



# Rural Realities: Financial insecurity and health inequities in our rural communities

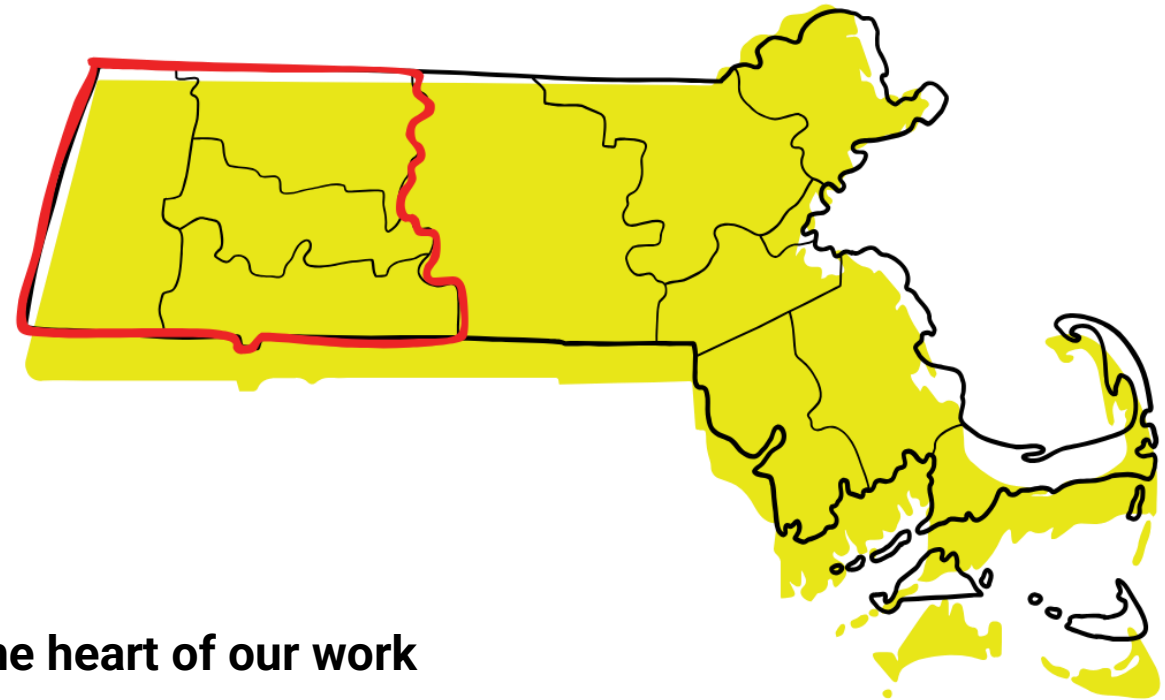
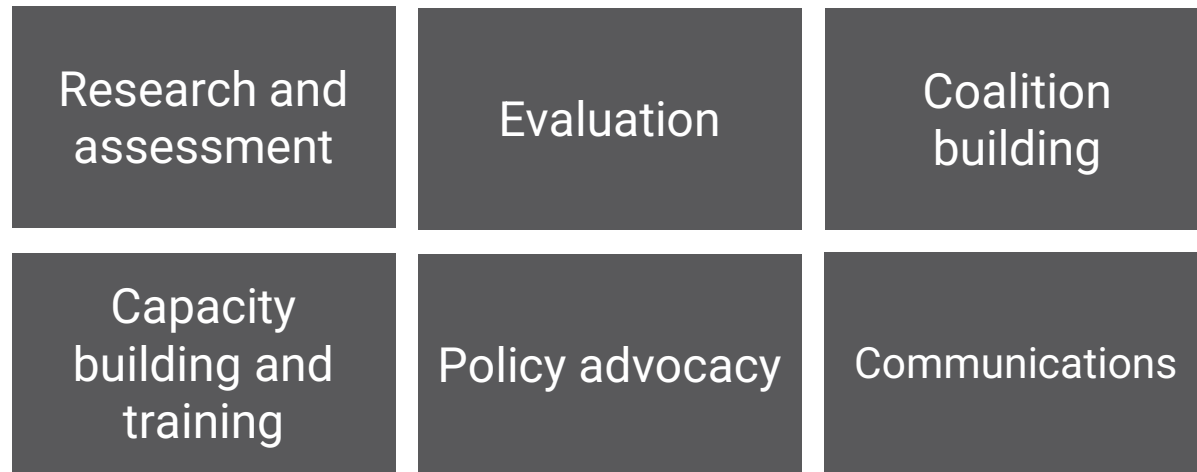
*Insights from the 2023 Community Health  
Equity Survey – Western MA and Statewide*

**August 2025**

# About The Public Health Institute of Western Massachusetts

The Public Health Institute of Western Massachusetts supports communities in their efforts to become measurably healthier and more equitable through community engagement, convening collaborative partnerships, communications, data analysis, research and evaluation, and policy advocacy.

PHIWM serves as a **Regional Data to Action Provider** for Community Health Equity Survey data alongside the Metropolitan Area Planning Commission.



**Social Justice is at the heart of our work**

# Rural communities have unique needs.

It is important to understand how inequities and challenges manifest in rural areas in our Western MA region to support action based on assets and unique needs.



Photo courtesy of Franklin Regional Council of Governments

**These slides focus on the needs of those struggling financially in our rural communities.**

# Rural communities often experience challenges when compared to urban areas.

- Higher poverty rates
- Lack of transportation
- Challenges accessing healthcare and health services

A higher proportion of older adults often live in rural communities as compared to urban ones. Physical and mental health inequities in rural communities contribute to elevated rates of morbidity and mortality from the five leading causes of death: cardiovascular disease, stroke, cancer, diabetes, and respiratory illness.

(Robeznieks, AMA 2024; Coughlin et al., J Env Health Sci, 2020)

# What is a rural community?

According to the MA State Office of Rural Health, a municipality in Massachusetts is considered rural if it meets one of the following criteria:

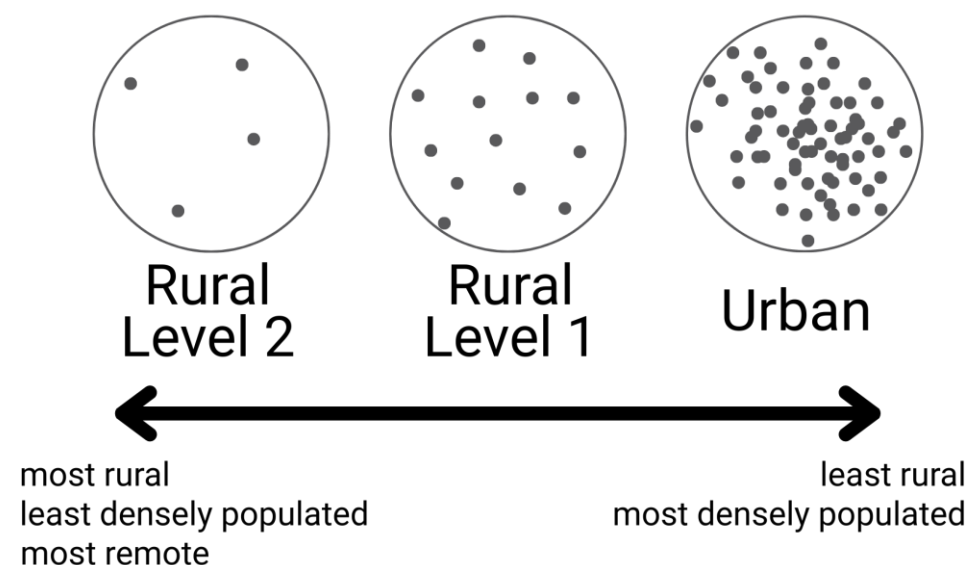
- Meets at least one of three federal rural definitions at the sub-county level (Census Bureau, OMB, or RUCAs)
- Has a population less than 10,000 people and a population density below 500 people per square mile
- Has an acute care hospital in the town that meets the state hospital licensure definition of a small rural hospital (SRH), or is a certified Critical Access Hospital (CAH)

Adapted from Massachusetts Department of Public Health. MA State Office of Rural Health Rural Definition. Published online November 13, 2018. <https://www.mass.gov/doc/rural-definition-detail-0/download>  
Photo: Gardner Falls, courtesy of Franklin Regional Council of Governments



# Levels of rurality in Massachusetts

- The Statewide Office of Rural Health defines rural communities as rural level one or two using a composite scoring system
- **Rural level two** towns are less densely populated and more isolated from urban core areas than **rural level one** towns
- Throughout this presentation, we will refer to “rural level one” towns as “**less rural**” and “rural level two” towns as “**most rural**”
- All towns that are not rural are defined as **urban**



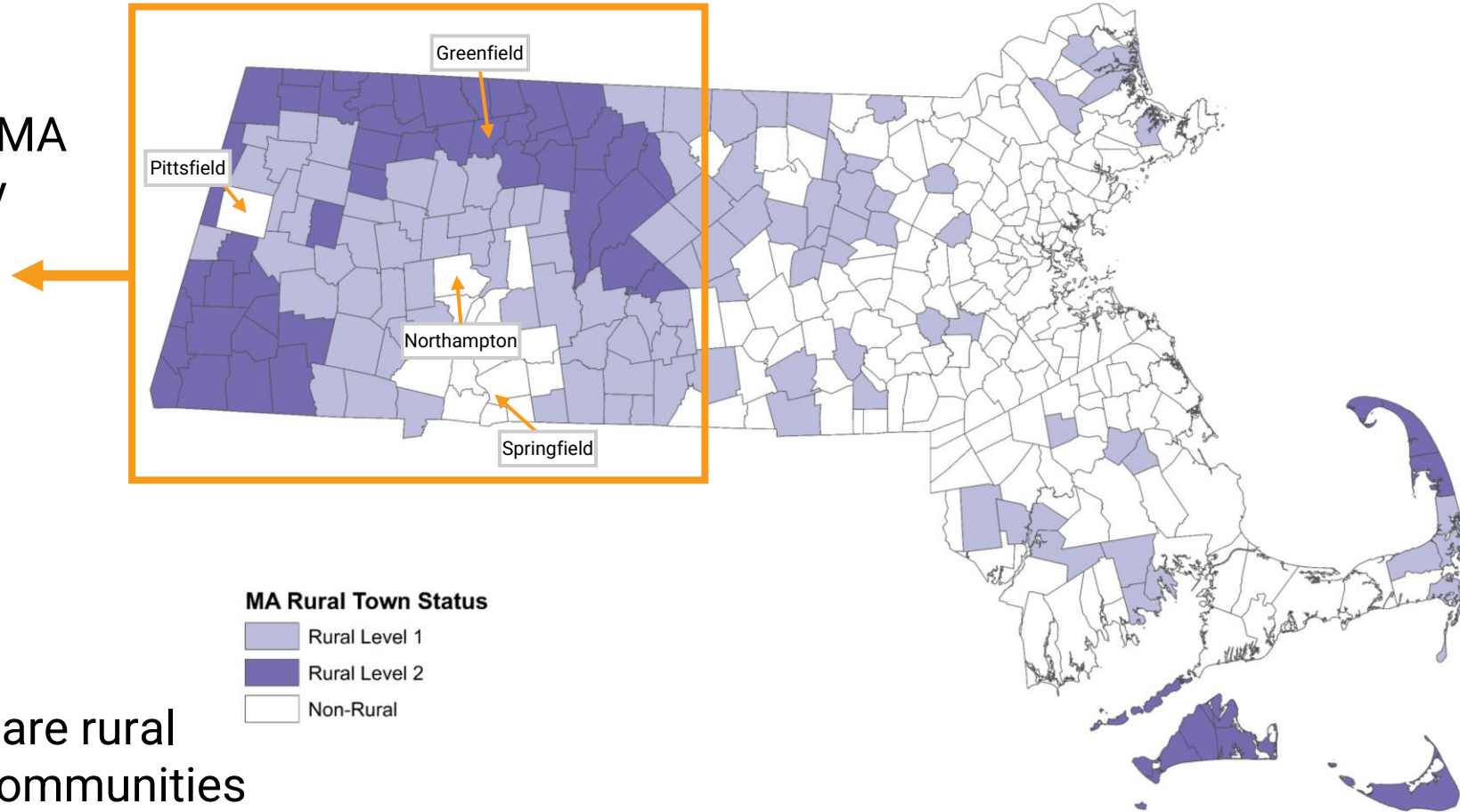
Learn more about how rurality is determined from the MA State Office of Rural Health:

Adapted from Massachusetts Department of Public Health. MA State Office of Rural Health Rural Definition. Published online November 13, 2018. <https://www.mass.gov/doc/rural-definition-detail-0/download>

# Western MA is the most rural part of Massachusetts

## Western Massachusetts has:

- The 2 *most rural* counties in MA (Franklin County, followed by Berkshire County)
- 86 rural communities
- 40 out of the 56 *most rural* communities (level 2) in MA
- 266,000 people living in rural communities



## Statewide:

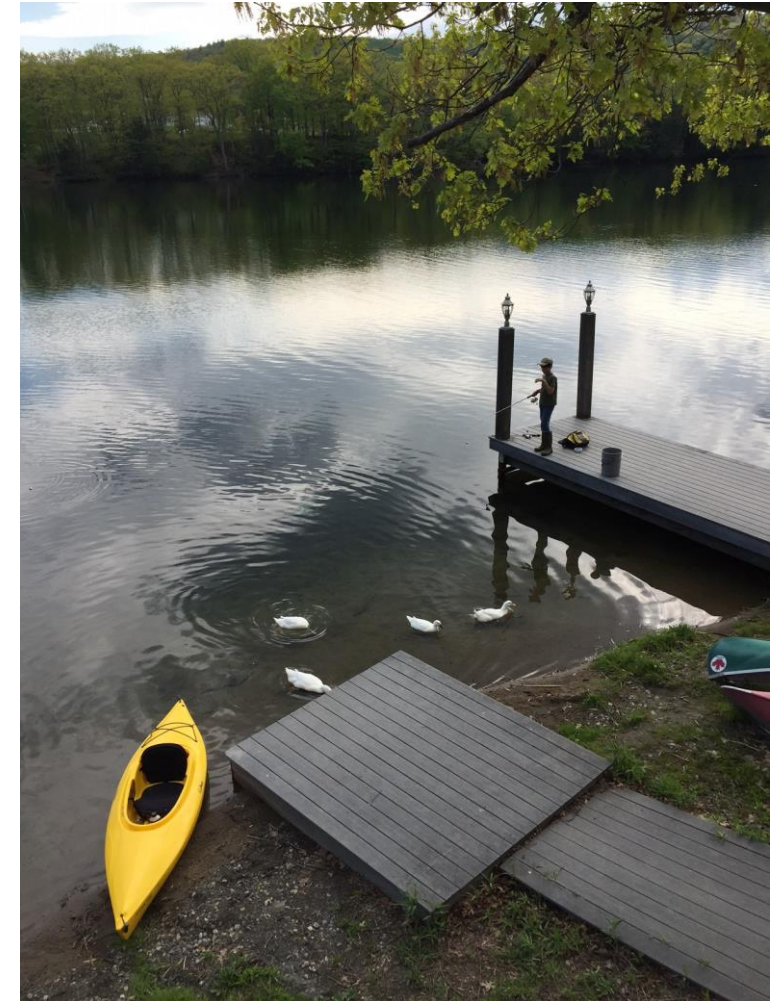
- 160 out of 351 communities are rural
- 717,000 people live in rural communities

Map: Massachusetts Department of Public Health  
Population data from U.S. Census Bureau. 2019-2023 American Community Survey (ACS), 5-Year Estimates. Published online 2024.

# Our Western MA rural communities have a rich culture.

The following is not an exhaustive list, but is intended to offer a taste of cultural events, activities, and opportunities in rural Western MA:

- **Vibrant arts culture:**
  - Mass MoCA (North Adams); Tanglewood (Lenox); New Salem Museum & Academy of Fine Art (New Salem)
- **Festivals and events:**
  - Hadley Asparagus Festival; North Quabbin Garlic & Arts Festival (Orange); North Adams Fall Foliage Festival; Cummington Fair; Franklin County Fair (Greenfield)
- **Opportunities to explore and connect with nature:**
  - White water rafting on Deerfield River
  - Hiking throughout the region
  - Mt. Greylock (northern Berkshire County; highest point in MA); Mt. Sugarloaf (South Deerfield); Bridge of Flowers (Shelburne Falls)
  - Seven scenic bikeways across the region



Ashfield Lake, Photo courtesy of Franklin Regional Council of Governments



# Our Western MA rural communities are diverse.

- **Race and Ethnicity** – 21% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students identify as people of color in Franklin County [1].
- **Immigrant Populations** – More immigrants in Berkshire County enrolled in English language classes over the previous five years, according to a key informant interview conducted for the 2022 Berkshire Health Systems Community Health Needs Assessment. This was particularly true for women and families [2].
- **LGBTQ Populations** – Hampshire and Franklin County are among the U.S. counties with the highest concentration of lesbian couples in the U.S [3]. In the 2024 Communities That Care Coalition's school climate survey, 27% of youth respondents identified as LGBTQ+ and 8% identified as gender diverse [4].

**Often, these populations, and many others, experience health inequities.**

1. Baystate Franklin Medical Center Community Health Needs Assessment, 2022. Public Health Institute of Western MA, Collaborative for Educational Services, Franklin Regional Council of Governments, & Pioneer Valley Planning Commission. <https://www.baystatehealth.org/about-us/community-programs/community-health-needs-assessments>

2. Berkshire Health Systems Community Health Needs Assessment, 2022. Public Health Institute of Western MA, Collaborative for Educational Services, Franklin Regional Council of Governments, & Pioneer Valley Planning Commission. March 14, 2023. [https://assets.berkshirehealthsystems.org/wp-content/uploads/2024/04/23134806/BHS\\_2022\\_CHNA\\_FINAL\\_lupid6.pdf](https://assets.berkshirehealthsystems.org/wp-content/uploads/2024/04/23134806/BHS_2022_CHNA_FINAL_lupid6.pdf)

3. Amara Jones-Myers, Lydia Anderson. Where Do Male and Female Same-Sex Couples Live? Census.gov. August 21, 2024. <https://www.census.gov/library/stories/2024/08/same-sex-couples-geographic-variation.html>

4. Communities that Care Coalition 2024 Franklin County/North Quabbin Student Health Survey, 2022. Communities that Care Coalition. <https://drive.google.com/file/d/1CEG8Xcn6Ghv2oAH7eOJltqAxBSd3NI12/view>

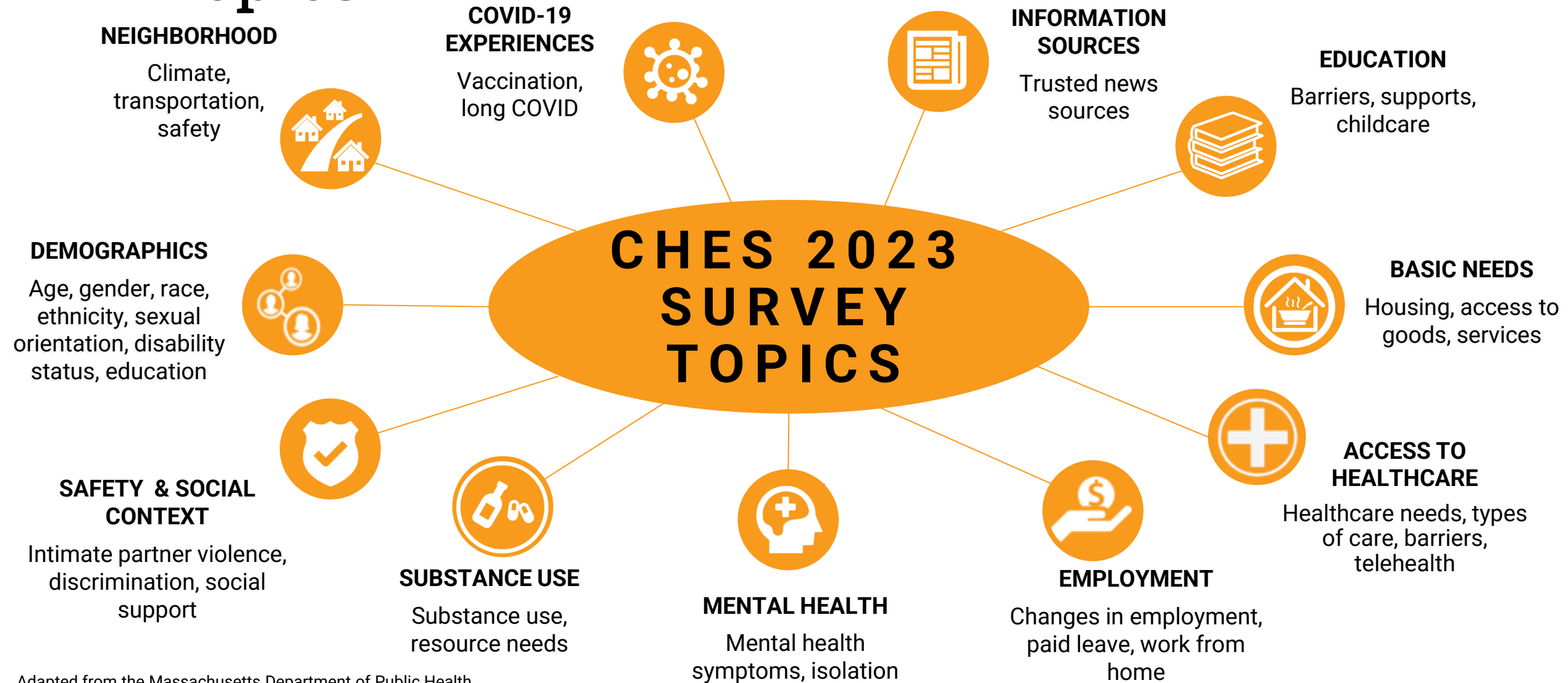
# CHEI Data Helps Us Understand Rural Inequities.

- CHES was conducted from July to October 2023 and was open to residents of MA aged 14+
- MDPH partnered closely with **community organizations** to design and conduct the survey
- In data collection, they **prioritized communities** that experience health inequities and are often not included in data systems



- Immigrants
- Older adults (age 60+)
- Parents and caregivers of children and youth with special health care needs
- Parents under 25
- People of color (including American Indian/Alaska Native, Asian American or Pacific Islanders, Black, Hispanic or Latino/a/e, and Middle Eastern/North African residents)
- People whose primary language is not English
- People with disabilities
- Pregnant people and parents of young children
- Rural residents
- Veterans
- Youth and young adults (age 14-24)
- People identifying as LGBTQ+

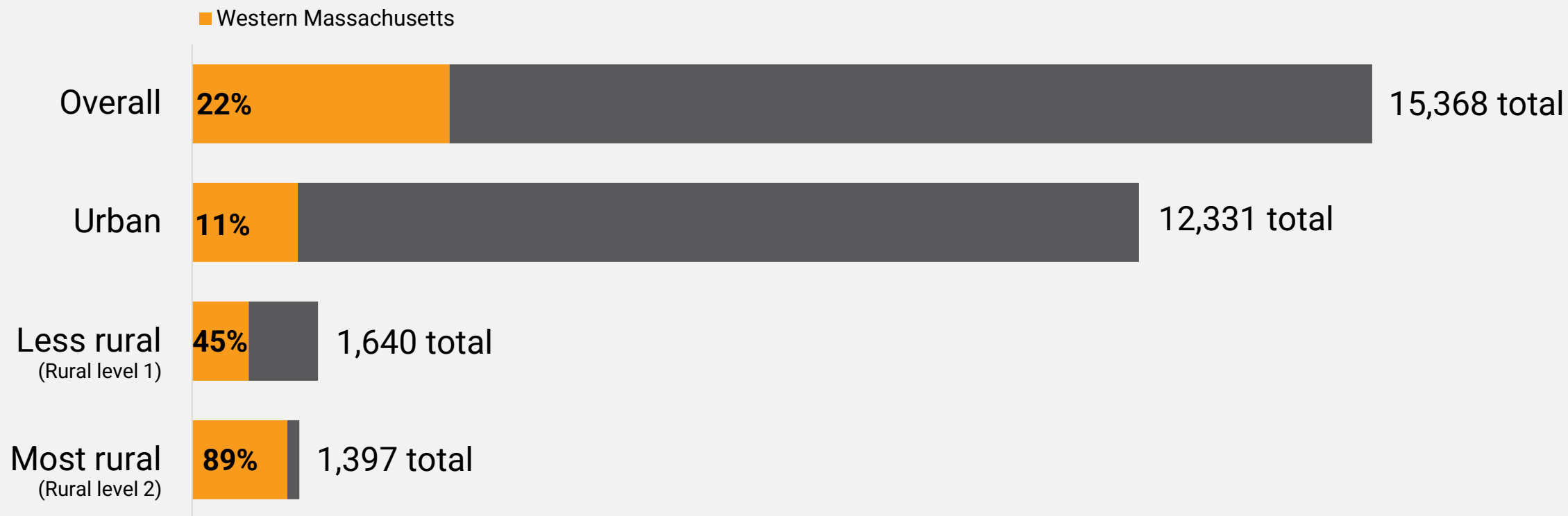
# Community Health Equity Survey Topics



Adapted from the Massachusetts Department of Public Health

# CHES Urban and Rural Respondents

## Percent of CHES respondents from Western MA



Note: Participants had to report their municipality in order to be categorized as urban or rural; responses from those who skipped this question are not included in these data. Percentages displayed on this slide are unweighted.

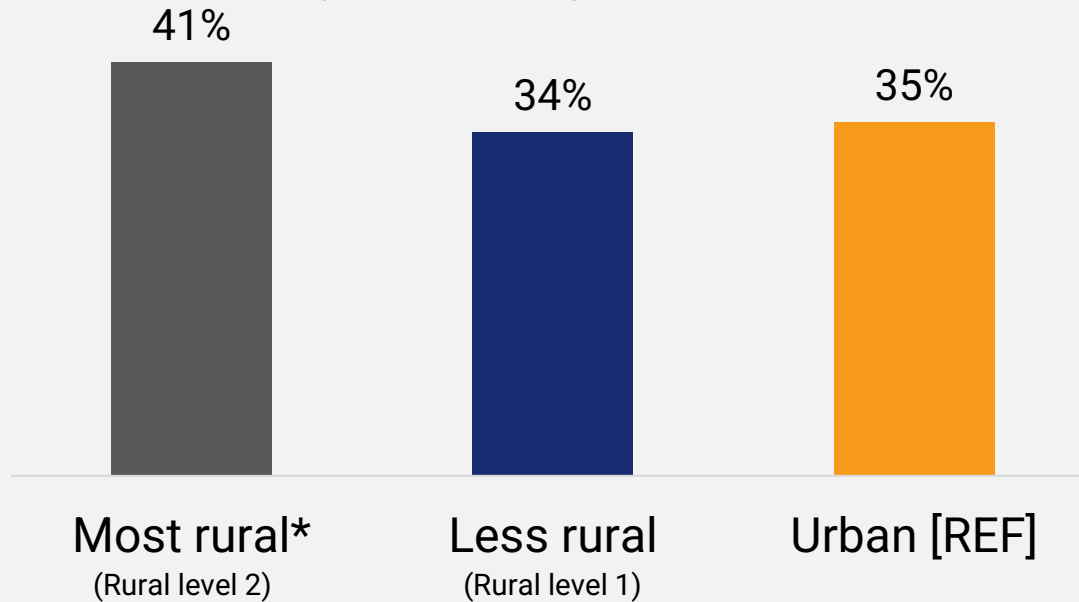


# Notes about the data

- Statewide data throughout this report are weighted on the following demographic characteristics to better reflect the state population
  - For respondents aged 25+, percentages are weighted to the statewide age, gender, race/ethnicity, and education distributions.
  - For respondents aged 14-24, percentages are weighted to the statewide age, gender, and race/ethnicity (but not education) distributions due to many respondents in this age range not having completed their education.
- All data presented from Western MA are unweighted
  - For this report, we are considering Western MA to be Berkshire, Franklin, Hampden, and Hampshire counties, as well as the four Worcester County towns that are part of the North Quabbin rural cluster.
- Statewide data are used to determine differences between less rural, most rural, and urban communities with tests of statistical significance because of the robustness of the data.

# The *most rural* respondents to CHES have the highest percentage of residents experiencing **trouble paying for basic needs**.

Percentage of CHES respondents in MA who reported having trouble paying for any basic needs

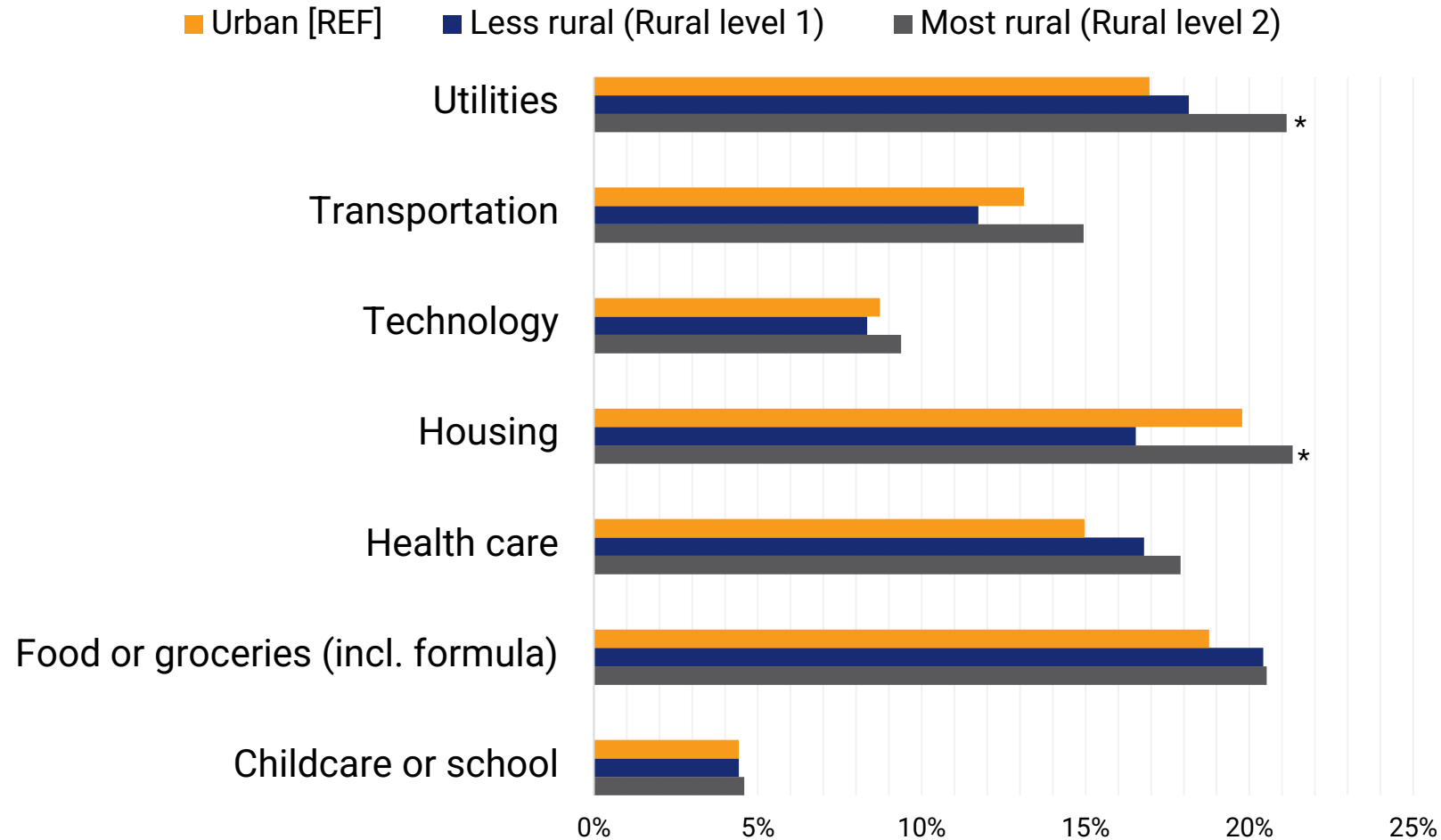


\*Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group [REF].

In Western MA, 39% of respondents from our most rural communities reported having trouble paying for any basic needs



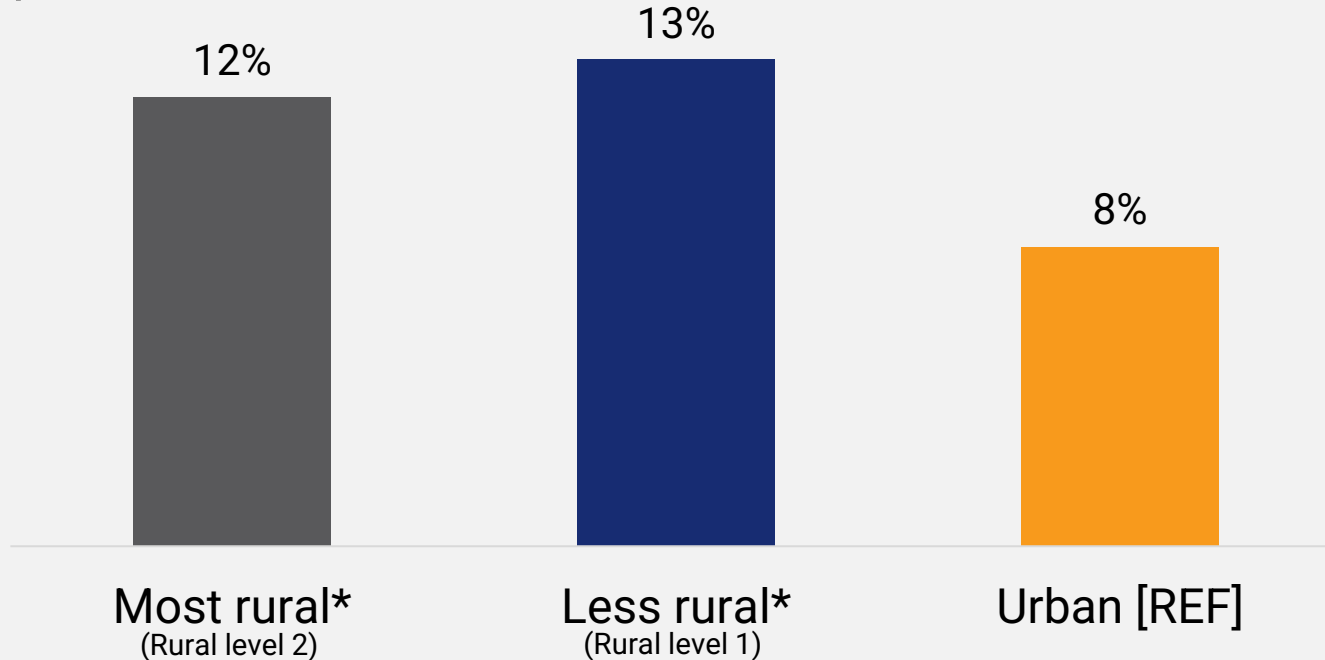
# People in rural areas struggle to pay for a variety of basic needs.



\* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group [REF].

# Reliable internet is now a basic necessity—yet many rural residents have poor internet.

Percentage of CHES respondents in MA who reported poor internet



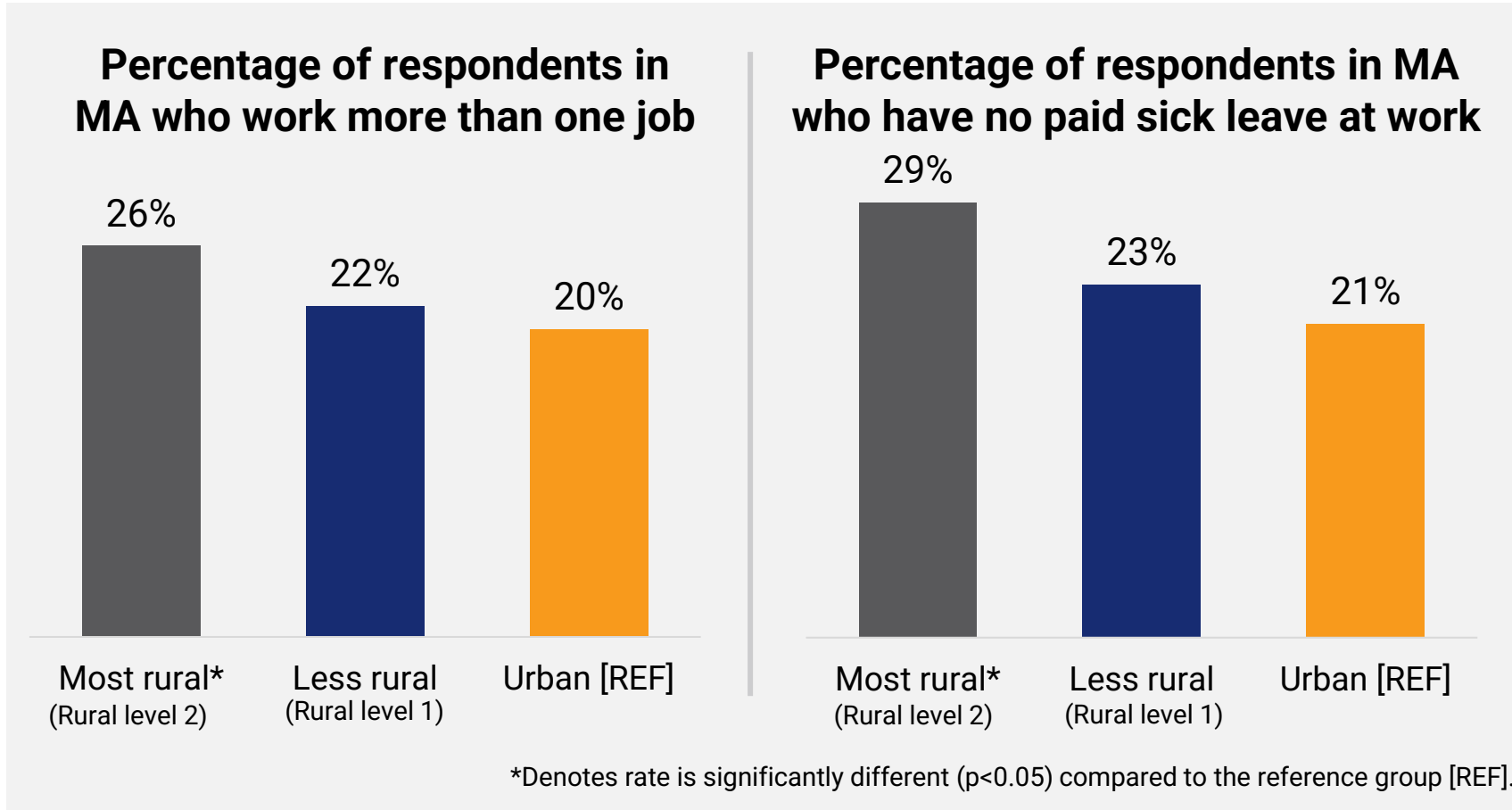
\*Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group [REF].

Among Western MA respondents from our *most rural* (rural level 2) communities:

- 11% had Internet that does not work well
- 2% did not have Internet



# The *most rural* respondents to CHES have the highest percentage of residents **working multiple jobs** and residents **without paid sick leave**.

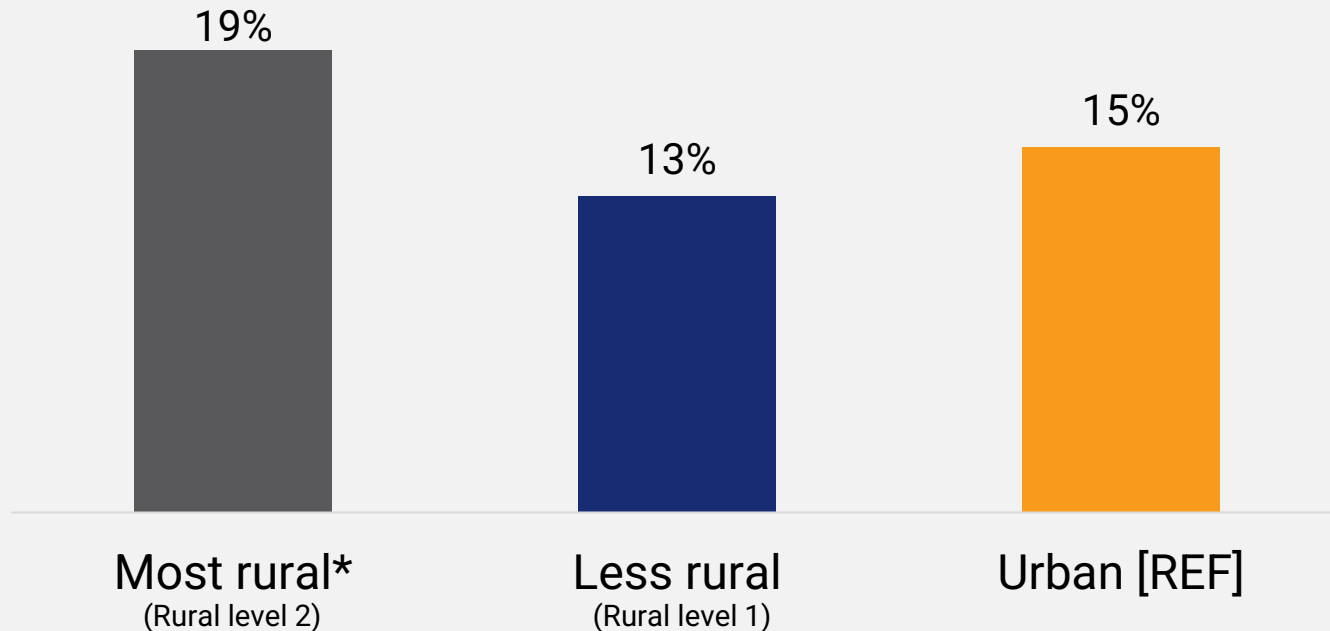


Among Western MA respondents from our *most rural* communities (Rural level 2):

- 26% reported having more than one job
- 24% did not have paid sick leave

# Rural residents struggle with **access to health care.**

Percentage of CHES respondents in MA who had unmet health care needs^



\*Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group [REF].

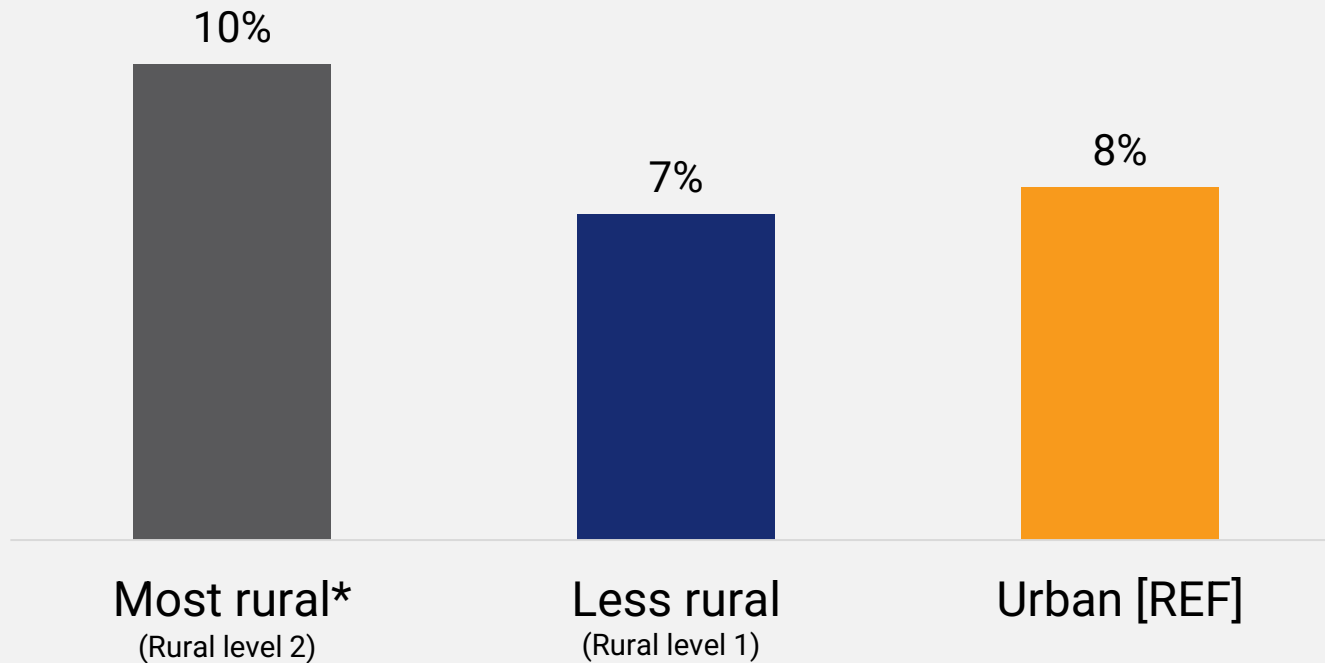
^Among respondents 14+ who needed any type of care in the past year, including short-term illness care, injury care, chronic illness care, home and community-based services, mental health care, sexual and reproductive health care, substance use or addiction treatment.

Among Western MA respondents from our *most rural* communities:  
➤ 18% had unmet healthcare needs



# Rural residents face difficulties with their health and well-being.

Percentage of CHES respondents in MA who reported considering suicide in the past year



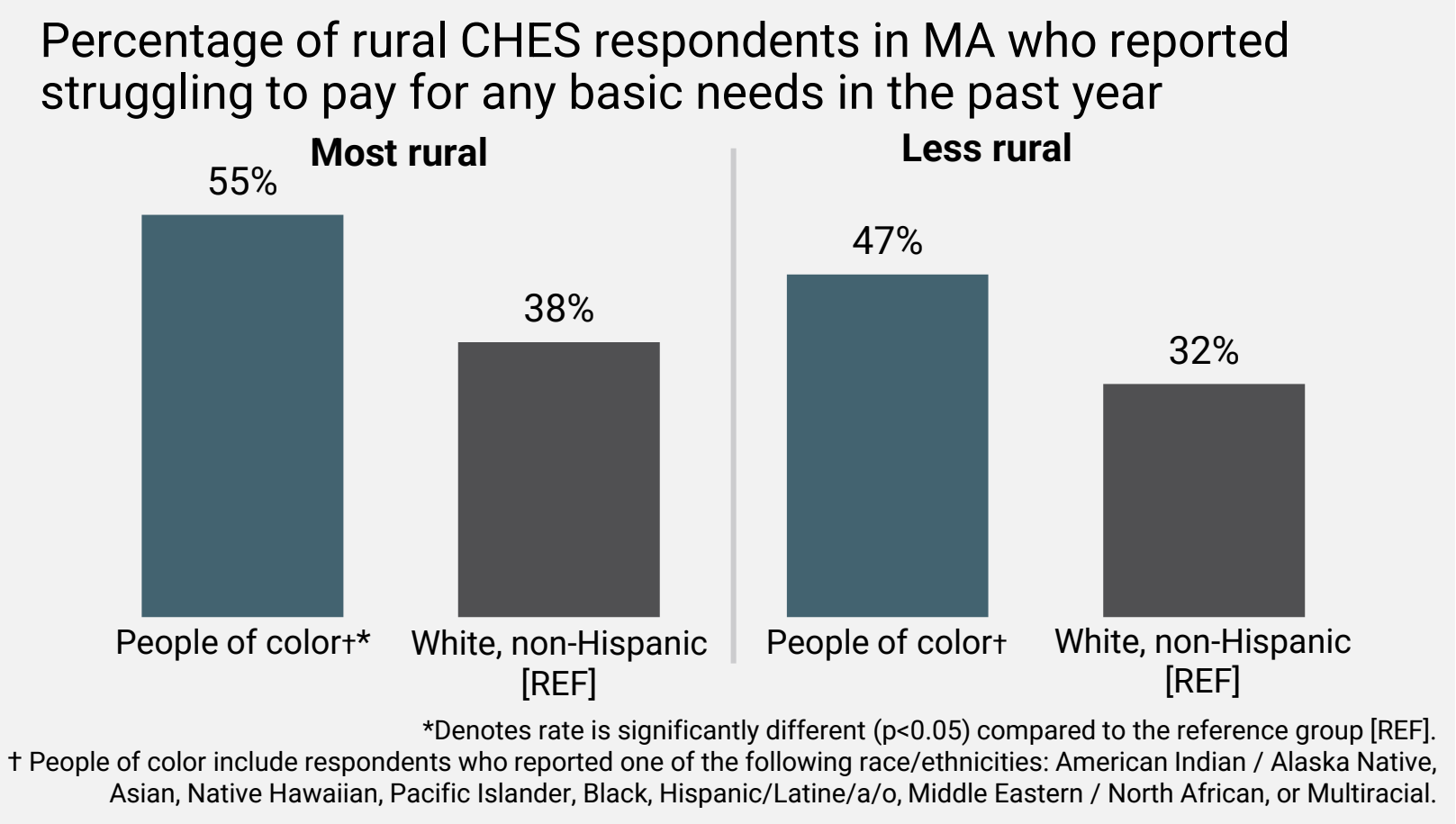
\*Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group [REF].

Among respondents from our *most rural* communities in Western MA:

- 10% reported considering suicide in past year
- 33% reported high/very high levels of psychological distress



# Among our *most rural* respondents, fewer white people reported **struggling to pay for basic needs** than their neighbors of color.



Many of the differences observed in the CHES data are driven by structural racism and other systems of oppression. Inequities are experienced by residents at the intersections of many identities, including, but not limited to race/ethnicity.^

^Adapted from the Massachusetts Department of Public Health



# Rural residents struggling with **financial instability and poverty** face many challenges.



17% of the *most rural* (rural level 2) CHES respondents reported not having enough money at the end of the month

**The following slides focus on residents from the “most rural” communities who are struggling with financial instability and poverty.**

*Note: Analyses were conducted at the state level due to sample size restrictions in Western Massachusetts. Response patterns were generally similar in Western MA*

# Rural residents struggling with financial instability and poverty also **face challenges with housing.**

Among MA respondents living in the *most rural* areas who reported not having enough money at the end of the month:



Nearly one in three (30%) reported being **worried about losing their housing.**



Nearly two-thirds (63%) reported experiencing **issues in their current housing.\***

\* Housing issues include lead paint or pipes, mold or water leaks, noise from the neighborhood, pests, not enough heat in winter, too hot during the summer, poor air quality or air pollution, too many people, and unsafe drinking water.

# Rural residents struggling with financial instability and poverty face **difficulties at work.**

Among MA respondents living in the *most rural* areas who reported not having enough money at the end of the month:



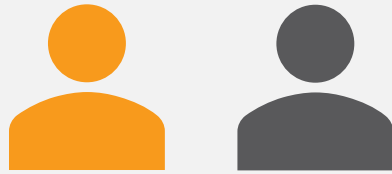
One in three (33%) reported **having more than one job.**



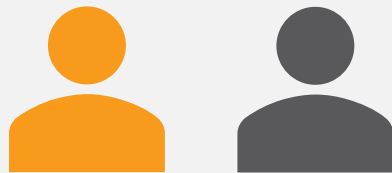
Two in five (41%) reported **no paid sick leave** at their job(s).

# Rural residents struggling with **financial instability and poverty** report difficulties accessing care, as well as poor health and well-being.

Among MA respondents living in the *most rural* areas who reported not having enough money at the end of the month:



Nearly half (47%) reported at least one **unmet health care need\*** in the past year.



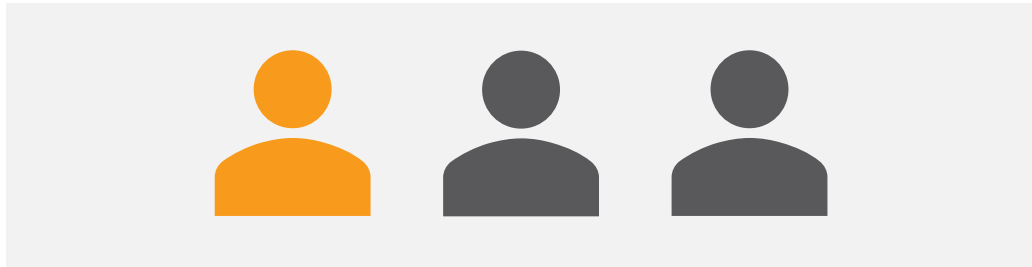
More than half (55%) had high or **very high levels of psychological distress.**<sup>^</sup>

\* Among respondents 14+ who needed any type of care in the past year, including short-term illness care, injury care, chronic illness care, home and community-based services, mental health care, sexual and reproductive health care, substance use or addiction treatment.

<sup>^</sup> Psychological distress is measured using the Kessler Psychological Distress Scale, a validated scale to assess non-specific psychological distress. The 2023 CHES used a 5-question version of the scale.

# Rural residents struggling with **financial instability and poverty** report feelings of isolation.

Among MA respondents living in the *most rural* areas who reported not having enough money at the end of the month:



Nearly one in three (30%) reported feeling **isolated usually or always.**

# Rural cluster data is important to help understand the unique needs of each rural area and to identify solutions.

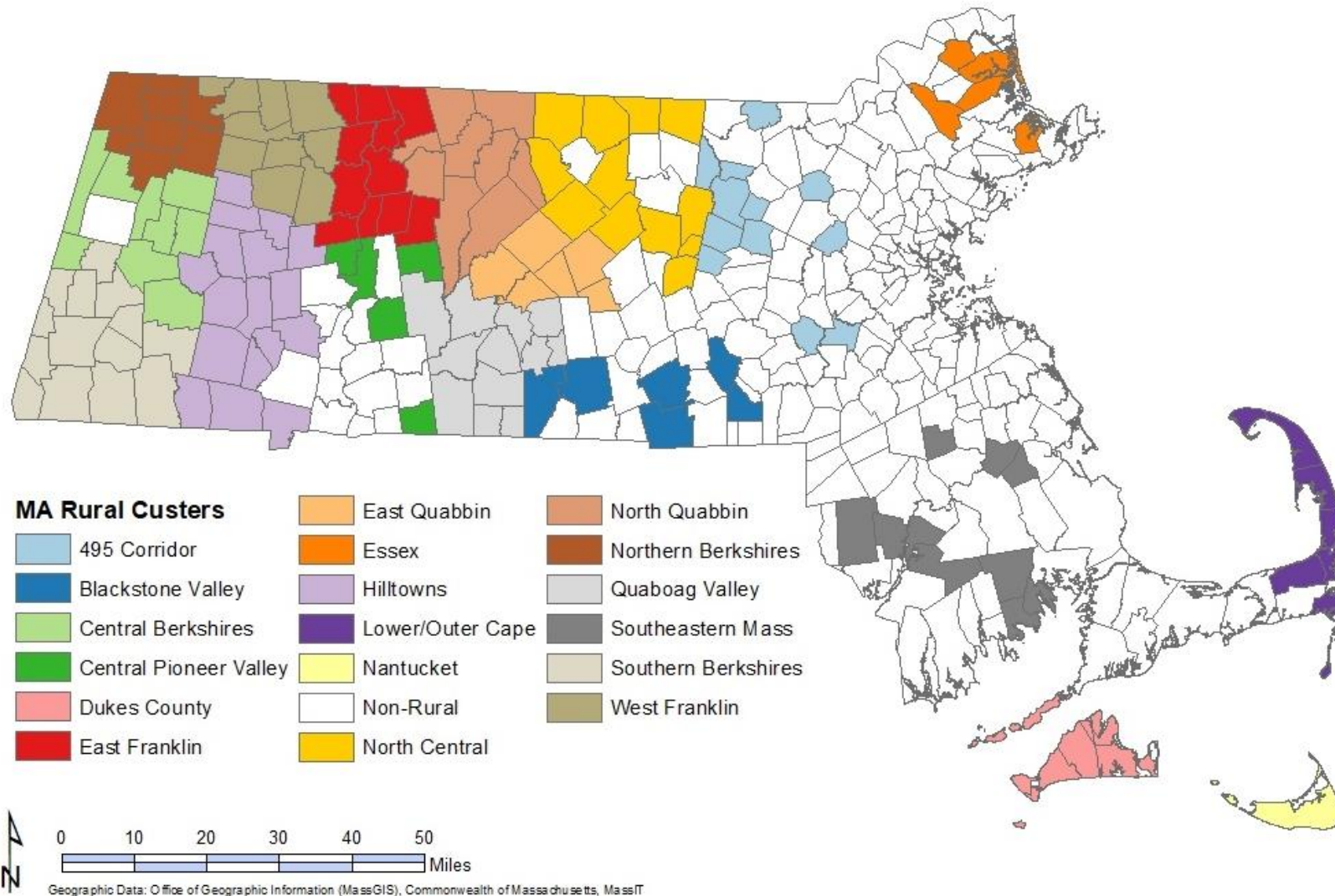
- There are challenges to having actionable local data because of **small populations at the municipal level**
- **Rural clusters provide more actionable data**
- Where possible, cluster data is often preferable to county-level data or broader
- Cluster data is important for CHEI and more representative data sources such as the American Community Survey (ACS)

## What are rural clusters?



- Groupings of towns based on characteristics **defined by communities** themselves
- Geographic areas historically classified together through **shared services, cultural commonality, or geographic cohesion** in regions

# Rural clusters



## Western MA rural clusters

- Berkshire
  - Northern Berkshires
  - Central Berkshires
  - Southern Berkshires
- Franklin
  - East Franklin
  - West Franklin
  - North Quabbin\*
- Hampshire
  - Hilltowns\*\*
- Hampden
  - Central Pioneer Valley
  - Quaboag Valley\*\*\*

\*includes some Worcester communities

\*\* includes some Hampden communities

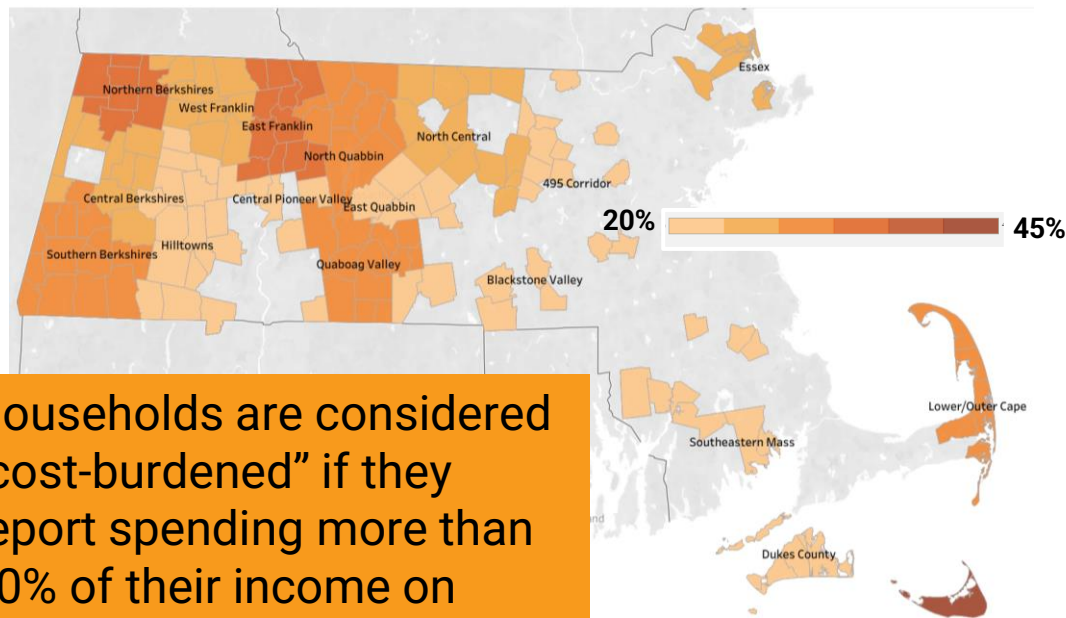
\*\*\* includes some Hampshire communities

Map: Massachusetts Department of Public Health



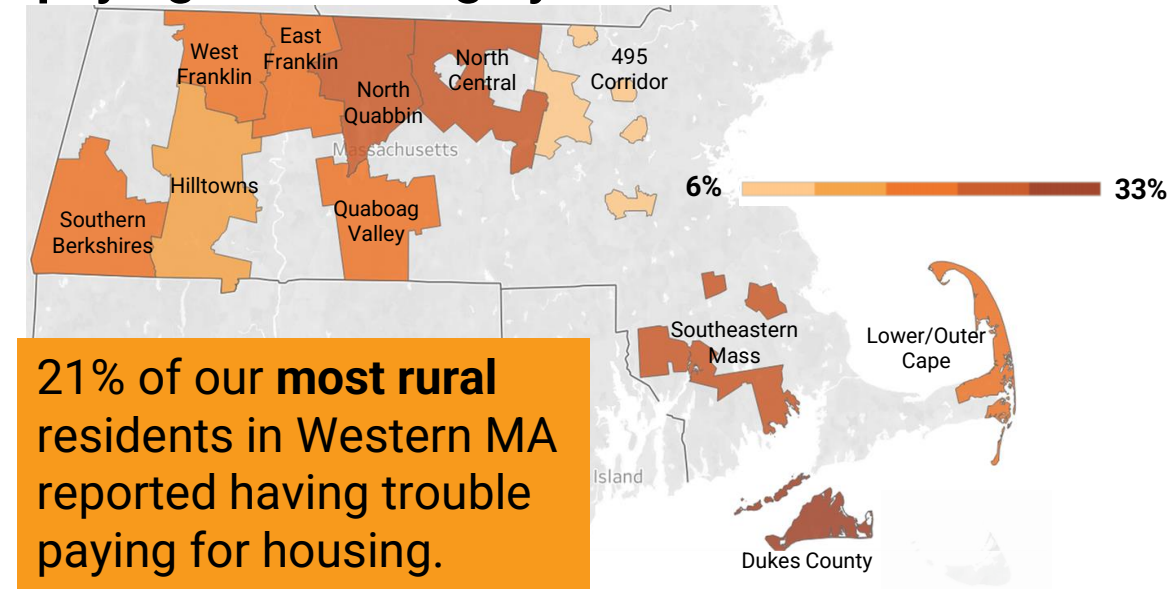
# Rural clusters allow us to see differences that county-level data may obscure.

## Cost-burdened households by rural cluster



Source: Map data from the U.S. Census Bureau. 2019-2023 American Community Survey (ACS), 5-Year Estimates. Published online 2024.

## CHES respondents who reported trouble paying for housing by rural cluster



Note: Some geographies may not be shown due to low sample size.  
Source: Map data from Massachusetts Department of Public Health, Bureau of Community Health and Prevention. Published online 2/26/2025.

# Data and tailored action are important to **support health equity** in our rural communities.

- CHES participants from our *most rural* communities reported struggling with **financial instability, access to healthcare, and health challenges** at higher rates than respondents who live in urban areas
- Western MA rural respondents who experience financial insecurity struggle with **housing insecurity, access to health care, and wellness**
- Rural cluster data is important to help **understand the unique needs** of each rural area and **identify solutions**

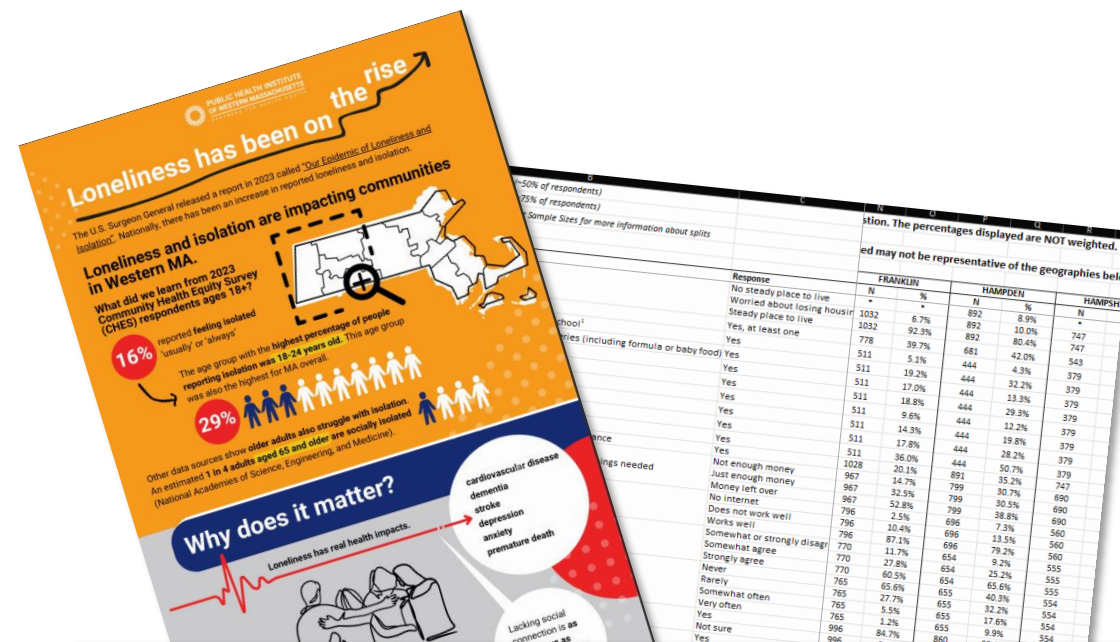
# CHEI Resources

**Visit the CHEI site at [mass.gov/chei](https://mass.gov/chei)**

- Learn more about CHES
- Access CHES data tables, full reports, and dashboard
- Request customized data and 1:1 assistance in using data to support your work

**Visit the PHIWM CHEI page at  
[publichealthwm.org/reports/chei](http://publichealthwm.org/reports/chei)**

- View regional data products
- Watch Data and Action workshops



## Explore Community Health Equity Initiative Data

The diagram consists of three light blue rectangular boxes arranged horizontally, each representing a step in a process. Each box has a title at the top, an icon in the center, and a descriptive sentence at the bottom. The first box is titled 'Racial Justice Framing' with a right-pointing arrow icon. The second box is titled 'Access the CHEI Data' with a right-pointing arrow icon. The third box is titled 'Data & Action Resources' with a right-pointing arrow icon. The boxes are connected by a light blue line that starts at the bottom of the first box, goes right, then up and right to the second box, then down and right to the third box, and finally up and right to the end of the third box.

**Racial Justice Framing →**

Review resources to interpret data with a racial equity lens.

**Access the CHEI Data →**

Access the CHEI data dashboard, data tables, and reports.

**Data & Action Resources →**

Request customized data analyses and 1:1 assistance in using the data to support your work.