RWJF Culture of Health
Sentinel Community Snapshot:

Danvers, Massachusetts
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ABOUT THIS REPORT

The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

A midsized town of 27,000 near the picturesque northeastern coast of Massachusetts, Danvers is just 20 miles from Boston, New England’s largest city. Incorporated in 1757, Danvers figured in important moments in Colonial American history. For example, the town, formerly known as Salem Village, was the site of the Salem witch trials. It was also the birthplace of American Revolutionary War hero Israel Putnam, who led the Battle of Bunker Hill.

Like other Massachusetts communities, Danvers enjoys a certain degree of autonomy through its form of town government and state home rule, which in turn contribute to a culture of citizen engagement.

A SOLID ECONOMY

Originally a farming community, Danvers’ industrial base shifted to shoe manufacturing in the late 19th and early 20th centuries. Today, skilled manufacturing plays an important role in the local economy, with the global lighting manufacturer Osram Sylvania employing 900 people, making it Danvers’ largest employer. Health care and education also figure prominently in Danvers’ employment—Lahey North Shore, VNA North Shore, and Hospice of the North Shore are major employers, as is North Shore Community College. In 2015, Danvers’ unemployment rate was just 3.6 percent, compared with Massachusetts’ state average of 4.9 percent.

Residents of Danvers are generally prosperous. Many are highly educated, reflecting eastern Massachusetts’ confluence of high technology, education, and health care. Compared with the national average, a greater percentage of Danvers’ residents hold a bachelor’s
degree, and Danvers’ residents earn a higher median income compared with the state and the nation (Figures 1 and 2). Although Danvers is overwhelmingly white (more than 90%), educational attainment and median income among minority populations living in Danvers exceed state and national averages for these populations.8

**A HEALTHY ENVIRONMENT**

Danvers’ town government offers many opportunities for citizen input and participation. Elections are held annually, when nearly 150 town meeting members are elected to three-year terms on a rolling basis; volunteers also serve on a range of boards and commissions.7 Massachusetts is one of 10 “home rule” states, which creates a degree of local autonomy for cities, towns, villages, and municipalities and limits state control over some local matters.8,9

This environment, coupled with an informed and engaged population and a statewide progressive health tradition, has contributed to successful efforts to improve health and well-being. For example, Danvers banned smoking in hospitals and in public places in 1995, a decade before Massachusetts enacted similar legislation.10 A strong tradition of citizen participation may help Danvers in efforts to address complex social and health challenges outside the immediate community, including homelessness and opioid abuse.

**STRONG HEALTH INDICATORS AND COVERAGE**

Health indicators for Danvers residents often exceed state and national averages. On average, 21 percent of adults are obese10 compared with 24 percent of Massachusetts residents and30 percent of U.S. adults.13 Similarly, youth have significantly lower obesity rates. A 2014 study of public school students found that 27 percent of youth in Danvers were either overweight or obese, compared with 31 percent for the state.14

Residents also enjoy nearly universal (98%) health insurance coverage and access to health providers.4 Massachusetts enacted a comprehensive health reform law in 2006 that expanded Medicaid coverage for low-income residents and made state-subsidized private health insurance available for residents who did not qualify for Medicaid. In 2010, before the enactment of the Affordable Care Act, portions of which were modeled on the Massachusetts law, uninsured rates in the United States exceeded 14 percent, compared with 6 percent for Massachusetts.8

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**Coalitions Maintain Community Health**

**REGULATIONS IMPROVING HEALTH OF YOUTH**

Local initiatives to improve public health, wellness, and access to physical activity underscore Danvers’ responsiveness to community input.

In 2015, with support from DanversCARES, a community-based coalition that supports school-based health and physical education efforts, the Danvers Board of Health raised the age to purchase tobacco products, including e-cigarettes, from 18 to 21. Seven youth leaders testified at Danvers town meetings in support of the rule raising the age to purchase tobacco products. The Board also banned sales of these products at health care and educational institutions and at retailers with pharmacies.15 Formed in the mid-1990s, DanversCARES is sponsored by the Danvers public school department and is funded by state and federal grants and local donations.16 Organizations that participate in DanversCARES include local schools and government, police, faith-based organizations, and businesses.

In 2014, Danvers was the first community in Massachusetts to restrict tanning salons to people ages 18 or older. The rule was developed in response to a growing incidence of skin cancer among local teens and to the link between the use of tanning beds and a higher risk of skin cancer. Health inspectors in Danvers and surrounding communities have formed the North Shore Community Health Network to promote sun safety and reduce skin cancer.17,18

**COMMUNITY WALKING AND BIKING TRAIL**

Following a historic rail line that once carried passengers from Danvers to Boston, the five-mile Danvers Rail Trail today is used for walking, biking, and running. Federal funds supported its construction, but the community has developed creative approaches to support its maintenance. More than 60 local businesses contribute to maintaining a portion of the trail, and sales of beverages that bear the Danvers Rail Trail name are sold throughout the community and support its maintenance.19

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**FIGURE 1. PERCENTAGE WITH BACHELOR’S DEGREES BY RACE/ETHNICITY IN DANVERS, COMPARED WITH MASSACHUSETTS AND THE UNITED STATES**

SUPPORTING HOMELESS FAMILIES AND YOUTH

Under the only law of its kind in the nation, Massachusetts guarantees emergency housing assistance to eligible homeless families. In 2014, Danvers provided housing for 180 families at three area motels, approximately 8 percent of the 2,100 families in the state who live in motel housing. As part of the state’s right-to-shelter law, the state contracts with motels located along Danvers’ Route 1 to provide housing to homeless families once the state’s 2,500 shelter units are occupied. The law has sparked criticism by Danvers residents, who say that they have borne a heavy burden in housing homeless families, pointing to crime occurring in and near the motels, poor living conditions inside the motels, and costs associated with providing bus transportation to schools for children who live in motels.

Because of the controversy associated with the law and concern about well-being for families and children, the state has used intensive case management to reduce the number of homeless families living in motels. By the end of 2015, the number of families housed in Danvers motels dropped to 98, compared with 162 families in mid-2015. Because of the decline in families living in motels, Danvers has ended its eight-week summer day camp, funded by state and local donors, known as Project Sunshine. The program ran for five years and provided meals, recreation, and field trips for school-age children. A similar program is available for 2016 through the Danvers recreation department.

Responding to County’s Opioid Crisis

Danvers’ assets of high employment, education, and access to health care do not insulate it from complex issues like the growing epidemic of opioid overuse and addiction. In Essex County, in which Danvers is located, unintentional deaths from opioid overdose increased from 48 in 2010 to 146 in 2014. Essex County now has the fourth highest number of opioid-related deaths in the state.

To address the problem, Danvers is a member of the Massachusetts Opioid Abuse Prevention Collaborative, a state health department–funded regional collaboration with the neighboring towns of Gloucester and Beverly. Partners include DanversCARES, Healthy Gloucester Collaborative, and Be Healthy Beverly. Examples of its work include the following:

- Educating the local police force, which now has immediate access to nasal Narcan, an opiate antidote.
- Updating Danvers public school policy to allow school nurses to stock Narcan for use as an emergency medicine.
- Co-sponsoring training for medical providers and prescribers on proper ways to obtain opiate pain medication.
- Partnering with the CVS pharmacy chain’s community outreach program to provide lectures to Danvers high school students on prescription drug safety.
- Hosting a weeklong summer youth program with students from Danvers, Beverly, and Gloucester in 2014 that resulted in an outreach campaign called “Defy the Opi-Odds,” which included resource cards, bookmarks, and a roadside billboard in Danvers.
Can Engagement Address Challenges?

Danvers’ history of civic engagement has produced successes in promoting public health and well-being. Additional surveillance, data and information gathering, analysis, and reporting will examine the extent to which community engagement can be successfully applied to more complex health challenges, such as homelessness and addiction. The following questions provide opportunities for further exploration:

- To what extent have challenges evident in surrounding communities, such as opioid overdose, affected residents of Danvers? To what extent have established community groups, such as DanversCARES, developed a response?

- What impact has the collaboration between Danvers, Gloucester, and Beverly had on reducing the rate of unintentional deaths from opioid overdose? Which initiatives have been particularly successful?

- How successful have the recent rules been to raise the legal age of tobacco purchase to 21 and restrict use of tanning beds to ages 18 and over? What levels of enforcement have been required?

- With the reduction in homeless families living in area motels, has Danvers addressed some of the social and economic challenges of the area’s homeless or near-homeless populations? To what extent have local or regional efforts emerged to find affordable housing or employment for these residents?
References