Hampden County Twelve Town Community Health Assessment

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Hampden County Shared Public Health Nurse
Oversight Committee
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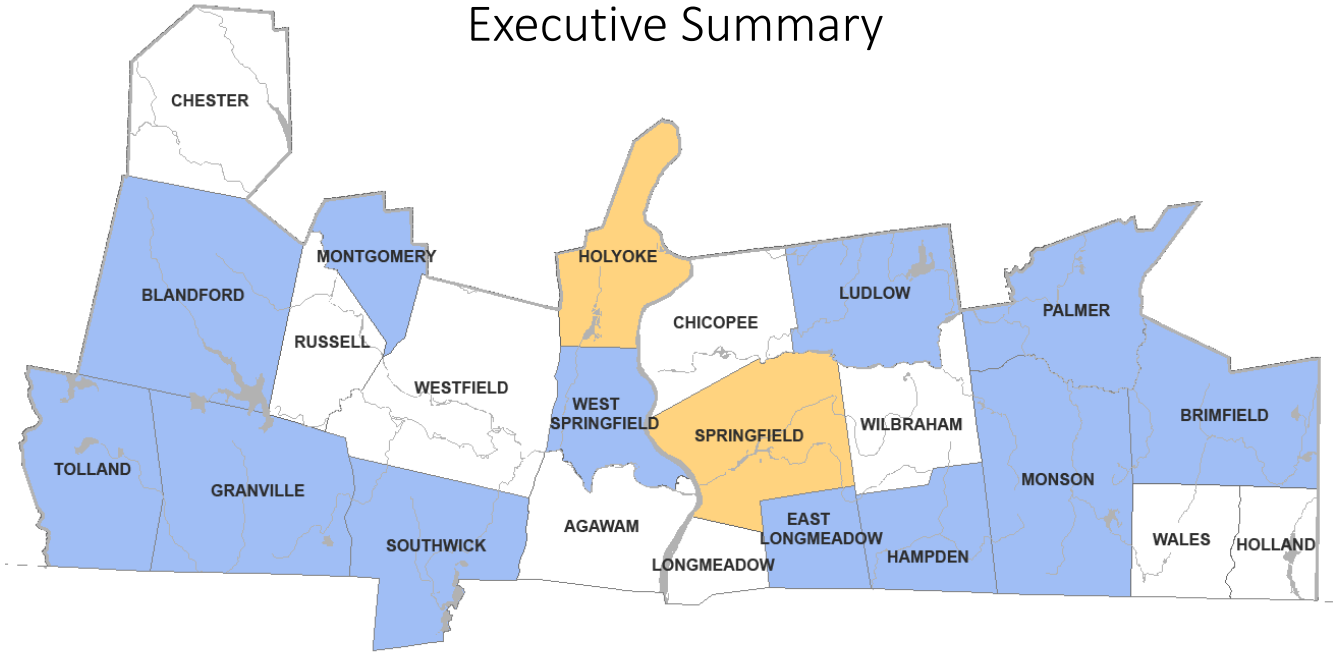
Executive Summary



The Hampden County Community Health Assessment was developed to examine relevant conditions for twelve out of twenty three towns and cities in Hampden County. This project was made imperative by Hampden County's consistent ranking as the least healthy county in Massachusetts.

To address this concern, the Hampden County Shared Public Health Nurse Oversight Committee – a voluntary coalition of 12 towns and small cities – commissioned this study and provided guidance and oversight to the process. This effort was funded through a grant from the Massachusetts Executive Office of Administration and Finance (EOAF) FY2014 Community Innovation Challenge (CIC) grant program. Day to day administration of the project was provided by the Pioneer Valley Planning Commission. The study was executed by Ready EDI.

The focus of the Hampden County Shared Public Health Nurse Assistance Program is to assist municipalities in improving local public health by maximizing efficiency through providing shared public health nursing service opportunity.

The twelve municipalities participating in this study are:

Blandford	Granville	Monson	Southwick
Brimfield	Hampden	Montgomery	Tolland
East Longmeadow	Ludlow	Palmer	West Springfield

The purpose of this study is a detailed baseline understanding of community health conditions, needs and identified public health concerns. To satisfy these goals, we reviewed existing town, state and federal demographic, economic, environmental and public health data for these towns. We conducted extensive qualitative community engagement, including surveys, key informant interviews and focus groups.

Over the course of our work we collected 230 relevant surveys, including community priorities and needs, health care access, personal risk behavior and demographic questions. We interviewed 67 key informants in all towns, including town and public health officials, senior center directors and nurses on staff; school officials and school nurses; police, fire and EMS chiefs; planning and economic development directors; and other knowledgeable parties. We also conducted 12 focus groups, including 9 town-focused discussions and 3 special populations focus groups for youth, refugees/minorities and the disabled.

In addition to analyzing this data as a twelve-town set, we will break this data out into Town Community Health Profiles. These profiles are included in the Appendices.

We also reviewed the available data for the two of the larger communities in Hampden County, Springfield (1st) and Holyoke (4th). While these towns did not participate in the study, their realities heavily impact county-wide ranking. Since these two municipalities did not participate in this study, we did not engage in any qualitative data collection in these towns. Thus, this study should not be considered a community health assessment of these two communities.

Over the course of our engagement with these communities, several key themes were repeated in surveys, interviews and focus groups: poor economic conditions and their effects, substance abuse, elder and youth issues, mental health, obesity and the need for community to commit to healthier lifestyles, across the generations.

These are the top ten issues across all modes of inquiry, by frequency of their expression:

1. Poor economy and its effects
2. Substance abuse
3. Youth issues
4. Senior issues
5. Mental Health
6. Public Transportation
7. Obesity
8. Healthy living – diet/exercise/good choices
9. Emergency/Disaster readiness
10. Other vulnerable populations (poor, working poor, disabled, refugees)

Top Ten Issues by mode of inquiry

Rank	Surveys	Interviews	Focus Groups
1	Drug abuse	Poor economy	Mental Health
2	Lack of jobs/opportunity	Senior issues	Substance abuse
3	Poor/no public transportation	Youth issues	Youth issues
4	Alcohol abuse	Drug problem	Senior issues
5	Prescription drug abuse	Healthy food/nutrition	Poor economy
6	Obesity	Healthy youth programming	Obesity/healthy eating
7	Poverty child & working poverty	Disaster readiness	Lack of Exercise
8	Mental Health problems	Health care access	Lack of public transportation
9	Inadequate social support	Lack of jobs/opportunity	Refugees , Immigrants & minorities
10	Poor diet/nutrition	Lack of funding/resources	Disabilities

Bubbling under:

Rank	Surveys	Interviews	Focus Groups
11	Lack of exercise/physical activity	Youth mental health	Parent education
12	Cancer	Stress/mental health	Insurance/deductible costs
13	Diabetes	Fitness & exercise	Lyme disease
14	Poor physical health	More Elder Outreach	Bullying
15	Tobacco/second hand smoke	Youth & drugs	Autism
			Non-school youth programming

Recommendations

Any action plan should be driven by town priorities and needs. Small towns cannot afford to keep issues in silos. The very facts of their volunteer civic structures subvert those tendencies. Whether to complain about the economic malaise or make positive suggestions, there is a strong desire for a strong answer that addresses multiple issues.

We recommend that the towns develop community-wide strategies to address the central issues that they raised – growing substance abuse problem, increasing mental health issues, the lack of anything for kids to do, poor lifestyle practices and the tepid economy – and develop solutions that impact multiple issues. Whether that be using the school for evening cultural, education and recreational activities or converting an empty space into a youth center, communities should think opportunistically about their possibilities and be inclusive in their solutions.

In terms of large-scale issues – public transportation, affordable housing, or economic issues – we recommend engaging with business leaders, associations and institutions in the role of socioeconomics on health outcomes and support healthy regional economic efforts and initiatives.

Next Steps

Drawing from the insights of this study and other relevant data, engage the communities in a "Community Health Improvement Process" to generate a Community Health Improvement Plan, or CHIP, which augments the finding in the Community Health Assessment based on community concerns. Ideally, each town should have their own plan, but a regional plan would be a good first step.

Develop communications capacity at the town level to engage with the public and provide desired information. For a variety of reasons, every town should develop email lists of town residents to provide public health information and engage residents for their perspectives and involvement. That infrastructure will serve the towns well when assessing conditions or planning development. Use that communications infrastructure in an ongoing way to inform and engage the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified. Expand the Public Health Nursing district to other communities within the PVPC catchment area. Seek to establish a continuum of operation plan and continue to explore other regionalization efforts.

Develop an advisory board to the Nursing district composed of a team of community representatives from each of the 12 towns and the special populations within these municipalities, such as senior citizens, youth, disabled individuals, and racial, linguistic, and ethnic minorities, and the refugee community. The advisory board should be engaged to:

- Review health conditions and those modifiable risk factors that impact community residents.
- Identify community strengths and resources that can be built upon to address given health conditions.
- Prioritize health conditions that impact residents.
- Develop goals, measurable objectives, and implementation strategies to address the top health priorities.
- Incorporate health-plan goals and strategies into day-to-day activities of community groups, schools, churches and other relevant sectors.
- Based on the recommendations outlined, develop public health policies and procedures for the community that reflect the CHA and CHIP to be presented to stakeholders such as hospitals, municipalities, state and federal agencies.
- Develop public health policies and procedures for the community that reflect the CHA and CHIP and its key funding.
- Hold regular meetings with underserved communities.
- Regularly and systematically collect, assemble, analyze, and make available information on the health of the community including:
  - statistics on health status,
  - community health needs,
  - epidemiological data,
  - The opiate epidemic and other studies of health problems as they come up.
- Depending on the community, quantitative data should be augmented with data only found locally such as:
  - school and opinion surveys,
  - environmental health programs,
  - local health providers, including health centers, hospitals and group practices.
- When possible, qualitative data sources, such as surveys focus groups and other instruments that reflect community concerns and attitudes, should be engaged.

Funding for this process could be secured by partnering with area hospitals required to conduct a Community Health Assessment as outline in the Affordable Care Act.

- Community Health Assessment as outline in the Affordable Care Act.
- Involve key policymakers on an ongoing basis to reflect the fulfillment of goals as outlined in the CHIP and do the following:
- Convene a team of community representatives formed to conduct an annual review of progress on goals, objectives, and strategies of the CHIP
- Engage community representatives to review data to decide if the health priority is a top concern for their residents and to incorporate health-plan goals and strategies into day-to-day activities
- Engage Community representatives to advise and determine variations to the community health improvement process and goals and to generate targeted implementation initiatives.
- Hold regular community meetings or engage in discussion during town hall meetings to inform and discuss, or assist in developing community health priorities.
- Community representatives should be engaged without over-burdening them with information

Over the next 16 pages, we will present a series of Priority Issue Fact Sheets on the findings that emerged from our research.

Priority Issue Fact Sheet: *Lack of Jobs and Opportunity*

> *"I think public health needs to see how it fits in the economy. If people don't have money, they can't have good health."* - key informant interview

In all modes of inquiry, participants demonstrated a sophisticated understanding of the intersections of issues and how they inform and drive each other. Economic challenges – for towns, community sectors and individuals – were seen as drivers for other issues, drug abuse (particularly heroin), health care access challenges, youth concerns and mental health.

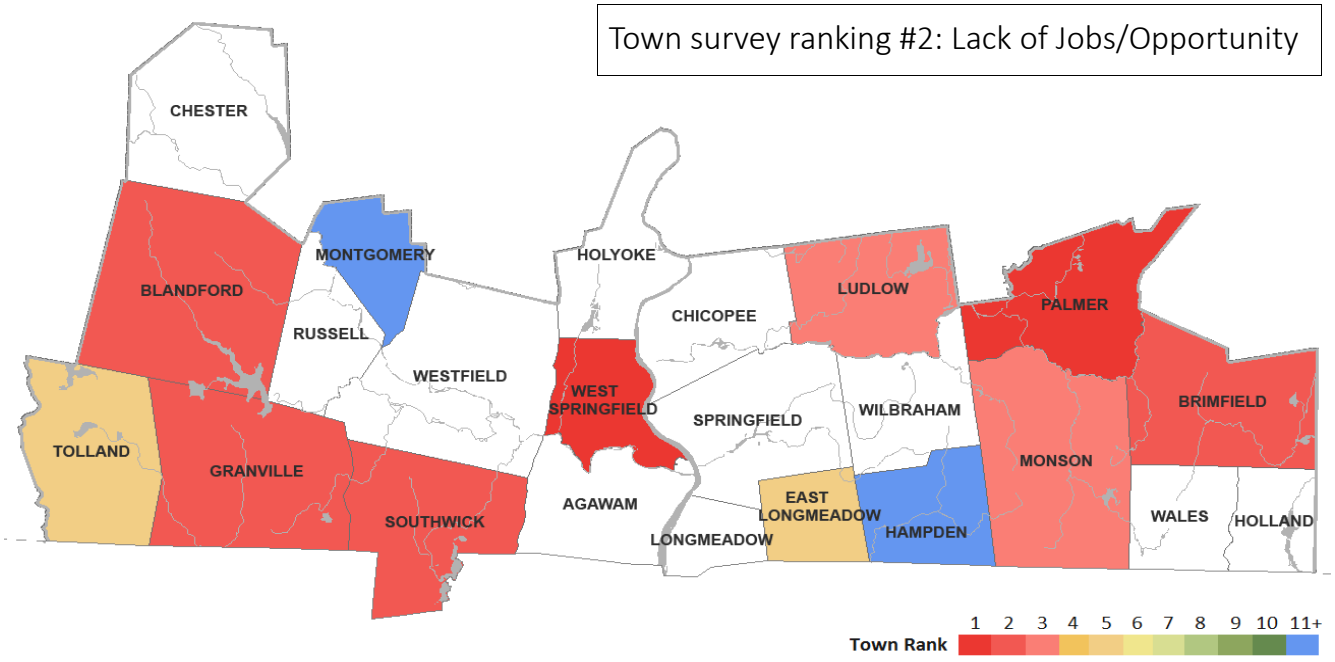
Broadly aggregated measures of town economic health hide economic disparities within the population, particularly a sharp division between 'haves' and 'have nots', a crisis further challenged by 'too proud to beg' attitudes among some in greatest need.

Elders, veterans, single mothers, disabled and working class families were the most heavily impacted by economic conditions. But these groups were also joined by 'land rich, income poor' and 'McMansion poor', whose formerly good fortunes have fallen on hard times. These issues are detailed more thoroughly in the Socioeconomic Disparities section, as well as in town reports.

Public perspectives on statements about the economy were universally negative. These perspectives were reinforced by anemic regional job growth (0.6%) and significant economic distress among low income and working class residents, fixed income elderly, disabled, refugees/immigrants, single mothers with children and veterans in some towns.

Negative economic issues polled strongly. Unemployment/lack of opportunity polled 2nd and poverty, child poverty and working poverty polled 7th. These concerns were strongly reflected across the inquiry process. Very high concern about socioeconomic climate and high public awareness that poor economic climate is a driver for other social concerns, including drug abuse, youth concerns, lack of job opportunity and mental health.

Town survey ranking #2: Lack of Jobs/Opportunity



Priority Issue Fact Sheet: *Poverty, Child Poverty and Working Poverty*

Significant low-income households: 8 out of 12 towns had higher percentages of households with incomes less than $25,000 a year, than state rates (11.7%). West Springfield (25.9%) and Palmer (24.4%) had the highest percentages. Half the towns had more than 25% of single-mother-led families living in extreme poverty.

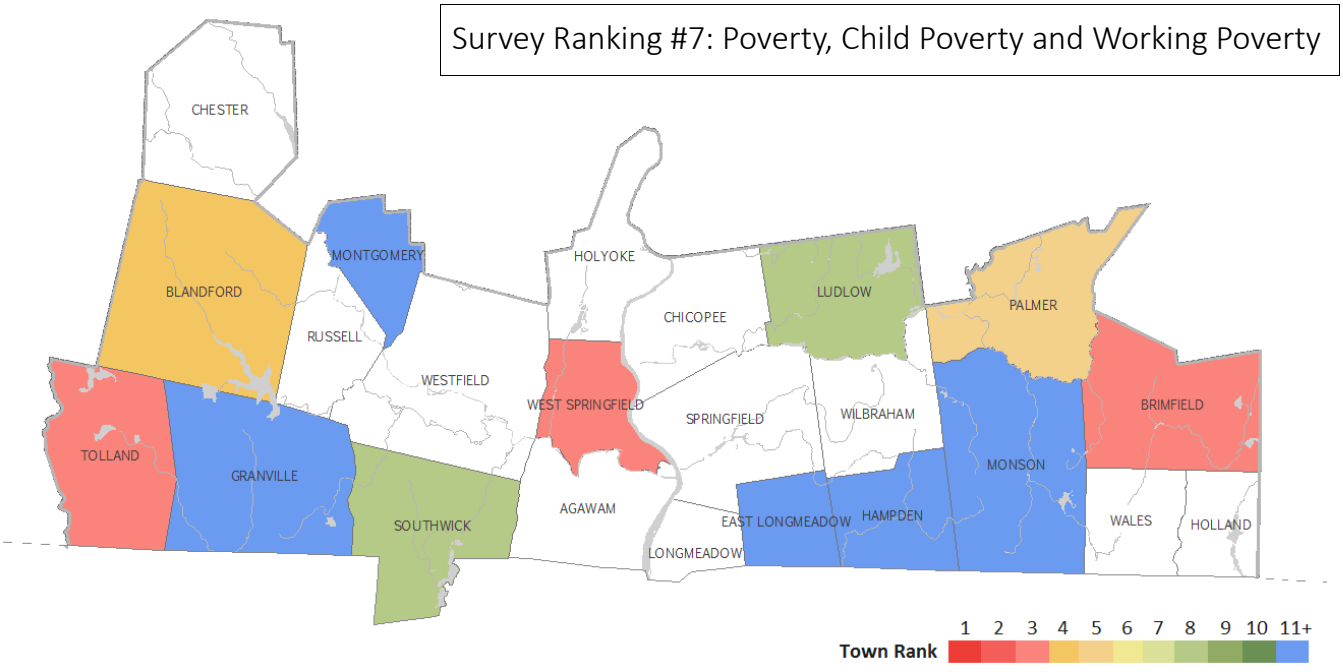
Economically stressed working class families: 7 out of 12 towns had more households with incomes less than $50,000 a year than the state (30%), led by Palmer (48.9%) and West Springfield (47.3%).

Stressed by higher local cost of living: Local living costs are higher than national averages. According to the US Bureau of Labor Statistics (last quarter, 2014), the average household expenditures for the Greater Springfield Metropolitan area (including Hampden and Hampshire Counties) was $57,027 a year (2014 dollars). Those making less than $49,999 may be economically stressed and considered at greater health risk.

Low wages: While living costs run approximately 113% of the national averages, average wages are only 91% of national and 73% of state average weekly wages (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those depending on earned income to pay household bills may be at greater risk of economic stress, due to insufficient income to pay all expenses.

Fixed income: A constant theme in discussion of elder concerns in interviews and focus groups was the fact that some on Social Security were choosing between necessities. The typical choices were between food, fuel, and prescription drugs.

Seven out of 12 towns had more mortgage-free households paying 35% or more than national averages. In 9 out of 12 towns, more than a third of their rental population paid 35% or more in rent. Those paying more than a third of their income on shelter may be under economic stress.



Priority Issue Fact Sheet: *Inadequate Social Services*

Beyond the need for more and better paying jobs, positive teen activities, more public transportation options and affordable/better housing, elder care, mental health and affordable health services, as well as healthy family activities topped the list of services needing improvement in their home communities.

At the town level, other issues also rose to the surface. In addition to the issues noted above, these issues were identified as concerns by a majority of town respondents:

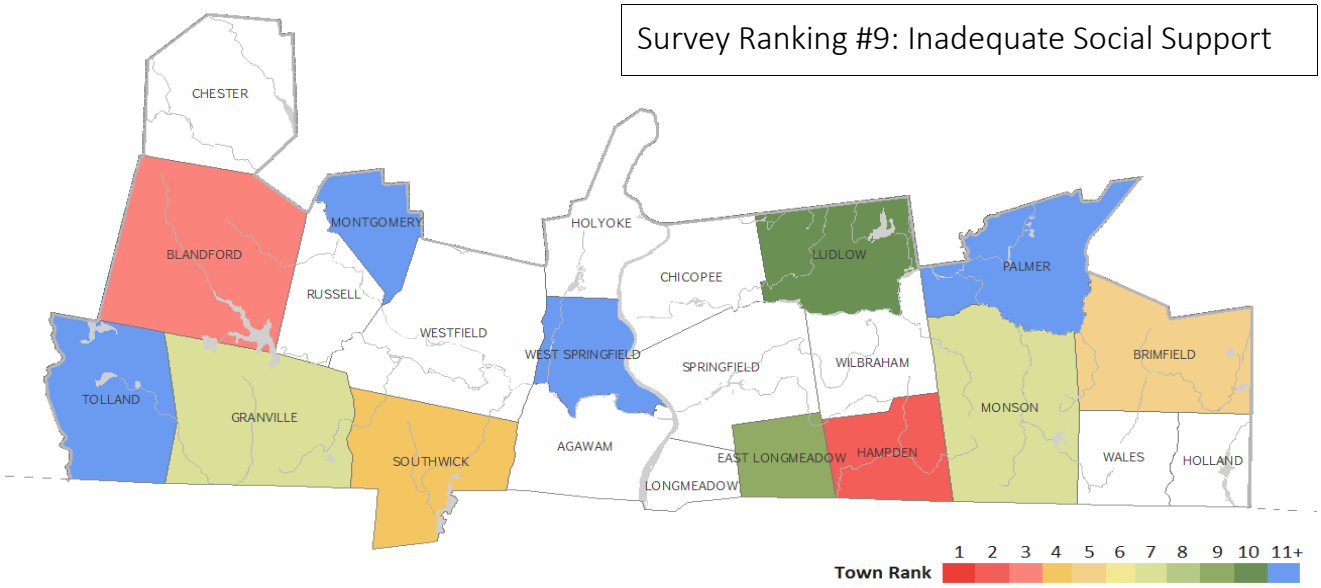
- More/better recreational facilities, parks, trails, community centers, etc – Granville, Palmer, Southwick and East Longmeadow
- Elder options and services – Granville
- Road maintenance and safety – West Springfield
- Counseling/mental health/support groups - Ludlow
- Healthier food choices/greater access to fresh food – Palmer

> *"food pantry activity has increased 70% since 2007"* – key informant interview

Q6: In your opinion, which of the following services needs improvement in your neighborhood or community?	
More job opportunities	68.0%
Higher paying jobs	61.4%
Positive teen activities	54.2%
More public transportation options	51.6%
More affordable/better housing	49.7%
More/better recreational facilities (parks, trails, centers)	38.6%
Elder care options and services	37.5%
Counseling/ mental health/support groups	37.2%
More affordable health services	35.1%
Healthy family activities	34.8%
Child care options and services	32.1%
Road maintenance/safety	31.4%
Services for disabled people	30.7%
Healthier food choices/greater access to fresh food	27.5%
More health care providers	21.8%
Better public safety	16.1%
Animal control	9.4%
Culturally appropriate health services	8.7%
None	3.1%

Focus groups and interviews reinforced these issues as well as identifying lack of non-school youth activities and services, lack of substance treatment and support services, lack of family support services, insufficient health care services in most towns – particularly for refugees – and a lack of accessibility for the disabled in shops, churches and some municipal buildings.

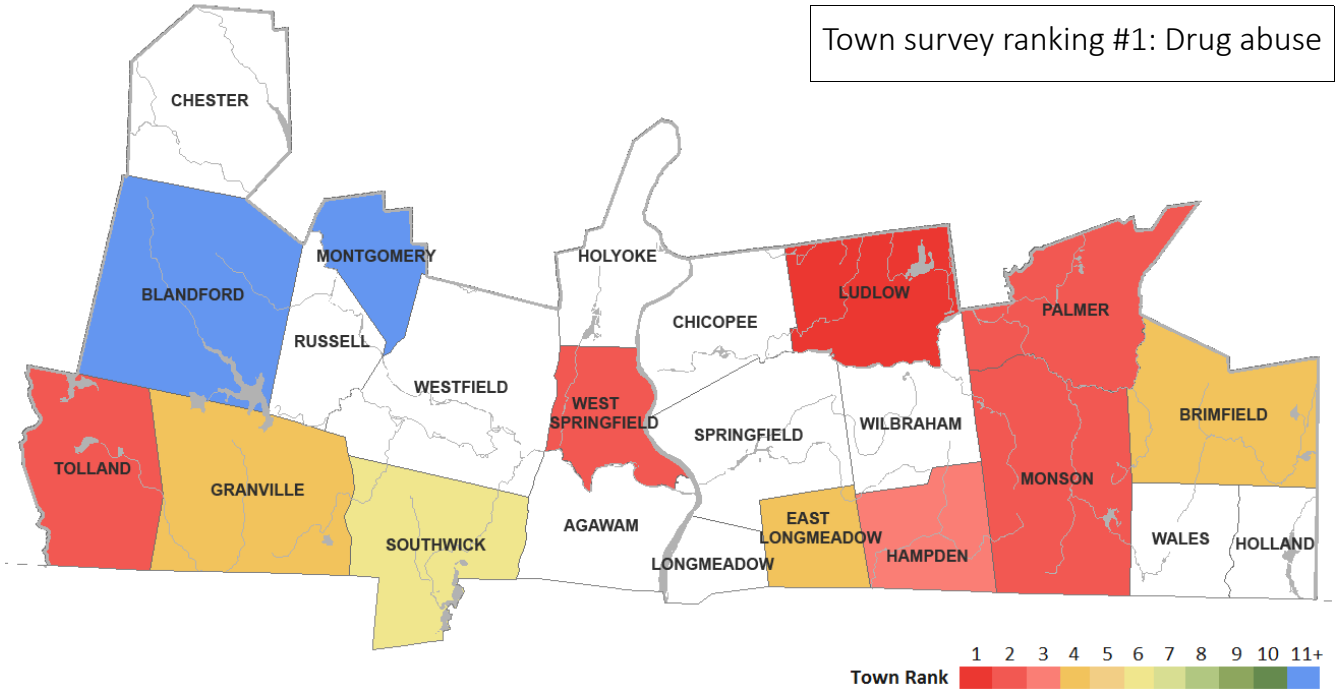
Survey Ranking #9: Inadequate Social Support



Priority Issue Fact Sheet: *Substance abuse as community crisis*

Overwhelming popular concern about substance abuse dominated the top five concerns in our survey. Drugs, alcohol and prescription drug abuse dominated the top five survey issues (1st, 4th and 5th) and was also identified in the majority of interviews and focus groups. Drug abuse particularly challenged participants in interviews and focus groups. There was significant agreement that community responses to substance abuse and unhealthy life practices had to be challenged community-wide. While focus groups and interviews gave great credit to local school responses to the emerging heroin crisis, the heart of the problem was identified as outside school and mostly among post-high school young people (aged 18-25). Others – particularly in interviews – noted adult problems with drug, alcohol and prescription drug abuse, including among elders. Lack of drug prevention, intervention and rehabilitation resources were common complaints.

- **Popular concern about substance abuse** dominated the top five concerns in our survey. Drugs, alcohol and prescription drug abuse dominated the top five issues (1st, 4th and 5th) and an issue in a majority of interviews and focus groups.
- **Significant drug problem** - Ludlow and Palmer had higher admission rates for all forms of substance abuse than the state rate. Ludlow and West Springfield had higher than state admissions rates for heroin, but only West Springfield exceeded the state admissions rate for injection drugs. Granville, Hampden and Palmer had higher than state rates for admission to alcohol programs. Ludlow had higher rates of admission rates for cocaine and pot. Monson, Ludlow, Palmer and West Springfield had higher admissions rate for other substance abusers.
- **Lack of local prevention, treatment and support services**, including lack of Narcotics Anonymous programs was identified in interviews and focus groups, as well as positive programming for young people.
- **Health services for post-high schoo**l and people in their twenties was identified in focus groups and interviews as lacking any services or programming, health, recreational, cultural, etc.
- **Lack of jobs and opportunities** were seen as linked to the growing heroin and opiate problem.



Priority Issue Fact Sheet: *Alcohol Abuse*

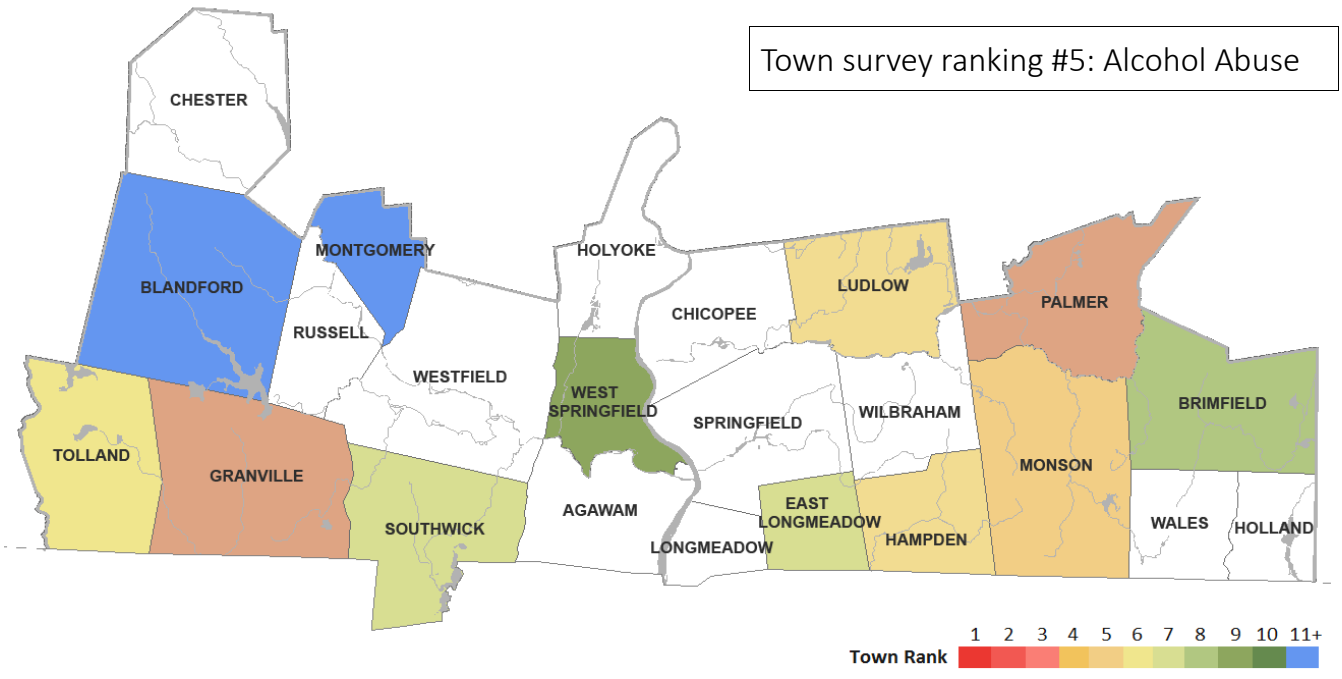
Alcohol abuse was the 4th highest priority in our survey. Beyond jobs/opportunity, illegal drug use and public transportation, alcohol abuse and obesity were the only other issues that consistently ranked in the top ten across all towns analyzed. East Longmeadow and Southwick ranked it the lowest, 7th. 27% of interview participants identified alcohol abuse as a community health problem in 9 out of 12 towns. Eleven out of 12 focus groups identified all forms of substance abuse – including alcohol –sometimes linking it to economic issues and/or lack of youth opportunities.

While no local statistics were available, there were 349 motor vehicle-related fatalities in Massachusetts in 2012. 35% of those deaths involved alcohol-impaired driving where the BAC (blood alcohol content) of a driver was .08 or higher. Youth may be considered under the influence with 0.02 BAC or higher, as are commercial drivers with BAC 0.04 or higher.

Alcohol was the most likely reason for admission to treatment programs for the towns in this study. Two towns have higher than state (522.87) and county (640.63) admission rates for alcohol abuse, Palmer (708.4) and Granville (702.43). Two towns have higher than state rates, Ludlow (625.5) and Hampden (622.69). West Springfield's rate (496.67) was slightly below statewide rates. East Longmeadow (286.35), Southwick (305.2) and Monson, (303.74) have low admission rates for alcohol abuse.

4.4% of survey respondents reported drug or alcohol problems. 9% drank more than 14 alcoholic drinks a week, both genders equally. Those making $35,000-49,999 reported the highest rates of tobacco smoking (26%), consumption of alcohol (19%) and recreational drug use (13%).

In interviews and focus groups poor adult lifestyle practices were seen as negative role models for youth's healthy behavior deficits, including alcohol use. Peer pressure and bullying were also seen as problems. Those who are marginalized are at higher risk for drug and alcohol abuse. Excess alcohol consumption, obesity and poor lifestyle habits are leading contributors to Type 2 diabetes and other debilitating health problems. Not drinking alcohol will significantly reduce the risk for some cancers. **Alcohol abuse is a problem in most of the towns.**



Priority Issue Fact Sheet: *Prescription Drug Abuse*

Prescription drug abuse was identified as the 5th most important issue survey wide. Combined with a growing heroin epidemic, prescription drug abuse has driven overdose and overdose fatality rates in Massachusetts. The CDC estimates that for every overdose there are 10 more in treatment for prescription drug abuse, 32 will visit an emergency room before overdosing, 130 who are already dependent or addicted and another 825 people who are using these drugs for non-medical uses.

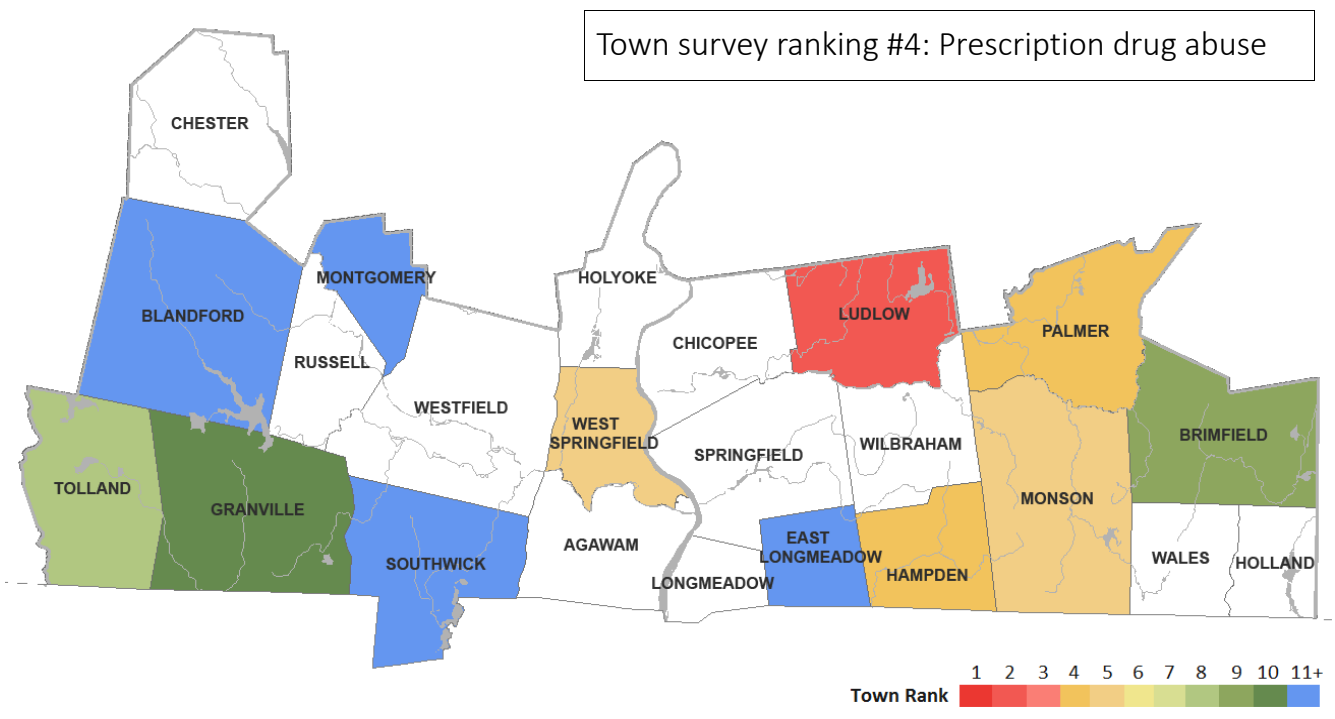
There were 908 confirmed fatal opiate-related overdoses among Massachusetts residents in 2013; 868 were considered unintentional. This represented a 30% increase in fatal overdoses, compared to 2012. Another 401 confirmed and unconfirmed opiate fatalities were recorded in the first 5 months of 2014.1 Most cases involve prescription overdose, sometimes in combination with other drugs or alcohol. Prescription drug abuse and its effects are growing more quickly than heroin.

We could not secure statistics for prescription drug abuse at the town level. However, we do know the number of substance treatment admissions for drugs 'other' than heroin, cocaine, crack and marijuana. When those numbers are compared against the prevalence and frequency of state and national prescription drug abuse data, we believe that many, if not most admissions for 'other substance' treatment, reflect prescription drug abuse admissions.

Unlike other addictions, many begin their relationship with the drug as a part of medical treatment. Unlike other drugs, addicts may be found across the age spectrum.

Ludlow (364.88), Monson (280.37), Palmer (272.83), and West Springfield (200.78) had higher than state (166.39) or county (165.07) rates for 'other' substance abuse admissions. 8 out of 12 towns had fatal drug overdoses of all kinds in 2011.

Town survey ranking #4: Prescription drug abuse



Priority Issue Fact Sheet: *Youth Concerns*

> "The kids have nothing to do" - Focus group participant

Issues of concern to youth animated a majority of surveys, focus groups and interviews. Overwhelmingly, youth issues were also linked to high survey priority issues such as substance abuse, lack of jobs and opportunity and mental health issues. 64% of interview participants identified youth issues as concerns for their towns and 11 out of 12 focus groups did as well.

Lack of youth and post-HS youth opportunity. 39% of interviews and 11 out of 12 focus groups identified lack of opportunity for youth as a significant driver for other health concerns, such as mental health, substance abuse and obesity. Lack of non-school and post-HS/early twenties programming was identified as a significant gap in public health, social and recreational programming. Young people desired a greater variety of programming – including creative programming – to address health, mental health social and cultural needs

Healthy youth programming that addresses obesity, poor dietary practices, lack of exercise, healthy choices and substance abuse were consistent secondary messages in all modes of inquiry. Obesity, poor eating habits and lack of exercise were all heavily linked to changes and priorities mass and youth culture.58.7% of survey respondents identified healthy physical activities as the most important health need for youth in their town. Even high achievers and athletes were identified as having unhealthy eating habits.

Media cultures and technologies, lack of parent leadership on healthy living practices, and lack of non-school opportunities for a whole range of issues (productive work, physical exercise, cultural and social programming, healthy food choices, etc.) were identified as factors. There was widespread desire for more physical exercise and health education in schools. Some felt school lunches needed improvement. Parent education was widely recommended. ***Many felt that community-wide solutions were necessary*** to address rising obesity and the behavioral practices that exacerbate it.

More cultural, social, educational and enrichment activities ranked 2nd overall in the survey (48%), a point strongly emphasized in our youth focus group, as well as in interviews. A little more than a quarter of interviews and several focus groups suggested community or youth centers as part of addressing young people's needs.

Mental Health - Stress, depression and other forms of mental illness were reported to be increasing. Autism was mentioned as increasing as well. Bullying & peer pressure, poor coping skills, social isolation, teen suicide and increasing learning and developmental challenges. 55% of interviews identified youth mental and behavioral health issues as a problem in their community. 34% overall thought it was a problem in their communities.

Disabilities – physical, developmental, learning and others- are rising among the young. 9 out of twelve towns had a higher rate of people under 18 with disabilities than national rates. Palmer (12.7%) had over 3 times and Blandford (8.3%) had twice the national percentage of disabled children. 7 other towns had higher-than-national juvenile disabilities rates: Monson (6.4%), Brimfield (5.7%), Southwick (5.6%), East Longmeadow (5.1%) and Granville (4.8%).

Priority Issue Fact Sheet: *Senior Concerns*

> *"You can't solve emotional or mental health problems in six sessions."* - Key informant interview

All towns in this study had older median ages than the county, state and nation as a whole. In some cases, as much as a decade older than state medians. If the state is in it's mid-thirties, the towns in this study are in their mid-forties. Eleven out of twelve towns have more elderly people than the state as a whole. Attending to their needs and anticipating their growing ranks is a significant concern for all towns. Health issues proliferate with age, but healthy living lifestyles can improve life outcomes and mitigate chronic conditions.

Two generations were identified among the elderly. An older (75+), more traditional and sedentary group, and a younger (60-75), more active and challenging group. The eldest group prefers traditional medicine, trusting their doctors, but show better coping mechanisms than the junior set. The younger generation are less prepared for retirement, but are more open to healthy programming that requires lifestyle changes.

Shut-ins and elders living alone were the most popular senior issue raised in focus groups and interviews, as well as programming to address their vulnerability. 7 out of 12 towns have a higher percentage of elders living alone than the state a s whole. Outreach programs – wellness checks, home visits, etc. – were strongly desired by those discussing elder issues. Five of those towns a higher percentage of seniors living alone than the state.

Just as significant, 52% of interview participants expressed concern for elders choosing between necessities, like food, fuel and prescription medications. Region has a high percentage of *mortgage-free households paying 35% or more in household costs.*

Senior health programming was very popular in all sectors of the study and all towns spoke of the need for more programming. Flu, blood pressure, falls prevention and other health clinics were highly requested from those who work with the elderly. Beyond clinics there is also increasing demand for healthy living programming – exercise, yoga, cooking classes, etc. - especially among younger seniors. Medication and overmedication were significant concerns and a need seen for medication management programming. Road safety and lack of sidewalks were seen as significant barriers to elders walking more.

Elderly – especially those living alone – seem to be suffering from greater social isolation, fixed income challenges, health access issues than the rest of the population. The elderly are likely to be choosing between necessities, like food, fuel, housing and health care. Health disparities are most pronounced among the elderly, with higher disabilities, respiratory, heart and other chronic conditions. Some of the solutions discussed were, better road safety and sidewalks, health education and clinics, wellness educational programming. Home visits and wellness checks, flu, blood pressure and other clinics and public transportation.

Priority Issue Fact Sheet: *Mental Health Concerns*

Mental illness-related fatalities in some towns had several times the state mental disorder death rate (70.71), particularly East Longmeadow (254.53)and Hampden (155.67).

Stress and depression were identified in 54% of interviews and universally mentioned in focus groups as a significant concern. 37.2% of survey participants identified counseling, mental health and support groups as an area for community improvement. All age groups were identified as needing more help, especially for stress and depression. Mental health was frequently brought up in context with youth, economics, positive behavioral choices. Perceived stigma around mental health was also seen as a major barrier, particularly among the elderly. Grief counseling was also seen as an elder need.

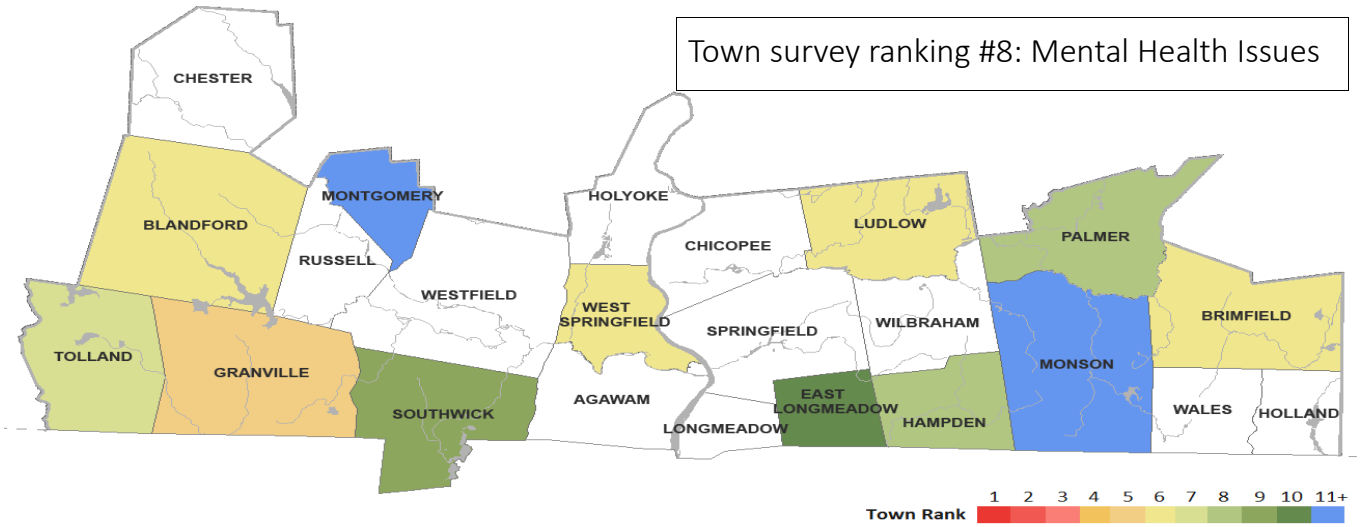
2011 DPH MassChip: Mortality – Mental Disorders Deaths All – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	0	0	0
Brimfield	0	0	0
East Longmeadow	40	254.53	105.43
Granville	2	127.71	147.7
Hampden	8	155.67	94.53
Ludlow	17	80.56	53.36
Monson	6	70.09	63.38
Montgomery	1	119.33	162.2
Palmer	10	82.37	54.24
Southwick	4	42.1	28.42
Tolland	0	0	0
West Springfield	22	77.49	54.09
Holyoke	53	132.92	73.62
Springfield	98	64.03	63.71
Hampden County	456	98.39	68.69
Massachusetts	4,658	70.71	54.18

Youth concerns included stress and depression, underdeveloped coping skills, peer pressure, teen suicide, bullying and other concerns. Some suggested mental health first aid training for teens, so they may be better able to help their peers in times of crisis. Others noted that parents themselves were in need of mental health care for depression, stress and other issues.

Social isolation is a breeding ground for mental illness, and a concern for 40% of interview participants in their communities. This issue was identified as a problem for elderly, young, poor and disabled, in rural and urban communities. **Lack of mental health services,** insurance limits and co-pay costs for mental health care were frequently mentioned, as were the lack of mental health hospital beds. Lack of local counseling and support resources – particularly child and family mental health services – was a major concern among those we interviewed. Hoarding was in issue in several towns.

Town survey ranking #8: Mental Health Issues



Priority Issue Fact Sheet: *Public Transportation*

Public Transportation was a majority concern in surveys, interviews and focus groups. There is broad support across all modes of inquiry around the need for more extensive and frequent public transportation, including specialized, affordable services for the elderly and disabled. As an issue, it was consistently strong in interviews (49%), focus groups (7th), and surveys. 51.6% of survey respondents identified more public transportation options as an area for community improvement.

Eight out of 12 towns in this study have no public transportation. Those towns without public transportation tended to rank it highest. Town-by-town, it was a majority concern for Monson (63%), Palmer (62%) and Ludlow (59%). Over 40% of Granville (48%), West Springfield (46%) and Southwick (41%) survey participants felt more public transportation was an area for improvement.

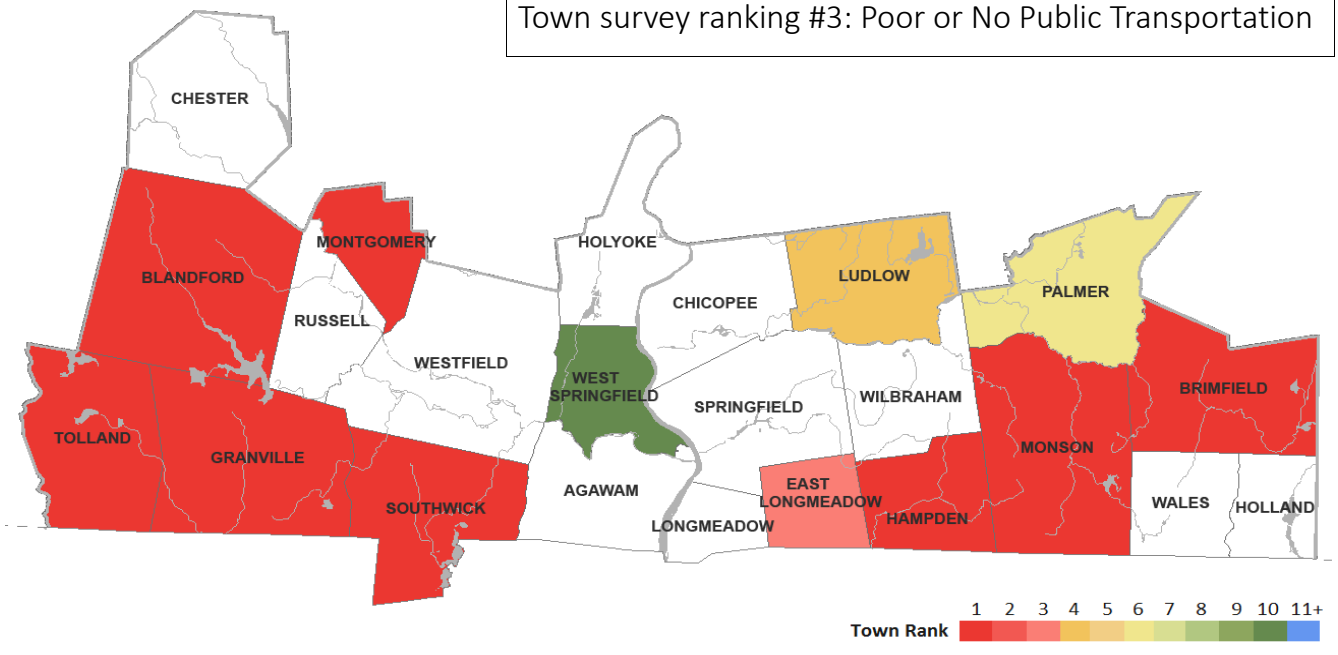
Of the 4 towns with bus routes, West Springfield has the most robust system, connecting them to 6 towns. Ludlow and East Longmeadow are terminal ends of Springfield bus routes. Palmer has one bus route that makes 8 trips a day to Springfield.

Public transportation was strongly linked to health care and fresh food access, as well as jobs and economic development. 50% of interview participants identified lack of public transportation as a barrier to health care access for seniors. While the elderly were the first population mentioned as needing improved public transport, it was also cited as a barrier for youth, the disabled, the unemployed and low-income people to health care, shops, jobs and other opportunities.

With rising senior populations and declining driving skills, there was widespread support for improving public transportation, especially for the elderly. Several people suggested that hospitals support transportation access to their services, as a stopgap until more regional efforts can be developed.

While the public health community does not have the capacity to address this issue directly, it can seek partnerships to address specific issues (like health care access) and function as community champions for improved regional services.

Town survey ranking #3: Poor or No Public Transportation



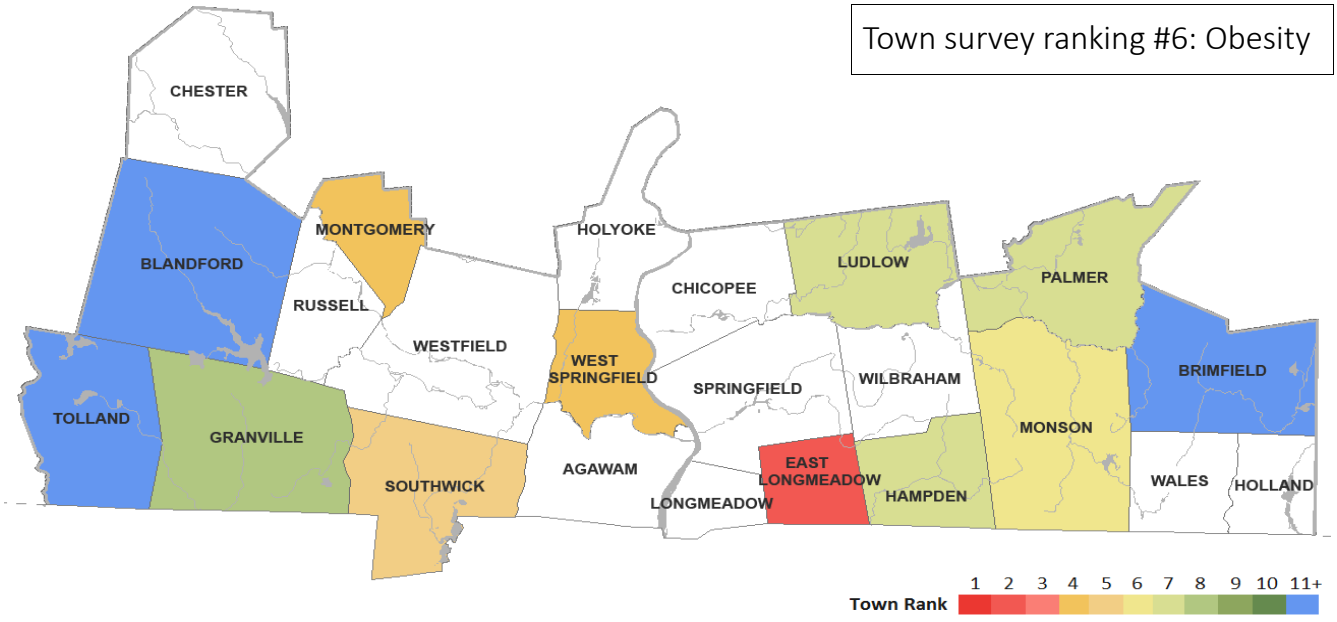
Priority Issue Fact Sheet: *Obesity and Diabetes*

Obesity, poor diets and lack of exercise were seen as interlocking issues in focus groups and interviews. All polled well in surveys. Obesity was ranked 6th by survey respondents and poor diet/nutrition ranked 10th. Lack of exercise/physical activity polled close behind the top ten issues at 11th and 1% behind 10th place. Obesity tied with alcohol abuse as a community concern at 45% and ranked in the top ten of all towns' surveys that were analyzed. Obesity was identified by 49% of those we interviewed as a significant concern in their communities. Youth obesity and the need for strong, in-school health programming were identified by 37% of those interviewed. Obesity among young refugees and the disabled was also raised as a concern.

While obesity was seen as a problem across generations (the least obese were the elderly at 31%), it was seen as **a growing problem among the young.** This issue was usually brought up in context with lack of healthy eating practices and physical exercise. There was widespread concern that video and online gaming and social media encouraged 'couch potato' culture. Lack of physical exercise activities – especially for non-athletes – was seen as a problem, as was the rising cost of youth recreational activities (sports, dance, etc.) that did exist.

Poor adult lifestyle practices were also seen as drivers for youth healthy behavior deficits, including poor dietary practices, obesity, drug and alcohol use. In our survey, 41% of respondents said they had been told by a medical professional that they were overweight or obese. 54% of those between 50 and 69 reported being diagnosed as overweight or obese.

Hampden County had the highest rate of diabetes in Massachusetts at 10.7 per 100 people (age adjusted), well above the state rate of 7.7. East Longmeadow, Ludlow, Monson and Palmer had higher mortality rates for diabetes than the state or county rates. Diabetes was a concern for 20% of respondents and a top-ten issue for Monson (9th) and Southwick (3rd), placing 13th overall. Five towns – Palmer (40.7) East Longmeadow (37.7), West Springfield (26.5), Ludlow (25.2) and Monson (23.7) - have higher diabetes hospitalizations rates than the state rate (23.7). 9% of those we surveyed acknowledged having diabetes. 20% of seniors reported diabetes.



Priority Issue Fact Sheet: *Healthy Living -Food and Exercise*

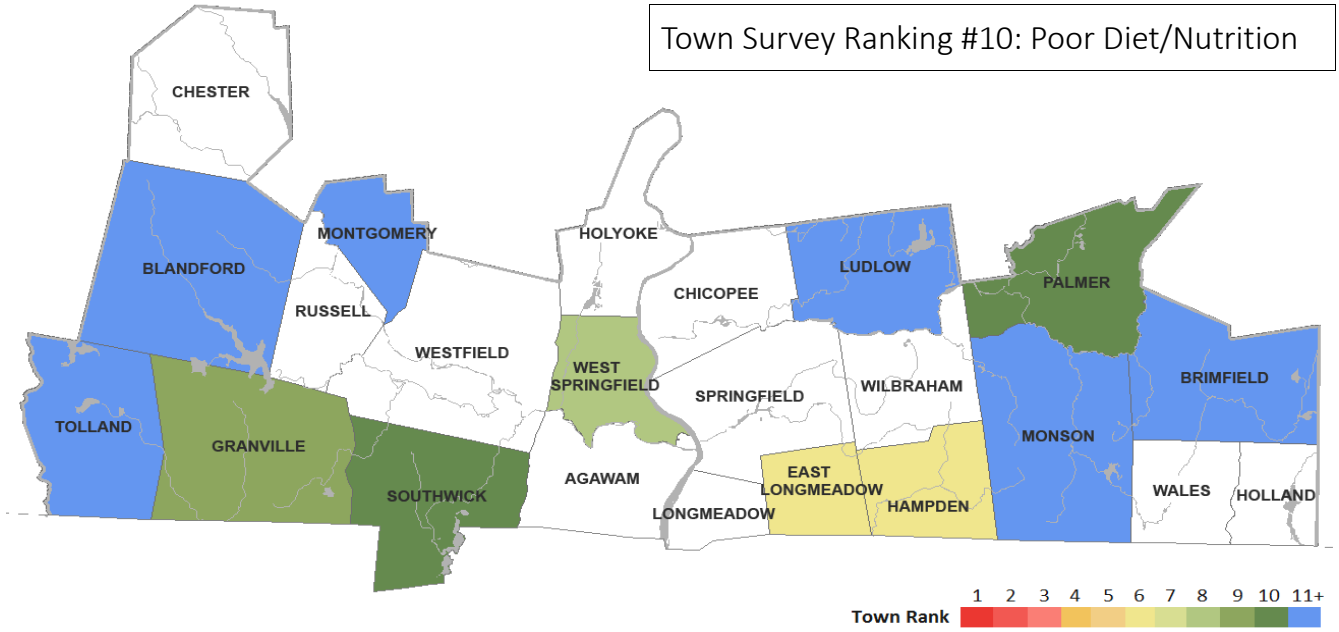
There was widespread concern about healthy eating, exercise and decision-making. While these conversations tended to focus on one group or another – usually, the young, the elderly, immigrants and the poor – there was common agreement on many points. Community residents were not eating healthy, not exercising and (for very different reasons) their daily choices were not always healthy ones. High obesity and diabetes rates were reported in most towns. Food access concerns were voiced and economic challenges that led people toward poor diet choices were described.

The stated need for i**mproved eating and exercise practices** spanned all generations, leading 46% to recommend community engagement and 36% to suggest a community-wide approach to healthy living, drawing on local civic and church networks to empower it. Another 29% recommended developing a community or youth center. Some suggested it be an 'inter-generational' center, dedicated to inclusive physical activities, educational, cultural and social programming.

Lifestyle-related chronic conditions and practices polled strongest behind drugs, economics and transportation. Obesity was ranked 6th by survey respondents and poor diet/nutrition ranked 10th. Lack of exercise/physical activity polled close behind the top ten issues at 11th and 1% behind 10th place. Increasing obesity was also identified by every school nurse interviewed. While there was broad public support for healthy school activities, as noted previously, there was also recognition that parents and the community need to be involved.

Community-wide healthy lifestyle programming was recommended by 36% of key informants. While most praised school efforts – particularly school nurses – there was significant agreement that a multi-generational, town-wide response was needed to address a variety of health trends.

Parenting and life-long healthy lifestyles educational programming was recommended by 30% of interview participants. Some imagined that solution housed in a community center or existing municipal building – school, library – that might provide space for educational and recreational activities.



Priority Issue Fact Sheet: Emergency/Disaster Readiness

The extreme weather events of 2011 woke most of these communities up to the need to be ready for the unexpected. All towns scored well for social cohesion and have proud histories of volunteerism that have sustained their operations for hundreds of years. All towns spoke with pride about their ability to come together and take care of those impacted by the extreme weather events of 2011 (EF-4 June tornado, October ice storm). While all towns proved they could pull together in a crisis, sustaining volunteerism on a daily basis has proven harder. As the population ages and residents are faced with longer commutes or work schedules, the strong voluntary character of these towns is being challenged. Many towns in this study have little staffing infrastructure beyond a part-time administrator, police and volunteer fire departments. Regional readiness needs to address this staffing gap and build in local infrastructure needed when the next natural disaster arrives.

However, there is strong interest among the public in maintaining that readiness, as evidenced by its ranking 3rd when survey respondents were queried on what kinds of information they needed. **Seniors over 70 and those making less than $25,000 were the least likely to be interested in emergency preparedness.**

While uniformed services – fire, police, EMS – have been integrated into emergency planning and have funding to support increased capacity, other town sectors have not seen their capacity grow sufficiently to participate and contribute to emergency readiness. Some towns – Montgomery, Blandford, Granville, Hampden, Tolland, Monson and Brimfield – depend on one or two part-time staff people for all administrative duties. Public health duties are handled by volunteers, with 1-3 paid hours a week dedicated to public health nurses or health agents to manage bureaucratic responsibilities, such as maintaining MAVEN records and the occasional flu clinic.

Developing emergency readiness in these towns will require building in local capacity to participate in regional activities, as well as the local networks and community readiness to be successful. The elderly and the poor will present the greatest challenges in emergencies and they are the least interested groups in the subject. Particularly for the elderly, town readiness will be measured by how well their scattered elderly are successfully mobilized toward emergency readiness. For the elderly and perhaps others, this will require person-to-person engagement.

Priority Issue Fact Sheet: *Other Vulnerable Populations*

The disabled, the poor, struggling working class families, refugees/immigrants, the young and the elderly were widely identified as vulnerable populations in their communities. Veterans, single mothers and renters were identified in the data. Having identified the needs of the elderly, young and economically endangered, we will focus here on refugees, the disabled and veterans.

Refugee & Immigrant Needs

There was widespread concern in West Springfield and the refugee community about the funding provided to support towns and refugees to assimilate successfully into American life. While the emerging refugee/immigrant communities are seen locally as a point of pride and economic renewal, the lack of state and federal support was a sore spot. In particular, the 6-month federal time frame for assimilation is seen as far too short to assimilate non-western refugees successfully, especially those whose former lives had none of the infrastructure (running water, electricity, etc.) Americans enjoy. People who fled war-torn realities may suffer from the trauma of dispossession, poverty, hunger, war and loss of loved ones. The assimilation curve for many is huge. More ESL education is needed.

Refugees need more time and funded support to complete their transition successfully to their new homes. Towns and services need more funding to support the myriad of new cultures and languages spoken, as well as the needs of their new residents. Thirty-four languages are currently spoken in West Springfield schools, despite the fact that the town has less than 30,000 people. Lack of translation expertise becomes critical in the health care setting and even more so in mental health care, where often the only person who can translate is a family member. The fact that only Caring Health Center took refugee patients was a major point of concern.

Disabled Populations

The challenges for disabled populations vary wildly, depending on disability, age, income, and location. This vague category covers too many issues and one solution does not serve all. Some face learning or developmental handicaps. Others face physical challenges. However, many of the issues raised as issues for seniors, youth, refugees and the economically vulnerable, are also true for the disabled: lack of public transportation, high living costs, fixed income challenges, child care, nowhere for the young to go, social isolation, lack of services and health care access issues. Other issues raised in discussions about the disabled included handicap-accessible playgrounds, more centrally located resources, teen centers that are handicap-accessible and more activities for teens that aren't athletes. In particular, those participating in the disabilities focus group thought that funding to support school costs for the disabled needed to be improved dramatically. The disabled felt like scapegoats when funding for popular programming was cut.

Veterans

All towns have higher veteran populations than Massachusetts as a whole. Four towns, Montgomery (14.7%), Tolland (14.2%), Blandford (13.8%) and Brimfield (13.5%) have nearly twice the percentage of veterans as Massachusetts statewide (7.4%). Four towns – Monson, Palmer, Hampden and Granville – have a higher percentage of veterans in poverty than the county, state or nation. Monson has nearly three times the percentage of veterans in poverty than national, state or county rates (17.7%). Palmer has more than twice the rate of poverty among veterans than the state and almost double the rates of Hampden County and the US as a whole. Issues raised on behalf of veterans included handicap access and mental health issues, affordable housing and economic opportunity. As more veterans return from war, the needs of veterans will become more important for towns to address.

Priority Issue Fact Sheet: *Health Care Access*

Health care access issues identified in the study included insurance and co-pay costs, limits of insurance coverage, lack of local services, and lack of public transportation. Nine out of 12 towns reported higher health care insurance coverage than the state (4%), county (4.5%), or US rates (14.9%). Only Monson (6.2%), Palmer (5.1%) and West Springfield (4.5%) recorded higher percentages of uninsured residents than state or county rates.

52% of survey respondents were satisfied, mostly satisfied or very satisfied with their health care. Wide differences in health care quality satisfaction were found across towns. East Longmeadow (82%) residents were the most satisfied with their health care service; Palmer and Monson were the least (29%). Those with private or state employee insurance were the most satisfied with their health care service. The most frequently mentioned challenges to obtaining health care were insurance and deductible costs, prescription insurance shortfalls, the lack of coverage for dental and mental health services, and the providers refusal to accept insurance. 34% faced financial difficulties in the past year paying for health care. One informant complained that "Medicaid/Medicare regulations are too much and an obstacle to healthier living."

Beyond insurance issues, the inability to find a general practitioner was the most frequently mentioned in the survey. In interviews and focus groups, lack of local health care resources and the lack of public transportation were most commonly cited as issues. This is particularly true for mental health care. Participants in several towns complained about the lack of child mental health care resources as a significant gap in care services. 20% of survey respondents reported having problems getting health care services in the past 12 months.

Four towns have no local family or general practitioners. All those towns – Blandford, Montgomery, Granville and Tolland – are 14 to 18 miles from all services (measured from town center). Only Palmer and West Springfield have an urgent care center, drug treatment and mental health services. Only East Longmeadow and West Springfield had gynecology or obstetrician services. Only one town – Palmer – has a hospital. All other towns range in distance between 2.1 miles (West Springfield) to 19.3 miles (Granville). Four towns – Ludlow, Granville, Blandford, and Tolland – were 10 miles or more from a hospital emergency room. Nine towns were more than 5 miles from a hospital emergency room.

The desire for more local health care resources was widely expressed in rural communities and among the elderly, refugees and the disabled. Increasing local health resources was seen as needed for working families. Several focus groups and interviews suggested using local spaces for clinics and other health care services. 50% of interview participants identified lack of public transportation as a barrier to health care access for seniors. Several people suggested that hospitals support transportation access.

Priority Issue Fact Sheet: *Chronic and Infectious Disease*

As noted in the overview, Hampden County ranked last in the state for health indicators. While disparities in Springfield and Holyoke certainly drive up county-wide rates, many disparities are also present in the towns in this study.

- Four towns have higher premature mortality rates than the county or state – West Springfield, Palmer, Southwick and Brimfield. West Springfield has a higher premature mortality rate than Holyoke or Springfield. 8 out of 12 towns in this study had higher mortality rates for coronary heart disease than state rates; 7 out of 12, when local statistics were age adjusted. Blandford, Granville, Hampden, Ludlow, East Longmeadow, Southwick and Palmer all have higher mortality rates for cerebrovascular disease than the state. Brimfield, East Longmeadow, Ludlow, Monson, Palmer and Tolland have higher rates of mortality for respiratory illness than the state rate. Blandford, Granville, Palmer, Hampden and West Springfield have higher mortality rates for injuries and poisonings than the state. Hampden County has a higher rate of hospitalization for hypertension than the state as a whole.
- Brimfield, East Longmeadow, Granville, Hampden, and Montgomery all have higher incidence of cancer, primarily breast and prostate. Five towns have higher cancer mortality rates than state or Hampden county.
- East Longmeadow, Monson and Palmer have statistically significantly higher asthma prevalence than state prevalence rates. Monson has the highest at 29.6.
- **Hampden County has the highest rate of diabetes in Massachusetts,** well above the state rate. Five towns in this study have diabetes hospitalizations rates at or above the state rate of 23.7, led by Palmer and East Longmeadow. East Longmeadow, Ludlow, Monson, and Palmer also have higher diabetes mortality rates than the state or county.
- Ludlow has a higher rate for Hepatitis C than state rates. Ludlow (118.47 per 100,000 raw crude) and West Springfield (98.63) has higher Hepatitis C than state rates (85.94).
- **8 out of 12 towns have a higher mortality rate for mental illness than the state.**
- East Longmeadow, Brimfield, Granville, Montgomery, and Hampden demonstrated higher cancer rates across time than state or county rates.
- Ludlow (634.96 per 100,000 crude rate) has a higher rate for Chlamydia than state (347.14) or county (603.95) rates. Palmer's rate (354.2) is slightly higher than the state rate.
- Hampden County (3.9) had more cases of flu than state rates (3.2). Town incident reports and conversations with local nurses indicate that flu rates may have been higher in the past year.
- **While state data indicates lower incidence for Lyme Disease** and other tick-borne diseases such as Anaplasmosis, Ehrlichiosis and Babesiosis, **raw town data and key informant interviews indicate a higher rate for tick-borne diseases**. Some public health nurses were frustrated that the lack of lab work for tick-borne diseases denies towns the ability to properly measure infection rates. It was felt by some that Lyme disease was presumed in cases, instead of testing for the full range of potential diseases. Public health nurses urged doctors to conduct lab tests for tick-borne diseases, even if medical protocols advise treatment before testing.

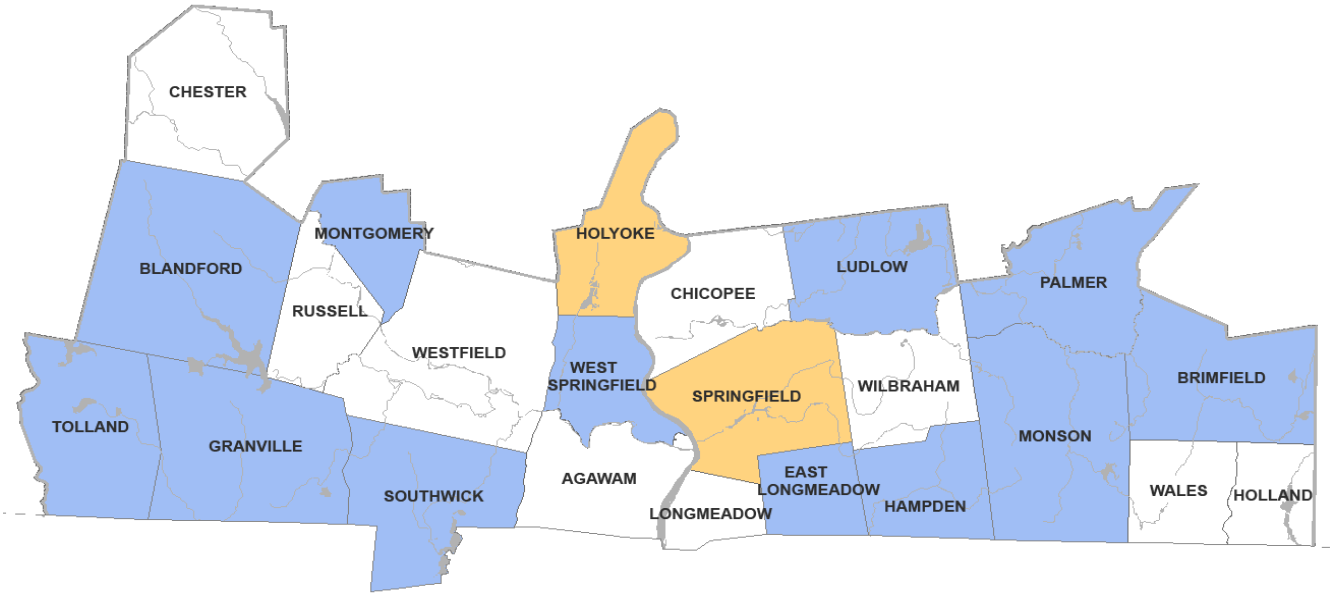
Priority Issue Fact Sheet: *Community Capacity & Cohesion*

Community cohesion – as evidenced in surveys, focus groups and interviews – i**s one of the great strengths in these communities.** 74% of respondents reacted affirmatively to the statement "we enjoy living where we do," This perspective was reinforced in interviews and focus groups. Similarly, the recovery process from the 2011 extreme weather events, particularly the EF-4 June tornado, reinforced their faith that their town comes together in a crisis.

At the same time, town leaders and organizers note that recruiting the volunteers that keep their towns functional has gotten more difficult. Some of this is due to the aging population's diminished capacity to help each other out and their increasing need for assistance. Those that migrate into town often lack the same passionate commitment to civic participation. Some of this decline in volunteerism is due to longer-term trends that have shifted work from local to distant locations. Another trend identified by participants was the stresses on families since the 2008 economic crash. Unstable and longer work schedules, longer commutes, and multiple jobs have made life more hectic. Fire departments and EMS services have begun to supplement volunteers with paid staff, during the daytime when volunteers may be working far from town.

Despite these challenges, volunteerism remains the primary labor force in these small towns. As the duties of government, education, social and civic service become more complex, part-time staff and volunteers are challenged to keep up. Those interested in connecting these towns in regional strategies should be mindful that town capacity to address these issues is critical to success. Most of these towns can barely participate in regional activities. They need staffing infrastructure.

Other qualities – socializing with neighbors, common bonds, their town as a place where the old and young have enough activities to enrich their lives – scored in the mid-40%. Where towns demonstrated their weakest scores were on whether their town was a good place for racial/ethnic minorities, poor and the disabled. Overall, only one third thought their town was a good place for those groups.



Project Overview

This Community Health Assessment was developed to examine relevant conditions for twelve out of twenty-three towns and cities in Hampden County. A Community Health Assessment is an engaged and systemic evaluation of the health status indicators used to identify key problems and guide solutions, with the ultimate goal of community-driven strategies to address local health needs.

This project was made imperative by Hampden County's consistent ranking as the least healthy county in Massachusetts, according to the University of Wisconsin's County Health Rankings annual review of health conditions and outcomes in the United States.[1]

To address this reality, the Hampden County Shared Public Health Nurse Oversight Committee — a voluntary coalition of 12 towns and small cities — commissioned this study and provided guidance and oversight to the process. This effort was funded through a grant from the Massachusetts Executive Office of Administration and Finance (EOAF) FY2014 Community Innovation Challenge (CIC) Branch. Day to day administration of the project was provided by the Pioneer Valley Planning Commission. The study was executed by Ready EDI.

The focus of the Hampden County Shared Public Health Nurse Assistance Program is to assist municipalities in improving local public health by maximizing efficiency through shared public health nursing services opportunities. This community health assessment is part of that effort.

The twelve municipalities participating in this study are:

Blandford	Granville	Monson	Southwick
Brimfield	Hampden	Montgomery	Tolland
East Longmeadow	Ludlow	Palmer	West Springfield

The purpose of this project was to assess the community health conditions for the twelve towns in

1 http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2014_MA_v2.pdf

this study. Springfield and Holyoke – the two largest cities in Hampden County – were included for comparative purposes.

To achieve this goal, we employed anthropological, public health, and socioeconomic research strategies to evaluate assets, gaps, needs, disparities and overall public health conditions, perceptions, health obstacles and disparities. By combining qualitative and quantitative methods with local knowledge, we hope a comprehensive -perspective of community health needs is made transparent.

We identified several major categories for analysis:

- Chronic Diseases
- Infectious Diseases
- Environmental and Occupational Health
- Health Related Behaviors
- Injury and Violence

We also identified several at-risk population sectors for focused analysis:

- Youth
- Seniors
- Refugees and immigrants
- Racial, ethnic and linguistic minorities
- Disabled
- Veterans
- Low-income populations

We reviewed existing demographic and public health data for these towns and conducted extensive qualitative community assessment, including surveys, key informant interviews and focus groups. Quantitative health data was secured from town and state data sources – including MassChip and MAVEN – other state agencies, the US Census Bureau, Center for Disease Control, Federal Bureau of Labor Statistics, US Environmental Protection Agency and other federal, state and local data sets. In addition to analyzing this data as a twelve-town set, we will break this data out into individual town profiles that are included in the Appendices.

In addition to these twelve towns, we will include a review of the existing health data for the two largest communities in Hampden County: Springfield and Holyoke. While these cities did not participate in the study, their health realities heavily impact county-wide ranking. Since these two municipalities did not participate in this study, we did not engage in any qualitative data collection in these towns. Thus, this study should not be considered a community health assessment of these two communities.

Methods

As noted previously, this project combines qualitative and quantitative research strategies to gain a holistic understanding of community health. On the qualitative side, we used key informant interviews, focus groups, and surveys (paper and web-based). On the quantitative side, we reviewed existing public health data (MassChip, MAVEN) and reports, collected and standardized raw town MAVEN data, and a wide range of demographic, socioeconomic, infrastructural, and crime data. These data sets were contextualized with historical and other data (including local knowledge) to provide a well-rounded understanding of the towns in question.

This research took place between June 2014 and January 2015. Outputs for this project included:

- Sixty-seven key informant interviews with informed sources in the various towns, as well as regional health, social service and planning officials. These informants included public health officers, agents and Board of Health members, health care providers, school nurses, superintendents and health coordinators, EMS and fire chiefs, police chiefs, town administrators, selectmen and city councilors, Council on Aging and senior center staff, refugee workers, veteran's agents and informed members of the community.

- Twelve town-based and special populations focus group conversations. Town focus groups included Ludlow, East Longmeadow, West Springfield, Palmer, Hampden, Monson, Montgomery, Tolland and Granville. Special populations' focus groups included youth, refugees/ethnic/linguistic minorities, and people with disabilities.

- Two hundred and thirty relevant paper and electronic surveys were collected out of two hundred and eighty-three total surveys (52 were disqualified since respondents did not live in the towns under study). These surveys were circulated by the twelve participating towns, the Pioneer Valley Planning Commission, public health, senior centers, social service and public health agencies, and Ready EDI. Links to the electronic version of the survey were posted on several town websites and the Pioneer Valley Planning Commission's website.[2] In addition, 900 paper surveys were distributed to towns, public health agencies, and senior centers.

- Collected quantitative health, demographic, infrastructural and economic data from MassChip, CDC and MAVEN and other public health data sources (including previous community health assessments and other relevant reports), as well as US Census data, state crime data, state and town data (MAVEN, infrastructure). Where relevant, this data was standardized for common analysis.

Key informant interviews were used to establish a baseline understanding of the towns, conditions, and needs. Focus groups were used to engage informed community members and special population sectors in collective conversation. Surveys were used to gather the opinions, and to identify the needs and concerns of the general population.

While there was some modest, participant overlap between these three modes of investigation (key informants who also completed surveys and 3 key informants who also participated in focus groups), 449 people participated in the study. Subtracting 52 out-of-town surveys, this report reflects the perspectives of 397 people in the target towns.

2 http://www.pvpc.org/projects/hampden-county-shared-public-health-nurse-assistance-program

Key Informant Interviews

Between June 2014 and January 2015, we conducted sixty-seven interviews with a range of informants in all twelve towns. Key informants were identified in collaboration with town officials, the Pioneer Valley Planning Commission and state officials. Informants were chosen for their expertise in specific areas or population sectors and included: elected/appointed town officials and administrators, health department representatives, directors and nurses, school officials and nurses, senior center directors and nurses, as well as fire, police, planning and emergency preparedness leadership.

Town or Agency	Number of Interviews
Blandford	3
Brimfield	5
East Longmeadow	6
Granville	3
Hampden (town)	8
Ludlow	6
Monson	7
Montgomery	2
Palmer	5
Southwick	6
Tolland	5
West Springfield	6
Regional service agencies	5
Total	67

These key informant interviews were conducted in person and by phone, using a standardized, open-ended questionnaire (see Appendix A). Interviews ranged in length from 40 minutes to 2 hours. Forty-seven were conducted in informant's offices and all 12 towns were visited at least once by Ready EDI staff. Most were visited several times. Fifty-three interviews were conducted in person, 14 were conducted by phone. We requested interviews from 81 people in significant positions in the participating towns, by phone or email. 83% of all those we requested interviews agreed to do so and completed their interview. Several others contacted for key informant interviews participated in focus groups. Above details the number of key informants interviewed in each participating town.

Key informant and focus group questionnaires were designed to mirror each other in terms of questions, to allow for analysis across both modes of investigation. Wherever possible, we mirrored these questions in our surveys.

Focus Groups

Focus group questionnaires were designed to correspond with the key informant questionnaire (see Appendix A) and in collaboration with the Shared Public Health Nurse Oversight Committee. Focus groups were organized in collaboration with towns' elected, appointed and health officials, social service agencies, senior centers and active residents. Participants were recruited through social networks, including recommendations from key informants. The goal of this recruitment effort was to expand the range of informed perspectives relevant to either the town or special populations in question.

Focus Group	Date	Attendance
Ludlow	10/22/14	7
West Springfield	11/5/14	9
East Longmeadow	1/14/15	13
Palmer	10/31/14	11
Youth	10/29/14	25
Disabilities	1/22/15	4
Monson	1/19/15	3
Hampden (town)	10/31/14	3
Montgomery	12/12/14	3
Tolland	8/18/14	4
Refugees/Minorities	11/121/14	14
Southwick	12/10/14	4
Totals	12	100

We conducted 9 town focus groups and 3 special populations focus groups. Overall, 100 people participated in focus groups. Focus groups were independently organized with support from town health departments, local leaders, senior center

directors, school staff, service agencies and other informed sources. In the case of the youth focus group, we partnered with the Hampden County District Attorney's Youth Advisory Board and conducted the discussion at one of their meetings, since it provided us with county-wide representation of youth leaders. The disabilities focus group was organized by community members in unofficial consultation and participation with staff members from the MA Department of Developmental Disabilities.

Surveys

In collaboration with the Shared Public Health Nurse Oversight Committee, we developed a 39- question survey, including community health, health care access, demographic and personal health questions. It was published on Survey Monkey on September 2, 2014. We circulated that link to all participants, relevant agencies, public health and community listserves and networks, drafted a press release, and conducted outreach to solicit responses. The link was posted on the Pioneer Valley Planning Commission website and subsequently posted on several town websites, including Ludlow, Blandford, and the Hampden County Medical Reserve Corps Facebook page.

We also developed a paper version of the survey and circulated it throughout the towns. We added 2 more questions on the paper survey to measure internet accessibility and use. We distributed 900 paper surveys to health departments, town halls, senior centers, social service agencies, and libraries.

We closed the Survey Monkey portal on January 20, 2015 after collecting 282 surveys. Over that period, we collected 187 electronic surveys and 95 paper surveys from adults aged 18 and older. Adults were informed of the survey and recruited to participate using existing social networks in each town. Fifty-two surveys from non-participating towns were excluded from our analysis, giving us 230 relevant surveys. Using the Slovin System for measuring survey confidence, we achieved 90% confidence for all towns participating in the study. Several municipalities – Granville, Montgomery, Palmer, and Tolland – achieved 95% confidence. Upon completion of data collection, the data were cleaned and weighted before conducting analysis.

Town	Total # surveys collected
Blandford	4
Brimfield	4
East Longmeadow	21
Granville	20
Hampden (town)	7
Ludlow	42
Monson	12
Montgomery	3
Palmer	53
Southwick	14
Tolland	5
West Springfield	45
Subtotal	230
Excluded Surveys	
Agawam	4
Holyoke	8
Longmeadow	1
Springfield	16
Westfield	4
Wilbraham	6
Out of County	13
Excluded Survey Totals	52

The exact nature of the data collection process differed in each town. Some circulated emails to resident lists. Others posted it on their websites. Survey respondents were recruited at senior centers, recreation departments, town halls and other civic sites. Where possible, civic, cultural and labor organizations were successfully recruited to distribute and encourage participation.

Since, in all cases, participants were recruited through social networks, this data set is the product of self-selection, not random sampling. Therefore, survey results must be contextualized and fact-checked against other forms of data (quantitative, qualitative) when making inferences about the attitudes and behaviors of the population.

Confidence is highest for study-wide survey results, calculated at 95% confidence. Sample sizes for some towns were statistically relevant as part of a whole, but less than sufficient for town level analysis. Seven towns had sufficient completed surveys to allow 90% relevance and have been included in this report, but their conclusions should be seen as provisional, pending further town-level discussion. Survey results for all twelve towns have been included in the appendices and town profiles, for informational purposes only.

Survey data was weighted by key demographic variables in order to produce results that are representative of the overall demographic profile of the region. The weighting adjustments were applied using an iterative post-stratification raking process, using the following variables: age by gender, town, and income.

Weighting adjustments were calculated for each weighting category (age/gender, town, and income) so that the survey results matched the proportion of the population within each category for the region. Race/ethnicity was not included in the weighting process because the final dataset contained too few non-white respondents in order to properly weight by that factor.

However, according to the US Census, the population of the region is estimated to be over 90% white, so the lack of a race/ethnicity adjustment should not significantly impact the overall results. Population data used in the weighting came from the US Census Bureau's American Community Survey (ACS) 5-year estimates (2008-2013).

Unless otherwise noted, all percentages and results presented in this report are calculated using weighted data.

Survey Error

The overall margin of error for this survey is +/- 6% at 95% confidence, meaning that if 50% of the sample responded in a specific way, then it is estimated the actual percentage for the population falls somewhere between 44% and 56%. The margin of error by town for this survey is provided in the table.

Survey Margin of Error

	Completed Surveys	+/-90% CI	+/-95% CI
West Springfield	45	12%	15%
Ludlow	42	13%	15%
East Longmeadow	21	18%	21%
Palmer	53	11%	13%
Hampden (town)	6	33%	40%
Monson	13	23%	27%
Brimfield	4	41%	49%
Southwick	14	22%	26%
Tolland	5	37%	44%
Granville	20	18%	22%
Blandford	4	41%	49%
Montgomery	3	47%	57%
Total	230	5%	6%

Quantitative Data

We collected and reviewed a wide variety of data. Public health data sets were collected from the Massachusetts Department of Public Health (MA DPH) through MassChip. Infectious disease data was collected from MA DPH's MAVEN program and from the participating towns. Additional data was collected from reports and public health websites.

Economic, social, and demographic data was collected from US Census Bureau. All census data is from the American Community Survey 5-year estimates 2008-2013, unless otherwise noted. Additional economic data was gathered from the US Bureau of Labor Statistics and the Massachusetts

Department of Workforce Development. Infrastructural data was collected from the Massachusetts Executive Office of Housing and Economic Development. Crime data was collected from the Massachusetts Department of Public Safety and the Hampden County Sheriff's Department. Transportation information was collected from the Pioneer Valley Transportation Administration and the Massachusetts Department of Transportation. Additional data and reports were retrieved from the Pioneer Valley Planning Commission, other relevant agencies, and websites.

Research Challenges

One of the great challenges of this project was the impact of state policy around HIPAA (Health Insurance Portability and Accountability Act, 1996) regulations on available public data. The MA DPH does not report data points less than 5, to protect the privacy of those included. Given the small population size of these towns, much of the state's data are naughts and <5's, limiting their utility for town-level public health analysis. To compensate for that problem, we collected and analyzed town-collected data.

In terms of community engagement, most of the towns lacked the town-level infrastructure and staffing to fully support the project. Most town governments are only open for business 2-3 days a week. In several cases, the towns had only one paid, part-time administrator to manage all day-to-day municipal government duties. In one case, town hall was only open for business 8 hours a week. The sole administrator for these towns is often responsible for organizing all town political activities, their volunteer committees (including Board of Health), selectmen boards, town communication and most official interactions, including regional and state governmental activities.

This impacted data collection and contributed to uneven participation by all towns in the study. All towns were helpful in providing contacts for interviews and following up with those contacts to ensure participation. 83% of those interviews requested resulted in completed key informant interviews, evidence of their effective assistance. These contacts also provided the starting point for recruiting focus group participants, but the small cities were far more able to participate in focus group development than the small towns. Tolland was an exception to that rule.

Seven out of the twelve towns were able to use their social networks effectively to collect surveys. Granville, in particular, far surpassed its minimum survey needs within a week, simply by circulating the survey link in an email encouraging public participation. Five towns found it challenging to collect surveys: Brimfield, Hampden, Blandford, Montgomery, and Tolland. The last three towns had very low population sizes, ranging from Tolland (551) to Blandford (1,110). All those towns survive with only one, part-time staff person to administer for their scattered populations. Their reasons ranged from lack of resident contact lists, perceived public resistance to surveys, or lack of town capacity to participate at that level.

While we were successful in using other social networks to achieve 95% confidence in survey results overall, only 7 towns – East Longmeadow, Granville, Ludlow, Monson, Palmer, Southwick and West Springfield – produced sufficient completed surveys to allow 95% confidence in their results. While we have, in places, included smaller-sample towns in our analysis, we did so only when those results were consistent with other forms of data collection (focus groups, key informant interviews, quantitative data), in the appendices for informational purposes. Survey results from those towns should be contextualized with other data before making inferences.

Recommendations

It is in the best self-interest of small towns to have the capacity to collect information and perspectives from their residents. Such information will improve and support the struggle to find resources and increase town capacity to participate in future assessments.

- Town training is important for effective community assessment (good for any topic). By developing a few basic skills and contact lists, understaffed town administrators can more effectively facilitate and collect assessment data for town internal or regional purposes.

- We recommend an internal discussion among Shared Public Health Nurse Committee members on how to build further capacity for infectious disease surveillance, with an eye to developing proposals that might secure funding.

About the Towns[3]

Hampden County is a long sliver of land in Western Massachusetts that shares its southern border with Connecticut. It is divided in half by the north-south flow of the Connecticut River. Urban and suburban communities cluster along the banks of the river. To the east and west, the rural and woodland character of the rest of the region has existed since before the formation of the county in 1812. Hampden County was created when political, industrial, and demographic realities helped shift the seat of political and commercial power in western Massachusetts from Northampton to Springfield— the modern shape of Hampden and Hampshire Counties is the result of that historic split.

West Springfield: Image: PVPC

Some of the towns in Hampden County – Springfield, Holyoke, West Springfield, and others – were early centers of industrial activity. The city of Holyoke was the first US city designed and conceived around industrial development. That industrial legacy continues to this day as cities like Springfield, Holyoke and Chicopee remain regional centers of industry and population density, though industrial manufacturing is no longer the primary economic activity in the area.

Many of these towns suffered a common fate when industry moved away from the area in the 1970's and 80's. Some small towns have transformed themselves into bedroom communities for Springfield, Hartford and Worcester commuters. Other towns struggle for survival, with little economic foundation beyond property taxes and aging populations. This is also true for Springfield and Holyoke, who have huge low-income populations, low employment rates, and the problems that come with poverty.

Some towns, like Blandford, remain a community of dairy farms and orchards. In other towns, abandoned fields and pastures have reverted to forests of beech, birch, maple, hemlock, pine, and oak. Large sections undeveloped land in these towns were (or still are) reserved woodlots. However, as logging fell off in recent decades, the forests have begun to reclaim some old growth qualities and animal species long absent or rare for 200 years are returning.

The smaller towns to the east of the Connecticut River tend to be lightly populated across a hilly terrain. Towns to the west – nestled in the eastern uplands of the Berkshire Mountains – have sparse populations similarly scattered across more densely wooded and rugged landscape. Three of the small cities in the study – West Springfield, Ludlow and East Longmeadow – are satellite cities adjacent (or across the river) to Springfield, by far the largest municipality in the county. These towns are all smaller geographically, with more urban town centers, greater municipal infrastructures and resources, including public transportation. Palmer is a union of four politically distinct, small villages: Bondsville, Thorndike, Three Rivers, and Palmer Center.

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3 Information on towns drawn from PVPC, MA DOT and other state agencies. https://dlsgateway.dor.state.ma.us/DLSReports/DLSReportViewer.aspx?ReportName=At_A_Glance&ReportTitle=At+A+Glance

Governance and Volunteerism

The most common form of governance in the twelve towns involved in this study are structured around a board of selectman and town meetings. Only West Springfield has a mayor/city council governmental structure. The four small cities in this study – West Springfield, Ludlow, Palmer, and East Longmeadow – have the most robust municipal infrastructure to support initiatives and activities. Most towns in this study survive on part-time administrative staff – sometimes only one – and a culture of volunteerism.

Southwick Special Town Meeting January 2012; Image: Westfield News

These are communities where small town solidarity and a culture of volunteerism have historically served their needs. While small town volunteerism continues to thrive, it is increasingly under pressure. As the economy continues to shift to a service-oriented base; as town residents face longer commutes to other towns; as the population in some of these towns ages; the ability of the ordinary citizen to fully participate in town cultural and political life wanes. Many models of community formation and volunteerism have been generated and continue to be a model of participatory democracy. Towns are governed by the open town meeting where registered voters who attend the meeting act or vote on the warrant, or list of items to be decided upon at a given meeting. Ongoing town matters are managed by an elected Board of Selectmen and other Boards and Commissions.

This governance model is not only a tradition, but a source of civic pride. Embedded in the Commonwealth Constitution, many towns have never known any other form of governance structure. However, this traditional structure may be under increasing pressure to change as municipal governments are asked to play a greater role in emergency preparedness, policing and regional activities. Volunteer fire departments have been finding it more difficult to recruit more personnel. Some have begun to supplement volunteer staff with paid firefighters and EMS professionals in the daytime, when volunteers are working far from town.

Typical of this challenge is a statement made in a focus group setting: “For places like Monson, we can no longer depend just on volunteerism...Town government has to lead. They have to lead in the struggle to get more resources. Churches and volunteers are tapped out, and yet we are being taxed for our few resources.”

Other interviews and focus groups concurred with this opinion. While towns are very proud of their tradition of involved volunteerism, demographic changes, longer commutes to work, and aging native

populations have led to dwindling ranks of actively involved residents.
Two towns in this study – West Springfield and Ludlow – enjoy robust public health departments with full-time staff, nurses, and public health programming. In terms of capacity, mission and resources, they more closely match the structures. Most towns depend on the Shared Public Health Nurse program to supplement a volunteer Board of Health with little capacity. Southwick pays a nurse one hour a week to input MAVEN data and conduct occasional clinics. In some cases, the Shared Public Health Nurse program is providing these towns with public health nurse services for the first time and may be the only health professional involved in town public health activities.

Some towns have regionalized their education responsibilities. The Southwick-Tolland-Granville Regional School district serves all three adjacent communities. Blandford and Montgomery are a part of the Gateway Regional School District. Hampden is a part of Hampden-Wilbraham Regional School District. Brimfield is a part of the Tantasqua Regional/School Union 61 Districts. All other towns have their own school systems. Rising education costs – driven by standardized testing requirements and unfunded mandates to accommodate special student needs – have stressed municipal budgets. Even those who fully support these changes – especially special needs – complained in interviews that state demands on school systems aren't accompanied by sufficient funding to address those needs.

Many of these towns have unique forms of self-organization. East Longmeadow's Select Board also serves as its Board of Health. Most towns have volunteer Boards of Health. Some boards may have members with professional health backgrounds, but most Boards of Health are “committees of the willing” and comprised of non-health professional residents with a deep commitment to the town. They are usually supported by the lone administrative aide for the town.

Other examples of unique democratic characteristics in these small towns are exemplified by Palmer. This city is a confederacy of four villages: Thorndike, Bondsville, Three Rivers, and Palmer Center. Each village has its own Main Street, school, park, commercial-industrial base, neighborhood atmosphere, and ethnic mix. Palmer adopted a home rule charter in 2004 with a council-manager form of government. Unlike many Massachusetts communities, the Town of Palmer does not have its own water department. Instead Palmer, Bondsville and Three Rivers each have their own water department and their own fire department. Each fire department has its own fire chief, as there is no town-wide chief. Thorndike does not have its own fire department or water department, instead contracting out with Palmer.

Three Rivers Volunteer Fire Department (Palmer). Image: Springfield Republican

Transforming Former Mill Town Communities

Some of the more successful, former mill towns, such as Southwick, have converted from agricultural and industrial communities to mixed uses that include agriculture, business zones, and residential areas. Southwick is in close proximity to Springfield, MA and Hartford, CT. Its location made it an attractive place to live for people who work in these cities and who prefer a less urban setting. Hampden has prospered for similar reasons, given its proximity to those two towns and Worcester, MA.

Granville Country Store, famous for its cheese. Image: www.granvillecheesestore.com

While Hampden, Tolland, Southwick and Granville have been quite successful with this strategy, Monson, Brimfield and Blandford have been less so. These towns struggle with a variety of economically distressed populations at a higher percentage than the Commonwealth as a whole.

This population shift has generated significant demand for new housing in recent decades. For example, over three-quarters of the homes in Southwick are owner-occupied. Urban migration to Southwick drove demand for new housing. Many newcomers are employed as craftsmen, artisans, or have the capability to work out of home offices. However, the majority of the workforce commutes out of town. This trend has slowly displaced an older, more working class population with more affluent white-collar families. This trend is seen in several towns that border Connecticut.

Palmer's economy benefits from having a Massachusetts Turnpike Interchange, making it attractive to residential as well as commercial development. Combined with its train yards and a new intermodal freight facility with full customs clearance, Palmer has developed into a key cargo distribution center. Ludlow, another town with a Turnpike exit, has exhibited similar growth. However, its proximity to Springfield has made Ludlow more of a bedroom community and a suburb.

Other towns, such as Tolland, Montgomery, and Granville, share some of the characteristics of rural towns like Hampden, Monson and Blandford. These communities, located on both sides of the river, are governed by town meetings. Many are small and rural and clinging to their way of life. Tolland, with a population of 551.[4] is the smallest town in Hampden County by population and one of the least populous towns in the Commonwealth. The town's rugged terrain and marshlands historically limited agriculture to dairy and cattle farms, some of which still exist today. Logging is still an industry in the region. Other locally based industries include maple syrup production and apple harvesting, in addition to growing recreation and resort development. Camping areas include the Tolland and Granville State Forests and one of the largest Girl Scout camps in the nation. Town people are employed as craftsmen, artisans, or have the capability to work out of home offices. However, the majority of the workforce commutes out of town.

4 US Census Bureau American Community Survey 5 year estimates 2008-2013.

Towns such as Blandford, Granville, and Montgomery continue to be significant sites for private fishing and hunting clubs. Blandford is situated in the eastern foothills of the Berkshire Mountains. It is a rural hill town on the historic western corridor between Connecticut and the Housatonic Valley. Historically a favored summer resort for Springfield and Westfield families, it has remained in modern times a community of dairy farms and orchards. Blandford has significant water resources in its streams and ponds. The city of Springfield has reserved the upper watershed of the Little River, a tributary of the Westfield, as the city's main water supply.

Regional features of some of these towns have become tourist attractions and a source of civic pride. For example, one of Hampden Township's most valuable resources is the Laughing Brook Education Center & Wildlife Sanctuary, a Massachusetts Audubon Society-managed environmental education center. Granville, with its gently sloping and rugged hills, is host to a museum for the Noble and Cooley Company Drum factory, and to the Granville Country Store, which has become internationally known for its own variety of cheddar cheese. The store produces 200,000 pounds of cheese each year that is shipped worldwide. The Granville State Forest provides recreation for hunters and campers.

For many of these communities change is on the way. For example, West Springfield, on the west bank of the Connecticut River, was once rich farmland replenished by the annual flooding of the river. Elements of the town's continuing old New England flavor include the Town Common, towering shade trees, a rotary, and other typical New England town architectural and design elements. Keeping with the area's seasonal destination/tourist attractions, every September the town hosts the Eastern States Exposition, one of the nation's largest agricultural fairs.

West Springfield serves an important commercial center for the region, with several significant strip malls and shopping complexes along Riverdale Street (Route 5). Major retailers and warehouse outlets have located there, along with the region's largest complex of movie theaters. In West Springfield's industrial areas, small and medium-sized manufacturers dominate. K & M Electronics is one of the region's largest electronic component manufacturers.

More than any other town in this study, West Springfield has been a hub for refugee resettlement. The two lead agencies doing that import work — Jewish Family Services and Ascentra (formerly Lutheran Family Services) — are located in West Springfield. As these new Americans settle in the area, West Springfield has become one of the most diverse municipalities in Western Massachusetts that boasts a growing variety of ethnic restaurants and shops.

Despite all these efforts, the regional economy remains stagnant, with a regional job growth rate (0.6%) lower than the population growth of the state (0.7%). Hampden County has consistently ranked last in the state for per capita income ($40,993) and below national per capita income.

Lack of jobs and opportunity ranked second in our survey of community needs, with 58% of survey respondents citing that issue as an important one to address. This was reinforced in over 90% of our key informant interviews and all but one of our focus groups (Montgomery). As we will detail in our qualitative data collection – surveys, focus groups, key informant interviews – the public placed great emphasis on economic conditions as the driver of key health issues including health care access and care, mental health issues, substance abuse, senior issues, and youth issues. When tied to a lack of public transportation, poor economic conditions were tied to the effective marginalization of low-income people in their communities and as an obstacle to economic recovery.

Demographics

The towns in this study – with exceptions noted below – were overwhelmingly white and had a higher median age than the Commonwealth as a whole. Residents were also more likely to have been born in Massachusetts, if not locally. They were less likely to have college degrees, but more likely to have high school degrees than state averages. Five towns had more men than women and three towns had a higher percentage of women (51.8%) than the female population statewide. Other towns were within a percentage point of parity with national gender ratios. All data is from the US Census American Community Survey 5-year average (2008-2013). Here are some other demographic details:

- **Small cities, small towns and rural communities in study**
  - Small cities: West Springfield (28,498), Ludlow (21,247), East Longmeadow (15,816), Palmer (12,155).
  - Small towns: Southwick (9,552), Monson (8,627), Hampden (5,161), Brimfield (3,635).
  - Rural communities: Granville (1,657), Blandford (1,110), Montgomery (905), Tolland (511).

ACS 2013: Total Population	
Blandford	1,110
Brimfield	3,635
East Longmeadow	15,816
Granville	1,657
Hampden (town)	5,161
Ludlow	21,247
Monson	8,627
Montgomery	905
Palmer	12,155
Southwick	9,552
Tolland	551
West Springfield	28,498
Holyoke	40,029
Springfield	153,428
Hampden County	465,144
Massachusetts	6,605,058
United States	311,536,594

Race alone or in combination with one or more other races	Total population	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some other race	Hispanic or Latino (of any race)
Blandford	*1,110*	98.8%	0.0%	0.0%	0.9%	0.0%	0.3%	0.7%
Brimfield	*3,635*	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
East Longmeadow	*15,816*	94.6%	3.6%	0.3%	1.9%	0.0%	0.4%	2.3%
Granville	*1,657*	99.6%	0.9%	0.0%	0.1%	0.0%	0.0%	0.4%
Hampden (town)	*5,161*	99.4%	2.1%	0.0%	0.0%	0.0%	0.1%	0.4%
Ludlow	*21,247*	96.6%	1.7%	0.4%	1.4%	0.1%	1.4%	4.1%
Monson	*8,627*	98.6%	0.9%	1.0%	1.1%	0.0%	0.7%	1.3%
Montgomery	*905*	99.8%	0.3%	0.6%	0.2%	0.0%	0.0%	0.0%
Palmer	*12,155*	99.3%	1.1%	0.5%	0.2%	0.0%	0.0%	1.5%
Southwick	*9,552*	97.1%	0.1%	0.2%	3.1%	0.9%	0.8%	2.8%
Tolland	*551*	95.8%	0.7%	3.1%	0.9%	0.0%	0.9%	1.6%
West Springfield	*28,498*	87.4%	4.6%	1.0%	4.6%	0.0%	4.0%	8.4%
Holyoke	*40,029*	83.8%	4.8%	0.7%	1.0%	0.0%	11.6%	48.3%
Springfield	*153,428*	55.4%	24.7%	1.2%	2.6%	0.1%	20.2%	40.5%
Hampden County	*465,144*	79.7%	10.2%	0.8%	2.3%	0.1%	9.4%	21.5%
Massachusetts	*6,605,058*	82.9%	8.4%	0.7%	6.3%	0.1%	4.6%	9.9%
United States	*311,536,594*	76.4%	13.6%	1.7%	5.7%	0.4%	5.3%	16.6%

- **Little racial diversity, except West Springfield**
  - Eleven out of 12 towns have white populations higher than 94%.
  - Only West Springfield (87.3%) had any significant non-white populations, still 11

percentage points above the national average. All towns are less diverse than Hampden County, Massachusetts or the United States as a whole. West Springfield had more significant African American, Latino and Asian populations, as well as significant refugee populations from Sudan, Somalia, Afghanistan, Iraq and Bhutan.

ACS 2013: Age by sex	Median Age	Male	Female
Blandford	46.9	46.4	47.7
Brimfield	45.4	44.5	46.2
East Longmeadow	45.5	44.0	46.6
Granville	46.4	45.2	46.9
Hampden (town)	48.3	48.4	48.1
Ludlow	44.4	43.1	46.5
Monson	44.9	46.1	43.4
Montgomery	47.0	47.0	47.0
Palmer	42.9	41.2	44.1
Southwick	43.4	41.0	43.9
Tolland	45.8	45.2	50.0
West Springfield	39.5	35.9	42.1
Holyoke	36.0	34.6	38.8
Springfield	32.2	30.1	33.8
Hampden County	38.7	36.7	40.5
Massachusetts	39.2	37.8	40.5
United States	37.3	36.0	38.6

- **More High School degrees, fewer college degrees**
  - Nine out of 12 towns had a higher percentage of high school graduates than the state as a whole (89.4%).
  - Only Ludlow (83.7%), Palmer and West Springfield (87.5%) had lower graduation rates than state averages.
  - While 10 out of 12 towns had a higher percentage of college graduates than Hampden County as a whole, 10 out of 12 towns had fewer residents with college degrees or better than the state average (39.4%).
  - Only Brimfield and Montgomery had more college graduates than the state average.

ACS 2013 Educational Attainment	% high school graduate or higher	% bachelor degree or higher
Blandford	94.9%	28.5%
Brimfield	91.7%	42.5%
East Longmeadow	94.7%	38.0%
Granville	95.1%	33.1%
Hampden (town)	94.0%	34.3%
Ludlow	83.7%	20.8%
Monson	91.2%	29.7%
Montgomery	98.1%	41.6%
Palmer	97.5%	18.9%
Southwick	91.3%	31.6%
Tolland	92.6%	36.2%
West Springfield	87.5%	25.7%
Holyoke	74.2%	20.2%
Springfield	75.7%	17.2%
Hampden County	84.2%	25.0%
Massachusetts	89.4%	39.4%
United States	85.3%	28.0%

- **Long-term Massachusetts residents**
  - Except Tolland (37.2%), all towns had a higher percentage of Massachusetts-born residents than the state as a whole.
  - Eight towns had more MA-born residents than Hampden County. Palmer (81.5%) had the most natives, followed by Monson (79%), Hampden (78.8%), Brimfield (76.9%). East Longmeadow (74.7%), Blandford (72.5%), Montgomery (71.6%) and Ludlow (69.4%).

- **High percentage of owner-occupied households**
  - Eleven out of 12 towns had higher rates of owner-occupied households than Hampden County, the Commonwealth and the nation as a whole.
  - Five towns – Blandford (96.4%), Granville (90%), Hampden (92.9%), Montgomery (95.99%) and Tolland (93.5%) all had higher than 90% owner-occupied households.
  - Only West Springfield (59.1%) had fewer owner-occupied households than national, state or county averages.

- **Significantly older populations**
  - All towns reported older populations than the US (37.3), Massachusetts (39.2) and Hampden County (38.7) median ages. 11 out of 12 reported median ages above 40.
  - Seven towns had median ages 45 or older, including Hampden (48.3), Montgomery (47), Blandford (46.9), Granville (46.4), Tolland (45.8), East Longmeadow (45.5) and Brimfield (54.4). Monson (44.9), Ludlow (44.4), Southwick (43.4), and Palmer (42.9) followed closely behind.
  - Only West Springfield (39.5) had a median age below 40.

- **Large elderly populations**
  - 10 out of 12 towns have elderly populations at/or above the national average (13.4%), from Monson (13.4%) to Hampden (21.2%). Only Blandford (11.3%) and Montgomery (13.1%) had a lower percentage of senior citizens.
  - 7 out of 12 towns have more households with elder residents than state averages (25.7%).
  - 30% or more households have senior citizens in five towns, including: Hampden (33.5%), Granville (32.9%), East Longmeadow (32.5%), Tolland (31.5) and Ludlow (31%).
  - West Springfield (27.8%) and Palmer (26.6%) had a higher percentage of households elder residents than the state as a whole.
  - Less than 20% of Blandford households had elder residents.

- **High percentage of elders living alone**
  - Five out of 12 towns had a higher percentage of elders living alone than the state as a whole (10.9%), including East Longmeadow (13%), West Springfield (12.7%), Ludlow (12.4%), Southwick (12.3%), and Hampden (11.2%).

- **Gender trends vary widely by town**
  - Four out of 12 towns had similar gender percentages as the national average (West Springfield, Southwick, Ludlow and Monson).
  - Five towns had 50% or more male populations, led by Tolland (56.1%), Granville (51.4%), Blandford (51%), Montgomery (50.7%) and Hampden (50%).
  - Three towns had higher female populations than the national average (51.9%): Brimfield (53.3%), East Longmeadow (52.8%) and Palmer (51.7%).

Elders and elders living alone by town

Town	% of Households with one or more people 65 years & over	% of Householders living alone, 65 years & over
Blandford	17.6	4.7
Brimfield	24.3	10.5
East Longmeadow	32.5	13
Granville	32.9	9.3
Hampden	33.5	11.2
Ludlow	31	12.4
Monson	22.7	8.8
Montgomery	23.8	5
Palmer	26.6	12
Southwick	29.1	12.3
Tolland	31.5	10.3
West Springfield	27.8	12.7
Hampden County	26.7	11.8
Holyoke	23.5	11.9
Springfield	23.1	10.8
Massachusetts	25.7	10.9

ACS 2013: Population 65 years or older

Blandford	11.3%
Brimfield	15.3%
East Longmeadow	19.4%
Granville	17.7%
Hampden (town)	21.2%
Ludlow	17.8%
Monson	13.4%
Montgomery	13.1%
Palmer	15.4%
Southwick	15.3%
Tolland	16.2%
West Springfield	15.1%
Holyoke	14.7%
Springfield	11.1%
Hampden County	14.5%
Massachusetts	14.1%
United States	13.4%

- **High veteran population**
  - All towns have higher veteran populations than Massachusetts as a whole. All but Ludlow (8.7%) have a higher percentage of veterans than Hampden County (9.1%) or the United States (9.0%) as a whole.
  - Four towns – Montgomery (14.7%), Tolland (14.2%), Blandford (13.8%) and Brimfield (13.5%) – have nearly twice the percentage of veterans as Massachusetts statewide (7.4%).

% of civilian pop. 18 years & older, with veteran status	% of veterans	% of veterans below poverty last 12 months
Blandford	13.8%	3.2%
Brimfield	13.5%	0.0%
East Longmeadow	10.3%	2.1%
Granville	12.2%	9.6%
Hampden (town)	12.8%	10.7%
Ludlow	8.7%	1.5%
Monson	10.5%	17.7%
Montgomery	14.7%	3.6%
Palmer	12.8%	12.1%
Southwick	11.5%	1.8%
Tolland	14.2%	4.8%
West Springfield	10.7%	2.8%
Holyoke	8.0%	7.1%
Springfield	6.8%	11.5%
Hampden County	9.1%	6.5%
Massachusetts	7.4%	5.7%
United States	9.0%	6.9%

- **Extremely high and low disability rates**
  - Towns divided into three realities in terms of disabled populations. Three towns reported very high percentages of people with disabilities: Palmer (20%), Ludlow (14.6%), West Springfield (13.2%).
  - Six towns reported roughly state-average (11.3%) population sizes: Southwick (11.9%), Brimfield (11.5%), Blandford (11.4%), East Longmeadow and Monson (11%), Hampden (10.6%).
  - Three towns had the fewest disabled residents: Granville (9%), Montgomery (7.4%), Tolland (7.3%)..

- **Higher percentage of disabilities among young people**
  - Nine out of twelve towns had a higher percentage of people under 18 with disabilities than national rates.
  - Palmer has over 3 times the national rate of young people with disabilities (12.7%).
  - Blandford had over twice the national percentage of disabled children (8.3%).
  - Seven other towns showed high disabilities rates, including Monson (6.4%), Brimfield (5.7%), Southwick

ACS 2013: Disability Status of Civilian Non-institutionalized population	% Total pop. with a disability	% under 18 years, with a disability	% 18-64 years, with a disability	% 65 years and older, with a disability
Blandford	11.4%	8.3%	8.8%	32.8%
Brimfield	11.5%	5.7%	7.3%	36.8%
East Longmeadow	11.0%	5.1%	6.6%	32.9%
Granville	9.0%	4.8%	6.8%	21.4%
Hampden (town)	10.6%	2.1%	8.7%	24.8%
Ludlow	14.6%	1.7%	10.9%	40.6%
Monson	11.0%	6.4%	9.9%	23.9%
Montgomery	7.4%	1.3%	4.4%	31.1%
Palmer	20.2%	12.7%	15.1%	52.4%
Southwick	11.9%	5.6%	7.4%	39.7%
Tolland	7.3%	0.0%	7.9%	13.5%
West Springfield	13.2%	4.2%	12.1%	31.2%
Holyoke	20.3%	10.1%	19.9%	42.0%
Springfield	18.9%	9.9%	18.0%	46.1%
Hampden County	15.9%	8.2%	13.7%	38.7%
Massachusetts	11.3%	4.6%	8.8%	33.7%
United States	12.1%	4.0%	10.1%	36.5%

(5.6%), East Longmeadow (5.1%) and Granville (4.8%). 4.2% of West Springfield's young are disabled, slightly below the state rate of 4.6%.

- Three towns had low disabilities rate for youth – Hampden (2.1%), Ludlow (1.7%) and Montgomery (1.3%). Tolland had no disabled children under 18 identified by US Census.

ACS 2013: Households With own children under 18 years	
Blandford	26.2%
Brimfield	30.0%
East Longmeadow	30.1%
Granville	29.2%
Hampden (town)	29.6%
Ludlow	26.0%
Monson	26.8%
Montgomery	27.8%
Palmer	26.8%
Southwick	29.1%
Tolland	29.9%
West Springfield	27.9%
Holyoke	30.9%
Springfield	32.5%
Hampden County	29.4%
Massachusetts	28.4%
United States	29.6%

- **Some towns have higher percentage of adults with disabilities**
  - Three towns had a higher percentage of adults (aged 18-64) with disabilities than national (10.1%) or state (8.8%) rates: Palmer (15.1%), West Springfield (12.1%), and Ludlow (10.9%).
- **Percentage of seniors with disabilities varies wildly**
  - Three towns had a higher percentage of adults (aged 18-64) with disabilities than national (10.1%) or state (8.8%) rates: Palmer (15.1%), West Springfield (12.1%), and Ludlow (10.9%).
  - Percentage of seniors with disabilities varies wildly
  - Four towns had higher percentages for seniors with disabilities than state (33.7%) or national (36.5%) rates: Palmer (52%), Ludlow (40.6%), Southwick (39.7%), and Brimfield (36.8%).
  - Four towns reported slightly lower than Hampden County (33.7%): East Longmeadow (32.9%), Blandford (32.8%), West Springfield (31.2%), and Montgomery (31.1%).
  - Four towns had low percentages of seniors with disabilities: Hampden (24.8%), Monson (23.9%), Granville (21.4%) and Tolland (13.5%).
- **High percentage of married households in all towns**
  - All towns had a higher percentage of married households than Hampden County (42.1%).
  - Ten out of 12 towns had a majority of married households, higher than national (48.7%) or state (46.9%) rates.
- **Half the towns have more families with children**
  - Six out of 12 towns had a higher percentage of households with children under 18, than national (29.6%), state (28.4%) or county (29.4%) rates. East Longmeadow (30.1%), Brimfield (30%) had the highest percentage, followed by Tolland (29.9%), Hampden (29.6%), Granville (29.2%) and Southwick (29.1%).
  - West Springfield (27.9%), Montgomery (27.8%), Palmer and Monson (26.8%), Blandford and Ludlow (26%) had lower percentages of families with children under 18 than state or county rates.

Socioeconomic Disparities

> *"Do we have a homeless population? We don't even know."* -- key informant interview

This section will review the socioeconomic conditions in the 12 towns, compared against Springfield, Holyoke, county, state, and federal data, with an eye to understanding the strongly negative feelings about the economy expressed in surveys, focus groups and interviews. While census data provided us with sufficient town-level data to conduct analyses, state and federal data agencies, other statistical agencies had less to offer at the local level. Given the regionalization of the local economy – where most people live and work beyond their town – we used Greater Springfield Metropolitan area data or county-level data, when more local data was not available. The goal of this section is to illuminate the economic stresses for households and population sectors that underscore the feelings expressed in the qualitative side of this study.

At the heart of public concerns about the economy – the 2008 economic crash and its effects – has been very sluggish recovery. Nationally, productivity growth recovery has been less than half (7.2%) than the average of all previous economic crashes (15.3%) over the same time period.[5]

When compared to economic conditions in Springfield and Holyoke, conditions in the 12 towns seem dire. That said, almost all towns have sectors of their communities that reveal higher than state or national averages for economic distress or poverty. In some ways, these populations may be at even greater risk, due to the lack of local resources, public transportation, health care resources, and access to healthy food or jobs.

	Per capita personal income[1]			
	Dollars			Rank in State
	2011	2012	2013	2013
United States	42,332	44,200	44,765	--
Massachusetts	54,235	56,713	57,248	--
Hampden County	40,993	42,617	43,189	14

Seen in the aggregate, socioeconomic conditions in the twelve towns are not as bad as they are in Holyoke and Springfield. In some cases, median incomes (however described) are higher than national or even state medians. Contrasted, Springfield is the second poorest municipality in Massachusetts (after Lawrence) and Holyoke is close behind in fourth place. While extreme poverty in these towns contributes to Hampden County's lower ranking in terms of economic disparities, higher unemployment, depressed wages, high living costs, poverty and working poverty exceed state and national percentages for most of the towns participating in this study.

Haves and Have-nots

In numerous interviews, participants divided social classes in their community into two, not three, classes in their towns, 'haves' and 'have not's.' While close examination of the record reveals a more complicated reality, it is not without merit. As you can see in the Median Income: Homeowners and Tenants table, there are sharp income distinctions between homeowners and those who rent.

Only renters in Tolland and Granville had higher median household incomes than Hampden County, state and the United States as a whole. In all other towns, the median income of renters was below the median income of Hampden County, state and national medians.
Looking within towns, seven towns had greater median income disparities than the nation as a whole.

5 Economic Snapshot: February 2015 – Center for American Progress. https://cdn.americanprogress.org/wp-content/uploads/2015/02/EconSnap_Feb15.pdf

Two towns – East Longmeadow and Hampden – had wider disparities between owner-renter median income than county, state or national ratios. Five towns – Tolland, Granville, Blandford, Ludlow and Montgomery had less median income disparity between owners and renters than national ratios.[6]

The stark median income differences – Granville and Tolland aside – illustrates the 'two class' character, described in interviews. Three towns – East Longmeadow, Hampden, Palmer – median rental income was below $30,000. Monson, Brimfield and West Springfield were not far behind in the low-$30,000's This sector of the population should be considered under economic stress.

Town	% Unemployed 16-64	% Employed 16-64	% of Households under $25,000	% of Households between $25,000 & $49,999	% of Households under $49,999	% Households Receiving Food stamps
Blandford	7.1%	67.2%	7.9%	20.2%	28.1%	4.5%
Brimfield	6,5%	69.6%	17.0%	20.1%	37.1%	11.4%
East Longmeadow	6.1%	64.2%	14.2%	17.1%	31.3%	7.8%
Granville	8.8%	63.3%	12.2%	15.9%	28.1%	4.6%
Hampden (town)	5.2%	64.6%	9.5%	15.7%	25.2%	3.4%
Ludlow	7.6%	56.9%	16.6%	22.8%	39.4%	6.7%
Monson	10.3%	66.2%	16.2%	16.0%	32.2%	9.1%
Montgomery	9.6%	66.2%	7.3%	16.3%	23.6%	0.6%
Palmer	12.6%	57.3%	24.4%	24.5%	48.9%	14.3%
Southwick	6.4%	65.3%	13.5%	18.8%	32.3%	3.9%
Tolland	7.6%	66.7%	8.4%	10.3%	18.7%	1.9%
West Springfield	11.5%	59.1%	25.9%	21.4%	47.3%	16.5%
Holyoke	14.7%	47.5%	43.4%	21.9%	65.3%	36.4%
Springfield	14.9%	48.9%	39.5%	24.7%	64.2%	36.1%
Hampden County	10.9%	55.4%	28.4%	22.3%	50.7%	21.8%
Massachusetts	8.9%	61.6%	11.4%	18.6%	30.0%	11.7%

Given the high cost of living in Western Massachusetts (average household expenditure is $57,027), we considered all households making less than $50,000 dollars as potentially facing economic stress. We identified three economic strata facing varying levels of potential economic stress: under $25,000, $25,000-34,999, and $35,000-49,999. That said, we note that those paying more than 35% of their income on rental or home ownership costs were high across all economic sectors, including those without mortgages. This trend was evident in all towns.

At the heart of the problem, is the region's anemic 0.6% job growth rate.5 By comparison, Massachusetts' job market grew 2.4% and job growth nationally for the past two years has been 2.1%.[7] Sluggish job markets depress wages and leave households unable to recover from the effects of the 2008 economic collapse.

The effect of the devastating 2008 economic collapse, not only crushed fortunes for the poor and working class, but created a new class of economically distressed households, sometimes referred to in interviews as the 'McMansion poor' and 'land rich, cash poor'. These populations quite often live

6 Four towns had less than 100 occupied rental units – Granville (61), Blandford (16), Montgomery and Tolland (14).
7 Ibid

in the more affluent towns in this study – Hampden, East Longmeadow, Southwick – and pose new challenges to the presumption that the poor are merely unskilled workers or ne'er-do-wells, who haven't got the skills to make a living wage. While the 'McMansion poor' tend to be formerly upper-middle class families facing traumatic loss of income, the 'land rich, cash poor' tend to be the elderly and long-time residents of their communities.

Here are some trends we identified:

- **Higher median incomes**
  - All towns had higher median incomes than Hampden County medians.
  - Median household income was higher than county, state and national medians in 8 out of 12 towns.
  - Five towns - Montgomery ($83,611), Tolland ($81,667), Brimfield ($81,196), Hampden ($80,582) and East Longmeadow ($80,469) – had median incomes over $80,000.
  - Only Palmer ($50,668) had a median household income lower than the national median.
  - West Springfield ($54,126), Ludlow ($62,073) and Monson ($65,280) were the only towns with median incomes lower than the Commonwealth ($66,866) overall.

LABOR FORCE, EMPLOYMENT, UNEMPLOYMENT
Massachusetts Cities & Towns (Data not seasonally adjusted)

data type	Rate %	Rate %	Rate %
Month	Dec 2014	Nov 2014	Dec 2013
Blandford	5.1	5.9	5.9
Brimfield	6	5.7	7.4
East Longmeadow	4.4	4.7	6
Granville	4.6	4.2	7.9
Hampden	4.6	4.5	6.4
Ludlow	7.1	5.5	8.9
Monson	6.2	6.3	7.5
Montgomery	5.1	4.9	5.3
Palmer	6.8	6.2	9
Southwick	5.4	5.4	7
Tolland	5.1	5.4	7
West Springfield	5.3	5.9	7.5
Holyoke	7.4	8.3	10
Springfield	8	8.7	10.5
Boston	4.5	5.2	6.2
Massachusetts	4.8	5.2	6.7

- **Gender income inequality**
  - Female median earnings were 106% of male earnings in Tolland.
  - Two towns – Blandford (83%) and West Springfield (79.8%) – had greater gender income equality than the national (78.7%) ratios.
  - It should be noted that while Holyoke and Springfield have much lower median incomes, they also had greater gender income equality – 90.9% and 85.2%, respectively – than any town besides Tolland.

- **Lower extreme poverty than regional averages** (100% or less US Poverty Threshold)
  - All towns had fewer people living in extreme poverty (below 100% of US Poverty Threshold) than the nation, state and Hampden County as a whole.

- **Significant low-income households**
  - West Springfield (25.9%) and Palmer (24.4%) had the highest percentage of households making less than $25,000 a year. Six other towns – Brimfield (17%), Ludlow (16.6%), Monson (16.2%), East Longmeadow (14.2%), Southwick (13.5%) and Granville (12.2%)– had higher percentages of low-income households than statewide rate (11.7%).
  - Only Hampden (town) had higher employment rates, lower unemployment rates and fewer poor and vulnerable working class residents than the state rates.

- **Economically stressed working class families**
  - Seven out of 12 towns had more households with incomes less than $50,000 a year than the state (30%).
  - Well over 40% of households in Palmer (48.9%) and West Springfield (47.3%) made less than $50,000 a year.
  - Over 30% of households in 6 towns made less than $50,000: Ludlow (39.4%), Brimfield (37.1%), Southwick (32.3%), Monson (32.2%), East Longmeadow (31.3%).
  - Tolland (18.7%) had the lowest percentage of households making less than $50,000 a year, Followed by Montgomery (23.6%), Hampden (25.2%), Blandford and Granville (28.1%)

- **Stressed by higher local cost of living**
  - Local living costs are 110% of national rates. According to the US Bureau of Labor Statistics (last quarter, 2014), average household expenditures for the Greater Springfield Metropolitan area (including Hampden and Hampshire Counties) was $57,027 a year (2014 dollars).[8] Given such living costs, those making less than $49,999 may be economically stressed and at greater health risk. [9]

- **Low wages**
  - While living costs run approximately 110% of the national averages, average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158)10. Annualized to $44,512, those wages are significantly less than average household expenditures of $57,027.11
  - Those depending on earned income to pay household bills may be at greater risk of economic stress, due to insufficient income to pay all expenses.
  - Those on fixed incomes may be at even greater risk. A constant theme in discussion of elder concerns – in interviews and focus groups – was the fact that some surviving only on Social Security were choosing between necessities. ***Typical choices were between food, fuel, and prescription drugs.***

BLS 2013: Employment Growth & Weekly Average Wage

State	Employment		Average weekly wage			
	June 2014 (thousands)	Percent change, June 2013-14	Average weekly wage	National ranking by level	Percent change, second quarter 2013-14	National ranking by percent change
United States	137776.4	2	$940.00	--	2.1	--
Massachusetts	3407	1.4	1158	2	2.4	15
Hampden County	202.5	*0.6*	*856*	174	2.8	79

- **Anemic job growth**
  - According to the Bureau of Labor Statistics, job growth in the Greater Springfield Metropolitan area (including all towns in this study), was a tepid 0.6% in the second quarter of 2014, far less than state or national rates.
  - Nine out of twelve towns have higher U-3 unemployment rates than the state (4.8%).
  - Only East Longmeadow had lower unemployment rates than the state rate over the past year. Only East Longmeadow (4.4%), Hampden and Granville (4.6%) had lower rates.

8 http://www.bls.gov/regions/new-england/news-release/countyemploymentandwages_massachusetts.htm

9 Percentage derived from averaging Northeast region CPI against all US cities rate. Data taken from New England Consumer Price Index Card. http://www.bls.gov/regions/new-england/cpi-summary/ro1xg01a.htm

- Four towns – Monson, Montgomery, Palmer and West Springfield - recorded higher unemployment rates in 2013 than the state, according to the US Census..[10]

◆ **High housing costs for some**

- 10 out of 12 towns had fewer households paying 35% or more a month in ownership costs than national averages.
- However, *7 out of 12 towns had more mortgage-free households paying 35% or more than national average*s (see table). This may indicate that long-time residents and/or seniors are in economic stress.
- In 9 out of 12 towns, more than a third of their rental population paid 35% or more in rent. Whether one rents or owns (with or without mortgage), the percentage of households paying more than 35% of their gross annual income on rent or ownership costs may be under economic stress.
- Tolland (14), Montgomery (14) and Blandford had very few renters. Granville (61) had a few more. Palmer (1561), Ludlow (1,881) and West Springfield (4,792) had the largest tenant populations. Housing population details can be found in the appendices.

ACS 2013: Households paying 35% or more in ownership or rental costs	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Renter 35% or more
Blandford	24.0%	14.7%	0.0%
Brimfield	13.7%	11.6%	36.1%
East Longmeadow	20.7%	18.6%	52.4%
Granville	31.9%	11.4%	25.9%
Hampden (town)	20.2%	9.2%	21.2%
Ludlow	22.7%	10.8%	34.9%
Monson	24.2%	15.4%	34.6%
Montgomery	15.1%	8.8%	50.0%
Palmer	25.9%	16.4%	42.2%
Southwick	17.2%	12.8%	31.8%
Tolland	10.9%	7.1%	62.5%
West Springfield	23.6%	13.0%	39.2%
Holyoke	30.9%	21.5%	44.8%
Springfield	32.3%	21.8%	50.2%
Hampden County	26.5%	16.7%	44.2%
Massachusetts	29.6%	17.5%	40.4%
United States	25.8%	11.5%	43.1%

◆ **Higher health care costs**

- According to the Health Policy Council (2013), Massachusetts residents averaged $9,278 for personal health care expenditures. A third of survey respondents reported financial stress due to health care costs. While personal costs vary wildly, 12 towns have generally higher percentages of those demographics that tend to have higher health costs, such as elderly, disabled, veterans, and families with children. Combined with other access issues, health care costs may be a serious point of economic stress for some households and a barrier to better health.

◆ **Food Stamps/SNAP benefits**

- Only 2 towns – West Springfield (16.5%) and Palmer (14.3%) – had more food stamp/SNAP benefit recipients than

Town	Received Food Stamps/SNAP benefits	Below 130% of US Poverty Threshold
Blandford	4.5%	5.7%
Brimfield	11.4%	7.7%
East Longmeadow	7.8%	5.3%
Granville	4.6%	3.7%
Hampden (town)	3.4%	4.2%
Ludlow	6.7%	6.2%
Monson	9.1%	5.3%
Montgomery	0.6%	4.3%
Palmer	14.3%	13.8%
Southwick	3.9%	5.2%
Tolland	1.9%	3.4%
West Springfield	16.5%	14.7%
Holyoke	36.4%	37.2%
Springfield	36.1%	33.9%
Hampden County	21.8%	19.5%
Massachusetts	11.7%	11.4%
United States	12.4%	15.9%

** Those with incomes 133% or less of US Poverty Threshold are eligible for Food Stamps/SNAP Benefits*

10 US Census American Community Survey 5 year average estimates 2008-2013

national (12.4%), state (11.7%) or county (21.8%) rates. 1 town – Brimfield (11.4%) – had a slightly lower percentage of food stamp recipients than county and state percentages. Monson (9.1%) was the closest of the remaining towns.

- Eight towns had very few food stamp recipients.
- Six towns had more eligible poor people than food stamp recipients. Blandford, Granville, Hampden, Montgomery, Tolland and Southwick all reported a higher percentage of people making less than 130% of the US Poverty threshold than those receiving food stamps. Given that those up to 133% of the poverty threshold are eligible for food stamps/SNAP benefits, ***it would seem that some people who are extremely poor in these communities are not using the food stamp programs for which they are eligible.***

◆ **Individuals in extreme poverty**

- All towns have a lower percentage of individuals living below the US Poverty Threshold than Hampden County or the nation as a whole.
- Only West Springfield (12.3%) has a higher rate of extreme poverty than the Commonwealth.
- Over 10% of residents in West Springfield, Monson (10.5%) and Palmer (10.3%) are living in extreme poverty.
- Child poverty is highly concentrated and at extreme levels in Holyoke (48.4%) and Springfield (44%), more than double the national rate.

ACS 2013: % poverty status for individuals	
Blandford	4.8%
Brimfield	6.1%
East Longmeadow	4.4%
Granville	6.5%
Hampden (town)	4.6%
Ludlow	5.1%
Monson	10.5%
Montgomery	3.5%
Palmer	10.3%
Southwick	4.6%
Tolland	3.8%
West Springfield	12.3%
Holyoke	31.5%
Springfield	29.4%
Hampden County	17.7%
Massachusetts	11.4%
United States	15.4%

◆ **Fewer children and families in extreme poverty**

- Tolland had no children, families, or single mothers living below 100% of the US Poverty Threshold.
- Eleven out of 12 towns had fewer children living in extreme poverty than county (28%), state (14.9%) and national (19,9%) rates.
- Only West Springfield (19.9%) had a higher percentage of children living in extreme poverty.
- Seven towns had no children under 5 living below the US Poverty Threshold.

◆ **Most towns have significant poor, female-led, single parent families in extreme poverty**

- All towns had fewer female-led, single-parent families in poverty than national rates (40%)
- However, Monson (38%) and Hampden (35.9%) had higher percentages of single mother-led households than the state (34.9%)
- In 6 towns – including Monson, Hampden and Southwick – over 25% of the single mother-led households were living in extreme poverty. These included East Longmeadow (30.7%), Palmer (29.7%), West Springfield (28.6%), and Granville (27.5%).

◆ **Few children under 5 living in poverty, except West Springfield and Monson**

- Seven towns had no children under 5 living below 100% of the US Poverty Threshold
- West Springfield (27.2%) had a higher percentage of children under 5 living in extreme poverty, higher than the state (17%) and national (24.7%). Monson (14.7%) was the only other town with more than 10% of its children under 5 living in poverty.

- **Lower rates of extreme poverty for children between 5 and 17**
  - All towns had a lower rate of poverty for children (5-17) than national (20%) rates.
  - Only West Springfield (17.2%) had a higher percentage of children between the ages of 5 and 17 living in extreme poverty than the state (13.6%) rate.
  - While Southwick (11.3%) was the only other town with more than 10% of its children between the ages of 5 and 17 living in poverty, 4 towns had slightly less than 10% of its children between the ages of 5 and 17 living in extreme poverty, including Brimfield and Palmer (9.5%), Blandford and Monson (9.4%).

ACS 2013: Percentage of children and families living below 100% of the poverty line

Town	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Blandford	7.8%	0.0%	9.4%	9.9%	0.0%	13.0%
Brimfield	8.5	0.00%	9.5%	4.7%	0.0%	23.7%
East Longmeadow	6.7%	3.3%	6.9%	6.9%	2.8%	30.7%
Granville	5.7	0.0%	6.4%	7.3%	0.0%	27.5%
Hampden (town)	6.2	0.0%	3.6%	3.9%	0.0%	35.9%
Ludlow	6.2%	7.0%	4.9%	4.7%	10.5%	16.5%
Monson	10.4%	14.1%	9.4%	8.9%	0.0%	38.0%
Montgomery	3.9%	0.0%	4.8%	1.9%	0.0%	0.0%
Palmer	9.3%	5.1%	9.5%	10.6%	3.6%	29.7%
Southwick	9.8%	0.0%	11.3%	7.1%	0.0%	32.3%
Tolland	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
West Springfield	19.9%	27.2%	17.2%	16.0%	21.7%	28.6%
Holyoke	48.4%	56.0%	44.6%	42.1%	50.9%	56.2%
Springfield	44.0%	52.8%	40.0%	36.4%	43.1%	52.2%
Hampden County	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

- **Disabled in extreme poverty**
  - While no data was available for any of the towns participating in this study, disabled people living in poverty is higher in Hampden County, than the state or national rates.
  - 25.7% of all disabled people in Hampden County live below 100% of the US Poverty Threshold.
  - 43.7% of all disabled people in Hampden County live below 150% of the US Poverty Threshold.
  - Those with responsibilities for residents in their town should be aware that more than one third of the disabled populations in their town may be living 150% below poverty levels and should be considered in extreme poverty. Palmer and West Springfield – who have higher rates of poverty and disabled populations – should be aware that there might be a higher percentage of disabled people living in poverty in their towns, than county-wide rates.

ACS 2013: Disability & poverty	Below % 100 of poverty level	Below %150 of poverty level
Holyoke	39.9%	47.5%
Springfield	35.7%	56.5%
Hampden County	25.7%	43.7%
Massachusetts	21.0%	34.8%
United States	21.4%	35.6%

- Disabled people living in rural areas may be facing more challenges than those living in urban areas, due to lack of public transportation, lack of fresh food and health care access issues, whether they are poor or not. Those in poverty may be in extreme danger.

◆ **Fewer seniors citizens in extreme poverty**

- As noted in the demographic section, all towns had significant elderly populations and town median ages were older than county, state or national rates.
- All towns had fewer seniors living in extreme poverty than county (10.2%) or national (9.4%) rates.
- Only Palmer (9.2%) had a percentage of seniors in extreme poverty near state (9.4%) rates.
- Blandford and Tolland had no seniors living below 100% of the US Poverty Threshold.

Seniors living below 100% of the US Poverty Threshold	
Blandford	0.0%
Brimfield	2.7%
East Longmeadow	5.4%
Granville	2.0%
Hampden (town)	3.2%
Ludlow	6.1%
Monson	6.2%
Montgomery	5.9%
Palmer	9.2%
Southwick	1.1%
Tolland	0.0%
West Springfield	6.6%
Holyoke	16.2%
Springfield	15.9%
Hampden County	10.2%
Massachusetts	9.0%
United States	9.4%

◆ **High percentage of elders living alone**

- As noted in the demographic section, 5 out of 12 towns had a higher percentage of elders living alone than the state as a whole (10.9%), including East Longmeadow (13%), West Springfield (12.7%), Ludlow (12.4%), Southwick (12.3%), and Hampden (11.2%).

◆ **Stressed by housing costs**

- As noted earlier in this section, 7 out of 12 towns had more mortgage-free households paying 35% or more than national averages. While one need not be a senior to have a mortgage-free home, most in that position are older, not younger. Those with fixed incomes and/or dependent on Social Security benefits may be generously represented in this group.

◆ **Choosing between necessities**

- Concern about households choosing between necessities was expressed throughout all demographic sectors. Elders were – by far – the most likely demographic to be associated with this challenge. In numerous interviews and focus groups, those on fixed incomes were identified as one of the most vulnerable members of town communities.
- All discussions about senior issues raised the problem of fixed income retirees choosing between vital necessities – elders who lived in cold houses or didn't eat much to pay for their prescriptions.
- High homeowner costs among those without mortgages may offer a rough measure for identifying the magnitude of home budget stress and provide an indicator for how many households are choosing between necessities.
- Health care costs (particularly insurance-related) and housing costs led the list of complaints when this subject was discussed.

- **Veterans in poverty**
  - As noted previously (see table), all towns have a higher percentage of veterans than the Commonwealth. 11 out of 12 towns have higher veteran populations than the county or nation as a whole.
  - Four towns – Monson, Palmer, Hampden and Granville – have a higher percentage of veterans in poverty than the county, state or nation.
  - Monson has nearly three times the percentage of veterans in poverty than national, state or county rates (17.7%).
  - Palmer has more than twice the rate of poverty among veterans than the state and almost double the rates of Hampden County and the US as a whole.
- Hampden County consistently ranks last in the state for per capita income.

	% of civilian pop. 18 years & older, with veteran status	% of veterans	% of veterans below poverty last 12 months
Blandford		13.8%	3.2%
Brimfield		13.5%	0.0%
East Longmeadow		10.3%	2.1%
Granville		12.2%	9.6%
Hampden (town)		12.8%	10.7%
Ludlow		8.7%	1.5%
Monson		10.5%	17.7%
Montgomery		14.7%	3.6%
Palmer		12.8%	12.1%
Southwick		11.5%	1.8%
Tolland		14.2%	4.8%
West Springfield		10.7%	2.8%
Holyoke		8.0%	7.1%
Springfield		6.8%	11.5%
Hampden County		9.1%	6.5%
Massachusetts		7.4%	5.7%
United States		9.0%	6.9%

Per Capita Personal Income by County, 2011 - 2013

	Per capita personal income[1]				Percent change from preceding period[2]		
	Dollars			Rank in State	Percent change		Rank in State
	2011	2012	2013	2013	2012	2013	2013
Barnstable	57,861	61,054	62,187	5	5.5	1.9	6
Berkshire	45,700	47,804	48,695	9	4.6	1.9	5
Bristol	43,093	44,693	45,120	13	3.7	1.0	9
Dukes	62,612	67,746	69,105	3	8.2	2.0	3
Essex	53,856	56,062	56,522	7	4.1	0.8	11
Franklin	44,195	46,362	47,324	11	4.9	2.1	2
Hampden	*40,993*	*42,617*	*43,189*	*14*	*4.0*	*1.3*	*7*
Hampshire	41,524	44,399	45,255	12	6.9	1.9	4
Middlesex	63,005	66,021	66,498	4	4.8	0.7	13
Nantucket	78,979	85,072	89,722	1	7.7	5.5	1
Norfolk	66,258	69,884	70,456	2	5.5	0.8	12
Plymouth	52,405	55,304	55,935	8	5.5	1.1	8
Suffolk	55,608	57,491	57,660	6	3.4	0.3	14
Worcester	46,358	47,983	48,415	10	3.5	0.9	10
United States	42,332	44,200	44,765	--	4.4	1.3	--
Massachusetts	54,235	56,713	57,248	--	4.6	0.9	--

1. Per capita personal income was computed using Census Bureau midyear population estimates. Estimates reflect county population estimates available as of March 2014.

2. Percent change was calculated from unrounded data.

3. Virginia combination areas consist of one or two independent cities with populations of less than 100,000 combined with an adjacent county. The county name appears first, followed by the city name(s). Separate estimates for the jurisdictions making up the combination areas are not available.

Hampden County participating small cities & comparative cities

INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS)	MA	Hampden County	East Longmeadow	Ludlow	Palmer	West Springfield	Holyoke	Springfield
Total households	*2,530,147*	*177,990*	*5,798*	*8,223*	*4,968*	*11,703*	*15,846*	*55,894*
Less than $10,000	6.2%	8.9%	2.7%	2.3%	5.0%	5.7%	15.2%	14.5%
$10,000 to $14,999	5.2%	7.3%	3.3%	4.3%	5.9%	6.0%	12.7%	10.3%
$15,000 to $24,999	8.6%	12.2%	8.2%	10.0%	13.5%	14.2%	15.5%	14.7%
$25,000 to $34,999	7.8%	9.8%	7.7%	11.1%	13.1%	9.2%	8.8%	11.3%
$35,000 to $49,999	10.8%	12.5%	9.4%	11.7%	11.4%	12.2%	13.1%	13.4%
$50,000 to $74,999	16.1%	16.6%	14.7%	18.9%	18.3%	19.9%	14.0%	15.4%
$75,000 to $99,999	12.9%	12.4%	15.0%	13.6%	13.0%	12.0%	9.1%	9.8%
$100,000 to $149,999	16.6%	12.8%	21.8%	19.6%	14.4%	14.4%	7.4%	7.4%
$150,000 to $199,999	7.8%	4.4%	10.2%	5.3%	4.5%	3.7%	2.6%	2.0%
$200,000 or more	7.9%	3.0%	7.0%	3.2%	0.9%	2.7%	1.6%	1.2%

Western Hampden County participating small towns

INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS)	MA	Hampden County	Blandford	Granville	Montgomery	Southwick	Tolland
Total households	*2,530,147*	*177,990*	*442*	*607*	*342*	*3,623*	*214*
Less than $10,000	6.2%	8.9%	0.0%	5.4%	0.0%	0.6%	2.8%
$10,000 to $14,999	5.2%	7.3%	2.9%	3.0%	0.6%	2.9%	1.4%
$15,000 to $24,999	8.6%	12.2%	5.0%	4.1%	6.7%	10.0%	4.2%
$25,000 to $34,999	7.8%	9.8%	6.6%	5.4%	6.4%	6.6%	1.9%
$35,000 to $49,999	10.8%	12.5%	13.6%	10.5%	9.9%	12.2%	8.4%
$50,000 to $74,999	16.1%	16.6%	23.5%	23.7%	20.8%	14.5%	24.8%
$75,000 to $99,999	12.9%	12.4%	18.8%	19.8%	14.6%	19.8%	20.1%
$100,000 to $149,999	16.6%	12.8%	23.3%	19.6%	26.6%	17.4%	16.4%
$150,000 to $199,999	7.8%	4.4%	5.7%	3.5%	10.5%	9.3%	9.8%
$200,000 or more	7.9%	3.0%	0.7%	4.9%	3.8%	6.7%	10.3%

Southeastern Hampden County participating small towns & comparative cities

INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS)	MA	Hampden County	Brimfield	Hampden town	Monson
Total households	*2,530,147*	*177,990*	*1,478*	*1,908*	*3,403*
Less than $10,000	6.2%	8.9%	2.3%	2.1%	4.9%
$10,000 to $14,999	5.2%	7.3%	3.7%	2.6%	2.6%
$15,000 to $24,999	8.6%	12.2%	11.0%	4.8%	8.7%
$25,000 to $34,999	7.8%	9.8%	11.0%	5.6%	7.3%
$35,000 to $49,999	10.8%	12.5%	9.1%	10.1%	8.7%
$50,000 to $74,999	16.1%	16.6%	9.7%	20.2%	26.2%
$75,000 to $99,999	12.9%	12.4%	10.7%	18.8%	12.6%
$100,000 to $149,999	16.6%	12.8%	23.1%	17.3%	19.0%
$150,000 to $199,999	7.8%	4.4%	15.6%	13.7%	6.7%
$200,000 or more	7.9%	3.0%	3.9%	4.9%	3.2%

Survey Results – Key Findings

Before weighting, the average respondent was a white, married (63%), female (69%) in her 50's. She lived in a 3-person household, with 1.03 children, and made between $50,000 and $74,999 a year. This average respondent worked full-time, had some college education, but no degree. She had a land-line (83%) and cell phone (87%).

Top Ten Survey Issues:

1. Substance abuse – Illegal, prescription and alcohol ranked 1st, 4th, and 5th, respectively
2. Unemployment/Lack of opportunity
3. No/poor public transportation
6. Obesity
7. Poverty, child poverty and working poverty
8. Mental health problems
9. Inadequate social support
10. Poor diet/nutrition

37% of those households had at least one elderly person. 59% of respondents were employed, full or part time. 3% were self-employed. 2% were unemployed. 32% were retired, 1% were students.

230 town-relevant surveys – out of 282 total surveys – were selected and weighted by town, income and age by gender. Several key issues and perspectives dominated the survey:

- **Poor economy:** Overwhelmingly negative perspectives on the economy, including a lack of jobs/opportunity; poverty, child poverty and working poverty; inadequate social support; high living costs and poor business climate, especially for new businesses.
- **Substance abuse:** Illegal drug, alcohol and prescription drug abuse were outstanding concerns. Leading issue public wanted more information about and health services for.
- **No/poor public transportation:** This issue ranked higher in towns with no public transportation, but made the town top-ten lists across the study
- **Obesity:** ranked sixth overall and was highly linked with poor lifestyle habits and behaviors, including poor diet and lack of exercise
- **Mental health concerns:** particularly stress and depression. Second most important issue after substance abuse, that respondents wanted more public health information about.
- **Poor lifestyle practices (diet/exercise)**: Diet/nutrition ranked tenth overall. Lack of exercise/physical activity ranked eleventh overall.
- **Cancer** was a top ten issue in East Longmeadow and Monson, but ranked lower elsewhere.
- A**ll towns scored much better on social cohesion question**s, including reactions to positive statements about their town: town affinity, feelings toward neighbors, common values, community participation and liking where they lived. However, positive statements about whether their town was a good place for the poor, minorities or the disabled, towns and the region scored lower. While there was general agreement that their towns were a 'good place to live' for the elderly and young, there was much less agreement that there were sufficient activities and resources for those two demographic sectors.
- **52% of respondents were satisfied, mostly satisfied, or very satisfied with their health care service**. 34% said they faced economic challenges with their health care costs. 20% said they had difficulties accessing health care services, including insurance coverage (43%), long wait times for appointments (29%), co-pay costs (22%), “can't find doctor in my network” and dentists refusing insurance (18%). Complaints about the lack of access to medical care were highest for general practitioners (43%), dentists (32%), pharmacies (25%), hospitals and mental health services (14%).

Community concerns and greatest concerns			
Rank	Which of these issues are a problem in your community?	There is a problem	Most affects community
#		%	%
1	Illegal drug abuse	66%	28%
2	Unemployment/lack of opportunity	63%	21%
3	No/poor public transportation	59%	4%
4	Prescription drug abuse	46%	-
5	Alcohol abuse	45%	3%
6	Obesity	45%	4%
7	Poverty, child poverty and working poverty	38%	8%
8	Mental health problems	36%	1%
9	Inadequate social support	34%	1%
0	Poor diet/nutrition	32%	-
10	Lack of exercise/physical inactivity	31%	-
11	Cancer	21%	3%
12	Diabetes	20%	2%
13	Poor physical health	20%	2%
14	Tobacco/second hand smoke	17%	-
15	Teen Pregnancy/Birth	14%	-
16	Access to health care	13%	0%
17	Community safety/Violent crime rate	13%	2%
18	Motor vehicle injury/death	10%	-
19	Domestic/child abuse	8%	-
20	Sexually transmitted diseases	5%	-
21	HIV/AIDS	1%	-
22	Economy (general)	-	3.9%
23	Town policies/mismanagement	-	2.8%
24	Taxes	-	2.0%
25	Lack of youth activities	-	1.9%
26	Rural area/lack of services	-	0.4%
	Total	100%	100%

Note: first column and ranking reflects multiple choice question (Q4). Second column reflects write-in answers to 'top priority' question (Q5). Issues unmentioned in first column, reflect write-in answers not suggested in survey design.

Leading Issues

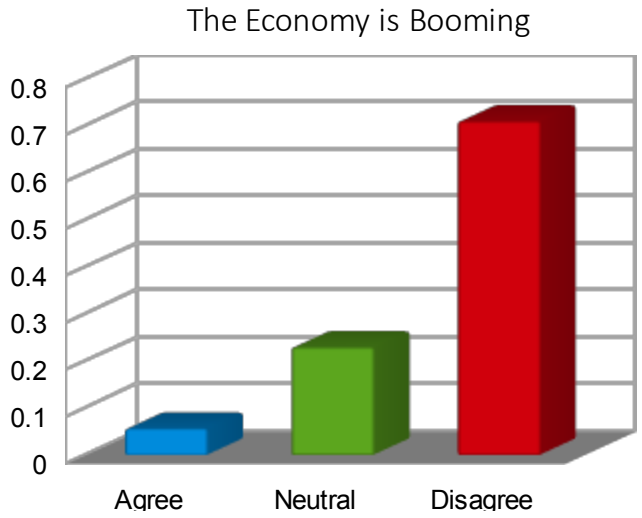
- **Overwhelming concern about substance abuse** dominated the top five concerns in our survey. Drugs, alcohol and prescription drug abuse dominated the top five issues (1st, 4th and 5th) and were an issue in a majority of interviews and focus groups. Illegal drug use polled 66%, prescription drug abuse polled 46%, and alcohol abuse polled 45% as community concerns. These issues reappeared as the single most important issue the public wanted more information about.
- **Negative perspectives on economic issues** dominated this survey. Unemployment/lack of opportunity polled second; poverty, child poverty and working poverty polled seventh, and inadequate social support ranked ninth as issues the public were most concerned about. 63% of those polled thought lack of jobs and opportunity were serious community concerns.
- Combined with other places in the survey where economic issues were identified, a poor economic climate and substance abuse dominated the survey. Given the low participation of

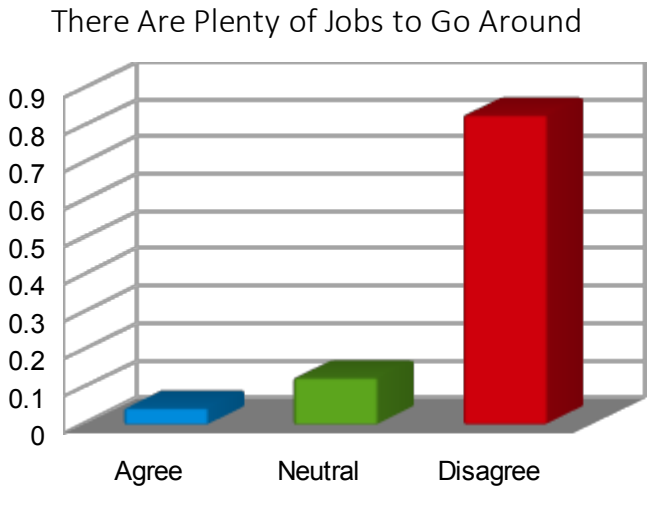
unemployed and truly at-risk populations in this survey – and the relative affluence of the towns in question – these findings are stunning. Towns and overall survey results reported extremely high dissatisfaction with socioeconomic conditions, including lack of jobs, opportunity, poor business climate, high housing and living costs, lack of services, etc. Analyzed broadly – including key informant and focus group results – there was also high public awareness that poor economic climate is a driver for other social concerns, including drug abuse, youth issues and mental health. A majority of respondents in all towns responded negatively to all economic statements. No town had more than 8.3% agreement with the statement 'the economy is booming' or 'there are plenty of jobs to go around'. Disagreement with those statements ranged from Hampden (59%) to Southwick (100%). Lack of jobs and opportunity returned later in the survey as the second most important issue the public wanted more information about. Along with other economic issues – such as poverty, child poverty and working poverty – negative perspectives and concerns about the economy was the number one issue for respondents overall.

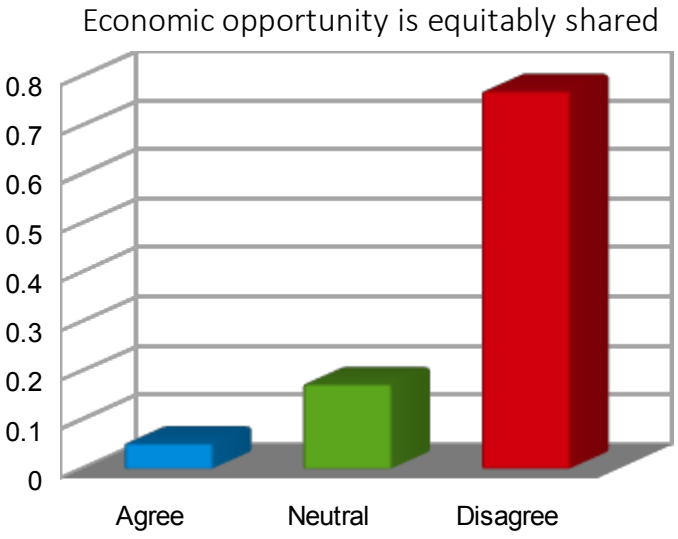
Q2: How much do you agree or disagree with the following statements about your local economy?

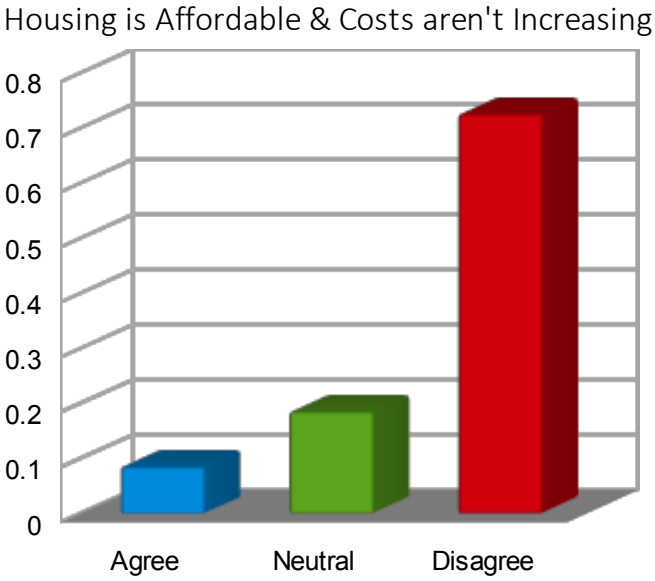
	Agree	Strongly Agree	Net Agree
Poverty isn't an issue in our community.	8%	3%	11%
Housing is very affordable and costs aren't increasing.	8%	0%	9%
Living costs are affordable and aren't increasing	6%	1%	7%
The local economy is booming.	6%	0%	6%
Economic opportunity is equitably shared by everyone	5%	0%	5%
Wages are excellent.	5%	0%	5%
This is a great economy to grow a business.	3%	2%	5%
There are plenty of jobs to go around.	4%	1%	4%
This is a great economy to start a business.	3%	2%	4%

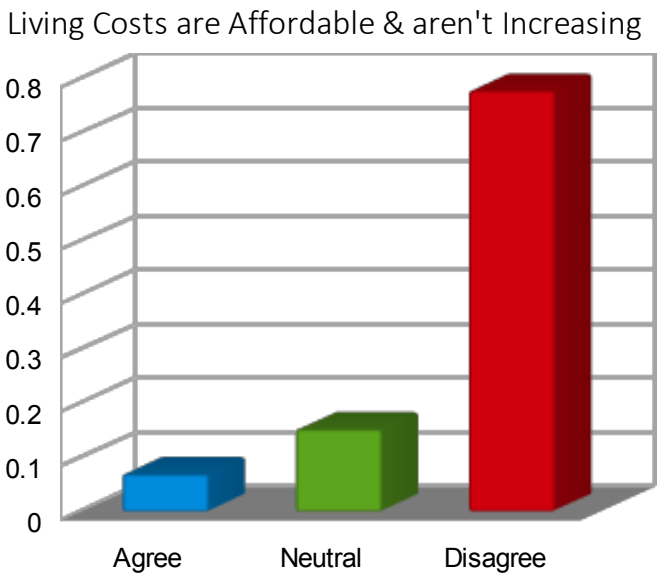
- **Public transportation** was strongly linked to responses around jobs and opportunity. Lack of public transportation discussions occurred frequently around vulnerable population needs, including the elderly, young, unemployed and refugee/immigrants and when discussing health access issues.
- **Lifestyle-related chronic conditions and practices** polled strongest behind drugs, economics and transportation. Obesity was ranked sixth by survey respondents and poor diet/nutrition ranked tenth. Lack of exercise/physical activity polled close behind the top ten issues at 11th, and only 1% behind tenth place
- **Mental health issues** – particularly in context with youth issues, economics, positive behavioral choices, insurance and health care access issues were strongly represented across 12 towns, and heavily reinforced in interviews and focus group discussions.
- **Inadequate social support** rounded out the top ten issues identified by the public in the survey. Poor, elderly, and disabled people in rural areas suffer higher social isolation and may have much less access to health care, fresh food, economic and other opportunities.









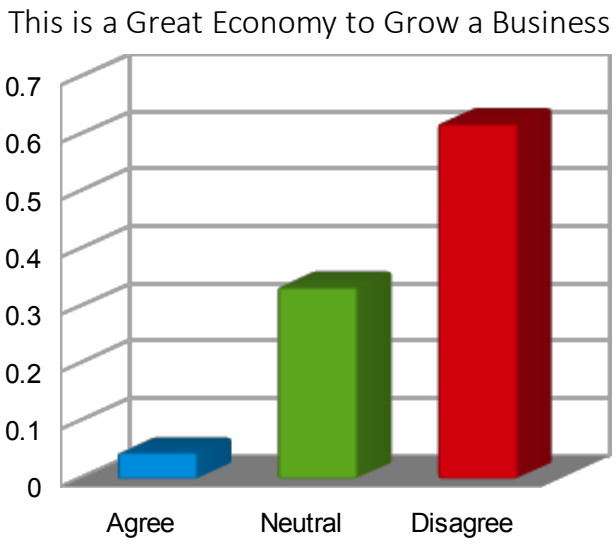


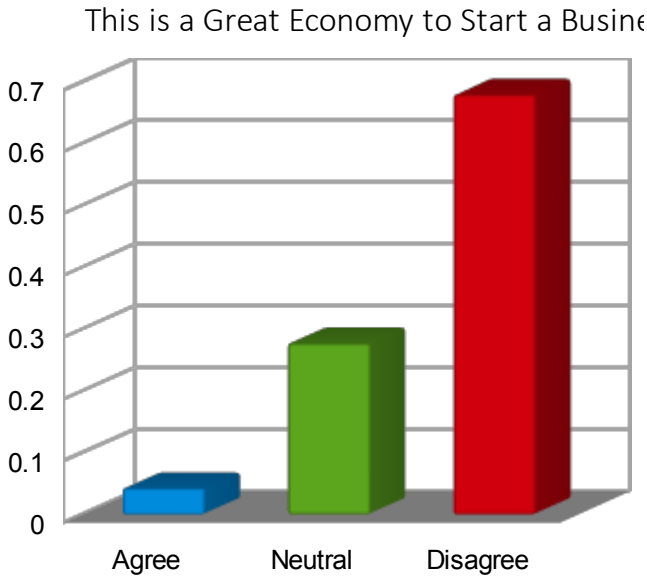
Priority Details

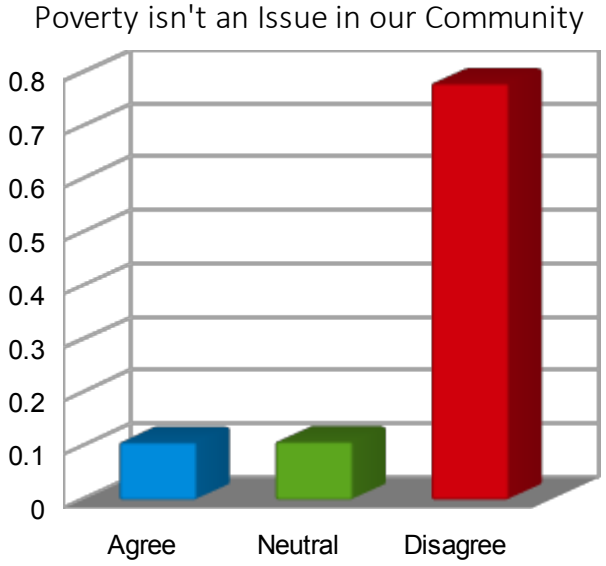
When asked for the single most important issue that concerned them, Illegal Drugs (28%) and Unemployment/Lack of Opportunity (21%) were – by far – the two dominant issues. The closest issue

behind those two was Poverty, Child Poverty and Working Poverty at 8%. No/Poor Public Transportation and Obesity was said by 4%. 3.9% said simply 'economy'. No other issue drew more than 3%.

- Perspectives on economic issues trended heavily negative, with over 60% disagreement or better on all economic statements.
  - 83% thought there were not enough jobs to go around.
  - 73% concern thought housing costs were too high
  - 78% thought living costs were too high.
  - 77% disagreed that economic opportunity is equitably shared
  - 78% thought that poverty is an issue.
- 66% thought illegal drug abuse was an issue in their communities. 46% thought prescription drug abuse was an issue and 45% thought alcohol abuse was an issue.
- 58.7% expressed concern about lack of or inadequate public transportation
- Obesity tied with alcohol abuse as a community concern at 45%.
- Poverty, child poverty, working poverty was a concern for 38% of those polled.
- 36% thought mental health issues were a problem in their communities
- 34% thought their community had inadequate social support services.
- 32% thought poor nutrition/diet was an issue in their communities.
- Lack of exercise was a concern for 31% of those queried.
- 21% thought cancer was a concern in their communities.
- Diabetes was a concern for 20% of respondents.
- Poor physical health, tobacco cessation and teen pregnancy polled between 15 and 19%.







Environmental Issues

Environmental concerns did not poll as strongly as economic, social, substance abuse or poor personal health practices. Only road, sidewalk and safety issues was identified by a majority of surveys. No environmental issue was identified with the same passion as socioeconomic or public health issues, evidenced by the fact that no issue earned higher than 15% when asked if it was a 'serious problem'. Here is how some of those issues ranked:

- **Road conditions/sidewalks/safety** polled the strongest, with 54% of the public identifying their town as having serious or some problems.
- **School building conditions** followed with 44% of the public identifying serious or some problems in their towns.
- Serious or some problems related to **Lyme disease** and other insect-borne infections were identified by 38% of survey respondents.
- A **lack of warm places in the winte**r was identified by 34% of the public as a problem in their community.
- A **lack of cool places in the summe**r was identified as a problem by 30% of those polled.
- **Poor housing conditions** were identified as causing serious or some problems in their community by 29% of survey respondents.
- **Traffic pollution** was identified by 28% of those polled as causing serious or some problems.
- Lack of recreational areas was identified by 27% of those polled as causing serious or some problems in their community.
- **Lack of pools, clean lakes or sprinklers in the summer** were identified by 24% of the public as causing serious or some problems in their community.
- **Drinking water** was identified by 21% of survey respondents as causing serious or some problems in their towns.

Q7: How would you rate the following environmental conditions in your town?	Serious problems	Some problems	Have problems total
Road conditions, sidewalks & safety	15%	39%	54%
School building conditions	12%	32%	44%
Lyme & other insect-transmitted diseases	13%	25%	38%
Lack of warm shelter in winter	12%	22%	34%
Lack of cool places in summer	8%	22%	30%
Poor housing conditions	8%	21%	29%
Traffic pollution	9%	19%	28%
Lack of recreational areas	9%	18%	27%
Lack of pools, clean lakes or sprinklers in summer	8%	16%	24%
Drinking water	11%	10%	21%
Dumping, trash or landfill problems	6%	13%	19%
Lead, asbestos or mold in homes	4%	13%	17%
Industrial air pollution	4%	11%	15%
Unsafe recreational areas	8%	5%	13%
Violent or dangerous community conditions	4%	8%	11%
Sewage problems	3%	9%	11%
Hazardous waste sites/spills	3%	6%	10%
Biting & attacking animals	2%	6%	8%

	Town							
	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall[5]
	n=45	n=42	n=21	n=53	n=20	n=13	n=14	n=230
Environmental Conditions (Rank within Town)[3]								
Road conditions, sidewalks & safety	2	2	4	1	12	5	2	1 (15%)
Lyme & other insect-transmitted diseases	5	3	12	9	4	1	10	2 (13%)
School building conditions	1	6	1	4	6	10	6	3 (12%)
Lack of warm shelter in winter	8	7	6	10	5	4	1	4 (12%)
Drinking water	7	1	15	7	13	11	17	5 (11%)

Town Level Environmental Results

- **Road Conditions, sidewalks, and safety:** While roads, sidewalks and safety issues ranked first among environmental issues, only one of the towns we analyzed in detail – Palmer – ranked it first. Six out of the 7 towns we analyzed in detail ranked the issue in their top five, but Granville ranked it twelfth. West Springfield, Ludlow, and Southwick ranked it second.
- **Lyme and other insect-transmitted diseases:** While this issue ranked second overall, only 3 of the 7 towns we analyzed in depth, ranked it among their top five. Monson ranked this issue first. Ludlow ranked it third and Palmer ranked it fourth.
- **School building conditions:** 2 towns ranked school building conditions as their first environmental priority: West Springfield and East Longmeadow. Palmer ranked it fourth. Ludlow, Granville, and Southwick ranked it sixth. Monson ranked it tenth.
- **Lack of warm shelter in the winter** ranked first in Southwick and fifth in Granville. All other towns ranked the issue between sixth and tenth.
- **Drinking water** was the fifth most important environmental issue, survey-wide and the first issue in Ludlow. Only West Springfield and Palmer (7th) ranked water quality among their top ten issues.. Only West Springfield and Palmer (7th) ranked water quality among their top ten issues.

Other Environmental Perspectives

- Gender differences: As noted earlier, no environmental issue was considered a 'serious concern' by more than 15% overall. Aside from roads, sidewalks and safety, no environmental issue demonstrated broad consensus and even then, it was not a burning priority for most respondents.

Top Environmental issues for women	
Road conditions, sidewalks & safety	20%
Lyme & other insect-transmitted diseases	18%
School building conditions	14%
Lack of recreational areas	13%
Lack of cool places in summer	10%
Lack of pools, clean lakes or sprinklers in summer	10%

Top Environmental issues for men	
Lack of warm shelter in winter	16%
Drinking water	14%
Traffic pollution	11%
School building conditions	10%
Road conditions, sidewalks & safety	10%

When considering only those who identified an issue as having 'serious problems, men and women demonstrated different environmental concerns.

- **Women considered roads, sidewalks, and safety** issues their highest concern, while men ranked it fifth.

- **Men were more likely to think lack of warm shelter** was their most serious concern, while women ranked it sixth, along with poor housing conditions, unsafe recreational issues, and drinking water.
- **Women identified Lyme and other insect-transmitted infections** second. Men ranked it sixth.
- **Men ranked drinking water second**, while women ranked it sixth.
- Men ranked 'traffic pollution' third, while women ranked it tenth.
- **Both genders ranked school building conditions** in their top 5, but women ranked it third and men ranked it fourth.
- **Women identified lack of recreational areas, lack of cool places in the summer** (4th) and **lack of pools, clean lakes or sprinklers** (tied for 5th) among their top issues, while none of them ranked above seventh for men and unsafe recreational areas (13th).

◆ **Senior environmental issues:** Elders were the most passionate about environmental conditions, ranking issues at a higher percentage than other demographic sectors.

Top Environmental issues for seniors	
Road conditions, sidewalks & safety	29%
Drinking water	24%
Traffic pollution	21%
Industrial air pollution	16%
Lack of cool places in summer	16%

- **Road conditions, sidewalks, and safety** ranked first with 29% of elder respondents identifying it as a serious concern.
- **Drinking water** ranked second among elders as a serious concern, with 24% of elder respondents identifying it as a serious concern.
- **Traffic pollution** was identified by 21% of elders as a serious concern, their third most significant serious concern.
- **Industrial air pollution** and **lack of cool places in the summer** tied for fourth with 16% of elders seeing it as a serious concern.

Top Environmental issues overall	
Road conditions, sidewalks & safety	15%
Lyme & other insect-transmitted diseases	13%
School building conditions	12%
Lack of warm shelter in winter	12%
Drinking water	11%

Top Environmental issues for women	
Road conditions, sidewalks & safety	20%
Lyme & other insect-transmitted diseases	18%
School building conditions	14%
Lack of recreational areas	13%
Lack of cool places in summer	10%
Lack of pools, clean lakes or sprinklers in summer	10%

◆ **Environmental priorities by income:** There were significant differences by income in what environmental issues they regarded as serious problems.

- 20% or more of **those making less than $25,000** regarded 4 issues as serious. Lack of warm shelter in the winter (24%), Lyme disease (22%), lack of recreational areas (21%), and roads, sidewalks, and safety (20%).
- **Those making between $35,000 and $49,999** were the least likely economic sector to identify environmental problems as

Top Environmental issues for men	
Lack of warm shelter in winter	16%
Drinking water	14%
Traffic pollution	11%
School building conditions	10%
Road conditions, sidewalks & safety	10%

Top Environmental issues for seniors	
Road conditions, sidewalks & safety	29%
Drinking water	24%
Traffic pollution	21%
Industrial air pollution	16%
Lack of cool places in summer	16%

'serious', with road conditions ranked first at 13%, followed by poor housing conditions (11%), and traffic pollution third at 10%. No other issue earned more than 9% of that demographic regarding an issue as a serious problem.

- **After those making less than $25,000, those making between $50,000 and $75,999 and those making over $100,000** were the next most likely economic sector to identify environmental issues as 'serious problems.' Their priorities, however, were significantly different. Only lack of warm places in the winter, and roads, sidewalks and safety were identified as top five issues for both economic sectors. School building conditions were the most serious problem for those making over $100,000, while Lyme disease and insect-transmitted infections were the most serious problem for those making between $50,000 and $74,999.

Top Environmental issues for those with incomes less than $25,000	
Lack of warm shelter in winter	24%
Lyme & other insect-transmitted diseases	22%
Lack of recreational areas	21%
Road conditions, sidewalks & safety	20%
Unsafe recreational areas	18%

Top Environmental issues for those with incomes between $25,000-34,999	
School building conditions	25%
Lyme & other insect-transmitted diseases	25%
Dumping, trash or landfill problems	10%
Poor housing conditions	9%
Drinking water	8%
Biting & attacking animals	8%
Lack of pools, clean lakes or sprinklers in summer	8%

Top Environmental issues for those with incomes between $35,000-49,,999	
Road conditions, sidewalks & safety	13%
Poor housing conditions	11%
Traffic pollution	10%
Drinking water	9%
Lack of warm shelter in winter	8%
Lack of recreational areas	8%

Top Environmental issues for those with incomes between $50,000-74,999	
Lyme & other insect-transmitted diseases	25%
Drinking water	21%
Lack of warm shelter in winter	18%
Traffic pollution	16%
Road conditions, sidewalks & safety	14%

Top Environmental issues for those with incomes between $75,000-99,999	
Drinking water	15%
Unsafe recreational areas	10%
Lack of cool places in summer	9%
Lack of recreational areas	6%
Lack of pools, clean lakes or sprinklers in summer	5%

Top Environmental issues for those with incomes over $100,000	
School building conditions	20%
Road conditions, sidewalks & safety	20%
Lack of pools, clean lakes or sprinklers in summer	14%
Lack of cool places in summer	13%
Lack of warm shelter in winter	13%

Community Services

When queried on community services, - as elsewhere in the survey – economic issues dominated the responses. More jobs, higher paying jobs, positive teen activities and more public transportation options were identified by over 50% of survey respondents.

- **More jobs** (68%) and **higher paying jobs** (61.4%) dominated this question in the survey.
- The need for **more positive teen activities s**cored very high, with 54.2% of those polled identifying this issue.
- 51.6% of survey respondents identified the need for **more public transportation options** as an area for community improvement.
- 49.7% of those queried identified the need for **more affordable and better housing**.
- 38.6% of those polled identified the need for **more and better recreational facilitie**s, including parks, trails, and community centers.
- **More elder care options** and services were identified as areas for community improvement for 37.2% of those polled.
- **Counseling, mental health and support groups** were identified by 37.2% of survey participants as areas for community improvement.
- 35.1% wanted **more affordable health services.**
- 32.1% thought the community needed **more childcare options and services**.
- 31.4% thought **road maintenance and safety** was an area for community improvement.
- 30.7% wanted **more services for disabled people**.
- 27.5% wanted **healthier food choices** and greater access to fresh food.
- 21.8% wanted more **health care providers**.

Town Level Survey Results

We ranked issues in 7 towns where we had 10 or more collected surveys. Confidence levels are lower for town-level results. Only Granville's survey totals achieved 95% confidence. Town-level results should be considered provisional, pending deeper community discussion. Weighted survey results for those towns with less than 10 completed surveys can be found in the appendices and in report maps. While the main themes of this study – poor economy, poverty, substance abuse, lack of public transportation, obesity, and mental health – they were ranked differently in each town. Other issues – cancer, diabetes, and lack of exercise – rose in importance in some towns..

Issues Ranked within Towns (with 10 or more completed surveys)

Which of these issues are a problem in your community?	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall
Illegal drug abuse	2	1	4	2	4	2	6	1
Unemployment/lack of opportunity	1	3	5	1	2	3	2	2
No/poor public transportation	10	4	3	6	1	1	1	3
Prescription drug abuse	5	2	11	4	10	5	20	4
Alcohol abuse	9	5	7	3	3	4	7	5
Obesity	4	7	2	7	8	6	5	6
Poverty, child poverty and working poverty	3	8	13	5	18	21	8	7
Mental health problems	6	6	10	8	5	15	9	8
Inadequate social support	11	10	9	12	7	7	4	9
Poor diet/nutrition	7	9	8	9	11	12	18	10
Lack of exercise/physical inactivity	8	11	6	10	9	11	10	11
Cancer	17	13	1	17	13	8	15	12
Diabetes	15	12	15	16	17	9	3	13
Poor physical health	12	14	14	13	12	13	19	14
Tobacco/second hand smoke	18	17	12	11	14	16	11	15
Teen Pregnancy/Birth	13	19	21	14	19	10	17	16
Access to health care	16	15	16	19	6	17	16	17
Community safety/Violent crime rate	14	20	18	15	20	14	13	18
Motor vehicle injury/death	19	21	17	21	16	19	14	19
Domestic/child abuse	20	18	19	18	15	18	12	20
Sexually transmitted diseases	22	16	20	20	21	20	21	21
HIV/AIDS	21	22	22	22	22	22	22	22

Issues ranked at the town level

- Only **Unemployment/Lack of Opportunity** was a top-five priority in all seven towns where issues were ranked.
- **Illegal Drugs r**anked as a top four issue in all towns, except Southwick, which ranked it sixth.
- **Public Transportation** was the first concern for Granville, Monson and Southwick – third and fourth for East Longmeadow and Ludlow. But it was only the tenth most important concern for those in West Springfield. Those towns with no public transportation ranked it highest.
- **Alcohol Abuse** and **Obesity** were the only other issues that consistently ranked in the top ten across all towns analyzed.
  - The lowest any town ranked alcohol abuse was seventh (East Longmeadow and Southwick). It ranked fourth overall.
  - Granville ranked obesity the lowest (8^{th}), but most towns ranked it sixth or seventh. Obesity ranked sixth overall.

- **Support for Poverty, Child Poverty and Working Poverty** varied wildly from third in West Springfield to twenty-first in Monson.
  - 3 towns did not rank poverty in their top ten, East Longmeadow (13th), Granville (18th) and Monson.
- Along with Poverty issues, **Inadequate Social Support** and **Prescription Drug Abuse** were top-ten issues for 4 out of 7 towns.
- **Lack of Exercise/Physical Education** was a top-ten issue for 4 towns, West Springfield (8th), East Longmeadow (6th), Granville (9th) and Southwick (10th). It placed eleventh overall.
- **Cancer** was a top-ten issue for East Longmeadow (1st) and Monson (8th), placing twelfth overall.
- **Diabetes** was a top-ten issue for Monson (9th) and Southwick ((3rd), placing thirteenth overall.
- A**ccess to health care** was the only other issue to receive top-ten ranking by any town, ranked sixth by Granville residents.
- **Other town priority differences:** Stress and anger management (2nd overall) ranked below the top 5 for Granville (7th) and Southwick (8th) priorities. Child care/parenting ranked 3rd for Southwick, but thirteenth for Monson. Suicide prevention scored strongly in West Springfield, coming in fifth. While Granville and Southwick ranked elder care their first priority, East Longmeadow ranked it twentieth.
- Viewed by town, the percentage of survey participants who thought **more job opportunities** were needed ranged from 81% in Palmer to a low of 42% in Granville. In 5 towns, more than 70% felt more jobs were needed.
- **Higher paying jobs** were a concern for more than 75% of respondents in West Springfield and Palmer, more than 60% in Ludlow, and more than 50% in East Longmeadow. 46% of Monson and 39% of Southwick survey respondents thought more higher paying jobs was an issue, but only 14% of Granville survey participants thought so as well.
- **Positive teen activities** were a concern for 69% of those polled in Palmer and 66% of those in West Springfield. 57% of East Longmeadow and 53% of Ludlow survey respondents felt so too. Only 42% of Granville, 40% of Southwick and 37% of Monson survey participants felt positive teen activities was an area for improvement.
- **More public transportation** was a majority concern for Monson (63%), Palmer (62%) and Ludlow (59%). 48% of Granville, 46% of West Springfield and 41% of Southwick survey participants felt more public transportation was an area for improvement in their community.
- **More affordable/better housing** was a concern for 50% of respondents overall and a majority concern for Palmer (62%), East Longmeadow (58%), Monson (55%) and Ludlow (53%). 41% of those polled in West Springfield and Southwick and 36% of those in Granville thought so too.
- A majority of respondents in Granville (54%), Palmer (53%), East Longmeadow (51%), and Southwick (50%) thought **more/better recreational facilities, parks and centers, etc** were in need of improvement. Only 39% of Monson and 30% of Ludlow survey participants felt similarly.
- **Elder options and services** were a concern for 71% of Granville respondents. No other town had a majority of survey participants who felt that way, although roughly a third or more of those polled in each town felt they needed improvement, except for Monson, where only 25% saw elder options and services as an area for improvement.
- **Road maintenance and safety** was a majority concern for survey participants in West Springfield (53%), **counseling/mental health/support groups** was a majority concern for respondents in Ludlow (50%) and **healthier food choices/greater access to fresh food** was a majority concern for those in Palmer (53%).
- No other issues were a majority concern in any town.

Services Needing Improvement by Town (with 10 or more completed surveys)

In your opinion, which of the following services needs improvement in your neighborhood or community?	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall
More job opportunities	78%	73%	61%	81%	42%	72%	70%	68%
Higher paying jobs	76%	65%	53%	77%	14%	46%	39%	61%
Positive teen activities	66%	53%	57%	69%	42%	37%	40%	54%
More public transportation options	46%	59%	47%	62%	48%	63%	41%	52%
More affordable/better housing	41%	53%	58%	62%	36%	55%	41%	50%
More/better recreational facilities, parks, centers, etc.	37%	30%	51%	53%	54%	39%	50%	39%
Elder care options and services	33%	49%	32%	40%	71%	25%	33%	37%
Counseling/ mental health/support groups	45%	50%	39%	43%	19%	26%	15%	37%
More affordable health services	44%	47%	11%	46%	24%	42%	26%	35%
Healthy family activities	45%	25%	41%	44%	38%	33%	14%	35%
Child care options and services	32%	34%	40%	36%	38%	34%	25%	32%
Road maintenance/safety	53%	21%	8%	48%	15%	25%	30%	31%
Services for disabled people	28%	34%	34%	30%	33%	49%	17%	31%
Healthier food choices/greater access to fresh food	38%	27%	9%	53%	15%	29%	7%	28%
More health care providers	10%	33%	14%	38%	28%	36%	7%	22%
Better public safety	29%	4%	30%	21%	8%	10%	-	16%
Animal control	15%	12%	3%	3%	12%	6%	3%	9%
Culturally appropriate health services	24%	1%	-	19%	-	-	-	9%
None	4%	-	5%	-	-	-	-	3%

Public health educational and programming interests

- **Leading survey themes continued** in respondent answers to public and community health questions. Substance abuse prevention, mental health issues (stress, anger management, suicide prevention), diet and exercise all polled strongly.
- **Emergency and disaster preparation** was also mentioned in more than half the surveys as something the public wanted more information about.
- **More jobs and higher paying jobs** topped 60%. Teen activities and public transportation topped 50%. Affordable housing bubbled under at 49.7%. Recreational facilities, expanding elder services, mental health, more affordable health services, and family activities all polled over 34.8%. More child care, road maintenance/safety and more disabled services polled over 30%
- **Child care/parenting** and **elder care** also made the top-ten list of issues.
- **Domestic violence prevention** rounded out the top-ten list of issues the public needed more information about.
- **Seniors were less interested in emergency/disaster preparation.** Those over 70 years old, ranked it seventh, while other age groups ranked it second or third most important.
- **Strong gender differences:** Men ranked stress/anger management as their fourth priority, while women ranked it number 1. Men (2nd) were more interested in eating well/nutrition information than women (4th). Men ranked rape/sexual abuse (13th) and domestic violence prevention (10th) higher than women (16th and 14th, respectively).
- **"No public health information wanted"** – 11% overall said 'none' when asked what kind of public health information they felt their community needed. Men (15%), those making more than $100,000 a year (19%), $35,000-49,000 a year (11%), those with some college or associates degrees (16%), those with graduate or professional degrees (13%), and those with children (13%) were more likely to say 'none' than those without. No one making between $25,000 and $34,999, or a person of color said 'none' when questioned about town public health information needs. Those making $35,000-49,000 were the next most likely to say 'none' (11%). While representing a small sample size, no non-white respondents said 'none' to the question, while 12% of whites did.

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Overall
Substance abuse prevention (ex: drugs and alcohol)	58%
Stress or anger management	52%
Emergency/disaster preparation	52%
Eating well/nutrition	50%
Suicide prevention	35%
Managing weight	43%
Exercising/ fitness	43%
Child care/ parenting	33%
Getting flu shots and other vaccines	28%
Crime prevention	20%
Domestic violence prevention	29%
Teen pregnancy/Safe Sex/Sexually transmitted disease	27%
Elder care	32%
Caring for family members with special needs/ disabilities	25%
Quitting smoking/ tobacco use prevention	27%
Rape/ sexual abuse prevention	21%
Safe driving, including child safety	23%
Going to dentist for check-ups/ preventive care	18%
Going to doctor for yearly check-ups & screenings	20%
Getting prenatal care during pregnancy	9%
None	11%

Those with some college or associates degrees (16%) were the most likely to say 'none', followed closely behind by those with graduate or professional degrees (13%). Those with children (13%) were more likely to say 'none' than those without.

Q8: In your opinion, which health behaviors do you, your family or the people in your community need more information about?	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall
Substance abuse prevention (ex: drugs and alcohol)	1	2	3	1	6	3	4	1
Stress or anger management	2	4	2	3	7	1	8	2
Emergency/disaster preparation	3	3	1	6	8	8	5	3
Eating well/nutrition	4	1	8	4	4	2	10	4
Managing weight	6	5	5	5	5	5	9	5
Exercising/ fitness	7	6	6	2	3	4	16	6
Suicide prevention	5	11	12	7	15	9	11	7
Child care/ parenting	8	10	4	10	12	13	3	8
Elder care	13	7	20	13	1	10	1	9
Domestic violence prevention	11	12	14	15	9	7	7	10
Getting flu shots and other vaccines	9	9	11	19	18	20	17	11
Quitting smoking/ tobacco use prevention	15	14	10	8	13	16	6	12
Teen pregnancy/Safe Sex/Sexually transmitted disease	12	16	13	16	14	6	2	13
Caring for family members with special needs/ disabilities	14	8	16	18	10	14	13	14
Safe driving, including child safety	17	17	9	11	11	12	12	15
Rape/ sexual abuse prevention	16	15	17	12	20	15	15	16
Going to doctor for yearly check-ups & screenings	19	13	15	17	17	19	20	17
Crime prevention	10	20	19	9	19	11	18	18
Going to dentist for check-ups/ preventive care	18	19	18	14	16	17	19	19
None	21	21	7	21	2	18	14	20
Getting prenatal care during pregnancy	20	18	21	20	21	21	21	21
Other (please specify)	22	22	22	22	22	22	22	22

- **Priorities varied widely across towns.** When asked about interest in public health information, substance abuse ranked among the top three issues for 10 towns. Granville (6th) and Southwick (4th) gave it less emphasis. Stress and anger management (2nd overall) ranked below the top five priorities for Granville (7th) and Southwick (8th). Child care/parenting ranked third for Southwick, but thirteenth for Monson. Suicide prevention scored strongly in West Springfield, coming in fifth. Granville and Southwick ranked elder care their first priority, East Longmeadow ranked it twentieth. Exercising/fitness ranked between second and seventh in most towns, except Southwick who ranked it sixteenth.
- **Those making $25,000-34,000 were the most likely to be interested in public health information** across the broadest stretch of topics. This stratum was the most interested for stress/anger management, emergency and disaster preparedness, substance abuse prevention, suicide prevention, childcare/parenting, getting flu shots, caring for family members with special needs, and driving safety.
- While the sample size is small, **non-white respondents were far more interested in most public health topics than white respondents.** The only topics white respondents were more interested in were teen pregnancy (by 1%), elder care (34% to 19% difference), regular dental visits (17% to 9%) and prenatal care (9% to 0%).
- **Poor respondents** had the highest level of interest in elder care, teen pregnancy/safe

sex/STD's, crime prevention, going to the dentist and doctor for regular checkups.

- **The lower the educational attainment,** the higher the interest for public health information. **Those with a high school degree or less** were the educational strata most interested in public health information. They led all other educational classes in terms of interest in most topics.

Other public health education and programming interest details:

- **Managing weight** and **exercising/fitness** tied for fifth place at 43% –in 8th place – two points behind suicide prevention, when asked what kinds of public health information their community needed.
- **Child care/parenting** polled one third of the public's interest.
- **Elder care** came in ninth, one point behind child care/parenting at 32%.
- **Domestic violence prevention** emerged as the tenth most popular health care topic at 29%.
- **Flu shots/vaccines, quitting tobacco and teen pregnancy/safe sex/STD** polled 1 or 2 points behind the top 10.
- **Strong gender differences in stress or anger management information interest.** Men ranked it their fourth priority, while women ranked it number one.
- **Men more interested in eating well/nutrition information than women**. Men ranked that as their second priority, while women ranked it fourth.
- **Men ranked rape/sexual abuse** (13th) and domestic violence prevention higher (10th) than women (16th and 14th, respectively).
- **Those making $25,000-34,999** have the highest interest in public health education programming across the broadest stretch of topics. This strata was the most interested in stress/anger management, emergency and disaster preparedness, substance abuse prevention, suicide prevention, child care/parenting, getting flu shots, caring for family members with special needs and driving safety.
- **Seniors less interested in emergency/disaster preparation.** Those over 70 years old, ranked it seventh, while other age groups ranked it second or third most important.
- **Economic strata most interested in public health education.** Those making $25,000-34,999 were the most likely to be interested in public health information across the broadest stretch of topics. This strata was the most interested in stress/anger management, emergency and disaster preparedness, substance abuse prevention, suicide prevention, child care/parenting, getting flu shots, caring for family members with special needs and driving safety.
- **Populations least interested in public health information:** 19% of those earning more than $100,000 said 'none' to the question. 11% of those making $35,000-49,000 said the same thing. 16% of those earning with some college/associates degree and those with graduate and professional education were most likely to express no interest in public health information.
- **Poor respondents had the highest level of interest** in elder care, teen pregnancy/safe sex/STD's, crime prevention, going to the dentist and doctor for regular checkups.
- While working with small sample sizes, **non-white respondents were far more interested** in most public health topics than white respondents. The only topics white respondents were more interested in were teen pregnancy (by 1%), elder care (34% to 19% difference), regular dental visits (17% to 9%) and prenatal care (9% to 0%).

Public interest in health information by town

- **Substance abuse prevention** was the top issue overall, West Springfield and Palmer. It ranked second in Ludlow, third in Monson and East Longmeadow, 4th in Southwick and 6th in Granville.
- **Stress and anger management** ranked second overall, West Springfield and East Longmeadow. It ranked first in Monson, fourth in Ludlow, seventh in Granville and eighth in Southwick.
- **Emergency/disaster preparation** was the top issue for survey participants in East Longmeadow, a third ranked issue for West Springfield and Ludlow, fifth ranked in Southwick and eighth ranked in Granville and Monson.
- **Eating well/nutrition** found its greatest interest in Ludlow, whose survey participants ranked first. Monson ranked it second. Palmer, West Springfield, and Granville ranked it fourth. East Longmeadow ranked it eighth and Southwick ranked it tenth.
- **Managing weight** ranked fifth in 5 towns, Ludlow, East Longmeadow, Palmer, Granville, and Monson. It ranked sixth in West Springfield and ninth in Southwick.
- **Exercise/fitness** ranked second in Palmer, third in Granville, sixth in Ludlow and East Longmeadow.
- **Suicide Prevention** ranked seventh overall, but only 3 out of the 7 towns analyzed in depth – West Springfield (5th), Palmer (7th) and Monson (9th) – ranked it in the top ten issues the public thought their community needed more information about.
- **Child care/parenting** ranked eighth overall. 3 out of 7 towns ranked it a top-ten issue. Southwick ranked it third, East Longmeadow ranked it fourth, and West Springfield ranked it eighth.
- While **elder care** ranked ninth overall, it was ranked first in Granville and Southwick. It ranked seventh in Ludlow, tenth in Monson, thirteenth in West Springfield and Palmer, but only twentieth in East Longmeadow.
- **Domestic violence prevention** ranked tenth overall, but ranked seventh in Southwick and Monson, ninth in Granville.

Youth Health Needs: Survey Results

- 58.7% of survey respondents identified **healthy physical activities** as the most important health need for youth in their town.
- **Cultural, social, educational and enrichment activities**, healthier school food choices, and bullying and abuse protection all polled around 45%.
- **Health education resources** polled over 30%. Special needs resources and opportunities polled at 22% and health care services polled at 15.7%

Issue/Question	Town							
	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall
	n=45	n=42	n=21	n=53	n=20	n=13	n=14	**n=230**
Youth Health Needs (Rank within Town)								
Healthy physical activities	1	2	2	1	2	1	3	**1 (59%)**
Cultural, social, educational & enrichment activities	2	3	5	3	1	2	1	**2 (48%)**
Healthier school food choices	3	4	3	2	3	4	2	**3 (47%)**
Bullying & abuse protection	4	1	1	4	5	5	4	**4 (45%)**
Health education resources	5	6	4	5	4	3	5	**5 (34%)**

- **Healthy physical activities** top youth health need overall in the survey, with 59% of survey respondents identifying it as a need. It was the most important issue in West Springfield, Palmer and Monson. It ranked second in Ludlow, East Longmeadow and Granville. It ranked third in Southwick.
- **Cultural, social, educational and enrichment activities** ranked second overall in the survey, with 48% of those polled identifying it as a youth need. It ranked first in Southwick and Granville, second in Monson and West Springfield, third in Ludlow and Palmer and fifth in East Longmeadow.
- **Healthier school food choices** ranked third overall, with 47% identifying it as a youth need. It ranked second in Palmer and Southwick, third in West Springfield, East Longmeadow and Granville, and fourth in Ludlow and Palmer.
- **Bullying and abuse protection** ranked fourth overall with 45% of those queried identifying it as a need. However, it was the top issue in Ludlow and East Longmeadow, fourth in West Springfield, Palmer and Southwick, and fifth in Granville and Monson.
- **Health education resources** ranked fifth overall in the survey, with 34% of those surveyed identifying it as a youth need. It ranked third in Monson, fourth in East Longmeadow and Granville, fifth in West Springfield, Palmer and Southwick, and sixth in Ludlow.

Other perspectives on youth health needs

There were wide differences in priorities when various demographic and economic sectors considered their most important youth health need:

- There were **no differences between genders** in defining the top five youth health needs.
- **Those between ages 20 and 49** were most likely to rank cultural, social, educational and enrichment activities as their most important youth health need.
- **Those between ages 50 and 69** were most likely to consider healthy physical activities as the most important youth health need.
- **Those 70 years old or older** thought bullying and abuse protection was the most important youth health concern.

- **Those making less than $25,000** thought choosing healthier food was the most important youth health need.
- **Those making between $35,000 and $49,999** thought bullying and abuse protection were the most important youth health needs.
- All other economic sectors thought **healthy physical activities** was the most important youth health issue.

Public Health Solutions Proposed by Participants

- **Parenting education** came up strong in 5 towns as a solution for numerous issues, including nutrition, exercise, and mental health. Strong desire expressed for more local health care resources across town and population. Community clinics, urgent care centers, mobile vans, health fairs and one-day, specialized clinics (flu, blood pressure, etc.) were suggested in different venues.
- High degree of desire for **creative community-based healthy lifestyles educational programming**, for elders, parents, young people and community members. Healthy eating programs, cooking classes, age appropriate exercise programming, free dance or sports programming, etc.
- Broad interest in **community centers**, some described as 'youth', others as inter-generational as vehicles for healthy living education and programming, as well as a place for youth and other at-risk groups. Others suggested using existing spaces – schools, libraries, etc – as community centers for educational and recreational purposes, across all age sectors.
- **Significant interest in public health education** on a variety of topics, including healthy eating, healthy choices, parent education, targeted health clinics, exercise, and cooking classes.
- Growing support for **community-based,** rather than silo-based solutions.
- Widespread agreement that the **state and federal governments need to fund local communities better,** including economic development, public transportation, community resources, job creation, better funding for benefit programs (Social Security, veteran and public cash assistance), in line with cost of living, and better programming for the poor.
- **Strong community support for refugee populations in West Springfield** is tempered by frustration and concern about cuts to federal programming and shorter-term relocation support, as a barrier to successful assimilation. Other challenges include serious limited health care access, lack of translators, especially mental health translators, more culturally and age relevant health care education and the challenges of reconciling non-western dietary and health practices with new realities.

Top 20 Issues raised in key informant interviews

Rank	Issue	% of interviews mentioned	# of interviews mentioned
1	Poor economy	78%	52
2	Senior Issues	71%	48
3	Drug problem	69%	46
4	Youth issues	64%	43
5	Healthy food/eating/nutrition	63%	42
6	Healthy youth programming	62%	41
7	Disaster readiness	58%	39
8	Health Care access	57%	38
9	Lack of jobs & opportunity	57%	38
10	Lack of funding/resources	57%	38
11	Youth mental health	55%	37
12	Stress/mental health	54%	36
13	Fitness & exercise	54%	36
14	More elder outreach	52%	35
15	Youth & drugs	52%	35
16	Elder economic problems	52%	35
17	Obesity	49%	33
18	Choosing between necessities	49%	33
19	public transportation	49%	33
20	high living costs	48%	32
	Total interviews		**67**

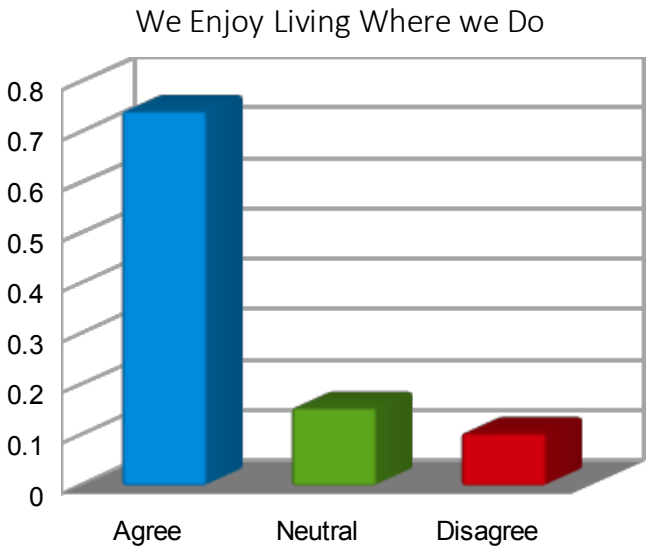
- **Better funding is needed for towns** that have relocated populations, including homeless, refugee, and supported-housing populations.
- The Ludlow focus group identified a **steady decline in coping skills over the generations.** From their perspective (including senior, school and public health staff), those in their 80's had the best coping skills, while the children entering school had the least. While not as clearly described, this trend was identified in other, town focus groups.

Q8: Which health behaviors do you, your family or the people in your community need more information about?	
Substance abuse prevention (ex: drugs and alcohol)	58%
Stress or anger management	52%
Emergency/disaster preparation	52%
Eating well/nutrition	50%
Managing weight	43%
Exercising/ fitness	43%
Suicide prevention	35%
Child care/ parenting	33%
Elder care	32%
Domestic violence prevention	29%
Getting flu shots and other vaccines	28%
Quitting smoking/ tobacco use prevention	27%
Teen pregnancy/Safe Sex/Sexually transmitted disease	27%
Caring for family members with special needs/disabilities	25%
Safe driving, including child safety	23%
Rape/ sexual abuse prevention	21%
Going to doctor for yearly check-ups & screenings	20%
Crime prevention	20%
Going to dentist for check-ups/ preventive care	18%
Getting prenatal care during pregnancy	9%
Other (please specify)	1%
None	11%
Total	100%

Social Cohesion, Quality of Life and Community Spirit

Study-wide Survey Results: Social Cohesion Perspective Charts

If economic issues did poorly in the survey, social cohesion questions fared much better. Most towns did well on social cohesion questions, although there were a wide variety of differences among them.



Key finding: *Social cohesion should be considered a strong community asset, though one that may need attention in some areas when contextualized with key informant and focus groups results.*

However, strong positive feelings for their community are tempered by an awareness that their communities may not be a good place for the poor, ethnic/racial minorities or the disabled, as well as some concern about sufficient youth and elderly activities.

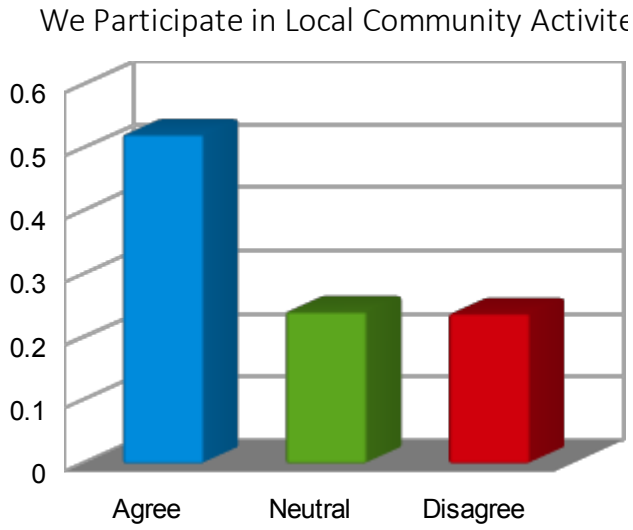
Q3: How much do you agree with the following statements about your town?	Agree	Strongly Agree	Net Agree
We enjoy living where we do	42%	32%	74%
We live our lives the way we want to	47%	27%	74%
We look out for each other in times of need	48%	21%	68%
This is a good place for young people to live.	38%	16%	54%
We participate in local community activities	41%	11%	52%
This is a good place for the elderly to live	40%	11%	51%
We know our neighbors very well.	33%	12%	45%
We socialize with our neighbors regularly	36%	8%	45%
Elderly have lots of social activities that enrich their lives	35%	8%	44%
We share common values that bond us together	35%	8%	43%
Young have lots of activities that enrich their lives	35%	8%	43%
We reach out to new neighbors	33%	8%	41%
This is a good place for ethnic, racial and linguistic minorities to live	24%	9%	33%
This is a good place for the disabled to live	21%	9%	29%
This is a good place for poor people to live	10%	4%	14%

Key Details:

- **74% of survey respondents enjoyed living where they do.** 32% strongly agreed with that sentiment, reflecting a solid base of support for the well-being of the town. Monson polled the strongest on this statement, with 90% agreement. Southwick polled the weakest at 60%.
- **74% of survey participants also said they lived their lives the way they want to**, demonstrating a strong match between town and personal lifestyle. 27% of those queried agreed strongly with that sentiment. Granville polled highest on this statement at 90%, while Palmer scored the lowest at 64.5%.

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Less than $25,000	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 or more
Substance abuse prevention (ex: drugs and alcohol)	47%	68%	55%	61%	60%	59%
Stress or anger management	52%	84%	42%	54%	41%	54%
Emergency/disaster preparation	34%	76%	47%	45%	57%	58%
Eating well/nutrition	51%	63%	42%	47%	69%	37%
Suicide prevention	36%	56%	31%	42%	27%	34%
Managing weight	44%	54%	41%	33%	55%	32%
Exercising/ fitness	44%	40%	40%	57%	55%	34%
Child care/ parenting	36%	37%	37%	34%	45%	25%
Getting flu shots and other vaccines	27%	34%	20%	25%	18%	27%
Crime prevention	33%	19%	14%	14%	15%	21%
Domestic violence prevention	13%	25%	26%	42%	21%	37%
Teen pregnancy/Safe Sex/Sexually transmitted disease	34%	19%	23%	32%	28%	23%
Elder care	53%	37%	22%	22%	36%	22%
Caring for family members with special needs/ disabiliti	18%	60%	34%	18%	12%	27%
Quitting smoking/ tobacco use prevention	31%	17%	27%	20%	33%	25%
Rape/ sexual abuse prevention	20%	6%	18%	32%	18%	22%
Safe driving, including child safety	23%	24%	24%	9%	31%	31%
Going to dentist for check-ups/ preventive care	27%	15%	15%	9%	13%	13%
Going to doctor for yearly check-ups & screenings	23%	11%	16%	19%	13%	18%
Getting prenatal care during pregnancy	10%	1%	6%	4%	10%	12%
None	8%	-	11%	8%	6%	19%
Other (please specify)	-	-	-	2%	-	-

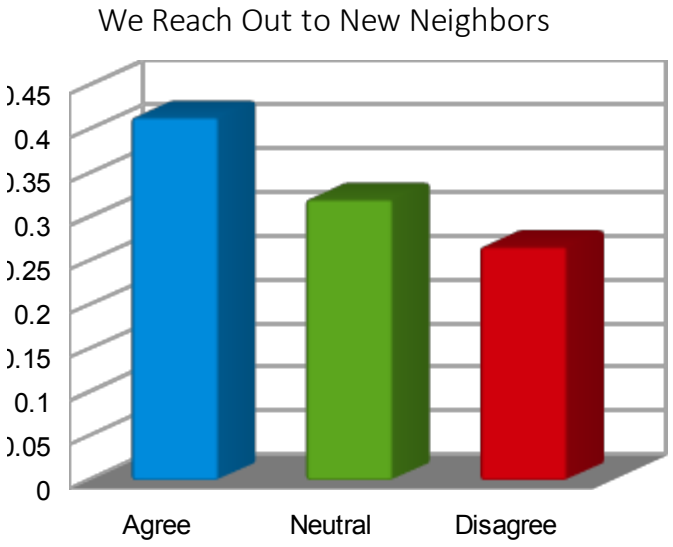
- **68% of those polled felt that their community "looked out for each other in times of need."** 21% strongly agreed with that perspective. In interviews and focus groups, the extreme weather events during 2011 were referenced heavily in reinforcing that perspective.
- 54% of those polled thought their town was a **good place for young people to live**. 16% agreed strongly. East Longmeadow polled strongest at 76.5%, while Southwick polled weakest at 33.7%.
- However, when asked if **young people have "lots of activities to enrich their lives,**" only 42% agreed and 8% agreed strongly. Monson polled strongest at 63.5%, while Granville polled weakest at 10.4%.

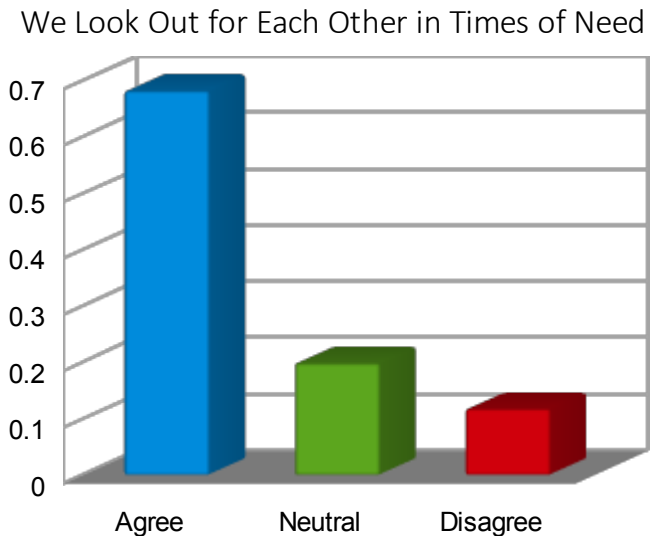


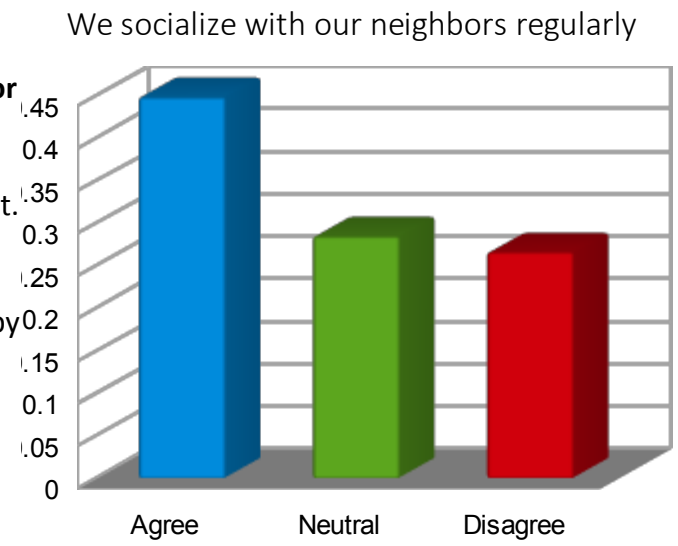
- **52% said they participated in community activities**. 11% felt so strongly. Granville polled strongest at 72.5%, while Southwick polled weakest at 19.6%.
- **51% said they thought their community was a good place for the elderly to live.** 11% agreed with that perspective strongly. East Longmeadow polled strongest at 75.6%. Granville polled weakest at 7.8%.

- **44% thought that their town** had 'lots of activities to enrich their lives. 8% agreed strongly with that point of view. East Longmeadow polled strongest at 63.1%, while Granville polled weakest at 19.2%.
- **45% said they knew their neighbors very well.** 12% agreed strongly with that sentiment.
- 4**5% said they socialized with their neighbors regularly**. 8% agreed strongly. Ludlow polled strongest at 58.1%, while West Springfield polled weakest at 38.3%.
- **43% felt that their community shared common values that bonded them together.** 8% felt so strongly. Monson polled strongest at 58.4%. West Springfield polled weakest at 36.5%.
- **41% said they reached out to new neighbors.** 8% felt so passionately. East Longmeadow polled the strongest at 51%, while Granville polled the weakest at 16%.
- Only 33% felt that **their community was a good place to live for racial, ethnic and linguistic minorities.** 9% agreed strongly. West Springfield polled strongest at 43%, while Granville polled weakest at 3%.
- **29% thought that their community was a good place for the disabled to live.** 9% strongly agreed with that perspective. Monson polled strongest at 39%, while Granville polled weakest at 8%.
- **Only 14% of those queried agreed that their community was a good place for poor people to live.** Only 4% felt so strongly. Palmer polled strongest at 19%, while no one in Granville agreed with that statement.

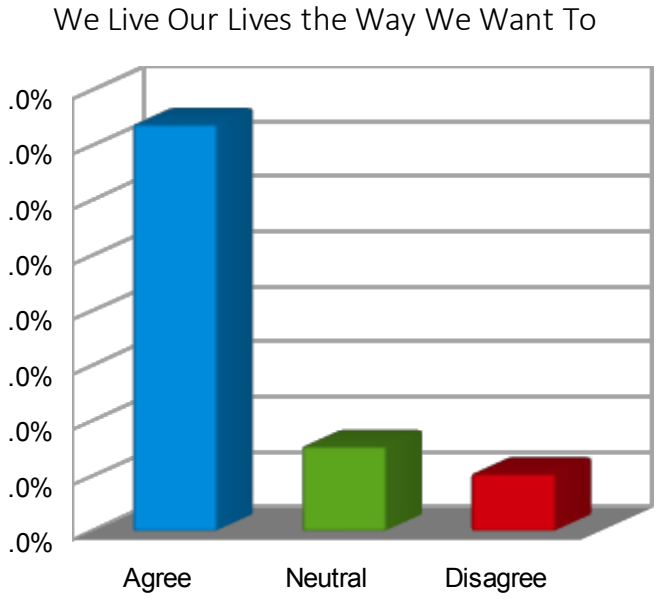
Strongly positive survey responses toward their town and satisfaction living there. was tempered by slightly less agreement around sufficient activities for the young and elderly. Only one third thought their community was a good place for non-white people. Less than 30% thought their community was a good place for the disabled, and there was very little support for the idea that their community was a good place for poor people.







These responses demonstrate strong community cohesion and satisfaction, but also identifies challenges for the poor, minorities and the disabled. When measured against other questions in the survey regarding the young and the elderly, it points to the need for more activities for those groups and a very painful gap in support for the poor.



Town Social Cohesion Results

- All towns with more than 10 surveys recorded 60% or better agreement with the sentiment 'we enjoy living where we do'. Monson scored the highest with 90% agreement, followed by Granville (84%), Ludlow (83%) and East Longmeadow (78%). Palmer (65%), West Springfield (61%) and Southwick (60%) scored the worst of the 7 towns, but still produced strong majorities of agreement.
- Ludlow (59%) and Monson (52%) were the towns that found the greatest agreement with statement "we socialize with our neighbors regularly". East Longmeadow (44%), Palmer (42%), Granville (41%) and West Springfield (39%) followed in terms of agreement. Southwick (29%) respondents were the least likely to agree with that statement.
- Monson (58%) was the only town that enjoyed majority agreement with the statement "we share common values that bond us together." 4 towns had higher than 40% agreement with that statement: Granville (48%), East Longmeadow (47%), Palmer (46%), and Ludlow (43%).

Percentage of Agreement	Town							
	West Springfield	Ludlow	East Longmeadow	Palmer	Granville	Monson	Southwick	Overall[5]
	n=45	n=42	n=21	n=53	n=20	n=13	n=14	n=230
Social And Quality of Life Conditions								
We enjoy living where we do.	61%	83%	78%	65%	84%	90%	60%	74%
We socialize with our neighbors regularly.	39%	59%	44%	42%	41%	52%	26%	45%
Elderly have lots of social activities that enrich their lives.	40%	50%	63%	42%	19%	24%	34%	44%
We share common values that bond us together.	36%	43%	47%	46%	48%	58%	22%	43%
Young have lots of activities that enrich their lives.	48%	37%	54%	28%	10%	64%	24%	43%
This is a good place for ethnic, racial and linguistic minorities to live.	43%	34%	30%	30%	3%	21%	22%	33%

- East Longmeadow (63%) and Ludlow (50%) were the towns most likely to agree with the statement "elderly have lots of social activities that enrich their lives." Palmer (42%), West Springfield (40%) and Southwick (34%), Monson (24%) and Granville (19%) were the towns least likely to agree that the elderly in their town had lots of social activities.

- Monson (64%), East Longmeadow (54%) and West Springfield polled the strongest agreement with the statement that "young have lots of activities that enrich their lives". 37% of Ludlow survey participants agreed with that statement. Much further back, less than 30% of Palmer (28%) and Southwick (21%) survey participants agreed their town had lots of youth activities and only 10% of Granville residents felt that way.
- West Springfield (43%) respondents agreed that their town was a good place for ethnic, racial and linguistic minorities. Ludlow (34%), East Longmeadow and Palmer (30%), Southwick (22%) and Monson (21%) followed behind. Only 3% of Granville residents felt their town was a good place for minorities to live.

Key Informant Interviews – Key Findings

> *"We need to raise visibility to poverty in town. if you are very low income, you can fall through the cracks"* - Key informant interview

The main themes of this study – poor economy, drug abuse, mental health, public transportation, and the needs of vulnerable populations – reinforced themselves in 67 key informant interviews. All participants were asked the same set of open-ended questions (see Appendix A) and encouraged to interpret the questions themselves, or adapt them to reflect the population sector or official role they served more accurately.

Most interviews were conducted in the participant's office, but some were conducted in coffee houses, local diners and other informal places. Thirteen interviews were conducted by phone. They ranged from 40 minutes to over two hours.

We identified more than 130 repeating topics and found more than 300 issues raised over the course of the interviews. We grouped those issues into 15 major categories. These included contextual (economic, geography), health care topics (mental health, chronic and infectious diseases, healthy living), population sectors (young, elderly, disabled, refugees, etc.), solutions, resource and infrastructural needs.

Working from a base list of 100 topics (generously expanded as issues came up) we analyzed topics by frequency, rendering the percentages listed in the charts. We also analyzed these interviews by town, for consensus or tensions with an eye for the good idea, salient explanation, or example that summed up the issues expressed elsewhere. These issues tended to follow the same themes found in surveys and focus groups, but they added enormous detail and provided guidance to quantitative research review. These are broken down into economic, substance abuse, seniors, youth, parents, families and communities, mental health, disabled people, health care and access, infrastructural and other issues.

Interview topics by town	Total	Poor economy	lack of jobs and opportunity	Choosing between necessities	high living costs	poverty	low wages
Blandford	3	3	3	2	3	0	2
Brimfield	5	4	2	3	2	2	0
East Longmeadow	6	5	4	4	2	2	3
Granville	3	2	0		2	0	0
Hampden	8	2	2	2	1	0	1
Ludlow	6	6	5	4	5	4	3
Monson	7	5	3	4	5	2	2
Montgomery	2	1	0		0	0	0
Palmer	5	5	5	1	1	0	3
Southwick	6	4	3	2	4	3	2
Tolland	5	4	2	2	0	4	0
West Springfield	6	6	5	6	4	6	3
Multi-town agencies	5	5	4	3	3	5	3
Total	67	52	38	33	32	28	22

Economic Issues in Interview Discussions

While the questionnaires for interviews and focus groups included an economic question, we positioned it as the second to last question (12th) on the list. However, in most interviews, economic conditions and their effects were introduced by the participant by the second or third questions.

Negative characterizations of the economy and its use to explain systemic, chronic or recent social issues was routine (78%). Key Issues linked with poor economic climate included lack of jobs and opportunity (57%), choosing between necessities (49%), high living costs (48%), poverty (42%), fixed income issues (40%), elders choosing between necessities (37%), family economic problems (31%), families choosing between necessities (28%) and rising cost of child rearing (28%).

Interview topics by town	rising cost of child rearing	Family economic problems	Families choosing between necessities	Elder economic problems	Elders choosing between necessities	fixed income poverty
Blandford	0	1	0	3	2	2
Brimfield	1	1	0	3	2	1
East Longmeadow	3	2	2	4	3	2
Granville				2		
Hampden	1			1	2	2
Ludlow	2	2	2	3	2	3
Monson	3	4	4	3		3
Montgomery				1		
Palmer	1	1	1	1	1	1
Southwick	2	2	1	3	1	4
Tolland	2		3	2	2	1
West Springfield	4	5	3	6	4	6
Multi-town agencies		3	3	3	3	0
Total	19	21	19	35	22	25

Elder economic problems were raised in all 12 towns. Fixed income poverty, lack of jobs and opportunity, choosing between necessities and high living costs were raised as issues in 10 out of 12 towns. 9 out of 12 towns identified the cost of child rearing and elders choosing between necessities as concerns. 8 out of 12 towns identified low wages and family economic problems. 7 out of 12 towns identified poverty and families choosing between necessities.

Issues raised in interviews also included discussions about including homelessness in West Springfield and Ludlow, the loss of pensions as a crisis for some elderly, strong class divisions within towns, lack of a social safety net, and the lack of pro-active work to identify and help at-risk or in-trouble families. Others noted growing use of poverty resources, recent restrictions in social programming support (such as food stamps) and 'too proud to beg' mentalities that meant eligible people did not seek help. When discussing the problem of people choosing between necessities, the most common choices described were between food, fuel, housing costs and medical expenses, particularly prescription drugs. A technological deficit among the poor and the failure to document homelessness properly were also identified by interview participants.

Substance Abuse in Interview Discussions

69% of interview participants identified drug problems as serious issues in their community. 54% mentioned the drug problem in context with young people. While informants generally praised local school efforts to address this issue, the greatest concern was for those in their late teens and twenties and beyond school influence.

Top Substance abuse issues raised in key informant interviews by number of interviews issue mentioned	
Drug problem	46
Youth & drugs	35
Heroin/opiate abuse	29
Alcohol	18
Cocaine	15
Substance abuse programming & treatment	15
Tobacco	12
Prescription drug abuse	11
Marijuana	5
Methamphetamine	2
Total	67

Heroin and opiate abuse was the most frequently mentioned concern with 42% of interview participants identifying it as a community concern. Heroin was identified in interviews as a public health concern in 10 out of 12 towns. Only Montgomery and Tolland did not identify heroin as an issue.

27% identified alcohol abuse as a community health problem in 9 out of 12 towns. Only 16% identified prescription drug abuse and 7% identified marijuana abuse as community health issues. Two interview participants in Brimfield identified methamphetamine abuse as a problem in their community. One interviewee identified 'laced pot' as a problem as well.

Insufficient substance abuse treatment programs and the need for more prevention programming were identified by 22% of those interviewed. In particular, 27% of interview participants identified post-high school youth and those in their 20's as a significant gap in public health, social and cultural programming and the sector most at risk for drug abuse, particularly heroin. One informant in Granville and 2 informants in Tolland did not feel their towns had a drug problem.

More drug prevention and recovery support programming were strongly recommended, as was greater access to treatment services. Some informants noted the lack of Alcoholics Anonymous and Narcotics Anonymous programming in their town. 5% of informants said drugs were not a problem in their town.

Senior Issues in Interview Discussions

Senior issues were strongly intertwined with economic discussions, as well as several other topics. Leading senior issues raised in interviews included, more elder outreach programming (35), elders living alone and shut-ins (29), supporting seniors in their homes (24), elder health care access (21), elders not reaching out for help (19, handyman/house cleaning services for elders (9) and home care visits (7).

On elder financial issues, *"the younger ones are in even worse shape than the older ones, no savings, no pensions no future preparations" - Key informant interview*

Economic issues dominated discussions about senior needs. Rising living costs, set against fixed income realities have caused great economic stresses for the elderly. Some lost their pensions when the economy crashed. Others must survive on Social Security payments that have not kept pace with inflation. The most common story told by those we interviewed was a description of the elderly choosing between food, fuel, housing costs, and their medical bills, especially prescription drugs.

Shut-ins and home-bound elders were a significant concern across all towns. Keeping people in their homes and ensuring they were doing well, was a clear priority. As several informants noted, keeping people in their homes is a cost-effective alternative to nursing homes and assisted living facilities and seniors tend to live happier and have the chance to live healthier, if they remain in their home and community.

Interview tallies		Seniors									
Town	Total interviews	Elders living alone	shut ins	More elder outreach	Supporting seniors in their homes	Handy man housework services for elders	People not reaching out for help	Elder health care access issues	Over-medication & medication management	Senior health clinics & programs	Home health care visits
Blandford	3	2	3	3	3	0	2	2	0	0	1
Brimfield	5	2	4	4	1	2	2	1			
East Longmeadow	6	4	4	4	2	1	2	1	4	2	2
Granville	3	3	2	3	2	2	2				1
Hampden	8	2	1	1						1	1
Ludlow	6	4	4	4	4	1	2	1	2	3	1
Monson	7	3	3	4		1	1	2		1	
Montgomery	2	1					1	2			
Palmer	5	1	1	1				1		1	
Southwick	6	2	2	3	1	1	1	1	1	1	
Tolland	5	1	1		1		1	3			
West Springfield	6	3	3	4	5		3	4	3	3	1
Multi-town agencies	5	1	1	4	5	1	2	3	3	3	
Total	67	29	29	35	24	9	19	21	13	15	7

To that end, **outreach programming, wellness checks, home care visits** and incorporating the elderly into emergency preparedness programming were all identified as desired programming. Southwick has conducted home checks for the elderly as a part of emergency management readiness, something that their neighbors in Tolland would like to do as well, if they had the capacity. Ludlow has

developed EMS physician's assistant capacity, so they may do home visits. This program was seen as a way to cut down on the need for emergency room visits and allowing their EMS service to better manage their traffic. Southwick has plans to develop this capacity, but to date has not found funding. Informants identified a subgroup of widower shut-ins living alone, without cooking skills and poor dietary habits. This population was considered to be at great risk. They were also seen as a population that could be helped with self-care skills education via senior centers.

Lack of public transportation, especially to stores and health care, drove overall interest in expanding and developing regional public transportation. Eight of the 12 towns have no public transportation and support for public transportation was highest in these towns. In those towns without public transportation, several interview participants suggested hospitals develop transportation capacity.

Lack of sidewalks and unsafe roadways were seen as barriers to elderly exercise and fitness across all towns, but especially in the more rural communities. That said, there was some resistance to that idea in a few discussions with the elderly, especially in those towns where sidewalk development costs are born by homeowners.

Health care access issues – insurance costs, prescription insurance shortfalls, high co-pay costs, medical coverage gaps and the lack of public transportation – were dominant issues in these discussions. Given the aging character of most of the towns in this study, these concerns will negatively affect the ability of the elderly to stay where they are or live full and healthy lives. As the backbone of the volunteer culture that has sustained these small towns to the present day, addressing health care access issues is a community-wide concern. One informant complained that "Medicaid/Medicare regulations are too much and an obstacle to healthier living."

In terms of culture, senior center staff identified **two distinct generations within the elder community**. Those over 75 preferred doctor-driven health care and were more reluctant to participate in programming that required changes to their behavior or lifestyle practices. They were also seen as more emotionally resilient and capable of handling life's challenges. The emerging elder population was more open to alternative medicine and programming that emphasized healthy behavioral reform, particularly interactive programming, such as exercise, yoga and other engaged educational forms. On the other hand, this group was also seen as having fewer coping skills than their elders. Overmedication was seen as a problem in both groups, but use of drugs for recreational or self-medicating purposes was more likely among the younger set of seniors. This younger set has a strong desire to remain in their homes. Healthy programming combined with outreach services will help them to do so.

To keep people in their homes more easily, some suggested **housekeeping and handyman services.** As seniors become more frail, basic household tasks may become challenges or result in accidents when the elderly try to do what they can no longer do. One senior staff noted that the rise in more openly gay, and lesbian seniors reflected an emerging population and creating safe space for them would be a growing concern.

In terms of health needs, there was strong support for **more healthy lifestyle programs**, including exercise, nutrition and healthy living education. Medication management education was also seen as important. Beyond those issues, cooking classes, exercise programs and cultural enrichment activities were seen as needed services throughout the towns. Fall and fire prevention education were also desired. Flu, blood pressure and other health clinics were seen as very valuable to the elder community.

Mental health issues among the elderly, particularly stress, depression and failing memory, were identified by interview participants. Lack of insurance coverage for mental health services was identified as a serious concern. Stigma around mental health was also seen as a major barrier for those needing help, particularly among the elderly. Grief counseling was seen as a need and it was felt that more healthy activities, particularly physical exercise programming, might be useful in supporting mental health and as a way for senior centers to identify those in danger and better intervene. Men were seen to be at greater risk, since they tend to avoid emotional subjects, deny the need for help, and have a tendency to shut themselves away when suffering from depression or grief. Exercise facilities and programming designed for male seniors was seen as a gateway opportunity for senior centers to reach older men and engage them on terms they were more comfortable with. One informant noted that mental health crisis phone lines were generally staffed with young, inexperienced people who gave textbook answers to problems. This service was seen as inadequate for the elderly and tended to fail when used. Elder suicide was also mentioned as a problem.

Health care access issues were a huge concern for the elderly. Beyond public transportation challenges, insurance costs, inadequate medical coverage and high co-pay costs, another issue raised in these discussions was the wildly uneven flu shot costs, which ranged from $5 to close to $200, depending on the insurance policy and the provider. Flu clinics and vaccination services provided by health departments, senior centers and the Shared Public Health Nurse program are the most cost-effective and accessible way of providing this health service to the community, particularly the elderly. Food security was seen as a significant issue for seniors. Among the suggestions for improving the quality of life was the collective purchase of food for the elderly. Combined with cooking classes and other healthy nutrition education, these strategies can improve health and quality of life for seniors.

Youth Issues in Interview Discussions

Youth issues were equally well represented in discussions with town participants. 64% of interview participants identified youth issues as concerns for their towns. Leading the way was the desire for more healthy youth programming, with 61% of interviewees identifying that need in all 12 towns. Non-school programming and education was identified by 42% of those interviewed. Youth mental health issues were identified by 55% of those we interviewed. Lack of youth opportunity was identified by 39% of participants. Youth obesity and the need for strong, health programming in schools were identified by 37% of those interviewed. The need for programming for post-high school teens and adults in their twenties was identified by 27% of those we talked to. 10% identified the need for a youth center in their towns. This issue was also identified as the need for a community center for educational, recreational, and cultural purposes by 25% of interview participants. Some defined it as a need for an 'inter-generational community center'. Several others suggested using schools and libraries as community centers for life-long, education and enrichment purposes.

While **drug abuse** in the community was not seen as exclusively the problem of the young, a majority of interview participants identified it as a significant youth problem (52%). While most praised school efforts to address the problem, all acknowledged that school efforts were not sufficient. Ludlow has begun the Ludlow CARES project to address the problem on a community-wide level. Participants in other towns expressed the desire for more programming along those lines.

Lack of jobs and opportunity were seen as significant factors in driving up drug abuse rates, particularly for post-high school teens and those in their twenties. There was widespread desire for more programming to serve this demographic sector, including enrichment, entertainment, recreational and support programming.

Interview tallies		Youth							
Town	Total interviews	youth concerns	lack of youth opportunity	more healthy youth programs	Youth obesity	Strong healthy schools	Non-school programming & education	Post HS young people	Youth center
Blandford	3	3	2	1	2	0	2	0	0
Brimfield	5	6	3	5	2		5	1	
East Longmeadow	6	3	1	2	1	3	2	4	
Granville	3	1	1	1					
Hampden	8	5	1	6	4	3	3		3
Ludlow	6	3	3	3	3	3	3	3	1
Monson	7	5	2	4	1	2	3	2	
Montgomery	2		1	1					
Palmer	5	3	2	2		3		1	
Southwick	6	2		4	3	2	1	1	
Tolland	5	2	1	3	1	4		0	
West Springfield	6	5	5	4	4	5	6	4	3
Multi-town agencies	5	5	4	5	4		3	2	
Total	67	43	26	41	25	25	28	18	7

Increased stress and depression, behavioral development and other mental health issues were broad concerns in 8 out of 12 towns and 57% of those interviewed. Teen suicide was an issue raised in East Longmeadow, Hampden, Ludlow, Monson and West Springfield and by 13% overall. Declining coping skills and rising behavioral developmental issues were identified as growing problems among the young. Autism was mentioned as increasing in several towns (Hampden, Ludlow, Monson, and East Longmeadow). Some suggested mental health first aid training for teens, so they may be better able to help their peers in times of crisis. Mental health challenges for the young were seen by some in the context of a poor economy and family economic crises. Others noted that parents themselves were in need of mental health care for depression, stress and other issues. There was an undertone of understanding that mental health issues were family and community problems.

> *"There's more depression and desperation just under the surface among the young"* - Key informant interview

Bullying and peer pressure also loomed as important and growing issues, tied heavily to mental health issues. Many informants described a monochromatic school culture where a handful of students – affluent, athletic – dominated the social scene, marginalizing other kids and setting up the most marginal for bullying and abuse. There was a strong desire for inclusive, healthy physical activities for those who were not on school teams. The informants that raised those issues also emphasized the need for this programming to be free and accessible to those young people who are being alienated by their school environments.

Social technology was also seen as a powerful engine for bullies, who aggressively use social media to target their victims. In past generations, a child could escape a bully by retreating to their home, now the bully can follow them in cyberspace, targeting their Facebook pages and other social media sites and magnifying the perceived 'crowd' of people participating in bullying attacks. Any program that addresses bullying must also address social media, its role in young people's lives and its capacity to cause harm to vulnerable young. Social media and communications technology can be perceived in overwhelming ways for the young. An attack on their social media pages can be felt as viscerally as a schoolyard assault. This exacerbates stress, depression and other mental health problems.

Also important was the need for more cultural enrichment programming, to expand the range of possibilities for the young, especially those who may not excel at sports. More arts programming was specifically cited. This perspective was reinforced in our youth focus group, who were passionate about the need for alternative programming for the young, specifically to address peer pressures and bullying behavior. To that end, West Springfield has begun a Healthy Choices program that addresses a whole range of child behaviors, rewarding good behavior, including social behavior. They feel they have seen positive results from this effort.

Healthy eating practices and rising obesity were also seen as growing problems among the young. There was widespread discussion in interviews and focus groups about the growing dependence of the young on technology. Beyond bullying issues, youth culture centered around video and online gaming and social media is encouraging a 'couch potato' culture, encouraging lack of exercise, exacerbating obesity, poor dietary habits and other chronic health problems. Even those children who were high achievers or respected athletes may not be eating well, or pursuing eating habits designed to achieve sports or personal image goals. While unhealthy dieting was primarily seen as a female problem, several of our informants – and our youth focus group – also identified unhealthy eating practices as a growing problem among boys.

While some noted improvements in school lunch offerings, others felt that their schools were lagging behind in terms of providing healthy food. Similarly, lack of physical education and insufficient health education were widely noted as problems in their schools. Sex education, in and out of school, was identified as a need.

While some informants noted existing youth resources in the community – Little League, organized recreational sports, Boys and Girls Clubs and others – they noted that the cost of participation was a barrier to many families. Similarly, the rising cost of youth activities was seen as a barrier for healthy youth. The cost and financial expectations of such programs was seen by some as a marginalizing force for poor and working class children and their families, one that may exacerbate other issues like bullying and peer pressure, obesity, mental health issues and other problems. Marginalized young people are at higher risk for drug and alcohol abuse.

Parents, Families and Communities in Interview Discussions

Discussions about youth needs invariably connected with parenting, family, and wider community issues. 46% of those interviewed felt more community engagement was needed around health issues and lifestyle practices. More explicitly, a community-wide approach to public health and healthy programming was identified by 36% of those interviewed. This perspective was especially acute among those who worked in schools. Poor adult lifestyle practices were seen as drivers for deficits in healthy youth behavior, including poor dietary practices, obesity, drug and alcohol use.

Parenting and adult health education was seen as a necessary component of healthy programming in school. 33% of those interviewed identified unhealthy adult behaviors as an issue in their communities and one that was being transmitted to the young. 30% of interview participants identified parenting education as critical to improving youth health behaviors and outcomes, as well as overall healthy community outcomes. Some suggested the solution was 'lifelong' health educational programming, integrating health programming across the generations.
This was sometimes tied to suggestions for extending the uses of existing municipal spaces – libraries and schools – as sites for this education. 25% of those we talked to suggested the towns develop community centers to provide a central space for all kinds of engaged programming across all generations. Several suggested it be explicitly designed as an 'inter-generational center'. Similarly,

25% recommended more community activities, which some described as 'healthy' or 'healthy family' activities. Such programs, which require far less financial resources to develop, would also enhance town social cohesion, reinforcing one of the town strengths identified in this study.

Interview tallies		Community approaches						Families & adults		
Town or Agency	Number of Interviews	Community wide approach	More community engagement	More community activities	Library as community resource center	Community, youth or recreation center	More regional cultural interaction	Unhealthy adult lifestyles	Adult & parent education	More family support & resources
Blandford	3	0	1	0	0	0	0	0	0	1
Brimfield	5		2	1		2	1	2		1
East Longmeadow	6	1	4	1		1		3	1	4
Granville	3		1			1				1
Hampden	8	5	6	3		4		1	4	3
Ludlow	6	2	1	1	0	1	1	2	3	3
Monson	7	2	3	1	2		2	2	2	2
Montgomery	2		1	1						1
Palmer	5	1	2		1	1		2	2	1
Southwick	6	3	1	2				2		5
Tolland	5								3	
West Springfield	6	5	4	6	1	5	4	5	3	6
Multi-town agencies	5	5	5	1		2	3	3	2	3
Total	67	24	31	17	4	17	11	22	20	31

Along the same thread, 16% identified the need for more regional cultural activities. Particularly for small towns, banding together to produce such events would make the cost and logistics of such events more possible.

43% of those we interviewed felt that there was inadequate support and resources for families. Recent changes to food stamps have meant fewer food dollars for struggling families and more who no longer qualify for food stamp benefits. Throughout the study, lack of resources for struggling individuals and families was seen as a major gap in community infrastructure. Unfortunately, most support programming is based on the US Poverty Threshold or slightly above that line, leaving most families ineligible for help.

The US Poverty Threshold no longer reflects the real cost of survival in this country and most struggling families earn more than that threshold, while still living underwater economically. This is a huge gap in social support programming, one that leaves many families deeply stressed, eating poorly and making desperate decisions that may have long-term negative consequences, especially for the young. While reform of these programs is well beyond the scope of town or even regional capacity, addressing economic issues regionally will create more opportunities, better wages and reduce the need for these programs and the crises of those who fall through the cracks.

Mental Health Issues in Interview Discussions

Closely identified with the poor economy in interviews were mental health issues, particularly stress and depression. Eleven out of 12 towns and 55% of those interviewed raised mental health issues as a concern in their community. 42% recognized adult mental health issues as a problem. 55% raised

youth mental and behavioral health issues as a problem in their community. 18% saw hoarding as an issue in their communities. When all mental health issues were considered (youth and otherwise) 67% of the interviews raised mental health or behavioral health issues as a concern in their community.

> *"Mental health issues have been trending worse in the past 5 to 8 years. Developmental issues are becoming more common"* - Key informant interview

Beyond economic drivers for mental health issues, 40% identified social isolation as a concern in their communities. While isolation as a health concern was often tied to the elderly, it was also identified as a problem for young people, the poor and the disabled. While the rural and woodland character of small towns may exacerbate feelings of isolation – especially if life is not going well – this was also an issue in more densely populated communities like West Springfield and East Longmeadow.
Stigma around mental health was seen as a problem in many of the conversations we had. Lack of mental health services and programming was identified as a significant need as were the lack of mental health hospital beds. One informant observed that the requirement that patients must self-admit was an obstacle to getting needed care. Lack of counseling resources – particularly child and family mental health services – was a major concern among those we interviewed.

Interview tallies		Stress, Mental health, emotional & behavioral development						
Town or Agency	Number of Interviews	Stress, depression & Mental Health	Isolation	Hoarding	youth mental & behavioral health	increasing autism rate	Teen suicide	Adult stress & mental health
Blandford	3	2	3	0	1	0	0	2
Brimfield	5	4	4	2	4			1
East Longmeadow	6	4	3		5	2	1	4
Granville	3	2	2	1				
Hampden	8	1	2	1	7	3	4	3
Ludlow	6	4		2	3	1		3
Monson	7	3	3		4	3	1	3
Montgomery	2		1					
Palmer	5	1			2			1
Southwick	6	3		1	3			2
Tolland	5	4	3	2		0	1	
West Springfield	6	6	4	3	5		2	6
Multi-town agencies	5	3	2		3			3
Total	67	37	27	12	37	9	9	28

Complaints about inadequate or lack of insurance coverage for mental health issues was a repeated refrain. As more than one informant put it, "You can't solve emotional or mental health problems in six sessions."

Disability Issues in Interview Discussions

The term 'disability' covers a wide variety of challenges, physical and developmental. Addressing the needs of one sector of the disabled population does not address the other. Unfortunately, non-public health data sets do not distinguish between categories. Disabilities aside, the disabled population is also as varied as the communities they come from.

That said, many of the issues that impact others identified in this study also impact the disabled. Lack of public transportation, isolation, mental health challenges, high living and housing costs, and the struggles of living on fixed incomes were all mentioned as problems the disabled faced.
In addition to these issues concerns were raised about building accessibility. While towns have made great strides in making municipal buildings accessible for the physically disabled, commercial and housing spaces were far less likely to be handicap accessible.

As noted earlier, 13% of interviews noted rising autism numbers in the schools. Beyond autism, school staff observed that autism was but one of a wide range of developmental and learning disabilities becoming more prevalent in schools. As required by state mandates, schools have had to invest more resources and staff to manage the growing disabled populations in the schools. This has led to some resentment toward 'unfunded mandates' and their impact on school budgets.

This issue was also raised in our disabled focus group, but from a different angle. As resentment toward the unfunded cost of providing disabled access increases, the disabled themselves are concerned that they are being held responsible for the governmental decision to require expensive reforms, without providing towns with the resources to pay for those reforms.

Beyond the need to better fund the educational access needs of the disabled, improving public transportation, improving access to health care resources, and creating more accessible and affordable housing were frequently mentioned in relationship to disabled people's needs. Improving mental health resources was also seen as important.

Other Health Issues Identified in Interview Discussions

- **Obesity** was identified by 49% of those we interviewed as a significant concern in their communities. As noted already, poor diet, lack of exercise and sedentary lifestyle practices are major issues throughout the towns included in this study and across all age sectors and demographics. Addressing these issues drove discussions about community-wide health programming, as well as improving elder and youth health programming. Diabetes was also identified as an issue of concern in several towns.
- **Sexually transmitted disease** was also identified as a health issue in 13% of interviews. Sex education in non-school settings and STD education for elders were identified as needed health programming.
- **Sexually transmitted diseases (STD)** were identified as a health issue in 13% of interviews. Sex education in non-school settings and STD education for elders were also identified as needing health programming.
- **Lyme Disease** and other insect-transmitted diseases were noted by 22% of those we interviewed and demonstrably higher in the region when compared to state rates. Among the concerns expressed in interviews was the concern that doctors were presuming Lyme Disease when diagnosing insect-transmitted infections. Health department officials interviewed felt doctors needed to conduct more lab tests and not presume Lyme Disease when diagnosing such diseases.
- **Tuberculosis** was also identified in some instances as a public health concern.

Infrastructure and Municipal Issues Raised in Interview Discussions

- A variety of infrastructural and municipal issues were raised in key informant discussions. As noted earlier, **public transportation** was identified by 49% of interviewees as a major structural issue that negatively impacts health care access, social isolation and economic conditions. Lack of – or inadequate – public transportation was identified by 49% of those interviewed as an obstacle to health care. 36% identified it as a barrier to health care for the elderly.
- **Walkability issues** were identified by 24% of those we talked to.
- This intersected with **lack of sidewalks**, identified by 16% of those interviewed, particularly those who work with the elderly.
- 14% of those we interviewed were concerned about **road and driving safety.**
- **Poor housing conditions** were a concern for 25% of interview participants.
- **Lack of affordable housing** was a concern for 18% of interviewees.
- **More sanitary services** were a concern for 10% of those interviewed.
- **Emergency and disaster preparedness** was a concern for 58% of those interviewed, especially the elderly.
- **Lack of shops and other commercial resources** were identified by 24% of those interviewed.
- 16% of interview participants complained about **high taxes**, particularly property taxes.
- 9% complained about **poor policing.** Concerns ranged from heavy-handed policing, poor management of the mentally ill and slow response times to calls.

Assets, Obstacles and Resource Needs Identified in Discussions

- 46% of those we talked to identified **volunteerism and community spirit** as significant community assets.
- At the same time – and sometimes in the same interviews – 28% were concerned about **lack of volunteers.** This problem was often framed in context with an aging population and greater time challenges for residents. In particular was the ability, or lack thereof, to field volunteer fire departments. Some noted the need to supplement volunteers with paid staff, particularly for daytime EMS duties.
- 34% of those we interviewed identified **longer commutes** as a challenge for volunteerism and adding stress to resident lives. The disappearance of local work has meant longer commutes, further challenging residents ability to participate in the life of their communities.
- 22% of interviewees identified **strong church networks** as a significant social asset. In particular, Hampden participants praised the leadership role of churches in supporting community-wide approaches to healthy living programming.
- 31% saw the **self-reliant culture** in their towns as a social asset.
- However, 22% thought that the culture of **self-reliance could also become an obstacle** to better living and seeking help when needed.
- 18% felt that **less regulations and unfunded mandates** were challenging town's ability to manage its resources and serve their residents.
- 57% complained about **lack of resources or lack of funding to western Massachusetts**
- 31% thought their town or agency needed **more personnel.**
- 16% felt that more efforts were needed to **collect and maintain data in an ongoing way.**
- 37% felt that **more collaboration** and **sharing of resources between towns** were needed to address town responsibilities.
- 30% identified **economic development** as a necessary issue to address.

Focus Group Priorities – Key Findings

Focus group questionnaires were designed to correspond with key informant questionnaires, in collaboration with the Shared Public Health Nurse Oversight Committee. We conducted 9 town focus groups and 3 special populations focus groups. Overall, 100 people participated in focus groups.

Rank	Top Fifteen Focus Group Issues	Frequency
1	Mental Health	12
2	Substance Abuse	11
3	Youth Issues	11
4	Senior Issues	11
5	Poor Economy	9
6	Obesity/Healthy Eating	8
7	Lack of Exercise	8
8	Lack of Public Transportation	7
9	Refugee/Minorities	5
10	Disabilities	5
11	Parent Education	5
12	Insurance/deductible costs	4
13	Lyme disease	4
14	Bullying/peer pressure	3
	Autism	3
	Non-school youth programming	3

Focus group participants identified strong linkages between issues in all towns and special population groups around substance abuse, mental health, youth and senior needs, as well as the impact of local economic conditions on public health. The top 5 concerns across all focus groups were:

- **Mental health**
  - Mental health issues were raised in all but one focus group (Montgomery).
  - Depression, stress, declining coping skills down through the generations, increased learning and developmental challenges were all cited as community problems.
  - Hoarding was mentioned as a significant problem in several towns.
  - Lack of local mental health resources, especially for children.
  - Most insurance coverage was seen as very inadequate for mental health services.

- **Substance abuse**
  - Rising heroin epidemic has focused public concern about substance abuse.
  - Increasing illegal/prescription drug and alcohol abuse, sometimes linked to economic issues; others linked it with lack of youth opportunities (or both).
  - Stress and mental health issues were also linked with rising substance abuse.
  - Lack of support services frequently cited.
  - Lack of programming and support for youth in their late teens and twenties was noted as a significant community gap.

- **Youth issues**
  - Mental health issues, stress, poor coping skills, bullying/peer pressure, social isolation, suicide, increased learning and developmental challenges
  - Poor eating habits and obesity. Heavily linked with lack of exercise and other lifestyle behaviors. Greater access to healthy food. Parent education needed.
  - Lack of opportunity seen as 'gateway' to poor personal and health choices. Lack of non-school opportunity identified as a major gap.
  - Lack of exercise and sedentary children seen as growing problem. Lack of physical education in school, high cost of youth exercise (sports, dance), media-centered youth culture
  - Parenting education was widely recommended

- **Senior issues**
  - Growing elder population in a region with little public infrastructure was widely discussed in all focus groups.
  - Shut-ins were a major concern. Towns need more resources to do check-ins and wellness checks. Services that allow elders to stay in their home were broadly discussed.
  - Widowed elderly men, without the self-care skills, were seen as a growing problem.
  - Insufficient insurance coverage for prescription medication was a major concern.
  - Rationing medications (or food) to pay for fuel or other living expenses.
  - Over-medication and medication management are rising issues for the elder community. Lack of public transportation was frequently discussed in context with senior needs
  - Lack of local health care services.

- **Bad economy/no jobs or opportunity**
  - Poor economic climate cited as key driver for lack of jobs, opportunities and the division of society into two classes (rich and poor).
  - Lack of jobs and opportunity seen as 'gateway' for other social and public health problems.
  - Mental health challenges and substance abuse problems are exacerbated.
  - High housing and living costs create stress and affect poor, working class, and middle class populations.
  - Senior citizens foregoing medications and food to pay living costs.
  - Youth problems exacerbated by lack of opportunity, including work.
  - Little development resulting in more work opportunities.
  - New poor, sometimes referred to as 'McMansion poor' or 'land rich/income poor'
  - Poor and unemployed face additional challenges and isolation in rural towns.

Other Significant Issues in Focus Group Discussions

- **Obesity/healthy eating**
  - Widespread concern expressed for ongoing rise of obesity in the community.
  - Youth and middle-aged obesity identified as community concern, requiring community-wide response
  - Heavily linked with lack of exercise and – to a lesser degree - the stresses of the economy.

- **Lack of exercise**
  - Lack of exercise and lack of safe, exercise space and opportunities were frequently mentioned as obstacles to a more active population.
  - Lack of sidewalks was cited as an obstacle for elderly.
  - Lack of healthy non-school activities and physical education in schools, as well as youth obsession with electronic media were also widely mentioned.

- **Lack of public transportation**
  - Lack of public transportation raised in almost every focus group as a problem or an obstacle
  - Identified as a leading factor in social isolation for elderly, young and poor.
  - Seen as a significant obstacle to health care for elderly, as well getting healthy food
  - Non-car populations less likely to eat well, leave home or exercise
  - Undermines economic development
- **Refugees, ethnic and linguistic minorities**

- Strong city and health department support for refugee populations seen as a major asset.
- Growing refugee population in West Springfield seen as a long-term community cultural and economic asset, as noted in West Springfield and refugee/minority focus groups.
- Federal funding for refugees too short, especially for non-western refugees, crippling assimilation process.
- Lack of federal and state support to towns for supporting relocated refugee and homeless populations (respectively) undermines assimilation and public health.
- Significant lack of translators, towns lag years behind general population in terms of translation capacity. Lack of translators for health care, especially mental health.
- Mental health, trauma, undiagnosed mental health issues, stress, depression. “90% of refugees need counseling.”
- Affordable and healthy housing is a major problem.
- Dietary challenges and chronic health conditions including obesity among the young, diabetes, and high blood pressure (in those from desert regions).
- Lack of health awareness and education.
- Lack of health care services, only Caring Health Center will accept refugee patients.
- Lack of public transportation to areas where work may be found.
- More local health care resources were desired, including flu clinics.
- Lack of activities or opportunities for youth, including health education.
- More culturally appropriate health care education on previously identified topics.

◆ **Disabled**

- Handicap accessible playgrounds
- Better public transportation
- More centrally located resources
- Teen centers that are handicap accessible
- More public information on state of community health, including drugs, pandemics, hunger, environmental safety,
- More interpreters and translation support
- More activities for teens that are not athletes, artists or band members
- No more unfunded mandates
- Big relief for the towns to properly fund special education; developmental or cognitive issues are growing issues in schools, including Autism, dyslexia, Attention Deficit Disorder, depression
- Information and education about illness and illness prevention and disaster planning.
- First responders and a disaster plan
- Better overall services
- More child care

Public Health Data Review

This section will examine available public health data on chronic diseases and behaviors, infectious diseases and those issues that directly impact human health (like substance abuse). Data was drawn from Massachusetts Department of Health's MassCHIP and MAVEN databases. Additional data was collected from town incidence reports, CDC data reports and other reports, including the Pioneer Valley Planning Commission's State of the People report. Disease descriptions, best practice care and guidance are drawn from the Centers for Disease Control and Prevention, the National Institute of Health and Massachusetts Department of Health. Other sources are cited as needed.

While we were able to use the US Census American Community Survey 5 year averages 2008-2013 for all economic and demographic analysis (excepting a few points drawn from US Bureau of Labor Statistics), allowing us to mark all sectors at a single point in time, this is not true for the health data. The time stamp for health data in this report ranges from 2006 to 2012 and reflects multiple data sources, with MassCHIP being the primary source for most statistical information.

This poses challenges when considering the significance of a health problem across different data sets, or when comparing state and national rates. Additionally, data derived from different sources may reflect different forms of data collection or different statistical practices and standards that may make comparisons difficult. In other cases, town, county, state and national data sets may have been collected in different years, making comparative analysis impossible.

Additionally, Massachusetts data policies, based on Federal HIPAA regulations, require the suppression of data points with less than 5 cases. Town data in many tables used in this report rely on MassCHIP reports that contained small numbers. Due to HIPAA regulations for patient privacy, rates and proportions based upon less than five observations were suppressed. This posed challenges for this section of the study, since most of the towns had low population sizes.

Further, where rates and numbers are reported, the small population sizes of the towns (and particular disease incidence) tend to make numbers and rates 'lively'. A death here or successfully recovery there may have a profound impact on the town's rate for that health issue. Rates and trends based upon small numbers should be interpreted cautiously, as is the case for all towns in this study.

Finally, town level raw incidence counts were used for 10 of the towns in this analysis. Only data from Ludlow and West Springfield made distinctions between confirmed, probable and suspected cases. Some data was entered before current public health nurses who compiled town reports began work, so the veracity and history of some cases was not always identifiable. *These data points may reflect real incidence or simply precautionary lab work that proved no incidence of the disease.* Raw counts included a student needing proof of polio and cases of potential exposure that did not test positive, never developed symptoms or were vaccinated as a precaution. We use this data cautiously because it was the most up-to-date information available. Most state data ranges from 2 to 9 years old.

In using this data, we will note confirmation status (confirmed, suspected, probable) when known. Those incidences whose confirmation status is unknown or cannot be determined by researchers or informed medical knowledge will be identified as 'indeterminate'. Where indeterminate data can be corroborated or characterized by informed medical professionals, we will do so. Uncharacterized indeterminate data should be a subject of further investigation before assumptions are made. ***All tables in this section reflect confirmed incidence*** *and came from MA DPH MassCHIP databases.*

Chronic Diseases

The chronic and infectious diseases discussed in this section reflect those issues identified as significant by the Hampden County Shared Public Health Nurse Oversight Committee. Also included are those diseases identified by key informant, focus group or survey participants, or seen as significant in a review of public health data.

Asthma is a chronic lung disease that affects Massachusetts residents at a higher rate than the nation as a whole. The state ranked 15th in the nation for asthma prevalence and higher for all age groups than US rates. Although the exact cause of asthma is unknown and cannot be cured, it can be controlled with self-management education, appropriate medical care, and avoiding exposure to environmental triggers. Second-hand smoke, mold, dust, mildew, car exhaust, and other environmental triggers can exacerbate asthma attacks.

Hospitalization and emergency room visits can be drastically reduced by good asthma self-management, including 'asthma clean' home cleaning practices.

2011 DPH MassChip: Mortality – Asthma Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	0	0	0
Brimfield	0	0	0
East Longmeadow	0	0	0
Granville	0	0	0
Hampden	0	0	0
Ludlow	0	0	0
Monson	1	11.68	15.52
Montgomery	0	0	0
Palmer	0	0	0
Southwick	0	0	0
Tolland	0	0	0
West Springfield	2	7.04	5.76
Holyoke	1	2.51	1.2
Springfield	0	0	0
Hampden County	8	1.73	1.39
Massachusetts	69	1.05	0.92

Children with uncontrolled asthma suffer from more missed days from school that, in turn, may negatively impact their academic performance and achievements. They may also participate less in physical activity and other healthy practices that mitigate other health problems, such as obesity. With responsible self-management, those with asthma are more able to participate in physical activities, miss fewer school days, and enjoy much healthier lives.

DPH MassChip 2006-8 3 yr. Ave: Asthma Related Hospitalizations per 1000 People -

Holyoke	22.9
Springfield	22.2
West Springfield	12.2
Palmer	11.8
Brimfield	9.1
East Longmeadow	8.7
Ludlow	8.0
Monson	7.8
Southwick	7.5
Blandford	7.2
Hampden	5.8
Granville	N/A
Montgomery	N/A
Tolland	N/A

An estimated 477,599 adults in Massachusetts had asthma (2008). Adult lifetime asthma prevalence was 14.8%, compared to a national rate of 13.3%. Current adult asthma prevalence rates in Massachusetts are 9.6%, compared to a 8.5% national rate. [11]

An estimated 136,267 children in Massachusetts had asthma. Child lifetime asthma prevalence was 13.8% and child current asthma prevalence was 9.8% compared with the 38 participating states' rates of 13.3% and 9.0%, respectively.[12] Asthma in western Massachusetts – particularly in the Pioneer Valley – is generally more prevalent than the state or nation as a whole.

11 CDC Asthma Massachusetts state asthma profile. http://www.cdc.gov/asthma/stateprofiles/asthma_in_ma.pdf
12 Ibid

The asthma prevalence rate for Puerto Ricans was much higher than for other ethnic groups. Asthma is more prevalent among low-income families than more affluent ones.[13] Children living within 200 yards of major roadways are twice as likely to be hospitalized due to asthma.[14] Those living in public housing are three times more likely to suffer asthma than those living in private homes. Anecdotal reports suggest a trend of US non-Massachusetts adult immigrants to the area suffering asthma symptoms or receiving an asthma diagnosis after moving here. While the causes are unclear, local pollen characteristics and/or air quality issues may be factors.

Three out of the 12 towns included in this study had higher pediatric asthma prevalence than the state as a whole. Monson had the highest pediatric asthma rate at 20.6, followed by Palmer (16.6) and East Longmeadow (12.7).

West Springfield had the highest asthma hospitalization rates (per 1000 people) for all towns at 12.2. Palmer was second with 11.8.

Pediatric Asthma Prevalence in Selected Massachusetts Communities of Residence in 2007 - 2008

Town	Community Prevalence (%)	Statistical Significance of Difference from State Prevalence
BLANDFORD	7.7	Not Significantly Different
BRIMFIELD	14.1	Not Significantly Different
EAST LONGMEADOW	12.7	Statistically Significantly Higher
GRANVILLE	6.4	Significantly Lower
HAMPDEN	8.5	Significantly Lower
HOLYOKE	23.3	Significantly Higher
LUDLOW	12.3	Not Significantly Different
MONSON	20.6	Significantly Higher
MONTGOMERY	14.1	Not Significantly Different
PALMER	16.8	Significantly Higher
SOUTHWICK	11.6	Not Significantly Different
SPRINGFIELD	17.6	Statistically Significantly Higher
TOLLAND	12.2	Not Significantly Different
WEST SPRINGFIELD	6.4	Significantly Lower
Massachusetts	10.8	15th in nation

Two towns had asthma fatalities, West Springfield (2) and Monson (1) and higher crude rates (overall and age-adjusted) than state or Hampden County rates in 2011. With good self-management practices, asthma should not be fatal.

Diabetes (diabetes mellitus) describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both. Patients with high blood sugar will typically urinate frequently, become increasingly thirsty and hungry.

There are two forms of diabetes, type 1 and 2. In type 1, the body does not produce insulin. Approximately 10% of all diabetes cases are type 1. According to the CDC, between 2001 and 2009, the prevalence of type 1 diabetes among those under 20, rose 23% nationwide.[15] For type 2 diabetics, the body does not produce enough insulin for proper function. Approximately 90% of all cases of diabetes worldwide are type 2. Those

DPH MassCHIP 2009: Diabetes & Diabetes Related Hospitalizations per 1,000 People

Rank	Town	Rate
	Holyoke	45.9
	Springfield	40.8
1	Palmer	40.8
2	East Longmeadow	36.7
3	West Springfield	26.5
4	Ludlow	25.2
5	Monson	23.7
6	Southwick	21.2
7	Tolland	0.0
8	Blandford	N/A
9	Brimfield	N/A
10	Granville	N/A
11	Hampden	N/A
12	Montgomery	N/A

13 S. L. Bacon, A. Bouchard, E. B. Loucks, and K. L. Lavoie, "Individual-Level Socioeconomic Status Is Associated With Worse Asthma Morbidity in Patients With Asthma," Respiratory Research 10 (2009): 1–8.

14 J. Maantay, "Asthma and Air Pollution in the Bronx: Methodological and Data Considerations in Using GIS for Environmental Justice and Health Research," Health Place 13 (2007): 32–56.

15 Diabetes in Youth. CDC. http://www.cdc.gov/diabetes/risk/age/youth.html

diagnosed with diabetes in their childhood are more likely to be type 1, while most diabetics diagnosed as adults are type 2, though some were diagnosed with 'late onset type 1 diabetes.'

Obesity, poor diet, excess alcohol consumption, and lack of exercise are leading contributors to type 2 diabetes. Research studies have shown that healthy diets, moderate weight loss and regular exercise can prevent or delay type 2 diabetes among adults at high-risk of diabetes.

Hampden County had the highest rate of diabetes in Massachusetts at 10.7 per 100 people (age adjusted), well above the state rate of 7.7 (2012).[16] 5 towns in this study had diabetes hospitalizations rates at or above the state rate of 23.7. Palmer (40.8) and East Longmeadow (37.7) had extremely high diabetes hospitalization rates, followed by West Springfield (26.5), Ludlow (25.2) and Monson (23.7). Southwick was slightly lower at 21.2 per 1000 people.

While sample sizes were very small and statistically unstable, diabetes mortality rates were highest in Ludlow, East Longmeadow, Palmer and Monson, and above Hampden County and state rates.

With proper medical care and patient self-management, a healthy diet and regular exercise (3 times or more a week) most diabetics can have healthy full lives.

Hypertension, also known as high blood pressure, is a common condition that may eventually lead to other health problems. Uncontrolled high blood pressure increases the risk of serious health problems, including heart attack and stroke.

Obesity, high salt diets, diabetes, stress and smoking can all exacerbate high blood pressure. African Americans have higher rates of hypertension than other ethnic groups. Those with ancestors with high blood pressure are more prone to this condition, all other factors being neutral.

Secondary hypertension is caused by certain prescription drugs or other medical conditions including, but not limited to chronic kidney disease, adrenal gland syndromes, and pregnancy.
High blood pressure generally develops over many years and affects nearly everyone eventually. Easily detectable, patients can work with their doctors to control it. Diet, exercise and proper medical care can allow patients to control their blood pressure and live healthy normal lives.

2011 DPH MassChip: Mortality – Hypertension Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	0	0	0
Brimfield	0	0	0
East Longmeadow	3	19.09	8.76
Granville	0	0	0
Hampden	0	0	0
Ludlow	0	0	0
Monson	0	0	0
Montgomery	0	0	0
Palmer	1	8.24	7.32
Southwick	0	0	0
Tolland	0	0	0
West Springfield	2	7.04	6.27
Holyoke	7	17.56	12.98
Springfield	8	5.23	5.32
Hampden County	35	7.55	5.81
Massachusetts	454	6.89	5.45

29.2% of all adults in Massachusetts had hypertension in 2011. 32.5% of all adults over 20 have hypertension nationally. Three towns in the study – East Longmeadow, Palmer and West Springfield – had higher mortality rates for hypertension than the state. There were no hospitalization data for the 12 towns, however Hampden County (55.67) had a higher rate of hospitalization for hypertension than the state as a whole (49.72). Hypertension hospitalizations in Springfield and Holyoke were both over 80 per 100,000.

16 CDC interactive county map: http://www.cdc.gov/diabetes/atlas/countydata/atlas.html

Coronary Heart Disease is a disease in which plaque builds up inside the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle. Over time, plaque can harden or rupture. Hardened plaque narrows the coronary arteries and reduces the flow of oxygen-rich blood to the heart. If the plaque ruptures, a blood clot can form on its surface. A large blood clot can mostly, or completely, block blood flow through a coronary artery. Over time, ruptured plaque also hardens and narrows the coronary arteries.

These conditions can lead to angina, arrhythmia, heart attacks and death. Coronary heart disease is the most common cause of death for both men and women. Healthy lifestyle changes, medicine and medical procedures can help prevent or treat this condition. These treatments may reduce the risk of related health problems.

2011 DPH MassChip: Mortality – Coronary Heart Disease Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	2	162.21	194.87
Brimfield	3	83.13	72.48
East Longmeadow	22	139.99	59.27
Granville	1	63.86	55.76
Hampden	10	194.59	120.48
Ludlow	22	104.25	70.68
Monson	8	93.46	92.3
Montgomery	1	119.33	66.72
Palmer	19	156.51	105.55
Southwick	15	157.86	120.62
Tolland	2	412.37	550.69
West Springfield	42	147.94	107.02
Holyoke	60	150.48	116.09
Springfield	143	93.43	96.15
Hampden County	584	126.01	97.65
Massachusetts	7,482	113.58	91.44

Eight out of 12 towns in this study had higher mortality rates for coronary heart disease than state rates; 7 out of 12, when local statistics were adjusted for age. Tolland had more than 5 times the rate of coronary heart disease fatalities than state, age-adjusted rates. Blandford had twice the state age-adjusted mortality rate for coronary heart disease. Hampden, Southwick, Palmer, West Springfield and Monson all had higher age-adjusted mortality rates for coronary heart disease than state rates.

Cancer is a class of diseases characterized by out-of-control cell growth. There are over 100 different types of cancer. Each form of cancer is classified by the type of cell that is initially affected. Cancer harms the body when damaged cells divide uncontrollably to form lumps or masses of tissue called tumors (except leukemia where cancer prohibits normal blood function by abnormal cell division in the blood stream). Tumors can grow and interfere with the digestive, nervous and circulatory systems and can release hormones that alter body function. Tumors that stay in one spot and demonstrate limited growth are generally considered benign.

Cancer's causes are complex and idiosyncratic to their type. Lifestyle, environment and genetics play varying roles in cancer cell production. Some cancers are associated with other diseases, such as Hepatitis. The most common forms of cancer are breast, colon, prostate and lung cancer. Other forms of cancer include skin, pancreatic, kidney, testes, Endometrial, bladder, thyroid, Leukemia and Lymphoma. Cancer can spread from one part of the body to another. Pancreatic and lung cancer have the highest mortality rates.

2009-2010 All Invasive Cancer Incidences -Crude Rate per 100,000

Town	2010	2009
Blandford	412.7	474.06
Brimfield	607.0	661.64
East Longmeadow	603.5	646.67
Granville	639.4	608.18
Hampden	564.8	752.97
Ludlow	347.7	479.45
Monson	663.0	430.5
Montgomery	543.0	617.59
Palmer	439.7	NA
Southwick	439.7	465.29
Tolland	NA	NA
West Springfield	515.8	525.64
Holyoke	415.8	465.6
Springfield	496.2	597.75
Hampden County	528.7	536.7
Massachusetts	528.7	565.97

Cancers closely linked to certain behaviors are the easiest to prevent. Not smoking or drinking alcohol will significantly reduce the risk of some cancers, including lung, throat, mouth, and liver cancer. Quitting smoking can reduce cancer risk, even if the patient has been smoking for years. Skin cancer can be prevented by using sunscreen, avoiding mid-day sun or staying in the shade and wearing a hat during the day. Healthy diets can also help prevent some forms of cancer. Diets that are low in saturated fat and rich in fresh fruits and vegetables and whole grains reduce cancer risk. Some vaccinations have been associated with the prevention of some cancers, especially those cancers associated with other diseases, such as cervical cancer (human papillomavirus (HPV) vaccines) and liver cancer (Hepatitis B vaccines). Systematic screening for some cancers (prostate, colon, breast, testicular) can help detect cancers before symptoms become present and dramatically increase survival rates.

2011 DPH MassChip: Mortality – Cancer Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	1	81.1	42.5
Brimfield	6	166.25	132.57
East Longmeadow	43	273.62	162.95
Granville	0	0	0
Hampden	9	175.13	130.14
Ludlow	40	189.55	136.65
Monson	19	221.96	185.01
Montgomery	1	119.33	103.39
Palmer	27	222.41	167.49
Southwick	19	199.96	162.69
Tolland	1	206.19	180
West Springfield	54	190.21	154.89
Holyoke	74	185.59	162.69
Springfield	236	154.19	165
Hampden County	920	198.51	167.91
Massachusetts	12831	194.78	165.65

Small sample sizes tend to produce to significant differences in town cancer rates across years, so interpretation of cancer data at the town level should be done with caution. In 2009,for example, Monson's cancer crude rate was 430.50, well below the state rate of 565.64. But the next year, Monson's cancer rate jumped to 663.00, well above Massachusetts 2010 rate of 528.70. Similarly, Hampden's cancer crude rate was 752.97 in 2009, well above the state rate. But the following year, Hampden's cancer rate dropped to 564.80.

That said, several towns had consistently higher rates of cancer when compared to county and state rates. In particular, East Longmeadow, Brimfield, Granville, Montgomery and Hampden demonstrated higher cancer rates across time than state or county rates. On the other hand, West Springfield's cancer rate was slightly below state rates, while Blandford, Ludlow and Palmer (when data was available) showed lower cancer rates. Again, small sample sizes should be viewed with caution.

Substance Abuse

Substance abuse concerns dominated survey responses, as well as interviews and focus groups. Much of this is driven by the rise of heroin and prescription drug overdoses in the past 10-15 years. Deaths from prescription opiate overdoses quadrupled between 1999 and 2010, and far exceeded heroin and cocaine overdose deaths.[17]

Alcohol and other substance abuse also emerged as issues in our engagement, including cocaine in most communities, marijuana in some communities and methamphetamine use in Brimfield. While most discussions centered around youth and young adult substance abuse, there was also concern for adult and elderly substance abuse as well.

Nonfatal Opioid-related Cases by City/Town FY2009

Abuse/Dependence and Poisonings/Overdoses

Rank	Town	Count	Raw Crude
	Holyoke	*477*	*1180.7*
	Springfield	*580*	*988.6*
1	West Springfield	255	906.3
2	Palmer	113	862.5
3	Monson	55	607.3
	Massachusetts	*36039*	*546.6*
4	Ludlow	118	532.4
5	East Longmeadow	59	370.9
6	Brimfield	14	367.7
7	Hampden	18	334.9
8	Southwick	18	185.5
9	Blandford	<7	
	Granville	<7	
	Montgomery	<7	
12	Tolland	0	0

Drug abuse issues are most serious in Ludlow, West Springfield and Palmer, with significant drug use in Monson, Hampden, East Longmeadow and Southwick. There is less data and evidence for drug problems in Brimfield, Blandford, Granville and Tolland. Only Granville, Monson, Montgomery, and Tolland had no drug overdose fatalities in 2012. Ludlow had the highest substance abuse admissions (2644.17 crude rate per 100,000), well above county (1984.93) and state rates (1546.48) in 2012. Ludlow's rates were higher than Springfield (2644.17) and slightly less than Holyoke (2683.52) . Palmer (1630.97) and West Springfield (1623.87) had higher than state, but lower than county rates of substance abuse admissions.

2012 MA DPH BSAS Primary Substance Abuse Admissions – Crude Rate per 100,000

	All Admissions	Alcohol	Cocaine	Crack	Heroin	Marijuana	Other
Blandford	NA	NA	0	0	NA	0	0
Brimfield	609.59	NA	0	0	NA	NA	NA
East Longmeadow	744.51	286.35	NA	NA	305.44	NA	89.09
Granville	1085.57	702.43	0	0	NA	0	NA
Hampden	1128.62	622.69	NA	0	330.8	NA	NA
Ludlow	2644.17	625.5	99.51	61.6	796.1	682.37	364.88
Monson	1121.5	303.74	NA	NA	385.51	NA	280.37
Palmer	1630.97	708.4	NA	NA	543.66	NA	271.83
Southwick	715.64	305.2	NA	NA	221.01	NA	136.81
Tolland	NA	NA	0	0	0	NA	0
West Springfield	1623.87	496.67	42.27	70.45	732.68	81.02	200.78
Holyoke	2683.52	709.75	97.81	72.73	1442.08	178.07	180.57
Springfield	2593.15	909.47	105.19	107.15	1123.11	178.36	163.99
Hampden County	1894.93	640.63	64.3	67.75	814.33	138.53	165.07
Massachusetts Total	1546.48	522.87	33.06	26.2	707.81	68.84	166.39

17 Findings of the Opioid Task Force and Department of Public Health Recommendations on Priorities for Investments in Prevention, Intervention, Treatment and Recovery. MA Department of Public Health, June 10, 2014

Alcohol was the most likely reason for admission to treatment programs. Two towns had higher than state (522.87) and county (640.63) admission rates for alcohol abuse – Palmer (708.4) and Granville (702.43). Two towns had higher than state rates – Ludlow (625.5) and Hampden (622.69). West Springfield's rate (496.67) was slightly below statewide rates. East Longmeadow (286.35), Southwick (305.2) and Monson (303.74) had low admission rates for alcohol abuse.

Ludlow's admissions rate (682.37) for **marijuana** treatment was 10 times the state rate of (68.84) and more than 4 times the county rate (238.53). West Springfield (81.02) had a higher rate than the state. No other town had more than 5 people admitted to marijuana treatment programs. Blandford and Granville had no admissions in 2012.

Ludlow (99.51) had the highest admissions rate for **cocaine** abuse, three times the state rate (33.06) and 150% the county rate (64.3). West Springfield (42.67) also had higher than state rates for admission to cocaine abuse treatment programs. Brimfield, Blandford, Granville and Tolland had no admissions for cocaine. Six towns had less than 5 admissions to cocaine treatment programs.

Admissions to crack treatment programs for Hampden County residents (67.75) was more than twice the state rate (26.2). West Springfield (70.45) exceeded state and county rates as well. Ludlow (61.6) had more than twice the state rate for **crack** treatment admissions. Brimfield, Blandford, Granville and Tolland had no admissions for crack. The rest of the towns had less than 5 admissions to crack treatment programs.

Ludlow (796.1) and West Springfield (723.68) had higher **heroin** treatment admissions rates than state rates (707.81), though lower than Hampden County rates (814.33). Palmer (543.66), Monson (385.51), Hampden (330.8), East Longmeadow (305.44) and Southwick (221.01) had lower heroin treatment admissions rates.

2012 MA DPH BSAS Primary Substance Abuse Admissions – Crude Rate per 100,000

	All Admissions	All Drug Injection cases	Cocaine Injection	Heroin Injection	Other Injection	Used needle within a year of admission
Blandford	NA	NA	0	NA	0	NA
Brimfield	609.59	NA	0	NA	NA	NA
East Longmeadow	744.51	235.44	NA	229.08	0	279.99
Granville	1085.57	NA	0	NA	0	NA
Hampden	1128.62	311.34	0	311.34	0	330.8
Ludlow	2644.17	606.55	NA	568.64	NA	620.76
Monson	1121.5	362.15	NA	327.1	NA	478.97
Palmer	1630.97	543.66	NA	502.47	NA	617.79
Southwick	715.64	189.43	0	178.91	NA	199.96
Tolland	NA	0	0	0	0	0
West Springfield	1623.87	630.53	NA	609.39	NA	753.81
Holyoke	2683.52	1106.01	42.64	1048.33	NA	1121.06
Springfield	2593.15	886.6	32.01	842.17	12.41	968.92
Hampden County	1894.93	658.11	19.85	625.75	12.51	715.72
Massachusetts Total	1546.48	614.39	9.29	587.29	17.81	673.8

Four towns have higher rates of admission for **other substance abuse** (including prescription drugs, methamphetamine, etc.) than state (166.39) or county (165.07). Ludlow's rate (364.88) of admission for other substance abuse was more than twice the state and county rates. Monson (280.37), Palmer

(272.83), and West Springfield (200.78) all had higher than state and county rates for other substance abuse admissions.

All towns had lower rates of admission for injected drug use than county rates (658.11). All but West Springfield (630.53) had lower than the state rate (614.39) for injection drug treatment admissions. However, Ludlow (606.55) and Palmer (543.66) had high injection drug use admissions. Hampden (311.34), East Longmeadow (235.44) and Southwick (189.43) had lower rates. Blandford, Brimfield and Granville had less than 5 cases and Tolland had no injected drug user admissions to treatment programs.

2011 DPH MassChip: Mortality – Fatal Overdose Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	1	81.1	29.61
Brimfield	1	27.71	18.45
East Longmeadow	1	6.36	9.47
Granville	0	0	0
Hampden	2	38.92	52.83
Ludlow	1	4.74	5.2
Monson	0	0	0
Montgomery	0	0	0
Palmer	2	16.47	14.62
Southwick	1	10.52	11.58
Tolland	0	0	0
West Springfield	2	7.04	6.68
Holyoke	4	10.03	10.14
Springfield	16	10.45	10.87
Hampden County	44	9.49	9.9
Massachusetts	645	9.79	9.7

Almost all injected drug use admissions were for heroin. Many heroin users do not inject. Injection use indicates a more mature habit and a much greater challenge for recovery and treatment. West Springfield had the highest admissions rate for heroin at 609.39 and was the only town with a higher admissions rate than the state (587.29). Ludlow followed at 568.64. Palmer (502.47), Monson (327.1), and Hampden (311.34) had significant heroin injection abuse admissions; East Longmeadow (229.08) and Southwick (278.91). Brimfield, Blandford and Granville had less than 5 admissions in 2012 and there were no admissions from Tolland.

The risk of sinking back into addiction is always high for injection drug users. West Springfield (753.81) was the only town with a higher rate of injecting addicts returning to their old habits than state (673.8) or county rates (716.72). Ludlow (620.76) and Palmer (617.79) also had high rates of addicts returning to injection use within a year of treatment. Monson (478.97) and Hampden (330.8) had significant problems with addicts returning to injection drug use. East Longmeadow (279.99) and Southwick (199.97) also had injection drug addicts returning within a year to needle drug use.

Eight out of 12 towns had fatal drug overdoses in 2011. Palmer, West Springfield and Hampden had 2. Blandford, Brimfield, East Longmeadow, Ludlow and Southwick had 1. Granville, Monson, Montgomery, and Tolland did not have any drug overdose fatalities in 2011.

Mortality and Premature Mortality

The length and quality of our years speaks volumes about how we care for ourselves and how the world cares for us. Half the towns in this study had higher premature mortality rates (death before 75 years) than the state (279.6 raw crude per 100,000 people).

West Springfield (400.9) residents are the most likely to die prematurely, sooner than Springfield (397.1), Holyoke (366.6), county (336.5) or state (279.6) residents. Palmer (371) residents were more likely to die prematurely than Holyoke, county or state residents. Brimfield (360.8) and Southwick (325.2) residents were also more likely to die prematurely than county and state rates. Monson (318.6) and Montgomery (309.5) had higher premature mortality rates than the state.

Six towns had lower premature mortality rates than state or county rates, East Longmeadow (279.5), Ludlow (255.5), Tolland (221.7), Granville (218.8), Hampden (201.1), and Blandford (139.3).

East Longmeadow (1215.88), the town of Hampden (1070.25) and Palmer (1062.6) had the highest mortality rates for all causes in 2011, higher than state (812.69) and County (912.08) rates.

Premature Mortality Rate ranked by town

Town Rank	(Death before Age 75 per 100,000 People)	
1	West Springfield	400.9
	Springfield	*397.1*
2	Palmer	371
	Holyoke	*366.6*
3	Brimfield	360.8
4	Southwick	325.2
	Hampden County	*336.5*
5	Monson	318.6
6	Montgomery	309.5
	Massachusetts	*279.6*
7	East Longmeadow	271.5
8	Ludlow	255.5
9	Tolland	221.7
10	Granville	218.8
11	Hampden	201.1
12	Blandford	139.3

All other towns had lower than county mortality rates,but West Springfield (892.22), Ludlow (867.18), Southwick (862.98) and Tolland (824.71) had higher than state mortality rates.

Blandford (848.82), Brimfield (581.88), Granville (510.86) and Montgomery (358) had the lowest mortality rates among participating towns.

When crude rates were age-adjusted, Tolland (924.54), Palmer (790.48), Monson (759.81), and Hampden (745.74) were all higher than state and county rates.

Southwick (688.03), Ludlow (610.44), East Longmeadow (608.3), and Blandford (599.77) had lower age-adjusted mortality rates.

Brimfield (495.66), Granville (483.96) and Montgomery (332.31) had the lowest mortality rates in the study.

2011 DPH MassChip: Mortality – Death All Causes – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	8	648.82	599.77
Brimfield	21	581.88	495.66
East Longmeadow	191	1215.4	608.3
Granville	8	510.86	483.96
Hampden	55	1070.25	745.74
Ludlow	183	867.18	610.44
Monson	73	852.8	759.81
Montgomery	3	358	332.31
Palmer	129	1062.6	790.48
Southwick	82	862.98	688.03
Tolland	4	824.74	924.54
West Springfield	254	894.71	692.22
Holyoke	431	1080.93	818.5
Springfield	1,154	753.97	783.93
Hampden County	4,227	912.08	731.9
Massachusetts	53,536	812.69	668.82

Infectious Diseases

Sexually Transmitted Diseases

Chlamydia is the most commonly reported sexually transmitted disease in the US, particularly among young women. It is transmitted through vaginal, anal or oral sex with someone who has the disease. It can infect both men and women, but the consequences are worse for women. Untreated infection can result in pelvic inflammatory disease (PID), a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. Gay and bisexual men are also at risk.

2011 MA DPH BCBC Files: Sexually Transmitted Diseases by Crude Rate per 100,000

Rank	Town	Chlamydia Incidence	Gonorrhea Incidence	Syphilis Incidence
	Springfield	*1125.72*	*110.42*	*30.05*
	Holyoke	*850.2*	*42.64*	*27.59*
1	Ludlow	634.98	33.17	0
	Hampden County	*603.95*	*49.63*	*13.81*
2	Palmer	354.2	49.42	NA
	Massachusetts	*347.14*	*35.63*	*7.59*
3	West Springfield	250.1	NA	NA
4	Monson	128.5	0	0
5	East Longmeadow	82.72	NA	NA
6	Southwick	73.67	NA	0
	Blandford	NA	0	0
	Brimfield	NA	0	0
	Hampden	NA	NA	0
	Montgomery	NA	NA	NA
	Tolland	NA	NA	NA

Source: 2011 MA DPH - MassChip

While most infected people do not develop symptoms, those that do suffer common, gender and area-specific symptoms, depending on mode of sex. Both genders may feel a burning sensation when urinating and both experience abnormal discharge from their genitals. Men may feel pain and swelling in their testicles. Those who were infected through anal sex may feel rectal burning sensations, discharge and bleeding.

The best methods of prevention are safe sex practices, including monogamous relations and/or properly used condoms. Those who suspect Chlamydia should seek testing and medical care. There is a variety of medical treatment. Patients should follow all medical guidance, including prescription medications, and abstain from sex until treatment is completed. Infection does not confer immunity and reinfection is possible.

Hampden County Chlamydia rates are much higher than state rates, driven by very high rates in Springfield and Holyoke. Data for Chlamydia was only available for 6 towns in the study. No town in the study had the Chlamydia rates of those two towns, but Ludlow (634.96 per 100,000 crude rate) had a higher rate for Chlamydia than state (347.14) or county (603.95) rates. Palmer's rate (354.2) was slightly higher than the state rate. West Springfield (250.1), Monson (128.5), East Longmeadow (82.72) and Southwick (73.67) had significantly fewer cases of Chlamydia than state or county rates.

Gonorrhea is a common, sexually transmitted disease (STD) infecting men and women. It can cause infections in the genitals, rectum, and throat, depending on point of infection. Young people (ages 15-24), gay and bisexual men and others who have new or multiple sexual partners are at greatest risk. While sexual contact is the primary means of transmission, infected pregnant women can transmit the disease to their babies during childbirth.

Some men and most women do not develop symptoms, though untreated women with Gonorrhea are at greater risk for serious complications, even if they don't have any symptoms. Those that do, suffer common, gender and area-specific symptoms, depending on mode of sex. Both genders may suffer a burning sensation when urinating. Men may have a white, yellow, or green discharge from the penis and/or suffer painful or swollen testicles. Those women who do have symptoms may mistake them for a bladder or vaginal infection. Female-specific symptoms include increased vaginal discharge and

vaginal bleeding between periods. Those infected by anal sex may experience no symptoms. Both genders experience the same symptoms, if they do, including discharge, anal itching, soreness, bleeding and/or painful bowel movements.

Those who suspect gonorrhea should seek medical testing and care. Those who are infected should follow all medical advice and complete all courses of medications and treatment. Infected people should refrain from sex until their doctor has cleared them. Past infection does not immunize and reinfection is possible. Antibiotics remain the most common form of treatment.

Only 2 towns had documented Gonorrhea incidence. Palmer (49.42 per 100,000 crude rate) had the highest Gonorrhea rate, slightly below the Hampden County rate (49.63) and well above the state rate (35.63). Ludlow was the other town, with a gonorrhea rate (33.17) slightly lower than the state rate and well below county rates.

Syphilis is a highly contagious, sexually transmitted disease, transmitted by genital, oral and anal sex. Occasionally, Syphilis can be transmitted by prolonged kissing or certain kinds of bodily contact. Pregnant mothers can pass it to their babies. While spread by sores, most sores go unrecognized. Infected people are often unaware of their infection and pass it on to sexual partners.

Syphilis infection develops across 3 distinct stages. Those with primary or 'early' Syphilis usually develop 1 or more small painless ulcers on the genitals or other points of infection (mouth, anus), 10 to 90 days after exposure (three weeks is the norm). Without treatment, they heal without a scar within six weeks, though the infection remains. 'Copper penny' type rashes appear on the palms of the hands in the secondary phase of Syphilis and may spread to arms or other parts of the body, sometimes resembling other disease rashes. Moist warts may grow on or around genitalia as well as white patches inside the mouth, swollen lymph glands, fever and weight loss. Secondary Syphilis will also resolve without treatment, as the infection enters a dormancy stage.

If untreated, Syphilis may progress to a tertiary stage and cause severe heart, brain and nervous system problems that can result in paralysis, blindness, dementia, deafness, impotence, and even death if it's not treated.

There were no confirmed incidences of Syphilis in the MassCHIP data for any of the towns in the study. No data was available for East Longmeadow, West Springfield, Montgomery and Tolland. However, Hampden County (13.81 per 100,000 crude rate) had nearly twice the rate of Syphilis than the state (7.59). Springfield (30.05) and Holyoke (27.59) had over 3 ½ times the rate of confirmed Syphilis incidence than state rate and more than twice the county rate.

HIV/AIDS is a powerful, auto-immune disease primarily transmitted by sexual intercourse, genital, anal and oral. Sharing needles and other infected drug paraphernalia is the next most likely means of transmission, though contaminated blood transfusions, hypodermic needles, pregnancy, childbirth, and breastfeeding are all modes of transmission.
40%-90% of those infected develop influenza-like or

HIV/AIDS: Prevalence - BCDC HIV/AIDS Files: Crude Rate Per 100000

Rank		Rate
	Holyoke	*712.26*
	Springfield	*665.77*
	Hampden County	*349.99*
	Massachusetts	*272.82*
1	Ludlow	170.59
2	West Springfield	165.56
3	Palmer	65.9
4	East Longmeadow	0.00
	Blandford	NA
	Brimfield	NA
	Granville	NA
	Hampden	NA
	Monson	NA
	Montgomery	NA
	Southwick	NA
	Tolland	NA

Source: 2011 MA DPH - MassChip

mononucleosis-like illness 2–4 weeks after exposure. Others may show no symptoms. Symptoms include fever, large tender lymph nodes, throat inflammation, a rash, headache, and/or sores of the mouth and genitals. 20%-50% may get a rash on the body. Some may develop opportunistic infections, or suffer gastrointestinal symptoms such as nausea, vomiting, or diarrhea as other complications develop. Untreated HIV usually progresses to full-blown AIDS, and death.

There is no vaccine or cure but great strides have been made in treating, managing and inhibiting transmission of HIV and many victims can live normal lives with proper care, self-management, and lifestyle reforms.

The best way to prevent getting HIV is to practice safe sex, proper use of condoms, avoiding risky partners and sexual activities (especially with non-partners), and intravenous drug use. Intravenous drug addicts can reduce risks to themselves and others, by not sharing needles or drug paraphernalia and participating in needle-exchange programs,

The emergence of heroin in the region raises the risk of HIV rates increasing. It would seem from the data (see substance abuse section) that most heroin users are not injecting the drug. However, as heroin addictions mature, injecting the drug becomes more common. Sharing needles is the second most common way to spread HIV.

No HIV/AIDS data was recorded for 8 towns in this study. But all 4 towns, for which do we have data, recorded lower crude rates per 100,000 than county (349.99) or state (272.82) rates. Ludlow (170.59) and West Springfield (165.56) had the highest HIV rates of the towns. Palmer's HIV rate (65.9) was less than a quarter of the state rate and East Longmeadow recorded no HIV cases in 2011. There was one death from HIV/AIDS in Monson.

Recommendations:

- Sex Education – including in non-school, adult, and elderly settings
- Improving access to medical resources for young people
- Youth peer support programming, including safe sex and harm reduction programming
- Greater youth opportunity
- Support programming for recovering and struggling addicts, including harm reduction and safe needle programming where needed

Hepatitis

Viral Hepatitis, including Hepatitis A, Hepatitis B, and Hepatitis C, are distinct diseases that affect the liver and have different symptoms and treatments. Other causes of Hepatitis include recreational drugs and prescription medications. Hepatitis type is determined by laboratory tests.

Hepatitis is defined by liver inflammation and the presence of inflammatory cells in the tissue of the organ. Hepatitis may have limited or no symptoms, but often leads to yellowed skin, poor appetite, and loss of energy. Hepatitis has acute (less than six months) and chronic forms. It can progress to fibrosis (scarring) and cirrhosis.

Sexually transmitted Hepatitis viruses are the most common cause of the condition. Other causes include autoimmune diseases and ingestion of toxic substances (excessive alcohol consumption, some medications such as paracetamol), certain industrial organic solvents and plants. Less common, some bacterial, parasitic, fungal, mycobacterial and protozoal infections can cause Hepatitis, as can pregnancy complications. Blood flow restrictions to liver can induce Hepatitis.

Hepatitis A is usually spread by eating food or drinking water contaminated with infected feces. Insufficiently cooked shellfish is a common source of Hepatitis A. Many cases have few or no symptoms, especially among the young. For those who develop symptoms, the incubation stage is between 2 and 6 weeks. Hepatitis A is infectious and can be transmitted between people, particularly among the young. Symptoms usually last for 6 to 8 weeks. Some experience a recurrence of symptoms 6 months after initial infection. While acute liver failure is rare, the risk is real.

Hepatitis A vaccinations are 95% effective for over 25 years. Vaccination is recommended for children at 1 and 2 years of age, for those who have not been previously immunized and who have been exposed or are likely to be exposed due to travel. Past infection immunizes people against reinfection.

No data was available for Hepatitis C at the town or county level and infection is relatively rare statewide (0.61 per 100,000 people). Infection rates have fallen dramatically in the US since 1997, with only 2,000 infections annually, 7% of pre-1997 rates. There were three probable cases in Ludlow, but no confirmation of incidence.

Hepatitis B is a serious liver infection. For some, Hepatitis B can become chronic (lasting longer than 6 months). Chronic Hepatitis B increases the risk of liver failure, liver cancer, and cirrhosis (permanent scarring of the liver.). Most people infected with Hepatitis B as adults recover fully, even if symptoms are severe. Infants and children are more likely to develop chronic Hepatitis B infection.

2011 DPH MassChip – Hepatitis A – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	NA	NA
Brimfield	NA	NA
East Longmeadow	NA	NA
Hampden	NA	NA
Ludlow	NA	NA
Monson	NA	NA
Montgomery	NA	NA
Palmer	NA	NA
Southwick	NA	NA
West Springfield	NA	NA
Holyoke	NA	NA
Springfield	NA	NA
Hampden County	NA	NA
Massachusetts	40	0.61

No data for Granville or Tolland

2011 DPH MassChip – Chronic Hepatitis B – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	0	0
East Longmeadow	NA	NA
Hampden	0	0
Ludlow	0	0
Monson	0	0
Montgomery	0	0
Palmer	NA	NA
Southwick	NA	NA
West Springfield	NA	NA
Holyoke	7	17.56
Springfield	21	13.72
Hampden County	48	10.36
Massachusetts	725	11.01

No data for Granville or Tolland

Hepatitis B virus transmission is caused by exposure to infected blood or body fluids. Typical transmission occurs through sexual contact, blood transfusions, contaminated needles/syringes and transmission in childbirth from mother to child. Vaccinations are 95% effective, but there is no cure if contracted. If infected, certain precautions can help prevent spreading the disease to others. Eight towns had no cases of Hepatitis B, while the other 4 towns – East Longmeadow, Palmer, Southwick and West Springfield – had less than 5 cases in 2011. Hampden County had lower Hepatitis B infections than the state.

Hepatitis C is the most common form of Hepatitis, with acute and chronic forms. For most people, acute infection turns to chronic infection. This form of Hepatitis is a serious disease that can lead to liver failure, cancer, and death.

Symptoms can range from a mild (lasting a few weeks) to a serious lifelong illness. The disease is usually spread by blood contact, most commonly through sharing needles and other drug paraphernalia. Prior to 1992, when screening was implemented, Hepatitis C was also transmitted through blood transfusions and organ transplants.

Hepatitis C can be either "acute" or "chronic." Acute Hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic Hepatitis C is a serious disease than can result in long-term health problems, or even death.

2011 DPH MassChip – Chronic Hepatitis C – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	NA	NA
Brimfield	NA	NA
East Longmeadow	5	31.82
Hampden	NA	NA
Ludlow	25	118.47
Monson	NA	NA
Montgomery	NA	NA
Palmer	7	57.66
Southwick	NA	NA
West Springfield	28	98.63
Holyoke	52	130.41
Springfield	246	160.72
Hampden County	487	105.08
Massachusetts	5,661	85.94

No data for Granville or Tolland

There is no vaccine for Hepatitis C. The best way to avoid contracting Hepatitis C is avoiding those behaviors that put them at risk, especially injection drug use. Improving drug prevention programming and drug education, strengthening positive peer support networks, as well as mitigating the conditions and circumstances that exacerbate drug usage – particularly heroin usage – offer communities the best solution to the spread of Hepatitis C infections.

Ludlow (118.47) and West Springfield (98.63) had higher Hepatitis C than state rates (85.94). Palmer (57.66) and East Longmeadow (31.82) had lower Hepatitis C rates. No data was available for any other town, though Hepatitis C was present in all of them.

Group A Streptococcus (Group A Strep) is a type of bacteria that can cause a wide range of infections. It is spread by direct contact with mucus (including sneezing) from infected people or infected wounds or skin sores. Those without symptoms may spread the disease by direct contact, but those with symptoms are more likely to spread infection. Group A Strep causes a range of conditions including, Strep Throat, Scarlet Fever, Impetigo (skin infection), Toxic Shock Syndrome, Cellulitis and Necrotizing Fasciitis (flesh-eating disease).

Those with sore throats should seek medical care, especially if accompanied by a fever. If Group A Strep is diagnosed, antibiotics are generally prescribed and patients are asked to stay home for 24 hours until they are no longer infectious. Those with skin infections may need antibiotic therapy. Frequent hand washing, covering nose and mouth when sneezing and other basic health safety practices will reduce spreading infection.

2011 DPH MassChip: Mortality – Respiratory System Disease Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	1	81.1	67.43
Brimfield	4	110.83	108.65
East Longmeadow	19	120.9	61.64
Granville	0	0	0
Hampden	4	77.84	53.16
Ludlow	24	113.73	77.01
Monson	11	128.5	128.76
Montgomery	0	0	0
Palmer	15	123.56	107.39
Southwick	7	73.67	58.13
Tolland	1	206.19	193.85
West Springfield	21	73.97	55.43
Holyoke	54	135.43	99.29
Springfield	108	70.56	73.71
Hampden County	441	95.16	76.13
Massachusetts	5,419	82.26	67.25

Includes asthma, COPD and other chronic disease deaths

Hampden County averaged 186 cases of confirmed Group A Strep between 2009 and 2013, or 13.4 per 100,000 raw crude. Hampden County (3.9) raw crude rate for confirmed cases was higher than state rates (3.2). Confirmed and indeterminate cases of Group A strep reported in West Springfield and Palmer between October 2013-14.

Group B Streptococcus (Group B Strep) is a common intestinal or lower genital tract bacterium. While it is usually harmless for most adults, the elderly, those with diabetes or liver disease and newborns are at higher risk of serious infections. Strep B can cause urinary tract infections, blood infections, skin infections and pneumonia in adults. Pregnant women are encouraged to get screened. Infections are usually treated with antibiotics. Frequent hand washing, covering nose and mouth when sneezing and other basic health safety practices will reduce spreading infection.

No cases of Group B Strep were confirmed between 2009-2013 in Hampden County. However, 4 confirmed cases in West Springfield and 2 in Ludlow were reported in town incidence reports between October 2013-14. Suspected cases in Palmer were not confirmed.

Streptococcus Pneumoniae (StrepP) or *Pneumococcus* is a bacterial disease that can cause many types of illnesses, including, pneumonia, ear or sinus infections, meningitis (brain and spinal cord infection) and bacteremia (blood stream infection). Pneumococcus is spread through coughing, sneezing, and close contact with an infected person. Elderly, children under 2, those illnesses or conditions that compromise immune systems – diabetes, heart disease, lung disease, and HIV/AIDS – those people who smoke cigarettes or have asthma have increased risk for infection. Those who travel abroad may be at higher risk of infection, if those countries do not routinely use vaccinations. Vaccination is the best preventative strategy. Frequent hand washing, covering nose and mouth when

sneezing and other basic health safety practices will reduce spreading infection. Those who are showing symptoms – especially fever – should contact their doctors. Antibiotics, including penicillin are regularly used for treatment, though 15% of StrepP bacterium are resistant to penicillin.

Hampden County averaged 50.2 confirmed cases of StrepP between 2009 and 2013.
1 case of confirmed StrepP was found in Ludlow and 4 more in West Springfield. Several indeterminate cases were reported in Palmer and Southwick. No other town-level data was available.

Legionella or Legionnaires' Disease is a bacteria that grows best in warm water and is transmitted to humans by inhaling infected mist or vapor. It can grow in hot tubs, cooling towers, hot water tanks, large plumbing systems, and decorative fountains. It does not seem to grow in car or window air-conditioners.

It cannot be transmitted between humans. Symptoms resemble pneumonia and can include coughing, shortness of breath, high fever, muscle aches and headaches. Those who travel may be at greater risk. Symptoms usually begin 2-14 days after infection. A milder form of the infection, Pontiac Fever, usually lasts for 2 to 5 days and is not accompanied by pneumonia. Legionnaires' Disease can be treated with antibiotics. Pontiac Fever cannot be treated with antibiotics, but symptoms will go away on their own without treatment.

Hampden County averaged 7 cases a year between 2009 and 2013 and had a 2.4 crude rate per 100,000 people, slightly lower than the state (2.9) rate. There was one indeterminate incidence of Legionella between October 2013 and 2014 in Palmer.

Influenza or flu is a contagious, viral respiratory illness, with mild to severe forms. Worst outcomes can include hospitalization or death. Young children, the elderly, and those with certain health conditions are at higher risk for serious flu complications. Symptoms include fever, chills, coughing, sore throat, runny or stuffy nose, muscle or body aches, headaches and fatigue. Children and some adults may also experience vomiting and diarrhea.

The best way to prevent the flu is to get vaccinated every year. Flu vaccines are routinely refined to address best research expectations of the variety of strains most common each season. Avoiding close contact with infected people and staying at home until your fever is gone for 24 hours will mitigate the spread of the disease. Frequent hand washing, covering nose and mouth when sneezing and other basic health safety practices will reduce spreading infection.

Flu rates vary wildly from year to year; from a low of 14 confirmed cases in Hampden County in 2010 to 586 cases in 2013. Town raw incidence reports for October 2013-2014 indicate flu infections were as much as double the state rate. While we cannot determine class of confirmation in 10 towns, in those two towns where we have that data, 100% of all incidence was confirmed. It would seem that the 12 towns had a higher rate of flu last year than in previous years and state rates.

Haemophilus influenzae, also known as 'bacterial influenza', can cause severe infection, mostly in infants and children younger than 5. It can be deadly and cause lifelong disability. Infection is spread person-to-person by direct contact or by sneezing and coughing, and can result in lung and bloodstream infection, as well as meningitis.

There are six identified types of Haemophilus Influenzae, designated A through F. Symptoms vary depending on the type of haemophilus influenzae Type B or HIB is the most well-known form of the disease. HIB can cause severe diseases like meningitis. CDC recommends children get a full series of

HIB shots as infants plus a booster shot at 12-15 months. Vaccinations are available for HIB, but not for other forms of the disease. Those demonstrating symptoms should seek immediate medical attention, especially infants. While most cases can resolved with a 10-day course of antibiotics, some forms, including HIB, may require hospitalization. 3-6% of all infants with HIB die from the disease.

There was an average of 9.2 cases of haemophilus influenzae a year in Hampden County between 2009 and 2013. While MassCHIP, town-level detail is not available due to low incidence counts, there was one indeterminate case recorded in town reports in Southwick from October 2013-14. Whether that was confirmed, probable, suspected or reflects precautionary lab work is not known.

Pertussis (and other Bordetella species) – sometimes known as 'whooping cough' – is a highly contagious respiratory disease. Pertussis is known for uncontrollable, violent coughing and difficulty breathing. Those under 20 are most commonly affected. It can be fatal, especially for infants younger than a year old. Pregnant women, fathers and other caregivers should get vaccinated.

2011 DPH MassChip – Pertussis – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	0	0
East Longmeadow	0	0
Hampden	0	0
Ludlow	0	0
Monson	0	0
Montgomery	0	0
Palmer	0	0
Southwick	NA	NA
West Springfield	NA	NA
Holyoke	0	0
Springfield	NA	NA
Hampden County	21	4.53
Massachusetts	276	4.19

No data for Granville or Tolland

CDC reports that Pertussis incidence is on the rise. Those with Pertussis are contagious for three weeks from the point of showing symptoms, or 5 days after starting treatment. Early treatment and treatment before testing is completed are strongly recommended. Those showing symptoms should seek medical help immediately.

Vaccination is the best protection against Pertussis. However, vaccinations wear off in 3 to 6 years, leaving young people vulnerable to reinfection. CDC supports antibiotic use for those with close contact to infected people or those at high risk of developing severe Pertussis (such as infants).

Crude rates of confirmed incidence of Pertussis ranged between 3.5 (2010) and 10.3 (2012) between 2009-2013. Town reports show unconfirmed incidence in Brimfield and Southwick. In discussions with town nurses, these reports reflect real infections among high school-age teenagers whose childhood vaccinations have worn off.

Intestinal Diseases

Giardiasis is a parasitic disease . The giardia organism inhabits the digestive tract of a wide variety of domestic and wild animal species, as well as humans. Transmission is most commonly through contaminated food/water and personal contact.

Giardia is the most common pathogenic parasitic infection in humans worldwide, with around 280 million symptomatic infected people worldwide in 2013. Estimated 3-7% US residents are believed to have Giardia. Symptoms include physical weakness, loss of appetite, diarrhea, stomach upset and cramps, vomiting (uncommon) and other digestive discomfort. Symptoms normally develop 9–15 days after exposure, but may occur as soon as 24 hours. Not all infected show symptoms.

2011 DPH MassChip – Giardia – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	0	0
East Longmeadow	0	0
Hampden	NA	NA
Ludlow	0	0
Monson	0	0
Montgomery	NA	NA
Palmer	NA	NA
Southwick	NA	NA
West Springfield	6	21.13
Holyoke	NA	NA
Springfield	29	18.95
Hampden County	51	11
Massachusetts	748	11.35

No data for Granville or Tolland

Treatment is not always necessary since infection usually resolves on its own. However, acute illness or persistent symptoms require medications to treat it. When using untreated or suspect water supplies (especially on camping trips), best prevention strategies include washing hands, cleaning potentially infected surfaces, washing food and boiling water before use. Swimming in natural water bodies may expose one to Giardia.

Hampden County averaged confirmed 15.4 cases of Giardia between 2009 and 2013. Confirmed and unconfirmed incidence occurred in East Longmeadow, Ludlow, Palmer and West Springfield.

Campylobacteriosis is an infectious, usually food-borne bacterial disease that impacts the digestive system. Symptoms include diarrhea, cramping, abdominal pain, fever, nausea and vomiting, occurring 2-5 days after exposure and usually last about a week. Some infected do not develop symptoms. Those with compromised immune systems are at greater risk of bacteria spreading to the bloodstream and causing serious, life-threatening infection.

Farm animals are the main source of Campylobacteriosis. Transmission can occur through contaminated water or food (generally unpasteurized, raw milk, and under-cooked or poorly handled poultry), fecal-oral contact and contact with contaminated poultry, livestock, or household pets, especially puppies. Cleaning and cooking food thoroughly – avoiding cross-contamination – drinking safe water, washing hands after handling pets and farm animals, avoiding pet saliva and feces will mitigate spreading bacteria.

2011 DPH MassChip – Campylobacter – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	NA	NA
East Longmeadow	NA	NA
Hampden	NA	NA
Ludlow	NA	NA
Monson	NA	NA
Montgomery	NA	NA
Palmer	NA	NA
Southwick	NA	NA
West Springfield	NA	NA
Holyoke	NA	NA
Springfield	17	11.11
Hampden County	50	10.79
Massachusetts	1,307	19.84

No data for Granville or Tolland

Hampden County had lower rates of Campylobacteriosis than the state between 2009 and 2013. Aside from 18 cases in 2009, the average number of confirmed cases per year is 2.5. There were 6 confirmed cases in West Springfield and one in Ludlow between October 2013-14.

Salmonellosis is a food-borne, bacterial infection that affects the digestive system. Common symptoms include diarrhea, fever, and abdominal cramps, which usually develop 12 to 72 hours after infection and lasts 4 to 7 days. Infection can spread from intestines to bloodstream, becoming Typhoid Fever. If treated, typhoid fever is usually not fatal, but death occurs in 10% to 30% of untreated cases.

Consuming or handling contaminated poultry, eggs, and milk are the most common ways to get salmonellosis, though salmonella cases also occur because of other tainted meats, fish, fruits and vegetables. Washing and cooking food thoroughly, not drinking unpasteurized milk, and cleaning hands thoroughly are the best ways to mitigate potential salmonella infection. Most infected people recover without treatment beyond drinking more water. Those with severe diarrhea may require rehydration with intravenous fluids.

2011 DPH MassChip – Salmonella – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	0	0
East Longmeadow	NA	NA
Hampden	0	0
Ludlow	NA	NA
Monson	0	0
Montgomery	0	0
Palmer	NA	NA
Southwick	NA	NA
West Springfield	NA	NA
Holyoke	NA	NA
Springfield	19	12.41
Hampden County	43	9.28
Massachusetts	1,042	15.82

No data for Granville or Tolland

There were 43 incidences of salmonella in Hampden County in 2013. The county rate (9.28 per 100,000 crude rate) was well below the state rate (15.82). No town in the study had more than 5 confirmed incidences. There were 9 confirmed cases from October 2013-14 in West Springfield. Another 9 cases of indeterminate status were reported in the 11 remaining towns, including 1 each in Brimfield, Monson and Palmer, and 3 in Southwick.

Shigella infection – also known as Shigellosis – is a bacterial intestinal disease. The main symptom of shigella infection is diarrhea, which often is bloody. Shigella can be passed by direct contact with the bacteria in the stool (changing diapers), failing to wash hands after using the toilet, eating contaminated food, drinking or swimming in contaminated water. Young children (ages 2 to 4) are most likely to get Shigella. Mild cases usually clear up on their own within a week. Antibiotics are used when needed.

There is no vaccination for Shigella. Washing hands after using the toilet, changing diapers or toilet training toddlers, boiling water and thoroughly cooking food prevent spreading infection.

2011 DPH MassChip – Shigella – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	0	0
Brimfield	0	0
East Longmeadow	0	0
Hampden	0	0
Ludlow	0	0
Monson	0	0
Montgomery	0	0
Palmer	0	0
Southwick	0	0
West Springfield	0	0
Holyoke	NA	NA
Springfield	NA	NA
Hampden County	NA	NA
Massachusetts	172	2.61

No data for Granville or Tolland

Confirmed Shigella incidence in Hampden County ranged from 0.6 (2013) to 2.6 (2010) per 100,000 raw crude. At the town level, no incidence of shigella was confirmed in any town in 2011. One case of Shigella was confirmed in West Springfield from October 2013-14. No other incidence was reported.

Insect-transmitted Infections

Insect-transmitted infections are highly prevalent in western Massachusetts. There are several forms of insect-transmitted disease evident in local public health data:

- Lyme disease
- Human Granulocytic Anaplasmosis
- Ehrlichiosis
- Babesiosis
- West Nile Flu

Lyme Disease is a bacterial infection transmitted by the bite of blacklegged ticks. Symptoms include fever, fatigue, headaches and a skin rash. If untreated, infection can spread to joints, the heart and nervous system. Most cases can be successfully treated with antibiotics.

With its wooded landscape, Lyme Disease is prevalent in western Massachusetts. Anecdotal reports suggest that the landscape disorientation, following the 2011 EF-4 tornado, dispersed tick populations, spreading them to new areas.

While Hampden County Lyme Disease rates are almost half the state rate, all but 1 town – for which we have data – had higher than state Lyme Disease rates. Hampden town's rate was more than 5 times the state rate. Brimfield and Monson were 3 times the state rate. Southwick's Lyme Disease rates were twice the state rate. East Longmeadow and Palmer had slightly higher than state rates for Lyme Disease.

2011 DPH MassChip – Lyme Disease – Count & Raw Crude Rate 100,000

Town	Count	Crude Rate
Blandford	NA	NA
Brimfield	5	138.54
East Longmeadow	8	50.91
Hampden	13	252.97
Ludlow	5	23.69
Monson	12	140.19
Montgomery	0	0
Palmer	6	49.42
Southwick	9	94.72
West Springfield	NA	NA
Holyoke	NA	NA
Springfield	13	8.49
Hampden County	130	28.05
Massachusetts	2,927	44.43

No data for Granville or Tolland

Lyme Disease prevention efforts include insect repellent, removing ticks before they can burrow into the skin, and mitigating tick habitats. Ticks that transmit Lyme Disease also transmit other diseases. Several medical informants urged doctors to conduct lab tests for infected patients, rather than presuming all tick-transmitted infections were Lyme disease.

Anaplasmosis – also called Human Granulocytic Anaplasmosis – is another blacklegged tick-transmitted disease. Symptoms include fever, headache, chills, and muscle aches. Symptoms usually appear 1 or 2 weeks following infection. In clinical settings, Anaplasmosis is generally indistinguishable from Ehrlichiosis without lab testing. Other tick-borne illnesses such as Lyme Disease may be suspected.

There is tension in the data. While DPH MassCHIP data reveals low confirmed incidence in Hampden County (1.5 per 100,000 raw crude rate), when compared to state rates (4.0), raw town incidence reports suggest greater Anaplasmosis prevalence in the region than state statistics document. This raw data gives credence to concerns expressed by local nurses that insect-transmitted infections need lab analysis, to determine which disease is responsible.

There is no vaccination for Anaplasmosis and doctors are urged to provide immediate treatment, without waiting for lab results. This medical recommendation may explain why doctors may not use lab analysis as rigorously as local nurses might like. As with Lyme Disease, prevention efforts include insect repellent, removing ticks before they can burrow into the skin, and mitigating tick habitats.

Ehrlichiosis is also a tick-transmitted disease whose symptoms include fever, headache, fatigue, and muscle aches. As with other tick-borne diseases, symptoms occur within 1-2 weeks following a tick bite. Ehrlichiosis is diagnosed based on symptoms and later confirmed by laboratory tests. As with Lyme Disease, prevention efforts include insect repellent, removing ticks before they can burrow into the skin, and mitigating tick habitats.

While there is no state data on Ehrlichiosis, raw incidence reports indicate its potential presence in the region, specifically West Springfield. This raw data gives credence to concerns expressed by local nurses that insect-transmitted infections need lab analysis to determine which disease is responsible.

Babesiosis is caused by microscopic parasites that infect red blood cells, spread by certain nymph-stage ticks, particularly in warm months. Many people who are infected do not have symptoms, but the elderly and those with compromised immune systems are at greater risk. Some people develop nonspecific flu-like symptoms such as fever, chills, sweats, headache, body aches, loss of appetite, nausea, or fatigue. Serious infections can destroy red blood cells, leading to hemolytic anemia and jaundice. Effective treatment is available for those who develop symptoms. Like all tick-borne diseases, Babesiosis is preventable with a few basic steps to reduce tick exposure.

There were 4 to 6 confirmed cases annually in Hampden County between 2011 and 2013, but no incidence the previous 2 years (2009-10), perhaps giving meaning to public health staff observations about the tornado's impact on tick-transmitted infections. Monson and Palmer were the only towns reporting incidence in the past year. Confirmation status of those cases is indeterminate.

West Nile Virus (or flu) is usually spread by infected mosquitoes. It can cause febrile illness, encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord). In a few cases, it has spread through blood transfusions, organ transplants, and from mother to baby during pregnancy, childbirth, or breastfeeding. Symptoms vary depending on form of infection. 70% of those with West Nile Virus will not develop symptoms, and only 1% of those infected will have neurologic symptoms like meningitis or encephalitis. However, 10% of those who who do develop neurologic symptoms will die.

There is no vaccination for West Nile Virus and no medications to treat infection. Over-the-counter pain relievers can be used to reduce fever and relieve some symptoms. Those with milder symptoms usually recover on their own, although some symptoms may last for several weeks. More severe cases often require hospitalization, intravenous fluids, pain medication, and nursing care. Those suspecting infection should consult their physician.

There have only been 5 cases of West Nile Virus in Hampden County between 2009 and 2013. One in 2010, 3 in 2012 and 1 in 2013. There was one suspected case in Ludlow from October 2013-14. No other town had any incidence.

Enteroviruses and Other Diseases

Enterovirus or 'non-polio enteroviruses' is a term covering over 100 viruses (many of them common). 10 to 15 million people are infected nationally. Anyone can get infected, but those who haven't built up immunity yet – particularly infants and those under 20 – are at greatest risk of infection and developing symptoms. Most who get infected do not get sick or suffer only mild illness. However, in more severe cases, the virus is capable of infecting the heart and brain, and may even lead to paralysis. Those with weakened immune systems (including infants) are at greater risk for complications.

Infection is transmitted person to person, but infection can occur by touching contaminated surfaces or objects, and then touching the mouth, nose, or eyes. Summer and fall are peak infection seasons.

There is no vaccine for non-polio enterovirus infection. Prevention is the best strategy to protect the public. Lack of symptoms for most infected people challenges prevention efforts, but avoiding physical contact with infected people, washing hands often – including after using the toilet – and frequently cleaning potentially infected surfaces mitigates the risk of spreading the disease.

There is no specific treatment for non-polio enterovirus infection. Those with mild illness usually only require treatment of symptoms and recover completely. However, some enterovirus infections can be serious enough to warrant hospitalization and may have lasting consequences.

Hampden County (2.6 per 100,000 raw crude rate) had twice the state rate (1.2) of confirmed enterovirus infection in 2011. Town incidence reports indicate lower infection rates (1.9) between October 2013 and 2014 — 3 confirmed incidences reported in West Springfield and 2 unconfirmed reports in Palmer. Hampden county enterovirus incidence averaged 12.2 between 2009 and 2013, from a high of 30 in 2011 to 1 incident the following year.

Other Infectious Diseases

- A person infected with **Measles** in 2014, came into contact with 300 people in Baystate Hospital's emergency room In Springfield MA. Those 300 potential cases were identified in the raw incidence reports provided by the towns. Seventy-five received vaccinations. ***None of the exposed came down with Measles***. No other infections were reported.
- No confirmed incidences of **Mumps** or **Rubella** were reported since 2009 on the state or county level.
- One raw incidence of **Polio** was reported in the town counts provided, but that case reflected a college student who lacked proof for college of a polio vaccine and had a polio titer to confirm immunization. ***He did not have polio.***
- 1 suspected case of **Varicella** (chicken pox) was reported in Ludlow Correctional Institution. It posed no danger to the public.
- There was one confirmed case of **Shiga Toxin** (E-coli) in West Springfield.

Recommendations

- Continue developing and institutionalizing local and regional capacity to collect data and confirm incidence.
- Develop community-wide, healthy lifestyle programming to improve chronic disease outcomes
- Develop preventative programming and educational materials that help mitigate infection, particularly for insect-borne infections.
- Conduct flu, blood pressure and other clinics wherever possible.
- Develop and distribute educational materials on good food safety and cleaning practices, and include translation in minority languages.
- Educate the public that traveling distances may expose the traveler to new diseases that they may not discover until they return home and potentially infect family, friends, co-workers and neighbors. Encourage informed health preparation as a part of traveling plans.

Other Health-Related Statistics

Environmental

- Air quality was good for 248 days, moderate for 115 days and unhealthy for at-risk populations 3 days in 2012.
- Blandford, Ludlow and West Springfield have the most (4) brownfields in their towns. Palmer had 3, Brimfield, East Longmeadow and Southwick had one each. No other towns had identified brownfields.

MA DEP – 2012: Number of Brownfields	
Blandford	4
Brimfield	1
East Longmeadow	1
Granville	0
Hampden	0
Ludlow	4
Monson	0
Montgomery	0
Palmer	3
Southwick	1
Tolland	0
West Springfield	4
Holyoke	2
Springfield	10
Hampden County	56

Hampden County Air Quality Index 2008-2012

Year	Total Days Measured	Good Days	Moderate Days	Unhealthy Days	Unhealthy Days for those At-Risk
2008	366	279	79	0	8
2009	365	289	71	0	5
2010	365	292	70	0	3
2011	344	275	63	1	5
2012	366	248	115	0	3

Other forms of Injury, harm or death

- Aggravated assaults increased in West Springfield, Palmer and Monson between 2007-2012.
- Aggravated assaults declined in East Longmeadow, Ludlow, Southwick and Tolland between 2007-2012.
- West Springfield (10.45) has a very high homicide rate, three times the state rate (3.01). Ludlow (5.02) also has a higher homicide rate.
- West Springfield had 3 confirmed suicides and Ludlow had one. No other town had a confirmed suicide in 2011.
- Ludlow had the highest motor vehicle fatalities with 3.

2011 DPH MassChip: Mortality – Homicides – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	0	0	0
Brimfield	0	0	0
East Longmeadow	0	0	0
Granville	0	0	0
Hampden	0	0	0
Ludlow	2	5.02	0
Monson	0	0	0
Montgomery	0	0	0
Palmer	0	0	0
Southwick	0	0	0
Tolland	0	0	0
West Springfield	16	10.45	0
Holyoke	0	0	4.61
Springfield	0	0	9.76
Hampden County	24	5.18	5.06
Massachusetts	201	3.05	3.01

Aggravated assaults

Place	2007	2008	2009	2010	2011
Blandford	NA	NA	NA	NA	NA
East Longmeadow	33	20	24	22	12
Hampden	3	5	7	0	2
Ludlow	17	8	11	17	2
Monson	12	24	15	14	29
Montgomery	NA	NA	NA	NA	NA
Palmer	31	35	31	45	45
Southwick	10	11	12	19	NA
Tolland	NA	NA	NA	NA	NA
West Springfield	85	47		108	125
Holyoke	396	340	288	338	291
Springfield	1267	1200	1216	1358	998
Hampden County	2135	2052	1939	2250	1826
Massachusetts	20732	20945	21129	21724	19638

2011 DPH MassChip: Mortality –Motor Vehicle Deaths – Raw Count & Crude Rates

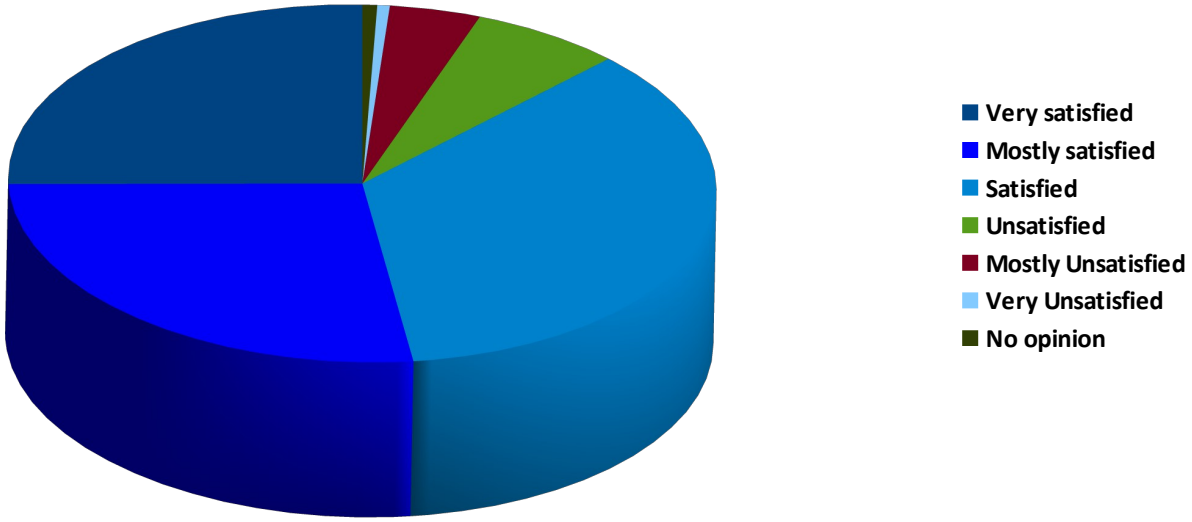
Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	1	81.1	53.54
Brimfield	0	0	0
East Longmeadow	1	6.36	9.83
Granville	0	0	0
Hampden	0	0	0
Ludlow	3	14.22	13.98
Monson	0	0	0
Montgomery	0	0	0
Palmer	2	16.47	11.37
Southwick	0	0	0
Tolland	0	0	0
West Springfield	2	7.04	6.98
Holyoke	3	7.52	7.69
Springfield	17	11.11	10.93
Hampden County	38	8.2	7.92
Massachusetts	384	5.83	5.48

2011 DPH MassChip: Mortality – Suicide Deaths – Raw Count & Crude Rates

Town	Count	Crude Rate Per 100000	Age Adjusted Rate Per 100000
Blandford	0	0	0
Brimfield	0	0	0
East Longmeadow	0	0	0
Granville	0	0	0
Hampden	0	0	0
Ludlow	1	4.74	3.09
Monson	0	0	0
Montgomery	0	0	0
Palmer	0	0	0
Southwick	0	0	0
Tolland	0	0	0
West Springfield	3	10.57	8.67
Holyoke	6	15.05	14.04
Springfield	12	7.84	8.38
Hampden County	42	9.06	8.95
Massachusetts	590	8.96	8.45

Health Care Access

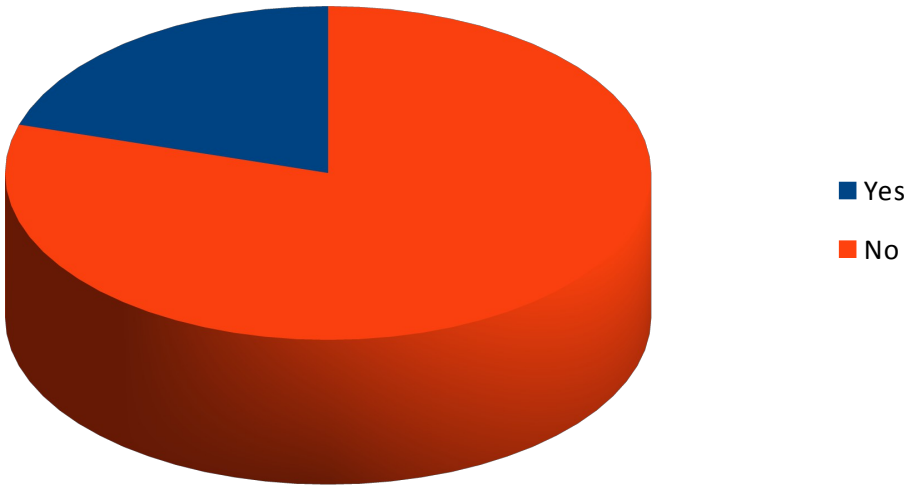
Q9: How Satisfied are you with the quality of your health care?



We reviewed survey results and other data on health care access for the 12 towns in this study. These were our findings:

- **Higher percentage of health insurance coverage regionally**
  - Nine out of 12 towns reported higher health care insurance coverage than the state (96%), county (95.5%) or US rates (85.1%) Blandford (98.8%) and East Longmeadow (98.7%) led the way.
  - Only Monson (93.8%), Palmer (94.9%) and West Springfield (95.5%) recorded lower percentages of uninsured residents than the state.
- **Health care satisfaction**: 52% of survey respondents were very or mostly satisfied with the quality of their health care. Town-level satisfaction ranged from high satisfaction (East Longmeadow, 82%) to low satisfaction (Palmer and Monson, 29%)
- **20% of survey respondents reported having problems getting health care services** in the past 12 months. 43% of those who had problems getting health care services reported having difficulty getting a private, general practitioner. 32% reported having difficulty getting dental care. 25% identified pharmacy/prescriptions as an obstacle to health care. 14% had difficulties accessing mental health services.
- **Insurance issues led the way in terms of health care access complaints** with 59% of respondents identifying insurance coverage gaps and 29% feeling their share of the deductible was too high. 18% identified dentists refusing insurance and an inability to find a doctor in their network. 10% had issues with pharmacies refusing prescription insurance coverage.
- **Upper middle income households the most satisfied, poor the least:** Those making $75,000-99,999 were the most satisfied with their health care (84%), while those making less than $25,000 were the least satisfied (17%).

Q12: Had problems getting health care for you or a family member in the past 12 months?



Other findings and details

- Those making $25,000 to $34,999 were least likely to see a doctor (58%) first. All other groups reported higher than 70% for that choice. Those making $50,000-74,999 were the mostly likely to go to a doctor first (95%), followed closely by those making $75,000-99,999 (84%).
- Those making $25,000-34,999 reported higher rates for chronic conditions and diseases than any other income strata. This included depression/anxiety, high blood pressure, high cholesterol, Osteoporosis, Arthritis, and angina/heart disease. Those making $35,000- 49,999 had the second highest rates for chronic diseases, including diabetes, overweight/obesity.
- People of color are less likely to see a doctor first (62%) than white people (84%).
- Men like their health care more: Men (61%) were far more likely to say were very or mostly satisfied with the quality of their health care than women (46%).
- Divorced, widowed, or separated couples like their health care less: Most married couples (59%) like their health care quality, while only 39% of divorced, widowed, or separated couples like theirs.
- Households without children like their health care better. 48% of families with children were very or mostly satisfied with their health care, while 57% of those without children felt the same way.
- Most survey respondents had private employee health insurance, though fewer than the public at large. Some reported multiple sources of health care insurance coverage, especially retired people and veterans.

Q14: Which of these problems prevented you or your family member from getting the necessary health care?	
Insurance didn't cover what I/we needed.	59%
The wait was too long/appointment too far in the future.	34%
My/our share of the cost (deductible/co-pay) was too high.	29%
Lack of primary physician prevented access to needed care.	22%
Can't find available doctor within my health insurance network	18%
Dentist would not take my/our insurance or Medicaid.	18%
Couldn't get an appointment.	12%
Doctor would not take my/our insurance or Medicaid.	12%
Pharmacy would not take my/our insurance/ Medicaid.	10%
No health insurance.	5%
Needed health services not available in my area.	5%
No way to get there.	4%
Language difficulties.	1%
Other (please specify)	14%
Total	100%

Care preferences when sick

- While 10% of men would go to the hospital when sick, only 1% of women responding would do the same.
- While 10% of women would go to an urgent care clinic, only 1% of men would do the same.
- Those making $25,000-34,999 are the least likely to go to a doctor (58%) first, while all other groups reported higher than 70% for that choice. Those making $50,000-74,999 were the mostly likely to go to a doctor first (95%), followed closely by those making $75,000-99,999 (84%)
- People of color are less likely to see a doctor first (62%) than white people (84%).

Q10: What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?	
Private employee/workplace health insurance plan	56%
State Employee Health Plan	16%
Medicare	15%
Medicaid or MassHeath	9%
Directly purchased private health insurance plan	5%
Military health care (Tricare, CHAMPUS,VA)	2%
No health plan of any kind	0%
Other (please specify)	0%
Total	100%

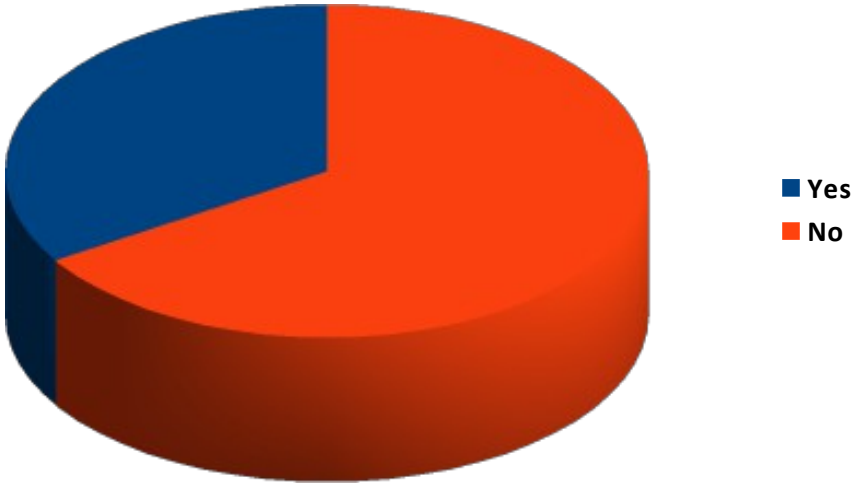
- 20% of survey respondents reported having problems getting health care services in the past 12 months.
- Lack of access to primary care physicians. 43% of those who had problems getting health care services reported having difficulty getting a private, general practitioner.
- Lack of access to dental services. 32% reported having difficulty getting dental care. In other areas of this study, complaints about dental health care access included dentists not taking insurance, lack of insurance to cover dental care, and wait times for appointments.
- 25% identified pharmacy/prescriptions as an obstacle to health care. In other areas of this study, high deductibles, lack of sufficient prescription coverage and pharmacies not taking insurance were the leading complaints.
- 14% had difficulties accessing mental health services. Lack of therapists and counselors (especially child counselors), limited insurance coverage for mental health services, lack of insurance and providers refusing insurance were the leading complaints.
- Insurance issues led the way in terms of health care access issues with 59% of respondents identifying insurance coverage gaps and 29% feeling their share of the deductible was too high. 18% identified dentists refusing insurance and inability to find a doctor in their network. 10% had issues with pharmacies refusing prescription insurance coverage.
- Barriers to a primary care physician proved a significant issue. 34% complaining the appointment was too far in the future, 22% said lack of a primary doctor was a barrier to health care. 18% couldn't find an available doctor in their health insurance network.
- Difficulty getting health care by town: Palmer (35%) and West Springfield (28%) had the highest percentage of people who had a problem getting needed health care. Southwick reported the least at 8%.
- 34% reported financial challenges in the past year due to health care costs. Three towns reported distress over health care costs at a very high rate: Palmer (61%), Monson (52%), Southwick (46%).

Distance to Health Care Services

- **Lack of primary health care services:** 4 towns have no local family or general practitioners. All 4 towns – Blandford, Montgomery, Granville and Tolland – are 14 to 18 miles from all services (measured from town center).

- **Only Palmer and West Springfield** have an urgent care center, drug treatment services, and mental health services. Only East Longmeadow and West Springfield had gynecology or obstetrician services
- **Only one town – Palmer – has a hospital**. All other towns are between 2.1 miles (West Springfield) and 19.3 miles (Granville) from a hospital. Four towns – Ludlow, Granville, Blandford and Tolland – were 10 miles or more from a hospital emergency room. Nine towns were more than 5 miles from a hospital emergency room.

Q15: Whave you experienced health care-related financial challenges costs in past year?



Distance to nearest Health Services by car - Google Map Search

Town	General practitioner	Pediatrician family practice	Urgent care center	Mental health services	Gynecology obstetrician	Drug treatment	Hospital
Blandford	**14.1 Miles** West Springfield	**, 18.3 miles** Northampton	**18.3 miles** Northampton	**18.3 miles** Northampton	**14.5 miles** Easthampton	**18.3 miles** Northampton	**18.3 miles** Cooley Dickinson Northampton
Brimfield	**Brimfield**	**Brimfield**	**9 miles** Palmer	**8.8 miles** Palmer	**20.3 miles** Springfield	**20.2 miles** Springfield	**9.5 miles** Wing Hospital Palmer
East Longmeadow	**East Longmeadow**	**East Longmeadow**	**5.73 miles** Springfield	**5.73 miles** Springfield	**East Longmeadow**	**5.73 miles** Springfield	**5.73 miles** Bay State Springfield
Granville	**14.6 miles** Springfield	**14.6 miles** Springfield	**19.2 miles** Springfield	**14.6 miles** Springfield	**14.6 miles** Springfield	**14.6 miles** Springfield	**19.2 miles** Bay State Springfield
Hampden	**Hampden**	**Hampden**	**7.2 miles** Palmer	**12.2 miles** Springfield	**12.2 miles** Springfield	**12.2 miles** Springfield	**7.2 miles** Wing Hospital Palmer, MA
Ludlow	**Ludlow**	**Ludlow**	**10.2 miles** Springfield	**10.2 miles** Springfield	**5.2 miles** Wilbraham	**10.2 miles** Springfield	**10.2 miles** Bay State Springfield
Monson	**Monson**	**Monson**	**4.4 miles** Palmer	**4.4 miles** Palmer	**4.4 miles** Palmer	**15.4 miles** Springfield	**4.4 miles** Wing Hospital Palmer
Montgomery	**16.2 miles** Northampton	**12,6 miles** Southwick	**7.2 miles** Westfield	**16.2 miles** Northampton	**7.2 miles** Westfield	**16.2 miles** Northampton	**7.2 miles** Nobel Hospital Westfield MA
Palmer	**Palmer**	**Palmer**	**Palmer**	**Palmer**	**7.9 miles** Wilbraham	**Palmer**	Wing Hospital **Palmer, MA**
Southwick	**Southwick**	**Southwick**	**5.6 miles** Westfield	**16.1 miles** West Springfield	**5.6 miles** Westfield	**16.1miles** West Springfield	**7.2 miles** Nobel Hospital Westfield
Tolland	**15.3 miles** Southwick	**15.3 miles** Southwick	**18.5 miles** West Springfield	**18.5 miles** Westfield	**18.5 miles** Westfield	**18.5 miles** West Springfield	**18.5 miles** Nobel Hospital Westfield
West Springfield	**West Springfield**	**West Springfield**	**West Springfield**	**West Springfield**	**West Springfield**	**West Springfield**	**2.1 miles** Bay State Medical Center Springfield

Source: Google Search
Google maps

Health Practices and Risk Behavior

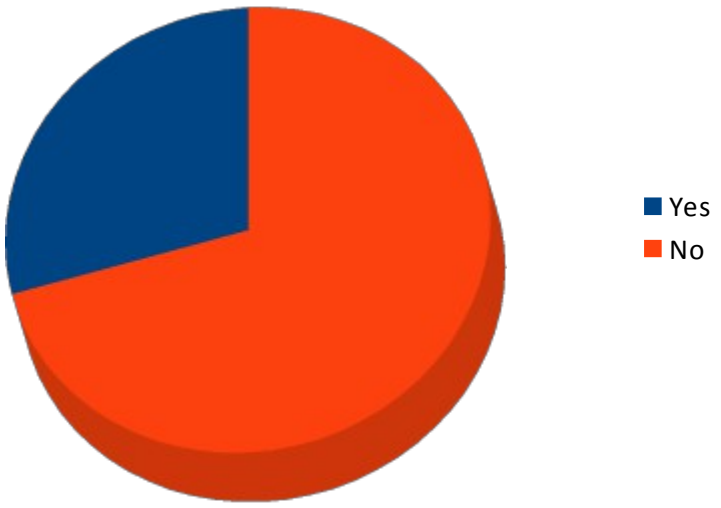
The data in this section comes from the personal health care needs and behavior section of our survey. All information is self-reported. It was weighted for age by gender, town and income. Those issues that have no social stigma may be reported by most participants (asthma, blood pressure, etc.).

Have you ever been told by a health professional that you have any of these health conditions?	20-49	50-69	70+	Overall
Asthma/COPD	17%	13%	26%	17%
Depression or anxiety	34%	33%	13%	30%
High blood pressure	25%	56%	85%	45%
High cholesterol	19%	63%	57%	39%
Diabetes (not during pregnancy)	8%	14%	20%	11%
Osteoporosis	6%	13%	28%	11%
Overweight/Obesity	34%	54%	31%	41%
Angina/ heart disease	1%	4%	21%	5%
Drug/alcohol-related health problem	6%	9%	-	5%
Tobacco-related health problem	10%	1%	12%	8%
Cancer	1%	10%	25%	7%
Arthritis	17%	42%	60%	31%
Sexually transmitted disease	1%	2%	-	1%

Those issues that do have stigma or consequences (drug use, smoking, risky or non-traditional sexual behavior), may be reported at lower rates, out of caution by respondents. Those issues without stigma seem to be reported at relatively equivalent rates as local, state and national rates, and the population completing the survey.

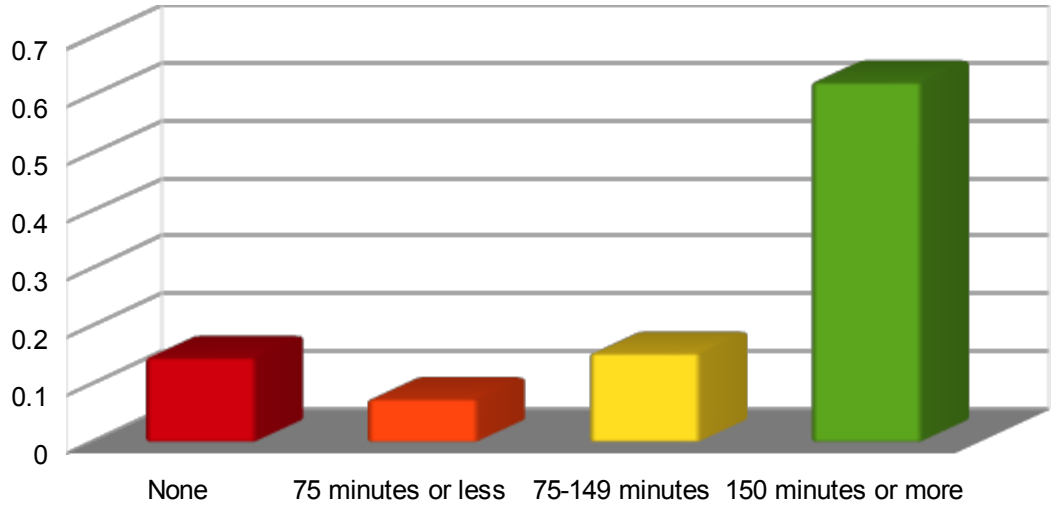
Asthma at 14% is relatively consistent with the state's 13.3% adult prevalence rate. Western Massachusetts has higher asthma rates than the rest of the state, so that survey result corresponds to other data. Osteoporosis at 11% may seem a bit high, until you remember that the median age of survey respondents was in the 50's and 69% of respondents were women. 10% of women over 50 have osteoporosis (though only 2% of men), so 11% is not an unrealistic number, once you account for the impact of older female survey respondents in the study. It may indicate a higher than the national rate of osteoporosis in the towns. Minimally, it suggests more fall prevention clinics, sympathetic programming, and further investigation.

Q18: In past 30 days, have you had any physical pain/health problems that made it hard to do your usual activities?



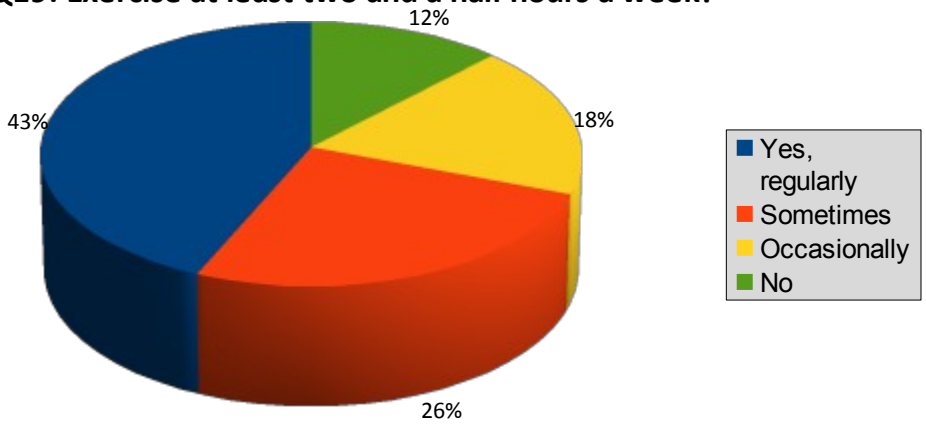
Other data points in this section may be influenced by the composition of participants, which skewed older, more female, married and slightly more affluent than the towns they represent, prior to weighting.

If you exercise regularly, how many minutes a week do you exercise?



Additionally, those issues that carry stigma or – more importantly – social or legal consequence, such as drug use, seem to be under-reported in this survey. In some cases – such as exercise or diet – answers may speak to aspirations, as well as actual behavior. Additionally, 'exercise' is defined differently by people. We did not include 'yard work' or 'house work' in our set of exercise choices, but 4% of respondents thought enough of that activity that they included it as a write-in answer. For those living in rural areas, 'yard work' may be more than the average suburbanite imagines.

Q19: Exercise at least two and a half hours a week?

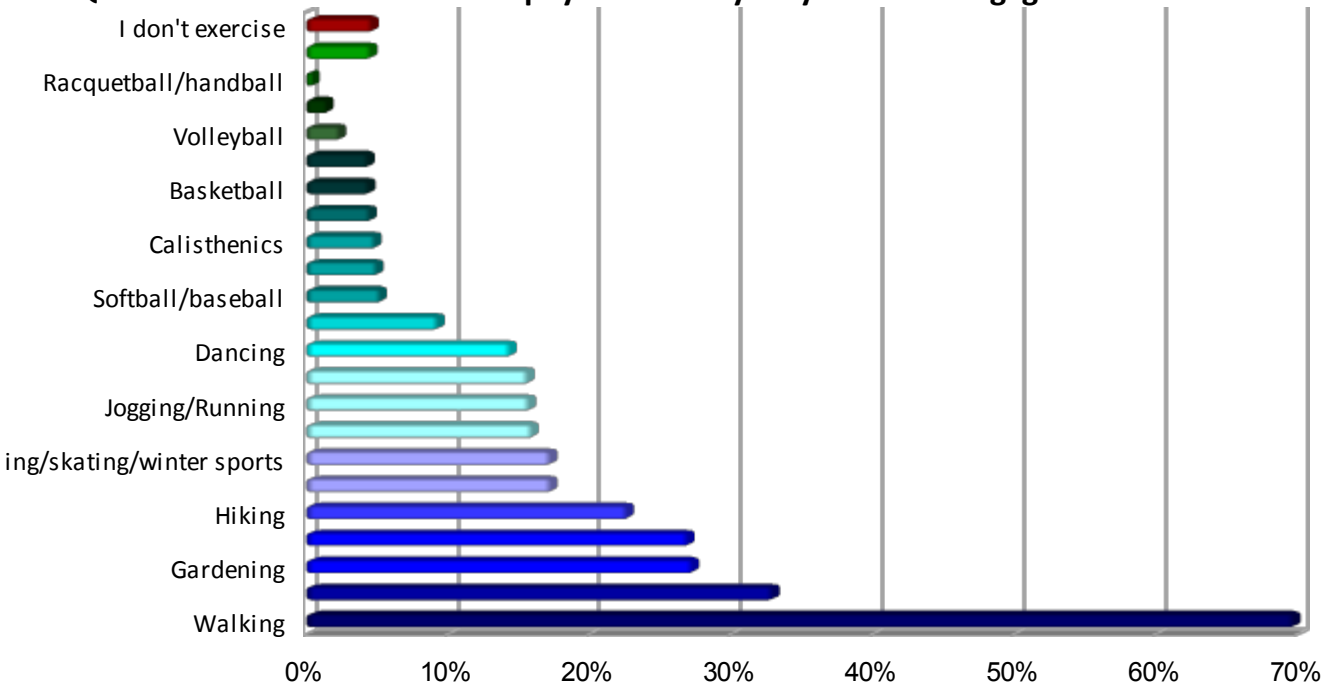


Qualifications acknowledged, these are the key findings from survey questions on health practices and risk behavior:

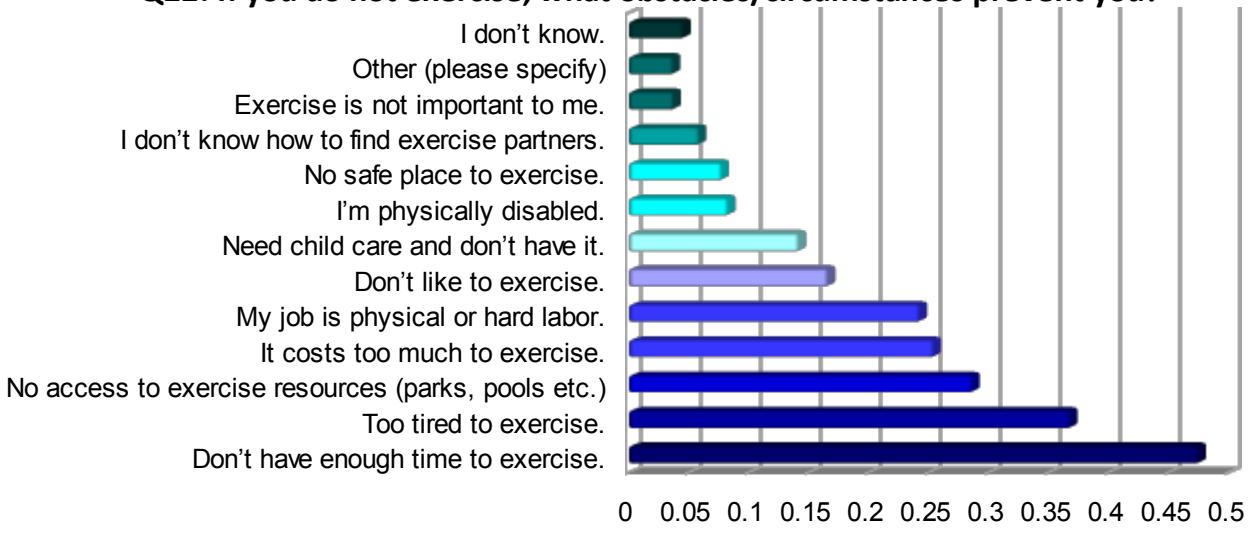
- In the personal health and behavior section of our survey, blood pressure, obesity, and high cholesterol all polled over 30% as problems the survey respondent had.
- Arthritis and depression polled higher than 20%. Asthma polled at 14%. Diabetes and Osteoporosis polled 9%. 6% reported tobacco-related health problems. 5.6% reported cancer. 4.4% reported drug or alcohol problems. 4% reported heart disease. Less than 1% reported STD's and nobody had HIV/AIDS.

- Behavioral Risk: 45% struggle with regular sleep. 33% drink more than one sweetened drink a day. 25% eat sugared deserts more than once a day. 24% eat fast food more than twice a week. 14% of respondents admitted smoking. 9% have more than 14 drinks a week. 7% do not use prescription drugs as directed. 7% consume energy drinks more than once a week. 4% use recreational drugs. 3% use prescription drugs prescribed by others. Only 1% has unprotected sex with non-partners.
- 28.7% of respondents reported having health issues in the past month.
- 43% reported exercising regularly. Only 12% do not exercise.
- Of those who exercise, 62% exercised more than 150 minutes a week.
- Far and away, walking was the most popular form of exercise at 69%, followed by gym workout at 31.5%. Gardening, bicycling, and hiking all polled over 20%. Aerobics/exercise classes, skiing/skating/winter sports, golf (walking), jogging/running, and swimming polled over 15%, while dancing bubbled under at 14.4%.

Q21: What forms of exercise or physical activity do you like to engage in?



Q22: If you do not exercise, what obstacles/circumstances prevent you?



33% of respondents gave reasons why they don't exercise. The most popular reason, 'Don't have enough time to exercise' polled 47.5%. 'Too tired to exercise' polled 36.8%. Lack of access to exercise facilities, parks, pools, courts or other exercise areas, the cost of exercising and the effects of physically demanding work polled over 20%. 16% said they don't like to exercise and 14% identified lack of childcare.

Have you ever been told by a health professional that you have any of these health conditions?	Less than $25,000	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 or more	Overall
Asthma/COPD	26%	23%	14%	9%	20%	19%	17%
Depression or anxiety	28%	54%	40%	29%	6%	40%	30%
High blood pressure	45%	75%	59%	48%	14%	32%	45%
High cholesterol	32%	68%	39%	42%	37%	39%	39%
Diabetes (not during pregnancy)	9%	17%	36%	2%	-	8%	11%
Osteoporosis	6%	21%	20%	8%	-	12%	11%
Overweight/Obesity	16%	45%	69%	32%	41%	40%	41%
Angina/ heart disease	6%	16%	13%	2%	-	0%	5%
Drug or alcohol-related health problem	12%	-	-	7%	-	9%	5%
Tobacco-related health problem	18%	5%	18%	11%	-	-	8%
Cancer	6%	6%	10%	6%	-	6%	7%
Arthritis	40%	43%	23%	23%	14%	29%	31%
Sexually transmitted disease	-	-	-	3%	-	3%	1%

Personal Health Survey Results

- **Asthma/COPD:** 17% of survey respondents reported asthma or COPD. 24% of female survey participants; 9% of men. Those making less than $25,000 were the most likely to report asthma/COPD; seniors were the most likely age group to report those chronic diseases.
- **Depression/Anxiety:** 30% reported depression or anxiety. 35% of women; 20% of men. Those under the age of 69 were almost 3 times more likely to report depression than those 70 or older. 54% of those making $25,000-34,999 reported depression or anxiety.
- **Those making $25,000-34,999 reported higher rates for chronic conditions and diseases** than any other income strata. This included depression/anxiety, high blood pressure, high cholesterol, osteoporosis, arthritis, and angina/heart disease.
- **Those making $35,000-49,999 reported the second highest rates for chronic diseases.** These included diabetes, overweight/obesity, osteoporosis (1% behind the leader), and tied with the lowest economic strata for tobacco-related problems.

  Seniors led most categories for reporting chronic diseases and conditions, with 85% reporting high blood pressure, 60% reporting arthritis, 26% reporting asthma/COPD, 25% reporting cancer, 21% reporting angina/heart disease, 20% reporting diabetes, 18% reporting osteoporosis and 12% reporting

Have you ever been told by a health professional that you have any of these health conditions?	Female	Male	Overall
Asthma/COPD	24%	9%	17%
Depression or anxiety	35%	20%	30%
High blood pressure	43%	47%	45%
High cholesterol	35%	43%	39%
Diabetes (not during pregnancy)	10%	12%	11%
Osteoporosis	18%	3%	11%
Overweight/Obesity	38%	43%	41%
Angina/ heart disease	5%	4%	5%
Drug/alcohol-related health problem	4%	7%	5%
Tobacco-related health problem	8%	8%	8%
Cancer	9%	5%	7%
Arthritis	44%	15%	31%
Sexually transmitted disease	2%	-	1%

tobacco-related problems. While not leading the categories, 57% of elders also reported high cholesterol, 31% diabetes, and 13% depression or anxiety.

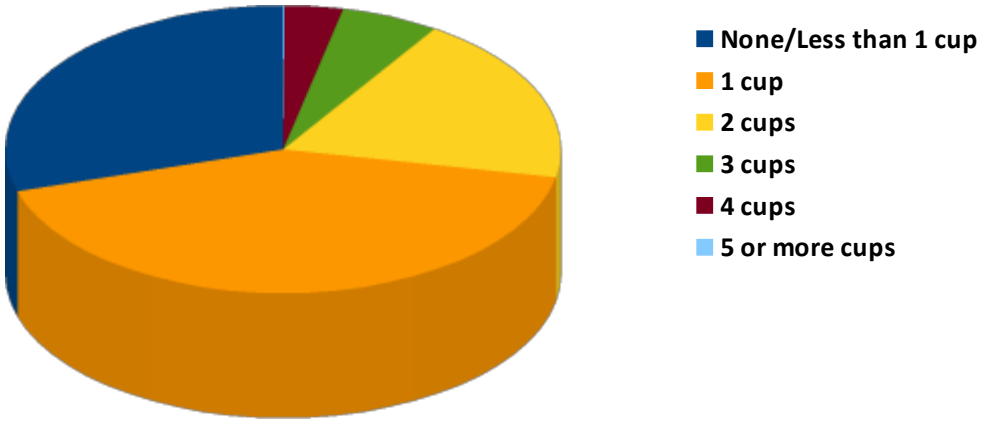
Acknowledged Health Risk Behaviors	Female	Male	Overall
Smoke tobacco	11%	16%	14%
Consume more than 14 alcoholic drinks a week	9%	9%	9%
Use drugs for recreation (cocaine, pot, heroin, etc)	2%	6%	4%
Eat fast food more than twice a week	21%	29%	24%
Struggle with with regular sleep	47%	41%	45%
Eat sugared deserts more than once a day	32%	18%	25%
Drink more than one sweetened drink per day	31%	32%	33%
Drink 'energy' drinks more than once a week	3%	11%	7%
Have unprotected sex with non-partners	-	2%	1%
Do not use prescription drugs as directed	6%	8%	7%

- **Male health risk trends:** Men were more likely than women to smoke (18% vs 11%), eat fast food (29% vs 21%), use drugs for recreational use (6% vs 2%), drink energy drinks (11% vs 3%) and have unprotected sex with non-partners. They were also slightly more likely (8% vs 6%) not to use prescription drugs as directed.
- **Female health risk trends:** Women were more likely to struggle with regular sleep (47% vs 41%), far more likely y to eat sugared deserts more than once a day (32% vs 18%) and to use prescription drugs prescribed for others (4% vs 2%).
- **Both genders consumed alcohol** (9%) and sweetened drinks (32%.31%) at the same rate.
- **Risky health behavior split across income strata**. Those making $35,000-49,999 reported the highest rates of tobacco smoking (26%), alcohol consumption (19%), and recreational drug use (13%). Those making less than $25,000 were most likely to eat sugared deserts more than once a day (39%), have sex with non-partners (7%), use prescription drugs prescribed for others (10%) and were least likely to use prescription drugs as directed (15%).
- **Respondents between the ages of 20 and 49** had the highest percentages for all health risk behaviors, with the exception of tying with other age sets for recreational drug use (5%), struggling with regular sleep (47%), and not using prescription drugs as directed. In the first two cases, they were in a statistical tie with the 50-69 age set and in the last case, tied with seniors.
- **Racial disparities for health risk behavior.** While working with a small and incomplete sample size for this question, non-white respondents reported higher tobacco use (21%) and are almost 3 times more likely to eat fast food more than once a week than white respondents (62% vs 21%). They were more than twice as likely to drink more than one sweetened drink a day (66% vs 32%) and drink energy drinks more than once a week (17% vs 7%). A majority reported difficulty getting regular sleep (63%). Whites were more likely to consume more than 14 drinks a week (14%) and use drugs for recreational use (5%).
- **29% of survey respondents reported health problems or physical pain** that made it hard to do their usual activities. Women were slightly more likely than men (29% vs 26%) to report this. 24% of respondents aged 20-49, 31% of those aged 50-69, and 41% of those 70 and older reported likewise. Those making less than $25,000 were the most likely economic strata (45%) to report health problems/physical pain. Those making over $100,000 were the next most likely (41%) to report not feeling well in the past month. Those making between $25,000 and $39,999 were close behind at 38%. By comparison, those making between $40,000 and $99,999 had the lowest rates of health complaint, with only 18-20% of that economic strata complaining of ill health in the past month.
- **43% reported regularly exercising.** Another 26% said they exercised sometimes, and 18% did so occasionally. All economic strata reported ranges from 41% to 51% except those making between $25,000 and $34,999 a year. Only 6% of that strata said they regularly exercised. Men

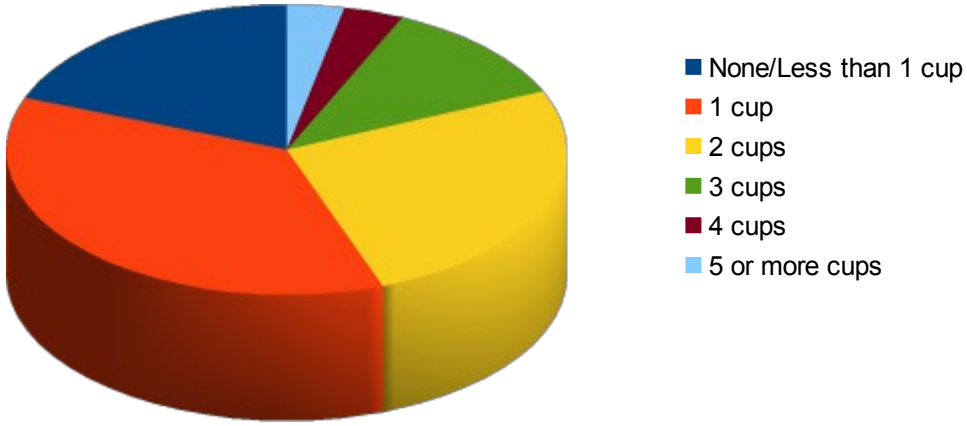
and women reported relatively equal rates of regular exercise (42% and 43% respectively). Age-wise, 48% of respondents aged 20-49, 41% of those aged 50-69, and 34% of those 70 or older reported regularly exercise at least 2 ½ hours a week. While the sample of survey answers was small, non-white respondents were far less likely to exercise regularly than whites (27% vs 43%).

- **62% of those who exercise regularly** do so for more than 150 minutes a week. 15% of respondents exercised between 75 and 149 minutes. 7% exercised for 75 minutes or less and 15% did not exercise at all.
- **Walking was, by far, the most popular form of exercise,** 70% reporting that activity. Gym workouts followed at 33%. Gardening and bicycling came in at 27% and hiking 23%. After that, a wide variety of activities was used to get regular exercise as the chart for Q21 demonstrates.
- **Lack of time for exercise (48%)** was the most popular reason given for not exercising. Being 'too tired for exercise' was second (37%). Lack of access to exercise facilities and resources (pools, parks, gyms, etc.) was the third most likely reason given (29%). Cost of exercise (25%) and physically demanding work (24%) rounded out the top 5 excuses. After that, 'Don't like to exercise' (17%) and 'need child care and don't have it' (14%) were the only other excuses polling 10% or higher. 8% claimed physical disability and lack of safe space to exercise.
- **People aren't eating enough vegetables.** Only 28% ate two or more cups of vegetables a day. 30% ate none or less than a cup and 42% ate one cup a day. Granville (59%) and Palmer (58%) had the highest percentage of people eating two or more cups of vegetables a day. West Springfield (52%) and East Longmeadow (48%) followed closely behind. Southwick residents ate the fewest vegetables, with only 29% eating two or more cups a day.
- People are better at eating enough fruit. 44% of respondents said they ate 2 or more cups of fruit a day. 36% eat one cup of fruit and 19% eat less than one cup of fruit or not at all. East
- Longmeadow (44%) and Palmer (43%) led the way, but only Granville residents reported more than 30% eating two or more cups of fruit a day. Ludlow and Monson (27%) and West Springfield (23%) followed. Southwick ate the least fruit with only 16% eating 2 or more cups of fruit a day.
- Most people don't drink much fruit juice. 59% drink less than a cup or not at all. 29% drink a cup of juice a day. Only 13% drink 2 or more cups of fruit juice a day. That said, Palmer (61%) and Monson (57%) bucked that trend. All other towns polled between 30% and 39%.
- Respondents from West Springfield and Palmer led the way in terms of healthy eating habits. 23% and 52% of West Springfield residents ate 2 or more cups of fruit and vegetables a day, respectively. 45% and 58% of Palmer residents ate two or more cups of fruit and vegetables, respectively. Southwick had the worst diet of the 7 towns we had sufficient surveys to weigh. 16% and` 29% of Southwick residents ate two or more cups of fruit and vegetables a day. A majority of Palmer residents drank more than one cup of fruit juice a day. Granville residents drank the least (24%) fruit juice.

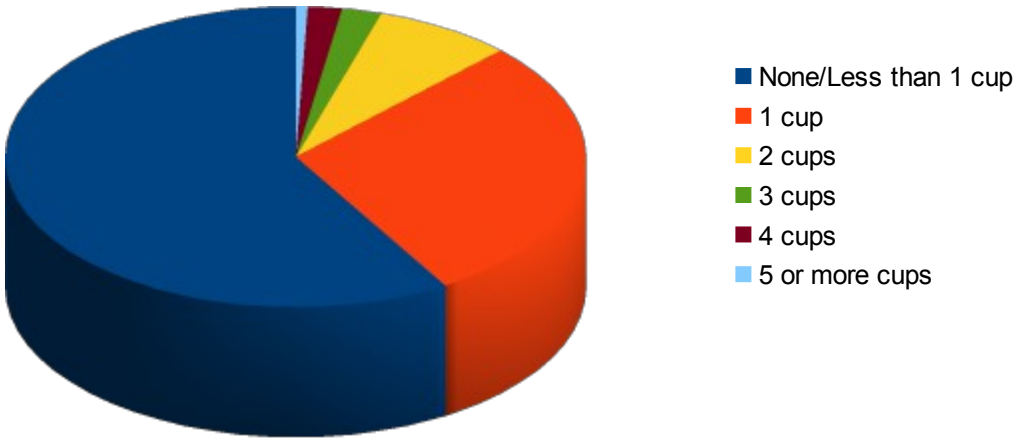
Q23: Excluding salad lettuce & potatoes, how many cups of vegetables do you consume a day?



How many cups of fruit do you eat a day?



How many cups of fruit juice do you drink a day?



Disabled Population Needs

Disabled people are not monolithic. They are black, white, immigrant – educated and uneducated – brilliant and developmentally challenged or physically challenged. As with the general Hampden County population, it is spread out across the landscape, with pockets that are more densely populated.

Those living outside the small cities – West Springfield, Ludlow, East Longmeadow and Palmer – live in small towns with few shops, amenities, sidewalks, and no public transportation. Limited bus service means reduced preventative care. While schools and some municipal buildings have been made handicap accessible, churches, shops and housing are far less likely to be so. Lack of sign language interpreters is a concern. Disabled people living in small towns may be at greater risk for social isolation, particularly as they get older.

"Unless we are in crisis or screaming about our needs – we are generally invisible" – Disabled focus group participant

ACS 2013: Disability Status of Civilian Non-institutionalized population	% Total pop. with a disability	% under 18 years, with a disability	% 18-64 years, with a disability	% 65 years and older, with a disability
Blandford	11.4%	8.3%	8.8%	32.8%
Brimfield	11.5%	5.7%	7.3%	36.8%
East Longmeadow	11.0%	5.1%	6.6%	32.9%
Granville	9.0%	4.8%	6.8%	21.4%
Hampden (town)	10.6%	2.1%	8.7%	24.8%
Ludlow	14.6%	1.7%	10.9%	40.6%
Monson	11.0%	6.4%	9.9%	23.9%
Montgomery	7.4%	1.3%	4.4%	31.1%
Palmer	20.2%	12.7%	15.1%	52.4%
Southwick	11.9%	5.6%	7.4%	39.7%
Tolland	7.3%	0.0%	7.9%	13.5%
West Springfield	13.2%	4.2%	12.1%	31.2%
Holyoke	20.3%	10.1%	19.9%	42.0%
Springfield	18.9%	9.9%	18.0%	46.1%
Hampden County	15.9%	8.2%	13.7%	38.7%
Massachusetts	11.3%	4.6%	8.8%	33.7%
United States	12.1%	4.0%	10.1%	36.5%

Towns divided into three realities in terms of disabled populations. Three towns reported very high percentages of people with disabilities: Palmer (20%), Ludlow (14.6%), West Springfield (13.2%). Six towns reported roughly state-average (11.3%) population sizes: Southwick (11.9%), Brimfield (11.5%), Blandford (11.4%), East Longmeadow and Monson (11%) and Hampden (10.6%). Three towns had the fewest disabled residents: Granville (9%), Montgomery (7.4%) and Tolland (7.3%).[18]

All towns have a higher percentage of veterans than state or national averages. As battlefield death declines, soldiers are more likely to be wounded rather than killed. As these soldiers return to their hometowns, they may need disability services and accommodations. Towns with high veteran populations should prepare for more disabled people.

While town-level economic statistics were not available – and disabled people may belong to any income strata – disabled people are more likely to be dependent on Supplemental Social Security (SSI) and whatever family resources they might have or inherit. Income data on the disabled in general suggests that the disabled are more likely to be lower income than other sectors of the population. Lack of local low-income and disabled housing in many of these towns is an issue for these

18 These statistics do not differentiate between mental, developmental, learning, physical or other disabilities.

communities. Disabled and other low-income people run the risk of not being able to afford living in these communities.

Many of the social and behavioral issues that face the wider community, including prescription drug, alcoholism and heroin use, are also an issue for disabled populations. Lack of youth activities and activities non-athletes can participate in are concerns for the disabled and their families.

Disabled populations are divided into vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships. This wide variety of special needs has challenged schools to keep up with unfunded mandates to comply with need. The disabled are sensitive to criticisms that they are responsible for skyrocketing education costs in small towns, which may consume 60% or more of the town's budget. These costs drive up property taxes and stress household budgets, including those of the disabled. As one focus group participant put it, “the state needs to fund the mandates they make.”

Individual muscular-skeletal disorders are the number one cause of disabilities, including arthritis, back pain, spine/joint disorders, fibromytis, etc. Illnesses like cancer, heart attacks, and diabetes cause the majority of long-term disabilities. Back pain, injuries, and arthritis are also significant causes. Aging populations, such as those in the towns in this study, are likely to see an increase in senior disabilities in the coming years.

Autism is a growing population in the schools, though no specific data was available to document this. Genetic and environmental factors are implicated in producing autism, though more needs to be known. The CDC has noted that rates of diagnosis have risen dramatically in recent years. There are debates about whether this reflects true increase, or the need for better screening and diagnostic procedures. Currently, 1 in 88 children has an Autism Spectrum Disorder or approximately 1.1% of the population. Nationally, 1 in 50 children in the US has an Autism Spectrum Disorder, including 1 in 31 boys and 1 in 252 girls, across all racial, ethnic, and socioeconomic groups. 30-50% of people with autism have seizures. On average, autism costs a family $60,000 a year.

No comparable data is available for Massachusetts, but a report by the Governor's Special Commission Relative to Autism, suggested that there are approximately 75,000 autistic people in Massachusetts. [19]

There was a higher percentage of disabilities among young people in 9 out of twelve towns in this study when compared to state and national rates. Blandford had over twice the national percentage of disabled children (8.3%). Seven other towns showed high disabilities rates, including Monson (6.4%), Brimfield (5.7%), Southwick (5.6%), East Longmeadow (5.1%) and Granville (4.8%). 4.2% of West Springfield's young are disabled, slightly below the state rate of 4.6%. Three towns had low disabilities rate for young people: Hampden (2.1%), Ludlow (1.7%) and Montgomery (1.3%). According to the US Census, Tolland had no disabled children under 18.

Whether these reflect physical, learning, developmental or any other form of disability is unknown from the data. However, the highest percentages of disabled residents by age are among the young. Seniors are the least likely age group to be disabled, when viewed across all towns in the study. That said, 3 towns had a higher percentage of adults (aged 18-64) with disabilities than national

19 THE MASSACHUSETTS AUTISM COMMISSION REPORT March 2013 http://www.mass.gov/anf/docs/mddc/autism-commission-report-full.pdf

(10.1%) or state (8.8%) rates: Palmer (15.1%), West Springfield (12.1%) and Ludlow (10.9%). Four towns had higher percentages for seniors with disabilities than state (33.7%) or national (36.5%) rates: Palmer (52%), Ludlow (40.6%), Southwick (39.7%) and Brimfield (36.8%).

Key Disabled Population Needs

- Handicap-accessible public transportation
- More affordable, handicap-accessible buildings
- More handicap-accessible youth activities
- More handicap-accessible churches, shops and buildings
- More sign interpreters
- Better state funding to schools for disabled accommodations

Refugees, Racial, Ethnic and Linguistic Minorities

Most of this section will address the refugee/immigrant community in West Springfield and, to a lesser degree, the immigrant population in Ludlow. While households with non-white, foreign-born or refugees are scattered through the region, most towns with larger populations of these groups were not a part of the study. Only West Springfield had significant populations of all three sectors.

Race alone or in combination with one or more other races	Total population	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some other race	Hispanic or Latino (of any race)
Blandford	*1,110*	98.8%	0.0%	0.0%	0.9%	0.0%	0.3%	0.7%
Brimfield	*3,635*	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
East Longmeadow	*15,816*	94.6%	3.6%	0.3%	1.9%	0.0%	0.4%	2.3%
Granville	*1,657*	99.6%	0.9%	0.0%	0.1%	0.0%	0.0%	0.4%
Hampden (town)	*5,161*	99.4%	2.1%	0.0%	0.0%	0.0%	0.1%	0.4%
Ludlow	*21,247*	96.6%	1.7%	0.4%	1.4%	0.1%	1.4%	4.1%
Monson	*8,627*	98.6%	0.9%	1.0%	1.1%	0.0%	0.7%	1.3%
Montgomery	*905*	99.8%	0.3%	0.6%	0.2%	0.0%	0.0%	0.0%
Palmer	*12,155*	99.3%	1.1%	0.5%	0.2%	0.0%	0.0%	1.5%
Southwick	*9,552*	97.1%	0.1%	0.2%	3.1%	0.9%	0.8%	2.8%
Tolland	*551*	95.8%	0.7%	3.1%	0.9%	0.0%	0.9%	1.6%
West Springfield	*28,498*	87.4%	4.6%	1.0%	4.6%	0.0%	4.0%	8.4%
Holyoke	*40,029*	83.8%	4.8%	0.7%	1.0%	0.0%	11.6%	48.3%
Springfield	*153,428*	55.4%	24.7%	1.2%	2.6%	0.1%	20.2%	40.5%
Hampden County	*465,144*	79.7%	10.2%	0.8%	2.3%	0.1%	9.4%	21.5%
Massachusetts	*6,605,058*	82.9%	8.4%	0.7%	6.3%	0.1%	4.6%	9.9%
United States	*311,536,594*	76.4%	13.6%	1.7%	5.7%	0.4%	5.3%	16.6%

Racial minorities

Eleven out of 12 towns have white populations higher than 94%. Only West Springfield (87.3%) had any significant non-white populations. Most of their non-white populations were immigrant and/or refugees. Nationally 13.6% are African American, 1.7% are Native American, 5.7% are Asian, and 16.6% are Latin Americans. Massachusetts has less diversity. 8.4% are African American, 0.7% are Native American, 6.3% are Asian, and 9.9% are Latin American. More people nationally (5.3%) identify as some 'other race' than Massachusetts residents (4.6%). By comparison,

- all 12 towns in this study had less than 5% African American populations. West Springfield (4.6%), East Longmeadow (3.6%), Hampden (2.1%), Ludlow (1.7%) and Palmer (1.1%) were the only towns with more than 1% African American.
- Only Tolland (3%), Monson and West Springfield (1%) had 1% or more Native American residents.
- Only West Springfield (4.6%), Southwick (3.1%), East Longmeadow (1.9%), Ludlow (1.4%) and Monson (1.1%) had 1% or more Asian residents.
- Only West Springfield (8.4%), Ludlow (4.1%) Southwick (2.8%) and East Longmeadow (2.3%) had more than 2% Latino residents.
- Only 4% of West Springfield and 1.4% of Ludlow identified as some 'other race'.

Foreign Born Residents

West Springfield (16.6%) and Ludlow (15.8) had more foreign-born residents than the other towns in Hampden County (9.3%). Both towns also exceeded state (15%) and national (12.9%) rates for foreign-born populations. Springfield, Longmeadow and Chicopee had county average or higher foreign-born residents. Westfield and Agawam had somewhat lower, but still evident foreign-born populations. No other town had even half the national percentage rate for foreign-born residents.

ACS 2013: Towns in Hampden County with 5% or higher, foreign-born population	
West Springfield	16.6%
Ludlow	15.8%
Massachusetts	*15.0%*
United States	*12.9%*
Springfield	11.0%
Longmeadow	10.6%
Hampden County	*9.3%*
Chicopee	9.3%
Westfield	8.8%
Agawam	8.6%
Montgomery	5.9%
Holyoke	5.8%
East Longmeadow	5.8%
Southwick	5.7%
Wilbraham	5.0%

80.8% of Ludlow's foreign-born population (15.8% overall) was born in Europe, mostly Portugal. Similarly, 86.8% of Montgomery's foreign-born population (5.9% overall) was from Europe. Several towns had higher than national or state rates for North American immigrants.

To better understand the character of the immigrant populations – including, but not necessarily, refugees - we analyzed the 5 towns in the study: West Springfield, Ludlow, Montgomery, East Longmeadow and Southwick, along with Springfield, Holyoke, county, state and national rates for foreign-born residents.

All towns had a higher percentage of their foreign-born population coming from Europe than national (11.9%) and state (23.6%) rates. An overwhelming majority of Montgomery (86.8%) and Ludlow (80.8%) foreign-born residents were born in European countries. West Springfield (36.9%) and Southwick (36.7%) had the highest percentage of their foreign-born population coming from Asia. All towns had a much lower percentage of their foreign-born populations from Latin America, when compared to county, state or national rates.

In terms of establishing a cultural footprint in the community, Ludlow and West Springfield have the most established immigrant communities among the 12 towns. Only West Springfield has a significant foreign-born population that is not white.

West Springfield had more significant Russian, Ukrainian, African American, Latino and Asian populations, as well as significant refugee populations from Sudan, Somalia, Afghanistan, Iraq and Bhutan.

ACS 2013: Foreign born population, by continent of birth

Town	Foreign born population	European immigrants	Asian immigrants	African Immigrants	Latin American immigrants	North American immigrants
West Springfield	16.6%	43.5%	36.9%	8.4%	8.4%	2.7%
Ludlow	15.8%	80.8%	9.7%	6.0%	8.3%	0.7%
Massachusetts	*15.0%*	*23.6%*	*29.2%*	*8.3%*	*35.5%*	*3.1%*
United States	*12.9%*	*11.9%*	*28.8%*	*4.1%*	*52.5%*	*2.0%*
Springfield	11.0%	13.2%	18.5%	10.0%	56.2%	2.2%
Hampden County	*9.3%*	*38.2%*	*21.6%*	*6.8%*	*29.5%*	*3.9%*
Montgomery	5.9%	86.8%	3.8%	0.0%	9.4%	0.0%
Holyoke	5.8%	38.9%	10.5%	8.5%	37.1%	4.9%
East Longmeadow	5.8%	46.6%	29.7%	4.1%	10.6%	9.0%
Southwick	5.7%	31.4%	36.7%	9.7%	7.7%	14.7%

In terms of language, West Springfield (25%) and Ludlow (24%) had the largest non-English speaking populations among the twelve towns in the study. Southwick (10.3%) was the only other town where more than 10% of the residents spoke another language at home.

Only Ludlow (11.2%) and West Springfield (10.9%) had more than 10% of residents who spoke English 'less than well'. Most people who spoke a language other than English at home, spoke Portuguese. However, in West Springfield as many as 34 different languages are spoken, with Arabic, Spanish, Polish, Serbo-Croatian, Somali, Burmese, Bhutanese (many dialects), Russian and Ukrainian among the most common, as evidenced in local school records.

The percentage of 'English Language Learners' (ELL) students in Springfield has increased steadily from 6.8% in 2009 to 8.1% in 2012, higher than the state rate of 7.3%, and the proportion of these students from low-income families has increased from 40.5% in 2009 to 48.9% in 2012, all higher than the state rate of 35.2%.

ACS 2013: Language spoken at home - % of population 5 years or older'	US	MA	Hampden County	East Longmeadow	Holyoke	Ludlow	Montgomery	Southwick	Springfield	West Springfield
English only	79.3%	78.1%	74.9%	92.3%	54.6%	76.0%	94.6%	89.7%	61.5%	75.0%
Language other than English	20.7%	21.9%	25.1%	7.7%	45.4%	24.0%	5.4%	10.3%	38.5%	25.0%
Speak English less than "very well"	8.6%	8.9%	10.3%	2.0%	19.5%	11.2%	0.0%	3.8%	15.7%	10.9%
Spanish	12.9%	8.1%	16.4%	1.6%	41.0%	3.9%	0.0%	2.2%	31.8%	5.2%
Speak English less than "very well"	5.6%	3.5%	6.4%	0.1%	17.8%	1.2%	0.0%	0.3%	12.6%	2.1%
Other Indo-European languages	3.7%	8.9%	6.5%	4.8%	3.6%	18.4%	5.1%	6.8%	3.6%	13.9%
Speak English less than "very well"	1.2%	3.2%	2.7%	1.4%	1.3%	9.1%	0.0%	3.4%	1.3%	5.9%
Asian languages	3.3%	3.8%	1.5%	0.9%	0.6%	1.0%	0.2%	0.1%	2.2%	3.5%
Speak English less than "very well"	1.6%	1.9%	0.9%	0.5%	0.4%	0.5%	0.0%	0.0%	1.4%	2.0%
Other languages	0.9%	1.2%	0.7%	0.4%	0.3%	0.7%	0.0%	1.1%	0.9%	2.4%
Speak English less than "very well"	0.3%	0.4%	0.2%	0.0%	0.0%	0.4%	0.0%	0.0%	0.4%	0.9%

Refugees

The single largest source of diversity in West Springfield – racial, ethnic, immigrant and linguistic – is the refugee community. While refugee populations pose many challenges for West Springfield, there was also great community pride in their diversity, not just for the culture, but also as an economic engine of future growth. The heart of those communities is in the Merrick section of West Springfield.

“Refugees” are those people who are part of a federal refugee resettlement program, as per international agreements. Empowered by the Refugee Act of 1980, resettlement is managed by three federal agencies and one state agency, including the US Departments of State and Homeland Security, the US Office for Refugee Resettlement, and the Massachusetts Office for Refugees and Immigrants.

On the ground, Jewish Family Services and Ascentra Care Alliance (formerly Lutheran Social Services), manage the integration and assimilation of refugee populations. Caring Health Center is the only place that will provide health care service to refugees. This was a point of serious concern for both refugee advocates and West Springfield City staff, who felt that the refugee population was larger than the capacity of Caring Health Center to address alone.

As a part of extensive medical fitness tests, refugees with health issues are well known before arrival. What the towns and medical services don't necessarily have are the translators and language capacity

to ensure refugees receive informed medical care or can interact in their new home. In interviews, towns acknowledged that they sometimes ran years behind the new languages in their community. Others noted that an insufficient number of interpreters means that younger family members become informal interpreters. Over-dependence on family children for translation services may impede that child's school work, as families depend upon their English speaking children to translate health, social services and official conversations.

While this may suffice in some situations – though a burden for the child – it becomes problematic in mental health settings. Some refugees are coming from highly traumatic circumstances, including war-torn communities. There was widespread agreement that more mental health services were needed and that language translation was a critical part of that need. While refugees are well documented medically, mental health is not given much attention past security needs. However, trauma, undiagnosed mental health issues, stress and depression are all concerns for those who care for these populations. As one refugee service staffer put it, “90% of refugees need counseling.”

Another widespread concern was the Federal funded period for assimilation was has been shortened too much – 6 months – particularly for non-western people with no previous immigrant footprint in the region (Burmese, Bhutanese). It takes several years to adjust to radically new languages, cultural habits and practices, norms and values, not the least of which are US health practices and standards. Some refugees have lived in camps for most of their lives; some without furniture, running water or formal toilets. More time is needed to provide them with language and cultural training, as well as learning western health care norms and finding work.

Among those assimilation needs is adapting to American diets and the challenges for old diets in new locations. For example, Somali's high salt diet may have been appropriate in Sub-Saharan Africa, but in a temperate, rainy climate like the Connecticut River Valley, their formerly healthy Somali diet may lead to hypertension in their new home. While West Springfield has been developing ethnic grocery stores, a Halal butcher shop and other familiar food resources, they are also exposed to the lesser end of American dietary choices. Obesity, diabetes and other diet-related issues concern refugee populations and those who care for their welfare.

Both city officials and refugee activists agreed that more federal and state funding was needed to support refugee assimilation and ensure the city has the capacity to serve their new residents. Access to a commercial interpreting service or language bank is extremely limited.

Lack of affordable and healthy housing was considered to be a major problem. Too many houses rented to refugees are in poor condition and the town lacks sufficient staff to aggressively address housing violations. Limited public transportation is also a concern, since many refugees neither drive or can afford a car.

As with so many other groups in this study, refugees and their allies noted a need for more health awareness and education, more local health care resources – flu clinics, mobile care centers, etc. – and more opportunities for youth. Some of these issues were characterized as needing to be 'culturally appropriate' as well.

Blandford Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 1,110. **Race/Ethnicity:** 98.8% White, 0.7% Latino, 3% Asian. 0.3% other race. **Foreign born:** 4.5%. **Languages:** English. **Gender:** 51%/49% M/F. **Median age** 46.9, 46.5/47.7 M/F. **Households with children under 18:** 26.2%. **Seniors:** 15.3%. **Seniors living alone:** 4.7%. **Veterans:** .14.2%. **Disabled** 11.4%. **Under 18 disabled** 8.3%. **18-64 disabled** 8.8%. **Over 64 disabled** 32.8%. **Owner-occupied housing:** 96.4%.

Top Ten issues	
1. Poor economy and its effects	2. Elder concerns
3. Public health programming & clinics	4. Youth concerns
5. Substance abuse	6. Access to health care services
7. Mental Health	8. Lack of funding to towns
9. More recreational facilities	10. Obesity, including youth obesity

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Blandford (7.9%) had a lower percentage of households making less than $25,000 than the state (11.4%) averages.
- Blandford (37.1%) had a higher percentage of households making less than $50,000 than state (30%) averages.
- 24% of homeowners with mortgages paid 35% or more for housing costs.
- 14.7.1% of homeowners without mortgages paid 35% or more for housing costs.
- No tenants paid 35% or more in rent. Only 16 occupied rental units were identified in the census data.
- 4.5% of Blandford households received food stamp/SNAP benefits.
- 5.7% of Blandford households earned less than 130% of poverty threshold and are nominally eligible for food stamps.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Blandford	$72,273	$38,333	$55,486	$46,250	83.0%	$74,167	$44,500	59.9%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Blandford	0.0%	4.5%	5.7%	24.0%	14.7%	0.0%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Blandford	0.0%	4.5%	5.7%	24.0%	14.7%	0.0%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Blandford had a higher rate of high school (94.9%) graduates than county (84.2%), state (89.4%) or national (85.3%) averages.
- Blandford (28.5%) had a lower percentage of college graduates than county (25%), national (28%) rates and state (39.4%) averages.
- Blandford had more men (51%) than women (49%).
- Blandford (15.3%) had a higher percentage of senior citizens than county (14.5%), state (14.1%) or national (13.4%) averages.
- Blandford (4.7%) had a lower percentage of elders living alone than state (10.9%) averages.
- Blandford (14.2%) had a higher percentage of veterans than county (9.1%), state (7.4%) or national (9%) averages.
- Blandford (11.4%) had a lower percentage of disabled people than Hampden County (15.9%) and nationally (12.1%) averages and approximately the state (11.3%) average.
- Blandford (8.3%) has a higher percentage of children under 18 disabled than county (8.2%), state (4.6%) or national (4%) averages.
- Blandford (8.8%) had the same percentage of disabled adults as the state (8.8%), and lower than Hampden County (13.7%) and national (10.1%) averages.

- Blandford (32%), had a lower percentage of disabled seniors over 64 than county (38.7%), state (33.7%) or national (36.5%) averages.

Health Care Access

HC Infrastructure: Blandford has no local health care resources. The nearest general and pediatric practitioners, urgent care, mental health, drug treatment services, hospital and emergency room are all 18.3 miles from Blandford Town Hall. The nearest gynecology/obstetrics practice is 14.5 miles from Town Hall.

Social Cohesion

While we did not receive sufficient surveys from Blandford to analyze public responses to social cohesion questions at the town level, interview participants spoke about the lack of volunteers and community involvement as challenges for the town.

Issues raised in key informant Interviews

Economic issues: Lack of jobs and opportunity, high living costs, choosing between necessities were all identified as issues in the community. Fixed income poverty, choosing between necessities and other elder economic problems were especially discussed. **Substance abuse:** Drug and alcohol abuse were identified as concerns. as well as the lack of substance abuse programming & treatment programs. Drug abuse among young people was also an issue. **Youth concerns:** Lack of youth opportunity and lack of non-school programming and education were points of concern. Increasing youth obesity was noted. **Mental health:** Stress and depression were seen as problems in the community, driven by the poor economic climate and its effects. Isolation, especially for the elderly and those who aren't 'doing well' was seen as a problem. 'People don't reach out for help'. Interview participants especially noted adult stress and other mental health issues as a growing problem. H**C access issues:** Youth access to health care resources was a concern for all those we interviewed. Long distances to health care services was seen as a challenge, especially for the elderly. 2 out of 3 also thought insurance costs and co-pay issues were a problem. **Community health:** More clinics & health fairs. Including healthy eating programs and food access issues were a problem. Lack of local fresh food stores was seen as a problem. **Public health:** Lyme disease and obesity were the two disease and chronic conditions identified by 2 out of 3 interview participants. **Elder concerns:** All interview participants were concerned about elders living alone, especially shut ins. More elder outreach programming was seen as being needed. Participants felt that supporting seniors in their homes was important. **Municipal:** Long commutes, working hours and other challenges has led to lack of volunteers and community involvement. High taxes were seen as a problem. Less regulation and unfunded mandates, more resources and more personnel were seen as needed for the town. Lack of funding to towns and Western Massachusetts was seen as serious problem. Lack of local infrastructure (shops, etc.) was noted. **Culture:** People are independent and self-reliant. But sometimes, self-reliance can be an obstacle to addressing people's needs. People don't reach out for help. The **rural landscape** was seen as a healthy asset. More **emergency preparedness education** was desired.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse – Blandford had less than 5 admissions to substance treatment programs.

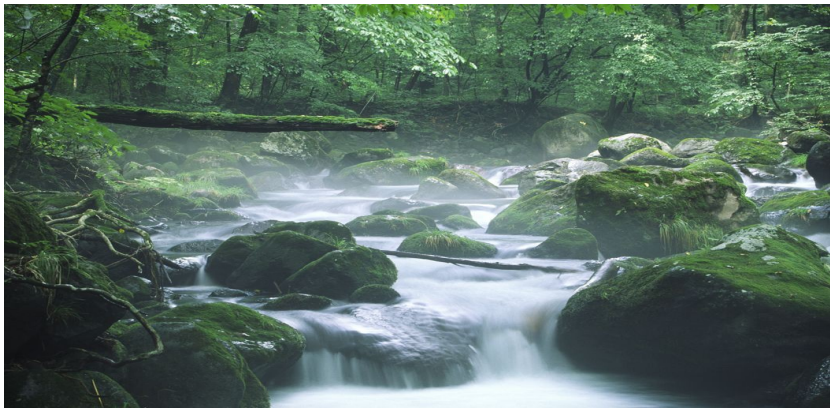
- Blandford had less than 7 non-fatal, opiod-related overdoses,
- Blandford had one fatal drug overdose in 2011.
- Blandford had less than 5 substance abuse treatment admissions in 2012 for alcohol, heroin, marijuana and other substances. Blandford had no treatment program admissions for cocaine or crack.

Lowest premature mortality rate: Blandford (139.3) had the lowest premature mortality rate in the study and a much lower rate than the state (279.6).
Low mortality rate: Blandford (548.82) had a much lower mortality rate as the state (812.69). Its age adjusted mortality rate (599.77) was lower than the state rate (668.82).
Diabetes: There were less than 5 cases of diabetes in Blandford in 2009.
Hepatitis C: There were no cases of hepatitis C in Blandford in 2011.
Asthma: The pediatric asthma rate in Blandford (7.7) was lower, but not significantly different, than the state rate (10.8). The asthma hospitalization rate in Blandford was 7.8, the second lowest town rate in this study.
Respiratory System Disease Mortality Rate: Blandford had 1 incidence of respiratory system disease death in 2011.
Coronary Heart Disease: Blandford (162.21) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). Blandford (194.87) also had a much higher age-adjusted mortality rate for coronary disease than the state (91.44). This data reflects two deaths.
Cancer: Blandford's (81.1) cancer mortality rate was much lower than the state (194.78) rate. The town's age-adjusted cancer mortality rate (442.5) was also much lower than the state cancer mortality rate (165.55).
STD's: Blandford had less than 5 cases of chlamydia and no cases of gonorrhea or syphilis in 2011.
Lyme Disease: Lyme disease rate in Blandford (138.54) was almost three times higher than the state (44.43) rate.

Health Indicators	Blandford
Pediatric Asthma Prevalence, 2008-2009 (%)	5.47
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	suppressed
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	suppressed
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	suppressed
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Total Coronary Heart Disease Hospitalizations (2008-2010)	7.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	184.31
Total Stroke Hospitalizations (2008-2010)	suppressed
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Total COPD Hospitalizations (2008-2010)	NA
COPD Hospitalization (crude rate per 100,000) (2008-2010)	NA
Total Asthma Hospitalizations (2008-2010)	suppressed
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Total Diabetes Hospitalizations (2008-2010)	suppressed
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	suppressed
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Annual # of Resident Births 2010	6.0
Cancer Incidence Male (2005-2009) - Observed Case Count	18.0
Cancer Incidence Male (2005-2009) - Expected Case Count	15.9
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	113.3
Cancer Incidence Female (2005-2009) - Observed Case Count	21.0
Cancer Incidence Female (2005-2009) - Expected Case Count	16.8
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	125.1
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	31.3
White non-Hispanic	32.1
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	0.0
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	NA
Mothers with adequate prenatal care	83.3
Mothers receiving publicly funded prenatal care	NA
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2010)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0

Gonorrhea (2010)	0.0
Chlamydia (2010)	0.0
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	0.0
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	0.0
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	373.1
Total cancer deaths	109.9
Lung cancer deaths	42.5
Breast cancer deaths	141.0
Cardiovascular disease deaths	167.1
Total deaths (all causes)	373.1
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	869.1
Injection drug user admissions to DPH funded treatment program (2011)	NA
Alcohol and other drug related hospital discharges (2009)	NA
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	NA
Angina	0.0
Bacterial pneumonia	0.0

Brimfield Community Health Profile



Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 3,635. **Race/Ethnicity:** 100% White, 0.3% Latino. **Foreign born:** 4.5%. **Languages:** English. **Gender:** 46.7%/53.3% M/F. **Median age** 45.4, 44.5/46.2 M/F. **Households with children under 18:** 30%. **Seniors:** 15.3%. **Seniors living alone:** 10.5%. **Veterans:** 13.5%. **Disabled** 11.5%. **Under 18 disabled** 5.7%. **18-64 disabled** 8.3%. **Over 64 disabled** 36.8%. **Owner-occupied housing:** 80.4%.

Top Ten issues	
1. Youth concerns, including post HS youth	2. Elder Issues
3. Substance abuse	4. Lyme disease
5. Poor economy and its effects	6. Healthy Living – Diet/Exercise
7. Mental Health	8. Health care access
9. Obesity	10. Emergency preparedness

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Brimfield (17%) has a higher percentage of households making less than $25,000 than the state (11.4%) averages.
- Brimfield (37.1%) has a higher percentage of households making less than $50,000 than state (30%) averages.
- Brimfield's renters annual income is only 34.6% of homeowner annual income.
- Brimfield's women earn only 59.8% of what men in their town earn, a far wider income gender inequity than state (79.7%) or national (78.7%) averages.
- 13.7% of homeowners with mortgages paid 35% or more for housing costs.
- 11.6% of homeowners without mortgages paid 35% or more for housing costs.
- 36.1% of tenants paid 35% or more in rent.
- 11.4% of Brimfield households received food stamp/SNAP benefits (3.4%)
- 23.7% of single mother-led families live below 100% of US poverty line.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Brimfield	$81,196	$38,654	$71,250	$42,656	59.8%	$94,737	$32,778	34.6%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Brimfield	30.0%	8.5	0.0%	9.5%	4.7%	0.0%	23.7%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Brimfield	2.7%	11.40%	7.7%	13.7%	11.6%	36.1%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Brimfield has a higher rate of high school (91.7%) and college (42.5%) graduates than county (84.2% & 25%), state (89.4% & 39.4%) or national (85.3% & 28%) averages.
- Brimfield (15.3%) has a higher percentage of senior citizens than county (14.5%), state (14.1%) or national (13.4%) averages.
- Brimfield has (10.5%) has a slightly lower percentage of elders living alone than state (10.9%) averages.
- Brimfield (13.5%) has a higher percentage of veterans than county (9.1%), state (7.4%) or national (9%) averages.
- Brimfield (11.5%) has a lower percentage of disabled residents than county (15.9%) and state (12.1%) averages, but slightly higher than state (12.3%) averages.
- However, Brimfield has a higher rate of disabled children under 18 (5.7%) and seniors (36.8%) than state (4.6% & 38.7%) or national (4% & 36.7%) averages.

Issues raised in key informant Interviews

Economic issues: Poor economy, lack of jobs and opportunity and poverty were significant concerns among those we interviewed. Families and elders choosing between necessities and fixed income issues for seniors were also identified. **Substance abuse:** Drug problems, particularly alcohol and

heroin abuse were mentioned. Two informants also identified methamphetamine as a potential problem in the community. Lack of lack of substance abuse programming & treatment is a problem. **Mental health:** Youth mental & behavioral health was a major concern. Social isolation – for young people, poor and the elderly was also identified. Hoarding was also identified as a problem by two out of six key informants. **Health care access:** Lack of health care infrastructure was a concern, especially mental health services. Insurance costs and co-pay problems were also identified as barriers to health care. **Public Health:** More fitness & physical exercise programming was identified for the young and elderly as an area in need of improvement. Healthy eating programs & food access programming was strongly identified by those we talked to. Lack of public health education was identified as a significant concern across all age sectors Five out of six informants identified Lyme disease and obesity as serious concerns in their town. **Youth concerns:** Lack of of youth opportunity was a significant concern, as was the need for more healthy youth programming. Non-school programming & education was a major need identified by five out of six key informants. **Elder concerns:** Elders living alone and shut ins were identified by a majority of those we talked to. More elder outreach programming was identified as a need. **Community:** Volunteerism and community solidarity was seen as a significant asset. Strong church networks were also seen as powerful community assets. A few voiced concerns that the ability to mobilize volunteers is increasingly challenged by the working realities – including long commutes – of residents. Five out of six informants identified the independent, self-reliant spirit of the community as a cultural asset, though one also noted that self-reliance can also become an obstacle to seeking help when needed. Municipal: Community responses to the extreme weather events of 2011 was cited by a majority of those we interviewed as evidence of how the town comes together in a crisis. More emergency readiness education was desired, especially for the elderly.

Health Care Access

HC Infrastructure: Brimfield has general and pediatric family practices. Town hall is 9 miles from from urgent care facilities, 8.8 miles from mental health services. 20.3 miles from gynecology/obstetric services and 20,2 miles from drug treatment services. The town is 9.5 miles from a hospital and emergency room resources.

Social Cohesion

While we did not receive sufficient surveys from Brimfield to analyze responses to social cohesion questions at the town level, interviews and the focus group spoke of social cohesion, a culture of volunteerism and community spirit as major social assets for the town.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Brimfield's overall substance abuse treatment admissions rate (609.59) was less than half the state rate (1546.48) and less than a third of the county rate (1984.93) in 2012.

- Brimfield (367.7) had a much lower rate of non-fatal, opiod-related overdoses than the state rate (546.6).
- Brimfield (27.71) fatal overdose rate was higher than county (9.49) or state (9.79) rates. The town's age adjusted fatal drug overdose (18.45) rate was also than the state's (9.7) rate.
- Brimfield had less than 5 admissions to substance treatment programs for heroin, marijuana and 'other substance' abuse.
- Brimfield had no admissions for cocaine or crack.
- Two informants identified methamphetamine abuse as a potential problem in their community. Methamphetamine abuse is much lower in New England than elsewhere in the country. While there is no data to support these observations, those concerned should pay close attention to local drug use behavior to determine the voracity of these observations.

Higher premature mortality rate: Brimfield (360.8) had a higher premature mortality rate than the state rate (279.6) and county rates (336.5).
Lower mortality rate: Brimfield (581.88) had a lower mortality rate than the state as a whole (812.69). It also had a lower age-adjusted mortality rate (495.66) than state rate (668.82).
Diabetes: Brimfield had less than 5 cases of diabetes hospitalization. No statistics were available.
Hepatitis C: Brimfield had less than 5 cases of hepatitis C.
Asthma: Pediatric asthma rate in Brimfield (14.1) was higher than the state rate (10.8). Asthma hospitalizations per 1000 people was 9.1 per 1000 people.
Respiratory System Disease Mortality Rate: Brimfield (110.83) had a higher rate for respiratory system disease deaths than state rates (82.26). The town also had a higher age-adjusted rate (108.65) than state rates (67.25).
Coronary Heart Disease: Brimfield (83.13) had a lower mortality rate for coronary heart disease than than the state as a whole (113.58). Brimfield (72.48) also had a lower age-adjusted mortality rate for coronary disease than the state (91.44).
Cancer: Brimfield had a higher cancer incidence rate (607 in 2010, 661.64 in 2009) than County (528.7 in 2010, 536.7 in 2009) or state (528.7 in 2010, 565.97 in 2009). However, Brimfield (166.25) had a lower cancer incidence rate than the state rate (194.78) Brimfield's age-adjusted cancer mortality rate (132.57) was also lower than the state cancer mortality rate (165.55).
STD's: Brimfield had less than 5 cases of chlamydia in 2011 and no incidence of gonorrhea or syphilis.
Lyme Disease: Brimfield had over three times the rate of Lyme disease than the state rate (44.43).

Health Indicators	Brimfield
Pediatric Asthma Prevalence, 2008-2009 (%)	14.56
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	14.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	463.06
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	26.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	385.99
Total Coronary Heart Disease Hospitalizations (2008-2010)	66.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	606.56
Total Stroke Hospitalizations (2008-2010)	15.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	330.85
Total COPD Hospitalizations (2008-2010)	71.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	655.77
Total Asthma Hospitalizations (2008-2010)	13.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	120.07
Total Diabetes Hospitalizations (2008-2010)	14.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	129.31
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	454.59
Emergency room visits due to cavities (crude rate per 100,000) (2010)	110.83
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	330.85
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	413.56
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	2205.68
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	606.56
Annual # of Resident Births 2010	28.0
Cancer Incidence Male (2005-2009) - Observed Case Count	48
Cancer Incidence Male (2005-2009) - Expected Case Count	54
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	88.9
Cancer Incidence Female (2005-2009) - Observed Case Count	57
Cancer Incidence Female (2005-2009) - Expected Case Count	54.3
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	104.9
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned).	

Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	45.8
White non-Hispanic	45.1
Black non-Hispanic	NA
Hispanic	0.0
Asian	NA
Infant Mortality Rate	
Infant Deaths	NA
White non-Hispanic	NA
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	NA
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	17.9
Mothers with adequate prenatal care	75.0
Mothers receiving publicly funded prenatal care	25.0
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	0.0
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	0.0
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	0.0
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	708.3
Total cancer deaths	183.4
Lung cancer deaths	44.3
Breast cancer deaths	0.0
Cardiovascular disease deaths	229.8
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	992.5
Injection drug user admissions to DPH funded treatment program (2011)	330.8
Alcohol and other drug related hospital discharges (2009)	NA
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	NA
Angina	NA
Bacterial pneumonia	514.9

East Longmeadow Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 15,816. **Race/Ethnicity:** 94.6% White, 2.3% Latino, 3.6% African American, 1.9% Asian. 0.4% other race, 0.3% Native American. **Foreign born:** 5.8%. **Languages:** English, Spanish. **Gender:** 49.3%/50.7% M/F. **Median age** 45.5, 44/46.6 M/F. **Households with children under 18:** 30.1%. **Seniors:** 19.4%. **Seniors living alone:** 13%. **Veterans:** 12.1%. **Disabled** 11%. **Under 18 disabled** 5.1%. **18-64 disabled** 6.6%. **Over 64 disabled** 32.9%. **Owner-occupied housing:** 87.6%.

Top Ten issues	
1. Healthy Living – Diet/Exercise	2. Mental Health
3. Obesity	4. Substance abuse Youth concerns, including post HS youth
5. Public Transportation	6. Poor economy and its effects
7. Cancer	8. Elder Issues
9. Emergency Disaster preparedness	10. More recreational facilities

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- 14.2% households earned less than $25,000 a year, higher than state averages (11.4%).
- 31.3% of households earned less than $50,000 a year, higher than state averages (30%)
- Renter median income was only 26% of homeowner income, indicating higher disparities between homeowner and renter median income, than county (32.6%), state (40.8%) and national (48.2%) averages.
- Higher percentage of homeowners-without-mortgages paying 35% or more of their income in housing costs (18.6%) than state (17.5%) or national (11.5%) averages.
- Higher percentage of renters paying 35% or more of their income in housing costs (52.4%) than state (40.3%) or national (43.1%) averages.
- 30.7% of single mother-led families live below 100% of the US poverty line..
- 5.4% of of seniors living below 100% of US poverty line.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
East Longmeadow	$80,469	$41,657	$63,774	$46,404	72.7%	$89,509	$23,698	26.5%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
East Longmeadow	5.4%	7.80%	5.30%	20.7%	18.6%	52.4%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
East Longmeadow	30.1%	6.7%	3.3%	6.9%	6.9%	2.8%	30.7%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

Demographic highlights

- Significantly higher percentage of high school (94.7%) graduates than state (89.4%) and national (85.3%) averages
- Higher rate of college (38%) than national (28%), but lower than state (39.4%) averages.
- Higher percentage of households with senior citizens (32.5%) than state (25.7%) rates.
- Higher percentage of elders living alone (13%) than state (10.9%) averages.
- Higher percentage of women (52.8%) national average (51.9%).
- Higher percentage of veterans (10.3%) than state (7.4%) or national (9%) averages.
- Lower percentage of disabled people (11%) than state (11.3%) or national (12,1%) averages.
- Higher percentage of children under 18 with disabilities (5.1%) than higher state (4.6%) or national (4%) rates.
- Higher percentage of families with children under 18 (30.1%) than state (28.4%), national (29.6%), state (28.4%) or county (29.4%) rates.

Issues raised in key informant Interviews

Economic issues: poor economy, lack of jobs and opportunity, Elder economic problems. People choosing between necessities, especially seniors. Low wages. Rising cost of child rearing. **HC access issues**, especially around insurance coverage for dental, mental health and prescription drugs. High insurance co-pay cost. **Elder concerns:** Elders alone living alone, especially shut ins. Widowed men without self-care skills, like cooking, cleaning, etc. More elder outreach programming needed. **Youth concerns:** Strong healthy schools are a positive, but post HS young people are at the greatest risk. Substance abuse: drug problem is a concern. Particularly for heroin. Some concern about prescription drug abuse, combined with overmedication of patients. More substance abuse programming & treatment were strongly mentioned. **Community:** More community engagement is needed. Concern about unhealthy adult lifestyles and the need for more family support & resources. More healthy living programming strongly encouraged. **Mental Health:** Stress and depression are a big concern. Social Isolation is also a concern, especially for the elderly. Youth mental & behavioral health a growing concern. Adult stress & mental health issues also identified, including significant concern about elderly mental health needs, including grief counseling and Alzheimer's/dementia management. **Healthy living:** Lack of public health education, beyond the senior center and school. Desire for more more clinics & health fairs and fitness & physical exercise programming, especially at low or no cost. More recreational facilities, including bike paths, pools and other amenities was highly identified as a concern. Healthy eating programs & food access. Over-medication was identified as an issues, especially among the elderly and medication management programming was recommended. **Municipal:** Limited public transportation was a concern, especially for the elderly. Town unity during extreme weather events was cited as a powerful community mobilization moment, but more emergency readiness education is needed. Strong feeling that the town needed less regulation and more resources. Lack of funding and resource funding to town and Western Massachusetts was highly identified, as was the need for more personnel. More shared resources between towns and a more regional response to larger structural issues were identified as solutions.

Survey Priorities

Issues in the Community	Rank
Cancer	1
Obesity	2
No/poor public transportation	3
Illegal drug abuse	4
Unemployment/lack of opportunity	5
Lack of exercise/physical inactivity	6
Alcohol abuse	7
Poor diet/nutrition	8
Inadequate social support	9
Mental health problems	10

Services needing improvement in your neighborhood or community?	Rank
More job opportunities	1
More affordable/better housing	2
Positive teen activities	3
Higher paying jobs	4
More/better rec facilities – parks, trails, centers, etc.	5
More public transportation options	6
Healthy family activities	7
Child care options and services	8
Counseling/ mental health/support groups	9
Services for disabled people	10

What health-related resources and needs do you feel could be improved for your children and the kids in your town?	Rank
Bullying & abuse protection	1
Healthy physical activities	2
Healthier school food choices	3
Health education resources	4
Cultural, social, educational & enrichment activities	5

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Rank
Emergency/disaster preparation	1
Stress or anger management	2
Substance abuse prevention (ex: drugs and alcohol)	3
Child care/ parenting	4
Managing weight	5
Exercising/ fitness	6
None	7
Eating well/nutrition	8
Safe driving, including child safety	9
Quitting smoking/ tobacco use prevention	10

Environmental conditions rated as 'serious problems' in town	Rank
School building conditions	1
Unsafe recreational areas	2
Lead, asbestos or mold in homes	3
Environmental issues as serious problems in town	4
Traffic pollution	5
Lack of warm shelter in winter	6
Violent or dangerous community conditions	7
Poor housing conditions	8
Lack of cool places in summer	9
Lack of pools, clean lakes or sprinklers in summer	10

Health Care Access:

HC Infrastructure: East Longmeadow have general and pediatric family practices, as well as gynecology/obstetric services. Urgent care, mental health and drug treatment services are 5.72 miles from town hall. The nearest hospital and emergency room are also 5.72 miles from town hall.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	82%
Visit doctor's office most often when sick	82%
Had problem getting needed health care	13%
Health care-related financial challenges in the past yearr	19%
Had health problems preventing usual activities in past 30 days	39%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	%
High blood pressure	64%
Overweight/Obesity	65%
High cholesterol	61%
Depression or anxiety	48%
Diabetes (not during pregnancy)	14%
Health Behaviors (%)	
Struggle with regular sleep	42%
Drink more than one sweetened drink per day	20%
Smoke tobacco	8%
Consume more than 14 alcoholic drinks a week	15%
Physical Activity (%)	
Engage in physical activity at least 2 ½ hours a week	58%
Nutrition	
Eat 2+ cups of fruit per day	44%
Eat 2+ cups of vegetables per day	48%
Drink 1+ cups of fruit juice per day	34%

Social Cohesion

East Longmeadow enjoyed very positive responses (78%) when it came to residents enjoying living where they do. Majority support for the statements elderly (63%) and young people (54%) have lots of social activities that enrich their lives. Over 40% agreed with statements that 'we share common

values that bond us together' (47%) and 'we socialize with our neighbors regularly'. Only 30% thought East Longmeadow was a 'good place for ethnic, racial and linguistic minorities (30%).

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	78%
We socialize with our neighbors regularly.	44%
Elderly have lots of social activities that enrich their lives	63%
We share common values that bond us together.	47%
Young have lots of activities that enrich their lives.	54%
This is a good place for ethnic, racial and linguistic minorities to live.	30%

Focus Group Discussions:

Community Health Concerns & Priorities – Mental health: stress and depression are concerns. There is a need to mitigate stigma of mental health issues. Mentally ill fear stigmatization. More mental illness & suicides than we admit. **Substance abuse:** drug abuse, especially post-HS/twenty-somethings. More exercise opportunities and recreational resources that are not cost prohibitive. **Healthy living:** lack of accessible, affordable exercise opportunities. **Youth issues:** teen pregnancies. Drug abuse, especially among post-HS young people.

Positives – Great school system, esp. for special needs kids. Bike paths are good, but need to be expanded. Couple of health clubs, but they are too expensive. Town is relatively safe, but less so than in the past. Good police force. Great senior center. Good recreation department .

Obstacles – Municipal: Growing special needs pop in school creates funding challenges. high taxes -especially real estate taxes, plus high fees, including death certificate fees. Pool charges fees, despite 700K in city funding. Seniors are being pushed out by high taxes. **Safety:** Thefts are rising. More families in economic trouble. **Socioeconomic issues:** Post-economic crash emergence of 'McMansion poor', folks with big houses and no income, using WIC & Senior Center food pantry. Town used to be dominated by one-wage earner families, now most families need 2 incomes. There used to be waiting list to find a home in East Longmeadow, now more 'for sale' signs than ever before. **Culture:** 'ostrich syndrome' when it comes to dealing with problems

Solutions – A small business development center would be helpful to help people create their own economic opportunities. Multi-generational community center for arts, - Music, dance & less competitive athletics, educational activities. More public transportation. Town needs to stop thinking small. We also need to develop a wider tax base.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - East Longmeadow's overall substance abuse treatment admissions rate (744.51) was less than half the state rate (1546.48) and far lower than county rates (1984.93) in 2012.

- The most likely substance East Longmeadow residents admitted themselves for treatment was heroin (305.44), less than half the state rate (707.81).
- Admissions for injected heroin use constituted 75% of all East Longmeadow's heroin abuse treatment admissions. East Longmeadow had one fatal overdose in 2011.
- The second most likely reason East Longmeadow residents admitted themselves for treatment was alcohol abuse (286.35), half the state (522.87) rate.
- East Longmeadow had less than 5 admissions to substance abuse programs for cocaine, crack and marijuana.
- East Longmeadow's (89.09) admissions rate for 'other' substance abuse programs significantly lower than the state rate (166.39)

Lower premature mortality rate: East Longmeadow (271.5) has a lower premature mortality rate than the state as a whole (279.6).

Mortality rate: East Longmeadow (1215.4) had a higher mortality rate than the state as a whole (812.69), but a lower age-adjusted rate (608.3) than the state rate (668.82).

Very high mental health death rate: East Longmeadow (254.53) has over three times the mental health-related death rate than the state (70.71).

Hypertension: East Longmeadow (8.76, age adjusted) had higher mortality rates for hypertension than the state (5.45).

Diabetes: East Longmeadow had much higher diabetes hospitalization rates (36.7 per 1000 people, age adjusted), well above the state rate of 23.7.

Hepatitis C: East Longmeadow (31.82) had a third of the rate of hepatitis C than the state (85.94)

Asthma: Pediatric asthma in East Longmeadow (12.7) is significantly higher than the state rate (10.8)

Respiratory System Disease Mortality Rate: East Longmeadow has a much higher rate for respiratory system disease deaths than the state rate (82.26), though the town's age adjusted rate (61.64) were lower than state rate (67.25).

Coronary Heart Disease: East Longmeadow (139.99) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). However, it had a lower age-adjusted mortality rate (59.76) for coronary disease than the state (91.44).

Cancer: East Longmeadow (273.62) had a higher cancer mortality rates than state rate (194.78). However, the town's (162.95) adjusted cancer mortality rates was similar to the state rate (165.65). Overall rate crude rates for cancer incidence for East Longmeadow (603.5 in 2010 and 646.67 in 2009), have been running 100 points higher than the state rate (528.7 in 2010, 565.97 in 2009).

HIV/AIDS: There are no cases of HIV in East Longmeadow.

Chlamydia: East Longmeadow had a much lower chlamydia rate (82.72) than state (347.14) or county (603.95) rates.

Health Indicators	East Longmeadow
Pediatric Asthma Prevalence, 2008-2009 (%)	13.07
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	36.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	323.94
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	90.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	175.14
Total Coronary Heart Disease Hospitalizations (2008-2010)	155.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	348.04
Total Stroke Hospitalizations (2008-2010)	153.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	397.44
Total COPD Hospitalizations (2008-2010)	121.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	256.57
Total Asthma Hospitalizations (2008-2010)	#N/A
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	#N/A
Total Diabetes Hospitalizations (2008-2010)	#N/A
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	#N/A
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	598.23
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	289.66
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	417.65
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	2068.04
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	821.83
Annual # of Resident Births 2010	122.0
Cancer Incidence Male (2005-2009) - Observed Case Count	266
Cancer Incidence Male (2005-2009) - Expected Case Count	262.3
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	101.4

Cancer Incidence Female (2005-2009) - Observed Case Count	228
Cancer Incidence Female (2005-2009) - Expected Case Count	280.8
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	81.2
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	47.9
White non-Hispanic	47.9
Black non-Hispanic	0.0
Hispanic	NA
Asian	56.2
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	5.7
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	12.0
Mothers with adequate prenatal care	92.3
Mothers receiving publicly funded prenatal care	13.7
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	0.0
HIV/AIDS Prevalence (2009)	0.0
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	94.3
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	NA
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	6.4
Suicide	6.4
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	598.9
Total cancer deaths	164.8
Lung cancer deaths	34.8
Breast cancer deaths	5.8
Cardiovascular disease deaths	201.1
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	700.6
Injection drug user admissions to DPH funded treatment program (2011)	316.6
Alcohol and other drug related hospital discharges (2009)	282.9
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	45.4
Angina	0.0
Bacterial pneumonia	254.7

Granville Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 1,657. **Race/Ethnicity:** 99.6% White, 0.4% Latino, 0.9% African American, 0.1% Asian. **Foreign born:** 3.4%. **Languages:** English **Gender:** 51.4%/48.6% M/F. **Median age** 46.4, 45.2/46.9 M/F. **Households with children under 18:** 29.2%. **Seniors:** 17.7%. **Seniors living alone:** 9.3%. **Veterans:** 12.2%. **Disabled** 9%. **Under 18 disabled** 4.8%. **18-64 disabled** 6.8%. **Over 64 disabled** 21.4%. **Owner-occupied housing:** 90%.

Top Ten issues	
1. Public Transportation	2. Poor economy and its effects
3. Alcohol & substance abuse	4. Elder Issues
5. Youth concerns	6. Mental Health
7. Access to health care services	8. Inadequate social support
9. Obesity	10. Healthy Living – Diet/Exercise

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Granville (12.2%) has a higher percentage of households making less than $25,000 than the state (11.4%) averages.
- Granville (28.1%) has a slightly lower percentage of households making less than $50,000 than state (30%) averages.
- 31.9% of homeowners with mortgages paid 35% or more for housing costs, higher than county (26.5%), state (29.6%) or national (25.8%) averages.
- 15.4% of homeowners without mortgages paid 35% or more for housing costs, lower than county (16.7%), Massachusetts (17.5%) and national (11.5%) averages.
- 34.6% of tenants paid 35% or more in rent, lower than county (44.2%), state (40.4%) and national (43.1%) averages.
- Granville has a higher percentage of veterans living below 100% of the poverty line, than county (6.5%), state (5.7%) and national (6.9%) averages.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Granville	$73,795	$33,750	$55,625	$42,865	77.0%	$77,500	$58,750	75.4%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Granville	29.2%	5.7%	0.0%	6.4%	7.3%	0.0%	27.5%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

Seniors	Families		Paying 35% or more in housing costs		
Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
2.0%	4.6%	3.7%	31.9%	11.4%	25.9%
10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- 32.9% of Granville households have at least one senior resident, well above state (27.6%) averages.
- Granville (51.4%) has more men than women.
- Granville (9%) has a lower rate of disabled people than national (11.2%) and state (12.1%) averages.
- Granville also has a lower percentage of disabled adults (6.8%) and senior citizens (21.4%), than state (8.8%/33.7%) or national (10.1%/36.5%) averages.
- However, Granville (4.8%) has a slightly higher percentage of disabled children than state (4.6%) and national (4%) averages.
- Granville has a higher percentage of veterans (12.2%) than county (9.1%), state (7.4%) or national (9%) averages.

Issues raised in key informant Interviews

Economic issues: Poor economy and high living costs were issues in the community, particularly for the elderly on fixed incomes. Others noted the economic crash led to layoffs for some residents, while others lost retirement benefits or suffered other kinds of financial losses. **Substance abuse:** There was no consensus about a drug problem in Granville. Two informants felt there was a drug problem, but

the third felt drug abuse wasn't an issue in their town. Those that did feel there was a problem, mentioned heroin as a concern. **Mental health:** Mental health issues were a concern for some in the town, including stress and depression. Isolation was identified as a concern for some and hoarding was also seen as a problem. **HC access issues** were significant issues for all those we interviewed, both for young people and senior citizens. Insurance costs and co-pay issues were seen as significant concerns for those we interviewed. Insufficient prescription drug coverage was the leading concern. Lack of local health care infrastructure were concerns. More clinics & health fairs were desired. **Obesity** was a concern. **Youth concerns:** Lack of youth opportunity was seen as a problem. Youth obesity was identified as a concern and more healthy youth programming was suggested. **Community:** Lack of volunteers was identified as a concern for some and more community engagement was recommended. Those concerned with lack of activities for young people recommended the town develop a community center, for recreational, educational and cultural activities. Others suggested the need for more **family support & resources**. While the independent, self-reliant culture of the community was seen as a positive value, it was noted that people tended not to reach out for help when needed. **Elder concerns**: All those interviewed identified elder concerns as important issues. In particular, elders alone and shut ins. Supporting seniors in their homes was identified as a community need. Handy man and/or housework services for elders was seen as a way to help people stay in their homes and maintain a healthy home environment. More elder outreach programming including home health care visits were strongly desired. Trash pick up for elderly was recommended by one participant. The need for tax relief for the elderly was seen by another as a solution to fixed income financial challenges. **Public transportation:** All interview participants felt strongly that public transportation was needed in the community, to connect them better to the regional community. In particular, lack of public transportation was seen as a barrier to health care access for the elderly and young and as a way of reducing feelings of social isolation, particularly for the young. **Municipal:** Two participants identified the need for more sanitary services. Regulation and unfunded mandates were seen as unfair financial burdens on small towns and more state funding to towns and Western Massachusetts was seen as necessary, as was the need for more personnel. **Emergency preparedness** programming was seen as important, especially for the elderly.

Survey Priorities

Issues in the Community	Rank
No/poor public transportation	1
Unemployment/lack of opportunity	2
Alcohol abuse	3
Illegal drug abuse	4
Mental health problems	5
Access to health care	6
Inadequate social support	7
Obesity	8
Lack of exercise/physical inactivity	9
Prescription drug abuse	10

Services needing improvement in your neighborhood or community	Rank
Elder care options and services	1
More/better rec facilities – parks, trails,centers	2
More public transportation options	3
Positive teen activities	4
More job opportunities	5
Healthy family activities	6
Child care options and services	7
More affordable/better housing	8
Services for disabled people	9
More health care providers	10

What health-related resources and needs do you feel could be improved for your children and the kids in your town?	Rank
Cultural, social, educational & enrichment activities	1
Healthy physical activities	2
Healthier school food choices	3
Health education resources	4
Bullying & abuse protection	5

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Rank
Elder care	1
None	2
Exercising/ fitness	3
Eating well/nutrition	4
Managing weight	5
Substance abuse prevention (drugs & alcohol)	6
Stress or anger management	7
Emergency/disaster preparation	8
Domestic violence prevention	9
Care givers w/special needs/disabilities family	10

Environmental conditions rated as 'serious problems' in town	Rank
Lack of pools, clean lakes or sprinklers in summer	1
Lack of cool places in summer	2
Lack of recreational areas	3
Lyme & other insect-transmitted diseases	4
Lack of warm shelter in winter	5
School building conditions	6
Unsafe recreational areas	7
Poor housing conditions	8
Dumping, trash or landfill problems	9
Violent or dangerous community conditions	10

Health Care Access:

HC Infrastructure: Granville has no local health care services and is further than any other town in this study to all forms of health care services. Granville Town Hall is 14.6 miles from general and pediatric family practices, gynecology/obstetric, mental health and drug treatment services. The town is 19.2 miles from urgent care, hospital and the nearest emergency room.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	70%
Visit doctor's office most often when sick	89%
Had problem getting needed health care	-
Health cost-related financial challenges in past year	31%
Had health problems preventing usual activities in past 30 days	7%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	%
High blood pressure	36%
Overweight/Obesity	51%
High cholesterol	25%
Depression or anxiety	14%
Diabetes (not during pregnancy)	6%
Health Behaviors (%)	
Struggle with regular sleep	38%
Drink more than one sweetened drink per day	15%
Smoke tobacco	4%
Consume more than 14 alcoholic drinks a week	12%
Physical Activity (%)	
Engage in physical activity for at least 2 ½ hours a week	48%
Nutrition	
Eat 2+ cups of fruit per day	31%
Eat 2+ cups of vegetables per day	59%
Drink 1+ cups of fruit juice per day	24%

Social Cohesion

Granville enjoyed extremely positive responses (84%) when it came to residents enjoying living where they do. Over 40% agreed with the statements 'we socialize with our neighbors regularly' (41%) and 'we share common values that bond us together' (48%). However, Granville residents disagreed strongly with statements that young (10%) and elderly (19%) had 'lots of social activities that enriched their lives.' Only 3% of Granville residents felt that their community was a 'good place for ethnic, racial and linguistic minorities'.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	84%
We socialize with our neighbors regularly.	41%
Elderly have lots of social activities that enrich their lives.	19%
We share common values that bond us together.	48%
Young have lots of activities that enrich their lives.	10%
This is a good place for ethnic, racial and linguistic minorities to live.	3%

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Granville overall substance abuse treatment admissions rate (1085.57) was significantly lower than the state rate (1546.48) and than county rates (1984.93) in 2012. Most of those admissions were for alcohol abuse.

- Granville had less than 7 non-fatal, opiod-related overdoses in 2011.
- Granville had less than 5 admissions to heroin treatment programs in 2012. Granville also had less than 5 cases of admissions for injected heroin use.
- Most of Granville's admissions to substance abuse treatment programs were for alcohol addiction. Granville's admissions rate (702.43) for alcohol abuse was higher than the state (522.87) rate.
- Granville had no admissions to substance abuse programs for cocaine, crack and marijuana in 2012 and less than 5 admissions rate for 'other' substance abuse treatment programs.

Lower premature mortality rate: Granville (218.8) had a much lower premature mortality rate than the state (279.6) and county rates (336.5)

Lower mortality rate: Granville (510.86) had a much lower mortality rate the state as a whole (812.69). It also had a lower age-adjusted mortality rate (483.96) than state rate (668.82).

Diabetes: Data for diabetes in Granville was suppressed due to low numbers.

Hepatitis C: No Granville data was available for hepatitis C.

Asthma: The pediatric asthma rate in Granville (6.4) was well below the state rate (10.8).

Respiratory System Disease Mortality Rate: Granville had no respiratory disease fatalities in 2011.

Coronary Heart Disease: Granville (63.86) had a much lower mortality rate for coronary heart disease than than the state as a whole (113.58).

Cancer: Granville (639.4 in 2010, 608.18 in 2009) had higher cancer incidence than state rates (528.7 in 2010, 565.97 in 2009). There were no cancer fatalities in 2011.

Chlamydia: Granville had less than 5 cases of chlamydia and no incidence of any other sexually transmitted disease.

Health Indicators	Granville
Pediatric Asthma Prevalence, 2008-2009 (%)	7.33
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	suppressed
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	suppressed
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	9.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed

Total Coronary Heart Disease Hospitalizations (2008-2010)	15.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	304.14
Total Stroke Hospitalizations (2008-2010)	suppressed
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Total COPD Hospitalizations (2008-2010)	NA
COPD Hospitalization (crude rate per 100,000) (2008-2010)	NA
Total Asthma Hospitalizations (2008-2010)	suppressed
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Total Diabetes Hospitalizations (2008-2010)	suppressed
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	supressed
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	425.79
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1094.89
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	729.93
Annual # of Resident Births 2010	11.0
Cancer Incidence Male (2005-2009) - Observed Case Count	20
Cancer Incidence Male (2005-2009) - Expected Case Count	23.1
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	86.8
Cancer Incidence Female (2005-2009) - Observed Case Count	22
Cancer Incidence Female (2005-2009) - Expected Case Count	25.2
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	87.3
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	43.3
White non-Hispanic	44.7
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	NA
Births to adolescent mothers	0.0
Mothers not receiving prenatal care in first trimester	NA
Mothers with adequate prenatal care	66.7
Mothers receiving publicly funded prenatal care	62.5
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	0.0
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	NA
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	NA
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	

Motor vehicle related injury deaths	0.0
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	653.1
Total cancer deaths	219.3
Lung cancer deaths	47.6
Breast cancer deaths	0.0
Cardiovascular disease deaths	360.0
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	608.2
Injection drug user admissions to DPH funded treatment program (2011)	NA
Alcohol and other drug related hospital discharges (2009)	NA
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	NA
Angina	NA
Bacterial pneumonia	NA

Hampden Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 5,161. **Race/Ethnicity:** 99.4% White, 0.4% Latino, 2.1% African American, 0.1% Asian, 0.1% other race. **Foreign born:** 4.3%. **Languages:** English. **Gender:** 49.4%/50.6% M/F. **Median age** 48.3, 48.4/48.1 M/F. **Households with children under 18:** 29.6%. **Seniors:** 21.2%. **Seniors living alone:** 11.3%. **Veterans:** 12.8%. **Disabled** 10.6%. **Under 18 disabled** 2.1%. **18-64 disabled** 8.7%. **Over 64 disabled** 24.8%. **Owner-occupied housing:** 92.9%.

Top Ten issues	
1. Mental Health	2. Public Transportation
3. Youth concerns, including post HS youth	4. Health care access
5. Elder Issues	6. Substance abuse
7. Healthy Living – Diet/Exercise	8. Poor economy and its effects
9. Community-wide solutions	10. Roads, sidewalks and safety

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Hampden (9.5%) has a lower percentage of households making less than $25,000 than the state (11.4%) averages.
- Hampden (25.2%) has a lower percentage of households making less than $50,000 than state (30%) averages.
- Renter annual income is only 31.2% of homeowner annual income.
- 20.2% of homeowners with mortgages paid 35% or more for housing costs.
- 9.2% of homeowners without mortgages paid 35% or more for housing costs.
- 21.2% of tenants paid 35% or more in rent.
- Fewer Hampden households received food stamp/SNAP benefits (3.4%) than earned less than 130% of US poverty threshold (4.2% below eligibility limits for food stamps).
- 35.9% of single mother-led families live below 100% of US poverty line.

- Hampden (10.7%) has a higher percentage of veterans living in poverty than county (6.5%), state (5.7%) or national (6.9%) averages.

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Hampden (town)	29.6%	6.2	0.0%	3.6%	3.9%	0.0%	35.9%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Hampden (town)	$80,582	$37,808	$61,324	$43,866	71.5%	$82,192	$25,673	31.2%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Hampden (town)	3.2%	3.4%	4.2%	20.2%	9.2%	21.2%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Hampden has a higher rate of high school (94%) graduates than county (84.2%), state (89.4%) or national (85.3%) averages.
- Hampden (34.3%) has higher rate of college graduates (31.6%) than county (25%) and national (28%) rates, but lower than state (39.4%) averages.
- Hampden (11.2%) has a higher percentage of elders living alone than state (10.9%) averages.
- Hampden (12.8%) has a higher percentage of veterans than county (9.1%), state (7.4%) or national (9%) averages.
- Hampden (10.6%) has a lower percentage of disabled residents than state (11.3%) or national (12.1%) averages.

Issues raised in key informant Interviews

Economic issues: Only two out of eight interviews identified poor economic conditions as problems in their community, far less than any other town. Those that did, identified elderly fixed income issues and choosing between necessities as problems. **Substance abuse:** Hampden had fewer informants

bring up the subject of drug abuse than any other town in the study, with the exception of youth drug abuse (5 out of 8 raised the issue). Only one informant identified heroin and cocaine as substance abuse problems. **Mental health:** Seven out of eight interviews identified youth mental and behavioral health issues as concerns in their community. Social isolation, increasing autism rate, adult mental health issues (especially among the elderly) were identified as issues in the community. Half the informants identified teen suicide as a serious concern in their community. **Health care access** was a significant concern (5 out of 8) for those we interviewed, particularly particularly for the young and the elderly. Lack of local health care resources and lack of public transportation was heavily tied to access issues. Insurance costs and high deductibles were identified by half the participants. **Community health:** There was strong support among informants regarding the need for more public health education programming, including clinics, health fairs, fitness and exercise programming. More rec facilities, including bike paths, were strongly desired. There was very strong interest in healthy eating programs & food access and healthy living programming. **Public health concerns:** Interest in public health programming was driven by concerns around obesity and diabetes. **Youth concerns:** There was strong support (6 out of 8 interviews) for more healthy youth programming, driven by concerns about youth obesity. While strong healthy schools was seen as a critical driver for addressing youth health issues, non-school programming & education was also seen as a significant need by half the informants. **Community solutions**: Most of the informants identified more community engagement and a community-wide approach as necessary for addressing health deficits in the town. Half the participants felt that a youth center would be a valuable asset for addressing youth needs. Half of those we interviewed identified the need for adult & parent education and some noted the need for more family support & resources. Elder concerns: Elders living alone and shut ins, were the most significant issue raise on behalf of the elderly. More outreach resources were seen as needed to better help those individuals. **Public transportation:** The need for public transportation was identified by seven out of eight of those we talked to as a major concern. This was tied heavily to health care access issues, especially for teens and seniors. **Municipal:** Walkability concerns, the lack of sidewalks and road safety issues drove that conversation, especially for the elderly. These issues were seen as obstacles to people getting more physical exercise. More emergency preparedness education was identified, especially for the elderly. The rural landscape of Hampden was seen as a healthy asset by 50% of those we interviewed. Lack of funding and resources for towns in Western Massachusetts was seen as a major obstacle for addressing local issues. More shared resources and a more regional response to larger structural or systemic problems was seen as a solution. **Culture:** Six out of eight informants saw Hampden's culture of volunteerism and strong community spirit as assets for addressing town concerns. Strong church networks were also seen as major assets. While the town culture of independence and self reliance was seen as social assets, it was also seen as obstacles to better health.

Health Care Access:

HC Infrastructure: Hampden has general and pediatric family practices. Town hall is 7.2 miles from urgent care facilities. The town is 12.2 miles from gynecology/obstetric, mental health and drug treatment services. The town is 7.2 miles from a hospital and emergency room resources.

Social Cohesion

While we did not receive sufficient surveys from Hampden to analyze responses to social cohesion questions at the town level, interviews and the focus group spoke of social cohesion, a culture of volunteerism and community spirit as major social assets for the town.

Focus Group Discussions:

Community Health Concerns & Priorities – Economic issues: We're seeing more poverty, particularly the newly poor since the economy crashed. More people are using the survival center and more kids are getting reduced or free school lunches. **Health insurance costs**, funding and deductible issues are a major concern. We need more substance abuse education & resources. **Mental health** is a growing concern. We need more coping skills education for kids. We're seeing more depression. There's a real shortage of child mental health services Autism is growing in the schools. Obesity is rising. Children seem to have more behavioral health needs, self-regulation problems, greater difficulty perceiving social cues, more anxiety and stress, more depression and suicide thoughts among teens. Mental health issues seem to be ticking upward in younger grades. **Healthy living:** We need more Healthy living living programming, including diet, exercise and mental health care. Obesity among kids is rising : 32% of 7th graders are overweight or obese; district-wide 29%. 1st grade 39%, 3rd grade 34%. We need more resources for physical activity, Substance abuse: There's growing drug and pot use among kids, including early use of drugs & alcohol (similar to national rates).

Positives: Good policing, fire & police are very responsive. Strong community commitment to & identification with town. 2011 storms were a wake-up call, everyone really came together, sheltered everyone. Jane B got it done. We have a strong board of selectmen that identify with town more than most politicians. Medical reserve Corp has been great positive step. We are doing a little better with drug abuse. Six out of seven schools have a psychologist. Every school has nurse adjustment adjustment counselor. A lot of work has been done to make schools safer. School district is very proactive in securing resources. Fire and police are good at raising resources. School nutrition is getting better. School does a lot of education for parents on healthy food. Take back medications program was very successful. Laughing brook and Spray Parks are wonderful. Faith-based community network has brought new energy to the area, including reaching out with youth programming. A new theater group recently formed.

Obstacles: Not a lot of community-based agencies. No clinic or urgent care. No public transportation. No local ambulance or EMS services, though we need it. Fire department are volunteers, do have some training, but can't do triage tasks. Population is scattered across a lot of land, so people suffer from isolation from resources. It presents logistical issues for the town and its people, especially in terms of disaster readiness. Board of Health has no public health nurse. Economic vulnerability is increasing. We've seen affluent people falling on hard times. Over 20% of our school children get free or reduced-price lunches. No physical education in schools. No exercise equipment in schools. No campaign for town to get healthy. We were surprised at how many Hampden residents use survival center. Stigma around seeking mental health resources, there's a cultural reluctance to admit mental health issues. Insufficient insurance coverage for mental health. More companies switching to health care savings accounts, but people are struggling with their accounts by the end of the year and making choices about whether to go to the doctor – even with their kids – until absolutely necessary. Asthma prescriptions are particularly affected. This has become more pronounced in recent years.

Solutions: We need a community-wide approach to healthy eating & exercise. Youth mental health first aid is an excellent program. We've trained 250 community members in 2 years. We need more parenting education and skills development, particularly for diagnosing learning, mental health and behavioral development issues. We need to support children earlier to address their health needs. More strategic planning, identifying core issues and mobilizing people & resources is needed.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Hampden's overall substance abuse treatment admissions rate (1128.62) was a third lower than the state rate (1546.48) and significantly lower than the county rate (1984.93) in 2012.

- Hampden (334.9) had a much lower rate of non-fatal, opiod-related overdoses than the state rate (546.6).
- Hampden (38.92) fatal overdose rate was higher than county (9.49) or state (9.79) rates. The town's age adjusted fatal drug overdose (52.83) rate was even higher than the state's (9.7).
- Hampden (330.8) had a lower admissions rate to heroin treatment programs than the state rate (707.81).
- Hampden (622.69) had a higher admissions rate to alcohol abuse treatment programs than the state (522.87) rate
- Hampden had less than 5 admissions to substance abuse treatment programs for crack and marijuana and no admissions for cocaine.
- Hampden had less than 5 admissions for 'other' substance abuse programs.

Lower premature mortality rate: Hampden (201.1) had a much lower premature mortality rate than the state rate (279.6) and county rates (336.5).

Higher mortality rate: Hampden (1070.25) had a higher mortality rate than the state as a whole (812.69). It also had a higher age-adjusted mortality rate (745.74) than state rate (668.82).

Diabetes: Hampden had less than 5 cases of diabetes hospitalization. No statistics were available.

Hepatitis C: Hampden had less than 5 cases of hepatitis C.

Asthma: Pediatric asthma rate in Hampden (8.5) was significantly lower than the state rate (10.8). Asthma hospitalizations per 1000 people was 5.8 per 1000 people.

Respiratory System Disease Mortality Rate: Hampden (77.84) had a slightly lower rate for respiratory system disease deaths than state rates (82.26). The town also had a lower age-adjusted rate (53.16) than state rates (67.25).

Coronary Heart Disease: Hampden (194.59) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). Hampden (120.48) also had a higher age-adjusted mortality rate for coronary disease than the state (91.44).

Cancer: Hampden (175.13) had a lower cancer incidence rate than the state rate (194.78) Hampden's age-adjusted cancer mortality rate (130.14) was also lower than the state cancer mortality rate (165.55).

STD's: Hampden had less than 5 cases of chlamydia and gonorrhea in 2011 and no incidence of syphilis.

Lyme Disease: Hampden had over five times the rate of Lyme disease than the state rate (44.43).

Health Indicators	Hampden
Pediatric Asthma Prevalence, 2008-2009 (%)	8.333333333
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	8
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	189.3
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	34
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	207.0783
Total Coronary Heart Disease Hospitalizations (2008-2010)	64
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	401.6064
Total Stroke Hospitalizations (2008-2010)	43
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	395.3313
Total COPD Hospitalizations (2008-2010)	38
COPD Hospitalization (crude rate per 100,000) (2008-2010)	246.4811572
Total Asthma Hospitalizations (2008-2010)	7
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	45.40442369
Total Diabetes Hospitalizations (2008-2010)	10

Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	64.86346241
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	513.6774353
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	320.0301
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	301.2048
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1506.024
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	602.4096
Annual # of Resident Births 2010	40.0
Cancer Incidence Male (2005-2009) - Observed Case Count	80.0
Cancer Incidence Male (2005-2009) - Expected Case Count	111.8
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	71.5
Cancer Incidence Female (2005-2009) - Observed Case Count	87.0
Cancer Incidence Female (2005-2009) - Expected Case Count	99.6
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	87.4
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	53.0
White non-Hispanic	49.8
Black non-Hispanic	0.0
Hispanic	NA
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	NA
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	23.1
Mothers with adequate prenatal care	87.2
Mothers receiving publicly funded prenatal care	28.2
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	0.0
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	NA
Chlamydia (2010)	131.8
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	NA
Chlamydia, ages 15-19	NA
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	38.9
Suicide	0.0
Homicide	19.5
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	874.9
Total cancer deaths	237.3
Lung cancer deaths	33.3

Breast cancer deaths	25.1
Cardiovascular disease deaths	206.1
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	903.6
Injection drug user admissions to DPH funded treatment program (2011)	188.2
Alcohol and other drug related hospital discharges (2009)	263.5
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	NA
Angina	0.0
Bacterial pneumonia	285.0

Ludlow Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 21,247. **Race/Ethnicity:** 99.6% White, 4.1%, Latino, 1.7% African American, 1.4% Asian. 1.4% other race, 0.4% Native American. Native Hawaiian/Pacific Islander 0.1% **Foreign born:** 15.8%.. **Languages:** English, Spanish & Portuguese. **Gender:** 49.3%/50.7% M/F. **Median age** 44.4. 43.1/46.5 M/F. **Households with children under 18:** 26%. **Seniors:** 17.8%. **Seniors living alone:** 12.7%. **Veterans:** 10.7%. **Disabled** 14.6%. **Under 18 disabled** 1.7%. **18-64 disabled** 10.9%. **Over 64 disabled** 40.6%. **Owner-occupied housing:** 81.3%.

Top Ten issues	
1. Substance abuse	2. Youth concerns, including post HS youth
3. Poor economy and its effects	4. Healthy Living – Diet/Exercise
5. Elder Issues	6. Mental Health
7. Public Transportation	8. Obesity
9. Inadequate social support	10. Affordable Housing

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Lower median income ($62,073) than the Commonwealth ($66,866) overall.
- Higher percentage of households earning less than $25,000 a year statewide rate (11.7%).
- Almost 40% of households in Ludlow (39.4%) made less than $50,000: Ludlow (39.4%),
- 6.1% of seniors live below the poverty line.
- 10.5% of families with children under 5 are living 100% below poverty line.

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Ludlow	26.0%	6.2%	7.0%	4.9%	4.7%	10.5%	16.5%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Ludlow	$61,073	$40,514	$56,573	$43,924	77.6%	$71,960	$39,868	55.4%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% or more in rent
Ludlow	6.1%	6.70%	6.20%	22.70%	10.80%	34.90%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Ludlow (83.7%) had a lower HS graduation rate than state averages (89.4%).
- Over 30% households have senior residents (31%).
- More elders living alone (12.4%) than the state as a whole (10.9%).
- High percentages of people with disabilities (14.6%).
- Low disabilities rate for youth (1.7%)
- Higher percentage of adults (10.9%, aged 18-64) with disabilities than national (10.1%) or state
- (8.8%) rates.
- Towns had higher percentages for seniors (40.6%) with disabilities than state (33.7%) or
- national (36.5%) rates.
- Lower percentage of families with children under 18 (26%) than state or county rates. national
- (29.6%), state (28.4%) or county (29.4%) rates.

Issues raised in key informant Interviews

Substance abuse: Serious drug problem in town, including alcohol, heroin, cocaine, prescription drug abuse. Youth and drugs. **Poor economy:** lack of jobs and opportunity, high living costs, Choosing between necessities, low wages, fixed income poverty, Elder economic problems. **Health care access:** No urgent care, no mental health services, particularly for children. No hospital. Distance to existing hospitals puts some people at risk. Lack of transportation access a problem for senior health care access. **Healthy Living:** More or lack of PH education. More fitness & physical exercise. Healthy eating programs & food access. **Obesity** is a big issue, especially for young and working age adults. **Community:** Adult & parent education. **Inadequate social services:** More family support & resources **Mental Health:** Stress, depression big issues. Youth mental & behavioral health a problem. Hoarding is an issue that consumes a lot of staff time. Adult stress & mental health is also an issue, made worse by stigmas around mental illness. **Municipal:** Limited public transportation is an issue. Lack of infrastructure, shops and other amenities. Emergency preparedness education. **Youth concerns:** Lack of youth opportunity a big driver for other social problems. We need more healthy youth programming. Strong healthy schools, but schools can't solve all problems. We need more non-school

programming & education. More programming for post HS young people. **Elder concerns:** great concern about shut-ins and elders living alone. More More elder outreach programming is needed and health clinics & programming. Overmedication is a big problem, medication management trainings are needed.

Survey Priorities

Issues in the Community	Rank
Illegal drug abuse	1
Prescription drug abuse	2
Unemployment/lack of opportunity	3
No/poor public transportation	4
Alcohol abuse	5
Mental health problems	6
Obesity	7
Poverty, child poverty and working poverty	8
Poor diet/nutrition	9
Inadequate social support	10

Services needing improvement in your neighborhood or community?	Rank
More job opportunities	1
Higher paying jobs	2
More public transportation options	3
Positive teen activities	4
More affordable/better housing	5
Counseling/ mental health/support groups	6
Elder care options and services	7
More affordable health services	8
Services for disabled people	9
Child care options and services	10

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Rank
Eating well/nutrition	1
Substance abuse prevention (drugs & alcohol)	2
Emergency/disaster preparation	3
Stress or anger management	4
Managing weight	5
Exercising/ fitness	6
Elder care	7
Care givers w/special needs/disabilities family	8
Getting flu shots and other vaccines	9
Child care/ parenting	10

Environmental conditions rated as 'serious problems' in town	Rank
Drinking water	1
Roads sidewalks and safety	2
Lyme & other insect-transmitted diseases	3
Traffic pollution	4
Lack of recreational areas	5
School building conditions	6
Lack of warm shelter in winter	7
Sewage problems	8
Dumping, trash or landfill problems	9
Lead, asbestos or mold in homes	10

What health-related resources and needs do you feel could be improved for your children and the kids in your town?	Rank
Bullying & abuse protection	1
Healthy physical activities	2
Cultural, social, educational & enrichment activities	3
Healthier school food choices	4
Special needs resources & opportunities	5

Health Care Access:

HC Infrastructure: Ludlow has general and family practitioners, but no other town health care resources. Urgent care is 10.2 miles away. Mental health services are also 10.2 miles away. Gynecology/Obstetrics is 5.2 miles away . Drug treatment facilities, hospital and emergency room are 10.2 miles from Town Hall.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	62%
Visit doctor's office most often when sick	86%
Had problem getting needed health care	19%
Health related financial challenges in the past year	32%
Had health problems preventing usual activities in past 30 days	29%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	%
High blood pressure	33%
Overweight/Obesity	60%
High cholesterol	45%
Depression or anxiety	29%
Diabetes (not during pregnancy)	11%
Health Behaviors (%)	
Struggle with regular sleep	44%
Drink more than one sweetened drink per day	32%
Smoke tobacco	18%
Consume more than 14 alcoholic drinks a week	5%
Physical Activity (%)	
Engage in physical activity for at least 2 ½ hours a week	38%
Nutrition	
Eat 2+ cups of fruit per day	27%
Eat 2+ cups of vegetables per day	41%
Drink 1+ cups of fruit juice per day	39%

Social Cohesion

Ludlow enjoys extremely high rates of resident satisfaction. 83% 'enjoy living where we do'. 59% say they socialize with their neighbors regularly. 50% say elders have lots of social activities to enrich their lives. 43% say they share common values that bond the community together. However, only 37% say the young have lots of activities to enrich their lives and only 34% say their town is a good place for ethnic, racial and linguistic minorities to live.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	83%
We socialize with our neighbors regularly.	59%
Elderly have lots of social activities that enrich their lives.	50%
We share common values that bond us together.	43%
Young have lots of activities that enrich their lives.	37%
This is a good place for ethnic, racial & linguistic minorities to live.	34%

Focus Group Discussions:

Community Health Concerns & Priorities – Drug abuse, particularly heroin, alcohol and prescription drug abuse. Over-medication. **Mental health**: depression, youth w/few coping skills, Stressed out families, lack of mental health resources; hoarding. Populations evidence multi-gen, declining coping skills, with most able over 80 and least able, small children. **Youth:** Lack of non-school activities. Lack of youth-centered health education for young. Sex health ed lacking in schools except

for CARES Coalition. **Public health issues:** Lyme disease. **Municipal:** lack of affordable housing. **Positives –** Strong senior center: exercise programs well-received & attended by seniors, especially senior women, less so men. Ludlow BoH has great programming. Nurses make house calls. Significant coordination between BoH & Senior Center for elder services. Very good EMS provider/system.

Obstacles – Health care infrastructure – No hospital or urgent-care facility in Ludlow. Inadequate availability of affordable housing for elderly. Economics: Seniors forgo medicine in order to meet housing costs. High property taxes causing economic stress for those on fixed incomes. Youth: Not enough "safe", social activities for youth. 60 & 70-year old seniors more demanding than 80 & 90-year old's as expectations of younger generations are demanding greater for range of services. Mental Health: Hoarding requires significant PH & safety resources to address. Municipal: Limited bus service

Solutions – More health education. More local mental health services need to be available. Health care services: Locally accessible urgent care, hospital or community health center.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Ludlow (2644.17 crude rate per 100,000) had the highest substance abuse admissions, well above Springfield (2593.15), county (1984.93) and state rates (1546.48) in 2012.

- Ludlow (796.1) had highest heroin treatment admissions rates among the 12 towns, higher than state rates (707.81), though lower than Hampden County rates (814.33).
- Ludlow's rate (364.88) of admission for other substance abuses was more than twice the state (166.39) and county (165.07) rates
- Ludlow had higher alcohol abuse treatment admissions (625.5) than state (522.87) rates.
- Ludlow's admissions rate (682.37) for marijuana treatment was 10 times the state rate of (68.84) and more than 4 times the county rate (238.53).
- Ludlow (99.51) had the highest treatment admissions rate for cocaine abuse,. 3 times higher state rates (26.2) and a 133% higher than county (67.75) admissions rates
- Ludlow (99.51) had the highest admissions rate for cocaine abuse, three times the state rate (33.06) and 150% the county rate (64.3).

Lower premature mortality rate: Ludlow (255.5) had a lower premature mortality rate than state as a whole (279.6)
Higher mortality rate: Ludlow had a higher mortality rate (867.18) than the state as a whole (812.69).
Diabetes: Ludlow (25.2) had a very high diabetes hospitalization rate (per 1000 people , age adjusted), well above the state rate of 7.7 (2012).
Hepatitis C: Ludlow (118.47) had a higher rate of hepatitis C than the state (85.94)
Asthma: Pediatric asthma in Ludlow (12.2) is slightly higher than the state rate (10.8)
Coronary Heart Disease: Ludlow has a lower age-adjusted rate of coronary heart disease fatalities (70.68)than the state as a whole (91.44).
Cancer: Ludlow had a lower cancer mortality rate (136.65) than the state (165.65)
HIV/AIDS: Ludlow (170.59) had the highest HIV rates of the towns.
Chlamydia: Ludlow (634.96) had a higher rate than state (347.14) or county (603.95) rates.
Gonorrhea: Ludlow (33.17) had a slightly lower than county (49.63) and state rates (35.63).
Group B strep: 2 confirmed cases reported in town incidence reports between October 2013-14.
StrepP: 1 case of confirmed strepP was found in town incidence reports between October 2013-14.
Campylobacteriosis: 1 confirmed case in town incidence reports between October 2013-14.

Health Indicators	Ludlow
Pediatric Asthma Prevalence, 2008-2009 (%)	12.96
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed

Respiratory: Asthma - ED Visits: Count (ages 0-19)	71.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	494.85
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	132.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	187.77
Total Coronary Heart Disease Hospitalizations (2008-2010)	225.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	343.49
Total Stroke Hospitalizations (2008-2010)	185.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	352.64
Total COPD Hospitalizations (2008-2010)	176.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	278.00
Total Asthma Hospitalizations (2008-2010)	58.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	91.61
Total Diabetes Hospitalizations (2008-2010)	72.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	113.73
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	365.51
Emergency room visits due to cavities (crude rate per 100,000) (2010)	30.01
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	366.38
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	375.54
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1731.17
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	732.77
Annual # of Resident Births 2010	148.0
Cancer Incidence Male (2005-2009) - Observed Case Count	320
Cancer Incidence Male (2005-2009) - Expected Case Count	363.9
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	87.9
Cancer Incidence Female (2005-2009) - Observed Case Count	241
Cancer Incidence Female (2005-2009) - Expected Case Count	351.1
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	68.6
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	43.1
White non-Hispanic	42.4
Black non-Hispanic	NA
Hispanic	44.4
Asian	NA
Infant Mortality Rate	
Infant Deaths	NA
White non-Hispanic	NA
Black non-Hispanic	0.0
Hispanic	NA
Asian	0.0
Low Birthweight (less than 2500 grams)	6.8
Births to adolescent mothers	5.4
Mothers not receiving prenatal care in first trimester	16.2
Mothers with adequate prenatal care	75.7
Mothers receiving publicly funded prenatal care	27.0
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	164.9
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	32.1
Syphilis (2010)	NA
Gonorrhea (2010)	0.0
Chlamydia (2010)	517.5
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0

Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	1905.7
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	0.0
Suicide	4.7
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	538.1
Total cancer deaths	150.1
Lung cancer deaths	30.0
Breast cancer deaths	6.9
Cardiovascular disease deaths	164.3
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	2234.9
Injection drug user admissions to DPH funded treatment program (2011)	384.7
Alcohol and other drug related hospital discharges (2009)	393.9
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	109.3
Angina	NA
Bacterial pneumonia	205.6

Monson Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 8,627. **Race/Ethnicity:** 98.6% White, 1.3% Latino, 0.9% African American, 1.1% Asian, 1% Native American, 0.7% other race. **Foreign born:** 1.3%. **Languages:** English **Gender:** 49.2%/50.8% M/F. **Median age** 44.9, 46.1/43.4 M/F. **Households with children under 18:** 26.8%. **Seniors:** 13.4%. **Seniors living alone:** 8.8%. **Veterans:** 10.5%. **Disabled** 11%. **Under 18 disabled** 6.4%. **18-64 disabled** 4.4%. **Over 64 disabled** 31.1%. **Owner-occupied housing:** 81.3%.

Top Ten issues	
1. Poor economy and its effects	2. Substance abuse
3. Public Transportation	4. Mental Health
5. Youth concerns, including post HS youth	6. Obesity
7. Healthy Living – Diet/Exercise	8. Elder Issues
9. Inadequate social support	10. Diabetes

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Monson (16.2%) has a higher percentage of households making less than $25,000 than the state (11.4%) averages.
- Monson (32%) has a higher percentage of households making less than $50,000 than state (30%) averages.
- Renter annual income is only 43% of homeowner annual income.
- 24.2% of of homeowners with mortgages paid 35% or more for housing costs.
- 15.4% of homeowners without mortgages paid 35% or more for housing costs.
- 34.6% of tenants paid 35% or more in rent.

- 10.5% of Monson residents are living in extreme poverty
- 38% of Monson single mother-led families are living below 100% of US poverty line.
- 17.7% of Monson veterans are living below 100% of poverty line, nearly three times county (6.5%), state (5.7%) or national (6.9%) averages.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Monson	$65,280	$35,417	$65,272	$40,633	63.3%	$72,922	$31,750	43.5%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Monson	26.8%	10.4%	14.1%	9.4%	8.9%	0.0%	38.0%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Monson	6.2%	9.10%	5.3%	24.2%	15.4%	34.6%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Monson has a higher rate of high school (91.2%) graduates than county (84.2%), state (89.4%) or national (85.3%) averages.
- Monson has higher rate of college graduates (29.7%) than county (25%), national (28%), but not state (39.4%) averages.
- Monson has a higher percentage of veterans (10.5%) than county (9.1%), state (7.4%) or national (9%) averages.

Issues raised in key informant Interviews

Economic issues: Poor economy, high living costs, families choosing between necessities, lack of jobs and opportunity and the high cost of child rearing. **Emergency preparedness:** Tornado brought us together. More disaster readiness education, planning and outreach, especially among the elderly. **Substance abuse:** Growing drug problem, especially heroin among the young. Adult substance abuse

is also an issue. More treatment and prevention programming is needed. **Mental health:** Stress and depression are big issues. Youth mental and behavioral health are growing problems. We're also seeing an increasing autism rate. **Health care access:** lack of local health care resources. Lack of public transportation is problem, especially for the elderly, the poor and unemployed. High insurance costs and co-pay costs are a problem, especially for the elderly. Prescription medication insurance doesn't cover costs, people ration their medications or go without when the insurance is exhausted. **Youth:** More healthy youth programming is needed. We also need non-school programming & education **Elder concerns:** Elders living alone and shut ins are a major concern. More elder outreach programming is needed. **Community:** Volunteerism & community spirit is the town's greatest asset. But increasingly, its gotten harder to maintain that volunteerism. Long commutes, people working longer hours or more jobs has strained the ability of residents to remain active in the community. We need more community engagement. **Municipal:** Lack of funding and resource funding to towns and Western Massachusetts is a real problem. More shared resources and a more regional response, especially around economic development is needed.

Survey Priorities

Issues in the Community	Rank
No/poor public transportation	1
Illegal drug abuse	2
Unemployment/lack of opportunity	3
Alcohol abuse	4
Prescription drug abuse	5
Obesity	6
Inadequate social support	7
Cancer	8
Diabetes	9
Teen Pregnancy/Birth	10

Services needing improvement in your neighborhood or community	Rank
More job opportunities	1
More public transportation options	2
More affordable/better housing	3
Services for disabled people	4
Higher paying jobs	5
More affordable health services	6
More/better rec facilities – parks, trails, centers	7
Positive teen activities	8
More health care providers	9
Child care options and services	10

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Rank
Stress or anger management	1
Eating well/nutrition	2
Substance abuse prevention (drugs & alcohol)	3
Exercising/ fitness	4
Managing weight	5
Teen pregnancy/Safe Sex/STD's	6
Domestic violence prevention	7
Emergency/disaster preparation	8
Suicide prevention	9
Elder care	10

Environmental conditions rated as 'serious problems' in town	Rank
Lyme & other insect-transmitted diseases	1
Lack of recreational areas	2
Unsafe recreational areas	3
Lack of warm shelter in winter	4
Roads, sidewalks and safety	5
Dumping, trash or landfill problems	6
Lack of pools, clean lakes or sprinklers in summer	7
Lack of cool places in summer	8
Biting & attacking animals	9
School building conditions	10

What health-related resources and needs do you feel could be improved for your children and the kids in your town?	Rank
Healthy physical activities	1
Cultural, social, educational & enrichment activities	2
Health education resources	3
Healthier school food choices	4
Bullying & abuse protection	5

Health Care Access:

HC Infrastructure: Monson has general and pediatric family practices. Town hall is 4.4 miles from a hospital, emergency room, urgent care and mental health services. Monson is 15.4 miles from drug treatment services.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	29%
Visit doctor's office most often when sick	87%
Had problem getting needed health care	16%
Health care-related financial challenges in the past year	52%
Health problems prevented usual activities in past 30 days	22%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	
High blood pressure	51%
Overweight/Obesity	24%
High cholesterol	22%
Depression or anxiety	56%
Diabetes (not during pregnancy)	9%
Health Behaviors (%)	
Struggle with regular sleep	59%
Drink more than one sweetened drink per day	43%
Smoke tobacco	22%
Consume more than 14 alcoholic drinks a week	31%
Physical Activity (%)	
Engage in physical activity at least 2 ½ hours a week	26%
Nutrition	
Eat 2+ cups of fruit per day	27%
Eat 2+ cups of vegetables per day	40%
Drink 1+ cups of fruit juice per day	57%

Social Cohesion

Monson enjoyed extremely positive responses (90%) when it came to residents enjoying living where they do. Majority support for statements such as 'we socialize with our neighbors regularly' (52%) and 'the young have lots of activities to enrich their lives' (63%). However, only 24% thought 'elderly have lots of social activities that enrich their lives' and only 21% thought Monson was a 'good place for ethnic, racial and linguistic minorities'.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	90%
We socialize with our neighbors regularly.	52%
Elderly have lots of social activities that enrich their lives.	24%
We share common values that bond us together.	58%
Young have lots of activities that enrich their lives.	64%
This is a good place for ethnic, racial and linguistic minorities to live.	21%

Focus Group Discussions:

Community Health Concerns & Priorities – Economic issues: Lack of economic development, lack of jobs is a big issue. school suffering in economic climate. **Youth:** No arts or music for kids. Bullying is a real issue. Nothing for kids beyond sports, school & church. Autism is growing. **Substance abuse:**

Heroin, cocaine, marijuana abuse are concerns. Greater access to alcohol & substance abuse treatment programs. More substance abuse prevention programming, education & resources **Mental health:** Stress & mental health programs, especially for youth. Depression biggest issue all ages. **domestic abuse** is a concern. Health care access: Lack of access to health care services. Insurance coverage and deductible issues.

Positives: Strong sports program. Churches brought people together after the tornado. Church based volunteerism works well here.

Obstacles: Too much competition in athletic activities, non-athletes get bullied, those who fail or get hurt in sports get shunned. School system is in trouble. Too much emphasis on soccer. Charity works in Monson well, but it's top down. Churches and volunteers and tapped out. Volunteers can't do it all. No public transportation, young & elderly get home-bound, which is not healthy. Pool & library closed. - No commercial or industrial base, putting pressure on property taxes. More work opportunities like dried goods, or light manufacturing are needed. We need more resources, more money. All of this is economic. The state needs to provide more aid to cities and towns.

Solutions: A small business development center. Multi-generational community center for arts, - Music, dance & less competitive athletics and educational activities. Public transportation connecting us to other towns. People need to stop thinking small. The town needs to develop a wider tax base.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Monson's overall substance abuse treatment admissions rate (1121.5) was lower than the state rate (1546.48) and than county rates (1984.93) in 2012.

- Monson (607.3) had a higher rate of non-fatal, opiod-related overdoses than the state rate (546.6).
- Monson (385.51) had a lower admissions rate for heroin treatment programs than the state rate (707.81).
- Monson (303.74) had a higher admissions rate for alcohol abuse treatment programs than the state (522.87) rate.
- Monson had less than 5 admissions to substance abuse programs for cocaine, crack and marijuana.
- Monson's (280.37) admissions rate for 'other' substance abuse programs was significantly higher than the state (166.39) and county (165,07) rates

Higher premature mortality rate: Monson (318.6) had higher premature mortality rate than the state as a whole (279.6), but lower than county rates (336.5)

Higher mortality rate: Monson (852.8) had a higher mortality rate than the state as a whole (812.69). It also had a higher age-adjusted mortality rate (759.81) than state rate (668.82).

Diabetes: Monson's diabetes hospitalization rates (23.7 per 1000 people).

Asthma: Pediatric asthma in Monson (20.6) is among the highest in the state and significantly higher than the state rate (10.8). Asthma hospitalizations per 1000 people is also high (11.8). One person died of asthma-related circumstances in 2011.

Respiratory System Disease Mortality Rate: Monson (128.5) had a much higher rate for respiratory system disease deaths than state rates (82.26). The town also had a much higher age adjusted rates (128.76) were lower than state rates (67.25).

Coronary Heart Disease: Monson (93.46) had a lower mortality rate for coronary heart disease than than the state as a whole (113.58). However, Monson (92.3) had a slightly higher age-adjusted mortality rate (105.55) for coronary disease than the state (91.44).

Cancer: Monson (221.13) had a higher cancer mortality rates than state rate (194.78). It also had a slightly higher (185.01) had a lower age adjusted cancer mortality rates than the state rate (165.65).
Chlamydia: Monson (128.5) had a much lower rate for chlamydia rate than state (347.14) rates.

Health Indicators	Monson
Pediatric Asthma Prevalence, 2008-2009 (%)	20.68
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	35.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	514.61
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	57.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	240.16
Total Coronary Heart Disease Hospitalizations (2008-2010)	118.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	449.83
Total Stroke Hospitalizations (2008-2010)	50.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	274.47
Total COPD Hospitalizations (2008-2010)	96.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	373.83
Total Asthma Hospitalizations (2008-2010)	22.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	85.67
Total Diabetes Hospitalizations (2008-2010)	22.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	85.67
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	341.67
Emergency room visits due to cavities (crude rate per 100,000) (2010)	58.41
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	320.22
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	251.60
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1623.97
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	1075.02
Annual # of Resident Births 2010	64.0
Cancer Incidence Male (2005-2009) - Observed Case Count	144
Cancer Incidence Male (2005-2009) - Expected Case Count	136.7
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	105.3
Cancer Incidence Female (2005-2009) - Observed Case Count	109
Cancer Incidence Female (2005-2009) - Expected Case Count	113.8
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	95.8
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	43.1
White non-Hispanic	40.8
Black non-Hispanic	0.0
Hispanic	NA
Asian	NA
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	NA
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	25.8
Mothers with adequate prenatal care	75.4
Mothers receiving publicly funded prenatal care	40.3
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA

HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	NA
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	57.2
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	0.0
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	11.7
Suicide	23.4
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	831.7
Total cancer deaths	208.8
Lung cancer deaths	80.2
Breast cancer deaths	0.0
Cardiovascular disease deaths	224.7
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	800.6
Injection drug user admissions to DPH funded treatment program (2011)	274.5
Alcohol and other drug related hospital discharges (2009)	686.2
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	91.8
Angina	NA
Bacterial pneumonia	265.0

Montgomery Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 905. **Race/Ethnicity:** 99.8% White, 0.3% African American. 0.3% Native American, 0.2 Asian. **Foreign born:** 5.9%. **Languages:** English. **Gender:** 50.7%/49.3% M/F. **Median age** 47, 47.5/47 M/F. **Households with children under 18:** 27.8%. **Seniors:** 13.1%. **Seniors living alone:** 5%. **Veterans: 3**.6%. **Disabled** 7.4%. **Under 18 disabled** 1.3%. **18-64 disabled** 4.1%. **Over 64 disabled** 31.1%. **Owner-occupied housing:** 95.9%.

Top Ten issues	
1. Cancer	2. Youth concerns
3. Public transportation	4. Elder concerns
5. Animal control	6. Health care access
7. Lyme disease	8. Roads and safety
9. Community activities	10. Emergency preparedness

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Montgomery (7.6%) had a lower percentage of households making less than $25,000 than the state (11.4%) averages.
- Montgomery (23.6%) had a lower percentage of households making less than $50,000 than state (30%) averages.
- Annual income for renters in Montgomery was 48.5% of homeowner annual income.
- Montgomery's women earned 106% of what men in their town earned, well above state (79.7%) or national (78.7%) averages.
- 15.1% of homeowners with mortgages paid 35% or more for housing costs.
- 8.8% of homeowners without mortgages paid 35% or more for housing costs.
- 50% of tenants paid 35% or more in rent. Only 8 renters were identified in the census data.
- 0.6% of Montgomery households received food stamp/SNAP benefits. 4.3% of Montgomery residents earned less than 130% of the US Poverty Threshold, qualifying them for food stamps.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Montgomery	$83,611	$41,983	$52,016	$55,313	106.0%	$84,167	$40,833	48.5%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Montgomery	27.8%	3.9%	0.0%	4.8%	1.9%	0.0%	0.0%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Montgomery	5.9%	0.6%	4.3%	15.1%	8.8%	50.0%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Montgomery had a higher rate of high school (98.1%) and college (41.6%) graduates than county (84.2% & 25%), state (89.4% & 39.4%) or national (85.3% & 28%) averages.
- Montgomery had a higher percentage of men (50.7%) than women (49.3%).
- Montgomery (13.6%) had a lower percentage of senior citizens than county (14.5%), state (14.1%) averages, but slightly higher than the national (13.4%) average.
- Montgomery (5%) had a lower percentage of elders living alone than state (10.9%) averages.
- Montgomery (14.7%) had a higher percentage of veterans than county (9.1%), state (7.4%) or national (9%) averages.
- Montgomery (7.4%) has a lower percentage of disabled residents than county (15.9%), state (12.1%) and national (12.3%) averages and across all age sectors.

Issues raised in key informant Interviews

Economic issues: Poor economy is an issue in the community. **Elder concerns:** Concern about elders living alone, including shut ins. Folks tend to value independence and self reliance. But self reliance can become an obstacle, when people are in trouble. Folks don't reach out for help when needed. Social isolation is a concern, especially for the elderly. **Health care access** was identified as a concern

for the young and the elderly. Lack of health care infrastructure was also identified as a concern. **Youth concerns:** Lack of youth opportunity. There is a need for more healthy youth programming. **Community:** Volunteerism & community spirit is an asset in the community. More community engagement, community activities and family support & resources were desired. Long commutes are a factor in people's lives and add stress in people's lives. **Emergency preparedness** education was identified as a need. **Public transportation:** Lack of public transportation was identified as a factor for health care access, especially for seniors. **Municipal:** Lack of sidewalks and road conditions were identified as concerns. Lack of local infrastructure, particularly the lack of stores, was identified as a need. Lack of road & driving safety was identified as a concern. More sanitary services was desired. High taxes are a burden on the community. Fewer regulations and more resources to towns are needed. More shared resources between towns and a more regional response to some of these issues is necessary.

Health Care Access

HC Infrastructure: Montgomery has no local health care resources. The nearest general practitioner to Montgomery town hall is 16.2 miles away. The nearest family practitioner is 12.6 miles away. The nearest urgent care center is 7.2 miles from Town Hall. The nearest mental health service is 16.2 miles away. The nearest gynecological/obstetric services 7.2 miles away. The nearest drug treatment program is 16.2 miles away. The nearest hospital and emergency room is 7.2 miles from Town Hall.

Social Cohesion

While we did not receive sufficient surveys from Montgomery to analyze public responses to social cohesion questions at the town level, interviews and the focus group spoke of social cohesion, a culture of volunteerism and community spirit as major social assets for the town.

Issues raised in key informant Interviews

Community Health Concerns & Priorities –Public transportation: lack of public transportation, especially for the elderly. Long distances to health care services. Better public transportation to health care resources would be helpful. **Elder concerns:** When people get sick, have serious financial problems or living in this rural area gets too tough for them to handle, they tend to move away. **Change:** Elders got old together. But now, younger families are coming in and old folks are moving out. Health concerns: cancer is an issues. There have been a bunch of cancer cases around us. Lyme disease is a big concern. We need more healthy community activities, especially for the young. Municipal: Poor road maintenance is a big problem. **Animal control:** Better animal control, especially beavers, fisher cats and bears. beaver damming is a problem. **Youth:** More activities, especially healthy activities, are needed for the kids. 20 years ago, we had more teen activities.

Positives – Strong community networks, We look out for each other up here. Strong, peer family relationships and strong elder relationships.

Obstacles – Poor road conditions. If you get sick or something, you usually move away. Long distances to everything. Not many people live in Montgomery, so dealing with big issues is usually hard to do.

Solutions – Better roads are definitely needed. More teen activities and community activities would be good. We don't need formal services, but more activities would be good. Better animal control to deal with bears, fisher cats, coyotes and especially beavers.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse – Montgomery had less than 7 admissions to substance treatment programs.

- Montgomery had less than 7 non-fatal, opiod-related overdoses, no other data was available.
- Montgomery had no fatal drug overdoses.
- No other data on drug abuse was available for Montgomery.

Higher premature mortality rate: Montgomery (309.5) had a higher premature mortality rate than the state rate (279.6), but lower than county rates (336.5).

Lower mortality rate: Montgomery (5358) had a much lower mortality rate than the state as a whole (812.69). It also had a much lower age-adjusted mortality rate (332.31) than state rate (668.82).

Diabetes: Montgomery had less than 5 cases of diabetes hospitalization. No statistics were available.

Hepatitis C: Montgomery had less than 5 cases of hepatitis C.

Asthma: Pediatric asthma rate in Montgomery (14.1) was higher than the state rate (10.8).

Respiratory System Disease Mortality Rate: Montgomery had no incidence of respiratory system disease deaths in 2011.

Coronary Heart Disease: Montgomery (119.33) had a slightly higher mortality rate for coronary heart disease than than the state as a whole (113.58). Montgomery (66.72) had a much lower age-adjusted mortality rate for coronary disease than the state (91.44).

Cancer: Montgomery had approximately the same cancer incidence rate (543.) in 2010, but a slightly higher rate (617.59) in 2009, than County (528.7 in 2010, 536.7 in 2009) or state (528.7 in 2010, 565.97 in 2009). Montgomery's (119.33) cancer incidence rate was significantly lower than the state rate (194.78). The town's age-adjusted cancer mortality rate (103.39) was also lower than the state cancer mortality rate (165.55).

STD's: Montgomery had less than 5 cases of chlamydia, gonorrhea or syphilis in 2011.

Lyme Disease: According to MA DPH's MassChip database, Montgomery had no incidence of Lyme disease in 2011.

Demographics	Montgomery
Total Population (ACS 2010 5-Year Estimates)	732.00
Median Age (ACS 2010 5-Year Estimates)	47.30
% Male (ACS 2010 5-Year Estimates)	0.53
% Female (ACS 2010 5-Year Estimates)	0.47
% > 20 years and over	83.00
% White, Non-Hispanic (ACS 2010 5-Year Estimates)	0.97
% Black, Non-Hispanic (ACS 2010 5-Year Estimates)	0.00
% Asian, Non-Hispanic (ACS 2010 5-Year Estimates)	0.00
% Hispanic (ACS 2010 5-Year Estimates)	0.02
Unemployed Individuals in labor force, 16 years and over (ACS 2010 5-Year Estimates)	5.9%
Households with Food Stamp/SNAP benefits in the past 12 months (ACS 2010 5-Year Estimates)	0.0%
All people with whose income in the past 12 months is below the poverty level (ACS 2010 5-Year Estimates)	3.3%
Median household income in the past 12 months (in 2010 inflation-adjusted dollars) (ACS 2010 5-Year Estimates)	73438.00
% of individuals 25 years or older who have a bachelor's degree or higher (ACS 2010 5-Year Estimates)	42.0%
% of individuals 5 years or older who speak English only at home (ACS 2010 5-Year Estimates)	91.6%
Health Indicators	
Pediatric Asthma Prevalence, 2008-2009 (%)	8.70
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	suppressed
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	suppressed
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	suppressed
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Total Coronary Heart Disease Hospitalizations (2008-2010)	Suppressed
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	Suppressed
Total Stroke Hospitalizations (2008-2010)	suppressed
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Total COPD Hospitalizations (2008-2010)	NA

COPD Hospitalization (crude rate per 100,000) (2008-2010)	NA
Total Asthma Hospitalizations (2008-2010)	suppressed
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Total Diabetes Hospitalizations (2008-2010)	suppressed
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	supressed
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Annual # of Resident Births 2010	5.0
Cancer Incidence Male (2005-2009) - Observed Case Count	13
Cancer Incidence Male (2005-2009) - Expected Case Count	10.9
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	118.8
Cancer Incidence Female (2005-2009) - Observed Case Count	9
Cancer Incidence Female (2005-2009) - Expected Case Count	8.4
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	107.4
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	37.6
White non-Hispanic	38.8
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	0.0
Births to adolescent mothers	0.0
Mothers not receiving prenatal care in first trimester	0.0
Mothers with adequate prenatal care	100.0
Mothers receiving publicly funded prenatal care	NA
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	0.0
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	0.0
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	0.0
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	

Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	573.2
Total cancer deaths	201.7
Lung cancer deaths	0.0
Breast cancer deaths	0.0
Cardiovascular disease deaths	371.5
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	NA
Injection drug user admissions to DPH funded treatment program (2011)	NA
Alcohol and other drug related hospital discharges (2009)	NA
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	NA
Angina	0.0
Bacterial pneumonia	0.0

Palmer Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 12,155. **Race/Ethnicity:** 99.3% White, 1.5% Latino, 1.1% African American, 0.2% Asian. 0.5% Native American. **Foreign born:** 1.9%. **Languages:** English, Spanish. **Gender:** 48.3%/51.7% M/F. **Median age** 42.9, 41.2/44.1 M/F. **Households with children under 18:** 26.8%. **Seniors:** 15.4%. **Seniors living alone:** 12%. **Veterans:** 12.8%. **Disabled** 20.2%. **Under 18 disabled** 12.7%. **18-64 disabled** 15.1%. **Over 64 disabled** 52.4%. **Owner-occupied housing:** 68.6%.

Top Ten issues	
1. Poor economy and its effects	2. Substance abuse
3. Youth concerns, including post HS youth	4. Mental Health
5. Healthy Living – Diet/Exercise	6. Parenting education
7. Obesity	8. Elder Issues
9. Public Transportation	10. Lack of safe recreational areas

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- 10.3% of Palmer residents are living in extreme poverty.
- 14.3% of Palmer households receive food stamp/SNAP benefits.
- Palmer ($50,668) had a lower median income that state ($66,866) or US ($53,046) medians.
- A quarter of Palmer (24.4%) households made less than $25,000 a year.
- Nearly half the households in Palmer (48.9%) made less than $50,000 a year.
- 25.9% of Palmer households with mortgages paid 35% or more of their income on housing costs, compared to national (25.8%) and state rates (29.6%).
- 16.4% of households without mortgages paid 35% or more of their income on housing costs.
- 42% of tenants in Palmer paid 35% or more of their income on rent.
- High percentage of veterans living 100% below the poverty line (12.1%), almost twice the national average (6.9%).
- 29.7% of single mother-led families are living below 100% of the poverty line.
- Palmer's (9.2%) had nearly as many seniors living in extreme poverty near state (9.4%) rates.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Palmer								
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Palmer	26.8%	9.3%	5.1%	9.5%	10.6%	3.6%	29.7%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

Seniors	Families		Paying 35% or more in housing costs		
Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
9.2%	14.3%	13.8%	25.9%	16.4%	42.2%
10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Palmer (87.5%) had a high school lower graduation rate than state averages (89.4%).
- Palmer has the highest rate of MA-born residents in the towns under study. (81.5%)
- Palmer (26.6%) had a higher percentage of households elder residents than the state as a whole.
- Palmer (20%) had very high percentages of people with disabilities.
- Palmer has over 3 times the national rate of young people with disabilities (12.7%)
- Palmer (15.1%) had a higher percentage of adults (aged 18-64) with disabilities than national (10.1%) or state (8.8%) averages
- Over half the seniors in Palmer (52%) had disabilities, far above state (33.7%) or national (36.5%) rates.
- Palmer (26.8%) had lower percentages of families with children under 18 than national (29.6%), state (28.4%) or county (29.4%) averages.

Issues raised in key informant Interviews

Economic issues: Poor economy, low wages and lack of jobs and opportunity. Community needs economic development. **Substance abuse:** drug problems, including alcohol, heroin, cocaine, smoking. **Youth concerns:** lack of youth opportunity for young people. We need more healthy youth programming and strong healthy schools. More physical education in schools, especially for non-athletes. Youth obesity is an issue. **Mental health:** Youth mental health issues were identified, including the need for more behavioral health programming. **Community:** More fitness & physical exercise programming needed. More recreational facilities, including bike paths. More healthy eating programs & food access. Unhealthy adult lifestyles are at the root of youth unhealthy lifestyles. Adult and parent education is needed. More community engagement is also needed. Lack of volunteers and community involvement is a concern in this town. **Elder concerns:** Elders alone living alone, especially shut ins. Elders choosing between necessities, insufficient prescription coverage. **Health care access:** Insurance costs and shortfalls – particularly dentistry and mental health services – as well as co-pay issues are a problem for many people. **Municipal:** Housing conditions need more inspections. Poor policing is an issue. More public transportation is needed. Lack of funding and resource funding to towns and Western Massachusetts. The town needs more personnel.

Survey Priorities

Issues in the Community	%
Unemployment/lack of opportunity	1
Illegal drug abuse	2
Alcohol abuse	3
Prescription drug abuse	4
Poverty, child poverty and working poverty	5
No/poor public transportation	6
Obesity	7
Mental health problems	8
Poor diet/nutrition	9
Lack of exercise/physical inactivity	10

Services needing improvement in your neighborhood or community	%
More job opportunities	1
Higher paying jobs	2
Positive teen activities	3
More public transportation options	4
More affordable/better housing	5
Healthier food choices/greater access to fresh food	6
More/better rec facilities: parks, trails, centers	7
Road maintenance/safety	8
More affordable health services	9
Healthy family activities	10

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	%
Substance abuse prevention (drugs & alcohol)	1
Exercising/ fitness	2
Stress or anger management	3
Eating well/nutrition	4
Managing weight	5
Emergency/disaster preparation	6
Suicide prevention	7
Quitting smoking/ tobacco use prevention	8
Crime prevention	9
Child care/ parenting	10

Environmental conditions rated as 'serious problems' in town	%
Roads sidewalks and safety	1
Lack of recreational areas	2
Lack of pools, clean lakes or sprinklers in summer	3
School building conditions	4
Lack of cool places in summer	5
Dumping, trash or landfill problems	6
Drinking water	7
Poor housing conditions	8
Lyme & other insect-transmitted diseases	9
Lack of warm shelter in winter	10

Youth Health Needs (Rank within Town)	Rank
Healthy physical activities	1
Cultural, social, educational & enrichment activities	3
Healthier school food choices	2
Bullying & abuse protection	4
Health education resources	5

Health Care Access:

HC Infrastructure: Palmer has general and pediatric practitioners, an urgent care center, mental health services and a hospital. Gynecology/obstetric services are 7.2 miles away.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	29%
Visit doctor's office most often when sick	70%
Had problem getting needed health care	35%
Health care-related financial challenges	61%
Had health problems preventing usual activities in past 30 days	53%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	
High blood pressure	51%
Overweight/Obesity	25%
High cholesterol	29%
Depression or anxiety	42%
Diabetes (not during pregnancy)	7%
Health Behaviors (%)	
Struggle with regular sleep	62%
Drink more than one sweetened drink per day	40%
Smoke tobacco	21%
Consume more than 14 alcoholic drinks a week	11%
Physical Activity (%)	
Engage in physical activity at least 2 ½ hours a week	45%
Nutrition	
Eat 2+ cups of fruit per day	43%
Eat 2+ cups of vegetables per day	58%
Drink 1+ cups of fruit juice per day	61%

Social Cohesion

Palmer enjoyed very positive responses (65%) when survey respondents were asked whether they enjoyed living where they do. Over 40% agreed that 'we socialize with our neighbors regularly', 'we share common values that bond us together' and the 'elderly have lots of social activities that enrich their lives'. Only 28% agreed that young people have lots of social activities that enrich their lives. Only 30% thought Palmer was a 'good place for ethnic, racial and linguistic minorities.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	65%
We socialize with our neighbors regularly.	42%
Elderly have lots of social activities that enrich their lives.	42%
We share common values that bond us together.	46%
Young have lots of activities that enrich their lives.	28%
This is a good place for ethnic, racial and linguistic minorities to live.	30%

Focus Group Discussions:

Community Health Concerns & Priorities – Nutrition/diet issues across all age groups. **Mental health:** stress, depression. **Youth issues:** Non-school activities are very limited , especially for poor kids. Bullying/peer pressure, eating disorders, depression/stress are all issues for the young. **Youth and mental health**: Stigma around mental health issues; health care providers should be more proactive in engaging youth and asking them about issues they are dealing with. **Parent education** is

seen as needed. Comment: “parents need to pay more attention to their kids.” **Health care access issues:** People are choosing between health care, medications & other living costs. Insurance deductible can be barrier to care. **Dental care for teens;** kids cannot find a dentist that's affordable or covered under insurance. **Vulnerable populations:** Focus group identified a significant population of group homes for mentally handicapped, MS and developmental disabilities, as well as kids in foster care.

Positives – Lots of inter-department cooperation. informal referral system for health care is well known in town, very valuable. “The school nurses are great.” “VNA services great for elderly population.” Wing hospital is seen as a key connection, lot of Wing staff are very active in community . When casino idea died, it was a wake up call for town and businesses to build up community , economic & quality of life. “Senior center is great, lots of programs, wonderful resources.”

Obstacles –- **Economic issues:** Not much industry left. Jobs and economic development are needed. **Parents and children:** “Lot of parents wrapped up in own lives & not paying enough attention to their kids.” “Too many parents are spending too little time with kids.” Extended family sometimes become primary care givers. Lots of laziness among new parents. **Youth:** More kids are poor Non-school activities very limited for kids; high costs for participation are major access. Youth recreational costs are barriers to participation, including barriers, cost of team sports, etc. **Park safety:** Town doesn't have enough money to patrol & make parks safe; parks neglected. Problems with drug dealing in parks and other safety concerns. **Municipal:** Grant-dependent programs are vulnerable & hard to sustain. Beyond school fire & police, other sectors do not regularly look for resources, but tend toward self-reliance. Healthy living: Increased working challenges means less time for parents and more fast food for family. Town has small grocery store, but more fresh food access is needed.

Solutions – “We're about to launch suicide prevention program in high school.” Parenting education is needed from infancy through high school. Park safety needs to be improved. Healthy eating/cooking education would be helpful to address poor eating habits. We need more non-school activities for youth that are free.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Palmer's overall substance abuse treatment admissions rate (1630.97) was higher than the state rate (1546.48), but lower than county rates (1984.93) in 2012.

- Palmer (853.5) had a higher rate of non-fatal, opiod overdoses than the state rate (546.6).
- Palmer (543.66) had a lower admissions rate for heroin treatment programs than the state rate (707.81).
- Palmer (708.4) had a higher admissions rate for alcohol abuse treatment programs than the state (522.87) rate.
- Palmer had less than 5 admissions to substance abuse programs for cocaine, crack and marijuana.
- Palmer's (271.83) admissions rate for 'other' substance abuse programs was significantly higher than the state rate (166.39)

Higher premature mortality rate: Palmer (371) had a much higher premature mortality rate than the county (336.5) or state as a whole (279.6).
Higher mortality rate: Palmer (1062.6) had a higher mortality rate than the state as a whole (812.69). It also had a higher age-adjusted rate (790.48) than state rate (668.82).
Hypertension: Palmer (7.32 per 100,000 raw crude, age adjusted) had higher mortality rates for hypertension than the state (5.45).

Diabetes: Palmer's diabetes hospitalization rates (40.8 per 1000 people), well above the state rate of 23.7.

Hepatitis C: Palmer (57.66) had a lower rate of hepatitis C than the state (85.94).

Asthma: Pediatric asthma in Palmer(16.8) is significantly higher than the state rate (10.8). Asthma hospitalizations per 1000 people is also high (11.8).

Respiratory System Disease Mortality Rate: Solutions – Palmer (123.56) had a much higher rate for respiratory system disease deaths than state rates (82.26). The town also had a much higher age adjusted rates (107.39) were lower than state rates (67.25).

Coronary Heart Disease: Palmer (156.51) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). It also had a higher age-adjusted mortality rate (105.55) for coronary disease than the state (91.44).

Cancer: Palmer (222.41) had a higher cancer mortality rates than the state rate (194.78). The age adjusted cancer mortality rate (167.49) was similar to the state rate (165.65).

HIV/AIDS: Palmer's HIV rate (65.9) was much lower than the state rate (272.82).

Chlamydia: Palmer (354.2) had a slightly higher chlamydia rate than state rates (347.14).

Gonorrhea: Palmer (49.42) had a higher rate of gonorrhea than the state rate (35.63).

Health Indicators	Palmer
Pediatric Asthma Prevalence, 2008-2009 (%)	16.48
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	15.00
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	150.14
Respiratory: Asthma - ED Visits: Count (ages 0-19)	100.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	1000.96
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	86.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	186.12
Total Coronary Heart Disease Hospitalizations (2008-2010)	171.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	442.03
Total Stroke Hospitalizations (2008-2010)	121.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	333.46
Total COPD Hospitalizations (2008-2010)	305.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	837.45
Total Asthma Hospitalizations (2008-2010)	78.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	214.17
Total Diabetes Hospitalizations (2008-2010)	94.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	258.10
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	563.85
Emergency room visits due to cavities (crude rate per 100,000) (2010)	140.03
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	395.50
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	442.03
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	2024.04
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	1930.98
Annual # of Resident Births 2010	118.0
Cancer Incidence Male (2005-2009) - Observed Case Count	171
Cancer Incidence Male (2005-2009) - Expected Case Count	202.4
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	84.5
Cancer Incidence Female (2005-2009) - Observed Case Count	165
Cancer Incidence Female (2005-2009) - Expected Case Count	215.2
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	76.7
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
All Perinatal and Child Health Indicators (2010)	
Births to women ages 15 to 44	52

Southwick Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 9,552. **Race/Ethnicity:** 97.1% White, 2.8% Latino, 0.1% African American, 3.1% Asian, 0.2% Native American, 0.9% Native Hawaiian/Other Pacific Islander, 0.8% other race. **Foreign born:** 5.7%. **Languages:** English, French, Spanish, Arabic. **Gender:** 49.4%/50.6% M/F. **Median age** 43.4, 41/43.9 M/F. **Households with children under 18:** 29.1%. **Seniors:** 15.2%. **Seniors living alone:** 12.3%. **Veterans:** 11.5%. **Disabled** 11.9%. **Under 18 disabled** 5.6%. **18-64 disabled** 7.4%. **Over 64 disabled** 39.7%. **Owner-occupied housing:** 80.9%.

Top Ten issues	
1. Public Transportation	2. Poor economy and its effects
3. Healthy Living – Diet/Exercise	4. Youth concerns, including post HS youth
5. Substance abuse	6. Elder Issues
7. Inadequate social support	8. Health care access
9. Obesity	10. Mental Health

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Southwick (13.5%) has a higher percentage of households making less than $25,000 than the state (11.4%) averages.
- Southwick (32.3%) has a higher percentage of households making less than $50,000 than state (30%) averages.
- Renter annual income is only 45.8% of homeowner annual income.
- 17.2% of of homeowners with mortgages paid 35% or more for housing costs.
- 12.8% of homeowners without mortgages paid 35% or more for housing costs.
- 31.8% of tenants paid 35% or more in rent.
- Only 4.6% of Southwick residents are living below 100% of the poverty line.
- 32.3% of single mother-led families living below 100% of US poverty line.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Southwick	$78,476	$37,034	$67,253	$43,284	64.4%			
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Southwick	29.1%	9.8%	0.0%	11.3%	7.1%	0.0%	32.3%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Southwick	1.1%	3.90%	5.2%	17.2%	12.8%	31.8%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Southwick has a higher rate of high school (91.3%) graduates than county (84.2%), state (89.4%) or national (85.3%) averages.
- Southwick has higher rate of college graduates (31.6%) than county (25%) and national (28%) rates, but not state (39.4%) averages.
- Southwick (12.3%) had a higher percentage of elders living alone than state (10.9%) averages.
- Southwick has a higher percentage of veterans (12.2%) than county (9.1%), state (7.4%) or national (9%) averages.
- Southwick (11.9%) has a lower percentage of disabled residents than state (12.1%) averages.
- However, Southwick (5.6%) has a higher percentage of disabled youth under 18 than state (4.6%) and national (4%) rates.

Issues raised in key informant Interviews

Economic issues: Poor economy has hurt a lot of people. We need more jobs. High living costs are a problem for lots of people. Fixed income poverty and elder economic problems are a concern. A lot of families are struggling to make ends meet. There isn't much support for the poor. **Municipal:** School nurses are great, they make a huge difference for young people. We need more emergency readiness

education, especially for the elderly. Lack of public transportation is a big problem. Practically, we need to collaborate with neighboring towns to share resources and address larger issues in a regional way. Our rural landscape is a healthy asset. **Community:** People are independent and self-reliant. But self-reliance can become an obstacle to better health, because people don't reach out in times of need. Volunteerism and community spirit are real assets. Parents, as well as kids, are not eating healthy or getting sufficient exercise. We need a community wide approach. We also need more family support and resources, especially for people who are struggling economically. **Substance abuse:** There is more substance abuse in the community than we'd like to admit. Youth and drugs are a concern, but the problem is not limited to them. Alcoholism is a big problem. People are too dependent on prescription drugs, we need medication management. **Mental health:** Stress and depression are problems, especially for the young and those impacted by the poor economy. **Elder concerns:** Elders living along and shut ins are a problem. We need more elder outreach programming. **Healthy living:** We need more public health education around healthy living. We have great outdoor resources, but not everyone uses them fully. We need more fitness and physical exercise programming. We also need healthy eating programs. We need to address food access issues, lack of healthy food stores means people eat too much fast food and snacks. **Obesity** and **diabetes** are big problems here. **Youth concerns:** We need more healthy youth programming. Youth obesity is a growing problem. Kids are spending too much time on computers, playing video games, etc. They aren't physically active.

Survey Priorities

Issues in the Community	Rank
No/poor public transportation	1
Unemployment/lack of opportunity	2
Diabetes	3
Inadequate social support	4
Obesity	5
Illegal drug abuse	6
Alcohol abuse	7
Poverty, child poverty and working poverty	8
Mental health problems	9
Lack of exercise/physical inactivity	10

Services needing improvement in your neighborhood or community	Rank
More job opportunities	1
More/better rec facilities – parks, trails, centers	2
More public transportation options	3
More affordable/better housing	4
Positive teen activities	5
Higher paying jobs	6
Elder care options and services	7
Road maintenance/safety	8
More affordable health services	9
Child care options and services	10

In your opinion, which health behaviors do you, your family or the people in your community need more information about?	Rank
Elder care	1
Teen pregnancy/Safe Sex/STD's	2
Child care/ parenting	3
Substance abuse prevention (drugs & alcohol)	4
Emergency/disaster preparation	5
Quitting smoking/ tobacco use prevention	6
Domestic violence prevention	7
Stress or anger management	8
Managing weight	9
Eating well/nutrition	10

Environmental conditions rated as 'serious problems' in town	Rank
Lack of warm shelter in winter	1
Roads sidewalks and safety	2
Lack of cool places in summer	3
Lack of pools, clean lakes or sprinklers in summer	4
Traffic pollution	5
School building conditions	6
Sewage problems	7
Lead, asbestos or mold in homes	8
Dumping, trash or landfill problems	9
Lyme & other insect-transmitted diseases	10

What health-related resources and needs do you feel could be improved for your children and the kids in your town?	Rank
Cultural, social, educational & enrichment activities	1
Healthier school food choices	2
Healthy physical activities	3
Bullying & abuse protection	4
Health education resources	5

Health Care Access:

HC Infrastructure: Southwick has general and pediatric family practices. Town hall is 5.6 miles from urgent care and gynecology/obstetric services. The town is 16.1 miles from mental health and drug treatment services. The town is 7.2 miles from a hospital and emergency room resources.

Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	40%
Visit doctor's office most often when sick	75%
Had problem getting needed health care	8%
Health care related financial challenges in the past year	46%
Had health problems preventing usual activities in past 30 days	26%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	%
High blood pressure	40%
Overweight/Obesity	19%
High cholesterol	22%
Depression or anxiety	12%
Diabetes (not during pregnancy)	18%
Health Behaviors (%)	
Struggle with regular sleep	21%
Drink more than one sweetened drink per day	19%
Smoke tobacco	-
Consume more than 14 alcoholic drinks a week	-
Physical Activity (%)	
Engage in physical activity at least 2 ½ hours a week	56%
Nutrition	
Eat 2+ cups of fruit per day	16%
Eat 2+ cups of vegetables per day	29%
Drink 1+ cups of fruit juice per day	38%

Social Cohesion

Southwick enjoyed positive responses (60%) when it came to residents enjoying living where they do. But much lower scores for other social cohesion and quality of life issues. 34% agreed with the statement 'elderly have lots of activities that enrich their lives.' Only 26% said they 'socialize with our neighbors regularly' (52%). 24% agreed that 'young have lots of activities that enrich their lives.' Only 22% agreed with the statements 'we share common values that bond us together' and 'this is a good place for ethnic, racial and linguistic minorities to live.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	60%
We socialize with our neighbors regularly.	26%
Elderly have lots of social activities that enrich their lives.	34%
We share common values that bond us together.	22%
Young have lots of activities that enrich their lives.	24%
This is a good place for ethnic, racial and linguistic minorities to live.	22%

Focus Group Discussions:

Community Health Concerns & Priorities – Economic issues: We need more jobs in the community. Poor people don't have much support here. Its hard to survive here, if you are poor or on a fixed income. There's a lot of stress from the bad economy. People are choosing between medications and living costs. **Municipal:** Lack of sidewalks is an issue. We need public transportation, especially for the elderly, but also for young people as well. **Elder concerns:** We need more public health education and support. Too many elderly are choosing between necessities, like housing costs, food, fuel, medical care and prescription drugs. Lack of public transportation is an issue that affects elderly access to health care services. Overmedication and medication management is needed. **Youth:** We need more healthy youth activities. The kids have nothing to do. Youth and drug use is also a concern. Young people also need more opportunities. **Community:** Healthy living programs & other education activities. We also need more services for the disabled. Flu clinics are very welcome. Healthy exercise programs are needed, for the elderly and the young. **Health care access:** insurance coverage, particularly prescription insurance coverage, is very inadequate. Lack of public transportation is also a barrier to health care access. **Substance abuse:** Drug and alcohol abuse are a problem. We need more prevention programming and healthy youth programming to counter the problem. Public health concerns: Lyme disease is a big problem. Cancer seems to be an issue as well. **Mental health:** Depression and stress are big problems here.

Positives: Senior center is wonderful, policing is good. We have a great EMS service, the schools are excellent and town hall is very receptive to elder needs. Our rural landscape is beautiful.

Obstacles: We have a lack of local health care resources. There is little support for those on fixed incomes or struggling families. Drug abuse is a problem here. There are few activities for teenagers. Lack of public transportation is a big problem.

Solutions: We need public transportation, particularly to shops and health care services. We need drug & substance abuse programmings. Medication management and prescription education are needed. Lack of local health care resources is a problem. Health clinics – blood pressure, flu clinics, health fairs and healthy living education – are needed. Young people need healthy activities and a place to hang out.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse - Southwick's overall substance abuse treatment admissions rate (714.64) was half the state rate (1546.48) and almost a third of county rates (1984.93) in 2012.

- Southwick (185.5) had a much lower rate of non-fatal, opiod-related overdoses than the state rate (546.6).
- Southwick (10.52) had a slightly higher fatal overdose rate than county (9.49) or state (9.79) rates.
- Southwick (221.01) had a much lower admissions rate for heroin treatment programs than the state rate (707.81).

- Southwick (305.2) had a much lower admissions rate to alcohol abuse treatment programs than the state (522.87) rate.
- Southwick had less than 5 admissions to substance abuse treatment programs for cocaine, crack and marijuana.
- Southwick's (136.81) admissions rate for 'other' substance abuse programs was lower than the state (166.39) and county (165,07) rates

Higher premature mortality rate: Southwick (325.2) had a higher premature mortality rate than the state rate (279.6), but similar to the county rate (336.5)

Higher mortality rate: Southwick (862.98) had a higher mortality rate than the state as a whole (812.69).

Diabetes: Southwick's diabetes hospitalization rate (per 1000 people) was 21.2, slightly lower than the the state rate of 23.7.

Hepatitis C: Southwick had less than 5 cases of hepatitis C.

Asthma: Pediatric asthma rate in Southwick (11.6) is slightly higher than the state rate (10.8), but not significantly different. Asthma hospitalizations per 1000 people was 7.5 per 1000 people.

Respiratory System Disease Mortality Rate: Southwick (73.97) had a lower rate for respiratory system disease deaths than state rates (82.26). The town also had a a lower age adjusted rates (58.13) than state rates (67.25).

Coronary Heart Disease: Southwick (157.86) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). Southwick (120.62) also had a higher age-adjusted mortality rate for coronary disease than the state (91.44).

Cancer: Southwick (439.7 in 2010, 465.29 in 2009) has a lower cancer incidence rate than state rates (528.7 in 2010, 565.97 in 2009).

STD's: Southwick (73.67) had a much lower rate for chlamydia rate than state (347.14) rates. The town had less than 5 cases of gonorrhea and no incidence of syphilis.

Lyme Disease: Southwick (94.72) had twice the rate for Lyme disease as the state rate (44.43).

Health Indicators	Southwick
Pediatric Asthma Prevalence, 2008-2009 (%)	12.89
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	7.00
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	91.06
Respiratory: Asthma - ED Visits: Count (ages 0-19)	41.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	533.33
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	57.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	178.72
Total Coronary Heart Disease Hospitalizations (2008-2010)	104.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	364.45
Total Stroke Hospitalizations (2008-2010)	51.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	336.42
Total COPD Hospitalizations (2008-2010)	84.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	294.67
Total Asthma Hospitalizations (2008-2010)	36.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	126.29
Total Diabetes Hospitalizations (2008-2010)	43.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	150.85
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	367.47
Emergency room visits due to cavities (crude rate per 100,000) (2010)	56.13
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	231.29
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	304.88
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1661.06
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	841.04
Annual # of Resident Births 2010	75.0
Cancer Incidence Male (2005-2009) - Observed Case Count	127
Cancer Incidence Male (2005-2009) - Expected Case Count	147.9
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	85.9

Cancer Incidence Female (2005-2009) - Observed Case Count	136
Cancer Incidence Female (2005-2009) - Expected Case Count	147.6
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	92.1
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	46.8
White non-Hispanic	48.2
Black non-Hispanic	0.0
Hispanic	NA
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	NA
Births to adolescent mothers	NA
Mothers not receiving prenatal care in first trimester	22.2
Mothers with adequate prenatal care	81.9
Mothers receiving publicly funded prenatal care	31.9
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	0.0
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	52.6
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	NA
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	31.6
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	598.7
Total cancer deaths	151.5
Lung cancer deaths	33.9
Breast cancer deaths	40.6
Cardiovascular disease deaths	179.5
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	599.2
Injection drug user admissions to DPH funded treatment program (2011)	178.7
Alcohol and other drug related hospital discharges (2009)	283.8
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	131.5
Angina	0.0
Bacterial pneumonia	281.9

Tolland Community Health Profile

Town Council/Administrator Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 551. **Race/Ethnicity:** 95.8% White, 1.6% Latino, 0.7% African American, 3.1% Native American, 0.9% Asian, 0.9% other race. **Foreign born:** 1.1%. **Languages:** English. **Gender:** 56.1%/43.9% M/F. **Median age** 45.8, 45.2/50 M/F. **Households with children under 18:** 29.9%. **Seniors:** 16.2%. **Seniors living alone:** 10.3%. **Veterans:** .14.2%. **Disabled** 7.3%. **Under 18 disabled** 0%. **18-64 disabled** 7.9%. **Over 64 disabled** 13.5%. **Owner-occupied housing:** 93.5%.

Top Ten issues	
1. Poor economy and its effects	2. Strong health schools & youth needs
3. Elder concerns	4. Access to health care services
5. Mental Health	6. Disabled needs
7. Public health programming & clinics	8. Inadequate social services
9. Parent education	10. Volunteer recruitment

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs run 113% of the national averages, while local average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses of $57,027. Those making less than $50,000 may be in economic distress
- Tolland (8.4%) had a lower percentage of households making less than $25,000 than the state (11.4%) averages.
- Tolland (18.7%) had a lower percentage of households making less than $50,000 than state (30%) averages.
- 10.9% of homeowners with mortgages paid 35% or more for housing costs.
- 7.1% of homeowners without mortgages paid 35% or more for housing costs.
- 62.5% of tenants paid 35% or more in rent. Only 14 occupied rental units were identified in the census data.
- 3.4% of Tolland households received food stamp/SNAP benefits. 3.4% of Tolland residents earned less than 130% of the US Poverty Threshold, qualifying them for food stamps.

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
Tolland	$81,667	$44,821	$62,321	$48,594	78.0%	$80,000	$95,000	118.7%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
Tolland	29.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
Tolland	0.0%	1.9%	3.4%	10.9%	7.1%	62.5%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

Demographic highlights

- Tolland had a higher rate of high school (92.6%) graduates than county (84.2%), state (89.4%) or national (85.3%) averages.
- Tolland (36.2%) had a higher rate of college graduates than county (25%) and national (28%) rates, but lower than the state (39.4%) rate.
- Tolland had a much percentage of men (56.1%) than women (43. 9%).
- Tolland (16.2%) had a higher percentage of senior citizens than county (14.5%), state (14.1%) or national (13.4%) average.
- Tolland (4.8%) had a lower percentage of elders living alone than state (10.9%) averages.
- Tolland (14.2%) had a higher percentage of veterans than county (9.1%), state (7.4%) or national (9%) averages.
- Tolland (7.43) has a lower percentage of disabled residents than county (15.9%), state (12.1%) and national (12.3%) averages and across all age sectors.

Health Care Access

HC Infrastructure: Tolland has no local health care resources. The nearest general and pediatric practitioners to Tolland Town Hall are 15.3 miles away. The nearest urgent care center is 18.5 miles

from Town Hall. The nearest mental health, gynecological/obstetric, drug treatment, hospital and emergency rooms are 18.5 miles from Town Hall.

Social Cohesion

While we did not receive sufficient surveys from Tolland to analyze public responses to social cohesion questions at the town level, interviews and the focus group spoke of social cohesion, a culture of volunteerism and community spirit as major social assets for the town.

Issues raised in key informant Interviews

Economic issues: Poor economy and lack of jobs and opportunity. Some folks lost their jobs and retirement funds when the economy crashed. Poverty is an issue, though we don't know how bad. Rising costs of child rearing is an issue. Families are choosing between necessities. Elderly are also facing economic problems, particularly those on fixed incomes. **Substance abuse:** Mixed perspectives on the existence of a drug problem in Tolland. Three informants said there was a drug problem, two said there was no no drug problem. Alcohol was identified as an issue by 4 out of 5 informants. Youth drug abuse was also identified. **Mental health:** Stress and depression are issues. Social isolation, especially for the elderly, but also for the young and poor people is a concern. Hoarding is a problem for some. **Health care access:** Lack of local health care services in town poses problems, especially for the young and the elderly.. **Public health:** We need more clinics and health fairs. We could use more fitness & physical exercise. More rec facilities, including bike paths would be helpful. Healthy eating programs are desired. Its difficult for the disabled to live here, its hard to get around and there are few services for them. **Youth concerns:** We don't have our own school system, but we could use more healthy youth programming. Strong healthy schools are important. **Community:** Adult and parent education would be useful. **Elder Concerns:** Health care access is an issue. The volunteer ride program struggles to find enough volunteers these days. The population is getting older. Fire safety education would be helpful. Our rural landscape a healthy asset. Volunteerism and community spirit are assets.

Issues raised in focus group

Community Health Concerns & Priorities – Elder concerns: Tolland has an aging population and as they age, their needs increase. Coordination of services for the elderly is the primary concern. We need more services for elderly and infirm. **Mental health:** Depression is an issue in our community. Elderly hoarding is also a concern. **Lack of social support:** We need better education on resources and there is a lack of services available for poor. **Municipal:** School budget costs. but the school budget does take a lot of our budget. **Health care access** is an issue in our town. We live many miles from health care resources. This is a problem for the young and the elderly. **Public transportation** – especially to health care services – is an issue. Public health: Public health education is needed, especially, blood pressure and falling prevention.

Positives – We have a lot of community potlucks and the community socializes more in the summer Volunteerism works well here, 3 paid positions in town, everything else is volunteer. Public works is very effective. We are small and care about each other in that way. When things need doing, they get done. Shared public health nurse is great. We tend to be very active, so we get our exercise. Lots of farm and conservation land. Activist church community is a social asset. People want to help.

Obstacles – Population is aging, so people need more and more access to health care services. Long winters affect quality of life, mostly for those needing medical care. We have a reasonable ambulance

service. The senior ride program needs more volunteers. Volunteers are getting old. It's hard to get young folks to volunteer. Coordination between boards and services can be difficult. Lack of school system makes it hard for young families to move here. People are intensely private here. That gets in the way of knowing what they need, even knowing when they are at-risk.

Solutions – We need more information on services – fuel assistance, food stamps, etc. - folks don't know about the services they need. We need services for those that fall through the gaps. More prevention services for the elderly. Sustainability plan for those needing services. Public transportation to medical care is needed. Quality of life issues such as fixing up properties/yard work for aging population. We need to keep better track of people's needs, Health care issues, etc.. Expanding elder services is needed. We could do with fewer unfunded mandates from state . The government needs to pay more attention to Western Massachusetts. We need wi-fi services throughout the town.

Public Health Disparities *(crude rate per 100,000, unless otherwise indicated)*

Substance abuse – Tolland had less than 5 admissions to substance treatment programs.

- Tolland had no non-fatal, opiod-related overdoses,
- Tolland had no fatal drug overdoses.
- Tolland had less than 5 substance abuse treatment admissions in 2012, for alcohol and marijuana. Tolland had no admissions for any other drug or substance abuse.

Lower premature mortality rate: Tolland (221.7) had a much lower premature mortality rate than the state rate (279.6).

Mortality rate: Tolland (824.74) had a approximately the same mortality rate as the state (812.69). But it had a much higher age adjusted mortality rate (924.54) than state rate (668.82).

Diabetes: MA DPH MassCHIP data shows no incidence of diabetes in Tolland.

Hepatitis C: No data was available for hepatitis C in Tolland.

Asthma: The pediatric asthma rate in Tolland (12.2) was slightly higher than the state rate (10.8).

Respiratory System Disease Mortality Rate: Tolland had 1 incidence of respiratory system disease death in 2011.

Coronary Heart Disease: Tolland (412.37) had a higher mortality rate for coronary heart disease than than the state as a whole (113.58). Tolland (550.69) also had a much higher age-adjusted mortality rate for coronary disease than the state (91.44). This data reflects two deaths.

Cancer: Tolland's (206.19) cancer mortality rate was approximately the same as the state (194.78) rate. The town's age-adjusted cancer mortality rate (180) was also similar to the state cancer mortality rate (165.55).

STD's: Tolland had less than 5 cases of chlamydia, gonorrhea or syphilis in 2011.

Lyme Disease: No data was available for Lyme disease in 2011.

Health Indicators	Tolland
Pediatric Asthma Prevalence, 2008-2009 (%)	5.88
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	suppressed
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	suppressed
Respiratory: Asthma - ED Visits: Count (ages 0-19)	suppressed
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	suppressed
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	N/A
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Total Coronary Heart Disease Hospitalizations (2008-2010)	Suppressed
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	Suppressed
Total Stroke Hospitalizations (2008-2010)	N/A
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Total COPD Hospitalizations (2008-2010)	NA
COPD Hospitalization (crude rate per 100,000) (2008-2010)	NA
Total Asthma Hospitalizations (2008-2010)	suppressed

Asthma Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Total Diabetes Hospitalizations (2008-2010)	suppressed
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	suppressed
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	suppressed
Emergency room visits due to cavities (crude rate per 100,000) (2010)	suppressed
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	#N/A
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	suppressed
Annual # of Resident Births 2010	1.0
Cancer Incidence Male (2005-2009) - Observed Case Count	2
Cancer Incidence Male (2005-2009) - Expected Case Count	11.9
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	nc
Cancer Incidence Female (2005-2009) - Observed Case Count	0
Cancer Incidence Female (2005-2009) - Expected Case Count	7.8
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	nc
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	NA
White non-Hispanic	NA
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Infant Mortality Rate	
Infant Deaths	0.0
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	0.0
Asian	0.0
Low Birthweight (less than 2500 grams)	0.0
Births to adolescent mothers	0.0
Mothers not receiving prenatal care in first trimester	0.0
Mothers with adequate prenatal care	NA
Mothers receiving publicly funded prenatal care	NA
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	NA
AIDS and HIV-related deaths (2010)	206.2
Tuberculosis (2009)	0.0
Pertussis (2010)	0.0
Hepatitis-B (2010)	0.0
Syphilis (2010)	0.0
Gonorrhea (2010)	0.0
Chlamydia (2010)	0.0
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	0.0
Chlamydia, ages 15-19	0.0
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	0.0
Suicide	0.0
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	1091.2

Total cancer deaths	356.8
Lung cancer deaths	0.0
Breast cancer deaths	0.0
Cardiovascular disease deaths	252.0
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	NA
Injection drug user admissions to DPH funded treatment program (2011)	0.0
Alcohol and other drug related hospital discharges (2009)	0.0
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	0.0
Angina	0.0
Bacterial pneumonia	0.0

West Springfield Community Health Profile

Mayor/City Council Governance Structure

Demographics (US Census ACS 2008-13): **Population:** 28,498. **Race/Ethnicity:** 87% White, 8.4% Latino, 4.6% African American, 4.6% Asian. 3% Other race, 1% Native American. **Foreign born:** 16.6%.. **Languages:** English, Spanish & 32 other languages spoken in public schools. **Gender:** 49.3%/50.7% M/F. **Median age** 39.5. 35.9/42.1 M/F. **Households with children under 18:** 32.5%. **Seniors:** 15.1%. **Seniors living alone:** 12.7%. **Veterans:** 10.7%. **Disabled** 13.2%. **Under 18 disabled** 4.2%. **18-64 disabled** 12.1%. **Over 64 disabled** 31.2%. **Owner-occupied housing:** 59.1%.

Top Ten issues	
1. Poor economy and its effects	2. Substance abuse
3. Youth concerns, including post HS youth	4. Other vulnerable populations (poor, working poor, disabled, refugees)
5. Community-wide solutions	6. Healthy Living – Diet/Exercise
7. Elder Issues	8. Mental Health
9. Obesity	10. Public Transportation

Socioeconomic Disparities

- Anemic 0.6% regional job growth rate
- Living costs are 113% of the national averages, while average wages are only 91% of national and 73% of state average weekly wage (Hampden County $846; US $940; MA $1,158). Annualized to $44,512, those wages are significantly less than average regional household expenses ($57,027). Those making less than $50,000 may be in economic distress
- 25.9% of households had incomes less than $25,000 a year
- 47/3% of households had incomes less than $50,000 a year
- 4 towns – Monson, Montgomery, Palmer and West Springfield - recorded higher
- unemployment rates in 2013 than the state, according to the US Census.
- Higher rate (12.3%) of extreme poverty than the Commonwealth.
- Higher percentage of children living in extreme poverty (19.9%) than county, state and national
- (19,9%) averages. Including children under 5 (27.2%) and children 5-17 (17.2%).

US Census ACS 2008-2013 5 year estimates	Median household income	Median earnings for workers	Median earnings for Male workers full-time	Median earnings for female workers full-time	Female earnings as % of male earnings	Owner occupied housing unit	Renter occupied housing unit	Renter income as % of homeowner income
West Springfield	$54,126	$34,026	$52,309	$41,337	79.8%	$72,235	$30,691	42.5%
Hampden County	$49,094	$31,480	$52,422	$46,250	88.2%	$70,825	$23,072	32.6%
Massachusetts	$66,866	$37,091	$61,062	$48,673	79.7%	$89,668	$36,588	40.8%
United States	$53,046	30,538	$49,087	$38,635	78.7%	$67,298	$32,466	48.2%

	Seniors	Families		Paying 35% or more in housing costs		
US Census ACS 2008-2013 5 year estimates	Seniors living below 100% of the US Poverty Threshold	Food Stamps/SNAP recipient	Below 130% of US Poverty Threshold	Owner with mortgage 35% or more	Owner without mortgage 35% or more	Tenant 35% rent or more
West Springfield	6.6%	16.5%	14.7%	23.6%	13.0%	39.2%
Hampden County	10.2%	21.8%	19.5%	26.5%	16.7%	44.2%
Massachusetts	9.0%	11.7%	11.4%	29.6%	17.5%	40.4%
United States	9.4%	12.4%	15.9%	25.8%	11.5%	43.1%

		% of children & families living below 100% of poverty line					
US Census ACS 2008-2013 5 year estimates	Households With own children under 18 years	Children	Children under 5	Children 5-17	Families with children under 18	Families with children under 5	Single female parent-led families w/children under 18
West Springfield	27.9%	19.9%	27.2%	17.2%	16.0%	21.7%	28.6%
Hampden County	29.4%	28.0%	35.9%	24.6%	22.8%	29.9%	45.3%
Massachusetts	28.4%	14.9	17.0%	13.6%	12.8%	13.0%	34.9%
United States	29.6%	21.6	24.7%	20.0%	17.8%	18.6%	40.0%

Demographic highlights

- Higher percentage of elders living alone (12.7%) than the state as a whole (10.9%),
- Significant refugee populations from Sudan, Somalia, Afghanistan, Burma, Iraq and Bhutan
- Lower HS graduation rates (87.5%)
- Higher percentage of elder residents (15.1%) than the state (13.4%).
- Higher percentage of elders living alone (12.7%) than the state (10.9%)
- High percentage of people with disabilities (13.2%)
- Lower rate of disabled young (4.2%) compared to state (4.6%). Higher rate of adults (12.1%, aged 18-64) with disabilities than national (10.1%) or state (8.8%) rates
- Lower than Hampden County (33.7%) averages for seniors with disabilities (31.2%)

Issues raised in key informant Interviews

Poor Economic conditions & their effects – Poor economy and poverty. Lack of jobs and opportunities. Elder and family economic problems. Choosing between necessities. High living costs, including rising cost of child rearing and fixed income poverty. **Mental Health:** Stress & depression. Hoarding. Youth mental & behavioral health. Adult stress & mental health. Teen suicide. **Drug problem**, especially youth & drugs. Self-medication, overmedication and medication management. **Healthy Living**: More fitness & physical exercise. Healthy eating programs & food access. Obesity. More clinics & health fairs. Healthy living programming. More rec facilities, including bike paths. **Youth**

Concerns: Strong healthy schools a positive. Lack of youth opportunity. More healthy youth programming needed, including PH education. No programming for post HS young people. Need more Non-school programming & education. More **family support** & resources. Unhealthy adult lifestyles an issue. **Elder Issues:** More elder outreach programming. Supporting seniors in their homes. Elder health care access issues. HC access issues- seniors, including transportation. **Community Solutions.** More community engagement, including community wide approach and more community activities. More regional cultural interaction. Community, youth or recreation center. **Municipal Issues:** Natural disaster brought us together. More disaster readiness support, especially for non-uniformed agencies. Housing conditions need for more inspections. Affordable housing needed

Survey Priorities

Which of these issues are a problem in your community?	Rank
Unemployment/lack of opportunity	1
Illegal drug abuse	2
Poverty, child poverty and working poverty	3
Obesity	4
Prescription drug abuse	5
Mental health problems	6
Poor diet/nutrition	7
Lack of exercise/physical inactivity	8
Alcohol abuse	9
No/poor public transportation	10

In your opinion, which of the following services needs improvement in your neighborhood or community?	Rank
More job opportunities	1
Higher paying jobs	2
Positive teen activities	3
Road maintenance/safety	4
More public transportation options	5
Counseling/ mental health/support groups	6
Healthy family activities	7
More affordable health services	8
More affordable/better housing	9
Healthier food choices/greater access to fresh food	10

Which health behaviors do you, your family or the people in your community need more info about?	Rank
Substance abuse prevention (ex: drugs and alcohol)	1
Stress or anger management	2
Emergency/disaster preparation	3
Eating well/nutrition	4
Suicide prevention	5
Managing weight	6
Exercising/ fitness	7
Child care/ parenting	8
Getting flu shots and other vaccines	9
Crime prevention	10

Environmental conditions rated as 'serious problems' in town	Rank
School building conditions	1
Roads sidewalks and safety	2
Poor housing conditions	3
Industrial air pollution	4
Lyme & other insect-transmitted diseases	5
Traffic pollution	6
Drinking water	7
Lack of warm shelter in winter	8
Dumping, trash or landfill problems	9
Unsafe recreational areas	10

Youth Health Needs (Rank within Town)	Rank
Healthy physical activities	1
Cultural, social, educational & enrichment activities	2
Healthier school food choices	3
Bullying & abuse protection	4
Health education resources	5

Health Care Access:

HC Infrastructure: West Springfield has an urgent care center, drug treatment services, mental health services and gynecology or obstetrician services. Distance to hospital and emergency room is 2.1 miles from Town Hall. West Springfield has a higher percentage of uninsured residents (4.6%) than state (4%) or county (4.5%) rates.

Survey Results: Health and Health Care (%)	%
Very or mostly satisfied with quality of health care	48%
Visit doctor's office most often when sick	83%
Had problem getting needed health care	28%
Health cost-related financial challenges in past year	19%
Had health problems preventing usual activities in past 30 days	22%

Personal Health & Behavior Risk Survey Results

Health Conditions (%)	
High blood pressure	45%
Overweight/Obesity	38%
High cholesterol	42%
Depression or anxiety	24%
Diabetes (not during pregnancy)	15%
Health Behaviors (%)	
Struggle with regular sleep	45%
Drink more than one sweetened drink per day	38%
Smoke tobacco	13%
Consume more than 14 alcoholic drinks a week	5%
Physical Activity (%)	
Engage in physical activity for at least 2 ½ hours a week	36%
Nutrition	
Eat 2+ cups of fruit per day	23%
Eat 2+ cups of vegetables per day	52%
Drink 1+ cups of fruit juice per day	30%

Social Cohesion

Majority agreement (61%) that residents enjoy living in West Springfield. A third to a half, agree the young and elderly have lots of activities to enrich their lives, that neighbors socialized regularly and share common bonds. 43% think West Springfield is a good place for racial, ethnic and linguistic minorities to live, by far the highest town score in the survey.

Social And Quality of Life Conditions (% Agree)	%
We enjoy living where we do.	61%
We socialize with our neighbors regularly.	39%
Elderly have lots of social activities that enrich their lives.	40%
We share common values that bond us together.	36%
Young have lots of activities that enrich their lives.	48%
This is a good place for ethnic, racial and linguistic minorities to live.	43%

Focus Group Discussions:

Community Health Concerns & Priorities – Youth: More healthy non-school youth activities. Lack of non-school activities for kids. Not enough day care. Youth asthma. Teen pregnancy**. Seniors:** Keeping the elderly warm or cool. Elders heart/diabetes conditions. Medication self-management programming. **Community Health:** Healthy eating/diet/nutrition education. Health education on asthma & diabetes. Best practice self-care educational. **Mental health** issues – anxiety, phobias, depression, stress. **Substance abuse:** Rising heroin problem – drug abuse, prescription drug abuse. **Vulnerable populations:** Lack of federal or state support for refugee & homeless populations relocated to WS. TB in immigrant population. Bed bugs in local hotels that house homeless & transient populations. **Municipal:** More enforcement of housing code regulations. MGM casino & potential gambling addiction, crime & poverty.

Positives – Schools: Good schools – lots of programming, before & after; "Catch Kids Doing Good' program works in schools to address behavioral issues – led to climate change in school; People support programs in schools. **Municipal:** Town is pretty focused on community needs. Good community dialogue, but money's always an issue. Lots of volunteerism.; **Health Dept** does great job, w/immigrants, translations, flu clinics, etc. Public health nurses have been good partners. Great parks & rec dept – lots of programming. All firefighters are EMS trained. **Public Safety:** Feel safe in town **Refugees:** Public & town support for new immigrants; immigrants are settling in, buying houses and starting businesses; tremendous ethnic diversity, (though less racial diversity); Good parks & recreational spaces

Obstacles – Economic: Industry waxes & wanes. 52% of public school students are low-income. **Municipal:** Lack of funding for city needs. Lack of public transportation. State warehousing homeless populations in WS hotels/stronger state support for relocated families. Lack of resources for Emergency Preparedness, especially beyond fire & police. Lack of nurses for emergencies (MRC). More enforcement of housing code - inspections can cut down bed bugs, lice & scabies. **Youth:** Nothing for kids to do outside of school – especially if they aren't good at sports, especially those over 14. Sense of entitlement among the young. After school programming is all grant-driven, preventing stability and growth. Too many latch-key kids. Getting parents to pay attention to their kids. Vandalism and idle youth. Lack of **mental health** resources, especially families & young; therapists won't take insurance. **Community Health:** Lack of education/awareness of healthy eating practices. Access to healthier food & exercise. Stronger federal support for refugee populations relocated to WS. Without sufficient support, it takes years to catch up to new populations – translation expertise, cultural knowledge (both ways). **Elderly** are trying to stay self-sufficient when they need help; home aid is available, but they refuse.

Solutions – Municipal: More EMS trucks - Emergency preparedness awareness, education & resources. More community-based policing. More money dedicated to support programming. **Youth:** Weekly dances for teens - Youth survey on their interests and needs every month or two. Substance abuse counselor in schools. Getting kids outdoors. Sex education, STD's & unprotected sex among young – more healthy choices education **Health Care:** More mental health, dental & immunization and other health services in neighborhoods, perhaps a mobile health van for immunization, BP, etc. Health fairs in Spring & Winter. More PH education. More age-appropriate PH education (all ages) **Families:** Continuing education on healthy choices. Parenting classes – parents need support, including single dads**. Community**: A community center. More people to care about the community. True multi-cultural health center to ease immigrant transitions. **Refugees:** More ESL classes - More immigrant integration programming. more health services, like Caring Health Center, especially for

refugees. More medical, dental and psychiatric services are needed.

Refugee Focus Group Discussions – Strong city and health department support for refugee populations seen as a major asset. Growing refugee population in West Springfield seen as a long-term community cultural and economic asset, as noted in West Springfield and refugee/minority focus groups. **Federal funding for refugees too short,** especially for non-western refugees, crippling assimilation process. **Lack of federal and state support to towns** for supporting relocated refugee and homeless populations (respectively) undermines assimilation and public health. **Significant lack of translators**, towns lag years behind general population in terms of translation capacity. Lack of translators for health care, especially mental health. **Mental health**, trauma, undiagnosed mental health issues, stress, depression are issues. "90% of refugees need counseling." **Affordable and healthy housing** is a major problem. **Health needs:** Dietary challenges and chronic health conditions including obesity among the young, diabetes, and high blood pressure (in those from desert regions). More local health care resources desired, including flu clinics. More culturally appropriate health care education on previously identified topics. Lack of health awareness and education. **Lack of health care services,** only Caring Health Center will accept refugee patients. **Lack of public transportation** to areas where work may be found. **Lack of activities or opportunities for youth**, including health education.

Public Health Disparities (crude rate per 100,000, unless otherwise indicated)

Substance abuse - West Springfield substance abuse admissions rate (1623.87) was higher than the state (1546.48), but lower than county rates (1984.93), as well as two drug fatalities.

- However, West Springfield had higher than state admissions rates for heroin (732.68) and admissions for injection drugs (609.39) was higher than the state rates (707.81 & 587.29, respectively).
- West Springfield (200.78) had higher than state (166.39) or county (165.07) rates for 'other' substance abuse admissions.
- West Springfield's alcohol admissions (496.67) was slightly below statewide rates (522.87).
- Marijuana treatment admissions rate (81.02) was slightly higher than the state rate (68.84)
- Higher crack treatment admissions rate (70.45) than Hampden County (67.75) or state (26.2)
- Higher cocaine treatment admissions rate (42.67) than state rates (33.06)
- West Springfield (753.81) had a higher rate injection drug addicts returning to their addictions in less than a year, than state (673.8) or county rates (716.72).

Very high premature mortality rate: West Springfield (400.9) residents are the more likely to die prematurely than Springfield (397.1), Holyoke (366.6), county (336.5) or state (279.6) residents.
Higher mortality rate: West Springfield (892.22) had higher than state (812.69) mortality rates.
Diabetes: West Springfield (26.5) had higher diabetes hospitalizations rates than the state rate (23.7).
Hepatitis C: West Springfield (98.63) had higher hepatitis C than state rates (85.94).
Asthma: West Springfield had the highest asthma hospitalization rates (per 1000 people) in all towns at 12.2. Two people died of asthma-related circumstances in West Springfield.
Hypertension: West Springfield (7.04) had higher hypertension mortality rates than the state (6.89)
Coronary Heart Disease: West Springfield had higher age-adjusted mortality rates for coronary heart disease than state rates.
Cancer: West Springfield's cancer rate was slightly below state rates
HIV/AIDS: West Springfield (165.56) had lower HIV rates than county (349.99) or state (272.82) rates.
Group B strep Four confirmed cases in West Springfield Oct 2013-14.
StrepP: Four confirmed cases in West Springfield Oct 2013-14.
Campylobacteriosis: 6 confirmed cases in West Springfield Oct 2013-14.

salmonella: 9 confirmed cases between October 2013-14 in West Springfield.
Shigella: One case of shigella was confirmed in West Springfield between October 2013-14.
Enterovirus: Three confirmed incidences reported in West Springfield Oct 2013-14.
Shiga toxin (e-coli): One confirmed case in West Springfield Oct 2013-14.

Demographics	West Springfield
Pediatric Asthma Prevalence, 2008-2009 (%)	7.15
Respiratory: Asthma - Hospitalizations: Count (ages 0-19)	16.00
Respiratory: Asthma - Hospitalizations (ages 0-19): Age Specific Rate Per 100000	80.08
Respiratory: Asthma - ED Visits: Count (ages 0-19)	161.00
Respiratory: Asthma - ED Visits (ages 0-19): Age Specific Rate Per 100000	805.85
Total Acute Myocardial Infarction Hospitalizations (2008-2010)	166.00
Myocardial Infarction Hospitalizations in MA (crude rate per 100,000) (FY2010)	175.39
Total Coronary Heart Disease Hospitalizations (2008-2010)	305.00
Coronary Heart Disease Hospitalizations in MA (crude rate per 100,000) (FY2008-2010)	363.90
Total Stroke Hospitalizations (2008-2010)	178.00
Stroke Hospitalizations in MA (crude rate per 100,000) (FY2010)	257.71
Total COPD Hospitalizations (2008-2010)	323.00
COPD Hospitalization (crude rate per 100,000) (2008-2010)	379.23
Total Asthma Hospitalizations (2008-2010)	105.00
Asthma Hospitalization (crude rate per 100,000) (2008-2010)	123.28
Total Diabetes Hospitalizations (2008-2010)	93.00
Diabetes Hospitalization (crude rate per 100,000) (2008-2010)	109.19
Average Annual Inpatient Hospitalization Rates Associated with Unintentional Fall Injury, MA Residents, All Ages (crude rate per 100,000) (FY2009-FY2011)	411.86
Emergency room visits due to cavities (crude rate per 100,000) (2010)	172.59
Cancer Hospitalizations in MA (crude rate per 100,000) (FY2010)	343.62
Congestive Heart Failure Hospitalizations in MA (crude rate per 100,000) (FY2010)	336.46
Cardiovascular Disease Hospitalizations in MA (crude rate per 100,000) (FY2010)	1553.44
Mental Health Hospitalizations in MA (crude rate per 100,000) (FY2010)	1560.60
Annual # of Resident Births 2010	368.0
Cancer Incidence Male (2005-2009) - Observed Case Count	426
Cancer Incidence Male (2005-2009) - Expected Case Count	437.4
Cancer Incidence Male (2005-2009) - Standardized Incidence Ratio	97.4
Cancer Incidence Female (2005-2009) - Observed Case Count	419
Cancer Incidence Female (2005-2009) - Expected Case Count	438.5
Cancer Incidence Female (2005-2009) - Standardized Incidence Ratio	95.6
Health Status Indicator MassCHIP http://www.mass.gov/eohhs/researcher/community-health/masschip/health-status-indicators.html	
All Perinatal and Child Health Indicators (2010)	
Fertility Rate (Fertility Rate is expressed per 1,000 women ages 15 to 44 (of a given race/ethnicity where mentioned). Infant Mortality Rate (IMR) is expressed per 1,000 live births in the same data year. Lead poisoning rates are expressed per 1,000 children screened. Unknown values of Prenatal care adequacy, Trimester prenatal care began or Prenatal care payment source are excluded from the denominator)	
Births to women ages 15 to 44	66.3
White non-Hispanic	64.1
Black non-Hispanic	60.2
Hispanic	74.3
Asian	76.5
Infant Mortality Rate	
Infant Deaths	NA
White non-Hispanic	0.0
Black non-Hispanic	0.0
Hispanic	NA
Asian	0.0
Low Birthweight (less than 2500 grams)	10.1
Births to adolescent mothers	6.8
Mothers not receiving prenatal care in first trimester	25.2
Mothers with adequate prenatal care	78.8
Mothers receiving publicly funded prenatal care	51.8
% Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	0.0
Infectious Disease	

Crude Rate (Crude rates are expressed per 100,000 persons.)	
HIV Incidence (2010)	NA
HIV/AIDS Prevalence (2009)	164.7
AIDS and HIV-related deaths (2010)	3.5
Tuberculosis (2009)	0.0
Pertussis (2010)	NA
Hepatitis-B (2010)	17.9
Syphilis (2010)	NA
Gonorrhea (2010)	32.2
Chlamydia (2010)	211.2
Age Specific Rate (Age-specific rates are expressed per 100,000 persons in the specific age group.)	
Syphilis, ages 15-19	0.0
Gonorrhea, ages 15-19	NA
Chlamydia, ages 15-19	636.5
Injury Indicators (2010)	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Motor vehicle related injury deaths	3.5
Suicide	14.1
Homicide	0.0
Chronic Disease Indicators (2010)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Total deaths (all causes)	783.2
Total cancer deaths	230.6
Lung cancer deaths	91.6
Breast cancer deaths	16.9
Cardiovascular disease deaths	205.5
Substance Abuse Indicators	
Crude Rate (Crude rates are expressed per 100,000 persons.)	
Admissions to DPH funded treatment programs (2011)	1410.3
Injection drug user admissions to DPH funded treatment program (2011)	486.8
Alcohol and other drug related hospital discharges (2009)	766.0
Hospital Discharges for Primary Care Manageable Conditions (2009)	
Age Adjusted Rates (Age adjusted rates are expressed per 100,000 persons.)	
Asthma	111.8
Angina	NA
Bacterial pneumonia	258.9

Appendices

Focus Group Questions

1. Tell me about your community, its population, infrastructure, culture and character.

2. How would you describe a healthy community?

3. Which health issue most affects the quality of life in this community?

4. Please tell us a few things that are working well to keep your community healthy and safe.

4a. Please tell us a few things that stand in the way of making this a healthier community.

5. What do you think is working well to keep your community healthy and safe? What do you think stands in the way of making this a healthier community?

7. What health behaviors or health risks do people in your community need more information and support to improve?

8. What urgent or immediate health-related concerns do you have for your community?

9. What solutions would you like to see implemented that might address these health concerns?

10. What do you see as the top priorities to prevent longer-term health problems in your community?

11. Are there specific groups of people - such as the very young, elderly, non-English speakers, racial/ethnic minorities, teenagers - whose health needs or problems you are most concerned about? What are those special needs or problems from your perspective?

12. How do economic issues affect the health of your community?

13. What is unique about your community that can be an opportunity for improving health? What is unique in this community that could pose threats to health and well-being?

14. Is there anything else important you think I missed or should know?

Key Informant Interview Questions

1. Tell us about your town, its people, infrastructure, culture and character

2. Which one health issue most affects the quality of life in this community?

3. What has changed in your community over the past few years, for better or worse, as it impacts creating a healthier community?

4. Please tell us a few things that are working well to keep your community healthy and safe.

    4a. Please tell us a few things that stand in the way of making this a healthier community.

5. Which one health behavior or health risk do people in your community need more information and support to change and/or improve?

6. What urgent or immediate health-related concern do you have for your community?

7. What do you see as the top priorities to prevent longer-term health problems in your community?

8. What solutions would you like to see implemented that might address these health concerns?

9. Are there specific groups of people - such as the very young, elderly, non-English speakers, racial/ethnic minorities, teenagers - whose health needs or problems you are most concerned about?

    9a. What are those special needs or concerns?

10. What are some of the unique characteristics in your community that may pose an opportunity for health improvement or conversely, what challenges pose a threat to health and well-being that we should know about?

11. Think about the challenges in your community and your organization's ability to achieve your goals and mission. Where do you see the greatest tension between community health needs and your organization’s capacity to address them? What do you need to succeed?

12. How do economics issues affect the health of your community?

13. Is there anything else important you think I missed or should know?

Hampden County Community Health Survey

Thank you for participating in this survey. This survey was designed in compliance with HIPAA privacy standards, as well as state and national Institutional Review Board standards for health related surveys. Your insights will help local and regional public health agencies better serve your needs.

1. What town do you live in? _____

2. How much do you agree or disagree with the following statements about your local economy?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The local economy is booming.					
Wages are excellent					
There are plenty of jobs to go around.					
This is a great economy to start a business.					
This is a great economy to grow a business.					
Housing is very affordable and costs aren't increasing.					
Living costs are affordable and aren't increasing					
Economic opportunity is equitably shared by everyone					
Poverty isn't an issue in our community					

3. How much do you agree with the following statements about your town?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
We socialize with our neighbors regularly.					
We know our neighbors very well.					
We participate in local community activities.					
We share common values that bond us together.					
We look out for each other in times of need.					
We reach out to new neighbors.					
Elderly have lots of social activities that enrich their lives.					
Young have lots of activities that enrich their lives.					
This is a good place for young people to live.					
This is a good place for the elderly to live.					
This is a good place for the disabled to live.					
This is a good place for poor people to live.					
This is a good place for ethnic, racial and linguistic minorities to live.					
We enjoy living where we do.					
We live our lives the way we want to.					

4. Which of these issues are a problem in your community? Please check all that apply.

◯ Poor physical health
◯ Lack of exercise/physical inactivity
◯ Poor diet/nutrition
◯ Poverty, child poverty and working poverty
◯ Unemployment/lack of opportunity
◯ No/poor public transportation
◯ Mental health problems
◯ Tobacco/second hand smoke
◯ Obesity
◯ Alcohol abuse
◯ Illegal drug abuse
◯ Prescription drug abuse
◯ Motor vehicle injury/death
◯ Sexually transmitted diseases
◯ HIV/AIDS
◯ Teen Pregnancy/Birth
◯ Access to health care
◯ Diabetes
◯ Cancer
◯ Inadequate social support
◯ Community safety/Violent crime rate
◯ Domestic/child abuse

5. Which issue most affects your community? _____

6. In your opinion, which of the following services needs improvement in your neighborhood or community?
If there is a service that you think needs improvement that is not on this list, please write it in.

◯ Animal control
◯ Child care options and services
◯ Elder care options and services
◯ Services for disabled people
◯ More affordable health services
◯ More health care providers
◯ More affordable/better housing
◯ Healthier food choices/greater access to fresh food
◯ Culturally appropriate health services
◯ Counseling/ mental health/support groups
◯ More/better recreational facilities (parks, trails, community centers)
◯ Healthy family activities
◯ Positive teen activities
◯ More public transportation options
◯ More job opportunities
◯ Higher paying jobs
◯ Road maintenance/safety
◯ Better public safety
◯ None
Other (please specify) _____

7. How would you rate the following environmental conditions in your town?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Industrial air pollution					
Traffic pollution					
Road conditions, sidewalks & safety					
Drinking water					
Hazardous waste sites/spills					
Lead, asbestos or mold in homes					
School building conditions					
Lyme & other insect transmitted diseases					
Biting & attacking animals					
Poor housing conditions					
Sewage problems					
Dumping, trash or landfill problems					
Unsafe recreational areas					
Lack of recreational areas					
Violent or dangerous community conditions					
Lack of pools, clean lakes or sprinklers in summer					
Lack of cool places in summer					
Lack of warm shelter in winter					

8. In your opinion, which health behaviors do you, your family or the people in your community need more information about? Check all that apply.

◯ Eating well/nutrition
◯ Exercising/ fitness
◯ Managing weight
◯ Going to dentist for checkups/preventive care
◯ Going to doctor for yearly checkups & screenings
◯ Getting prenatal care during pregnancy
◯ Getting flu shots and other vaccines
◯ Emergency/disaster preparation
◯ Safe driving, including child safety
◯ Quitting smoking/ tobacco use prevention
◯ Child care/ parenting
◯ Elder care
◯ Caring for family members with special needs/ disabilities
◯ Teen pregnancy/Safe Sex/Sexually transmitted disease
◯ Substance abuse prevention (ex: drugs and alcohol)
◯ Suicide prevention
◯ Stress or anger management
◯ Domestic violence prevention
◯ Crime prevention
◯ Rape/ sexual abuse prevention
◯ None
Other (please specify) _____

9. How satisfied are you with the quality of your health care?

◯ Very satisfied
◯ Mostly satisfied
◯ Satisfied
◯ Unsatisfied
◯ Mostly unsatisfied
◯ Very unsatisfied
◯ No opinion
◯ Decline to answer

10. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?

◯ State Employee Health Plan
◯ Private employee/workplace health insurance plan
◯ Directly purchased private health insurance plan
◯ Medicare
◯ Medicaid or MassHealth
◯ Military health care (Tricare, CHAMPUS,VA)
◯ Indian Health Service
◯ No health plan of any kind
◯ Don't know/Not sure
◯ Decline answer
Other (please specify) _____

11. Where do you go most often when you are sick?

◯ Doctor's office
◯ Health department
◯ Hospital
◯ Community Clinic
◯ Urgent Care Center
Other (please specify) _____

12. In the past 12 months, did you have a problem getting the health care you needed for you or a family member from any type of health care provider, dentist, pharmacy, or other facility?

◯ Yes
◯ No
◯ Don't know/Not sure
◯ Decline to answer

13. If you or a family member had a problem with getting health care from a provider or facility, what kind was it? Check all that apply. If you had trouble seeing a type of provider not listed here, please write it in.

◯ Haven't had a problem
◯ Dentist
◯ Private/General practitioner
◯ Eye care/ optometrist/ ophthalmologist
◯ Pharmacy/ prescriptions
◯ Pediatrician
◯ OB/GYN
◯ Health department
◯ Hospital
◯ Clinic
◯ Urgent Care Center
◯ Medical Clinic
◯ Mental Health Provider

Other (please specify)_____

14. Which of these problems prevented you or your family member from getting the necessary health care?

Choose all that apply. If you had a problem not listed here, please write it in.

- ◯ Haven't had a problem.
- ◯ No health insurance.
- ◯ Insurance didn't cover what I/we needed.
- ◯ My/our share of the cost (deductible/copay) was too high.
- ◯ Lack of primary physician prevented access to needed care.
- ◯ Can't find available doctor within my health insurance network.
- ◯ Doctor would not take my/our insurance or Medicaid.
- ◯ Hospital would not take my/our insurance.
- ◯ Pharmacy would not take my/our insurance/ Medicaid.
- ◯ Dentist would not take my/our insurance or Medicaid.
- ◯ No way to get there.
- ◯ Didn't know where to go.
- ◯ Couldn't get an appointment.
- ◯ The wait was too long/appointment too far in the future.
- ◯ Needed health services not available in my area.
- ◯ Language difficulties.

Other (please specify)_____

15. Have you or your family experienced financial challenges as a consequence of health-related costs in the past year?

- ◯ Yes
- ◯ No
- ◯ Don't know/Not sure
- ◯ Decline to answer

16. Have you ever been told by a doctor, nurse or other health professional that you have any of the following health conditions? Please check all that apply.

	Yes	No	Don't know	Decline to answer
Asthma/COPD				
Depression or anxiety				
High blood pressure				
High cholesterol				
Diabetes (not during pregnancy)				
Osteoporosis				
Overweight/Obesity				
Angina/ heart disease				
Drug/alcohol-related health problem				
Tobacco-related health problem				
Cancer				
Arthritis				
Sexually transmitted disease				
HIV/AIDS				

17. Which of these personal habits/behaviors do you engage in? Please check all that apply.

	Yes	No	Don't know	Decline to answer
Smoke tobacco				
Consume more than 14 alcoholic drinks a week				
Use drugs for recreation (e.g. cocaine, pot, heroin)				
Eat fast food more than twice a week				
Struggle with with regular sleep				
Eat sugared deserts more than once a day				
Drink more than one sweetened drink per day				
Drink 'energy' drinks more than once a week				
Have unprotected sex with non-partners				
Do not use prescription drugs as directed				
Use prescription drugs prescribed for others				

18. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

◯ Yes
◯ No
◯ Don't know/Not sure
◯ Decline answer

19. Other than your job, do you exercise or engage in healthy (non-work) physical activity for at least two and a half hours a week, including moderate aerobic exercise (like brisk walking) and muscle strengthening activities?

◯ Yes, regularly
◯ Sometimes
◯ Occasionally
◯ No
◯ Don't know/not sure
◯ Decline answer

20. If you answered yes, sometimes or occasionally to question 19, how many hours a week, do you exercise?
(if you do not exercise, enter zero ('0) _____

21. What forms of exercise or physical activity do you like to engage in? Choose all that apply.

◯ I don't exercise
◯ Walking
◯ Bicycling
◯ Dancing
◯ Golf (walking)
◯ Swimming
◯ Gym workout
◯ Aerobics/exercise classes
◯ Calisthenics
◯ Racquetball/handball
◯ Gardening
◯ Jogging/Running
◯ Martial arts
◯ Hiking
◯ Basketball
◯ Softball/baseball
◯ Volleyball
◯ Other team sport
◯ Tennis
◯ Skiing/skating/winter sports

Other (please specify)_____

22. If you previously said you do not exercise, what obstacles or circumstances prevent you from engaging in regular exercise or physical activity? (if you previously indicated you exercise, please skip to the next question)

◯ My job is physical or hard labor.
◯ Exercise is not important to me.
◯ I don't have access to exercise facilities, parks, pools, courts or other exercise areas.
◯ Don't have enough time to exercise.
◯ Need child care and don't have it.
◯ I don't know how to find exercise partners.
◯ Don't like to exercise.
◯ It costs too much to exercise.
◯ No safe place to exercise.
◯ Too tired to exercise.
◯ I'm physically disabled.
◯ I don't know.
Other (please specify)_____

23. Excluding salad lettuce or potatoes, how many cups of vegetables, fruits and fruit juices do you consume a day? (For example, 1 apple, 2 small bananas or 12 baby carrots equals 1 cup.)

	None/Less than 1 cup	1 cup	2 cups	3 cups	4 cups	5 or more cups
Fruit						
Vegetables						
100% fruit juice						

24. How many people currently live in your household? _____

25. How many people over the age of 65 live in your household?_____

26. How many children (ages 0-21) currently live in your household (full or part-time)? _____

27. What health-related resources and needs do you feel could be improved for your children and the kids in your town? Check all that apply.

◯ Healthy physical activities
◯ Health education resources
◯ Healthier school food choices
◯ Cultural, social, educational & enrichment activities
◯ Health care services
◯ Bullying & abuse protection
◯ Special needs resources & opportunities
◯ No opinion
Other (please specify)_____

28. What young people's health concerns do you feel are most pressing? _____

29. How old are you?

◯ 15-19
◯ 20-29
◯ 30-39
◯ 40-49
◯ 50-59
◯ 60-69
◯ 70-79
◯ 80-89
◯ 90 or over
◯ Decline to answer

30. What is your gender?

◯ Male
◯ Female
◯ Transgendered M/F
◯ Decline to answer

31. What is your race, ethnicity and/or background? Check all that apply.

◯ White (European descent)
◯ Black/African American (African descent)
◯ Asian
◯ Native American
◯ Latino/a (Latin American descent)
◯ Hawaiian/Pacific Islander
◯ Cape Verdean
◯ Immigrant
◯ First generation American
◯ Refugee
◯ Decline to answer

Other (please specify) _____

32. Do you speak a language other than English at home?

◯ Yes ◯ No ◯ Decline to answer

33. If yes, what language do you speak at home? (If not, skip to next question)

◯ Never Married/Single
◯ Married
◯ Unmarried partner
◯ Divorced
◯ Separated
◯ Widowed
◯ Decline to answer

Other (please specify) _____

35. What is the highest level of school, college or vocational training you have finished?

(Mark only one.)

◯ Less than 9th grade
◯ 9-2th grade, no diploma
◯ High school graduate (or GED/ equivalent)
◯ Associate's Degree or Vocational Training
◯ Some college (no degree)
◯ Bachelor's degree
◯ Graduate or professional degree
◯ Decline to answer

Other (please specify) _____

36. What was your total household income last year, before taxes? (Mark only one.)

◯ Less than $10,000
◯ $10,000 to $14,999
◯ $15,000 to $24,999
◯ $25,000 to $34,999
◯ $35,000 to $49,999
◯ $50,000 to $74,999
◯ $75,000 to $99,999
◯ $100,000 or more
◯ Decline to answer

37. How many people does this income support? (including those you pay child support for) _____

38. What is your employment status?

◯ Employed full-time
◯ Employed part-time
◯ Unemployed 0-6 months
◯ Unemployed 6-12months
◯ Unemployed 1 year or more
◯ Self-employed
◯ Retired
◯ Student
◯ Home maker
◯ Armed Forces full or part-time
◯ Disabled
◯ Decline to answer

Other (please specify) _____

39. What kind of phone connections do you have? (check all that apply)

◯ Land line telephone
◯ Mobile phone
◯ Skype

Other (please specify)_____

Thank you for taking time to complete this survey. Your insights are critical to future public health planning and considerations.

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