Mass General Brigham
Cooley Dickinson Hospital

2025

Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

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

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

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

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

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Chief Community Health and Health Equity Officer
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Berkshire Regional Planning Commission


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Acknowledgments

The western Massachusetts region is unique in that the Coalition of Western Massachusetts Hospitals/Insurer collaborate to understand the region's community health needs and work together with many key organizations to create these reports and then act on collaborative strategies to address needs as resources are available. Thanks to all the organizations and people that created this report including:

- Public Health Institute of Western Massachusetts (PHIWM).
- Coalition of Western Massachusetts Hospitals and Insurer, especially Cooley Dickinson Hospital and its Healthy Communities Committee.
- Community representatives of the Regional Advisory Council (see Appendix A for the full list of participants).
- Everyone who participated in interviews and focus groups for this series of Community Health Needs Assessment (CHNA) reports (see Appendix B for the full list of interview and focus group participants).
- Consultant Team members from Collaborative for Educational Services, the lead author for this report, Berkshire Regional Planning Commission, and Franklin Regional Council of Governments.
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1. Executive Summary

a. Introduction and Background

Cooley Dickinson Hospital (CDH), located in Northampton, Massachusetts, is a member of Mass General Brigham healthcare system. Most of the service area is in Hampshire County and it serves about 136,000 residents. Nearly 70% of the people residing in the service area live in the larger towns or cities of Amherst, Northampton, Easthampton, and Belchertown, which all have populations of more than 15,000. The remaining residents live in smaller rural towns in Hampshire and Franklin counties. This assessment focuses mostly on Hampshire County data, with town-level and rural cluster data when available (see Appendix C for more details on the Cooley Dickinson service area population).

b. Regional Collaboratives

The **Coalition of Western Massachusetts Hospitals/Insurer** ("the Coalition") is a partnership formed in 2012 among nonprofit hospitals and insurers in the region and currently includes Cooley Dickinson Hospital, Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Mercy Medical Center, Holyoke Medical Center, Berkshire Health System, and Health New England. The Coalition members shared resources and partnered to conduct their **2025 Community Health Needs Assessment (CHNA)** and to address regional needs, with the goal of improving health outcomes. Based on the findings of the CHNA, each hospital develops a health improvement plan to address select prioritized needs.

The Public Health Institute of Western Massachusetts conducted the 2025 CHNAs for the Coalition in partnership with a **consultant team** that included Berkshire Regional Planning Commission, Collaborative for Educational Services, Franklin Regional Council of Governments, and several independent consultants. Community leaders and residents across the region were also integral to the CHNA process, primarily through representation on the **Regional Advisory Council** (RAC), participation in interviews and focus groups, and involvement in community assessments and listening sessions conducted for other initiatives. You can learn more about the CHNAs, Coalition, RAC, and consultants, and see all the most recent reports here.

c. Regulatory Requirements

The federal Patient Protection and Affordable Care Act (PPACA) requires tax-exempt hospitals and insurers to conduct a CHNA every three years. Based on the findings of the CHNA and as required by law, each hospital develops a health improvement plan to address selected prioritized needs. The CHNA data also inform Community Health Improvement Plans (CHIPs) as well as many other community-based initiatives to achieve health equity.

d. Methods

The 2025 CHNA updates the prioritized community health needs identified in the 2022 CHNA[1] in three areas: the social and economic factors or "determinants" that influence health, barriers to healthcare access, and health behaviors and outcomes. Assessment methods include a literature review as well as quantitative and qualitative data collection and analysis.

Limitations

Given the limitations of time, resources, and available data, our analysis was not able to examine every health and community issue. Data for this assessment were drawn from many sources during fall 2024. Data and reports released after that point in time are not reflected in this CHNA. Each source has its own way of reporting data, and each has its own time lag in making data available, so it was not possible to maintain consistency in presenting data on every point in this assessment, or to reach the level of granularity and stratification of data at the local level that would be most desirable. In addition, when the number of cases of a particular characteristic or condition is small, it is usually withheld from public reports to protect confidentiality and because of estimate variability. The availability of data and the problem of small numbers affect the reporting of data by race and ethnicity in this assessment.

e. Target Population(s)

This regionwide research conducted by the Coalition of Western Massachusetts Hospitals/Insurer to support CHNA focuses on three populations:

- **Families with young children**, particularly those with low incomes and immigrant populations, with ongoing challenges in childcare, education, and healthcare access.
- **Adults 65 or older**; this represents nearly 19% of the region's population and is a demographic that struggles with access to health care as well as meeting basic needs.
- **Refugees and immigrants**, who face many needs related to healthcare access

In addition, Cooley Dickinson/Mass General Brigham (MGB) has requested a particular focus on BIPOC youth, LGBTQ+ youth, and veterans. Where possible, data have been disaggregated to show their impact on these populations. However, these data are often limited, for the reasons stated above.

f. Key Data: Prioritized Health Needs

The Cooley Dickinson service area continues to face many of the same prioritized health needs identified in its 2022 CHNA.[1] The 2025 CHNA built on the 2022 priorities, adjusting them based on new data and community feedback. The Western Massachusetts Coalition of Hospitals/Insurer used preliminary data and input to identify regional focus areas for deeper assessment, noted below. Persistent inequities affect people of color, immigrants, older adults (65+), young children and their caregivers, those in poverty, and female-headed households. While the COVID-19 pandemic has subsided, its economic, mental, and physical health impacts

remain. The prioritized health needs for the Cooley Dickinson service area are listed below and described in more detail in the body of the report.

- Social and Economic Determinants of Health:
    - Lack of access and affordability of basic needs
    - Educational attainment, employment, income, and poverty
    - Violence and trauma
    - Environmental exposures and climate crisis
- Barriers to Healthcare Access
- Community Health Issues and Outcomes
- Chronic Conditions and Other Health Outcomes
- Regional Priorities:
    - Maternal health and birth equity
    - Mental health and substance use

g. Mass General Brigham System Priorities

h. Themes and Conclusion

The service area has many assets when it comes to health care, community resources, and health outcomes, but not all community members have the same likelihood of achieving good health.

2. Community Health Needs Assessment Overview

a. Purpose and Scope of Community Health Needs Assessment

The Coalition of Western Massachusetts Hospitals/Insurer was founded on a shared commitment to collaborate toward the common goal of health equity, or achieving the conditions where everyone has the ability to live to their full health potential. For each of the prioritized needs described in this report, historical and present-day policies and practices contribute to inequitable outcomes. For example, inequities in our economic systems affect access to the building blocks of health, such as nutritious food, affordable housing, and a good education. Lack of access to these resources may lead to health risks that could have been prevented. Public investments in communities, fairer policies, and strong resident voice in decisions that affect their lives can create better conditions to thrive.

Another central value of the Coalition and Regional Advisory Committee is that the 2025 CHNA reports should be tools to inform and inspire action by everyone in the region who cares about the health of our communities. Based on preliminary research and results of prior CHNAs, the Coalition and RAC identified a set of regional health equity topics (prioritized health needs) and communities of focus that are addressed in greater depth in each of the 2025 CHNAs. The reports capture policy-related changes and recommendations for these major topics, to support the CHNAs as resources for action to reduce systemic health inequities. The deeper dive focus areas are:

- Maternal health and birth equity
- Mental health and substance use disorder
- Immigrants and refugees
- Young children and their parents and caregivers
- Older adults (65+)

Access to basic needs (housing, food, and transportation) was an important crosscutting prioritized need that affects all these topics and populations.

b. Data and Methods

The 2025 CHNA updates the prioritized community health needs identified in the 2022 report in three areas: the social and economic factors or “determinants” that influence health, barriers to healthcare access, and health behaviors and outcomes. When available, this CHNA analyzes data compiled for towns in the Cooley Dickinson service area. However, for many topic areas data were not available specifically for the service area, in which case the report focused on Hampshire County–level data, as the service area is primarily Hampshire County, and data for select communities—Northampton, Amherst, Easthampton, Belchertown, and the Hilltowns rural cluster. The Hilltowns rural cluster compiles data for a group of 17 rural towns, 7 of which are within the Cooley Dickinson service area. The service area was identified based on the percent of the patients at Cooley Dickinson Hospital residing within this area.

The primary methods used to inform these findings include:

Review of Assessment Reports: Existing assessment reports published between 2022 and fall 2024 that were completed by community and regional agencies serving Hampshire County were compiled and reviewed. Reports published after this time are not reflected in this CHNA and may be included in future CHNAs or CHNA updates.

Quantitative data collection and analysis: The most recently available existing data were gathered and summarized from a variety of sources, including Massachusetts Department of Public Health, the U.S Census Bureau, the County Health Ranking Reports, and a variety of other data sources. In addition, data was included from the Massachusetts Department of Public Health's (MDPH) Community Health Equity Survey (CHES).

Qualitative data collection and analysis: Primary data collection was conducted to gather information about specific topics, which included a survey (68 respondents) and listening session (11 participants) with public health officials throughout western Massachusetts; group interviews with key informants from healthcare and service organizations related to deeper dive focus areas; and four focus groups for Baystate service areas (see Appendix B). The research team then coded the transcripts for key themes.

Prioritization Process

The 2025 CHNA used the 2022 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data warranted changes. In previous CHNAs, prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community. Quantitative, qualitative, and community engagement data confirm that priorities from 2022 continue in 2025. Coalition members each shared their health equity goals and priority communities in fall 2024. These were overlaid to identify common topics and populations of concern. To ensure that the CHNAs can help drive action, a criterion was added to understand which of these focus areas had a tie-in with major state policies either recently enacted or under consideration, so that local data could inform policy considerations. Through this process, the Coalition members agreed that maternal health/birth equity and mental health/substance use warranted regional attention as prioritized needs, along with several communities of focus: older adults, immigrants and refugees, and young children and their parents/caregivers.

Data Limitations

Given the limitations of time, resources, and available data, our analysis was not able to examine every health and community issue. Data for this assessment were drawn from many sources. Each source has its own way of reporting data, and its own time lag in releasing data, so it was not possible to maintain consistency in presenting data on every point in this assessment, or to reach the level of granularity and stratification of data at the local level that would be most desirable. Sources differed by:

- the most recent year of available data as of fall 2024, when data were assembled;
- geographic level of data available (town, county, state, region);
- racial and ethnic breakdown available;
- time period of reporting (month, quarter, year, multiple years); and
- whether data are crude or age-adjusted. Age-adjusted data account for differences in age within a population, so it's easier to compare different groups or places fairly, for example, even if one town or county has many more older adults than another. Crude data show overall rates for the entire population and are less comparable across groups and places. This report notes where crude data are used, and its limitations.

Data are limited for smaller towns because when the number of cases of a particular characteristic or condition is small, it is usually withheld from public reports to protect confidentiality and because of estimate variability. The availability of data and the problem of small numbers affect the reporting of data by race and ethnicity in this assessment. Data for Hampshire County do not reveal the level of detail we would like to know, preventing a better assessment of disparities among people who identify with different races and ethnicities. It is also important to consider intersectionality—the overlapping identities of residents. We were unable to explore these differences with the data available. Also, qualitative data from a small number of key informants and residents give voice to their perspectives but cannot be generalized. Participants' views may not reflect the diversity of perspectives within a demographic group or within the larger population.

SIDEBAR: 2023 Massachusetts Community Health Equity Survey (CHES):

In an effort to advance health equity, the Massachusetts Department of Public Health (MDPH) conducted the Community Health Equity Survey in 2023. Similar to the previous survey conducted through the Community Health Equity Initiative (Survey), MDPH intentionally sought to reach key populations such as people of color, LGBTQIA+ individuals, people with disabilities, older adults, rural residents, and more. Throughout this CHNA report, relevant findings are highlighted for various communities of focus. The data provide important information that we do not have from other data sources because of the way the survey was conducted to ensure representation from these populations. **Caution should be used when interpreting these survey results, as these findings are only representative of those who participated in the survey. They may not be representative of the experiences of everyone in Massachusetts or the communities served by Cooley Dickinson Hospital.** Read more about the Community Health Equity Initiative here .

In Massachusetts, 18,379 people took the survey:

- 58% of respondents are women, 39% are men, and 2% are nonbinary
- 45% of respondents have a bachelor's degree or higher
- 29% are people of color
- 18% are LGBTQA+
- 17% live in a rural area

- 17% speak a language other than English at home

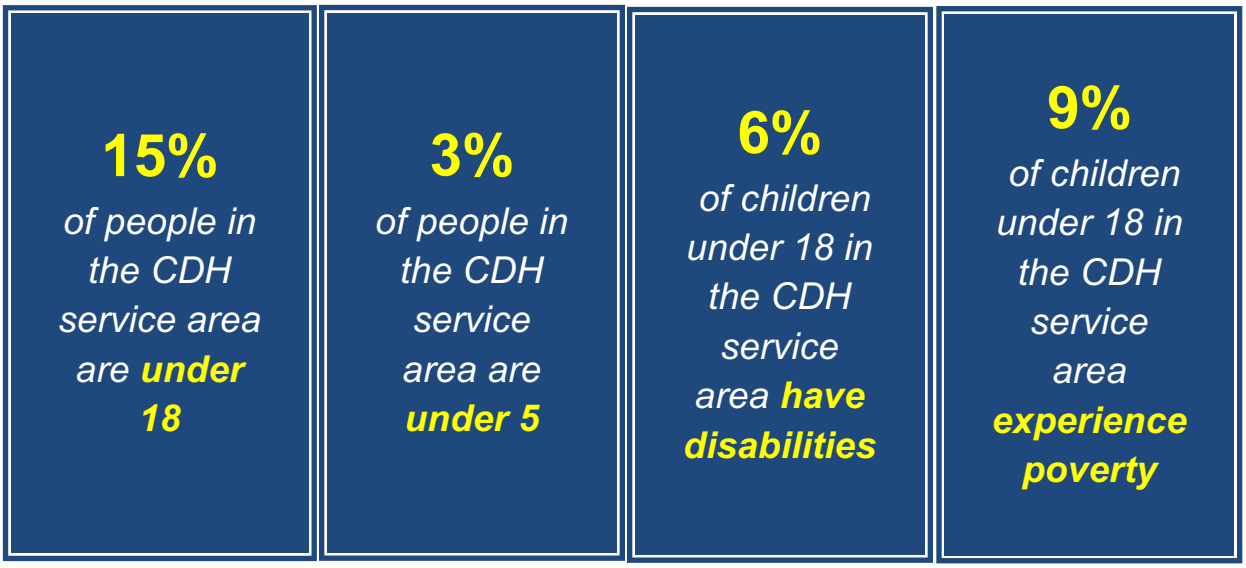
Note: All percentages reported are weighted and statistical significance testing, a chi-square (X2) test of independence for comparisons, was used where applicable.

c. Target Populations

This regionwide research conducted by the Coalition of Western Massachusetts Hospitals/Insurer to support CHNA focuses on three populations:

- Families with young children
- Older adults
- Refugees and immigrants

Families with Young Children



Source: U.S. Census Bureau. 2018–2022 American Community Survey (ACS), 5-Year Estimates. Published online 2023.

During the first phase of CHNA research, the Coalition and community advisors in the service area identified young children and their parents and caregivers as a community of focus for deeper assessment because of observed challenges and stresses coming out of the pandemic.

Pandemic impacts on parents and children: Nationally, the pandemic had enduring effects on parents, particularly their mental health and financial stability. In 2023, 33% of parents reported high levels of stress in the past month compared to only 20% of other adults.[6] This level of stress was further amplified by the pandemic. One study found that parents experienced a significant increase in daily negative mood following the implementation of COVID-19 restrictions.[7] This was closely linked to reduced income, increased caregiving responsibilities,

and illness within the family, further straining parents' psychological well-being. Economic instability has been another major consequence of the pandemic for parents, particularly in marginalized communities. Research indicates that many female caregivers faced job losses, income reductions, and housing instability, further affecting their ability to provide for their families.[8]

The impact of the COVID-19 pandemic on children's physical and mental health has been profound. A Mass General Brigham study found that school-age children and adolescents who had contracted COVID-19 exhibited prolonged symptoms, including fatigue, headaches, and sleep disturbances.[9] Beyond physical health, the pandemic significantly disrupted children's education and natural cognitive growth. A review published in *Pediatric Research* found that students experienced substantial learning losses during the pandemic, especially in writing.[10]

This review found that isolation during the pandemic led to a loss in socialization skills and a loss of physical activity.[10] In Massachusetts, similar trends have been observed, with students' struggle to adapt to remote learning and decreased instructional time contributing to social seclusion.[11] The impact of school closures had an amplified effect on youth from low-income households, those with public insurance, or from racial/ethnic minority groups, as they are more likely to receive health services exclusively from school services.[11] The pandemic also exacerbated mental health concerns among children. Children rely on peer interaction for social validation and identity formation, and not having an in-person school experience caused children to experience increased levels of anxiety.[11]

Qualitative data collected for this CHNA from local hospitals, early care professionals, and other community leaders reported seeing these pandemic impacts play out in families, childcare, clinical settings, and beyond in western Massachusetts, prompting a deeper focus on young children and their parents and caregivers for this CHNA. Indeed, childcare professionals in a group interview noted the spike in very high-need children they were seeing, which they speculated was due in part to the impact of COVID. Themes from these interviews included:

Access to health care: Early childhood professionals across western Massachusetts noted that children fell behind in vaccinations and well visits to doctors during the pandemic. The situation has improved, but numbers are still not back to pre-pandemic levels. They also reported that families struggle to find a pediatrician or to get an appointment. This means they can't get referrals to specialists. In some cases, health insurance restrictions mean they have to travel farther to see a provider, which makes people less likely to make an appointment. Key informants said that in immigrant families, children have health insurance but often parents do not, so families end up seeking care in the emergency department. Local public health professionals also commented on the importance of health literacy, particularly to combat false information.

Basic needs: Interviewees reported that families are struggling to meet basic needs. This type of stress affects children as well as parents. While childcare centers can support kids while they are in their care, many organizations were either trying to also support family life in the home, or

saw the need for more family support. These organizations noted that they do not have the capacity to solve the problems impacting the kids they serve, such as poverty or fear over immigration status. One participant noted that she has to stop and ask herself, "*What systems can we change, what are we stuck in?*"

Early education and care: Availability and affordability of early education and care are important components of family well-being, enabling families to have the structures and supports they need to thrive economically and physically. As previously noted, the pandemic disrupted the early care infrastructure, which has been rebuilding in the last few years. The lack of reliable childcare has an enormous impact, particularly on women in the service area. The Cooley Dickinson service area has a higher number of childcare centers per 1,000 children under 5 years old than do the state and the nation (9.8 compared to 8.2 both statewide and nationally, 2010–2022).[12] However, access can be challenging for some families, according to family support service providers interviewed for this CHNA:

- A recent change to start and end times in Northampton public schools has caused disruption in childcare access for families.
- While child subsidies are available for low-income families, parents who are immigrants or who have been transient[1] often cannot obtain the health records for their children that are required for enrollment and access to subsidies. While there is a clinic in Holyoke that can provide these services, travel there can be prohibitive for families.

Generally, across western Massachusetts:

- Early childhood professionals discussed the difficulty of hiring and maintaining staff. To increase wages, some organizations had to cut programming. Most staff members are women, who bear the brunt of care for children, aging parents, and others in their home lives, which results in a need for flexible schedules and time off.
- This unpaid caregiving by women perpetuates gender inequities in poverty and earnings.[13] In 2018–2022 estimates, median earnings for females 16 years or older was $29,157, notably lower than median earnings for males at $45,340 in Hampshire County.[14]

"We need to value our early childhood workforce more. We need to invest in them. We need to pay them. We need to treat them better and that way, you know, they will be able to definitely perform better, and we will be able to hire because we have hiring challenges."
—Early childhood education specialist, Hampshire County

Immigrant and refugee families: These families often face even more challenges. In a 2023 group interview with immigrant serving organizations for the Women's Fund report, "Gender Equity in Western Massachusetts," participants spoke to the trauma that new migrants bring from their long, arduous journeys to this country, which their children carry as well.[13] The report also noted that it can be hard to access services and supports as a newcomer because of

[1] Families that qualify as "homeless" are permitted to enroll their children without these records, but many families lack this designation but have still experienced disruption in their living situation.

language, transportation, childcare barriers, small incomes, and lack of support systems.[13] Families without legal residency are hesitant to take advantage of the supports available.

"Families are worried about immigration issues. They want to be invisible. They won't ask for SNAP or WIC. They won't seek resources."
—Family and community engagement specialist who works with Latine families, key informant interview

CHES CALLOUT BOX: The Community Health Equity Survey, conducted by MDPH in 2023, found similar challenges among parents of children 0–11 who were not born in the United States, as compared to U.S.–born parents of children 0–11:

- They were more likely to report struggling to meet their basic needs (51% vs. 43%)[15]
- Reported more housing insecurity, defined as having no steady place to live or being worried about losing housing (20% vs. 11%)[15]
- Lacking support for favors (29% vs. 16%); if sick (31% vs. 19%); with money (48% vs. 26%); for family problems (28% vs. 15%); and for housing (40% vs. 27%)

Assets and Resources

According to local experts, supports for young families that are available in the Cooley Dickinson service area include:

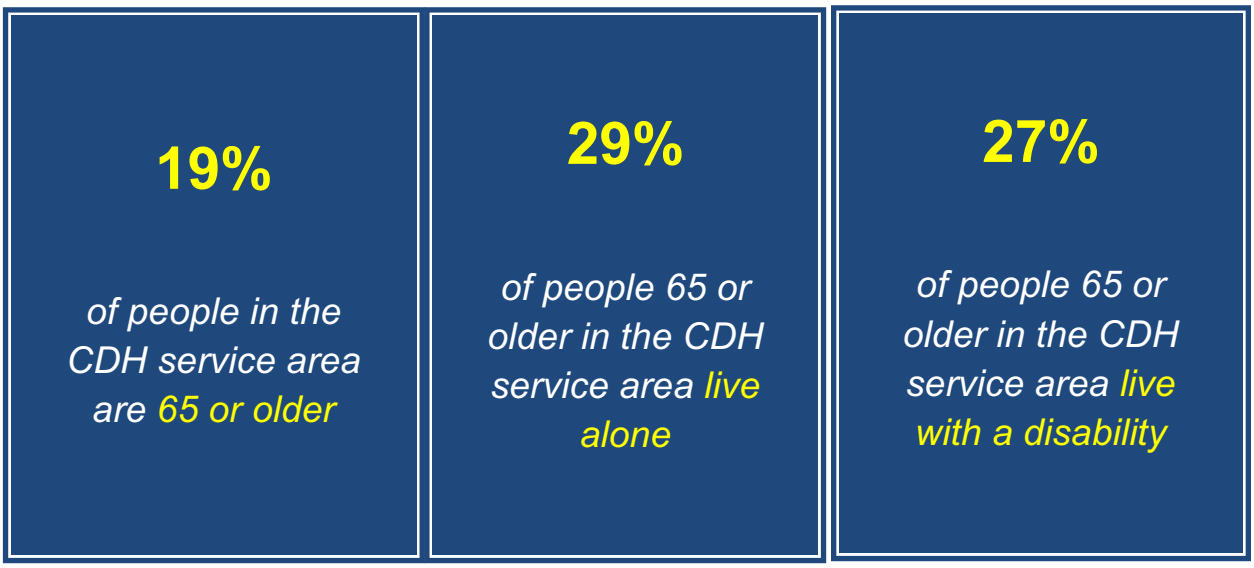
- The Parent Child Plus Program, which connects parents and home-based childcare providers with early learning specialists. This is a national program with a local office in Northampton.
- Services provided by the Early Childhood Department at the Collaborative for Educational Services (Northampton) include welcome baby visits, developmental screening, parenting workshops, family centers and playgroups, supports focused on transition to kindergarten, and mental health services for young children.
- Public schools support Parent Advisory Councils for parents of children receiving special education services and/or English language learner services (in districts with at least 100 English language learners).
- The larger public school districts, including those in Northampton and Amherst, have family engagement coordinators who connect with families to support their connections with the schools.

Opportunities for Action

The legislature and state government have been taking actions since the last CHNA to improve childcare access and affordability.[16] Progress has been made, and advocates say the government can still do more. Key to a thriving early care system is to offer living wage jobs, so more people, especially people of color, will enter and stay in the profession.[16] The Massachusetts Taxpayers Foundation reported that the average salary for early care employees was $43,000 per year in 2024, way below the state's cost of living and what K–12 teachers receive in pay.[16,17]

- The state made permanent Commonwealth Cares for Children ("C3") grants that had been instituted during the pandemic.[18] These can be used by early care providers to offer bonuses and incentives to workers to offset low wages.[18]
- The Healey Administration has pledged to raise the reimbursement rates for childcare providers who accept financial assistance, which some families are income-eligible to receive to help pay for care.[19]
- Other proposals under consideration include apprenticeship programs, higher education scholarships, and the creation of credentialing and career pathways.[20]

Older Adults



Source: U.S. Census Bureau. 2018–2022 American Community Survey (ACS), 5-Year Estimates. Published online 2023.

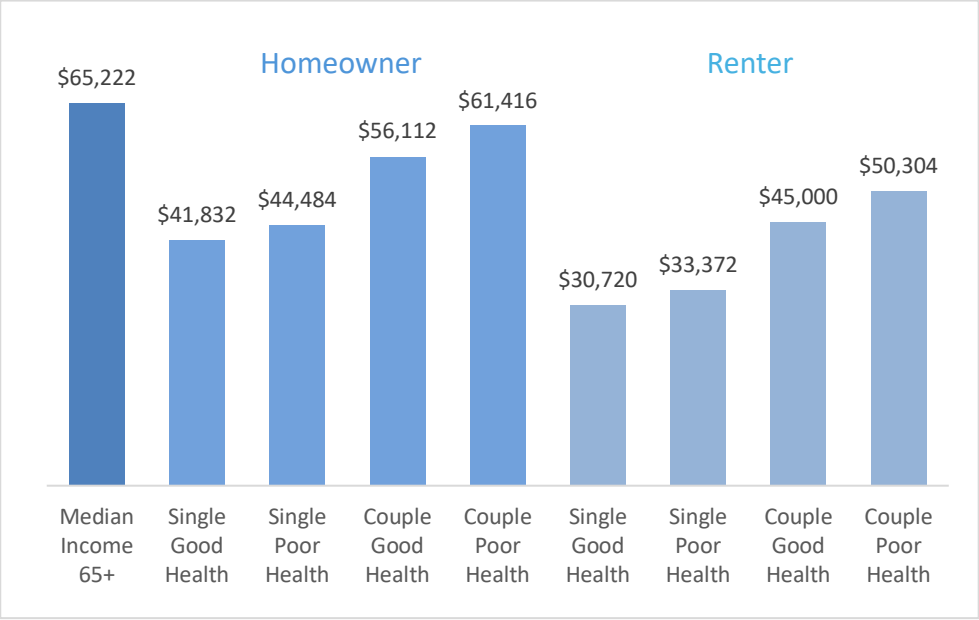
The UMass Donahue Institute forecasts that in Hampshire County, the number of adults over 65 will pass 40,000 by 2030, and 56% of them will be women.[21] In 2018–2022 five-year estimates for Massachusetts, 20,816 women had been widowed in the prior year, compared to 8,295 men.[14] This mirrors national trends, which show that women 65+ are more likely to be widowed and to be living in poverty than men.[20]

Relative to other states, adults 65+ in Massachusetts fare well, with the state ranked 12th nationally when considering a range of factors.[23] The state ranked 4th on clinical care and health outcomes and 16th for social and economic factors, but ranked somewhat lower for physical environment (33rd)—due to the housing cost burden—and behaviors that support wellness (31st).[23] When regional public health officials were asked "Are there specific groups of

people in the community whose health and well-being you are most concerned about?" the second most frequent survey response was older adults.

Income and access to basic needs: Nationally, the pandemic-induced rise in inflation has been especially hard for older adults who are on a fixed income. While Social Security payments have risen during the last few years, the cost of living adjustment (COLA) does not adequately cover the rise in expenses such as housing and health care, according to the Senior Citizens League.[24] Their research indicates that Social Security benefits have lost 30% of their purchasing power since 2000.[24] UMass Boston's 2025 Elder Index provides data that show the challenges older adults face in meeting their monthly expenses.[25] It estimates the monthly costs of food, transportation, health, housing, and miscellaneous expenses by county.[25] Figure 3, below, indicates these costs for people in Hampshire County according to their marital and homeownership status. Median income of households that are 65+ is $65,222 in Hampshire County,[14] and so the average household would be able to meet these costs. However, many households fall below that income level and are struggling.

Figure 3: Annual Income Needed to Meet Basic Needs and Age in Place, by Marital and Homeownership Status, Hampshire County



Source: Elder Index | Elder Index. Accessed January 24, 2025. https://elderindex.org/explore

Adults 65+ face similar and unique challenges to other residents in the service area, as reported in Census data, publications, previous regional listening sessions about the needs of older adult residents and digital equity focus groups, and also a focus group with grandparent caregivers and a key informant interview with elder care professionals that were conducted for this CHNA. Key findings were:

Social isolation and loneliness: Loneliness among older adults has persisted post-pandemic. In focus groups for this CHNA, participants spoke of the importance of tackling ageism as a way

to reduce isolation and to increase support for older adults. This includes ageism perpetuated by older adults themselves, who often don't see themselves as "seniors," and thus don't visit the senior center or take advantage of other resources until they are in an emergency situation. Others noted the pressure some older adults feel to stay independent in order to avoid feeling like a "burden" on family or friends.

A survey of public health officials in Hampshire County (see Appendix E) revealed that elderly residents are a population about which they have particular concerns. Six of the 18 respondents who serve communities in Hampshire County noted issues with adults 65+, such as lack of access to medical resources, lack of support for living independently, and/or housing issues.

"I miss the voice of my children on the phone."
—Aging individual, Ware

Access to care: Interviews, listening sessions, and focus groups surfaced the following concerns:

- **Lack of both primary care doctors and specialists**, and long wait times for specialists, including geriatric and memory care specialists. Local data on geriatric care are not readily available, but nationally there is a shortage of geriatricians, and it is forecasted to get more acute in non-metropolitan areas, where it is projected there will be only 34% of needed geriatricians available, compared to 82% in metro areas by 2037[26] (see Appendix D, Table 7).
- **Transportation barriers**, long distances to travel, and limited and inconvenient public transit, especially for older adults in rural areas. Elder care professionals cited clients' need to get to Springfield, Worcester, or even Boston for specific medical care, while also needing regular, sometimes more local transit to meet other medical needs such as getting to a pharmacy to pick up prescriptions. Older adults are less likely than the general population to drive.
- **Long-term care options** were upended by the pandemic in our region, affecting older adults in nursing homes or other long-term care settings. Research from the Boston Fed shows how nursing home closures in New England outpaced closures in all other regions, created a cascading effect on healthcare labor markets, and disrupted access to long-term care.[27]
- **Challenges to participating in wellness activities**, compounded by limited health literacy among older adults, along with challenges of preventive care. Older adults, particularly those with lower incomes and living in rural areas, may not have access to healthy foods. They may also struggle to stay active, particularly if they don't live in a place with safe and accessible walking routes.

Housing: In a group interview with people serving older adults, participants noted that older adults are likely to remain in the housing they have, even when it's not a good fit for them. The challenges and expenses of moving may lead to older adults staying in homes that are too big for them to maintain and don't have the modifications to keep them safe as they age. One

Council on Aging representative noted that even homes built in communities intended for older adults are not always built to accommodate people with disabilities or mobility issues.

Digital literacy and equity: In focus groups about digital equity,[28] most older adults said they frequently requested help with technology from younger relatives. Many had trouble knowing how to ask for help because they didn't know if the issue was with their device, the software, or the internet connection. Others reported that they didn't have reliable access to the internet, especially in rural areas, or that they couldn't afford the high costs. Several expressed fear of technology and the internet, knowing they were at a higher risk of being targeted in scams, but weren't sure how to increase their safety. This often resulted in avoiding technology altogether. Lack of knowledge and access means that older adults may not take full advantage of the benefits of the internet, such as telehealth medical appointments. Well-designed online programs could also lessen isolation and increase connection. Service providers noted the challenges of communicating resources to some older adults given their limited use of the internet and devices.

CHES CALLOUT BOX: Among older adults 65+ who responded to MDPH's Community Health Equity Survey, 38% reported not having enough or having just enough money left at the end of the month; 15% reported having applied for or received benefits in the past year; and 20% of respondents reported struggling to pay for any of their basic needs, most commonly food (10%), utilities (9%), housing (9%), and health care (9%).[25]

Assets and Resources

"Tackle ageism by raising awareness and providing interventions to examine and reduce ageist biases. We need to change the conversation to older adults being contributors and not just a population that is needy."
—Participant in ReiMAgine Aging listening session

- **Community connections:** Many senior centers and libraries provide tech support or classes for older adults, and some provide a younger mentor, which supports technology use as well as intergenerational connections. Elder care professionals in key informant interviews noted that Councils on Aging and senior centers offer a wide range of supports. They also lauded the Village Movement as an effective way to support older adults.[29] The Village to Village Network is a national organization that supports volunteers in towns and neighborhoods to serve their own communities of older adults in whatever way makes sense for them, often with senior centers.[30] Interviewees also agreed that community colleges and faith institutions often support older adults.
- **Intergenerational models:** Focus groups with older adults and interviews with those who work with them suggested intergenerational living and other ways to foster intergenerational connections as a solution to isolation. Sometimes intergenerational programming is very intentional, such as what takes place through a mentor match program. But other times, it can involve intentional efforts to bring people of all ages into

the same space, such as programming at a senior center that is open to the community, which can foster intergenerational connections.

"Support for intergenerational living and community planning is essential to creating environments where multiple generations can live together, combat social isolation, and strengthen community bonds. Bringing together young and older adults to share, learn, and work together will help battle social isolation as well."
—Participant in ReiMAgine Aging listening session

Opportunities for Action

- **Multicultural programming** – Interviewees noted that the older adult population is increasingly culturally and linguistically diverse. Some are beginning to offer resources and programs in languages other than English. These efforts could be expanded, with multicultural programming that celebrates the predominant cultures in the region.
- **Digital literacy** – While opportunities for education on the internet and tech devices exist, focus groups with older adults in the region suggest they could use more. The range of technological skill levels among older adults in the focus groups and their interest in such education suggests that classes that appeal to older adults across the skill spectrum are important, including internet safety and fundamental entry level skills.
- **Intergenerational connections** – Feelings of isolation can be addressed by further exploring opportunities for intergenerational connections, including bringing programming to the places older adults gather. This could also help combat ageism.
- **Increased access to geriatric health care** – New systems and incentives, such as loan forgiveness, can draw more medical students into the geriatric field in western Massachusetts to meet this critical need.

Immigrants and Refugees

According to 2018–2022 five-year estimates, there are more than 13,500 foreign-born residents over the age of 5 in Hampshire County, comprising 9% of all Hampshire County residents over 5.[14] Of these residents, 28% of those 5 years of age or older have limited English proficiency, compared to 3% of residents overall.[14] The proportion of foreign-born residents living below the poverty line is just under 15%, compared to less than 11% for the county overall.[14] a June 2025 internal document on translation and interpretation services offered at Cooley Dickinson Hospital provides some understanding of the immigrant populations served by the hospital, although not their countries of origin.[31] It showed that the largest number of interpretation requests in FY 2024 were: Spanish (7,037 completed interpretations), followed by Mandarin Chinese (812), American Sign Language (499, Polish (400), and Vietnamese (304) speakers. Other languages requested for interpretation included Arabic, Portuguese, Khmer/ Cambodian, Russian, and Turkish.

"The biggest challenge we're having with the most recent immigrant population we're seeing, which are the Haitian immigrants, is language access, while we've been able to secure basically

people and resources for almost every other language, Haitian Creole is extremely difficult to find folks to be able to be on site. So we've been fortunate enough that enough of the folks who've come to visit us also speak some Spanish, also speak some French. But if there's a way in which, I think in general, health care, food security, legal could also incorporate language access, that would be present."

—Program director, Survival Center, Hampshire County

Interviews with regional providers who serve the refugee and immigrant population surfaced a variety of challenges and obstacles facing these communities.

Access to health care and care coordination: Getting refugees and immigrants the health care they need is enormously challenging for service providers. Interviewees reported that:

- **Transportation** needs are high, particularly for immigrants in rural areas, but also for those living in areas that have public transit, as they may struggle to access, read, and understand bus routes online. Transportation is especially relevant when it comes to receiving specialty care, which is often only available in urban centers. Service providers noted the challenge in getting the population they serve the care they need when the care they need is distant. Sometimes, service organizations bear the cost of a taxi.
- **Telehealth** can help alleviate healthcare-related transportation challenges, but newcomers often don't know how to navigate the telehealth system or don't have a device or internet to access it.
- General access to **dental care** was another special concern, as it's generally not provided as a part of medical care and is therefore even harder to access.
- **Trauma-informed practice** was raised by service providers in group interviews. Providers agreed that doctors and other medical providers need more training in how to best treat immigrant/refugee populations. Immigrants and refugees have often experienced trauma, and how they are treated in a medical setting should reflect that. Relocating is often an isolating experience that adds to the trauma of being an immigrant or refugee.
- **Cultural aspects of mental health** are important, as providers noted that many immigrants come from cultures that are resistant to medical or clinical treatment for mental health. Service providers in group interviews spoke of the positive impact of reducing isolation through simple programs, such as bringing people from the same language or cultural group together for a meal or a class. While this kind of work has great value in improving mental health, it's not billable, and thus makes it difficult for service providers to offer this frequently.

Insurance policies can be confusing and complex to understand, even for people with English language literacy, according to service providers interviewed. Service providers can't always provide an accurate answer even after they've studied the policy and called the insurance provider or medical provider. They noted that MassHealth policies change depending on

residency status and other factors, and these changes felt needlessly complicated and contributed to delayed care or no care at all.

"*'Standard,' 'Limited,' 'Health Safety Net,' tourist visa…sometimes you lose it after six months.… The rubric is so complicated. Just put everyone on MassHealth Standard. Other states do it, regardless of documentation. That would have the best outcomes*."
—Service provider for immigrants/refugees

Care coordination was a major challenge for immigrants and refugees that service providers unanimously agreed applies to accessing and coordinating health care, as well as providing services between different local agencies. This is especially challenging when immigrants or refugees relocate, which key informants noted frequently occurs as their housing needs change. Even if the move is a short one, it can be very disruptive to care. Service providers noted that many people continue to travel to the services they first accessed when they arrived, even if they moved (or were relocated) to a different county. This means immigrants and refugees often travel an hour to the community health center (CHC) they started at to receive basic medical care. One interviewee noted that if an undocumented person moves, they often stop accessing any care at all.

"I think sometimes we see at the systemic level that folks are not being connected to a community health center that is within the region where they're living. And then there's issues with changing that. . . . When folks are not given the correct insurance and it's so difficult to get it changed to a community health center that is by them. It is really an impediment, and it, as she said, it's delayed care, and it just makes it really complicated."
—Chief people and equity officer, community health center, Hampshire County

CHES CALLOUT BOX: U.S.–born respondents to MDPH's Community Health Equity Survey were more likely to report one or more telehealth visits in the past year than respondents who were immigrants (53% vs. 41%).

"We end up doing the work two or three times due to noncommunication. It results in newcomers not getting care as quickly as they should."
—Service provider for immigrants/refugees

"When folks move across state or even from one CHC to another, we can do internal referrals but when insurance needs to change, we need more nuance. Massachusetts could make this system more equitable."
—Service provider for immigrants/refugees

Communication challenges: The service providers we interviewed shared that language barriers are a challenge, particularly when working with the Haitian population. They noted that they spend thousands of dollars translating documents, but still often use Spanish or French to communicate in person because they can't find Haitian Creole speakers to interpret. More

important, they pointed out that even when translation/interpretation services are available, they are often still problematic.

- **Translation prolongs appointments and meetings**. Patients needing translation often have to wait for an interpreter to become available, and then the interpretation itself makes communication take longer. Medical appointments especially are rarely designed to accommodate the extra time it takes to communicate through interpretation.
- **Translating and interpreting are often not enough**, especially if someone doesn't have much formal education in their native language or is unfamiliar with technical terms or filling out paperwork, as many newcomers are.

"I think western Massachusetts needs a lot more support and understanding that linguistically and culturally responsive services are not just having someone who speaks Spanish. It really is trying to build systems that address folks at the language needs that they have."
—Chief people and equity officer, community health center, Hampshire County

Wraparound supports: Service providers in interviews noted the importance and need among many newcomers for "scaffolding." In education, scaffolding is a term used when educators provide students with a structured system of supports. As students become more competent, the scaffolding can be removed and they can continue more independently. Service providers are working to provide the scaffolding to immigrants and refugees, such as supports that will eventually enable them to fill out their own paperwork and follow through on referrals. While interpretation and translation are important, these services alone do not provide the scaffolding immigrants and refugees need to access resources.

Assets and Resources

- **Service coordination** – Berkshire Alliance to Support the Immigrant Community, or BASIC, is a network of service providers who meet regularly. When Berkshire service providers explained this during a group interview, participants from the Cooley Dickinson service area and other parts of western Massachusetts expressed interest in creating similar groups in their areas.[32]
- **CultureRx** – CultureRx is a program through the Mass Cultural Council that seeks to improve "health and well-being through cultural participation."[33] Service providers noted that CultureRx programs had enabled them to offer supportive programming mentioned previously that improves mental health and quality of life for newcomers.
- **Community health workers** – Service providers also spoke of community health workers (CHWs) as critical to providing care to the immigrant/refugee community, particularly the Haitian community.

"CHWs are the answer to everything!"
—Immigrant/refugee service provider

Opportunities for Action
The following ideas emerged in group interviews with service providers:

- **Increase healthcare employment pipelines for immigrants** – The state should offer an easier route to licensure for foreign-born medical providers. This would increase access to care by culturally responsive providers and also raise income levels of trained medical professionals. More CHW training programs should be offered that are tailored to English language learners and can be marketed to newcomers. One promising model is the Greenfield Community College Certified Nurse's Assistant (CNA) program for English Language Learners. An informant said it takes twice as long as the CNA program for fluent English speakers but has been very successful.
- **Improve access to prescription medicines** – Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to healthcare organizations that care for many uninsured and low-income patients. Service provider interviewees explained that 340B is critical to getting newcomers health care and medication, but it's been weakened at a federal level. They felt that 340B must be strengthened at a state level to be able to continue providing medication to the immigrant and refugee community.
- **Improve health insurance access** – Service provider interviewees urged the state to simplify the process of accessing health insurance by enrolling everyone in MassHealth Standard. This would be of particular help to undocumented immigrants who face many hurdles accessing health care.

Additional Priority Populations

In addition, CDH/MGB has requested a particular focus on BIPOC youth, LGBTQ+ youth, and veterans. Where possible, data have been disaggregated to show the differential impact on these populations. However, these data are often limited.

The intersections of **youth, race, gender identity, and/or sexual orientation** all pose challenges for access to health care, including lack of income or insurance, difficulty finding culturally competent practitioners, and, for LGTBQIA+ youth in particular, greater incidence of mental health challenges. This is described in greater detail in sections below.

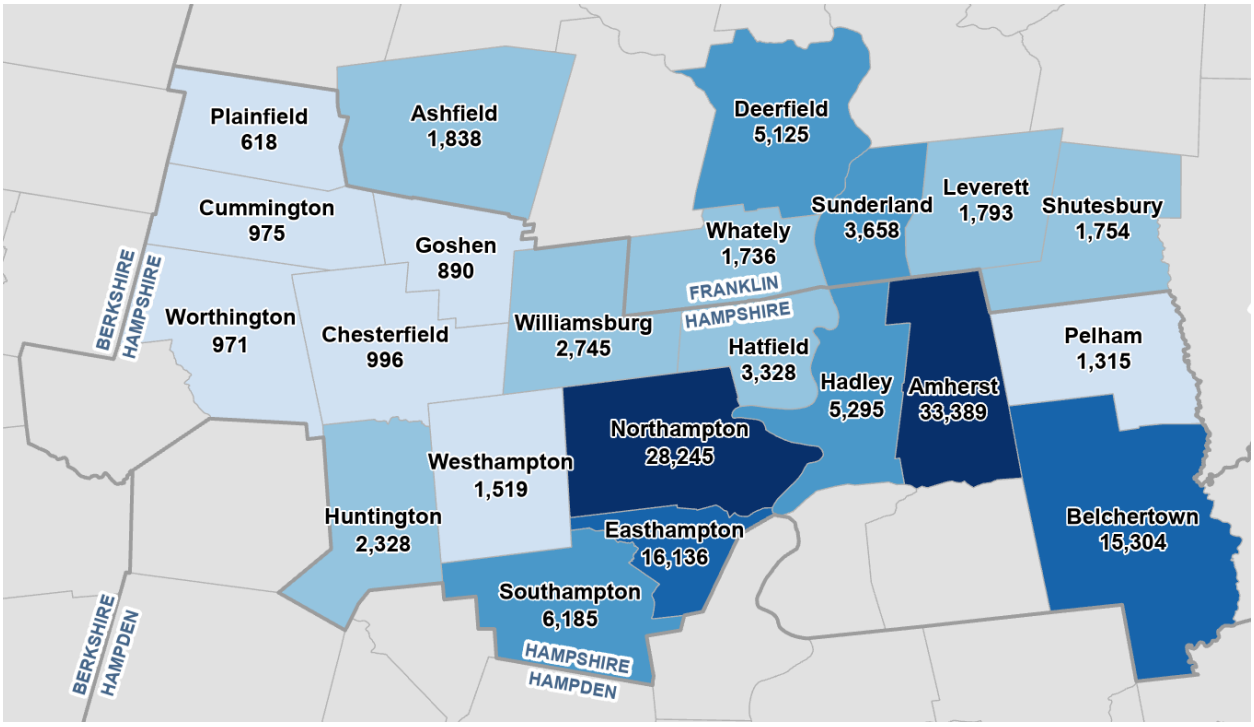
Veterans also experience challenges with accessing health care. The Department of Veterans Affairs, in its Market Recommendation, estimates a 22% increase in demand for long-term care in the coming years, as well as increased demand for primary care, mental health, specialty care, dental care, and rehabilitation therapies. If this demand cannot be met, veterans will face barriers to accessing the health care they need. If the VA in Leeds eventually shuts down, veterans from Hampshire and Franklin counties can expect longer travel times to reach medical care.

d. Population Characteristics

The service area for Cooley Dickinson Hospital (CDH) includes 16 communities within Hampshire County and six small towns in Franklin County, with about 136,000 residents noted in 2018–2022 population estimates (see Appendix C for more details on the CDH service area

population).[14] Amherst and Northampton are the largest towns in the area, and the hospital is located in Northampton.[14] The other larger communities in the area are Easthampton and Belchertown.[14] Nearly 70% of the population lives in one of these four towns, with the remaining residents in smaller rural towns in Hampshire and Franklin counties.[14]

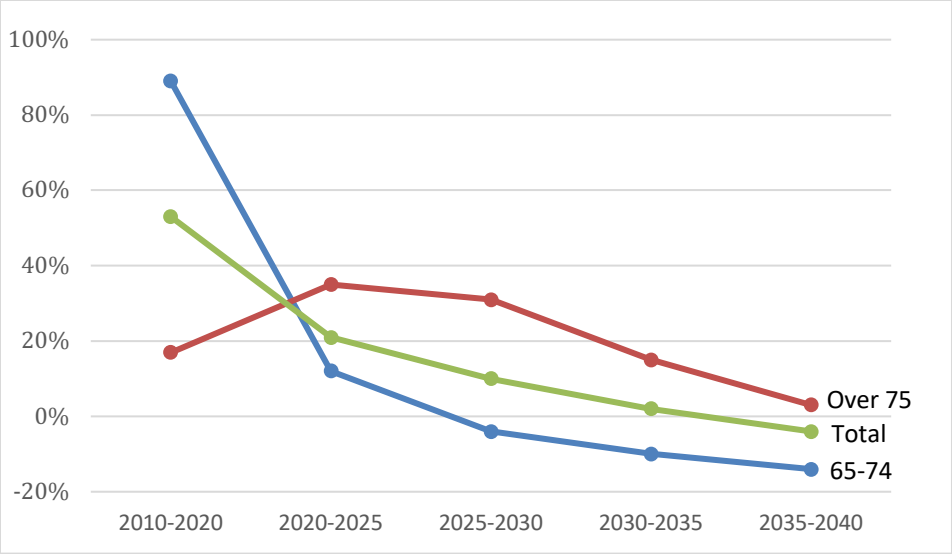
Figure 4: Cooley Dickinson Service Area and Population



Source: U.S. Census, ACS 2022 5-Year Estimates Data Profiles, specifically table DP05, Demographic and Housing Estimates[14]

Within the service area, the proportion of children under 5 is only half that of the United States at 3%, and is lower than the Massachusetts proportion of 5% (2018–2022 data).[14] It's especially important to note that the elderly population is growing quickly; while increases are expected to taper off over time, the percent of people over 75 in Hampshire County will continue to grow (see Figure 5, below).[21]

Figure 5: Projected Growth in Population by Age, Hampshire County



Source: UMass Donahue Institute | Population Projections. Accessed November 13, 2024. https://donahue.umass.edu/business-groups/economic-public-policy-research/massachusetts-population-estimates-program/population-projections

More than 80% of the service area identifies as non-Hispanic White, as shown in Table 1. About 6% identify as Hispanic or Latino/a/e, and a similar proportion identify as two or more races.[14]

Table 1: Cooley Dickinson Service Area Population by Race and Ethnicity, 2018–2022 Five-Year Average

		2018–2022 Five–Year Average	
		Number	Percent
Race	American Indian / Alaska Native	147	0.1%
	Asian	7,316	5.4%
	Black	2,744	2.0%
	Multiple Races	8,882	6.5%
	Native Hawaiian / Pacific Islander	130	0.1%
	Some Other Race	2,408	1.8%
	White	114,516	84.1%
Ethnicity	Hispanic or Latino/a/e	8,515	6.3%

Source: U.S. Census Bureau, American Community Survey. 2018–2022.

Other demographic indicators for the Cooley Dickinson service area, all based on five-year averages between 2018 and 2022:[14]

- 12% of residents experience life with a disability, including 6% of children and 27% of those 65 and over.
- 12% of residents speak a language other than English at home.
- 31% of households consist of adults living alone, and 14% consist of adults over 65 living alone. 23% of households have children, and 30% of households with children are headed by a single parent.

- 54% of residents have a bachelor's degree or higher, and 77% have at least some college education. This is substantially higher than that of Massachusetts (46% and 68%, respectively), and the United States (34% and 63%).

3. Priorities

a. Social and Economic Determinants of Health: Social and Physical Environment

Lack of Access and Affordability of Basic Needs

Access to basic needs such as housing, food, and transportation is prioritized as an area of exploration by both Cooley Dickinson Hospital and the Coalition. When these building blocks of health become unaffordable, people with limited resources have to make difficult trade-offs to meet these needs. Present-day forces also matter, including the inflation in cost of living that resulted from the COVID-19 pandemic.[34,35]

SIDEBAR: 413Cares is a free online community resource directory that taps in to the national findhelp search platform to find and connect to free and low-cost social care services. It is managed by Public Health Institute of Western Massachusetts and supported by an Advisory Committee of organizations across the region. In addition to connecting to thousands of resources listed on the findhelp platform, 413Cares has developed and organized a homepage so residents and helping professionals can locate key resources in their local communities on topics that are most searched for (food, housing, mental health, substance use, legal, and so on). They also provide support to organizations and individuals using the platform.

We can get a sense of the needs in the service area by understanding the types of resources people are searching for in 413Cares.[36] Regional and Hampshire County data from 413Cares show housing, food, and health were the most frequently searched topics on the resource platform in 2024 (Table 2).[36]

Table 2. Housing and Food: Top Online Searches for Resources (2024)

Hampshire County Data	4,458 searches	Overall Site Data	29,517 searches
Search category	**% of searches***	**Search category**	**% of searches***
Housing	31.5%	Housing	33.0%
Food	18.0%	Food	19.0%
Health	12.5%	Health	11.5%
Money	7.5%	Care	7.0%
Care	8.0%	Goods	8.5%
Transit	5.5%	Money	6.0%
Goods	7.5%	Transit	5.0%
Education	4.0%	Education	3.5%
Legal	4.0%	Work	2.5%
Work	1.5%	Legal	4.0%

* Represents percent of searches among these top 10 categories

Source: 413 Cares[36]

Housing affordability and access is an ongoing challenge:

- In the Cooley Dickinson service area, around one-third of all households (33%) and more than half of rental households (52%) are housing cost-burdened, meaning that 30% or more of their income is spent on housing (2018–2022 ACS data).[14]
- Between FY20 and FY24, rents rose by more than 23% in Hampshire County.[37]
- Among public health officials in Hampshire County, 14 of 18 cited housing as one of the two social and economic determinants of health that most need attention in the next few years.

Among regional public health professionals surveyed for this CHNA, 72% of respondents said housing was one of the top two social determinants of health needing the most attention. In surveys and interviews, local public health officials expressed many housing-related concerns, including affordability, aging in place for seniors, homelessness, and the intersectionality with mental health and substance use.

CHES CALLOUT BOX: Major inequities continue to persist in terms of housing access, as evidenced by data from MDPH's Community Health Equity Survey, conducted in 2023.[15] Of White participants, 17% reported struggling to pay for housing, compared to 31% of Black/African American participants and 34% of Hispanic or Latine participants.[15] Although these data only take into account the perspectives of those who answered the survey, they still highlight an issue many are experiencing across the Commonwealth.[15]

Pandemic-era policies offered temporary support for renters, but now that those programs have ended, eviction filings by landlords have risen, along with homelessness rates.[38] The impacts of the housing crisis are distributed inequitably.

- The eviction filing rate in 2024 in Hampshire County was 9.2 per 1,000 renter households. Among the larger communities in the Cooley Dickinson service area, the rate was highest in Belchertown (13.1)[38]
- In Hampshire County, 427 individuals, and 195 people in families, experienced homelessness in 2023.[39] Around one-quarter of homeless individuals in Hampshire County were veterans.[39]
- Across the four-county region, family homelessness increased 46% between 2020 and 2024; individual homelessness increased by 12% in the same period.[40]
- While Black people make up 6% of the western Massachusetts population, they make up 35% of the unhoused population. Similarly, Latine people make up 17% of the western Massachusetts population but 36% of the unhoused population (see Appendix D, Figure 20).[37]

"I've noticed a couple of times people have come in, older people. Who have lived in an apartment, you know, on a fixed income for years, and now their income hasn't changed or not much, and

they're raising the rent, and it's like, sorry, either pay it or get out. You know, you're 70 years old. You've been living in this place for 40 years. What are you going to do?"
—Public health official, Hampshire County

Housing stability among young people was assessed by the 2023 Prevention Needs Assessment Survey, which is administered to 8th, 10th, and 12th grade students across Hampshire County. While only 2% of students reported that their housing situation was not stable (examples provided to students included living in a shelter or a motel, staying with a friend or another family member, or any other housing that does not feel permanent), percentages were higher among:[41]

- Students identifying their gender as "I identify in a different way" (8%)
- Students identifying their race as American Indian/Alaska native (7%)
- Students identifying as gay (6%)
- Students identifying as lesbian (6%)
- Students identifying as bisexual (4%)

Although some of these populations are small, the differences compared to cisgender, straight, and White students were statistically significant.[41]

Food insecurity, or being without reliable access to sufficient affordable and nutritious food, continues to impact many service-area residents,[42] affecting their overall health and ability to manage chronic conditions.[43] The recent rise in inflation has raised the cost of food, requiring households to have larger weekly food budgets.[42] In Hampshire County:

- 9% of residents were food insecure in 2022, with 14,380 people suffering from lack of sufficient food, compared to 10,840 (7%) in 2021.[42] (See Appendix D, Figure 19.)
- This value was higher for people of color, with 32% of Black residents and 20% of Latine residents experiencing food insecurity in 2022.[42]
- In FY2024, the Food Bank of Western Massachusetts served more than 28,000 individuals per month on average, and provided a total of 2.6 million meals to residents.[44]

The Prevention Needs Assessment Survey in Hampshire County also assessed food insecurity among 8th, 10th, and 12th grade students.[41] On the survey, 2% of young people reported that everyone in their household did not have enough to eat every day.[41] While there were differences by race, gender, and sexual orientation, these differences were not statistically significant.[41]

Transportation is important to be able to access healthy foods and to get to jobs, medical appointments, and social activities.[45]

- A statewide poll by Transportation for Massachusetts (T4MA) found that 57% of respondents felt squeezed by transportation costs.[45]

- In 2018–2022 estimates, 7% of Hampshire County households reported not having a vehicle, including 10% of households in Northampton and 14% in Amherst.[14] The price of used cars skyrocketed nationwide during the pandemic.[46]

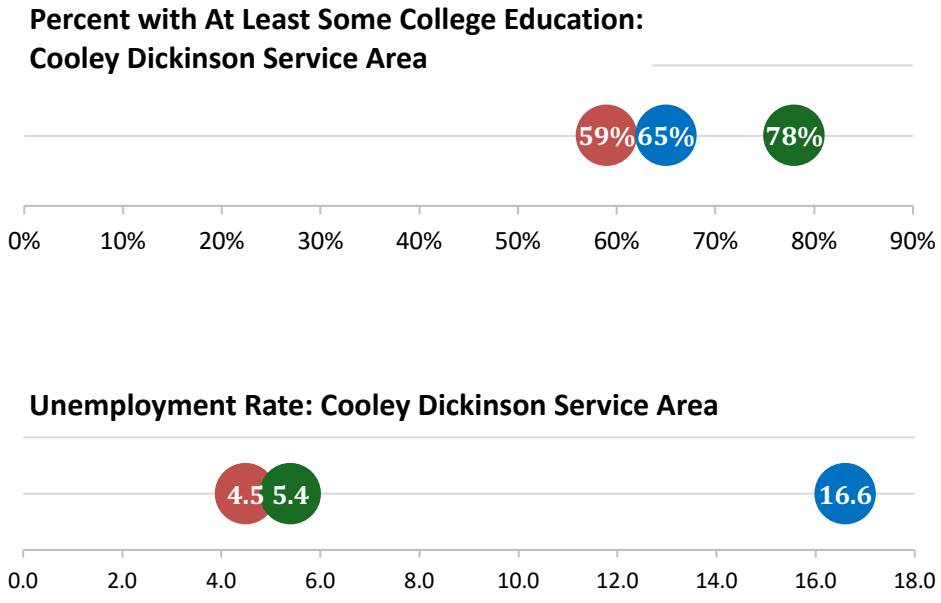
Fortunately, Pioneer Valley Transit Authority (PVTA) initiatives to eliminate transit fares have coincided with a boost in riders. With revenue generated from the Fair Share Amendment, PVTA was fare-free for part of early 2024 and was again free from November 2024 through June 2025.[47] The PVTA annual report noted that it expanded service and frequency, and its regional ridership (not just Hampshire County) has risen since the pandemic, when ridership fell dramatically. For the final quarter of FY 2024, ridership rebound was up to 87% of pre-COVID ridership.[48]

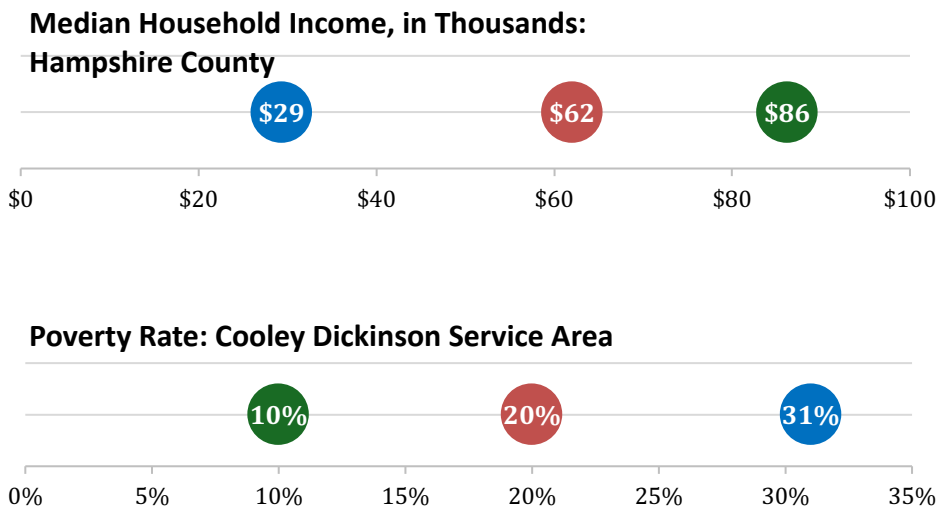
"The PVTA has really helped with allowing, you know, all this free bus transportation that we have access to is definitely a boon. It's still hard for people who live in really remote areas, but that's been a wonderful positive thing."
—Public health official, Hampshire County

Educational Attainment, Income, Employment, and Poverty

Access to high-quality schools, and completion of high school and college, correlates with employment that pays enough for residents to meet basic needs and thrive, reducing their likelihood of experiencing poverty, chronic stress, and poor health outcomes.[49] While overall education and income levels are high for the Cooley Dickinson service area compared to statewide and nationally, there are discrepancies by race and ethnicity:

Figure 6: Education and Income Levels, for Latine, Black, and White people





Source: U.S. Census Bureau, American Community Survey. 2018–2022.

Federal poverty levels are set very low, and many more people are living with insufficient funds to meet expenses. Many people need to hold multiple jobs to make ends meet. The MIT Living Wage Calculator estimates that an adult with one child in Hampshire County needs to earn $46.71 per hour to support their family, yet the state's minimum wage is $15 per hour.[50]

CHES CALLOUT BOX: MDPH's Community Health Equity Survey found that more than one-fifth (21%) of respondents reported working more than one job.[51] Although the CHES data does not represent all of Massachusetts, it illustrates the challenge of not earning a living wage among residents.

Violence and Trauma

Interpersonal and collective violence affects health directly, via death and injury, as well as indirectly through the trauma that affects mental health and relationships.[52] The COVID-19 pandemic worsened the situation for those impacted by sexual and domestic violence by forcing many survivors to stay with their abusers. According to a regional gender equity report published in 2023, the region has experienced:

- **Increase in requests for services** – Jane Doe Inc., a statewide coalition against sexual assault and domestic violence, reported an 84% increase in requests for services among its 60-member agencies during the pandemic.[13]
- **Inequities** – 2021 statewide MDPH data found higher rates of sexual violence among women with a disability and LGBTQIA+ women, relative to other adult women and men 18–64 experiencing sexual violence.[13]

- **Housing challenges** – Regional service providers indicated that temporary shelter was extremely limited, and affordable permanent housing very hard to find.[13] Inflation makes it harder to find new homes and independence for survivors and their children.

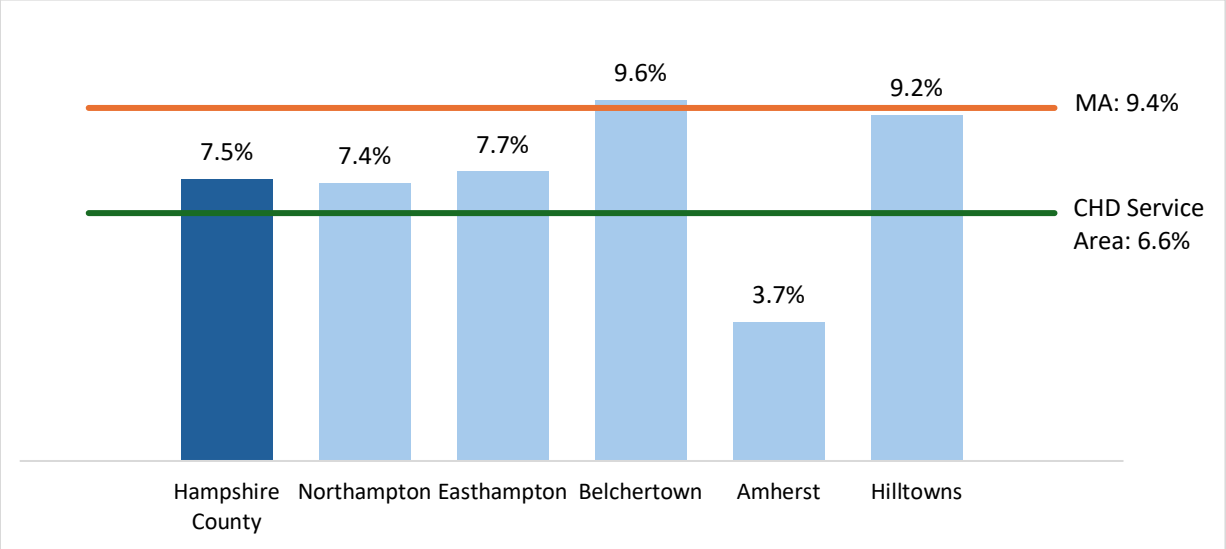
Interviews with domestic violence advocates in western Massachusetts noted particular challenges facing immigrant survivors, who may be reluctant to file complaints or seek out services, as well as those who are formerly incarcerated who may return to an abusive ex-partner to meet their basic needs.[13]

Violence has a negative impact on health, making this an ongoing prioritized health need for the Coalition. For example, MDPH's Community Health Equity Survey found that approximately 7% of respondents from Hampshire County reported experiencing neighborhood violence either somewhat often or very often, and 36% reported having experienced intimate partner violence.[51] Although the CHES data cannot be generalized to county residents as a whole, it illustrates among numerous people the real harm that violent experiences pose. In addition, more than 25% of 8th, 10th, and 12th graders who responded to the 2023 Hampshire County Prevention Needs Assessment (PNAS) reported they had friends who had been abused by dating partners. About 20% of the students who reported this said they wanted to help but didn't know how.[41]

Environmental Exposures and Climate Crisis

Air pollution is associated with asthma, cardiovascular disease, and other illnesses, impacting the health of Hampshire County residents.[53,54] As Figure 7, below, shows, the adult asthma prevalence in the Cooley Dickinson service area is lower than that of the state overall, but Belchertown and the Hilltowns have rates comparable to the state.

Figure 7: Adult Asthma Prevalence



Source: Massachusetts Department of Public Health, 2023.

While asthma prevalence remains a serious health issue, emergency department admission rates and hospitalizations for asthma also remain below statewide rates (see Figures 8 and 9). These rates have been declining in recent years.[55]

Figure 8: Adult Emergency Department Visits for Asthma (Age-Adjusted Rate per 10,000 People)

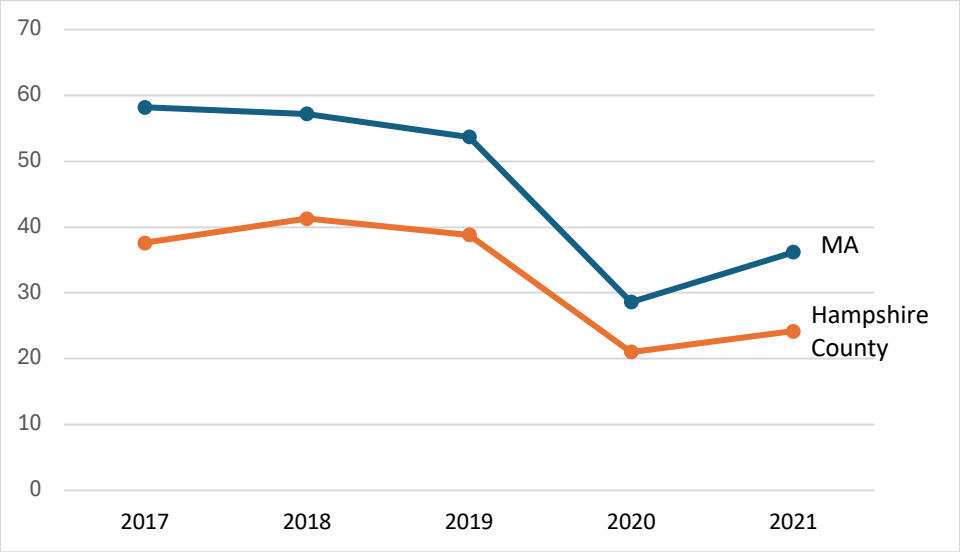
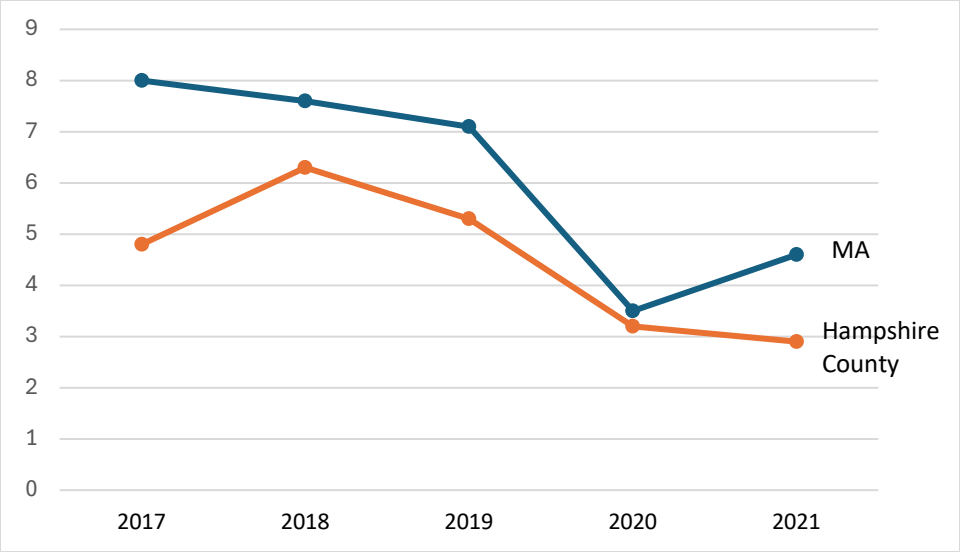


Figure 9: Adult Asthma Hospitalizations (Age-Adjusted Rate per 10,000 People)



Source: Massachusetts Environmental Public Health Tracking
https://matracking.ehs.state.ma.us/Health-Data/Asthma/index.html

CHES CALLOUT BOX: Residents across the state are feeling the impacts of climate change. More than two-thirds of respondents (67%) in MDPH's 2023 Community Health Equity Survey reported feeling climate impacts in the past five years.[15] Most commonly reported were feeling unwell due to air quality, heat, or allergies (36%); noticing more ticks or mosquitoes (31%); and experiencing extreme temperatures at home, work, or school (28%).[15,56]

As the planet continues to warm due to humans burning fossil fuels, our region is already experiencing more extreme weather, including extreme heat and intense rain. Emergency department visits for heat stress during a five-year period (2017–2021) were 14 per 100,000 (age-adjusted) in Hampshire County, above the statewide rate of 10 per 100,000. By 2050, Northampton Amherst, and Easthampton are projected to have an average of 29 days per year above 90 degrees Fahrenheit, and 7 days per year with more than an inch of rainfall.[57]

b. Barriers to Accessing Care

A variety of factors affect access to health care and quality of care. These include insurance coverage; cost of premiums and out of pocket expenses; availability of healthcare providers; transportation to care; quality of care coordination among medical providers; language access; health literacy; and availability of care that is culturally responsive.[58]

- **Insurance coverage** in the service area is high at 98%, comparable to the state rate in 2018–2022 five-year estimates.[14] Yet Black, Asian, and Latine residents continue to have higher uninsured rates (4.2%, 3.8%, and 2.7%, respectively) than White residents (1.8%).[14] However, access to insurance is only one aspect to accessing care; there are many other issues as described below, as well as the out-of-pocket expenses such as copays and deductibles that may be especially challenging for people with low incomes to afford.
- Local sector experts report ongoing challenges in being able to access **mental health and substance use care**, even though the ratio of patients to providers is 94:1 for the CDH service area compared to 136:1 statewide (2023 data).[59]
- A regional healthcare summit held at UMass in October 2024 focused on **workforce shortages**, particularly in nursing and senior care. Hospitals have been forced to rely on traveling nurses to fill the gaps, which are more expensive than full-time local hires. [60,61]
- **Culturally and linguistically responsive providers** continue to be hard to find, even as efforts are made to improve pipelines for candidates of color.[62,63] For example, as discussed in the sections of this report related to maternal health/birth equity and the needs of immigrants and refugees, culturally responsive care is a priority to improve health outcomes.
- **Disconnected and increasingly bureaucratic care systems are hard to navigate.** According to the 2024 American Medical Association survey of doctors, as insurance companies have increasingly required that medical providers seek "prior authorization," this administrative burden has delayed care and caused harm to patients.[64]
- **Telehealth** expanded rapidly during the COVID-19 pandemic, as reported in the 2022 CHNA.[1] This innovation has made it easier to access care for many patients, but ongoing inequities in digital access, digital literacy, and language access prevent some

residents from taking advantage of this technology, especially older adults, residents in rural areas, people with limited English proficiency, and people with limited incomes.[65]

Of the public health professionals engaged for this CHNA, many shared that they had never interacted with hospitals or insurers. A common theme discussed was that they would like to collaborate and cooperate with hospitals/insurers but don't know how to start or what that collaboration would look like.

"Such collaboration does not exist now, but would be a good idea. Beyond the CHNA, hospitals/insurers need to make an effort to reach out to local boards of health on an ongoing basis to offer collaboration options. A good collaboration would be reinstituting CDH-Boston MGH shuttle and letting surrounding public health bodies know to refer patients. Similarly, CDH could expand the PVMCI to other surrounding communities."
—Local public health professional

"I'm working with rural communities, and from the digital equity perspective, we have very low utilization of telehealth and fairly low use of medical portals. And for a rural community, those are resources that we really need to increase awareness and skills with. So it's something of a digital literacy issue, and we have very poor transportation. So I think that our communities, many older adults, especially lower income, are just not getting the health care they need or could get, and delaying because of transportation issues that telehealth could potentially rectify."
-Digital Equity Coordinator and Board of Health Member, Hampshire County

"You know, there's no clinic really anywhere nearby. And I feel like that's a real need, especially for unhoused people. . . . We have a lot of unhoused folks and folks with mental health issues and chronic conditions coming into our building, where we have limited resources for them."
—Public health official, Hampshire County

Several statewide trends provide context for these service area challenges. A January 2025 report found that numerous factors have contributed to a decline in spending on primary care, relative to other medical care.[62] The Commonwealth has one of the lowest proportions of doctors working in primary care, an aging workforce, and is among the states with the lowest share of doctors entering the primary care field.[62] In Hampshire County, there are 121 primary care providers per 100,000 people, which is a higher rate than for Massachusetts or the nation.[59] However, we heard from people in the region that there are many challenges to accessing primary care.

CHES CALLOUT BOX: Among statewide respondents to MDPH's Community Health Equity Survey, 15% reported unmet healthcare needs in the past year.[15] The most reported reasons for having an unmet healthcare need included being unable to get an appointment (52%); cost of receiving care (38%); and not being able to find a provider they were comfortable with (32%).[15]

The Massachusetts Health & Hospital Association reported in 2023 that hospitals are getting "clogged" with patients who are ready to be released but cannot be, resulting in longer hospital admission wait times.[66] Point-in-time data from 2022 to 2023 found that an average of 131 patients in western Massachusetts were waiting to be discharged to post-acute care settings.[66] The most commonly cited reason for delayed discharge was private insurance administrative barriers, including delayed response from insurer and denial of authorization request.[66] The second reason was staffing and capacity constraints at post-acute care settings (such as rehab facilities and nursing homes).[66]

"There just aren't enough physicians, healthcare providers for people out here in western Massachusetts and I think that folks who are less likely to, kind of, be in the mainstream, have even more challenges, and there are significant populations here in (town). It's hard to find them."
—Public health official, Hampshire County

c. Community Health Issues and Outcomes

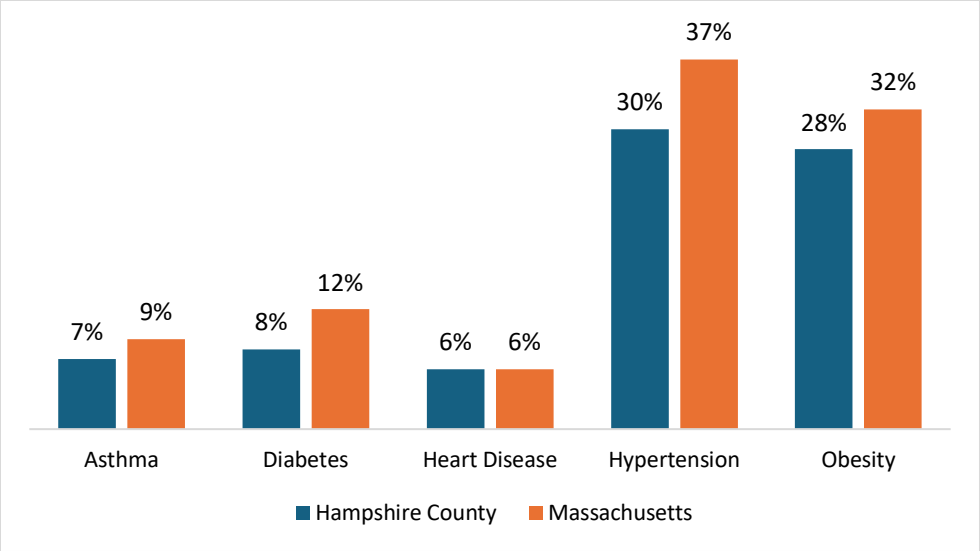
Chronic Conditions

Chronic health conditions continue to remain an area of prioritized health need for Hampshire County residents. A **chronic health condition** is one that persists over time and typically can be controlled but not cured.

The **cancer** incidence rate in the Cooley Dickinson service area is 407 per 100,000 people, which is lower than for the state overall (449 per 100,000).[67] Rates are higher for White people than for people of color, both in Hampshire County and statewide.[67] Advancing age is the most important risk factor for cancer, and Hampshire County is home to more than 25,000 people 65 years of age or older (2018–2022 data).[14]

Rates for other chronic health conditions are lower in Hampshire County than for the state as well, as is shown in Figure 10:[55,68]

Figure 10: Chronic Disease Prevalence in Hampshire County and Massachusetts



Sources: Massachusetts Department of Public Health, Massachusetts Department of Public Health, 2023 (Asthma, Diabetes, Hypertension, Obesity), and Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, accessed via the PLACES Data Portal, 2022 (Heart Disease).

d. Current Programs and Resources

A few examples of community programs that are addressing the needs described in this report include:

- The Parent Child Plus Program, which connects parents and home-based childcare providers with early learning specialists. This is a national program with a local office in Northampton.
- The Village to Village Network, a national organization that supports volunteers in towns and neighborhoods to serve their own communities. Within the Cooley Dickinson service area, there are "Villages" in Amherst, Northampton, Easthampton, and Whately.
- CultureRx, a program through the Mass Cultural Council that seeks to improve "health and well-being through cultural participation."[33] Service providers noted that CultureRx programs had enabled them to offer supportive programming mentioned previously that improves mental health and quality of life for newcomers.
- The Strategic Planning Initiative for Families and Youth (SPIFFY) Coalition in Hampshire County, which supports K–12 health education and substance abuse prevention programs, advocates for policies that limit youth access to alcohol and cannabis, supports youth leadership programs focused on student mental health, school climate, and school connectedness, and develops age-appropriate campaigns to discourage youth substance abuse.

These are just a few examples of the programs that are doing this important work; there are many others throughout the Cooley Dickinson service area.

e. Regional Priorities

Maternal Health and Birth Equity

Key definitions: (offset in a box)
Maternal health is defined by the CDC as "health and well-being during pregnancy, childbirth, and postpartum (after childbirth)."[69]
Birth equity refers to "The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort" as defined by the National Birth Equity Collaborative.[70]
Pregnant person is a term used in this report to be inclusive of women, transgender men, and gender diverse people who are pregnant and give birth.
Severe maternal morbidity occurs when pregnant people experiencing life-threatening complications during and after pregnancy, labor, and/or delivery.
Adequate prenatal care is an important strategy to improve the health of pregnant people and their infants by ensuring enough visits with care providers.
Preterm birth occurs when an infant is born before 37 weeks of pregnancy.
Low birthweight occurs when an infant weighs less than 5 pounds, 8ounces (5.5 pounds) at birth. Low birthweight and pre-term birth are related, important risk factors for many health complications and a leading cause of infant mortality.[71,72,73]

Health Outcomes for Pregnant People

Cooley Dickinson Hospital and Mass General Brigham have prioritized the health of pregnant people and infants. While Massachusetts is known for high rankings nationally for maternal health and birth equity, data show inequitable outcomes depending on where the pregnant person lives, racial/ethnic background, and type of insurance. Research shows that racism directly impacts the physical well-being of the pregnant person.[74]

Maternal mortality is less common in Massachusetts (16 per 100,000 births) than the United States as a whole (23 per 100,000 births, 2018–2022 data).[75] The MA DPH Maternal Mortality and Morbidity Review Committee (MMMRC) reports that, in Massachusetts, the chief causes for the 73 pregnancy-associated deaths in 2020–2021 were overdose (42%) and medical causes (35%).[76] Black people, younger individuals (under 25 years), people with lower levels of education (high school graduate or less), and people with Medicaid/MassHealth were more like to die.[76] Of the 25 deaths that the MMMRC were able to identify as specifically pregnancy-related, 84% were considered preventable, and for 44%, discrimination was identified as a contributing or probably contributing factor.[76] Additional factors identified as contributing to, or probably contributing to, these deaths include substance use (56% of deaths), mental health conditions (44% of deaths), and lack of care continuity and coordination (48% of deaths).[76]

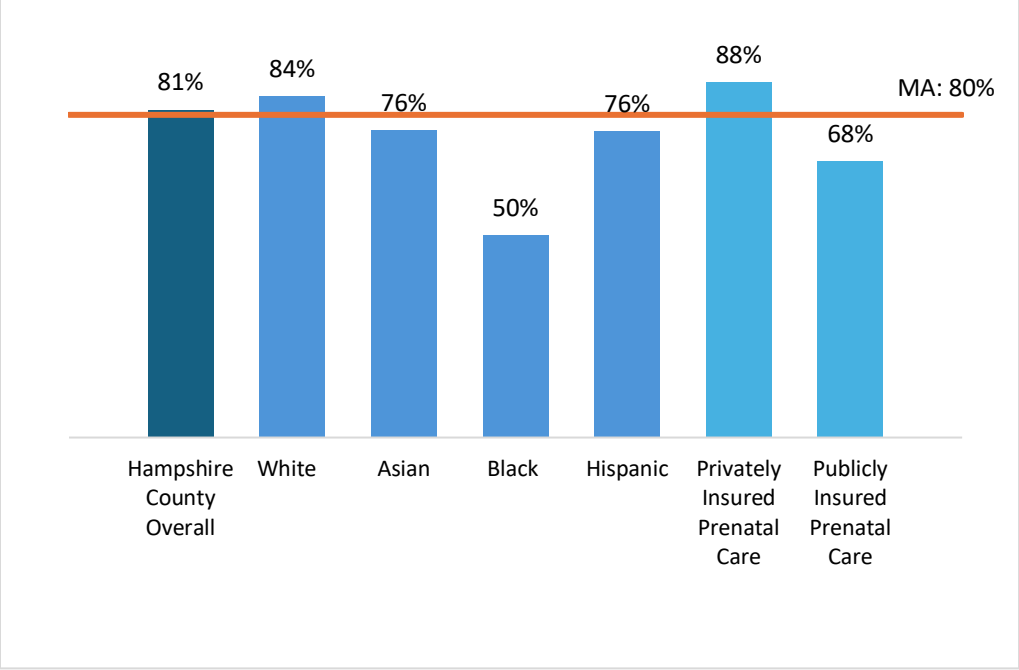
Severe maternal morbidity has more than doubled statewide, from 52 to 113 per 10,000 deliveries from 2011 to 2022.[77] Black people who are pregnant consistently experience the

greatest likelihood of these outcomes, with a rate 2.2 times higher than White people who are pregnant (208 vs. 95 per 10,000 deliveries in 2022).[77] Inequities are also observed for Asian, Latine, and Indigenous people who are pregnant, people with disabilities, veterans, foreign-born pregnant people and those who have experience opioid use disorders or mental health disorders, homelessness or previous incarceration.[77]

While we do not have data on these severe complications for Hampshire County, other maternal health data for Hampshire County also demonstrate inequities:

- **Adequate prenatal care** for individuals with public insurance and people of color was lower than among individuals with private insurance and White individuals in the county (see Figure 11, below).
- **Teen pregnancy** research shows a greater risk of negative health outcomes for the pregnant teen and infant than in non-teen pregnancies.[78,79] While the overall teen birth rate for Hampshire County is only 1.6 per 1,000 female teens (15–19 years of age), the rate for Latine teens is 7.3 (rates for other teens of color are not available, 2016–2022 data).[12]

Figure 11: Percent of Pregnant People Receiving Adequate Prenatal Care, 2023

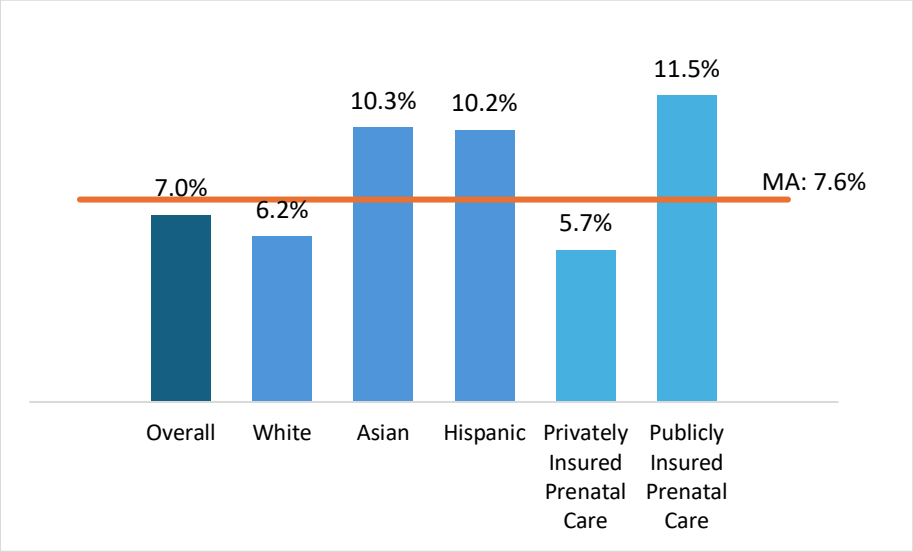


Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics

Health Outcomes for Infants

- The **infant mortality rate** for Hampshire County from 2015–2021 was 6.0 per 1,000 births; this is higher than that of both Massachusetts (3.9) and the United States overall (5.7).[80]
- 9.2% of Hampshire County infants were born **preterm** (before 37 weeks of pregnancy) in 2023. This number does not vary substantially by race, but publicly insured infants were more likely to be born preterm than privately insured infants (11.5% vs. 8.4%).[81]
- The percentage of infants **born with low birthweight** (less than 5.5 pounds) in Hampshire County in 2023 was 7.0% overall, but varies substantially by race and by whether the birth parent received publicly or privately insured prenatal care (see Figure 12, below).[81]

Figure 12: Percent of Infants Born with Low Birthweight, Hampshire County and Massachusetts, 2023



Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics

Factors Affecting Maternal and Infant Health

The stark data on racial/ethnic inequities in maternal health outcomes sparked the state to appoint a Special Commission on Racial Inequities in Maternal Health, which hosted listening sessions and conducted extensive analysis of published research and primary data.[82] In their 2022 *Racial Inequities in Maternal Health* report, they noted the pervasive nature of racial inequities across multiple systems relevant to maternal health (that is, public health, community, and health care) and throughout the various stages of a pregnant person's experience.[82] The report states that improvements in maternal health will require the redesign of health delivery infrastructure and extensive collaboration.[82] Detailed findings and recommendations are presented across three domains: family and community engagement, public health infrastructure, and improvement of healthcare systems.[82]

Building off this report, in 2023 MDPH developed 25 recommendations for maternal health improvement, with a focus on health equity, establishing clear guidelines to improve maternal health services, including prenatal, postpartum, and reproductive services.[63] The report recommended *Increasing maternal care access and expansion of care delivery models*, such as updating regulations for birth centers, updating and raising awareness regarding levels of maternal care, and increasing access to remote blood pressure monitoring, group prenatal care, onsite prenatal and postnatal care, and postpartum home visiting.[63] The *Improving and augmenting the workforce* focus area recommended specific strategies aimed at improving access to care from birth centers, doulas and midwives, including doula certification, equitable midwife reimbursement, and updating birth center regulations.[63]

In a group interview with maternal health practitioners conducted as part of this CHNA, the following needs arose:

- **Greater access to maternal health care**, including OB-GYNs, midwives, doulas and lactation support, and more availability of translation and interpretation services.
- **Stronger behavioral health care and support** throughout the stages of pregnancy, birth and postpartum. Many people are dealing with mental health and substance use issues, and they need culturally responsive care that is coordinated with their maternal care, includes medication management, and addresses stigma.
- **Data sharing across care platforms**, such as insurers knowing when a pregnant or postpartum patient has been screened for depression by a provider, limiting potential follow-up.
- **Insurance coverage of doula services and lactation support.** Some interviewees perceive that MassHealth is the only insurer that is required to cover doula care.
- **Culturally and linguistically diverse providers** in various maternal health roles and the importance of mentorship models.
- **Support for family well-being** that promotes successful birth outcomes for parent and child, including access to safe housing, transportation, and childcare.

As the state looks to expand the maternal health workforce, many considerations come into play for those who may want to come into the sector.

"I speak from the mental health aspect around perinatal mental health piece; there's always, I think, a difficulty in thinking about socioeconomics, access to licensing, credentialing, right? So if the state says, Okay, we're gonna put licensing and credentialing and all this is okay. But then who can afford to go through that process and get the license? And then also, as a provider, have their own structure or knowledge base to go through, what it means to be credentialed and billing, right? And what comes along with all of that as well."
—Maternal health provider, western Massachusetts

Finally, maternal health practitioners spoke to other facets of family well-being that support successful birth outcomes for parent and child, including access to safe housing and childcare.

Opportunities for Action

The 2024 state law, *An Act promoting access to midwifery care and out-of-hospital birth options*, aims to improve maternal and birth equity through expanding maternal healthcare coverage, maternal health programs and centers, and leadership.[83] In western Massachusetts, local organizations and constituents have an opportunity to inform the law's implementation to ensure it meets the needs of our region's pregnant people and care providers.

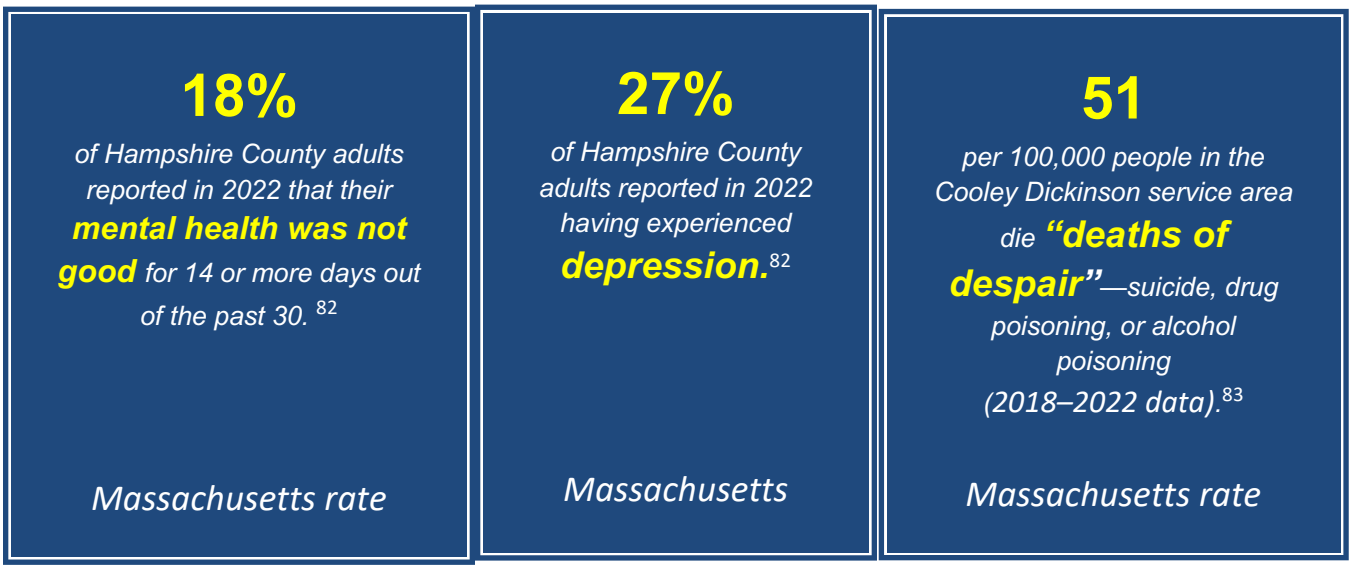
- The law requires certain health insurers, including MassHealth, to cover midwifery and doula services as well as prenatal chromosomal screenings for all pregnant people, and medically necessary human milk for infant growth.[83]
- It will develop a licensing and governing board for professional midwives and establish a pathway for licensure for lactation consultants.[83] Additionally, the law tasks MDPH with regulating and encouraging more independent birth centers.[83] These initiatives aim to provide greater access to diverse options for supportive maternal health care.
- Postpartum support is also expanded through the law, requiring insurers to cover postpartum depression screening, and tasking DPH with an awareness campaign and resource center regarding perinatal mood and anxiety disorder.[83] The law expands DPH's postpartum home visiting program and provides funding to cover these services.[83]
- A grant program for nonprofits or community-based health organizations will fund initiatives regarding mental health and substance use among perinatal individuals.[83]

Mental Health and Substance Use

The hospital system continues to prioritize mental health and substance use as areas affecting health in the region. Although mental health is commonly thought of as the absence of mental illnesses, mental well-being extends beyond the presence or absence of mental disorders. The World Health Organization (WHO) defines mental health as the "state of well-being in which an individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to [their] community."[84]

Mental health challenges emerge in varied contexts, from rural poverty and isolation to urban disinvestment and race and class discrimination, which contribute to poor mental health and other adverse outcomes.[85] Mental health is also affected by loneliness and social isolation, which were exacerbated during the pandemic and continue to afflict many residents.

Adult Mental Health in the Service Area Compared to Statewide



(*Note: The "Deaths of Despair" calculation is a crude rate, not accounting for differences in age distribution. Caution should be used when interpreting the data, especially when comparing between geographies*.)

A survey of public health officials conducted for this CHNA in the Coalition service areas (see Appendix E) asked respondents to list the two most urgent health conditions in their area. All 18 of the public health officials whose service area included Hampshire County listed mental health as one of the two conditions, and 14 of them also listed substance misuse.

Adult Substance Use

Substance use disorders (SUD) refer to the recurrent use of drugs or alcohol that result in health and social problems, disabilities, and inability to meet responsibilities at work, home, or school. Risk factors for SUD include genetics, age at first exposure, and a history of trauma.[86] Data show that other factors that contribute to SUD—such as economic constraints, social networks, opportunities for substance abuse treatment, and experiences within treatment—are affected not only by class but also by race and ethnicity.[87] Mental health challenges and substance use are often intertwined and described together as behavioral health. According to the National Institute on Drug Abuse, "about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa."[88]

Substance use continues to be a prioritized health need:

- **Smoking rates** in the Cooley Dickinson service area were 14%, compared to 13% statewide in 2023. Among individual communities in the service area, rates were highest in Belchertown (20%), Northampton (17%), and Easthampton (17%). (See Appendix D, Figure 21.)[55]

- **Binge drinking** prevalence (age-adjusted) is higher in Hampshire County (20%) than in Massachusetts overall (20%) or the United States (18%), based on 2022 data. It is also higher than in Hampden, Franklin, and Worcester counties.[89]
- **Alcohol and substance use overdoses** were lower for the Cooley Dickinson service area (29 per 1,000, 2018–2022 five-year average) than for Massachusetts overall (35 per 1,000) but higher than that of the United States (27 per 1,000).[90] Note, these are crude rates, not accounting for differences in age distribution. Caution should be used when interpreting the data, especially when comparing between geographies.
- **Opioid deaths** have decreased in recent years in Hampshire County, from an 11-year high of 44 in 2021 to 37 in 2022, and 29 in 2023.[91]

We recognize that substance use rates vary substantially by type of substance and by the socioeconomic characteristics of the people who use them. However, the data available at the county or service area level do not allow us to conduct this analysis.

Youth Mental Health

As with adult mental health, youth mental health is about well-being, and many factors contribute to a young person's mental wellness, including their sense of care and connection.[92] Other factors, such as structural poverty and isolation, erode any sense of well-being.[92] Nationally, we have seen a long-term rise in poor mental health among young people, which was made worse by the COVID-19 pandemic. [93] These trends are reflected across western Massachusetts as well. For youth of color and other marginalized young people, mental well-being has been affected by racism and discrimination in both communities and schools.[92] Gender and gender identity can also impact youth mental health because girls, lesbian, gay and bisexual and transgender young people often face discrimination as well.[92] For these reasons, Cooley Dickinson has chosen the well-being of LGBTQIA+ and BIPOC youth as a prioritized need for this CHNA.

SIDEBAR: Youth Mental Health Roadmap

The 2024 Youth Mental Health Roadmap for western Massachusetts provides recommendations for mental health promotion and prevention based on existing evidence, interviews with a variety of community and content experts, and feedback from advisory groups, youth, and others across the region.[92] The Roadmap complements the Commonwealth's Roadmap, which focuses on behavioral health treatment and crisis intervention.[92,94] The Youth Mental Health Roadmap identified five areas of focus for wellness promotion and the prevention of poor mental health (see the Assets and Resources section below).[92]

Figure 13: Key Focus Areas of Youth Mental Health Roadmap

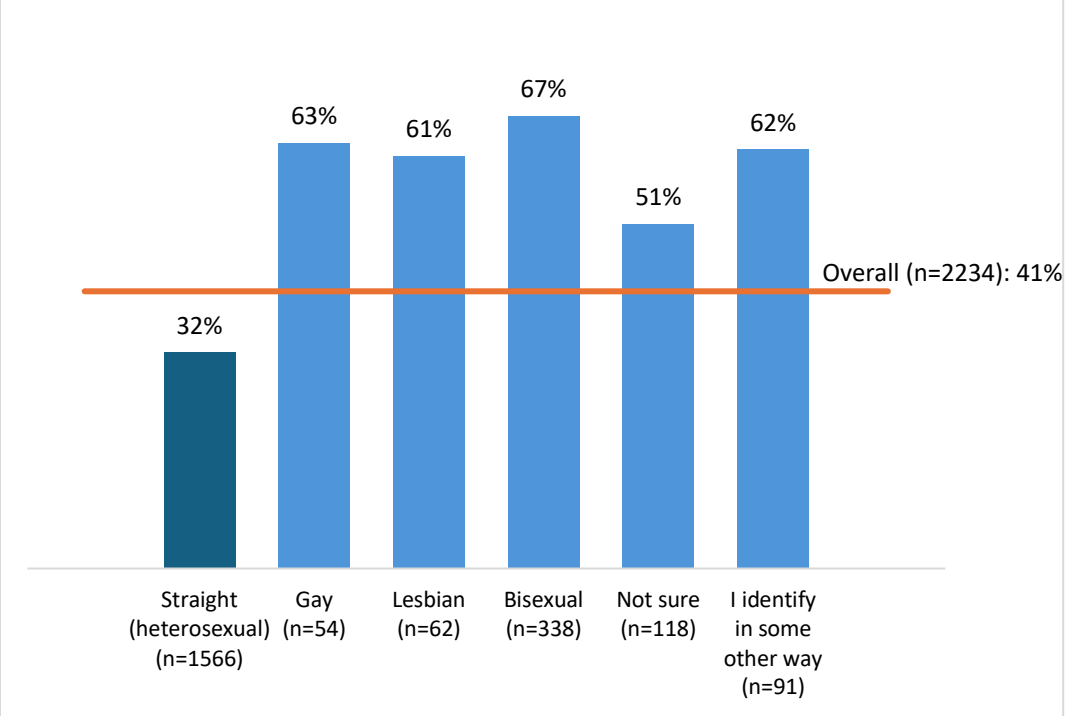
Source: Youth Mental Health Roadmap for Western Massachusetts, 2024

- **Destigmatizing & Normalizing:** Mental health stigma can affect one's ability to acknowledge mental health challenges, discuss mental health, and seek help.[92] Although this has been improving over time, stigma continues to exist with generational and gender differences.[92] Media and social media can provide both a source of support as well as increased stigma.[92,93] Cultural differences, historical racial oppression, and ongoing discrimination can impact stigma and cautiousness about sharing.[92]
- **Social Connection:** Data indicate we are becoming less socially connected over time in our society and that loneliness can increase the risk for depression and anxiety, with evidence that the effects can persist for years among children.[92] COVID-19 greatly disrupted the ability of youth to connect with family, friends, and various cultural and community resources, with lasting impact. [11]
- **Social and Emotional Learning (SEL):** SEL is learning the knowledge, skills, and attitudes to support one's emotional and behavioral health, overall well-being, and productivity in school and society.[92] The Massachusetts Department of Elementary and Secondary Education (DESE) incorporated SEL into the revised 2023 health standards.[92] Most school districts have adopted an SEL curriculum, but full implementation has been challenging because of limited personnel, funding, and competing priorities.
- **Social Media:** Nearly all teenagers use social media and almost a third use it "almost constantly."[92] While there can be benefits from social connections, problematic usage can impact in-person engagement, sleep, attention, isolation, depression, and behavioral problems.[92] Several local organizations offer education and tools to support healthy use, and many local schools also limit cell phone use during the school day.
- **Community-Clinical Linkages:** We need to link promotion and prevention strategies with clinical treatment to destigmatize and normalize mental health issues. This linkage can provide opportunities to identify and intervene on issues related to social isolation, SEL, and problematic social media usage.[92]

The Prevention Needs Assessment Survey (PNAS) is administered every two years by the Strategic Planning Initiative for Families and Youth (SPIFFY) to 8th, 10th, and 12th grade students across Hampshire County. Data from the 2023 PNAS provide insight into the **mental health** of Hampshire County students.[41] In 2023:

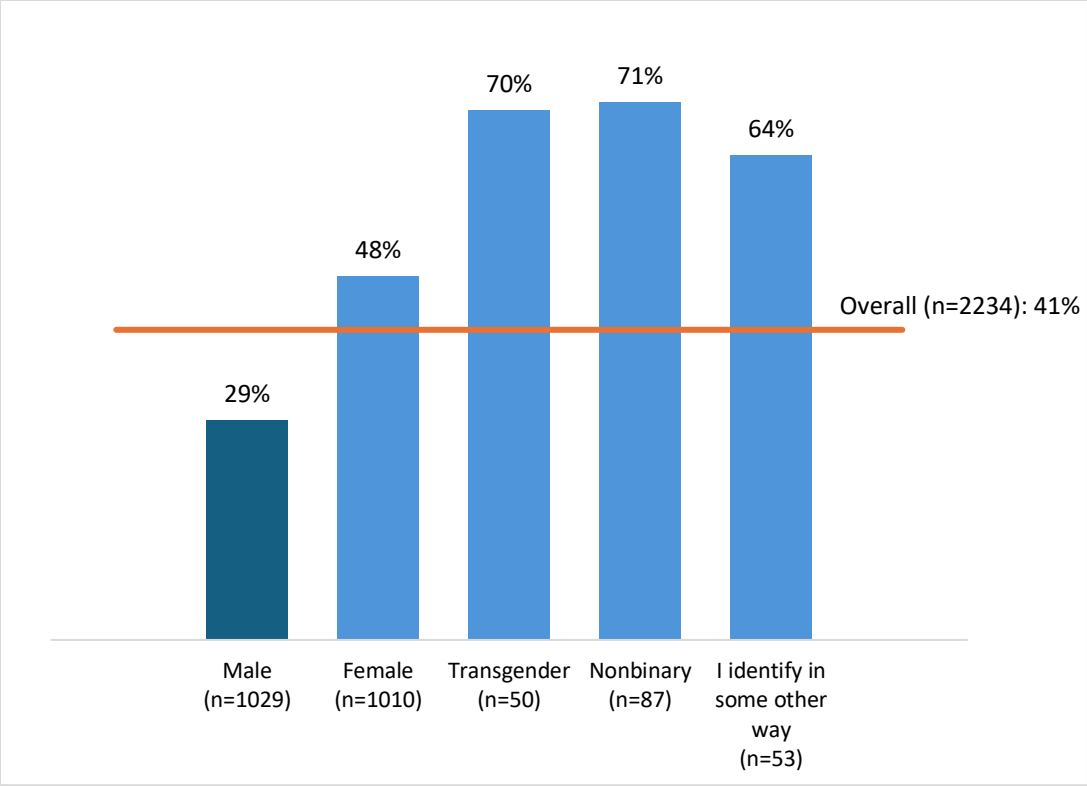
- 41% of students indicated that they had felt sad or depressed most days in the past year, even if they felt OK sometimes.[41]
- While there were differences by race in how students reported depressive symptoms, these differences were not statistically significant.[41]
- Students who identified as gay, lesbian, bisexual, unsure, or in a different way were more likely to be depressed than were students who identify as straight (see Figure 14).[41]
- Students who identified as female, transgender, nonbinary, or in a different way were more likely to be depressed than were students who identified as male (see Figure 15).[41]
- Depressive symptoms peaked during the COVID-19 pandemic (in 2021), with 47% of students reporting that they felt depressed or sad most days. Rates were substantially higher for students identifying as female (58%) or as transgender, nonbinary, or a different way (79%) (see Figure 16). These rates have since decreased.[95]

Figure 14: Depressive Symptoms by Sexual Orientation among Hampshire County Students: Grades 8, 10, and 12



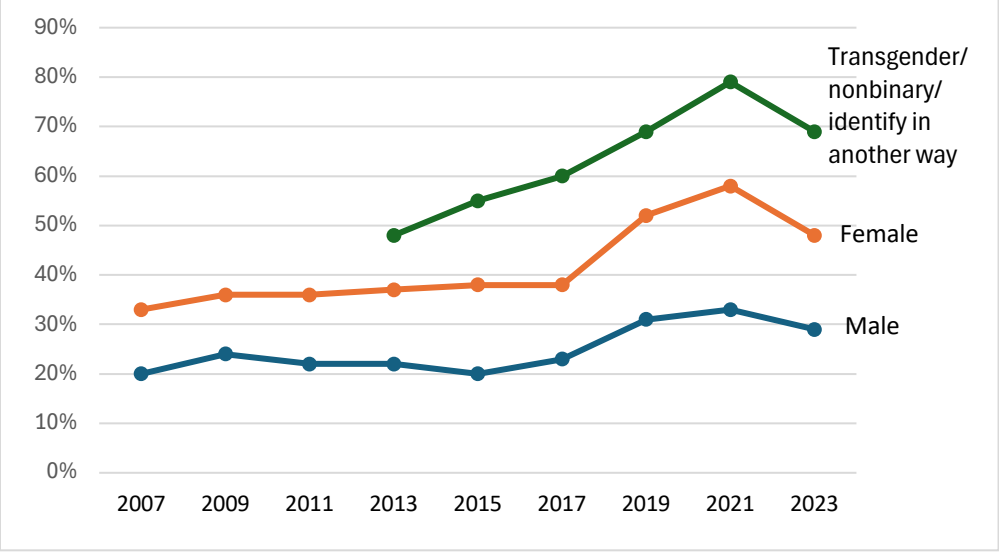
Source: Hampshire County Prevention Needs Assessment Survey, 2023

Figure 15: Depressive Symptoms by Gender Identity among Hampshire County Students: Grades 8, 10, and 12



Source: Hampshire County Prevention Needs Assessment Survey, 2023

Figure 16: Depressive Symptoms by Gender Identity Over Time among Hampshire County Students: Grades 8, 10, and 12



Source: Hampshire County Prevention Needs Assessment Survey, 2007–2023

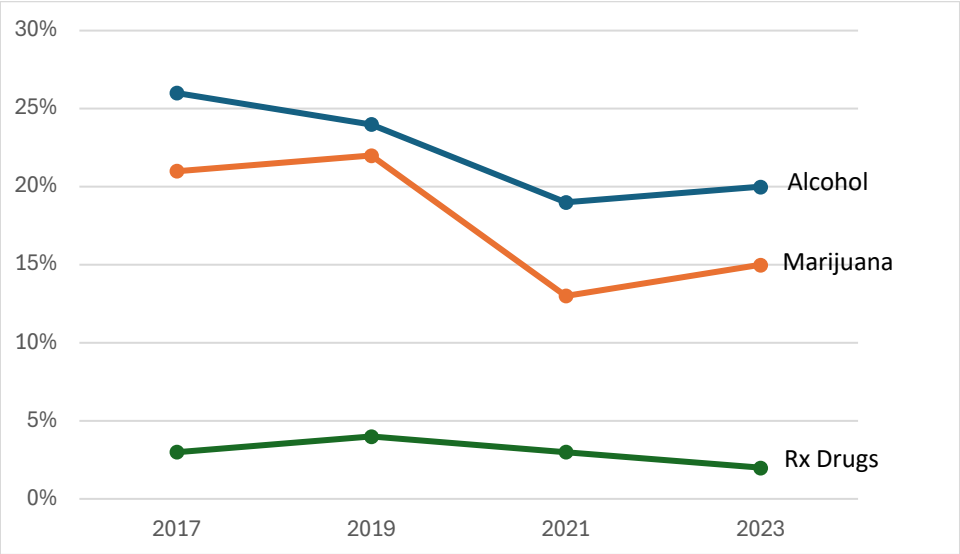
Youth Substance Abuse

The PNAS also gathers extensive information about **youth substance use**.[41] In 2023, Hampshire County 8th, 10th, and 12th grade students reported that:

- Alcohol was the most frequently used substance, with 20% of students reporting use in the past 30 days.[41]
- Fifteen percent of students reported having used cannabis in the past 30 days, and 10% reported having vaped.[41]
- Small numbers of students reported having used cigarettes (3%) or prescription drugs that were not prescribed to them (2%).[41]
- Most differences in substance use by race were not statistically significant. However, students who identified as gay, bisexual, or in another way were more likely to use substances than were straight students and students who identified as female, nonbinary, or in another way were more likely to use substances than were male students.[41]

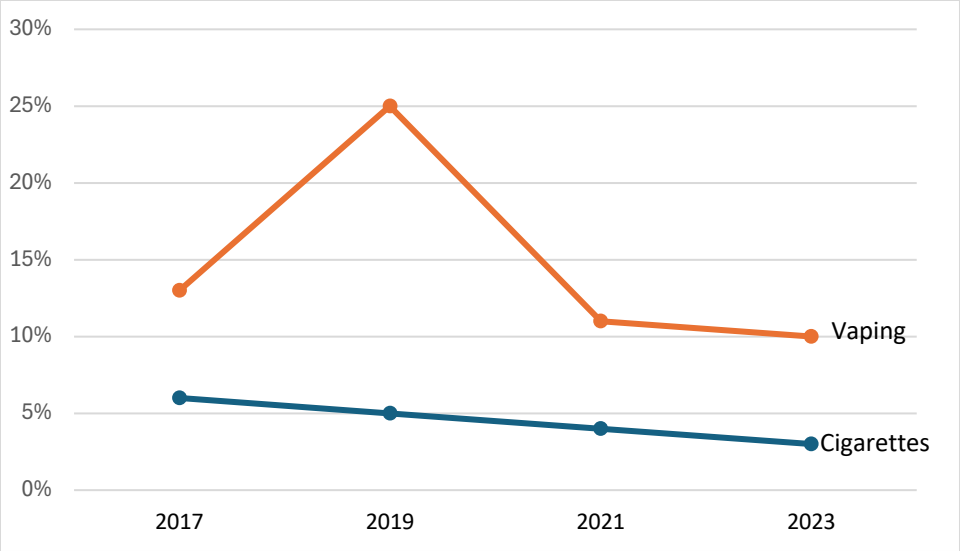
Self-reported substance use among 8th, 10th, and 12th grade students dropped during the pandemic, and remained at or near these lower levels in 2023 (see Figures 17 and 18).[41]

Figure 17: Past 30-day use of alcohol, marijuana, and unprescribed prescription drugs over time, among Hampshire County students: Grades 8, 10, and 12



Source: Hampshire County Prevention Needs Assessment Surveys, Hampshire County, 2017–2023

Figure 18: Past 30-day use of vaping devices and cigarettes over time among Hampshire County students: Grades 8, 10, and 12



Source: Hampshire County Prevention Needs Assessment Surveys, Hampshire County, 2017–2023

The PNAS also asked students why they choose to use substances. The most frequently cited reason for using alcohol, cannabis, vaping, and cigarettes is for fun (see Table 3, below).[41] Youth who were using prescription drugs that were not prescribed to them most frequently noted pain relief and helping with depression as their reasons for use.[41]

Table 3: Reasons Why Students Use Substances

	For fun	To feel good	I was curious	To help me sleep	To help with stress
Alcohol	19%	7%	8%	1%	3%
Cannabis	13%	9%	5%	7%	8%
Vape nicotine	6%	4%	4%	1%	3%
Cigarettes	2%	1%	1%	0%	1%

Source: Hampshire County Prevention Needs Assessment Survey, 2023

As noted above, mental health issues and substance abuse are often co-occurring.[88] PNAS data bear this out; students who report either depressive symptoms or anxiety are more likely to use substances than those who do not.[41]

Assets and Resources for **adult mental health and reducing substance use** cited by behavioral health professionals interviewed for the CHNA:

- Western Massachusetts providers and social service agencies are engaged in more partnerships, increased cross-agency communications, and local coalitions to improve access to and coordination of services.

- The Community Behavioral Health Centers (CBHCs) are positive additions to the service continuum, while accessing them can be challenging in rural areas.[96]
- State and local funders engaged in transportation and housing options is a welcome addition to the region.[47,97] Increased access to microtransit and other local transportation modes is an asset.
- Model programs could be replicated across the region, including increased onsite behavioral healthcare resources in hospitals and justice system sites; "hub table approaches;"[2] mobile vans for harm reduction and methadone treatments; hospitals paying for housing and community-facing staff.
- Hampshire County has numerous providers of complementary and alternative medicine modalities, such as acupuncture, reiki, and therapeutic massage that could partner with healthcare providers in more intentional ways, especially around non-opioid pain control and ongoing symptom management.

Assets and Resources for **youth mental health and reducing substance abuse:**

- The Strategic Planning Initiative for Families and Youth (SPIFFY) Coalition in Hampshire County supports K–12 health education and substance abuse prevention programs, advocates for policies that limit youth access to alcohol and cannabis, supports youth leadership programs focused on student mental health, school climate, and school connectedness, and develops age-appropriate campaigns to discourage youth substance abuse.
- Northampton's Youth for Equity and Action, a group of Northampton High School students collaborating with the city's Department of Health and Human Services, recently completed a Youth Participatory Action Research Project about their own health. Their findings highlighted the need for connection through (1) restorative practices in school and (2) creating intentional time and space during the day to casually connect with peers, friends, and supportive adults.
- Easthampton has implemented "Getting to Y" (a program of Up for Learning), in which students explore district-specific data, with a primary focus on mental health and substance abuse, from the Prevention Needs Assessment Survey and work together to build an action plan based on what they learn.
- Translate Gender provides various forms of youth programming for young people who are trans, nonbinary, and gender expansive, including youth leadership programs, a drop-in space, and gender-affirming resources.
- Safe Passage is an organization in Northampton that supports survivors of domestic violence. In early 2025, this organization received an award from Cooley Dickinson Hospital to support youth mental health through youth engagement and expanded services to prevent domestic violence.

[2] This refers to a coordinated local response team for families and individuals who need services from more than one community agency. See this website for how this is being implemented in Chelsea, MA: https://chelseapolice.com/community_services/hub.php. Springfield, MA is listed on the website as a community that is replicating this model.

- The Hilltown Recovery Theatre in Franklin County is a circus and performing arts experience for young people overcoming trauma, addiction, anxiety, depression, and other behavioral health challenges. Their programs combine training in performing and circus arts with guided meditation, 12-step programs, narrative and community therapy, and other supports.

Opportunities for Action: Adult Mental Health and Substance Use

Diverse organizational and public policies could improve mental health and substance use disorder outcomes in our region. Behavioral health professionals interviewed for this CHNA discussed varied policies:

- **Workforce:** Innovative training/certification programs, internships and apprenticeships, and medical residency programs could increase the behavioral health workforce. Reduce barriers to recruiting and hiring persons with lived experience as recovery coaches and care coordinators. Require staff training in anti-stigma and best practices in behavioral health care.
- **Care access:** Increase insurance coverage and include transportation, expand access to patient navigators, develop new overdose prevention sites. Increase reimbursement rates for behavioral health services, and expand the range and types of providers who can prescribe medication treatments. Offer more pharmacy delivery of medications and other health-related supplies to patients.
- **Promotion, prevention, and intervention:** Greater investments at the front end are needed to reduce vaping/tobacco and marijuana use among consumers and the workforce, and reduce or prevent gambling addiction.
- **Behavioral Health Roadmap to Reform:** More resources should be invested locally to implement this multiyear state plan to make outpatient care more accessible. Increase equity in funding resources as low population numbers can affect state funding; there are inequities in earmarks and grants when compared to the eastern part of the state.
- **CORI reform:** Address concerns about proposals to run Criminal Offender Record Information (CORI) checks and to require proof of citizenship on people trying to enter the family shelter system. CORI reforms were noted as important to enable expansion of the workforce and to meet acute housing needs.
- **The Youth Mental Health Roadmap**[92] for western Massachusetts includes numerous recommendations for each prioritized area. Full recommendations can be found in the Roadmap. Recommendations include:
    - Destigmatizing and normalizing youth mental health – To assist in reducing public stigma, work can be done around sharing lived experiences, ongoing media campaigns, and engaging local efforts.[92]
    - Social connection – In order to improve this sense of connection the Roadmap recommends strategies to "meet youth where they are at," develop youth-centric community spaces, and encourage expansion of peer and near-peer programs.[92]
    - Social media – Parents, caregivers, and adults modeling healthy use along with federal legislation targeted at protecting children.[92]

    - Community-clinical linkages – Suggestions include embedding behavioral health providers within libraries and partnering more closely with schools, police departments, and other community environments.[92]
- The Children's Mental Health Campaign is a statewide network that advocates for access and resources to prevent, diagnose, and treat behavioral health issues among children. Their website lists several legislative acts that have been introduced recently and that support their goals.
- Some municipalities, including the Cooley Dickinson service area towns of South Hadley and Pelham, have been part of a movement to create a "Tobacco Free Generation" by banning the sale of tobacco products to people born after a certain year.[98] Brookline led this creative approach, which was upheld in court, and organizers hope that with enough town-level buy-in this approach will be adopted statewide.

g. Mass General Brigham System Priorities

Cancer Screening Access

The age-adjusted cancer incidence rate in the Cooley Dickinson service area was 407 per 100,000 people between 2016 and 2020.[67] This is lower than the rates for Massachusetts (449) and the United States (442).[67] The rate in the Hilltowns, at 421, was higher than for the service area overall but lower than for the state and the nation.[67]

Metabolic Disease/Hypertension

In 2023, the Massachusetts Department of Public Health reported an age-adjusted hypertension prevalence of 27% for the Cooley Dickinson service area. This is substantially lower than the Massachusetts overall rate of 37%. The age-adjusted rate in the Hilltowns section of the service area was 36%.[55]

Similarly, age-adjusted obesity prevalence in the Cooley Dickinson service area was 28%, compared to 32% statewide and in the Hilltowns (2023 data).[55]

4. Conclusion

a. Summary of Under-Resourced Populations in the Community

Data show that while Cooley Dickinson's service area has many assets that contribute to good health, not all community members have equal access. While the proportion of people of color in the service area is not large, it is important; because of centuries of systemic discrimination, these communities are more likely to have limited incomes. The data in this needs assessment show that this intersection of race and income inequities has created a cascade of negative health outcomes that are identified as prioritized health needs. This is true for nearly all health outcomes we examined as part of this report, and we draw particular attention to disparities involving maternal and infant health outcomes.

While the stringent isolation measures necessitated by the COVID-19 pandemic are no longer in place, the pandemic's after-effects on mental health remain. Young people, especially those who are female or LGBTQIA+, are at a particularly high risk for depression, and those experiencing depression or anxiety are more likely than their peers to misuse substances. Older people, particularly in rural communities, also face isolation, transportation issues, and lack of access to services.

b. Priorities Identified and How They Address the Needs of the Community

Many residents continue to struggle to meet their basic needs of housing and food access, particularly in light of significant reductions to the federal budget and programs that support access to healthy food. An aging population will present more challenges, as smaller households tighten the housing market. Communities of color are much more likely to be housing burdened. The rural nature of much of the service area presents challenges when it comes to public transportation; as such, many residents have little to no access to buses or trains.

Like the rest of the country, the service area is challenged by chronic illnesses. Historically disadvantaged populations including BIPOC communities face barriers to managing chronic conditions, resulting in emergency department use and poor health outcomes.

Mental health and substance use continue to be concerns for the community. While youth mental health issues and substance abuse were higher during the pandemic, they remain high several years beyond the pandemic's peak. COVID-19 will continue to impact the health of the population for years to come.

We also note concerns with access to care and the lack of sufficient providers in the community. When seeking health care, especially mental health care and maternal health care, people look for specialists with whom they share an identity and life experience. For most people of color, this is simply not possible. Transgender, queer, and nonbinary people also struggle to feel comfortable receiving medical care, especially because of the lack of formal

training requirements around trans health. Groups working with youth should also strive to diversify their workforce.

c. Actions Taken Since Last CHNA and Evaluation of Impact

Cooley Dickinson Hospital is required annually to report on our community benefit activities, including progress on goals and objectives, to the Massachusetts Attorney General's Office. Current and historical annual reports submitted by Cooley Dickinson can be found publicly available here: https://massago.hylandcloud.com/231cbs/annualreport.aspx

During the past two years, Cooley Dickinson Hospital has transitioned toward becoming part of the Mass General Brigham Accountable Care Organization as well as the Be Healthy Partnership Plan Accountable Care Organization. Accountable Care Organizations (ACOs) are intended to improve the quality of care and gain greater control over spending. They share in some of the financial risk for the cost of care, and are held accountable for meeting certain quality metrics. This change is too recent for an analysis of outcomes. Nonetheless, this is a step toward addressing issues identified in this report with provider availability and coordination of care. Of note, this also impacts providers beyond the Cooley Dickinson service area.

d. Emerging Challenges

The community we serve is confronting a rapidly evolving set of public health challenges. Our ability to stay closely connected to the community and engaged in conversation with community-based organizations, residents and public health will be essential in our response.

Access to Health Insurance and Social Support Services

The passage of the "One Big Beautiful Bill Act" will have profound impacts on healthcare access. It is estimated that there will be an increase of 200,000 (estimate by the State of MA) in the number of uninsured in MA, compared to 117,000 currently uninsured. There is also an expected $1.7B decrease in annual federal Medicaid funding for MA when the law is fully implemented (estimate by the State of MA). Changes to the SNAP program are estimated to result in the State needing to provide an additional $53-60M per year to administer the program, with 175,000 current recipients at risk of losing some or all their SNAP benefits (MLRI Reconciliation Analysis).

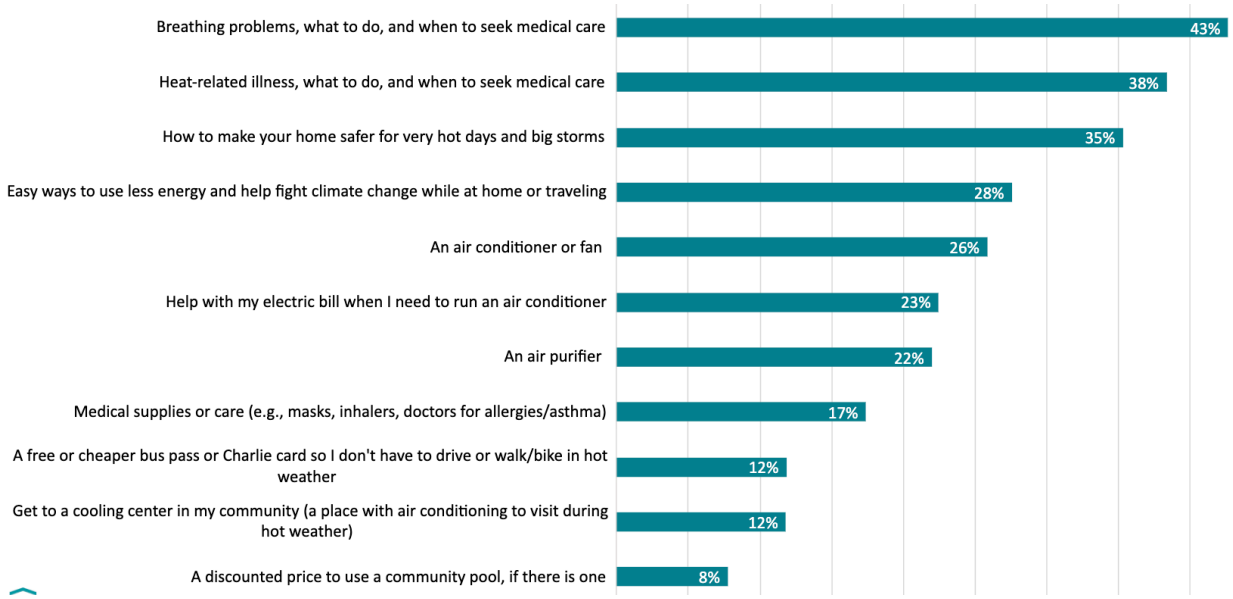
Climate Change

Climate change is already harming health through several pathways, especially for those who are most vulnerable. In Massachusetts, rising temperatures are leading to hotter and more humid days, which are happening more frequently and lasting longer. Poor air quality can occur from increases in wildfire smoke and heat driving higher pollutant levels. These threats can cause disease, worsen existing health conditions, increase hospitalizations, and limit access to care or essential services during high-risk events— with growing implications for quality of life and life expectancy.

Extreme heat and poor air quality disproportionately impact certain populations, such as young children, older adults, pregnant women, people experiencing homelessness, those with disabilities, individuals with chronic illnesses like cardiometabolic disease, and residents of low-income communities.

This year's CHNA includes a dedicated focus on climate-related health risks, with an emphasis on extreme heat and poor air quality. These threats were prioritized not only because of their growing impact, but also because they are areas where local health systems and public agencies are taking action. By better understanding how different communities experience heat and poor air quality—and what needs and barriers exist to receiving timely support—we can identify more effective, equitable strategies that address both medical needs and interconnected social factors. These coordinated interventions can reduce risks, improve health outcomes, strengthen preparedness, and build long-term community resilience.

Results from a 2025 Mass General Brigham Community Survey highlighted the need for education and information about what to do and when to seek medical care for breathing problems related to poor air quality and health-related illnesses related to extremely hot days.



Source: Mass General Brigham Community Survey 2025

e. Next Steps and Considerations Toward Implementation Plan

This CHNA report will be used to inform a Community Health Improvement Plan, which Cooley Dickinson will implement and monitor.

5. Appendices

Appendix A: Community Members and Partners Engaged in the Process

About the Consultant Team

Lead Consultant
The **Public Health Institute of Western Massachusetts'** (PHIWM) mission is to build measurably healthier communities with equitable opportunities and resources for all through civic leadership, collaborative partnerships, and policy advocacy. Our core services are research, assessment, evaluation, and convening. Our range of expertise enables us to work in partnership with residents and regional stakeholders to identify opportunities and put into action interventions and policy changes to build on community assets while simultaneously increasing community capacity.

Consultants
Community Health Solutions (CHS), a department of the **Collaborative for Educational Services**, was the lead author for the Cooley Dickinson Hospital CHNA. CHS provides technical assistance to organizations including schools, coalitions, health agencies, human service, and government agencies. CHS offers expertise and guidance in addressing public health issues using evidence-based strategies and a commitment to primary prevention. CHS believes local and regional health challenges can be met through primary prevention, health promotion, policy and system changes, and social justice practices. CHS cultivates skills and brings resources to assist with assessment, data collection, evaluation, strategic planning, and training.

Franklin Regional Council of Governments (FRCOG) is a voluntary membership organization of the 26 towns of Franklin County, Massachusetts. The FRCOG serves the 725-square-mile region with regional and local planning for land use, transportation, emergency response, economic development, and health improvement. FRCOG serves as the host for many public health projects including a community health improvement plan network, emergency preparedness and homeland security coalitions, two local substance use prevention coalitions, and a regional health district serving 12 towns. The FRCOG also provides shared local municipal government services on a regional basis, including inspections, accounting, and purchasing. To ensure the future health and well-being of our region, FRCOG staff are also active in advocacy.

Berkshire Regional Planning Commission (BRPC) is a regional planning agency serving all 32 municipalities of Berkshire County, Massachusetts. BRPC collaborates with local governments and organizations to enhance regional resilience and improve quality of life through comprehensive initiatives in land use, transportation, economic development, public health, and environmental management. BRPC actively promotes public health and wellness in Berkshire County through various initiatives. A key effort is Berkshire Public Health Alliance, a collaboration among 26 communities aimed at enhancing public health service delivery and overall well-being.

Table 4: Members of CHNA Regional Advisory Council

Name	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, and Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Annamarie Golden*	Director, Community Relations	Baystate Health	X	X	
Brittney Rosario* (former)	Former Community Benefits Specialist	Baystate Health	X	X	
Kelly Lamas	Mobile Health Equity Program Manager, Ambulatory, Quality & Clinical Integration	Baystate Health	X	X	
Agathe Hoffer-Schaeffer*	Director of Community Health	Mass General Brigham, Cooley Dickinson Hospital	X	X	
Roberta Gale*	Vice President, Community Health	Berkshire Health Systems	X	X	
Maureen Logan-Daniels*	Director, Wellness & Community Health	Berkshire Health Systems	X	X	
Jennifer Vrabel*	Executive Director, Advancement Office	Berkshire Health Systems	X	X	
Mary Stuart* (former)	Former Regional Executive Director of Community		X	X	

	Health and Well Being				
Katie Bruno*	Health Management Program Manager	Health New England	X	X	
Lisa Wray Schechterle*	Director of Community Benefits	Holyoke Medical Center	X	X	X
Catherine Brooks	Senior Research Evaluation Specialist	Collaborative for Educational Services	X	X	
Laura Kittross	Public Health Program Manager	Berkshire Regional Planning Commission	X	X	
Marie Brady (former)	Former Senior Planner, Public Health	Berkshire Regional Planning Commission	X	X	
Aaron Holman-Vittone	Public Health staff	Berkshire Regional Planning Commission	X	X	
Ananda Timpane	Executive Director	Railroad Street Youth Project	X	X	
Debbie DiStefano	Chief People and Equity Officer	Hilltown Community Health Centers, Inc.	X	X	
Luz Lopez	Consultant	Not Found	X	X	
Kirsten L. Krieger, RN, BSN	Former Nurse	Quabbin Health District	X	X	X
Shenell Remani Ford	Lactation Consultant	Baystate Medical Center	X	X	
Tiana Davis	Project Manager	Springfield HHS	X		X
Amy Timmins	Vice President, Nonprofit & Community Relations	ServiceNet	X	X	
Matt Alcombright (former)	Program Director,	The Brien Center	X	X	

	Residential Addiction Treatment			
Sean Fallon*	Regional Manager of Community Benefit, Community Health and Well Being	Trinity Health of New England	X	X
Phoebe Walker	Director of Community Health	Franklin Regional Council of Governments	X	X
Ann Darling	Consultant	Franklin Regional Council of Governments	X	X

*Coalition of Western Massachusetts Hospitals/Insurer member

Appendix B: Qualitative Data Collection

For this CHNA, the consultant team conducted several group key informant interviews (KIIs) with knowledgeable professionals (such as healthcare and service providers) on the prioritized needs of mental health and substance use disorder; older adults (65+); young children and their parents/caregivers; and immigrants and refugees. The team also held a regional interview with local public health officials. These data-gathering opportunities are summarized below. A table lists all key informants who participated. The table is followed by a detailed summary of each group interview.

Table 5: Group Key Informant Interviews	Meeting Date Held
Organizations serving Immigrants and Refugees	December 12, 2024
Organizations serving Children 0–10 and their Parents/Caregivers	December 17, 2024
Organizations serving Older Adults	December 19, 2024
Mental Health and Substance Use Disorder – CHIP committee meeting	January 7, 2025
Mental Health and Substance Use Disorder	January 16, 2025
Mental Health and Substance Use Disorder	January 17, 2025
Local Public Health Officials in Western Massachusetts	February 7, 2025
Maternal Health/Birth Equity Providers	March 11, 2025

Table 6: Respondents Participating in Key Informant Interviews and Other Qualitative Data Sources

Name (Last, First)	Title	Organization	Organizatior Serves Broa	Organizatior Serves Low-Income,	State, Local Tribal, Regional, o

			Interests of Community	Minority, and Medically Underserved Populations	Other Health Department Staff
Alcombright, Matt	Program Director	The Brien Center for Mental Health and Substance Abuse Services	x	x	
Alvarez, Pedro	Director of Harm Reduction Services	Tapestry Health	x	x	
Arce, SueHaley	Liaison	Springfield Police Department	x	x	
Arroyo, Joan	Maternity Coordinator	Health New England	x	x	
Ayala, Justin	Division of Geriatric and Palliative Care	Baystate Health	x	x	
Banks, Jane	Vice President of Housing and Homeless Services	Clinical and Support Options (CSO)	x	x	
Basch, Becky	Senior Planner, Land Use and Environment	Pioneer Valley Planning Commission	x	x	
Basler, Carleen	Volunteer Coordinator	Amherst Survival Center	x	x	
Bastone, Sandy	Site Coordinator, Family Support Programs	Community Action Pioneer Valley	x	x	
Berthiaume, Kathryn	Senior Clinician, Adult Community Clinician Services	Center for Human Development	x	x	
Besaw, Amber	Executive Director	Northern Berkshire Community Coalition	x	x	
Bianchi, Alan	Assistant Deputy Superintendent	Berkshire County Sheriff's Office	x	x	
Browsky, Mike	Home Repair Coordinator	Community Action Pioneer Valley	x	x	
Budine, Gillian	Community Network for Children Coordinator	Erving School Union #28	x	x	
Cahillane, Amy	Director of Community and Economic Development	City of Greenfield	x	x	
Callahan, Christine	Executive Director	Berkshire Nursing	x	x	

		Families			
Chung-Edwards, Diana	Injury Prevention Nurse Coordinator	Baystate Medical Center	x	x	
Cioch, Fiona	Public Health Nurse	Holyoke, Chicopee, South Hadley	x	x	x
Colon, Magda	Regional Manager	Learn to Cope	x	x	
Cotugno, Kathi	Drug Addiction and Recovery Team (DART) Coordinator	Northampton Department of Health and Human Service	x	x	x
Cruz, Ed	Program Manager	Center for Human Development	x	x	
Cushing, Abbi	Program Director	The RECOVER Project	x	x	
Deschaine, Norm	Administrator	Baystate Brightwood Health Center	x	x	
Diaz, Shaundell	Program Director	3 County Continuum of Care	x	x	
DiStefano, Dawn	Chief Executive Officer	Square One	x	x	
DiStefano, Debbie	Chief People and Community Officer	Hill Town Community Health Center	x	x	
Dropkin, Emmalie	Director of Data, Planning, and Evaluatio	Community Action Pioneer Valley	x	x	
ElShabazz, Elhajj	Recovery Specialist		x	x	
Feldman, Lynne	Associate Executive Director	Lifepath	x	x	
Fennell, Laconia	Cofounder, Springfield Family Doula Services	Springfield Family Doula Services	x	x	
Figueroa, Leigh-Ellen	Health and Equity Programs Coordinator	Communities That Care Coalition	x	x	
Fuccione, James	Senior Director	Massachusetts Healthy Aging Collaborative	x	x	
Fulla-Kay, Fina	Social Worker	Baystate Healtl	x	x	
Gonzalez, Chrismery	Coordinator, Office of Racial Equity	Springfield Department of	x	x	x

		Health and Human Services			
Godfrey, Jason	Director, Great Barrington Family Resource Center	Clinical and Support Options	x	x	
Higgins, Jennifer	Director of Grants	Center for Human Development	x	x	
Humayun, Nisha	Project Coordinator for Community Health	Town of Ware	x	x	x
Katalina, Jenise	Executive Leader	Women of Color Health Equity Collective	x	x	
Keough, Jill	Executive Director	Greater Springfield Senior Services	x	x	
Kirby, Emily	Director, Prevention and Community Health	Town of Ware	x	x	x
Knight, Charlie	Representative	Straight Rental Housing for Homeless People	x	x	
Kolis, Steve	Board Member	Windsor Board of Health	x	x	x
Kokonowski, Kate	Lead Midwife	Pioneer Women's Health and The Birthplace at BFMC	x	x	
Krieger, Katalin	Director of Patient Services	Community Health Center of Franklin County	x	x	x
Lockwood, Becky	Director	Salasin Project	x	x	
Lalbeharie-Josias, Desiree	Director, Early Childhood	Collaborative for Educational Services	x	x	
Letson, Aimee	Western Massachusetts Regional Coordinator	DPH Bureau of Substance Addiction Services (BSAS)	x	x	
Martinez Lopez, Frank	Executive Director	Enlace de Familias	x	x	
Lopez, Luz	Social Entrepreneur	Alternatives to Violence	x	x	

Lund, Jerry	Board of Health Member	Leyden Board of Health	x	x	x
Lutz, Julie	Program Coordinator	Western Massachusetts Training Consortium	x	x	
Macary, Hope	Director	Greenfield Council on Aging	x	x	
Malin, Christina (Kiko)	Public Health Director	Amherst Board of Health	x	x	x
Marrow, Yolanda	Pediatric Violence Prevention	Baystate Health	x	x	
Martin, Sandra	Health Agent & Emergency Planner	Berkshire Regional Planning Commission	x	x	
Martoccia, Roseann	Executive Director	WestMass ElderCare	x	x	
McBride, Pamela	Information Services Assistant	Greenfield Public Library	x	x	
McCombs, Shelly	Senior Quality Improvement Operations & Accreditation Manager	Health New England	x	x	
McLaughlin, Debra	Coordinator	Franklin County Opioid Task Force	x	x	
Miklovich, Caroline	Nurse Navigator & Staff Nurse	Moms Do Care Greenfield, and The Birthplace at BFMC	x	x	
Millman, Laurie	Executive Director	Center for New Americans	x	x	
Molony, Jason	Age Friendly Program Director	Lifepath	x	x	
O'Reilly, Maureen	Health Educator/Epidemiologist	FRCOG	x	x	x
Page, Christy	Regional Health Educator	North Quabbin Health Collaborative	x	x	
Pascucci, Cheryl	Nurse Practitioner and Chief Nursing Officer	CSO	x	x	
Patton, Sarah	Early Childhood Mental Health Planning Associate	FRCOG	x	x	

Peacock-Chambers, Elizabeth (Lily)	Pediatrician	Baystate Healtl	x	x	
Penner, Wendy	Williamstown resident	n/a	x	x	
Phillips, Deb	Director	Southern Berkshire Rural Health	x	x	
Pratt, Gary	Executive Director	Rural Recovery	x	x	
Pratt, Mike	Police Chief	Hampden County Sheriff's Office	x	x	
Rabbitt, Claire	Town Nurse	Town of Heath	x	x	x
Raper, Judy	Associate Dean of Community Engagement	Greenfield Community College	x	x	
Rodriguez, Rafael	Assistant Director	Wildflower Alliance	x	x	
Ryan, Meg	Public Health Nurse	FRCOG	x	x	x
Salazar, Rossana	Community Engagement and Evaluation Specialist	Collaborative for Educational Services	x	x	
Santiago, Jarix	Co-Director of Youth Services	New North Citizens Council (NNCC	x	x	
Santos, Tonja	Certified Nurse Midwife	Baystate Medical Center	x	x	
Shantz, Bonnie-May	Executive Office	Elder Affairs	x	x	
Slade, Kim	Substance Use Coordinator	City of Westfield	x	x	x
Steinhauer, Ilana	Executive Director	Volunteers in Medicine Berkshires	x	x	
Sudlow, Robin	Director	Franklin County & North Quabbin REACH	x	x	
Suffish, Ana	Academic Coordinator	Berkshire Community College	x	x	
Todd, Greg	Executive Director	Men of Color Health Awareness (MOCHA)	x	x	

Van der Velden, Allison	Chief Executive Officer	Community Health Center of Franklin County	x	x	
Whalen, Peg	Member	Chesterfield Board of Health, Northern Hilltown COAs	x	x	x
Williams, Vivan	Manager of Care Management	Health New England	x	x	
Wood, Samantha	Director of Strategic Innovation	Greenfield Community College	x	x	

Group Key Informant Interview Summaries

a. Organizations Serving Immigrants and Refugees Summary

Basic Needs and Access to Resources

Key informants identified four main areas of concern:

- Access to transportation
    a. "even if you do have a bus system, if you're lucky enough to have one, it can be a really long commute"
- Education (particularly tied into workforce development)
    a. Importance of classes in English as Speakers Of another Language (ESOL) was identified as well.
- Digital support (for example, reliable internet service, devices)
- Housing (including when having to move from eastern to western part of Massachusetts or even between two towns within western Massachusetts)

Health Insurance Challenges and Access to Healthcare Services

- Concern that some in the immigrant and refugee communities are not accessing certain benefits and health care they are entitled to.
- Fear among some in these communities that if they use any type of insurance to which they are entitled, it might affect their immigration status.
    a. "We've talked about MassHealth standard or not, that they won't take it [at] all when they feel like accepting benefits to which they are entitled, WIC, MassHealth, SNAP, they won't take them, if they fear that it's going to jeopardize their status."
    b. MassHealth "switches their criteria all the time . . . it's so complicated."
- Suggestion from a participant that it would be easier if all new enrollees were able to stay on the MassHealth Standard Plan.
- In general, access to health care in the United States is "convoluted."
    a. "because I have trouble accessing health care, and I have an MPA, and I speak English, and I'm a privileged white person"; we also have many types of insurance in the United States.

- There are enrollment issues when you are working with people new to the system, people are transient, it can be difficult to get referrals or insurance changed (needs to be addressed on the state level). This can have an effect on getting children their physicals or vaccinations.
- What is covered through a program like 340B seems to change sometimes "day to day." Also, there is some concern that an already complicated program to administer through the state will become more difficult considering what is happening on the federal level.
    a. Not always being connected to nearest federally qualified health center "that is within the region where they're living."
- Lack of care coordination, coupled with an observation that the "key players, they change, and there's no place for me to access and go to say, okay who's running [this social service provider] right now?"
    a. Of note, Berkshire's representative disagreed with others in the group on this point. Stated, "We do have systems of care coordination in place. And so, the agencies communicate really closely."
    b. Agreement (including by Berkshire's) that CHWs can be helpful in addressing the care coordination issue.
    c. One suggestion: Need for a "cross agency, collaborative group specifically for the needs of the immigrant community."

Other Issues

- Dental was mentioned by more than one participant (and that some end up in the ER with preventable dental issues).
- Concerns over immigrants and refugees being connected to providers who are trauma-informed.
- Issue of difficulty with recredentialing in Massachusetts: new immigrants may have been providers in their country of origin—would be great if easier pathway to being credentialed in United States.

Language Barriers

- While there was a focus on needing translation services related to legal or other service needs, there was an observation that access to language resources has improved in the region.
    a. "I agree that the language capacity in the region needs to be improved. You know, the phone lines aren't perfect, but there weren't phone lines at all until a few years ago. So, I definitely do see some progress in terms of more accessibility, in terms of language."
    b. "The biggest challenge we're having with the most recent immigrant population we're seeing, which are the Haitian immigrants, is language access, while we've been able to secure basically people and resources for almost every other language, Haitian Creole is extremely difficult to find folks to be able to be onsite." [Of note, Berkshire representative notes that Haitian Creole population is not that prevalent in Berkshires.]
- Long wait times for phone translation services were also noted.
- Some come with low literacy or have not had access to education in their country of origin.

- Also, there is a need for more interpreters who have knowledge of the culture of origin.
    Berkshires: "Having an interpreter is great, but we really focus on this idea of scaffolding. So, it's about, you know, "what is the ask," so you can interpret anything, and they can understand it. Maybe you know the words, but when it comes to actual access and language, justice and health care, you need to think about, what is the ask that we're asking of a person, and what are we putting into place to scaffold the ability for that person to do that thing, or the family?"

Behavioral Health and Trauma

- Access to culturally sensitive, trauma-informed, behavioral health care
    a. This quote exemplifies the issue, "I think most people in general and particularly marginalized folks and people who have emigrated from a place that they originated, have trauma. And I do think that the resources available for addressing trauma are just inadequate. We don't have enough providers, which is pretty well known. And I think that, you know, our trauma-informed care resources, I think we do pretty well, but it's never enough for the amount of trauma that these populations, I think, have experienced. … You take somebody away from their home and their family oftentimes, and just displace them and I think that can be really compounded."
- Amongst the group, there was a recognition of how dire the current situation is perceived by some refugees and new immigrants
- Recognition that some may be coming from cultures where "formal" clinical care or the ways we provide treatment might be unfamiliar
- Need for more providers trained
- Interesting point: Some of the people providing services to immigrants also are immigrants and may have their own trauma histories
    a. "We need to be focused on really boosting up the mental health of the people who are doing the work and peer support groups as well, especially when they're dealing with immigrants and trauma and, they're immigrants themselves."
- Need for more community support (for example, for families with young children)

Barriers to care:

- Waiting lists and if you do receive treatment, a general small number of reimbursed visits
    a. "There is a shortness of providers, you know, and also the barrier of the language…all of them have trauma. All of them should [have] mental health [treatment] or sometimes a support group. Providers [are] not enough. It's not enough. Even for the people who live here, when you call for mental health, you are on a waiting list."
- Language issues
- That alternative ways to provide clinical care and support may not be billable to insurance (e.g., cooking class that may bring people together)

Positives:

- Population is eager to learn
    a. A participant who works at a community college stated that they have had positive experiences with the "tremendous eagerness to learn" and some success in supporting community members in industry-specific training (also identified this as an opportunity for further growth).
- Some organizations do provide training for others
    a. "I'm a nurse practitioner, and so we've been developing this training [on immigrant health], and we work with volunteers."
- Transportation policy
    a. "The fact that transportation in this area is a huge barrier to health care. Natalie Blay has been working on that. I think our legislators understand that the lack of robust transportation is a barrier. Buses are free right now. There may not be enough of them, but the legislature, legislators are listening to us. They're very responsive."
- Some opportunities for home visits
    a. "Also, we can do home visits [for example, DCF] so that there is not the transportation barrier."
- Advocacy/policy around recredentialing
    a. "I would say some of the legislative attention now on healthcare professions is because we've been advocating for it, the physicians bill. That's something Mindy Domb heard about in our classes, where our students said they were healthcare professionals in their home countries and couldn't recredential the nursing test in Spanish and Creole. That's our students advocating for it. We have been on Jo Comerford for years on this. We testified in front of the public health community committee, and it's still not perfect."
- Dental care provided by MassHealth
    a. "Right now, people tend to act [like] there's not enough dentists, but at least their benefits allow them to get the care they need if they have MassHealth or a health safety net."
- Opportunity for more peer support groups which one organization has seen "boost" mental health.
- Opportunity for community collaboration
    a. "And community opportunities for community collaboration are huge, and a lot of people are, I think, feeling desperate to help, and this would help harness that and coordinate it in a way that was rational and appropriate and quick."
- Berkshires: "We spend $1,000 a taxi ride to get someone to Worcester for a consult that could be telehealth or things like that."

b. Organizations serving Families with Children 0–10 summary

Basic Needs and Access to Resources

- Families face persistent challenges in meeting basic needs, including food, transportation, and housing.

    a. “I get a sense that you know, some basic needs are still of top concern for a lot of families.”
- Rural areas experience additional barriers due to geographic isolation and limited-service availability.
    a. “We actually have a satellite office at our children’s closet…22 families visited us…people are just looking for warm clothes. We have diapers, and sometimes it’s just the support of connecting with us.”
- Limited transportation options make it difficult for families to access essential services, including health care and education.
    a. “We have some families who only have one vehicle.”
- Employment challenges, including balancing remote work and childcare, impact financial stability.
    a. “Two-parent families where both are working remotely are trying to juggle working remotely while caring for their child.”
- Additional quotes:
    a. “I often face challenges meeting basic needs, especially with food. Having to work fewer hours due to transportation issues adds another layer of difficulty.”
    b. "My son is 9 years old and in the third grade, but he has started struggling with school. …I am working to keep him motivated, but it has been tough.”

Health Insurance Challenges and Access to Healthcare Services

- Many families struggle to access health care due to a shortage of providers, particularly pediatricians.
    a. “We just have a desert when it comes to pediatricians. If they don’t have one, they’re having trouble getting one.”
- Delayed or missed medical care due to COVID-19 continues to affect children’s health.
    a. “We have really low rates of kids being and staying up to date, and we’re doing better now, but that looks like maybe half of our kids and a lot of others are stuck behind because their insurance got off schedule during COVID.”
- Rural families must often travel long distances to find healthcare services.
    a. “People have to travel to Greenfield, Apple Amherst, to get supported.”
- Insurance complexities create barriers to care, especially for immigrant families.
    a. “Children have their own health insurance, but their parents have limited insurance…they are not allowed to register because there is no space.”
    b. “Health care remains difficult to navigate…we are still trying to catch up on our health.”

Behavioral Health and Trauma

- Increased demand for mental health services has led to longer wait times and limited program capacity.
    a. “Thirty percent of kids in our program had an open referral this fall to our internal mental health team.”
- Workforce shortages in behavioral health are affecting service availability.

    a. “We’ve had to reduce our program in the last couple of years to increase wages so that we could maintain a staff and stay open.”
- Children in rural areas have fewer behavioral health resources, requiring long travel times for services.
    a. “Families have to travel significant distances to access mental health support, which adds stress.”
- Early intervention efforts are increasing but remain underfunded.
    a. “Early identification is improving, but the downside is that getting services can take years.”
- “My middle child struggled the most—he coped with the changes by overeating…and experienced depression because he couldn’t participate in the sports he loved.”

Policy Considerations

- Many immigrant families avoid seeking benefits due to fear of deportation or legal repercussions.
    a. “Many of them, they are not going to WIC. Many of them are not going to many different places to ask for resources.”
- Funding structures often limit innovation and fail to address local needs.
    a. “The way that the money is distributed is systematically barring any creativity or innovation.”
- Policymakers must address systemic funding gaps and accessibility challenges in rural areas.
    a. “We need targeted funding to make these fields livable for current and future professionals.”
- Advocacy efforts are necessary to secure sustainable resources for health care and education.
    a. “We are trying to prove the value of new models with private dollars to advocate for better funding.”

Systems Change

- The workforce crisis in early childhood education and health care continues to grow.
    a. “We have a vulnerable and a very, very fragile early childhood workforce, currently, people who are doing the best they can under very, very difficult circumstances.”
- Recruiting and retaining qualified professionals in rural areas remains a challenge.
    a. “Even when we raise wages, it’s still difficult to hire qualified individuals.”
- Community-based solutions, such as mobile outreach programs, play a vital role in service delivery.
    a. “Community closet or the family playgroups, these places where people can actually connect is really important.”
- Increased investment in workforce development is needed to sustain essential services.
    a. “We need to invest in making these jobs attractive for young people to build long-term careers.”

Other Issues

- Limited access to consistent information makes it difficult for families to navigate resources.
    a. "Can the state please have a section on their website? Instead of each one of us individually trying to keep the information updated?"
- Language barriers prevent families from accessing crucial services and supports.
    a. "Many agencies have resources, bilingual resources, or interpretation by phone…because they could be paralyzed and do nothing and wait only."
- Cultural competence among service providers is crucial for effective care and education.
    a. "Understanding cultural differences in caregiving is key to effective service delivery."
- Trust-building within communities is essential to connecting families with services.
    a. "It takes years to build trust with families, but once established, they refer others to seek help."
- "Personally, I experience more anxiety while shopping in stores, so I continue to rely on online shopping and home deliveries."

c. Organizations serving Older Adults summary

Basic Needs and Access to Resources

- Housing Shortages and Affordability
    a. Many older adults face a severe shortage of appropriate housing, particularly in rural communities.
    b. There is a growing concern about homelessness among older adults due to affordability issues and limited housing options.
        "There is just a massive shortage of housing, as there is in many communities, but also appropriate housing, as in homes that are the right size and can support the needs of older adults."
        "We also have a growing number of older adults who are experiencing homelessness in our community."
    c. Some rural communities are adopting the Village Movement, where older adults work collectively to support one another and to stay connected.
- Transportation Barriers
    a. Limited or no public transportation in rural areas makes it difficult for older adults to attend medical appointments, pick up medication, or access essential services.
    b. Even those with personal transportation face challenges due to mobility limitations or lack of reliable vehicles.
        "Our very rural population…the transportation barriers are huge."
        "People, even if they have their own transportation, getting somewhere to a medical appointment or picking up medication is really challenging."
    c. Some communities have introduced volunteer-based transportation programs or intergenerational partnerships to assist older adults with transportation.
- Digital Access and Awareness

a. Many rural older adults lack access to reliable internet or digital literacy, preventing them from using online healthcare portals and telehealth services.
   "We have very low utilization of telehealth and fairly low use of medical portals. And for a rural community, those are resources that we really need to increase awareness of and skills with."
b. Senior centers have begun offering digital literacy training and free internet access to help older adults become more connected.

Health Insurance Challenges and Access to Healthcare Services

- Provider Shortages
  a. The shortage of geriatricians and primary care physicians has left many older adults with limited healthcare options.
  b. Some rural areas have no geriatricians at all, forcing residents to travel long distances for care.
     "We didn't match with any geriatrics fellows this year. … I know that there are no geriatricians at any of our community hospitals in Franklin County, in Palmer, and in Westfield."
     "We all know that it takes forever to get an appointment with specialists up here in Franklin County."
  c. A Family Medicine Residency program in Franklin County is working to train more healthcare providers in geriatrics to address the shortage.
- Limited Access to Telehealth and Insurance Coverage Issues
  a. While telehealth services could help alleviate transportation barriers, many rural areas lack affordable internet access.
  b. Reimbursement for phone-based medical visits has been reduced, making it harder for older adults to use telehealth.
     "Phone-based visits are reimbursed now at a lower rate than what they were during COVID."
     "Up in the rural communities, we all have access now to high-speed internet, but it's not affordable in many towns."
  c. Some libraries are providing telehealth kiosks where older adults can have private, HIPAA-compliant medical consultations.

Behavioral Health and Trauma

- Social Isolation and Mental Health Challenges
  a. Older adults in rural areas often live far from family and community centers, leading to loneliness and mental health struggles.
     "When people live so far away from each other, supporting social connections is also challenging."
  b. Senior centers are offering programs such as Memory Cafés, group meals, and intergenerational events to help older adults build social connections.

Policy Considerations

- Paid Family Medical Leave Impact

a. While Paid Family Medical Leave has been beneficial for workers, it has also created staffing shortages in healthcare and caregiving roles.
   "It really just sort of exacerbates the workforce issue. And I think as a nonprofit, trying to keep up with the wages, you know, has been challenging."
b. Some states are exploring increased funding and incentives for caregiving roles to address workforce shortages.

- Housing Policy and ADU Regulations
  a. Recent policy changes allow for more accessory dwelling units (ADUs), but regulations on their usage vary by town.
     "It's great that ADUs are allowed right now across the state, but many of our smaller towns…are looking at bylaws that restrict how ADUs can be used."
  b. Positive development: Some communities are implementing loan programs to help older adults build ADUs for affordable housing solutions.

Systems Change

- Direct Care Workforce Challenges
  a. There is a growing demand for caregivers, but fewer workers are entering the field, leading to shortages.
     "There's more need in the older population as it grows over the next 20 years, versus the available workforce to meet their needs."
  b. Loan forgiveness and free nursing education programs are being introduced to incentivize careers in elder care.
- Community Initiatives for Aging Support
  a. Community-led initiatives are helping bridge gaps in service and support for older adults.
     "Holyoke had a project through their Council on Aging to better engage and listen to older Puerto Ricans."
  b. The Village Movement fosters grassroots support networks for older adults, helping them remain independent.

Other Issues

- Language Barriers
  a. Many older adults from immigrant backgrounds struggle to access healthcare and social services due to language limitations.
     "It's really important for us as an employer to hire people who speak their language and share their customs and traditions."
  b. Efforts to diversify staff and to improve cultural competency in aging services are expanding.
- Funding Inequities
  a. Many programs receive funding on a flat-rate basis, rather than based on community need.
     "Our community of 5,000 seniors receives the same amount as the community next door that has 90 seniors. … I wish that it was distributed in a per capita way."

b. Advocacy groups are working to restructure funding allocations to better serve older populations.

- Workforce Turnover and Sustainability
    a. Retaining caregivers and healthcare workers has become more difficult, impacting the consistency of care.
    "We seem to have more of a workforce turnover. People don't tend to stay in positions as long as they might have in the past."
    b. Workforce training programs and career development initiatives are being expanded to support retention.

d. Mental Health and Substance Use Disorder summary (covers all interviews and some focus group highlights; see full focus group summary farther below)

Basic Needs and Access to Resources

- Access to digital services
    a. The use of telehealth and digital healthcare services has grown but many individuals, especially in rural areas, struggle with digital literacy, reliable internet access, and navigating complex healthcare portals. Participants emphasized the need for more user-friendly systems and accessible explanations of medical information.
    "Since so many people have email on their phones now, there should be a way for prescribers to send easy-to-understand medication instructions instead of relying on patients to remember complex medical details."
    "We need digital tools that are simple to use. If I can't get into the healthcare portal, how am I supposed to manage my appointments or understand my prescriptions?"
- Housing
    a. Safe and stable housing is a critical component of mental health and substance use recovery. Many individuals face housing insecurity, which adds stress and increases the likelihood of relapse. The high cost of rent, housing shortages, and systemic barriers make it difficult for vulnerable populations to secure stable living arrangements.
    "If somebody doesn't have a safe place to live or food to eat, their mental health suffers. There's no way you're going to be okay."
    "I've been in recovery for five years, but every time I walk through my building, I don't know what's going to happen. The stress makes it hard to stay clean."
- Transportation needs
    a. Access to transportation is a major barrier, particularly in rural areas where public transit options are limited. Participants noted that existing services, such as MassHealth transportation, have rigid rules that make it difficult for individuals to complete multiple essential errands, such as picking up medications after a doctor's appointment.

"MassHealth transportation will take you to your medical appointment, but won't let you stop for a prescription on the way home. How does that make sense?"

- Rural-specific issues
    a. The rural nature of a rural county makes it difficult for residents to access behavioral health services, requiring long travel distances for care.
    b. Limited availability of affordable housing, particularly for those in recovery, forces people to choose between unsafe living conditions and homelessness.
    c. Lack of integrated digital health solutions that consider the needs of individuals with lower digital literacy.

Health Insurance Challenges and Access to Healthcare Services

- Dependence on ER for services
    a. Due to limited access to outpatient mental health services, many individuals rely on emergency rooms as their primary source of care. This leads to long wait times, overcrowding, and inefficient treatment for behavioral health crises.

    "We drove from ER to ER trying to find an open psychiatric bed, only to be sent back to the original hospital to start the process all over again."

    "The ER is the only option for some people, but it's not designed for long-term care. They stabilize you and send you back out, and then you end up right back there again."
- Rural–specific issues
    a. Rural hospitals struggle to recruit and retain behavioral health specialists, particularly those trained in geriatric psychiatry.
    b. Lack of insurance coverage for long-term behavioral health treatment forces individuals to transition out of programs before they are ready.

Behavioral Health and Trauma

- Stigma in seeking care
    a. Cultural and societal stigma around mental health and substance use treatment prevents many individuals from seeking help. Some communities view therapy as a sign of weakness, and others may not trust the healthcare system due to past negative experiences.

    "Some people think going to therapy makes you weak. We need more education to normalize seeking help."

    "Even within my own family, there's a stigma around talking about mental health. We need to break that cycle."
- Rural-specific issues
    a. Rural isolation increases the risk of depression and substance use relapse.
    b. Lack of culturally competent behavioral health providers limits access for marginalized communities.

Policy Considerations

- Suggestions

    a. Improve Medicaid reimbursement for mental health and substance use services.
    b. Expand telehealth services and provide digital literacy training.
- Rural-specific issues
    a. Need for policy adjustments to improve funding for harm reduction and recovery initiatives in rural areas.
    b. Expansion of state-funded transportation services to allow for more flexible medical visits.

Systems Change

- Challenges in care coordination
    a. Lack of integration between mental health and substance use treatment leads to fragmented care.
        "Programs claim to treat co-occurring disorders, but many don't provide adequate mental health support, leaving individuals at risk of relapse."
- Workforce shortages
    a. Difficulty in hiring and retaining mental health professionals, particularly in nonprofit settings.
        "We can't compete with school systems that pay clinicians more and offer better work-life balance."
- Specific issues
    a. Workforce shortages in rural areas result in long wait times for behavioral health services.
    b. Lack of trained peer support workers and recovery coaches due to limited certification opportunities.

Other Issues

- Funding and sustainability
    a. Concerns about the loss of federal funding for behavioral health initiatives, limiting the expansion of critical services.
- Language barriers
    a. Many individuals with limited English proficiency struggle to navigate the healthcare system due to a lack of bilingual providers and translated materials.
        "We need more multilingual support staff to help patients understand their treatment options."

Positives:

- Increased acceptance and availability of harm reduction tools
    a. There has been significant progress in the distribution and acceptance of harm reduction tools such as Narcan (naloxone), which is now more widely available in communities.
        "When I first started trying to get Narcan out there, I had doors slammed in my face. Now, we can't keep Narcan on the shelves, people are requesting kits and education."

"People are more open to harm reduction now because the crisis has affected so many different communities. It's unfortunate that it took this long, but at least we're making progress."

- Expansion of recovery services and collaborative efforts
    a. More organizations and agencies are working together to provide comprehensive recovery support, reducing siloed efforts and improving care coordination.
    "Organizations that used to work in silos are now collaborating more. We're seeing more partnerships between recovery centers, harm reduction programs, and healthcare providers."
    "Through hub tables, we've improved coordination. Some people don't even need to come to meetings anymore because their needs are being addressed before it gets to that point."
- Growth in behavioral health education and training
    a. There has been a push to provide more education on behavioral health, including training for healthcare providers on how to support individuals dealing with substance use disorders.
    "We've worked with hospitals and clinics to train staff on harm reduction and overdose prevention. It's great to see medical professionals engaging with these issues."
    "We're seeing a shift in how people talk about substance use. More people are getting trained in recovery coaching, and that's a big step forward."
- More accessible mental health and substance use services
    a. While barriers still exist, there have been positive strides in making mental health and substance use services more accessible, such as mobile methadone programs and expanded recovery housing.
    "Mobile methadone services are now available at shelters, which is a huge improvement in reaching people who need treatment."
    "We've had an expansion in recovery support services, including more recovery housing and lower barriers to accessing harm reduction services."
- Policy changes supporting mental health and addiction treatment
    a. Certain policy changes have made it easier for individuals to access medication-assisted treatment and behavioral health care.
    "There have been fewer barriers to getting into detox and medication-supported treatment, which is a huge win for those seeking recovery."
    "We're seeing more discussions about addressing the gaps in mental health and substance use services. This is bringing about real changes at the state level."
- Greater awareness and reduced stigma around behavioral health
    a. More people are recognizing mental health and substance use disorders as medical conditions rather than personal failures, leading to increased support and understanding.

"We need to keep breaking down stigma, but it's encouraging to see more families speaking up about addiction and seeking education on how to help their loved ones."

"People are more open to talking about mental health than they were before. That's a step in the right direction."

e. Hampden County CHIP – Violence and Injury Prevention Team summary

Basic Needs and Access to Resources

- Youth face difficulty maintaining educational or employment progress due to financial pressure from family members.
    a. "I can't help my young person obtain their GED, get a job if when they go home, mom's saying that job is not bringing in enough money. I need you to do whatever you were doing before."
- High rates of youth homelessness remain a significant barrier to stability and access to services.
    a. "Our youth homelessness rates are extremely high."
- Many parents are employed in multiple jobs, limiting childcare and increasing vulnerability.
    a. "Many parents are working more than one job…who's watching children when their parents are working two and three jobs just to be able to get by."
- Families risk losing housing and food assistance benefits when adult children remain in the home or start earning income.
    a. "If you have an adult at home, you lose benefits…you start having your rent go up, you start having your food go up."
- In Holyoke, cultural expectations and economic realities contribute to youth being pressured to contribute financially to the household rather than participate in training or education programs.
- Access to employment, transportation, and services is limited in rural areas.
- MassHire Holyoke provides vocational training and workforce development support.
- AmeriCorps offers programming for youth development and mentoring.
- YMCA in Holyoke has implemented culturally relevant engagement strategies.
    a. "Even making San Cocho at YMCA, which is something I've never expected…a traditional Puerto Rican meal…to get all these individuals in to be able to not only show them the space…but also give them something to do in the afternoon."

Health Insurance Challenges and Access to Healthcare Services

- Follow-up care after trauma treatment is insufficient.
    a. "We do all the things we need to do here, great with the clinical care, but once they leave us, that's the problem."
- Long delays exist for accessing mental health services.
    a. "Most of them are scoring high [on PTSD screenings], but then…they're waiting for three months plus for some type of start of intervention."
- Barriers persist even for insured families due to transportation, referral complexities, and language access.

- Behavioral health services in rural areas are limited.
- Families may have to travel long distances or face extended wait times due to lack of local providers.

Behavioral Health and Trauma

- Youth trauma is often untreated after hospital discharge.
- Systems are attempting to improve care transitions but face challenges.
    a. "Trying to get them connected with some type of clinician to address that…so when the child does leave here that we can link them with interventions and resources."
- Domestic violence survivors frequently return to abusive environments due to lack of financial or housing stability.
    a. "They can't sustain themselves because again finances and they have to go back to that relationship."
- Youth gambling has led to behavioral disruptions in schools.
    a. "They're also playing dice within the schools itself and that's breaking up to some specific fights."
- Violence is normalized in some families and communities, creating resistance to intervention.
    a. "Violence is…a familial expectation…it's very hard to say, you know, don't sell drugs if your family is benefiting from the money that you make."
- Rural communities lack sufficient trauma-informed care infrastructure.
- Stigma and workforce shortages reduce access to behavioral health support.

Policy Considerations

- Social media is a growing driver of violence and trauma among youth.
    a. "A lot of times it's being initiated on social media even before you get to the gun violence."
- State policies are described as difficult to navigate and overly complex.
    a. "Massachusetts policies seem to be very overcomplicated…very hard for people to navigate the system, which leads to frustration and violence."
- Decision-making bodies often lack representative leadership.
    a. "Not one of them [housing grant facilitators] was a person of color, which does not represent the demographics that we're serving here in Springfield."
- Local homicide rates have decreased.
    a. "The homicide rate went down...so we are seeing you know at least in that way some improvement."
- Rural areas face difficulties accessing funding and navigating policy systems designed for urban contexts.

Systems Change

- Service systems operate in silos and lack communication.
    a. "Really creating systems that are able to talk to each other, break down those silos."
- Youth transitioning out of foster care often lack life skills and support.

    a. “They have a two-year apartment [DCF youth], and get kicked out by the first year because they do not have the skills to be able to live on their own.”
- The system remains reactive rather than preventive.
    a. “We have to move from this place of being firefighters to a place of being seed planters.”
- Providers are facilitating coordinated care through warm handoffs.
    a. “If I think they’re a better fit at MLK Junior Services, then I’m gonna do that warm handoff.”
- Emphasis on mentorship and supportive relationships is growing.
    a. “Five mentors in someone’s young adult, they’re more likely to reach their full potential.”
- Program delivery in rural areas relies heavily on informal networks and community goodwill rather than structured systems.
- Rural areas face consistent staff shortages and limited resources for systems-level implementation.

Other Issues

- Financial incentives in the drug economy continue to attract youth.
    a. “He didn’t leave that lifestyle because of the amount of money he was getting.”
- Early signs of domestic violence behavior are increasingly common among youth.
- Weapons in schools have increased.
    a. “We have seen kids in the past two years bringing guns to school, bringing knives to schools.”
- Teacher turnover has been linked to safety concerns.
    a. “We’ve lost a couple teachers because of that…but they kind of understand they’re validating that this is the kind of community we’re working on.”
- Rural schools have fewer behavioral health supports and resources to manage student needs or crises.

Language Barriers

- Immigrant families face limited language access in services and programs.
- Cultural exclusion and hate crimes are rising.
    a. “We do work with a large new arrival population. And we have seen an uptickof hate crimes against them…they feel more uncomfortable as time goes on.”
- Rural communities such as Holyoke lack bilingual staffing and culturally inclusive programming, leading to reduced service access and participation for non-English speaking families.

f. Local Public Health Officials in Western Massachusetts summary

Basic Needs and Access to Resources

- Food insecurity
    a. Many families in rural areas struggle with food security.
    “Access to basic needs like at the bottom of Maslow’s pyramid just affects everything. Our families are just really struggling.”

b. When food is scarce, individuals prioritize survival over preventative health care.

- Housing instability
    a. Older adults in rural areas face challenges maintaining their homes.
    "Keeping the house you've been in for 60 or 70 years repaired when you get old enough that doing those minor repairs are challenging for you and finding somebody you trust to do it in a rural area?"
- Transportation barriers
    a. Accessing medical care, grocery stores, and essential services is difficult.
    "If you're living an hour or 45 minutes from the closest pharmacy, it can be really challenging."

Health Insurance Challenges and Access to Healthcare Services

- Provider shortages
    a. There are not enough healthcare professionals in rural areas.
    "There just aren't enough physicians, healthcare providers for people out here in western Massachusetts."
- Specialist access
    a. Finding specialists often requires long-distance travel.
    "Finding the specialists they need, near enough to home, finding specialists, period, even as far away as Boston."
- Home healthcare gaps
    a. Home health services are difficult to obtain, particularly for the uninsured.
    "Getting home health care for medical issues like wound care used to be done by the VNAs everywhere, and now just aren't being provided everywhere, certainly not for people without insurance."

Behavioral Health and Trauma

- Mental health struggles
    a. Anxiety, depression, and other mental health issues are prevalent, especially among those facing housing insecurity.
    "That's what hoarding is based on, an anxiety disorder. Mental health is huge."
- Youth mental health crisis
    a. Young people are experiencing increasing rates of mental health issues, including suicidal ideation.
    "There are definitely youth mental health crises in our schools…students feeling kind of untethered."
- Limited access to behavioral health services
    a. Even when services exist, they are often overburdened.
    "Access to mental health providers has been a huge issue in our community."

Policy Considerations

- Transportation Improvements
    a. Free bus transportation has been a positive development.

"The PVTA has really helped with allowing all this free bus transportation…definitely a boon."

- Mixed policy impacts
    a. Some policies, such as bans on flavored tobacco and opioid settlements, have both benefits and drawbacks.
    "One person answered, bans on flavor, tobacco, pharmacy, transparency bill, SAFE 2.0 cuts to HIP. So this is a good and bad list."
- Public health funding
    a. Efforts to improve funding for public health infrastructure are promising.
    "Massachusetts is at least starting to fund public health in a more equitable way…there are more public health nurses, more public health infrastructure and support."

Systems Change

- Vaccine access
    a. Free vaccine clinics have helped improve vaccination rates.
    "Our latest vaccine clinic had over twice as many people as any of the clinics we've done before."
- Support for the unhoused
    a. More resources are needed for people experiencing homelessness.
    "We have a lot of unhoused folks and folks with mental health issues and chronic conditions coming into our building, where we have limited resources for them."
    b. "The Regional Public Health Nurse program that's been implemented, I think, is fantastic as part of SAFE."

Other Issues

- Language barriers
    a. Immigrant and refugee populations are struggling to access health care due to fear and language limitations.
    "Immigrant and refugee populations…are afraid to seek care, which is a huge problem."
- Food pantry strains
    a. Rising demand for food assistance is straining available resources.
    "The food pantry…has more people than ever coming in, and they don't have as many donations because people don't have the extra money to give."
- Economic disparities
    a. The growing divide between low-income and wealthy residents is exacerbating public health challenges.
    "I think we have kind of a divided population in some ways because of that, and also a big wealth gap."

g. Organizations serving Unhoused Residents in Franklin County summary

Basic Needs and Access to Resources

- Chronic homelessness increased across western Massachusetts, including Franklin, Hampshire, and Berkshire counties. The number of families experiencing homelessness

jumped from 195 in 2023 to 507 in 2024, while the overall unhoused population increased from 622 to 961.

- Rural-specific needs include insufficient shelter capacity and long distances to service centers. Greenfield shelters served 78 additional individuals this year compared to last year, indicating rising demand.
- Positive: Permanent housing placements increased from 309 in 2023 to 389 in 2024.
- Access to hygiene, storage, mail services, and PO boxes remains a major barrier in rural communities, limiting the ability to get IDs or even library cards. Affordability and bureaucratic challenges make acquiring a PO box difficult.
- Women, individuals 65+, and medically vulnerable people are increasingly seeking shelter but often do not find appropriate accommodations.
- Limited emergency shelter and transitional housing options remain a critical challenge, with many shelters lacking capacity or not meeting specific needs.
- Positive: The City of Greenfield's overnight warming center and future development of 36 units of permanent supportive housing are critical infrastructure responses.
- Libraries and interfaith organizations provide quiet rest spaces and supplies, while the Opioid Task Force has stepped in with practical support.

Health Insurance Challenges and Access to Healthcare Services

- Hospitals are discharging patients with higher acuity than shelters are equipped to manage. Many shelters have added nurses, nurse practitioners, and addiction nurses.
- Positive: Medical respite care opened in Northampton, and the model is now a MassHealth benefit.
- Nursing homes often refuse individuals with opioid use disorder or complex medical conditions, contributing to a lack of post discharge care.
- Diabetes, wounds, and chronic conditions go untreated due to inconsistent care access in shelters. Individuals often cannot manage medications or dress wounds in shelter conditions.
- Positive: Some organizations offer consistent onsite nursing care, improving care continuity.
- Future federal Medicaid cuts threaten MassHealth services and care availability.

Behavioral Health and Trauma

- In Franklin County/North Quabbin, 17% of overdoses were among unhoused individuals, many fatal.
- Behavioral health and trauma are especially acute in rural regions where services are sparse and support systems are limited.
- Women and vulnerable populations face heightened risks, including sexual exploitation and trafficking. These dynamics are often invisible and underreported in rural areas.
- Positive: Low threshold housing in Greenfield prioritizes survivors of trafficking; mobile outreach programs are expanding.
- Challenge: Trauma-informed care and harm reduction services are needed, but staff turnover and inconsistent training present obstacles.

Policy Considerations

- Positive: The Western Mass Network to End Homelessness is engaging legislators, highlighting success stories and advocating for supportive housing.
- Federal Medicaid cuts threaten MassHealth, creating uncertainty around state-level backfills.
- There's support for eliminating punitive shelter restrictions and decriminalizing homelessness, which create further systemic barriers.
- Positive: The Improving Housing to Improve Health initiative promotes receivership strategies to restore abandoned housing stock.
- Positive: State-funded case management, grant funded DV rapid rehousing programs, and anonymous community training needs surveys have been implemented.
- Criminalization of homelessness and lack of follow-up support often push people back into the system.

Systems Change

- The community is advocating for data improvements in the Homeless Management Information System (HMIS), which currently lacks standardization and real time updates.
- Organizations are creating stronger linkages between outpatient services, shelters, and health care.
- Outreach providers with lived experience are being paid for their contributions $15–$100/hour depending on partnerships (for example, Santa Clara County model).
- Positive: Cross-sector collaboration and radical self-care culture are improving team sustainability.
- Shared housing models and low-threshold housing have been successfully integrated to reduce shelter stays and to support successful transitions.
- Emerging interns and workforce training partnerships aim to build the next generation of professionals.
- Hiring and retaining experienced staff is increasingly difficult, especially in rural communities. Staff face emotional burnout and lack support structures.

Other Issues

- Distrust of the system keeps many unhoused individuals from seeking shelter or coordinated entry, due to past trauma, negative experiences, or fear of restrictions.
- Housing that is classified as "affordable" is not actually affordable for those most in need. Some units remain vacant due to misaligned pricing structures.
- Abandoned housing stock remains offline due to slow legal processes, lack of contractors, and insufficient receivership mechanisms.
- Positive: Mobile outreach mapping, grassroots hotel voucher networks, and warming centers are critical measures.
- Stigma against people with substance use disorders continues to create barriers to care and housing.

Language Barriers

- Language was not a dominant theme in this file, but integration of culturally responsive care, outreach, and interpretation is still a key need especially given service complexity in

rural areas. It remains an area for growth to better serve immigrant or LEP (limited English proficiency) populations.
- Communication gaps and lack of multilingual service coordination persist in rural shelters and outreach systems.

h. Maternal Health/Birth Equity Providers summary

Basic Needs and Access to Resources

- Transportation remains a significant barrier for maternal healthcare access, particularly in rural western Massachusetts. Some patients travel up to 90 minutes for care, with limited safe and reliable transportation options.
    a. "Transportation is a massive issue for us out here in rural western Massachusetts. We have patients sometimes who travel 90 minutes to come to our hospital who have really decreased access to transportation and safe transportation."
- Safe housing is a growing concern, with many families struggling to secure stable accommodations during pregnancy and postpartum periods.
    a. "Housing is a big problem. Safe housing for some of our patient clientele."
- Gaps in telehealth accessibility, as many individuals lack the necessary technology, private spaces, or internet connectivity for virtual appointments.
    a. "It's one thing to maintain access to telehealth appointments, but then there's a whole group of people who either don't have access to a device, a private space, or internet connection."
- Limited childcare options add stress and make it difficult for mothers to attend medical visits or to access postpartum support.
    a. "The lack of childcare can be a huge stressor and issue for access for families."

Health Insurance Challenges and Access to Healthcare Services

- A shortage of maternal healthcare providers, including OB-GYNs and midwives, results in long wait times and limited appointment availability.
    a. "Do we have enough providers? Quick answer, no. Can people have quick access to those providers? Quick answer is generally not."
- MassHealth is currently the only insurance covering doula services, creating financial barriers for families with private insurance.
    a. "MassHealth is generally the only insurance company that covers doula services. It would be nice if other insurance companies could also provide coverage."
- Breastfeeding equity remains a concern, with disparities in access to lactation consultants and culturally competent support.
    a. "Access to breastfeeding support is inconsistent, and there are significant gaps in how we are providing support equitably to all communities."
    b. "Telehealth has really enhanced people's connection to the healthcare system, especially in the postpartum period. We need to absolutely maintain that ability."

Behavioral Health and Trauma

- Limited access to perinatal psychiatric care and medication management leaves gaps in mental health support during and after pregnancy.
    a. “Psychiatric care and med management during the perinatal period is a major issue not just a single consult to get someone started, but good-quality follow-up.”
- Lack of continuity between perinatal mental health treatment environments hinders effective, ongoing care.
    a. “There’s a lack of continuity between treatment environments, and it’s a real concern.”
- Stigma and lack of specialized training for providers working with individuals recovering from substance use disorders create additional barriers to care.
    a. “Providing care in communities that don’t have specialized training on people who use drugs and people who are in recovery is a major gap with severe outcomes.”
    b. “We should have social workers embedded in all our offices.”

Policy Considerations

- Concerns remain about the lack of investment in infrastructure for maternal mental health, particularly the need for more culturally competent, trained professionals.
    a. “We need to ensure more BIPOC clinicians are trained in perinatal mental health.”
- The integration of midwives into maternal care models is an ongoing policy discussion, particularly regarding their role in higher-risk pregnancies.
    a. “The U.S. lags behind other countries in maternal care. Other nations have a higher percentage of midwives, which leads to better outcomes.”
- Data collection on maternal health outcomes, including postpartum depression and perinatal immunization rates, is being emphasized to improve policy responses.
    a. “Data capture and collection are very important, specifically for perinatal and postpartum depression as well as immunization.”
    b. “We are working on making more equity data available, including race, ethnicity, and LGBTQIA+ affirming providers in insurance directories.”

Systems Change

- Licensing and credentialing processes for lactation consultants and doulas present financial and bureaucratic barriers, limiting workforce growth.
    a. “Who can afford to go through licensing and credentialing? It’s a major financial and logistical challenge.”
- Increased collaboration is needed between outpatient services, community health organizations, and maternal care providers.
- The maternal healthcare workforce is struggling with retention and burnout, particularly in rural areas with high service demands.
    a. “We are completely grant-funded and serve between 850 and 1,200 families per year. We need to expand our workforce and capacity.”
    b. “Mentorship is a huge piece in lactation care, and we need to build that pipeline.”

c. “The doula workforce lacks specialized training in perinatal substance use disorder care, which is creating severe gaps.”

Other Issues

- Many individuals distrust the healthcare system due to past negative experiences, affecting engagement in maternal health services.
    a. “Distrust of the system keeps many from seeking maternal health services.”
- Barriers in outreach and communication prevent some families from accessing available maternal health services, even when they are free.
    a. “Even when we have services to offer, sometimes connecting with families especially equitably is tricky.”
    b. “We need better strategies for ensuring that free and available services actually reach the people who need them most.”

Language Barriers

- Limited access to high-quality translation services negatively impacts maternal care, particularly for non-English-speaking patients.
    a. “Our translation services are a joke. It absolutely impacts the quality of care for people who are not receiving care in their language.”
- The lack of multilingual healthcare providers and coordinated language support further limits equitable maternal health access.
    a. “We need coordinated language support to ensure all patients can access high-quality maternal healthcare.”

i. People in Recovery, Focus Group summary, Ware

Basic Needs and Access to Resources

- In rural areas, the lack of taxis and rideshare options makes even basic tasks such as obtaining an ID nearly impossible. Without identification, individuals struggle to access health care, housing, and financial assistance.
- With limited shelter options and a competitive rental market, people with a history of substance use disorder face obstacles in securing stable housing. Many landlords require background checks, making it harder for those with criminal records to find a place to live.
- Food insecurity and inconsistent access to hygiene products, clothing, and medical supplies make daily stability difficult. Without these basic needs met, long-term recovery becomes even harder.
- “Transportation is a tremendous barrier. You can’t just call an Uber, and getting something as simple as an ID is a huge challenge.”
- “There’s a housing crisis. If you think about trying to get housed with stigma and history, the competition is impossible.”
- “It’s difficult to talk about recovery when someone doesn’t even know where they’re going to sleep that night.”

Health Insurance Challenges and Access to Healthcare Services

- Long wait lists for mental health and substance use treatment leave many without timely care. Some individuals report waiting months just to see a provider.

- Many insurance plans approve detox services but deny coverage for inpatient rehab, even when it is medically necessary for long-term recovery.
- Frequent insurance changes and provider shortages mean people often lose access to their primary care doctors and struggle to maintain a consistent treatment plan.
- "The wait list was so long it became comical. You just don't get a provider."
- "Insurance will approve detox but won't pay for an inpatient stay of 30 days, which is what people actually need."
- "I switched my insurance to get into detox, but then I had no doctor anymore. It's been two years, and I still don't have a PCP."

Behavioral Health and Trauma

- Many individuals in recovery struggle with untreated mental health conditions, yet access to counseling and psychiatric care remains difficult.
- Reports of discrimination in emergency rooms and medical settings prevent people from seeking care when they need it.
- Some providers fail to recognize the role of past trauma in addiction, leading to ineffective or even harmful treatment approaches.
- "You can't get a counselor for three to four months, but they'll give you a prescription right away."
- "I was treated so badly in the ER because I was there for drinking. They just left me on a stretcher, on camera, for everyone to see."
- "My provider never listened when I said the medication wasn't working. They just kept adding more."

Policy Considerations

- Criminal records (CORI) prevent many in recovery from securing jobs and stable housing, keeping them trapped in cycles of instability.
- HIPAA restrictions sometimes prevent families from providing needed support, making it harder for individuals in crisis to get the help they need.
- The lack of trained mental health and substance use professionals continues to limit access to care.
- "CORI is a huge barrier. People need to be able to move forward in their lives."
- "We have permission to get recovery coaches in the ER, but the hurdles to make it happen are overwhelming."
- "HIPAA laws sometimes block family and friends from supporting someone in crisis."

Systems Change

- Many programs lack the resources to meet demand, leaving people without support.
- Staffing shortages mean providers are overworked, leading to lower-quality care.
- Many individuals report feeling judged or dismissed by doctors and nurses due to their history of substance use.
- "There aren't enough resources, and the staff we do have are working two and a half jobs."
- "More training is needed. You can feel when someone is standoffish, when they treat you differently."

- "If I had the funding, I would hire more outreach and intervention counselors."

Other Issues

- Many recovery services now require online forms or video calls, which are inaccessible to individuals without smartphones or internet access.
- The shutdown of hospitals and psychiatric centers has put even more strain on remaining services, limiting treatment options.
- "Hospital systems keep streamlining things, making everything digital. But what if you don't have a smartphone or internet?"
- "Closing Mary Lane was such a tragedy. Now, Wing is overwhelmed with patients who used to go there."
- "There's no transportation to mental health facilities. If someone needs care, how do they even get there?"

ii. Parents and Caregivers Focus Group summary, Springfield

Basic Needs and Access to Resources

- Families face significant barriers to meeting basic needs, including food insecurity, unreliable transportation, unstable housing, and the high cost of internet and utilities. These challenges are even more pronounced in rural communities where public infrastructure and access points are limited.
- Access to childcare and after-school care is often dependent on eligibility for public assistance programs, leaving many working families ineligible but still in need of support.
- Internet and technology access has become essential but remains unaffordable for many, especially in areas with limited-service coverage or no discount programs.

Health Insurance Challenges and Access to Healthcare Services

- Appointments are often too short to discuss developmental concerns or to ask questions, and many families feel that care providers do not adequately communicate or provide resources for follow-up.

Behavioral Health and Trauma

- Social-emotional challenges and trauma from the pandemic such as anxiety, isolation, and grief continue to affect children and families. Children struggle with social interaction and behavioral regulation, and parents report increased difficulty managing these challenges at home.
- Early intervention programs are essential but underfunded and difficult to access in rural regions. Families often have to advocate persistently or travel far to receive services.

Policy Considerations

- Access to affordable childcare, transportation, and after-school programming must be prioritized in policy agendas. Programs need to align with the actual schedules and income levels of working families.
- Parent voices in policymaking are critical; many suggest expanding weekend programs, nutrition supports, and extending public facility hours such as parks and pools to better serve community needs.

Systems Change

- Families rely on community-based hubs for support, information, and connection. Strengthening these hubs and integrating cross-sector collaboration can lead to more resilient support systems.
- Healthcare systems must allow more time and communication between providers and families, addressing both medical and developmental concerns in a holistic way.

Other Issues

- Many families struggle to navigate available services due to lack of centralized information. A coordinated system of resource sharing, both online and in print, would significantly improve access.
- Families continue to experience emotional and social stress, exacerbated by isolation and changing social norms since the pandemic. Parenting education, peer support groups, and emotional wellness programs are needed.
- Trust and relationships with service providers are central to engaging families in programs. Building consistent, respectful relationships takes time but yields long-term benefits.

iii. Grandparent Caregivers Focus Group summary, Westfield

Extracurricular Activities

- Grandparents consistently emphasize the value of extracurriculars, especially sports and musical ways to keep children engaged, build self-esteem, and limit screen dependency. These activities, although costly, keep the children active and away from screens.
- These opportunities often come at the cost of grandparents' retirement income or housing stability.
    a. "I'm late on my mortgage all the time paying for her dance."

Screen Addiction and Online Safety Concerns

- Several participants described issues with a child's excessive phone use/screen time.
- One story revealed dangers of unsupervised screen use in regard to manipulation, and online grooming.
    a. "We caught her on Snapchat at 3 a.m.…we finally had to take all the devices. Then came three dozen roses to our door with her name. She was 12."
- This highlights both the emotional toll of managing tech use and the very real threat of online predators, with caregivers demanding stronger digital safety education and limits.

Mental Health, ADHD, and Learning Disabilities

- Caregivers described persistent struggles accessing mental health and special education services.
- One child was "four grade levels behind" and denied a referral:
    a. "I got an advocate, it cost a lot but even then, they wouldn't give me the referral."
- Multiple children were diagnosed with ADHD, depression, PTSD, or oppositional defiant disorder.
    a. "He procrastinates…a task that should take an hour takes all day. I say just do it, or I take the electronics. Then he has a tantrum."

- Many grandparents lack training to manage these conditions and must fight the school system for services. A possible recommendation could be school-based trauma-informed programming and caregiver advocacy support.

Fatigue, Isolation, and Need for Respite and Support Networks

- There is cumulative exhaustion among guardians. Grandparents manage households, medical needs, therapy appointments, and court appearances while aging themselves.
    a. "I'm a single parent with a husband…he worked second shift. I did everything alone."
    b. "By nighttime, I'm so tired…I have to herd them upstairs, one through the front, one out the back…it's like managing a war zone."
- Caregivers describe feeling chronically overwhelmed and emotionally isolated due to the full-time demands of parenting again in older age.
    a. "I never have any time to myself…between work, the boys, and all the people coming to my house…I feel like I never have a quiet time."
    b. "I have a 9-year-old and my dad with dementia…I prep three meals, go back and forth to check on him. My 20 hours of work per week became zero hours."
- However, support groups such as this one play a critical role in helping grandparents deal with the isolation and exhaustion.
- Recommendation: respite care.

Parent-Guardian Conflict and Unresolved Trauma

- Grandparents also manage ongoing conflict or crises involving the children's parents, many of whom struggle with substance abuse, mental illness, or inconsistent contact.
    a. "My daughter makes no effort to contact me or see her children…so I don't reach out either."
    b. "He's always threatening to take custody, but he doesn't really spend quality time with her."
- This often reopens trauma, complicates custody dynamics, and can undermine household structure. Some grandparents expressed resentment, exhaustion, and helplessness, wishing someone could intervene with the parents themselves.

DCF and Systems Support through Guardianship

- Legal guardianship unlocks access to some resources, notably MassHealth (Medicaid) and TAFDC, but these benefits are limited and vary.
    a. "I'm so glad I didn't put them on my insurance…I kept the MassHealth up for them."
    b. "MassHealth paid for braces, dentists…they have beautiful mouths now."
    c. "I get the welfare transitional benefits. It's $800/month for three children."
- Caregivers without formal DCF involvement often receive no assistance, revealing inequities in how the state supports families stepping in to prevent foster care placements.

Gaps in Support: Food Insecurity and the SNAP Gap

- Caregivers voiced deep frustration that they are saving the state money by taking custody of kids but are disqualified from SNAP benefits due to household income.
    a. "They should still get food stamps. You're saving the state a bundle, but you don't get help."
    b. "I'm using my Social Security and pension to feed these children. Bikes, Band-Aids, horses…you name it."
- Multiple grandparents are forced to make tough decisions between food and enrichment, and are incurring personal debt or spending down retirement savings to feed their grandchildren.

Appendix C: Sociodemographic Characteristics of Cooley Dickinson Hospital Service Area

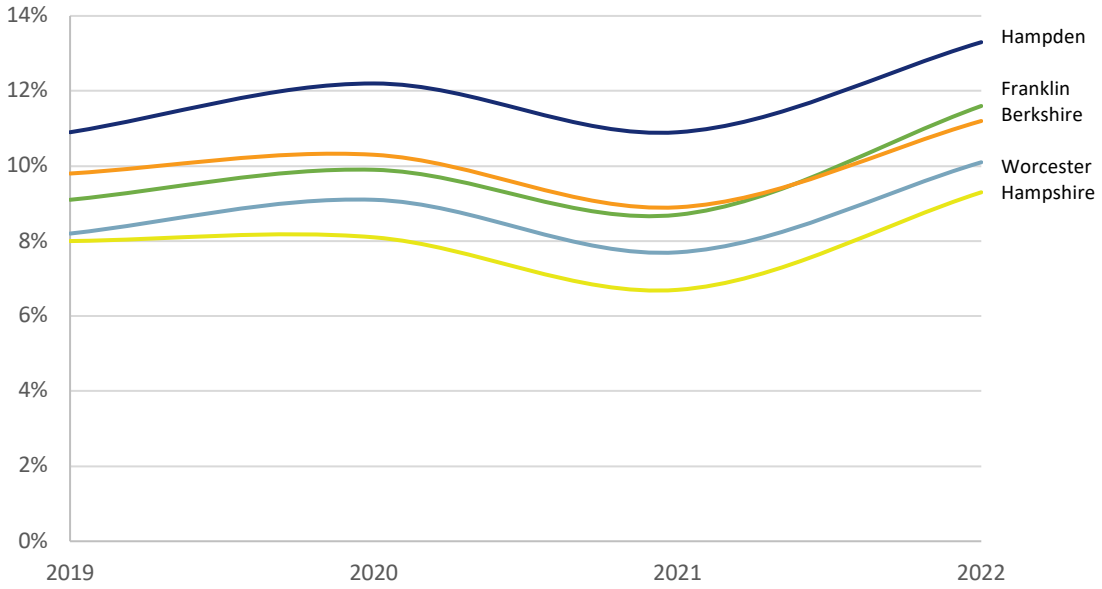
	Massachusetts	Hampshire County	Northampton	Hilltowns*
Age				
Persons under 18 years, percent	**20%**	**15%**	**15%**	**17%**
Persons 18–64, percent	**63%**	**65%**	**64%**	**60%**
Persons 65 years+, percent	**17%**	**19%**	**21%**	**22%**
Race and ethnicity				
Latinx or Hispanic	**13%**	**6%**	**8%**	**3%**
White	**69%**	**83%**	**82%**	**92%**
Black or African American	**7%**	**2%**	**2%**	**1%**
American Indian and Alaska Native	**0.1%**	**0.1%**	**0.2%**	**0.3%**
Asian	**7%**	**5%**	**4%**	**0.1%**
Native Hawaiian and other Pacific Islander	**0%**	**0.1%**	**0%**	**0%**
Some other race	**1%**	**0.3%**	**0.3%**	**0.1%**
Two or more races	**4%**	**4%**	**4%**	**3%**
% Foreign-born	**18%**	**9%**	**N/A**	**N/A**

Language spoken at home (population over 5)				
Language other than English spoken at home	**25%**	**12%**	**13%**	**5%**
Educational attainment				
Less than high school graduate	**9%**	**5%**	**6%**	**4%**
High school graduate (includes equivalency)	**23%**	**21%**	**13%**	**29%**
Some college or associate degree	**22%**	**24%**	**18%**	**28%**
Bachelor's degree or higher	**46%**	**50%**	**63%**	**39%**
Income				
Median household income (in 2019 dollars)	**$96,505**	**$84,025**	**$80,981**	**N/A**
% Households living in poverty	**10%**	**11%**	**11%**	**5%**

Source: U.S. Census, ACS 2018–2022 Five-Year Estimates

***** The Hilltowns Rural Cluster encompasses Blandford, Chester, Chesterfield, Cummington, Goshen, Granville, Huntington, Middlefield, Montgomery, Plainfield, Russell, Southampton, Southwick, Tolland, Westhampton, Williamsburg, and Worthington

Figure 19: Food Insecurity Rose across Region's Counties (2019–2022)



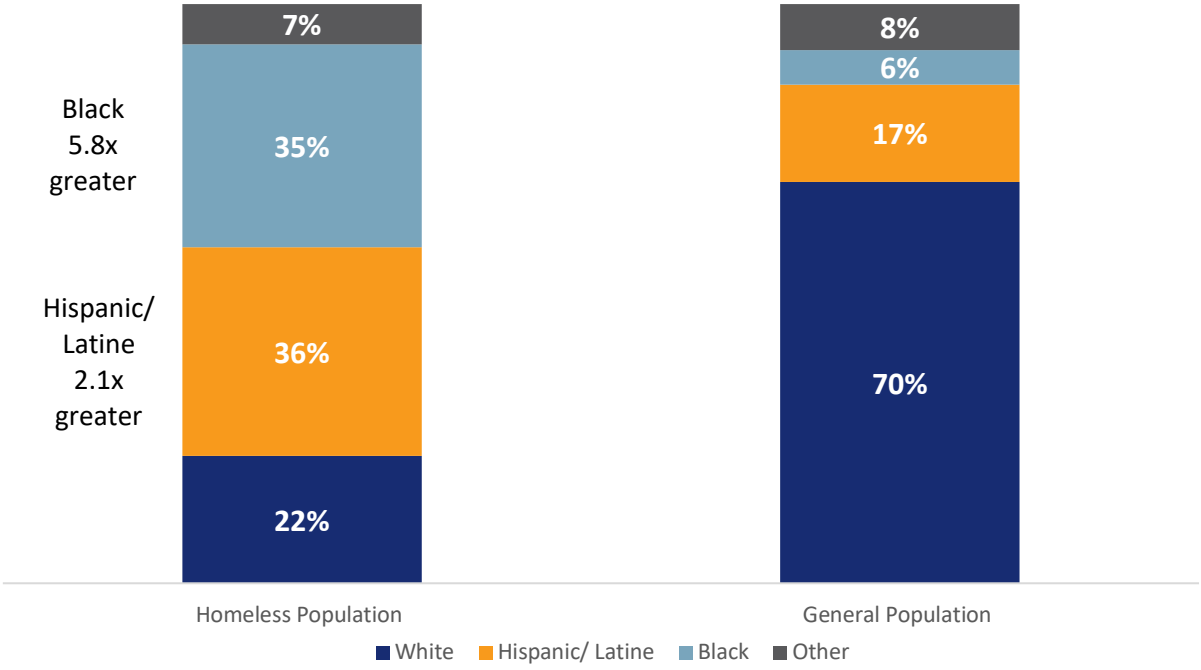
Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., and Engelhard, E. Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021. Feeding America.

Table 7: Projected Shortage of Primary Care Physicians by Specialty in 2037, Number and Percent Adequacy

Physician Specialty	Metro	Nonmetro	All United States
Family medicine	35,910 (74%)	7,310 (68%)	43,220 (73%)
Geriatrics	1,560 (82%)	550 (34%)	2,110 (78%)
Internists	21,990 (80%)	6,900 (42%)	28,890 (76%)
Pediatricians	9,940 (84%)	2,990 (53%)	12,930 (81%)
Total	69,400 (78%)	17,750 (58%)	87,150 (76%)

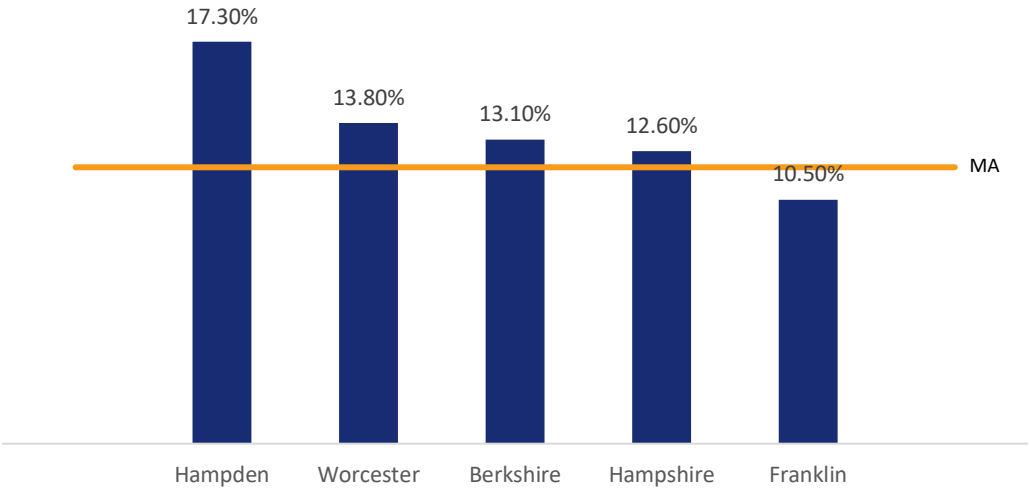
Source: HRSA Workforce Project: https://data.hrsa.gov/topics/health-workforce/workforce-projections

Figure 20: Western Massachusetts: People of Color are Overrepresented in the Homeless Population



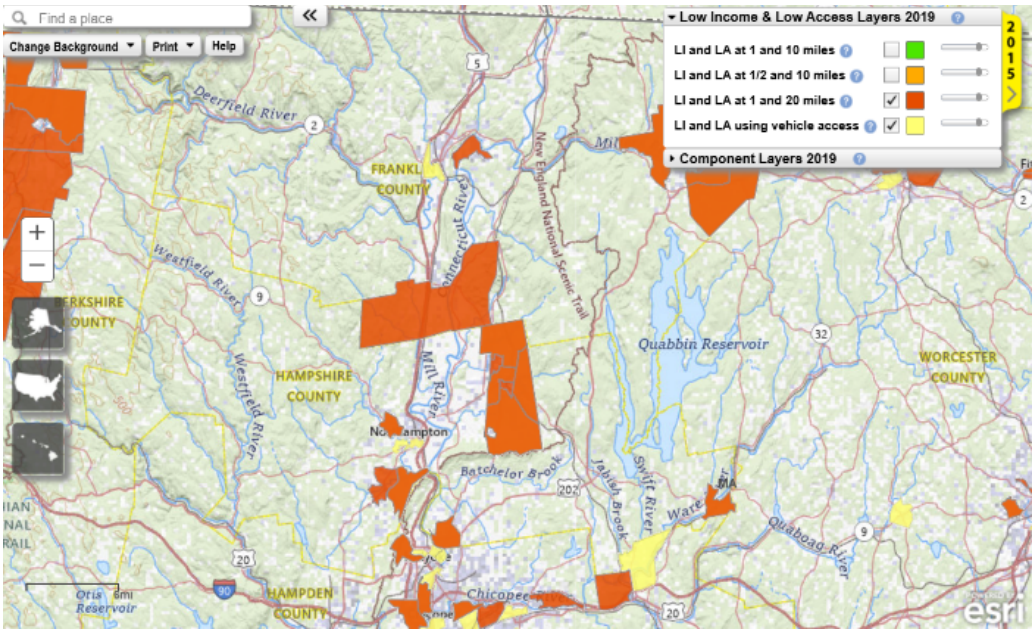
Source: Continuum of Care 2024 Point-in-Time Count; General Population, U.S. Census 2019–2022 Five-Year Estimate

Figure 21: Tobacco Use and Vaping among Adults by County and Statewide (2022)



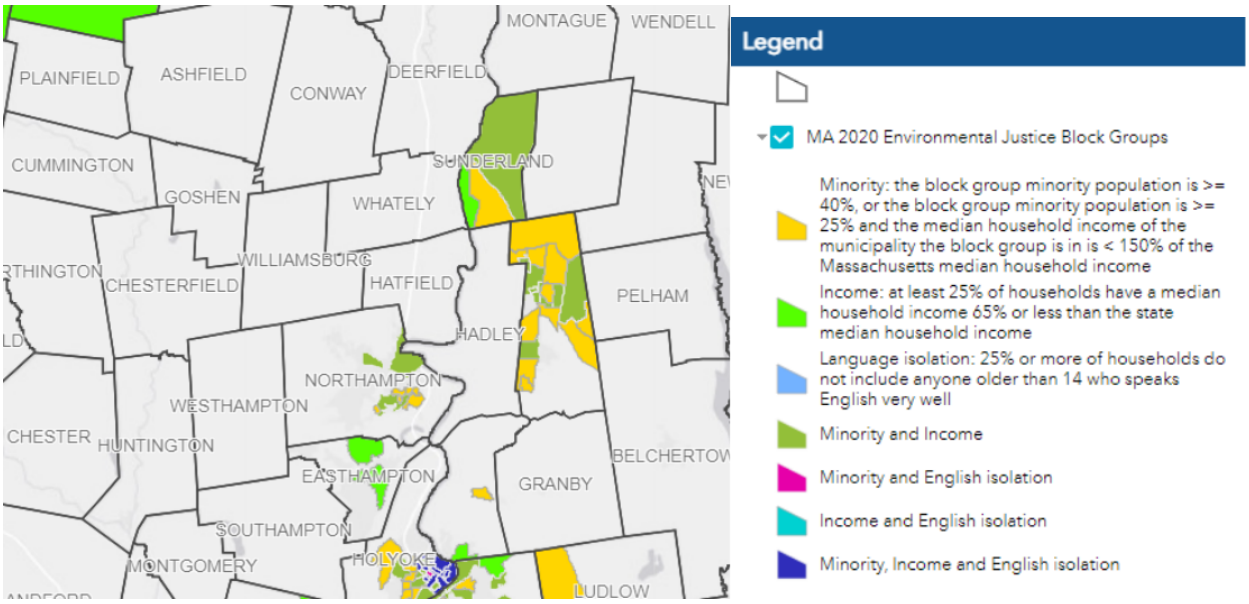
Source: Statewide Report (Massachusetts Health Data Tool), using age-adjusted rates from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

Figure 22: Food Deserts in Hampshire County/Service Area



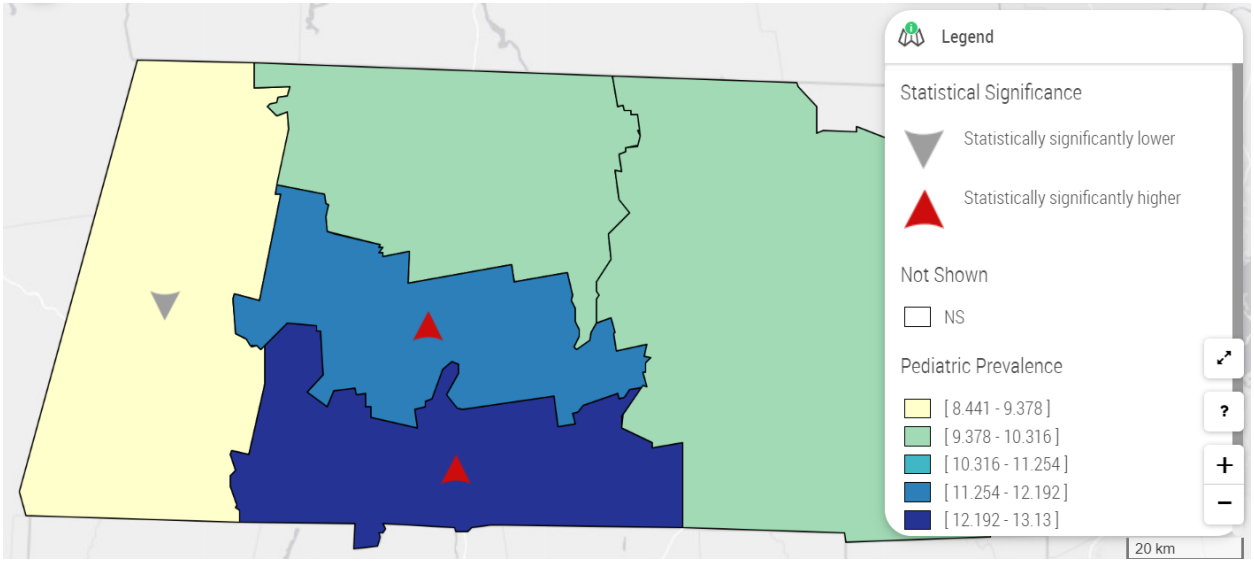
Source: USDA, Economic Research Service, 2019
https://www.usda.gov/media/blog/2011/05/03/interactive-web-tool-maps-food-deserts-provides-key-data

Figure 23: Environmental Justice Communities in Hampshire County/Service Area



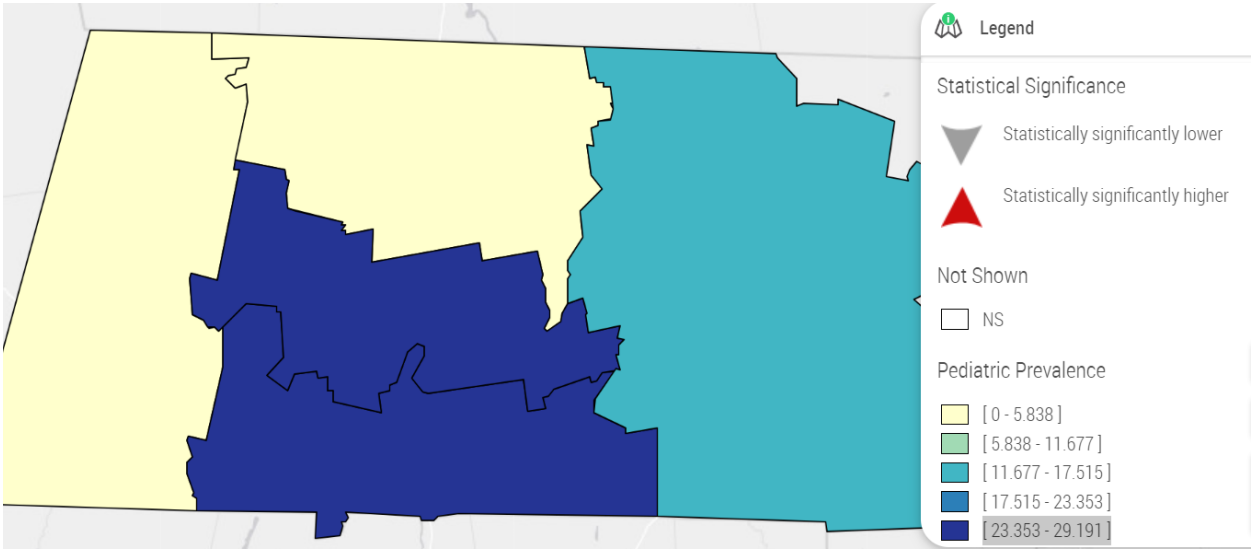
"These data were obtained from https://www.mass.gov/info-details/massgis-data-2020-environmental-justice-populations." *This map is based on U.S. Census Bureau data released in October 2021 and March 2022, and was updated on November 12, 2022.*

Figure 24: Pediatric Asthma Prevalence per 100 students Has Grown in Hampshire County, School Year 2023–2024



Source: Massachusetts Environmental Public Health Tracking, https://dphanalytics.hhs.mass.gov/

Figure 25: Pediatric Diabetes, Type 2 Prevalence, per 100,000 Students Is Highest in Hampden and Hampshire Counties, School Year 2023–2024



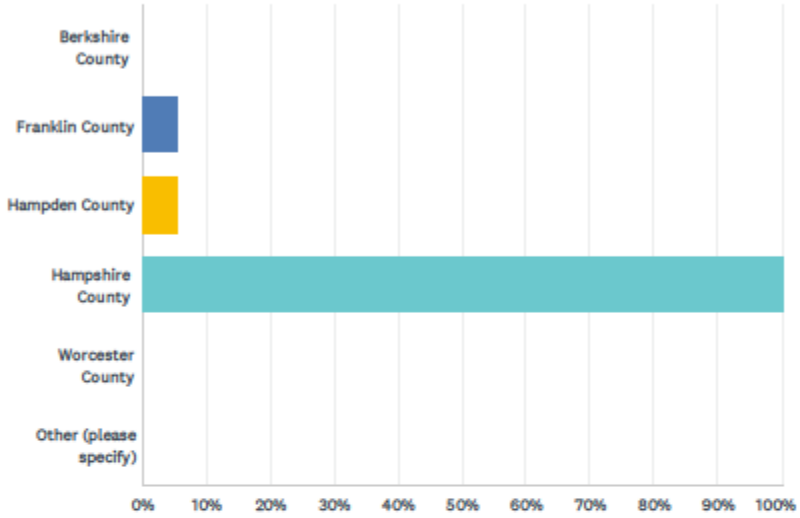
Source: Massachusetts Environmental Public Health Tracking, https://dphanalytics.hhs.mass.gov/

Appendix E: Public Health Survey Results for Hampshire County

Municipal Public Health Officials Survey

Q1 In which Western MA count(ies) are you a public health official? Check all that apply.

Answered: 18 Skipped: 0



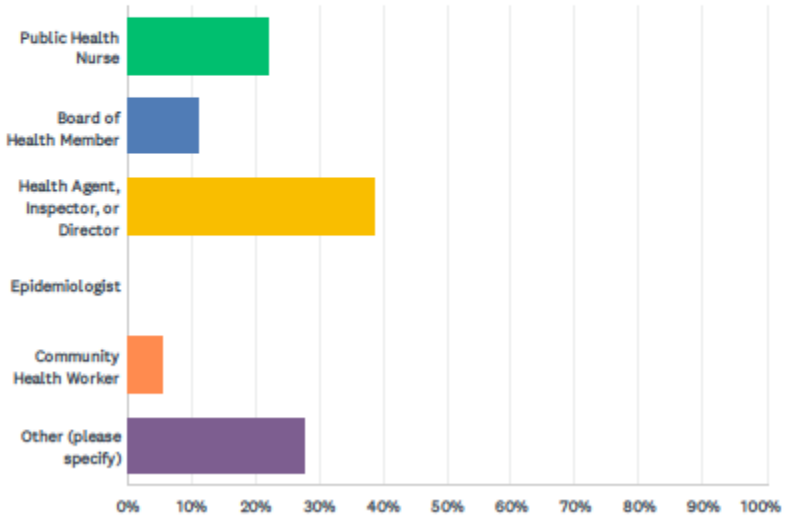
ANSWER CHOICES	RESPONSES	
Berkshire County	0.00%	0
Franklin County	5.56%	1
Hampden County	5.56%	1
Hampshire County	100.00%	18
Worcester County	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

1 / 13

Q2 What is your position/role? Check all that apply.

Answered: 18 Skipped: 0

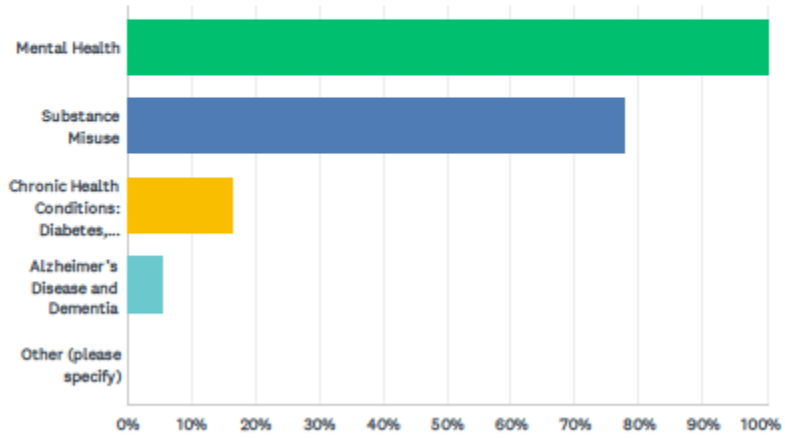


ANSWER CHOICES	RESPONSES	
Public Health Nurse	22.22%	4
Board of Health Member	11.11%	2
Health Agent, Inspector, or Director	38.89%	7
Epidemiologist	0.00%	0
Community Health Worker	5.56%	1
Other (please specify)	27.78%	5
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	Department Assistant	1/24/2025 2:59 PM
2	community responder	1/24/2025 12:16 PM
3	Administrative Assistant	1/24/2025 11:36 AM
4	Shared Services Coordinator	1/24/2025 10:44 AM
5	DART Coordinator(Drug Addiction Recovery Team)	1/24/2025 10:19 AM

Q3 What are the 2 most urgent health conditions in your community? (Choose two)

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Mental Health	100.00%	18
Substance Misuse	77.78%	14
Chronic Health Conditions: Diabetes, Asthma, COPD, etc.	16.67%	3
Alzheimer's Disease and Dementia	5.56%	1
Other (please specify)	0.00%	0
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

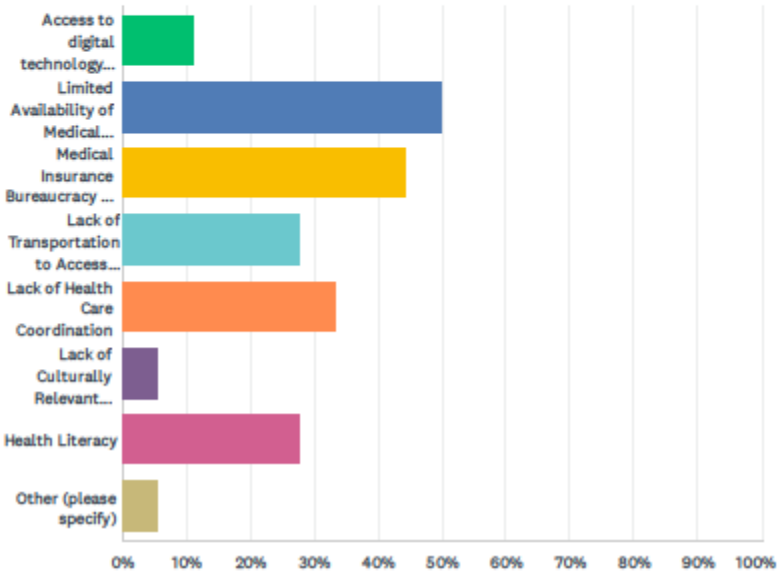
Q4 Are there specific groups of people in the community whose health and well-being you are most concerned about? If so, which groups of people, and why?

Answered: 16 Skipped: 2

#	RESPONSES	DATE
1	Elders, unhoused andthose affected by substance abuse. They experience gaps in care and services	1/27/2025 8:43 PM
2	homeless-resources	1/27/2025 2:43 PM
3	veterans, houselessness	1/24/2025 2:59 PM
4	unhoused and Black and Brown folks	1/24/2025 12:16 PM
5	I would say the houseless community as they don't have the shelter and resources to stay safe.	1/24/2025 11:36 AM
6	Houseless community for substance misuse and teens/young adults for mental health	1/24/2025 10:44 AM
7	Folks without access to stable housing - barriers to care, stigma, lack of trust for traditional medical services. young adults - increasing reports of poor mental health and wellness	1/24/2025 10:24 AM
8	Houseless individuals	1/24/2025 10:19 AM
9	The population we are most concerned about includes our most marginalized communities and the elderly, as they are disproportionately affected by the shortcomings of the healthcare system.	1/24/2025 10:13 AM
10	Low income individuals and elderly living without assistance or living alone.	1/21/2025 11:56 AM
11	Those who fall into the 19 to 59 age range - there has been a focus on youth and seniors primary that has left a gap in services and resources available to those in the middle - especially single adults or those without children.	1/17/2025 11:36 AM
12	The elderly and the mentally ill as they have housing issues.	1/16/2025 4:23 PM
13	Houseless. Individuals without health insurance.	1/10/2025 6:36 PM
14	Elders aging at home and all the challenges that come with that. And the extensive population, elders and other age groups with poorly managed stress and depression.	1/10/2025 12:20 PM
15	We do a lot of housing inspections and have hoarding issues, elderly or people with substance misuse who lack resources. People want to stay in their homes longer and have been given more "home" resources and are not going to nursing homes but there is still a point where this is not enough. We are finding this more and more. At that point, they are further into alzheimer's or substance misuse or other medical conditions/physical disabilities. They may lack the ability to take their trash out and it accumulates. They may lack the ability to take their medications correctly. What we ask of our EMS is to take them to a local hospital to have them assessed and if the condition of their living situation warrants it...we may be required to condemn their living situation (house/apartment) which means they can't go back to it. In more recent cases, both Baystate and Cooley Dickinson let them out to go back to their residence (which were uninhabitable). It wasn't until the were transported to Holyoke Medical Center that the person(s) received the care they needed/deserved (this has happened a few times..the hospital/crisis team are awesome!). During all of this, the hospitals were called ahead of time and we let them know of the situation.	1/10/2025 10:38 AM
16	People between the ages of 19 and 55. There is a focus on youth and seniors in the community which is really great, but those in the middle are experiencing the same health issues with mental health, substance use, and chronic health conditions but also facing the challenges of housing and food insecurity, raising children, working, transportation for both themselves and their children, etc.	1/10/2025 9:44 AM

Q5 What are the 2 biggest barriers to accessing quality medical care in your community?(Choose two)

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Access to digital technology (e.g. cell phone service, phones or computers, high-speed internet)	11.11%	2
Limited Availability of Medical Providers	50.00%	9
Medical Insurance Bureaucracy and Out of Pocket Expenses	44.44%	8
Lack of Transportation to Access Medical Care	27.78%	5
Lack of Health Care Coordination	33.33%	6
Lack of Culturally Relevant Medical Care and Language Barriers	5.56%	1
Health Literacy	27.78%	5
Other (please specify)	5.56%	1
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	If I could have three I'd add lack Health Care of Coordination	1/10/2025 12:20 PM

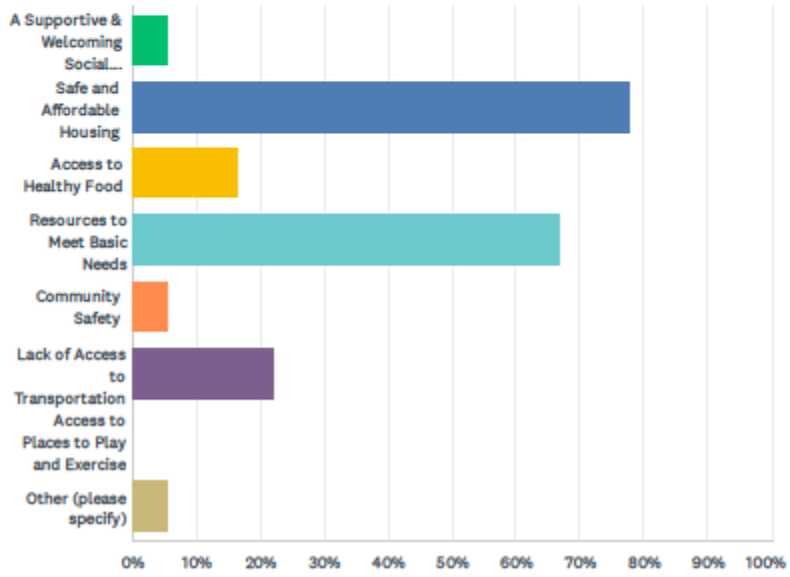
Q6 What two policy changes in the last year or two have had or will have the biggest impact on public health?

Answered: 13 Skipped: 5

#	RESPONSES	DATE
1	Not sure	1/27/2025 8:43 PM
2	tobacco regulations female reproductive laws	1/27/2025 2:43 PM
3	nothing like what the new administration is going to bring to the table.	1/24/2025 12:16 PM
4	I'm still learning about policy so I feel I don't know enough to give a good answer.	1/24/2025 11:36 AM
5	Tobacco and opioid settlement	1/24/2025 10:44 AM
6	MA DPH's Community Narcan Program (CNP) which provides free Narcan to community organizations. This has led to increased distribution, and in part could be the decline in fatal overdoses. Shared services will/should increase health outcomes in more rural communities	1/24/2025 10:24 AM
7	substance use policies	1/24/2025 10:19 AM
8	emr and virtual health	1/24/2025 10:13 AM
9	.	1/21/2025 11:56 AM
10	The new administration coming in and shelter laws.	1/16/2025 4:23 PM
11	Access to primary care physicians. Health insurance limitations.	1/10/2025 6:36 PM
12	Passage of SAPHE 2.0, and pushing of public health standards across the state equitably.	1/10/2025 12:20 PM
13	Lack of oversight into hospital system financial failures, allowing hospitals to close with less than the DPH required 90 day period, overburdening of first responders in the Nashoba Valley Region after the closure of the hospital in Ayer	1/10/2025 9:44 AM

Q7 What are the 2 social & economic determinants of health in your community that most need attention in the next few years?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
A Supportive & Welcoming Social Environment	5.56%	1
Safe and Affordable Housing	77.78%	14
Access to Healthy Food	16.67%	3
Resources to Meet Basic Needs	66.67%	12
Community Safety	5.56%	1
Lack of Access to Transportation	22.22%	4
Access to Places to Play and Exercise	0.00%	0
Other (please specify)	5.56%	1
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	Access to Providers	1/10/2025 12:20 PM

Q8 What are your priority policy changes for improving health in your community? Some examples could be a Board of Health regulation, a state or federal law, a change in insurance policy, a town or city bylaw or ordinance.

Answered: 14 Skipped: 4

#	RESPONSES	DATE
1	Assurance. Connecting community members to services they need.	1/27/2025 8:43 PM
2	community resources New BOH regs	1/27/2025 2:43 PM
3	access to more affordable natural produce, and clean water. more health organizations, clinics and doctors taking more kinds of insurances and access to more health care providers	1/24/2025 12:16 PM
4	I know the Board has been trying to pass more legislation around nicotine products and controlled substances.	1/24/2025 11:36 AM
5	BOH policy around tobacco products	1/24/2025 10:44 AM
6	State legislation in support of Overdose Prevention Centers. Fatal overdoses are preventable. OPCs also create pathways to additional medical care & treatment coordination.	1/24/2025 10:24 AM
7	unsure	1/24/2025 10:19 AM
8	4th tier non emergency services being recognized by mgl	1/24/2025 10:13 AM
9	Expand Mental Health Services – Increase funding for school counselors and establish local mental health crisis teams. Address Food Insecurity – Support farmers markets, urban agriculture, and community meal programs for vulnerable populations. Combat the Opioid Crisis – Increase access to harm reduction programs	1/21/2025 11:56 AM
10	Hopefully hiring a social worker to help out with the elderly and mentally ill having housing issues.	1/16/2025 4:23 PM
11	Eliminate Nicotine and Tobacco and THC to youth.	1/10/2025 6:36 PM
12	Work on my Board of Health to stay ahead of the Vaping Industry in pushing dangerous products. As a Public Health Nurse- work with families trying to keep their parents home safely, transition in and out of rehab safely, transitioning into Palliative and/or Hospice when appropriate.	1/10/2025 12:20 PM
13	state law	1/10/2025 10:38 AM
14	Increased assistance and ability for Community Health Centers to be opened in rural towns and those affected by acute hospital closures.	1/10/2025 9:44 AM

Q9 What feedback (if any) do you have about the ways in which hospitals and medical insurers collaborate with local public health systems and officials? Do you have recommendations to strengthen partnerships between hospitals/insurers and local public health systems?

Answered: 12 Skipped: 6

#	RESPONSES	DATE
1	There is a gap in communication	1/27/2025 8:43 PM
2	n/a	1/27/2025 2:43 PM
3	make it easier to sign people up for insurance by bringing health professionals to locations that are underserved.	1/24/2025 12:16 PM
4	I don't have any at the moment.	1/24/2025 11:36 AM
5	Understanding Medicaid Waivers	1/24/2025 10:44 AM
6	unsure	1/24/2025 10:19 AM
7	Create secure data-sharing agreements to provide local public health systems with timely access to health data for informed decision-making.	1/24/2025 10:13 AM
8	Establish joint protocols for responding to public health emergencies, leveraging resources and expertise across sectors for better outcomes.	1/21/2025 11:56 AM
9	We need to work together so that the elderly get a place to live that is safe and that they can afford. They get taken to the hospital and then let back home to live alone and they shouldn't.	1/16/2025 4:23 PM
10	There needs to be more partnerships.	1/10/2025 6:36 PM
11	A successful visit to any facility does not end on discharge. To be successful, and meaningful, proper discharge planning is vital to prevent readmission.	1/10/2025 12:20 PM
12	Hospitals and insurers should increase support of patients being discharged home in collaboration with public health systems	1/10/2025 9:44 AM

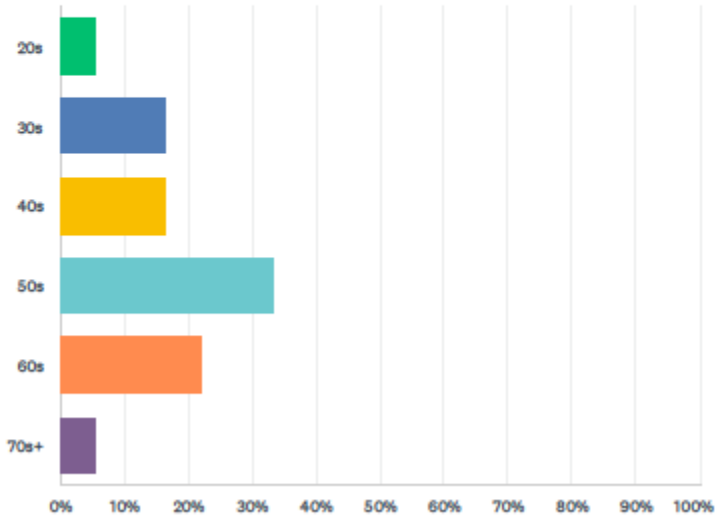
Q10 Is there any other feedback you would like to share with the healthcare systems in your region?

Answered: 11 Skipped: 7

#	RESPONSES	DATE
1	No	1/27/2025 8:43 PM
2	real lack of available doctors and appointments as needed	1/27/2025 2:43 PM
3	its very hard for some to get PCP's due to the lack of doctors it would be nice to have an alternative to this so people don't fall though the cracks medically	1/24/2025 12:16 PM
4	No	1/24/2025 11:36 AM
5	no	1/24/2025 10:19 AM
6	There is a shortage of primary care providers, and the rise of concierge medicine is further widening health disparities.	1/24/2025 10:13 AM
7	.	1/21/2025 11:56 AM
8	no	1/16/2025 4:23 PM
9	Patient education and health literacy needs to be improved in the community	1/10/2025 6:36 PM
10	The need remains in Hampshire and Franklin counties for gerontologists.	1/10/2025 12:20 PM
11	I am very frequently hearing of patients in the community being discharged from the hospital during the night when there are no transportation services to get them home and people waiting sometimes hours to get a ride home.	1/10/2025 9:44 AM

Q11 Tell us a little about you! What is your approximate age?

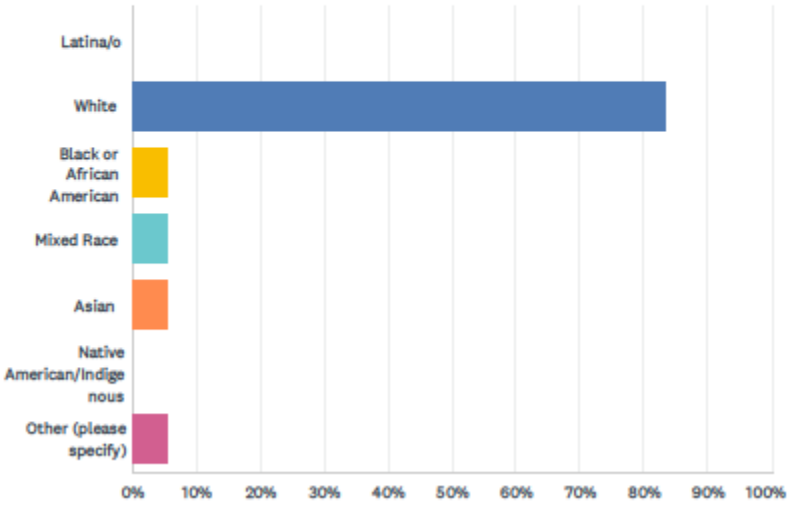
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
20s	5.56%	1
30s	16.67%	3
40s	16.67%	3
50s	33.33%	6
60s	22.22%	4
70s+	5.56%	1
TOTAL		18

Q12 Tell us a little about you! What is your ethnic/racial identity?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Latina/o	0.00%	0
White	83.33%	15
Black or African American	5.56%	1
Mixed Race	5.56%	1
Asian	5.56%	1
Native American/Indigenous	0.00%	0
Other (please specify)	5.56%	1
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	None of the above. Scientifically, my DNA is a mix. Not sure how you want me to identify with these groups ("white", "black", etc.). Percentage?	1/10/2025 10:38 AM

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