



The Health of Western & Central Massachusetts

Key Findings from the 2025 Community Health Needs Assessments



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Health Equity Statement

A historic legacy of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently, with some bearing a greater burden of poorer health. These inequities can influence health more than individual choices or access to healthcare. PHIWM recognizes its responsibility to dismantle these injustices by promoting health through policies, practices, and organizational systems that benefit all. We encourage others to join in these efforts.

Acknowledgments

This regional report was made possible by the Coalition of Western Massachusetts Hospitals and Insurer, a consultant team led by the Public Health Institute of Western Massachusetts, the CHNA Regional Advisory Council, and the many people in our communities who took time to share their insights and experiences in interviews and focus groups.

About the Data

Our research included published reports, public and private datasets, interviews, and focus groups. Unless otherwise noted, this report refers to interviews and focus groups conducted for the 2025 CHNAs.

We included the most recent data available, but not all data were collected or available every year. To make it easier to read the report, the year(s) for each datapoint are listed in the references. Where possible, we broke out data by race and ethnicity.

Using a percentage or proportion allows us to talk about a part compared to the whole, making it easier to understand differences between groups of people or places. Because some of our counties are bigger than others, these comparisons are more helpful than using population numbers.

Not all towns and cities in the region, or even within the same county, have the same living conditions. When we look at numbers for a big geographic area, they can hide differences among its smaller communities.



Learn More

To learn more about the CHNA methods go to:

<https://www.publichealthwm.org/reports/community-health-needs-assessments>

Content Warning

This report has information on sensitive topics, including substance abuse, mental health issues, mortality (death) statistics, and differences in health and wellbeing for specific racial and ethnic groups. If you are a survivor of trauma or find any of these topics painful to read about, please take necessary precautions and seek support if needed. A list of resources for support and assistance can be found at 413Cares.org.

Introduction

This report is a regional summary of several longer Community Health Needs Assessments (CHNAs) we completed for the Coalition of Western Massachusetts Hospitals and Insurer (“The Coalition”). It covers the health of people living in five counties in Western and Central Massachusetts: Berkshire, Franklin, Hampden, Hampshire, and Worcester counties (“the region”). The Coalition prioritized specific health topics and populations.

- **Priority health topics:** Maternal and Child Health, Chronic Diseases, Mental Health, and Substance Use
- **Priority populations:** Young Children and their Parents and Caregivers, Older Adults 65+, Immigrants and Refugees

In the region, rural, suburban, and urban communities alike face challenges in meeting basic needs. The reasons are different, but each is rooted in policies and systems that don’t respond to contemporary contexts like decreasing populations and economic decline or growth.

- **Rural communities** often struggle with low incomes and long distances to jobs, health care, and services. Public transportation in those areas is limited or doesn’t exist. Rural communities don’t always get enough state resources because funding is based on population size, not on need.
- **Urban communities** in our region are more racially diverse. While they are often closer to employment, medical care, and services, many urban neighborhoods have experienced decades of underinvestment, disadvantage, and discrimination and have lower median household incomes.
- **Some suburbs and smaller cities** are experiencing population declines and shifts, with higher housing costs and rapidly rising municipal health insurance expenses. The rise in costs is creating a strain on city budgets, making it harder to sustain schools, services, and community infrastructure.

Regardless of where someone lives, **people of color often experience worse outcomes** than White people for many reasons, including unequal treatment in healthcare, unequal access to quality care, differences in access to resources, chronic health conditions, greater exposure to toxins, and the cumulative stress of racial discrimination.¹ Throughout this report, these factors show up in the differences in health outcomes we see in the data.

We hope this regional assessment serves as a guide, a data resource, and a catalyst for prioritizing investments, strengthening collaboration, and advancing regional policy advocacy.

Key Takeaways

Communities and populations across the region face many common challenges that reduce individual health and wellbeing:

- **Access to Healthcare:** provider shortages, lack of adequate language translation services and culturally responsive care, and insurance gaps.
- **Mental Health Needs:** increased demand for trauma-informed and culturally responsive care, long waitlists, and high levels of stress among caregivers.
- **Transportation Barriers:** limited public transit options, especially in rural areas.
- **Economic Hardship:** financial stress made worse by inflation and difficulty meeting basic needs, such as housing, food, and transportation.
- **Technology Access and Literacy:** challenges affording internet service, using digital platforms, and accessing telehealth care.

Priority Health Areas

Chronic Health Conditions and Causes



I often face challenges meeting basic needs, especially with food. Having to work fewer hours due to transportation issues adds another layer of difficulty.

– Participant in focus group with parents and caregivers

A chronic health condition is one that persists over time and typically can be controlled but not cured.² Many residents experience chronic health conditions, which impact wellbeing and can increase the risk of developing other health conditions. Chronic conditions are influenced by behaviors (diet, physical activity, smoking, etc.), social and environmental factors (housing, income, education, healthcare, pollution, racial discrimination, etc.), as well as biology and genetics (family medical history, sex, age, etc.).

- One in ten adults in the region has **asthma**.³ This estimate varies across counties and cities, with Hampden County having the highest rate (12%) and Hampshire County having the lowest (7%). Among children in kindergarten through 8th grade, asthma rates are higher in Hampden and Hampshire counties than the state overall, and lower in Berkshire County.⁴
- Thirteen percent of adults in the region have **diabetes**, compared to 12% overall in Massachusetts. Hampden and Worcester counties have the highest adult diabetes rate (14%), and Hampshire County has the lowest (8%).³
- **Obesity** can increase the risk of type 2 diabetes, heart disease, high blood pressure, stroke, and certain cancers.⁵ Over a third (35%) of adults in the region experience obesity, compared to 32% statewide.³
- Cardiovascular disease includes diseases that affect the heart and blood vessels.⁶ Among adults in the region, 6.1% have been diagnosed with **coronary heart disease**, compared to 5.5% statewide.³
- **Cancer** was the leading cause of death for Massachusetts residents in 2022.⁷ On average, there are 451 new cases of cancer a year per 100,000 residents in the region, similar to the statewide rate.⁸ Advancing age is the most important risk factor for cancer.

Research has found that adults with lifelong disabilities had increased odds of having the following chronic conditions compared with adults with no disabilities: coronary heart disease, cancer, diabetes, obesity, and hypertension.⁹ Fourteen percent of the region’s population **lives with a disability**, a slightly higher proportion than the state overall, at 12%. Franklin (17%) and Hampden (16%) counties have the highest percentage of residents living with a disability. Regionally, 32% of older adults live with a disability, similar to the statewide rate.¹⁰

Healthy food, safe and affordable housing, access to health care, and transportation are some of the “social determinants” or building blocks of health and can protect against or help lessen the effects of chronic disease, but not everyone has the same access to these

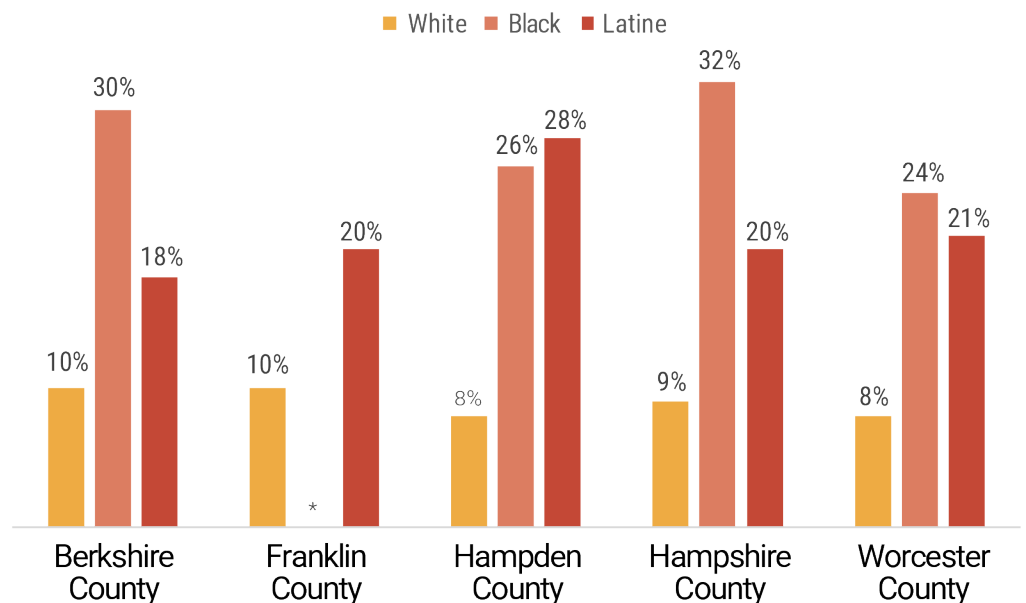
resources. Data showing this unequal access can warn us of health risks that could be prevented.

Food insecurity, when people don’t have enough to eat or aren’t sure where their next meal will come from, affects 185,230 residents in the region.¹¹ This impacts their overall health and makes it harder to manage chronic conditions.¹²

- Food insecurity ranges from 9% in Hampshire County to 13% of residents in Hampden County, compared to 10% in Massachusetts overall.
- Black and Latine residents of all five counties face greater rates of food insecurity than White residents (see Figure 1).
- Children are even more impacted in most counties in the region.
- Interviews and focus groups highlighted the ongoing urgency of this issue.

Figure 1: Black and Latine People Faced Greater Rates of Food Insecurity across the Region

Proportion of Residents Experiencing Food Insecurity by County and by Selected Race/Ethnicity, 2021



Source: Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021. Feeding America. Note: Data not available for Black residents in Franklin County.

Housing affordability and access are ongoing challenges in the region. Unaffordable housing can cause financial strain, forcing families to choose between housing and other basic needs, or pushing them into substandard housing—all of which can negatively impact one’s health. Housing conditions can also exacerbate chronic diseases. For example, mold can worsen asthma.

- One third of households (33%) in the region are housing cost-burdened, meaning they have to pay 30% or more of their income for housing. This rate is similar to Massachusetts overall (34%).¹⁰

Sometimes, looking at data by county can mask variations and inequities within or across neighborhoods and towns, and this is true for housing cost burden. For example, in the Berkshires, tourist towns with second homes may have much higher housing costs than other cities in the county.

Transportation is important for getting to medical appointments, pharmacies, healthy food, jobs, and social activities, all of which can support management of chronic conditions.¹³ Residents and service providers interviewed for this report shared that transportation was a major challenge, especially in rural areas, where public transit is often very limited or nonexistent.

- Across the region, 9.5% of households reported not having a vehicle, compared to 12% statewide.^{10, 14}
- Lack of transportation can be a barrier for immigrants and refugees, especially for those living in rural areas. Even when public transit is available, navigating bus schedules can be difficult due to language barriers.

Health Care Access is essential for preventing and managing health conditions. Many factors affect whether someone can get quality care, including insurance coverage, cost of premiums and out-of-pocket expenses, availability of healthcare providers, transportation, quality of care coordination among medical providers, language access, health literacy, and availability of care that is culturally responsive.¹⁵

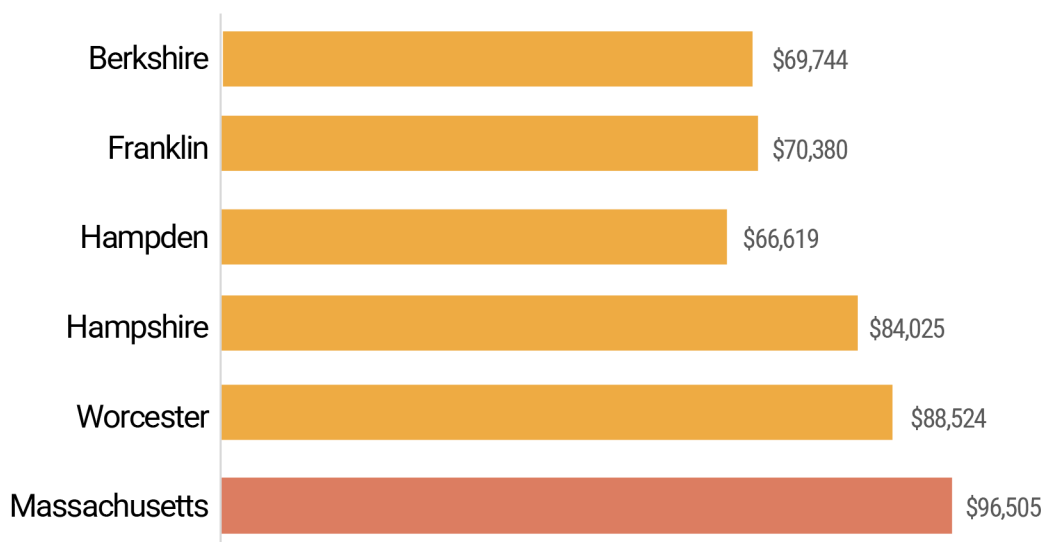
- There are fewer primary care providers in the region (89 providers per 100,000 residents) than in the state overall (101 providers per 100,000 residents).¹⁶
- While insurance coverage in the region is high at 97%, a greater percentage of Black and Latine residents are uninsured (3.8% and 4.0%, respectively) than White residents (2.1%).¹⁰

Not everyone in the region has the same resources to pay for the out-of-pocket expenses associated with health care and to afford basic needs that support health, such as housing, food, and transportation. **Median household income** varies across the region and by age, race, and ethnicity. See more data on income and poverty in the [Regional Demographics section](#).

Worcester County has the highest median household income, which is still lower than the statewide level.

Figure 2: Median Household Income Varies across the Region

Median household income by county, 2018-2022 estimates



Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates. 2018-22.

Maternal and Child Health



We're seeing fewer kids, but kids who have the most needs- mental, physical, disability needs. There are more needs, and very high needs

– Early Childhood Education Professional

Given the pandemic's strain on families with young children, stark data on differences in maternal health outcomes, and the state's recent attention to birth equity, hospitals and community representatives identified maternal, infant, and child health as important areas of focus for the CHNAs.

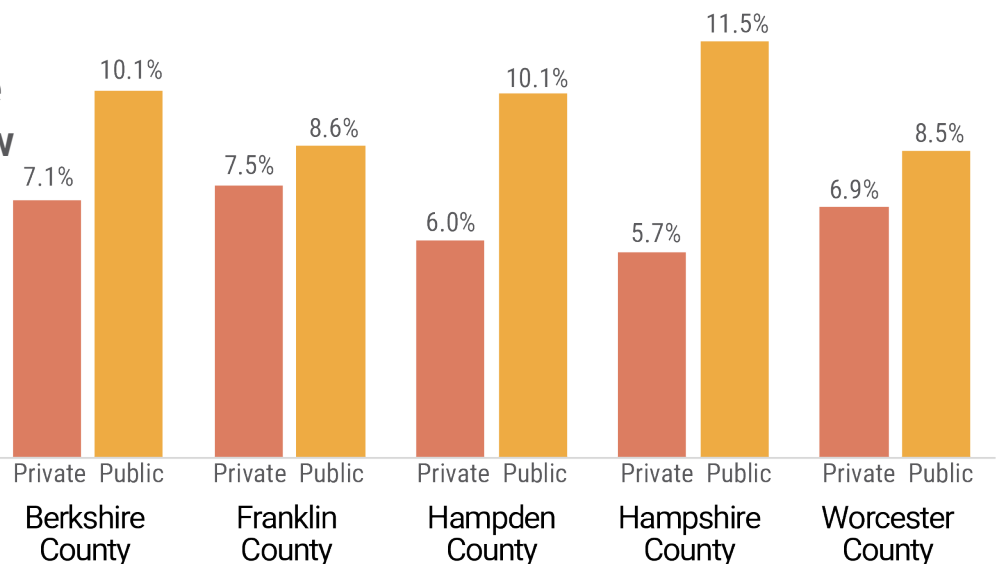
While pregnant people are less likely to die from pregnancy complications or childbirth in Massachusetts than the nation overall, the **frequency of life-threatening complications** has doubled in the state in the past decade. Black pregnant people experience these complications more than twice as often as White people.¹⁷

Regional data show unequal care and other differences in health outcomes among pregnant people and their infants. **People with public insurance**, who typically have low incomes or live in poverty, often experience worse outcomes than people with private insurance. **People of color** experience worse maternal health outcomes than White people.

- In the region, people with public insurance have lower rates of adequate prenatal care and higher rates of low-birth-weight infants (Figure 3).

Figure 3: People with Public Health Insurance More Likely to Have Low Birth Weight Infants than People with Private Health Insurance

Percentage of all births that are low birth weight by county and insurance type, 2023 estimate

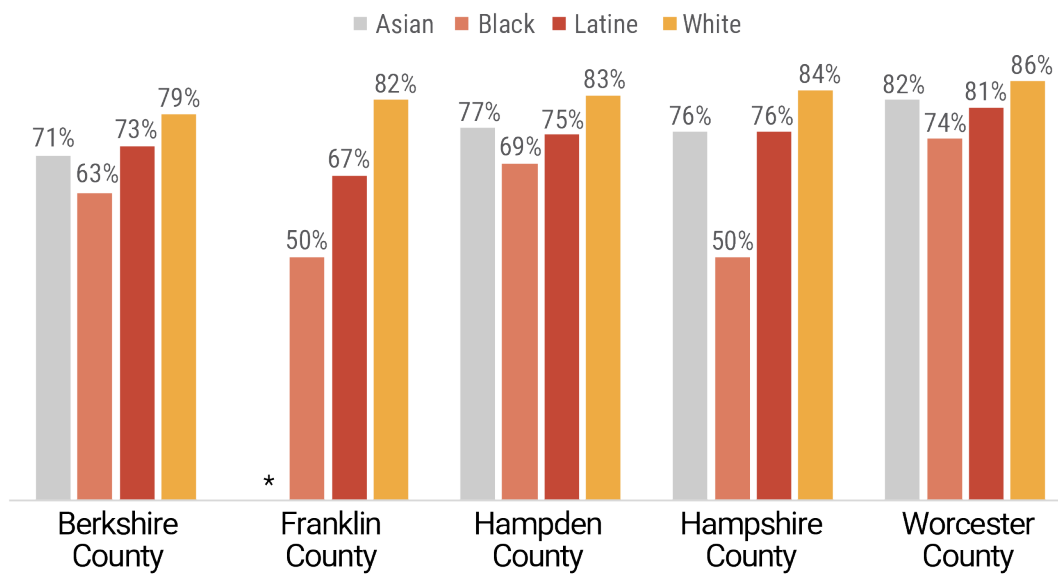


Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics. Birth Characteristics, Massachusetts Residents.

- A greater percentage of White pregnant people receive adequate prenatal care than Asian, Black, and Latine people in all five counties (Figure 4).¹⁸
- Across the region, infant mortality ranges from 4.7 deaths per 1,000 live births in Worcester County, to 5.3 in Berkshire County, 5.5 in Hampden County, and 6.0 in Hampshire County, all higher than the state (3.9 deaths per 1,000 live births). Data are not available for Franklin County.¹⁸
- Infant mortality data is only available by race/ethnicity for Hampden and Worcester counties. In those counties, Black infants have at least twice the mortality rate of White infants, and the mortality rate for Latine infants is higher than for White infants in both counties.¹⁸

Figure 4: Black, Latine, and Asian People Less Likely to Receive Adequate Prenatal Care Than White People Across the Region

Percentage of people who received adequate prenatal care by county and race/ethnicity, 2023



Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics. Birth Characteristics, Massachusetts Residents.
 Note: Adequate prenatal care is defined based on the number and timing of visits with care providers during pregnancy.

*Data are suppressed due to small numbers in Franklin County

In interviews, maternal health providers and experts said the region lacks enough culturally and linguistically diverse OB-GYNs, midwives, doulas and lactation coaches, and does not have adequate behavioral health support throughout pregnancy, birth, and the postpartum period.

The medical, economic, social, and educational upheavals of the COVID-19 pandemic continue to affect **families with young children**, with ongoing challenges in social-emotional development, and access to health care, child care, and early education. Families who have low incomes and immigrant populations were particularly affected.

Through interviews with behavioral health and child care providers, and through focus groups with parents, grandparents, and other family caregivers in Western Massachusetts, we learned:

- Since the pandemic, there are more young children with high mental, physical, and developmental needs, including significant language delays that hinder social and emotional development. These challenges make raising and caring for children stressful.
- Families struggle to find affordable, reliable childcare and after-school programs. Staffing shortages in early education programs have led to reduced services and long wait lists.^{19,20} In Springfield, women, especially women of color, are disproportionately affected by childcare shortages, forcing many to forgo work or education.²¹

Mental Health and Substance Use



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

– Behavioral health provider

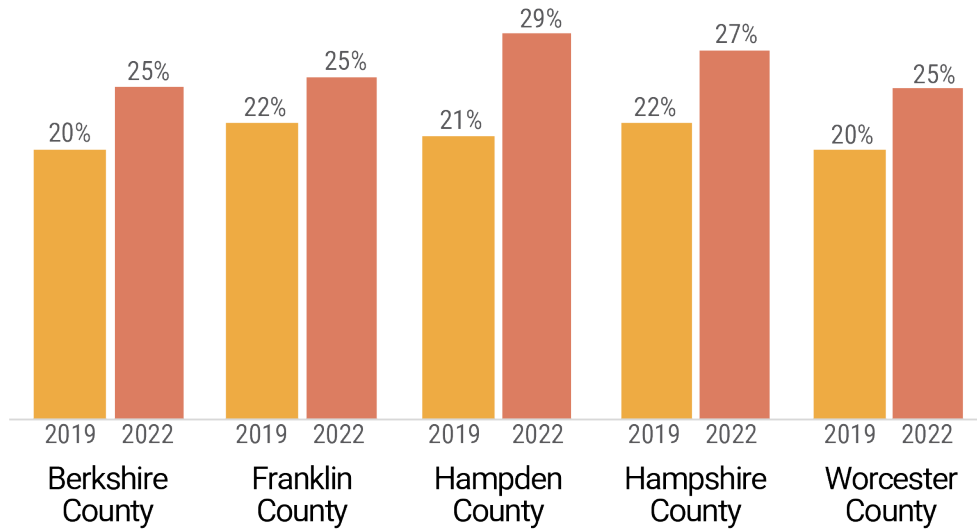
Mental health and substance use remain critical public health concerns in the region. Adults are experiencing worse mental health than before the COVID-19 pandemic. Fragmented care systems, provider shortages, stigma, and lack of culturally responsive care were cited by interviewees as barriers to care, as was the reliance on emergency departments due to outpatient service gaps.

- Adults reporting frequent **poor mental health** (14 or more days of poor mental health in the last 30 days) and those diagnosed with depression increased in all five counties from 2019 to 2022 (Figure 5).¹⁴
- One in five people report **binge drinking** (5+ drinks for men and 4+ drinks for women) in the region, as well as statewide.¹⁴
- **Tobacco use** is higher in the region (17%) than statewide (13%).³
- **“Deaths of despair,”** from intentional self-harm (suicide), alcohol-related disease, or drug overdose, are higher in the region than in the state (66 deaths vs. 56 deaths per 100,000 residents).⁷ (Note: these numbers don't account for differences in age across populations, so use caution when comparing between geographies.)
- **Social isolation and loneliness** among older adults have increased since the pandemic. Intergenerational programs and services show promise in creating more social opportunities.

On the positive side, behavioral health professionals see progress in expanded services, increased use of naloxone to prevent overdose deaths, and greater openness to discussing behavioral health needs.

Figure 5: The Proportion of Adults with Depression Increased after the Onset of the COVID-19 Pandemic

Percent of adults who reported depression diagnosis by county, 2019 and 2022



Source: Massachusetts Department of Public Health. MA Health Data Tool, derived from Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Many young people struggle with their mental health and wellbeing. Youth mental health and substance use data from 8th, 10th, and 12th grade student surveys conducted in 2023-2024 across the region (in Springfield, Westfield, Quaboag Hills, Franklin County/North Quabbin, and Berkshire County) reveal ongoing mental health challenges and mixed trends in substance use.²² As summarized in the Health New England CHNA:

- High rates of sadness, anxiety, and suicidality were common across all youth health surveys. Some areas, such as Springfield, Franklin/North Quabbin, Hampshire County, and Westfield, report slight recent improvements for some mental health indicators.
- Across the region, signs of poor mental health were especially high among LGBTQIA+ students and female students.

Youth substance use trends vary across the region:

- Cigarette smoking has generally declined, yet it remains a health concern. Among 8th graders in Springfield, 13% reported having ever smoked a cigarette, compared to 5% statewide.
- Vaping is more common than cigarette smoking, and rates vary across the region. Between 9% and 24% of 8th-grade students across the region have tried vaping. In Westfield in 2024, 9% of respondents had tried e-cigarettes at least once, about half of what was reported in 2019.
- Several districts reported declines in alcohol use. Early alcohol use is still high in Berkshire County, with reports of elevated youth drinking in the past month and binge drinking among 12th graders. Teen advisory boards in the Berkshires report that adults say and do things that make drinking seem like a normal activity.

In the Franklin and North Quabbin region, the student health survey data across the 8th, 10th, and 12th grades show steady improvements in youth drug and alcohol use locally over the last 22 years, bringing the region in line with state usage rates.

Among **LGBTQIA+ youth** statewide who responded to the Massachusetts Department of Public Health's Community Health Equity Survey (CHES):

- LGBTQIA+ youth were less likely than cisgender-heterosexual youth to select "very much" when asked whether they: feel safe with family, feel a sense of belonging at school, and feel supported by their family.²³
- Gender diverse youth who completed the survey are even less likely to report feelings of safety, belonging, and support than cisgender respondents.²³
- LGBTQIA+ youth statewide reported isolation, depressive symptoms, and general psychological distress at a higher rate than their cisgender-heterosexual counterparts.²³

Regional Demographics



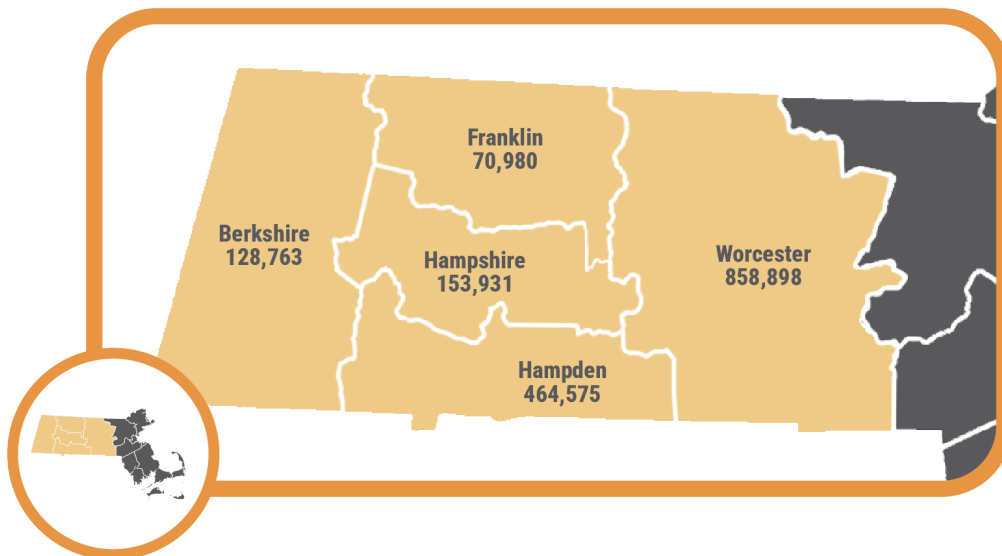
There's more need in the older population as it grows over the next 20 years, versus the available workforce to meet their needs.

– Person at an organization serving older adults

Considering the demographics of the region and what different people and communities are experiencing helps give context to the data in this report. Some groups have less money or lower-paying jobs because of past and present policies that underinvest in some communities and discriminate against certain groups, including people of color, immigrants, and people living in rural poverty. Data on age, race and ethnicity, and income and poverty can help show why people in some of our communities have more health challenges.

Figure 6: 1,667,457 People Live in the Region

Population by county, 2018-2022 estimates



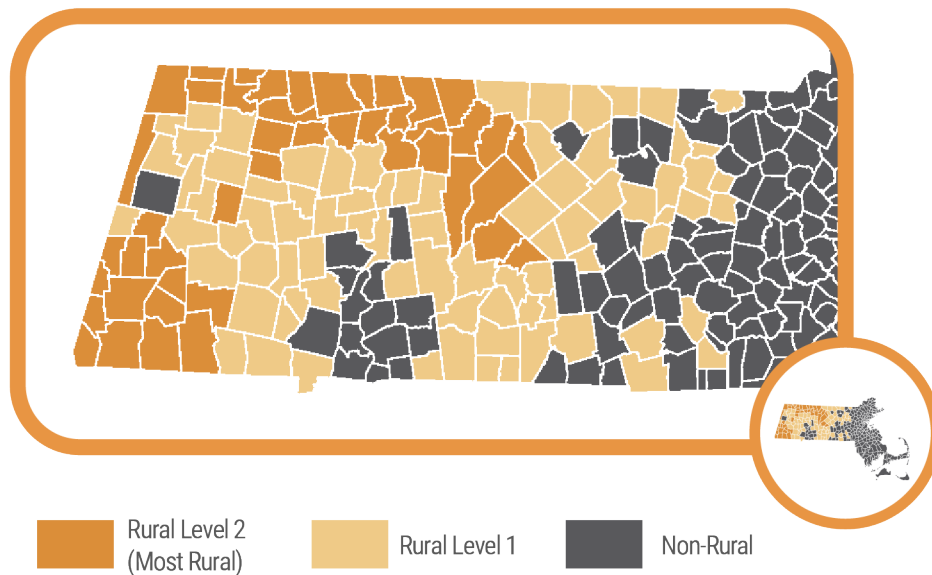
Source: U.S. Census Bureau, ACS 5-Year estimates. 2018-22

Rural Areas

- 114 of the 161 towns and cities in the region are considered rural, which has implications for where and how healthcare, social services, and other community supports are delivered.
- 45 of the rural towns are designated as Rural Level 2, which means that they are less densely populated, more remote, and isolated from urban core areas.

Figure 7: Most Towns in the Region are Considered Rural

Rural status by municipality



Source: MA State Office of Rural Health, <https://www.mass.gov/info-details/state-office-of-rural-health-rural-definition>

Children and Older Adults

Worcester, Hampden and Hampshire counties all have a younger age profile than Berkshire and Franklin counties, which skew older. Hampden and Worcester counties have the highest proportion of children under 18 in the region, at 21%, similar to the state (20%).

Table 1: Median Age Varies Across the Region

Median age in years by county, 2018-2022 estimates

	Massachusetts	Berkshire County	Franklin County	Hampden County	Hampshire County	Worcester County
Median Age (years)	39.8	47.5	47.1	39.5	39.3	40.2

Source: U.S. Census Bureau, ACS 5-Year estimates, 2018-22

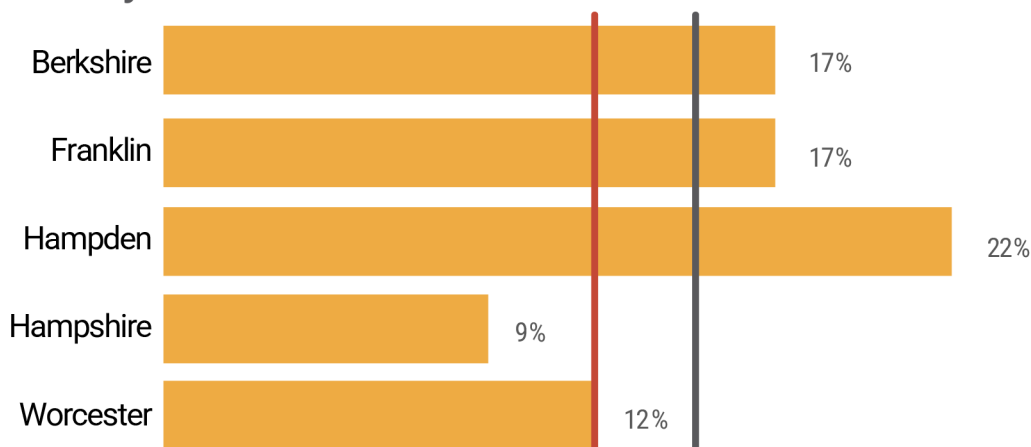
The region's child poverty rate is 15%, with stark differences by race and ethnicity (see Figure 8).

- The poverty rate for children (15%) is higher than the overall poverty rate of 12%.
- Black (26%) and Latine (31%) children are more likely to experience poverty than White children (8%).³

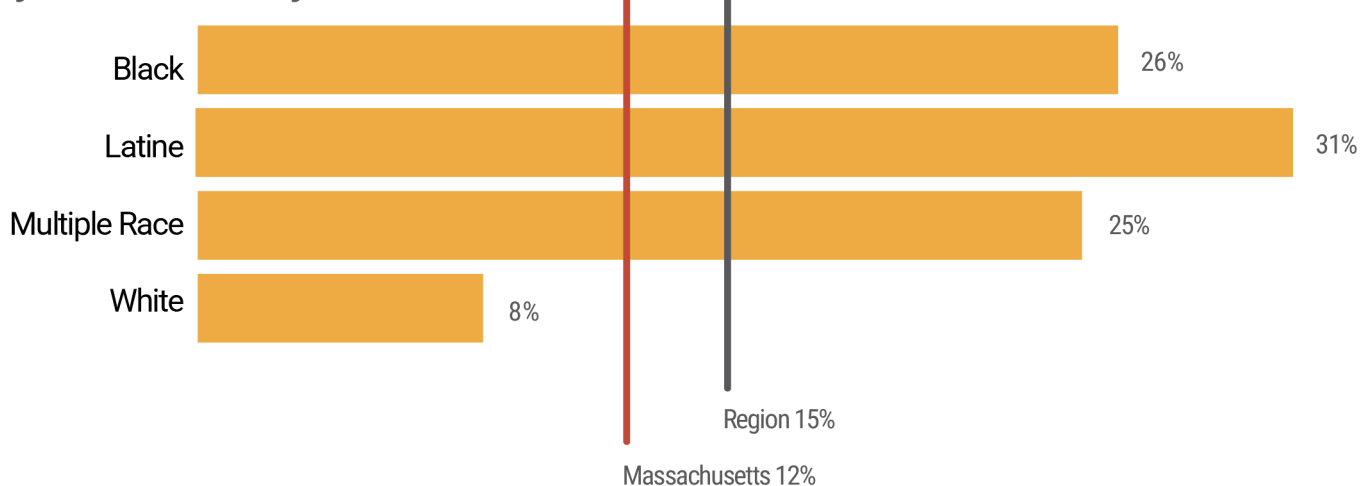
Figure 8: Childhood Poverty Rates Vary by County, Race, and Ethnicity

Percentage of children living in poverty in the region, 2018-2022 estimates

By county



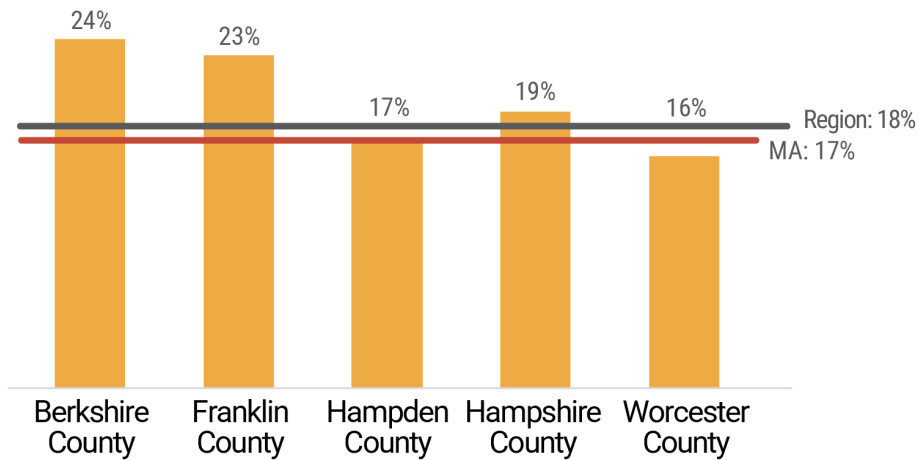
By race/ethnicity



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2018-22.

Figure 9: Berkshire and Franklin Counties have the Highest Percentage of Older Adults in the Region.

Percentage of adults 65+, by county, 2018-2022 estimates



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2018-22.

Older adults face economic challenges:

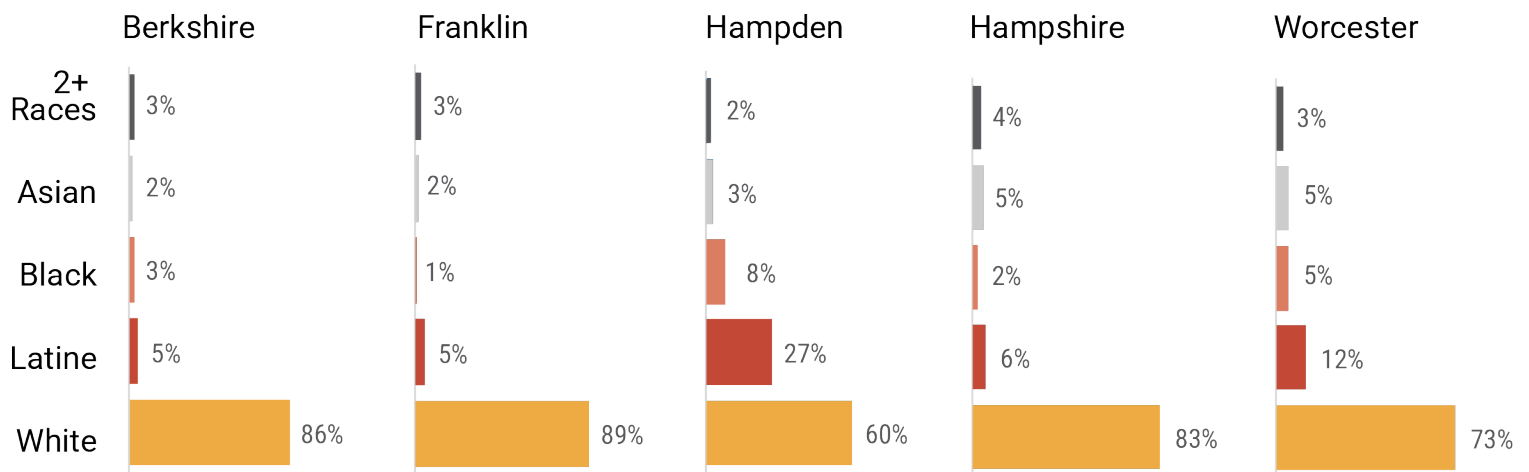
- The median income of older adult households in the region ranges from \$46,601 in Hampden County to \$65,222 in Hampshire County, compared to \$61,624 statewide.²⁴
- Annual costs to age in place with dignity are higher for couples 65+ in poor health who own homes, relative to singles or couples in good health, whether renters or owners. Those costs in Hampden County (\$59,472) exceed the median income. Older adults experiencing poor health, or those with a mortgage, may especially struggle to make ends meet.²⁴
- The pandemic exacerbated challenges for older adults, particularly those on fixed incomes, as inflation outpaced Social Security benefits.²⁵
- Nationally, older women are more likely than older men to be widowed, live alone, and have low median incomes.²⁶ The number of older women in the region is expected to grow considerably in the coming decade, and addressing their unique needs will be important.²⁷

Race/Ethnicity

- Overall, the region has a higher percentage of White residents than the state (69%), but several of its communities have much higher rates of residents of color.
- Hampden County has the largest proportion of Latine residents (27%) and Black residents (8%)
- Franklin County has the highest proportion of White residents (89%).

Figure 10: Hampden County Is the Most Diverse in the Region

Race and Ethnicity by county, 2018-2022 estimates

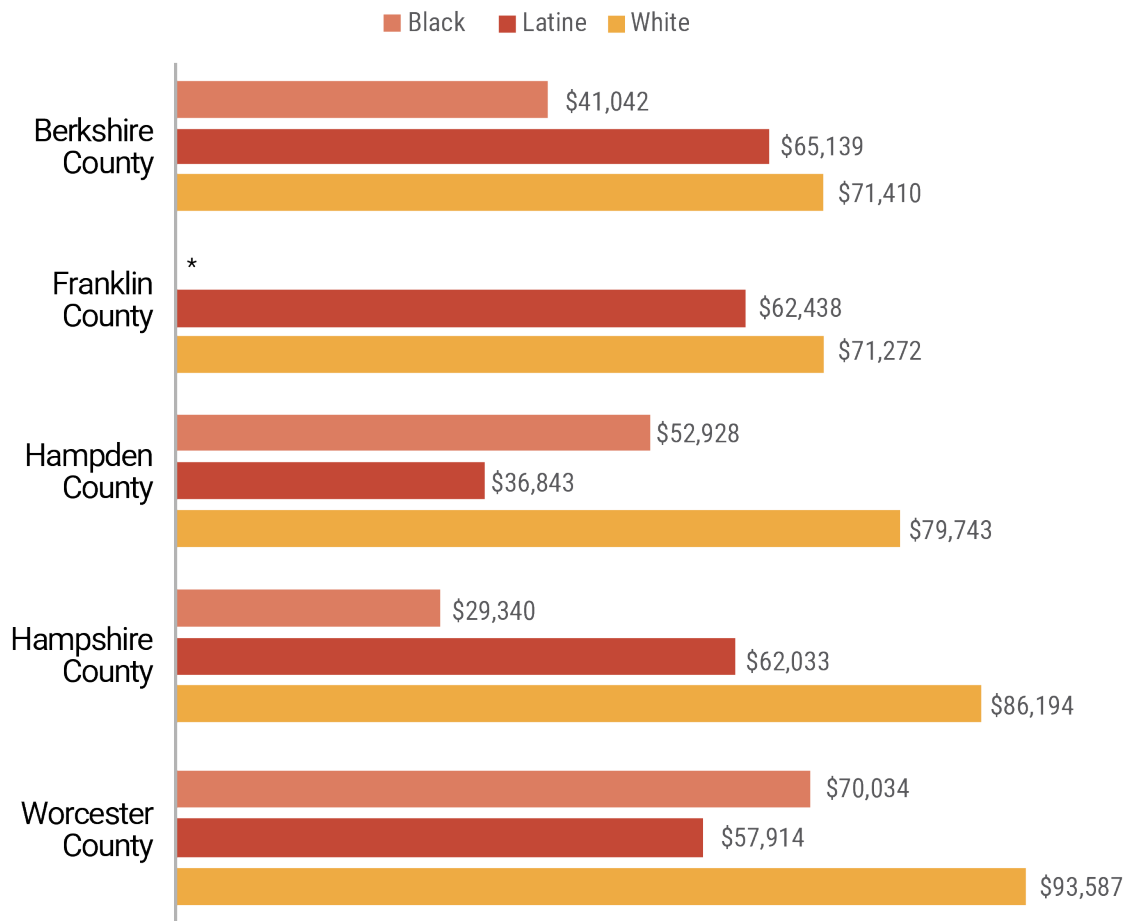


Source: U.S. Census Bureau, ACS 5-Year estimates. 2018-22

Figure 11 shows that Black and Latine residents had lower median household incomes than White residents across the region. Also, poverty rates for Black (21%), Latine (26%), and Asian residents (11%) are higher than for White residents (9%).³ However, within these broad racial and ethnic categories, poverty rates can vary widely among different subgroups.

Figure 11: Median Household Income Varies by Race and Ethnicity Across the Region

Median Household Income by Race and Ethnicity, 2018-2022 estimates



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2018-22.

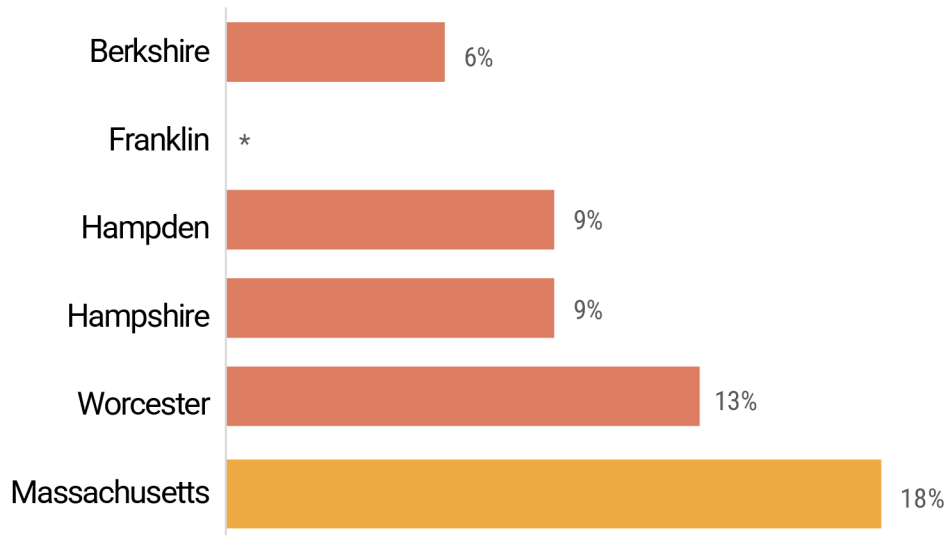
* Data for Franklin County are not available. Data were suppressed due to small numbers for Black households in the county.

Refugees and Immigrants

More than 179,000 foreign-born people live in the five-county region, bringing a wealth of culture to the area. Their contributions are reflected in the diverse food options, cultural performances, and community supports evident throughout the region. As Figure 12 shows, counties in the region have a lower rate of residents born outside the United States than the state. Immigrants and refugees are a subset of “foreign-born residents” who are looking to put down roots in the region.

Figure 12: Worcester County has the highest percentage of foreign-born residents in the region

Proportion of foreign-born residents by county and statewide, 2018-2022 estimate



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. 2018-22. ²⁷

* Data for Franklin County is Not Available

Across the region, a higher proportion of residents born outside of the United States earned less than 200% of the poverty level than residents born in the U.S. The widest difference was in Hampshire County (data not available for Franklin County).

Many refugees and immigrants face other barriers to accessing health care, according to interviews with service providers. Despite interpreter services at hospitals, language barriers continue to exist in healthcare, with reports that translation and interpretation services often aren't enough to help people with low literacy in English and/or their native language. Hampden County has the highest percentage of residents who speak a language other than English at home (27%), many of whom are immigrants, compared to 25% statewide. Close to 8% of residents aged 5 or older in the region have limited English proficiency (11% in Hampden County), compared to 10% statewide.¹⁰

- Some immigrants and refugees face trauma from their migration experiences, requiring better trauma-informed care and treatment in medical settings.
- Insurance confusion, particularly with MassHealth policies, creates delays or prevents access to care. Service providers indicated that newcomers' frequent relocations further disrupt continuity of care through MassHealth.
- In addition to language and health literacy barriers, many immigrants face challenges accessing telehealth services due to a lack of necessary devices and internet access.

These complexities highlight the need for more accessible, coordinated healthcare services for refugees and immigrants, and “scaffolding” to guide newcomers through healthcare processes.

Conclusion

The five-county region is home to many corporate, healthcare, and educational institutions that anchor the region economically and collaborate extensively. Nonprofits, foundations, public officials, and community-based organizations are also very collaborative. All these institutions have taken tremendous strides to address community needs.

These efforts are paying off in many areas of health, such as expanded behavioral health services, more coordinated focus on youth mental health, some reductions in drug and alcohol use, and more attention and resources to address maternal and infant health differences and the intersection of maternal and behavioral health.

As we celebrate these accomplishments, we look for ways to address the remaining challenges. Health care services are strained across the five counties, from primary care to behavioral health, from maternal care to geriatric care. Residents face many challenges navigating the care systems, including communities without enough providers, long wait times for appointments,

insurance issues, poor care coordination, language barriers, transportation gaps and technology problems. For too many, household incomes are not enough to pay for basic needs such as food, housing, and transportation, which matter as much to good health, if not more, than having a doctor who understands a patient.

The information in this report can guide actions that make communities healthier for everyone, like investing in neighborhoods, implementing best-practice programs, creating policies that expand access to basic needs, and making sure residents have a strong voice in decisions that affect their lives. The following Recommendations for Action, which came from our interviews and focus groups, offer practical, specific actions that we can take together to create a healthier, more equitable community for all residents of Western and Central Massachusetts.

Recommendations for Action

Maternal and Child Health and Family Supports

- Expand maternal and behavioral health services for pregnant people—including OB-GYNs, midwives, doulas, and lactation support.
- Provide clearer information about insurance coverage for these services, and better care coordination, especially with behavioral health care.
- Enhance workforce development and career navigation to support more diversity of providers, language access, and cultural awareness.
- Create more affordable and accessible child care and after-school programs, with higher reimbursement rates for child care providers that offer subsidized care. Ensure the early care system offers its workers living wage jobs, so more people, especially people of color, will enter and stay in the profession.
- The state Commonwealth Cares for Children (“C3”) grants, instituted during the pandemic, can be used by early care providers to offer bonuses and incentives to workers to offset low wages.²⁹ The Healey Administration has continued to raise the reimbursement rates for childcare providers that accept financial assistance, in order to help income-eligible families pay for care.³⁰
- Make it easier to be eligible for SNAP benefits for grandparent guardians who raise their grandkids.
- Strengthen community-based hubs that provide families with support, information, and connections. Expand parenting education and support groups and offer caregiver wellness programs.



Older Adults

- Build on and expand existing programmatic models, including multicultural programming for culturally and linguistically diverse older adults.
- Provide digital literacy education about the internet and tech devices, with classes that appeal to older adults across the skill spectrum.
- Improve intergenerational connections to address social isolation, including bringing programming to the places older adults gather.
- Expand geriatric healthcare systems and provide incentives, such as loan forgiveness, to draw more medical students into the geriatric field in Western Massachusetts.
- Increase housing options and resources so older adults can age in place or move to more accessible and affordable environments. This includes allowing construction or conversion of accessory dwelling units, which can provide rental income for 65+ homeowners, offer a live-in option for caregivers, or create more affordable, accessible living options for older adults. Municipal loan programs can help older adults build ADUs.



Refugees and Immigrants

- Increase healthcare employment pipelines for immigrants, which would support immigrants to have higher incomes and also increase access to culturally responsive care.
- Improve access to prescription drugs at the state level by shoring up Section 340B, a federal Medicaid program to provide discounted prices for uninsured and low-income patients.
- Standardize access to MassHealth and make it easier for immigrants to maintain consistent health coverage as they move around the state in their journey to a more stable place to live.
- Offer more trauma-informed care and services for newcomers and their children.



Mental Health and Substance Use

- Improve coverage for mental health and substance use treatment, increase flexibility to bill for wrap-around services, and cover essential out-of-network services.
- Invest more resources in behavioral health and make outpatient care more accessible. Increase regional equity in state funding; low population numbers can affect state funding distribution, especially in earmarks and grants, compared to the eastern part of the state.
- Maximize the many opportunities hospitals have to reduce stigma, manage patient pain, provide addiction counseling, partner with complementary care providers, improve discharge planning, and increase connection to community resources.
- Adopt policies to reduce youth nicotine use. Municipalities in Western Massachusetts are adopting innovative health board regulations, such as those limiting the sale of nicotine pouches to adult-only tobacco stores or not allowing the sale of nicotine products to people born after a certain date.



Learn More

To learn more about community health for specific counties and cities, please review the full CHNA reports by scanning the QR code below or visiting:

<https://www.publichealthwm.org/reports/community-health-needs-assessments>.

These reports also list local resources like 413Cares, refer to local Community Health Improvement Plan (CHIP) coalitions, and share opportunities for action. We hope you will use the data and recommendations to engage people in advocating for their communities, bringing increased resources and more responsive policies to our region.



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