Mass General Brigham
Spaulding Rehabilitation

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. Alongside these flagship institutions, the system includes specialty hospitals that expand its depth of expertise: McLean Hospital for psychiatry and neuroscience, Spaulding Rehabilitation for rehabilitation medicine, and Mass Eye and Ear for ophthalmology and otolaryngology. These hospitals, together with high-quality community hospitals such as Newton-Wellesley and Salem, 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.

At our specialty hospitals, our mission extends beyond delivering advanced clinical care. 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. Across the MGB system, thousands of 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 are more than just reports: they are roadmaps for action for our hospitals and our system. They call 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.

Elsie M. Taveras, MD, MPH
Chief Community Health and Health Equity Officer
Mass General Brigham

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I. Background

Spaulding Rehabilitation is a specialty hospital within the Mass General Brigham system dedicated to providing rehabilitative care. Spaulding Rehabilitation, like other non-profit hospitals, conducts a triennial community health needs assessment (CHNA) to identify priority communities, vulnerable populations, health concerns, and to inform the three-year community health improvement plans.

Spaulding Rehabilitation includes Spaulding Rehabilitation Hospital Boston, Spaulding Hospital for Continuing Medical Care Cambridge, Spaulding Rehabilitation Hospital Cape Cod, and 25 licensed outpatient sites throughout Eastern Massachusetts. While providing comprehensive rehabilitative treatment to a broad spectrum of patients, Spaulding Rehabilitation strives to continually update and improve programs to offer patients the latest, high-quality care through its leading, expert providers.

Spaulding Rehabilitation Hospital, 300 1st Avenue, Charlestown, MA 02129
Spaulding Rehabilitation Hospital Boston (Spaulding Boston), the flagship institution of the Spaulding Rehabilitation, is one of the largest inpatient rehabilitation facilities in the United States. In 2024, Spaulding Boston was ranked #3 in the nation and #1 in New England. As the official teaching hospital of the Harvard Medical School Department of Physical Medicine and Rehabilitation, Spaulding Boston is at the forefront of research in advances in rehabilitative care. Spaulding Boston has been awarded a Model Systems designation in three specialty areas Brain Injury, Spinal Cord Injury, and Burn Injury Rehabilitation by the National Institute on Disability, Independent Living, and Rehabilitation Research.

Spaulding Hospital for Continuing Medical Care Cambridge, 1575 Cambridge Street, Cambridge, MA 02138
Spaulding Hospital for Continuing Medical Care Cambridge (Spaulding Cambridge) is a 150-bed long term acute care hospital (LTAC) with a collocated 30 bed acute rehabilitation unit (ARU) located on a 7-acre campus in historic Cambridge, MA. Spaulding Cambridge has a rich history in the community. Founded in 1895 as The Holy Ghost Hospital for Incurable, it changed its name to Youville Hospital in 1970. In 2001, Youville Hospital formed a joint venture with Spaulding Rehabilitation Hospital, formalizing a partnership to provide high quality medical and rehabilitation care. The hospital offers a wide range of medical and rehabilitation services for adults and elders with multiple or complex medical problems.

Spaulding Rehabilitation Hospital Cape Cod, 311 Service Road, E. Sandwich, MA 02537
Spaulding Rehabilitation Hospital Cape Cod (Spaulding Cape Cod) is a 60-bed, inpatient rehabilitation hospital primarily serving Cape Cod (Barnstable County), the Islands, and Plymouth County in Massachusetts. Known initially as the Rehabilitation Hospital of the Cape and Islands, the hospital was planned by Spaulding Rehabilitation Hospital with representatives from Massachusetts General Hospital, local hospitals, and residents. Spaulding Cape Cod is the only facility on Cape Cod offering hospital-level rehabilitation care. Spaulding Cape Cod provides intensive, coordinated, inpatient medical, nursing and therapy services to help patients gain the skills needed to get back to independent living as soon as possible.

Spaulding Rehabilitation is at the forefront of research in advances in rehabilitative care and provides comprehensive rehabilitative treatment to a broad spectrum of patients through its diverse inpatient programs and 25 outpatient centers in MA. Spaulding Rehabilitation enables

people to achieve their highest level of function, independence, and performance through the following mission:

- To provide a full continuum of rehabilitative care, and community-based rehabilitation services.
- To contribute to new knowledge and treatment approaches to rehabilitation and disease and injury management through research and outcome studies.
- To educate future rehabilitation specialists, including physicians, nurses, therapists, and other allied health professionals.
- To advocate for persons with disabilities.
- To support the mission of Mass General Brigham (MGB) and collaborate with other health care providers.

In the summer of 2025, Spaulding Rehabilitation's Community Advisory Board embarked on its 2025 CHNA. The CHNA process was guided by principles of health equity, community engagement, and data-driven collaboration. Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate and the Community Benefit Reporting Guidelines of the Massachusetts Attorney General(MA AGO) to:

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

As also required, a description of our investments in community health, actions taken since the last CHNA, and related outcomes include:

- Through a collaboration with the MGH Institute of Health Professions, provide professional learning opportunities for high school students from backgrounds underrepresented in healthcare to learn about healthcare careers and observe in a variety of departments.

- Supportive Surroundings is a donor-funded patient assistance fund to provide financial aid to patients and families to support discharge planning, including durable medical equipment and prescription coverage. Additionally, Supportive Surroundings now offers four fully accessible apartments located near Spaulding Boston, serving as short-term housing for patients and their families. These apartments provide an opportunity to patients to continue their rehabilitation in a supportive environment while home modifications are being completed or other barriers to home discharge are being addressed.

- Spaulding Adaptive Sports Centers (SASC) in Boston, Cape Cod, and the North Shore, continue to expand offerings to patients and members of the community. SASC now offers more than 50 sports/recreation programs. Additionally, SASC expanded virtual programs and now offers 23 weekly sessions for people to access to continue to participate in sports and recreational activities.

https://spauldingrehab.org/assets/spaulding/pdfs/conditions-services/spaulding-adaptive-sports-and-recreation.pdf

- JobLab - An innovative training suite with classroom space, computers, an interview room, a mock CVS retail space, and a mock patient room at Spaulding Hospital Cambridge. The JobLab is available and utilized by local non-profits at no cost to conduct job training for persons with disabilities. Spaulding also partners with the non-profits to run internal job training programs as well as hire individuals for permanent employment at Spaulding/MGB.

II. Methods

A. Definition of priority community and populations
Spaulding Rehabilitation fulfills a highly specialized role. Thus, our community knows no hard and fast borders. Indeed, our patients come from across the U.S. and around the world. For Spaulding Rehabilitation's community benefit program, we define our "community" as those living in Massachusetts.

The analysis of patient data showed that in FY24 Spaulding Rehabilitation served 92,903 individuals in its inpatient and outpatient services. Of those, 88,924 (95.7%) live in Massachusetts and represent 274 of the Commonwealth's 351 cities and towns. When looking at the hospital preparedness regions of Massachusetts, Spaulding Rehabilitation is an important resource across the Commonwealth and particularly in the Boston, Metrowest, Northeast, and Cape regions of the state for both inpatient and outpatient services.

B. Data Sources
In FY25, an internal working group gathered and analyzed data for the community health needs assessment as part of a continuous quality improvement approach to community benefit planning. We relied on the following data sources:

- Patient data from the past fiscal year, FY24 (October 1, 2024 – September 30, 2025) to identify the target community (Appendix A).
- Secondary data from the Census, American Community Survey, and Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS) to understand the demographics of communities in which the largest proportion of Spaulding Rehabilitation patients reside (Appendices B and C).
- Information related to the Center for Disease Control and Prevention's (CDC) Healthy People 2030 (HP2030) objectives to gain insight into public health priorities related to Spaulding's areas of clinical expertise (Appendix D).
- Focus groups were conducted with stakeholders who provide services to, represent, and/or advocate for residents within the communities Spaulding serves, especially residents living with disabilities and/or who require rehabilitative services. Focus group data were reviewed for common and divergent themes about the major community health issues and a summary of findings was developed. (Appendix E).

C. Role of Community Advisory Board
The Spaulding Rehabilitation Community Advisory Board (CAB) is comprised of community leaders who work with and/or represent populations at-risk for disparities in health outcomes, social determinants of health, and access to care as well as internal leaders of areas that address the needs of patients, including clinical conditions, insurance and financial concerns,

interpreter services, transportation needs, and other social services. A list of CAB members is available in Appendix F. The CAB met on September 30, 2025, to review the assessment data, affirm Spaulding Rehabilitation's target community and populations, determine the priorities to be addressed in the hospital's next community health improvement plan, and approve the CHNA.

III. Assessment Findings

Our review of the primary and secondary data revealed that, among our patients, certain groups are more vulnerable due to age and disability status. Based on 2023 Massachusetts BRFSS data, compared to people with no disability, people with a disability in Massachusetts are more likely to: rate themselves as experiencing fair or poor health; experience more unhealthy days in the past 15+ days; report falls in the last year; experience chronic disease; smoke; be obese; have experienced depression; experience barriers to care; and be less likely to participate in physical activities. In describing the social determinants of health domains for HP2030, the CDC indicated that those with disabilities are more likely to experience challenges finding a job, attending school, accessing the workplace, receiving preventive health care services, and obtaining sufficient social-emotional support.

The data also indicate that, within Spaulding Rehabilitation's patient population and the target communities, individuals experience challenges related to education, employment, and access to care. Additionally, certain demographic groups, such as seniors, children, and individuals with disabilities, may have increased susceptibility to health challenges and variations in quality of life. People with disabilities are at increased risk of isolation and insufficient social-emotional support and are more likely to be unemployed, which can have devastating consequences for their physical and emotional health and well-being.

IV. Conclusions

MGB's community health mission is to achieve meaningful improvements in health outcomes that will increase life expectancy, reduce premature mortality and improve quality of life in the communities we serve. At the MGB level, we have prioritized addressing leading causes of death and premature mortality— cardiometabolic disease, cancer (colorectal), and substance use disorder. Addressing these health priorities must include solutions that target the health-related social risks and root causes driving these conditions—housing, food insecurity, access to care and services. The specialty hospitals, like Spaulding, provide both depth and expansion of expertise for our community and serve the mission of MGB—advancing patient care, research, medical education and community. The combined efforts of our academic medical centers, specialty, and community hospitals allow for a coordinated system where mission, health priorities and social determinants reinforce one another.

Spaulding Rehabilitation is committed to understanding and addressing the broader needs of the communities served. Through collaborative planning with community partners and hospital leadership, the goal is to improve the health and quality of life of our patients and other members of the community, particularly for people recovering from, or learning to live fully with illness, injury, and disability. Based upon the analysis of demographic and social characteristics of our patients and the communities in which they live, as well as the factors that influence health and well-being of our target communities and populations, we identified the following as

priorities and objectives for our next community health improvement plan.

Priority area	Objective
Addressing the social determinants of health	To increase opportunities for community members for educational and professional advancement
Improving access to care	To reduce barriers to health care such as transportation, translation/interpreter services, etc.
Promoting wellness and preventing injury and disease	To increase wellness and prevent injury and disease, especially for children, seniors, and those with disabilities
Improving the social environment and opportunities for those with disabilities	To decrease isolation and increase social-emotional support for people with disabilities
Other priorities identified by the community	To provide resources, as appropriate and available, to support community priorities that fall outside the other community benefit priority areas.

V. References

Spaulding Rehabilitation Patient data

MA American Community Survey data at Massachusetts - Census Bureau Profile

2023 MA Behavioral Risk Factor Surveillance System (BRFSS) at Behavioral Risk Factor Surveillance System (BRFSS) Data | Mass.gov

Center for Disease Control and Prevention's Healthy People 2030 at Healthy People 2030 | odphp.health.gov

VI. Appendices

Appendix A: Spaulding Rehabilitation Patient Data

Data for Spaulding Rehabilitation Patients

Age – all patients (n=92903)

Age Range	Number	%
<5	2794	3
5 to 18	5994	6
19 to 65	44747	48.1
65+	39368	42.3

Sex – all patients (n=92903)

Gender	Number	%
Female	53105	57.1
Male	39786	42.8
Other	2	0.0
Unknown	9	0.0

Spaulding Rehabilitation patients come from 274 different cities and towns across Massachusetts; 29662 (33.3%) of patients reside in 10 communities

Top 10 communities for all patients (n=88924)

Community	Number	%
Boston**	7490	8.4
Lynn	3795	4.3
Barnstable	3063	3.4
Cambridge	2732	3.1
Framingham	2497	2.8
Salem	2256	2.5
Newton	2186	2.4
Peabody	2136	2.4
Plymouth	1853	2.1
Medford	1654	1.9
Total	29662	33.3

Race/ethnicity (n=92903)

Race/ethnicity	Number	%
Asian	3873	4.2
American Indian or Alaskan Native	259	0.3
Black or African American	5436	5.8

Hispanic	6831	7.3
Native Hawaiian or Other Pacific Islander	49	0.05
White	74313	80
Declined/Not listed/Unavailable/Patient Doesn't Know	8973	9.6

Spaulding Rehabilitation patients speak 77 total languages (language for 900 patients is unknown); the top 10 are spoken by 91225 (98.2%) of patients

Primary Language (n=92903)

Languages	Number	%
English	87219	93.9
Spanish	2507	2.7
Portuguese-Brazilian	487	0.52
Arabic	249	0.29
Haitian Creole	212	0.23
Russian	173	0.19
Chinese - Cantonese	105	0.11
Vietnamese	101	0.11
Chinese - Mandarin	100	0.11
American Sign Language	72	0.08

Data for Spaulding Rehabilitation Patients from Massachusetts

Age – all patients (n=88924)

Age Range	Number	%
<5	2732	3.1
5 to 18	5790	6.5
19 to 65	42594	47.9
65+	37808	42.5

Sex – all patients (n=88924)

Gender	Number	%
Female	51096	57.5
Male	37817	42.5
Other	2	0.0
Unknown	9	0.0

Race/ethnicity (n=88924)

Race/ethnicity	Number	%
Asian	3123	3.5
American Indian or Alaskan Native	251	0.28
Black or African American	5335	6.0
Hispanic	6691	7.5

Native Hawaiian or Other Pacific Islander	45	0.05
White	71014	79.8
Declined/Not listed/Unavailable/Patient Doesn't Know	8556	9.6

Spaulding Rehabilitation patients from Massachusetts speak 69 total languages (language for 831 patients is unknown); the top 10 are spoken by 87313 (98.2%) of patients

Primary Language (n=88924)

Languages	Number	%
English	83388	93.8
Spanish	2477	2.8
Portuguese-Brazilian	486	54.6
Arabic	207	0.2
Haitian Creole	210	0.2
Russian	172	0.2
Chinese - Cantonese	105	0.1
Chinese - Mandarin	100	0.1
Vietnamese	99	0.1
American Sign Language	69	0.1

Appendix B: Census Data

	Population estimates 2023	Under 18 (%)	65+ (%)	White only (%)	Non-white or multi-racial (%)	Hispanic/ Latino (%)	Foreign-born (2019-2023) (%)	Language other than English spoken at home persons 5 years (2019-2023) (%)	High school grads 25+ (2019-2023) (%)	BA or higher age 25+ (2019-2023) (%)	Persons in poverty (%)
Massachusetts	7001399	19.2	18.5	79.0	21.0	13.5	17.7	24.8	91.4	46.6	10.4
Boston	653833	15.2	12.7	47.8	52.2	18.9	27.5	35.2	88.9	54.1	16.9
Cambridge	118208	11.7	11.6	57.5	42.5	9.0	28.7	34.2	95.7	80.2	11.7
Lynn	101250	22.7	13.1	44.6	55.4	42.5	35.6	51.3	78.4	23.3	12.6
Newton	88413	21.0	22.1	71.1	28.9	4.8	23.4	27.5	97.3	80.7	6.1
Framingham	71866	23.4	13.2	47.8	14.2	20	31.2	43.9	88.4	49.4	7.9
Medford	58744	13.1	15.8	69.4	30.6	8.9	24.2	30.0	92.7	57.6	8.2
Peabody	54180	17.5	24.3	76.7	4.6	12.4	17.2	N/A	90.6	33.9	6.5
Barnstable	49232	16.8	25.3	76.6	6.9	6.4	17.2	N/A	93.8	42.3	7.1
Salem	44241	15.6	16.5	67.7	3.3	19.4	15.5	N/A	91.9	49.6	13.7
Plymouth	7852	12.3	20.4	80.3	6.2	7.7	11.3	N/A	91.4	38.4	8.7

Appendix C: MA Behavioral Risk Factor Surveillance Survey (BRFSS) Data for People with Disabilities

2023 - Health indicators for MA adults by disability status as reported on the BRFSS

	Any disability (%)	No disability (%)
General health (adults 18 and older)		
Fair or poor self-rated health	36.8	7.4
Physically unhealthy in past 15+ days (adults 18 and older)		
15 or more days unhealthy	28.6	4.3
Falls (adults 65 and older)		
Unintentional Falls	41.6	19.4
Injured by Unintentional Fall	18.8	6.8
Chronic diseases (adults 18 and older		
Ever had arthritis	46.5	19.0
Current asthma	26.2	14.8
Ever had cancer (excluding skin cancer)	11.3	8.0
Heart disease	9.5	3.1
COPD	13.9	3.0
Diabetes	18.9	6.7
Ever had a stroke	7.1	1.8
Physical Activity		
Met aerobic activity guideline (150 minutes/week)	48.4	69.3
Met strengthening guideline (2 or more days/week)	33.2	41.3
Prevention and screenings		
Had flu vaccine in past 12 months (adults 18-49)	42.8	49.0
Had flu vaccine in past 12 months (adults 50-64)	56.9	57.5
Had flu vaccine in past 12 months (adults 65+)	73.9	73.7
Smoking behaviors (adults 18+)		
Current smoker	16.2	7.3
Former smoker	28.4	20.7
Attempted to quit smoking in past 12 months	56.8	50.2
Currently use e-cigarettes	9.8	4.9
Body mass index categories (adults 18+)		
Overweight	67.1	61.0
Obese	32.9	22.7
Other health risks & behaviors		
Binge drinking in past 30 days	13.8	17.4
Heavy drinking in past 30 days	5.3	6.8
Barriers and costs of care (adults 18+)		
Could not see doctor in past 12 months due to cost	10.6	4.0
Have 1 personal doctor or health care provider	91.8	90.8
Have no health insurance	3.3	3.5
Mental and emotional health (adults 18+)		
Ever had depression	41.9	15.2
Mentally unhealthy days in past 30 days (adults 18+)		
15+ days mentally unhealthy	28.6	6.8

Appendix D: Healthy People 2030 Objectives

Category	Relevant Objectives	Status
Mental Health and Mental Health Disorders	Reduce the proportion of adults with disabilities who delay preventive care because of cost (DH-01)	Little/no detectable change
Mental Health and Mental Health Disorders	Reduce the proportion of adults with disabilities who experience serious psychological distress (DH-02)	Baseline
General	Increase the percentage of adults who resume more than half of their usual activities 5 years after traumatic brain injury rehabilitation (DH-06)	Baseline
Arthritis	Reduce the proportion of adults with arthritis who have moderate to severe joint pain (A-01)	Little/no detectable change
Arthritis	Reduce the proportion of adults with arthritis whose arthritis limits their activities (A-02)	Little/no detectable change
Arthritis	Reduce the proportion of adults with arthritis whose arthritis limits their work (A-03)	Little/no detectable change
Housing and Homes	Increase the proportion of homes that have an entrance without steps (DH-04)	Target met or exceeded
Older Adults	Increase the proportion of older adults with physical or cognitive health problems who get physical activity (OA-01)	Baseline
Public Health Infrastructure	Increase the proportion of national surveys with questions that identify people with disabilities (DH-R01)	Research
Public Health Infrastructure	Increase the proportion of state and DC health departments with programs aimed at improving health in people with disabilities (DH-R02)	Research
Sensory or Communication Disorders	Increase proportion of adults with hearing loss who use a hearing aid (HOSCD-07)	Baseline
Insurance	Increase the proportion of people with health insurance (AHS-01)	Improving
Insurance	Reduce the proportion of people under 65 years who are underinsured (AHS-R03)	Research

Source: https://odphp.health.gov/healthypeople

*Research objectives aren't yet part of the Core 2030 objectives because neither yet has reliable baseline data.

- **Baseline:** No data beyond the initial baseline data, so we don't know if we've made progress.
- **Target met or exceeded:** We've achieved the target we set at the beginning of the decade.
- **Improving:** We're making progress toward meeting our target.
- **Little or no detectable change:** We haven't made progress or lost ground.
- **Getting worse:** We're further from meeting our target than we were at the beginning of the decade.

Appendix E: Summary of Community Focus Groups

Spaulding Rehabilitation Hospital – Charlestown & Cambridge

Introduction: Following an overview of the meeting purpose and logistics, including how the results will inform the 2025 community health needs assessment for Spaulding Rehabilitation Hospital, nine participants representing various organizations shared insights about the needs and challenges faced by individuals with physical disabilities in Spaulding service area (i.e., Suffolk and Middlesex Counties). The group explored various health and wellness challenges, including housing accessibility, healthcare access, and employment barriers, while highlighting community strengths and the importance of inclusive perspectives. The discussion concluded with suggestions for key initiatives and partnerships to address key challenges over the next three years.

Community Assets/Resources: The group discussed the strengths and assets of the communities they serve, highlighting resilience, resourcefulness, adaptability, and creativity of those with disabilities. They described strong collaboration among agencies and organizations serving those with disabilities and noted that often people with disabilities utilize multiple services and organizations creating an "interconnectedness." They also described advocacy as a strength of the organizations serving those with disabilities and noted strong leadership within organizations serving this population.

Needs/Challenges: The group also explored factors that impact the health and well-being of those they serve, including:

- **Housing:** Accessible and affordable housing is extremely difficult to find in the greater Boston area. Options for accessible housing generally include low-income housing (for which one must qualify, and which generally have long wait lists) or newer builds (which are completely unaffordable to most working adults and those on SSDI. Upon discharge from the hospital, people often lack knowledge about resources (both financial and contractors) to help adapt their homes to meet their physical needs.
- **Transportation** is a challenge for people with disabilities, particularly those in wheelchairs. While publicly funded options exist, schedule challenges make them difficult to use for appointments, which impacts healthcare access.
- **Cuts to public benefit programs:** It is common that a newly disabled person has difficulty understanding the public benefit programs for which they are eligible, how to apply, and what they cover. Recently, impending and feared cuts to Medicaid and Medicare have been causing confusion within the disability community. Those who work are concerned that they will be over-income and therefore ineligible for benefits. The group noted that, in the absence of clear, timely, factual information about benefits, misinformation dominates and exacerbates fear and confusion.
- **Coverage limits:** Changes to coverage for inpatient rehab care for those with a spinal cord injury often mean these individuals are discharged before they are ready. Thus, their rehabilitation may be compromised as they face difficulty with accessible housing, transportation, outpatient care, and medical supplies. These individuals may end up in long-term care rather than living their best lives in the community.
- **Discrimination/ableism:** While discrimination has always impacted individuals with disabilities, the group noted how much worse it has become of late. They described the importance of countering negative perceptions about disabilities and providing hope and

stability. Messaging, advocacy and programming that foster inclusivity, hope, confidence, etc. are more important than ever. The group discussed Spaulding's important role in combatting negative stereotypes and messaging, advocating for those with disabilities broadly, and supporting newly disabled individuals who may be particularly affected by societal ableism that impact emotional health, social connections, and physical wellbeing. Spaulding's adaptive sports program was identified as an important program supporting the emotional, social, and physical well-being of those with disabilities. The discussion underscored the importance of inclusive perspectives and collaboration within the disability community. For example, the group argued that people of color who are disabled face compounded discrimination and additional barriers to resources and care. They explained that it is important to include representatives from diverse communities in discussions about the needs of disabled persons given the intersectionality of the issues.

- **Immigrant needs:** The group discussed challenges related to immigration issues. They noted that immigrants, even those with legal status, are often afraid to leave their homes and access services. Cooperative education students, who historically have appreciated and benefited from placements at Spaulding, are increasingly wary of participating in vocational opportunities. Because a large proportion of PCAs come from immigrant communities, there is a greater shortage than ever of those who can provide care for/support to those with disabilities.
- **Resource information/coordination:** The group noted that there is a general need for better resource coordination and navigation. People often struggle to find accurate and specific information about available services and how to access them. They explained that doing an online search generally produces an unwieldly volume of information that lacks specificity about eligibility. For newly disabled persons in particular, resources are often provided in excess (like drinking from a fire hose) upon hospital discharge, which leaves the individual to comb through, find what is relevant now, and remember what else exists when future needs arise. Individuals often end up making dozens of phone calls to find what they need (and getting deeply discouraged along the way). The group felt it would be helpful to have staff at Spaulding, who specialize in connecting people to resources to meet their specific needs. For example, several months after discharge, a case manager could reach out to assess a person's resource needs and help them identify and access resources appropriate to their needs (which will likely differ from the needs they had immediately following discharge).

Priority Health Issues: While there was general consensus that the priority health issues impact members of the disability community, the group argued that the primary concerns facing those they serve involve basic needs, particularly related to housing and income. Some acknowledged that cardiovascular disease is very common for persons with disabilities. It is the leading cause of death among amputees and is often related to the amputee status (i.e., they've lost a limb due to diabetes). They also explained that wheelchair-dependent individuals generally aren't screened for cervical cancer or breast cancer, for example, because of the difficulty getting them onto an exam table or positioned for mammography. The difficulty adapting equipment to screen, diagnose, and treat patients with disabilities results in care the group facetiously described as "good enough" but noted that it isn't nearly effective at preventing, detecting, and addressing health problems. They also explained that resources designed to promote health and prevent chronic disease are often not accessible to those with disabilities (e.g., written materials on healthy eating not available in Braille, large print, or electronically for those affected by low vision or blindness).

Climate change: Members of the disability community are disproportionately impacted by excessive heat and poor air quality. Many require 24-hour air conditioning during summer months. A significant barrier to their well-being is the inability to pay for electricity associated with AC use. One participant mentioned a pilot program at BMC where electricity bills were being paid to ensure medical equipment functionality. They also discussed that fuel assistance programs available to MA residents cover utilities during winter months only.

Possible Next Steps: The group discussed possible initiatives and partnerships to address health and wellness challenges over the next three years. They highlighted Spaulding's role in employment access for young adults with disabilities and emphasized the need for a dedicated coordinator to maintain these programs; mentioned the importance of the PCA program and advocated for its funding; and praised Spaulding's peer visitor program for amputees and its adaptive sports programs. The discussion also touched upon needs related to information/education and navigation support; possible communications and advocacy efforts, and programs that address health, wellness, and the social determinants of health. Potential initiatives or programming ideas that could better support the health and wellness of those in the disability community, include:

Information, education, communications & navigation supports:

- Develop better resource navigation tools that provide specific information about services available, eligibility requirements, and contact information.
- Implement a follow-up system that checks in with patients at different intervals after discharge to reassess resource needs.
- Improve information about home modification resources for patients being discharged.
- Provide more comprehensive education about Medicaid/MassHealth eligibility and how it interacts with employment for patients transitioning back to work.
- Ensure information about the hospital's 504 coordinator(s) and complaint procedures are accessible and visible to patients.
- Explore ways to counteract negative messaging about disabilities and provide hope and stability to newly disabled individuals.

Initiatives to address health, wellness, and SDOH:

- Ensure comprehensive discharge plans, including PCAs, safe/accessible housing, required medical supplies, etc. in light of shortened rehab stays to prevent people from ending up in long-term care facilities, or homeless/in unsafe situations.
- Continue and potentially expand the adaptive sports programs which have been beneficial for amputees and others with disabilities.
- Consider implementing a program similar to BMC's pilot for covering electricity bills for patients with medical needs requiring air conditioning.
- Address transportation barriers, particularly for wheelchair users accessing healthcare appointments.
- Improve accessibility of healthcare services and diagnostic testing/ exams for patients with disabilities.

Employment- and volunteer-related programming:

- Consider creating a dedicated (full-time) position for coordinating employment access initiatives across all Spaulding sites.
- Maintain and strengthen partnerships with Mass Ability for employment opportunities.
- Advocate for preserving PCA program funding.

- Streamline the peer visitor program reapplication process to reduce barriers for volunteers returning to the program.

Spaulding Rehabilitation Hospital (Cape Cod)

Introduction: Following a description of the meeting purpose as informing the Spaulding Rehabilitation Hospital's 2025 CHNA, the focus group began with three individuals who work in Spaulding Cape Cod's service area (Plymouth and Barnstable Counties) and who have expertise working with lower income individuals and families, children and youth, older adults, and those with disabilities and/or in need of rehab services. The group discussed barriers faced by older adults and families with children, especially those who are lower income, when accessing healthcare and behavioral health services. The discussion highlighted significant disparities between Plymouth and Barnstable Counties, particularly regarding rural access to services and the need for better resource allocation in the lower/outer Cape region. The participants also addressed housing affordability and transportation barriers, major health conditions impacting life expectancy and quality of life, and needs related to the impact of climate change on resident health.

Community assets/resources: Encompassing Plymouth and Barnstable Counties, one could describe the southeastern region of Massachusetts as rich with community engagement, collaboration, volunteerism, and services aimed at addressing the health and wellness of residents. However, the focus group participants drew an immediate distinction between Plymouth and Barnstable counties when describing assets and resources. While residents within Barnstable County share a spirit of community, volunteerism, and a desire to help one another, there are significant gaps in services across the sub-regions within the county. The further out one is located on Cape Cod, the harder it is to access services near home or without driving for several hours. While there are rural communities within Plymouth County, the population is far denser and there are many more community agencies providing services within the county. The location of regional services (e.g., Bay Cove Human Services) that are intended to serve residents of southeastern Massachusetts are fairly inaccessible to many Cape Cod residents because of the distance, time, and transportation resources needed to access them. The participants explained that Cape Cod residents are often described as "taking care of their own," a label that may lead decision makers to misunderstand the needs and service gaps on the Cape. So, while there are excellent services in SRH's Cape Cod service area, they are not equally accessible to all residents. One stark example of how the number of organizations and their proximity to one another plays out is in the level of collaboration within the Community Health Network Areas (CHNAs) in the SRH Cape Cod service area. Plymouth county is home to the South Shore Community Partners in Prevention (CHNA 23), which was described as an active and vibrant collaboration among health and social service organizations, businesses, boards of health, school, and residents focused on improving community health. In contrast, CHNA 27, which is intended to bring together partners from the sub-regions of the Cape as well as the islands of Martha's Vineyard and Nantucket, has fewer potential partners overall with vast distances between them. CHNA 23 partners struggled to maintain their collaboration during the pandemic and did not gain momentum thereafter.

Needs/Challenges: While transportation, the lack of affordable housing, and income inequality are issues in both counties, the needs were described as more acute in Cape, particularly its outer regions. The participants explained that increasingly service providers cannot afford to live in the area, which leads to staffing shortages and fewer vital services for people on Cape

Cod. The participants described a stark contrast between the Cape's largely wealthy seasonal residents and vacationers versus its year-round residents. The population is also more ethnically diverse than most realize and, for those whose fluency in English is limited, linguistic barriers to care also exist. During COVID, many families with children moved to the Cape. The incredible demand for housing has led to a doubling of most home prices in the area. Despite the growing population of families with children on the Cape, its year-round population is still dominated by older adults who often require a range of services to age in places that are not equally accessible to all. Many do not have families in the area to provide informal support. Area nursing homes are at capacity, which forces those in need of nursing home care to relocate outside of their community.

The participants explained that the "bones" of needed services often exist, but they are under-resourced. For example, there are some infrastructures like the Housing Assistance Corporation and village programs, but they are overwhelmed by the need and staffing shortages. Participants explained that significantly more funding and resources, including satellite offices of regional programs located off-Cape, are needed to adequately support the Cape's residents.

Seniors and children alike suffer from isolation, its impact on mental health, and difficulty accessing behavioral health services, including long wait times for appointments. Younger residents (children through young adults) were described as particularly at risk for behavioral health problems with high rates of suicide and drug overdoses among young adults on the Cape. For much of the Cape, access to intensive psychiatric resources (i.e., partial hospitalization and in-patient services) requires access to transportation and long drives, a particularly difficult situation for working families. The Barnstable County Department of Human Services conducted a baseline needs assessment related to children's behavioral health, which could provide a deeper understanding of the needs and resources in the area. Due to substance use issues and related incarcerations, increasingly grandparents are raising grandchildren without adequate resources for either generation. Participants argued that the state's model for community behavioral health centers is not suitable for rural areas like Cape Cod, as it restricts the ability to share services effectively.

The group also discussed access to services more broadly, including primary and specialty care and explained that long distances and wait times are the norm. While efforts have been made to improve access to telehealth through the dissemination of iPads to older adults, lack of computer literacy is a barrier.

Priority Health Issues: The group acknowledged that the MGB priority health issues are relevant concerns for residents in the SRH Cape Cod catchment area, especially substance use disorders.

They discussed the closure of a maternity unit at Cape Cod Hospital and the need for better access in the region particularly for those with high-risk pregnancies who may require transport to Boston for appropriate care. The group suggested that the cognitive health of older adults should be a priority as well. The older population on Cape Cod commonly faces neurological issues related to strokes, cognitive decline, Alzheimer's and other age-related dementias while the area lacks adequate support services to meet the need. Experts from the Barnstable County Department of Human Services have a deep understanding of the needs among older adults in the region and could offer further insights.

Climate Change: The group briefly touched on the impact of climate change. They agreed that poor air quality and excessive heat impact the health of residents and further noted that many lack access to air conditioning.

Appendix F: Spaulding Rehabilitation Community Benefit Planning Group Members

Leadership
Cara Brickley, VP of Operations, Director of Inpatient Therapy, Spaulding Boston
Joanne Fucile, VP of Operations, Associate Chief of Nursing, Spaulding Cambridge
Daina Juhansoo, VP of Operations, Director of Inpatient Therapy, Spaulding Cape Cod
Leslie Feinberg, Chief of Staff, Spaulding Rehabilitation
David Estrada, Program Manager, Research & Disability

Community Advisory Board Members
Kristin McCosh, Commissioner, Commission for Persons with Disabilities, City of Boston
Molly Sebo, Executive Director, SCIboston
Jeff Gentry, Disability Services Director, Jewish Vocational Services
Barbara Dominic, Social Worker

Mass General Brigham
Spaulding Rehabilitation