

2022 Community Health Needs Assessment

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



PEER (Parent Engagement, Enrichment, & Resources) Ambassadors
Communities That Care Coalition
Unity Park in Turners Falls.
Photographer: Sage Orville Shea

Table of Contents

1. Executive Summary	4
Background	4
Guiding Values and Assessment Methods	5
Prioritized Health Needs.....	5
COVID-19	6
Youth Mental Health.....	7
Health Care Providers: Few and Far Between (Health Care Provider Scarcity)	8
Housing: Unaffordable, Unavailable, and Unlivable (Lack of Access and Affordability of Housing)	9
Priority Populations.....	9
Summary	10
2. Introduction	12
About the Hospital.....	12
Communities Served by Hospital	13
About the Coalition of Western Massachusetts Hospitals/Insurer	18
Summary of the Previous CHNA	20
3. Setting Context.....	22
Guiding Principles for the 2022 CHNA.....	22
Orientation to this Report.....	25
4. Methodology	29
Assessment Process and Methods	29
Prioritization Process	29
Limitations and Data Gaps.....	30
Language Used to Describe Demographic Groups	30
5. Impact of COVID-19 in Our Community	34
Overview.....	34
COVID-19 in Our Region and Communities Served	35
Geographic Differences in COVID-19 Impact and Specific Populations	37
Vaccination Rates	41

Other COVID-19 related Impacts and Inequities.....	42
Assets and Resources	50
6. Prioritized Health Needs	53
6a. Regional Focus Area: Youth Mental Health	54
6b. Deeper Dive: Health Care Provider Scarcity	64
6c. Deeper Dive: Lack of Access and Affordability of Housing	73
6d. Other Prioritized Health Needs.....	83
7. Priority Populations	112
8. Actions Taken by Baystate Franklin.....	116
9. Resources	127
Community Resources	128
Hospital Resources	135
10. Appendices	139
Appendix 1: Additional Demographics	139
Appendix 2: Community Members and Partners Engaged in the 2022 CHNA Process.....	146
Appendix 3: Glossary of Terms.....	154
Appendix 4: Community Input Received.....	159
Appendix 5: Supplemental Data	184
11. References	191

BAYSTATE FRANKLIN MEDICAL CENTER

1. Executive Summary

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

1. Executive Summary

Background

Baystate Franklin Medical Center (Baystate Franklin) is an 89-bed facility located in Greenfield, Massachusetts, which provides high-quality inpatient and outpatient services to residents of rural Franklin County and the North Quabbin Region (North Quabbin). Baystate Franklin is the only hospital in Franklin County, and 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. Baystate Franklin has more than 200 physicians on active and courtesy staff and more than 750 employees. The hospital sees over 24,000 emergency department visits and over 5,000 inpatient admissions each year.

Communities served by Baystate Franklin includes all 26 communities within Franklin County as well as four Worcester County towns that are part of North Quabbin. Franklin is the only county in Massachusetts recognized as entirely rural, with one small city, Greenfield, as the urban and geographic center. Most towns in the region are under 2,000 in population, and the region is 80% forested.

Baystate Franklin 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 law, each hospital develops a health improvement plan to address select prioritized needs. The CHNA data also inform 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 **Public Health Institute of Western Massachusetts** (PHIWM) to conduct the CHNA. This assessment focused on Franklin County and North Quabbin, the primary geographic area and communities served by Baystate Franklin.

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 RAC and Coalition members recognized 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 2019 and 2016 reports, as they relate to: the social and economic factors or “determinants” that influence health, barriers to health care 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; 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 and region. The interviews and focus groups focused primarily on youth mental health.

During the process, the Coalition and RAC made the decision to (a) assess the impact of COVID-19 on health needs in the region; and (b) prioritize youth mental health as a regional focus area for additional data gathering. Further, Baystate Franklin chose two additional areas of focus: health care provider scarcity, and lack of affordable and accessible housing.

Prioritized Health Needs

The communities served by Baystate Franklin in Franklin County and North Quabbin continue to experience many of the same prioritized health needs identified in Baystate Franklin’s 2019 CHNA. The COVID-19 pandemic exacerbated many of the existing

inequities related to these needs. Several prioritized needs received deeper focus as described below.

The prioritized health needs for communities served by Baystate Franklin are:

- **Social and Economic Factors or “Determinants” that Influence Health:**
 - Housing Needs (**Baystate Franklin Focus Area – deeper dive**)
 - Access to Transportation, Healthy Food, and Broadband
 - Lack of Resources to Meet Basic Needs
 - Educational Attainment
 - Violence and Trauma
 - Environmental Exposures and Climate Crisis
- **Barriers to Health Care Access:**
 - Provider Scarcity (**Baystate Franklin Focus Area – deeper dive**)
 - Decrease in Health Services Available Locally
 - Insurance
 - Costs of Accessing Care
 - Transportation
 - Lack of Care Coordination
 - Need for Culturally Sensitive Care
 - Health Literacy and Language 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 CHNA, and for two of those years (and counting) our nation and region have battled a devastating health pandemic. COVID-19 has taken a tremendous toll on this region, and it continues to affect the status of health in western Massachusetts. As of this writing, the pandemic has taken the lives of at least 150 residents of Franklin County and North Quabbin, and up to 11,000 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. Barriers to vaccine access included fewer doses per capita being made available in our region, as

well as an internet-based appointment scheduling system that disadvantaged residents without broadband access and caused a high percentage of local vaccine doses going to people from outside the region. 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. 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 people, unhoused people, LGBTQIA+ and gender nonconforming people, disabled people, older adults, limited income people, 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, especially in rural areas such as ours.

Youth Mental Health

The COVID-19 pandemic exacerbated mental health as a prioritized health need for youth and young adults in communities served by Baystate Franklin, and across the region. It increased 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. Additionally, this time saw a significant increase in the amount of time youth spent on screens and engaging with social media.

The Communities That Care Coalition (CTC) conducted a survey of eighth, tenth and twelfth graders in 2021 that reported historically high rates of depression, anxiety, and loneliness. Overall, female students reported more mental health struggles than male students, and LGBTQIA+ students also reported struggling with mental health more than their straight and/or cisgender peers. Additionally, in 2022 the CTC conducted a Prevention Needs Assessment Survey of all eighth, tenth, and twelfth graders in the nine public school districts in the region. On that survey, between 65% and 69% of respondents reported “feeling anxious or worried MOST days, even if [they] felt okay sometimes.”

Mental health providers and youth development professionals expressed a need for more providers and more culturally competent care. Additionally, Franklin County and North Quabbin parents of transgender, non-binary, and queer youth reported a need for

caregiver support for the adults in these young people's lives. Franklin County and North Quabbin youth of color and LGBTQIA+ youth expressed the harm they experience from discrimination. Important local community assets that can help youth thrive if adequately resourced include structured youth activities, school prevention and intervention programs, behavioral health care through local providers such as the community health center, and telemental health access, which can help bridge transportation barriers for youth living in rural parts of the communities served.

Health Care Providers: Few and Far Between (Health Care Provider Scarcity)

Many of the barriers that Franklin County and North Quabbin residents faced in accessing health care in 2016 and 2019 are still prioritized needs in 2022. The region continues to be a medically underserved area with health professional shortages. The pandemic exacerbated workforce shortages in the healthcare sector, which made existing provider availability challenges for the communities served worse. In a regional survey of health officials, 75% of Franklin County and North Quabbin respondents cited the limited availability of providers as the most pressing health issue facing their community. The Baystate Franklin communities served has fewer providers per resident than the state, resulting in long wait times, inability to get in to see one's own doctor, or forgoing a service that is in short supply. A local shortage of specialists sends residents to Springfield for specialty care and causes general practitioners to treat and prescribe outside their comfort zones. Shortages are particularly acute for limited income residents because not all providers accept MassHealth.

Residents with limited incomes, rural residents, Black and Latino/a/e residents, LGBTQIA+ and gender nonconforming people, people with disabilities, 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. The pandemic-related rapid switch to telehealth has mostly been a positive development in access to care, but some populations, such as limited-income residents, immigrants, rural communities and older adults, face barriers to using the internet.

Housing: Unaffordable, Unavailable, and Unlivable (Lack of Access and Affordability of Housing)

Lack of access and resources to meet basic needs continues to be a prioritized need for the Baystate Franklin communities served. Access to and affordability of basic needs such as housing, food, and transportation are key building blocks of health. In Franklin County and North Quabbin approximately one-third of residents are housing cost-burdened, paying more than 30% of their income on housing. Typical households pay more than half of their income on housing plus transportation, whereas 45% of income is considered a manageable percent. Massachusetts has some of the oldest housing stock in the country, and local housing is older than housing statewide, meaning that it is typically less healthy, with issues of lead, mold, outdated wiring and plumbing, and inefficient heating systems. Homelessness is a persistent problem in the area, and area agencies are not able to meet the demand for shelter and services. COVID-19 further impacted housing access and affordability. By some estimates, typical housing values doubled over the last two years in the communities served, and rents are quickly outpacing what is affordable on the median local income.

Priority Populations

Local populations identified as high priority due to impacts of inequities in social determinants of health, access to health care, and health outcomes include children who have experienced trauma, older adults, people of color, LGBTQIA+ and gender nonconforming youth, people with limited incomes, people with mental health and substance use disorders, and people involved in the criminal legal system.

Data throughout the report describe how these populations experienced inequities, and how these inequities deepened during the pandemic. Older adults, a growing demographic in the communities served, were at very high risk for illness and death from COVID-19. Priority populations that were already economically precarious were harmed more than others by the destabilizing effects of the pandemic on unemployment, inflation, and other disruptions. For example, Black and Latino/a/e people were overrepresented in the count of those experiencing homelessness conducted in February 2022.

As noted above, youth of color, LGBTQIA+ and gender nonconforming youth experienced deeper mental health challenges than their peers, even as most surveyed youth experienced a rise in anxiety and depression. People of color, older adults, people with limited incomes and other priority populations faced greater barriers to accessing health

care, including digital access barriers that made it harder for many to use telehealth services during the pandemic.

Summary

Franklin County and North Quabbin continue to experience many of the same prioritized health needs identified in Baystate Franklin Medical Center's 2019 CHNA. Social and economic challenges contribute to the health conditions that afflict area residents, and to health inequities observed across demographic groups. Barriers to affordable, quality care remain, in part due to social and economic conditions, and in part due to constraints of the health care system. Through interviews, focus groups, and community conversations, contributors to the CHNA almost universally identified economic hardship, housing, and transportation as core problems for the community. They also drew attention to mental health and substance use disorders as key health concerns that were not being adequately addressed. Populations of concern identified in this report are children, older adults, LGBTQIA+ and gender nonconforming youth, people with limited incomes, women, people with mental health and substance use disorders, people involved in the criminal legal system, and people living with disabilities. In nearly all instances, COVID-19 made existing inequities and hardships worse.

BAYSTATE FRANKLIN MEDICAL CENTER

2. Introduction

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

2. Introduction

About the Hospital

Baystate Franklin Medical Center (Baystate Franklin) located in Greenfield, Massachusetts, is an 89-bed (plus 18 bassinets) acute care community hospital that provides high-quality inpatient and outpatient services to residents of rural Franklin County and North Quabbin. Baystate Franklin 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 Wing Hospital, Baystate Noble Hospital, Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation.

Baystate Franklin has more than 200 physicians on active and courtesy staff and more than 750 employees. The hospital sees over 24,000 emergency department visits and over 5,000 inpatient admissions each year. It performs 3,600 surgeries annually in a recently built, state of the art surgery center. More than 400 babies are born at Baystate Franklin's Birthplace, which is widely known for its progressive, midwife-driven service, including birthing tubs, single room birthing suites, and wrap-around care for mothers affected by substance use disorder.

In addition to obstetrics and midwifery, inpatient services include intensive care and medical-surgical care. Outpatient services include 3D mammography, behavioral health, cancer care and infusion, cardiac rehabilitation and wellness, emergency care, heart and vascular practice and clinical services, intensive care, laboratory services, orthopedic surgery, pain management, endoscopy and minor procedures, pulmonary rehabilitation, radiology, sleep medicine, wound care, and hyperbaric medicine. Additionally, through a partnership with the Community Health Center of Franklin County (CHCFC), a dental clinic is located onsite, adjacent to the Baystate Franklin emergency department.

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

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



Communities Served by Hospital

The communities served by Baystate Franklin includes all 26 communities within Franklin County, as well as four Worcester County towns that are part of the nine-town North Quabbin region. Franklin County is the only county in Massachusetts recognized as entirely rural, with one small city, Greenfield, as the center of the county. Most towns in the region are under 2,000 in population, and the region is 80% forested. High speed broadband and cell phone access are still not available in some of the region's most rural communities. In addition, the Franklin Regional Transit Authority (FRTA) serves only some of the communities and has no weekend service. Franklin County had the second highest number of farms and the highest amount of farm sales revenue of all counties in Massachusetts in the most recent Agricultural Census.¹

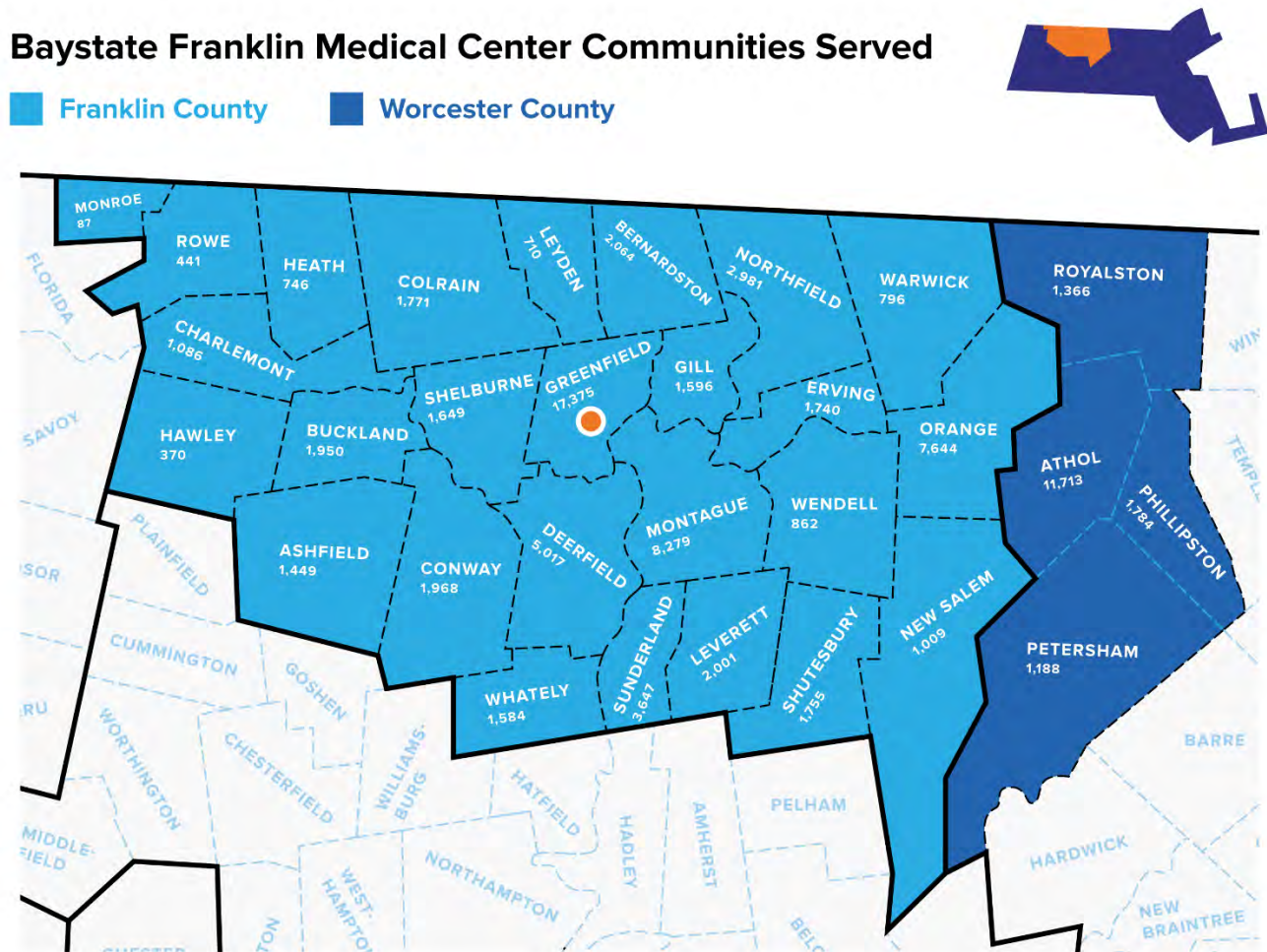
According to the 2020 population estimates, the region's population density is just under 98 people per square land mile, compared to 875 per square land mile for the state. Decennial census figures indicate the population of Franklin County peaked in 2000. The current trend of population stagnation or decline is being experienced in the surrounding

rural counties as well. (See Appendix 1 for additional demographic characteristics of the communities served.)

The region is aging, like the state and country, but at a faster pace. According to 2020 Census data, currently people aged 65 and over make up about 22% of the population of Franklin County. By 2030, older adults aged 65 and over are projected to comprise 34% of the population, compared to 22% statewide. The demographic shift is even more pronounced in the rural western towns of Franklin County, known as West County, where older adults are projected to make up 42% of the population in 2030.

Franklin County is significantly less racially and ethnically diverse than the state or nation, though its younger population is significantly more diverse than its older resident population. According to U.S. Census American Community Survey (ACS) 2016-2020 estimates, approximately 10% of people within Franklin County's total population of 70,529 identified as non-White or multi-racial, compared to 29% for the state and 39% for the nation. The percent of residents who identified as Hispanic or Latino/a/e for Franklin County was 4% or about 3,000 people, compared to 12% for the state and 18% for the nation. The school-aged population of the communities served by Baystate Franklin has more racial and ethnic diversity than the population. Twenty-one percent (21%) of students in local public schools identify as Latino/a/e, a race other than White, or more than one race. According to the U.S. Census, approximately 140 people living in Franklin County identify as American Indian and/or Alaska Native. The region was historically part of the territories of the Nipmuc, Pocumtuc, and Abenaki tribes. The Baystate Franklin communities served has no reservations but does have several active current Native American cultural organizations.

FIGURE 1: Communities Served by Baystate Franklin: 2019 Population Estimates



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

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 HSA is then reviewed by the hospital’s Community Benefits

Advisory Council (CBAC). 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”.**



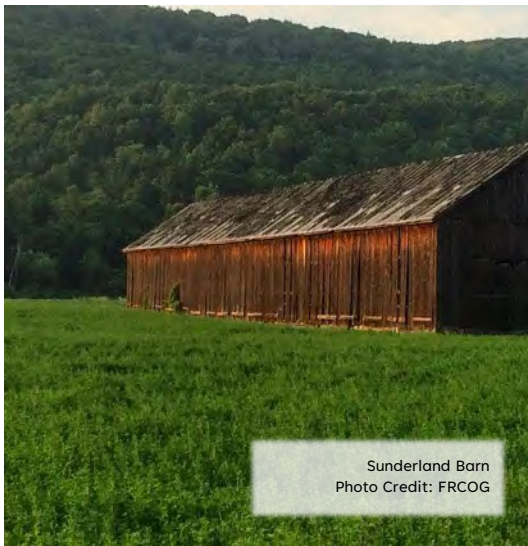
Ashfield Fall Festival
Photo Credit: FRCOG



Naptime
Photo Credit: Melody Tilton



Shelburne Farmer
Photo Credit: FRCOG



Sunderland Barn
Photo Credit: FRCOG



A Girl on a Train
Photo Credit: FRCOG

About the Coalition of Western Massachusetts Hospitals/Insurer

Baystate Franklin is a member of the **Coalition of Western Massachusetts Hospitals/Insurer** (Coalition) a partnership formed in 2012 that currently 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, Mercy Medical Center, Shriners Children's New England, and Health New England, a local health insurer whose communities served cover the four counties of western Massachusetts. In 2022 the Coalition expanded to include the 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.

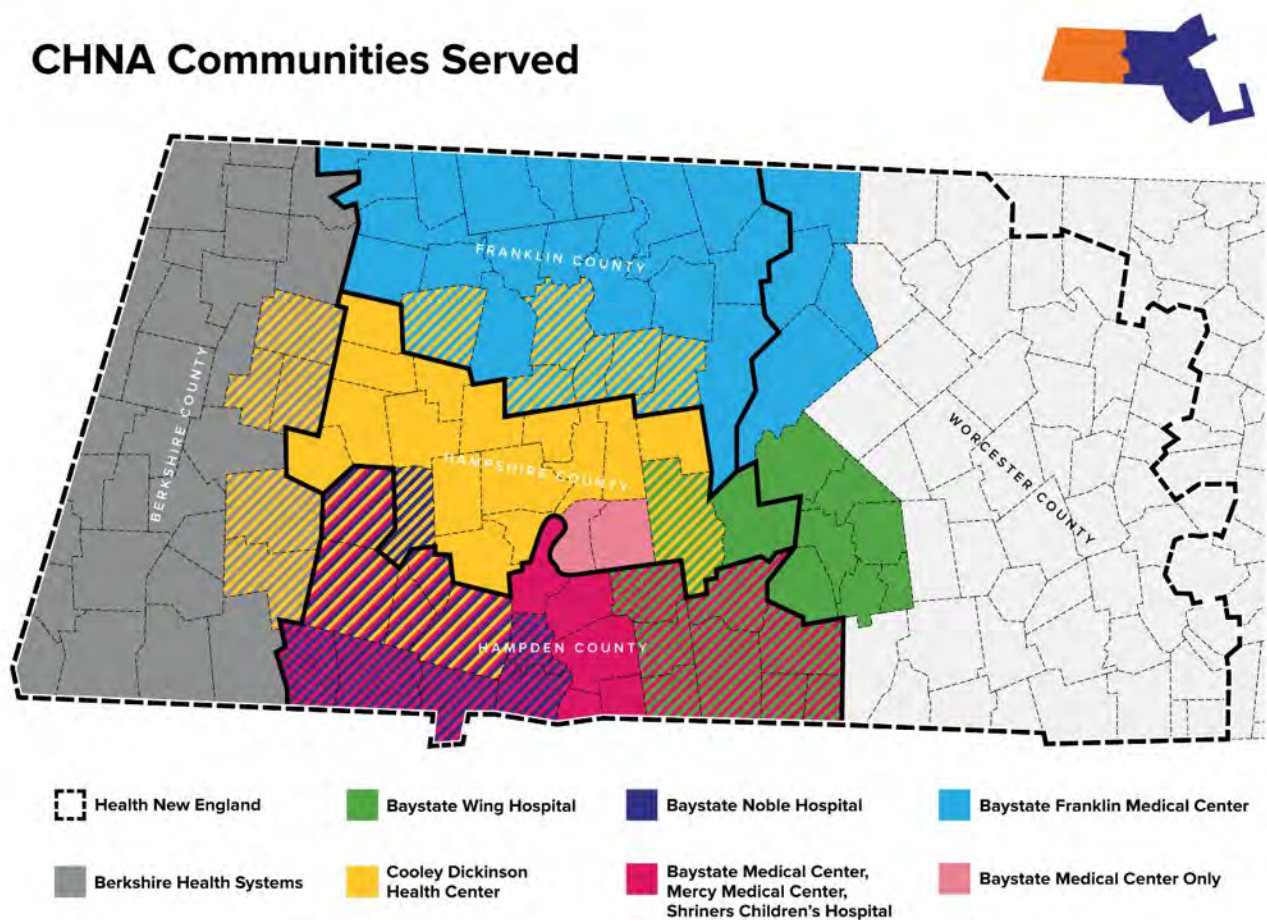
The CHNA was conducted by the Coalition in partnership with a **consultant team** led by the Public Health Institute of Western Massachusetts (PHIWM) that consisted of: Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission (see Appendix 1 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 and focus groups, Community Conversations and 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 2: Communities Served by 2022 CHNA Coalition Members





Summary of the Previous CHNA

The 2019 CHNA found that the communities served by Baystate Franklin continued to experience many of the same prioritized health needs identified in the 2016 CHNA. Social and economic challenges contributed to the health conditions that afflict area residents, and to health inequities observed across demographic groups. Barriers to affordable quality care remained, in part due to social and economic conditions, and in part due to constraints of the health care system. Through interviews, focus groups, and community conversations, contributors to the CHNA almost universally identified economic hardship, housing, and transportation as core problems for the community. They also drew attention to mental health and substance use disorders as key health concerns that were not being adequately addressed. Populations of concern identified in the 2019 report were people with incomes below 300% of the federal poverty level; the area's Black and Latino/a/e residents; young people who identify as gay, lesbian, bisexual, queer, or questioning; people re-entering the community after incarceration; transgender, non-binary, and gender nonconforming people; children who have experienced trauma; and older adults.

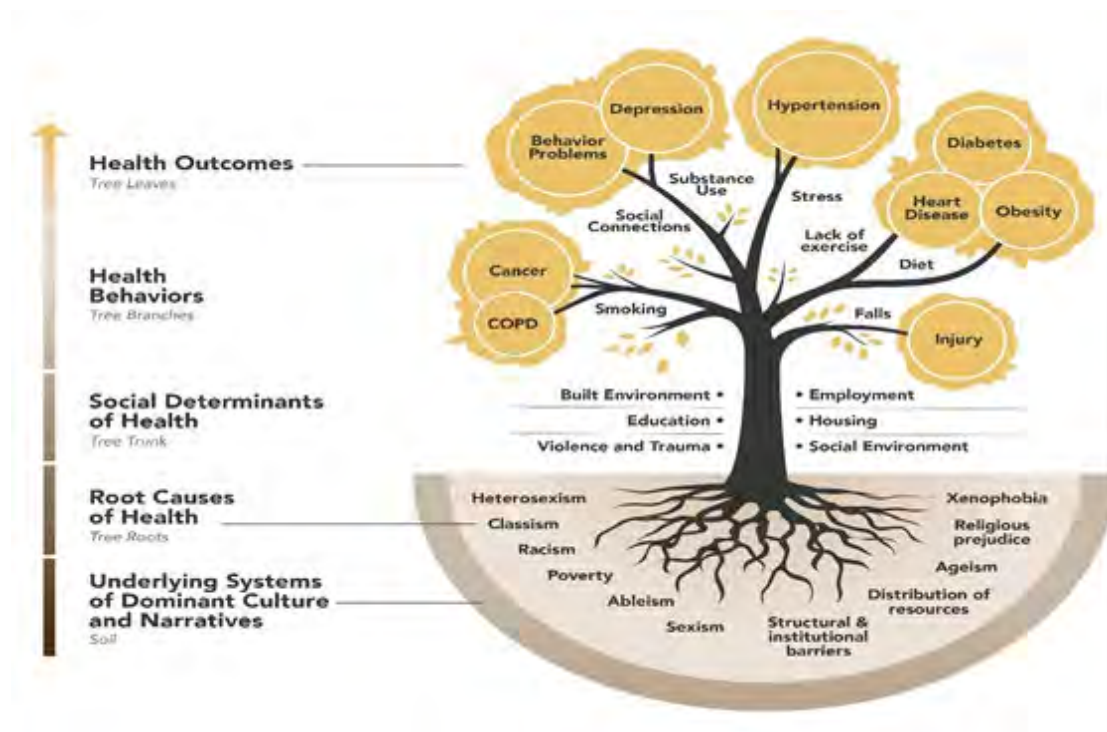
3. Setting Context

3. Setting Context

Guiding Principles for the 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.² We acknowledge that the root causes of inequity are the deep-seated, longstanding belief systems and narratives that were historically developed to confer advantage and power to certain groups, 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 (CCIS).

FIGURE 3: 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 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 means that perpetuate dominant advantage, both historically and currently. They show up in public policies, institutional practices, including among healthcare institutions, 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, good education, and healthy foods, and physical activity.

“The impact of racism is everywhere in people’s lives.”

Non-Profit Staff Key Informant Interview, Franklin County

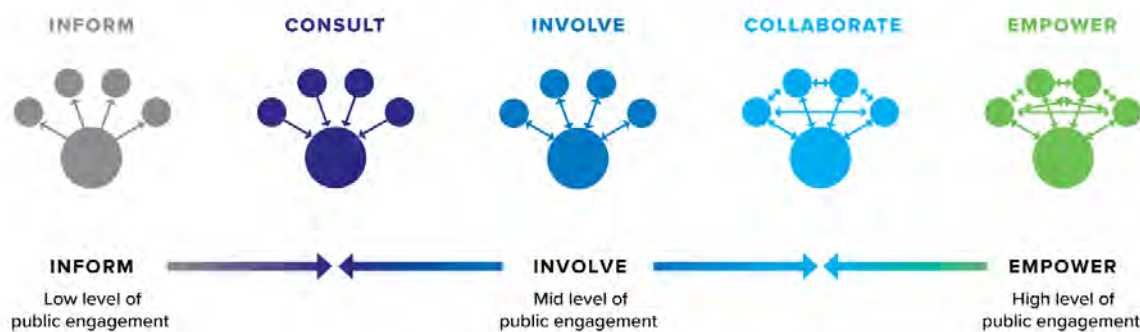
“We need to please understand that BIPOC isn’t monolithic. Black, Latinx, and Asians also suffer from colonialism, but they have different experiences with settler colonialism and rely on institutional education for information, just like most White peoples. We are all doing this work for collective liberation from colonization - because we are not free as a society unless we are all free from colonization.”

Rhonda Anderson, Iñupiaq – Athabaskan, Western Massachusetts Commissioner on Indian Affairs and Co-Director of Ohketeau Cultural Center

To make meaningful progress to address these root causes of poor health, the Coalition and the RAC seek to embody the values of community-led change, anti-racism, cultural humility, and social justice (see glossary in Appendix 3). Our 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 4: 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 mandate, 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 the communities served and the region. The Coalition members and RAC 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.³ 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 Franklin, 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 Franklin’s focus areas for deeper dive:**
 - Scarcity of health care providers
 - Lack of access and affordability of housing

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 were not identified by the Coalition or the hospital for deeper focus are summarized. We encourage readers to refer to the 2019 report for richer context and information on many of these issues. Finally, many data points and more detailed content have been moved to appendices. Though the needs are separated into sections, we acknowledge the cross-cutting nature of all the health and social determinant health issues 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 Franklin's CHNA Strategic Implementation Plan (SIP)

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



www.frcog.org/chip



4. Methodology

4. Methodology

Assessment Process and Methods

The 2022 CHNA updates the prioritized community health needs identified in the 2019 and 2016 reports. This report identifies the following three buckets of prioritized needs: the social and economic factors or “determinants” that influence health, barriers to health care access, and health behaviors and outcomes.

Assessment methods included:

- **Literature Review (Fall 2021):**
 - Review of existing assessment reports published since 2019 that were completed by community and regional agencies serving Franklin County.
- **Quantitative data collection and analysis (Winter 2021-Spring 2022):**
 - Survey of public health officials in Franklin County.
 - Analysis of COVID-19 Community Impact Survey data from Massachusetts Department of Public Health (MDPH).
 - Analysis of social, economic, and health quantitative data from MDPH, the U.S Census Bureau, the County Health Ranking Reports, Broadstreet, the Communities That Care Annual Youth Health Survey, 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.
 - Focus groups and interviews with key informants conducted by the consultant team.

Prioritization Process

The 2022 CHNA used the 2016 and 2019 CHNA priorities as a baseline with a goal of reprioritizing if quantitative and qualitative data, including community feedback, indicated changes. In the 2016 CHNA, prioritized health needs were those that had the greatest combined magnitude and severity or that disproportionately affected vulnerable

populations in the community. Quantitative, qualitative, and expanded 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. Priority populations were identified using a health equity framework with available data.

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 a problem when reporting data for Franklin County's only city, a problem encountered with smaller towns is that of 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 the estimates based on small numbers have quite a bit of variability (ie, the confidence intervals or margin of errors are large). The availability of data and the problem of small numbers especially affects the reporting of data by race and ethnicity in Franklin County and North Quabbin in this assessment, given the area's demographics cited earlier.

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+, and transgender. The glossary in Appendix 3 offers further clarification of what we mean by these terms. Throughout the report you may see other terms or labels used in

graphics, because these labels were used in the source materials. 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."



Baystate Family Medicine Residents touring and meeting the community in Turners Falls



Just Roots farmer, Chloe Doyle, at the weekly Greenfield Farmers Market.



Shelburne Bardwells Ferry Tandem
Photo Credit: FRCOG



Just Roots farm fields in Greenfield. The farm grows vegetables and fruits on roughly 7 acres to distribute to over 400 families in western MA through year-round CSA programs

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 devastating health pandemic. COVID-19 has taken a tremendous toll on this region, and it continues to affect the current status of health. As of this writing, the pandemic has taken the lives of at least 150 residents of Franklin County and North Quabbin, and up to 11,000 or more people were infected. While we cannot tell the story of every life lost and every person left grieving or suffering the long-term effects of infection, 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, people with disabilities, 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 people with limited incomes were more likely to be essential workers and experience other risk factors, such as having higher rates of comorbidities.⁴

Some communities of color experienced disproportionately higher rates of illness, hospitalization, and deaths from COVID-19 across the U.S.⁵ For example, since the start of the pandemic, the Centers for Disease Control and Prevention (CDC) reports that the greatest age-adjusted death rates have been among Indigenous, Black, and Latino/a/e people, at rates more than double those of White people. As the pandemic progressed and vaccination became available, inequitable access to vaccines, and vaccine hesitancy continued to drive COVID-19 health inequities. Additionally, it is worth noting that the extent of disparate COVID-19 impacts may not be fully measurable in Massachusetts, as, for example, the Commonwealth did not begin tracking COVID-19 data for Native American Alaska Natives until January 1, 2021.⁶

Massachusetts did not track COVID data for Native Americans and Alaska Natives until we raised concerns. The tracking began on January 1, 2021 - U.S. Census data from 2019 shows that Native Americans make up 0.9% of the population. In order to change this, we had conversations educating on the inequity, lack of access, and unique barriers in Native communities. I wrote a blog for the Community Health Training Institute in conjunction with Health Resource in Action in an effort to reach across the aisle and use humor and Traditional Tribal values to appeal to our collective humanity”

*Rhonda Anderson, Iñupiaq – Athabaskan, Western Massachusetts Commissioner on Indian Affairs
and Co-Director of Ohketeau Cultural Center*

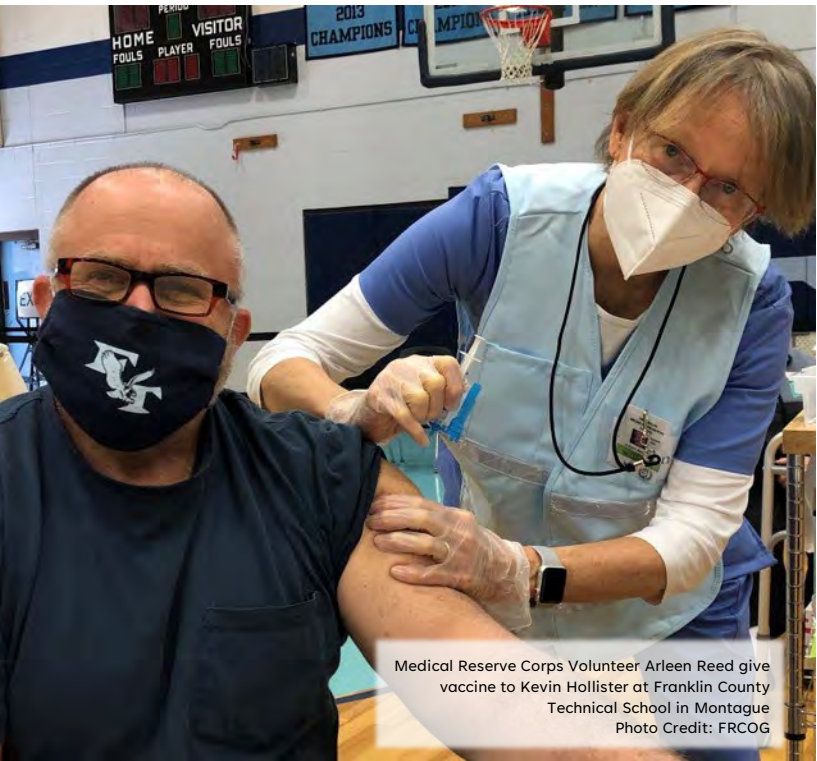
COVID-19 in Our Region and Communities Served

Since the pandemic began, COVID-19 has been ranked among the top three leading causes of death in the U.S. for most months.^{7,8} While COVID-19 has impacted everyone throughout the region, the impacts across our four western Massachusetts counties have varied, with communities that have historically experienced inequities bearing greater impact.

Many people throughout the region have tested positive for COVID-19 and experienced illness. (See Table 3.) Data disaggregated by race and/or ethnicity are not available at a county level in Massachusetts, and state data have limitations because a large percent are classified as “unknown” or “other.” However, the disparate rates of infection and death in western Massachusetts, and national trends, indicate that communities of color and those with limited means suffered higher rates of both infection and death.



COVID-19 Vaccine Clinic Volunteer Briefing at Greenfield Community College
Photo Credit: FRCOG



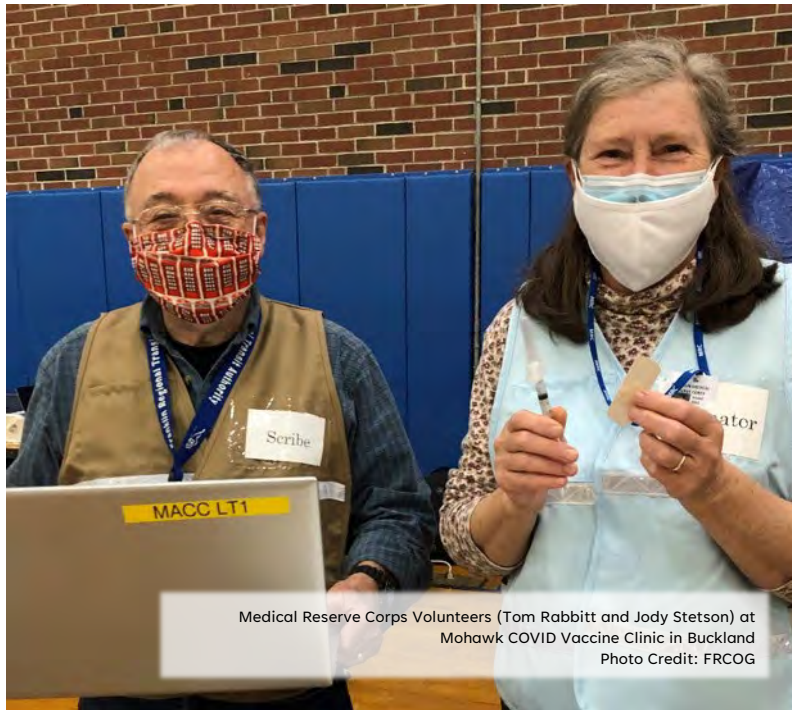
Medical Reserve Corps Volunteer Arleen Reed give vaccine to Kevin Hollister at Franklin County Technical School in Montague
Photo Credit: FRCOG



Buckland Town Hall with COVID Safety Sign
Photo Credit: FRCOG



Greenfield Vaccine Clinic
Last Day of Clinic Operations
Photo Credit: FRCOG



Medical Reserve Corps Volunteers (Tom Rabbitt and Jody Stetson) at Mohawk COVID Vaccine Clinic in Buckland
Photo Credit: FRCOG

Geographic Differences in COVID-19 Impact and Specific Populations

More densely populated, lower-income towns in Franklin County and North Quabbin spent about 40% of the time during the pandemic in the state's elevated risk tiers (red, yellow, green), while many rural towns were never labeled as elevated risk. The towns with the highest rates of COVID-19 cases – which put them in the “elevated risk” category according to MDPH, were also the towns with the lowest income, most dense population and in many cases, seriously under-resourced local health departments (see Table 1). The towns of Greenfield, Sunderland, Montague, and Orange, for example, did not receive state grant funding for contact tracing capacity building until late 2021, despite the fact that they have, combined, more than half the population of the region.

TABLE 1: Top 10 Communities for Elevated Risk served by Baystate Franklin

Town	% weeks at elevated risk through end of 2021
Athol	40%
Greenfield/Leyden	40%
Montague	35%
Orange	27%
Sunderland	22%
Deerfield/Whately	15%
Erving	5%
Royalston	5%

Source: Census 2020 and MADPH COVID Dashboard

In seeking to understand which community factors are associated with greater COVID-19 incidence, the Franklin County and North Quabbin CHIP Network's Health Equity Data Working Group analyzed DPH COVID-19 data and 2020 U.S. Census data. Associations were measured using Pearson's correlation coefficient and included associations where the two-sided p-value was less than .10. No adjustments were made for multiple

comparisons. This research identified income as the primary factor associated greater COVID-19 incidence (see Table 2).

Additionally, towns with fewer COVID-19 cases per capita included those with:

- a higher percentage of households with married couples; and
- a higher percentage of population over 25 with at least a bachelor's degree.

Towns with more COVID-19 cases per capita included those with:

- a higher percentage of unpartnered adult households;
- a higher percentage of residents employed in the service sector; and
- a higher percentage of total housing with 3 or more units.

TABLE 2: Correlations Between COVID-19 Case Rates and Community Factors

Town	cases per 100k	median household income	% adults with BA	% service occupation	% housing with 3+ units
Athol	17,085	\$46,964	19%	19%	18%
Phillipston	13,541	\$71,989	23%	15%	1%
Royalston	12,796	\$60,750	20%	18%	1%
Orange	12,702	\$44,825	19%	19%	18%
Monroe	10,282	\$36,875	10%	43%	3%
Petersham	9,861	\$72,917	36%	17%	2%
Greenfield/Leyden	9,848	\$49,241	35%	20%	32%
Sunderland	9,514	\$47,000	48%	11%	54%
Rowe	9,230	\$53,750	35%	17%	3%
Montague	8,920	\$45,342	27%	25%	23%
Heath	8,841	\$53,750	28%	17%	0%
New Salem	8,614	\$72,656	42%	14%	0%
Erving	8,283	\$54,735	16%	17%	12%
Deerfield/Whately	7,471	\$77,479	48%	13%	7%
Bernardston	7,286	\$53,750	26%	15%	5%
Gill	7,238	\$74,583	49%	11%	8%
Charlemont	7,154	\$50,329	31%	20%	10%
Colrain	7,078	\$50,833	33%	16%	1%
Wendell	6,345	\$48,000	47%	19%	1%
Northfield	5,832	\$60,608	38%	14%	8%
Shelburne/Buckland	5,779	\$52,455	45%	16%	15%
Leverett	5,774	\$73,000	65%	10%	2%
Conway	5,695	\$77,143	63%	12%	2%
Hawley	5,276	\$63,750	41%	21%	0%
Warwick	5,178	\$55,859	33%	18%	6%
Shutesbury	4,477	\$69,722	70%	10%	2%
Ashfield	4,011	\$69,583	49%	18%	6%

Source: Census 2020 and MADPH COVID Dashboard

TABLE 3: Confirmed COVID-19 Cases and Deaths as of January 28, 2022Live 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	20,827	16,315	370	290
Franklin	9,531	13,260	150	209
Hampden	127,046	26,769	1914	403
Hampshire	24,396	14,859	375	228
Regional Values	181,700		2,809	
State	1,493,224	21,434	21,909	314

Source: MDPH COVID-19 Dashboard

In addition, we know that older adults have been at high risk for severe illness and death from COVID-19. 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 age 70 and older. Twenty-four percent of deaths have occurred among those residing in an elder care facility in Massachusetts.

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. Data collected by the Marshall Project through June 22, 2021, estimated that in Massachusetts 2,574 incarcerated individuals (one in three) were infected, and 21 individuals died (1 in 379). This was a higher proportion than the national median of one in 493.⁹

Fortunately, the Franklin County House of Correction acted more quickly than most and had no transmission within the jail until very late in the pandemic. The only incarcerated people who were infected were those who screened positive during booking, and those people were medically quarantined until safe to join the general population. In addition, the House of Correction conducted the most successful internal vaccination campaign in

the nation. Administrators at the Franklin County Sheriff's Office (FCSO) report that the campaign resulted in an initial 87% vaccine acceptance rate amongst incarcerated residents and 95% for staff. The vaccines are continuously offered to residents, and as of June 2022 the FCSO average vaccination rate for incarcerated residents is 90%.

Vaccination Rates

On the positive side, Massachusetts has one of the highest COVID-19 vaccination rates in the U.S., although vaccination rates vary across the Commonwealth. Seventy-six percent (76%) of the state's population have been fully vaccinated and 53% of those fully vaccinated have received a booster dose as of February 24, 2022. In Franklin County, 83% of eligible residents have been vaccinated. By June 2021, 72% of incarcerated individuals in Massachusetts had been vaccinated, and 60% of prison staff.¹⁰ Data on boosters were not available.

Franklin County public health officials and vaccine clinic administrators reported that barriers to vaccine access included fewer doses per capita being made available in the region compared to the rest of the state. In addition, an internet-based appointment scheduling system that disadvantaged local residents without broadband access caused a high percentage of local vaccine doses going to people from outside the region.

2020 MASSACHUSETTS COVID-19 COMMUNITY IMPACT SURVEY (CCIS)

In response to the ongoing COVID-19 pandemic, MDPH conducted the COVID-19 Community Impact Survey (CCIS) 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 CHNA report, relevant findings are highlighted for Franklin County and western Massachusetts. 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 Franklin County and North Quabbin. In Franklin County, there were 1,008 survey respondents, predominantly White women.

Other COVID-19 related Impacts and Inequities

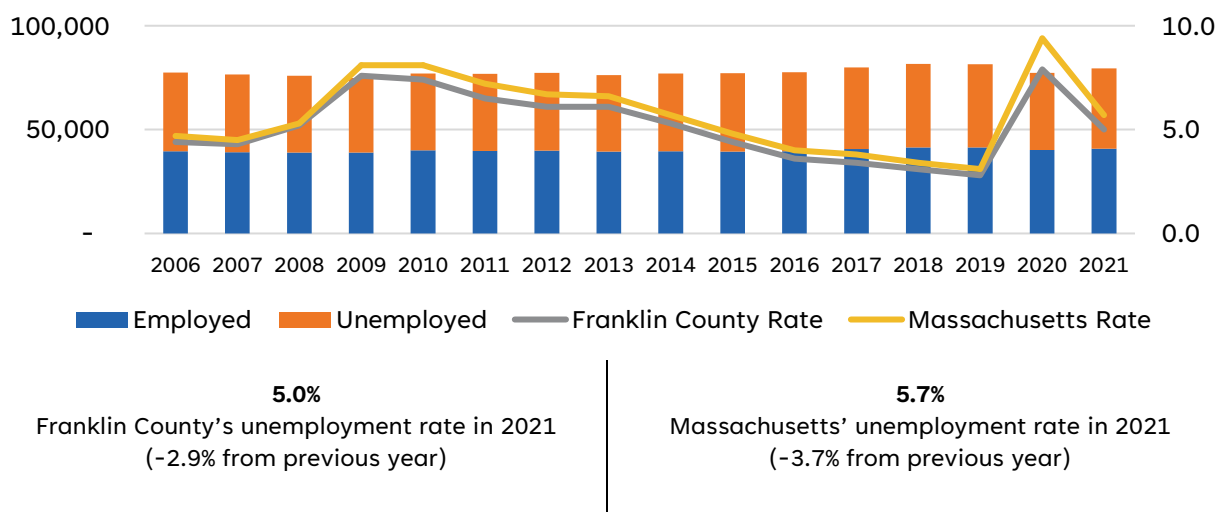
Not only has COVID-19 caused illness, hospitalization, and death, but the numerous measures that have been taken to control the pandemic (such as lockdowns and remote learning) have also affected well-being in our communities. These ripple effects of COVID-19 compromised the building blocks of health by causing higher rates of unemployment, food insecurity, and housing instability among those who were already experiencing 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.¹¹ Some impacts are described below, and others are woven into later sections of this CHNA.

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. Economic destabilization negatively affected other social factors or “determinants” of health, including housing affordability, food security, education outcomes, and safety from violence and trauma. It exacerbated existing inequities in many of these prioritized needs, especially for Black and Latino/a/e people, unhoused or homeless people, LGBTQIA+ and gender nonconforming people, people with disabilities, older adults, people 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, especially in rural areas such as ours.

Business, the Economy, and Labor Force

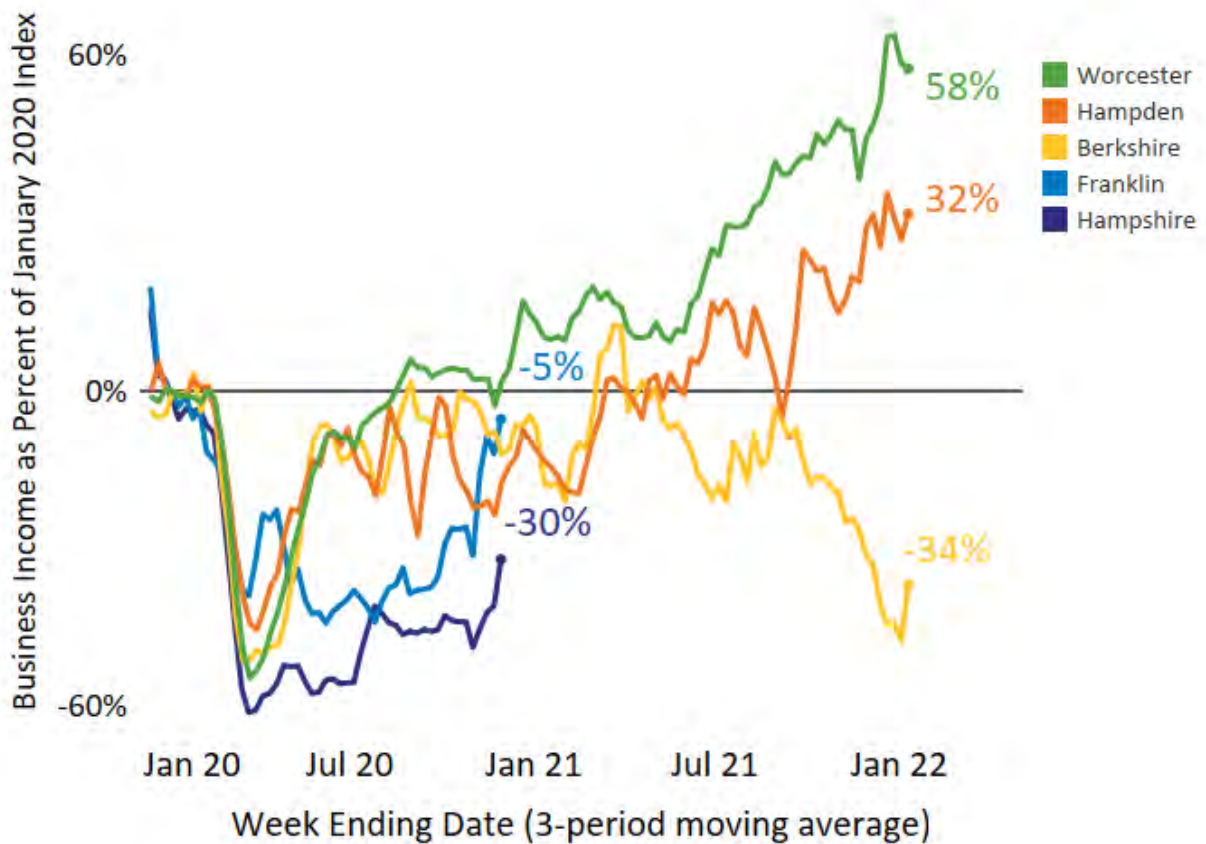
In 2020, each of the counties in the region saw substantial decreases in the size of their economies and small business revenues. As the pandemic recession took hold, unemployment rates spiked, and many places had not returned to pre-pandemic levels by the end of 2021. In Franklin County, however, the end of 2021 saw unemployment rates sharply decline, as the following chart illustrates:

FIGURE 5: Franklin County Employed and Unemployed, and Franklin County and MA Unemployment Rates, 2006-2021



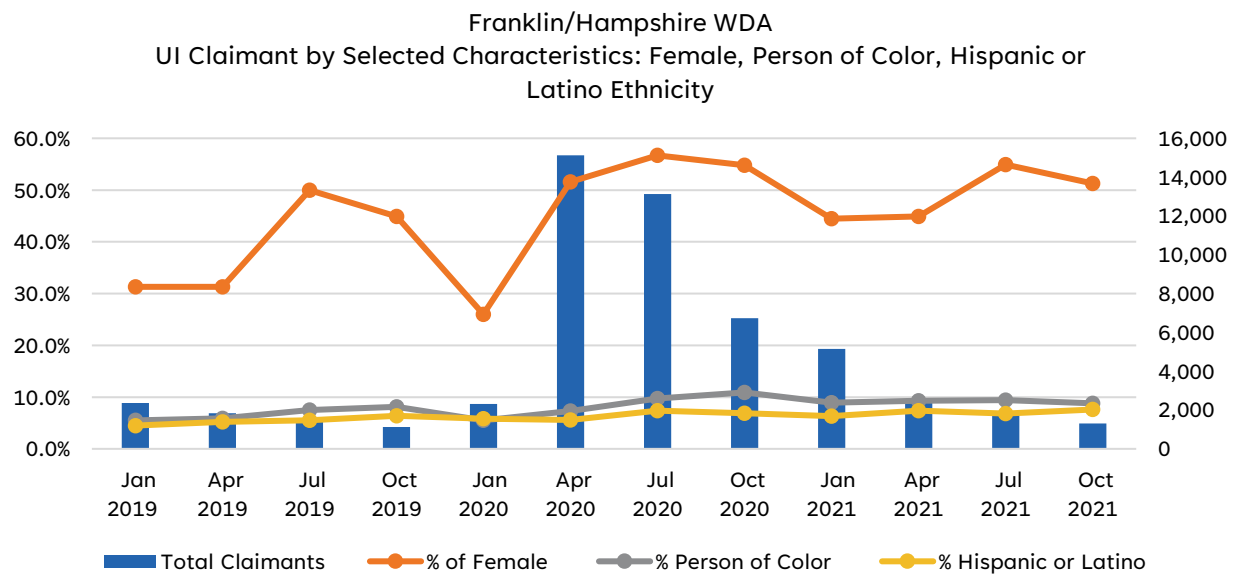
Source: MA Executive Office of Labor & Workforce Development, Local Area Unemployment Statistics (LAUS).

A MassINC Polling Group survey of small businesses in July 2020 reported that “small businesses in Massachusetts have suffered serious damage due to the COVID-19 pandemic, with just one in three reporting they are fully open. Sixty-four percent (64%) of small businesses reporting drops in gross revenue of 25% or more for the first half of 2020. Nearly half (46%) of small businesses say they have laid-off or furloughed employees, including 77% of restaurants. Businesses owned by women and people of color have been hit particularly hard and report great financial losses.”¹² As shown in Figure 6, business income for Franklin County declined greatly from January 2020 throughout the year and into early 2021. As a comparison, the business income in February 2021 for Franklin County was 50% less than in January 2020.

FIGURE 6: Small Business Revenues, January 2020 - February 2022

Source: Pioneer Valley Planning Commission

National studies indicate that women, particularly women of color, were disproportionately harmed by the pandemic-induced upheaval in the economy and the shift to remote schooling.^{13,14} As Figure 7 shows, women in the Franklin/Hampshire Workforce Development Area (which includes Franklin and Hampshire counties and North Quabbin) were particularly hard hit by unemployment, a finding that will have lasting impacts on their families' financial well-being.

FIGURE 7: Franklin/Hampshire Workforce Development Area: Unemployment Insurance Claimants

Source: Franklin County 2022 CEDS Annual Report

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 (6)c 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 (6)d of this report looks at mental health and substance use in adults, and Section (6)a explores the youth mental health crisis. Rural communities have had particular challenges during the pandemic that affected their access to employment, school, and health care, driven by limited access to the internet. Woven throughout this report is 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 western Massachusetts, the local public health system is chronically under-funded and under-staffed. The state's decentralized structure has led to 351 independent boards of health, 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 in the region. If a town did not have a public health nurse, as most did not, there was no one available to conduct contact tracing. The Commonwealth invested significant funds in a private non-profit solution, the Community Tracing Collaborative, so many local communities could fulfill their contact tracing responsibilities during the pandemic. During surges in COVID-19, however, the Communities That Care Coalition (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.

Digital Equity

Digital technology and access to affordable and reliable broadband is a vital part of society, even more so since the onset of the COVID-19 pandemic. 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 Equity 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 in: 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.

Lack of Internet Connectivity

- Lack of internet infrastructure prevents some rural and urban residents from accessing the internet.
- 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.

2022 focus group participants spoke about the impact of the digital world on older adults in western Massachusetts. Participants shared that 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. During the pandemic, many services and education required digital technology. A 2020 Pew Research Center study found disparities for youth participating in the education system:

- 43% of limited-income parents said their children had to do schoolwork on their cellphones.
- 40% of parents said their child had to use public Wi-Fi to finish schoolwork because there is not a reliable internet connection at home.
- 1 in 3 parents (36%) said their children would not be able to complete schoolwork because they do not have access to a computer at home.

Long COVID

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 study¹⁵ 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.¹⁶ As of July of 2021, long COVID may be considered a disability under the Americans with Disabilities Act (ADA)¹⁷, and later that year, a specific billing code was created for long-haul COVID.¹⁸ Previous data shows that people with disabilities looking for work experience an unemployment rate twice that of workers without disabilities.¹⁹ 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 local 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 Franklin responded to the COVID-19 in myriad ways. Internally, Baystate Franklin 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.
- Bringing the Wellness on Wheels (WOW) Bus onsite in January and February 2022, providing monoclonal antibody treatment to the most at-risk patients.

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

Once in the Annual Report, click on "Year in Review" tab at the top, then click "COVID-19".



Baystate Franklin Medical Center Team Members
Photo Credit: Baystate Health



Dr. Hamza Qazi, Hospitalist
Baystate Franklin Medical Center
Photo Credit: Baystate Health



Baystate Franklin Medical Center Team Members
Photo Credit: Baystate Health



Staff Nurses at The Birthplace
Baystate Franklin Medical Center
Photo Credit: Baystate Health

6. Prioritized Health Needs

6. Prioritized Health Needs

The communities served by Baystate Franklin in Franklin County and North Quabbin continue to experience many of the same prioritized health needs identified in Baystate Franklin's 2019 CHNA. The COVID-19 pandemic exacerbated many of the existing inequities related to these needs. Several prioritized needs received deeper focus as described below. The prioritized health needs for the communities served are:

- **Social and Economic Factors or “Determinants” that Influence Health:**
 - Housing Needs (**Baystate Franklin Focus Area – deeper dive**)
 - Access to Transportation, Healthy Food, and Broadband
 - Lack of Resources to Meet Basic Needs
 - Educational Attainment
 - Violence and Trauma
 - Environmental Exposures and Climate Crisis
- **Barriers to Health Care Access:**
 - Provider Scarcity (**Baystate Franklin Focus Area – deeper dive**)
 - Decrease in Health Services Available Locally
 - Insurance
 - Costs of Accessing Care
 - Transportation
 - Lack of Care Coordination
 - Need for Culturally Sensitive Care
 - Health Literacy and Language Barriers
- **Health Behaviors and Outcomes:**
 - Youth Mental Health (**Regional Focus Area – deeper dive**)
 - Mental Health and Substance Use
 - Chronic Diseases and Other Health Outcomes

6a. Regional Focus Area: Youth Mental Health

Overview

Youth mental health is in many ways 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 below create a sense of connection and care and are critical prevention strategies to support youth in thriving.

Other factors erode any sense of well-being. Gender and gender identity are significant aspects of youth mental health. Over their lifetimes, girls and women suffer twice the rates of anxiety and depression that males do.²⁰ All students, but especially girls, may feel the pressure to meet social expectations around school performance, beauty, and appearance, and getting into college or a career. The rise in use of social media has proven to be a double-edged sword for adolescent and teen girls. Use of some social media platforms is correlated with a rise in poor self-image, depression, and suicidal ideation for girls.²¹ Yet social media also provides a source of connection for isolated teens, as well as a means to access mental health resources.²²

“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.”

– *Mental Health Care Provider, Key Informant Interview*

For young people growing up in families with few resources in the rural parts of our region, structural poverty and rural isolation are factors. Multiple Franklin County and North Quabbin focus group participants resonated with the following statement:

“Right now, there is a very long waitlist for mental health services. When families who are in need of mental health services are trying to connect to support, they are being told they have a two-year wait. Mental health for young adults, teenagers, and younger children is a real struggle right now.”

For youth of color and other marginalized young people, mental well-being is affected by racism and discrimination in both communities and schools. Key informants speak to the anxiety, stress, and fatigue of youth having to “interface with systems” that are often unsupportive, disrespectful, combative, and traumatizing. One manifestation of systemic bias – school discipline – illuminates the harms of pervasive discrimination for the well-being of youth today. School discipline data reveal the systematic over-discipline and eventual criminalization of Black and Latino/a/e children and youth, especially males, from as early as pre-kindergarten. Black students are expelled three times more than White students. Youth with disabilities experience higher rates of discipline, confinement, and restraint than those with no identified disability, and even more so if they are also youth of color.²³ LGBTQIA+ youth are also overrepresented in school discipline rates and experiences of victimization at school.²⁴

In the 2020–2021 school year, student discipline data in the nine Franklin County and North Quabbin public high school districts show that economically disadvantaged students, high needs students, and students with disabilities were disciplined 27–48% more frequently than their peers. Students of color were also disciplined disproportionately more than their peers, with the most profound difference observed in Black students being disciplined 78% more often than average.²⁵

Another facet of youth mental health 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.

As the World Health Organization (WHO) notes, “Adolescence is a unique and formative time. Physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.”²⁶

Impact of COVID-19 on Youth Mental Health

Past CHNAs found that youth across the region struggled with mental health conditions and were increasingly vulnerable to opioid use and overdose. Prior to the pandemic, local groups and organizations recognized that youth mental health was a serious and rising public health issue and sought to address it. For this CHNA, the Coalition of Western Massachusetts Hospitals/Insurer decided to make youth mental health a focus area for shared assessment and action, with a focus on youth ages 12-24.

“A conversation a lot of school-based mental health professionals are having is that our youth and our nation went through a collective trauma, we saw so many kids experience different traumas and adverse childhood experiences. And now they've returned to a stable environment with a routine (school). When you're in a crisis situation, you can't process the trauma that's happened to you, and you can't process the crisis that's happening. But when you are with stable adults in a stable environment, that's when it comes out. Especially with adolescents and young people, it can come out as aggression, it can be misread as ADHD, it can be perceived as conduct disorder. Obviously, I'm not diagnosing our entire nation right now, but that is what we are seeing on the ground.”

—Franklin County/North Quabbin Youth Mental Health Key Informant Interview

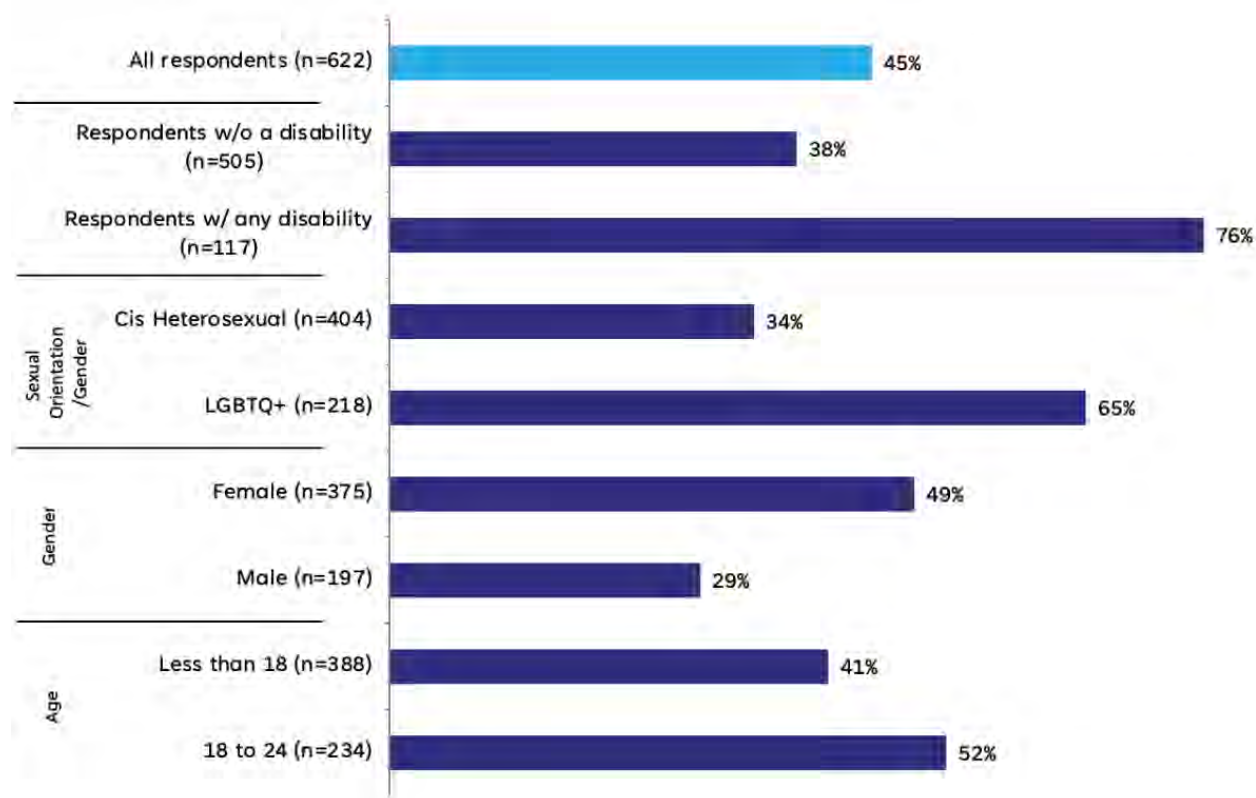
COVID-19 exacerbated this prioritized health need by increasing mental health challenges, taking away the prevention activities that support wellness, and straining already strapped mental health provider systems. The shift to remote schooling in March 2020 and related lockdown to reduce transmission 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. Additionally, this time saw a significant increase in the amount of time youth spent on screens and engaging with social media.

The MDPH COVID-19 Community Impact Survey (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 reflect perspectives of the 622 survey respondents and not necessarily those of all youth in the region.

- Almost half of youth who responded to the survey (45%) reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities. These high rates of depressive symptoms correspond with the high rates seen in youth surveys administered in Spring of 2021 across the region.
- In addition, inequities in mental health challenges that preceded the pandemic continued to manifest, especially among youth with disabilities, LGBTQIA+, female, rural youth, and young adults 18-24.
- Respondents with disabilities (n=117) were twice as likely as youth with no disability to report depressive symptoms.
- LGBTQIA+ youth (n=221) were almost three times more likely than other youth to experience multiple post-traumatic stress disorder (PTSD)-like symptoms due to the pandemic.
- When asked what 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 having the opportunity to use an app for mental health support (see Appendix 6).

FIGURE 8: 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 under 24 felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

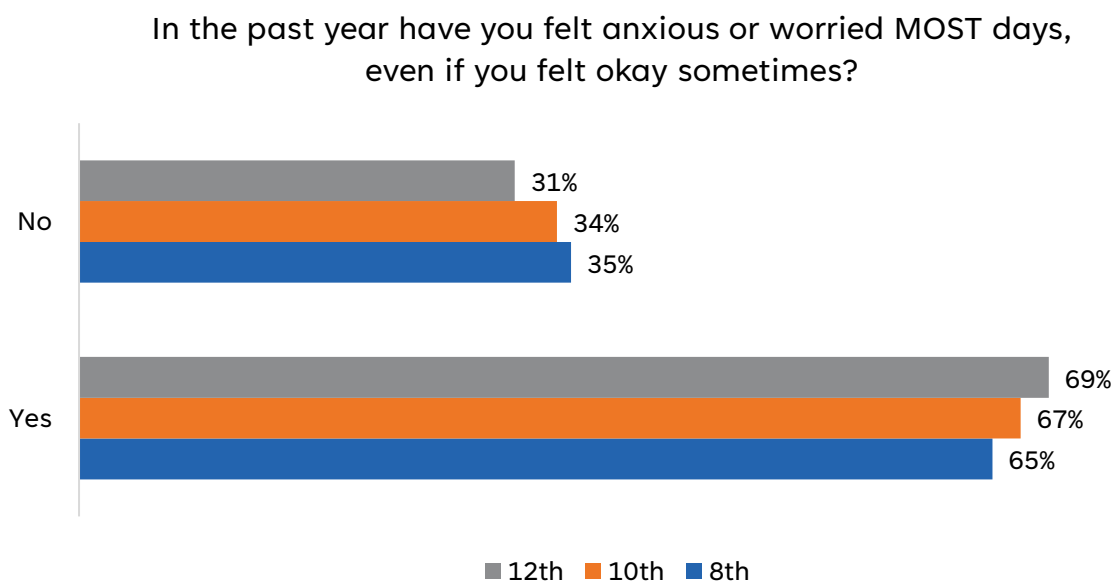
In 2021 the Communities That Care Coalition (CTC) conducted Youth Health Surveys of all eighth, tenth, and twelfth graders in the nine public school districts in the region, as they have every year since 2003. Among 1,539 students participating in the 2021 survey, many reported historically high rates of depression, anxiety, and loneliness. Overall, female students reported more mental health struggles than male students, and LGBTQIA+ students also reported struggling with mental health more than their straight and/or cisgender peers.

- In 2021, reported symptoms of anxiety and depression increased to 42% and 43% respectively, over 32% and 33% in 2019.
- Reported feelings of sadness and anxiety were on average more than twice as high and in some cases three times as high among female and LGBTQIA+ students,

continuing disparities found in the 2019 CHNA and affirming data from the 2020 CCIS survey.

Additionally, in 2022 the CTC conducted a Prevention Needs Assessment Survey of all eighth, tenth, and twelfth graders in the nine public school districts in the region. On that survey, between 65% and 69% of 1600 respondents in eighth, tenth, and twelfth grade reported “feeling anxious or worried MOST days, even if [they] felt okay sometimes.”

FIGURE 9: Franklin County and North Quabbin Youth Self-Reported Anxiety



Source: CTC Prevention Needs Assessment Survey, 2022

“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

“There are definitely youth who would benefit from more intensive care, and it's not available. The lack of hospital beds in the state is at a place where it's never been before.”

Franklin County Youth Mental Health Professional Interview

While more youth felt depressed and anxious during the course of the pandemic, a number of factors affected their ability to receive support and care. Based on information

collected through Community Chats, focus groups with youth and caring adults, and key informant interviews with youth mental health providers and youth development professionals, the following insights emerged:

1. **COVID-19 eliminated or weakened access to the kind of supports and activities that might typically help young people thrive emotionally (schools, sports, social networks, extra-curricular activities, camps, mentoring, etc.).** 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 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.
2. **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. Additionally, Franklin County and North Quabbin parents of transgender, non-binary, and queer youth report a need for caregiver support for the adults in these young people's lives.

Perhaps the most glaring example of the local mental health provider shortage is that at any given time up to ten people (including pediatric and adolescent patients) are spending many days, even weeks or months, at BAYSTATE FRANKLIN Emergency Department on psychiatric holds while waiting for a mental health bed to open up anywhere in the state.²⁷
3. **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. In our region, the youth population is much more diverse than the adult population, so very few Franklin County and North Quabbin youth of color encounter school staff of color. 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 or obese also came up as a form of discrimination in which health care providers reinforce societal stigmas about weight.

4. **Mental health stigma continues to be a challenge, although there are signs it is becoming less so.** Some informants observed that more 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. 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.
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. However, mental health providers blame social media for 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 mental health among adolescent girls. Some of the harms of social media very likely come from the things that it displaces in young people’s lives, including face-to-face interaction.

Despite these very real challenges, youth and adults from focus groups and key informant interviews 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.

What school youth in Franklin County are saying about Mental Health?

Do you know where to get help with mental health challenges in your school environment?

“There aren’t a lot of places to reach out to someone.”

“Talking to guidance counselor feels like pandering, like you are talking to a machine that passes you off to a therapist...They are so busy because they have so many students.”

“Doesn’t feel like you’re talking to someone who actually helps you.”

“Seems like small stuff is taken seriously and bigger things are less important.”



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. Another gap identified in community conversations is support for parents of older youth – many areas have programs and resources to support parents of younger children, but as the children get older there are fewer (if any) dedicated parent support resources. These informants recommended that 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, those supporting youth need to build and expand youth voice and decision-making opportunities.

Healthcare institutions: As noted in the previous section, the systems of care for mental health are in transition as hospitals and federal and state governments make major changes to address the acute mental health care needs of the region.

Prevention supports: Several key informants for this assessment stressed the need for restoring and augmenting the kind of supports and activities that typically help young people thrive emotionally that 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. 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, young people spend much of their day in school. Key informants recommended that schools 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, make time for evidence-based prevention curricula, adopt restorative practices, 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 noted that the local community health center in Greenfield (CHC) offers behavioral health services, which are an appreciated and critical resource for rural communities in the region. Thus, the state's Roadmap investments in behavioral community health centers may be a welcome model to build on the trust that residents already have in their local CHC.

Telemedicine for mental health: The rapid expansion of telehealth and "tele-mental 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, but Massachusetts continues to not allow out of state mental health providers to bill in-state insurers, posing a serious barrier to access. (See more on this topic in Section 6b, Health Care Provider Scarcity.)

State initiatives: 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.²⁸ 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.

6b. Deeper Dive: Health Care Provider Scarcity

Overview

Many of the barriers that Franklin County and North Quabbin residents faced in accessing health care in 2016 and 2019 are still prioritized needs in 2022, in particular, the limited availability of health care providers. In a regional survey of local public health officials, 72% of Franklin 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. The limited availability of health care providers was already problematic prior to the COVID-19 pandemic, but it has become acute since the onset of the pandemic.

Qualitative and quantitative data both point to the fact that Franklin County and North Quabbin do not have enough primary care providers, specialists, and dentists to meet local need. Table 4 shows that Franklin County has fewer providers per resident than the state as a whole for primary care and dentistry. The U.S. Health Resources and Services Administration has designated all of North Quabbin and much of Franklin County a Health Care Professional Shortage Area. The region is also considered “medically underserved,” a designation based on a shortage of primary care providers, high infant mortality, high poverty, or a high elderly population. Apart from the regional shortages of providers, the shortage is particularly acute for publicly funded health care providers, such as community health centers, and providers who accept MassHealth.²⁹



Dr. Nathan Macedo
Greenfield Family Medicine
Photo Credit: Baystate Health

TABLE 4: Population to Provider Ratios, Franklin County (2022)

	Franklin County 2022	Franklin County 2019	Massachusetts 2022
Primary care	1530:1	1280:1	960:1
Dentists	1460:1	1410:1	990:1
Mental health providers	110:1	130:1	180:1
Other Primary Care Providers (Nurse Practitioners & Physicians' Assistants)	950:1	n/a	670:1

Source: County Health Rankings and Roadmaps, 2022

Between 25-34% of rural respondents to the local 2021 Age Friendly Community Needs Survey rated their access to health care professionals, including specialists, as “poor” – with the worst rate among residents of western Franklin County.³⁰

Access to Dental Providers

The Massachusetts Office of Rural Health reports that of the 14 counties in the state, Franklin County has the fewest dentists and the second fewest dental hygienists per capita. The office tracks health in clusters of rural towns across the state.³¹ Less than 2% of the state’s dentists practice in these rural areas, and they tend to be older (and closer to retirement) than dentists who practice in urban or suburban areas. Sixty-one percent (61%) of dentists in the rural clusters are age 55 or older, compared to 39% of dentists statewide. The shortage of dentists is particularly acute for adults with MassHealth. While several area dentists accept MassHealth for their pediatric patients, fewer treat adults with MassHealth. In dentistry, the shortage of dental specialists is even more acute than the shortage of providers for basic dental care.

“[Dental] access is worse [than three years ago]. Contributing factors are that the price of supplies has gone up. Dental supply costs are already pretty huge since we go through a ton of PPE; the materials were already very expensive and have been impacted by supply chain issues. The workforce shortages for dental are severe because with the increase in PPE use, many people just retired or switched fields. Because workforce is so tough, compensation for dental assistants and

hygienists is increasing. There's also a real problem with training programs for dental assistants. We can do on the job training, but they still need radiology certification, and these are really limited programs that fill up fast. Several private practice dentists have retired, and some have just stopped taking MassHealth. MassHealth doesn't reimburse private dentists nearly enough to cover costs - and now with costs increasing they just can't afford to accept MassHealth. The backlog of deferred care from the shutdowns means schedules are full of emergencies and catch-up procedures."

Excerpt from an interview with a Healthcare Administrator on access to dental care during the pandemic.

Access to Mental Health Providers

Despite a favorable population to provider ratio for mental health, there was a consensus in key informant interviews and focus groups that the need for mental health care exceeds the current capacity of the system, and that many local therapists included in that ratio do not accept MassHealth and some accept no insurance at all. Public health officials noted a shortage of psychiatric prescribers. School staff reported that mental health needs of students are growing, adding to the workload of counselors and mental health providers in schools who are already overextended.

In interviews and focus groups, participants pointed to gaps between the mental health expertise available and the expertise needed, notably for survivors of trauma, for child victims of sexual abuse, for youth substance misuse, and for residents with both mental health and substance use disorders. Some pointed to a mismatch between the demographics of mental health providers and the demographics of people seeking services, including people whose first language isn't English and transgender and gender nonconforming people.

Access to Health Care Specialists

Participants of interviews and focus groups also noted shortages of specialists in the area, especially pediatric specialists and specialists who will take MassHealth. This results in residents needing to go south to Springfield or east to Fitchburg, or even Boston for specialty care.

“I feel like any time we need anything, we have to go elsewhere and get referrals. It would be nice to have specialized child doctors and not just family doctors. For medical concerns, we have to go to a specialist, which is always an inconvenience, and I know with my experience, they send a referral, and you have to show up or you won’t get an appointment for another six months. We need more health care practitioners for the younger kids. I’d like to see more doctors that would take both adults and children, so you don’t have to always have five different doctors in five different locations. In my personal household, we had to find a pediatric doctor, a doctor that would accept me, and one for my husband. We couldn’t find one that would take all of us together, and there was a waitlist. We had to call around to find an actual doctor, and now they have the nurse practitioners that see your kids the most, which is fine for me. If I have a doctor that I’m going to see though, I’d like to see the doctor, not just the nurse practitioners.”

—Franklin County/North Quabbin Focus Group Participants

Providers said that one consequence of the shortage of specialists, like dental specialists, dermatologists, pediatric pulmonologists, or psychiatrists, is that primary care providers are pressed to work and prescribe outside their comfort zones.

Focus group participants commented on long wait times for care, and they are often disappointed that they cannot get in to see their own primary care providers because those providers are so tightly scheduled. When shortages mean long wait times and people feel some urgency about having their issues addressed, they may seek care in the emergency department. Key informant interviewees in administrative roles confirmed that these kinds of barriers result in higher utilization of emergency department services and drive-up health care costs.

Public health nurses shared concerns about how medically complex patients are treated at Emergency Departments. They report residents are often sent home with just the

presenting problem addressed, but not the many underlying chronic issues that are impacting their health, wasting an opportunity to turn a health care visit into positive change for the patient.

Access to Home Health Aides

One new health care access challenge identified in research for this report is the urgent need for more home health aides. Similar to the dental assistants, this group of professionals was deeply impacted by the COVID-19 pandemic, as well as immigration reform since the last CHNA. Over 350 respondents to the Age Friendly Community Needs Assessment rated their access to affordable, certified home health care providers as Poor or Unavailable – with the highest rates of dissatisfaction in the western Franklin County towns. Life Path, the local Aging Services Access Point reported a 150-person waiting list for home health services as of July 1, 2020. The help provided by home health aides is a vital support to those who wish to age in place, an urgent need in a region with very little accessible age-friendly housing.

Additional Barriers

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, in part because of low reimbursement rates, making access prohibitive for residents who need services³²
- **Culturally and linguistically competent providers** are in short supply, according to regional youth providers and parents.
- **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, because they have no alternatives³³

Impact of COVID-19 on Availability and Access to 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. The 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. The Great Resignation placed a strain on frontline health workers in particular and has caused staffing shortages throughout the medical system.³⁴

The 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.

- Nearly one in five Franklin County respondents that sought health care during the pandemic reported not receiving care due to barriers presented by COVID-19.
- More than half of respondents experienced delays in routine care and one in five 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.

Subgroups who often experience other health care barriers such as inaccessibility, discrimination and bias, more frequently reported experiencing delays: LGBTQIA+ respondents; people with disabilities; parents overall; parents of children with special health care needs.

Resources to Increase Access and Availability of Providers – Advances in Telehealth

Since the last CHNA, telehealth – the provision of care by phone, online chat, or video – has emerged as a critical option 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 twenties and thirties seeking psychotherapy.³⁵ 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.³⁶

This led many providers to quickly pivot to offer telehealth services across the board as a safer alternative to in-person care.

These changes led Massachusetts to become a major adopter of telehealth, quickly surpassing other states.

- Based on Medicare claims data, the Commonwealth was one of the top three states where telemedicine was used more than 60% of the time between March 2020 - February 2021.³⁷
- Between May 2020 and May 2021, Federally Qualified Health Centers (FQHCs) in the state conducted more than a million telemedicine visits, according to their telehealth consortium.³⁸

Barriers persist that may exacerbate disparities in who receives care. Telehealth depends on access to digital technology. Geographic location and cost of internet service are two potential factors affecting ability to use such technology. In a national telehealth study that reviewed claims data and conducted surveys of patients and clinicians, concerns about technology access for patients was the second greatest challenge raised by health providers.³⁹ 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 communities served by Baystate Franklin, residents of western Franklin County reported the highest levels of concern about internet access in fall of 2020; almost one in four were worried about their internet access.

Older adults from the more rural parts of the region who responded to a local Age Friendly Community Needs Survey reported the lowest rates of reliable internet connection (20% had none) and a high interest in learning to use technology better, indicating that for our growing older population, telehealth access issues remain significant.

Cultural and linguistic barriers can also pose access issues for telehealth. In the CCIS, 24% of respondents from western Massachusetts who spoke a language other than English worried about their internet access.

Yet telehealth also helps remove barriers. In the same national study cited above, survey data from patients (which over-represented female responses) showed high ratings for their telehealth experiences. Three-quarters said that telehealth removed transportation

as a barrier, 65% appreciated not having to take time off from work, and 67% said telehealth reduced their costs compared to an in-person visit.

Youth providers discussing 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 reported seeing 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.

Federal and state policy changes have enabled telehealth to continue beyond the pandemic. A 2021 federal law enables Medicare and Medicaid to pay for mental health visits provided by Rural Health Clinics and Federally Qualified Health Centers via interactive video-based telehealth, including audio-only telephone calls.⁴⁰ In Massachusetts, though all the services that can be appropriately provided through telemedicine will be required to be covered, some of the telehealth reimbursement parity requirements made during COVID-19 are currently set to expire. Behavioral health services are required to be reimbursed on par with in-person services permanently. However, primary care and chronic disease management telemedicine reimbursement parity is set to expire at the end of 2022.⁴¹

Resources to Increase Access and Availability of Providers – Local Action Steps Taken

In 2022 Baystate Franklin is launching a new Family Medicine Residency Program (FMRP). The FMRP will welcome four new family medicine residents each year for the next three years. Additionally, the hospital recruited a new orthopedic surgeon in 2021 to make orthopedic surgery available locally once again. Additionally, the hospital is increasing recruitment activities across the board to attract new providers to the region.

Since the last CHNA, the Community Health Center of Franklin County added short-term behavioral health services to their scope of work in response to the mental health provider crisis, and opened a new site that offers primary care, dental, and behavioral health to residents of North Quabbin.

6c. Deeper Dive: Lack of Access and Affordability of Housing

Overview

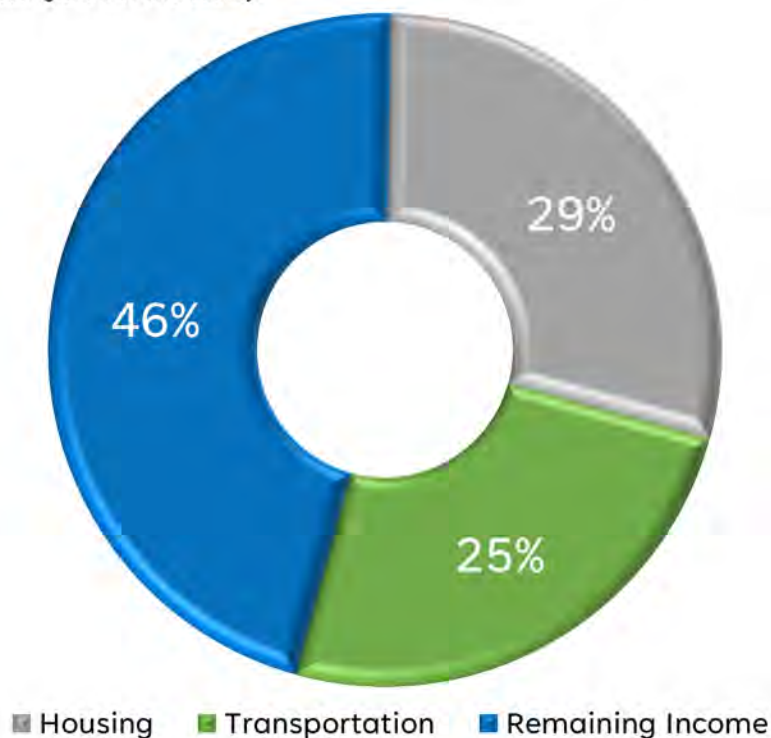
Housing that is affordable and safe is essential to good health and remains a prioritized health need in Franklin County and North Quabbin. When housing costs are high, residents face tradeoffs between housing and other basic needs. Substandard housing contributes to a host of health problems, including chronic disease, injury, and harm to child development. Homelessness can undermine health and untether individuals and families from jobs, school, services, and social support. Historically, racist housing policies and practices have had a far-reaching impact on education, employment, wealth accumulation, safety, and health.⁴²

Housing Insecurity

Housing is commonly considered affordable when a household spends no more than 30% of its income on housing, including utilities. Under this definition, one-third of households in the area are housing cost-burdened and about one-half of those who rent are housing cost-burdened.⁴³ With more than 30% of their income going to housing, the budgets of these households are strained to cover other basic needs including transportation, medical care, food, exercise, and clothing. Renters are substantially more likely to be housing cost-burdened than homeowners.

FIGURE 10: Average Franklin County Housing and Transportation Costs**Average Housing + Transportation Costs % Income**

Factoring in both housing and transportation costs provides a more comprehensive way of thinking about the cost of housing and true affordability.



Source: H+T Affordability Index (<https://htaindex.cnt.org/map/>)

In Franklin County, 16% of households are severely cost-burdened, meaning they spend more than half their income on housing, leaving little money for other important health determinants. About three-quarters of households with incomes under \$35,000 are housing cost-burdened. Figure 10 shows the extent to which housing cost is a burden to limited-income households: local families are paying on average 29% of their income for housing and 25% for transportation. It is important to think about this number in the context of the other things people in the region are paying for.⁴⁴

“Even the rent for people - to charge up to \$2,000 for a three-bedroom apartment, not including basic needs and heat in the winter, is ridiculous. I wish they had a rent control or cap or some program for people who have children who are really in this need of finding a decent apartment that doesn’t have led, and is well maintained, that they can physically afford without both parents having to work two jobs just to pay for rent and figure out day care/childcare because come summer, you don’t have that luxury. Now you have to worry about your child not

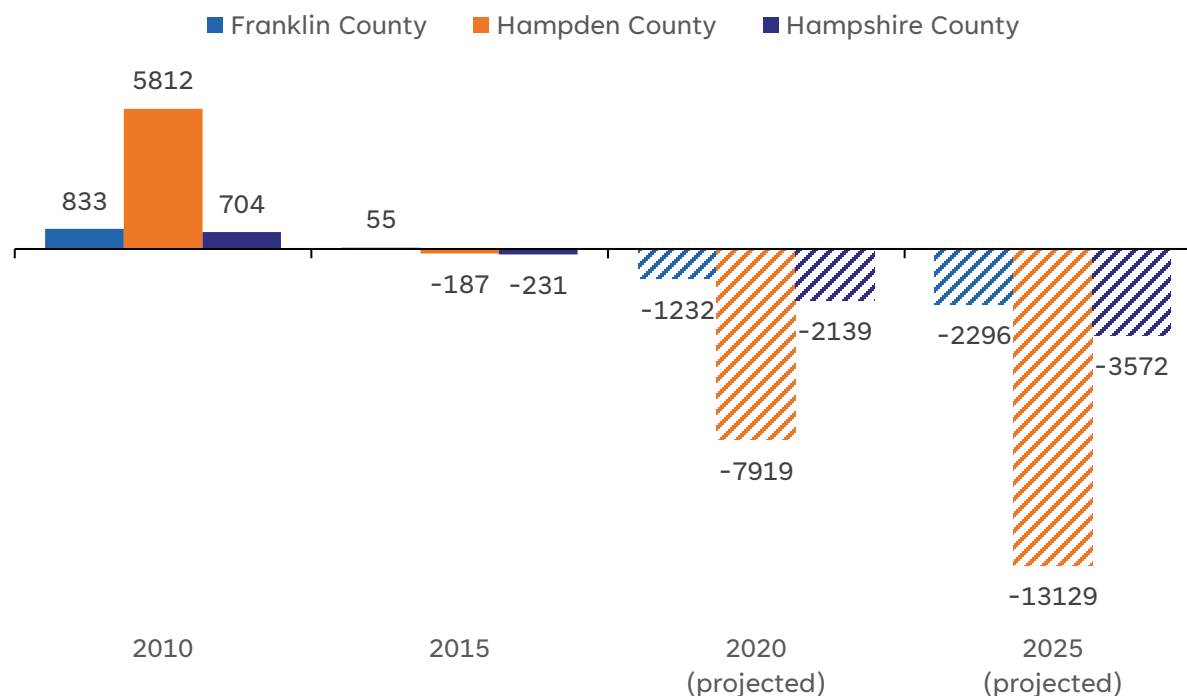
being old enough to be at home alone. If this area had some rent control or financial help for parents – I know they have section 8 and housing – not everyone qualifies for that. I would love to see something like that happen around this area.”

–Franklin County / North Quabbin Focus Group Participant

Excessive housing costs mean that households need to cut expenses in other areas, and for many households with limited income, those trade-offs mean they do not have enough for other basic necessities. Households with limited income (in the bottom expenditure quartile) that have severe housing cost burdens spend 37% less on food, 77% less on health care, and 60% less on transportation than households with limited income that are not cost-burdened. Severely cost-burdened families with children spend only \$310 per month on food, well under the \$570 lowest-cost plan recommended by the US Department of Agriculture for a family of four.⁴⁵

The shortage of affordable housing is most acute for limited income groups. A 2014 study of housing in Franklin County found a deficit of more than 4,000 affordable housing units for county residents with incomes under \$25,000.⁴⁶ The same report identified a growing need for senior housing, as the number of the region’s residents who are 65 and over is high and poised to increase rapidly.⁴⁷ Housing assistance is targeted to households that earn less than 80% of the area’s median household income (\$57,307 for Franklin County)⁴⁸, and 61% of households headed by older adults, or about 4,600, are currently eligible under those guidelines. This figure far exceeds the 600-700 subsidized units set aside for elders and people with disabilities.

In 2021, the UMass Donohue Institute’s Economic & Public Policy Research Group released the “Greater Springfield Regional Housing Analysis” report, which showed that many of the findings from the 2014 report remained true and/or had worsened. Notably, the projected deficit of housing units in Franklin County is expected to grow almost three-fold by 2025.⁴⁹

FIGURE 11: Projected Housing Unit Gap in the Pioneer Valley

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.

The effort to expand affordable housing is hampered by several factors: inability of the private market to provide housing when costs of construction or rehabilitation exceed potential income from affordable rent; a deficit of government funding and the complexity of coordinating multiple sources to fund a project; and weak public support for affordable housing.⁵⁰

At the other end of the age spectrum, a recent survey of 66 colleges across the country found that at Greenfield Community College, 48% of students experienced some degree of housing insecurity, including frequent moves, overcrowded conditions, moving in with others due to financial constraints, rent hikes that were difficult to cover, or failing to pay rent or utilities in full.⁵¹

One development since the 2016 and 2019 CHNAs in access to affordable housing is the explosion of the short-term rental business (such as Airbnb). With the passage of state legislation officially designating these units as businesses that pay lodging tax in 2019, many communities are beginning to explore the extent to which this business takes affordable housing off the market for residents.⁵² A recent analysis conducted by the

Franklin Regional Council of Governments showed that short term rentals increased in Franklin County by 47% between 2019 and April of 2022.⁵³

Poor Housing Quality

“Affordability” can sometimes come at the expense of quality. On the private market, housing that is affordable to limited-income families may be in poor condition and in need of maintenance and repair, or it may contain hazards like mold, asbestos, and lead. Older houses tend to be of lower quality because of wear and tear, and because they may not have been upgraded to modern standards. An example is lead-based paint, which was banned in 1978. Without remediation, housing built before then could pose a risk of exposures that are particularly harmful to children under the age of six. Housing built before 1940 is prone to a host of additional problems such as the presence of asbestos, outdated wiring, faulty plumbing, and lack of insulation.

As noted in the previous CHNA, in Franklin County approximately 70% of housing units were built before lead paint was banned, making it the county with the oldest housing in the state. Higher percentages of older housing are found in the larger population centers. Forty to fifty percent (40-50%) of housing in the larger population centers was built before 1940.

Rental housing tends to be older than owner-occupied housing. In Franklin County, 43% of rental housing was built before 1940, as compared to 33% of owner-occupied housing.⁵⁴ In a recent needs assessment for the LifePath Area Plan on Aging, housing upkeep and repair emerged as a top need for older adults.⁵⁵ One of the only sources of funding for housing rehabilitation is local Community Development Block Grant funding, which is only available sporadically to most of the region’s small towns. In addition, housing is only one of many needs this grant funding addresses. Once a town has received these funds, many limited-income and elder households face challenges providing the documentation required to qualify for the zero-interest loans made available through this funding mechanism. The 2019 CHNA found that these barriers limit access, and only one in five applicants are actually able to access the funds⁵⁶.

Housing Tenure

Owning a house rather than renting can support good health both directly, by providing stable housing, and indirectly, by providing a means to accumulate generational wealth.⁵⁷ Historically, intentional policies, practices, and norms have denied Black and Latino/a/e

families the ability to create stability and wealth through home ownership. These policies and practices include: redlining (the discriminatory practice of denying credit or insurance to people living within certain neighborhoods where the majority of residents are people of color); racial discrimination in mortgage acquisition in the G.I. bill; aggressive predatory lending in communities of color; and segregation imposed by federal, state, and local policy and reinforced by cultural norms.⁵⁸ Inequities in wealth by race and ethnicity are arguably due in large part to differential access to home ownership.⁵⁹ In 2016, median wealth of White families in the United States was \$171,000 – almost ten times that of Black families (\$17,600) and more than eight times that of Latino/a/e families (\$20,700).⁶⁰ As census data continues to show since the previous CHNA, roughly seven in ten White households in Franklin County live in a home they own, as compared to about three in ten Black, Asian, and Latino/a/e households.

Homeownership can provide a foundation for housing stability. As found in the previous CHNA, in Franklin County, about 80% of homeowners have lived in their current residence more than a decade, compared to about 25% of renters. Housing stability also enables the development of relationships with neighbors over time to create a spirit of community, belonging, and mutual support.

Financial obstacles such as lack of down payments or poor credit history prevent many of the area's middle-income families from purchasing their own homes, even if they could manage the monthly costs of owning. Their participation in the rental market decreases availability of rental property for limited income families.⁶¹

The COVID-19 pandemic has contributed to housing challenges. Most directly, 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 Franklin County rose over 20%.⁶² 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. 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.⁶³ The Franklin County Regional Housing and Redevelopment Authority data show that among the thousands of families who sought emergency housing support during the pandemic, Black, Indigenous, and People of Color (BIPOC) families were significantly overrepresented. Ten percent (10%) of those receiving emergency support identified as Black, and 17% as Latino/a/e – far higher percentages than the general population.⁶⁴

Homelessness

Poor health can be both cause and consequence of experiencing homelessness. Especially for people with very low incomes, poor health can start a spiral to becoming unhoused, through job loss, medical debt, depletion of savings, and exhaustion of personal support networks. Whatever set of circumstances causes the loss of a home, people are likely to see their health deteriorate once on the street or in a homeless shelter. As noted in the previous CHNA, managing chronic disease is challenging without a stable place to live, and people experiencing homelessness are at heightened risk of exposure to communicable disease, violence, and harmful weather. Some unhoused people have a complex mix of severe physical, psychiatric, substance use, and social problems that make it difficult for them to maintain housing without supportive services, even when housing is affordable.

A February 2022 “point-in-time count” found 2,836 people experiencing homelessness in Franklin, Hampshire, and Berkshire Counties, including 68 young adults, 960 individuals, and 1,876 family members (parents and children). Point-in-time counts assess the number of people experiencing homelessness at a single time point and are conducted across the nation every January as a requirement for federal funding. While these counts are currently our most common tool to gauge numbers of people who are unhoused, they do not capture the full extent of homelessness. Not only are they likely to miss people, they also do not include those who are couch-surfing (staying with any friend or acquaintance who has a spare couch or floor space to share) or doubled up with another family.⁶⁵

Of the people included in the 2022 point-in-time count in the three-county area, 66% were in families with children. Massachusetts guarantees shelter when families with children become homeless, but the guarantee does not remove the stress and trauma of housing loss. Housing loss disrupts lives as parents lose control over where they live, how they raise their children, and where their children go to school. They may be placed out of their home communities, away from their support networks. Many families are sheltered in Springfield where western Massachusetts shelter units are concentrated.

Victims of domestic violence, and particularly women and children with limited resources, are at heightened risk of experiencing homelessness.⁶⁶ Stable housing can also be hard to find for women who have lost custody of their children. They often cannot get their children back without having housing but may need to have their children living with them to obtain affordable housing.

Of those captured in the count, Black and Latino/a/e people were overrepresented in the unhoused population when compared to their proportion in the population as a whole. The percent of Black people who experienced homelessness in this count is 2.6 times greater than the percent of Black people in the general population. Similarly, the percent of Latino/a/e people who were homeless was three times greater than the percent of Latino/a/e people in the general population.

Homelessness affects local schools as well. In a 2022 survey of middle and high school students in Franklin County and North Quabbin, 2% of respondents reported spending most nights sleeping somewhere other than at home with their parents or guardians.⁶⁷ Nearly 4% said that at some point in the previous 12 months, they had lived away from their parents or guardians because they ran away, were kicked out, or abandoned. Generally, young people who experience housing instability are much more likely than their peers to struggle in school, use substances, and engage in other risky behaviors.⁶⁸

In addition to a shortage of affordable housing, the region lacks enough shelter space to cover the need. As noted in the previous CHNA, in Winter 2019 the Wells Street Emergency Shelter in Greenfield had space for 20 residents and had 30 people on the waiting list (though couches and chairs were made available for additional people to sleep in on cold nights).⁶⁹ In a focus group among residents of the shelter, participants said they had to wait weeks or months for space to open up for them to move in. They described the complex set of issues they faced, including accessing care and managing medical conditions, behavioral health issues, and substance use. They advocated for gathering places and constructive things to do during the day when the shelter is closed. They cited transportation as a barrier, especially when they had to be somewhere on the weekends when there is no bus service or had to go out of Greenfield. For example, one shelter resident was traveling to Springfield daily for methadone treatment. Additionally, during COVID-19 access to shelters, warming sites, and public spaces was further affected by social distancing requirements.

Sober housing

Long-term stable housing is a critical component of recovery from substance use disorder. In recent years, substance use treatment resources have increased substantially in Franklin County and North Quabbin in response to the opioid crisis. The region now has 252 treatment beds for detox and residential recovery, up from zero in 2015. Ideally, people discharged from treatment facilities would have an option of stepping down to sober housing to help sustain their recovery. (Sober housing are facilities that provide safe

housing and supportive, structured living conditions for people exiting drug rehabilitation programs.) The region now has 16 sober housing beds with a current prospect for 12 more – spaces for barely more than 10% of those in treatment facilities, and far short of the need.⁷⁰



ARJIS Posters on the
Greenfield Commons



PEER (Parent Engagement, Enrichment, & Resources) Ambassadors of the
Communities That Care Coalition at Unity Park in Turners Falls. Photographer:
Sage Orville Shea



Community Action Pioneer Valley
Family Center in Greenfield



Center for Self Reliance
Greenfield



Community Action Pioneer Valley
Food Pantry in Greenfield

6d. Other Prioritized Health Needs

Overview

This section addresses other priority health conditions in the communities served by Baystate Franklin. These issues were identified as prioritized health needs in the Baystate Franklin 2019 CHNA, and they remain ongoing challenges today.

- **Social and Economic Factors that Impact Health**
 - Access to Transportation
 - Broadband Internet
 - Educational Needs
 - Healthy Food
 - Lack of Resources to Meet Basic Needs
 - Places to Be Active
 - Social Environment
 - Violence and Trauma
- **Barriers to Accessing Quality Health Care**
 - Health Literacy and Language Barriers
 - Insurance and Health Care Related Challenges
 - Lack of Care Coordination
 - Need for Increased Cultural Humility
- **Health Conditions and Behaviors**
 - Alzheimer's Disease and Dementia
 - Chronic Health Conditions
 - Cancer
 - Cardiovascular Disease
 - Diabetes
 - Obesity
 - Respiratory Disease
 - Infant and Perinatal Health
 - Mental Health and Substance Use

A Note on Rates and Reporting on Race/Ethnicity

In this section, many of the charts show rates of disease or hospitalizations per 100,000 people in a given time period. A rate compares the number of cases of a particular condition to the size of the population in a given group. Rates provide a means to compare one group of people to another to determine whether some groups are at greater risk of an outcome, like being hospitalized for asthma, or developing cancer. In this section, charts compare hospitalization rates for different conditions by county, and where available, by race and ethnicity.

As noted in the limitations and information gaps section in the methodology to this assessment, because the number of people of color living in the communities served by Baystate Franklin is small, approximately 7,000 people across 30 cities and towns, it is often not possible to report on health conditions by race and ethnicity. When numbers of cases are small, the MDPH withholds data from published reports to protect confidentiality. In addition, when numbers are sufficient to be reported, estimates may be unstable, with large margins of error. In the section on health conditions below, when estimates with large margins of error are reported, the text will note that they should be interpreted with caution.

Additionally, some data sources previously used to inform this section are no longer available. This section contains the most up to date information available.

Social and Economic Factors That Impact Health

Social Environment

Elements of the social environment were elevated as priority health needs in the communities served by Baystate Franklin. Social isolation and the many individual and community-level barriers to connecting with other people and the broader society must be addressed to achieve better health and wellbeing.

We live in social networks that tie us to others, and these relationships affect our mental health, health behaviors, and physical health.⁷¹ Participants of focus groups and interviews conducted for this, and the previous health assessment gave many examples of how their connections to community contributed to their health.

Conversely, isolation is detrimental to health – as dangerous as cigarette smoking, according to one study.⁷² Isolation may be particularly likely when people are physically remote (as most people were during COVID, and generally in our most rural areas), when they have health constraints that limit their community engagement (as is the case for some disabled or elderly people), when they do not speak English, or when they face discrimination that makes them feel unwelcome.

According to 2020 Census data, currently people aged 65 and over make up about 22% of the population of Franklin County. By 2030, older adults aged 65 and over are projected to comprise 34% of the population, compared to 22% statewide. With older age and disability, people may need additional support to get out into the community and maintain social connections, and many residents fall into these categories. In a national survey of rural adults, people with a disability were more likely to report feeling lonely or isolated than any other group. Thirty-one percent (31%) said that they always or often felt lonely or isolated, as compared to 12% of rural adults without a disability.⁷³ In a recent Age and Dementia Needs Survey, 18% of the 2,000 respondents reported that they were not sure they had anyone they could call in the middle of the night for an emergency or were sure they did not have such a person.⁷⁴

Isolation is not just a matter of contact with others, but a sense of being important and having a function in the community. Barriers to connecting with community are not just a function of individual characteristics and interpersonal relationships. Barriers are raised by broad societal and community-level factors, such as racism. Racism impacts health through several channels, many deeply rooted in history and ingrained in our institutions, systems of power, and social interactions.⁷⁵ Racism, as the Racial Equity Institute puts it, is “in the groundwater” in our nation.⁷⁶ Racial inequity cuts across systems. It has an impact that cannot be explained away by differences in socioeconomic status, and it emanates from systems regardless of individuals’ beliefs and behaviors.

Access to Transportation, Healthy Food, Places to Be Active, and Broadband Internet

The places we live, work, and play shape our health in profound ways. In its model of the social determinants of health, the MDPH draws attention to three aspects of the built environment that influence the choices available to us and the choices we make for our health: transportation, access to healthy food, and opportunities for physical activity. Included here as an issue of particular relevance to rural communities is access to high-speed internet.

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

Transportation

As in past CHNAs, access to transportation arose as an overwhelming need in the communities served by Baystate Franklin in 2022. Reliable transportation is critical to keeping us healthy, productive, and engaged in the world. It connects us to school, work, stores, medical appointments, recreation, opportunities for social engagement, and more. The forms of transportation available have an impact on health, with car-dependent areas typically less healthy than those with a variety of transportation options such as public transit and walkable and bikeable roadways.⁷⁷

Franklin County is the most rural county in the state with its residents dispersed over 699 square land miles, a population density of 102 people per square mile (versus 875 for the state). Its services are concentrated in Greenfield, and to a lesser degree in smaller towns. The Franklin Regional Transit Authority (FRTA) has the largest service area of any of the state’s regional transit authorities. It operates ten fixed bus routes within Greenfield and between Greenfield and neighboring towns on weekdays. There is no fixed route service in the evenings after 7:30 pm or on the weekends. The fixed bus routes do not reach the smaller towns and traveling by bus outside of the area requires transferring to bus routes of other regional transit authorities. This is the case for residents of North Quabbin, which straddles two counties, and for the many Franklin County residents working in Hampshire County.

In focus groups and interviews, transportation repeatedly emerged as a key problem for area residents. Those without a car said they sometimes find they simply cannot get where they need to go when they need to get there or find themselves with long waits for the next bus to take them home. The lack of transportation exacerbates inequities, as people miss out on education, work, and help in places they cannot reach without a car. Nearly 8% of Franklin County households do not have a vehicle available.⁷⁸ Of renter-occupied households, which tend to have more limited incomes than owner-occupied, nearly 20% do not have a vehicle available.⁷⁹ Cars are an important asset for area residents, and a costly one. As noted in the 2019 CHNA, for low-income households that do have a car, the cumulative cost of gas, insurance, maintenance, and repairs means that cars may go uninsured or be poorly maintained. Problems for the household compound if family members who depend on an unreliable car end up missing appointments or getting to work late.

The Housing and Transportation (H+T®) Affordability Index rates Franklin County as an area that is “car-dependent with very limited or no access to public transportation,” and notes that residents of rural areas like Franklin County and North Quabbin tend to have higher transportation costs than more densely populated places.⁸⁰ According to the H+T® Index, an affordable place to live is one where the costs of housing and transportation do not exceed 45% of household income. For the typical household in Franklin County, housing and transportation consume 53% of income, and limited-income households are likely to pay more.

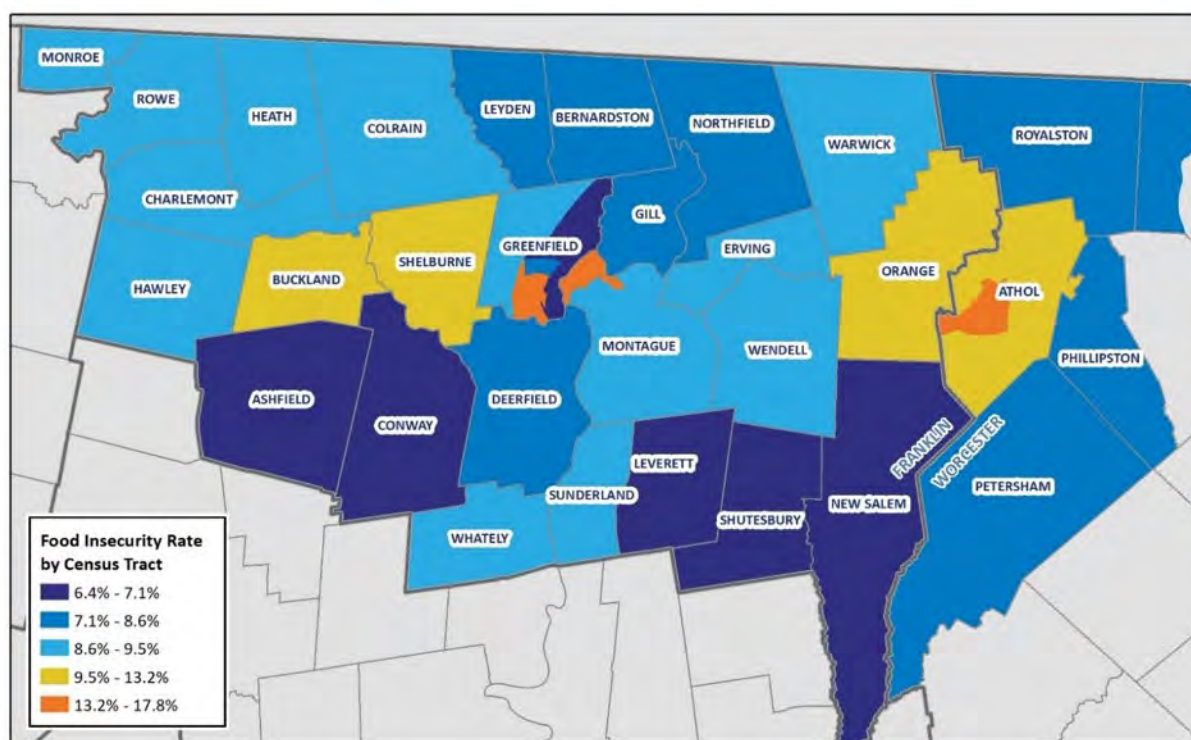
Food Access and Security

Access to healthy, nutritious food continues to be a prioritized need in Franklin 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 Franklin County and North Quabbin Residents.

Food insecurity is defined by the United States Department of Agriculture (USDA) as a situation of “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”⁸¹ Food insecure families lack the economic resources to eat as well as they would like, and they may not live near a store that carries healthy food or have a way to get there. Neighborhoods where limited-income families and people of color live typically have

worse access to grocery stores, and they have more fast-food restaurants and more liquor retailers.⁸² In Franklin County, 6% of residents are low-income and do not live near a grocery store.⁸³ The map in Figure 12 below shows the rate of food insecurity in the communities served by Baystate Franklin. There are significant variations in the region – from a low of 6% to a high of just under 18%.

FIGURE 12: Food Insecurity Rate by Census Tract in the Communities Served by Baystate Franklin



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/>

Assets to address food insecurity in our region include numerous food pantries, volunteers who assist people to sign up for both SNAP and the new Healthy Incentives Program, universal free breakfast and lunch in schools that benefited residents during the pandemic. In 2019, the latest year available, 9,553 people in Franklin County received SNAP (Supplemental Nutritional Assistance Program) benefits, a higher number than in the previous five years, and likely a significantly smaller number of people than qualify for these benefits, especially during the pandemic.

Access to Opportunities for Physical Activity

Access to opportunities for physical activity arose as a health need in the communities served by Baystate Franklin. Physical activity is key to good health, and people are more likely to be active when they have safe and accessible places to go. Communities that are pedestrian and bike-friendly enhance opportunities for physical activity.

Rural adults are typically less physically active than urban and suburban residents.⁸⁴ While residents of rural areas have more open space around them for recreation, they also have less access to indoor exercise facilities due to limited income and/or distance. And unlike city dwellers that often use some combination of public transit and active transportation, residents of rural areas rely on cars to get wherever they need to go each day. In Franklin County, three-quarters of the workforce (75%) drives to work alone, and about half of those (36% of the workforce) have a commute of 30 minutes or more.⁸⁵ The more time people spend in a car, the less physical activity they tend to get and the higher their risk for high blood pressure and obesity.⁸⁶

Given the rurality of the area, most roads do not have sidewalks, bike lanes, substantial shoulders, or lighting, and are therefore often unsafe or uninviting for pedestrians, and there are close to 1,700 miles of roads in Franklin County. That said, the Franklin County Transportation Plan calls for an increase in walking and biking options, and many of the region's towns are working on "Complete Streets" plans to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.⁸⁷

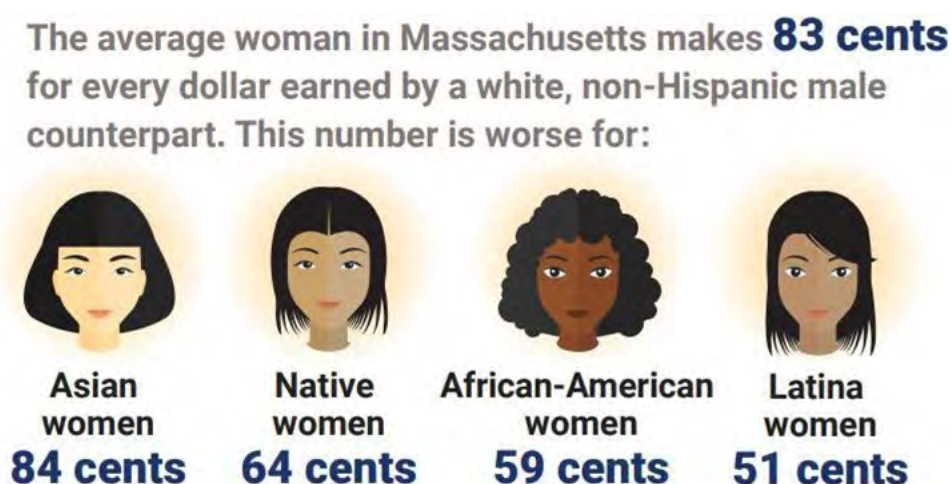
Access to High-speed Internet

Access to a reliable and affordable broadband network can help to overcome some barriers of rurality and distance with regard to health care access as well as social determinants of health such as the ability to search for jobs, education, and social connection. During the pandemic, access to broadband was vital for both working and schooling from home. While every town in Franklin County and North Quabbin now has the internet, some of the more rural towns were just coming online when the pandemic began, and families struggled to get enough bandwidth to get everything done remotely. Many residents used free Wi-Fi outside libraries and tents set up outside rural schools to do homework.

Lack of Resources to Meet Basic Needs

The lack of resources to meet basic needs continues to be a priority community health need in the communities served by Baystate Franklin. Income and health are inextricably linked. Higher income is associated with better health and longer life expectancy.⁸⁸ Further down the income ladder, families have fewer resources to support good health. This is particularly true for those who lack the resources to meet basic needs and who regularly face trade-offs between buying food or medicine or paying the rent or the gas bill. The impact of poverty goes beyond lack of resources. People with limited incomes are subject to the chronic stress of having little control while trying to make ends meet.

FIGURE 13: Disparities in Income by Race and Gender



Source: MA Treasurer at www.equalpayMA.com

Beyond the income that employment provides, jobs affect health through workplace conditions, policies, and practices. Jobs may be physically demanding, unduly stressful, or entail hazards.⁸⁹ They may support health by providing benefits such as vacation, sick leave, and subsidized health care.⁹⁰ They may be family-friendly and offer predictable scheduling, or they may discriminate or provide a toxic atmosphere for classes of people.⁹¹

Many residents of the Baystate Franklin communities served have an income that falls short of what they need to cover basic expenses. In addition, women, children, and populations of color are disproportionately affected by low-income. A gender pay gap persists across industries in the United States, with women earning an estimated 80 cents

for every dollar a man earns – although that number is higher in Franklin County. The pay gap remains even though women make up the majority of college-educated adults in the U.S. and decades after the Equal Pay Act of 1963 made it illegal to pay men and women different salaries for similar work. Compounding structures of inequality result in even larger pay gaps for women of color (see Figure 13). Women who earn a lower income for the same work are more likely to suffer from mood disorders including depression and anxiety. And large gaps are also associated with worse mortality outcomes.

The overall rate of children in poverty throughout the communities served by Baystate Franklin is unacceptably high at 12%. Before the pandemic, it had been decreasing, a function of low unemployment and increasing minimum wage, but the pandemic disrupted this positive trend. It is important to note that income at 100% FPL (Federal Poverty Level) is extremely low: \$21,000/year for a household of three. According to Community Action Pioneer Valley, in our area it is not until income reaches about 300% FPL that you can pay your bills on-time every month. Yet 44% of people in Franklin County have income below 300% FPL.

The disparities in income based on race and ethnicity are very large in Franklin County and across the state and country, the result of hundreds of years of systemic racism in structures like access to education, home ownership, and employment. Poverty in childhood has lifelong negative physical, emotional, and educational impacts. When we look at poverty by race, the indictment of our systems deepens. Of the 12% of children in Franklin County living in poverty, 9% are White, 23% are Asian, 19% are Latino/a/e children, and 48% are Black.

One important factor in family income is the affordability of childcare. According to a new measure in the County Health Rankings, a two-parent family making the median wage (\$60,950) is required to pay 44% of their income for childcare in Franklin County. The Federal benchmark is 7%. In Massachusetts only Suffolk County (Boston) has a higher percentage. The main takeaway here is that quality childcare costs too much for low to middle income working parents in the region to afford. It is important to think about this number in the context of the other things people in the region are paying for. The Housing and Transportation Index for the region shows that families are already paying on average of 29% of their income for housing and 25% for transportation.

Educational Needs

Educational needs are a community health need in 2022 in the communities served by Baystate Franklin. Education is a path to good health. People with higher levels of educational attainment tend to have better health and live longer than those with less education. The Robert Wood Johnson Foundation identifies three interconnected pathways through which education influences health:

1. Education affects employment and income, working conditions, benefits, and degree of control and stress on the job.
2. Education can increase knowledge, problem-solving, and coping skills, enabling people to make better-informed choices about health behaviors and medical care.
3. Education provides social and psychological benefits that can reduce stress, shape health behaviors, and provide practical and emotional support.⁹²

Educational opportunities in the United States are not and have never been equitably distributed. Historically, people who were enslaved were forbidden to learn how to read or write, and Jim Crow laws required schools to be racially segregated, causing the descendants of slaves to be educated in substandard schools.⁹³ While no longer legally mandated, racial segregation in schools persists today, with huge disparities in funding between schools that serve communities that are predominately White and those that serve communities with people of color in the majority.⁹⁴ Even when students of color attend integrated schools, they can be held back by racial biases in teacher expectations, by an unwelcoming school climate, or by discipline policies that are unevenly applied.⁹⁵

Because most funding for public schools comes from local property taxes, schools in lower-income communities tend to be under-resourced when compared to schools in wealthier neighborhoods. Schools in rural areas like Franklin County and North Quabbin have the additional challenge of serving a small, dispersed, and declining population. Between 2010 and 2019 there was a 20.8% decline in enrollment in schools in Franklin County (A Sustainable Future for Rural Schools, 2022), leaving per pupil costs far higher than in cities and suburbs. In Massachusetts in 2019, rural districts spent \$18,678 per in-district student, compared to \$16,692 in non-rural districts.⁹⁶

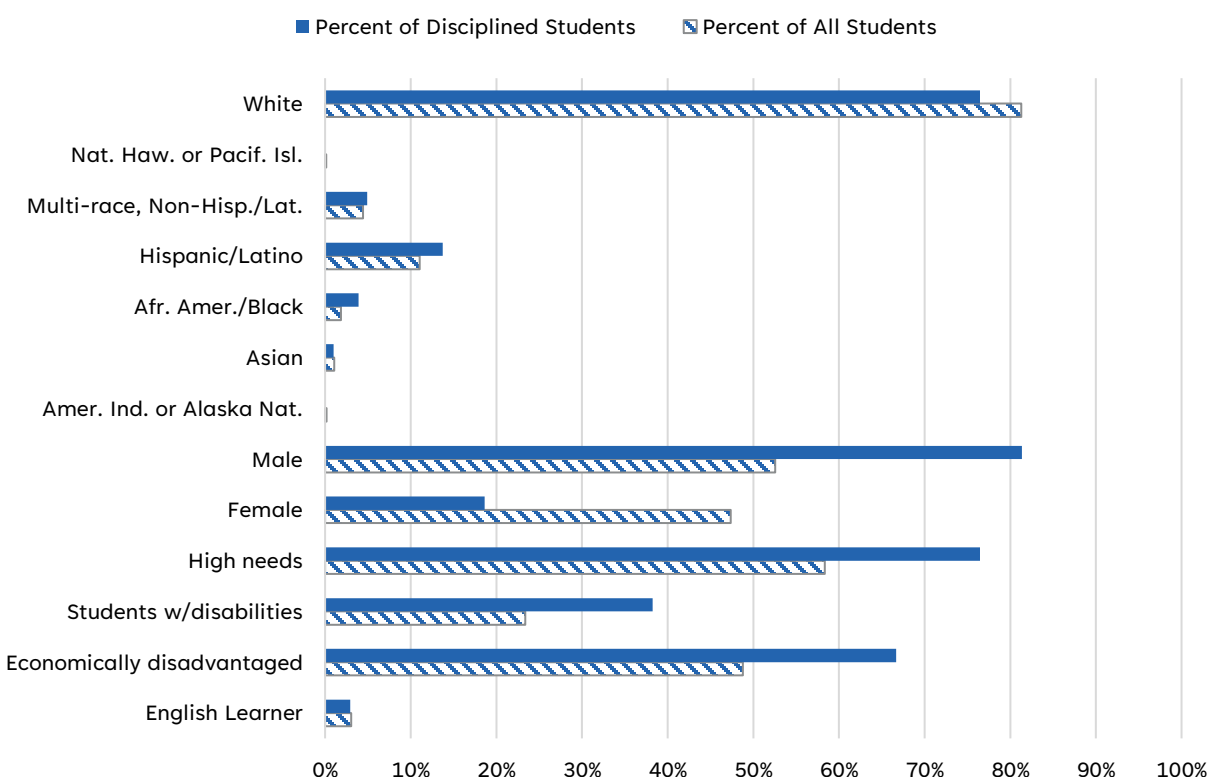
Overall, the percent of adults in communities served by Baystate Franklin aged 25 and over who have graduated from high school (93%) is comparable to or higher than national and state rates. The percent of adults who have completed some college in Franklin County is lower than the Massachusetts as a whole (68% compared to 74%). Nearly 18%

(17.9%) of Franklin County residents have completed graduate school; below the state average of 20% but far above the national average of 12%.⁹⁷ The communities served by Baystate Franklin include eleven public school districts. Compared to students across the state, a higher percentage of local students are economically disadvantaged (40% versus 31%) or have disabilities (22% versus 18%). Students who speak a first language other than English represent a small (5%) but growing share of the local student population, notably in Greenfield, where 12% of students have a first language that is not English.⁹⁸ These factors add to the challenges and costs for local schools.

School climate and student connectedness to the school community are key contributors to student well-being and academic success. Local schools are increasingly recognizing that many of their students have been exposed to trauma, and they are coming to understand the ways in which trauma can affect student behavior and learning. (Trauma is addressed in the section on violence below). District and regional initiatives are taking steps to address trauma and student well-being by integrating social-emotional learning into the curriculum, and by working to build a safe and welcoming school environment. One such step involves greater use of restorative justice, an approach to conflict resolution that focuses on repairing harm and building community, rather than on punishing and excluding students who have violated rules.

One component of school climate is discipline policy. Each year schools report to the state on the number of students disciplined with in- and out-of-school suspension, expulsion, removal to an alternate setting, or emergency removal. In the 2020-2021 school year, student discipline data from the nine Franklin County and North Quabbin public high school districts show that economically disadvantaged students, high needs students, and students with disabilities were disciplined 27-48% more frequently than their peers (see Figure 14). Non-White students were also disciplined disproportionately more than their peers, with the most profound difference observed in Black students being 78% more often than average.

FIGURE 14: Comparison of demographic proportions for students disciplined in school and overall student population in Franklin County/North Quabbin



Source: DESE School and District Profiles

Graduation rates and high school graduates moving on to higher education are two other indicators of educational attainment. In Franklin County and North Quabbin, 85% of students complete high school within four years. Staying in school beyond high school can be an economic challenge. Of students who matriculate at Greenfield Community College (GCC), 36% of full-time students and 48% of part-time students drop out during their first year or do not return for a second year.⁹⁹

Violence and Trauma

Interpersonal and collective violence affects health directly, via death and injury, as well indirectly through the trauma that affects mental health and healthy relationships.¹⁰⁰ Interpersonal violence includes sexual and intimate partner violence, childhood physical and sexual abuse and neglect, and elder abuse and neglect. Collective violence and trauma, such as crime, police brutality, and gun violence, affect the health of

communities. Having a safe community free of violence and danger affects whether residents feel safe deciding where and when they will go outside of their homes.

COVID-19 had repercussions for residents 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, elder abuse, and child abuse, 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% after pandemic related lockdowns.¹⁰¹

Intimate partner violence and dating violence – research suggests that intimate partner violence may be more prevalent and less frequently reported in rural areas than in urban areas. Poverty, lack of affordable housing, and distance from support can factor into reluctance to come forward. In addition, there may be concerns that confidentiality would not be maintained in a small town because many people know each other, and a breach could mean even more abuse.¹⁰²

The volume of restraining orders filed provides some measure of domestic violence, though it is estimated that only one in five victims of intimate partner violence receives a restraining order.¹⁰³ In the 2020 fiscal year, 369 restraining orders were filed in Greenfield District Court and 189 in Orange District Court.¹⁰⁴^{civ} New England Learning Center for Women in Transition (NELCWIT), the sexual and domestic violence crisis center of Franklin County and North Quabbin, received 1,973 calls on its crisis hotline in fiscal year 2021.

Child abuse and neglect - The Massachusetts Department of Children and Families (DCF) disclosed that in the last quarter of 2022 in Greenfield, where Franklin County reports are filed, over 400 reports of child abuse or neglect were filed and screened in for investigation. Of these, 44% were supported (immediate danger to the child), and an additional 14% posed substantiated concern (potential for abuse, but danger to child not immediate), with both categories requiring DCF intervention.¹⁰⁴ At the end of 2021, a total of 2,689 people (1,229 children under 18 years old, 61 youth 18+, and 1,399 adults) had open cases with the Greenfield DCF office. Fifty-four percent (54%) of these children are reported as White, 23% as Latina/o/e, and 5% as Black. Sadly, during this time only seven adoptions were finalized, out of 84 children waiting in the region.¹⁰⁵

Sexual abuse of youth is also a concern in the communities served by Baystate Franklin. In 2020, the Children's Advocacy Center of Franklin County and North Quabbin (CAC) served

only 46 children, which was a stark decline in numbers due to the pandemic. While the CAC remained open, less reports of child abuse were being made due to the lack of access to safe adults. In the same year the CAC saw an increase in CSEC (Commercial Sexual Exploitation of Children) cases, almost 200% increase. We surmise that during the pandemic the increased screen time, increased access of online predators. Many of these cases involved sending inappropriate photos and videos over online platforms and social media. In 2021, the CAC served 137 children. From the start of 2020 to July 2022, 80% of the children served were due to allegations of sexual abuse. 10% represent the CSEC cases, and the last 10% represent referrals involving Problematic Sexual Behavior of Youth or has traditionally been called “child on child sexual abuse”.¹⁰⁶ The CAC reports the following challenges and advances since the last CHNA:

“We have experienced an increased challenge to children’s mental health services, specifically interventions specific to child sexual abuse and trauma. There are less clinicians, more turnover, and longer waitlists. We have hired a Pedi-SANE, which has increased access to medical exams.”

– *Samantha Staelens, Children’s Advocacy Center*

Elder Abuse and Neglect – nationally about one in ten older adults experiences some type of physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, or neglect each year.¹⁰⁹ Most of these cases are never reported to Adult Protective Services. LifePath, the Franklin County Area Aging Services Access Point where reports of abuse and neglect are filed, investigated 995 reports of abuse, neglect, self-neglect, and financial obligation in 2019. During the pandemic these numbers dropped to 847 in Fiscal Year 2020 and 832 in Fiscal Year 2021.¹⁰⁷

Barriers To Accessing Quality Health Care

Limited Availability of Providers

See Chapter 6 Section B of this report: *Deeper Dive: Health care Provider Scarcity.*

Lack of Care Coordination

Care coordination involves deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care.¹⁰⁸ Those interviewed for this CHNA went beyond advocating for coordination of individuals' care and called for one-stop shopping and consolidation of services. Many noted the need for the traditionally separate strands of health care to be integrated, including medicine, behavioral health, dental health, and social services. Suggestions for ways in which the hospital could engage the community and use its influence on behalf of the community included:

- Attracting and recruiting specialists
- Funding a common electronic health record
- Ensuring hospital and primary care staff make use of Look4Help, the local database of non-medical supports for residents
- Providing a clearinghouse for best practices
- Closely collaborating with CHCFC, which has deep expertise and experience with the area's priority populations
- Putting pressure on elected state officials to strengthen the public health system

Insurance and Health Care Related Challenges

While 97% of residents in the communities served by Baystate Franklin are covered by health insurance,¹⁰⁹ many continue to have difficulty accessing quality health care services and recognize this as a priority community health need. Some cannot find providers in the area who take their insurance. Some choose to skip care because of trade-offs between paying for deductibles and copays and other necessities. Many are put off by difficulties navigating the health care and insurance systems. Some find that insurance rules prevent them from accessing services they need.

In Massachusetts in 2019, 35% of children and 19% of adults aged 19-64 were covered by MassHealth, but not all providers accept MassHealth patients.¹¹⁰ Compared to other forms of insurance, MassHealth has lower reimbursement rates and more bureaucratic requirements, frustrating providers, and patients alike.¹¹¹ This creates an extra shortage of providers for people with MassHealth (on top of the general shortage discussed above), especially in the rural areas.

Need for Increased Cultural Humility

Cultural humility refers to a commitment among health care and social service providers to self-reflection (fully understanding their own identities, perspectives, power, and prejudices) and openness to their patients' identities in a way that acknowledges that the patients are the experts on their own experiences. The aim is to reduce the power imbalance between patients and providers, and to develop care partnerships that are based on mutual respect and equality.¹¹²

Interviews and focus groups identified cultural differences between people in the community and providers as an issue that affects quality of care. While the vast majority of providers are committed to treating all patients equally and treating them well, racism, classism, transphobia, and other forms of discrimination are so ingrained in our systems that good intentions are not enough to ensure equitable care. Issues of cultural humility arise with respect to race, ethnicity, socioeconomic status, and stigmatized groups such as people with mental health or substance use disorders, people experiencing homelessness, transgender or gender nonconforming people, or people involved in the criminal legal system.

Need for Transportation

As discussed in the section above on transportation as a social determinant of health, lack of transportation options limit residents in many ways, including in accessing health care. Residents of the smaller towns must travel some distance to get to care, or even to pick up a prescription. At the focus group of rural food pantry users, participants said they drive, carpool, take the bus - and wait around until they can catch a bus home - to get to appointments. They mentioned that MassHealth members can get a PT-1 (Prescription for Transportation) voucher to a scheduled MassHealth-covered service and noted that option was not available to those just above the MassHealth threshold. The focus group participants were looking not only for ways to get into town for care, but ways for

services to come out to them, such as mobile clinics, pharmacy delivery, telehealth, or “anything mobile,” as one participant put it.

The West County towns lost one primary care provider since the last CHNA. However, there have been a number of improvements in bringing care closer to home since the last CHNA, including the addition of more methadone access in Greenfield, the first methadone program in Orange, and public health nursing walk-in wellness hours in many small towns through the Cooperative Public Health Service.

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 health care, 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.”¹¹³

Communities served by Baystate Franklin have a smaller, but growing non-English speaking population, and there is need of translation to make use of health care services. Seven percent (7%) of Franklin County households speak a language other than English at home and 2% speak English less than “very well”.¹¹⁴ At Baystate Franklin from 2015-2018, 2% of patients spoke a language other than English, and at the CHCFC, 4% were best served in a language other than English. As noted in the previous CHNA, CHCFC staff expressed particular concern about the migrant agricultural worker population in the area and estimated there were close to 2,000 of migrant workers in Franklin County. The CHCFC treats about 300 of these seasonal workers annually and has found that they face barriers of language and insurance, are unfamiliar with our system, and are not in a position to advocate for themselves. In addition, the CAC identified an urgent need for Moldovan child mental health providers.

Health Conditions and Behaviors

Mental Health and Substance Use

Mental health and substance use were identified as priority health needs in the 2019 Baystate Franklin Medical Center CHNA, and they continue to be priority needs in 2022. Public health officials, key informant interviewees, and focus group participants consistently identified mental health and substance use as urgent issues for the region.

Mental Health

Mental health disorders are common. About a quarter of American adults live with a mental health disorder in any given year, and nearly half will have a mental health disorder sometime in their lives. Additionally, it is estimated that only about 17% of U.S. adults are in a state of optimal mental health.¹¹⁵ Mental health is affected by the same social determinants that influence physical health.

On average, Franklin County residents reported they felt their mental health was not good on 4.7 days a month, close to the state's average of 4.2 days a month ("not good" can include stress, depression, and problems with emotions). Twelve percent (12%) of residents said they experienced poor mental health on 14 or more days in a month.¹¹⁶ Many participants in interviews and focus groups said they believed that a growing number of area residents were struggling with mental health conditions. At Baystate Franklin, emergency department visits by Franklin County residents with a mental health diagnosis increased from 1,275 in 2019 to 1,376 in 2021 (an 8% increase), even though emergency department visits declined sharply, from 19,143 in 2019 to 16,925 in 2021. This contrast may be attributable in part to the pandemic, which has elsewhere coincided with increased mental health concerns.

Older Adult Mental Health

Mental health disorders affect people of all ages in Franklin County. Data provided from Baystate Franklin Medical Center found that the median age of patients with a mental health diagnosis was 39 in 2019, however that figure increased to 41 in the year 2021. While the percentage of patients with a mental health diagnosis between the ages of 30 and 60 remained relatively constant, the percentage of such patients at or over the age of 65 increased from 18% in 2019 to 21% in 2021.

Geographic Differences

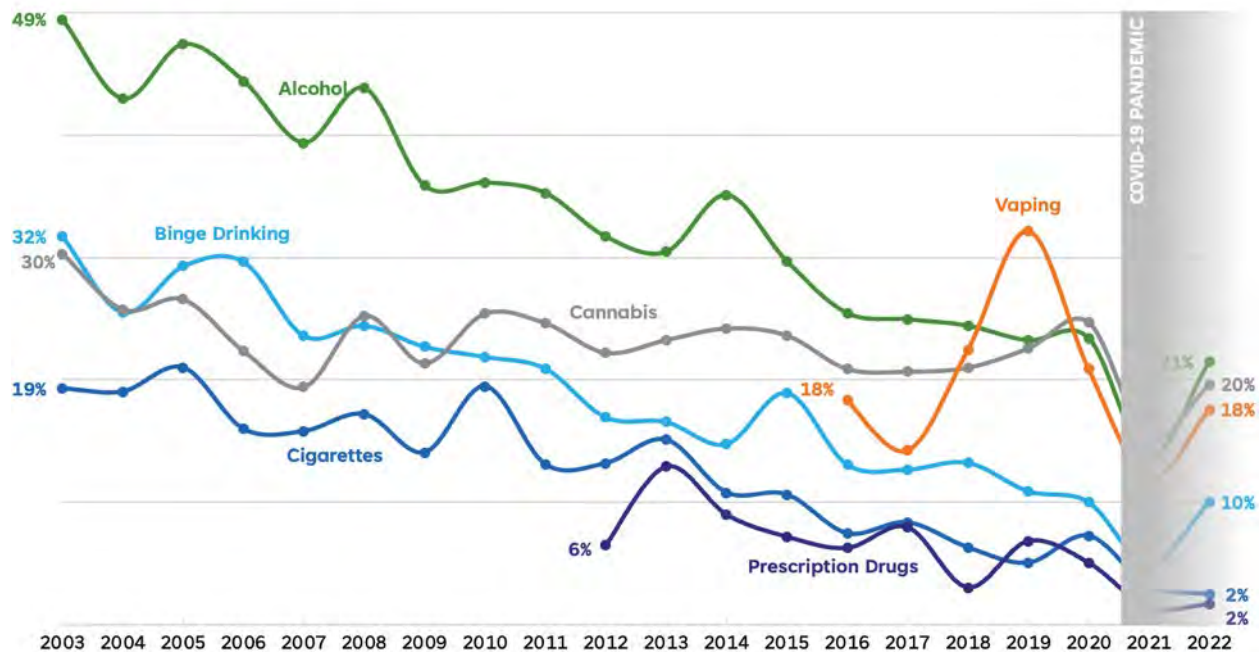
The 2020 CCIS asked residents about their mental health and found that nearly 37% of central Franklin County residents reported having 15 or more days of “not good” mental health in the previous year, and that to 28% of those in the western part of the county and 35% in North Quabbin. Caution should be used when interpreting this data, however. The total number of survey respondents in central Franklin County was 212; 55 in western Franklin County, and 69 in North Quabbin. As detailed elsewhere in this report, youth mental health remains a persistent concern, nationally and locally.

Substance Use

Substance use continues to be a priority health concern in the communities served by Baystate Franklin. Substance use disorder 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.¹¹⁷ Risk factors include age at first exposure, community and family norms, genetics, and a history of trauma. Substance use disorders put people at greater risk for a host of negative outcomes including disease, accidents, family disruption, job loss, and early death.¹¹⁸

Data provided by Baystate Franklin indicated that about 8% of admissions to the emergency department between 2019 and 2021 for substance use disorder (not necessarily the principal diagnosis or cause for admission, but a diagnosis in the record recognizing a substance use issue). Emergency department visits to Baystate Franklin for substance use increased from 1,282 in 2019 to 1,473 in 2021.

Franklin County has a rate of excessive drinking slightly higher than that of the state with about one in four adults reporting recent binge drinking. In Franklin County and North Quabbin, a higher percentage of people aged 65 and over have been diagnosed with a drug or alcohol use disorder than in Massachusetts as a whole. The state rate is 6.6%, compared to 9.4% in Greenfield, 10.6% in Montague, and 8.4% in Orange and Athol. Substance use among youth in Franklin County and North Quabbin has decreased over the past nearly 20 years (see Figure 15 below). The reduction has been most dramatic among the youngest students surveyed, which is of critical importance because of the association between early onset of use and later addiction.¹¹⁹

FIGURE 15: Franklin County and North Quabbin Youth Drug and Alcohol Use

Source: Franklin County Communities That Care Coalition

Tobacco and nicotine - Reductions in cigarette smoking are widely trumpeted as a public health victory, and yet the problem of tobacco and nicotine use persists, in part due to innovations in the products available and the marketing of them.

In Franklin County, 16% of adults smoke cigarettes, a rate slightly higher than the state rate of 12%.¹²⁰ The proportion of Franklin County adults aged 60 and over who smoke is higher than the state average (12% versus 9%).¹²¹ Youth are less likely to smoke than adults. According to the Communities that Care Franklin County/North Quabbin 2022 Student Health Survey, 3% of Franklin County/North Quabbin middle and high school students reported recent smoking.¹²² The survey also found that vaping is three times more common than cigarette smoking among tenth and twelfth graders and five times more common among eighth graders. As cigarette smoking has become increasingly unpopular among the area's youth in recent years, it has been entirely overtaken by the new phenomenon of vaping. Vaping involves inhaling the aerosol produced by an e-cigarette or similar device, and while many young people believe vaping to be harmless, almost all of these aerosols contain nicotine and other potentially harmful chemicals. While more research is needed to understand the full risks associated with vaping, it has

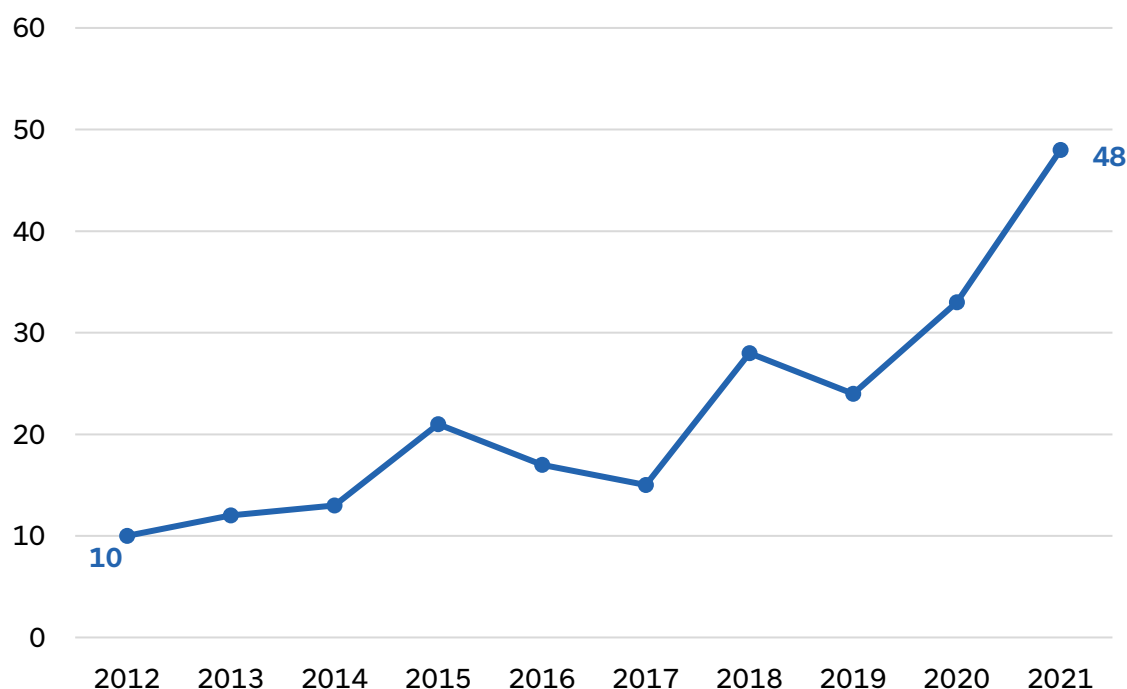
become evident that teens are developing nicotine addictions from vaping. Teens that vape are more likely to start smoking combustible tobacco products than their non-vaping peers.¹²³

Many adults remain largely unaware of this trend among youth. Many vaping devices are made to look like pens or USB memory sticks, allowing youth to keep their vaping concealed from unsuspecting adults. However, local school staff and parents increasingly report awareness of youth vaping and cite it as a major issue in many local schools.

Opioids

As found in the previous CHNA, for over a decade, opioid use in the communities served by Baystate Franklin has risen dramatically, with tragic results. Meetings with local service providers note that signs of the increase have been long evident in many corners of the community, including in hospitals, treatment facilities, police records, courts, jail, and social services. In 2020, Massachusetts had the twelfth highest opioid overdose death rate in the country - 31 per 100,000 people, up from 10 per 100,000 in 2011, and 50% higher than the national rate.¹²⁴ In Massachusetts in 2021, opioid overdoses accounted for 6% of all deaths among 15–24-year-olds, 50% of all deaths of 25–44-year-olds, and 40% of all deaths of 45–64-year-olds.¹²⁵

The powerful synthetic opioid fentanyl has been playing an expanding role in these deaths. According to data compiled by the Northwestern District Attorney's office, in 2020, 92% of opioid overdose deaths with available toxicology reports in Massachusetts screened positive for fentanyl. As shown in Figure 10, in 2017–2018, Franklin County's opioid death rate edged downward slightly, but since then deaths in Franklin County, along with the other counties of western Massachusetts, have shot up, likely due to the increased presence of fentanyl.

FIGURE 16: Unintentional Opioid Death Rates in Franklin County, 2012-2021

Source: Office of the Northwestern District Attorney, from MDPH data

The number of ambulance trips due to probable opioid-related overdoses for Franklin County and North Quabbin residents has trended upward in area towns.¹²⁶ Residents of the communities served by Baystate Franklin are increasingly seek treatment for opioid use disorder.

As noted in the previous CHNA, a further concern accompanying the opioid epidemic is the increase in the number of infants exposed to opioids or other illicit substances in utero, and the rise of neonatal abstinence syndrome, in which babies show signs of withdrawal after birth and require medical management of their symptoms. Western Massachusetts has had a higher rate of newborns with neonatal abstinence syndrome than the state as a whole. Recent data is not available for this measure. In 2015, the Baystate Franklin rate was about twice that of the state, but the rate has since come down.

Opioid-exposed Infants and Neonatal Abstinence Syndrome

At Baystate Franklin in 2016 and 2017, the number of babies who were exposed to opioids and other illicit drugs were reported to be more than twice as high as those who developed neonatal abstinence syndrome. Early identification of opioid use disorder in pregnant women, medication assisted treatment, and coordinated care and support services can reduce the percent of substance-exposed babies who develop neonatal abstinence syndrome.

A 2019 statewide report of the Perinatal, Neonatal Quality Improvement Network (PNQIN) shows that, on average in 2017-2018, Baystate Franklin treated two opioid-exposed infants a month. Baystate Franklin participates in a state-wide quality improvement initiative in the care of pregnant women and newborns affected by opioid use disorder. On most of the 19 measures PNQIN collects from participating hospitals, Baystate Franklin is among the top performers, and on all measures, Baystate Franklin had improved over the previous two years. For example, in the most recently available 12-month reporting period (March 2018 through February 2019):

- 100% of pregnant mothers of opioid-exposed infants were on Medication-Assisted Therapy (MAT)
- 12% of exposed infants required pharmacologic treatment for neonatal abstinence syndrome, the third lowest rate of all 23 participating hospitals
- 100% of newborns at risk for neonatal abstinence syndrome received mother's milk during hospitalization (of those who were eligible for mother's milk)
- the average length of stay for opioid-exposed infants was 5.8 days, the second lowest in the state
- 94% of opioid-exposed newborns were discharged home with the biological parent, the second highest rate among PNQIN hospitals

CHRONIC HEALTH CONDITIONS

A chronic health condition is one that persists over time and typically can be controlled but not cured. Chronic health conditions were identified as prioritized needs for residents in the communities served by Baystate Franklin in 2019 and continue to be prioritized in 2022. This section addresses the following issues that are leading causes of death and disability in Franklin County and North Quabbin: obesity, heart disease, diabetes, respiratory disease, and cancer.

Obesity

Obesity is a health condition that increases the risk of heart disease, stroke, diabetes, kidney disease, bone and joint problems, and other chronic diseases. Obesity is highly influenced by social determinants of health and is often stigmatized. It can serve as a proxy measure for poor diet and limited physical activity. In 2022, more than one in four (28%) of Franklin County adults were obese, a rate slightly higher than that of the state (25%).¹²⁷ This percentage has remained largely unchanged since the 2019 CHNA.

Cardiovascular Disease

Heart disease, or cardiovascular disease (CVD), is a broad term that includes many different conditions of the heart and blood vessels. The most common kind of CVD is coronary heart disease (or coronary artery disease, or ischemia), when the blood vessels that provide oxygen to the heart harden and narrow, which can lead to a heart attack or stroke. Heart disease is a leading cause of death in Franklin County and North Quabbin, as it is across the state and the nation.¹²⁸

CVD is most prevalent in the older demographic, as risk for heart disease rises with age. About three quarters of area residents over 65 have high blood pressure and about 40% have coronary heart disease.¹²⁹ As the region's population ages, heart disease rates are likely to rise.

That said, subgroups of the population are experiencing heart disease at a younger age. Blacks admitted to the Baystate Franklin Emergency Department for congestive heart failure are on average much younger than non-Hispanic White people. The median age for black patients admitted to Baystate Franklin for congestive heart failure was 59 in 2019 to 2022, compared to 61 for Latinos and 76 for non-Hispanic whites. Forty-one percent of congestive heart failure hospitalizations for White people occurred past the age of 79, which is the life expectancy for Black people in Massachusetts. A disparity by age is also evident for admissions for diabetes, as discussed further below.

Diabetes

When people have diabetes, they lack insulin or the ability to use insulin, and sugar builds up in their blood. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. In 2022, 8% of Franklin County residents had diabetes, not statistically different from the state rate of 7%.¹³⁰ While the local rate is not unusually high, nationally, and locally diabetes extracts a huge and

growing cost in disability, lost productivity, years of life lost, and in health care expenditures.¹³¹ Diabetes is a leading health problem for residents of Franklin County and North Quabbin. The communities served by Baystate Franklin have close to 6,000 residents diagnosed with diabetes, and many more with prediabetes, a condition that can lead to diabetes if left untreated.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) were elevated as priority health needs in the communities served by Baystate Franklin in the 2019 CHNA. Asthma is a common chronic respiratory condition in which airways become inflamed, making breathing difficult. For some it is a manageable condition; for others, asthma limits daily activity and may involve a life-threatening attack. Chronic lower respiratory disease, a classification that includes asthma and chronic obstructive pulmonary disease, was the third leading cause of death in Franklin County in 2019.¹³²

Ideally, asthma and COPD are managed through self-care and health care visits to outpatient settings. Rates of admissions to the hospital and visits to the emergency department for these respiratory conditions can be an indicator of how well they are being addressed in the community outside the hospital. The county rate of asthma visits to the emergency department was similar to the state rate.¹³³ As reported in an online discussion group for Franklin County parents, parents of children with asthma sometimes elect to transport to hospitals out of the area for acute asthma treatment.

Asthma is the most common chronic disease in children. MDPH maintains a surveillance program to estimate asthma prevalence among children in kindergarten through eighth grade at the community level. In the 2016-2017 school year (the most recent year for which data is available), 12% of children statewide were estimated to have asthma. In 2016-2017, local rates of childhood asthma exceeded the state rate in Athol (18%) and Orange (15%).¹³⁴

A second respiratory condition with significant impact on health in the communities served by Baystate Franklin is COPD, a progressive lung disease that obstructs airflow and interferes with normal breathing. It is caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPD are at increased risk of developing heart disease, lung cancer, and a variety of other conditions. Franklin County's 2012-2015 inpatient admission rate for COPD (272 per 100,000) was

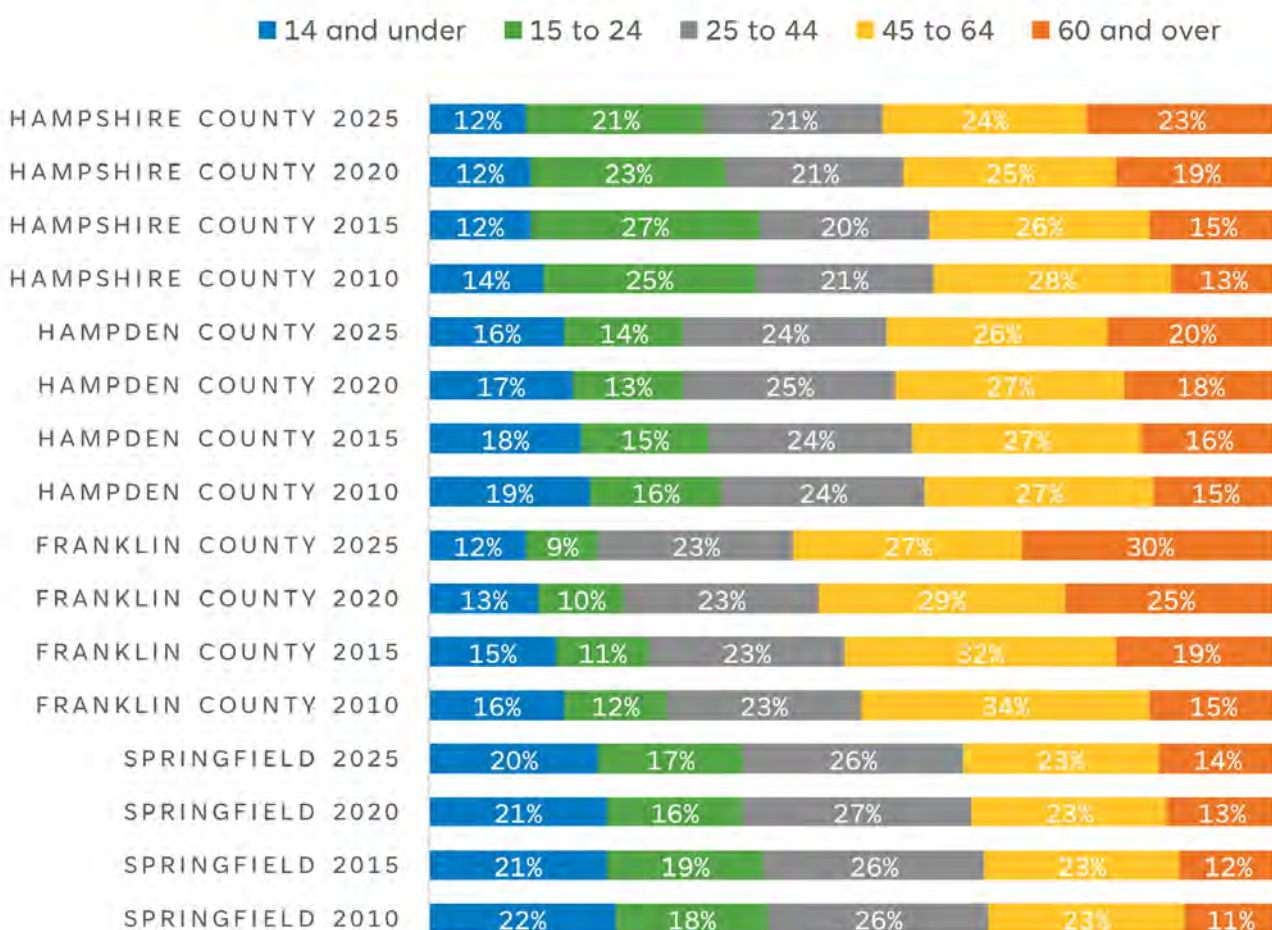
slightly lower than the state rate. The emergency department visit rate was slightly higher.¹³⁵

Cancer

As noted in the previous CHNA, along with heart disease, cancer is a leading cause of death in the communities served by Baystate Franklin, as it is across the state and the nation. Cancer is a set of related diseases in which some of the body's cells begin to divide without stopping and spread into surrounding tissues. As people get older, most types of cancer become more common and therefore cancer is a priority area of concern due to Franklin County's rapidly aging population. By 2030 older adults aged 65 and older are projected to comprise 34% of the population compared to 22% statewide. This demographic shift is even more pronounced in the rural towns of West County, where older adults are projected to make up 42% of the population in 2030.¹³⁶ The Massachusetts Cancer Registry (MCR) collects information on all newly diagnosed cases of cancer in the state. The registry shows that in 2014-2018, cancer incidences (rate of newly diagnosed cases) was lower in Franklin County than in other parts of the state, and that Franklin County had the lowest incidence of cancer of the 14 Massachusetts counties. Incidence of colorectal (colon and rectal), breast, prostate, lung, and bronchus cancers were lower in Franklin County in 2014-2018 than in the state as a whole.

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%.¹³⁷ 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 2020.¹³⁸ As shown in Figure 17, 25% of the total population in Franklin County is 60 years and older. By 2025, this age group is expected to increase to 30% of the population, a higher percentage than any of the other western Massachusetts counties.¹³⁹ 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.¹⁴⁰ Increasing the challenges of this aging demographic for the region is the shortage of home health aides mentioned in the provider scarcity chapter of this assessment and the lack of support for caregivers.

FIGURE 17: Projected Pioneer Valley Population by Age (detailed Age Cohorts)

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



7. Priority Populations

7. Priority Populations

The following groups were identified as priority populations in the 2019 CHNA and 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.

Local residents with limited incomes: this category includes 45% of Franklin County residents and 50% of those who live in North Quabbin. While the usual conversation about the challenges for those with a low-income focuses on people who live below the poverty line, a poverty level income does not begin to approach a living wage. Federal and state benefits provide some help above the poverty line as well as below, but between 100% and 200% of the poverty level, people fall off “the cliff” and lose eligibility for benefits. As a result, a raise can make people worse off than they were before. An income close to 300% of the poverty level is necessary for many households to meet their basic needs. Income is a primary driver of health status and longevity in the United States. People with lower incomes have worse physical and mental health, more risk factors, higher rates of disease and shorter life spans.¹⁴¹ The fact that nearly half of local residents are living without an adequate income is especially concerning, given that childhood poverty is understood to be a form of childhood trauma that has life-long adverse effects on health and well-being.¹⁴²

Black and Latino/a/e residents of the communities served by Baystate Franklin: there are close to 1,200 Black residents in Franklin County, about 3,330 Latino/a/e residents, and 1,600 people who identify as having two or more races. Compared to Whites in Franklin County and North Quabbin, Black and Latino/a/e residents tend to have lower incomes, lower home ownership rates, higher rates of homelessness, and greater exposure to trauma and abuse as children. Given these inequities in social determinants of health, it is not surprising that the data in this report shows Blacks and Latino/a/es have higher rates of disease and Blacks in particular often develop diseases at a younger age than their White peers. Focus groups and interviews made clear that in addition to the structural factors that shape opportunities to thrive for people of color, these populations face interpersonal racism in their daily lives. These experiences, whether intended by white community members or not, can harm health by keeping levels of cortisol and other stress hormones constantly elevated, leading to increased risk of poor health outcomes.

LGBTQIA+ youth fare worse than their heterosexual peers in many measures of health and well-being. They are more likely to have been abused as children, to feel like outsiders at

school, to suffer from depression, to consider suicide, and to self-medicate with substances.

People re-entering the community after incarceration: the majority of people serving time at the Franklin County House of Corrections have a history of trauma and suffer from mental health and/or substance use disorders. While in jail, they receive intensive treatment and psychological support, and when released, they have to build their own support systems. Their histories of incarceration make self-sufficiency difficult, particularly with barriers to accessing housing and finding employment. For those with an opioid use disorder, reentry is a dangerous time. According to MDPH, the opioid overdose death rate is 120 times higher for those recently released from incarceration compared to the rest of the adult population.¹⁴³

Transgender, non-binary, and gender nonconforming people: transgender and gender nonconforming people face specific medical and mental health challenges that require a level of expertise and empathy to address. The region is short on providers who meet those standards of expertise and empathy, and trans people experience biases in the health care system at all levels, from providers, to support staff, to forms and medical records. Being transgender or gender nonconforming can also be isolating, with exclusion taking a toll on health.

Children who have experienced trauma: there is broad agreement in the community among medical and mental health providers, social service staff, and schoolteachers and administrators that many of the behavioral issues and mental health problems they see among local children stem from trauma. The Adverse Childhood Experiences Study makes clear that without intervention, the legacy of trauma is likely to follow these children into adulthood and affect their health and well-being throughout the life span.¹⁴⁴

Older adults: The US Census reports that in Franklin County about one in four residents is age 65 or older, and that share of the population is projected to grow to one in three by 2030. Nearly two-thirds of older adults in Franklin County have hypertension; about one in four has been diagnosed with depression, and one in five have diabetes. One quarter of local older adults live alone¹⁴⁵, and they are at increased risk of being socially isolated and lonely, and isolation and loneliness have profound effects on health and mortality. Instances of older adults with chronic disease and who are isolated will only increase.



8. Actions Taken By the Baystate Franklin

8. Actions Taken by Baystate Franklin

The CHNA conducted in 2019 identified significant categories of health needs within the communities served by Baystate Franklin. 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 Franklin'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 built environment, care coordination, mental health and substance use, chronic disease, and social environment.

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 Franklin's CBAC pivoted to virtual meetings and continued to meet monthly and oversee the awarding of grant funding to select partners through two 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 Franklin to address the priorities identified in the previous CHNA.

Built Environment

- **Franklin County/North Quabbin Community Health Improvement Plan (CHIP)**

Network: Baystate Franklin is the founding funder of the CHIP Network. The CHIP Network is made up of people who are interested in making the region a healthier, more equitable place to live, work, and play. The Network creates a three-year CHIP Plan following the completion of each Baystate Franklin CHNA and works on a select set of priorities identified in the CHNA and other local data sources for a three-year period.

During the 2021-23 CHIP, the Network has three active working groups, an ad hoc Health Equity Data Working Group, and a housing access project focused on policy

and systems change. The Network also meets several times each year to hear updates from the CHIP work groups and to learn from one another.

The 2021-23 CHIP Working Groups each have a health outcome goal, an associated social determinant of health, and an action plan that describes how progress will be measured. The Working Groups include:

- o **Communities Supports for Youth Working Group:**

Goal & Social Determinant: Increasing Young People's Age at First Use of Addictive Substances (Social Environment). This group's objectives align closely with the Communities That Care Coalitions "priority risk factors" for our community, which are tied to data on the annual Student Health Survey.

Membership: Youth-serving organizations

- o **Mental Wellness Working Group:**

Goal & Social Determinant: Reducing Symptoms of Anxiety and Depression (Social Environment). This group's objectives relate to access to services, with an emphasis on bolstering peer support options and reducing stigma.

Membership: Behavioral health organizations and agencies, people with lived experience, community organizations.

- o **Healthy Eating and Active Living Working Group:**

Goal & Social Determinant: Reducing Incidence of Type 2 Diabetes (Physical Environment). This Group's objectives aligned with FRCOG Transportation workplan goals for Complete Streets and the work of the Mass in Motion program locally, as well as healthy food access work in the region.

Membership: transportation planners, food access, wellness, and healthcare organizations and community members.

The CHIP Network's **Ad Hoc Health Equity Data Working Group** spent 2021 and early 2022 gathering information about the impact of COVID on the communities served by Baystate Franklin, much of which is shared in this CHNA.

The CHIP Network's **Improving Housing to Improve Health project** is a multi-partner collaboration to create municipal and private sector policies and systems that increase access to affordable housing for people with a history of incarceration. Outcomes from the 2021-23 CHIP will be available by the middle of 2024.

- **DIAL/SELF (Better Together Grantee):** Helps young people become independent by connecting them with resources for housing, education, employment, and civic engagement opportunities. Grant funding from Baystate allowed the organization to expand its community outreach capacity and assist more young people. Even in the wake of COVID, DIAL/SELF was able to assist young people in the community who need help. In 2020, DIAL/SELF provided housing for 36 youth in a combination of permanent and transitional housing. Food pantries run by DIAL/SELF helped to feed 241 young people in the community.
- **Alliance for Digital Equity:** Looking beyond physical resources, conquering the “digital divide” is another area of inequity identified by the previous CHNA. In the summer of 2020, there was broad community engagement on the “digital divide” led by Baystate Health’s Vice President for Public 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 Alliance for Digital Equity 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.

Care Coordination

- **Bridge Team:** In 2019, Baystate Franklin was awarded a \$1 million grant from the federal Health Resource Service Administration (HRSA) Rural Communities Opioid Response Program (RCORP). The grant was used to create the Bridge Team, a group whose goal is to help those with opioid use disorder (OUD) get access to treatment. It is an interdisciplinary team of medicine, behavioral health, peer support, and harm reduction professionals who work voluntarily. The Bridge Team helps those with short-term case management connect with long-term services. This is especially important as the communities served by Baystate Franklin span about 1,000 miles and have low population density. The program officially launched in 2021 and provides the following services:
 - Short-term prescription of Suboxone (buprenorphine), providing patients are open to transferring to a provider who can give long-term care.
 - Assistance in navigating medications and treatments for OUD.
 - Short-term transportation.
 - Connecting people with services to address basic needs like food, housing, health insurance, and identification, among other things.

- > Implementation of a Harm Reduction strategy that included providing sterile injection supplies, support, and education through Tapestry Health, a consortium partner.
- > One-on-One Peer Recovery Coaching from a non-medical person who is in recovery themselves to assist the participants with their unique recovery journey. This service is provided through a consortium partner, The Recover Project.
- > Lowered barriers to care by creating a referral process to a trained physician in the Baystate Franklin emergency department and embedding a Bridge Team registered nurse in the Harm Reduction Clinic at Tapestry Health.



- **Family Medicine Residency Program:** In July 2022, Baystate Franklin started a Family Medicine Residency program. Medical residents in this track will be trained in the ethos of the Bridge Team, learning about prevention, treatment, and recovery of substance use disorders (SUDs) across the continuum of care, in collaboration with community resources. The consortium has grown to expand services to low barriers access to medications for opioid use disorder (MOUD), Hepatitis C, HIV/AIDS, and other infectious diseases. This addition has increased patient engagement for people otherwise not likely to seek medical, behavioral, and social services.
- **Franklin County Perinatal Support Coalition (FCPSC):** Promotes both physical and emotional health for pregnant and postpartum women in the area. The coalition comprises professionals and providers working to identify and eliminate barriers to care for women at risk for perinatal emotional complications and SUD. During COVID-19, the coalition adapted to the needs of a healthcare system that was primarily conducted virtually, especially in behavioral health. FCPSC provided resources for telehealth visits, hosted online support groups, and redesigned workflow to continue providing care in the wake of the shutdown. FCPSC worked with the Department of Children and Families (DCF) and other agencies on a task force assessing the strengths and weaknesses of care coordination. A summit and three follow-up mini-summits were held on the topic beginning in 2021.
- **Baystate Franklin Financial Counseling:** Available to community members who have concerns about the cost of their health 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 2020, financial counselors assisted 1,984 households, and 903 were new to the service. In 2021, 522 households were assisted.

Mental Health and Substance Use

- **EMPOWER program at Baystate Franklin:** A partnership between the Franklin County Perinatal Support Coalition, the Birthplace at Baystate Franklin, and Pioneer Woman's Health, provides medical and behavioral health services to pregnant, postpartum, and

parenting women with SUD. The program received grant funding through 2022 from Substance Abuse and Mental Health Services Administration (SAMSHA), allowing the coalition to provide care coordination, service integration, and peer support to program participants. The grant also allowed for the creation of the Care Team; an innovative effort that includes meeting monthly to coordinate services provided to program participants across relevant agencies. In 2021, EMPOWER held three trainings covering various best practices for pregnant women and new mothers at risk for SUD. Additionally, the program held the first annual Community Baby Shower, which is a program where the community can learn more about the program. The second annual Baby Shower is scheduled for Fall 2022

- **Opioid Task Force (OTF) of Franklin County and North Quabbin:** Baystate Franklin is an active participant in the OTF of Franklin County and North Quabbin. The OTF comprises more than 300 community partners and is led by an executive council of 20 members. OTF works collaboratively to reduce opioid addiction, prevent overdose deaths, and improve the community's quality of life. This goal is achieved through work from five committees; Education and Prevention, Healthcare Solutions, Housing and Workforce Development, Public Safety and Justice, Treatment and Recovery, and special projects. Currently, Baystate Franklin OB/GYN physician, Julie Thompson, DO, is the OTF Healthcare Solutions Committee co-chair. She is joined by several Baystate Franklin leadership team members and employees. The OTF was issued a \$1 million grant from the HRSA RCORP to start the Bridge Team, as outlined above. More than 100 people so far have taken advantage of this program which serves as a “bridge” to care and prevention.
- **Baystate Behavioral Health Hospital (opening 2023):** Baystate Health and Kindred Behavioral Health are partnering to build and operationalize a new state-of-the-art behavioral health hospital to meet the communities increased need for specialized behavioral health services and to address the dire shortage of beds in the region. The 150-bed freestanding facility, to be called Baystate Behavioral Health Hospital, will be in Holyoke, Massachusetts, and will feature 120 semi-private rooms and thirty private rooms for the Commonwealth of Massachusetts Department of Mental Health. The new hospital will increase patient access to Baystate Health’s specialty inpatient behavioral healthcare for adults, including geriatric patients, as well as adolescents and children, by more than 50%. The 23,230-square-foot, four-story facility is designed specifically for behavioral health services to foster a better healing environment for patients and will feature a wide range of programs to meet patients’ varying treatment needs. The hospital will feature large activity and therapy rooms, a gym for

therapy services, multiple courtyards, and outdoor recreation spaces where patients can interact with each other and their family members. The \$72 million project is estimated to take 16 months to complete with an expected opening in August 2023.

Chronic Disease

- **Moving, Improving, and Gaining Health Together at the Y (MIGHTY):** A yearlong behavior modification program that targets obesity in people aged 5-21 by providing group physical activity sessions and nutrition sessions. 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 Y membership for free. After completing the program, participants are eligible to attend monthly maintenance groups to continue their journey. In 2020 and 2021, the program served 20 and 11 children and their families, respectively.

Social Environment

- **Montague Catholic Social Ministries (MCSM) (Better Together Grantee):** The MIND (Montague Institute for New Directions) and SOAR (Skills, Opportunities, Actions and Recognition) programs have continued to serve the community through direct aid, community outreach, conflict resolution, leadership development, and group empowerment for 24 years. MCSM received a two-year Better Together grant to continue its work addressing the economic impact trauma can have. The organization offers programs to Spanish-speaking women looking to improve their lives. Throughout the grant period, MCSM, through its MIND and SOAR programs, helped 37 women and their families. Nine out of ten participants got their ServSafe I certification. Due to the program's popularity, staff worked to offer the ServSafe II Managers Certification curriculum. 15 women enrolled in the program. MCSM provided Chromebooks and other technologies to program participants.
- **Community Action Pioneer Valley (CAPV) Strengthening Perinatal Partnerships (Better Together Grantee):** Helps people with low incomes achieve economic stability and works to build communities where people have the opportunity to thrive. In 2019, the Partnership received a three-year Better Together grant to remove barriers to access services, including transportation, group support, lactation consultants, one-

on-one assistance, and advanced consultants for high-risk situations, as necessary. In 2019, 22 moms were participating in the New Babies Feelings support, and 34 attended the We Need a Break group.

- Community Action Pioneer Valley (CAPV) Youth Partnership for Social Change and Healing Justice Initiative (Better Together Grantee):** A three-year \$100,000 Better Together supports this initiative, which is an expansion of the existing Youth Access Partnership (YAP) through the addition of a Youth/Young Adult (YYA) Health Navigator. The YYA Health Navigator works to bolster protective practices for YYA and acts as a buffer for the impact of stress and discrimination from clients. The CAPV implemented a shared referral form for itself and partner organizations, including Community Action Youth and Workforce Development Programs, Community Health Center of Franklin County, Center for Human Development, and The Brick House Resource Center. This shared referral form reduces barriers and allows YYAs to access critical services easily. This resource was paired with a general interest form created for community members not a part of the partnership mentioned above. The general interest form allows for referrals to be made directly to the Community Actions Youth Workforce Development Program. In 2021, there were 31 referrals made using this form. Finally, a hybrid community launch event was held to educate the community of the Youth Council and the services it provides. There were 23 attendants, a mix of new community members and existing participants.
- Just Roots Everyone's Farm to Everyone's Table Initiative (Better Together Grantee):** A two-year \$108,474 Better Together grant was awarded to this initiative which aims to increase the Community Shared Agriculture (CSA) program by 25%. Just Roots delivers CSA boxes, provides nutrition training, and conducts community-building activities to accomplish this. In 2021, the organization provided more than 6,000 boxes to members. There were an additional 1,090 boxes delivered between January and May 2021. Just Roots developed an integrated Salesforce data management system to evaluate program data. Just Roots hired three new staff members, a Grant and Contracts Manager, a Community Engagement Manager, and a Community Care Coordinator. Throughout the above-mentioned activities, Just Roots maintained an attrition rate of 2.3%.
- Música Franklin After School Music Program (Better Together Grantee):** A three-year, \$60,000 Better Together Grant supports this program which offers participants private or semi-private lessors during the school year and five weeks in the summer for students from elementary to high school. The program was transferred to a rented

space at Temple Israel. This is an ongoing program, but currently, there are five middle and high school students enrolled. Musica Franklin issued a memorandum of understanding allowing the program to accept students from the entire district rather than the single school the program was housed. Finally, a new (bilingual) executive director was hired in September of 2021.

- **Stone Soup Café (Better Together Grantee):** Awarded a one-year, \$38,526 Better Together Grant to support its community needs assessment initiative. The funding was used to train Cafe staff in trauma-informed practices to create materials to capture lived experiences in Franklin County. A national trainer conducted 24 hours of training. Forty people were trained over two sessions. To conform to the COVID-19 pandemic, an online and mail survey was developed. The survey was released in October 2021.

Other Needs Addressed that Align to CHNA

- **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.

- **Baystate Franklin Employee School Supply and Holiday Toy Drives:** Traditionally, hospital employees annually donate school supplies to benefit the local United Way of Hampshire and Franklin Counties' Blooming Backpack Initiative. Due to the pandemic, the drive was canceled in 2020. Instead, the hospital leveraged its purchasing power to donate \$2,5000 worth of school supplies to beneficiary schools in Greenfield, including the Academy of Early Learning, Federal Street Elementary School, Four Corners Elementary School, and Newton Elementary School. In 2021, hospital employees were once again able to donate to the United Way of Hampshire and Franklin County's Blooming Backpack initiative. In 2021 also included the return of the holiday toy drive. It was not held in person due to COVID-19, but hospital staff created a plan that allowed the drive to move forward. Children living in Franklin County served by Community Action of Pioneer Valley's Family Center received several dozen gifts donated by hospital employees.

[Learn More](#)

To learn more about actions taken by Baystate Franklin since the 2019 CHNA please view the hospital's annual community benefit reports as filed with the Massachusetts Attorney General's Office.

9. Resources

9. Resources



LOOK4HELP

FIND LOCAL RESOURCES

www.look4help.org

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- Addiction & Recovery
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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.look4help.org and www.413Cares.org.

Athol Area YMCA

Fitness sessions, swimming, dance classes, after-school care, summer camps, older adult health initiatives, yoga, Live Strong, weight loss programs, and diabetes prevention program.

www.ymcaathol.org

Behavioral Health Center's Addiction & Recovery Services

Comprehensive addiction services, including detox, post-detox residential series, long-term residential, day treatment programs, and outpatient services

www.bhninc.org/services-and-programs/addiction-recovery

Big Brothers Big Sisters (BBBS) Franklin County

Our one-to-one mentoring relationships support the critical social and emotional development needed to help build resilience and promote the mental health and well-being of the children of Franklin County.

www.bbbs-fc.org

Brick House Community Resource Center

Our mission is to support individual, family, and community well-being through collaboration on economic development, youth development, leadership development, and education.

www.brickhousecommunity.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

Center for Self-Reliance at Community Action Pioneer Valley

Offers food to families, information, and referrals to other services and programs; hosts fresh food and cooking demonstrations and nutrition workshops.

www.communityaction.us/food-pantries

Children’s Advocacy Center (CAC) of Franklin County and North Quabbin

The CAC is dedicated to minimizing secondary trauma to child victims by streamlining the handling of cases of child sexual abuse, serious child physical abuse, and child exploitation.

www.cacfranklinnq.org

Clean Slate Addiction Treatment Center

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

www.cleanslatecenters.com

Clinical & Support Options (CSO)

Comprehensive behavioral health corporation; provides emergency and acute services, community-based family support services, outpatient mental health and substance abuse services, and clubhouses.

www.csoinc.org

Communities That Care Coalition (CTCC)

Brings together youth, parents, schools, community agencies, and local governments to promote the health and well-being of young people in Franklin County and North Quabbin.

www.communitiesthatcarecoalition.com

Community Action Pioneer Valley (CAPV)

The WIC, Family Center, and Healthy Families programs provide considerable support to women and their families during the prenatal and postpartum periods, in collaboration with partners in the Perinatal Support Coalition, including the Empower Program, Family Drug Court, and Franklin County House of Correction, among others.

www.communityaction.us

Community Health Center of Franklin County (CHCFC)

Medical and dental clinics with the mission to provide excellent medical care to all residents of Franklin County regardless of insurance status or income.

www.chcfc.org

Community Legal Aid

Provides free civil legal services to low-income and elderly residents.

www.communitylegal.org

Cooperative Public Health Service (CPHS) Regional Public Health Nurse

The Public Health Nurse holds walk-in clinics assisting residents of any member town with a variety of health care needs (medication management, assessment and monitoring of health conditions, medication information).

The CPHS is a regional health department serving towns in Franklin County, working to improve the public's health through environmental health inspections, communicable disease investigation and prevention, code enforcement, education, wellness, and special programs.

www.frcog.org/program-services/cooperative-public-health-services

DIAL/SELF

A community-based, non-profit agency that works to foster youth involvement and community empowerment by connecting them with housing, employment, education, and civic opportunities.

www.dialself.org

Food Bank of Western Massachusetts (FBWM)

Distribute food to independent pantries, meal sites, and shelters. Serve as an important resource to all member agencies to help strengthen the emergency food network, increase capacity, and develop long-term projects to fight the underlying causes of hunger in our community.

Brown Bag Food for Elders: Food Bank of Western Massachusetts provides a free bag of healthy groceries to eligible older adults once a month at local senior centers and community organizations.

www.foodbankwma.org/who-we-are/about-us

www.foodbankwma.org/get-help/brown-bag-food-for-elders

Franklin Country Community Meals Program

A program to provide food and household supplies to Franklin County citizens in need.

www.fccmp.org

Franklin County Perinatal Support Coalition

Improve maternal mental health care at the community level.

Linda Jablonski
Linda.jablonski@baystatehealth.org

Franklin County Regional Housing and Redevelopment Authority (HRA)

Serves the housing and community development needs of the twenty-six towns of Franklin County in northwestern Massachusetts. HRA works with residents to successfully access a wide variety of housing resources.

www.fcrhra.org

Franklin County's YMCA

Fitness sessions, swimming, dance classes, after-school care, summer camps, older adult health initiatives, yoga, Live Strong, weight loss programs, Prescribe the Y, and diabetes prevention program

www.your-y.org

Franklin Regional Transit Authority (FRTA)

Provides public transportation principally to Franklin County and North Quabbin of Massachusetts.

www.frtc.org

Greenfield Community College (GCC)

Serving over 3,000 students, GCC is Franklin County's only higher educational institutional. GCC is known for the caring and supportive attitude of the faculty and staff, academic excellence, and for the broad support it enjoys from the surrounding community.

www.gcc.mass.edu

LifePath

Help elders and persons with disabilities maintain independence and quality of life in their own homes and communities, through the Meals on Wheels program and evidence-based chronic disease self-management classes. As well as help caregivers to find relief and help loved ones to choose the right path.

www.lifepathma.org

The Literacy Project

With sites in Greenfield and Orange, this project provides free adult education classes at three levels: basic literacy, pre-GED, through GED. Provides access to postsecondary education and job training skills.

www.literacyproject.org

Mass in Motion Franklin County

Community-based coalition to improve health equity through improved access to healthy eating and active living.

www.frcog.org/what-is-mass-in-motion

Montachusett Regional Transit Authority

A regional transit system that services 22 area cities and towns.

www.mrta.us/mart

Montague Catholic Social Ministries (MCSM)

Works to strengthen, encourage, and support people in our community through outreach, family education, positive conflict resolution, leadership development, and group empowerment.

www.mcsmcommunity.org

New England Learning Center for Women in Transition (NELCWIT)

NELCWIT is the sexual and domestic violence crisis center of Franklin County and North Quabbin. We offer services to people of all genders, sexual orientations, and abilities. All of our services for survivors are free of charge, do not require health insurance, and are available to people of any immigration status. Todos nuestros servicios también están disponibles en español. We offer counseling, advocacy, and resources to individuals whose lives have been impacted by domestic violence or sexual abuse, and we assist in prevention and education work to decrease violence in our community.

www.nelcwit.org

North Quabbin Community Coalition (NQCC)

The North Quabbin Community Coalition is a community-wide alliance committed to improving the quality of life for all those living and working in the North Quabbin region.

www.nqcc.org

Opioid Task Force of Franklin County and North Quabbin

Regional coalition that works to prevent and reduce opioid abuse and substance use; supports and advocates for expanded support and recovery services; train, educate, advocate, and provide support and resources on opiate abuse and overdoses.

www.opioidtaskforce.org

Partnership for Youth

Promotes teen health in Franklin County and North Quabbin; works with school and community partners to establish and support effective youth development and health-promotion programs, provides training and technical assistance on evidence-based practices, involves, and empowers youth.

www.frcog.org/program-services/partnership-youth

Pioneer Valley Asthma Coalition

Community partnership that works to improve the quality of life for individuals, families, and communities affected by asthma.

www.pvasthmacoalition.org

RECOVER Project

The RECOVER Project is a safe, welcoming community that supports recovery by sharing the wisdom of our lived experience and strengthens our community through full participation. We create resource connections, advocate to overcome barriers and promote the reality that recovery is possible for all.

www.recoverproject.org

Salasin Project

Salasin Project provides individual support and opportunities to build community to survivors of domestic violence and their families.

www.salasinproject.org

ServiceNet

ServiceNet works with people who are living with mental illness, developmental disability or autism, brain injury, substance use or addiction issues, or the hardship of homelessness.

www.servicenet.org

Stone Soup Café

A community space where people from all walks of life come together every Saturday to share free nourishment, connection, and learning for body, mind, and spirit.

www.thestonesoupcafe.org

Tapestry Health Harm Reduction Program

Needle exchange programs in Holyoke and Northampton, provides sterile needles to injection drug users, trainings on Naloxone, education and counseling, health education, and screening on infectious disease. Services are offered in Greenfield as well.

www.nasen.org/sep/tapestry-health-syringe-access-program

United Arc

The United Arc supports people living with intellectual and developmental disabilities in achieving the universal goals of inclusion, choice, and independence.

www.theunitedarc.org

Valley Eye Radio (VER)

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

www.valleyeyeradio.org

Valuing Our Children

Provides programs and services to all families in North Quabbin at no charge. Including: group and individual based parent education, individual family support and advocacy, home visiting, support groups, parent/child activities, drop-in play time at our family center, free clothing closet, book and toy lending library, leadership development, and parent engagement.

www.valuingourchildren.org

Way Finders

Confronts homelessness head-on in communities throughout western Massachusetts, including Hampden and Hampshire counties; targeted services help people experiencing homelessness with housing, real estate, employment support, and community services.

www.wayfindersma.org

Wildflower Alliance

The Wildflower Alliance is a grassroots peer support, advocacy, and training organization with a focus on harm reduction and human rights.

www.wildfloweralliance.org

Women of Color Health Equity Collective (WOCHEC) [Formerly MotherWoman]

Our mission is to promote the resilience and empowerment of Women of Color to advance health and wellness by building community-capacity and advocating for just policies through evidence-based research and grassroots organizations.

www.wohec.org

Worcester Community Action Council Inc.

Federally designated community action agencies serving low-income individuals and families.

www.wcac.net

Worcester County Food Bank

Collects and inspects perishable and non-perishable food and distributes it through a network of 131 partner agencies in all 60 cities and towns of Worcester County.

www.foodbank.org

United Way of Franklin and Hampshire Regions

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.uw-fh.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 Medical Practices - Pioneer Women's Health - Greenfield

The certified nurse-midwives are highly educated professionals with backgrounds in both nursing and midwifery. The practice offers a wide range of choices when it comes to birthing a baby. Mothers recovering from addiction are invited to participate in [EMPOWER](#), a program that provides early referrals. Services include OB/GYN, urogynecology, midwifery, and behavioral health.

www.baystatehealth.org/locations/baystate-medical-practices-pioneer-womens-health-greenfield

Baystate Franklin Area Health Education Center (AHEC)

Program designed to immerse health professional students in a long-term, interprofessional, community-based clinical, experiential, and didactic learning experience that introduces and strengthens core knowledge, skills, and behaviors for the effective care of priority populations in rural and underserved communities.

Interim Director, Dianabel Castro
dianabel.castro@baystatehealth.org
 (413) 773-2244

Baystate Wellness on Wheels (WoW) Bus

Wellness on Wheels is a program of Baystate Health, supported by funding from TD Bank's Ready Commitment. The WOW Bus is operated by Baystate Medical Center. 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

Bridge Team

Baystate Franklin has prioritized focusing on those at highest risk in the communities served by creating a Bridge Team, which is a consortium of interdisciplinary team members from across multiple community-based organizations with a shared vision for improving the health and well-being of our mutual patients/clients. The team intends to fill the gaps that exists in rural areas by creating one interdisciplinary team across organizations with expertise in addressing high risk care transitions, care coordination, and connection to services.

Cheryl Pascucci, RN, MS, FNP-BC
Program Director, Integrated Population Health
cheryl.pascucci@baystatehealth.org
(413) 773-2741

Greenfield Family Medicine Residency at UMass Chan Medical School - Baystate

The new Family Medicine Residency is the only program of its kind in western Massachusetts. Based out of the Greenfield Family Medicine practice in Franklin County, the northernmost tip of the Pioneer Valley, residents work with a team of family physicians committed to providing evidence-based care for our under-served—but resilient—rural community.

www.baystatehealth.org/education-research/education/residencies/greenfield-family-medicine

Heart and Vascular

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

www.baystatehealth.org/services/heart

Patient Family Advisory Councils

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

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

The Birthplace at Baystate Franklin Medical Center

Certified nurse-midwives, board- certified obstetricians, and highly skilled nurses believe in empowering patients with a personalized birthing experience in a private room. Whether the birth plan includes a water birth or patient-controlled epidural anesthesia, staff ensures patients are respected, cared for, and safe.

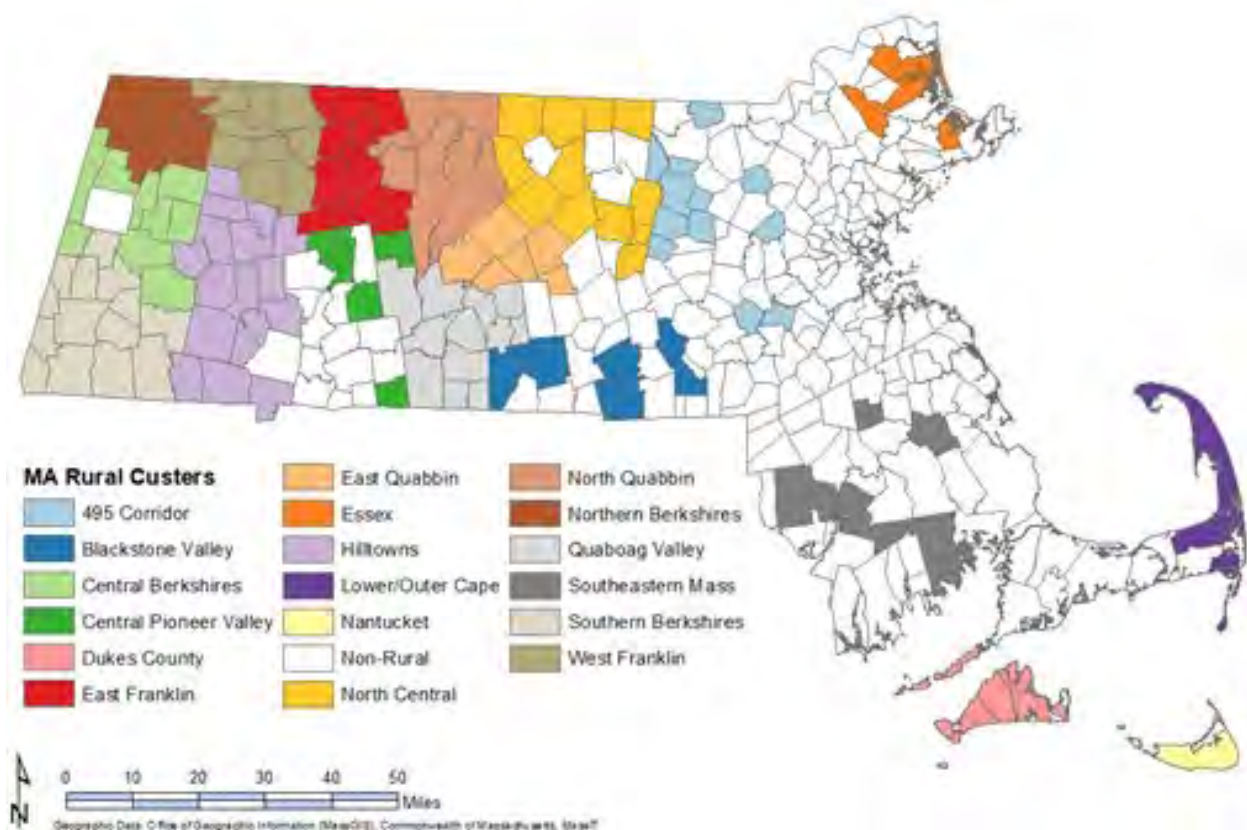
www.baystatehealth.org/services/obgyn/pregnancy/birthplace

10. Appendices

10. Appendices

Appendix 1: Additional Demographics

FIGURE 18: Massachusetts Rural Clusters Map



Source: Office of Geographic Information (MassGIS), Commonwealth of Massachusetts, MassIT

TABLE 5: Population Estimates, Communities Served by Baystate Franklin

County	Municipality	Population (2020 Census)
Franklin	Ashfield	1,695
Franklin	Bernardston	2,102
Franklin	Buckland	1,816
Franklin	Charlemont	1,185
Franklin	Colrain	1,606
Franklin	Conway	1,761
Franklin	Deerfield	5,090
Franklin	Erving	1,665
Franklin	Gill	1,551
Franklin	Greenfield	17,768
Franklin	Hawley	353
Franklin	Heath	723
Franklin	Leverett	1,865
Franklin	Leyden	734
Franklin	Monroe	118
Franklin	Montague	8,580
Franklin	New Salem	983
Franklin	Northfield	2,866
Franklin	Orange	7,569
Franklin	Rowe	424
Franklin	Shelburne	1,884
Franklin	Shutesbury	1,717
Franklin	Sunderland	3,663
Franklin	Warwick	780
Franklin	Wendell	924
Franklin	Whately	1,607
Worcester	Athol	8,486
Worcester	Petersham	1,225
Worcester	Phillipston	1,726
Worcester	Royalston	1,250

Total Population of Communities Served by Baystate Franklin: 83,716

TABLE 6: Sociodemographic Characteristics of Massachusetts, Franklin County, and Select Communities

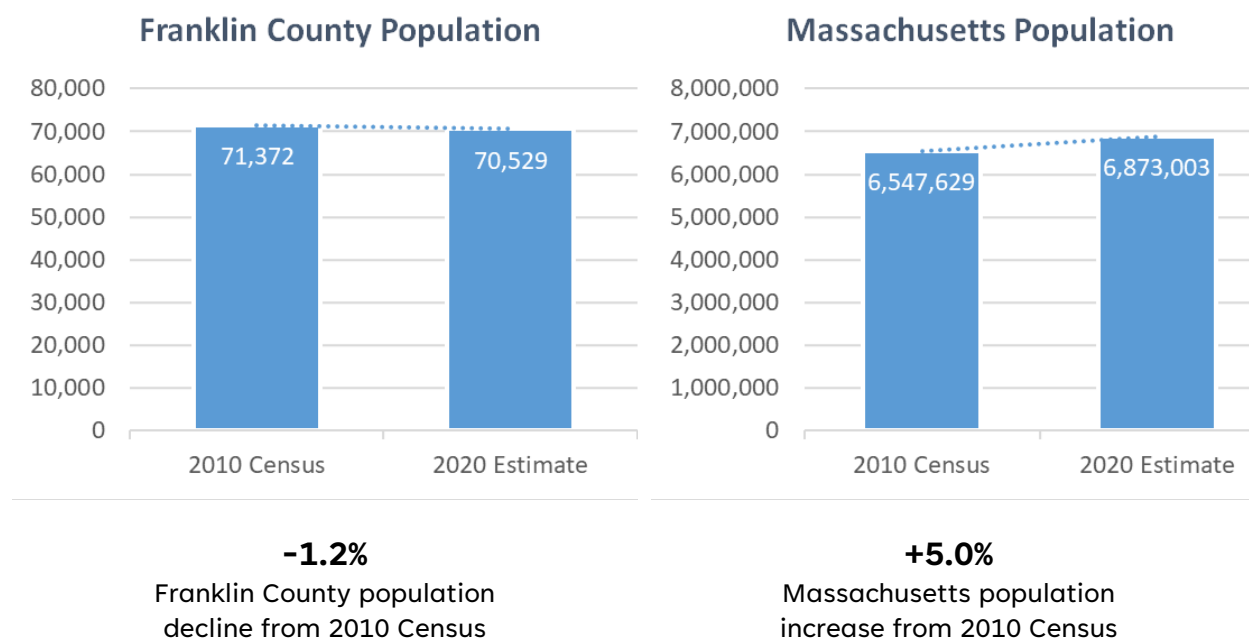
2020 ACS Demographic Information	Massachusetts	Franklin County	Greenfield	Montague	Orange	Athol
Age						
Median age (years)	40	47	45	45	40	39
Persons under 18 years, percent	20%	17%	18%	17%	18%	22%
Persons 18-64, percent	63%	61%	59%	63%	67%	64%
Persons 65 years and over, percent	17%	22%	22%	21%	15%	14%
Race and ethnicity						
Latino/a/e or Hispanic	12%	4%	6%	5%	2%	8%
Non-Latino/a/e or Hispanic						
White	71%	90%	87%	91%	92%	86%
Black or African American	7%	2%	2%	0.7%	0.9%	0.8%
American Indian and Alaska Native	0.1%	1%	0.0%	0.4%	0.9%	0.0%
Asian	7%	1%	1%	0.0%	1%	0.4%
Native Hawaiian and other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	0.8%	0.2%	0.0%	0.1%	0.0%	0.6%

2020 ACS Demographic Information	Massachusetts	Franklin County	Greenfield	Montague	Orange	Athol
Two or more races	3%	3%	3%	2%	2%	4%
Language spoken at home (population over 5)						
Language other than English spoken at home	24%	6%	8%	6%	3%	7%
Educational attainment (population over 25)						
Less than high school graduate	9%	7%	9%	7%	4%	12%
High school graduate (includes equivalency)	24%	28%	29%	37%	45%	40%
Some college or associate degree	23%	27%	29%	27%	34%	29%
Bachelor's degree or higher	45%	38%	33%	28%	17%	19%
Income						
Median household income (in 2020 dollars)	\$84,385	\$61,198	\$46,250	\$69,212	\$58,255	\$54,500

Source: U.S. Census, ACS 2016–2020 and 2020 Census Redistricting Data

The following data and images come from the 2022 Annual Performance Report from the Franklin County, MA 2020-2025 Comprehensive Economic Development Strategy (CEDS) Plan.

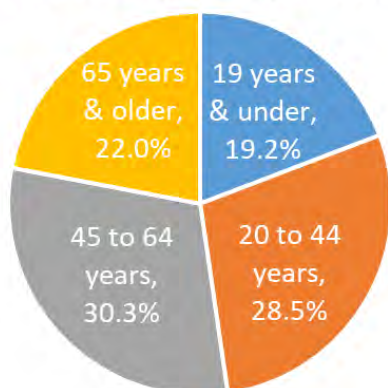
FIGURE 19: Population Change, Franklin County and Massachusetts (2010 and 2020)



Source: U.S. Census Bureau, 2010 Census and 2020 Census Redistricting Data

FIGURE 20: Age Cohorts by Percent of Total Population, Franklin County and Massachusetts (2020)

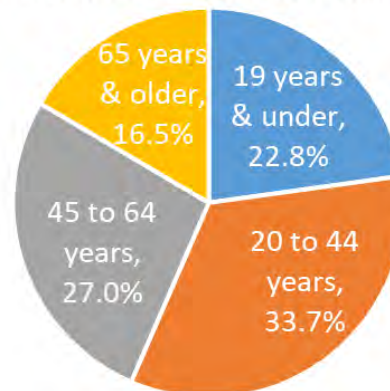
Franklin County Age Cohorts by Percent of Total Population



52.2%

Percent of Franklin County population are age 45 years and older (+0.3% from previous year)

Massachusetts Age Cohorts by Percent of Total Population



43.5%

Percent of Massachusetts population are age 45 years and older (+0.1% from previous year)

Source: U.S. Census Bureau, 2010 Census and 2020 Census Redistricting Data

FIGURE 21: Population by White and People of Color, Franklin County and Massachusetts (2016-2020)

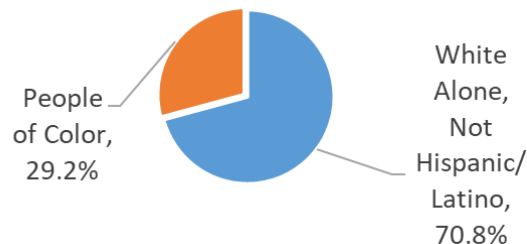
Franklin County Population by White Alone, Not Hispanic/Latino and People of Color



10.0%

Percent of Franklin County's total population who are People of Color (+0.7% from previous year)

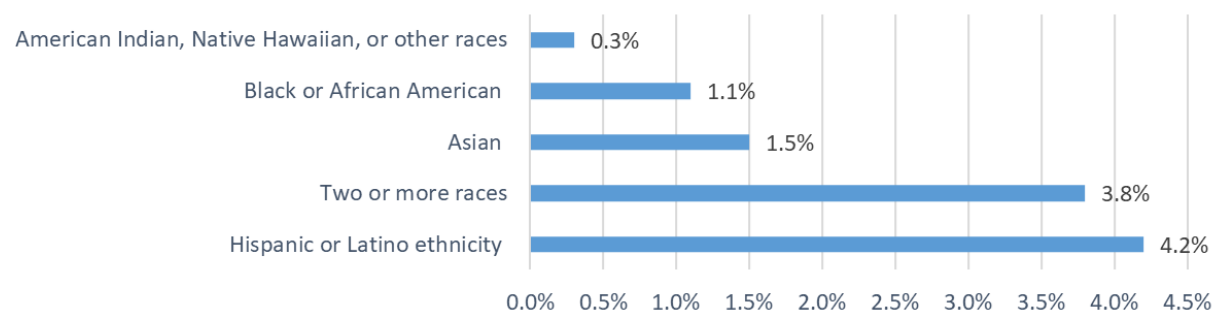
Massachusetts Population by White Alone, Not Hispanic/Latino and People of Color



29.2%

Percent of Massachusetts' total population who are People of Color (+0.8% from previous year)

Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS) Five-year Estimates

FIGURE 22: Franklin County Population of Color (2016-2020)

Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS) Five-year Estimates

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 7: 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	Armbrook Village	X	X	
Comerford, Jo	Senator	Massachusetts State Senate	X	X	
Dewberry, Beatrice	Community Building & Engagement Manager	Way Finders	X	X	
Doster, Amanda	Regional Projects Coordinator	Franklin Regional Council of Governments	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
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	
Golden, Annamarie*	Director, Community Relations	Baystate Health	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
Rosario, Brittney*	Community Benefits Specialist	Baystate Health	X	X	
Gonzalez, Chrismerly	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			
Bidwell, John	Executive Director	United Way of the Franklin & Hampshire Region	X	X	
Jones, Kimothy	Project Manager SDoH (Public Health)	Baystate Health	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
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	
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	

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
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	
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	

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
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.

Cisgender – refers to anyone whose gender identity aligns with their assigned sex and gender at birth.

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 Coalition of Western Massachusetts 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 nonprofit 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 in order for nonprofit hospitals/insurers to maintain their nonprofit 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 hospital service areas 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 themed10 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 MA 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 Massachusetts Department of Public Health. 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.

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 HSA is then reviewed by the hospital's Community Benefits Advisory Council (CBAC). 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 — We use this term to refer to 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.

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+ — This term is inclusive of lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, agender, non-binary, 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 – we use these terms to refer to 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 — We use this term to refer to people who identify as being of Asian or South Asian descent, as well as Pacific Islanders.

Black – we use the term “Black” 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 – we use the term “Latino/a/e” in this report in reference to the many cultures who identify as Latin or Spanish-speaking. Latine is a gender-neutral term, a non-binary alternative to Latino/Latina. 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 – We use this term to refer collectively to individuals and groups that do not identify as White or Indigenous. It should not be used to lump all non-white people together, as this erases or dismisses the experience of each racial/ethnic group.

White — We use the term “White” to refer 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, according to the World Health Organization.

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.

Systemic 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 the 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.

FIGURE 20: What Helps You Live a Happy, Healthy & Productive Life?



FIGURE 21: 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: Health care 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 very 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 brought up 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 near 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".

TABLE 8: 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

Organization	Population	Location	Number of Participants
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
Community Benefits Advisory Council Baystate Medical Center	Community Leaders	Springfield	15
Community Benefits Advisory Council Baystate Noble	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

Organization	Population	Location	Number of Participants
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 Baystate Wing Service Area	Ware	14
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

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 the Fall of 2021. General Western Massachusetts themes, and a table on the most pressing issues are provided below.

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 older adults were two themes that appeared in all four counties.
- There was also general concern over low-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 9: Community and Health Issues Identified as Most Pressing

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 10: 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

Conducted by: Center for Program Evaluation at University of Massachusetts

Purpose: The primary purpose of the focus groups was to inform the CHNA. Key topics were: (1) local social services, (2) childcare access, (3) the local health care landscape, and (4) food security. While we were careful to look for patterns across what the parents told us, we recognize that the groups we spoke to do not represent all parents within the community. Acknowledging that they do not represent all opinions on the topic does not diminish the importance, value, and beauty of what was shared by these parents.

MAIN THEMES:

1. There are many great services that are helpful for families.
2. The shortage of mental health services is affecting families.
3. Finding quality, affordable childcare is challenging.
4. Social media and online outreach are good ways to make resources and services known to the local community.
5. Parents would like to have better access to more local health care providers.

Some Quotes:

[Regarding Mental Health Services] “When families who are in need of mental health services are trying to connect to support, they are being told they have a 2 year wait. That’s a concern for families right now.”

[Regarding Mental Health Services] “It took us 6 months to get him a counselor. Even after he connected and bonded, which is hard for him, they moved him from counselor to counselor. Since the beginning of this year, after 8 months of going to the counselor and not connecting because there was no long term with one specific person, he didn’t feel like he could open up anymore. We decided to discontinue and keep an eye on things. Mental health for young adults, teenagers, and younger children is a real struggle right now.”

[Regarding childcare] “It’s almost like a lose-lose situation for families trying to find childcare. They won’t meet their needs, or there is a huge wait list, and the cost is expensive.”

[Regarding childcare] “I couldn’t think of any positive things in my experience with trying to find childcare. I’ve had to stay home for a long time because we can’t find childcare. There is no such thing as affordable childcare.”

[Regarding childcare] “If you don’t have someone you know or can’t do it yourself, you have no choices until they go to school.”

[Regarding childcare] “I used recommendations from family and friends and from word of mouth to find good childcare; it is working out safely for now”

[Regarding food insecurity] “It’s so much cheaper to eat crap, and we try really hard to not do that. Bagged frozen fruit is crazy right now. It’s difficult to do that. The cost is insane, and I don’t know how people are managing. ... Now it’s a treat to buy healthy food. That’s the opposite of what it should be.”

[Regarding messages parents need to hear] “There are many support systems that are willing to help”

[Regarding messages parents need to hear] “We’re all kind of struggling with the same issues. I know there’s a lot of guilt involved in feeling like you aren’t doing enough or that you can’t do something you feel like you should be able to do. We’re all going through it. It does feel isolating.”

[Regarding messages parents need to hear] “A lot more parents need to know that it’s okay to not be okay and ask for help.”

THEME 1: There are many great services that are helpful for families.

- Participants describe using services at Valuing Our Children, WIC, Department of Transitional Assistance, Community Health Center, Clinical and Support Options, libraries, and the Parents Plus program
- These services help families with diapers, parenting classes, playgroups for children, clothing and shoes for children, parent support groups, home visitors, mental health services, and food assistance
- Parents find the staff to be welcoming, helpful, non-judgmental, respectful, and caring with both adults and children

THEME 2: The shortage of mental health services is affecting families.

- One family describes having success with the Intensive Case Coordination program which the child's therapist referred them to
- Other families describe long waiting lists to get a therapist or frequent turnover of therapists which make it challenging for the child to connect with, trust, and open up to a therapist
- Parents would like to see more local mental health providers so that everyone can see a therapist when they need one.

THEME 3: Finding quality, affordable childcare is challenging.

- While some parents expressed that they've found good childcare providers that work for their family, many expressed that it is difficult or impossible to find affordable, quality childcare
- Barriers to quality, affordable childcare that parents identified include: 1) Childcare is expensive and lot of daycares don't take vouchers (or families don't qualify for vouchers), 2) daycares require the child is fully potty-trained, 3) daycares won't do cloth diapers, 4) there are long waitlists for daycares, 5) difficulties getting transportation to daycare, and 6) some families experienced racism in finding childcare.

THEME 4: Social media and online outreach are good ways to make resources and services known to the local community.

- Participants describe that they hear about services via Word of Mouth, social media (Facebook, specifically), bulletin boards, pamphlets, government websites or through other services they use
- There are many families that don't know about the many available resources
- Participants would like to see targeted campaigns to get the word out about available services and resources, and suggest more digital outreach to the community using podcasts, Facebook pages, and e-flyers

THEME 5: Parents would like to have better access to more local health care providers.

- There are not enough pediatricians in the area
- Families must travel out of the local area for medical care from specialists
- Parents would like there to be more local mental health services
- Parents would like there to be affordable health insurance options for all families and for health care providers to accept all forms of insurance

OTHER IMPORTANT PERSPECTIVES:

- For families that don't qualify for income-based services (food assistance, housing subsidies), it is difficult to provide for the family's needs.
- Despite financial challenges, families find low-cost ways to spend family time together to build connection
- Services at Valuing Our Children provide time and activities for parents and children to feel more connected to one another

LIMITATIONS: This report is based on the experiences of only 9 parents living in Franklin County or the North Quabbin area. One focus group took place during a regular Moms Support Group that meets monthly through Valuing Our Children and a VOC staff person was present for the focus group. The other focus group only included 2 parents and there were technical issues which made it difficult to capture everything the participants shared.

Parents of Young Children Focus Group Details and Protocols

Dates	May 13, 2022, and May 25, 2022,
Participants	9 Parents of Young Children
Locations	Valuing our Children (via Zoom); Western Franklin County (via Zoom)
Demographics represented	We did not ask them to self-identify during these focus groups. Groups were chosen to make sure that we heard both from parents in Franklin County and in the North Quabbin. All parents in the focus groups had at least one child aged 4 or under.
Facilitators	Suzanne Rataj, Center for Program Evaluation

Question Protocol

1. What is one activity or ritual that really makes you and your child feel close and connected?
2. What local community-based organizations does your family use/interact with most?
 - a. Which services do you use/rely on?
 - b. How are they helpful?
 - c. For the services you have used, have you found that the staff really valued you as the expert on your child?
 - d. Have any of the services you've used helped you feel more closely connected with your child? How?
3. How do you find out about or discover community services? (friends, google, referrals from other services)
4. Among services currently available, what could be improved?
5. What services/supports for parents do you wish were out there that aren't?
6. How has your experience been in finding quality, affordable childcare?
7. What is easy about getting quality health care for your family?
8. What is difficult about getting quality health care for your family?
9. If you could design health care in NQ, what would it look like? How would it be different from current landscape?
10. How have your family's needs and priorities changed because of/since COVID?
11. How easy do you think it is to find healthy food in NQ?
12. What are the main messages you think parents in this community need to hear?
13. Is there anything further anyone would like to add about any of the issues we've already discussed that you feel you've not had a chance to say?
14. Is there anything anyone would like to add about any issue we've not really covered which you feel reflects an important aspect of community health and services?

4f. Key Informant Interviews

The consultant team at the Center for Program Evaluation at University of Massachusetts conducted Key Informant Interviews (KIIs) with staff from Youth Development organizations during Spring 2022.

TABLE 11: Organizations that participated in interviews

Organization	Organization serves Teens (up to age 19)	Organization Serves Young Adults (aged 20-24)	Organization serves a wide variety of youth from marginalized communities
Brick House	X	X	X
Community Action	X		X
North Quabbin Community Coalition	X	X	
Big Brothers, Big Sisters, Franklin County	X		X

FRANKLIN COUNTY/NORTH QUABBIN: PRELIMINARY SUMMARY OF FINDINGS FROM QUALITATIVE INQUIRY ON YOUTH MENTAL HEALTH

The essential question driving this study is: *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 gaps or problems exist in the current mental health care landscape for youth?
4. What are creative solutions to improving youth mental health?

Methods

The thematic summary is based on semi-structured in-depth interviews conducted with four key informants working in youth development roles in the Franklin County/North Quabbin area.

Staff at the Center for Program Evaluation conducted interviews using Zoom videoconferencing. All the interviews were individual (one on one conversations). The findings included in this summary are based on interviews facilitated and analyzed by one white, professional, formally educated woman, and notes taken by one Latina female student. 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. 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. Given the small number of interviewees, revealing demographic information might reveal the identity of the participants. For this reason, we have left this information out of the report

Summary Across Youth Providers

How do youth in diverse communities conceive of “mental health”?

Interviewees reported:

- The youth they work with would use the following words to describe mental health: Excruciating trauma, overwhelmed, exhausted, barriers, no support, punished for mental health, anxiety, ADHD, depression
- Youth see the challenges around mental health to be academic pressure, global warming, COVID-19, identity, body image, sexual development, social pressures, peers vaping
- Kids are identifying the amount of struggle around them and say that their peers are struggling as well
- Kids are more willing to talk about mental health and naming it. They have a great vocabulary when it comes to self-advocacy, identification, race, gender,

equality. Some feel good with teaching others around them about this knowledge, and others feel frustration and impatience for everyone else to catch up

- Youth who are black and brown, queer, trans, neurodivergent have extra challenges. In some situations, they must hide who they are or keep quiet about inequities they see to receive services
- Kids feel frustration about having to educate professionals about what works best for them
- Youth mental health crisis has been given more awareness due to the pandemic
- Kids in the program have some sort of experience and trauma coming from lack of JEDI (justice, equity, diversity, inclusion)
- A system that is set up to create a lot of barriers and challenges for young people and is not properly equipped to serve the population that they are seeking to serve
- Lack of available sources to aid all the children who are asking for help

Who do they turn to? Who do they trust for guidance?

- Kids go to peers, mentors, parents/guardians, school staff, professionals for support
- Youth rely on each other a lot for support—this could be through texting with one another, youth groups, help in navigating systems
- Getting support from each other is not that effective because each are struggling and collectively traumatized, unless the person they are seeking support from is also receiving their own support from someone else
- Support from trusted adults is so important for youth mental health
- Pre-covid some parents/guardians were more reliable, but now more adults are dealing with mental health issues or are not as stable which a child can notice
- Youth seek professional support, but waitlists are so long right now

What are the current platforms for community support that hospitals can build on in collaboration with others?

Local organizations that interviewees identified as partners in supporting youth mental health are: 1) Communities That Care Coalition, 2) Dial Self, 3) United Way, 4) The Brickhouse, 5) CSO, 6) YMCA, 7) The Opiate Task Force, 8) Housing Task Force, 9) Community Action Pioneer Valley, 10) Tapestry Health, 11) Treehouse Foundation –

Heroes' program, 12) Big Brothers Big Sisters-Franklin County, 13) Children's Advocacy Center, 14) CHD, 15) MassHire, 16) School systems, 17) Faith-based organizations.

Interviewees specifically mentioned that:

- Mentoring organizations are vital. They keep children connected and supported
- Local events and opportunities for connection are important assets
- Free spaces where kids can gather in safe, age-appropriate ways support healthy development

It is also important to recognize and build on the youths' existing strengths and assets:

- They have a lot of patience for adults to navigate challenging things
- They advocate for themselves and support each other, even in informal ways like texting
- The youth are showing up, making connections, and trying to receive support
- They are willing to be vulnerable and ask for help
- Some youth educate themselves to help their peers
- Youth are showing up in ways that are more vulnerable, naming and embracing the things they are going through
- The youth exhibit great flexibility and resilience

What gaps or problems exist in the current mental health care landscape for youth?

- Long waiting lists for mental health services, especially for clinicians who can meet outside of school hours
- Difficulty in navigating the Mental Health system (for youth and parents)
- Paperwork forms – amount of data that needs to be collected, makes youth feel like a number rather than a person
- Policies and procedures from current systems are written to be accessible to people who are stable. It is important to make sure that policies and procedures are accessible to the most vulnerable population
- Staff is burned out and are not trained/held to standards to help with compassion especially when it comes to serving populations of high crisis and trauma

What are creative solutions to improving youth mental health?

Safe Spaces

- Find and create social spaces where kids can be
- Friday and Saturday night teen center
- More spaces for youth to be that are not clinical – group/peer support rather than individual therapy and case management
- Need more recreational spaces where children can gather with similar interests where they can just be kids with adult supervision
- Creating safe, inclusive spaces for queer children and connecting them to other queer peers

Mentoring

- Schools can partner with agencies to connect with students and parents to get them in mentoring relationships to help overall students in the school
- Giving young folks the tools to be able to support each other is a massive help
- Teach fellow peers who want to learn some coping skills and they share with others. These peers need support from professionals or adults
- They want peers, maybe a little older, or young people (they identify them as under 30 years old) to talk to about mental health

Other

- Ways for youth to interact together to address some things – feel more agency in their lives, be seen as emerging adults. They are talked about but not being invited into conversations about themselves
- School districts should make it a priority to connect with social services so they can connect to the children at the schools
- Examine policies and procedures for how we work with young folks
- Staff trainings and expectations for how we interact with young folks – outlining boundaries
- Implicit bias training
- Emotional CPR training
- There are issues with lack of transportation for children and allowing for more access to virtual therapy appointments maybe during a free block at school would help
- Being able to access phone text support with therapists/peer support for free

- Provide more support for families by giving them more knowledge about available resources and what is happening with their children
- Would be nice to have: More job opportunities for youth, more opportunities for peer leadership, and platform for youths to feel like they are members of the communities

Solutions organizations are already implementing:

- Use virtual technology and mentoring more--Not just using it as a placeholder, assessing what works best
- Have in-person program options for children that it works best with
- Support sessions for parents struggling with topics: self-harm/suicidality, general mental health, LGBTQ+, school/academic challenges
- Shifting power, adultism and how we work with participants; Bringing youth in to help write policies, have a say in the way we do things and have a say in shifting the way power is held
- Allowing youth to have silence - time to process
- Utilizing positive youth development framework
- Thinking in problem-posing educational models, not a top-down approach but more youth-led processes
- Program has created one-page handouts for parents around different topics and questions parents have

Other topics that were discussed:

Issues adults are overlooking, or youth are not likely to share with adults

- Societal issues that are important to youth that they feel adults aren't taking seriously or doing enough about include: 1) Climate change, 2) Racial justice, 3) Providing support and advocacy for youth who identify as LGBTQ+
- Youth feel adults do not understand importance of physical appearance, gender, body-shaming, and dress code challenges
- Experiences of racial, gender, or sexual oppression
- Substance use, relationships with food and peers or current partners
- Sexual development questions
- Things that they feel no one can fix for them

- In some situations, young folks are not able to say what is going on because the interventions are perceived as harmful or more harmful
- Opening up to staff or family can lead to more barriers or loss of things that are perceived to be good

Impacts of COVID

- Youth are not acknowledging they are seeking support from COVID shut down, but it has had large effects on their lives – they themselves may not even realize
- They are asking for help, but adults are unable to properly support them
- Some youth have been left behind and have had to re-learn how to seek support
- People who have stable Wi-Fi and access to phones are more equipped to navigate services and figure things out – COVID has created a wider economic divide
- Youth are showing that they want in-person social connectedness—they are not interested in engaging virtually, but want to meet in person

Positive steps youth are taking for their mental health

- Showing up to meetings, engaging in programs
- Reaching out to staff
- Telling administrators what they do and don't like
- Getting politically involved with attending protests, watching political debates, voicing their strong opinions, aligning with pop culture icons that share their same beliefs
- They want to educate themselves to know the facts and have knowledge to go back to their peers and adults in their lives
- Seeking out education, educating themselves
- Embracing their experiences and sharing openly
- Being receptive to assistance
- Learning how to set boundaries and advocating for yourself
- These positive steps are fostered by:
 - Having an adult in their life that cares
 - Supportive scaffolding of positive role models and mentors enables these actions
 - Intrinsic motivation rather than pushing them to do things

Other

- The more adults that use pronouns routinely, more conversations and support for parents, the more comfortable we are going to see kids
 - There is a pressure for kids to justify themselves, allow them to be
- Can't stabilize someone's mental health when their housing and safety is put in jeopardy
 - Would like to see how Franklin County is working together with mental health services, community building services and housing, direct access to food, etc. – program need to be integrated
- Transportation is a barrier for youth to access services
- Not enough jobs for youth is a challenge which can lead to apathy
- Find ways youth can engage with arts
- Some housing programs are not set up to meet the needs of youth with mental health diagnoses and as a result, these youth are often left out or kicked out of housing opportunities
- Franklin county has a racism and transphobia problem – youth notice that in these organizations that are supposed to be helpful to them, marginalized members are not treated the same

Semi-Structured Interview Protocol

Tell us a bit about your role working with youth:

1. What are the characteristics of the youth you work with?
 - a. What communities:
 - b. Age groups:
 - c. Any specific races, ethnicities, gender identity, sexual orientation, or language groups:
 - d. Any other primary groups you work with (eg, refugees, young people with disabilities)

When you think about youth mental health, what words or images come to mind? What are the key ways you think about youth mental health?

Because we know that you work very closely with youth, we're asking you to reflect deeply on their experience and perspectives on mental health. To the extent possible, think about our questions through young people's lives. To the extent that you see different types of experiences among the groups you just mentioned, please try to think about and convey these differences.

3. When youth think about mental health, what words do they use? What are the keyways they think about the subject?
 - How does this vary across the communities (geographic, racial/ethnic, other identities) that you work with?
 - What challenges do you see them facing?
4. What issues do they face that adults in their lives may be overlooking or ignoring? What issues do they face that they are particularly unlikely to share with the adults in their lives?
5. When you think about these young people, how would you describe their strengths or assets for maintaining positive mental health?
6. Where (or where else) do you think they go for support (friends, teachers, coaches, doctors, therapists, social media, etc.)?
 - Why do you think they seek those people out?
 - How do those individuals or networks support them?
7. In the communities you work with that you described earlier (could be geographic, race/ethnicity, specific populations), what are the most important platforms that support healthy youth development? (eg, specific organizations, churches, families, health care providers)
8. What are the key gaps or challenges young people face when they seek support?
9. What do you see as other important community assets supporting young people's mental health and well-being?
10. What creative suggestions would you offer for enhanced supports for young people?

11. Have you made changes in your work with youth to better support their mental health outcomes? What practices do you bring into your work that support their mental health?
12. What organizations or groups do you work most closely with to support youth and/or youth with mental health issues?
13. In what ways do you see youth making changes that improve their lives and their mental health?
 - a. Probes:
 - i. In your observation, what enables youth to experience this take these positive steps?
14. Do you see youth seeking support to cope with the effects of COVID? Which resources or strategies do you think they are using? Has COVID changed how they seek out support/resources?
15. Are there any other questions you think we should be asking? Other things you want to share about the topic?

Appendix 5: Supplemental Data

5a. Hospital Patient Data Related to Chronic Conditions

TABLE 12. Baystate Franklin Hospital 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	1,713	56	52	46	61	58	2%	34%	64%	11%
Congestive Heart Failure	2019 - 2021	3,453	76	59	61	75	76	N/A	79%	46%	5%
COPD	2019 - 2021	3,199	70	63	68	64	70	N/A	66%	48%	4%
Diabetes	2019 - 2021	4,460	68	58	58	65	69	0%	59%	43%	8%
Substance Use	2019	1,282	55	52	46	41	56	1%	26%	38%	8%
	2020	1,308	53	47	37	51	54	0%	24%	38%	7%
	2021	1,473	53	53	37	48	54	0%	25%	41%	11%
SUBSTANCE USE	2019 - 2021	4,063	54	52	40	47	55	1%	25%	39%	9%
Behavioral Health*	2019	748	41	42	31	29	41	7%	16%	46%	12%
	2020	720	42	33	26	23	44	5%	16%	42%	11%
	2021	808	44	46	35	29	45	2%	17%	45%	10%
BEHAVIORAL HEALTH*	2019 - 2021	2,276	42	40	32	28	44	4%	16%	44%	11%

*Includes only visits where behavioral health is primary diagnosis

Source: Division of Healthcare Quality, Baystate Health

TABLE 13: Visits to Baystate Franklin Emergency Department

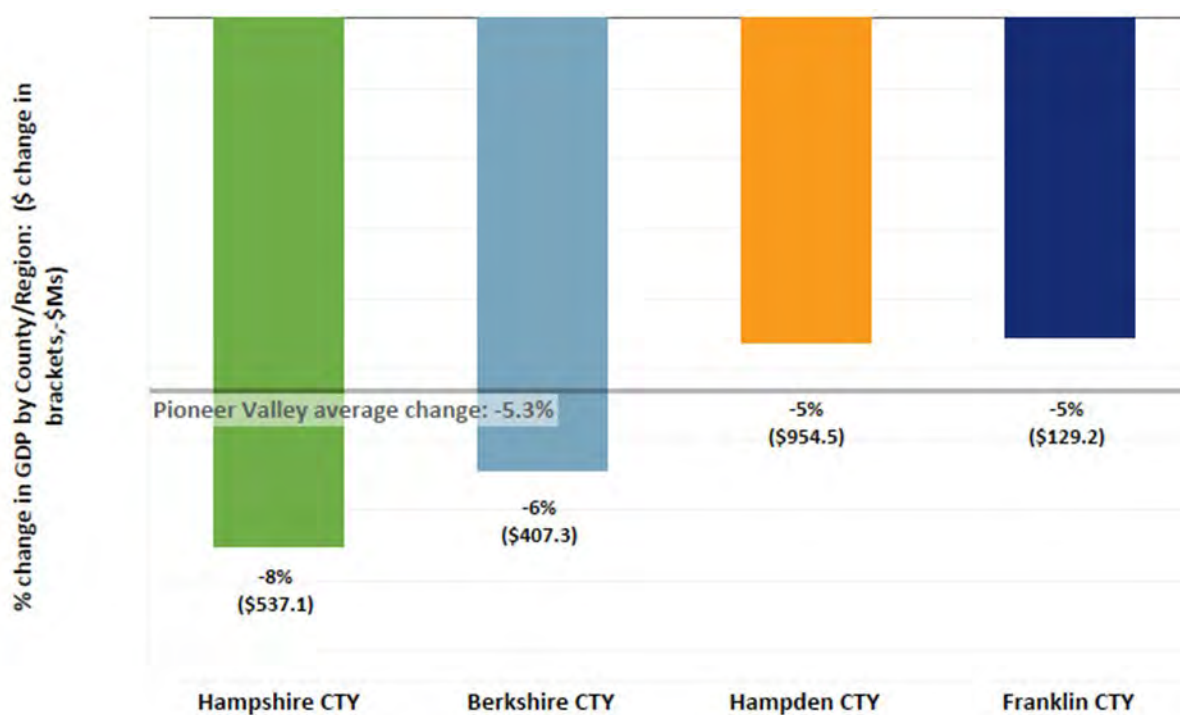
Diagnosis Upon Arrival	Year(s)	Count	Median Age	Black Median Age	Latine Median Age	Other Median Age	White Median Age	% Under 18	% 65 and over	% Female	% People of Color
Asthma	2019 - 2021	2,499	39	34	32	29	40	12%	13%	66%	16%
Congestive Heart Failure	2019 - 2021	699	73	61	71	64	75	N/A	76%	47%	7%
COPD	2019 - 2021	1,526	66	61	63	66	66	N/A	55%	49%	3%
Diabetes	2019 - 2021	3,480	61	54	54	60	62	0%	42%	45%	9%
Substance Use	2019	1,601	39	38	31	32	41	2%	9%	40%	13%
	2020	1,395	40	43	37	38	40	2%	7%	41%	11%
	2021	1,430	40	41	35	29	41	3%	8%	39%	12%
SUBSTANCE USE	2019 - 2021	4,426	40	41	34	34	41	3%	8%	40%	12%
Behavioral Health*	2019	1,273	37	39	24	31	39	9%	10%	41%	12%
	2020	1,189	38	31	32	38	40	8%	12%	41%	15%
	2021	1,376	38	26	33	31	41	10%	13%	42%	15%
BEHAVIORAL HEALTH*	2019 - 2021	3,838	38	33	30	33	40	9%	12%	41%	14%

*Includes only visits where behavioral health is primary diagnosis

Source: Division of Healthcare Quality, Baystate Health

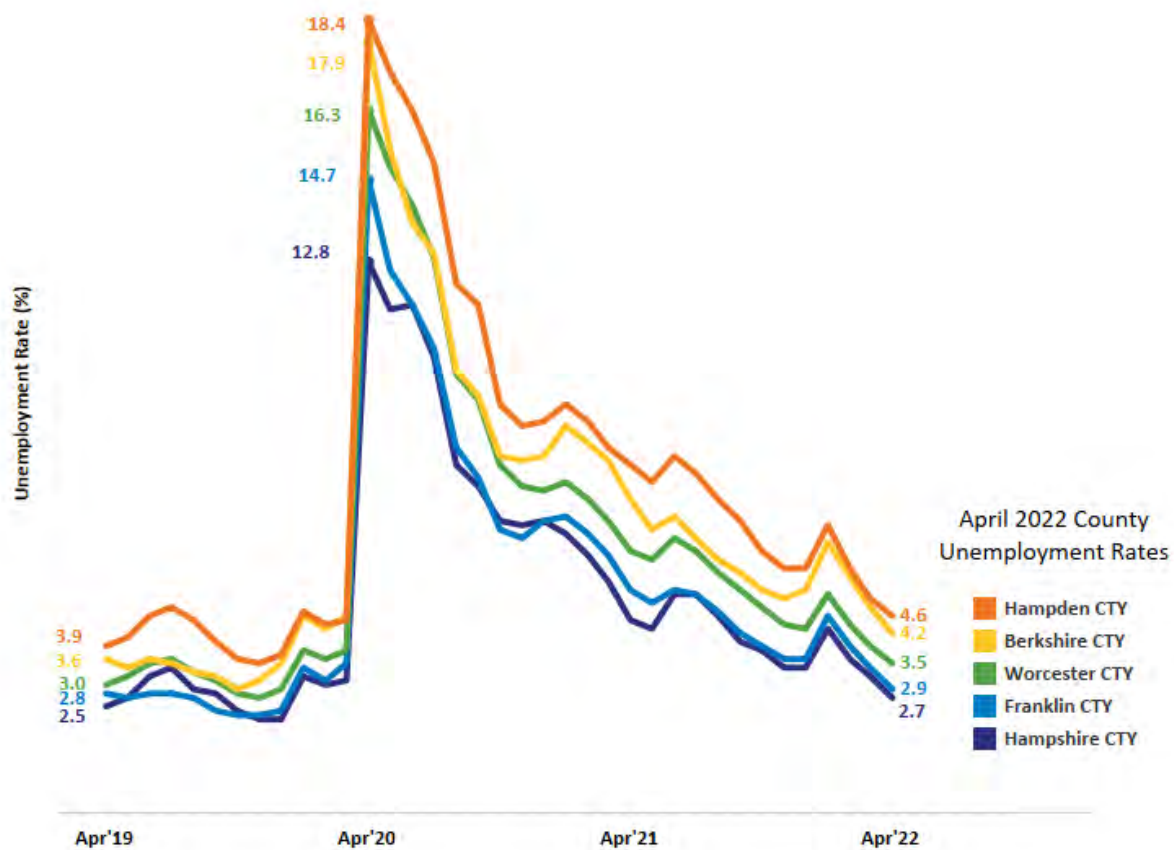
5b. Impacts of COVID-19 on the Economy and Food Insecurity

FIGURE 22: Effects of COVID-19 on Pioneer Valley Gross Domestic Product (GDP), 2020



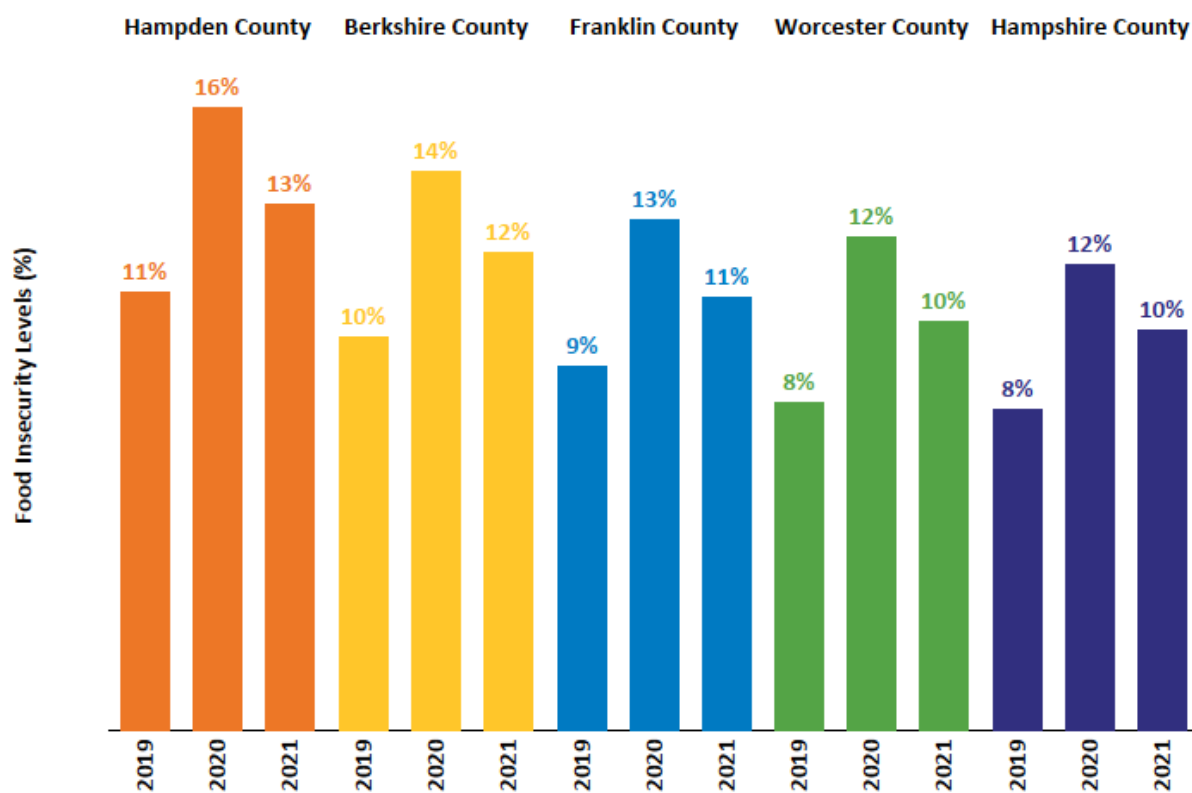
Source: US Bureau of Economic Analysis, <https://www.bea.gov/data/gdp/gdp-county-metro-and-other-areas>

FIGURE 23: County Unemployment Rates, January 2019-April 2022



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

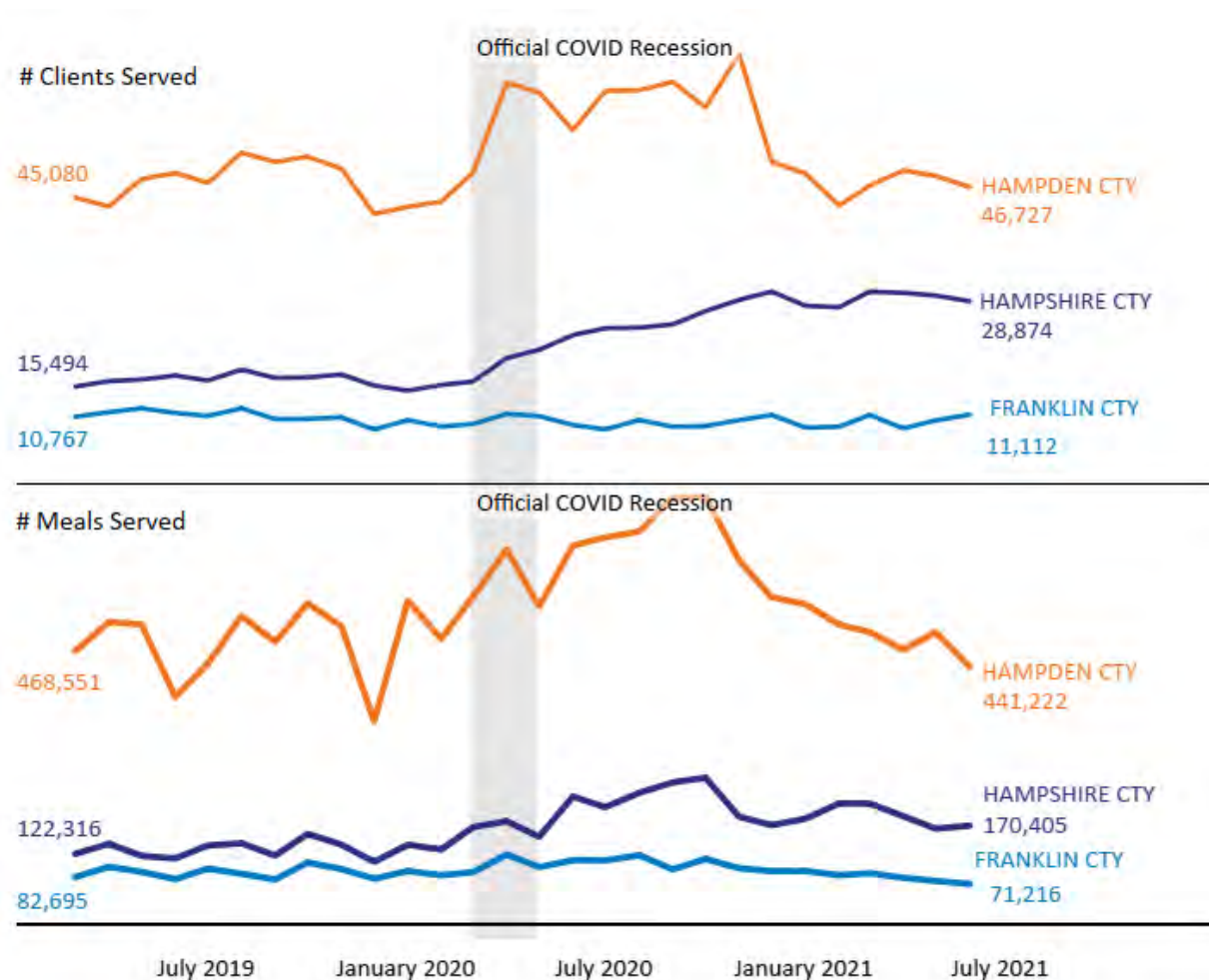
FIGURE 24: Food Insecurity by County, 2019-2021



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/>

FIGURE 25: Food Bank of Western Massachusetts, Clients and Meals Served, 2019-2021



Source: Food Bank of Western Massachusetts

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