Berkshire County Community Health Needs Assessment

Berkshire Health Systems
2018

Prepared by
Berkshire Health Systems
Adopted by the Berkshire Health Systems Board of Trustees on Tuesday, April 9, 2019
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Introduction

About Berkshire Health Systems
A private, not-for-profit organization, Berkshire Health Systems (BHS) serves the region through a network of affiliates which include Berkshire Medical Center, the BMC Hillcrest Campus, Fairview Hospital, Berkshire Visiting Nurse Association, BHS physician practices, and long-term care associate Berkshire Healthcare Systems. Each of these facilities is distinguished by the high quality of their programs and services, and by the credentials, skill and compassion of their physicians, nurses and caregivers.

BHS is a 223 bed academic medical center based throughout Berkshire County, Massachusetts. With 4,211 employees, BHS has 350 members on medical staff, 991 nurses, 268 students (including residents, fellows, and medical, nursing, and allied health students), and over 160 volunteers. BMC serves as a local resource for specialty medical care and research, while providing comprehensive primary medical services to the community.

Our Mission
The Mission of Berkshire Health Systems is to improve the health of all people in the Berkshires and surrounding communities, regardless of their ability to pay.

Our Vision
Berkshire Health Systems will be a premier integrated health system, recognized nationally for delivering the highest-quality, patient-centered care in a learning environment.

Our Values

<table>
<thead>
<tr>
<th>Compassion</th>
<th>We believe in fostering caring relationships.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>We believe in treating everyone with dignity, kindness and understanding.</td>
</tr>
<tr>
<td>Excellence</td>
<td>We believe in providing the highest quality care and superior patient satisfaction through outstanding teamwork.</td>
</tr>
<tr>
<td>Stewardship</td>
<td>We believe that to ensure our future ability to fulfill our mission, we need to maintain a financially viable organization and focus our resources on the most pressing health needs of the community.</td>
</tr>
<tr>
<td>Trust</td>
<td>We believe in building trusting relationships based on communication, competence, teamwork and ethical conduct.</td>
</tr>
<tr>
<td>Diversity</td>
<td>We believe that in order to serve all of our patients, we need to develop the cultural competency and diversity of our staff and work to eliminate racial and ethnic disparities in the health status of our community.</td>
</tr>
</tbody>
</table>

The Community Health Needs Assessment (CHNA) focuses on Berkshire County, the primary service area of BHS. When identifying the areas that can be addressed to improve the health of the population, the assessment used the social and economic determinants of health framework and Robert Wood Johnson’s County Health Rankings since they both recognize that these factors
contribute to health of a population. The prioritized health needs identified in this CHNA include community level social and economic determinants that impact health, access and barriers to quality health care, health behaviors and environmental factors. The assessment included evaluation of:

- An assortment of social, economic and health data
- Findings from recent Berkshire County assessment reports (many from local municipality, planning or community-based agencies)
- Information from a variety focus groups, key informant interviews and survey via community input stakeholder meeting

Information from this CHNA will be used to inform the updating of BHS’ hospital specific community health implementation strategy as well as to inform the community of efforts to improve health. Together with our community partners, we can help improve the health and well-being of our population.

It should be noted that this type of study has limitations. Due to smaller sub populations; data is often suppressed. While demographic, socioeconomic and health status indicators provide an effective means of identifying potential needs and/or problems, such a broad-based view cannot identify all of the health and human service problems facing a community. This is rather one step of many in an on-going process of collecting and disseminating health status information so that, working together, we can address the health needs of our community and help to ensure better outcomes for all the people living in Berkshire County.

Suggestions or additional information may be requested by contacting the BHS Office of Community Relations and Development at 413-447-2778.
Executive Summary

Methodology

BHS regularly measures the health needs of Berkshire County residents as part of the strategic planning process and community benefits programming. BHS has compiled the Berkshire County Health Assessment Report in collaboration with the County Health Initiative Steering committee comprised of Berkshire Medical Center, Fairview Hospital, Berkshire County Boards of Health Association, Tri-Town Health Department, Berkshire Public Health Alliance, Pittsfield Health Department, Berkshire United Way, Berkshire Regional Planning Commission, and Northern Berkshire Community Coalition.

The intent is to broadly identify the major trends in health status and our community's health needs with an understanding of the factors that are likely to affect the population of Berkshire County. The framework of this plan spans Fiscal Years 2018-2020. The objectives of the CHNA were:

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

The report contains the most recent available date collected through September 2018 and serves as a valuable resource to help guide BHS along with our community at large on the best ways to improve the health of the people living in our service area.

The needs data, along with state priorities are used to determine our annual community benefit priorities, which are established by the Community Benefit and Access Committee of the Board of Trustees. In its planning, BMC and Fairview Hospital look for opportunities to make better and more effective use of existing resources and providers, as well as to identify gaps in service. BMC and Fairview work with internal resources and community and regional partners, with the help of evidenced based or best practice programs, to develop and implement programs and initiatives to meet community need and improve the health of the population we serve.

Over the past decade, mortality rates for most of the major disease categories have been trending downward. Incidence and mortality from infectious diseases have been declining. Serious communicable diseases are relatively uncommon. While access to and availability of certain health care services such as urgent care and telehealth have improved; access to healthcare and behavioral health professionals remains a challenge. The capacity of the community to respond to natural, man-made and public health emergencies has been substantially enhanced.

However, Berkshire residents are still affected by health challenges that affect their quality of life and
overall well-being. Many of the root causes to these challenges are related Social Determinants of Health.

Social Determinants of Health as defined by the Centers for Disease Control and Prevention (CDC): Factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance

Socioeconomic status, education, employment, housing, food security, transportation and social protective factors, all have an impact on the physical and mental wellbeing of the population, including the circumstances people find themselves, and in many cases the life choices they make or are forced to make due to social or environmental conditions.

This Community Health Assessment, developed by a partnership of local public health and health care delivery advocates, attempts to profile the state of population health in the Berkshires within
the social determinants of health framework.

**Establishing Health Needs- Our approach:**

**Berkshire Health Systems Community Benefits Mission Statement**

Furthering our charitable purpose, the Berkshire Medical Center (BMC) and Fairview Hospital (FVH) Community Benefit Mission is to identify, prioritize and invest in our community's health needs by pursuing needed initiatives and programs. The Community Benefit goals include satisfying unmet needs in the Berkshires and improving the health status of our community with a particular focus on access to healthcare and "at risk" populations. Recognizing the value of BMC's partnership with our community, BMC will seek input and meaningful collaboration in our effort to meet community need. BMC will outline in an annual Community Benefit Plan, the priorities to be addressed and the initiatives to be funded.

BMC and Fairview hospital are both part of Berkshire Health Systems and therefore work together to meet community need.

**Community Benefit and Access Committee**

As a standing committee of the Board of Trustees - itself made up of community volunteers, this committee is responsible for understanding the health needs and barriers to care in our service area. The Committee oversees the Community Benefit process of the organization, including health needs assessments, determining target populations and priorities, development of the Community Benefits plan and evaluating performance against goals and objectives. The committee is comprised of people from the Board of Trustees and the community at large, and meets monthly though out the year.

**Community Benefits Leadership/Team**

Roberta Gale, Vice President Community Health; Kimberly Kelly, Director Community Health and Public Health Initiatives; Michael Leary, BHS Director of Media Relations; Cathie McHugh, Planning Analyst; Deborah Delaney, BHS Vice President of Finance, Lee Santos, BHS Fiscal Administration; Program Directors of Community Benefit programs.

**Community Partners**

Berkshire Regional Pittsfield Public Schools, Pittsfield Board of Health, Head Start, Berkshire Community Action Council, Center for Ecological Technology, Teen Parent Program, Brien Center for Mental Health and Substance Abuse Services, Pittsfield Police, Massachusetts Coalition for Suicide Prevention, Massachusetts Department of Public Health, local community pharmacists, Elder Services, Pittsfield Senior Center, Greylock Federal Credit Union, Boxcar Media, YMCA, Tri-Town Health Department, SHINE program, Berkshire Immigrant Center, Berkshire Community College, Berkshire County Sheriff's Department, local ambulance companies, Berkshire Breast Health Team, Community Health Program, Berkshire District Attorney, Berkshire United Way, Berkshire Youth Development Project, CHNA(Community Health Network Association), local business community.

**Other resources and organizations include**

Massachusetts Department of Public Health; University of Wisconsin Population Health Institute; Berkshire County Boards of Health; local school districts; Berkshire County Regional Planning
Commission; Berkshire United Way; Berkshire, American Heart Association, American Stroke Association, American Diabetes Association, American Cancer Society, Chamber of Commerce; Massachusetts Medical Society; Regional Pain collaborative; Berkshire County Regional Emergency Operations Planning Committee.

Community Health Needs Assessment (CNHA)
BHS has utilized an active community needs assessment as part of its Community Benefit Process since 1996. The Community Health Needs Assessment is updated annually, and the update directs our efforts to improve community health. BHS utilized all available clinical, health status, demographic, and socio-economic data available to form the foundation of our needs assessment. In addition, we gathered available qualitative data from our many advisory groups, community forums, surveys, and focus groups. The wellness and outreach programs also supplement our understanding of the health status of our community, health risk factors, and barriers to health and health care in collaboration with our Public Health colleagues from across Berkshire County. We also host community-wide input meeting to review the health needs of our community, engage stakeholders, and solicit additional feedback from over 70 community based organizations. The feedback gathers input on specific actions that could be taken at an individual, family and organizational level as well as identifying gaps in service in addition to prioritizing the most important needs for the community as a whole. We have convened this community group at least annually to review data, confirm priorities, discuss needs and work together to address the identified priories and needs.

Data Sources
Community Focus Groups, Hospital data, Consumer and Advisory Groups, Interviews, Public Health Personnel, Surveys, Other - Healthy People 2020; Department of Public Health Bureau of Family and Community Health Injury Report; Department of Public Health Prescription Monitoring Program data; physician manpower data; workforce needs data; wellness data; Emergency Department/Trauma Registry; Berkshire United Way; Berkshire Regional Planning Commission; and Chamber of Commerce Blueprint Study.

In 2012, we formalized the County Health Initiative (CHI) with the goal of working together to improve community Health. The leadership team of the CHI included Berkshire Medical Center, Fairview Hospital, Berkshire County Boards of Health Association, Berkshire Public Health Alliance, Tri-Town Health Department, Pittsfield Health Department, Berkshire Regional Planning Commission, Berkshire United Way and Northern Berkshire Community Coalition.

County Health Initiative
BHS is the backbone agency and member of the County Health Initiative (CHI) which was formalized in 2012 with the goal working together to improve community Health. The leadership team of the CHI includes Berkshire Medical Center, Fairview Hospital, Berkshire County Boards of Health Association, Berkshire Public Health Alliance, Tri-Town Health Department, Pittsfield Health Department, Berkshire Regional Planning Commission, Berkshire United Way and Northern Berkshire Community Coalition.
Goal
To improve the health status of people in Berkshire County by fostering a healthy lifestyle environment.

Vision
To become the healthiest county in MA and the Nation, where individuals and families can thrive. We believe we can promote healthier lifestyles, resulting in less disease and illness, a better quality of life, reduce costs to individuals, businesses, government and society.

Guiding Principles
- Use best available science and information to guide us in healthcare, public health, health literacy, social science and behavioral economics.
- Utilize and deploy evidence-based approach whenever possible.
- Engage the community to incorporate and support healthy choices into individual choices and our collective environment. Empower individuals, families and neighborhoods as co-producer. Asset-based approach.
- Pursue holistic approach to health, embracing an integrated health approach to a healthy lifestyle and community.

The needs data, along with state priorities are used to determine our annual community benefit priorities, which are established by the Community Benefit and Access Committee of the Board of Trustees. In its planning, BMC and Fairview Hospital look for opportunities to make better and more effective use of existing resources and providers, as well as to identify gaps in service. BMC and Fairview work with internal resources and community and regional partners, with the help of evidenced based or best practice programs, to develop and implement programs and initiatives to meet community need and improve the health of the population we serve.
Findings

Below is a summary of the target populations and prioritized community health needs identified in the 2018 CHNA.

Target Populations:

- **Aggregate Population**
- **Geographic Specific Populations**
- **Age Specific Populations**
  - Youth
  - Elderly
  - Pregnancy Age Childbirth
- **Health or Illness Specific Populations**
  - Substance Abuse
  - Mental Health
  - Diabetes
  - Cancer
  - Obesity
  - Cardiovascular Health
- **Economically Vulnerable Populations**
- **Populations with Health Disparities**
- **Racial & Ethnic Populations**
# Community Benefit Priorities

## Clinical Care
- Access to Medical professionals
- Access for Under and Uninsured
- Healthcare Disparities

## Health Behaviors
- Adolescent and Youth
- Teen Pregnancy
- Sexually Transmitted Disease/Infections
- Obesity
- Tobacco Use/Nicotine (new)
- Substance Abuse
  - Opioids (new)

## Morbidity and Mortality
- Cancer
- Cardiovascular Health
- Diabetes
- Infectious Disease
- Maternal/Child Health
- Mental Health
  - Depression, Suicide (new)
- Stroke /Blood Pressure

## Physical Environment
- Emergency Preparedness

## Social Economic
- Community Development/Engagement (new)
- Safety/Violence Prevention (new)
- Social Determinants of Health (new)
The following represents the list of priorities identified by the County Health Initiative based on Healthy People 2020 Objectives and/or County Health Rankings: There is an overarching goal to improve the health status of the community through integrative health and prevention approach.

- Healthy Weight, Nutrition, Exercise
- Mental Health/Depression
- Motor Vehicle Accidents
- Substance Abuse/Excessive Drinking
- Teen Pregnancy
- Tobacco Use

As part of our planning process, BHS also incorporates the MA statewide priorities as part of our local assessment, priorities and initiatives. The Commonwealth's priorities are:

- Address Unmet Health Needs of the Uninsured
- Chronic Disease Management in Disadvantage Populations
- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparity, Supporting Healthcare Reform
Summary Categories/Themes from CHNA

Demographics
- Characteristic of many rural areas, growth in population is not anticipated
- More deaths than births
- Population is aging
- Population is predominately white with a growing Latino cohort.
- Family and personal income measures lag behind other areas of the state
- Population educational attainment is on par nationally but trails statewide
- Area population is very dependent on public sources of financing for health care services
- Unemployment is currently higher than state average (4.3) in BC vs MA (3.5)
- Relatively low rates of violent crime, although on the rise in certain areas
- Violent crime rates substantially increased from 2014 to 2016 in Pittsfield by 78.8% and North Adams by 146.9%
- Homeless and individuals with unstable housing is growing
- Uninsured - Due to its economic and employment status, Berkshire County has a significant number of individuals and families who are uninsured or underinsured.

Most significant Health Risk Issues:
- Tobacco Use
- Obesity
- Substance Abuse
- Excessive Drinking
- Opioid and heroin use and overdose
- Motor vehicle accidents
- Teen pregnancy
- Depression/Suicide
- Diabetes
- Hypertension

Negative Socio-economic issues:
- High percentage 70% of BC residents fall below at 200% of the poverty limit level (working poor)
- Domestic behavior issues
- Children in Poverty
- Children in single parent households
- Public safety is becoming an issue with an increase in crime

Physical environment:
- Lower population density reflects rural nature of the county
- Physical beauty of the county is a major tourist/vacation/recreation attraction
- Transportation to medical appointments and non-medical (i.e. employment, SNAP, WIC) services is a major issue

Clinical /Health services:
- Ranked #3 in the state for Access and Quality
- Prevalence of chronic diseases
Definition of Community Assessed

Environment, Demographics and Socio-economics*

Berkshire County, Massachusetts is the most western of the 14 counties in Massachusetts. With about 12% of the landmass and only 2% of the population, Berkshire County is the second most rural county in the state (Census, 2010). Figure I shows the location of Berkshire County and its neighboring counties and states. The Berkshires run along the New York border from Vermont in the north to Connecticut in the south and encompasses most of the mountain ridge that separates the Hudson and Connecticut River Valleys. Elevations range from 500 feet in the river valleys to 3500 feet at Mount Greylock (Child, 1884).

Figure I.
By tradition and practice the county is divided into three areas: north, central and south. Each area is serviced by a Regional Emergency Planning Committee (REPC), central and south county have local hospitals and there is no county government. The Commonwealth funds a County Sheriff's Department, District Attorney's Office, court system and Registrar of Deeds. All local services are the responsibility of each of the county's towns and cities.

With scenic hills and multiple river plains, Berkshire County is composed of thirty small towns and two small cities with a total of about 129,000. The city of Pittsfield has 43,632 residents and the city of North Adams 13,326. (2016 city data) All population numbers are likely understated due to the substantial number of second homeowners. For example, the 2010 the census lists the population of the Town of Otis as 1,612 but the summertime population soars to over 20,000 due to the large number of cottages around the Otis Reservoir (SBREPC, 2007). Large condominium developments in the four communities with ski slopes mean this visitor-based population surge occurs throughout much of the year. Mud season in March experiences the lowest visitor levels.

The Berkshires have been a holiday destination for Boston and New York residents for hundreds of years. The area is promoted now as the "cultural" Berkshires with multiple lectures, plays, musicals and art offerings throughout the years.

It takes about two hours to drive from the Town of Sheffield in the south to Williamstown in the north and the fastest route is through New York. Trains once used to be the major method of intercity travel. Now it is mostly cars with very little public transportation, other than a commuter bus that runs sporadically from Great Barrington to Williamstown and seasonal tourist buses from Boston and New York. This lack of public transportation makes access to jobs and health care a problem for residents without private cars. Albany, New York is the closest international airport and major television provider. In fact, Berkshire County media is provided by four states and satellite, making local newspapers important in disseminating local public information.

**Climate:**

For centuries the county has been known for its dry, cool weather, but this is changing. Average temperatures have risen about 1°C over the last 100 years (Global Change, 2002). Figure 2 from the NERA (2010) project displays the regional weighted change in historic temperature changes in New England from 1895 to 1999. The regional weighted temperature rise was 0.74° F (NERA, 2010). The county enjoys an average of 44.7 inches of rain per year, 66.1 inches of snow, an average July high of 79.9 degrees and a January low of 11.2 degrees (Sperling, 2015).
Geographic Profile:

The 32 communities of Berkshire County cover nearly 950 sq. miles of area and has an overall population density of 140 persons per sq. mile compared to 835 persons per sq. mile for the Commonwealth. Figure II highlights the 32 communities in the county.

Berkshire Health Systems community is comprised of 38 ZIP codes in 32 cities and towns which essentially is Berkshire County. Berkshire Medical Center is located in Pittsfield, and Fairview Hospital is located in Great Barrington.

Population (2016): 128,563

Project population changes 2016-2020:
- Increase in the aged 65+ population
- Decrease in the 19 years and younger population

Growing Diversity
- Black, Russian, and Hispanic (or Latino) populations
- More likely to be living in poverty
- Higher rates of stroke, heart disease, diabetes, and cancer mortality
Communities in BHS' Service Area

In the 12 months ending September 2017, 93% of BHS Inpatients originated from these towns.

<table>
<thead>
<tr>
<th>Town</th>
<th>Population</th>
<th>% of County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>8,266</td>
<td>6.4%</td>
</tr>
<tr>
<td>Alford</td>
<td>418</td>
<td>0.3%</td>
</tr>
<tr>
<td>Becket</td>
<td>1,721</td>
<td>1.3%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>3,192</td>
<td>2.5%</td>
</tr>
<tr>
<td>Clarksburg</td>
<td>1,652</td>
<td>1.3%</td>
</tr>
<tr>
<td>Dalton</td>
<td>6,682</td>
<td>5.2%</td>
</tr>
<tr>
<td>Egremont</td>
<td>1,202</td>
<td>0.9%</td>
</tr>
<tr>
<td>Florida</td>
<td>793</td>
<td>0.6%</td>
</tr>
<tr>
<td>Great Barrington</td>
<td>6,933</td>
<td>5.4%</td>
</tr>
<tr>
<td>Hancock</td>
<td>670</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hinsdale</td>
<td>1,955</td>
<td>1.5%</td>
</tr>
<tr>
<td>Lanesborough</td>
<td>3,019</td>
<td>2.3%</td>
</tr>
<tr>
<td>Lee</td>
<td>5,856</td>
<td>4.6%</td>
</tr>
<tr>
<td>Lenox</td>
<td>5,015</td>
<td>3.9%</td>
</tr>
<tr>
<td>Monterey</td>
<td>827</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mount Washington</td>
<td>156</td>
<td>0.1%</td>
</tr>
<tr>
<td>New Ashford</td>
<td>308</td>
<td>0.2%</td>
</tr>
<tr>
<td>New Marlborough</td>
<td>1,435</td>
<td>1.1%</td>
</tr>
<tr>
<td>North Adams</td>
<td>13,326</td>
<td>10.4%</td>
</tr>
<tr>
<td>Otis</td>
<td>1,576</td>
<td>1.2%</td>
</tr>
<tr>
<td>Peru</td>
<td>826</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pittsfild</td>
<td>43,632</td>
<td>33.9%</td>
</tr>
<tr>
<td>Richmond</td>
<td>1,508</td>
<td>1.2%</td>
</tr>
<tr>
<td>Sandisfield</td>
<td>869</td>
<td>0.7%</td>
</tr>
<tr>
<td>Savoy</td>
<td>764</td>
<td>0.6%</td>
</tr>
<tr>
<td>Sheffield</td>
<td>3,205</td>
<td>2.5%</td>
</tr>
<tr>
<td>Stockbridge</td>
<td>2,110</td>
<td>1.6%</td>
</tr>
<tr>
<td>Tyringham</td>
<td>408</td>
<td>0.3%</td>
</tr>
<tr>
<td>Washington</td>
<td>526</td>
<td>0.4%</td>
</tr>
<tr>
<td>West Stockbridge</td>
<td>1,194</td>
<td>0.9%</td>
</tr>
<tr>
<td>Williamstown</td>
<td>7,592</td>
<td>5.9%</td>
</tr>
<tr>
<td>Windsor</td>
<td>927</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total Berkshire County</strong></td>
<td><strong>128,563</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau ACS 2012-2016
## Demographics

<table>
<thead>
<tr>
<th>Sociodemographic Characteristics</th>
<th>Berkshire County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex and Age</strong></td>
<td></td>
</tr>
<tr>
<td>Total population</td>
<td>128,563</td>
</tr>
<tr>
<td>Male</td>
<td>48.3%</td>
</tr>
<tr>
<td>Female</td>
<td>51.7%</td>
</tr>
<tr>
<td>Median age (years)</td>
<td>46.1</td>
</tr>
<tr>
<td>Under 5 years</td>
<td>4.4%</td>
</tr>
<tr>
<td>5-19 years</td>
<td>16.8%</td>
</tr>
<tr>
<td>20-64</td>
<td>58.0%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>20.9%</td>
</tr>
<tr>
<td><strong>Race and Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>One race</td>
<td>97.3%</td>
</tr>
<tr>
<td>White</td>
<td>91.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2.6%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>1.4%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.7%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>4.1%</td>
</tr>
<tr>
<td>White, not Hispanic or Latino</td>
<td>89.5%</td>
</tr>
<tr>
<td><strong>Language Spoken at Home (population over 5)</strong></td>
<td></td>
</tr>
<tr>
<td>Speaks language other than English at home</td>
<td>7.5%</td>
</tr>
<tr>
<td><strong>Education Attainment</strong></td>
<td></td>
</tr>
<tr>
<td>Population 25 years and over</td>
<td></td>
</tr>
<tr>
<td>Less than high school graduate</td>
<td>9.4%</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>30.8%</td>
</tr>
<tr>
<td>Some college or associates degree</td>
<td>27.2%</td>
</tr>
<tr>
<td>Bachelor's degree or higher</td>
<td>32.6%</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>Median Income - Nonfamily</td>
<td>$30,689</td>
</tr>
</tbody>
</table>

Source: Census, ACS, 2012-2016
Changing Population

Berkshire County is experiencing a continued decline in population that traces back to the 1970’s when the county hit its peak population. As mills and manufacturing began closing throughout the county, young adults left the region to pursue employment in other areas of the country. This departure, which continues today as employment, affordable housing, access to public transportation and other socioeconomic opportunities further decline and/or become unstable, combined with the global trend of increased urbanization, has led to the state of continual decline in Berkshire County.

![Berkshire County Population Trend](image)

**Source:** Berkshire Regional Planning Commission

The decline in the region’s population today is based on the discrepancy between births and deaths and in- and out-migration. See figure III For the last 10 years Berkshire County has been experiencing and average of 280 more deaths than births each year. As a region, it is projected to continue to decline in the number of births and increase in the number of deaths, which will accelerate the decline, especially in the baby boomers, the largest sector of the population age. Over the past 40 years, the population of the region has become imbalanced based on age. As a region the Berkshires has a significantly smaller percentage of young adults and fewer children than the state or nation, while have older adults than the state and nation. This imbalance is the leading reason why the population will continue to decline over the coming decades.
Figure III

Berkshire County Births vs Deaths
2000-2015
Age Distribution

The age stratification of the county is older compared to state and national distributions. On a percentage basis, Berkshire County has few children (4.4% of the population is under the age of five), a small proportion (27.4%) of young adults (20-44yrs), and larger proportions of older adults and elderly (28.5% 60+ years). In fact, residents of ages 50-70 years currently make up the largest portion of the population with 30.2%. The median age in Berkshire County is 46.1 years compared to the state as a whole = 39.4 years.

Population by Age Groups Mass, Berkshire County and Major Towns

<table>
<thead>
<tr>
<th>19 and under</th>
<th>20-44 years</th>
<th>45-64 years</th>
<th>65-84 years</th>
<th>85 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Adams</td>
<td>21.2%</td>
<td>30.1%</td>
<td>29.6%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Gt Barrington</td>
<td>25.0%</td>
<td>24.5%</td>
<td>29.2%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Pittsfield</td>
<td>21.3%</td>
<td>31.6%</td>
<td>28.7%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Berkshire County</td>
<td>21.1%</td>
<td>27.4%</td>
<td>30.6%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Mass</td>
<td>23.7%</td>
<td>33.5%</td>
<td>27.7%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau ACS 2012-2016
Population by Race

The population of Berkshire County is predominately White (89.5% vs. 73.7% statewide) with smaller percentages of Hispanics (4.1%), Blacks (2.5%) and Asian (1.5%) persons. County-wide, South County has the greater percentage of Hispanics/Latinos of Any Race (10.7%) compared to North County (4.1%). Central County has the largest percentage of the Black population (4.5%) compared to North County (1.2%) and South County (2.9%).
Economic Profile

While the unemployment rate for Berkshire County has generally trended slightly above the statewide rate with a current 4.3% of its population unemployed compared to 3.7% in the state as whole. Similarly, per capita income in the Berkshires ($31,417) is substantially lower (17.5% lower) than the state per capita ($38,069). Median household income ($52,523) also compares much less favorably (26.4% lower) to the statewide median income ($70,954). Berkshire County has a larger percentage of Persons living below the poverty level (9.8%) compared to Massachusetts as a whole (8.0%). A large percentage of children and young families in Berkshire County are vulnerable to economic distress as approximately 22.7% of the children 0-5yrs of age live below the poverty level.

![Unemployment Rates 2006 - 2017](image.png)

Data Source: US Bureau of Labor Statistics
Median and Per Capita Income MA, Berkshire County, and Major Towns

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mass Median Income</th>
<th>Berkshire County Median Income</th>
<th>Pittsfield Median Income</th>
<th>Gt Barrington Median Income</th>
<th>North Adams Median Income</th>
<th>Mass Per Capita Income</th>
<th>Berkshire County Per Capita Income</th>
<th>Pittsfield Per Capita Income</th>
<th>Gt Barrington Per Capita Income</th>
<th>North Adams Per Capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management, business, sciences, and arts occupations</td>
<td>70,954</td>
<td>52,253</td>
<td>45,206</td>
<td>56,431</td>
<td>32,804</td>
<td>38,069</td>
<td>31,417</td>
<td>27,830</td>
<td>31,797</td>
<td>23,018</td>
</tr>
<tr>
<td>Natural resources, construction, and maintenance occupations</td>
<td>21.2</td>
<td>9.2</td>
<td>8.7</td>
<td>37.6</td>
<td>23.3</td>
<td>9.2</td>
<td>9.2</td>
<td>8.7</td>
<td>37.6</td>
<td>23.3</td>
</tr>
<tr>
<td>Production, transportation, and material moving occupations</td>
<td>9.2</td>
<td>8.7</td>
<td>8.7</td>
<td>8.7</td>
<td>8.7</td>
<td>9.2</td>
<td>9.2</td>
<td>8.7</td>
<td>8.7</td>
<td>9.2</td>
</tr>
<tr>
<td>Sales and office occupations</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
<td>23.3</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau ACS 2012-2016
Health Reform in Berkshire County: Advocacy for Access and Ecu-Health Care

In the mid-1990s, Massachusetts began a concerted effort to increase access to publicly sponsored health coverage by expanding eligibility for the Massachusetts Medicaid program, known as MassHealth. Income guidelines were modified, and specific high-risk groups were identified to increase enrollment into the program, with the intent of improving financial access to health care services. Financial access to health care services is a major issue in Berkshire County, given the economic demographic of the population. In 2014, the implementation of the Patient Protection and Affordable Care Act further expanded eligibility for the MassHealth program to all qualified low-income individuals. Changes to the way income was counted would also allow more individuals to qualify for MassHealth. However, the implementation of the new eligibility rules was temporarily delayed due to systemic issues involving the deployment of the state’s new eligibility system. In response, MassHealth suspended member renewals, protected current members in their existing coverage, and placed new applicants in a temporary MassHealth benefit until a functioning eligibility system was deployed in October 2014.

Because of the structure of the MassHealth program at its onset, enrollment into the program was complicated and confusing for residents. In many areas, grassroots organizations were developed through a combination of public, private, and foundation support to facilitate enrollment of eligible residents into health care plans. Ecu-Health Care, founded in 1995, and Advocacy for Access, a program of Berkshire Health Systems, founded in 1997, focused on removing financial and systemic barriers to health care for residents of Berkshire County by providing enrollment assistance into state sponsored programs and advocacy in navigating the health care systems. The failed implementation of MassHealth’s new eligibility system in 2014 caused significant systemic barriers to enrollment and the Advocacy for Access and Ecu-Health Care programs were relied on heavily to overcome these barriers, which they were successfully able to do. Local residents continue to rely heavily on these assister organizations because of the long wait time associated with trying to contact MassHealth, difficulty with the application and renewal process, and for assistance understanding the complex eligibility rules.

Advocacy for Access and Ecu-Health Care cover the county with offices in Pittsfield, Great Barrington, and North Adams. Currently, the programs employ approximately 9 FTE counselors who are experienced in MassHealth, Health Safety Net, and Qualified Health Plans eligibility and enrollment, other related programs, and community outreach. The program staff has expertise in addressing the needs of “high risk” clients, including those persons requiring assistance with disability supplements, spend downs or deductibles, and behavioral health issues. For example, services are provided on the inpatient substance abuse and psychiatric units at Berkshire Medical Center and integrated into care planning and discharge orders in order to address issues of continuity of care and reduction of recidivism. Strong referral networks have been established with the Berkshire County House of Correction, Elder Services, Soldier On, the local homeless shelters, and the Brien Center for Mental Health to address appropriate access to health care services.

The target populations for this effort are uninsured and underinsured working adults, individuals with language barriers, individuals with substance abuse and behavioral health issues, the homeless, and individuals in the community corrections system.
Educational Profile:

The residents of Berkshire County are generally as educated as the rest of the state in terms of attainment of high school diploma, with 90.6% of its population graduating compared to the statewide 90.1%. When it comes to those who are ≥25 years old and have attained a Bachelor’s degree or higher, Berkshire County is about 21% below the state average (41.2%) with only 32.6% of its population receiving higher education. Possible explanations include lower economic capability of residents to attain higher education, fewer young families, and outmigration of young adults once they have attained higher education.

Degree of educational attainment varies by region in the county with residents of South County having higher levels of educational attainment compared to the county as a whole.

Educational Attainment USA, Mass, Berkshire County and Major Towns

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Mass</th>
<th>Berkshire County</th>
<th>Pittsfield</th>
<th>Gt Barrington</th>
<th>North Adams</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School or Higher</td>
<td>87.0%</td>
<td>90.1%</td>
<td>90.6%</td>
<td>89.8%</td>
<td>90.4%</td>
<td>83.4%</td>
</tr>
<tr>
<td>Bachelor's or higher</td>
<td>30.3%</td>
<td>41.2%</td>
<td>32.6%</td>
<td>26.4%</td>
<td>42.8%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau ACS 2012-2016
In 2016, 30.7 percent of people 25 years and over had a high school diploma or equivalency and 18.4 percent had a bachelor’s degree or higher. 6.3 percent were dropouts; they were not enrolled in school and had not graduated from high school.

<table>
<thead>
<tr>
<th>Berkshire County Town</th>
<th>Less than 9th grade</th>
<th>9th to 12th grade, no diploma</th>
<th>High school graduate (includes equivalency)</th>
<th>Some college, no degree</th>
<th>Associate’s degree</th>
<th>Bachelor’s degree</th>
<th>Graduate/ professional degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>3.9%</td>
<td>7.3%</td>
<td>40.3%</td>
<td>17.7%</td>
<td>8.1%</td>
<td>14.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Alford</td>
<td>0.0%</td>
<td>1.7%</td>
<td>16.0%</td>
<td>26.6%</td>
<td>4.0%</td>
<td>25.2%</td>
<td>26.4%</td>
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<tr>
<td>Becket</td>
<td>1.6%</td>
<td>5.0%</td>
<td>34.9%</td>
<td>14.4%</td>
<td>9.2%</td>
<td>17.2%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.4%</td>
<td>4.9%</td>
<td>37.9%</td>
<td>25.9%</td>
<td>10.8%</td>
<td>12.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Clarksburg</td>
<td>0.5%</td>
<td>5.7%</td>
<td>46.7%</td>
<td>16.7%</td>
<td>8.6%</td>
<td>17.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Dalton</td>
<td>0.5%</td>
<td>3.3%</td>
<td>27.1%</td>
<td>22.2%</td>
<td>11.2%</td>
<td>24.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Egremont</td>
<td>1.1%</td>
<td>5.1%</td>
<td>18.0%</td>
<td>11.3%</td>
<td>8.1%</td>
<td>29.4%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Florida</td>
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<td>5.3%</td>
<td>46.7%</td>
<td>14.8%</td>
<td>7.2%</td>
<td>14.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Great Barrington</td>
<td>5.5%</td>
<td>4.1%</td>
<td>28.1%</td>
<td>13.5%</td>
<td>6.0%</td>
<td>18.7%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Hancock</td>
<td>3.1%</td>
<td>1.0%</td>
<td>41.7%</td>
<td>16.3%</td>
<td>10.7%</td>
<td>14.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Hinsdale</td>
<td>2.3%</td>
<td>7.6%</td>
<td>38.8%</td>
<td>12.5%</td>
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<td>18.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Lanesborough</td>
<td>0.5%</td>
<td>3.0%</td>
<td>26.3%</td>
<td>14.3%</td>
<td>14.4%</td>
<td>27.3%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Lee</td>
<td>4.2%</td>
<td>7.0%</td>
<td>28.8%</td>
<td>19.7%</td>
<td>7.4%</td>
<td>18.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Lenox</td>
<td>3.0%</td>
<td>2.3%</td>
<td>21.1%</td>
<td>14.2%</td>
<td>7.6%</td>
<td>25.3%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Monterey</td>
<td>2.8%</td>
<td>1.3%</td>
<td>21.9%</td>
<td>15.3%</td>
<td>5.3%</td>
<td>30.4%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Mount Washington</td>
<td>1.3%</td>
<td>0.0%</td>
<td>32.9%</td>
<td>15.1%</td>
<td>5.3%</td>
<td>16.4%</td>
<td>28.9%</td>
</tr>
<tr>
<td>New Ashford</td>
<td>2.7%</td>
<td>4.5%</td>
<td>36.3%</td>
<td>14.8%</td>
<td>4.5%</td>
<td>19.3%</td>
<td>17.9%</td>
</tr>
<tr>
<td>New Marlborough</td>
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<td>26.5%</td>
<td>15.0%</td>
<td>7.3%</td>
<td>23.5%</td>
<td>21.5%</td>
</tr>
<tr>
<td>North Adams</td>
<td>5.0%</td>
<td>11.6%</td>
<td>35.1%</td>
<td>18.4%</td>
<td>6.1%</td>
<td>14.1%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Otis</td>
<td>0.6%</td>
<td>5.1%</td>
<td>30.3%</td>
<td>22.2%</td>
<td>10.7%</td>
<td>17.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Peru</td>
<td>1.0%</td>
<td>5.6%</td>
<td>38.1%</td>
<td>17.2%</td>
<td>13.9%</td>
<td>18.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Pittsfield</td>
<td>3.6%</td>
<td>6.6%</td>
<td>31.6%</td>
<td>20.5%</td>
<td>11.3%</td>
<td>16.1%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Richmond</td>
<td>0.8%</td>
<td>3.8%</td>
<td>17.0%</td>
<td>12.8%</td>
<td>13.0%</td>
<td>29.0%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Sandisfield</td>
<td>1.3%</td>
<td>8.7%</td>
<td>28.4%</td>
<td>15.7%</td>
<td>7.3%</td>
<td>19.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Savoy</td>
<td>2.5%</td>
<td>11.1%</td>
<td>43.6%</td>
<td>17.1%</td>
<td>8.5%</td>
<td>10.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Sheffield</td>
<td>1.7%</td>
<td>7.8%</td>
<td>34.8%</td>
<td>14.4%</td>
<td>7.0%</td>
<td>19.1%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Stockbridge</td>
<td>6.7%</td>
<td>3.0%</td>
<td>27.4%</td>
<td>16.1%</td>
<td>4.6%</td>
<td>23.1%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Tyringham</td>
<td>0.0%</td>
<td>2.0%</td>
<td>25.5%</td>
<td>13.2%</td>
<td>7.6%</td>
<td>14.8%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Washington</td>
<td>0.5%</td>
<td>3.6%</td>
<td>35.1%</td>
<td>17.6%</td>
<td>11.0%</td>
<td>16.4%</td>
<td>15.8%</td>
</tr>
<tr>
<td>West Stockbridge</td>
<td>0.6%</td>
<td>2.7%</td>
<td>23.3%</td>
<td>19.5%</td>
<td>5.7%</td>
<td>21.8%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Williamstown</td>
<td>1.6%</td>
<td>6.8%</td>
<td>13.3%</td>
<td>10.5%</td>
<td>5.4%</td>
<td>25.9%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Windsor</td>
<td>0.0%</td>
<td>2.7%</td>
<td>24.4%</td>
<td>21.5%</td>
<td>9.7%</td>
<td>24.1%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Total Berkshire County</td>
<td>3.1%</td>
<td>6.3%</td>
<td>30.7%</td>
<td>18.1%</td>
<td>9.1%</td>
<td>18.4%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>
Health Disparity

As defined by the CDC; Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. With respect to health care disparities; characteristics that result in indicators such as:

- higher incidence of disease and disability
- increased mortality rates
- lower life expectancies
- higher rates of pain and suffering

These factors directly impact the choices and life options available for people in attaining and managing health and become apparent when benchmarking the health indicators of Berkshire County residents against the state benchmarks.

Given the age and economic demographic of the county, Berkshire residents are heavily reliant on public sources of financing for access to health care. This makes the providers of health care services dependent on government-reimbursed services and can have a direct influence on what services are available locally.

The connection between education and income can be a significant determinant in health status, as it can relate to food security, housing, behavioral health choices, and general feeling of well-being.

In a rural area, with limited public transportation, access to professional health care services, educational opportunities, access to healthy foods and community services, all have a direct impact on health status.
Language
The majority 92.5% of Berkshire County residents speak English at home. There is a growing number of Spanish and Russian speaking immigrants

Berkshire Health Systems Interpreter Services
The Primary goal and mission of the Language & Translation Services Department is to provide the highest quality and most accurate interpreting services for each LEP patient and for deaf and hard of hearing patients that need or would like our services.

Berkshire Health Systems developed their Language Link Program to help Non-English speaking patients navigate the health-care system by:

- Booking appointments
- Helping filling up forms
- Insurance and billing (to name a few)
- Providing Community Resources information
**Total Link Line Encounters (FY 2017)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-16</td>
<td>22</td>
</tr>
<tr>
<td>Nov-16</td>
<td>84</td>
</tr>
<tr>
<td>Dec-16</td>
<td>52</td>
</tr>
<tr>
<td>Jan-17</td>
<td>47</td>
</tr>
<tr>
<td>Feb-17</td>
<td>35</td>
</tr>
<tr>
<td>Mar-17</td>
<td>37</td>
</tr>
<tr>
<td>Apr-17</td>
<td>27</td>
</tr>
<tr>
<td>May-17</td>
<td>28</td>
</tr>
<tr>
<td>Jun-17</td>
<td>38</td>
</tr>
<tr>
<td>Jul-17</td>
<td>28</td>
</tr>
<tr>
<td>Aug-17</td>
<td>27</td>
</tr>
<tr>
<td>Sep-17</td>
<td>16</td>
</tr>
</tbody>
</table>

**Link Line Encounters by Type**

- BILLING/FINANCIAL: 20%
- COMMUNITY RESOURCE: 3%
- INSURANCE REFERRAL: 1%
- MEDICAL RECORDS: 9%
- MEDICAL REFERRAL: 36%
- MEDICATION REFILL: 16%
- APPOINTMENT BOOKED: 3%
- APPOINTMENT CANCELLATION: 3%
- APPOINTMENT RELATED: 1%
- GENERAL REQUEST: 3%
- TEST RESULTS: 1%
- TRANSPORTATION: 1%
- Other: 1%
County Health Rankings

One of the basic underlying premises of Public Health is "that where we live matters to our health".

The health of a community depends on many different factors ranging from health behaviors, education, employment and environment, to access and quality of health care.

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, have developed County Health Rankings to help communities understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, rates of smoking, obesity and teen births.

"The Rankings really show us with solid data that there is a lot more to health than health care. Where we live, learn, work and play affect our health... according to Patrick Remington, MD, MPH, director of the County Health Rankings project and Associate Dean for Public Health at the University of Wisconsin School of Medicine and Public Health.

"It's hard to lead a healthy life if you don't live in a healthy community," (Risa Lavizzo- Mourey, M.D., M.B.A. president and CEO of the Robert Wood Johnson Foundation). "The County Health Rankings are an annual check-up for communities to know how healthy they are and where they can improve.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

Health Outcomes--rankings are based on an equal weighting of one length of life measure (mortality) and four quality of life measures (morbidity).

For purposes of the County Health Rankings, Mortality is measured in terms of premature mortality; deaths that occur before a person reaches an expected age e.g. age 75. Many of these deaths are considered to be preventable.

In Community Health Rankings, Morbidity refers to how healthy people feel (their overall health: physical and mental) and birth outcomes.

Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors
  - Clinical care
  - Social and economic
  - Physical environment
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
- Physical Environment (10%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
  - Air & Water Quality
  - Housing & Transit

County Health Rankings model © 2014 UWPHI
Health Status Indicators: Adult

Among adults, conditions related to high blood pressure, high cholesterol, low physical activity and diabetes are significant.

The leading causes of death to Berkshire County residents are:

- Circulatory Diseases (All Cardiovascular)
- Cancer: All Types
- Respiratory Diseases (Diseases of the lung other than lung cancer)
- Nervous System Diseases
- Mental Disorders: All

Since 2010, the top three disease categories (Circulatory, Cancer and Respiratory) have shown declines in age adjusted mortality rates much like the overall rate for the state during this period. It is interesting to note that each of these disease categories can be significantly affected by Health Behaviors (life style choices), Social and Economic Factors, and Physical Environment. These are areas that Berkshire County did not score particularly well in the County Health Rankings. That Berkshire County did Rank #5 statewide in clinical care and has a different population make-up, are possible explanations for this trend.

Lung cancer is still the leading cause of cancer deaths in Berkshire County
Of note, the incidence rate of lung cancer since 2011 has decreased for men (-11.3%) while the incidence rate for women has been increased from 31 cases in 2011 to 59 in 2015 (+80.6%)

Alzheimer's disease has emerged as a major cause of death, with rates increasing over the past ten years. In Berkshire County, death rates from Alzheimer's disease (26.9/100,000) are higher than death rates from diabetes, breast, prostate, and colon cancer.

Motor vehicle related injury deaths are higher than the state (BC: 8.8%, MA: 5.4%) experience possibly due to a combination of behavioral (DUI), environmental issues and the significant number of visitors to the County.

2016 Suicide rates in Berkshire County were 11.8 and continue to be higher than the state rate of 9.2 per 100,000 population.

Adult residents of Berkshire County experience lower rates of infectious disease and sexually transmitted disease compared to the state benchmarks.

The Berkshire County mortality rates for diseases of the nervous system and the rates for injuries and poisonings similarly track with statewide rates.
### Health Outcomes

<table>
<thead>
<tr>
<th>Measure (Rank of 14 counties)</th>
<th>2018 BERKSHIRE COUNTY HEALTH RANKINGS SNAPSHOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes (12)</td>
<td></td>
</tr>
</tbody>
</table>

#### Length of Life (14)

<table>
<thead>
<tr>
<th></th>
<th>Berkshire County</th>
<th>BC vs. Mass</th>
<th>BC vs. U.S. Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>6,900</td>
<td>5,400</td>
<td>5,300</td>
</tr>
</tbody>
</table>

#### Quality of Life (11)

<table>
<thead>
<tr>
<th></th>
<th>Berkshire County</th>
<th>BC vs. Mass</th>
<th>BC vs. U.S. Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or fair health</td>
<td>14%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.7</td>
<td>3.4</td>
<td>3.0</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>4.5</td>
<td>4.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8.0%</td>
<td>8.0%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

**Legend:**
- **Red** Worse than Mass/U.S
- **Yellow** Similar to Mass/U.S
- **Green** Better than Mass/U.S
Premature Death

Berkshire County has a higher rate of premature death as compared to Massachusetts likely due to socioeconomic factors such as income (as noted below). Health related disparities are more prevalent in Black and Hispanic populations in the county.

Data Source: National Center for Health Statistics
Heart Disease Mortality

Since 1995, Heart Disease Mortality Age Adjusted Death Rates have been declining. Currently, the annual death rate per 100,000 in Berkshire County (144.2) is above the state (134.8) and below the national average (165.5).

Despite rate decreases experienced in Berkshire County, death rates for Acute Myocardial Infarction and Stroke in particular are trending downward for residents of the Berkshires (2.6) than the statewide (3.3) average.

Health related disparities for heart disease and stroke are more prevalent in Asian, Black and Hispanic populations in the county.

Data Source: CDC Wonder
Total Heart Disease Death Rate per 100,000, Ages 35+
All Races/Ethnicities, Both Genders, 2014-2016

National Rate (324.3)

Total Stroke Death Rate per 100,000, Ages 35+
All Races/Ethnicities, Both Genders, 2014-2016

National Rate (72.2)
Hypertension (High Blood Pressure)
Hypertension is a major risk factor for cardiovascular disease and diabetes and is associated with overweight/obesity. The American Heart Association estimates that up to 33% of adults suffer from hypertension.

Hypertension related disparities are more prevalent in Black populations in the county.
Diabetes Mortality

Diabetes is one of the multiple conditions considered to be related to cardiovascular disease. According to 2016 data, Berkshire County’s death rate of 18.7/100,000 is above the state average death rate of 14.9 but below the national average of 21.0.
The leading causes of cancer deaths in Berkshire County are Lung, Breast, Prostate, Colorectal and Pancreatic.

Overall, cancer death rates in Berkshire County have been steady since 2000. The total cancer age adjusted death rate is higher (175.59) than the state average in 2015 of 153.11.
Berkshire County vs Massachusetts
Cancer Mortality
Age Adjusted Rates 2009-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>BC CA All Types</th>
<th>MA CA All Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>160.65</td>
<td>174.39</td>
</tr>
<tr>
<td>2010</td>
<td>157.19</td>
<td>169.74</td>
</tr>
<tr>
<td>2011</td>
<td>158.27</td>
<td>166.2</td>
</tr>
<tr>
<td>2012</td>
<td>147.42</td>
<td>163.06</td>
</tr>
<tr>
<td>2013</td>
<td>158.28</td>
<td>159.74</td>
</tr>
<tr>
<td>2014</td>
<td>149.28</td>
<td>155.57</td>
</tr>
<tr>
<td>2015</td>
<td>175.59</td>
<td>153.11</td>
</tr>
</tbody>
</table>

Berkshire County vs Massachusetts
Change in Cancer Site Mortality
Age Adjusted Rates 2011-2015

Data Source: MA Cancer Data
Berkshire County Female Cancer Incidence vs. Mortality
Top 10: Age-adjusted Rate per 100,000
2011-2015

- Lung and Bronchus: 65.0
- Breast: 43.5
- Colon & Rectum: 17.2
- Pancreas: 11.6
- Liver and Intrahepatic Bile Duct: 12.3
- Ovary: 38.9
- Non-Hodgkin Lymphoma: 10.8
- Myeloid and Monocytic Leukemia: 7.8
- Kidney and Renal Pelvis: 3.5
- Corpus Uteri: 12.1

Berkshire County Male Cancer Incidence vs. Mortality
Top 10: Age-adjusted Rate per 100,000
2011-2015

- Lung and Bronchus: 65.10
- Prostate: 93.00
- Colon & Rectum: 47.60
- Esophagus: 43.10
- Pancreas: 24.80
- Liver and Intrahepatic Bile Duct: 12.50
- Non-Hodgkin Lymphoma: 12.80
- Urinary Bladder: 11.40
- Myeloid and Monocytic Leukemia: 11.30
- Kidney and Renal Pelvis: 8.60

Data Source: Mass Cancer Registry
Lung Cancer Mortality

Lung cancer is the leading cause of cancer-related mortality in the United States and worldwide. Lung cancer accounts for more deaths than any other cancer in both men and women. Early screening and diagnosis is essential to treatment and survival.

The incidence of Lung Cancer in the Berkshires has declined for the population as a whole for the 2011-2015 time period. Historically, death rates for Lung Cancer in the male population were much higher than for women. That gap appears to be narrowing with lung cancer accounting for of all cancer-related deaths in men and women.
Low Dose Cat Scan Lung Screenings

As of June 1, 2017, Centers for Medicare & Medicaid Services (CMS) began to reimburse for LDCT Lung Screening. Recognizing the importance of this test, and in order to increase accessibility of lung screening to all people at high risk, Berkshire Health Systems had previously provided free LDCT screenings to individuals who meet the established NCCN high-risk criteria, since November 1, 2013.
Breast Cancer

The incidence rate of Breast Cancer in Berkshire County has remained somewhat stable 2011 vs. 2015. The county rate is lower than the state average incidence of 124.56, but is the second leading cause of cancer related deaths among women. Of major note are the higher rates of breast cancer mortality and breast cancer incidence presenting in minority/ethnic populations in Berkshire County in comparison to the overall rate for the county and additionally when compared to rates for minority/ethnic populations statewide.

Incidence Female Invasive Breast Cancer Berkshire County vs. Massachusetts
Age Adjusted Rate per 100,000

Female Invasive Breast Cancer Mortality Berkshire County vs. Massachusetts
Age Adjusted Rate per 100,000
Early diagnosis is very important to patient outcome. Major efforts to improve screening rates, and public education and awareness have been initiated, as well as technological and clinical advances in the diagnosis and treatment options available.
Prostate Cancer

The average death rate from Prostate Cancer for the period of 2011-2015 in Berkshire County men was 16.58/100,000, compared to the state rate of 18.78/100,000. Annual incidence rate of 92.98/100,000 in Berkshire County was below the state rate of 107.54/100,000.

Prostate Cancer Mortality Berkshire County vs. Massachusetts Age Adjusted Rate per 100,000

Incidence Male Prostate Cancer Berkshire County vs. Massachusetts Age Adjusted Rate per 100,000
Colorectal Cancer

Overall death rates from Colorectal Cancer in both Berkshire County and Massachusetts have declined from 2009 to 2015. If colorectal cancer is detected early, patient survivability is greatly enhanced. Major emphasis has been placed on age-appropriate colorectal screening in the county as well as statewide. From 2000-2010, the percentage of adults over 50 who were screened in Berkshire county almost doubled

Colorectal Cancer Mortality by Sex, Berkshire County vs. Massachusetts
Age Adjusted Rate per 100,000

Incidence Colorectal Cancer by Sex, Berkshire County vs. Massachusetts
Age Adjusted Rate per 100,000

Percentage of Adults Aged 50+ who had a Sigmoidoscopy/Colonoscopy within 5 Years
Respiratory Disease

The third leading cause of death for Berkshire county residents is Respiratory Disease including pneumonia, asthma, and chronic and acute lower respiratory diseases. In general, over the time period 2009-2016 death rates from respiratory disease in Berkshire County have declined, and as of 2016, were similar to those statewide.

Respiratory Mortality Berkshire County vs. Massachusetts Age Adjusted per 100,000

Data Source: CDC Wonder; Calculated Rate per 100,000 population
Berkshire County Residents COPD Hospitalizations
Massachusetts Hospitals FY 2012 - FY 2017

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>238</td>
<td>253</td>
<td>248</td>
<td>232</td>
<td>212</td>
<td>212</td>
</tr>
</tbody>
</table>

Data Source: MHDC
Asthma

Asthma is a chronic lung disease affecting people of all ages and races. Research has shown an increase in the incidence of asthma in the elderly and young children in recent years due to possible genetic factors, allergies, and environmental pollutants. There are currently over 547,000 cases of asthma in Massachusetts, making up 10.2% of the state’s population. This is higher than the national prevalence occurring in 7.8% of the population. The death rate due to asthma in Massachusetts is 10.2/1 million about the same as the national death rate of 10.3/1 million.

Asthma Related Emergency Department Visits
2008 - 2014
Age Adjusted Rate per 10,000

Asthma Admissions
2008 - 2014
Age Adjusted Rate per 10,000

Data Source: DPH Bureau of Environmental Health
Pediatric Asthma Prevalence per 100 Students by School Year
Berkshire County vs. Massachusetts

Data Source: MA DPH
Nervous System Disease Mortality

In Berkshire County, since 2000, the death rates from Nervous System Disorders have been increasing. Included in this category are death rates from Alzheimer's disease (AD) and Parkinson's disease (PD). While the death rates for Parkinson's disease in Berkshire County has remained generally consistent at around 8.0/100,000 cases, the death rates from Alzheimer's Disease have continued to steadily increase from since the early 2000’s now at a rate of 26.9/100,000, making it the highest county in the state. In addition, the Berkshire County death rate from Alzheimer's disease specifically, is now higher than the death rates from diabetes, breast cancer, prostate cancer and colorectal cancer.
Massachusetts Counties: Parkinson's Disease Mortality
Age Adjusted Rate per 100,000
2009 - 2016

Data Source: CDC
Mental Health

Suicide is the third leading cause of death among 15-24 year olds and more than 8 million adults in the United States had serious thoughts of suicide within the past 12 months.

Death by Suicide 2012-2016
Berkshire County vs. Massachusetts

<table>
<thead>
<tr>
<th>Year</th>
<th>Berkshire County</th>
<th>MA</th>
<th>5 YR Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>13.1</td>
<td>9.2</td>
<td>13.2</td>
</tr>
<tr>
<td>2013</td>
<td>17.8</td>
<td>8.5</td>
<td>17.8</td>
</tr>
<tr>
<td>2014</td>
<td>10.1</td>
<td>8.8</td>
<td>13.3</td>
</tr>
<tr>
<td>2015</td>
<td>13.3</td>
<td>9.2</td>
<td>11.8</td>
</tr>
<tr>
<td>2016</td>
<td>11.8</td>
<td>9.2</td>
<td>11.8</td>
</tr>
</tbody>
</table>

Data Source: MA DPH

Death by Suicide by Age Group 2012-2016
Berkshire County vs. Massachusetts

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Berkshire County</th>
<th>MA</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>-</td>
<td>1.3</td>
<td>14.1</td>
</tr>
<tr>
<td>18-44</td>
<td>16.3</td>
<td>10.4</td>
<td>10.4</td>
</tr>
<tr>
<td>45-64</td>
<td>17.3</td>
<td>13.4</td>
<td>13.4</td>
</tr>
<tr>
<td>65+</td>
<td>14.1</td>
<td>7.8</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Data Source: MA DPH
Note: Rates are not calculated on counts less than 6. Rates calculated on counts less than 20 may be unstable and should be interpreted with caution.
County Health Rankings Report 2018: Berkshire County
Fair or Poor Health
% of Adults Rating Health Fair or Poor

---|---|---|---|---|---|---|---|---
Berkshire | 12.4 | 13.4 | 13.0 | 12.0 | 12.1 | 12.1 | 13.0 | 13.0 | 14.0
Mass State | 12.0 | 12.0 | 12.0 | 12.0 | 12.0 | 12.0 | 13.0 | 14.0 | 14.0
Target 50th %tile | 7.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 12.0 | 12.0 | 12.0

County Health Rankings Report 2018 Berkshire County
Poor Physical Health Days
Avg. # Days in Past 30 Adults Responded Their Health Was Not Good

---|---|---|---|---|---|---|---|---
Berkshire | 4.0 | 4.0 | 3.9 | 3.8 | 3.7 | 3.7 | 3.4 | 3.4 | 3.7
Mass State | 3.2 | 3.2 | 3.2 | 3.2 | 3.1 | 3.1 | 3.4 | 3.5 | 3.4
Target 50th %tile | 2.8 | 2.6 | 2.6 | 2.6 | 2.5 | 2.5 | 2.9 | 3.0 | 3.0
County Health Rankings Report 2018: Berkshire County
Poor Mental Health Days
(Avg. # Days in Past 30 Adults Responded Their Mental Health Not Good)

<table>
<thead>
<tr>
<th>Year</th>
<th>Berkshire</th>
<th>Mass State</th>
<th>Target 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2008</td>
<td>3.3</td>
<td>3.3</td>
<td>2.8</td>
</tr>
<tr>
<td>2003-2009</td>
<td>3.6</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>2004-2010</td>
<td>3.5</td>
<td>3.2</td>
<td>3.3</td>
</tr>
<tr>
<td>2005-2011</td>
<td>3.4</td>
<td>3.2</td>
<td>2.3</td>
</tr>
<tr>
<td>2006-2012</td>
<td>3.6</td>
<td>3.2</td>
<td>2.4</td>
</tr>
<tr>
<td>2007-2012</td>
<td>4.1</td>
<td>3.8</td>
<td>2.3</td>
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<tr>
<td>2014</td>
<td>4.1</td>
<td>3.9</td>
<td>2.8</td>
</tr>
<tr>
<td>2015</td>
<td>4.3</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>2016</td>
<td>4.5</td>
<td>4</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Data Source: BRFSS
**Perinatal, and Child Health Indicators**

Given the risk factors of income, education, and negative health behaviors, perinatal and child health outcomes are surprisingly good compared to statewide benchmarks.

In 2017 there were 993 births in Berkshire County, making up about 1.4% of all births in Massachusetts. Characteristics of the Birth Profile for Berkshire County are consistent with the general demographic and economic profile of the county.

The 2017 fertility rate in Berkshire County (46.84) was lower than the state (51.17) as a whole. Ethnic variances include slightly above the state average fertility rates for White non-Hispanic and Black non-Hispanic women while Hispanic and Asian mothers had significantly lower rates. A large majority of women (38.8%) having babies in Berkshire County are in the lower income categories (as measured by the percentage of women receiving publicly funded pre-natal care.) similar to the average statewide assistance rate of 38.4%.

The educational profile of Berkshire mothers is also revealing:
- 31% of the women giving birth had attained a high school diploma or less vs. 24.3% statewide.
- 40.5% of the women were college graduates compared to 53.6% statewide.
- Births are predominately to white mothers (87.7% in Berkshire County, 74.9% statewide)

**Adequate prenatal care**
- 81.2% of Berkshire County women received adequate prenatal care, slight less than the state’s proportion of 82.1%

**Rates of Breast feeding**
Rates of women indicating they are planning to breast feed (73%) upon discharge from the hospital are lower than the statewide experience 84.7%

**Teen Pregnancy**
- In Berkshire County (2016), there were 47 births to teen women representing 4.6% of the total births in the county. Statewide, teen births were approximately 2.7% of total births.

The Women, Infants and Children's program (WIC) program is a significant source of nutrition/education assistance to pregnant women and families with children under the age of 5yrs. 36% of the children 0-5 yrs. of age in Berkshire County are eligible for the WIC. And it is estimated that 64.2 % of the eligible children are being served.
### County Health Rankings Report 2018: Berkshire County

**Low Birth Weight**

(% of Live Births with Weight < 2500 grams)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>7.5</td>
<td>7.9</td>
<td>8.0</td>
<td>7.9</td>
<td>8.1</td>
<td>8.0</td>
<td>8.0</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Mass State</td>
<td>7.6</td>
<td>7.7</td>
<td>7.8</td>
<td>7.8</td>
<td>7.8</td>
<td>8.0</td>
<td>8.0</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Target 90th %tile</td>
<td>6.4</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>5.9</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

**Measure:** Health Outcomes - Morbidity; Weight 20%

**Data Source:** National Center for Health Statistics

- **Berkshire County 2010-2016**
  - Low Birth Rate % by Race:
    - % White: 7%
    - % Black: 14%
    - % Hispanic: 9%
### Health Factors

#### Measure (Rank of 14 Counties) | 2018 BERKSHIRE COUNTY HEALTH RANKINGS SNAPSHOT

<table>
<thead>
<tr>
<th>Health Factors (8)</th>
<th>Berkshire County</th>
<th>BC vs. Mass</th>
<th>BC vs. U.S. Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>15%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>23%</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.2</td>
<td>9.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>22%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>89%</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>19%</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>29%</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>64.5</td>
<td>357.3</td>
<td>145.1</td>
</tr>
<tr>
<td>Teen births</td>
<td>15</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

- **Worse than Mass/U.S.**
- **Similar to Mass/U.S.**
- **Better than Mass/U.S.**
Tobacco Use

Tobacco use is a significant risk factor for cardiovascular disease and lung cancer, the two highest causes of death in Berkshire County. Approximately 15% of the population smoke compared to 14% statewide.
## Community-specific smoking related data

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>1,815</td>
<td>26.78% or 77% higher than MA</td>
<td>15% higher among males compared to MA 60% higher among females compared to MA</td>
<td>15 smokers enrolled in QuitWorks 10 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Great Barrington</td>
<td>1,133</td>
<td>19.9% or 32% higher than MA</td>
<td>21% higher among males compared to MA about the same among females compared to MA</td>
<td>36 smokers enrolled in QuitWorks 21 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Hinsdale</td>
<td>not available</td>
<td></td>
<td></td>
<td>1 smokers enrolled in QuitWorks 3 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Lee</td>
<td>731</td>
<td>15.09% or about the same MA</td>
<td>49% higher among males compared to MA About the same among females compared to MA</td>
<td>6 Smokers enrolled in QuitWorks 6 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Lenox</td>
<td>555</td>
<td>13.64% or 10% lower than MA</td>
<td>8% lower among males compared to MA 31% lower among females compared to MA</td>
<td>0 smokers enrolled in QuitWorks 6 people called Helpline and completed intake</td>
</tr>
<tr>
<td>North Adams</td>
<td>3,503</td>
<td>31.61% or 109% higher than MA</td>
<td>69% higher among males compared to MA 51% higher among females compared to MA</td>
<td>0 smokers enrolled in QuitWorks 0 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Pittsfield</td>
<td>7,804</td>
<td>22.14% or 47% higher than MA</td>
<td>10% higher among males compared to MA 29% higher among females compared to MA</td>
<td>45 smokers enrolled in QuitWorks 71 people called Helpline and completed intake</td>
</tr>
<tr>
<td>Williamstown</td>
<td>698</td>
<td>10.41% or 31% lower than MA</td>
<td>6% higher among males compared to MA 8% higher among females compared to MA</td>
<td>0 smokers enrolled in QuitWorks 4 people called Helpline and completed intake</td>
</tr>
</tbody>
</table>
**Overweight/Obesity**

Obesity is a leading preventable cause of death worldwide, with increasing rates in adults and children. Authorities view it as one of the most serious public health problems of the 21st century. In 2013, the American Medical Association classified obesity as a disease.

Blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%). Obesity is higher among middle age adults, 40-59 years old (39.5%) than among younger adults, age 20-39 (30.3%) or adults over 60 or above (35.4%) adults.

Maintaining a healthy weight is a key protective factor for cardiovascular disease and diabetes. Up to 65% of American adults are classified as overweight or obese. Massachusetts has a lower prevalence of overweight/obesity with a statewide average of 57.6% with approximately 24% of that number categorized as obese. Berkshire County has statistics comparable to the state. The figures have been relatively constant over time and tend to track slightly lower than experience statewide over the 2006-2014 time periods.

---

**County Health Rankings Report 2018: Berkshire County**

**Adult Obesity**

*(Estimated % of Adults with BMI =/> 30)*

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>2006-2008</th>
<th>2008</th>
<th>2009</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>22.8</td>
<td>23.2</td>
<td>24.0</td>
<td>24.0</td>
<td>22.0</td>
<td>22.5</td>
<td>23.0</td>
<td>24.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Mass State</td>
<td>22.0</td>
<td>23.0</td>
<td>24.0</td>
<td>24.0</td>
<td>24.0</td>
<td>24.0</td>
<td>24.0</td>
<td>24.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Target 90th %tile</td>
<td>19.0</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>26.0</td>
<td>26.0</td>
<td>26.0</td>
</tr>
</tbody>
</table>

Data Source: CDC Diabetes Interactive Atlas
Alcohol Use

Alcohol use/abuse is an important issue in Berkshire County. Approximately 19% of adults report binge plus heavy drinking; this rate is consistent with the statewide experience, with a similar percentage reporting binge drinking within the past 30 days, indicating it is both an acute and chronic problem.

Data Source: Behavioral Risk Factor Surveillance System
Opioids and prescription drugs

Over the past several years, abuse of other drugs, particularly opioids and prescription drugs has emerged as a growing behavioral health issue.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnstable</td>
<td>20</td>
<td>24</td>
<td>31</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>19</td>
<td>24</td>
<td>43</td>
<td>53</td>
<td>67</td>
<td>80</td>
<td>67</td>
</tr>
<tr>
<td>Berkshire</td>
<td>9</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>22</td>
<td>29</td>
<td>33</td>
<td>38</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Bristol</td>
<td>78</td>
<td>85</td>
<td>64</td>
<td>84</td>
<td>70</td>
<td>79</td>
<td>82</td>
<td>95</td>
<td>116</td>
<td>145</td>
<td>166</td>
<td>246</td>
<td>244</td>
</tr>
<tr>
<td>Dukes</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Essex</td>
<td>80</td>
<td>87</td>
<td>89</td>
<td>65</td>
<td>74</td>
<td>51</td>
<td>57</td>
<td>94</td>
<td>119</td>
<td>207</td>
<td>226</td>
<td>279</td>
<td>313</td>
</tr>
<tr>
<td>Franklin</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>18</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Hampden</td>
<td>36</td>
<td>46</td>
<td>38</td>
<td>48</td>
<td>46</td>
<td>45</td>
<td>59</td>
<td>69</td>
<td>63</td>
<td>95</td>
<td>130</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>Hampshire</td>
<td>3</td>
<td>10</td>
<td>14</td>
<td>11</td>
<td>10</td>
<td>12</td>
<td>10</td>
<td>11</td>
<td>30</td>
<td>26</td>
<td>16</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Middlesex</td>
<td>122</td>
<td>118</td>
<td>110</td>
<td>112</td>
<td>124</td>
<td>94</td>
<td>130</td>
<td>122</td>
<td>155</td>
<td>272</td>
<td>326</td>
<td>414</td>
<td>357</td>
</tr>
<tr>
<td>Nantucket</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Norfolk</td>
<td>53</td>
<td>49</td>
<td>54</td>
<td>73</td>
<td>65</td>
<td>60</td>
<td>64</td>
<td>71</td>
<td>83</td>
<td>127</td>
<td>158</td>
<td>215</td>
<td>172</td>
</tr>
<tr>
<td>Plymouth</td>
<td>38</td>
<td>49</td>
<td>52</td>
<td>48</td>
<td>53</td>
<td>41</td>
<td>67</td>
<td>57</td>
<td>86</td>
<td>109</td>
<td>165</td>
<td>191</td>
<td>206</td>
</tr>
<tr>
<td>Suffolk</td>
<td>66</td>
<td>107</td>
<td>103</td>
<td>74</td>
<td>95</td>
<td>64</td>
<td>85</td>
<td>91</td>
<td>111</td>
<td>144</td>
<td>191</td>
<td>245</td>
<td>259</td>
</tr>
<tr>
<td>Worcester</td>
<td>63</td>
<td>74</td>
<td>71</td>
<td>78</td>
<td>67</td>
<td>80</td>
<td>82</td>
<td>91</td>
<td>115</td>
<td>162</td>
<td>215</td>
<td>260</td>
<td>268</td>
</tr>
<tr>
<td>Worcester</td>
<td>63</td>
<td>74</td>
<td>71</td>
<td>78</td>
<td>67</td>
<td>80</td>
<td>82</td>
<td>91</td>
<td>115</td>
<td>162</td>
<td>215</td>
<td>260</td>
<td>268</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>575</td>
<td>660</td>
<td>642</td>
<td>622</td>
<td>638</td>
<td>560</td>
<td>656</td>
<td>742</td>
<td>961</td>
<td>1,354</td>
<td>1,685</td>
<td>2,154</td>
<td>2,069</td>
</tr>
</tbody>
</table>
Source: Pain Management Steering Committee

Source: Pain Management Steering Committee
Source: Pain Management Steering Committee
Sexually Transmitted Infection (STI)

STI’s have dramatically dropped in recent years. A possible reason may the improvement in hard reduction education and/or screening protocols.
Hepatitis C

Massachusetts Department of Public Health Bureau of Infectious Disease Office of Integrated Surveillance and Informatics Services Confirmed and Probable Past/Present Hepatitis C Events Reported in Berkshire County, Massachusetts by Year, 2010-2017

**Note:** The surveillance case classification for Hepatitis C changed in 2016. Individuals with positive antibody results with negative RNA results within one year of initial report and not other tests in that time period indicating virus is present, are no longer considered confirmed or probable cases. Prior to 2016, individuals with either past or present infections may have been considered confirmed or probable.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>168</td>
<td>168</td>
</tr>
<tr>
<td>2011</td>
<td>121</td>
<td>289</td>
</tr>
<tr>
<td>2012</td>
<td>153</td>
<td>442</td>
</tr>
<tr>
<td>2013</td>
<td>128</td>
<td>570</td>
</tr>
<tr>
<td>2014</td>
<td>160</td>
<td>730</td>
</tr>
<tr>
<td>2015</td>
<td>153</td>
<td>883</td>
</tr>
<tr>
<td>2016**</td>
<td>164</td>
<td>1,047</td>
</tr>
<tr>
<td>2017**</td>
<td>158</td>
<td>1,205</td>
</tr>
</tbody>
</table>
**Lyme Disease**

Lyme disease is a big and growing problem in Massachusetts. Here's how the number of cases has risen over the last 12 years:

![Reported Cases of Lyme Disease](image)

A few important notes on the data:

- In 2012, the state started counting confirmed *and* probable cases of Lyme disease, which is why there's a clear jump that year.
- Data is compiled based on "passive surveillance," which means the state counts reports of positive tests from laboratories, and also waits on health providers to report probable Lyme disease cases.
- Other factors can affect Lyme cases, such as the drought conditions from spring 2015 to the spring of this year, because that can affect the numbers of ticks.
- The CDC estimates that just 10 percent of cases of Lyme disease are actually reported, so the actual prevalence of disease is much higher.
Immunizations for Influenza

Influenza (the Flu) is a significant public health issue that can be addressed through primary prevention efforts, most notably proper personal hygiene and behaviors (hand washing, proper coughing, sneezing, etc.) and Flu vaccination programs.

In Berkshire County, Flu shots are available to area residents through physician offices, pharmacies, worksites and community flu shot programs. Priority populations identified for flu vaccinations are people age 65+, disabled individuals, persons with chronic conditions, health care workers, public servants including teachers, police, and fire-fighters.

![Age Adjusted Mortality Rates: Influenza/Pneumonia
Berkshire County vs. Massachusetts 2008 - 2016](image)
Adolescent/Youth

Given the risk factors of income, education, and negative health behaviors, perinatal and child health outcomes are surprisingly good compared to statewide benchmarks.

Overall, a large number of children are impacted by both issues of food security (17% of Berkshire county children are food insecure) and overweight/obesity (36.6%).

Among adolescents, alcohol, marijuana, and tobacco appear to be the most prevalent substances being used.

In Berkshire County (2016), there were 47 births to teen women representing 4.6% of the total births in the county. Statewide, teen births were approximately 2.7% of total births.

In Berkshire County, the teen birth rate overall was 15.0 (Black 19.0, Hispanic 23.0 and White 15.0)

Since the previous year’s data, Berkshire County teen birth rate has decreased by 21% and the state declined by 25%. Rates have continued to drop each year.

In Massachusetts, the risk for suicide mortality and morbidity varies significantly by region. Mass DPH identified Berkshire County as a region with youth suicide rates/suicidal behaviors including rates of non-fatal self-inflicted injury higher than those in the state and nation.
Berkshire County Adolescent Sexual Behavior

Data Source: 2017 Prevention Needs Assessment
Youth Alcohol, Tobacco, Other Drugs (ATODs)

For the past several years (2009, 2011, 2013, 2015, 2017) the Berkshire Youth Development Project has sponsored the Prevention Needs Assessment Survey for Berkshire County. In 2017, 2,930 students in grades 8, 10, and 12 in Berkshire County participated in the survey. The results are compared to national benchmarks (Monitoring the Future Survey and the Bach Harrison Norm).

Berkshire United Way Summary of Substance Abuse

- 8th + 10th grade substance use is broadly decreasing
- Lifetime and 30-day rates are decreasing for 8th and 10th graders. 12th grade substance use remains HIGH
- Rates remain above national average. Rates to focus on:
  - Alcohol, marijuana, electronic cigarettes, binge drinking, drunk or high at school, and playing the lottery
  - About 17% of 12th graders indicated that they had been drunk or high at school

### County Wide Student Alcohol 30 Day Use Rate 2013 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>12th Grade</th>
<th>10th Grade</th>
<th>8th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>48.8</td>
<td>34.1</td>
<td>13.5</td>
</tr>
<tr>
<td>2015</td>
<td>49.4</td>
<td>29.6</td>
<td>11.0</td>
</tr>
<tr>
<td>2017</td>
<td>49.3</td>
<td>28.4</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Data Source: Berkshire United Way Prevention Needs Assessment
MTF Benchmark: Monitoring The Future National Data
County Wide Student Marijuana 30 Day Use Rate
2006 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Marijuana 12th Grade</th>
<th>Marijuana 10th Grade</th>
<th>Marijuana 8th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>35.8</td>
<td>26.1</td>
<td>8.6</td>
</tr>
<tr>
<td>2015</td>
<td>37.3</td>
<td>22.3</td>
<td>8.5</td>
</tr>
<tr>
<td>2017</td>
<td>39.0</td>
<td>26.2</td>
<td>6.9</td>
</tr>
<tr>
<td>MTF Benchmark</td>
<td>22.5</td>
<td>14.0</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Data Source: Berkshire United Way Prevention Needs Assessment
MTF Benchmark: Monitoring The Future National Data

County Wide Student Cigarette Smoking 30 Day Use Rate
2006 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Cigarette Smoking - 12th grade</th>
<th>Cigarette Smoking - 10th grade</th>
<th>Cigarette Smoking - 8th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>19.8</td>
<td>13.7</td>
<td>6.1</td>
</tr>
<tr>
<td>2015</td>
<td>13.9</td>
<td>8.8</td>
<td>4.0</td>
</tr>
<tr>
<td>2017</td>
<td>12.7</td>
<td>6.7</td>
<td>2.2</td>
</tr>
<tr>
<td>MTF Benchmark</td>
<td>10.5</td>
<td>4.9</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Data Source: Berkshire United Way Prevention Needs Assessment
MTF Benchmark: Monitoring The Future National Data
Adolescent/Youth Nutrition

Good nutrition is one of the key protective factors ensuring proper child and adolescent growth and development. Many young people are developmentally at-risk because of food insecurity and/or lack of proper nutrition.

- All of elementary and middle school children are eligible for free lunch.
- 51% of Pittsfield Public School students are economically disadvantaged.
- 17% of Berkshire County children are food insecure.
- The USDA has designated 4 food deserts in Berkshire County.
- 36% of Berkshire County children (ages 0-5 yrs.) are eligible for nutritional support/counseling through the Women, Infants and Children program (WIC).

Almost paradoxically, childhood overweight/obesity is also a major problem, primarily because of economic issues relating to nutrition quality and/or lack of parental education/awareness.

For example, at Berkshire County Head Start, for the 2017-2018 school year, 37% of the children were overweight/obese by BMI definition. (OBS)

Overweight/obesity continues to be a risk factor throughout the school experience. Rates of 34% of students with overweight/obesity have been reported by school districts in the county.
### Social & Economic Factors

#### Measure (Rank of 14 Counties) | 2018 BERKSHIRE COUNTY HEALTH RANKINGS SNAPSHOT

<table>
<thead>
<tr>
<th>Social &amp; Economic Factors (11)</th>
<th>Berkshire County</th>
<th>BC vs. Mass</th>
<th>BC vs. U.S. Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>88%</td>
<td>87%</td>
<td>95%</td>
</tr>
<tr>
<td>Some college</td>
<td>64%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.3%</td>
<td>3.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.9</td>
<td>5.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>39%</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>Social associations</td>
<td>11.7</td>
<td>9.4</td>
<td>22.1</td>
</tr>
<tr>
<td>Violent crime</td>
<td>317</td>
<td>403</td>
<td>62</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>70</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

- **Worse than Mass/US**
- **Similar to Mass/US**
- **Better than Mass/U.S.**

#### Poverty and Participation in Government Programs

In 2016, 12.4 percent of people in Berkshire County were in poverty compared to 11.4 percent in Massachusetts. Fifteen percent of related children under 18 were below the poverty level compared with
7.7 percent of people 65 years old and over. Nine percent of all families and 27.4 percent of families with a female household and no husband present had incomes below the poverty level.
# FAMILY POVERTY BERKSHIRE COUNTY

## BERKSHIRE COUNTY FAMILY POVERTY

<table>
<thead>
<tr>
<th>BERKSHIRE COUNTY FAMILY POVERTY</th>
<th>All Families</th>
<th>Married Couple Families</th>
<th>Female householder, no husband present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% Below Poverty level</td>
<td>Total</td>
</tr>
<tr>
<td>TOTAL FAMILIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Families</td>
<td>32,850</td>
<td>9.1%</td>
<td>23,616</td>
</tr>
<tr>
<td>Received Social Security Income</td>
<td>11,440</td>
<td>5.4%</td>
<td>9,073</td>
</tr>
<tr>
<td>Received Social Security Income</td>
<td>2,610</td>
<td>26.9%</td>
<td>1,153</td>
</tr>
<tr>
<td>and/or Cash/Public Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACE AND HISPANIC OR LATINO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with a householder who</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is --</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone</td>
<td>31,102</td>
<td>7.6%</td>
<td>22,892</td>
</tr>
<tr>
<td>Black or African alone</td>
<td>550</td>
<td>52.7%</td>
<td>90</td>
</tr>
<tr>
<td>Hispanic or Latino origin (of</td>
<td>920</td>
<td>26.3%</td>
<td>450</td>
</tr>
<tr>
<td>any race)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian alone</td>
<td>398</td>
<td>26.6%</td>
<td>326</td>
</tr>
<tr>
<td>American Indian alone</td>
<td>18</td>
<td>83.3%</td>
<td>15</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>303</td>
<td>46.9%</td>
<td>106</td>
</tr>
<tr>
<td>NUMBER OF PEOPLE INF FAMILY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 people</td>
<td>18,690</td>
<td>7.8%</td>
<td>13,296</td>
</tr>
<tr>
<td>3 or 4 people</td>
<td>12,027</td>
<td>10.5%</td>
<td>8,430</td>
</tr>
<tr>
<td>5 or 6 people</td>
<td>1,981</td>
<td>12.0%</td>
<td>1,738</td>
</tr>
<tr>
<td>7 or more people</td>
<td>152</td>
<td>9.9%</td>
<td>152</td>
</tr>
<tr>
<td>NUMBER OF RELATED CHILDREN OF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSEHOLDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No child</td>
<td>19,784</td>
<td>4.1%</td>
<td>16,171</td>
</tr>
<tr>
<td>1 or 2 children</td>
<td>11,272</td>
<td>14.6%</td>
<td>6,313</td>
</tr>
<tr>
<td>3 or 4 children</td>
<td>1,742</td>
<td>28.8%</td>
<td>1,080</td>
</tr>
<tr>
<td>5 or more children</td>
<td>52</td>
<td>28.8%</td>
<td>52</td>
</tr>
<tr>
<td>HOUSEHOLDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational attainment - Less</td>
<td>2,174</td>
<td>23.2%</td>
<td>1,223</td>
</tr>
<tr>
<td>than high school graduate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational attainment - High</td>
<td>8,712</td>
<td>11.7%</td>
<td>5,677</td>
</tr>
<tr>
<td>school graduate (includes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>equivalency)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational attainment - Some</td>
<td>10,010</td>
<td>11.2%</td>
<td>6,669</td>
</tr>
<tr>
<td>college, associate's degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education attainment- Bachelor's</td>
<td>11,954</td>
<td>2.8%</td>
<td>10,047</td>
</tr>
<tr>
<td>degree or higher</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2012-2016 ACS US Census Bureau
Data Source: American Community Survey, 5-year estimates

Data Source: Small Area Income & Poverty Estimates (SAIPE) Program
Injury Indicators:

The 2016 death rate from unintentional injuries including Motor Vehicle Deaths in Berkshire County has been running consistently higher than the state experience. Crude death rates (2010-2016) for motor vehicle injuries are 40% higher in the Berkshire than the rest of the state. Possible explanations include person operating under the influence, rural roads, harsh seasonal driving conditions and longer EMS response times in rural areas.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>52.3</td>
<td>55.0</td>
<td>58.0</td>
<td>65.0</td>
<td>70.0</td>
</tr>
<tr>
<td>Mass State</td>
<td>45.0</td>
<td>45.0</td>
<td>46.0</td>
<td>50.0</td>
<td>55.0</td>
</tr>
<tr>
<td>Target 90th %tile</td>
<td>49.0</td>
<td>50.0</td>
<td>51.0</td>
<td>53.0</td>
<td>55.0</td>
</tr>
</tbody>
</table>

Data Source: CDC WONDER mortality data
Violent Crime, Berkshire County

In a violent crime, a victim is harmed by or threatened with violence. Violent Crimes include rape and sexual assault, robbery, assault, and murder.

In 2016, North Adams by far exceed the Massachusetts rate of crime
### Clinical Care

#### Measure (Rank of 14 Counties)

<table>
<thead>
<tr>
<th>Clinical Care (5)</th>
<th>2018 BERKSHIRE COUNTY HEALTH RANKINGS SNAPSHOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Berkshire County</td>
</tr>
<tr>
<td>Uninsured</td>
<td>3%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>890:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,190:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>130:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>46</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>91%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>71%</td>
</tr>
</tbody>
</table>

- **Worse than Mass/US**
- **Similar to Mass/U.S.**
- **Better than Mass/U.S.**
There is a shortage of Primary Care Providers, Mental Health Professionals and Dentists in Berkshire County. This is not uncommon as there is a national shortage of healthcare providers, however, given the rural and geographic natural of the county, it is more difficult to recruit such professionals.

**Berkshire County Primary Care Provider Supply and Demand**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Current Supply Berkshire County</th>
<th>Sg2 Demand Above Median Productivity</th>
<th>Current Net (Need)/Oversupply</th>
<th>Potential Retirements (Ages 62+)</th>
<th>Potential Net FTE (Need)/Oversupply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult PCPs*</td>
<td>62.6</td>
<td>61.8</td>
<td>.80</td>
<td>(27.4)</td>
<td>(26.6)</td>
</tr>
<tr>
<td>OB/GYN**</td>
<td>18.9</td>
<td>19.0</td>
<td>(.20)</td>
<td>(1.8)</td>
<td>(2.0)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>18.8</td>
<td>17.0</td>
<td>1.80</td>
<td>(0.8)</td>
<td>1.0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>100.3</td>
<td>97.8</td>
<td>2.40</td>
<td>(30.0)</td>
<td>(27.6)</td>
</tr>
</tbody>
</table>

Notes: Projections based on 2018 Defined SP Market Area
*Data excludes Hospitalists

**County Health Rankings Report 2018: Berkshire County Dentists**
(Ratio of population to dentists)

Data Source: Area Health Resource File/National Provider Identification File
County Health Rankings Report: 2018: Berkshire County
Primary Care Physicians
(Ratio of population to primary care physicians)

Data Source: Area Health Resource File/AMA
Internal Data

Performance - Berkshire Medical Center

"How well are my chronic patients being managed in the community?"

"Which diseases have the greatest opportunity?"

Annual PAA Type Analysis
(Red bars indicate PAA volume is > than average, green bars indicate PAA volume is < or = to average)

Annual PAA opportunity analysis is at the Enterprise level. Clicking the right hand filters on this page does not change the analysis.
Payor Mix - Berkshire Medical Center

“What factors differentiate my PAA patients?”

Payor Mix (Annual)

Age Cohort Mix (Annual)
"How well are my chronic patients being managed in the community?"

"Which diseases have the greatest opportunity?"

Annual PAA opportunity analysis is at the Enterprise level. Clicking the right hand filters on this page does not change the analysis.
Payor Mix - Fairview Hospital

“What factors differentiate my PAA patients?”

- Commercial/Other
- Not Provided
- Medicaid
- Self Pay
- Medicare

**Payor Mix (Annual)**

- Financial Class Mix
- Non-PAA Patients
- PAA Patients

- Age Cohort Mix
- Non-PAA Patients
- PAA Patients

**Age Cohort Mix (Annual)**

- 00-17
- 18-44
- 45-64
- 65 and up
Community Outreach Department
2017 Data
Providing services to vulnerable and underserved populations in Berkshire County

•166 Events Attended

•7 Lectures/Mindfulness Activities

•3,711 Total Encounters

•283 Department Collaborations

•1,844 Blood Pressures Taken

671 Referrals Made

Community Outreach Events by Town

1- 18 towns visited between Community Outreach, BVNA, and PWTF MOB classes.

2- Community Outreach visited 12 towns on their own.
Community Outreach Blood Pressure Clinic Data

Community Outreach screened 1,844 BPs

- 62% of people seen had greater than optimal readings.
  - of those only 27% were properly controlling their BP through medication.
- 45% of people who had stage 1 or stage 2 hypertension were not being treated.

*The majority of this data was collected from May 2017 onward because both Outreach positions were vacant from January through April 2017.*
Summary List of community meetings attended by Community Outreach and Be Well Berkshires:

- Age Friendly Berkshire Task Force
- Berkshire Bike Path Council
- Berkshire Bridges - Working Cities
- Downtown Pittsfield Farmers Market Steering Committee
- Food Access Collaborative
- Food Pantry Collaborative
- Healthy Pittsfield – Active Living, Healthy Eating, and Mental well-being subcommittees
- Morningside Neighborhood Initiative
- Transformative Development Initiative (TDI)
- Tyler Street Business Group
- Young Parent Collaborative

Other notes:

- Community partners requested more resiliency training.
- Tried new clinic locations based on the community’s recommendations.
- Community members didn’t have an easy way to find all the local food pantries and their hours, so we developed a food pantry and meal site wallet card.
- Met with community organizations to see how we could better collaborate and serve our community.
- Community partners were interested in focusing on prevention, especially regarding mental health and wellbeing issues.
- Community partners were interested in support groups for increasing a sense of community.

Worksite Wellness:

The Berkshire Health Systems (BHS) Worksite Wellness Program is a comprehensive program developed for area businesses and BHS employees, which provides health risk analyses and screenings and a range of programs to support healthier lifestyles to help reduce health coverage costs for employees and employers.

Wellness at Work for BHS staff and spouses and Community Businesses 2017

In 2017, Berkshire Health Systems Wellness at Work engaged BHS staff and spouses in wellness activities to help improve our health status. BHS Wellness also designs, implements and evaluates wellness programming within fifteen (15) businesses throughout Berkshire County. A variety of Wellness programs was offered within most of the 32 cities and towns throughout Berkshire County in 2017; varying from biometric screenings to health fair participation.
County-wide participation through Wellness programming included:

- Over 10,000 Berkshire County residents received some type of Wellness intervention/programming through BHS Wellness at Work services
- 3150 Biometric Screenings were offered at worksites throughout the county
- 137 hour-long healthy lifestyle workshops were offered at worksites
- 9 Health Fairs were organized and designed by Wellness at Work throughout the county
- 2796 hours in Wellness Coaching were offered, either face-to-face or via phone to Berkshire County residents to improve lifestyle health and wellbeing.
- Through the Wellness at Work, referrals for clinical services are regularly offered to clients, though this is not well tracked.

Wellness at Work Community 2017

In 2013, Berkshire Health Systems joined with The Canyon Ranch Institute (501(c)3 non-profit public charity) to share and implement a community-based wellness program, the Life Enhancement Program. The CRI model places emphasis on health literacy through education and tools for practice in the critical lifestyle domains of nutrition, movement, behavioral change, and spirituality. The BHS-CRI collaboration is one that brings a proven model of health promotion to the Berkshires. There are no costs for participation. The program includes a comprehensive intake history-questionnaire, blood testing for baseline blood markers, fitness assessment, and a 12-week evidence-based workshop program that educates and inspires. In addition, 1:1 consultations with practitioners in Integrative Medicine, Fitness, Nutrition, and Behavioral Change occur with each participating individual.

- 3 Program Sessions were held (fall 16, winter 17, spring 17)
- 66 People participated over the year
- 36 3-hour Workshops (108 hours) were offered
- 264 hours of individual consultations were offered by BHS Clinical staff
- 9 2-hour Monthly Reunion Meetings (18 hours) were offered
- 198 attendees at monthly reunions (many come every month)
- 378 BHS Clinical hours were spent in Pre/Post Assessment Meetings with participants
- 30 hours of Communication via phone/email and Facebook

Close to 800 hours was spent on the CRI/BHS Life Enhancement Community-based program

Other Community Benefits offered through the Wellness at Work Department:
- Health Literacy Workshop for Berkshire Insurance Group Annual Meeting – 6 hours
- Various Local Public School Workshops – 21 hours
- Health Fair Coordination/Participation – 132 hours
- Community-based workshops open to the public – 22.5 hours

Close to 185 hours spent on various community health literacy and engagement programming.
## Physical Environment

<table>
<thead>
<tr>
<th>Measure (Rank of 14 Counties)</th>
<th>2018 BERKSHIRE COUNTY HEALTH RANKINGS SNAPSHOTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Environment (8)</td>
<td>Berkshire County</td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>7.9</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>Yes</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>17%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>77%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>23%</td>
</tr>
</tbody>
</table>

- Red circle: Worse than Mass/US
- Yellow circle: Similar to Mass/US
- Green circle: Better than Mass/US
Air pollution - particulate matter in Berkshire County, MA

Average Density of Fine Particulate Matter: County, State and National Trends

Micrograms per Cubic Meter

Berkshire County is getting better for this measure.

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>United States</th>
<th>Massachusetts</th>
<th>Berkshire County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>11</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>2003</td>
<td>11</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>2004</td>
<td>11</td>
<td>12</td>
<td>10</td>
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<tr>
<td>2005</td>
<td>12</td>
<td>11</td>
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<tr>
<td>2006</td>
<td>12</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>2007</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2008</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2009</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2010</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
2018 Results
Community Health Needs Focus Groups
Facilitated by BHS Community Outreach with assistance from local Community Health Works

Two types of activities were conducted to collect this information, location specific activities and focus groups. Both consisted of asking three questions:

1. My vision for a healthy community is __________
2. The biggest issue in my community is __________
3. I would leave Berkshire County to receive health services because __________

Methodology
The first type of activity, location specific coincided with preexisting blood pressures clinics. For this activity, individuals gave their answer to each question and had it written down on a large poster. They were then asked to answer a few demographic questions and given a first aid kit as a thank you. The second activity, focus groups were held in each area of the county (north, central, and south). The same questions were asked, only this time in a group setting and demographics were also taken. First aid kits, gym bags, food and beverage were provided. The activity for each location was chosen depending on suitability.

This input collection reached over 100 participants living in Berkshire County. Demographics were collected on 96 participants. It is estimated that 20 participants did not fill out demographic information. Those voices are included in the subjective data, but their demographics absent from the objective.

All activities were facilitated by Meg McGonagle and Kayla Fappiano from Berkshire Health Systems Community Outreach Department. Assistance was provided by, Chris Whitruk from the Northern Berkshire YMCA, Ilana Steinhauer and Natalia Deruzzio from Volunteers in Medicine, Jamal Miles from Fairview Hospital, Bethany Gilbert and Jacqueline Ferry from Berkshire Health Systems.

Top Issues and Priorities in Berkshire County

Biggest issues

- **Drugs/ violence** - e.g. unsafe neighborhoods, not enough treatment options, people self-medicating with drugs, people dying from violence and overdose
- **Transportation** - e.g. difficult to get to Pittsfield for appointments (south and north), hours are inadequate, hard to get to community events, feelings of isolation
- **Lack of jobs** - e.g. loss of factories increased unemployment, older adults competing with young adults for minimum wage jobs, minimum wage doesn’t cover the cost of daily life
• **Housing**- e.g. waitlist for subsidized housing takes too long, unaffordable- second home owners increase price of living (south), not enough beds in shelter or affordable housing options (north)

• **Sense of community** - e.g. Towns are made up of very wealthy and very poor and the two do not connect (south), not enough for kids to do (central), community officials and stakeholders need to meet community members (north), more social events, youth involvement

**Community Priorities**

• **Reduce community separation**- e.g. those who are more privileged helping those who are less, programs that help connect different age groups, mentors for those struggling to get ahead, people volunteering

• **Drug/violence free community**- longer treatment programs, more treatment options

• **More/better jobs**- e.g. better paying jobs, large employers, jobs for veterans

• **Increase community services/ education**- e.g. free preventative health services, assistance with social determinants of health, education on disease prevention and healthy diet, more involved services around substance abuse

• **Affordable housing**- e.g. reduce homelessness, more senior housing, more housing options

**Central County Summary**

Top Categories
(In order of frequency)

My vision for a healthy community is
1. Increase in community events/more involved community
2. More/better jobs
3. Less violence/drugs
4. Housing – senior & for homeless
5. Cleaner neighborhood

The biggest issue in my community is
1. Drugs/violence
2. Run down city
3. Lack of jobs
4. Transportation
5. Housing

Most would leave Berkshire county to receive health services if the service needed was not available
Community Voices
“My vision for a healthy community is where every person has access to activities that strengthen mind, body, and spirit.”

“Young kids are seeing people high or drunk, they don’t know what there is to do other than what they see. They need to be shown that there is an alternative to what they see.”

“I used to walk the streets at night as a kid, you can’t do that anymore.”

“Transportation issues is one of the real burdens of poverty, if you don’t have a car you don’t have a job.”

“Demographics are changing in the Berkshires. Not as many young families who want to sink their roots.”

North County Summary
Top Categories
(In order of frequency)

My vision for a healthy community is
1. Drug/violence free community
2. More/better jobs
3. Increase community services
4. Cleaner community
5. Affordable housing

The biggest issue in my community is
1. Lack of hospital & doctors
2. Addiction/drugs
3. Homelessness
4. Transportation
5. Lack of jobs

I would leave Berkshire county to receive health services because
1. I would stay
2. I prefer to stay, I would only leave if the service I needed was not available
3. I would leave because other places have more services/options of doctors & procedures (such as Baystate and Boston)

Community Voices
“To see a community grow you have to have good schools and a good hospital.”

“You just don’t know where you are going to go.” – in response to feelings about NA hospital in an emergency

“I would guess 85% of people do drugs here. People come here just to do drugs. It is a safe place.” –
talking about drug issue in a housing unit

“My friend’s children are dying.” – in response about opioid abuse in NA

“Where I live, the ambulance comes up my street 3 times a week for overdoses.” -community member from North Adams

South County Summary

Top Categories
(In order of frequency)

My vision for a healthy community is
6. Reduce community separation
7. Education opportunities for healthy living (nutrition, exercise, free gym)
8. Better transportation
9. Access to healthy foods
10. More places like VIM

The biggest issue in my community is
6. Class separation/ income gap
7. Lack of transportation
8. Lack of health education/ health literacy
9. No “safe place” open late
10. Lack of job opportunities

I would leave Berkshire county to receive health services because
4. I prefer to stay, I would only leave if the service/equipment/expertise was not available
5. I would leave because other places have more services/options/higher skill levels & experience of doctors
6. I would stay (because of VIM)

Community Voices

“People don’t need medicine, they need affection. Especially when their family is not here.” Community member talking about compassionate healthcare and why they like VIM

“There is the really poor, and the really wealthy, and the gap keeps getting bigger.”

“People would make the right food choices if they knew how.” Community member talking about the importance of healthy eating education

“Can you imagine a huge hall in the middle of Great Barrington where people could go to be together and it didn’t cost anything?”

101
At the 2018 Community Input and Stakeholder Meeting, attendees were asked to review the 2015 Community Benefit Priorities and mark whether or not they should remain a priority for 2018. The numbers represent how many attendees believed the priority should be kept or removed.

<table>
<thead>
<tr>
<th><strong>Clinical Care</strong></th>
<th>2015 Keep</th>
<th>2018 Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Access to Medical Professional</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>* Access to Under and Uninsured</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>* Healthcare Disparities</td>
<td>35</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Behaviors</strong></th>
<th>2015 Keep</th>
<th>2018 Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Adolescent and Youth</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>* Teen Pregnancy</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>* Infectious Disease</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>* Obesity</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>* Smoking</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>* Substance Abuse</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Morbidity and Mortality</strong></th>
<th>2015 Keep</th>
<th>2018 Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Cancer</td>
<td>32</td>
<td>2</td>
</tr>
<tr>
<td>* Cardiovascular Health</td>
<td>34</td>
<td>1</td>
</tr>
<tr>
<td>* Diabetes</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>* Infectious Disease</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>* Maternal/Child Health</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>* Mental Health</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>* Depression</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>* Stroke/Blood Pressure</td>
<td>31</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical Environment</strong></th>
<th>2015 Keep</th>
<th>2018 Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Emergency Preparedness</td>
<td>25</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social Economic</strong></th>
<th>2015 Keep</th>
<th>2018 Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Community Development</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td>* Safety</td>
<td>27</td>
<td>6</td>
</tr>
</tbody>
</table>
The attendees of the meeting were also given an opportunity to add priorities which are display in **bold**.

At a later date, the CHI committee reviewed the recommendations and added additional priorities, which are displayed in *italics*.

<table>
<thead>
<tr>
<th></th>
<th><strong>2015</strong></th>
<th><strong>2018</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keep</td>
<td>Remove</td>
</tr>
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### Clinical Care

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<td>* Access to Under and Uninsured</td>
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### Health Behaviors

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### Morbidity and Mortality

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### Social Economic

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<td>* Social Determinants of Health</td>
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Harvest from Community Conversations on February 21, 2018 and March 23, 2018
Southern Berkshire County

The Rural Health Network held two community meetings; these were publicized through posters as well as the networks of our thirteen network partners. We had a total of 35 participants between the two meetings, one in Great Barrington and one in Stockbridge. Using the small group model, we facilitated conversations among a diverse group of participants to hear what they felt the needs are in this community, as well as potential solutions. Our goal was to provide an opportunity for people to be heard and to inform our development for a strategic plan to address identified problems.

Strengths:

Mental health & Addiction services
  1) Trainings in Boston concerning substance abuse treatments/nuances

Health Care
  1) As a patient, partnering with provider
  2) Fairview Hospital:
     -- compassionate care,
     -- clients feel like a person, not a number
     -- fabulously staffed
     -- well-run ER
  3) Family services at CHP tied to medical practice
  4) Fairview community education programs
  5) CRI LEP
  6) New service - Nurse Care Coordinator from Berkshire Health Systems, reports that for patients who qualify for Medicare and/or Medicaid, the annual wellness visit with a wellness nurse has been transformed from a 15-min office visit, to a 1-hr long home visit. The purpose of the visit is devising a Comprehensive Health Care Plan.
  7) Also new - CARE team program in South County, for clients who are on Mass Health.
  8) VIM – scale of cost for medical services
  9) CHP – dental scale
  10) SBES transport: great service, great to people
  11) ESBCI is very helpful

Transportation
  1) PT-1 services for Mass health patients

Childcare
  1) Need for quality childcare… in general, and also, for people attending medical appointments, receiving services.

Service accessibility and outreach
  1) Good connection with MACONY and the schools to help kids with challenges and their families
2) Lots of service organizations
3) The "Berkshire Villages" initiative is part of a nationwide movement, that encourages the development of a network of volunteers to help people age in place. There are two currently underway, one in Central County, and one in North County, as part of the Berkshire Regional Planning Commission.
4) Center for Justice's Free Legal Clinics

**Community connections**
1) Desire in community to make a difference.
2) Surrounded by family who understand health needs
3) Contra-dancing in Sheffield
4) Sense of caring
5) Feeling known
6) E-mail chain in Egremont
7) Maggie's list – New Marlborough
8) Good family connections
9) OLLI program
10) Mentoring for BCC students
11) Meals on Wheels outreach to shut-ins
12) Water Wellness at Simon's Rock
13) Free or Cheap Programs at Simon's Rock and Berkshire South (2)
   -- swim lessons for adults
   -- water wellness
   -- community suppers
   -- sings & uke band (2)
14) Internships at Railroad Street, Southern Berkshires Schools
15) Simon's Rock program that helps seniors adjust to college
16) Organic outreach / word of mouth among senior peers
17) South Berkshire is an example for other communities! (RSYP/ Adult Learn to Swim / VIM)
18) Issues are coming to the surface.
19) There is lots of ENERGY to make improvements.
20) Community Participation is on the Rise!

**Outreach**

**Economics**
1) Housekeeping services below national rat (ten-dollar difference per hour)

**Needs/ideas:**

**Mental health & Addiction services**
1) Need for more mental health services, not just for adults for also for children.
2) Need for creative ways of providing addiction-related services, including:
   a) more education for providers;
b) bringing services into communities, such as in-home therapy;
c) mentors;
d) adult foster-care;
   3) Better educate providers around addiction and prevention – providers writing rx for
      sports injuries as opioid point of entry socially
   4) Respite houses for behavioral health issues and addiction
   5) Community conversations about pain management, opioids, alcohol – use church
      groups
   6) Mentors and centers for addiction help

Health Care Needs:
   1) Fear of not being able to find health care, whether based on finances or lack of supply
      (CNA’s, specialists, etc.)
   2) Van for vision, behavioral, dental, medical into community – has been going for 10 years
   3) Black males fearful of seeking care
   4) Care coordination
   5) Pharmacy at health care sites
   6) Urgent care
   7) Faster care/shorter wait for appointments
   8) More education from medical providers
   9) Access (financial, educational, transportational) to the alternative and complementary
      modalities that keep people healthy and save the system money
   10) Work with the health insurance companies to give our community what it needs
   11) The Medicaid and Medicare ACO programs described above could be grown and
       expanded to cover more clients. Currently they do not serve clients who have private
       insurance
   12) There is a need for greater coordination of health care services, more collaboration and
       networking, more wholistic and coordinated services – put the pieces of the puzzle
       together.
   13) There is also a great discrepancy between people who have access to health care
       services, and those who do not. Thus there is a need to coordinate access past existing
       barriers
   14) There is a lack of specialized services for the LGBQT community. This includes lack of
       specialized services for people who are transitioning, lack of specialized services for
       lesbians starting families, and more.
   15) Assuring access to healthy food

Transportation needs
   1) Need for transportation to existing services.
   2) Transportation to and from outlying towns

Childcare needs
   1) Need for quality childcare... in general, and also, for people attending medical
      appointments, receiving services.
   2) More family services
Service accessibility

1) Need for a comprehensive written directory. Currently, people have access to information primarily because of their personal connections.
2) We need more ways of bringing services to people, like the existing CHP van, which offers dental, medical, vision, and WIC.
3) One possibility would be to add groups to CHP van services.
4) How do people learn about the CHP van’s schedule?
5) One possibility could be to add CHP to the “code red” phone calls that go out to everyone.
6) Trust, access, affordability especially for minorities
7) In home therapy
8) How to help people who can’t self-advocate
9) Simple way of knowing what is available – family services notebook, town website, benefits hub
10) Telemmedicine and broad band
11) Apps for services
12) Organizations need to network better
13) Domestic violence services in rural area
14) Health advocacy booth at farmers markets and other places
15) Shortness of staff at Elder Services
16) Good services exist; we need better access to services.

Community connections

1) Need to develop increasing sense of community connections, people looking out for each other, both formally and informally; ways of doing this include time bank, electronic apps.
2) Need for really good advocacy for individuals, including information about what is available. Otherwise, how do you know what is available? Need for fair and effective access to information.
3) Safety for families, needs more coordination of services that are accessible (single woman with children, no child support denied help for subsidized housing)
4) Adult foster care
5) More support for schools
6) More social support groups
7) More sensitivity training for police
8) Getting neighbors to know and care for/check in with each other
9) Apps for connecting people – superhero app, time banks
10) Finding ways to reach people without computers
11) Wrap around security net – kids, pets, bills
12) Bridging different cultures – older local residents versus NY transplants
13) Including all the school districts
Outreach

1) Need for outreach to churches... collaborate with them to do outreach to their parishioners... do info evenings at their churches, for members of their congregations.
2) Veterans
3) Churches
4) Schools
5) Teachers
6) Sports teams
7) Communities within our state
8) Selectboards – Kathleen in New Marlborough
9) Hevreh
10) Other church leaders
11) Painting group
12) Work
13) Pharmacies
14) liquor stores
15) Kilpatric Athletic Center
16) Berkshire South Community Center
17) BCC, with both regular students and ESL students
18) Latino community: radio program in Spanish; also Spanish-language church services
19) Elizabeth Freeman center

Economic needs

1) Need for economic development.
2) Better wages
3) Housekeeping services below national rate (ten-dollar difference per hour)

Things we can do to make it better:
1. Health advocacy booths at farmers markets and other locales
2. Wrap around community security net
3. In South County, pediatrics has started to become a model of collaboration across school organizations, health-care systems, and behavioral systems. This kind of coordination needs to be expanded; for example, in the provision of services to seniors, and also, to the rest of the population
4. There is also a need for building peer networks, where people show up for one another, and take care of one another. Adults need to model this, so that young people will also do it; in addition, young people need to have more trusted adults in their lives, and peer networks are one way to do this.
5. Specifically for people moving in to the community, it would be helpful to have welcome packets which include a directory of after-school activities for kids.
6. Expand on Berkshire Villages concept to make it available
7. Specialized services for LGBTQ community
8. Identify specific gaps for elders as part of further planning
Items that fall on both sides of the equation –
Low cost/income for housekeeping
Organic outreach/work of mouth versus inconsistent availability of information
Programs at Simon’s Rock – considered cheap or expensive, accessible and not accessible
Health Care Facilities and Resources: Berkshire County

Hospitals
- Berkshire Medical Center
- Berkshire Medical Center North Campus
- Fairview Hospital

Home Health Care
- Berkshire Home Care
- Berkshire Place at Home
- Berkshire VNA
- Home Instead Senior Care
- Gentiva Health Care Services
- Guardian Hospice of Ma.
- Hospice Care in the Berkshires
- Hospice Services of Western Ma.
- Porch Light VNA (Lee VNA) Premier Home Care
- Rosewood Home Health Care

Communities
- Berkshire Place
- Berkshire Rehabilitation
- Curtis Manor Retirement Home and Cottages
- Fairview Commons and Rehabilitation Center
- Great Barrington Rehabilitation and Nursing
- Hillcrest Commons
- Kimball Farms
- Mt. Greylock Extended Care Facility
- North Adams Commons
- Providence Care Center of Lenox
- Springside of Pittsfield
- Sweet Brook Care Centers

Community Services (primary focus related to healthcare)
- Berkshire Area Health Education Resources
- Berkshire County Board of Health Assoc.
- Berkshire County Emergency Planning Council
- Berkshire County Red Cross
- Berkshire Community Health Network
- Berkshire Family and Individual Resources
- Berkshire Immigrant Center
- Berkshire Public Health Alliance
- Berkshire WIC North
- Berkshire WIC South
- Department of Transitional Assistance
- Elder Services of Berkshire County
- Family Planning Services (Tapestry Health)
- Hospice Care in the Berkshires
- Northern Berkshire Community Coalition
- Pregnancy Support Services
- Rape Crisis Center
- Tri-Town Health Department United Way

Dental, Medical and Mental Health Professional Services

- Berkshire District Dental Society
- Berkshire District Medical Society
- Berkshire Medical Reserve Corps
- Brien Center (Community Mental Health Center)
- Clinical Support Options
- Counseling Center in the Berkshires
- Community Health Center of the Berkshires
- Elizabeth Freeman Center
- Hillcrest Dental
- National Alliance on Mental Illness
- Spectrum Health Systems
- Volunteers in Medicine

Berkshire County has broad and rich resource to meet community needs. This list is not comprehensive of all related resource and programs but reflects the primary resources related to health care.
SOURCES:

Age Friendly Survey 2015
Berkshire Benchmarks
Berkshire Health Systems Community Benefit Committee
Berkshire Health Systems Internal Data
Berkshire Health Systems Wellness Data
Berkshire Medical Center Operation Better Start Data
Berkshire Regional Planning Commission
Berkshire United Way Impact 2015
Berkshire United Way Prevention Needs Assessment 2017
Brien Center Client Statistics 2017
Community Health Initiative
Community Health Initiative Steering Committee
County Health Rankings: 2018 University of Wisconsin Public Health Institute and Robert Wood Johnson Foundation
Elder Services of Berkshire County
Internal Revenue Service. Instructions for Schedule H (Form 990)
Massachusetts Cancer Registry
Massachusetts Department of Mental Health.
Massachusetts Department of Public Health.
Massachusetts Medical Society: Physician Workforce Study
National Center for Education Statistics
Northern Berkshire Coalition North County Assessment
Patient Family Advisory Committees (Spanish, North County, BMC, FVH, Cancer)
South Berkshire County and the Rural Health Network
U.S. Census Bureau. ACS Demographic Data. 2012-2016
U.S. Health Resources and Services Administration. Guidelines for Medically Underserved
### BERKSHIRE COUNTY TOWNS BY ZIP CODE

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