BERKSHIRE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

2025
Berkshire Health Systems

Berkshire Health System, 725 North Street, Pittsfield, MA 01201
Adopted by the Berkshire Health Systems Board of Trustees: August 12, 2025
PREPARED BY

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Executive Summary

A private, not-for-profit organization, Berkshire Health Systems (BHS) serves the Berkshire County region through a network of affiliates, which includes Berkshire Medical Center (BMC), the BMC Hillcrest Campus, Fairview Hospital, Berkshire Visiting Nurse Association, North Adams Regional Hospital, Berkshire Health Urgent Care facilities in Pittsfield and Lenox, and BHS provider clinics. Each of these facilities are distinguished by the high quality of its programs and services, and by the credentials, skills, and compassion of its physicians, nurses, and caregivers. As the leading healthcare provider of the region and largest employer in the county, BHS is an anchor of the community, serving as an economic engine and community health partner and resource, guided by its mission to advance health and wellness for everyone in the community in a welcoming, inclusive, and personalized environment.

PRIORITIZED NEEDS

The Berkshire Health Systems service area of Berkshire County, MA, continues to face many of the same prioritized health needs identified in its 2022 Community Health Needs Assessment (CHNA). The 2025 CHNA is built on the 2022 priorities, adjusting them based on new data and community feedback. The Western Massachusetts Coalition of Hospitals/Insurer used preliminary data and input to identify regional focus areas for deeper assessment, noted below.

Persistent inequities affect older adults (65+), young children (0-10) and their caregivers, people who face socioeconomic disparities, and immigrants/refugees. While the COVID-19 pandemic has subsided, its economic, mental, educational, and physical health impacts remain. In addition to the Western MA regional priorities, BHS selected several regional priorities specific to the service area. The prioritized health needs for the Berkshire Health Systems service area are:

1) SOCIAL DETERMINANTS OF HEALTH

- Lack of Access and Affordability of Basic Needs
- Educational Attainment
- Employment and Income
- Violence and Trauma
- Environmental Exposures and Climate Crisis
- Access and Barriers to Healthcare

2) HEALTH BEHAVIORS AND OUTCOMES

- Maternal Health and Birth Equity (regional focus area)
- Mental Health (both adult and youth)
- Substance Use (regional focus area), including alcohol
- Housing and its Relationship with Substance Use

3) PRIORITY POPULATIONS

- Young Children and Their Parents/Caregivers (regional focus)
- Older Adults (regional focus)
- Immigrants and Refugees (regional focus)

REGIONAL AND SERVICE AREA TOPICS

Maternal health outcomes for pregnant people and infants reflect significant disparities. While Massachusetts has lower maternal mortality rates than the national average, severe maternal morbidity (complications) has doubled in the state during the past decade, with Black pregnant people experiencing rates more than twice as high as White people.[1] Access to adequate prenatal care remains inequitable, with lower rates among publicly insured individuals and pregnant people of color in both the state and in Berkshire County.[2] Teen pregnancy rates in Berkshire County are higher than the state average, although the actual numbers are small, and disproportionately affect Latine and especially Black teens.[3] Infant mortality rates in Berkshire County are markedly higher than the state average. Additionally, disparities in rates of preterm and low birth weight births in Berkshire County persist by racial/ethnic background and private versus public health insurance coverage, highlighting systemic challenges in maternal and child health.[2]

Mental health and substance use remain critical public health concerns in the Berkshire Health Systems service area. Berkshire County residents are more likely than other areas of the state to report poor mental health and are more likely to have substance use disorders, including alcohol.[4,5] Typically, the county led the state in overdose deaths, although these numbers have shown gradual improvement recently as services at all levels have been introduced. A lack of providers and difficulty accessing services continues to be a challenge. Housing for those with a substance use disorder (SUD) or mental health diagnoses is also a challenge, both for those who need supportive housing and those who might otherwise be ready for independent living as services do not exist or are full, and there is a housing shortage throughout the county.

BHS Community Engagement, 2025

Meanwhile, children and youth continue to struggle with the impacts of the pandemic and an increasing level of mental health stress. Local surveys suggest that Berkshire County teens are more likely to have used substances including alcohol, cannabis, and nicotine/tobacco within the past 30 days, although overall rates are lower than US norms for lifetime use.[6] They are also more likely to admit binge drinking in the past two weeks, and to have begun drinking at an early age which puts them at a greater risk of developing alcohol dependence in the future.

ACCESS AND BARRIERS TO HEALTHCARE

Accessing both primary care services and specialty services remains a challenge to residents of Berkshire County, particularly older adults and children. Long wait times for appointments are common, and many primary care providers are not taking new patients. Specialty care geared toward children is scarce, and many families are forced to travel outside the area for care. Like many areas, few providers are trained in geriatrics and the particularities of caring for older adults. Transportation remains a major barrier for appointments, and while the expansion of telehealth has helped, some older adults do not have access to appropriate equipment or internet or lack the skill to use them. Similarly, some immigrants who do not speak English well struggle to find providers who are culturally aware, trauma-informed, and able to manage an appointment with needed interpreter services.

PRIORITY POPULATIONS

The medical, economic, social, and educational upheavals of the COVID-19 pandemic continue to impact families with young children, particularly those with low incomes and immigrant populations, with ongoing challenges in childcare, education, and healthcare access. Local childcare professionals interviewed report an increase in children with high mental, physical, and developmental needs, including significant language delays that hinder social and emotional development. They also report that access to health care remains challenging, with families struggling to secure pediatric appointments and referrals. Interviews with service providers indicate that immigrant families face additional barriers, including lack of insurance for parents and fear of accessing available care due to immigration concerns. Providers also report that families struggle to find affordable, reliable childcare. Staffing shortages in early education programs have led to reduced services and long wait lists.[7,8] Immigrant families face additional barriers, such as fear of accessing support due to immigration concerns, language difficulties, and lack of social networks. The need for culturally responsive mental health services and better support systems remains critical.

Older adults also face significant barriers in accessing services due to long wait times for appointments and transportation barriers. Berkshire County is older than the rest of the state and the US as a whole, with 24% of the population aged 65+ (compared to 17% of Massachusetts overall) and over 40% over the age of 50 (compared to 31% in Massachusetts).[9] The population of older adults continues to grow and the Donahue Institute predicts that by 2030 more than half the population will be over the age of 50.[10] Social isolation and loneliness was identified by several in focus groups and among key informant interviews as a challenge that affects everything from health status, to mental health needs, to substance misuse. Social engagement can help older adults stay healthier but can be particularly difficult for those in rural areas, among older adults of color, those with lower incomes or those who are LGBTQIA+. A lack of suitable housing to downsize to means many older adults in Berkshire County are living in houses that are too large for their needs or require more upkeep than they are capable of. The pandemic exacerbated challenges for older adults, particularly those on fixed incomes, as inflation outpaced Social

Security benefits.[11] Service providers interviewed noted that this group also struggled with access to healthcare, and a shortage of geriatric care specialists compounded difficulties. Additionally, older adults face financial hardships in meeting basic needs such as housing and food, with lack of transportation identified as an additional challenge. Barriers in technology access and digital literacy limit their ability to access telehealth and other resources and to stay connected with family, friends, and their community. Addressing these issues, including improving housing, healthcare, and technology access, is critical for supporting the aging population in Berkshire County.

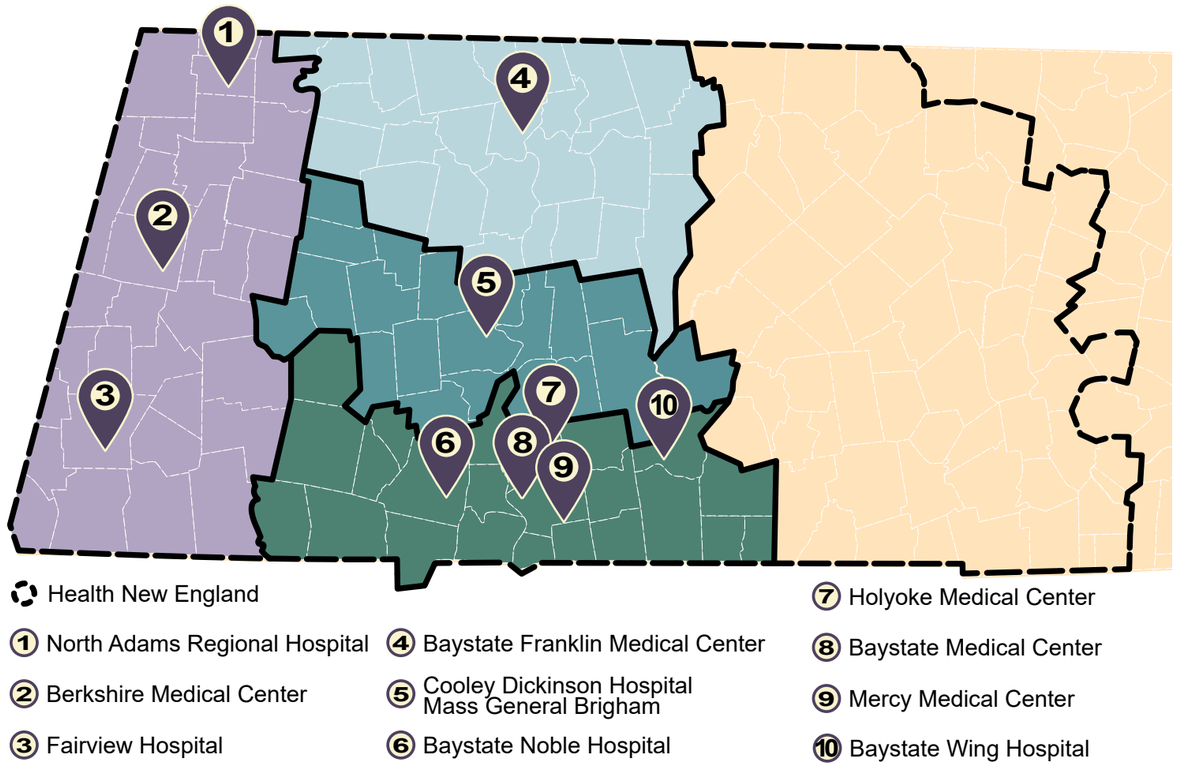
According to interviews with organizations serving refugees and immigrants, accessing healthcare in the service area presents major challenges. Transportation is a barrier, especially for those coming from rural areas, where public transit options are limited and owning a car is not always feasible. Specialty care is often located in urban centers, requiring long travel times and costs. Even for those who can access transportation, navigating bus schedules can be difficult due to language barriers. Accessing telehealth services is often a challenge due to a lack of necessary devices and internet access. 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. Language barriers remain a persistent issue across healthcare, with translation and interpretation services often insufficient to address the needs of those with low literacy in English and/or their native language. These complexities highlight the need for more accessible, coordinated healthcare services for refugees and immigrants and "scaffolding" to guide newcomers through healthcare processes.

Finally, those who face socioeconomic stress and disparities have worse health outcomes and more difficulty accessing care than those with higher incomes. The social determinants of health – factors such as safe and affordable housing, education, income, access to healthy food, and violence – have a stronger impact on an individual's health than medical care. While all people experiencing socioeconomic disparities in Berkshire County face numerous challenges, these are emphasized for those groups such as people of color, single-headed female households, and immigrants. The pandemic and inflation have worsened financial hardships, with significant income inequities across racial groups. Incomes in Berkshire County overall tend to be lower, with household median incomes about $20,000 less than in the state as a whole and 24% of residents overall at 200% or less of the federal poverty level.[12] Many adults in Berkshire County work two or more jobs to make ends meet. Given an economy that depends on the tourism industry, key informants note that, especially in South County, the wealth disparities are large with many full-time residents working in a seasonal service economy to support wealthier tourists and second-home owners. While food insecurity eased after the government offered pandemic economic supports, those subsidies have ended, yet inflation remains.[13] Other challenges include a lack of affordable housing and a lack of accessible, affordable childcare, which is a barrier for women, especially women of color, seeking full-time employment. [14,15]

ABOUT THE CHNAS

The Coalition of Western Massachusetts Hospitals/Insurer ("the Coalition") is a partnership formed in 2012 among non-profit hospitals and insurers in the region: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Cooley Dickinson Hospital, Mercy Medical Center, and Health New England. In 2023, the Coalition expanded to include Berkshire Health Systems and Holyoke Health System. The Coalition members shared resources and partnered to conduct their 2025 Community Health Needs Assessment (CHNA) and to address regional needs, with the goal of improving health outcomes. Based on the findings of the CHNA, each hospital develops a health improvement plan to address select prioritized needs. The CHNA data also inform County Health Improvement Plans (CHIPs) and other community planning efforts.

FIGURE 1: Location of Coalition member hospitals and Health New England (HNE) service area



Source: Coalition of Western Massachusetts Hospitals/Insurer, created by Berkshire Health Systems

The Public Health Institute of Western Massachusetts conducted the 2025 CHNAs for the Coalition in partnership with a consultant team that included Berkshire Regional Planning Commission, Collaborative for Educational Services, Franklin Regional Council of Governments, and several independent consultants. Community leaders and residents across the region were also integral to the CHNA process, primarily through representation on the Regional Advisory Council (RAC), participation in interviews and focus groups, and involvement in community assessments and listening sessions conducted for other initiatives.

A key guiding value for the CHNA process is health equity. The two "tree graphics" that follow contrast the reality of health inequities for many residents in the service area, and the aspiration for a community where everyone is able to thrive. For each of the prioritized needs described in this report, historical and present-day policies and practices contribute to inequitable outcomes. For example, inequities in our economic systems affect access to the building blocks of health, such as nutritious food, affordable housing, and a good education. Lack of access to these resources may lead to health risks that could have been prevented. Inequities in income and wealth are partly due to historical policies that discriminated against residents of color, those living in rural poverty, and others.[14,15] Public investments in communities, fairer policies, and strong resident voices in decisions that affect their lives, can create better conditions to thrive.

Another central value of the Coalition and RAC is that the 2025 CHNA reports should be tools to inform and inspire action by everyone in the region who cares about the health of our communities. Based on preliminary research and results of prior CHNAs, the Coalition and RAC identified a set of regional health equity topics (prioritized health needs) and communities of focus that are addressed in greater depth in each of the 2025 CHNAs. The reports capture policy-related changes and recommendations for these major topics, to support the CHNAs as resources for action to reduce systemic health inequities.

The priority topics and populations shared by all coalition members are:

REGIONAL FOCUS AREAS

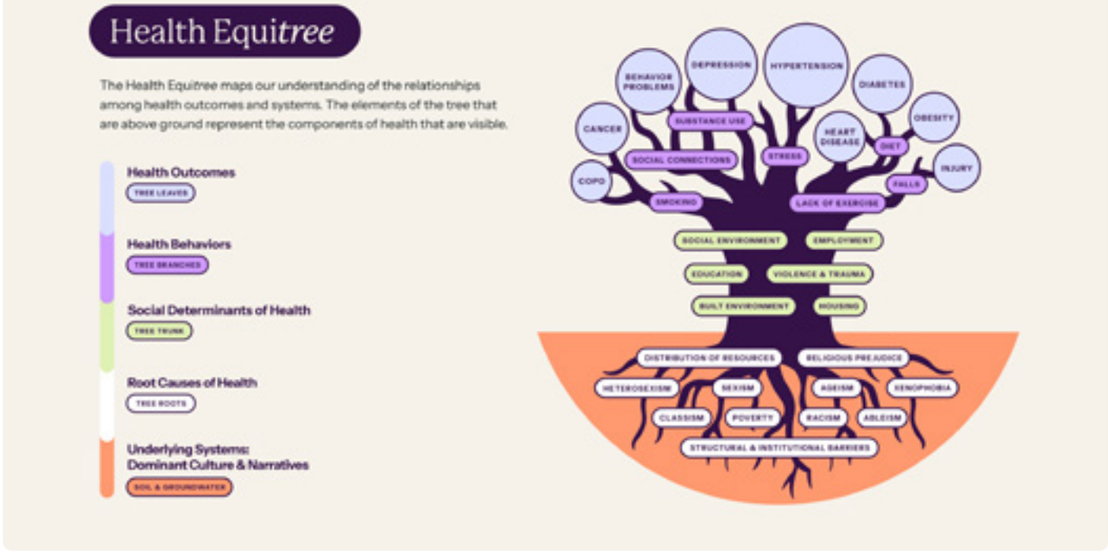
- Maternal health and birth equity
- Mental health
- Substance use disorders (SUD)

REGIONAL PRIORITY POPULATIONS

- Immigrants and refugees
- Young children and their parents and caregivers
- Older adults (65+)

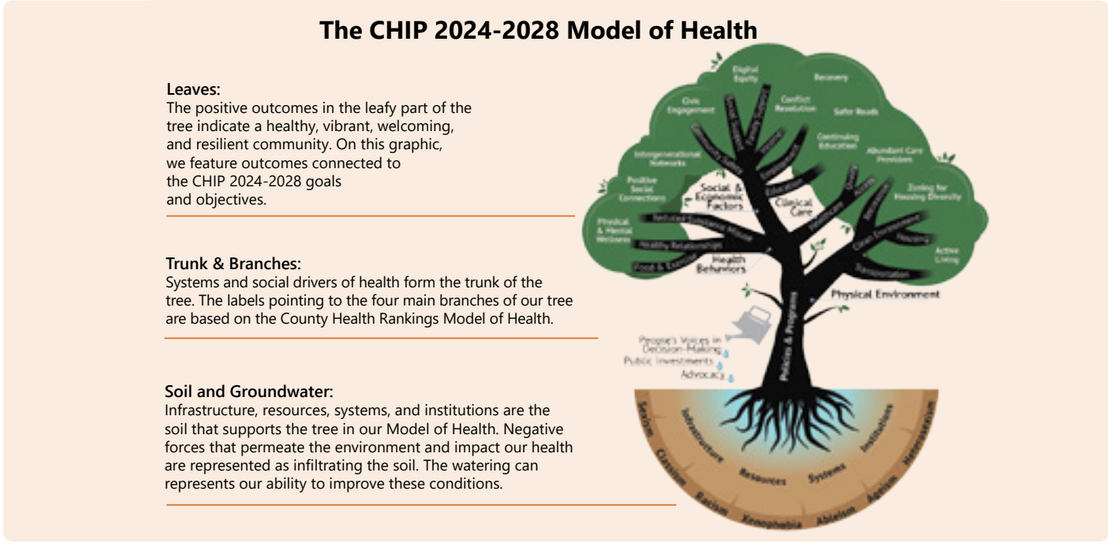
Additionally, access to basic needs (housing, food, and transportation) was an important crosscutting prioritized need that affects all these topics and populations.

FIGURE 2: Health Tree Model 1: Understanding Root Causes of Health Behaviors and Outcomes



Source: Health Resources in Action[16]

FIGURE 3: Health Tree Model 2: Understanding How to Achieve Positive Health Outcomes



Source: Health Resources in Action[16]

ABOUT BERKSHIRE HEALTH SYSTEMS

Berkshire Health Systems (BHS) is a private, not-for-profit, community-focused health system and the largest employer in Berkshire County, supporting more than 4,000 jobs. From inpatient surgery and cancer care to provider visits and imaging, BHS offers a continuum of programs and services that help patients to connect to the care they need, no matter where they are located in mostly rural Berkshire community.

BHS is the largest healthcare provider in the Commonwealth west of Springfield and serves the approximately 130,000 residents of Berkshire County and neighboring regions of Vermont, New York, and Connecticut, as well as the many tourists and second-home owners who visit the area annually.

BHS supports 24-hour emergency care at its three inpatient acute care facilities: Berkshire Medical Center (BMC), a nearly 300-bed community teaching hospital in Pittsfield, and two Critical Access Hospitals—North Adams Regional Hospital in North Adams and Fairview Hospital in Great Barrington. Critical Access Hospitals are small facilities that have been specifically recognized by the federal government for their role in providing healthcare services to patients in a rural area. A Critical Access Hospital designation is granted by the Centers for Medicare and Medicaid Services (CMS) and determines how hospitals are paid by government insurance for the care they provide.

BHS hospitals offer advanced imaging and lab services and are closely integrated with the specialty care provided at the Phelps Cancer Center. Berkshire Visiting Nurses Association, BHS's Urgent Care Centers, and the BHS medical group network of primary and specialty care providers extend the continuum of care beyond the hospital. BHS offers its broad range of services at 30 provider clinics with 48 office locations across the county.

Berkshire Health Systems serves the Berkshire County region through a network of affiliates, which includes the following facilities:

BERKSHIRE MEDICAL CENTER (BMC)

Berkshire Medical Center, the flagship hospital in the BHS system has 298 beds and is a community teaching facility. It is located on the main campus of Berkshire Health Systems, in Berkshire County's largest municipality, the City of Pittsfield. BMC offers a full continuum of medical specialties, advanced technologies for lab and imaging, and state-of-the-art surgical facilities, including orthopedic surgery, cancer care, behavioral health/substance use disorder treatment, general surgery, urology, obstetrics and gynecology, neurosurgery, cardiology, and gastroenterology. BMC is a Level III Trauma Center that offers 24-hr emergency care, critical care, advanced imaging, and lab services. BMC maintains major clinical partnerships with Baystate Health, the Dana-Farber Cancer Institute, and Mass General Brigham.

BMC's residency programs specialize in internal medicine, surgery, and psychiatry, through partnerships with the University of Massachusetts Chan Medical School, the University of New England College of Osteopathic Medicine, and Boston University's Chobanian & Avedisian School of Medicine.

FAIRVIEW HOSPITAL

Fairview Hospital is a 25-bed, critical access hospital located in Great Barrington, MA. It offers a range of inpatient and outpatient services, including a 24-hour emergency department, primary care and diagnostic services, rehabilitation, cardiology, dialysis, wound care, and maternity services.

NORTH ADAMS REGIONAL HOSPITAL

North Adams Regional Hospital (NARH) is a Critical Access Hospital located in North Adams, MA. The hospital is licensed for 18 inpatient beds, and its campus hosts a 24-hour emergency department, a community pharmacy, and a range of other inpatient and outpatient services including

imaging, lab services, surgical care, wound care, and dialysis.

BERKSHIRE VISITING NURSE ASSOCIATION

The Berkshire Visiting Nurse Association (BVNA) has provided care for over 100 years in the comfort and privacy of patients' homes. A team of skilled nurses; physical, speech, and occupational therapists; medical social workers; and certified home health aides deliver quality healthcare to all age groups, allowing patients to recover from an illness or hospitalization at home. As part of Berkshire Health Systems' continuum of care, the BVNA coordinates with a patient's providers to ensure that they are receiving the right care for their individualized needs.

BERKSHIRE HEALTH SYSTEMS MEDICAL GROUP

BHS has provider practices in the following specialties, located throughout Berkshire County: Cardiology, Colorectal Surgery, Dermatology, Endocrinology, Family Practice, Gastroenterology, General Surgery, Hematology, Oncology, Infectious disease, Internal Medicine, Interventional Cardiology, Nephrology, Neurology, Neurosurgery, Obstetrics/Gynecology, Orthopedic Surgery, Osteopathic Manipulative Medicine, Otolaryngology, Pain Management, Physical Medicine and Rehabilitation, Plastic and Reconstructive Surgery, Podiatry, Preventive Medicine, Pulmonary Disease, Rheumatology, Sleep Medicine, Sports Medicine, Urology, and Vascular Surgery.

BERKSHIRE URGENT CARE

With locations in Pittsfield and Lenox, Berkshire Urgent Care provides patients with convenient access to care for minor illnesses and injuries. Both locations include on-site lab and X-ray services. Berkshire Urgent Care is part of the system's integrated medical records network. Berkshire Urgent Care offers walk-in visits seven days a week, as well as telehealth visits for certain conditions and a limited number of slots for advance appointments. The associated Nurse Line handles questions, manages care when appropriate, and makes referrals.

New Urgent Care Location 2025

ABOUT BHS'S COMMUNITY HEALTH PROGRAMMING

Berkshire Health Systems regularly assesses the health needs of Berkshire County residents as part of the strategic planning process and community benefits programming. BHS compiles a Berkshire County Community Health Needs Assessment (CHNA) Report every three years using the evaluation of publicly available data, findings from local organization reports, and feedback collected from focus groups and surveys. This data, in conjunction with the Massachusetts focus areas and priorities, is used to determine annual health-system community benefit priorities.

The intent is to broadly identify the major trends in health status and the community's health needs with an understanding of the factors that are likely to affect the population of Berkshire County. The objectives of the CHNA are to:

- gather statistically valid information on the health status of the residents of Berkshire County
- develop accurate comparisons to state and national benchmarks of health and quality of life measures to provide trending information for the future
- identify key areas of significant community needs and vulnerable populations
- utilize findings for community benefit and hospital planning

In 2024, BHS established the Health Equity and Access Committee (HEAC) of the Board of Trustees. This committee is made up of board members and community members with a focus on moving forward the health equity strategy, as well as the CHNA, which is developed by BHS hospitals, in partnership with members of the community on the Community Benefit Advisory Committee, a system-wide committee that reviews and discusses community benefit programs, potential new initiatives, and community needs and outcomes.

Operation Better Start, 2023

BHS is the only health system in Berkshire County and therefore assumes a significant leadership role in addressing the priorities identified in the CHNA. BHS has a strong reputation as a leader and collaborator in meeting community health needs through its ongoing community benefit programs and services. These include, but are not limited to, health education programs, screenings, support groups, mental health services, and other community health improvement services and access to care through several leveraged sources (grants). BHS understands that the needs of the community are fluid and may change with circumstance and time, in response community health improvement strategies may also change, and programs may be added, eliminated, or revised as 2022-2025 timeframe.

While demographic, socioeconomic, and health status indicators provide an effective means of identifying potential needs and/or problems, such a broad-based view cannot identify all the health and human service problems facing a community. This is rather one step of many in an ongoing process of collecting and disseminating health

status information so that, in working together, we address most of the identified health needs of our community and help to ensure better outcomes for all the people living in Berkshire County. Additionally, an important part of this process is to identify preexisting programs and resources in the community to avoid duplication of efforts and siloed work.

By collaborating with community partners, BHS strives to build a stronger, more resilient community that can address shared needs. When partner organizations are already addressing a priority health need, BHS may not provide direct service or funds; however, the system may support the program by providing referrals, connections, data, and/or other modalities of support. Based on this approach, most of the CHNA's identified health needs are being addressed by BHS or partner organizations.

SUMMARY OF PREVIOUS CHNA

In the 2022 CHNA, the prioritized health needs for the service area were:

- Chronic disease with a focus on cancer, heart disease, and diabetes
- Housing stability/homelessness
- Mental illness and mental health
- Substance use disorders

These focus areas were also informed by the Massachusetts Department of Public Health's (DPH) six social determinants of health priorities:

- Built Environment
- Social Environment
- Housing
- Violence
- Education
- Employment

The 2022 CHNA found that starting in 2020, the COVID-19 pandemic had been an ongoing health crisis for at least two years that affected many health outcomes directly and indirectly. COVID-19 caused immense physical suffering for many residents, who faced dire health outcomes in addition to financial hardship. For many people, especially those who already experience poverty or other challenges, the pandemic negatively affected personal income, housing, food security, and many other basic needs. Inflation rose during the pandemic and continued to be elevated, negatively affecting the cost of living in the service area. The pandemic also exacerbated workforce shortages in the region, which persist in the healthcare sector and further limit access to medical providers. Barriers to care included lack of income and wealth to purchase insurance or to see providers who don't take insurance; unconscious bias among providers; and lack of access to care that is culturally and linguistically appropriate. The rapid expansion of telehealth during the pandemic was a positive development in access to care, but some populations, such as residents with limited means, immigrants, rural communities, and older adults, face barriers to using the internet and other technology. Mental health suffered during the isolation of the pandemic, and many young people reported higher rates of anxiety and depression, including rural youth and those who identify as girls, Black and Latine, having disabilities, and LGBTQIA+. In addition, children of all ages suffered educational and social delays, and these repercussions continue to be felt.

For questions or comments on the CHNA, please contact:

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The 2025 CHNA updates the prioritized community health needs identified in the 2022 report, which focused on three areas: the social and economic factors or “determinants” that influence health, barriers to healthcare access, and health behaviors and outcomes. This CHNA focused on Berkshire County-level data and data for select communities as available: Pittsfield, Great Barrington, and North Adams, as well as rural clusters of municipalities as defined by the state Department of Public Health. 87% of patients seeking care at BHS facilities reside within the 32 municipalities of Berkshire County, thus the county is the geographic focus of this report.[18]

ASSESSMENT PROCESS AND METHODS

EXISTING ASSESSMENTS REVIEW

Review of existing assessment reports published since 2022 that were completed by community and regional agencies serving Berkshire County. Various local reports such as the Berkshire Benchmarks report completed by BRPC, and the Blackshires 2024 Health and Wellness Report were consulted, as were the Robert Wood Johnson/ University of Wisconsin 2025 County Health Rankings.

QUANTITATIVE DATA COLLECTION AND ANALYSIS

Existing data was gathered and summarized from a variety of sources, including Massachusetts DPH; the U.S Census Bureau through the American Community Survey (ACS); the County Health Ranking Reports; and a variety of other data sources. In addition, data was included from the Massachusetts DPH’s Community Health Equity Survey (CHES). In addition, a limited data set specific to Berkshire Health Systems was obtained directly from BHS.

QUALITATIVE DATA COLLECTION AND ANALYSIS

Primary data collection was conducted to gather information about specific topics, which included: a survey and listening session with public health officials in Berkshire County and throughout western Massachusetts; key informant interviews and focus groups specific to Berkshire County; and group interviews with key informants from healthcare and service organizations across western Massachusetts related to deeper dive focus areas, which included some representation from Berkshire County.

Key informant interviews and focus groups specific to Berkshire County were conducted by Berkshire Regional Planning Commission (BRPC) and included:

FOCUS GROUPS:

- Second Street, Second Chances Women’s Group
- Second Street, Second Chances Men’s Group
- Healthy Aging Working Group (including Queer Men of the Berkshires (Q-Mob), Elder Services, and community members)
- Berkshire Overdose and Addiction Prevention Collaborative (BOAPC)

KEY INFORMANT INTERVIEWS:

- Deborah Phillips, MS, LDN, IFNCP, Director, Southern Berkshire Rural Health Network
- Charles Redd, MS, RN, Diversity Equity and Inclusion Officer, BHS
- Noé González Ortiz, Child Care of the Berkshires
- Priti Shah, DPT, MBA, Administrative Director, Berkshire Visiting Nurse Association
- Michelle Schnopp, MSN, Director of Case Management, BHS
- Robert Shearer, DNP, AGACNP-BC, Director of Urgent Care, BHS
- Adrian Elliott, MD, Chief of Emergency Medicine, Fairview Hospital
- Carol Passley, DBA, MSN, CENP, CDP, LSSGB, Senior Director of Nursing, BHS

ADVISORY BOARDS

In addition, the County Health Initiative (CHI), made up of representatives from Berkshire Health Systems, Berkshire Regional Planning Commission, the City of Pittsfield Health Department, Northern Berkshire Community Coalition, the Southern Berkshire Public Health Collaborative, and Volunteers in Medicine provided ongoing input and acted as a local community advisory board in addition to the health system’s Community Benefits Advisory Committee.

USE OF ARTIFICIAL INTELLIGENCE (AI)

PHIWM used AI to aid in transcription of interviews and focus groups, to assist with making content more succinct, and to suggest simpler ways to convey complex information.

PRIORITIZATION PROCESS

The 2025 CHNA used the 2022 CHNA priorities as a baseline and reprioritized needs where quantitative data, qualitative data, and community feedback warranted changes. In previous CHNAs, prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community. Quantitative, qualitative, and community engagement data confirm that priorities from 2022 continue in 2025. Coalition members’ health equity goals and priority communities were incorporated into the data collection plan. These were overlaid to identify common topics and populations of concern. To ensure that the CHNAs can help drive action and inform policy considerations, a criterion was added to understand which of these focus areas had a tie-in with major state policies either recently enacted or under consideration. Through this process, the Coalition members agreed that maternal health/ birth equity and mental health/substance use warranted regional attention as prioritized needs, along with several communities of focus: older adults, immigrants and refugees, and young children and their parents/caregivers. Berkshire Health Systems identified four focus areas, two which overlapped with regional priorities: 1) mental health, 2) the relationship between substance use (including alcohol) and housing, 3) access to care (including rural), and 4) people experiencing socio-economic disparities.

Overdose Awareness Standout, 2025

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 was 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. Sources differed by:

- geographic level of data available (town, county, state, region);
- racial and ethnic breakdown available; and
- time period of reporting (month, quarter, year, multiple years);
- whether data are crude or age adjusted. Age adjusted data accounts for differences in age

within a population, so it's easier to compare different groups or places fairly, for example, if one town or county has more elder residents than another. Crude data shows overall rates for the whole population and is less comparable across groups and places. This report notes where crude data is used, and its limitations.

Data is limited for smaller towns because when the number of cases of a particular characteristic or condition is small, it is usually withheld from public reports to protect confidentiality and because of estimate variability. The availability of data and the problem of small numbers particularly affect the reporting of data by race and ethnicity in Berkshire County, preventing a better understanding of people who identify with different races and ethnicities. It is also important to consider intersectionality— the overlapping identities of residents. We were unable to explore these differences with the data available. Also, qualitative data from a small number of key informants and residents gives voice to their perspectives but cannot be overly generalized. Participants' views may not reflect the diversity of perspectives within a demographic group or within the larger population. Finally, data collected during the first two years of the COVID-19 pandemic, 2020 through 2021, may not reflect longer-term trends in health outcomes. The pandemic resulted in numerous disruptions in social, educational, economic, health and employment systems, affecting access to care, data reporting limitations, local/regional capacity, and governmental resources.

COMMUNITY HEALTH EQUITY SURVEY (CHES)

In an effort to advance health equity, the Massachusetts Department of Public Health (MDPH) conducted the Community Health Equity Survey in 2023. Similar to the previous survey conducted through the Community Health Equity Initiative (2020 COVID-19 Community Impact Survey), MDPH intentionally sought to reach key populations such as people of color, LGBTQIA+ individuals, people with disabilities, older adults, rural residents, and more. The data provide important information that we do not have from other data sources because of the way the survey was conducted to ensure representation from these populations. *Caution should be used when interpreting these survey results, as these findings are only representative of those who participated in the survey. They may not be representative of the experiences of everyone in Massachusetts or the communities served by Berkshire Health Systems.*

Note: All percentages reported are weighted and statistical significance testing, a chi-square (X2) test of independence for comparisons was used where applicable.

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, Latine, Indigenous, Asian, people/communities of color, White, LGBTQIA+, and transgender. 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 are not captured by the term "Latine" and differences among those who identify as Chinese, Japanese, or Korean that are not captured by "Asian."

ORIENTATION TO THIS REPORT

Recognizing that this report encompasses a broad and deep assessment, we have developed a framework through which the reader can visualize, absorb, and engage with the content provided herein.

The CHNA identifies systemic challenges and priorities for collective action, represented by the purple and orange threads in the illustration below.

- Cross-Cutting Themes (Orange) are overarching issues or factors that affect multiple priority areas or populations within the assessment.
- Regional Focus Areas (Purple) refer to specific health priorities within our particular area that have been identified through data, community input, and local participation in the CHNA development process.

Of particular note, this framework emphasizes that both crosscutting themes and regional focus areas are not stand-alone topics, but rather are interconnected elements that influence health outcomes across the community.

Opportunities for action were elicited during the qualitative data collection phase among participants in key informant interviews and focus groups related to the major focus areas and populations. These items are intended to be used to inform actions by the Coalition of Hospitals/ Insurer of Western Massachusetts, its individual members, and to motivate advocacy among other healthcare, social service, and community organizations and with those who are in positions of power.

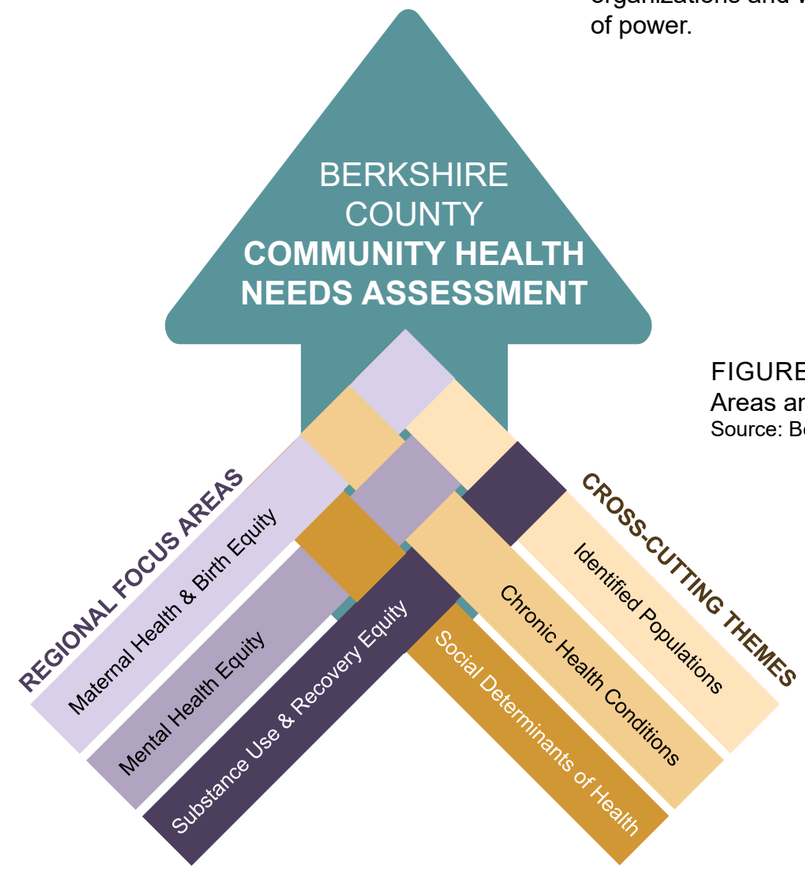


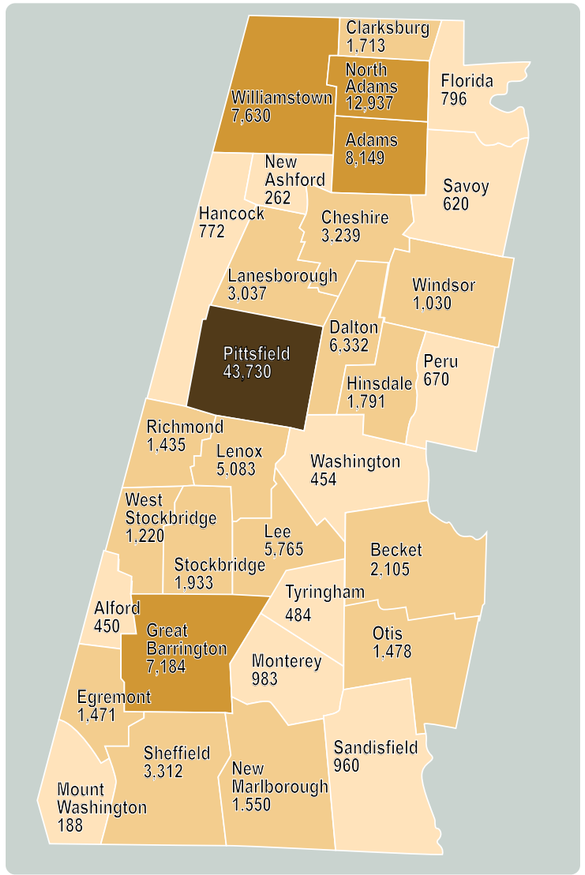
FIGURE 4: CHNA Regional Focus Areas and Cross-Cutting Themes
Source: Berkshire Health Systems

ABOUT THE HOSPITAL SERVICE AREA AND COMMUNITY SERVED

This assessment covers Berkshire Health Systems' service area, which includes all 32 municipalities in Berkshire County. BHS also serves some residents from bordering counties in New York, Vermont, and Connecticut, as well as from the "hill towns" of Hampshire and Hampden Counties. For the purposes of reporting data related to prioritized needs in this report, references to "the service area" are reporting on Berkshire County municipalities only, as 87% of those seeking care at BHS live within the county. Berkshire Health Systems operates the only in-patient and emergency department services in the county.

Mostly rural Berkshire County covers almost 950 square miles, with a 5-year population average of 128,763 and a population density of 136.8 people per square mile.[19] By contrast, Boston has 13,556 people per square mile. 31 of the 32 Berkshire municipalities meet the Massachusetts Office of Rural Health's definition of a rural town (all but Pittsfield), accounting for 66% of the county's population.[20] As shown in Figure 5, Pittsfield is the county's largest municipality, with 43,730 residents; the next largest is the city of North Adams, with under 13,000 residents. 21 of the county's 32 municipalities have under 2,500 residents (66%) and 11 (34%) have fewer than 1,000 residents. Overall, 35% of residents live in a low population density area (compared to 9% statewide and 20% nationwide). The larger region's two biggest cities, Springfield, MA and Albany, NY, are both at least an hour drive from Berkshire County, and potentially up to two hours for some residents. Public transportation is limited in all areas of the county and does not run at all in the evenings or on weekends. According to regional planners, it is common knowledge that availability of transportation via ride share apps like Uber or Lyft is largely non-existent.

FIGURE 5: Berkshire County Municipality Borders and Population

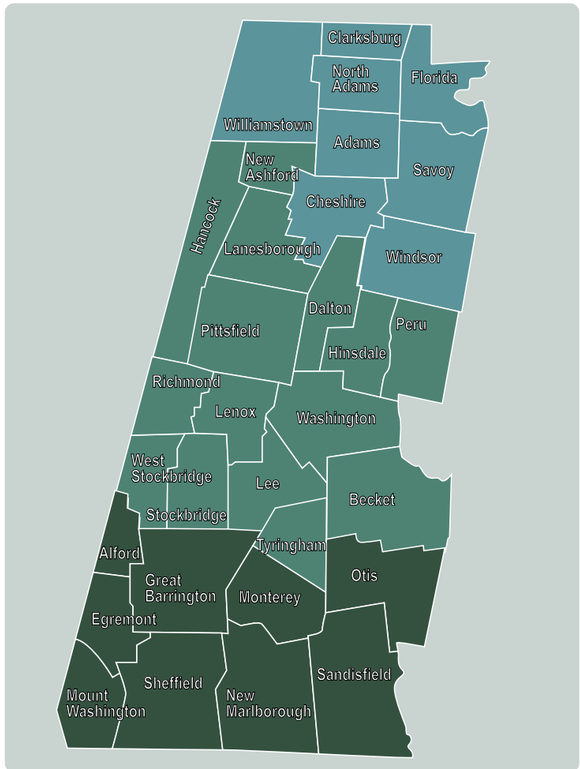


Source: Berkshire Regional Planning Commission

Berkshire County traditionally divides itself into three geographic areas: North, South, and Central County. Although the boundaries of these areas are fluid, for the purposes of this report, they are defined as shown in Figure 6. Where possible, data is presented by geographic area, as well as countywide, and when available the main municipality in each geographic area (Pittsfield, North Adams, Great Barrington) is also broken out.

Data is also presented at times by "rural clusters" as defined by the Office of Rural Health at the state Department of Public Health. All Berkshire municipalities, aside from Pittsfield, are part of one of the three rural clusters in the county.

FIGURE 6: Geographic Boundaries for North, South, and Central Berkshire County



Source: Berkshire Health Systems data, Berkshire Regional Planning Commission graphic

Berkshire County is primarily White, non-Hispanic (86%), which is significantly higher than the state as a whole (69% of MA residents are White, non-Hispanic) or the US (66%), but similar to the rest of western MA other than Hampden County (2018-2022 data).[9]

- About 3% of the county's population is Black, 2% is Asian, and 5% are more than one race.
- Pittsfield is the most diverse municipality, with 82% of residents identifying as White, non-Hispanic, 6% as Black, and 8% as multiple races.
- However, more residents identifying as Asian live in Great Barrington (4%) and North Adams (3%) than in Pittsfield (1%).
- 5% of Berkshire County's population identifies as Latine according to the census, although local providers believe the number to be higher. The highest rate is found in Pittsfield, where 8% of the population identifies as Latine.[9]

The county has diversified over the past decade, and immigrants from Latin America are one of the fastest growing populations. One local service provider interviewed for this CHNA estimates that at least 350 immigrants are moving to the county annually.

Berkshire County's population is older than the state as a whole and much older than the United States (2018-2022 data).[9] Those 65+ make up 24% of the population compared to 17% for Massachusetts overall, and over 40% of the population is 50+, compared to 31% of Massachusetts.

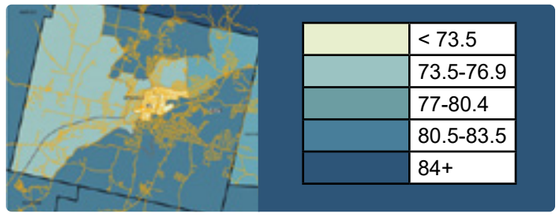
In contrast to the county's higher older adult population, the number of residents aged 25-44 are lower (22%) than in the rest of the state (27%).[9] Correspondingly, the number of children under age 18 is also lower – 16% of the population is 0-17 compared to almost 20% in the rest of the Commonwealth. Only Hampshire County has a lower proportion of children in western MA. Roughly 22% of households in Berkshire County have children, compared to 28% of households statewide.[9]

As of 2025, Berkshire County has a lower life expectancy (77.3 years) than the state (79.9 years) or than any of the other counties in western MA aside from Hampden County, which is slightly lower at 76.9 years.[21]

- Black residents have a particularly low life expectancy of only 67.6 years.
- Non-Hispanic Whites have the second lowest life expectancy in the county at 77.4 years.
- In contrast Latine residents of all races have a life expectancy of 83.1 years and Asian residents have a life expectancy of 89.5 years. Life expectancy differs widely across the county, with a high of 87.5 years in New Marlborough to a low of 71 years in the Westside neighborhood of Pittsfield.

Even within the same city, social determinants of health such as substandard housing, violence, education levels, income levels, mental health and substance use, and systemic and institutional racism lead to dramatic differences in life expectancy. These differences are shown in Figure 7, with a high life expectancy of 83.5 in the relatively wealthier Southeast neighborhood of Pittsfield versus a low of 71 in the poorer, more racially diverse Westside neighborhood, just a few miles away.

FIGURE 7: Life Expectancy in Pittsfield based on Census Tract



Source: Berkshire Regional Planning Commission using Census Data

Berkshire County has long led the state in premature death rates, which are deaths before the age of 75 that might have been prevented.[21] The 2025 County Health Rankings showed a slight improvement over previous years, however, Berkshire County still ranks higher on premature death than any other county in Massachusetts other than Hampden County, and above the US average as a whole. Rates are more than double for Black residents compared to the county overall.

The primary causes of death before age 75 in Berkshire County are cancers, heart disease, accidents, chronic lower respiratory infections, and COVID-19.[21] However, an initial analysis of raw death data from the Massachusetts DPH by Berkshire Regional Planning Commission suggests that many of these deaths had underlying causes related to alcohol or other substance misuse. This seems to be borne out by so-called "deaths of despair" which encompass intentional self-harm (suicide), alcohol-related disease, and drug-overdoses, which are shown to be higher in Berkshire County compared to the state as a whole;[12] this is also supported by anecdotal information from providers.

Although those over 65 are less likely to have a disability in Berkshire County (28% vs. 31% in MA), higher rates can be found in Pittsfield (32%) and North Adams (40%) and a lower rate in Great Barrington (20%) (2018-2022 data).[9]

Younger age groups are more likely to have a disability than in other parts of the state; 12% of Berkshire County residents aged 18-64 have a disability, versus 9% in MA as a whole.[9] Again, the numbers are higher in Pittsfield and North Adams (15%) than in Great Barrington (5%). Of those under 18, 6% countywide have a disability vs. 5% statewide, with again the lowest numbers in Great Barrington (3%).

Transportation remains a barrier for many. 9% of households in Berkshire County have no access to a motor vehicle, and although about 38% of the county lives near transit, public transportation is infrequent everywhere, does not run in the evenings or on weekends, and routes are only sometimes direct.[9]

HEALTH SYSTEM DEMOGRAPHICS

Patients accessing healthcare across Berkshire Health Systems in 2024 generally matched

BHS at the National Alliance on Mental Illness's Youth Mental Health Wellness Fair on July 12, 2025

the demographics of the county, although not unexpectedly more visits are seen among those over 65.

- In 2024, the health system's patients as a whole were 16% under the age of 20, 52% aged 20-64, and 32% over the age of 65.[18]
- 55% of these patients were female (as identified at birth) and 45% were male (as identified at birth).[18]
- 86% of those seen by BHS were White, and 4% were Black, while another 4% identified as some other race. 5% identified as Latine.[18]
- Geographically, 23% resided in North County, 53% were from Central County, and 11% were from South County. 13% came from outside Berkshire County.[18]
- 95% spoke English, and 2% spoke Spanish.[18]
- 21% of patients were on MassHealth, the vast majority of those as members of the Accountable Care Organization (ACO). 32% were Medicare patients and 46% had private insurance.[18]

BERKSHIRE HEALTH SYSTEMS EMERGENCY DEPARTMENT DATA

The three BHS EDs saw over 75,000 patients in 2024, the majority of which were seen at BMC. The Urgent Care Center in Pittsfield saw an additional 33,361 patients in 2024.[18]

- 19% of those seen in the ED were admitted as inpatient, roughly 2% were transferred to another facility.[18]
- The average number of ED visits were 1.67 per patient, although the range was from 1 – 121. 2.4% of patients had six or more visits.[18]
- The top diagnoses of those visiting the emergency department are listed below, although this did differ between facilities (see Table 2). Note this does not include Urgent Care visits.[18]
  - Substance use disorder (SUD)
  - Fracture
  - Chest Pain
  - Nausea and Vomiting
  - Sepsis
  - Headache/Migraine
  - Cellulitis
  - Respiratory Failure
  - Mental Health
  - COVID
- Patients visiting Fairview Hospital were less likely to have a diagnosis of SUD or mental health (neither diagnosis made the top ten) as were patients visiting North Adams Regional Hospital's emergency department (SUD was the 7th most common diagnosis and mental health did not make the top ten).[18]

TABLE 1: Emergency Department Visits by Hospital, in 2024

Source: Berkshire Health Systems, 2024

Berkshire Medical Center ED	Fairview Hospital ED	North Adams Regional Hospital ED (incl. SEF)	Total ED Visits
42,933	15,106	17,057	75,096

INPATIENT

Berkshire Health Systems had 17,465 inpatient admissions in 2024, the vast majority of those at Berkshire Medical Center (15,704).[18]

- Most admissions were to the Medical/Surgical Ward (13,187 or 76%).[18]
- 213 admissions were pediatric (excluding newborns); all but one of those were admitted to BMC.[18]
- 933 (5%) inpatients were for maternity, and 678 (4%) for nursery care.[18]
- 1,592 (9%) patients were admitted for substance use and 566 for behavioral health (3%).[18]

TABLE 2: 2024 Emergency Department Visits by Hospital, in alphabetical order.

Source: Berkshire Health Systems, 2024

Berkshire Medical Center	Fairview Hospital	North Adams Regional Hospital
Alcohol / Drug	Cardiac Arrhythmia	Alcohol / Drug
Cardiac Arrhythmia	Diabetes	Cellulitis
GI Bleed	Disorders of Nutrition/Metabolism	COPD
Heart Failure	Heart Failure	Digestive Disorders
Other Infection	Kidney & Urinary Infections	Disorders of Nutrition/Metabolism
Pneumonia	Pneumonia	Heart Failure
Renal Failure	Pulmonary Edema	Pneumonia
Respiratory Infection	Renal Failure	Renal Failure
Sepsis	Respiratory Infection	Respiratory Infection
Stroke	Sepsis	Sepsis
42,933	15,106	17,057

IDENTIFIED POPULATIONS

YOUNG CHILDREN AND THEIR PARENTS/ CAREGIVERS

Despite the large older adult population, about one in six Berkshire County residents (16.4%) are under 18 (2018-2022 data).[12] Among children under 18, 5% have disabilities and 17% experience poverty. 4% of residents are aged 0-4, totaling 5,172.[12] During the first phase of CHNA research, the Coalition and community advisors in the service area identified young children and their parents and caregivers as a community of focus for deeper assessment because of observed challenges and stresses coming out of the pandemic.

PANDEMIC IMPACTS ON PARENTS AND CHILDREN

The pandemic had enduring effects on parents, particularly in terms of parent and caregiver mental health and financial stability. In 2023, 33% of parents nationally reported high levels of stress in the past month compared to only 20% of other adults.[22] Economic instability has been another major consequence of the pandemic; many female caregivers faced job losses, income reductions, and housing instability, further affecting their ability to provide for their families.[23, 24]

The impact of the COVID-19 pandemic on children's physical and mental health has been profound. A Mass General Brigham study found that school-age children and adolescents who had contracted COVID-19 exhibited prolonged symptoms, including fatigue, headaches, and sleep disturbances.[25] The pandemic significantly disrupted children's education and natural cognitive growth.[25] Students experienced substantial learning losses during the pandemic, especially in writing, and pandemic isolation led to a loss in socialization skills and a loss of physical activity. In Massachusetts, similar trends have been observed.[26] Children rely on peer interaction for social validation and identity formation, and not having an in-person school experience caused children to experience increased levels of anxiety.[26] The impact of school closures had an amplified effect on youth from low-income households, those with public insurance, and those from racial/ ethnic minority groups, as they are more likely to receive health services exclusively from school services.[26] 2024 MCAS scores demonstrate ongoing academic deficits and losses since 2020, raising questions as to whether this entire generation of children will ever fully recover.[28] On almost every every test, across almost every grade level, students trailed their pre-pandemic peers by substantial margins.[27] Latine and Black students scored particularly poorly, well behind their peers, with less than 30% meeting grade benchmarks on most tests.

Local youth outreach specialists and community leaders interviewed for this CHNA reported seeing these pandemic impacts play out in families, childcare, clinical settings, and beyond, emphasizing the need to address this phenomenon. Childcare professionals noted the impact of COVID causing a generational window of children requiring additional support due to impaired access and delivery of care and education.

> ***"The kids that are just getting to middle school and high school now are the ones that are affected most by the lack of access to care due to the pandemic. It is expected there will be a significant need to help this generation of kids once they finish high school."***
>
> -Berkshire County Registered Nurse

ACCESS TO HEALTH CARE

Interviewed early childhood professionals noted that children fell behind in vaccinations due to vaccine hesitancy and lack of routine care during the pandemic. Difficulty in accessing care rose as well, and families continue to struggle to find a pediatrician or get an appointment. Wait times for to secureing an appointment can be upwards of 6 months, with some families waiting even longer. Without a visit to a primary care provider, this often means children can't get needed referrals to specialists, further delaying care. In some cases, health insurance restrictions mean they have to travel farther to see a provider, which makes people less likely to make an appointment. Additionally, as Berkshire County is lacking a pediatric intensive care unit within any of the healthcare facilities, critically ill children must also leave the county for some services.

BASIC NEEDS

Key informant interviews revealed that families are struggling to meet basic needs. This type of stress affects children as well as parents. While childcare centers can support kids while they are in their care, many organizations in Berkshire County were stretched thin during the pandemic. There was a shortage of staple family supplies, such as diapers, hindering parents' and caregivers' ability to keep children safe, healthy, and happy. Further, there was an increase in food insecurity, unmet demand for safe and affordable housing, and transportation issues for many communities in the county. This left people needing to choose between supporting their child or paying bills and still poses a challenge to many parents and caregivers today. Some immigrant families struggle with fears of deportation and may be reluctant to seek support and resources, including SNAP/WIC.

EARLY EDUCATION AND CARE

Availability and affordability of early education and care is an important component of family wellbeing, enabling families to have the structures and supports they need to thrive economically and physically. The pandemic disrupted the early care infrastructure, which has been rebuilding in the last few years. The lack of reliable childcare especially impacts women in the service area. In Berkshire County, the rate of childcare centers for children age 0-4yr is 9.4 per 1,000 population, compared to 8.2 per 1,000 statewide and nationally.[12] Finances, time, and transportation limit families' ability to utilize services.

Interviewed early childhood professionals discussed the difficulty of hiring and maintaining staff. A reduction in programs to maintain staff has led to teachers and daycare providers actively looking for other jobs and moving out of the field, with not enough people entering the field to fill the gaps. This, in combination with schools losing funding, has caused them to enroll fewer children. The pandemic contributed to developmental delays, particularly in language skills, in infants and toddlers, leading to communication challenges and behavioral issues. Child development was negatively impacted for all ages, but the youngest children were impacted the most due to stunted growth of foundational social-emotional skills.

Immigrant and Refugee Families face even more challenges. In a 2023 group interview with immigrant serving organizations for the Women's Fund gender equity report, participants spoke to the trauma that new migrants bring from their long, arduous journeys to this country, which their children carry as well.[29] The report also noted that it can be hard to access services and supports as a newcomer because of language, transportation, childcare barriers, small incomes, and lack of support systems. A key informant interview participant reported many poor interactions between younger children of minority populations and available family and youth resources.

> ***"There's a lot of stigma in Berkshire County regarding gender, race—you name it."*** -Youth Outreach Specialist

Cross Cutting Theme: Identified Populations

ASSETS AND RESOURCES

- 18 Degrees provides youth development, mentoring, trauma-informed care, family support, and mental health services for at-risk youth.
- Berkshire County Kid's Place provides a safe, homelike atmosphere for child abuse victims and their non-offending family members.
- Massachusetts Department of Children & Families works in partnership with families and communities to keep children safe from abuse and neglect.
- Pittsfield Coordinated Family & Community Engagement is a locally based program serving families with children birth through age 6. They promote parent education, family engagement, child development, and early literacy.
- Northern Berkshire Community Coalition (nbCC) serves 10 municipalities in Berkshire County and provides a free Community Resource Guide, in English and Spanish, positive youth development programming, as well as a Family Resource Center program that provides parent education and support programming, and referral and information services regarding local resources.

OPPORTUNITIES FOR ACTION

The legislature and state government have been taking actions since the last CHNA to improve child care access and affordability.[30] Progress has been made, and advocates say that the government can still do more. The key to a thriving early care system is to offer living wage jobs, so more people, especially people of color, will enter and stay in the profession.[30] The Massachusetts Taxpayers Foundation reported that average salary for early care employees was $43,000 per year in 2024, well below the state's cost of living and what K-12 teachers receive in pay.[31]

- The state made permanent Commonwealth Cares for Children ("C3") grants that had been instituted during the pandemic.[32] These can be used by early care providers to offer bonuses and incentives to workers to offset low wages.[31]
- The Healey Administration has pledged to raise the reimbursement rates for child care providers that accept financial assistance, which some families are income-eligible to receive to help pay for care.[33]
- Other proposals under consideration include apprenticeship programs, higher education scholarships, and creation of credentialing and career pathways.[34]

Parents and caregivers in focus groups recommended that policies and funding go toward: providing SNAP benefits to grandparent guardians for their grandkids; strengthening community-based hubs that provide families with support, information, and connections; parenting education and support groups; wellness programs; more affordable afterschool and weekend programs and activities.

OLDER ADULTS

- Older adults make up the largest portion of Berkshire County's residents with 30,991 (24%) over age 65, and 52,031 (40%) age 55+ (2018-2022 data).[12] In contrast, only 31% of MA residents are over 55. The UMass Donahue Institute forecasts that in Berkshire County, the number of women 65+ will be about 20,000 and men 65+ will be about 16,500 by 2035.[10] Figures 8 and 9 compare 2020 to 2030 percentages of population over age 65 and 50 years, respectively.
- In many Berkshire municipalities, especially the smaller, more rural communities, the median age is well over 40 and approaches 60 in a few. By 2050, the population over age 85 is expected to double.[10]
- 28% of Berkshire County residents age 65+ have a disability (2018-2022 data).[12]
- In 2018–2022 ACS five-year estimates for Massachusetts, the number of widowed women was more than double the number of widowed men (20,816 vs. 8,295).[9] This mirrors national trends, which show that women aged 65+ are more likely to be widowed and to be living in poverty than men.[29,35]

FIGURE 8: Berkshire County Population Age 65+ Comparing 2020 to 2030

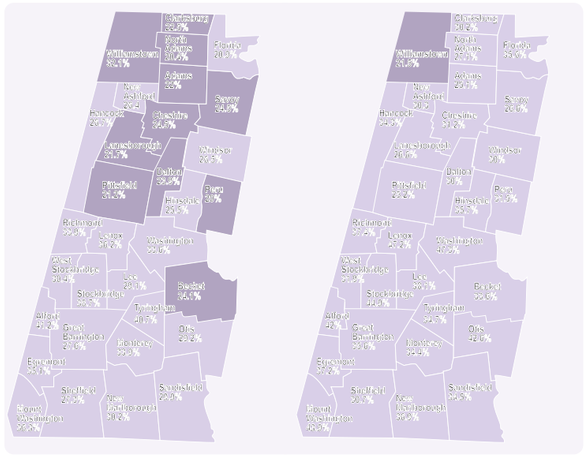
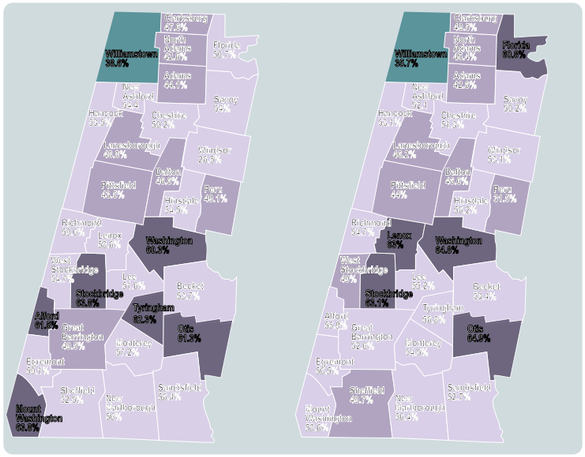


FIGURE 9: Berkshire County Population Age 50+ Comparing 2020 to 2030



Source: Berkshire Regional Planning Commission using 2024 UMass Donahue Projections

Some older adults, particularly those in the south part of the county, are higher income retirees who moved to Berkshire County to take advantage of its many cultural offerings and outdoor recreation opportunities. However, many older adults in the county are lower income, live in inappropriate housing, and are isolated in rural communities without access to transportation. Most, regardless of income, struggle to find and access healthcare. Key informants interviewed for this CHNA who work with older adults cited a lack of geriatric trained providers, long waits for appointments, and a lack of transportation options, which all compromise access to care. In-home care, whether skilled nursing care or personal care, is often difficult to find, especially in the more rural areas of the county.

Informants from EMS mentioned falls as a particular issue often necessitating a call to EMS for a "lift assist" as individuals are unable to get themselves up after a fall, even though they do not otherwise need medical assistance. A Community EMS (CEMS) program, that allowed EMS to provide preventive in-home care to older adults is being considered in South County to alleviate some of these issues; however, EMS capacity and start-up funding have both been barriers.

PANDEMIC IMPACTS AND OTHER TRENDS

INCOME AND ACCESS TO BASIC NEEDS

Nationally, the pandemic-induced rise in inflation has been especially hard for older adults who are on a fixed income. While Social Security payments have risen over the last few years, the cost of living adjustment (COLA) does not adequately cover the rise in expenses such as housing and health care, according to the Senior Citizens League.[11] Their research indicates that Social Security benefits have lost 30% of their purchasing power since 2000.[11] Among all households in Berkshire County, older adult households have comparatively less income (median $54,199 versus $69,744 countywide) to meet monthly expenses, although

monthly expenses might be lower, as they are less likely to have dependents.[9] UMass Boston's 2025 Elder Index provides data that shows the challenges older adults face in meeting their monthly expenses.[36] It estimates the monthly costs of food, transportation, health, housing, and miscellaneous expenses by county (see Appendix, Figure 15). The index estimates that a Berkshire County retired couple in good health who rent their home need $50,292 per year to meet basic needs and age in place with dignity.[36] If they have a mortgage, the figure jumps to $55,788 and if the couple has poor health, these numbers jump to $55,044 for renters and $60,540 for homeowners with a mortgage. Given the median income for households 65+, at least half of older adults would struggle to have the resources to make ends meet.[36]

SOCIAL ISOLATION AND LONELINESS

Loneliness and social isolation among older adults has persisted post-pandemic. A key informant in elder services highlighted efforts to connect older adults with elder-focused social programs. However, these efforts are often met with hesitancy or refusal due to feeling shame about their age or denial that they are getting older and weaker and need help. Given the semi-rural nature of the county, with its lack of employment opportunities, younger family members often move to other areas, which contributes to loneliness in older adults and leaves them without family support. There are older adults in the area that refrain from or don't know how to use electronic communication or don't have appropriate internet access or devices, limiting their ability to interact with others. Social isolation can also exacerbate negative coping skills, such as drinking too much or other substance misuse, which also contribute to negative mental health outcomes like depression and anxiety.

> ***"Sometimes we are the only people going in the home and are the sole source of social connection for patients."***
> -Berkshire County VNA Clinician

ACCESS TO CARE

Older adults face similar challenges to other residents in the area but also find themselves troubled with unique challenges, as described below by key informants and focus group participants.

- Key informants who work with older adults and focus groups with older adults emphasized the lack of both primary care doctors and specialists, and long wait times for appointments, especially for specialists. These include geriatric specialists, for which there is a great need. A lack of providers can impact older adults more than the rest of the general population as they need increased care for chronic conditions as they age. Some older adults leave the county entirely for appointments and travel to Boston, Springfield, and Albany where a provider is available, however, this is only possible for those who are able to drive themselves or have a family member or friend who is able to drive them. Another key informant mentioned older people of color are even more isolated as they are a small minority within a predominantly White population. They noted that people of color have historically been marginalized in the community, and that limits their ability and willingness to join elder-focused social programs.
- Transportation barriers, long distances to travel, and limited and inconvenient public transit, are among the largest challenges facing older adults, especially those in rural areas. Transportation issues were raised in almost every key informant interview and focus group. Programs providing transportation for older adults and people with disabilities don't reach every municipality in the county. There are also older adults that are ineligible for transportation programs for various reasons, including being above income thresholds or an inability or unwillingness to fill out the necessary forms. Transportation issues are compounded when winter weather arrives or there is a need to travel outside the county. Older adults are less likely than the general population to drive. A lack of awareness about existing transportation programs and options also exists within the older adult population; as one key informant reported that there are some that don't know about PT-1 forms, and said it is likely they don't know of other services, too.
- Long-term care options were upended by the pandemic in our region, affecting older adults in nursing homes or other long-term care settings. Research from the Boston Federal Reserve Bank shows how nursing home closures in New England outpaced closures in all other regions, translating to a cascading effect on healthcare labor markets and disrupted access to long-term care.[37]
- Several key informants mentioned alcohol use as a significant problem for older adults in the area as it impacts their ability to follow guidance, increases their risk of falls, can cause or exacerbate chronic conditions, and interferes with medications and sleep.
- Subsidized senior housing is available throughout the county, but there are long waitlists and no centralized application process. Some older adults live in homes larger than they need or want but lack the resources or options to downsize.

DIGITAL LITERACY AND EQUITY

Many older adults don't understand how to use patient portals. A key informant described how there are older adults who cannot check lab results or messages from their providers because they can't figure out how to navigate patient portals. Key informants noted that many older adults either cannot afford computers and/or internet access or lack the skills to fully interact with technology.

> ***"Housing is a nightmare."***
> -Member, Southern Berkshire Rural Health Network

ASSETS AND RESOURCES

- SHINE (Serving the Health Insurance Needs of Everyone) is a program that provides free health insurance information, counseling, and assistance to people who are eligible for Medicare and their caregivers
- TRIAD program: Sponsored trainings in how to use 413Cares. These trainings and others are geared towards older adults and teach them how to stay safe through workshops/trainings around cyber security (avoiding scams), hoarding, and other issues affecting older adults.
- Meals on Wheels: Nationwide network partnered with local providers that deliver meals to seniors in need.
- Elder Services: Non-profit organization that provides a wide variety of services to seniors and their families.
- Visiting Nurse Association: Team of nurses that delivers care to the patient at their home following illness or hospitalization. VNA also offers a program for those 60+ misusing substances called Elders at Risk.
- South County Connector: On-demand transit program for select municipalities within South County.
- Senior Centers, Libraries, and Councils on Aging: Many senior centers and libraries provide tech support or classes for older adults, and some provide a younger mentor, which supports technology use as well as intergenerational connections. Elder care professionals in key informant interviews noted that Councils on

Aging and senior centers offer a wide range of supports.

OPPORTUNITIES FOR ACTION

- Digital literacy - While opportunities for education on the internet and tech devices exist, focus groups with older adults in the region suggest they would benefit from more. The range of skill level and interest in those focus groups suggests that classes that appeal to older adults across the skill spectrum are important, including very elementary levels and internet safety.
- Intergenerational connections - Feelings of isolation can be addressed by further exploring opportunities for intergenerational connections, including bringing programming to the places older adults gather. Focus groups with older adults and interviews with those who work with them suggested intergenerational living and other ways to foster intergenerational connections as a solution to isolation. Sometimes intergenerational programming is very intentional, like what takes place through similar to a mentor match program. But other times, it can involve intentional efforts to bring people of all ages into the same space, such as the Winter Farmers Markets. This could also help combat ageism. For example:
  - The Southern Berkshire Public Health Collaborative has suggested the idea of using older adults to take care of small children as a way to make life easier for the family and building a sense of interdependence from extended families within the community.
  - Home share programs where a younger person rents a room in an older adult's home has been suggested by the Health Aging Focus Group. This would allow an older adult to receive a bit more income, receive help around the house, and reduce social isolation, while allowing their tenant to find an affordable place to live.

> ***"Support for intergenerational living and community planning is essential to creating environments where multiple generations can live together, combat social isolation, and strengthen community bonds. Bringing together young and older adults to share, learn, and work together will help battle social isolation as well."***
> -Participant in ReiMAgine Aging listening session

- Geriatric healthcare - Designing systems and incentives, such as loan forgiveness, to draw more medical students into the geriatric field in western Massachusetts is critical.
- Mobile Integrated Health and/or Community EMS Models - Implementing Community EMS, allowing trained paramedics to provide preventive and follow-up care in a non-emergency situation. Mobile Integrated Health Care (MIH) and Community EMS are programs that utilize mobile resources to deliver care and services to patients in an out-of-hospital environment in coordination with healthcare facilities or other healthcare providers.

IMMIGRANTS AND REFUGEES

According to 2018–2022 ACS five-year estimates, there are more than 7,500 foreign-born residents in Berkshire County, comprising almost 6% of the county population; over 18% of foreign-born residents 5 years or older have limited English proficiency.[9] The proportion of foreign-born residents below 100% of the poverty rate is 11%, the same rate for the overall population of the county; this is much higher (18%) within foreign-born residents that are non-US citizens. Many immigrants do not speak English well, at least upon arrival. According to local providers, most have experienced trauma in their home countries and on their journey to the US, including separation from family members and violence.

Interviews with providers who serve the refugee and immigrant population of western Massachusetts surfaced a variety of challenges and obstacles facing these communities.

ACCESS TO HEALTH CARE AND CARE COORDINATION

Getting refugees and immigrants the health care they need is challenging for service providers. Interviewees reported:

- Transportation needs are high, particularly for immigrants in rural areas, but also for those living in areas that have public transit, as they may struggle to access, read, and understand the online bus route. Transportation is especially relevant when it comes to receiving specialty care, which is often only available in urban centers or requires patients to travel out of county. Sometimes, service organizations bear the cost of a taxi and at least one local provider serving the immigrant community has a volunteer driver program.
- Telehealth can help alleviate healthcare related transportation challenges, but newcomers often don't know how to navigate the telehealth system or don't have a device or internet to access it.
- Trauma-informed practice was raised by service providers who agreed that medical providers need more training in how to best treat immigrants and refugees who have experienced trauma, both in their home countries and on their journey to the United States, including family separation and violence. Relocating is often an isolating experience that adds to the trauma of being an immigrant or refugee. Trauma-informed care is one of the tactics utilized within Berkshire Medical Center and is taught to medical residents.
- Cultural aspects of mental health are important, as providers noted that many immigrants come from cultures that are resistant to medical or clinical treatment for mental health. Service providers in group interviews spoke of the positive impact of reducing isolation through simple programs, such as bringing people from the same language or cultural group together for a meal or a class. While this kind of work has great value in improving mental health, it's not billable, and thus makes it difficult for service providers to offer this frequently.
- Chronic disease rates are high among immigrants, particularly obesity, type 2 diabetes, and hypertension according to providers. However, distrust of the medical system, coupled with current events, mean that some are reluctant to seek ongoing care that might keep these conditions under control.
- Insurance policies can be confusing and complex to understand, even for people with English language literacy. Service providers can't always provide an accurate answer even after they've studied the policy and called the insurance provider or medical provider. They noted that MassHealth policies change depending on residency status and other factors, and these changes felt needlessly complicated to them and contributed to delayed care or no care at all.

Care coordination was a major challenge that service providers unanimously raised, as well as providing services between different local agencies. This is especially challenging when immigrants or refugees relocate, which frequently occurs as their housing needs change, according to key informants. Even if the move is a short one, it can be disruptive to care. Service providers noted that many people continue to travel up to an hour to the services they first accessed when they arrived, even if they moved (or were relocated) to a different county. One interviewee noted that if an undocumented person moves, they may stop accessing any care at all.

COMMUNICATION CHALLENGES

Key informants who work with immigrants spoke of language barriers still proving to be a challenge despite available services. They pointed out that even when translation/interpretation services are available, they are often still problematic and hinder care.

- Available services include designated phones on each floor of BMC connected to interpretive services, interactive white boards to allow virtual interpreters to join patients, and Fairview Hospital has iPads to bridge the language barrier between providers and people whose primary language is not English.
- Translation prolongs appointments and meetings. Patients often have to wait for an interpreter to become available, and then the interpretation itself makes communication take longer. Medical appointments especially are rarely designed to accommodate the extra time it takes to communicate through interpretation.
- Translating and interpreting are often not enough, especially if someone doesn't have much formal education in their native language or is unfamiliar with technical terms or filling out paperwork, as many newcomers are.

WRAP-AROUND SUPPORTS

Service providers in interviews noted the importance and need among many newcomers for "scaffolding." In education, scaffolding is a term used when educators provide students with a lot of guidance and support. As students become more competent, the scaffolding can be removed and they can continue more independently. Service providers are working to provide the scaffolding to immigrants and refugees, such as supports that will eventually enable them to fill out their own paperwork and follow through on referrals. Thus, while interpretation and translation are important, these services alone do not provide the scaffolding immigrants and refugees need to access resources.

ASSETS AND RESOURCES

- Volunteers in Medicine (VIM) provides care to a large portion of the immigrant community. They have a robust community health worker (CHW) program which helps immigrants obtain housing, enroll their children in school and access other basic needs and a strong care coordination model. VIM also provides educational programs on a variety of topics, as well as occasional social activities to build community.
- Berkshire Immigrant Center provides its clients with tools to help them overcome financial and cultural barriers, with the goals of strengthening civic engagement and creating equal opportunity for all. Berkshire Immigrant Center supports changes to systems which are unjust to immigrants and supports state and national immigration advocacy efforts. Services include legal consultations and representation.
- Berkshire Alliance to Support the Immigrant Community, or BASIC, is a network of service providers who meet regularly to coordinate services.
- CultureRx is a program through the Mass Cultural Council that seeks to improve "health and wellbeing through cultural participation."[38] Service providers noted that CultureRx programs had enabled them to offer supportive programming mentioned previously that improves mental health and quality of life for newcomers.
- Informants spoke of Community Health Workers (CHWs) as critical to providing care to the immigrant/refugee community.

> ***"It's why I think the Berkshires works well, because we do have systems of care coordination in place. And so the agencies communicate really closely. We know who does what. We meet at a table once a month. We talk about it, but any sort of breakdown is always related to care coordination."***
> -Berkshire County informant that works with immigrants

OPPORTUNITIES FOR ACTION

The following ideas emerged in group interviews with service providers:

- Increase healthcare employment pipelines for immigrants - The state should offer an easier route to licensure for foreign-born medical providers. This would increase access to care by culturally responsive providers and also raise income levels of trained medical professionals. More CHW training programs should be offered that are tailored to English language learners and can be marketed to newcomers. One promising model is the Greenfield Community College Certified Nurse's Assistant (CNA) program for English Language Learners. An informant noted that while it it takes twice as long as the CNA program for fluent English speakers, it has been very successful.
- Improve access to prescription medicines - Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to healthcare organizations that care for many uninsured and low-income patients. Service provider interviewees explained that 340B is critical to getting newcomers healthcare and medication, but it's been weakened at a federal level. They felt that 340B must be strengthened at a state level to be able to continue providing medication to the immigrant and refugee community.
- Improve health insurance access - Service provider interviewees urged the state to simplify the process of accessing health insurance by enrolling everyone in MassHealth Standard.

Rites of Passage and Empowerment youth program (ROPE) on their 2024 service trip to Ghana.

SOCIAL DETERMINANTS OF HEALTH

INCOME LEVELS AND POVERTY

The following data shows income levels and wages are consistently lower in Berkshire County than in the rest of Massachusetts.

The median earnings for males in Massachusetts is $61,060; in Berkshire County it is $48,238 (2018-2022 data).[9] Female earners have median earnings of $44,721 in Massachusetts as a whole, compared to $34,801 in Berkshire County. Overall, women in Berkshire County have median incomes $13,500 lower than men. Berkshire residents are far more likely to need to work two or more jobs in order to make ends meet. Massachusetts DPH's Community Health Equity Survey found that fully one-third (33%) of employed Berkshire residents who responded to the survey reported working more than one job.[39] Though the CHES data cannot be generalized to county residents as a whole due to limited responses, it illustrates the challenge of not earning a living wage among a number of people.

POVERTY

The following data show poverty rates are higher in Berkshire County than in the state as a whole and have been increasing over the past few years, while the state and the nation have seen slight declines or steady poverty rates. In Berkshire County, five-year ACS estimates from 2018 to 2022 show:[9]

- Overall, 25% of Berkshire residents were at or below 200% of the federal poverty level compared to 21% of MA residents.
- For families with children, the rate under 100% of the federal poverty level was 13% compared to 10% for the state as a whole; 17% of children under the age of 18 in Berkshire County were below poverty line. Poverty rates for children were highest in North County, and lowest in South County. Family poverty rates have been increasing in recent years.
- Poverty rates were highest for children of color. Black children had the highest rate of poverty (43%), followed by multiracial children (34%), children of other races (19%), White children (12%), and Asian children (8%). 36% of Latine children lived in poverty compared to 15% of non-Latine children.
- 21% of female-headed households with no spouse present lived in poverty.
- Poverty in adults was identical between males and females, but higher in Hispanic (23%), Black (28%), and multiracial (21%) residents compared to the county as a whole (11%).

INCOME AND EMPLOYMENT

Historically, Berkshire County has had among the lowest wages and incomes in the state, with only a marginal decrease in cost of living over more urban areas. Five-year ACS estimates from 2018 to 2022 show disparities in income and employment in the county:[9]

- Median earnings among residents 25+ years old are lowest in those who had not graduated from high school ($33,196) and highest in those with a graduate degree or above ($76,656). Overall, as level of education increases, median earnings increase. Only 9% of Berkshire residents attained less than a high school diploma, and 21% attained a graduate degree or above.
- When stratifying income by race/ethnicity, Black ($41,042) and other race ($49,943) residents are noticeably behind White residents' median earnings of $71,410. Latine residents' median earnings ($65,139) are also below the median White residents'.
- 3,595 Berkshire residents, about 1 in 20 (5%), are unemployed. Unemployment rates are highest in American Indian / Alaskan Native (10%), Black (8%), and Asian (6%) residents compared to other races.

DIGITAL ACCESS AND EQUITY

Berkshire County residents are less likely to have access to a computer and/or the Internet than in other parts of the state, although access remains high. ACS 2018-2022 estimates show that:[9]

- 8% of Berkshire residents, comprising over 4,000 households, compared to 6% of the Commonwealth as a whole lack access to any type of computer, including desktop or laptop, smartphone, tablet, or other device.
- These percentages are higher in North Adams (9%) and Great Barrington (10%) than in other parts of the county, including the more rural areas.
- 12% of Berkshire residents or almost 7,000 households, lack access to fast, reliable internet, compared to 9% of the state as a whole. These numbers are highest in North Adams (15%) and the surrounding rural North County communities.

TRANSPORTATION

Transportation remains a barrier for many. Over 5,000 households (9%) in Berkshire County have no access to a motor vehicle, and although about 38% of the county lives near transit, there is no frequent public transportation anywhere in the county (2018-2022 data).[12]

ASSETS AND RESOURCES

- 413Cares offers a way for people to search for free and reduced-cost services in their community.
- Berkshire County Arc offers advocacy and family support services designed to support children and adults with disabilities living in the community with their families.
- Community Health Program offers discounts for essential services through a Sliding Fee Discount Program that is based on family size and annual household income.

TABLE 3: Housing, Health and Food: Top Online Searches for Resources (2024)

Berkshire County Data	1,956 searches	Western Massachusetts Data	29,517 searches
Search category	% of searches*	Search category	% of searches*
Housing	25.5%	Housing	33.0%
Health	21.0%	Health	11.5%
Food	19.0%	Food	19.0%
Care	10.0%	Care	7.0%
Transit	7.0%	Money	6.0%
Goods	5.5%	Goods	8.5%
Money	6.0%	Transit	5.0%
Legal	3.5%	Education	3.5%
Work	0.5%	Work	2.5%
Education	2.0%	Legal	4.0%

Source: 413 Cares[41] * Represents percent of searches among these top 10 categories

- Louison House is a non-profit organization that works to serve people facing homelessness and housing insecurity in Northern Berkshire County.
- MassAbility empowers people with disabilities to live life on their own terms. Their programs and services expand possibilities in careers and training, home and community life, and legal rights and benefits.
- Northern Berkshire Community Coalition (nbCC) serves 10 municipalities of northern Berkshire, and provides a free Community Resource Guide, in English and Spanish, and works to keep the community informed about local resources and services through their newsletters and weekly e-zine. Additionally, nbCC provides free positive youth development programming, as well as hosts a Family Resource Center program that provides parent education and support programming, referral, and information services regarding local resources.
- UpSide413 promotes household, housing, and community stability through services aimed at empowering individuals and families to achieve stability in their homes and communities.

SOCIAL AND ECONOMIC FACTORS THAT AFFECT HEALTH

ACCESS TO BASIC NEEDS

Access to basic needs such as housing, food, and transportation is a prioritized need for this service area. When these building blocks of health become unaffordable, people with limited resources have to make difficult trade-offs to meet these needs. Present-day forces also matter, including inflation in cost of living that resulted from the COVID-19 pandemic.[40]

Housing affordability and access is an ongoing challenge for almost everyone in Berkshire County. The cost and unavailability of housing came up in almost every key informant interview and every focus group conducted as part of the CHNA process.

HOUSING COST

- The pandemic caused a significant increase in housing prices. Although these prices have somewhat stabilized, coupled with higher interest rates, houses are out of reach for many families and individuals.[43]

413CARES

413Cares is a free online community resource directory that taps into the national findhelp search platform to find and connect to free and low-cost social care services. It is managed by Public Health Institute of Western Massachusetts and supported by an Advisory Committee of organizations and regional partners across the region. In addition to connecting to thousands of resources listed on the find help platform, 413Cares has developed and organized a homepage so residents and service professionals can navigate to key resources in their local communities on topics that are most searched for (food, housing, mental health, substance use, legal, and so on). They also provide support to organizations and individuals using the platform.

We can get a sense of the needs in the service area by understanding the types of resources people are searching for in 413Cares.[41] Western Massachusetts and Berkshire County data from 413Cares show housing, health (including behavioral health), and food were the most frequently searched topics on the resource platform in 2024 (Table 3). [41]

- Almost one-third of households (32%) in Berkshire County are housing cost-burdened because they have to pay 30% or more of their income for housing; 15% are severely cost-burdened meaning they pay over 50% of their income on housing (2018-2022 based on 2023 Census data). [44]
- Among rental households, 49% are cost-burdened.[44]

HOUSING TYPES AND AVAILABILITY

- Focus groups have discussed how many houses that would otherwise be available as starter homes or for downsizing older adults are bought and rented out as short-term rentals to serve the tourism trade.
- Many Berkshire homes, especially in South County, are owned by part-time, second homeowners, accounting for over half of all homes in some municipalities.[44] 13 of the 32 municipalities in Berkshire County have over 25% of homes owned by second homeowners.
- Businesses, as well as informants for this CHNA, claim the lack of available housing hinders recruitment in all employment sectors, but particularly for healthcare and mental health care providers.
- According to focus groups, housing for those in recovery from substance use disorders or mental health issues is lacking.
- Older adults in a focus group report that older adults in the region are stuck in houses that are too big, too hard to care for, and too isolated/rural.

HOMELESSNESS AND EVICTIONS

- Pandemic-era policies offered temporary support for renters, but now that those programs have ended, eviction filings by landlords have risen, along with homelessness rates.[45] The impacts of the housing crisis are distributed inequitably. Berkshire County saw a rate of 24 evictions per renter household from April to September 2024 – higher than the state rate of 17 per 1,000.[45] North Adams (30/1000) and Pittsfield (32/1000) have the highest number of renters in the county and saw particularly high rates of evictions.
- Across the four-county region, family homelessness increased 46% between 2020 and 2024; individual homelessness increased by 12% in the same period.[46]
- While Black people made up 7% of the general population in Western Massachusetts in 2018-2022 estimates, they made up 35% of the unhoused population in a 2024 point-in-time count. Similarly, Latine people made up 17% of the general population but 36% of the unhoused population (see Appendix, Figure 14).[46]
- In Berkshire County, homeless families have increased 44% from 2020 to 2023.[42]
- In a bright spot, homelessness among veterans in Berkshire County decreased 39% in the same time period (2020 to 2023).[42]

Food insecurity, or when people don't have enough to eat and don't know where their next meal will come from, continues to impact many service area residents,[48] affecting their overall health and ability to manage chronic conditions.[49] The recent rise in inflation has led to an increased cost of food, requiring households to have larger weekly food budgets.[48] While wages have risen over the same time period, they have not kept pace with inflation.

- An interview with the Southern Berkshire Rural Health Network for this CHNA, and confirmed by other County Health Initiative members, identified that food networks and coordination increased during the pandemic, as did the number of food pantries even in very small municipalities, which was confirmed by other County Health Initiative members.
- Food insecurity was 11% in Berkshire County in 2022, with about 14,400 people countywide suffering from lack of sufficient food, compared

to 12,360 (10%) in 2019.[47] (See Appendix, Figure 11) for 2019 to 2022 trends in food insecurity by county.

- Food insecurity for children is even more acute, affecting 16% of the county's population under 18 in 2022.[47]
- 30% of the county's Black residents and 18% of Latine residents experienced food insecurity in 2022.[47]
- In FY2023, the Food Bank of Western Massachusetts served an average 24,667 individuals per month on average in Berkshire County, and provided in total 2.6 million meals to residents.[49]
- 31% of Berkshire County residents suffered from low food access in 2019, meaning they lived over 1 mile from a grocery store in an urban area, or more than 10 miles away in a rural area.[12] This was highest in South County, where 50% of Great Barrington residents had low food access, and in the rural clusters of Central County (47% had low access) and North County (30%).

Transportation is important to be able to access sources of healthy foods and health care. Transportation also affects people's ability to get to jobs, medical appointments, and social activities.[51] Transportation, along with housing, came up as an issue in all focus groups and most key informant interviews for this CHNA in Berkshire County. Findings from these interviews and focus groups indicate that in the county:

- Public transportation is infrequent, inconvenient for most, and does not run in the evenings or on the weekends;
- Ride share apps like Uber and Lyft are non-existent throughout the county, and taxis are expensive and often unavailable;
- A lack of transportation is one of the most commonly cited reasons for missing medical appointments, including medication-assisted treatment (MAT) and other substance use disorder treatment, mental health treatment, routine medical care, and recommended specialty care.
- According to focus group respondents, those without a cell phone are unable to coordinate on-demand service from Berkshire Regional Transit Authority (BRTA) or other providers. Transportation is also an issue for workers who would provide in-home services, like home health aides – those who live in rural areas are often unable to find someone willing or able to come provide care, even if they can otherwise afford to pay for care.
- A 2024 statewide poll by Transportation for Massachusetts (T4MA) found that 57% of respondents felt squeezed by transportation costs.[50]
- In 2018-2022 Census estimates, more than 9% of Berkshire County households reported not having a vehicle.[9,51] 14% of Pittsfield residents, and 15% of North Adams residents reported a lack of access to a reliable vehicle. The price of used cars skyrocketed nationwide during the pandemic.[52]
- Although 39% of Berkshire residents reported living within a .5 mile of a transit stop (2018-2022 data), infrequent service and limited routes are an issue even for those living near a transit stop.[12] Fewer residents reported living within .5 mile of a transit stop in the rural areas of Central County (15%) and rural areas of South County (23%).
- FY2025 fixed route ridership is up slightly on BRTA buses, with 45,000 – 50,000 rides per month.[53] An average of 1,894 passengers per day rode the bus on a fixed route in FY2025, up from 1,731 on average in FY 2024.
- Paratransit ridership is also up slightly in FY2025 to date, although data shows that less than 90% of paratransit passengers were picked up on time.[54]

TABLE 4: SDOH and Chronic Conditions June 2024 to June 2025

Chronic Condition	Percent of BHS Population	Screened for a SDOH	Positive Screening
COPD	7%	97%	42%
Hypertention	34%	98%	30%
Diabetes	15%	97%	34%
Heart Failure	5%	98%	34%
Behavioral	29%	96%	45%
SUD	14%	90%	57%
Education	2%	Legal	4%

TABLE 5: SDOH and Chronic Conditions June 2024 to June 2025

SDOH	COPD Screen	COPD Positive	Hypertention Screen	Hypertention Screen	Diabetes Screen	Diabetes Positive	Heart Failure Screen	Heart Failure Positive	Behavioral Screen	Behavioral Positive	SUD Screen	SUD Positive
Food	94%	9%	95%	6%	94%	7%	95%	7%	93%	8%	86%	13%
Utilities	93%	9%	94%	6%	93%	7%	94%	7%	89%	9%	85%	7%
Meds/ Treatment	93%	12%	94%	8%	93%	9%	94%	9%	92%	11%	85%	15%
Housing	95%	13%	97%	8%	96%	9%	95%	10%	95%	15%	88%	28%
Transportaion	95%	11%	97%	6%	96%	7%	96%	10%	95%	9%	88%	14%
Isolation	93%	27%	95%	19%	94%	21%	94%	21%	93%	32%	85%	31%

Source: Berkshire Health Systems

HEALTH SYSTEM SOCIAL DETERMINANTS SCREENING

As part of a statewide initiative launched in 2023, BHS screens all patients in an effort to bridge health gaps disparities and ensure everyone gets the best possible care.

All patients who visit BHS primary care locations, emergency departments, or have an inpatient hospital stay are screened for social determinants of health (SDOH) including reliable access to housing, utilities, healthcare treatment, food and transportation, as well as isolation.

Data from June 2024-June 2025 reveals a strong correlation between chronic conditions and positive SDOH screenings, indicating a health-related social need.

For example, Table 4 on page 38 indicates that about 7% percent of the BHS patient population has a diagnosis of COPD. Of those with the COPD diagnosis, about 97% have participated in an SDOH screening. Of those screened, about 42% responded positively that they have one or more SDOH need.

EDUCATIONAL ATTAINMENT

Access to high-quality schools, and completion of high school and college, correlates with employment that pays enough for residents to meet basic needs and thrive, reducing their likelihood of experiencing poverty, chronic stress and poor health outcomes.[55]

Berkshire County residents were more likely to have only a high school education (29%) than the state as whole (23%) and less likely to hold a bachelor's degree or above (38% vs. 46%) in 2018-2022 estimates.[9] Within the county we see differences in attainment.

- Only 26% of those in North Adams hold a bachelor's degree or above, while 47% of those in Great Barrington do.[9]
- Black residents are less likely to have graduated college (21%) compared to White residents (38%), those of multiple races (27%) and Asians (63%); 26% of Latine residents hold a bachelor's degree or higher.[9]

VIOLENCE AND TRAUMA

Interpersonal and collective violence affects health directly, via death and injury, as well as indirectly through the trauma that affects mental health and relationships.[56] The COVID-19 pandemic worsened the situation for those impacted by sexual and domestic violence by forcing many survivors to stay with their abusers. According to a regional gender equity report published in 2023:[29]

- Increase in service requests - Jane Doe Inc., a statewide coalition against sexual assault and domestic violence, reported an 84% increase in requests for services among its 60-member agencies during the pandemic.
- Inequities - Statewide Massachusetts DPH data from 2021 for adults 18–64 found inequities in whom is affected, with higher rates of sexual violence among women with a disability and LGBTQIA+ women, relative to other women and men experiencing sexual violence.
- Domestic violence advocates noted particular challenges facing immigrant survivors, who may be reluctant to file complaints or seek out services, as well as those who are formerly incarcerated who may return to an abusive ex-partner to meet their basic needs.
- Housing Challenges - Service providers indicated that temporary shelter was extremely limited, and affordable permanent housing very hard to find. Inflation makes it harder to find new homes and independence for survivors and their children.

National Night Out, 2025

ENVIRONMENTAL EXPOSURES AND CLIMATE CRISIS

Environmental justice communities are those identified as having vulnerable populations that often experience disproportionate exposure to environmental hazards. Berkshire communities that have EJ neighborhoods include Adams (47%), Cheshire (42%), Dalton (31%), Great Barrington (35%), Hinsdale (26%), Lanesborough (24%), Lee (12%), Lenox (37%), North Adams (86%), Pittsfield (56%), Stockbridge (38%), and Williamstown (43%).[57]

Cross Cutting Theme: Social Determinants of Health

Environmental exposures have negative impacts on health. Air pollution is associated with asthma, cardiovascular disease, and other illnesses, impacting the health of Berkshire County residents.[58, 59] As the planet continues to warm due to human burning of fossil fuels, our region is already experiencing more extreme weather, including extreme heat and intense rain. Excessive heat days are increasing every summer, as are heat waves where the temperature stays high even at night for several days in a row.[60] By 2050, both Pittsfield and Great Barrington are projected to have an average of 12 days per year above 90 degrees Fahrenheit, by 2090 an average of 23 days.[62] Older adults, children under the age of five, pregnant people, and people with chronic health conditions are particularly vulnerable to the effects of excessive heat.[61] This is compounded by the fact that many homes in Berkshire County lack air conditioning.[61] Emergency department visits for heat stress over a five-year period (2017-2021) were 13 per 100,000 (age adjusted) in Berkshire County, above the statewide rate of 10 per 100,000.[62] Chronic diseases can be worsened by excessive heat, and the effectiveness of some medications can be lessened by heat.

Development and climate change have raised the risks of flooding and storm damage. By 2050, both Pittsfield and Great Barrington are projected to have an average of 6 days per year with rainfall over an inch, and North Adams an average of 5 days.[62]

ACCESS TO CARE

A variety of factors affect access to healthcare and quality of care. These include insurance coverage; cost of premiums and out of pocket expenses; availability of healthcare providers; transportation to care; quality of care coordination among medical providers; language access; health literacy; and availability of care that is culturally responsive.[62]

Cost and perceived cost of care is a barrier for many. A lack of health insurance and providers is chief among these barriers. Although individuals on MassHealth are assigned to a primary care provider (PCP), in many instances they do not connect with their PCP and may not even know who they are. A 2022 Berkshire Benchmarks survey revealed differences in access: [63]

- 26% of residents said they can't access healthcare in general due to money and 23% cited inadequate health insurance.
- 52% of respondents of color cited money as a difficulty in accessing healthcare.
- 60% of respondents of color cited lack of trusted, available medical providers (vs. 46% of all respondents), and 54% cited lack of mental health providers (vs. 37% of all respondents).

This lack of trust was emphasized in an event sponsored by Blackshires Community Empowerment Foundation earlier this year, where residents of color participated in an "Idea Jam." [65] Highlights from the event report stated "Deep mistrust persists in care" and "culturally competent approaches are essential." According to the report, mistrust in the health system is driven by past negative experiences and perceived racial biases.

Anecdotal reports, as well as participants in a focus group convened for this CHNA, also cite distrust of the health system in general, as well as specific acts of mistreatment or disrespect, as reasons to avoid care. Several respondents stated they felt they could not be truthful in follow-up surveys, either in fear of retaliation or because they didn't believe anyone would take them seriously. Distrust in the system seems to be particularly high among respondents of color, those with a substance use disorder, or those with a history of incarceration.

Although several factors impact a lack of access, wait time for appointments was cited in several CHNA focus groups, as well as in the Blackshires report, as a major barrier. Long wait times not only delay essential healthcare, but also undermine confidence in the system's ability to meet their needs.[65]

- Insurance coverage in the service area is high at almost 98%, comparable to the state rate in

2018-2022 ACS five-year estimates.[12]

- Men are more likely to be uninsured (2.7% vs. 1.6% for women). [12]
- 72% of Berkshire residents had private insurance (slightly lower than MA as a whole at 76%) and 47% had public insurance (markedly higher the state at 38%).[12]
- Key informants and focus group participants note that availability of primary care providers continues to fall short of need and has gotten worse over time. Although Berkshire County data consistently show high rates of primary care doctors per population, long wait times to get an appointment (often 6 months or more), difficulty in finding a PCP who is taking new patients, and a lack of immediate appointments for sick visits, are identified as a pressing issues among service providers and residents. Some informants suggested that the higher than expected PCP numbers may reflect retired physicians who have kept their licenses active or work only very part-time, but this is unclear.
- Local sector experts and focus groups report ongoing challenges in being able to access mental health and substance use care. This is particularly acute for those seeking mental healthcare for children or those seeking substance use disorder treatment. Mental healthcare that is respectful and responsive was

Berkshire Health Systems staff at the 2025 Festival Latino in Great Barrington sharing resources and information about the health system

also reported as lacking in the Women's Fund gender equity report, and this was particularly acute for those who are trans and gender diverse and for younger residents.[28]

A regional healthcare summit held at UMass in October 2024 focused on the workforce shortages, particularly in nursing and senior care. Hospitals have been forced to rely on traveling nurses to fill the gaps, which are more expensive than full-time local hires.[65,67] A few key informants from Berkshire Health Systems have mentioned training programs at BHS have helped fill gaps, but retention of those trained is a challenge. Multiple key informant interviews suggest housing shortages increase the difficulty of attracting physicians, as does the lack of professional opportunities for non-physician spouses.

- Culturally and linguistically responsive providers continue to be hard to find, even as efforts are made to improve pipelines for candidates of color.[68,69] Culturally responsive care is a priority to improve health outcomes, as discussed in the sections of this report related to maternal health/birth equity and immigrants and refugees. Culturally sensitive providers were also mentioned as a need in the Blackshires Report.[64]
- Disconnected and increasingly bureaucratic care systems are hard to navigate. According to the 2024 American Medical Association survey of doctors, as insurance companies have increasingly required that medical providers seek "prior authorization," this administrative burden has delayed care and caused harm to patients.[69]
- Telehealth expanded rapidly during the COVID-19 pandemic, as reported in the 2022 CHNA and has made it easier to access care for many patients. However, ongoing gaps in digital affordability and access, digital literacy, and language access prevent some residents in both urban and rural areas from taking advantage of this technology. Particularly challenged are older adults and people in rural areas or who have limited English proficiency or limited incomes.[70]
- Home health services have had a particularly hard time recruiting and retaining staff, and patients, especially in the more rural parts of the county, are sometimes unable to access home care for both skilled nursing care and personal care, limiting their ability to return or stay in their homes.

Several statewide trends provide context for these challenges in Berkshire County. A January, 2025 report found that a number of factors have contributed to a decline in spending on primary care, relative to other medical care.[67] The Commonwealth has one of the lowest proportions of doctors working in primary care, an aging workforce, and is among the states with the lowest share of doctors entering the primary care field.[67] Accountable Care Organizations (ACOs) are intended to improve access to primary care and enhance care coordination across providers and hospitals for MassHealth members who participate. The Massachusetts Health & Hospital Association reported in 2023 that hospitals are getting "clogged" with patients who are ready to be released but cannot be, resulting in longer hospital admission wait times.[71] Point in time data from 2022-2023 found that an average of 131 patients in Western Massachusetts were waiting to be discharged to post-acute care settings.[71] The biggest reason cited was private insurance administrative barriers, including delayed response from insurer and denial of authorization request.[71] The second biggest reason was staffing and capacity constraints at post-acute care settings (such as rehab facilities and nursing homes).[71]

CHRONIC HEALTH CONDITIONS

Chronic conditions are those health conditions that last for an extended period, require ongoing medical care, have a significant impact on daily life, and may not have a cure. They are often caused or exacerbated by social determinants of health such as poverty and low income, systemic racism, employment, housing, healthy food access, and other forms of stress, as well as by lifestyle and genetic factors. In general, as specified below, Black and Latine residents tend to have higher rates of chronic illness.

HEART AND CIRCULATORY HEALTH

Coronary Heart Disease (CHD), also known as Coronary Artery Disease (CAD), was slightly higher in Berkshire County in 2021 compared to the rest of Massachusetts (5.1% prevalence compared to 4.7% prevalence).[72] The rate of heart attack hospital admissions (age-adjusted) was noticeably higher at 26 per 10,000 in Berkshire County compared to 22 per 10,000 in Massachusetts.[72]

Hypertension, which left untreated can lead to heart disease, stroke, kidney disease, and other serious health issues, affected 37% of adults in Berkshire County in 2023.[12] This was comparable to the overall Massachusetts prevalence.

Heart failure was one of the top ten causes of hospital admission across BHS facilities in 2024.[18] In addition, heart conditions were a top reason for hospital transfers.[18]

RESPIRATORY HEALTH

Adult Chronic Obstructive Pulmonary Disease (COPD) rates in Berkshire County (2021) are slightly higher than the state overall (6% vs. 5%).[72] Age-adjusted rates of COPD hospital admissions are dramatically lower, at 7.5 per 10,000 in Berkshire compared to 14 per 10,000 in Massachusetts. However, COPD age-adjusted +Emergency Department (+ED) rates are noticeably higher at 51 per 10,000 in Berkshire County versus 33 per 10,000 in Massachusetts.

Most measures of asthma in Berkshire County are similar to those in Massachusetts as a whole. Adult prevalence (2023) was 9.6% versus 9.4% in Massachusetts, and five-year average age-adjusted adult ED visits for asthma rate was 48 per 10,000 in Berkshire County versus 47 per 10,000 in Massachusetts (2017-2021).[12] Prevalence rates among school-aged children (kindergarten to grade 8) are similar to the state as well, although they have fallen more dramatically than in the state overall (8.4% in 2023-2024 versus 9.6% in the state as a whole).[12]

However, age-adjusted adult hospitalizations for asthma are dramatically lower in Berkshire County at 2.5 per 10,000 versus 6.2 in Massachusetts (2017-2021).[12]

CANCER

Cancer impacts White and Black populations at higher rates than other race/ethnicities in the nation, state, and in Berkshire County.[12] Rates are higher for all races/ethnicities in the Berkshires except Asian/Pacific Islander; however, the disparity is most dramatic for Black residents.[12]

Berkshire County is the only county in Massachusetts where cancer rates stayed stable from 2017-2021; in all other counties the rates fell.[73] Berkshire's rates were the second highest in the state after Plymouth County.[73] Rates were particularly high for a number of cancers including bladder (highest in the state), colon and rectal (second highest in the state), esophageal, oral cavity, and pharynx (highest in the state), pancreatic, and stomach.[74] Berkshire was noticeably lower in childhood cancers (those younger than 15, as well as those younger than 20), and uterine cancer.[73]

OTHER CHRONIC CONDITIONS

Adult diabetes rates are similar in Berkshire County compared to the rest of the state (11.1% in Berkshire County in 2023, versus 11.7% in Massachusetts as a whole).[12] However, according to a key informant who works with the immigrant population in Berkshire County, rates are particularly high among the Latine population.

Obesity, which can be a risk factor for chronic conditions, had an adult prevalence of 32% in Berkshire County in 2023, which was comparable to the Massachusetts rate.[12] Again, key informant interviews suggest that obesity rates among the Latine population are particularly high.

Other risk factors for chronic illness include adult smoking rates (13% in Berkshire County versus 11% in Massachusetts as a whole) and adult excessive drinking (24% in Berkshire County reported heavy or binge drinking in 2025 versus 20% in Massachusetts as a whole).[21] Reported physical inactivity is also slightly higher in adults in Berkshire County (23%) versus Massachusetts (21%).[21]

BHS at the WIlliamstown Council on Aging sharing resources and information on bone health.

Regional Focus Area: Maternal Health and Birth Equity

KEY DEFINITIONS

- **Maternal health** is defined by the CDC as “health and well-being during pregnancy, childbirth, and postpartum (after childbirth).”[74]
- **Birth equity** refers to “The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort” as defined by the National Birth Equity Collaborative.[75]
- **Pregnant person** is a term used in this report to be inclusive of women, transgender men, and gender diverse people who are pregnant and give birth.
- **Maternal mortality** refers to deaths from pregnancy complications or childbirth that occur during pregnancy and up to 6 weeks after the end of the pregnancy.[76]
- **Severe maternal morbidity** occurs when birthing people experiencing life-threatening complications during and after pregnancy, labor, and/or delivery.
- **Adequate prenatal care** is an important strategy to improve the health of birthing people and their infants by ensuring enough visits with care providers.
- **Preterm birth** occurs when an infant is born before 37 weeks of pregnancy.[77]
- **Low Birthweight** occurs when an infant weighs less than 5 pounds, 8 ounces at birth.[79] Low birthweight and pre-term birth are related, important risk factors for many health complications and a leading cause of infant mortality. [79]

HEALTH OUTCOMES FOR BIRTHING PEOPLE

The health of pregnant people, including women, transgender men, and gender diverse people and their infants is a regional prioritized need. While Massachusetts is known for high rankings nationally for maternal health and birth equity, data show inequitable outcomes depending on where the birthing person lives, racial/ethnic background, and type of insurance. Research shows that racism directly impacts the physical wellbeing of the birthing person.[80] People of color often experience worse pregnancy and birth outcomes than White people because of systemic racism in healthcare, unequal access to quality care, socioeconomic disparities, chronic health conditions, and the cumulative stress of discrimination. While we present maternal and infant mortality statistics to highlight critical disparities, we recognize that each number represents a person—a mother, a family member, a loved one—and every loss is a profound and irreplaceable tragedy. There were 656 births at BHS facilities in 2024.

Maternal mortality is less common in Massachusetts (16 per 100,000 births) than the US as a whole (23 per 100,000 births, 2018 – 2022 data).[76] The Massachusetts DPH Maternal Mortality and Morbidity Review Committee (MMMRC) reports that, in Massachusetts, the chief causes for the 73 pregnancy-associated deaths in 2020-2021 were overdose (42%) and medical causes (35%).[81] Black people, younger individuals (under 25 years), people with lower levels of education (high school graduate or less), and people with Medicaid/ MassHealth were more likely to die.[81] Of the 25 deaths that the MMMRC were able to identify as specifically pregnancy-related, 84% were considered preventable and for 44%, discrimination was identified as a contributing or probable contributing factor.[81] Additional factors identified as contributing to, or probable contributing to, these deaths include substance use (56% of deaths), mental health conditions (44% of deaths), and lack of care continuity and coordination (48% of deaths).[81]

Severe maternal morbidity has more than doubled statewide, from 52 to 113 per 10,000 deliveries from 2011 to 2022.[1] Black birthing people consistently experience the greatest likelihood of these outcomes, with a rate 2.2 times higher than White birthing people (208 vs. 95 per 10,000 deliveries in 2022). Inequities are also observed for Asian, Latine, and Indigenous birthing people, people with disabilities, veterans, foreign- born birthing people, and those who experience opioid use disorders or mental health disorders, homelessness, or previous incarceration.

While we do not have data on maternal mortality or severe morbidity specifically for Berkshire County, other maternal health data also demonstrate inequities:

- Adequate prenatal care was higher overall in Berkshire County than in the state (82% vs. 79%) but was lower for individuals with public insurance and people of color than for individuals with private insurance and White individuals.[2]
- 87% of pregnant people with private insurance received adequate prenatal care, vs. 77% of individuals with public insurance.[2]
- 84% of White pregnant people received adequate care, vs. 71% of Asian and Pacific Islanders, 75% of Latine, and 72% of Black pregnant people.[2]
- Teen pregnancy research shows a greater risk of negative health outcomes for the birthing teen (age 15-19) and infant than in non-teen pregnancies.[82] Rates of teen pregnancy in Berkshire County (birth rate of 9.2 per 1,000) were higher than the state rate from 2016-2022, with Black teens (16.8 per 1,000) and Latine teens (12.2 per 1,000) having the highest rates.[84] Higher teen pregnancy rates among Latina and Black girls are mostly due to limited access to sex education, birth control, and healthcare, along with economic challenges. However, the actual numbers of teen births is low each year, of the 656 deliveries at BHS facilities in 2024 only three of them were teenagers.

HEALTH OUTCOMES FOR INFANTS

- Infant mortality inequities persist. As with maternal health outcomes, infant health data show that outcomes vary by race and ethnicity, and whether the family had public or private insurance. According to 2019-2023 five-year average data, Berkshire County overall had slightly higher rates of both low birth weight and pre-term birth than the state: 9% of babies born in Berkshire County on average in those years were low birth weight, and 11% were born pre-term, compared to 8% and 10% statewide, respectively.[2] Low birth weight babies were most likely to be Black (15% of births) or Latine (12%).[2]
- Infant mortality - Although data was not available by race or ethnicity, Berkshire’s infant mortality rate was higher than the state’s (5.3 per 1,000 live births vs. 3.9).[12] Three infant deaths were recorded in BHS facilities in 2024.[18]
- Opioid use within BHS facilities was documented in 22 pregnant persons in 2024; 15 infants suffered from neonatal abstinence syndrome.[18]
- Insurance – those on public insurance in Berkshire County were more likely to give birth to a low birthweight baby (11% vs. 7%) than those on private insurance, as well as to have a pre-term birth (13% vs. 9%).[2]

FACTORS AFFECTING MATERNAL AND INFANT HEALTH

The stark data on racial/ethnic inequities in maternal health outcomes sparked the state to appoint a Special Commission on Racial Inequities in Maternal Health, which hosted listening sessions and conducted extensive analysis of published research and primary data.[84] In their 2022 Racial Inequities in Maternal Health report, they noted the pervasive nature of racial inequities across multiple systems relevant to maternal health (i.e., public health, community, and healthcare) and throughout the various stages of a pregnant person's pregnancy, delivery, and post-partum experience.[84] The report states that improvements in maternal health will require the redesign of health delivery infrastructure and extensive collaboration.[84] Detailed findings and recommendations are presented across three domains: family and community engagement, public health infrastructure, and improvement of healthcare systems.

Building off this report, in 2023, MDPH developed 25 recommendations for maternal health improvement, with a focus on health equity, establishing clear guidelines to improve maternal health services, including prenatal, postpartum, and reproductive services.[68] The report recommended increasing maternal care access and expansion of care delivery models. These include: updating regulations for birth centers, updating and raising awareness regarding levels of maternal care, and increasing access to remote blood pressure monitoring, group prenatal care, on-site prenatal and postnatal care, and postpartum home visiting.[68] This report also lists specific strategies aimed at improving access to care from birth centers, doulas and midwives, including doula certification, equitable midwife reimbursement, and updating birth center regulations.[68]

In a CHNA group interview with maternal health practitioners, the following needs arose:

- Greater access to maternal health care, including OB-GYNs, midwives, doulas, and lactation support, and more availability of translation and interpretation services.
- Stronger behavioral health care and support throughout the stages of pregnancy, birth, and post-partum. Many people are dealing with mental health and substance use issues, and they need culturally responsive care that is coordinated with their maternal care, includes medication management, and addresses stigma.
- Data sharing across care platforms, such as insurers knowing when a pregnant or post-partum patient has been screened for depression by a provider, limiting potential follow-up.
- Insurance coverage of doula services and lactation support. Some interviewees perceive that MassHealth is the only insurer that is required to cover doula care. HNE reported that it is at the discretion of commercial insurers to offer this.
- Culturally and linguistically diverse providers in various maternal health roles and the importance of mentorship models.
- Support for family wellbeing that promotes successful birth outcomes for parent and child, including access to safe housing, transportation and childcare.

ASSETS AND RESOURCES

Berkshire Nursing Families

- Berkshire Nursing Families provides free parenting and feeding support services to families throughout all of Berkshire County who are pregnant, postpartum, or parenting infants through telehealth, home visits, 24/7 phone and text support, playgroups, peer support groups, prenatal visits, and providing support during pediatrician visits.

Embrace Diversity Birth Circle – Supporting Women of Color

- This group provides a culturally relevant space where birthing parents of color are supported. Monthly meetings, facilitated by Springfield Family Doulas.

Operation Better Start

- Operation Better Start (OBS), a program of Berkshire Health Systems, is a partnership of diverse clinical disciplines – Registered and Licensed Dietitians, Nurse Practitioners, Registered Nurses, Physicians, and Certified Exercise Professionals – working together to provide a coordinated framework of services to women of childbearing age, children, adolescents, young adults and their families. The goal of OBS is to achieve positive changes in long-term health through an emphasis on:
  - Healthy lifestyles
  - Personal empowerment
  - Coordination of services among healthcare providers

OBS focuses on young people identified to be at a high degree of clinical risk for health conditions related to nutrition and lifestyle. OBS provides specialized counseling services to clients from infancy through young adult and their families. OBS staff works with clients and families to address health issues including but not limited to obesity, failure to thrive, eating disorders, hypertension, food allergies, gastrointestinal disorders, high cholesterol, pre-diabetes/diabetes, and sports nutrition.

OPPORTUNITIES FOR ACTION

The passage of a 2024 state law which promotes access to midwifery care and out-of-hospital birth options aims to improve maternal and birth equity through expanding maternal healthcare coverage, maternal health programs and centers, and leadership.[85] Western Massachusetts constituents can inform the law's implementation to ensure it meets the needs of our region's pregnant people and care providers. For example:

- The law requires certain health insurers, including MassHealth, to cover midwifery and doula services as well as prenatal chromosomal screenings for all pregnant people, and medically necessary human milk for infant growth.
- It will develop a licensing and governing board for professional midwives and establish a pathway for licensure for lactation consultants. Additionally, the law tasks Massachusetts DPH with regulating and encouraging more independent birth centers.
- Postpartum support is also expanded through the law, requiring insurers to cover postpartum depression screening, and tasking DPH with an awareness campaign and resource center regarding perinatal mood and anxiety disorder.[85] The law expands DPH's postpartum home visiting program and provides funding to cover these services.
- A grant program for non-profits or community-based health organizations will fund initiatives regarding maternal mental health and substance during the prenatal and postpartum period.

ADULT MENTAL HEALTH AND SUBSTANCE USE

Mental health continues to be a prioritized health need in the service area. Although mental health is commonly thought of as the absence of mental illnesses, mental wellbeing extends beyond the presence or absence of mental disorders. The World Health Organization (WHO) defines mental health as the "state of wellbeing in which an individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to [their] community."[86]

Mental health challenges emerge in varied contexts, from rural poverty and isolation to urban disinvestment and race and class discrimination, which contribute to poor mental health and other adverse outcomes.[87] Mental health is also affected by loneliness and social isolation, both of which were exacerbated during the pandemic and continue to afflict many residents particularly older adults, children and youth, and rural residents. The most current available data indicate that adults in the Berkshire County were facing greater mental health challenges in 2022 compared to right before the COVID-19 pandemic in 2019, as reported on in the 2022 CHNA.[88]

POOR MENTAL HEALTH

Age-adjusted 2022 data show that almost 1 in 5 (19%) of Berkshire County adults experienced poor mental health (self-reported mental health not good for 14 or more days out of the last 30).[51,88] This represents an increase from before the pandemic, where 13% of adults reported poor mental health in 2019. Similarly, the prevalence of depression in Berkshire County increased from 20% in 2019 to 25% in 2022. [51]

MENTAL HEALTH AMONG UNHOUSED PEOPLE

The most recent available data for Massachusetts found that the total number of those with severe mental illness (long-term illness of indefinite length that substantially impairs independence[89]) in emergency shelters has stayed the same while the total number of homeless individuals has nearly doubled between 2021 and 2024.[90,91] Among those in transitional housing, severe mental illness has remained the same from 2021 (27%) to 2024 (29%).[91,92]

PROVIDER SHORTAGES

The Health Resources Services Administration (HRSA) estimates that approximately one-third of Berkshire County currently lives in a mental health shortage area. 37% of county residents cite a lack of trusted, available mental health providers as a major barrier to accessing care.[92]

A common theme expressed by interviewees was an increase in anxiety and sadness and some aggression among clients, program participants, and their families. Socially, some people are suffering from lingering, post-pandemic anxieties, and fears around gathering in groups and struggle with the transition from pandemic practices to current service delivery.

Interviewees discussed factors impacting the labor shortage of mental health professionals and staff in the region, which may lead to providers not taking new patients or long wait lists. They discussed staffing issues being driven by multiple factors:

- Direct care staff is underpaid and prone to burnout, leading to turnover. They also need adequate clinical supervision and if not provided, may seek employment elsewhere.
- Nonprofit agencies cannot offer competitive salaries and benefits.
- Many applicants do not want to work after-school hours, nights, and weekends.
- Individuals with lived experience may not have the required qualifications.
- Stigma may deter individuals from pursuing the field of behavioral health.

Interviewees highlighted the many ways hospitals and insurers can play a larger role in addressing mental health and substance use disorders.

- For insurers, they noted important barriers in coverage impacting care, and the desire for increased flexibility to bill wrap-around services, and coverage of essential out-of-network services.
- Regarding hospital care, participants discussed the need for expanded services such as providing opportunities for mental health and SUD patients to be held while waiting for treatment beds; expanded addiction counseling programs; partnerships with complementary and alternative medical providers; and prescription of non-opioid pain management strategies.
- Individuals also emphasized a need for greater care connection, recommending that hospitals develop a community facing role to connect staff to community resources and provide improved access to care post-discharge, and improved education and training for providers.

Interviewees also emphasized the importance of social determinants of health and basic social needs impacting mental health and substance use. They note that lack of adequate and safe housing, food, and reliable transportation results in increased risk for vulnerable populations and that people with dual diagnosis are often particularly vulnerable to physical and mental harm. Transportation and housing are still among the most impactful social determinants of health in our region, especially in rural areas.

SUBSTANCE USE DISORDERS (SUD)

Substance use disorders (SUD) refer to the recurrent use of drugs or alcohol that result in health and social problems, disability, and an inability to meet responsibilities at work, home, or school. Risk factors for SUD include genetics, age at first exposure, and a history of trauma.[93] Data shows that other factors that contribute to SUD—such as economic constraints, social networks, opportunities for substance misuse treatment, and experiences within treatment—are affected not only by class but also by race and ethnicity.[95] Mental health challenges and substance use are often intertwined and described together as behavioral health. According to the National Institute on Drug Abuse, "about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa." [95]

Of patients presenting to the Berkshire Medical Center (BMC) emergency department in 2024, the top diagnosis was substance use disorder, which was also the top diagnosis across the three EDs combined. Mental health diagnoses ranked fourth at the BMC ED (ninth overall across all the BHS emergency departments).

Substance use continues to be a prioritized health need in Berkshire County for the 2025 CHNA.

- Smoking: In Berkshire County, (2023) the prevalence of current adult smokers was 16%, which was higher than the state (13%) but lower than Franklin and Hampden counties.[51] (See Appendix, Figure 18.)
- Alcohol: In 2022, more than one in five people reported binge drinking (defined as 5+ drinks for men and 4+ drinks for women) in Berkshire County (22%), slightly above other local counties and the state level of 20%.[52] (See Appendix, Figure 19.) In 2023, Berkshire County experienced 36 alcohol-related deaths per 100,000 people, v. 29 statewide. The county also has more than double the number of alcohol-related ER visits than the state, with a 26% increase from 2023 to 2024.[5] Of patients presenting at a BHS ED for any reason, 12% had an AUD disorder (compared to 6% to all hospitals) and 7% had a SUD versus 4% at hospitals overall. Alcohol is also an issue among older adults, increasing the risk of a serious

fall, as well as worsening chronic conditions. Data from Berkshire Health Systems shows that 7% of those presenting with an isolated hip fracture at a BHS emergency department have an alcohol use disorder (compared to 2% at hospitals across the US).[18]

- Alcohol and substance use overdoses in Western MA were the highest in Hampden and Berkshire Counties (50 and 46 per 100,000 population) significantly above the state rate of 35 per 100,000.[96]
- Suicide: There were 15 deaths due to suicide per 100,000 in 2024; statewide, this was 9 per 100,000.[97]
- Opioid use: Death counts from opioid overdose have risen in Berkshire County over the last decade, as in other parts of the state. In the most recent data, they changed little (2%), from 47 deaths in 2022 to 48 deaths in 2023.[98] This is a notable decline from higher counts during the pandemic (a high of 62 in 2021), but still not down to the 2019 pre-pandemic number of 40. From July 2023 to June 2024, there were 267 per 100,000 opioid-related ED visits (vs. 156 statewide) and 309 per 100,000 opioid-related EMS incidents (vs. 236 statewide).[5]
- Additional Substances: According to Massachusetts DPH, from 2023-24, stimulant-related ER visits countywide were 36 per 100,000 residents, more than double the state crude rate of 15.6 per 100,000. Although this was a slight decline, multiple community navigators report stimulant use is increasing in Berkshire County.
- Outreach workers in Berkshire County also report increased use of crack among lower-income people, not seemingly connected to race/ethnicity, and increased use of prescribed stimulants among young adults. They have also encountered several individuals who report switching from opioids to stimulants due to concerns about xylazine or disliking the effect; this switch is less surprising given how prevalent stimulants now are in the opioid supply, suggesting that users are becoming addicted to stimulants without intentionally using them.
- The rate of deaths of despair (defined as death due to intentional self-harm (suicide), alcohol-related diseases, or drug overdose) in Berkshire County was 80 per 100,000 in 2018-2022, the highest rate in Western Massachusetts (state rate: 56 deaths per 100,000) (Appendix, Figure 16).[100] White residents in Berkshire County have a rate higher than the county as a whole (86 per 100,000)[100] supporting provider reports that White residents are at higher risk for SUD, AUD, and suicide than other residents. These rates are crude (not age-adjusted) and caution should be used when interpreting the data, especially when comparing between geographies.

OVERDOSE AND HARM REDUCTION

Medications for Opioid Use Disorder (MOUD): FY2024 DPH data indicates approximately 3% of Berkshire County residents are active on MOUD, compared to 1% statewide. There were 2,008 individuals on buprenorphine, a crude rate of 1,556 per 100,000 residents that is more than double the MA rate of 711 per 100,000 residents. 1,220 individuals received methadone, a crude rate of 945.5 per 100,000 residents versus 397.3 per 100,000 residents statewide.[5]

In 2022, Berkshire County saw a 24% reduction in overdose deaths while the rest of the state and nation saw an increase.[5] This reduction was sustained in 2023, with a crude rate of 37.8 deaths per 100,000 residents; however this is still above the statewide crude rate of 30.[4] Prior to 2022, Berkshire County had often been the highest in the state.

Following 2022's reduction in deaths, the Berkshire Overdose Addiction Prevention Collaborative (BOAPC) Partners discussed what had specifically changed in Berkshire County in 2022 that led to this reduction while much of the rest of the state and nation continued to see

increases. Factors discussed included:

- Increased services for people involved with the legal system, including new SUD post-release navigators from the Sheriff's Office and the launch of 2nd Street Second Chances for anyone with a carceral history
- Launch of Berkshire Harm Reduction's mobile unit
- Opening of Rural Recovery's South County Recovery Center, along with new leadership and capacity at Living in Recovery and the George B. Crane Memorial Center
- Launch of BHS's Berkshire Connections to support pregnant and postpartum people with SUD
- Promising new implementation of buprenorphine induction in BHS's three emergency departments
- Launch of the Pittsfield and North County Hub tables to better coordinate interagency care for people at acute risk. These Hubs are teams of designated community and government agencies that meet weekly to address specific situations with those facing elevated levels of risk, and develop immediate, coordinated and integrated responses through the mobilization of resources.
- Increased availability and coverage of naloxone through the deployment of over 100 boxes with free access to naloxone, as well as widespread distribution of naloxone through numerous other sites and channels.

The dominant theme from those in BOAPC is expanded programs, staff, and collaboration. However, workforce capacity remains the largest barrier to care in the area, due to insufficient underlying funding and the related lower rates of career entry and retention. The high staffing vacancy rates experienced by nearly every agency in the area requires existing staff to work above their capacity, leaving scant time for collaboration and service expansion despite how highly the agencies value working outside their "silos."[4]

Regional key informant interviews conducted for this CHNA with substance use prevention, treatment and recovery organizations and mental health providers led to a greater understanding of the current landscape regarding accessing care for mental health and substance use throughout Western Massachusetts. Interviewees discussed positive shifts in care:

- An overall increase in attention and resources and greater availability of and familiarity with naloxone as an overdose death prevention tool.
- An overall increase in willingness to discuss mental health and substance use disorders, leading to greater training of care providers and more discussion of community needs.
- Greater awareness of the importance of accessible services and steps to address these limitations through mobile care units.
- Expanded service provision including three new state-funded Recovery Centers in Berkshire County, the state funded Berkshire Harm Reduction services both fixed and mobile, and increased availability of medication assisted treatment.
- Decreased stigma around SUD and mental health and seeking assistance.

Interviewees also noted important barriers to care in the last year, such as:

- Transportation service restrictions (e.g., policies prohibiting medication pick-up even when driving by the pharmacy).
- Fragmentation and restrictive policies across state agencies, especially affecting older adults, and those in the family shelter system.
- Substantial barriers and limitations resulting in a lack of care coordination that can result in loss of care or the potentially re-traumatizing experience of retelling one's story to providers.
- Care barriers including insufficient communication between providers, lack of

access to specialty care, care coordinators and culturally responsive providers, insurance issues, limited technology access restricting communications and telehealth, and differences in models used by mental health and substance use disorder providers.

> ***"I'll be honest, I find MassHealth to be so incredibly convoluted that I'm not sure exactly how you get the different products these days, but it's beneficial when somebody has a designated care coordinator, because when you're at the intersection of these things (MH and SUD), it can be almost impossible to effectively coordinate your own care."*** -Behavioral health professional

ASSETS AND RESOURCES

- The Wildflower Alliance supports healing and empowerment for our broader communities and people who have been impacted by psychiatric diagnosis, trauma, extreme states, homelessness, problems with substances, and other life-interrupting challenges.
- Berkshire Pathways is a community organization providing support and resources for individuals living with mental illness looking to actively participate in the community and its programs.
- Behavioral Health Help Line offers 24/7 mental health and substance use support in Massachusetts.
- Love Of T Foundation offers peer support and programs for those struggling with suicidal ideation.
- Massachusetts Department of Mental Health provides access to services and supports to meet the mental health needs of individuals of all ages.
- Pittsfield Community Justice Support Center offers about 15 different programs, including cognitive behavioral treatment for SUD and to improve decision making, employment counseling, and Adult Basic Education, GED/ HiSET, and post-secondary preparation.
- Berkshire Harm Reduction aims to reduce negative consequences associated with drug use, and offers free supplies and testing for HIV, Hepatitis C, and other STIs as well as basic wound care and abscess prevention. Berkshire Harm Reduction's home delivery service expands the reach of their mobile unit, particularly in the more rural areas. In August 2022, Berkshire Harm Reduction opened the first Harm Reduction Vending Machine in MA in North Adams, and a second machine in Pittsfield later that year. According to Berkshire Harm Reduction, as of January 2025, usage greatly exceeded expectations with over 800 items dispensed, and over 200 clients served.
- Field outreach and services continue to expand, with field outreach workers and navigators from Berkshire Harm Reduction, Brien Center, Habitat for Humanity, Pittsfield Health Department, Berkshire County Sheriff's Office, and many others, along with an expanded BOAPC Community Outreach Specialist initiative in association with Have Hope, Crane, and Rural Recovery. Outreach Navigators from the Brien Center incorporated their work into the newly launching Thrive Team, focused on pre-crisis outreach and post-crisis wraparound support for people who recently experienced an overdose or are otherwise at risk. Thrive is also working with local EMS agencies to incorporate medical co-responders under the Mobile Integrated Health (MIH) model.
- BHS Emergency Departments (EDs) offer SUD services, including 24/7 MOUD induction and

a bridge to the SUD Team (addiction consult service) and Acute Treatment Services/ Clinical Stabilization Services, discussed more below. Building on the success of BHS's buprenorphine bridge program launched in 2019, in May 2024 all three regional EDs implemented a methadone bridge program.

- Acute Treatment Service (ATS), aka "Detox" is provided by BHS's 24-bed McGee Recovery Center, the eight-bed Berkshire Mountain Health in Great Barrington, and the anticipated opening of Greylock Recovery's 43-bed ATS/CSS in Williamstown later this year.
- Clinical Stabilization Service (CSS) serves those leaving Detox/ATS or needing acute treatment but not meeting criteria for ATS. BHS has a 24-bed CSS Unit in Pittsfield, Berkshire Mountain Health has eight beds in Great Barrington, The Center for Motivation and Change operates 13 beds in New Marlborough, and Greylock Recovery plans to include CSS beds. While local experts agree more CSS beds are needed, many feel this could be better addressed by increasing long-term Recovery Residence beds and launching a Transitional Support Service (TSS) program, which accepts clients from ATS/CSS or from emergency shelters if the individual is not at risk for withdrawal and helps set the individual up in recovery housing or other longer-term supportive housing. There is currently no TSS in Berkshire County.
- Recovery Housing (an umbrella that includes terms such as sober houses, Residential Treatment Programs, ¾ houses, halfway homes, etc.) is generally considered to be well addressed for men in the county, though there are gaps for women and for longer-term housing post-residential treatment. Not all these facilities are equally affordable or insurance eligible.
- Recovery Centers. In March 2024, Have Hope Peer Recovery Center opened in North Adams; as of February 2025, they have over 200 members. They join Rural Recovery Resources South County Center in Great Barrington along with Living in Recovery and the George B. Crane Memorial Center in Pittsfield, providing regional choice in recovery support.
- Naloxone - In addition to increased distribution of naloxone discussed prior, BOAPC's ongoing "Faces of Naloxone" campaign encourages everyone to carry naloxone while reducing stigma against people who use drugs. The campaign has included billboards, print, digital, and bus stop advertising. Over 100 community members have taken part, including hospital administration, law enforcement, faith leaders, behavioral health specialists, EMS, elected officials, educators, and individual community members.

POLICY/ADVOCACY RECOMMENDATIONS/ OPPORTUNITIES FOR ACTION

In a region where transportation barriers are persistent and solutions are far away, providers have found the best way to reduce these barriers is to sidestep them entirely. Where possible, the providers view the centers as "home base" for field engagement that literally "meets people where they're at." However, outreach workers, field navigators, and Community Paramedics operating under MIH or Community EMS generally cannot be funded by reimbursement models, and are primarily dependent on grant funds with short durations and narrow scopes, limiting their impact.

Recovery coaches embedded in the ED can help patients better engage with SUD and wraparound services, either upon discharge or for those who leave against medical advice. They can also help reduce the rate of ED readmissions for substance-related issues and help foster a more compassionate environment in the ED.[101]

THE RELATIONSHIP BETWEEN HOUSING AND SUD

Berkshire County's growing housing crisis underpins the recent increase in homelessness

and unaddressed SUD and mental health conditions.[103]

Current Recovery Housing includes Brien Center's[111] Keenan House (24 male beds) in Pittsfield and Keenan North (16 coed beds) in North Adams, along with the 8-unit Safe Harbor that seeks to reunify children with parents, and Supportive Homes with a total of 20 co-ed beds in shared apartment living. Alternative Living Centers (ALC)[112] offers 37 male beds in Pittsfield and 57 male beds and North Adams. Vanderburgh House[112] serves women in Pittsfield. Berkshire Transition Network (BTN)[112] offers a recovery house structure with clinical services through Commonwealth Collaborative.[114] Berkshire Mountain Health[115] offers 16 beds, male or female, in South County.

The lack of Naturally Occurring Affordable Housing (NOAH) – loosely defined as when Market Rate (priced for what the local market can bear) generally aligns with what would be considered Affordable (definitions vary, but generally if more than one-third to one half of after-tax pay goes to housing) – contributes to street homelessness, along with increased costs related to emergency shelter, health care, incarceration and public assistance. Even for those not experiencing homelessness, housing unaffordability creates a cycle of stress and instability[103] that can trigger substance misuse and/or mental health crises; even the threat of losing housing can trigger misuse or relapse.[104] The lack of NOAH also means people may have nowhere to go after completing inpatient/residential treatment for SUD; when they are no longer clinically eligible to remain in CSS or Recovery Housing but cannot afford independent living, individuals must choose between moving somewhere with affordable housing and leaving their community, moving into an unstable residence, or homelessness. All three increase the chances of relapse.

People experiencing SUDs typically find it difficult to address their use without a safe place to live free from abusive behavior and where sobriety is supported. BOAPC partners have identified the following top five SUD-related housing priorities:

- Transitional Support Services (TSS). When someone is no longer medically eligible for ATS/CSS but there is a wait for longer-term Recovery Housing, the person is discharged to the streets or another unsafe environment, often leading to relapse. A clinical TSS, also known as "Holding," bridges this gap. Local experts suggest a 20-bed structure as a beginning for Berkshire County.
- Permanent Supportive Housing (PSH) for people with Co-Occurring SUD/Mental Health Disorders offers a stable environment, support services, peer-to-peer support, and serves as a bridge to self-sufficiency when feasible.
- Recovery Homes for Women and Families. Women in need of supportive sober housing often must seek it outside the area, separating them from their children and family support. In some settings, women can maintain custody of their children or reunification can occur. However, children in residential settings can be traumatizing for other women; there is value in having distinct spaces for women with and without children.
- Medical Respite Care (MRC) offers "light-touch" recuperation that does not require a full-scale medical facility, including basic medical care, mental health/SUD treatment and case management. For people experiencing homelessness, certain medical conditions/procedures (such as cancer treatment, a broken leg, or even preparing for a colonoscopy) that are "normally" done at home are not feasible in a shelter or tent. This causes setbacks leading to re-admissions.
- Seasonal Harm Reduction Shelters to fill the emergency shelter gap from October to March. A harm reduction-oriented structure designed to foster social connections could be developed in collaboration with the cultural institutions, who need artist/ staff housing April to September.

Regional Focus Area:
Mental Health and Substance Use

YOUTH MENTAL HEALTH AND SUBSTANCE USE

Many factors contribute to a young person's mental health and wellness, and it requires collective resources and responsibility to be achieved. Creating a sense of connection and care are critical prevention strategies.[105] Other factors erode any sense of well-being. For some, structural poverty and rural isolation are factors.[105] For youth of color and other marginalized young people, mental well-being has been affected by racism and discrimination in both communities and schools.[107] Gender and gender identity can also impact youth mental health because girls, lesbian, gay, and bisexual (LGB), and transgender young people often face discrimination as well.[107] Nationally, we have seen a long-term rise in poor mental health among young people, which was made worse by the COVID-19 pandemic. These trends are reflected across Western Massachusetts as well.

YOUTH MENTAL HEALTH ROADMAP

The 2024 Youth Mental Health Roadmap for Western Massachusetts provides recommendations for mental health promotion and prevention based on existing evidence, interviews with a variety of community and content experts, and feedback from advisory groups, youth, and others across the region.[105] The Roadmap complements the Commonwealth's Roadmap, which focuses on behavioral health treatment and crisis intervention.[106,107] In Figure 10 below are five areas of focus for wellness promotion and the prevention of poor mental health (see Assets and Resources section below).[106]

- Destigmatizing and Normalizing: Mental health stigma can influence how youth acknowledge and discuss mental health challenges and seek help.[105] Although this has been improving, stigma continues to exist, with generational and gender differences.[105] Media and social media can provide both a source of support as well as increased stigma.[105,107] Cultural differences, historical racial oppression, and ongoing discrimination can impact stigma and cautiousness about sharing.[105]

FIGURE 10: Commonwealth's Roadmap Areas of Focus

Source: Public Health Institute of Western Massachusetts, Youth Mental Health Roadmap for Western Massachusetts, 2024.

- Social Connection: We are becoming less socially connected in our society and this loneliness can increase the risk for depression and anxiety, with evidence that the effects can persist for years among children.[105] COVID-19 greatly disrupted the ability of youth to connect with family, friends, and various cultural and community resources, with lasting impact.[11]
- Social and Emotional Learning (SEL): SEL is learning the knowledge, skills, and attitudes to support one's emotional and behavioral health, overall well-being, and productivity in school and society.[105] The Massachusetts Department of Elementary and Secondary Education (DESE) incorporated SEL into the revised 2023 health standards.[106] Most school districts have adopted an SEL curriculum, but full implementation has been challenging because of limited personnel, funding, and competing priorities.
- Social Media: Nearly all teenagers use social media and almost one-third use it "almost constantly."[107] While there can be benefits from social connections, problematic usage can impact in-person engagement, sleep, attention, isolation, depression, and behavioral problems.[107] Several local organizations offer education and tools to support healthy use, and many area schools also limit cell phone use during the school day.
- Community-Clinical Linkages: We need to link promotion and prevention strategies with clinical treatment to destigmatize and normalize mental health issues. This linkage can provide opportunities to identify and intervene on issues related to social isolation, SEL, and problematic social media usage.[105]

YOUTH HEALTH SURVEY FINDINGS

The Prevention Needs Assessments (PNA) is a survey administered to all Berkshire County public school 8th, 10th, and 12th graders every two years.[6,108] The following information is only for those three grades.

- Preliminary results from the 2025 PNA seem to suggest that while overall lifetime usage of substances, including alcohol, cannabis, and nicotine/tobacco for Berkshire County students, is lower than that of youth on average across the country, reported 30-day use among students in Berkshire County were higher than countrywide averages across all age groups.
- Almost double the percentage of 12th graders reported binge drinking in the past two weeks than in the country as a whole (17% vs. 9%), and reported binge drinking is higher in all three grades than countrywide.
- Rates of drinking and driving, or riding with a drunk driver are also higher among Berkshire County students than nationwide values.
- It appears most Berkshire County high schoolers start drinking around age 13. Early onset of drinking markedly increases the chances of developing an alcohol use disorder.[110] Delaying age of first use can markedly reduce the chances of developing an alcohol use disorder.[109]

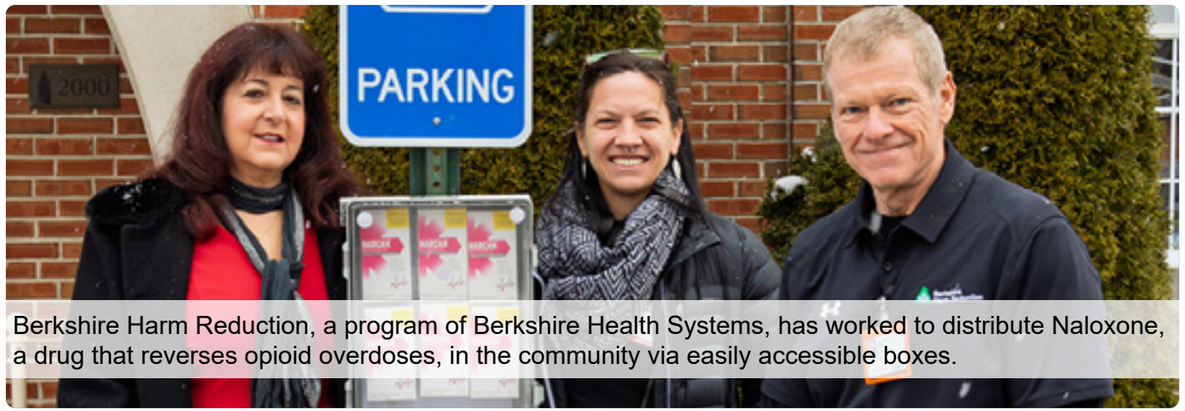
Members of the Supporting Positive Action for Resilience and Knowledge (SPARK) Coalition's Youth Advisory Boards (YAB) at Taconic and Pittsfield High Schools are clear that the norms and culture around them support heavy alcohol use. Members of the YAB share that:

- "People are intoxicated early in the morning while kids are passing by stores to go to school."
- "Parents drink at sports games (they tend to hide beer cans in a Koozie). All parents talk about it, and kids know."
- "Parents influence when they constantly say "I need a drink!" It perpetuates the view that "I need alcohol to have fun."

As discussed previously, the pandemic had severe and long-lasting repercussions for children and youth in terms of learning and social/emotional growth.

ASSETS AND RESOURCES

- National Alliance on Mental Illness (NAMI) Berkshire County, which provides mental health education, advocacy, and support for youth and families.
- The Brien Center for Mental Health and Substance Abuse Services, which provides outpatient therapy, crisis stabilization, and family support for children and adolescents.
- The Berkshire County Kids' Place provides trauma-focused therapy for children and non-offending caregivers.
- The Berkshire Health Systems Youth Mental Health Program provides short-term, structured group therapy for youth ages 12-17.
- 18 Degrees provides youth development services, mentoring, trauma-informed care, family support, and mental health services for at-risk youth.
- The Brien Center's Patrick Miller Program is the main provider for substance use among youth.
- The Southern Berkshire Community Care Coordination (SBCCC) community outreach project of Fairview Hospital in Great Barrington.
- The Railroad Street Youth Project (RSYP), located in Great Barrington, empowers young people by supporting youth-inspired projects that promote responsibility, self-worth, and intergenerational communication. Programs include apprenticeships, a drop-in center, skate park, mentoring, sexual health education, and various advocacy and support groups.
- The Northern Berkshire Community Coalition (nbCC) provides free and accessible, positive youth development programming for youth ages 12-19. All programming is accompanied by transportation and healthy snacks. Programming includes leadership and character development, health & wellness, creative skills, and peer support.
- DPH Mass Call grants fund three youth prevention collaboratives. Programs are located in the three sections of the county: South Berkshire Community Health Coalition (host RSYP), SPARK in Central County (host BRPC), and Youth Health Collaborative in North County (host nbCC).
- Arts in Recovery for Youth (AIRY) is an arts and skills-based suicide prevention program for youth ages 13-24.
- Rites of Passage and Empowerment (ROPE) is a mentoring program for young women of color and young people identifying as female or non-binary. The mission of ROPE is to celebrate and honor the entry of adolescents into adulthood and provide them with skills and knowledge that they need to be successful, independent, and responsible people.



Berkshire Harm Reduction, a program of Berkshire Health Systems, has worked to distribute Naloxone, a drug that reverses opioid overdoses, in the community via easily accessible boxes.

Regional Focus Area: Mental Health and Substance Use

OPPORTUNITIES FOR ACTION

Diverse organizational and public policies could improve mental health and SUD outcomes in our region. Healthcare and service providers interviewed for the CHNA discussed varied policies:

- Workforce: Innovative training/certification programs, internships and apprenticeships, and medical residency programs could increase the behavioral health workforce. Reduce barriers to recruiting and hiring persons with lived experience as recovery coaches and care coordinators. Require staff training in anti-stigma and best practices in behavioral health care.
- Care access: Increase insurance coverage and include transportation, expand access to patient navigators, develop new overdose prevention sites. Increase reimbursement rates for behavioral health services; expand the range and types of providers who can prescribe medication treatments. Offer more pharmacy delivery of medications and other health-related supplies to patients.
- Promotion, prevention, and intervention: Greater investments at the frontend are needed to reduce vaping/tobacco and marijuana use among consumers and the workforce, and reduce or prevent gambling addiction.
- Behavioral Health Roadmap to Reform: More resources should be invested locally to implement this multi-year state plan to make outpatient care more accessible. Increase equity in funding resources as low population numbers can affect state funding; there are inequities in earmarks and grants when compared to the eastern part of the state.
- Criminal Offender Record Information (CORI) reform: Address concerns about proposals to run CORI checks and to require proof of citizenship on persons trying to enter the family shelter system. CORI reforms were noted as important to enable expansion of the workforce and to meet acute housing needs.
- Tobacco/Nicotine policies: There are several new local health board model ordinances that can help curb tobacco and nicotine use, especially among young people. Some municipalities are starting to restrict sale of nicotine pouches to adult-only stores. There is also a movement to create a “Tobacco Free Generation” by banning sale of tobacco products to people born after a certain year. Brookline led this creative approach, which was upheld in court, and now other municipalities, including in western Massachusetts, are exploring this option.

YOUTH

The Youth Mental Health Roadmap for Western MA includes a number of recommendations for each prioritized area. Full recommendations can be found in the Roadmap.[105] Recommendations include:

- Destigmatizing and normalizing youth mental health: To assist in reducing public stigma, work can be done around sharing lived experiences, ongoing media campaigns, and engaging local efforts.[105]
- Social Connection: In order to improve this sense of connection the Roadmap recommends strategies to “meet youth where they are at,” develop youth-centric community spaces, and encourage expansion of peer and near-peer programs.[105]
- Social media: Parents, caregivers, and adults modeling healthy use along with federal legislation targeted at protecting children.[105]
- Community-clinical linkages: Suggestions include embedding behavioral health providers within libraries and partnering more closely with schools, police departments, and other community environments.[105]

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A. SOCIODEMOGRAPHIC CHARACTERISTICS OF BERKSHIRE HEALTH SYSTEM SERVICE AREA

TABLE 6: Sociodemographic Characteristics of Berkshire Health Systems Service Area
Source: U.S. Census, ACS 2018-2022 Five-Year Estimates

2018-2022 Census Demographic Information	Massachusetts	Berkshire County	Great Barrington	North Adams	Pittsfield
Total Population	6,984,205	128,763	7,184	12,937	43,730
Age and Disability Status					
Persons under 18 years, count	1,367,016	21,134	1,245	2,219	7,832
Persons under 18 years, percent	20%	16%	17%	17%	18%
Persons 18-34 years, count	1,682,444	25,587	1,295	3,063	9,471
Persons 18-34 years, percent	24%	20%	18%	24%	22%
Persons 35-64 years, count	2,739,156	51,051	3,054	4,985	17,682
Persons 35-64 years, percent	39%	40%	43%	39%	40%
Persons 65 years and over, count	1,195,589	30,991	1,590	2,670	8,745
Persons 65 years and over, percent	17%	24%	22%	21%	20%
% with disabilities	12%	15%	8%	18%	17%
Race, ethnicity and foreign born					
Latine or Hispanic	13%	5%	4%	6%	8%
Non-Latine or Hispanic					
White	69%	86%	84%	86%	79%
Black or African American	7%	3%	3%	1%	5%
American Indian and Alaska Native	0.10%	0.10%	0.32%	0.26%	0.06%
Asian	7%	2%	4%	3%	1%
Native Hawaiian and other Pacific Islander	0.03%	0.02%	0.00%	0.00%	0.03%
Some other race	1%	0.33%	0.28%	0.16%	0.52%
Two or more races	4%	3%	4%	2%	5%
% Foreign born	18%	6%			
Language spoken at home (population over 5)					
Language other than English spoken at home	25%	7%	8%	8%	9%
Educational attainment (population over 25)					
Less than high school graduate	9%	7%	6%	12%	7%
High school graduate (includes equivalency)	23%	29%	25%	33%	29%
Some college or associate degree	22%	27%	22%	29%	29%
Bachelor's degree or higher	46%	38%	47%	26%	34%
Income and poverty					
Median household income	$96,505	$69,744	$74,205	$49,525	$66,859
% Households living in poverty	10%	11%	7%	15%	14%

B. SUPPLEMENTAL FIGURES RELATED TO PRIORITIZED NEEDS

FIGURE 11: Food Insecurity Rose Across Region's Counties (2019–2022)
Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., and Engelhard, E. 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.

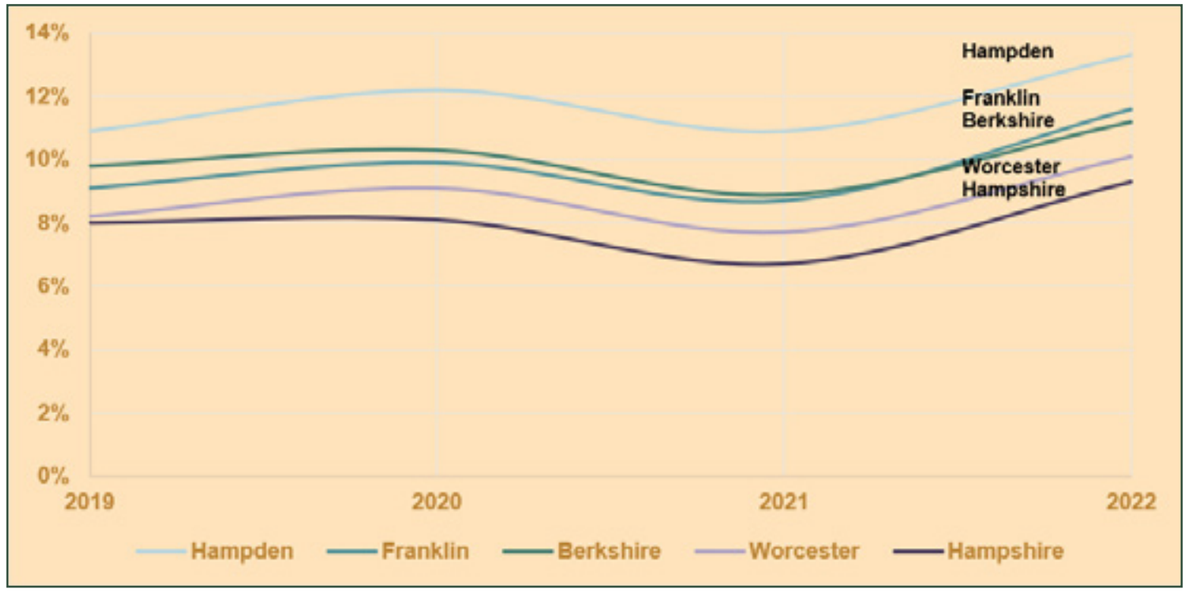


FIGURE 12: Pediatric Asthma Prevalence per 100 students for School Year 2023-2024, by County
Source: Massachusetts Environmental Public Health Tracking, https://dphanalytics.hhs.mass.gov/

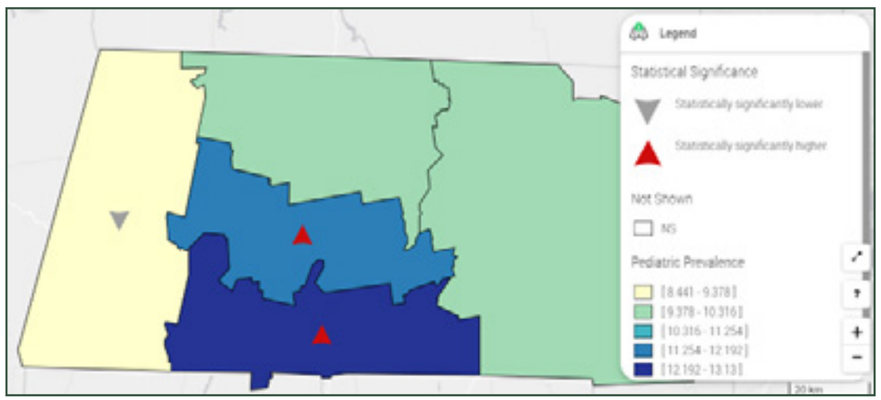


FIGURE 13: Pediatric Diabetes Type 2 Prevalence per 100,000 Students for School Year 2023-2024

Source: Massachusetts Environmental Public Health Tracking, https://dphanalytics.hhs.mass.gov/

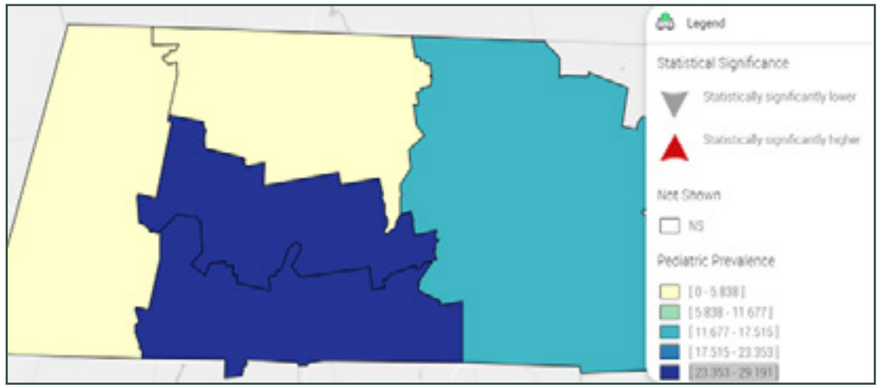


FIGURE 14: Western Massachusetts: People of Color are Overrepresented in the Homeless Population

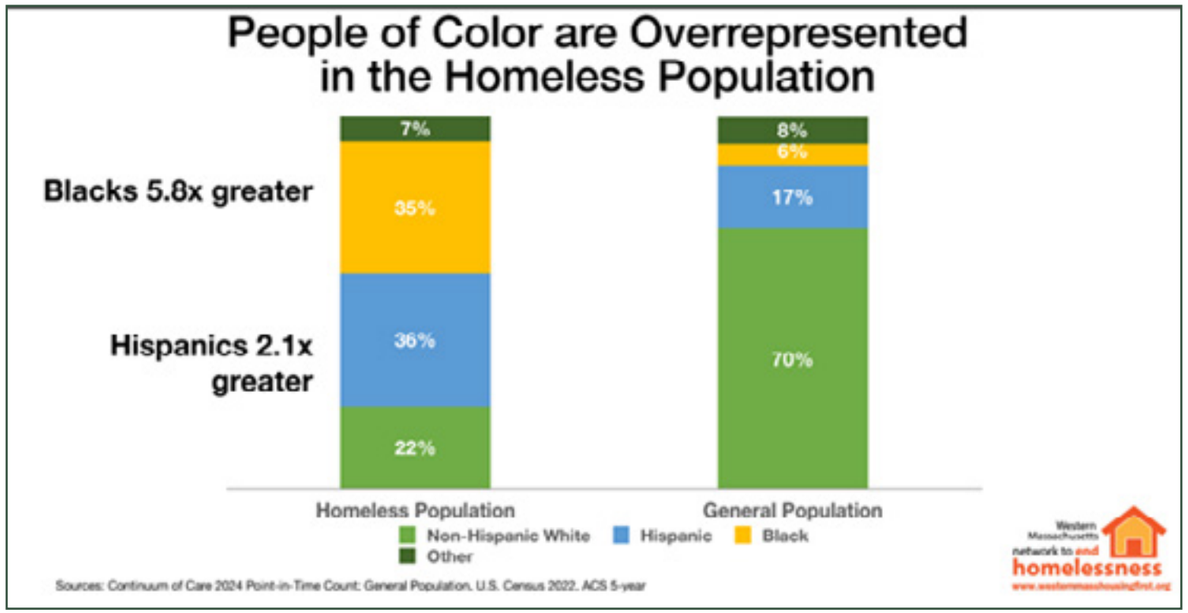


FIGURE 15: Elder Index with Comparisons to Median Income

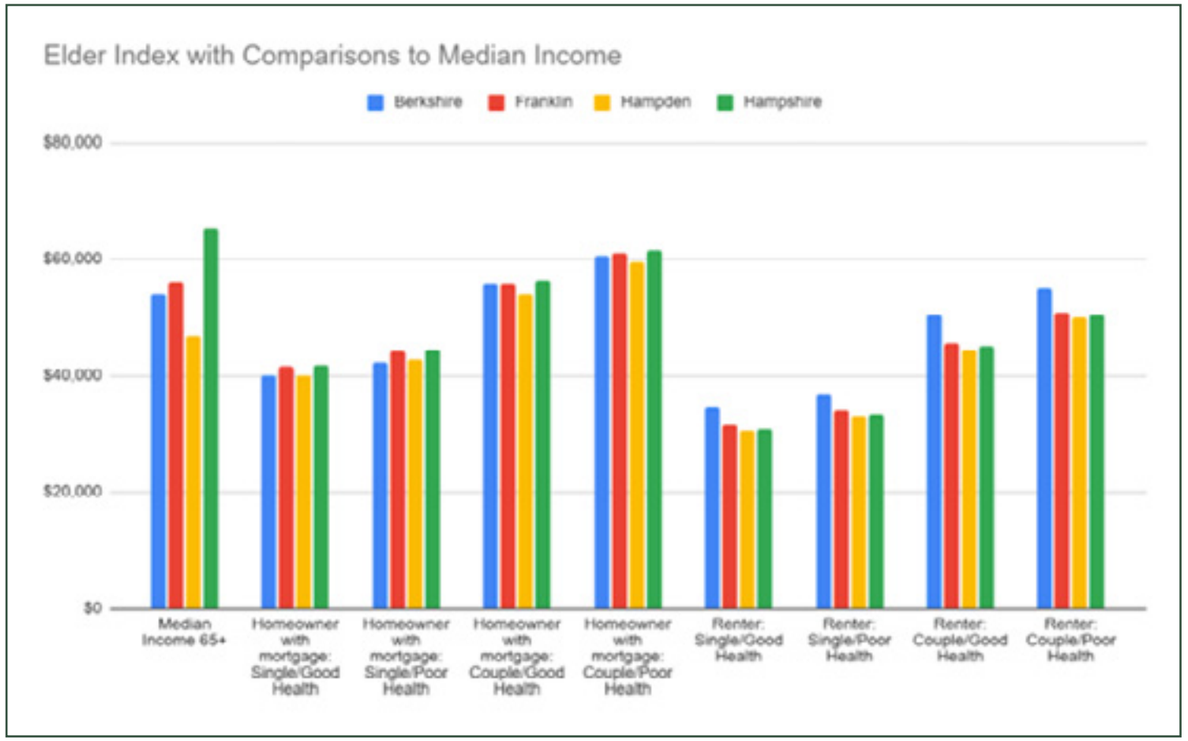


TABLE 7: Projected Shortage of Primary Care Physicians by Speciality in 2037, Number and Percent Adequacy

Source: https://dphanalytics.hhs.mass.gov/

Physician Specialty	Metro	Nonmetro	All United States
Family medicine	35,910 (74%)	7,310 (68%)	43,220 (73%)
Geriatricians	1,560 (82%)	550 (34%)	2,110 (78%)
Internists	21,990 (80%)	6,900 (42%)	28,890 (76%)
Pediatricians	9,940 (84%)	2,990 (53%)	12,930 (81%)
Total	69,400 (78%)	17,750 (58%)	87,150 (76%)

Note. HRSA Workforce Projections - https://data.hrsa.gov/topics/health-workforce/workforce-projections

FIGURE 16: Western Massachusetts: Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Gender

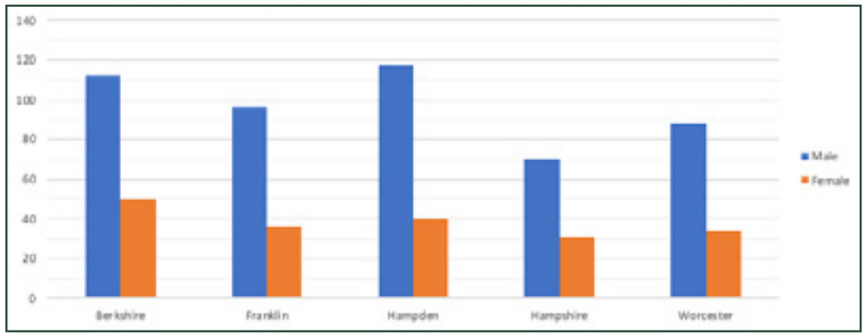
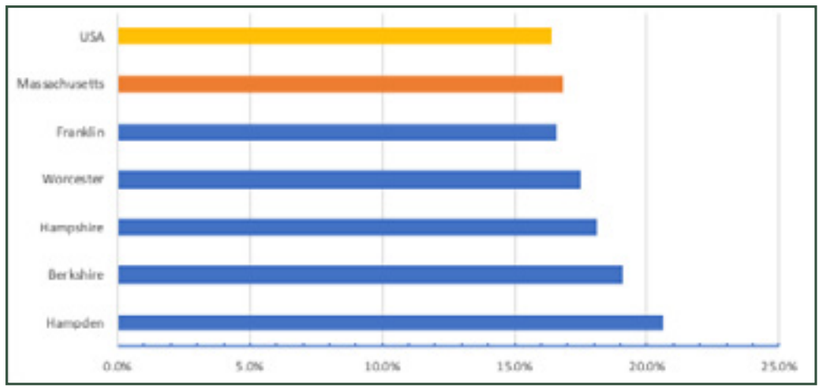
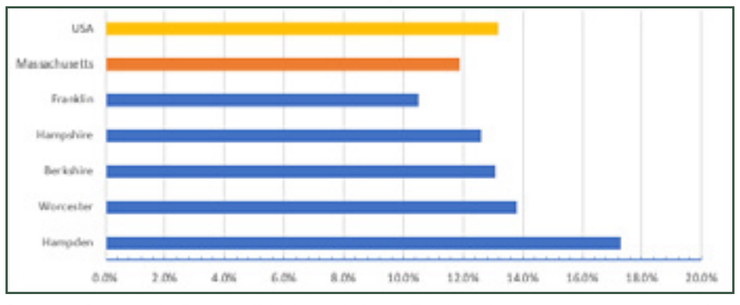


FIGURE 17: Poor Mental Health



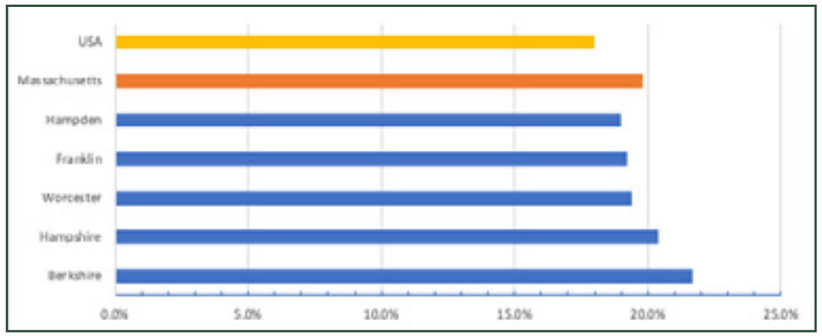
Source: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), age-adjusted rates. Accessed via the PLACES Data Portal. 2022.

FIGURE 18: Tobacco Use / Vaping



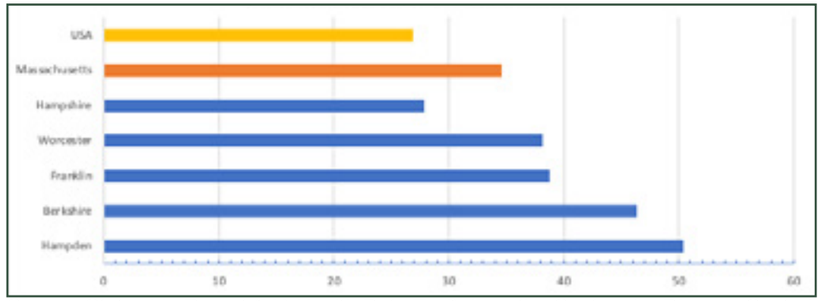
Source: Statewide Report (MA Health Data Tool), using age-adjusted rates from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

FIGURE 19: Alcohol Binge Drinking



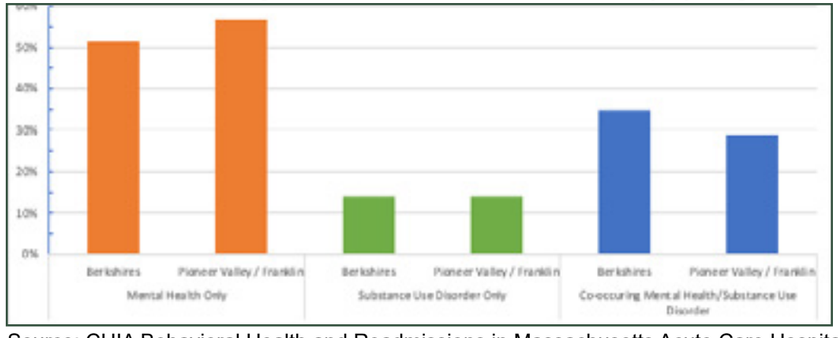
Source: Statewide Report (MA Health Data Tool), from the Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

FIGURE 20: Alcohol and Substance Use - Drug Overdose Crude Death Rate per 100,000 population.



Source: Statewide Report (MA Health Data Tool), from the Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

FIGURE 21: Percentage of Behavioral Health Comorbidity by Region, 2020



Source: CHIA Behavioral Health and Readmissions in Massachusetts Acute Care Hospitals, 2020 (Databook)
https://www.chiamass.gov/behavioral-health-and-readmissions-in-massachusetts-acute-care-hospitals

C. ACTIONS HOSPITAL HAS TAKEN SINCE LAST CHNA (2022)

In the 2022 CHNA, BHS identified the following priority needs areas: behavioral health and substance use disorder, chronic conditions and infectious disease, access to care, care coordination, socioeconomic, and workforce development. These priority needs are listed below with supplementation of what is being done by the organization regarding each need. Please note, the lists are not exhaustive but are intended to provide an overview.

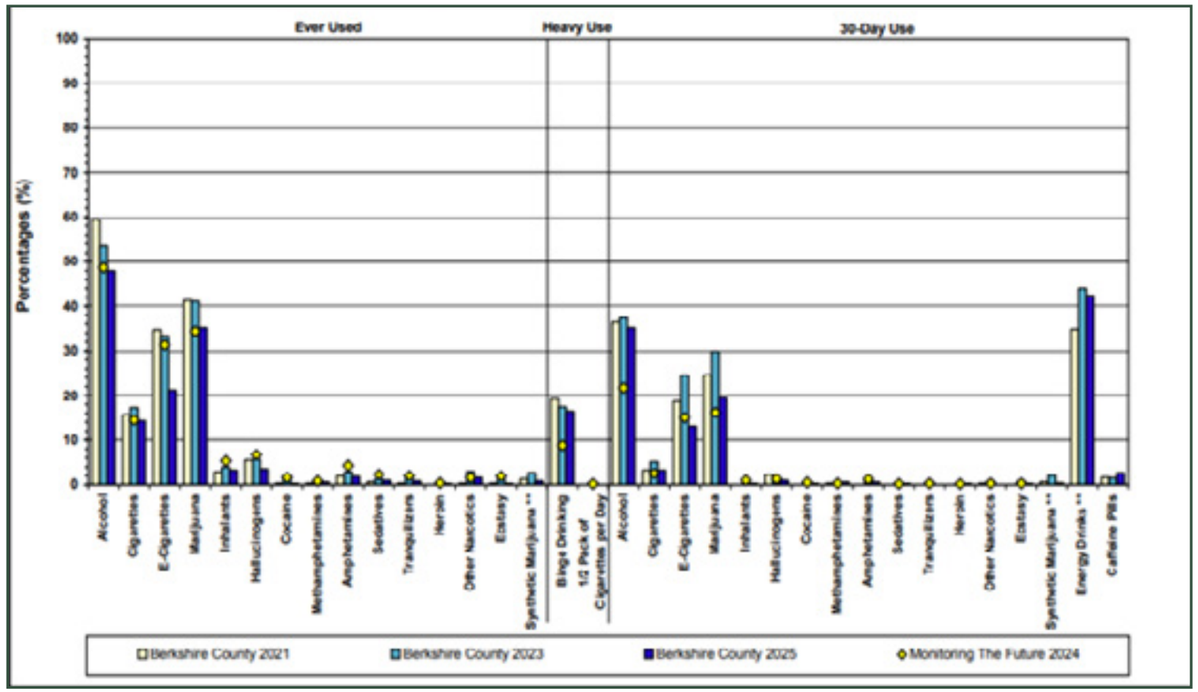
For a more extensive review of programs and initiatives of Berkshire Medical Center (BMC), Fairview Hospital, and North Adams Regional Hospital, visit https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits. All BHS hospitals file a Community Benefits Report annually, reporting the programs and impact of our efforts on the health status of the communities we serve.

BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

SUBSTANCE USE/OPIOIDS

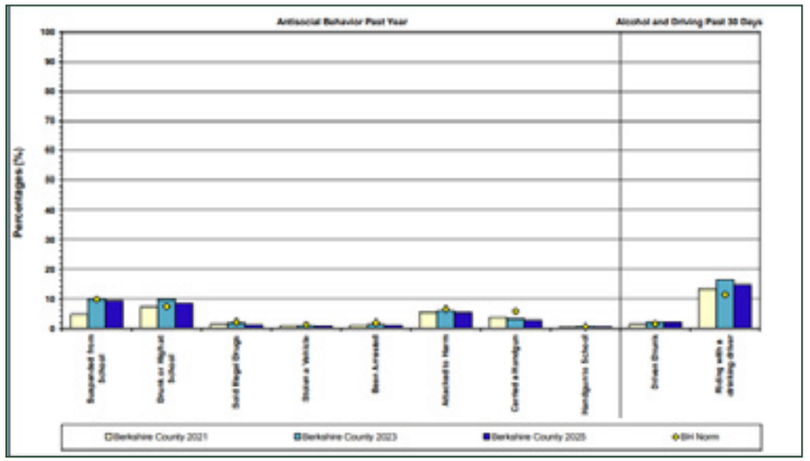
BMC has inpatient substance use treatment programs, including the McGee Recovery Center, a detox program, and our Clinical Stabilization Services unit, which gives those in recovery the opportunity to stay, up to 30 days, in a safe setting. This aids in long-term recovery. BMC also partners with the Brien Center for Substance Use Services in providing access to outpatient programs to enhance treatment for addiction.

FIGURE 22: Lifetime 30 Day & Heavy ATOD Use - 2025 Berkshire County Student Survey Grade 12



Source: Massachusetts Prevention Needs Assessment, Bach Harrison L.L.C. 2025

FIGURE 23: Antisocial Behavior & Alcohol and Driving - 2025 Berkshire County Student Survey, all grades.



Source: Massachusetts Prevention Needs Assessment, Bach Harrison L.L.C. 2025

The Substance Use Treatment Clinic developed in 2019 is led by a Medication Assisted Treatment (MAT) Certified Nurse Practitioner and Registered Nurse who provide treatments related to all forms of substance use disorders and practice using the Harm Reduction Model of Care. Care includes support, medications including inductions, oral, sublingual, injectable, and transdermal formulations. The clinic coordinates care with the patient's primary care physician and social services. The goal of the program is to help manage patients' substance use disorder, reduce emergency department utilization, and reduce inpatient and observation admissions. The providers are both certified recovery coaches. Recruitment for other positions such as Community Health Worker/Recovery Coach and Medical Assistant has been challenging. BHS also deploys vending machines throughout the county to provide free harm reduction supplies. Additionally, BMC has installed numerous Narcan boxes across the county where anyone can access the lifesaving medication.

Fairview and North Adams Regional Hospitals, critical access hospitals in Great Barrington and North Adams, respectively, offer 24/7 emergency care with integrated, but limited, mental health crisis services. Our teams are equipped to provide immediate stabilization, including psychiatric assessments, medication initiation, and coordination for safe transfers that connect patients to a broader continuum of care that Berkshire Health Systems can provide, which includes access to telehealth, inpatient treatment, and post-hospital support.

Fairview Hospital is deeply embedded in the community, working closely to expand access to behavioral health and substance abuse services. Through the leadership of its Southern Berkshire Rural Health Network (SBRHN) coordinator, Fairview Hospital partners with the Railroad Street Youth Project to secure grant funding that launched Rural Recovery Resources—a transformative initiative that fosters a culture of empathy, resilience, and healing. This program now offers a robust menu of support services, empowering individuals and families affected by substance use.

To further strengthen regional collaboration, the SBRHN convenes virtual community meetings twice a month, bringing together stakeholders to identify unmet needs, share resources, and build innovative

solutions. These gatherings have become a cornerstone for cross-sector partnerships and grassroots action including the Southern Berkshire Care Collaborative which connected elementary age children struggling in school to the medical/social and economic resources necessary to help them achieve success in the classroom. The SBRHN coordinator participated in Southern Berkshire Community Health Coalition that focuses on substance abuse prevention for youth.

Fairview Hospital also plays a proactive role in prevention and harm reduction, supporting educational programming, outreach and advertising to raise awareness – and reduce the stigma—of substance abuse to create a more effective response. Fairview Hospital donates life-saving pharmaceutical treatments—such as naloxone—to area first responders, ensuring they are equipped to respond swiftly in overdose emergencies.

MENTAL HEALTH, DEPRESSION, SUICIDE

The BMC Department of Psychiatry and Behavioral Health provides annual free depression screenings in the community, partners with the Brien Center for Mental Health and Substance Use Services on outpatient programs and provides an Employee Assistance Program to companies in the community to aid in responding to mental health issues.

Fairview Hospital provides education and outreach in collaboration with the Berkshire Coalition for Suicide Prevention as well as participated in the Out of the Darkness Walk. In FY25, Fairview co-sponsored with Clinical and Support Options Behavioral Health multiple full day programs on Adult Mental First Aid education to staff and community members at no charge. The hospital continues to offer quarterly Community Suppers for seniors to decrease social isolation and increase engagement.

CHRONIC CONDITIONS & INFECTIOUS DISEASE

CANCER

In addition to providing comprehensive hematology and radiation oncology services through the BMC Cancer Center, BHS has community programs encouraging and promoting cancer screening, such as colonoscopy, mammography, and lung cancer. For colonoscopy and mammography, BMC also provides patient assistance funds to help those at risk to pay for potential high copays for these prevention screenings.

CARDIOVASCULAR HEALTH

BHS provides comprehensive cardiovascular health services through our physician practices. The Wellness at Work program provides cardiovascular screenings for businesses and employees. As well as free community blood pressure screenings.

Residents of rural communities, including those in Fairview and North Adams Regional Hospitals' service areas, face a higher rate of chronic disease according to the CDC. At Fairview Hospital, free health education and AACVPR cardiac and pulmonary rehab programs - crucial for recovery after acute heart episodes and rarely available in rural areas like the southern Berkshires- are available and remove barriers to care around cardiac and respiratory illness. Members of the Cardiology Department offer programs on heart health as part of the free health education series offered each summer at Fairview Hospital. The Respiratory Therapy Departments at Fairview and North Adams Regional Hospital provide free counseling and support for smoking cessation upon request.

DIABETES

BHS has a Diabetes Education Program that works with people across the county diagnosed with pre-diabetes, and type 1 and 2 diabetes, providing one-on-one counseling and support, including access to nutrition services.

INFECTIOUS DISEASE

BHS Infection Prevention and Control teams works both in the hospital and in the community to curb infectious disease, including Influenza, Lyme Disease, and many others.

Berkshire Health Systems works closely with rural boards of health to provide resources to support community health where resources are limited. For example, Fairview's Emergency Management Director played a key role in providing vaccination planning and implementation for covid and flu prevention at the beginning of the COVID-19 pandemic.

STROKE/BLOOD PRESSURE

BMC and Fairview are a designated Stroke Centers in the community. As a result of which, the hospitals offer community lectures, public messaging, and screening programs to raise awareness of risk factors and warning signs for stroke, the importance of time in response, and how to respond effectively for the best possible outcome.

SEXUALLY TRANSMITTED DISEASE/INFECTION

BHS's Berkshire Harm Reduction program embraces an approach that focuses on helping people who use drugs reduce their high-risk behavior and the harm associated with drug use.

OBESITY

Berkshire Health Systems has several programs focused on reducing obesity among both youth and adult populations. Operation Better Start (OBS), which also has an office at North Adams Regional Hospital, is a unique program that works with families and children to provide nutritional guidance and exercise programs. OBS partners with local pediatricians and the public schools to reach at-risk youth and families. BHS Wellness at Work provides local businesses with targeted wellness programs for employees to reduce obesity and other co-morbidities.

TOBACCO USE/NICOTINE DEPENDENCE

This need is addressed by BHS through "Hypnosis for Quitting Smoking, Beat the Pack" (offered to employees), tobacco cessation education, and referrals to other tobacco cessation programs. Additionally, other community organizations and programs that are on the forefront of addressing this need include: Berkshire AHEC, Tri-Town Health Department, Make Smoking History through Massachusetts DPH, and Quit to Win through Fallon Health. BHS refers to these programs for tobacco and nicotine cessation efforts.

In the southern Berkshires where smoking rates mirror disproportionately higher in rural communities across the nation, contributing to elevated risks of heart disease, cancer, and chronic respiratory conditions, Fairview Hospital offers free, personalized tobacco cessation services by a certified respiratory therapist, to provide one-on-one support to both physician-referred and self-referred individuals. Services include counseling and access to pharmaceutical aids which empower residents to quit smoking and improve their long-term health outcomes.

ACCESS TO CARE & CARE COORDINATION

ACCESS FOR UNDER AND UNINSURED

BHS's Advocacy for Access program is offered through our Advocacy for Access offices at Berkshire Medical Center in Pittsfield and Fairview Hospital in Great Barrington, where thousands of residents—including families, immigrants, seniors, and the under- or unemployed—gain vital access to health insurance options like MassHealth. Our certified counselors serve as trusted navigators, connecting individuals to coverage and care while removing barriers related to language, disability, and system complexity. These free services are a cornerstone of our commitment to equitable, high-quality healthcare for all.

North Adams Regional Hospital provides office space, financial assistance, and telecommunications and technology infrastructure to Ecu-Healthcare, the designated outreach and enrollment site in North Berkshire for all Massachusetts health coverage programs. Ecu-Healthcare has thousands of encounters every year. North Adams Regional Hospital's support of this program, which is free for the community, aligns with the Berkshire Health Systems mission of advancing health and wellness for our community.

ENHANCING ACCESS AND THE HEALTHCARE WORKFORCE

The region's significant reliance on government-reimbursed services can have a direct influence on locally available programs and services. BHS continues to face staffing challenges, like those experienced across the nation and is exploring career training programs that can simultaneously help to reduce clinician shortages and help to raise median income levels through strong employment opportunities for Berkshire residents.

BHS NURSE CALL LINE

The nurse call line helps patients determine where they should go for their care-urgent care, emergency care, or primary care. Nurses help patients on warfarin manage their medication in collaboration with their primary care provider as well as help people navigate the healthcare system and assist with access to community services.

SOCIAL ECONOMIC IMPACT AND COMMUNITY ENGAGEMENT

BHS works in collaboration with numerous community organizations on programs that are aimed at improving community development, some of our partners include: Northern Berkshire Community Coalition, the Berkshire United Way, local senior centers, and municipal governments across the county, as well as food pantries, homeless shelters, and local civic organizations.

The system also regularly donates funds to community events, local sports teams, organizations, and initiatives. BHS supports a wide variety of community organizations and initiatives including health related organizations such as the Brien Center (mental health and addiction treatment), the Elizabeth Freeman Center (domestic and sexual violence treatment services), Hillcrest Educational Centers (education for youth with developmental disabilities), Blackshires (economic and social advancement), Q-MoB (wellness for LGBTQ+ community), Construct (housing), and Railroad Street Youth Association (teen/young adult).

BHS sponsors significant community educational and cultural institutions in our area including Berkshire Community College, Berkshire Theatre Group, Massachusetts College of Liberal Arts, the Pittsfield Parade Committee, Girls Inc., Community Access to the Arts, Berkshire Immigrant Center, Mahaiwe Performing Arts Center, and the Williamstown Theatre Festival.

Members of the wellness program and management team regularly provide and participate in blood pressure screenings, health education, environmental clean ups, and other community volunteer efforts.

BHS also hosts community events including support groups and community education, like BHS's 4th of July 5K run, and Berkshire 150 wellness challenge, and frequently provides in-kind donations from its food service departments to homeless shelters.

Our hospitals support the surrounding community beyond providing direct medical care. Collaborations and partnerships exist with most organizations, including supporting economic development, cultural, health, education, social service and more, contributing to the overall strength and vibrancy of the Berkshires.

EMERGENCY PREPAREDNESS

Working in partnership with community organizations, including local fire and police departments, EMS providers, regional emergency response committees and the Berkshire County Boards of Health Association, BHS has a comprehensive emergency preparedness program. This program works to improve response to potential community emergencies through regular tabletop and live action drills. BHS's Emergency Operations also has plans in place for response to a wide variety of potential emergencies, including Mass Casualty, Electrical Outages, Flooding, and Snow/Ice Storm events.

HEALTHCARE DISPARITIES

BHS actively works to reduce health disparities in the community through expanded access to primary care and specialty services, recruitment of healthcare professionals with varied backgrounds and language competency, and a dedicated Translation Service that can provide patients with access to care using their own language, with professional health interpreters and/or access to electronic services that can provide interpretation. Numerous community efforts are also used to reach as many as possible in the community, including Community Health Workers that can help community members overcome barriers such as transportation, food insecurity, housing, telephone access, and much more.

MATERNAL/CHILD HEALTH

BHS has numerous programs designed to aid new mothers and newborns in attaining optimal health during and after pregnancy, including prenatal classes and classes for new parents. In addition, the Berkshire North Women, Infants, and Children's Program, operated by BMC, provides access to nutritional services and healthy food options, and Operation Better Start provides family services that can help the newborn and family to maintain a healthy lifestyle. Both Fairview Hospital and Berkshire Medical Center are designated by Baby-Friendly USA as Baby-Friendly Hospitals, a certification that demonstrates our organization's adherence the highest standards of care for breastfeeding mothers and their babies.

SAFETY/VIOLENCE PREVENTION

BHS Security collaborates with many community agencies on substance abuse prevention and treatment and works regularly with area police departments as well as the Berkshire County House of Correction to ensure safety of the hospital environment and the surrounding community.

Berkshire Harm Reduction and Berkshire Connections are Berkshire Health Systems programs that assist those in various stages of substance use disorder access safe supplies, counseling, emotional support, and if desired, assistance with entering treatment to end use.

SOCIAL DETERMINANTS OF HEALTH

BHS understands that socioeconomic status, education, employment, housing, food security, transportation and social protective factors, all have an impact on the physical and mental wellbeing of the population, including the circumstances people find themselves in, and in many cases the life choices they make or are forced to make due to social or environmental conditions. Many of Berkshire County's community organizations do an outstanding job at addressing these needs already. BHS collaborates with these organizations and maintains partnership to further reduce social determinants of health barriers.

ADOLESCENT AND YOUTH PREGNANCY

Berkshire United Way takes the lead on efforts to provide informational and educational programs to youth and adolescents to reduce the rate of pregnancy in teens. BHS works in collaboration with this community partner by participating on committees, sharing data, and resources.

WORKFORCE DEVELOPMENT

ACCESS TO MEDICAL PROFESSIONALS

BHS has an intensive physician and provider recruitment program, which has succeeds in bringing many professionals to the region yearly, particularly in areas of critical need, such as: Primary Care, Neurosurgery, Radiology, Neurology, Orthopedic Surgery, Endocrinology, and others. This includes not only physicians, but also Nurse Practitioners and Physician Assistants.

TRAININGS FOR HEALTHCARE PROFESSIONALS, ALLIED HEALTHCARE WORKERS, AND COMMUNITY HEALTH WORKERS

BHS supports its employees to attend trainings and certifications in applicable areas, examples of these trainings include Bridges Out of Poverty, Community Health Worker certification, Mental Health First Aid, Medical Assistant training, and Phlebotomy certification. BHS has also offered community partners free training for interested EMTs in collaboration with our county EMS agencies. By investing in our employees and supporting community partners, we can better serve the needs of our community at large.

CAREER PATHWAYS

BHS is proud to invest in and cultivate its Career Pathway Programs, offering paid training opportunities where professionals can learn valuable skills, earn certifications, and fast-track progress toward a career in healthcare. The career Pathway Programs are paid educational opportunities specifically designed to foster a talented, diverse workforce by breaking down barriers that have traditionally prevented many individuals interested in healthcare from joining our workforce. BHS is specifically focused on building pathways to the most immediately needed roles: nursing assistants, medical assistants, licensed practical nurses, and registered nurses. This is achieved through paid in-house training programs and partnerships with local educational institutions like Berkshire Community College and McCann Technical School. In 2023, the system announced a new partnership with Massachusetts College of Liberal Arts, helping launch a 4-year Bachelor of Science in Nursing program, designed to help grow the next generation of nurses and healthcare professionals in the Berkshires.

Additionally, Berkshire Health Systems offers internship opportunities and clinical education to students enrolled in medical degree programs and partners with local high schools to support vocational training in various areas. Fairview Hospital also runs a Nursing Apprenticeship and Nurse Residency Program.

D. COMMUNITY MEMBERS AND PARTNERS ENGAGED IN THE PROCESS

ABOUT THE CONSULTANT TEAM

Lead Consultant - The 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.

Consultants - Community Health Solutions (CHS), a department of the Collaborative for Educational Services, 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.

Franklin Regional Council of Governments (FRCOG) is a voluntary membership organization of the 26 towns of Franklin County, Massachusetts. The 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 12 towns. The 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.

Berkshire Regional Planning Commission (BRPC) is a regional planning agency serving all 32 municipalities of Berkshire County, Massachusetts. BRPC collaborates with local governments and organizations to enhance regional resilience and improve quality of life through comprehensive initiatives in land use, transportation, economic development, public health, and environmental management. BRPC actively promotes public health and wellness in Berkshire County through various initiatives. A key effort is the Berkshire Public Health Alliance, a collaboration among 26 communities aimed at enhancing public health service delivery and overall well-being.

QUALITATIVE DATA COLLECTION

For this CHNA, the consultant team conducted several group Key Informant Interviews (KIIs) with knowledgeable professionals (such as healthcare and service providers) on the prioritized needs of: Mental Health and Substance Use Disorder; Older Adults (65+); Young Children and their Parents/ Caregivers; and Immigrants and Refugees. The team also held a regional interview with local public health officials. Several focus groups were also held for the Baystate service areas. These data gathering opportunities are summarized below. A table lists all key informants who participated. The focus group participants identities are withheld for confidentiality. The table is followed by a detailed summary of each group KII and focus group.

TABLE 8: Regional Advisory Council

Name	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
Annamarie Golden*	Director, Community Relations	Baystate Health	X	X	
Brittney Rosario* (former)	Community Benefits Specialist	Baystate Health	X	X	
Kelly Lamas	Mobile Health Equity Program Manager,				
Ambulatory, Quality & Clinical Integration	Baystate Health	X	X		
Agathe Hoffer-Schaeffer*	Director of Community Health	Mass General Brigham, Cooley Dickinson Hospital	X	X	
Roberta Gale*	Vice President, Community Health	Berkshire Health Systems	X	X	
Maureen Logan-Daniels*	Director, Wellness & Community Health	Berkshire Health Systems	X	X	
Jennifer Vrabel*	Executive Director,				
Advancement Office	Berkshire Health Systems	X	X		
Mary Stuart*	Regional Executive Director of Community Health and Well Being	Not Found	X	X	
Katie Bruno*	Health Management Program Manager	Health New England	X	X	
Lisa Wray Schechterle*	Director of Community Benefits	Holyoke Medical Center	X	X	X
Catherine Brooks	Senior Research Evaluation Specialist	Collaborative for Educational Services	X	X	
Laura Kittross	Public Health Program Manager	Berkshire Regional Planning Commission	X	X	
Marie Brady	Senior Planner, Public Health	Berkshire Regional Planning Commission	X	X	
Aaron Holman-Vittone	Public Health staff	Berkshire Regional Planning Commission	X	X	
Ananda Timpane	Executive Director	Railroad Street Youth Project	X	X	
Debbie DiStefano	Chief People and Equity Officer				
	Hilltown Community Health Centers, Inc.	X	X		
Luz Lopez	Consultant	Not Found	X	X	
Kirsten L. Krieger, RN, BSN	Nurse	Quabbin Health District	X	X	X
Shenell Remani Ford	Lactation Consultant	Baystate Medical Center	X	X	
Tiana Davis	Project Manager	Springfield HHS	X		X
Amy Timmins	Vice President, NonProfit & Community Relations	ServiceNet	X	X	
Matt Alcombright	Program Director,				
Residential Addiction Treatment	Brien Center	X	X		
Sean Fallon*	Regional Manager of Community Benefit,				
Community Health and Well Being	Trinity Health of New England	X	X		
Phoebe Walker	Director of Community Health	Franklin Regional Council of Governments	X	X	
Ann Darling	Consultant	Franklin Regional Council of Governments	X	X	

TABLE 9: Respondents Participating in Key Informant Interviews and Other Qualitative Data Sources

Name	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low-Income, Minority, and Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Alcombright, Matt	Program Director	The Brien Center for Mental Health and Substance Abuse Services	x	x	
Alvarez, Pedro	Director of Harm Reduction Services	Tapestry Health	x	x	
Arce, Sue Haley	Liaison	Springfield Police Department	x	x	
Arroyo, Joani	Maternity Coordinator	Health New England	x	x	
Ayala, Justin	Division of Geriatric and Palliative Care	Baystate Health	x	x	
Banks, Jane	Vice President of Housing and Homeless Services	Clinical and Support Options (CSO)	X	x	
Basch, Becky	Senior Planner, Land Use and Environment	Pioneer Valley Planning Commission	x	x	
Basler, Carleen	Volunteer Coordinator	Amherst Survival Center	x	x	
Bastone, Sandy	Site Coordinator, Family Support Programs	Community Action Pioneer Valley	x	x	
Berthiaume, Kathryn	Senior Clinician, Adult Community Clinician Services	Center for Human Development	x	x	
Besaw, Amber	Executive Director	Northern Berkshire Community Coalition	x	x	
Bianchi, Alan	Assistant Deputy Superintendent	Berkshire County Sheriff's Office	x	x	
Browsky, Mike	Home Repair Coordinator	Community Action Pioneer Valley	x	x	
Budine, Gillian	Community Network for Children Coordinator	Erving School Union #28	x	x	
Cahillane, Amy	Director of Community and Economic Development	City of Greenfield	x	x	
Callahan, Christine	Executive Director	Berkshire Nursing Families	x	x	
Chung-Edwards, Diana	Injury Prevention Nurse Coordinator	Baystate Medical Center	x	x	
Cioch, Fiona	Public Health Nurse	Holyoke, Chicopee, South Hadley	x	x	x
Colon, Magda	Regional Manager	Learn to Cope	x	x	
Cotugno, Kathi	Drug Addiction and Recovery Team (DART) Coordinator	Northampton Department of Health and Human Service	x	x	X
Cruz, Ed	Program Manager	Center for Human Development	x	X	
Cushing, Abbi	Program Director	The RECOVER Project	x	X	
Deschaine, Norm	Administrator	Baystate Brightwood Health Center	x	x	
Diaz, Shaundell	Program Director	3 County Continuum of Care	x	x	
DiStefano, Dawn	Chief Executive Officer	Square One	x	x	
DiStefano, Debbie	Chief People and Community Officer	Hill Town Community Health Center	x	x	
Dropkin, Emmalie	Director of Data, Planning, and Evaluation	Community Action Pioneer Valley	x	x	
Elliott, Adrian	Chief of Emergency Medicine	Fairview Hospital	x	x	
ElShabazz, Elhajj	Recovery Specialist		x	x	
Feldman, Lynne	Associate Executive Director	Lifepath	x	x	
Fennell, Laconia	Cofounder, Springfield Family Doula Services	Springfield Family Doula Services	x	x	
Figueroa, Leigh-Ellen	Health and Equity Programs Coordinator	Communities That Care Coalition	x	x	
Fuccione, James	Senior Director	Massachusetts Healthy Aging Collaborative	x	x	
Fulla-Kay, Fina	Social Worker	Baystate Health	x	x	

Name	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low-Income, Minority, and Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
Gonzalez, Chrismery	Coordinator, Office of Racial Equity	Springfield Department of Health and Human Services	x	x	x
González Ortiz, Noé	Spanish Translation and Outreach Specialist / Family Educator Facilitator	Child Care of the Berkshires			
x	x				
Godfrey, Jason	Director, Great Barrington Family Resource Center	Clinical and Support Options	x	x	
Higgins, Jennifer	Director of Grants	Center for Human Development	x	x	
Humayun, Nisha	Project coordinator for Community Health	Town of Ware	x	x	x
Katalina, Jenise	Executive Leader	Women of Color Health Equity Collective	x	x	
Keough, Jill	Executive Director	Greater Springfield Senior Services			
Kirby, Emily	Director, Prevention and Community Health	Town of Ware	x	x	x
Knight, Charlie	Representative	Straight Rental Housing for Homeless People	x	x	
Kolis, Steve	Board Member	Windsor Board of Health	x	x	x
Kokonowski, Kate	Lead Midwife	Pioneer Women's Health and The Birthplace at BFMC	x	x	
Krieger, Katalin	Director of Patient Services	Community Health Center of Franklin County	x	x	X
Lockwood, Becky	Director	Salasin Project	x	x	
Lalbeharie-Josias, Desiree	Director, Early Childhood	Collaborative for Educational Services	x	x	
Letson, Aimee	Western Massachusetts Regional Coordinator	DPH Bureau of Substance Addiction Services (BSAS)	x	x	
Martinez Lopez, Frank	Executive Director	Enlace de Familias	X	x	
Lopez, Luz	Social Entrepreneur	Alternatives to Violence	x	x	
Lund, Jerry	Board of Health Member	Leyden Board of Health	X	X	x
Lutz, Julie	Program Coordinator	Western Massachusetts Training Consortium	x	x	
Macary, Hope	Director	Greenfield Council on Aging	x	x	
Malin, Christina (Kiko)	Public Health Director	Amherst Board of Health	x	x	x
Marrow, Yolanda	Pediatric Violence Prevention	Baystate Health	X	x	
Martin, Sandra	Health Agent & Emergency Planner	Berkshire Regional Planning Commission	x	x	
Martoccia, Roseann	Executive Director	WestMass ElderCare			
McBride, Pamela	Information Services Assistant	Greenfield Public Library	x	x	
McCombs, Shelly	Senior Quality Improvement Operations & Accreditation Manager	Health New England	x	x	
McLaughlin, Debra	Coordinator	Franklin County Opioid Task Force	x	x	
Miklovich, Caroline	Nurse Navigator & Staff Nurse	Moms Do Care Greenfield, and The Birthplace at BFMC	x	x	
Millman, Laurie	Executive Director	Center for New Americans	x	x	
Molony, Jason	Age Friendly Program Director	Lifepath	x	x	
O'Reilly, Maureen	Health Educator/Epidemiologist	FRCOG	x	x	x
Page, Christy	Regional Health Educator	North Quabbin Health Collaborative	x	x	

Name	Title	Organization	Organization Serves Broad Interests of Community	Organization Serves Low-Income, Minority, and Medically Underserved Populations	State, Local, Tribal, Regional, or Other Health Department Staff
O'Reilly, Maureen	Health Educator/Epidemiologist	FRCOG	x	x	x
Page, Christy	Regional Health Educator	North Quabbin Health Collaborative	x	x	
Pascucci, Cheryl	Nurse Practitioner and Chief Nursing Officer	CSO	x	x	
Passley, Carol	Senior Director of Nursing	Berkshire Health Systems	x	x	
Patton, Sarah	Early Childhood Mental Health Planning Associate	FRCOG	x	x	
Peacock-Chambers, Elizabeth (Lily)	Pediatrician	Baystate Health	x	x	
Penner, Wendy	Williamstown resident	n/a	x	x	
Phillips, Deb	Director	Southern Berkshire Rural Health	X	x	
Pratt, Gary	Executive Director	Rural Recovery	x	x	
Pratt, Mike	Police Chief	Hampden County Sheriff's Office	x	x	
Rabbitt, Claire	Town Nurse	Town of Heath	x	x	X
Raper, Judy	Associate Dean of Community Engagement	Greenfield Community College	x	x	
Redd, Charles	Diversity Equity and Inclusion Officer	Berkshire Health Systems	x	x	
Rodriguez, Rafael	Assistant Director	Wildflower Alliance	x	x	
Ryan, Meg	Public Health Nurse	FRCOG	x	x	X
Salazar, Rossana	Community Engagement and Evaluation Specialist	Collaborative for Educational Services	x	x	
Santiago, Jarix	Co-Director of Youth Services	New North Citizens Council (NNCC)	x	x	
Santos, Tonja	Certified Nurse Midwife	Baystate Medical Center	x	x	
Schnopp, Michelle	Director of Case Management	Berkshire Health Systems	x	x	
Shah, Priti	Administrative Director	Berkshire Visiting Nurse Association	x	x	
Shantz, Bonnie-May	Executive Office	Elder Affairs	x	x	
Shearer, Robert	Director of Urgent Care	Berkshire Health Systems	x	x	
Slade, Kim	Substance Use Coordinator	City of Westfield	x	x	x
Steinhauer, Ilana	Executive Director	Volunteers in Medicine Berkshires			
Sudlow, Robin	Director	Franklin County & North Quabbin REACH	x	x	
Suffish, Ana	Academic Coordinator	Berkshire Community College			
Todd, Greg	Executive Director	Men of Color Health Awareness (MOCHA)	X	x	
Van der Velden, Allison	Chief Executive Officer	Community Health Center of Franklin County			
Whalen, Peg	Member	Chesterfield Board of Health, Northern Hilltown COAs			
Williams, Vivan	Manager of Care Management	Health New England	X	x	
Wood, Samantha	Director of Strategic Innovation				

E. COMMUNITY INPUT RECEIVED

For this CHNA, the consultant team and other partners solicited extensive community input as described below. Hospitals and Insurer also solicited input and feedback from their community advisory committees. In addition, the Regional Advisory Council (RAC) provided input at bi-monthly RAC meetings. (RAC members) This myriad input informed the identification and prioritization of significant health needs.

F. KEY INFORMANT INTERVIEWS

During winter 2024-25, the consultant team conducted several group Key Informant Interviews (KIIs) with knowledgeable professionals (such as healthcare and service providers) on the prioritized needs of: Mental Health and Substance Use Disorder; Older Adults (65+); Young Children and their Parents/Caregivers; and Immigrants and Refugees. These data gathering opportunities and the attendees are summarized in the tables below, followed by a detailed summary of each group KII. Note: The items below represent our understanding of the key informants statement. Items in quotation marks are the exact quatations as stated by the key informant.

Group Key Informant Interviews	Meeting Date Held
Organizations serving Immigrants and Refugees	December 12, 2024
Organizations serving Children 0-10 and their Parents/ Caregivers	December 17, 2024
Organizations serving Older Adults	December 19, 2024
Mental Health and Substance Use Disorder – CHIP committee meeting	January 7, 2025
Mental Health and Substance Use Disorder	January 16, 2025
Mental Health and Substance Use Disorder	January 17, 2025
Hampden County CHIP - Violence and Injury Prevention Team	January 21, 2025
Local Public Health Officials in Western Massachusetts	February 7, 2025
Organizations serving Unhoused Residents in Franklin County	March 03, 2025
Maternal Health /Birth Equity Providers	March 11, 2025
Focus Groups	Date Held
Second Street, Second Chances Men's Group	February 20, 2025
Second Street, Second Chances Women's Group	February 18, 2025
Healthy Aging Workgroup	December 09, 2024
Berkshire Overdose and Addiction Prevention Collaborative	February 13, 2025
People in Recovery, Recover Center, Ware, MA	February 19, 2025
Parents and Caregivers, Parent Villages, Springfield, MA	March 5, 2025
Grandparent Caregivers, Gandara, Westfield, MA	April 21, 2025

GROUP INTERVIEW SUMMARIES

IMMIGRANTS AND REFUGEES SUMMARY

Basic Needs and Access to Resources - Key informants identified 4 main areas of concern:

ACCESS TO TRANSPORTATION

- "Even if you do have a bus system, if you're lucky enough to have one, it can be a really long commute"
- Education (particularly tied into workforce development)
- Importance of classes in English as Speakers of Another Language (ESOL) was identified as well
- Digital support (e.g., reliable internet service, devices)
- Housing (including when having to move from Eastern to Western MA or even between two towns within Western MA)

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

- Concern that some in the immigrant and refugee communities are not accessing certain benefits and healthcare they are entitled to.
- Fear among some in these communities that if they use any type of insurance to which they are entitled, it might affect their immigration status.
- "We've talked about MassHealth standard or not, that they won't take it [at] all when they feel like accepting benefits to which they are entitled, WIC, MassHealth, SNAP, they won't take them, if they fear that it's going to jeopardize their status."
- MassHealth "switches their criteria all the time . . . it's so complicated"
- Suggestion from a participant that it would be easier if all new enrollees were able to stay on the MassHealth Standard Plan.
- In general, access to health care in the U.S. is "convoluted"
- "because I have trouble accessing health care, and I have an MPA, and I speak English, and I'm privileged white person," We also have many types of insurance in the U.S.
- There are enrollment issues when you are working with people new to the system, people are transient, it can be difficult to get referrals or insurance changed (needs to be addressed on the state level). This can have an effect on getting children their physicals or vaccinations.
- What is covered through a program like 340B seems to change sometimes "day to day." Also, there is some concern that an already complicated program to administer through the state will become more difficult considering what is happening on the federal level.
- Not always being connected to nearest Federally Qualified Health Center "that is within the region where they're living."
- Lack of care coordination- coupled with an observation that the "key players, they change, and there's no place for me to access and go to say, okay who's running [this social service provider] right now?"
- Of note, Berkshire's representative disagreed with others in the group on the point above. Stated, "we do have systems of care coordination in place. And so, the agencies communicate really closely"
- Agreement (including by Berkshire's) that CHWs can be helpful in addressing the care coordination issue
  One suggestion: Need for a "cross agency, collaborative group specifically for the needs of the immigrant community."

OTHER ISSUES

- Dental was mentioned by more than one participant (and that some end up in the ER with preventable dental issues).
- Concerns over immigrants and refugees being connected to providers who are trauma-informed.
- Issue of difficulty with recredentialing in MA: new immigrants may have been providers in their country of origin- would be great if easier pathway to being credentialed in U.S.

LANGUAGE BARRIERS

- While there was a focus on needing translation services related to legal or other service needs, there was an observation that access to language resources has improved in the region.
- “I agree that the language capacity in the region needs to be improved. You know, the phone lines aren’t perfect, but these weren’t phone lines at all until a few years ago. So, I definitely do see some progress in terms of more accessibility, in terms of language”
- “The biggest challenge we’re having with the most recent immigrant population we’re seeing, which are the Haitian immigrants, is language access, while we’ve been able to secure basically people and resources for almost every other language, Haitian Creole is extremely difficult to find folks to be able to be on site.” [Of note, Berkshire representative notes the Haitian Creole population is not that prevalent in Berkshires.]
- Long wait times for phone translation services were also noted.
- Some come with low literacy or have not had access to education in their country of origin.
- Also, there is a need for more interpreters who have knowledge of the culture of origin.
- VIM Berkshires: “Having an interpreter is great, but we really focus on this idea of scaffolding. So, it’s about, you know, “what is the ask,” so you can interpret anything, and they can understand it. Maybe you know the words, but when it comes to actual access and language, justice and health care, you need to think about, what is the ask that we’re we are asking of a person, and what are we putting into place to scaffold the ability for that person to do that thing, or the family?”

BEHAVIORAL HEALTH AND TRAUMA

- Access to culturally sensitive, trauma-informed, behavioral health care
- This quote exemplifies the issue, “I think most people in general and particularly marginalized folks and people who have emigrated from a place that they originated, have trauma. And I do think that the resources available for addressing trauma are just inadequate. We don’t have enough, enough providers, which is pretty well known. And I think that, you know, our trauma informed care resources, I think we do pretty well, but it’s never enough for the amount of trauma that our that these populations, I think, have experienced. . . You take somebody away from their home and their family oftentimes, and just displace them and, and I think that can be really compounded.”
- Amongst the group, there was a recognition of how dire the current situation is perceived by some refugees and new immigrants
- Recognition that some may be coming from cultures where “formal” clinical care or the ways we provide treatment might be unfamiliar
- Need for more providers trained
- Interesting point: Some of the people providing services to immigrants also are immigrants and may have their own trauma histories

- “We need to be focused on really boosting up the mental health of the people who are doing the work and peer support groups as well, especially when they’re dealing with immigrants and trauma and they’re immigrants themselves.”
- Need for more community support (e.g., for families with young children)

BARRIERS TO CARE:

- Waiting lists and if you do receive treatment, general small number of reimbursed visits
- “There is a shortness of providers, you know, and also the barrier of the language all of them have trauma. All of them should [have] mental health [treatment] or sometimes a support group. Providers, [are] not enough, not enough. It’s not enough. Even for the people who live here, when you call for mental health, you are in a waiting list.”
- Language issues
- That alternative ways to provide clinical care and support may not be billable to insurance (e.g., cooking class that may bring people together)

POSITIVES:

- Population is eager to learn:
  - A participant who works at a community college stated that they have had positive experiences with the “tremendous eagerness to learn” and some success in supporting community members in industry-specific training (also identified this as an opportunity for further growth).
- Some organizations do provide training for others:
  - “I’m a nurse practitioner, and so we’ve been developing this training [on immigrant health], and we work with volunteers.”

TRANSPORTATION POLICY

- “The fact is that transportation in this area is a huge barrier to health care. Natalie Blay has been working on that. I think our legislators understand that the lack of robust transportation is a barrier. Buses are free right now. There may not be enough of them, but the legislature, legislators are listening to us. They’re very responsive.”

SOME OPPORTUNITIES FOR HOME VISITS

- “Also, we can do home visits [e.g., DCF] so that there is not the transportation barrier.”

ADVOCACY/POLICY AROUND RECREDENTIALING

- “I would say some of the legislative attention now on health care professions is because we’ve been advocating for it, the physicians bill. That’s something Mindy Domb heard about in our classes, where our students said they were health care professionals in their home countries and couldn’t recredential the nursing test in Spanish and Creole. That’s our students advocating for it. We have been on Jo Comerford for years on this. We testified in front of the public health community committee, and it’s still not perfect.”

DENTAL CARE PROVIDED BY MASSHEALTH

- “Right now, people tend to act [like] there’s not enough dentists, but at least their benefits allow them to get care that they need if they have MassHealth or health safety net.”

OPPORTUNITY FOR COMMUNITY COLLABORATION

- And community opportunities for community collaboration are huge, and a lot of people are, I think, feeling desperate to help, and this would help harness that and coordinate it in a way that was rational and appropriate and quick.”

COUNTY OR REGION SPECIFIC - QUOTES FROM BERKSHIRE COUNTY:

- “And then the state has one idea of what that looks like. Baystate might have one idea. The Berkshires has a different idea. So I think just even in terms of this conversation, if we just identify the populations we’re working with, because the populations we’re working with also determine the benefits that they have and the programs that they’re part of.“
- “So for us in Berkshire County, our needs are very different, because we had 19 families that came, that’s it, from Haiti and South County, and I think maybe 19 in Pittsfield for three months. So the Haitian and the refugee population is not our focus in Berkshire County, our focus is a very different immigrant population. They’re coming in a different way. Their needs are different, their benefits are different, their interaction with the system is different.”
- “It’s why I think the Berkshires works well, because we do have systems of care coordination in place. And so the agencies communicate really closely. We know who does what. We meet at a table once a month. We talk about it, but any sort of breakdown is always related to care coordination. Our biggest, biggest need in the Berkshires is legal support. If there was one thing that in terms of social determinants of health that would transform kind of especially our newer arrivals, it’s access to legal support, because especially moving forward with that, everything changes. And so we only have one immigration attorney, basically in all Berkshire County, and for us, that is the number one need that we’re seeing right now.”
- “We spend $1,000 a taxi ride to get someone to Worcester for a consult that could be tele health or things like that”

BASIC NEEDS AND ACCESS TO RESOURCES

- Families face persistent challenges in meeting basic needs, including food, transportation, and housing.
- “I get a sense that you know, some basic needs are, are still of top concern for a lot of families.”
- Rural areas experience additional barriers due to geographic isolation and limited service availability.
- “We actually have a satellite office at Our Children’s Closet... 22 families visited us... people are just looking for warm clothes. We have diapers, and sometimes it’s just the support of connecting with us.”
- Limited transportation options make it difficult for families to access essential services, including healthcare and education.
- “We have some families who only have one vehicle.”
- Employment challenges, including balancing remote work and childcare, impact financial stability.
- “Two-parent families where both are working remotely are trying to juggle working remotely while caring for their child.”
- Additional quotes:

- “I often face challenges meeting basic needs, especially with food. Having to work fewer hours due to transportation issues adds another layer of difficulty.”
- “My son is 9 years old and in the third grade, but he has started struggling with school... I am working to keep him motivated, but it has been tough.”

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

- Many families struggle to access healthcare due to a shortage of providers, particularly pediatricians.
- “We just have a desert when it comes to pediatricians. If they don’t have one, they’re having trouble getting one.”
- Delayed or missed medical care due to COVID-19 continues to affect children’s health.
- “We have really low rates of kids being and staying up to date on thier vaccines, and we’re doing better now, but that looks like maybe half of our kids and a lot of others are stuck behind because their insurance got off schedule during COVID.”
- Rural families must often travel long distances to find healthcare services.
- “People have to travel to Greenfield, Amherst, to get supported.”
- Insurance complexities create barriers to care, especially for immigrant families.
- “Children have their own health insurance, but their parents have limited insurance... they are not allowed to register because there is no space.”
- “Healthcare remains difficult to navigate... we are still trying to catch up on our health.”

BEHAVIORAL HEALTH AND TRAUMA

- Increased demand for mental health services has led to longer wait times and limited program capacity.
- “30% of kids in our program had an open referral this fall to our internal mental health team.”
- Workforce shortages in behavioral health are affecting service availability.
- “We’ve had to reduce our program in the last couple of years to increase wages so that we could maintain a staff and stay open.”
- Children in rural areas have fewer behavioral health resources, requiring long travel times for services. “Families have to travel significant distances to access mental health support, which adds stress.”
- Early intervention efforts are increasing but remain underfunded.
- “Early identification is improving, but the downside is that getting services can take years.”
- “My middle child struggled the most—he coped with the changes by overeating and experienced depression because he couldn’t participate in the sports he loved.”

POLICY CONSIDERATIONS

- Many immigrant families avoid seeking benefits due to fear of deportation or legal repercussions.
- “Many of them, they are not going to WIC. Many of them are not going to many different places to ask for resources.”
- Funding structures often limit innovation and fail to address local needs.
- “The way that the money is distributed is systematically barring any creativity or innovation.”
- Policymakers must address systemic funding gaps and accessibility challenges in rural areas.
- “We need targeted funding to make these fields livable for current and future professionals.”

- Advocacy efforts are necessary to secure sustainable resources for healthcare and education.
- “We are trying to prove the value of new models with private dollars to advocate for better funding.”

SYSTEMS CHANGE

- The workforce crisis in early childhood education and healthcare continues to grow.
- “We have a vulnerable and a very, very fragile early childhood workforce, currently, people who are doing the best they can under very, very difficult circumstances.”
- Recruiting and retaining qualified professionals in rural areas remains a challenge.
- “Even when we raise wages, it’s still difficult to hire qualified individuals.”
- Community-based solutions, such as mobile outreach programs, play a vital role in service delivery.
- “Community Closet or the family play groups, these places where people can actually connect is really important.”
- Increased investment in workforce development is needed to sustain essential services.
- “We need to invest in making these jobs attractive for young people to build long-term careers.”

OTHER ISSUES

- Limited access to consistent information makes it difficult for families to navigate resources.
- “Can the state please have a section on their website? Instead of each one of us individually trying to keep the information updated?”
- Language barriers prevent families from accessing crucial services and supports.
- “Many agencies have resources, bilingual resources, or interpretation by phone because they could be paralyzed and do nothing and wait only.”
- Cultural competence among service providers is crucial for effective care and education.
- “Understanding cultural differences in caregiving is key to effective service delivery.”
- Trust-building within communities is essential to connecting families with services.
- “It takes years to build trust with families, but once established, they refer others to seek help.”
- “Personally, I experience more anxiety while shopping in stores, so I continue to rely on online shopping and home deliveries.”

BERKSHIRE COUNTY SPECIFIC:

For parents of young children, how does accessing basic needs (food, transportation, housing) affect your lives after release? When you don’t have these resources, what is the impact of that on your children?

- The access is not the problem, it’s the follow through, but the long term follow through is what it is most important.
- Single parent households make the parent want to do better.
- For parents of young children, how accessible is childcare? Is the availability, price, quality and location sufficient to meet parents’ needs?
- No, there are a lot of waitlists for those who are not DCF involved.
- If there is no transportation, that is also a problem if the daycare is far away.

- If the parent works, coordinating getting the child and picking them up is hard if there is no transportation.
- There are more details to childcare, diapers, clothing, etc. if you don’t have enough funds, [it] makes it more difficult.
- The coordination can be a lot, there are like 3 agencies that you need to talk to for a voucher. There are people who don’t even know the process.

OLDER ADULT SUMMARY - BASIC NEEDS AND ACCESS TO RESOURCES

HOUSING SHORTAGES & AFFORDABILITY

- Many older adults face a severe shortage of appropriate housing, particularly in rural communities.
- There is a growing concern about homelessness among older adults due to affordability issues and limited housing options.
- “There is just a massive shortage of housing, as there is in many communities, but also appropriate housing, as in homes that are the right size and can support the needs of older adults.”
- “We also have a growing number of older adults who are experiencing homelessness in our community.”
- Some rural communities are adopting the village movement, where older adults work collectively to support one another and stay connected.

TRANSPORTATION BARRIERS

- Limited or no public transportation in rural areas makes it difficult for older adults to attend medical appointments, pick up medication, or access essential services.
- Even those with personal transportation face challenges due to mobility limitations or lack of reliable vehicles.
- “Our very rural population... the transportation barriers are huge.”
- “People, even if they have their own transportation, getting somewhere to a medical appointment or picking up medication is really challenging.”
- Some communities have introduced volunteer-based transportation programs or intergenerational partnerships to assist older adults with transportation.

DIGITAL ACCESS & AWARENESS

- Many older rural adults lack access to reliable internet or digital literacy, preventing them from using online healthcare portals and telehealth services.
- “We have very low utilization of telehealth and fairly low use of medical portals. And for a rural community, those are resources that we really need to increase awareness and skills with.”
- Senior centers have begun offering digital literacy training and free internet access to help older adults become more connected.

HEALTH INSURANCE CHALLENGES & ACCESS TO HEALTHCARE SERVICES

PROVIDER SHORTAGES

- The shortage of geriatricians and primary care physicians has left many older adults with limited healthcare options.

- Some rural areas have no geriatricians at all, forcing residents to travel long distances for care.
- “We didn’t match with any geriatrics fellows this year... I know that there are no geriatricians at any of our community hospitals in Franklin County, in Palmer, and in Westfield.”
- “We all know that it takes forever to get an appointment with specialists up here in Franklin County.”
- A Family Medicine Residency program in Franklin County is working to train more healthcare providers in geriatrics to address the shortage.

LIMITED ACCESS TO TELEHEALTH & INSURANCE COVERAGE ISSUES

- While telehealth services could help alleviate transportation barriers, many rural areas lack affordable internet access.
- Reimbursement for phone-based medical visits has been reduced, making it harder for older adults to use telehealth.
- “Phone-based visits are reimbursed now at a lower rate than what they were during COVID.”
- “Up in the rural communities, we all have access now to high-speed internet, but it’s not affordable in many towns.”
- Some libraries are providing telehealth kiosks where older adults can have private, HIPAA-compliant medical consultations.

BEHAVIORAL HEALTH AND TRAUMA - SOCIAL ISOLATION & MENTAL HEALTH CHALLENGES

- Older adults in rural areas often live far from family and community centers, leading to loneliness and mental health struggles.
- “When people live so far away from each other, supporting social connections is also challenging.”
- Senior centers are offering programs like Memory Cafés, group meals, and intergenerational events to help older adults build social connections.

POLICY CONSIDERATIONS - PAID FAMILY MEDICAL LEAVE IMPACT

- While Paid Family Medical Leave has been beneficial for workers, it has also created staffing shortages in healthcare and caregiving roles.
- “It really just sort of exacerbates the workforce issue. And I think as a nonprofit, trying to keep up with the wages, you know, has been challenging.”
- Some states are exploring increased funding and incentives for caregiving roles to address workforce shortages.

HOUSING POLICY & ADU REGULATIONS

- Recent policy changes allow for more accessory dwelling units (ADUs), but regulations on their usage vary by town.
- “It’s great that ADUs are allowed by right now across the state, but many of our smaller towns... are looking at bylaws that restrict how ADUs can be used.”
- Positive Development: Some communities are implementing loan programs to help older adults build ADUs for affordable housing solutions.

SYSTEMS CHANGE - DIRECT CARE WORKFORCE CHALLENGES

- There is a growing demand for caregivers, but fewer workers are entering the field, leading to shortages.
- “There’s more need in the older population as it grows over the next 20 years, versus the available workforce to meet their needs.”
- Loan forgiveness and free nursing education programs are being introduced to incentivize careers in elder care.

COMMUNITY INITIATIVES FOR AGING SUPPORT

- Community-led initiatives are helping bridge gaps in service and support for older adults.
- “Holyoke had a project through their Council on Aging to better engage and listen to older Puerto Ricans.”
- The village movement fosters grassroots support networks for older adults, helping them remain independent.

OTHER ISSUES

LANGUAGE BARRIERS

- Many older adults from immigrant backgrounds struggle to access healthcare and social services due to language limitations.
- “It’s really important for us as an employer to hire people who speak the patients languages and share their customs and traditions.”
- Efforts to diversify staff and improve cultural competency in aging services are expanding.

FUNDING INEQUITIES

- Many programs receive funding on a flat-rate basis, rather than based on community need.
- “Our community of 5000 seniors receives the same amount as the community next door that has 90 seniors… I wish that it was distributed in a per capita way.”
- Advocacy groups are working to restructure funding allocations to better serve older populations.

WORKFORCE TURNOVER & SUSTAINABILITY

- Retaining caregivers and healthcare workers has become more difficult, impacting the consistency of care.
- “We seem to have more of a workforce turnover. People don’t tend to stay in positions as long as they might have in the past.”
- Workforce training programs and career development initiatives are being expanded to support retention.

BERKSHIRE COUNTY SPECIFIC:

When you think about the health and wellbeing of people 65 and over, what is top of mind for you and why?

- Isolation among the seniors Q-MoB works with has increased
- Isolation leads to heart disease, depression, diabetes, etc.

- Q-MoB is trying to get people out of isolation
- People are less active, leading to lots of other problems
- More and more time on devices can lead to weakness
- Gentrification is creating a lot of stress – costs are rising, creating anxiety with no solutions
- Transportation and availability of medical treatment options, specifically in Berkshire County. We know Berkshire County has a large aging population.
- How well does the community support older adults to thrive?
- Very few resources to properly address transportation
- No medical providers who can stick around in Berkshire County
- Neurology dept - in locum tenens
- Learing the same about oncology
- Keeping good providers in the Berkshires is huge
- Housing shortage affects wealthy doctors too – trouble finding places to live

We know that racial and ethnic inequities exist across all age groups for many areas of health and wellness. How is this showing up with the older adults you work with?

- Non-English-speaking population has a much harder time accessing healthcare
- ViM does great work to address this
- Addition of more Spanish-speaking providers would alleviate a lot of this struggle
- Cultural differences – are the doctors here equipped to properly culturally address this population?
- (Not racial, but another risk factor) LGBTQ seniors at higher risk for being isolated and having less resources
- Often live alone and don't have children
- LGBTQ advisory group through BHS

How is the community addressing social isolation and mental health concerns among older adults, which may have been exacerbated by the pandemic?

- Everyone does what they can – the health system, Elder Services, orgs, etc.
- In-home service – for example, helping someone bathe – you can coordinate the services but if there is a nursing shortage there is still no one to do it
- COAs cater to a specific kind of older adult – can eliminate social isolation this way, but minority groups may not really feel welcome at a COA, even if not intentional
- LGBTQ+-specific programming
- Berkshires' biggest cohort is about to be in their 70s – medical and related needs will dramatically increase
- We haven't gotten ready for the Boomers to get old
- Immigrants are another largely growing population in the Berkshires
- Haven't done much to plan for a hugely older AND hugely immigrant population
    - How do people get work, get housing – not medical problems, but necessary for health, especially if they have a chronic illness?

- Housing, employment, and transportation needs to be in place and stable

A lot of regional effort is underway to improve digital access and build technology skills, including for older adults. How is that going? What continues to be challenging in addressing the digital divide for older adults? Are older adults using technology to manage their healthcare (telehealth, accessing medical records, accessing portal, making appts, communicating with providers)?

- One informant meets with Alliance for Digital Equity
- Hiring a digital navigator
- Good efforts underway – Councils in Aging (COA) courses to teach basics of laptops/tablets
- Easy to get frustrated when they can barely swipe open their tablet – refilling meds, using portal seems a far way away
  Boomers might be able to figure this stuff out, but for most 75+ folks its probably not going to happen
- A lot of internal resistance
- Newfound technical acuity is probably going to go towards sending a picture to a grandkid rather than accessing health portal
- Relatedly, how has the state's effort to support communities in being Age and Dementia Friendly improved municipalities' abilities to provide services or make improvements?
- One informant found paperwork at Elder Services about Age and Dementia Friendly plan – seems more fit in a city like Boston (walkable streets are more friendly towards someone with early stage dementia – in a rural place, we have a hard enough time making it walkable in general)
- Almost requires three different plans for Berkshire County (north county, central, and south) and two of them would have to be centered around very rural areas

What are you hearing from the older adults you serve about access to quality, timely, and affordable healthcare, including specialists, and to home health care?

- Long wait for appointment times – often six months just for most basic appointments
- Many don't have primary care
- Using urgent care because there's nothing else
- When people do get in for an appointment, it's such a brief appointment because the doctor has to do the insurance paperwork to bill for their job
- Older adults much of the time want to directly ask a MD instead of a nurse
- Plenty of primaries here who accept Medicare/Medicaid but don't communicate in a constructive way with their patients
- Doctors not respecting peoples' time
- Six months to get the appt, 40 minutes to get a ride to appt, 10 minutes to get in because of the cane/walker, and then the doctor gives you 5 minutes of time
- A lot of the things doctors do come out in the paperwork/notes/follow-up after the appointment – older adults often don't want to wait for this, they want to feel like it's being solved immediately
- Doctors don't often communicate well to older adults who might have trouble understanding things
- Issues about getting to the appointment and then waiting 40 minutes because the doctor is running so behind

- Appt ends up being an all-day event – had to drive or get a ride, doctor running behind, etc., and then they get 10 minutes of actual appt time
- So few providers, and they are overworked/overwhelmed
- For an older adult, the ER is probably pretty traumatic
- A lot of people are trying to use the ER in ways it's not designed for
- Different ideas of respect – "Why did you come here for this instead of calling your primary care doctor?" can come off as disrespectful to the patient
- Providers might not be treated well by their employer
- Fear about going to ER because of respiratory viruses – a lot of people in one waiting room
- Telehealth doesn't seem to be happening a whole lot – it's mostly anecdotal; doesn't seem to be a real offering

We know that transportation, housing, and food are all ongoing challenges in the region, especially in more rural areas. Could you first tell us what you think is working well to help older adults meet their basic needs and then we can talk about what you've identified as not working well?

Do they wait to get an appt? Do they feel like their providers are sympathetic to their views? Do they feel like they can get good healthcare in Berkshire County? What are their particular concerns around healthcare as they age? Are they concerned about calling an ambulance? Do they like their primary care provider? If they visited an ER in recent years, do they feel they were treated with courtesy and respect?

What public policies are working well to support older adults to thrive? What about the recent housin law that requires cities to allow Accessory Dwelling Units (ADUs)? What policies are still needed?

- A lot of the tenant protections in MA do greatly benefit older adults who are under threat of eviction
- RAFT programs are a godsend to a lot of people who fall behind
- The laws that govern subsidized housing are good, there's just not enough of it
- If there were many more housing sites, it would be a good system; the public policy around subsidized housing in MA is good, we just don't have the supply of the actual buildings
- More protections around healthcare, specifically Medicare regulation, is needed
- Two Medicare Advantage plans leave the county this year during Medicare open enrollment
- Lots of people who got a letter saying they had to find a new plan – this can completely change copays, plus it can be hard for someone 65+ to find a new health plan on their own
- Medicare subsidy - Medicare Savings Plan - incredibly important program - Q-MoB's older adults often don't know about it
- Spending a lot more money on healthcare and medications than they need to be
- Utility assistance is incredibly helpful
- Can make the difference between being safe and home vs. not
- What is one thing you think is critical to communicate in the CHNA about older adults in Western MA?
  - Older adults are going to increase in a huge magnitude – we should be thinking about it now; we're being reactive, hopefully if were proactive in next few years we can secure a more comfortable system
  - So many more people over 60/65 – they will be the majority pretty soon and many of them will need help and they might need help in complex ways

- Scared of what will happen to them in terms of health outcomes if the infrastructure isn't there
- Need to be thinking about where the health aides are going to live, how will they get to work, how will we pay them, and get them deployed, where are the primary care providers and specialists going to live, etc.
- Inevitable increases in medical need that happen as you age
- Lots of opportunity – big industry – but right now our housing and recruiting issues are really hard
- Not spending enough time and energy bringing seniors together to get to know each other and creating intergenerational opportunities for them to work with kids or work with families with children
- As a rapidly aging county, not doing much work to connect older folks with younger families and have them help one another
- COAs do a great job but it's a very tiny sliver of the people that really are going to need that community support

MENTAL HEALTH AND SUBSTANCE USE DISORDER SUMMARY - BASIC NEEDS AND ACCESS TO RESOURCES

ACCESS TO DIGITAL SERVICES

- The use of telehealth and digital healthcare services has grown, but many individuals, especially in rural areas struggle with digital literacy, reliable internet access, and navigating complex healthcare portals. Participants emphasized the need for more user-friendly systems and accessible explanations of medical information.
- "Since so many people have email on their phones now, there should be a way for prescribers to send easy-to-understand medication instructions instead of relying on patients to remember complex medical details."
- "We need digital tools that are simple to use. If I can't get into the healthcare portal, how am I supposed to manage my appointments or understand my prescriptions?"

HOUSING

- Safe and stable housing is a critical component of mental health and substance use recovery. Many individuals face housing insecurity, which adds stress and increases the likelihood of relapse. The high cost of rent, housing shortages, and systemic barriers make it difficult for vulnerable populations to secure stable living arrangements.
- "If somebody doesn't have a safe place to live or food to eat, their mental health suffers. There's no way you're going to be okay."
- "I've been in recovery for five years, but every time I walk through my building, I don't know what's going to happen. The stress makes it hard to stay clean."

TRANSPORTATION NEEDS

- Access to transportation is a major barrier, particularly in rural areas where public transit options are limited. Participants noted that existing services, such as MassHealth transportation, have rigid rules that make it difficult for individuals to complete multiple essential errands, like picking up medications after a doctor's appointment.

- “MassHealth transportation will take you to your medical appointment, but won’t let you stop for a prescription on the way home. How does that make sense?”

RURAL SPECIFIC ISSUES

- The rural nature of Berkshire County makes it difficult for residents to access behavioral health services, requiring long travel distances for care.
- Limited availability of affordable housing, particularly for those in recovery, forces people to choose between unsafe living conditions and homelessness.
- Lack of integrated digital health solutions that consider the needs of individuals with lower digital literacy.

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

DEPENDENCE ON ER FOR SERVICES

- Due to limited access to outpatient mental health services, many individuals rely on emergency rooms as their primary source of care. This leads to long wait times, overcrowding, and inefficient treatment for behavioral health crises.
- “We drove from ER to ER trying to find an open psychiatric bed, only to be sent back to the original hospital to start the process all over again.”
- “The ER is the only option for some people, but it’s not designed for long-term care. They stabilize you and send you back out, and then you end up right back there again.”

RURAL SPECIFIC ISSUES

- Rural hospitals struggle to recruit and retain behavioral health specialists, particularly those trained in geriatric psychiatry.
- Lack of insurance coverage for long-term behavioral health treatment forces individuals to transition out of programs before they are ready.

BEHAVIORAL HEALTH AND TRAUMA

STIGMA IN SEEKING CARE

- Cultural and societal stigma around mental health and substance use treatment prevents many individuals from seeking help. Some communities view therapy as a sign of weakness, and others may not trust the healthcare system due to past negative experiences.
- “Some people think going to therapy makes you weak. We need more education to normalize seeking help.”
- “Even within my own family, there’s a stigma around talking about mental health. We need to break that cycle.”

RURAL SPECIFIC ISSUES

- Rural isolation increases the risk of depression and substance use relapse.
- Lack of culturally competent behavioral health providers limits access for marginalized communities.

POLICY CONSIDERATIONS

SUGGESTIONS

- Improve Medicaid reimbursement for mental health and substance use services.
- Expand telehealth services and provide digital literacy training.

RURAL SPECIFIC ISSUES

- Need for policy adjustments to improve funding for harm reduction and recovery initiatives in rural areas.
- Expansion of state funded transportation services to allow for more flexible medical visits.

SYSTEMS CHANGE

CHALLENGES IN CARE COORDINATION

- Lack of integration between mental health and substance use treatment leads to fragmented care.
- “Programs claim to treat cooccurring disorders, but many don’t provide adequate mental health support, leaving individuals at risk of relapse.”

WORKFORCE SHORTAGES

- Difficulty in hiring and retaining mental health professionals, particularly in nonprofit settings.
- “We can’t compete with school systems that pay clinicians more and offer better work life balance.”

SPECIFIC ISSUES

- Workforce shortages in rural areas result in long wait times for behavioral health services.
- Lack of trained peer support workers and recovery coaches due to limited certification opportunities.

OTHER ISSUES

FUNDING & SUSTAINABILITY

- Concerns about the loss of federal funding for behavioral health initiatives, limiting the expansion of critical services.

LANGUAGE BARRIERS

- Many individuals with limited English proficiency struggle to navigate the healthcare system due to a lack of bilingual providers and translated materials.
- “We need more multilingual support staff to help patients understand their treatment options.”

POSITIVES

INCREASED ACCEPTANCE AND AVAILABILITY OF HARM REDUCTION TOOLS

- There has been significant progress in the distribution and acceptance of harm reduction tools like Narcan (naloxone), which is now more widely available in communities.
- “When I first started trying to get Narcan out there, I had doors slammed in my face. Now, we can’t keep Narcan on the shelves, people are requesting kits and education.”

- “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.”

EXPANSION OF RECOVERY SERVICES AND COLLABORATIVE EFFORTS

- More organizations and agencies are working together to provide comprehensive recovery support, reducing siloed efforts and improving care coordination.
- “Organizations that used to work in silos are now collaborating more. We’re seeing more partnerships between recovery centers, harm reduction programs, and healthcare providers.”
- “Through hub tables, we’ve improved coordination. Some people don’t even need to come to meetings anymore because their needs are being addressed before it gets to that point.”

GROWTH IN BEHAVIORAL HEALTH EDUCATION AND TRAINING

- There has been a push to provide more education on behavioral health, including training for healthcare providers on how to support individuals dealing with substance use disorders.
- “We’ve worked with hospitals and clinics to train staff on harm reduction and overdose prevention. It’s great to see medical professionals engaging with these issues.”
- “We’re seeing a shift in how people talk about substance use. More people are getting trained in recovery coaching, and that’s a big step forward.”

MORE ACCESSIBLE MENTAL HEALTH AND SUBSTANCE USE SERVICES

- While barriers still exist, there have been positive strides in making mental health and substance use services more accessible, such as mobile methadone programs and expanded recovery housing.
- “Mobile methadone services are now available at shelters, which is a huge improvement in reaching people who need treatment.”
- “We’ve had an expansion in recovery support services, including more recovery housing and lower barriers to accessing harm reduction services.”

POLICY CHANGES SUPPORTING MENTAL HEALTH AND ADDICTION TREATMENT

- Certain policy changes have made it easier for individuals to access medication-assisted treatment and behavioral health care.
- “There have been fewer barriers to getting into detox and medication-supported treatment, which is a huge win for those seeking recovery.”
- “We’re seeing more discussions about addressing the gaps in mental health and substance use services. This is bringing about real changes at the state level.”

GREATER AWARENESS AND REDUCED STIGMA AROUND BEHAVIORAL HEALTH

- More people are recognizing mental health and substance use disorders as medical conditions rather than personal failures, leading to increased support and understanding.
- “We need to keep breaking down stigma, but it’s encouraging to see more families speaking up about addiction and seeking education on how to help their loved ones.”
- “People are more open to talking about mental health than they were before. That’s a step in the right direction.”

BERKSHIRE COUNTY SPECIFIC:

In what ways do you think folks with SUD or MH struggles find it easy or hard to access healthcare (including primary care and specialty care)? Why? If needed, follow up with question related to bias.

- There is a lack of providers; when clients can’t access a PCP, there’s a 6-12 month wait time. It is discouraging to the patient. The wait makes it harder to deal with active use.
- Stigma against people with SUD makes it harder for them to willingly approach healthcare and can negatively affect the care they receive.
- You cannot get a PT1 if you don’t have a PCP, so transportation is an issue too.
- Perinatal women are supported in obtaining OB/Gyn care; appointments are created to accommodate their schedule.
- Patients with a frequent no-show record can be put on a list of no-showers which can greatly limit their ability to receive care. When these patients no-show, it is usually for reasons out of their hands or because they are struggling.

How does access to basic needs (food, transportation, housing) impact those with SUD and other mental health diagnoses?

- People with active use are often denied basic needs services due to their use.
- Hierarchy of needs. “If people are not able to access food, shelter, etc, how would they be able to pick up the pieces of their lives?”
- No permanent housing means no mailing address, which means no notice of available resources. People with SUD often struggle with getting hired, getting a photo ID.
- “I often hear from people in active use that the system is set up to fail them.”

What are the issues or barriers faced by providers in hiring and licensing?

- Lack of transportation and a driver’s license.
- Housing issues.
- Arrest records.
- “I’ve been hearing a lot of complaints from people saying the compensation for jobs in our areas isn’t enough to meet their needs. The pay isn’t where it should be right now.”
- Lack of high school credential bars one from getting licensure.

How can hospitals play a role in addressing SUD/MH outside of clinical (often acute) treatment?

- Advocate for those with SUD.
- Continuum of care model. Go to ED, you’ll be set up with cardiologist before you leave but it’s up to the patient to actually follow up, and that isn’t always feasible.
- “Found out a lot when getting ready to discharge clients, there was a massive gap in service for what they were able to access.”
- “I see clients get mistreated at Pittsfield’s ED quite often.”
- Having people with personal experience at the table contributing to conversations, policies, procedures, etc.
- Recovery coaches that continue with people from inpatient/ED/community programs.

- “I talked to a community member a few weeks back who raved about the methadone bridge program. She said that’s how she started and was talking about how that is a great way to reach more folks looking to begin their recovery journey.”

Other than SUD/MH, what are the biggest health challenges/needs faced by the community? What health policies or programs would help?

- Food deserts are a problem, and getting transportation out of them is another issue.
- Having a place to live.
- Finding a PCP and actually having the means to see them.
- Section 8 applications have closed. People who have mobility issues, such as those with issues going down the street or going to the store, need more help. This reflects an issue with the community itself. Sidewalks could be safer; crosswalks could be better and more abundant.
- Berkshire housing announced they’ve closed their section 8 list, still had people from 2020. Pittsfield housing authority closed theirs too. Hearthway had 1,000s on wait list, up to 7 year wait.
- “Someone had been homeless for 6 years, and he no longer wants to participate in the game of finding a place to live, and he’s given up. It’s really sad to listen to him, and I took it in and said, ‘Wow I wonder how many people are the same way.’”
- “Someone that is homeless that I see regularly was mugged, you know he was beaten. Everything he had was taken away, so he got on a bus and went away.”
- “People prefer incarceration over homelessness. It’s a sad sight.”

How have SUD/MH-related policies impacted this issue (including cannabis regulation, slow action on overdose prevention sites, etc)? What are the remaining gaps?

- “There are good changes coming, but people are dying now, and that’s the problem.”
- “If you want better providers and people to treat the community, you gotta pay them enough to do the work. Quite frankly, people don’t care about people with SUD as much as other issues like immigration policies. There needs to be more funding.”
- “People are dying because of policies and barriers that are in place.”

COMMENTS FROM ONE INFORMANT:

In what ways do you think folks with SUD or MH struggles find it easy or hard to access healthcare (primary care, specialty care, mental health services, SUD services, etc.)? Why? If needed, follow up with question related to bias.

- This is a great one and very much a focus of ours recently. For SUD services, there is same-day/next day access across the board but the word hasn’t gotten fully out. For MH, depends on what they want - for short-term therapy the CBHC has pretty quick access, though many people still are not aware; longer-term care still has a wait connected to provider shortages across the field.

OTHER RECOMMENDATIONS FOR ACTION?

- They’ll likely respond with funding, perhaps even more specifically the need to increase deliverables rates for BH services (esp. recovery coaching) as well as the scope of allowable services. Is that the kind of response you’re looking for, or is there a more specific question?

What are the biggest barriers for people with SUD or MH conditions to access primary care and specialty care?

- People would rather stay out and be homeless. Sometimes this is because treatment options are too light on drugs.
- Mental health issues make it so they cant seek treatment. “I knew someone with schizophrenia and they thought people in the health system were out to get them so they wouldn’t go get help.”

Do the biggest challenges have more to do with lack of providers you trust, how long it takes to get an appointment, getting dropped for missing an appointment, not being able to get there, not being able to pay for it, not being understood or feeling stigma from the provider, or something else?

- How long it takes to get an appointment. Waiting lists are long. Lack of transportation. “When I first got here, it took 2 months to see a therapist at the Brien Center, then they had to talk with the psychiatrist after that. It had been three months at that point.”
- “I came here from Boston, and in Boston I could see someone right away.”
- VA system also has a long waiting list.
- Medications are often too low or too high dose.

How does access to basic needs (food, transportation, housing) impact those with SUD and other mental health diagnoses?

- No cell phone, lack of communication. A lot of people sell cell phones for crack if they do get them.
- Transportation through VA system called Soldier On helps people travel to appointments. BRTA calls patients 5-7 days prior. “I don’t have a phone right now, so if they call, I basically just miss the appointment.” Not having a set mailing address or phone makes organizing care difficult.

Do you feel that mandating treatment while incarcerated and/or when on parole/probation is more likely to help people, or forces them to accept services they don’t want?

- “I believe it should help them, but it depends on the individual. Maybe he doesn’t want the help. It’ll be a revolving door; they’ll go right back into jail.”

Overall, do you feel the legal system (including police, the courts, the jails and parole/probation) has your best interests at heart? Are some parts of the system more sympathetic than others?

- Depends on what you’re in for. You come in on drugs, they’ll put you under observation.
- “Judge was very sympathetic with me and then I went to rehab 3 months later. I chose to go, I wanted to be better, so I did.”

How can hospitals play a role in addressing SUD/MH outside of treatment in the Emergency Department, McGee, and CSS?

- Did they overdose, did they have alcohol poisoning, did they have a seizure and bite their tongue? The hospital would need to take people in and treat them.
- There is more stigma in the hospital towards people taking drugs.
- “My girl had mental issues and they would take her in and kick her right out. She’s been hospital to hospital, but people don’t want to treat her. So much trauma builds up and she just relives it over and over.”

Other than SUD/MH, what are the biggest health challenges/needs faced by the community? What health policies or programs would help?

- Homelessness. Transportation. Rural area, not a lot of public transportation, and it doesn't run all night. Designed route that is very limited so many people get missed.
- Not enough mental health clinics and people to actually talk to them. Lot of homeless people go to the library and stay the day or go to Big Y or Burger King. At night they use the warming floors at designated areas but then they're just out at 8am.
- Employee: Our guys are looking to get a job, but they have meetings all day. When the buses are running, it's fine to get them home but without the buses, it's complicated to get them home. Sometimes they have to wait for an uber for an hour. Sometimes they have to walk, which is not always feasible.

Are you aware of the Community Behavioral Health Center? Have you used it?
- Brien Center commonly used. No other center mentioned.

What are the biggest barriers for people with SUD or MH conditions to access primary care and specialty care?
- Waitlists
- Traveling, transportation coordination when on a PT1 form
- Finding a good therapist
- Getting a Dr that is non judgmental based on a persons history

Do the biggest challenges have more to do with lack of providers you trust, how long it takes to get an appointment, getting dropped for missing an appointment, not being able to get there, not being able to pay for it, not being understood or feeling stigma from the provider, or something else?
- All of the above
- How long to be seen by a provider and being dropped for missing an appointment. Having to deal with being low income and busy at work and trying to find the time to take off for your appointments in advance. Having to wait 3 months to be seen again.
- Not being taken seriously and going back a couple of days later with worse symptoms because they just want you in and out as quickly as possible because they don't care.

How does access to basic needs (food, transportation, housing) impact those with SUD and other mental health diagnoses?
- When you have SUD and MH, you need more peer support and case management;
  I don't think we lack access. The access and resources here is amazing, when you have a SUD it is helpful when there is someone to remind you of appointments, etc
- Those who are given access to food and shelter have a higher chance of staying sober, without that it is challenging

Do you feel that mandating treatment while incarcerated and/or when on parole/probation is more likely to help people, or forces them to accept services they don't want?
- It would help people
- Mandating medical treatment vs outpatient treatment is very different.
- Mandating medical treatment takes away a person's autonomy.
- After Covid the jails stopped meetings
- Mandating treatment often impacts the effectiveness of the treatment, it should be encouraged rather than mandated.

Does Section 35 mandated treatment help more people than voluntary treatment, or cause more harm?
- There is a big debate on this, if it is helpful. I know for myself whether it fixed the problem right there or made enough of an impact to make changes. I do believe that addiction can get so deep you can't make decisions for yourself, so a section 35 is necessary. The conditions of those holds most definitely need to be evaluated.
- When I got sectioned it did make me wake up, but I ended up hating people I love. When I was in the program I did well but as soon as I came out I started drinking again.

Does parole/probation mandated treatment help people, or does it hold people back from moving on with their lives? On the whole, do you feel the legal system (including police, the courts, the jails and parole/probation) has your best interests at heart? Are some parts of the system more sympathetic than others?
- There is a change happening, but we most definitely need a recovery-oriented system of care. You can feel like people are changing their mindset. There are some older judges and probation officers that have not quite adapted to a recovery oriented system of care.
- I felt that in the past I had no support and now it is the opposite. There is a change happening.
- There are people now that really care, but there are others out there that don't.
- They think that we are making these choices willingly.

What are some of the best ways that the legal system currently is, or could be, helping people with a history of SUD and/or MH conditions?
- They need to hire a slew of recovery coaches for court, social workers and have actual case management before standing in front of a judge. They need to see the picture as a whole. There is always a trauma response in the history of every criminal act. They don't look into this beforehand.
- They need more help for people who suffer from MH disorders. They are judging you before a word comes out of your mouth.
- Often providers allow the mental illness to talk for the person and not that their pain or their complaints are real.
- What the need is, [is] to figure out if the punishment fits the cause [of the]crime or the effect of the crime. They need to take into account what made this person do something.
- DCF should have case workers who have been incarcerated! I am not my past, I can do better but to have been held to that all the time it's not fair. People change, people grow.
- Often times you meet your public defender 5 mins before seeing the judge, the system is flawed. They don't even listen.

Are there situations where incarcerating someone for use and possession alone can help them, or do the negatives outweigh the positives?
- the negatives of incarceration outweigh the positives.
- The conditions of the hold definitely need to be reviewed. Getting arrested and bringing them into a program can be helpful
- Being forced to sober up by taking them to jail should have level of case management so you know what to do when you get out.
- Nobody chooses to be an addict, and at the end of the day, it is a disease; no one should be incarcerated for it. It can start the process for recovery but without follow-up there is no goals.

- Letting people stay in a place and letting them figure it out sometimes it is not worth the three meals and the bed.
- There should be some requirement that if a person is in recovery, they need peer support.
- Most of the parents that I work with have problems with addiction due to a trauma response.

There is not enough treatment. Professionals don't fully understand things unless they have gone through things themselves. You can feel compassion towards a person but, do you really understand them?

- It is a shame that great parents go to jail for minor drug charges and get in a fight and get their sentences extended vs those who commit serious crimes.

How can hospitals play a role in addressing SUD/MH outside of treatment in the Emergency Department, McGee, and CSS? Other than SUD/MH, what are the biggest health challenges/needs faced by the community? What health policies or programs would help?

- Housing!
- You can only be as stable as the environment you live in.
- The City of Pittsfield needs to make sure that housing is habitable; most section 8 apartments are not in livable conditions.

VIOLENCE PREVENTION SUMMARY

BASIC NEEDS AND ACCESS TO RESOURCES

- Youth face difficulty maintaining educational or employment progress due to financial pressure from family members.
- "I can't help my young person obtain their GED, get a job if when they go home, mom's saying that job is not bringing in enough money. I need you to do whatever you were doing before."
- High rates of youth homelessness remain a significant barrier to stability and access to services.
- "Our youth homelessness rates are extremely high."
- Many parents are employed in multiple jobs, limiting childcare and increasing vulnerability.
- "Many parents are working more than one job… who's watching children when their parents are working two and three jobs just to be able to get by."
- Families risk losing housing and food assistance benefits when adult children remain in the home or start earning income.
- "If you have an adult at home you lose benefits… you start having your rent go up, you start having your food go up."
- In Holyoke, cultural expectations and economic realities contribute to youth being pressured to contribute financially to the household rather than participate in training or education programs.
- Access to employment, transportation, and services is limited in rural areas.
- MassHire Holyoke provides vocational training and workforce development support.
- AmeriCorps offers programming for youth development and mentoring.
- YMCA in Holyoke has implemented culturally relevant engagement strategies.
- "Even making San Cocho at YMCA, which is something I've never expected… a traditional Puerto Rican meal… to get all these individuals in to be able to not only show them the space… but also give them something to do in the afternoon."

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

- Follow-up care after trauma treatment is insufficient.
- "We do all the things we need to do here, great with the clinical care, but once they leave us, that's the problem."
- Long delays exist for accessing mental health services.
- "Most of them are scoring high [on PTSD screenings], but then… they're waiting for three months plus for some type of start of intervention."
- Barriers persist even for insured families due to transportation, referral complexities, and language access.
- Behavioral health services in rural areas are limited.
- Families may have to travel long distances or face extended wait times due to lack of local providers.

BEHAVIORAL HEALTH AND TRAUMA

- Youth trauma is often untreated after hospital discharge.
- Systems are attempting to improve care transitions but face challenges.
- "Trying to get them connected with some type of clinician to address that… so when the child does leave here that we can link them with interventions and resources."
- Domestic violence survivors frequently return to abusive environments due to lack of financial or housing stability.
- "They can't sustain themselves because again finances and they have to go back to that relationship."
- Youth gambling has led to behavioral disruptions in schools.
- "They're also playing dice within the schools itself and that's breaking up to some specific fights."
- Violence is normalized in some families and communities, creating resistance to intervention.
- "Violence is… a familial expectation… it's very hard to say, you know, don't sell drugs if your family is benefiting from the money that you make."
- Rural communities lack sufficient trauma-informed care infrastructure.
- Stigma and workforce shortages reduce access to behavioral health support.

POLICY CONSIDERATIONS

- Social media is a growing driver of violence and trauma among youth.
- "A lot of times it's being initiated on social media even before you get to the gun violence."
- State policies are described as difficult to navigate and overly complex.
- "Massachusetts policies seem to be very over-complicated… very hard for people to navigate the system, which leads to frustration and violence."
- Decision-making bodies often lack representative leadership.
- "Not one of them [housing grant facilitators] was a person of color, which does not represent the demographics that we're serving here in Springfield."
- Local homicide rates have decreased.

- “The homicide rate went down in over 40%… so we are seeing you know at least in that way some improvement.”
- Rural areas face difficulties accessing funding and navigating policy systems designed for urban contexts.

SYSTEMS CHANGE

- Service systems operate in silos and lack communication.
- “Really creating systems that are able to talk to each other, break down those silos.”
- Youth transitioning out of foster care often lack life skills and support.
- “They have a two-year apartment [DCF youth], and get kicked out by the first year because they do not have the skills to be able to live on their own.”
- The system remains reactive rather than preventive.
- “We have to move from this place of being firefighters to a place of being seed planters.”
- Providers are facilitating coordinated care through warm handoffs.
- “If I think they’re better fit at MLK Junior Services, then I’m gonna do that warm handoff.”
- Emphasis on mentorship and supportive relationships is growing.
- “Five mentors in someone’s young adult[life], they’re more likely to reach their full potential.”
- Program delivery in rural areas relies heavily on informal networks and community goodwill rather than structured systems.
- Rural areas face consistent staff shortages and limited resources for systems-level implementation.

OTHER ISSUES

- Financial incentives in the drug economy continue to attract youth.
- “He didn’t leave that lifestyle because of the amount of money he was getting.”
- Early signs of domestic violence behavior are increasingly common among youth.

- Weapons in schools have increased.
- “We have seen kids in the past two years bringing guns to school, bringing knives to schools.”
- Teacher turnover has been linked to safety concerns.
- “We’ve lost a couple teachers because of that… but they kind of understand they’re validating that this is the kind of community we’re working on.”
- Rural schools have fewer behavioral health supports and resources to manage student needs or crises.

LANGUAGE BARRIERS

- Immigrant families face limited language access in services and programs.
- Cultural exclusion and hate crimes are rising.
- “We do work with a large new arrival population. And we have seen an uptake of hate crimes against them… they feel more uncomfortable as time goes on.”
- Rural communities like Holyoke lack bilingual staffing and culturally inclusive programming, leading to reduced service access and participation for non-English speaking families.

LOCAL PUBLIC HEALTH GROUP INTERVIEW SUMMARY

BASIC NEEDS AND ACCESS TO RESOURCES

FOOD INSECURITY

- Many families in rural areas struggle with food security.
- “Access to basic needs like at the bottom of Maslow’s pyramid just affects everything. Our families are just really struggling.”
- When food is scarce, individuals prioritize survival over preventative healthcare.

HOUSING INSTABILITY

- Older adults in rural areas face challenges maintaining their homes.
- “Keeping the house you’ve been in for 60 or 70 years repaired when you get old enough that doing those minor repairs are challenging for you and finding somebody you trust to do it in a rural area?”

TRANSPORTATION BARRIERS

- Accessing medical care, grocery stores, and essential services is difficult.
- “If you’re living an hour or 45 minutes from the closest pharmacy, it can be really challenging.”

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

PROVIDER SHORTAGES

- There are not enough healthcare professionals in rural areas.
- “There just aren’t enough physicians, health care providers for people out here in Western Mass.”

SPECIALIST ACCESS

- Finding specialists often requires long-distance travel.
- “Finding the specialists they need, near enough to home, finding specialists, period, even as far away as Boston.”

HOME HEALTHCARE GAPS

- Home health services are difficult to obtain, particularly for the uninsured.
- “Getting home health care for medical issues like wound care used to be done by the VNAs everywhere, and now just aren’t being provided everywhere, certainly not for people without insurance.”

BEHAVIORAL HEALTH AND TRAUMA

MENTAL HEALTH STRUGGLES

- Anxiety, depression, and other mental health issues are prevalent, especially among those facing housing insecurity.
- “That’s what hoarding is based on, is an anxiety disorder. Mental health is huge.”

YOUTH MENTAL HEALTH CRISIS

- Young people are experiencing increasing rates of mental health issues, including suicidal ideation.

- “There are definitely youth mental health crises in our schools...students feeling kind of untethered.”

LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES

- Even when services exist, they are often overburdened.
- “Access to mental health providers has been a huge issue in our community.”

POLICY CONSIDERATIONS

TRANSPORTATION IMPROVEMENTS

- Free bus transportation has been a positive development.
- “The PVTA has really helped with allowing all this free bus transportation... definitely a boon.”

MIXED POLICY IMPACTS

- Some policies, such as bans on flavored tobacco and opioid settlements, have both benefits and drawbacks.
- “One person answered, bans on flavor, tobacco, pharmacy, transparency bill, SAFE 2.0 cuts to HIP. So this is a good and bad right list.”

PUBLIC HEALTH FUNDING

- Efforts to improve funding for public health infrastructure are promising.
- “Massachusetts is at least starting to fund public health in a more equitable way...there are more public health nurses, more public health infrastructure and support.”

SYSTEMS CHANGE

VACCINE ACCESS

- Free vaccine clinics have helped improve vaccination rates.
- “Our latest vaccine clinic had over twice as many people as any of the clinics we’ve done before.”

SUPPORT FOR THE UNHOUSED

- More resources are needed for people experiencing homelessness.
- “We have a lot of unhoused folks and folks with mental health issues and chronic conditions coming into our building, where we have limited resources for them.”
- “The Regional Public Health Nurse program that’s been implemented, I think, is fantastic as part of SAFE.”

OTHER ISSUES

LANGUAGE BARRIERS

- Immigrant and refugee populations are struggling to access healthcare due to fear and language limitations.
- “Immigrant and refugee populations...are afraid to seek care, which is a huge problem.”

FOOD PANTRY STRAINS

- Rising demand for food assistance is straining available resources.
- “The food pantry...has more people than ever coming in, and they don’t have as many donations because people don’t have the extra money to give.”

ECONOMIC DISPARITIES

- The growing divide between low-income and wealthy residents is exacerbating public health challenges.
- “I think we have kind of a divided population in some ways because of that, and also a big wealth gap.”

UNHOUSED POPULATION SUMMARY

BASIC NEEDS AND ACCESS TO RESOURCES

- CoC data: Chronic homelessness increased across Western Massachusetts, including Franklin, Hampshire, and Berkshire counties. The number of families experiencing homelessness jumped from 195 in 2023 to 507 in 2024, while the overall unhoused population increased from 622 to 961.
- Rural specific needs include insufficient shelter capacity and long distances to service centers. Greenfield shelters served 78 additional individuals this year compared to last year, indicating rising demand.
- Positive: Permanent housing placements increased from 309 in 2023 to 389 in 2024.
- Access to hygiene, storage, mail services, and PO boxes remains a major barrier in rural communities, limiting the ability to get IDs or even library cards. Affordability and bureaucratic challenges make acquiring a PO Box difficult.
- Women, elderly individuals, and medically vulnerable people are increasingly seeking shelter but often do not find appropriate accommodations.
- Limited emergency shelter and transitional housing options remain a critical challenge, with many shelters lacking capacity or not meeting specific needs.
- Positive: The City of Greenfield’s overnight warming center and future development of 36 units of permanent supportive housing are critical infrastructure responses.
- Libraries and interfaith organizations provide quiet rest spaces and supplies, while the Opioid Task Force has stepped in with practical support.

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

- Hospitals are discharging patients with higher acuity than shelters are equipped to manage. Many shelters, like CSO in Greenfield, have added nurses, nurse practitioners, and addiction nurses.
- Positive: Medical respite care opened in Northampton, and the model is now a MassHealth benefit.
- Nursing homes often refuse individuals with opioid use disorder or complex medical conditions, contributing to a lack of post discharge care.
- Diabetes, wounds, and chronic conditions go untreated due to inconsistent care access in shelters. Individuals often cannot manage medications or dress wounds in shelter conditions.
- Positive: CSO is one of the few organizations offering consistent on-site nursing care, improving care continuity.
- Future federal Medicaid cuts threaten MassHealth services and care availability.

BEHAVIORAL HEALTH AND TRAUMA

- 17% of overdoses in Franklin County/North Quabbin were among unhoused individuals, many fatal.
- Behavioral health and trauma are especially acute in rural regions where services are sparse and support systems are limited.
- Women and vulnerable populations face heightened risks, including sexual exploitation and trafficking. These dynamics are often invisible and underreported in rural areas.
- Positive: Low threshold housing in Greenfield prioritizes survivors of trafficking; mobile outreach programs are expanding.
- Challenge: Trauma informed care and harm reduction services are needed, but staff turnover and inconsistent training present obstacles.

POLICY CONSIDERATIONS

- Positive: The Western Mass Network to End Homelessness is engaging legislators, highlighting success stories and advocating for supportive housing.
- Federal Medicaid cuts threaten MassHealth, creating uncertainty around state-level backfills.
- There's support for eliminating punitive shelter restrictions and decriminalizing homelessness, which create further systemic barriers.
- Positive: The Improving Housing to Improve Health initiative promotes receivership strategies to restore abandoned housing stock.
- Positive: State funded case management, grant funded DV rapid rehousing programs, and anonymous community training needs surveys have been implemented.
- Criminalization of homelessness and lack of follow up support often push people back into the system.

SYSTEMS CHANGE

- The community is advocating for data improvements in the Homeless Management Information System (HMIS), which currently lacks standardization and real time updates.
- Organizations like CBHC and CSO are creating stronger linkages between outpatient services, shelters, and health care.
- Outreach providers with lived experience are being paid for their contributions $15-$100/hr depending on partnerships (e.g., Santa Clara County model).
- Positive: Cross sector collaboration and radical self care culture are improving team sustainability.
- Shared housing models and low threshold housing have been successfully integrated to reduce shelter stays and support successful transitions.
- Emerging interns and workforce training partnerships aim to build the next generation of professionals.
- Hiring and retaining experienced staff is increasingly difficult, especially in rural communities. Staff face emotional burnout and lack support structures.

OTHER ISSUES

- Distrust of the system keeps many unhoused individuals from seeking shelter or coordinated entry, due to past trauma, negative experiences, or fear of restrictions.
- Housing that is classified as "affordable" is not actually affordable for those most in need. Some units

remain vacant due to misaligned pricing structures.

- Abandoned housing stock remains offline due to slow legal processes, lack of contractors, and insufficient receivership mechanisms.
- Positive: Mobile outreach mapping, grassroots hotel voucher networks, and warming centers are critical measures.
- Stigma against people with substance use disorders continues to create barriers to care and housing.

LANGUAGE BARRIERS

- Language was not a dominant theme in this file, but integration of culturally responsive care, outreach, and interpretation is still a key need especially given service complexity in rural areas. It remains an area for growth to better serve immigrant or LEP (limited English proficiency) populations.
- Communication gaps and lack of multilingual service coordination persist in rural shelters and outreach systems.

MATERNAL HEALTH AND BIRTH EQUITY SUMMARY

BASIC NEEDS AND ACCESS TO RESOURCES

- Transportation remains a significant barrier for maternal healthcare access, particularly in rural Western Massachusetts. Some patients travel up to 90 minutes for care, with limited safe and reliable transportation options.
- "Transportation is a massive issue for us out here in rural Western Mass. We have patients sometimes that travel 90 minutes to come to our hospital that have really decreased access to transportation and safe transportation."
- Safe housing is a growing concern, with many families struggling to secure stable accommodations during pregnancy and postpartum periods.
- "Housing is a big problem. Safe housing for some of our patient clientele."
- Gaps in telehealth accessibility, as many individuals lack the necessary technology, private spaces, or internet connectivity for virtual appointments.
- "It's one thing to maintain access to telehealth appointments, but then there's a whole group of people who either don't have access to a device, a private space, or internet connection."
- Limited childcare options add stress and make it difficult for mothers to attend medical visits or access postpartum support.
- "The lack of childcare can be a huge stressor and issue for access for families."

HEALTH INSURANCE CHALLENGES AND ACCESS TO HEALTHCARE SERVICES

- A shortage of maternal healthcare providers, including OB-GYNs and midwives, results in long wait times and limited appointment availability.
- "Do we have enough providers? Quick answer, no. Can people have quick access to those providers? Quick answer is generally not."
- MassHealth is currently the only insurance covering doula services, creating financial barriers for families with private insurance.

- “MassHealth is generally the only insurance company that covers doula services. It would be nice if other insurance companies could also provide coverage.”
- Breastfeeding equity remains a concern, with disparities in access to lactation consultants and culturally competent support.
- “Access to breastfeeding support is inconsistent, and there are significant gaps in how we are providing support equitably to all communities.”
- “Telehealth has really enhanced people’s connection to the healthcare system, especially in the postpartum period. We need to absolutely maintain that ability.”

BEHAVIORAL HEALTH AND TRAUMA

- Limited access to perinatal psychiatric care and medication management leaves gaps in mental health support during and after pregnancy.
- “Psychiatric care and med management during the perinatal period is a major issue not just a single consult to get someone started, but good quality follow-up.”
- Lack of continuity between perinatal mental health treatment environments hinders effective, ongoing care.
- “There’s a lack of continuity between treatment environments, and it’s a real concern.”
- Stigma and lack of specialized training for providers working with individuals recovering from substance use disorders create additional barriers to care.
- “Providing care in communities that don’t have specialized training on people who use drugs and people who are in recovery is a major gap with severe outcomes.”
- “We should have social workers embedded in all of our offices.”

POLICY CONSIDERATIONS

- Concerns remain about the lack of investment in infrastructure for maternal mental health, particularly the need for more culturally competent, trained professionals.
- “We need to ensure more BIPOC clinicians are trained in perinatal mental health.”
- The integration of midwives into maternal care models is an ongoing policy discussion, particularly regarding their role in higher-risk pregnancies.
- “The U.S. lags behind other countries in maternal care. Other nations have a higher percentage of midwives, which leads to better outcomes.”
- Data collection on maternal health outcomes, including postpartum depression and perinatal immunization rates, is being emphasized to improve policy responses.
- “Data capture and collection are very important, specifically for perinatal and postpartum depression as well as immunization.”
- “We are working on making more equity data available, including race, ethnicity, and LGBTQIA+ affirming providers in insurance directories.”

SYSTEMS CHANGE

- Licensing and credentialing processes for lactation consultants and doulas present financial and bureaucratic barriers, limiting workforce growth.

- “Who can afford to go through licensing and credentialing? It’s a major financial and logistical challenge.”
- Increased collaboration is needed between outpatient services, community health organizations, and maternal care providers
- The maternal healthcare workforce is struggling with retention and burnout, particularly in rural areas with high service demands.
- “We are completely grant-funded and serve between 850 and 1,200 families per year. We need to expand our workforce and capacity.”
- “Mentorship is a huge piece in lactation care, and we need to build that pipeline.”
- “The doula workforce lacks specialized training in perinatal substance use disorder care, which is creating severe gaps.”

OTHER ISSUES

- Many individuals distrust the healthcare system due to past negative experiences, affecting engagement in maternal health services
- “Distrust of the system keeps many from seeking maternal health services.”
- Barriers in outreach and communication prevent some families from accessing available maternal health services, even when they are free.
- “Even when we have services to offer, sometimes connecting with families especially equitably is tricky.”
- “We need better strategies for ensuring that free and available services actually reach the people who need them most.”

LANGUAGE BARRIERS

- Limited access to high-quality translation services negatively impacts maternal care, particularly for non-English-speaking patients.
- “Our translation services are a joke. It absolutely impacts the quality of care for people who are not receiving care in their language.”
- The lack of multilingual healthcare providers and coordinated language support further limits equitable maternal health access.
- “We need coordinated language support to ensure all patients can access high-quality maternal healthcare.”