



2025

**COMMUNITY HEALTH
NEEDS ASSESSMENT**

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Acknowledgments

The Community Health Needs Assessment (CHNA) for UMass Memorial Health – Harrington Hospital (referred to as “Harrington” throughout this report) began in the spring of 2025. More than 700 individuals contributed through interviews and a Community Health Survey. Their input provided Harrington with meaningful engagement opportunities and valuable insights into the region’s strengths, challenges, health status, barriers to care, service gaps, and the broader social determinants of health.

While it was not possible to engage every community member, the assessment reflects the perspectives of a diverse and inclusive cross-section of the population. Participants demonstrated a shared commitment to enhancing the regional health system, with a focus on those most at-risk for disparities in access and outcomes. Harrington expresses sincere appreciation to all who participated, especially local service providers and community members who generously offered their time, insights, and expertise.

Background and Purpose

UMass Memorial Health – Harrington is a nonprofit, community-focused healthcare system, offering a comprehensive range of inpatient and outpatient services to individuals and families across more than 25 communities in south central Massachusetts and northeastern Connecticut. The system includes two fully equipped hospital campuses:

- Southbridge, Massachusetts campus: Provides acute medical and surgical inpatient care, with a 24/7 emergency department and intensive care unit. This campus also provides comprehensive outpatient services, including oncology, imaging, lab, primary care, and specialty care.
- Webster, Massachusetts campus: Provides a 24/7 emergency department, inpatient behavioral health services, radiology, laboratory, occupational health, psychiatry, and therapy services.

Beyond its hospital campuses, the Harrington network also includes multiple outpatient care sites – such as those in Charlton and Sturbridge Massachusetts – offering specialty care, behavioral health, audiology, wound care, and an urgent care express clinic in Oxford, Massachusetts.

Harrington is committed to delivering high-quality, compassionate care and playing an active role in improving the overall health of the region. To support this effort, Harrington conducted a Community Health Needs Assessment (CHNA) to better understand the community health needs and priorities of the region it serves.

This CHNA is intended to be a valuable source of information and guidance to:

- Clarify issues related to community characteristics, barriers to care, existing service gaps, unmet community needs, and other health-related factors;
- Prioritize and promote community health investments;
- Inform and guide a comprehensive, collaborative community health improvement planning process;
- Facilitate a collaborative and comprehensive community health improvement planning process by leading discussions within and across sectors on community needs, health improvement, and health equity;
- Serve as a resource to others working to address health inequities.

Since 1994, the Massachusetts Attorney General’s Office has issued Community Benefit Guidelines, encouraging nonprofit hospitals and health maintenance organizations (HMOs) to address pressing community health issues. These guidelines were bolstered by the Affordable Care Act (ACA) in 2012, which mandated that these organizations engage in similar community health assessment, planning, and improvement activities. To better understand and address the social determinants of health, key community health issues, and vulnerable populations, the Community Benefit Guidelines advocate for institutions to carry out thorough community health assessments and develop strategic implementation plans. While the CHNA meets federal and state requirements for nonprofit hospitals, it also reflects Harrington’s deep commitment to being a trusted and responsive community partner. The assessment is part of a broader effort to listen to residents, strengthen partnerships with local organizations, and ensure that programs and services are designed in ways that are equitable, culturally appropriate, and aligned with the needs of the community.

The CHNA process engaged a diverse group of stakeholders, including residents, service providers, advocates, and community leaders. Their insights helped shape a fuller understanding of the region's strengths, health challenges, and opportunities for collaboration. Harrington is deeply grateful to all who shared their time, experiences, and perspectives to help guide this important work.

Approach and Methods

Approach

The Community Health Assessment utilized a mixed-methods assessment approach that integrates both quantitative and qualitative data. This effort focused on compiling information through an extensive community engagement effort that involved interviews with key community leaders, service providers, and advocates, and a comprehensive community health survey.

Historically, health care systems have focused on the provision of clinical health surveys, physical health, and the treatment of chronic conditions. Over time, there has been a significant shift in mindset, where hospitals understand their responsibility to work on efforts that prevent and address the underlying social, economic, and behavioral determinants of health. There is increasing awareness and research that show how these issues are often at the root of poor health status, community well-being, and overall population health. Concerning community health assessment and improvement, the efforts of Harrington, along with the community benefits expectations outlined by the Commonwealth, are framed with these ideas in mind.

THE SOCIAL DETERMINANTS OF HEALTH

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Image source: S. Artiga and E.Hinton. (2018). *Beyond health care: The role of social determinants of health in promoting health and health equity*. Kaiser Family Foundation.

The Massachusetts Attorney General's Office Community Benefits Guidelines and the Massachusetts Department of Public Health (MDPH) Determination of Need Guidelines have established priorities to guide and focus the community health improvement work of hospitals and health maintenance organizations (HMOs) across the Commonwealth. With emphasis on helping disadvantaged populations, reducing health disparities, and promoting wellness, these priorities include chronic disease management, mental health, substance use, housing, and violence.

These guidelines are not meant to restrict the unique issues that not-for-profit hospitals and HMOs decide to prioritize. Rather, they clarify the idea that to reduce health-related disparities and have a genuine and sustained impact on health and well-being, CHNAs and their subsequent strategic

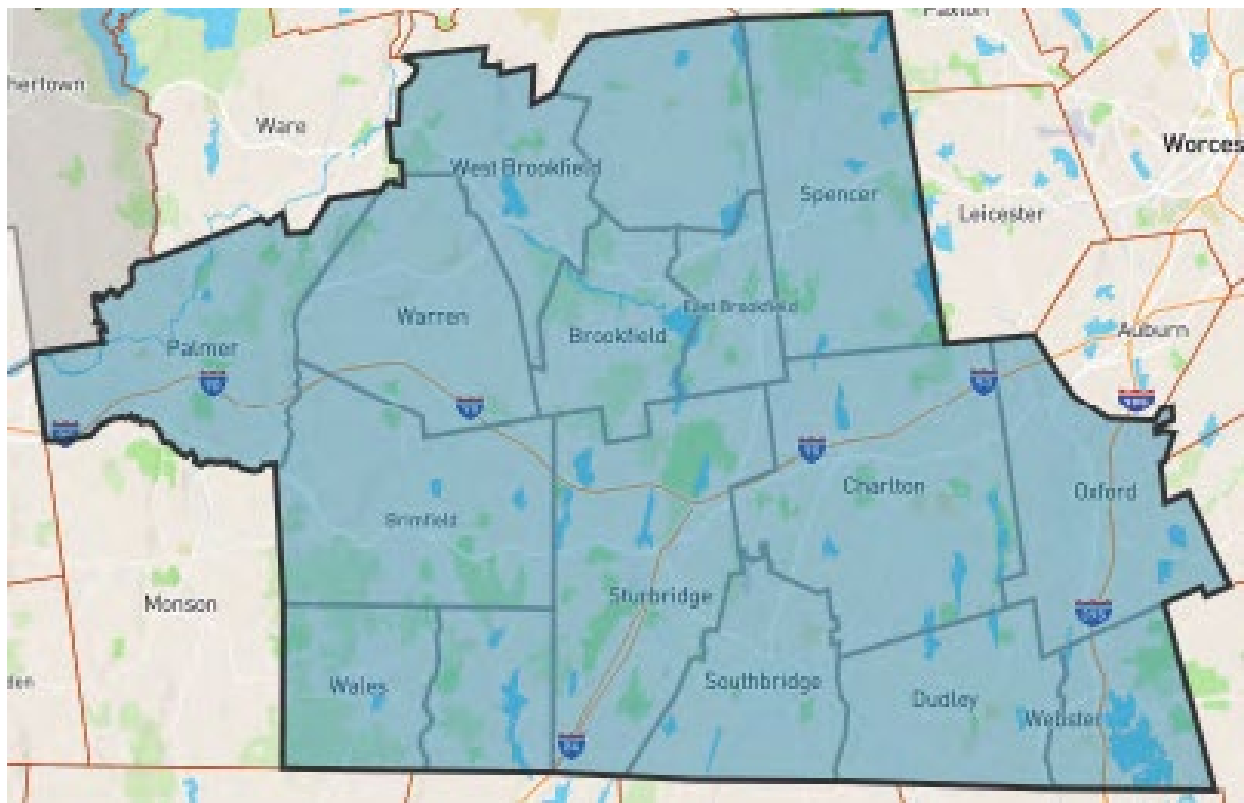
implementation plans must address the underlying social determinants, inequities, and injustices at the root of health status issues.

Community Benefits Service Area

CHNA activities were focused on sixteen communities in Harrington's larger primary service area. These sixteen communities represent Harrington's Community Benefits Service Area (CBSA). The CBSA includes the communities where Harrington has physical sites, plus additional municipalities where Harrington draws a majority of their patient population.

As a population-based assessment, the CHNA considers the needs of the entire population, regardless of demographics, socioeconomic status, health status, and if/where people receive health care services. Special attention is given to addressing the needs of populations that face disparities in health-related outcomes, have been disenfranchised, and those who are more likely to experience barriers to care.

FIGURE 1: HARRINGTON'S COMMUNITY BENEFITS SERVICE AREA



Qualitative Data and Community Engagement

Informational Interviews

One-on-one interviews were conducted with 14 representatives from some of the leading community-based organizations in the CBSA. Interviewees were asked to share their perspectives on leading social determinants of health, access to care issues, vulnerable populations, and opportunities for the hospital to address issues in collaboration with other community organizations. Interviews were conducted via

Zoom or phone using a structured interview guide. Notes from interviews were compiled and incorporated into an integrated analysis of findings, along with findings from the review of quantitative data and the Community Health Survey.

Interviewee	Role and Affiliation
Christina Beesley	Director of Outpatient Behavioral Health Services, UMass Memorial Health - Harrington
Emily Billings	Director, Southbridge Family Resource Center
Esteban Currasco Jr.	President, Bridge of Faith Youth Center
Marysol Cruz	Outreach and Inclusion Manager, UMass Memorial Health-Harrington
Charlie Diaz	Department Manager, Town of Southbridge
Camille Griffin	Health Director, Town of Webster
Laura Hutchinson Lauren Jones	Navigators, Addiction Immediate Care
Susan Howland	Vice President for Administration and Human Resources, St. Luke's Guest House
Jenny McDonnell	Community Coordinator, South Central WIC Program
Margaret Morrissey	Director, Jacob Edwards Library
Jasmin Rivas	Program Director, Coalition for Anti-Racism and Equity
Nicole Sauve	Family Engagement Specialist, Worcester Community Action Council
Katie Tilton	Community Services Director/COA Director, Town of Southbridge
Dolores Toribio	Program Director, Southbridge Community Connections Coalition

Community Health Survey

In June of 2025, Harrington administered a Community Health Survey, open to all individuals who live and work in their CBSA. The survey was offered in both web-based and paper survey forms, in both English and Spanish. Hospital staff worked to craft a survey that was accessible and easy to understand, and mirrored the survey that was administered in the 2022 Community Health Assessment (Appendix A). Methods of distribution included:

- Posting on social media channels
- Email distribution lists
- Promotion at community events
- Promotion through partner organizations

Findings from the 2025 Community Health Survey are included throughout this report.

Quantitative Data and Data Limitations

For this report, data were gathered from a broad range of sources to characterize the community, better understand health status in the region, and to inform a comprehensive understanding of the many factors associated with poor health status. Whenever possible, data were collected at the municipal level. Data was collected from various sources, including the U.S. Census Bureau's American Community Survey (2019-2023 5-year estimates), the Massachusetts Department of Public Health, the

Massachusetts Healthy Aging Collaboration, the Centers for Disease Control and Prevention (CDC), and the Massachusetts Department of Public Health's Population Health Information Tool (PHIT).

The most significant limitation is the availability of timely data related to morbidity, mortality, health behaviors, and service utilization. Additionally, not all quantitative data was available in ways that stratified by demographic characteristics, which limited the ability to identify health disparities in an objective way. Qualitative activities allowed for exploration of these issues, but the lack of objective quantitative data constrained the effort.

Community Assets

Federal and Commonwealth community benefits requirements indicate that a Resource Inventory should be created to inform the extent to which there are gaps in health-related services. To this end, a list of community assets has been developed and can be found in Appendix B.

Evaluation of Prior Implementation Strategy

Harrington did not receive any written comments on the 2022 CHNA since its posting. They also did not receive any feedback on the Massachusetts Attorney General's website, which publishes the hospital's annual Community Benefit Report and provides an opportunity for public comment. Harrington encourages feedback on this report, and will take comments into account when planning future assessments and implementation strategies.

Below is a summary of community benefits activities and accomplishments, organized by priority areas from Harrington's FY23-FY25 Implementation Strategy. A more expansive narrative is included in Appendix C.

Social Determinants of Health

A significant portion of Harrington's efforts targets the social determinants of health. To address food and clothing insecurity, the hospital launched and operationalized Bridge Fridge and Community Closet locations at both the Southbridge and Webster campuses. These sites, stocked with caregiver-donated non-perishable food, toiletries, and clothing, are open daily to the public with plans to expand access to 24 hours a day and implement a system for tracking usage. In addition, community engagement events—such as the annual Trunk or Treat, Holiday Extravaganza, and a new Community Health Fair—are designed to welcome community members onto the hospital campus in an approachable and supportive environment.

Behavioral Health

Harrington has consistently incorporated mental health and substance use education into its outreach. During FY23 and FY24, the hospital hosted multiple events focused on overdose awareness, wellness, and available behavioral health resources. This included presentations on depression, its varied impacts across the lifespan, and treatment options, led by clinical experts as part of the Community Education Series. Behavioral health remains a central topic for future sessions and outreach.

Access to Care

Financial counselors have helped an increasing number of uninsured or underinsured individuals navigate health insurance enrollment and financial aid, assisting more than 1,400 people in FY23 and an estimated 1,725 in FY24. Recognizing transportation as a barrier, Harrington plans to expand this service in FY25 by offering more mobile, community-based support. The hospital has also broadened access to information through a Community Education Series, held in both English and Spanish, on topics ranging from chronic disease to behavioral health. These presentations are strategically located throughout the region to reduce access barriers for individuals without reliable transportation.

Chronic and Complex Conditions and Their Risk Factors

The Community Outreach Team conducted hundreds of free screenings, including blood pressure, body mass index, and sun damage assessments, to help identify health risks early among underserved populations. Cardiovascular and stroke education reached hundreds of community members annually. Harrington's cancer education and support services have also grown, including sun safety outreach and the ongoing success of the Annual Cancer Survivor Night, which reached record attendance in FY24. Supportive initiatives such as the monthly themed "hope" tree at the Cancer Center continue to offer comfort and encouragement to patients and caregivers.

Health Equity

Throughout these efforts, Harrington has maintained a strong commitment to health equity. Outreach events and education sessions have prioritized engagement with groups that face systemic barriers to care, including economically disadvantaged individuals, non-English speakers, older adults, and those with chronic illnesses. The hospital has integrated diversity, equity, inclusion, and belonging (DEIB) goals into its Community Benefits strategy and is actively exploring new approaches to strengthen partnerships and enhance responsiveness to community needs. These include expanding language access and tailoring outreach activities based on community feedback.

Regional and Community Characteristics

Total Population

Understanding the geographic and population characteristics of the region provides critical context for assessing community health. Measures such as total population, land area, and population density help illustrate the size and distribution of communities across the region. These factors can influence access to services, transportation needs, infrastructure planning, and the allocation of health resources. For example, more densely populated areas may experience increased demand for public services and healthcare access, while rural or less populated communities may face challenges related to geographic isolation or limited provider availability.

Table 1 summarizes population size, recent growth trends, and population density for Massachusetts, Hampden and Worcester counties, and all municipalities in Harrington’s Community Benefits Service Area. As shown, population density in the region varies widely. Webster, for example, has more than 1,400 residents per square mile, while towns like Palmer and Sturbridge have fewer than 400.

TABLE 1: GEOGRAPHIC CHARACTERISTICS

Geography	Total Population	Population percent change, 2020-2024	Population Density (per sq mi)
Massachusetts	6,992,395	+1.5%	901.2
Hampden County	462,853	-0.4%	755.0
Worcester County	861,664	+2.2%	570.7
Brimfield	3,694	Not available	Not available
Brookfield	3,442	Not available	Not available
Charlton	13,359	+2.2%	315.7
Dudley	11,886	+0.5%	572.2
East Brookfield	2,120	Not available	Not available
Holland	2,576	Not available	Not available
North Brookfield	4,739	Not available	Not available
Oxford	13,349	+1.1%	503.3
Palmer	12,372	-0.5%	394.3
Southbridge	17,806	+2.1%	876.6
Spencer	11,961	+0.9%	365.0
Sturbridge	9,889	+2.2%	265.0
Wales	1,927	Not available	Not available
Warren	4,981	Not available	Not available
Webster	17,674	+0.2%	1,438.5
West Brookfield	3,830	Not available	Not available

Source:

- Total population: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)
- Population percent change: US Census Bureau Population Estimates Program (2020 and 2024)
- Population density: US Census Bureau 2020 Census Redistricting Data

Age Distribution

Age is a key factor in understanding the health needs of both individuals and communities. Different age groups face distinct health challenges, risks, and service needs. For example, older adults are more likely

to experience chronic conditions, physical limitations, and mental health concerns.¹ They often require increased access to medical care, social supports, and long-term services.² In contrast, younger populations may have different priorities, such as preventive care, behavioral health support, and educational or developmental resources.³

Table 2 shows that age distribution varies significantly across the region. Some communities, such as Brookfield, Spencer, and West Brookfield, have a relatively high proportion of residents aged 65 and older, with rates exceeding 25%. Others, such as Dudley, Southbridge, and Webster, have younger populations.

TABLE 2: AGE DISTRIBUTION

Geography	Median Age	Under 5	Age 15-19	Age 20-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Over 65
Massachusetts	40.0	5.0%	6.5%	6.8%	14.1%	12.9%	12.6%	13.8%	17.5%
Hampden County	39.8	5.3%	6.9%	6.9%	13.3%	12.2%	12.1%	13.7%	17.8%
Worcester County	40.3	5.2%	6.7%	6.4%	13.0%	12.8%	13.2%	14.4%	16.6%
Brimfield	44.8	3.8%	3.8%	4.2%	6.5%	18.9%	8.4%	19.4%	21.8%
Brookfield	51.5	3.0%	4.3%	6.9%	9.3%	8.9%	20.1%	13.3%	25.6%
Charlton	43.5	5.7%	5.4%	3.1%	19.9%	12.3%	14.1%	23.0%	17.3%
Dudley	40.3	3.5%	10.6%	9.1%	8.0%	10.9%	14.3%	15.8%	16.2%
East Brookfield	52.1	5.0%	2.5%	6.4%	10.1%	10.6%	9.1%	17.9%	31.3%
Holland	49.5	4.2%	3.7%	5.7%	14.0%	9.3%	10.8%	17.1%	24.2%
North Brookfield	47.5	4.5%	5.8%	6.7%	10.2%	12.0%	9.0%	13.6%	19.7%
Oxford	41.4	3.6%	7.1%	5.4%	13.1%	11.6%	13.9%	16.1%	1.2%
Palmer	50.5	4.1%	4.1%	5.6%	13.0%	9.5%	12.9%	18.8%	20.8%
Southbridge	40.6	5.0%	7.7%	9.0%	11.6%	11.0%	14.1%	22.7%	14.4%
Spencer	48.9	4.7%	3.0%	5.2%	8.8%	13.7%	9.5%	22.7%	25.9%
Sturbridge	45.2	4.1%	6.0%	2.5%	9.6%	13.8%	16.6%	14.3%	19.3%
Wales	41.2	6.5%	2.9%	3.0%	12.5%	15.7%	12.8%	14.9%	16.1%
Warren	41.0	3.6%	5.4%	3.6%	9.8%	21.1%	13.2%	15.7%	14.8%
Webster	40.0	5.1%	5.3%	5.8%	14.2%	13.0%	12.6%	13.1%	19.0%
West Brookfield	58.3	2.8%	3.9%	0.0%	10.5%	8.7%	11.0%	19.7%	34.5%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Race and Ethnicity

Race and ethnicity are important factors to consider when assessing community health, as they shape lived experiences, influence access to care, and are closely tied to health outcomes (CDC, 2022).

Massachusetts is home to a diverse population. According to recent census estimates, nearly one in three US residents identifies as Black or African American, Hispanic or Latino, Asian, multiracial, or another race or ethnicity (U.S. Census Bureau, 2024). Communities of color contribute significantly to the social, cultural, and economic vitality of the state. However, long-standing inequities in areas such

¹ Centers for Disease Control and Prevention. (2023). *Chronic disease in older adults*. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/aging/aginginfo/index.htm>

² Administration for Community Living. (2024). *2023 Profile of older Americans*. U.S. Department of Health and Human Services. <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

³ Health Resources and Services Administration. (2023). *Child Health USA 2023*. Maternal and Child Health Bureau, U.S. Department of Health and Human Services. <https://mchb.hrsa.gov/data-research/child-health-usa>

as housing, education, income, and healthcare access have contributed to persistent differences in health risks and outcomes across racial and ethnic groups. These disparities are not the result of race or ethnicity themselves, but of unequal opportunities and structural challenges that many individuals and families encounter across generations.

Local data show that the racial and ethnic composition of communities in the region varies considerably. For example, Southbridge and Webster are among the most racially and ethnically diverse towns in the area. In Southbridge, approximately 40% of residents identify as Hispanic or Latino, and 21% identify as two or more races. Webster also has a substantial Hispanic or Latino population (19.2%) and notable racial diversity, with 9% of residents identifying as two or more races. In contrast, several towns—including Brookfield, Charlton, East Brookfield, North Brookfield, Spencer, Warren, and Wales—have populations that are more than 92% white alone.

Among Hispanic/Latino residents, the data also reveal differences in national origin. According to the Census Bureau, nearly 35% of Hispanic/Latino individuals in Southbridge and 13% of Hispanic/Latino individuals in Webster identify as Puerto Rican.

TABLE 3: RACE AND ETHNICITY

Geography	White Alone	Black or African American Alone	Asian Alone	Hispanic or Latino (any race)	Two or more races
Massachusetts	70.7%	7.0%	7.1%	12.9%	9.5%
Hampden County	67.4%	8.7%	2.6%	26.6%	13.7%
Worcester County	75.5%	5.1%	5.2%	13.3%	9.7%
Brimfield	87.0%	1.4%	0.4%	0.0%	9.4%
Brookfield	92.9%	0.5%	0.7%	2.9%	2.7%
Charlton	92.6%	0.4%	0.5%	4.2%	5.9%
Dudley	87.0%	4.7%	2.9%	3.7%	4.1%
East Brookfield	92.2%	0.2%	0.9%	6.2%	5.3%
Holland	89.9%	0.0%	5.7%	3.3%	3.4%
North Brookfield	95.2%	1.0%	0.1%	0.9%	3.4%
Oxford	90.5%	1.0%	0.8%	5.4%	5.5%
Palmer	86.9%	3.2%	0.2%	4.7%	8.6%
Southbridge	65.7%	4.5%	0.8%	40.2%	21.1%
Spencer	92.1%	0.8%	0.5%	4.4%	4.3%
Sturbridge	90.7%	1.5%	2.5%	3.2%	2.9%
Wales	93.6%	0.5%	0.3%	2.6%	4.1%
Warren	93.2%	1.4%	3.0%	3.1%	2.5%
Webster	74.4%	5.8%	1.7%	19.2%	9.2%
West Brookfield	91.3%	0.0%	0.0%	8.7%	6.1%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

TABLE 4: HISPANIC/LATINO BY SPECIFIC ORIGIN

Geography	Mexican origin	Puerto Rican origin	Other Hispanic/Latino
Massachusetts	0.8%	4.7%	7.2%
Hampden County	0.8%	21.5%	4.5%
Worcester County	0.8%	7.2%	5.2%
Brimfield	0.0%	0.0%	0.0%
Brookfield	0.3%	1.8%	0.8%
Charlton	0.7%	2.8%	0.6%
Dudley	0.4%	2.2%	1.0%
East Brookfield	1.9%	2.9%	1.4%
Holland	1.4%	1.0%	0.8%
North Brookfield	0.3%	0.3%	0.3%
Oxford	0.0%	3.6%	1.8%
Palmer	2.8%	1.3%	0.6%
Southbridge	0.9%	34.9%	4.3%
Spencer	0.7%	2.8%	0.9%
Sturbridge	0.3%	1.5%	1.5%
Wales	0.0%	1.7%	0.9%
Warren	0.0%	3.1%	0.0%
Webster	0.4%	13.2%	4.6%
West Brookfield	0.0%	1.2%	6.4%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Language

Understanding where residents were born and the languages they speak at home provides essential context for delivering high-quality, patient-centered care. Immigrants and individuals born outside the United States may encounter challenges accessing health services due to unfamiliarity with the health system, language barriers, documentation status, cultural norms, or prior experiences with care.⁴

Language access is especially critical. Households that speak a language other than English may have difficulty understanding health information, communicating with providers, or navigating the medical system. These challenges can affect scheduling, chronic disease management, adherence to treatment, and participation in preventive services.

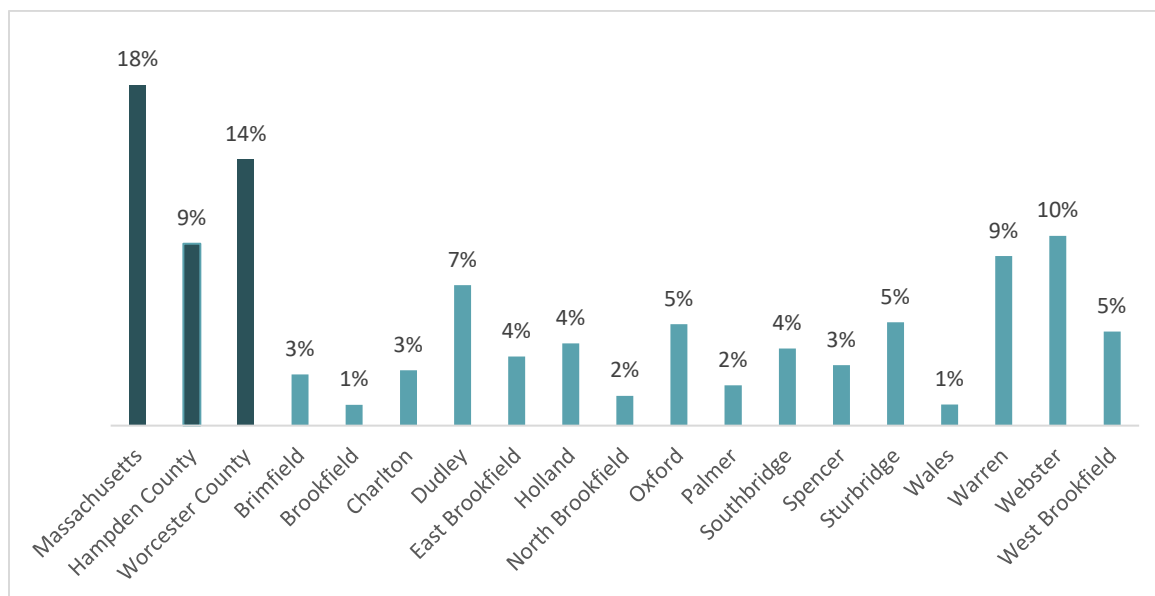
Findings from the community health survey and interviews suggest that language and communication barriers are a widespread concern among residents and service providers. Participants highlighted the need for multilingual outreach, translated materials, and culturally responsive support.

⁴ Office of Minority Health. (2023). *National culturally and linguistically appropriate services (CLAS) standards*. U.S. Department of Health and Human Services. <https://thinkculturalhealth.hhs.gov/clas>

“We have very large Spanish-speaking population in the region, and increasingly more people who speak Haitian Creole, Portuguese, and other languages. We [community organizations] need to make efforts to translate all of our materials, or they’re almost pointless.” – Interviewee

Data on nativity further illustrate the region’s demographic diversity. Statewide, 18% of Massachusetts residents are foreign-born, with similarly high shares in Worcester County (14%) and Hampden County (9%). At the local level, Webster (10%) and Warren (9%) stand out with relatively large foreign-born populations compared to other towns in the region. In contrast, many smaller or more rural communities, such as Brimfield, Brookfield, Wales, and Holland, report foreign-born populations of just 1 to 3%. These patterns are important to consider, as immigrant communities may face unique challenges related to cultural and linguistic differences, access to services, and trust in the health care system.

FIGURE 2: FOREIGN-BORN RESIDENTS



Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Recent data reinforce the importance of language access. While 18% of Hampden County residents and 10% of Worcester County residents speak Spanish at home, several communities within these counties stand out. In Southbridge, for example, nearly one in three residents (31%) speaks Spanish at home, and 13% have limited English proficiency. In Webster, 13% of residents speak Spanish at home, with 3% reporting limited English proficiency.

TABLE 5: SPANISH SPEAKERS AND LIMITED ENGLISH PROFICIENCY (%)

Geography	Speak Spanish at home	Population who speaks Spanish and has limited English proficiency
Massachusetts	10%	4%
Hampden County	18%	7%
Worcester County	10%	4%
Brimfield	0%	0%
Brookfield	1%	0%
Charlton	2%	0%
Dudley	2%	0%
East Brookfield	3%	0%
Holland	2%	1%
North Brookfield	0%	0%
Oxford	4%	2%
Palmer	1%	0%
Southbridge	31%	13%
Spencer	3%	0%
Sturbridge	2%	0%
Wales	0%	0%
Warren	3%	1%
Webster	13%	3%
West Brookfield	4%	0%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Early Childhood, Youth, and Adolescents

Access to affordable, high-quality childcare was a recurring concern in both interviews and open-ended survey responses. Key informants described limited options, long waitlists, and seasonal closures that made it difficult for parents—particularly low-income families and single caregivers—to maintain employment or attend medical appointments. Survey respondents echoed these challenges, frequently citing the cost and availability of childcare as a barrier to meeting their family’s basic needs. Community leaders also emphasized the need for greater investment in parenting supports and early childhood development services, including home visiting and early intervention.

In addition to early childhood needs, adolescent health and well-being emerged as a concern. Interviewees highlighted high rates of trauma, mental health struggles, and disengagement among youth. Many described a lack of trusted adults, youth-friendly spaces, and accessible behavioral health resources. Survey data reinforced these concerns and provided additional context. When asked to identify the major health issues for youth and adolescents:

- 69% (n=256) of survey respondents cited “depression, stress, and mental illness” – the top response to this question
- 60% (n=220) of survey respondents cited “addiction/substance use”
- 57% (n=210) of survey respondents cited “bullying/cyber bullying”
- 27% (n=100) of survey respondents cited “family/domestic violence”

Together, these findings point to a pressing need for cross-sector investment in childcare, youth mental health services, and developmental supports across the lifespan.

Older Adult Health and Healthy Aging

In Massachusetts and across the country, older adults represent one of the fastest-growing age groups. As people age, they are more likely to experience chronic and complex health conditions such as hypertension, diabetes, congestive heart failure, COPD, depression, anxiety, Alzheimer's disease, Parkinson's disease, and other forms of dementia. According to the CDC and the Healthy People 2020 Initiative, by 2030 approximately 37 million people nationwide—or 60% of adults over age 65—will be living with multiple chronic conditions.⁵ These conditions often require ongoing care, coordination across providers, and access to both medical and social supports.

Findings from the 2025 Community Health Survey and interviews highlight significant barriers to care for older adults in the region. Interviewees emphasized challenges related to care transitions, including being discharged from hospitals without adequate in-home supports. Concerns around discharge planning, medication management, and access to home health services were echoed by others, particularly for individuals with cognitive or behavioral health needs.

“People are being sent home [from emergency rooms] too soon, and relying on family, or even neighbors, to take care of them. Most of them can’t possibly make this work long term.” - Interviewee

Survey results confirm the significance of these concerns. When asked to identify major health issues for people over age 65:

- 76% (n=278) of survey respondents cited “Alzheimer’s and dementia”
- 66% (n=237) of survey respondents cited “heart disease/stroke”
- 64% (n=233) of survey respondents cited “diabetes”
- 62% (n=228) of survey respondents cited “depression, stress, and mental illness”

Local data further illustrates the scale of these challenges. In many of the communities included in this assessment, over one-quarter of adults over 65 live alone—a factor that can increase risk for isolation, poor health outcomes, and delayed access to care. In most communities in the service area, over 10% of adults over 65 are living alone, with the highest percentage in Spencer (18%).

⁵ Centers for Disease Control and Prevention. (2013). *The State of Aging and Health in America 2013*. U.S. Department of Health and Human Services. <https://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>

TABLE 6: OLDER ADULTS LIVING ALONE

Geography	Adults over the age of 65	Adults 65+ living alone
Massachusetts	17.5%	12.4%
Hampden County	17.8%	14.0%
Worcester County	16.6%	11.3%
Brimfield	21.8%	9.9%
Brookfield	25.6%	16.2%
Charlton	17.3%	9.1%
Dudley	16.2%	14.7%
East Brookfield	31.3%	13.6%
Holland	24.2%	9.4%
North Brookfield	19.7%	10.9%
Oxford	15.2%	12.1%
Palmer	20.8%	12.4%
Southbridge	14.4%	11.3%
Spencer	25.9%	18.0%
Sturbridge	19.3%	7.6%
Wales	16.1%	9.0%
Warren	14.8%	12.3%
Webster	19.0%	16.1%
West Brookfield	34.5%	17.9%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

LGBTQIA+ Health

LGBTQIA+ individuals—those who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and others—are an integral part of communities across Massachusetts. According to the 2022 Behavioral Risk Factor Surveillance System (BRFSS), an estimated 6.5% of adults in Massachusetts identify as lesbian, gay, or bisexual.⁶ National data from the U.S. Census Bureau's Household Pulse Survey also indicate a growing number of individuals identifying as transgender or nonbinary, with younger generations reporting these identities at higher rates than older adults.⁷

While LGBTQIA+ people live in every city and town, they may encounter challenges in accessing equitable and affirming health care. Barriers such as stigma, discrimination, limited provider knowledge, and a lack of culturally competent services continue to affect the quality of care received. These challenges are linked to disparities in both physical and behavioral health outcomes, including higher rates of depression, anxiety, substance use, suicidal ideation, and avoidance or delay of necessary medical care.⁸

Hospitals and health systems have a critical role to play in advancing equity for LGBTQIA+ populations. Key strategies include training staff on inclusive practices, collecting demographic data that reflects the diversity of gender identity and sexual orientation, using correct names and pronouns, and ensuring

⁶ Centers for Disease Control and Prevention. (2023). *Behavioral Risk Factor Surveillance System (BRFSS) 2022 Survey Data and Documentation*. <https://www.cdc.gov/brfss/index.html>

⁷ U.S. Census Bureau. (2023). *Household Pulse Survey: Phase 3.8 (2023)*. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>

⁸ National Academies of Sciences, Engineering, and Medicine. (2020). *Understanding the well-being of LGBTQIA+ populations*. The National Academies Press. <https://doi.org/10.17226/25877>

access to gender-affirming and culturally responsive care. Creating safe, respectful, and welcoming care environments helps reduce barriers and supports better health outcomes for LGBTQIA+ individuals.

Individuals with Disabilities

Research consistently shows that individuals with physical, intellectual, or mental health disabilities face significant disadvantages related to the social determinants of health. These include lower levels of educational attainment and income, higher rates of obesity and chronic disease, and persistent difficulty accessing health services. While disparities based on race, ethnicity, income, and gender identity have received increasing attention in healthcare systems, disparities experienced by people with disabilities remain less consistently addressed.⁹

In the region covered by this assessment, disability prevalence exceeds the statewide average of 12.1% in nearly all communities. The only exceptions are Charlton (11.7%), Sturbridge (10.9%), Wales (10.8%), and Warren (10.8%) which are below the Massachusetts average. Several communities report notably higher rates, including Dudley (17.2%), North Brookfield (19.7%), Palmer (18.4%), Southbridge (20.1%), and Webster (19.3%). Among the various types of disabilities reported, ambulatory difficulties and cognitive difficulties are the most common.

TABLE 7: DISABILITY CHARACTERISTICS

Geography	Any Disability	With Hearing Difficulty	With Vision Difficulty	With Cognitive Difficulty	With Ambulatory Difficulty
Massachusetts	12.1%	3.1%	1.9%	5.1%	5.4%
Hampden County	16.4%	3.1%	2.5%	7.1%	8.0%
Worcester County	12.9%	3.4%	1.8%	5.4%	5.7%
Brimfield	12.2%	4.1%	1.2%	2.8%	6.6%
Brookfield	15.5%	4.7%	0.8%	4.0%	8.5%
Charlton	11.7%	7.9%	1.5%	6.6%	6.3%
Dudley	17.2%	4.5%	3.0%	9.5%	9.0%
East Brookfield	13.7%	5.7%	3.7%	4.1%	7.0%
Holland	13.6%	4.1%	1.2%	5.1%	4.0%
North Brookfield	19.7%	6.3%	2.1%	6.8%	8.3%
Oxford	16.0%	3.4%	1.4%	5.8%	6.4%
Palmer	18.4%	3.0%	0.9%	5.1%	4.6%
Southbridge	20.1%	7.5%	0.8%	7.4%	8.9%
Spencer	16.2%	5.2%	2.6%	7.2%	7.0%
Sturbridge	10.9%	2.3%	1.9%	4.0%	4.7%
Wales	10.8%	3.3%	0.7%	3.5%	4.8%
Warren	10.8%	2.0%	2.6%	0.8%	6.7%
Webster	19.3%	4.5%	3.3%	8.4%	9.8%
West Brookfield	16.8%	5.1%	1.7%	6.3%	8.2%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

⁹ Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). *Persons with disabilities as an unrecognized health disparity population*. American Journal of Public Health, 105(S2), S198–S206. <https://doi.org/10.2105/AJPH.2014.302182>

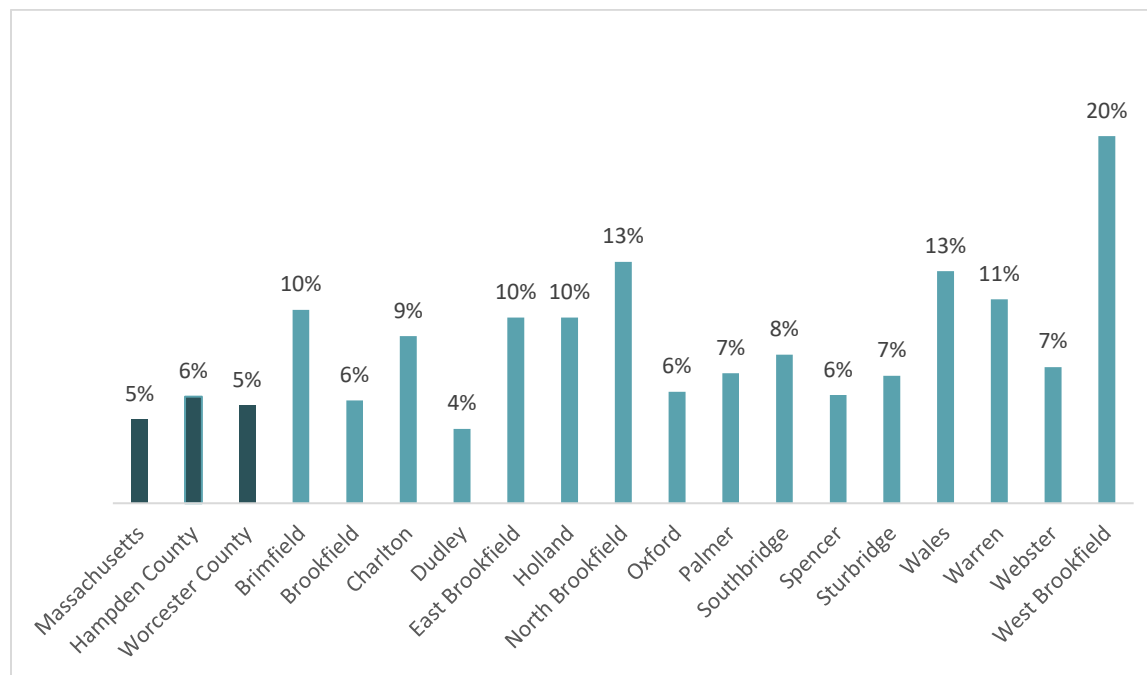
Findings from the community health survey and interviews reinforced these trends. Respondents and service providers described challenges navigating the health system for individuals with disabilities, including gaps in care coordination, difficulties accessing transportation, and limited availability of in-home supports. Interviewees also noted that people with disabilities often fall through the cracks of existing programs, particularly those who do not qualify for specialized services but still require ongoing support to manage daily needs.

Addressing the needs of residents with disabilities requires a cross-sector approach that includes accessible infrastructure, inclusive programming, and proactive care coordination. As the population continues to age and chronic conditions become more prevalent, building a more inclusive and responsive health system will be essential to achieving health equity across the region.

Veterans

Veterans are a population with distinct cultural values and specialized health needs. Compared to civilians, they experience higher rates of post-traumatic stress disorder (PTSD), depression, substance use disorders, traumatic brain injury, chronic pain, and other physical injuries (U.S. Department of Veterans Affairs, 2021). These challenges, combined with difficulties in transitioning to civilian life, can result in long-term impacts on health, employment, and housing stability (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). According to the 2019–2023 American Community Survey, the percentage of veterans in many towns within the service area is significantly higher than the statewide average of 5%. For example, veterans comprise 13% of the population in North Brookfield and Wales, and 20% in West Brookfield. These findings underscore the importance of ensuring that local services are equipped to support veterans, especially in communities where they represent a substantial share of residents.

FIGURE 3: VETERANS



Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Social Determinants of Health

Socioeconomic Status

Socioeconomic status (SES), typically measured through indicators such as educational attainment, income, employment, occupation, and neighborhood-level poverty, is one of the most powerful predictors of health outcomes. Extensive research shows that individuals with lower SES experience higher rates of chronic disease, mental health disorders, and premature mortality compared to those with higher SES.¹⁰ These disparities are often rooted in unequal access to the resources necessary for health—such as nutritious food, safe housing, transportation, stable employment, and high-quality education and healthcare. For example, individuals living in low-income communities are more likely to encounter environmental hazards, experience food insecurity, and face barriers to preventive care.¹¹

Lower-than-average life expectancy is strongly correlated with poverty, with research showing that individuals in the lowest income quartile can expect to live 10 to 15 years fewer than those in the highest income quartile.¹² Educational attainment also plays a critical role—those with lower levels of education face significantly higher risks of heart disease, diabetes, and other preventable illnesses. Moreover, economic insecurity contributes to chronic stress and limits one’s ability to engage in health-promoting behaviors, exacerbating the cycle of poor health outcomes.¹³ Addressing socioeconomic inequities is therefore central to improving population health and reducing health disparities across communities.

Education

Higher levels of educational attainment are strongly associated with improved health outcomes, longer life expectancy, and greater social and economic stability. Individuals with more education are generally more likely to engage in preventive health behaviors, access higher-quality jobs with employer-sponsored insurance, and navigate complex health care systems more effectively.¹⁴ Conversely, those with lower educational attainment face higher rates of chronic disease, disability, and premature mortality, in part due to barriers in health literacy, limited employment opportunities, and persistent economic instability.¹⁵

Educational attainment varies across Harrington’s Community Benefits Service Area. While 22.8% of Massachusetts residents report a high school diploma as their highest degree and 25.3% have a bachelor’s degree, all communities in the service area have a higher proportion of residents whose highest level of education is a high school diploma, with the exception of Sturbridge. The percentage of residents with a bachelor’s degree as the highest level of education is lower in all communities compared to the state overall, with the exception of Brimfield.

¹⁰ Braveman, P., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 100(S1), S186–S196. <https://doi.org/10.2105/AJPH.2009.166082>

¹¹ Robert Wood Johnson Foundation. (2018). *County Health Rankings Key Findings Report 2018*. <https://www.countyhealthrankings.org/reports/2018-county-health-rankings-key-findings-report>

¹² Chetty, R., Stepner, M., Abraham, S., et al. (2016). The association between income and life expectancy in the United States, 2001–2014. *JAMA*, 315(16), 1750–1766. <https://doi.org/10.1001/jama.2016.4226>

¹³ Adler, N. E., Boyce, T., Chesney, M. A., Folkman, S., & Syme, S. L. (1994). Socioeconomic inequalities in health: No easy solution. *JAMA*, 269(24), 3140–3145. <https://doi.org/10.1001/jama.1993.03500240084031>

¹⁴ Zimmerman, E. B., Woolf, S. H., & Haley, A. (2015). Understanding the relationship between education and health: A review of the evidence and an examination of community perspectives. In *Population Health: Behavioral and Social Science Insights* (pp. 347–384). Agency for Healthcare Research and Quality (US). <https://www.ncbi.nlm.nih.gov/books/NBK321313/>

¹⁵ Freudenberg, N., & Ruglis, J. (2007). Reframing school dropout as a public health issue. *Preventing Chronic Disease*, 4(4), A107. https://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm

(15.4%), Dudley (12.2%), and North Brookfield (16.9%) all report lower-than-average rates of bachelor's degree attainment, while Brimfield (30.0%) exceeds the state benchmark.

TABLE 8: HIGHEST DEGREE OF EDUCATIONAL ATTAINMENT

Geography	High school degree	With Associate's degree	With Bachelor's degree
Massachusetts	22.8%	7.5%	25.3%
Hampden County	30.8%	9.5%	17.0%
Worcester County	26.5%	8.9%	22.5%
Brimfield	29.8%	8.3%	30.0%
Brookfield	41.8%	8.5%	18.9%
Charlton	30.0%	9.5%	22.1%
Dudley	30.2%	11.7%	16.9%
East Brookfield	40.0%	10.0%	19.6%
Holland	30.8%	10.3%	22.7%
North Brookfield	44.9%	8.1%	16.7%
Oxford	34.7%	11.5%	16.0%
Palmer	35.7%	9.8%	15.4%
Southbridge	33.5%	8.9%	12.2%
Spencer	39.2%	7.4%	16.7%
Sturbridge	21.0%	10.3%	25.0%
Wales	34.1%	14.0%	15.3%
Warren	35.3%	5.2%	21.8%
Webster	33.1%	9.4%	18.5%
West Brookfield	31.8%	12.5%	22.6%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Economic Insecurity

Economic insecurity was a recurrent theme across both key informant interviews and survey responses, with many participants emphasizing the connection between financial hardship and barriers to health care, housing, transportation, and childcare. Community members described challenges such as juggling multiple part-time jobs without benefits, lacking reliable transportation to job sites, and the ripple effects of unemployment on mental health and family stability. In particular, interviewees noted that residents with physical or mental health conditions, caregiving responsibilities, or language barriers faced greater difficulty obtaining and retaining steady employment.

According to the 2019–2023 American Community Survey, labor force participation rates in many communities in the Community Benefits Service Area (CBSA) fell below the Massachusetts average of 67.2%. Communities with especially low participation rates include Palmer (59%) and West Brookfield (53%). While several towns—including North Brookfield (68%), Sturbridge (69%), Wales (70%), and Warren (73%)—exceeded the state average, high unemployment remains a concern in many areas. The Commonwealth's overall unemployment rate during this period was 5.14%; in comparison, unemployment rates were higher in Brookfield, Dudley, East Brookfield, Holland, Southbridge, Spencer, Warren, Webster, and West Brookfield.

TABLE 9: LABOR AND EMPLOYMENT

Geography	Labor force participation rate(%)*	Unemployment rate**
Massachusetts	67.21	5.14
Hampden County	60.70	6.03
Worcester County	66.56	5.34
Brimfield	62.21	2.72
Brookfield	66.63	6.67
Charlton	65.10	3.00
Dudley	63.70	5.50
East Brookfield	64.60	6.20
Holland	65.00	5.80
North Brookfield	68.40	4.00
Oxford	67.40	4.80
Palmer	59.70	3.60
Southbridge	62.90	7.50
Spencer	62.00	5.80
Sturbridge	68.60	4.57
Wales	70.08	5.35
Warren	73.20	10.47
Webster	64.40	6.62
West Brookfield	53.95	7.27

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

*Labor force participation rate is the percentage of the population aged 16 years and over that is either employed or actively looking for work (unemployed). This includes both employed and unemployed individuals but excludes people not in the labor force (students, retirees, stay-at-home parents, those not seeking work).

**Unemployment rate is the percentage of the civilian labor force that is unemployed but is available to work

Median household income also varied widely across the CBSA. While the state median was \$101,341, nearly all towns in the region had lower median incomes. Communities like Southbridge (\$59,397), Warren (\$66,587), and Webster (\$68,934) fell significantly below the statewide average. In many areas, over half of households earned less than \$75,000 annually—including Dudley (58.6%), Webster (53.5%), Southbridge (58.8%) and Brookfield (51.5%). These figures reflect economic vulnerability in a large portion of the population. Additionally, several towns reported elevated levels of public assistance, including Charlton (5.9%), Palmer (5.7%), and Southbridge (9.1%).

Community Health Survey respondents echoed these concerns. Respondents pointed to job loss, low wages, limited full-time opportunities, and unaffordable housing as major stressors. Open-ended responses described working families who still struggled to meet basic needs, and older adults on fixed incomes who had difficulty affording essentials such as food, medication, and home heating.

These findings highlight the deep interconnections between economic stability and health. When residents lack adequate income or employment, it limits their ability to access care, afford healthy food, maintain housing, or address chronic stress—all of which have direct implications for individual and community well-being.

TABLE 10: HOUSEHOLD INCOME AND PUBLIC ASSISTANCE

Geography	Median household income (\$)	Households with income less than \$75,000 (%)	Households with public assistance income (%)
Massachusetts	\$ 101,341	38.4%	3.5%
Hampden County	\$ 70,535	52.8%	4.9%
Worcester County	\$ 93,561	41.0%	3.6%
Brimfield	\$ 101,477	38.0%	2.2%
Brookfield	\$ 71,875	51.5%	3.2%
Charlton	\$ 119,809	47.3%	5.9%
Dudley	\$ 85,179	58.6%	1.6%
East Brookfield	\$ 76,382	46.2%	3.4%
Holland	\$ 86,806	27.2%	2.5%
North Brookfield	\$ 81,010	45.5%	0.0%
Oxford	\$ 104,000	48.8%	2.5%
Palmer	\$ 78,789	38.6%	5.7%
Southbridge	\$ 59,397	58.8%	9.1%
Spencer	\$ 79,086	37.9%	2.4%
Sturbridge	\$ 129,606	30.0%	4.2%
Wales	\$ 93,971	32.5%	3.5%
Warren	\$ 66,587	54.9%	4.8%
Webster	\$ 68,934	53.5%	3.3%
West Brookfield	\$ 78,988	49.2%	1.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey (ACS) 5-Year Estimates

TABLE 11: POVERTY

Geography	All people below poverty level	Under 18 below poverty level	Over 65 below poverty level
Massachusetts	10.0%	11.8%	10.2%
Hampden County	15.7%	21.9%	13.7%
Worcester County	10.3%	12.3%	9.5%
Brimfield	5.9%	1.4%	8.5%
Brookfield	7.1%	3.8%	1.8%
Charlton	3.3%	1.6%	4.0%
Dudley	7.5%	8.3%	10.1%
East Brookfield	4.3%	3.5%	8.0%
Holland	5.0%	1.0%	12.5%
North Brookfield	11.6%	30.3%	8.7%
Oxford	5.1%	5.1%	10.4%
Palmer	8.6%	9.9%	12.1%
Southbridge	16.2%	19.7%	16.3%
Spencer	7.7%	2.3%	11.7%
Sturbridge	3.0%	1.1%	4.1%
Wales	4.8%	2.5%	6.4%
Warren	9.1%	5.6%	8.8%
Webster	15.4%	22.8%	12.9%
West Brookfield	8.9%	6.9%	7.1%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Food Insecurity

Food insecurity remains one of the nation's most pressing public health challenges. National research has consistently shown that food-insecure children are at least twice as likely to be in poor or fair health and are more likely to experience chronic conditions such as asthma than their food-secure peers (Gundersen & Ziliak, 2015). Among older adults, food insecurity is linked to increased rates of depression, diabetes, asthma, and congestive heart failure. Food insecurity is closely associated with poverty but is also more prevalent among single-parent households, people with disabilities, immigrants, and Black and Hispanic/Latinx populations (Feeding America, 2022).

Findings from key informant interviews and the Community Health Survey indicate that food insecurity is a significant concern across the Community Benefits Service Area (CBSA). Interviewees cited limited access to fresh produce and affordable healthy food, particularly in rural and underserved areas. These issues disproportionately affect low-income individuals and families, homebound older adults, and people with disabilities. Several respondents described a lack of grocery stores within walking distance, and transportation barriers. For many, reliance on food pantries and SNAP benefits was essential but not always sufficient to meet household needs.

“Food insecurity is always an issue. We have a number of food pantries and community fridges, but everything is donation-based.” - Interviewee

According to 2022 estimates from the CDC's PLACES data, food insecurity among adults in the CBSA varies considerably. Southbridge has the highest rate of food insecurity at 21.6%, nearly double the statewide average of 12.4%. Other communities with elevated rates include Palmer (13.3%), Webster (13.1%), and Warren (12.5%). The percentage of households receiving SNAP benefits also varied, with Dudley (15.6%), Oxford (17%), Palmer (20.6%), Southbridge (34.8%), Warren (20.2%), and Webster (18.2%) exceeding the Commonwealth average (13.8%).

Geographic access to healthy food is another key factor. In several towns—including Brimfield, Brookfield, Holland, Warren, and West Brookfield—100% of residents live more than one mile from the nearest supermarket or large grocery store with healthy food options. This lack of proximity can severely limit access for residents without reliable transportation, further compounding existing disparities.

TABLE 12: FOOD INSECURITY

Geography	Food insecurity among adults	People at least 1 mile from access to healthy food	Households receiving SNAP benefits
Massachusetts	12.4%	35.9%	13.8%
Hampden County	10.3%	51.1%	24.1%
Worcester County	16.3%	31.2%	15.3%
Brimfield	11.1%	100%	8.6%
Brookfield	11.4%	100%	8.4%
Charlton	8.2%	98.9%	8.3%
Dudley	11.1%	58.9%	15.6%
East Brookfield	8.8%	86.5%	7.5%
Holland	10.1%	100%	7.6%
North Brookfield	9.1%	40.2%	10.3%
Oxford	9.7%	72.8%	17.0%
Palmer	13.3%	69.2%	20.6%
Southbridge	21.6%	37.6%	34.8%
Spencer	9.9%	46.0%	9.6%
Sturbridge	6.9%	48.8%	10.6%
Wales	10.1%	100%	13.6%
Warren	12.5%	100%	20.2%
Webster	13.1%	62.2%	18.3%
West Brookfield	9.1%	100%	11.1%

Sources:

- Food insecurity rate: Centers for Disease Control and Prevention, Population Level Analysis and Community Estimates (PLACES) (2022). Estimates annual prevalence rate of adults over 18 reporting being food insecure in the past 12 months
- At least one mile from healthy food: US Department of Agriculture, Food Access Research Atlas (2019). Indicates people living more than 1 mile from the nearest supermarket or larger grocery store with healthy food
- Households receiving SNAP: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Transportation

Transportation access and the broader built environment have a direct impact on health, affecting people's ability to work, attend school, access medical care and social services, purchase healthy food, and engage in physical activity. Safe, well-connected transportation systems—whether through public transit, walkable neighborhoods, or bike-friendly infrastructure—are essential to community well-being. These systems must also be accessible to individuals with disabilities and adaptable to older adults and those with chronic conditions.

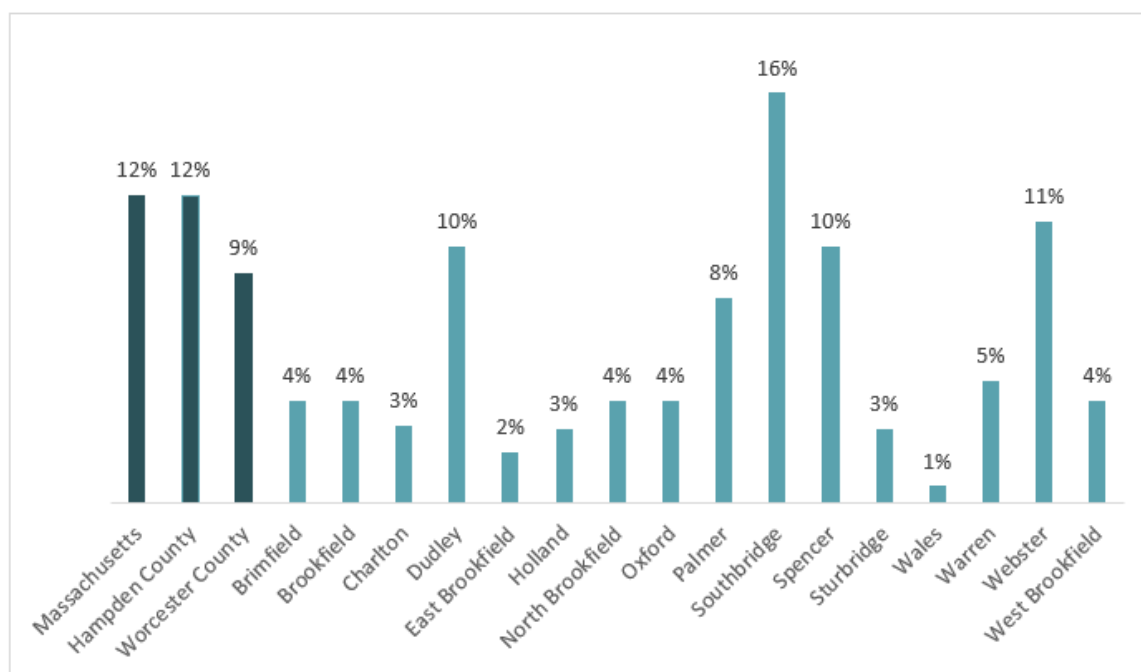
Transportation emerged as a significant concern across nearly all key informant interviews and community survey responses. Participants emphasized the limited public transit options in the region, the infrequency and geographic gaps in existing routes, and restrictive eligibility criteria for programs such as the MassHealth PT-1 non-emergency transportation benefit.

“Transportation is a huge issue; it’s a nightmare. We have some buses, but there aren’t a lot of stops. Some people would rather have a car and live in it than give up their car and live in a shelter.” - Interviewee

According to the U.S. Census Bureau's 2019–2023 American Community Survey, 12% of households in both Massachusetts and Hampden County do not have access to a vehicle. Several communities in the Harrington’s CBSA exceed or nearly match these rates, including Dudley (10%), Southbridge (16%), Spencer (10%), and Webster (11%). These figures suggest a substantial number of residents may face barriers to attending appointments, accessing employment opportunities, or meeting other basic needs.

Taken together, these findings illustrate a strong need for expanded and inclusive transportation infrastructure throughout the CBSA, including investment in accessible transit services and improved eligibility and flexibility in transportation programs.

FIGURE 4: HOUSEHOLDS WITH NO VEHICLE



Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Housing and Homelessness

Safe, stable, and affordable housing is a foundational social determinant of health. Inadequate housing conditions—including overcrowding, substandard infrastructure, and unaffordable rents—are associated with increased rates of asthma, lead poisoning, infectious diseases, stress, and poor mental health outcomes.¹⁶ People experiencing homelessness have significantly higher mortality rates and are more likely to delay or forgo necessary medical care.¹⁷ Housing instability also impacts child

¹⁶ Centers for Disease Control and Prevention. (2023). *Healthy Places – Housing*. Retrieved from <https://www.cdc.gov/healthyplaces/healthtopics/healthyhousing.htm>

¹⁷ National Health Care for the Homeless Council. (2019). *Homelessness & Health: What’s the Connection?* Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

development, with children in unstable living situations experiencing lower school performance and a higher risk of behavioral challenges.

Interviewees and Community Health Survey respondents identified housing as a critical concern in the Community Benefits Service Area CBSA. Participants cited a lack of affordable rental units, long wait lists for subsidized housing, and increasing rates of overcrowding. While traditional homelessness may not appear as widespread in the region, respondents described a number of residents living in informal or unstable arrangements, including doubling up with relatives or friends. Further, there are limited options for emergency shelter in the region; the options that do exist often have long wait lists.

According to the 2019–2023 American Community Survey, 23% of homeowners and 41% of renters in Massachusetts spend more than 35% of their income on housing. Within the CBSA, several communities report even higher rates. For example, 32% of homeowners in Brookfield and 28% in West Brookfield are housing cost burdened. Among renters, excessive cost burdens are highest in Brimfield (55%), Oxford (51%), and Southbridge (49%).

TABLE 13: OWNERS AND RENTERS WITH EXCESSIVE HOUSING COSTS

Geography	Among owners	Among renters
Massachusetts	22.7%	41.3%
Hampden County	23.2%	42.8%
Worcester County	19.9%	40.0%
Brimfield	24.5%	54.8%
Brookfield	32.3%	12.3%
Charlton	13.0%	33.4%
Dudley	24.3%	39.8%
East Brookfield	14.5%	17.8%
Holland	26.4%	0.0%
North Brookfield	21.6%	36.2%
Oxford	14.9%	50.7%
Palmer	24.9%	39.9%
Southbridge	26.7%	49.2%
Spencer	12.4%	34.3%
Sturbridge	16.5%	28.9%
Wales	17.5%	22.6%
Warren	14.3%	19.5%
Webster	21.9%	41.4%
West Brookfield	28.0%	26.7%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019–2023). Excessive housing costs represents housing units with associated costs that exceed 35% of income

Health Insurance and Navigation

Health insurance plays a critical role in determining whether individuals can access timely, high-quality health care. Insurance status directly influences the ability to obtain preventive services, manage chronic conditions, and afford necessary treatments.

Massachusetts has one of the highest rates of health insurance coverage in the country. According to the 2019–2023 American Community Survey, only 2.6% of Massachusetts residents are uninsured. However, several communities in Harrington’s CBSA exceed this statewide average. Spencer has

the highest uninsured rate at 4.3%, followed by Wales (3.1%) and Southbridge (2.9%), and Hampden County overall (3.1%). Notably, while the uninsured rate among youth under 18 is very low across most communities, Spencer (3.4%) and Wales (3.2%) report higher rates in this age group.

Survey respondents and interviewees consistently raised concerns about navigating the health care system. Many residents struggle to understand their insurance options or determine how to enroll in coverage. Even those with insurance may face confusion regarding what services are covered or how to access specialty care. These challenges are particularly acute for older adults, individuals with lower health literacy, limited English proficiency, or disabilities.

Public insurance plays a vital role in coverage for many residents in the region. In communities such as Southbridge (57%), Webster (51%), and West Brookfield (56%), more than half the population relies on public insurance programs. Meanwhile, private insurance rates are highest in Brimfield (83%), Charlton (82%), and Sturbridge (83%). Although coverage rates are generally high, disparities persist, and efforts to expand enrollment and improve navigation support remain essential.

TABLE 14: HEALTH INSURANCE

Geography	With public insurance	With private insurance	People uninsured	People under 19 uninsured	People 19 to 64 uninsured
Massachusetts	37%	73.8%	2.6%	1.5%	3.1%
Hampden County	49%	62.2%	3.1%	2.5%	3.8%
Worcester County	38%	72.4%	2.6%	1.5%	3.2%
Brimfield	29%	83.1%	1.6%	0.0%	1.9%
Brookfield	39%	76.2%	1.3%	0.0%	2.4%
Charlton	31%	81.7%	1.4%	0.0%	2.9%
Dudley	38%	76.8%	1.7%	0.6%	1.8%
East Brookfield	42%	79.8%	1.0%	1.8%	1.1%
Holland	45%	75.6%	2.5%	0.0%	3.1%
North Brookfield	41%	69.7%	2.7%	0.0%	3.5%
Oxford	34%	78.7%	1.3%	0.8%	1.5%
Palmer	44%	70.1%	1.6%	0.7%	1.8%
Southbridge	57%	52.5%	2.9%	0.5%	4.5%
Spencer	40%	79.0%	4.3%	3.4%	4.4%
Sturbridge	31%	83.4%	1.3%	0.7%	1.8%
Wales	36%	78.8%	3.1%	3.2%	2.8%
Warren	36%	73.0%	2.0%	0.0%	0.9%
Webster	51%	60.9%	2.3%	0.2%	3.3%
West Brookfield	56%	69.4%	2.0%	1.8%	2.7%

Source: US Census Bureau American Community Survey 5-Year Estimates (2019-2023)

Health Risks, Behaviors, and Outcomes

Health Risk Factors

As discussed in the section on food insecurity, access to nutritious and culturally appropriate food has a significant influence on health outcomes. In addition to geographic proximity to grocery stores, research shows that factors such as price, food quality, marketing of unhealthy food, and basic nutrition literacy all shape dietary behaviors (Centers for Disease Control and Prevention [CDC], 2023). Individuals with limited understanding of nutrition may struggle to choose nutrient-dense foods, maintain appropriate calorie balance, and meet basic dietary guidelines.

Poor nutrition and lack of physical activity are among the most significant risk factors associated with obesity and chronic health conditions, including diabetes, hypertension, and heart disease. These behaviors are essential for preventing disease and are particularly important for the healthy growth and development of children and adolescents. Physical activity is also linked to improved emotional health and lower risk of depression and anxiety (U.S. Department of Health and Human Services, 2018).

Across Harrington's CBSA, adult obesity rates exceeded the statewide average of 28.3% in all communities. Dudley (37.3%), Hampden County (35.4%), and Warren (34.8%) had the highest obesity prevalence. Similarly, the percentage of adults reporting no leisure-time physical activity was above the Massachusetts average of 21.1% in most communities, with the highest rates observed in Hampden County overall (31.9%), Dudley (32.0%), and Charlton (26.1%).

TABLE 15: OBESITY AND PHYSICAL ACTIVITY AMONG ADULTS

Geography	Obesity among adults	Adults with no leisure time physical activity
Massachusetts	28.3%	21.1%
Hampden County	35.4%	31.9%
Worcester County	32.8%	23.4%
Brimfield	30.8%	19.9%
Brookfield	33.1%	23.7%
Charlton	33.4%	26.1%
Dudley	37.3%	32.0%
East Brookfield	33.0%	23.5%
Holland	31.7%	22.3%
North Brookfield	32.9%	22.8%
Oxford	32.6%	22.6%
Palmer	32.7%	23.3%
Southbridge	33.2%	23.8%
Spencer	32.3%	20.9%
Sturbridge	30.9%	19.3%
Wales	32.7%	23.3%
Warren	34.8%	25.4%
Webster	34.3%	25.2%
West Brookfield	31.9%	24.1%

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022

In addition to these behavioral risk factors, poor physical health and access to preventive care are key indicators of population health. Table 15 shows that the percentage of adults reporting poor physical health in the past month ranged from 10.9% in Warren to 16.5% in Holland. Many communities

exceeded the Massachusetts average of 11.6%, including Brookfield (13.3%), East Brookfield (13.9%), and West Brookfield (13.7%).

While most adults in the service area reported having a checkup within the past year, with rates as high as 83.0% in West Brookfield, interviewees described challenges in accessing routine care. Many noted a lack of primary care providers in the region, forcing residents to travel out of town to receive basic medical services. High turnover among providers, particularly due to retirements and workforce attrition, was also raised as a concern.

In the Community Health Survey, respondents reported that the most common barriers to care included:

- Lack of insurance (67%, n=234)
- No appointments available/too long of a wait to get an appointment (66%, n=231)
- Inability to afford co-pays (58%, n=205)
- Transportation barriers (44%, n=154)

“There is so much turnover. PCPs (primary care physicians) are leaving or already gone. Finding providers who take on new patients is really difficult. If you get referred to see a specialist, you’re going to be facing long wait times.” - Interviewee

TABLE 16: GENERAL HEALTH STATUS AMONG ADULTS

Geography	Poor physical health among adults	Adults with a checkup within the past year
Massachusetts	11.6%	79.5%
Hampden County	15.2%	78.5%
Worcester County	12.8%	80.9%
Brimfield	11.1%	81.8%
Brookfield	13.3%	82.0%
Charlton	11.1%	79.1%
Dudley	13.3%	79.2%
East Brookfield	13.9%	80.9%
Holland	16.5%	80.4%
North Brookfield	12.7%	79.9%
Oxford	12.4%	80.9%
Palmer	12.4%	79.9%
Southbridge	12.3%	80.8%
Spencer	12.6%	80.9%
Sturbridge	13.1%	81.9%
Wales	11.8%	79.9%
Warren	10.9%	80.9%
Webster	12.6%	81.4%
West Brookfield	13.7%	83.0%

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022

Mental/Behavioral Health

Mental health—including depression, anxiety, stress, trauma, and other conditions—emerged as the leading health concern among residents in Harrington’s CBSA. In both interviews and survey responses, participants emphasized the widespread prevalence of mental health challenges across all age groups, and across populations, including low-income residents, people of color, non-English speakers, and those with histories of trauma or adverse childhood experiences.

Interviewees described high levels of stress and anxiety related to financial instability, housing insecurity, and social isolation. Several pointed to the emotional toll of persistent marginalization and systemic barriers that many residents face, particularly among groups historically underserved by the health and social service systems. Mental health issues were identified as a top concern in the CHNA Community Health Survey, with “mental illness or depression” cited as the leading health issue affecting the community (74%, n=270). In response to the question, “What is most needed to improve the health of your family and neighbors?”, the second most common answer was “better access to mental health services” (54%, n=180).

Quantitative data reinforce these concerns. Across Harrington’s CBSA, rates of poor mental health and diagnosed depression are generally higher than the statewide averages (16.2% and 23.5%, respectively). Dudley (19.9%), Hampden County (19.7%), and Charlton (18.8%) had among the highest percentages of adults reporting poor mental health. Diagnosed depression was particularly prevalent in Charlton (29.3%), Palmer (28.4%), and Hampden County (27.8%).

TABLE 17: MENTAL HEALTH AMONG ADULTS

Geography	Poor mental health among adults	Adults with diagnosed depression
Massachusetts	16.2%	23.5%
Hampden County	19.7%	27.8%
Worcester County	16.9%	24.2%
Brimfield	14.8%	26.4%
Brookfield	16.2%	24.4%
Charlton	18.8%	29.3%
Dudley	19.9%	25.7%
East Brookfield	16.6%	24.3%
Holland	16.4%	24.6%
North Brookfield	17.8%	25.1%
Oxford	16.5%	24.3%
Palmer	17.5%	28.4%
Southbridge	17.0%	25.1%
Spencer	16.2%	24.5%
Sturbridge	14.8%	23.5%
Wales	17.5%	28.4%
Warren	17.6%	25.3%
Webster	17.2%	24.5%
West Brookfield	15.7%	23.8%

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022

Participants also emphasized that even when individuals seek care, access to services is limited. Interviewees described long wait times and a shortage of providers across the spectrum of behavioral health services. This includes a lack of psychiatrists, counselors, and social workers—especially those

who work with children and older adults, speak languages other than English, or specialize in trauma-informed approaches. The need for more integrated, accessible, and culturally responsive behavioral health services was a consistent theme across communities.

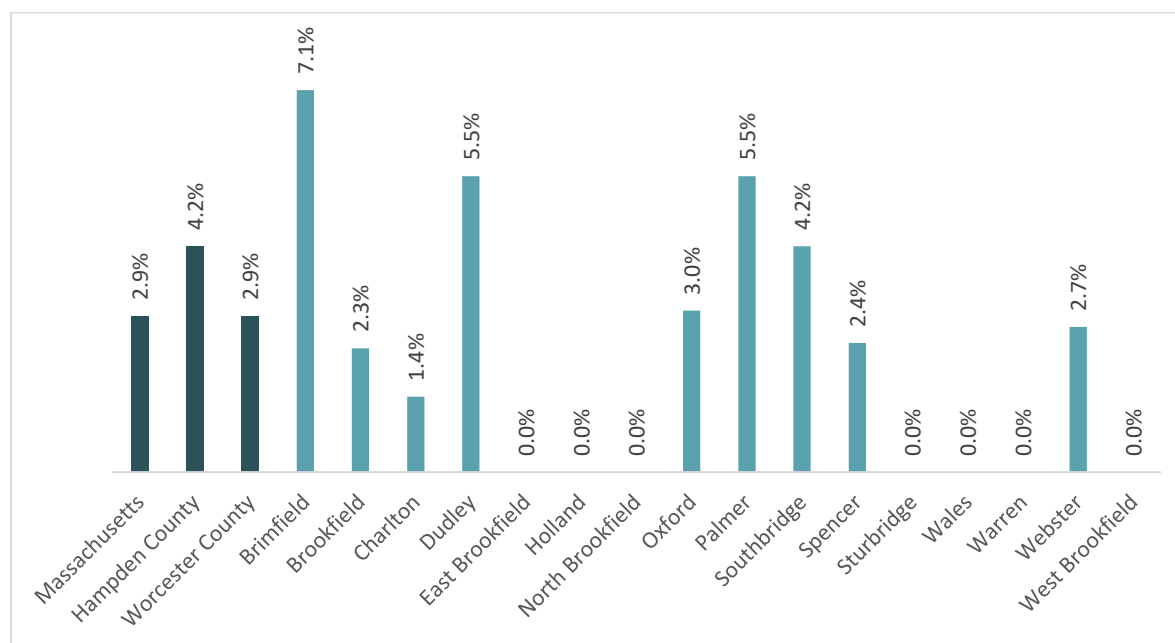
“Mental health is a crisis. Getting kids access to counseling is nearly impossible because wait lists are so crazy. The acuity of cases that we’re seeing for youth and young adults has skyrocketed.” - Interviewee

Substance Use

Substance use remains a significant concern across Harrington’s CBSA. Community interviewees consistently emphasized the close link between mental health and substance use, highlighting the need for integrated services that treat both conditions simultaneously. This comorbidity was viewed as particularly harmful for individuals without stable housing, reliable transportation, or access to consistent care.

As illustrated in Figure 5, the impact of the opioid crisis persists in several CBSA communities. Between June 2023 and June 2024, opioid-related deaths represented a substantial percentage of all deaths in Brookfield (7.1%), East Brookfield and Southbridge (both 5.5%), and Palmer (4.2%), exceeding the statewide average of 2.9%. Communities with lower or zero reported opioid-related death rates may still face significant challenges, including non-fatal overdoses, polysubstance use, or barriers to detection and reporting.

FIGURE 5: PERCENT OF ANY DEATHS THAT WERE OPIOID-RELATED OVERDOSES



Source: Massachusetts Bureau of Substance Addiction Services, June 2023-June 2024

Tobacco and alcohol use are also widespread. According to CDC PLACES 2022 estimates, regular smoking rates among adults were notably high in Dudley (18.8%), Charlton (15.9%), and Warren (16.8%), with Hampden County reporting one of the highest adult smoking rates in Massachusetts (16.8%). Adult

binge drinking rates were highest in North Brookfield (19.4%), Palmer (19.2%), and Wales (19.2%)—all higher than the statewide average of 18.4%.

TABLE 18: TOBACCO AND ALCOHOL USE AMONG ADULTS

Geography	Regular smoking among adults	Binge drinking among adults
Massachusetts	11.6%	18.4%
Hampden County	16.8%	17.6%
Worcester County	13.7%	18.1%
Brimfield	10.2%	18.4%
Brookfield	14.4%	17.0%
Charlton	15.9%	19.1%
Dudley	18.8%	16.6%
East Brookfield	14.8%	18.3%
Holland	14.6%	18.7%
North Brookfield	14.3%	19.4%
Oxford	14.8%	18.5%
Palmer	14.2%	19.2%
Southbridge	14.8%	18.3%
Spencer	13.3%	18.9%
Sturbridge	11.4%	18.4%
Wales	14.2%	19.2%
Warren	16.8%	17.7%
Webster	14.7%	17.2%
West Brookfield	13.7%	15.9%

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022

Changing attitudes toward marijuana use were raised by multiple interviewees, particularly concerns about earlier onset and increased normalization of cannabis use among youth and young adults.

*“We are seeing so many more substance use cases than we used to see.
Marijuana use is starting earlier than ever before.” – Interviewee*

The Community Health Survey corroborated these findings, with 54% (n=194) citing “opioids, substance use, and addiction” as a major health concern in the community, the third highest response.

Interviewees also identified a need for more accessible services—particularly those that are trauma-informed, culturally responsive, and available locally.

Chronic and Complex Conditions

Cardiovascular Disease and Stroke

Cardiovascular and cerebrovascular conditions—such as high blood pressure, coronary heart disease, and stroke—are leading causes of death and disability in the United States. These conditions are influenced by multiple health and behavioral risk factors, including obesity, physical inactivity, tobacco use, and excessive alcohol consumption. They are also shaped by social and economic factors, including access to preventive and specialty care.

Data from the Centers for Disease Control and Prevention (CDC) show that high blood pressure is more prevalent among non-Hispanic Black adults (54%) than among white (46%), non-Hispanic Asian (39%), or

Hispanic adults (36%). Nationally, age-adjusted death rates for heart disease are highest among non-Hispanic Black adults (208.0 per 100,000), compared to white (168.9), Hispanic (114.1), and Asian/Pacific Islander (85.5) adults.¹⁸

In Harrington's CBSA, high blood pressure was more common than the Massachusetts average (27.4%) in nearly all communities, including Hampden County (33.7%), Dudley (30.5%), Charlton (32.1%), and West Brookfield (31.7%). Coronary heart disease was also more prevalent in several municipalities. Rates exceeded the state average of 6.5% in West Brookfield (8.7%), Hampden County (8.1%), and Charlton (7.9%). These findings suggest a notable burden of cardiovascular disease in the region.

The prevalence of adults who have ever experienced a stroke also exceeded county and state averages (Massachusetts: 3.1%) in West Brookfield (3.9%), Dudley (3.9%), and Hampden County (4.0%). Stroke can result in significant long-term disability, particularly in older populations or among those without access to rehabilitation and support services.

TABLE 19: CARDIOVASCULAR AND CEREBROVASCULAR HEALTH

Geography	High blood pressure among adults	Coronary heart disease among adults	Stroke among adults
Massachusetts	27.4%	6.5%	3.1%
Hampden County	33.7%	8.1%	4.0%
Worcester County	29.0%	6.9%	3.3%
Brimfield	32.1%	7.5%	3.1%
Brookfield	30.2%	7.8%	3.6%
Charlton	32.1%	7.9%	3.6%
Dudley	30.5%	7.8%	3.9%
East Brookfield	29.2%	7.2%	3.3%
Holland	26.4%	6.9%	3.2%
North Brookfield	25.4%	6.5%	3.1%
Oxford	27.5%	6.9%	3.1%
Palmer	30.4%	7.7%	3.3%
Southbridge	28.0%	7.3%	3.4%
Spencer	27.6%	6.6%	3.0%
Sturbridge	27.9%	6.5%	2.9%
Wales	30.4%	7.7%	3.3%
Warren	28.4%	7.5%	3.5%
Webster	29.6%	7.6%	3.6%
West Brookfield	31.7%	8.7%	3.9%

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022.

Represents prevalence of adults who report ever having been told by a doctor, nurse, or other health professional that they have or have had these conditions

Findings from the Community Health Survey and interviews reinforce these concerns. Respondents cited a lack of local specialty providers, particularly in cardiology, and emphasized that many residents must travel outside the region to access care. Interviewees noted that older adults, individuals without reliable transportation, and those navigating complex health conditions are particularly affected. Long wait times for appointments and difficulty securing timely referrals were also cited as challenges.

¹⁸ Centers for Disease Control and Prevention, National Center for Health Statistics. Heart Disease Facts. Updated 2023. Available at: <https://www.cdc.gov/heartdisease/facts.htm>

Together, these findings point to a need for more robust prevention and treatment services, particularly related to cardiovascular disease. Opportunities for expanded access to screenings, care coordination, lifestyle coaching, and specialist services, along with improved transportation and provider recruitment, may help reduce risk and improve outcomes in the region.

Cancer

Cancer remains a leading cause of death in Massachusetts and across the United States. While national incidence and mortality rates have declined over the past two decades due to improvements in early detection, screening, and treatment, not all groups have benefited equally from these gains. Cancer risk is influenced by a combination of factors, including age, genetics, diet, alcohol and tobacco use, environmental exposures, and social determinants of health.

Persistent disparities in cancer outcomes exist across racial, ethnic, and sexual orientation groups. According to the National Cancer Institute and the American Cancer Society:

- Black or African American individuals have higher mortality rates than other racial and ethnic groups for most cancer types. Black or African American women are more likely to die from breast cancer despite having similar incidence rates as white women.
- Hispanic or Latinx and Black or African American women have higher cervical cancer incidence than women from other racial and ethnic backgrounds.
- American Indian and Alaska Native populations have high mortality rates related to kidney cancer and the highest incidence of liver and bile duct cancer.
- Lesbian, gay, and bisexual youth are more likely to use alcohol and tobacco, which puts them at increased risk for related cancer types.¹⁹

Crude cancer death rates suggest that Hampden County bears a higher burden compared to Worcester County and the Commonwealth overall. According to CDC WONDER data from 2019 to 2023:

- The breast cancer death rate in Hampden County is 12.8 per 100,000, compared to 11.1 in Massachusetts overall.
- Colorectal cancer death rates are 15.0 per 100,000 in Hampden County, compared to 13.4 in Massachusetts.
- The lung and bronchus cancer mortality rate is 46.7 per 100,000 in Hampden County, compared to 39.8 statewide.
- Hampden County also has a higher prostate cancer death rate (10.9 per 100,000) than the state average (9.5).

One interviewee suggested that screening rates may be lower in parts of Harrington's CBSA due to a lack of access to primary and preventive care. Barriers cited included cost, insurance coverage gaps, long wait times, and a shortage of local providers. Many emphasized the need for improved outreach and education around chronic disease prevention and early detection, especially among historically underserved groups.

¹⁹ National Cancer Institute. Cancer Disparities. <https://www.cancer.gov/about-cancer/understanding/disparities>

TABLE 20: CANCER DEATHS (CRUDE RATES PER 100,000)

Geography	Breast cancer	Colorectal cancer	Prostate cancer	Lung/bronchus cancer
Massachusetts	11.1	13.4	9.5	39.8
Hampden County	12.8	15	10.9	46.7
Worcester County	10.9	13.6	9.3	41.8

Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER), 2019-2023 Crude Rates

Diabetes and Asthma

Diabetes and asthma are often linked with other health and social challenges and can significantly impact daily functioning, quality of life, and long-term health outcomes.

Type 2 diabetes is among the most common chronic diseases in the United States. An estimated 40% of U.S. adults are expected to develop the condition during their lifetime, a figure that exceeds 50% among Hispanic men and women.²⁰ Risk factors for type 2 diabetes include being overweight, physical inactivity, family history, and older age.²¹ Diabetes increases the risk of cardiovascular complications such as high blood pressure, heart disease, and stroke, and may limit mobility and overall metabolic health.

According to the CDC PLACES 2022 estimates, the percentage of adults with diabetes in the Commonwealth is 9.6%. Rates are higher in Hampden County (12.7%) and Worcester County (10.7%). Several communities within Harrington's CBSA have particularly high diabetes prevalence, including Dudley (13.1%), Brookfield (11.1%), West Brookfield (11.6%), Warren (11.0%), and East Brookfield (10.5%).

Asthma, another chronic and often lifelong condition, can be triggered by environmental allergens, pollution, occupational exposures, and smoking. Asthma limits physical activity and is associated with missed days at work or school, higher health care costs, and decreased quality of life.

Statewide, 11.6% of adults report having asthma. The rate is higher in Hampden County (12.9%) and Worcester County (12.2%). In Harrington's CBSA, asthma rates are elevated in multiple communities.

²⁰ Centers for Disease Control and Prevention. *National Diabetes Statistics Report*, 2022. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

²¹ American Diabetes Association. *Diabetes Risk Factors*, 2023. <https://www.diabetes.org/diabetes-risk>

TABLE 21: ASTHMA AND DIABETES PREVALENCE AMONG ADULTS

Geography	Adults with asthma	Adults with diabetes
Massachusetts	11.6%	9.6%
Hampden County	12.9%	12.7%
Worcester County	12.2%	10.7%
Brimfield	11.8%	10.3%
Brookfield	12.2%	11.1%
Charlton	13.0%	11.2%
Dudley	13.1%	13.1%
East Brookfield	12.1%	10.5%
Holland	12.1%	10.0%
North Brookfield	12.3%	9.7%
Oxford	12.0%	10.2%
Palmer	12.4%	10.6%
Southbridge	12.4%	10.6%
Spencer	12.1%	9.8%
Sturbridge	11.7%	9.4%
Wales	12.4%	10.6%
Warren	12.4%	11.0%
Webster	12.4%	11.4%
West Brookfield	12.2%	11.6%

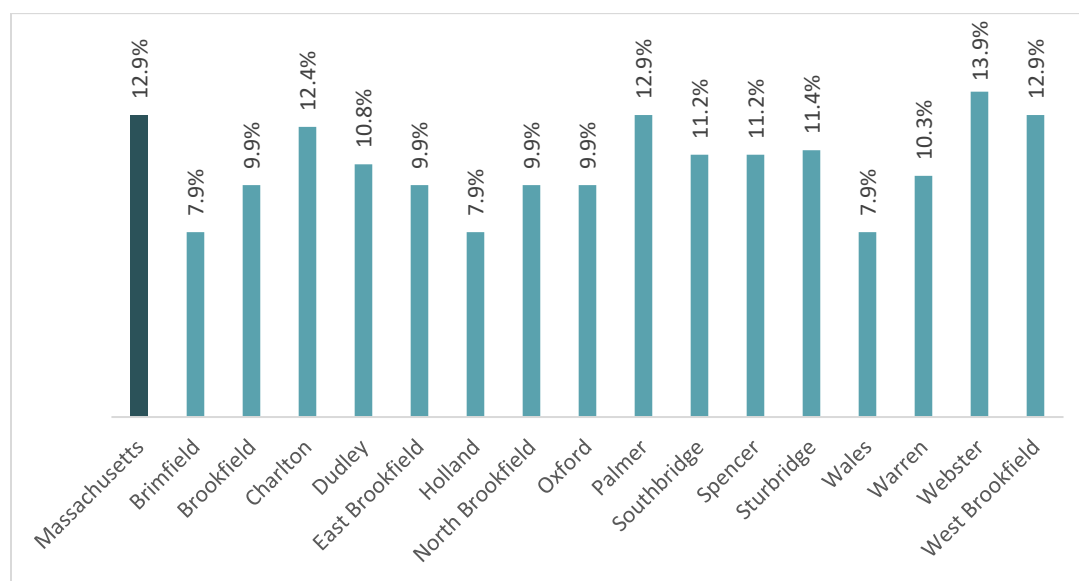
Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022

Neurological Conditions

Neurological conditions, including Alzheimer’s disease and related dementias, represent a growing public health concern, particularly as the population ages. These progressive disorders affect memory, thinking, and behavior, ultimately interfering with an individual’s ability to perform everyday activities. Alzheimer’s disease is the most common form of dementia and currently ranks as one of the leading causes of death among older adults in the United States. The impact of these conditions extends beyond the individuals affected, placing significant emotional, physical, and financial strain on families and caregivers. As life expectancy increases, the prevalence of Alzheimer’s and other dementias is expected to rise, making early detection, community education, caregiver support, and access to specialized services critical components of a comprehensive community health strategy.

According to the Massachusetts Healthy Aging Collaborative, approximately 13% of adults over 65 in Massachusetts have Alzheimer’s or a related dementia. Percentages across municipalities are similar or lower than the Commonwealth, with the exception of Webster, where the percentage is 14%.

FIGURE 6: ADULTS 65+ WITH ALZHEIMER'S OR RELATED DEMENTIAS (%)



Source: Massachusetts Healthy Aging Collaborative Community Profiles, 2025

Maternal and Infant Health

Maternal and child health is a foundational component of community well-being. Indicators such as the percentage of women receiving early prenatal care, teen birth rates, rates of low birth weight, and preterm births provide important insight into a region's health system performance and the conditions affecting families.

Early access to prenatal care is a critical factor in healthy pregnancy and birth outcomes. Timely care allows for early detection and management of risk factors, connection to support services, and education about pregnancy and infant care. In Massachusetts, 80.7% of women receive first-trimester prenatal care. Worcester County performs slightly better at 83.8%, while Hampden County lags behind at 77.6%.

Teen pregnancy is associated with increased health risks for both mother and child, including higher rates of preterm birth and low birth weight. The teen birth rate (ages 15 to 19) in Hampden County is more than twice the state rate, at 14.5 compared to 6.0 in Massachusetts. Worcester County also exceeds the state average at 7.3.

Low birth weight, defined as less than 2,500 grams (5.5 pounds), is associated with a higher risk of infant morbidity and mortality, as well as developmental delays. In Hampden County, 8.5% of babies are born at low birth weight, compared to 7.6% statewide. Preterm birth, or delivery before 37 weeks of gestation, is another leading indicator of infant health. The preterm birth rate in Hampden County is 10.1%, which exceeds both the state average (9.0%) and the Worcester County rate (9.6%). These disparities in maternal and infant health outcomes reflect broader issues around access to prenatal and primary care, as well as underlying social and economic conditions.

TABLE 22: MATERNAL AND INFANT HEALTH

Geography	Had first-trimester prenatal care	Teen birth rate per 1,000 (ages 15-19)	Low birth weight births (%)	Preterm births (%)
Massachusetts	80.7	6	7.6%	9.0%
Hampden County	77.6	14.5	8.5%	10.1%
Worcester County	83.8	7.3	7.8%	9.6%

Sources:

- First trimester prenatal care, preterm births, low birth weight: Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (WONDER), 2023
- Teen births: Centers for Disease Control and Prevention National Center for Health Statistics, 2020

Infectious Diseases and Sexual Health

While major progress has been made in reducing the burden of infectious diseases in the United States, they remain a significant cause of morbidity and mortality. Sexually transmitted infections (STIs), diseases transmitted through injection drug use, vector-borne illnesses, and respiratory infections such as tuberculosis, pneumonia, and influenza continue to impact communities across the country. Certain populations face greater risk, including older adults, people with chronic health conditions or compromised immune systems, individuals who inject drugs, and those who engage in unprotected sex.

TABLE 23: PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS (PER 100,000)

Geography	HIV prevalence	Gonorrhea prevalence	Chlamydia prevalence	Primary/secondary syphilis prevalence
Massachusetts	353	139.8	412.7	10.6
Hampden County	490	177.5	572.5	23.2
Worcester County	281	81.4	329.1	5.9

Source:

- HIV Prevalence: AIDS Vu, Emory University Rollins School of Public Health, 2022
- Gonorrhea, chlamydia, syphilis prevalence: Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2023

Sexually transmitted infections are particularly concerning in Hampden County. As shown in Table 23, Hampden County has notably higher STI rates than the Commonwealth and Worcester County. In 2022, the county had:

- An HIV prevalence rate of 490 per 100,000, compared to 353 statewide and 281 in Worcester County.
- A gonorrhea prevalence rate of 177.5 per 100,000, compared to 139.8 in Massachusetts overall.
- A chlamydia prevalence rate of 572.5 per 100,000, significantly higher than the Massachusetts average of 412.7.
- A primary/secondary syphilis prevalence rate of 23.2 per 100,000, more than double the state rate of 10.6.

Oral Health

Oral health is a critical component of overall well-being. Poor dental hygiene and unmet oral health needs can lead to pain, infections, and complications that extend beyond the mouth. Research has linked oral health to systemic conditions including cardiovascular disease, diabetes, respiratory infections, and Alzheimer's disease.²² For children, untreated dental issues can interfere with speech development, eating, and learning, affecting academic and social outcomes.²³

In Massachusetts, 69.8% of adults had a dental visit in the past year. This benchmark was exceeded in several of Harrington's CBSA communities, including Brimfield (76.4%), Sturbridge (75.6%), and Spencer (72.8%). However, communities such as Dudley (58.1%), Charlton (67.8%), and Hampden County overall (61.2%) fell well below the state average, indicating potential gaps in access or utilization of dental care.

Tooth loss among adults aged 65 and older is another meaningful indicator of oral health, reflecting long-term access to preventive and restorative care. In Massachusetts, 11.6% of older adults report having lost all of their natural teeth due to decay or gum disease. This rate was exceeded in multiple municipalities, including Dudley (21.8%), Warren (16.0%), and Webster (15.5%).

TABLE 24: ORAL HEALTH

Geography	Dental visit within the past year (%)	Teeth loss among adults over 65 (%)
Massachusetts	69.8	11.6
Hampden County	61.2	14.6
Worcester County	69.6	12.2
Brimfield	76.4	11.4
Brookfield	69.9	14.3
Charlton	67.8	14.0
Dudley	58.1	21.8
East Brookfield	70.3	12.5
Holland	71.6	7.4
North Brookfield	69.9	10.3
Oxford	71.3	8.3
Palmer	71.1	11.5
Southbridge	69.5	8.8
Spencer	72.8	11.5
Sturbridge	75.6	8.1
Wales	71.1	11.5
Warren	67.1	16.0
Webster	67.6	15.5
West Brookfield	71.1	11.7

Source: Centers for Disease Control and Prevention Population Level Analysis and Community Estimates (PLACES), 2022. Note that teeth loss represents the prevalence of adults over 65 who report having lost all of their natural teeth because of tooth decay or gum disease

²² U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General*. Rockville, MD: National Institute of Dental and Craniofacial Research.

²³ Centers for Disease Control and Prevention. (2023a). *Children's oral health*. <https://www.cdc.gov/oralhealth/basics/childrens-oral-health>

Community Health Priorities and Priority Populations

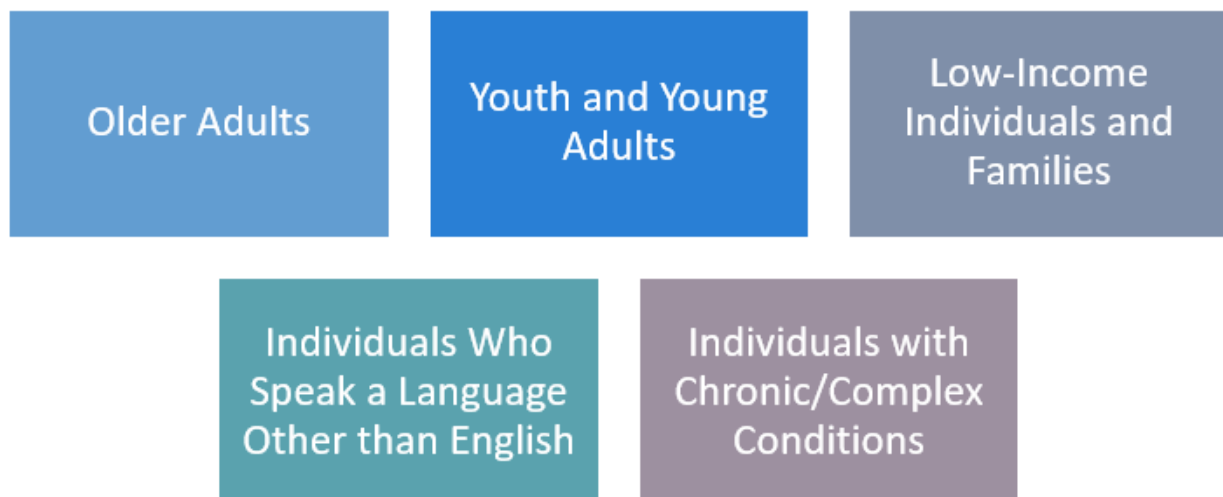
The following is a summary of the population segments and community health issues that were prioritized in the assessment, through an integrated analysis of quantitative and qualitative data findings.

Priority Populations

Harrington, working in collaboration with other health and social service stakeholders throughout the region, is committed to improving the health status and well-being of all residents in the service area. This report includes findings that are relevant to all residents; however, there are segments of the population that face significant barriers to care and experience adverse social determinants of health that can put them at an increased risk for morbidity and mortality. The assessment identified the following cohorts as priority populations:

- **Older adults**, who experience higher rates of chronic and complex conditions, are at greater risk for infectious diseases, face social isolation, and may have limited access to community-based supports (e.g., transportation, housing, and food resources).
- **Low-income individuals and families**, who may have difficulty affording basic needs (e.g., food, transportation, medications, housing, childcare), are at greater risk of poor mental health, substance use, and preventable health conditions, and often face challenges navigating the health care system and consistent primary care.
- **Youth and young adults**, who have persistent mental health concerns, may have difficulty accessing age-appropriate health care services, and require more targeted community support.
- **Individuals who speak a language other than English**, whose language barriers may prevent access to health and community services, may find it difficult to communicate with providers, are at an increased risk for social isolation, and often face delays in care due to limited interpreter services or fear of the health care system.
- **Individuals with chronic and complex conditions**, who may require ongoing, coordinated care and face higher risks of poor health outcomes

FIGURE 7: 2025 CHNA PRIORITY POPULATIONS



Community Health Priority Areas

The CHNA aims to identify the full range of community health issues affecting the region, across all its demographic and socioeconomic segments. The assessment is framed broadly to ensure that the breadth of unmet needs and community health issues are recognized. However, it is critical that the CHNA identify leading community health issues based on the full range of data collected throughout the CHNA process.

With this in mind, the leading community health issues were grouped into three priority areas:

- **Social determinants of health, including:** housing instability, economic insecurity, transportation barriers, and improved access to community-based services (e.g., food, utilities, and financial support).
- **Behavioral health (mental health and substance use), including:** depression, stress, anxiety, trauma, social isolation, serious mental illness, opioid use, alcohol use, and marijuana use, access to care, and a need for integrated mental health and substance use treatment.
- **Access to Care and Chronic Disease Prevention:** navigation challenges related to insurance, referrals, and care coordination, a shortage of primary care and behavioral health providers, and a need for targeted and culturally appropriate outreach to historically marginalized communities. Also includes improving access to chronic disease screening and education, and a focus on education around chronic disease risk factors (e.g., nutrition, physical activity, alcohol, and tobacco use).

FIGURE 8: 2025 CHNA COMMUNITY HEALTH PRIORITY AREAS



Appendices

Appendix A: Community Health Survey (Instrument and results)

Appendix B: Resource Inventory

Appendix C: Evaluation of FY23-FY25 Implementation Strategy

Appendix D: FY26-FY28 Implementation Strategy

Appendix A: Community Health Survey

The mission of UMass Memorial Health - Harrington is to deliver optimal healthcare to the residents and communities of South Central Massachusetts and Northeastern Connecticut. We are committed to providing personalized, compassionate care and advanced technology. Our vision is to continue a long tradition of caring and expand our comprehensive inpatient and outpatient services along with community outreach programs.

To better understand the health care needs of our service area, Harrington has engaged DataStar, Inc. to conduct a study that identifies and analyzes population health needs, resources and assets of the region. The information from this report will be used to help shape our action plan to improve healthcare for all ages over the next three years.

Before you begin, we want to assure you that your answers are private and anonymous. We will combine your answers with other answers and will not use names or other identifying information in the report we write or presentations we give.

Throughout this survey, you will note our questions ask for your opinion on health needs “in your community.” For the purpose of this survey, we ask that you consider “your community” to be one of the following towns: Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Fiskdale, Holland, Monson, North Brookfield, Oxford, N. Brookfield, N. Oxford, Palmer, Quinebaug, CT, Southbridge, Spencer, Sturbridge, Thompson, CT, Wales, Warren, Webster, West Brookfield or Woodstock, CT.

Thank you for taking the time to complete the full survey.

Community Health Needs Assessment Survey - 2025

1. **Email:**

2. **What zip code do you live in?**

3. **Do you have a regular medical practitioner (doctor, nurse, physician assistant) that you see for check-ups and medical problems?**

☐ Yes

☐ No

4. **When was the last time you saw a regular medical practitioner, either for a regular check-up or a specific health condition?**

☐ Within the last year

☐ Between 1 and 3 years ago

☐ More than 3 years ago

☐ *I've never seen a medical practitioner for a check-up or a specific condition.*

5. **Do you have a regular dental practitioner that you see for check-ups or dental problems?**

☐ Yes

☐ No

6. **When was the last time you saw a dental practitioner either for a regular check-up or a specific condition?**

☐ Within the last year

☐ Between 1 and 3 years ago

☐ 3 or more years ago

☐ *I've never seen a dental practitioner for a check-up or a specific condition.*

7. What kind of health insurance do you have?

- ☐ None
- ☐ Medicaid/Mass Health
- ☐ Medicare
- ☐ Private (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)
- ☐ Other (please specify)

8. Where do you and your family get most of your health information? (Check all that apply)

- ☐ Family or Friends
- ☐ Newspapers
- ☐ Social Media & the Internet
- ☐ Hospital
- ☐ Primary Care Physician/Specialist
- ☐ Television/Radio
- ☐ Religious Organization
- ☐ School
- ☐ Library
- ☐ Other (please specify)

9. How many times in the past 12 months have you visited an EMERGENCY ROOM (for yourself or a loved one)?

- ☐ I did not visit an ER In the last 12 months
- ☐ 1-2 times
- ☐ 3-4 times
- ☐ 5 times or more

10. How many times in the past 12 months have you visited an URGENT CARE CENTER (for yourself or a loved one)?

- ☐ I have not visited an Urgent Care Center in the past 12 months
- ☐ 1-2 times
- ☐ 3-4 times
- ☐ 5 times or more

In this section we will ask more specific questions regarding health concerns over several different demographics.

11. In general (thinking of all ages and demographics), which of the following would you identify as MAJOR HEALTH CONCERNS in your community? *(Check all that apply)*

- ☐ Mental illness or Depression
- ☐ Opioid/Substance Use/Addiction
- ☐ Obesity
- ☐ Diabetes
- ☐ Heart disease
- ☐ Cancer
- ☐ Teen Pregnancy
- ☐ Asthma/Respiratory Conditions
- ☐ Family/Domestic Violence
- ☐ Smoking
- ☐ Homelessness
- ☐ Unemployment
- ☐ Other (please specify)

12. **Which of the following would you identify as major health concerns for the SENIOR POPULATION (ages 65+)?** *(Check all that apply)*

- ☐ Obesity
- ☐ Diabetes
- ☐ Cancer
- ☐ Alzheimer's/Dementia
- ☐ Depression, Stress and Mental Illness
- ☐ Alcohol Abuse
- ☐ Opioid/Heroin Addiction
- ☐ Heart Disease/Stroke
- ☐ Smoking
- ☐ I am not familiar with the health problems for the senior population.

Other: (please specify)

13. Which of the following would you identify as being major health concerns for the YOUTH AND ADOLESCENT POPULATION (17 years and younger)? *(Check all that apply)*

☐ Depression, Stress and Mental Illness

☐ Addiction/Substance Abuse

☐ Obesity

☐ Teen pregnancy

☐ Smoking

☐ Asthma and Respiratory Conditions

☐ Autism, Asperger's, ADHD and other related conditions

☐ Bullying/Cyber Bullying

☐ Gang/Street Violence

☐ Family/Domestic Violence

☐ HIV and other sexually transmitted infections

☐ Diabetes

☐ *I am not familiar with the health issues for the youth and adolescent population.*

☐ Other (please specify)

Community Health Needs Assessment 2025

14. In your opinion, what is MOST needed to improve the health of your family and your neighbors? *(Check all that apply)*

- ☐ Better Access to Affordable Food
- ☐ Better Access to Healthier Food
- ☐ More Job Opportunities
- ☐ Better Access to Mental Health Services
- ☐ More or Better Recreational Facilities/Safe Places to Walk & Play
- ☐ Better Access to Smoking Cessation Programs
- ☐ Better Access to Primary Care Physicians
- ☐ Better Access to Drug Rehab Services
- ☐ Better Access to Alcohol Rehab Services
- ☐ Mammograms, cancer screenings and other preventive health services

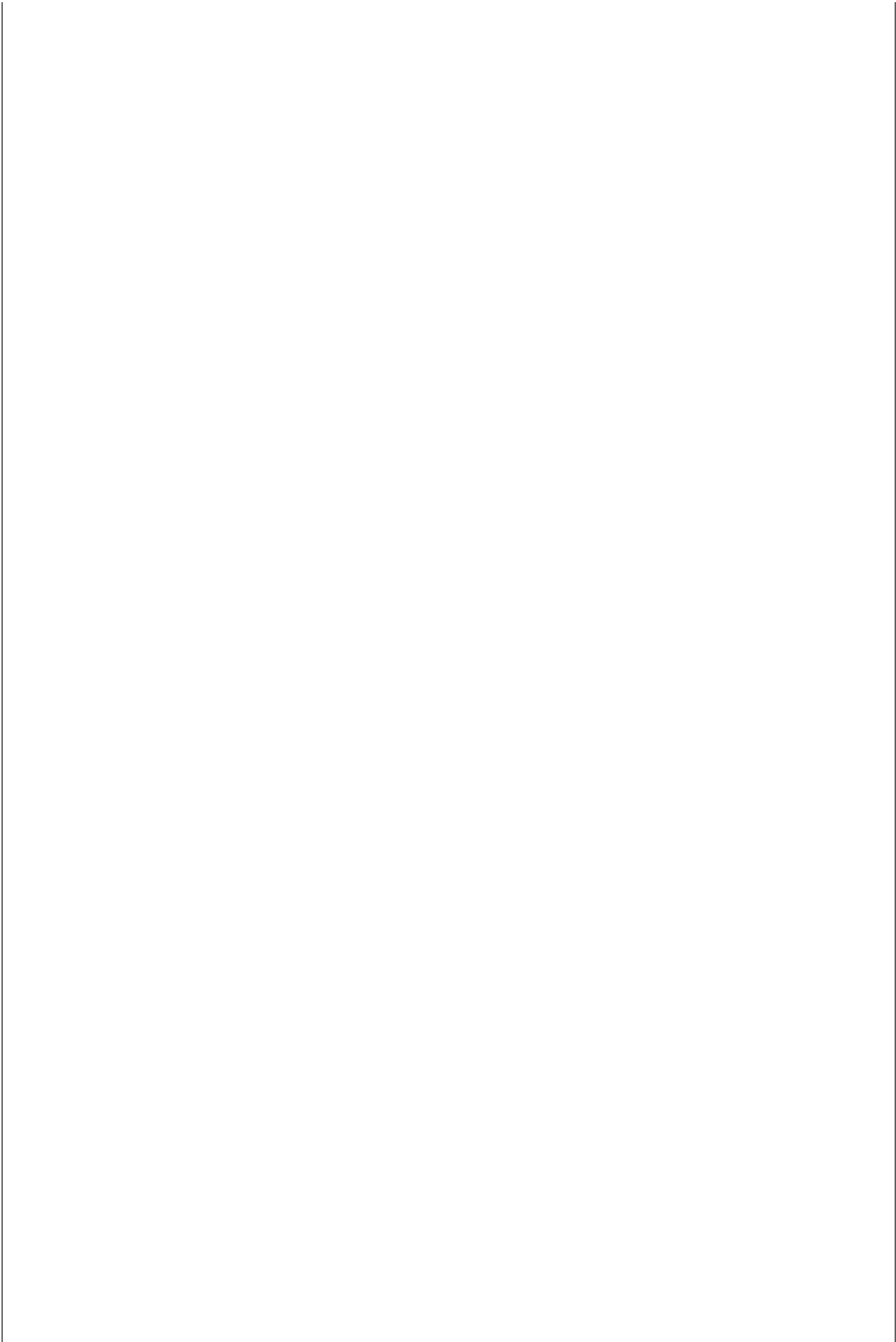
Additional comments:

*** 15. What do you think keeps people in your community from seeking medical treatment?** *(Check all that apply)*

- ☐ Lack of insurance
- ☐ Inability to pay co-pays
- ☐ Health services too far away
- ☐ Cultural/Religious beliefs
- ☐ Fear (not ready to face health problems)
- ☐ Transportation barriers
- ☐ Childcare problems
- ☐ No appointments available/Too long of a wait to get an appointment
- ☐ Language barriers
- ☐ Don't know how to find doctors

Other (please specify)

*** 16. Please share any other thoughts you have in relation to improving the health needs of the community in which you live.**



Demographic Information

17. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Gender Variant/Nonbinary
- ☐ *Prefer not to disclose*

18. Please categorize your age:

- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70+

19. What is your racial/ethnic identification? (Check all that apply)

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Native American/American Indian
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ *Prefer not to disclose*

20. What is the highest level of education you have completed?

- ☐ Some high school
- ☐ High school graduate/GED
- ☐ Technical school
- ☐ Some college
- ☐ College graduate
- ☐ Graduate or professional degree
- ☐ Doctorate

21. What category best describes your annual household income?

- ☐ Under 10,000
- ☐ 10,000-24,999
- ☐ 25,000-34,999
- ☐ 35,000-44,999
- ☐ 45,000-54,999
- ☐ 55,000-64,999
- ☐ 65,000-74,999
- ☐ 75,000 or more

Evaluación de las necesidades de salud de la comunidad de 2025

La misión de UMass Memorial Health - Harrington es brindar atención médica óptima a los residentes y comunidades del centro sur de Massachusetts y el noreste de Connecticut. Estamos comprometidos a brindar atención personalizada, compasiva y tecnología avanzada. Nuestra visión es continuar con una larga tradición de atención y expandir nuestros servicios integrales para pacientes hospitalizados y ambulatorios junto con programas de alcance comunitario.

Para comprender mejor las necesidades de atención médica de nuestra área de servicio, Harrington contrató a DataStar, Inc. para realizar un estudio que identifique y analice las necesidades, los recursos y los activos de salud de la población de la región. La información de este informe se utilizará para ayudar a dar forma a nuestro plan de acción para mejorar la atención médica para todas las edades durante los próximos tres años.

Antes de comenzar, queremos asegurarle que sus respuestas son privadas y anónimas. Sus respuestas serán combinadas con otras respuestas y no usaremos nombres o otra información de identificación en el informe que escribimos o presentaciones que demos.

A lo largo de esta encuesta, notará que nuestras preguntas solicitan su opinión sobre las necesidades de salud “en su comunidad”. Para los efectos de esta encuesta, le pedimos que considere "su comunidad" como una de las siguientes ciudades: Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Fiskdale, Holland, Monson, North Brookfield, Oxford, N. Brookfield, N. Oxford, Palmer, Quinebaug, CT, Southbridge, Spencer, Sturbridge, Thompson, CT, Wales, Warren, Webster, West Brookfield o Woodstock, CT.

Gracias por tomar el tiempo para completar la encuesta.

Evaluación de las necesidades de salud de la comunidad de 2025

1. **Email:**

2. ¿En qué código postal vives?

3. ¿Tiene un médico habitual (médico, enfermera, asistente médico) al que acude para chequeos y problemas médicos?

- ☐ Sí
- ☐ No

4. ¿Cuándo fue la última vez que visitó a un médico de cabecera, ya sea para un chequeo regular o para una condición de salud específica?

- ☐ En el último año
- ☐ Hace entre 1 y 3 años
- ☐ Hace más de 3 años
- ☐ Nunca he visto a un médico para un chequeo o una condición específica.

5. ¿Tiene un odontólogo habitual al que acude para revisiones o problemas dentales?

- ☐ Sí
- ☐ No

6. ¿Cuándo fue la última vez que visitó a un odontólogo, ya sea para un chequeo regular o para una condición específica?

- ☐ En el último año
- ☐ Hace entre 1 y 3 años
- ☐ Hace 3 años o más
- ☐ Nunca he visto a un odontólogo para un chequeo o una condición específica.

7. ¿Qué tipo de seguro médico tienes?

- ☐ Ninguno
- ☐ Medicaid/Mass Health
- ☐ Seguro médico del estado
- ☐ Privado (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)
- ☐ Otro (por favor especifique)

8. ¿De dónde obtiene usted y su familia la mayor parte de su información de salud? (Marque todo lo que corresponda)

- ☐ Familia o amigos
- ☐ Periódicos
- ☐ Redes Sociales e Internet
- ☐ Hospital
- ☐ Médico de Atención Primaria/Especialista
- ☐ Televisión/Radio
- ☐ Organización Religiosa
- ☐ Escuela
- ☐ Biblioteca
- ☐ Otro (por favor especifique)

9. ¿Cuántas veces en los últimos 12 meses ha visitado una SALA DE EMERGENCIA (para usted o un ser querido)?

- ☐ No visité una sala de emergencias en los últimos 12 meses
- ☐ 1-2 veces
- ☐ 3-4 veces
- ☐ 5 veces o más

10. ¿Cuántas veces en los últimos 12 meses ha visitado un CENTRO DE ATENCIÓN URGENTE (para usted o un ser querido)?

- ☐ No he visitado un Centro de Atención de Urgencias en los últimos 12 meses
- ☐ 1-2 veces
- ☐ 3-4 veces
- ☐ 5 veces o más

Evaluación de las necesidades de salud de la comunidad de 2025

En esta sección, haremos preguntas más específicas sobre problemas de salud en varios grupos demográficos .

11. En general (pensando en todas las edades y datos demográficos), ¿cuáles de las siguientes identificarías como PREOCUPACIONES DE SALUD PRINCIPALES en su comunidad? (Marque todo lo que corresponda)

- ☐ Enfermedad mental o depresión
- ☐ Opiáceos/uso de sustancias/adicción
- ☐ Obesidad
- ☐ Diabetes
- ☐ Enfermedad del corazón
- ☐ Cáncer
- ☐ Embarazo adolescente
- ☐ Asma/Condiciones Respiratorias
- ☐ Violencia familiar/doméstica
- ☐ Fumar
- ☐ Falta de vivienda
- ☐ Desempleo
- ☐ Otro (por favor especifique)

12. ¿Cuáles de los siguientes identificarías como problemas principales de salud para la POBLACIÓN MAYOR (mayores de 65 años)? (Marque todo lo que corresponda)

- ☐ Obesidad
- ☐ Diabetes
- ☐ Cáncer
- ☐ Alzheimer/Demencia
- ☐ Depresión, Estrés y Enfermedades Mentales
- ☐ Abuso de alcohol
- ☐ Adicción a opioides/heroína
- ☐ Enfermedad cardíaca/accidente cerebrovascular
- ☐ Fumar
- ☐ No estoy familiarizado con los problemas de salud de la población de la tercera edad.

Otro: (por favor especifique)

13. ¿Cuáles de los siguientes identificarías como los problemas principales de salud para la POBLACIÓN DE JÓVENES Y ADOLESCENTES (17 años o menos)? (Marque todo lo que corresponda)

- ☐ Depresión, Estrés y Enfermedades Mentales
- ☐ Adicción/Abuso de Sustancias
- ☐ Obesidad
- ☐ Embarazo adolescente
- ☐ Fumar
- ☐ Asma y Condiciones Respiratorias
- ☐ Autismo, Asperger, ADHD y otras condiciones relacionadas
- ☐ Intimidación/acoso cibernético
- ☐ Violencia callejera/de pandillas
- ☐ Violencia familiar/doméstica
- ☐ VIH y otras infecciones de transmisión sexual
- ☐ Diabetes
- ☐ No estoy familiarizado con los problemas de salud de la población joven y adolescente.
- ☐ Otro (por favor especifique)

14. En su opinión, ¿qué es lo que MÁS se necesita para mejorar la salud de su familia y sus vecinos? (Marque todo lo que corresponda)

- ☐ Mejor acceso a alimentos asequibles
- ☐ Mejor acceso a alimentos más saludables
- ☐ Más oportunidades de trabajo
- ☐ Mejor acceso a los servicios de salud mental
- ☐ Más o mejores instalaciones recreativas/lugares seguros para caminar y jugar
- ☐ Mejor acceso a los programas para dejar de fumar
- ☐ Mejor acceso a médicos de atención primaria
- ☐ Mejor acceso a los servicios de rehabilitación de drogas
- ☐ Mejor acceso a los servicios de rehabilitación de alcohol
- ☐ Mamografías, exámenes de detección de cáncer y otros servicios de salud preventivos

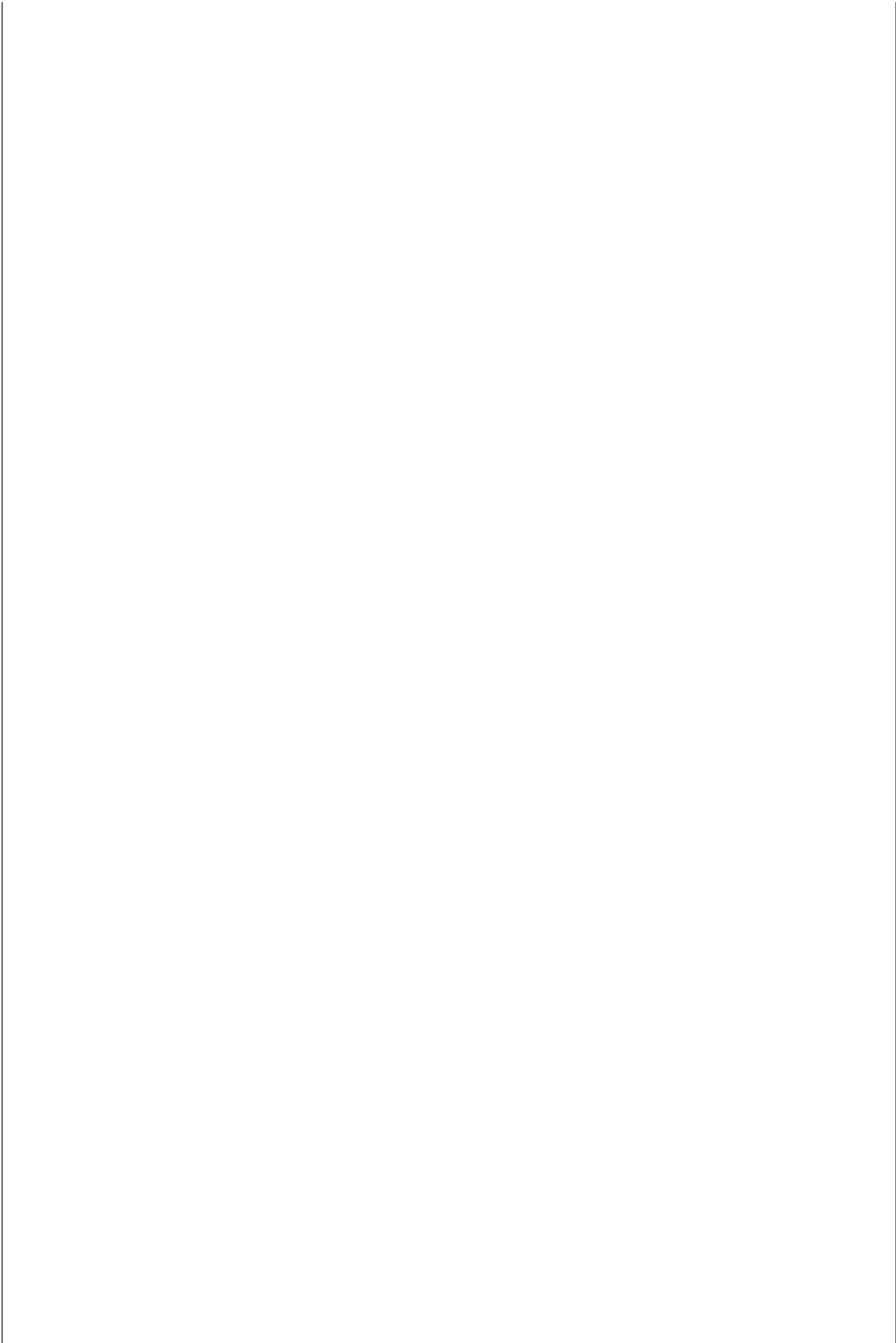
Comentarios adicionales:

15. ¿Qué cree que impide que las personas de su comunidad busquen tratamiento médico? (Marque todo lo que corresponda)

- ☐ Falta de seguro
- ☐ Incapacidad para pagar copagos
- ☐ Los servicios de salud demasiado lejos
- ☐ Creencias culturales/religiosas
- ☐ Miedo (no listo para enfrentar problemas de salud)
- ☐ Barreras de transporte
- ☐ Problemas de cuidado de niños
- ☐ No hay citas disponibles/demasiado tiempo de espera para obtener una cita
- ☐ Las barreras del idioma
- ☐ No sé cómo encontrar médicos

Otro (por favor especifique)

16. Comparta cualquier otro pensamiento que tenga en relación con la mejora de las necesidades de salud de la comunidad en la que vive.



Información demográfica

17. ¿Con qué género te identificas más?

- ☐ Hombre
- ☐ Mujer
- ☐ Hombre transgénero
- ☐ Mujer transgénero
- ☐ Variante de género / No binario
- ☐ Prefiero no revelar
- ☐ Otro (por favor especifique)

18. Por favor categorice su edad:

- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70+

19. ¿Cuál es su identificación racial/étnica? (Marque todo lo que corresponda)

- ☐ Blanco / Caucásico
- ☐ Negro / Afroamericano
- ☐ Nativo Americano / Indio Americano
- ☐ Asiático
- ☐ Hispano / Latino
- ☐ Prefiero no revelar

20. ¿Cuál es el nivel más alto de educación que ha completado?

- ☐ Algún instituto
- ☐ Graduado de secundaria / GED
- ☐ Escuela tecnica
- ☐ Alguna educación superior
- ☐ Graduado universitario
- ☐ Licenciatura o titulo profesional
- ☐ Doctorado

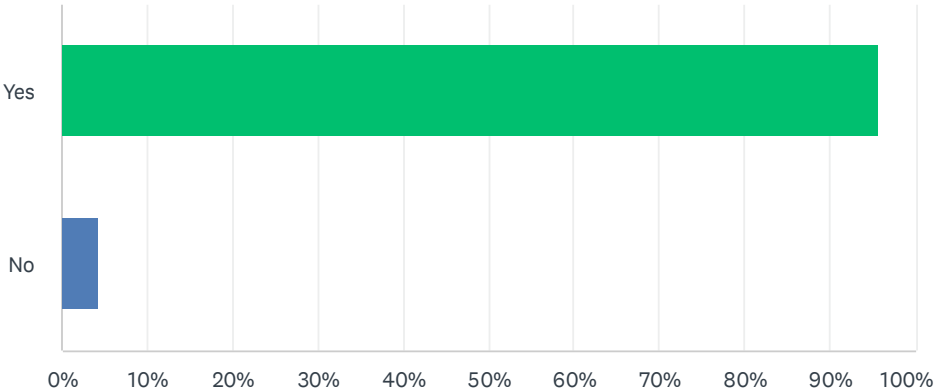
21. ¿Qué categoría describe mejor su ingreso familiar anual?

- ☐ Under 10,000
- ☐ 10,000-24,999
- ☐ 25,000-34,999
- ☐ 35,000-44,999
- ☐ 45,000-54,999
- ☐ 55,000-64,999
- ☐ 65,000-74,999
- ☐ 75,000 o más

Survey results: English version

Q3 Do you have a regular medical practitioner (doctor, nurse, physician assistant) that you see for check-ups and medical problems?

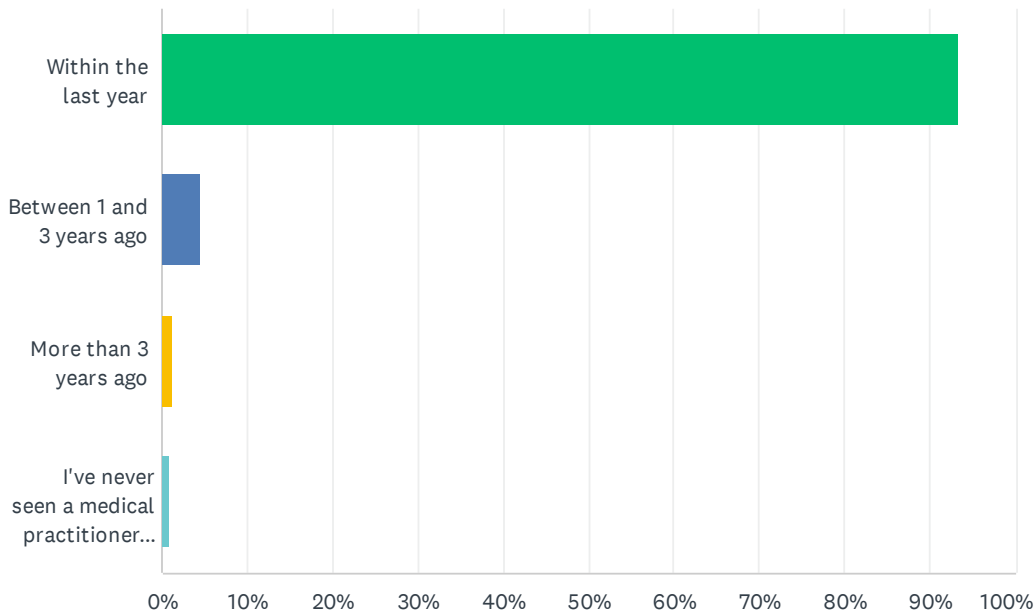
Answered: 379 Skipped: 2



ANSWER CHOICES		RESPONSES	
Yes		95.78%	363
No		4.22%	16
TOTAL			379

Q4 When was the last time you saw a regular medical practitioner, either for a regular check-up or a specific health condition?

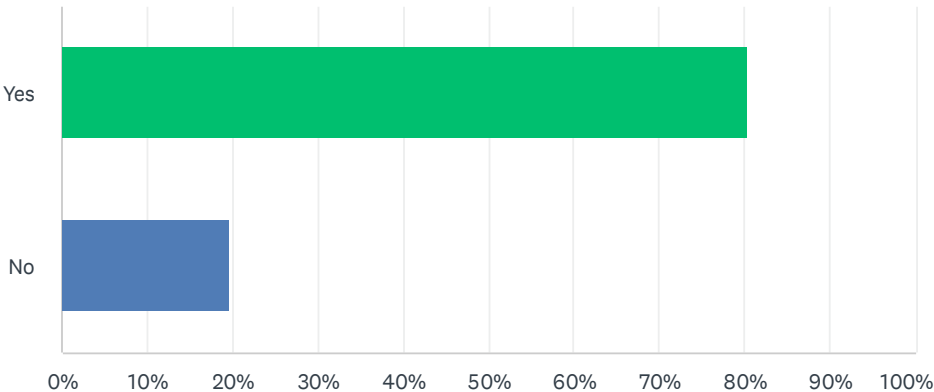
Answered: 380 Skipped: 1



ANSWER CHOICES	RESPONSES	
Within the last year	93.42%	355
Between 1 and 3 years ago	4.47%	17
More than 3 years ago	1.32%	5
I've never seen a medical practitioner for a check-up or a specific condition.	0.79%	3
TOTAL		380

Q5 Do you have a regular dental practitioner that you see for check-ups or dental problems?

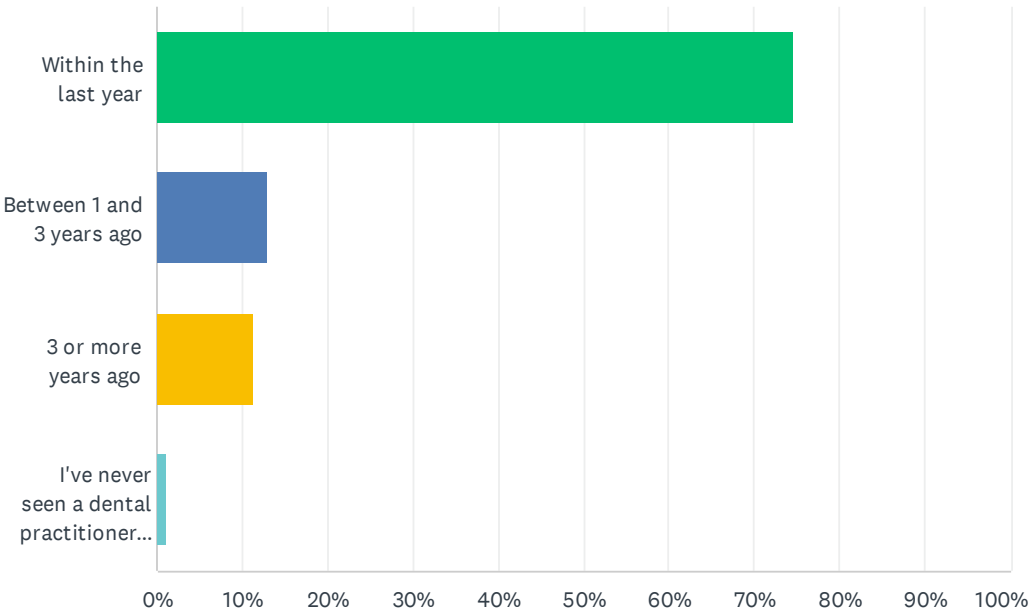
Answered: 381 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	80.31%	306
No	19.69%	75
TOTAL		381

Q6 When was the last time you saw a dental practitioner either for a regular check-up or a specific condition?

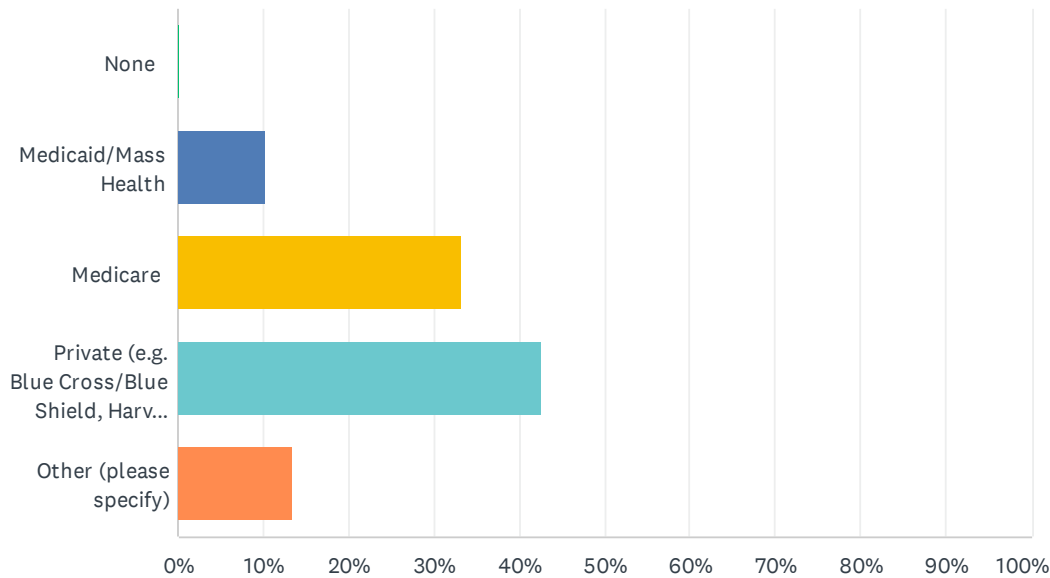
Answered: 378 Skipped: 3



ANSWER CHOICES	RESPONSES	
Within the last year	74.60%	282
Between 1 and 3 years ago	12.96%	49
3 or more years ago	11.38%	43
I've never seen a dental practitioner for a check-up or a specific condition.	1.06%	4
TOTAL		378

Q7 What kind of health insurance do you have?

Answered: 379 Skipped: 2



ANSWER CHOICES		RESPONSES	
None		0.26%	1
Medicaid/Mass Health		10.29%	39
Medicare		33.25%	126
Private (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)		42.74%	162
Other (please specify)		13.46%	51
TOTAL			379

#	OTHER (PLEASE SPECIFY)	DATE
1	BCBS MEDICARE ADVANTAGE	4/29/2025 6:16 PM
2	ConnectiCare through the marketplace	4/28/2025 9:39 PM
3	BCBS, Humana for drugs	4/28/2025 8:01 PM
4	Medex	4/27/2025 2:21 PM
5	BCBS Medigap coverage	4/27/2025 9:08 AM
6	Tufts	4/26/2025 7:38 PM
7	Tufts Direct	4/26/2025 12:30 PM
8	Medicare and Fallon	4/25/2025 6:12 PM
9	Blue Cross Medex	4/24/2025 5:36 PM
10	Medex	4/24/2025 12:38 PM
11	MCBS	4/24/2025 11:51 AM

Community Health Needs Assessment 2025

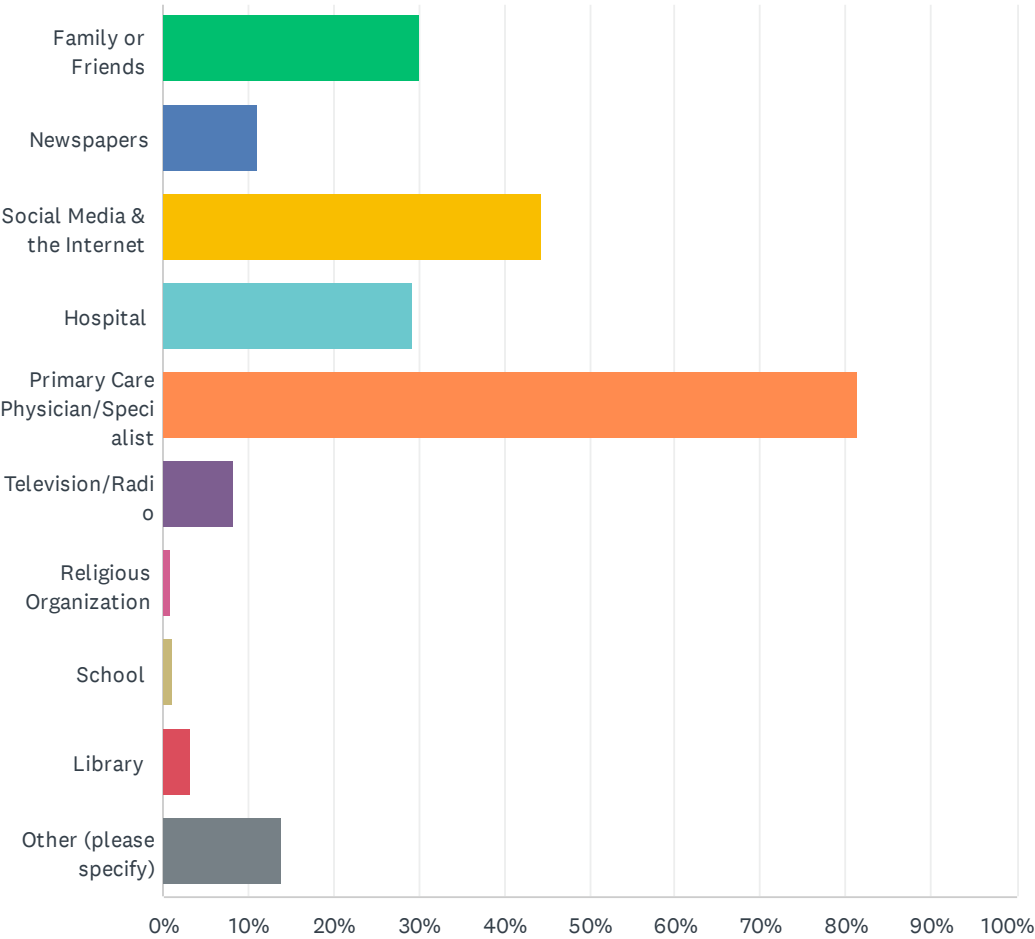
12	Supplemental BCBS	4/24/2025 9:39 AM
13	Aetna	4/24/2025 8:23 AM
14	WellPoint	4/24/2025 7:42 AM
15	plus senior preferred	4/24/2025 6:23 AM
16	Medicare & UMass Advantage	4/24/2025 6:12 AM
17	MASS HEALTH	4/24/2025 6:12 AM
18	Mass health	4/23/2025 9:55 PM
19	Medicare and Mass Health	4/23/2025 9:52 PM
20	Tufts direct plan	4/23/2025 9:41 PM
21	GEHA	4/23/2025 8:23 PM
22	US Family Health Plan (Retired Air Force)	4/23/2025 8:10 PM
23	Aetna	4/23/2025 7:57 PM
24	Blue Cross medicare Advantage	4/23/2025 7:21 PM
25	Medicare/Aetna Medicare Explorer PPO	4/23/2025 7:19 PM
26	Aetna	4/23/2025 6:58 PM
27	Blue Cross Medicare Advantage PPO	4/23/2025 6:41 PM
28	Blue Cross blue Shield Medicare	4/23/2025 5:33 PM
29	Masshealth	4/23/2025 5:30 PM
30	United Health Care. AARP	4/23/2025 5:08 PM
31	Mass Advantage plus	4/23/2025 5:00 PM
32	Aetna	4/23/2025 4:58 PM
33	Tufts	4/23/2025 4:53 PM
34	Harvard Pil Med Enhanced	4/23/2025 4:41 PM
35	An advantage plan	4/23/2025 4:03 PM
36	Harvard Pilgrim Health Care	4/23/2025 3:40 PM
37	Blue cross/BS	4/23/2025 3:30 PM
38	Tufts	4/23/2025 3:25 PM
39	Reliant 365/Masshealth	4/23/2025 3:24 PM
40	FEP BCBS	4/23/2025 3:19 PM
41	Mass.General Brigham	4/23/2025 2:55 PM
42	Medicare Advantage	4/23/2025 2:38 PM
43	MassHealth Blue Cross Blue Shield	4/23/2025 2:36 PM
44	Medicare and Blue Cross/Blue Shield	4/23/2025 2:27 PM
45	Us Family Health Plan	4/23/2025 2:08 PM
46	Medicare AND MassHealth	4/23/2025 2:04 PM
47	medicare & supplement	4/23/2025 2:03 PM
48	HARVARD PILGRIM	4/23/2025 1:58 PM
49	Mass advantage	4/23/2025 1:44 PM

Community Health Needs Assessment 2025

50	US Family Health	4/23/2025 1:21 PM
51	Tricare	4/7/2025 12:42 PM

Q8 Where do you and your family get most of your health information?
(Check all that apply)

Answered: 376 Skipped: 5



Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Family or Friends	30.05%	113
Newspapers	11.17%	42
Social Media & the Internet	44.41%	167
Hospital	29.26%	110
Primary Care Physician/Specialist	81.38%	306
Television/Radio	8.24%	31
Religious Organization	0.80%	3
School	1.06%	4
Library	3.19%	12
Other (please specify)	13.83%	52
Total Respondents: 376		

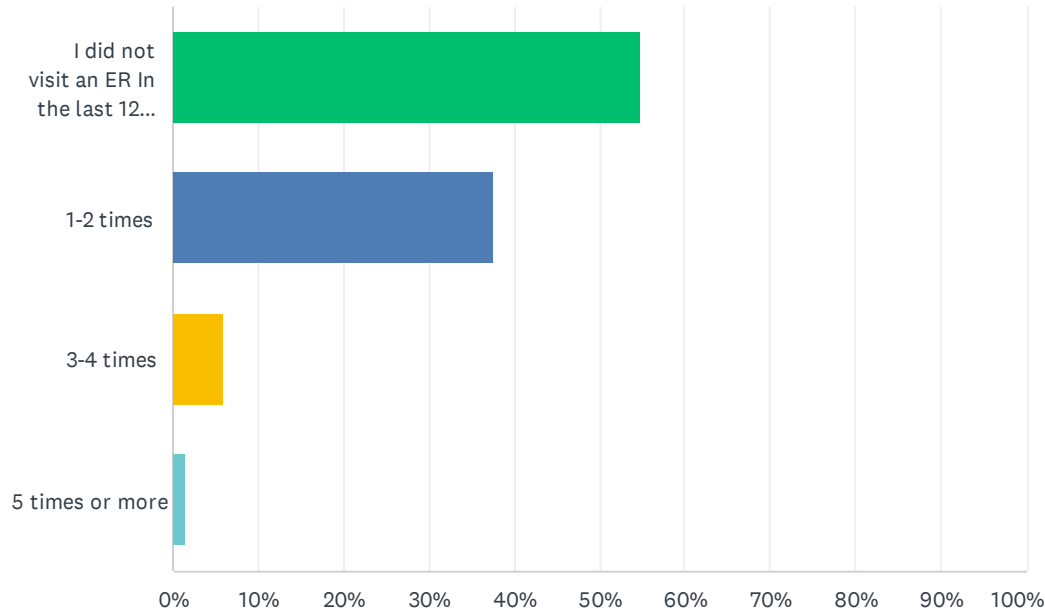
#	OTHER (PLEASE SPECIFY)	DATE
1	medical books	4/28/2025 8:01 PM
2	mayo clinic, cdc, online vested resources	4/26/2025 5:35 AM
3	Family, friends	4/25/2025 6:12 PM
4	Case Worker	4/25/2025 5:58 PM
5	Internet	4/24/2025 6:07 PM
6	DPT , and family friend who is RN	4/24/2025 5:35 PM
7	Internet but not social media	4/24/2025 4:23 PM
8	Clinics	4/24/2025 11:19 AM
9	Worked in health care 46 years	4/24/2025 9:39 AM
10	mayo clinic and trusted internet sources i never trust social media or ads	4/24/2025 9:00 AM
11	Research	4/24/2025 8:50 AM
12	Medical journals/peer reviewed articles/internet	4/24/2025 8:27 AM
13	Acupuncturist and massage therapist	4/24/2025 7:31 AM
14	We are in the health fields	4/24/2025 6:51 AM
15	mayo clinic	4/24/2025 6:23 AM
16	Consumer Report on Health and other health reports	4/23/2025 11:27 PM
17	mailings from Blue Cross supplemental insurer	4/23/2025 8:48 PM
18	I was an ER nurse for 30 years	4/23/2025 8:29 PM
19	I am a Registered Nurse	4/23/2025 8:10 PM
20	google	4/23/2025 7:43 PM
21	What are you taking about?	4/23/2025 7:40 PM
22	Pharmacist	4/23/2025 6:58 PM
23	on line	4/23/2025 6:49 PM

Community Health Needs Assessment 2025

24	My previous education and work (currently retired)	4/23/2025 6:41 PM
25	From reputable sources	4/23/2025 6:08 PM
26	Google	4/23/2025 5:33 PM
27	Mayor clinic website	4/23/2025 5:14 PM
28	Online research	4/23/2025 4:58 PM
29	Web MD	4/23/2025 4:53 PM
30	Professional journals	4/23/2025 4:39 PM
31	Professional resources	4/23/2025 4:28 PM
32	X (formerly twitter)	4/23/2025 4:24 PM
33	Community	4/23/2025 4:21 PM
34	Research	4/23/2025 4:15 PM
35	magazines, email subscriptions	4/23/2025 3:54 PM
36	Work	4/23/2025 2:57 PM
37	UTube	4/23/2025 2:55 PM
38	Yearly meeting in Worcester, Ma.	4/23/2025 2:49 PM
39	Medical Websites	4/23/2025 2:46 PM
40	Websites of medical institutions	4/23/2025 2:38 PM
41	I have a medical background	4/23/2025 2:36 PM
42	PubMed &	4/23/2025 2:34 PM
43	All of the above	4/23/2025 2:27 PM
44	Through work	4/23/2025 2:25 PM
45	Endocrinologist	4/23/2025 2:05 PM
46	doing my own research in magazines, internet, medical journals	4/23/2025 2:03 PM
47	Medical websites	4/23/2025 1:51 PM
48	I work for UMMH	4/23/2025 1:33 PM
49	Medical research, CDC,WHO	4/23/2025 1:29 PM
50	Harvard Health Letter	4/23/2025 1:10 PM
51	MyChart	4/18/2025 4:34 PM
52	National Institutes of Health online PubMed	4/4/2025 8:50 PM

Q9 How many times in the past 12 months have you visited an EMERGENCY ROOM (for yourself or a loved one)?

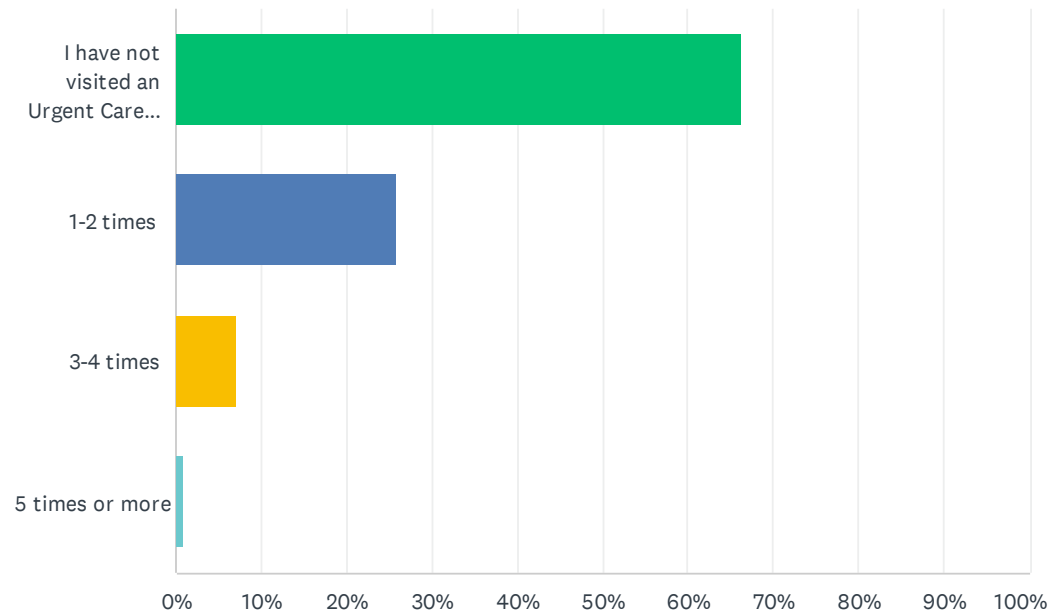
Answered: 381 Skipped: 0



ANSWER CHOICES	RESPONSES	
I did not visit an ER In the last 12 months	54.86%	209
1-2 times	37.53%	143
3-4 times	6.04%	23
5 times or more	1.57%	6
TOTAL		381

Q10 How many times in the past 12 months have you visited an URGENT CARE CENTER (for yourself or a loved one)?

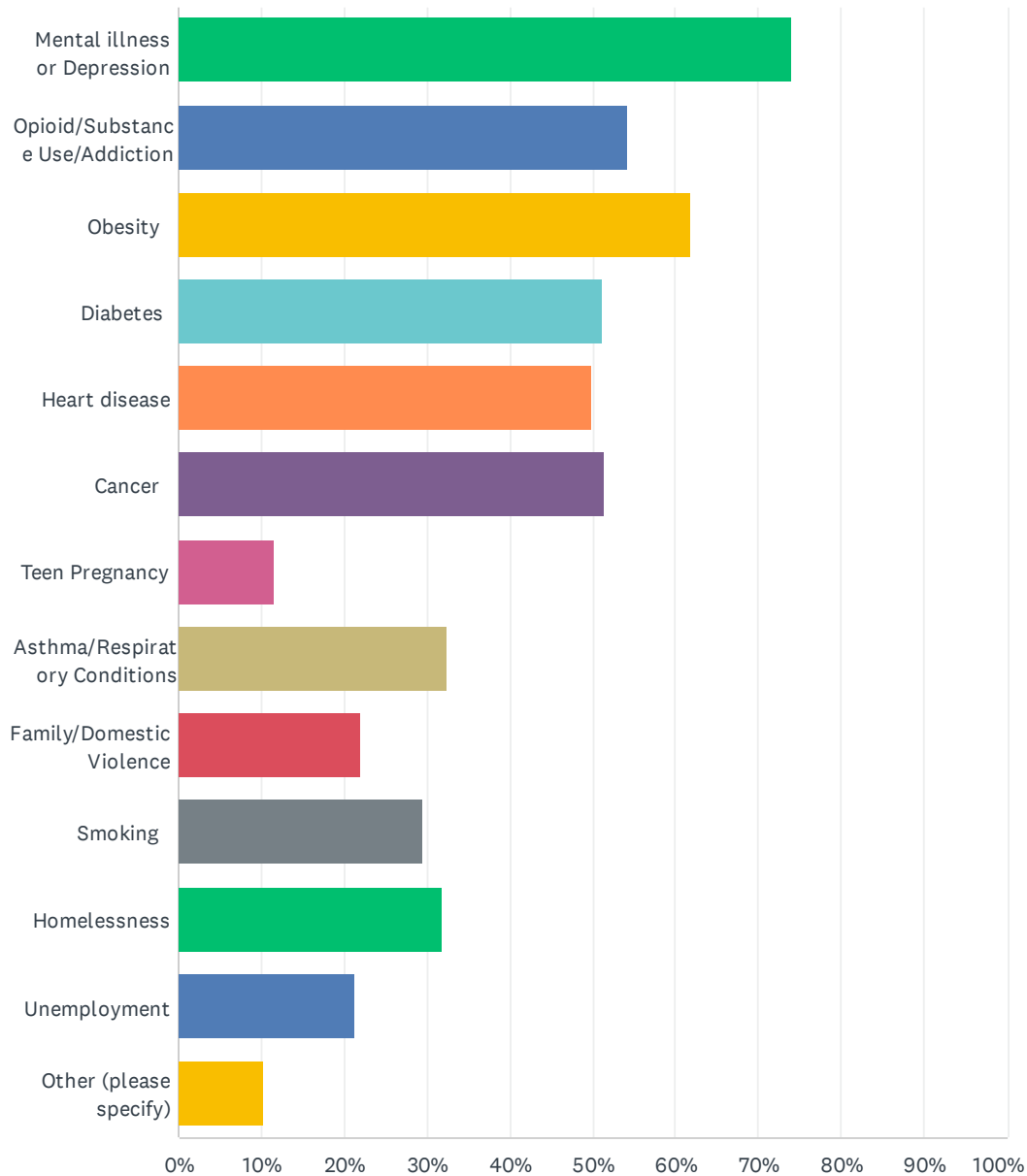
Answered: 381 Skipped: 0



ANSWER CHOICES	RESPONSES	
I have not visited an Urgent Care Center in the past 12 months	66.40%	253
1-2 times	25.72%	98
3-4 times	7.09%	27
5 times or more	0.79%	3
TOTAL		381

Q11 In general (thinking of all ages and demographics), which of the following would you identify as MAJOR HEALTH CONCERNS in your community? (Check all that apply)

Answered: 358 Skipped: 23



Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Mental illness or Depression	74.02%	265
Opioid/Substance Use/Addiction	54.19%	194
Obesity	61.73%	221
Diabetes	51.12%	183
Heart disease	50.00%	179
Cancer	51.40%	184
Teen Pregnancy	11.45%	41
Asthma/Respiratory Conditions	32.40%	116
Family/Domestic Violence	22.07%	79
Smoking	29.33%	105
Homelessness	31.84%	114
Unemployment	21.23%	76
Other (please specify)	10.34%	37
Total Respondents: 358		

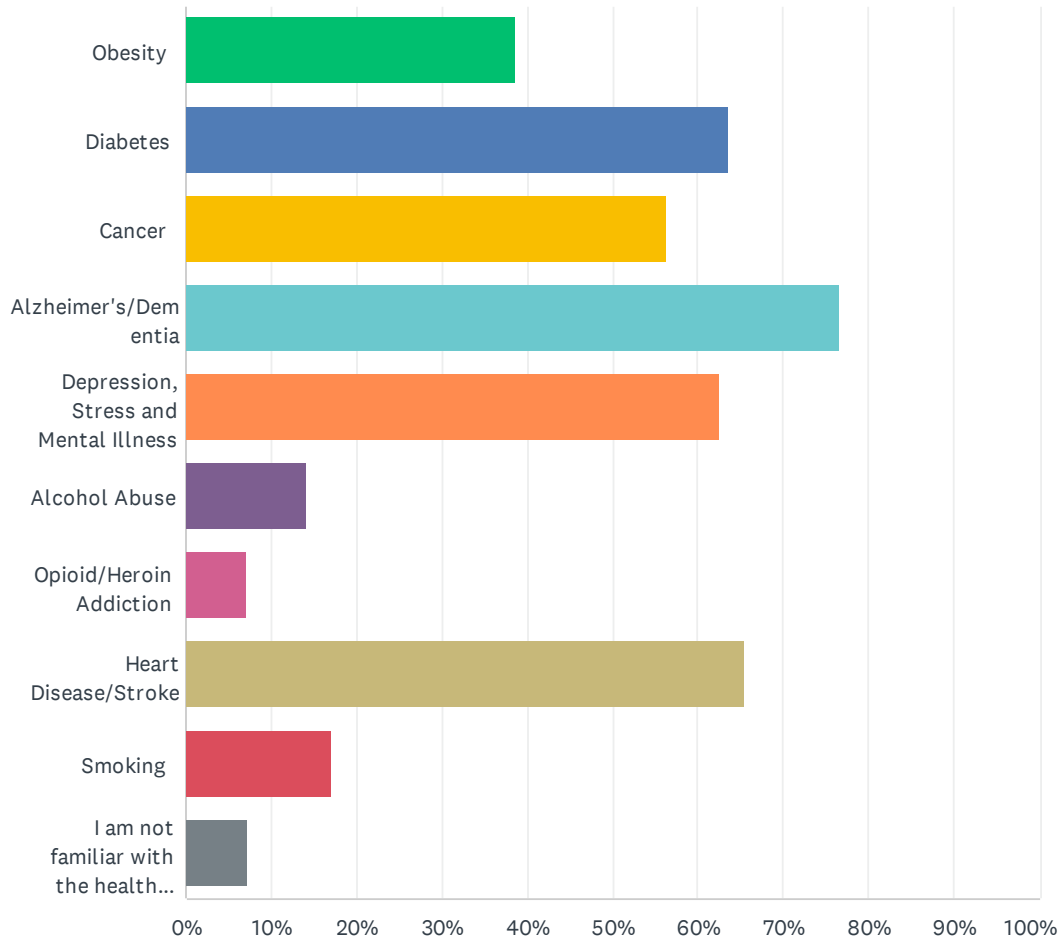
#	OTHER (PLEASE SPECIFY)	DATE
1	Stroke, multiple Sclerosis	5/5/2025 5:46 PM
2	MS is high in Southbridge and Sturbridge	4/28/2025 8:04 PM
3	Lack of qualified DOCTORS	4/26/2025 6:55 PM
4	When you need help it is awesome to have a local place to go	4/25/2025 6:14 PM
5	Joint problems	4/25/2025 8:11 AM
6	Lack of outreach for homebound elderly	4/25/2025 8:01 AM
7	Alcoholism	4/25/2025 7:49 AM
8	Chronic pain	4/24/2025 5:38 PM
9	alcohol abuse disorder	4/24/2025 4:25 PM
10	Ignorance of how to eat well and be healthy	4/24/2025 3:21 PM
11	I am not familiar with overall health issues in my community	4/24/2025 12:46 PM
12	Lack of community for elderly, widows, disabled Transportation choices are none existent in ability to access specialists to diagnose Lyme Disease and other chronic debilitating syndromes	4/24/2025 9:16 AM
13	All of the above mostly by current health policy/protocols ironic wouldn't you say	4/24/2025 8:55 AM
14	Over priced healthcare and plans	4/24/2025 6:04 AM
15	8	4/23/2025 11:30 PM
16	All of the species are being assimilated and destroyed.	4/23/2025 9:58 PM
17	Financial insecurity	4/23/2025 9:55 PM
18	I don't really know	4/23/2025 9:14 PM
19	Wife had a TAVR Valve replacement 10/22	4/23/2025 8:12 PM

Community Health Needs Assessment 2025

20	Memory issues	4/23/2025 7:43 PM
21	No clue. I don't communicate with my community about there health issues!!!!	4/23/2025 7:42 PM
22	I don't know. I don't interact with my neighbors.	4/23/2025 7:29 PM
23	Financial burden ; autism	4/23/2025 6:43 PM
24	Unsustainable wages cannot afford proper food, housing, or nutrition/ whole foods	4/23/2025 5:02 PM
25	lack of PCP's	4/23/2025 4:43 PM
26	None	4/23/2025 4:14 PM
27	No major concerns that I'm aware of	4/23/2025 3:54 PM
28	Overwhelmed	4/23/2025 2:59 PM
29	Isolation	4/23/2025 2:40 PM
30	Injuries, aging related issues	4/23/2025 2:26 PM
31	Don't know	4/23/2025 2:11 PM
32	alcohol abuse	4/23/2025 2:05 PM
33	Geriatric issues	4/23/2025 1:53 PM
34	Senior Citizens	4/9/2025 6:59 PM
35	Crime	4/5/2025 12:56 AM
36	Work related conditions	4/4/2025 8:52 PM
37	Lack of PCP and access to care	4/4/2025 6:24 PM

Q12 Which of the following would you identify as major health concerns for the SENIOR POPULATION (ages 65+)? (Check all that apply)

Answered: 357 Skipped: 24



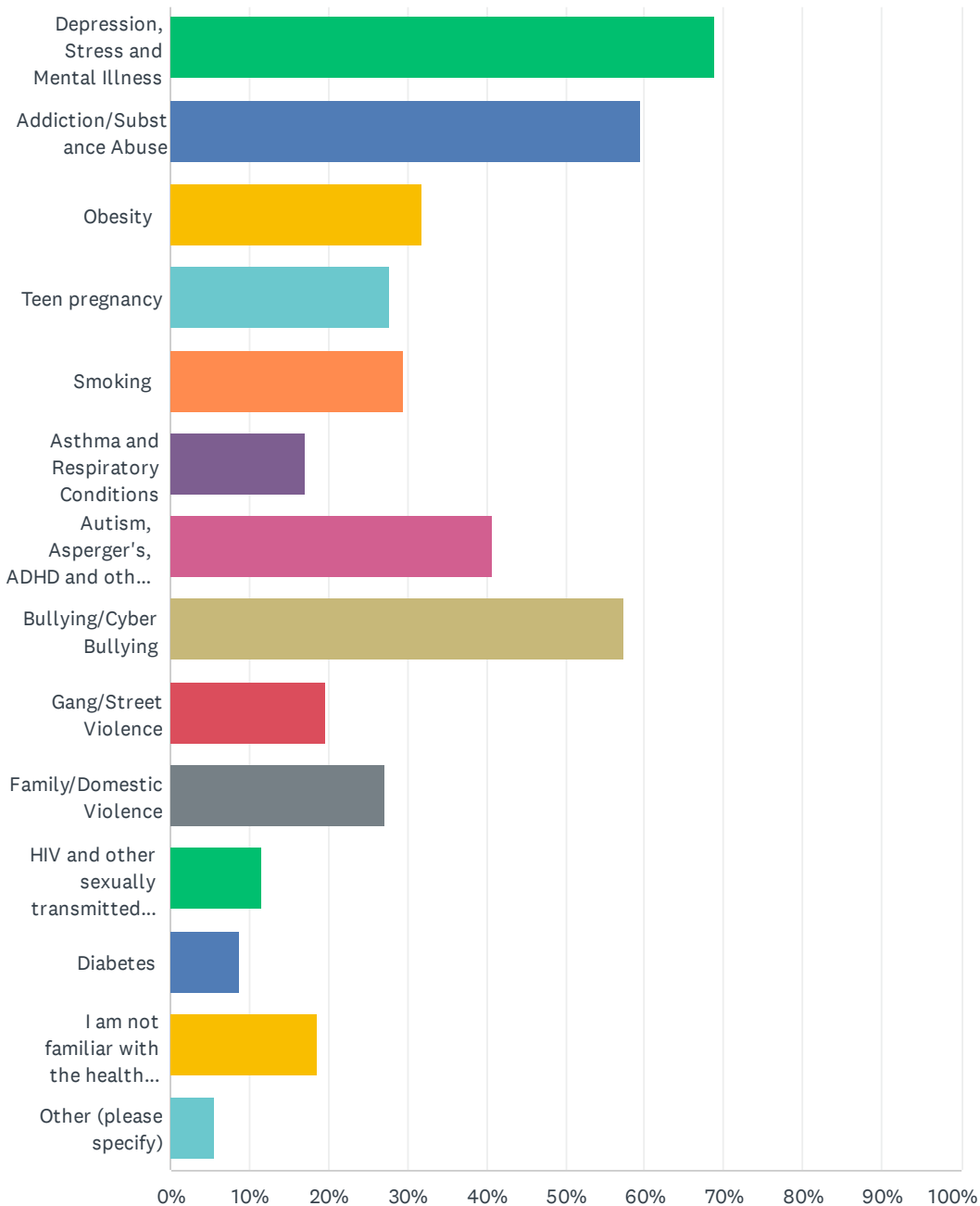
Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Obesity	38.66%	138
Diabetes	63.59%	227
Cancer	56.30%	201
Alzheimer's/Dementia	76.47%	273
Depression, Stress and Mental Illness	62.46%	223
Alcohol Abuse	14.01%	50
Opioid/Heroin Addiction	7.00%	25
Heart Disease/Stroke	65.55%	234
Smoking	17.09%	61
I am not familiar with the health problems for the senior population.	7.28%	26
Total Respondents: 357		

#	OTHER: (PLEASE SPECIFY)	DATE
1	Loneliness	4/26/2025 12:33 PM
2	Joint and bone problems	4/25/2025 8:11 AM
3	Lack of reliable home health care and/or payment systems to help pay for it drug/med/dental costs prevent srs from getting proper care 3) FIX the issue that prevents sr's who have Dr's in Mass from doing virtual visits from their home in CT some prob with the dr's licenses? Ridiculous! illness and disease knows no geographical boundaries!	4/24/2025 9:16 AM
4	All of the above due to current health policy and treatment protocols	4/24/2025 8:55 AM
5	The difficulty in finding a primary care doctor is an often discussed problem	4/24/2025 7:39 AM
6	Cost of care	4/24/2025 6:04 AM
7	Victims of psychological warfare.	4/23/2025 9:58 PM
8	Loneliness	4/23/2025 9:55 PM
9	Loneliness inactivity	4/23/2025 8:32 PM
10	Prescription cost	4/23/2025 7:45 PM
11	I don't qualify as a senior health advisor!!!!!!!!!!!! Ridiculous	4/23/2025 7:42 PM
12	arthritis and mobility	4/23/2025 7:29 PM
13	Lack of PCP's	4/23/2025 4:43 PM
14	loneliness or no support	4/23/2025 4:41 PM
15	Poor nutrition, hunger	4/23/2025 4:41 PM
16	Loneliness	4/23/2025 4:28 PM
17	Over medication	4/23/2025 4:26 PM
18	Isolation from family health support.	4/23/2025 2:22 PM
19	Worn out joints	4/23/2025 1:53 PM
20	all the above	4/4/2025 2:56 PM

Q13 Which of the following would you identify as being major health concerns for the YOUTH AND ADOLESCENT POPULATION (17 years and younger)? (Check all that apply)

Answered: 363 Skipped: 18



Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Depression, Stress and Mental Illness	68.87%	250
Addiction/Substance Abuse	59.50%	216
Obesity	31.68%	115
Teen pregnancy	27.82%	101
Smoking	29.48%	107
Asthma and Respiratory Conditions	17.08%	62
Autism, Asperger's, ADHD and other related conditions	40.77%	148
Bullying/Cyber Bullying	57.30%	208
Gang/Street Violence	19.56%	71
Family/Domestic Violence	27.00%	98
HIV and other sexually transmitted infections	11.57%	42
Diabetes	8.82%	32
I am not familiar with the health issues for the youth and adolescent population.	18.46%	67
Other (please specify)	5.51%	20
Total Respondents: 363		

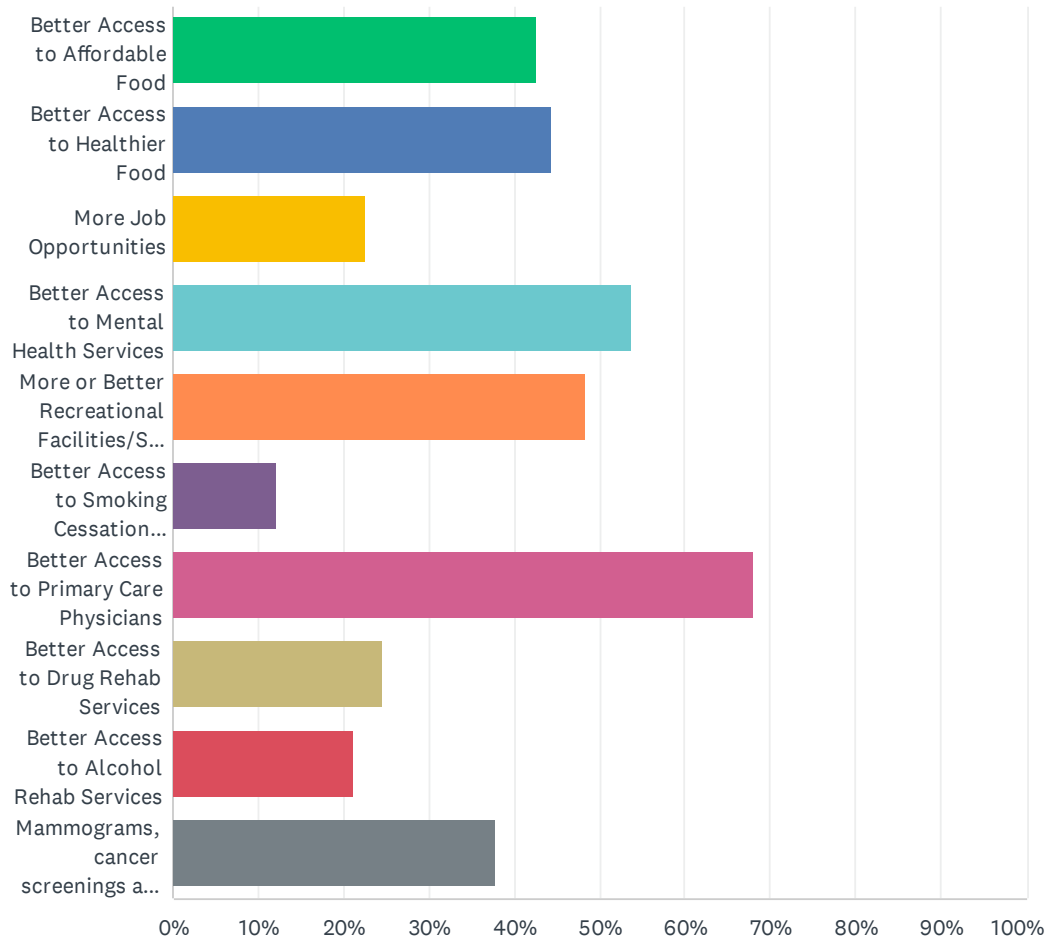
#	OTHER (PLEASE SPECIFY)	DATE
1	I	4/29/2025 7:28 AM
2	Domestic Abuse	4/26/2025 12:33 PM
3	anxiety, active shooter drills	4/26/2025 5:37 AM
4	all of the above	4/25/2025 8:32 AM
5	Developing a healthy lifestyle	4/24/2025 3:21 PM
6	too much marajuana use- lack of healthy moral/ethical guidelines living for self alone (& without any experience of a higher power-God) creates creates a miserable existence not a life These poor kids manipulated and neglected	4/24/2025 9:16 AM
7	All of the above from current health policy and treatment protocol	4/24/2025 8:55 AM
8	anxiety, no dietary health knowledge or family influences.	4/24/2025 6:28 AM
9	vaping	4/24/2025 6:14 AM
10	Cost of care	4/24/2025 6:04 AM
11	It's a race war always has been in southbridge.	4/23/2025 9:58 PM
12	Stop asking me questions that you abound be helping with!!!!!!	4/23/2025 7:42 PM
13	Cost of groceries/ Whole Foods	4/23/2025 5:02 PM
14	Using electronic devices to much	4/23/2025 4:37 PM
15	Trans identity	4/23/2025 4:12 PM
16	No concerns	4/23/2025 2:26 PM
17	Asperger's has been redefined as high on the autism spectrum	4/23/2025 1:53 PM

Community Health Needs Assessment 2025

18	no afterschool activities for teenagers to engage in	4/23/2025 1:25 PM
19	FYI Autism, ADHD are in the DSM-V Asperger's is no longer a diagnosis	4/21/2025 8:00 PM
20	all the above	4/4/2025 2:56 PM

Q14 In your opinion, what is MOST needed to improve the health of your family and your neighbors? (Check all that apply)

Answered: 331 Skipped: 50



Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Better Access to Affordable Food	42.60%	141
Better Access to Healthier Food	44.41%	147
More Job Opportunities	22.66%	75
Better Access to Mental Health Services	53.78%	178
More or Better Recreational Facilities/Safe Places to Walk & Play	48.34%	160
Better Access to Smoking Cessation Programs	12.08%	40
Better Access to Primary Care Physicians	67.98%	225
Better Access to Drug Rehab Services	24.47%	81
Better Access to Alcohol Rehab Services	21.15%	70
Mammograms, cancer screenings and other preventive health services	37.76%	125
Total Respondents: 331		

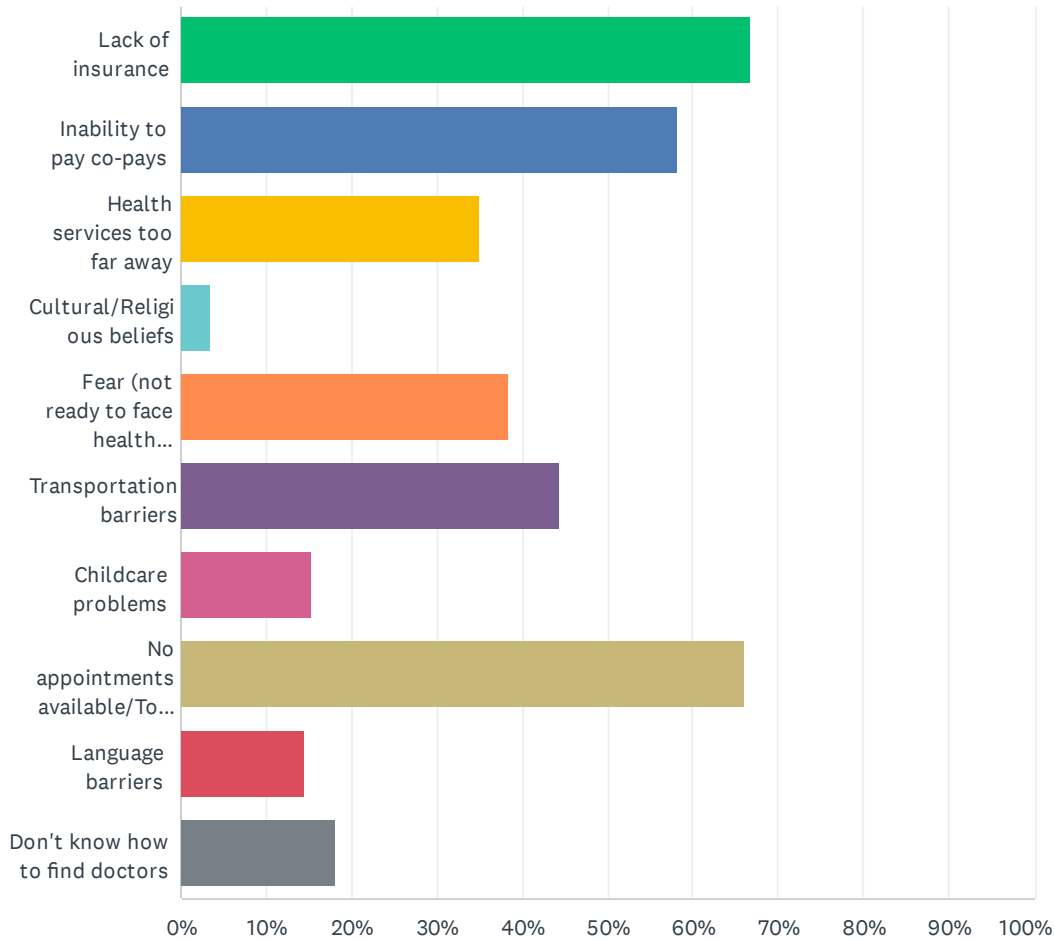
#	ADDITIONAL COMMENTS:	DATE
1	better access to urgent care clinics	4/29/2025 9:02 PM
2	Better communication opportunities that can lead to empathetic understanding across current sociopolitical divides	4/27/2025 6:53 PM
3	Mostly for uninsured	4/26/2025 12:39 PM
4	Harrington is awesome	4/25/2025 6:17 PM
5	Improving the food sources, removing harmful ingredients of processed foods	4/24/2025 6:16 PM
6	Allowance for over the counter vitamins, allergy, and pain meds	4/24/2025 5:45 PM
7	Better access to Urgent Care centers	4/24/2025 12:49 PM
8	Generally, better and much more frequent, and cheaper, access to primary care. I should be able to book an appointment within 3 days of calling for one, and be given ample time to address the issue in the appointment.	4/24/2025 10:04 AM
9	Train service North South East West if we could take a train to worcester, boston, new haven, new york etc imagine the health care treatments we could access city folks get better health care and pay the SAME damn taxes that we do!	4/24/2025 9:30 AM
10	More Natural care you would not need most of above	4/24/2025 9:02 AM
11	My son aged out of his pediatrician and now can't get a primary care physician as an adult. Unacceptable	4/24/2025 8:03 AM
12	Better access to physical therapy svcs	4/24/2025 7:11 AM
13	affordable health care.	4/24/2025 6:40 AM
14	Cost of care	4/24/2025 6:06 AM
15	An urgent care in Sturbridge or Southbridge	4/23/2025 9:42 PM
16	Stop changing technology and the way your systems work, it's constantly confusing everyone and slowing down things to a crawl!!!!	4/23/2025 7:47 PM
17	Better transportation for disabled	4/23/2025 7:32 PM
18	public transportation. it does not exist in NE CT	4/23/2025 6:24 PM

Community Health Needs Assessment 2025

19	Waiting months for an appointment with your PCP is unacceptable	4/23/2025 4:55 PM
20	Less economic instability	4/23/2025 4:44 PM
21	Affordable Housing	4/23/2025 4:33 PM
22	Better access to PCPs	4/23/2025 4:28 PM
23	Affordable housing	4/23/2025 3:47 PM
24	Quality care & doctors	4/23/2025 2:28 PM
25	My primary care physician has changed twice in the last 2 years and books appts out over a year!!!	4/23/2025 2:20 PM
26	my granddaughter has EDS which has prevented her from fulfilling her scholarship because her Atlas Cervical vertebra does not seat her skull well. She is on Medicaid & needs help. She cannot get anyone to treat her.	4/23/2025 1:57 PM
27	New drugs that aren't covered by mass advantage	4/23/2025 1:47 PM
28	none	4/23/2025 1:13 PM
29	More access to housing, especially for elderly and disabled	4/23/2025 12:41 PM
30	Improving access to general medical care and appropriate medical knowledge suited for the community demographics (ie. language, education level, health literacy level)	4/7/2025 12:58 PM
31	Education about health and well being	4/4/2025 8:56 PM
32	affordable housing	4/4/2025 6:26 PM

Q15 What do you think keeps people in your community from seeking medical treatment? (Check all that apply)

Answered: 343 Skipped: 38



Community Health Needs Assessment 2025

ANSWER CHOICES	RESPONSES	
Lack of insurance	66.76%	229
Inability to pay co-pays	58.31%	200
Health services too far away	34.99%	120
Cultural/Religious beliefs	3.50%	12
Fear (not ready to face health problems)	38.48%	132
Transportation barriers	44.31%	152
Childcare problems	15.45%	53
No appointments available/Too long of a wait to get an appointment	66.18%	227
Language barriers	14.58%	50
Don't know how to find doctors	18.08%	62
Total Respondents: 343		

#	OTHER (PLEASE SPECIFY)	DATE
1	Lack of affordable insurance with lower deductibles	4/28/2025 10:19 PM
2	lack of knowledge of what is available to them. Many elders do not know of tri- Valley	4/28/2025 8:09 PM
3	Miseducation, misinformation, laziness	4/27/2025 6:53 PM
4	Insurance	4/26/2025 12:39 PM
5	Healthcare pushes pills instead of listening	4/25/2025 2:00 PM
6	I am only speculating, as I have no direct knowledge	4/24/2025 3:25 PM
7	ne CT lacks enough Dr's & few specialists even if you see a spec, they rarely order scans or offer any innovative treatments they also lack training on Lyme disease which is rampant here & morphs into chronic forms that go untreated & undiagnosed Many are disabled from arthritis, chronic pain, neurological symptoms, heart	4/24/2025 9:30 AM
8	Mostly a lack of trust in the Health system	4/24/2025 9:02 AM
9	Availability of Primary Care physicians	4/24/2025 8:03 AM
10	Mass will not recognize my health insurance so I lost my primary care physician.I have tried to find a. Primary care in my in my area who is not affiliated with UMass to no avail also I called in Dec to schedule my yearly mammogram and was told because my South Carolina P.C. Was not practicing at U Mass I couldn't have my mammogram there but she would refer my request and I would hear from someone. In late January I called to send my previous records south to have my previous scans sent to Bluffton SC and I am so happy I did there system was so updated their appointments ran on time the technicians so courteous and their system of notification of results outstanding (a phone call with results within 3 days followed by a letter within 2 weeks)	4/24/2025 7:11 AM
11	New patients must wait 6 months for a doctor appointment now.	4/24/2025 6:52 AM
12	no time	4/24/2025 6:40 AM
13	high cost of hearing aids	4/24/2025 6:22 AM
14	Cost of care	4/24/2025 6:06 AM
15	Because it's too complicated !!! Way too complicated! Too many people and agencies involved. I've been sent in circles calling many times!	4/23/2025 7:47 PM
16	quality of care	4/23/2025 6:47 PM

Community Health Needs Assessment 2025

17	Delays in starting care related to provider backups. People are defaulting to urgent care with no follow up or tracking of recovery needs	4/23/2025 5:06 PM
18	PCP's refusing to see their patients and referring them to emergency rooms which flood's emergency rooms with nonemergencies	4/23/2025 4:39 PM
19	Can't find a primary Dr near me	4/23/2025 4:38 PM
20	Inability to reach the doctor--the phone system is a mess	4/23/2025 4:32 PM
21	There are no doctors	4/23/2025 4:28 PM
22	I have no idea	4/23/2025 3:56 PM
23	no urgent care in town. Lack of staffing at urgent care in town	4/23/2025 2:44 PM
24	No real care, just pass the patient	4/23/2025 2:28 PM
25	Doctor quality in hospital. Knowledge of people and their affliction.	4/23/2025 1:36 PM
26	Misinformation on the insurances accepted at UMass	4/23/2025 1:30 PM
27	Medical misinformation from word of mouth and social media. Distrust in the medical system due to personal or relative experience. Difficulties with insurance (coverage at local health care facilities-out of network, failure of insurance to cover medically appropriate treatment, lack of coverage/affordability)	4/7/2025 12:58 PM
28	An ER that is too scary to go to?	4/5/2025 2:01 AM
29	Not knowing how much a hospital visit will cost this not accessing care	4/4/2025 10:43 PM
30	Lack of providers	4/4/2025 6:44 PM

Q16 Please share any other thoughts you have in relation to improving the health needs of the community in which you live.

Answered: 343 Skipped: 38

#	RESPONSES	DATE
1	There aren't enough (good) primary care doctors in the area (I'm thankful I have a great one but I know the wait to find a new one would be long).	6/2/2025 9:31 PM
2	avallability of more doctors and available appointments	6/2/2025 6:10 PM
3	Easier to get in contact with doctors and pharmacy	6/2/2025 5:49 PM
4	More Primary Care Physican	6/2/2025 4:49 PM
5	Place to go to exercise. .	5/26/2025 1:14 PM
6	N/A	5/13/2025 9:01 AM
7	N/A	5/11/2025 5:15 PM
8	Traumatic Brain Injury mental therapists are almost non-existant	5/10/2025 1:11 PM
9	None	5/10/2025 2:02 AM
10	hjj	5/9/2025 6:38 PM
11	RELIABLE transportation for non mobile patients to doctor's appointments. Ambulance services generally do this, but they are generally up to 2 hours late. They leave the patient at the doctor's office and return for pickup a couple of hours late.	5/7/2025 1:55 PM
12	none	5/7/2025 9:17 AM
13	More primary care physicians	5/5/2025 5:48 PM
14	emergency wait time is rediculus	5/3/2025 6:59 PM
15	Don't have any other thoughts	5/3/2025 3:08 PM
16	I'm neutral on this issue and can't honestly say what's needed .	5/1/2025 8:41 PM
17	none	5/1/2025 7:25 PM
18	Webster is very low income.	4/30/2025 2:31 PM
19	Need more primary care physicians. I hear a lot of people can't find one.	4/30/2025 8:05 AM
20	need urgent care center in southbridge	4/29/2025 9:02 PM
21	Better transportation to drs.	4/29/2025 8:46 PM
22	BEING ABLE TO ACCESS APPOINTMENTS IN A REASONABLE TIME FRAME	4/29/2025 6:22 PM
23	there needs to be more media public health notices	4/29/2025 3:12 PM
24	We are fortunate to live in an area (the Northeast) with acess to many health care providers. Despite this, appointments, especially for specialists, are too far out which delays health care and treatment. Private insurance deductibles and co-pays increase every year. I have a steady job and have delayed or deferred health care issues because I cannot afford the co-pays and/or deductibles. My daughter has a chronic condition which requires many healthcare visits and so I prefer she gets the care she needs first. Last year we spent thousands of dollars (about \$12K) out of pocket. My other daughter went to Scotland to visit a friend last April. She fell ill there with a stomach issue and spent time in the ER. She was admitted overnight for evaluation. They ran many diagnostic tests on her, including CT and MRI imaging. WE NEVER RECIEVED A BILL AND WERE TOLD WE NEVER WOULD because health care is a basic human right in Scotland. What have other countries figured out that we cannot?? Americans	4/29/2025 9:47 AM

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spend more on healthcare than any other country yet we are arguably sicker than any other country. That is just not right. Healthy food is very expensive, so we are eating too many processed foods which seem to be responsible for a host of problems - allergies, diabetes, etc. Maybe some healthy, budget-friendly cooking classes?

25	Right now we're in the decolonization process so things will be changing soon we are Moroccan subjects subject to rules abuse and Taxation until we return to Morocco according to the Madrid Convention of 1880 Article 15	4/29/2025 7:30 AM
26	More health care providers in the area to better service patients.	4/28/2025 10:19 PM
27	There needs to be more outreach to elders about tri valley. Schools should play an important role with concerning bullying, proper use of cell phones etc.	4/28/2025 8:09 PM
28	Basic self-care (exercise, mental health, diet, nutrition, personal finances) should be a central and critical element of public education	4/27/2025 6:53 PM
29	There is a great need for Urgent Care facilities in the Southbridge, MA area.	4/27/2025 2:24 PM
30	I work with CFC in Sturbridge to provide fresh vegetables to St. John Paul II Food Pantry on a weekly basis. I have had the opportunity to work with Catholic Charities Food Share preparing and distributing bags of food to those who can't afford it. Most are thankful and want to provide for themselves. Rent, medical and transportation costs leave little funds for healthy food.	4/27/2025 9:16 AM
31	None	4/26/2025 8:46 PM
32	I don't have an answer	4/26/2025 7:45 PM
33	More Drs to eliminate referrals from those without knowledge of basic medical problems. Every referral is an additional trip with appointments months away and additional co-pays while the problem is current!	4/26/2025 7:00 PM
34	Increased mental health providers. Perhaps place them in schools during school hours so children and teens can access them easier.	4/26/2025 3:43 PM
35	Having an urgent care nearer	4/26/2025 1:04 PM
36	Protective sex/ childcare/ Healthcare Insurance/ Better Therapy-Therapists Another problem could also be believe it or not people/younger generations having Masshealth's/and or snap/advantages to all said questions and don't use resources.	4/26/2025 12:39 PM
37	Not sure	4/26/2025 11:11 AM
38	?	4/26/2025 10:49 AM
39	Cancer screening and depression issues.	4/26/2025 9:24 AM
40	increase hospital beds	4/26/2025 5:39 AM
41	N/A	4/25/2025 8:04 PM
42	Love Harrington doctors, staff and services. When at ER very responsive. When major health issues they moved quickly to diagnose/seek solutions and/or resolve through other sources.	4/25/2025 6:17 PM
43	Need portable oxygen so I can walk around outside	4/25/2025 6:05 PM
44	More transportation to facilities.	4/25/2025 4:48 PM
45	None that I know of.	4/25/2025 3:48 PM
46	Medicare rushed appts and what professionals can say or do..	4/25/2025 2:00 PM
47	Need for more essential screening services in more areas closer to or in town ie: mammography, primary care, lab services	4/25/2025 12:13 PM
48	None	4/25/2025 10:58 AM
49	ok	4/25/2025 8:34 AM
50	Incorporating records from other systems into "My Chart" such as Quest records	4/25/2025 8:19 AM
51	More primary physicians.	4/25/2025 8:08 AM

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52	Add more urgent care facilities. Share information about the location of the existing facilities.	4/25/2025 8:05 AM
53	None that I can think of that was not asked in survey questions.	4/25/2025 7:52 AM
54	We need more primary care and ob/gyn services. Also mental health services in Spencer.	4/25/2025 6:23 AM
55	None	4/25/2025 2:53 AM
56	More primary care physicians are needed.	4/24/2025 9:37 PM
57	Quicker access to emergency care.	4/24/2025 8:21 PM
58	Better access to emergency care. When you need to get into your primary's office, no openings sometimes for days. Once it took 3 days to get a callback from primary dr. When asked why so long.the answer I got from the nurse was we were busy	4/24/2025 7:35 PM
59	More education on how to live a healthy lifestyle. More holistic doctors that treat the cause not just the symptom of illness.	4/24/2025 6:16 PM
60	Mobile access to routine screening and care	4/24/2025 6:01 PM
61	Enable OBGYN docs to be pcp, allow more time for appointments so patients aren't rushed. Better access to mental health	4/24/2025 5:45 PM
62	There are not enough doctors around to meet all of our needs, including specialists	4/24/2025 5:40 PM
63	Insurance companies have too much power.	4/24/2025 5:00 PM
64	Walk into Hannaford's in Uxbridge. Far too many of the people in there look like they have given up on life. Sad, gray-skinned, slouched and buying a poor diet.	4/24/2025 3:25 PM
65	Better communication among all healthcare providers and workers.	4/24/2025 2:32 PM
66	.	4/24/2025 2:12 PM
67	The wait time for appointments with providers is insane	4/24/2025 1:51 PM
68	No real opinion about this although demographics do play a part i.e. low income median families with language barrier	4/24/2025 1:17 PM
69	Losing the Urgent Care center in Charlton was a real loss. Oxford is too hard to get to and the one at Harrington is never open	4/24/2025 12:49 PM
70	availability of Drs.	4/24/2025 12:41 PM
71	Exercise! Safer places to walk, run or bike. Community health screening gatherings	4/24/2025 12:05 PM
72	Better health care for the less fortunate.	4/24/2025 11:52 AM
73	Many people in the area don't have health insurance or affordable health care.	4/24/2025 11:42 AM
74	In general better access to quality care is sorely needed nationwide	4/24/2025 11:22 AM
75	understanding Medicare	4/24/2025 11:14 AM
76	no urgent care clinic	4/24/2025 11:13 AM
77	Long wait times to get an appointment is very common, and needs to be addressed.	4/24/2025 10:56 AM
78	Home care for seniors	4/24/2025 10:48 AM
79	Much more Mental Health Services needed in the community along with policing for gun violence in our youth.	4/24/2025 10:23 AM
80	Urgent Care facility needed in Southbridge	4/24/2025 10:19 AM
81	Each person should have a team of specialists designated to overseeing their health throughout their life, covered fully by insurance and taxes. Any goal short of that is deficient. The care teams should be on call, and their presence should not be felt unless requested. There should be no active monitoring of any kind unless requested by the patient. This will require a massive upscale in staffing, and so practitioners will have to be attracted to the profession with money. This money is available through adjusted taxation and ceilings on net worth. If this all sounds crazy, then that is an indicator of how corrupted our society has	4/24/2025 10:04 AM

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become, for it is not crazy at all -- it is the result of hyperrational thinking. You wanted valuable input, well, there you have it. I'm sure it will be promptly filed in the circular cabinet.

82	None to share	4/24/2025 9:59 AM
83	Affordable health cost	4/24/2025 9:58 AM
84	I have been fortunate to have had health insurance my entire life, but others have not been that fortunate. We need a single-payer system where everyone has health insurance; much like what the rest of the developed world has.	4/24/2025 9:56 AM
85	Community outreach, ? town funding of a visiting clinician	4/24/2025 9:49 AM
86	In general I think we are covered fairly well. I recently had an ulcer bleeding, DKH did fine - my wife had a hip replaced at DKH it went fine - I had aortal bifermal bypass surgery at Umass - went fine - What we need is more acessable long term healthcare facilities	4/24/2025 9:41 AM
87	Hold a in person listening session out here in NE CT The hospital we have is good & we appreciate it, but it lacks resources and access to enough staffing to do more community outreach clinics etc WE NEED A vetted, expert LYME DISEASE Specialist out here!	4/24/2025 9:30 AM
88	Doctor access	4/24/2025 9:29 AM
89	Can't see a Doctor right away. They're booking too far out.	4/24/2025 9:12 AM
90	Wake up ! he health policy in place are not conducive to health or people would be healthy . but your policy push poor health because its all about your pocket book not about actual Health of Humanity	4/24/2025 9:02 AM
91	Need a more accessible Urgent Care facility in terms of location and hours in Southbridge.	4/24/2025 8:57 AM
92	N/A	4/24/2025 8:57 AM
93	Lack of insurance coupled with high cost, but also lack of urgent care facilities with enough well trained providers	4/24/2025 8:46 AM
94	None	4/24/2025 8:43 AM
95	Litter	4/24/2025 8:26 AM
96	Keep local hospitals open	4/24/2025 8:12 AM
97	Having special topics to discuss at the community center	4/24/2025 8:05 AM
98	Focus on the patient and not the bottom line.	4/24/2025 8:03 AM
99	I haven't seen a doctor in person for years, and it's always a different NP or a PA, which makes it impossible to form a personal relationship.	4/24/2025 7:48 AM
100	Unassuming to buy back Wing Hospital in Palmer, Mass	4/24/2025 7:45 AM
101	We need more primary care doctors in our area. I often see people on social media asking if anyone knows of a doctor taking on new patients.	4/24/2025 7:41 AM
102	The phone system is so bad noone answers and if I leave messages I get no returned calls	4/24/2025 7:40 AM
103	Quality People	4/24/2025 7:37 AM
104	We need a hospital or Healthcare clinic in our town	4/24/2025 7:36 AM
105	Medical care is impossible to afford most times, even with insurance. Case in point -- I've been sick with fatigue, sore throat and a cough for a couple weeks and I won't go to a dr. because I cannot pay for the visit, on a high deductible health insurance plan	4/24/2025 7:22 AM
106	Better emergency room facilities	4/24/2025 7:11 AM
107	None	4/24/2025 7:02 AM
108	More education and support for vaping and mental health for teens	4/24/2025 6:53 AM
109	None	4/24/2025 6:52 AM
110	Return maternity ward to area hospital	4/24/2025 6:46 AM

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111	Personally, I do not think my primary cares about patients needs or personal issues. Not educating self in new health issues environmental). What to do when PFAS found in drinking water for past three years. "Don't know" not acceptable.	4/24/2025 6:40 AM
112	we need more urgent care facilities.-would relieve long wait at ER. People from the city are coming to Harrington creating 10-12 hour wait times in the ER. Dr. tells us to go there and we wait and wait.	4/24/2025 6:22 AM
113	JUST STAY IN IN GOOD HEALTH!!!!!!!!!!	4/24/2025 6:18 AM
114	Reduce costs. Big pharmaceutical companies pricing, a comprehensive 1 plan sponsored by govt like other countries	4/24/2025 6:06 AM
115	no comment	4/24/2025 5:11 AM
116	Make community aware survey like leapfrog Harrington does not provide data to and that is why score low. Make Harrington needs more primary care with more available for walk/ need to be seen in 24 so it don't over whelm the Ed and urgent care.	4/24/2025 4:57 AM
117	None	4/24/2025 3:13 AM
118	When you have dr and nurses who don't care and make fun at what the patient goes into the hospital too be checked for and ridicule them behind there backs like Harrington hospital	4/24/2025 1:59 AM
119	N/A	4/24/2025 1:01 AM
120	Need better access to specialists. Many seem to not accept new patients and when you find one it is far and appointments require a long wait.	4/23/2025 11:43 PM
121	Weight loss program	4/23/2025 11:14 PM
122	Idk most people in my zip code have money but not pay out of pocket money and don't qualify for masshealth	4/23/2025 11:09 PM
123	None	4/23/2025 11:05 PM
124	I think having an urgent care that is open outside of the normal office hours (nights and weekends) would make a high impact in our area.	4/23/2025 10:08 PM
125	Transportation is a big issue	4/23/2025 10:02 PM
126	Shorter wait times for appointments	4/23/2025 9:58 PM
127	Not happy with the fact that Harrington Hospital doesn't accept my insurance anymore.	4/23/2025 9:45 PM
128	We really need the Southbridge Umass to have more specialists. Why can't Worcester doctor's consider some days in Southbridge Hospital? We also need more Primary Care Physicians. We also need the Southbridge Urgent Care to reopen. Driving to Worcester for all my specialists is getting harder as I get older.	4/23/2025 9:42 PM
129	More resources for people to call on.	4/23/2025 9:38 PM
130	Closing down specific dept in hospital is sometimes a bad move I.e. maternity	4/23/2025 9:25 PM
131	Free Clinics for those with no medical insurance Dental Clinics for all ages	4/23/2025 9:18 PM
132	I don't know	4/23/2025 9:16 PM
133	Awareness is key. If the public knows what is available to them (and if there are any assistance programs available) it can help them use it.	4/23/2025 8:57 PM
134	more consistent personnel in primary care office. especially PA's	4/23/2025 8:55 PM
135	Need an urgent care facility in tri community area. Expanded emergency room.	4/23/2025 8:51 PM
136	Difficulty getting appointments without a long wait	4/23/2025 8:42 PM
137	I do not have any more thoughts on this subject	4/23/2025 8:37 PM
138	Affordable insurances affordable medications quicker access to physicians for appointment Medical staff that will listen to the patient	4/23/2025 8:36 PM
139	Providing education in a form that engages the audience without judgment	4/23/2025 8:35 PM

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140	The emergency room wait time is always too long. You need to set up a system for people who do not have insurance. When I was a child, we had a clinic to go to when we were sick. We were taken care of very well. I think we paid two dollars.	4/23/2025 8:32 PM
141	Perhaps provide monthly newsletters in the mail to the surrounding towns patients come in from with educational material that can help. Place resource flyers in grocery store aisles etc	4/23/2025 8:29 PM
142	None at this time.	4/23/2025 8:25 PM
143	Lack of quality medical providers. Of any specialty. Have to wait so long to get appts!	4/23/2025 8:23 PM
144	I think that coordinating general information through low income housing management could reach more people.	4/23/2025 8:21 PM
145	Free clinic for the poor	4/23/2025 8:17 PM
146	The system is broken! I have gone through 3 primary care providers in 2 years. Too much of our health care is ERs or urgent care	4/23/2025 8:15 PM
147	None	4/23/2025 8:13 PM
148	Low or no cost urgent care clinics for the homeless and low income individuals.	4/23/2025 8:13 PM
149	Need more Primary Care Providers	4/23/2025 8:03 PM
150	Not enough adult primary care physicians close by.	4/23/2025 8:00 PM
151	We need more primary care doctors with appointments available and taking new patients.	4/23/2025 7:58 PM
152	Doctors are over booked	4/23/2025 7:57 PM
153	Be able to get an appointment with primary care doctor	4/23/2025 7:55 PM
154	Local health fairs for seniors,schools and general population	4/23/2025 7:47 PM
155	Appointment availability	4/23/2025 7:47 PM
156	Stop asking questions and and changing the process, like you are trying to do right now. Everything used to be fine!	4/23/2025 7:47 PM
157	Access to a new primary care after a move.	4/23/2025 7:46 PM
158	Simplifying, coordinating and/or consolidating the online systems for communicating between patient and doctor, and also for doctors to access information from "other" information systems. I am now seeing doctors in Worcester UMass system, and the Harvard-Brigham system. It's important for information to be available throughout. I also have a Worcester doctor who is not in the UMass communication system. This is EXTREMELY frustrating.	4/23/2025 7:33 PM
159	None that I can think of	4/23/2025 7:32 PM
160	We are close to very good care and we know first hand.	4/23/2025 7:25 PM
161	I had to go to Worcester to find a Primary. No Harrington primaries were taking new patients.	4/23/2025 7:24 PM
162	Provide more urgent care that is open on a regular basis.	4/23/2025 7:12 PM
163	I don't know	4/23/2025 7:02 PM
164	It would be wonderful to be able to visit with my PCP when an unexpected illness or injury occurs! Urgent care is ok but not my preference when I'll.	4/23/2025 7:02 PM
165	I think people need to know what is available there's not much public transportation in Webster, and I think people don't realize that there is medical care for more than when you are sick they need to know that there are other resources available to them from the health industry. To help lose weight or for depression or exercise. I have lived in this area for 10 years but I don't see any doctors out this way because of what I have been told about some of the doctors in this area not really caring for their patients and treating them like they are seeking drugs or just not listening to them. So I haven't looked for a doctor in Webster I go to UMASS in Worcester for everything. It would be nice to see a doctor here but How do you get a reference from someone if they all have a negative word about the health care.	4/23/2025 6:59 PM
166	none	4/23/2025 6:52 PM

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167	Local health facilities are terrible	4/23/2025 6:48 PM
168	quality of care	4/23/2025 6:47 PM
169	There are lots of seniors at the food bank indicating that the same pop may not have money for medicines etc.	4/23/2025 6:45 PM
170	I live in a small town and sometimes, getting an appointment to a healthcsre facility can be difficulty.	4/23/2025 6:35 PM
171	Not enough doctors.	4/23/2025 6:24 PM
172	It's my personal belief that if there isn't an urgent care facility in the town, then every hospital ought to have an urgent care section within it so that care can be done more quickly, instead of fitting in people around actual emergencies. This would lead to improved efficiency.	4/23/2025 6:24 PM
173	The community really struggles with transportation options for those without vehicular access. The community also struggles with accessing primary care physicians that don't have very long wait times to get in.	4/23/2025 6:18 PM
174	I think more people need support. Especially new mothers.	4/23/2025 6:16 PM
175	Access and wait times big problem everywhere. Need more PCPs / general medicine docs or PAs / NPs	4/23/2025 6:05 PM
176	Home health hazards, such as lead and/or mold exposure might be considered significant factors. Access to healthy foods (due to cost) could be another factor.	4/23/2025 5:56 PM
177	We need urgent care in this area.	4/23/2025 5:52 PM
178	Transparency, doctors experience, and ratings among the community.	4/23/2025 5:42 PM
179	Extremely blessed to have Harrington Hospital in town	4/23/2025 5:37 PM
180	Too long of waiting to get an appointment	4/23/2025 5:35 PM
181	Hard to find a PCP	4/23/2025 5:30 PM
182	None	4/23/2025 5:27 PM
183	N/A	4/23/2025 5:17 PM
184	More programs to be available for children especially in the summer vacations. Some kind of training for the middle school and high school kids on the rules of school cross guards and walking home safe.	4/23/2025 5:17 PM
185	People avoid seeking health support in order to avoid bad news. It also is a challenge to seek support with limited or no insurance coverage.	4/23/2025 5:14 PM
186	Access to specialists in the area would be an improvement. Transportation to appointments, removing language barriers, and people feeling that they're receiving the best care.	4/23/2025 5:07 PM
187	Keeping the chairs locally as possible, with transportation options Is vital. Help with medication co-pays or deductibles for seniors and Facing financial hardships. The cost so much higher than any other part of the system versus reducing the co-pay of the deductible to get routine, preventative, or follow up care more of a "wrap around model" for certain diagnoses.	4/23/2025 5:06 PM
188	People need other options. There is a community hospital in Putnam, CT but it doesn't provide the best care. This is why I travel to UMASS in Worcester for the majority of my care. However, I do have a PCP in my area for colds, etc.	4/23/2025 5:04 PM
189	None	4/23/2025 5:03 PM
190	Safer walking areas	4/23/2025 5:03 PM
191	Need more physicians	4/23/2025 5:03 PM
192	none	4/23/2025 5:01 PM
193	Affordable housing is sorely needed and would go a long way to improving both mental and physical health in my community.	4/23/2025 5:00 PM
194	Most people I know are proactive and take an active role on their health. They have health	4/23/2025 4:57 PM

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care insurance. Elderly without family support often ignored health issues, don't or can't follow through with health recommendations.

195	An urgent care center; more primary care physicians so you don't have to wait months for an appointment	4/23/2025 4:55 PM
196	Less wait in PCP offices to cut down on ER visits	4/23/2025 4:49 PM
197	Have greater access for health information.	4/23/2025 4:49 PM
198	The medical system is extremely messed up. Right now I can't think of a better word, messed up sums up the problem. Extremely insurance charges that barely cover the cost of prescriptions, office visits and tests. It is going to be a long road that I know I won't see the end of.	4/23/2025 4:46 PM
199	Primarily, lack of PCP's with true understanding of their pts	4/23/2025 4:45 PM
200	We need more access to primary care physicians	4/23/2025 4:44 PM
201	We lost our hospital in Ware n ridiculous waiting for help in Palmer.I go to Harrington because I don't trust baystate !	4/23/2025 4:44 PM
202	More open house to facilities	4/23/2025 4:44 PM
203	We need more primary care providers. Very few established practices are accepting new patients and those that are are booking appointments 9-12 months out.	4/23/2025 4:42 PM
204	Attach an Urgent Care to the emergency department.	4/23/2025 4:39 PM
205	Only Dr s taking new patients are in Worcester hospitals, don't want to go there for my Dr, parking, etc	4/23/2025 4:38 PM
206	N/a	4/23/2025 4:33 PM
207	Deal with climate change	4/23/2025 4:33 PM
208	Homelessness and the fallout from losing housing is a major health problem in this area.	4/23/2025 4:33 PM
209	none	4/23/2025 4:32 PM
210	Ware needs a health care center	4/23/2025 4:31 PM
211	We were given a doctors name when we signed up and moved to Massachusetts but it will take over a year to get in to see our PCP	4/23/2025 4:28 PM
212	Caring for the wellbeing of your family and community! People don't care for each other anymore its everyone for themselves!	4/23/2025 4:28 PM
213	Good treatment to feel better and healthy	4/23/2025 4:23 PM
214	We need an urgent care clinic closer to us	4/23/2025 4:19 PM
215	Need better hospitals, staff education and better employees All of UMASS is awful and they have taken over	4/23/2025 4:18 PM
216	None	4/23/2025 4:16 PM
217	N/A	4/23/2025 4:16 PM
218	Finding better technicians pay for real doctors not nurse practitioners getting more affordable education to become a doctor nurse or technician health care research should be kept up	4/23/2025 4:16 PM
219	N/A	4/23/2025 4:14 PM
220	I consider good health care a necessity for proper health. There should be more Doctors,	4/23/2025 4:13 PM
221	2 hospitals are close by so the care is there people just need more information on what's available and how much it costs	4/23/2025 4:09 PM
222	N/A	4/23/2025 4:06 PM
223	Believe it or not radio advertising gets to many people when there alone , gives them time to think. Tells them where there is help. Simple.	4/23/2025 4:05 PM

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224	More urgent care facilities,more primary care physicians	4/23/2025 4:04 PM
225	more Education	4/23/2025 4:01 PM
226	None	4/23/2025 3:56 PM
227	Just more primary care physicians would help	4/23/2025 3:56 PM
228	traveling into a city can be tough for parents and 65+. nice to have "neighborhood" access like Harrington in Charlton and Webster.	4/23/2025 3:55 PM
229	I have no suggestions	4/23/2025 3:53 PM
230	N/a	4/23/2025 3:49 PM
231	The overwhelming amount of misinformation about basic health care, such as the benefits of vaccines, is mind boggling. We need better leadership and PSAs to provide science-based evidence on the benefits of vaccines, healthy eating habits, sugar-free school lunch programs.	4/23/2025 3:47 PM
232	We need closer more affordable care	4/23/2025 3:44 PM
233	Affordable health care for all	4/23/2025 3:42 PM
234	I don't have any answers to that	4/23/2025 3:42 PM
235	Quicker responses to messages left with Dr. offices. We need more PCP's. Many patients struggle to find one that accepts new patients.	4/23/2025 3:41 PM
236	need more physicians,	4/23/2025 3:40 PM
237	I've heard it is very difficult to find a doctor (new patients)	4/23/2025 3:36 PM
238	Transportation	4/23/2025 3:33 PM
239	Caring among the medical professionals	4/23/2025 3:32 PM
240	Insurance coverage is the biggest factor for me when deciding on health needs.	4/23/2025 3:32 PM
241	Better public transportation	4/23/2025 3:32 PM
242	Better access to specialists	4/23/2025 3:29 PM
243	Access to more doctors.	4/23/2025 3:28 PM
244	None	4/23/2025 3:27 PM
245	Safe places to walk or ride bicycles	4/23/2025 3:25 PM
246	Perhaps education/access to virtual health services	4/23/2025 3:25 PM
247	More presence in schools and community	4/23/2025 3:24 PM
248	Language barrier is on the part of the health care professionals not being able to speak English clearly and in a manner understood by patient.	4/23/2025 3:16 PM
249	None at this time	4/23/2025 3:14 PM
250	None	4/23/2025 3:13 PM
251	Need more primary care doctors	4/23/2025 3:10 PM
252	Need closer ER	4/23/2025 3:07 PM
253	Need doctors taking new patients	4/23/2025 3:04 PM
254	None	4/23/2025 3:04 PM
255	exercise programs at no cost	4/23/2025 3:00 PM
256	Healthcare sucks in Massachusetts.	4/23/2025 2:59 PM
257	We need more physiatrist 100% the ones we have access to are either way to booked or the one u can see she is just over medicating her patients and pushing different kinds of treatments all the time and she barely knows who u are when u go even after being with her for over 7 years it's insane	4/23/2025 2:57 PM

Community Health Needs Assessment 2025

258	We need more family practitioners	4/23/2025 2:57 PM
259	Community health center	4/23/2025 2:55 PM
260	Having an emergency care center!	4/23/2025 2:55 PM
261	takes too long to schedule an appointment in some cases	4/23/2025 2:51 PM
262	Idk	4/23/2025 2:50 PM
263	Make Healthcare services easier to access. For some it is difficult to get to primary care offices.	4/23/2025 2:50 PM
264	Why are you not participating in leapfrog? is Harrington/ um ass group addressing the issues Leapfrog identified?	4/23/2025 2:44 PM
265	Having a qualified leaders in Health and nutrition providers no X addicts with delusional opinions on vaccines. People who believe in science. 🧪🧬	4/23/2025 2:43 PM
266	Need more mental health services ; use education to remove stigma of mental disease	4/23/2025 2:42 PM
267	I really don't have anything else from what you covered.	4/23/2025 2:41 PM
268	There is a need for transportation to medical treatments.	4/23/2025 2:40 PM
269	Need more primary care physicians. More urgent care in Southbridge.	4/23/2025 2:39 PM
270	Poverty and lack of transportation opportunities also affect my community.	4/23/2025 2:36 PM
271	We need reduced costs for health insurance and lower costs for co-pays.	4/23/2025 2:34 PM
272	Accessible health care. There are few doctors available	4/23/2025 2:33 PM
273	Bring down the price	4/23/2025 2:28 PM
274	Actual service. We pay too much for nothing.	4/23/2025 2:28 PM
275	More SKILLED primary care options, especially nurse practitioners.	4/23/2025 2:25 PM
276	No	4/23/2025 2:23 PM
277	Access to good primary care physicians and appointments in a reasonable period of time.	4/23/2025 2:20 PM
278	Lower the cost of health care in general. Retain the doctors that you have.	4/23/2025 2:19 PM
279	poor healthcare system in CT	4/23/2025 2:18 PM
280	.	4/23/2025 2:15 PM
281	Doctors should be treat the patient with info from specialists and their ordered tests. Too much info lost and unnecessary testing preformed when results not compared and or shared	4/23/2025 2:10 PM
282	N/A	4/23/2025 2:07 PM
283	outreach folks, mobile medical care	4/23/2025 2:07 PM
284	Need more primary care doctors, many are retiring and no good choices to replace	4/23/2025 2:02 PM
285	Affordable housing.	4/23/2025 2:02 PM
286	Need local trama unit to handle emergencies instead of always relying on life flight lost four family members while waiting to be transported because local hospital could not handle the emergency	4/23/2025 2:01 PM
287	Great hospital	4/23/2025 1:59 PM
288	Please see above about my granddaughter.	4/23/2025 1:57 PM
289	Better drug coverage	4/23/2025 1:47 PM
290	Not enough resources for the people to get help with addiction	4/23/2025 1:42 PM
291	Zoobity zoo	4/23/2025 1:39 PM

Community Health Needs Assessment 2025

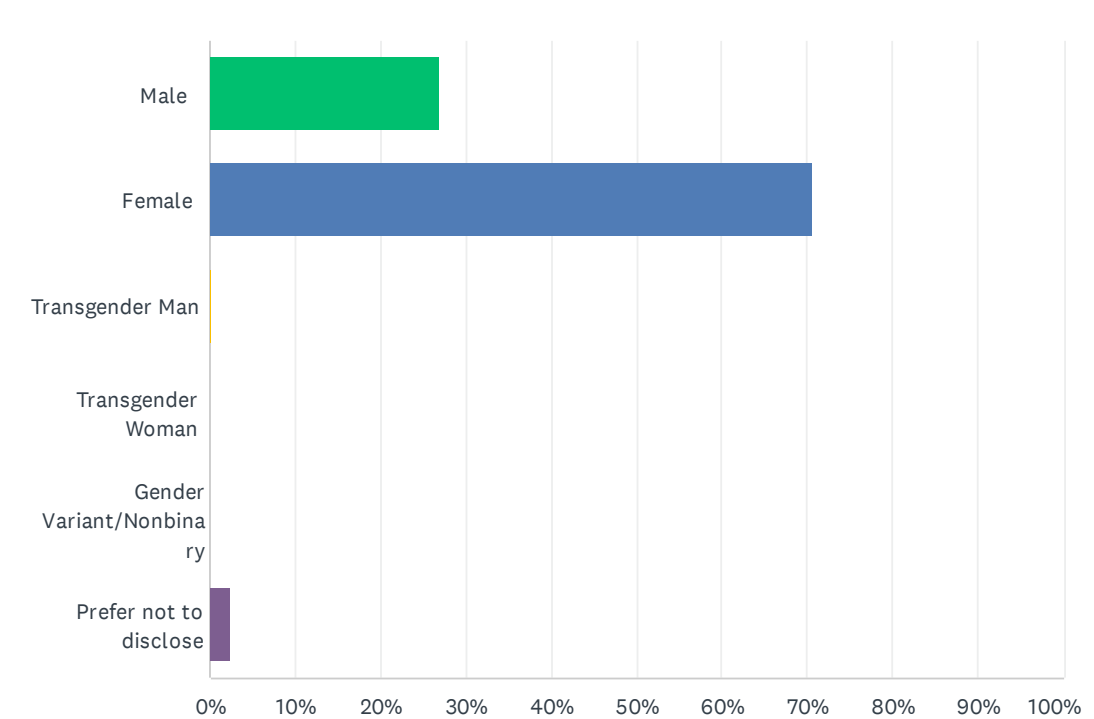
292	Much better care of senior living housing, especially management knowledge of care and needs of seniors. More interaction with town management helping seniors.	4/23/2025 1:39 PM
293	Closer facilities	4/23/2025 1:38 PM
294	NA	4/23/2025 1:36 PM
295	Your nurses are good but your doctors for the most part lack knowledge.	4/23/2025 1:36 PM
296	N/A	4/23/2025 1:34 PM
297	There is a lack of specialty care and non-traditional medical supports, such as menopause care.	4/23/2025 1:31 PM
298	For some patients who no show to appointments, maybe a home visit to inquire how can we help them from not missing medical appointments. Education on PT-1 services via MassHealth for transportation, ect	4/23/2025 1:30 PM
299	I think bringing health care to the community is a crucial way to address many people's health care needs.	4/23/2025 1:29 PM
300	N/a	4/23/2025 1:28 PM
301	None at this time.	4/23/2025 1:24 PM
302	Appt times	4/23/2025 1:16 PM
303	none	4/23/2025 1:13 PM
304	Improving access	4/23/2025 12:51 PM
305	As best I can determine, the citizens of Douglas are a very fortunate group who seem to be doing quite well as a group.	4/23/2025 12:49 PM
306	We need a universal health care program for all!	4/23/2025 12:45 PM
307	No additional thoughts.	4/23/2025 12:42 PM
308	I know one of the local transportation services in my area places work above medical appointments. This makes getting disabled people to appointments difficult. It means cutting into their limited budget to use Uber, etc.	4/23/2025 12:41 PM
309	?	4/23/2025 12:40 PM
310	n\ a	4/23/2025 12:26 PM
311	No other thoughts	4/23/2025 12:26 PM
312	Free outdoor gym in every town would help communities get in better shape (physical and mental)	4/23/2025 9:00 AM
313	n	4/23/2025 8:28 AM
314	Many people in the area lost their healthcare providers when the hospital stopped taking Tufts Connectorcare as this was the most affordable connector plan with the best coverage. They were unable to see their primary cares, and lost their referrals to specialists. There are now no primary care providers taking new patients that take most connectorcare insurances in the area, and the only ones who do are all in boston with at least a year of wait until appointments and with no provider to continue prescribing necessary medication. The only way to get this medication now is to go through the emergency room, which most people cannot afford and which overburdens the emergency room availability. More primary care providers are needed with more accessibility for people using lower tier connector care insurances, as this group of people is having an especially difficult time finding care.	4/23/2025 8:28 AM
315	Na	4/23/2025 8:26 AM
316	Need to bring back the Maternity Center to Harrington Hospital in Southbridge.	4/22/2025 6:46 AM
317	Na	4/21/2025 9:41 PM
318	Specifically Harrington campus has made a huge barrier for this community in regards to pediatric, obstetric, and psychiatric emergencies by closing those units within the hospital.	4/21/2025 8:03 PM

Community Health Needs Assessment 2025

	Patients without transportation may not acquire the help they need in a necessary time frame.	
319	Need to re-open the walk in clinic on South St Need to create a Mounjaro support group	4/21/2025 4:31 PM
320	Building awareness around the community to available services. Many people may not know where to find the things they need simply because it is not always advertised.	4/18/2025 4:37 PM
321	The community needs help with transportation, facilitating making appointments and making sure they can get to them, judgmental caregivers.	4/18/2025 9:38 AM
322	access to learning language(s) and culture	4/16/2025 10:56 AM
323	More affordable food for people that is healthy. Places for them to have guided exercise that is not a gym, ie free wellness facility.	4/16/2025 8:47 AM
324	The hospital needs to have Depends for Senior Citizens that have Gastro issues. I brought my own in during my ER visits & recent admittance.	4/9/2025 7:02 PM
325	healthier food with lower costs.	4/9/2025 8:44 AM
326	more family doctors and health services	4/9/2025 8:36 AM
327	-Better availability for new patient appointments within a reasonable time. -More cultural diversity in clinical representation of providers and care managers (cultural representation though personnel, bilingual, personal connection to local communities). -Free health screenings leading to follow on care with a pcp to provide outreach and increase trust of the medical system. -Educate, educate, educate. Offer information sessions to high school students about what health is and how it is important. Address sexual health/ appropriate sexual relationships and teen pregnancy (prevention/ treatment). -We need to meet them where they are and perhaps meet them even closer to where they feel comfortable able by showing up and showing out.	4/7/2025 12:58 PM
328	Lack of knowledge	4/6/2025 7:44 PM
329	More primary care and pediatric care practitioners.	4/6/2025 1:53 PM
330	People are afraid to go to the ER Because it's such a joke. You might think they would want to take care of the people with minor problems and get them out of there quickly, but you have nurses and doctors sitting around on their butt doing nothing but BSing and people are there from 5 to 8 hours at a time. I myself have been told by my Doctor to go to the E R many, many times and I refuse because of that reason.	4/5/2025 2:01 AM
331	More activities for our youth to stay active , try to find ways to keep our elderly engaged and not isolated,	4/4/2025 10:43 PM
332	Urgent care facility closer to Charlton	4/4/2025 8:58 PM
333	Education on healthier lifestyle. Learn how to cook.	4/4/2025 8:56 PM
334	NA	4/4/2025 8:06 PM
335	Access to health care.	4/4/2025 7:13 PM
336	There is a drastic need to make available PCP practices and urgent care in this town. UMASS can't expect everyone to travel for care, instead people don't seek care. Cost of care is outrageous as well with my health insurance making me not want to see a provider, have labs or seek preventative treatment.	4/4/2025 6:44 PM
337	More PCP's	4/4/2025 6:26 PM
338	Need another urgent care location	4/4/2025 5:15 PM
339	None	4/4/2025 5:00 PM
340	More family doctors	4/4/2025 4:51 PM
341	None	4/4/2025 3:32 PM
342	The urgent care is never open and there is always bad publicity around the Southbridge Urgent Care.	4/4/2025 2:57 PM
343	More stuff	4/4/2025 9:28 AM

Q17 What is your gender?

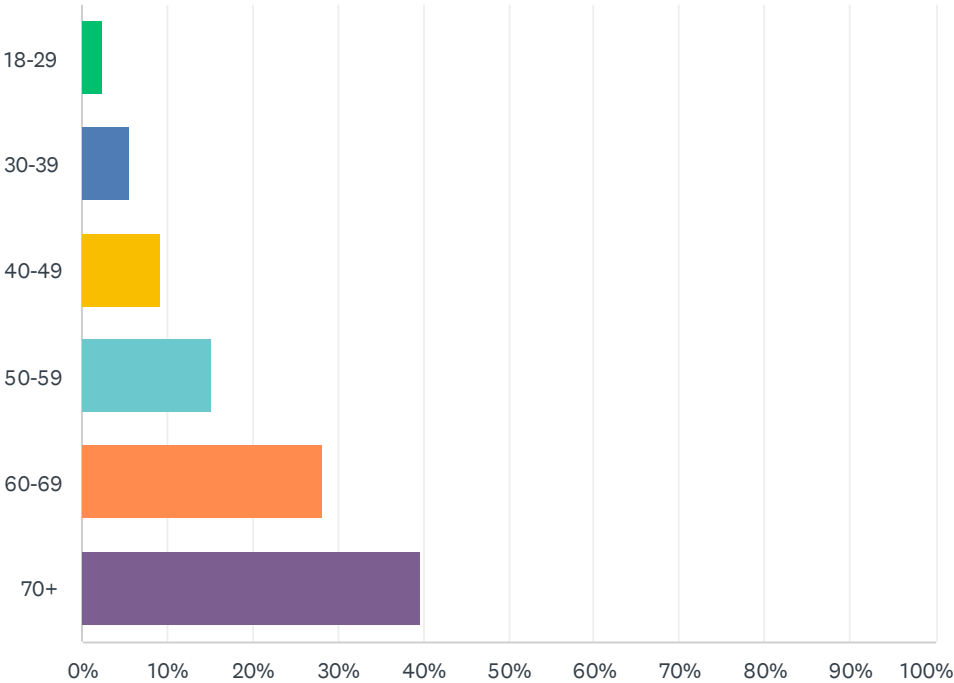
Answered: 336 Skipped: 45



ANSWER CHOICES	RESPONSES	
Male	26.79%	90
Female	70.54%	237
Transgender Man	0.30%	1
Transgender Woman	0.00%	0
Gender Variant/Nonbinary	0.00%	0
Prefer not to disclose	2.38%	8
TOTAL		336

Q18 Please categorize your age:

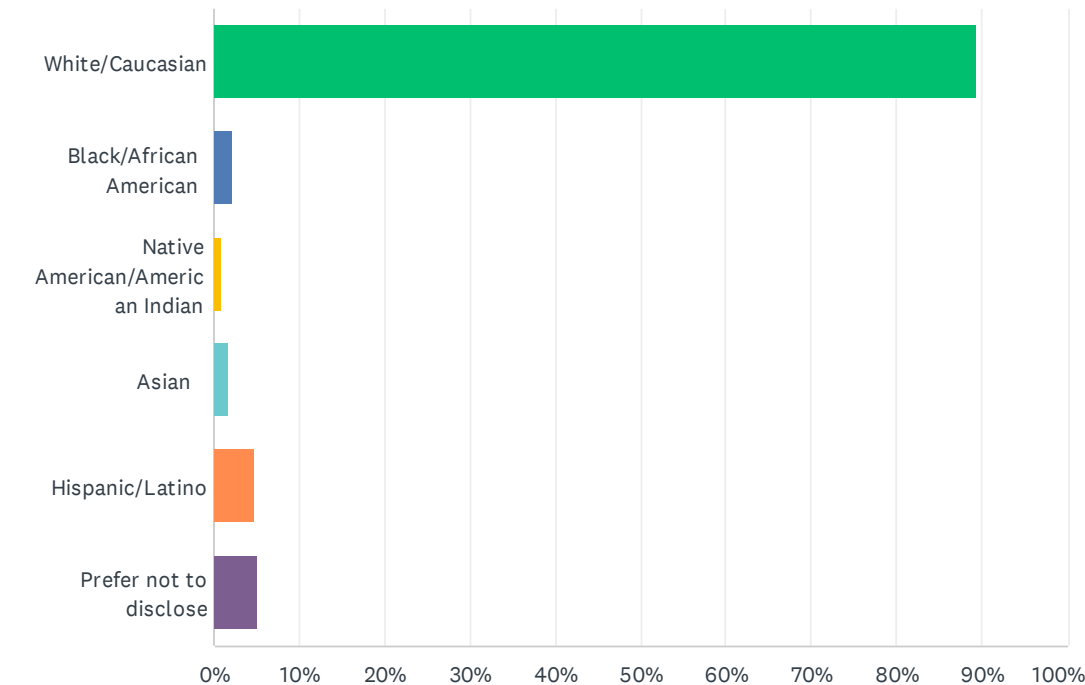
Answered: 338 Skipped: 43



ANSWER CHOICES	RESPONSES	
18-29	2.37%	8
30-39	5.62%	19
40-49	9.17%	31
50-59	15.09%	51
60-69	28.11%	95
70+	39.64%	134
TOTAL		338

Q19 What is your racial/ethnic identification? (Check all that apply)

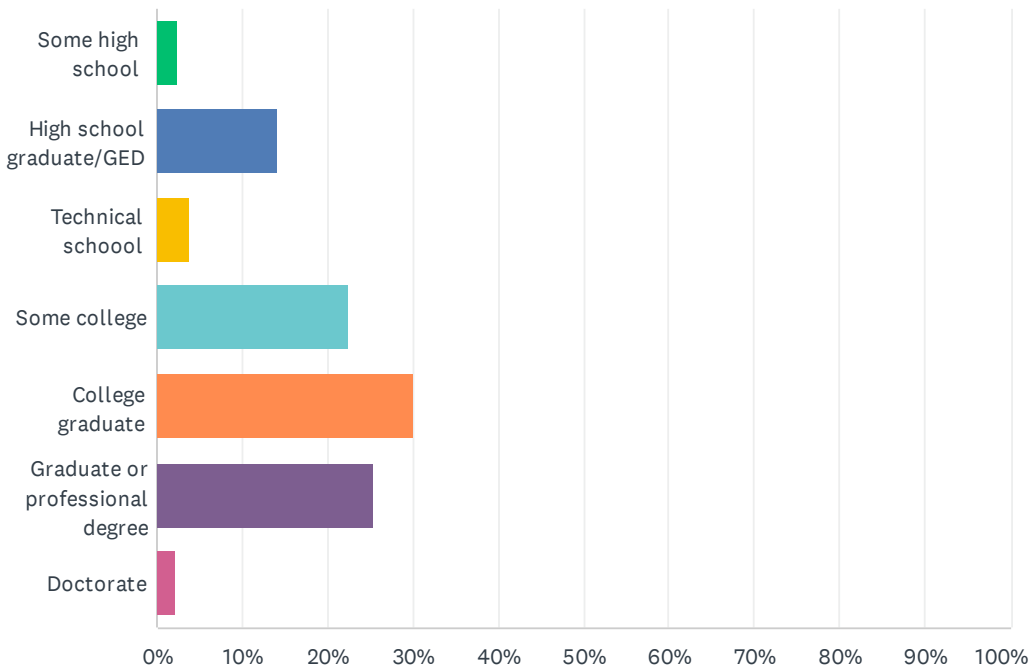
Answered: 338 Skipped: 43



ANSWER CHOICES	RESPONSES	
White/Caucasian	89.35%	302
Black/African American	2.07%	7
Native American/American Indian	0.89%	3
Asian	1.78%	6
Hispanic/Latino	4.73%	16
Prefer not to disclose	5.03%	17
Total Respondents: 338		

Q20 What is the highest level of education you have completed?

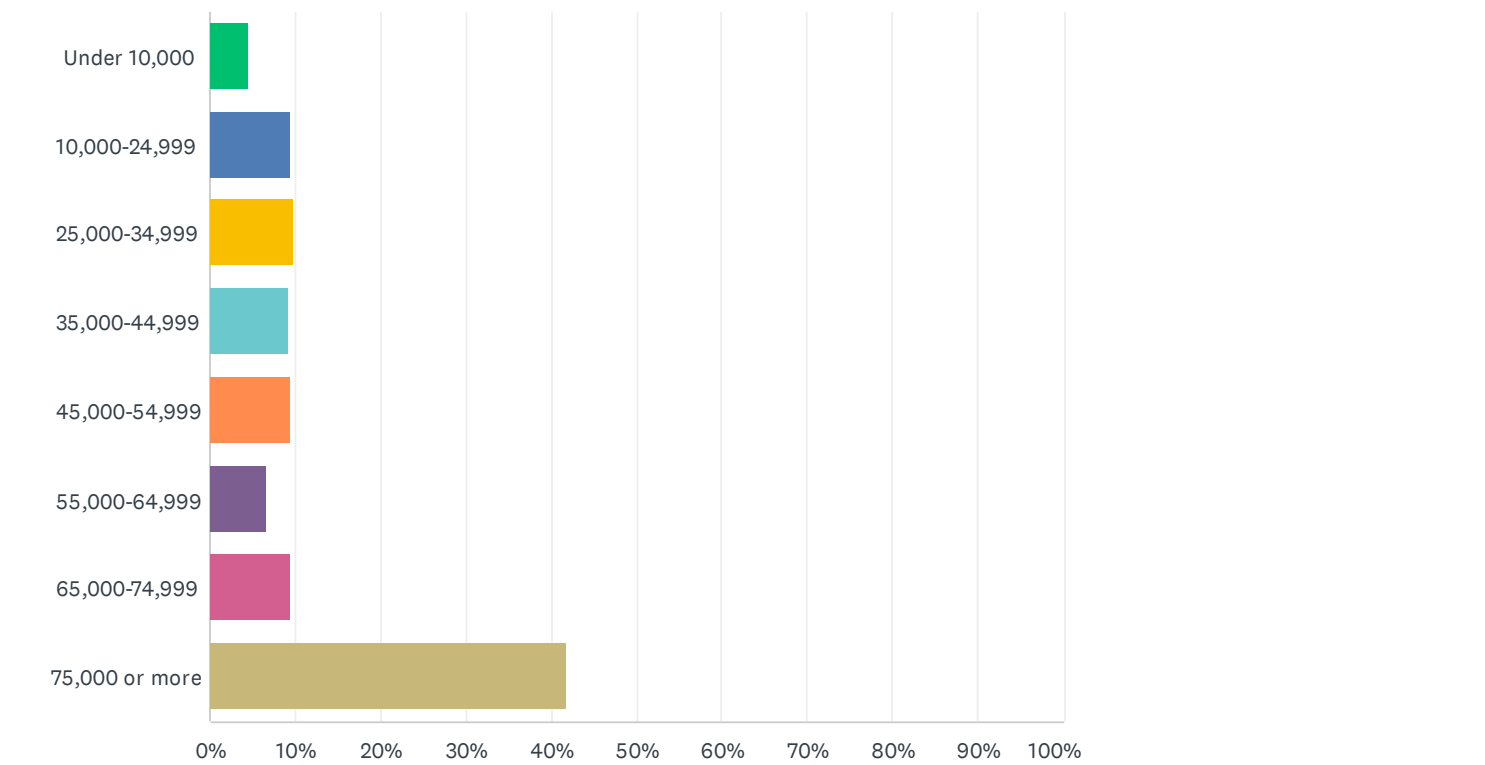
Answered: 336 Skipped: 45



ANSWER CHOICES	RESPONSES	
Some high school	2.38%	8
High school graduate/GED	13.99%	47
Technical school	3.87%	13
Some college	22.32%	75
College graduate	30.06%	101
Graduate or professional degree	25.30%	85
Doctorate	2.08%	7
TOTAL		336

Q21 What category best describes your annual household income?

Answered: 318 Skipped: 63



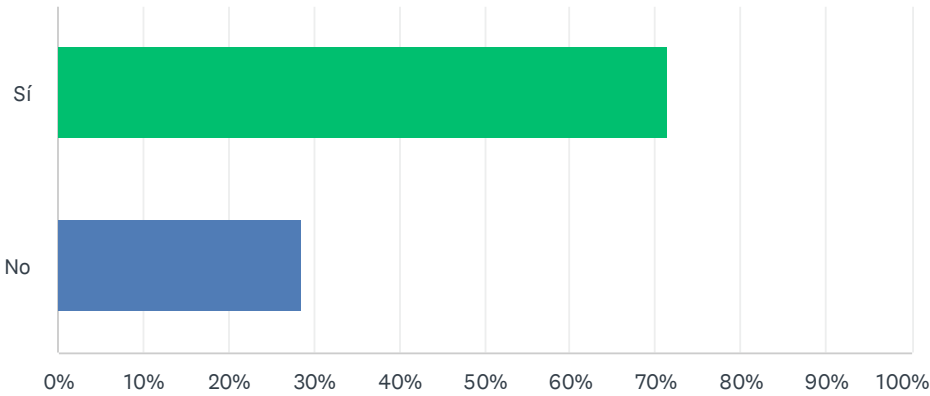
ANSWER CHOICES	RESPONSES	
Under 10,000	4.40%	14
10,000-24,999	9.43%	30
25,000-34,999	9.75%	31
35,000-44,999	9.12%	29
45,000-54,999	9.43%	30
55,000-64,999	6.60%	21
65,000-74,999	9.43%	30
75,000 or more	41.82%	133
TOTAL		318

Survey results:

Spanish version

Q3 ¿Tiene un médico habitual (médico, enfermera, asistente médico) al que acude para chequeos y problemas médicos?

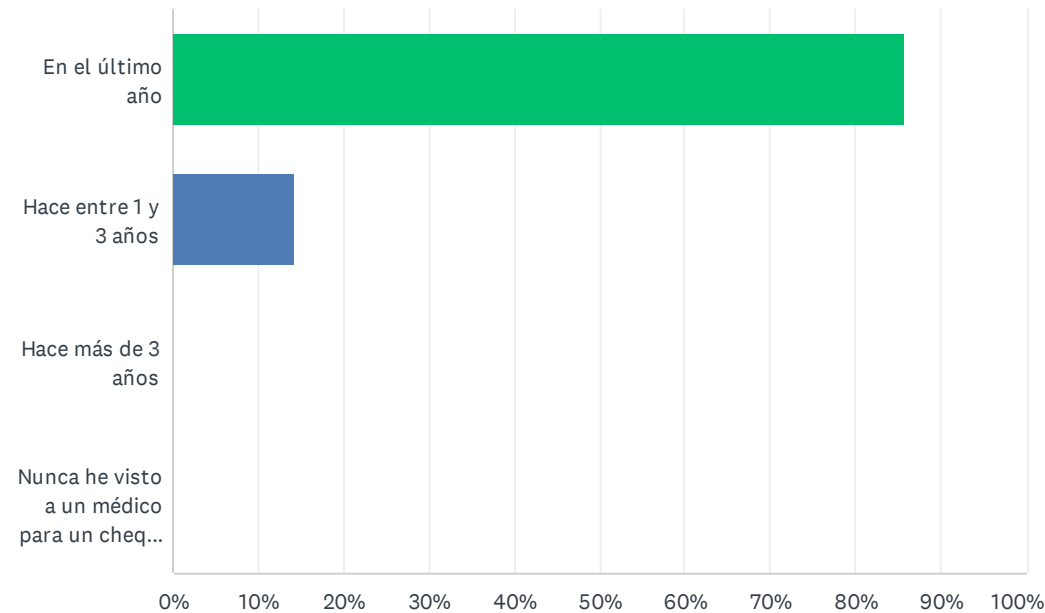
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Sí	71.43%	5
No	28.57%	2
TOTAL		7

Q4 ¿Cuándo fue la última vez que visitó a un médico de cabecera, ya sea para un chequeo regular o para una condición de salud específica?

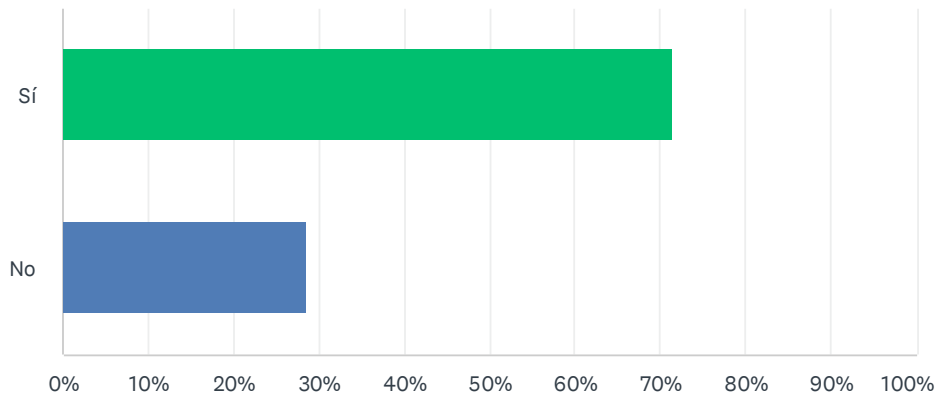
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
En el último año	85.71%	6
Hace entre 1 y 3 años	14.29%	1
Hace más de 3 años	0.00%	0
Nunca he visto a un médico para un chequeo o una condición específica.	0.00%	0
TOTAL		7

Q5 ¿Tiene un odontólogo habitual al que acude para revisiones o problemas dentales?

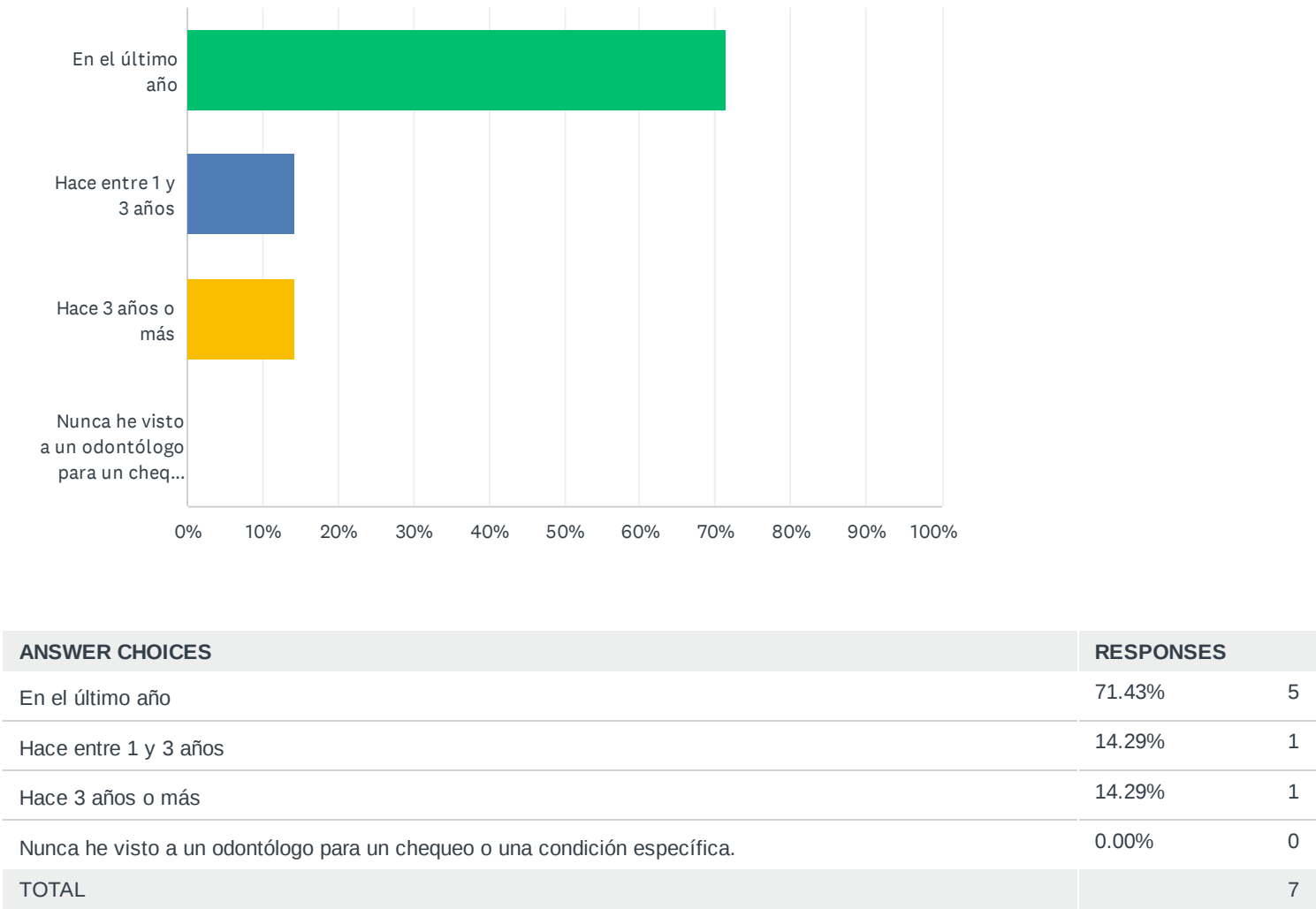
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Sí	71.43%	5
No	28.57%	2
TOTAL		7

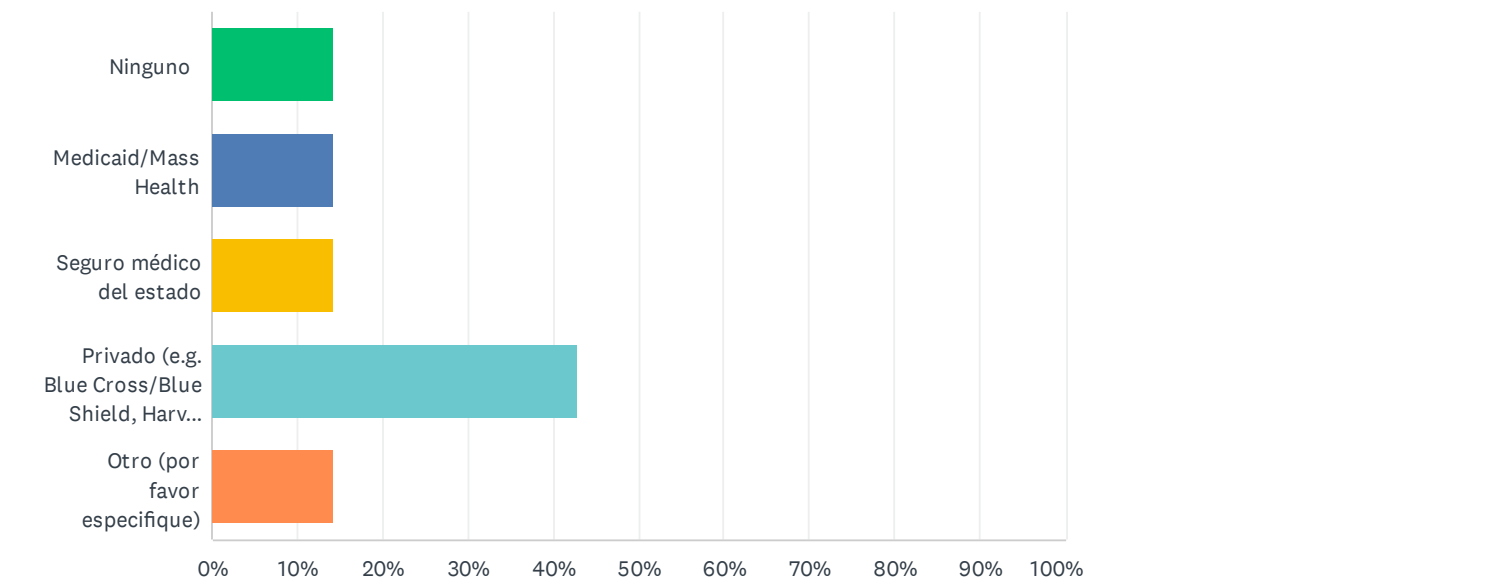
Q6 ¿Cuándo fue la última vez que visitó a un odontólogo, ya sea para un chequeo regular o para una condición específica?

Answered: 7 Skipped: 0



Q7 ¿Qué tipo de seguro médico tienes?

Answered: 7 Skipped: 0

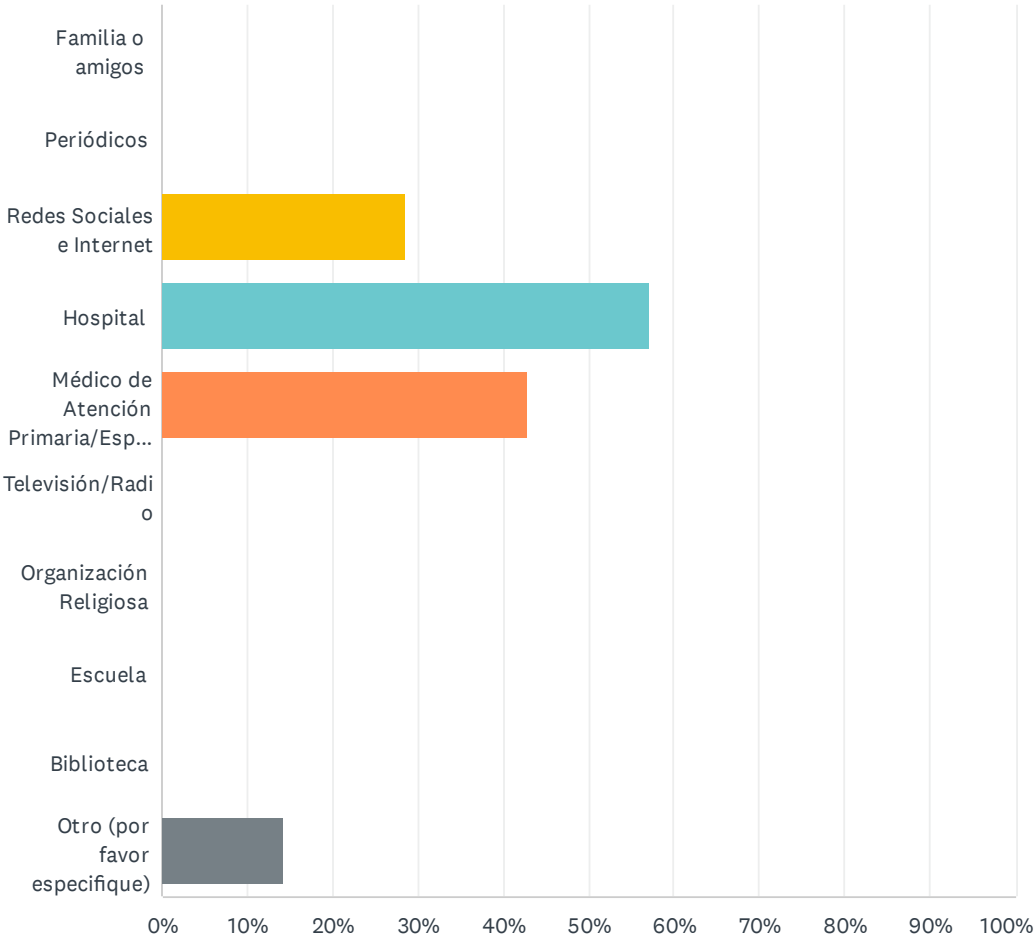


ANSWER CHOICES		RESPONSES	
Ninguno		14.29%	1
Medicaid/Mass Health		14.29%	1
Seguro médico del estado		14.29%	1
Privado (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)		42.86%	3
Otro (por favor especifique)		14.29%	1
TOTAL			7

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
1	Medicare -Aetna	4/23/2025 4:45 PM

Q8 ¿De dónde obtiene usted y su familia la mayor parte de su información de salud? (Marque todo lo que corresponda)

Answered: 7 Skipped: 0



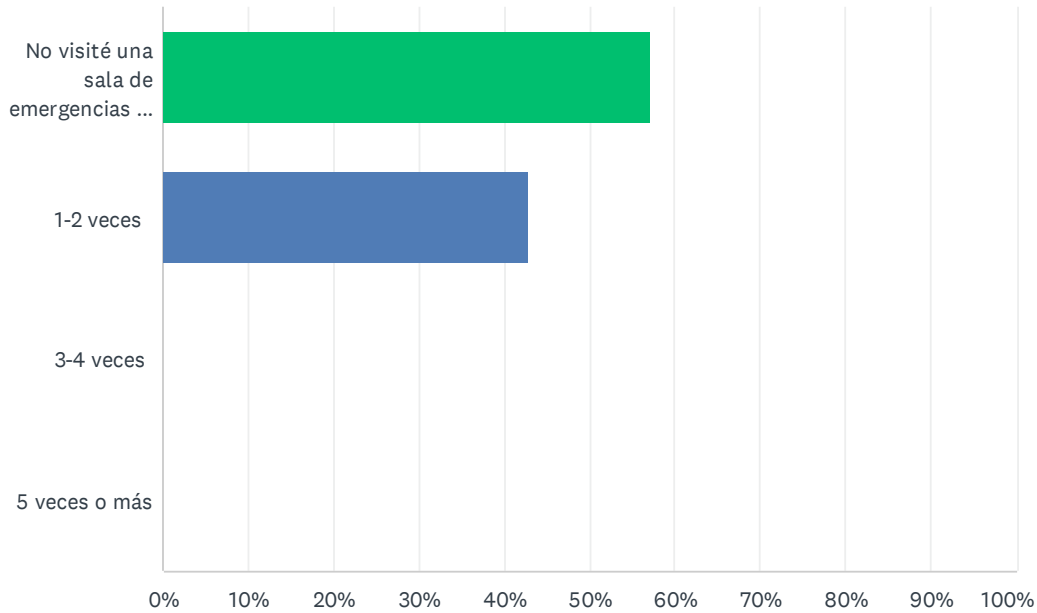
Community Health Needs Assessment 2025_ SPANISH

ANSWER CHOICES	RESPONSES	
Familia o amigos	0.00%	0
Periódicos	0.00%	0
Redes Sociales e Internet	28.57%	2
Hospital	57.14%	4
Médico de Atención Primaria/Especialista	42.86%	3
Televisión/Radio	0.00%	0
Organización Religiosa	0.00%	0
Escuela	0.00%	0
Biblioteca	0.00%	0
Otro (por favor especifique)	14.29%	1
Total Respondents: 7		

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
1	Google	4/23/2025 4:45 PM

Q9 ¿Cuántas veces en los últimos 12 meses ha visitado una SALA DE EMERGENCIA (para usted o un ser querido)?

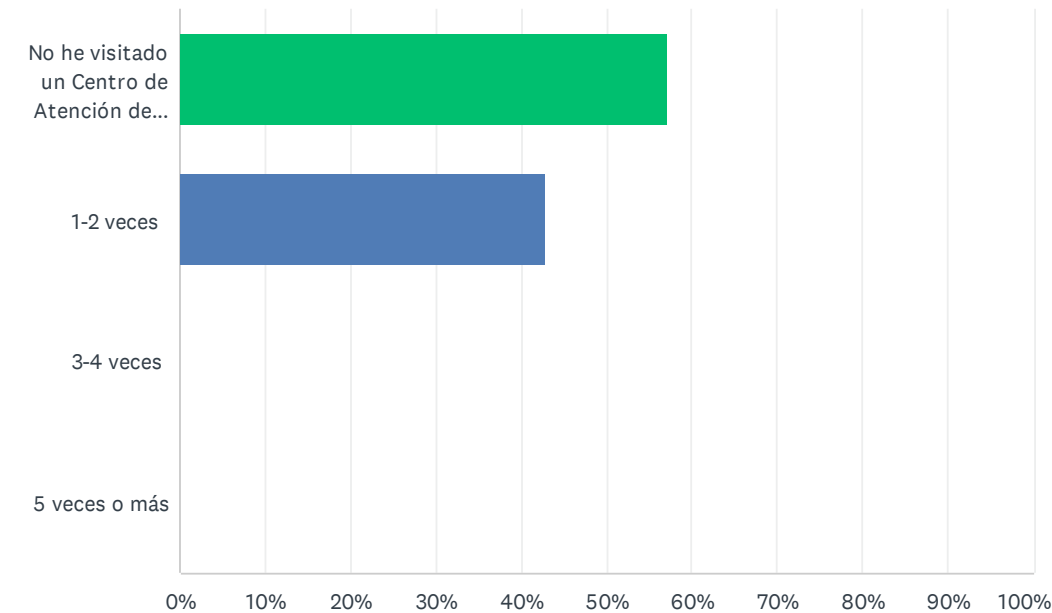
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
No visité una sala de emergencias en los últimos 12 meses	57.14%	4
1-2 veces	42.86%	3
3-4 veces	0.00%	0
5 veces o más	0.00%	0
TOTAL		7

Q10 ¿Cuántas veces en los últimos 12 meses ha visitado un CENTRO DE ATENCIÓN URGENTE (para usted o un ser querido)?

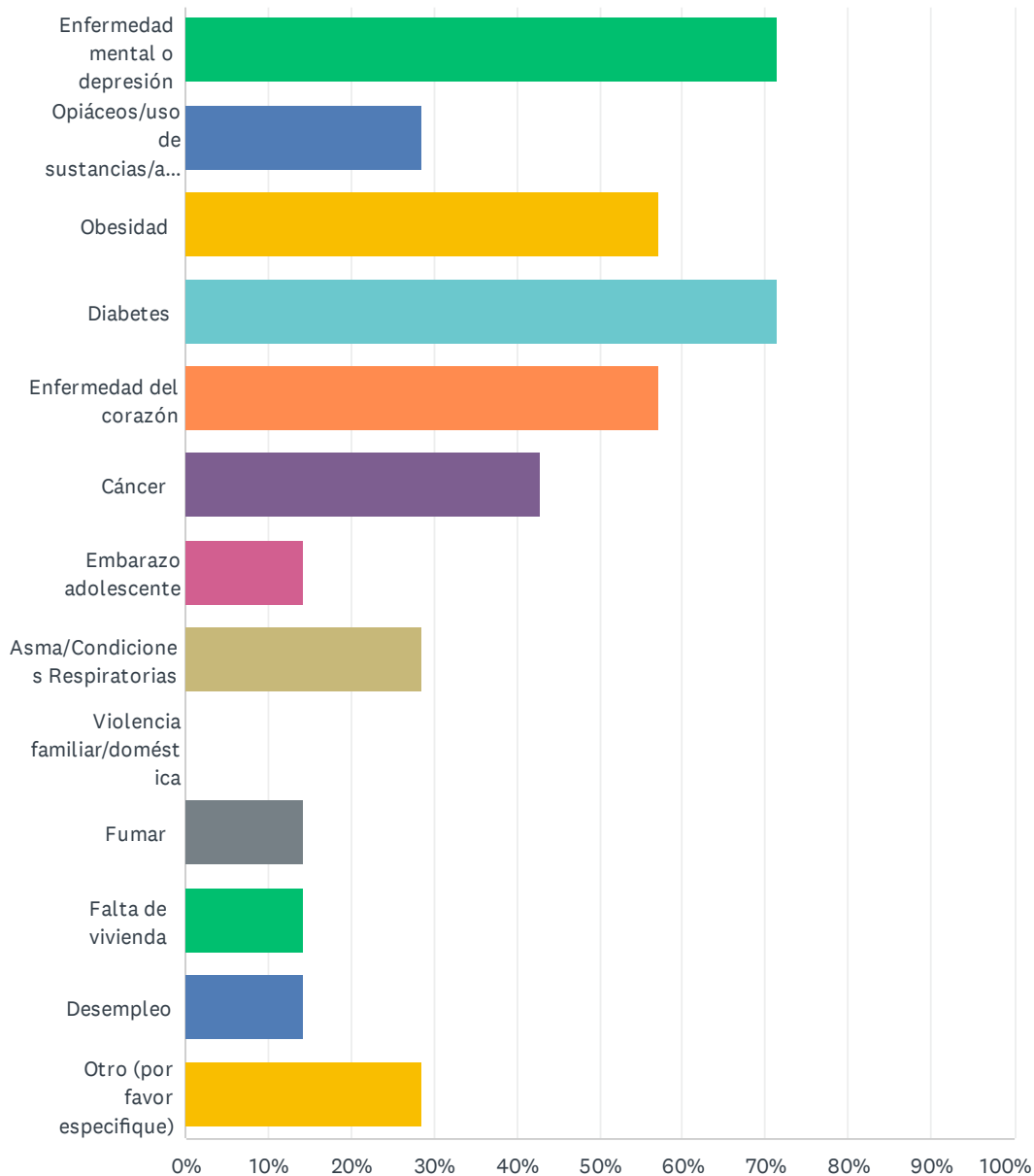
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
No he visitado un Centro de Atención de Urgencias en los últimos 12 meses	57.14%	4
1-2 veces	42.86%	3
3-4 veces	0.00%	0
5 veces o más	0.00%	0
TOTAL		7

**Q11 En general (pensando en todas las edades y datos demográficos),
¿cuáles de las siguientes identificarías como PREOCUPACIONES DE
SALUD PRINCIPALES en su comunidad? (Marque todo lo que
corresponda)**

Answered: 7 Skipped: 0



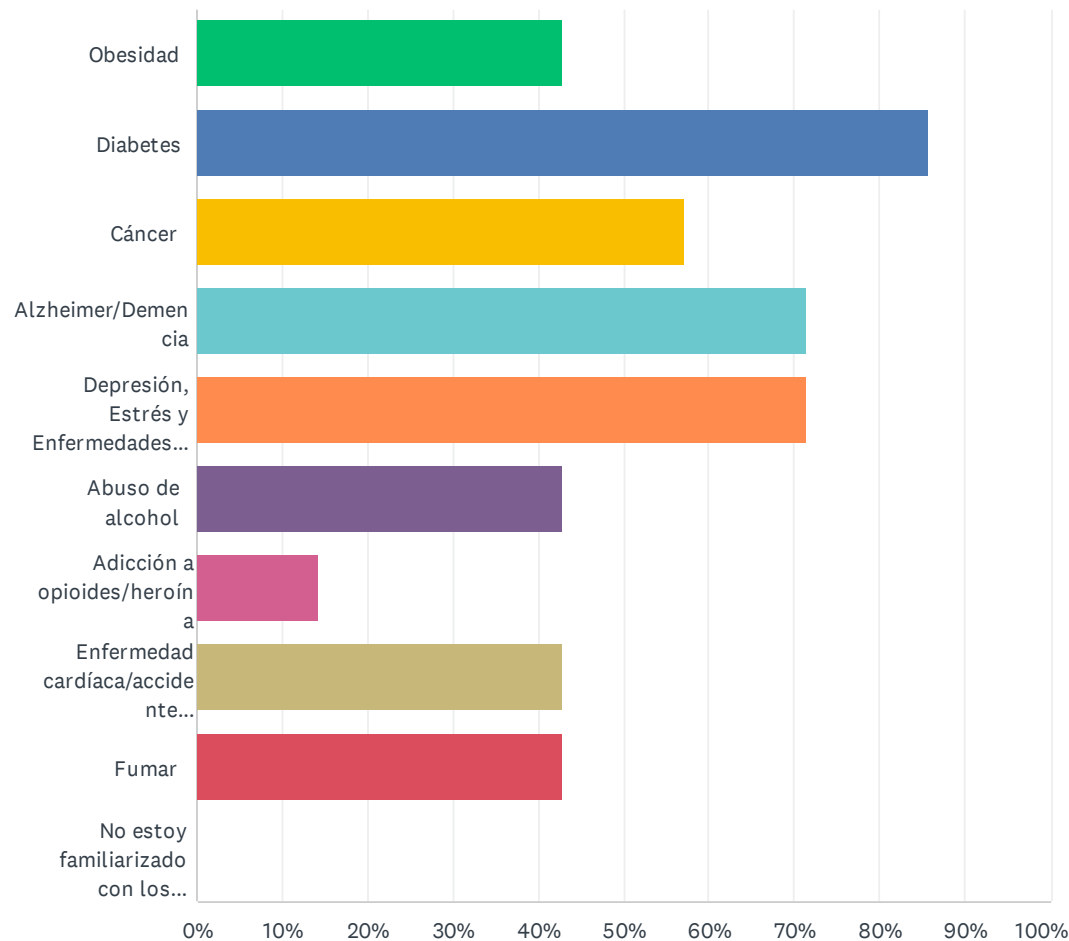
Community Health Needs Assessment 2025_ SPANISH

ANSWER CHOICES	RESPONSES	
Enfermedad mental o depresión	71.43%	5
Opiáceos/uso de sustancias/adicción	28.57%	2
Obesidad	57.14%	4
Diabetes	71.43%	5
Enfermedad del corazón	57.14%	4
Cáncer	42.86%	3
Embarazo adolescente	14.29%	1
Asma/Condiciones Respiratorias	28.57%	2
Violencia familiar/doméstica	0.00%	0
Fumar	14.29%	1
Falta de vivienda	14.29%	1
Desempleo	14.29%	1
Otro (por favor especifique)	28.57%	2
Total Respondents: 7		

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
1	Artritis y dolor en las rodillas	4/23/2025 4:48 PM
2	Anemia	4/23/2025 2:15 PM

Q12 ¿Cuáles de los siguientes identificarías como problemas principales de salud para la POBLACIÓN MAYOR (mayores de 65 años)? (Marque todo lo que corresponda)

Answered: 7 Skipped: 0



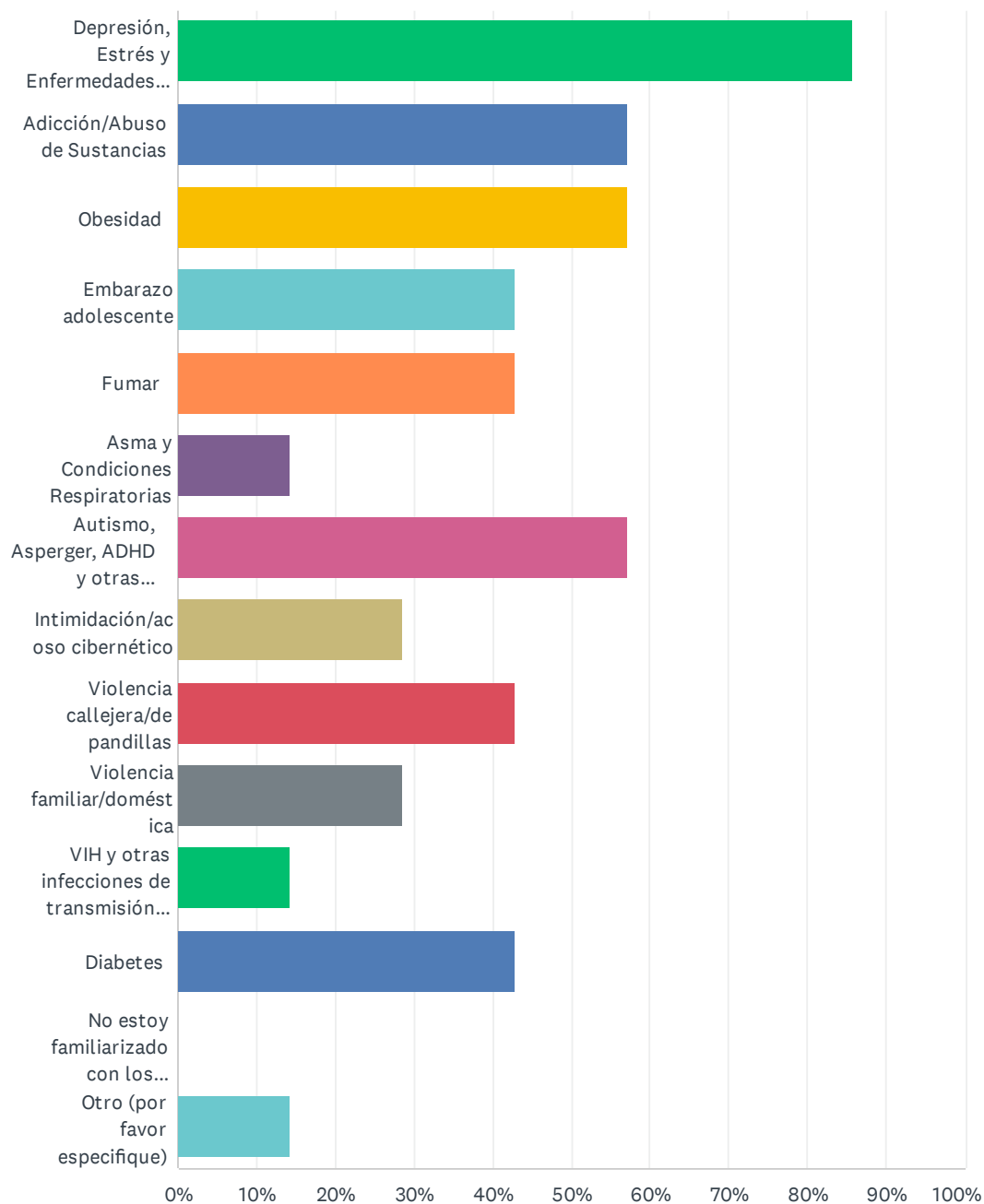
Community Health Needs Assessment 2025_ SPANISH

ANSWER CHOICES	RESPONSES	
Obesidad	42.86%	3
Diabetes	85.71%	6
Cáncer	57.14%	4
Alzheimer/Demencia	71.43%	5
Depresión, Estrés y Enfermedades Mentales	71.43%	5
Abuso de alcohol	42.86%	3
Adicción a opioides/heroína	14.29%	1
Enfermedad cardíaca/accidente cerebrovascular	42.86%	3
Fumar	42.86%	3
No estoy familiarizado con los problemas de salud de la población de la tercera edad.	0.00%	0
Total Respondents: 7		

#	OTRO: (POR FAVOR ESPECIFIQUE)	DATE
	There are no responses.	

Q13 ¿Cuáles de los siguientes identificarías como los problemas principales de salud para la POBLACIÓN DE JÓVENES Y ADOLESCENTES (17 años o menos)? (Marque todo lo que corresponda)

Answered: 7 Skipped: 0



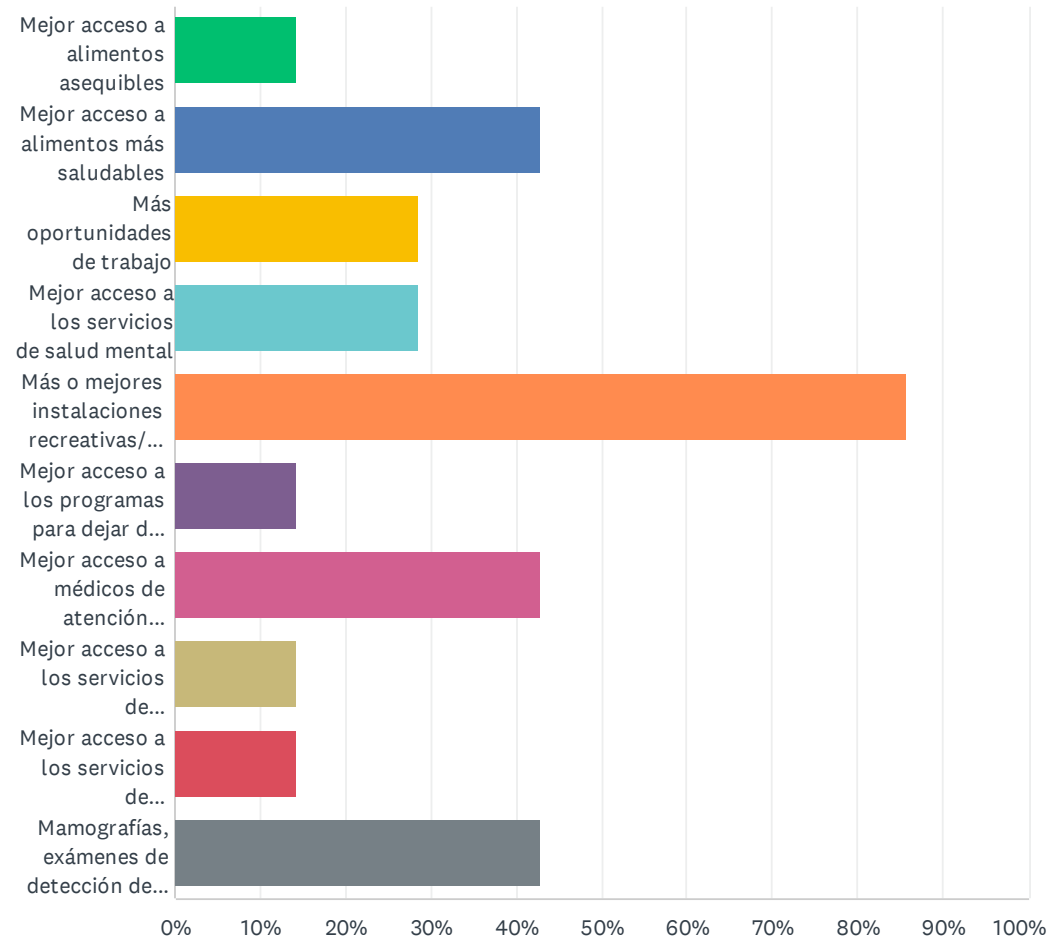
Community Health Needs Assessment 2025_ SPANISH

ANSWER CHOICES	RESPONSES	
Depresión, Estrés y Enfermedades Mentales	85.71%	6
Adicción/Abuso de Sustancias	57.14%	4
Obesidad	57.14%	4
Embarazo adolescente	42.86%	3
Fumar	42.86%	3
Asma y Condiciones Respiratorias	14.29%	1
Autismo, Asperger, ADHD y otras condiciones relacionadas	57.14%	4
Intimidación/acoso cibernético	28.57%	2
Violencia callejera/de pandillas	42.86%	3
Violencia familiar/doméstica	28.57%	2
VIH y otras infecciones de transmisión sexual	14.29%	1
Diabetes	42.86%	3
No estoy familiarizado con los problemas de salud de la población joven y adolescente.	0.00%	0
Otro (por favor especifique)	14.29%	1
Total Respondents: 7		

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
1	I	4/23/2025 3:32 PM

Q14 En su opinión, ¿qué es lo que MÁS se necesita para mejorar la salud de su familia y sus vecinos? (Marque todo lo que corresponda)

Answered: 7 Skipped: 0

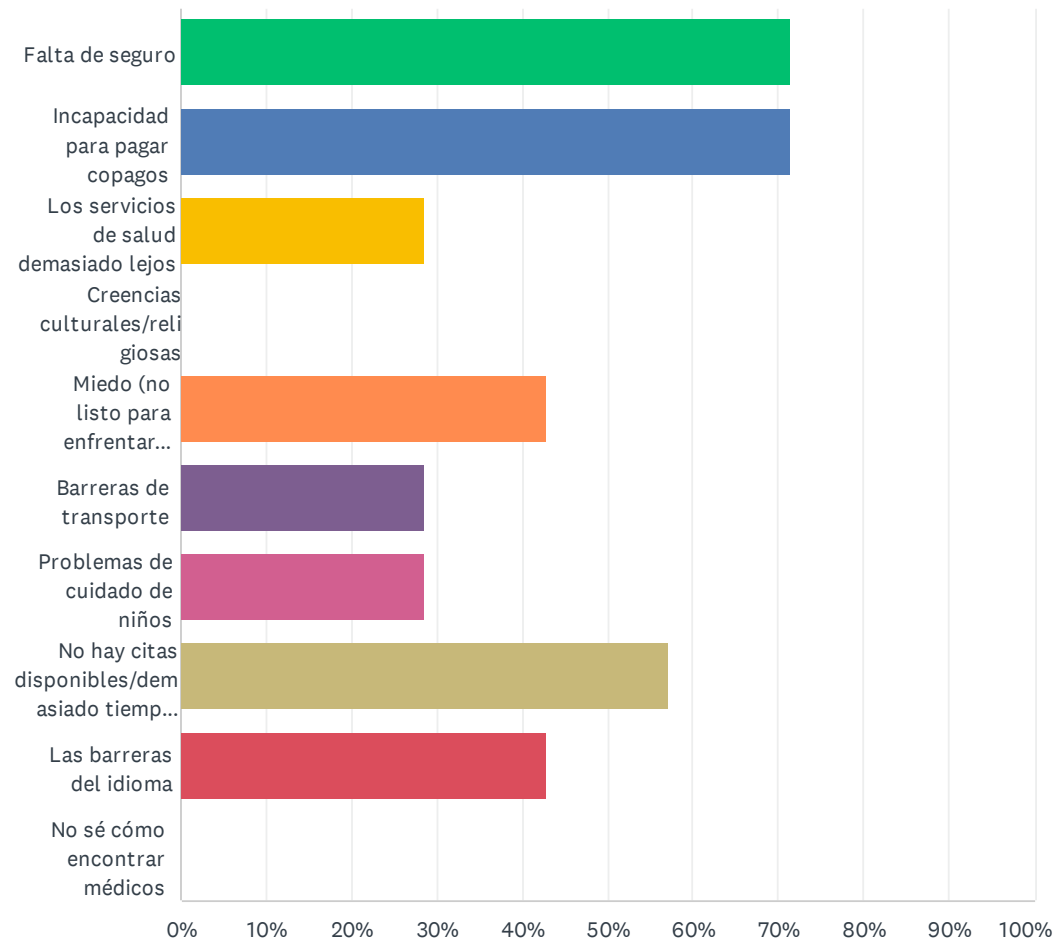


ANSWER CHOICES		RESPONSES	
Mejor acceso a alimentos asequibles		14.29%	1
Mejor acceso a alimentos más saludables		42.86%	3
Más oportunidades de trabajo		28.57%	2
Mejor acceso a los servicios de salud mental		28.57%	2
Más o mejores instalaciones recreativas/lugares seguros para caminar y jugar		85.71%	6
Mejor acceso a los programas para dejar de fumar		14.29%	1
Mejor acceso a médicos de atención primaria		42.86%	3
Mejor acceso a los servicios de rehabilitación de drogas		14.29%	1
Mejor acceso a los servicios de rehabilitación de alcohol		14.29%	1
Mamografías, exámenes de detección de cáncer y otros servicios de salud preventivos		42.86%	3
Total Respondents: 7			

#	COMENTARIOS ADICIONALES:	DATE
	There are no responses.	

Q15 ¿Qué cree que impide que las personas de su comunidad busquen tratamiento médico? (Marque todo lo que corresponda)

Answered: 7 Skipped: 0



Community Health Needs Assessment 2025_ SPANISH

ANSWER CHOICES	RESPONSES	
Falta de seguro	71.43%	5
Incapacidad para pagar copagos	71.43%	5
Los servicios de salud demasiado lejos	28.57%	2
Creencias culturales/religiosas	0.00%	0
Miedo (no listo para enfrentar problemas de salud)	42.86%	3
Barreras de transporte	28.57%	2
Problemas de cuidado de niños	28.57%	2
No hay citas disponibles/demasiado tiempo de espera para obtener una cita	57.14%	4
Las barreras del idioma	42.86%	3
No sé cómo encontrar médicos	0.00%	0
Total Respondents: 7		

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
1	No pueden costear los pagos de seguros	4/23/2025 2:16 PM

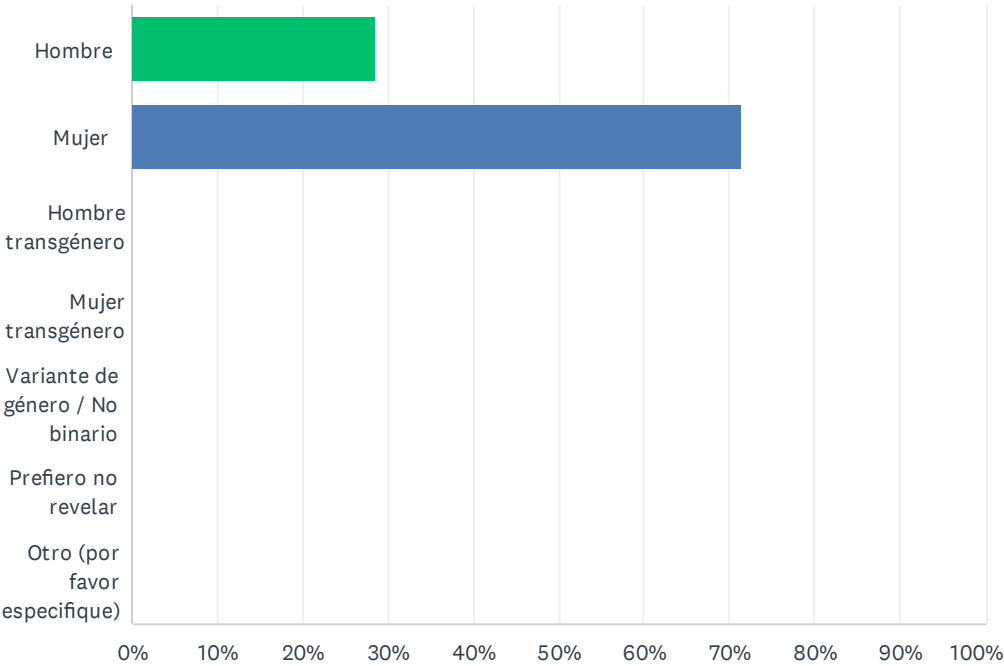
Q16 Comparta cualquier otro pensamiento que tenga en relación con la mejora de las necesidades de salud de la comunidad en la que vive.

Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	Habla hispana	6/5/2025 4:23 PM
2	No se consiguen citas para ver a tu médico primario o PA y si las consigues tienes que esperar meses.	4/23/2025 3:54 PM

Q17 ¿Con qué género te identificas más?

Answered: 7 Skipped: 0

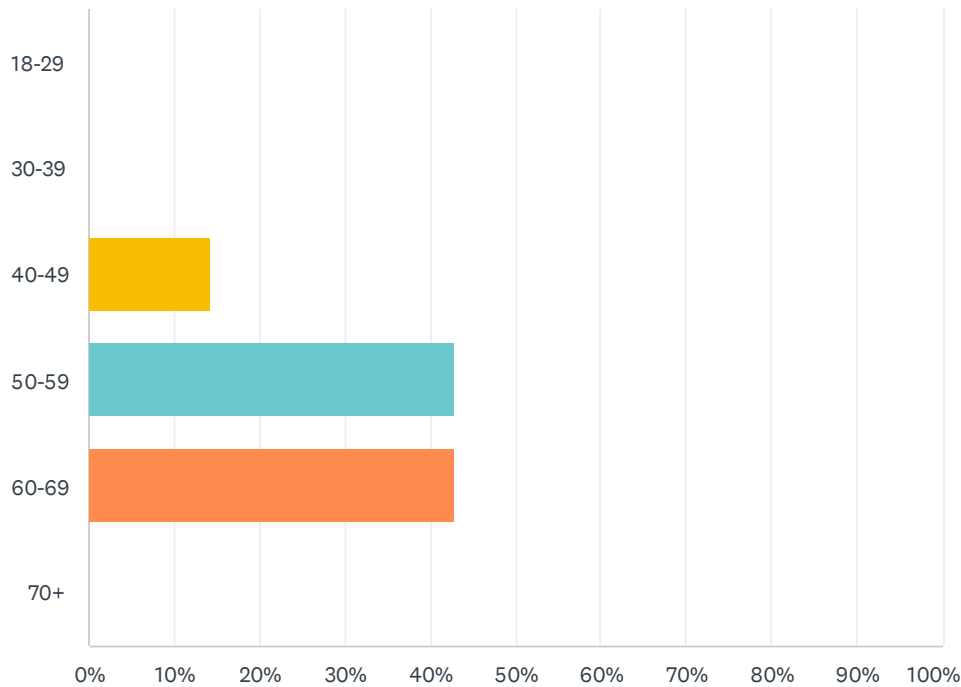


ANSWER CHOICES		RESPONSES	
Hombre		28.57%	2
Mujer		71.43%	5
Hombre transgénero		0.00%	0
Mujer transgénero		0.00%	0
Variante de género / No binario		0.00%	0
Prefiero no revelar		0.00%	0
Otro (por favor especifique)		0.00%	0
TOTAL			7

#	OTRO (POR FAVOR ESPECIFIQUE)	DATE
	There are no responses.	

Q18 Por favor categorice su edad:

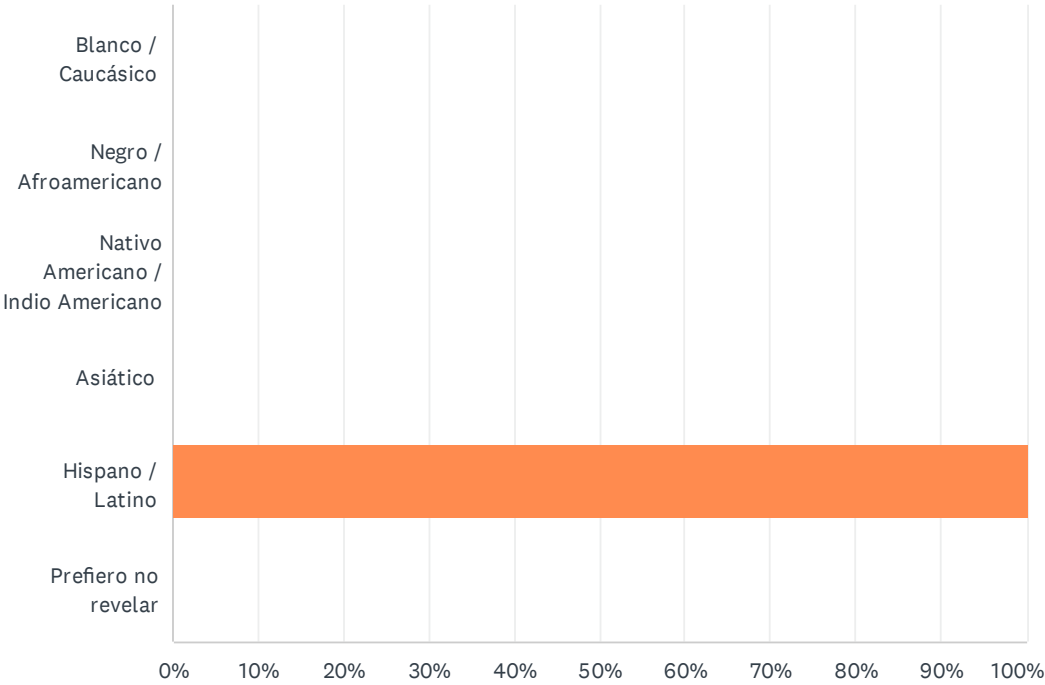
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
18-29	0.00%	0
30-39	0.00%	0
40-49	14.29%	1
50-59	42.86%	3
60-69	42.86%	3
70+	0.00%	0
TOTAL		7

Q19 ¿Cuál es su identificación racial/étnica? (Marque todo lo que corresponda)

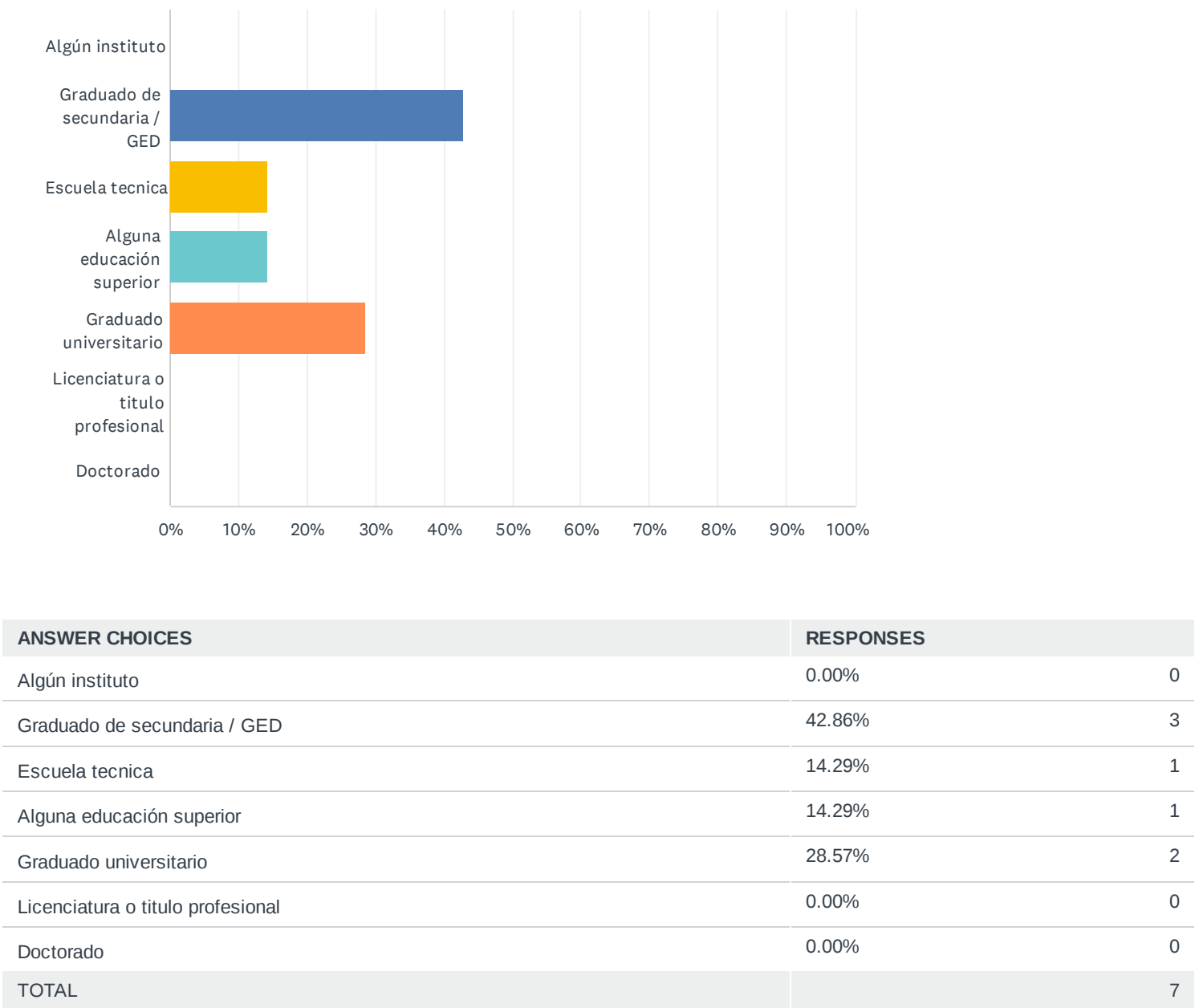
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Blanco / Caucásico	0.00%	0
Negro / Afroamericano	0.00%	0
Nativo Americano / Indio Americano	0.00%	0
Asiático	0.00%	0
Hispano / Latino	100.00%	7
Prefiero no revelar	0.00%	0
Total Respondents: 7		

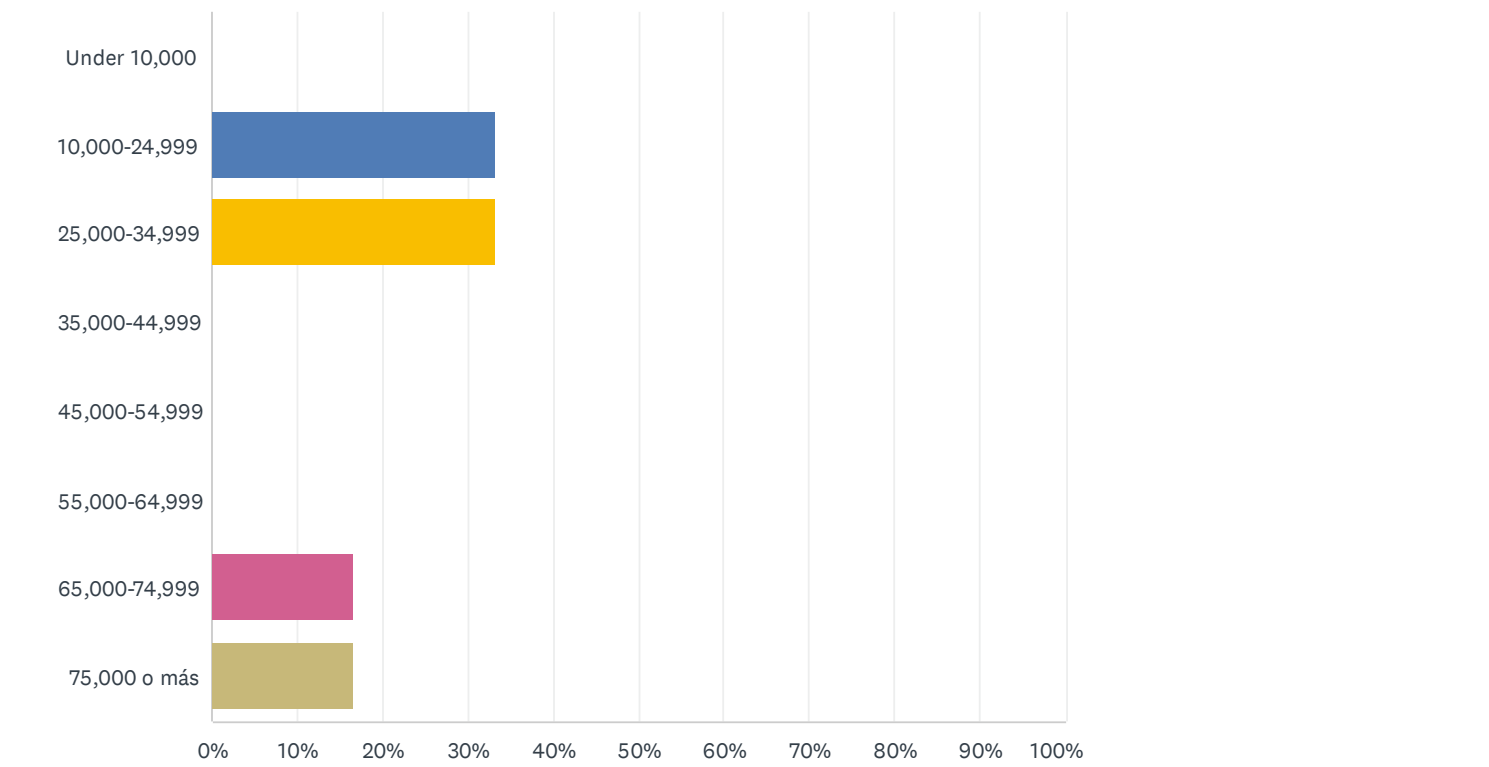
Q20 ¿Cuál es el nivel más alto de educación que ha completado?

Answered: 7 Skipped: 0



Q21 ¿Qué categoría describe mejor su ingreso familiar anual?

Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 10,000	0.00%	0
10,000-24,999	33.33%	2
25,000-34,999	33.33%	2
35,000-44,999	0.00%	0
45,000-54,999	0.00%	0
55,000-64,999	0.00%	0
65,000-74,999	16.67%	1
75,000 o más	16.67%	1
TOTAL		6

Appendix B:

Resource

Inventory

Sector	Organization	Address
Behavioral Health	Griswold Center at Wing Memorial Hospital	42 Wright Street Palmer, MA
	Harrington Outpatient Behavioral Health	Southbridge, Webster, Charlton, Dudley, East Brookfield 508-765-2227
	Harrington Outpatient Recovery Services	340 Thompson Road Webster, MA 367 E. Main Street East Brookfield, MA Central Intake: 508-765-2207 508-765-9167
	New Hope Inc.	176 Main Street Southbridge, MA
	YOU Inc.	328 Main Street Southbridge, MA
Parenting and Childcare	Catholic Charities Family Services	79 Elm Street Southbridge, MA
	Early Head Start (WCAC)	25 Cole Avenue Southbridge, MA
	Guild of St. Agnes Child Care Center	58 Bigelow Road Webster, MA
	Healthy Families Program (WCAC)	61 Pine Street Southbridge, MA
	Kids Unlimited Child Care Referral	35 Trolley Crossing Road Charlton, MA
	Parents Apart Classes	139 South Street Southbridge, MA
	Women, Infant, and Children (WIC)	61 Pine Street Southbridge, MA
	Young Parents Support Program (YOU, Inc.)	328 Main Street Southbridge, MA
Disabilities	Center of Hope Foundation	100 Foster Street, Southbridge, MA
	Department of Developmental Services	14 Mechanic Street Southbridge, MA
	Kennedy Donovan Center, Inc.	486 Worcester Street, Southbridge, MA
	Resident Programs by Life Skills, Inc.	44 Morris Street, Webster, MA
	Tri-Valley, Inc.	10 Mill Street Dudley, MA
Domestic Violence	Behavioral Health Network – DV Program	Covering Ware and Palmer; (413-967-6241 x58532)

Domestic Violence (continued)	Catholic Charities of Worcester County	79 Elm Street Southbridge, MA
	New Hope, Inc.	6 River Court Webster, MA
	Palmer Domestic Violence Task Force	413-426-4697
	SafeLink	877-785-2020
Education	French River Education Center, Inc.	672 Main St., North Oxford, MA
	Jacob Edward's Library	236 Main Street, Southbridge, MA
	Literacy Volunteers of South Central MA	236 Main Street, Southbridge, MA
	Quinsigamond Community College	132 Torey Road, Southbridge, MA
	WCAC HISET and ESL	25 Cole Ave, Southbridge, MA
Food Assistance	Blessed John Paul II Food Pantry	For residents of Southbridge and Sturbridge 279 Hamilton Street Southbridge, MA
	Brookfield Ecumenical Food Pantry	4 Howard Street Brookfield, MA
	Chip-In Food Pantry	37 Main Street Charlton, MA
	Food Share (Southbridge)	446 Hamilton Street Southbridge, MA
	Food Share (Webster/Dudley)	4 Church Street, Suite 2 Webster, MA
	Mary Queen of the Rosary	7 Church Street Spencer, MA
	Meals on Wheels through Tri-Valley, Inc.	10 Mill Street Dudley, MA
	Oxford Ecumenical Food Shelf	4 Maple Road Oxford, MA
	Sharing Cupboard Food Pantry	36 North Main Street West Brookfield, MA
	St. Joseph's Food Pantry	296 North Main Street North Brookfield, MA
	St. Joseph's Catholic Church	10 H. Putnam Road Ext. Charlton, MA
	Supplemental Nutrition Assistance Program (formerly Food Stamp program)	80 Optical Drive Southbridge, MA
	Queen Mary of the Rosary Food Pantry	60 Maple Street Spencer, MA

Food Assistance (continued)	Women, Infants, and Children (WIC) Supplemental Nutrition Assistance	61 Pine Street Southbridge, MA 118 West Main Street Spencer, MA 228 Main Street Webster, MA
	Harrington Urgent Care Express	78 Sutton Avenue Oxford, MA
	Reliant Medical Group	344 Thompson Road Webster, MA
Healthcare	Renaissance Medical Group	11-15 Sandersdale Road Southbridge, MA
	UMass Memorial Harrington Hospital (Southbridge)	100 South Street, Southbridge, MA
	UMass Memorial Harrington Hospital (Webster)	340 Thompson Road Webster, MA
	VNA of Southern Worcester County	534 School St., Webster, MA
	Greater Worcester Housing Connection Triage	508-757-0103
Housing and Homelessness	Housing Authorities	Contact each municipality
	St. Luke's Guesthouse	141 Main Street Southbridge, MA
Services for Older and/or Disabled Adults	Brimfield Senior Center	20 Main Street Brimfield, MA
	Casaubon Senior Center (Southbridge COA)	13 Chestnut Street Southbridge, MA
	Care Central VNA	534 School Street Webster, MA
	Overlook VNA and Hospice	88 Masonic Home Road Charlton, MA
	Sturbridge Senior Center	480 Main Street Sturbridge, MA
	Tri-Valley, Inc.	10 Mill Street Dudley, MA 01571
	Visiting Angels	50 Elm Street, Suite F Southbridge, MA
	Webster Senior Center	5 Church Street Webster, MA

Transportation	SCM Elderbus	Serves 21 towns 800-321-0243
	Town Cab	508-764-2551
	Para Transit	Serves 38 municipalities 508-752-9283 877-743-3852
	WRTA Shuttle	Serves 38 municipalities 508-791-9782
	Wheels on the Bus (WOB)	508-909-6075
	New Vision Rides (formerly JC Rides)	508-330-6487
	ReadyBus	1-800-321-0243
	American Cancer Society	800-227-2345
	K's Ambulance	508-978-2254

Appendix C: Evaluation of FY23-25 Implementation Strategy

UMass Memorial Health – Harrington
Community Benefits FY23 Accomplishments & FY24 Plans/Activities

FY23 Accomplishments

- **2023-2025 Community Benefits Strategic Implementation Plan Developed & Submitted**
- **Community Health Improvement Education**

From October 1, 2022 through August 31, 2023 Harrington's Community Outreach Team participated in more than 20 events where free education, screenings and community activities were provided. Through these events the team connected with over 2,000 members of the community placing a special focus on at-risk youth, elderly, those with food or nutrition insecurity and/or limited economic means, Non-English speaking members of the community and those with chronic/complex conditions. There are several events already scheduled for September, 2023.

 - **Nutrition Education**

At these events, Nutrition education was provided to approximately 210 community members
 - **Stroke & Cardiovascular Education**

Stroke & Heart Disease education was provided to at least 240 community members
Additionally, Free Hands Only CPR training was provided at 4 community events
 - **Opioid Awareness & Mental Health Education**

Overdose Awareness, Self-Wellness and Education about local resources for mental health and substance use were provided at 12 events
- **Access to Care – Assistance with Health Insurance Applications**

Harrington Financial Counselors aided those without health insurance or who required a coverage plan change by providing navigation and supervision through application process and paperwork for health insurance or financial aid. Our team has assisted an average of 122 community member each month this fiscal year to date and expects to have provided this service for approximately 1465 community members by the end of fiscal 2023
- **Cancer Care & Cancer Survivor Support**
 - Sun Damage and Skin Cancer Education was provided at 12 events
 - An artificial tree was brought into the Harrington Cancer Center and each month a different department in the hospital volunteers to decorate it based on a theme of their choice. The decorations on the tree and immediate surrounding area provide words of encouragement, strength and hope for our patients, their care team and family members.
 - Harrington's Annual Cancer Survivor Night was held on July 20, 2023 at the Sturbridge Host Hotel. Originally held in 2010, this great celebration continues to grow, and this year boasted over 200 attendees. Speakers included Dr. Jeffrey Gordon, Dr. Jonathan Gerber, and guest speaker Izzy Gesell.

THE RELENTLESS PURSUIT OF HEALING

- **Free Community Health Screenings**

During many of the community events in which we participate, the Community Outreach team provides free screenings to assist in bringing attention to health concerns of which those in the community may be unaware. From October 1, 2022 through August 31, 2023 Harrington's Community Outreach Team performed the following screenings:

- Blood Pressure Screening – 445 screenings performed
- Sun Damage Screening – 87 screenings performed
- Body Mass Index Measurement – 175 screenings performed

- **Community Education Series**

On July 18, 2023 Harrington kicked off a Community Education Series in which we hope to present educational information to the community six or eight times per year. The inaugural presentation in the series was hosted by Dr. Aminadav Zakai who presented information about the different types of depression, how it affects various age groups, the broad spectrum of treatments available and why some seem to work better than others.

The next presentation in the series, scheduled for Wednesday, September 27 at the Casaubon Senior Center in Southbridge, will be hosted by the Rehabilitation Department's Fall Prevention Committee where they will discuss all aspects of fall prevention in honor of National Fall Prevention Month.

Each of these presentations are free to the public and are held in a variety of locations throughout the community so that they can be easily accessed by those with or without transportation.

- **Bridge Fridge & Community Closet**

In mid-August Harrington caregivers had a 'soft opening' of two 'Bridge Fridge/Community Closet' locations, one at each of the Southbridge and Webster hospital campuses. These small buildings are equipped with shelving, outdoor refrigerators and freezers and an area for hanging items. Throughout the summer, caregivers donated non-perishable food items, toiletries and new packaged undergarments which are inventoried and then used to stock these Bridge Fridge closets making the items available to those who are food or clothing insecure in our communities.

The closets are open to the public from 5am to 8pm 7 days a week and the only request is that community members take what they need but not more than they need. The goal is to have a more public 'grand opening' of these closets in early Fiscal 2024 with press releases, wide distribution of flyers and ongoing caregiver donation drives to continue stocking the closets. In the winter, we will accept donations of gently used outerwear (coats, hats, mittens, boots, etc) which will be added to the closets for those in need.

THE RELENTLESS PURSUIT OF HEALING

FY24 Plans

The plans for Community Outreach in Fiscal 2024 include continuing with our current missions of participation in community events, health education, screenings and financial counseling as well as a more specific focus on Diversity, Equity, Inclusion and Belonging in our communities. We intend to strategize ways to engage more with our non-English speaking population, both in the community and within our walls.

- **Community Health Education & Screenings**
Continue providing information, education and screenings related to healthy aging, nutrition, cardiovascular health, Cancer awareness, Hands Only CPR, Stop the Bleed, hand washing, opioids and overdose, behavioral health, and healthy relationships.
- **Access to Care – Assistance with Health Insurance Applications**
Maintain this program and include as an episode of the Community Education Series
- **Cancer Care & Cancer Survivor Support**
Continue finding ways to provide support to patients and caregivers through support groups, survivor events and comforts during treatments in the Harrington Cancer Center. Maintain the annual National Cancer Survivor Day event and monthly supportive tree decoration program.
- **Community Education Series**
Our goal is to host a minimum of 6 free Community Education Series events in Fiscal 24 at a variety of central locations in our catchment area. After each event, we will survey the attendees about what topics they would like to learn so that the information provided is of interest and value.
- **Bridge Fridge & Community Closet**
In Fiscal 2024, we plan to fully operationalize the 2 Bridge Fridge & Community Closet locations with structured plans for donation procurement and management, inventory and stocking. We would like to get to a point where the closets can be accessible to the public 24 hours a day and find a way to monitor how many members of the community find benefit from this offering.
- **Community Engagement Events**
We will continue to host at least 2 free community engagement events in Fiscal 2024 including, but not limited to, our annual Trunk or Treat and Holiday Extravaganza. These events give our community members an opportunity to come onto the hospital campus for something fun and free so that it's not so intimidating when they need help or care.

THE RELENTLESS PURSUIT OF HEALING

UMass Memorial Health – Harrington
Community Benefits FY24 Accomplishments & FY25 Plans/Activities

FY24 Accomplishments

- **2024-2025 Community Benefits Strategic Implementation Plan Developed & Submitted**
- **Community Health Improvement Education**

From October 1, 2023, to August 31, 2024, Harrington's Community Outreach Team experienced significant growth, actively participating in more than 27 events that offered free education, screenings, and community activities. Through these initiatives, the team connected with over 3,900 community members, with a strong emphasis on supporting at-risk youth, the elderly, individuals facing food or nutrition insecurity, those with limited economic means, non-English speaking residents, and individuals with chronic or complex health conditions. Looking ahead, the program's expansion continues, with more than 9 additional events already scheduled for September 2024 including the first Community Health Fair to be hosted on Campus.

 - **Nutrition Education**

At these events, Nutrition education was provided to approximately 210 community members
 - **Stroke & Cardiovascular Education**

Stroke & Heart Disease education was provided to at least 460 community members. Additionally, Free Hands Only CPR training was provided at 10 community events.
 - **Opioid Awareness & Mental Health Education**

Overdose Awareness, Self-Wellness and Education about local resources for mental health and substance use were provided at 8 events
- **Access to Care – Assistance with Health Insurance Applications**

Harrington Financial Counselors aided those without health insurance or who required a coverage plan change by providing navigation and supervision through application process and paperwork for health insurance or financial aid. Our team has assisted an average of 144 community members each month this fiscal year to date and expects to have provided this service for approximately 1725 community members by the end of fiscal 2024. In fiscal 2024, a Community Education Series was held in both English and Spanish to educate and aid community members.
- **Cancer Care & Cancer Survivor Support**
 - Sun Damage and Skin Cancer Education was provided at 4 events.
 - An artificial tree continues to reside in the Harrington Cancer Center and each month a different department in the hospital volunteers to decorate it based on a theme of their choice. The decorations on the tree and immediate surrounding area provide words of encouragement, strength and hope for our patients, their care team and family members.
 - Harrington's Annual Cancer Survivor Night was held on June 20, 2024, at the Public House located in Sturbridge, Ma. Originally held in 2010, this great celebration continues to grow, and this year resulted in the largest attendance to date, with over 240 attendees. Speakers included Ed Moore, Dr. Jeffrey Gordon, and guest speaker and genetic counselor, Amanda Nascimento.

THE RELENTLESS PURSUIT OF HEALING

- **Free Community Health Screenings**

During many of the community events in which we participate, the Community Outreach team provides free screenings to assist in bringing attention to health concerns of which those in the community may be unaware. From October 1, 2023 through August 31, 2024 Harrington's Community Outreach Team performed the following screenings:

- Blood Pressure Screening – 527 screenings performed.
- Sun Damage Screening – 110 screenings performed

- **Community Education Series**

Harrington launched a thriving and ongoing Community Education Series aimed at providing valuable educational resources to the public on a regular basis. Initially planned for six to eight presentations per year, the program has now grown to deliver consistent and impactful sessions, with a total of 12 presentations held during FY 24, attracting over 220 attendees. The series began with an inaugural presentation by Dr. Aminadav Zakai, who offered insights into the various types of depression, their effects across different age groups, and the wide range of treatment options available.

The next presentation, scheduled for Wednesday, September 27 at the Casaubon Senior Center in Southbridge, will be led by the Rehabilitation Department's Fall Prevention Committee in honor of National Fall Prevention Month. This session will cover all aspects of fall prevention, continuing the series' mission to provide free, accessible educational opportunities to the community. Presentations are held at a variety of locations to ensure they remain at no cost and easily accessible to individuals with or without transportation.

- **Bridge Fridge & Community Closet**

Harrington has successfully launched and maintained two 'Bridge Fridge/Community Closet' locations at the Southbridge and Webster hospital campuses, with both sites equipped with shelving, outdoor refrigerators and freezers, and space for hanging items. Due to the steady growth in donations, including consistent contributions from caregivers, designated storage areas have been established to manage the increased volume at both locations.

Caregivers regularly donate non-perishable food items, toiletries, and new packaged undergarments, which are inventoried and stocked in the Bridge Fridge closets. These items are made available to community members facing food or clothing insecurity. The closets are open to the public daily from 7am to 8 pm, with the understanding that individuals take only what they need.

FY25 Plans

In Fiscal 2025, the plan is for Community Outreach to expand its impact by increasing the number of events from 27 to 25+, aiming to connect with over 5,000 community members. The team will focus on continuing with our current missions of participation in community events, providing free screenings, health education and support at-risk population, including youth, elderly, non-English speakers, and those facing economic or food insecurity along with financial counseling and a specific focus on Diversity, Equity, Inclusion and Belonging in our communities. We intend to strategize ways to engage more with our non-English speaking population, both in the community and within our walls. Strengthened partnerships and ongoing evaluation will drive continuous improvement and ensure meaningful community engagement.

THE RELENTLESS PURSUIT OF HEALING

- **Community Health Education & Screenings**
Continue providing information, education and screenings related to healthy aging, nutrition, cardiovascular health, Cancer awareness, Hands Only CPR, Stop the Bleed, hand washing, opioids and overdose, behavioral health, and healthy relationships.
- **Access to Care – Assistance with Health Insurance Applications**
Maintain this program and include a more on the road approach allowing for those unable to access transportation have the opportunity to meet with financial counselors easily.
- **Cancer Care & Cancer Survivor Support**
Continue finding ways to provide support to patients and caregivers through support groups, survivor events and comforts during treatments in the Harrington Cancer Center. Maintain the annual National Cancer Survivor Day event and monthly supportive tree decoration program.
- **Community Education Series**
Our goal is to host a minimum of 10 free Community Education Series events in Fiscal 25 at a variety of central locations in our catchment area. After each event, we will survey the attendees about what topics they would like to learn so that the information provided is of interest and value.
- **Bridge Fridge & Community Closet**
In Fiscal 2024, we have fully operationalized the two Bridge Fridge & Community Closet locations with structured plans for donation procurement, management, inventory, and stocking. Our goal for FY25 is to ensure these closets remain accessible to the public 24 hours a day and to implement a monitoring system to track how many community members benefit from this service.
- **Community Engagement Events**
We will continue to host at least 3 free community engagement events in Fiscal 2025 including, but not limited to, our annual Trunk or Treat, Holiday Extravaganza and Community Health Fair. These events give our community members an opportunity to come onto the hospital campus for something fun and free so that it's not so intimidating when they need help or care.

THE RELENTLESS PURSUIT OF HEALING

Appendix D: FY26-28 Implementation Strategy

Pending - to be posted after Board approval.