BROWN Health UNIVERSITY

Morton Hospital

2025 Community Health Needs Assessment

September 2025

About Brown University Health and the 2025 CHNA

Formed in 1994, Brown University Health is a not-for-profit health system based in Providence, Rhode Island comprising three teaching hospitals of The Warren Alpert Medical School of Brown University: Rhode Island Hospital and its Hasbro Children's; The Miriam Hospital; and Bradley Hospital, the nation's first psychiatric hospital for children; Newport Hospital, Saint Anne's Hospital, and Morton Hospital, community hospitals offering a broad range of health services; Gateway Healthcare, Rhode Island's largest provider of community behavioral healthcare; and Brown Health Medical Group, the largest multi-specialty practice in Rhode Island.

Morton Hospital in Taunton, Massachusetts joined the Brown University Health system in 2024. Morton Hospital is a 144-bed acute care community hospital. The hospital provides comprehensive healthcare services including emergency care, wound care, state-of-the-art imaging services, and a variety of surgical services including bariatric weight loss, breast, general, orthopedic, and podiatric surgery.

Delivering health with care, Brown University Health is committed to restoring people's health and strengthening and supporting the health of the communities it serves. We are a cherished community asset, synonymous with the highest quality, most compassionate, and most patient-centered healthcare anyone needs, at any age and at any time of life. That goal extends beyond the health system into schools, workplaces, and neighborhoods. Across the system we all share a commitment to put the patient at the center of everything. That commitment is realized through investments in charity care, in-kind and subsidized health services, research, provider education, and community initiatives.

Brown University Health coordinates hundreds of programs, events, and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are provided through partner hospitals and are often offered free or at a reduced cost to the community.

Brown University Health is dedicated to understanding and addressing the most pressing health and wellness concerns for the communities we serve. Brown University Health undertook a Community Health Needs Assessment (CHNA) for each of its hospitals' service areas. The goal of the CHNA is to monitor the health of community members and to identify common and unique challenges across the region. The CHNA informs the development of a Community Health Improvement Plan to address identified priority needs and align community investments with the highest needs.

Brown University Health 2025 CHNA Leadership

Kevin Bickerstaff, CPA/MST, Director of Finance, Brown University Health

Carrie Bridges, MPH, Vice President of Community Health, Brown University Health

Teresa Gerety Ibbotson, MEd, Administrative Director of Community Health Benefits, Saint Anne's Hospital, Brown University Health

Katherine Kiser, Manager of Tax Compliance, Brown University Health,

Julie Masci, Senior Director of Marketing, Community Relations & Support Services, Morton Hospital, Brown University Health

Table of Contents

The 2025 Community Health Needs Assessment

The goal of the CHNA was to gather data and community input to inform strategies and policies to support a healthy and thriving community and to foster collaboration among community organizations in developing and delivering services to the residents they serve.

CHNA Study Objectives:

- Compile a comprehensive profile of the factors that impact health and wellbeing for residents
- Compare community health indicators with previous CHNAs to document trends and changes
- Demonstrate the impact of Social Drivers of Health; document disparities experienced by populations and communities
- Strengthen community member engagement and partnerships; engage residents in the study process
- Define three-year priority areas and develop action planning
- Develop a community resource to monitor the progress of community health initiatives

The results of the CHNA will help us identify priorities and strategies to improve health and wellbeing in the region and promote health for all residents. Responding to the study findings and sharing data with other community-based organizations, Brown University Health aims to ensure that all residents benefit from our local resources, robust social service network, and the high-quality healthcare available in our community to help residents live their healthiest lives.

We thank you for partnering with us in this effort. We invite our community partners to learn more about the CHNA and opportunities for collaboration to address identified health needs. Please visit our website at https://www.brownhealth.org/centers-services/community-health-institute or contact Julie Masci at jmasci@brownhealth.org.

Research Partner

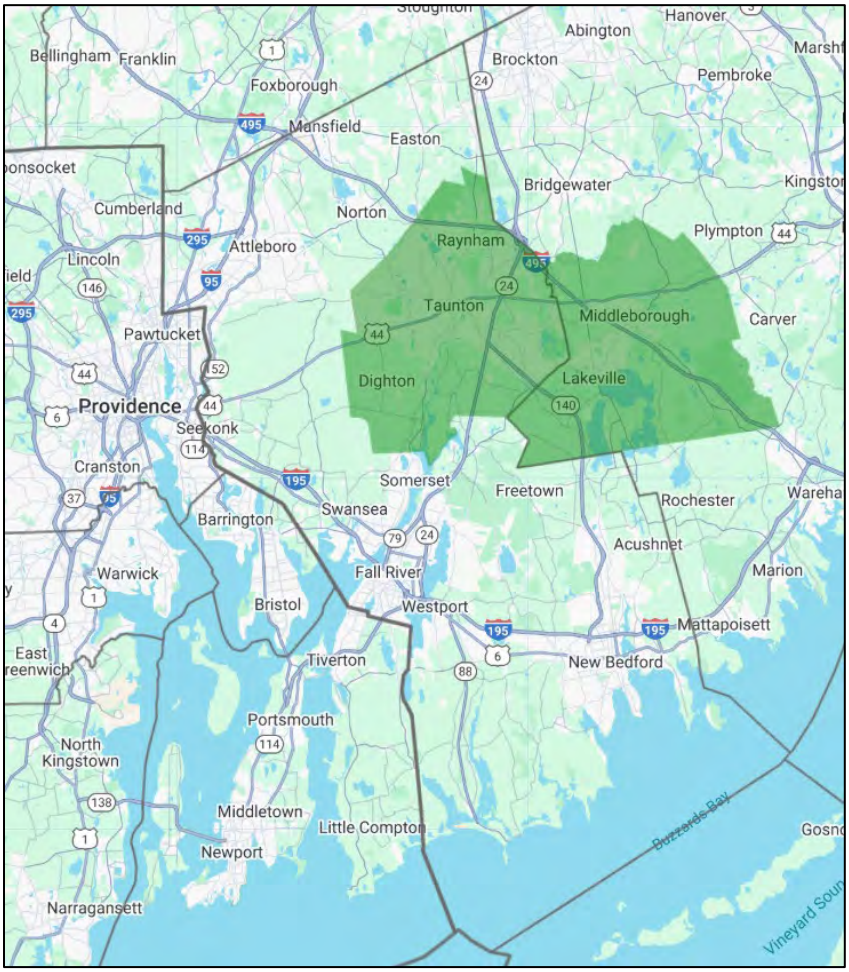
Brown University Health contracted with *Build Community* to conduct the CHNA. *Build Community* is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and transform data into practical and impactful strategies to advance access, support, and opportunities for all. An interdisciplinary team of researchers and planners, *Build Community* has worked with hundreds of healthcare and community-based organizations and their partners to reimagine policies and achieve measurable impact. Learn more about their work at buildcommunity.com.

2025 CHNA Study Area

Morton Hospital is an acute care community hospital located in Taunton in Bristol County, Massachusetts. Morton Hospital defined its service area as the county served and used the zip codes of residence for the majority of patients seen at its hospital facility to define its primary service area. Demographics and other available indicators for zip codes and neighborhoods within the primary service area were analyzed to determine opportunities for prioritized interventions to address health and social disparities.

Morton Hospital defined its primary service area as 9 zip codes in and around Taunton and crossing into the western portion of Plymouth County. For purposes of the CHNA, the hospital focused reporting on its Bristol County service area. Throughout the data report, findings for Taunton and all of Bristol County are highlighted in comparison to the state and nation. Secondary data also includes findings for Fall River, the location of Saint Anne's Hospital and a collaborating partner for the CHNA.

Morton Hospital Primary Service Area



Research Methods

The CHNA was conducted from October 2024 to June 2025 and included primary and secondary research methods to determine health trends and disparities.

Primary Research and Community Engagement

Community engagement was an integral part of the CHNA. Collaborating with community-based organizations across Bristol County and Massachusetts, input was invited and received from a wide array of community members with a particular focus on diverse populations, under-resourced areas, and communities that have been historically marginalized. Study participants provided perspectives on unmet health and social needs; community resources available to meet those needs; barriers to accessing services; service delivery gaps; and recommendations to improve health and wellbeing.

Key Stakeholder Survey

We conducted an online survey with 137 individuals that serve diverse communities and populations across Taunton, Bristol County, and beyond to collect input about local health needs, client experiences in receiving and accessing services, and opportunities for collective impact.

Partner Forum

We held a community meeting with 26 health and human service professionals serving Taunton and Bristol County to share CHNA data findings and collectively define challenges and meaningful strategies for health improvement. Attendees included healthcare and social services providers, educators, and community leaders, among others.

Listening Sessions

We hosted two listening sessions with clients and staff members of Our Daily Bread, a nonprofit food, nutrition, and resource center in Taunton. Participants discussed experiences accessing health and social services, identified available and needed community resources to support health and wellbeing, and provided community recommendations and insights on solutions.

Secondary Data Analysis

Secondary data are reported by city and county, and by zip code, as available, to demonstrate localized health needs and disparities. The most recently available data at the time of publication is used throughout the study; due to the time required to collect and analyze these data, it is typical for these data to reflect prior years rather than current year. A comprehensive list of secondary data sources is included in Appendix A.

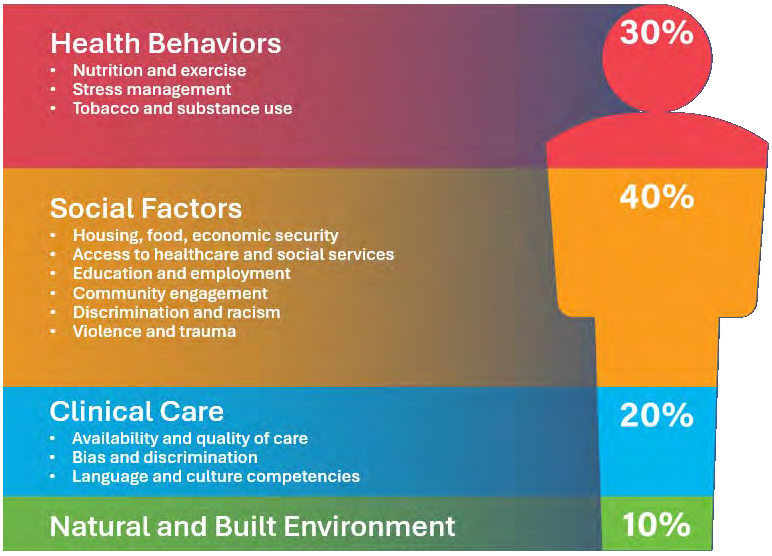
Social Drivers of Health

Where we live impacts choices available to us

The CHNA was conducted to provide deeper insights into the differences in health and wellbeing experienced between groups of people in the region. We used the Social Drivers of Health (SDoH) framework to study and document income and poverty; housing and food security; early learning and education; social factors and the environment and built community. We analyzed data across these five domains of SDoH to identify strengths and challenges in our community that impact our health and wellbeing.

Graphic Credit: U.S. Department of Health and Human Services

Social Drivers 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.



50% of a person's health is determined by social factors and their environment.

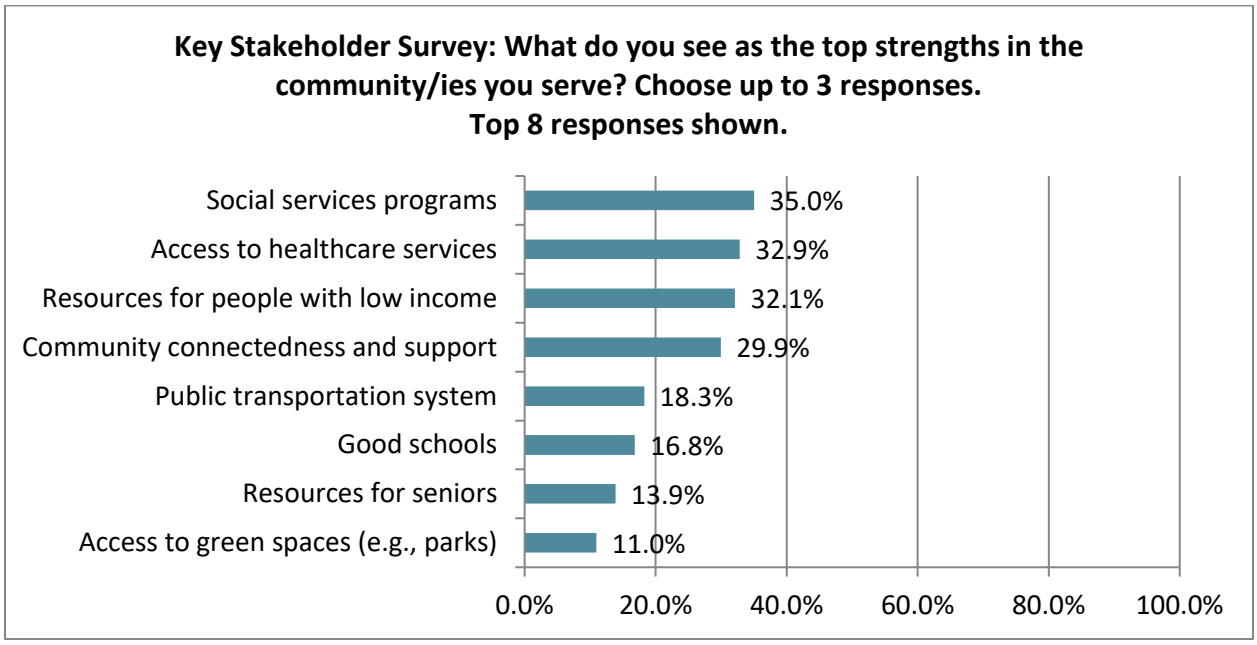
Only 20% of health outcomes are attributed to clinical care.

Examining data across SDoH domains helps us understand factors that influence differences in health status, access to healthcare, and outcomes between groups of people**.** These differences include higher prevalence of chronic diseases like diabetes, lack of health insurance, inability to afford essential medications, and shortened life expectancy. Advancing health for all residents means ensuring that all people in a community have the resources and care they need to achieve optimal health and wellbeing. To advance health for all, we need to look beyond the healthcare system to address "upstream" SDoH issues like education attainment, job opportunities, affordable housing, and safe environments.

Our Strengths and Opportunities

Massachusetts is one of the healthiest states in the nation. Residents as a whole live longer and enjoy better health while they're alive. Statewide health and healthcare policy initiatives have supported health for residents, including universal preschool and free lunches for students, near universal health insurance, and free community college tuition and financial aid for four-year public universities for certain income levels. Localized efforts have contributed to advances in socioeconomic factors, healthcare access, and health outcomes, and have included new housing developments, innovative food access programs (e.g., Boys and Girls Club of Metro South Freight Farm), increased mental health training and stigma reduction, partnerships between schools and businesses to meet workforce needs, and school-based health centers, among others.

When asked what they see as the top strengths in the community, participants of the Key Stakeholder Survey named *social service programs*, *access to healthcare services*, *resources for people with low income*, and social cohesion factors like *community connectedness and support* among the top attributes. The region is also unique from many communities across the nation with perceived good access to *public transportation*.



When asked to rate various SDoH factors for the region, approximately 40% of Key Stakeholder Survey participants rated *access to green spaces and outdoor recreation* and *healthcare access and quality* as "good" or "excellent." Over 35% of stakeholders rated *inclusion and appreciation of diversity in people and ideas*, *public transportation options*, and *childcare and early childhood education opportunities* as "good" or "excellent."

> *"There are numerous parks and recreation areas throughout Taunton. I'm engaged with community organizations and have knowledge of their volunteer and mentoring activities. I work at the Taunton Police Department and as a result feel that the city overall is a safe place to live*

and work. We're very fortunate to have Morton Hospital, Manet Health, and multiple doctor's offices within the city of Taunton. Public transportation is available for people and will be getting even better with the addition of the train route currently being constructed."

"Easy access for public transportation in and out of cities. Free transportation."

"[There is] free universal preschool in our public schools."

"[We have] strong community organizers and culture of civic duty."

The region is supported by a strong and collaborative network of health and human service partners. Partners were seen as working tirelessly and with passion to collectively improve health and wellbeing for clients and the broader community.

"Community collaboration is very big and a key factor towards the positive things that are coming about in our area."

"There are leaders, movers and shakers that work tirelessly to work with those they provide services to and a great deal of passion for what they do."

"A combination of dedicated municipal resources and community organizations working together has a positive impact."

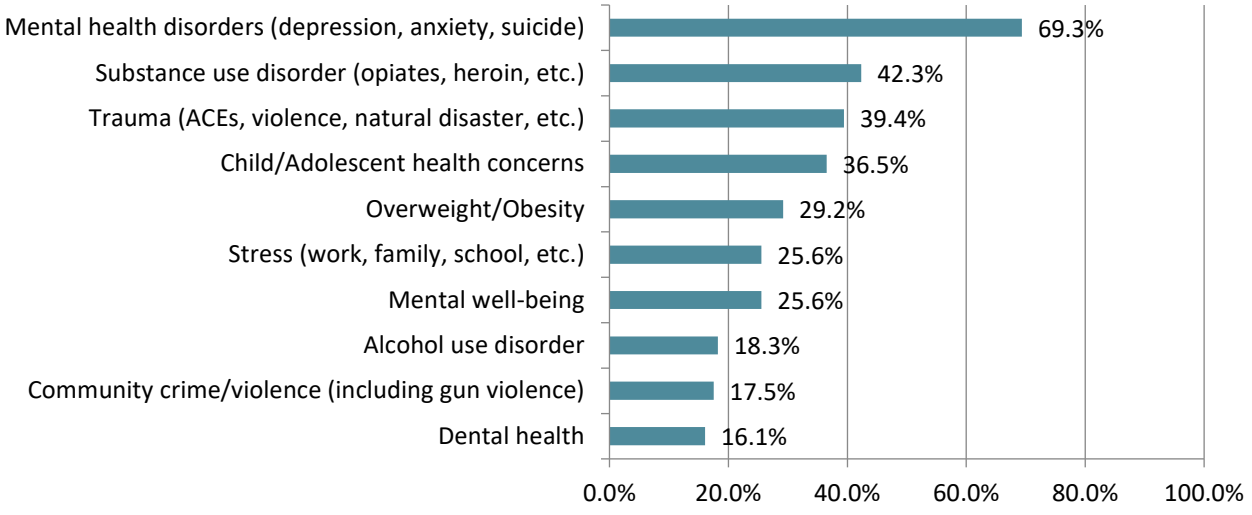
"One of our programs (Taunton Area School to Career) works diligently with schools as well as businesses, the city, and the chamber to connect the next generation to workforce readiness skills by providing resources, soft skills, and internships. Morton Hospital is a local hospital that takes part by supporting local nonprofits and social initiatives."

Community Strengths

- Commitment to access, support, and opportunities for all
- Good schools and early childhood education
- High quality healthcare services
- Local community development and infrastructure improvements
- Public transportation options
- Recreational areas and green spaces
- Sense of community
- Statewide health and healthcare policy
- Strong and collaborative social service safety net

Using these existing strengths and community assets, communities can work together to improve health. When asked to name the top health concerns affecting the people they serve, Key Stakeholder Survey responses overwhelmingly identified issues related to *behavioral health* (e.g., mental health, substance use, trauma, stress). Other identified issues included *child/adolescent health concerns*, *overweight and obesity*, *community crime and violence*, and *dental health*. Key stakeholders' perceptions of these health concerns were in line with the secondary data statistics for the region.

Key Stakeholder Survey: What are the top health concerns of the community/ies you/your organization serve? Choose up 5 responses. Top 10 responses shown.

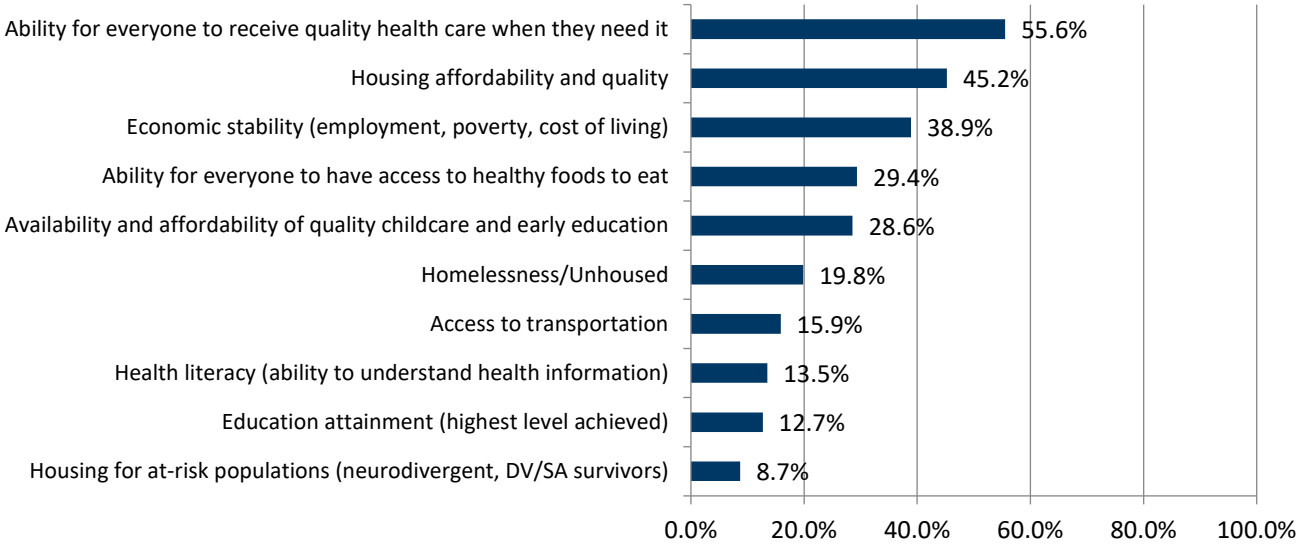


Community perception and public health data suggest that many of the identified health concerns worsened in recent years due to the lingering impact of the COVID-19 pandemic (e.g., isolation, delayed healthcare, developmental delays) and underlying SDoH factors, including rising cost of living and housing instability. Nearly 65% of Key Stakeholder Survey participants rated *housing affordability and availability* as "poor." Approximately 70% of participants rated *healthy food access and affordability* and *community safety* as "fair" or "poor." Approximately 65% of participants saw room to improve *public policies that promote health for all* and *civic participation* by residents, rating them as "fair" or "poor."

> *"This is an area that needs to be addressed everywhere, not just in Taunton, as food in general is just too expensive. Many of our residents don't have the means to buy healthy food. I'm not sure what the answer is. The same is true for housing. The cost of rent is absurd."*
>
> *"More opportunities to meet with and listen to people from diverse backgrounds and those who do not traditionally just show up when invited. We need to do better at including those impacted by the issues we are trying to address. Many of our systems and policies need to be adjusted to better meet the needs of children and families now and in the future."*
>
> *"[We need] Programs or incentives that promote civic engagement, more affordable housing, expansion of public transportation options."*

When asked which SDoH to prioritize in order to have the biggest impact on the overall health of the people they serve, more than 55% of key stakeholders selected the *ability for everyone to receive quality healthcare when they need it*. *Housing affordability and quality* and *economic stability* were the next most selected factors.

Key Stakeholder Survey: Which of the following issues related to Social Drivers of Health should we prioritize to have the biggest impact on the overall health of the people you serve? Choose up to 3 responses.
Top 10 responses shown.



Community Challenges

- Access to preventive and routine healthcare
- Aging community with more health and social concerns
- Care and support for the unhoused population
- Chronic condition prevention and management
- Community crime and violence
- Economic and health disparities for income constrained households
- Growing behavioral health concerns for adults and youth
- Prevalent experiences of poverty, food insecurity, and other socioeconomic barriers
- Rising cost of living and lack of affordable housing, childcare, food, and other basic needs

Determining Community Health Priorities

To improve community health, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs. In determining health priorities on which to focus its efforts over the next three-year cycle, Brown University Health and Morton Hospital leadership reviewed findings from the CHNA and sought to align with its health improvement programs and population health management strategies.

Brown University Health applied the following rationale and criteria to define priorities:

- Prevalence of disease and number of community members affected.
- Rate of disease compared to state and national benchmarks
- Health differences between community members.
- Existing programs, resources, and expertise to address the issue.
- Input from community partners and representatives.
- Alignment with concurrent public health and social service organization initiatives.

Based on the CHNA findings, Brown University Health and Morton Hospital will focus on the following priority areas, addressing underlying Social Drivers of Health and the needs of distinct population groups as cross-cutting strategies:

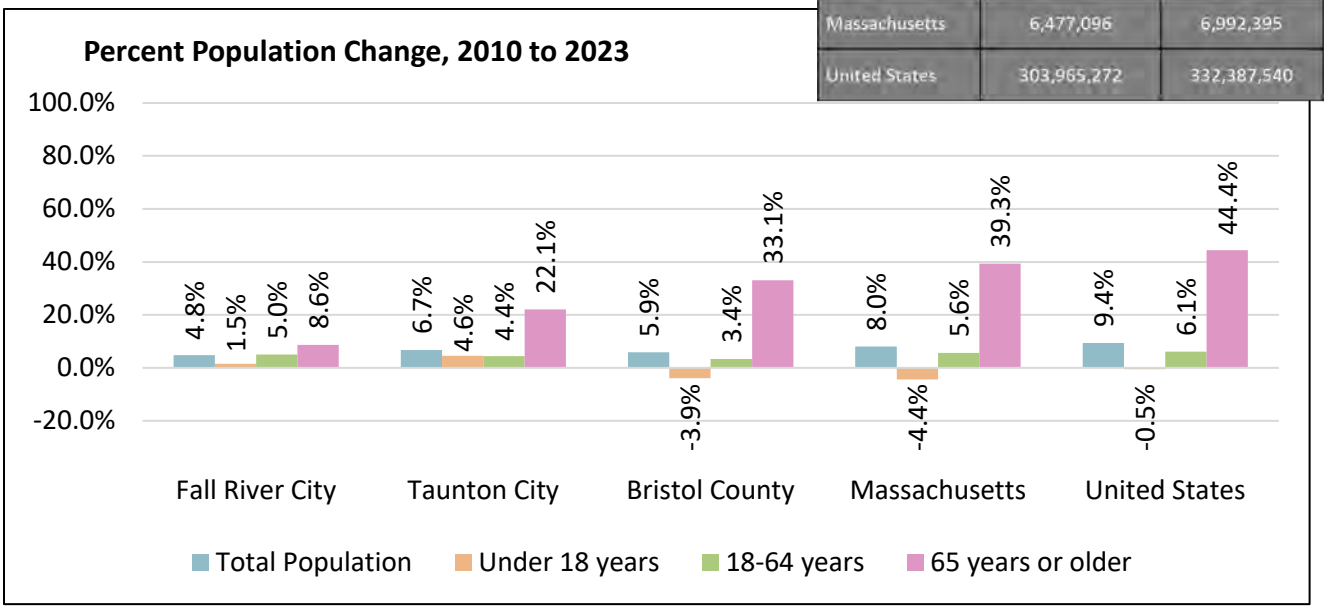
Other health issues identified as significant health needs for the region include affordable housing, maternal and child health, and older adult health and wellbeing. While these areas are not named priorities for Brown University Health due to the need to prioritize resources, the system is committed to collaborating with and supporting other community agencies focused on these needs. Brown University Health will also consider these areas when developing nuanced and whole-person strategies to improve access to care, behavioral health, and chronic disease.

Our Community and Residents

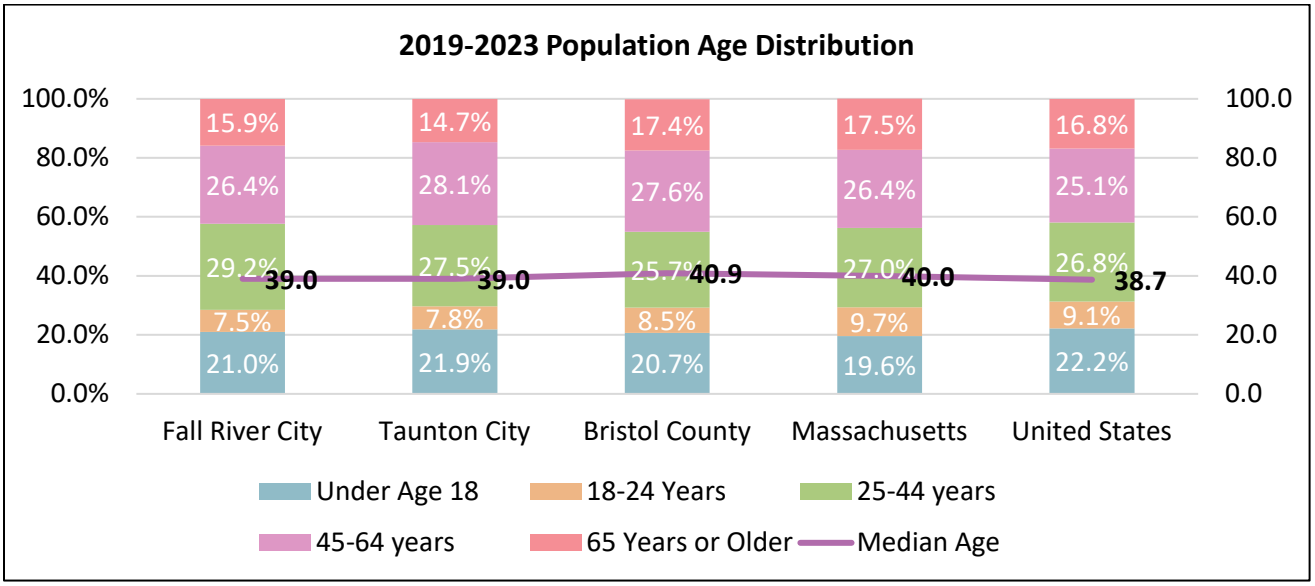
Bristol County had a total population of 578,436 people in 2023 with 59,719 people residing in Taunton. Taunton had similar population growth as Bristol County and Massachusetts, estimated at 6.7% from 2010 to 2023. Taunton is home to a slightly younger population than Bristol County, and contrary to county, state, and national trends, saw growth among youth residents. More than 1 in 5 Taunton residents are under the age of 18. The area also saw growth in older adults, although at a slower rate than comparison geographies.

Total Population by Year

	Total Population 2010	Total Population 2023
Fall River City	89,482	93,764
Taunton City	55,954	59,719
Bristol County	546,433	578,436
Massachusetts	6,477,096	6,992,395
United States	303,965,272	332,387,540



Source: US Census Bureau, American Community Survey



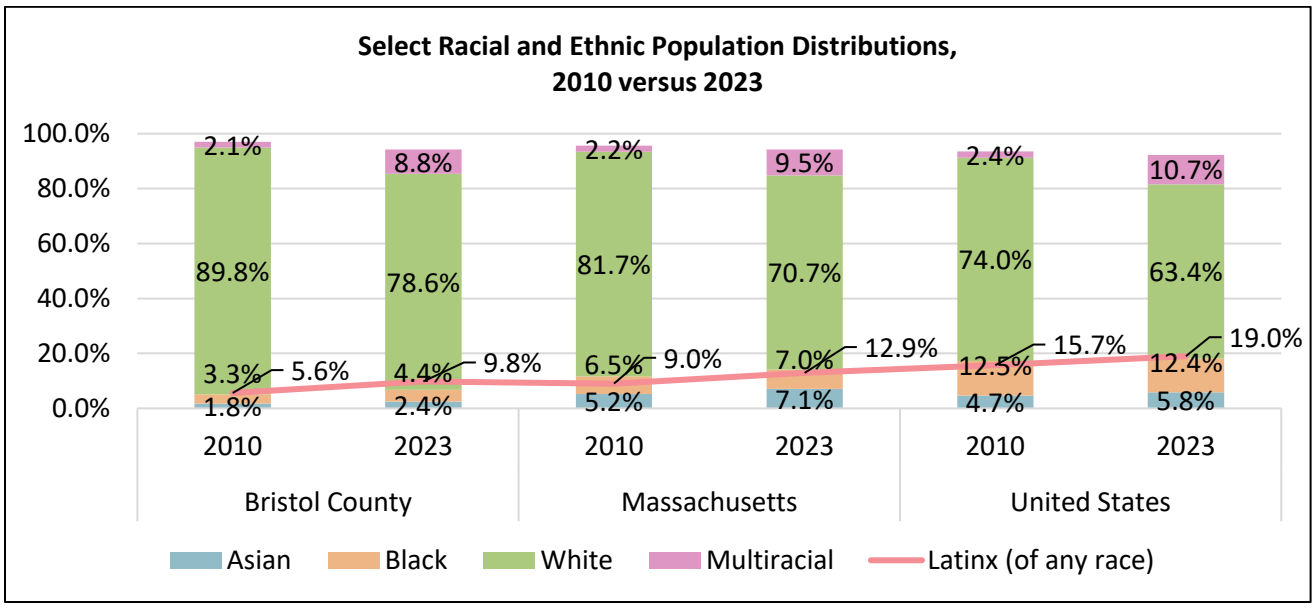
Source: US Census Bureau, American Community Survey

Disability is a physical or mental condition that limits a person's movements, senses, or activities. Approximately 15.9% of Taunton residents experience disability, a slightly higher proportion than the county, state, and nation. Older adults are more likely to experience disability, affecting 34.9% of older adults in Taunton compared to 30.2% of adults across Massachusetts.

2019-2023 Population with a Disability

	Fall River City	Taunton City	Bristol County	Massachusetts	United States
Total population	20.5%	15.9%	14.6%	12.1%	13.0%
Youth under 18 years	7.0%	6.3%	5.5%	4.9%	4.7%
Older adults 65+ years	41.7%	34.9%	32.6%	30.2%	32.9%

Consistent with national trends, population diversity is increasing across Bristol County and Massachusetts. People of color, particularly those that identify as multiracial and/or Latinx, make up a larger portion of the population than in prior years.



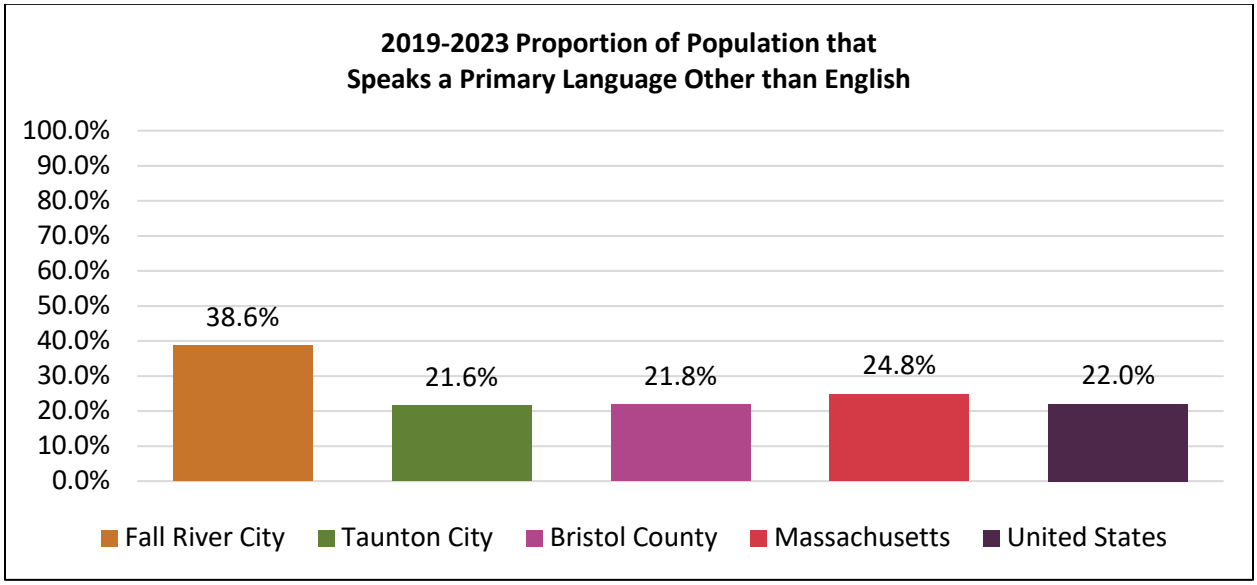
Source: US Census Bureau, American Community Survey

2019-2023 Population by Race and Ethnicity

	American Indian and/or Alaska Native	Asian	Black and/or African American	Native Hawaiian and/or Pacific Islander	White	Other Race	Two or More Races	Latinx origin (any race)
Fall River City	0.1%	2.7%	6.4%	0.1%	72.8%	7.0%	11.0%	13.2%
Taunton City	0.35	1.5%	7.1%	0.0%	74.5%	2.9%	13.7%	9.1%
Bristol County	0.2%	2.4%	4.4%	0.0%	78.6%	5.6%	8.8%	9.8%
Massachusetts	0.2%	7.1%	7.0%	0.0%	70.7%	5.4%	9.5%	12.9%
United States	0.9%	5.8%	12.4%	0.2%	63.4%	6.6%	10.7%	19.0%

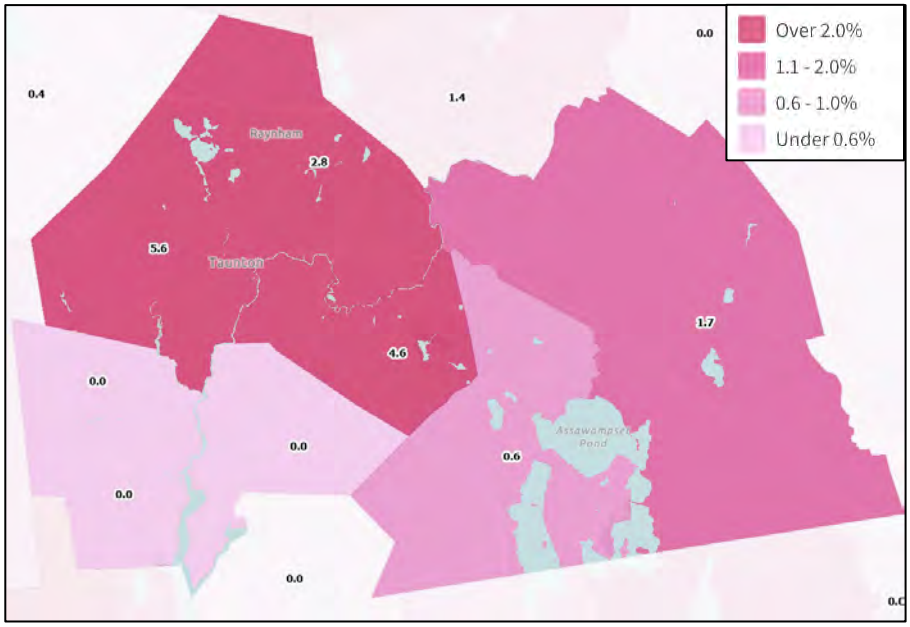
Source: US Census Bureau, American Community Survey

More than 1 in 5 Taunton residents speak a primary language other than English, a similar proportion as the county and state overall. In approximately 5%-6% of households, no one aged 14 or older speaks English at least "very well" and another language is often spoken in the home. These findings inform a heightened community need for bilingual and culturally appropriate resources and workforce efforts to ensure that providers and staff reflect the communities they serve.



Source: US Census Bureau, American Community Survey

2019-2023 Linguistically Isolated Households by Zip Code^



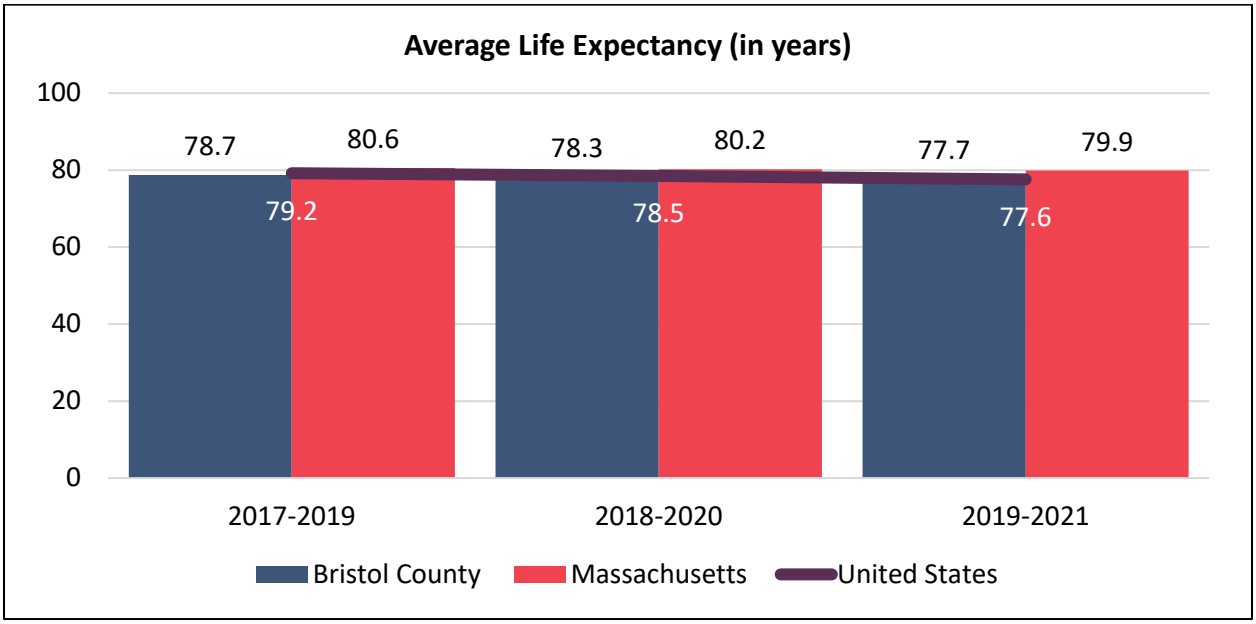
Source: US Census Bureau, American Community Survey

^Defined as households with no one aged 14 or older who speaks English "very well."

Measuring Health in Our Community

Life expectancy is a key measure of health and wellbeing within a community, often reflecting the underlying socioeconomic and environmental factors or SDoH.

Life expectancy measures how long a person can expect to live and is the culmination of living conditions, health status, economic security, and the general experience of residents within their community.



Source: Centers for Disease Control and Prevention

The Social Drivers of Health framework shows that at least 50% of a person's health profile is influenced by the socioeconomic and environmental factors that they experience. Understanding the impacts and addressing the conditions in the places where people live is essential to improving health outcomes and advancing fair access, support, and opportunities for all.

Massachusetts is one of the healthiest states in the nation, and residents report overall better health outcomes and higher average life expectancy than the national average. However, not all people across Massachusetts share these positive outcomes. Bristol County's average life expectancy is 2 years less than the state average. Looking more closely at neighborhoods and populations within Bristol County, there are clear disparities.

The Health Resources and Services Administration Unmet Need Score (UNS) helps in allocation of resources—including primary and preventive healthcare services—across communities with higher unmet need based on social, economic, and health status. The UNS evaluates zip codes using a weighted sum of 28 health and social measures with values ranging from 0 (least need) to 100 (greatest need).

In Morton Hospital's service area, there is a nearly 29-point range between zip codes with the lowest and highest UNS values demonstrating community-level health and social disparities.

Morton Hospital Service Area Zip Codes by Unmet Need Score and Select Social Drivers of Health Indicators (Years 2019-2023)^

Zip Code	Total Population in Poverty	Children in Poverty	Families with Low Income*	No High School Diploma	No Health Insurance	UNS Score
02780, Taunton	14.1%	23.1%	22.6%	15.4%	2.6%	51.53
02718, East Taunton	10.8%	2.1%	10.2%	13.2%	2.5%	42.85
02346, Middleborough	7.7%	7.7%	13.9%	6.3%	3.1%	34.84
02767, Raynham	9.0%	8.5%	15.1%	8.9%	0.3%	31.25
02715, Dighton	4.6%	NA	2.9%	3.8%	0.3%	26.10
02764, North Dighton	1.2%	NA	3.2%	3.0%	1.0%	25.83
02347, Lakeville	5.0%	0.4%	6.4%	6.4%	0.9%	24.73
02779, Berkley	2.7%	3.0%	5.2%	5.0%	2.6%	22.87
Bristol County	11.6%	15.9%	18.8%	13.7%	3.0%	NA
Massachusetts	10.0%	11.8%	14.5%	8.6%	2.6%	NA

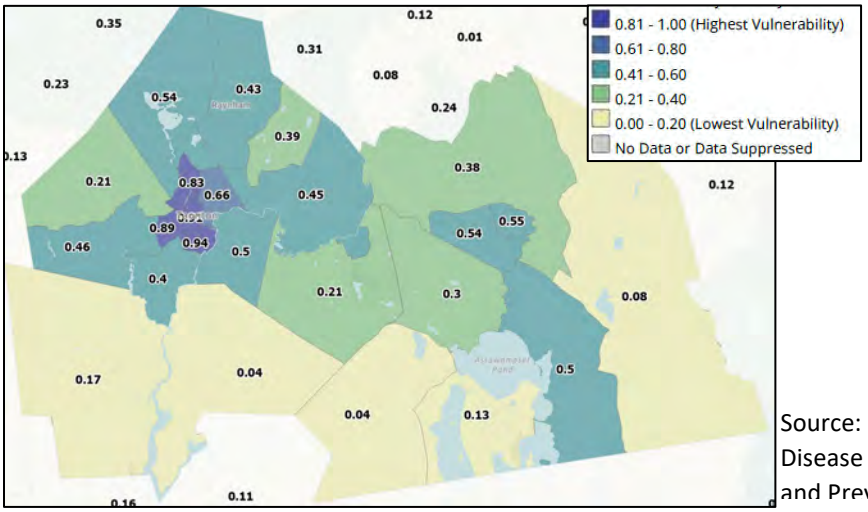
Source: Health Resources & Services Administration (HRSA) & US Census Bureau, American Community Survey
^Select social drivers of health indicators are presented to illustrate measures that influence the calculation of the Unmet Need Score.
*Families with incomes at or below 185% of the Federal Poverty Level (FPL). In 2024, a family of four people at 185% of the FPL had an income of $57,720.

The Social Vulnerability Index (SVI) goes a level deeper than the UNS to demonstrate vulnerability to health disparities at a census tract-level.

Census tracts are small geographic regions defined for the purpose of taking a census, designed to be relatively homogeneous in terms of population characteristics, economic status, and living conditions. Census tracts cover the entire United States and typically contain between 1,500 and 8,000 people.

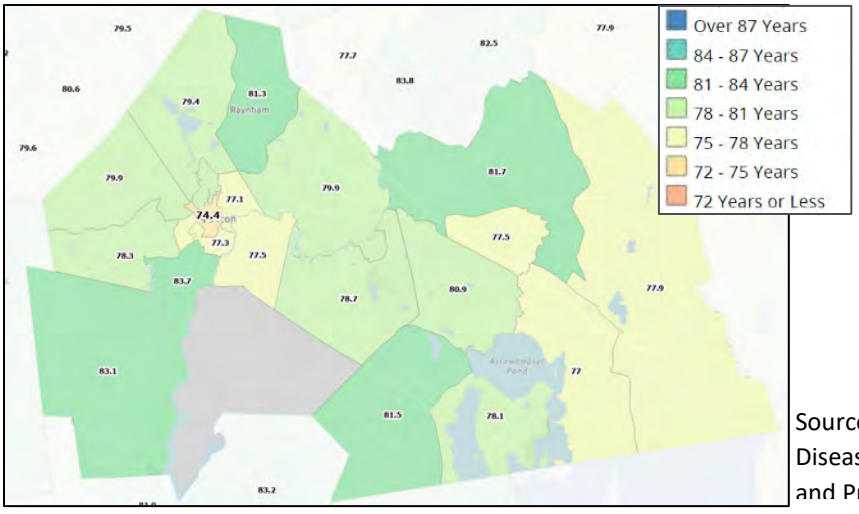
The SVI scores census tracts on a scale from 0.0 (lowest) to 1.0 (highest) vulnerability based on factors like poverty, lack of transportation, and overcrowded housing. Examining the SVI in conjunction with average life expectancy demonstrates how SDoH impact health outcomes. Within the Morton Hospital service area, historical data indicates potential for a 9-year difference in average life expectancy between Taunton and surrounding communities. Taunton also has the highest SVI values in the region of 0.83-0.94 out of a maximum score of 1.0, reported as recently as 2022.

2022 Social Vulnerability Index by Census Tract



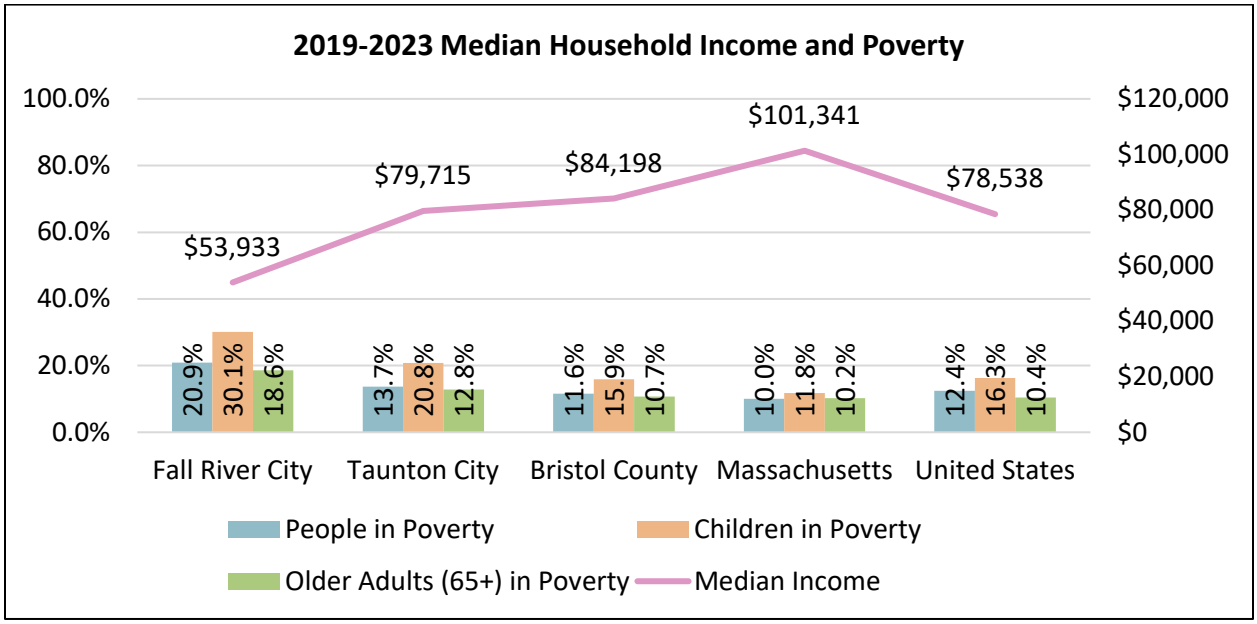
Source: Centers for Disease Control and Prevention

2010-2015 Life Expectancy by Census Tract

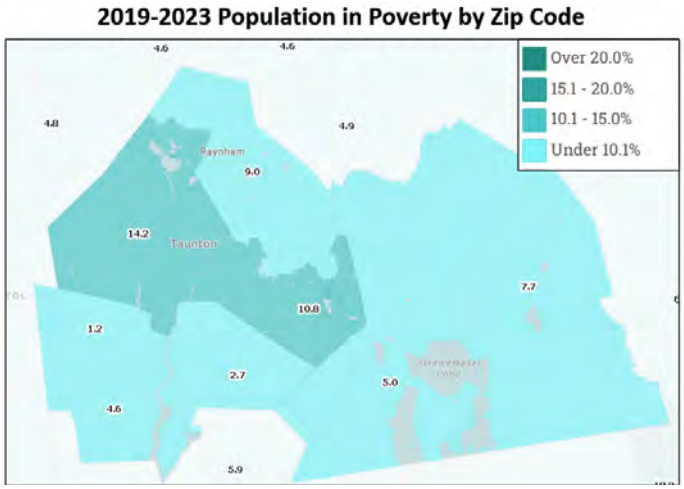


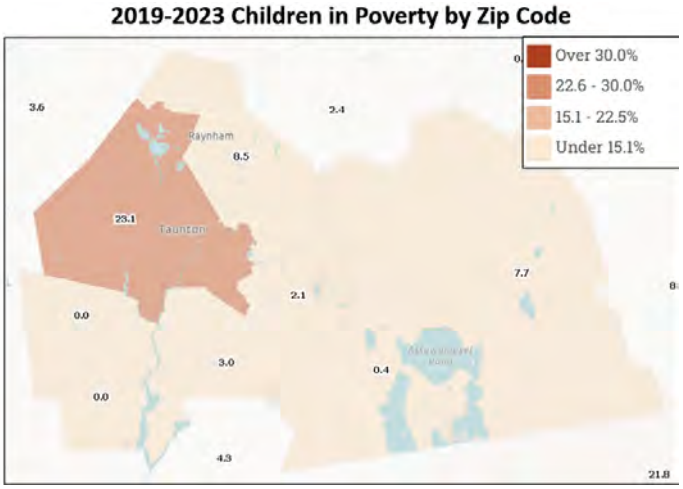
Source: Centers for Disease Control and Prevention

Disparities in life expectancy for Taunton residents reflect the impact of SDoH. Nearly 14% of Taunton residents and 21% of children may experience poverty compared to 10% of residents statewide. Median household income is approximately $20,000 less than the state median income.



Source: US Census Bureau, American Community Survey





Source: US Census Bureau, American Community Survey

Community Health Needs

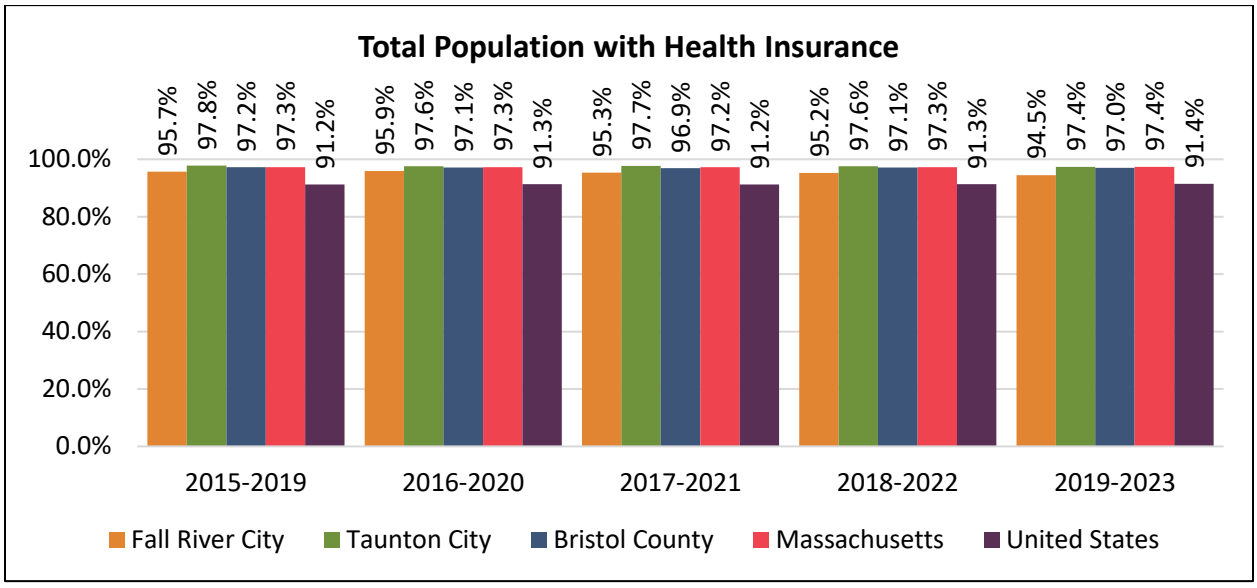
The CHNA was a comprehensive study of health and socioeconomic indicators for Taunton and Bristol County residents. The following section highlights key health and wellbeing needs as determined by secondary data statistics and community stakeholder feedback. *A full summary of secondary data findings is also provided on Brown University Health's website and available to our community partners as a resource to support their many programs and services.*

Access to Care and Services

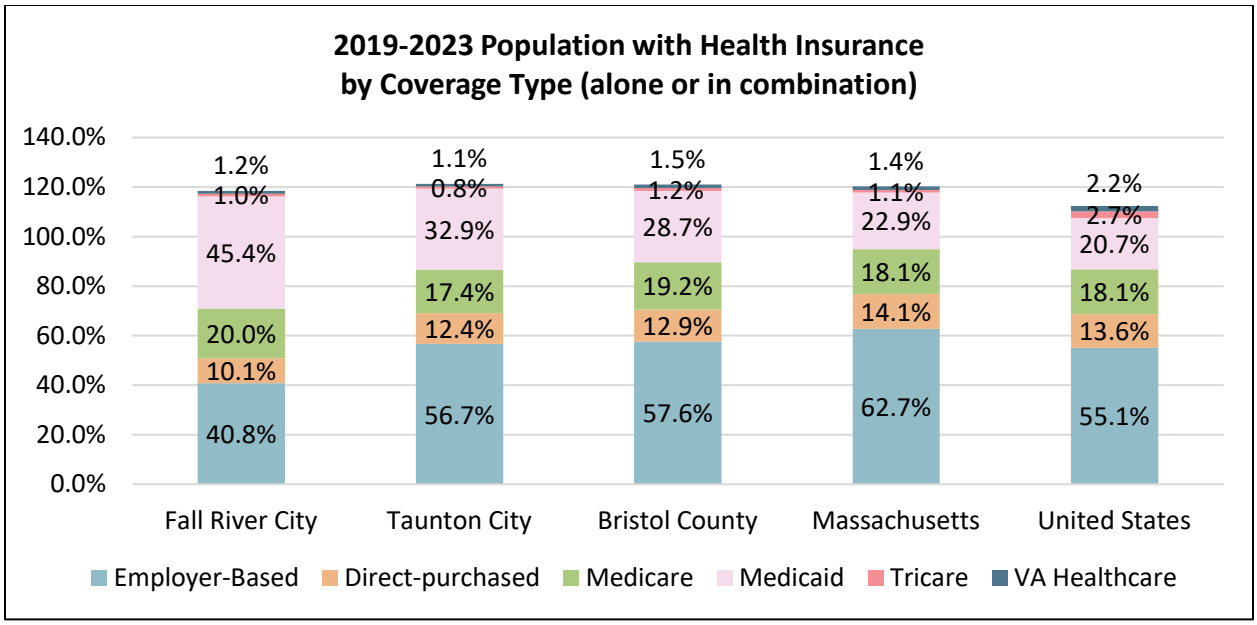
Health insurance coverage among Taunton and Bristol County residents has been consistently high with 97% of residents covered in 2023 compared to 91.4% of residents nationally. A high proportion of insured residents obtain their insurance through an employer (57%-58%), providing cost-sharing benefits and typically more comprehensive coverage. Approximately 82.3% of Bristol County adults received a routine primary care visit or checkup in 2022 compared to 74.2% of adults nationally. The proportion of adults receiving routine primary care is consistently high across the county.

Key barriers for improving healthcare access for area residents include low health literacy, out-of-pocket costs for care, and language barriers. Health and human service professionals shared that health insurance literacy and understanding of benefits is low, particularly for older adults with managed care insurance. More older adults are electing managed care plans for their cost savings benefits, without awareness of the coverage limitations. Some patients were reported to skip medication doses and/or forego filling prescriptions due to cost concerns. Healthcare facilities have also been challenged to adapt printed materials to meet the language needs of diverse demographics (e.g., Haitian Creole, Mandarin).

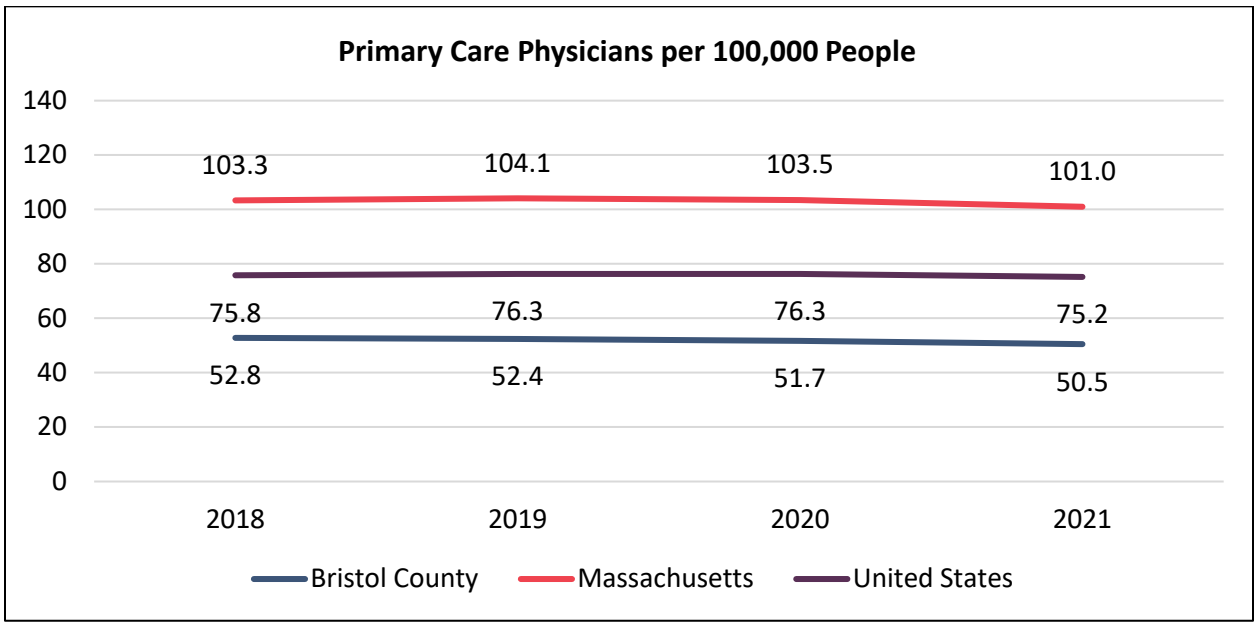
Low availability of primary care physicians is also a barrier for some Bristol County residents. Bristol County has fewer primary care physicians than the state and nation, and the number of physicians has declined since 2018.



Source: US Census Bureau, American Community Survey

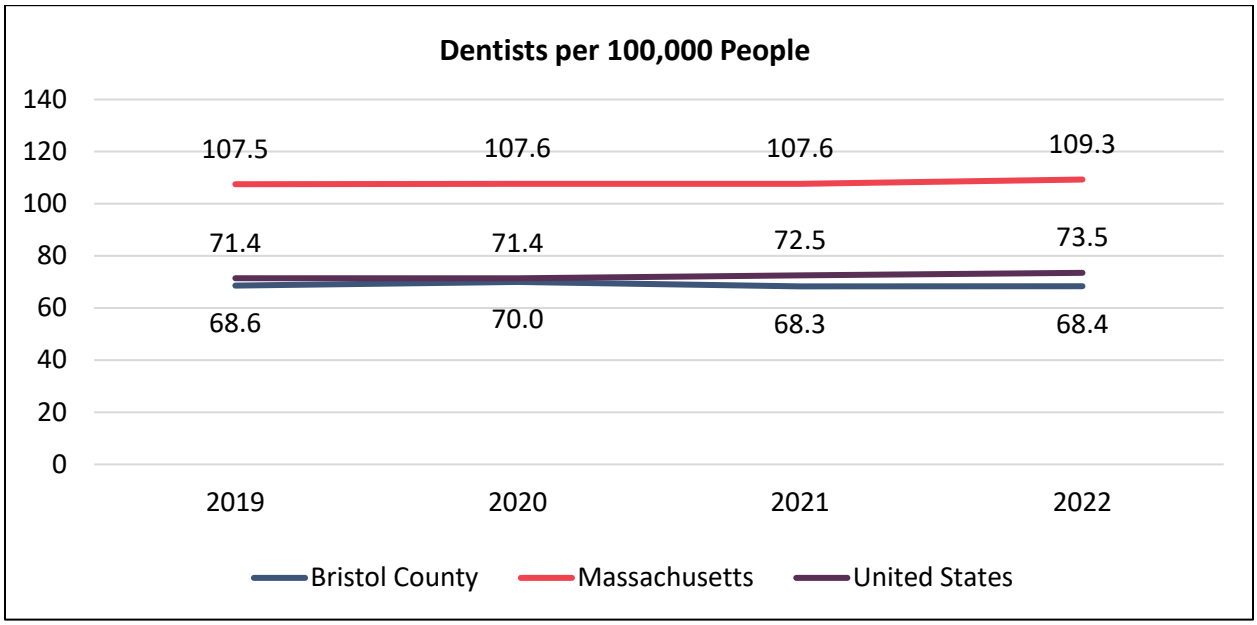


Source: US Census Bureau, American Community Survey



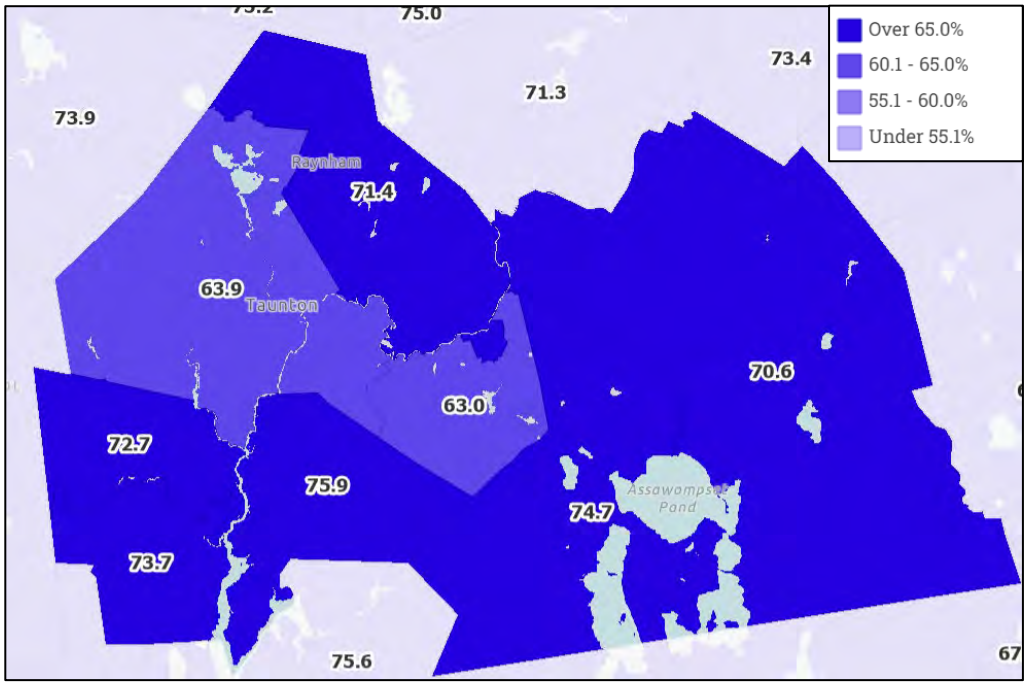
Source: Health Resources & Services Administration & Centers for Medicare and Medicaid Services

Dental care is also less available in Bristol County than in the state and nation. Approximately 68.1% of Bristol County residents received annual routine dental care compared to 72.6% of adults statewide. Within Taunton, approximately 63%-64% of adults received routine dental care compared to 71%-76% of residents in neighboring areas.



Source: Health Resources & Services Administration & Centers for Medicare and Medicaid Services

2022 Adults with a Dental Care Visit within the Past Year by Zip Code

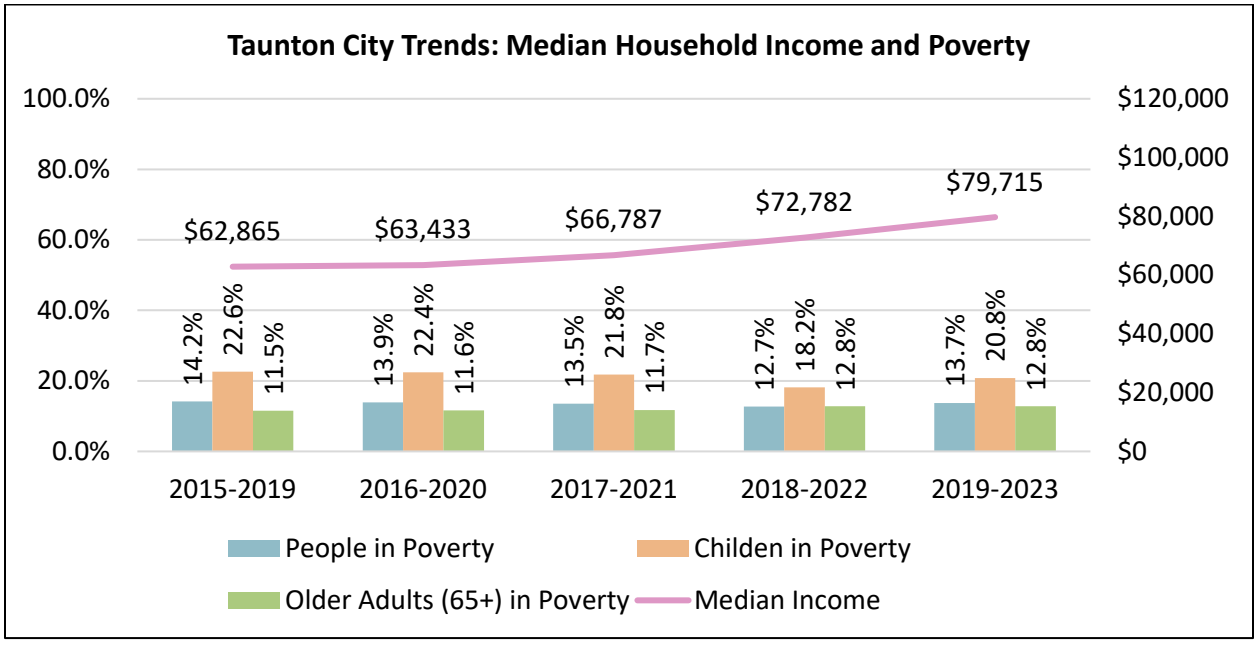


Source: Centers for Disease Control and Prevention

The rising cost of living has increased demand for social services and contributed to delays in accessing vital services. The impact has been felt across populations, but particularly for children and families. Across Bristol County, the proportion of all food insecure residents has been relatively stable at 11% but increased for children from 10.9% in 2021 to 15.8% in 2022. The cost of childcare for a household with two children in Bristol County, measured as a percentage of median household income, is 39.4%. Economic barriers disproportionately affect Taunton residents, where the proportion of children living in poverty is consistently high (20.8%).

> *"[We need] Additional investments in the infrastructure required to support and nurture our young people, especially those at the greatest risk, in both clinical and non-clinical settings both in schools and during out-of-school time."*
>
> *"Helping families to access appropriate medical care and other community resources."*

Federal funding cuts planned for healthcare and social services are anticipated to further reduce access to community resources; cuts are expected to impact Medicaid, SNAP benefits, subsidized childcare, and low-income housing benefits.



Source: US Census Bureau, American Community Survey

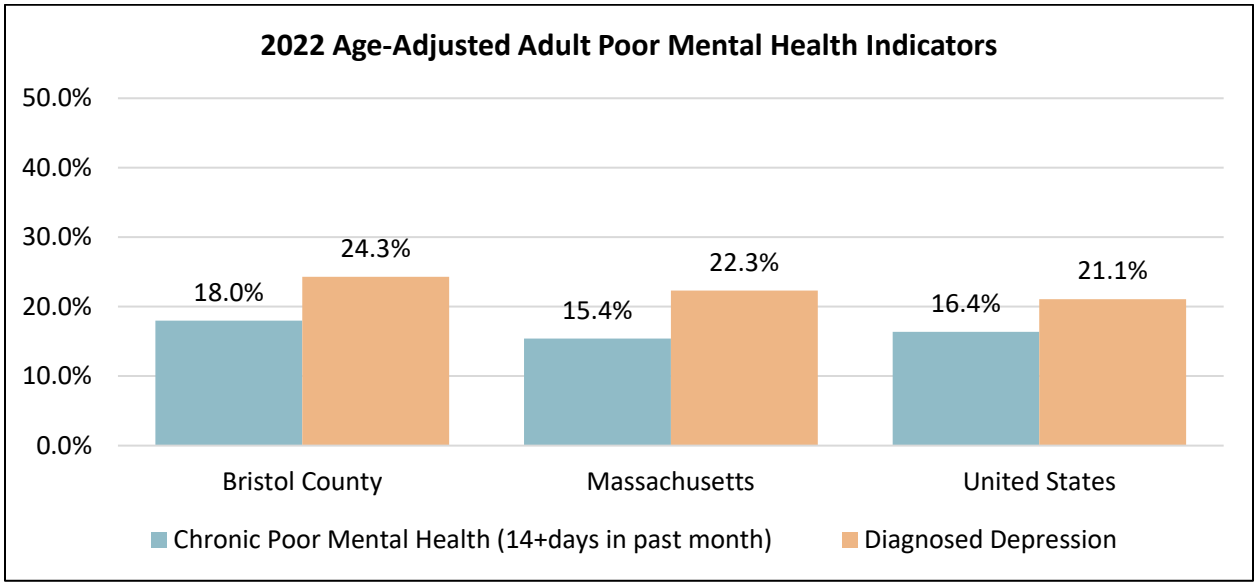
Key stakeholders recognized that groups who have been historically marginalized were more likely to experience health disparities. These underserved communities—including those that identify as people of color, immigrant, and/or people with disabilities—are more likely to face economic insecurity and have cultural and language barriers.

Stakeholders underscored the importance of staff and provider training in cultural competency and humility and increased health education materials that reflect the language and culture of communities. They advocated for the presence of people with lived experience in developing community solutions.

> *"Communities that struggle with equalization of opportunity and economic disparity consistently have co-occurring health struggles due to lack of healthy food, affordable housing, quality medical care, and economic mobility."*
>
> *"Recently have seen a dramatic increase of Haitian and other immigrants in our community (400+) - many of them under the age of 5. These families are being targeted, blamed and discriminated against."*
>
> *"Many of those we serve are often suffering from trauma associated with poverty and adverse conditions in their home countries and its attendant challenges."*
>
> *"[We need] Continued community integration with migrant families."*
>
> *"Trauma informed health care providers and staff, I/DD and Autism informed health care providers and staff, folks who understand to assume competence."*

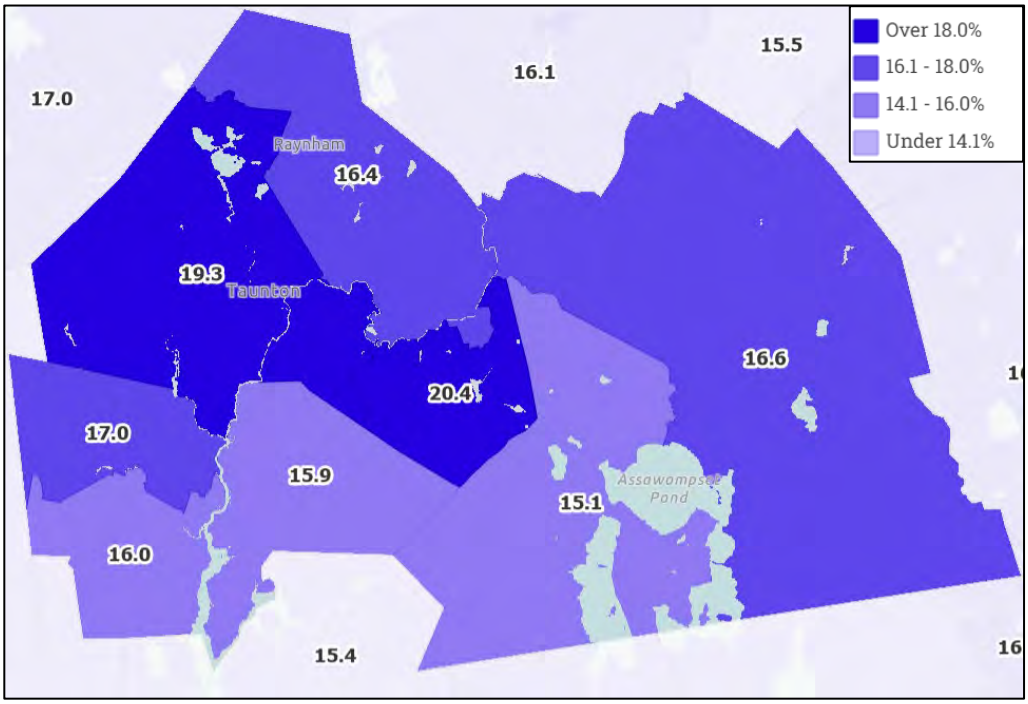
Behavioral Health

Experiences of mental distress have increased statewide and nationally. In 2022, approximately 18% of Bristol County adults reported having chronic poor mental health (14 or more days in past month) compared to 15.7% in 2020. Approximately 24.3% of adults reported being diagnosed with a depression disorder. Experiences of mental distress are more prevalent in communities experiencing socioeconomic barriers, including Taunton, where as many as 20% of adults report chronic poor mental health.



Source: Centers for Disease Control and Prevention

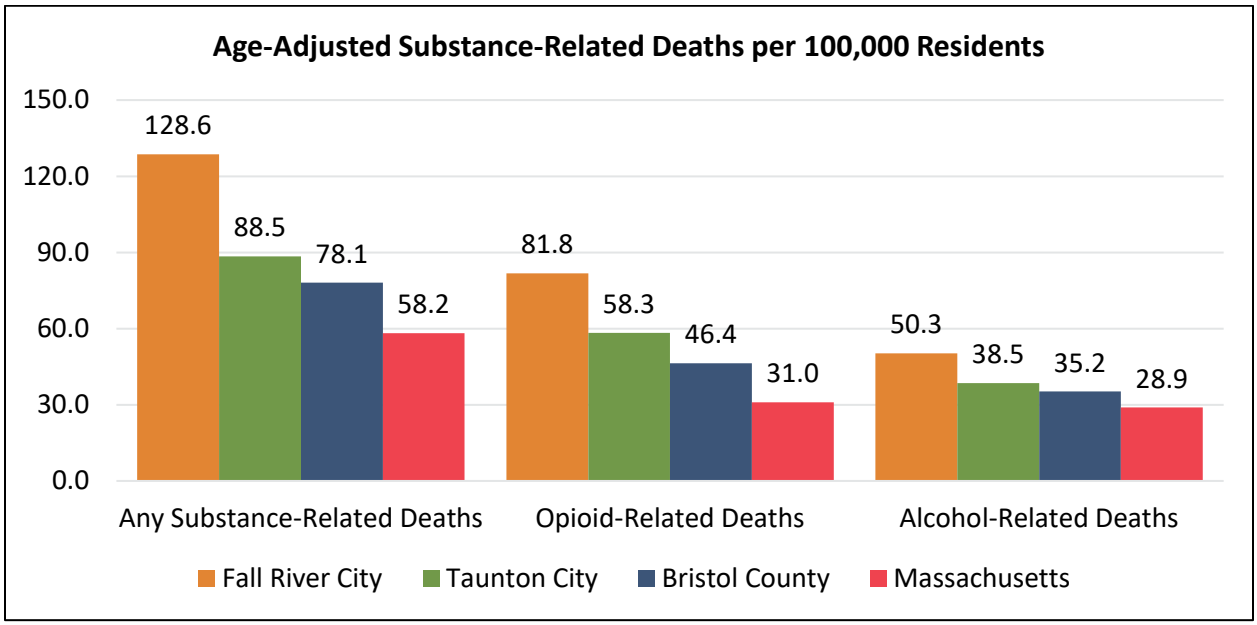
2022 Adults with Chronic Poor Mental Health by Zip Code



Source: Centers for Disease Control and Prevention

Taunton had 53 substance-related deaths in both 2022 and 2023; the 2023 rate of death due to substances was 50% higher than the statewide rate of death. Most substance-related deaths involved opioids, followed by alcohol.

Alcohol use disorder is a growing concern nationally and for area residents. Taunton had a total of 1,568 substance-related emergency room (ER) visits in 2023, the majority involving alcohol (1,212). Emergency room visits for substance use are an indicator of burden of disease and community need for treatment services.

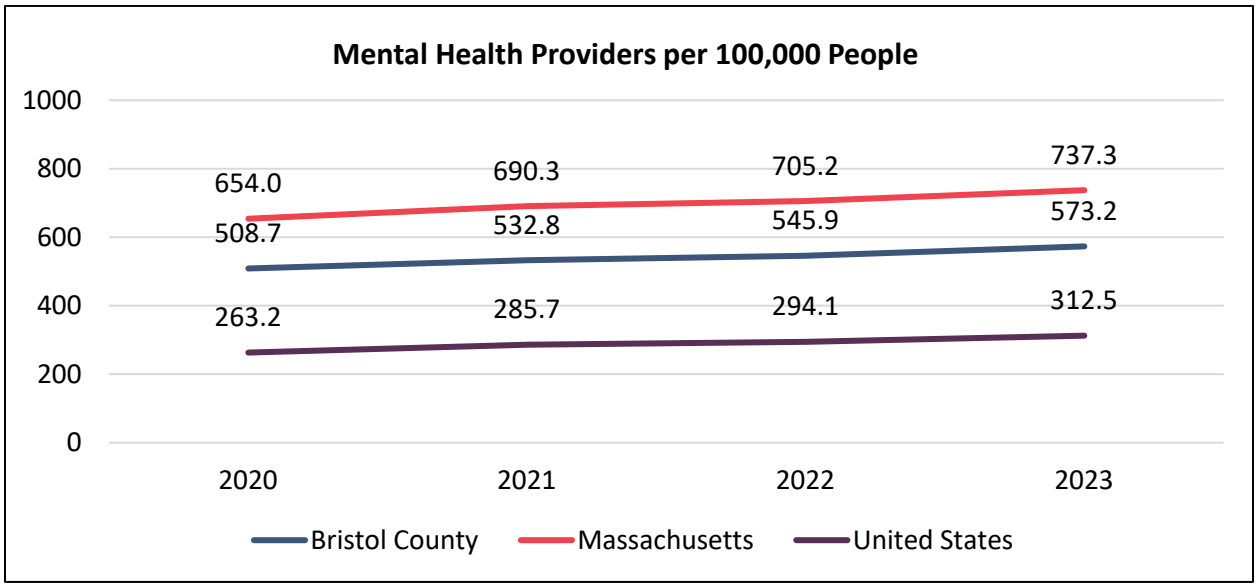


Source: Massachusetts Department of Public Health

Mental health and substance use disorders are often co-occurring and directly affected by an individual's socioeconomic and community experience. Health and human service professionals reinforced that these issues are interrelated, noting that rising costs of living and social isolation contribute to mental illness and substance use, and substance use is a form of self-medicating for stress and mental illness. Community solutions require systemic and coordinated approaches.

> *"I believe it will be the decline of income levels per household, increasing prevalence of mental health disorders/ declining level of overall wellbeing."*
>
> *"Trauma affects many people. Who then have mental health issues and resort to using substances in order deal with their current situation, to be numb and escape their pain."*
>
> *"NUMEROUS people are using vapes for tobacco or cannabis in this area. Many patients disclose that they use vapes for these substances, and only some have felt that they can seriously consider quitting. This really ties in with mental wellbeing/trauma as many people use vapes/substances in general as a form of 'self-medicating' or managing their mental health/stress."*

Bristol County has a consistently higher rate of behavioral health providers compared to the national average, and the rate is increasing. Despite these trends, gaps in access to care and services persist.



Source: Centers for Medicare and Medicaid Services

*Mental health providers include those specializing in psychiatry, psychology, mental health, addiction or substance use disorders, or counselling.

Health and human service professionals reported long wait lists for services and people presenting to emergency rooms or urgent care centers in crisis due to lack of outpatient resources. Outpatient services and support are limited and costly, and insurance copays and coinsurance costs deter people from seeking treatment. Behavioral health staffing does not reflect the makeup of the community, contributing to cultural competency and trust barriers.

> *"Access to services for Mental Health facilities for both adults and youth is the biggest missing piece for our communities."*
>
> *"More culturally and linguistically accessible mental health treatment."*
>
> *"Increased Strain on Emergency Services. Emergency Room Overload: Without sufficient mental health and substance abuse treatment options, individuals experiencing crises often end up in emergency rooms (ERs) or urgent care centers. This results in overcrowded ERs, where emergency room staff may not have the resources or specialized training to handle mental health crises effectively."*
>
> *"Longer-term treatment facilities for folks with who need more intensive treatment, and additional trauma focused IOP/PHP programs in our area. Traditional IOP/PHP programs are always needed as well."*
>
> *"Mental health supports are NOT good at assisting folks with I/DD and Autism, while at the same time, I/DD and Autism Supports are not able to support mental health. The comorbidity is so high and the cohesiveness of support is almost non-existent."*

Health and human service professionals noted an increase in mental health and substance use concerns among youth, often rooted in adverse childhood experiences (ACEs) like living in poverty and exposure to violence. Isolation and developmental delays from the COVID-19 pandemic also have had lingering impact on youth.

Schools are seeing more youth in crisis and staff generally feel under-resourced and unprepared to provide adequate support. Prevention and treatment programs for youth are limited, with professionals noting long wait times and insurance coverage barriers. Social media exposure has exacerbated issues, increasing social isolation and experiences of cyberbullying and distorting perceptions of reality and healthy relationships, among other issues.

Professionals saw a need to increase youth resiliency and engagement programming to counteract ACEs and prevent downstream behavioral health concerns.

> *"Mental health was a concern with adolescents before COVID, we know it is still a concern, but I do not believe know the full extent. Substance use/misuse and the impact on youth has not been fully acknowledged or addressed. There are multiple layers of generational trauma needing to be addressed."*
>
> *"More adolescent and family therapists, more support groups in more nontraditional places and spaces, offered in non-threatening ways and with easier access. More creative opportunities are needed to reach youth and families from diverse backgrounds with diverse needs and unique experiences."*
>
> *"We have a wide range of children that we serve. They have family situations that affect them in different ways. Not able to play outside, eating poorly, witnessing domestic violence, etc. We are here to help serve these children."*
>
> *"Children and families would be benefit from counseling services, wrap around services, and interventions particularly those on waitlist."*

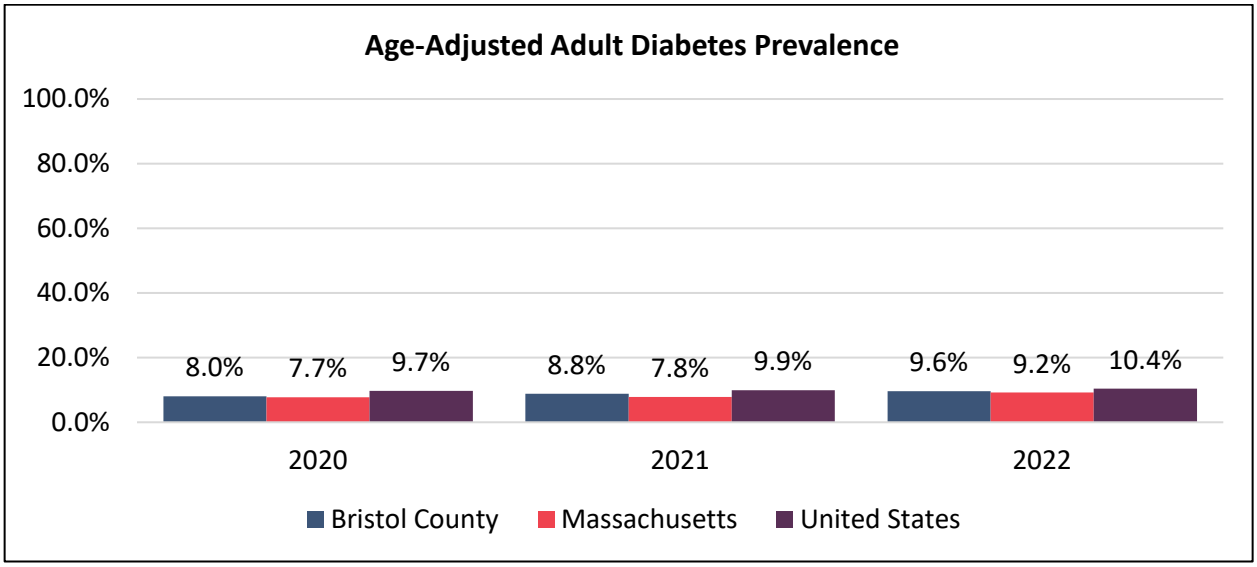
Concerted efforts to address increasing behavioral health needs have led to progress in improving community awareness and access to services. Health and human service professionals named the following successes within the region:

- Collaboration between behavioral health partners, including the Opiate Task Force
- Mental health awareness and stigma reduction
- More mental health trainings available in the community
- Expansion of mental health telehealth services
- Implementation of mental health hotline (988)
- Youth mental health programming (T.O.G.E.T.H.E.R., The T.R.U.E. Collective, The Kacie Project)

Chronic Diseases: Leading Causes of Death and Disease

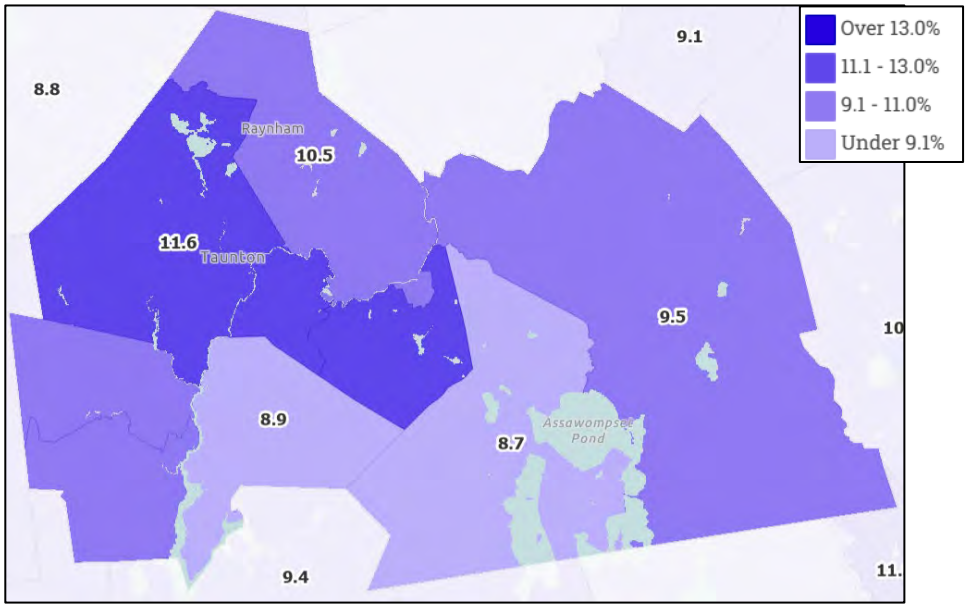
The following section focuses on the leading causes of disease burden and death, and management and prevention efforts.

Diabetes and heart disease are among the top causes of death for residents. Consistent with the state and nation, the proportion of adults aged 18 or over in Bristol County that are diagnosed with diabetes has increased since 2020 to approximately 1 in 10 adults. Diabetes prevalence is higher in and around Taunton (12%). Across Bristol County, 28.3% of adults have high blood pressure and 32.1% have high cholesterol.



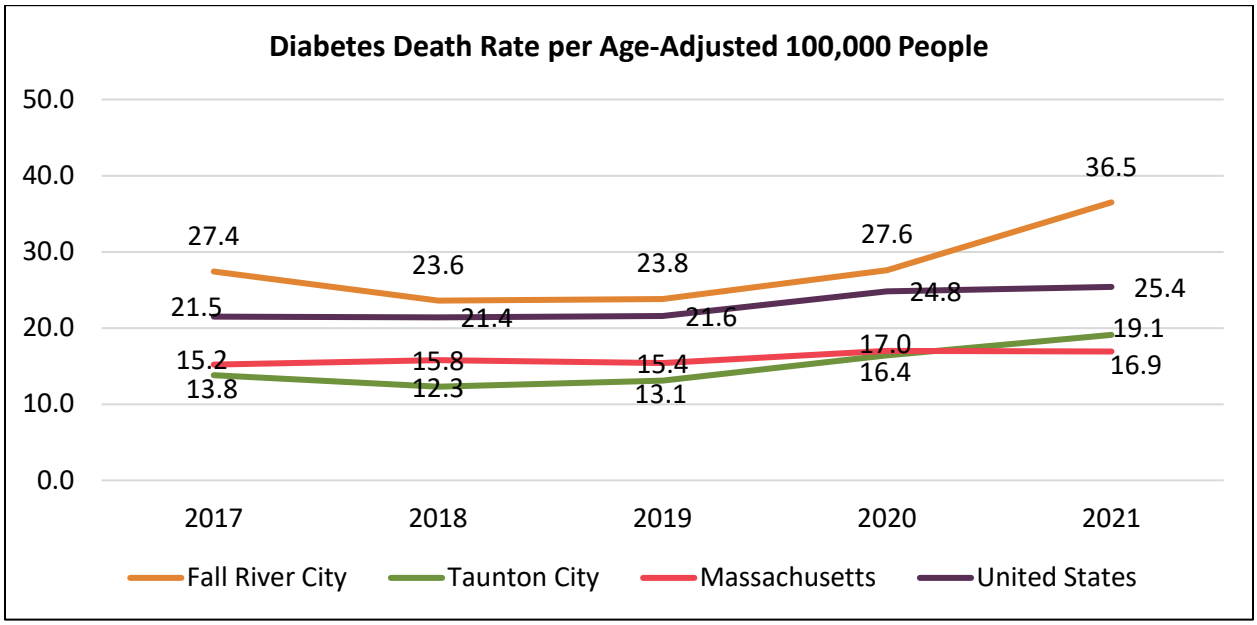
Source: Centers for Disease Control and Prevention

2022 Adults with Diabetes by Zip Code

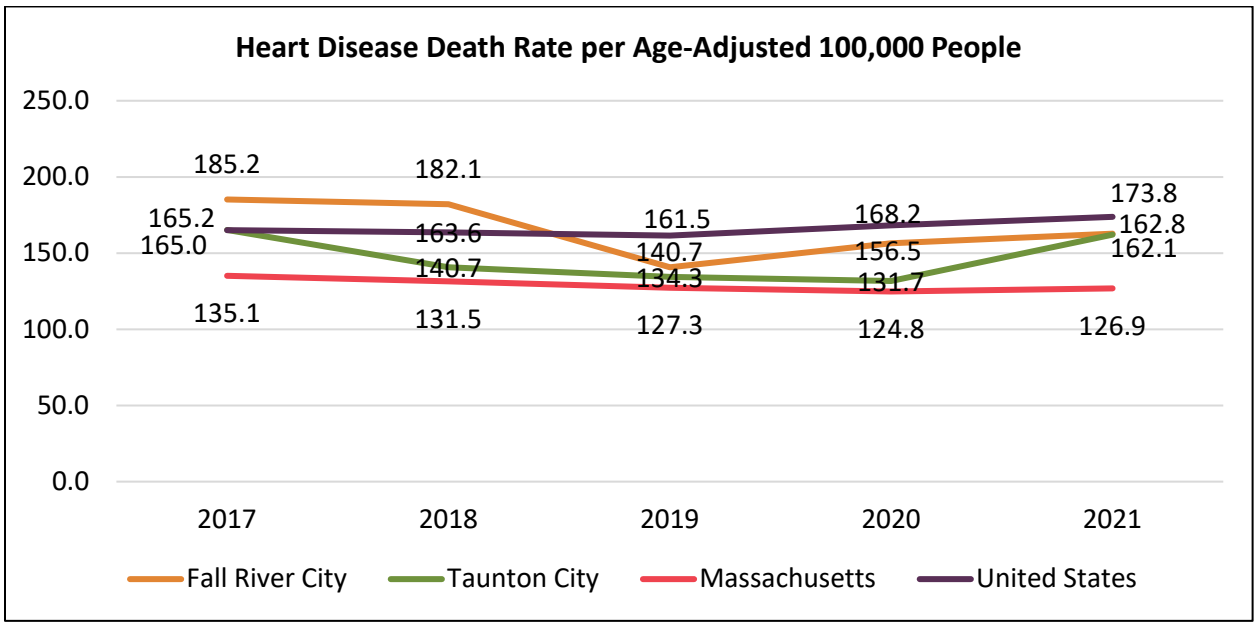


Source: Centers for Disease Control and Prevention

Taunton saw an increase in deaths due to diabetes and heart disease in 2020 and 2021, likely due in part to gaps in timely and adequate care during the pandemic. Death rates for these conditions are historically similar to statewide death rates, although a notable increase in heart disease deaths in 2021 should continue to be monitored.

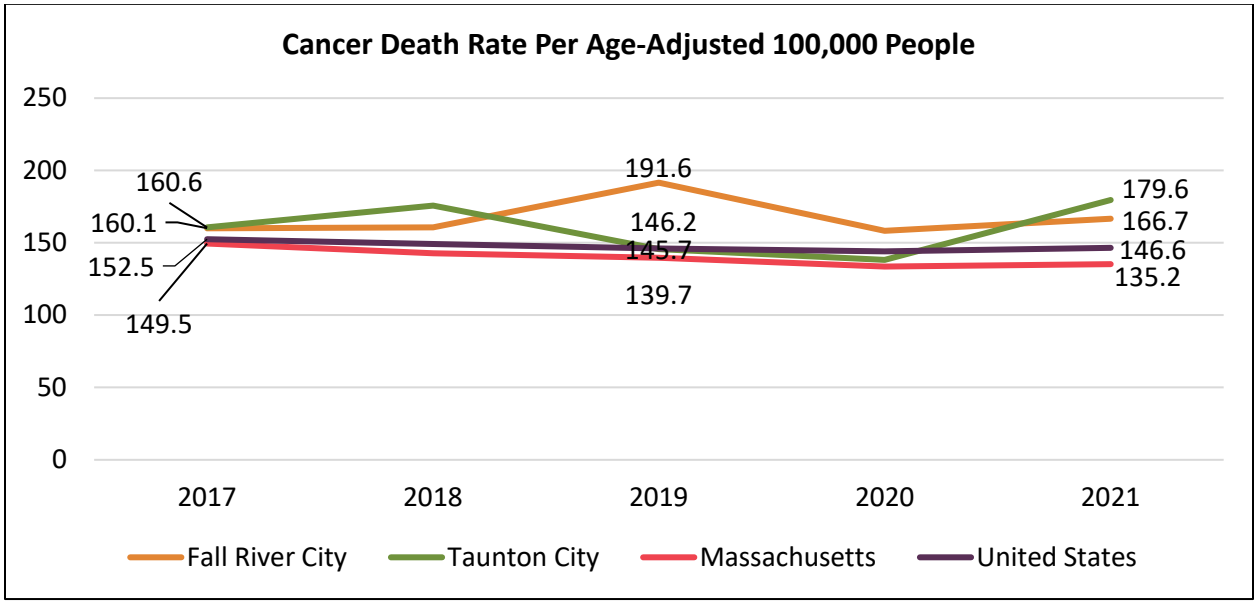


Source: Massachusetts Department of Public Health & Centers for Disease Control and Prevention

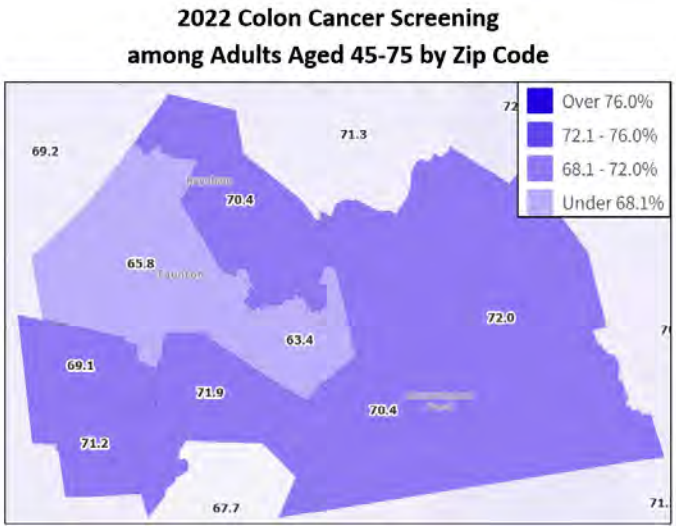


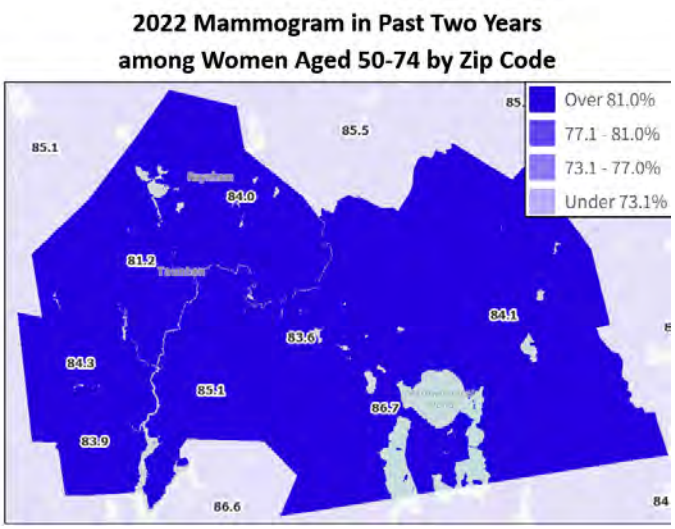
Source: Massachusetts Department of Public Health & Centers for Disease Control and Prevention

Bristol County overall has a higher incidence of cancer than the state and nation but a similar rate of death, a finding that can often indicate better screenings practices for early detection and treatment. Consistent with diabetes and heart disease death rate trends, Taunton saw an increase in cancer deaths in 2021 that should continue to be monitored. Opportunities to improve preventive cancer screening rates, particularly for colon cancer, should also be explored.



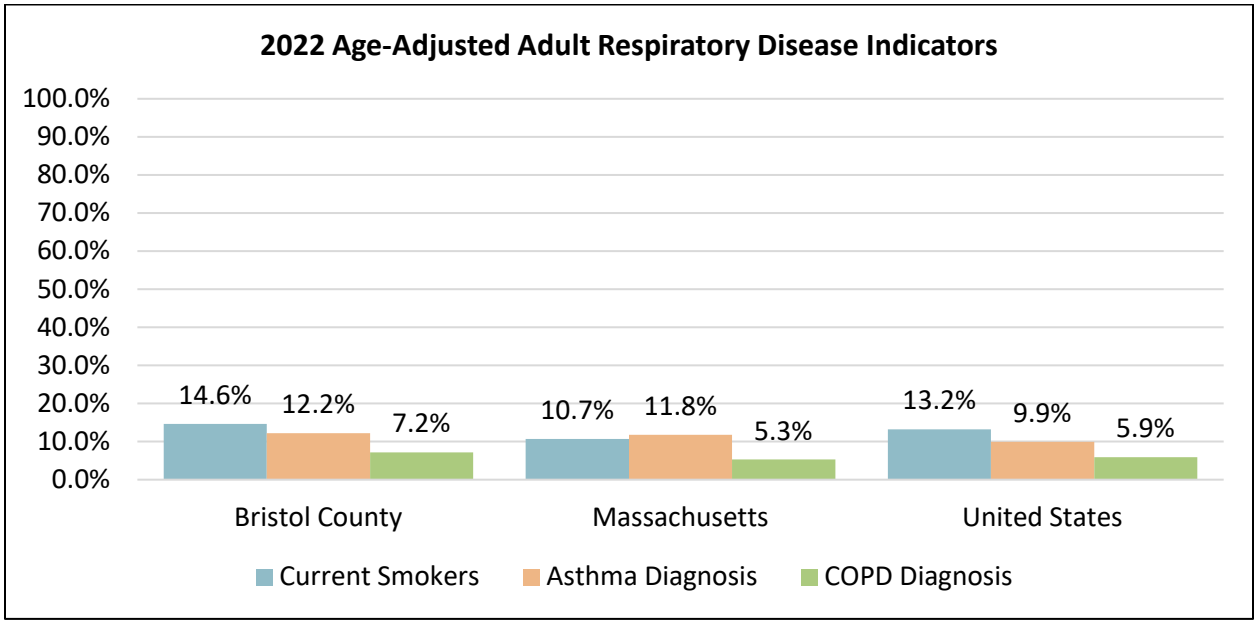
Source: Massachusetts Department of Public Health & Centers for Disease Control and Prevention





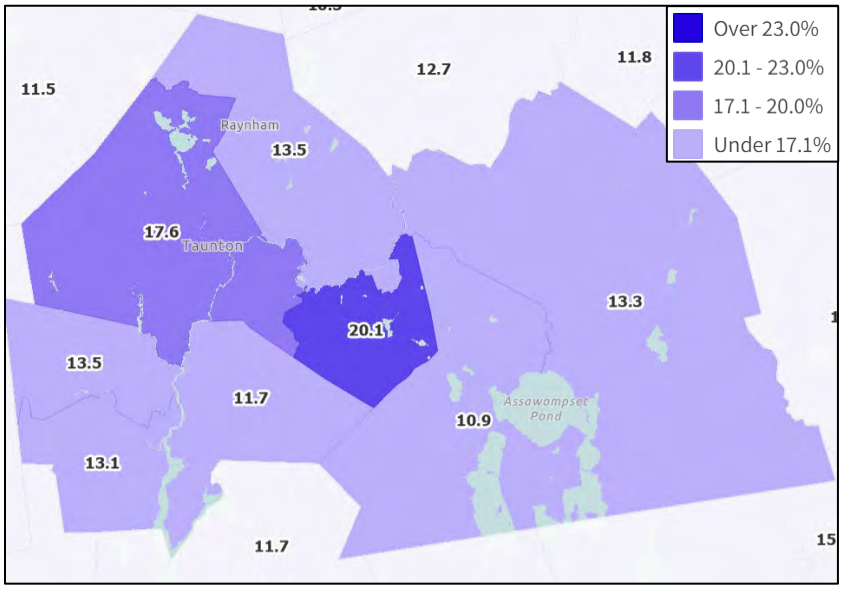
Source: Centers for Disease Control and Prevention

Traditional cigarette use (not including e-cigarettes, cigars, etc.) declined nationally over the last few decades but remains higher in Bristol County and Taunton. Approximately 18%-20% of Taunton adults reported smoking in 2022 compared to 11% of adults statewide. Tobacco use has been associated with wide-ranging negative impacts on other health and wellbeing issues, including respiratory disease. Bristol County overall has a higher prevalence of asthma and chronic obstructive pulmonary disorder (COPD) than the state and nation.



Source: Centers for Disease Control and Prevention

2022 Adult Smoking Prevalence by Zip Code



Source: Centers for Disease Control and Prevention

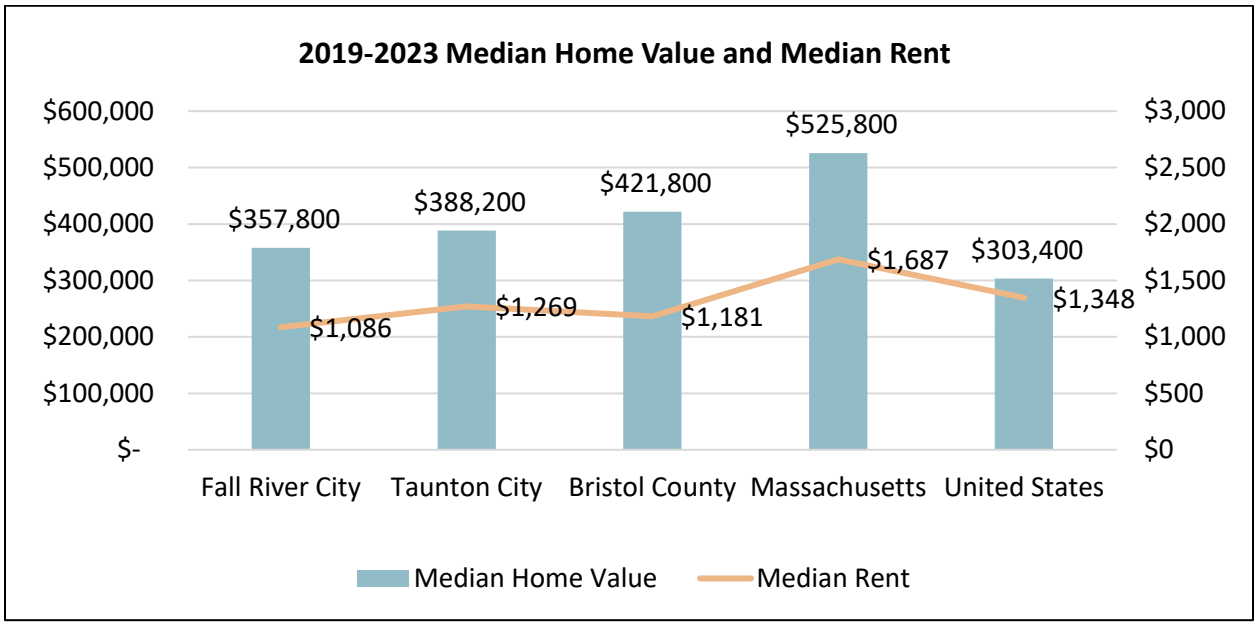
Housing

Nearly 65% of Key Stakeholder Survey participants rated housing affordability and availability as "poor." Participant feedback highlighted national concerns for rising housing prices and a shortage of affordable housing. The new South Coast Rail project that brought commuter rail service to Taunton is anticipated to intensify these issues, increasing the area's population and demand for housing.

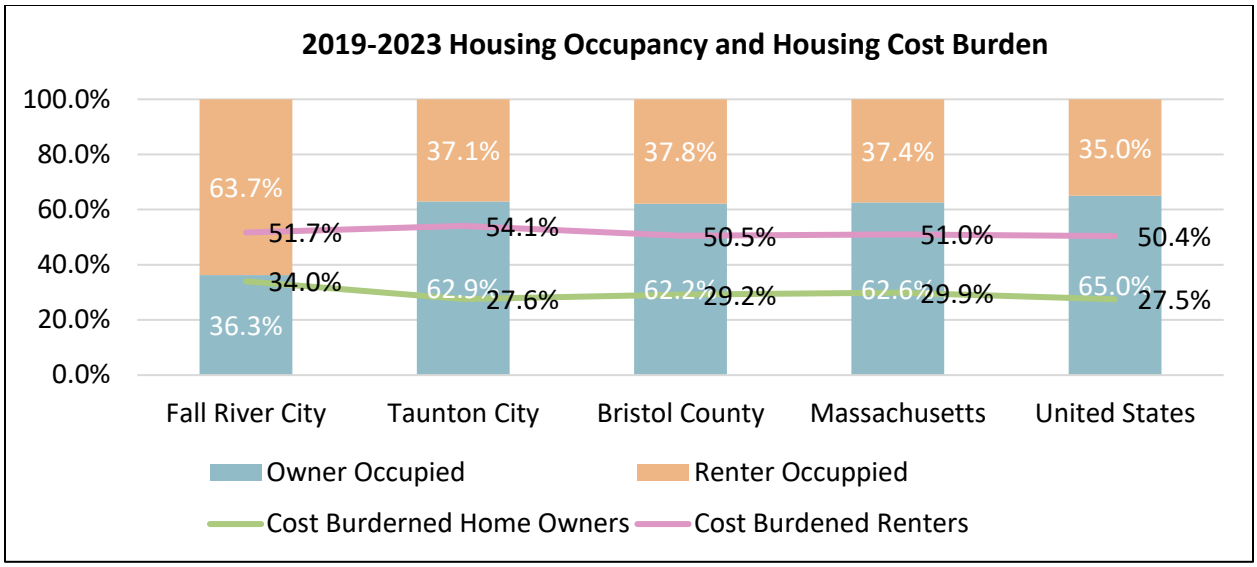
> *"Housing continues to be a challenge and will need state and federal resources to help support local city efforts."*
>
> *"[Lack of affordable housing] Will get worse when [the commuter train] opens."*

The impact of housing insecurity has been wide-ranging for the community. Health and human service professionals shared that households are "doubling up" to share costs, often with the consequence of overcrowded housing. More children experience homelessness and live in shelters. There are more incidents of domestic violence resulting from economic stress, as well as more foreclosures.

Housing costs have increased statewide and nationally. In Bristol County, median home value rose 24% from 2020 to 2023 and median rent rose 26%. Home prices are lower in Taunton, but residents, particularly renters, are more likely to experience housing cost burden, spending 30% or more of their household income on mortgage or rent expenses alone. Approximately 28% of Taunton homeowners and 54% of renters are cost burdened by housing expenses.



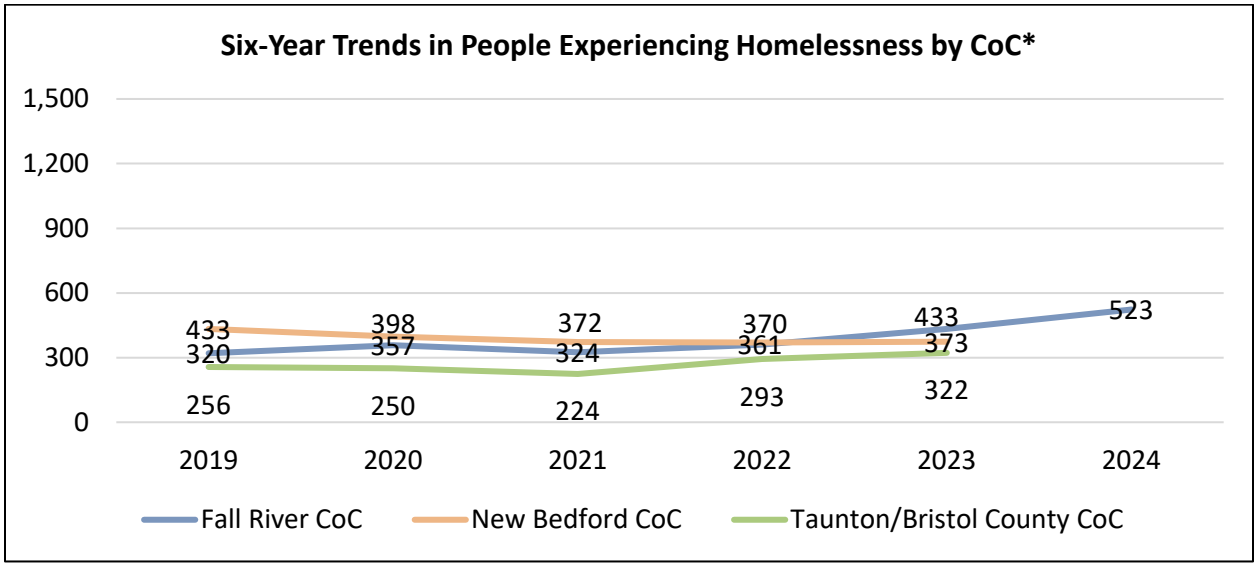
Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

Rising housing costs have contributed to more people experiencing homelessness. The Point-in-Time (PIT) count is a nationwide count of sheltered and unsheltered people experiencing homelessness. The count is conducted by a Continuum of Care (CoC), a local planning body that coordinates housing and services for unhoused people. The most recent count conducted in 2024 found that there were more than 29,000 unhoused Massachusetts residents, a 53% increase from 2023. The number of unhoused people in the Taunton CoC also increased through 2023.

Populations placed at risk for homelessness include households with low income, people on fixed incomes (e.g., older adults), immigrants, and people with behavioral health conditions. There is a need for long-term stable housing with integrated support services to assist these populations.



Source: US Department of Housing and Urban Development

*In 2024, the New Bedford and Taunton/Bristol County CoCs merged. Data trends for the combined geography will be reported moving forward.

Maternal and Child Health

Births have declined for most of the past decade, both nationally and in Massachusetts. National research suggests that the general decline in fertility is due to women delaying childbearing and having fewer total children. Taunton has a slightly higher birth rate than the state overall. Approximately 2.9% of Taunton births in 2022 were to teenagers aged 15-19 compared to 1.9% of births statewide and 3.9% of births nationally.

2022 All Births and Birth Rate per 1,000 Females Aged 15-44 Years Old

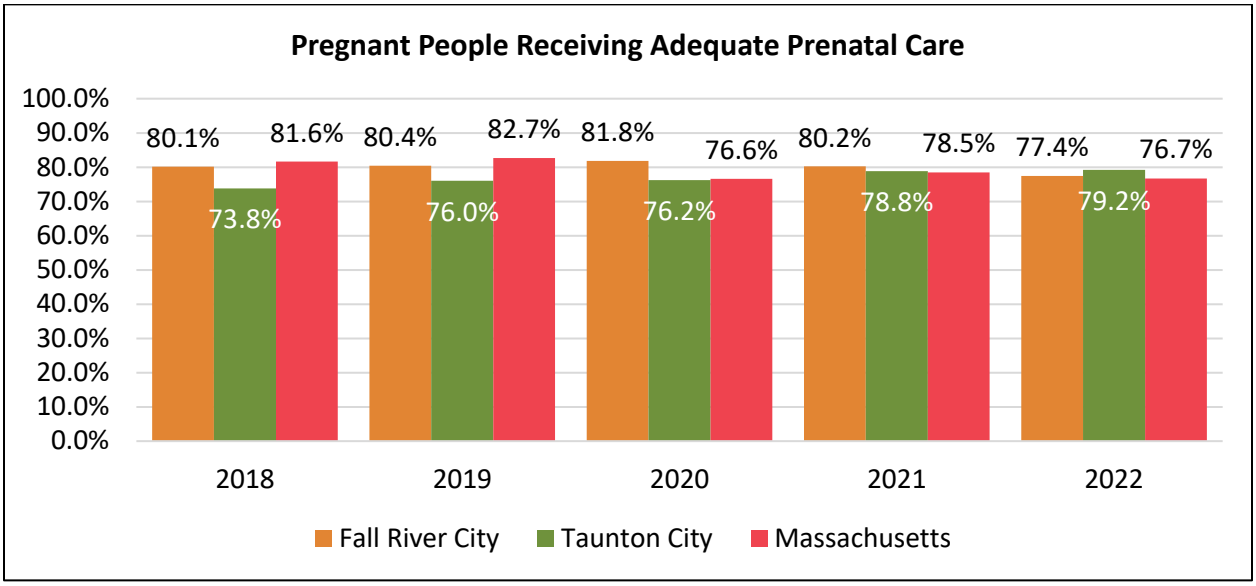
	Count	Birth Rate per 1,000
Fall River City	1,107	58.3
Taunton City	614	52.3
Bristol County	5,652	51.1
Massachusetts	68,579	48.2
United States	3,667,758	56.0

Source: Massachusetts Department of Public Health & Centers for Disease Control and Prevention

Access to prenatal care is essential for promoting a healthy pregnancy and delivery. In 2022, approximately 79% of people in Taunton received adequate and timely prenatal care, a higher proportion than the state overall and an increase of more than 5 percentage points from 2018.

While prenatal care access is higher for Taunton residents, some health and human service professionals were concerned that Morton Hospital no longer offers obstetrics, requiring patients to drive outside of their community for care and presenting access challenges.

> *"[Patients] are going 20/30 minutes outside or to Rhode Island for high risk [care]. It's not realistic."*

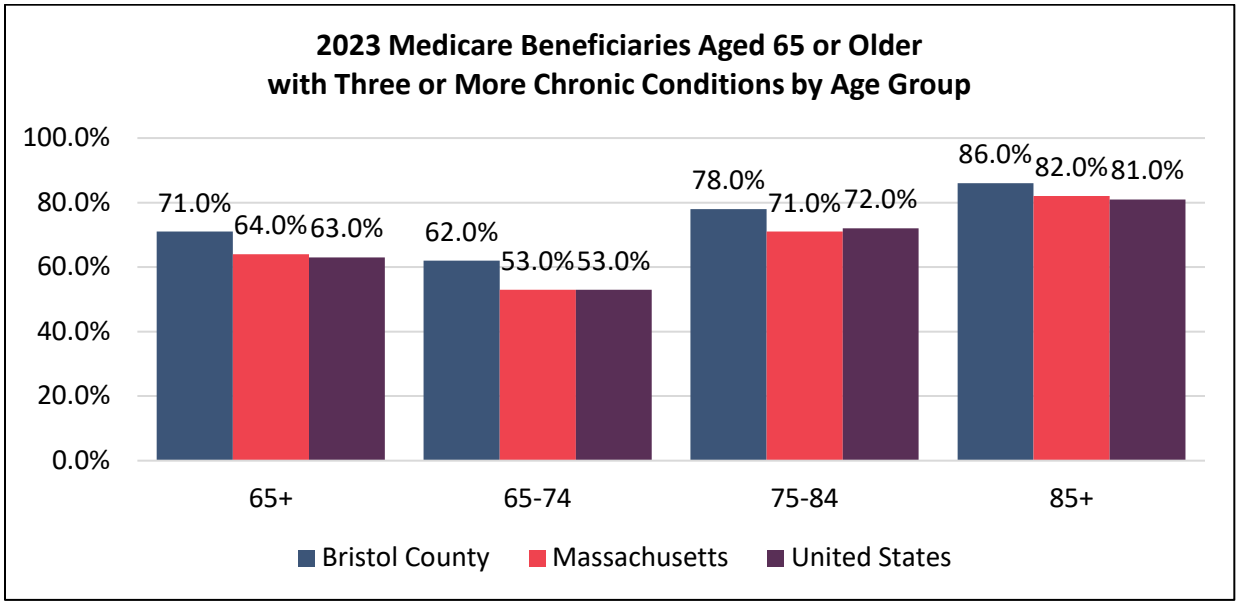


Source: Massachusetts Department of Public Health

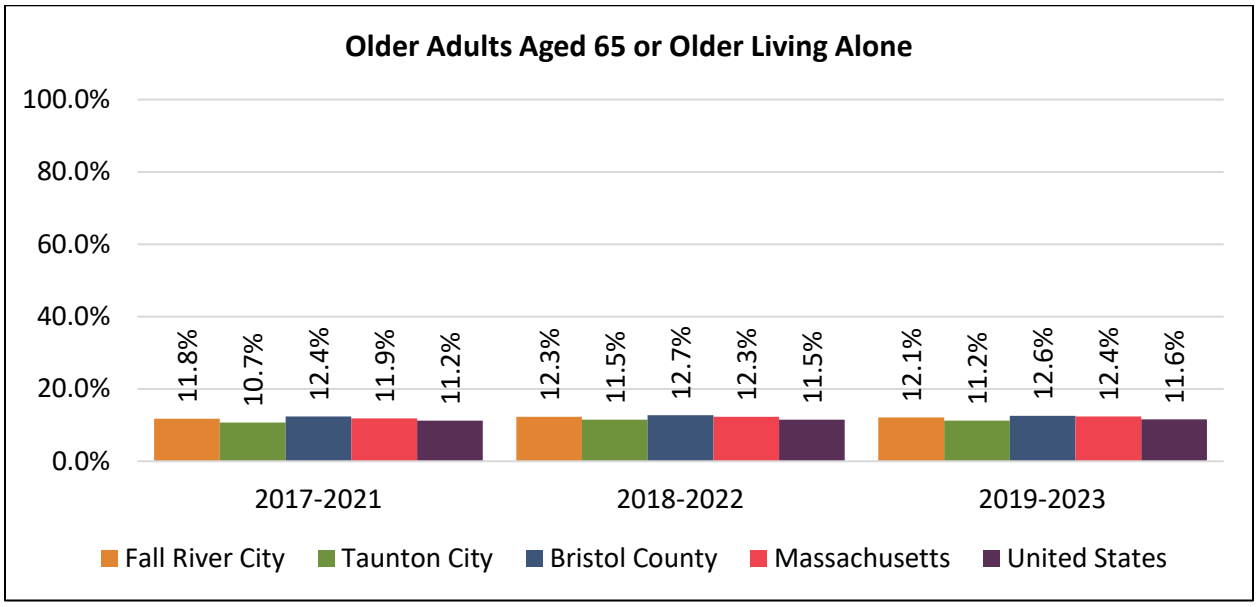
Older Adult Health and Wellbeing

Taunton is home to a younger population, but the number of older adults is increasing with reported growth of 22% from 2010 to 2023. Approximately 15% of Taunton residents are aged 65 or older.

Older adults are more at risk for chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation (e.g., living alone), and access barriers (e.g., digital literacy, transportation). In 2023, 71% of Bristol County Medicare beneficiaries aged 65 or older managed three or more chronic conditions, most commonly high cholesterol (77%), high blood pressure (73%), rheumatoid arthritis (38%), diabetes (28%), and depression (21%).



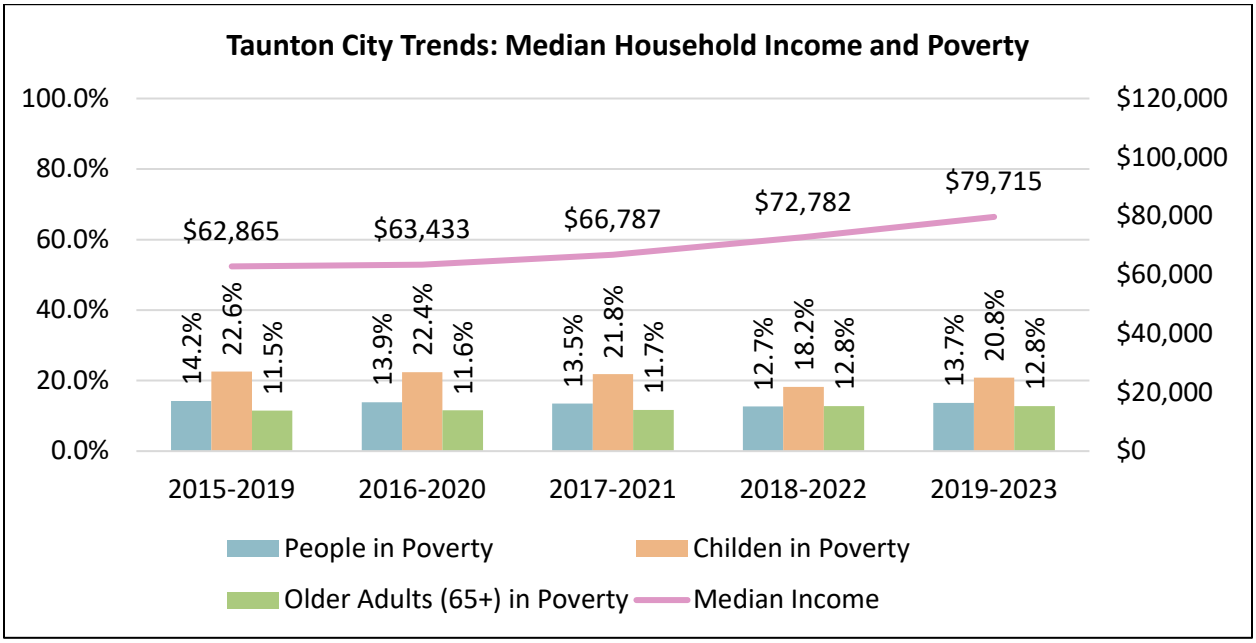
Source: Centers for Medicare and Medicaid Services



Source: US Census Bureau, American Community Survey

Older adults typically live on a fixed income and have been disproportionately affected by the rising cost of living. Nearly 13% of older adults in Taunton live in poverty, an increase from prior years. More older adults were perceived to struggle with housing, food insecurity, transportation, and medication costs, among other concerns. Health and human service professionals shared concerns for lack of caregiver support for many older adults.

> *"The general population is getting older and having difficulties with food, housing etc. Teaching young adults how to prepare for this is key."*
>
> *"Transportation to and from office visits. I'm amazed by how little the patient knows about why they are visiting a doctor, have no idea where the doctor is located, and arrives alone with no one to support them."*
>
> *"I often wonder what the elderly do when they need assistance with health problems. Who will help them navigate through their difficulties?"*



Source: US Census Bureau, American Community Survey

Our Response to The Community's Needs

In 2022, Morton Hospital conducted a similar CHNA and developed a supporting three-year Community Health Improvement Plan/community health benefits plan. Based on the CHNA findings, Morton Hospital leadership identified three priority areas:

- Mental and Behavioral Health
- Substance Use Disorder
- Obesity

Morton Hospital invested in internal population health management strategies and partnered with diverse community agencies across the region to fund programs and initiatives aimed at addressing the identified priority areas. The system measured contributions and community impact from these investments, most recently for 2023, and as outlined in the following sections.

Community Investment:

Morton Hospital maintained deep involvement within the community, serving on various boards and committees, as well as providing more than $75,000 in sponsorships and donations to community organizations to support capacity building and other important health and wellness related strategies.

Morton Hospital enhanced its focus on initiatives related to our key community benefits priorities, particularly: substance use disorder support, mental health support, improving access to care, unemployment support, and educational advancement and support.

Substance Use Disorder and Mental Health Support:

In 2023 Morton Hospital expanded and strengthened our collaborations with key community agencies aimed at crisis intervention and coordination of resources for our community's most vulnerable populations. We accomplished this by:

1. Maintaining a robust crisis team (consisting of Behavioral Health Navigators, our Emergency Department Director, our Psychiatry specialists, Nursing, our Patient Advocate and the Supervisor of the Community Counseling of Bristol County Community Support Program). This group reviews all crisis patients daily to identify opportunities for follow-up care and mitigate barriers to discharge placement. Behavioral Health Navigators completed a total of 3,315 crisis consults at Morton Hospital in 2023.
2. Enhancing our partnership with the Recovery from Addictions Program (RAP) at Taunton State Hospital, a program dedicated to treating individuals who have been involuntarily court ordered to be civilly committed for an alcohol or substance use disorder. Morton Hospital works with the RAP leadership team to medically stabilize these patients who present to the hospital's ED for return back to the program, or refer them for inpatient psychiatric care.
3. Joining and participating on the Community Crisis Intervention Team (CCIT), a collaborative community partnership of public and private agencies committed to assisting at risk individuals who are mentally ill, developmentally disabled, or experiencing trauma in their lives.

Representatives from Morton Hospital, local law enforcement agencies, district court, Community Counseling of Bristol County (CCBC), behavioral healthcare facilities, DCF, DMH, DDS, local schools, and other agencies meet monthly to share specific concerns about the most vulnerable populations in the community and develop strategies for interventions.

4. Partnering with CCBC to identify high utilizing behavioral health patients who would benefit from CCBC's Community Support Services.
5. Joining and participating on the Taunton Opioid Advisory Committee, a joint effort with the City of Taunton and other agencies to develop initiatives to combat opioid and substance abuse.
6. Implementing a new High Utilization Initiative with CCBC aimed at identifying high ED utilizers to identify patient needs and refer to appropriate community support programs and services.

In 2023, we also welcomed a new mid-level provider to our Department of Psychiatry and Behavioral Health to support the demand for outpatient psychiatry services, as well as a mid-level provider to a full-time role supporting our MORCAP Substance Use Disorder Treatment Unit.

Improving Access to Care:

Morton Hospital worked to expand its primary care base with new primary care providers. In addition, specialists were added in the areas of medical oncology/hematology, adult urgent care, general and bariatric surgery, medical weight loss, and orthopedic surgery.

Additionally, the hospital expanded its patient financial counseling services in 2023, adding additional team members to support efforts to secure health insurance coverage for patients and community members. The team currently includes one counselor who works with community members on insurance enrollment, and three counselors who work with patients on insurance enrollment, payment plans and other billing support.

Unemployment Support:

Efforts to recruit and employ new staff increased exponentially in 2023. The hospital grew its Human Resources Department, implemented new recruitment initiatives, and hosted a total of 17 hiring events throughout the year (compared to 13 events in 2022). A total of 340 new employees were hired at the hospital in 2023.

Educational Advancement & Support:

Our hospital leadership team collaborated with our union and community partners to develop and implement several training and development programs including:

- New Nurse Grad Residency Program (14 new grads completed the program)
- Nursing Clinical Rotations
- Phlebotomy Apprenticeship Program
- Radiology Preceptorships
- Nursing Preceptorships
- Nurse Practitioner Preceptorships
- Critical Care Residency Program (6 RNs were placed in positions in the Emergency Department and ICU)

We also continued multiple internship programs, including a medic internship program with 20-30 students participating annually; nursing preceptor programs in collaboration with multiple schools including Brockton Hospital School of Nursing, Northeastern, Regis, Salve Regina and Massachusetts College of Pharmacy and Health Sciences; and nursing student rotations from BayState College, Laboure College, and Bristol Community College.

Next Steps and Board Approval

Thank you to our community partners that provided guidance, expertise, and ongoing collaboration to inform the 2025 CHNA and foster collective impact in improving the health and wellbeing of Rhode Island residents.

Following approval from the Brown University Health Board of Directors, the CHNA report will be posted for public review on our website at https://www.brownhealth.org/centers-services/community-health-institute/reports-and-resources .

A full summary of secondary data findings for Rhode Island and its counties is also provided on the website and available to our community partners to serve as a resource for grant making, advocacy, and to support their many programs and services.

We value your input on our CHNA and the subsequent Community Health Improvement Plan. To contact us, please visit our website or contact Carrie Bridges, Vice President for Community Health at cbridges@brownhealth.org or 401-444-8009.

Appendix A: Secondary Data References

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Appendix B: Key Stakeholder Survey Participants

The following is a list of represented community organizations and the participants' respective title, as provided.

Organization	Title/Role
ACPE student at St. Anne Hospital, Fall River, MA	Chaplain-Student at St. Anne
Attleboro High School	Team Leader/ Early Intervention
Associates for Human Services	CEO
Associates for Human Services, Inc	Administrative Assistant
Associates of Human Services	Developmental Specialist
Bay Coast Behavioral	Clinical Director
Bay State Community Services (First Steps Together program)	Director of Admissions
Bayada Home Health Care	Sr. Marketing Manager
Boys & Girls Club of Fall River	Resource Development Director
Boys & Girls Club of Fall River	Director
Boys & Girls Club of Fall River	Executive Director
Boys & Girls Clubs of Metro South	Vice President & Chief Advancement Officer
Bristol Black Collective	Director
Bristol Community College	Adjunct Faculty
Bristol Community College	President
Bristol Elder Services Inc.	Nutrition Director
Bristol Fire Department	EMS Coordinator
C.M. Viveiros Elementary School	Nurse
Catholic Charities	Supervisor
Community Crisis Intervention Team	Coordinator
CFC Family Planning	Director of Reproductive Health Services
Child & Family Services	CEO
Child & Family Services	VP of Behavioral Health and Outreach Services
Child & Family Services, Inc.	VP of ACUTE CARE
Citizens for Citizens - Family Planning & Teen Pregnancy Prevention Programs	Health Educator/Counselor
City of Fall River	Youth Services Coordinator
City of Fall River	Head Administrative Clerk
City of Taunton	Chief of Staff
City of Taunton	City Councilor
City of Taunton	Councilor
Community Counseling of Bristol County	Director of Emergency Services
Cooperative Production	Cooperative Production
Correctional Psychiatric Services	Health Service Administrator
Cranberry Country Chamber of Commerce	Business Manager
Department of Developmental Services	Area Office Psychologist
Department of Mental Health Recovery from Addictions Program	DMH RAP
Durfee High School	Teacher/Coach
Durfee High School	Physical Education Teacher
Durfee High School	School Nurse
Durfee High School	Health/PE Teacher

Organization	Title/Role
Fall River Board of Health	Member
Fall River EMS	Chief
Fall River Housing Authority	Resident Services Coordinator
Fall River Public School Schools	School Nurse
Fall River Public Schools	PE/ Health Teacher
Fall River Public Schools	Phys Ed Teacher
Fall River Public Schools	School Nurse
Fall River Public Schools	RN
Fall River Public Schools	School Nurse
Fall River Public Schools	School Nurse
Fall River Public Schools	RN, BSN School Nurse
Fall River Public Schools	Registered Nurse
Fall River Public Schools	Nurse
Fall River Public Schools	Nurse
Fall River Public Schools	Nurse
Fall River Public Schools	School Nurse
Fall River Public Schools	Registered Nurse
Fall River Public Schools	School Nurse
Fall River Public Schools	Register Nurse
Fall River School Department	Teacher
Fall River School Department	School Nurse
Fall River Schools	School Nurse
Fall River WIC	Community & Family Support Coordinator
Family Resource Center	Program Manager
Family Service Association	Clinical Supervisor
Fall River Public Schools	Physical Education and Health Teacher
Fall River Public Schools	Co-op Coordinator -Durfee
Greater Fall River Community Food Pantry	Vice President
Greater Fall River Community Food Pantry	President
Head Start	Health Specialist
HealthFirst Family Care Center Inc.	Primary care provider- Pediatric Nurse Practitioner
HealthFirst Family Care Center Inc.	Family Nurse Practitioner
HealthFirst Family Care Center Inc.	Chief Executive Officer
HealthFirst Family Care Center Inc.	Physician
Hoye Family Medicine	Physician
John J. Doran School	School Nurse
Joseph Case High School	Director of Guidance
Justice Resource Institute	LICSW
Life Care Center of Raynham	Admissions Director
Life Care Center of West Bridgewater	Program Coordinator
Little Compton Fire Department	Little Compton FD
MA Trial Court	Specialty Court Program Coordinator
Mentor South Bay	Clinical supervisor
Morton	Board Member
Morton Hospital	Clinician
Morton Hospital MORCAP MAT	Physician Assistant
Morton Hospital/Brown Medical Group	MD

Organization	Title/Role
Nemasket Healthcare Center	Nemasket Healthcare Center
New York Life (LGBT)	Financial Professional
Old Colony YMCA - Taunton Branch	Executive Director
Parent Info Network	Ed Resource Coordinator
Pathway to Recovery LLC	Owner/PMHNP, CARN-AP, FNP
Patient and Family Advisory Council	Member
Patient and Family Advisory Council	Member
Police	Patrolman
Patient Protection Advisory Council	Patient
Regalcare at Taunton	Director of Admissions
Revere Medical	Physician
Saint Anne’s Hospital	Chaplain
Saint Anne's Hospital	Administrative Director Community Health Benefits/Equity
Saint Anne's Hospital	Spiritual Care
Saint Anne's Hospital	Member, Patient & Family Advisory Committee
Saint Vincent's Young Parent Living Program	Program Manager
Ser Jobs for Progress, Inc	Instructor
SER-Jobs	Adult Educator
Southcoast Health	Nurse
Southeastern Massachusetts SER-Jobs for Progress, Inc	Executive Director
Southeastern Massachusetts SER-JOBS for Progress, Inc.	Southeastern Massachusetts SER-JOBS for Progress, Inc.
SSTAR Addiction Treatment Center	Health Center Director
SSTAR Addiction Treatment Center	Clinical Trainer
St. Anne’s Hospital	Spiritual Care Chaplain
St. Anne’s Hospital	Chaplain
St. Anne’s Hospital	PFAC Member
St Anne's Hospital- PFAC	Patient/Family Member
Stanley Street Treatment and Resources	Assistant Director HR
Stanley Street Treatment and Resources	Program Manager
Stanley Street Treatment and Resources (SSTAR)	Prevention Coordinator
Steppingstone Inc.	Direct Care
Steppingstone Inc.	Steppingstone Inc.
Steppingstone, Inc.	Clinical Director of Behavioral Health
Taunton Area Community Table	Executive Director
Taunton Police Department	Co-response Clinician
Taunton Public School	RN
Taunton Public Schools	School Nurse (RN)
Taunton Public Schools	School Nurse, Previously Nurse at Morton Hospital
Taunton Public Schools	District Nurse Manager, Taunton Public schools
Taunton Public Schools	Director of Student Services
The Arc of Bristol County	Family Support Center Outreach Coordinator
The Children's Advocacy Center of Bristol County, a program of JRI	Co-Executive Director
The Key Program	Director of Agency Clinical Services
The Marion Institute	Program Manager
Thomas Chew Memorial Boys and Girls Club	Licensed School Age Childcare Director
Thomas Chew Memorial Boys and Girls Club	Teen Director

Organization	Title/Role
Town of Westport Board of Health	Town of Westport BOH member
Triumph, Inc. Head Start	Parent & Community Outreach Coordinator
United Neighbors	Executive Director
Women Infant and Children	Community Coordinator

Appendix C: Partner Forum Participants

The following is a list of community representatives and their respective organization, as provided.

Organization	Name
AccentCare	Julie Livingston
AccentCare	Robin Maguire
Boys and Girls Club of Metro South	Monica Lombardo
Bristol County Savings Bank	Rick Clark
City of Taunton	Barry Sanders
Community Counseling of Bristol County	Angela Clark
Community Crisis Intervention Team	Bill McAndrew
Community Member	Marilyn Greene
Comprehensive Recovery Services	Deb Jezard
Department of Human Services	Marc Dunderdale
Downtown Taunton Foundation	Eileen Kelleher
Girls Inc.	Jessica Johnstone Darling
Life Care Center of W. Bridgewater	Jennifer Sousa
Manet Community Health Center	Sandra McGunigle
Nextstep Healthcare (Wedgemere)	Jarrett Dozier
Nextstep Healthcare (Wedgemere)	Sonia Hansmann
Old Colony Y Taunton	Sean Morrissey
Our Daily Bread Meal and Resource Center	Maribeth Ferreira
People Incorporated	Megan Stirk
RegalCare	Nicole Goodwin
Ride22	Kim Jones
Ride22	Paul Jones
Taunton Board of Health	Danielle Gurgel
Taunton Diversity Network	April Funches
Triumph Inc.	Rita Celia
TRUE Diversity	Tanya Lobo