

2022 Community Health Needs Assessment

Adopted by the Baystate Health Board of
Trustees on September 13, 2022



Project Coach participants
Photo Credit: Graeham Dodd
Project Coach

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1. Executive Summary

1. Executive Summary

Background

Baystate Medical Center (Baystate Medical) is a 746-bed independent academic medical center and home to the UMass Chan Medical School – Baystate. Baystate Medical has one of New England’s busiest emergency departments and is the region’s only Level 1 trauma center. Baystate Medical is part of **Baystate Health**, a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. Baystate Health, with a workforce of 13,000 employees, is the largest employer in the region and includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, Baystate Noble Hospital, Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation.

The communities served by Baystate Medical include the 23 cities in Hampden County, plus Granby and South Hadley in Hampshire County. Hampden County is home to 467,871 residents spanning a dense urban core that includes Springfield, the third-largest city in Massachusetts, to many smaller and rural towns with populations under 20,000. Hampden County hosts a wealth of community resources and collaborations; a vibrant arts and culture scene; anchor education, health, and corporate institutions; a strong philanthropic network; and other assets that contribute to the region’s status as a destination to live, work, learn, and play.

Baystate Medical is a member of the **Coalition of Western Massachusetts Hospitals/Insurer** (Coalition), a partnership formed in 2012 that has grown to nine non-profit hospitals, clinics, and insurers in the region to coordinate resources and activities for conducting their Community Health Needs Assessment (CHNA). 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 the law, each hospital develops a health improvement plan to address select prioritized needs. The CHNA data also informs County Health Improvement Plans (CHIPs) as well as many other community-based initiatives to achieve health equity. The Coalition worked with a consultant team led by the **Public Health Institute of Western Massachusetts** (PHIWM) to conduct the CHNA. This assessment focused on Hampden County data and data for select communities as available: Chicopee, Holyoke, Palmer, Springfield, West Springfield, and Westfield.

Guiding Values and Assessment Methods

The Coalition and consultant team fostered an inclusive process to assess health needs. A **Regional Advisory Council** (RAC) was assembled and met monthly for a year and a half to provide guidance and make decisions that informed the assessment process and the prioritization of health needs. The Coalition members recognize that health equity cannot be achieved unless or until the root causes of inequity are addressed. These root causes include systemic racism and structural poverty, as well as other forms of discrimination. Underlying these root causes are the dominant culture and stories that normalize the perpetuation of inequities. To make meaningful progress to address these root causes of poor health, the Coalition and the RAC worked to further incorporate aspects of these values into the CHNA process: community-led change, anti-racism, cultural humility, and social justice.

The 2022 CHNA updates the prioritized community health needs identified in the 2016 and 2019 reports, as they relate to: the social and economic factors or “determinants” that influence health, barriers to healthcare access, and health behaviors and outcomes. The 2022 CHNA assessment process included reprioritizing needs if data – including community feedback – indicated changes. The process consisted of a review of existing assessment reports; survey of public health officials; preliminary analysis of COVID-19’s impact on the region; and analysis of quantitative data, with efforts where possible to disaggregate (eg, by race, ethnicity, gender, age, LGBTQIA+, geography) to understand health disparities. The consultant team also assembled qualitative data from Community “Chats,” key informant interviews, and focus groups conducted throughout the communities served by Baystate Medical and region. The interviews and focus groups were primarily about youth mental health.

During the process, the Coalition and RAC made the decision to (1) assess the impact of COVID-19 on health needs in the region; and (2) lift up the prioritized need of youth mental health as a regional focus area for additional data gathering. Further, Baystate Medical undertook its own prioritization process and chose three of the identified prioritized needs for a deeper dive and additional data gathering: Workforce Development; Violence and Trauma; and Access to Housing, Food, and Transportation with a focus on care coordination. Baystate Medical chose to place greatest focus on inequities among children and those with substance use disorders (SUDs).

Prioritized Health Needs

Hampden County continues to experience many of the same prioritized health needs identified in the 2019 CHNA. The COVID-19 pandemic exacerbated many of the existing inequities related to these needs. Several prioritized needs receive deeper focus as described below. The prioritized health needs for the communities served by Baystate Medical are:

- **Social and economic factors or “determinants” that influence health:**
 - Lack of Resources to Meet Basic Needs (**Baystate Medical focus area – deeper dive**)
 - Workforce Development (**Baystate Medical focus area – deeper dive**)
 - Violence and Trauma (**Baystate Medical focus area – deeper dive**)
 - Environmental Exposures and Climate Crisis
- **Barriers to healthcare access:**
 - Availability of Providers and Telehealth
 - Other Barriers
- **Health behaviors and outcomes:**
 - Youth Mental Health (**Regional Focus Area – deeper dive**)
 - Mental Health and Substance Use
 - Chronic Diseases and other Health Outcomes

COVID-19

It has been three years since the last community health needs assessment, and for two of those years and counting, our nation and region have battled a once-in-a-century health pandemic. COVID-19 has taken a tremendous toll on the communities served by Baystate Medical, and it continues to affect the current status of health in western Massachusetts. The pandemic took the lives of at least 1,951 residents of Hampden County, and up to 27,000 or more were infected. It strained the capacity of the regional health care system, from the doctor’s office to the emergency room, causing many people to have to delay care and treatment. Hampden County had lower vaccination rates than other western Massachusetts counties. Barriers to vaccine access and vaccine hesitancy were likely factors. In addition to impacting health outcomes, access to care, and quality of care, the pandemic undermined the region’s economy, causing unemployment rates to rise rapidly

and business revenues to fall. Hampden County's unemployment rate shot up to 18% in April 2020. Economic destabilization negatively affected other social factors or "determinants" of health, including housing affordability, food security, education quality, and safety from violence and trauma. It exacerbated existing inequities in many of these prioritized needs, especially for Black and Latino/a/e residents, people who are unhoused or homeless, LGBTQIA+ individuals, people with a disability, older adults, those with limited incomes, and other communities. The Massachusetts public health infrastructure, which is highly decentralized, had difficulties providing consistent pandemic response services such as contact tracing and vaccination clinics. Despite these challenges, many hospitals, health care providers, public health departments, grant makers, and nonprofit agencies rose to the challenge, adapting and pivoting to provide resources, services, care, and timely, accurate information to residents in the communities served by Baystate Medical.

Youth Mental Health

Before COVID-19 arrived in the region, mental health was already a prioritized health need. Then COVID-19 undermined mental well-being for almost everyone. The systems of behavioral health care, which were already found to be insufficient in the 2019 CHNA, could not handle the increased demands. The mental health challenges of youth and young adults (age 12-24) are acute. For example, more than four in 10 Springfield eighth graders surveyed in 2021 felt sad or hopeless for two weeks or more in a row. Inequities among some youth populations were already well documented in prior CHNAs. These were brought to the fore during the pandemic, especially for girls, Black and Latino/a/e youth, youth with a disability, LGBTQIA+ and rural youth, and young adults 18-24. Positive signs are that youth are more comfortable talking about mental health challenges, are finding trusting people to talk with, and are expressing openness to receiving care through telemental health, which expanded exponentially during the pandemic. Social media has both negative and positive impacts, undermining mental health, especially for girls, while also normalizing mental health issues and offering peer support. Several factors continue to affect youth mental health and access to care, including individual and systemic racism; continued stigma among many parents and some youth; provider shortages; and lack of cohesive and culturally competent mental health services. Proven prevention strategies such as organized sports, afterschool programs, youth drop-in centers, and other extracurricular activities need to be revitalized, expanded post-pandemic, and made more affordable and accessible.

Workforce Development

Present workforce disparities are partially attributed to the legacies of explicitly discriminatory actions and policies through history, though more current barriers and circumstances like the COVID-19 pandemic also affect the lives of those who are employed or seeking employment. The COVID-19 pandemic significantly affected the workforce nationwide. When comparing August of 2021 to August of 2019, the Massachusetts labor force participation rate is about 1.4% below pre-COVID levels (~73k fewer workers in the labor force). Educational attainment is a building block for health, however racial inequities still persist among Black and Latino/a/e residents, and rural communities face challenges due to declining populations of school age children and high operating and transportation costs. Parts of Hampden County have high rates of poverty and low levels of income with Black and Latino/a/e residents disproportionately impacted. The unemployment rate is almost 10% for Latino/a/e and Black residents,¹ and the median income for Black and Latino/a/e households is below a living wage. Youth access to employment and career pipelines is a major concern for the 2022 Baystate Medical CHNA. Youth aged 16-19 years old have an unemployment rate of 39%, more than triple the 11% unemployment rate for people 20-24 years. It may also be difficult for youth 16-19 to find their way in the workforce if they are unemployed, employed in a low-wage job with little or no room for growth, not in school, and/or not continuing their education. This holds especially true for youth in Hampden County's four Gateway Cities of Chicopee, Holyoke, Springfield, and Westfield.

Violence and Trauma

Many of the concerns about violence and trauma faced by Hampden County residents are still prioritized needs in 2022. Interpersonal and collective violence affects health directly, via death and injury, as well as indirectly through the trauma that affects mental health and relationships.² Often people of color, people with limited incomes, people who identify as LGBTQIA+, and people with physical and intellectual disabilities experience higher rates of violence. Black communities especially felt the pandemic's impact on mental health more keenly than other communities, as it coincided with police violence and vigilantism against Black residents. In 2020, Springfield saw a 20% increase in gun violence, and Hampden County had the highest gun death rate in 2019 among all counties in the state. Gun violence is a growing concern for the well-being of youth. Gun violence is now tied for the fourth leading cause of death in youth in Massachusetts. In Massachusetts 1.6 million people experience some form of intimate partner violence (IPV)

over their lifetime.³ COVID-19 has worsened the situation, trapping many victims with their perpetrators. In 2022, Hampden County saw a 16% rise in restraining and harassment orders filed, compared to the same period in 2021.⁴ A key informant reported that Berkshire, Franklin, Hampden, and Hampshire Counties reported 1.5 to three times more IPV than other counties during the pandemic.

Lack of Resources to Meet Basic Needs

Access to and affordability of basic needs such as housing, food, and transportation are key building blocks of health, and they continue to be a prioritized need for many residents in both urban and rural areas in the communities served by Baystate Medical. Inequities in wealth and income have meant that some Black and Latino/a/e residents experience greater impact. Overcrowded housing and the aging housing stock in the county's urban centers affect health, yet residents often don't have the option to move to healthier environments. Hampden County also continues to have food deserts (lack of nearby grocery stores) in the three largest cities, limiting access to affordable, healthy choices such as fruits and vegetables. Care coordination continues to be a prioritized need for the communities served by Baystate Medical. Focus group participants shared concerns about fragmented care, confusing referral processes, and an overburdened system. Access to affordable and reliable internet, access to digital equipment, and digital literacy are factors that impact residents' ability to access services and participate in their community. Digital equity was brought to the forefront when many services, resources, and opportunities for socialization shifted to online. COVID-19 caused high rates of unemployment, further undermining the ability of residents to meet their monthly expenses. It also triggered inflation, raising the cost of many basic needs. In 2021, home prices in Hampden County rose almost 14%. The pandemic also affected access to food – food insecurity jumped 42% from 2019 to 2020. People who do not have access to transportation have an even harder time meeting basic needs. Census data show that consistently 14% of Hampden County residents do not have access to a vehicle. Telehealth offers a potential solution to that barrier for some residents, depending on the type of care they need.

Other Prioritized Health Needs

We continue to see inequities in social and economic factors that affect health. Median incomes of Black and Latino/a/e individuals continue to lag White people's incomes. Being at home full time also had implications for residents in homes that have elevated

lead levels and allergens that contribute to asthma – two conditions that are already at higher levels in the largest cities in the communities served by Baystate Medical. Regarding barriers to care, access to health insurance, and affordability of care continue to be a problem. Chronic health conditions remain prioritized needs, especially asthma; emergency department visits rose among Black asthma sufferers relative to other groups. Chronic Obstructive Pulmonary Disease (COPD), cardiovascular disease, and other chronic conditions that are also a risk factor for heart disease – diabetes and obesity – also show disparities, with much higher rates among Black residents. Another chronic condition, Alzheimer's Disease appears to have been affected by COVID-19, with CDC reporting that there were 16% more deaths from this and other forms of dementia in 2020 compared to the prior five-year average. The infant mortality rate for the county is 30% higher than the statewide average. Sexually transmitted diseases have been on the rise in the state and Hampden County over the last several years.

Priority Populations

This CHNA identified many inequities in prioritized health needs among children and those with a SUD, which are Baystate Medical priority populations for the communities served. Black and Latino/a/e residents experience lower median income than White residents, making it harder for them to afford basic needs and to access quality health care. They also experience fragmentation of care, individual and systemic racism within health care institutions, and lack of care that is culturally and linguistically appropriate.

The pandemic exacerbated existing inequities. The disparate rates of infection and death in Hampden County, and national trends, indicate that communities of color and those with limited means suffered higher rates of both infection and death. Based on national studies, the pandemic-induced upheaval in the economy and the shift to remote schooling disproportionately harmed women of color. Black communities also felt the pandemic's impact on mental health more keenly than other communities, as it coincided with police violence and vigilantism against Black residents. Emergency department visits for mental health were highest among Black residents in the county. Deaths of despair (suicide, overdose, alcohol-related) in the communities served by Baystate Medical were highest for Latino/a/e residents.

For those who are unhoused or experience homelessness, access to basic needs and to consistent health care are particularly challenging. Other populations whose health is vulnerable or who experience inequities include children, older adults, LGBTQIA+ youth,

people with limited incomes, women, people with mental health and SUDs, people involved in the criminal legal system, and people living with disabilities. People with SUD, who often experience mental health challenges as well as lack of shelter, had trouble accessing housing, treatment, health care and other services, and these challenges were exacerbated during the pandemic. Overcoming bureaucratic and financial hurdles to receiving care was daunting, even with the help of community agencies. Data throughout the report describe how these populations experience inequities.

In sum, for so many facets of health and health care, COVID-19 deepened inequities. Virtually every prioritized health need was affected by the pandemic.

Summary

The communities served by Baystate Medical continue to experience many of the same prioritized health needs identified in the 2019 CHNA. Social and economic challenges, compounded by the COVID-19 pandemic, contributed to the health conditions and health inequities observed across demographic groups. Barriers to affordable, quality care remained, in part due to care coordination issues, and in part due to strains placed on the health care system. Populations of concern identified in this report are children, youth, and people with mental health and substance use disorders. In nearly all instances, COVID-19 made existing hardships worse. Virtually every prioritized health need was affected by the pandemic. In sum, for so many facets of health and health care, COVID-19 deepened inequities.

2. Introduction

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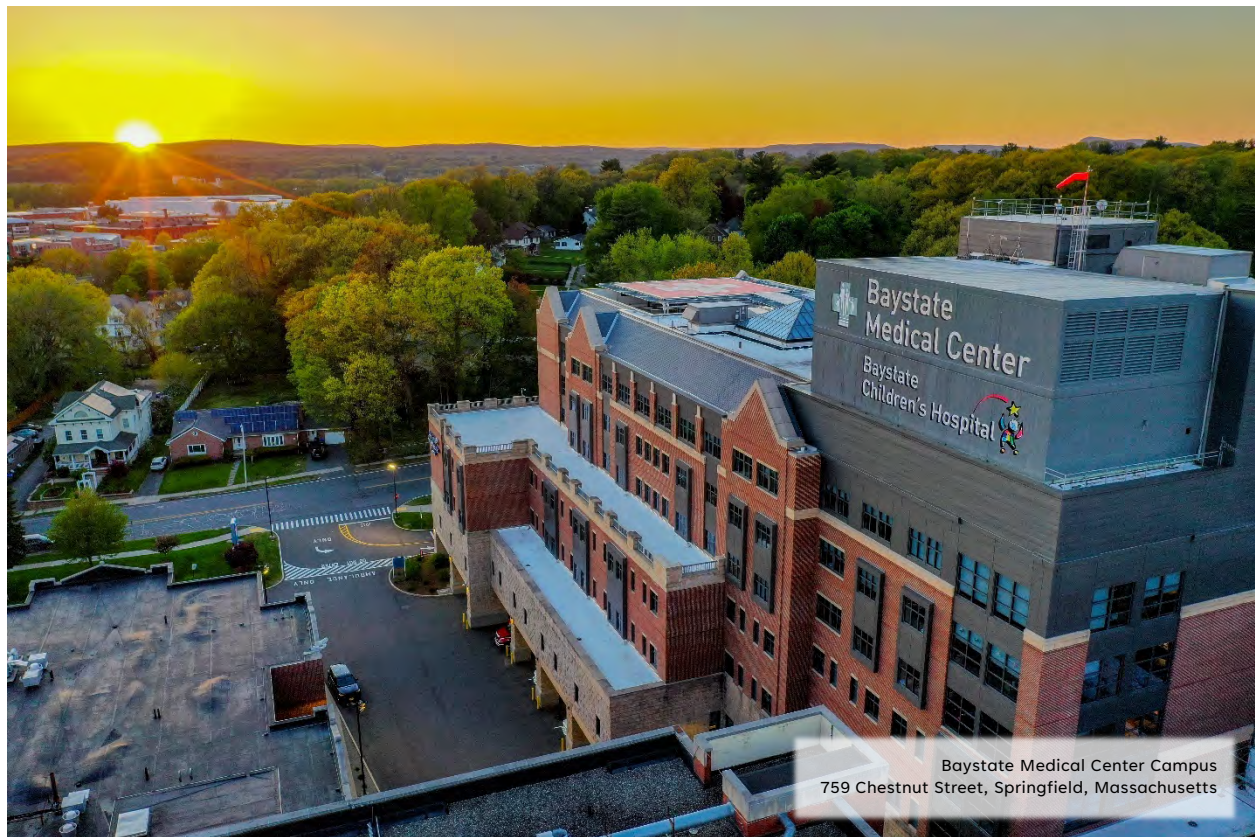
About the Hospital

Baystate Medical Center (Baystate Medical) is a 746-bed independent academic medical center and home to the UMass Chan Medical School – Baystate. Baystate Medical has one of New England's busiest emergency rooms and is the region's only Level 1 trauma center. Baystate Medical has long provided the region with the highest level of care for conditions such as cancer, acute and chronic cardiovascular illness, and a wide range of other major diseases. The hospital also offers pre- and post-natal care for mothers giving birth at its Wesson Women & Infants' Unit, which is home to the region's only Level III Neonatal Intensive Care Unit (NICU). In addition, the medical center offers the Baystate Heart & Vascular Program and the Baystate Regional Cancer Program, among other advanced specialty medical, diagnostic, and surgical service

Baystate Medical is a member of Baystate Health, a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. Baystate Health, with a workforce of 13,000 employees, is the largest employer in the region and includes Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, Baystate Noble Hospital, Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation.

Mission: To improve the health of the people in our communities every day with quality and compassion.

Community Benefits Mission: To reduce health disparities, promote community wellness, and improve access to care for priority populations.

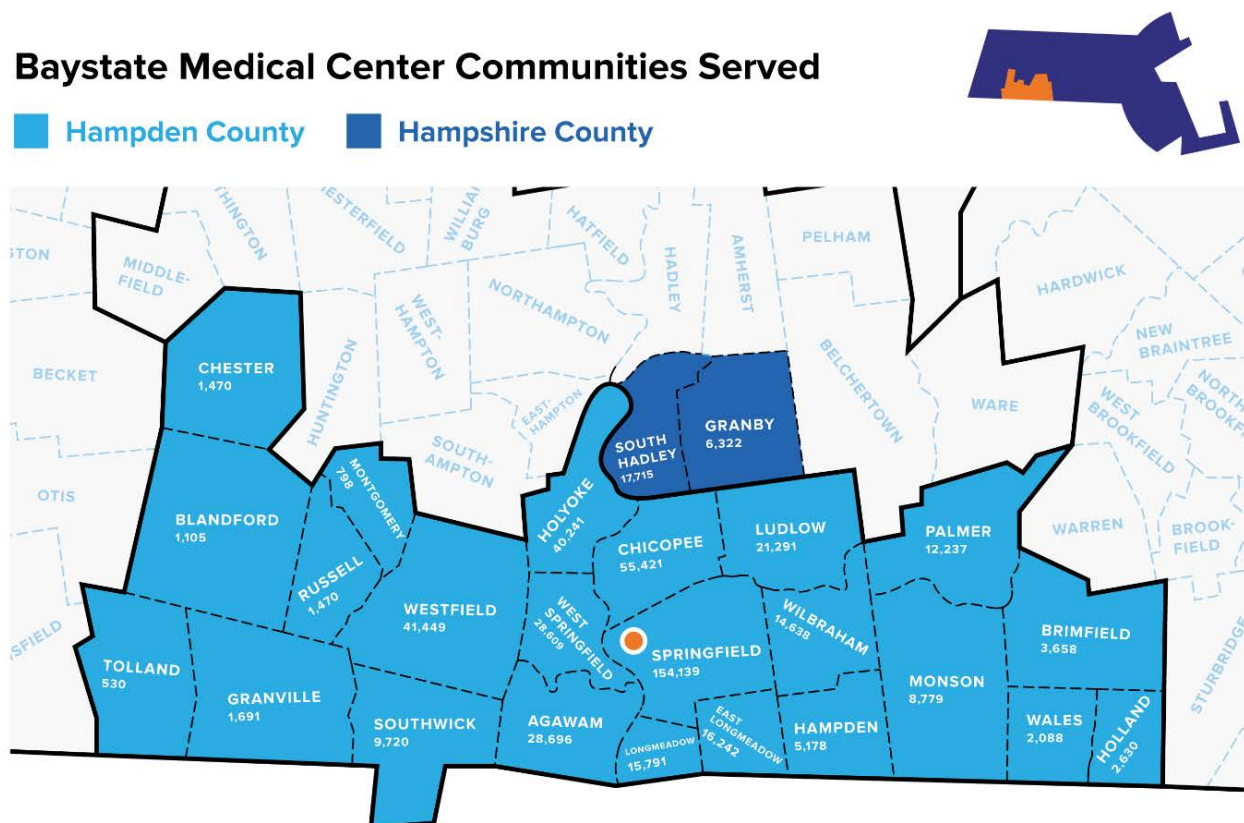


Communities Served by Hospital

For the purposes of this assessment, the communities served by Baystate Medical include the 23 communities in Hampden County, plus the towns of South Hadley and Granby (located in Hampshire County). Hampden County is home to 467,871 residents.⁵ Springfield is the largest city in the area and third largest in Massachusetts. Three adjacent cities (Holyoke, Chicopee, and West Springfield) join Springfield to create a densely populated urban core that houses over half of the county population. East and west of this central core are smaller communities, a majority with populations under 20,000. The Pioneer Valley Transit Authority (PVTA), the second largest public transit system in the state, serves 11 communities in the communities served by Baystate Medical, and connects suburban areas to the core cities and services. Spanning the geographically diverse region, one finds a wealth of community-based organizations, resources, and collaborations; a vibrant arts and culture scene; anchor education, health, and corporate institutions; a strong philanthropic network; and other assets that contribute to the region's status as a destination to live, work, learn, and play.

According to Census estimates, the communities served by Baystate Medical have become slightly more diverse since the last CHNA. Hampden County experienced small increases in the proportion of all racial and ethnic groups except White residents, especially in the larger cities. The Hampden County population is now 60% White, 23% Latino/a/e, 8% Black, 5% two or more races, 3% Asian, and 0.1% Indigenous. (See Appendix 1, Table 5.) The biggest subpopulations of Latino/a/e residents in Hampden County are Puerto Rican, “other” Latino/a/e ethnicities, Mexican, and Cuban. For Asian residents in Hampden County, the biggest subpopulations are “other Asian” ethnicities, Chinese, Asian Indian, and Vietnamese. The proportion of foreign-born residents in the communities served by Baystate Medical is close to 9%, half the statewide proportion. In Springfield, one in ten residents is foreign born.

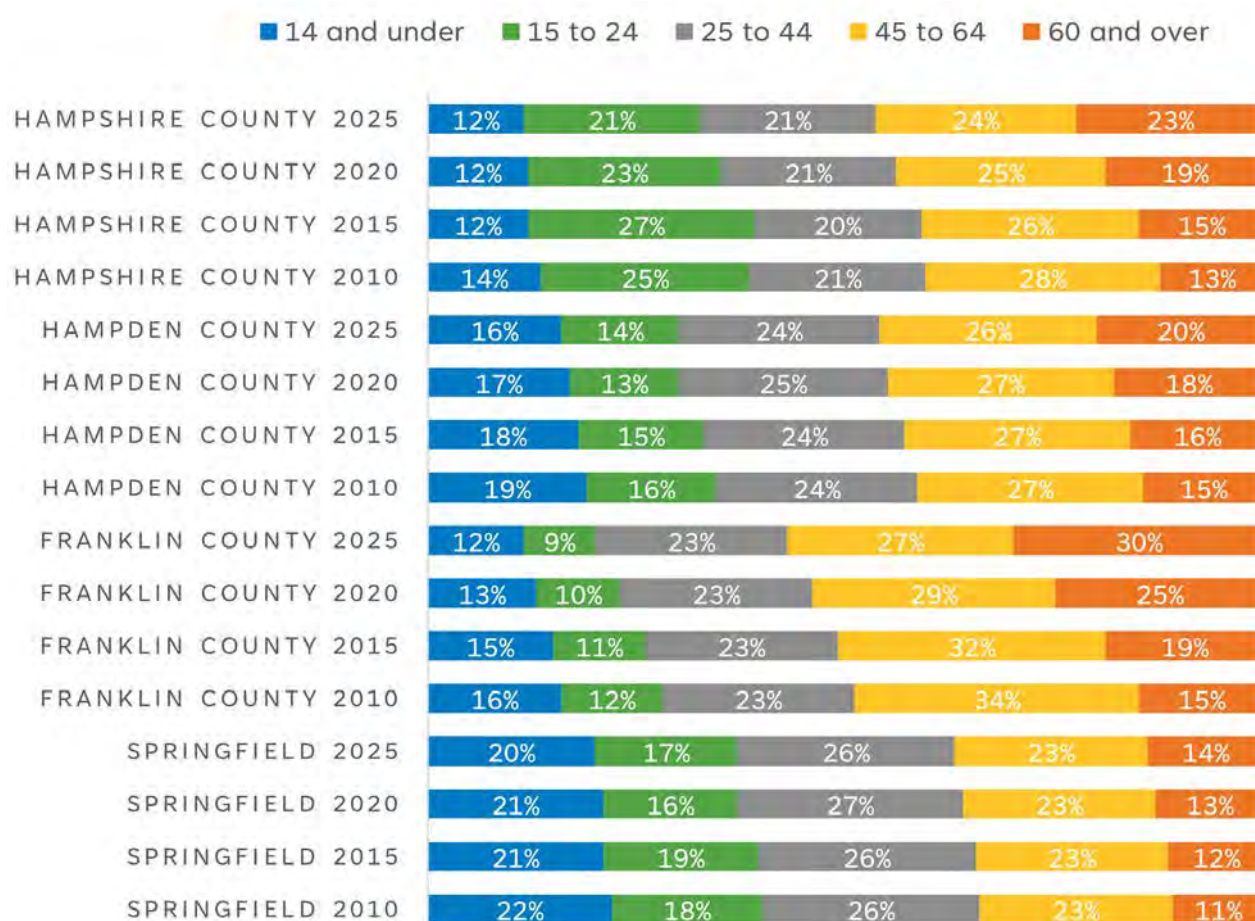
FIGURE 1: Communities served by Baystate Medical: 2019 Population Estimates



Source: U.S. Census, ACS 2019 5-Year Estimates Data Profiles, specifically table DP05, Demographic and Housing Estimates

The median age of the county is 39 years and continues to closely mirror the state, while Springfield remains a relatively younger city with a median age of just over 33 years. The aging population of the communities served by Baystate Medical is growing slowly over time, although not as fast as in other counties in Pioneer Valley (see Figure 2). The county has a higher proportion of residents under 65 with a disability (12%) than the state overall (8%), and Springfield's proportion of residents with a disability (16%) is fully double that of the state.⁶

FIGURE 2: Projected Pioneer Valley Population by Age (2010-2025)



Source: UMDI Population Projections 2018, U.S. Census Bureau 2018 5-YR ACS Tables B25007 Tenure by Age, B01001 Sex by Age, B25001 Housing Units, B25004 Vacancy Status

Prior to COVID-19, many of the socioeconomic conditions in Hampden County had not changed much since the 2019 CHNA. The poverty rate in Hampden County has declined slightly in the last decade from 18% during 2010-2014 to 16% in the period of 2015-2019.⁷

As this report describes, income, housing, food security, and many other conditions worsened during the pandemic. COVID-19 caused immense suffering for many residents, who faced dire health outcomes and financial hardship. The county's leading economic engines such as higher education, healthcare services, and manufacturing were severely affected, with impacts on their workforce and the region. This topic is examined more closely in the COVID-19 section and in other sections on prioritized health needs.

Hospital Service Area or "HSA" is defined as the local health care markets for a hospital. HAS is determined through the collection of zip codes whose residents receive most of their hospitalizations from the hospitals in that area. Data is based on case mix data (including inpatient discharges, emergency department visits, and observation stays) provided through the Center for Health Information and Analysis (CHIA).

Hospital Community/ies Served includes the cities and towns in the HSA, plus additional geographic areas, or considers target populations or other specialized functions. For each Baystate Health CHNA cycle the most recent HAS for the hospital is provided by the Strategy Department. The hospital's Community Benefits Advisory Council (CBAC) reviews the HSA. Community stakeholders serving on the CBAC offer additional geographies, target populations, or specialized functions that should also be considered for the **hospital community/ies served** for the purpose of the CHNA. **For the 2022 CHNA the hospital uses the term "community/ies served."**

About the Coalition of Western MA Hospitals

Baystate Medical is a member of the **Coalition of Western Massachusetts Hospitals/Insurer** (Coalition) a partnership formed in 2012 that consists of nine non-profit hospitals, clinics, and insurers in the region: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Cooley Dickinson Hospital, Shriners Children's New England, Health New England, a local health insurer whose service areas cover the four counties of western Massachusetts, and Berkshire Health Systems. The Coalition members share resources and work in partnership to conduct their **Community Health Needs Assessments (CHNA)** and address regional needs, with the goal of improving health and equitable distribution of health outcomes.

To understand current needs, Coalition members collaboratively conducted CHNAs in 2021-2022 to update their 2019 CHNAs. The 2010 Patient Protection and Affordable Care Act (PPACA) requires tax-exempt hospitals and insurers to "conduct a Community Health

Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through such assessment.” Based on the findings of the CHNA and as required by the PPACA, each hospital develops a health improvement plan to address select prioritized needs. The CHNA data also inform County Health Improvement Plans (CHIPs) in all Coalition counties.

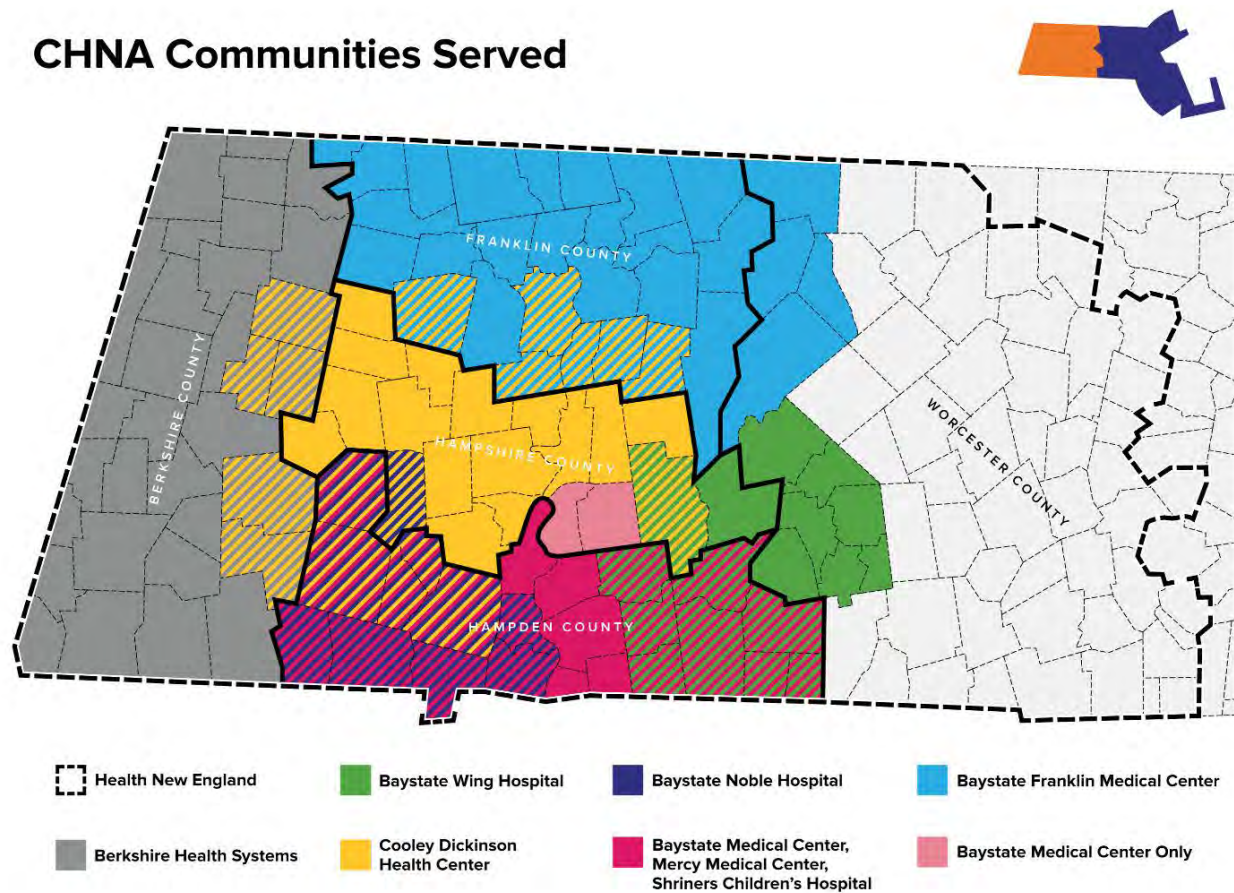
The CHNA was conducted by the Coalition in partnership with a **consultant team** led by the Public Health Institute of Western Massachusetts that consisted of: Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission. (See Appendix 2 for more about the consultant team.)

Community leaders and residents were also integral to the process. They provided input through the **Regional Advisory Council (RAC)**, interviews, focus groups, and Community Chats. The Coalition engaged hundreds of residents across the counties of western Massachusetts in data collection and outreach about the CHNA.

We are coming into this space from different experiences and with different expectations regarding a process for assessing health needs across many different communities in many different locations with many different cultures impacted by many different power structures and assumptions for living and “access.”

*Cheryl L. Dukes, UMass Amherst Elaine Marieb College of Nursing
RAC Member, Baystate Franklin CBAC Member*

FIGURE 3: Communities Served by 2022 CHNA Coalition Members



Summary of the Previous CHNA

The 2019 CHNA found that the communities served by Baystate Medical continued to experience many of the same prioritized health needs identified in Baystate Medical's 2016 CHNA. Social and economic challenges experienced by residents in the communities served by Baystate Medical contributed to the high rates of chronic conditions and other health conditions identified in the needs assessment. These social and economic factors also contributed to the health inequities observed among marginalized populations, including children, older adults, Latino/a/e residents, Black residents, LGBTQIA+ youth, people with limited incomes, women, people with mental health and SUDs, people involved in the criminal legal system, people experiencing homelessness, and people living with disabilities. The population continues to experience barriers that make it difficult to access affordable, quality care, some of which are related to the social and economic conditions in the community, and others which relate to the health care system. Mental health and SUDs were consistently identified as top health conditions affecting the community, as well as the inadequacy of the current systems of care to meet individuals' needs. Also prioritized were chronic health outcomes, such as cardiovascular disease, asthma, cancer, and diabetes, among others.

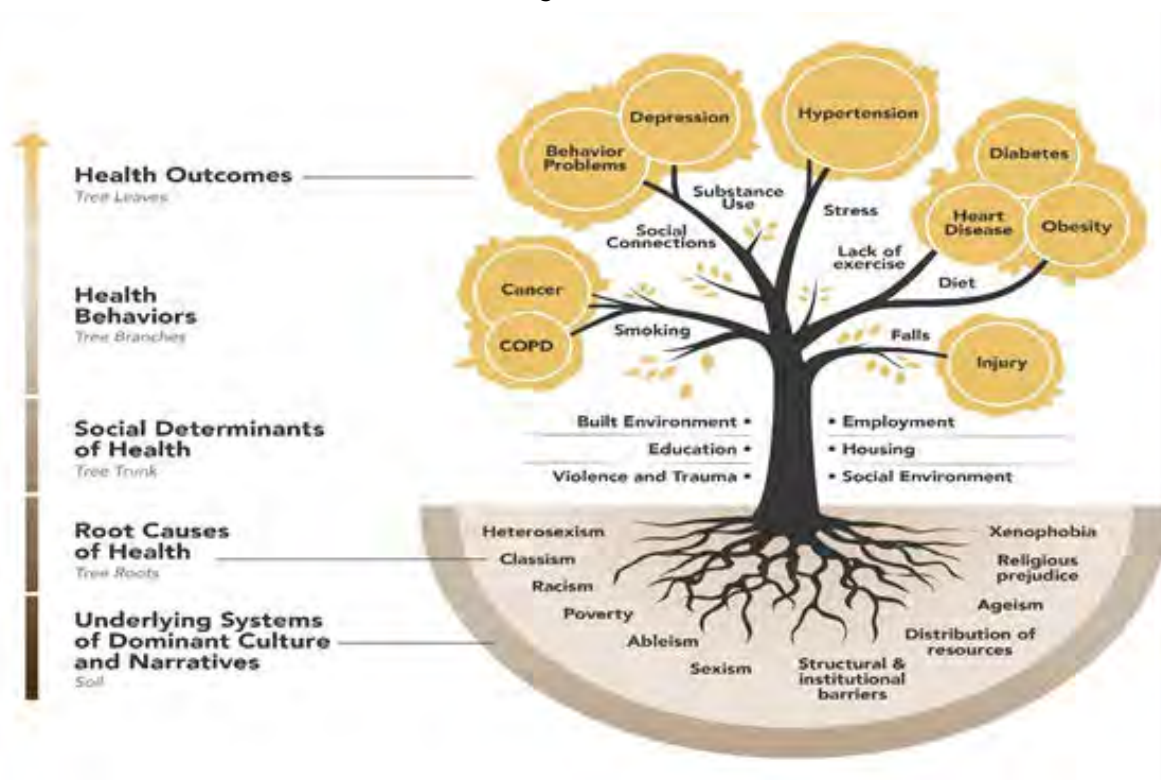
3. Setting Context

3. Setting Context

Guiding Principles for 2022 CHNA

The Coalition of Western Massachusetts Hospitals/Insurer was founded on a shared commitment to collaborate toward the common goal of health equity in the region. Health equity means achieving the conditions where everyone has the ability to live to their full health potential. The Coalition and Regional Advisory Council (RAC) for the 2022 CHNA share guiding principles rooted in an analysis of what prevents health equity, captured visually in the accompanying tree graphic.⁸ We acknowledge that the causes of inequity are the deep-rooted, longstanding belief systems and narratives that were historically developed to confer advantage and power to certain groups, in order to disadvantage and disempower other groups. This emphasis on dominant narratives and structural racism has been incorporated by the Massachusetts Department of Public Health (MDPH) into its health equity work, for example in its presentation of data from the COVID-19 Community Impact Survey.

FIGURE 4: Health Tree Model: Understanding Root Causes of Health Behaviors and Outcomes



Source: Health Resources in Action

Historically, advantaged groups that asserted power over others included White people, males, those with wealth and land, cisgender and heterosexual people, and people without disabilities. Groups that were dominated and excluded included women, people without wealth, indigenous tribes, enslaved Africans and their descendants, people of Latin American, Asian and Pacific Islander origin, other immigrants, women, people without wealth, people with disabilities, LGBTQIA+ individuals and religious minorities.

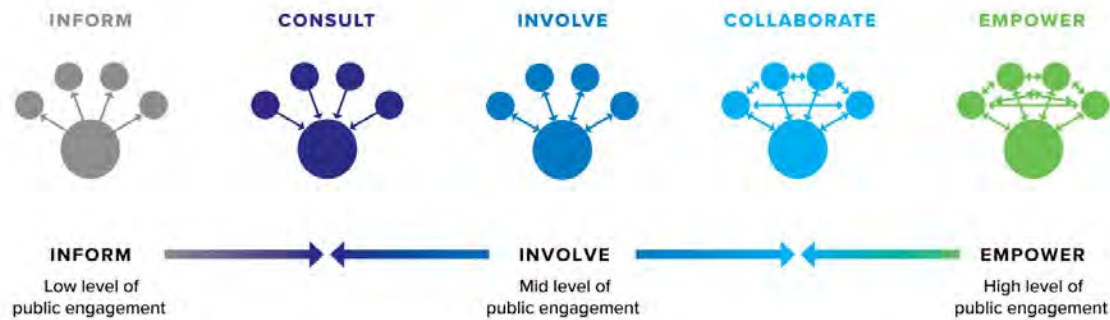
Systemic racism, structural poverty, and the other “isms” in the graphic’s tree roots are each a means to perpetuate dominant advantage, and they continue today. They show up in public policies, institutional practices, including in healthcare systems, and individual actions. As a result of these systemic hierarchies, race, ethnicity, age, gender, wealth and income, disability status, etc. determine one’s access to quality health care, a living wage, safe, affordable housing, freedom from violence, a good education, and healthy foods and physical activity.

“Racism stays through the life of a person.”

Age Friendly Coalition Member, Community Chat, Hampden County

In order to make meaningful progress to address these root causes of poor health, the CHNA process seeks to embody the values of community-led change, anti-racism, cultural humility, and social justice. (See glossary in Appendix 3) The structure of CHNA decision-making shows the commitment to community-led change. The Regional Advisory Council (RAC) is made up of the Coalition hospital/insurer members, residents with lived experience of poverty and discrimination, and people who work in health care and community services. The Coalition Steering Committee also includes community representatives. Our Coalition member institutions and their leaders are each at different points in our journey to become anti-racist and culturally humble. We seek to learn and grow with and from each other and RAC members. Ultimately, we want to share decision-making more fully with those most directly affected by health inequities, to ensure residents can influence the environment we all live in to improve community health, and we will continue holding ourselves accountable to do this.

FIGURE 5: Community Engagement Standards for Community Health Planning Guideline

COMMUNITY ENGAGEMENT SPECTRUM

Source: Massachusetts Department of Public Health, “Community Engagement Standards for Community Health Planning Guideline”, January 2017, <https://www.mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download>

In doing so, the Coalition and RAC recognize that the above tree image does not represent the full story of our community, nor an inclusive vision for health equity. Our understanding of the complexity of these issues is evolving as we learn together, and we do not yet have adequate words and images to describe them. We will challenge ourselves to find or create visual representations that better speak to both the inequities and assets of our region, and our aspirations for its future.

Every three years the Coalition, RAC, and consultants strive to improve the CHNA process and our practice of these values. For 2022, we all engaged in honest and often difficult discussions and decisions that advanced the process from 2019 in at least four meaningful ways:

1. Moved decision-making closer to the community-driven (“Empower”) end of the Community Engagement spectrum.
2. Further refined the equity values of the CHNA process, as described above.
3. Pursued a commitment to collective action around a regional focus area, Youth Mental Health.
4. Strove to make the CHNA reports more accessible – shorter, easier to read, more useful, and actionable.

Finally, it is important to note that by federal mandate (Affordable Care Act), this CHNA is required to provide an accounting of health needs. It also includes information on available resources to address those needs. Yet it does not paint the full picture of the vibrant, culturally diverse, and actively engaged communities that come together across sectors to make change in each communities served by Baystate Medical and the region. The Coalition members honor community endurance and firmly embrace an asset-based lens in our vision for community wellness.

Orientation to this Report

As in previous CHNA reports, this CHNA uses a health equity focus to identify needs. Research shows that less than a third of our health is influenced by our genetics or biology.⁹ The Guiding Principles and Health Tree (Figure 3) show that our health is largely determined by social and economic factors that are influenced by practices and policies such as systemic racism and structural poverty, which continue to affect the health of all people in western Massachusetts. In fact, inequality that directly harms some of us ultimately harms all of us. And the converse is true – when we develop targeted solutions to end inequities, everyone benefits.

In describing prioritized health needs for the communities served by Baystate Medical, this report builds on the 2019 CHNA. In addition to identifying the 2022 prioritized health needs, it provides greater depth on several critical issues identified by community and hospital leaders:

In describing prioritized health needs for the communities served by Baystate Medical, this report builds on the 2019 CHNA. In addition to identifying the 2022 prioritized health needs, it provides greater depth on several critical issues identified by community and hospital leaders:

- **Two regional priorities:**
 - Impact of COVID-19
 - Youth mental health crisis
- **Baystate Medical's three focus areas for deeper data dive:**
 - Workforce development
 - Lack of resources to meet basic need (care coordination focus)
 - Violence and trauma

- **Baystate Medical's priority populations for greater focus:**
 - Children
 - Individuals with a substance use disorder(s)

To ensure the main report is accessible and easy to use, each section is clearly labeled and designed to be easily separated out as its own resource. Prioritized health needs that the Coalition or the hospital did not identify for deeper focus are summarized in fewer pages. We encourage readers to refer back to the 2019 report¹⁰ for richer context and information on many of these issues. Finally, though the needs are separated into sections, we acknowledge the cross-cutting nature of all the health issues and social factors presented, and that people experience many barriers to health and wellness.

As you read this report, please think about how you, your community, and your organization can use it to support your health equity goals. We want to know how Baystate Franklin can partner with you in promoting health and wellness in the communities served. We welcome opportunities for discussion and feedback about the CHNA. Here is how you can participate:

For questions or comments on the CHNA, or to request a hard paper copy of this document please contact:

ANNAMARIE K. H. GOLDEN

Director, Community Relations

Baystate Health

Direct (413) 794-7622

Email annamarie.golden@baystatehealth.org

BRITTNEY ROSARIO, MPH

Community Benefits Specialist

Baystate Health

Direct (413) 794-1801

Email brittney.rosario@baystatehealth.org

General Email community@baystatehealth.org

Learn More

Baystate Medical's CHNA Strategic Implementation Plan (SIP)

www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment



STRIVE Project

Successful Teens: Relationships, Identity and Values Education (STRIVE), an initiative led by Dr. Aline Gubrium and Dr. Elizabeth Salerno Valdez, uses participatory research to examine how structural violence, like racism, and other systems of oppression contribute to inequitable adolescent sexual and reproductive health (ASRH) outcomes for youth.¹¹

STRIVE is funded by the Massachusetts Department of Public Health (MDPH) and is based at the University of Massachusetts Amherst School of Public Health and Health Sciences. The research team works in partnership with two important communities across Massachusetts: Springfield, MA Metropolitan area and Lynn, MA on Boston's North Shore. Methods and activities of the study include engaging stakeholders in Community Advisory Boards, conducting Youth Participatory Action Research (YPAR) through Photovoice and Digital Storytelling, assessing ASRH frameworks used by youth serving organizations, and other activities. Emphasis on the importance of community and youth collaboration is paramount to the study. This CHNA features some of the photovoice photographs and words of participating youth in Springfield. Learn more at www.striveproject.org/the-project.

4. Methodology

4. Methodology

Assessment Process and Methods

The 2022 CHNA updates the prioritized community health needs identified in the 2016 and 2019 reports in three areas: the social and economic factors or “determinants” that influence health, barriers to healthcare access, and health behaviors and outcomes. This CHNA focused on Hampden County-level data and data for select communities as available: Chicopee, Holyoke, Palmer, Springfield, West Springfield, and Westfield. Assessment methods included:

Assessment methods included:

- **Literature review: (Fall 2021):**
 - Review of existing assessment reports published since 2019 that were completed by community and regional agencies serving Hampden County.
- **Quantitative data collection and analysis (Winter 2021-Spring 2022):**
 - Analysis of COVID-19 Community Impact Survey data from MDPH.
 - Analysis of social, economic, and health data from MDPH, the U.S. Census Bureau, the County Health Ranking Reports, Broadstreet, Baystate Noble, and a variety of other data sources.
- **Qualitative data collection and analysis:**
 - Community Chats conducted by members of the RAC in the communities served and regionally (Summer – Fall 2021).
 - Survey of public health officials in Hampden County and throughout western Massachusetts (Fall 2021).
 - Focus groups and interviews with key informants conducted by the consultant team (Winter 2021-Spring 2022).

Prioritization Process

The 2022 CHNA used the 2016 and 2019 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data, including community feedback, 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 2019 continue in 2022. Through this process, the Coalition members agreed that COVID-19 and Youth Mental Health warranted regional attention in the CHNA. Also, Baystate Medical chose a priority in each of three facets of health needs: workforce development; lack of access and affordability of housing, food, and transportation (Social Determinants of Health); and violence and trauma (Social Determinants of Health). The consultant team identified priority populations by disaggregating available data to reveal disparities, which led Baystate Medical to prioritize children and those with an SUD.

Limitations and Data Gaps

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, so it was not possible to maintain consistency in presenting data on every point in this assessment. For example, sources differed by:

- geographic level of data available (town, county, state, region).
- racial and ethnic breakdown available.
- time period of reporting (month, quarter, year, multiple years).
- definitions of diseases (medical codes that are included in counts).

Though not generally a problem when reporting data for larger cities such as Springfield, Holyoke, and Chicopee, we encounter a problem with smaller towns due to small numbers. 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. Statistics for people of color in Hampden County do not begin to reveal the level of detail we would like to know, preventing a

better understanding of people who identify with different races and ethnicities. It is also important to consider intersectionality— the overlapping identities of residents. What impact does being young, Black, and gay in Hampden County have on health? Or being transgender and living on an income below the poverty line? We were unable to explore these differences with the quantitative data available and had limited capacity to do so in focus groups. This CHNA process cannot begin to cover the full range of identities present in our community.

Language Used to Describe Demographic Groups

The Coalition and consultant team honor the unique ways that individuals and communities describe and identify themselves. For the purposes of this report, we need to use consistent language when speaking about different groups of people, knowing that terms are always evolving and changing. We use the following descriptors where possible in the text: Black, Latino/a/e, Indigenous, Asian, people/communities of color, White, LGBTQIA+, Transgender. Throughout the report you may see other terms or labels used in graphics, because these labels were used in the source materials. The glossary in Appendix 3 offers further clarification of what we mean by these terms. For any term we use, we know there are community members for whom that term is not their preferred way to be identified. For example, we recognize that there are differences between those who identify as Puerto Rican, Mexican, or Cuban that aren't captured by the term "Latino/a/e," and differences among those who identify as Chinese, Japanese, or Korean that aren't captured by "Asian."

5. Impact of COVID-19 in Our Community

5. Impact of COVID-19 in Our community

Overview

It has been three years since the last community health needs assessment, and for two of those years and counting, our nation and region have battled a once-in-a-century health pandemic. COVID-19 has taken a tremendous toll on this region, and it continues to affect the current status of health in western Massachusetts. We lost 76 veterans at the Holyoke Soldiers Home¹² and hundreds of other older adults in congregate care settings. We lost family members who were still in their prime but couldn't fight off the virus, often because they already had a chronic disease that compromised their immune system. We lost brave essential workers, many who chose to take the risk and others who had no choice but to keep working despite the risks. While we cannot tell the story of every life lost and every person left grieving, we can provide data that capture the enormity of the impact.

The pandemic very clearly exacerbated existing health inequities. People of color, people with low wages, and people living in densely populated housing were more at risk early on in the pandemic, when less was known about how to effectively treat the virus or reduce its spread. Because systemic racism and structural poverty reduce access to quality jobs and housing and increase the prevalence of chronic disease, people of color and limited incomes were more likely to be essential workers and experience other risk factors, such as having higher rates of comorbidities.¹³

Some communities of color experienced disproportionately higher rates of illness, hospitalization, and deaths from COVID-19 across the U.S.¹⁴ For example, since the start of the pandemic, the CDC reports that the greatest age-adjusted death rates have been among Indigenous, Black, and Latino/a/e residents, at rates more than double those of White individuals.¹⁵ As the pandemic progressed and vaccination became available, inequitable access to vaccines and vaccine hesitancy continued to drive COVID-19 health inequities.

COVID-19 in our Region and Communities Served

Since the pandemic began, COVID-19 has been ranked among the top three leading causes of death in the US for most months.^{16 17} Though we do not have up-to-date overall death data for the western Massachusetts counties, comparisons to 2017 data (the most recent available) indicate that COVID-19 is likely among the leading causes of death locally as well. Though touching all of us throughout the region, the impacts across our four western Massachusetts counties have varied, with communities that have historically experienced inequities bearing greater impact.

- In western Massachusetts, as of January, 28, 2022, we have lost 2,809 lives to COVID-19 (see Table 1).
- For the year 2020, the greatest absolute and relative number of lives lost was experienced in Hampden County, with 1,055 people losing their lives to COVID-19. Hampden County's death rate was over 70% greater than each of the other three western Massachusetts Counties and 20% greater than that of the state as a whole.
- Hampden County COVID-19 deaths in 2020 were comparable to the other top causes of death in the MDPH 2017 Death Report (top listed causes: heart disease=1,019, cancer=908).¹⁸

TABLE 1: Confirmed COVID-19 Cases and Deaths as of June 28, 2022

Live updates at <https://www.mass.gov/info-details/covid-19-response-reporting>

County	Total Cases	Total Cases per 100,000	Total Deaths	Total Deaths per 100,000
Berkshire County	28,841	22,353	393	305
Franklin County	12,242	17,235	149	210
Hampden County	146,695	31,491	1,845	396
Hampshire County	33,408	20,583	365	225
Regional Values	221,186	26,707	2,752	332
State	1,762,215	25,067	20,910	297

Source: MDPH COVID-19 Dashboard

*Communities served by Baystate Medical data were only available through December 2021.

Note: Please note that case and death counts are updated based on the most up-to-date definition of COVID-19 determined by MDPH. Therefore, you may notice fluctuations in counts to ensure accuracy.¹⁹

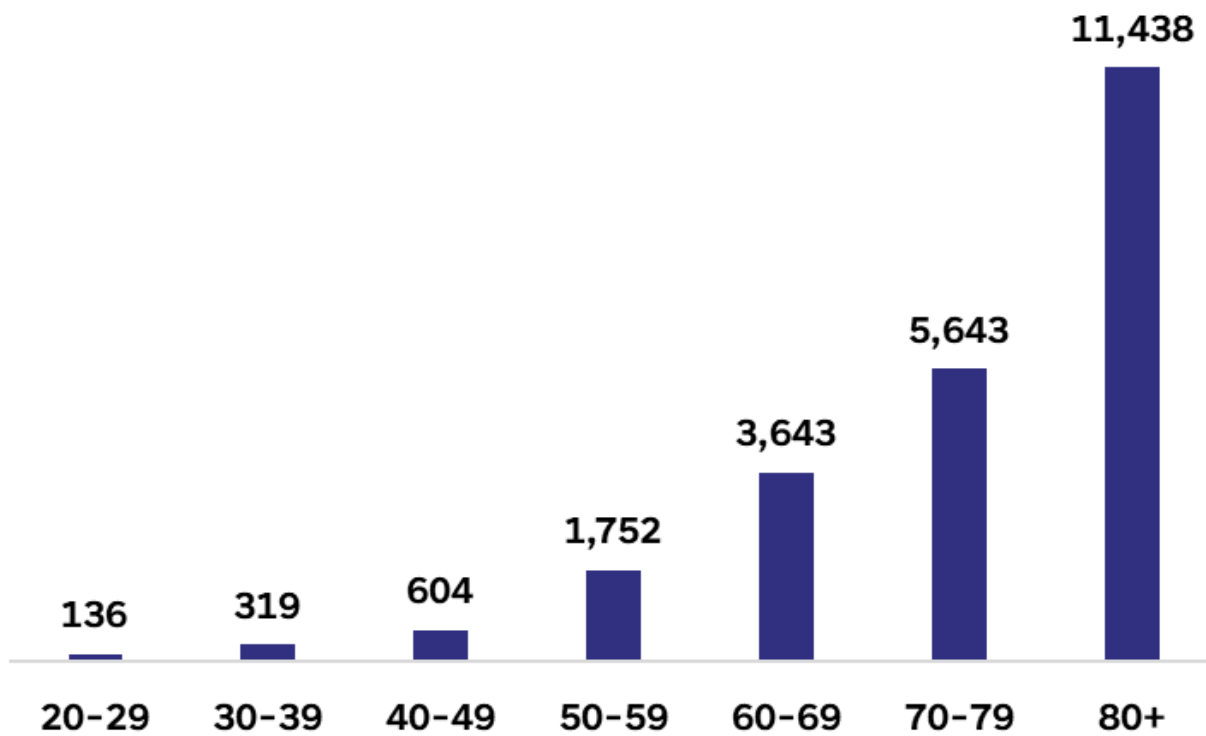
Many more people have tested positive for COVID-19 and experienced illness. The number of confirmed cases in the four counties of western Massachusetts as of January 29, 2022 was 181,800 (Table 1). Hampden County residents have been particularly hard hit by COVID-19 with the greatest cumulative cases per 100,000 population through January 29, 2022 among western Massachusetts counties.

Data disaggregated by race/ethnicity are not available at a county level in MA. State data have limitations because a large percent of cases is classified as “unknown” or “other.” However, the disparate rates of infection and death in Hampden County, and national trends, indicate that communities of color and those with limited means suffered higher rates of both infection and death.

Older adults have been at elevated risk for severe illness and death from COVID-19 (see Figure 6).

- Although we do not have local data, we see trends at the state level that are comparable to those across the country with a median age of death of 75 years.
- Examination of available statewide data from August 12, 2020, through March 1, 2022 (age-specific death data is only available as of August 12, 2020) indicates that 74% of deaths occurred among those who were seventy or older.
- Twenty-four percent of deaths in Massachusetts have occurred among those residing in an elder care facility.²⁰

FIGURE 6: COVID-19 Deaths by Age in Massachusetts, Age 20+ (August 12, 2020–March 24, 2022)



Source: MDPH COVID-19 Dashboard, COVID-19 Raw Data - March 28, 2022. <https://www.mass.gov/info-details/covid-19-response-reporting>.

Another population at high risk of catching COVID-19 from being in congregate settings were incarcerated individuals, as well as the staff working in prisons. We have state by state comparisons for some mortality and morbidity statistics, but these data were not available for the region or the communities served by Baystate Medical:

- Data collected by the Marshall Project through June 22, 2021, estimated that in Massachusetts 2,574 incarcerated individuals (one in three) were infected, and twenty-one individuals died (1 in 379). This was a higher proportion than the national median of one in 493.²¹
- According to the same database, 954 prison staff (one in five) were infected, but no staff deaths were reported.

On the positive side, Massachusetts has one of the highest COVID-19 vaccination rates in the US, although vaccination rates vary across the Commonwealth.

- 76% of the state's population had been fully vaccinated and 53% of those fully vaccinated had received a booster dose as of February 24, 2022.
- By June 2021, 72% of incarcerated individuals in Massachusetts had been vaccinated and 60% of prison staff members.²² Data on boosters were not available.
- At the county level, the lowest rates as of 2/24/22 were in Hampden (67%) and Hampshire (70%) counties (along with Bristol County in Eastern MA).²³

Barriers to vaccine access and vaccine hesitancy were likely factors in Hampden County's lower rates. Vaccination barriers include getting time off from work, needing childcare, limited access to transportation, limited physical mobility, and caring for other family members at home. Reluctance to get vaccinated among people of color has been driven in part by distrust resulting from this country's history of racist experimentation and unethical medical treatment among Black and indigenous populations.²⁴ These lower vaccination rates have contributed to higher COVID-19 case rates, hospitalizations, and deaths, particularly when the Delta and Omicron variants were spreading. Hospital capacity in Western MA was also extremely limited during the Delta and Omicron phases as a result of high COVID-19 hospitalization rates and hospital staff shortages.

As we experience the COVID-19 pandemic transition to becoming endemic, ie. a cyclically occurring virus, identifying, and measuring the potential long-term health impacts is instrumental in supporting our community. A recent study²⁵ suggests that most people will recover from COVID-19 and not have long lasting effects. However, some people may have symptoms that persist beyond the duration of infection (often referred to as "long COVID"). Ongoing research seeks to learn more about who experiences post-COVID conditions, including whether groups disproportionately impacted by COVID-19 are at higher risk. Best estimates from the CDC suggest that over 13% of people who contracted the virus may have extended health impacts at one month or longer, and that more than 30% of hospitalized patients may experience symptoms 6 months out.²⁶ As of July of 2021, long COVID may be considered a disability under the Americans with Disabilities Act²⁷ (ADA), and later in the year, a specific billing code was created for long-haul COVID.²⁸ Previous data shows that people with disabilities looking for work experience an unemployment rate twice that of workers without disabilities.²⁹ Not only can persistent symptoms disrupt the lives of individuals and affect their quality of life, but there are also potential impacts on employment, access to adequate healthcare, affordability of care, and more. This is an area that must be explored further so that we are able to comprehensively support local residents with long-term complex symptoms.

2020 MASSACHUSETTS COVID-19 COMMUNITY IMPACT SURVEY (CCIS)

In response to the ongoing COVID-19 pandemic, MDPH conducted the COVID-19 Community Impact Survey in the fall of 2020 to better understand the needs of populations that have been disproportionately affected by the pandemic, including social and economic impacts. MDPH intentionally sought to reach key populations such as people of color, LGBTQIA+ individuals, people with disability, older adults, etc. Throughout this report, we highlight relevant findings for Hampden County and Western MA. Caution should be used when interpreting the survey results; these findings are only representative of those who participated in the survey and may not be representative of the experiences of everyone in Hampden County.

In the communities served by Baystate Medical:

- In Hampden County, there were 2,253 survey respondents
- Respondents were predominantly female (79%)
- A third identified as a non-White race or ethnicity
- 12% identified as LGBTQIA+
- 23% speak a language other than English at home
- 22% had an income below \$35,000
- 9% live in a rural area

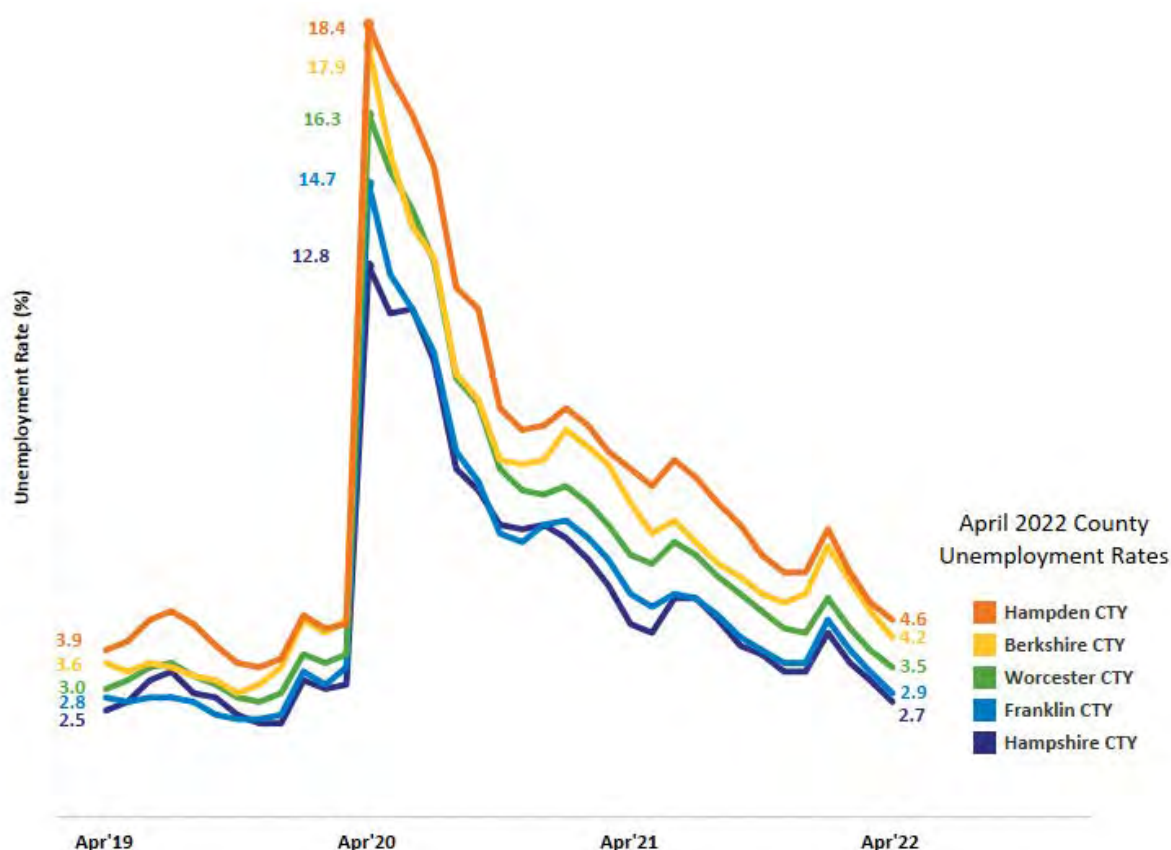
Other COVID-19-related Impacts and Inequities

Not only has the disease caused illness, hospitalization, and death, but the numerous measures that have been taken to control the pandemic (such as lockdowns and remote learning) have also affected well-being in our communities. These ripple effects of COVID-19 compromised the building blocks of health by causing higher rates of unemployment, food insecurity, and housing instability among those who already experience inequities. The pandemic also led some people to delay preventive, emergency, or urgent care out of concern for risk of exposure to COVID-19, or because of the need for medical facilities to prioritize COVID-19 patients.³⁰ Some impacts are described below, and others are woven into later sections of this CHNA.

Business, the Economy, and Labor Force

In 2020, each of the counties in the region saw substantial decreases in the size of their economies and small business revenues (See Appendix 5). As the pandemic recession took hold, unemployment rates spiked, and did not return to pre-pandemic levels until the end of 2021 (Figure 7).

- The inflation-adjusted value of goods and services produced (ie, the Gross Domestic Product or GDP) declined by \$1.6 Billion (over 5%) in the Pioneer Valley in 2020.³¹
- Hampden County's GDP shrank by an estimated 5%. Variation between counties in decline of economic activity in part reflects the mix of industries making up the county economy.
- Small business revenues declined steeply in the initial weeks of the COVID-19 shutdowns, down 41% in Hampden County.³²
- Revenues remained depressed throughout 2020 and into 2021, when Hampden County's small business revenues were 22% below pre-pandemic levels.
- In Hampden County, unemployment peaked at 18% in April 2020. Springfield and Holyoke unemployment rates topped 20%, higher than for any other cities in the region. Chicopee, West Springfield, Palmer, and Ludlow were also in the top 10 regionally.³³

FIGURE 7: County Unemployment Rates, April 2019 –April 2022

Source: US Bureau of Labor Statistics, Local Area Unemployment Statistics

Although local unemployment and workforce participation data are not available disaggregated by gender or race/ethnicity, we know based on national studies that women, and especially women of color, were disproportionately harmed by the pandemic-induced upheaval in the economy and the shift to remote schooling.³⁴³⁵

These wrenching economic shifts and resulting loss of wages led to challenges with housing, food access, and other basic needs for many residents. Data on these impacts can be found in Section 6d of this report. The pandemic and its economic and social consequences also had a profound impact on mental health for people of all ages and demographics. Section 6e as of this report looks at mental health and substance use in adults, and Section 6a explores the youth mental health crisis.

Rural communities have had challenges during the pandemic that affected their access to employment, school, and health care, driven by limited access to the internet. COVID-19 Community Impact Survey (CCIS) data for three rural geographic clusters that overlap with Hampden County showed a disparity in concern about internet access, with 23% of rural respondents citing this concern, compared to 17% of urban respondents. See more on internet access and telehealth in Section 6d of this report. Other sections also contain data on rural needs and challenges affected by the pandemic.

Challenges of Statewide Public Health System on Pandemic Response

People's health outcomes are strongly impacted by the quality of local public health protections in each community. Yet in our region, the local public health system is chronically underfunded and understaffed. The state's decentralized structure has led to 351 independent boards of health,³⁶ each with many responsibilities, including to:

- ensure environmental, water, food, and housing safety,
- enforce compliance with tobacco and lead laws,
- prepare for and respond to public health emergencies,
- investigate infectious diseases and issue guidance and quarantine or isolation orders, including for COVID-19, and
- offer local vaccine clinics, wellness clinics, and public education on health hazards.

Most local health departments were already overstretched before the beginning of the pandemic, because Massachusetts does not fund this important local function and has no standards or workforce requirements. This weak system led to vast differences in the pandemic protections offered to residents of our region. If a town did not have a public health nurse, as most did not, no one was available to conduct contact tracing. The Commonwealth invested significant funds in a private nonprofit solution, the Community Tracing Collaborative (CTC), so many local communities could fulfill their contact tracing responsibilities during the pandemic. During surges in COVID-19, however, local public health officials reported that the CTC was unable to reach people in a timely fashion due to the extreme demand on their staff, which resulted in significant disparities in COVID-19 contact tracing between towns using the state system and those with local public health nurses.

Long COVID

As we experience the COVID-19 pandemic transition to becoming endemic, ie a cyclically occurring virus, finding, and measuring the potential long-term health impacts is instrumental in supporting our community. A recent study³⁷ suggests that most people will recover from COVID-19 and not have long lasting effects. However, some people may have symptoms that persist beyond the duration of infection (often referred to as “long COVID”). Ongoing research seeks to learn more about who experiences post-COVID conditions, including whether groups disproportionately impacted by COVID-19 are at higher risk. Best estimates from the CDC suggest that over 13% of people who contracted the virus may have extended health impacts at one month or longer, and that more than 30% of hospitalized patients may experience symptoms six months out.³⁸ As of July of 2021, long COVID may be considered a disability under the Americans with Disabilities Act (ADA)³⁹, and later that year, a specific billing code was created for long-haul COVID.⁴⁰ Previous data shows that people with disabilities looking for work experience an unemployment rate twice that of workers without disabilities.⁴¹ Not only can persistent symptoms disrupt the lives of individuals and affect their quality of life, but there are also potential impacts on employment, access to adequate health care, affordability of care, and more. This is an area that must be explored further so that we are able to comprehensively support residents with long-term complex symptoms.



Baystate Infectious Disease Physicians L-R
Dr. Durane Walker, Dr. Amanda Westlake, Dr. Esteban DelPilar-Morales
Photo Credit: Baystate Health

Assets and Resources

Baystate Medical responded to the COVID-19 in myriad ways. Internally, Baystate Medical supported staff in providing the community with safe, compassionate, and expert care by:

- Educating staff, patients, and families.
- Optimizing personal protective equipment (PPE), on-demand COVID-19 testing, and vaccination for all employees.
- Providing latest available treatments.
- Managing bed capacity through appropriate staffing, reductions in elective procedures, and in collaboration with area hospitals.
- Upgrading facilities to minimize spread.

To learn more about Baystate Health's response to COVID-19 please view our Annual Report on www.baystatehealth.org, click on "About Us" at the top, and then click "Annual Reports".

- To view our 2021 Annual Report please visit www.2021.bhannualreport.org
- To view our 2020 Annual Report please visit www.2020.bhannualreport.org



Code Rocky
Baystate Medical Center
Photo Credit: Baystate Health



Baystate Mobile Vaccine Clinic
Photo Credit: Baystate Health



Baystate Mobile Vaccine Clinic
Photo Credit: Baystate Health

6. Prioritized Health Needs

6. Prioritized Health Needs

The communities served by Baystate Medical continues to experience many of the same prioritized health needs identified in Baystate Medical's 2019 CHNA. The COVID-19 pandemic exacerbated many of the existing inequities related to these needs. Several prioritized needs received deeper focus as noted below. The prioritized health needs for the communities served by Baystate Medical are:

- **Social and economic factors or "determinants" that influence health:**
 - Lack of Resources to Meet Basic Needs (**Baystate Medical focus area– deeper dive**)
 - Workforce Development (**Baystate Medical focus area– deeper dive**)
 - Violence and Trauma (**Baystate Medical focus area– deeper dive**)
 - Environmental Exposures and Climate Crisis
- **Barriers to healthcare access:**
 - Availability of Providers and Telehealth
 - Other Barriers
- **Health behaviors and outcomes:**
 - Youth Mental Health (**Regional Focus Area – deeper dive**)
 - Mental Health and Substance Use
 - Chronic Conditions
 - Infant and Perinatal Health
 - Sexual Health

6a. Regional Focus Area: Youth Mental Health

Overview

Youth mental health is about well-being, and it requires collective resources and responsibility to be achieved. Many factors contribute to a sense of mental wellness. Activities described in the quote above create a sense of connection and care and are critical prevention strategies.

“Healthy mental health comes when you feel seen and heard, when you feel connected to something bigger than yourself- you belong at school, in your family, faith community, sports team, whatever. Healthy mental health comes when you move when you get fresh air. Healthy mental health comes when you feel that your gifts align with the world's needs, when you're engaged in things you are passionate about.”

-- Youth Mental Health Key Informant Interview

Other factors erode any sense of well-being. For some, structural poverty and rural isolation are factors. For youth of color and other marginalized young people, mental well-being has been affected by racism and discrimination in both communities and schools. As Figure 8 effectively conveys, the systems of care typically used in our society to treat mental health issues are not generally designed to be able to dig below the surface to unearth and address these root causes. Many providers may seek to understand physical or social environments affecting their client, and desire to approach treatment from a holistic, integrated perspective. Yet the large systems they must operate within are rarely set up to support this approach.

Many key informants knowledgeable about youth mental health in the communities served by Baystate Medical noted the high levels of stress adolescents and young adults are carrying due to the expectations around school, employment, college, as well as routine social situations, exposure to social media images that they compare themselves to, and the challenges of identity development through this phase of life. Schools were noted as particularly stressful settings in which young people don't feel supported, especially youth of color, recent immigrants, English Language Learners, LGBTQIA+ youth, students with disabilities or mental health/behavioral challenges. These young people are experiencing micro-aggressions throughout the day.

“You have teachers and educators who are coming from cities and towns that are outside of Springfield, which are sometimes very, very different from Springfield. So you have educators who have very different lives than the youth are living ..., and so they don't know how to relate to them, they don't know how to teach them, they don't know how to encourage them or motivate them.... youth, are going to school again everyday spending most of their days in school with these folks that don't necessarily relate to them or know how to educate them.”

Key Informant

Gender and gender identity are also significant aspects of youth mental health. Over their lifetimes, girls and women suffer twice the rates of anxiety and depression that males do.⁴² The rise in use of social media has proven to be a double-edged sword for adolescent and teen girls. It is correlated with a rise in poor self-image, depression, and suicidal ideation for girls.⁴³ Yet social media also provides a source of connection for isolated teens, as well as a means to access mental health resources.⁴⁴ Youth who are gay, non-binary, trans, or identify as queer face particular psychological and social stressors related to understanding and claiming their identity; “coming out” to friends,

family, and others in their lives; finding social settings where they feel supported; and feeling threatened by others' judgments and attacks. Interviewees noted the recent increase in young people questioning and/or coming to understand their gender identity.

Another facet of this issue is the variety of systemic, cultural, family, and community perceptions and responses to the topic of mental health. Having the language to talk about one's mental well-being, and feeling heard and supported by providers, peers, family members, and caring adults, influences how a young person experiences a mental health challenge.

“Many of them, their parents have a hard time engaging in the parent therapy that is known to work because they are overwhelmed with their own behavioral health problems, and their own poverty, and their own interpersonal issues with their spouses. So, the adult side and the youth side and the young child side is just like -- it's a spider web -- you can't touch one element end without touching the whole shooting match. And you can't touch behavioral health without touching monetary resources and jobs and housing. It's so enmeshed in network.”

Clinical Provider Key Informant Interview

FIGURE 8: Dig Deeper



Source: Alyse Ruriani, website (alyseruriani.com) and Instagram (@alyseruriani)

STRIVE RESULTS: The impact of racism and classism on minoritized youth

Chains

"I think of it as the barriers that we can write down and say, this is something there's a reason why it's systemic, you know, there's something fundamental about how much how many things are against us. ...Being a first generation Puerto Rican, having to go through, not only, you know, dealing with my dad and the language barriers, just feeling that sense of less than...The memory that came back, was when I was trying to tell an instructor back in high school. I was like, yeah, so my name is _____. Like, that's how you say it. And he was like, no one's ever gonna listen to you. Cause your, your demographic, you're not going to get to who you want to. So I was like, that's a chain, but ima break it...So I thought of words, of the chain has to be broken with action, so you have to do something about it"

-Sandro, 16



Impact of COVID-19 on Youth Mental Health

Past CHNAs found that youth across the region struggled with mental health issues and were increasingly vulnerable to opioid use and overdose.⁴⁵ Prior to the pandemic, local leaders recognized that youth mental health was a serious public health issue and sought to address it. For this CHNA, the Coalition decided to make youth mental health a focus area for shared assessment and action.

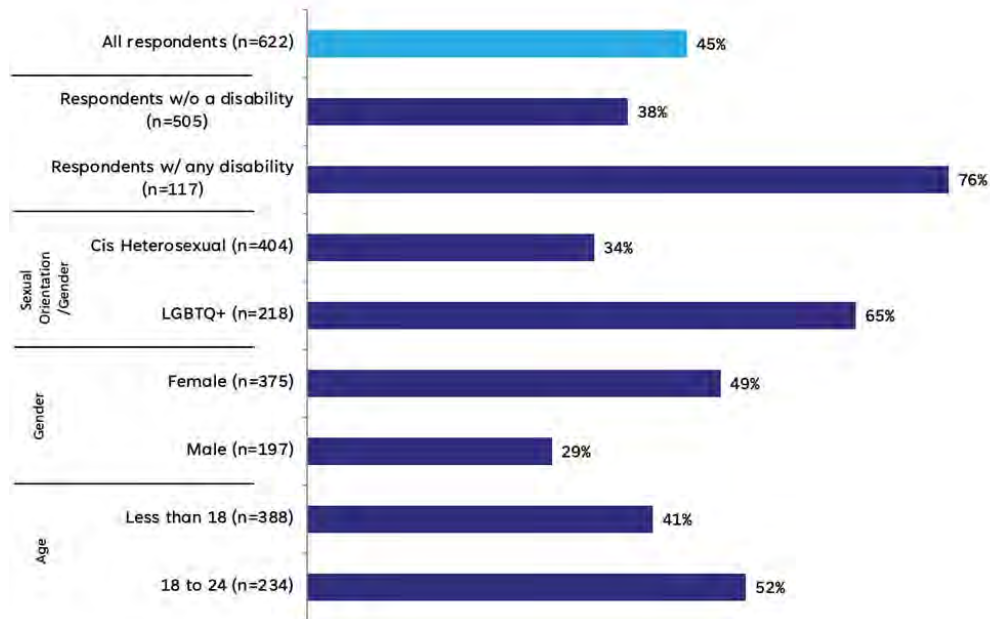
COVID-19 exacerbated this prioritized health need by increasing mental health challenges, taking away the prevention activities that support wellness, and straining already strapped mental health provider systems. The shift to remote schooling in March 2020 and related lockdown to reduce transmission of COVID-19 had an enormous mental health impact on families. The sustained period of limited in-person interaction, online learning, social distancing, and masking affected children of all ages. This section focuses on youth aged 12-24.

The MDPH CCIS gave insight into the mental state of hundreds of young people in western Massachusetts early in the pandemic. The CCIS provides important information, yet readers should use caution when interpreting these findings as they are not generalizable to all youth in the region.

- Almost half of youths who responded to the survey (45%) reported feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing usual activities (Figure 9). These high rates of depressive symptoms correspond with the high rates seen in youth surveys administered this past spring across the region.
- In addition, inequities in mental health challenges that preceded the pandemic continued to manifest, especially among youth with a disability, LGBTQIA+, female, rural, and young adults 18-24 (Figure 9).
- Inequities of note include respondents with a disability (n=117) were twice as likely as youth with no disability to show depressive symptoms. LGBTQIA+ youth (n=221) were almost three times more likely than other youth to experience multiple PTSD-like symptoms due to the pandemic (Appendix 5).
- When asked which types of mental health resources would be most helpful, youth expressed the greatest preference for information on how to access a therapist, have an in-person meeting with a therapist, and the opportunity to use an app for mental health support (Appendix 4).

FIGURE 9: Western MA Youth Who Reported Feeling Sad or Hopeless, 2020

Youth up to age 24 who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.



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

Tip for interpreting graph: The percentages shown represent the percent of that particular population that reported feeling sad or hopeless. For example, 49% of females almost every day for two weeks or more in a row that they stopped doing usual activities.

STRIVE RESULTS: Fractured Mental Health

Gray Rainbow

"This photo shows a colorful girl in a not so colorful place clutching her comfort toy. As colorful as I am, where I am is so desolate, alone, and depressing. No matter how hard I try, I can't be happy. We all put a smile on, even when we don't feel like smiling. Depression comes from our environment (people, places, events, etc.). The photo shows my efforts to be bright and cheery, but it doesn't change how I feel mentally. The anxiety and depression will always be here. People need to take depression seriously."

-Drea, 18

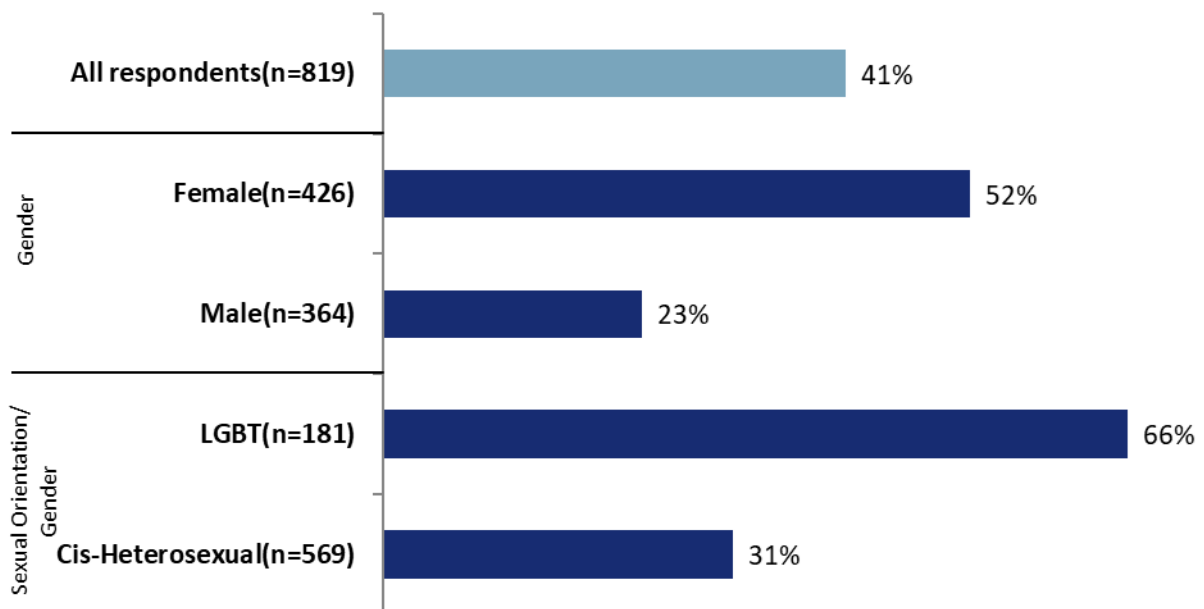


The Springfield Public Schools (SPS) conducted Youth Health Surveys in 2021, showing continued mental health challenges as the pandemic wore on. A majority of SPS students are youth of color, including 68% Latino/a/e and 19% Black⁴⁶. The survey data show that many of these youth struggled with mental health issues (see Figures 10 and 11).

- In 2021, more than 4 in 10 surveyed eighth grade students felt sad or hopeless for two weeks or more.⁴⁷
- Reported feelings of sadness and anxiety were more than twice as high among female and LGBTQIA+ students, continuing disparities found in the 2019 CHNA and affirming data from the 2020 CCIS survey.

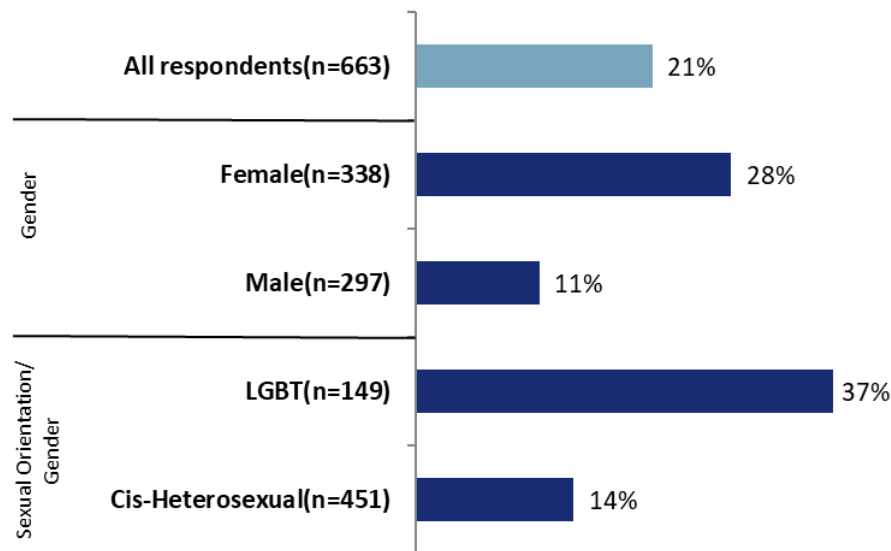
FIGURE 10: Springfield Eighth Grade Students Who Reported Feeling Sad or Hopeless, 2021

Percent of Eighth Grade Students Feeling Sad or Hopeless Every Day for two weeks or more in a row that they stopped doing usual activities.



Source: Springfield Youth Health Survey, 2021

FIGURE 11: Springfield Eighth Grade Students with Moderate to Severe Anxiety Symptoms, 2021



Source: Springfield Youth Health Survey, 2021

“Behavioral health issues among youth have increased following a year of ‘homeschooling.’ We see increased numbers of youth behavioral health issues and those seeking emergency care and services in the emergency department.”

Medical Manager, Community Chat

Key informants noted that some young people experienced greater stress at home during COVID-19 related to a myriad of family dynamics -- health, employment, financial concerns, domestic violence, and food and housing insecurity. As more youth felt depressed and anxious during the pandemic, key informants mentioned a number of factors affecting youths’ ability to receive support and care.

- 1. COVID-19 eliminated or weakened the universal prevention strategies and supports (schools, sports, social networks, extra-curriculars, camps, mentoring, etc.) that might typically help young people thrive emotionally.** Youth-serving providers noted that more time on social media, less social interaction, less engagement in activities that give joy, less physical activity, and the challenges of trying to have meaningful interactions with youth while remote, all had a detrimental effect on youth. Trying to re-enter the world has been challenging, and many youth are not ready emotionally to interact in face-to-face environments. They face the added pressure of teachers trying to get them back on track academically. Some respondents have observed a

concerning rise in cannabis use during the pandemic, which has become socially normalized among youth, and often acts as a form of self-medication.

- 2. Racism and other forms of discrimination undermine youth mental well-being.** From microaggressions, to teachers that don't understand their lived experience, to structural poverty that limits access to healthy food, recreation, or positive youth development opportunities, youth of color bear the brunt of multi-generational and present-day racism. Echoing the school survey results, LGBTQIA+ youth expressed that they too are harmed by discrimination, including youth who are gender nonconforming and experience trauma when being misgendered by a parent, teacher, care provider, or peer. Stigmatization of people who are overweight/obese also came up as a form of discrimination in which health care providers reinforce societal stigmas about weight.
- 3. Fragmented care, shortages of providers and lack of culturally competent care all pose barriers to receiving treatment.** The pandemic has made access to care an acute problem nationally for all families seeking mental health care. There are simply not enough therapists, social workers, and psychiatrists to meet the needs. Local providers have cited low pay, high turnover rates, and burnout as major challenges to providing consistent, coordinated care. Type of insurance, available formal and informal referral networks, and other variables can further affect access to care. Locally, these issues are magnified for youth of color and those whose families have limited financial resources. Several sources discussed the shortage of culturally competent mental health providers, including fluent Spanish-speaking providers, as well as the barriers for people of color to become certified to be a mental health counselor. Some adults that work with LGBTQIA+ youth urged that mental health care for transgender and queer youth be foundational for all providers, rather than treated as specialty care.
- 4. Mental health stigma continues to be a challenge, although there are signs it is becoming less so.** Youth today tend to be well versed in the language of mental health and see it as normal to talk about, in part due to its prevalence as a topic on social media. That said, some youth still experience stigma or judgment in disclosing mental health challenges, especially with adult members of their family. Youth and adult focus groups described generational, gender, and cultural norms can discourage conversations about mental health. Youth, providers, and caregivers observed that this stigma can be more prevalent among Black and Latino/a/e parents than among White parents. Some youth also have had negative experiences in sharing about mental health challenges with peers, resulting in ambivalence about turning to friends when in need.

“I've been trying to trust people, but now I kind of like have trust issues because people that I trusted before...they just do things...people are impulsive and make dumb decisions.”

Youth focus group participant

5. **Social media** has played both positive and negative roles for youth before and during the pandemic. Social media platforms, especially TikTok, have helped normalize mental health issues and give youth the language and outlet to talk about them and connect with others facing similar challenges, especially for LGBTQIA+ youth. However, mental health providers blame social media for feeding isolation and a sedentary lifestyle, reducing empathy, “othering” people, and contributing to cyberbullying. It is also addictive, and youth will choose it if not given other structured options. Social media, particularly Instagram, has been associated with increases in poor self-image and mental health among adolescent girls.

Despite these very challenges, youth, and adults both point to the ability of many youth to find support systems of trusted peers or adults they can talk to, and for being resilient in the face of so many emotional challenges.

Assets, Resources and Solutions

Key informants and focus group participants emphasized the need for better preventive care for mental health to avert crises; culture and language-appropriate mental health care and pipelines for more diverse providers; more community-based and school-based referral systems and counseling; and building on family and youth resource centers. Ultimately, youth need to be at the table and have power to influence decisions about their emotional well-being. For any of the following prevention and intervention resources, we need to build and expand youth voice and decision-making opportunities.

Prevention supports: Several key informants for this assessment stressed the need for restoring and augmenting universal strategies that have eroded during the pandemic. They advocated for structured activities such as organized sports, afterschool programs, youth drop-in centers, and other extracurricular activities. Community-based youth development organizations that cultivate young leadership are important prevention partners. Organizations such as the Boys and Girls Club, Girls Inc., New North Citizens' Council, 21st Century Afterschool programs, sports leagues, arts programs, and youth coalitions offer a range of programming that provide safe places for young people to go after school, get homework help, engage in creative projects, and talk with peers and adults about challenges and opportunities. These need to be affordable and accessible and allow youth to pursue their passions, develop skills and confidence, receive mentoring, and build trusting, healthy relationships.

Schools: Typically, when there isn't a pandemic lockdown, young people spend much of their day in school. Educators and school health staff may be the first to identify when students need IEPs, 504s, behavioral supports, or counseling. Some key informants called for expanded and appropriate school-based counseling and referral systems, specifically noting that school staff/counselors need to be trained to understand and support the whole child, not simply focus on academic performance and goals. Many talked about how school staff feel pressured to attain academic goals, often neglecting students' social-emotional needs. Schools can take a number of steps to support youth mental health: identify partners to support prevention and early intervention, train staff in culturally competent and respectful relationship-building, help identify mental health issues early on, and bring well-being supports into the schools and school-related programs.

Community-based services and programs: Key informants urged the integration of mental health services in community spaces where youth already congregate and feel comfortable, such as Gandara's Impact Center. Key informants noted that adult mentors serve as confidantes and help youth feel supported and noticed. Estoy Aquí was cited as a successful culturally informed model that highlights the sociocultural factors surrounding suicide in the Latino/a/e and the Black community via training, dialogue, and outreach.

Mental Healthcare and Telemental Health: The rapid expansion of telehealth and "telemental health" has helped overcome barriers to access presented by the pandemic, and it may also offer longer term options for youth who may have transportation barriers or other challenges with receiving in-person care. Some providers have reported that

youth feel comfortable using the technology and receiving care this way. Federal and state rules have been eased to enable ongoing use of telemedicine. (See more on this topic in Section 6c) In November 2021, the Massachusetts Senate passed the Mental Health ABC Act 2.0: Addressing Barriers to Care, which is comprehensive legislation to reform how mental health care is delivered in Massachusetts.⁴⁸ The legislation will aid in the development of a tele-behavioral health pilot program for high-school age youth and engage in studying access to culturally competent care. However, several clinician key informants cautioned that telemental health is not a panacea, and not appropriate for all types of therapeutic work. In addition, it tends to be less accessible to youth from families with limited incomes. Also, it does not alleviate the provider shortages among community-based therapists, psychiatrists, and acute care beds.

Local Collaboratives: Several recent initiatives seek to address youth mental health as well as substance use.

- **Four-county Young Adult Empowerment Collaborative of western Massachusetts** was formed in 2018 to address youth opioid use. This evidence-based collaboration works with systems serving emerging adults to prevent opioid misuse, address the needs of young adults currently addicted to opioids, and increase their health outcomes as they transition into adulthood.
- Local leaders created the **Springfield Youth Mental Health Coalition** in 2020. The YMHC has a youth advisory board that guides its direction. The YMHC has identified several areas of focus, including a communications campaign to normalize mental health; identifying a youth Near Peer Mentoring framework; and providing culturally informed community education and professional development trainings that address youth mental health risk/protective factors - violence prevention, social and racial justice, and well-being. In addition, the YMHC is monitoring policy for a potential universal behavioral health screening, in both schools and community behavioral health centers, to ensure the coalition is poised to assist.
- **Hampden County Health Improvement Plan (CHIP) Violence and Injury Prevention Community Team** held a mentoring summit and campaign around the importance of mentoring for Hampden County youth. The Hampden CHIP Mental Health and Substance Use Disorder Community Team 2 have been working to make Naloxoboxes more accessible and provide trainings on how to use them. In some areas of Hampden County, they are teaching high school students how to administer Narcan for friends and family members.

STRIVE RESULTS: Representation Matters

Not My Body, Not My Choice

"... most of the time, it's old men in positions of power to enact laws to create legislature that is in control of women's bodies – or not women, anyone who has certain genitalia – that's inclusive to everyone. ... I just thought the man cutting off the flower was a way of saying, 'this is not your body, you don't own it. I do, I'm the one who's deciding your health. I have your health in my hands and I have no idea what you're experiencing. ... And so, what could happen? More diverse people. People dealing with these issues, that you're creating laws for. Get them in office."

-Maddie, 18





6b. Deeper Dive: Workforce Development

Background

Workforce development aims to improve economic stability by improving access to adequate employment and skill-building opportunities for individuals to support their economic security and meet industry needs. Workforce development that leads to living wage jobs benefits the health and well-being of community members. We must contextualize trends within the evolution of racial and gendered discrimination to understand why present workforce development challenges affect subsets of the population disproportionately. Early US policies - including theft of Indigenous land, chattel slavery, and Jim Crow laws - limited education, training, and hiring opportunities for Black people, Indigenous populations, immigrants, and other marginalized groups.⁴⁹ These barriers persisted beyond southern borders and over decades.⁵⁰ Gender roles, sexism, unpaid housework, and childcare responsibilities limited women's access to the workforce. Limited paid opportunities for women were in professions such as teaching, childcare, and the service industry, which have been and continue to be chronically underpaid professions.⁵¹

Amid unfair treatment, workers leveraged unionization to collectively demand fair wages and safer conditions. While some unions were inclusive, others excluded workers of color and women, denying them access to training programs, apprenticeships, and pipelines to high-quality jobs.^{52 53} Redlining,⁵⁴ beginning in the 1930s, also contributed to the racial disparities that affect income inequality, by denying housing loans to Black Americans, who continue to experience low wealth and limited upward mobility. In the last several decades, worker bargaining power eroded, contributing to flat wages⁵⁵ and limited training and career advancement opportunities for people with marginalized identities. Welfare "reform" in the 1990s reduced access to post-secondary education for the mostly female recipients of public benefits by requiring them to meet strict work requirements.⁵⁶ Ongoing policy issues further affect the ability of limited income parents to thrive in the workforce including, but not limited to, the "cliff effect,"⁵⁷ lack of paid sick leave, shortage of affordable childcare,⁵⁸ and minimum wage rates.

Hiring biases exacerbate these inequities. Studies show that implicit biases result in a hiring preference for men over women,⁵⁹ and increased likelihood of discrimination against people perceived to be non-White due to their skin color or their name.⁶⁰ Formerly

incarcerated individuals also experience barriers to hiring because of their criminal record. Criminal records, or CORIs (Criminal Offender Record Information), affect people of color disproportionately, especially Black people, who experience inequities in all aspects of the criminal legal system.⁶¹ The proportion of previously incarcerated people statewide that return to Hampden County is higher than the proportion of Massachusetts residents in the county. This holds true for only three counties in the state.⁶² Between 2010-2012, Massachusetts led the way with CORI reform, intending to reduce the employment barriers for people previously involved with the justice system by limiting employer access to applicants' records. However, according to the Crime and Justice Institute, employers may still reject an applicant due to a CORI.⁶³

Regional Workforce Issues

Workforce development has been a key local priority need since the 2019 CHNA. In the last decade, identified local barriers to entry-level employment for those with limited skills and education included:

- Difficulty accessing limited slots in adult education and training programs to obtain a high school equivalency diploma, which is required for many jobs;
- Need for workforce readiness skills to be able to complete job applications, interview effectively, and retain employment once hired;
- Transportation barriers due to lack of vehicle ownership and limited availability of public transportation, even in Springfield.⁶⁴

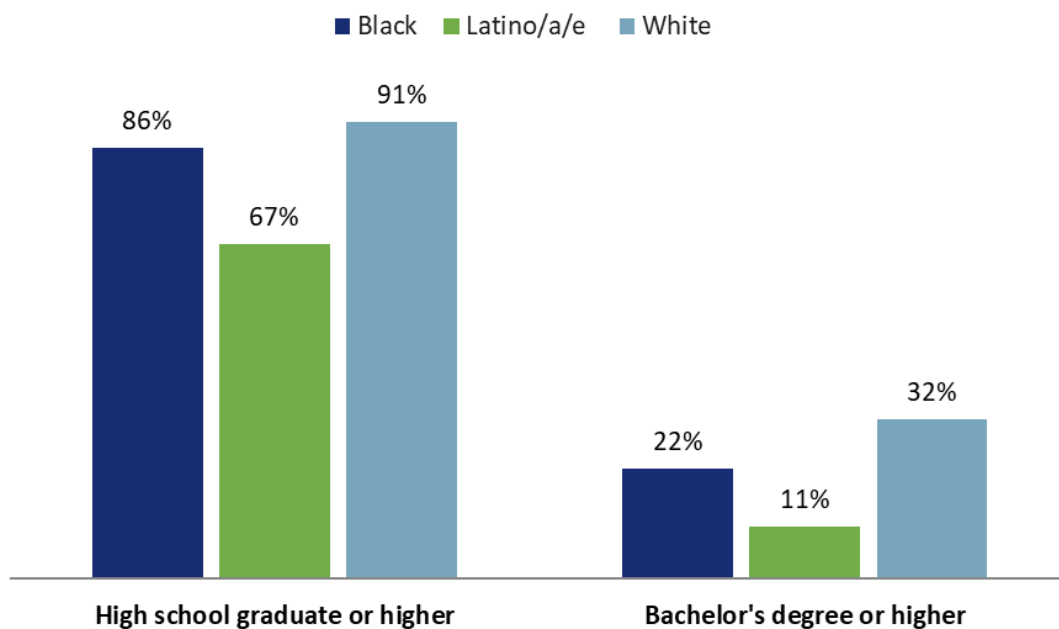
We identify in this section that women, women of color, and youth ages 16-19 are most at risk for not being able to participate in the labor force, and therefore remain at greatest risk of lack of wealth accumulation.

The need for pathways to quality jobs, career ladders, and workforce supports has only grown since the pandemic began. When we asked community organizations about their needs via Community Chats (a set of structured conversations convening diverse groups of people) in 2021, individuals were quite concerned about their job security. One Center for New Americans student noted the need for more “low stress jobs”, that is employment with increased compensation that does not require incredibly long hours. Another Chat participant said that it has been really tough to balance supervising children who are home and potentially in remote school with working a job, or multiple jobs. Additionally,

data show that women disproportionately left work or reduced hours to balance home responsibilities, including childcare.⁶⁵ A Health New England associate also shared in a Chat that they saw this burden fall especially on mothers of color. Though many childcare centers reopened, and new ones opened, there are 15% fewer large care facilities in the Pioneer Valley compared to pre-pandemic.⁶⁶

Educational Attainment

Educational attainment is a building block for health and to access jobs in safe environments that provide enough income to sustain a family. Levels of education are strongly correlated with employment status, the ability to earn a livable wage, and many health outcomes.⁶⁷ As noted above, communities of color have long faced systemic barriers to education, such as inequitable public school funding formulas and residential segregation. Education inequities identified in the 2019 CHNA persist among Black and Latino/a/e residents. The rate of White residents with a high school diploma or greater is 24 percentage points higher than rates for residents of Latino/a/e origin (Figure 12). School districts are making progress; as noted in the Hampden County Workforce Board's Strategic Plan, high school graduation rates in Chicopee, Holyoke, Springfield, and Westfield have "shown marked improvement in the last three years". Students who move on to college require additional support to be able to successfully complete their coursework. The Strategic Plan notes that community college graduation rates are heavily impacted by first year students needing remedial courses that focus on skill building before starting college courses toward a degree; this results in many students being unable to continue through graduation.⁶⁸

FIGURE 12: Educational Attainment by Race/Ethnicity in Hampden County, 2015-2019

Source: U.S. Census, ACS 2019 5-Year Estimates

Notes: Data for White residents is among those reporting White non-Hispanic, and data for Black residents is among those reporting Black non-Hispanic.

The Impact of COVID-19 on the Regional Economy and Unemployment

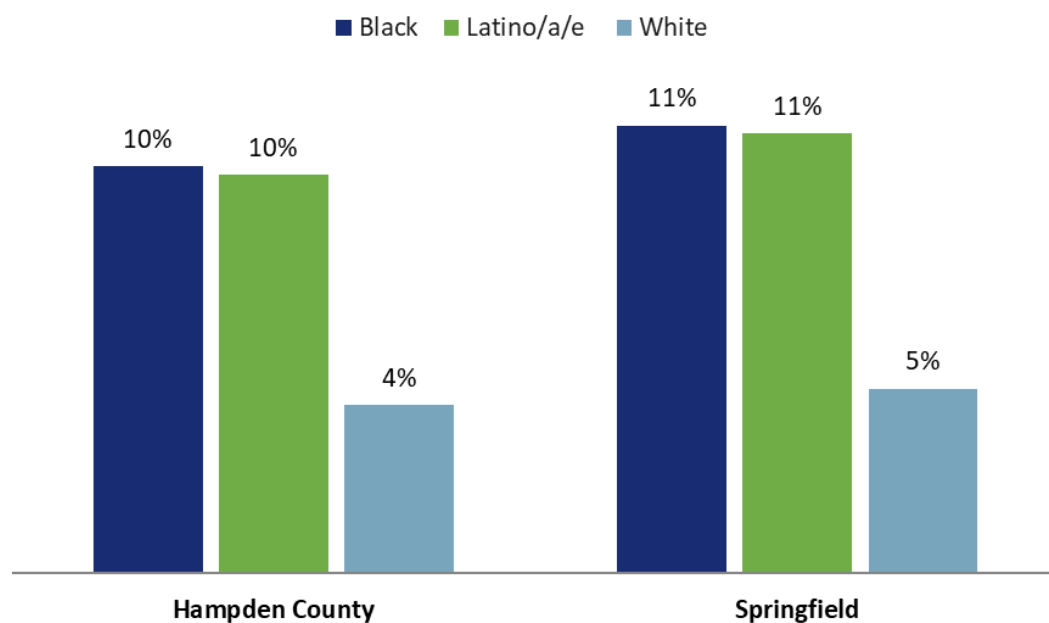
Parts of Hampden County have high rates of poverty and unemployment. COVID-19 exacerbated serious challenges for workers in the communities served by Baystate Medical, as this unemployment data show:

- Prior to COVID-19, the unemployment rate for White populations in Hampden County was 4%, compared to almost 10% for Latino/a/e and Black populations (see Figure 13).
- In Hampden County, unemployment peaked at 18% in April 2020. Springfield and Holyoke unemployment rates topped 20%, higher than any other cities in the region. Chicopee, West Springfield, Palmer, and Ludlow were also in the top 10 regionally.⁶⁹
- Due to the shift in healthcare to emergency and essential care during the pandemic, Healthcare Practitioners and Technical Occupation had the greatest increase in Unemployment Insurance (UI) claims during the peak of COVID-19

shutdowns – a 1,919% increase in claims in mid-May 2020 compared to the week ending Jan 4, 2020 (followed by Education, Training, and Library Occupations at 1,850% and Food and Serving Occupations at 1,564%).

- By April of 2022, unemployment rates for all Massachusetts counties decreased to below 5%, and Hampden County was the highest in the region at 4.6% unemployed (see Figure 7). Despite this improvement, unemployment rates remained elevated compared to pre-pandemic rates.
- UI claims for Black and Latino/a/e workers continued to rise after those for White counterparts in Pioneer Valley peaked in April-May of 2020. UI claimants are more likely to be female and Black and/or Latino/a/e, showing the disparate impact of job loss in the region.⁷⁰
- When comparing data from 2021 to that of 2019, labor force participation has decreased most among Black workers (5 percentage points) and twice as much for women compared to men. This echoes national trends that show labor force participation rates failing to rebound to pre-COVID levels, especially for women ages 35-44 and 55+.⁷¹

FIGURE 13: Unemployment Rates by Race/Ethnicity in Hampden County and Springfield, 2020



Source: U.S. Census Bureau. S2301 Employment Status. ACS 5-Year Estimates.

Youth Employment

Youth access to employment and career pipelines is a major priority for the 2022 Baystate Medical CHNA. Youth aged 16-19 years old have an unemployment rate over 25%, more than double the 11% unemployment rate for people 20-24 years⁷², though this may be attributed to employment age requirements in some jobs which require operating prohibited machinery, handling alcoholic beverages, or possessing a firearm.⁷³ According to a recent MassHire Hampden County Workforce Board (MHHCWB) report, it is difficult for youth 16-19 to succeed in the workforce if they are unemployed, employed in a low-wage job with little or no room for growth, not in school, and/or not continuing their education. This holds especially true for youth in Hampden County's four Gateway Cities of Chicopee, Holyoke, Springfield, and Westfield. Among the top five industries employing youth under 25 in Hampden County, 30% of those jobs are in Accommodation and Food Service (n=5,917), followed closely by 28% of jobs in Retail Trade (n=5,427). Higher paying fields such as Health Care and Social Assistance, Educational Services, and Manufacturing are projected to grow; therefore, they are priority industries for the youth labor force, as identified by MHHCWB.⁷⁴

To address the need for stronger career paths for young adults, the state has made ongoing investments in High Quality Career Pathways (HQCP) to strengthen and expand skills and create career paths for students. HQCP has a strong focus on Science, Technology, Engineering, and Math (STEM) skills and College and Career Readiness initiatives. Pathways start in high school and end with postsecondary degrees and/or industry-recognized credentials aligned with high-skill jobs. The program partners with vocational/technical high schools by expanding Chapter 74, a state law and funding program that governs vocational technical education programs.

MHHCWB also seeks to support prevention strategies for youth who may find themselves struggling to continue their education or careers, particularly drop-out intervention, recovery services, and help career centers to better support youth 16-24 who are unemployed and out of school, and youth with disabilities.

Regional Sectoral and Occupational Strategies. The MHHCWB has identified several industries and occupations in the county that can employ youth and adults with matching education and skills. Improving skills and employability of un/underemployed residents is a top priority for the MHHCWB, as well as for the sectors that have worker shortages. A recent workforce development trend is to encourage job seekers to receive skills training through alternative routes (STARs) rather than traditional higher education, and to market

these “STARS” to employers whose hiring practices may overlook their value.⁷⁵ These alternative routes may be training programs/bootcamps or on-the-job experience.

Table 2 shows that healthcare, retail, and manufacturing are some of the most in-demand sectors for workers, especially the healthcare sector, which was severely affected by the pandemic. The largest employers with the most job openings in 2021 were in health care, with the most openings at Baystate Health (See Appendix 5, Figure 42). Figure 43 in Appendix 5 shows that 34% of job openings in the county require only some college or associate degree, and more than 28% of openings in health care and social assistance require at least a bachelor's degree.

TABLE 2: Rankings of Priority Jobs, Occupations, and Industries in Hampden County

Ranking	Most Jobs Overall (# of jobs as of 2/4/20)	Projected Fastest Growing Occupations (% change in # of jobs from 2020-2028)	Industries Not Requiring Bachelor's Degree or more
1 st	Healthcare & Social Assistance (43,354)	Personal Care and Service (23%)	Accommodation and Food Services
2 nd	Educational Services (27,347)	Healthcare Support (16%)	Manufacturing
3 rd	Retail Trade (26,008)	Healthcare Practitioners & Technical Occupations (8%)	Agriculture, Forestry, Fishing & Hunting
4 th	Manufacturing (25,524)	Food Preparation and Serving (5%)	Healthcare and Social Assistance

Source: Workforce Skills Cabinet Update to Pioneer Valley on New Funding. 2021.

Several factors have contributed to the healthcare sector's employment crisis. As the pandemic ebbed and flowed, healthcare institutions saw periods of critical staffing⁷⁶ and supply⁷⁷ shortages, overcapacity of hospital beds and postponed elective surgeries, shifting quarantine and isolation guidance for healthcare staff,⁷⁸ and significant mental health consequences for those seeing the impact of COVID-19 first-hand.⁷⁹ In 2020, we

saw an increase in symptoms commonly associated with anxiety, depression, and stress among healthcare workers.⁸⁰

“... Moral distress... we talk about this in the emergency room, with situations where you know what should be done and you can't do it... if you're in a place where there's not enough ventilators and you want to put someone [on a ventilator but can't unless you take someone else off]...I think that that sort of thing is going to affect health care workers all over the country.”

Emergency department physician⁸¹

These factors all contributed to the tremendous strain and burnout experienced by healthcare workers that led many to leave the sector. In 2021, there were over 1,800 job openings among the top 5 Healthcare Practitioner and Technical Occupations employers regionally. In response, Baystate Medical sought to better understand the opportunities and challenges of entry-level work at its institution by launching the Family Prosperity Innovation Community (FPIC). FPIC conducted extensive research, including focus groups, surveys, and key informant interviews, with entry-level workers, managers, and prospective workers who live primarily in Springfield, during 2020-21. Prospective workers, current workers seeking upward mobility, and managers all pointed to challenges with the recruiting and hiring process, and the need for more hands-on and human support to navigate online human resource processes. The data revealed a Catch-22. Some employees felt managers didn't want them to move up. Yet chronic staffing shortages made it hard for managers to be supportive of their staff changing departments, because they didn't know if they would be able to replace them.

The initiative identified a number of recommendations as well as best practice models for improving hiring, pay and benefits, employment supports, and training to promote retention and advancement. At the writing of this report, FPIC had developed an implementation plan, and its leaders hoped the project will inform similar efforts at other large employers in the region. Some new practices and policies have been incorporated, while others continue to be addressed. Highlights include:

- An audit of Kronos [time clock] system for hourly employees was performed. It discovered that Baystate Health was not using best industry practices. The policy, expected to be effective by August 2022, is being revised and will allow employees to swipe into Kronos 15 minutes early or 15 minutes late without consequences.

- Job Profile for Patient Care Techs (PCT) was re-evaluated, and educational requirements (high school diploma/General Educational Development (GED) was deemed unnecessary to perform the duties. The revised job profile resulted in 30 new PCT hires within a two-month period.
- A contract was executed with Viability, a company serving mentally and physically challenged persons, resulting in attaining four to six persons a day for six hours in Environmental Services. The job profile has been revised to reflect re-designed functions and hours in the Linen Department.
- On-line coaching and mentoring programs have been added to help advance lower wage employees.
- In partnership with Square One, an agreement was established to provide discounted emergency ‘backup’ childcare slots.
- A new practice, “Pay to Train Pilot Program” began in Fall 2021 for high schoolers and some undergraduate allied health students for Patient Care Techs with 22 currently enrolled; and for Medical Assistants in March 2022 with 12 enrollees. Certified Nurse Assistants training began in May 2022.

Manufacturing is an equally promising sector, as the pandemic caused production and shipping delays overseas, highlighting the importance of “re-shoring” manufacturing back to the state and region so that the communities served by Baystate Medical is less prone to these supply chain disruptions. As Table 2 shows, manufacturing does not often require a bachelor’s degree, yet it typically pays better than other high demand sectors with low educational requirements, such as retail. In 2020, more than 25,000 jobs were available locally.

Workforce Development Assets and Resources

The region has promising local assets and resources that can be leveraged to address workforce challenges.

- **Healthcare Workforce Partnership of Western MA**, led by MHHCWB, is composed of employers, workforce development leaders, and training and education providers, and it invests in education and training to fill nursing and direct care employment needs as well as new employment opportunities in behavioral health.

- MHHCW, Springfield Technical Community College, and Holyoke Community College will continue collaboration with the **One-Stop Career Centers**, education institutions, community-based organizations, economic development, and tourism partners to assist with on-going applicant outreach, recruitment, assessment, and skills development of job seekers at **MGM Springfield**. The casino promised to create career pathway opportunities before the pandemic, and it is gradually building back up its hiring since pandemic-related downsizing.⁸²
- **Springfield WORKS**, in collaboration with the **Economic Development Council of Western Massachusetts**, will leverage a Community Empowerment and Reinvestment grant by partnering with existing community-serving organizations to identify workforce needs for formerly incarcerated community members and increase knowledge of gaps and opportunities for youth and at-risk people.
- As part of the expansion of Chapter 74 programming, there will be increased focus on expanding the use of the state's network of **vocational-technical high schools** as the preferred venue for training programs for adult learners and other high school students to prepare them to obtain industry-recognized credentials aligned with priority occupations.
- **Baystate Health Better Together Community Benefit** funding is helping community partners create education and training pathways:
 - **The CARE Center** in Holyoke, Massachusetts offers several college pathways for young parents in collaboration with Bard College and Greenfield Community College.
 - **Springfield Technical Community College (STCC)** and **Westfield State University (WSU)** created a **dual enrollment program with RN-to-BSN (Bachelor of Science in Nursing) program**, which is more affordable and convenient than previous options.

6c. Deeper Dive: Violence and Trauma

Overview

Violence and trauma show up in society in a variety of ways either through interpersonal violence or collective violence.⁸³ Interpersonal and collective violence affect health directly, via death and injury, as well as indirectly through the trauma that affects mental health and healthy relationships.⁸⁴ Interpersonal violence includes sexual and intimate partner violence, childhood physical and sexual abuse and neglect, emotional abuse, and elder abuse and neglect. Collective violence and trauma, such as intimate partner violence, police brutality, and gun violence, affect the health of communities.

For 2022, Baystate Medical prioritized intimate partner or domestic violence and gun violence. Analysis of any type of violence requires us to consider inequities and the intersections of inequities across race, gender, and other categories. As noted in the Guiding Principles section, some groups have asserted power over others for generations, including over their bodies and through violent control. This manifests today in violence toward women, children, people of color, people with limited incomes, those who identify as LGBTQIA+, and people living with a disability.⁸⁵ These victims also frequently face barriers to accessing resources, including lack of healthcare providers, limited or no insurance, lack of transportation, unstable housing, and being in an unsafe location.⁸⁶ Many of these barriers are rooted in the same systems that have led to higher rates of violence, and impact how survivors of violence can receive care.

Overview of Intimate Partner Violence (IPV)

The National Coalition Against Domestic Violence defines domestic violence (also known as intimate partner violence) as the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.⁸⁷

IPV is a public health issue across the United States, with one in four women and one in ten men experiencing some form of IPV over their lifetime.⁸⁸ Evidence shows that women, as well as Black, Indigenous, and other communities of color experience higher rates of sexual and intimate partner violence than others.⁸⁹ One limitation of any data on IPV is that many studies ignore the motivation for violence, so violence out of self-defense and violence meant to dominate and control are evaluated together.

- 44% of lesbian women, 61% of bisexual women, 26% of gay men, and 37% of bisexual men experience physical IPV, sexual IPV, or stalking over the course of their lifetime.⁹⁰
- 57% of transgender and non-binary individuals say they feel unsafe reporting IPV to the police, and 58% have experienced violence at the hands of law enforcement.⁹¹
- 69% of women experience any form of IPV before the age of 24.⁹²
- Women between 18-24 who are in college are three times more likely to experience sexual violence than women (18-24) who are not in college. Similarly, men (18-24) who are in school are five times more likely than men the same age who are not in school to experience sexual violence.⁹³
- More than one in five (21%) transgender, queer, and non-binary college students have experienced sexual assault⁹⁴, and according to the U.S. National Transgender Survey, 47% of respondents reported experiencing sexual assault during their lifetime.⁹⁵

There has been a focus on understanding risk and protective factors for perpetrating IPV.⁹⁶ There is not nearly as much research that seeks to understand the nuanced experiences of IPV survivors, especially at the intersection of different identities (eg, race and sexual orientation).⁹⁷ Also, most research focuses on female victims and male perpetrators of IPV. Further research and data about victims and perpetrators in different populations is needed to better understand and prevent IPV. Additionally, IPV is a crime that often goes unreported, with the Department of Justice estimating that in 2018 only 47% of cases of IPV were reported to the police.⁹⁸ Underreporting happens for cultural, personal, and safety reasons, but in communities that have been and still are oppressed, underreporting is often due to distrust in the criminal justice system.⁹⁹

Domestic and Intimate Partner Violence in Massachusetts and the Region

Domestic violence and IPV are serious public health issues for the communities served by Baystate Medical, leaving lasting impacts on survivors and their families. Survivors of IPV are at risk for adverse health outcomes like chronic diseases, substance use, Post Traumatic Stress Disorder (PTSD), traumatic brain injuries, and poor relationships with others (family, friends, coworkers).¹⁰⁰ Unfortunately, IPV was exacerbated during the pandemic.

In Massachusetts, 1.6 million people,¹⁰¹ including 34% of women and 32% of men, report experiencing physical IPV, sexual IPV, and/or stalking in their lifetime. IPV is a regional crisis as well and has been worsened by the pandemic. CCIS data show that the four counties in western Massachusetts - Berkshire, Franklin, Hampden, and Hampshire - reported 1.5 to 2 times more IPV than other counties in Massachusetts. In Springfield, Chicopee, Holyoke, and the more rural parts of the region, different aspects of IPV continue to be of concern for public health professionals, medical professionals, and law enforcement. Much of the available data on youth experiences with violence are specific to Springfield, yet this issue affects youth throughout the communities served by Baystate Medical.

- In 2020, the Springfield Police Department responded to 8,700 calls, equivalent to more than 23 calls per day, involving either a domestic disturbance and/or a domestic disturbance involving a weapon.¹⁰²
- Data from October 2021 noted that officers had responded to more than 6,500 domestic violence calls, which was more than 22 responses by officers each day. More than 10,000 incident reports involving domestic violence had been filed since the beginning of 2020.¹⁰³
- In Hampden County, there have been 3,762 restraining and harassment orders filed through April 2022, which is a 16% increase from 2021 filings in the same timeframe.¹⁰⁴
- The Sexual Violence Against Girls and Young Women in Hampden County report found that girls aged 18-24 account for 30% of sexual assault cases in Hampden County. More than half (51%) had some level of acquaintance with their perpetrator.¹⁰⁵
- In 2021, 7-8% of Springfield eighth graders said they witnessed violence in their family, or said they experienced physical violence from a parent or caregiver.¹⁰⁶
- In 2021, one in four Springfield eighth graders experienced emotional abuse and 33% experienced verbal abuse from a parent or caregiver.¹⁰⁷

Impact of COVID-19 on Violence and Trauma

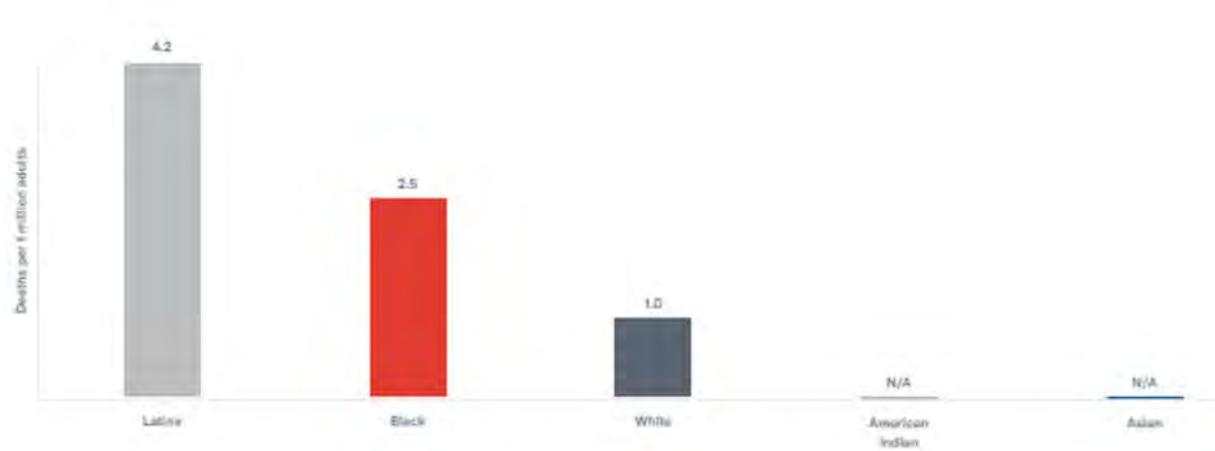
COVID-19 had repercussions for people dealing with any kind of violence. During the pandemic, being able to leave one's home and spend time outdoors was a welcome opportunity for some families, but a risk for those in communities with high levels of

violence. Also, the pandemic affected those at risk of intimate partner violence by forcing vulnerable residents to stay indoors with potentially dangerous household members. Based on a review of 12 U.S. studies, domestic violence increased by 8.1% during pandemic related lockdowns.¹⁰⁸

A Survivor Advocate reported housing and mental health as being the biggest challenges for survivors of IPV and sexual assault throughout the pandemic:

- **Housing** for survivors during the pandemic was scarce because shelters were full, and rent was unaffordable. If an abuser was the head of the household and then a restraining order required them to leave the house, sometimes they forced the survivor to pay rent, which was financially difficult. Many people's stimulus checks went to paying late bills, not their rent.
- **Mental health of individuals** was also greatly impacted, especially because waitlists for counseling services were and continue to be long. Additionally, people may not have insurance that covers the services they need or money to pay out of pocket. Due to stay-at-home orders, contact with abusers increased, leading to worse mental and physical health outcomes. Stigma around mental health as well as sexual and IPV makes it difficult to understand the true level of need for resources.

FIGURE 14: Rate of Intimate Partner Firearm Homicide by Race/Ethnicity in Massachusetts



Source: Everytown. Every Stat. 2020. Gun Violence in Massachusetts. <https://everytown.org/#Massachusetts>

Intersection of IPV and Gun Violence

Research shows a link between IPV and gun violence against women. Guns exacerbate the power and control dynamics in abusive relationships, and abusers may use guns to threaten, coerce, or inflict emotional abuse.¹⁰⁹ Nationally, women are five times more likely to die from IPV if the abuser has access to a gun.¹¹⁰ Black, Indigenous, and Latino/a/e women are disproportionately impacted by IPV involving guns. In over half of Black, Indigenous, and Latino/a/e IPV homicide deaths, a gun was involved.¹¹¹ Other vulnerable communities include people with disabilities and the LGBTQIA+ community, but little data is available for these populations on the intersection of IPV and gun violence due to underreporting.¹¹²

- In Massachusetts, 30% of female IPV homicide victims were killed with a gun, and 90% of all IPV gun homicide victims were female.¹¹³
- Black and Latino/a/e people have a higher intimate partner firearm homicide rate than their White counterparts in Massachusetts. While the overall number of deaths is extremely low, Latino/a/e death rates are four times higher than White rates and almost twice as high as Black rates¹¹⁴ (see Figure 14).

Overview of Gun Violence

Gun violence is a growing public health crisis with stark inequities for its victims. A recent report by The Johns Hopkins Center for Gun Violence Solutions¹¹⁵ examined gun violence and the impact of COVID-19. The report showed an increase in gun violence nationally and the disproportionate impact gun violence has on Black and Latino/a/e communities, as well as youth. COVID-19 has driven an increase in racism and anti-Asian violence, including gun violence. Anti-Asian hate crimes increased by 76% from 2019 to 2020 and increased by 339% from 2020 to 2021. In response to anti-Asian violence, Asian/Pacific Islander people are buying guns for protection against hate crimes. Gun violence experienced by LGBTQIA+ people is largely unknown because death certificates and most public reporting systems do not collect sexual orientation or gender identity data.¹¹⁶

Gun Violence in Massachusetts and Hampden County

Though Massachusetts had the second lowest gun death rate in the country in 2020, Hampden County had the highest gun death rate in Massachusetts between 2016–2020.¹¹⁷ Massachusetts has strong gun violence prevention policies in place that may contribute to

the lower gun death rate compared to other states. Yet gun violence continues to impact communities throughout the state, and it disproportionately impacts Black residents.

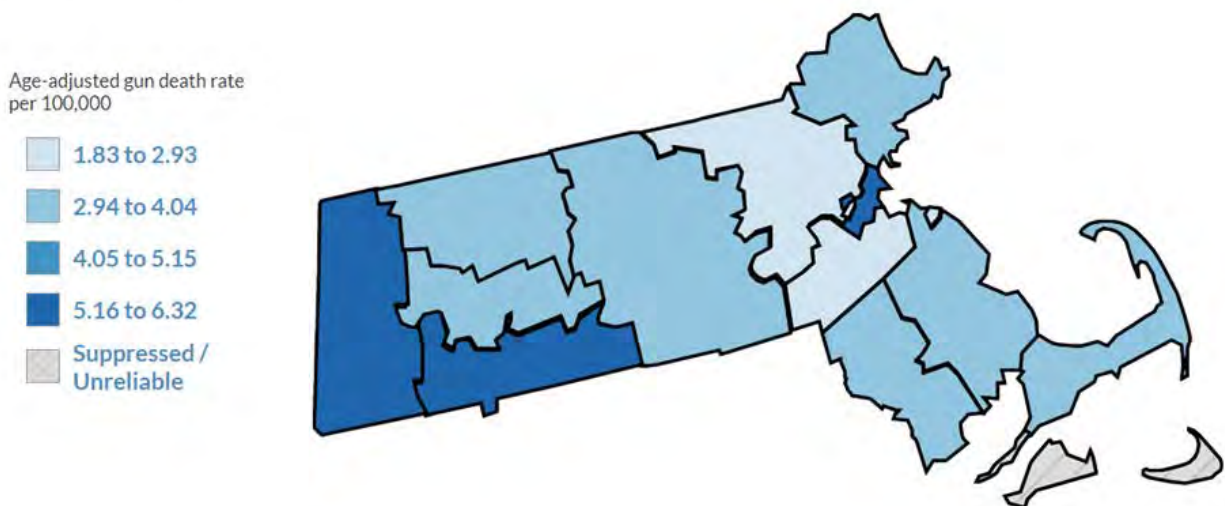
Massachusetts

- Guns are tied for the fourth leading cause of death for children in Massachusetts.¹¹⁸
- On average, in Massachusetts about 20 children and adolescents die by guns every year. Of those, 19% are suicides and 78% are homicides.¹¹⁹
- Black children and teens in Massachusetts are eight times more likely to die by guns than their White peers.¹²⁰

Hampden County

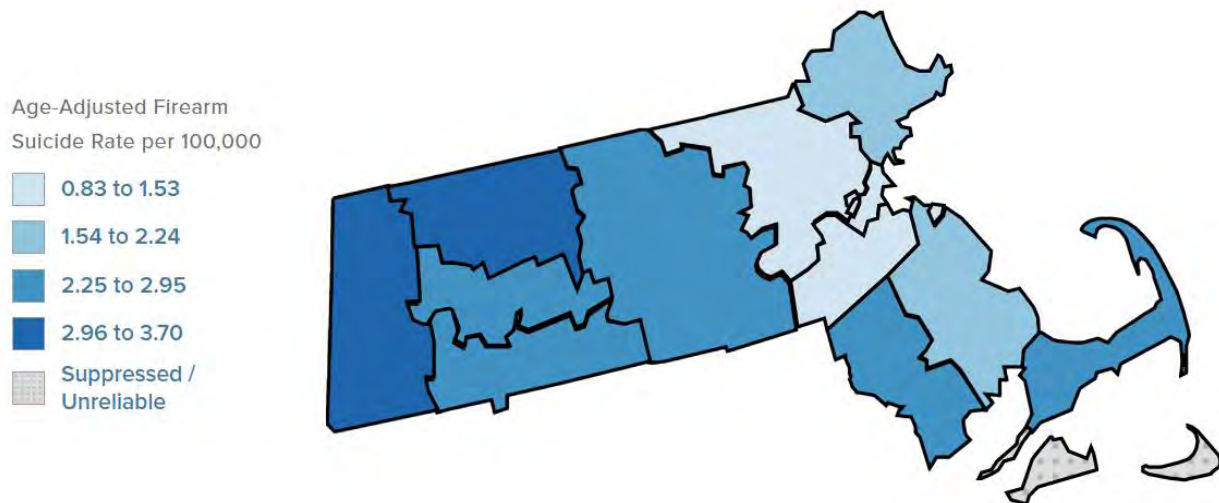
- Between 2016-2020, Hampden County had a gun fatality rate of eight per 100,000, the highest gun death rate in Massachusetts.^{121 122}
- In Hampden County, Black and Latino/a/e residents have disproportionately higher rates of being killed by guns: Black residents (19 per 100,000); Latino/a/e residents (10 per 100,000); White residents (6 per 100,000).¹²³
- Springfield saw a more than 50% increase in gun violence in 2020.¹²⁴

FIGURE 15: Age-Adjusted Gun Death Rate*



Source: The Educational Fund to End Gun Violence- Massachusetts Gun Deaths: 2019 <https://efsgv.org/state/massachusetts/>

*Based on a ten-year average (2010-2019).

FIGURE 16: Age-Adjusted Gun Suicide Rate*

Source: The Educational Fund to End Gun Violence- Massachusetts- 2019

<https://preventfirearmsuicide.efsgv.org/states/massachusetts/>

*Based on a ten-year average (2010-2019)

Another aspect of gun violence is police shootings, which have a disparate impact on communities of color. Data on police shootings is limited and is a barrier to understanding and addressing gun violence. The FBI tracks police shootings, but a 2014 Washington Post investigation found police departments were not required to submit data on police shootings to the FBI. The Washington Post found that the Federal Bureau of Investigation (FBI) undercounted police shootings by half.¹²⁵ Data on police shootings should be interpreted with caution because many police departments decline to submit data. In the US, available data indicate that Black and Latino/a/e residents are killed at about twice the rate of White residents.¹²⁶

Police shootings in Massachusetts disproportionately impact Black and Latino/a/e communities¹²⁷:

- 54 people were shot and killed by police in Massachusetts between 2015 and 2020
 - 8 were Black residents
 - 8 were Latino/a/e residents
- As of May, at least 5 people were killed by police shooting in Massachusetts this year.

Police shootings also disproportionately impact those living with mental illness. Nationally, at least one in four victims of fatal police shootings were living with a mental illness. Those with untreated mental illness are 16 times more likely to die from police violence than other individuals.¹²⁸ Nearly one-third (31%) of the 54 people shot and killed by police in Massachusetts between 2015 and 2020 had a mental health diagnosis.¹²⁹ Examining the intersection of mental illness and gun violence should be done with caution. Continued research, advocacy, and education is needed to address stigma and ensure people receive mental health services and support.

Each year thousands of students are exposed to gun violence on school grounds nationally: 3,500 students are shot and killed on average, and 15,000 students are shot and injured.¹³⁰ In 2022, there have been two incidents of gunfire on school grounds in Massachusetts resulting in one death and two injuries.¹³¹

Each of these deaths by gun violence adversely impacts the community at-large. Inequities and adverse impacts of gun violence on the community continues to be a priority from the 2019 and 2016 CHNAs. Young men and women in 2019 CHNA focus groups perceived that gun violence was omnipresent and guns were easily accessible in Springfield. They also shared that they felt it was unlikely the culture of gun use by their peers (18-25) would change. Focus group participants and interviewees suggested starting with interventions to prevent or reduce gun violence at middle school age. Priority ideas included expanding the use of mentors; creating more youth programs, including sports, that kids want to participate in and that are affordable; and improving school systems and law enforcement (Table 3).

TABLE 3: Focus Group and Key Informant Interview Findings on Origins, Harms, And Solutions to Gun Violence in Springfield

	Focus Group Participants 20 men and women aged 17 - 26	Key Informant Interviewees <i>5 content experts with direct experience with gun violence or who provide services to people who have experienced gun violence</i>
Origins of or contributors to gun violence	<ul style="list-style-type: none"> territory, money, retaliation, miscommunication drama – jealousy, envy, cheating ease of accessing guns protection peer pressure, think it's cool not a lot of good role models and/or don't feel loved at home culture – "that's how it is in Springfield" 	<ul style="list-style-type: none"> poverty toxic stress witnessing family and community trauma lack of positive caring adults in youth's lives lack of hope; feeling like life has no value underperforming schools
Harms of gun violence	<ul style="list-style-type: none"> grief, sadness, heartbreak panic, paranoia, fear, "on alert" anger and desire to retaliate insomnia post-traumatic stress disorder 	<ul style="list-style-type: none"> death and injury trauma and anxiety impulsiveness stress reaction (cortisol release) that can lead to poor physical health puts family members at risk
Recommendations to decrease or prevent gun violence	<ul style="list-style-type: none"> mentors and caring adults involved in kids' lives youth program (sports but also other programs) programs must be affordable jobs police getting involved in the community instead of just sending everyone to jail teachers, school staff, and program staff that know how to handle kids after someone in their life has died from gun violence schools could do a history project gun control efforts 	<ul style="list-style-type: none"> mentors wraparound services connecting youth to activities they like connecting youth to positive adults public education about brain science and trauma preventative programs starting in 4th grade cognitive behavioral therapy don't bump youth out of programming at different ages deal with the underground market where guns are being moved ensure schools and police are trauma-informed hire people who used to be involved in gun violence but are no longer to work with youth in order to show youth a path out healing activities like "standing together" events honoring people who have died

Source: Baystate Medical Center 2019 Community Health Needs Assessment <https://www.baystatehealth.org/-/media/files/about-us/community-programs/community-benefits/2019-community-health-needs-assessments/bmc-2019-chna-report.pdf?la=en>

“My son’s father was shot at. It caused me to have PTSD, I see a therapist now. I have anxiety walking down the street. My son’s father is gang affiliated and it makes me cry for him because I’m scared for him. What if he’s [with the kids] and someone shoots?”

2019 CHNA Focus Group Participant, Gun Violence Focus Group, Hampden County

Resources for Violence and Trauma

- National Crisis Hotlines:
 - SafeLink - a 24/7 intimate partner violence crisis hotline (877) 785-2020
 - National Domestic Violence 24/7 crisis hotline (800) 799-7233
 - National Sexual Assault 24/7 crisis hotline (800) 656-4673
- A number of local agencies provide support for survivors of IPV:
 - Alianza (formerly Womanshelter/Compañeras) assists, supports, and empowers those whose lives are affected by battering and abuse, with Spanish-speaking and Russian-speaking advocates available. Alianza offers a 24/7 crisis hotline (413) 536-1628. www.alianzadv.org
 - For the rural Hilltowns of Hampden County (Chester, Blandford, and Russell), Hilltown Safety at Home have domestic violence advocates available, at (413) 667-2203 and (413) 667-9977
 - For rural eastern Hampden County (Warren, Holland, Wales, and Brimfield), Behavioral Health Network provides domestic violence advocacy services at (413) 967-6241
- 413Cares is an online database with community resources of all different types. Residents who need help finding resources for violence and trauma can go to the 413Cares website www.413Cares.org and search for “domestic violence” or “trauma” and their zip code.
- 10 to 10 Helpline is a new anonymous confidential helpline run by the Pioneer Valley Planning Commission, Behavioral Health Network, Growing a New Heart, and the Massachusetts Department of Public Health. The hotline runs 10am to 10pm 365 days a year, and it is designed for those who may want to or do abuse

their partner, to call and seek help. Additionally, friends, family, community leaders, and anyone else who is concerned about someone perpetrating abuse can call in a referral.

- 10 to 10 Helpline - (877) 899-3411
 - For more information visit: www.10to10helpline.org
- Intimate Partner Abuse Education Program (IPAEP) Services is a program run by the MDPH and works to promote the safety of domestic violence victims. This program works with IPAEP certified services to hold those who inflict harm onto others accountable for their actions. <https://www.mass.gov/service-details/intimate-partner-abuse-education-program-services>
- Massachusetts Coalition to Prevent Gun Violence was conceived to bring together stakeholders from across the Commonwealth to work to address all forms of gun violence. The website contains resources and information about gun violence and prevention in Massachusetts. www.mapreventgunviolence.org
- More information on opportunities to reduce gun violence in Massachusetts through policy can be found here: www.everytown.org/state/massachusetts/#report-card
- New North Citizens' Council (NNCC) has a gun violence prevention unit. This multi-agency collaborative effort is funded through DPH's Gun Violence Prevention Grant. NNCC serves as the lead agency to the Martin Luther King, Jr. Family Services, African Diaspora Mental Health Association (ADMHA) and Public Health Institute of Western Massachusetts. The team is comprised of Street Outreach Workers, clinical support, working with at-risk youth ages 17-24. NNCC's Good Vibes Program is a community-based intervention for young people of Springfield. Focusing on Gun Violence Prevention, the team coordinates support plans specifically tailored to address the needs of each individual and assist them to maximize their potential by investing in their future. www.newnorthcc.org/youth-services

STRIVE RESULTS: Over-policing

Safe?

“it's basically showing the like prominence of police within the community because they're putting a booth like displaying Springfield Police at an intersection around like a common area where people are just like sitting...like there's an over representation of police in the forces within low-income neighborhoods. And obviously, this exists because of like racism, like being rooted all the way back from when the police system started... So and like, citizens shouldn't have to feel okay with this, like, like, I don't, I wouldn't want, like, police just right there, like 20 feet away from you. I'm just like, I'm enjoying my lunch.”

-Marco, 18



6d. Deeper Dive: Lack of Resources to Meet Basic Needs

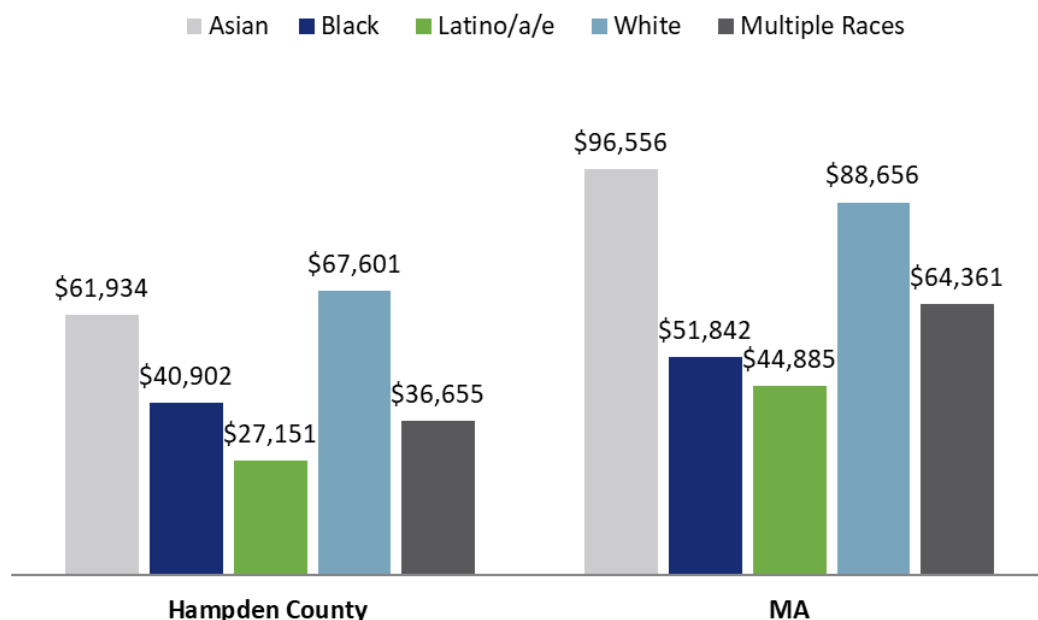
Overview

Lack of access and resources to meet basic needs continues to be a prioritized need for the communities served by Baystate Medical. Basic needs such as housing, food, and transportation are key building blocks of health. Taken together, they may account for the majority of one's expenses. People with limited resources often have to make trade-offs in meeting these basic needs that may lead to avoidable health risks that become unavoidable because of inequities in our economic system.

Communities in Hampden County differ in terms of population density and infrastructure. Access to and availability of basic needs varies from rural communities to the urban core. Average income and wealth also vary tremendously across the communities served by Baystate Medical, and even within the same municipality, affecting residents' ability to access and afford housing, food, and transportation. These inequities are partly due to historical factors such as policy choices that discriminated against residents of color, those living in rural poverty and others private disinvestment and more; and present-day forces, including the COVID-19 pandemic. Prior to the pandemic, the median household income for Latino/a/e populations was \$40,000 less than the income for White populations In Hampden County. (See Figure 17)

An important concept is the living wage, which is the minimum income necessary for a worker to meet their basic needs, based on a realistic accounting of costs. Based on the Massachusetts Institute of Technology (MIT) Living Wage Calculator,¹³² a single parent with one child in Hampden County would need to earn \$31.30 an hour, or \$65,096 a year, in order to meet living expenses. Median income for Black and Latinx households is far below this level. For comparison, the minimum wage is \$14.25 per hour, and poverty-level wage is \$8.29 per hour.

FIGURE 17: Median Household Income by Race/Ethnicity of Householder in Hampden County and Massachusetts, 2015-2019



Source: U.S. Census, ACS 2019 5-Year Estimates

The COVID-19 pandemic spurred major supply shortages across the economy, contributing to the first major rise in inflation in decades, all at a time when many people's jobs became precarious, contributing to economic strains and uncertainties. For example, in Hampden County, unemployment rates jumped to 18% in April 2020.¹³³ Many of the community leaders that participated in focus groups and Chats for this CHNA mentioned concerns about access to and affordability of basic needs. BCBS focus group participants described how these unmet needs perpetuate the cycle of poor health outcomes for communities of color and immigrants.¹³⁴ A local CSA (community supported agriculture) noted the inflation of food prices due to COVID-19 and the challenges of the economic fluctuation in our region for food growers, suppliers, and their patrons.

Care Barriers

Lack of Care Coordination

Lack of care coordination is a prioritized community health need, as it was in the 2016 and 2019 CHNAs. Care coordination refers to the coordination of patient care, including the exchange of information between all parties involved in patient care.¹³⁵ Poor care coordination could be addressed through centralized, integrated data systems, timely data, and designing systems with co-morbidities at the forefront.¹³⁶ Certain populations are disproportionately impacted by poor care coordination.

2022 focus group participants echoed concerns shared in the 2019 CHNA. Focus group participants spoke about the fragmented health care system, confusion when navigating the system, an overburdened system, and disconnects between the systems, all of which contribute to inequities among people of color and immigrants. Some suggestions included:

- More understanding that different communities have different needs.
- Address issues holistically instead of tweaking here and there.
- Creating systems that intersect to layer barriers.

Some important areas where care provided by multiple providers continues to be uncoordinated and results in challenges as outlined in the 2019 CHNA include:

- Lack of follow up when a person is discharged from a mental health treatment program, substance use disorder program, or jail.

- Lack of coordination among agencies that provide support services for transgender clients.
- Lack of coordination between the emergency department and primary care.
- Need for survivor planning for people after cancer as they separate from the health care industry.
- Need to integrate mental health and substance use disorder services with primary care.
- Need for transitions, communication, and “warm handoffs” from jail to the community for a population that has a high rate of trauma and more needs.

In focus groups with community health workers, they discussed the challenges that people with SUD face meeting their basic needs. Navigating bureaucracies and the paperwork requirements, shortages of temporary shelter and treatment options, and difficulties getting referred to specialty care were some of the obstacles faced by this population, which also experiences stigma among those providing services.

“A lot of them are homeless and they have substance use disorder and they have a really hard time working within the system [...] They get frustrated and discouraged and they stop, so it's sometimes a lot. They get like three steps forward and then two steps back a lot. And kind of a lot of it is expecting them to fit into a system.”

2022 Basic Needs Focus Group Participant

Digital Equity

Digital technology and access to affordable and reliable broadband is a vital part of our society. Technology and the internet show up in every part of our daily lives: connecting with family and friends, employment, finding housing, connecting with services and health providers, education, and much more. However, as technology grows, so does the digital equity divide (the disparity in access to digital technologies - limited access to devices, unaffordable or unreliable broadband, limited technology knowledge).

A 2021 report from the Alliance for Digital Equity¹³⁷ examined the digital divide that exists in three western Massachusetts counties: Hampden, Franklin, and Hampshire. The report

found an ongoing digital divide for residents in western Massachusetts and brought to light three barriers that exacerbate the digital divide.

Digital inequities mirror other inequities – race, educational attainment, age, and structural poverty, and they have widened because of the pandemic. Digital equity is achieved when all people have equal access to digital equipment, access to the internet, and have digital literacy. Digital equity is vital for participation in all facets of society – socialization, employment, housing, education, and essential services. Three barriers intensify the digital divide: 1) lack of internet connectivity; 2) lack of equipment; and 3) lack of digital literacy. Within each of these barriers, the Alliance for Digital Equity’s 2021 report found different communities in western Massachusetts are disproportionately impacted.

Nearly one in three households in the communities served by Baystate Medical do not have a laptop or desktop computer: Springfield (39%), Holyoke (37%), West Springfield (30%), Chicopee (29%).

Lack of Internet Connectivity

- Lack of internet connectivity is the top barrier to digital equity for those living in rural areas, children, and youth, and those with limited income.
- Cost of the internet can prevent residents, especially those impacted by structural poverty, from accessing the internet. This is a growing concern with rising costs of housing, food, and transportation.

Lack of Technology

- Lack of access to digital equipment is the primary barrier to digital equity for people who are unhoused or experiencing homelessness, people with physical disabilities, Black residents, Indigenous residents, and people of color.
- Cost of the equipment is the main cause for a lack of technology.

Lack of Digital Literacy

- A lack of digital literacy is the primary barrier to digital equity for older adults, people with mental, intellectual, and developmental disabilities, and people who are English language learners.

- Discomfort with digital banking and credit/debit cards was a barrier to receiving urgent medical care for a senior in Westfield because cash and checks were not accepted forms of payment.

In 2022, focus group participants who worked for community agencies spoke about the impact of the digital world on older adults in western Massachusetts. Participants shared how older adults have trouble accessing services and social interaction, especially during COVID-19, because it required older adults to be digitally literate.

“They don't know how to use the computer. So especially the elderly, that are suffering in silence, are missing so many resources, and they're kind of being left behind.”

2022 Basic Needs Focus Group Participant

Because the internet is ingrained in our daily lives, the digital divide can increase isolation from others, create financial strain because employment or access to benefits requires reliable internet connectivity, and people may delay or leave health issues unresolved.¹³⁸ During the pandemic, many services and education required digital technology. A 2020 Pew Research Center study¹³⁹ found disparities for youth participating in the education system:

- 43% of lower-income parents said their children will have to do schoolwork on their cellphones.
- 40% of parents said their child would have to use public Wi-Fi to finish schoolwork because there is not a reliable internet connection at home.
- One in three parents (36%) said their children will not be able to complete schoolwork because they do not have access to a computer at home.

MAKING THE CASE TO DROP THE USE SOCIAL DETERMINANTS OF HEALTH (SDOH)

Acting to address social influences on physiological, psychological, and behavioral health requires a complete understanding of complex health-related social influences (socioeconomic environment and well-known psychosocial risk factors) on health. The commercialized term “social determinants of health” oversimplifies complex and intersecting environmental, economic, and social influences, thus it is relatively meaningless. Let’s stick with “social influences of health” and then explain with specific detail what we mean.

Frank Robinson, Ph.D., Vice President, Public Health, Baystate Health

Housing & Homelessness

Many of the housing challenges that existed when the last CHNA was written persist today. Thirty-five percent of households in the county qualify as housing-cost burdened, meaning they spend more than 30% of their income on housing.¹⁴⁰ A Greater Springfield Regional Housing Analysis¹⁴¹ published by the UMass Donahue Institute in 2021 found that housing cost burden was greater for people of color in the Pioneer Valley compared to White people. This is likely due in part to much lower increases in median income among Black and Latino/a/e residents compared to White residents (increase in median income from 2013–2018: White 20%, Black 7%, Latino/a/e 10%). Also, a greater proportion of people of color rent than own. This report also found that foreclosures continue to occur in far greater numbers in Hampden County than in other western Massachusetts counties.

Unaffordable housing correlates with a greater-than-average prevalence of unhoused people or people experiencing homelessness – a situation that has worsened over the past decade. Between 2010 and 2019, homelessness increased three-fold in Hampden County, according to the same Donahue Institute report, from 843 persons counted in

2010 to 2,443 in 2019. Of those, the majority (2,070) were people in households with adults and children.¹⁴² The U.S. Department of Education reports that 4.2% of public-school students in Hampden County are homeless – a rate 50% higher than that of the state and nearly four times greater than that of neighboring Hampshire County.¹⁴³

People of color are overrepresented in the Hampden County population that is unhoused or experiencing homelessness, according to a point-in-time estimate conducted by local organizations on January 30, 2019.¹⁴⁴ Black people constitute 19% of the unhoused population and 7.7% of the county. Fifty-three percent of unhoused people or those experiencing homelessness in Hampden County identify as Latino/a/e, versus 26% of the county. White people are proportionately represented among the unhoused (57% compared to 60% of the Hampden County population). The vast majority of unhoused people in Hampden County are sheltered in Springfield. Of the minority who are unsheltered (1.6%), a majority reside in nearby Holyoke.

The COVID-19 pandemic has contributed to housing challenges. In 2021, housing was by far the most searched for category on 413Cares.org. The 413Cares.org is a local online community resource database powered by the [findhelp](#) platform. It started in November 2019 with outreach to local providers and launched publicly in April 2020. As of April 2022, there have been 53,356 searches by 13,200 users. Housing searches made up 37% of searches on 413Cares in 2021, but only 24% of searches statewide on other *findhelp* platforms. The listing of top search terms for 2021 shows the varieties of housing needs including: help find housing, help pay for housing, help pay for utilities, rent, temporary shelter, shelter, housing vouchers, and home renters.

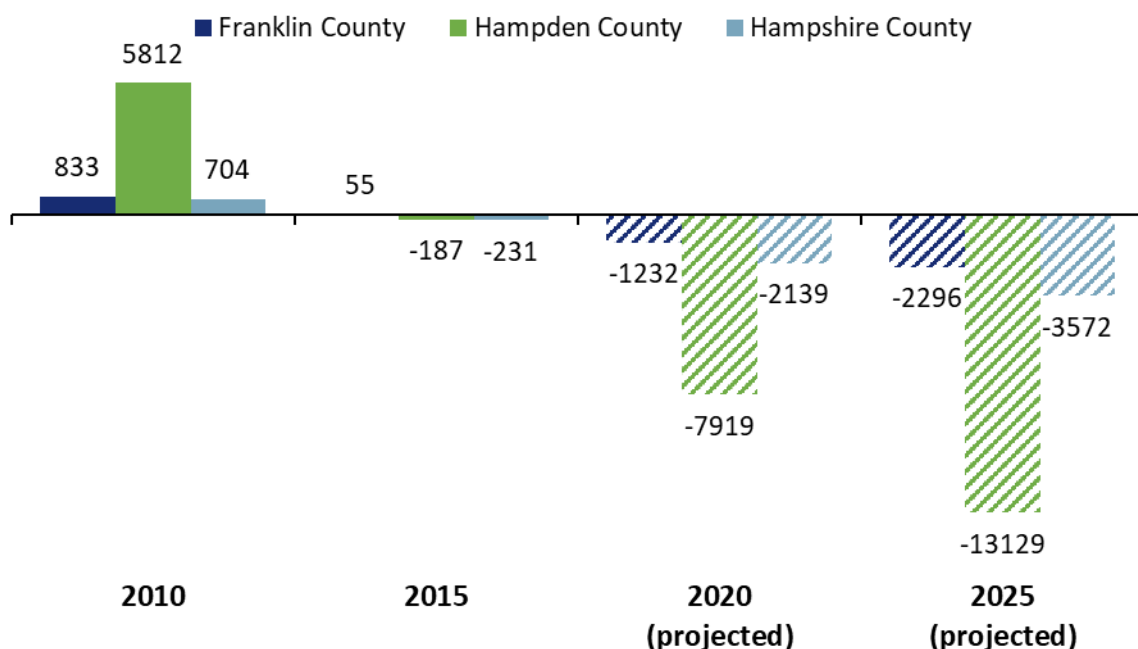
The pandemic has correlated with a general increase in housing prices that has moved homeownership – a common vehicle for wealth-generation – out of reach for many. In 2021, home prices in Hampden County rose almost 14%.¹⁴⁵ Supply was constrained by reluctance to sell during the pandemic and higher home construction costs, and demand grew as the option to work remotely allowed people to live farther from their employer. The UMass Donahue Institute projects a housing gap of over 13,000 units in Hampden County by 2025 (see Figure 18).¹⁴⁶ In addition, the pandemic led to a sharp rise in unemployment and has destabilized many people's finances, affecting their ability to make rent and mortgage payments (see Figure 7).

Half of Hampden County CCIS respondents, and 42% of rural ones, were worried about paying one or more of their upcoming expenses when the survey was administered early

in the pandemic. This worry was more common among respondents of color, those with a disability, those that speak a language other than English at home, parents of children with special healthcare needs, and LGBTQIA+ respondents. Almost 40% of respondents worried specifically about paying their housing related and/or utility expenses, as did 33% of rural respondents.

Overcrowding in housing is often a response to a shortage of affordable units. COVID-19 response reporting from the Massachusetts state government shows a correlation between crowded housing units and COVID-19 case rates in Springfield and Holyoke¹⁴⁷ (see Figure 19). The figure shows that within the Pioneer Valley, Springfield, and Holyoke, represented by red dots, had almost the highest levels of overcrowding [side axis] as well as the most positive COVID-19 tests per 100,000 (bottom axis).

FIGURE 18: Projected Housing Unit Gap by County, 2010-2025

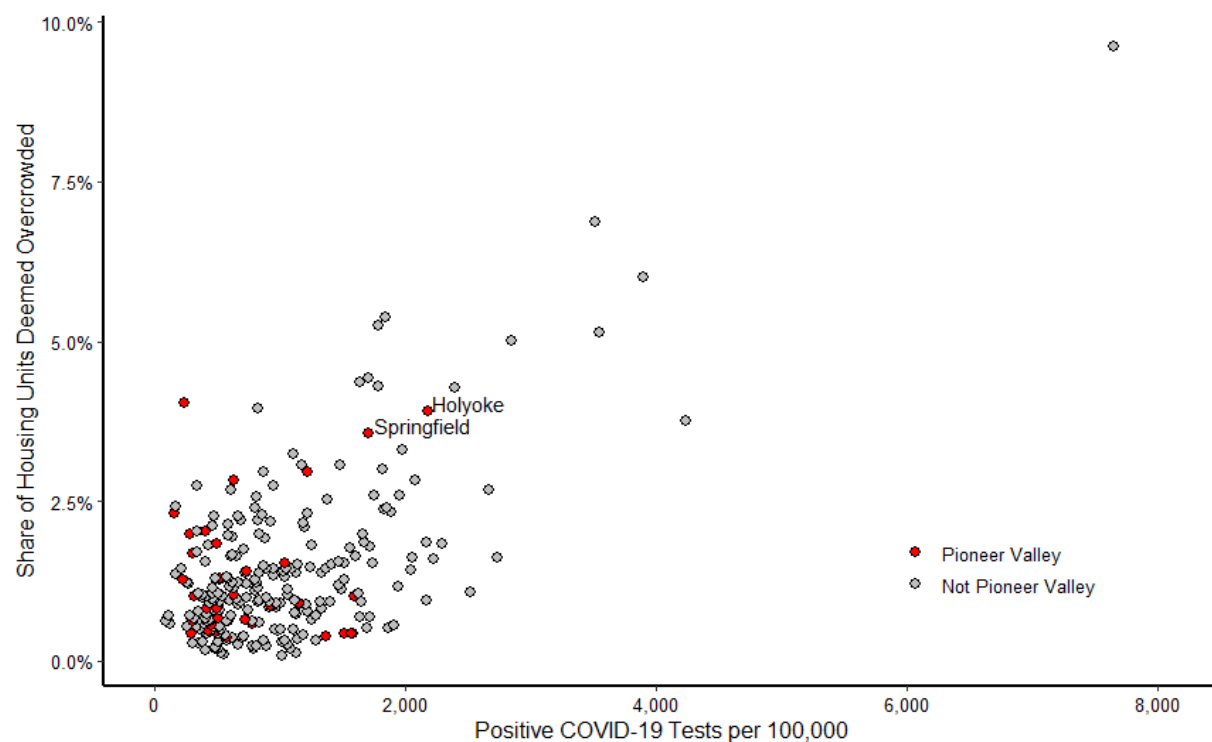


Source: Graph created with data from UMass Donahue Institute Housing's Greater Springfield Housing Analysis, based on ACS one-year housing unit estimates (2010-2018) and five-year population estimates (2014-2018). Shaded areas are projections.

In addition, as noted in previous CHNAs, the housing stock in Hampden County is older. Older housing combined with limited resources for maintenance can lead to problems (eg, mold, pest/rodent exposure, exposure to lead paint, asbestos, and lead pipes) that affect

asthma, other respiratory illnesses, and child development.¹⁴⁸ An estimated 38% of housing in Hampden County was built before 1949.¹⁴⁹ Several communities are also among high-risk communities for childhood lead poisoning, including Holyoke, Springfield, and Westfield, with Holyoke and Springfield having the highest risk in the state. In addition, the rural cluster of Quaboag Valley had elevated prevalence of childhood lead poisoning.¹⁵⁰

FIGURE 19: Overcrowded Housing Units and Positive COVID-19 Tests



Source: UMass Donahue Institute. *Greater Springfield Regional Housing Analysis.*; 2021.

Participants in focus groups who work in community agencies spoke to the challenges faced by people experiencing homelessness during the pandemic.

“People don’t realize there’s things they can do to fight the eviction. Or that there might be eviction prevention services. And so they’re just ending up homeless sometimes for the first time and they don’t know that there’s some things that could have happened to prevent that.”

2022 Basic Needs Focus Group Participant

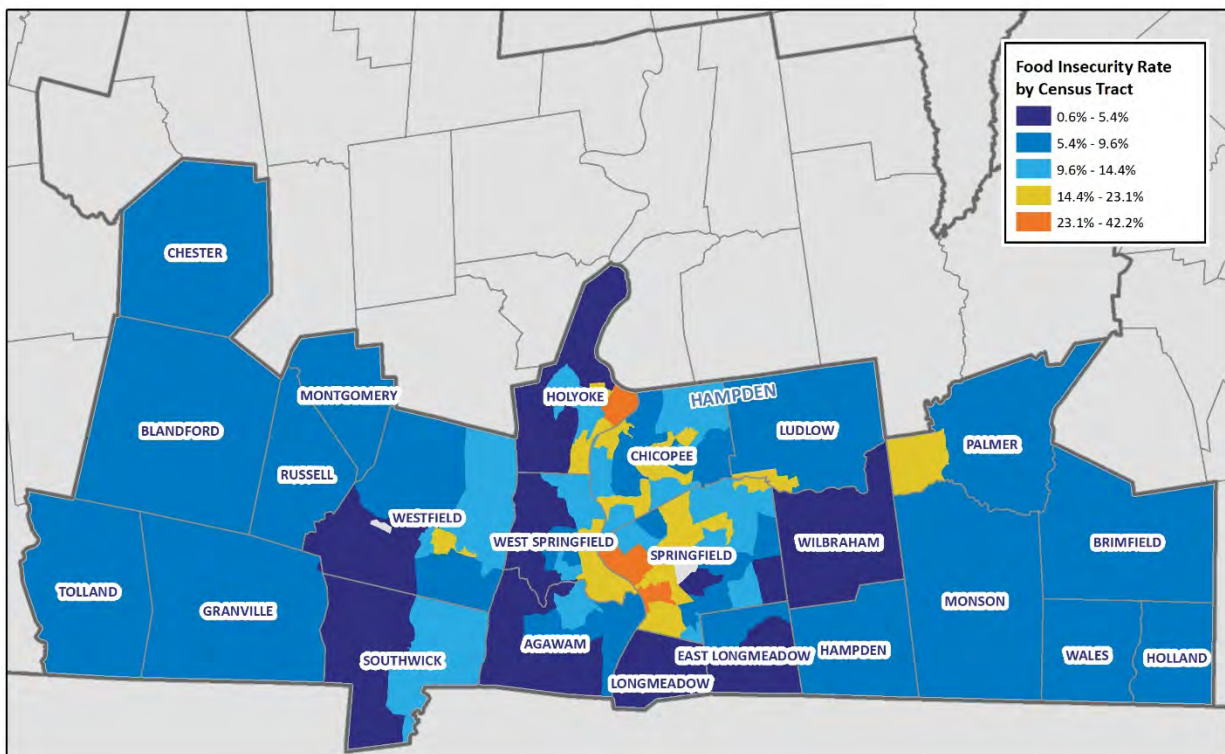
“I have a candidate [I] can't get housing because he can't get his birth certificate, because it's in another state. He doesn't have \$20. And you know, that's going to prevent him from going and applying for housing and also, he can't get in the suboxone clinic because he doesn't have that ID. But then he goes to the program, and they say that he has to go through detox and you're going to have to do this in a cup if he wants housing. [...] And there's other housing that's not accepting anybody right now. [...] So he's got to figure out how to stop using drugs before he can go get housing.”

2022 Basic Needs Focus Group Participant

Food Access and Security

Access to healthy, nutritious food continues to be a prioritized need in Hampden County and across the region. Eating nutritious food promotes overall health and helps manage many chronic health conditions. However, not all individuals and communities have equal access to healthy food. Food insecurity or being without reliable access to sufficient affordable and nutritious food, continues to impact many Hampden County residents (Figure 20). After housing, the second largest area of web searches was for food, which made up 17% of searches on 413Cares in 2021.

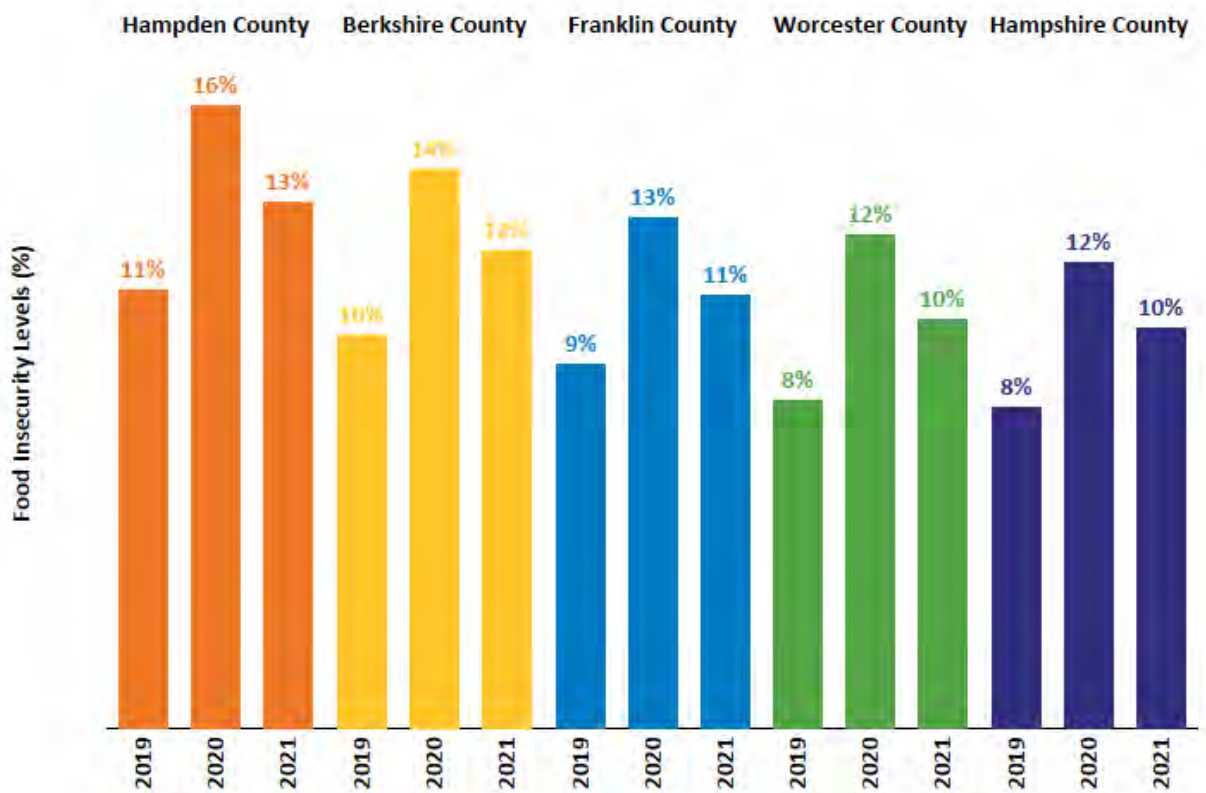
Hampden County also has several food deserts,¹⁵¹ or areas where grocery stores and other options to purchase healthy foods are far away and difficult to access for people that either do not own a vehicle or where public transportation is limited. People with lower incomes and people of color are more likely to live in food deserts because historical planning decisions created highways that split cities and separated White areas from Black areas.¹⁵² Food costs may be higher for certain types of foods in these neighborhoods.¹⁵³ Additionally, marketing of fast food, junk food, sugary drinks, tobacco, and alcohol more often targets communities of color.¹⁵⁴ Although the rate of fast food establishments per capita has fallen between 2013-2019, significant portions of the communities served by Baystate Medical, particularly in the urbanized sections of Springfield, Holyoke, and Chicopee, and parts of West Springfield and Westfield, are still considered food deserts by the USDA.¹⁵⁵

FIGURE 20: Food Insecurity in Hampden County by Census Tract (2019)

Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). *Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019*. Feeding America.
<https://map.feedingamerica.org/>

State data on consumption of fruits and vegetables and obesity rates show that rural areas of the county have had healthier outcomes than the county as a whole. Unfortunately, data for rural clusters are not as current as other data sources for this report.

- Previous data (2011-2015) from the state show that Hampden County residents consumed fruits and vegetables at a lower rate than the state's population did.
- However, people living in rural clusters within Hampden County (North Quabbin, Central Pioneer Valley, and the Hilltowns) consumed fruits and vegetables at a rate similar to or greater than the state's general population.
- Previous data (2011-2014) from the state show that while the prevalence of obesity was higher in Hampden County (28.8%) than the state (23.6%), the rural clusters within Hampden County did not exhibit a similar elevated prevalence of obesity.¹⁵⁶

FIGURE 21: Food Insecurity by County, 2019-2021

Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). *Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019*. Feeding America.

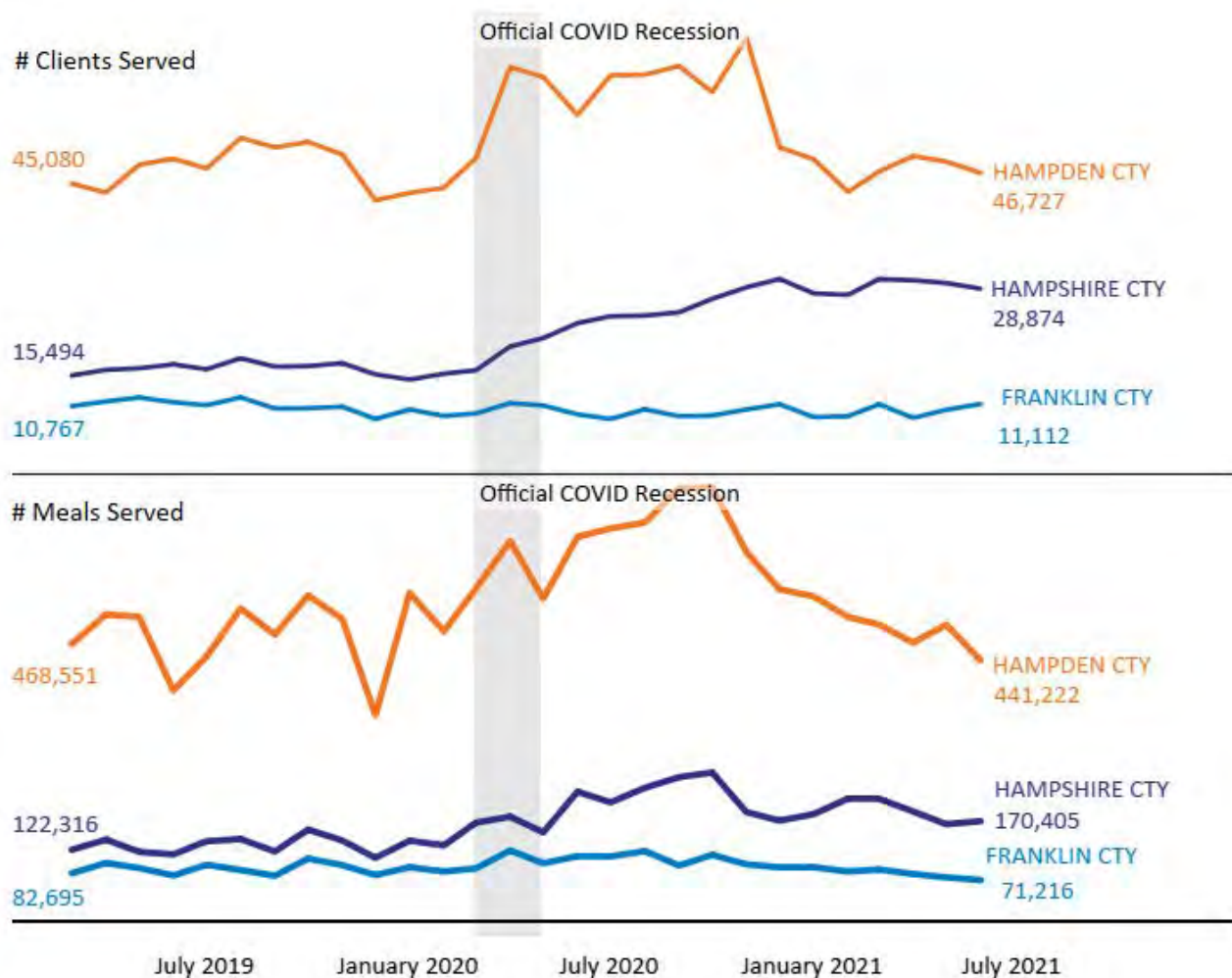
<https://map.feedingamerica.org/>

Food insecurity rates had declined slightly since the last CHNA, but during the COVID-19 pandemic, the problem got worse. Food insecurity grew in 2020, reflecting the financial hardships faced by families throughout central and western Massachusetts. Between 2019 and 2020, Feeding America, a national nonprofit organization, estimates that food insecurity (defined as "lacking access to sufficient food because of limited financial resources") increased by 40% in Franklin County, by 42% in Hampden and Berkshire Counties, by 45% in Hampshire County, and by 50% in Worcester County.

In 2020, one in seven Hampden County residents were classified as food insecure. By 2021, that figure had fallen, but was still higher than the pre-pandemic level (see Figure 21). Just under half (48%) of Springfield eighth graders surveyed in the 2021 Youth Health Survey reported that they had not eaten vegetables, and more than a third (36%) had not eaten fruit in the past day.

The disparate impacts of COVID-19 on food access can be found in the CCIS data. In fall 2020, one in three Hampden County respondents were worried about getting food for themselves and their family. This rate was similar for rural respondents. Almost twice as many respondents of color reported worrying about getting food compared to White respondents (46%, 25% respectively). This concern was also higher among respondents who speak languages other than English at home (47%) and respondents with a disability (43%).

The Food Bank of Western Massachusetts played a key role distributing food during the COVID-19 pandemic, with significant increases in both the number of people served, and the number of meals served. Across the three counties of the Pioneer Valley, tens of thousands of families have relied on food from food banks to meet their food needs during the COVID-19 pandemic. The Food Bank of Western Massachusetts distributes meals in several cities and towns in the Pioneer Valley. Since March 2020, each month they have provided on average 877,000 meals to 91,000 clients, peaking at 1.1M meals provided in October, 2020 (see Figure 22).

FIGURE 22: Food Bank of Western Massachusetts, Clients and Meals Served, 2019–2021

Source: Food Bank of Western Massachusetts

Transportation

Transportation is important for many facets of life including going to work, going to the doctor, getting groceries, and engaging in social activities. People who do not have access to transportation have a hard time meeting these basic needs. Since the 2013 CHNA, transportation has continued to be identified as one of the largest barriers to medical care. Unfortunately, access to transportation cannot be taken for granted.

As identified in the previous CHNA, unequal access to appropriate transportation options exacerbates racial and ethnic health disparities. Communities of color and those with

lower incomes have less access to transportation options compared to majority White and higher income communities.¹⁵⁷ As of the last CHNA, 14% of Hampden County residents did not have access to a vehicle.¹⁵⁸ Based on the most recent census data, this figure had not changed substantially.¹⁵⁹ Public transportation plays a significant role in filling transportation needs for many of these households. The PVRTA, the region's public transportation administrator, reports that 62% of their ridership is non-white.¹⁶⁰ Accordingly, this means people of color are more likely to be affected by underfunding of public transportation, as well as changes to service schedules and fare rates.

The COVID-19 pandemic has undoubtedly exacerbated problems of access to transportation. According to a report by the Bureau of Labor Statistics, the price of used cars increased by 40.5% in the 12 months between January 2021 and January 2022. Fuel costs have increased by 46.5% over the same interval.¹⁶¹ This means that reliable transportation has become less affordable for many. Data on regional transportation use during COVID-19 show variations in different areas. In 2020, PVRTA ridership declined to:

- 14% of 2019 ridership in the UMass area
- 32% of 2019 ridership in Northampton area
- 55% of 2019 ridership in Springfield area¹⁶²

This highlights the degree to which Springfield residents continued to depend on public transportation. Many of them may have been frontline workers who had to travel to work even during the pandemic. The lower rates in Amherst and Northampton likely reflect the departure or lockdown of thousands of college students as well.

In 2022, focus group participants from community agencies noted ongoing transportation challenges community members face, many of which were exacerbated by COVID-19.

- Cost is a barrier for many with rising gas prices that transportation becomes unaffordable.
- Navigating public transportation systems can be challenging and confusing.
- Disruption of transportation creates challenges for people with substance use disorders, especially those that need to go to methadone clinics daily.
- Public transportation can be inaccessible for people who have a disability. This includes inaccessible or lack of accessible places when waiting for public transportation (ie, places to sit).

- Medical transport services are difficult to navigate, specifically MassHealth PT-1 transportation, in terms of scheduling requirements.

“Because a lot of patients here [...] they do have a lot of problems with transport. They either don't have enough money to do it, or they don't really know how to do it.”

2022 Basic Needs Focus Group Participant

“Actually, we have a patient today. He's been missing for the last I will say three weeks; we didn't know why he was missing his appointments, no shows, nothing later, and then we just find out his car broke...”

2022 Basic Needs Focus Group Participant

Resources to Increase Access to Housing, Food, Transportation

In addition to the Food Bank and its network of food pantries, expansion of the Supplemental Nutrition Assistance Program (SNAP) and Healthy Incentives Program (HIP), which enables access to CSA shares and farmers markets, have also provided more options for affordable healthy foods while simultaneously helping farmers increase their sustainability.

- **Springfield's Go Fresh Mobile Market** brings food to housing developments that would otherwise not be able to access fresh produce because they are in a food desert.
- Many CSAs and farmers markets have already or are attempting to expand into the fall and winter months. Food advocates mentioned the Department of Transitional Assistance (DTA) finder for HIP as user friendly and helpful to find what else is available for community members and what is in walking distance.
- Two online databases to look for resources related to basic needs are:
 - **413 Cares** - the Food Bank of Western MA is a featured partner. www.413cares.org
 - **findhelp** – a free service to search and connect to support. Financial assistance, food pantries, medical care, and a multitude of other free or reduced-cost help can be found: www.findhelp.org

STRIVE RESULTS: Perceived scarcity and availability of resources

Pretty in Pink

"Throughout the city, you see a lot of murals – you see women, you see girls, you see people of color. We're not taken care of, though. So, you're able to profit off of me or use us to make you look good. I see myself a lot more on these walls now, but I don't see us taken care of within the buildings. One of the things that I thought would be good was, for every time you see someone represented on a mural, in that same building, there should be a service, a resource, or somewhere to get information about a resource in that buildings."

-Andrea, 17





Extreme Science Kid, Carmello Stewart
Springfield, Massachusetts
Photo Credit: Denise Mari Stewart



Girls, Inc. Participant
Magic Wings Field Trip
Photo Credit: Dee Ward



Fred Rose tending to Wellspring Greenhouse
Indian Orchard, Massachusetts
Photo Credit: Baystate Health

6e. Other Prioritized Health Needs

Mental Health and Substance Use

Overview

Though mental health is commonly thought of as the absence of mental illness, 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 his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”¹⁶³

Any discussion of mental health in western Massachusetts must acknowledge the diversity of lived experience within the region and the communities served by Baystate Medical. Mental health challenges emerge in varied contexts, from rural poverty and isolation to urban disinvestment and discrimination. In both rural and urban communities, residents are resilient, yet the effects of poverty and discrimination have been passed from one generation to the next, and they continue to experience these harms today. Whether intentional or not, race and class discrimination in the delivery of care can further contribute to poor mental health, as well as other adverse outcomes.¹⁶⁴

SUDs refer to the recurrent use of drugs or alcohol that result in health and social problems, disability, and inability to meet responsibilities at work, home, or school. Mental health challenges and substance use are often intertwined and described together as behavioral health. According to the National Institute on Drug Abuse, “Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a SUD and vice versa.”¹⁶⁵

Risk factors for SUD include genetics, age at first exposure, and a history of trauma.¹⁶⁶ Substance use must also be considered in the context of historical and present day rural and urban disinvestment, poverty, racism, and discrimination. 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.¹⁶⁷

Also, predatory suppliers have heavily marketed both legal and illegal substances in Black neighborhoods and other communities of color for decades, including menthol tobacco products,¹⁶⁸ malt liquor, and distilled spirits,^{169,170} crack cocaine, and more recently, synthetic opioids.¹⁷¹ The federal war on drugs and inequitable sentencing for crack versus powdered cocaine¹⁷² contributed to the mass incarceration of people of color and stigmatized substance use addiction as a crime rather than a treatable health condition. Disparities between Black and White populations in arrests and sentencing for illegal drug use persist today, even though rates of drug use are similar.¹⁷³

The impact of the COVID-19 pandemic on mental health was widespread while also exacerbating disparities. In addition, police violence and vigilantism against people of color, threats to our democracy, and the rise of political hate speech and hate crimes, gun violence, and extreme weather brought on by the human-created climate catastrophe,¹⁷⁴ further affected mental well-being in disparate ways. National weekly Census Bureau surveys taken after the pandemic began found the greatest leaps in anxiety and depression levels were among Blacks, especially after George Floyd's murder by Derek Chauvin.¹⁷⁵ The second most affected group was Asians, whom politicians had been demonizing because the coronavirus started in China, resulting in a rise in hate crimes against this population.

"We have lost so many mental health providers – making appointments for patients is a real challenge."

Medical administrator, Community Chat

Mental Health

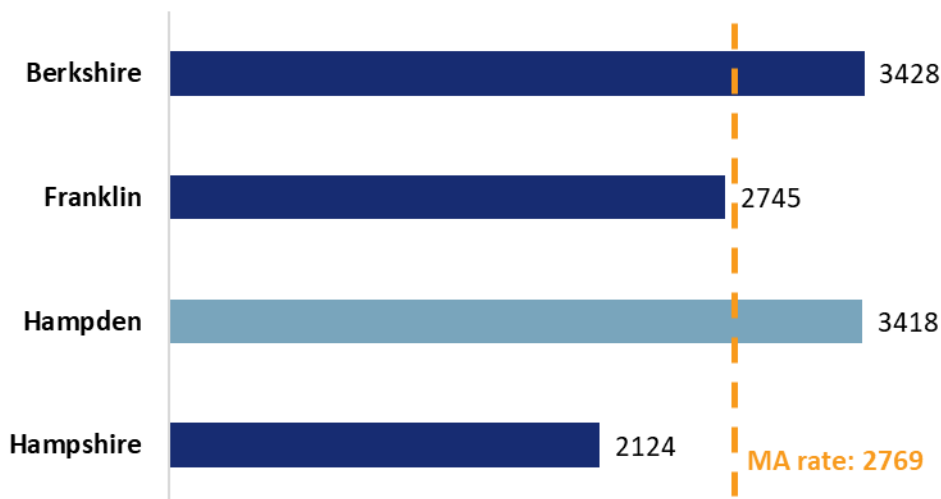
As in the 2019 CHNA, mental health continues to be a prioritized health need, and has been exacerbated by COVID-19. Prior to the pandemic, the need was already acute.

- **Adult Mental Health:** Poor mental health is one measure of need. In Hampden County, one in seven adults (15%) reported their mental health was not good for 14 days or more within the prior 30 days. This exceeded the statewide rate of 13%. Further, one in five Hampden County adults (21%) suffer from depression.¹⁷⁶
- **Emergency Department (ED) Visits:** Hampden County had the second highest rate of ED visits compared to other counties in the state (see Figure 23). Holyoke had the highest visit rates, followed by Springfield.¹⁷⁷

- **Racial Disparities:** ED visits were highest for Black residents, and lowest for Asian residents. The state did not provide data for those who identify as Latino/a/e ethnicity (see Figure 29).
- **Homelessness:** Federal agencies have documented the prevalence of mental illness among people who experience homelessness. The most recent available data for Massachusetts found that 15% of those in emergency shelters and 27% of those in transitional housing had a severe mental illness.¹⁷⁸

FIGURE 23: Mental Health Emergency Department Visits by County, 2019

Age-adjusted rate per 100,000 residents



Source: MDPH Emergency Department Visits Tables for Chronic Diseases, 2016–2019

Substance Use

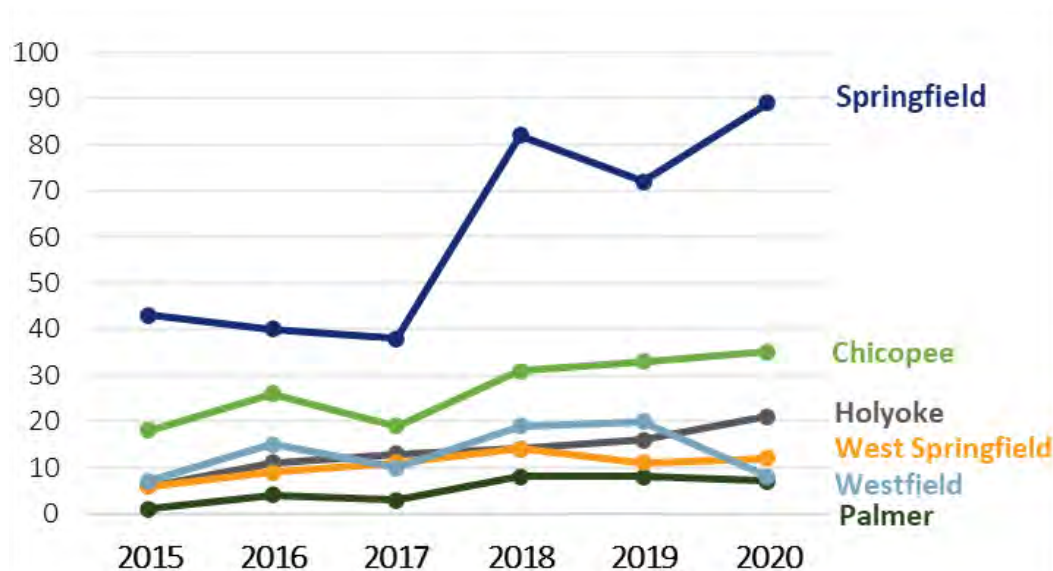
Substance use continues to be a prioritized health need in a county where 18% of adults smoke tobacco, compared to 14% statewide, and the same proportion engage in binge drinking.¹⁷⁹ An important indicator for both mental health and substance use is “Deaths of Despair,” which include deaths due to suicide, drug overdose, and alcohol-related disease (see Appendix 5). These Deaths of Despair were identified and described by economists Anne Case and Angus Deaton because of the marked increase in these causes of death over the past two decades and their impact on the US working class, especially White men.¹⁸⁰

- Between 2016-2020, deaths of despair were 65.3 per 100,000, 29% higher than the state rate (50.7 per 100,000).¹⁸¹
- These causes of death affected men at three times the rate of women in Hampden County, and the gender gap was more pronounced than at the state level.
- Compared to the state, the gap got Baystate Medical's communities served was especially wide for Latino/a/e, who had the highest rate of all groups, just exceeding the rate for Whites at 70.7 per 100,000.¹⁸²
- Thirty percent of driving deaths in the communities served by Baystate Medical involve alcohol.¹⁸³

Despite some signs of improvement in 2017, the opioid crisis has grown in the last several years across the region and especially in Hampden County.

- In 2020, Hampden County experienced the highest rate of Emergency Medical Service calls related to opioid overdoses of any county in the state.¹⁸⁴
- Tragically, the number of people who died from opioid overdose in Hampden County increased by 452% from 2010 to 2020, a higher percentage than in Hampshire and Franklin Counties and the state overall.
- A subset of communities in Hampden County has seen rises in people dying from opioid overdose since the last CHNA, especially Springfield, Chicopee, and Holyoke (see Figure 24).

On the positive side, Westfield saw a decline in opioid-related deaths, and Palmer and West Springfield held steady after an uptick in 2018.

FIGURE 24: Number of Opioid Related Deaths in Select Cities, 2015–2020

Source: MDPH, Number of Opioid-Related Overdose Deaths, All Intents by City/Town, 2015–2020

COVID-19's Impact on Mental Health and Substance Use

“Almost every aspect of health, mental health, and addiction that we look at seems to have been made much worse by COVID-19. It feels like all the systems we rely on are broken. I am worried it will be a long time before we recover from this.”

Member of a rural substance use coalition, Community Chat

The COVID-19 pandemic has acutely affected the mental health of residents as well as the availability of care in the region and communities served by Baystate Medical. Among Hampden County public health officials surveyed in 2021 for this assessment, 41% listed mental health and substance use as the most pressing health issue in their community, and it was the top ranked issue overall. A subset of those respondents also cited a shortage of mental health and substance use services.

Data from the statewide CCIS conducted in 2020 show the negative impacts of the early lockdown phase on mental health as well as substance use.

Depressive Symptoms: In Hampden County, more than one in three respondents (36%) reported 15 or more poor mental health days in the past 30 days. The rate was 37% for respondents that lived in a rural area. Respondents with disabilities and parents of children with special health care needs were disproportionately impacted, as well as the following subgroups: younger respondents (age 25 to 64), LGBTQIA+ respondents, lower income respondents, parents in general. (See Appendix 5.)

Signs of PTSD: More than one in four respondents (27%) reported experiencing three or more PTSD-like reactions to the pandemic, which include nightmares, avoidant behaviors, guilt, etc.¹⁸⁵ This was slightly higher (29%) for rural respondents.

Substance Use: Among Hampden County respondents that used any substance in the past 30 days, 41% increased their substance use compared to before the onset of the pandemic. Rates of elevated use were greatest among respondents with less than \$35,000 annual household income; LGBTQIA+ respondents; and Black and Latino/a/e respondents. The rate of reported substance use overall in the past 30 days was 57% for rural respondents versus 48% urban, with a similar disparity in alcohol use in the past 30 days (54% rural, 43% urban).

Providers who treat substance use and are themselves in recovery may have especially felt the strain of the pandemic on their own wellness. An Opioid Use Disorder Treatment Coordinator said,

“... my [own] sobriety has probably never been shakier than it has been during this time.... I ... drove by a package store for 45 minutes. Back and forth having conversations in my head, ‘Who will know? What does it matter?’ Luckily, I was up to the task, and it was just ... a waste of gas and time, but I can definitely understand people with less momentum [with recovery] struggling even harder, because I wasn't reaching out and asking for help. I haven't been going to in-person meetings, so I don't get to see these people and let them know how I'm doing either.”¹⁸⁶

Barriers to Care: While the CCIS data did not reveal a severe mental health strain for residents over 65, people at agencies that work with older adults, and public health officials, expressed concern about their isolation during the pandemic, which was often exacerbated by challenges in using technology to access care or be connected to loved ones.

In addition to increasing mental health needs, COVID-19 strained the system's capacity to meet those needs. It made worse the inequities that already caused barriers to care. The more rural towns in the communities served by Baystate Medical felt the effects of isolation and limited access to care during the pandemic.

In urban areas, residents called for providers that could offer culturally appropriate care. A Blue Cross Blue Shield of Massachusetts (BCBS) summary of focus groups in seven regions, including Springfield/Holyoke, found that structural and interpersonal racism affected access to and quality of mental health care.¹⁸⁷ BCBS focus group participants expressed frustration at the lack of responsiveness of primary care providers to behavioral health needs, as well as dearth of Spanish-speaking providers, providers of color, or those with cultural humility. Focus group participants found that fragmentation of care and lack of person-centered care was especially problematic in mental health care, adding to stress for those who are already most marginalized and resulting in untreated conditions.

"We need culturally responsive people to work with Brown and Black people, people like us who understand our culture."

Community Health Center advisor, Community Chat

Resources and Assets

At the writing of this CHNA, the behavioral health systems of care have been changing and continue to be in transition. Public health officials and Chat participants listed local mental health resources as important assets in the county but stressed the need for more of them to meet the rising demand.

- **Culturally Appropriate Care Providers:** Several providers are building their capacity to provide more responsive care. For example, Behavioral Health Network has created a Social Justice Director position. The Springfield Youth Mental Health Coalition (YMHC) is working with Wellness for the People and other organizations that are focusing their practice on communities of color.
- **Behavioral Health Facilities:** Baystate Health made the decision to consolidate behavioral health hospital services in a centralized new facility, which broke ground in March 2022. Once complete, it will replace and augment beds previously available at Baystate Health's four hospitals in the surrounding area. Mercy sold

Providence Behavioral Health Hospital to Health Partners New England (HPNE), which operates the facility under the name MiraVista Behavioral Health. Services include the Acute Treatment Service (detoxification), Clinical Stabilization Service (post-detoxification), and outpatient services, including the Intensive Outpatient Program, court-ordered services, and the Opioid Treatment Program.

- **New Statewide Systems/Models of Care:** The state administration created a Roadmap for Behavioral Health Reform¹⁸⁸ in 2021 that will offer a model to strengthen community-based care through newly designated Community Behavioral Health Centers (CBHCs) that will expand availability of outpatient evaluation and treatment.
- **Telehealth:** The pandemic accelerated the use of “telemental health,” whereby assessment and services are delivered by phone, video, or online chat. For example, during March 2020-2021, when Blue Cross reported a 9,500% increase in use of telehealth among its Massachusetts patients, more than half of those visits (54%) were focused on mental health. Also, seven in ten outpatient mental health visits were virtual.¹⁸⁹ The value of telehealth was a recurring theme in Community Chats, with appreciation for its availability as well as concern that it needs to be made more accessible. Older adults and rural residents without internet access or computer literacy, non-English speakers, those with disabilities, and individuals who do not feel safe talking about mental health issues from their home may not be as well served. Federal and state changes are easing access to telemental health beyond the pandemic, including treatment of SUDs and services provided through Opioid Treatment Programs.¹⁹⁰
- **Community Resources:** 413Cares provides a searchable website with resources related specifically to mental health: www.413cares.org/breakthestigma

Social and Economic Determinants that Impact Health

Environmental Exposures and Climate Crisis

Air pollution is associated with asthma, cardiovascular disease, and other illnesses, impacting the health of Hampden County residents. Springfield, in particular, experiences poor ambient air quality due to development, zoning, and land use decisions. These decisions resulted in multiple mobile and point sources of pollution, including a large inter-state highway, several state highways, railroad lines running through the city and directly through its neighborhoods. Additionally, many cities in Hampden County are in a valley into which air pollution travels from other sources and settles. Exposure to near roadway air pollution has a particularly detrimental impact on health with the highway and heavily trafficked roadways running through or adjacent to neighborhoods.

Asthma is discussed in more detail below under Chronic Conditions, and it remains a major prioritized health need in the communities served by Baystate Medical. Exposure to lead is a well-known health risk, connected to outcomes as varied as decreased academic achievement, lower IQ, and reduced growth in children and decreased kidney function, increased blood pressure, and hypertension in adults.¹⁹¹ With families spending more time indoors due to the ongoing pandemic, they may be at an increased risk for lead exposure.

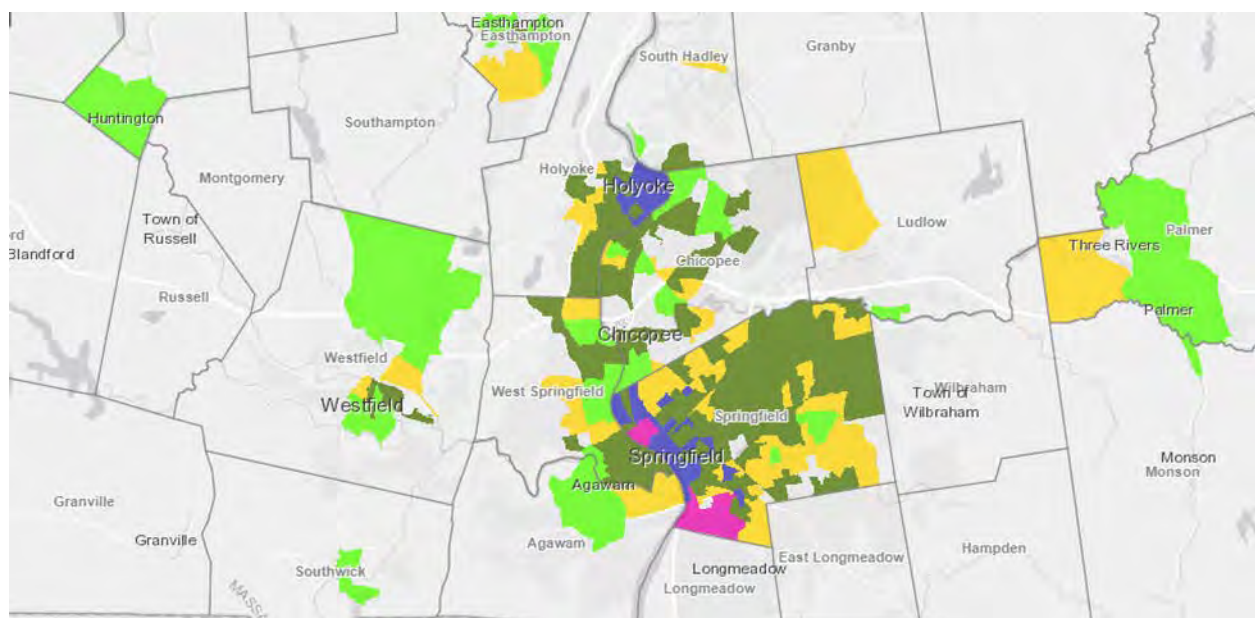
- Springfield, Chicopee, Holyoke, and Westfield were listed as 2020 high-risk communities for lead exposure by the Massachusetts Department of Public Health.¹⁹²
- From 2016-2020, Springfield had an incidence rate of 4.5 per 1,000 children (9 to 47 months) who had blood levels that were considered lead poisoning (≥ 10 $\mu\text{g/dL}$), which was 88% higher than the statewide incidence rate of 2.4 per 1,000.¹⁹³

Other environmental hazards in homes include asbestos, carbon monoxide, fire, mold and mildew, pests such as roaches and rodents, radon, and tobacco smoke.¹⁹⁴ Residents with limited incomes, and limited access to good quality affordable housing may be at greater risk of exposure to these potentially harmful housing conditions.

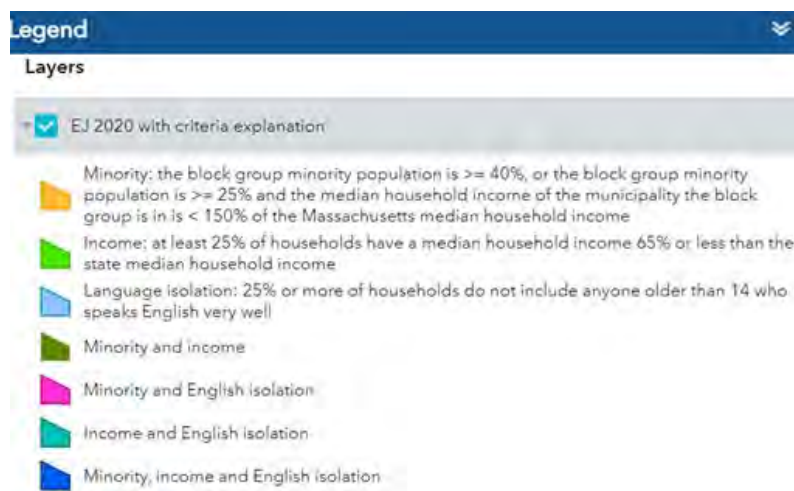
In addition, many parts of Hampden County are designated environmental justice communities. Almost all of Springfield, portions of Holyoke, Chicopee, West Springfield, and Westfield and some block groups in Agawam and Ludlow include environmental justice populations. Environmental justice communities are those identified as having

vulnerable populations that often experience disproportionate exposure to environmental hazards. They are at greater risk of exposure because it has been easier for polluting industries to site their installations in communities of color. The state of Massachusetts' Executive Office of Energy and Environmental Affairs established an Environmental Justice policy that aims to reduce potential added environmental burdens on Environmental Justice Communities in Massachusetts, specifically focusing on neighborhoods that have a large percentage of low-income, people of color, or non-English speaking populations.

FIGURE 25: Massachusetts Environmental Justice Populations, 2020



Source: MA Executive Office of Energy and Environmental Affairs, *Environmental Justice Populations in Massachusetts, 2020*



The climate change crisis is already having impacts including rising temperatures, increased precipitation and flooding, and extreme weather events that will negatively affect the health of a large number of residents, including those with asthma, COPD, stroke, hypertension, diabetes, obesity, and depression. Low-income populations, communities of color, older adults, people with disabilities, and immigrants have also been identified as vulnerable to negative impacts of natural disasters and climate change.¹⁹⁵

Increased heat perhaps represents the greatest threat to public health brought on by climate change. Between 1991 and 2005, Springfield averaged 6.35 days over 90 degrees per year. By 2030, the Massachusetts Department of Public Health projects Springfield will have 18.13 over 90-degree days each year, a sharp increase. Within 20 years, which estimate rises to 29.18 days per year.¹⁹⁶ As days with extreme heat become more commonplace, hospitalizations due to heat stroke may increase. Lower income residents will be most vulnerable as they may not be able to afford air conditioning. The state also anticipates a rise in illness and death due to cardiovascular disease and renal failure because of increased heat.

Air quality will also suffer. Longer, more extreme, and more frequent periods of extreme heat will beget increases in pollen production, ozone, and particulate matter. These conditions will exacerbate the region's already notable incidence of asthma (see "Health Outcomes" section below) as well as other respiratory conditions.

Along with increased heat, increased precipitation will contribute to declining public health through its effect on the natural environment. Between 1995 and 2001, Springfield experienced an average of 5.76 days annually of rainfall exceeding one inch. By 2050, that amount is projected to increase to 6.95 days on average.¹⁹⁷

Though not as dramatic as the expected increase in temperature, increased precipitation is a foreboding prospect for the region. A hotter and wetter climate will make the region more hospitable to disease-bearing pests, such as ticks and mosquitos. Greater rainfall exposes residents to not only greater risk of property damage and loss of value due to floods but environmental hazards that accompany water damage, such as mold and contamination.

Barriers to Accessing Quality Health Care

A number of barriers to health care are referenced throughout this report, and they continue to be prioritized health needs. The limited availability of providers has become an acute crisis in the mental health field, and further exacerbated by the pandemic. Other barriers discussed below include health insurance and need for financial assistance, need for transportation, need for culturally sensitive care, health literacy and language barriers, and lack of care coordination.

Lack of access and availability of health care providers continues to be a prioritized need for the communities served by Baystate Medical. Several factors affect a resident's ability to receive high quality, affordable health care when they need it. These include insurance coverage; availability of health care professionals who may or may not take that insurance; the degree to which providers communicate with each other to coordinate care; mobility needs; and access to transportation. Many of the barriers that Hampden County residents faced in accessing health care in 2016 and 2019 are still prioritized needs in 2022. The limited availability of health care providers was already problematic, but it became acute during the COVID-19 pandemic.

Unfortunately, residents with limited incomes, rural residents, Black and Latino/a/e residents, LGBTQIA+, those with a disability, and others often face additional barriers that can further limit their access to providers. These may include lack of income and wealth to purchase insurance or see providers who don't take insurance, unconscious bias among providers, and lack of access to care that is culturally and linguistically appropriate. Many of these barriers are rooted in health care policies and practices in the US. For example, the inability of the federal government to negotiate pharmaceutical prices with companies has made prescriptions in the U.S. more expensive than in most other countries, putting patients without adequate income or good insurance coverage at a disadvantage.

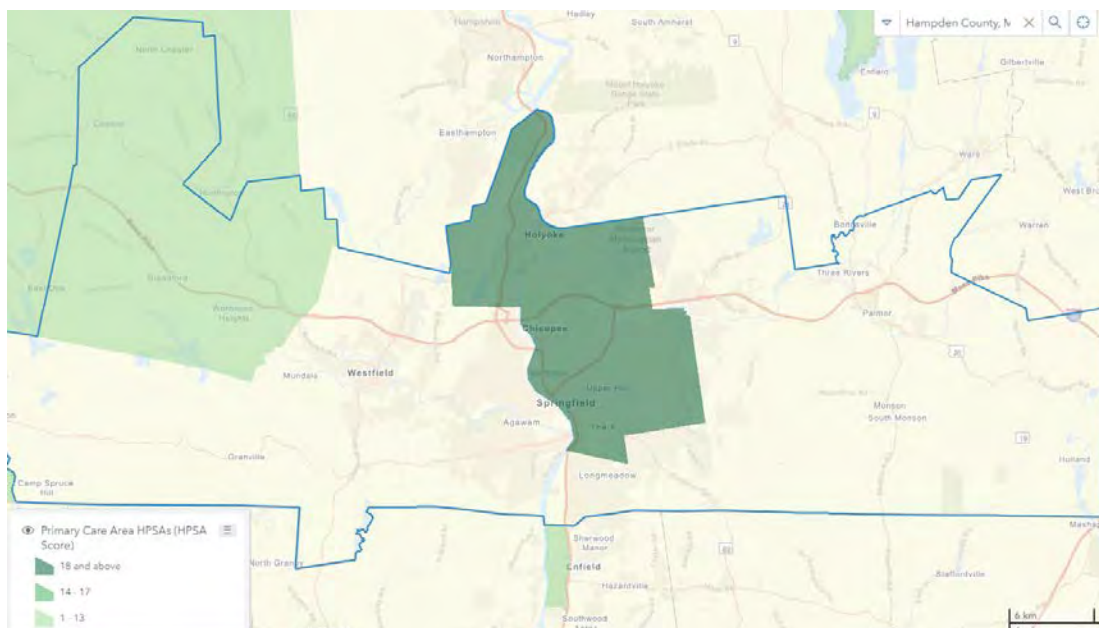
Key Findings on Availability of Providers

Springfield, Holyoke, and Chicopee, and to a lesser extent, the rural northwestern part of the county, continue to experience provider shortages and are designated as Health Professional Shortage Areas (HPSAs) (see Figure 26).

In addition, key informants reported that systemic issues continue to create challenges in accessing certain types of providers.

- **Health insurance** is one major hurdle, with its complexity, cost, and disparities in coverage. For example, many psychiatrists do not accept health insurance – and this may vary whether private, Medicare, or Medicaid,¹⁹⁸ in part because of low reimbursement rates, making access prohibitive for residents who need services.
- **Culturally and linguistically competent providers** are in short supply. BCBS focus group members described patients who feel unheard, dismissed, misunderstood, and ultimately powerless in their interactions with healthcare providers. They believe both frontline health workers as well as administrators and those in power should better reflect the communities being served.
- **Disconnected care systems are hard to navigate.** People experiencing homelessness face unique challenges accessing providers or having a consistent “medical home.” This causes many unhoused patients to seek care in hospital emergency departments,¹⁹⁹ because they have no alternatives. In a Community Chat in Springfield, one participant noted that people cannot attain their health goals if they are unhoused or housing insecure. This person praised the role of community health workers (CHWs) as an important asset to the community, and they asked for greater collaboration across agencies to foster healthier populations.

FIGURE 26: Health Professional Shortage Areas in Hampden County for Primary Care, 2020



Source: US Health Resources & Services Administration (<https://data.hrsa.gov/maps/map-tool/>).

Note: A higher HPSA score indicates greater shortage of providers.

Impact of COVID-19 on Availability and Access to Providers

In a regional survey of health officials, 35% of Hampden County respondents cited the limited availability of providers as the most pressing health issue facing their community. Many other sources consulted for this report expressed concern about the shortage of providers. Several facets of the COVID-19 pandemic affected access to providers. Once the country went into lockdown to reduce transmission, most health care providers temporarily ended all non-emergency care. Many tried to pivot to telehealth, which is described in more detail below, but still had limited capacity as providers scrambled to deal with the fallout of the pandemic on their own lives.

The pandemic also resulted in a phenomenon dubbed the Great Resignation, in which millions of Americans left their jobs and were not easily replaced, resulting in massive labor shortages in some fields. Their top reasons for leaving were not necessarily pay, but toxic work environments, job insecurity, high levels of innovation, failure to recognize performance, and poor response to the pandemic.²⁰⁰ The Great Resignation placed a strain on frontline health workers in particular and has caused staffing shortages throughout the medical system. Many sources consulted for this report expressed concern about the shortage of providers.

CCIS data help us better understand the impact of the pandemic on those seeking care in 2020. Barriers reported by respondents included long wait times, appointment cancellations, and potential COVID-19 exposure.

- One in six respondents that sought healthcare during the pandemic reported not receiving care due to barriers presented by COVID-19. The rate was similar among rural respondents.
- More than half of respondents experienced delays in routine care and 1 in 5 had delays in urgent care.
- Among respondents that spoke a language other than English at home, almost 30% worried about getting needed medical care and treatment for themselves or their families.

The proportions of respondents that experienced delays in needed health care were higher among subgroups that often experience other healthcare barriers such as accessibility, discrimination, and bias: LGBTQIA+ respondents; people with disabilities; parents overall; parents of children with special health care needs.

Advances in Telehealth

Since the last CHNA, telehealth – the provision of care by phone, online chat or video – has emerged as a critical way for patients to access providers. Massachusetts was already experiencing rapid growth in the use of telehealth services before COVID-19, but primarily for female patients in their 20s and 30s seeking psychotherapy.²⁰¹ The onset of the pandemic in early 2020 led the Massachusetts legislature to pass legislation (Chapter 260 of the Acts of 2020) to create a framework allowing for telemedicine to be delivered and reimbursed for most public and private plans on par with in-person visits.²⁰² These changes led Massachusetts to become a major adopter of telehealth, quickly surpassing other states.

It is difficult to find local telehealth data broken out demographically. The statewide FQHCs reported that close to half of telehealth patients were people of color: 52% were White, 31% were Latino/a/e, 21% were Black, 6% identified as more than one race, 5% were Asian/Pacific Islander, and 1% were Indigenous.²⁰³

Barriers persist that may exacerbate disparities in who receives care. Telehealth depends on access to digital technology. Geographic location and affordability of internet service are two potential factors affecting ability to use such technology. Among CCIS respondents living in rural areas, almost one in four were worried about their internet access.

Cultural and linguistic barriers can also pose access issues for telehealth. The BCBS focus group participants said that having to access health information in written form or through online portals, which may be hard to navigate or access, creates inequities. In the CCIS survey, 24% of respondents who spoke a language other than English worried about their internet access. Respondents of color and those with a disability also were more likely to be worried about internet access compared to Hampden County respondents overall.

Key informants on youth mental health noted that many youth are adept at using online platforms to access care and find it easier than going in person. The FQHC Telehealth Consortium leaders see positive signs in their data that telemedicine is helping reduce health inequities faced by Medicaid patients, especially patients of color. That said, they still see the need to address the digital divide in communities served by FQHCs.

Resources to Increase Access and Availability of Providers

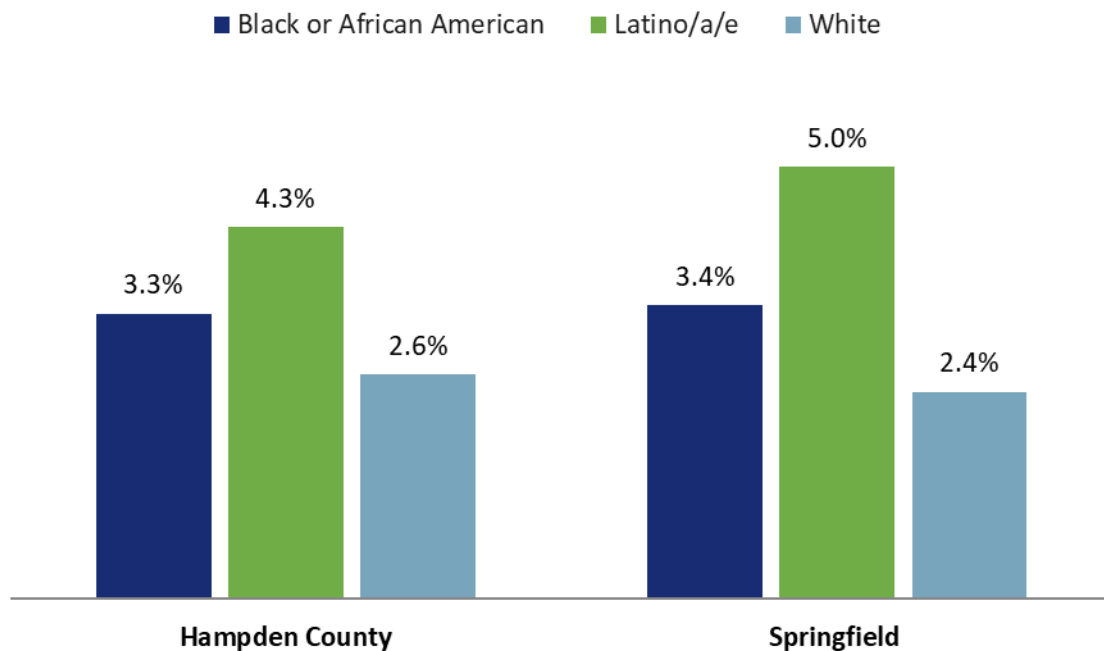
- Hospitals typically have an online resource and/or office that assists patients with finding the right provider and accessing insurance if needed. For example, CareConnector is a 24/7 virtual assistant that can help with symptom screening, virtual visits, patient navigation, and getting questions answered.
- Another tool available in Hampden County is 413Cares, an online database with community resources of all different types. Residents who need help finding a health care provider can go to the 413Cares website (<https://413cares.findhelp.com/>) and search for “health care” and their zip code.
- There are also many healthcare referral agencies, which are listed in the appendix, as well as agencies that serve individuals who are unhoused and can help them access health care.
- Innovative recent efforts to triage care for Springfield residents without stable housing offer a model to improve access to health providers while reducing the strain on emergency rooms, which have been periodically overwhelmed with COVID-19 cases.

Barriers to Accessing Care

- **Insurance:** While 96.5% of Hampden County residents are covered by health insurance,²⁰⁴ the ability to navigate both what health insurance will cover as well as the medical care systems continue to be barriers to accessing quality health care.
 - 36.16% of the insured population in Hampden County are Medicaid beneficiaries, as compared to the statewide percentage of 23.45%.²⁰⁵
 - The percentage of the population that is uninsured in Hampden County is 3.14%, which is 15% higher than the statewide average of 2.72%.²⁰⁶
 - As seen in the figure below, in all populations except for non-Hispanic White populations, there is a greater percentage of uninsured populations in Springfield as compared to Hampden County.

- **Financial assistance** was also identified as a need. Despite high rates of residents covered by health insurance, the cost of health care co-pays, deductibles, tests, and medication is a barrier for many to having optimal health, including those who are above the eligibility threshold to receive Medicaid but still make limited incomes. Beyond the costs of portions of health care that insurance doesn't cover, additional costs include programs, equipment, physical activities, and alternative therapies such as acupuncture that are typically not covered by insurance but are suggested by medical providers and help patients. The high cost of home care for people with disabilities impacts the quality and quantity of those services. Older adults can fall into a gap where they are too young or have too much money to qualify for services they need, yet they cannot afford to privately pay for these services.
- **Transportation** has been consistently identified as one of the top barriers to accessing medical care in previous CHNAs and continues to be a large barrier. Public health officials and other informants indicated that transportation to get to medical appointments is a particularly difficult issue for children and adults living with disabilities, older adults, and limited income populations. Recent focus group participants shared some transportation challenges for community members included rising costs of gas, confusion navigating public transportation and medical transport such as MassHealth PT-1, disruption of transportation services, and inaccessibility for those living with a disability. Telehealth offers one potential avenue to overcome this barrier for some types of care.

FIGURE 27: Uninsured Population by Race/Ethnicity in Hampden County and Springfield, 2015-2019



Source: U.S. Census Bureau, ACS, 2015-2019.

Notes: Data for Native Hawaiian and Pacific Islander populations is 0% for Hampden County and not available for Springfield. Data for White residents is among those reporting White non-Hispanic. AI/AN is abbreviated for American Indian/Alaskan Native

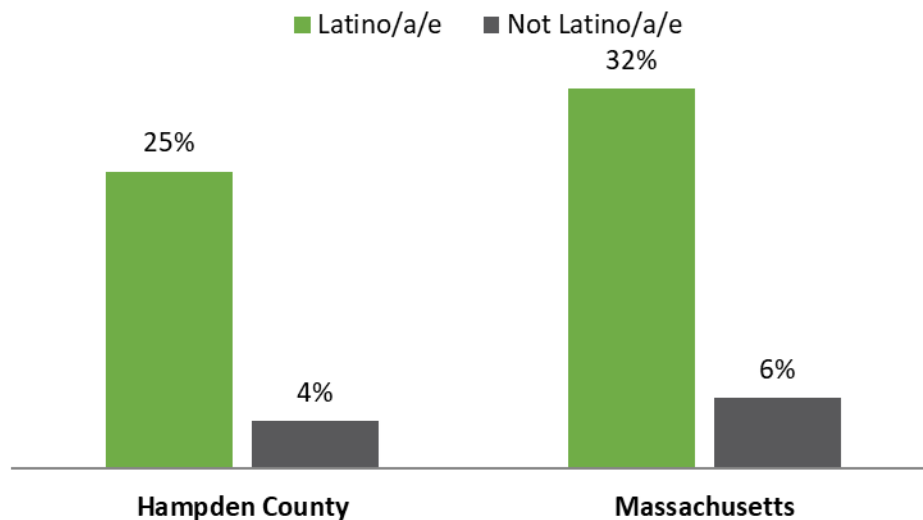
- Health Literacy and Language Barriers:** Related to the need for culturally sensitive care is the need for care that is language appropriate as well. Language barriers can create multiple challenges for both patients and health care providers and was previously identified as a need. Increasing availability of interpreters as well as translation of health materials are specific actions that health care institutions can help to address this barrier. When populations are unable to speak English, and they cannot find providers that speak their language or offer simultaneous translation services, this can create barriers to accessing healthcare, understanding their provider, and achieving health literacy. Health literacy is the capacity for an individual to find, “communicate, process, and understand basic health information and services to make appropriate health decisions”.²⁰⁷

The refugee and immigrant populations in Hampden County makes for an increasingly diverse linguistic population and in Hampden County, 9.1% of the

population five years of age and older have limited English proficiency, compared to 9.23% in Massachusetts.²⁰⁸

As shown in the figure below, 25% of populations that identify as Latino/a/e have limited English proficiency as compared to 4% of populations that identify as non-Hispanic Latino/a/e in Hampden County.²⁰⁹

FIGURE 28: Population 5+ with Limited English Proficiency by Ethnicity in Hampden County and Massachusetts, 2015-2019



Source: US Census Bureau, ACS, 2015-2019. Source geography: Tract.

Health Outcomes

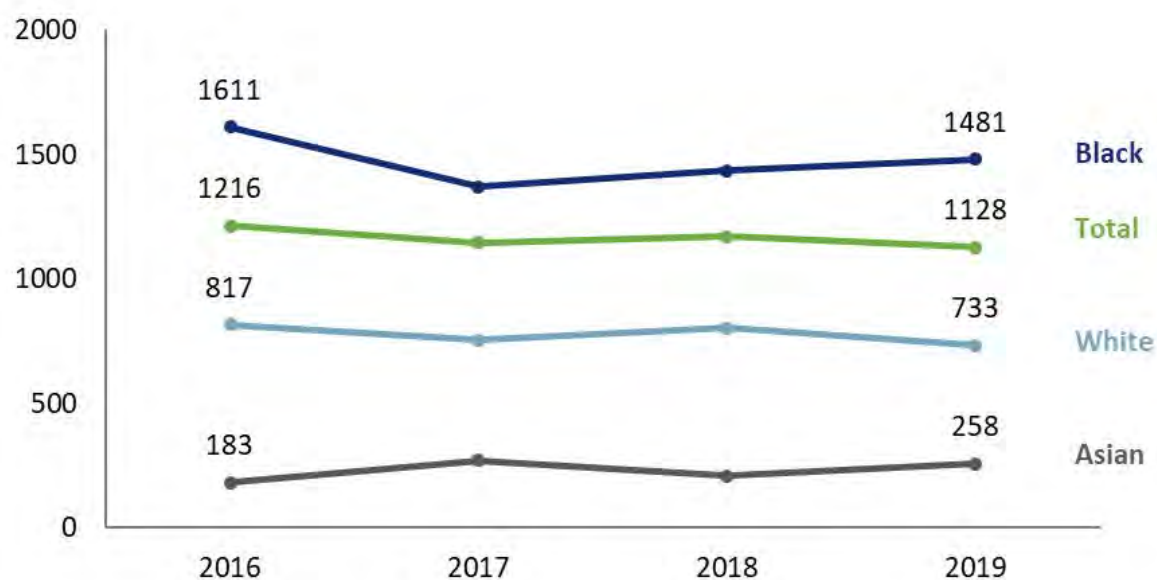
Chronic health conditions

A chronic health condition is one that persists over time and typically can be controlled but not cured. Chronic health conditions continue to remain an area of prioritized health need for Hampden County residents. Residents continue to experience high rates of chronic health conditions and associated morbidity, particularly for obesity, diabetes, cardiovascular disease, cancer, and asthma.

As with other health needs described in this CHNA, there are racial and ethnic disparities for many chronic diseases. Systemic racism and endemic poverty affect access to quality health care, stress levels, exposure to environmental toxins, access to healthy foods, and opportunities to exercise – all factors that influence chronic disease and how well it can be managed.

Asthma: Hampden County residents continue to be impacted by asthma with ED visit rates more than two times that of the state in 2019 (1,128 vs. 518 per 100,000, respectively) and hospitalization rates over 70% greater (145 vs. 84 per 100,000 respectively).²¹⁰ Within Hampden County, there were large differences in ED visit rates for asthma among races. In 2019, the most recent year in the data set, Black residents of Hampden County visited the ED for asthma at a rate double that of White residents. Asthma related ED visits rose for Black residents since the last CHNA, whereas they declined or held steady for other racial groups. The state did not provide 2019 data on Latino/a/e visit rates, but in the last CHNA, rates for ED visits by Latino/a/e residents were double visits among Black residents (2617 per 100,000 vs. 1310). The disparities were even more extreme for Latino/a/e pediatric ED visits.²¹¹

FIGURE 29: Asthma Emergency Department Visits by Race in Hampden County, 2016 – 2019
Age-adjusted rate per 100,000 residents



Source: MDPH Hospital Visits, State Tables

COPD: Chronic Obstructive Pulmonary Disease (COPD) is chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. More familiar terms such as chronic bronchitis and emphysema are no longer used but are included within COPD. In 2019, the age adjusted COPD hospital admission rate in Hampden County was 167.3 compared to 171.6 in the Quaboag Valley rural cluster and 76.6 in the Hilltowns rural cluster.²¹²

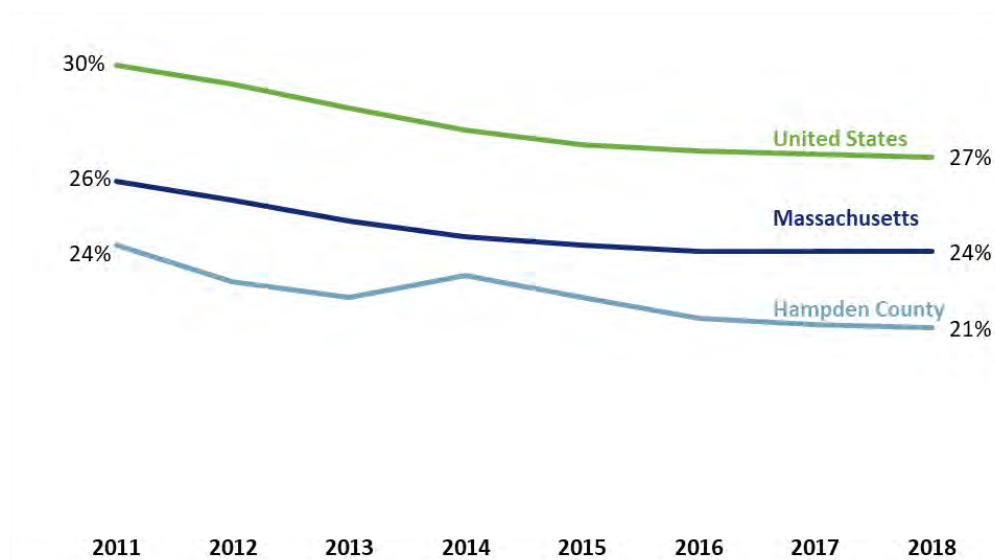
Obesity: Obesity is a national epidemic and contributes to chronic illnesses such as cancer, heart disease, and diabetes. Obesity can impact overall feelings of wellness and mental health status, which can be compounded by weight discrimination and body shaming. A healthy diet and physical activity play an important role in achieving and maintaining good health. Yet many systemic factors contribute to obesity, including availability and access to healthy foods and safe places to be physically active. The percentage of adults who have obesity has remained relatively the same since the last CHNA, at 31% in Hampden County compared to 25% statewide.²¹³ The 2019 Springfield Youth Health Survey reported 28% of youth with disabilities were obese and 23% were overweight. A 2021 Centers for Disease Control and Prevention (CDC) study found that youth gained weight more rapidly during the pandemic compared to a period preceding the pandemic. The biggest increases were among those who were already overweight or obese, and younger school-aged children.²¹⁴

Cardiovascular disease: cardiovascular disease (CVD) includes diseases that affect the heart and blood vessels, including coronary heart disease, angina (chest pain), hypertension, heart attack (myocardial infarction), and stroke.

- As of 2018, about one in five (21.2%) of Medicare fee-for-service beneficiaries in Hampden County has ischemic heart disease (23.7% statewide) and over half (55.7%) had high blood pressure (55.9% statewide).²¹⁵
- As of 2019, the most recent year of data available for the rural clusters, the age-adjusted cardiovascular disease hospital admissions rate for Quaboag Valley rural cluster was 1,141 and 880 for the Hilltowns rural cluster, compared to the state average of 1,189. The age-adjusted stroke hospital admissions rate in 2019 in the Hilltowns rural cluster was 172.8 per 100,000²¹⁶ (see Figure 32).
- As shown in Figure 31, the age-adjusted heart disease ED visit rates in Hampden County between 2016 and 2019 for Black populations is more than double that of White populations (641 vs. 1,304.8) (rates for Latino/a/e populations were not provided).

FIGURE 30: Medicare Populations with Heart Disease in Hampden County, Massachusetts, and the United States, 2011-2018

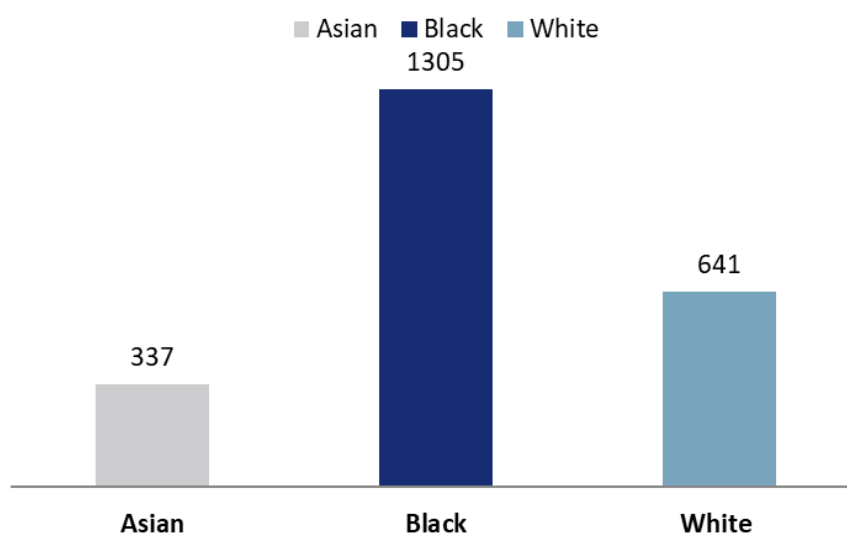
Age-adjusted rate per 100,000 residents



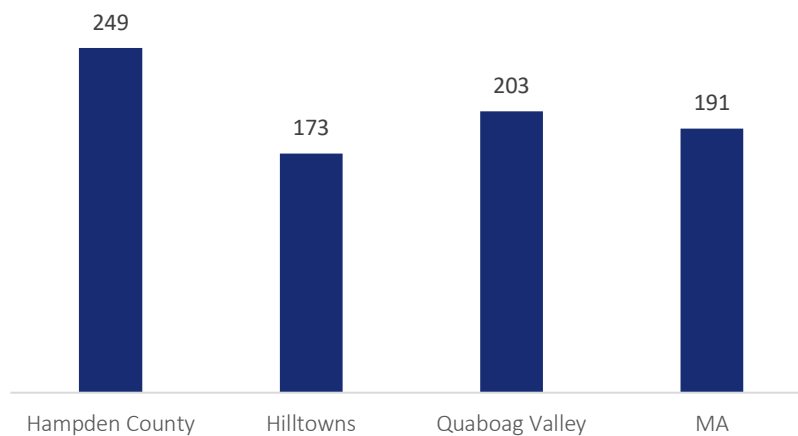
Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File. 2018. Source geography: County

FIGURE 31: Heart Disease Emergency Department Visits by Race in Hampden County, 2016-2019

Age-adjusted rate per 100,000 residents



Source: MDPH, Hospital Admissions, State Tables, 2016-2019. Age-adjusted per 100,000.

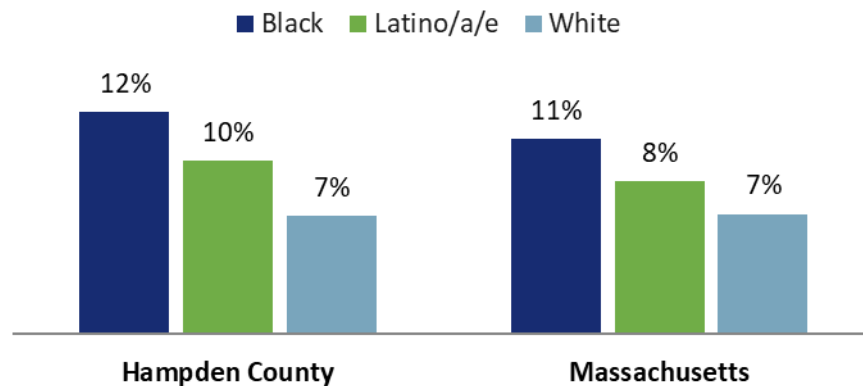
FIGURE 32: Stroke Hospitalizations by County, Rural Clusters, and Massachusetts, 2019*Age-adjusted rate per 100,000 residents***Source:** MDPH, 2016–2019 Case Mix Data. Rural Cluster Data.

Cancer: Cancer was the leading cause of death for Massachusetts residents in 2019, with the highest rates seen in White residents at 144 per 100,000 and the lowest seen in Asian residents at 91 per 100,000.²¹⁷ Advancing age is the most important risk factor for cancer and between 2010–2019, the population ages 65 and older experienced a 22.9% increase in Hampden County and an even larger increase of 44% and 49% increase in Hampshire and Franklin County, respectively.²¹⁸

In terms of hospital admissions, in 2014 the age-adjusted cancer hospital admission rate was 329 and 332 for the Hilltowns and Quaboag Valley rural clusters respectively, which were both higher than the Hampden County rate of 316 per 100,000.²¹⁹ More recent data are not available. The colon and rectum cancer incidence rate between 2014–2018 was 37 per 100,000 in Hampden County, which was similar to the statewide average of 35 per 100,000.²²⁰ Breast cancer incidence rates between this same time period in Hampden County were 131 per 100,000 which were also similar to the statewide average of 137.²²¹

Diabetes: An estimated 10% of Hampden County residents have diabetes (9% statewide).²²² The vast majority of diabetes is Type 2 diabetes, which is one of the leading causes of death and disability in the U.S. and a strong risk factor for cardiovascular disease. We see inequities in who is experiencing the highest rates of serious illness and complications from diabetes, with greater hospitalization rates among Black patients compared to White patients.²²³

FIGURE 33: Low Birth Weight, Percent by Race/Ethnicity in Hampden County, and Massachusetts, 2013-2019



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019. Source geography: County

Infant and Perinatal Health: Infant and perinatal health risk factors continue to affect Hampden County residents, causing poor maternal and infant outcomes. Preterm birth (<37 weeks gestation) and low birth weight (about 5.5 pounds) are among the leading causes of infant mortality and morbidity in the U.S., and can lead to health complications throughout the lifespan.²²⁴ Early entry to prenatal care and adequate prenatal care are crucial components of health care for pregnant women that directly reduce poor birth outcomes, including preterm birth, low birth weight, and infant mortality (infant death before age 1).²²⁵ Smoking during pregnancy is a risk factor that increases the risk for pregnancy complications and affects fetal development.²²⁶

- The percentage of low-birth-weight births in Hampden County is comparable to the statewide rate (8%), but we see Non-Hispanic Black and Latino/a/e women experiencing inequities²²⁷ (see Figure 33).
- The infant mortality rate in Hampden County between 2013-2019 was 5.2 per 1,000 live births, which is 30% higher than the statewide average of 4.0.²²⁸

One of the starkest health disparities in the U.S. today is related to maternal death and infant death. Black women are up to four times more likely than White women to die from a pregnancy-related cause.²²⁹

Sexual Health: While great strides have been made to reduce teen birth rates in Hampden County, high rates of unsafe sexual behavior remain a concern in Hampden County. From 2017-2019, Hampden and Suffolk County had roughly two times the rate of confirmed gonorrhea cases as compared to other counties in the state.²³⁰ The rate of the population with HIV/AIDS in Hampden County is 492 per 100,000, which is more than 30% higher than the statewide rate of 349.²³¹

STRIVE RESULTS: Stigma and Shame Hinder Adolescent Sexual and Reproductive Health (ASRH)

Unknown Help

"...The stigma is so rampant and so reinforced that people aren't making use of the resources. Because there's a stigma of going into the clinic, same as when there's protestors outside the clinic, they make you embarrassed to go in. Cause [org], it's not just a needle exchange, it's sexual and reproductive health, birth control help, all testing, they help people with birth control and breast feeding, they set up appointments, everything having to do with that and giving out contraceptives. All for free, too"

-Michael, 22



Alzheimer's Disease and Dementia: Alzheimer's disease is the most common form of dementia and accounts for 60-80% of dementia cases. More than 6 million Americans are living with Alzheimer's and between 2000 and 2019, deaths from Alzheimer's increased by 145%.²³² COVID-19 has also had an effect on Alzheimer's, as preliminary reports from the CDC indicate that there were approximately 16% more deaths in 2020 from Alzheimer's and other forms of dementia as compared to the five-year average before 2020.²³³ Of the total population in Hampden County, 17% is 65 years and older. Between 2010-2019, this population has grown by 23% and is expected to continue to increase as the population ages.²³⁴

- An estimated 11% of Medicare Fee For-Service Beneficiaries in Hampden County have Alzheimer's disease, which is comparable to the statewide rate.²³⁵

- People with dementia, including Alzheimer's, were at elevated risk for infection and death from COVID-19, likely due to increased risk from living in nursing homes, which were at increased risk of outbreaks as a congregate care setting.²³⁶

BAYSTATE MEDICAL CENTER

7. Priority Populations

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

7. Priority Populations

The priority populations identified through the 2019 CHNA continue to be priority populations for the 2022 CHNA because of disparities in social determinants of health, access to care, and/or high rates of health conditions.

Available data indicates that children and youth, older adults, Latino/a/es, and Blacks experience disproportionately high rates of some health conditions when compared to that of the general population in Hampden County. Children experienced high rates of asthma and obesity. Teens experienced higher rates of STIs and poor birth outcomes. Older adults had higher rates of hypertension and asthma. Latino/a/es and Blacks experienced higher rates of hospitalizations due to asthma, stroke, cardiovascular disease, diabetes, and also experienced poor birth outcomes and lower rates of prenatal care.

With regard to mental health and substance use disorder, data indicates increased risk for youth for depression, substance use, and suicide. In particular, girls have higher rates of some types of substance use and LGBTQIA+ and transgender youth have particularly high rates of depression and suicide. Older adults are at risk for substance use disorder. Data continues to show that in Hampden County, Latino/a/es in particular have much higher rates of mental health hospitalizations and substance use emergency department visits. Others at risk include women, who have higher rates of mental health hospitalization, people reentering society after incarceration who are at high risk for overdose, and people with dual diagnoses. People experiencing homelessness have high rates of severe mental illness and substance use disorder.

When considering those with disproportionate access to the social determinants of health, the Latino/a/e and Black population experience a host of inequities, including that of poverty, unemployment, income, educational attainment, interpersonal and institutional racism, affordable and safe housing, and access to transportation and healthy food. Youth were identified as at risk with regard to childhood poverty and gun violence, and older adults experience needs in affordable housing, income, and social isolation. People with lower incomes experience poverty, unemployment, income concerns, lack of access to affordable and safe housing as well as poor housing conditions, and lack of access to transportation and healthy food. People with disabilities tend to have higher rates of poverty and lower levels of education, and in Hampden County, people living with a disability have more than double the rate of poverty as those with no disability. Women

earn less than men and have high rates of experiencing interpersonal violence and trauma. People who have been involved in the criminal legal system have barriers to housing and employment, and experience stigma and trauma. People with mental health and substance use disorders experience stigma and homelessness at higher rates. Community Forum participants encouraged inclusion of immigrants and refugees, who face challenges to behavioral, cultural, and structural determinants of health.

Geographic Areas of Concern

Springfield, Holyoke, and occasionally Chicopee had consistently higher rates for the majority of health conditions identified as prioritized health needs. These communities also disproportionately experience numerous social and economic challenges which contribute to the health inequities. These communities include the largest proportions of residents of color, so health inequities experienced by these communities contribute to the many racial and ethnic disparities observed in Hampden County.

BAYSTATE MEDICAL CENTER

8. Actions Taken by Baystate Medical

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

8. Actions Taken by Baystate Medical

The CHNA conducted in 2019 identified significant categories of health needs within the communities served by Baystate Medical. Those needs were then prioritized based on the magnitude and severity of impact of the identified need, the populations impacted, and the rates of those needs compared to referent (generally the state) statistics.

Additionally, Baystate Medical's resources and overall alignment with the health system's mission, goals, and strategic priorities were taken into consideration. It was determined that the hospital could effectively focus limited resources on select prioritized health needs. The full Strategic Implementation Plan (SIP) for 2020-2022 can be found here: <https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>. For the purposes of the SIP, five focus areas and goals were prioritized, including education, mental health, and substance use, built environment, financial health, and violence and trauma.

In 2020, the year immediately following the completion of the 2019 CHNA and development of the 2022-2025 SIP, our world was turned upside down by the COVID-19 pandemic. Baystate Medical's CBAC pivoted to virtual meetings and continued to meet monthly and oversee the awarding of grant funding to select partners through the Better Together Grant Program request for proposal processes (in 2021 and 2022) to further address health needs identified in the 2019 CHNA. The section below provided additional details about the various initiatives undertaken and investments made by Baystate Medical to address the priorities identified in the previous CHNA.

Education

- **Baystate Springfield Educational Partnership (BSEP):** In 2020 and 2021, BSEP engaged 285 and 203 high school students, who attend public, private, or charter schools in the Springfield area. BSEP successfully administered several programs to high school students. These programs included an online workshop focused on COVID, mental health support, and how hospital activities have changed; summer workshops focused on pathology; internships and professional training at BMC; work placements under the Workforce Innovation and Opportunity Act and other funded initiatives; research opportunities with the Pioneer Valley Life Sciences Institute focused on Breast Cancer; and the online Baystate Summer Academy for undergraduate students. BSEP

awarded scholarships to former program participants. Annually, Baystate Health awards up to \$25,000 in educational scholarships to BSEP alumni. Throughout its history, Baystate has awarded more than \$775,000 in scholarships. Finally, in FY 20, the second-level public health class created a public service announcement (PSA) on social isolation. The PSA was completed in partnership with Focus Springfield, a local public access television station. In FY 21, the second-level public health class did the same project in partnership with Focus Springfield, but with a focus on the COVID vaccine.

- **Community Liaison and Outreach Specialist (CLOS), based at Baystate Mason Square Neighborhood Health Center (BMSNHC):** identified unmet community needs and facilitated programs to address them. The CLOS serves on the Mason Square Community Center's Community Advisory Board (CAB) and works with other relevant stakeholders to organize programs for the Mason Square community. The CLOS facilitates several programs every year to provide resources and educate residents of the Mason Square Community. Even with the disruption of the pandemic and statewide shutdown, the CLOS worked to continue to bring services to the community, including educational events in honor of HIV/AIDS Awareness Month, Child Health Month, National Diabetes Awareness Month, Healthy Heart Month, Nutrition Awareness Month, and Colon Cancer Awareness Month. There were 20-70 participants at each event. The Annual Mini Great American Smoke Out fair was held in partnership with the Springfield Health and Human Services Tobacco Program.
- **Baystate Health Sciences Library Patient and Consumer Health Information Services:** has continued success since combining the Baystate Health Sciences Library and consumer health information service. Before the statewide shutdown, usage was consistent with the previous year. A section of the library is designated as the Consumer Health Information Space. This area houses newsletters, popular health-related books, videos, and the graphic medical collection. As the physical space has been inaccessible due to COVID, the "Ask a Librarian" patient portal has been the primary access point. This service allows patients and other community members to contact the library through either phone, email, or mail to still get access to critical information despite the limited access to the physical location. In the wake of the COVID-19 pandemic, the Consumer COVID-19 Subject Guide was created to provide accurate information to patients and community members. This guide was compiled from non-commercial sources and mostly relied on information from the CDC, MA DPH, WHO, and other trusted sources. This guide combated both fear and

misinformation and provided a source for community members to get important information about COVID.

- **Population-based Urban and Rural Community Health Program (PURCH):** A medical school curriculum track at the University of Massachusetts Chan Medical School. PURCH aims to train medical students using a population health lens and is informed by a community-based experience. In 2021, there were 15 PURCH graduates, with nine remaining in Massachusetts. The demographic breakdown based on how students identified is 11 White, 1 Black, 1 Chinese, and 1 graduate who chose not to self-identify. In 2022 there were 27 graduates, with 18 staying in MA and two continuing at Baystate. The demographic breakdown is 21 white students, two identified as Asian, two identified as Chinese, one identified as Indian, and one identified as other. In 2021, the PURCH Give Back program was developed in response to students recognizing there is often a shortage of resources at community-based organizations. The program partners with Baystate Health's Office of Government and Community Relations (OGCR), which allows students to provide financial support to community-based organizations and initiatives through earmarked Baystate Health community benefit funding. PURCH students work with community-based organizations and may identify a need, whether it is emerging, current, or urgent. Once a need has been identified, students can write and submit a proposal for funding that addresses the organizational or programmatic need and how it would address a social determinant of health. The first Give Back Program Grant recipient was an initiative called "Rainbow Kitchen." The program aimed to provide a new LGBTQIA+ residential living facility with healthy cooking classes in partnership with Tapestry Health.
- **Springfield Healthy Homes:** worked with PHIWM to educate families flagged as at risk for asthma through visits to Baystate Health. With other community partners, PHIWM implemented a system to allow health care and community organizations to screen for asthma and, if appropriate, screen their homes for potential triggers. As a result of the program, Asthma exacerbation incidents have decreased. Emergency room use for Asthma incidents continues to be tracked. In 2020, Springfield Healthy Homes and PHIWM partnered with Square One to expand the program to include lead abatement.
- **The Pioneer Valley Asthma Coalition:** Worked with PHIWM and Yale University to raise awareness about air quality and enhance Healthy Homes' strategies to combat asthma. In 2021, there was also success in implementing an air-sensor network called

the Pioneer Valley Healthy Air Network, an initiative funded by the MA Attorney General's Office.

- **COVID-19 Dashboard:** To combat the misinformation surrounding COVID, PHIWM introduced a dashboard during the pandemic that allowed residents of Western MA, policymakers, and organizational leaders to understand case/morbidity and mortality rates at national and local levels. After vaccines were introduced, data for those figures were added as well. The dashboard is supplemented by webinars educating people about COVID and meetings with local entities (like schools and town committees) to help them understand the data.
- **The Boys & Girls Club of Greater Holyoke (BGGH) (Better Together Grantee):** received a three-year, \$93,000 grant to support its Education and Resilience initiative. In part, the BGGH plans to use these funds to hire a social worker who will assist in developing adequate tools to serve vulnerable youth and those in disadvantaged circumstances. This mandate facilitates professional development training focusing on mental health and behavioral health trauma. Other educational opportunities include partnering with local colleges to allow students to complete practicums and fieldwork. The hiring process is still ongoing, but in the meantime, the staff is participating in online learning modules on informed trauma care and how to implement those best practices. Even before the completion of the hiring process, the culture shift has already begun to destigmatize mental health at BGGH.
- **Girls Inc. Of the Valley (Better Together Grantee):** was awarded a three-year \$60,000 grant to support its Growing the Girls Inc. Experience, an initiative striving to improve health outcomes through strengthening girls' social-emotional skills and increasing their educational attainment. More specifically, part of the grant money will be used to fund Eureka! a five-year stem program for girls 13-18. The program partners with the University of Massachusetts and Bay Path University to bring participants science workshops, exposure to college campuses, and the academic/social skills to succeed there. Other learning programs funded by the BTG are groups that meet three times a week, focusing on emotional experiences for girls 5-18, a one-day learning pod for girls 6-11, and Healthy Sexuality Programming. The program material has been integrated into the school day at three locations. While this is still an ongoing effort, Girls Inc. Was able to form multiple partnerships with schools, an impressive feat given the disruption caused by the ongoing COVID pandemic.

- **Project Coach (Better Together Grantee):** received a three-year \$112,000 grant to support its youth program initiative. This program aims to improve health and educational outcomes in Springfield's youth by empowering teens to act as mentors or coaches to younger children and increase opportunities for youth to be active and promote health, wellness, and social cohesion. Program activities are very much ongoing, but a critical success is a project done in partnership with students from Smith College, who worked with participants to create a set of videos. These videos encouraged students to move and integrate educational activities into the exercise. These videos were created with k-2 students as the Target audience. Another series for students in grades 3-5 taught students' strategies to practice multiplication while exercising. Between both series, there were 17 videos produced through this program.
- **Roca (Better Together Grantee):** was awarded a three-year \$130,000 grant to support its Roca Educational Advancement Project (REAP). Working with perpetrators and victims to reduce urban violence, Roca recognizes that young people often cannot fully access new opportunities without dealing with their trauma and emotions. REAP was designed to help young people manage trauma, develop the academic skills they need to take advantage of new opportunities, and create long-term behavior changes. Roca offers services including teaching various life skills, employment, and educational opportunities. This includes Transitional Employment, Pre-vocational Training, Workforce Readiness, Basic Education, GED Prep, Parenting Education, and ESL. Roca assisted 61 young people with employment assistance, 165 people in educational training, and 194 young people with life skills. This specific grant has provided services for 43 young people, with 38 getting CBT, employment, and life skills training.
- **The Care Center (Better Together Grantee):** received a three-year \$120,000 grant to support the Bard Micro College initiative. Modeled after the Bard Prison Initiative, the Care Center designed a program specifically designed to meet the needs of low-income women. The program is available to young mothers and low-income women in the Springfield, Holyoke, or Chicopee areas with a high school diploma or equivalency. Completion of the program earns participants an Associate in the Arts Degree from Bard College. 2021 saw the largest class of graduates, 16, to date. In addition, the first graduates of the Micro college program who went on to a four-year program graduated with their bachelor's degrees.

Mental Health and Substance Abuse

- **Free Naloxone Distribution Program:** In Collaboration with Hampden County District Attorney Anthony D. Guiliani, Trinity Health New England, and the Center for Human Development, BMC worked to provide free Naloxone to participating fire and police departments. This program helps to get Naloxone to first responders quickly should they run out. Baystate Pharmacy coordinates and distributes it to participating departments. As of 2021, there are 18 municipal departments enrolled, and there have been 1,900 doses distributed in total.
- **Unity:** In partnership with BMC created a Transgender Support Group, the only one in the region. Participants are provided information on mental health services and primary care at Baystate Health, as well as social and spiritual support groups. The support group also raised awareness for Trans needs by participating in community events, fairs, and forums. These events included Springfield Pride Flag raising, Noho Pride and Parade, Gay-Straight Alliance Day, and a career training day for transwomen. The in-person meetings had to be suspended due to the pandemic, but there is a Facebook group that was a resource to provide support for those who need it online.
- **413Cares:** Throughout the last several years, the PHIWM has continued to build the 413Cares Platform. 413Cares is a website that facilitates user's ability to search for services in one place. Providers are also able to make a closed referral on the platform. PHIWM has partnered with the Human Service Forum, other community organizations, and healthcare entities through this process. There is also a local television station who has agreed to be the official media sponsor. In FY 21, 413 Cares set up partnerships with Hampden County Community Health Improvement Plan Mentoring and Substance Use Prevention campaigns to drive people to 413 cares for services.
- **Youth Mental Health Coalition:** To better youth mental health in the communities served by BMC, the PHIWM launched a Youth Mental Health Coalition, with an emphasis on youth of color. The coalition comprises of more than 20 stakeholders representing youth, mental health professionals, Springfield Public School, and grassroots advocacy groups. So far, the coalition has worked on a universal screening feasibility assessment, a campaign designed to target stigma around mental health to normalize it, and trainings for professionals who work with youth.

Built Environment

- **Community-based Health Centers:** To reduce health disparities, BMC provided significant funding to its three community-based health centers and a pediatric clinic in low-income neighborhoods in Springfield. These clinics have both HPSA and MUA/MUP and serve as primary care settings for thousands of patients that live in the surrounding areas. Utilizing various grants, BMC provided enhanced HIV, STI, and Hepatitis C screening and treatment services. This is important as vulnerable populations bear a disproportionate portion of the diseases mentioned above. In 2020, these sites served as training sites for the Medical Residency program, 30,496 unduplicated patients, and over 98,000 patient visits. In 2021, these clinics again served as training sites for the residency program. Combined, the clinics saw 34,362 unduplicated patients and a total of 122,000 patient encounters over the year.
- **The Baystate Regional Tuberculosis Program (B RTP):** is administered at the Baystate Mason Square Neighborhood Center (BMSNHC). The program provides TB care management to patients whose local board of health nurses could not manage. Many patients do not speak English and are immigrants referred to the program because they had a positive PPD test, blood test, or have a history of TB in their native country. The clinic also serves patients from the US who have tested positive for TB, had an abnormal chest x-ray, or abnormal CT scan. The COVID pandemic reduced the number of patients the clinic was able to see. Telehealth visits were introduced to see more patients. This shortage was exacerbated by other TB clinics in the state shutting down during COVID, resulting in an influx of referrals to the B RTP. In FY 20, 317 patients saw a doctor, and 144 patients saw a nurse. The following year, B RTP saw 539 patients for physician's visits and 85 patients with a nurse.
- **Moving, Improving, and Gaining Health Together at the Y or MIGHTY:** is a yearlong behavior modification program that targets obesity in people aged 5-21 by providing group physical activity sessions and sessions teaching participants about nutrition. There are 14 two-hour sessions held yearly and complemented by a battery of services centered around teaching participants skills to live a healthy lifestyle. These extra services include free swimming lessons, cooking classes, and behavioral health consults. Participants and their families get a six-month membership for free. After completing the program, participants are eligible to attend monthly maintenance groups to continue their journey. In FY 20 and FY 21, the

program helped 105 and 70 children and their families, respectively. MIGHTY hired extra staff to accommodate the high participation.

- **The Digital Alliance:** The issue of the “digital divide” is a significant barrier to equitable access to services, medical or otherwise. In the Summer of 2020, there was broad community engagement on the “digital divide” led by Baystate Health’s Vice President for Community Health, Frank Robinson. Discussions were centered on solving problems preventing digital equity, which occurs when everyone has access to the internet. In the fall of 2020, the Digital Alliance was formed, comprising 30 people representing various community elements and organizations working to actualize solutions that began in the discussion series. This is an ongoing project, and more information about their current activities can be found at www.AllianceForDigitalEquity.com.
- **Live Well Springfield (LWS):** in partnership with the PHIWM enacted an emergency food program during the COVID pandemic using the Go Fresh Mobile Market. Funded by the Kresge Foundation, LWS Resident Advisory Council, and other groups helped develop a plan for Springfield to address climate change and racial justice. In FY 21, LWS’s efforts in Age-Friendly Housing led to PHIWM leading a Health Impact Assessment to examine housing policy and barriers to post-incarceration housing.
- **Hampden County Healthy Improvement Plan (HCHIP):** continued to receive support from Baystate. The organization has five focus areas: health equity; behavioral health; primary care, wellness, and prevention; healthy eating, and active living. HCHIP was awarded the Massachusetts Community Health and Healthy Aging Fund Grant. It has successfully implemented many programs with community partners that benefit the community. Tapestry Health engaged in Narcan training and outreach. Tapestry health developed and generated interest in four naloxoboxes in Hampden County as a part of these efforts. This effort was supplemented by Harm reduction training and outreach designed to reach 100 people. Additionally, HCHIP successfully advocated for the “Family First’ bill, an effort led by MOAR, another HCHIP member. This bill expanded telehealth access to SUD and mental health services. This effort was supplemented by successfully implementing a “Breaking the Stigma’ campaign via local radio and 413 cares to raise awareness about SUD and resources to treat it. HCHIP also helps to facilitate youth mentoring in the community. In November of 2021, it held a Youth Mentoring Summit that connected participants with more than 50 potential mentors. This effort was augmented by the creation of mentoring resources posted on 413Cares and in-person programs.

In FY 21, HCHIP used \$10,000 of funding from Baystate to distribute as mini grants to several community organizations, including Estoy Aquí LLC, Suicide Prevention and Social Justice Education, Let's Move Holyoke, Farmers Market Coach, University of Massachusetts Amherst, and STRIVE Youth Participatory Action Research. While many of these are ongoing programs, there are several successes in the distribution of these grants. Estoy Aquí provides bilingual suicide prevention training to community members who work with youth. Program participants included barbers, hairdressers, doulas, etc. More than 45 community members have been trained so far. This program is also featured in a documentary called Mosaic. Let's Move Hampden County 5120 group hired a bilingual farmers market coach who provides dual services through orienting people with the Holyoke farmer's market and providing information about the Healthy Initiatives Program, which provides free fresh produce to SNAP/EBT participants. The group has leveraged this to get funding to keep the farmer's market open during the winter. The group also secured a grant from Feeding America to implement this area in other communities. Beyond the mini-grants, HCHIP. The mini grant awarded to STRIVE provided funding for the Youth Participatory Action Research Project. In its first year, 14 participants were able to share their perspectives of the world through various mediums, including some of the pictures in this report.

Financial Health

- **Baystate Medical Center Financial Assistance Program:** To ensure that as many people who need care get it, BMC offers financial counseling to community members who have concerned about the cost of their care. Financial services provided include assistance with health insurance applications, navigating the health system, ensuring all healthcare needs are met, and determining eligibility for financial aid. Counselors are a link between clients and community resources, assisting people in finding a primary care physician, providing information about behavioral health services, and assisting with insurance issues at pharmacies. All counselors are Certified Application Counselors, a state-run program that trains participants to help the community apply for state and federal healthcare assistance. This program requires all counselors to be recertified yearly and take annual training. In FY 20, counselors assisted more than 18,870 patients and processed and completed more than 1,150 applications for state and federal programs. The following fiscal year, Financial Counselors assisted more than 25,000 patients and filled out more than 1,250 applications.

- **MassMutual Foundation's Live Mutual Project (LMP):** BMC serves on the Action Tank for the LMP. The Project brings together community resources, partners, and organizations to revitalize the North End of Springfield through workforce development, community resource sharing, and financial workshops. The New North Council oversees this effort. In FY 18, BMC CBAC voted to earmark \$170,000 of Determination of Need funding for the LMP. In FY 21, the committee decided to use some of the funding to invite Union Central Boston to come into the North End of Springfield. To foster increased civic engagement and a sense of community, Union Capital Boston will be launching an app.

Violence and Trauma

- **The Trauma and Injury Prevention (TIP)** implemented many programs meant to better the wellbeing of people in the communities served by BMC. Many of these programs had to be reduced or paused due to COVID-19. These programs include:
 - **Brains at Risk** is a program designed to raise awareness about traumatic brain injuries (TBI) and to promote responsible driving practices. It comprises of video, graphics, and group discussion on the importance of choices made while behind the wheel. It is the only program of its kind in Western Massachusetts. This program is still on due to COVID.
 - **Balance Act** is a collaboration of Baystate Health Senior Class, Baystate Rehabilitation Care, Baystate Home Infusion & Respiratory Services, and Health New England, where participants receive tools to prevent falls. According to the CDC, falls among people 65 and over are the leading cause of fatal and non-fatal injuries. Balance Act gives participants a balance screening, discussion of the results with a physical therapist, exercises, environmental safety and equipment information, a fall prevention checklist, and a lecture about the consequences of a fall.
 - **Falls Prevention Initiative** is another program meant to reduce falls among the elderly population. It is an offshoot of the Balance Act. At FPI, the Baystate Rehabilitation Department offers instructions for exercises to prevent falls and information about environmental and equipment safety. The program uses questionnaires and standardized assessments to provide physical or occupational therapy specialized for FPI. Through this program, TIP

collaborates with Erin Jarosz, the BMC Rehab Supervisor for WNE OT Doctoral Students, on fall prevention to provide training.

- TIP continued participating in the **Safe and Successful Youth Initiative (SSYI)** through the pandemic. This initiative works with young men of color whose lives were affected by poverty and violence. In the wake of the pandemic, the program was converted to virtual.
- **Stop the Bleed (STB)** is an educational program conducted by TIP that provides participants with the information to perform hemorrhage-control until paramedics arrive. Participants learn life-saving techniques that will allow them to be effective in emergencies. Since the beginning of the program, STB has trained around 4,000 people. TIP has also worked with graduating nurses to bolster the curriculum. This program is still on hold due to COVID.

In addition to successfully administering the above programs TIP, has had a number of crucial success over the past couple of years. These successes include securing grant funding, procuring resources for communities' members, establishing best practices, developing trainings, and providing services for victims of trauma and their families.

- **Baystate Family Advocacy Center (FAC):** In addition to programs administered by TIP, the FAC supported community members who experienced trauma or the loss of a loved one. In order to accomplish this, FAC implements the following programs:
 - FAC provides case management for families who need to participate in forensic interviews.
 - Victims of Crime Act (VOCA) grants, Trauma Focused Assessment and Treatment Program, and the Homicide Bereavement program provided \$1,242,000 of funding in 2020. FAC used this funding to provide services to children and families impacted by sexual abuse, physical abuse, commercial sexual exploitation, child witness to violence, community violence, and homicide. This effort is complemented by the Homicide Bereavement program (also funded by VOCA), increasing its presence and providing services to co-victims of homicide. These services include individual and group therapy, education, and support to families.
 - In 2021, the VOCA grants, Trauma -Focused Assessment and Treatment, and the Homicide Bereavement Program provided 1,250,000 in funding. This

funding was used to provide similar services as the previous year. The program was also covered in MassLive and the Springfield Republican.

- The Suicide Bereavement Program continues to meet its goal of providing individualized, coordinated, evidence-based trauma and grief-focused mental health service to young people who have lost a loved one to suicide. In addition, the program provides individual and group therapy, crisis counseling, peer support, referrals, and information in both English and Spanish. The above-mentioned services are provided at no cost to participants.
- FAC members sitting on the Child Fatality Review Board, working with the Prevention Collective, have delivered about six talks on child abuse prevention. This program was suspended in 2021.
- The FAC was awarded a third Substance Abuse and Mental Health Service Administration/National Child Traumatic Stress Initiative grant in October 2016. It is a five-year, 2-million-dollar grant that funds Partners in care. The program uses a community-based implementation of evidence-based treatment for childhood traumas. The program also works to increase access to care by addressing health disparities and reducing barriers to treatment.
- In October 2021, the FAC was awarded its fourth and fifth Substance Abuse and Mental Health Service Administration/National Child Traumatic Stress Initiative grants. One is a five-year, two-million-dollar grant for the Building Resiliency in Young Children (BRYC). This funding will allow FAC to fill a gap in the community by expanding infant and early childhood trauma-focused services. The other grant that was awarded is for five years, three million dollars, and is to be used for the creation of the Child Advocacy Training and Support Program. The program will support the Children's Advocacy Centers, a national program that builds trauma-informed multi-disciplinary teams and trains mental health professionals in evidence-based trauma-focused therapy.

9. Resources

9. Resources



413CARES

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 Early Education


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Escanee con la aplicación de la cámara de su teléfono inteligente.

A promotional graphic for Look4Help, featuring a background of a laptop and a smartphone. The graphic includes the Look4Help logo, a list of services, the website URL, a QR code, and logos for Community Action Pioneer Valley and Baystate Health.

LOOK4HELP

FIND LOCAL RESOURCES

www.look4help.org

Serving Franklin and Hampshire Counties and the North Quabbin Region

Popular Categories

- Housing
- Food
- Transportation
- Money
- Mental Health
- Addiction & Recovery
- ...and more

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Community Resources

The following list of community resources is not comprehensive. To learn more about local community resources please visit www.413Cares.org and www.look4help.org.

African Diaspora Mental Health Association

Minority-owned outpatient mental health clinic providing culturally specific behavioral health and educational services in Massachusetts.

www.admha.org

Alianza (formerly Womanshelter/Compañeras)

Dedicated to assisting, supporting, and empowering those whose lives are affected by battering and abuse.

www.alianzadv.org

All Inclusive Support Services (AISS)

The AISS assists people, especially those transition post incarceration, in all aspects of their lives as they transition into the community. Many of people face a range of issues, such as addiction, mental health problems, lack of identifying documents, employment obstacles, financial concerns, limited education, poor housing situations (or lack of housing), etc. They also cope with a lack of familial support, poor self-esteem, fear of failure, and a constant temptation to return to the criminal lifestyle. AISS is the bridge which carries the positive momentum that has begun during incarceration forward and that assists individuals in the Re-Entry Process.

www.hcsdma.org/aiss

Alzheimer's Association (Massachusetts and New Hampshire)

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

www.alz.org/manh

American Heart Association

American Heart Association is the nation's largest voluntary organization dedicated to fighting heart disease and stroke.

www.heart.org

Arise for Social Justice

A member-led community organization dedicated to defending and advancing the rights of poor people. Whose mission is to educate, organize, and unite low-income people to know what their rights are, stand up for those rights, and achieve those rights.

www.arisespringfield.org

Behavioral Health Network (BHN)

A regional provider of comprehensive behavioral health services for adults, children, and families with life challenges due to mental illness, substance abuse, or intellectual and developmental disabilities. The center treats dually diagnosed clients with both mental health and substance use disorders through the Enhanced Acute Treatment Program. Services are available 24 hours per day.

www.bhninc.org

Big Brothers Big Sisters of Hampden County

Provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.

www.bigbrothers-sisters.org

Bilingual Veterans Outreach Centers of Mass, Inc.

At the Bilingual Veterans Outreach Centers of Massachusetts, Inc. we do outreach to find, identify and help all veterans as we attempt to raise the awareness of the issues veterans in America face today from disability claims to homeless issues, "We Help Veterans."

All veterans are welcome at any time to our outreach facilities because we know that Veterans Benefits are important and essential to any and all veterans and/or their families that receive them.

www.bilingualvets.org

Black Men of Greater Springfield

Providing positive experiences and activities for Black youth. We are dedicated to exposing our students to successful African American role models that emphasize their ability to achieve and become contributing members of our community, society, and the world.

www.bmgspringfield.com

Boys and Girls Club Family Center (Acorn Street, Springfield)

Provides, in a safe environment, programs that inspire, educate, guide, enable, and support all young people to realize their full potential as productive, responsible, respectful citizens and leaders.

www.bgcfamilycenter.org

Brianna Fund for Children with Physical Disabilities

Founded to assist children with physical disabilities by eliminating barriers of access to community resources. With the goal that children with physical disabilities will enhance their capacity for living a full and productive life, the Brianna Fund has to date provided grants to over 46 families in the Greater Springfield community.

www.briannafund.org

Caring Health Center

CHC's team of community health workers, health navigators, and interpreters ensures that patients receive comprehensive care that addresses their cultural, economic, and language needs, while its behavioral health specialists deliver services to address a wide range of emotional and other issues.

www.caringhealth.org

Center for Human Development (CHD)

One of the largest social service organizations in western Massachusetts, delivering a broad array of critical services with proven effectiveness, integrity, and compassion.

www.chd.org

Center for New Americans

A community-based, non-profit adult education center that provides the underserved immigrant, refugee, and migrant communities of Massachusetts' Pioneer Valley with education and resources to learn English, become involved community members, and obtain tools necessary to maintain economic independence and stability.

www.cnam.org

Children's Study Home

Serves children, adolescents, and families with special needs throughout the Pioneer Valley. Children served are often struggling to cope with behavioral, psychiatric, and cognitive issues related to the experiences.

www.studyhome.org

CleanSlate Addiction Treatment Center (Suboxone Treatment)

Patient-focused treatment for opioid, alcohol, and other drug addictions; appointment-based outpatient treatment.

www.cleanslatecenters.com

Clinical and Support Options (CSO)

A "one-stop" model of comprehensive, holistic services to individuals and families with multiple and complex issues.

www.csoinc.org

Community Legal Aid

Provides free civil legal services to low-income and elderly residents. Regardless of how much money you have, we assure fairness for all in the justice system, protecting homes, livelihoods, health, and families.

www.communitylegal.org

Community Services Institute

A family-owned clinic focused exclusively on outpatient, trauma-informed psychotherapy, psychiatry, and psychological assessment.

www.communityserv.com

Community Survival Center

A nonprofit agency that helps families struggling to provide the basics: food, clothing, and household items.

www.communitysurvivalcenter.org

Council on Aging

Focused on improving and enhancing quality of life for elder residents by striving to ensure that all elder residents are afforded the opportunity to live a lifestyle based on independence, and to mature with dignity and security.

www.springfield-ma.gov/hhs/council-on-aging

Counter Criminal Continuum Policing (C3)

The Springfield Police Department and Massachusetts State Police C3 teams facilitate unity of effort and criminal intelligence gathering by, with, and through interagency, community, and private enterprise cooperation in order to detect, disrupt, degrade, and dismantle criminal activity.

www.springfield-ma.gov/police

Dress for Success of Western Massachusetts

Provide each client with professional attire to secure employment and furnish her with a confidence that she carries forever and the knowledge that she can actively define her life, the direction she takes and what success means to her.

www.westernmass.dressforsuccess.org

Family and Community Engagement Center (FACE)- Springfield Public Schools

The “go to place” for Springfield families. The FACE Center recognizes the important role family and community partners have in the education of our children and the Center offers a centralized place for services for parents and other caring adults.

www.springfieldpublicschools.com/parents/family_and_community_engagement_face

Food Bank of Western Massachusetts Brown Bag Food for Elders Program

Distributes food to member agencies in Berkshire, Franklin, Hampden, and Hampshire counties. These independent pantries, meal sites, and shelters are on the front lines of emergency food assistance in the region, playing a crucial role helping individuals, families, seniors, and children. Provides a free bag of healthy groceries to eligible seniors once a month at local senior centers and community organizations.

www.foodbankwma.org

Gándara Center Addiction Services Outpatient Mental Health Services Youth Outreach Programs

The Gándara Center promotes the well-being of Hispanics, African Americans, and other culturally diverse populations through innovative, culturally competent behavioral health, prevention, and educational services.

www.gandaracenter.org

Gardening the Community

A food justice organization engaged in youth development, urban agriculture, and sustainable living to build healthy and equitable communities.

www.gardeningthecommunity.org

Girls Inc. of the Valley

Inspires all girls to be strong, smart, and bold by providing them the opportunity to develop and achieve their full potential.

www.girlsincvalley.org

Girls on the Run of Western Massachusetts

A nonprofit organization dedicated to creating a world where every girl knows and activates her limitless potential and is free to boldly pursue her dreams.

www.girlsontherunwesternma.org

Gray House

Helps its neighbors facing hardships to meet their immediate and transitional needs by providing food, clothing, and educational services in a safe, positive environment in the North End of Springfield.

www.grayhouse.org

Greater Springfield Senior Services Inc. (GSSS)

A private nonprofit organization dedicated to maintaining a quality of life for older adults, caregivers, and persons with disabilities. This mission is achieved through the provision of programs and services which foster independence, dignity, safety, and peace of mind.

www.gsssi.org

Greater Springfield Habitat for Humanity

Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope.

www.habitatspringfield.org

Hampden County Addiction Task Force

A collaboration of community resources, law enforcement (local and state), health care institutions, service providers, schools and community coalitions individuals and families whose goal is to focus on a county wide approach to address drug addiction, overdose, and prevention.

www.hampdenda.com/community-safety-and-outreach-unit/hampden-county-addiction-taskforce

Hampshire & Hampden Drug Addiction Recovery Teams (DART)

The DART officer program is a collaborative effort with Hampshire County HOPE; members are patrol officers who volunteer to be part of this program in addition to their regular patrol duties; DART officers review log activities and identify people who have engaged in high-risk behavior as a result of narcotics addiction, work to meet with the person and offer resources, and may even transport a person to a local treatment facility.

www.hampshirehope.org/dart/about

Head Start-Holyoke, Chicopee, Springfield

Committed to providing low-income children and their families with a Beacon of Hope and source of support for a brighter future. Head Start strives to do so by providing high-quality comprehensive child development services to enrolled children and empowering families to achieve stability in their home environment.

www.hcsheadstart.org

Home Grown Springfield

Free peer-to-peer support groups, relapse prevention and tobacco cessation support groups, social events, job readiness activities, advocacy, and recovery coaching.

www.homegrownspringfield.org

Hope for Holyoke Recovery Support Center

Free peer-to-peer support groups, relapse preventions and tobacco cessation support groups, social events, job readiness activities, advocacy, and recovery coaching. Participants must be 18 years of age or older.

www.gandaracenter.org/hopeforholyokey

International Language Institute (ILI)

Promotes intercultural understanding by providing high quality language instruction and teacher training.

www.ili.edu

Jewish Family Services (JFS)

Provides behavioral health programs and new American programs, as well as supports for older adults. Multicultural, multilingual staff provides comprehensive services which includes case management, family reunification, employment, English as a Second Language, school and health support, and counseling.

www.jfswm.org

Link to Libraries

Link to Libraries collects and distributes new books to elementary school libraries and nonprofit organizations to enhance the language and literacy skills of children of all cultural backgrounds.

www.linktolibraries.org

Live Well Springfield (LWS)

A coalition that brings together over 30 organizations working together to build and sustain a culture of health in Springfield that includes the broadest definition of health, including healthy eating, active living, the built environment, economic opportunity, housing, and education.

www.livewellspringfield.org

Martin Luther King Jr. Family Services (MLKFS)

A multi-cultural and multi-service agency dedicated to being “Keepers of the Dream”, we nurture and empower the aspirations of individuals, families, and youth to achieve new realities of peace, social and economic justice, self-determination, self-actualization, and self-sufficiency.

www.mlkjrfamilyservices.org

Mass 211

An easy to remember telephone number that connects callers to information about critical health and human services available in their community. It serves as a resource for finding government benefits and services, nonprofit organizations, support groups, volunteer opportunities, donation programs, and other local resources.

www.mass211.org

MassHire

Local people interacting with local job seekers and businesses to assist people in building their skill sets to meet the needs of businesses.

www.masshirespringfield.org

Maternal Child Health Commission (City of Springfield)

The Maternal Child Health Commission (MCHC) promotes a community that nurtures all families to have healthy pregnancies and healthy children.

www.springfield-ma.gov/hhs/nursing-programs

Men of Color Health Awareness (MoCHA)

A program aimed to address the poorer health and higher levels of stress that men of color in Springfield experience compared to other groups. Our goals are to empower men of color to play an active role in health care through health education and wellness classes.

www.mochaspringfield.org

Mental Health Association (MHA)

Offers programs such as mental health services, developmental disabilities services, homeless services, internship programs, recovery from addiction services, and an emotional health and wellness center.

www.mhainc.org

MetroCare of Springfield

An organization founded on the principle of providing residents of western Massachusetts with reliable and accessible caregiving. The goal is to provide culturally aware services to a diverse community of individuals with the objective to keep individuals happy and healthy in their homes.

www.metrocareofspringfield.com

National Association of Mental Illness (NAMI)

The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

www.nami.org

New England Farm Workers' Council

A multi-faceted human services agency dedicated to improving the quality of life for low-income people throughout the northeast. In addition to migrant and seasonal farm workers and their families, the agency serves inner-city and low-income groups.

www.partnersforcommunity.org

New North Citizens' Council (NNCC)

Serves at risk- youth through services including groups, workshops, structured recreation projects, video development, and outreach efforts. NNCC addresses two of the needs of the client population: After School leadership/Education program and Outreach/Mentoring Street Worker.

www.newnorthcc.org

Open Pantry Community Services, Inc.

Provides case management, housing search assistance, medical, mental health, and substance abuse referrals, and food for homeless people living in area shelters, on the streets, or temporarily doubled up with friends or relatives.

www.openpantry.org

OutNow

A support group for LGBTQIA+ youth from the greater Springfield area.

www.outnowyouth.org

Parent Villages

Parent Villages builds bridges between parents, youth, advocates, community leaders, and educators to close the opportunity gap and improve education for students.

www.parentvillages.org

Pioneer Valley Asthma Coalition (PVAC)

A coalition of health professionals and institutions, community groups and residents, public health organizations, municipal and state agencies, academic institutions, schools, day care, housing and environmental groups committed to improving asthma and environmental conditions that affect health in western Massachusetts.

www.pvasthmacoalition.org

Pioneer Valley Transit Authority (PVTA)

A federal, state, and locally funded transit system. It is the largest regional transit authority in Massachusetts with 186 buses, 132 vans, and 24 participating member communities.

www.pvta.com

Planned Parenthood

Provides sexual health and reproductive services including abortion services, birth control, emergency contraception, general healthcare, HIV/STI testing, pregnancy testing, LGBTQIA+ services, and more.

www.plannedparenthood.org

Project Baby

A community organization addressing disparities in infant mortality rates in the city of Springfield, Massachusetts and in Hampden County.

www.projectbabyspringfield.org

Project Coach

Works to bridge the economic, educational, and social divisions facing Springfield youth by empowering and training inner-city teens to coach, teach, and mentor elementary school students in their neighborhoods.

www.projectcoach.smith.edu

Rebekah's Closet

Outreaches to young families in the area seeking support providing for their infants and toddlers. Families can receive diapers, wipes, clothing, toys, books, and furniture as they become available.

www.uccholyoke.org

Revitalize Community Development Corporation (CDC)

The mission is to revitalize homes, neighborhoods, and lives through preservation, education, and community involvement.

www.revitalizecdc.com

ROCA

The mission is to disrupt the cycle of incarceration and poverty by helping young people transform their lives.

www.rocainc.org

Ronald McDonald House of Springfield

When children are sick and being treated at Springfield area medical facilities, the Ronald McDonald House of Springfield, Massachusetts is a welcome “home away from home” for children and their families. A dedicated group of volunteers assist a full-time house manager to sustain the House. Families have the privacy of their own bedroom and bath and communal support of dining and recreation facilities.

www.rmhc-ctma.org

Salvation Army

Offers a range of programs and services encompassing everything from after-school programs, social clubs, and parenting classes through drug and alcohol rehabilitation and disaster response. We regularly partner with churches, charities, and other organizations to reach and assist as many people as possible.

www.springfield.salvationarmy.org

Scan 360

The Scan 360 Family Center assists families who have a family member with a developmental disability to navigate the service system.

www.facebook.com/scan360familycenter

Springfield 311

Gives the public responsive and easy access to all of Springfield's government services. Allows departments to focus and improve their process and provide the residents of Springfield with a well-managed and proficient government.

www.springfield-ma.gov/cos/311-home

Springfield Adult Basic Education Directory

Educational resources for adults and out-of-school youth, for Basic Literacy, English as a Second Language, HiSET preparation and testing, Transition to College, Workplace Education, and Family Literacy.

www.springfieldlibrary.org/library/springfield-adult-basic-education-directory

Springfield Boys and Girls Club (Carew Street)

Provides, in a safe environment, programs that inspire, educate, guide, enable, and support all young people to realize their full potential as productive, responsible, respectful citizens and leaders.

www.sbgc.org

Springfield Community-based Doula

Dedicated to improving birth outcomes in vulnerable populations of Springfield by reducing racial inequities in infant and maternal health. Train community-based labor companions, or doulas, to empower women and families before, during, and after birth.

www.springfieldcommunitybaseddoulas.org

Springfield Department of Health and Human Services

Protects the public health and environment of the City of Springfield through education, inspections, sampling, and monitoring, and enforcing federal, state, and local codes as they pertain to public health issues.

www.springfield-ma.gov/hhs

Springfield Food Policy Council

Serves as a diverse group of stakeholders that provides a comprehensive examination and ongoing assessment of Springfield's food system as well as ongoing recommendations for policy and built-environment solutions to improve access to fresh, affordable, and culturally appropriate food for those who live and work in the City of Springfield.

www.springfieldfoodpolicycouncil.org

Springfield Healthy Home Collaborative

City-wide collaboration to address health issues faced by residents due to poor housing conditions, including asthma.

www.springfieldhealthyhomes.org

Springfield Partners for Community Action (SPCA)

Federally designated community action agency for the greater Springfield area, serving low-income individuals and families.

www.springfieldpartnersinc.com

Springfield Rescue Mission

Meets the physical and spiritual needs of the hungry, homeless, addicted, and poor by introducing them to Christ and helping them apply the Word of God to every area of their lives.

www.springfieldrescuemission.org

Stavros for Independent Living

Helps people with disabilities and deafness to develop the tools and skills they need to take charge of their own lives.

www.stavros.org

Stonewall Center at University of Massachusetts Amherst

Provides support, resources, programming, and advocacy for lesbian, gay, bisexual, trans, queer, intersex, asexual (LGBTQIA) and allied students, staff, and faculty at UMass Amherst and for the larger Pioneer Valley.

www.umass.edu/stonewall

Stop Access Drug-Free Communities Springfield

City-wide coalition, coordinated by the Gandara Center, works to prevent, and reduce underage drinking and marijuana use in the Mason Square, South End, and Forest Park neighborhoods of Springfield.

www.gandaracenter.org/stop-access-coalition

Suit-Up Springfield

Guides the young men of Springfield on professional attire and becoming professionally minded.

www.suitupspringfield.com

Sunshine Village

Built on the belief that adults with disabilities can lead rich, meaningful lives, Sunshine Village is a thriving, vibrant community where adults and their families come to connect, learn, contribute—and shine.

www.sunshine.us

Tapestry Health and Syringe Access Program

Provides sexual and reproductive health services, LGBTQIA+ health services, HIV health and prevention, family nutrition services, syringe access and disposal, overdose prevention, and community trainings. Needle exchange programs in Holyoke and Northampton, sterile needles to injection drug users, trainings on Naloxone, education, and counseling.

www.tapestryhealth.org

www.tapestryhealth.org/harm-reduction

United Way of Pioneer Valley (UWPV)

For almost 100 years United Way of Pioneer Valley has served as our community's fundraiser. But UWPV doesn't just raise money; today's United Way is a focused, results driven system that works year-round to change community conditions and create lasting solutions. Through strong partnerships with volunteers, local businesses, government, and nonprofit organizations, United Way accomplishes what no one can do alone.

www.uwpv.org

UniTy of Pioneer Valley Transgender Support Group

A peer led psychosocial support group for transgender individuals, their allies, and all persons that identify as LGBTQIA+.

www.facebook.com/groups/UniTySpringfield/about

Urban League of Springfield (ULS)

Serves the African American Community in Greater Springfield by advocating for and providing model services that enhance the academic and social development of young people and families, promoting economic self-sufficiency, and fostering racial inclusion and social justice.

www.ulspringfield.org

ValleyBike

A collaboration and partnership with Bewegen Technologies and Corps Logistics to bring bike share to the region in the communities of Amherst, Holyoke, Northampton, South Hadley, and Springfield.

www.valleybike.org

Valley Eye Radio (VER)

Broadcasts local news and information to reading impaired listeners throughout the Pioneer Valley.

www.valleyeyeradio.org

Valley Opportunity Council (VOC)

Dedicated to eliminating poverty by providing the opportunity for our low- and moderate-income neighbors, families, and friends in the Greater Hampden County area to achieve greater independence and a higher quality of life.

www.valleyopp.com

Veteran Services – City of Springfield

The City of Springfield Department of Veterans' Services' primary duty is to provide information, counsel, and assistance to veterans and their dependents as may be necessary to enable them to procure the benefits to which they are or may be entitled relative to employment vocational, or other educational opportunities, hospitalization, medical care, pensions, and other veteran benefits.

www.springfield-ma.gov/hhs/veterans

Viability - Forum House

Provides adults who have been socially and vocationally disabled by mental illness the opportunity to gain confidence and self-esteem, learn vocational skills, and obtain employment.

www.viability.org/forum-house

Way Finders

Confronts homelessness head on in communities throughout western Massachusetts. Develops targeted services that help people lift themselves up and out of homelessness with a focus on Housing, Real Estate, Employment Support, and Community Services.

www.wayfindersma.org

WestMass Elder Care

A private, nonprofit agency that aims “to preserve the dignity, independence, and quality of life of elders and persons with disabilities desiring to remain within their own community.” We offer a variety of services for elders, their families and caregivers, and persons with disabilities.

www.wmeldercare.org

Women of Color Health Equity Collective (formerly known as MotherWoman)

Promotes the resilience and empowerment of mothers and their communities by building community-capacity and advocating for just policies through evidence-based research and grassroots organizing.

www.wochec.org

YMCA of Greater Springfield

Recreation and physical health classes for youth through adults, including nutrition and diet.

www.springfieldy.org

Hospital Resources

The following list of hospital resources is not comprehensive. To inquire about additional hospital resources please visit www.baystatehealth.org.

Baystate Behavioral Health

Continuum of high-quality inpatient and outpatient care, information, support groups, and education. Child and adolescent psychiatric care, services for families, adult psychiatric care, and geriatric psychiatric care.

www.baystatehealth.org/services/behavioral-health

Baystate Family Advocacy Center (FAC)

Our team provides culturally sensitive, comprehensive assessment of treatment needs, advocacy, and coordination of services for children and families after a forensic interview, a child abuse medical assessment, or a call on the intake hotline. We also provide evidence-based, trauma-focused individual and family therapy as well as group therapy for children and non-offending caregivers.

www.baystatehealth.org/services/pediatrics/family-support-services/family-advocacy-center

Baystate Wellness on Wheels (WoW) Bus

Wellness on Wheels is a program of Baystate Health, supported by funding from TD Bank's Ready Commitment. Baystate Medical Center operate the WOW Bus. Wellness on Wheels—the WOW Bus—will travel to neighborhoods in the Springfield area providing low-cost or free screenings, health education, and counseling to people where they live and work. Our community-centered approach means our services and programs remain 'by the people, for the people'.

www.baystatehealth.org/wowbus

Community Health Link (CHL)

Massachusetts, including services for mental health, substance abuse, rehabilitation, and unhoused individuals and families.

www.communityhealthlink.org/chl

Comprehensive Adult Weight Management Program

Proven methods for weight management tailored to individuals' unique health needs and lifestyle.

www.baystatehealth.org/services/weight-management

Diabetes Education Center

Complete range of services for evaluation, treatment, and management of diabetes and other endocrine disorders; education, information, classes, and support groups.

www.baystatehealth.org/services/diabetes-endocrinology

Diabetes Self-Management Program

Help adult patients and their families learn to manage their diabetes and live full and productive lives.

www.baystatehealth.org/services/diabetes-endocrinology

Heart and Vascular Care Services

Comprehensive diagnostics and treatment options for coronary artery disease, heart rhythm disorders (arrhythmias), heart failure, cardiac surgeries for adults and children, and cardiology clinical trials.

www.baystatehealth.org/services/heart-vascular

Patient Family Advisory Council

Baystate Health Patient and Family Advisory Council is made up of a diverse group of patients, family members, and community members who represent the “collective voice of our patients and families”

www.baystatehealth.org/about-us/community-programs/health-initiatives/patient-family-advisory-council

Physical Therapy Services

Information, resources, coaching and education, stretching, core strengthening, walking, and strength training to improve or restore physical function and fitness levels.

www.baystatehealth.org/services/rehabilitation

Population-based Urban and Rural Community Health (PURCH)

The PURCH track in the UMass Chan Medical School - Baystate is a unique educational experience where students can focus on health care issues common to urban and rural under-served populations—and come to understand the complex interwoven social and environmental factors that affect them.

www.baystatehealth.org/education-research/education/umms-baystate-campus/purch

10. Appendices

10. Appendices

Appendix 1. Additional Demographics

TABLE 4: Population Estimates, Communities Served by Baystate Medical

Community Served by Baystate Medical	2019 Population Estimate
Hampden County	
Agawam	28,696
Blandford	1,105
Brimfield	3,658
Chester	1,470
Chicopee	55,421
East Longmeadow	16,242
Granville	1,691
Hampden	5,178
Holland	2,630
Holyoke	40,241
Longmeadow	15,791
Ludlow	21,291
Monson	8,779
Montgomery	798
Palmer	12,237
Russel	1,470
Southwick	9,720

Community Served by Baystate Medical	2019 Population Estimate
Springfield	154,139
Tolland	530
Wales	2,088
Westfield	41,449
West Springfield	28,609
Wilbraham	14,638
Hampshire County	
Granby	6,322
South Hadley	17,715
Total Population in the Communities Served by Baystate Medical	491,908

Source: U.S. Census, ACS 2019 5-Year Estimates Data Profiles, specifically table DP05, Demographic and Housing Estimates

TABLE 5: Sociodemographic Characteristics of Communities Served by Baystate Medical

2020 ACS Demographic Information	Massachusetts	Hampden County	Springfield
Age			
Median age (years)	40	39	34
Persons under 18 years, percent	20%	21%	25%
Persons 18-64, percent	63%	62%	62%
Persons 65 years and over, percent	17%	17%	13%

2020 ACS Demographic Information	Massachusetts	Hampden County	Springfield
Race and ethnicity			
Latino/a/es or Hispanic	12%	26%	46%
Non-Latino/a/es or Hispanic			
White	71%	62%	30%
Black or African American	7%	8%	19%
American Indian and Alaska Native	0.1%	0.1%	0.2%
Asian	7%	2%	3%
Native Hawaiian and other Pacific Islander	0%	0%	0%
Some other race	0.8%	0.2%	0.3%
Two or more races	3%	3%	2%
Language spoken at home (population over 5)			
Language other than English spoken at home	24%	26%	40%
Educational attainment			
Less than high school graduate	9%	14%	21%
High school graduate (includes equivalency)	24%	30%	32%
Some college or associate degree	23%	28%	28%
Bachelor's degree or higher	45%	28%	19%
Income			
Median household income (in 2019 dollars)	\$84,385	\$57,623	\$41,571

Source: U.S. Census, ACS 2016-2020

Appendix 2. Community Members and Partners Engaged in the 2022 CHNA Process

About the Consultant Team

Lead Consultant

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. www.publichealthwm.org



Consultants

Community Health Solutions (CHS), a department of the **Collaborative for Educational Services (CES)**, 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. www.collaborative.org



Franklin Regional Council of Governments (FRCOG) is a voluntary membership organization of the 26 towns of Franklin County, Massachusetts. 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 15 towns. 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. www.frcog.org



Pioneer Valley Planning Commission (PVPC) is the regional planning agency for the Pioneer Valley region (Hampden and Hampshire Counties), responsible for increasing communication, cooperation, and coordination among all levels of government as well as the private business and civic sectors to benefit the region and to improve quality of life. Evaluating our region – from the condition of our roads to the health of our children – clarifies the strengths and needs of our community and where we can best focus planning and implementation efforts. PVPC conducts data analysis and writing to assist municipalities and other community leaders develop shared strategy to achieve their goals for the region. www.pvpc.org



Regional Advisory Council

TABLE 6: Regional Advisory Council

*Coalition of Western Massachusetts Hospitals/Insurer member

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Anderson, Kathleen	Director of Community Benefits	Holyoke Hospital	X	X	
Audley, Jen	Project Coordinator - Community Health Improvement Plan (CHIP)	Franklin Regional Council of Governments (FRCOG)	X	X	X
Borgatti, Monica	Chief Operating Officer	Women's Fund of Western Massachusetts	X	X	
Bruno, Kathleen*, and Smith, Shelly	Health Management Program Manager	Health New England	X	X	
Cairn, Sue	Director of Healthy Families and Communities	Collaborative for Educational Services	X	X	
Cardillo, Beth	Executive Director	Arm Brook Village	X	X	
Comerford, Jo	Senator	Massachusetts State Senate	X	X	
Dewberry, Beatrice	Community Building & Engagement Manager	Way Finders	X	X	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Doster, Amanda	Regional Projects Coordinator	Franklin Regional Council of Governments	X	X	
Dukes, Cheryl L	Director of Healthcare Outreach and Community Engagement	Baystate Franklin CBAC /UMass College of Nursing; BAYSTATE FRANKLIN CBAC	X	X	
Evans, Brenda	Community Liaison	University of Massachusetts, Amherst	X	X	
Fallon, Sean	Massachusetts Regional Director	Community Health and Well Being, Trinity Health of New England/Mercy Medical Center	X	X	
Fludd, Walt	Executive Director Samaritan Inn	Greater Westfield Committee	X	X	
Frutkin, Jim	Senior Vice President Business IFU	ServiceNet; Western Massachusetts Veterans Outreach	X	X	
Gale, Roberta*	Vice President, Community Health	Berkshire Health Systems	X	X	
Garozzo, Sal	Executive Director	United Cerebral Palsy Association of Western Massachusetts	X	X	
Naunheim, Geoff	Director of Community Investment	United Way of the Franklin & Hampshire Region	X	X	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Golden, Annamarie*	Director, Community Relations	Baystate Health	X	X	
Rosario, Brittney*	Community Benefits Specialist	Baystate Health	X	X	
Gonzalez, Chrismery	Coordinator Program Lead, Office of Problem Gambling Prevention	Office of Racial Equity, Springfield Department of Health, and Human Services City of Springfield, Department of Health, and Human Services	X	X	X
Gorton, George*	Director of Research, Planning & Business Development	Shriners Hospital for Children - Springfield	X	X	
Gramarossa, Gail	Program Director	Town of Ware, Drug Free Communities Project	X	X	
Harness, Jeff*	Director, Community Health, and Government Relations	Cooley Dickinson Health Care	X	X	
Harris, Aumani	Community Engagement Facilitator	The Healing Communities Study, Boston Medical Center			

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Bidwell, John	Executive Director	United Way of the Franklin & Hampshire Region	X	X	
Jones, Kimothy	Project Manager SDoH (Public Health)	Baystate Health	X	X	
Kent, Marian	Strategic Grant Writer	Baystate Strategic Planning Team	X	X	
King, Mary	CFCE Coordinator/Family Center Director	Montague Catholic Social Ministries	X	X	
Kinsman, Jennifer	Director of Community Impact	United Way of Pioneer Valley	X	X	
Lake, Eliza	Chief Executive Director	Hilltown Community Health Center	X	X	
Lamas, Kelly	Project Coordinator	Baystate Springfield Educational Partnership	X	X	
Lee, Jennifer	Systems Advocate (former)	Stavros Center for Independent Living	X	X	
Liu, Chung	Senior Technical Manager	Massachusetts Municipal Wholesale Elec.	X		
Lopez, Luz	Executive Director	MetroCare of Springfield	X	X	
Lytton, Kate	Director of Research and Evaluation	Collaborative for Educational Services (CES)	X	X	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Millman, Laurie	Executive Director	Center for New Americans	X	X	
Mulkerin, Angela	Service Director and Paramedic	Hilltown Community Health Center	X	X	
Owens, Christo	Resident			X	
Robinson, Frank*	Vice President, Public Health	Baystate Health	X	X	
Rodriguez, Rafael	Holyoke Coalition Coordinator	Western Massachusetts Training Consortium	X	X	
Rozie, Cherelle, Mary Stuart, and Sean Fallon	Regional Manager of Community Benefit	Trinity Health Of New England	X	X	
Rufino, Tiffany and Latonia Naylor	Regional Director	Parent Villages	X	X	
Scott, Lamont	Mentor	Men of Color Health Alliance	X	X	
Steed, Ebony	Advisor	Young Women's Advisory Council of Western Massachusetts	X	X	
Tetreault, Janna	Assistant Director, Community Services Department	Community Action Pioneer Valley	X	X	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Toto, Sheila	Senior Program Officer	Community Foundation of Western Massachusetts	X	X	
Vrabel, Jennifer*	Executive Director of Communications, Planning, and Development	Berkshire Health Systems	X	X	
Walker, Phoebe	Director of Community Services	Franklin Regional Council of Governments	X	X	X

Appendix 3. Glossary of Terms

Ableism—intentional or unintentional bias, oppression of, discrimination of, and social prejudice against people with disabilities and those perceived to have disabilities.

Ableism creates barriers to equity in education, employment, health care, access to public and private spaces, etc. It is rooted in the belief that typical abilities are superior and people with disabilities need “fixing.”

Built Environment—man-made structures, features, and facilities viewed collectively as an environment in which people live, work, pray, and play. The built environment includes not only the structures but the planning process wherein decisions are made.

Community—can be defined in many ways, but for the purposes of the CHNA we are defining it as anyone that is not part of the Western Massachusetts Coalition of Hospitals/Insurer, which could be community organizations, community representatives, local businesses, public health departments, community health centers, and other community representatives.

Community Benefits (hospitals)—services, initiatives, and activities provided by Non-profit hospitals that address the cause and impact of health-related needs and work to improve health in the communities they serve.

Community Health Needs Assessment (CHNA) and Implementation Plan—an assessment of the needs in a defined community. A CHNA and a hospital implementation plan is required by the Internal Revenue Service for non-profit hospitals/insurers to maintain their non-profit status. The implementation plan uses the results of the CHNA to prioritize investments and services of the hospital or insurer’s community benefits strategy.

Community Health Improvement Plan (CHIP)—long-term, systematic county-wide plans to improve population health. Hospitals likely participate, but the CHIPs are not defined by communities served by the hospital and typically engage a broad network of stakeholders. CHIPs prioritize strategies to improve health and collaborate with organizations and individuals in counties to move strategies forward.

Cultural Humility—an approach to engagement across differences that acknowledges systems of oppression and embodies the following key practices: (1) a lifelong

commitment to self-evaluation and self-critique, (2) a desire to fix power imbalances where none ought to exist, and (3) aspiring to develop partnerships with people and groups who advocate for others on a systemic level.

Data Collection

Age-adjusted—Age-adjusted rates are used in data analysis when comparing rates between geographic locations, because differing age distributions can affect the rates and result in misleading comparisons.

Quantitative data—information about quantities; information that can be measured and written down with numbers (eg, height, rates of physical activity, number of people incarcerated). You can apply arithmetic or statistical manipulation to the numbers.

Qualitative data—information about qualities; information that cannot usually be measured (eg, softness of your skin, perception of safety); examples include themed focus group and key informant interview data.

Primary data—collected by the researcher her/himself for a specific purpose (eg, surveys, focus groups, interviews that are completed for the CHNA).

Secondary data—data that has been collected by someone else for some other purpose but is being used by the researcher for another purpose (eg, rates of disease compiled by the Massachusetts Dept. of Public Health).

Determination of Need (DoN) application—proposals by hospitals for substantial capital expenditures, changes in services, changes in licensure, and transfer of ownership by hospitals must be reviewed and approved by the MDPH. The goal of the DoN process is to promote population health and increased public health value by guiding hospitals to focus on the social determinants of health with a proportion of funds allocated for the proposed changes.

Digital Equity—digital equity occurs when all individuals and communities have access to affordable and reliable broadband or Wi-Fi, access to affordable digital technology, and have the digital literacy needed for full participation in our society. Digital equity is necessary for community participation, employment, education, and access to services.

Disability—a physical, cognitive, developmental, or mental condition that interferes with, impairs, or limits a person’s ability to do certain tasks or engage in daily interactions. Disabilities can be visible, invisible, something a person is born with, something a person acquired, temporary, or permanent.

Ethnicity—shared cultural practices, perspectives, and distinctions that set apart one group of people from another; a shared cultural heritage.

Food insecure—lacking reliable access to sufficient quantity of affordable, nutritious food.

Health—a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO).

Health equity—when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance. The highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition (WHO). Health equity is concerned with creating better opportunities for health and gives special attention to the needs of those at the greatest risk for poor health.

Hospital Community/ies Served - includes the cities and towns in the HSA, plus additional geographic areas, or considers target populations or other specialized functions. For each Baystate Health CHNA cycle the most recent HAS for the hospital is provided by the Strategy Department. The hospital’s Community Benefits Advisory Council (CBAC) then review the HSA. Community stakeholders serving on the CBAC offer additional geographies, target populations, or specialized functions that should also be considered for the hospital community/ies served for the purpose of the CHNA. For the 2022 CHNA the hospital uses the term “community/ies served”.

Hospital Service Area or “HSA” - the local health care markets for a hospital. HSA is determined through the collection of zip codes whose residents receive most of their hospitalizations from the hospitals in that area. Data is based on case mix data (including inpatient discharges, emergency department visits, and observation stays) provided through the Center for Health Information and Analysis (CHIA).

Housing insecurity—the lack of security about housing that is the result of high housing costs relative to income, poor housing quality, unstable neighborhoods, overcrowding,

and/or homelessness. A common measure of housing insecurity is paying more than 30% of income toward rent or mortgage.

Indigenous —people who identify as Alaska Native, Native American, American Indian and/or a specific tribal affiliation.

Inequities—unfair, avoidable, or remediable differences in access, treatment, or outcomes among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions (eg, sex, gender, ethnicity, disability, or sexual orientation).

Intersectionality—an approach advanced by women of color arguing that classifications such as gender, race, class, and others cannot be examined in isolation from one another; they interact and intersect in individuals' lives, in society, in social systems, and are mutually constitutive.

Interpersonal violence—interpersonal violence includes sexual and intimate partner violence, childhood physical and sexual abuse and neglect, and elder abuse and neglect.

Intimate Partner Violence—IPV or domestic violence refers to abuse or aggression occurring in a romantic, familial, or close relationship.

Investment/Disinvestment—investment refers to a set of strategies and instruments that target some communities for positive social outcomes and improvement to the built environment. Disinvestment describes the absence of investment in some communities over a long period of time.

LGBTQIA+—inclusive of lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, agender, nonbinary, gender-nonconforming and all other people who identify within this community.

Limited income—having a relatively low or fixed income, not by choice, which may not be sufficient to meet all basic needs and to thrive.

People who experience homelessness or are unhoused—people who do not have permanent housing.

Race—a socially created construct, in which differences and similarities in biological traits among groups of people are deemed by society to be socially significant, meaning that people treat other people differently because of them, eg, differences in eye color have not been treated as socially significant but differences in skin color have.

Asian—people who identify as being of Asian or South Asian descent as well as Pacific Islanders.

Black—used instead of African American in this report in reference to the many cultures with darker skin, noting that not all people who identify as Black descend from Africa.

Latino/a/e—refers to the many cultures who identify as Latin or Spanish-speaking. Latino/a/e is a gender-neutral term, a nonbinary alternative to Latino/a. We chose to use Latino/a/e instead of Hispanic or Latino/a, noting that there is a current discussion on how people identify.

People of Color or Communities of Color—refers collectively to individuals and groups that do not identify as White or Indigenous.

White—refers to people who identify as White, Caucasian, or European American, and who also do not identify as Hispanic, Latino/a, or Latino/a/e.

Social determinants of health—the social, economic, and physical conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. (WHO)

Social justice—justice in terms of the distribution of wealth, opportunities, and privileges within a society.

Structural poverty—the concept of poverty as structural means that poverty is not primarily the fault of individuals or the result of their actions, but rather is an outcome of our economic system and how it is structured.

Substance Use Disorder (SUD)—refers to the recurrent use of drugs or alcohol that result in health and social problems, disability, and inability to meet responsibilities at work, home, or school.

Systemic or Structural Racism—the normalization and legitimization of policies and practices that exist throughout a whole society or organization, and that result in and support unfair advantage to some people and unfair or harmful treatment of others based on race.

Transgender—refers to anyone whose gender identity does not align with their assigned sex and gender at birth.

Unconscious/Implicit Bias—refers to the process of associating stereotypes or attitudes toward categories of people without conscious awareness.

Appendix 4. Community Input Received

For this CHNA, the consultant team and other partners solicited extensive community input as described below. In addition, the Regional Advisory Council (RAC) provided input at monthly RAC meetings. (The members of the RAC are listed in Appendix 2) This input informed the identification and prioritization of significant health needs. For example, a panel of youth mental health experts presented to the RAC at its monthly meeting, which resulted in the elevation of this prioritized need as a regional focus area for the Coalition of Western Massachusetts Hospitals/Insurer.

4a. Community Input on the previous CHNA

To solicit written input on our prior CHNA and Strategic Implementation Plan, both documents are available on our hospital system's website:

www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment

They are posted for easy access, and we include contact information for questions or comments. The links on our website also include an overview of Community Benefits as well as our annual filing with the Massachusetts Office of the Attorney General. We have verified and confirmed that we have not received any written comments since posting the last CHNA and Strategic Implementation Plan.

4b. Community Chats

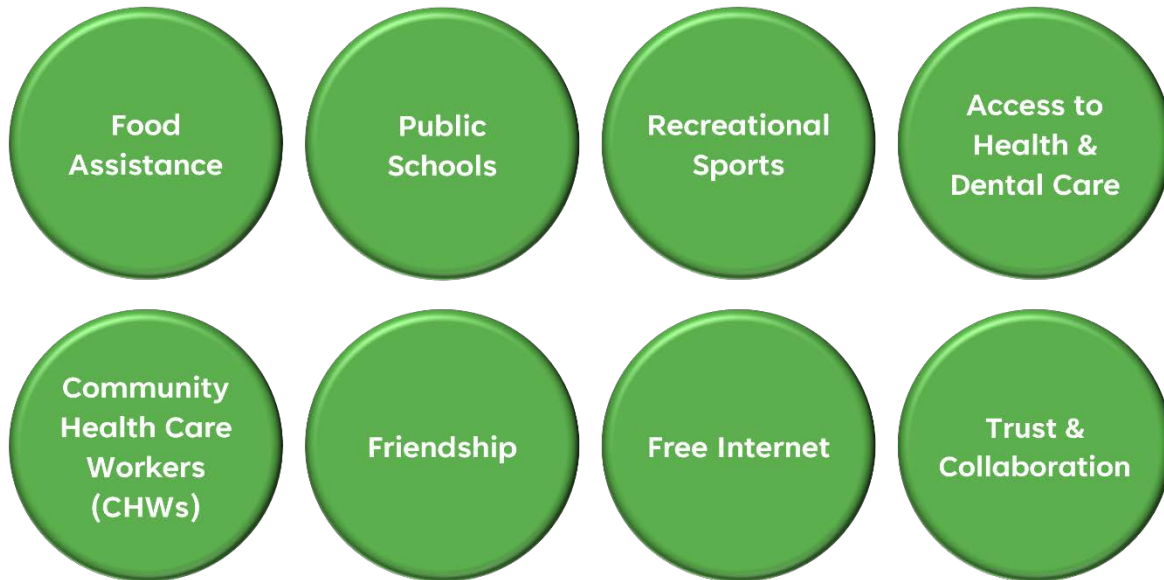
Community Chats are an integral part of the CHNA. They are a safe space for community members to come together and discuss important health issues in their community. Community Chats range from 30 to 60 minutes and are welcome to any and all members of the community. Participants in these chats include faith-based community members, older community members, representatives from various youth-serving organizations, members of community-based coalitions, state representative, health care workers, and non-profit organization members. The goal of these Chats is for people to get a better understanding of the CHNA, why it is done, and to highlight and reflect on the communities' assets and emerging health concerns. The Chats were held over several months during Fall of 2021. During the Chats, a facilitator asked reflective questions on all aspects of community health. Such aspects included culture, social connectedness, access to health care, education, and barriers to needs and care. Feedback received during the Chats was summarized and integrated into the findings of the CHNA to help inform prioritized health needs.

TABLE 7: Community Chats Held for 2022 CHNA

Organization	Population	Location	Number of Participants
Franklin County			
Community Action Pioneer Valley (CAPV) Youth Staff	CAPV Youth Staff	Greenfield	6
Just Roots Farm and Community Supported Agriculture (CSA)	Professional Staff	Greenfield	4
Franklin County/North Quabbin Community Health Improvement Planning	Community Members	Greenfield	20
Stone Soup Cafe	Older Adults	Greenfield	N/A
Hampden County			
Age-Friendly Coalition	Coalition members	Springfield	8
Alzheimer's Support group/Arm Brook Village	Caregiver Support Group	Westfield	N/A
Baystate Community Faculty - UMass Medical School (UMMS)-Baystate	Baystate faculty	Springfield	8
Baystate Mason Square Neighborhood Health Center	Community Advisory Board	Springfield	7

Organization	Population	Location	Number of Participants
Baystate Medical Community Benefits Advisory Council	Community Leaders	Springfield	15
Baystate Noble Community Benefits Advisory Council	Community Leaders	Westfield	11
Food Bank of Western Massachusetts	Professional Staff at Food Bank	Hatfield	N/A
Springfield Healthy Homes / Pioneer Valley Asthma Coalition	Community Advocates	Springfield	21
Springfield Youth Health Survey	Planning Team	Springfield	N/A
Youth Mental Health Coalition	Representatives from Various Youth Serving Organizations	Springfield	N/A
Visionary Club of Greater Springfield	Serving blind and visually impaired residents	Chicopee	20
Hampshire County			
Baystate Wing Hospital's weekly Compass Huddle	Baystate Health Eastern Region's Managers	Palmer	25
Community Benefits Advisory Council Baystate Wing	Community Leaders	Ware	15
Quaboag Hills Community Coalition	Social Service Providers and Community Members from the communities served by Baystate Wing	Ware	14

Organization	Population	Location	Number of Participants
Quaboag Hills Substance Use Alliance	Service Providers, Schools, Law Enforcement, Community Members, Faith Leaders	Ware	15
Western Massachusetts			
Health New England	Behavioral Health, Care Management, and Quality departments	Western Massachusetts	9
Health New England	Health New England Associates	Western Massachusetts	17
Regional Advisory Council (RAC)	Community Representatives, Organization Representatives, Coalition Members	Western Massachusetts	20

FIGURE 34: What Helps You Live a Happy, Healthy & Productive Life?**FIGURE 35: Emerging Issues**

4c. Community Chats Summary

Community Assets

Across the board, residents express that even for assets that their communities have, access is not the same for everyone.

Access to Basic Needs

Generally, as one resident shared, “a lot of people are struggling to get their basic needs met.” COVID-19 significantly impacted access to, and the quality of, services by disrupting the networks people built to support one another. This continues to be a pressing issue.

Housing

Across western Massachusetts, residents repeatedly expressed concern about the affordability, quality, accessibility, and safety of housing. The Massachusetts eviction moratorium ending may cause housing instability to increase, especially as this resident feels that housing laws favor landlords. A community member from Springfield worries about affordable housing for individuals with dementia, noting that systemic racism plays a role in this. Residents in the Franklin County/North Quabbin area noted a need for increased shelter for people without stable housing from the fall through the spring as well as supportive housing for people in recovery and exiting incarceration facilities. For individuals with stable housing, there is a need for readily available funds to repair homes, as it feels like existing support has too many strings attached. Aging housing units are concerning, especially as individuals’ express hesitation to get their homes inspected for fear of mandatory reporting of problems and ultimately landing in a shelter.

Transportation

Residents in the Springfield area note that public transportation is an asset for their community. Though for others across western Massachusetts, it is still an area for improvement. People in Hampshire County shared that the need is much more apparent in the summer months when students are not in school. Community members flagged rural areas with low population density as needing improved options, so people do not have to rely on owning or borrowing private cars. Older people are also in need of wider options

for transportation. One resident from Amherst said that "buses don't respect the hours...I wait a long time for a bus (sometimes 2 hours)", highlighting frustration with unreliable bus schedules. Another participant from Springfield said, "Chronic health conditions impact our ability to transport ourselves".

Food

Regionally, food came up quite a bit in conversation, both as an asset and a need, especially as inflation makes food increasingly unaffordable for individuals and families in western Massachusetts. There was a sense that the COVID-19 pandemic forced increased coordination and infrastructure, for example in Springfield where mobile food banks increase access in areas that are otherwise food deserts. Individuals in the Franklin County/North Quabbin area felt that there was affordable food in their communities. Residents across Springfield said that food pantries, soup kitchens, farm shares, and the Supplemental Nutrition Assistance Program (SNAP) are all helpful resources, especially when individuals are having a tough time financially. Community members from Springfield also expressed pride in the strong agricultural system saying, "We are the states' breadbasket because we produce a lot of food".

This said, food access is not seen as an asset across all communities uniformly. Concerns about food insecurity were raised, especially from Springfield residents. Healthy food is available, but not nearly enough; residents expressed a desire for more healthy options rather than fast food. In Amherst, people shared that healthy food is more expensive and that serves as a barrier.

Health Care Delivery Issues

Healthcare delivery shifted significantly due to the COVID-19 pandemic and communities felt the impacts. Residents expressed appreciation for the hospital systems in the area, particularly for the emergency care access in Hampden, Hampshire, and Worcester counties. People in Hampden and Franklin counties also saw increased telehealth access as an asset to their communities, especially for those with disabilities. On the flip side, chat participants across western Massachusetts were concerned about significant technology divides due to access or technical skill. Further, it was noted that online appointments can be tougher for children who have no desire to sit in front of a screen or people without private spaces in which they could take their appointments.

Community members emphasized the need for more providers generally, while individuals from the Pioneer Valley highlighted the lack of diverse providers including Black and Brown, trans-competent, size-inclusive, and language-diverse medical professionals. Franklin County residents shared the need for providers who are responsive to non-citizens, people in Amherst see a need for more specialists, and chat participants from Hampden County are worried about providers leaving the workforce and the need for geriatric specialists. An additional need that arose from conversation included additional mental health providers, as there seems to be a shortage and concern about increased demand coming out of the pandemic.

Affordability appears to be a barrier to care, as residents share that copays are often unaffordable and low, or no copays would be significantly better. Members in the Pioneer Valley expressed a desire for more providers who take MassHealth; others said the process of transitioning insurance is uncoordinated and incredibly challenging. People in Springfield are concerned about long waiting times and the lack of after-hours/weekend availability. Across the region, community members rely heavily on the services from hospital systems and would like to see improved care coordination that provides wraparound services including vision care.

Mental Health and Substance Use

Chat participants in the region, anywhere from urban Springfield to rural Franklin County, expressed concern about the levels of social isolation, anxiety, increased stress, and mental health challenges – especially in youth populations. The COVID-19 pandemic presented an upheaval of “normal” life, exacerbating existing mental health concerns and creating new issues. Residents have seen progress in the recognition of connections between trauma and mental health concerns, as well as increased general attention toward the mental health of communities. Western Massachusetts residents speak highly of the formal and informal support systems that exist including, but not limited to, barbershops and hair salons, faith groups, and Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Residents of the Pioneer Valley noticed increased support for SUD) and progress in addiction/recovery was seen by those in the area prior to the pandemic. Preventing SUD, supporting individuals with SUD, and further educating youth about addiction all remain concerns across western Massachusetts.

Violence and Trauma

Quaboag Hills residents mentioned concerns about domestic violence dramatically increasing during the past few years, exacerbated by the pandemic. This mirrors concerning trends nationally. Individuals also noticed efforts to increase support for individuals affected by domestic violence.

Access to Physical Activity

Outdoor spaces, especially parks, bike paths, and other green spaces, are perceived to be significant assets to western Massachusetts. Sidewalks also allow community members to safely travel and exercise outdoors, especially for individuals who are not in close proximity to fields and other spaces dedicated to exercise or recreation. While recognized as an asset, other residents see room to improve recreational opportunities; one member commented on the need for child-friendly spaces, so they are not engaging in other activities like riding their bikes unsafely.

Issues Affecting Older Adults

Residents in western Massachusetts expressed concern for the older adults in their communities, especially since the COVID-19 pandemic exacerbated many existing issues. Social isolation is at a high, leaving people feeling alone and disconnected from communities and services that bring a sense of normalcy to their lives. One older chat participant mentioned that mental health issues worsened due to the adjustment to remote life and social distancing. Another individual spoke about homebound individuals feeling stuck. Contact tracers were speaking with people who needed resources but there was no good way to facilitate the disbursement of those resources. The pandemic also heightened the need for medical and housing support and highlighted how impactful food insecurity is, especially in the older population. While many are experiencing significant challenges, it was noted that the weekend meal service in Springfield has been a strong asset.

Issues Affecting Black and Latino/a/e Communities

In many community Chats, members spoke about the impacts of the COVID-19 pandemic on Black and Latino/a/e communities. The public health crisis led to news headlines highlighting the health disparities and it forced people to pay attention. As one resident said, "COVID-19 put the biggest mirror on the fact that racism and systemic oppression still exists." Across the region, residents noticed more conversations about disparities and

the impact and manifestations of white supremacy, additional racial equity training, and an increased recognition of how important social determinants of health are in creating inequity. Chat participants have also seen progress via increased resources for Black, Indigenous, People of Color (BIPOC) clinicians.

Pioneer Valley residents raised concern about punitive responses such as incarceration or the Department of Children and Family serving as barriers to fellow residents. The increased childcare needs during the pandemic also placed a significant burden on mothers of color, according to residents. To quote one individual, "I feel that all issues are rooted at the intersection of racism that created these systems that uphold white supremacy characteristics creating those inequities".

4d. Survey of Public Health Officials

The consultant team conducted an anonymous survey of public health officials and agents in the four counties of western Massachusetts during fall 2021. A summary of Hampden County results, general western Massachusetts themes, and a table on the most pressing issues are provided below.

Summary of Hampden County Results

- 17 respondents; 9 were health directors or agents; 10 working in public health in region for 5+ years.
- Mostly white women (10 of those who identified); only one respondent identified as non-White (mixed race).
- Most did varied COVID-related work, including contact tracing, mask enforcement, communications, vaccine clinics, and more.
- In open-ended question, participants noted need for improved communication and information (9), although specifics vary:
 - Culturally and linguistically appropriate information is insufficient.
 - Access to broadband is a concern.
 - Also mentioned were mental health and substance abuse services (4) and access to fresh food (3).
- Three most urgent needs from checklist included:
 - Mental health/substance abuse (7).
 - Transportation in general (6), lack of transportation to medical services (5).

- Limited availability of providers (6).
 - Health literacy (6).
 - Resources/access to digital technology (5).
 - Basic needs (5).
- Mental health and communication appear in both questions (open response and prompted) as major issues.
- Special populations in need of care:
 - Elderly (7).
 - Russian (4).
 - A few specifically noted a tendency among Russian speaking population to distrust government, avoid vaccine, not believe government sources.
 - Black/Latino/a/e populations (2).
 - Limited income (2).
- Assets
 - Councils on Aging (COA)s (5).
 - First responders, municipal departments.
 - Informal groups; neighbors helping neighbors; church groups.
 - Local agencies and orgs, including Holyoke Community College, Holyoke Health Center, Behavioral Health Network.
- General feeling that there is very little contact or collaboration between hospitals and insurers and local public health systems. Hospitals should listen more to local groups, work with them better, be more transparent.

General Themes among Four Counties

- Enforcing mask mandates and communicating with public were largest roles for public health workers in Hampshire and Berkshire Counties. Hampden and Franklin Counties participants were more likely to take on more varied roles in COVID work (contact tracing, communications, mask enforcements, clinics, more).
- Transportation and support for seniors were two themes that appeared in all four counties.
- There is also general concern over limited income families and people. This is a big umbrella that includes homelessness, lack of affordable housing, limited access to healthy foods, etc.

- Communication is another theme – better communication between state and local officials; between local officials and the public; across cultures and languages; between hospitals and local public health workers; lack of high-speed internet is a problem across the board. Franklin County respondents noted the need for a centralized response across the county and more local access to news and information (as opposed to news from Boston/Springfield/Albany etc.).
- COAs and senior centers have been key players in improving public health. This was a resounding sentiment across all counties.
- Other key players include local nonprofits, churches, and social service groups. People stepping up, volunteering time and resources, and checking on neighbors were also crucial.
- Berkshire County has better communication and collaboration between local public health workers and hospitals, but still room for improvement. Respondents in other counties mostly said there was no collaboration.

TABLE 8: Community and Health Issues Identified as Most

MOST PRESSING ISSUES (prompted)	REGION (n=69)	Berkshire (n=15)	Franklin (n=22)	Hampden (n=17)	Hampshire (n=14)
Community Level Factors:					
Limited availability of providers	43%	33%	73%	35%	21%
Transportation general	42%	47%	45%	35%	36%
Safe and affordable housing	36%	60%	45%	24%	14%
Access to digital technology	26%	27%	27%	29%	14%
Lack of resources to meet basic needs	25%	13%	18%	29%	43%
Health Conditions and Behaviors:					
Mental health and substance use	36%	33%	27%	41%	43%
Chronic conditions	22%	33%	23%	24%	7%

TABLE 9: Most pressing issues (open response)

**Communication issues are largely about covid, vaccines, etc.*

REGIONAL SUMMARY (n=69)	Berkshire (n=15)	Franklin (n=22)	Hampden (n=17)	Hampshire (n=14)
Communication and health information (including digital access issues, culturally appropriate). Transportation. Basic needs/food access. Access to mental health services.	Health Information and Communication (including reliability, dissemination, and digital access).	Isolation, particularly among elderly. Transportation. Communication (including reliability, dissemination, and digital access).	Communication and access to information (Including culturally and linguistically appropriate, and digital access). Mental health services. Basic needs.	Transportation. Basic needs. Communication.

4e. Focus Groups on Access to Basic Needs

Focus Group Report: Basic Needs

Primary Hospital: Baystate Noble Hospital, Baystate Medical Center

Topic of Focus Group: Access to Basic Needs for Older Adults – Westfield Senior Center

Date of Focus Group: June 2, 2022

Facilitator: Lisa Ranghelli

Note Taker: Alisa Ainbinder

Executive Summary

- A. Participant Demographics:
 - a. Six participants – five women and one man
 - b. All were older adults over 65 and as high as 94
 - c. All participants were White
- B. Areas of Consensus:
 - a. Health care is often unaffordable
 - i. Having to spread appointments apart to make sure they can afford food as well as copays and any other medical expense
 - ii. Even on MassHealth, care is unaffordable
 - iii. Medic alert buttons are expensive, especially ones that work outside of the confines of a home
 - iv. Emergency care is expensive even if the person isn't admitted
 - b. Trouble reaching a person at the doctor's office
 - i. One participant drives to office to ensure she can speak to someone
 - ii. Experiences on the phone listening to music endlessly until you hang up
 - iii. If someone answers, feeling like people don't understand what they need
 - iv. The "talking machines" and automated systems to direct patients are confusing
 - c. Billing is sent in bits and pieces; this makes it tough to keep track
 - d. Participants don't have or use credit and debit cards, which can be a barrier in medical setting if cash and checks not accepted

- i. One participant shared story of almost being turned away from Urgent Care, but son paid with a card
- e. Transportation is lacking
 - i. Someone at the senior center drives others around and there are volunteer groups who help, but the need is still there
 - ii. Gas is expensive so it's a consideration when needing to go somewhere
- f. Desire for companionship
 - i. Senior center helps to provide a space to socialize with others
 - ii. Missing dogs and the associated companionship
- g. Participants are frugal to live affordably and leave money for medical care
 - i. Using sales at the grocery store, keeping old cars and appliances, cooking, and baking from scratch
- h. Need to advocate
 - i. Feeling that doctors don't all know how to treat older patients, so patients are left to advocate hard for themselves and this is frustrating
- C. Key Recommendations:
 - a. Helpful to increase transportation options; mentioned a van to doctor or store
 - b. Desire for activities: movies, ballroom dancing, etc. for socialization
 - c. Want people to answer phones at doctor's office or even made house calls
 - d. Separate out gerontology doctors
 - e. Decrease prices – emergency department, food, etc.
 - f. Bill patients all at once rather than bits and pieces
- D. Quotes:
 - a. "I'd like to come here and socialize... A lot of people...I don't know what they do to socialize. We don't go to things... and we...fell in a hole"
 - b. "I jump in the car. And I drive down there, and I walk in, and they look at [me] because I sit there, and I say I'd like to talk to [the doctor's] assistant. And I'll sit there while I was told I'll wait."
 - c. "The biggest thing that every single senior I ever talked to complains about. We got this new group of doctors as you know...since our doctors, a couple of them left or retired, the biggest trouble everybody has is trying to get to talk to somebody...No one has ever picked up [the phone]"
 - d. "You have to be because if you don't [advocate for yourself], nobody's gonna listen to you. You have to be your own advocate"

Key Issues

Question	Synthesis of Responses
<p>1. What are the top basic needs for you and people similar to you?</p>	<ul style="list-style-type: none"> • Copay costs <ul style="list-style-type: none"> ○ \$40-60 for specialists, \$20 for physical therapy ○ Respondents cannot eat if they have too many appointments in a week they have to pay for • Payment/Billing <ul style="list-style-type: none"> ○ Noble sends bits and pieces of bills ○ Don't have credit or debit cards; went to urgent care and because of COVID, they weren't taking cash or checks. Would have been turned away and forced to go to emergency department (ED) if son hadn't been able to pay for it. In ED, they take insurance and will bill you but they're hearing they shouldn't go to the ED. ○ Another story of going to urgent care feeling unwell but had to walk home despite having the money for it (but no cards). • Transportation <ul style="list-style-type: none"> ○ Right now, one of the members of the seniors group does a lot of driving of other people around. They also have people volunteers/companion programs to help you. ○ Would be nice to have a van to take them to doctor's appointments or to the store but have to consider insuring it, driving, maintenance. <ul style="list-style-type: none"> ▪ But Southwick is able to manage and has a van. • Community <ul style="list-style-type: none"> ○ Not easy being older and feeling clumsy; want a dog for companionship ○ Pre-pandemic times: seniors go to the center to talk and converse and enjoyed it; people could socialize and make friends

Question	Synthesis of Responses
<p>2. Given the trouble with medical bill affordability, how do you get by?</p>	<ul style="list-style-type: none"> • Look for sales • Plant a garden and don't go anywhere • Know that food prices will skyrocket • Keep old cars, the TV is 40 years old, washing machine is 45 years old • Go to meat department for yellow ticket items (marked down) • Go to senior center twice a week for meals • Make everything themselves and bake, including bread
<p>3. If you could wave a magic wand, what would you change?</p>	<ul style="list-style-type: none"> • Doctor's office would answer the phone • Would separate out doctors who do gerontology because they understand the population's needs and afflictions. Some of the doctors are impatient and if seniors aren't outspoken, they are left behind • Food prices would decrease, emergency room prices would go down <ul style="list-style-type: none"> ◦ Conversation about how expensive allergy shots and insulin are • Doctors would make home visits

Focus Group Report: Basic Needs

Primary Hospital: Baystate Noble Hospital, Baystate Medical Center

Topic of Focus Group: Access to Basic Needs, perspective of community-based “Connectors”

Date of Focus Group: 5/12/22 and 5/16/22

Facilitator: Lisa Ranghelli

Note Taker: Alisa Ainbinder

Participants:

- Johanna Farrell, Food Bank of Western Massachusetts
- Maureen Perreault, Behavioral Health Network
- Chris Puffer, Hilltown Community Health Center
- Gabriel Quaglia, Tapestry Health
- Gricelides Saex, Baystate Health
- Aileen Santana, Greater Springfield Senior Services

Executive Summary

E. Areas of Consensus:

- a. Lack of comprehensive support center for people who are unhoused
 - i. Place to send and receive mail, shower, wash clothes, perhaps case management support—which increases employment opportunity
- b. Identification documents (like license or birth certificate)
 - i. Identification documents needed to get into suboxone clinic but cost-prohibitive
- c. Lack of social support
 - i. Families less involved with seniors during pandemic; less eyes means fewer opportunities to identify needs
 - 1. Using meal delivery as way to informally conduct wellness checks for folks who decline additional services during pandemic especially

2. Keeping eye out for people who don't show up to appointments or returning calls when it's out of character
 - ii. Concerns about isolation and grief
- d. Housing
 - i. Cost barriers: people outpriced; utilities unaffordable
 - ii. With rent increasing, tougher to attach Department of Mental Health subsidies to effectively cap rent for folks to make more affordable
 - iii. Seeing many unhoused referrals (concerns about secondary health issues in unhoused folks with substance use disorder [SUD] and the danger of cold temperatures)
 1. Potentially due to instability in their lives, benefits may have lapsed, may have been evicted or housing situation untenable
 - iv. Many are living paycheck to paycheck; even if technically housed, they have extremely limited income
 - v. Housing comes with stipulations of sobriety. Need more housing programs that don't have requirements banning use of drug/alcohol/substances
- e. Food
 - i. Many unaware of support like food pantries; lack of prepared meals in evening
 - ii. Nowhere for unhoused folks to store or prepare food
 - iii. Inflation impact (food stamps don't cover what they need now)
- f. Transportation
 - i. Cost barriers for public transportation, especially for older adults
 1. Gas prices are so high it may be unaffordable to ask a family member for a ride and reimburse for gas
 - ii. Transportation disruption is a big problem for people with SUD
 1. If on methadone, they need to go every day
 - iii. Inaccessible for people who are not presently able-bodied because there may not be anywhere to sit while waiting for the bus
- g. Difficulties with case management
 - i. Especially for unhoused people or folks with SUD, expecting them to navigate systems is often unrealistically difficult

1. They're expected to conform to expectations, and they are being penalized for anything possible
- ii. Case managers overwhelmed by volume of need
- iii. Services may have requirements like specific insurance, age cap, etc.
- h. Language support and literacy
 - i. Some transportation scheduling services don't have anyone who speaks Spanish, so people report using Google Translate to make do
 - ii. Medical appointments turned down or cancelled because provider cites lack of translation lines available
 - iii. Expectations may not be realistic, such as expecting patients to read & write
- i. Emotional support
 - i. Seems like people may be getting used to isolation, worrisome for people serving elders
 - ii. People expressing suicidal ideation or sharing that they relapsed to community-facing folks even though they aren't mental health clinicians because there is existing trust
 - iii. People feel dehumanized or not seen as equal humans; avoid seeking services, even if necessary
- j. Technology support
 - i. So much online, people who don't or can't use technology are left out. Elderly folks especially left behind
- F. Key Recommendations:
 - a. Services have flex hours, not just available 9-5
 - b. Better healthcare, and more understanding that different communities have varying needs
 - c. Address housing and identification issues holistically instead of tweaking here and there. Systems intersect to create layered barriers.
 - d. Start over and rebuild new city; reforming approaches lacks creativity. Would invite different segments of community to do visioning about what is most impactful rather than throwing money at things without clear visions. Bring voices together and envision better version of society for our kids and us. Greener version

- e. Mental health support – specifically allowing people who need to utilize a psychiatric unit to stay for a longer period of time
- f. Discharge planning post-hospital stay is weak. In need of improved coordination to support folks better
- g. Additional funds to be used for the random, unexpected pieces needed when engaging in case management; refers to funding the “gray area”

G. Quotes:

- a. “You have to get really lucky. Like you can get a free ID sometimes, maybe, but usually not.”
- b. “People don't realize there's things they can do to fight the eviction. Or that there might be prevented eviction prevention services. And so they're just ending up homeless sometimes for the first time and they don't. They don't know that there's some things that could have happened to prevent that.”
- c. “Actually, we have a patient today. He's been missing for the last I will say three weeks we didn't know why he was missing his appointments, no shows, nothing later, and then we just find out his car broke...”
- d. “It's [public transit] expensive for older adults, because each ride or you could arrange if you're spending \$3 to go if it's within the same city, and \$3 to come back, or \$3.50 or \$4 depending which city you're going to for any errand or anything like that. So I won't call it free transportation.”
- e. “They [unhoused folks, sometimes with SUD] get frustrated and discouraged and they stop so it's sometimes a lot. They get like three steps forward and then two steps back a lot. And kind of a lot of it is expecting them to like fit into a system... and people will kind of help move them along that and keep them motivated and try to penalize them for anything that they can.”
- f. “We're [case managers] having a really hard time it's really difficult. We're not getting people placed and it's horrible. And this is a catastrophe.”
- g. “it's more like ‘I haven't followed up with my doctor yet, or I haven't gone to my sisters yet. I'm just too scared.’ There's been too many difficulties with COVID.”
- h. “I think the social opportunities is key especially for my elders who are suffering from depression, isolation from their family members, from friends.”
- i. “What I find is that not only do they [elders] want to talk, but they need some, they need to just see something different from what they are forced

to, to look at every day. You know, aside from their four walls, the same tree...”

- j. “I mean, my folks are all on either SSDI or SSI. And, you know, now they're raising rents to like \$1,200 and... they can't afford it. And we are we do have some DMH subsidies, but they're even difficult now to attach to these apartments because the rate of the apartment is too high to attach our subsidies to so that's a whole ‘nother stumbling block. So it's quite a crisis. It really is quite a crisis.”
- k. “Because in what, well, I would imagine [is] most places but Westfield, certainly, the rent increases have been really, really difficult for our folks. So that's, that's huge.”
- l. “I think housing is just a crisis all the way around”
- m. “And when we house folks in our subsidies, we we tend to make sure they're on a bus line. Although we provide transportation too, but it's always a good thing. For them to be independent if they can.”
- n. “The [inpatient psychiatric] stays are pretty short term and I know that's an insurance issue and I'm not pointing my fingers at any particular unit or hospital. But it's pretty short-term treatment and sometimes it's just not enough and so sometimes it's it takes more than one hospitalization, whereas had they stayed a little bit longer and they might have stabilized a little bit more and been able to come out and be more successful.”
- o. “In the many, many years that I've done this, I've not had the amount of substance use issues [that is present now]”

Key Issues

Question	Synthesis of Responses
<p>1. Top 3 needs in our region that you are seeing your clients or program participants requesting help with?</p>	<ul style="list-style-type: none"> • Employment <ul style="list-style-type: none"> ○ Referrals to jobs, skill building (resume, applying, interviewing) ○ Lack of comprehensive “drop in center” for unhoused folks <ul style="list-style-type: none"> ➤ Place to send/receive mail, shower, wash clothes, perhaps case management support—increases employment opportunity • Identification Documents <ul style="list-style-type: none"> ○ Cost barriers, esp. highlighting unhoused folks <ul style="list-style-type: none"> ➤ Northampton has grant money (\$2-3k/year) to help offset license/birth certificate costs ○ Someone without an ID can’t get housing without birth certificate that’s in another state and he doesn’t have the \$20 needed. Also can’t get in the suboxone clinic without ID. • Social support <ul style="list-style-type: none"> ○ Families less involved with seniors during pandemic; less eyes means less ability to identify needs ○ Use meal delivery as way to informally conduct wellness checks for folks who decline additional services during pandemic especially ○ Also folks keeping eye out for people who don’t show up to appointments or returning calls when it’s out of character ○ Concerns about isolation and grief

Question	Synthesis of Responses
<p>2. What are you seeing as barriers to accessing these things? How is this playing out?</p>	<ul style="list-style-type: none"> • Housing (safe, affordable) <ul style="list-style-type: none"> ○ Cost barriers <ul style="list-style-type: none"> ➤ Folks outpriced, need for affordable utilities ➤ One persons folks are primary on SSDI or SSI and rent increasing to ~\$1,200 and they can't afford it ➤ With rent increasing, tougher to attach Dept of Mental Health subsidies to effectively cap rent for folks to make more affordable ○ Folks unaware of services to support when facing eviction ○ Many new referrals are unhoused <ul style="list-style-type: none"> ➤ Seeing lots of secondary health issues in folks unhoused w/ SUD (endocarditis, infections, MRSA) ➤ Cold temperatures (seeing frostbite or people will walk around all night and try to find somewhere indoors during day) <ul style="list-style-type: none"> ▪ Possibly affecting mental health when not sleeping for days at a time ○ Plenty of people living paycheck to paycheck even if technically housed, really low-income ○ Housing comes with stipulations of sobriety. Need more housing programs that don't have drug/alcohol/substance requirements • Food <ul style="list-style-type: none"> ○ Unaware of support like food pantries; lack of prepared meals in evening ○ Nowhere for unhoused people to store or prepare food if they get it

Question	Synthesis of Responses
	<ul style="list-style-type: none"> ○ Inflation impact (food stamps aren't covering what they need now) • Transportation <ul style="list-style-type: none"> ○ Cost barriers, trouble navigating (confusion) ○ Disruption of transportation is big problem for folks w/ SUD <ul style="list-style-type: none"> ➤ If on methadone, they need to go every day ○ Inaccessible for people who are not presently able-bodied <ul style="list-style-type: none"> ➤ Nowhere to sit that's appropriate when waiting for bus ○ Gas prices so high it's unaffordable to ask family member for ride then pay for gas • Low threshold case management <ul style="list-style-type: none"> ○ Especially for unhoused people or folks with SUD, expecting them to navigate systems is often unrealistically difficult ○ Case managers are overwhelmed by the volume of need ○ Services may require special insurance, age requirement, etc. • Language support/literacy <ul style="list-style-type: none"> ○ One transportation scheduling service doesn't have people who speak Spanish; people cite using Google Translate ○ Medical appointment barriers (turned down/cancelled appointments and provider cites lack of translation lines available) <ul style="list-style-type: none"> ➤ Few interpreters in person

Question	Synthesis of Responses
	<ul style="list-style-type: none"> ○ Organizations' expectations of patients and what they're supposed to do not realistic at times; some people cannot read and/or write ● Emotional support/ social opportunities <ul style="list-style-type: none"> ○ Seems like people may be getting used to isolation which is worrisome for folks serving elders ○ People expressing suicidal ideation or sharing that they relapsed to community-facing folks even though they aren't mental health clinicians because there is existing trust ○ People feel dehumanized or not seen as equal humans; avoid seeking services, even if necessary ● Fresh food/produce ● Technology support <ul style="list-style-type: none"> ○ So much online, people who don't/can't use technology left out. Elderly folks especially left behind. ● Services with flex hours, not just 9-5
<p>3. Reflecting back on the top three needs you identified, if you could wave a wand and make a change in how things are done in our region, what would you do? What do you see as a solution or improvement to the ways things are right now?</p>	<ul style="list-style-type: none"> ● Better healthcare (more understanding that different communities have different needs) <ul style="list-style-type: none"> ○ Discharge planning post-hospital stay is weak. In need of improved coordination to support folks better ● Address housing and identification issues holistically instead of tweaking here and there. Systems intersect to create layered barriers. <ul style="list-style-type: none"> ○ Notes the tension and stress experienced by folks in coordination/case management roles ● Start over and rebuild new city; reforming approaches lacks creativity. Would invite different segments of community to do

Question	Synthesis of Responses
	<p>visioning about what is most impactful rather than throwing money at things without clear visions. Bring voices together and envision better version of society for our kids and us. Greener version.</p> <ul style="list-style-type: none"> • Used car engine analogy: want to put time on hold so they can do the necessary maintenance that's needed to run efficiently • Food delivery for quarantined folks • Mental health support – specifically allowing people who need to utilize a psychiatric unit to stay for a longer period of time • Funds to be used for the random, unexpected pieces needed when engaging in case management; refers to funding the “gray area”

4f. Key Informant Interviews on Youth Mental Health

COMMUNITIES SERVED BY BAYSTATE MEDICAL: A SUMMARY OF FINDINGS FROM QUALITATIVE INQUIRY ON YOUTH MENTAL HEALTH

Purpose

The essential question driving this study was: What are some critical ways hospitals and health insurers can facilitate community, provider, family, and school collaboration to support young people's mental health?

To address this question, the findings presented below cover four essential sub-questions, as well as other topics that respondents identified.

1. How do youth in diverse communities conceive of “mental health”? Who do they turn to? Who do they trust for guidance?

2. What are the current platforms for community support that hospitals can build on in collaboration with others?
3. What effective collaborative models exist in western Massachusetts?
4. How can youth be involved in building more effective support systems?

Methods

The thematic summary is based on semi-structured, in-depth interviews conducted with 24 key informants working in mental health or youth development roles in the greater Springfield area. Interview questions and the ensuing conversations were informed and adjusted based on the areas of expertise of the respondents.

The roles and self-identified characteristics of the respondents are as follows:

Professional roles:

- 14 mental health providers, clinical program managers, or affiliated providers
- 2 coalition coordinators working on youth issues
- 7 youth development staff, program coordinators, or school-based coordinators
- 1 educator/trainer on mental health and social justice

Identity characteristics:

- 18 respondents identified as female and 6 identified as male
- 15 people of color (including 7 Latino/a/e people); 7 White people; 2 undisclosed
- Age range: mid-twenties to mid-sixties

Services areas covered:

- Most of the respondents' primarily work with residents of Hampden County
- Several work with young people and families in the broader region

Staff at the Collaborative for Educational Services conducted interviews using Zoom video-conferencing. Most of the interviews were individual (one-on-one conversations); two interviews included two respondents who worked in the same agency; and one interview was co-facilitated by two interviewers. The findings included in this summary are based on interviews facilitated and analyzed by three White, professional, formally educated women and one bilingual (Spanish-English), professional, formally educated

Latina woman. We provide this information to be transparent and to acknowledge that the identity characteristics of research staff may influence the flow and content of interviews, as well as the analyst's interpretation of findings. To promote respondent comfort and choice, in our initial outreach to key informants, we asked if there were certain characteristics they would like in an interviewer (eg, gender identity, race, ethnicity, or language abilities) and did our best to accommodate requests. Respondents were offered the option of using the video option or switching cameras off, were reminded that they can skip any question or opt out of the interview at any time and were invited to offer their own topics to discuss to better understand issues affecting young people's well-being.

In addition to the key informant interviews, members of the qualitative team participated in several regional webinars or panels on youth mental health issues. These included:

- City of Springfield Social Work Awareness Month Panel on Youth Mental Health, March 2022
- University of Massachusetts, School of Public Health, Addressing the Mental Health Crisis among Young Adults, an Inter-professional Workshop, March 2022
- Stop Access Coalition hosted webinar, Suicide Prevention from a racial justice lens, February 2022
- Community Health Needs Assessment (CHNA), Regional Advisory Council panel on youth mental health, January 2022
- Stop Access Coalition hosted webinar, Mental Health: Beyond the Individual, December 2021

The qualitative team has also included relevant findings from Holyoke Medical Center CHNA in-depth interviews and a Community Chat with the Springfield Youth Mental Health Coalition.

At each of these events, facilitators asked or presented information on topics aligned with this study's essential questions and the specific questions in the interview protocols.

Constraints and Limitations of this study

The sample of respondents was primarily made up of those known to Coalition members, Regional Advisory Council members, or members of the research team. In addition, respondents that we contacted for interviews often recommended other colleagues. The findings presented in this summary are based on interviews with those informants who were available to be interviewed within the fairly short timeframe available for each hospital's data collection (51% of those we contacted). This was a convenience sample rather than a random sample. While we identify many common themes in the findings, as well as some fairly unique perspectives, we cannot make any generalizable statements based on this type of data collection, nor can we determine whether the "unique perspectives" would be outliers or replicated in a larger, more representative study.

It's also important to note that school staff were very difficult to reach during this timeframe. There is only one school staff person included in the findings. School leaders, educators, and counselors, and other staff have a perspective on student well-being that is not fully represented here. In addition, for any collaborative work in communities, it will be critical to have school partners at the table.

The Coalition was interested in focusing on the assets and needs of adolescents and young adults (ages 13-25). We asked all respondents to think about both populations (those under 18 and those 18-25) and invited them to identify commonalities and differences based on age and development. We found, however, that most respondents spoke primarily about adolescents, and noted that many of the behaviors and attitudes continue into the young adult years. Few respondents spoke specifically about the needs and strengths of young adults.

Finally, while many of the people we spoke with work very closely with young people and were able to clearly share their sense of young people's experience and perspectives, the voices of youth (and parents) are notably absent in these findings. We strongly recommend that program planning processes center youth input and feedback, and we identify opportunities in the findings.

Findings

One of the key values driving this work AND coming out of this work is an appreciation for the diverse experiences of young people, families, and those who work with them. We

mean diversity in terms of community, culture, race, ethnicity, language, gender identity, sexual orientation, class, family dynamics, organizational connections, access to basic resources and health care, and many other attributes; at the same time, we also see the diverse set of experiences and internal functioning of every individual. For example, there is no one youth leadership program that will effectively engage all young people. For some, engagement in leadership looks more like participation in a small discussion or independent artistic expression, while others are building school governance structures. There is no right answer; the findings are laden with inherent tensions (eg, social media can be a positive and a harmful force for youth; schools are a natural place to build in more supports for young people, but they are also a place where many students don't feel comfortable or safe). Therefore, these findings cannot point to well-defined interventions or strategies that are universally applicable and effective. Rather, the key to supporting youth well-being is to create a variety of opportunities for adults and youth to work together to make safe, respectful, culturally sustaining spaces that nurture relationships and joy. The Performance Project embraces this approach in their vision:

“The Performance Project envisions a world in which all people strive for personal and social liberation, where all individuals and cultures are honored, embrace interconnectedness, and we all are free to achieve our full potential.”²³⁷

In order to address mental health challenges and promote well-being, Coalition members and their partners will need to collaborate to build a diverse array of approaches that honor the power and potential of young people.

1) How do youth and adults in diverse communities conceive of “mental health”? Who do young people turn to? Who do they trust for guidance?

Mental health providers and those working with young people in community and school settings relate a complex array of challenges impeding youth well-being and speak from some significantly different perspectives. Those in mental health positions tend to speak primarily about depression, stress, anxiety, trauma, suicidal ideation, family trauma, childhood development, and social and emotional skills. They describe recent increases in suicidal ideation and attempts: one provider reported getting three to four reports a week. Another mental health provider described the severe levels of anxiety and depression that are paralyzing young people.

On the more moderate side of the spectrum, one clinician noted that youth well-being is tied to being able to navigate the daily challenges and developmental stages:

“It’s a functional thing; it’s being able to engage the world to successfully navigate the development milestones of your age. If we are talking about adolescents: individualization, engagement in interpersonal and romantic relationships, and transitioning to adulthood. You have to successfully navigate education, separation from parents. You have to navigate the deleterious influences of your peer network. And hopefully do this with good ego strength, and emotional stability and self-regulation.”

Many youth program staff remarked on community and cultural issues affecting well-being, including racism – current and historic, violence, generational poverty, economics, access to care, and basic needs. Several noted the fact that young people are constantly exposed to racial and global violence via social media.

“The legacy of economic disenfranchisement that produces people who cannot sustain themselves economically, educationally, financially, and the impact of that on the family themselves --- depression, poor mental health, physical health, education. Generational pattern of depression, poor mental health. Poor education, ineffective education systems; inadequate housing – all have a profound impact on the mental health, physical health, economic health, and social health of the families we work with.”

Others described the tremendous stress and oppression young people feel as they interact with institutions and systems of power:

*“I see the anxiety, stress, and fatigue tied to interface with systems – how challenging, constraining, oppressive these are for young people and families.”
[systems such as schools, state agencies – Department of Youth Services, Department of Children and Families, interactions with health providers].*

One mental health provider described poor mental health as a response to the environment and the systems young people are necessarily a part of:

“I feel really strongly when you talk about youth mental health that for the most part you are talking about adaptation to an environment that can [cause or] prevent diagnosable conditions.”

This environment may be the family, the community, and/or the institutions with which young people interact. One clinical provider noted that many of the acute mental health issues are rooted in early childhood traumas, and that any solutions need to involve family systems and focus preemptively on younger children.

“Many of them, their parents have a hard time engaging in the parent therapy that is known to work because they are overwhelmed with their own behavioral health problems, and their own poverty, and their own interpersonal issues with their spouses. So the adult side and the youth side and the young child side is just like – it’s a spider web – you can’t touch one element end without touching the whole shooting match. And you can’t touch behavioral health without touching monetary resources and jobs and housing. It’s so enmeshed in network.”

Young people and adults note that everyday stress is normal – based on school demands, social expectations, family relationships, etc. Anxiety, stress, and depression are all common terms: “youth talk about these as normal.” Increasingly, young people are self-diagnosing or recognizing other issues – eg, acute anxiety, trauma, ADHD, and neurodivergence. “Kids are soaking in ways of seeing themselves” through social media and peer-to-peer connections.

A very different perspective was expressed by a youth development staff person working with mostly Black high school students. They described youth using language like “They’re not feeling well” or “They’re just not right today.” – avoiding use of any more specific terms like sad, depressed, or anxious.

Many noted the high levels of stress adolescents and young adults are carrying due to the expectations around school, employment, college, as well as routine social situations, exposure to social media images that they compare themselves to, and the challenges of identity development through this phase of life. Schools in particular were noted as particularly stressful settings in which young people don’t feel supported, especially youth of color, recent immigrants, English Language Learners, LGBTQIA+ youth, students with disabilities or mental health/behavioral challenges. These young people are experiencing micro-aggressions throughout the day.

“Young people are carrying a lot of stress from their day-to-day interactions.”

“You have teachers and educators who are coming from cities and towns that are outside of Springfield, which are sometimes very, very different from Springfield. So you have educators who have very different lives than the youth are living ..., and so they don't know how to relate to them, they don't know how to teach them, they don't know how to encourage them or motivate them.... youth, are going to school again everyday spending most of their days in school with these folks that don't necessarily relate to them or know how to educate them.”

Youth who are gay, non-binary, trans, or identify as queer face particular psychological and social stressors related to understanding and claiming their identity; “coming out” to friends, family, and others in their lives; finding social settings where they feel supported; and feeling threatened by others’ judgments and attacks. Interviewees noted the recent increase in young people questioning and/or coming to understand their gender identity.

The pandemic exacerbated existing issues and created new challenges for young people. Mental health issues were already widespread before COVID-19, “but someone opened the curtain and then set it on fire!” One clinician emphasized, “I’ve been doing this for twenty years, have never seen it like this!”

Isolation was a huge challenge for many young people who lost social connections, activities that gave them joy, as well as the daily routines through which they would be actively engaged in social situations. One mental health provider described, “A lot of us have lost our social capabilities.” Many young people increased their social media use which can create some forms of connection but may also have deepened isolating behaviors. All young people missed important developmental milestones – graduations, proms, summer jobs, etc. and therefore lacked the community acknowledgement and some of the societal structures that propel youth forward toward the next developmental milestone. Young people have been having trouble reintegrating into school (“taking their masks off” – ie, re-engaging in the intensely social situation), and face the added pressure of teachers trying to get them back on track academically. Many students who were academically successful prior to COVID-19 still have high expectations for themselves, but have lost time on learning, some are less able to focus, and therefore feel more pressure around academic goals. COVID-19 isolation as well as the increase in social media use have led to decreased engagement in physical activity, a further risk affecting mental and emotional well-being.

“How much anxiety and depression is medicated, but could be treated with fresh air and physical activity?”

Some young people experienced greater stress at home during COVID-19 related to a myriad of family dynamics – health, employment, financial concerns, domestic violence, and food and housing insecurity.

Some respondents also described recent increases in cannabis use among youth, with further increases during the pandemic. Professionals noted that young people are self-medicating, see marijuana use as very common and normal, and are not thinking about long term impacts.

“A lot of young people self-medicate with cannabis. Smoking, dabbing, [they say] ‘it helps me to chill, calm down, sleep, not hit somebody, focus.’ ... Cannabis is one of the biggest challenges.”

Who or what do youth turn to for support?

Two clear themes are that young people:

1. Generally trust their friends and rely on them for support.
2. Turn to social media to connect, learn, share, and escape.

Most young people are more comfortable talking to friends than to parents/caregivers about mental health challenges. However, in some communities, young people also don't feel comfortable letting friends or peers know they are struggling and needing support, fearing peer judgment. Young people are also concerned with the spread of their personal business on social media.

When asked who young people turn to, one respondent promptly answered, “TikTok.” Almost all noted social media in general – young people find others they can connect with, build relationships, find information, and share their experiences and feelings. This is particularly true for LGBTQIA+ youth. Most use their phones for entertainment and distraction, and some use online platforms for creative expression. Some clinicians are using social media to reach out to young people, and young people have access to a wide range of information and related content providers. While many noted the benefits to social media, most are very concerned about some of the negative effects on mental health, like cyberbullying, isolation, and a sedentary lifestyle. Some noted the negative impact on self-image as young people see unattainable images. Others described the misinformation that young people are exposed to. Many are concerned about addictive

nature, noting that young people are increasingly isolating as they spend so much time with video games and social media. Social media use increased during the pandemic.

No matter how well connected they are, many young people are isolating with their feelings. Many are turning inward:

“They hold a lot of stuff and are trying to figure out their feelings or their thoughts by themselves, and sometimes find success with it and other times you know they don’t.”

Some don’t sense they can trust peers or others, not wanting to be judged and fearing personal information/business going viral. Dealing with mental health issues internally can lead to destructive behaviors such as substance use, self-harm, excessive video game use, etc.

Respondents expressed a range of perceptions regarding stigma around mental health. Some said youth are so exposed to issues of anxiety, depression, self-harm, and suicidality, they are comfortable talking about it. Others identified stigma as a huge obstacle for seeking support. At least one person noted that the stigma is often greater among parents/caregivers, so that young people do not turn to their parents with issues. This seems to be particularly relevant for families of color.

“All I think about when I think about mental health is the toxic familial cycles that they are stuck in. As an African American, there is an evil theme – ‘what happens in the house stays in the house.’ If you mention mental health, ‘you are crazy and need a straight jacket.’ All these things trickle down and limit conversations.”

A corollary is that for many adults, stigma and fear get in the way of talking about mental health issues with the young people in their lives. They don’t want to think their children are “screwed up,” and many fear that talking about mental health and suicide will negatively impact the young person.

Given issues of stigma and typical adolescent distancing from family, young people are often not sharing information or concerns with their parents, and therefore not consistently turning to caregivers for support. Parents are often the key gatekeepers for accessing health care, mental health care, and prescriptions. The lack of communication with parents often also means limited access to professional supports.

Parents are also seeking support for maintaining effective communication, setting limits, and knowing how to support their children:

“Parents and caregivers also, I think the first thing that comes to mind is again confusion, just on how to be able to support youth.”

Parents build communities with other parents for their own support system:

“The majority of the families I work with are very caring and they have family or friends. They make their own networks. They are so resilient.”

But this isn’t true of all parents/caregivers. Many feel isolated, overwhelmed, or burdened with maintaining jobs, housing, adequate food, and supporting their children.

Many noted the valuable support some young people find in various types of adult mentors – these could be extended family members, coaches, program staff, or other adults who youth come to trust and confide in. Several were able to clearly describe the characteristics of a respectful relationship with youth that makes them feel comfortable opening up – focused time together, shared activities (eg, engagement in arts), respect, understanding of family and community context, and taking conversational cues from the young people. Others noted that even brief interactions from an adult that is paying attention (eg, a crossing guard or neighbor) can make a young person feel supported and noticed.

Of course, mental health providers are also a critical support for young people. When asked whom young people turn to, surprisingly few informants independently named therapists, counselors, or other clinicians. On the positive side, many informants see a wealth of supports among peer groups, families, community organizations, and in communities. On the negative side, informants spoke about the challenges in accessing quality mental health services, long waiting lists, lack of culturally competent providers, and lack of providers skilled in research-based approaches to treating trauma-related issues. Youth most frequently find their way to mental health providers through parent persistence, medical referrals, and referrals from school and program staff. For some young people, mental health services are accessed because their behavior has reached a crisis stage and they are referred by school or agency-based staff.

“Access to mental health is through getting in trouble.”

What are the youth assets that help them maintain a sense of well-being or cope with mental health challenges?

Several informants are inspired by the resilience they see in young people. They describe an ability to continue bouncing back and seeking solutions, new relationships, and paths.

“A lot of them still have a purity and an honesty and the zest for the truth. And I think that is what maintains their resiliency. And they still have hope.... As long as they're given authentic information and they're actually able to have some form of expression and dialogue. ... So that is what I look for to capitalize on.”

That said, they also note that many young people are broken, and don't feel that sense of strength and hope. One informant requested a young adult,

“I hate when they talk about resilience. I'm suffering.”

Some providers focused on the role of social-emotional learning, access to information on social media, and the incredible understanding that youth have of themselves and the world around them – their comfort in talking about mental health, challenges, as well as global issues like racism, violence, and oppression. This understanding helps young people connect with one another and have some perspective on the extreme range of feelings they experience. For example, one provider talked about the results they saw from a training with youth on micro-aggressions. Once the students were able to see them and name them, they were able to talk about the impact and feel less vulnerable:

“Once you give them the language, they can name what is happening.”

As noted above, one of the key protective factors for youth are strong relationships with trusted peers and caring adults – in their families, neighborhoods, schools, or community organizations – the opposite of isolation. In some communities and neighborhoods in the Baystate Medical area, youth feel a sense of being part of a tightly knit community:

“Sense of community that exists in a lot of the schools and cities we work in. Holyoke in part has a tight level of community – gatherings, celebrations about whom we are, small city that cares about their identity.”

Several interviewees described programming that builds agency and youth sense of ownership of their path. This may be built into the program design, but it is often tied to the skills of individual providers. Such programs offer safe spaces where youth feel comfortable expressing themselves, where they feel respected, known, and understood. Adults in these programs have significant experience with the communities they are working with, focus on respectful relationship building, and offer young people a space to create their own paths. One youth worker described how they use this relationship to support young people:

“I try to help them reaffirm when they are in their element. Getting into strengths helps them maintain positive mental health.”

One provider noted that opportunities for creative expression (through rap, spoken word, visual arts, theater, etc.) can be very impactful for young people. Unfortunately, the description of these healthy habitats for building youth agency and resilience were often juxtaposed with the description of youth experience with mental health providers, which often leave the young people feeling disconnected, disengaged, and disrespected.

2. What are the current platforms for community support that hospitals can build on in collaboration with others? What are the community assets? What are the gaps or critical needs?

Community Assets

Our interviews identify one extremely important community asset – the people who live and work in the communities served by Baystate Medical and who have committed themselves to the young people they work with. The Coalition is fortunate to have a range of youth development staff, youth leadership professionals, coalition coordinators, and educators who have a depth of experience in building supportive relationships with young people and co-designing programs and spaces in which participants feel safe, respected, heard, and engaged.

Respondents frequently identified individual community youth-serving programs that are effectively supporting the young people that are engaged, and others simply noted the value of community and school-based youth programming. Organizations such as the Boys and Girls Club, Girls Inc., New North Citizens’ Council, 21st Century Afterschool

programs, sports leagues, and youth coalitions offer a range of programming that provide safe places for young people to go after school, get homework help, engage in creative projects, and talk with peers and adults about challenges and opportunities. They note the value of arts programs giving students freedom to express themselves that they may not experience during the school day. Some also noted that the ability to pursue hobbies is therapeutic and can help young people find some type of balance.

“Healthy mental health comes when you feel seen and heard, when you feel connected to something bigger than yourself – you belong at school, in your family, faith community, sports team, whatever. Healthy mental health comes when you move when you get fresh air. Healthy mental health comes when you feel that your gifts align with the world's needs, when you're engaged in things you are passionate about.”

“Creating aesthetically welcoming spaces for youth to play, laugh, build community, and experiment with activities and hobbies that support their mental health. ... I try to plan many different types of activities because youth all have their own strengths... I try not to do the whole day on one thing so that they have the opportunity to get into their strengths. I want the day to have ups and downs, not just be all good or all frustrating.”

On the other hand, some noted that the old model of structured sports, church-based activities, scouts, and after school programs is not relevant for young people.

“Young people don't do programs. It's not them. It's old school.... Use shows, concerts, go where youth are.”

They mentioned for example that young people are skateboarding in the park, rather than engaging in organized sports, and that it's important to provide the supports where they are already gathering.

When professionals talk about the intersection of youth programming and mental health, several suggested the benefits of integrating mental health services in the community spaces where youth are already convening and feel comfortable. One provider described the benefit of having therapists present on site at their youth serving program, rather than referring them out to an organization where they won't feel comfortable. Youth are more likely to build relationships and trust with therapeutic staff who show up regularly in their

own community centers. The Boys and Girls Club offers one model for allowing youth to schedule therapy appointments at the community program.

Several respondents noted the importance of Gandara's Impact Center in Springfield. They noted that it provides a model for supporting the most disconnected youth with essential resources, referrals, and mental health supports all under one roof, and in a place where young people feel safe.

Many respondents emphasized the value of mentoring programs: formal and informal, peer-to-peer, and adult-youth mentoring. They emphasize the value of peer-to-peer models, often bringing in graduates of a program or those who have been there longer to be older mentors to newer participants. Others note the need for adult mentors to be culturally competent and familiar with the communities in which the young people live. They described community-based spaces for youth to convene with trusted, culturally competent, and appropriate adult mentors to debrief with on their days, reflect, and destress. Some suggested training programs for all adults that interface with young people, inviting adults to take on the mantle of mentor and see their role in a community support system.

One regional training program for educators, providers, and for young people is provided by Estoy Aquí, an organization that focuses on building culturally competent support systems to promote youth well-being and prevent suicide. Area colleges, youth coalitions, schools, and organizations have brought this training to enhance adult and youth appreciation for "the underlying social, cultural, and racial issues that affect well-being."²³⁸

Schools were also noted as a community resource to build upon. Educators and school health staff may be the first to identify when students need Individualized Education Programs (IEPs), 504 plans that provide accommodations for students with disabilities, behavioral supports, or counseling. Some schools (usually the ones that are better resourced) do this quickly, while for others it takes months. One respondent noted that it's hard to access neuro/psych testing -- schools don't do it anymore and waitlists are months long. Schools provide important referrals to mental health programs, but don't have the capacity to follow up.

“Schools are doing the best they can. I have respect for the school system. Schools deal with stuff not even parents want to deal with. A lot’s being asked from schools, and it’s not necessarily fair.”

Some called for expanded and appropriate school-based counseling and referral systems, specifically noting that school staff/counselors need to be trained to understand and support the whole child, not simply focus on academic performance and goals. Many talked about how school staff feel pressured to attain academic goals, often neglecting students' social-emotional needs.

“In my perfect world, I would have every day a block of time teaching students how to deal with anger, disappointment..., teaching them those skills for going out into the world. My ideal would be having that time in schools and having it be OK. Some of our schools are committed to that and trying to find that time. Others are jumping into academics right away.”

Gaps and Barriers

Affirming a widely recognized reality, all respondents noted the inadequate supply of therapeutic supports, including community-based therapists, psychiatrists, and acute care beds. One clinician described the situation with acute care as:

“Partial hospitalization has a waitlist that’s older than me. If sometimes we had a fast track where kids can do those two weeks, that would help, but we can’t get them on the list.”

Another therapist referencing access issues remarked that “Psychiatry in this area is horrid, ... especially when it comes to those who work with those under 18.”

Young people seeking therapy are waitlisted for months, and often only those with parents/caregivers who have the time to persist are able to get an appointment with a therapist. One respondent suggested a centralized waitlist – instead of making families and individuals call every mental health care provider to get put on all the waitlists, there could be one number and one list. Some recalled young people who had tried to get help but were only able to get services when they were in crisis. Again, it’s widely acknowledged that many young people in acute crisis are stuck in hospital emergency rooms or adult floors until they can find an appropriate placement.

One specialist noted that expanded capacity has to include a focus on quality. They are concerned about the rapid deployment of new cohorts of therapists who have minimal training and experience and who are not committed to evidence-based models. Others noted the extreme churn in the profession and within organizations. This results in young people often having to change therapists, as the one they were working with leaves a community center or clinic, often moving into private practice or other professional settings once they have gained their initial experience and certifications in a clinical setting.

“In our desperation to get behavioral providers without paying them adequately – because you can have a master’s degree in social work and training as a behavioral health provider and make pretty crap wages within the community service providers. We end up with these very junior people who are just barely trained, who do lousy therapy based on a model with no evidence or no model at all. ... As soon as they get experience, they leave the system and the poor people behind because the pay is so bad there.”

While some in health care are hopeful that the expansion of telehealth and tele-mental health during the Pandemic has enhanced access to health care, others note that this is “not a panacea.” They note that it is not appropriate for all types of therapeutic work. In addition, it tends to be less accessible to limited income young people.

“Low income means worse or no internet, or no laptop, limited cell phone service. Hot spot- can you find it, is it reliable? No privacy.”

Another clinician noted that while telehealth may make it easier to access a provider, it has not expanded the pool of providers or their capacity to serve the large numbers of people on waiting lists. One provider said tele-mental health may be particularly useful for men of color because it provides a “safe distance”, and this may be particularly true for young men of color.

Enhanced capacity also involves an expansion of preventive care.

“We should be able to see people who don't meet the threshold for a diagnosable condition in order to prevent it from developing.”

Youth often enter the system in crisis, or at least in serious need of mental health support. If they received support in more environments and from a younger age, the challenges that develop as they age could potentially be avoided:

“Start early! Starting with youth and especially youth in the emergency room in crisis is a losing game. ... It’s just the tip of the iceberg.”

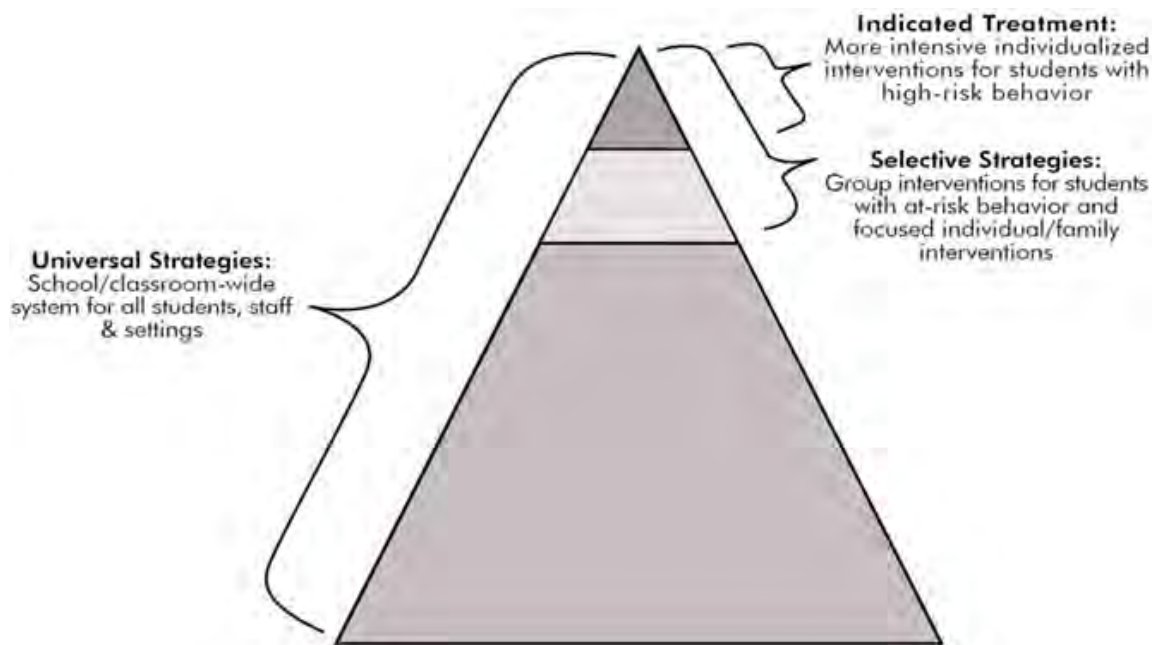
Others talked about the need for pediatricians and primary care providers to have more training and responsibility to assess and support youth facing mental health challenges. These providers are often the only clinicians a young person regularly sees. Others suggested further integration of mental health supports within primary care and pediatric practices. There’s a lot of support from pediatric physicians – they want mental health care providers to be available to patients as an integrated part of medical care.

There’s a lot of investment in a biomedical model of treating individual patients, but not for community building. Mental health providers work on improving an individual’s mental health only to send someone back into a community that doesn’t provide a network of support.

“Money goes to people at their worst, but we need to encourage community building. It’s very concerning to hear about the need for high levels of care and to open more beds, but what else is missing? Why can’t we keep kids in the community? What’s going on? We’re compensating for lack of community resources by treating very acute cases because that’s what it takes to get care.”

“If you want to prevent child abuse and youth mental health issues, their parents need to have jobs that give them dignity, they need to live in homes that are livable, in communities in which they feel they are part of a supportive network.”

One respondent referenced the pyramid model (see Figure A) for assessing and building systems of mental health supports, and they noted that COVID-19 has bumped everyone up a level: “We lost the base – we lost the support we get from our social networks and interactions. How do we get the base back?”

FIGURE A: Public Health Pyramid

Source: Vulin-Reynolds et al., 2008

Note: the interviewee described the pyramid, and the interviewer pulled this graphic from online resources. The interviewee did not describe the base as just being school-related but as having to do with all the places we find emotional/social support -- schools, churches, sports, etc.

In addition to greatly expanded clinical and therapeutic supports, many respondents noted the need for more structured activities for youth. Many identified the need for more programs such as organized sports, art and music programs, afterschool programs, vocational programs, youth drop-in centers, and other similar programs that provide young people structure while also allowing them to follow their passions, develop skills, and build relationships and community. There are some extracurricular activities, but many were put on hold during COVID-19, and it is unclear if they're coming back. Others are prohibitively expensive – any fee can be a barrier for many families. While respondents discussed the importance of these programs, they also voiced strong concerns about the unavailability of the programs and levels of participation.

At the top end of the pyramid, providers mentioned the need for expanded residential and community-based wraparound services for young people who are houseless, separated from their families, and often have substance use, behavioral issues, and/or mental health diagnoses.

Culture and language appropriate mental health services

Another widely recognized reality is the need for greater cultural competence, understanding, and sensitivity among the adults working with young people – whether in clinics, hospitals, schools, or community programs. We heard many stories of young people who were unable to connect with clinicians, and often had negative experiences – feeling that therapists did not understand or respect them. One youth development provider described the young people they work with who try therapy or counseling and feel the counselor can't relate to them.

“They tell me they saw someone, but they didn't listen, were judgmental, or didn't relate.”

Young people describe the lack of time they have with a provider, that they don't feel respected, that the therapist “doesn't get me,” and a general lack of understanding for family and social systems, beliefs, and language.

“Youth want more experiential, get to know a therapist first. Be more knowledgeable, respectful of culture. A lot of mental health in the area, clinicians are white. That's a major complaint and major reason why people don't seek out mental health assistance.”

“When you are paired with a therapist a lot of times it's not a good fit. There aren't very many therapists. ... who show cultural humility to Black and Brown folks. So, they wait for a long time to get into therapy and then, once they get someone that is this like totally not a match, so then they're back to square one.”

Thorough assessment especially when it comes to adolescents and young adults involves ... someone actively listening to them. Sitting down in a hospital, providers are rushed. Active listening, look for signs, look for something that they are not telling you; try to develop trust and rapport; treat them with respect, don't treat them as another number.”

Youth will only open up to people who they can connect with; people they think really understand them. One therapist noted this goes for prescribers as well as counseling/therapy staff. One clinician described their positive interactions with young people:

“These kids are fun, nice, curious; they have interests.... When they are with a person that gives them great accord and attention, they soak it up and return the accord and attention. They are still socially engaged creatures who want to relate; it’s very rare that they don’t have that.... They want to be successful, and they want to share that success with you. When you reward them for being the individual that they are, they want to engage you and give you back social return.”

Respondents also note that clinicians cannot accurately assess or diagnose young people without understanding their community and cultural background. One provider tells the story of a young person being diagnosed as “hearing voices” and potentially schizophrenic because they talked about connecting with their ancestors.

“When you allow young people who walk into your office to tell you what healing means, you empower them... People [older clinicians] don’t like that, they like to hold on to their theories, techniques. When you think about the books that we learn from, they were created by White men, they weren’t created for us. This hinders people from coming in. You see Black and Brown people incorporating traditional ways of healing and cultural understandings.... I agree, I need the essentials for a license – to be able to assess, recognize, BUT also coming from a cultural understanding and respecting different ways of healing.”

Training programs to diversify the mental health workforce

In describing the need for culturally competent care, many respondents noted the structural barriers in place that prevent people of color and low-income people from entering the workforce (to become social workers, therapists, or other mental health providers). Historically disenfranchised groups and those with less financial resources are less likely to be able to spend the time in school and the money on training programs to get the necessary education, especially when the salaries in this field are mediocre. Some note that people with limited incomes are likely to take the less costly route:

“The system itself is just not made for people of color to readily get into. If they do get into this field, they tend to be bachelor or associate’s level or post high school with experience, like [in] case management”.

While most acknowledge that more Black, Hispanic/Latino/a/e, and Spanish-speaking mental health care workers are crucial to better serve Baystate Medical’s area, there

appears to be little consensus on how entities work together to make it easier for people of color and those with limited incomes to become mental health care providers. Some respondents suggested alternative licensing/training to remove barriers to entering the field, and significant financial assistance for graduate programs and certification to become a clinician.

Social determinants of health directly affect a family's ability to access care. For example, families face transportation barriers, and financial challenges prevent people with less financial resources from accessing the services they need. One respondent commented:

“Lack of proper transportation is a main issue that won’t allow people to get resources and access they need to services. A lot of people in the state, cities, and towns are doing their best to provide services, recreational groups, and different types of activities, but those services are not equal for everyone.”

As described above, generational poverty, the effects of racism, lack of access to essential resources all affect a person's ability to feel a sense of well-being. These are not symptoms that are treated through individual therapeutic interventions. Some interviewees described the need for community building, economic development, jobs programs, food access, and re-design of our major systems as essential steps to help young people overcome the generational effects of oppression, racism, violence, and poverty imposed on communities of color.

One respondent noted the central role that parents/caregivers play in supporting their children, and the stress on parents managing full-time or multiple jobs to sustain the family financially.

“There are too many half days – kids are sent home early from school, parents can’t be there, there aren’t afterschool programs, so kids go to technology/devices or get into trouble.”

“How are we supporting parents to get beyond survival mode? The system is just not right. A change has to happen in the home, period. Home first. But the system is broken.”

3) What effective collaborative models exist in western Massachusetts or what should be further developed?

Many of the gaps and barriers described above suggest opportunities to enhance current platforms or to build new approaches. Lack of collaboration was noted as a barrier to building effective support systems for young people, and few examples of successful collaboration were cited.

Multiple respondents noted that more continuity is needed between what happens inside the hospital and what happens beyond the hospital walls, specifically referring to coordination of care around individual cases. For example, one respondent noted that youth in crisis who go to the hospital get short-term prescriptions but may not be able to meet with the prescriber before the refills run out. Another respondent noted that when hospitals communicate with schools about long-term absences being required of students due to surgery or similar treatments, schools are unable to arrange supports to keep students connected with the curriculum. As one respondent put it:

“I would like to see better communications, more than just a referral. I’d like to see case discussions, sharing of information in order to transition better. Sometimes I will get written documents, but I don’t get the professional-professional interaction.”

Another informant suggested that hospital-based staff need to be more aware of community-based collaborators:

“Hospitals need to be in tune with the community, their patients, and the services available to them, so that every time you see a patient you should think about how you can activate the community so they don’t come back. They need to think holistically, and to integrate behavioral health through all they do.”

“Not a lot of agency in the traditional mental health model. It’s better to reach youth where they are feeling respected, connected, and safe. It’s important to be out in the community.”

Respondents explicitly named a number of organizations and networks that they viewed as being collaborative and supportive of youth mental health. Examples include Jewish Family Services, Caring Health Center, Boys and Girls Clubs, the BRYT program, Vision for Children and Youth, and state departments that provide conferences and networking

opportunities, such as the Department of Public Health, the Department of Mental Health, and the Bureau of Substance Addiction Services. Jewish Family Services, Caring Health Center, and Vision for Children and Youth were all noted for their strength and flexibility in working with youth regardless of immigration status. One person described,

“DCF and other agencies that are providers such as MHA, CHD, Gandara, BHN could be collaborating better, as well as the schools... Good collaboration with probation officers, department of corrections is needed. I’m always interested in collaborating with other agencies that serve youth.”

Another respondent described the need for sustained, inter-professional networks that include schools, state agencies, hospital systems, mental health providers, and community programs. Such networks would share information on trends, spikes, as well as support coordination of care.

One area in need of expanded collaboration are care navigation systems that facilitate access to services. Respondents noted that there are some navigator programs, but more are needed. There needs to be navigators/care coordinators in schools, primary care offices, family resources centers, and in youth programs to help connect people to support:

“People of color have a harder time accessing care because it’s harder for them to navigate the system. They’ve had their concerns and views minimized by providers before. There’s a distrust in the system by people of color. White patients move through the system faster because they are familiar with how the system works; other folks need more support to get moved through.”

“The mental health system is a quagmire of red tape and roadblocks. It’s very hard for people to understand and access. There needs to be a focus on putting navigation resources in place.”

Several interviewees questioned how better collaboration between hospitals, mental health organizations, private practices and community organizations might help to more appropriately distribute increased funding for mental health services to ensure its addressing community priorities:

“Building capacity – there is funding that hospitals get, that private therapists on the outside don’t get. What does community capacity look like? Spoke to someone at BHN – said we have all this funding, but we don’t have the capacity....”

“Resources and capacity building for people on the ground and doing the important work. That’s what I fight for now. That’s why I sit at certain tables to make sure we are building bridges over the gaps.”

One recommendation was for hospitals to act as conveners and trainers – to bring together therapists, physicians, school and community-based staff, and faith groups to share information on trends, practice protocols, and to build collaborative connections. Building on this, they would like to see greater coordination, integration, and a holistic approach to mental health – shifting away from the fragment and piecemeal models generated by the various funding streams and regulations within which organizations are working.

Respondents noted a number of collaborative models that are working well:

- The Children's Behavioral Health Initiative (CBHI), which brings state and community agencies, health care providers, and insurers together to ensure children’s needs are addressed and coordinated.
- System of Care meetings.
- City Connects in the Springfield Public Schools is a student support model focusing on four domains of well-being: social-emotional, family, academic, and health, designed to help identify students and families in need, link them to resources, and provide follow-up.
- Mental health providers such as Gandara and Behavioral Health Network working in schools and/or working in partnership with schools.
- Integrated and community-based support, resource, and referral programs such as New North Citizens’ Council Youth Center, and drop-in centers that can offer centralized supports for mental health and essential resources, such as Gandara’s Impact Center in Springfield.
- Youth health, substance abuse prevention, and mental health coalition(s) that typically bring together an array of social services, community organizations, and

health providers together to focus on strategic initiatives and networking, and also offer opportunities for youth organizing and leadership.

- The African Diaspora Mental Health Association provides consultation and therapy services in community-based programs. Girls Inc, and other organizations are increasingly bringing in mental health consultations or ongoing clinical services for the young people with whom they work.
- Holyoke has several provider networks that convene regularly to coordinate and brainstorm on how to better meet community needs (eg, One Holyoke).
- Community programs work in collaboration with schools (eg, Girls Inc. in Holyoke and Chicopee) to bring engaging health curriculum into the schools. However, the collaboration needs to be sustained as staff, leadership, and curriculum change over time.

4) How can youth be involved in building more effective support systems?

As cited throughout these findings, many see youth well-being tightly coupled with youth opportunities to express themselves, feel heard and respected, and to have increasing autonomy over their paths. Several informants described institutions currently in place to “support youth” as oppressive, disrespectful, negating, and disempowering.

Organizations mentioned include public schools and health providers. These are symptomatic of a broader cultural orientation toward large-scale, standardized service systems designed by professionals and politicians often at a great distance from those that these institutions are intended to serve.

Respondents noted the need to provide opportunities in which youth have some autonomy or agency, describing how young people are deprived of autonomy in much of their lives. They succeed when they can make choices for themselves, while adults provide a structure within which youth can make good choices.

“Give kids a choice that you can live with. Give them the power they can have. The philosophy and framework in youth spaces should be that adults provide safety and structure, but adults give choices to youth so youth have agency to make those choices.”

Several respondents provided clear visions for community-based programming that invite young people to “practice power.” These programs typically have youth groups with trusted, culturally similar adults co-designing centers for youth well-being. They provide models for designing mental health and youth development services for young people. One provider exclaimed:

“I would love for hospitals to be involved in youth led initiatives!”

These are also groups that Coalition members may want to engage with for youth-centered design of services. The adults working in these programs have strong relationships with young people and can offer opportunities to young people who may be interested in working with Coalition members on youth mental health supports. If youth are to be expert co-designers, organizations are increasingly recognizing the imperative to appropriately compensate young people for their expertise, time, and effort. Their participation goes beyond resume building and volunteer work. Appropriate compensation is one step in transforming systems and relationships that have historically oppressed young people – it is one way to value their contributions.

Below is a partial list of community organizations that are actively engaging youth in social-emotional development, civic, creative, and leadership programs. This is not intended to be exhaustive or selective; rather it provides a sense of the wealth of resources in Baystate Medical’s services area for actively engaging with young people. Several of those we spoke with in these organizations said that they have youth groups that might be willing to work with area hospitals, insurers, and/or community providers to build more effective and supportive systems.

- Boys and Girls Club
- Enchanted Circle Theater
- Gandara’s Stop Access Coalition youth group
- Gardening the Community
- Girls Inc.
- Girls on the Run
- Martin Luther King Jr Youth Mental Health Advisory Group
- Out Now
- Pa’lante Restorative Justice Program in the Holyoke schools
- Performance Project
- Tapestry

- The Women’s Fund
- After School Programs

Many respondents also see positive mental health and well-being tightly coupled with community development and transforming systems that have not been designed to meet the needs of historically marginalized populations. For example, some recommend creating alternative pathways for education and workforce development – working with school counseling systems, workforce development agencies, and youth leadership groups to generate new pathways and broaden young people’s sense of possibilities and opportunities. More broadly, some describe the need to break down current structures/systems that lead to poor health and bring youth in to build youth-positive systems. All collaborative processes should work with youth in the spirit of “nothing about us without us,” and consider intersections of youth identity and community identities at play within the Baystate Medical network.

TABLE 10: Respondents Participating in Key Informant Interviews on Youth Mental Health

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low- Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Greater Springfield Area					
Joy Allen	Mental Health Provider	Gandara Mental Health Center	x	x	
Steven Boos	Medical Director, Baystate Family Advocacy Center	Baystate Children’s Hospital	x	x	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low- Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Tamera Crenshaw	Mental Health Provider	Tools for Success Counseling	x	x	
Mayra DeJesus	Social Worker	Shriners Hospitals for Children- Springfield	x	x	
Nicole Desnoyers	Peer to Peer Parent Outreach Specialist	Behavioral Health Network	x	x	
Whitney Dodd	Mental Health Provider	Wellness for the Culture	x	x	
Julie Donovan	City Connects Supervisor	Springfield Public Schools	x	x	
Ysabel Garcia	Founder	Estoy Aquí	x	x	
Malika Jeffries	Coalition Coordinator	Gandara Center Stop Access Coalition	x	x	
Madeline Johnson	Manager	Trinity Health of NE	x	x	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low- Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Julie Lichtenberg					
James Arana	Co-Directors	The Performance Project	X	X	
Cristóbal Silva San Martin					
Katherine Mague	Senior Vice President	Behavioral Health Network	X	X	
Jamie Mesler	Teen Site Manager	Boys and Girls Club of Chicopee	X	X	
René Piñero	Vice President, Behavioral Health, and Clinical Operations	Mental Health Association	x	x	
Edna Rodriguez	Director Behavioral Health	Trinity Health of NE	x	x	
Tiffany Ruffino	Youth Mental Health Coalition Manager	Public Health Inst of W Mass	x	x	

Name (Last, First)	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low- Income, Minority, & Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Jamie Santiago	Clinical Director/ Managing Partner	Preferred Behavioral Health	x	x	
Elizabeth Santos	Mental Health Counselor	New North Citizens Council	x	x	
Dee Ward	Associate Executive Director	Girls Inc of the Valley	x	x	
Ariana Williams	Director of Public Health	Martin Luther King Jr. Family Services	x	x	
Shabazz Wilson	Psychotherapist	Behavioral Health Network	x	x	
Maria Zygmunt	Clinical Manager, Brightside	Trinity Health of NE	x	x	

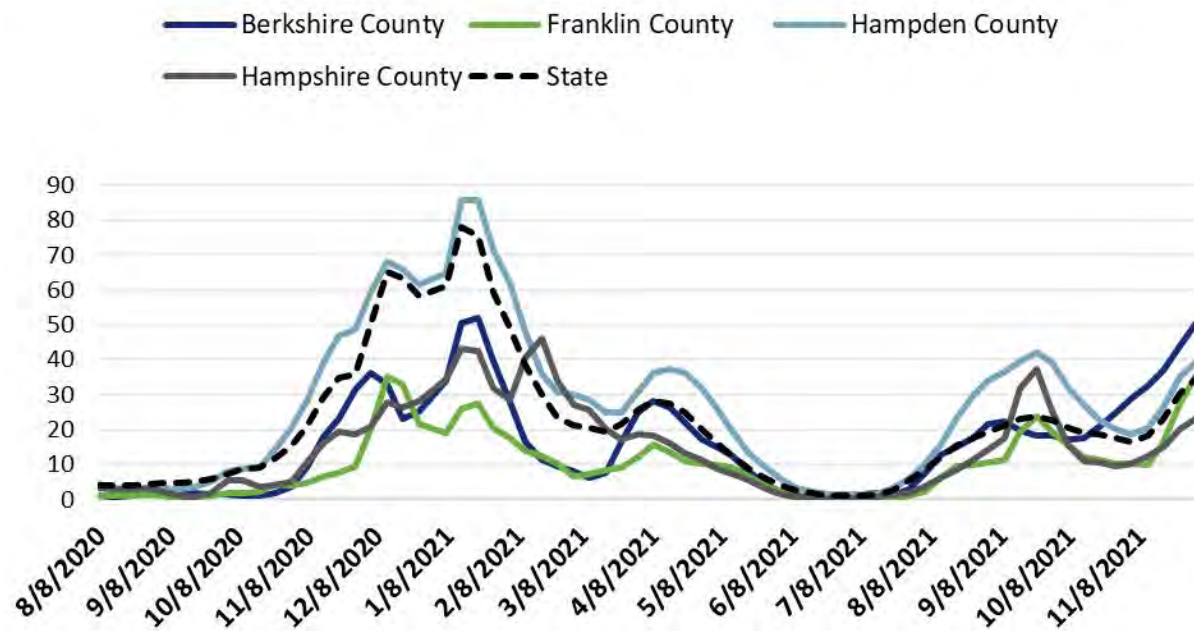
Other Sources

- City of Springfield Social Work Awareness Month Panel on youth mental health, March 2022
- University of Massachusetts, School of Public Health, Addressing the Mental Health Crisis among Young Adults, an Inter-professional Workshop, March 2022
- Stop Access Coalition hosted webinar, Suicide Prevention from a Racial Justice Lens, February 2022
- Community Health Needs Assessment, Regional Advisory Council panel on youth mental health, January 2022
- Stop Access Coalition hosted webinar, Mental Health: Beyond the Individual, December 2021
- Holyoke Medical Center, CHNA in-depth interviews, October 2021 - February 2022
- Community Chat with Springfield Youth Mental Health Coalition, October 2021
- Public Health Institute of Western Massachusetts, Youth Mental Health Coalition Focus Group summary (based on focus groups conducted from December 2021 - February 2022)

Appendix 5. Supplemental Data

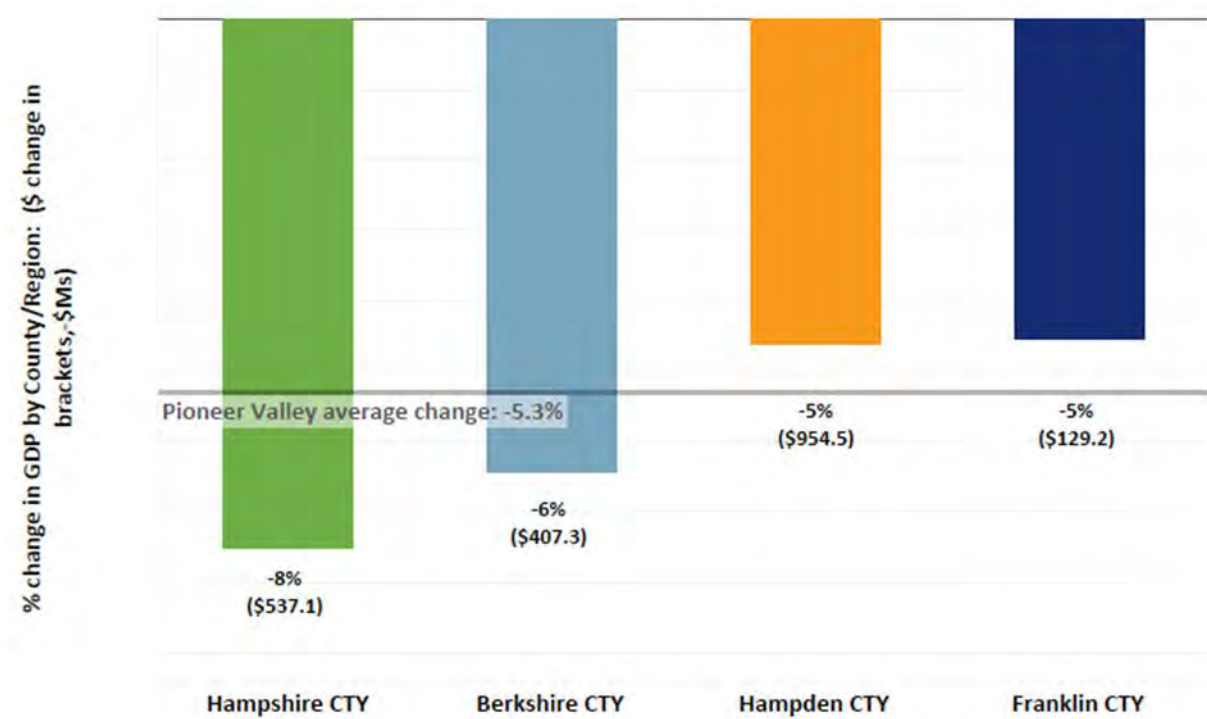
5a. COVID-19 Supplemental Data

FIGURE 36: COVID-19 Incidence Rate in Western MA by County, August 2020 – November 2021 (Pre-Omicron Variant)

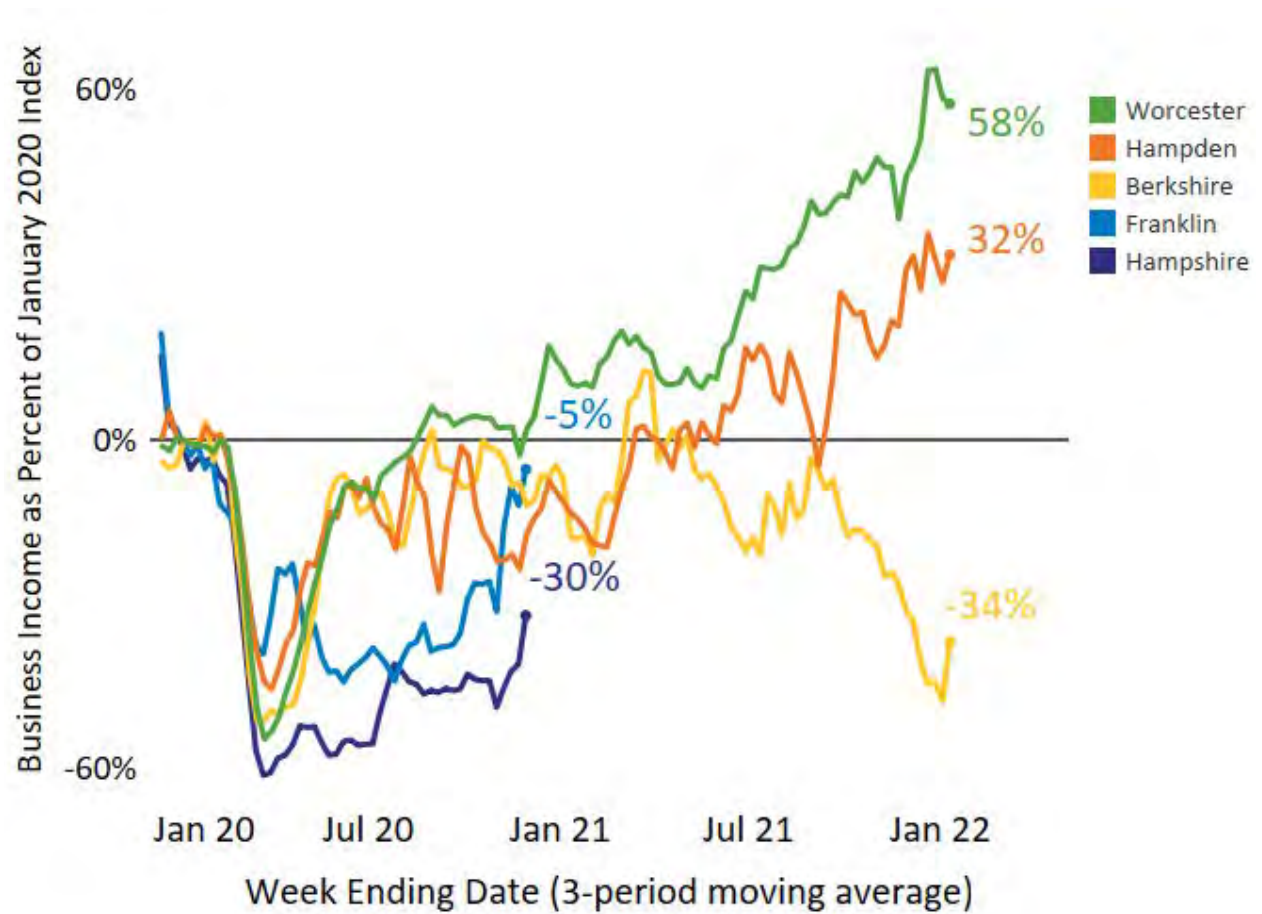


Source: Massachusetts Department of Public Health COVID-19 Dashboard

FIGURE 37: Effects of COVID-19 on Pioneer Valley Gross Domestic Product (GDP), 2020



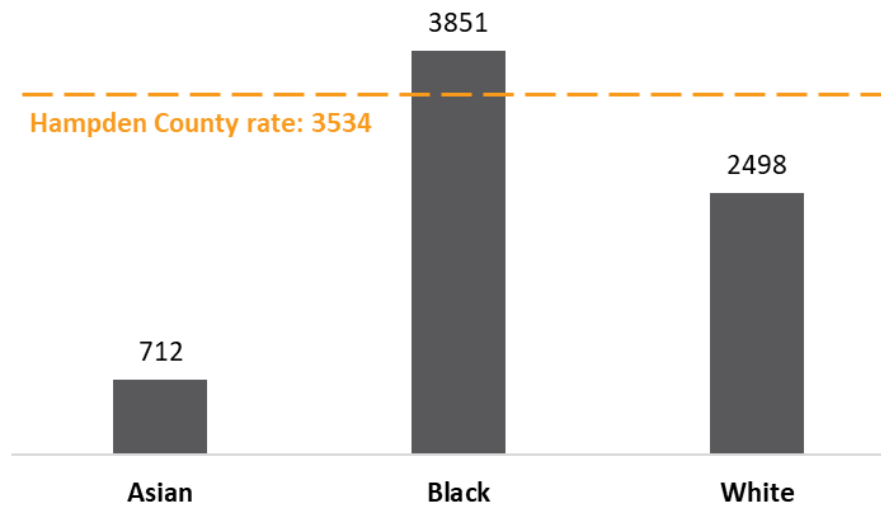
Source: US Bureau of Economic Analysis, <https://www.bea.gov/data/gdp/gdp-county-metro-and-other-areas>

FIGURE 38: Small Business Revenues, January 2020 – February 2022

Source: Womply data, from Opportunity Insights, <https://www.tracktherecovery.org/>

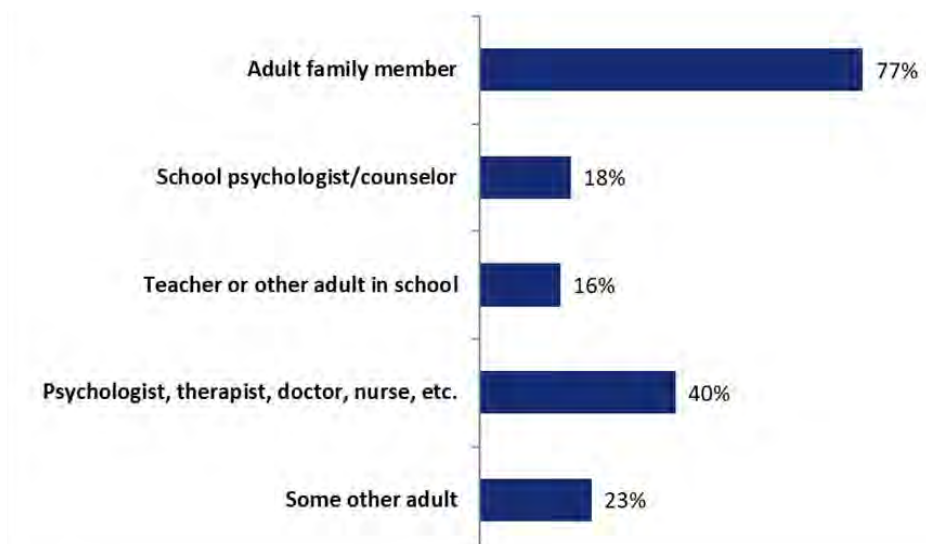
5b. Mental Health Data

FIGURE 39: Mental Health Emergency Department Visits by Race, Hampden County
Age Adjusted Rate Per 100,000



Source: MDPH Emergency Department Visit Tables for Chronic Diseases, 2016-2019

FIGURE 40: Types of Adults that Springfield Eighth Grade Students Sought Help From, 2021
Percentage of respondents who sought help from adult



Source: Springfield Public Schools, Youth Health Survey of 8th Graders, 2021

5c. COVID-19 Community Impact Survey (CCIS) Data

In response to the ongoing COVID-19 pandemic, the Massachusetts Department of Public Health conducted the CCIS to better understand the needs of populations that have been disproportionately impacted by the pandemic, including its social and economic impacts. The survey was conducted in the fall of 2020 and reached over 33,000 adults and 3,000 youth (under 25). There was an intentional effort to reach key populations such as people of color, LGBTQIA+ individuals, people with disabilities, older adults, etc.

Compared to past surveillance surveys, this survey reached:

- 10x as many Alaska Native/Native Americans
- 10x as many LGBTQIA+ respondents
- 5x as many residents who speak languages other than English
- 5x as many Hispanic residents
- 5x as many Asian residents
- Over twice as many respondents in other populations including the deaf/hard of hearing and Black community

In Hampden County, there were 2,253 survey respondents. Respondents were predominantly female (79%), a third identified as a non-White race or ethnicity, 12% identified as LGBTQIA+, 23% speak a language other than English at home, and 22% had an income below \$35,000.

Throughout the report, we will highlight relevant findings for Hampden County and western Massachusetts in general to better understand the impacts of the pandemic. All percentages reported are unweighted and statistical significance testing, a chi-square (X2) test of independence for comparisons was used where applicable. Caution should be used when interpreting the results of the CCIS. It is important to note that these findings are only representative of those who participated in the survey and may not be representative of the experiences of everyone in Hampden County.

5d. COVID-19's Impact on Mental Health and Substance Use Health

The COVID-19 pandemic has acutely affected the mental health of residents as well as the availability of care in the region and communities served by Baystate Medical. Among Hampden County public health officials surveyed in 2021 for this assessment, 41% listed

mental health and substance use as the most pressing health issue in their community, and it was the top ranked issue overall. A subset of those respondents also cited a shortage of mental health and substance use services.

Data from the statewide CCIS conducted in 2020 show the negative impacts of the early lockdown phase on mental health as well as substance use.

Depressive Symptoms: In Hampden County, a greater proportion of respondents reported experiencing high rates of poor mental health days compared to previous surveillance data. More than one in three respondents reported 15 or more poor mental health days in the past 30 days (36%, n=1,879) which is more than twice as high as estimates from 2019 (15%).²³⁹ The rate was 37% for respondents that lived in a rural area.²⁴⁰ Though not directly comparable to state-wide rates because of different methods used to calculate them, these are slightly elevated from the state response rate of 33%. Respondents with disabilities and parents of children with special health care needs are disproportionately impacted, with one in two experiencing 15 or more poor mental health days in the past 30 days. Disparities were also seen among the following subgroups: younger respondents (age 25 to 64), LGBTQIA+ respondents, lower income respondents, parents in general.

Signs of PTSD: The survey also captured information on mental health outcomes that are directly tied to the pandemic. Respondents were asked to report their experience with five post-traumatic stress disorder (PTSD)-like reactions to the COVID-19 pandemic which include nightmares, avoidant behaviors, guilt, etc.²⁴¹ More than one in four respondents reported experiencing three or more PTSD-like reactions to the pandemic (27%, n=1,843). This was slightly higher (29%) for rural respondents.

Barriers to Care: Overall, the pandemic exacerbated existing poor mental health issues, and it also posed specific barriers to accessing care. Respondents reported delaying needed care during the pandemic due to canceled or delayed appointments, increased wait times, lack of safe transportation, inability to access telehealth, etc. Approximately, one in five respondents that experienced a delay in care reported delaying routine mental health care (22%, n=169) or urgent mental health care (22%, n=82). Also, 35% of respondents that experienced 15 or more poor mental health days in the past 30 days delayed routine mental health care (n=69) or urgent mental health care (n=50).

Resource Needs: Thirty-one percent of respondents experiencing 15 or more poor mental health days in the past 30 days worried about getting mental or emotional support

(n=680). This was true for 25% of rural respondents. Respondents requested the following resources to help with their mental health and well-being:

- Information on how to see a therapist
- Talking to a health professional on the phone
- Talking to a health professional over video chat
- Meeting in person with a health professional (individual and/or group therapy)
- Using an application on a mobile phone or tablet for mental health support.

Substance Use: The pandemic also resulted in increased substance use. Among Hampden County respondents that used any substance in the past 30 days, 41% increased their substance use compared to before the onset of the pandemic (n=1,097). Rates of elevated use were greatest among respondents with less than \$35,000 annual household income (55%, n=179); LGBTQIA+ respondents (55%, n=147); and Black (52%, n=52) and Hispanic/Latino/a/e respondents (48%, n=149).

Although respondents were able to select multiple substances when indicating increased substance use, respondents that used the following substances reported increased substance use overall:

- 60% of respondents who use marijuana (n=293)
- 54% of respondents who use prescription drugs* (n=127)
- 51% of respondents who use tobacco (n=222)
- 49% of respondents who use e-cigarette (n=47)
- 47% of respondents who use over the counter (OTC) drugs* (n=34)
- 39% of respondents who use alcohol (n=863)

* Please note that prescription and OTC drug use does not specify if it was inappropriate use.

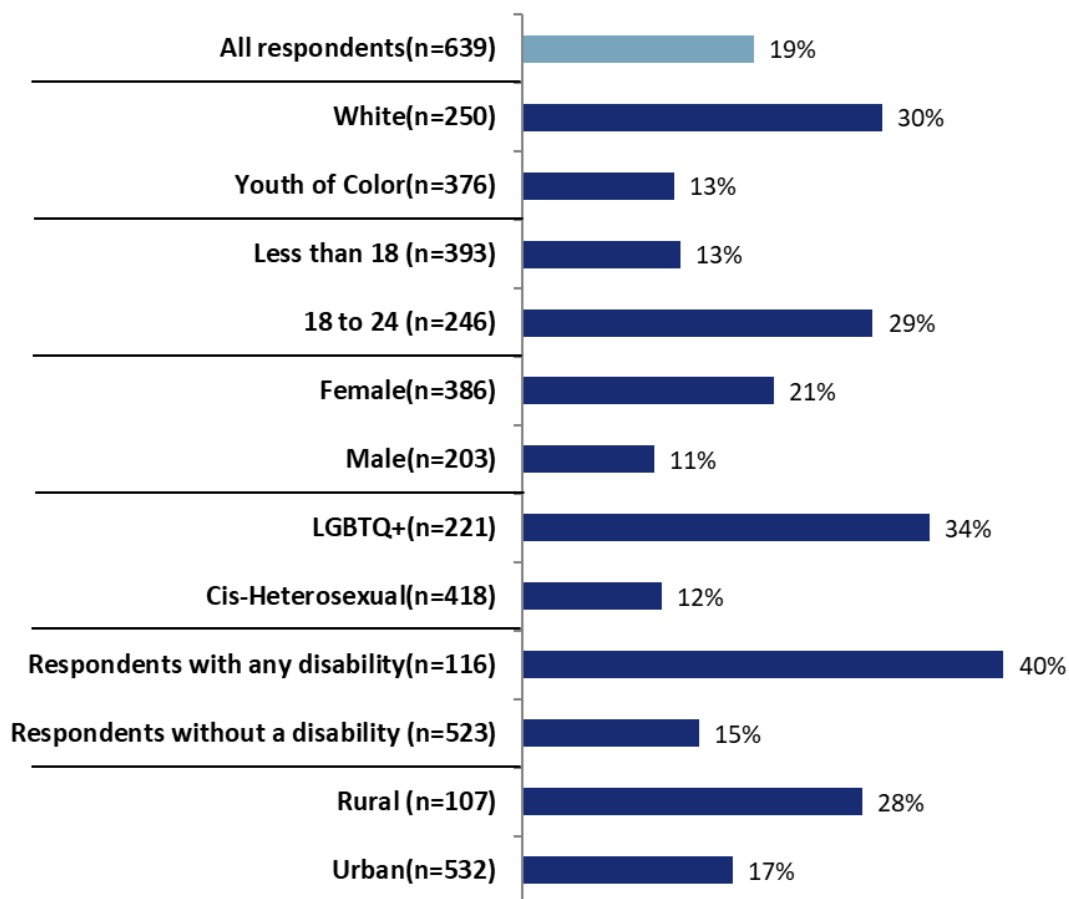
The isolation of rural communities in the lockdown phase of the pandemic may have been harder for those with substance use issues. The rate of reported substance use overall in the past 30 days was 57% for rural respondents versus 48% urban, with a similar disparity in alcohol use in the past 30 days (54% rural, 43% urban). Of those who reported having used a substance in the last 30 days, 42% of rural respondents increased their substance use compared to before the onset of the pandemic

Resource needs: The top three resources requested by respondents who use substances were:

1. Meeting in person with a therapist (individual and/or group therapy).
2. Access to NRT (patches, gum, lozenges) or quitting medication – which was most requested among rural respondents.
3. Talking to a quit coach or counselor via video (for example: WhatsApp, Skype, FaceTime) to help me with my tobacco and vaping.

5e. CCIS Data on Youth Mental Health

FIGURE 41: Western MA Youth Experiencing Three or more PTSD Like Reactions during COVID-19



Source: MDPH COVID-19 Community Impact Survey, 2020

5f. Impact of COVID-19 on Availability and Access to Providers

Data provided by the County Health Rankings offers a glimpse of provider availability at a county level, though most data is from time periods prior to the pandemic. Unfortunately, there is a delay in when data becomes available due to challenges in data collection and cleaning. We know that COVID-19 has had impacts on provider workforce and availability, but it is helpful to understand status prior to the pandemic. Based on the 2021 County Health Rankings:

- **Primary Care:** There were fewer primary care physicians available per population than reported in the last CHNA. Hampden County had 1,490 residents for each primary care physician (1,490:1) in 2018, compared to 970:1 statewide. The ratio of other types of primary care providers, such as nurse practitioners, is better than the state – 610:1 in the county versus 730:1 for Massachusetts but may still be insufficient to meet needs.
- **Dentists:** The ratio of dentists has slightly improved since the previous CHNA, with 1,110 residents per dentists in 2019, although this is still worse than the state ratio of 930:1.
- **Mental Health:** The proportion of mental health providers in 2020 was improved (100:1) from the previous CHNA and continues to be better than the state (150:1).

Despite slight improvements in some areas, the overall situation was challenging even before COVID-19. The map in Section (6)c shows that parts of the county continue to be underserved and/or face provider shortages, notably in Chicopee, Holyoke, Springfield, and West Springfield. These are areas with predominantly Black and Latino/a/e residents who experience numerous health inequities.

Several facets of the COVID-19 pandemic affected access to providers. Once the country went into lockdown to reduce transmission, most health care providers temporarily ended all non-emergency care. Many tried to pivot to telehealth, which is described in more detail below, but still had limited capacity as providers scrambled to deal with the fallout of the pandemic on their own lives.

The pandemic also resulted in a phenomenon dubbed the Great Resignation, in which millions of Americans left their jobs and were not easily replaced, resulting in massive labor shortages in some fields. Their top reasons for leaving were not necessarily pay, but

toxic work environments, job insecurity, high levels of innovation, failure to recognize performance, and poor response to the pandemic.²⁴²

The Great Resignation placed a strain on frontline health workers in particular, and it has caused staffing shortages throughout the medical system. Many sources consulted for this report expressed concern about the shortage of providers. In a regional survey of health officials, 35% of Hampden County respondents cited the limited availability of providers as the most pressing health issue facing their community.

CCIS data help us better understand the impact of the pandemic on those seeking care in 2020.

- Overall, about 75% of respondents needed health care since July 1, 2020 (n=2,049).
- One in six respondents that sought healthcare during the pandemic reported not receiving care due to barriers presented by COVID-19 (17%, n=1,575). Among rural respondents it was similar (18%, n=146).
- Respondents experienced delays in routine care (53%, n=269), urgent care (21%, n=269), or both (10%, n=269).
- The types of barriers reported by respondents included long wait times, appointment cancellations, and potential COVID-19 exposure.
- Among respondents that spoke a language other than English at home, almost 30% worried about getting needed medical care and treatment for themselves or their families (n=470).
- Top Routine Care Visits Delayed:
 - A. Primary Care
 - B. Oral Dental Care
 - C. OB/GYN Care (not including prenatal or sexual and reproductive health)
 - D. Chronic Disease Management
 - E. Mental Health Care
- Top Five Acute Conditions Delayed:
 1. Pain (eg, chest pain, stomach pain, headaches, back pain)
 2. Chronic disease flare ups (eg, diabetes, uncontrolled asthma, cardiovascular conditions, gastroenterology, lupus)
 3. Severe mental health (eg, stress, depression, nervousness, or anxiety)
 4. Dental pain
 5. Severe cold or flu symptoms

The percentage of respondents that experienced these delays in needed health care were higher among subgroups that experience other healthcare barriers such as accessibility, discrimination, and bias:

- LGBTQIA+ respondents (26%, n=249)
- People with disabilities (23%, n=269)
- Parents overall (19%, n=269)
- Parents of children with special health care needs (29%, n=55)

Our best source of local data on telehealth is the CCIS.

- CCIS data for Hampden County showed that 44% of respondents that needed care received telehealthcare via phone or video.
- Accessing telehealth for care was higher among respondents with a disability (55%, n=270) – telehealth may increase access to care if there are other accessibility issues with getting in person care.
- However, telehealth did not meet the needs for all respondents that sought care during the pandemic. About 7% of respondents that experienced delayed care due to pandemic challenges reported telehealth related barriers to care such as lack of a private place to have a phone or video call or lack of a stable phone or internet connection (n=228).

Barriers persist that may exacerbate disparities in who receives care. Telehealth depends on access to digital technology. Geographic location and affordability of internet service are two potential factors affecting ability to use such technology. In the national review cited above, concerns about technology access for patients was the second greatest challenge raised in a survey of health providers. More than 70% saw this as a potential barrier to care beyond the pandemic, and more than 60% also raised specific concerns about lack of digital literacy and lack of patient access to broadband internet. These concerns were highest among rural providers. Among CCIS respondents living in rural areas, almost one in four were worried about their internet access (23%, n=184).

5g. Impact of COVID-19 on Basic Needs

Data from the CCIS provide a snapshot of basic needs and related issues among some residents early in the pandemic.

- **Food access:** One in three respondents were worried about getting food for themselves and their family (31%, n=2,036). Almost twice as many respondents of color reported worrying about getting food compared to White respondents (46%, 25% respectively). Similarly, this concern was also higher among respondents who speak languages other than English at home (47%, n=470) and respondents with a disability (43%).
- **Internet Access:** With the switch to remote work and learning, as well as the need for telehealth access, for many during the pandemic, access to the internet to meet basic needs was essential – for example, being able to order food online rather than shop in the supermarket. Almost one in five of respondents were worried about getting internet access (18%, n=2,036). This concern was higher among the following populations:
 - 23% of rural respondents (n=184)
 - 25% of respondents of color (n=360)
 - 28% of respondents with a disability (n=265)
 - 31% of respondents with a cognitive disability (n=117)
 - 24% of respondents who speak a language other than English at home
 - This subgroup was also more likely to report being worried about accessing a computer or tablet (13%, n=470), or cellphone (n=17%, n=470) to meet their basic needs compared to folks who only speak English at home (5% and 6% respectively).
- **Expenses:** 50% of respondents were worried about paying one or more of their upcoming expenses (n=2,036). This was higher among respondents of color (63%), respondents with a disability (62%), respondents that speak a language other than English at home (63%), parents of children with special healthcare needs (66%), and LGBTQIA+ respondents (59%). Worrying about paying upcoming expenses was even higher among respondents with a cognitive disability (73%, n=117) and respondents with a self-care/independent living disability (80%, n=45).
 - **Housing:** Almost 40% of respondents worried about paying their housing related and/or utility expenses (n=2,036)
 - **Medical:** 13% of respondents worried about insurance (health, disability, or life) or medical related expenses (n=2,036)


- **Childcare** needs of parents during the pandemic posed a barrier to staying in the workforce at the same level or at all. Of respondents that experienced a job loss, a reduction in their work hours, or needed leave from work, 30% did so to take care of their children (n=337). These pandemic related job changes or losses may contribute to other respondent concerns with regards to their expenses and meeting the basic needs of their families. Respondents who speak a language other than English at home were more likely to be concerned about getting affordable and available childcare than respondents who only speak English at home (13% and 9% respectively).





























5h. Additional Workforce Development Data

FIGURE 42: Employers with High Volume of Openings, 2021

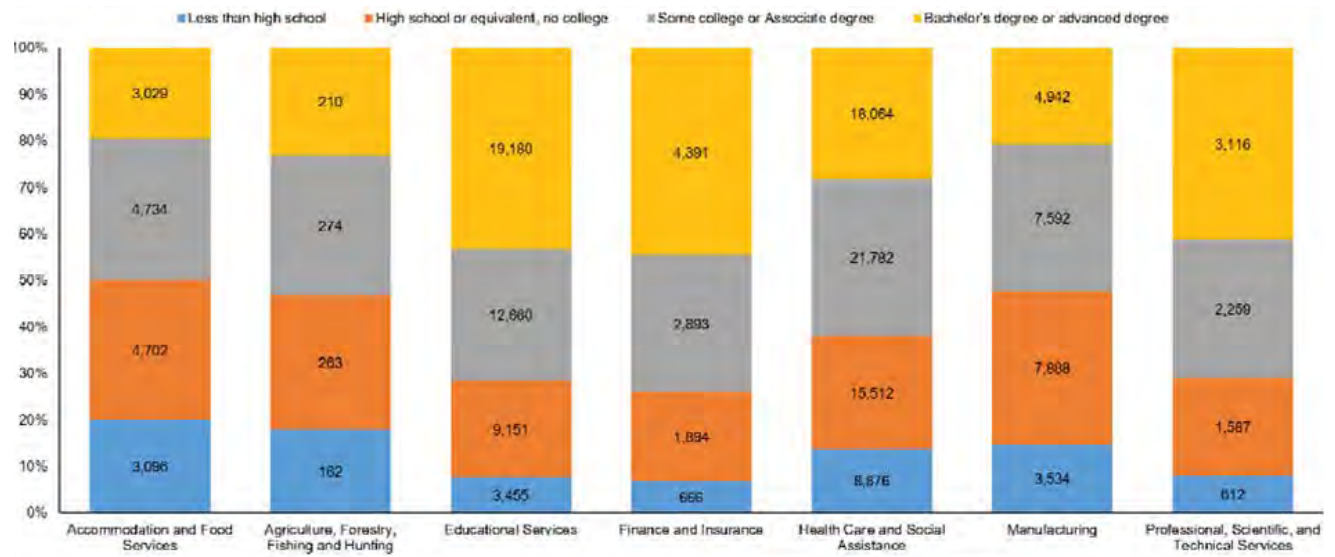
Employers with high volume of openings

Employers with highest volume of job openings for highest-growth occupations in region YTD highlight opportunities for partnership



Top occupations	Top employers ²	Total openings in region, YTD 2021	Top occupations	Top employers	Total openings in region, YTD 2021
Healthcare Practitioners and Technical Occupations	 Baystate Health	1016	Transportation and Material Moving Occupations	 amazon	690
	 Vitality Health	241		 PFG	76
	 Holyoke Medical Center	169		 SCHNEIDER	56
	 CVS Health	152		 Walmart	55
	 COVINGTON HEALTHCARE	229	Installation, Maintenance, and Repair Occupations	 Home Depot	46
Computer and Mathematical Occupations	 MassMutual	171		 jiffylube	41
	 QUALITEST	53		 BALISE	38
	 L3HARRIS	42		 PENSKE	37
	 amazon	34		 Popcorn	23
Architecture and Engineering Occupations	 L3HARRIS	34		 Ryder	20
	 Stanley Black & Decker	45	Management Occupations	 L3HARRIS	169
	 PELICAN	19		 Baystate Health	131
	 Tighe Bond	18		 servicenet	82
		14		 MassMutual	71
		14		 L3HARRIS	130

Source: Massachusetts Labor Market Information (LMI) Labor Force and Unemployment Data, 2021; 1. Top eight occupations by weighted CAGR based on LMI long-term growth projections; 2. Top employers based on job postings in blueprint region counties

FIGURE 43: Priority and Critical Industries by Educational Attainment

Source: US Census Longitudinal Employer-Household Dynamics: Quarterly Workforce Indicators, Q2 2018 (as printed in MHHCWB Strategic Plan).

5i. Baystate Medical Center Patient Data

TABLE 11: Baystate Medical Admissions

Diagnosis Upon Arrival	Year(s)	Count	Median Age	Black Median Age	Latine Median Age	Other Median Age	White Median Age	% Under 18	% 65 and over	% Female	% People of Color
Asthma	2019-2021	13,855	51	49	45	54	57	15%	27%	64%	57%
Congestive Heart Failure	2019-2021	22,832	74	64	66	74	77	N/A	72%	50%	32%
COPD	2019-2021	15,878	70	65	66	75	72	N/A	67%	52%	26%
Diabetes	2019-2021	31,583	67	63	61	67	70	1%	56%	49%	43%
Substance Use	2019	7,250	53	53	46	48	57	2%	25%	39%	40%
	2020	7,186	52	51	45	49	56	2%	23%	38%	42%
	2021	7,559	53	51	45	43	56	3%	23%	38%	43%
SUBSTANCE USE	2019-2021	21,995	53	52	45	45	56	3%	24%	38%	42%
Behavioral Health*	2019	2,804	42	37	36	35	47	11%	17%	43%	48%
	2020	2,240	43	36	36	36	49	10%	19%	44%	44%
	2021	2,762	41	38	35	29	47	14%	17%	44%	47%
BEHAVIORAL HEALTH*	2019-2021	7,806	42	37	36	32	48	12%	17%	43%	46%

*Includes only visits where behavioral health is primary diagnosis

Source: Division of Healthcare Quality, Baystate Health

TABLE 12: Visits to Baystate Medical Emergency Department

Diagnosis Upon Arrival	Year(s)	Count	Median Age	Black Median Age	Latine Median Age	Other Median Age	White Median Age	% Under 18	% 65 and over	% Female	% People of Color
Asthma	2019-2021	15,564	25	26	20	25	35	39%	7%	59%	73%
Congestive Heart Failure	2019-2021	3,129	71	63	65	69	76	N/A	66%	54%	41%
COPD	2019-2021	3,915	65	63	61	60	67	N/A	50%	55%	35%
Diabetes	2019-2021	14,600	59	58	55	58	64	2%	38%	52%	58%
Substance Use	2019	5,276	40	43	37	33	42	4%	5%	33%	53%
	2020	4,933	40	44	36	34	42	3%	6%	31%	56%
	2021	4,243	39	43	36	35	41	5%	6%	32%	57%
SUBSTANCE USE	2019-2021	14,452	40	43	37	35	42	4%	6%	32%	55%
Behavioral Health*	2019	5,603	34	36	31	29	39	18%	9%	41%	55%
	2020	4,442	36	38	32	30	41	14%	8%	39%	57%
	2021	4,948	35	37	32	31	39	16%	9%	40%	58%
BEHAVIORAL HEALTH*	2019-2021	14,993	35	37	32	29	39	16%	9%	40%	56%

*Includes only visits where behavioral health is primary diagnosis

Source: Division of Healthcare Quality, Baystate Health

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