	1	1	0	0	1	1	3	3	3
59. Gotten into trouble with the police										
Never	92	89	95	96	91	91	90	93	93	88
Once	5	7	3	3	7	4	6	4	4	8
Twice	2	2	1	1	2	2	2	2	2	1
3 – 4 Times	1	1	1	0	1	2	1	0	1	2
5 or More Times	1	1	0	0	0	1	1	1	1	1
60. Hit or beat up someone										
Never	85	80	92	82	81	84	84	87	91	90
Once	9	11	5	11	13	10	9	8	5	3
Twice	2	4	1	3	2	3	2	3	2	2
3 – 4 Times	2	3	1	1	2	1	3	1	1	2
5 or More Times	2	2	1	3	3	3	1	1	1	2
61. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)										
Never	93	92	96	96	95	93	90	94	92	92
Once	4	5	2	3	4	4	5	3	4	4
Twice	1	1	1	1	1	1	2	2	2	1
3 – 4 Times	1	1	0	0	1	1	1	1	1	2
5 or More Times	1	1	0	0	0	1	2	1	1	2
During an average week, how many hours do you spend . . . ?										
62. Playing on or helping with sports teams at school or in the community										
0 hours	35	32	34	34	37	35	32	34	34	43
1 hour	7	7	7	9	10	8	6	5	6	2
2 hours	10	11	9	16	14	9	9	7	7	7
3 – 5 hours	19	19	19	24	23	25	17	13	13	12
6 – 10 hours	16	15	17	11	8	15	20	22	19	18
11 or more hours	13	16	12	7	8	8	16	20	21	18
63. In clubs or organizations other than sports at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)										
0 hours	53	61	47	52	58	58	57	56	48	37
1 hour	19	17	20	20	22	20	19	16	16	15
2 hours	13	10	15	13	10	11	11	11	14	19
3 – 5 hours	10	7	12	11	7	9	7	9	12	16
6 – 10 hours	4	3	4	2	2	2	4	5	5	8
11 or more hours	2	2	2	2	1	1	2	2	4	5
64. In clubs or organizations other than sports outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, etc.)										
0 hours	78	80	76	68	76	81	78	87	80	80
1 hour	8	7	9	12	9	9	7	4	6	7
2 hours	6	6	6	11	5	4	6	4	6	4
3 – 5 hours	4	4	4	4	6	4	6	3	3	5
6 – 10 hours	2	2	2	3	2	1	1	1	2	3
11 or more hours	2	2	2	2	2	2	2	2	2	2

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
During an average week, how many hours do you spend . . . ?										
65. Reading just for fun (not part of your school work)										
0 hours	45	53	40	25	35	48	51	55	54	53
1 hour	22	22	23	29	28	21	21	18	19	17
2 hours	12	10	14	16	13	12	11	12	11	11
3 – 5 hours	10	8	12	13	10	11	9	9	9	10
6 – 10 hours	5	3	5	8	6	4	3	2	4	5
11 or more hours	5	4	6	10	8	4	4	3	3	3
66. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place										
0 hours	79	78	78	71	76	78	80	79	85	86
1 hour	11	12	12	14	12	11	12	11	9	9
2 hours	6	7	5	7	6	6	6	7	4	4
3 – 5 hours	2	2	3	4	4	3	2	1	1	1
6 – 10 hours	1	0	1	2	1	0	0	0	0	0
11 or more hours	1	1	1	2	1	1	0	1	0	0
67. Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live										
0 hours	58	61	55	55	62	55	60	62	57	57
1 hour	20	19	21	18	23	20	21	19	21	19
2 hours	12	11	14	14	8	12	10	12	14	16
3 – 5 hours	6	7	7	8	5	8	6	5	6	6
6 – 10 hours	2	1	2	3	1	2	2	2	0	2
11 or more hours	1	1	2	2	2	2	1	0	1	1
68. Helping friends or neighbors										
0 hours	23	25	19	18	22	20	23	26	25	29
1 hour	33	32	35	32	36	33	33	34	32	29
2 hours	23	23	23	22	22	24	25	24	21	24
3 – 5 hours	14	14	14	16	11	16	14	11	17	14
6 – 10 hours	3	3	3	5	4	4	2	3	1	1
11 or more hours	4	3	5	7	5	4	4	3	3	2
69. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends										
0 hours	64	74	57	51	58	61	66	74	72	72
1 hour	11	10	13	16	12	15	9	7	9	8
2 hours	8	7	9	13	13	7	7	8	5	5
3 – 5 hours	9	5	12	10	8	11	11	8	7	9
6 – 10 hours	4	2	6	5	5	4	5	2	4	5
11 or more hours	3	2	4	5	4	2	2	3	3	2
People who know me would say that this is . . .										
70. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous										
Not at all like me	4	4	4	4	5	4	5	2	4	7
A little like me	8	7	9	9	7	7	9	8	10	9
Somewhat like me	17	18	16	15	17	18	20	19	17	16
Quite like me	38	41	36	35	40	40	35	38	39	41
Very much like me	32	30	35	37	32	31	31	33	30	28
71. Caring about other people's feelings										
Not at all like me	1	2	1	1	1	1	2	2	2	2
A little like me	4	5	2	4	3	4	4	3	4	3
Somewhat like me	11	15	7	9	10	13	10	12	10	12
Quite like me	37	42	33	37	43	37	37	36	35	33
Very much like me	47	37	57	49	43	45	47	47	49	50

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
People who know me would say that this is . . .										
72. Thinking through the possible good and bad results of different choices before I make decisions										
Not at all like me	4	4	3	4	4	5	7	3	3	4
A little like me	9	11	8	9	10	12	8	7	11	7
Somewhat like me	23	24	21	26	25	23	22	23	20	19
Quite like me	35	34	37	35	36	33	34	36	38	36
Very much like me	28	26	31	26	25	28	29	30	28	33
73. Saving my money for something special rather than spending it all right away										
Not at all like me	9	8	10	8	9	10	11	9	9	9
A little like me	13	11	15	12	15	11	13	15	14	13
Somewhat like me	23	21	24	20	23	24	23	21	23	25
Quite like me	27	29	25	27	26	26	27	26	26	27
Very much like me	28	31	27	34	27	29	26	29	28	25
74. Respecting the values and beliefs of people who are of a different race or culture than I am										
Not at all like me	2	2	1	1	2	1	2	2	2	2
A little like me	2	3	1	2	1	2	2	2	2	2
Somewhat like me	5	8	3	6	5	5	6	6	5	7
Quite like me	29	36	22	22	31	29	28	30	30	29
Very much like me	62	52	72	69	62	63	62	61	61	59
75. Giving up when things get hard for me										
Not at all like me	30	35	27	26	30	28	32	31	30	34
A little like me	35	34	36	37	34	32	35	36	36	34
Somewhat like me	21	20	21	21	20	25	20	19	20	18
Quite like me	9	7	10	10	9	9	7	8	10	10
Very much like me	6	4	6	6	6	6	5	6	3	5
76. Staying away from people who might get me in trouble										
Not at all like me	7	7	6	6	6	7	8	6	7	10
A little like me	14	15	13	11	14	13	14	15	18	17
Somewhat like me	23	24	23	20	22	23	24	25	25	27
Quite like me	32	32	34	33	32	31	36	34	32	30
Very much like me	23	22	23	31	26	26	18	20	17	16
77. Feeling really sad when one of my friends is unhappy										
Not at all like me	5	8	2	4	6	5	5	6	5	6
A little like me	15	20	11	16	16	15	17	15	13	16
Somewhat like me	25	29	22	20	26	29	24	27	26	25
Quite like me	34	31	38	39	33	32	32	36	36	34
Very much like me	20	12	26	22	19	19	22	17	20	20
78. Being good at making and keeping friends										
Not at all like me	5	4	4	4	3	5	4	5	5	7
A little like me	9	8	9	6	9	9	7	11	11	9
Somewhat like me	20	18	20	16	18	17	19	25	23	21
Quite like me	39	40	39	40	40	39	40	34	38	41
Very much like me	28	29	29	35	30	30	29	24	22	22
79. Knowing a lot about people ot other races or ethnic groups										
Not at all like me	6	8	4	6	6	6	7	4	6	8
A little like me	16	17	16	22	17	16	12	14	16	16
Somewhat like me	31	32	31	26	32	30	33	32	34	34
Quite like me	31	30	31	27	26	34	32	35	31	28
Very much like me	16	13	18	20	19	13	16	15	14	13

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
People who know me would say that this is . . .										
80. Enjoying being with people who are of a different race or ethnic group than I am										
Not at all like me	2	2	1	1	1	2	2	2	1	2
A little like me	4	5	4	6	6	4	4	2	4	4
Somewhat like me	15	19	12	16	14	15	15	15	17	16
Quite like me	38	40	36	34	37	39	37	37	36	47
Very much like me	41	35	46	43	42	40	41	44	41	31
81. Being good at planning ahead										
Not at all like me	11	11	9	12	11	11	12	10	10	11
A little like me	15	15	14	18	18	13	11	15	12	16
Somewhat like me	27	30	24	25	26	31	31	25	29	22
Quite like me	26	27	27	25	27	26	26	24	28	29
Very much like me	21	17	26	20	17	19	21	27	21	22
82. Taking good care of my body (such as, eating foods that are good for me, exercising regularly, and eating three good meals a day)										
Not at all like me	7	5	6	3	4	7	8	8	6	12
A little like me	12	8	13	11	9	13	10	12	14	14
Somewhat like me	21	22	20	20	26	21	19	22	21	21
Quite like me	32	33	33	35	33	31	33	29	33	30
Very much like me	28	31	28	30	28	30	30	29	26	23
On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink…?										
83. In your lifetime										
0	59	59	59	75	74	63	62	54	42	31
1 – 2	17	18	16	17	18	21	13	15	17	15
3 – 5	8	8	8	5	4	8	9	9	14	10
6 – 9	4	4	5	1	1	4	6	5	7	9
10 – 19	4	3	5	0	1	2	2	7	8	13
20 – 39	3	3	4	0	0	1	2	4	7	9
40 +	4	5	3	1	0	2	5	6	5	14
84. During the past 30 days										
0	84	85	83	96	96	93	83	78	72	59
1 – 2	9	8	10	3	3	5	11	9	15	21
3 – 5	3	3	4	0	1	1	2	6	8	9
6 – 9	2	2	2	0	0	1	2	3	3	7
10 – 19	1	1	1	0	0	1	1	2	0	1
20 – 39	0	0	0	0	0	0	1	0	0	1
40 +	1	1	0	0	0	1	1	1	2	3
85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)										
None	93	92	92	99	98	97	92	90	86	79
Once	4	4	4	1	1	2	4	4	7	11
Twice	2	2	2	0	1	0	2	3	4	5
3 to 5 times	1	1	1	0	0	0	1	1	2	2
6 to 9 times	0	0	0	0	0	0	0	0	0	0
10 or more times	1	1	0	0	0	1	0	1	1	3

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
86. How frequently have you smoked cigarettes during the past 30 days?										
I have never smoked a cigarette	91	91	92	96	97	93	93	88	86	81
Not at all	8	8	8	4	3	6	6	12	14	16
Less than 1 cigarette per day	1	1	0	0	0	0	1	0	1	2
1 to 5 cigarettes per day	0	0	0	0	0	0	0	0	1	1
About 1/2 pack per day	0	0	0	0	0	0	0	0	0	0
About 1 pack per day	0	0	0	0	0	0	0	0	0	0
About 1 – 1/2 packs per day	0	0	0	0	0	0	0	0	0	0
2 or more packs per day	0	1	0	0	0	0	0	1	0	2
87. During the past 30 days have you used marijuana or hashish?										
Yes	8	8	7	1	0	3	6	11	15	24
No	92	92	93	99	100	97	94	89	85	76
88. During the past 30 days have you used prescription drugs not prescribed to you?										
Yes	2	2	1	2	2	1	0	2	1	3
No	98	98	99	98	98	99	100	98	99	97
How wrong do your parents feel it would be for you to…?										
89. Have one or two drinks of an alcoholic beverage nearly every day										
Very Wrong	83	82	85	88	86	84	83	83	79	71
Wrong	13	14	12	9	11	12	14	14	17	20
A Little Bit Wrong	3	3	2	2	2	3	2	3	3	6
Not at all Wrong	1	1	1	1	2	1	1	1	1	3
90. Smoke tobacco										
Very Wrong	89	89	90	93	92	89	90	89	85	85
Wrong	9	9	8	6	5	9	9	9	13	11
A Little Bit Wrong	1	1	1	0	2	1	1	2	2	2
Not at all Wrong	1	1	0	1	0	1	0	0	1	2
91. Smoke marijuana										
Very Wrong	78	77	81	91	88	83	78	76	67	56
Wrong	13	14	12	7	8	11	15	13	18	21
A Little Bit Wrong	6	7	5	1	3	4	6	9	11	14
Not at all Wrong	2	2	2	1	0	2	1	2	4	8
92. Use prescription drugs not prescribed to you										
Very Wrong	92	92	93	94	91	91	92	93	92	92
Wrong	6	7	6	5	8	8	7	5	6	4
A Little Bit Wrong	1	1	1	0	0	1	1	2	1	2
Not at all Wrong	1	1	0	1	1	1	0	1	0	2
How wrong do your friends feel it would be for you to…?										
93. Have one or two drinks of an alcoholic beverage nearly every day										
Very Wrong	60	58	63	78	73	65	59	48	46	41
Wrong	24	25	22	15	21	22	25	26	29	30
A Little Bit Wrong	12	12	11	5	5	10	11	18	19	20
Not at all Wrong	4	5	3	1	2	2	5	7	6	8
94. Smoke tobacco										
Very Wrong	68	67	69	82	77	71	69	59	55	54
Wrong	21	23	19	14	20	20	20	24	26	25
A Little Bit Wrong	8	7	9	3	2	8	7	12	13	14
Not at all Wrong	3	4	3	1	1	2	3	5	6	7

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
How wrong do your friends feel it would be for you to…?										
95. Smoke marijuana										
Very Wrong	58	56	61	83	75	66	61	45	33	26
Wrong	18	20	16	12	20	20	18	19	23	15
A Little Bit Wrong	12	12	12	4	3	10	13	18	20	24
Not at all Wrong	12	11	12	1	2	5	9	18	24	35
96. Use prescription drugs not prescribed to you										
Very Wrong	76	75	78	82	78	75	76	70	71	75
Wrong	18	19	16	14	17	18	19	20	22	17
A Little Bit Wrong	5	4	5	3	3	5	5	7	6	6
Not at all Wrong	2	2	1	1	1	2	1	3	1	2
How much do you think people risk harming themselves (physically or in other ways) if they…?										
97. Have five or more drinks of an alcoholic beverage once or twice a week										
No Risk	5	7	3	8	3	4	5	4	6	4
Slight Risk	14	15	13	12	12	12	13	17	15	18
Moderate Risk	38	38	39	35	38	39	36	38	40	43
Great Risk	43	41	46	46	46	45	45	42	38	35
98. Smoke one or more packs of cigarettes per day										
No Risk	3	4	2	7	3	2	3	3	3	2
Slight Risk	4	5	4	3	5	5	4	5	5	4
Moderate Risk	16	16	15	17	16	15	16	17	17	13
Great Risk	76	75	78	73	76	78	77	75	75	81
99. Smoke marijuana once or twice a week										
No Risk	14	16	12	8	5	7	12	18	24	33
Slight Risk	23	24	21	9	16	21	24	27	34	36
Moderate Risk	27	26	28	30	30	31	25	30	23	16
Great Risk	36	34	40	53	49	41	39	26	19	15
100. Use prescription drugs that are not prescribed to them										
No Risk	3	4	2	7	3	2	3	3	3	2
Slight Risk	3	3	3	2	4	3	4	3	3	5
Moderate Risk	17	16	16	22	15	16	17	16	17	12
Great Risk	77	76	79	69	78	79	76	78	77	82
101. How many times, if any, have you used cocaine (crack, coke) in your lifetime…?										
0	99	98	99	99	100	99	98	99	98	97
1	0	0	0	0	0	0	0	0	0	1
2	0	0	0	0	0	0	0	0	0	0
3 – 5	0	0	0	0	0	0	0	0	0	0
6 – 9	0	0	0	0	0	0	0	0	0	1
10 – 19	0	0	0	0	0	0	0	0	0	0
20 – 39	0	0	0	0	0	0	0	0	0	0
40 +	1	1	0	0	0	0	1	1	1	1
During the last 12 months, how many times have you . . . ?										
102. Been to a party where other kids your age were drinking										
Never	77	78	74	98	97	92	76	62	52	41
Once	7	7	7	1	2	4	8	11	12	11
Twice	4	3	6	0	0	2	5	8	9	9
3 – 4 times	5	4	6	0	0	1	5	10	9	14
5 or more times	7	7	7	0	0	1	5	9	17	24

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
During the last 12 months, how many times have you . . . ?										
103. Driven a car after you had been drinking										
Never	98	98	99	100	99	100	99	98	98	94
Once	1	0	1	0	0	0	1	1	1	2
Twice	0	0	0	0	0	0	0	1	1	2
3 – 4 times	0	0	0	0	0	0	0	0	0	0
5 or more times	0	1	0	0	0	0	0	1	0	2
104. Ridden in a car whose driver had been drinking										
Never	82	86	80	84	83	79	80	79	85	85
Once	8	6	9	8	9	9	7	9	7	5
Twice	4	3	4	3	3	4	4	4	5	2
3 – 4 times	2	1	3	2	2	2	2	3	1	3
5 or more times	4	3	4	3	2	5	6	5	2	5
105. How many times during the last 30 days, if any, have you vaped tobacco, nicotine, or marijuana?										
0	89	89	88	99	98	95	89	83	79	70
1	2	2	2	0	1	1	2	4	4	4
2	1	1	1	0	0	0	1	2	1	4
3 – 5	2	1	3	0	0	2	3	3	3	2
6 – 9	1	1	1	0	0	0	1	2	2	2
10 – 19	1	1	1	0	0	0	1	2	2	5
20 – 39	1	1	1	0	0	0	0	1	3	3
40 +	3	4	3	0	0	2	2	4	7	10
106. In an average week, how many times do all of the people in your family who live with you eat dinner together?										
None	13	12	11	10	11	13	11	13	16	18
Once a week	9	8	10	8	8	7	9	10	13	7
Twice a week	10	10	10	6	6	10	11	12	13	11
Three times a week	12	12	12	10	10	10	13	12	14	16
4 times a week	11	11	12	9	10	12	10	11	14	14
5 times a week	14	15	14	11	16	12	16	15	15	15
6 times a week	12	12	13	15	14	13	12	13	8	10
7 times a week	19	20	18	31	24	22	19	13	8	8
107. How often did you feel sad or depressed during the last month?										
All of the time	7	4	9	5	4	6	8	8	11	10
Most of the time	14	9	16	11	10	14	12	16	15	19
Some of the time	22	17	27	18	21	20	23	24	26	27
Once in a while	33	36	33	38	37	34	30	31	32	30
Not at all	23	34	15	28	28	25	26	20	17	14
108. Have you ever tried to kill yourself?										
No	89	93	88	91	92	88	90	85	88	85
Yes, once	6	4	7	6	4	7	5	8	8	7
Yes, twice	2	1	2	1	2	1	1	3	2	4
Yes, more than two times	3	2	3	2	1	4	4	4	2	4
109. Have you ever had sexual intercourse ("gone all the way," "made love")?										
No – SKIP TO QUESTION #111	80	79	81		100	99	91	83	73	61
Once	4	5	3		0	1	2	6	5	6
Twice	2	2	2		0	0	1	2	2	4
3 times	2	2	2		0	0	1	1	3	3
4 or more times	12	11	13		0	0	5	8	17	26

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
110. When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, Depo-Provera shot, an implant, ring, patch, male or female condom (rubber), foam, diaphragm, or IUD?										
Never	9	9	6			100	12	21	5	6
Seldom	4	5	2			0	3	3	5	3
Sometimes	3	3	4			0	6	0	4	3
Often	11	13	10			0	9	11	13	10
Always	72	70	78			0	70	65	74	77
How many times, if any, in the last 12 months have you used . . . ?										
111. Chewing tobacco or snuff										
0	99	99	100	99	100	99	99	98	99	97
1	0	0	0	0	0	0	0	1	0	1
2	0	0	0	0	0	0	0	0	0	0
3 – 5	0	0	0	0	0	0	0	0	0	0
6 – 9	0	0	0	0	0	0	0	0	0	0
10 – 19	0	0	0	0	0	0	0	0	0	0
20 – 39	0	0	0	0	0	0	0	0	0	0
40 +	0	0	0	0	0	0	0	1	0	2
112. Heroin or other narcotics (like opiods or meth)										
0	99	99	100	100	100	100	99	99	99	97
1	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0
3 – 5	0	0	0	0	0	0	0	0	0	0
6 – 9	0	0	0	0	0	0	0	0	0	0
10 – 19	0	0	0	0	0	0	0	0	0	0
20 – 39	0	0	0	0	0	0	0	0	0	0
40 +	1	0	0	0	0	0	0	1	1	2
113. Sometimes I feel like my life has no purpose										
Strongly agree	9	6	10	9	9	10	10	8	10	11
Agree	18	14	20	12	16	19	16	20	22	24
Not sure	17	15	19	17	18	15	19	17	18	14
Disagree	25	25	26	23	27	27	22	24	24	26
Strongly disagree	31	41	24	39	31	30	33	30	26	25
114. Adults in my town or city make me feel important										
Strongly agree	13	13	14	21	14	15	13	9	7	9
Agree	36	39	35	38	37	37	35	34	36	30
Not sure	32	30	32	28	33	32	31	33	31	32
Disagree	13	11	13	8	12	11	14	16	19	16
Strongly disagree	6	7	5	4	4	5	8	8	6	13
115. Adults in my town or city listen to what I have to say										
Strongly agree	11	11	11	17	12	12	10	7	6	7
Agree	30	34	29	33	29	30	34	32	27	27
Not sure	36	34	38	34	37	38	33	33	39	36
Disagree	16	14	16	10	16	14	15	19	20	17
Strongly disagree	8	8	6	6	7	6	8	9	8	13
116. I'm given lots of chances to help make my town or city a better place in which to live										
Strongly agree	9	10	9	13	9	9	12	8	6	8
Agree	32	32	34	29	29	37	35	34	31	31
Not sure	35	34	34	38	39	33	29	34	34	37
Disagree	16	15	17	15	18	14	16	16	21	15
Strongly disagree	7	8	5	5	6	7	8	8	8	9

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
117. Adults in my town or city don't care about people my age										
Strongly agree	4	4	4	2	3	3	4	6	6	6
Agree	14	13	13	7	12	12	13	16	15	23
Not sure	38	36	39	37	36	38	35	37	44	37
Disagree	29	30	30	28	30	33	30	30	26	27
Strongly disagree	15	16	15	27	19	15	18	11	8	6
118. In my town or city, I feel like I matter to people										
Strongly agree	11	12	11	17	12	12	13	9	7	6
Agree	34	37	33	34	32	35	32	33	35	35
Not sure	36	34	38	32	38	38	36	36	38	34
Disagree	13	11	13	11	12	9	12	16	15	15
Strongly disagree	6	6	5	5	6	6	7	6	6	9
119. When things don't go well for me, I am good at finding a way to make things better										
Strongly agree	16	19	14	19	14	16	17	14	15	15
Agree	45	49	44	42	47	43	42	49	48	45
Not sure	26	23	28	25	27	25	26	25	28	27
Disagree	9	6	11	9	8	11	11	10	7	10
Strongly disagree	4	3	3	5	4	5	4	2	2	3
120. When I am an adult, I'm sure I will have a good life										
Strongly agree	32	37	29	39	31	32	38	28	29	29
Agree	35	34	38	32	38	35	31	34	36	37
Not sure	26	23	27	22	24	26	25	31	29	26
Disagree	4	3	4	3	4	5	3	5	4	6
Strongly disagree	3	3	2	4	3	2	3	3	1	3
During the last 12 months, how many times have you . . . ?										
121. Taken part in a fight where a group of your friends fought another group										
Never	91	89	94	86	90	90	90	93	95	93
Once	5	7	3	8	6	7	6	4	2	3
Twice	2	2	1	2	2	2	1	2	2	2
3 – 4 times	1	1	1	2	1	0	1	1	0	0
5 or more times	1	1	1	2	1	1	2	1	1	2
122. Hurt someone badly enough to need bandages or a doctor										
Never	94	91	97	93	93	93	92	94	97	94
Once	4	6	2	5	5	5	4	3	2	3
Twice	1	2	0	1	0	1	3	2	1	1
3 – 4 times	0	0	0	0	0	1	0	1	0	1
5 or more times	1	1	0	1	1	1	1	1	0	2
123. Used a knife, gun, or other weapon to get something from a person										
Never	99	99	99	99	99	99	99	99	99	97
Once	1	1	0	0	1	1	1	0	0	2
Twice	0	0	0	0	0	0	0	0	0	0
3 – 4 times	0	0	0	0	0	0	0	0	0	0
5 or more times	0	0	0	0	0	1	0	1	0	1
124. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it?										
Yes	35	35	36	42	40	32	33	31	31	30
Probably	30	30	31	26	31	30	32	32	30	32
I'm not sure	15	15	13	16	15	15	15	14	16	13
Probably not	10	10	11	8	6	12	10	12	13	11
No	10	10	9	8	8	11	10	11	10	13

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
125. How much of the time do your parents ask you where you are going or with whom you will be?										
Never	5	6	4	8	7	5	5	4	2	5
Seldom	4	5	4	7	4	5	4	4	3	4
Some of the time	10	11	9	12	11	11	10	6	10	11
Most of the time	30	33	27	26	31	32	34	27	31	30
All ot the time	50	45	56	46	47	47	48	59	53	50
Among the people you consider to be your closest friends, how many would you say . . . ?										
126. Drink alcohol once a week or more										
None	79	80	78	98	97	93	81	65	59	45
A few	14	13	15	2	2	6	13	24	24	35
Some	4	3	4	0	0	0	5	6	8	10
Most	3	3	3	0	0	1	1	4	8	7
All	1	1	0	0	0	0	0	2	1	2
127. Have used drugs such as marijuana or cocaine										
None	77	78	77	98	97	91	79	63	52	40
A few	12	12	13	1	3	6	14	21	25	26
Some	5	5	5	0	0	1	4	6	10	16
Most	4	4	4	0	0	1	3	7	10	13
All	2	2	1	0	0	1	0	3	3	6
128. Do well in school										
None	3	4	3	4	3	3	4	4	3	2
A few	6	6	6	7	7	8	5	7	5	4
Some	14	16	12	12	16	16	16	13	12	14
Most	54	56	53	57	56	54	49	55	52	52
All	23	18	27	21	18	20	26	21	27	28
129. Get into trouble at school										
None	53	44	63	46	43	42	55	61	66	70
A few	31	36	25	34	38	34	30	27	25	21
Some	12	14	9	14	14	18	10	9	7	6
Most	3	4	2	4	4	4	4	1	2	1
All	1	1	0	1	1	1	1	1	0	2
How often do you feel afraid of . . . ?										
130. Walking around your neighborhood										
Never	66	80	57	58	62	63	68	70	75	73
Once in a while	20	14	25	25	23	20	21	18	16	14
Sometimes	8	3	12	10	8	10	7	7	6	8
Often	3	1	4	4	3	4	2	4	1	3
Always	2	1	2	3	3	3	2	2	1	2
131. Getting hurt by someone at your school										
Never	72	79	69	59	66	68	75	76	81	82
Once in a while	16	13	17	22	19	17	15	14	12	12
Sometimes	8	5	9	11	9	9	6	6	5	4
Often	2	1	2	3	3	3	1	3	1	1
Always	2	1	3	4	3	2	2	1	1	2
132. Getting hurt by someone in your home										
Never	87	91	86	79	85	85	91	88	91	91
Once in a while	7	5	8	10	8	7	6	9	6	4
Sometimes	3	2	4	5	3	5	2	3	2	2
Often	1	1	1	2	2	1	1	0	0	1
Always	1	1	1	3	2	1	1	1	0	2

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
133. On the average, how many evenings per week do you go out to activities at a school, youth group, congregation, or other organization?										
0	44	47	41	32	40	48	45	52	50	45
1	14	14	14	17	17	13	14	14	11	12
2	12	11	12	17	12	12	13	7	9	11
3	11	10	12	14	14	10	9	8	9	13
4	7	7	7	11	7	9	6	3	6	4
5	6	6	8	5	5	5	8	6	8	9
6	3	4	4	3	3	2	4	4	4	5
7	2	2	3	3	3	1	2	4	2	2
134. On the average, how many evenings per week do you go out just to be with your friends without anything special to do?										
0	20	21	15	30	20	19	19	18	16	13
1	19	20	19	21	23	20	19	20	16	15
2	22	21	24	18	22	22	19	24	26	23
3	19	17	20	16	17	18	21	20	18	24
4	10	9	12	9	9	11	9	9	12	13
5	5	5	6	3	5	5	8	4	7	4
6	2	2	2	1	2	2	1	2	3	3
7	3	4	2	2	3	4	3	4	3	5
135. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.										
I'd hit or push them right back.	39	47	32	28	37	42	43	41	43	46
I'd try to hurt them worse than they hurt me.	6	9	3	5	7	5	5	8	7	9
I'd try to talk to this person and work out our differences.	15	16	15	16	12	14	14	18	17	18
I'd talk to a teacher or other adult.	19	11	28	33	26	17	16	14	11	14
I'd just ignore it and do nothing.	20	15	22	18	19	22	21	19	23	13
136. Students help decide what goes on in my school										
Strongly agree	10	12	9	9	8	11	14	11	11	9
Agree	39	37	42	32	32	35	42	48	42	45
Not sure	32	31	31	42	39	35	27	25	25	24
Disagree	13	13	13	12	15	13	12	10	16	15
Strongly disagree	6	7	4	5	7	7	5	6	6	8
137. I don't care how I do in school										
Strongly agree	2	3	2	3	3	2	2	3	1	2
Agree	4	5	3	4	4	5	3	3	4	4
Not sure	9	9	7	8	9	9	8	7	10	9
Disagree	32	34	28	31	33	29	32	32	32	33
Strongly disagree	53	50	60	54	52	54	54	54	53	52
138. I have lots of good conversations with my parents										
Strongly agree	29	29	31	35	29	29	34	28	24	24
Agree	46	49	44	43	47	46	44	48	46	48
Not sure	15	14	14	15	14	15	14	13	19	12
Disagree	7	5	7	4	7	7	4	6	8	9
Strongly disagree	4	3	4	2	3	4	4	5	4	7
139. If I break a rule at school, I'm sure to get in trouble										
Strongly agree	24	25	24	25	25	26	27	26	20	20
Agree	51	51	51	49	49	52	52	51	49	53
Not sure	18	17	18	19	20	16	15	15	22	15
Disagree	4	4	5	3	5	3	4	4	5	8
Strongly disagree	3	3	2	3	2	2	3	3	4	3

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
140. My parents spend a lot of time helping other people										
Strongly agree	23	22	25	28	20	23	26	27	19	16
Agree	43	44	45	40	46	45	41	42	43	45
Not sure	25	26	23	27	26	24	26	23	26	24
Disagree	6	5	6	4	7	5	4	5	11	8
Strongly disagree	3	3	2	2	1	2	2	3	2	7
141. I have little control over the things that will happen in my life										
Strongly agree	7	7	6	10	8	7	6	5	5	6
Agree	16	15	16	19	18	17	13	16	15	15
Not sure	29	26	31	32	28	26	32	26	26	31
Disagree	34	35	35	25	32	36	32	36	42	33
Strongly disagree	14	17	12	13	15	13	17	16	13	14
During the last 12 months, how many times have you . . . ?										
142. Carried a knife or gun to protect yourself										
Never	90	88	94	92	92	89	87	88	92	87
Once	4	5	2	4	3	3	5	5	2	4
Twice	2	2	1	1	2	2	2	2	2	3
3 – 4 times	2	2	1	1	2	2	2	2	2	2
5 or more times	3	3	2	2	1	3	4	4	2	4
143. Threatened to physically hurt someone										
Never	86	82	91	86	84	86	85	86	88	86
Once	6	8	4	7	9	6	5	8	5	2
Twice	3	4	2	3	3	3	4	2	2	4
3 – 4 times	2	2	1	1	1	2	2	2	3	2
5 or more times	3	4	2	3	3	3	4	3	2	5
144. Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)										
Never	86	81	91	88	87	89	86	86	89	73
Once	6	7	4	6	7	4	5	5	5	9
Twice	3	4	2	3	2	2	5	4	3	6
3 – 4 times	2	3	1	1	3	2	2	1	2	4
5 or more times	3	5	1	2	2	3	3	4	2	8
How many adults have you known for two or more years who . . . ? (don't count your parents or relatives)										
145. Give you lots of encouragement whenever they see you										
0	8	8	7	8	7	9	6	10	9	7
1	8	7	9	9	9	10	9	6	6	9
2	16	16	16	15	17	16	17	19	16	13
3 – 4	26	25	26	24	23	28	21	24	28	31
5 or more	42	44	42	44	43	38	46	40	41	40
146. You look forward to spending time with										
0	10	11	8	10	11	10	7	12	11	11
1	9	7	9	8	9	10	8	8	8	8
2	19	20	18	18	18	18	19	20	20	22
3 – 4	26	25	29	21	26	28	25	28	30	27
5 or more	36	37	36	43	37	34	40	33	31	32
147. Spend a lot of time helping other people										
0	11	12	8	11	11	11	6	13	12	14
1	11	11	10	9	15	13	11	10	10	9
2	20	21	19	19	18	20	23	18	21	24
3 – 4	26	24	29	24	29	25	22	28	28	26
5 or more	31	31	33	36	27	31	37	31	29	27

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
How many adults have you known for two or more years who . . . ? (don't count your parents or relatives)										
148. Do things that are wrong or dangerous										
0	71	72	73	79	75	70	69	70	69	66
1	16	16	16	13	14	21	16	15	17	16
2	7	7	7	4	8	5	10	9	6	11
3 – 4	3	3	3	2	3	2	4	3	4	3
5 or more	2	2	2	1	1	2	2	2	3	3
149. Talk with you at least once a month										
0	11	12	10	13	13	12	8	13	11	9
1	10	9	11	9	10	13	9	10	9	10
2	17	18	16	16	16	16	17	16	20	22
3 – 4	26	25	26	24	23	25	25	26	31	26
5 or more	35	36	36	39	37	34	41	34	29	34
On an average school day, how many hours do you spend . . . ?										
150. Watching TV or videos										
None	7	8	6	8	6	7	8	8	6	7
Less than 1 hour	16	15	18	22	16	15	16	18	14	12
1 hour	23	23	25	25	26	23	23	19	23	24
2 hours	27	27	27	23	25	26	26	29	31	26
3 hours	12	13	11	10	12	12	15	13	11	12
4 or more hours	15	14	13	13	15	16	13	14	15	18
151. Using a computer, cell phone, or tablet to email, play games, surt the web, message, or text with friends										
None	4	5	2	8	6	4	2	3	1	2
Less than 1 hour	9	11	7	19	11	7	6	7	5	3
1 hour	13	15	12	19	15	13	13	11	11	11
2 hours	20	22	19	21	21	22	21	20	19	17
3 hours	20	20	21	15	17	23	22	21	21	22
4 or more hours	34	28	38	19	30	32	37	38	43	45
152. At home with no adult there with you										
None	19	19	19	24	20	18	16	19	19	17
Less than 1 hour	29	30	29	38	35	29	31	26	23	20
1 hour	20	20	22	19	20	21	20	19	24	20
2 hours	15	16	15	9	10	15	18	19	16	21
3 hours	8	8	8	4	7	7	7	11	8	13
4 or more hours	8	8	8	6	7	10	8	7	10	9
153. Have you ever been physically harmed (that is where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?										
Never	85	86	86	80	82	85	85	86	88	88
Once	7	7	7	10	12	7	6	7	3	4
2 – 3 times	4	4	4	6	4	5	5	4	5	3
4 – 10 times	1	1	1	2	1	2	1	1	2	3
More than 10 times	2	2	2	2	2	2	3	2	1	3
154. How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?										
Never	80	78	85	76	76	74	82	85	87	87
Once	9	11	7	12	12	12	9	7	5	4
Twice	5	5	4	6	6	6	4	4	4	3
3 times	2	2	1	2	2	2	1	1	1	3
4 or more times	4	4	3	4	4	6	5	3	2	3

Survey Item Percentages by Gender and Grade (Cont'd)

Survey Items	Total Sample	Gender		Grade						
		M	F	6	7	8	9	10	11	12
155. Where does your family now live?										
On a farm	1	1	1	1	1	1	1	1	1	1
In the country, not on a farm	1	2	1	1	2	1	2	1	1	1
On an American Indian reservation	0	0	0	0	0	0	0	0	0	1
In a small town (under 2,500 in population)	14	12	16	19	15	13	12	12	13	14
In a town (2,500 to 9.999)	41	40	43	41	44	43	42	39	40	41
In a small city (10,000 to 49,999)	40	42	37	35	36	39	40	44	43	40
In a meduim size city (50,000 to 250,000)	2	2	2	2	2	3	3	3	2	1
In a large city (over 250,000)	1	1	0	0	1	1	1	0	0	1
156. How many years have you lived in the city where you now live?										
All my life	47	47	48	44	42	45	49	46	54	54
10 years or more, but I've lived in at least one other place	17	17	16	13	14	17	18	17	23	19
5 – 9 years	19	19	18	22	25	20	16	16	13	15
3 – 4 years	9	9	9	10	12	9	10	12	6	5
1 – 2 years	4	4	5	7	3	5	4	5	3	3
Less than 1 year	3	4	3	4	5	4	3	3	2	3
157. How often do you binge eat (eat a lot of food in a short period of time) and then make yourself throw up or use laxatives to get rid of the food you have eaten?										
Never	80	83	79	79	82	79	82	79	81	81
Once in a while	13	12	14	15	13	13	12	14	12	11
Sometimes	4	3	5	4	4	5	3	4	4	4
Often	3	2	3	3	1	3	3	3	3	3
158. Have you ever gone several months where you cut down on how much you ate and lost so much weight or became so thin that other people became worried about you?										
Yes	15	9	20	12	12	14	14	19	17	21
No	85	91	80	88	88	86	86	81	83	79
159. What is the highest level of schooling your father (or stepfather or male foster parent/guardian) completed?										
Completed grade school or less	1	2	1	2	1	2	1	1	1	0
Some high school	4	4	4	2	4	4	7	5	5	4
Completed high school	12	13	11	8	13	13	10	13	11	17
Some college	8	8	7	7	6	7	7	9	7	12
Completed college	37	38	37	36	35	40	34	39	38	40
Graduate or professional school after college	27	26	29	25	24	22	34	27	33	21
Don't know, or does not apply	11	10	9	20	17	12	7	6	5	5
160. What is the highest level of schooling your mother (or stepmother or female foster parent/guardian) completed?										
Completed grade school or less	1	1	1	3	0	2	1	1	1	1
Some high school	3	2	3	1	3	2	3	2	3	3
Completed high school	7	8	7	4	7	9	9	7	8	7
Some college	8	8	7	6	7	8	8	7	8	12
Completed college	40	42	38	37	40	42	35	41	40	45
Graduate or professional school after college	34	31	38	33	30	30	39	38	37	28
Don't know, or does not apply	8	8	6	15	13	6	6	5	3	4

Appendix B

Survey Items and Related Developmental Assets, Deficits, Risk-Taking Behaviors, High-Risk Behavior Patterns, and Thriving Indicators

EXTERNAL ASSETS

Support

Asset	Question #	Question
1. Family support	42	I get along well with my parents.
	46	My parents give me help and support when I need it.
	50	My parents often tell me they love me.
2. Positive family communication	124	If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it?
	138	I have lots of good conversations with my parents.
	106	In an average week, how many times do all of the people in your family who live with you eat dinner together?
3. Other adult relationships		*How many adults have you known for two or more years who...*
	145	Give you lots of encouragement whenever they see you?
	146	You look forward to spending time with?
	149	Talk with you at least once a month?
4. Caring neighborhood	54	In my neighborhood, there are a lot of people who care about me.
5. Caring school climate	27	My teachers really care about me.
	29	I get a lot of encouragement at my school.
	52	Students in my school care about me.
6. Parent involvement in schooling		*How often does one of your parents...*
	22	Help you with your schoolwork?
	23	Talk to you about what you are doing in school?
	24	Ask you about homework?
	25	Go to meetings or events at your school?

Empowerment

Asset	Question #	Question
7. Community values youth	114	Adults in my town or city make me feel important.
	115	Adults in my town or city listen to what I have to say.
	117	Adults in my town or city don't care about people my age.
	118	In my town or city, I feel like I matter to people.
8. Youth as resources	51	In my family, I feel useful and important.
	116	I'm given lots of chances to help make my town or city a better place in which to live.
	136	Students help decide what goes on in my school.

EXTERNAL ASSETS

Empowerment (con't)

Asset	Question #	Question
9. Service to others	67	*During an average week, how many hours do you spend...* Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live?
10. Safety		*How often do you feel afraid of...*
	130	Walking around your neighborhood?
	131	Getting hurt by someone at your school?
	132	Getting hurt by someone in your home?

Boundaries and Expectations

Asset	Question #	Question
11. Family boundaries	45	If I break one of my parents' rules, I usually get punished.
	53	In my family, there are clear rules about what I can and cannot do.
	125	How much of the time do your parents ask you where you are going or with whom you will be?
12. School boundaries	48	In my school there are clear rules about what students can and cannot do.
	55	At my school, everyone knows that you'll get in trouble for using alcohol or other drugs.
	139	If I break a rule at school, I'm sure to get in trouble.
13. Neighborhood boundaries	56	If one of my neighbors saw me do something wrong, he or she would tell one of my parents.
14. Adult role models	140	My parents spend a lot of time helping other people.
		How many adults have you known for two or more years who...
	147	Spend a lot of time helping other people?
	148	Do things that are wrong or dangerous?
15. Positive peer influence		*Among the people you consider to be your closest friends, how many would you say...*
	126	Drink alcohol once a week or more?
	127	Have used drugs such as marijuana or cocaine?
	128	Do well in school?
	129	Get into trouble at school?
16. High expectations	30	Teachers at school push me to be the best I can be.
	31	My parents push me to be the best I can be.

Constructive Use of Time

Asset	Question #	Question
17. Creative activities	69	*During an average week, how many hours do you spend...* Practicing or taking lessons in music, art, drama, or dance, after school or on weekends?

EXTERNAL ASSETS

Constructive Use of Time (con't)

Asset	Question #	Question
18. Youth programs		*During an average week, how many hours do you spend...*
	62	Playing on or helping with sports teams at school or in the community?
	63	In clubs or organizations (other than sports) at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)?
	64	In clubs or organizations (other than sports) outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA)?
19. Religious community	66	*During an average week, how many hours do you spend...* Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place?
20. Time at home	134	On the average, how many evenings per week do you go out just to be with your friends without anything special to do?

INTERNAL ASSETS

Commitment to Learning

Asset	Question #	Question
21. Achievement motivation	26	At school I try as hard as I can to do my best work.
	28	It bothers me when I don't do something well.
	137	I don't care how I do in school.
22. School engagement		*How often do you...*
	34	Feel bored at school
	35	Come to classes without the supplies I need (for example, paper, computer, books)
	36	Come to classes without your homework finished?
	37	Feel interested in what you are learning at school?
23. Homework	20	On an average school day, about how much time do you spend doing homework outside of school?
24. Bonding to school	49	I care about the school I go to.
25. Reading for pleasure	65	*During an average week, how many hours do you spend...* Reading just for fun (not part of your school work)?

Positive Values

Asset	Question #	Question
26. Caring		*How important is each of the following to you in your life?*
	7	Helping other people
	9	Helping to make the world a better place in which to live
	14	Giving time or money to make life better for other people
27. Equality and social justice		*How important is each of the following to you in your life?*
	8	Helping to reduce hunger and poverty in the world
	11	Helping to make sure that all people are treated fairly
	13	Speaking up for equality (everyone should have the same rights and opportunities)

Positive Values (con't)

Asset	Question #	Question
28. Integrity		*How important is each of the following to you in your life?*
	15	Doing what I believe is right even if my friends make fun of me
	16	Standing up for what I believe, even when it's unpopular to do so
29. Honesty		*How important is each of the following to you in your life?*
	17	Telling the truth, even when it's not easy
30. Responsibility		*How important is each of the following to you in your life?*
	18	Accepting responsibility for my actions when I make a mistake or get in trouble
	19	Doing my best even when I have to do a job I don't like
31. Restraint	39	It is against my values to drink alcohol while I am a teenager.
	47	It is against my values to have sex while I am a teenager.

Social Competencies

Asset	Question #	Question
32. Planning and decision-making		*Think about the people who know you well. How do you think they would rate you on each of these?*
	72	Thinking through the possible good and bad results of different choices before I make decisions
	81	Being good at planning ahead
33. Interpersonal competence		*Think about the people who know you well. How do you think they would rate you on each of these?*
	71	Caring about other people's feelings
	77	Feeling really sad when one of my friends is unhappy
	78	Being good at making and keeping friends
34. Cultural competence		*Think about the people who know you well. How do you think they would rate you on each of these?*
	74	Respecting the values and beliefs of people who are of a different race or culture than I am
	79	Knowing a lot about people of other races
	80	Enjoying being with people who are of a different race than I am
35. Resistance skills		*Think about the people who know you well. How do you think they would rate you on each of these?*
	70	Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous
	76	Staying away from people who might get me in trouble
36. Peaceful conflict	135	Imagine that someone at your school hit you or pushed you for no resolution reason. What would you do?

INTERNAL ASSETS

Positive Identity

Asset	Question #	Question
37. Personal power	119	When things don't go well for me, I am good at finding a way to make things better.
	141	I have little control over the things that will happen in my life.
38. Self-esteem	38	On the whole, I like myself.
	41	At times, I think I am no good at all.
	43	All in all, I am glad I am me.
	44	I feel I do not have much to be proud of.
39. Sense of purpose	113	Sometimes I feel like my life has no purpose.
40. Positive view of personal future	120	When I am an adult, I'm sure I will have a good life.

DEFICITS

Deficit	Question #	Question
Alone at home		*On an average school day, how many hours do you spend...*
	152	At home with no adult there with you?
TV overexposure		*On an average school day, how many hours do you spend...*
	150	Watching TV or videos?
Physical abuse	153	Have you ever been physically harmed (that is, where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?
Victim of violence	154	How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?
Drinking parties		*During the last 12 months, how many times have you...?*
	102	Been to a party where other kids your age were drinking

RISK-TAKING BEHAVIORS

Risk-Taking Behavior	Question #	Question
Alcohol		*On how many occasions (if any) have you had more than just a few sips of Alcoholic beverages (beer, wine, or hard liquor to drink…?*
	84	During the past 30 days
	85	Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)

RISK-TAKING BEHAVIORS (con't)

Risk-Taking Behavior	Question #	Question
Tobacco	86	How frequently have you smoked cigarettes during the past 30 days?
		How many times, if any, in the last 12 months have you used…?
	111	Chewing tobacco or snuff
Vaping	105	How many times during the last 30 days, if any, have you vaped Tobacco, nicotine, or marijuana?
Marijuana	87	During the past 30 days have you used marijuana or hashish?
Other drug use		*How many times, if any, in the last 12 months have you used…?*
	112	Heroin (smack, horse, skag) or other narcotics (like opium or morphine)
Driving and alcohol		*During the last 12 months, how many times have you…?*
	103	Driven a car after you had been drinking
	104	Ridden in a car whose driver had been drinking
Sexual intercourse	109	Have you ever had sexual intercourse ("gone all the way," "made love")?
Anti-social behavior		*During the last 12 months, how many times have you…?*
	58	Stolen something from a store
	59	Gotten into trouble with the police
	61	Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)
Violence		*During the last 12 months, how many times have you…?*
	60	Hit or beat up someone
	121	Taken part in a fight where a group of your friends fought another group
	122	Hurt someone badly enough to need bandages or a doctor
	123	Used a knife, gun or other weapon to get something from a person
	142	Carried a knife or gun to protect yourself
	143	Threatened to physically hurt someone
School truancy	32	During the last four weeks, how many days of school have you missed because you skipped or "ditched?"
Gambling		*During the last 12 months, how many times have you…?*
	144	Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)
Eating disorder	157	How often do you binge eat (eat a lot of food in a short period of time) and then make yourself throw up or use laxatives to get rid of the food you have eaten?
	158	Have you ever gone several months where you cut down on how much you ate and lost so much weight or became so thin that other people became worried about you?
Depression	107	How often did you feel sad or depressed during the last month?
Attempted suicide	108	Have you ever tried to kill yourself?

HIGH-RISK BEHAVIOR PATTERNS

High Risk Pattern	Question #	Question
Alcohol		*On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink…?*
	84	During the past 30 days
	85	Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)
Tobacco	86	How frequently have you smoked cigarettes during the past 30 days?
		How many times, if any, in the last 12 months have you used…?
	111	Chewing tobacco or snuff
Illicit drugs		*How many times, if any, in the last 12 months have you used…?*
	112	Heroin or other narcotics (like opiods or meth)
Sexual intercourse	109	Have you ever had sexual intercourse ("gone all the way," "made love")?
Depression/suicide	107	How often did you feel sad or depressed during the last month?
	108	Have you ever tried to kill yourself?
Anti-social behavior		*During the last 12 months, how many times have you…?*
	58	Stolen something from a store
	59	Gotten into trouble with the police
	61	Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)
Violence		*During the last 12 months, how many times have you…?*
	60	Hit or beat up someone
	121	Taken part in a fight where a group of your friends fought another group
	122	Hurt someone badly enough to need bandages or a doctor
	123	Used a knife, gun or other weapon to get something from a person
	142	Carried a knife or gun to protect yourself
	143	Threatened to physically hurt someone
School problems	21	What grades do you earn in school?
	32	During the last four weeks, how many days of school have you missed because you skipped or "ditched?"
Driving and alcohol		*During the last 12 months, how many times have you…?*
	103	Driven a car after you had been drinking
	104	Ridden in a car whose driver had been drinking
Gambling		*During the last 12 months, how many times have you…?*
	144	Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)

THRIVING INDICATORS

Thriving Indicator	Question #	Question
Succeeds in school	21	What grades do you earn in school?
Helps others		*During an average week, how many hours do you spend...?*
	68	Helping friends or neighbors
Values diversity		*How important is each of the following to you in your life?*
	12	Getting to know people who are of a different race than I am
Maintains good health		*Think about the people who know you well. How do you think they would rate you on each of these?*
	82	Taking good care of my body (such as eating foods that are good for me, exercising regularly, and eating three good meals a day)
Exhibits leadership		*During the last 12 months, how many times have you...*
	57	Been a leader in a group or organization?
Resists danger	40	I like to do exciting things even if they are dangerous.
Delays gratification		*Think about the people who know you well. How do you think they would rate you on each of these?*
	73	Saving my money for something special rather than spending it all right away
Overcomes adversity		*Think about the people who know you well. How do you think they would rate you on each of these?*
	75	Giving up when things get hard for me

Appendix C

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Appendix D
Search Institute Resources

Resources for Schools, Communities, and Youth Organizations

Coming into Their Own: How Developmental Assets Promote Positive Growth in Middle Childhood *by Peter C. Scales, Ph.D., Arturo Sesma, Jr., Ph.D., and Brent Bolstrom (2003)*
This book provides research findings from studies on the development of children in grades four through six. This guide helps parents and other adults understand what programs, policies, and practices are most effective in raising healthy kids during the critical middle childhood years.

Developmental Assets Profile (DAP)
The DAP survey is designed for youth in grades 6 through 12. It measures the eight Developmental Assets categories in a convenient format that can be scored by the survey administrator across five interpersonal areas to better understand how young people fare personally and socially within the family, school, and community.

Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development *by Peter C. Scales, Ph.D. and Nancy Leffert, Ph.D. (2004)*
Examines more than 800 scientific articles and reports on adolescent development that are linked to each Developmental Asset. This book is an invaluable reference that demonstrates the strong scientific foundation undergirding the asset framework and reveals what is known about how assets are built and their impact on various youth populations.

The Best of Building Assets Together: Favorite Group Activities That Help Youth Succeed *by Jolene Roehlkepartain (2008)*
Presents 150+ "best of the best" activities for groups of young people ages 12 to 18. Games and projects energize, inspire, and allow participants to explore family communication, school climate, peer relationships, service-learning, self-esteem, leadership, diversity, and community involvement. Includes tips from educators and youth providers and a CD with over 50 reproducible handouts in English and Spanish.

Great Places to Learn: Creating Asset-Building That Schools Help Students Succeed *by Neal Starkman, Ph.D., Peter C. Scales, Ph.D., and Clay Roberts, M.S. (2006)*
Rooted in many years of research about the effectiveness of assets, this foundational book for educators shines as a powerful, positive guide to infusing assets into any school community.

Assets to Go! *(2006; mini-poster)* - Show them your commitment with this colorful display poster of the 40 Developmental Assets. Bright colors and graphics make it an eye-catching message that your youth are important.

Instant Assets: 52 Short and Simple E-mails for Sharing the Asset Message *(2007; CD-ROM)* - Would you like to send out a weekly asset message? Now it's easy—we've done the work for you with 52 ready-made e-mail messages. Send messages on their own, or add them to your organization's existing communication, whether it's e-mail, Web-based, or print!

Take It Personally *by Jolene Roehlkepartain (2017)* - This action and reflection workbook contains everything individuals need to make a stronger commitment to children and teenagers. Ideal for staff meetings, parent groups, volunteer trainings, and community events, this concise journal helps people from all walks of life learn about the power they have to make a difference for young people.

Trainings for Schools, Communities, and Youth Organizations

What's Up with Our Kids?—A Search Institute facilitator presents your survey results and helps build a shared understanding of young people's strengths and needs. Contact Search Institute Training and Speaking for more information at 1–800–888–7828.

Building Developmental Assets in School Communities—A strong introductory workshop to inspire and motivate everyone in your school community! This training makes the connection between assets and student success, and demonstrates how everyone can play a positive role in helping youth thrive.

Essentials of Asset Building for Trainers and Facilitators—Learn to deliver two core workshops, Everyone's An Asset Builder and Sharing the Asset Message. Use local expertise to spread the good word about the power of Developmental Assets.

Everyone's an Asset Builder - This workshop introduces participants to Search Institute's internationally-recognized research on the strengths and supports that enable young people to thrive. The workshop examines the power of individuals in shaping the lives of youth and the central role of relationships in building the Developmental Assets that all young people need.

Resources for Parents

ParentFurther.com—Visit parentfurther.com for a wealth of free parenting resources by Search Institute, including the "Everyday Parenting Ideas" newsletter that addresses various parenting challenges. Also includes many other useful tools for parents.

Sparks: How Parents Can Ignite the Hidden Strengths of Teenagers *by Peter L. Benson, Ph.D. (2008)*—Describes a simple yet powerful plan for awakening the "spark" that lives within every young person. Sparks—when recognized and nurtured—give teenagers joy, energy, and direction. They can transform a young person's life from survival mode to thriving mode. Grounded in new research conducted with thousands of teenagers and parents, Sparks offers a step-by-step approach to helping all teenagers discover their unique gifts.

150 Ways to Show Kids You Care *(2014; mini-poster)*—Discover 150 great ideas to make kids feel special every day. Even the simplest acts of kindness can build assets in the lives of children and teens. You'll find plenty of ideas on the mini-poster and in the 84-page book by the same name. Poster and book offer adults easy, meaningful ideas to show kids they really care. Bilingual.

Parenting at the Speed of Teens *(2004)*—A portable guide to positive, commonsense strategies for dealing with both the everyday issues of parenting teenagers—junk food, the Internet, stress, friendships—as well as the serious ones—depression, divorce, racism, and substance abuse. Illustrates how the "little things" such as talking one-on-one, setting boundaries, offering guidance, and modeling positive behavior—can make a big difference in helping a teenager be successful.

Raising Kids with Care: 50 Ways to Help Your Whole Family Thrive *(2006; mini-poster)* - A list of comforting, practical tips and reminders intended to help parents and guardians build assets in their children and take care of themselves. Filled with thoughtful insights and realistic reminders, it offers a much-needed boost to the daily life of parents.

For a catalog of additional resources, call Search Institute at 1–800–888–7828, or view our online store at www.searchinstitutestore.org.

Appendix E
Frequently Asked Questions

What is the history behind the *Profiles of Student Life: Attitudes and Behaviors* survey?

Search Institute's *Profiles of Student Life: Attitudes and Behaviors (A&B)* survey was created in 1989 and measured 30 Developmental Assets at the time. In 1996, the asset framework was expanded to 40 Developmental Assets. This was done on the basis of Search Institute's analysis of its own aggregate data from the more than 250,000 students who took the original 30-asset survey during the period 1989–1994, as well as additional syntheses of child and adolescent research and conversations with researchers and practitioners. The *A&B* was revised in 2008 and again in 2012 to collect "Four Core Measures" data required for COMET reporting by Drug Free Communities grantees, as well as to update obsolete and outdated language, and add more timely questions for young adults.

We are a Drug Free Communities grantee new to the Developmental Assets. How does the Developmental Assets framework relate to our prevention efforts?

Research on the Developmental Assets has shown that strong, measurable links exist between youth assets, thriving, and risk behaviors. Youth who report higher levels of Developmental Assets generally report fewer risk behaviors than peers who report fewer assets. Implementing the Developmental Asset framework can add value to your prevention efforts by offering tested, research-based results and a flexible foundation for the work you're already doing.

Where can I find comparable national data on alcohol and drug use?

While Search Institute does not archive national aggregate data on risk behaviors related to alcohol and drug use, national data is available online at the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS) web site, http://www.oas.samhsa.gov/.

Now that we've received our survey data, how can we best utilize it?

It can be difficult to come up with an action plan after you've received your survey results. After wading through 80 pages of data on your youth, the obvious question is "Where do I start?" Search Institute Training and Speaking offers the professional presentation "What's Up with Our Kids?" to assist you in analyzing and disseminating your *A&B* survey data, as well as discussing the implications for asset building in your community. Find out more about Search Institute Training and Speaking at www.search-institute.org/training-speaking. For additional links to excellent resources for utilizing your survey data, visit http://www.search-institute.org/survey-services/next-steps.

Can we look at individual students' experiences of Developmental Assets?

The *A&B* survey was designed to provide aggregate-level data for individual communities. It was not designed as an individual student assessment instrument or as a program evaluation tool. Search Institute does offer a survey to assess the strengths of individual students and small groups with its *Developmental*

Assets Profile (DAP) survey. The *DAP* is a short, administrator-scored survey designed to yield individual data on the eight Developmental Asset categories and five Context Views. The *DAP* is oftentimes used to measure change over time, and provide data for program evaluation purposes. For more information, please visit our Web site at www http://www.search-institute.org/survey-services/surveys/developmental-assets-profile.

Can we compare our A&B results to "National Data?"

Search Institute has an aggregate dataset representing 89,366 public or alternative school students in grades 6 through 12 (available in A Fragile Foundation: The State of Developmental Assets among American Youth). The sample includes students from U.S. communities in 26 states. These data were gathered through independent community studies across the 2009-2010 school year. Caution should be used in comparing your community's data to this aggregate data set, as the dataset is not based on a nationally representative sample, but rather, was weighted to reflect the 2010 U.S. Census. While a community may choose to use these data as a barometer of how similar or different its youth are compared to the youth represented in this larger sample, Search Institute strongly recommends that each community sets its own goals based on where it wants its young people to be rather than where its young people are in relation to this aggregate data.

How can we cite our A&B Report and the Executive Summary?

When disseminating information from the full report of Executive Summary, use the following citation:

From *Developmental Assets: A Profile of Your Youth* for [name of your school/community] © [year of your report] by Search Institute, Minneapolis, MN. Data collected with the survey *Search Institute Profiles of Student Life: Attitudes and Behaviors*, copyright © 1996, 2012, Search Institute, Minneapolis, MN.

How can ___% of our youth have each of the ___ items in a certain Developmental Asset, but only ___% actually possess that particular asset?

Youth have to average "agree" on all measures of a particular Developmental Asset in order to actually "have" the Developmental Asset. Different youth may have some of the individual elements, but fewer youth may have averaged having all of them. This explains why the percentages attributed to each response cannot simply be averaged to find out the percentage of youth with that particular Developmental Asset.

Why does Search Institute ask questions related to sexual activity and use of protection?

The primary reason we ask these questions is based on the same thoughts and reasoning behind asking about the other variety of high-risk behaviors, and that is in order to help schools and other organizations understand the extent of these problems in their communities, as well as how building Developmental Assets can help prevent those problems.

The age of puberty has dropped considerably over the last 50 years, now occurring for the majority of girls between ages 9-12, and for boys between ages 10-13. Twenty percent of adolescents will have sexual intercourse while in middle school. For those children, early sexual intercourse is even riskier than it is for older adolescents, as the younger they are, the less likely they are to use protection against pregnancy or sexually transmitted infections (STIs). Communities need to know the extent to which their kids are engaging

in risky behaviors like this in order to know how best to both promote positive development in general and to reduce or prevent risky behaviors specifically.

Will asking questions about certain topics actually encourage certain behaviors?

Taken from the U.S. Centers for Disease Control and Prevention:

"There is no evidence that simply asking students about health risk behaviors will encourage them to try that behavior." http://www.cdc.gov/healthyyouth/yrbs/faq.htm

Why does the research show that Developmental Asset levels often decrease as youth get older?

Our cross-sectional (one-time snapshot) studies and longitudinal research following youth over time show that the total number of assets tends to decrease, on the average, among high school students as compared to middle school students. One study did show an average increase for some assets later in high school, in the 11th and 12th grades. Using the Me and My World survey with 4th-6th graders, we also found that 4th and 5th graders have higher average asset levels than 6th graders. So the evidence seems to be very consistent that younger children have more assets, on average.

The biggest drop seems to occur in middle school, especially 7th and 8th grades, and continue in the first year of high school, which for most students is 9th grade. What seems to be happening is that the quantity and quality of relationships young people have—which are the foundation of the assets approach—seem to deteriorate across those years. Many adults find young adolescents more difficult, changeable, demanding, and provocative than elementary-aged children, and pull back from connecting with them more than superficially, if even that. Of course, some adults flip those adjectives upside down, and find young adolescents lively, flexible, spontaneous, experimental, inquisitive, and curious, and love to be around them. But they appear to be in the minority. It's not all about adults, of course. Peer relationships can be tough in those transitional years.

Note too that we say assets tend to decrease, "on average," because many youth increase, and many stay relatively stable too: There are multiple "asset paths." In one study, for example, we found that the greatest percentage of students, 41%, did decrease, but we also found that 35% of students remained stable in their asset totals from middle school to high school, and 24% increased. The average that is happening to a large group doesn't necessarily describe the experience of an individual student.

We administered the A&B survey in the past; can we use the A&B again to show change over time?

The A&B survey should not be used to measure change over time or as a pre/post test. This is true for a few different reasons:

The most important reason lies in the dichotomous nature of Developmental Asset measurement. By dichotomous, what we mean is that when we score the surveys, we determine whether each respondent (anonymously) "has" or doesn't "have" each of the Developmental Assets by using mean scores from the items we've created to measure those Developmental Assets. We then pull all of that information together to give you results for the full group. When we report results in a dichotomous manner (which is appropriate when reporting group results in this manner), there is only have or have not; yes or no. This differs from

reporting data on a continuous scale, where a respondent's mean score could land anywhere along a scale. As you can imagine, any given person could make a lot of progress towards having a Developmental Asset without crossing that point at which we say they do have the asset. And that's the kind of change that's important to see if you're doing any work that needs to show positive change over time.

A second point to keep in mind is that these surveys are used primarily in schools, and are given anonymously. From year to year, school populations change with kids leaving or joining the district, or simply by being absent on the date the survey is administered. Ideally, change over time measurement would follow the same group of kids, which is impractical with these surveys.

Many communities use these surveys repeatedly, and that's appropriate as long as we're all clear on reasonable goals. It's reasonable and effective to use these surveys to gain an accurate and current perspective on the beliefs and experiences of the youth you are currently surveying. As those who have worked in schools know, any given class can have a very distinct personality, and so getting that updated view is important so that you're not making inaccurate assumptions about the group of youth currently living in your community based on results from previous groups. Many find it useful to, for example, follow trends in a particular grade level or levels (e.g. 6th graders in 2011 vs. 6th graders in 2012), and that's a very reasonable goal.

The Attitudes and Behaviors was designed to give a look at how a group of youth is experiencing assets, risk behaviors, deficits, and thriving behaviors at a particular point in time. It does this quite well, and thus works beautifully as a community mobilization tool. It can be a catalyst for forming or sustaining an asset-building initiative by giving youth a way to share the community experience from their perspective.

If you are specifically interested in an instrument to show change over time or use in a program evaluation, you may want to consider our *Developmental Assets Profile*. More information can be found online. http://www.search-institute.org/survey-services/surveys/developmental-assets-profile

Do youth answer truthfully?

Studies have shown that students are truthful when answering questions on anonymous surveys. To be safe, our scanning system looks for inconsistencies in the way students respond to similar questions, unrealistically high substance use, too many unanswered items, and patterns in responses. Surveys with these kinds of problems are not used in the report findings. The percentage of surveys removed from individual school or community studies has remained consistent over time and generally falls into the 5 to 8 percent range.

Appendix F
Getting the Word Out

You've read through the report. Some of the findings are surprising, others expected. Some are troubling; others pleasing. Overall, it's clear that the findings have implications for working with your youth—even though you may not know fully what those implications are. How can you being turning these statistics into action?

Survey information has power for planning, evaluation, and change. But information becomes powerful only as it is shared with others so they become aware of the needs and concerns.

Why share the findings?

1) It builds awareness. When people become aware of needs and want to change the status quo, they are much more likely to be committed to action than those whose leaders simply tell them what needs to be changed.
2) It creates c common commitment and concern. As people across a community analyze survey results, consensus about problems and possibilities begins to grow. That shared commitment can translate into meaningful involvement and action.
3) It elicits new partners. Letting people know what issues arise from the survey encourages them to step forward and become involved.
4) It creates a sense of trust. Sharing survey information openly and honestly tells people that you trust them and want them to be involved.
5) It serves as an educational tool. Sharing your survey findings becomes, in itself, an opportunity to educate young people, their parents, and the community about the realities. Young people may find new courage to resist pressure because they see that "everybody" *isn't* involved in various at-risk behaviors. Similarly, parents and other adults may take more active roles when they see a problem is real.

Some people may object to sharing results, particularly if they are disturbing or "make a school or community look bad." But, except in some cases with problematic samples, even "bad news" can lead to positive results. Of course, the results may be painful, and the initial discussions uncomfortable. However, discomfort is a small price to pay if the study galvanizes people to take action around key concerns.

Working with a Team

When you're ready to process the information, the first step is to begin absorbing and distilling the information. This is most effective in a small leadership team. Having a team or group is important for several reasons:

1) Other people will see things you might miss, or they may interpret a finding differently.
2) Involving a leadership team early on builds wider ownership in the process.
3) Sharing the workload with other makes it more likely that the job will be done.
4) Working with a small group at this stage allows you to test ideas, gauge reaction, and anticipate questions, so you'll be adequately prepared when you go public.

The Team's Makeup

The team would ideally include representatives from various constituencies, so that each would feel like part of the process in the early stages of the discussion. Some examples might be:

1) An existing committee or task force. Be sure it includes the principal and other key leaders who have a stake in the results.
2) A school-based task force that includes and administrator, a teacher, a counselor, a member of the parent organization, and student government leaders.
3) A community-based team that includes a representative from various sectors—social services, government, education, law enforcement, business and industry, teenagers, parents, and the religious community.

The Perils of Interpretation

This survey has powerful data and provides you with information you might never have otherwise. The challenge is to let the information speak for itself and to interpret it appropriately. There are two dangers in interpreting your findings:

1) Under-interpretation—Under-interpretation of survey findings occurs when you explain away differences, surprises, or bad news as inconsequential. Significant differences, surprises, and pieces of bad news need careful analysis. When many students report involvement in a particular behavior or express negative experiences, those responses need to be taken seriously.

2) Over-interpretation—On the other end are those people who exaggerate all the bad news and conclude that all past work has failed. For them, the situation is much worse than it really is. One example would be to take a low score on a single item and magnify it excessively. Making decisions based solely on a few questions would be premature. Instead, look for patterns, contradictions, and confirmations before drawing conclusions.

Perhaps the best approach to interpreting data on your students is to compare the results to other available information—your experiences with youth, the insights of experts, young people's own interpretations. Many times you'll find that the data confirm and reinforce things you already know. Surprises may point to dynamics you hadn't examined before. A good question to ask is: Do the findings make sense? If not, why not?

Creating a Summary of Highlights

To distill, the dictionary says, is "to extract the essence of"—to draw out the essential. For survey information to have meaning, it must first be distilled. Survey information can be overwhelming, so we at Search Institute have begun the distilling process by arranging the data in categories. Because each community is unique, your team needs to distill the information further to reflect the major issues and strengths in your community.

Some communities have found it useful to have an outside expert facilitate their initial discussion of the survey findings. These consultants can provide a broader context, answer specific questions about trends and usage, and keep the discussion moving in constructive ways.

Another option is to lead a task force through a simple group process, guided by an experienced group facilitator. Here's a structure that may help you through the process.

1) Send out the report in advance so people come to the meeting prepared to talk.
2) If team members don't know each other well, begin the meeting with introductions. Have people each tell who they are and how they are involved with young people.
3) Discuss briefly any initial questions or impressions about the report.
4) Assign one of two people to each section of data in the report.
5) Ask people to work alone for ten minutes, reviewing their assigned section. As they work, have them note what findings are most significant to them—what things "jump out" at them.
6) Ask small groups each to identify the three to six most important findings in their section.
7) Check for consistency in highlighting the findings. For example, one group might consistently note difference between boys and girls, while another notices differences between grades. These differing perspectives may be the best way to report the results. However, it is also useful to be consistent in your reporting, allowing for comparison among sections.
8) Once all the highlights have been gathered, decide together if the categories from the survey report are the best categories to use. The highlights might arrange themselves in another structure more meaningful in your school or community.
9) As a group decide if there are any series of items (such as interests or at-risk behaviors) that are significant enough to present as a chart. There may be, for example, one chart, graph, or table that really captures the heart of your study. If so, include that graphic in your summary.
10) Assign someone to prepare a one- to two-page fact sheet to share with your community. Make the presentation simple and straightforward. Present the findings without commentary, since you'll want people to reach their own conclusions.
11) You also may want to prepare a one-page set of questions based on the survey results to guide people who lead discussions in classes, parent groups, and other settings. In addition to making the discussion more focused, feedback from different groups on the same questions can be valuable planning information.

Present the Key Findings

Once you have the basic information together, you'll want to present it in a clear, approachable way. Depending on your skills, resources, and audience, here are some possibilities:

1) Fact sheet—This is the simplest least expensive approach, and it can be quite effective. Begin with a brief introduction to the survey process and scope, then "bullets" the key findings in simple sentences. There's no attempt to make the sheet hold together as a continuous narrative. Incorporating charts adds visual interest.
2) Narrative—This would be more like a traditional news release in which the survey is tied together with a narrative. You might include quotes from knowledgeable people. Sometimes a narrative works well as a press release to accompany a fact sheet.
3) Charts—These visual presentations often give power to statistics in ways that text cannot. A school art teacher or student can take the charts a step further by incorporating appropriate illustrations.
4) Booklet or brochure—Some groups have created booklets and brochures on their survey results to distribute widely. These could include a two-page list of highlights, a more in-depth interpretation, comments from community leaders and experts, and suggestions for ways people can get involved in the issues.
5) Posters—A well designed poster can be a useful way to communicate with students and people in the community. Include charts, graphs, and quick highlights from the study. These posters could be

placed in school halls, community centers, government buildings, classrooms, open areas in malls, grocery store windows, and other places where people gather or browse.

6) Video—Create a short documentary on survey results, incorporating charts, quotes from students and experts, narration from local community members, and scenes from the community. A communications class could take this idea on as a project, or you could cooperate with a local cable or television station as an experiential education experience for students. The resulting video could be shown on local access cable, a local television station, in classrooms, at workshops, and—where available—through school-wide television programming.

Who should hear?

Students, parents, school administrators, school faculty and staff, community youth workers, community leaders, and the media.

Publicity Tips and Tools

Telling Administrators and Counselors

The principal, other school administrators, and counselors should be the first to know about the survey results, and they should be active in deciding how the results will be used. Taking time to get administrators on board—if they're not already—may be the most productive part of the dissemination process. Their endorsement and advocacy can make the results become a priority for the school and the community.

- Personal discussion with the principal/superintendent/district officials—It is appropriate to schedule an opportunity for debriefing between these individuals and the survey coordinator so that perceptions can be confirmed. It is helpful to have the principal or superintendent sign letters to parents about the study and to introduce the study at public meetings.
- Expert roundtable—It may be useful to have a roundtable discussion in which selected experts from the community and school discuss the results confidentially. These experts could include school counselors, psychologists, alcohol and other drug coordinators, researchers, teachers, policy-makers, and others.
- Presentation to the school board—Since the board makes decisions on priorities and funding, presenting the findings and fielding questions is important to ensure that there is support behind your efforts.

Telling Faculty and Staff

School faculty and staff will, of necessity, be active players in any efforts a school takes to address concerns. In addition to their insights about the findings, teachers and counselors will need to think through the implications of the results for their work with the students. Both faculty and staff need a basic understanding of the findings and their implications so they can answer questions from students, parents, and the community.

- Special announcements or staff meetings—It's best to tell teachers the survey findings in person in a setting where they have opportunity to reflect and respond.
- In-service training—An in-service training day is an excellent opportunity to have faculty process the survey findings. You could ask an outside expert to dialogue about issues raised by the survey. Or you could have a consultant lead the teachers through a systematic analysis and interpretation of the findings. Another option would be to design your own workshop. This training is important if you

wish to have teachers process the results with students. Ask them how they will use the material in their classrooms.

Telling Students

If anyone has a stake in your survey findings, it's the young people. After all, these results reflect their own experiences. Yet too often we forget to involve them in the interpretation and dissemination efforts. As a result, we miss their perspective.

Furthermore, getting information to youth can be a challenging process, particularly if the "messenger" hasn't built credibility. If youth think adults are attacking them, they'll probably "tune out" the findings. One way to avoid this problem is to involve youth from the beginning. Not only will they be more effective in conveying information, but they will also provide an important "reality check" in the interpretation.

- Student newspaper—Industrious student reporters will be challenged to present the study highlights in effective ways. They can interview other students about the results, adding new perspectives to the research. An editor might even choose to write an editorial on the study, calling his or her peers to get involved in issues.
- Student government—Understanding, interpreting, and disseminating survey results can be a fulfilling process for a student council. Providing these leaders with the fact sheets will challenge them to take seriously the issues raised by the survey.
- Relevant school clubs—School-based clubs that deal with teen issues such as alcohol and other drugs would be natural focal points for raising awareness. Survey results can even give them ideas for specific club projects. Encourage clubs to create a distribute fact sheets, brochures, or a video on the study.
- School assemblies—A creative presentation, drama, or video based on the survey results can capture young people's attention. Making the assembly into a town meeting where students have opportunities to discuss the findings in small groups and ask questions may have potential.
- Bulletin boards and posters—Printing a poster of results to display in various places also has potential.
- Relevant classes—Your survey results can be appropriate discussion material for a variety of classes. A health class could talk about alcohol and other drug use, or sexuality issues. A government or civics class could talk about the potential impact of survey findings on a community, or a place for a discussion on community involvement.
- Special school-day—Many of these ideas could be pulled together into a special day that focuses on the survey results throughout the day. Teachers could coordinate discussion of various aspects of the survey in different classes. An assembly could bring in community experts. Posters and bulletin boards could decorate the halls. Clubs could plan special activities and the student newspaper could print a special edition. Such an approach would clearly promote widespread discussion.

Telling Parents

Parental involvement is vital to any efforts to improve the well-being of youth. Thus parents must be included in the information-sharing process.

- Parent organizations—Your school's PTA or PTO is a logical ally in disseminating results from your study. This group likely would want to organize a special parents' meeting to discuss the results.
- Parent newsletter—If your school or the parents' organization has a regular newsletter, include the fact sheet as part of the next mailing. It would have added impact if the principal or president of the parent organization wrote a column about the study's implications.

- Special letter to parents—It may be most appropriate to send a copy of your fact sheet or brochure to every parent, along with a cover letter from the school principal or other respected school leader.
- Special parents meeting—A special parents meeting can be a useful way to reach parents. You might not attract the majority of parents to this forum, but you could draw leaders who would influence others. This meeting could include several elements, such as a presentation, panel discussion, or small group discussions.
- Parent-teacher conference days—If your school holds regular parent-teacher conferences, a discussion of the survey findings could be built into the interaction. Ask teachers to distribute a fact sheet on the survey during their conferences. Parents could also have opportunities throughout the day to participate in small group discussions. Another option is to set up an attractive display near the school entrance where parents would notice it as they arrived or left. Have fact sheets available.

Telling Community Leaders and Policy Makers

More and more, educators and other advocates for youth are reaffirming the impact an entire community has on adolescent well-being. Parents and schools can't address all the issues alone. To have maximum impact, they need the support of a healthy, concerned community. The first step in creating the kind of concern in to raise awareness in the community of the needs of young people. Sharing survey findings with community leaders can be part of this process.

- Presentations—Many professionals are part of organizations that have regular meetings. These may be local professional associations, or they could be chapters of clubs such as Rotary, Lions, or Kiwanis. Any of these meetings would be a potential audience for a discussion of the survey results and their meaning for the community.
- Newsletters—Some professional organizations are large enough that they have local or regional newsletters. They may be interested in briefly describing your school's study, or even include a page of highlights. Many religious congregations may also run the information in their newsletters.
- Personal visits—There may be some leaders in your community who merit a personal visit. For example, you might arrange an appointment to tell the mayor, council-member, or business leader about the study.
- Student presentations—Having young people tell their own stories to adults can be particularly powerful and eye-opening. A debate team or anti-drug club may want to develop a presentation on the results in an effort to raise community awareness.

Telling the Media

Getting the media involved early in the survey process can be a valuable way to ensure their cooperation while also relying on their expertise. While professional help is not needed, an editor or reporter on your task force can help with timing the story, getting the story to the right people, and helping to prepare information to release to the media. The story can be an important vehicle for raising community concern and awareness.

- News release—A news release is the basic document that's generally used to get a story noticed. As a straightforward and short document, news releases should be written in straight journalistic style, highlighting the major findings in the first paragraph. Send your news release to the education reporter at local newspapers, TV stations, radio stations, and other news sources. You may want to make a follow-up call to arrange any interviews the reporter may wish to include in the story.
- News conference—If you believe your survey findings are particularly powerful, you may wish to hold a news conference. This interactive format allows you to present findings in more detail and to answer questions from the media. News conferences need to be well planned and orchestrated. Be certain to include all media members in the area.

- Personal interviews—Most reporters will welcome suggestions of knowledgeable people to interview. To prepare for these interviews, write out your statements in advance. Also develop two or three 20-second "sound bites" about the study that will get your point across quickly.
- Editorial or article—It may be appropriate for the school's principal, a teacher, leader, or student to write an editorial, column, or letter to the editor about the study. These opinion pieces should be well-focused, highlighting the needs and challenging the community to take seriously the concerns. Such an approach might be particularly useful as a way of announcing your task force's recommendations based on the findings.

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Community Health Survey

- AJH Community Health Survey
  - Survey output
  - Survey Distribution Channels

Beth Israel Lahey Health

Community Health Survey for Beth Israel Lahey Health
2022 Community Health Needs Assessment

Beth Israel Lahey Health and its member hospitals are conducting a Community Health Needs Assessment to better understand the most pressing health-related issues for residents in the communities we serve. It is important that each hospital gather input from people living, working, and learning in the community. The information gathered will help each hospital to improve its patient and community services.

Please take about 15 minutes to complete this survey. Your responses will be private. If you do not feel comfortable answering a question, you may skip it. Taking this survey will not affect any services that you receive. Findings from this survey that are shared back with the community will be combined across all respondents. It will not be possible to identify you or your responses. Thank you for completing this survey.

You will have the option at the end of the survey to enter a drawing for a $100 gift card

We have shared this survey widely. Please complete this survey only once.

Time in Community

1. We are interested in your experiences in the community where you spend the most time. This may be the place where you live, work, play, or learn.
   Please enter the zip code of the community in which you spend the most time.
   Zip code: _____

1. How many years have you lived in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years but not all my life
   - ❑ I have lived here all my life
   - ❑ I used to live here, but not anymore
   - ❑ I have never lived here

2. How many years have you worked in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years
   - ❑ I do not work here

3. If you do not live or work in the selected community, how are you connected to it?
   _____

Your Community

4. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I feel like I belong in my community.	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play)	☐	☐	☐	☐	☐
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support)	☐	☐	☐	☐	☐
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.).	☐	☐	☐	☐	☐

5. What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

- ☐ Better access to good jobs
- ☐ Better access to health care
- ☐ Better access to healthy food
- ☐ Better access to internet
- ☐ Better access to public transportation
- ☐ Better parks and recreation
- ☐ Better roads
- ☐ Better schools
- ☐ Better sidewalks and trails Cleaner environment
- ☐ Lower crime and violence
- ☐ More affordable childcare
- ☐ More affordable housing
- ☐ More arts and cultural events
- ☐ More effective city services (like water, trash, fire department, and police)
- ☐ More inclusion for diverse members of the community
- ☐ Stronger community leadership
- ☐ Stronger sense of community
- ☐ Other (_____)

Social + Cultural Environment

6. We are interested to know about your experiences finding support in your community. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
There are people and/or organizations in my community that support me during times of stress and need.	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make the community a better place to live.	☐	☐	☐	☐	☐
During COVID-19, information I need to stay healthy and safe has been readily available in my community.	☐	☐	☐	☐	☐
During COVID-19, resources I need to stay healthy and safe have been readily available in my community.	☐	☐	☐	☐	☐

Natural + Built Environment

7. The natural and built environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
My community feels safe.	☐	☐	☐	☐
People like me have access to safe, clean parks and open spaces.	☐	☐	☐	☐
People like me have access to reliable transportation.	☐	☐	☐	☐
People like me have housing that is safe and good quality.	☐	☐	☐	☐
The air in my community is healthy to breathe.	☐	☐	☐	☐
The water in my community is safe to drink.	☐	☐	☐	☐
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards.	☐	☐	☐	☐
During extreme heat, people like me have access to options for staying cool.	☐	☐	☐	☐

Economic + Educational Environment

8. The economic and educational environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
People like me have access to good local jobs with living wages and benefits.	☐	☐	☐	☐
People like me have access to local investment opportunities, such as owning homes or businesses.	☐	☐	☐	☐
Housing in my community is affordable for people with different income levels.	☐	☐	☐	☐
People like me have access to affordable childcare services.	☐	☐	☐	☐
People like me have access to good education for their children.	☐	☐	☐	☐

9. How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The built, economic, and educational environments in my community are impacted by **systemic racism**. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
The built, economic, and educational environments in my community are impacted by **individual racism**. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Health + Access to care

10. The healthcare environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
Health care in my community meets the physical health needs of people like me.	☐	☐	☐	☐
Health care in my community meets the mental health needs of people like me.	☐	☐	☐	☐

11. In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.
Routine medical care	☐	☐	☐
Dental (mouth) care	☐	☐	☐
Mental health care	☐	☐	☐
Reproductive health care	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐
Vision care	☐	☐	☐
Medication for a chronic illness	☐	☐	☐

12. For any types of care that you needed <u>but were not able to access</u>, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed
Routine medical care	☐	☐	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐	☐	☐
Mental health care	☐	☐	☐	☐	☐	☐	☐
Reproductive health care	☐	☐	☐	☐	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐	☐	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐	☐	☐	☐	☐
Vision care	☐	☐	☐	☐	☐	☐	☐
Medication for a chronic illness	☐	☐	☐	☐	☐	☐	☐

If you selected "Another reason not listed" in the table above, please explain why you were unable to get the care you needed:

_____

13. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Experiences with Discrimination

14. It has been shown that experiencing discrimination negatively impacts the health and well-being of individuals and communities. In order to better understand these impacts, BILH would like to hear about your lived experience regarding discrimination. In the following questions, we are interested in the ways you are treated. To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise.	☐	☐	☐	☐	☐	☐
You are unfairly stopped, searched, questioned, threatened, or abused by the police.	☐	☐	☐	☐	☐	☐
You receive worse service than other people at stores, restaurants, or service providers.	☐	☐	☐	☐	☐	☐
Landlords or realtors refused to rent or sell you an apartment or house.	☐	☐	☐	☐	☐	☐
Healthcare providers treat you with less respect or provide worse services to you compared to other people.	☐	☐	☐	☐	☐	☐

15. If you answered a few times a year or more, what do you think is the main reason for these experiences? You may select more than one.

- ☐ Ableism (discrimination on the basis of disability)
- ☐ Ageism (discrimination on the basis of age)
- ☐ Discrimination based on income or education level
- ☐ Discrimination based on the basis of religion
- ☐ Discrimination based on the basis of weight or body size
- ☐ Homophobia (discrimination against gay, lesbian, bisexual, or queer people)
- ☐ Racism (discrimination on the basis of racial or ethnic group identity)
- ☐ Sexism (discrimination on the basis of sex)
- ☐ Transphobia (discrimination against transgender or gender non-binary people)
- ☐ Xenophobia (discrimination against people born in another country)
- ☐ Don't know
- ☐ Prefer not to answer

16. Is there anything else you would like to share about the community you selected in the first question? If not, leave blank.

_____

_____

_____

About You

The following questions help us to better understand how people of diverse identities and life experiences may have similar or different experiences of the community. You may skip any question you prefer not to answer.

17. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to answer

18. What is your current gender identity?

- ☐ Genderqueer or gender non-conforming
- ☐ Man
- ☐ Transgender
- ☐ Woman
- ☐ Prefer to self-describe: _____

19. What is your sexual orientation?

- ❑ Bisexual
- ❑ Gay or lesbian
- ❑ Straight/heterosexual
- ❑ Prefer to self-describe: _____
- ❑ Prefer not to answer

20. Which of these groups best represents your race? You will have space to enter ethnicity in the next question. (Please check all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not listed above/Other: _____
- ☐ Prefer not to answer

21. What is your ethnicity? (You can specify one or more)

- ☐ African (specify_____)
- ☐ African American
- ☐ American
- ☐ Brazilian
- ☐ Cambodian
- ☐ Cape Verdean
- ☐ Caribbean Islander (specify_____)
- ☐ Chinese
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ European (specify_____)
- ☐ Filipino
- ☐ Guatemalan
- ☐ Haitian
- ☐ Honduran
- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mexican, Mexican-American, Chicano
- ☐ Middle Eastern (specify_____)
- ☐ Portuguese
- ☐ Puerto Rican
- ☐ Russian
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Other (specify_____)
- ☐ Unknown/not specified

22. What is the primary language(s) spoken in your home? (Please check all that apply.)

- ☐ Armenian
- ☐ Cape Verdean Creole
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ English
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Khmer
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other: _____
- ☐ Prefer not to answer

23. What is the highest grade or level of school that you have completed?
- ☐ Never attended school
- ☐ Grades 1 through 8
- ☐ Grades 9 through 11/ Some high school
- ☐ Grade 12/Completed high school or GED
- ☐ Some college, Associates Degree, or Technical Degree
- ☐ Bachelor's Degree
- ☐ Any post graduate studies
- ☐ Prefer not to answer

24. Are you currently:
- ☐ Employed full-time (40 hours or more per week)
- ☐ Employed part-time (Less than 40 hours per week)
- ☐ Self-employed (Full- or part-time)
- ☐ A stay at home parent
- ☐ A student (Full- or part-time)
- ☐ Unemployed
- ☐ Unable to work for health reasons
- ☐ Retired
- ☐ Other (specify_____)
- ☐ Prefer not to answer

25. How long have you lived in the United States?
- ☐ Less than one year
- ☐ 1 to 3 years
- ☐ 4 to 6 years
- ☐ More than 6 years, but not my whole life
- ☐ I have always lived in the United States
- ☐ Prefer not to answer

26. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
- ☐ Never served in the military
- ☐ On active duty now (in any branch)
- ☐ On active duty in the past, but not now (includes retirement from any branch)
- ☐ Prefer not to answer

27. Do you identify as a person with a disability?
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

28. How would you describe your current housing situation?
- ☐ I rent my home
- ☐ I own my home
- ☐ I am staying with another household
- ☐ I am experiencing homelessness or staying in a shelter
- ☐ Other (specify_____)
- ☐ Prefer not to answer

29. Are you the parent or caregiver of a child under the age of 18?
- ☐ Yes (Please answer question 30)
- ☐ No
- ☐ Prefer not to answer

30. If you are the parent or caregiver for a child under 18, please indicate the age(s) of the child(ren) you care for. (Please check all that apply.)
- ☐ 0-3 years
- ☐ 4-5 years
- ☐ 6-10 years
- ☐ 11-14 years
- ☐ 15-17 years

31. Many people feel a sense of belonging to communities other than the city or town where they spend the most time. Which of the following communities do you feel you belong to? (Select all that apply)
- ☐ My neighborhood or building
- ☐ Faith community (*such as a church, mosque, temple, or faith-based organization)*
- ☐ School community *(such as a college or education program that you attend, or a school that you child attends)*
- ☐ Work community *(such as your place of employment, or a professional association)*
- ☐ A shared identity or experience *(such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)*
- ☐ A shared interest group *(such as a club, sports team, political group, or advocacy group)*
- ☐ Another city or town where I do not live
- ☐ Other (Feel free to share: _____)

If you would like to be entered into the drawing to win a $100 gift card, please enter your name and the best way to contact you in the box (phone number or email). This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

First Name and Email or Phone:

If you would like to be added to an email list to hear about future Beth Israel Lahey Health hospital meetings or activities, please enter your email address below. This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

Email:

Thank you so much for your help in improving your community!

Next
Back
Done

AJH Community Health Survey Output

Response Counts

Completion Rate:	**100%**	
	Complete	771

Totals: 771

1. Select a language.

Value	Percent	Responses
Take the survey in English	99.1%	761
Participe da pesquisa em português	0.4%	3
Responda la encuesta en español	0.5%	4

Totals: 768

2. Please enter the zip code of the community in which you spend the most time.

Response
01950
01913
01952
01830
01832
01835
01860

4. How many years have you worked in the selected community?

Value	Percent	Responses
Less than 1 year	3.6%	27
1-5 years	15.3%	116
6-10 years	11.3%	86
Over 10 years	33.2%	252
I do not work here	36.5%	277

Totals: 758

ResponseID	Response
11256	I live in the community
11442	volunteer
11590	I have a boat I live on in the summar in newburyport
11681	Retired. But live here
11831	convenience
11836	convenience
11837	live in amesbury
11842	Senior Center
11883	Own my home in community

ResponseID	Response
11256	I live in the community
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11831	convenience
11836	convenience
11837	live in amesbury
11842	Senior Center
11883	Own my home in community

6. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
I feel like I belong in my community. Count Row %	22 2.9%	34 4.5%	370 49.1%	311 41.3%	16 2.1%	753
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.) Count Row %	21 2.8%	49 6.4%	382 50.1%	302 39.6%	9 1.2%	763
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play) Count Row %	16 2.1%	47 6.2%	317 41.9%	290 38.4%	86 11.4%	756
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support) Count Row %	22 2.9%	106 13.9%	353 46.3%	234 30.7%	47 6.2%	762
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.). Count Row %	17 2.2%	56 7.3%	398 52.2%	266 34.9%	25 3.3%	762
Totals Total Responses						763

7. What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

Value	Percent	Responses
Better access to good jobs	16.3%	123
Better access to health care	14.0%	106
Better access to healthy food	14.8%	112
Better access to internet	14.9%	113
Better access to public transportation	28.6%	216
Better parks and recreation	14.6%	110
Better roads	44.3%	335
Better schools	17.9%	135
Better sidewalks and trails	43.5%	329
Cleaner environment	16.4%	124
Lower crime and violence	13.2%	100
More affordable childcare	20.5%	155
More affordable housing	52.9%	400
More arts and cultural events	17.5%	132
More effective city services (like water, trash, fire department, and police)	9.1%	69
More inclusion for diverse members of the community	27.0%	204
Stronger community leadership	10.8%	82
Stronger sense of community	11.2%	85
Other	6.1%	46

8. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
There are people and/or organizations in my community that support me during times of stress and need. Count Row %	22 2.9%	74 9.7%	412 53.9%	127 16.6%	129 16.9%	764
I believe that all residents, including myself, can make the community a better place to live. Count Row %	15 2.0%	9 1.2%	363 47.3%	369 48.1%	11 1.4%	767
During COVID-19, information I need to stay healthy and safe has been readily available in my community. Count Row %	16 2.1%	48 6.3%	381 50.0%	295 38.7%	22 2.9%	762
During COVID-19, resources I need to stay healthy and safe have been readily available in my community. Count Row %	14 1.8%	56 7.3%	390 51.1%	268 35.1%	35 4.6%	763
Totals Total Responses						767

8. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
There are people and/or organizations in my community that support me during times of stress and need. Count Row %	22 2.9%	74 9.7%	412 53.9%	127 16.6%	129 16.9%	764
I believe that all residents, including myself, can make the community a better place to live. Count Row %	15 2.0%	9 1.2%	363 47.3%	369 48.1%	11 1.4%	767
During COVID-19, information I need to stay healthy and safe has been readily available in my community. Count Row %	16 2.1%	48 6.3%	381 50.0%	295 38.7%	22 2.9%	762
During COVID-19, resources I need to stay healthy and safe have been readily available in my community. Count Row %	14 1.8%	56 7.3%	390 51.1%	268 35.1%	35 4.6%	763
Totals Total Responses						767

9. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
My community feels safe. Count Row %	554 72.4%	189 24.7%	18 2.4%	4 0.5%	765
People like me have access to safe, clean parks and open spaces. Count Row %	580 76.1%	161 21.1%	12 1.6%	9 1.2%	762
People like me have access to reliable transportation. Count Row %	369 48.4%	286 37.5%	47 6.2%	60 7.9%	762
People like me have housing that is safe and good quality. Count Row %	494 64.7%	214 28.0%	37 4.8%	19 2.5%	764
The air in my community is healthy to breathe. Count Row %	538 70.4%	170 22.3%	16 2.1%	40 5.2%	764
The water in my community is safe to drink. Count Row %	360 47.1%	277 36.2%	72 9.4%	56 7.3%	765
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards. Count Row %	217 28.4%	302 39.6%	73 9.6%	171 22.4%	763
During extreme heat, people like me have access to options for staying cool. Count Row %	416 54.7%	216 28.4%	34 4.5%	95 12.5%	761
Totals Total Responses					765

10. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
People like me have access to good local jobs with living wages and benefits. Count Row %	235 31.2%	309 41.0%	82 10.9%	128 17.0%	754
People like me have access to local investment opportunities, such as owning homes or businesses. Count Row %	295 39.0%	293 38.7%	103 13.6%	66 8.7%	757
Housing in my community is affordable for people with different income levels. Count Row %	61 8.0%	230 30.3%	418 55.1%	50 6.6%	759
People like me have access to affordable childcare services. Count Row %	62 8.2%	216 28.7%	153 20.3%	321 42.7%	752
People like me have access to good education for their children. Count Row %	345 45.7%	248 32.8%	31 4.1%	131 17.4%	755
Totals Total Responses					759

11. How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
The built, economic, and educational environments in my community are impacted by **systemic racism.** This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	95 12.7%	128 17.1%	235 31.3%	211 28.1%	81 10.8%	750
The built, economic, and educational environments in my community are impacted by **individual racism.** This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	80 10.6%	128 17.0%	246 32.6%	247 32.7%	54 7.2%	755
Totals Total Responses						755

12. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not at all True	Don't Know	Responses
Health care in my community meets the physical health needs of people like me. Count Row %	424 55.6%	268 35.2%	40 5.2%	30 3.9%	762
Health care in my community meets the mental health needs of people like me. Count Row %	208 27.5%	244 32.2%	127 16.8%	178 23.5%	757
Totals Total Responses					762

13. In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.	Responses
Routine medical care Count Row %	662 87.7%	38 5.0%	55 7.3%	755
Dental (mouth) care Count Row %	622 82.5%	55 7.3%	77 10.2%	754
Mental health care Count Row %	142 19.0%	88 11.8%	518 69.3%	748
Reproductive health care Count Row %	128 17.1%	24 3.2%	598 79.7%	750
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	31 4.1%	30 4.0%	687 91.8%	748
Treatment for a substance use disorder Count Row %	13 1.8%	9 1.2%	718 97.0%	740
Vision care Count Row %	526 69.8%	41 5.4%	187 24.8%	754
Medication for a chronic illness Count Row %	282 37.6%	23 3.1%	445 59.3%	750
Totals Total Responses				755

14. For any types of care that you needed but were not able to access, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Routine medical care Count Row %	69 35.6%	16 8.2%	3 1.5%	27 13.9%	9 4.6%	2 1.0%	68 35.1%	194
Dental care Count Row %	59 31.9%	44 23.8%	3 1.6%	10 5.4%	6 3.2%	2 1.1%	61 33.0%	185
Mental health care Count Row %	16 9.2%	20 11.5%	3 1.7%	14 8.0%	3 1.7%	2 1.1%	116 66.7%	174
Reproductive health care Count Row %	10 8.3%	6 5.0%	2 1.7%	11 9.2%	1 0.8%	1 0.8%	89 74.2%	120
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	7 5.5%	6 4.7%	3 2.4%	7 5.5%	7 5.5%	2 1.6%	95 74.8%	127
Treatment for a substance use disorder Count Row %	4 3.7%	3 2.8%	1 0.9%	6 5.6%	4 3.7%	2 1.9%	87 81.3%	107
Vision care Count Row %	40 26.1%	25 16.3%	5 3.3%	9 5.9%	1 0.7%	1 0.7%	72 47.1%	153
Medication for a chronic illness Count Row %	9 7.7%	21 17.9%	4 3.4%	5 4.3%	1 0.9%	1 0.9%	76 65.0%	117

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Totals								
Total Responses								194

16. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	142 18.9%	154 20.5%	272 36.1%	142 18.9%	43 5.7%	753
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	135 18.0%	169 22.5%	288 38.3%	130 17.3%	30 4.0%	752
Totals Total Responses						753

17. To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day	Responses
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise. Count Row %	616 87.4%	65 9.2%	17 2.4%	2 0.3%	1 0.1%	4 0.6%	705
You are unfairly stopped, searched, questioned, threatened, or abused by the police. Count Row %	688 94.4%	33 4.5%	6 0.8%	2 0.3%	0 0.0%	0 0.0%	729
You receive worse service than other people at stores, restaurants, or service providers. Count Row %	624 86.4%	56 7.8%	32 4.4%	6 0.8%	2 0.3%	2 0.3%	722
Landlords or realtors refused to rent or sell you an apartment or house. Count Row %	680 95.6%	16 2.3%	9 1.3%	4 0.6%	1 0.1%	1 0.1%	711
Healthcare providers treat you with less respect or provide worse services to you compared to other people. Count Row %	640 88.9%	47 6.5%	24 3.3%	4 0.6%	2 0.3%	3 0.4%	720
Totals Total Responses							729

18. What do you think is the main reason for these experiences? You may select more than one.

Value	Percent	Responses
Ableism (discrimination on the basis of disability)	18.7%	14
Ageism (discrimination on the basis of age)	34.7%	26
Discrimination based on income or education level	29.3%	22
Discrimination based on the basis of religion	5.3%	4
Discrimination based on the basis of weight or body size	21.3%	16
Homophobia (discrimination against gay, lesbian, bisexual, or queer people)	12.0%	9
Racism (discrimination on the basis of racial or ethnic group identity)	24.0%	18
Sexism (discrimination on the basis of sex)	28.0%	21
Transphobia (discrimination against transgender or gender non-binary people)	2.7%	2
Xenophobia (discrimination against people born in another country)	6.7%	5
Don't know	6.7%	5
Prefer not to answer	5.3%	4

20. What is your age?

Value	Percent	Responses
18-24	1.3%	10
25-44	22.1%	169
45-64	39.5%	302
65-74	25.1%	192
75-84	10.1%	77
85 and over	1.0%	8
Prefer not to answer	0.8%	6

Totals: 764

21. What is your current gender identity?

Value	Percent	Responses
Genderqueer or gender non-conforming	0.8%	6
Man	18.6%	141
Woman	80.2%	607
Prefer to self-describe:	0.4%	3

Totals: 757

22. What is your sexual orientation?

Value	Percent	Responses
Bisexual	2.8%	21
Gay or lesbian	3.0%	23
Straight/heterosexual	86.9%	657
Prefer to self-describe:	0.8%	6
Prefer not to answer	6.5%	49

Totals: 756

23. Which of these groups best represents your race? You will have space to enter ethnicity in the next question. Please select all that apply.

Value	Percent	Responses
American Indian or Alaska Native	0.4%	3
Asian	0.8%	6
Black or African American	1.2%	9
Hispanic/Latino	4.0%	30
White	88.5%	671
Not listed above/Other:	1.3%	10
Prefer not to answer	6.1%	46

24. What is your ethnicity? Please select all that apply.

Value	Percent	Responses
American	62.3%	442
European (specify):	26.4%	187
Other (specify):	6.9%	49
Unknown/Not specified	3.7%	26
African (specify):	0.4%	3
African American	1.1%	8
Brazilian	0.6%	4
Cape Verdean	0.3%	2
Caribbean Islander (specify):	0.3%	2
Colombian	0.1%	1
Cuban	0.4%	3
Dominican	0.7%	5
Guatemalan	0.1%	1
Haitian	0.4%	3
Indian	0.6%	4
Japanese	0.1%	1
Laotian	0.3%	2
Mexican, Mexican-American, Chicano	0.3%	2
Middle Eastern (specify):	0.7%	5
Portuguese	1.1%	8
Puerto Rican	1.0%	7
Russian	0.6%	4
Salvadoran	0.4%	3

25. What is the primary language(s) spoken in your home? Please select all that apply.

Value	Percent	Responses
Armenian	3.0%	22
Cape Verdean Creole	0.4%	3
English	95.0%	708
Haitian Creole	0.3%	2
Hindi	0.1%	1
Portuguese	0.5%	4
Russian	0.1%	1
Spanish	2.0%	15
Other (specify):	2.1%	16
Prefer not to answer	0.4%	3

26. What is the highest grade or level of school that you have completed?

Value	Percent	Responses
Grades 1 through 8	0.1%	1
Grades 9 through 11/ Some high school	0.9%	7
Grade 12/Completed high school or GED	7.8%	59
Some college, Associates Degree, or Technical Degree	25.0%	190
Bachelor's Degree	29.0%	220
Any post graduate studies	36.0%	273
Prefer not to answer	1.2%	9

Totals: 759

27. Are you currently:

Value	Percent	Responses
Employed full-time (40 hours or more per week)	41.0%	311
Employed part-time (Less than 40 hours per week)	14.1%	107
Self-employed (Full- or part-time)	6.9%	52
A stay at home parent	2.2%	17
A student (Full- or part-time)	0.7%	5
Unemployed	1.6%	12
Unable to work for health reasons	3.3%	25
Retired	27.4%	208
Other (specify):	2.1%	16
Prefer not to answer	0.7%	5

Totals: 758

28. How long have you lived in the United States?

Value	Percent	Responses
Less than one year	0.1%	1
1 to 3 years	0.4%	3
4 to 6 years	0.5%	4
More than 6 years, but not my whole life	7.0%	53
I have always lived in the United States	91.3%	693
Prefer not to answer	0.7%	5

Totals: 759

29. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Value	Percent	Responses
Never served in the military	94.0%	706
On active duty in the past, but not now (includes retirement from any branch)	4.3%	32
Prefer not to answer	1.7%	13

Totals: 751

30. Do you identify as a person with a disability?

Value	Percent	Responses
Yes	10.8%	80
No	86.2%	637
Prefer not to answer	3.0%	22

Totals: 739

31. How would you describe your current housing situation?

Value	Percent	Responses
I rent my home	16.9%	128
I own my home	75.5%	571
I am staying with another household	2.9%	22
I am experiencing homelessness or staying in a shelter	0.1%	1
Other (specify):	3.4%	26
Prefer not to answer	1.1%	8

Totals: 756

32. Are you the parent or caregiver of a child under the age of 18?

Value	Percent	Responses
Yes	27.2%	206
No	71.4%	540
Prefer not to answer	1.3%	10

Totals: 756

33. Please indicate the age(s) of the child(ren) you care for. Please select all that apply.

Value	Percent	Responses
0-3 years	22.0%	45
4-5 years	17.6%	36
6-10 years	39.5%	81
11-14 years	40.5%	83
15-17 years	29.3%	60

34. Which of the following communities do you feel you belong to? Please select all that apply.

Value	Percent	Responses
My neighborhood or building	66.9%	491
Faith community (such as a church, mosque, temple, or faith-based organization)	22.2%	163
School community (such as a college or education program that you attend, or a school that you child attends)	19.9%	146
Work community (such as your place of employment, or a professional association)	46.0%	338
A shared identity or experience (such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)	8.2%	60
A shared interest group (such as a club, sports team, political group, or advocacy group)	43.1%	316
Another city or town where I do not live	18.1%	133
Other (Feel free to share):	8.2%	60

Beth Israel Lahey Health

Survey Distribution Channels: Global View Communications (GVC)

Engaging with Diverse Communities

Survey Campaign Dates: November 1, 2021 – November 15, 2021.

Connecting with our diverse communities to understand and address the most pressing health-related concerns for residents is priority for BILH. GVC have deployed a marketing campaign to reach our target populations through a three-phase approach. First is an online survey which is followed by a listening session and then an annual meeting.

Our Approach

Research was conducted to determine the diverse target audiences based on zip codes surrounding our 10 hospitals and then cross-referenced with the top 2-to-3 diverse populations and languages based on the largest cohorts. That research indicated the following audiences: Hispanic, Black/African American, Chinese, Haitian, Indian, and Cape Verdean.

Winchester Hospital	Beverly/Addison Gilbert Hospital	Lahey Hospital and Medical Center	Anna Jaques Hospital	Beth Israel Deaconess Medical Center
01801 01806 01807 01808 01813 01815 01864 01867 01876 01880 01887 01888 01889 01890 02155 02156 02180 02153	01901 01902 01903 01904 01905 01910 01915 01923 01929 01930 01931 01937 01938 01944 01965 01966 01949	02420 02421 02474 02475 02476 01850 01851 01852 01853 01854 01960 01961 01730 01731 01803 01805 01821 01822 01862 01865 01940	01830 01831 01832 01833 01834 01835 01860 01913 01950 01951 01952 01985 01969	02445 02446 02447 02173 02492 02467
Mt. Auburn Hospital	**New England Baptist**	**BID – Milton Hospital**	**BID - Needham Hospital**	**BID – Plymouth Hospital**
02138 02139 02140 02141 02142 02143 02144 02145 02238 02239 02451 02452 02453 02454 02455 02474 02472 02474 02475 02476 02477 02478 02479	02445 02446 02447 02467 02026 02027	02169 02170 02171 02186 02187 02269 02368	02492 02494 02026 02027 02030 02090	02330 02331 02332 02345 02355 02360 02361 02362 02364 02366 02381

Channels

GVC utilized three types of marketing channels to expand our reach. Diverse print publications, precision audio, and digital advertising.

1. Print

The following print publications were selected based on reach or hyper targeted audiences. Translation was used if the publication publishes in languages other than English.

A. El Mundo – Spanish Translation

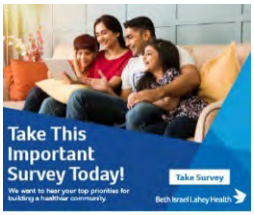
B. Sampan – Chinese Translation

C. Thang Long – Vietnamese Translation

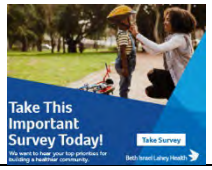
D. Bay State Banner – Black/African American, Cape Verdean/English

E. Chelsea Record – Hispanic/English

F. Indian New England – English (online only)



G. Haitian Reporter – English (online only)



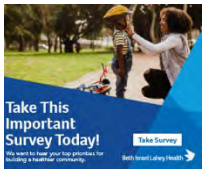
For the printed newspapers the publish dates are as follows:

Bay State	4-Nov
El Mundo	4-Nov
Sampan	5-Nov
Haitian Report (digital only)	2 weeks
Thang Long	2-Nov
India New England (digital only)	2 weeks
Chelsea	4-Nov

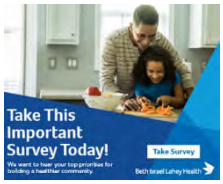
2. Digital Advertising

Digital ads will be served across various websites. GVC utilized a people-based marketing approach. The digital ads will be served up based on the zip codes provided and will include both English and translations based on user preferences. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

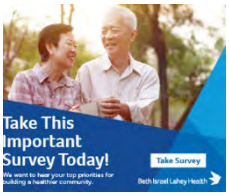
A. African American/Black, Haitian, Cape Verdean



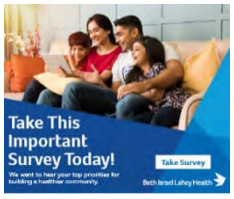
B. Hispanic



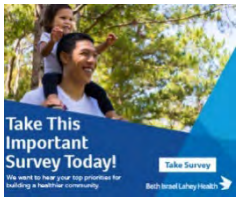
C. Chinese



D. Indian



E. Vietnamese



C. Precision Audio

GVC streamed :30 audio spots across multiple platforms (iHeart, NPF, PODcasts, Pandora, Spotify, etc.). GVC served up audio commercial voiceover for each hospital using zip codes. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

Sample audio script. Note: Script was customized for each of the 10 hospitals.

Anna Jaques Hospital wants to hear what you think the most important health-related priorities are in our community. Please take an online survey at bilh.org/chna. Your responses will help to inform innovative solutions to improve the health of our community. Simply go to bilh.org/chna and fill out the survey. That's b-i-l-h.org/c-h-n-a.

Note: For social media and precision audio, this campaign is people based, so GVC is following each audience member and serving ad messaging where ever and whenever they are consuming online content (within the set frequency for the campaign).

For example, one person could be more active online early mornings – reading articles when he/she/they wake up; listening to streamed music while he/she/they commute – so GVC would then be sure to serve Mike his daily ad frequency during the times he is more active online, increasing the likelihood for click conversion with display ads – or in the case of audio, listening to the ad through to 100% completion. So basically going off of the targets media consumption.

Survey Distribution Channels: Anna Jaques Hospital Community Partners

Organization	Surveys	Promotion other than flyers or print (e.g., Social Media, Newsletter, other Electronic Publication, etc.)	Contact Person/Name	Title (if Applicable)
American Cancer Society - Northeast Region	x		Lindsay Nicholson	Cancer Control Strategic Partnerships Manager
Amesbury Educational Foundation, Inc.	x		Patty Hoyt	Board President
Amesbury Federation of Teachers (AFT Amesbury)	x		Cynthia Yetman	President
Assisted Living Center - Salisbury	x		Thomas Higgins	Executive Director
Atria	x			
Avita	x			
Bethanny Community Services, Haverhill	x		Beth Morrow	Director of Development
Boys & Girls Club of Greater Haverhill	x		Javier Bristol	Executive Director
Boys & Girls Club of the Lower Merrimack Valley	x		Jim Keenan	Executive Director
Chamber of Commerce - Amesbury	x	E-Blasts	Phil DeCologero	President
Chamber of Commerce - Haverhill	x	E-Blasts	Kate Martin	Brmrof Krameof acm
Chamber of Commerce - Newburyport	x	E-Blasts	Nathan Allard	President
Chamber of Commerce - Salisbury	x	E-Blasts	Linda Boragine	
Coastal Connections	x		Deb Plumber	Executive Director
Coastal Trails Coalition	x		Jerry Klima	
Community Action, Inc./Women, Infants & Children (WI	x		Deanna Tashjian	
Community Service of Newburyport	x		Patty Freeman-Lynde	Program Administrator
Council on Aging - Amesbury	x	Hard copy	Doreen Arnfield	Director
Council on Aging - Haverhill	x	Hard copy	Mary Connolly	Director
Council on Aging - Merrimac	x	Hard copy	Brienne Walsh	Executive Director
Council on Aging - Newbury	x	Hard copy	Cindy Currier	Director
Council on Aging - Newburyport	x	Hard copy	Paula Burke	Executive Director
Council on Aging - Salisbury	x	Hard copy	Elizabeth Pettis	Director
Elder Services of the Merrimack Valley	x		Cheryl Krisko	Chief Program Officer
Emmaus, Inc.	x		Jeanine Murphy	Emmaus
Essex County Asset Builder Network (ECAB)	x	Newsletter	Tina Los	Associate Director
Essex County Outreach	x		Dani Sinclair	
Essex County Commission on the Status of Women	x		Brianna Sullivan	
Family Services of the Merrimack Valley	x		Sarah Winslow	
Girls, Inc.	x		Nicole Frizzo	Development Associate
Greater Lawrence Community Action Council	x			
Greater Lawrence Family Health Center - Haverhill Office	x		Rich Napolitano	Senior Vice President
Greater Newburyport Ovarian Cancer Awareness	x		Deb Green	
Haverhill Farmers' Market	x		Jeff Grassie	Market Director
Home Health VNA / Merrimack Valley Hospice			Madison Constanza	Development & Marketing Coordinator
Jeanne Geiger Crisis Center	x		Nicole Frizzo	Development Associate
Link House, Inc.	x		Gary Gastman	Executive Director
Lions Club - Amesbury	x		Paul Eastman	President
Lions Club - Haverhill	x		Matthew McKenzie	
Lions Club - Newburyport	x		Mindie Howard	President
Lucy's Love Bus	x		Jackie Walker	
Market Basket	x			
Merrimac Public Library	x		Kelly Unsworth	Director
Merrimack Valley Black & Brown Voices	x		Mayara Reis	Co-founder and Executive Director
Merrimack Valley Hospice / Home Health Foundation	x			
Merrimack Valley Planning Commission	x			
Municipal - City of Amesbury	x	Social media	Mayor Kassandra Gove	
Municipal - City of Haverhill	x		Vin Ouellette	Commission of Disability Issues
Municipal - City of Newburyport	x		Pam Palombo	Public Health Nurse
Municipal - Town of Merrimac	x		Charlotte Stepanian	Public Health Nurse
Municipal - Town of Salisbury	x		John Morris	Director of Public Health
New England Elder Transporation (NEET)	x		Ginny Salem	Erlgngland Ggw englandw d
Newbury Food Pantry	x	Hard copy	Jane Merrow	UtPyoo Jywbnoowra
Newburyport DEI Alliance	x		Tina Los	Associate Director
Newburyport Education Foundation	x			
Newburyport Farmers' Market	x		Shari Wilkinson	
Newburyport Society for the Relief of Aged Women	x			
Newburyport Youth Services	x		Andrea Egmont	
North of Boston Cancer Resource	x		Dina Crawford	
North Shore Alliance for LGBTQ+ (NAGLY)	x		Trish Boateng	
North Shore Community College	x		Office of Student Engagement	
Northern Essex Community College	x		Emily González	Professor
Nourishing the Northshore	x		Caitlin Kenney	Executive Director
Opportunity Works	x		Monica Albach	Division Director of Newburyport
Our Neighbors' Table	x	Hard copy	Lyndsay Haight	Executive Director
Parks & Recreation - Salisbury	x	Hard copy	Jennifer Roketenetz	Administrator
Partnerships of Amesbury Community & Teens (PACT)	x		Kael Brooks	Program Coordinator
Pelican Intervention Fund	x		Kim and Steven Keene	

Pennies for Poverty	x			
Pentucket Perinatal Mental Health Coalition	x			
Pettengill House	x	Hard copy	Tiffany Nigro	Executive Director
Police Department - Amesbury	x		William Scholtz	Chief
Police Department - Haverhill	x		Paul Malone	Officer
Police Department - Merrimac	x		Eric Shears	Chief
Police Department - Newburyport	x		Marshal Mark Murray	Chief
Police Department - Salisbury	x		Chief Thomas Fowler	Chief
Regional Social Services Collaborative	x	Presented at meeting; direct email promotion	Trish Boateng	
Rotary Club - Amesbury	x		Judy Dodier	
Rotary Club - Haverhill	x		Melissa Cerasuolo	Director
Rotary Club - Newburyport	x	Hard copy; presented at meeting	Dan Hartman	President
Salisbury Beach Partnership	x		Wayne Capolupo	President
School: Amesbury Public High School	x		LauriAnne Morello	
School: Haverhill Public Schools	x		Katie Vozeolas	Director of Health and Nursing Services
School: Merrimac Public School/Pentucket Regional	x			
School: Newburyport Public Schools	x		Lauren McDonald	Director of Nursing and Health Services
School: Salisbury Public Schools/Trition Regional	x			
Stop & Shop	x			
The Arc of Greater Haverhill & Newburyport	x		Andrea Morris	Director of Family Supports
Tough Warrior Princesses	x		Patty Mellon	VP & Founder
Turning Point	x		Alan Klein	President & CEO
Universal Unitarian Church of Newburyport	x		Rebecca Bryan	
Veterans' Service Office	x		Kevin Hunt	Director of Veterans Services
YMCA Haverhill	x		Tracy Fuller	Executive Director
YWCA Haverhill	x		Renee McGuire	
YWCA Newburyport	x		John Feehan and Ilene Grady	

Appendix C:
Resource Inventory

Anna Jaques Hospital Community Resource List Community Benefits Service Area includes: Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury					
Health Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	Department of Mental Health-Handhold program	Provides tips, tools, and resources to help families navigate children's mental health journey.			www.handholdma.org
	Executive Office of Elder Affairs	Provides access to the resources for older adults to live healthy in every community in the Commonwealth.	1 Ashburton Place 5th Floor Boston	617.727.7750	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA 211	Available 24 hours a day, 7 days a week, Mass 211 is an easy way to find or give help in your community.		211 or 877.211.6277	www.mass211.org
	Massachusetts Elder Abuse Hotline	Hotline is available 24 hours a day or by phone. Older adult abuse includes: physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Elder Protective Services can only investigate	1 Ashburton Place 5th Floor Boston	800.922.2275	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA Women, Infants and Children (WIC) Nutrition Program	Provides free nutrition, health education and other services to families who qualify.		800.942.1007	www.mass.gov/orgs/women-infants-children-nutrition-program
	MassOptions	Provides connection to services for older adults and persons with disabilities.		800.243.4636	www.massoptions.org
	Massachusetts Substance Use Helpline	24/7 Free and confidential public resource for finding substance use treatment and recovery services.		800.327.5050	www.helplinema.org
	National Suicide Prevention Lifeline	Provides 24/7, free and confidential support.		800.273.8255	www.suicidepreventionlifeline.org
	Network of Care Massachusetts	Provides a searchable directory of over 5,000 Behavioral Health service providers in Massachusetts.			www.massachusetts.networkofcare.org
	Project Bread Foodsource Hotline	Provides information about food resources in the community and assistance with SNAP applications by phone.		1.800.645.8333	www.projectbread.org/get-help
	SafeLink	Massachusetts' statewide 24/7 toll-free domestic violence hotline and a resource for anyone affected by domestic or dating violence.		877.785.2020	www.casamyrna.org/get-support/safelink

Anna Jaques Hospital Community Resource List

Community Benefits Service Area includes: Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury

ealth Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	SAMHSA's National Helpline	Provides a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families in need of mental health resources and/or information for those with substance use disorders.		800.662.HELP (4357)	www.samhsa.gov/find-help/national-helpline
	Supplemental Nutritional Assistance Program (SNAP)	Provides nutrition benefits to individuals and families to help subsidize food costs.		877.382.2363	www.mass.gov/snap-benefits-formerly-food-stamps
	Veteran Crisis Hotline	Free, every day, 24/7 confidential support for Veterans and their families who may be experiencing challenges.		800.273.8255	www.veteranscrisisline.net
Domestic Violence	Jeanne Geiger Crisis Center	Provides support in Survivor Services, including advocacy, counseling, legal assistance, support groups and 24/7 Confidential Hotline.	2 Harris St Newburyport	978.465.0999 24/7 Confidential Hotline is available at 978.388.1888	www.jeannegeigercrisiscenter.org
Food Assistance	Community Action, Inc.	Provides food assistance to residents of Amesbury, Merrimac, Salisbury, Newburyport, Newbury and West Newbury.	44A Friend St Amesbury	978.388.2570	www.communityactioninc.org/programs/food/amesbury-center
	MA Women, Infants and Children (WIC) Nutrition Program	Provides free nutrition, health education and other services to families who qualify.		800.942.1007	www.mass.gov/orgs/women-infants-children-nutrition-program
	Our Neighbors' Table	Provides food assistance to residents of Amesbury, Boxford, Byfield, Georgetown, Groveland, Merrimac, Newbury, Newburyport, Rowley, Salisbury, and West Newbury.	P.O. Box 592 Amesbury	978.388.1907	www.ourneighborstable.org
	The Pettengill House, Inc.	Provides food assistance to residents of Amesbury, Groveland, Merrimac, Newbury, Newburyport, and Rowley.	13 Lafayette Rd Salisbury	978.463.8801	www.pettengillhouse.org

Anna Jaques Hospital Community Resource List

Community Benefits Service Area includes: Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury

Health Issue	Organization	Brief Description	Address	Phone	Website
Food Assistance	Project Bread Foodsource Hotline	Provides information about resources in your community as well as assist with SNAP applications over the phone.		1.800.645.8333	www.projectbread.org/get-help
	Supplemental Nutritional Assistance Program (SNAP)	Provides nutrition benefits to individuals and families to help subsidize food costs.		877.382.2363	www.mass.gov/snap-benefits-formerly-food-stamps
Housing Support	Amesbury Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families, older adults and persons with disabilities.	180 Main St Amesbury	978.388.2022	www.amesburyha.com
	Community Action, Inc.	Provides social service programs and housing resource assistance.	3 Washington Sq. Haverhill	978.388.2570	www.communityactioninc.org
	Emmaus	Provides services and programs that assist with family and children, finances, education and job training, food and nutrition, and housing and utilities.	127 How St Haverhill	978.241.3400	www.emmausinc.org
	Haverhill Housing Authority	Provides affordable, subsidized rental housing for residents of Haverhill.	25-C Washington Sq. Haverhill	978.372.6761	www.mvhousing.net
	Merrimac Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families, older adults and persons with disabilities.	2 School St Merrimac	978.388.2022	www.merrimacha.com
	Newburyport Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	25 Temple St Newburyport	978.465.7216	www.nhahousing.com
	Salisbury Housing Authority	Provides affordable, subsidized rental housing for residents of Salisbury.	23 Beach Rd Salisbury	978.462.8600	www.salisburyhousing.org
	YWCA of Newburyport	Provides safe, affordable and supportive child care and youth development, housing and wellness opportunities.	13 Market St Newburyport	978.465.9922	www.ywcanewburyport.org
Mental Health and Substance Use	Arbour Health System	Provides behavioral health and substance use treatment programs to individuals of all ages, groups, families, and couples.	116 Summer St Haverhill	978.373.7010	www.arbourhealth.com

Anna Jaques Hospital Community Resource List Community Benefits Service Area includes: Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury					
Health Issue	Organization	Brief Description	Address	Phone	Website
Mental Health and Substance Use	Beth Israel Lahey Health (BILH) Behavioral Services	Provides high-quality mental health and addiction treatment for children and adults ranging from inpatient to community-based services.		978.968.1700	www.nebhealth.org
	Eliot Community Human Services	Provides services for people of all ages throughout Massachusetts through a continuum of services includes diagnostic evaluation, 24-hour emergency services, and crisis stabilization, outpatient and court-mandated substance-use prevention services; individual, group and family outpatient counseling, early intervention, specialized psychological testing; day, residential, social and vocational programs for individuals with developmental disabilities, outreach and support services for people experiencing homelessness.	125 Hartwell Ave Lexington	781.861.0890	www.eliotchs.org
	Family Continuity	Provides evidence-based, best practice therapies for individuals and families.	360 Merrimack St Bldg. 9 3rd Floor Lawrence	978.687.1617	www.familycontinuity.org
	Link House, Inc.	Provides residential programs in Salisbury, Newburyport, and Amesbury for men and women who struggle with substance use disorders.	110 Haverhill Rd Amesbury	978.462.0787	www.linkhouseinc.org
Senior Services	Amesbury Council on Aging	Provides services for older adults in Amesbury including fitness, education, social services, and recreation.	68 Elm St Amesbury	978.388.8138	www.amesburyma.gov/senior-community-center
	Elder Services of Merrimack Valley & North Shore	Provides programs and services which are available and accessible to meet the diverse needs and changing lifestyles of older adults.	280 Merrimack St Ste 400 Lawrence	978.683.7747	www.esmv.org
	Haverhill Council on Aging	Provides services for older adults in Haverhill including fitness, education, social services, and recreation.	10 Welcome St Haverhill	978.374.2390	www.cityofhaverhill.com/departments/human_services1/council_on_aging/index.php
	Newburyport Council on Aging	Provides services for older adults in Newburyport including fitness, education, social services, and recreation.	331 High St Newburyport	978.462.0430	www.cityofnewburyport.com/council-on-aging

Anna Jaques Hospital Community Resource List

Community Benefits Service Area includes: Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury

Health Issue	Organization	Brief Description	Address	Phone	Website
Senior Services	Salisbury Council on Aging	Provides services for older adults in Salisbury including fitness, education, social services, and recreation.	43 Lafayette Rd Salisbury	978.462.2412	www.salisburyma.gov/council-on-aging
Transportation	MBTA Commuter Rail Service	Provides service to Newburyport and Haverhill.			www.mbta.com
	Merrimack Valley Regional Transit Authority	Serves the northeast corner of Massachusetts with scheduled bus routes and older adults/people with disabilities transportation.	85 Railroad Ave Haverhill	978.469.6878	www.mvrta.com
Additional Resources	Boys & Girls Club of Greater Haverhill	Offers programs in Five Core Program Areas: The Arts, Health & Life Skills, Character & Leadership Development, Education & Career Development and Sports, Fitness and Recreation.	55 Emerson St Haverhill	978.374.6171	www.haverhillbgc.org
	Boys & Girls Club of Lower Merrimack Valley	Offers programs in Five Core Program Areas: The Arts, Health & Life Skills, Character & Leadership Development, Education & Career Development and Sports, Fitness and Recreation.	18 Maple St Salisbury	978.462.7003	www.bgclmv.org
	YMCA Haverhill	Offers a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities.	81 Winter St Haverhill	978.374.0506	www.northshoreymca.org/locations/haverhill-ymca

Appendix D:

Evaluation of 2020-2022 Implementation Strategy

Anna Jaques Hospital (AJH)

Evaluation of 2020-2022 Implementation Strategy

Below are highlights of the work that has been accomplished since the last Implementation Strategy. For full reports, please see submissions to the Massachusetts Attorney General Community Benefits office (https://massago.onbaseonline.com/massago/1801CBS/annualreport.aspx).

Priority: Obesity

Goal 1: Provide support for fitness and access to fresh, healthy foods.		
Population	Activities	Progress, Outcomes, and Impact
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Continue support of programs like the Newburyport & Haverhill Farmers' Markets; Nourishing the Northshore (access to healthy food)	**Haverhill Farmers' Market** hosted markets weekly from June through October 2021 (total of 19). The market served roughly 700-800 residents per week. Farmers markets are crucial in providing fresh local produce and healthy food options. **Newburyport Farmers' Market**: 24 Markets held from June through November; 1,200 - 1,500 people attended weekly. Both Farmers' Markets have vendors who accept EBT/SNAP. Also, vendors are also very diverse and provide wide variety of food options. **Nourishing the Northshore:** Distributed 34,000 pounds of local produce to food insecure individuals; Partnered with 6 area food access agencies; Provided 41 bags of local produce for Thanksgiving to residents of Kelleher Park, a lower income community housing in Newburyport.

• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Continue sponsorship of free workout opportunities like Amesbury's summer-long "Fitness by the Falls" and Yankee Homecoming Waterfront Workouts (physical activity)	Partnered with 3 cities/towns (Newburyport, Amesbury, Haverhill) to provide free on-going fitness programming for all ages/levels of fitness reaching 300+ community participants in collaboration with different local businesses. Anna Jaques Hospital continued free workouts for all ages/abilities in Amesbury & Newburyport. The hospital partnered with the Yankee Homecoming Waterfront Workout Series where over 300 participants had access to seven days of free workouts, sixteen classes/hours at twelve local studios. Workout have also expanded to Amesbury where participants have access to "Fitness by the Falls" every Sunday through the summer.

Priority: Cancer

Goal 1: Provide cancer education and screenings at a low or no cost and support survivors.			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Provide programming to cancer survivors	• Align efforts with American College of Surgeons (ACOS) requirements for Anna Jaques Cancer Center • Skin Screening: provide free sunscreen throughout communities/events, such as farmers' markets; Salisbury Beach / Family Movie Night or another well-attended event • Support community programs that promote survivorship (YWCA Encore,	The COVID-19 pandemic placed a heavy burden on immunocompromised patients, including those impacted by cancer. AJH's shifted its annual support of the YMCA Haverhill to its Cornerstone program, a collaborative health & wellness program providing essential daily living support to 45 individuals/year whether impacted by cancer, cancer survivors, and their immediate families. Supported North of Boston Cancer Resource's virtual support group offerings, roughly 10 speaker series per year (total of three years). This is particularly important given the impact of COVID-

• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Provide programming to cancer survivors	YMCA Cornerstone, North of Boston Cancer Resource - NBCR)	19 where people, especially immunocompromised, were unable to gather in person, to maintain connections. NBCR hosted 10 Speaker Series events for a total of 138 participants
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Continue to support local & regional efforts	• Greater Newburyport Ovarian Cancer Awareness (GNOCA) • North of Boston Cancer Resource (NBCR): provides an online directory of healing therapies and programs available in the area; partner efforts with AJH Cancer Center • Continue to expand efforts during Breast Cancer Awareness Month (mammogram reminder campaign; Pink Up the Port; Celebrating Survival) to all communities like Newburyport, Haverhill, Amesbury, Salisbury	Collaborated with 17 extended-care facilities in the community and reached out to 700 women in the community with education on ovarian cancer, including information on signs and symptoms.
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Provide cancer screenings at a lower (or no) cost	• YWCA Encore Program: extended program to all cancers (previously breast cancer only) • Cancer Survivors' Day: local schools design comfort rocks/acts of kindness for cancer patients and survivors	Annual partnership with Amesbury, Haverhill, Newburyport during Breast Cancer Awareness Month to: encourage mammograms, raise awareness, honor those impacted by cancer.

Priority: Substance Use

Goal 1: Provide and support substance use services at the hospital and in the community.			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	• Partnership with Essex County Asset Builder Network (ECAB) • Partnership with Essex County Outreach (ECO)	• Designed to coordinate a comprehensive and integrated delivery of best practices in prevention strategies, educational curricula and programs through schools to alleviate needs and gaps in-services. AJH participates on the board and will partner to support efforts	The Pettengill House screens roughly 20 individuals per year to: seek substance mis-use and/or mental health needs; access substance/mental health care and treatment across the spectrum of care; support mental health and substance use recovery. AJH formalized a new partnership with Essex County Outreach to directly support its efforts of community educational and awareness around substance use disorder, mental/behavioral health to access to necessary services related to substance use, mental or behavioral health needs and access. ECO attends roughly 10 community events per year to provide materials to raise awareness.
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Addiction, Prevention & Awareness Month	• Partner with the City of Newburyport and Newburyport Public Schools in May (changed from March to align with the national observance week) to host educational and awareness raising initiatives in Newburyport; AJH to host CME for physicians and clinical community	AJH collaborated with Newburyport high school student dedicated to raising awareness and education around vaping to feature a spotlight of different topics on the AJH website.
• Youth and Adolescents • Older Adults	Hospital Emergency Department (ED) commitment	• AJH Emergency Department committed to the MA Hospital Association to have an ED Policy &	Continued ED commitment; working with Essex County Outreach to establish a dedicated Recovery Coach in the AJH ED.

• Individuals with Chronic/Complex Conditions	Hospital Emergency Department (ED) commitment	Procedure in place to address opioid misuse. • AJH representatives to participate and attend Opioid Task Force meetings and committees in surrounding communities to partner on efforts	
• Youth and Adolescents • Older Adults • Individuals with Chronic/Complex Conditions	Support local resources & programs	• Continue to support programs such as The Pettengill House, Link House, YWCA, Beacon Coalition, Essex County Asset Builder Network, and others, through sponsorships and shared resources; support parent education (ex. Vaping)	By the end of FY20, The Pettengill House will screen 40 individuals who are seeking resources and support to address substance use and/or mental health needs. Goal met and exceeded: 83 individuals were screened for mental health and substance misuse needs. Approx. 8-12 patients utilizing outpatient support post-discharge at Link House.

Appendix E:
2023-2025 Implementation Strategy

Beth Israel Lahey Health
Anna Jaques Hospital

FY23-FY25 Implementation Strategy

Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Anna Jaques Hospital (AJH) is a not-for-profit community hospital serving the Merrimack Valley and North Shore areas of Massachusetts and Southern New Hampshire. AJH is a 119-bed hospital with 1,200 employees and more than 200 physicians on staff. The hospital is recognized for providing high-quality care at a lower cost and a superior patient experience. AJH's main campus is located in Newburyport, with a licensed outpatient services facility in Haverhill and a health center in Amesbury.

AJH discharges more than 10,000 patients, delivers more than 700 babies, serves more an 27,000 adults and children in the emergency department (Level III Trauma Center), and performs more than 4,700 surgeries annually. The hospital was named a "150 Top Places to Work in Healthcare" by Becker's Hospital Review in 2016, 2017, 2018; only one of four Massachusetts hospitals and the only community hospital. The hospital delivers excellent care with compassion, dignity and respect.

The Community Health Needs Assessment (CHNA) and planning work for this 2022 report was conducted between September 2021 and September 2022. It would be difficult to overstate AJH's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. AJH's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage AJH's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

AJH collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). AJH also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth and national level to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk and crafting a collaborative, evidence-informed Implementation Strategy (IS. Between October 2021 and February 2022 AJH conducted 18 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 750 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 800 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. Accordingly, using an interactive, anonymous polling software, AJH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of AJH's IS. This prioritization process helps to ensure that AJH maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying AJH's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priotrities set by

the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

AJH's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention) and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

- Address the prioritized community health needs and/or populations in the hospital's CBSA.
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.
- Contribute to the systemic, fair, and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community needs.

Recognizing that community benefits planning is ongoing and will change with continued community input, AJH's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. AJH is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

AJH's CBSA includes the five towns of Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury in the northeast portion of Massachusetts. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment) and geography (e.g., urban, suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of AJH's CBSA population that are extremely healthy and have limited unmet health needs and other segments that face significant disparities in access, underlying social determinants, and health outcomes. AJH is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. AJH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

AJH's CHNA focused on identifying the leading community health needs and priority populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities. By prioritizing these cohorts, AJH is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.

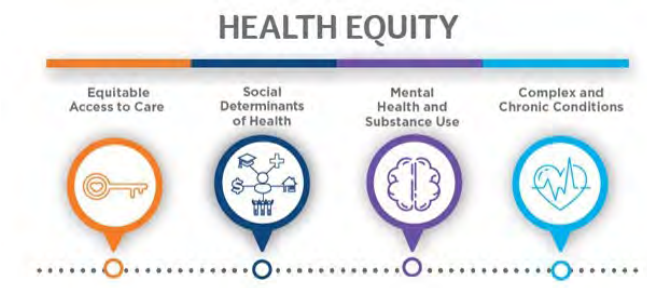
Prioritized Community Health Needs and Cohorts

AJH is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

AJH Priority Cohorts

- Youth
- Low-Resourced Populations
- Older Adults
- Racially, Ethnically and Linguistically Diverse Populations
- Individuals with Disabilities

AJH Community Health Priority Areas



Community Health Needs Not Prioritized by AJH

It is important to note that there are community health needs that were identified by AJH's assessment that were not prioritized for investment or included in AJH's IS. Specifically, supporting education across the lifespan, strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities), and digital divide/access to tech resources, were identified as community needs but were not included in AJH's IS. While these issues are important, AJH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, AJH recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. AJH remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in AJH's IS

The issues that were identified in the AJH CHNA and are addressed in some way in the hospital IS are housing issues, food Insecurity, transportation, economic insecurity, build capacity of workforce, navigation of healthcare system, linguistic access/barriers, cost and insurance barriers, care giver support, school based services, youth mental health, stress, anxiety, depression, isolation, mental health stigma, outreach/education/prevention, services to support long-term recovery, alcohol, marijuana, and opioid use, information sharing and cross sector collaboration.

Implementation Strategy Details

Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, and stem from the way in which the system does or does not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that is difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

Resources/Financial Investment: AJH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by AJH and/or its partners to improve the health of those living in its CBSA. Additionally, AJH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, AJH supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, AJH will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	• Older adults • Low-resourced populations	• Patient Financial Services • Transportation Services	• # of patients served • # of applications • Total amount of funds provided per year	AJH Financial Services	Not Applicable
Promote equitable care and support for those who face cultural and linguistic barriers.	• Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• Interpreter Services	• # of patients assisted • # of languages provided	• AJH Interpreter Services	Not Applicable
Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation to healthcare services.	• Older adults • Low-resourced populations	Provide an opportunity for grant funding	# of residents served	To be Identified	Not Applicable

Priority: Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the AJH Community Health Survey reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

Resources/Financial Investment: AJH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by AJH and/or its partners to improve the health of those living in its CBSA. Additionally, AJH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, AJH supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, AJH will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide community health grants to support impactful programs that address issues associated with the social determinants of health.	• Youth • Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	Jeanne Geiger Crisis Center: Community-Based Survivor Services	• # of adult survivors of domestic violence who received advocacy services • # of adult and child survivors of domestic violence who received therapeutic services • # of adult survivors of domestic violence who received legal services	Jeanne Geiger Crisis Center	Domestic Violence
Support programs and initiatives that stabilize or create access to affordable housing.	• Youth • Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• YWCA Newburyport: Roof Over Head Program • Emmaus, Inc. • Mitch's Place Emergency Shelter	• # of households supported • # of people assisted and their demographics	• YWCA Newburyport • Emmaus, Inc.	• Mental Health and Substance Use • Chronic Disease

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality of life.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	• Youth • Older adults • Low-resourced populations	• Our Neighbors' Table: Weekly Wednesday Meal Program • Nourishing the North Shore: VEGOUT Mobile Market • TBD Grant opportunities	• # of meals provided • # of adults served • # of children served • # of pounds of produce provided • # of food access agencies supported • # of grocery bags of local produce given to families for Thanksgiving	• Our Neighbors' Table • Nourishing the North Shore	Not Applicable
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent food insecurity and/or housing challenges.	• Youth • Older adults • Low-resourced populations	Our Neighbors' Table: Food Task Force	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill building/education shared • # new policies/protocols implemented	Our Neighbors' Table	Not Applicable

Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues for youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Those who participated in the assessment also reflected on stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including mental health and economic insecurity. Interviewees, focus group, and listening session participants also reported that alcohol use is normalized, and use is prevalent among both adults and youth.

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Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to increase resiliency, coping, and prevention skills.	Youth	• Girls Inc. Healthy Living Program • Essex County Asset Builder Network	• # of students served • # of activities focused on physical activity, body image, nutrition, stress management and self-care • # of programs offered to students; parents; community	• Girls Inc. of the Seacoast Area • Essex County Asset Builder Network • Amesbury Partnership of Amesbury Community and Teens (PACT)	Not Applicable

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.	• Older adults • Low-resourced populations • Youth	• BILH Collaborative Care Model • Outpatient Clinic, Outreach Services Haverhill • Adult Day Treatment Services-Haverhill • Emergency Department (ED) Recovery Coach • Patient Care Navigator	• # of patients served • # of sessions • # of hours	• BILH Primary Care • BILH Behavioral Health Services • Anna Jaques Hospital, Emergency Department • Anna Jaques Hospital, Women's Health Care	Equitable Access to Care
Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.	• Youth • Older Adults • Low-resourced populations	• The Pettengill House: Substance Addiction/ Mental Health Initiative • Essex County Outreach – Community Education Offerings • Family Services of the Merrimack Valley: Samaritans Program • Link House – Outpatient Services	• # of individuals screened for substance misuse/ mental health needs • # of individuals assisted in connecting with SUD/MH care and treatment • # of community events provided awareness materials • # of professionals trained or provided resources in substance use disorder, mental health • # of people served • # of crisis line calls/ hours • # of hours of QPR "Gatekeeper" training • # of support groups • # of people connected to outpatient treatment services • # of individual, family support groups	• The Pettengill House • Essex County Outreach • Family Services of the Merrimack Valley • Link House, Inc.	Not Applicable

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.	• Youth • Older adults • Low-resourced populations	• Amesbury Partnership of Amesbury Community & Teens (PACT) – AJH healthcare rep. for Drug Free Communities Grant • BEACON Coalition Task Force • Participate/ collaborate with BESST Task Force (Mental Health / Substance Use DisorderTask Force)	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/ education shared	• Amesbury PACT • Newburyport Youth Services • Essex County Asset Builder Network • BESST Task Force: AJH, Link House; Pettengill House; Lahey Behavioral Health; Cataldo/ Atlantic Ambulance; Essex County Outreach; Area Police Departments; Councils on Aging; Jeanne Geiger Crisis Center	Not Applicable

Priority: Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Resources/Financial Investment: AJH expends substantial resources to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by AJH and/or its partners to improve the health of those living in its CBSA. Additionally, AJH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, AJH supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, AJH will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goals:

- Address the prevalence and impact, risk/protective factors, and access issues associated with cancer.
- Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	• Older adults • Low-resourced populations	• Breast Care Navigator at the Gerrish Breast Care Center • Social Worker, AJH Cancer Center • Dietitian, AJH Cancer Center	• # of patients served and their demographics • Reduced time between finding and treatment	Anna Jaques Hospital Cancer Center; Gerrish Breast Care Center	Equitable Access to Care
Support community-based programs/ initiatives that increase access to healthy foods and/or physical activity to support cancer survivorship.	• Youth • Older adults • Low-resourced populations	• YMCA Haverhill: Corner Stone Program • YWCA Newburyport: Encore Program • North of Boston Cancer Resource: Speaker Series	• # of memberships provided • # of patients impacted by cancer served and their demographics • # of families served • # of support groups hosted • # of attendees	• YMCA Haverhill • YWCA Newburyport • North of Boston Cancer Resource	Not Applicable
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent or provide needed supports related to cancer.	Older adults	North of Boston Cancer Resource Board of Directors	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/ education shared	North of Boston Cancer Resource	Not Applicable

General Regulatory Information

Contact Person:	Kelley Sullivan, Community Benefits/Community Relations Manager
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 1, 2022
Date written plan was required to be adopted	February 15, 2023
Authorized governing body that adopted the written plan:	Anna Jaques Hospital Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No
Date facility's prior written plan was adopted by organization's governing body:	September 26, 2019
Name and EIN of hospital organization operating hospital facility:	Anna Jaques Hospital 04-2104338
Address of hospital organization:	25 Highland Avenue Newburyport, MA 01950

Beth Israel Lahey Health
Anna Jaques Hospital

ajh.org