Saint Anne's Hospital

Saint Anne's Hospital
Community Health Needs Assessment
2021

SPRINGLINE RESEARCH GROUP

Saint Anne's Hospital

About Saint Anne's Hospital

Founded by the Dominican Sisters of the Presentation in 1906, Saint Anne's Hospital in Fall River, Massachusetts, is a full-service, acute care Catholic hospital with 211 beds and satellite locations in Dartmouth, Attleboro, Swansea, New Bedford, and Stoughton, Massachusetts.

A member of Steward Health Care, Saint Anne's provides nationally recognized patient- and family-centered inpatient care and outpatient clinical services to patients from surrounding Massachusetts and Rhode Island communities. Saint Anne's key services include the Center for Orthopedic Excellence; bariatric surgery; multiple robotic-assisted surgical capabilities, including orthopedic surgery, spine surgery, and general surgery; Saint Anne's Hospital Regional Cancer Center; two ambulatory surgery centers; the Center for Pain Management; and inpatient geriatric psychiatry services. In addition to earning the Leapfrog Group's "Straight A's" for patient safety since 2012, Saint Anne's has earned national recognitions for cancer care, spine surgery, bariatric surgery, stroke care, patient experience and safety.

About Steward Health Care System

Nearly a decade ago, Steward Health Care System emerged as a different kind of health care company designed to usher in a new era of wellness. One that provides our patients better, more proactive care at a sustainable cost, our providers unrivaled coordination of care, and our communities greater prosperity and stability.

As the country's largest physician-led, tax paying, integrated health care system, our doctors can be certain that we share their interests and those of their patients. Together we are on a mission to revolutionize the way health care is delivered - creating healthier lives, thriving communities and a better world.

Steward is among the nation's largest and most successful accountable care organizations (ACO), with more than 5,500 providers and 43,000 health care professionals who care for 12.3 million patients a year through a closely integrated network of hospitals, multispecialty medical groups, urgent care centers, skilled nursing facilities and behavioral health centers.

Based in Dallas, Steward currently operates 39 hospitals across Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas and Utah.

SPRINGLINE RESEARCH GROUP

About Springline Research Group

Springline Research Group is a multidisciplinary applied research firm that utilizes the tools of the social scientist and the policy analyst to answer strategic questions that support evidence-based decision making on critical economic, workforce, social, and policy issues. Collectively, our team has over 30 years of experience assisting public, private, and nonprofit organizations with research, technical assistance, and analytical services designed to help make our state, region, and communities better places to live, work, and do business.

We specialize in projects that contribute to economic development, workforce development, public health, and community-building. Springline's foundation is built on our experience conducting research in an academic setting, thus rigorous and replicable methods, transparency, objectivity, and the presentation of clear and actionable results are the ethos of our company. Ultimately, we are a data-driven research team focused on providing clients the information and tools they need to make decisions, set goals, monitor progress, and solve problems.

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EXECUTIVE SUMMARY

Saint Anne's Hospital conducts a Community Health Needs Assessment (CHNA) every three years that identifies the key health issues and unmet community needs in Greater Fall River. Greater Fall River, as defined for this study, includes the four communities with the largest utilization of services at Saint Anne's Hospital: the city of Fall River and the towns of Somerset, Swansea, and Westport. The overarching goal of this effort is to inform data-driven goals, objectives, and strategies that can be implemented by Saint Anne's Hospital to improve the health of Greater Fall River residents, particularly among the region's most vulnerable at-risk populations.

Key Findings

HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

Income, education, race, and other socioeconomic indicators are factors that affect health outcomes and are among the best predictors of health status and health equity. Overall, Fall River lags behind the region and the state as a whole in most socioeconomic metrics, with very high poverty levels, low educational attainment, and higher unemployment. However, areas of Somerset, Swansea, and Westport also fall below statewide averages on these metrics, although to a much lesser degree than Fall River. Notably, while most of the secondary data presented in this report were collected prior to the pandemic, people we talked to throughout this project made it clear that COVID-19 has exacerbated the economic instability that afflicts many of the region's individuals and families.

In this regard, a key theme that arose from the qualitative activities undertaken in this effort–and in many ways is a continuation of a key takeaway from the 2018 CHNA–is that many Southcoast residents face a myriad of challenges that make it difficult to maintain overall health and to adopt healthy habits that help to prevent or manage disease. For many residents, health and wellness fit within a larger framework of day-to-day obligations, ranging from issues such as housing, finances, and childcare, to transportation, employment, immigration, and safety. As one key informant noted "Addressing one's health usually comes after all the other needs of the household are taken care of, if at all."

PRIORITY HEALTH ISSUES

Greater Fall River residents remain concerned about many of the same health priority areas identified in the 2018 CHNA, including behavioral health, chronic disease, and health access. In addition to these longstanding issues, the effects of the COVID-19 pandemic have exposed the degree to which many individuals and households are struggling to obtain basic necessities, as evidenced by housing and food insecurity becoming much more prominent issues since the 2018 assessment. Accordingly, five priority health issues were identified from our analysis (see Table 1).

Table 1
Priority Health Issues

Priority Issue	Sub-Categories
Behavioral Health	Mental Health, Substance Use Disorder, Youth Trauma
Housing and Homelessness	Affordability and Stability, Barriers to Shelter and Housing
Wellness and Chronic Disease	Unhealthy Behaviors, Health Outcomes, Prevention
Food Insecurity	Persons Food Insecure, SNAP Gap, Nutrition Literacy
Health Access and Equity	Underserved Populations, Obstacle to Care, Health Literacy, Cultural Competency

Priority Issue 1: Behavioral Health

Throughout this project, mental health and substance use disorder emerged as the two most prominent behavioral health issues. Stakeholders clearly articulated that mental health is the most pressing health issue in Greater Fall River overall, particularly as the effects of COVID-19 on mental health are becoming more evident; 91% of respondents to the key informant survey report that mental and behavioral health issues are a concern in the region. Key findings include:

- Nearly all key informants identified the acute shortage of mental health professionals as a mental health priority, particularly the need for outpatient mental health workers.
- The region also faces a challenge in retaining mental health care workers, especially those who accept MassHealth, as some providers have shifted to working with patients with private insurance or who are willing to pay cash. There is also a stigma among some providers about accepting high-needs patients, particular those with conditions such as chronic homelessness and substance use disorder.

> **"People have become more isolated and anxious. The ability to cope with emotions has decreased and the stress level increased. We see higher acuity in mental health disorders and behaviors as well as substance use related issues." – Key Informant**

- The broader mental health system can be a roadblock for patients who are willing to enter treatment, but cannot do so because beds are not available. This issue is particularly troublesome for patients with acute mental health disorders who are best served by a "warm handoff," but are instead frustrated by the fact they cannot get a bed.
- Key informants note that mental health issues among our youth are growing exponentially, but there are very few beds statewide for these individuals.
- Survey results and key informant interviews highlight that language and cultural barriers for immigrant communities, lack of insurance, high out-of-pocket costs for mental health services, or lack of awareness of services contribute most greatly to mental health inequities.
- While much of the substance use disorder issue is focused on opioid abuse, alcohol use disorder remains a concern among stakeholders.

Priority Issue 2: Housing Affordability, Stability, and Homelessness

The key informant survey, stakeholder interviews, and focus groups clearly indicate that housing is a top issue of concern in the region; 84% of survey respondents cited "housing insecurity" as a top concern and nearly every person interviewed for this report spoke at length about urgent housing challenges and ways in which housing affects other basic needs. Key findings include:

- Housing challenges have been made worse by COVID-19, although the pandemic primarily exacerbated existing housing issues.
- While rents and home prices in Fall River are relatively affordable compared to the state as a whole, many Fall River households still struggle to find affordable housing, particularly since median incomes are only 54% of the statewide median.
- Rising rents and stagnating low wages result in many households making rent or mortgage payments above their means which, in turn, leaves less household income available for health care and other basics necessary to maintain good health.

> **"Where are these people going to go? The Fall River area was always a place you could afford to live. If not Fall River, then where?" – Survey Respondent**

- The interconnectedness between homelessness, mental health, and substance use disorder is a top issue among key informants. More than 36% of homeless adults in Fall River have a serious mental illness and 31% have a substance use disorder. Providers noted that these issues need to be tackled simultaneously for maximum impact.

- There were 325 homeless individuals in Fall River counted during the 2021 point-in-time count. More than 38% of the homeless population were children under age 18 and about half were female.

Priority Issue 3: Wellness and Chronic Disease

Comparatively high smoking prevalence, lack of exercise, binge drinking, and poor nutrition in Greater Fall River have led to relatively poor health outcomes for the region. Turning these health trends around will require more than just offering treatment and preventive care; it will also require addressing the social environment that contributes to health inequities. Key findings include:

- Smoking prevalence in Fall River remains stubbornly high; 24.7% of Fall River adults smoke versus 13.5% of adults statewide and 16.1% nationwide.
- 31.2% of Fall River's adults report they have not engaged in any form of leisure time physical activity in the past 30 days.
- Almost one-in-three Fall River adults is obese (32.1%).
- With a higher percentage of Fall River residents who smoke and are less physically active, it is not surprising that a higher percentage of these residents report having more than 14 days per year with poor physical health in comparison to the national average.
- Stakeholders highlighted that nutrition is a key prevention mechanism to addressing many of the region's comparatively poor chronic health outcomes, although they caution that there is a lack of nutrition-focused education in the community.

Addressing health behaviors requires that health professionals and policy makers develop strategies to encourage residents to live healthy lives, while also dismantling barriers that prevent many people from accessing the supports and resources necessary to be healthy.

- In nearly each instance, the prevalence of disease is higher for Fall River in comparison to the state and national averages. Most notably, the percentage of Fall River residents who self-reported chronic obstructive pulmonary disease (9.4%) is nearly double that of the state (5.1%), while the percentage reporting coronary heart disease is more than double (8.1% versus 3.5%).
- Data from Saint Anne's Hospital's cancer registry demonstrates that the incidences of cancer treated by the hospital vary from year-to-year, although the lowest number was in 2020, which is likely attributable to COVID-19 and the reluctance of some people to be tested or screened for cancer. Notably, the number of breast cancer incidences has declined steadily since 2009, while incidences of bronchial and lung cancer and prostate cancer have fluctuated throughout this period.

Priority Issue 4: Food Insecurity

People who are food insecure are at an increased risk for a variety of negative health outcomes, including obesity and other chronic diseases. Respondents to the key informant survey rate food insecurity as the fourth most concerning issue in the region; 57% rate the issue as very concerning and 24% rate the issue as concerning. Food insecurity often overlaps with many of the social determinants of health discussed throughout this report such as income, housing, race, and education. Consequently, strategies to address food insecurity must be undertaken in a social determinant context. Key findings include:

- Key informants note that food insecurity was a major challenge faced by many Greater Fall River families prior to the pandemic, but that the issue has been amplified significantly since its onset.
- The ability of various organizations to marshal resources during the pandemic as well as the degree to which food scarcity became a primary focus was highlighted as a great success by many stakeholders.

"We saw people at the food pantries who we never saw before. We couldn't meet the demand at the beginning." – Key Informant

- Bristol County has one of the highest percentages of food insecurity among the state's fourteen counties; an estimated 9.8%, or 54,720, residents were food insecure in 2019. That percentage is estimated to increase to 11.6% in 2021.
- In Greater Fall River, 34,564 residents received Supplemental Nutrition Assistance Program (SNAP) benefits in August 2021, which is an increase of 16.5% (+4,906 recipients) from February 2020 (pre-pandemic).
- Despite the significant number of residents utilizing SNAP, it is estimated that the "SNAP Gap" is 34% in Greater Fall River, or 15,154 residents who are potentially eligible to receive SNAP benefits but are not enrolled.
- The Healthy Incentives Program (HIP) puts money back on a SNAP recipient's EBT card when they use SNAP to buy healthy, local fruits and vegetables from HIP farm vendors. Only 2% of SNAP recipients in Bristol County utilized the Healthy Incentives Program benefits in August 2021 (latest data available).

Priority Area 5: Health Care Access

Regular access to health services is essential in managing health conditions, preventing new conditions from arising, and promoting and maintaining overall good health. This includes access to a wide variety of health services such as preventive care, mental health services, and emergency services. Stakeholders also described the racial and ethnic health gap that continues to afflict the region, which is related to a myriad of access issues such as health literacy, insurance coverage and cost, transportation, and the need for more culturally competent care. Key findings include:

- Survey respondents rate persons with mental or behavioral health issues, persons who are homeless, and undocumented immigrants as the most underserved populations in Greater Fall River.
- The primary obstacles to obtaining health services identified by survey respondents include the lack of awareness of local services, followed by the high cost of medication, unfamiliarity with how to navigate/access specialty care, and difficulty using/accessing technology.
- Stakeholders emphasized the need for more health education among all groups, highlighting two central pieces to the health education equation: learning how to be healthy in general (e.g., diet, exercise, preventive services) and knowing the resources that are available to achieve those goals (including enrolling for basic insurance).
- Even among those who have health insurance, stakeholders note that there are extreme differences in terms of the value of that insurance relative to coverage and cost. Also, stakeholders feel that navigating the health care system can be daunting for many.
- Stakeholders note that providing culturally competent care will result in more people seeking care when they need it and the care itself will be more effective. This is particularly important to Greater Fall River as the region becomes increasingly diverse.
- Transportation continues to be a primary health access issue in the region. Key informants note that many of their clients often cannot get to appointments even when they have the desire to seek out preventive care or when they require treatment for various health issues.

> **"Health care should not be one size fits all, especially in a region such as ours where patients have many different cultures and backgrounds" – Survey Respondent**

1 OVERVIEW

Founded by the Dominican Sisters of the Presentation in 1906, Saint Anne's Hospital in Fall River is a full-service, acute care Catholic hospital with 211 beds and satellite locations in Attleboro, Swansea, Dartmouth, New Bedford, and Stoughton, Massachusetts. Saint Anne's Hospital is a member of Steward Health Care, the largest private physician-led health care network in the United States. The hospital offers a wide variety of services, from 24/7 cardiac care to nationally recognized programs in orthopedics, bariatrics, spine surgery, and cancer care.

In accordance with the Massachusetts Attorney General's Community Benefits Guidelines, Saint Anne's Hospital conducts a Community Health Needs Assessment (CHNA) every three years that identifies the key health issues and unmet community needs in Greater Fall River, particularly among the region's most vulnerable populations. The overarching goal of this effort is to inform data-driven goals, objectives, and strategies that can be implemented by Saint Anne's Hospital to improve the health of Greater Fall River residents.

The 2021 CHNA identifies the region's top health priorities through a collaborative approach that incorporates socioeconomic and health data along with community input (see Figure 1). The major components of this analysis include:

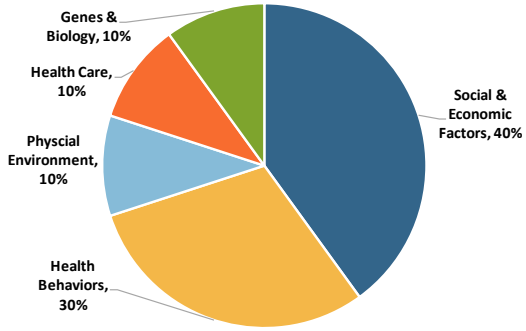
- **Socioeconomic Profile:** Understanding the community by describing its residents in terms of population, age, gender, and other demographic indicators. The analysis strives, where possible, to present these data in the context of social determinants of health by highlighting disparities in terms of income, education, and race, all of which are factors that affect health outcomes.
- **Health Data Assessment:** Identifying major health issues and needs by presenting a variety of health indicators from sources such as the Massachusetts Department of Public Health, U.S. Centers for Disease Control and Prevention, and Saint Anne's Hospital.
- **Qualitative Activities:** Engaging key informants and community members through surveys, interviews, and focus groups to add context to the health data and refine our understanding of the region's primary health issues and challenges.

Figure 1
Identifying the Health Priority Issues Includes Five Main Components

Utilizing a Social Determinants of Health Framework

Social determinants of health, which can be described as "the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life,"[1] are responsible for most health inequities (see Figure 2). For example, socioeconomic factors such as income, education, race, and housing are the best predictors of health status and health equity. Accordingly, addressing the social determinants of health is a crucial approach to achieving health equity. In order to focus its efforts where they are needed most, it is essential that Saint Anne's Hospital and its partners examine health outcomes through a socioeconomic framework and identify and focus on populations and neighborhoods with negative socioeconomic factors (see Figure 3).[2]

Figure 2
Social Determinants of Health Influence Health Outcomes the Most



Source: University of Wisconsin Public Health Institute's County Health Rankings Model

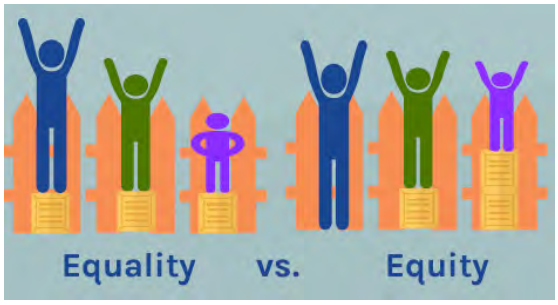
Figure 3
Social Determinants of Health

Source: Healthy People 2030

Adopting a Health Equity Lens

Health equity can be defined in many ways, but is essentially a condition in which all people have the opportunity to be as healthy as possible and that no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[3] Importantly, equity is not the same as equality. To equalize opportunities, those with worse health and fewer resources need more efforts expended to improve their health (see Figure 4). That is, while understanding the impact of social determinants of health within a community, it is also crucial to understand how underserved populations are disproportionately affected by social determinants.

Figure 4
Equality Versus Equity



[1] World Health Organization. Social determinants of health. 2018. See, www.who.int/social_determinants.

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. See, https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

[3] Braveman, P.A., *Monitoring equity in health and health care: a conceptual framework*. Journal of health, population, and nutrition, 2003.

Conducting a Community Health Needs Assessment During the COVID-19 Pandemic

While the COVID-19 pandemic has obvious health consequences for people infected with the virus, first responders, and other front-line workers, social distancing mandates and the subsequent economic fallout placed extreme burdens on our most economically vulnerable populations in acute ways that most could not predict. Across the country, the COVID-19 pandemic exposed and exacerbated racial and ethnic disparities as they relate to access, health, and economic well-being. The issue is addressed by the Massachusetts Attorney General's Office in its health equity assessment report, which notes that "In general, residents of color are less healthy and die younger than white residents" and that "These disparities are long-lasting and pervasive." The report concludes that COVID-19 has further exacerbated these inequities.[4]

Members of these communities are more likely to have low income levels, to suffer from food insecurity, to be housing-cost burdened, and are often unable to meet the day-to-day financial needs of their families. Consequently, this report, to the degree possible, explores the effects of COVID-19 in each of the priority health issues in terms of health and socioeconomic background.

Methods

Socioeconomic Profile

Socioeconomic data are derived from several sources. Where available, confidence intervals are included to address the levels of sampling error. The demographic profile in Section 2 and the social determinants of health in Section 3 rely heavily on data from the U.S. Census Bureau's American Community Survey five-year estimates. In order to produce estimates that are accurate for smaller geographies, such as the towns of Somerset, Swansea, and Westport, the Census Bureau pools five years' worth of survey data. When these estimates are discussed in the text, they are referred to in terms of the last year of the five year period, for example, the period 2015-2019 is referred to as 2019.

Health Data

Health data from national, state, and local sources are presented throughout this report and the authors made every effort to ensure that the data presented is the latest available. However, due to data lag, the most recent years for many of the health indicators represent 2017 or 2018 data. In addition, many of these data are only available for Fall River and not its surrounding communities.

Comparing results based on social determinants of health categories such as race and income is not possible for many health indicators because the data is only reported for the population as a whole. Also, the available data may underrepresent certain populations. This is particularly true for underserved populations such as the homeless, veterans, LGBTQ+ persons, and those with disabilities. In these cases, the data is supplemented, to the degree possible, with information gathered through the focus groups, key informant interviews, and the key informant survey. Also, some of the health data is survey-based and respondents can often underreport, overreport, or simply not recall certain experiences when responding to questions.

Focus Groups

One methodological consequence of the pandemic is the difficulty in hosting in-person focus groups. While virtual meetings were popular alternatives throughout the pandemic, we discovered early on in this project that many community members were experiencing "Zoom overload" as the pandemic lingered and the Delta variant began to take hold. In addition, many community members, particularly those in low-income target groups, did not have access to technology or the means, or were unwilling to be part of an online focus group. To partly overcome this issue, we conducted additional key informant interviews with people who represent many of these groups.

[4] Wolitzsky, Sandra et al. 2020. *Toward Racial Justice and Equity in Health: A Call to Action.* Massachusetts Office of the Attorney General. Boston, MA.

Five in-person focus groups were conducted over the project period (see Table 2).[5] Each focus group team included a leader and a minimum of two recorders. One focus group was conducted in Spanish and the remainder in English.[6] Importantly, while the focus groups conducted for this assessment provided valuable perspective, the observations are not representative of the Greater Fall River population as a whole.

Table 2
Focus groups conducted for the Saint Anne's Hospital CHNA

Date	Group	# Participants
12/03/2020	O'Brien Apartments - Fall River Housing Authority	5
07/14/2021	Saint Anne's Hospital Patient & Family Advisory Council	14
08/10/2021	Members of the Hispanic Community of Fall River Bible Study Group	12
08/10/2021	Peer 2 Peer-Recovery Coaches	25
08/25/2021	A mixed-population group of over 65 Fall River residents organized by the Flint Neighborhood Group.	65

KEY INFORMANT SURVEY

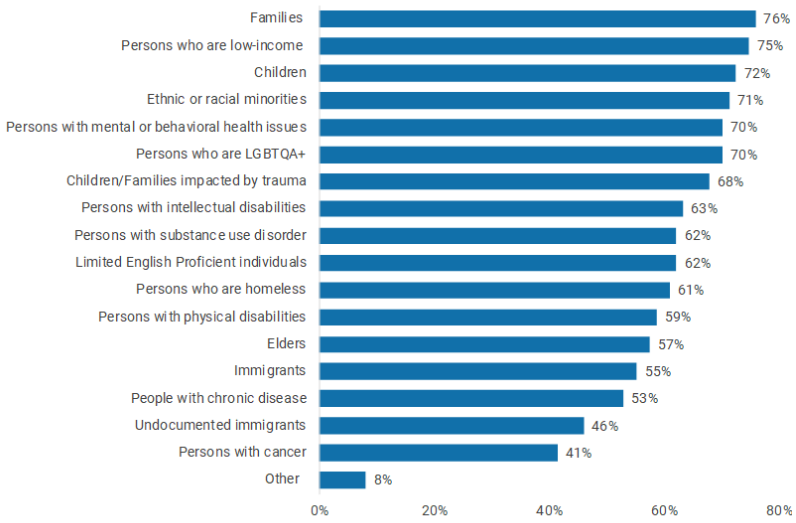
An online survey of key informants was conducted to further identify and understand the region's primary health issues and challenges.[7] A total of 87 surveys were completed. The majority of respondents are either representatives of a non-profit/social service agency or a health care provider (see Table 3). The communities of people these organizations serve are wide-ranging (see Figure 5).[8]

Table 3
Key Informant Survey Organization Type

Type of Organization	Percent
Non-profit/social service agency	40.7%
Health care provider	37.0%
Government	14.8%
Other	5.6%
Religious organization	1.9%

Source: Saint Anne's Hospital Key Informant Survey, 2021

Figure 5
Key Informants Serve a Variety of Communities and Groups



Source: Saint Anne's Hospital Community Key Informant Survey, 2021

[5] Key findings from the focus groups and survey are included throughout this report to support the secondary data. See Appendix B for the focus group questions.

[6] The qualitative analysis also borrows from focus groups conducted by HealthFirst Family Care Center and Bristol Elder Services that were conducted for their recent Community Health Needs Assessments.

[7] The survey questionnaire is included in Appendix A.

[8] "Other" includes businesses, children/families impacted by trauma, survivors of sexual assault, and faith based congregations.

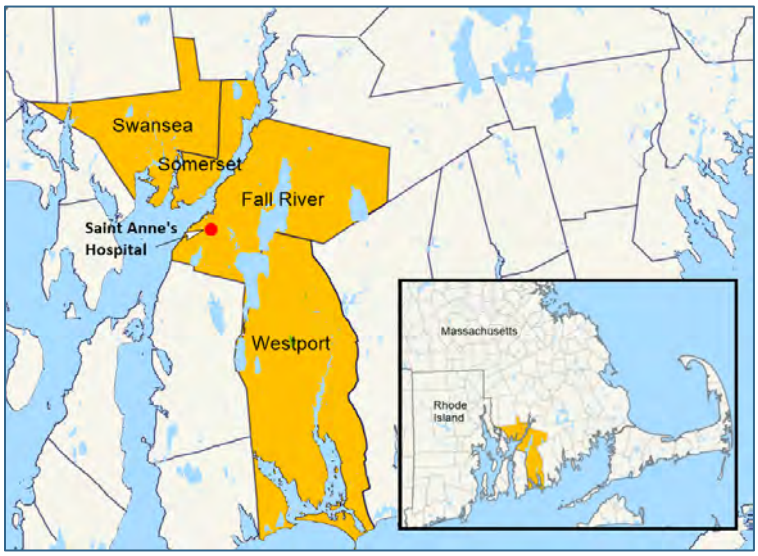
KEY INFORMANT INTERVIEWS

Twelve in-depth interviews with Key Informants were conducted to further understand the challenges and opportunities facing Greater Fall River residents. The interviews represent a cross-section of areas, including the Fall River Health Department, the United Way of Greater Fall River, the Fall River Housing Authority, the South Coast LGBTQ+ Network, Saint Anne's Hospital, Fall River Community Development Agency, First Step Inn (homeless shelter), Fall River Family Services Association, and Catholic Social Services.

2 Overview of the Greater Fall River Region

This Community Health Needs Assessment focuses on the four communities with the largest utilization of services at Saint Anne's Hospital: the city of Fall River and the towns of Somerset, Swansea, and Westport. These communities are located in the Southeastern portion of Massachusetts and are collectively referred to in this report as Greater Fall River (see Figure 6).[9] The region is geographically and economically diverse. Numerous cultural attractions, museums, live music, a community college, and easy access to major cities enrich the region's quality of life. The coastal areas are occupied by working ports, beaches, historic districts, farmlands, and ethnic traditions, which all contribute to a distinct and culturally rich regional character.

Figure 6
Greater Fall River Includes the Communities of Fall River, Somerset, Swansea, and Westport



Population Profile

Greater Fall River occupies 361 square miles and has a population of 145,786. Fall River accounts for 63.7% of the region's total, while the region as a whole represents 2.1% of the state's total population. The number of Greater Fall River residents increased by 6.1% from 1970 to 2020, and by 5.3% since 2010. Comparatively, the statewide population increased by 21.2% and 5.3% during the same time periods, respectively. The percentage of the population by gender is similar in each community and to the state as a whole, while Fall River is home to a younger population in comparison to the region's other communities (see Table 4).

Fall River, as it has been for decades, remains a center for immigrants arriving in the region. Portuguese immigrants comprised the majority of the region's foreign-born residents in the last half of the 20th century. However, emigration from Europe to the U.S. has slowed, and now immigrants from Latin America, South America, and Asia account for increasing shares of the populations in the region. There are health care implications inherent in being a hub for immigrants, including language barriers, lack of insurance, low health literacy, and other health access issues. Older people also have different needs, particularly in terms of how health care systems manage chronic conditions such as cancer, dementia, falls, obesity, and diabetes.

[9] This regional definition also coincides with Community Health Network Area 25, Partners for a Healthier Community. A Community Health Network Area is a local coalition of public, non-profit, and private sector groups that work together to build healthier communities in Massachusetts through community-based prevention planning and health promotion.

Table 1
Greater Fall River Population Summary

	Fall River	Somerset	Swansea	Westport	Greater FR	State
Population	94,000	18,303	17,144	16,339	145,786	7,029,917
Pop Change 1970 to 2020	-3.0%	1.2%	35.6%	66.9%	6.1%	23.6%
Pop Change 2010 to 2020	5.8%	0.8%	8.1%	5.2%	5.3%	7.4%
Median Age	39.6	47.1	45.8	48.9	NA	39.5
Percent Female	51.5%	50.4%	48.8%	49.9%	51.8%	51.5%

Source: Population: US Census 1970 through 2010, U.S. Census STF3 file; 2020 U.S. Census 2019, U.S. Census Bureau Population Estimates Program

ECONOMIC PROFILE

Generally, Fall River falls below its adjacent communities and the state on most socioeconomic metrics. Fall River is one of many Gateway Cities, which are defined as midsize urban centers that anchor regional economies. Gateway Cities are primarily former industrial centers that were the traditional gateways for immigrants. As has been the case across most of the state's Gateway Cities, Fall River has been transitioning from a blue-collar, production-oriented, manufacturing economy to one that is more reliant on service industries.

However, the region in general has not experienced many of the benefits that have arisen from the Boston metro area's knowledge-based economy, with many of the service-related jobs in the region requiring relatively low levels of formal training or education and paying comparatively low wages. For example, Fall River's annual average wage in 2021 is only 70.0% of the statewide average ($52,935 versus $75,765), while Somerset ($47,626), Swansea ($47,346), and Westport ($53,067) also have lower average annual wages compared to the state (see Table 5). Local Government (primarily public K-12 education), Food Services and Drinking Places, Hospitals, Ambulatory Health Care Services (i.e., medical services performed on an outpatient basis), and Nursing and Residential Care Facilities are the region's largest employment sectors and are likely to remain at the forefront of the region's employment growth.

Table 2
Greater Fall River Economic Profile

	Fall River	Somerset	Swansea	Westport	Greater FR	State
Median income (2015-2019)	$43,503	$84,115	$86,637	$79,895	NA	$81,215
Average annual wage (2021)	$52,935	$47,626	$47,346	$53,067	$51,322	$75,765
Families below poverty level (2015-2019)	17.3%	2.2%	1.8%	5.0%	11.7%	8.0%
Unemployment rate (July 2021)	8.3%	5.5%	4.8%	5.9%	6.8%	5.7%

Source: Median income and poverty: Census ACS 5-Year Estimates. Unemployment: Mass EOLWD LAUS data; Average annual wage: Emsi

3 Examining the Social Determinants of Health in Greater Fall River

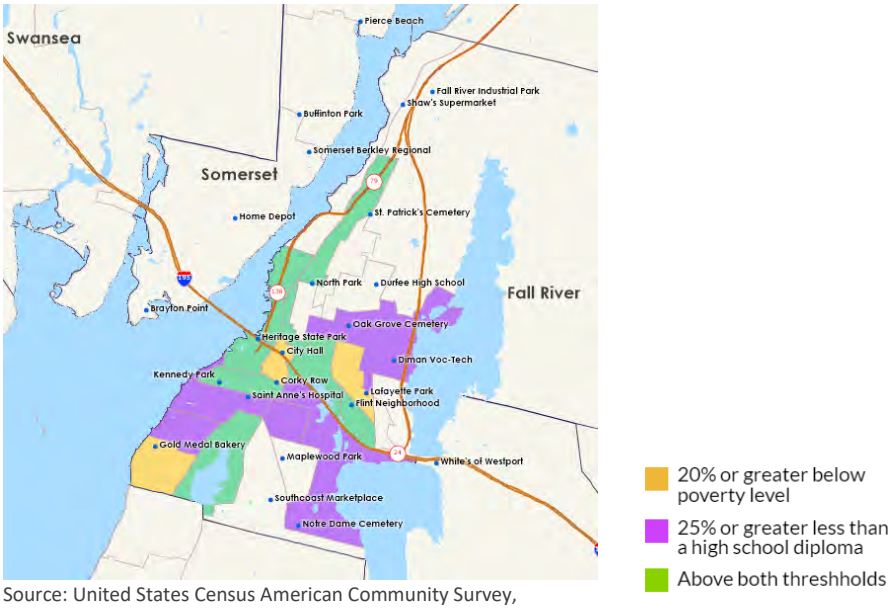
Poverty is the key social determinant of health and is interconnected with most other social determinants that affect a person's economic stability. Overall, Fall River lags behind the region and the state as a whole in most socioeconomic metrics, with very high poverty levels, low educational attainment, and higher unemployment. However, areas of Somerset, Swansea, and Westport also fall below statewide averages on these metrics, although to a much lesser degree than Fall River. Notably, while most of the secondary data presented in this section were collected prior to the pandemic, key informants and focus group members make it clear that COVID-19 has exacerbated the economic instability that afflicts many of the region's individuals and families.

Poverty Tends to Be Concentrated in Specific Neighborhoods

Poverty and its interconnected conditions tend to be concentrated in certain neighborhoods. As noted by the Opportunity Atlas, while neighborhood is not destiny, the place where one grows up has a profound effect on future economic stability and, in turn, health outcomes.[10] Consequently, addressing health in Greater Fall River means addressing the social determinants of health that are pervasive in these areas.

Figure 7 identifies the region's Census tracts with high rates of poverty (20% of residents or greater below poverty level) and low educational attainment (25% of residents or greater with less than a high school diploma), two primary social determinants of health. By these metrics, the region's vulnerable populations reside exclusively in Fall River. Indeed, mapping other socioeconomic indicators such as unemployment, income, poverty, and education would yield similar maps. The most vulnerable populations reside in the Fall River neighborhoods along Interstate 195 and the surrounding downtown area. Neighborhoods in the extreme east, north, and south ends of the city are comparatively more well-off, although even these areas have much less economic stability compared to the neighboring towns and the state as a whole. Notably, Saint Anne's Hospital is located among some of the city's poorest neighborhoods.

Figure 7
Vulnerable Population Footprint, Greater Fall River Region, 2015–2019



Source: United States Census American Community Survey, 2015–2019 Estimates. Mapped from Center for Applied Research and Engagement Systems (CARES)[11]

[10] The Opportunity Atlas, a collaboration between Brown University, Harvard University, and the US Census Bureau allows users to interactively explore data on children's outcomes into adulthood for every Census tract in the United States. See https://www.opportunityatlas.org/.

[11] See https://careshq.org/map-room/?action=tool_map&tool=footprint.

Income Levels in Fall River are Well Below State Averages, While Poverty Levels are Higher

From 2014 to 2019, the inflation-adjusted median household income in most Greater Fall River communities increased, with Westport being the only exception (see Table 6). Median household income in Fall River is only 53.6% of the statewide median and the city generally lingers in the bottom five to seven communities in the state in terms of income. Median income is even lower for minority groups; in Fall River, the median income for White, non-Hispanic residents is $46,371, which compares to $37,418 for African-Americans, $34,275 for Asians, and $24,957 for Hispanics.[12]

A key informant from Fall River noted that, even before the pandemic, he witnessed more families slipping into poverty as evidenced by additional requests for heating assistance, food assistance, and other programs provided by the City and its service providers. Another stakeholder reflected on the causes of Fall River's poverty and said, "People seem to think that our poverty issues are created from people moving in from other places, but much of it is home-grown. We need to address income instability among our long-time residents."

Table 6
Inflation-Adjusted Median Household Income, 2007–2019[13]

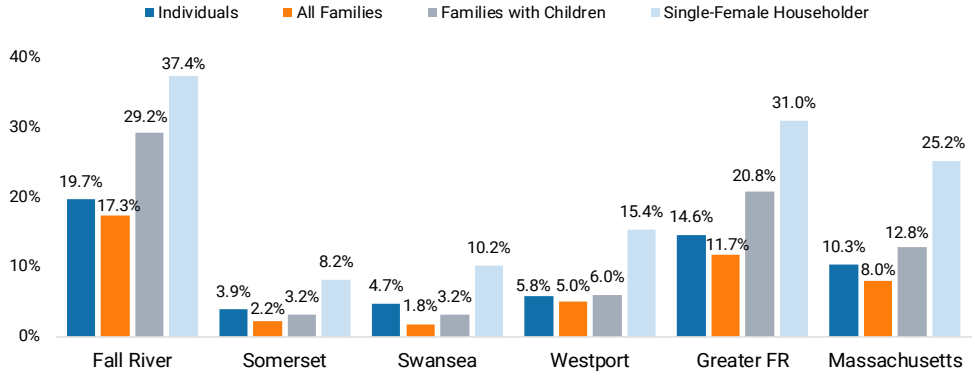
	*2014 Median	2019 Median	Change 2014 to 2019	% State Median (2019)
Fall River	$36,497	$43,503	19.2%	53.6%
Somerset	$78,433	$84,115	7.2%	103.6%
Swansea	$83,607	$86,637	3.6%	106.7%
Westport	$87,385	$79,895	-8.6%	98.4%
Massachusetts	$73,339	$81,215	10.7%	NA

*2019 inflation adjusted

Source: ACS 5-Year Estimates, Table S1903, 2007–2011 & 2015–2019

With such low income levels, it is no surprise that Fall River is home to a high proportion of people and families in poverty. Single-female led families have the highest levels of poverty among the four groups outlined in Figure 8 below. Notably, the COVID-19 stimulus payments were helpful in assisting people to weather the storm during the pandemic, and even pulled some out of poverty, but the long-term effect of these payments on poverty levels is unknown. The lingering effects of the pandemic on jobs and income will likely continue to negatively affect individuals and families in the lowest income brackets.

Figure 8
Share of the Population in Selected Areas Living Below the Poverty Level, 2019



Source: ACS 5-Year Estimates, Table S1702, 2015–2019

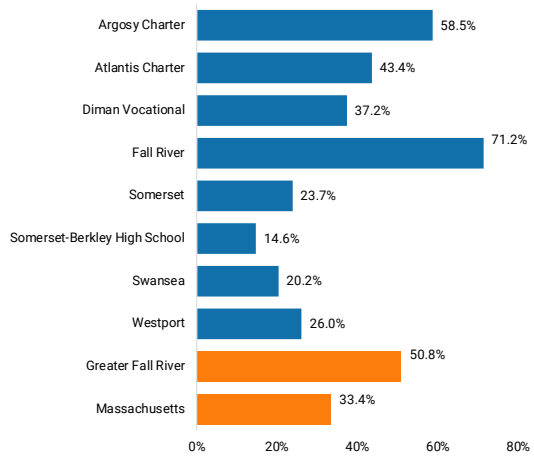
[12] Median income data by race are not available for Somerset, Swansea, and Westport.

[13] It is not possible to calculate a median household income for the Greater Fall River without raw data for every household in the region.

A High Percentage of Fall River's Students are Economically Disadvantaged

Students are often the socioeconomic bellwether of a community's future. More than half (50.8%) of public school students in Greater Fall River are classified as economically disadvantaged by the Department of Elementary and Secondary Education (DESE) (see Figure 9).[14] Much like other poverty measures, the share in Greater Fall River exceeds that of the state, where 33.4% of all students are considered economically-disadvantaged. This difference is driven primarily by the larger number of economically-disadvantaged students in the Fall River Public Schools.

Figure 9
Greater Fall River Public School Students Classified as Economically Disadvantaged, 2019–2020 School Year

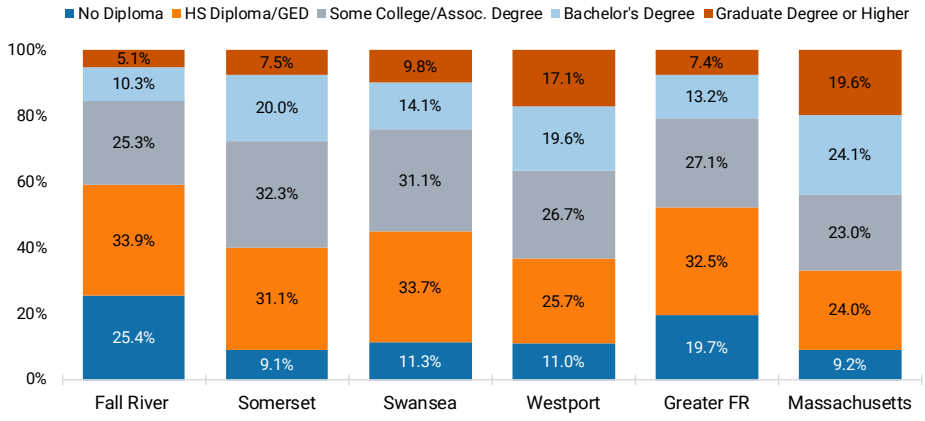


Source: Massachusetts Department of Elementary and Secondary Education, 2019–2020

Educational Attainment Levels in Fall River Are Well Below the State Average

Income is inexorably linked with education and the opportunities that an education affords. Massachusetts has the second most highly educated population in the country and one of the most well-educated populations in the world. In contrast, Fall River has one of the lowest levels of educational attainment of any city in Massachusetts, although Somerset, Swansea, and Westport also have educational attainment levels below the state average (see Figure 10).[15] High school graduation rates in Fall River are also well below the state average, while rates for most of the other high schools in the region are above the state average (see Table 7).[16]

Figure 10
Educational Attainment for the Population 25 Years of Age and Older, 2019



Source: American Community Survey 5-Year Estimates, Table S1501, 2015–2019

Table 7
4-Year High School Graduation Rate By Public School District, Class of 2020

School District	Rate
Atlantis Charter	90.5%
Diman Vocational	95.6%
Fall River	71.4%
Somerset Berkley	96.2%
Swansea	94.7%
Westport	89.1%
Massachusetts	89.0%

Source: Massachusetts Department of Elementary and Secondary Education[17]

[14] Economically disadvantaged students are defined as those who participate in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP), the Transitional Assistance for Families with Dependent Children (TAFDC), the Department of Children and Families' (DCF) foster care program, and MassHealth (Medicaid).

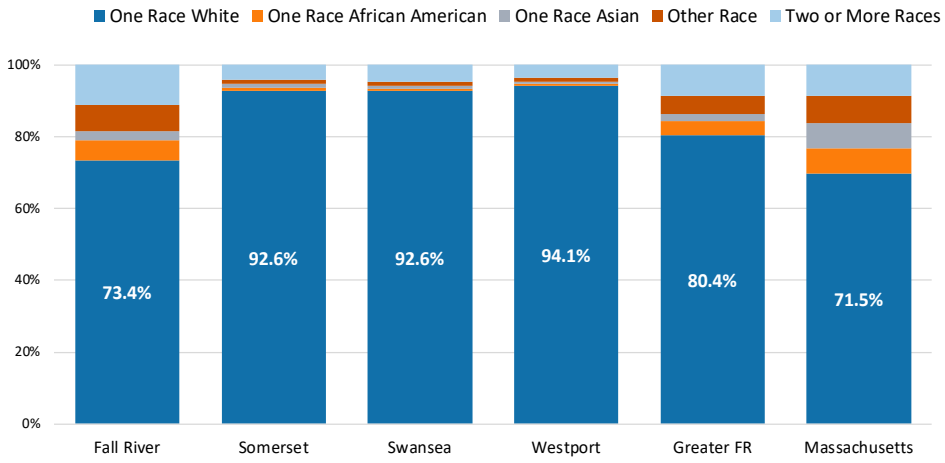
[15] High margins of error prevent any meaningful analysis of race-based educational attainment data for the region.

[16] The high school graduation rate measures the percentage of students who attain a high school diploma within a four-year period.

Fall River is More Racially Diverse Than Its Neighboring Communities, But Not As Diverse As the State

People of color face significant disparities in access to and utilization of care. Greater Fall River has a less diverse population than the Commonwealth; 80.4% of the region's residents are White (one race), compared with 71.5% of residents statewide (see Figure 11). However, the White population of the region is not a monolith and contains ethnic and linguistic diversity, particularly among residents of Portuguese descent. Importantly, persons who identify as Hispanic can be of any race and these individuals are accounted for in the various categories in Figure 11. That is, the Census Bureau's data collection and classification treat race and Hispanic origin as two separate and distinct concepts. However, the 2020 Census also allowed persons of Hispanic origin to self-report as Hispanic in a separate racial question (see Table 8).

Figure 11
Race, 2020



Source: U.S. Census 2020

Table 8
Hispanic Population, 2020

Community	# Hispanic	% Total Pop. Hispanic
Fall River	12,582	13.4%
Somerset	434	2.4%
Swansea	376	2.2%
Westport	334	2.0%
Greater FR	13,726	9.4%
Massachusetts	887,685	12.6%

Source: U.S. Census 2020

Greater Fall River is Becoming More Racially Diverse

Notably, Fall River's student population is much more diverse than the population as a whole, which portends that the region will become more racially diverse. For example, only 50% of students in the Fall River Public Schools identify as White as compared to 73.4% of residents in the city as a whole (see Table 9).[17]

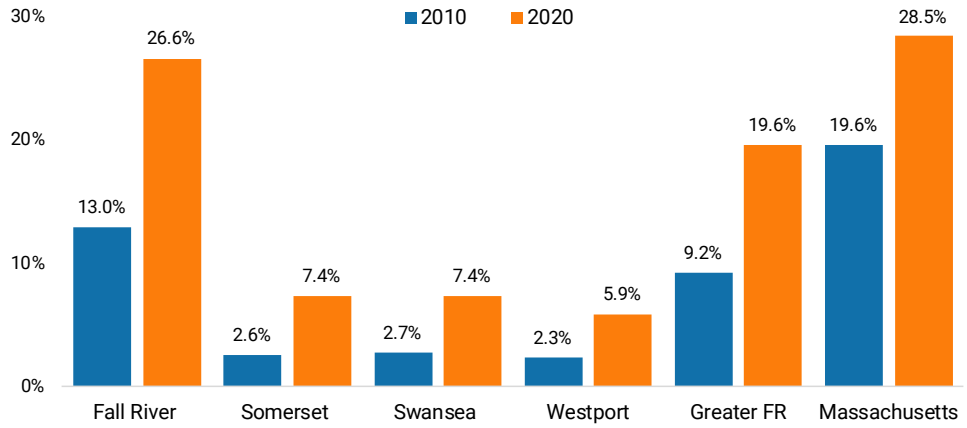
Table 9
Race/Ethnicity in Public Schools, 2020-2021

	Fall River	Somerset	Swansea	Westport	State
African American	9.0%	0.6%	0.9%	0.5%	9.2%
Asian	3.5%	1.7%	1.2%	0.4%	7.1%
Hispanic	29.7%	4.9%	2.5%	4.1%	21.6%
Native American	0.1%	0.2%	0.2%	0.1%	0.2%
White	48.8%	89.5%	93.6%	91.1%	57.9%
Hawaiian, Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%
Multi-Race, Non-Hispanic	8.9%	3.1%	1.6%	3.8%	3.9%

Source: Massachusetts Department of Elementary and Secondary Education (DESE), October 1, 2021 Enrollment Report. Data does not include charter schools.

Indeed, the racial makeup of Greater Fall River as a whole is changing, with the region's population increasingly comprised of groups who identify as other than White (one race). For example, the region's population who identify as other than White increased from 9.2% to 19.6% from 2014 to 2020 (+10.4%), compared to an increase of 8.9% statewide (see Figure 12). The percentage more than doubled in Fall River over this period and the fact that Fall River's school-aged population is even more diverse suggests that this trend will continue.

Figure 12
Change in Non-White Population, 2010–2020[18]



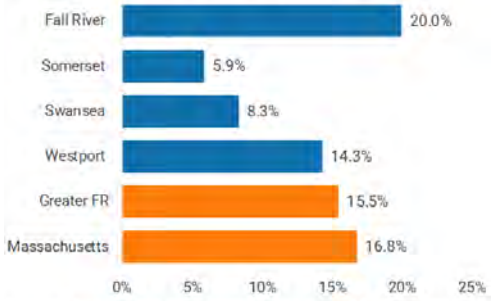
Source: U.S. Census Decennial 2010 & 2020

[17] Unlike the Census race categories, DESE includes Hispanic as a racial category along with the other race categories.
[18] Non-White population is defined as individuals who define their race as other than "One Race White."

The Region Has Traditionally Been a Landing Place for Immigrants

Greater Fall River has long been an attractive place to settle for immigrants, and as a Gateway City, Fall River has been a traditional destination for new arrivals to America since the late 18th century. One in five people in Fall River (20.0%) were born outside of the country, with Portuguese immigrants comprising the majority of the foreign-born residents (see Figure 13). Notably, the time of emigration is important to consider, since those who emigrated decades ago such as the Portuguese are more likely to have assimilated and/or have multiple generations who were born in America.

Figure 13
Foreign-Born Share of the Population, 2019



Source: ACS 5-Year Estimates, Table B05012, 2015–2019

As emigration from Europe to the U.S. has slowed, Latin American, South American, and Asian immigrants make up increasing shares of the populations in the region. A changing immigrant population can create challenges for health service providers. Perhaps the largest obstacle is the language barrier, which was cited by many focus group members and key informants as a major health equity issue. As the foreign-born population in the region begins to shift away from Lusophone countries of origin, health care providers will need to employ staff who can both engage with new arrivals in their native languages and understand cultural barriers to care.

Table 10 demonstrates the share of the population in each community with limited English proficiency and students who are English language learners. As major destinations for the region's newly arrived immigrants, Fall River has the highest share of residents reporting limited English proficiency.

Table 10
Language Ability

Community	*% Limited English Proficient	^% English Language Learners in Public Schools
Fall River	14.5%	17.6%
Somerset	2.9%	1.2%
Swansea	3.7%	0.4%
Westport	2.1%	1.3%
Greater FR	10.2%	17.1%
Massachusetts	9.2%	10.5%

Source: *ACS 5-Year Estimates, Table S1601, 2015–2019; residents 5-years of age and older
^Massachusetts Department of Elementary and Secondary Education, 2020-2021 school year[19]

Affordable Quality Housing is Becoming An Increasingly Critical Issue for the Region

The availability of affordable, quality, and stable housing is a social determinant of health because housing stability and quality can have a great effect on health outcomes. During interviews, stakeholders consistently identified housing as a social determinant that affects the largest number of residents in their community because it is such a multifaceted issue. As one key community stakeholder noted, "How can you focus on your health when all your efforts are focused on paying the rent?" Another commented, "Putting a roof over your head comes before all else." Housing and homelessness are explored in greater detail in Section 4.

[19] Limited English proficiency refers to a person who is not fluent in the English language. English language learners are defined as a student whose first language is a language other than English who is unable to perform ordinary classroom work in English.

Average Annual Wages in the Region Are Well Below the State Average; Unemployment Is Historically Higher

Having a job and earning a living wage can be critical for maintaining health. Apart from the fact that many individuals and families receive health insurance through their employer, a job makes it easier for individuals and families to live in healthier neighborhoods, send their children to better schools, and buy more nutritious food, all of which contribute to living a healthier lifestyle. Conversely, not having a job increases economic stresses that contribute to negative health, including higher rates of depression and stress-related conditions such as stroke and heart disease.[20]

Unemployment rates in the region, and particularly in Fall River, historically run 2% to 3% higher than the statewide average throughout the business cycle. The latest unemployment rates available for this report show that in September 2021, the unemployment rate in Fall River was 8.4%, compared to 4.6% in Somerset, 4.7% in Swansea, 5.4% in Westport, and 5.3% statewide (not seasonally adjusted).

One of the reasons that housing affordability in Fall River is such a major issue is that wages are very low. While rents in the region are considerably lower than many other places statewide, wages are significantly below the statewide average, which makes affording even modest rents problematic for many individuals and families (see Table 11). As one key informant noted, "Until there is more economic opportunity in Fall River, wages will continue to stagnate, while the cost of basic necessities will continue to rise. This is only going to make things worse down the road."

Table 31
Average Annual Wage, 2021

	Avg. Annual Wage	% State Average
Fall River	$52,935	69.9%
Somerset	$47,626	62.9%
Swansea	$47,346	62.5%
Westport	$53,067	70.0%
Greater Fall River	$51,322	67.7%
Massachusetts	$75,765	100.0%

Source: Emsi

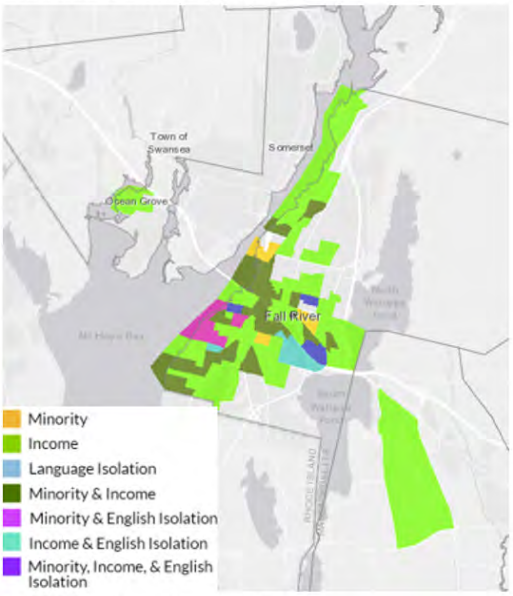
[20] Robert Wood Johnson Foundation. See https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html.

Fall River is Home to Many Neighborhoods that Meet Environmental Justice Criteria

Communities of color and low-income communities bear unequal environmental and economic burdens such as poor air and water quality, limited access to healthy food, substandard housing, and environmental contamination. The principle of environmental justice (EJ) states that all people, regardless of income or race, have the right to fair treatment and equal involvement in environmental issues, and the right to live in environmentally healthy neighborhoods.[21]

The Massachusetts Executive Office of Energy and Environmental Affairs (EOEEA) defines EJ neighborhoods as Census block groups where at least one of the following is true: 1) 25% or more of the residents are a minority; 2) 25% or more of the households have median income 65% or less than the statewide median; or 3) 25% or more of the households do not include anyone older than 14 years of age who speaks English very well. By these criteria, 77.1% of Fall River residents, 0.0% of Somerset residents, 11.5% of Swansea residents, and 10.6% of Westport residents reside in an EJ neighborhood. Figure 14 displays environmental justice populations in Greater Fall River by Census tract.

Figure 14
Environmental Justice Populations, 2020



Source: Massachusetts Executive Office of Energy and Environmental Affairs

Lead poisoning is an example of an EJ factor prevalent in older neighborhoods that are often populated by people of color and low-income households. Lead paint and dust in older homes are the most common source of lead poisoning in Massachusetts. There is no safe level of lead exposure. Lead exposure can damage the brain, kidneys, and nervous system; slow growth and development; and create behavioral problems and learning disabilities in children. The use of lead in household paint was banned in 1978. Table 12 displays two lead poisoning indicators and shows that Fall River's children are screened for lead at rates just above the state average, while most of its housing stock was constructed prior to 1978.

Table 12
Childhood Lead Poisoning Indicators, CY 2019

	*Lead Screening	Percentage of houses built before 1978
Fall River	76%	83%
Somerset	62%	80%
Swansea	74%	68%
Westport	75%	61%
Massachusetts	72%	69%

Source: Massachusetts Department of Public Health - Bureau of Environmental Health

* Percentage of children age 9-47 months screened for lead in 2019

[21] Massachusetts Department of Public Health - Bureau of Environmental Health. Massachusetts Environmental Public Health Tracking. See: www.mass.gov/dph/matracking.

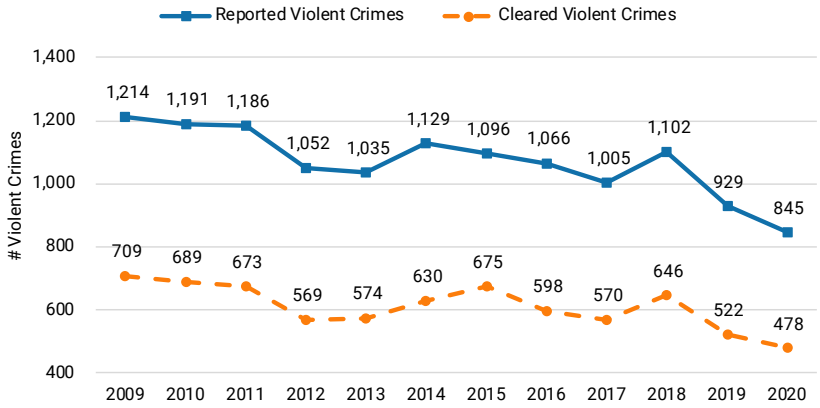
Violent Crime Is Falling in Greater Fall River, Despite a Recent Increase

Crime and violence is an important public health issue that has serious short- and long-term effects on a community's health and well-being. While violence can affect people of all socioeconomic backgrounds, the risk of exposure to violent activity is greatest for people in the most socioeconomically disadvantaged groups and communities.[22] For example, the homicide rate among young African-American men, boys and girls between the ages of 10 and 25 years old is nearly twenty times higher than the rate among white men and children in the same age group. Other historically marginalized groups such as women, persons who identify as LGBTQ+, veterans, those with a disability, and immigrants are also at a higher risk for being victims of certain kinds of violence.[23]

Apart from being directly harmed by violent acts, the health of those indirectly affected can be compromised. For example, people who live in violent neighborhoods may be more impacted by stress and mental health issues, or physical issues, because people are more apt to stay indoors and not exercise. People living in violent neighborhoods are also more likely to keep to themselves, which negatively impacts the social structure of the neighborhood and the ability to connect positively with neighbors.

The number of reported violent crimes in Greater Fall River declined by 285 from 2010 to 2020 (-23.5%), while the number of cleared violent crimes declined by 187 over this period (-26.4%) (see Figure 15).[24] More than ninety-two percent (92.2%) of the reported violent crimes in 2020 occurred in Fall River. Importantly, recent data from the Fall River Police Department reveals that violent crime is on the rise in the City; the Department's mid-year-report for 2021 showed an increase of 26.3% in violent crime, which the Department notes is primarily the result of a 41.7% increase in aggravated assaults from the same period in 2020.

Figure 15
Number of Violent Crimes in Greater Fall River
2009-2020



Source: FBI Crime Data Explorer

[22] Egerton, Susan et al. 2011. *Issue Brief: Exploring The Social Determinants Of Health Violence, Social Disadvantage And Health.* University of California, San Francisco Center on Disparities in Health.

[23] American Public Health Association Policy Statement. 2018. Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S. Washington DC.

[24] Cleared crimes are crimes that result in an arrest.

COVID-19 Accelerated Social and Health Inequities

COVID-19 exacerbated many of the inequities related to the social determinants of health, which resulted in marginalized groups being at greater risk for contracting and dying from the virus. An analysis by the Massachusetts Office of the Attorney General found major disparities in rates of infection, hospitalization, and age-adjusted mortality between white communities and communities of color (see Figure 16 and Figure 17).

Figure 16
Massachusetts COVID-19 Infection and Hospitalization Rates by Race and Ethnicity

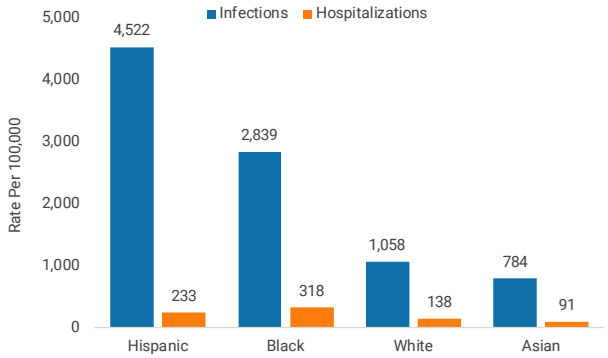
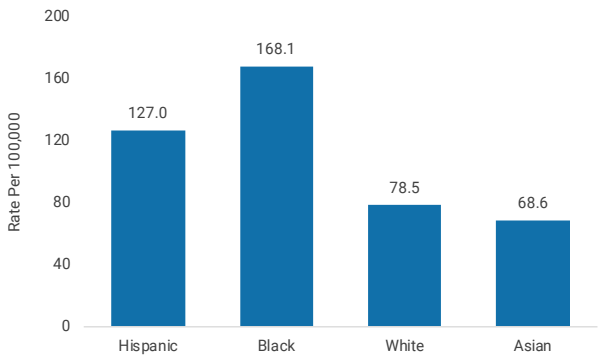


Figure 17
Massachusetts COVID-19 Age-Adjusted Mortality Rate by Race and Ethnicity



Source: Massachusetts Department of Public Health COVID-19 Dashboard. Data obtained from analysis conducted by Wolitzsky, Sandra et al.[25] Data as of November 1, 2020

One of the major takeaways from our analysis is that many of the issues brought to the forefront by the pandemic are the same that existed pre-pandemic, particularly as they relate to health equity and social determinants of health. These include issues such as homelessness, immigrant health, food insecurity, health access, and mental health. In other words, the pandemic's primary effect in Greater Fall River was not necessarily to create new issues (although certainly there were new issues), but to exacerbate existing issues that the provider and advocacy community have worked years to address.

Importantly, most all of these issues are related in some way to health equity, which in Fall River is driven significantly by the overall low levels of income and education as well as large pockets of newer immigrants (both documented and undocumented). A salient effect of the pandemic, particularly in Fall River, is that a significant number of residents who are living at the edge of their means in the best of times were pushed, or will be pushed, over the edge by the ongoing health and economic crisis. While they expressed this sentiment in many different ways, nearly all key informants said that at some point they were dealing with clients whose economic situation was tenuous. This is particularly true for providers who work with people whose income just exceeds the maximum for means-tested assistance (SNAP, MassHealth, Section 8, etc.).

Key informant survey respondents provided examples of how the region's most vulnerable groups were affected by the COVID-19 pandemic (see Figure 18). Many responses referred to general health concerns related to COVID-19, but others on seemingly non-health related issues such as housing, jobs, and childcare. Respondents also focused on the mental health impacts of social isolation and increases in feelings of stress and anxiety, which affected adults and children as conditions worsened and stay-at-home orders were issued, and the increased insecurity that people faced around crucial needs like food, income, and housing.[26]

[25] Wolitzsky, Sandra et al. 2020. *Toward Racial Justice and Equity in Health: A Call to Action.* Massachusetts Office of the Attorney General. Boston, MA.

[26] A full list of the responses can be found in Appendix A.

Figure 18
Please provide examples of how you have seen the region's most vulnerable groups affected by the COVID-19 pandemic.

Source: Key Informant Survey

Notably, providers and advocates were addressing the immediate and basic needs of the most vulnerable, while at the same time attempting to develop longer-term strategies with limited staff using online platforms and among groups that did not typically collaborate prior to the pandemic. These efforts were undertaken while often putting themselves and their families at personal risk. Indeed, stakeholders shared many positive stories about the rapid, increased collaboration between a diverse group of Key Informants, advocates, and other community leaders. By most accounts, the response from these groups helped prevent a household from spiraling further into a crisis by providing a clearing house to efficiently triage issues. As one survey respondent noted, "Based on the people with whom I work, I can't imagine the community response being any greater than it was. Staff from the United Way of Greater Fall River and United Neighbors of Fall River, in particular, did a remarkable job of convening, engaging and empowering scores of area agencies and organizations facilitating a wide variety of cohesive emergency services that addressed such pressing issues as food insecurity, education, homelessness, financial need and more. This was, still is, collaboration at its very best - quick, efficient and effective. Great role modeling for other communities."

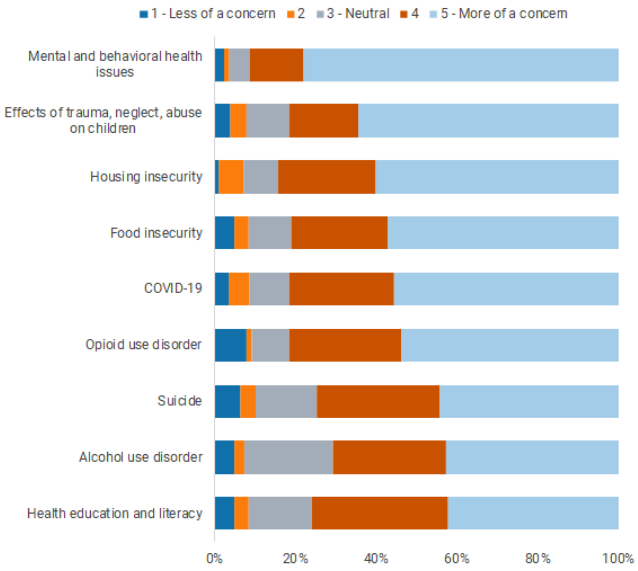
4 IDENTIFYING PRIORITY HEALTH ISSUES

The primary goal of the CHNA is to prioritize the region's health issues through a holistic approach that analyzes health data, leverages the expertise of key informants, and incorporates the views of the community. These activities are employed to prioritize health issues based on the following criteria:

- The health issue impacts a large number or high percentage of people, particularly the region's most vulnerable at-risk populations,
- There is existing momentum to build upon and community programs are already in place,
- Addressing the health issue will substantially address health disparities or inequities, and
- Short- and long-term outcomes can be measured and tracked.

Results of the key informant survey show that Behavioral Health (including mental health and substance use disorder), Housing, and Food Insecurity are among the top issues of concern (see Figure 19). This result is strongly supported by the health data, open-end survey comments, and interviews conducted with key informants; mental health, substance use disorder, and food insecurity were mentioned in nearly every interview. In addition, stakeholders expressed concern that these issues are likely to worsen as we continue to address the economic and health fallout of the pandemic.

Figure 19
Regarding the health and societal conditions among the people and groups you serve, please rank each of the following issues on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern



Source: Key Informant Survey

In addition to the qualitative results, the available health data underscores that unhealthy behaviors among Greater Fall River residents have resulted in comparatively poor chronic disease outcomes in comparison to state and national averages. While poor health outcomes appear to affect residents of all racial, cultural, and economic backgrounds, the available data and conversations with key informants indicate that these issues are most acute among the poor, communities of color, and immigrants. Many key informants attribute poor health outcomes to perceived challenges of health access, and equity issues, particularly among our region's most vulnerable populations.

Consequently, Wellness and Chronic Disease and Health Access were added as priority health issues based on the quantitative and qualitative analysis. The process described above resulted in five priority issues, which represent issues where Saint Anne's Hospital can make a significantly positive impact because the hospital is already addressing these issues and has existing partnerships and collaborations with local service providers (see Table 13).

Table 13
Priority Health Issues

Priority Issue	Sub-Categories
Behavioral Health	Mental Health, Substance Use Disorder, Youth Trauma
Housing and Homelessness	Affordability and Stability, Barriers to Shelter and Housing
Wellness and Chronic Disease	Unhealthy Behaviors, Health Outcomes, Prevention
Food Insecurity	Persons Food Insecure, SNAP Gap, Nutrition Literacy
Health Access and Equity	Underserved Populations, Obstacle to Care, Health Literacy, Cultural Competency

PRIORITY ISSUE 1: BEHAVIORAL HEALTH

Behavioral health examines how a person's habits affect their mental and physical well-being. This includes behaviors related to nutrition, exercise, smoking, sleep, and stress. Behavioral health is also a blanket term that includes mental health and substance use disorder. For example, people who have mental health or substance use issues may benefit from changes in their behaviors to better cope with their struggles.

Throughout this project, mental health and substance use disorder emerged as the two most prominent behavioral health issues, and perhaps the two primary health issues in the region. In fact, results of the key informant survey show that respondents are more concerned with issues related to mental health and substance use disorder than physical health issues and conditions. This result is also supported by interviews with key informants, who strongly emphasized the connection between mental health and substance use disorder. As one might expect, COVID-19 exacerbated mental health and substance use issues significantly.

Key takeaways:

- Stakeholders clearly articulated that mental health is the most pressing health issue in Greater Fall River, particularly as the effects of COVID-19 on mental health are becoming more evident.
- Nearly all Key Informants identified the acute shortage of mental health professionals as a mental health priority, particularly the need for out-patient mental health workers. In addition, there is a critical scarcity of beds for mental health patients across the state, particularly for youth.
- Fall River residents were already reporting higher levels of poor mental health before the pandemic; in 2018, 18.8% of Fall River residents reported having more than 14 days per year with poor mental health, compared to 12.5% statewide and 13.8% nationally.
- Eighty-seven opioid-related deaths in the region's communities were confirmed in 2020, which is more than double the number in 2013 and four more than in 2019.
- While much of the substance use disorder issue is focused on opioid abuse, alcohol use disorder remains a concern among stakeholders.
- Hospitalized patients in Fall River with any behavioral health comorbidity were more than twice as likely to be readmitted than those without behavioral health comorbidity; and those with a co-occurring mental and substance use disorder were nearly three times as likely to be readmitted.

MENTAL HEALTH

The 2018 Saint Anne's Hospital needs assessment identified mental health as an increasingly salient issue and our work for this year's report confirms that mental health issues have been amplified by the pandemic. As one stakeholder commented, "People have become more isolated and anxious. The ability to cope with emotions has decreased and the stress level increased. We see higher acuity in mental health disorders and behaviors as well as substance use related issues." Another noted that, "Mental health issues are on the rise and it doesn't discriminate."

Although life for many is somewhat returning to normal, a key informant lamented, "Children were not participating in activities and groups during the pandemic. Their physical exercise and emotional and behavioral development was being stunted and we still don't know what the full impact on mental health will be. Structure and routines have become displaced in the day to day lives of the common family." Another stakeholder noted that the elderly population is also not immune to isolation, "especially for those in suburbs who can't simply walk to the corner store or to a friend's house."

There are two primary mental health issues stressed by stakeholders:

1) the shortage of mental health professionals, and
2) the overall behavioral health system, particularly the shortage of beds.

Shortage of Mental Health Professionals

Nearly all key informants cited the acute shortage of mental health professionals as a major issue, particularly outpatient mental health workers. The shortage has created long waitlists or deterred people from seeking treatment. As one survey responded lamented, "It can take months for people to get an appointment with a clinician, therapist, or psychiatrist. If someone broke their leg, they would visit the emergency room and see an orthopedist. Brain illness must be recognized as equally important as physical illness." As discussed below, the pandemic increased the strain on this already overburdened system.

Stakeholders also noted that the region faces a challenge in retaining mental health care workers, especially those who accept MassHealth. They explained that many providers have shifted to working with patients with private insurance or who are willing to pay cash. Further, it was clearly articulated that there is a stigma among some providers about accepting high needs patients, particularly those with conditions such as chronic homelessness and substance use disorder.

Community Action and Resource

Child & Family Services Awarded Funding for a Certified Community Behavioral Health Clinic (CCBHC) Expansion Project

The CCBHC Expansion Project funding enables Child & Family Services (CFS) to expand its existing services. Over 20 programs currently serve more than 12,000 individuals and families each year facing some of life's most distressing challenges: substance use, co-occurring disorders, serious mental illness, and children with serious emotional disturbance. The CCBHC Expansion Project will offer a seamless array of treatment options for this population with one point of access that allows for better coordination of care. Particular attention will be given to veterans, individuals involved in the justice system and/or protective services, the LGBTQ community, transitional age youth, the Hispanic or Latino community, and older adults.

Shortage of Beds

Key Informants and survey respondents noted that it has been challenging to find beds for patients. Thus, the broader mental health system can be a roadblock for patients who are willing to enter treatment, but cannot do so because no beds are available. This issue is particularly troublesome for patients with acute mental health disorders who are best served by a "warm handoff" but are instead frustrated by the fact they cannot get a bed. In addition, while key informants note that mental health issues among our youth are growing exponentially, there are very few beds statewide for these individuals. One key informant noted that, "There are no beds, particularly for pediatrics. I have nowhere to send people."

The ongoing shortage has led to a "behavioral health boarding crisis" where patients wait in emergency departments for beds to open up. The issue is particularly acute at the pediatric and adolescent level, although adding beds does little to improve treatment outcomes if there continues to be a staffing shortage. One stakeholder commented that due to the lack of treatment beds "hospitals cycle these people out instead of holding them until a bed opens up. We do not capitalize on the brief window that they are willing to get help."

Equity in Mental Health

The importance of remedying the health inequities in the region by addressing the social determinants of health has been discussed throughout this report, and mental health care is no exception. The Centers for Disease Control and Prevention notes that racial and ethnic minority groups reported higher rates of mental health concerns during the pandemic,

particularly among Hispanics.[27] In a region with low levels of educational attainment and high levels of poverty, there are many social factors that influence not only mental health, but community perceptions on receiving treatment.

Interviewees and survey respondents highlighted many factors that contribute to these disparities, including language and cultural barriers for immigrant communities, lack of insurance, high out-of-pocket costs for mental health services, or simply because people are unaware that their insurance covers mental health treatment. Many people are also generally more reactive than proactive in engaging the health care system, or as one stakeholder put it, "They have been conditioned from a young age not to talk about mental health issues and to suck it up and just get over it." This stigma spans all ethnic and socioeconomic groups, but stakeholders noted that the stigma appears to be most acute among people of color and immigrants.

Effect of COVID-19 on Mental Health

The links between substance use disorder, other mental health issues, poverty, and homelessness creates a regional crisis that has worsened due to the COVID-19 pandemic. The degree to which the pandemic has affected the mental health of marginalized groups has yet to be fully understood, yet social inequities have been associated with increased risk of common mental health disorders, and the stigma associated with seeking treatment for mental and behavioral health issues often prevents those in need of care from seeking it.

Stakeholders noted that providers outside the mental health system are often not properly trained in how to counsel patients or refer them to treatment services. Still other key informants noted that many people are unaware of mental health resources or how to access these resources, which is especially true of parents of young children and adolescents who never imagined their child would need mental health services before the pandemic. As one focus group member commented, "What we lack is general information about mental health resources. Parents come to me and don't even know these services exist," while another commented, "We would like more resources to get these kids through troubled times."

Moreover, the pandemic increased demand for mental health services. One survey respondent noted that "clients, especially children, have to wait weeks for an appointment. Professionals in the consulting and referring fields tell us these shortages have existed for a long time and now the pandemic has made the situation even worse." Stakeholders also contended that because the direction of the pandemic is unknown and will be an ongoing issue for the foreseeable future, the mental health impacts of the crisis will not abate any time soon.

Substance/Opioid Use Disorder

Substance use disorder (SUD) continues to be identified as a major challenge in the region. While much of the focus is on opioid abuse, stakeholders recognize that this issue extends beyond opioids to other narcotics and alcohol. For example, although 82.0% of survey respondents report that the opioid use disorder is a concern, 71.0% also report that alcohol use disorder is a concern. However, there was agreement among many stakeholders that the current crisis of opioid-related overdoses and deaths was an immediate priority, particularly since COVID-19 has had an oversized impact on this population. As one survey respondent lamented, "During the pandemic people with SUD were isolated and alone, meetings were shutdown, detox beds were cut in half. COVID is killing people who don't even have the virus."

Greater Fall River had 87 confirmed opioid-related deaths in 2020. Not only is this the greatest annual number of opioid-related deaths in recent years, but the number of deaths has increased steadily since 2013, which implies that the region has much work to do to stop this crisis (see Table 14). Additionally, the number of opioid deaths in Fall River is disproportionate to its share of the region's population; Fall River's share of the region's population is 64.5%, while it accounted for 86.2% of opioid deaths in 2020.

[27] McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. MMWR Morb Mortal Wkly Rep 2021;70:162–166.

Table 14
Number of Opioid-Related Overdose Deaths By Greater Fall River Communities, 2013–2020

	2013	2014	2015	2016	2017	2018	2019	2020	Total '13-'20
Fall River	29	38	40	64	55	55	67	75	420
Somerset	1	2	4	5	5	5	2	4	28
Swansea	4	5	0	1	5	7	6	5	33
Westport	2	4	2	4	6	8	8	3	37
Greater Fall River	36	49	46	74	71	75	83	87	521
Massachusetts	961	1,362	1,741	2,106	1,999	2,005	2,002	2,088	14,264

Source: Massachusetts Department of Public Health, Current Opioid Statistics, November 2021 report
Data represents deaths by city/town of residence for the decedent

Stakeholders also note that those with substance use disorder are prone to chronic medical conditions due to, and exacerbated by, the chronic neglect of self-care, including COPD, lung cancer, hepatitis, malnutrition, type 2 diabetes, obesity, and cancer. In addition, stakeholders highlighted the lack of providers and that many trying to overcome their addiction "have to wait six month for an appointment. [It's] hard to stay sober and hard to find a program 'right' for them to follow." Saint Anne's Hospital's Addiction Nurse Specialist, who works with the City of Fall River, commented that "sometimes just a few hundred dollars is the biggest obstacle blocking someone from going into treatment. Having reliable access to housing and treatment is key for recovery." In addition, one stakeholder commented that prevention and recovery does not happen overnight. Rather, recovery is a long-term process that requires a holistic approach that integrates health and other programs such as job training and adult basic education into the recovery process.

Community Action and Resource

Safe Stations Fall River

The City of Fall River established the "Safe Stations" program in March 2021 to expand access to services for those dealing with substance use disorder, which is the first such program in Massachusetts. Safe Stations allows individuals living with substance use disorder that are in need of critical supportive services to present to any of Fall River's Fire Stations and receive immediate treatment or access to services coordinated by a recovery coach.

The Fall River Fire Department's Safe Stations program is based on a model that is working successfully in Providence, RI, as well as major cities in New Hampshire. Safe Stations is a partnership between several stakeholders including, but not limited to; The City of Fall River Fire Department/EMS Division, Steppingstone's Peer2Peer program, SSTAR, and Saint Anne's Hospital.

Neonatal Abstinence Syndrome (NAS)

Other troubling outcomes of the opioid crisis are the rate of newborns born with neonatal abstinence syndrome (NAS). NAS is a group of conditions that babies experience after being exposed to narcotics in the womb. Infants born with NAS can have low birth weight, respiratory distress, feeding difficulty, tremors, increased irritability, diarrhea, and occasionally seizures. Although data are not available at the local level, it is clear that the opioid crisis is impacting newborns in Southeast Massachusetts at a greater rate than elsewhere in the state. In 2017, the region had the highest rate of infants diagnosed with NAS, with 24.1 babies per 1,000 live births suffering from the syndrome.[28] Comparatively, 13.8 infants per 1,000 births were diagnosed with NAS statewide (Source: Massachusetts Department of Public Health Neonatal Abstinence Syndrome Dashboard).

Substance Use Disorder and Behavioral Health

Stakeholders increasingly report seeing patients with a dual diagnosis, that is, individuals who experience a substance use issue along with a mental health issue. Key informants and focus group members noted the difficulty in treating patients effectively if these issues are not addressed simultaneously. As one survey respondent noted, "Opioid dependence is difficult to resolve. The ability to access medications like methadone and suboxone has improved. However, recovering from long term substance use disorder usually very often demands major lifestyle changes." They went on to stress that these changes can require intensive mental or behavioral health intervention and support, that inpatient treatment remains difficult to access, and that all of these challenges have been made worse by COVID restrictions.

Patients with comorbid behavioral health conditions are also at higher than average risk of readmission. For example, hospitalized patients in Fall River with any behavioral health comorbidity were more than twice as likely to be readmitted than those without a behavioral health condition (22.8% vs. 10.6%) and those with a co-occurring mental and substance use disorder were nearly three times as likely to be readmitted (29.8% vs. 10.6%) (see Table 15).[29]

Table 15
Behavioral Health Readmission Rates, FY 2018

	No BH Condition	Any BH Condition	Mental Disorder Alone	SUD Alone	Co-Occurring Mental/SUD
Fall River	10.6%	22.8%	20.4%	16.6%	29.8%
State	10.5%	20.4%	18.0%	15.2%	26.8%

Source: Health Policy Commission Analysis of CHIA Hospital Inpatient Discharge Databases, July 2017-June 2018

[28] The Southeast region includes the counties of Bristol, Plymouth, Dukes, Barnstable, and Nantucket.

[29] Behavioral Health & Readmissions in Massachusetts Acute Care Hospitals. August 2016. Center for Health Information and Analysis (CHIA).

Community Action and Resource

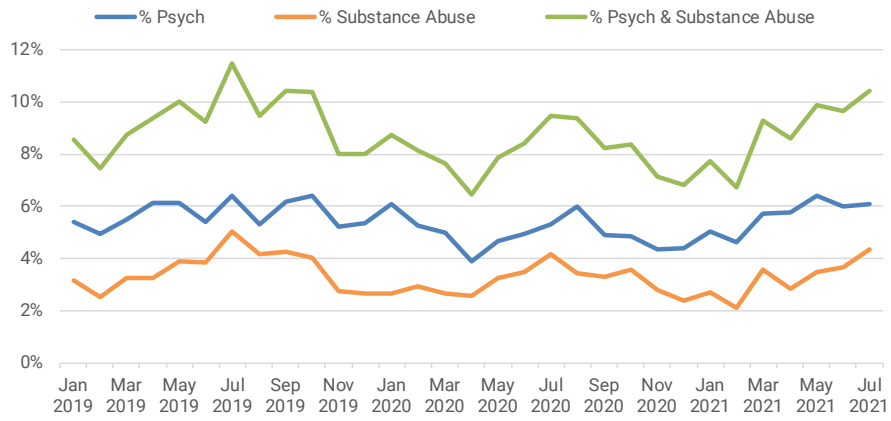
Morton Hospital's Comprehensive Addiction Program (MORCAP)

The Morton/Steward Hospital level 4 inpatient substance use disorder (SUD) treatment unit provides the most intensive level of SUD care for patients experiencing severe withdrawal symptoms or medical issues associated with substance addiction. Opened in November 2021 and staffed by doctors, nurses, counselors, behavioral specialists, and social workers, the MORCAP team assesses each patient's degree of dependence, addresses underlying medical and psychological conditions, and develops a personalized recovery plan. MORCAP accepts both provider referrals and self-referrals to the program, based on eligibility.

Saint Anne's Hospital Emergency Department Data

Emergency department data from Saint Anne's Hospital show that visits for a behavioral health issue fluctuated between 6.5% and 11.5% of all ED visits from January 2019 to July 2021 (either related to a psychological or substance use disorder issue). Psychological issues accounted for a higher percentage of behavioral health visits over this period in comparison to substance use disorder. Not surprisingly, visits were lowest in spring of 2020 when the pandemic began to ramp up and isolation orders were instituted. During this period, visits to the emergency room were likely more related to extreme physical issues such as heart attack, injury, or COVID rather than mental health issues. However, behavioral health visits to the emergency room have rebounded to pre-pandemic levels (see Figure 20). Notably, a higher number of males visit the emergency department to address behavioral health issues in comparison to females for both psychological and substance use disorder issues.

Figure 20
Psychiatric and Substance Use Disorder Diagnoses, Saint Anne's Hospital
Percentage of Total Emergency Room Visits, Jan 2019–July 2021



Source: Steward Health Care

Youth Alcohol and Drug Use

Using drugs and alcohol at any age presents health risks; however, using these substances at a younger age can cause more severe negative health outcomes. While comprehensive local data on youth alcohol and drug use is limited, data from the BMC Durfee High School (Fall River) *Youth Risk Behavior Survey* show that nearly one-in-five students (19.6%) reported that they consumed alcohol within a month of taking the survey. In terms of lifetime prevalence, 34.9% reported they tried marijuana, 9.8% used pain medications that were not intended for them, 2.0% used cocaine, 7.2% sniffed glue or aerosol, and 35.3% vaped (see Table 16).

Table 16
Alcohol and Drug Use Among Durfee High School Students (Lifetime Prevalence Except for Alcohol), 2019

Substance	Percent
Alcohol (past 30 days)	19.6%
Marijuana	34.9%
Pain Medications	9.8%
Cocaine	2.0%
Sniffed glue/aerosol	7.2%
Vaping	35.3%

Source: Durfee High School 2019 Youth Risk Behavioral Survey (based on ~800 respondents)

Community Action and Resource

SSTAR Opens New Behavioral Health Facility

SSTAR opened its 43,000 square foot behavioral health facility in November 2021 to increase capacity of its services for patients with mental health and substance use disorders. The facility provides added relief to area acute care hospitals, which are faced with boarding behavioral health patients in their emergency departments. Saint Anne's Hospital provided a donation of $100,000 to support the capital campaign. The facility houses a triage and assessment center; a federally qualified health center that will house primary care facilities; individual, family and group counseling rooms, child psychiatry, and a medication assisted treatment center for those with opiate and alcohol addiction.

YOUTH TRAUMA

Youth trauma is a pervasive and significant public health issue. There is a range of traumatic events or trauma types to which children and adolescents can be exposed, including experiences such as witnessing or experiencing physical, sexual, and emotional abuse, bullying, family and community violence, sex trafficking, living with an impaired family member who cannot provide adequate care, traumatic grief, and having a life-threatening injury or illness. Trauma during childhood is associated with a range of physical health and emotional problems and these traumatic experiences often have serious health and social consequences into adulthood.[30]

Survey respondents selected the "effects of trauma, neglect, abuse on children" as the second most concerning health and societal condition among the individuals and groups they serve (64% selected the issue as "more of a concern" or "concern"). It was noted by many key informants that COVID-19 exacerbated the negative mental health trends among youth and that the "additional pressures put on families by the pandemic will make many households even more unstable, potentially resulting in

[30] Substance Abuse and Mental Health Services Administration. 2018. *National Children's Mental Health Awareness Day Brief.* See: https://www.samhsa.gov/sites/default/files/brief_report_natl_childrens_mh_awareness_day.pdf. Accessed October 15, 2021.

more unhealthy home environments for kids." The lack of mental health providers, as discussed in other areas of this report, means that many children and families will not receive the services they require to maintain emotional and mental stability. One key informant also noted that many families are confronting mental health issues in their family for the first time and that "they don't know where to turn."

Apart from anecdotal evidence, comprehensive local data related to youth trauma is lacking. However, data from the Durfee High School (Fall River) Youth Behavioral Risk Factor Survey show that, in the 2019 school year, 42.9% of Durfee students reported that they felt sad or hopeless almost every day while doing some usual activities. Another 16.6% reported that they seriously considered attempting suicide in the past 12 months. This survey was administered pre-pandemic and mental health issues may have grown more acute since then.

Community Action and Resource

Justice Resource Institute (JRI) Youth Trauma Program at Saint Anne's Hospital

Established in 1984, the Youth Trauma Program (YTP) assists children and families in dealing with the effects of trauma. The program provides evaluation and counseling services to child and adolescent victims of sexual abuse, physical abuse, and other trauma, including loss of a loved one due to homicide, experiencing dating violence, or violence at home. The program reflects Saint Anne's Hospital's commitment to the diverse needs of the community and to the improvement of the physical and mental health of its population.

The program expanded its age range to now offer clinical services to children from birth to three years old, as well as to their caregivers. YTP now serves children from birth to age 21 who have been impacted by crime related trauma, such as abuse and neglect. In 2017, the Youth Trauma Program also brought together providers who work with the birth-to-five-years-of-age population to increase awareness of infant mental health needs. The Southeastern Massachusetts Infant Mental Health Task Force was also established as part of this effort.

PRIORITY ISSUE 2: HOUSING AFFORDABILITY, STABILITY, AND HOMELESSNESS

Housing affordability is a social determinant of health. A lack of affordable housing contributes to housing instability and homelessness, both of which are strong predictors of poor health outcomes. The key informant survey, stakeholder interviews, and focus groups clearly indicate that housing is a top issue of concern in the region; 84% of survey respondents cited "housing insecurity" as a top concern and nearly every person interviewed for this report spoke at length about urgent housing challenges and ways in which housing affects other basic needs.

Key takeaways:

- Housing challenges have been made worse by COVID-19, although the pandemic primarily exacerbated existing housing issues.
- While rents and home prices in Fall River are relatively affordable compared to the state as a whole, many Fall River households still struggle to find affordable housing, particularly since median incomes are only 54% of the statewide median.
- Rising rents and stagnating low wages results in many households making rent or mortgage payments above their means, which in turn leaves less household income available for health care and other basics necessary to maintain good health.
- During the 2015–2019 period, 46.4% of renters and 31.3% of homeowners in Greater Fall River were housing cost burdened. White households are less likely to be housing cost burdened than other households.
- There were 325 homeless individuals in Fall River counted during the 2021 point-in-time count. Over thirty-eight percent of the homeless population were children under age 18 and about half were female.
- The interconnectedness between homelessness, mental health, and substance use disorder is a top issue among key informants. More than 36% of homeless adults have a serious mental illness and 30.8% have a substance use disorder. Providers noted that these issues need to be tackled simultaneously for maximum impact.

HOUSING AFFORDABILITY

Despite having some of the lowest median rents in the state, apartments in Greater Fall River remain unaffordable for many households. This dynamic results in households with rent or mortgage payments that are above their means, which in turn leaves less household income available for health care or to meet other basic needs. Housing affordability is an issue nationwide and one that Massachusetts has been grappling with for some time. The issue encompasses a confluence of factors, but the dynamics of the Greater Fall River rental housing market create unique issues.

For example, while key informants noted that rents in Greater Fall River are perceived to be high, they remain a relative bargain compared to the rents in Greater Boston. However, income and wage levels in Greater Fall River are significantly lower than most of Massachusetts, so while rents are relatively inexpensive for outsiders and commuters to Greater Boston or Providence, they remain considerably high for many local residents, particularly among the working poor who generally do not qualify for housing subsidies.

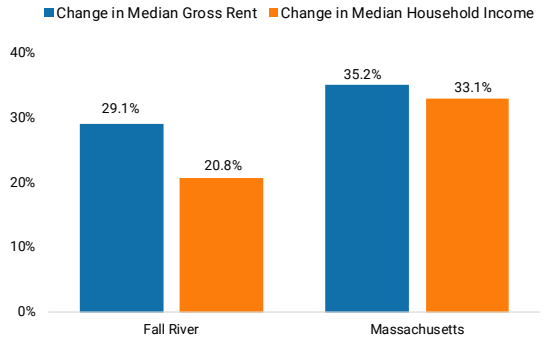
Rents Increasing Faster than Income

Compounding this dynamic is that rents in Fall River are increasing at a faster rate than wages and household income (see Figure 21).[31] While the latest comparable data is for 2019, it is likely that the rent/income gap has grown since that time,

[31] The latest available rent and income data is 2019. It may be the case that the spread between rent and income is now even greater for some communities.

particularly since the majority of job losses during the pandemic were in lower wage service industries that are prevalent in Fall River.

Figure 21
Change in Gross Rent versus Change in Median Household Income, 2010 to 2019



Source: Census ACS 1-Year Estimates, Table B25064 and Table S1903[32]

Other Factors in the Rental Affordability Equation

Stakeholders pointed to a variety of causes behind the increasing rents in the region. A confluence of improving economic conditions, the arrival of Southcoast Rail, renters being priced out of the Greater Boston market and moving south, and older homeowners selling out to investors suggests that landlords are increasingly able to raise rents. Census data indicate a related trend is constricting the supply of units in the city. The supply of housing units in multi-family rentals, which make up the bulk of the rental housing stock in Fall River, declined by 1.2% between 2014 and 2019 (from 23,616 units to 23,327 units) although the change is within the margin of error.[33] Clearly, however, Fall River is not producing a significant amount of new multi-family housing that is affordable for the average resident. As one survey respondent noted, "The rents are out of reach."

Combined with rising rents, stakeholders argue that anecdotal evidence suggests some property owners are simply not renting out all their units. For example, one key informant noted, "There used to be a time where the landlord lived in the first floor apartment and rented the two above them. It's just not worth the headache anymore to rent out these apartments, especially if the house is paid for."

Key informants also noted that some owners are cashing out due to the improving housing market, with new owners immediately raising the rent, often significantly. These new owners have no history with current tenants, so as one survey respondent noted, "There is not a lot of sympathy from new owners. They'll get the rent they want, even at the expense of current tenants."

In addition, many landlords are requiring tenants to bear upfront rental costs, including first, last, and security deposit, application fees, and CORI check fees. Landlords are also performing credit checks and pulling eviction history records on prospective tenants.[34] The consequence, as one key informant noted, is "even tenants who can afford a rental unit are rejected because they have bad credit, have been evicted, or just don't have the reserve cash these landlords are requiring." Another stakeholder lamented, "The landlords have all the power. Who has that kind of upfront cash?"

Stakeholders noted that these factors have lead landlords to "take their chances" by transitioning from accepting Section 8 vouchers to renting at market rate. In the past, landlords were likely to receive higher "fair market rents" from Section 8

[32] 1-year ACS estimates are not available for Somerset, Swansea, and Westport.

[33] Source: 2005-2009 & 2010-2014 American Community Survey, Table B25032: Tenure by Units in Structure.

[34] Evictions court records are public and free in Massachusetts.

than they would at market rates, but the gap is narrowing, if not already closed.[35] Moving from fair market rents to market rents means that landlords can command higher rents while not having to deal with the red tape required for subsidized housing rentals. Refusing to rent to voucher holders is an illegal practice in Massachusetts[36] and it is not the only form of housing discrimination reported by stakeholders. A focus group participant also noted that many landlords discriminate against the recovery population and "raising the rent is one strategy to either evict people with these types of struggles or to price them out altogether."

However, one survey respondent cautioned that not all the blame can be placed on landlords, who for the most part "are city residents simply trying to recover their costs. They have bills to pay too." Another noted that "the costs of increased taxes and utilities, either because the tax rate has increased and/or the valuation of their property has increased," which has presented landlords with no choice but to raise the rent.

In the end, however, renters increasingly struggle to find affordable housing, and these challenges are likely to grow, particularly for those on fixed incomes or working low-wage jobs. Many of these individuals and families are long-time Fall River residents who are caught up in a rental market that offers few options and seriously challenges their ability to live in the city where they have lived their entire lives. As one stakeholder noted, "Where are these people going to go? The Fall River area was always a place you could afford to live. If not Fall River, then where?" Moreover, another stakeholder noted that "while the supply of affordable rental housing is declining, more middle-income families are slipping into poverty," thus the demand is increasing.

One increasingly attractive option is for renters to become homeowners, and in fact, anecdotal evidence suggests that in some cases it is less expensive to purchase a home than rent. But one stakeholder cautioned, "Those looking to buy often do not understand all the other costs they need to assume as a homeowner as opposed to being a renter." Another stakeholder noted that they would like to see the city explore and expand on first-time homeowner programs such as the HOME Homebuyer program.[37]

Housing Cost Burden

As housing costs rise faster than income, households must increasingly rent or buy above their means. During the 2015–2019 period, 46.4% of renters and 31.3% of homeowners in Greater Fall River were housing cost burdened (see Figure 22).[38] The number of housing cost burdened households is likely to increase if current trends persist. One key informant noted that some households are "doubling up" with other family or friends to ease the housing burden, while other households have no choice but to rent in less desirable areas or to rent substandard housing that is not conducive to healthy living. One survey respondent noted that "doubling or even tripling up in some of the city's older tenements is a disaster waiting to happen," as many of these units do not meet basic city codes.

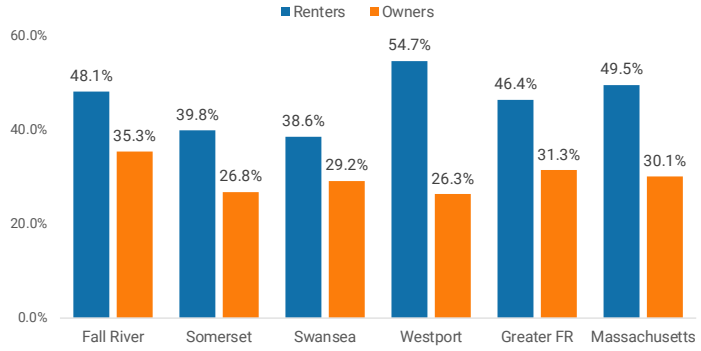
[35] HUD uses Fair Market Rents to determine payment standard amounts for Housing Choice Vouchers (Section 8). They are estimated as the "40th percentile gross rents for standard quality units within a metropolitan area or nonmetropolitan county." Because HUD incorporates Fall River in the Providence-Warwick Metro Area, some have argued in the past that the FMRs for the city are artificially high, allowing a landlord to get more from a voucher tenant than what they would have been able to charge on the open market.

[36] See https://www.mass.gov/doc/source-of-income-discrimination-faqs/download

[37] See https://www.fallriverma.org/homebuyer/.

[38] The U.S. Department of Housing and Urban Development defines cost-burdened families as those "who pay more than 30 percent of their income for housing" and "may have difficulty affording necessities such as food, clothing, transportation, and medical care."

Figure 22
Housing Cost Burdened Households, 2019

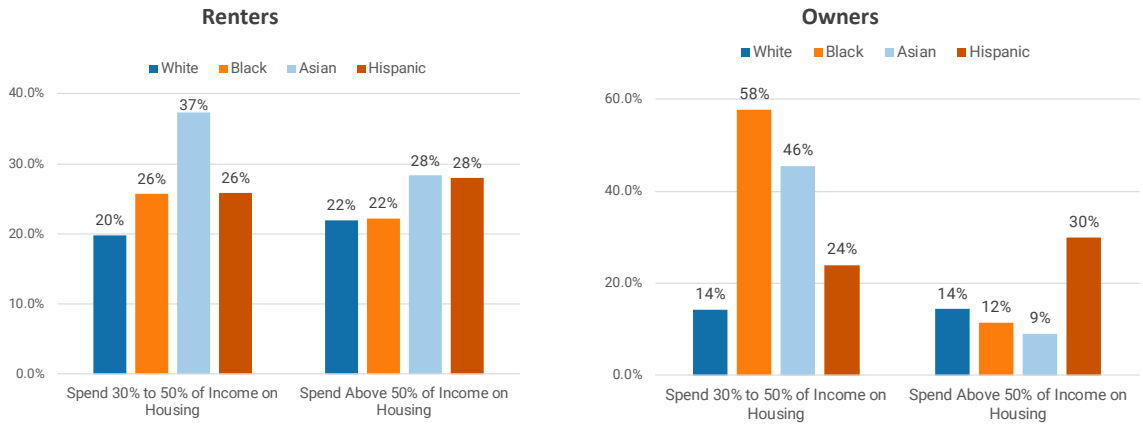


Source: ACS 5-Year Estimates, Table DP04, 2015–2019

HOUSING EQUITY

Housing insecurity disproportionately affects low-income households, people of color, and seniors. This trend is evident in Fall River where White households are less likely to be burdened by housing costs than their neighbors (see Figure 23).[39] Notably, lower-income households are primarily renters, and this group is more likely to have experienced a job loss during the pandemic because they are more likely to work in the industries impacted the hardest by the pandemic, either because of layoffs or the inability to work remotely.

Figure 23
Housing Cost Burden by Race in Fall River



Source: HUD 2013-2017 CHAS (CHAS: https://www.huduser.gov/portal/datasets/cp.html)

[39] As noted earlier, a household is typically considered housing cost burdened if their housing costs exceed 30 percent of their income.

HOMELESSNESS

Key Informants and focus group members identified homelessness as a significant issue in the region, which is partly an outcome of the affordable housing shortage. Mental health and substance abuse disorder, which are highly prevalent among the homeless population, are also key factors in the homelessness equation. Often, experiencing homelessness in combination with these issues creates challenges for entering shelters and transitional housing. Stakeholders noted that more resources and more people are needed to support and maintain consistent engagement with homeless individuals who are experiencing mental health or substance abuse issues. This includes having resources available in the shelters, such as recovery coaches who "can guide individuals through the process of getting the help they need." Key informants noted that the use of the emergency department by homeless individuals is often their primary means of accessing health care and that "making a dent in the homeless population requires having services at the ED that can help get these people off the streets, especially with regard to substance abuse disorder."

Stakeholders also noted that rapid rehousing is a key component of preventing individuals and families from becoming homeless. They suggested that the region could prevent an increase in the number of chronically homeless individuals by stabilizing people who were at-risk of becoming homeless. However, one stakeholder suggested that Massachusetts' Housing First Model be changed to a "Treatment First Model," suggesting that the likelihood of maintaining housing for a person experiencing substance use issues is low. "It takes away the motivation to get treatment and client fails and returns to homelessness with added evictions on their rental record. You need to address the root cause of their homelessness first."

Point-in-Time Count

The U.S. Department of Housing and Urban Development's (HUD) Point-in-Time (PIT) Count is a count of sheltered and unsheltered homeless persons on a single night in January in a given service area, called a Continuum of Care (CoC).[40] Fall River is its own single-community CoC, while Somerset, Swansea, and Westport are in the remainder of Bristol County CoC.

There were 325 homeless individuals in Fall River counted during the 2021 PIT Count, with the majority housed in an emergency shelter during the count, which is typically defined as temporary shelter for the general homeless population or specific subpopulation, such as women with children (see Table 17).[41] Over 38% of the homeless population were children under age 18 and about half were female.[42] While most homeless individuals were White, Black/African Americans are over-represented in the homeless population in comparison to the overall racial makeup of the city. Notably, 36.3% of homeless adults have a serious mental illness and 30.8% have a substance use disorder.

Fall River reports that there were 571 available beds during the 2021 PIT Count run by seven different organizations. As noted in the previous section, some families are doubling and tripling up in apartments, and would not be represented in the PIT Count. As one survey respondent noted, "The number of homeless is also being artificially kept down by the number of families that are doubling and tripling up."

[40] The report notes that while the PIT counts can provide insight into homelessness in Fall River, it is important to recognize the limitations and variations of each count, including weather conditions, volunteer capacity, and statistical relevance.

[41] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development (2020). The 2020 Annual Homeless Assessment Report (AHAR) to Congress. Washington, DC.

[42] For comparison, there were 153 homeless individuals counted in 2007, although the number has remained around its current level since 2014.

Table 17
Fall River Homeless Population by Point-in-Time Shelter Type, 2021

	Sheltered			
	Emergency	Transitional	Unsheltered	Total
Total Households	97	5	79	181
Total Persons	223	13	89	325
Age				
Children <18	111	8	5	124
Persons 18-24	15	0	5	20
Persons 24+	97	5	79	181
Gender				
Female	122	10	29	161
Male	101	3	58	162
Transgender/Gender Non-Conforming	0	0	2	2
Race				
White	135	5	80	220
Black/African American	80	6	6	92
Multiple Races	5	2	3	10
Other Races	3	0	0	3
Ethnicity				
Non-Hispanic	151	11	79	241
Hispanic	72	2	10	84
Chronically Homeless	68	0	26	94
Other Homeless Subpopulations				
Adults with a serious mental illness	46	0	27	73
Adults with a substance use disorder	33	0	29	62
Adults with HIV/AIDS	0	0	2	2
Adult survivors of domestic violence	17	0	5	22

Source: 2021 Point-in-Time Count MA-515 Fall River CoC, Mary Camara, City of Fall River

Community Action and Resource
Direct Street Outreach

Saint Anne's Hospital and community partners are working directly with the Fall River EMS Mobile Integrated Health (MIH) Division and SSTAR's Mobile Health Treatment RV to provide primary care health services, wound care, harm reduction, same day Suboxone prescriptions, HIV testing, administering COVID vaccine for those who are homeless, at-risk, in need, and without access to services. In addition, SAH's Stephanie Perry, in collaboration with the Mayor's office, spearheaded a city-wide task force to provide more coordinated care and resources to those in the community who are living unsheltered in encampments across the City. The goal of the task force is to remove the barriers and policies that prohibit these highest-risk individuals from seeking treatment.

EFFECTS OF COVID-19 ON HOUSING

Housing was cited as one of the top issues in the 2018 CHNA and COVID-19 has simply exacerbated this issue. One of the primary issues brought about by the pandemic is the consequence of the eviction moratorium. While the moratorium was an important and necessary tool to protect public health and support economic stability, many households now find themselves in significant rent arrears. As a result, many in the region are predicting an eviction disaster as landlords file additional eviction notices now that the moratorium ended on August 26, 2021. In addition, Massachusetts' Southeast Housing Court had granted landlords the ability to evict more households than any other housing court in the state (see Figure 24 and Figure 25).

One of the primary reasons cited is that few of those being evicted were provided legal representation–which is the norm in most jurisdictions–or even made aware of the moratorium.[43] Prior to September 2021, the Southeast Housing Court was the only division in the state without a special legal services program for free legal representation.[44]

Since the eviction moratorium ended in August, the number of residential eviction cases posted for non-payment of rent post-moratorium is 725 in Fall River, 6 in Somerset, 10 in Swansea, and 6 in Westport. Note that eviction "cases" is different from eviction "executions;" the execution is the judge's eviction order and the landlord cannot physically evict someone without this paper. The eviction case is the first step in that process.

Figure 24
Eviction Executions by Housing Court Region[45]

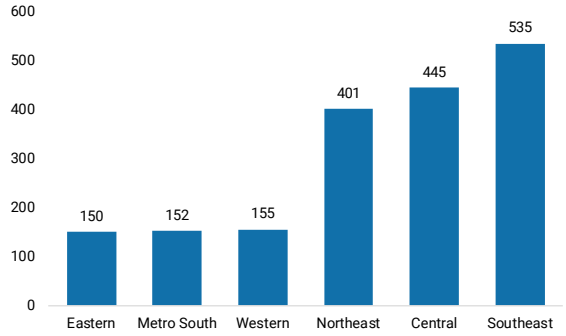
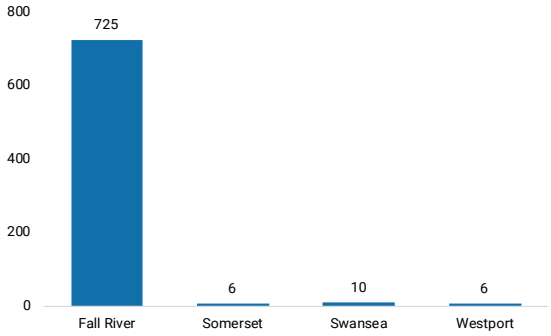


Figure 25
Eviction Cases by Greater Fall River Community



Source: Data from the Massachusetts Trial Court, Department of Research and Planning

Ideally, households will have been supported throughout the pandemic through the state's rental assistance program, Rental Assistance for Families in Transition (RAFT). Additional assistance is also provided through the federal Emergency Solutions Grant (ESG) program, although each of these programs only meets a portion of the need. However, stakeholders noted that payments through these programs are taking four to six weeks to process. In addition, ESG can pay only six months of arrears. RAFT can be used to "fill in" a portion of the remainder, but only until the eviction moratorium lifts. Unfortunately, there is a significant backlog in the RAFT program and in any case, landlords were beginning the eviction process early knowing that the moratorium was coming to an end. In addition, stakeholders note that federal housing funds have strict guidelines and that "spending the COVID funds related to housing is difficult due to bureaucracy. Applications cannot be processed until all required information is provided. In many cases, households simply don't have the required information or have difficulty getting it."

One stakeholder cautioned that many households not currently paying their rent believe they will get rental relief once the eviction moratorium ends. However, the stakeholder pointed out that many of these people are not aware that they do not

[43] Berke, B. (September 2021). 'Mass. Renters On The South Coast Were Twice As Likely To Be Evicted, Despite Federal Moratorium.' *WBUR*. See: https://www.wbur.org/news/2021/09/08/eviction-surge-new-bedford-fall-river. Accessed October 24, 2021.

[44] Sennott, W. (July 27, 2021). "New Bedford eviction actions mount as legal services languish." *The New Bedford Light.* See https://newbedfordlight.org/new-bedford-eviction-actions-mount-as-legal-services-languish/. Accessed October 15, 2021.

[45] Data reflects executions, a court order that allows a landlord to evict a tenant, issued on residential cases for non-payment of rent. All cases shown here were filed after Massachusetts' state moratorium on evictions expired.

meet income guidelines and will be in for a "rude awakening" when they apply for relief. Another stakeholder was hopeful that current safety nets will help many residents in the near term, "although the long-term consequences are difficult to predict."

Lastly, those who are evicted will have a difficult time renting in the future due to their eviction history, even if their economic outlook improves. Landlords, on the other hand, cannot on the whole be blamed for acting in their economic self-interest, especially since the tax, utility, mortgage, insurance and other expenses need to be paid. In many cases, it is likely that local landlords will experience negative economic consequences, including paying legal fees. However, research from JP Morgan indicates that the economic hit on landlords might not be that large nationally, concluding that while landlords lost rental revenues early on during the pandemic, they cut expenses by more, resulting in higher balances."[46]

[46] See: https://www.jpmorganchase.com/institute/research/household-debt/how-did-landlords-fare-during-covid/?jp_cmp=email_=stakeholdernote_=landlords#finding-1. Accessed October 31, 2021.

PRIORITY AREA 3: WELLNESS AND CHRONIC DISEASE

As demonstrated in Section 3, Greater Fall River as a whole exhibits many socioeconomic inequities. Comments gleaned from key informant interviews and focus groups highlight the day-to-day challenges faced by residents. For many, health and wellness fit within a larger framework of day to day obligations, ranging from issues such as housing, finances, and childcare, to transportation, employment, immigration, and safety. These obligations make it difficult to maintain overall health and to adopt healthy habits that help to prevent or manage disease.

Consequently, it is not surprising that the following health outcomes related to wellness and chronic disease are generally poor when compared to state and national averages. Indeed, turning these health trends around will require more than just offering treatment and preventive care; it will also require addressing the social environment that contributes to health inequities.

Key takeaways:

- Smoking prevalence in Fall River remains stubbornly high; 24.7% of Fall River adults smoke versus 13.5% of adults statewide and 16.1% nationwide.
- 31.2% of Fall River's adults report they have not engaged in any form of leisure time physical activity in the past month.
- With a higher percentage of Fall River residents who smoke and are less physically active, it is not surprising that a higher percentage of these residents report having more than 14 days per year with poor physical health in comparison to the national average.
- Almost one-in-three Fall River adults is obese (32.1%).
- In nearly each instance, the disease prevalence is higher for Fall River in comparison to the state and national averages.[47] Most notably, the percentage of Fall River residents who report chronic obstructive pulmonary disease (9.4%) is nearly double that of the state (5.1%), while the percentage reporting coronary heart disease is more than double (8.1% versus 3.5%).
- Data from Saint Anne's Hospital's cancer registry demonstrates that the incidences of cancer treated by the hospital vary from year to year, although the lowest number was in 2020, which is certainly attributable to COVID-19. Notably, the number of breast cancer incidences has declined steadily since 2009, while incidences of bronchial and lung cancer and prostate cancer have fluctuated throughout this period.
- The percentage of mothers receiving adequate prenatal care is lower in Fall River (76.1%) in comparison to the statewide average (80.5%), and this percentage has declined since 2010.

UNHEALTHY BEHAVIORS

Simply put, unhealthy behaviors lead to poor health outcomes. Tobacco use, physical inactivity, and poor nutrition contribute to over 56% of all mortality in Massachusetts and 53% of all health care expenditures.[48] These behaviors contribute to preventable chronic diseases such as diabetes, cancer, heart disease, and lung disease. While some chronic conditions are a result of behavior or genetics, social and environmental factors can also elevate the risk of contracting chronic diseases.

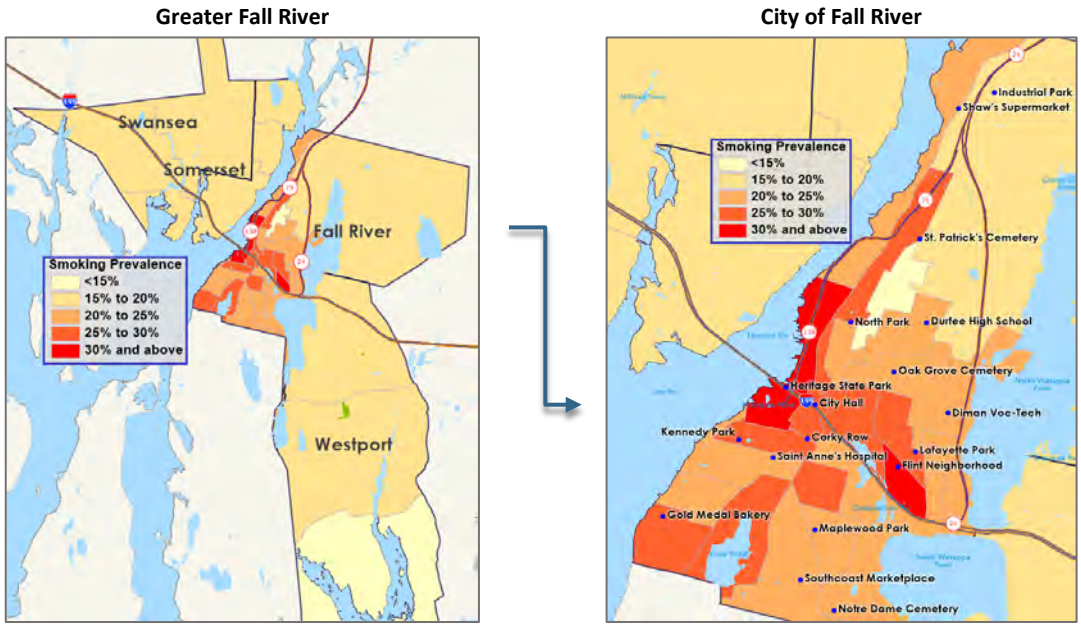
[47] In some instances the differences are within the margin of error. Data for Somerset, Swansea, and Westport is not available.

[48] Massachusetts Department of Public Health. *Massachusetts State Health Assessment.* Boston, MA; October 2017.

Smoking Prevalence

Smoking prevalence in Fall River (23.2%) is much higher than Massachusetts (12.0%) and the country as a whole (16.0%).[49] Figure 26 maps smoking prevalence by Census Tract for Greater Fall River and the City of Fall River. As is the case for most of the indicators in this section, unhealthy behaviors and poor health outcomes in the region are concentrated in Fall River, particularly along the Interstate 195 corridor and downtown Fall River and its surrounding neighborhoods. These neighborhoods are also the areas with the highest levels of vulnerable populations.

Figure 26
Self-reported smoking prevalence by Census tract, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence

Lack of Physical Activity

A large percentage of adults in Fall River are not physically active; 31.2% of Fall River's adults report they have not engaged in any form of leisure time physical activity in the past month, which is greater than both the statewide (22.4%) and national percentages (23.8%) (see Table 18). On a positive note, Fall River has an abundance of parks and open spaces and one survey respondent noted they saw greater use of these areas during the pandemic as people sought an escape from isolation and places to get out and remain physically active. Perhaps this trend will continue as the pandemic subsides, although the region's cold and often harsh winters tend to keep people inside during the colder months or force people to exercise at home or in local gyms.

Table 18
Self-reported no leisure-time physical activity among adults aged >=18 years in past month, 2019

	Percent	Low CI	High CI
Fall River	31.2%	30.6%	31.8%
Massachusetts	22.4%	23.8%	21.1%
U.S.	23.8%	47.3%	16.4%

Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence

[49] Source: Centers for Disease Control and Prevention PLACES. Data for Somerset, Swansea, and Westport not available.

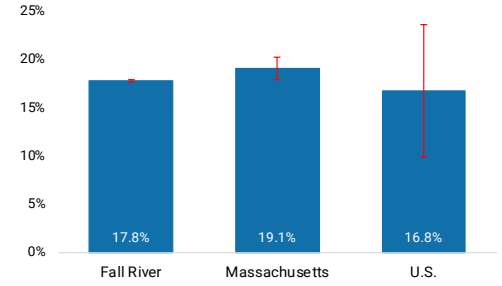
In addition to the lack of physical activity among many adults, results of the BMC Durfee High School *Youth Risk Behavior Survey* from the 2019 school year show that significant portions of high school students are not active:

- 22.3% of students report they were not physically active for a total of at least 60 minutes per day over the past week
- 25.9% report they spend more than five hours on an average school day in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media
- 54.0% report that they did not play on any sports teams in the past twelve months

Binge Drinking

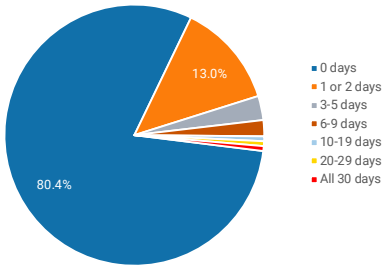
As noted earlier, stakeholders cautioned that the region's health and service providers must continue to focus on alcohol abuse. One survey respondent remarked that "The opioid epidemic is destroying individuals and families, but in many ways alcohol abuse causes more health problems among my clients, as well as domestic abuse." The percentage of adults in Fall River (17.8%) who report binge drinking is below the statewide percentage of 19.1%, although within the margin of error. Both these percentages are higher than the national prevalence (16.8%) (see Figure 27).[50] Results of the BMC Durfee High School *Youth Risk Behavior Survey* show that 19.6% of students report that they have consumed some amount of alcohol in the last 30 days, although most did so infrequently (see Figure 28).

Figure 27
Self-reported binge drinking prevalence among adults, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence. Red bars equal confidence interval

Figure 28
During the past 30 days, how many days did you have at least one drink of alcohol?



Source: BMC Durfee High School Youth Risk Behavior Survey, School Year 2019

Nutrition

It is nearly impossible to maintain good health without a nutritious diet, even with abundant exercise. Stakeholders reiterated that nutrition is a key prevention mechanism to addressing many of the region's comparatively poor chronic health outcomes, although they caution that there is a lack of nutrition-focused education in the community. COVID-19 certainly exacerbated issues related to nutrition, although the region responded by expanding food pantries, making home deliveries, connecting farmers with food pantries, and expanding farmers markets. Despite these efforts, some stakeholders cautioned that simply feeding residents is not sufficient; the quality and types of foods being offered should be addressed. For example, one survey comment noted that not all households have a stove to prepare meals and "some immigrant households don't know how to prepare the food we give them or have diets that are very different from what we offer." Nutrition is discussed in further detail in the Food Insecurity section.

[50] Binge drinking, defined by the CDC as drinking five or more drinks on an occasion for adult men or four or more drinks on an occasion for adult women.

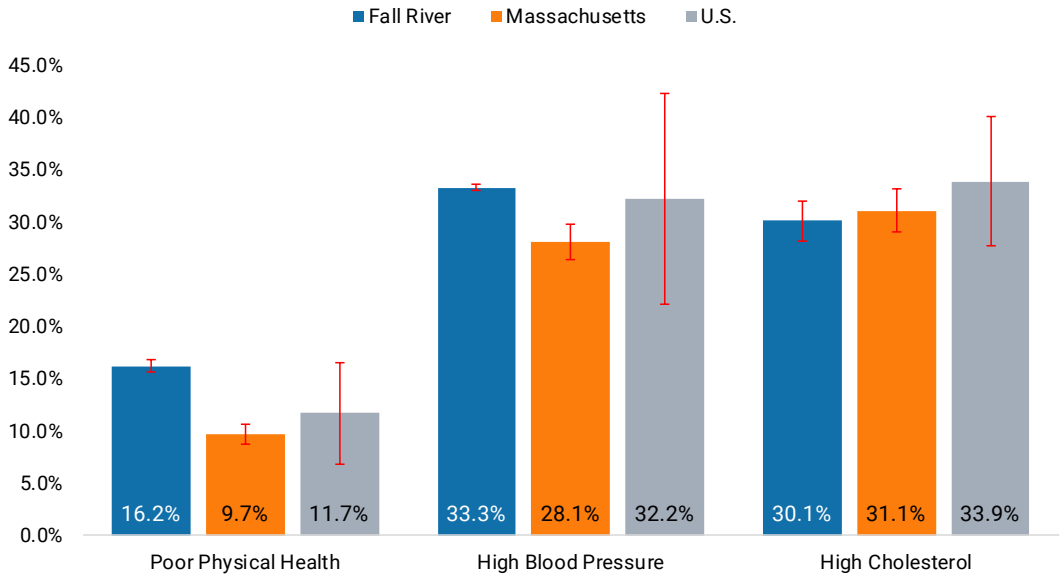
HEALTH OUTCOMES

Unhealthy behaviors lead to poor health outcomes. It is therefore not surprising that comparatively high smoking prevalence, lack of exercise, binge drinking, and poor nutrition in Greater Fall River have led to relatively poor health outcomes for the region. However, it is important to recognize that unhealthy behaviors are only part of the equation, because not everyone has the means and opportunity to make healthy decisions. Consequently, addressing health behaviors requires that health professionals and policy makers develop strategies to encourage residents to live healthy lives, while also dismantling barriers that prevent many people from accessing the supports and resources necessary to be healthy.

Health Conditions

With a higher percentage of Fall River residents who smoke and are less physically active, it is not surprising that a higher percentage of these residents report having more than 14 days per year with poor physical health in comparison to the state and national average. The percentage reporting high blood pressure is also higher than the state and national averages, while the percentage reporting high cholesterol is lower, although within the margin of error (see Figure 29).[51]

Figure 29
Self-reported health conditions, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence
Red bars equal confidence interval

[51] Red bars represent confidence interval (CI).

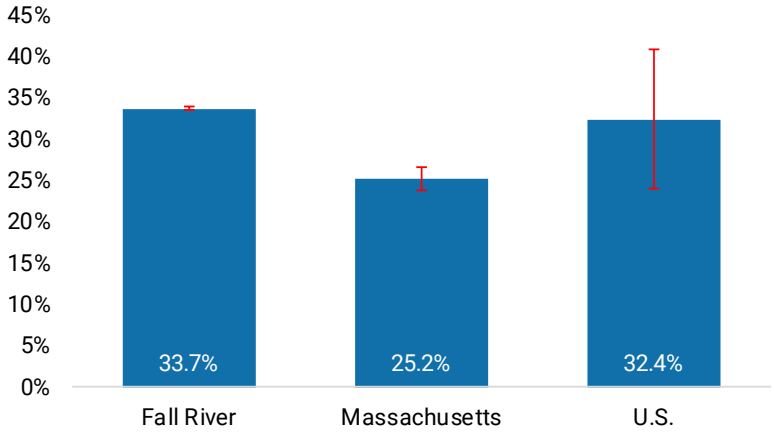
Disease Prevalence

Adult Obesity

Obesity is closely related to many other chronic diseases such as heart disease, type 2 diabetes, hypertension, and some cancers.[52] Obesity rates are on the rise; the CDC estimates that U.S. obesity prevalence increased from 30.5% to 42.4% from 1999–2000 through 2017–2018, while the prevalence of severe obesity increased from 4.7% to 9.2% over this period. Obesity affects some groups more than others; for example, non-Hispanic Black adults (49.6%) had the highest age-adjusted prevalence of obesity, followed by Hispanic adults (44.8%), non-Hispanic White adults (42.2%) and non-Hispanic Asian adults (17.4%).[53] Alarmingly, the CDC estimates that 78.0% of people hospitalized for COVID-19 were overweight or obese.[54]

Self-reported obesity prevalence in Fall River is higher than the statewide and national averages (33.7%, 25.2%, and 32.4% respectively) (see Figure 30). Among Saint Anne's Hospital inpatient and observation admissions, 67.5% were obese in 2019 (see Table 19). While these percentages declined to 57.6% in 2020 and 42.4% in 2021, the decrease is primarily due to the demographic mix of the patients seen during this period as a result of the pandemic; a preponderance of the patients admitted during the pandemic were elderly and generally frail, while younger patients for the most part did not come to the hospital in the usual numbers.[55]

Figure 30
Self-reported obesity among adults aged >=18 years, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence. Red bars equal confidence interval

Table 19
Percentage of SAH inpatient and observation admissions who were obese, 2019–2021

Year	% Obese
2019	67.5%
2020	57.6%
*2021	42.4%

Source: Saint Anne's Hospital
* Year to date, Jan–Nov

[52] The American Medical Association designated obesity a disease in 2013.

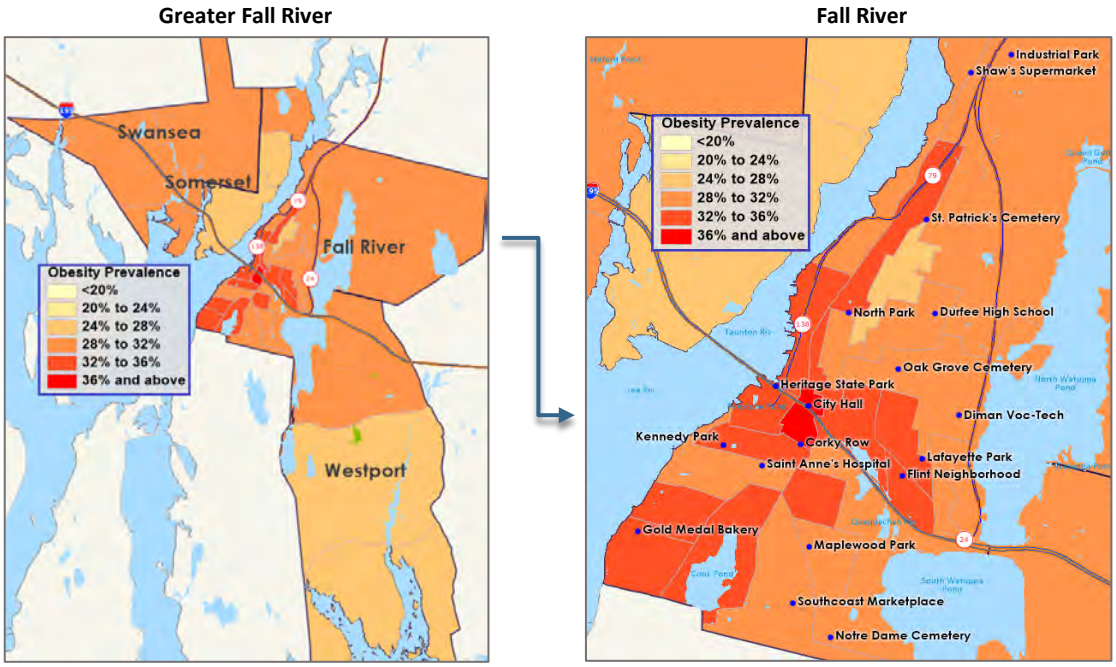
[53] These are age-adjusted rates and do not match the crude rates presented in the table below.

[54] Kompaniyets L, Goodman AB, Belay B, et al. Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. MMWR Morb Mortal Wkly Rep 2021;70:355–361. DOI: http://dx.doi.org/10.15585/mmwr.mm7010e4external icon.

[55] These data represent the number of inpatient and outpatient visits and not unique patients, i.e., the same patient may be included in the data more than once.

Figure 31 maps self-reported obesity prevalence by Census Tract for Greater Fall River and the city of Fall River. As is the case with smoking prevalence, the highest rates are in neighborhoods located along the I-195 corridor and in the downtown area. Again, these areas are home to some of the poorest neighborhoods of the city.

Figure 31
Obesity prevalence by Census tract



Source: PLACES Project, Centers for Disease Control and Prevention; Crude prevalence

Adolescent Obesity

Results of the 2019 *Durfee High School Youth Behavioral Risk Factor Survey* show that 30.8% of students describe themselves as being slightly overweight (26.0%) or very overweight (4.8%) (see Figure 32). Curiously, however, 46.0% of respondents report they are trying to lose weight despite the fact that a majority believe they are about the right weight or underweight (Figure 33).

Figure 32
How do you describe your weight?

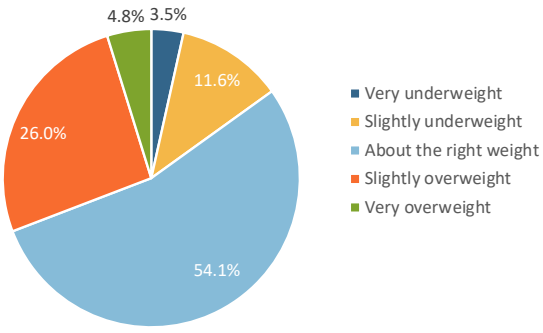
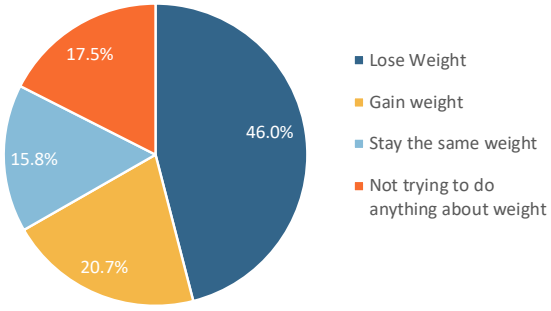


Figure 33
Which of the following are you trying to do about your weight?



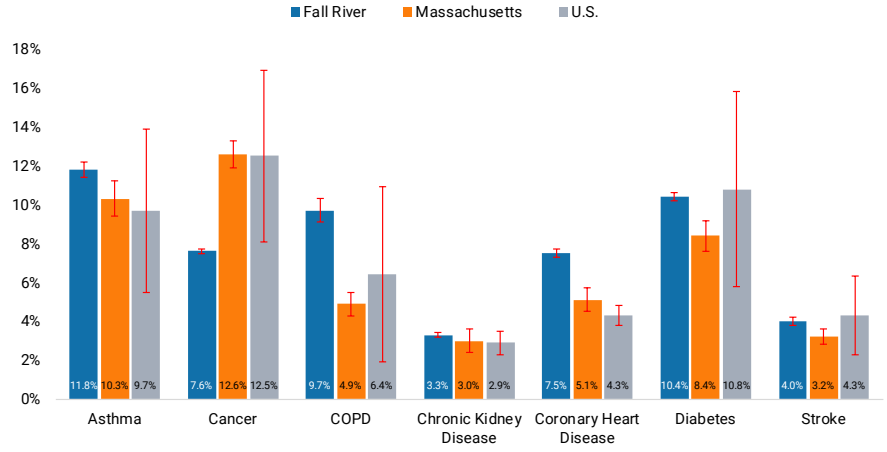
Source: BMC Durfee High School Youth Behavioral Risk Survey, 2019

Disease Prevalence

Figure 34 compares disease prevalence for six types of diseases. In nearly each instance, the disease prevalence is higher for Fall River in comparison to the state and national averages.[56] Most notably, the percentage of Fall River residents who report chronic obstructive pulmonary disease (9.7%) is nearly double that of the state (4.9%).

Higher disease prevalence can be linked to many of the unhealthy behaviors presented in the previous sections, including higher prevalence of smoking, poor nutrition, lack of exercise, and environmental factors. Given what we understand about the social determinants of health, it is not unexpected that socioeconomic inequities have resulted in a higher prevalence of chronic diseases in the region relative to the state and the nation. Again, these disparities speak not only to the need for preventive care and treatment of chronic diseases, but also addresses the social determinants that contribute to health inequities in the region.[57]

Figure 34
Self-Reported Disease prevalence, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; 2019 crude prevalence; Red bars equal confidence interval

Diabetes

Nearly a third (32.7%) of Saint Anne's Hospital inpatient and observation admissions in 2021 had a primary or secondary diagnosis of type 2 diabetes, which has remained fairly consistent since 2019 (see Table 20). This result demonstrates the high incidence of type 2 diabetes in SAH admissions, which may increase due to consequences of the pandemic such as people exercising less and having less access to healthy foods.[58]

Table 20
Percentage of SAH inpatient and observation admissions with type 2 diabetes, 2019–2021

Year	Percent
2019	33.0%
2020	32.2%
*2021	32.7%

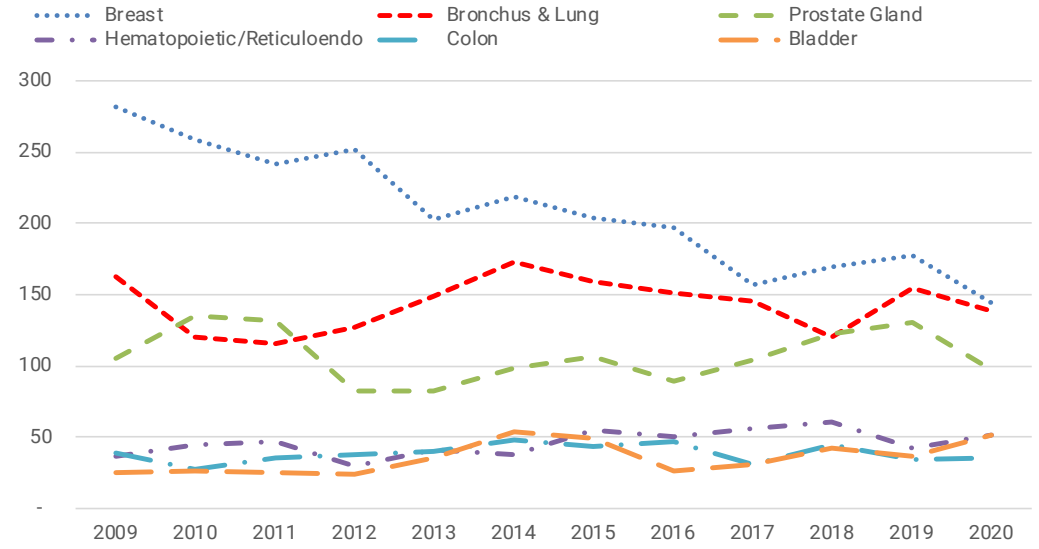
Source: Saint Anne's Hospital
* Year to date, Jan–Nov

[56] Data for Somerset, Swansea, and Westport is not available. Note that in some instances the differences are within the margin of error.
[57] This dataset is available for the state and nation for 2019, but not individual communities.
[58] These data represent the number of inpatient and outpatient visits and not unique patients, i.e., the same patient may be included in the data more than once.

Saint Anne's Hospital Cancer Data

Data from Saint Anne's Cancer registry demonstrates that the incidences of cancer treated by the hospital vary from year-to-year, although the lowest number was in 2020, which is partly attributable to COVID-19 and the reluctance of some people to be tested or screened for cancer. Figure 35 displays the top types of cancers treated at Saint Anne's Hospital. Notably, the number of breast cancer incidences has declined steadily since 2009, while bronchial and lung cancer and prostate cancer have fluctuated throughout this period. There were fewer incidences of other types of cancer and the number of incidences for these cancers was fairly steady from 2009 to 2020.[59] Many of the lung cancer cases are tied to the region's high smoking prevalence and lack of early cancer screening; staff at Saint Anne's Hospital's Regional Cancer Center note that the disease if often very progressed when they first see lung cancer patients.

Figure 35
Top types of cancer by first year diagnosed



Source: Saint Anne's Hospital

Breast Cancer Screening

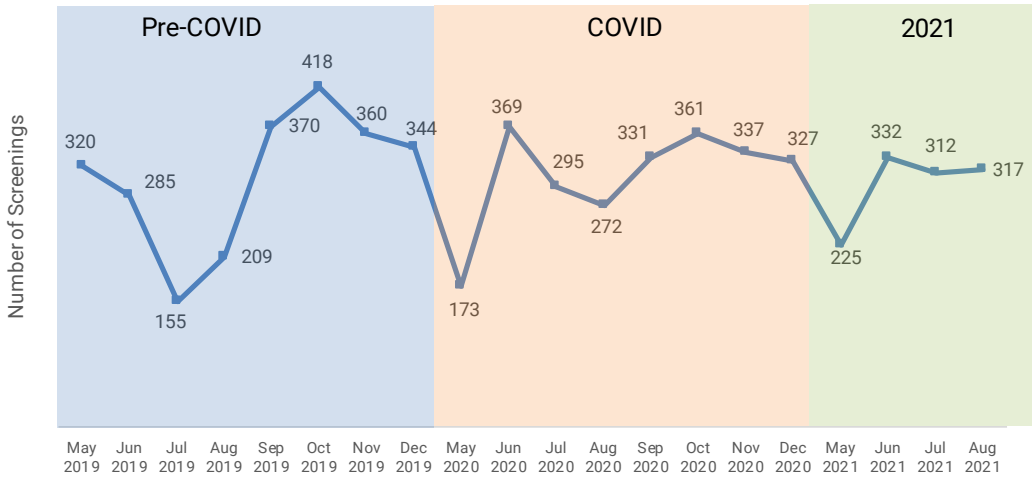
Concerns have been raised that the pandemic would delay the diagnosis and treatment of some cancers, with potentially serious consequences. Delays in screening, the experts warned, could mean that the "missed" cancers might be larger and more advanced when they were ultimately detected.[60]

Saint Anne's Hospital is participating in a cancer screening initiative as part of the Commission on Cancer's project to increase the number of cancer screenings. The hospital selected breast cancer as an area of focus and has been working to raise public awareness and outreach to increase the number of mammograms. Figure 36 presents the number of breast cancer screenings pre-COVID (2019), during COVID (2020), and in 2021.

[59] Conclusions should be made with caution because an increasing or decreasing number of incidences might be attributable to factors such as additional screening or new programs. Thus, higher incidences do not always equate to higher rates of cancer in the community.

[60] Bakouny Z, Paciotti M, Schmidt AL, Lipsitz SR, Choueiri TK, Trinh Q. Cancer Screening Tests and Cancer Diagnoses During the COVID-19 Pandemic. JAMA Oncol. 2021;7(3):458–460. doi:10.1001/jamaoncol.2020.7600.

Figure 36
Number of screenings for mammograms performed in Saint Anne's Breast Center, May 2019–August 2021[61]

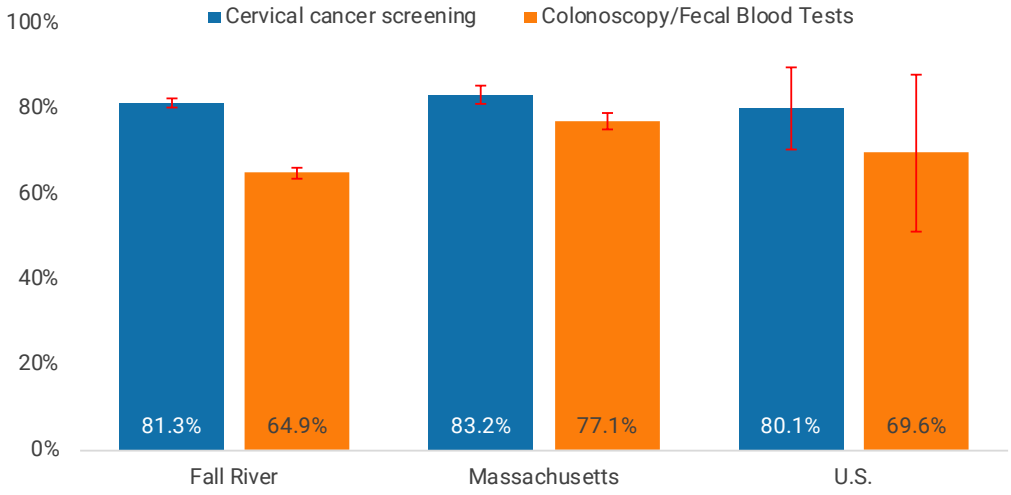


Source: Saint Anne's Hospital

Other Cancer Screening

While a bit older than the data above, data from the CDC show that Fall River residents are about as likely to have a pap smear screening compared to the state and U.S. as a whole, while they are less likely to have a colonoscopy or fecal blood test, although in some cases the prevalence is within the margin of error (see Figure 37).

Figure 37
Self-reported prevalence of screenings, 2019



Source: PLACES Project, Centers for Disease Control and Prevention; Cervical cancer screening ages 21 to 65, 2019 crude prevalence; Colonoscopy/fecal blood test ages 50 to 75, 2018 crude prevalence

[61] These numbers reflect total screenings and not diagnostic mammograms.

Neonatal Health Outcomes

Women who have access to adequate health resources and health information are more likely to have healthy infants and be able to successfully care for their children immediately following birth as well as later on in their child's life. In Fall River, levels of neonatal care and neonatal outcomes are less favorable in comparison to Massachusetts as a whole (see Table 21).

- The percentage of mothers receiving adequate prenatal care is lower in Fall River (76.1%) in comparison to the statewide average (80.5%), and this percentage has declined since 2010.
- The percentage of babies born with a low birth weight is higher in Fall River (9.0%) in comparison to the statewide average (7.5%).
- The prevalence of gestational diabetes in Fall River (8.7%) is higher than the statewide average (6.5%), and this percentage has increased since 2010.

Table 21
Neonatal outcomes, 2010–2017

	Adequate Prenatal Care		Low Birthweight (<2,500 g)		Gestational Diabetes	
	2010	2017	2010	2017	2010	2017
Fall River	86.4%	76.1%	8.8%	9.0%	7.5%	8.7%
Massachusetts	81.1%	80.5%	7.8%	7.5%	4.7%	6.5%

Source: Massachusetts Birth Report

PRIORITY AREA 4: FOOD INSECURITY

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.[62] In 2018, an estimated 1 in 9 Americans were food insecure, equating to over 37 million Americans, including more than 11 million children.[63] People who are food insecure are at an increased risk for a variety of negative health outcomes, including obesity and other chronic diseases. Food insecurity often overlaps with many of the social determinants of health discussed throughout this report such as income, housing, race, and education. Consequently, strategies to address food insecurity must be undertaken in a social determinant context.

While food insecurity is closely linked to poverty, people above the poverty line can experience food insecurity, which was especially evident during the COVID-19 pandemic. As one stakeholder noted, "We saw people [at the food pantries] who we never saw before. We couldn't meet the demand at the beginning." Indeed, a survey conducted by The Greater Boston Food Bank during the pandemic reports that 30% of Massachusetts residents who used a food pantry during the pandemic did so for the first time.[64]

Key takeaways:

- Respondents to the key informant survey rate food insecurity as the fourth most concerning issue in the region; 57% rate the issue as very concerning; 24% rate the issue as concerning.
- Key informants note that food insecurity was a major challenge faced by many Greater Fall River families prior to the pandemic, but that the issue has been amplified significantly since its onset.
- Bristol County has one of the highest percentages of food insecurity among the state's fourteen counties; an estimated 9.8%, or 54,720, residents were food insecure in 2019. That percentage is estimated to increase to 11.6% in 2021.
- The Greater Boston Bank estimates that food insecurity rates statewide during the pandemic were highest among adults with children, and people of color.[65]
- In Greater Fall River, 34,564 residents received Supplemental Nutrition Assistance Program (SNAP) benefits in August 2021, which is an increase of 16.5% (+4,906 recipients) from February 2020 (pre-pandemic).
- Despite the significant number of residents utilizing SNAP, it is estimated that over 650,000 Massachusetts residents are likely eligible for SNAP benefits but are not enrolled. The SNAP gap is estimated to be 34% in Greater Fall River, or 15,154 residents who are potentially eligible to receive SNAP benefits but are not enrolled.
- The Healthy Incentives Program (HIP) puts money back on a SNAP recipient's EBT card when they use SNAP to buy healthy, local fruits and vegetables from HIP farm vendors. Only 2% of SNAP recipients in Bristol County utilized the Healthy Incentives Program benefits in August 2021 (latest data available).

[62] US Department of Agriculture, (2019). Definitions of Food Security. Available online at: https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx

[63] Coleman-Jensen, A., et al. (2019). Household Food Security in the United States in 2018. U.S. Department of Agriculture Economic Research Service. Available online at: https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963.1

[64] The Greater Boston Food Bank. May 2021. Gaps in Food Access During the COVID-19 Pandemic in Massachusetts. Boston, MA.

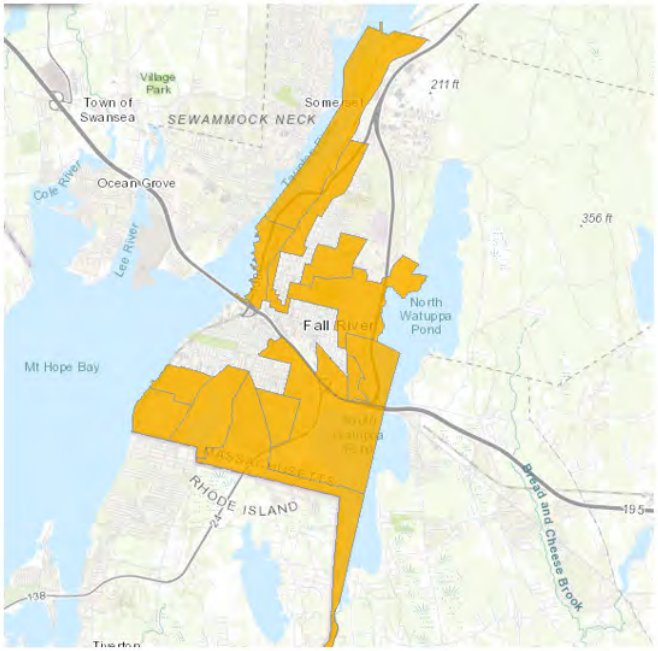
[65] The Greater Boston Food Bank. May 2021. Gaps in Food Access During the COVID-19 Pandemic in Massachusetts. Boston, MA.

Low Income, Low Access Food Areas

Interviews and survey respondents reveal that a major issue related to food insecurity is access to affordable high quality foods. Highlighted areas in Figure 38 display low-income Census tracts in Greater Fall River where a significant share of residents are more than ½ mile (urban) or ten miles (rural) from the nearest supermarket. Instead, these areas tend to have more convenience stores, which generally offer more expensive and unhealthy food options.

However, newer immigrant groups have opened ethnic markets and small restaurants in many of Fall River's low income neighborhoods. Thus, while some neighborhoods are not within walking distance to a major grocery store, often smaller markets fill the void. In fact, some of Fall River's more comparatively affluent neighborhoods are located furthest from grocery stores and smaller markets, although these residents are generally able to drive to purchase food, as compared to residents in poorer neighborhoods who rely more on walking and public transportation. Access to grocery stores is a particular concern among some seniors in Fall River's suburbs who do not have access to an automobile. As one survey respondent noted, "I sometimes feel like I am on an island because I don't drive."

Figure 38
Low Income, Low Access
Food Areas in Greater Fall River, 2019



Source: United States Department of Agriculture, Economic Research Service, 2019

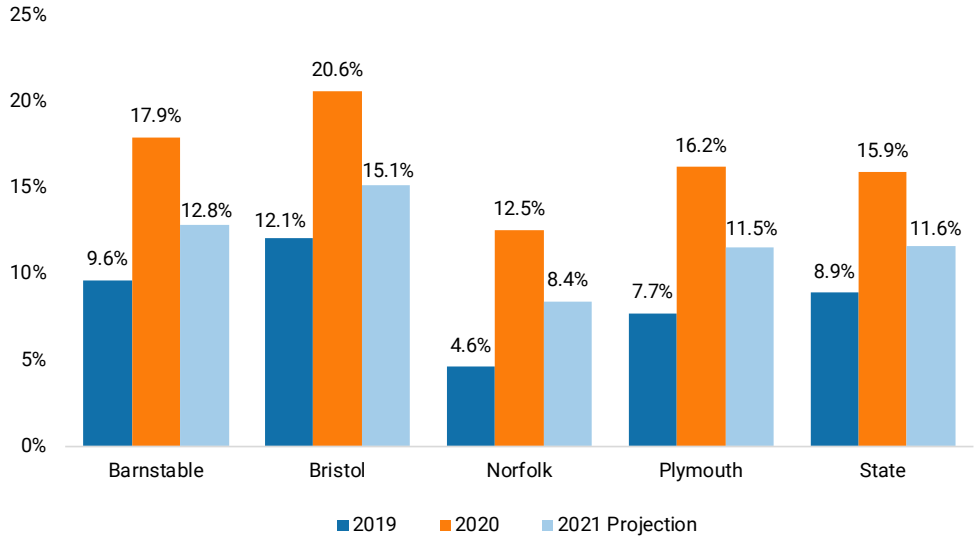
Percentage of Food Insecure Persons

In 2019, an estimated 566,930 Massachusetts residents were food insecure, or about 1 in 12 residents. This number increased by an estimated 47.1% to 834,100 residents during the COVID-19 pandemic, including over 214,000 children. In the height of the pandemic, the Census Bureau Household Pulse Survey noted that 19.6% of Massachusetts households were unsure of where they would get their next meal.[66]

Bristol County, which includes Greater Fall River, has one of the highest percentages of food insecurity among the state's fourteen counties; an estimated 9.8%, or 54,720, residents were food insecure in 2019 and 20.6% in 2020. These percentages are estimated to increase to 11.6% in 2021 (see Figure 39).

66 Household Pulse Survey Public Use File. https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html. Accessed July 15, 2021.

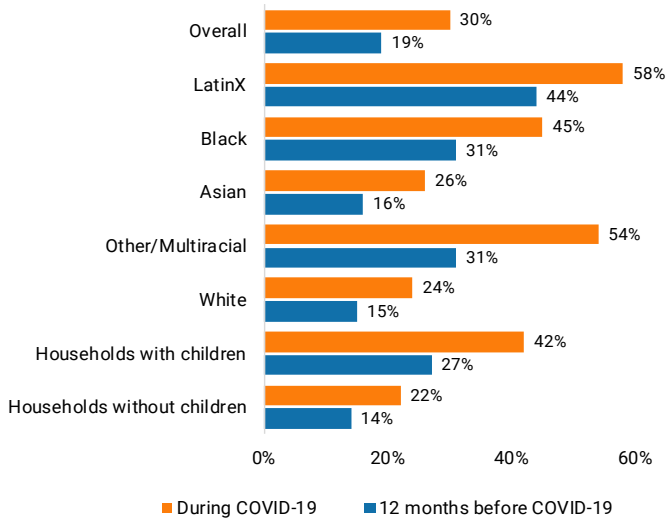
Figure 39
Percentage of Persons in Food Insecure Households by Southeastern Massachusetts Counties and State



Source: Feeding America[67]

Food insecurity is not experienced by all groups equally. A survey conducted by The Greater Boston Food Bank in 2021 estimates that food insecurity rates among adults during the pandemic were highest among people of color and adults with children: 58% of Latinx adults, 45% of Black adults, and 26% of Asian adults. This compares to 24% of White adults (see Figure 40).[68] Among households with children, 42% reported being food insecure.

Figure 40
Food Insecurity Rates among Massachusetts Adults



Source: The Greater Boston Food Bank

[67] Gundersen, C., M. Hake, A. Dewey, E. Engelhard (2021). The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, Update March 2021 [Data file and FAQ]. Available from feedingamerica.org/.

[68] The Greater Boston Food Bank. May 2021. Gaps in Food Access During the COVID-19 Pandemic in Massachusetts. Boston, MA.

Food Pantries, Soup Kitchens, and Mobile Markets

There are about twenty food pantries, soup kitchens, and mobile markets that operate in Greater Fall River. These organizations ramped up during COVID-19 to meet the increase need and continue to serve a variety of foods, from drive-thru prepackaged groceries and brown bag lunches to full frozen or prepared meals. Key informants praised the ability of various organizations to marshal resources during the pandemic as well as the degree to which food scarcity became a primary focus.

In terms of impact, there is no one single database that tracks the number of meals and people served. The Southcoast Food Policy Council (SFPC), a project of the Marion Institute, represents a coalition of nearly 300 stakeholders, including food producers, consumers, government representatives, public and private institutions, local industry, foundations, and social service agencies in Southeastern Massachusetts. As part of its 2021 regional food assessment, SFPC documented the collective impact of its members and partners from March 2020 to March 2021.[69] Importantly, this data represents only a portion of the collective organizational effort of SFPC members and partners from March 2020 to March 2021. Thus, the actual impact is higher than what is reported here (see Figure 41).

Figure 41
Collective organizational effort of Southcoast Food Policy Council members and partners from March 2020 to March 2021

Source: Southcoast Food Policy Council

SFPC also conducted a *Supplemental Food Providers Survey* between May and July 2020 of organizations engaged in food relief services in Southeastern Massachusetts. Survey results show that the breadth of food relief services during the pandemic was significant; supplemental food providers in the region were serving over 27,000 clients each week (more than 10,000 households). Nearly half (47.0%) of organizations stated they had the ability to serve more people in the community at their current capacity.

[69] *Southeastern Massachusetts Food Assessment 2021.* Supplemental Food Providers Survey. Marion Institute Southcoast Food Policy Council. Survey conducted May through July, 2020.

Community Action and Resource

SAINT ANNE'S HOSPITAL HELPS LAUNCH THE 2021 COMMUNITY FARMERS MARKET

Saint Anne's Hospital celebrated the launch of the 2021 Community Farmers Market in June 2021, the fourth year supporting the program and the first year as one of three host sites. The markets are operated by the Southeastern Massachusetts Agricultural Partnership (SEMAP) and Mass in Motion Fall River in collaboration with Lane Garden and C&M Farms of Rehoboth.

Having the market at Saint Anne's Hospital is important in that it provides South End residents access to affordable, locally grown fruits and vegetables while also accepting SNAP/EBT and Healthy Incentives Program (HIP) benefits. In addition to using SNAP or HIP to pay for produce, customers can also pay with cash, credit cards, and farmers market coupons that are offered to WIC families and seniors. Residents can also sign up for weekly free home delivery across a wide region of Massachusetts and Rhode Island.

The market is also part of a recently formed Saint Anne's Hospital Employee Wellness Committee, whose mission is to promote self-care and healthy living for all staff in light of the pandemic. Farmers markets were also located at HealthFirst Family Care Center and Fall River Housing Authority's Cardinal Medeiros Towers.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The federally-funded Supplemental Nutrition Assistance Program (SNAP) is the most utilized nutrition assistance program in the nation and provides low-income households funds to purchase food. In Greater Fall River, 34,564 residents received SNAP benefits in August 2021, which is an increase of 16.5% (4,906 recipients) from February 2020 (pre-pandemic). In fact, the number of SNAP recipients increased by 9.3% in just two months from before the pandemic (February 2020) to the time when many of the COVID-19 related restrictions were in place in April 2020 (see Table 22).

Table 22
Recipients Receiving SNAP Benefits

	February 2020	April 2020	August 2021	Increase Feb 20 - April 20	Increase Feb 20 - Aug 20
Fall River	26,053	28,363	30,079	8.9%	15.5%
Somerset	1,274	1,425	1,602	11.9%	25.7%
Swansea	1,152	1,320	1,429	14.6%	24.0%
Westport	1,179	1,287	1,454	9.2%	23.3%
Greater Fall River	29,658	32,395	34,564	9.2%	16.5%
Massachusetts	786,749	860,204	963,158	9.3%	22.4%

Source: Massachusetts Department of Transitional Assistance, Monthly Zip Code Catchment Reports

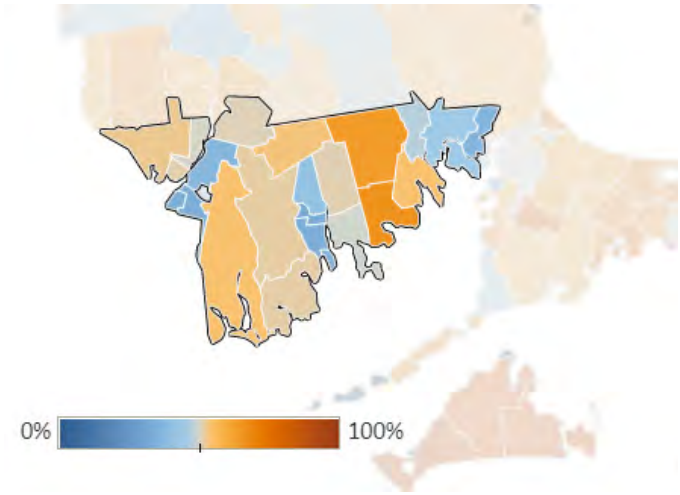
SNAP GAP

The SNAP Gap is defined as the difference between the number of low-income Massachusetts residents receiving MassHealth who are likely SNAP eligible and the number of people actually receiving SNAP. Despite the significant number of residents utilizing SNAP, it is estimated that over 650,000 Massachusetts residents are likely eligible for SNAP benefits but are not enrolled. A survey conducted by the MassINC Polling Group of over 10,000 K-12 parents and guardians in selected Massachusetts public school districts, including Fall River, concluded that under half of respondents making $25,000 or less–most all of whom likely qualified for SNAP–received SNAP benefits during the pandemic. In addition, 53.0% of households

making less than $15,000, and 43.0% of households making between $15,000 and $25,000, reported not knowing how to apply for SNAP.[70] Self-reliance, misinformation, computer access, stigma, application difficulties, and lack of awareness are some of the barriers to enrolling in SNAP.[71] All of these issues are in some way related to health equity and access.

Figure 42 displays the SNAP Gap by ZIP Code in the Southcoast. The three lowest-income communities in the region–Fall River, New Bedford, and Wareham–also have the lowest SNAP Gap rates (highlighted in blue). However, these communities have a much higher number of potentially SNAP-eligible residents. For example, is estimated that the SNAP Gap is 30.0% in Greater Fall River as a whole, or 11,264 residents who are potentially eligible for SNAP benefits, but are not enrolled (see Table 23).

Figure 42
Massachusetts SNAP Gap % By Zip Code



Source: The Food Bank of Western Massachusetts, via Tableau, Updated April 8, 2021

Table 23
SNAP GAP in Greater Fall River

	# Receiving SNAP	# Eligible for MassHealth	SNAP Gap #	SNAP Gap %
Fall River	25,831	37,095	11,264	30%
Somerset	1,107	2,484	1,377	55%
Swansea	1,013	2,274	1,261	55%
Westport	1,014	2,266	1,252	55%
Greater Fall River	28,965	44,119	15,154	34%

Source: The Food Bank of Western Massachusetts, via Tableau, Updated April 8, 2021

[70] MassINC Polling Group. July 2021. Lessons from P-EBT to increase SNAP access A survey of public-school parents in targeted Mass. Boston, MA.

[71] Project Bread. July 2021. *Barriers to SNAP.* Data calculated using MassHealth and Department of Transitional Assistance data, March 2021. See https://www.projectbread.org/blog/close-the-snap-gap-read-our-testimony. Accessed October 12, 2021.

Healthy Incentives Program (HIP) Benefits

The Healthy Incentives Program (HIP) puts money back on a SNAP recipient's EBT card when they use SNAP to buy healthy, local fruits and vegetables from HIP farm vendors.[72] However, DTA reports that only 2% of SNAP recipients in Bristol County used HIP benefits in August 2021. A key informant noted that many SNAP recipients are not aware that they can use their HIP benefits at farmers markets and similar locations such as community supported agriculture (CSA) and farm stands. However, some stakeholders noted that the HIP program still does not solve the food affordability issue; "Even at South Coast farmers' markets, a container of strawberries is $5, which could buy a meal for several people at a fast food chain."

Nutrition

Food insecurity is not just about the availability of food. Of significant importance are the availability of *nutritious* foods and a basic understanding of nutrition. As in the 2018 CHNA, key informants continue to make the point that nutrition education in the community is lacking and that poor nutrition is a "silent epidemic in Fall River" even among those who have the means to obtain healthy foods. Unfortunately, there are few data sources that measure nutrition on the local level, although the data presented below provides some measure of nutrition levels in the region.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a nutrition program that provides healthy foods, nutrition education and counseling, breastfeeding support, and referrals to other health and social services, free of charge, to families who qualify. The WIC nutrition program aims to keep pregnant and breastfeeding women and kids under five healthy. Table 24 shows WIC data or the Greater Fall River region. While 3,058 women were enrolled in WIC in 2018, this number represents a participation rate of only 49.0%.

Table 24
Estimated WIC Eligible Women, 2018

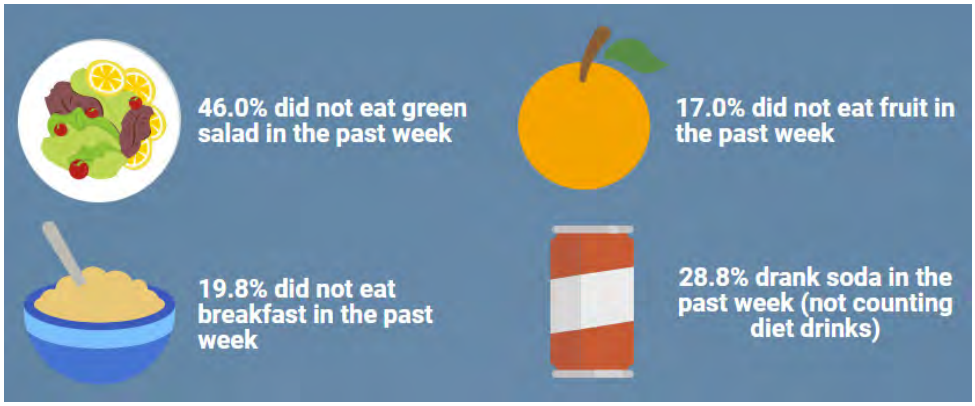
	# Eligible	# Enrolled	Participation Rate
Fall River	5,472	2,731	49.9%
Somerset	285	112	39.3%
Swansea	252	110	43.7%
Westport	233	105	45.1%
Greater Fall River	6,242	3,058	49.0%

Source: Population Health Information Tool (PHIT)
Mass.gov, https://www.mass.gov/orgs/population-health-information-tool

BMC Durfee High School Youth Risk Behavior Survey

Another source of local data is the BMC Durfee High School *Youth Risk Behavior Survey,* which shows that some students are not meeting recommended nutrition guidelines, particularly related to eating fruits and vegetables (see Figure 43).

Figure 43
BMC Durfee High School *Youth Risk Behavior Survey*
Student Nutrition



Source: BMC Durfee High School Youth Risk Behavior Survey, School Year 2018-2019

[72] Up to a monthly cap of $40, $60, or $80.

Community Walkability

The walkability of a community directly impacts the ability of all residents to access nutritious food. As one survey respondent commented, "Access to safe walking and biking infrastructure, especially connecting residential areas to sources of groceries and food and to recreational spaces...is important to support healthy eating habits. While walking has the potential to confer beneficial effects for health, personal finances, the environment, and more, walkable communities also allow residents easier access to more food options."

Walkability may feel like a subjective measure, but there are agreed-upon elements that improve the walkability of an area, such as the distance to amenities, the roadway and sidewalk infrastructure, and the population density. WalkScore.com has developed algorithms that consider these factors to score the walkability of a city, with a walk score based on the following scale:

- 90-100: "Walker's Paradise" – Daily errands do not require a car
- 70-89: "Very walkable" – Most errands can be accomplished on foot
- 50-69: "Somewhat walkable" – Some amenities within walking distance
- 25-49: "Car-dependent" – A few amenities within walking distance
- 0-24: "Car-dependent" – Almost all errands require a car

In Fall River, the average city-wide WalkScore is 65 out of a possible score of 100, which is characterized as "somewhat walkable." Other communities in the region have much lower walk scores (see Table 25). As noted previously, there is some concern among stakeholders that older residents in suburban areas who do not have a car can be very isolated, particularly when it comes to meeting their basic needs such as groceries. Providing alternative transportation options for these residents may connect them to essential resources for improving their health.

Table 25
Walkability of Greater Fall River Communities

Community	Walk Score
Fall River	65
Somerset	28
Swansea	16
Westport	3

Source: Walkscore.com

PRIORITY AREA 5: HEALTH CARE ACCESS

People who do not have access to health care are at a greater risk of having poor overall health and negative health outcomes. This includes access to a wide variety of health services such as preventive care, mental health services, and emergency services. Regular access to health services is essential in managing health conditions, preventing new conditions from arising, and promoting and maintaining overall good health. Stakeholders also described the racial and ethnic health gap that continues to afflict the region, which is related to a myriad of access issues such as health literacy, insurance coverage and cost, transportation, and the need for more culturally competent care.

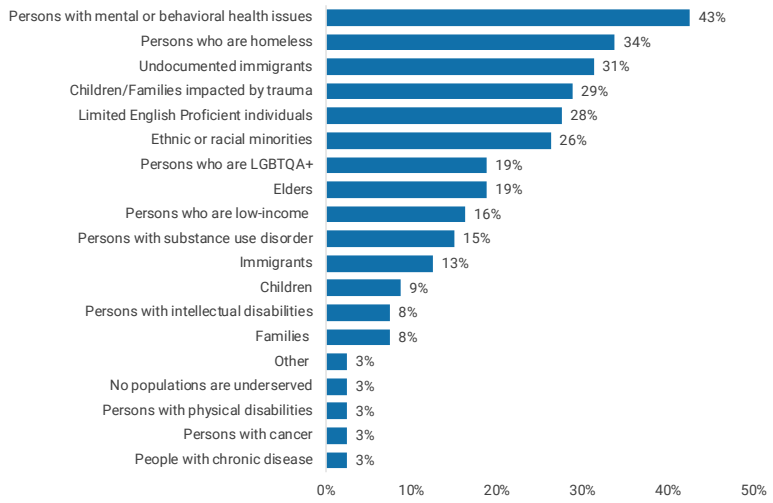
Key takeaways:

- Survey respondents rate persons with mental or behavioral health issues, persons who are homeless, and undocumented immigrants as the most underserved populations in Greater Fall River.
- The primary obstacles to obtaining health services identified by survey respondents include the lack of awareness of local services, followed by the high cost of medication, unfamiliarity with how to navigate/access specialty care, and difficulty using/accessing technology.
- Stakeholders emphasized the need for more health education among all groups, highlighting two central pieces to the health education equation: learning how to be healthy in general (e.g., diet, exercise, preventive services) and knowing the resources that are available to achieve those goals (including enrolling for basic insurance).
- Even among those who have health insurance, stakeholders note that there are extreme differences in the value of that insurance in terms of coverage and cost. Also, stakeholders feel that navigating the health care system can be daunting for many.
- Stakeholders note that providing culturally competent care will result in more people seeking care when they need it and the care itself will be more effective. This is particularly important to Greater Fall River as the region becomes increasingly diverse.
- While preventive care is important to maintaining good health, Fall River residents are less likely than residents statewide to have an annual checkup or visit a dentist.
- Transportation continues to be a primary health access issue in the region. Key informants note that many of their clients often cannot get to appointments even when they have the desire to seek out preventive care or when they require treatment for various health issues.

MOST UNDERSERVED POPULATIONS

Residents throughout Greater Fall River have varying needs based on their specific situations and characteristics. The key informant survey asked respondents to identify the populations in the region that are most underserved. The top three choices were persons with mental or behavioral health issues (42.5%), persons who are homeless (33.8%), and undocumented immigrants (31.3%) (see Figure 44). Notably, these categories are not mutually exclusive and many of these populations overlap; for example, persons with substance use disorder often have a mental health issue and may become homeless due to these conditions.

Figure 44
What do you think are the top three populations that are most underserved in the community?

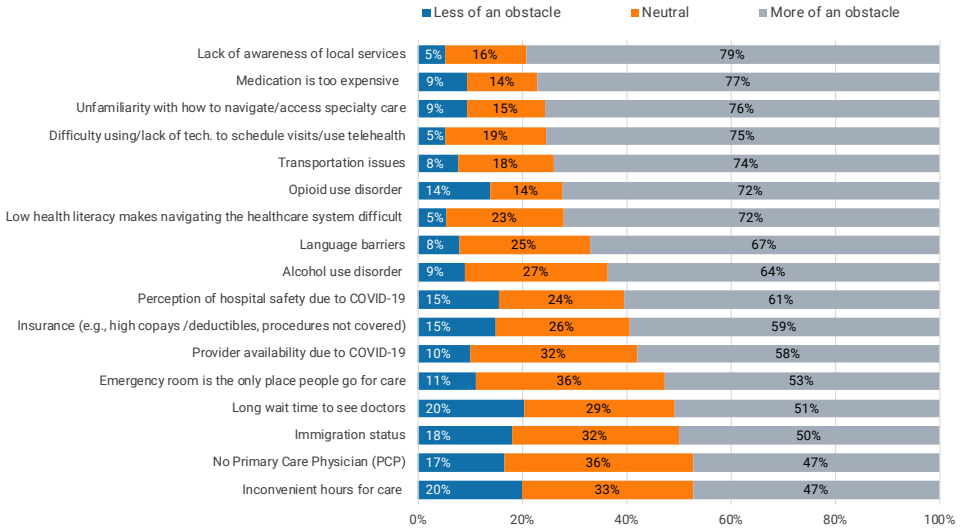


Source: Saint Anne's Hospital Key Informant Survey, 2021

PRIMARY OBSTACLES TO OBTAINING HEALTH SERVICES

As part of the key informant survey, respondents were asked to rank the obstacles that might prevent individuals from obtaining health services. The top obstacle reported by respondents is a lack of awareness of local services, followed by the high cost of medication, unfamiliarity with how to navigate or access specialty care, difficulty using or accessing technology (a particularly salient issue during the pandemic), and transportation issues (see Figure 45).[73]

Figure 45
Regarding the existing obstacles to accessing health care in the community you serve, please rank the following on a scale of 1 to 5, with 1 being less of an obstacle and 5 being more of an obstacle[74]



Source: Saint Anne's Hospital Key Informant Survey, 2021

[73] "Other" includes People with no bank accounts or access to loans, overmedicating by doctors, wait time to see a new/specialty doctor and the long referral process, education, discrimination, and homophobia/lack of LGBTQ+-specific care (e.g., trans-specific health care, free HIV/AID treatment and prevention).

[74] Categories 1 and 2 "Less of an obstacle" and 4 and 5 "More of an obstacle" were combined in this chart for readability.

HEALTH LITERACY

Health literacy can be defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions, and services needed to prevent or treat illness.[75] Health literacy is interconnected with the social determinants of health and low health literacy is more prevalent among the poor, minorities, seniors, those with a language barrier, and other marginalized groups. Though health literacy is multifaceted, five issues came to the forefront during our research:

1) Health insurance
2) Health education
3) Navigating the health care system
4) The need for culturally competent care
5) Transportation

Focus group members spoke about the important relationship between health literacy and health access. It was also noted that immigrants face unique challenges navigating the health care system and understanding what is important to good health regardless of how long they have been in the country. As one survey respondent noted, "Health care should not be one size fits all, especially in a region such as ours where patients have many different cultures and backgrounds." Similarly, a key informant noted, "Fall River is seeing a growing Haitian and South American population," which exacerbates the health access and health literacy issues. As examples of the problem, key informants pointed to language barriers, unfamiliarity with the health care system, and different ideas of what it means to be healthy or live a healthy lifestyle.

Health Insurance

Most residents in Greater Fall River's communities have health insurance: 95.7% in Fall River, 98.3% in Somerset, 98.3% in Swansea, 97.9% in Westport, and 97.3% statewide.[76] However, key informants note that a more concerning issue is the cost of insurance, medication, and copays for those who have it. Consequently, although most Greater Fall River residents have insurance, there are extreme differences in terms of value, coverage, and cost. These factors, in turn, partly affect the degree to which residents will access the health care system, particularly as it relates to preventive care.

In addition, job losses during the pandemic left many workers without employer-sponsored health insurance, which left laid-off workers scrambling to find coverage during an extremely stressful period. The Commonwealth Fund estimates that about 42 percent of the establishments that laid off workers as a result of the pandemic continued to pay a portion of health insurance premiums for those workers, but this still resulted in a significant number of laid-off employees with no coverage.[77]

Lack of health insurance is particularly prevalent among the undocumented. As a survey respondent noted, "Undocumented individuals have a fear of coming into the hospital without insurance, which leads to these people getting even more sick." Another survey respondent had a similar sentiment, noting, "One of the reasons that COVID rates were so high in our cities is that undocumented immigrants don't have insurance and are reluctant to engage the health care system in any way."

For those who do not have insurance, enrolling in MassHealth or an Affordable Care Act plan are the most salient issues among stakeholders. A focus group participant noted that there never seems to be enough assistance for people to get enrolled in either of these programs. "The forms are all online and that is problematic for people who do not have access to technology or are not tech-savvy." This includes annual recertification for MassHealth or when someone loses their

[75] See Health Resources & Services Administration. "Health Literacy." Retrieved October 29, 20201 from: https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html.

[76] Source: Census ACS 2015-2019 5-year estimate.

[77] The Commonwealth Fund. January 2021. *How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?* See: https://www.commonwealthfund.org/blog/2021/update-how-many-americans-have-lost-jobs-employer-health-coverage-during-pandemic. Accessed October 28, 2021.

MassHealth benefits because their financial situation changes during the year. A focus group member noted that it is difficult to find a primary physician who accepts MassHealth Limited, while another noted difficulty in keeping up-to-date on coverage changes year-to-year through the Mass Health Connector. Saint Anne's Hospital and HealthFirst, located in Fall River's Flint neighborhood, addresses these issues by having experts on hand to assist people to navigate through all aspects of health insurance and the health system in general. These services are provided in multiple languages.

Community Action and Resource

Providing Health Insurance Education to Patients & Community Members

Saint Anne's Hospital provides health insurance education and offers enrollment assistance to both patients and community members. One-on-one assistance is provided in the person's first or requested language. Enrollment assistance was offered for both annual and immediate coverage types. From October 2020 through September 2021, Saint Anne's Hospital assisted 2,830 individuals with access to health insurance, with 290 gaining immediate access to coverage through presumptive applications.

A case manager for the Massachusetts Department of Mental Health said about Saint Anne's Hospital's Financial Counselors regarding their work in assisting a Department of Mental Health referral family in accessing appropriate health insurance coverage, "They did a fabulous job and their work is greatly appreciated. You and your team are a crucial bridge in our community to supporting individuals in accessing appropriate health care."

Health Education

Stakeholders noted that there are two central pieces to the health education equation: learning how to be healthy in general (e.g., diet, exercise, preventive services) and knowing the resources that are available to achieve those goals (including enrolling for basic insurance). As one focus group member noted, "A patient needs to be aware of why it is important to eat well and exercise, but they also need information on the services available to help them become healthy. In addition, they need assistance in enrolling for insurance so they can access those services without paying out-of-pocket." Similarly, another focus group member commented, "Health access and health literacy go hand in hand. You can't access something if you don't know it exists." A key informant noted that a constant struggle in community health is the ability of the health care system to effectively connect and serve certain populations with low health literacy, especially since these populations are the ones most likely to need the services.

Navigating the System

Even for those who have health insurance and are not overwhelmed by its cost, out-of-pocket expenses, and finding a primary care physician, navigating the system can be difficult. For example, as one stakeholder pointed out, "What services are available and how do patients access them? How is patient care best coordinated among these services? How do we make patients aware of what is available and how effective are we in helping them navigate through that system?" Another noted, "Something that may seem simple, such as obtaining a referral, can be a struggle for someone not familiar with the system or who speaks another language."

Telehealth is also becoming more prevalent since the pandemic and focus group members noted that this can be particularly difficult for those who are not tech-savvy (particularly seniors) and for those who don't have access to technology (e.g., a laptop or smartphone) or broadband.

Need for Culturally Competent Care

Cultural competence is generally defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.[78] Culturally competent care requires an awareness and knowledge of the issues specific to underserved populations and the ability to communicate in a way that is appropriate and effective. Properly delivered, culturally competent care results in more people seeking care when they need it and the care itself being more effective. This is particularly important to Greater Fall River as the region becomes increasingly diverse. Examples of culturally competent care include offering health materials in multiple languages, providing interpreter services, improving knowledge among staff about the community they serve, recruiting and training diverse team members, and becoming more aware of the needs and challenges that patients face daily.

Importantly, the diversity in a population extends beyond just race, ethnic background, and language. For example, the lesbian, gay, bisexual, transgender or queer/questioning (LGBTQ+) community and the Veteran community consist of a cross-cultural range of community members. The health care needs of these groups and others require care and support that is compassionate and reflects an understanding of the unique challenges and needs of these groups. This often requires recruiting and training professionals with a variety of backgrounds or, at a minimum, training current staff to improve cultural awareness and skills.

Community Action and Resource

Saint Anne's Hospital Offers Cultural Competency Training Programming

Beginning in September 2020, Steward Health Care launched its new virtual educational series, "*Diversity, Equity and Inclusion*," designed to provide insight on how to effectively and appropriately care for, understand, and respond to the needs of diverse patient populations. The programming is open to Steward Health Care staff, nurses, and physicians, as well as other staff and community partners. Training specific to SAH staff and community partners included:

- Patient Centered Care when Working with Survivors of Human Trafficking
- Conversations About Race and Clinical Care
- Providing Patient-Centered Care: The Latino Perspective
- Foundations of Care with Transgender Diverse Populations for Clinical Staff and Support Staff
- Enhancing Care for People with Autism in Hospitals
- How Can Music Help Your Patients and You Be a Better Clinician?

Transportation Options

Nearly one-in-five Fall River households (18.5%) do not have a vehicle, and while the shares in the suburbs are smaller, it does not change the fact that a portion of Greater Fall River residents, particularly those who are elderly, do not have a car.[79] As a result, individuals often cannot get to appointments even when they have the desire to seek out preventive care or treatment for health issues. One survey respondent noted that, increasingly, "Services that used to be provided in the city have now moved to the suburbs. It's nearly impossible for some patients to get to those places."

Many rely on public transportation, but stakeholders note that public transportation is very inconvenient, especially since "public transportation to doctor's offices in the suburbs doesn't exist." One stakeholder noted that staff spend an inordinate

[78] Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund.

[79] Source: Census ACS 2015-2019 estimates, Table S2504.

amount of time arranging transportation for patients, commenting, "How many patients are not taking preventive steps for their health because they don't have transportation?" Still another stakeholder observed that one of the biggest issues is that reimbursement rates are low for some transportation services, "So many companies won't bother. It's not financially worth it to them. So, we are left scrambling and piecing together transportation services."

Thus, the transportation system becomes piecemeal, literally piecing together different modes of transportation on an individual patient level, which is incredibly inefficient. Also, while telehealth can overcome some transportation issues, many residents who do not have access to reliable transportation are the same group (e.g., elders) who do not have access to technology or who are inexperienced or reluctant to use it.

Residents do have some transportation options, as the region's Councils on Aging provide transportation to appointments for seniors and will reserve SRTA on demand medical shuttles for local appointments or appointments in Boston or at Veterans Administration facilities. In addition, Saint Anne's Hospital provides transportation to and from oncology appointments, and Medicaid will reimburse for transportation if the patient's PCP completes an online form. As one key informant cautioned, however, setting up appointments and navigating the system in general can be difficult for some patients, especially for those who do not have someone advocating on their behalf.

5 KEY THEMES AND CONCLUSIONS

The analysis of secondary data coupled with results from the key informant survey, key informant interviews, and focus group data shows that Greater Fall River residents remain concerned about many of the same health priority issues identified in the 2018 CHNA, including behavioral health, chronic disease, and health access. In addition to these longstanding issues, the effects of the COVID-19 pandemic have exposed the degree to which many individuals and households are struggling to obtain basic necessities, as evidenced by housing and food insecurity becoming much more prominent issues since the 2018 assessment.

The overarching conclusion of the CHNA is that most individuals and stakeholders agree on the major barriers and challenges that Greater Fall River faces in terms of maintaining overall health. A primary obstacle impeding better health outcomes is that for many residents, health and wellness fit within a larger framework of day-to-day needs and crises related to the social determinants of health; from issues of housing, childcare, finances, and transportation, to employment, immigration, and safety. As a result, one's health is often addressed after more immediate needs are met, if at all. As one key informant commented, "My clients are overwhelmed with making day-to-day decisions just to keep their household afloat. Expecting them to have the time or other resources to address their health is naïve. The welfare of their family comes first."

However, this is not to overshadow the unique and focused concerns that some key informants identified. Greater Fall River is faced with a myriad of health and community issues. Comments provided on the key informant survey underscore the breadth of the needs in our community. What the CHNA process does reveal is that the community has clear and immediate priorities that need to be addressed in the short-term.

MENTAL HEALTH

Mental health will continue to be a priority as we emerge from the pandemic. Addressing the issue cannot be done effectively until the capacity of the system is increased, both in terms of the pipeline of mental health professionals and the facilities needed for treatment. Saint Anne's Hospital and other providers must be strategic in attracting more individuals to enter the mental health profession, as well as incentivizing current mental health professionals to accept MassHealth patients. However, effectively addressing the shortage of mental health professionals will require state leaders and its largest health care providers to work in concert on the issue. This includes increasing the number of mental health outpatient beds. Unfortunately, this crisis will not be solved overnight. As one stakeholder noted, "Professionals in the consulting and referring fields tell us these shortages have existed for a long time even before the COVID crisis and the situation is only going to get worse."

SUBSTANCE USE DISORDER

Substance Use Disorder continues to afflict the region. Results from the focus groups and the key informant survey clearly show that the opioid crisis remains a top health issue, along with intertwined issues of mental health and housing. While much of the focus is on opioid abuse, stakeholders recognize that this issue extends beyond opioids to other narcotics and alcohol. In addition, stakeholders continue to recognize the ripple effect that the opioid crisis has on children and families. Parental opioid use disorder, in particular, has far-reaching effects on children. From the start of their lives, children with parents who have opioid use disorder are prone to poor birth outcomes due to prenatal opioid exposure, are more likely to accidentally ingest opioids at a young age, and may face daily trauma (e.g., neglect, abuse, domestic violence, parental incarceration) that puts them at higher risk of developing behavioral and psychosocial problems later in life.[80] Thus, treating individuals with substance use disorder is only part of the solution; strategies going forward must continue to take a holistic approach to addressing substance use disorder.

[80] Normile, B.; Hanlon, C.; & Eichner, H. (2018). "State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis." National Academy for Stat Health Policy. September 2018.

Housing

The key informant survey, interviews, and focus groups clearly indicate that housing is a priority in the region. Rent is increasing faster than wages and some long-time Greater Fall River residents have few choices other than to double-up or rent substandard housing. Even then, housing advocates point out that many households will be priced out of Fall River completely. At that point, as one survey respondent commented, "Where else are these people supposed to go?" There are many solutions that address the conditions created by the region's housing gap, but housing in Greater Fall River is an issue that will only truly be solved when the supply of housing at rents affordable to working families is increased.

Wellness and Chronic Disease

Health and wellness compete with more immediate day-to-day priorities for many Southcoast residents. In nearly each instance, the disease prevalence is higher for Fall River in comparison to the state and national averages. Although chronic conditions can be genetic, poor disease outcomes are partly the result of unhealthy behaviors. However, the social determinants of health identified throughout this analysis are often large contributors to health inequities. Thus, effectively remedying high disease prevalence and poor health outcomes requires addressing the social environment that contributes to health inequities. However, improving economic opportunity for residents and eliminating racial constructs is not a goal that will be solved in the short-term or by one organization. It will require a collective effort that exceeds even that which was implemented during the pandemic.

Food Insecurity

Not surprisingly, people who have less access to healthy food options have higher levels of negative health outcomes. COVID-19 had a double-edged outcome related to food insecurity. While the pandemic exacerbated need, it also focused attention on the region's food system and its ability to not only meet the increase in need, but to reassess how it can best respond to that need. This includes not only focusing on offering food for those in need, but also the quality of the food provided, where the food comes from, and how it is delivered. The Southcoast Food Policy Council has taken important steps to forge connections within our food system and identify ways in which policy can support an equitable and sustainable food system for all in the region.

Health Access

Being healthy and remaining healthy is challenging enough for those of us accustomed to accessing the health care system, and doing so becomes even more difficult if one must overcome obstacles to do so. While regular access to health services is essential in managing health conditions, preventing new conditions from arising, and promoting and maintaining overall good health, stakeholders described the health gap that continues to afflict the region, particularly as a result of the social determinants of health. This gap consists of a myriad of access issues such as health literacy, insurance coverage and cost, transportation, and the need for more culturally competent care. In many ways, health access is an umbrella issue that spans many of the other health issues identified in this report. Thus, programs and activities that are implemented to address the region's top health issues will not be effective if certain populations cannot access them, particularly since in many cases those who would most benefit from the services have the lowest levels of access.

GOING FORWARD

Addressing COVID-19

The full effects of COVID-19 on the health and wellness of Greater Fall River residents are yet to be understood. In one sense, the pandemic provided an opportunity for the region's health providers, advocates, and other stakeholders to break down walls and work cooperatively with focus and purpose. These collaborative efforts, such as the Let's Talk Tuesdays weekly calls coordinated by the United Way of Greater Fall River, should be continued and expanded to address the priority health issues identified in this report.

Addressing Historically Marginalized Populations

Health equity and the social determinants of health extend to other prevalent groups in our region. Although not an inclusive list, stakeholders referred to a number of marginalized groups who would benefit from more inclusive approaches to delivering care and a more diverse health care workforce including the LGBTQ+ community, the Veteran community, those who are homeless, and the chronically ill and disabled. Although these groups are not homogenous and consist of community members with a range of races, ethnic backgrounds, and socioeconomic status, each has unique health care challenges and needs. However, similar to other vulnerable populations, one primary commonality is that meeting the health care needs of these groups requires understanding the challenges each experiences, communicating in a way that is appropriate and effective, and making the health care system a welcoming place for these individuals. Recruiting and extensively training a diverse team of health care providers would be a positive step toward this goal.

For example, key informants highlighted the lack of health services available to the LGBTQ+ community due to social stigma and the marginalization of their issues throughout the health care system. They noted that LGBTQ^{+} persons often encounter a lack of cultural competencies and judgement when interacting with the health care system, and that hiring providers who are more representative of the regional LGBTQ^{+} population would be beneficial. These practices were suggested during outreach with LGBTQ^{+} advocates. While it was not possible to interview representatives from every marginalized group as part of this research, it stands to reason that the starting point to improve health outcomes for marginalized groups in Greater Fall River is to reach out and hear their concerns and challenges in receiving care. Once providers better understand these obstacles, they can take the appropriate steps to mitigating them and creating more equitable care.

NEXT STEPS

The goal of this Community Health Needs Assessment is to inform data-driven objectives and strategies that can be used to improve the overall health of the populations targeted as at-risk and underserved. The 2021 CHNA will serve as the blueprint for the next three (2022 – 2024) annual Community Health Benefits Implementation Strategies. Saint Anne's Community Health Benefits Advisory Committee (CBAC) will engage in an ongoing evaluation of progress made on the short and long term goals of the annual Implementation Strategy, recommending adjustments to the plan as needed to positively impact and advance the health-related needs of the populations to be served.

APPENDIX A: KEY INFORMANT SURVEY

Dear Community Stakeholder:

Saint Anne's Hospital is conducting a Community Health Needs Assessment to identify and learn more about community health issues in the Greater Fall River Area. The survey will also help us plan and shape our Community Benefits programs and services to help address these health needs.

Your firsthand knowledge of the community is important to help us better understand our community's health issues. We hope you will take time to complete this survey, which should take less than ten minutes. Please be assured that all responses are confidential. We will share the results with respondents in the coming months.

With questions, please contact Tracy Ibbotson, Director of Community Health Benefits, Saint Anne's Hospital, Fall River, MA 02721 or Tracy.Ibbotson@Steward.org or 508-235-5289.

Please complete the survey by April 19. Thank you for your time and participation. You can click on the link below to begin the survey.

Survey Intro:

Thank you for choosing to participate in the survey. The results will be used to identify community health issues in the Greater Fall River area and to help us plan programs and services. The Greater Fall River Area is defined as Fall River, Somerset, Swansea, and Westport.

Before continuing, please know that your participation is voluntary. Your completion of the survey implies your consent. You may choose to skip any question or end the survey at any point. We will take all possible steps to protect your privacy and we can use your answers only for statistical research. This means that no individual will be identified in any of the analyses or reports from this study. We plan to share the results with respondents in the coming months.

Thank you for your time and participation!

QUESTIONNAIRE

1. How would you describe the organization for which you work?

- O Healthcare provider (i.e., hospital, clinic, physician)
- O Government (i.e., state/local agencies, police/fire department, schools)
- O Non-profit organization or social service agency
- O Religious organization
- O Private sector/Business community
- O Other _____

2. What people or groups does your organization serve? (select all that apply)

- O Children
- O Children/Families impacted by trauma
- O Elders
- O Ethnic or racial minorities
- O Families
- O Immigrants
- O Limited English Proficient individuals
- O People with chronic disease
- O Persons who are homeless
- O Persons who are LGBTQA+
- O Persons who are low-income
- O Persons with cancer
- O Persons with intellectual disabilities
- O Persons with mental or behavioral health issues
- O Persons with physical disabilities
- O Persons with substance use disorder
- O Undocumented immigrants
- O Other _____

3. What do you think are the greatest issues and concerns for the people or groups your organization serves, not necessarily related to health?

4. Please provide examples of how you have seen the region's most vulnerable groups affected by the COVID-19 pandemic.

5. Regarding the health and societal conditions among the people and groups you serve, please rank each of the following issues on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern. [List will be randomized]

	Less of a concern 1	2	Neutral 3	4	More of a concern 5	Not Sure
Adult domestic abuse	O	O	O	O	O	O
Adult sexual abuse	O	O	O	O	O	O
Age-related health problems	O	O	O	O	O	O
Alcohol use disorder	O	O	O	O	O	O
Asthma (not COVID-19 related)	O	O	O	O	O	O
Cancer	O	O	O	O	O	O
COPD (not COVID-19 related)	O	O	O	O	O	O
COVID-19	O	O	O	O	O	O
Crime and safety	O	O	O	O	O	O
Dental problems	O	O	O	O	O	O
Diabetes	O	O	O	O	O	O
Effects of trauma, neglect, and abuse on children	O	O	O	O	O	O
Elder abuse	O	O	O	O	O	O
Food insecurity	O	O	O	O	O	O
Health education and literacy	O	O	O	O	O	O
Heart disease/Stroke	O	O	O	O	O	O
Housing insecurity	O	O	O	O	O	O
Lack of physical activity	O	O	O	O	O	O
Mental and behavioral health issues (e.g., depression)	O	O	O	O	O	O
Nutrition-related health	O	O	O	O	O	O
Obesity/Overweight	O	O	O	O	O	O
Opioid use disorder	O	O	O	O	O	O
Suicide	O	O	O	O	O	O
Other	O	O	O	O	O	O

6. Regarding the existing obstacles to accessing healthcare for the people and groups you serve, please rank the following on a scale of 1 to 5, with 1 being less of an obstacle and 5 being more of an obstacle:

	Less of an obstacle 1	2	Neutral 3	4	More of an obstacle 5	Not Sure
Alcohol use disorder	O	O	O	O	O	O
Difficulty using technology or lack of technology to schedule visits and use telehealth options	O	O	O	O	O	O
Emergency room is the only place people go for care	O	O	O	O	O	O
Immigration status	O	O	O	O	O	O
Inconvenient hours for care	O	O	O	O	O	O
Insurance (e.g., high copays & deductibles, procedures not covered, etc.)	O	O	O	O	O	O
Lack of awareness of local services	O	O	O	O	O	O
Language barriers	O	O	O	O	O	O
Long wait time to see doctors	O	O	O	O	O	O
Low health literacy makes navigating the healthcare system difficult	O	O	O	O	O	O
Medication is too expensive	O	O	O	O	O	O
No Primary Care Physician (PCP)	O	O	O	O	O	O
Opioid use disorder	O	O	O	O	O	O
Perception of hospital safety due to COVID-19	O	O	O	O	O	O
Provider availability due to COVID-19	O	O	O	O	O	O
Transportation issues	O	O	O	O	O	O
Unfamiliarity with how to navigate/access specialty care	O	O	O	O	O	O
Other	O	O	O	O	O	O

7. What do you think are the <u>top three</u> populations that are most underserved in the community?

- O Children
- O Children/Families impacted by trauma
- O Elders
- O Ethnic or racial minorities
- O Families
- O Immigrants
- O Limited English Proficient individuals
- O People with chronic disease
- O Persons who are homeless
- O Persons who are LGBTQA+
- O Persons who are low-income
- O Persons with cancer
- O Persons with intellectual disabilities
- O Persons with mental or behavioral health issues
- O Persons with physical disabilities
- O Persons with substance use disorder
- O Undocumented immigrants
- O No populations are underserved
- O Other _____

8. With regard to the lessons learned during the COVID-19 pandemic, what would you recommend going forward to strengthen the community response so that similar situations in the future are addressed effectively?

9. Aside from lessons learned from the COVID-19 pandemic, what other improvements, programs, or services should be offered to make the Greater Fall River Area a healthier community? You do not have to limit your answers to actions that would be undertaken by healthcare organizations and service providers.

KEY INFORMANT SURVEY RESULTS

1. How would you describe the organization for which you work?

	Number	Percent
Non-profit/social service agency	50	54%
Healthcare provider	21	23%
Government	15	16%
Private /Business Community	5	5%
Other	2	2%
Religious organization	0	0%

Other: Education and Peer Recovery

2. What people or groups does your organization serve?

	Number	Percent
Families	66	76%
Persons who are low-income	65	75%
Children	63	72%
Ethnic or racial minorities	62	71%
Persons who are LGBTQ+	61	70%
Persons with mental/behavioral health issues	61	70%
Children/Families impacted by trauma	59	68%
Persons with intellectual disabilities	55	63%
Limited English Proficient individuals	54	62%
Persons with substance use disorder	54	62%
Persons who are homeless	53	61%
Persons with physical disabilities	51	59%
Elders	50	57%
Immigrants	48	55%
People with chronic disease	46	53%
Undocumented immigrants	40	46%
Persons with cancer	36	41%
Other	7	8%

Other: Business professionals, Fathers, Veterans, Homeless, Community at large

3. What do you think are the greatest issues and concerns for the people or groups your organization serves, not necessarily related to health?

4. Please provide examples of how you have seen the region's most vulnerable groups affected by the COVID-19 pandemic.

5. Regarding the health and societal conditions among the people and groups you serve, please rank each of the following issues on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern.

	1 - Less of a concern	2	3 - Neutral	4	5 - More of a concern
Mental and behavioral health issues	2%	1%	5%	13%	78%
Effects of trauma, neglect, abuse on children	4%	4%	11%	17%	64%
Housing insecurity	1%	6%	8%	24%	60%
Food insecurity	5%	4%	11%	24%	57%
COVID-19	4%	5%	10%	26%	56%
Opioid use disorder	8%	1%	9%	28%	54%
Suicide	6%	4%	15%	30%	44%
Alcohol use disorder	5%	2%	22%	28%	43%
Health education and literacy	5%	4%	16%	34%	42%
Crime and safety	6%	6%	14%	33%	40%
Adult domestic abuse	9%	9%	17%	29%	36%
Lack of physical activity	6%	4%	24%	31%	35%
Obesity/Overweight	10%	8%	19%	29%	33%
Nutrition-related health	7%	5%	18%	37%	33%
Age-related health problems	10%	11%	16%	34%	28%
Adult sexual abuse	13%	17%	25%	19%	26%
Diabetes	16%	5%	28%	25%	26%
Elder abuse	16%	14%	27%	18%	26%
Heart disease/Stroke	18%	11%	18%	29%	25%
Cancer	23%	10%	29%	17%	21%
Dental problems	16%	14%	27%	26%	16%
Asthma (not COVID-19 related)	19%	12%	35%	23%	12%
COPD (not COVID-19 related)	20%	15%	29%	25%	11%
Other	4%	11%	57%	25%	4%

Other:

- Access to technology (for treatment or documentation)
- Social isolation (n=2)
- Transportation (n=3)
- Peer violence (bullying) and cyber-violence
- Lack of Early Childhood programs
- Education equality
- Addiction to screens (phone, tablet, computer)
- Government being too powerful, creating fear
- Lack of technology
- Depression, anxiety
- Stable employment
- Affording their healthcare
- Financial well-being
- Isolation and social withdrawal
- Racial inequity
- Child care
- Lack of 'eyes' on students over the past year DCF not seeing clients, lack of filing 51As
- Ability to test for marijuana effects, similar to the way we test for influence of alcohol

6. Regarding the existing obstacles to accessing healthcare in the community you serve, please rank the following on a scale of 1 to 5, with 1 being less of an obstacle and 5 being more of an obstacle.

	1 - Less of an obstacle	2	3 - Neutral	4	5 - More of an obstacle
Transportation issues	4%	4%	18%	16%	58%
Difficulty using/lack of technology to schedule visits/use telehealth options	3%	3%	19%	26%	49%
Language barriers	3%	5%	25%	24%	43%
Opioid use disorder	5%	9%	14%	29%	43%
Lack of awareness of local services	1%	4%	16%	38%	42%
Insurance (e.g., high copays & deductibles, procedures not covered, etc.)	8%	7%	26%	19%	41%
Unfamiliarity with how to navigate/access specialty care	1%	8%	15%	35%	41%
Medication is too expensive	4%	5%	14%	38%	39%
Low health literacy makes navigating the healthcare system difficult	1%	4%	23%	35%	37%
Immigration status	6%	13%	32%	17%	33%
Provider availability due to COVID-19	3%	7%	32%	26%	32%
Emergency room is the only place people go for care	7%	4%	36%	25%	28%
Alcohol use disorder	5%	5%	27%	36%	27%
Long wait time to see doctors	9%	12%	29%	25%	26%
Perception of hospital safety due to COVID-19	7%	8%	24%	35%	25%
Inconvenient hours for care	7%	13%	33%	29%	19%
No Primary Care Physician (PCP)	4%	13%	36%	31%	17%

7. What do you think are the <u>top three</u> populations that are most underserved in the community?

	Number	Percent
Persons with mental or behavioral health issues	34	43%
Persons who are homeless	27	34%
Undocumented immigrants	25	31%
Children/Families impacted by trauma	23	29%
Limited English Proficient individuals	22	28%
Ethnic or racial minorities	21	26%
Elders	15	19%
Persons who are LGBTQA+	15	19%
Persons who are low-income	13	16%
Persons with substance use disorder	12	15%
Immigrants	10	13%
Children	7	9%
Families	6	8%
Persons with intellectual disabilities	6	8%
Persons with cancer	2	3%
Persons with physical disabilities	2	3%
No populations are underserved	2	3%
People with chronic disease	2	3%
Other	2	3%

Other: Employed addicts looking for help, Working poor

8. With regard to the lessons learned during the COVID-19 pandemic, what would you recommend going forward to strengthen the community response so that similar situations in the future are addressed effectively?

SPRINGLINE RESEARCH GROUP

9. Aside from lessons learned from the COVID-19 pandemic, what other improvements, programs, or services should be offered to make the Greater Fall River Area a healthier community? You do not have to limit your answers to actions that would be undertaken by healthcare organizations and service providers.

APPENDIX B: FOCUS GROUP QUESTIONS

Facilitator Opening[81]

Hello and welcome to our discussion group today. Thank you for taking the time to participate. The purpose of our discussion is to get your input on health issues that matter most to you (from your perspective as _____), as well as your thoughts and perceptions about the health of your community. This is part of an effort by Saint Anne's Hospital to understand the health-related needs of the community and to plan programs and services that address those needs. My name is Tracy Ibbotson, and I will serve as the facilitator of today's discussion. My role is to introduce our topics and ask questions. I will try to make sure all the issues are touched on as fully as possible within our time frame and that everyone gets a chance to participate and express their opinion.

I. GENERAL COMMUNITY QUESTIONS

Our first few questions ask for your thoughts on the strengths or resources in your community that help support or enhance individual, family, and community health. The term "community" can mean something different for everyone - it could mean your town or region, your friends, your ethnic group, people you work with, or however you think of your community.

1. **What do you feel makes a community healthy?**

   Probe: It could be assets like a good health care system, good schools, access to healthy foods, low crime, affordable housing, access to career training programs linked to job opportunities, opportunities for recreation like parks and open space, effective social service agencies, a good public transportation network, and walkable neighborhoods.

II. IDENTIFYING TOP ISSUES

Now I'd like to ask you about some of the top issues in your community.

2. **What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community?**

   Probe [Provide some of these example as potential issues if they are not mentioned]: How about housing, economic opportunity, chronic diseases or conditions, mental health, substance abuse, violence, access to healthy food, child abuse/neglect, suicide, domestic violence, access to health care, cost of health care, poverty, stigma, prejudice, racism?

3. **How have the top health issues that were mentioned affected your community?**

   Probe: How has this changed in recent years? Are the issues getting better, worse, or about the same?

   How did COVID affect these issues; were some groups of people affected more than others and why?

III. ADDRESSING TOP HEALTH ISSUES

4. **Thinking about the top health issues you mentioned, what is currently being done to address those issues for the community?**

   Probe: For example, any programs or services available to help with these issues.

5. **What programs, services or policies are needed in your community that would support health or make it easier to be healthy? That is, where are some of the gaps in services.**

[81] See http://www.pphnh.org/images/contentPages/FINAL_LAKES_FOCUS_GROUP_RESULTS.pdf

IV. BARRIERS

6. **Are there significant barriers/obstacles to being healthy or making healthy choices in your community? What are those barriers?**

   Probe: For example, lack of access to healthy foods, feeling unsafe in your neighborhood, lack of transportation option, stigma, prejudice, racism, lack of understanding of needs, trust.

7. **What keeps you or your family from going to the doctor or from caring for your health?**

   Probe: 1) Are there any cost issues that keep you from caring for your health? (such as co-pays or high deductible insurance plans).

   2) If you are uninsured, do you experience any barriers to becoming insured? This might be due to things like stigma, prejudice, racism, lack of understanding of needs, trust in health care professionals.

V. IMPROVING COMMUNTIY HEALTH

8. **Thinking about the future, if you could do one thing to improve the health of people in your community, what would it be?**

   Probe: What organizations are/who is already leading this effort?

VI. ENDING QUESTION

9. **Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?**

Saint Anne's Hospital
A STEWARD FAMILY HOSPITAL

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