



Community Health Assessment

New Bedford





2022- 2023 NEW BEDFORD COMMUNITY HEALTH ASSESSMENT (NB CHA)

SPONSORED BY
SouthCoast Health



SOUTHCOAST
HOSPITALS GROUP
Charlton ■ St. Luke's ■ Tobey

REPORT PREPARED BY
NEW BEDFORD HEALTH DEPARTMENT
&
SPRINGLINE RESEARCH GROUP

Dear Residents and Partners,

I am pleased to share with you the 2023 New Bedford Community Health Assessment. This report provides insight into the trends that impact the health of our community, and will guide the creation of an action plan to address priority outcomes. The New Bedford Health Department has completed this assessment as part of the Public Health Accreditation process. Accreditation provides health departments with a guiding framework and standards to show that they are meeting requirements that align with the 10 essential services of public health. Achieving accreditation will demonstrate that our department is functioning at a high level in all capacities that are fundamental to public health.

To create this report, we partnered for the first time with Southcoast Health and Springline Research. As a partnership we worked together to identify stakeholders for interviews, while also distributing surveys to the community and stakeholders to help us better understand what inequities exist in our community. A notable achievement in this report was our work with the Mujeres Victoriosas, a group of Central American women who provide vital links to public health resources and social services through the Community Economic Development Center. They provided invaluable support and leadership to increase input from Spanish-speaking residents.

As you read the report, you will see in-depth sections on topics such as housing and education. You might wonder, “What do those topics have to do with health?” The answer, simply, is everything. Social determinants of health, such as housing, education and other societal factors, are the conditions in which a person lives, works and plays that may affect their health, quality of life and outcomes. Thinking about health in this way and working to address social determinants helps give everyone the opportunity to attain their full health potential. This concept is known as health equity and is central to public health, as it allows us to address how and why different groups of people have different health outcomes.

The trends outlined in this report are not unique to New Bedford and can be found in many other cities, as well as regionally and nationally. When looking at these issues with a health equity lens, we must acknowledge that many of these issues are systemic and generational. That means significant health changes will not happen overnight and can take years or even decades to achieve. However, the use of data to inform our work and the collective impact of local organizations is a step in the right direction. Also included in this report are assets in the community and projects that are already underway to help combat some of the identified issues.

So, what’s next? In partnership with Southcoast Health System and cross-sector stakeholders, we are developing a Community Health Improvement Plan (CHIP). This plan will help us prioritize the health issues most significantly affecting our community, work more collaboratively as a community, develop new programming where there are gaps and evaluate our collective impact. Together we will work to create a New Bedford where all people live a safe, healthy, and fulfilling life.

In Good Health,



Stephanie Sloan, MPH

Director

New Bedford Health Department



Health

Prevent. Promote. Protect.



Table of Contents

Executive Summary	i
1 Introduction	1
2 Overview of New Bedford	6
3 Socioeconomic Profile: Examining New Bedford’s Social Determinants of Health	7
4 Identifying Health Themes.....	13
5 Health Theme 1: Economic Opportunity	15
6 Health Theme 2: Behavioral Health	21
7 Health Theme 3: Housing	26
8 Health Theme 4: Health and Wellness	31
9 Health Theme 5: Health Care Access	46
10 Conclusions	52
Appendix A: Community Survey	54
Appendix B: Key Informant Survey	58
Appendix C: Key Informant Interviews	63
Appendix D: New Bedford Health Equity Communities of Practice Initiative	64
Appendix E: Healthy NB Partnership	71
Appendix F: Healthcare Access & Services Assessment.....	73

EXECUTIVE SUMMARY

This Community Health Assessment (CHA) identifies the region's key health themes and community needs. The 2022—2023 CHA represents a collaborative, community-wide approach that incorporates socioeconomic and health data along with community input to identify New Bedford's top health priorities. The overarching goal of this effort is to inform data-driven goals, objectives, and strategies for the 2024 New Bedford Community Health Improvement Plan (CHIP), which the New Bedford Health Department and its partners will implement, in conjunction to current community assets, to improve the health outcomes of New Bedford residents, particularly among the City's most vulnerable and at-risk populations.

KEY FINDINGS

The tasks undertaken for this study show that New Bedford residents and providers remain concerned about many of the same health priority topics identified in similar assessments, including mental health, Substance Use Disorder (SUD), and health access. In addition, the effects of the COVID-19 pandemic (COVID, the pandemic) have exposed the degree to which many individuals and households are struggling to obtain basic necessities, as evidenced by the influx of housing and food insecurity becoming a prominent concern.

A primary obstacle in achieving better health outcomes is that health and wellness fit within a larger framework of one's day-to-day needs and, crises related to the social determinants of health such as, housing, childcare, transportation, employment, and finances as well as, immigration status and safety, often impedes on one's ability to include health and wellness in their daily routine. As a result, one's health is often addressed after more immediate needs are met, if at all. As one survey respondent noted: "As a society we don't put health care first, we have other priorities like putting food on the table and finding someone to watch the kids. Financial priorities come first."

The region faces a myriad of health and community concerns and the comments provided through this assessment underscores the breadth of the needs in the community. What the CHA process reveals is that the community has clear and immediate priorities that require additional attention in the short-term. These priorities are best addressed through cooperation and collaboration. As one stakeholder noted: "Community partners have the best of intentions. However, there needs to be more collaboration rather than everyone operating in their silos. They need to be shown how to collaborate better together." Conversely, a group of community leaders noted how the community came together during the pandemic. For example, one Health and Social Services Provider (HSSP) survey respondent commented: "What I noticed is that during the pandemic and even now there is more of a willingness to collaborate. I would like to see that openness that happened during the pandemic to continue with organizations getting together to discuss the needs."

A primary obstacle in achieving better health outcomes is that health and wellness fit within a larger framework of one's day-to-day needs and, crises related to the social determinants of health such as, housing, childcare, transportation, employment, and finances as well as, immigration status and safety, often impedes on one's ability to include health and wellness in their daily routine.

"We need a holistic approach to all dimensions of health and wellness within our region, including reconnecting marginalized groups with the resources that can improve their economic outlook, especially in terms of education.

- Stakeholder interview

MAJOR HEALTH THEMES

Five major health themes were identified based on the available health data, surveys of providers and community members, and interviews with key community leaders (see Table 1).

Table 1. Major Health Themes

Health Themes	Sub- Categories
Economic Opportunity	Social Mobility, Income, Education
Behavioral Health	Mental Health, Substance Use Disorder (SUD)
Housing	Attainability, Sustainability, and Homelessness
Health and Wellness	Health Behaviors & Health Outcomes
Health Access & Equity	Underserved Populations, Obstacles to Care, Health Literacy

HEALTH THEME 1: ECONOMIC OPPORTUNITY

Economic opportunity can be defined as the ability of a person to reach their potential through attainment of social-mobility, education, and employment opportunities. Economic opportunities provide equitable access to resources that are essential to maintaining a good quality of life, such as quality education, attainable housing, healthy foods, childcare, and stable employment. In New Bedford, like other communities in the nation, economic, social, and structural barriers can prevent residents from achieving their full potential. These barriers can include concentrated poverty, racial discrimination, low wages, unequal educational access, and a shortage of quality opportunities for early childhood learning.

Key findings related to economic opportunity include:

- The median household income is 57% of the statewide median. Low-income residents were hit particularly hard by the inflationary economic environment in 2022, where inflation of goods and services rose to its highest in four decades. As one survey respondent noted: "New Bedford has many people that are on fixed incomes, so they are much more vulnerable when prices rise."
- A prevalent obstacle to equitable economic opportunity is low-wage employment options; New Bedford wages are 62.9% of the state average and this gap continues to grow, making it difficult for many individuals and families to afford basic needs, including health care.
- When compared to state averages, New Bedford has lower educational attainment rates. Despite this, the City remains committed to providing educational opportunities for residents.

"Rising out of poverty is nearly impossible without education or training. The key is, how do we make that happen? The future of our region depends on finding new ways to connect disengaged residents to these resources."

- Stakeholder interview

HEALTH THEME 2: BEHAVIORAL HEALTH

The topic of mental health emerged throughout this project as New Bedford's most prominent health concern. In fact, the Health and Social Service Provider (HSSP) Survey and Community Survey show that respondents are more concerned with behavioral health (e.g., mental health, substance use disorder) than physical health. This result is supported by interviews with health providers, who strongly emphasize the connection between mental health and substance use disorders.

As one might expect, the pandemic exacerbated mental health and substance use significantly, with one stakeholder noting that the issue is "growing exponentially with no end in sight."

Key findings related to behavioral health include:

- Nearly all stakeholders that were interviewed identified the acute shortage of mental health professionals as a mental health priority, particularly in the area of outpatient behavioral health services.
- Community leaders also note that there is a shortage of bed availability in treatment facilities for patients with substance use disorders, which contributes to patients' inability to enter and receive treatment.
- Interviewees commented that a cultural stigma exists among immigrant communities and many communities of color regarding mental health, which keeps members of those communities from seeking treatment. In a region with high levels of poverty and a substantial immigrant population, there are many social factors that influence how residents access the mental health system.
- A lack of diversity and linguistic abilities among mental health workers was identified, with one community leader noting: "There are issues with the cultural linguist competence of mental health providers across the region. There is simply not enough diversity among mental health professionals, both in mental health and health care as a whole."
- Substance use disorder continues to be identified as a major challenge in the region, particularly in terms of the links between substance use disorder, other mental health concerns, poverty, and homelessness. Eighty-three percent (83%) of respondents to the HSSP survey rated substance use disorder as an "extremely concerning" health issue.
- Health and Social Service providers increasingly report seeing patients with a dual diagnosis, that is, individuals who experience a comorbid substance use disorder along with a mental health disorder.
- Respondents also recognize the negative effects of alcohol use disorder; 69% of survey respondents rated alcohol use disorder as "extremely concerning." One community leader noted: "Alcohol abuse is a big issue in the Central American community and getting support for treatment is difficult. They often don't know where to find services or don't recognize they have a problem."

"The primary obstacle to effectively addressing mental health is the extreme lack of facilities and providers."

- Survey respondent

"Mental health issues are going to be the next pandemic. Poor mental health leads to self-medication, then to substance abuse, alcohol abuse, domestic violence, and other poor behaviors."

-Survey respondent

"Suicide ideation is on the rise, but kids and parents don't want to talk about it."

- Stakeholder interview

HEALTH THEME 3: HOUSING

Housing emerged as a prevalent area of concern for community leaders and community members throughout the health assessment process, with stakeholders consistently identifying housing as the social determinant that affects the largest number of the people they serve. Eighty-nine percent (89%) of respondents to the HSSP survey cite access to attainable housing for residents as the top concern, followed by homelessness at 62%. Overall, stakeholders are clear that the pandemic exacerbated challenges.

The housing issue is primarily a result of rising rents and its implication on low-income and fixed income residents. Key findings related to housing include:

- Income and wage levels are significantly lower than most of Massachusetts, so while the cost of rent is relatively inexpensive for outsiders and commuters from Greater Boston or Providence, they remain considerably high for many New Bedford residents, particularly among the low earning residents who do not qualify for housing subsidies.
- This dynamic results in many households paying housing costs that are above their means, which in turn leaves less household income available for health care and other basic needs. During the 2016–2020 period, 45.6% of New Bedford renters and 33.6% of homeowners were housing-cost burdened, according to the American Community Survey 5-year Estimates.
- Housing insecurity disproportionately affects low-income households, people of color, and seniors. This trend is evident in New Bedford where White households are less likely to be burdened by housing costs than their neighbors.
- Stakeholders point to a variety of causes behind the increasing rents in the region. A confluence of improving economic conditions, the arrival of Southcoast Rail, renters being priced out of the Greater Boston market, and older homeowners selling to investors suggests that landlords are increasingly able to raise rents.
- Community leaders identified homelessness as a significant issue in the region, which is partly an outcome of the attainable housing shortage. Mental health and substance use disorders, which are highly prevalent among the homeless population, are also key factors in the homelessness equation.
- The homeless population in New Bedford is about the same as it was in 2007. There were 370 homeless individuals in New Bedford counted during the 2022 Point-In-Time (PIT) Count. The 2023 PIT Count identified 373 people, both sheltered and unsheltered.

“The cost of housing is just unbelievable ... I don’t know how people can afford these things.”

- Stakeholder interview

“It all comes down to supply. There’s just not enough rental housing available for the people that need it most.”

- Stakeholder interview

“Some of the onus has to be placed on the region’s suburban communities to do their share as well.”

- Survey respondent

HEALTH THEME 4: HEALTH AND WELLNESS

Comments gleaned from interviews and surveys suggest that socioeconomic challenges hindered their ability to adopt healthy habits that would aid in the prevention or management of illness and chronic disease. Consequently, the following health outcomes related to wellness and chronic disease are generally poor when compared to state and national averages. Improving upon the following health trends will require more than just offering treatment and preventive care; it will also require addressing the social environment that contributes to health inequities.

Key findings for health and wellness include:

- Smoking prevalence in New Bedford is 22.4% higher than the 12% in Massachusetts and the 16% in the country as a whole.
- Self-reported obesity prevalence in New Bedford is higher than the statewide and national averages (NB=34.4%, MA=25.2%, and U.S.=32.4%, respectively).
- Stakeholders caution that health and service providers must continue to focus on alcohol abuse; 69% of HSSP survey respondents rate alcohol use disorder as an “extremely concerning” issue.
- Several interviewees highlighted the lack of nutrition education in public schools. Further, there is a disconnect regarding perceptions of nutrition between community members and health providers; only 18% of community survey respondents reported poor nutrition and eating habits as one of the top five health concerns, while 57% of HSSP survey respondents are “extremely concerned.”
- Forty-seven percent (47%) of HSSP survey respondents rank food insecurity as the fourth-most-concerning issue among the community they serve.
- Health providers caution that while it’s crucial to educate residents on the importance of being healthy and how to achieve good health, it is equally necessary to dismantle barriers that prevent many people from accessing the supports and resources necessary to be healthy.
- Overall, mortality rates have remained relatively stable over the past twenty years, although with an increase in 2019 and 2020, with the COVID-19 pandemic contributing to a large portion of deaths in 2020.
- Mortality rates related to cancer and heart disease have declined since 2001, with heart disease dropping to the second-leading cause of death starting in 2011-2015.
- Heart disease remains the leading cause of death for Black, non-Hispanic and Other, non-Hispanic residents.
- Chronic liver disease and homicide are two causes of death among Hispanic residents in New Bedford, but do not appear among the top ten leading causes of death for White, non-Hispanic, Black, non-Hispanic and Other, non-Hispanic residents.

“Many people are supporting other households in their country, and they tend to overwork for those reasons. They get sick but don’t have the time to take care of themselves.”

- Stakeholder interview

“The cost of eating healthy is an issue. Many community residents have a fixed income, so they sometimes have to get unhealthier food because of cost. Fast food is cheap and accessible.”

- Stakeholder interview

HEALTH THEME 5: HEALTH CARE ACCESS

Regular access to health services is essential to managing health conditions, preventing new conditions from arising, and promoting and maintaining overall good health. This includes access to a wide variety of health services such as preventive care, mental health services, and emergency services. Stakeholders described the racial and ethnic health gap that continues to afflict the region. This gap is related to a myriad of access issues such as health literacy, insurance coverage and cost, transportation, and the need for more culturally competent care. Stakeholders were clear that equity and access issues prevalent in the health care system intensified due to the pandemic. As one community leader explained, "COVID shed light on disparities we already knew existed."

Key findings related to health access include:

- Results of the community survey showed that 56% of residents experienced long wait times for appointments, 46% expressed having a lack of awareness of available services, and 46% required evening and weekend hours to access health care. All of which posed a barrier to residents obtaining health services.
- There were a number of open-ended comments related to a lack of knowledge of what services are available. Many respondents suggested that resource materials and public-facing marketing are needed in alternative languages such as, Spanish.
- Although most residents have insurance, there are extreme differences in terms of value, coverage, and cost. These factors, partly affect the degree to which residents will access the health care system, particularly as it relates to preventive care.
- Even for those who are insured and are not overwhelmed by costs, paying out-of-pocket expenses, finding a primary care physician, and navigating the system can be difficult, especially for non-English speakers.
- More so than in past assessments, survey respondents and community leaders note that obtaining dental insurance is difficult. One stakeholder noted: "Even for those that have it, the coverage is either poor, expensive, or both. It certainly doesn't encourage people to visit the dentist."
- Several stakeholders note that a constant struggle in community health is the ability of the health care system to effectively connect and serve certain populations with low health literacy, especially since these populations are the ones most likely to need the services.
- Stakeholders note that providing culturally competent care will result in more people seeking care when they need it and, the care itself will be more effective. This is particularly important as New Bedford becomes increasingly diverse.

"Health access and health literacy go hand in hand. You can't access something if you don't know it exists."

- Stakeholder interview

"The work schedules of most of my clients don't allow them to visit the doctor during the day. They don't work the kinds of jobs where you can just take time off. If they take time off they don't get paid."

- Stakeholder interview

"A patient needs to be aware of why it is important to eat well and exercise, but they also need information on the services available to help them become healthy. In addition, they need assistance in enrolling for insurance so they can access those services without paying out-of-pocket."

- Stakeholder interview

- Transportation continues to be one of the top health access concerns. Key informants note that many of their clients often cannot get to appointments even when they have the desire to seek out preventive care or when they require treatment for various health concerns.

1 INTRODUCTION

This Community Health Assessment (CHA) identifies New Bedford's key health and community needs, particularly among the City's most vulnerable populations. The overarching goal of this effort is to inform data-driven goals, objectives, and strategies that can be implemented by the City of New Bedford to improve the health of the City's residents, particularly as it informs the ongoing work in developing the City's Community Health Improvement Plan (CHIP).

The 2022-2023 CHA identifies New Bedford's top health priorities through a collaborative approach that incorporates socioeconomic and health data along with community input (see Figure 1). The major components of this analysis include:

- 1. Socioeconomic Profile:** Understanding the community by describing its residents in terms of population, age, gender, and other demographic indicators. The analysis strives, where possible, to present these data points in the context of social determinants of health by highlighting disparities in terms of income, education, and race, all of which are factors that affect health outcomes.
- 2. Health Data Assessment:** Identifying major health needs by presenting a variety of health indicators from sources such as the Massachusetts Department of Public Health, U.S. Centers for Disease Control and Prevention, and the New Bedford Health Department.
- 3. Qualitative Activities:** Engaging community leaders and residents through surveys, interviews, and events to add context to the health data and refine our understanding of the city's primary health needs.
- 4. Audit of Community Assets and Community Activators:** A review of assets and resources that can enhance community well-being. These assets serve to inform the City's capacity to mobilize resources and partnerships to improve health outcomes for all New Bedford residents. During the Community Health Improvement Planning process, these assets can be used as launch points for strategies to address the identified health priorities.

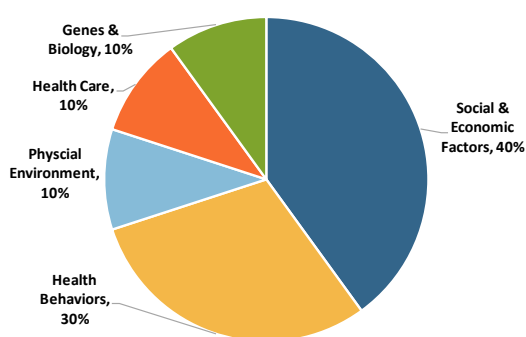
Figure 1. Identifying the Health Priority Issues Includes Five Primary Components



UTILIZING A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

Social determinants of health, which can be described as “the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life,”¹ are responsible for most health inequities (see Figure 2). For example, socioeconomic factors such as income, education, race, and housing are often the best predictors of health status and health equity. Accordingly, addressing the social determinants of health is a crucial approach to achieving health equity. It is essential that the New Bedford Health Department and its partners examine health outcomes through a socioeconomic framework to identify and focus on populations and neighborhoods with negative socioeconomic factors. (see Figure 3).² Social determinants of health are explored in more detail in the next section.

Figure 2. Social Determinants of Health Influence of Health Outcomes



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

Figure 3. Social Determinants of Health Social and Community Context

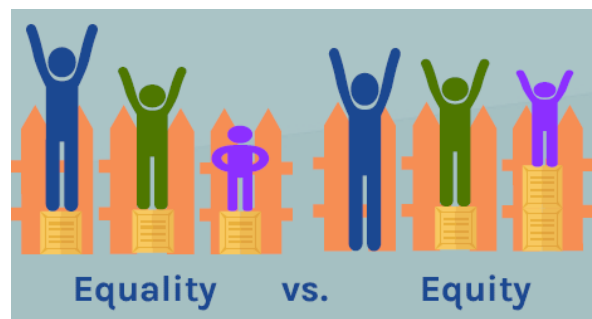


Source: Healthy People 2030

ADOPTING A HEALTH EQUITY LENS

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

Figure 4. Equality Versus Equity



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

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

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

METHODS

SOCIOECONOMIC PROFILE

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

HEALTH DATA

Health data from national, state, and local sources are presented throughout this report and, whenever possible, represent the latest available data. However, due to data lag, the most recent years for many of the health indicators represent pre-COVID data (i.e., 2018-2019). Comparing results based on social determinants of health such as race and income is not possible for many health indicators because the data is only reported for the population as a whole. In addition, the available data may underrepresent certain populations. This is particularly true for underserved populations such as the homeless, veterans, LGBTQ+ persons, and those with disabilities. In these cases, the data is supplemented, to the degree possible, with information from interviews and surveys.

COMMUNITY OUTREACH

Community outreach included five components: the Health and Social Service Providers (HSSP) Survey, the Community Survey, key informant interviews, meetings with the Healthy NB Partnership, and Communities of Practice quarterly events held by the New Bedford Health Department and local public health partners.

HEALTH AND SOCIAL SERVICE PROVIDER SURVEY

An online Health and Social Service Provider (HSSP) survey was conducted on behalf of the New Bedford Health Department to further identify and understand the City's primary health needs.⁴ A total of 200 surveys were completed. The majority of respondents were either representatives of a non-profit/social service agency or a health care provider, and many were local organizations (see Table 2). These organizations serve a wide range of constituents (see Figure 5).⁵

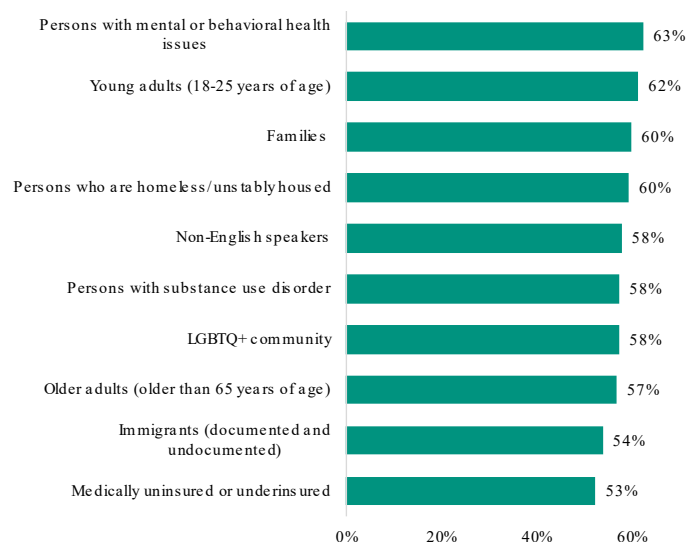
⁴ The survey questionnaire and topline results are included in Appendix B.

⁵ "Other" includes businesses, children/families impacted by trauma, survivors of sexual assault, and faith based congregations.

Table 2. HSSP Survey Respondents' Organization Type

Organization Type	Number	Percent
Non-profit org. or social service agency	107	47%
Healthcare provider	57	25%
Other government agency	35	15%
Schools	15	7%
Religious organization	5	2%
Private sector/Business community	5	2%
Police/Fire/EMS	3	1%

Figure 5. Top Persons/Groups Served by HSSP Respondents



Source: Health & Social Service Provider Survey, 2022

COMMUNITY SURVEY

The New Bedford Health Department's community health workers and the Mujeres Victoriosas, a local Central American woman's group serving as *promotoras*, conducted surveys to determine the top health needs among community members.⁶ The surveys were primarily conducted at community events and locations experiencing the most acute health equity issues, with a strong emphasis on reaching out to the city's growing Hispanic and Latino communities. Surveys were available in English, Portuguese, and Spanish and were completed online using the respondent's smartphone, administered by staff via tablet, or on paper.

Respondents to the community survey were not representative of New Bedford as a whole. However, the intention of the survey was to focus on traditionally marginalized groups, in this case lower-income Hispanic people and women. The survey results are helpful in exploring the nuances between the perceptions of these groups and those gathered through the HSSP survey and key informant interviews.

A total of 1,018 surveys were completed. Nearly seventy-four percent (73.9%), representing three-quarters of respondents were Hispanic and 67% were women. The majority of respondents were under the age of 35. Most respondents were in a lower median income bracket, with 66% having a median household income below \$25,000. Almost four-in-five (79.5%) reported that they primarily speak a language other than English; 80.9% of those respondents speak Spanish.

KEY INFORMANT INTERVIEWS

Nineteen in-depth interviews were conducted with community leaders to further understand the challenges and opportunities facing New Bedford residents. The interviews represent a cross-section of social services, including

⁶ The survey questionnaire and topline results are included in Appendix A.

individuals who work with the homeless, veterans, immigrants, those experiencing mental health concerns, food insecure persons, and faith-based congregations.⁷

NEW BEDFORD HEALTH EQUITY COMMUNITIES OF PRACTICE INITIATIVE

The New Bedford Health Department, YWCA of Southeastern Massachusetts, and Health Resources in Action have hosted a series of events, quarterly throughout 2022 and 2023, as part of an initiative to build a Community of Practice.⁸ These events engage stakeholders and community partners in interactive conversations and activities that address racial and social injustices. The goal of the collaborative is to develop a pro-equity agenda for the Greater New Bedford community through advocacy centered around new or improved policies for system changes, available resources, and other government interventions.

HEALTHY NB PARTNERSHIP

The New Bedford Health Department formed the Healthy NB Partnership to advocate and strive for a New Bedford Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) that are community-driven and represent the City's diverse population. This partnership guides and informs present and future versions of New Bedford's CHA and CHIP.⁹ Members include city departments; local nonprofit, service, and advocacy organizations; and public health partners.

The Healthy NB Partnership meets regularly (bi-monthly or more frequently as needed) and is facilitated by the New Bedford Health Department. During initial meetings related to the CHA process, between Aug. 5 – Sept. 16, 2022, participating organizations began to form a collective vision for a healthy New Bedford. This vision included consideration of the Center for Disease Control's (CDC) Five Social Determinants of Health. The partnership also outlined barriers to the collective vision and discussed strategies and support.

The partnership reviewed data sources used for the CHA to ensure that the data used was representative of New Bedford's diverse population. The partnership also reviewed and offered feedback on data collection strategies and processes for all CHA-related surveys.

COMMUNITY ASSETS AND ACTIVATORS

During the creation of this CHA, the New Bedford Health Department consistently reviewed assets and resources that enhance community well-being, to make sure that accomplishments and progress achieved after initial data collection are reflected in the final assessment. Identified after every Health Theme these assets and resources increase access to care, address social determinants of health, and/or boost the City's ability to mobilize resources and partnerships to improve health outcomes.

The ever-evolving COVID-19 pandemic has had dramatic impacts on how health care is provided and has taught many valuable lessons. For example, the pandemic has created new opportunities for many New Bedford municipal departments and organizations to work together and build strong partnerships. The pandemic raised awareness of the value of public health nationwide. This awareness and time of high need opened new and flexible funding opportunities that allowed for many city departments and community-serving organizations to

⁷ A full list of interviewees can be found in Appendix C.

⁸ A thematic analysis of the event's results can be found in Appendix D.

⁹ More about the Health NB Partnership can be found in Appendix E.

bolster staff and programming capacity. Through new and long-standing partnerships, the New Bedford Health Department is focusing on resources and assets that will be imperative for improving the health of New Bedford residents. During the CHIP process, these assets will be used in strategies to address identified health themes. Assets are discussed at the end of each “Health Theme” section in this CHA.

2 OVERVIEW OF NEW BEDFORD

POPULATION PROFILE

New Bedford’s population was 101,079 in 2020, representing a 6.3% increase since 2010. The statewide population increased by 7.4% over that period (see Table 3). The breakdown of New Bedford’s population by gender is similar to statewide percentages, but New Bedford has a younger median age than statewide.

Table 3 New Bedford Population Summary

	Population	Pop Change '70 to '20	Pop Change '10 to '20	Median Age	Percent Female
New Bedford	101,079	-0.7%	6.3%	36.4	51.1%
Massachusetts	7,029,917	23.6%	7.4%	39.6	51.5%

Source: Population: US Census 1970 through 2010, U.S. Census STF3 file; 2020 U.S. Census
Median Age and Percent Female: 2016–2020 ACS 5-Year Estimates, Table B01002 & DP05

ECONOMIC PROFILE

New Bedford is a midsize urban center that anchors the regional economy of southeastern Massachusetts. Across the country, many similar anchor cities are former industrial centers that were traditional entry points for immigrants. As has been the case across the Commonwealth and the country, New Bedford has been transitioning from a blue-collar, production-oriented, manufacturing economy to one that is more reliant on service industries.

However, the region in general has not experienced many of the benefits that have arisen from the Boston area’s knowledge-based economy, with many of the region’s service-related jobs requiring relatively low levels of formal training or education and paying comparatively low wages. For example, New Bedford’s annual median household income is 57% of the statewide median (\$46,321 versus \$81,215) and New Bedford wages are 62.9% of the statewide average (\$55,172 versus \$75,765) (see Table 4).

Table 4 New Bedford Economic Profile

	Median Income (2016-2020)	Average Annual Wage (2021)	Families Below Poverty Level (2016-2020)	Unemployment Rate (July 2021)
New Bedford	\$46,321	\$55,172	6.3%	36.4
Massachusetts	\$81,215	\$75,765	8.0%	5.7%

Source: Median income and poverty: Census ACS 5-Year Estimates. Unemployment: Mass Executive Office of Labor & Workforce Development, Labor Force & Unemployment data; Average annual wage: Emsi

3 SOCIOECONOMIC PROFILES: EXAMINING NEW BEDFORD'S SOCIAL DETERMINANTS OF HEALTH

ECONOMIC OVERVIEW

Many of the structural, health-related concerns identified by community members and leaders draw a clear connection between economic hardships and health outcomes. A key theme that arose from the surveys and interviews is that New Bedford residents face a variety of obstacles to maintaining overall health. For many residents, health and wellness fit within a larger framework of day-to-day obligations, ranging from housing, finances, and childcare, to transportation, employment, immigration, and safety. As one community leader noted: "There are many people facing social stressors, and their health will always take a back seat. If you are worried about paying bills the last thing you are going to think about is going to a doctor." A survey respondent said: "Social determinants of health dictate outcomes for 30-50 percent of our regional population."

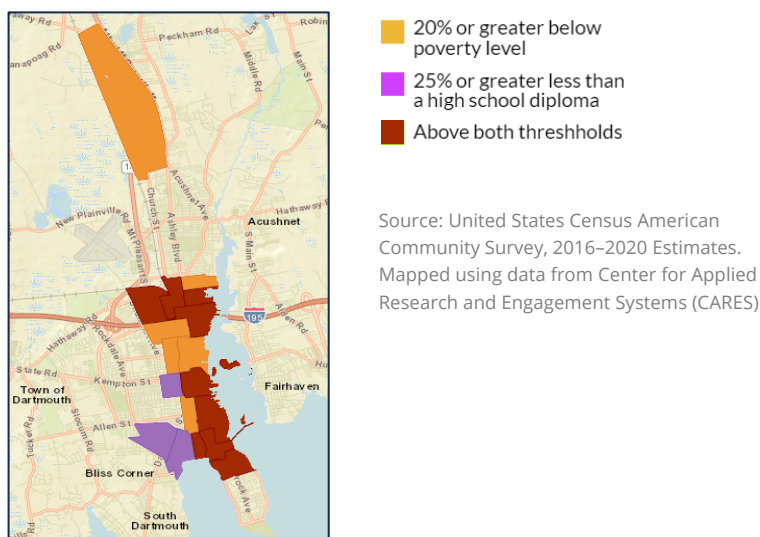
Notably, many key informants and survey respondents made it clear that the pandemic exacerbated the economic instability that afflicts many New Bedford residents and that we are only beginning to understand the degree of those impacts.

VULNERABLE POPULATION FOOTPRINT

Poverty is a key social determinant of health and is interconnected with most other social determinants that affect a person's economic stability and educational attainment. Poverty and its interconnected conditions tend to be concentrated in certain neighborhoods. Consequently, addressing health conditions and outcomes requires addressing the social determinants of health that are pervasive in those areas.

Figure 6 identifies New Bedford's census tracts with high rates of poverty (20% of residents or greater below poverty level) and low educational attainment (25% of residents or greater with less than a high school diploma). Poverty and educational attainment are two primary social determinants of health. New Bedford's most vulnerable populations are concentrated just north of downtown and in parts of the South End. Neighborhoods in other areas of the City are comparatively more well-off, although most of these areas still have much less economic stability than area towns and the state as a whole.

Figure 6. Vulnerable Population Footprint, South Coast, 2016–2020



NEW BEDFORD'S DEMOGRAPHIC CHARACTERISTICS

New Bedford's population is more racially diverse than the Commonwealth as a whole; 60.8% of New Bedford residents are White (one race), compared with 71.5% of residents statewide (see Figure 7). Notably, the City's White population contains ethnic and linguistic diversity, particularly among residents of Portuguese descent. New Bedford has one of the largest populations with Portuguese ancestry in the country (see Table 5).

Nearly a quarter of New Bedford residents (24.3%) identify as Hispanic, almost double the statewide percentage (12.6%).¹⁰

Figure 7. Race, 2020

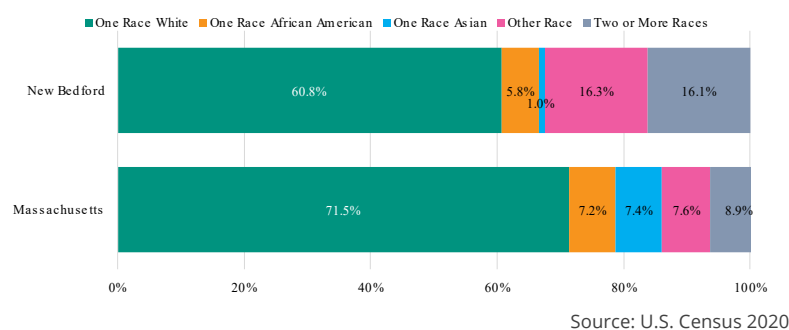


Table 5. Hispanic Population, 2020

Community	Number	% Total Population
New Bedford	24,525	24.3%
Massachusetts	887,685	12.6%

People of color face significant disparities in access and utilization of the health care system. New Bedford's health care providers must ensure that they are culturally attuned to the needs of diverse racial and ethnic groups, as the City's population is increasingly more diverse (see Figure 8). While Portuguese immigrants comprised the majority of the region's migrant residents in the last half of the 20th century, emigration from Europe to the U.S. has slowed, and now immigrants from Latin America, South America, Africa, and Asia account for increasing shares of regional populations. There are health care implications inherent in being a hub for immigrants, including language barriers, lack of insurance, low health literacy, and other health access issues.

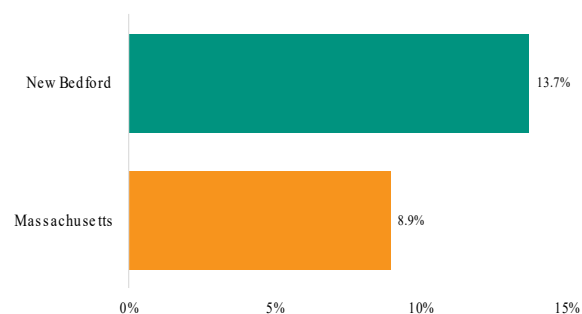
New Bedford's student population is even more diverse than the City's population as a whole, which indicates that the City will become more racially diverse in coming years. For example, only 37.5% of New Bedford students identify as White (compared to 60.8% in the City as a whole, see Figure 9).¹¹ When asking students what languages are spoken at home, New Bedford Public Schools found that 57.5% of students speak English at home while 28.5% speak Spanish, 5.3% speak Cape Verdean Creole, 5.2% speak Portuguese, 1.7% speak Kiche, and 1.9% speak another language.¹² As one stakeholder noted: "Diversity is a massive asset that we have in this community. We need to harness all that energy and talent." However, another cautioned: "There is still so much racism around and the trauma that it has caused is part of the mental health issues we are seeing right now."

¹⁰ Importantly, persons who identify as Hispanic can be of any race and these individuals are accounted for in the various categories. That is, the Census Bureau's data collection and classification treat race and Hispanic origin as two separate and distinct concepts. The 2020 Census allowed persons of Hispanic origin to self-report as Hispanic in a separate racial question

¹¹ Unlike the Census race categories, DESE includes Hispanic as a racial category along with the other race categories.

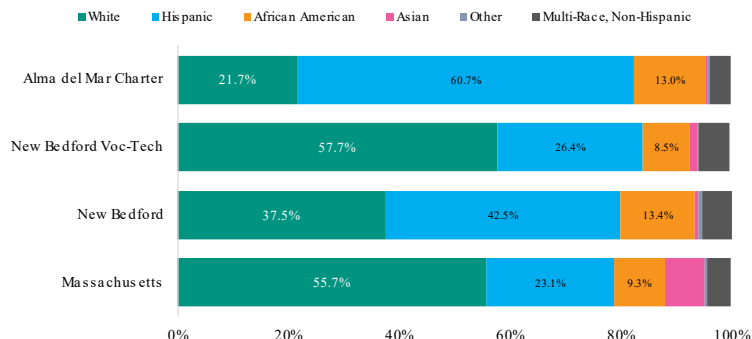
¹² New Bedford School District, Languages Spoken at Home 2023.

Figure 8. Non-White Population Change, 2010–2020¹³



Source: U.S. Census Decennial 2010 & 2020

Figure 9. Public School Race/Ethnicity, 2022



Source: Massachusetts Department of Elementary and Secondary Education (DESE), 2021-2022, Enrollment Report

HISTORY AS A GATEWAY CITY

New Bedford has been a destination for new arrivals to America since the late 18th century. Nineteen percent (19%) of New Bedford residents were born outside the U.S., compared to 16.8% statewide (see

Table 6). As emigration from Europe to the U.S. has slowed, Latin American, South American, and Asian immigrants make up increasing shares of regional populations. A changing immigrant population can create challenges for health service providers. Perhaps the largest obstacle is language barriers, which many community leaders and residents cited as a major health equity concern.

Forty-four percent (44%) of the community survey respondents and 57% of HSP survey respondents reported that language barriers are an obstacle to accessing and providing health care. As the new arrival population continues to shift away from Lusophone countries of origin, health care providers will need to employ staff who can both engage with new arrivals in their primary languages and provide culturally responsive care.

Table 6. Foreign-Born Share of the Population, 2020

Community	Number	% Total Population
New Bedford	18,151	19.0%
Massachusetts	1,148,909	16.8%

Source: American Community Survey 2016-2020 5-year Estimates, Table B05012

Community leaders who work with undocumented immigrants and new arrivals also discussed how a learned distrust of institutions in their country of origin prevents immigrants from accessing the health care system once they arrive in the United States. One interviewee noted: “Providers really need to be more grassroots, to meet these newer arrivals where they’re at. This includes offering community outreach in different languages.”

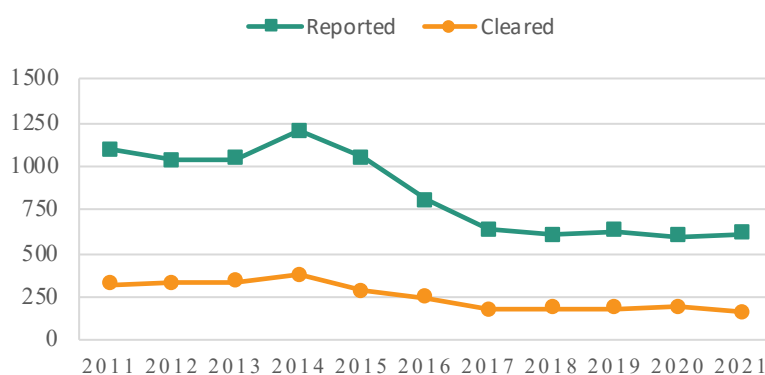
¹³ Non-White population is defined as individuals who define their race as other than “One Race White.”

DECREASING RATES OF VIOLENT CRIMES

Crime and violence are important public health topics that have short and long-term effects on a community's health and well-being. While violence can affect people of all socioeconomic backgrounds, the risk of exposure to violent activity is greatest for people in the most socioeconomically disadvantaged groups and communities.¹⁴ For example, the national homicide rate among African Americans between 10 and 25 years old is nearly 20 times higher than the rate among White men and children in the same age group. Other historically marginalized groups -- such as women, persons who identify as LGBTQ+, veterans, those with a disability, and immigrants -- also are at higher risk for suffering certain kinds of violence.¹⁵

The number of reported violent crimes in New Bedford declined by 43.8% from 2011 to 2021, while the number of cleared violent crimes declined by 49.2% over this period.¹⁶ In total, New Bedford had 166 cleared violent crimes in 2021 (out of 615 reported crimes) (see Figure 10).

Figure 10. Number of Violent Crimes in New Bedford, 2011-2021



Source: FBI Crime Data Explorer

HOUSING AND ATTAINABILITY

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

ENVIRONMENTAL JUSTICE NEIGHBORHOODS

Communities of color and low-income communities bear unequal environmental and economic burdens, such as poor air and water quality, limited access to healthy food, substandard housing, and environmental contamination. The principle of environmental justice (EJ) states that all people, regardless of income or race,

¹⁴ Egerton, Susan et al. 2011. *Issue Brief: Exploring The Social Determinants Of Health Violence, Social Disadvantage And Health*. University of California, San Francisco Center on Disparities in Health.

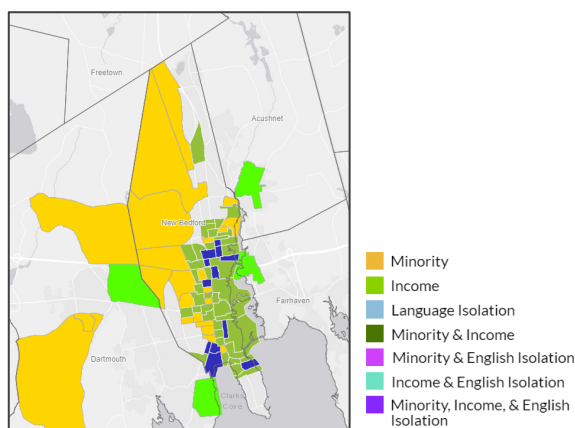
¹⁵ American Public Health Association Policy Statement. 2018. *Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S.* Washington DC.

¹⁶ Cleared crimes are crimes that result in an arrest.

have the right to fair treatment and equal involvement in environmental issues, and the right to live in environmentally healthy neighborhoods.¹⁷

The Massachusetts Executive Office of Energy and Environmental Affairs (EOEEA) defines EJ neighborhoods as census block groups where at least one of the following is true: 1) 25% or more of the residents are a minority; 2) 25% or more of the households have median income 65% or less than the statewide median; or 3) 25% or more of the households do not include anyone older than 14 years of age who speaks English very well. By these criteria, 78.3% of New Bedford residents reside in an EJ neighborhood (see Figure 11).

Figure 11. Environmental Justice Populations, 2020



Source: Massachusetts Executive Office of Energy and Environmental Affairs

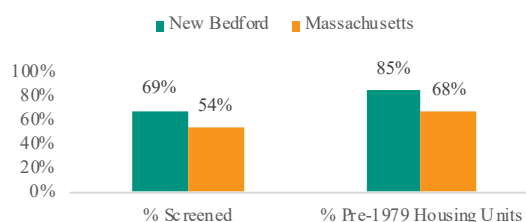
CHILDHOOD LEAD SCREENINGS

Lead poisoning is an example of an EJ factor prevalent in older neighborhoods that are often populated by people of color and low-income households. Lead paint and dust in older homes are the most common sources of lead poisoning in Massachusetts. Lead exposure can damage the brain, kidneys, and nervous system; slow growth and development; and create behavioral problems and learning disabilities in children. Massachusetts' lead regulations require that all children be tested for blood lead between 9 and 12 months, and again at ages 2 and 3.

In the 2021 Massachusetts DPH Annual Childhood Lead Poisoning Report, New Bedford was identified as a high-risk community based on rates of identified new lead poisonings, the age of housing, and income levels. The incidence rate of childhood lead poisoning in New Bedford

was 7.2 per 1,000 children screened over the 5-year period of 2017 to 2021, which is higher than the state average of 2.9 per 1,000 children screened during the same period. Figure 12 shows that New Bedford has a higher proportion than the state of housing built before 1979. Figure 12 also shows that 69% of children were screened for lead in New Bedford as opposed to 54% statewide.¹⁸

Figure 12. Childhood Lead Screening and Pre-1979 Housing Stock, 2017 - 2021



Source: Mass DPH 2021 Annual Childhood Lead Poisoning Surveillance Report. Percentage of children aged 9-47 months screened for lead during the 5-year period of 2017-2021.

¹⁷ Massachusetts Department of Public Health - Bureau of Environmental Health. Massachusetts Environmental Public Health Tracking. See: www.mass.gov/dph/mattracking.

¹⁸ Massachusetts Department of Public Health defines lead poisoning as confirmed blood lead level $\geq 10 \mu\text{g}/\text{dL}$. An incident case is only counted once over the course of the 5-year time-period.

THE SOCIAL AND HEALTH IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic exacerbated many inequities related to the social determinants of health, which resulted in marginalized groups being at greater risk for contracting and dying from the virus. An analysis by the Massachusetts Office of the Attorney General found major disparities in rates of infection, hospitalization, and age-adjusted mortality between White communities and communities of color (see Figure 13 and Figure 14).

Figure 13. Massachusetts COVID-19 Infection and Hospitalization Rates by Race and Ethnicity

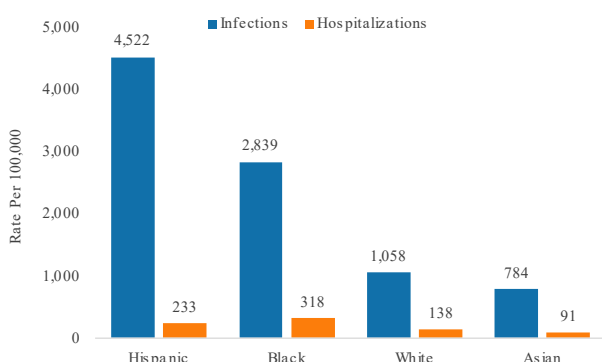
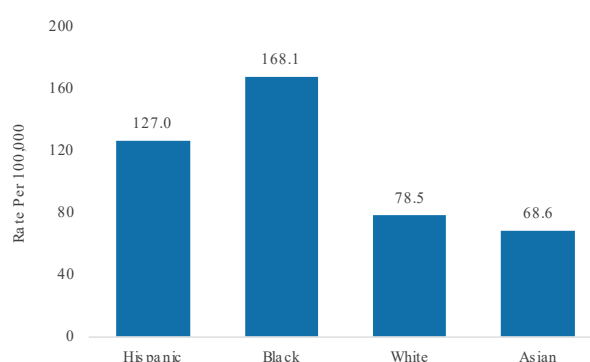


Figure 14. Massachusetts COVID-19 Age-Adjusted Mortality Rate by Race and Ethnicity



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

One of the major takeaways from the interviews is that many of the health concerns brought to the forefront by the pandemic are the same that existed pre-pandemic, particularly as they relate to health equity and social determinants of health. These include concerns such as homelessness, immigrant health, food insecurity, health access, and mental health. In other words, the pandemic's primary effect was not necessarily creating new issues (although new issues certainly arose), but to exacerbate existing issues that health service providers and the advocacy community have worked for years to address.

Most of these issues are related in some way to health equity, which in New Bedford is driven significantly by lower levels of income and education as well as large pockets of newer immigrants (both documented and undocumented). A salient effect of the pandemic is that many residents who live at the edge of their means in the best of times were pushed, or will be pushed, over the edge by ongoing health and economic crises.

While they expressed this sentiment in many different ways, nearly all key informants said that at some point, they were dealing with clients whose economic situation was tenuous. This is particularly true for providers who work with people whose income just barely exceeds the maximum for means-tested assistance (SNAP, MassHealth, Section 8, etc.). However, unlike in past needs assessments, community leaders noted that they are increasingly working with clients higher up on the economic ladder. As one interviewee noted: "There are people walking through my door all the time who we would never have seen before the pandemic. Even families with two working parents with good jobs seem to be struggling more."

¹⁹ Wolitzky, Sandra et al. 2020. *Toward Racial Justice and Equity in Health: A Call to Action*. Massachusetts Office of the Attorney General. Boston, MA.

4 IDENTIFYING HEALTH THEMES

The primary goal of the CHA is to prioritize New Bedford's health concerns using a holistic approach that examines health data, leverages the expertise of key informants, incorporates community views, and outlines existing city assets that can be leveraged to begin addressing identified themes. These activities are employed to prioritize health themes based on the following criteria:

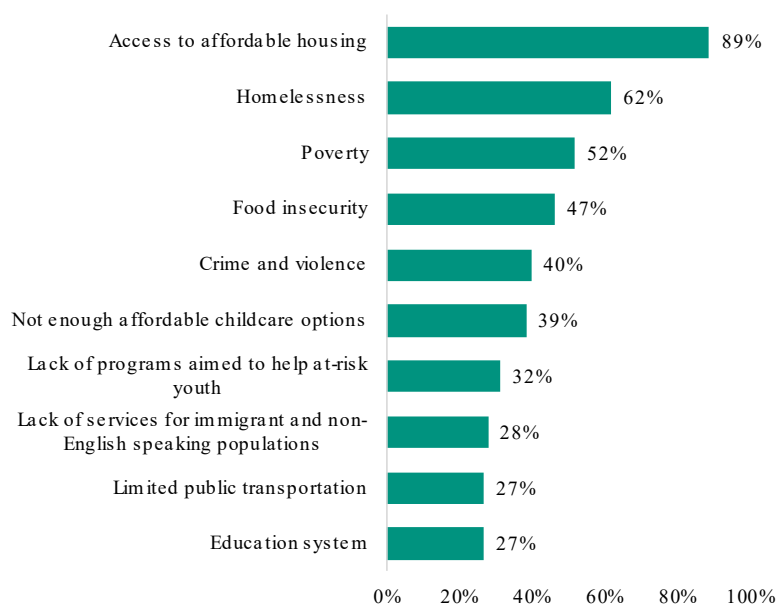
- The health concern impacts a large number or high percentage of people, particularly the City's most vulnerable at-risk populations,
- There is existing momentum to build upon the community programs that are already in place,
- Addressing the health concern will substantially address health disparities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

HSSP TOP IDENTIFIED AREAS OF CONCERN

Results of the HSSP survey show that access to affordable housing, homelessness, poverty, food insecurity, and crime / violence are the top issues of general concern for the communities that providers serve (see Figure 15). This result is strongly supported by socioeconomic data, open-ended survey comments, and interviews conducted with key informants. All these issues can be mapped, to some extent, to the social determinants of health.

In addition to the concerns identified in Figure 15, community leaders and residents identified multiple concerns related to health access, particularly involving language barriers, the difficulties among immigrants in navigating the health care system, and difficulties with affording health care in general.

Figure 15. Please Select the Top FIVE Areas of General Concern for the Community You Serve, Not Necessarily Related to Health



Source: Health & Social Service Provider Survey, 2022

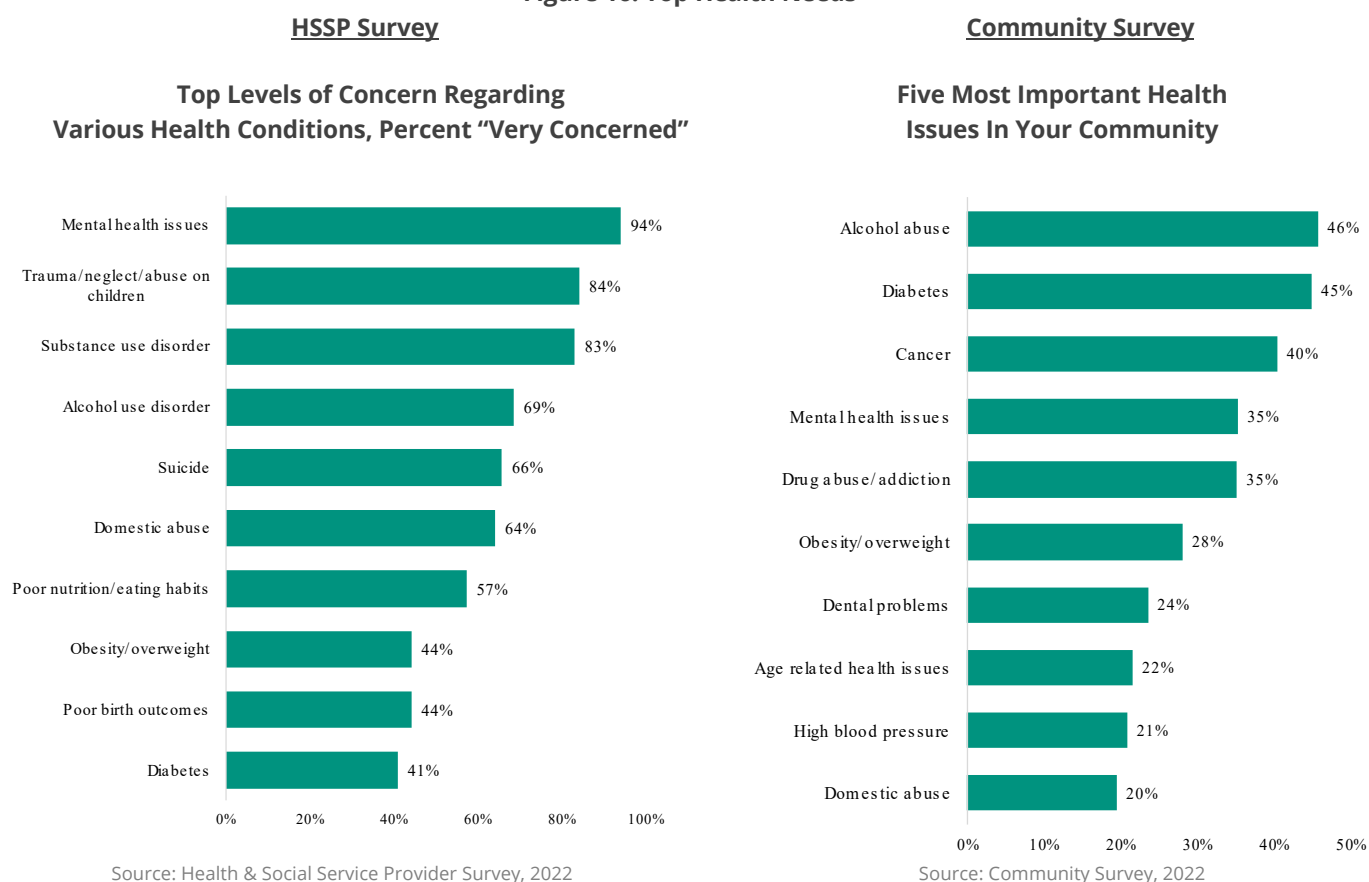
MAJOR HEALTH THEMES

Health and social service providers and community members were asked to rank the community's most important health needs. While survey results show some differences in ranking, both groups agree that mental health, substance use disorder, and alcohol abuse are among the top concerns.²⁰

In terms of differences, community members rank diabetes higher than providers. Additionally, community members rank dental problems seventh, which is much higher than in past community surveys (see Figure 16). Dental problems were not an option in the HSSP survey. Many community members' open-ended comments reference either not having dental insurance or having insurance with poor or expensive coverage.

Conversely, providers rank trauma, neglect, abuse on children, and suicide higher than community members. Open-ended comments related to child trauma cautioned that these issues are likely to worsen as fallout from the pandemic builds.

Figure 16. Top Health Needs



²⁰ The percentages in these tables are not comparable because the question was asked differently on each survey. The charts serve only to show the priority ranking of the two groups. A full list of responses can be found in appendix A and Appendix B.

In addition to the qualitative results, the available health data underscores that unhealthy behaviors among New Bedford residents have resulted in comparatively poor chronic disease outcomes in comparison to state and national averages. While poor health outcomes appear to affect residents of all racial, cultural, and economic backgrounds, the available data and conversations with community leaders indicate that these issues are most acute among low-income, communities of color, and immigrants. Many key informants attribute poor health outcomes to challenges of health access, including issues related to health literacy, transportation, and culturally competent care. Consequently, Wellness and Chronic Disease and Health Access were added as major health themes based on the quantitative and qualitative analysis.

As a result of the process described above, five health themes were identified (see Table 7). These represent issues where the New Bedford Health Department can make significant positive impact because the department is already addressing the issue and, has existing partnerships and collaborations with local service providers that are focused on improvement in these areas.

Table 7. Major Health Themes

Health Themes	Sub- Categories
Economic Opportunity	Social Mobility, Income, Education
Behavioral Health	Mental Health, Substance Use Disorder (SUD)
Housing	Attainability, Sustainability, and Homelessness
Health and Wellness	Health Behaviors & Health Outcomes
Health Access & Equity	Underserved Populations, Obstacles to Care, Health Literacy

5 HEALTH THEME 1: ECONOMIC OPPORTUNITY

Economic opportunity can be defined as the ability of a person to reach their personal potential. Economic opportunity includes having access to resources that are essential to maintaining a good quality of life, such as education, attainable housing, healthy food options, childcare, and stable employment.

Economic opportunity is an umbrella issue that encompasses many of the priority issues identified by stakeholders. To improve economic opportunities for New Bedford residents, community leaders suggested building stronger connections between traditionally excluded populations and the opportunities that lead to economic security, such as quality early childhood education, paths to college success, workforce training, and quality health care. As one key informant noted: “We need a holistic approach to all dimensions of health and wellness within our region, including reconnecting marginalized groups with the resources that can improve their economic outlook, especially in terms of education.”

Key takeaways:

- New Bedford’s median household income is 57% of the statewide median. Low-income residents were hit particularly hard by 2022’s inflationary environment. One survey respondent noted: “New Bedford has many people that are on fixed incomes, so they are much more vulnerable when prices rise.”
- About 18.6% of New Bedford’s population and 15.1% of its families are below the poverty level. This compares to 9.8% and 6.6% statewide, respectively.

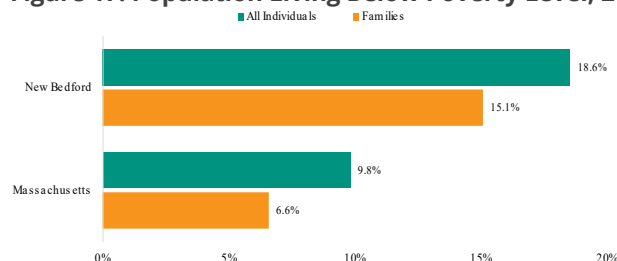
- About 82.5% of New Bedford's public school students are classified as low-income (compared to 43.8% statewide).
- High school graduation rates in New Bedford remain below the state average, at 75% in 2022.

ECONOMIC STABILITY

Economic stability is a major social determinant of health. Those lacking economic stability often have less access to resources that can improve and maintain health. Resources that contribute to educational attainment, employment, housing status, health care opportunities, and social activities are all less accessible to those living without economic mobility.

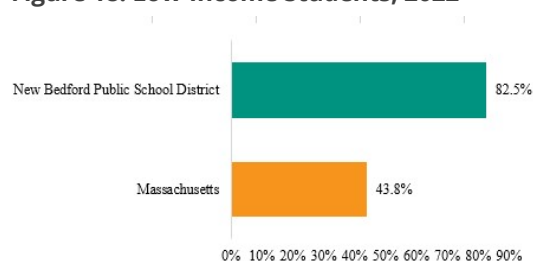
About 19.6% of New Bedford's population and 15.1% of its families are living below the federal poverty level. This compares to 9.8% and 6.6% statewide, respectively (see Figure 17).²¹ Students are often the socioeconomic bellwether of a community. 82.5% of students in New Bedford Public Schools are classified as low-income by the Department of Elementary and Secondary Education (DESE), compared to 43.8% of students statewide (see Figure 18).²²

Figure 17. Population Living Below Poverty Level, 2020



Source: ACS 5-Year Estimates, Table S1702, 2016–2020

Figure 18. Low-Income Students, 2022



Source: Massachusetts Department of Elementary and Secondary Education (DESE), 2021-2022 Enrollment Report

SOCIAL AND ECONOMIC MOBILITY

While the neighborhood where one grows up is not one's destiny, it can have a profound effect on future economic opportunity, and in turn, health outcomes. To measure this effect, the Opportunity Atlas maps the childhood roots of social mobility by measuring which neighborhoods offer children the best chance to rise out of poverty. The Atlas accomplishes this by estimating the average outcomes in adulthood of people who grew up in each census tract and were born between 1978 and 1983. That is, the Atlas shows not only where the affluent

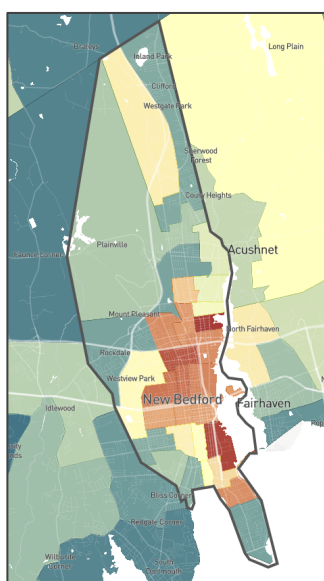
²¹ Notably, the COVID-19 stimulus payments were helpful in assisting people to weather the storm during the pandemic, and even pulled some out of poverty, but the long-term effect of these payments on poverty levels is unknown.

²² Low-income students are calculated based on a student's participation in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; expanded MassHealth (Medicaid) up to 185% of the federal poverty level, as well as students identified by districts as homeless and students the district confirmed had met the low-income criteria through the supplemental process and collected the required supporting documentation.

and low-income currently live, but whether children in a particular neighborhood grew up to become affluent or remain low-income.²³

Figure 19 shows the average household incomes of adults in their mid-30s who were born in New Bedford between 1978 and 1983,²⁴ while Figure 20 maps the current median household income by census tracts in New Bedford. Currently, Figure 19 and Figure 20 are remarkably similar in terms of the neighborhoods with poor socioeconomic outcomes. Consequently, improving the City's health outcomes requires addressing the social determinants of health that are pervasive in these areas.

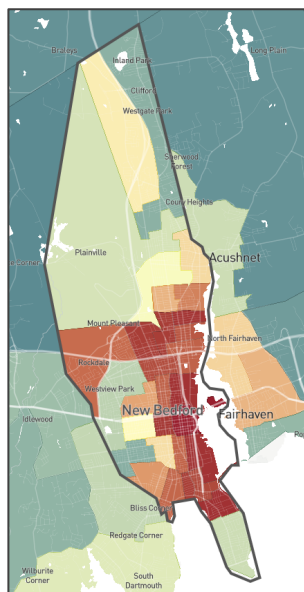
Figure 19. Average HHI Among Individuals Born in Regional Census Tracts Between 1978 and 1983



<\$20k 34k 41k 44k 46k 49k 50k 52k 56k 59k >\$70k

Source: Opportunity Atlas, All parental Income Levels
<https://www.opportunityatlas.org/>

Figure 20. Current Household Income by Census Tract



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

INCOME

New Bedford's median household income is 57% of the statewide median. Low-income residents were hit particularly hard by 2022's inflationary environment. As one survey respondent noted: "New Bedford has many people that are on fixed incomes, so they are much more vulnerable when prices rise." An interviewee added: "A lot of our working poor (are) just over the income guidelines and

Table 8. Median Household Income

	Median HH Income	% of State Median
New Bedford	\$46,321	57.0%
Massachusetts	\$81,215	NA

Source: Median income, ACS 5-Year Estimates, Table S1903, 2016–2020.

²³ The Opportunity Atlas uses anonymous data following 20 million Americans from childhood to their mid-30s to trace the roots of today's affluence and poverty back to the neighborhoods where people grew up. It is a collaboration between researchers from the U.S. Census Bureau, Harvard University, and Brown University. See <https://www.opportunityatlas.org/>.

²⁴ Importantly, many children move to different areas in adulthood, but we always map the data by where children grew up, regardless of where they live as adults. The data provide information on the average actual outcomes of children who grew up in each area. Each estimate is specific to a selected group.

don't qualify for benefits. This group is having a hard time working low-paying jobs and trying to pay their bills with little help."

AVERAGE ANNUAL WAGES AND WAGE GAP

Having a job and earning a living wage can be critical for maintaining health. Apart from the fact that many individuals and families receive health insurance through their employer, a job paying livable wages makes it easier for individuals and families to live in healthier neighborhoods, send their children to better schools, and buy more nutritious foods, all of which contribute to a healthier lifestyle. Conversely, being unemployed or underpaid increases economic stressors that contribute to negative health outcomes, including higher rates of depression and stress-related conditions such as stroke and heart disease.²⁵

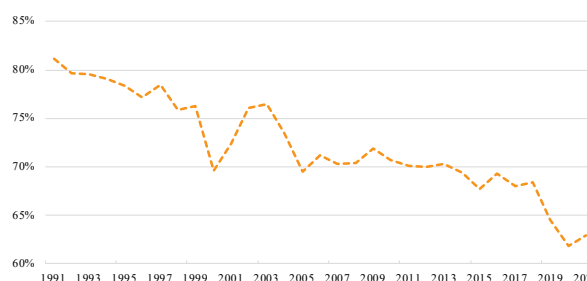
New Bedford's annual average wage in 2021 was 62.9% of the state average (see Table 9).²⁶ Figure 21 tracks this wage gap from 1991 to 2021. This graph shows that while the 2021 annual average wage in New Bedford was lower than the state average, the gap between the two averages is on a declining trend.

Table 9. Average Annual Wage, 2021

Community	Avg. Annual Wage	% State Average
New Bedford	\$55,172	62.9%
Massachusetts	\$87,672	100.0%

Source: Massachusetts Executive Office of Workforce and Labor Development, ES202 data²⁷

Figure 21. Wage Gap, 1991-2021



Source: Massachusetts Executive Office of Workforce and Labor Development, ES202 data

EDUCATIONAL ATTAINMENT

Economic opportunity is inexorably linked with education and the opportunities that an education affords. A college education is one of the most effective ways that families can improve their economic outlook. Unfortunately, children of parents in lower income brackets are less likely to pursue a college education in comparison to their more affluent peers, and they are even less likely to graduate even if they do attend college. Similarly, parents with less education increasingly face more barriers economically than their more educated counterparts.

New Bedford has lower levels of educational attainment than the state average, particularly in terms of the percentage of residents 25 years of age and older who have a college degree (see Figure 22).²⁸

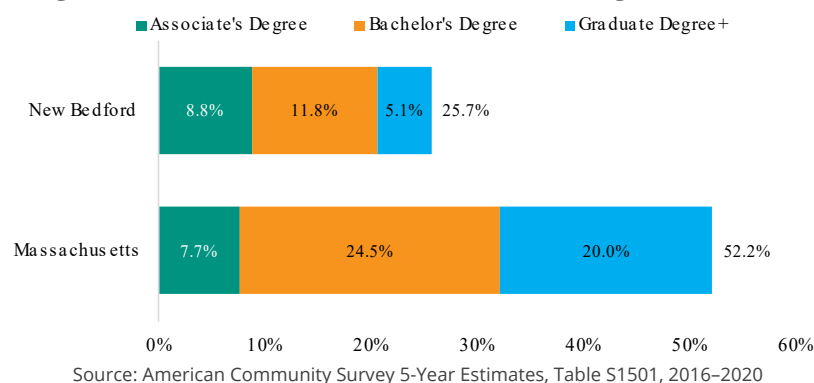
²⁵ Robert Wood Johnson Foundation. See <https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html>.

²⁶ The wage gap is defined as the average annual wage in the South Coast as a percentage of the state average annual wage.

²⁷ The ES202 dataset reports employment and wages by place of work, not by the city or town in which employees live.

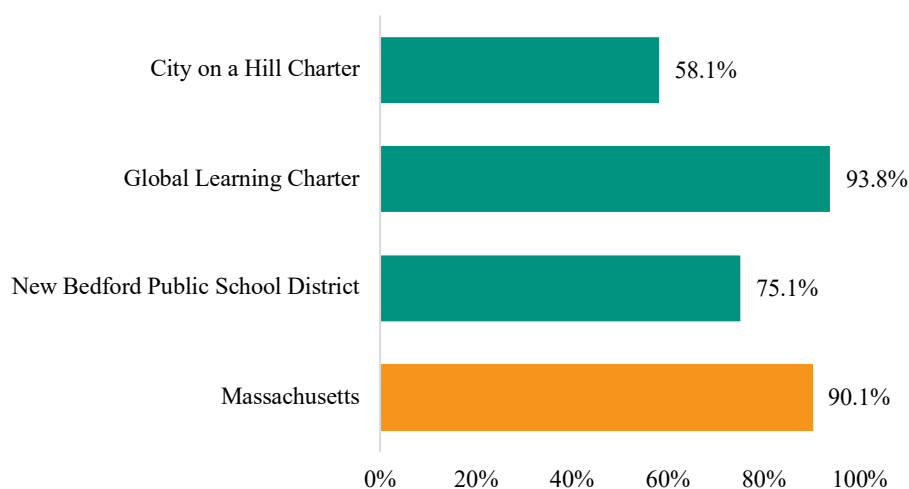
²⁸ High margins of error prevent any meaningful analysis of race-based educational attainment data for the region.

Figure 22. Residents Aged 25 and Older with at Least an Associate Degree, 2020



High school graduation rates in New Bedford are also below the state average (see Figure 23).²⁹

Figure 23. 4-Year Graduation Rate, SY 2022



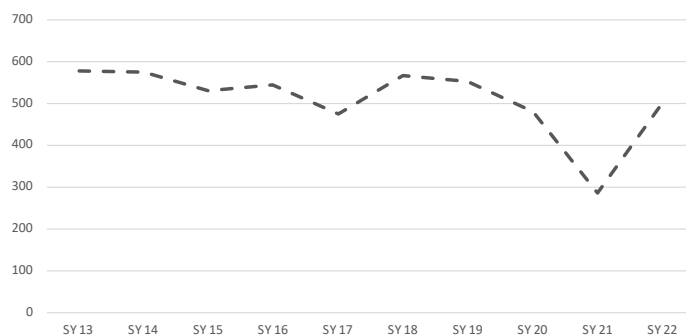
EARLY CHILDHOOD EDUCATION

Much of the discussion among stakeholders on how to improve educational attainment outcomes focused on early intervention strategies, such as improving access to Pre-K programs and focusing on increasing early childhood literacy rates. Research clearly demonstrates that high-quality preschool education substantially increases a child's success in school and beyond. In particular, Pre-K students get a jump start on the skills that set them up for success at the elementary school level.

²⁹ The high school graduation rate measures the percentage of students who attain a high school diploma within a four-year period.

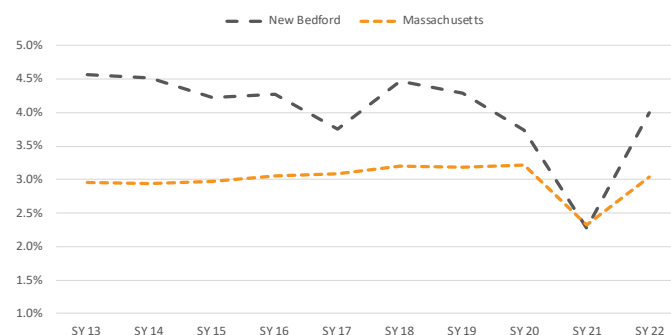
Overall, New Bedford's Pre-K enrollment has declined since 2013 (see Figure). New Bedford experienced a considerable decline in enrollment during the 2021 school year due to the pandemic, although enrollment recovered to near pre-pandemic levels in 2022. Figure displays Pre-K enrollment as a percentage of total Pre-K through 12th grade enrollment.

Figure 24. Pre-K Enrollment in Public Schools



Source: Massachusetts Department of Elementary and Secondary Education, SY 2021

Figure 25. Pre-K Enrollment as Percentage of Total Pre-K through 12th Grade Enrollment



ASSETS AND ACTIVATORS: ECONOMIC DEVELOPMENT, JOB TRAINING AND EARLY CHILDHOOD EDUCATION

New Bedford has rebuilt itself time and again throughout its history, demonstrating resilience and innovation to generate new economic opportunities in changing times. Today, those characteristics are fueling several significant drivers of new economic growth in the city and region. Led by the arrival of offshore wind energy, emerging industries are bringing new, well-paying jobs to the waterfront and local workers. Turbine towers and components fill the skyline above the Marine Commerce Terminal near the hurricane barrier, and further up the waterfront, port development projects are underway at the new Foss Marine Terminal and the expanding North Terminal. Also underway are new workforce development programs and collaborations with educational institutions such as Bristol Community College (BRISTOL). The college's National Offshore Wind Institute, a training facility expected to open in Fall 2023, will offer training and certifications for the offshore wind industry.

In 2022, New Bedford Public Schools in partnership with Bristol Community College and UMASS Dartmouth joined the Massachusetts Early College Initiative to provide pathways for early college attainment for students who are traditionally underrepresented in higher education. This program provides students at New Bedford High School with the opportunity to take college level courses, free of tuition and fees, in the academic areas of Business Administration, Health Sciences, Information Technology and the Arts. Participation in this program will earn students' college credits through the MassTransfer program.

Cutting-edge technology also can be found at new STEM-related companies including New Bedford Research & Robotics, which is working to advance fields such as blue tech and maritime innovation through data science and robotics. The city-backed New Bedford Ocean Cluster has been established to support new maritime businesses, connect companies in different maritime sectors, and promote New Bedford's blue economy to new investors. Meanwhile, small businesses in the arts are thriving at growing clusters that span the city, from Kilburn Mills in the South End to the Co-Creative Center downtown and Hatch Street Studios in the North End.

There are positive developments in early childhood education, as well. Ten public preschools recently have expanded and now are providing full-day services, spurring increases in attendance. Supported by the Commonwealth Preschool Partnership Initiative, New Bedford Public Schools is collaborating with local education partners – public and private - to expand high-quality preschool opportunities and related services.

6 HEALTH THEME 2: BEHAVIORAL HEALTH

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

Throughout this project, mental health emerged as a prominent health theme. In fact, results of the HSSP survey and Community Survey show that respondents are more concerned with behavioral health (e.g., mental health, substance use disorder, alcohol abuse) than physical health conditions. This result is supported by interviews with health providers, who strongly emphasize the connection between mental health and substance use disorder. As one might expect, the COVID-19 pandemic exacerbated mental health and substance use significantly, with one stakeholder noting that the issue is “growing exponentially with no end in sight.”

Key takeaways:

- Stakeholders clearly articulated that mental health is New Bedford's most pressing health concern, particularly as the effects of the pandemic on mental health are becoming more evident.
- The acute shortage of mental health professionals is the top mental health challenge, particularly in the area of outpatient mental health services.
- Community leaders note that it has been challenging to find beds for treatment, which is a major roadblock for patients who are willing to enter treatment but cannot do so because of lack of availability.
- In a city with high levels of poverty and a substantial immigrant population, there are many social factors that influence how residents access the mental health system. Community leaders highlighted the cultural stigma that exists among immigrant communities and communities of color regarding mental health, which keeps these populations from seeking services.
- The diversity and linguistic abilities of mental health workers was also identified, with one community leader noting, “There are issues with the cultural (and) linguistic competence of mental health providers across the region. There is simply not enough diversity among mental health professionals both in mental health and health care as a whole.”
- Substance use disorder (SUD) continues to be identified as a major challenge in the region, particularly in terms of the links between substance use disorder, other mental health factors, poverty, and homelessness.
- Respondents also recognize the negative effects of alcohol use disorder; 69% of survey respondents rated alcohol use disorder as “extremely concerning.”
- Health and social service providers increasingly report seeing patients with a dual diagnosis, that is, individuals who have been diagnosed with a substance use disorder along with a mental health disorder. They were clear that these issues need to be addressed simultaneously.

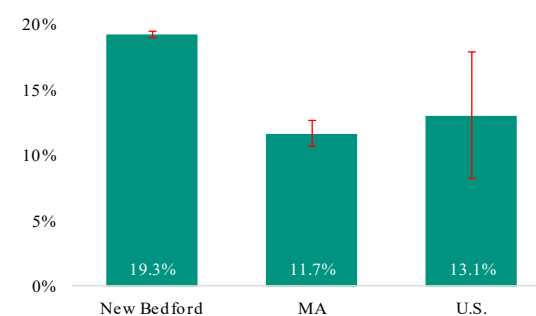
MENTAL HEALTH

Previous assessments identified mental health as an increasingly salient concern, and the work for this assessment confirms that mental health concerns have been amplified by the pandemic. As one stakeholder commented: “The pandemic and the isolation it brought had an enormous effect on people’s mental health, particularly the elderly who tend to be more isolated in the best of times.” Another warned: “Mental health issues are going to be the next pandemic. Poor mental health leads to self-medication, then to substance abuse, alcohol abuse, domestic violence, and other poor behaviors.” Another interviewee noted the connection between mental health and job stress, “The stresses involved with essential workers such as fish processors, construction workers, and factory workers led to ongoing health and occupational concerns. This also includes women working full-time, taking care of their families, and worrying about childcare; these are all health stressors.”

Another community leader notes the role racism plays in mental health, commenting: “There is still so much racism around and the trauma it caused has led to many of the mental health issues we are seeing right now.” One more community leader made the connection between homelessness and mental health, commenting that: “Mental health issues are highly prevalent among the homeless population, where services and outreach are perhaps more lacking than elsewhere. Eliminating homelessness will help with the severity of [behavioral] cases as these folks have a hard time getting proper diagnosis and proper care.”

As shown in Figure 26, data shows that a greater percentage of New Bedford (19.3%) residents report having more than 14 days per year with poor mental health than the state (11.7%) and national (13.1%) averages. In addition, data from the New Bedford Youth Health Survey (NB YHS) show that 32% of New Bedford High students felt “so sad or hopeless almost every day for two weeks or more in a row” that they stopped doing some usual activities.³⁰ Notably, this is 2019 data and does not reflect the effects of the pandemic.

Figure 24. Adults Reporting Poor Mental Health for at Least 14 Days, 2019



Source: CDC PLACES Project; Red bars represent confidence interval

There are three primary mental health factors identified by community members and providers:

- 1) the shortage of mental health professionals,
- 2) the overall behavioral health system, particularly the shortage of beds, and
- 3) equity in mental health, including access and stigma.

SHORTAGE OF MENTAL HEALTH PROFESSIONALS

Nearly all key informants cited the acute shortage of mental health professionals as a critical issue, particularly outpatient mental health workers. The shortage has created long waitlists or deterred people from seeking treatment. One survey respondent said: “The primary obstacle to effectively addressing mental health is the

³⁰ Source: Durfee High School and New Bedford High School Youth Risk Behavior Survey, 2019

extreme lack of facilities and providers.” As discussed below, the pandemic increased the strain on this already overburdened system.

Community leaders note that the region faces a challenge not only in retaining mental health care workers, but also in hiring new ones, especially those who accept MassHealth. They explain that many providers have shifted to working with patients with private insurance or who are willing to pay cash. Further, it was clearly articulated that there is a stigma among some providers about accepting high-needs patients, particularly those with conditions such as chronic homelessness and substance use disorder.

In addition, community leaders noted that providers outside the mental health system are often not properly trained to counsel patients or refer them to treatment services. This is especially true of primary care physicians, who are often the gatekeepers for referrals to mental health treatment. As one community leader notes: “Suicide ideation is on the rise, but kids and parents don’t want to talk about it. Most kids with a mental health issue are probably talking about it with their friend, teacher, or primary care physician. Most of the people in these positions are not qualified mental health professionals.”

AVAILABILITY OF TREATMENT AND SERVICES

Community leaders and survey respondents noted that it has been challenging to find beds for patients, which serves as a roadblock for patients who are willing to enter treatment but cannot do so because beds are not available. This issue is particularly troublesome for patients with acute mental health disorders who are best served by a “warm handoff” but are instead left untreated due to lack of bed availability. In addition, while key informants note that mental health concerns among local youth are growing exponentially, there are very few beds statewide for this age group.

One health provider said: “The ongoing shortage is a crisis. Patients in need of specialized in-patient care wait in hospital emergency departments for beds to open or do not seek help at all.” Another noted a systemic issue with how mental health is covered or not covered by insurance, writing: “Insurance should cover mental health to the same degree as physical health.”

EQUITY IN MENTAL HEALTH

The importance of remedying health inequities by addressing the social determinants of health has been discussed throughout this report, and mental health care is no exception. Indeed, social inequities have been associated with increased risk of common mental health disorders, and the stigma associated with seeking treatment for mental and behavioral health conditions often prevents those in need of care from seeking it. In a city with high levels of poverty and a substantial immigrant population, there are many social factors that influence how residents access the mental health system.

Interviewees and survey respondents highlighted many factors that contribute to these disparities, including language and cultural barriers for immigrant communities, lack of insurance, high out-of-pocket costs for mental health services, or simply because people are unaware that their insurance covers mental health treatment. Many people are also more reactive than proactive in engaging the health care system, or as one community leader noted, “You just don’t talk about mental health in some cultures.” Community leaders note that a cultural stigma exists among immigrant communities and many communities of color. Lack of trust of the medical system, particularly among immigrants, was also cited as an issue that affects people seeking help to address mental health concerns. One community leader identified language barriers as a growing issue, noting that: “There are issues with the cultural (and) linguistic competence of mental health providers across the region. There is simply not enough diversity among mental health professionals both in mental health and health care as a whole.”

Trust and fear among groups served by providers were also common themes throughout the interviews, particularly among the immigrant community. These included people's fear of addressing a mental health concern, fear of doctor visits, fear that they will not be able to afford treatment, and fear of navigating the health care system. As a result, many residents only visit a mental health professional when the condition worsens. This practice applies not only to mental health, but health conditions in general.

SUBSTANCE USE DISORDERS

Substance use disorder (SUD) continues to be identified as a major challenge in New Bedford, particularly in terms of the links between substance use disorder, mental health, poverty, and homelessness. Eighty-three percent (83%) of respondents to the HSSP survey rated substance use disorder as an "extremely concerning" health issue. Respondents also recognized the negative effects of alcohol use disorder; 69% of survey respondents rated alcohol use disorder as "extremely concerning." One community leader said: "Alcohol abuse is a big issue in the Central American community and getting support for treatment is difficult. They often don't know where to find services or don't recognize they have a problem." Another commented: "Alcohol abuse is an issue that I feel we don't speak enough about. It affects more people than drugs."

The annual number of confirmed opioid-related deaths has been on the rise since 2015, with New Bedford reporting 80 confirmed opioid-related overdose deaths in 2022 (see Table 10).

Table 10. Number of Opioid-Related Overdose Deaths, 2015–2022

Community	2015	2016	2017	2018	2019	2020	2021	2022	Total '15-'22
New Bedford	55	57	45	54	75	64	81	80	511
Massachusetts	1,748	2,110	2,013	2,015	2,005	2,092	2,282	2,310	16,575

Source: Massachusetts Department of Public Health, Current Opioid Statistics, June 2023 report
Data represents deaths by city/town of residence for the decedent

SUBSTANCE USE DISORDER AND BEHAVIORAL HEALTH

Health and social service providers increasingly report seeing patients with a dual diagnosis, that is, individuals who have been diagnosed with a substance use disorder along with a mental health disorder. They note the difficulty in treating patients effectively if these issues are not addressed simultaneously. A dual diagnosis often results from an individual with a mental health concern self-medicating with alcohol or drugs in an effort to improve their mental health symptoms. However, some community members reported a lack of awareness of what mental health services are available, where they are available, how to get a referral for treatment, and what insurance will or will not cover.

Patients with comorbid behavioral health conditions are also at higher-than-average risk of readmission. For example, hospitalized patients in New Bedford with any behavioral health comorbidity were more than twice as likely to be readmitted than those without a behavioral health condition. Those with a co-occurring mental and substance use disorder were nearly three times as likely to be readmitted (see

Table 11).³¹

Table 11. Prevalence of Behavioral Health Comorbidity and Readmission Rates Among Patients in Acute Care Hospitals, FY 2018

	No BH Condition	Any BH Condition	MD Alone	SUD Alone	COD Mental/SUD
New Bedford	12.3%	21.6%	19.9%	15.6%	28.5%
Massachusetts	10.5%	20.4%	18.0%	15.2%	26.8%

Source: Health Policy Commission Analysis of CHIA Hospital Inpatient Discharge Databases, July 2017-June 2018
 Analysis by Massachusetts CHIA. Analyses include discharges for adults with any payer, excluding discharges for obstetric.
 BH=Behavioral Health, MD=Mental disorders, SUD=Substance use disorders, COD=Co-occurring mental/substance use disorders.

SUBSTANCE USE AMONG YOUTH

Using drugs and alcohol at any age presents health risks; however, using these substances at a younger age can cause more severe negative health outcomes. Data from the New Bedford High School 2022 *Youth Health Survey* show that 23% of New Bedford High School students reported that they consumed alcohol within a month of taking the survey. In terms of lifetime prevalence, 24% reported they tried marijuana, and 22% vaped (see Table 12).

Table 12. Substances of First Use Among New Bedford High School Students, 2022

Substance	Percent
Alcohol (past 30 days)	23%
Marijuana (lifetime prevalence)	24%
Vaping (lifetime prevalence)	22%

Source: New Bedford High School Youth Health Survey, 2022

ASSETS AND ACTIVATORS: MENTAL HEALTH FACILITIES, TEACHER TRAININGS, COMMUNITY RESOURCES

Mental health resources and support are expanding rapidly in New Bedford, on numerous fronts. Regional agency Child & Family Services, for example, now is operating a Community Behavioral Health Center in New Bedford that offers a range of services and functions as an entry point for urgent mental health and addiction treatment for people of all ages. Services include Community Crisis Stabilization, which Child & Family describes as a “less restrictive alternative to inpatient hospitalization for people in need of short-term, overnight crisis care.” The local expansion of mental health services will help address significant needs in the community.

NorthStar Learning Centers is another social service agency that’s expanding its mental health resources. NorthStar is partnering with the New Bedford Police Department on a mental health commission that will bolster emergency room diversion efforts and increase resources for people in need of addiction treatment.

The New Bedford Health Department is collaborating with Southcoast Hospitals Group and local partners to embed full-time, bilingual recovery coaches in the emergency departments of hospitals in Bristol County, to help

³¹ Behavioral Health & Readmissions in Massachusetts Acute Care Hospitals. August 2016. Center for Health Information and Analysis (CHIA).

people with substance use disorder navigate referrals to treatment and related services. The federal funding behind this program was awarded to only 5 counties nationwide.

At the school level, New Bedford Public Schools has trained its teachers in trauma-informed curriculum and mental health first aid, enabling vital, age-appropriate support for young students.

Community efforts to fill gaps in outreach and support are growing, as well. A new community center planned for the downtown area will provide resources and gathering space for members of the LGBTQ+ community.

7 HEALTH THEME 3: HOUSING

Housing attainability is a social determinant of health. A lack of attainable housing contributes to housing instability and homelessness, both of which are strong predictors of negative health outcomes. Housing emerged as a primary concern for community leaders and community members throughout the needs assessment process, with many stakeholders consistently identifying housing as the social determinant that affects the largest number of the people they serve. Eighty-nine percent (89%) of respondents to the HSSP survey cited access to affordable housing as the top concern for the community they serve, followed by homelessness at 62%. Overall, stakeholders are clear that housing challenges have been exacerbated by the COVID-19 pandemic.

Key takeaways:

- New Bedford's income and wage levels are lower than the state average, so while rents are relatively inexpensive for outsiders and commuters from Greater Boston or Providence, they remain considerably high for many local residents, particularly among the working poor who do not qualify for housing subsidies.
- This dynamic results in many households paying housing costs that are above their means, which in turn leaves less household income available for health care and other basic needs. During the 2016–2020 period, 46% of New Bedford renters and 34% of homeowners were housing-cost burdened, according to American Community Survey, 5-Year Estimates.
- Housing insecurity disproportionately affects low-income households, people of color, and seniors. This trend is evident in New Bedford, where White households are less likely to be housing-cost burdened in comparison to their neighbors.
- Community leaders identified homelessness as a significant concern, which is partly an outcome of the attainable housing shortage. Mental health and substance use disorder, which are highly prevalent among the homeless population, are also key factors in the homelessness equation.
- There were 370 homeless individuals in New Bedford counted during the 2022 Point in Time (PIT) Count, with the vast majority housed in emergency shelters. The 2023 PIT Count identified 373 individuals, both sheltered and unsheltered. This number is consistent with the previous two years and is below the 14-year PIT Count average.
- Overall, the homeless population in New Bedford is about the same as it was in 2007.
- Community leaders note that the use of the emergency department by homeless individuals is often those individuals' primary means of accessing health care.

HOUSING ATTAINABILITY

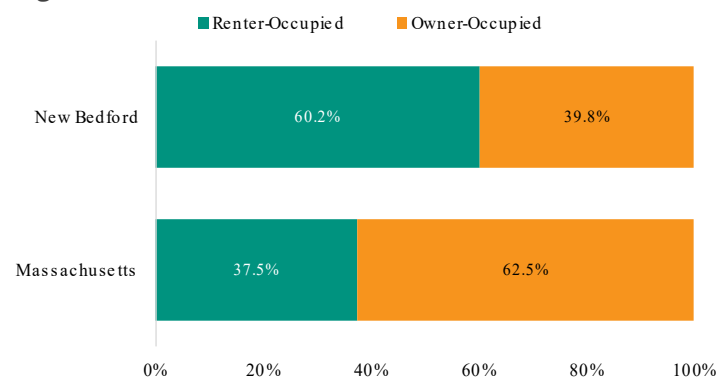
People put down roots in a community when they buy a home, which improves neighborhood stability and an individual's sense of personal well-being. A home is also the single most valuable economic asset owned by most families and is one of the top ways to accrue wealth within one's lifetime. Homeowners also have a greater stake in the local community, which leads to increased voting and higher rates of participation in community organizations.

OWNER AND RENTER- OCCUPIED HOUSING

Most housing units in New Bedford are renter-occupied (see Figure 27). Accordingly, attainability issues are primarily related to rising rents. Key informants noted that New Bedford rents are rising rapidly but remain a relative bargain compared to the rents in Greater Boston and Providence. This view was shared by community members, including one member who noted that “rents in the private market are getting so expensive.”

There is a perception among community members that homeowners are facing housing affordability pressures, as well. For example, while many seniors would like to remain in their homes, balancing the upkeep of their home, paying an increasing tax bill, and balancing health care costs and other basic needs are financial stressors to many seniors. One community member said: “Seniors want to stay in their homes, but often times the upkeep and taxes force them to sell or to go without some of the basic necessities.”

Figure 27. Percentage of Owner-Occupied and Renter-Occupied Housing

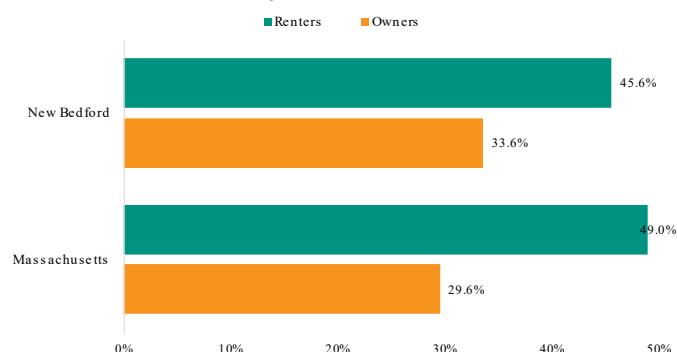


Source: ACS 5-Year Estimates, Table DP04, 2016–2020

This dynamic results in many households paying housing costs (rent or mortgage payments) that are above their means, which in turn leaves less household income available for health care and other basic needs. During the 2016–2020 period, 45.6% of renters and 33.6% of homeowners in New Bedford were housing-cost burdened (see Figure 28).³² The percentage of renters who were housing-cost burdened during this period was lower than the state average of 49%, while the percentage of homeowners was higher than the state average of 29.6%. Even though the percentage of renters who are housing-cost burdened is lower in New Bedford than statewide, there is a perception within the community that housing attainability remains a significant problem for some families. Two community leaders noted that some households are “doubling or even tripling up” with other family members or friends to ease the housing burden, while other households have no choice but to rent in less-desirable areas.

³² The U.S. Department of Housing and Urban Development defines cost-burdened families as those “who pay more than 30 percent of their income for housing” and “may have difficulty affording necessities such as food, clothing, transportation, and medical care.”

Figure 28. Housing-Cost Burdened Households, 2020



Source: ACS 5-Year Estimates, Table DP04, 2016–2020

FAIR MARKET VERSUS MARKET VALUE RENTS

Stakeholders note that current economic realities have led landlords to “take their chances” by transitioning from accepting Section 8 vouchers to renting at market value rates. In the past, landlords were likely to receive higher “fair market rents” from Section 8 than they would at market value rates, but the gap is narrowing, if not already closed. Moving from fair market rents to market value rents means that landlords can demand higher rents while not having to deal with the red tape required for subsidized housing rentals. Refusing to rent to voucher holders is illegal in Massachusetts,³³ and is not the only form of housing discrimination reported by stakeholders. For example, a community member shared the perspective that some property owners discriminate against the recovery population and raise rent as a means to evict tenants.

Conversely, homeowners are responsible to ensure the taxes, utilities, mortgage, insurance, and other expenses are maintained for the property. During the pandemic, many homeowners experienced negative economic consequences due to inflation, rising cost of living, and the loss of rental income from tenants who experienced job loss. One property owner said: “The costs of increased taxes and utilities, either because the tax rate has increased and/or the valuation of their property has increased,” makes rising rents inevitable.

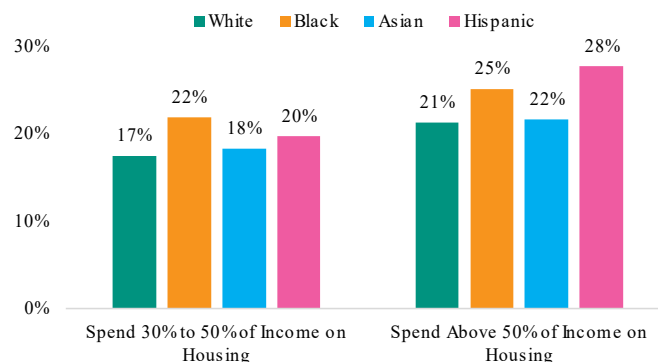
HOUSING EQUITY

Housing insecurity disproportionately affects low-income households, people of color, and seniors. This trend is evident in New Bedford, where White renters or homeowners are less likely to be burdened by housing costs than Black, Asian, or Hispanic renters or homeowners. (see Figure 29).³⁴ Notably, lower-income households are primarily renters, and this group is more likely to have experienced a job loss during the pandemic because they are more likely to work in the industries impacted the hardest by the pandemic, because of layoffs, the inability to work remotely, or other factors.

³³ See <https://www.mass.gov/doc/source-of-income-discrimination-faqs/download>

³⁴ As noted earlier, a household is typically considered housing cost burdened if their housing costs exceed 30 percent of their income.

Figure 29. Housing Cost Burden by Race in New Bedford



Source: U.S. Department of Housing and Urban Development's Office of Policy Development and Research, 2014-2018 CHAS (CHAS: <https://www.huduser.gov/portal/datasets/cp.html>)

THE IMPACT OF THE COVID-19 PANDEMIC ON HOUSING STABILITY

The COVID-19 pandemic exacerbated housing issues for many renting households throughout the state. During the pandemic, there were widespread non-essential business closings that resulted in the loss of employment opportunities for residents and their inability to afford housing costs. While high-need households were supported throughout the pandemic through the State of Massachusetts rental assistance program, Rental Assistance for Families in Transition (RAFT) and the Emergency Solutions Grant (ESG) program, each of these programs only met a portion of the need. Stakeholders noted that federal housing funds have strict guidelines and that, "spending the COVID funds related to housing is difficult due to bureaucracy. Applications cannot be processed until all required information is provided. In many cases, households simply don't have the required information or have difficulty getting it." Massachusetts' eviction moratorium expired at the end of March 2023, which prohibited landlords from evicting tenants who were facing job loss or other COVID related hardships.

One stakeholder cautioned that many households who got behind on rent during the pandemic believed they would get rental relief once the eviction moratorium ended. However, the stakeholder pointed out that many of these people were not aware that they did not meet income guidelines and would be in for a "rude awakening" when they applied for relief. Another stakeholder was hopeful that safety nets would help many residents in the near term, "although the long-term consequences are difficult to predict."

HOMELESSNESS

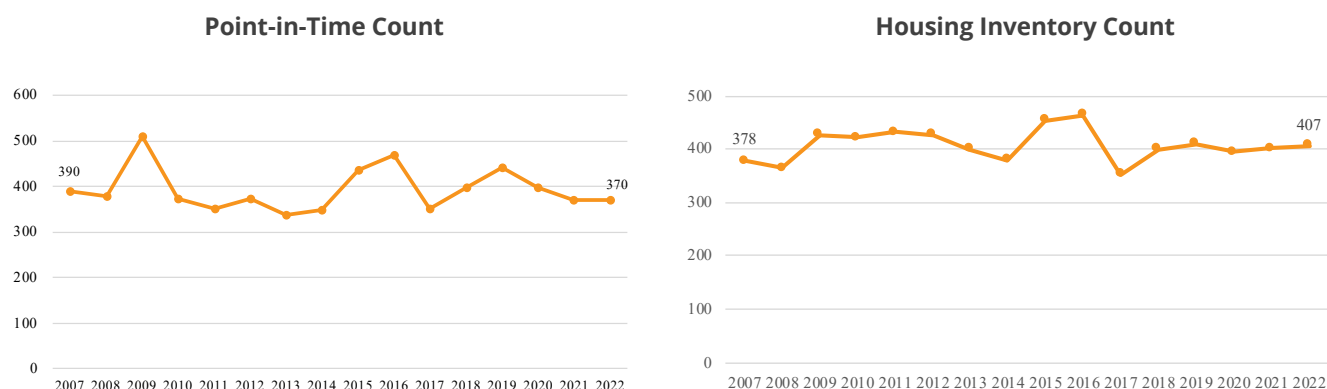
Community leaders identified homelessness as a significant concern in New Bedford, which is partly an outcome of the attainable housing shortage. Mental health and substance use disorders, which are highly prevalent among the homeless population, are also key factors in the homelessness equation. Often, experiencing homelessness in combination with these factors creates challenges for entering shelters and transitional housing. Stakeholders noted that more resources are needed to support and maintain consistent engagement with persons experiencing homelessness, who may also be experiencing mental health or substance use disorders. This includes having resources available in shelters, such as recovery coaches.

POINT-IN-TIME AND HOUSING INVENTORY COUNT

The U.S. Department of Housing and Urban Development's (HUD) Point-in-Time (PIT) Count is a count of sheltered and unsheltered persons experiencing homelessness on a single night in January in a service area, called a Continuum of Care (CoC).³⁵ New Bedford is its own single-community CoC. The Housing Inventory Count (HIC) is an inventory of the number of beds and units available at a defined point during the last 10 days in January. The HIC includes beds dedicated to serve people who are experiencing homelessness as well as people in Permanent Supportive Housing.

There were 370 homeless individuals in New Bedford counted during the 2022 PIT Count, with the vast majority housed in emergency shelters (see Figure 25).³⁶ The 2023 PIT Count identified 373 individuals, both sheltered and unsheltered. This number is consistent with the previous two years and is below the 14-year PIT Count average. The homeless population in New Bedford is about the same as it was in 2007. The number of beds increased by 29 in New Bedford from 2007-2022. Importantly, the PIT count provides a snapshot of homelessness on one night and does not necessarily reflect the nuances of homelessness and housing insecurities throughout the year. A community leader noted that the number of people experiencing homelessness is lower than the actual number of people having housing concerns because of the amount of people and families who are doubling and tripling up.

Figure 25. New Bedford Point-in-Time and Housing Inventory Count, 2007-2022



Source: PIT, City of New Bedford; HIC, US Department of Housing and Urban Development

ASSETS AND ACTIVATORS: ATTAINABLE HOUSING AND NEW HOUSING DEVELOPMENTS

The need for more affordable and attainable housing in New Bedford – as well as market-rate housing – has long been a leading priority for elected officials, City leaders and community advocates alike. In March 2023, City officials and community leaders announced, “Building New Bedford: Strategies to Promote Attainable Housing for All in a Thriving New Bedford.” Mayor Jon Mitchell’s office described the initiative as a “comprehensive housing

³⁵ The report notes that while the PIT counts can provide insight into homelessness in New Bedford, it is important to recognize the limitations and variations of each count, including weather conditions, volunteer capacity, and statistical relevance.

³⁶ An emergency shelter is typically defined as temporary shelter for the general homeless population or specific subpopulation, such as women with children.

plan that outlines actions the City is taking to stimulate new housing development, reactivate underutilized properties, and relieve housing instability and affordability concerns for City residents.”

Additionally, the housing plan cites an “infusion of new federal funding arising out of economic recovery and post-pandemic efforts,” that will enable the City to “allocate additional funds for rental assistance to help those at risk of homelessness to stay in their homes, and to help rapidly re-house those experiencing homelessness.” City leaders also plan to expand the maximum rental assistance cap per household and encourage rental assistance agencies to provide ongoing rental assistance rather than one-time support.

The private sector has recognized the housing shortage as well, with several multi-home developments planned or under construction in the downtown area and surrounding parts of the City. Nearly 150 units are in the pipeline, according to the plan, with the majority of those units having some form of income restriction.

The City’s housing plan recognizes this impact and notes how the public sector is providing strong support to private development. The housing plan states that the City, bolstered by funding from the American Rescue Plan Act and the HOME Investments Partnership Program, “has committed nearly \$12 million to close funding gaps and ensure these much-needed units are brought online. These funds are allocated to five projects, which will add a total of nearly \$75 million in new housing investment. Approximately 75% of the new units will be reserved for those making less than 60% of the area median income. These housing developments will increase residential density in downtown New Bedford and provide additional beneficial economic impacts while providing high quality affordable housing. Together these projects represent the largest investment and most significant development of housing in New Bedford in many years.”

8 HEALTH THEME 4: HEALTH AND WELLNESS

As demonstrated in Section 3, there are areas of New Bedford that exhibit socioeconomic inequities. Comments gleaned from interviews and surveys highlight the day-to-day challenges faced by residents. For many, health and wellness fit within a larger framework of obligations and are impacted by challenges related to housing, finances, childcare, transportation, employment, immigration status, and safety. Challenges in these areas serve as a barrier to maintaining one’s overall health and to adopting healthy habits that help prevent or manage chronic disease. Health and social service providers are particularly concerned that many New Bedford residents do not regularly engage in the health care system, particularly in terms of primary and preventive care.

Consequently, the following health outcomes related to wellness and chronic disease are generally poor when compared to state and national averages. Improving upon these health trends will require more than just offering treatment and preventive care; it will also require addressing the social environment that contributes to health inequities. As one stakeholder noted, “It is difficult to change people’s behaviors that they grew up with.” Another noted, “We need more folks trained in educating people and coaching people on how to make lifestyle changes before they get sick. Those options are not available, and people are frustrated and getting sicker.”

Key takeaways:

- Smoking prevalence remains high; 22.4% in New Bedford, compared to 12.0% in Massachusetts and 16.0% for the country, as a whole.
- Stakeholders caution that alcohol abuse is a significant concern; 69% of HSSP survey respondents rate alcohol use disorder as an “extremely concerning” issue.

- Several interviewees highlighted the lack of nutrition education in local schools. Further, there is a disconnect between community members and health providers, regarding nutrition. Only 18% of community survey respondents reported poor nutrition and eating habits as one of the top five health concerns, while 57% of HSSP survey respondents are “extremely concerned” about nutrition.
- Forty-nine percent (49%) of HSSP survey respondents rank food insecurity as the fourth-most-concerning issue among the community they serve.
- Health providers caution that while educating residents on the importance of being healthy and ways to achieve good health, it is equally necessary to dismantle barriers that prevent many people from accessing the supports and resources necessary to be healthy.
- Mortality rates in New Bedford have remained relatively stable over the past 20 years, although with an increase in 2019 and 2020, with the COVID-19 pandemic contributing to a large portion of deaths in 2020.
- Mortality rates related to cancer and heart disease in New Bedford have declined since 2001, with heart disease dropping to the second-leading cause of death starting in 2011-2015.
- Heart disease remains the leading cause of death for Black, non-Hispanic & Other, non-Hispanic residents.
- Chronic liver disease and homicide are two causes of death in New Bedford that rank among Hispanic residents but do not appear among the top ten leading causes of death for White, non-Hispanic, and Black, non-Hispanic & Other, non-Hispanic residents.

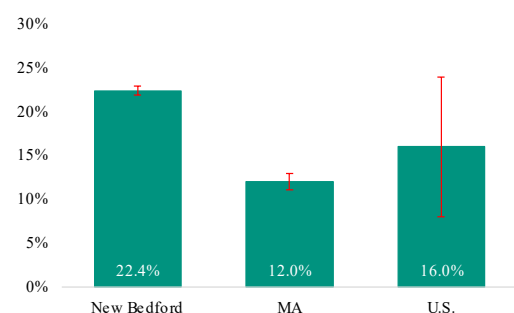
HEALTH BEHAVIORS

Health-related behaviors are the actions that impact one’s health or mortality. Negative health behaviors often result in negative health outcomes. For example, tobacco use, a sedentary lifestyle, and poor nutrition are contributors to preventable chronic diseases such as diabetes, cancer, heart disease, and lung disease. While some chronic conditions are a result of behavior or genetic predispositions, social and environmental factors can also elevate the risk of contracting chronic diseases.

SMOKING PREVALENCE

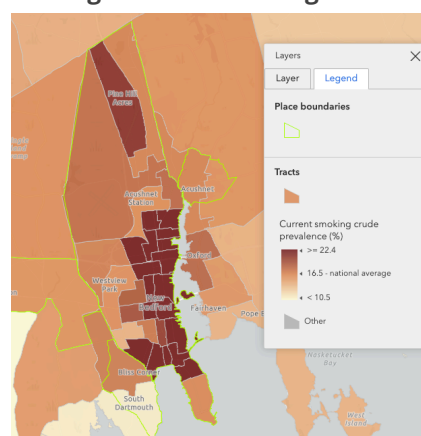
Smoking prevalence in New Bedford (22.4%) is higher than Massachusetts (12.0%) and the country as a whole (16.0%) (see Figure 31). As seen in Figure 27, smoking prevalence varies among New Bedford census tracts, with higher rates in the same communities that were identified as vulnerable populations in Figure 6 and as having lower household incomes in Figure 20. As one community leader noted, “Alcohol and cigarettes are issues that I feel we don’t speak enough about,” while another said, “Cigarette addiction is a big problem for both our older and newer immigrant populations and these habits are the cause of a lot of poor health outcomes.”

Figure 26. Self-Reported Smoking Prevalence, 2019



Source: CDC PLACES Project, 2019 crude prevalence for adults 18+; Red bars represent confidence interval

Figure 27. Smoking Prevalence in Regional Census Tracts

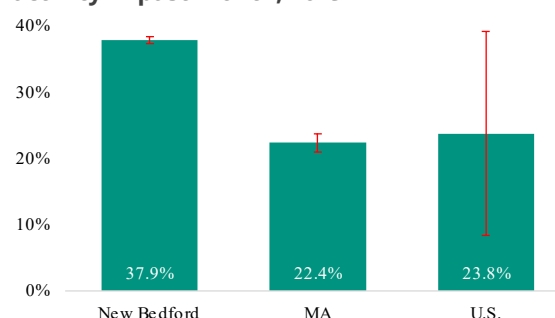


Source: CDC Places Project, 2021 crude prevalence for adults 18+

PHYSICAL ACTIVITY

According to 2019 CDC Places Project data, more than a third of New Bedford adults self-report that they are not physically active; 37.9% report they have not engaged in any form of leisure time physical activity in the past month, which is greater than both the statewide (22.4%) and national percentages (23.8%) (see Figure 28).

Figure 28. Self-reported no leisure-time physical activity in past month, 2019



Source: CDC PLACES Project, 2019 crude prevalence for adults 18+; Red bars represent confidence interval

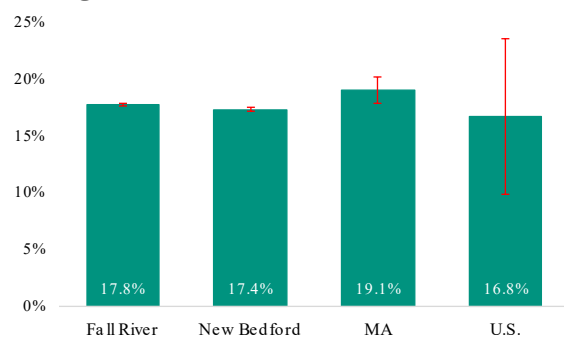
ALCOHOL CONSUMPTION

As noted earlier, stakeholders cautioned that the City's health and service providers must continue to focus on alcohol abuse; 69% of HSSP survey respondents rate alcohol use disorder as an "extremely concerning" issue. One survey respondent said: "People know they are not healthy, and they avoid going to the doctor's because they know they have issues, such as alcoholism. They don't want to hear what the doctor has to say... to be told they need to stop drinking."

The percentage of New Bedford adults (17.4%) who report binge drinking is below the statewide percentage of 19.1%, although within the margin of error (see Figure 29).³⁷

³⁷ Binge drinking, defined by the CDC as drinking five or more drinks on an occasion for adult men or four or more drinks on an occasion for adult women.

Figure 29. Self-reported binge drinking prevalence among adults, 2019



Source: CDC PLACES Project, 2019 crude prevalence

Red bars represent confidence interval

NUTRITION

It is nearly impossible to maintain good health without a nutritious diet, even with abundant exercise. Stakeholders reiterated that nutrition is a key prevention mechanism to addressing many of the City's comparatively poor chronic health outcomes. Despite its importance, several interviewees highlighted the lack of nutrition education in the schools, while others cited some of the obstacles that residents need to overcome to eat well. One interviewee noted, "The cost of eating healthy is an issue. Many community residents have a fixed income, so they sometimes have to get unhealthier food because of cost. Fast food is cheap and accessible."

There is certainly a disconnect regarding perceptions of nutrition between community members and health providers; only 18% of community survey respondents reported poor nutrition and eating habits as one of the top five health concerns, while 57% of HSSP survey respondents are "extremely concerned" with poor nutrition and eating habits in the community they serve.

The COVID-19 pandemic exacerbated issues related to nutrition. Community Resource Service Providers response included expanding upon food pantries, providing home delivery services, connecting farmers with food pantries, and expanding farmers market services. Some stakeholders cautioned that simply feeding residents is not sufficient; the quality and types of foods being offered should be addressed. For example, one survey comment noted that not all households have a stove to prepare meals and "some immigrant households don't know how to prepare the food we give them or have diets that are very different from what we offer." However, one community leader noted that, "The sad part is people in the city would rather get pastries and bread. I've brought salads and try to push salads, but some people don't like it." Nutrition is discussed further in the Food Insecurity section.

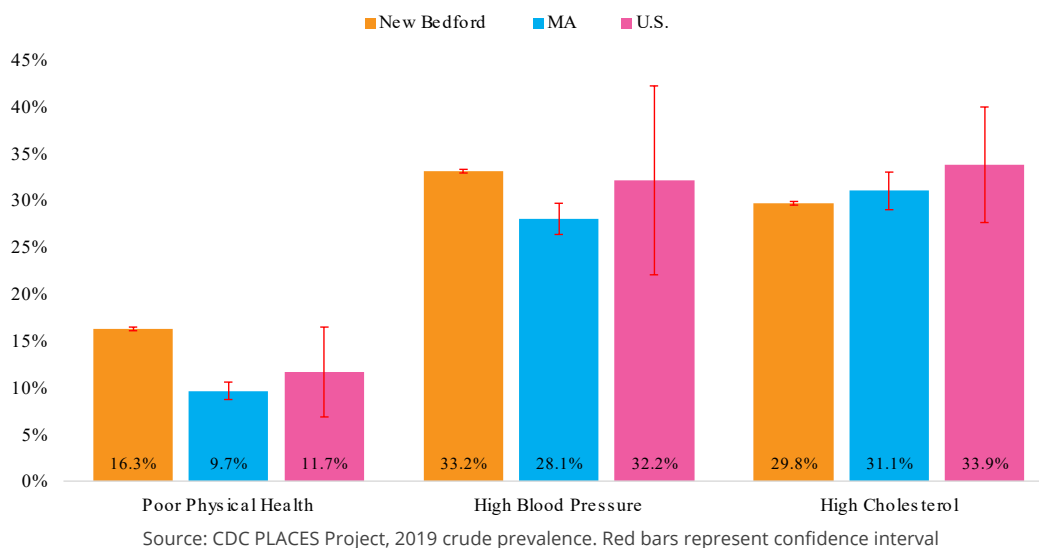
HEALTH OUTCOMES

Health outcomes are reflective of the social determinants of health, population attitudes, and health-related behaviors. Having considered the data presented regarding the prevalence of smoking, physical activity, alcohol consumption, and nutrition status of New Bedford residents, the population outcomes are not reflective of a healthy and thriving community. Health providers caution that while educating residents on the importance of being healthy and ways to achieve good health, it is equally necessary to dismantle barriers that prevent many people from accessing the supports and resources necessary to be healthy.

HEALTH CONDITIONS

Health conditions such as, high blood pressure and high cholesterol stems from negative health-related behaviors and contributes to poor physical health. As noted in Figure 39, a higher percent of New Bedford residents report experiencing more than fourteen days per year of poor physical health in comparison to the state and national averages. The percentage reporting high blood pressure is also higher than the state and national averages, while the percentage reporting high cholesterol is lower, although these results are within the margin of error (see Figure 3530).

Figure 3530. Self-Reported Health Conditions, 2019

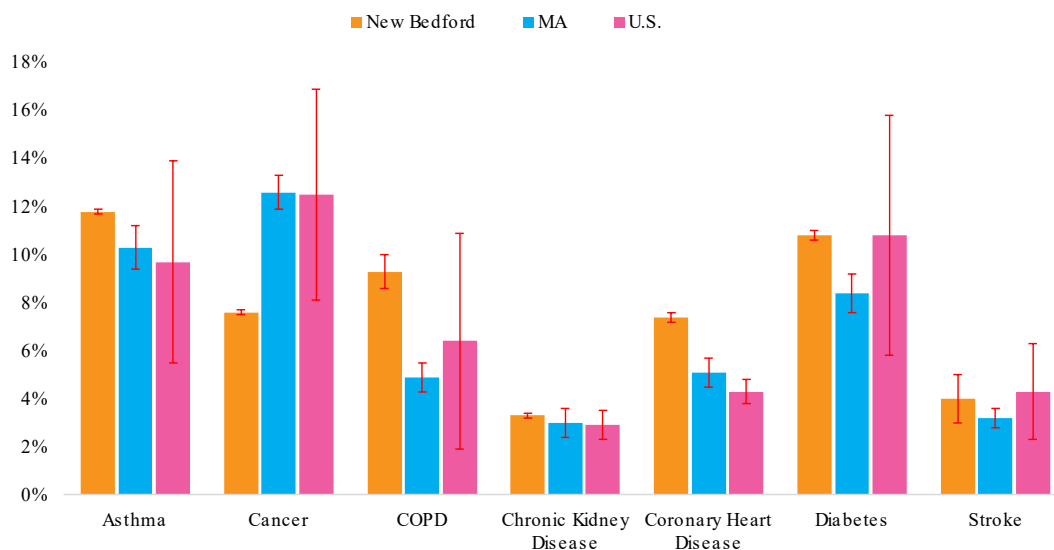


DISEASE PREVALENCE

Figure 36 compares disease prevalence for six types of diseases. In nearly each instance, the disease prevalence is higher for New Bedford in comparison to the state and national averages.³⁸ Higher disease prevalence can be linked to many of the health-related behaviors presented in the previous sections, including higher prevalence of smoking, lack of nutrition and exercise as well as, environmental factors. Given what we understand about the social determinants of health, it is not unexpected that overlap of health-related behaviors and socioeconomic inequities have resulted in a higher prevalence of chronic diseases in New Bedford relative to the state and the

nation. Again, these disparities speak not only to the need for preventive care and treatment of chronic diseases, but also the need to address the social determinants that contribute to health inequities.

Figure 36. Self-Reported Disease Prevalence, 2019



Source: CDC PLACES Project, 2019 Crude Prevalence. Red bars represent confidence interval

ADULT OBESITY

Obesity is closely related to many other chronic diseases such as heart disease, type 2 diabetes, hypertension, and some cancers.³⁹ Obesity rates are on the rise; the CDC estimates that from 1999–2000 through 2017–March 2020, U.S. obesity prevalence increased from 30.5% to 41.9%. During the same time, the prevalence of severe obesity increased from 4.7% to 9.2%.⁴⁰ Obesity affects some groups more than others; for example, non-Hispanic Black adults (49.6%) had the highest age-adjusted prevalence of obesity, followed by Hispanic adults (44.8%), non-Hispanic White adults (42.2%) and non-Hispanic Asian adults (17.4%). Alarming, the CDC estimates that 78.0% of people hospitalized for COVID-19 were overweight or obese.⁴¹

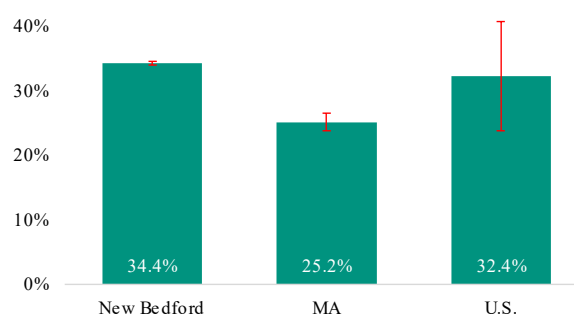
³⁹ The American Medical Association designated obesity a disease in 2013.

⁴⁰ <https://www.cdc.gov/nchs/nhanes/index.htm>

⁴¹ Kompaniyets L, Goodman AB, Belay B, et al. Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. MMWR Morb Mortal Wkly Rep 2021;70:355–361. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e4>external icon.

The self-reported obesity prevalence in New Bedford is higher than the statewide and national averages (34.4%-NB, 25.2%- MA, and 32.4%- US respectively) (see Figure 37). Twenty-eight percent of community survey respondents reported obesity/overweight as one of the top five health concerns, while 44% of HSSP survey respondents are “extremely concerned” with obesity issues in the community they serve.

Figure 37. Self-reported obesity among adults, 2019



Source: CDC PLACES Project, 2019 crude prevalence
Red bars represent confidence interval

NEONATAL HEALTH OUTCOMES

Levels of neonatal care and neonatal outcomes are less favorable in New Bedford in comparison to Massachusetts as a whole (see Table 13).

Table 13. Neonatal outcomes, 2010-2020

	Adequate Prenatal Care		Low Birthweight (<2,500 g)		Gestational Diabetes	
	2010	2020	2010	2020	2010	2020
New Bedford	86.8%	79.0%	7.6%	11.8%	4.9%	9.4%
Massachusetts	81.1%	76.6%	7.8%	7.4%	4.7%	7.9%

Source: Massachusetts Birth Report, 2010 and 2020

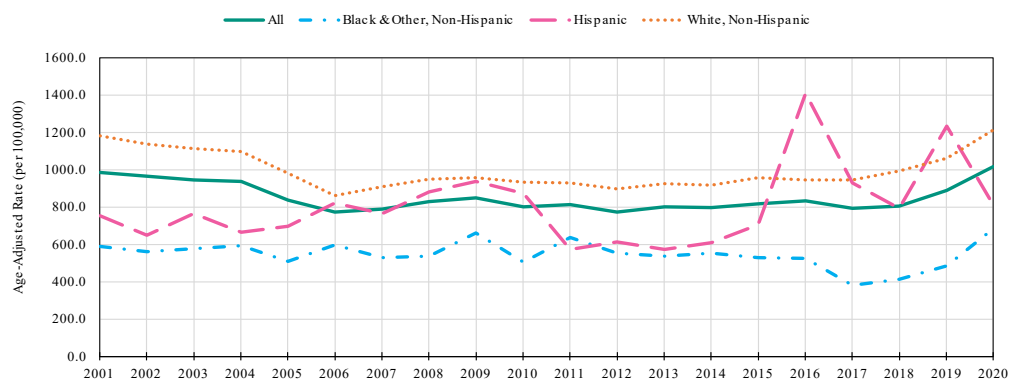
MORTALITY RATES

The New Bedford Health Department produced the following mortality analysis by examining twenty years of death records for New Bedford residents. The data was obtained from the Massachusetts Department of Public Health's Registry of Vital Records and Statistics.

AGE-ADJUSTED MORTALITY RATE BY RACE/ETHNICITY

Mortality rates overall in New Bedford have remained relatively stable over the past twenty years, although with an increase in 2019 and 2020, with the COVID-19 pandemic contributing to a large portion of deaths in 2020 (see Figure 38). The mortality rate among White, non-Hispanic residents closely mirrors that of the overall rate as they represent the vast majority of deaths. The Hispanic, Black and Other, non-Hispanic residents represent a smaller proportion of deaths, making their mortality rates subject to more variability overtime.

Figure 38. Leading Causes of Death and Age-Adjusted Rates¹ by Race/Ethnicity², New Bedford: 2001- 2020

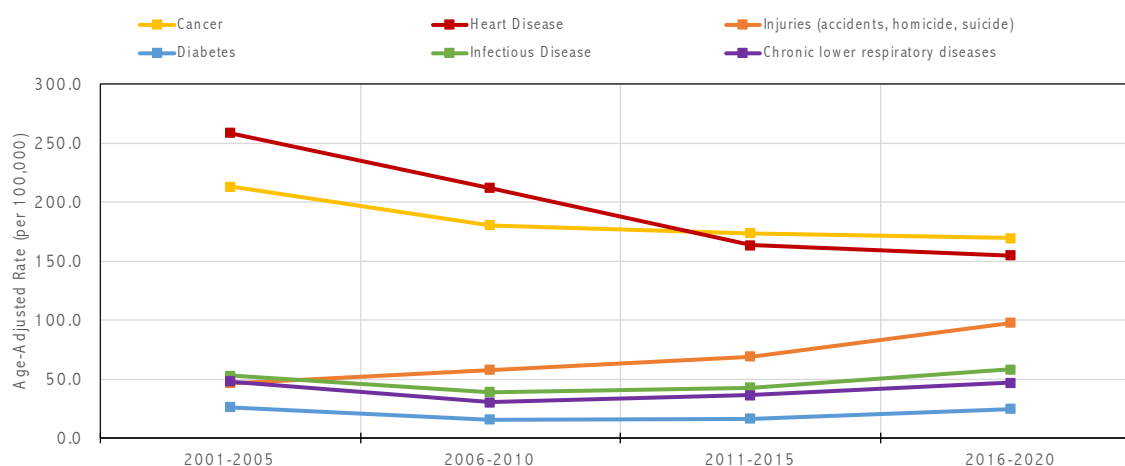


1. Rate calculations are based on resident population estimates from American Community Survey (ACS 5 Year Estimates) 2010 - 2020 and are age-adjusted per 100,000 residents using the 2000 US standard population. 2. Race and ethnicity represent mutually exclusive categories with Black/African American, Asian/Pacific Islander, American Indian, and Other, non-Hispanic numbers combined into "Black & Other, Non-Hispanic" due to small sample sizes for these populations.

AGE-ADJUSTED MORTALITY RATE BY CAUSE OF DEATH

New Bedford's mortality rates related to cancer and heart disease have declined since 2001, with heart disease dropping to the second-leading cause of death beginning in 2011-2015. There has been a continued increase in deaths related to injuries, which includes but is not limited to accidents, overdoses, homicides, and suicides (see Figure 39).

Figure 39. Age-Adjusted Rates¹ by Cause of Death² among All New Bedford Residents: 2001 - 2020



1. Rate calculations are based on resident population estimates from American Community Survey (ACS 5 Year Estimates) 2010 - 2020 and are age-adjusted per 100,000 residents using the 2000 US standard population. 2. Cause of death is based on the disease or injury that initiated the events leading to an individual's death or the circumstances resulting in death. These data are categorized according to ICD-10 codes identified by the National Center for Health Statistics (NCHS) for cause-of-death ranking.

CURRENT STATE OF MORTALITY AMONG NEW BEDFORD RESIDENTS: 2016-2020

A more in-depth review of deaths from the most recent five years (2016—2020) highlights the differences in leading causes of death by race/ethnicity to better understand the conditions with the greatest adverse impacts among New Bedford residents (see Table 14).

The top four leading causes of death for all New Bedford residents are the same as those identified in the Massachusetts Death 2019 report; however, the age-adjusted rates for each condition are higher among New Bedford residents compared to Massachusetts overall – cancer (MA = 139.5), heart disease (MA = 126.9), unintentional injuries (MA = 53.7), and chronic lower respiratory diseases (MA = 31.2). Unfortunately, a 2020 death report from Massachusetts was unavailable during the development of this report so we are unable to compare the impact of COVID-19 at the state level, but it is important to note that COVID-19 was a leading cause of death for all race/ethnicities in New Bedford even though it only impacts one year of this five-year review. Additional differences noted by race/ethnicity include:

- Heart disease remains the leading cause of death for Black and Other, non-Hispanic residents.
- Unintentional injury is the second-leading cause of death among Hispanic residents in New Bedford, whereas it ranks third for White, non-Hispanic, and Black and Other, non-Hispanic residents. This trend is mirrored in the Massachusetts Death 2019 report.

- Diabetes is the fourth-leading cause of death among New Bedford Hispanic residents but is the eighth cause for White, non-Hispanic, and Black and Other, non-Hispanic residents.
- Chronic liver disease and homicide are two causes of death in New Bedford that rank among Hispanic residents but do not appear among the top ten leading causes of death for White, non-Hispanic, and Black and Other, non-Hispanic residents for that city.

**Table 14. Leading Causes of Death¹ and Age-Adjusted Rates² by Race/Ethnicity³,
New Bedford: 2016 - 2020**

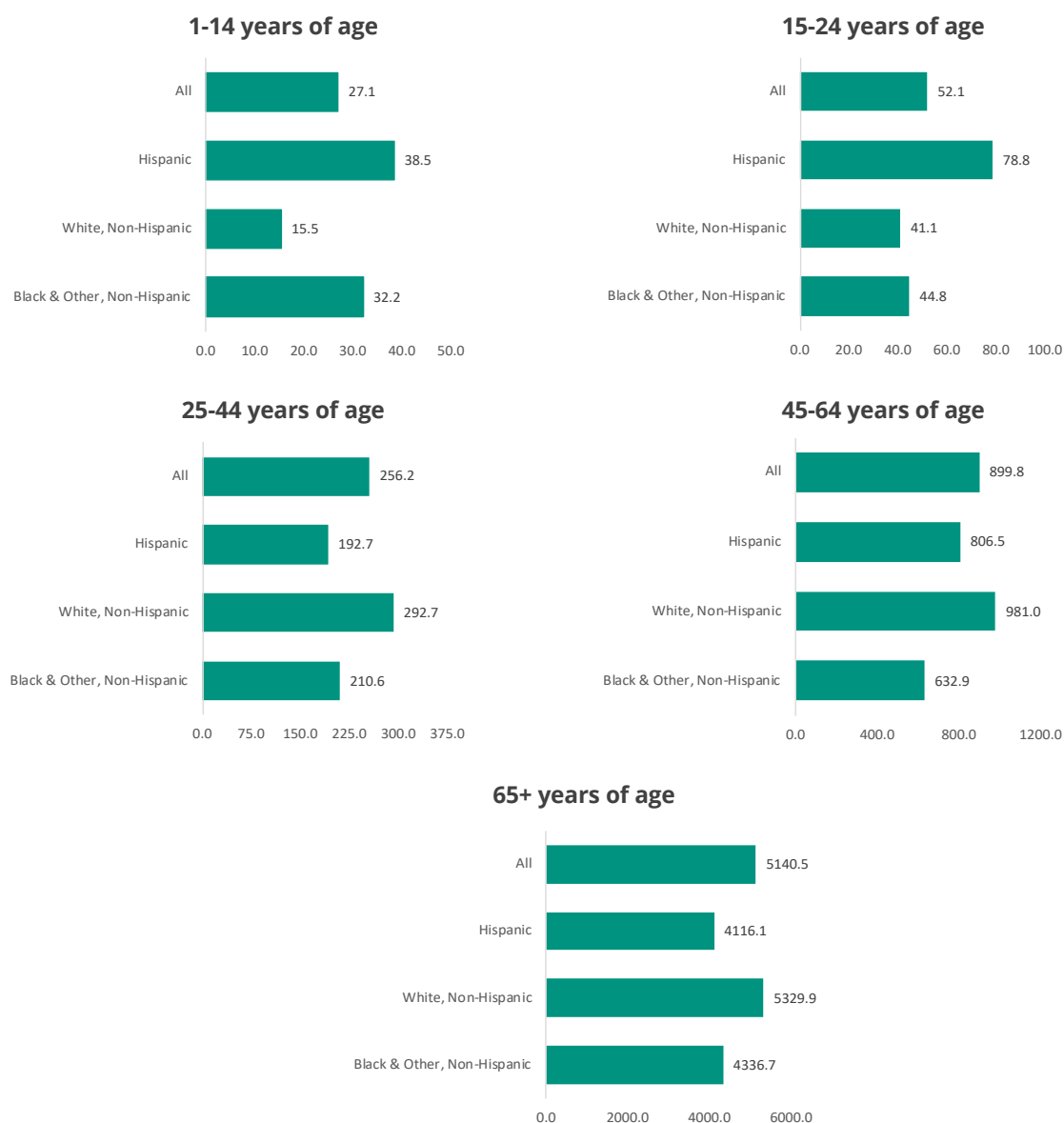
All Residents			White, Non-Hispanic		
Cause	#	Rate	Cause	#	Rate
Cancer	971	169.6	Cancer	801	203.7
Heart Disease	964	155.1	Heart Disease	795	184.3
Unintentional Injuries	410	84.9	Unintentional Injuries	300	98.1
Diseases	279	46.9	Diseases	245	60.4
Alzheimer's Disease	201	27.3	Alzheimer's Disease	177	33.3
Stroke	164	26.0	Stroke	124	28.3
COVID-19	155	25.4	COVID-19	124	28.5
Diabetes	147	24.8	Diabetes	118	29.5
Influenza & Pneumonia	124	19.8	Influenza & Pneumonia	104	23.5
Nephritis	113	18.1	Nephritis	89	20.1
Black & Other, Non-Hispanic			Hispanic		
Cause	#	Rate	Cause	#	Rate
Heart Disease	119	94.5	Cancer	63	208.5
Cancer	107	94.1	Unintentional Injuries	55	53.8
Unintentional Injuries	55	60.4	Heart Disease	49	188.6
Stroke	27	20.9	Diabetes	15	32.2
Chronic Lower Respiratory Disease	26	21.1	COVID-19	14	42.3
Alzheimer's Disease	19	13.5	Stroke	13	44.8
COVID-19	17	13.6	Nephritis	12	38.3
Diabetes	14	11.5	Chronic Liver Disease	11	19.1
Influenza & Pneumonia	14	12.2	Homicide	10	9.2
Nephritis	12	8.9	Chronic Lower Respiratory Disease:	8	8.0

1. Cause of death is based on the disease or injury that initiated the events leading to an individual's death or the circumstances resulting in death. These data are categorized according to ICD-10 codes identified by the National Center for Health Statistics (NCHS) for cause-of-death ranking. Rankings are based on the overall number of deaths for each category. 2. Rate calculations are based on resident population estimates from American Community Survey (ACS 5 Year Estimates) 2016 - 2020 and are age-adjusted per 100,000 residents using the 2000 US standard population. 3. Race and ethnicity represent mutually exclusive categories with Black/African American, Asian/Pacific Islander, American Indian, and Other, non-Hispanic numbers combined into "Black & Other, Non-Hispanic" due to small sample sizes for these populations. Note: Rates for Black & Other, Non-Hispanic, and Hispanic population are unstable due to small sample sizes available among these populations.

AGE-SPECIFIC DEATH RATES

Demonstrated in Figure 40, the age-specific death rate for New Bedford residents increases as the age cohorts increase, as older individuals are more likely to develop one or more chronic conditions and ultimately succumb to these conditions. The figures below highlight the racial/ethnic disparity in deaths for younger individuals in the 1-14- and 15-24-year-old cohorts. Hispanic, Black and Other, non-Hispanic residents aged 1-14 years have more than twice the death rate compared to White, non-Hispanic residents 1-14 years old. Furthermore, New Bedford Hispanic residents aged 15-24 have nearly twice the death rate compared to White, non-Hispanic, Black and Other, non-Hispanic residents.

Figure 4031. Age-Specific Death Rate¹ by Race/Ethnicity², New Bedford: 2016 – 2020

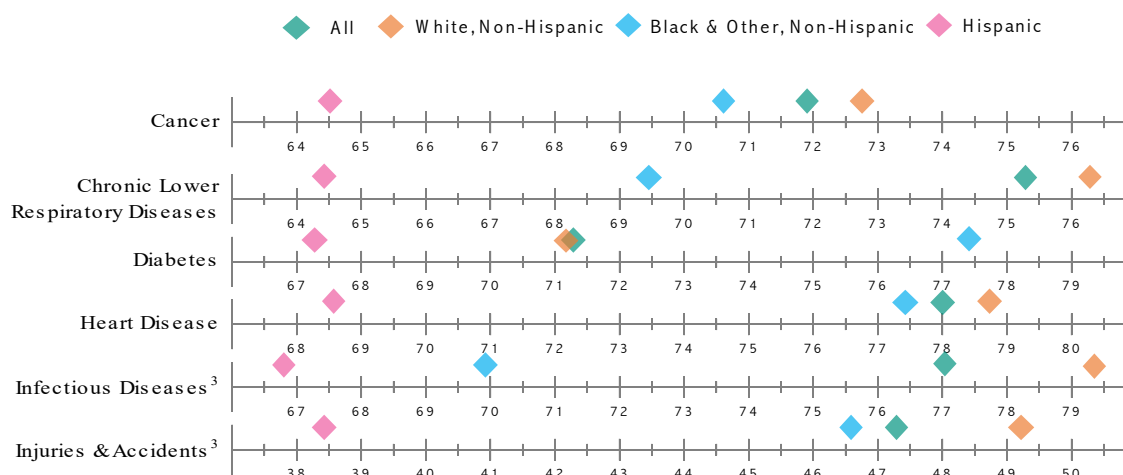


1. Rate calculations are based number of deaths per 100,000 in each age group using population estimate from American Community Survey (ACS 5 Year Estimates) 2016 - 2020. 3. Race and ethnicity represent mutually exclusive categories with Black/African American, Asian/Pacific Islander, American Indian, and Other, non-Hispanic numbers combined into "Black & Other, Non-Hispanic" due to small sample sizes for these populations. Note: Rates for Black & Other, Non-Hispanic, and Hispanic population are unstable due to small sample sizes available among these populations.

AVERAGE AGE AT TIME OF DEATH

A review of the average age at time of death for some of the top leading causes of death provides insight in where preventive services such as education, access to care, and care management may be lacking for different communities (see Figure 413241). In almost all instances, Hispanic, Black and Other non-Hispanic residents are succumbing to these causes at a much younger age compared to White, non-Hispanic residents.

Figure 4132. Average Age¹ at Time of Death by Cause² Stratified by Race/Ethnicity³, New Bedford: 2016 – 2020



1. The average age of the denoted population with a given condition at time of death. 2. Infectious Disease combines all cause of death categories associated with an infectious disease. Injuries & Accidents combines all cause of death categories attributed to injuries, accidents, overdoses, homicides, and suicides. 3. Race and ethnicity represent mutually exclusive categories with Black/African American, Asian/Pacific Islander, American Indian, and Other, non-Hispanic numbers combined into "Black & Other, Non-Hispanic" due to small sample sizes for these populations.

FOOD SECURITY

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.⁴² The USDA estimates that in 2021, 33.8 million Americans lived in food insecure households and 8.6 million adults lived in households with very low food security.⁴³ These rates are higher for people of African American or Hispanic descent.

People who are food insecure are at an increased risk for a variety of negative health outcomes, including obesity and other chronic diseases. Food insecurity often overlaps with many of the social determinants of health discussed throughout this report such as income, housing, race, and education. Consequently, strategies to address food insecurity must be undertaken in a social determinant context.

While food insecurity is closely linked to poverty, people above the poverty line can also experience food insecurity, which was especially evident during the COVID-19 pandemic. HSSP survey respondents rank food

⁴² US Department of Agriculture, (2019). Definitions of Food Security. Available online at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

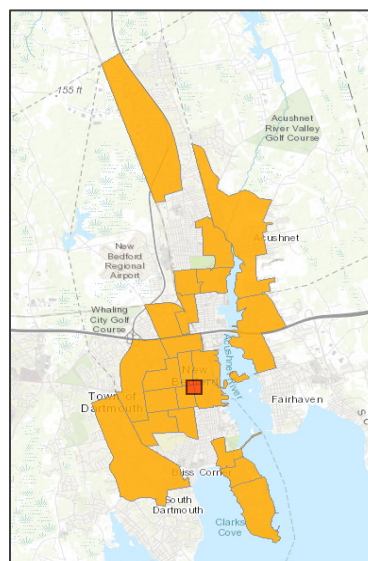
⁴³ Coleman-Jensen, A., et al. (2019). Household Food Security in the United States in 2018. U.S. Department of Agriculture Economic Research Service. Available online at: <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963.1>

insecurity as the fourth “most concerning issue” (49%) among the community they serve, while 12% of community survey respondents ranked food insecurity as one of the five most important health themes.

FOOD ACCESS

Interviews and survey respondents reveal that a major issue related to food insecurity is access to affordable high-quality foods. Highlighted areas in Figure 4233 display the City’s low-income census tracts, where a significant share of residents are more than ½ mile (urban) or 10 miles (rural) from the nearest supermarket. Instead, these areas tend to have more convenience stores, which generally offer more expensive and unhealthy food options. One community leader noted, “Many residents, particularly among the immigrant community, live in areas with no access to a supermarket, so they use the local corner stores with less selection of healthy foods with lack of fresh vegetables and fruits.” Even with public transportation, one client commented that, “taking two buses in the rain and handling heavy bags full of food is not feasible for most of our elderly clients.”

Figure 4233. Low Income, Low Access Food Areas in New Bedford, 2019

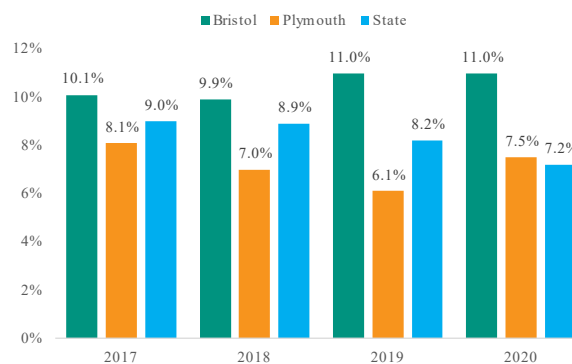


Source: US Department of Agriculture, Economic Research Service

FOOD INSECURITY

In 2019, an estimated 566,930 Massachusetts residents were food insecure, or about 1 in 12. This number increased by an estimated 47.1% to 834,100 residents during the COVID-19 pandemic, including over 214,000 children. In the height of the pandemic, the Census Bureau Household Pulse Survey noted that 19.6% of Massachusetts households were unsure of where they would get their next meal.⁴⁴ Bristol County, which includes New Bedford, has one of the highest percentages of food insecurity among the state’s 14 counties; an estimated 11.0% of residents were food insecure in 2020 (see Figure 4334).

Figure 4334. Percentage of Persons in Food Insecure Households by SEMass Counties and State



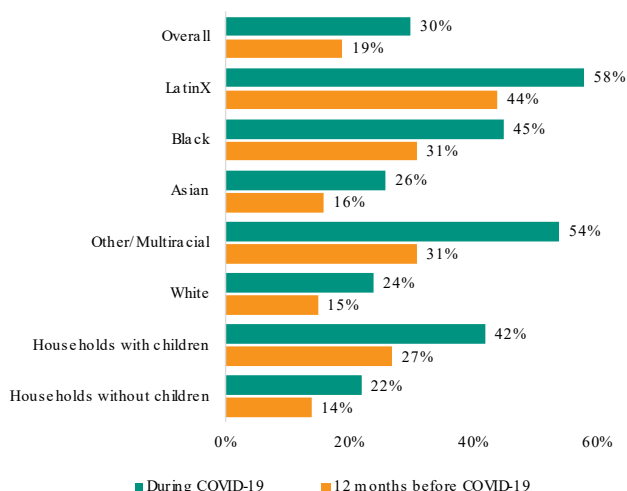
Source: Feeding America⁴⁵

⁴⁴ Household Pulse Survey Public Use File. <https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html>. Accessed July 15, 2021.

⁴⁵ Gundersen, C., M. Hake, A. Dewey, E. Engelhard (2021). The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, Update March 2021 [Data file and FAQ]. Available from feedingamerica.org/.

Food insecurity is not experienced by all groups equally. A survey conducted by The Greater Boston Food Bank in 2021 estimated that food insecurity rates among adults during the pandemic were highest among people of color and adults with children: 58% of Latinx adults, 45% of Black adults, and 26% of Asian adults. This compares to 24% of White adults (see Figure 443544).⁴⁶ Among households with children, 42% reported being food insecure. Bristol County exhibits a similar pattern; nearly twice the percentage of Black and Hispanic residents were food insecure in 2020 in both counties and statewide (see Table 15).

Figure 4435. Food Insecurity Rates among Massachusetts Adults



Source: The Greater Boston Food Bank

Table 15. Percentage of Persons in Food Insecure Households by Race/Ethnicity

Bristol County	2019	2020
All Residents	11.0%	11.0%
Black/African American	19.0%	21.0%
Hispanic	20.0%	21.0%
Plymouth County		
All Residents	6.1%	7.5%
Black/African American	16.0%	17.0%
Hispanic	14.0%	16.0%
Massachusetts		
All Residents	8.2%	7.2%
Black/African American	18.0%	20.0%
Hispanic	17.0%	19.0%

Source: Feeding America.⁴⁷ Data for 2017 & 2018 not available due to small sample size.

FOOD ACCESS RESOURCES

There are numerous food pantries, soup kitchens, and mobile markets that operate in the South Coast. These organizations ramped up during the COVID-19 pandemic to meet the increased need and continued to serve a variety of foods, from drive-thru prepackaged groceries and brown bag lunches to full frozen or prepared meals. Key informants praised the ability of various organizations to marshal resources during the pandemic as well as the degree to which food scarcity became a primary focus. Community leaders noted the positive energy devoted to feeding residents during the pandemic, while one interviewee noted that the hours for some of the current pantries make it difficult for some working families to access these resources.

In terms of impact, there is not a single database that tracks the number of meals and people served. The Southcoast Food Policy Council (SFPC), a project of the Marion Institute, represents a coalition of nearly 300 stakeholders, including food producers, consumers, government representatives, public and private institutions, local industry, foundations, and social service agencies in southeastern Massachusetts. As part of its 2021 regional food assessment, SFPC documented the collective impact of its members and partners from March 2020 to March 2021.⁴⁸ Importantly, this data represents only a portion of the collective organizational effort of SFPC

⁴⁶ The Greater Boston Food Bank. May 2021. Gaps in Food Access During the COVID-19 Pandemic in Massachusetts. Boston, MA.

⁴⁷ Gundersen, C., M. Hake, A. Dewey, E. Engelhard (2021). The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, Update March 2021 [Data file and FAQ]. Available from feedingamerica.org/.

⁴⁸ *Southeastern Massachusetts Food Assessment 2021*. Supplemental Food Providers Survey. Marion Institute Southcoast Food Policy Council. Survey conducted May through July, 2020.

members and partners from March 2020 to March 2021. Thus, the actual impact is higher than what is reported here (see Figure 453645).

Figure 4536. Collective Organizational Effort of Southcoast Food Policy Council Members and Partners from March 2020 to March 2021



Source: Southcoast Food Policy Council

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The federally funded Supplemental Nutrition Assistance Program (SNAP) is the most utilized nutrition assistance program in the nation and provides low-income households funds to purchase food. In New Bedford, 34,963 residents received SNAP benefits in July 2022, which is an increase of 21.9% from February 2020 (pre-pandemic). In fact, the number of SNAP recipients increased by 8.5% in just two months from before the pandemic (February 2020) to the time when many of the COVID-19 related restrictions were in place in April 2020 (see Table 16).

Table 16. Recipients Receiving SNAP Benefits

Community	February 2020	April 2020	July 2022	Increase Feb 20 - April 20	Increase Feb 20 - Jul 22
New Bedford	28,693	31,143	34,963	8.5%	21.9%
Massachusetts	786,749	860,204	982,480	9.3%	24.9%

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

SNAP GAP

The SNAP Gap is defined as the difference between the number of low-income Massachusetts residents receiving MassHealth who are likely SNAP eligible and the number of people receiving SNAP. Despite the significant number of residents utilizing SNAP, it is estimated that over 650,000 Massachusetts residents are likely eligible for SNAP benefits but are not enrolled. A survey conducted by the MassINC Polling Group of over 10,000 K-12

parents and guardians in selected Massachusetts public school districts, including New Bedford, concluded that under half of respondents making \$25,000 or less — most of whom likely qualified for SNAP – received SNAP benefits during the pandemic. In addition, 53.0% of households making less than \$15,000, and 43.0% of households making between \$15,000 and \$25,000, reported not knowing how to apply for SNAP.⁴⁹

Table 17 displays New Bedford's SNAP Gap. It is estimated that 17,851 residents in New Bedford are potentially eligible for SNAP benefits but are not enrolled.

Table 17. New Bedford SNAP GAP

Community	# Eligible	# Enrolled	SNAP Gap	SNAP Gap %
New Bedford	49,769	31,918	17,851	35.9%
Massachusetts	1,606,196	900,772	705,424	44.0%

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

ASSETS AND ACTIVATORS: PUBLIC HEALTH PARTNERSHIPS, REGIONAL SHARED SERVICES, BUILT ENVIRONMENT AND WALKABILITY

Public health partners in New Bedford and across southeastern Massachusetts are increasingly collaborating and pooling resources to better address the region's health and wellness challenges related to chronic disease, nutrition, food security, and health-related behaviors.

Community health workers at the New Bedford Health Department, for example, have been trained in supporting dual enrollment for MassHealth and SNAP benefits, to help close the SNAP Gap. These practices can be shared with regional CHWs through the growing Southeast United Network of Community Health Workers.

The New Bedford Health Department also is implementing a state-funded grant, known as MassCALL 3, to prevent or reduce instances involving “substances of first use” – such as alcohol, tobacco, or marijuana, which can be precursors to the use of other addictive and harmful substances. The Health Department works closely with New Bedford Public Schools to collect and analyze annual student health data to inform programs related to high-risk health behaviors. For businesses, the City has one of the strictest tobacco compliance policies in the state, particularly regarding penalties for sale of illegal tobacco products and sales to minors.

Regarding nutrition, food security and access to healthy foods, regional grassroots nonprofit Groundwork Southcoast is working with the New Bedford Department of Parks, Recreation and Beaches to offer free garden beds for low-income populations in underserved parts of the city, and to raise awareness about food choices.

The City of New Bedford is striving to become a more walkable city, as evidenced by construction of amenities in recent years such as the Cove Walk and Harbor Walk as well as, plans for extension of waterside walking and biking paths along the Acushnet River into the City's North End.

All of these are incremental steps, but the collaborative trend among social service, public health, and wellness organizations across the region bodes well for increased outreach, resources, and equitable access to care.

⁴⁹ MassINC Polling Group. July 2021. Lessons from P-EBT to increase SNAP access A survey of public-school parents in targeted Mass. Boston, MA.

9 HEALTH THEME 5: HEALTH CARE ACCESS

People who do not have access to health care are at a greater risk of having negative health outcomes. This includes access to a wide variety of health services such as preventive care, mental health services, and emergency services. Regular access to health services is essential in managing health conditions, preventing new conditions from arising, and promoting and maintaining overall good health.

Stakeholders expressed that there is a racial and ethnic health gap that continues to afflict New Bedford. This gap is related to a myriad of access issues such as health literacy, insurance coverage and cost, transportation, and the need for more culturally competent care. Stakeholders were clear that equity and access issues prevalent in the health care system intensified due to the pandemic. As one community leader explained, "COVID shed light on disparities we already knew existed."

Key takeaways:

- Results of the community survey show that long wait times for appointments (55%), lack of awareness of available services (55%), and lack of evening and weekend hours (45%) are the most significant obstacles that prevent individuals from obtaining health services. Conversely, providers are more concerned with issues related to mental health services and cost.
- There were a number of open-ended comments related to a lack of knowledge about available services. Many suggested more materials are needed in Spanish, including billboards.
- Although most residents have insurance, there are extreme differences in terms of value, coverage, and cost. These factors, in turn, partly affect the degree to which residents will access the health care system, particularly as it relates to preventive care.
- More so than in similar assessments, survey respondents and community leaders note that obtaining dental insurance is difficult. As one stakeholder noted, "Even for those that have it, the coverage is either poor, expensive, or both. It certainly doesn't encourage people to visit the dentist."
- Several stakeholders note a constant struggle in community health is the ability of the health care system to effectively connect and serve certain populations with low health literacy, especially since these populations are the ones most likely to need the services.
- Even for those who have health insurance and are not overwhelmed by its cost, out-of-pocket expenses, finding a primary care physician, and navigating the system can be difficult, especially for non-English speakers.
- Stakeholders note that providing culturally competent care will result in more people seeking care when they need it and the care itself will be more effective. This is particularly important as the City becomes increasingly diverse.
- Transportation continues to be one of the top health access issues. Key informants note that many of their clients often cannot get to appointments even when they have the desire to seek out preventive care or when they require treatment for various health conditions.
- Members of new immigrant populations often do not access the health system due to fear related to their immigration status.

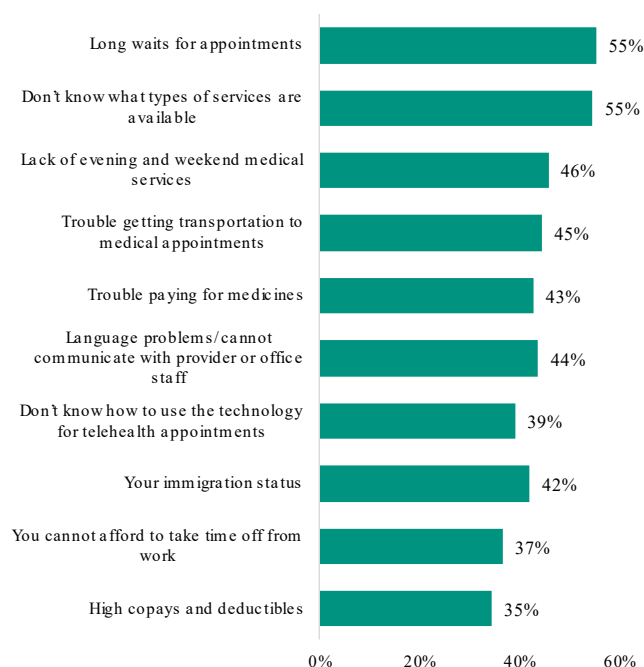
PRIMARY OBSTACLES TO OBTAINING HEALTH SERVICES

The community survey asked respondents to rank the obstacles that might prevent them from obtaining health services. The top responses are primarily related to time: long wait times for appointments (55%), don't know

what types of services are available (55%), and lack of evening and weekend medical services (45%) (see Figure 46). Conversely, providers are more concerned with issues related to mental health services and cost (see Figure 47).⁵⁰

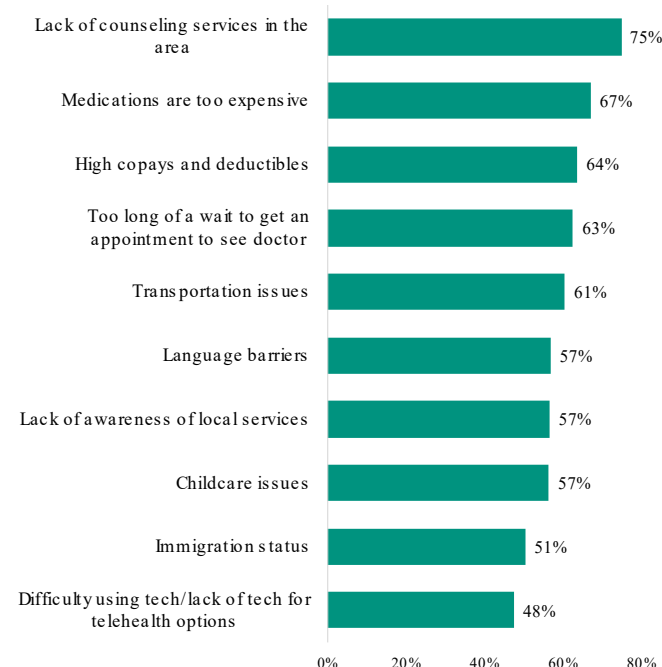
There were a surprising number of open-ended comments related to a lack of knowledge of what services are available. Many suggested more materials are needed in Spanish, including billboards. A community leader commented: “The work schedules of most of my clients don’t allow them to visit the doctor during the day. They don’t work the kinds of jobs where you can just take time off. If they take time off they don’t get paid.” Another noted, referencing New Bedford’s Guatemalan population: “Many people are supporting other households in their country, and they tend to overwork for those reasons. They get sick but don’t have the time to take care of themselves.”

Figure 46. Please check the issues below that make it difficult for you to get the health care you need.



Source: Community Survey, 2022

Figure 47. Regarding the existing obstacles to accessing health care among the community members you serve, please rank the following (percent “strong obstacle”).



Source: HSSP Survey, 2022

HEALTH LITERACY

Health literacy can be defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions, and services needed to prevent or treat illness.⁵¹ Health literacy is interconnected with the social determinants of health and low health literacy is more prevalent among the poor, minorities, seniors, those with a language barrier, and other

⁵⁰ The percentages in these tables are not comparable because the question was asked differently on each survey. The charts serve only to show the priority ranking of the two groups. A full list of responses can be found in appendix A and Appendix B.

⁵¹ See Health Resources & Services Administration. “Health Literacy.” Retrieved October 29, 2020 from: <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html>.

marginalized groups. Though health literacy is multifaceted, five issues came to the forefront during our research:

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

HEALTH INSURANCE

Most New Bedford residents have health insurance, although lack of health insurance is particularly prevalent among the undocumented. However, results of the community survey show that the cost makes it difficult to get the health care they need, including the cost of insurance, medication, and copays for those who have it. One health provider noted that, “There is a fear to visit the doctor at all because my clients don’t know what is covered and what is not, or what it will cost. They don’t want to take the chance of getting a high medical bill.”

Consequently, although most residents have insurance, there are extreme differences in terms of value, coverage, and cost. These factors partly affect the degree to which residents will access the health care system, particularly as it relates to preventive care. As one community leader noted, “In regard to the lack of insurance and services in the area, it is more difficult based on the type of insurance families have. If on MassHealth, the options are few.” Many respondents also noted in open-ended comments that obtaining dental insurance is difficult and among those who have it, the coverage is either poor, expensive, or both.

In addition, job losses during the pandemic left many workers without employer-sponsored health insurance, which left laid-off workers scrambling to find coverage during an extremely stressful period. The Commonwealth Fund estimates that about 42 percent of the establishments that laid off workers, as a result of the pandemic, continued to pay a portion of health insurance premiums for those workers, but this still resulted in a significant number of laid-off employees with no coverage.⁵²

As noted earlier, many New Bedford residents work lower-paid service jobs, where taking time off is not an option, even though many of these workers were deemed essential workers during the pandemic. One community member noted that one of the reasons that COVID rates were so high in New Bedford is that a significant portion of the workforce worked throughout the pandemic.

HEALTH EDUCATION

Stakeholders noted that there are two central pieces to the health education equation: learning how to be healthy in general (e.g., diet, exercise, preventive services) and knowing the resources that are available to achieve those goals (including enrolling for basic insurance). As one focus group member noted, “A patient needs to be aware of why it is important to eat well and exercise, but they also need information on the services available to help them become healthy. In addition, they need assistance in enrolling for insurance so they can access those services without paying out-of-pocket.” Similarly, another focus group member commented, “Health access and health literacy go hand in hand. You can’t access something if you don’t know it exists.” A key informant noted

⁵² The Commonwealth Fund. January 2021. *How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?* See: <https://www.commonwealthfund.org/blog/2021/update-how-many-americans-have-lost-jobs-employer-health-coverage-during-pandemic>. Accessed October 28, 2021.

that a constant struggle in community health is the ability of the health care system to effectively connect and serve certain populations with low health literacy, especially since these populations are the ones most likely to need the services.

Several community leaders also made the point that nutrition education in the community is lacking, and that a basic understanding of nutrition is missing in their clients. As one community leader noted, “If we take a look at the first-generation, immigrant, older population, Cape Verdean and Portuguese, they had good health habits. They had gardens and grew their food; they grew up eating meals cooked at home; they exercised by doing physical work. In the old days going to a fast-food restaurant was a treat only a few times a month. Our community is so Americanized that we lost those habits.”

NAVIGATING THE SYSTEM

Even for those who have health insurance and are not overwhelmed by its cost, paying out-of-pocket expenses, finding a primary care physician, and navigating the system can be difficult. Above all, 55% of community survey respondents reported that they do not know what services are available, so even entering the system is difficult. As one stakeholder pointed out, “We complain that our clients don’t have a PCP, yet we don’t help them with how to do that. We need to do more outreach to get families connected with PCPs.” Another noted, “Something that may seem simple, such as obtaining a referral, can be a struggle for someone not familiar with the system or who speaks another language.”

Telehealth is also becoming more prevalent since the pandemic and focus group members noted that this can be particularly difficult for those who are not tech-savvy (particularly seniors) and for those who don’t have access to technology (e.g., a laptop or smartphone) or broadband. As one community leader noted: “Many of my elderly clients are not good with technology and don’t have the means or ability to attend telehealth appointments.”

CULTURALLY COMPETENT CARE

Cultural competence is generally defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.⁵³ Culturally competent care requires an awareness and knowledge of the issues specific to underserved populations and the ability to communicate in a way that is appropriate and effective. Properly delivered, culturally competent care results in more people seeking care when they need it and the care itself being more effective. This is particularly important as New Bedford becomes increasingly diverse.

Examples of culturally competent care include offering health materials in multiple languages, providing interpreter services, improving knowledge among staff about the community they serve, recruiting and training diverse team members, and becoming more aware of the needs and challenges that patients face daily. As one community member noted: “There isn’t enough Spanish speaking clinicians to serve a growing non-English-speaking community.” Another commented: “Language barrier is the largest obstacle that we have. It’s critical to have people working for agencies speak other languages.”

Importantly, the diversity in a population extends beyond just race, ethnic background, and language. For example, the lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) community and the veteran community consist of a cross-cultural range of community members. The health care needs of these groups and

⁵³ Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund.

others require care and support that is compassionate and reflects an understanding of the unique challenges and needs of these groups. This often requires recruiting and training professionals with a variety of backgrounds or, at a minimum, training current staff to improve cultural awareness and skills. One survey respondent noted, “There is a lack of sensitivity by front office staff to mental health, language, and marginalized populations.”

TRANSPORTATION OPTIONS

Nearly one-in-five New Bedford adults do not have a vehicle.⁵⁴ As a result, individuals often cannot get to appointments even when they have the desire to seek out preventive care or treatment for health conditions. One survey respondent noted that, increasingly, “Services that used to be provided in the city have now moved to the suburbs. It’s nearly impossible for some patients to get to those places.”

Many rely on public transportation, but stakeholders note that public transportation is very inconvenient, especially since “many of the health care offices are outside the city; everything is out of town.” Another noted, “Transportation is a barrier to get to appointments. There’s no primary care in the North End. We came to realize the lack of resources in this area during the pandemic. The bus doesn’t run on Sunday, which is a big family visitor day at the hospital. Having to take two buses can be an obstacle.” Another concurred, commenting that, “Transportation is a huge issue. I will use the food as an example; access to healthy food, getting to a farmers market, our clients tend to use the stores that are around. In the old days we could access the bakery, the food market in your neighborhood, the library.”

ASSETS AND ACTIVATORS: STRENGTHENING COMMUNITY-BASED APPROACH TO OUTREACH AND HEALTH ACCESS

The COVID-19 pandemic heightened the importance of community and equity-based approaches to health care and public health, especially through community health workers (CHWs) who reach underserved groups.

CHWs were a vital resource for contact tracing, health education, and outreach during the pandemic, and their services continue to grow. CHWs employed with the New Bedford Health Department, for example, are instrumental in helping residents enroll in MassHealth and navigate the health care system.

The Southeast United Network of CHWs, or SUN, was formed as a result of the COVID-19 pandemic. SUN includes CHWs from regional hospitals, health centers, health departments, and public health partners such as the YWCA and PACE. SUN regularly meets as a group to discuss regional progress, share resources, and best practices.

New Bedford Public Schools also is a vital resource for health education and utilizes family engagement centers to support MassHealth enrollment for local families and connect people to services and care.

The pandemic has also increased partnerships among public health organizations in New Bedford, as resources and challenges shared during the pandemic brought agencies together in support of common goals.

⁵⁴ Source: Census ACS 2016-2020 estimates, Table S2504.

10 CONCLUSIONS

The tasks undertaken for this study show that New Bedford residents and providers remained concerned about many of the same health themes identified in similar assessments, including mental health, substance use disorder, and health access. In addition to these longstanding issues, the effects of the COVID-19 pandemic have exposed the degree to which many individuals and households are struggling to obtain basic necessities, as evidenced by housing and food insecurity becoming more prominent issues.

MENTAL HEALTH

Mental health will continue to be a priority as we emerge from the pandemic. Addressing the concerns cannot be done effectively until the capacity of the systems are increased, both in terms of the pipeline of mental health professionals and the facilities needed for treatment. Effectively addressing the shortage of mental health professionals will require state leaders and its largest health care providers to work in concert on the issue. A community leader noted, “The mental health system is not set up for success. There is such a high turnover with professionals and limited access. Efforts to strengthen this system would lead to relief in other areas.”

SUBSTANCE USE DISORDER

Substance use disorder continues to afflict New Bedford. Results from the focus groups and the key informant survey clearly show that the opioid crisis remains a top health concern, along with intertwined issues of mental health and housing. While much of the focus is on opioid abuse, stakeholders recognize that this extends beyond opioids to other narcotics and alcohol. In addition, stakeholders continue to recognize the ripple effect that the opioid crisis has on children and families. Parental opioid use disorder, in particular, has far-reaching effects on children. From the start of their lives, children with parents who have opioid use disorder are prone to poor birth outcomes due to prenatal opioid exposure, are more likely to accidentally ingest opioids at a young age, and may face daily trauma (e.g., neglect, abuse, domestic violence, parental incarceration) that puts them at higher risk of developing behavioral and psychosocial problems later in life.⁵⁵ Thus, treating individuals with substance use disorder is only part of the solution; strategies going forward must continue to take a holistic and social-ecological approach to addressing substance use disorder.

HOUSING

Surveys and interviews clearly indicate that attainable housing is a growing priority. Rent is increasing faster than wages and some long-time residents have few choices other than to double-up or rent substandard housing. Even then, housing advocates point out that many households will be priced out of New Bedford completely. There are many solutions that address the conditions created by the City’s housing gap, but housing attainability is an issue that will only truly be solved when the supply of housing, at rents affordable to working families, is increased.

WELLNESS AND CHRONIC DISEASE

⁵⁵ Normile, B.; Hanlon, C.; & Eichner, H. (2018). “State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis.” National Academy for State Health Policy. September 2018.

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

HEALTH ACCESS

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

GOING FORWARD

ADDRESSING THE COVID-19 PANDEMIC

The full effects of the COVID-19 pandemic on the health and wellness of New Bedford residents are yet to be understood. In one sense, the pandemic provided an opportunity for the City's health providers, advocates, and other stakeholders to break down walls and work cooperatively with focus and purpose. These collaborative efforts should be continued and expanded to address the priority health themes identified in this report.

ADDRESSING HISTORICALLY MARGINALIZED POPULATIONS

Health equity and the social determinants of health extend to other prevalent groups. Although not an inclusive list, stakeholders referred to a number of marginalized groups who would benefit from more inclusive approaches to delivering care and a more diverse health care workforce, including the LGBTQ+ community, the veteran community, those who are homeless, and the chronically ill and disabled. Although these groups are not homogenous and consist of community members with a range of races, ethnic backgrounds, and socioeconomic status, each has unique health care challenges and needs.

However, similar to other vulnerable populations, one primary commonality is that meeting the health care needs of these groups requires understanding the challenges each group experiences, communicating in a way that is appropriate and effective, and making the health care system a welcoming place for these individuals. Recruiting and extensively training a diverse team of health care providers would be a positive step toward this goal. While it was not possible to interview representatives from every marginalized group as part of this research, it stands to reason that the starting point to improve health outcomes for marginalized groups

in New Bedford is to reach out and hear their concerns and challenges in receiving care. Once providers better understand these obstacles, they can take the appropriate steps to mitigating them and creating more equitable care.

APPENDIX A: COMMUNITY SURVEY

QUESTIONNAIRE

Hello and thank you for participating in our survey. Your opinion about the health and wellness of your community will help us to understand the needs of our region and plan programs and services that address those needs. Please remember that there are no right or wrong answers. Everything you tell us is valuable. The responses you provide us today will be kept anonymous; we do not ask any personal information such as your name or your address.

I. OBSTACLES TO ACCESSING HEALTH CARE

1. Please check the issues below that make it difficult for you to get the health care you need.

	✓
You have no health insurance	<input type="radio"/>
Trouble paying for medicines	<input type="radio"/>
High copays and deductibles	<input type="radio"/>
Don't have a smartphone, tablet, or computer to schedule visits and/or use telehealth options	<input type="radio"/>
Don't know how to use the technology for telehealth appointments	<input type="radio"/>
Discrimination/unfriendliness of provider or office staff	<input type="radio"/>
Don't know what types of services are available	<input type="radio"/>
Fear of visiting the doctor (you're not ready to face a health problem)	<input type="radio"/>
Lack of evening and weekend medical services	<input type="radio"/>
Trouble getting transportation to medical appointments	<input type="radio"/>
Language problems/cannot communicate with provider or office staff	<input type="radio"/>
Long waits for appointments	<input type="radio"/>
You don't have a Primary Care Physician (PCP)	<input type="radio"/>
You don't feel you need to see a doctor unless you're sick or injured	<input type="radio"/>
Your immigration status	<input type="radio"/>
You cannot afford to take time off from work	<input type="radio"/>

2. Are there any other obstacles that prevent you from getting the healthcare you need?
Please write in your answers here:

II. MOST IMPORTANT HEALTH ISSUES

3. What do you believe are the **FIVE (5)** most important health issues in your community?
Please check no more than five.

- | | | |
|--|--|---|
| <input type="checkbox"/> Age-related health issues
(e.g., arthritis, Alzheimer's,
injuries due to falls) | <input type="checkbox"/> Elder abuse and neglect | <input type="checkbox"/> Poor maternal health
outcomes |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Poor nutrition/eating habits |
| <input type="checkbox"/> Breathing problems/asthma | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Mental health issues (e.g.,
depression, anxiety, bipolar
disorder, PTSD,
schizophrenia, OCD) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Poor birth outcomes (baby
underweight, substance
exposed) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Drug abuse/addiction | | <input type="checkbox"/> Vaping |
| <input type="checkbox"/> Effects of trauma, neglect,
and abuse on children | | <input type="checkbox"/> Violence and safety |
| | | <input type="checkbox"/> Other (please write in here): |

III. LASTLY, WE WOULD LIKE TO ASK JUST A FEW QUESTIONS ABOUT YOURSELF

We collect this information to understand who is responding to our survey to ensure that we are reaching a diverse group of people.

- | | |
|--|---|
| <p>4. What is your ZIP code? _____</p> <p>5. To which gender do you most identify?</p> <p><input type="radio"/> Woman</p> <p><input type="radio"/> Man</p> <p><input type="radio"/> Non-binary/Non-conforming</p> <p><input type="radio"/> Prefer to self-describe _____</p> <p><input type="radio"/> Prefer not to say</p> <p>6. What is your age?</p> <p><input type="radio"/> 18 to 24 <input type="radio"/> 55 to 64</p> <p><input type="radio"/> 25 to 34 <input type="radio"/> 65 to 74</p> <p><input type="radio"/> 35 to 44 <input type="radio"/> 75 and older</p> <p><input type="radio"/> 45 to 54</p> <p>7. Is English the primary language spoken in your home?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If No, which language do you primarily speak? : _____</p> | <p>8. How would you describe yourself? (check all that apply)</p> <p><input type="radio"/> American Indian or Alaskan Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Brazilian</p> <p><input type="radio"/> Cape Verdean</p> <p><input type="radio"/> Haitian</p> <p><input type="radio"/> Hispanic/Latino</p> <p><input type="radio"/> Native Hawaiian and Other Pacific Islander</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Multiracial</p> <p><input type="radio"/> Other _____</p> <p>9. What was your approximate household income in the past year?</p> <p><input type="radio"/> Below \$25,000 <input type="radio"/> \$75,000 to \$100,000</p> <p><input type="radio"/> \$25,000 to \$50,000 <input type="radio"/> Over \$100,000</p> <p><input type="radio"/> \$50,000 to \$75,000</p> <p>10. How many people live in your household? _____</p> |
|--|---|

COMMUNITY SURVEY TOPLINE RESULTS

RESPONDENT BACKGROUND

Race/Ethnicity	Number	Percent
Hispanic/Latino	709	73.9%
White	79	8.2%
Haitian	34	3.5%
Black or African American	33	3.4%
Cape Verdean	26	2.7%
Other	26	2.7%
Brazilian	21	2.2%
Multiracial	20	2.1%
American Indian/Alaskan	6	0.6%
Asian	5	0.5%
Native Hawaiian and Other Pacific Islander	0	0.0%
Total	959	100.0%

H Income	Number	Percent
Below \$25,000	587	66.0%
\$25,000 to \$50,000	209	23.5%
\$50,000 to \$75,000	60	6.7%
\$75,000 to \$100,000	14	1.6%
Over \$100,000	19	2.1%
Total	889	100.0%

Age Cohort	Number	Percent
18 to 24	141	14%
25 to 34	256	26%
35 to 44	294	30%
45 to 54	163	16%
55 to 64	95	10%
65 to 74	24	2%
75 and older	17	2%
Total	990	154%

Gender	Number	Percent
Woman	671	67.0%
Man	316	31.6%
Non-binary/Non-conforming	1	0.1%
Prefer not to say	11	1.1%
Total	1,001	100%

Language Other Than English	Number	Percent
Cape Verdean Creole	23	3.2%
Castellano	1	0.1%
Creole	12	1.7%
Dialecto	2	0.3%
Español	587	80.9%
Portuguese	26	3.6%
Quiché	75	10.3%
Total	726	100.0%

1. Please check the issues below that make it difficult for you to get the health care you need.

	Number	% of Total Respondents
Long waits for appointments	525	55.5%
Don't know what types of services are available	518	54.8%
Lack of evening and weekend medical services	434	45.9%
Trouble getting transportation to medical appointments	422	44.6%
Language problems/cannot communicate with provider or office staff	415	43.9%
Trouble paying for medicines	406	42.9%
Your immigration status	399	42.2%
Don't know how to use the technology for telehealth appointments	371	39.2%
You cannot afford to take time off from work	348	36.8%
Discrimination/unfriendliness of provider or office staff	333	35.2%
High copays and deductibles	327	34.6%
You have no health insurance	289	30.5%
You don't feel you need to see a doctor unless you're sick or injured	278	29.4%
You don't have a Primary Care Physician (PCP)	240	25.4%
Don't have a smartphone, tablet, or computer to schedule visits and/or use telehealth options	231	24.4%
Fear of visiting the doctor (you're not ready to face a health problem)	211	22.3%

2. What do you believe are the FIVE (5) most important health issues in your community?

	Number	% of Total Respondents		Number	% of Total Respondents
Alcohol abuse	438	45.8%	Violence and safety	143	14.9%
Diabetes	430	44.9%	Smoking/tobacco use	136	14.2%
Cancer	387	40.4%	Heart disease	133	13.9%
Mental health issues	338	35.3%	Elder abuse and neglect	119	12.4%
Drug abuse/addiction	337	35.2%	Teenage pregnancy	113	11.8%
Obesity/overweight	269	28.1%	Food insecurity	112	11.7%
Dental problems	226	23.6%	Suicide	100	10.4%
Age related health issues	207	21.6%	Vaping	82	8.6%
High blood pressure	200	20.9%	Sexually transmitted diseases	73	7.6%
Domestic abuse	187	19.5%	Stroke	46	4.8%
Poor nutrition/eating habits	170	17.8%	Poor maternal health outcomes	43	4.5%
Breathing problems/asthma	158	16.5%	Poor birth outcomes	36	3.8%
Effects of trauma, neglect, and abuse on children	144	15.0%			

APPENDIX B: KEY INFORMANT SURVEY

Thank you for choosing to participate in this survey. We are conducting a survey of key community members in collaboration with Springline Research Group. The results will be used to identify community health issues and to help us plan programs and services.

We assure you that all responses will be anonymous. We will share the results of our work with you and other partners in the community once we have completed the process. Thank you for your time and participation!

HEALTH AND SOCIAL SERVICE PROVIDER SURVEY TOPLINE RESULTS

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

	Number	Percent
Police/Fire/EMS	3	1%
Religious organization	5	2%
Private sector/Business community	5	2%
Schools	15	7%
Other government agency	35	15%
Healthcare provider	57	25%
Non-profit org. or social service agency	107	47%

2. Please rank the top FIVE areas of general concern for the community that you serve, not necessarily related to health.

	Number	Percent
Access to affordable housing	178	89%
Homelessness	124	62%
Poverty	104	52%
Food insecurity	93	47%
Crime and violence	80	40%
Not enough affordable childcare options	77	39%
Lack of programs aimed to help at-risk youth	63	32%
Lack of services for immigrant and non-English speaking populations	56	28%
Education system	54	27%
Limited public transportation	54	27%
Racial and ethnic discrimination	44	22%
Insufficient job training opportunities	30	15%
Lack of employment opportunities	22	11%
Lack of LGBTQ+ resources and support groups	16	8%

3. Regarding the health conditions in the community you serve, please rank each of the following issues in terms of your level of concern.

	Not concerned	Somewhat concerned	Extremely concerned
Mental health issues	0%	6%	94%
Trauma/neglect/abuse on children	1%	14%	84%
Substance use disorder	0%	16%	83%
Alcohol use disorder	1%	30%	69%
Suicide	2%	32%	66%
Domestic abuse	1%	35%	64%
Poor nutrition/eating habits	5%	37%	57%
Obesity/overweight	6%	49%	44%
Poor birth outcomes	11%	44%	44%
Diabetes	10%	49%	41%
Poor maternal health outcomes	14%	47%	39%
Elder abuse and neglect	11%	51%	38%
Heart disease	12%	51%	38%
Vaping	19%	44%	37%
Age-related health issues	9%	55%	36%
Smoking/tobacco use	14%	53%	34%
High blood pressure	13%	55%	32%
Sexually transmitted diseases	11%	59%	30%
Breathing problems/asthma	10%	61%	30%

4. Are there any other health issues that you are extremely concerned about that are not mentioned above?



- | | Not at all | Somewhat | Strongly |
|---|------------|----------|----------|
| 1. I am satisfied with my current level of physical activity. | 60% | 37% | 3% |
| 2. I have enough energy to get through my day. | 68% | 29% | 3% |
| 3. I feel like I can handle stress better than before. | 65% | 30% | 5% |
| 4. I feel more confident about my appearance. | 62% | 33% | 5% |
| 5. I feel more motivated to achieve my goals. | 64% | 31% | 5% |
| 6. I feel more comfortable in social situations. | 61% | 34% | 5% |
| 7. I feel more relaxed and less tense. | 66% | 29% | 5% |
| 8. I feel more capable of handling challenges. | 63% | 32% | 5% |
| 9. I feel more positive about my future. | 67% | 28% | 5% |
| 10. I feel more resilient to setbacks. | 64% | 31% | 5% |

	Not an obstacle	Somewhat an obstacle	Strong obstacle
Lack of counseling services in the area	4%	21%	75%
Medications are too expensive	5%	28%	67%
High copays and deductibles	6%	30%	64%
Too long of a wait to get an appointment to see doctor	7%	30%	63%
Transportation issues	7%	33%	61%
Language barriers	13%	30%	57%
Lack of awareness of local services	6%	38%	57%
Childcare issues	9%	34%	57%
Immigration status	13%	36%	51%
Difficulty using tech/lack of tech to use telehealth options	9%	43%	48%
Lack of insurance	10%	46%	44%
Very few specialists in the area, if any	16%	41%	43%
Fear (not ready to face health problem)	7%	50%	43%
No primary care physician	10%	48%	42%
Appointment time not convenient	21%	49%	30%
Cultural or religious beliefs	31%	51%	17%

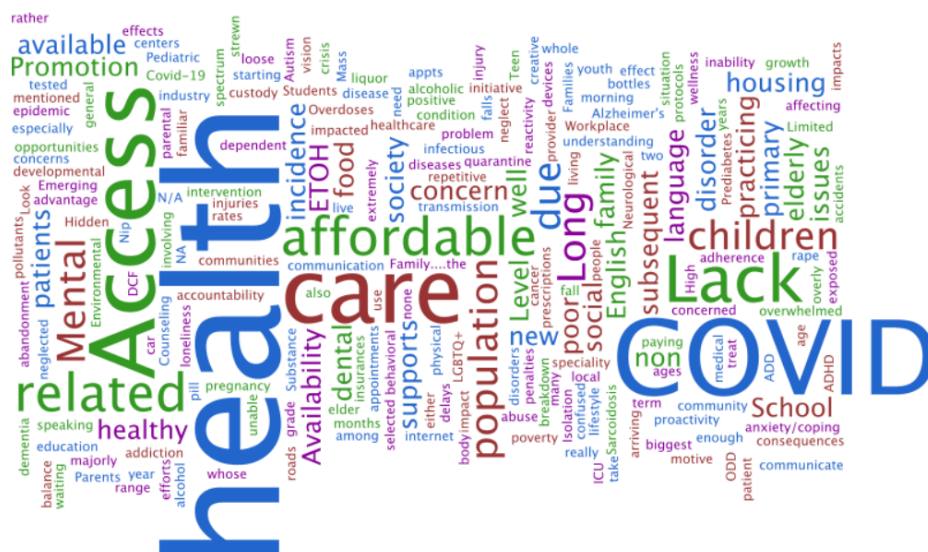
6. Any other obstacles not listed above?



7. What people or groups does your organization serve?

	Number	Percent
Low-income persons	141	71%
Persons with mental or behavioral health issues	125	63%
Young adults (18-25 years of age)	123	62%
Families	120	60%
Persons who are homeless/unstably housed	119	60%
Non-English speakers	116	58%
LGBTQ+ community	115	58%
Persons with substance use disorder	115	58%
Older adults (older than 65 years of age)	114	57%
Immigrants (documented and undocumented)	108	54%
Adolescents (12-17 years of age)	105	53%
Medically uninsured or underinsured	105	53%
Persons with physical disabilities	101	51%
Persons with intellectual disabilities	97	49%
All of the above	97	49%
Infants/toddlers (0-5 years of age)	93	47%
Children (6-11 years of age)	93	47%
People with chronic disease	92	46%
Veterans	92	46%
Ethnic or racial minorities	87	44%
Persons with cancer	70	35%

8. Do you have any other comments related to the health and wellness of our region?



APPENDIX C: KEY INFORMANT INTERVIEWS

Twenty-three interviews were conducted with community leaders to further understand the challenges and opportunities facing South Coast residents. The interviews represent a cross-section of areas, including individuals who work with the homeless, veterans, immigrants, those experiencing mental health issues, food insecure persons, and faith-based congregations.

Name	Position	Organization
Ron Ponte	Member	Southcoast Health Patient & Family Advisory Council/Community Benefits Advisory Committee
Gaelen Adam	Librarian/Editor/Senior Research Associate	Brown University
Michelle Hantman	President & CEO	United Way of Greater New Bedford
Reverend David Lima	Executive Director	Inter-Church Council of Greater New Bedford
Cheryl Bartlett	CEO	Greater New Bedford Community Health Center
Chris Everett	Wareham Service Director	Father Bill's & Main Spring
Peggy Hall	Stabilization Manager	Father Bill's & Main Spring
Maria Ferreira Bedard	Executive Director	SER Jobs for Progress
James Reid	Executive Director	Veterans Transition House
Elizabeth Wiley	Executive Director	Marion Institute
Joshua Amaral	Assistant Executive Director	People Acting in Community Endeavors (PACE)
Stanley Brajer	Director of New Bedford Community Connections Coalition	United Way of Greater New Bedford
Danielle Brown	Project Coordinator	Steppingstone
Helena DaSilva Hughes	Executive Director	Immigrants Assistance Center
Corinn Williams	Executive Director	Community Economic Development Center (CEDC)
Sergeant Sam Ortega	GNBOTF and GNB Human & Labor Trafficking Team	New Bedford Police Department
Haywood Barnes	Community Health Worker/Recovery Coach	Southcoast Health
Katlyn Auty	Chief Operating Officer	Southcoast Behavioral Health
Robin A Jones	Division Director of Early Intervention/Early Intervention Partnership Program	People Incorporated

KEY INFORMANT INTERVIEW QUESTIONS

I. Identifying Top Issues

1. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community? These don't necessarily have to be related to health.

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

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

Probe: How has this changed in recent years? Are the issues getting better, worse, or about the same? How did COVID affect these issues; were some groups of people affected more than others and why?

II. ADDRESSING TOP HEALTH ISSUES

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

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

4. What programs, services or policies are needed in your community that would support health or make it easier to be healthy? That is, where are some of the gaps in services?
5. What do you think are some of the populations that are most underserved in the community?

III. Barriers

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

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

IV. Improving Community Health

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

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

8. With regard to the lessons learned during the COVID-19 pandemic, what would you recommend going forward to strengthen the community response so that similar situations in the future are addressed effectively?
9. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

APPENDIX D: NEW BEDFORD HEALTH EQUITY COMMUNITIES OF PRACTICE INITIATIVE

The New Bedford Health Department, YWCA Southeastern Massachusetts, and Health Resources in Action hosted an event in June 2022 to build a Community of Practice and strategize next steps to reach health equity in New Bedford. The event was an interactive conversation about how racism operates in New Bedford and how stakeholders can operationalize a pro-equity agenda for the Greater New Bedford community.

Summary Results

Health and Healthcare

Challenges

- Infrastructure → Eurocentric medicine
- Systemic racism = groundwater, need for a shift
- Locations: do our doctors reflect the population being served
- Resources in accessibility → are they linguistically appropriate
- Less than 3% of doctors are black men (hiring process)
- Need more medical doctors in the community model that understand the culture(s)
- Funding → only certain people are receiving the funding
- Need for doulas → recognition of qualification
- Dismissive of individual needs based off racism and ethnicity
- Time to care: the time it takes individuals of color to receive care
- Paradigm shift
- Cost of healthcare → many do not seek care due to cost and bad circumstances
- Costs of medication
- Timely access to care → need to take time off work to go seek care
- Need to extend hours for medical facilities that are non-emergency
- Impatient costs
- Need to lead with data → what is measured is what is selected to be measured
- Long waits for access to doctors, especially those that represent the community
- Mental health access for those seeking representative care
- Historical trauma, for example Tulsa Tuskegee
- People often being talked down to by doctors after crossing barriers to reach that hospital/care center
- Access to insurance, especially when undocumented
- Health literacy and general literacy
- Medical billing is not transparent and is often outrageous in terms of cost
- Lack of representation of diverse populations in common core health books and beyond

Strategies:

- Hiring a diverse staff that reflects the community
- Seek out a diverse staff
- Have competitive wages to entice incentives
- Mandate all hospitals to have a certain percentage of POC staff
- Secure funding from the state that is separate from local government funding
- Open other offices or mobile clinics to decentralize healthcare
- Require policies around truth in medical billing
- Build better relationships between public schools, universities, and hospital groups
- Reparations

- Mental health integration into primary care
- More outreach workers to educate on available services
- Creating a professional development program for non-English speakers
- Community mental health service system
- Create community awareness to create advocacy and deliver policy change
- Increase the visibility of POC in education resources and literature

Education

Challenges:

- Undocumented individuals and their access to resources, internships, and co-ops
- Graduation rates, especially within low income and undocumented students
- A diploma is necessary for many jobs and the certificate of achievement often does not count
- Inequity in MCAS and standardized testing (special education, POC, non-English speakers, people with low parental support that cannot afford tutoring)
- The inequity in which students are being disciplined
- Not having many POC staff/teachers
- There is not proper support for many students in vocational schools
- The biases in the education system
- Not enough childcare
- High turnover for the staff in younger education because teachers are not paid enough
- Not enough mental health support and therapy
- Assumptions around which students will go into which programs → and how that affects what programs the guidance counselors will tell certain students about
- The domino effect of low access to early childhood education and how that eventually affects economic opportunity
- Lack of hope for many students, especially after COVID-19
- Safety in the schools, often leads to segregation
- Disparities in funding for schools
- MCACs are tied to literacy
- Financial literacy
- There are not enough classes that are bilingual
- Broken education system
- Headstart should be available to everyone who lives in New Bedford (not just a certain income)
- Curriculum should include BIPOC people and their experiences
- The school committee meetings are not diverse
- Parents should not have to sacrifice pay to attend school meetings

Strategies:

- Waive the MCAS test so people can receive their high school diplomas easier
- Recruit more POC staff/teachers → the staff should reflect the community
- Promote equitable access to trades/vocational programs
- Investing more in early development and governmental support
- Increase POC staff for mental health support
- Universal pre-K and kindergarten to help support students from a young age
- Increase social/emotional support to address trauma from COVID-19 (especially within racial inequities)
- More education and training in the classroom for teachers, especially centered around social and emotional training and cultural humility
- More outreach and working with guidance counselors in regard to which higher education programs are available
- Educations need more support with behavioral issues

- Normalize people asking for help
- Need families to have the opportunity to be more involved in their child's education
- Change the curriculum to make it more diverse
- Make sure the schools are clean and enforce smaller class sizes to each child receives more individualized attention
- More equitable funding for high schools
- Start earlier with literacy (more funding for early education)
- Higher pay for teachers
- Increase adult education
- More inner city education
- Increases the availability of classes for people who speak English as their second language
- Hire staff who speak multiple languages
- Incentivize parents to be involved in their child's education
- Allow the community to have a voice in the curriculum to help ensure that it is diverse
- Integrate DEI programming
- Implement the same opportunities for all students
- Normalize therapy and mental health help
- Give everyone access to resources to incentivize solutions
- Use lottery funds for education
- Pay attention to school committee meetings

Economic Stability

Challenges:

- Housing: rents are going up (doubling), especially in high risk areas
- Concentrated poverty + concentrated violence
- Unemployment rates + antiquated unemployment systems that create racial disparities in access to service
- Lack of assistance for working poor → face of houseless
- The elderly are not in the low income brackets
- Increase in food prices
- Not earning home equity fast enough in certain areas
- No living wage
- The development of housing is profitable which leads to shortage of housing units based on how supply and demand shifts
- POC are being pushed out of homes because rent is increasing
- Homeowner's repair cost
- Credit repair + financial literacy → funnel people to become first time buyers
- Food insecurity before COVID-19 was about 30%, now 50%
- Transportation and gas are expensive
- Often grocery stores are not located in certain neighborhoods
- Bodega's cigarette and alcohol advertisements
- Check cashing places of undocumented immigrants and low-income individuals (usually in unsafe neighborhoods)
- Access to banking
- Early cashing checks + pay day loans → the interest rates can increase
- How the racial lens affects concentrated poverty and home ownership
- Many are stuck in a system of public housing without any support for economic stability
- No access to more work opportunities, for example green jobs + training + higher education
- No training programs
- Lack of representation of POC people in high level jobs
- Not enough guidance counselors
- Environmental justice
- Unsafe and unhealthy living conditions

- Work/life balance for parents and how that affects children

Strategies:

- Modified rent control (for the individual)
- Health equity zones → conc. Poverty and violence
- Identify the pockets with less than 50% median income and also look at employment rates and tax credits
- Create a data set about closures (housing)
- Educate more about the impacts of COVID-19 on racial disparities
- Trying to increase housing prices
- Change federal programs
- Public investment in housing (not only private)
- CEDC corporation → change qualifying criteria
- Protect practices
- One time grants for homeowners
- Adjust criteria for first time homeowners
- Strategies to address food insecurity
- Community gardens
- Research + implementation of policies tried in other cities
- Increase financial literacy (K-12)
- Policy for livable wages
- Equal pay
- Advocacy for common operations
- Universal days income
- Public housing for first time home buyer pipeline
- Actively training for minorities for green jobs
- Repurpose land
- The south end has CEDC
- Mentor youth into workforce
- Child tax credit
- Teach people how to cook
- NBHD to find landlords
- Nonprofit/ government housing (proportion of homeownership)
- Incentives for New Bedford residents to purchase homes

Neighborhood and Built Environment

Challenges:

- Tree canopy
- Flooding disproportionate
- Perception of high crime
- Policing of different (violent) areas
- Access to healthy foods
- Prices as it relates to healthy and unhealthy
- Neighborhood proximity to liquor stores and bodegas etc.
- Conditions of housing (older homes with lead, poor filters, soil, air quality)
- Increase in housing costs
- Not enough voices that fully represent the community
- There is an increase in health conditions (both physical and mental)
- Inadequate or absence of signage to indicate health diagnoses
- Flood zones disparities

- Unequal access to green spaces
- Housing units + poor ventilation
- Long waitlist for sec. 8
- Large number of homeless people, need to take a deeper dive into those reasons → “pockets parks”
- Prevalence of garbage
- Hardscapes
- Lack of youth community centers → the current ones need longer hours
- Unnatural divisions in land space
- Youth violence based on location

Strategies:

- Food access → is not pop-ups, instead support the business owners
- Healthy food access points → disrupt the design
- Educational empowerment
- SNAP/HIP assistance to help support bodega owners
- Curriculum- school based for youth to understand the value of eating food
- Increase experiences that encourage curiosity
- Policy with health department for housing
- Bring even more perspectives to table
- Policies to support appropriate housing
- Warm handoffs to transition to different housing level
- Anti-stigma to address chronic homelessness
- Increase services to homeless people and substance use individuals
- Standard of physical appearance (policy in development)
- Increase collaborative process to working with certain people

Social and Community Context

Challenges:

- Civic participation
- Discrimination
- Incarceration
- Social cohesion
- Discrimination against/targeting of immigrations
- Services not provided in appropriate language
- And lack of language capacity within organization
- Undocumented people— underlying trauma
- Processes and paperwork for accessing services unclear
- Integration of different cultures is liminal, need for community mediation
- Lack of events/community orgs for the Latin population
- Lack of cultural responsiveness
- Personal biases
- Hard to prove that discrimination exists
- Existing programs/services are not relational- “toxic charity” “white saviorism”
- Segregation by racial and ethnic group, neighborhoods/groups don't mix
- Do we really value multiculturalism?
- Lack of community policing and over policing (over incarceration of POC) and racial profiling in some areas
- Do not know our neighbors- lack of trust
- Less civic engagement from young people, less spirit of volunteerism
- Lack of mentors, age group interaction

- Need for personal invitation to participate
- Lack of city appreciation for youth led initiatives
- International discrimination especially against women
- Nepotism, hiring people you know
- Deficit thinking about different groups
- Commonly held conceptions about incarceration- should “pay the price” indefinitely
- Beliefs on who is worthy of civic engagement by citizenship status
- Barriers to access for healthy and culturally appropriate foods
- Black maternal health
- Lack of belonging in the larger community
- Discrimination/racism toward certain ethnic groups/neighborhoods- “kiss me I’m Black”
- Lack of time/capacity to devote to efforts outside of work/family
- Mindset that nothing will ever change

Strategies:

- Inclusive planning communities for events
- More events → Puerto Rican festival
- Community service programs in schools
- Appoint young adults to boards and commissions
- Restorative justice programs- post incarceration and preventative/diversion
- Combat school → prison pipeline
- Build relationship trust across the board (vs. one off things)
- Elevate nonprofit collaboration over competition (for \$)
- Prioritize CLAS in all federally funded agencies. Don't overlord those that have language capacity people (relationships and trust) > technology
- Equity in hiring → revise recruitment practices (job fairs), training and workforce development, public sector pay reform, incentives to keep talent in NB
- Reduce understaffing of public services
- Mindfulness to address trauma- incorporate in school, police systems
- More support for formerly incarcerated people
- Jobs open to people w records
- CORI friendly
- Database for jobs
- Health centers targeting Black women
- How to elevate healthcare access?
- Teach civic engagement in schools → parents are too busy with other demands on their time
- State and federal laws/policies
- Rent caps
- Recognize and utilize your own gifts and strengths → teach others to do this too
- Culture of open conversation in schools
- More affirming groups at schools for students and staff
- Rebuild a village mentality in communities
- City driven DEI committee

APPENDIX E: HEALTHY NB PARTNERSHIP



Contributing Organizations

The New Bedford Health Department	The LGBTQ+ Network- Southcoast	The City of New Bedford Council for Citizens with Disabilities
Southcoast Fishing Partnership	Community Economic Development Center	The New Bedford Housing Authority
Groundwork Southcoast	New Bedford Parks, Recreations, and Beaches	The Greater New Bedford Community Health Center
Seven Hills Behavioral Health	YWCA	Immigrants Assistance Center
	New Bedford Shannon Program	

Mission

This partnership works to advocate and strive for a New Bedford Community Health Assessment and a Community Health Improvement Plan that are community driven documents that represent the diverse community we serve.

Vision

This partnership will guide and inform present and all future versions of New Bedford's Community Health Assessments and Community Health Improvement Plans. This group of organizations will ensure community involvement and representation in these documents while also monitoring the progress of the Community Health Improvement Plans.

Summary

The Healthy NB Partnership meets regularly (monthly or more frequently as needed) via Zoom and is facilitated by the New Bedford Health Department's Accreditation Coordinator.

During initial meetings related to the Community Health Assessment process, between August 5, 2022, and September 16, 2022, each participating organization assigned one representative as well as one alternate in the event the assigned individual could not attend.

The Visioning Process

The partnership began its work together on August 5th, 2022, with a process that focused on a collective vision for a healthy New Bedford. This vision included consideration to the CDC's 5 Social Determinants of Health (<https://www.cdc.gov/publichealthgateway/sdoh/index.html>). Preceding the visioning activity, the partnership outlined the barriers to the collective vision of a healthy New Bedford and discussed possible strategies and contributing partners that could support the vision. Participants were placed in break out rooms on Zoom and were assigned randomly to one of the five social determinants of health to guide visioning discussions. Each group added their discussion on their group's assigned slide on a shared Google slide deck.

Data

Data sources used for the Community Health Assessment were presented to and reviewed by the Healthy NB Partnership to ensure that the data used was representative of New Bedford's diverse population. In addition to the review of archival data sources, the partnership also reviewed and offered feedback on data collection strategies and processes for all Community Health Assessment related surveys.

APPENDIX F: HEALTHCARE ACCESS & SERVICES ASSESSMENT

Healthcare Access & Services Assessment



City of New Bedford, Massachusetts

New Bedford Health Department

Table of Contents

Introduction	75
Methods	76
CHA Priority Health Issue: Health Care Access	80
CHA Priority Health Issue: Behavioral Health	85
Conclusion	89
Appendix A: Key Informant Interviews	Error! Bookmark not defined.

INTRODUCTION

An effective and equitable healthcare system is critical to the health and well-being of a population. Not only is it important for healthcare services to be physically available in a region, but also accessible regardless of one's race, ethnicity, income, ability, sex, gender, geographic location, or health status. This includes access to a healthcare provider that residents can trust and access to the health insurance necessary to cover the cost of care.

To understand the accessibility of healthcare in New Bedford, the following report examines the geographic distribution of primary care and behavioral healthcare facilities, along with socio-economic factors linked with healthcare utilization in local communities. Both primary care and behavioral healthcare data and excerpts from the New Bedford 2022-2023 Community Health Assessment were utilized as the foundation of this report, supplemented with Zip Code Tabulation Area (ZCTA) data from the Uniform Data System (UDS) Mapper to identify geographic disparities. All together, the following report provides a basis for understanding the barriers to healthcare in New Bedford, along with opportunities for collaboration in addressing these disparities in local communities.

METHODS

The following sources were utilized in combination to determine the geographic and socio-economic disparities in healthcare access in New Bedford.

New Bedford 2022-2023 Community Health Assessment

In 2022, the New Bedford Health Department formed the Healthy New Bedford (NB) Partnership to advocate and strive for a New Bedford Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) as community driven documents that represent the diverse community that the partnership serves. This partnership provided guidance and feedback on the strategies used for community engagement and data collection throughout the development of the CHA and CHIP. The Healthy NB Partnership included the following organizations representing behavioral health, primary care, social services, and government organizations (Table 1).

Table 1: Healthy New Bedford Partnership Contributing Organizations

The New Bedford Health Department	The LGBTQ+ Network- Southcoast	The City of New Bedford Council for Citizens with Disabilities
Southcoast Fishing Partnership	Community Economic Development Center	The New Bedford Housing Authority
Groundwork Southcoast	New Bedford Parks, Recreations, and Beaches	The Greater New Bedford Community Health Center
Seven Hills Behavioral Health	YWCA	Immigrants Assistance Center
	New Bedford Shannon Program	

Source: New Bedford CHA, 2022

New Bedford CHA Primary Data Collection

As part of the development of the 2022 New Bedford CHA⁵⁶, community outreach was conducted through a Community Survey, a Health and Social Service Provider (HSSP)

⁵⁶ New Bedford Community Health Assessment, 2022

Survey, and key informant interviews to further understand the experiences and perspectives of local residents.

A total of 1,018 Community Surveys were completed, primarily at community events and locations experiencing health disparities with a strong emphasis on reaching the City's growing Hispanic and Latino community. Surveys were available in English, Portuguese and Spanish with options to complete it either online using the respondent's smartphone or administered by staff via tablet or completed on paper. The intention of the survey was to focus in on traditionally underserved groups, such as lower-income Hispanic communities and women. Therefore, nearly three-quarters (73.9%) of respondents are Hispanic and 67.0% are women. Most respondents are in the lower median income bracket, with 66.0% having a median household income below \$25,000. Almost four-in-five (79.5%) report that they primarily speak a language other than English; 80.9% of these respondents speak Spanish.

A total of 200 Health and Social Service Provider (HSSP) Surveys were completed online. The largest proportion of respondents represented non-profit or social service agencies (47%), followed by healthcare providers (25%), other government agencies (15%), schools (7%), religious organizations (2%), private sector/business community (2%), and police/fire/EMS (1%).

As part of the primary data collection process, 19 in-depth key informant interviews were conducted with community leaders to further understand the challenges and opportunities facing New Bedford residents. The interviews represent a cross-section of areas, including individuals who work with the homeless, veterans, immigrants, those experiencing mental health conditions, food insecure persons, and faith-based congregations (see Appendix A for full list).

Based on the available health data, along with the community and provider surveys and key informant interviews, five priority issues were identified in the New Bedford CHA including economic opportunity, behavioral health, housing, wellness and chronic disease, and healthy access and equity. This report will focus on the data collected and analyzed as

part of the behavioral health and health access and equity priorities outlined in the 2022 New Bedford CHA.

Additional Geographic Analysis: UDS Mapper

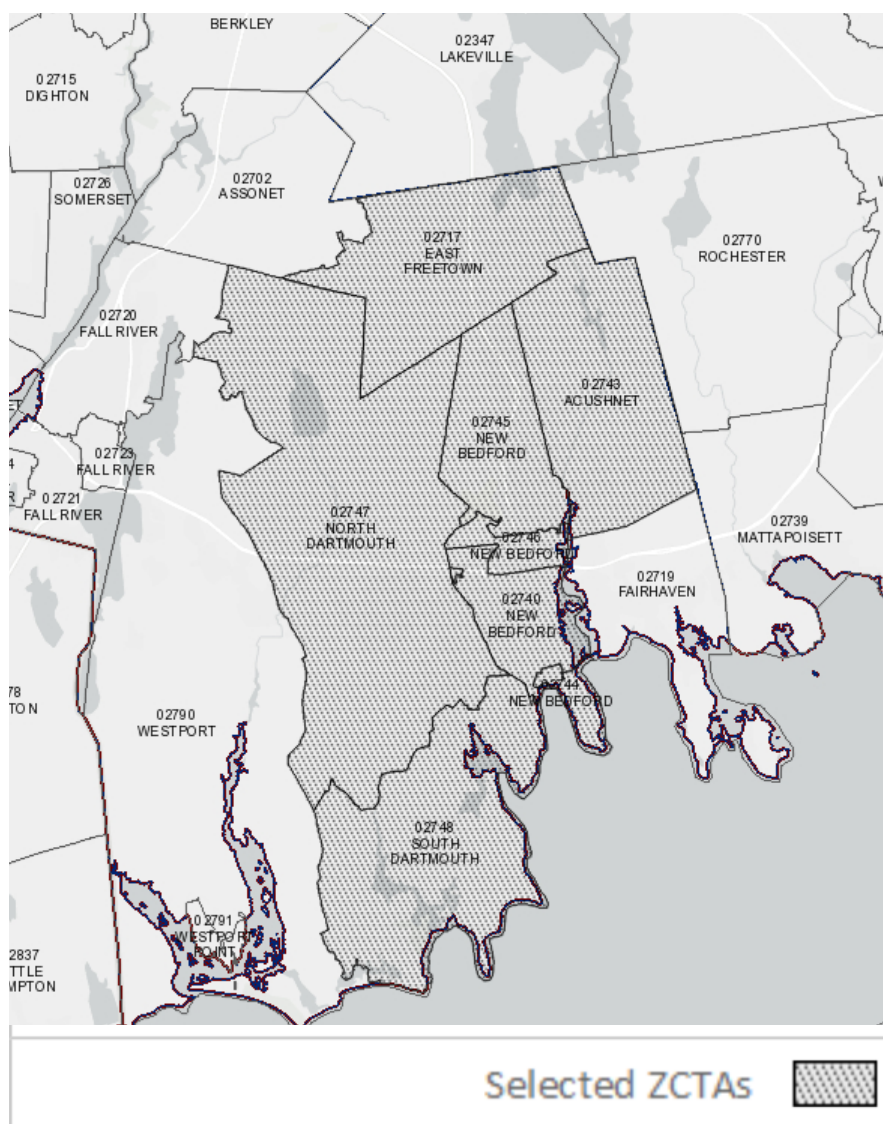
To supplement the data collected in the 2022 New Bedford CHA, the Uniform Data System (UDS) Mapper⁵⁷ was utilized to provide Zip Code Tabulation Area (ZCTA) level data related to primary and behavioral healthcare access. The UDS Mapper is an online mapping tool supported by the Health Resources and Services Administration (HRSA) and developed to provide access to maps, data, and analysis to visualize service areas for Health Center Programs. This tool allows users to map health center data (type/characteristics, patient demographics, etc.), population level data (poverty, race/ethnicity, insurance status, social environment, etc.), and contextual data (geographic boundaries, medically underserved areas, etc.).

The UDS Mapper was utilized to map primary and behavioral healthcare facility locations in New Bedford, along with population characteristics by ZCTA. The U.S. Census Bureau developed ZCTAs as generalized areal representations of the ZIP Code service areas used by the United States Postal Service to identify individual post offices associated with mailing addresses.⁵⁸ The following ZCTAs were identified in this report as within the boundaries of New Bedford: 02717, 02740, 02743, 02744, 02745, 02746, 02747, 02748 (Map #1).

⁵⁷ Health Resources and Services Administration. 2023. "UDS Mapper". Accessed June 13th, 2023. <https://udsmapper.org/>

⁵⁸ U.S. Census Bureau. (2022). "ZIP Code Tabulation Areas (ZCTAs)". Accessed on June 13th, 2023. [https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html#:~:text=ZIP%20Code%20Tabulation%20Areas%20\(ZCTAs\)%20are%20generalized%20areal%20representations%20of,station%20a ssociated%20with%20mailing%20addresses.](https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html#:~:text=ZIP%20Code%20Tabulation%20Areas%20(ZCTAs)%20are%20generalized%20areal%20representations%20of,station%20a ssociated%20with%20mailing%20addresses.)

Map #1: Selected ZCTAs for New Bedford



Source: UDS Mapper, 2021

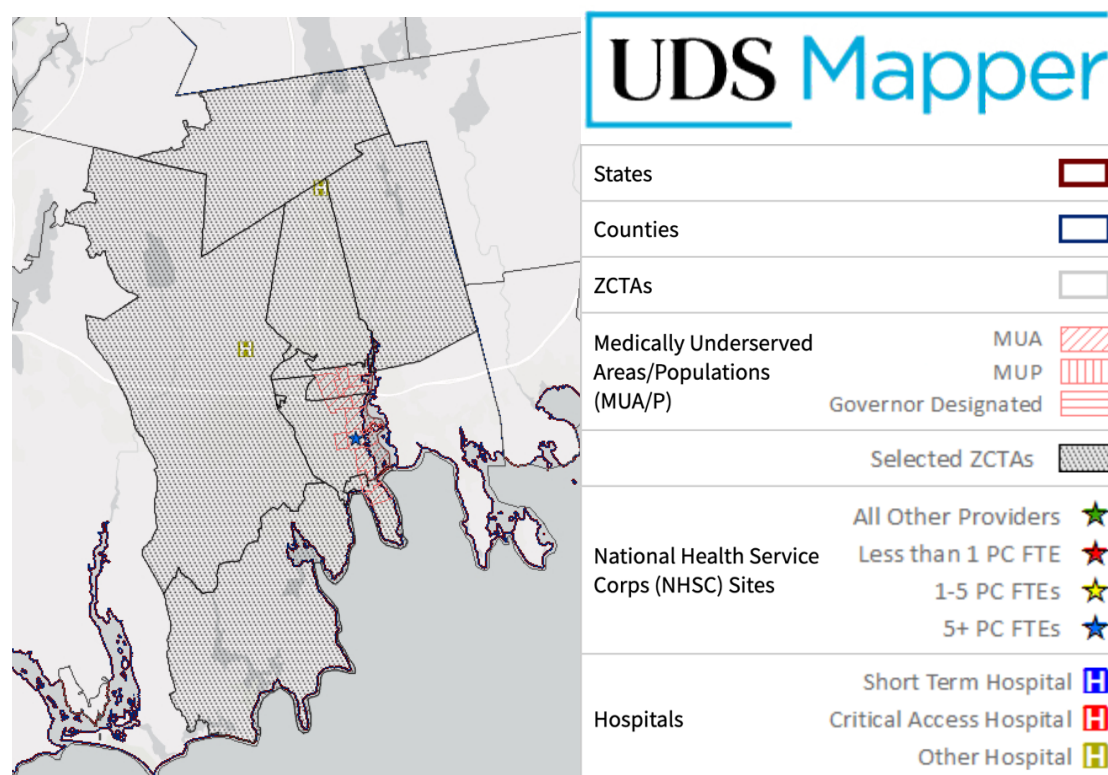
CHA PRIORITY HEALTH ISSUE: HEALTHCARE ACCESS

People who do not have access to health care are at a greater risk of having poor overall health and negative health outcomes. This includes access to a wide variety of health services such as preventive care, mental health services, and emergency services. Regular access to health services is essential in managing health conditions, preventing new conditions, and promoting and maintaining overall good health.

Availability of Healthcare Services

According to UDS Mapper, there are two hospitals within New Bedford: Southcoast Behavioral Health and Vibra Hospital of Southeastern Massachusetts. There is also one community health center, the Greater New Bedford Community Health Center, which is located within a Medically Underserved Area (MUA) as noted in the map below with red shading (Map #2). This indicates an area that has been designated by HRSA as a geographic zone with a lack of access to primary care services (ZCTA's 02746, 02740, 02744).

Map #2: Availability of Healthcare Services



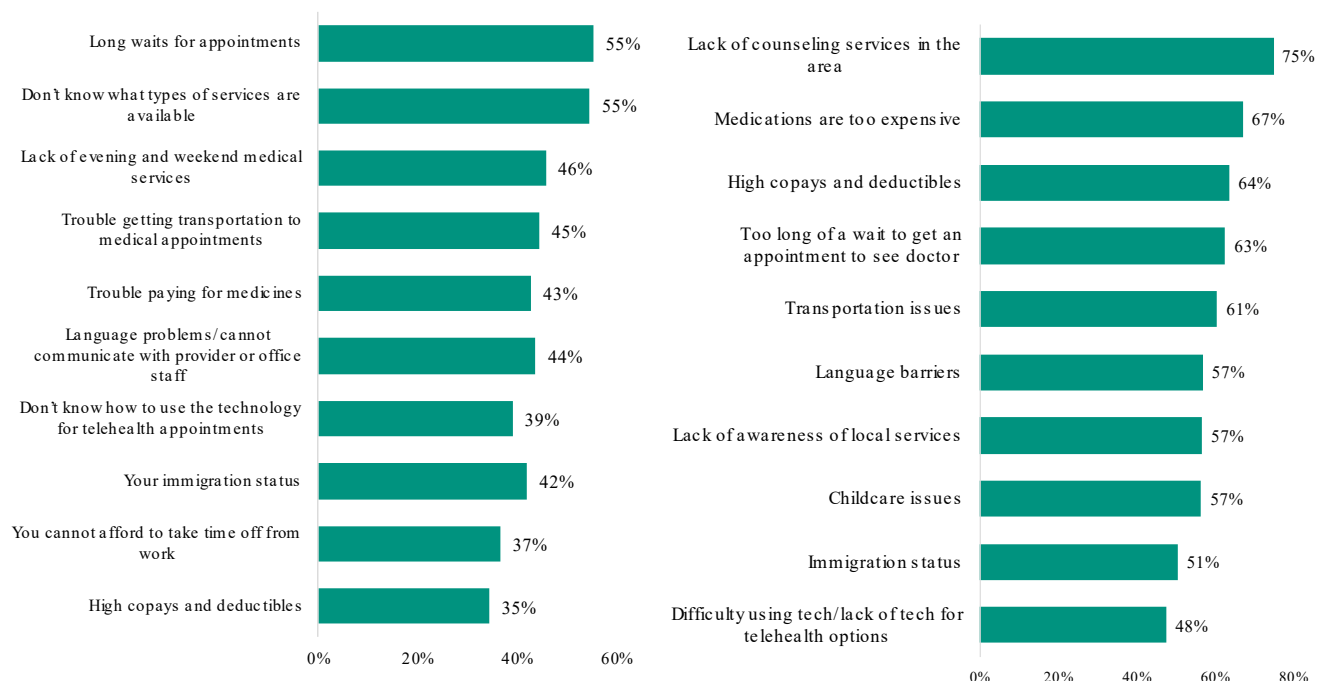
Source: UDS Mapper, 2023

Community Perceptions on Barriers to Care

The Community Survey distributed for the 2022 New Bedford CHA asked respondents to select the obstacles that make it difficult for them to receive the care they need (Chart #1). The top responses related to a lack of time and knowledge: long wait for appointments (55%), don't know what types of services are available (55%), and lack of evening and weekend medical services (45%). On the other hand, when asking providers which issues were strong obstacles for the community members they served, the Health & Social Services Provider (HSSP) Survey found that providers were more concerned with a lack of services and high costs of healthcare (Chart #2).

Chart #1: Community Survey Ranked Obstacles to Care

Chart #2: HSSP Survey Ranked Obstacles to Care



Source: New Bedford CHA, 2022

Health Insurance

Although most New Bedford residents have health insurance, there are differences in terms of value, coverage, and cost which plays a role in whether residents access the health care system, especially in regards to preventative care. As one community leader noted in the stakeholder interviews of the 2022 New Bedford CHA, “In regard to the lack of insurance and services in the area, it is more difficult based on the type of insurance families have. If on MASS Health, the options are few.”

As seen in Table #2, ZCTAs 02746 and 02744 have the highest percentage of residents who are uninsured (8% and 6%, respectively) and the highest percentage of residents who utilize Medicaid or public insurance (58% and 48%, respectively). In line with the stakeholder comment about the limited options for those utilizing public insurance, these ZCTAs are also the areas with some of the highest percentages of residents reporting no usual source of healthcare (13% and 22%, respectively) and residents who have delayed or not sought care due to cost (12% and 14%, respectively).

Table #2: Health Insurance & Access to Care by Zip Code Tabulation Area (ZCTA)

ZCTA	Health Insurance Status		Healthcare Utilization		Underserved Groups	
	Uninsured	Medicaid/ Public Ins.	Adults with No Usual Source of Care	Adults Who Have Delayed / Not Sought Care Due to Cost	Households With Limited English Proficiency	Racial / Ethnic Minority
02746	8%	58%	13%	12%	20%	56%
02744	6%	48%	22%	14%	15%	45%
02740	4%	42%	10%	11%	10%	45%
02745	3%	29%	8%	13%	7%	23%
02717	2%	15%	1%	1%	1%	9%
02747	2%	17%	16%	13%	3%	14%
02748	1%	12%	3%	5%	3%	11%
02743	1%	16%	5%	6%	1%	11%
Summary	4%	33%	11%	11%	9%	31%

Source: UDS Mapper, 2020

These factors regarding availability of healthcare and health insurance are disproportionately impacting areas with the highest percentages of households with limited English proficiency and racial or ethnic minority status, indicating that there are geographic, socioeconomic, and racial disparities in which communities have access to quality healthcare services. Open ended comments within the 2022 New Bedford CHA surveys indicated that there is a lack of knowledge on what services are available and that more materials are needed in other languages. As one community member noted, “There isn’t enough Spanish speaking clinicians to serve a growing non English-speaking community.”

Dental Care

Dental health is critical to good overall health. Untreated dental problems such as cavities or gum disease or infections can impact the ability to eat and speak properly, and complicate other aspects of health such as heart disease, pregnancy, diabetes, and chronic inflammation. The survey respondents and community leaders who participated in the 2022 New Bedford CHA noted that dental insurance is difficult to obtain. As one stakeholder stated, “Even for those that have it, the coverage is either poor, expensive, or both. It certainly doesn’t encourage people to visit the dentist.”

This statement aligns with trends observed among how communities in New Bedford are accessing dental care (Table #3). As mentioned previously, the ZCTAs 02746 and 02744 have the highest proportions of residents who are uninsured or utilizing Medicaid or public insurance. These areas are also communities where the largest proportion of residents have not had a dental visit in the past year (49% and 45%, respectively) and with the highest rates of households with limited English proficiency and racial or ethnic minority status, indicating that these are communities experiencing geographic and racial disparities in access to dental care.

Table #3: Dental Care Access by Zip Code Tabulation Area (ZCTA)

ZCTA	Health Insurance Status		Dental Care Adults with No Dental Visit in Past Year	Underserved Groups	
	Uninsured	Medicaid / Public Ins.		Households With Limited English Proficiency	Racial / Ethnic Minority
02746	8%	58%	49%	20%	56%
02744	6%	48%	45%	15%	45%
02740	4%	42%	42%	10%	45%
02745	3%	29%	37%	7%	23%
02717	2%	15%	27%	1%	9%
02747	2%	17%	30%	3%	14%
02748	1%	12%	27%	3%	11%
02743	1%	16%	31%	1%	11%
Summary	4%	33%	38%	9%	31%

Source: UDS Mapper, 2020

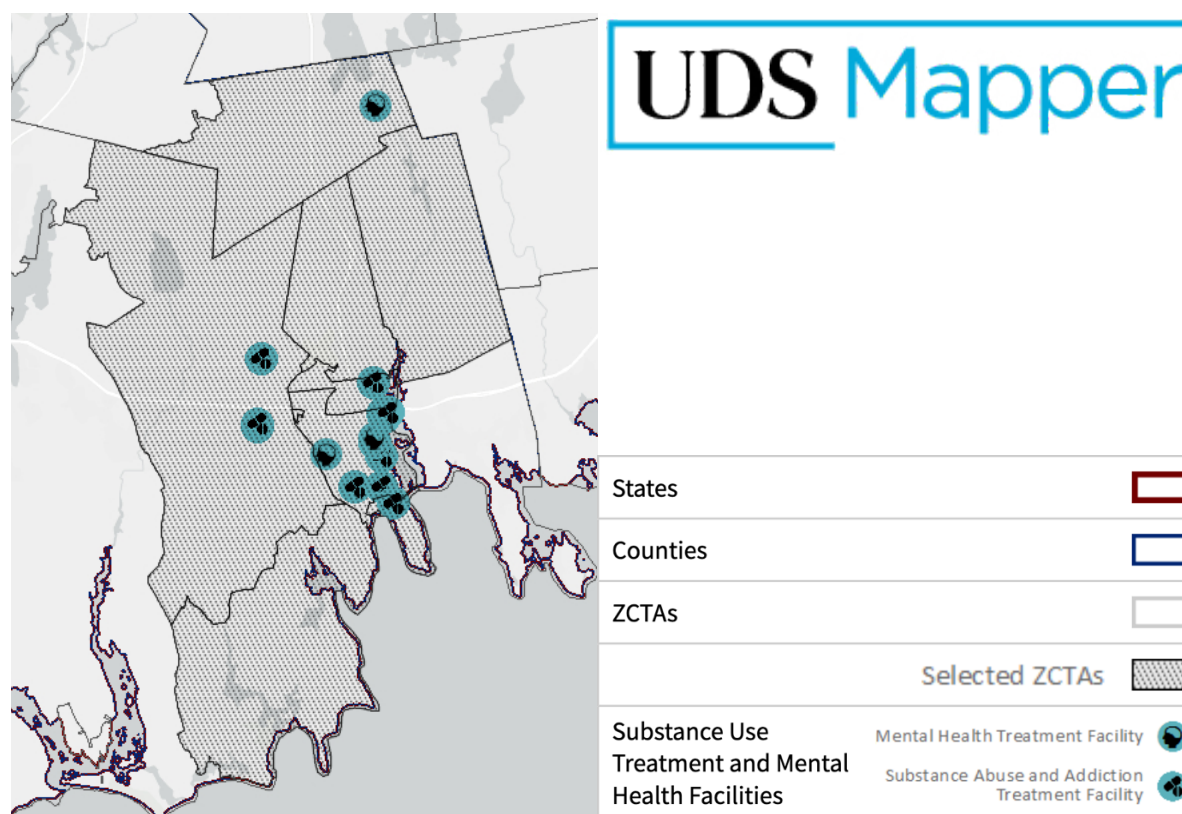
CHA PRIORITY HEALTH ISSUE: BEHAVIORAL HEALTH

Behavioral health examines how a person's habits affect their mental and physical well-being. It is an umbrella term that includes mental health and substance use conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Access to behavioral health services can play a critical role not only in someone's mental well-being, but also their physical health.

Availability of Behavioral Health Services

According to UDS Mapper, there are 3 mental health treatment facilities, along with 11 facilities specialized in substance use and addiction treatment in New Bedford (Map #3). Most of these facilities are concentrated within the ZCTAs 02746, 02740, 02744, with two facilities located in 02747 and one located in 02717.

Map #3: Availability of Behavioral Health Services



Source: UDS Mapper, 2021

Community Perceptions

Throughout the 2022 New Bedford CHA, mental health emerged as the city's most prominent health issue. Results of both the HSSP Survey and the Community Survey showed that respondents are more concerned with behavioral health issues (e.g. mental health, substance use disorder, alcohol abuse) than physical health issues and conditions.

Table #4: Top Health Issues from New Bedford Community Survey

	Number	% of Total Respondents		Number	% of Total Respondents
Alcohol abuse	438	45.8%	Violence and safety	143	14.9%
Diabetes	430	44.9%	Smoking/tobacco use	136	14.2%
Cancer	387	40.4%	Heart disease	133	13.9%
Mental health issues	338	35.3%	Elder abuse and neglect	119	12.4%
Drug abuse/addiction	337	35.2%	Teenage pregnancy	113	11.8%
Obesity/overweight	269	28.1%	Food insecurity	112	11.7%
Dental problems	226	23.6%	Suicide	100	10.4%
Age related health issues	207	21.6%	Vaping	82	8.6%
High blood pressure	200	20.9%	Sexually transmitted diseases	73	7.6%
Domestic abuse	187	19.5%	Stroke	46	4.8%
Poor nutrition/eating habits	170	17.8%	Poor maternal health outcomes	43	4.5%
Breathing problems/asthma	158	16.5%	Poor birth outcomes	36	3.8%
Effects of trauma, neglect, and abuse on children	144	15.0%			

Source: New Bedford CHA, 2022

In the Community Survey as part of the 2022 New Bedford CHA, respondents were asked to select the five most important health issues in their community (Table #4). Among the options, mental and behavioral health issues were 3 of the 5 most selected health issues. These included alcohol abuse, mental health issues, and drug abuse / addiction.

Table #5: Health Condition Rankings by New Bedford Health & Social Service Providers

	Not concerned	Somewhat concerned	Extremely concerned
Mental health issues	0%	6%	94%
Trauma/neglect/abuse on children	1%	14%	84%
Substance use disorder	0%	16%	83%
Alcohol use disorder	1%	30%	69%
Suicide	2%	32%	66%
Domestic abuse	1%	35%	64%

Poor nutrition/eating habits	5%	37%	57%
Obesity/overweight	6%	49%	44%
Poor birth outcomes	11%	44%	44%
Diabetes	10%	49%	41%
Poor maternal health outcomes	14%	47%	39%
Elder abuse and neglect	11%	51%	38%
Heart disease	12%	51%	38%
Vaping	19%	44%	37%
Age-related health issues	9%	55%	36%
Smoking/tobacco use	14%	53%	34%
High blood pressure	13%	55%	32%
Sexually transmitted diseases	11%	59%	30%
Breathing problems/asthma	10%	61%	30%

Source: New Bedford CHA, 2022

In the Health and Social Service Provider Survey of the 2022 New Bedford CHA, respondents were asked to rank how concerned they were about each of the listed health issues (Table #5). Despite the range of options, behavior and mental health issues represent the top 5 issues with the highest percentage of HSSPs ranking them as extremely concerning. Notably, 100% of those surveyed ranked mental health issues and substance use disorders as either somewhat or extremely concerning, indicating that these are pervasive and critical issues within the community.

Shortage of Mental Health Providers and Services

Although the UDS Mapper identifies 3 mental health facilities and 11 substance use and addiction treatment locations, the 2022 New Bedford CHA identified the following mental health conditions as primary concerns by community members and providers:

1. The shortage of mental health professionals,
2. The overall behavioral health system, particularly the shortage of beds, and
3. Equity in mental health, including issues of access and stigma

In the 2022 New Bedford CHA, nearly all key informants cited the acute shortage of mental health professionals as a critical issue, particularly outpatient mental health workers. The

shortage has created long waitlists or deterred people from seeking treatment. As one survey respondent commented, “The primary obstacle to effectively addressing mental health is the extreme lack of facilities and providers.”

Community leaders and survey respondents noted that it has been challenging to find beds for patients, which is a major roadblock for patients who are willing to enter treatment but cannot do so due to long waitlists. One health provider commented, “The ongoing shortage is a crisis. Patients in need of specialized in-patient care wait in hospital emergency departments for beds to open or do not seek help at all.” Key informants also noted that mental health conditions among youth are growing exponentially with very few beds statewide for this age group, although adding beds does little to improve treatment outcomes if there continues to be a staffing shortage.

Role of Health Insurance

During the 2022 New Bedford CHA process, community leaders noted that the region faces a challenge not only in retaining mental health care workers, but hiring new ones as well, especially those who accept MassHealth. They explained that many providers have shifted to working with patients with private insurance or who are willing to pay cash. Another healthcare provider noted that even with insurance, coverage for mental healthcare may be systematically different than other medical care, writing that “Insurance should cover mental health to the same degree as physical health.”

From the perspective of the community members, many commented within the 2022 New Bedford CHA that there is a lack of awareness around what mental health services are available and what insurance will or will not cover. This indicates that there is a knowledge gap that is playing a role in whether residents are accessing mental health or substance use treatment services.

CONCLUSION

Based on this report, it is clear that there are geographic and socio-economic disparities among which communities are accessing healthcare services in New Bedford. Communities with the highest proportions of residents with racial or ethnic minority status and limited English language proficiency are also the areas in which residents are more likely to delay accessing healthcare due to cost or not have a usual source of healthcare. This trend was also observed in dental health, in which the same communities (ZCTAs 02746 and 02744) also have the highest rates of residents who have not visited a dentist in the last year. This indicates a priority area for future work in increasing utilization of healthcare services in New Bedford.

In terms of how to increase healthcare utilization, there are many health inequities that could be addressed relating to why communities may or may not access care. A lack of health insurance or concern for high out of pocket costs can deter residents from accessing care, a trend which was observed both in the ZCTA breakdown and in community and provider input during the 2022 New Bedford CHA interviews and surveys. Even with insurance, confusion surrounding what services are covered and how much medications will cost continue to be barriers to accessing care.

Another key aspect from the 2022 New Bedford CHA included residents and providers highlighting the language and cultural barriers for immigrant communities. A common theme throughout the interviews included the role of stigma and lack of trust as critical aspects in healthcare access, especially in mental and behavioral healthcare. It was noted by community leaders that cultural stigma surrounding mental health exists among immigrant communities and many communities of color, along with a lack of trust in the medical system. One community leader identified a language issue, noting that, “There are issues with the cultural linguist competence of mental health providers across the region. There is simply not enough diversity among mental health professionals both in mental health and health care as a whole.”

Despite the multiple primary and behavioral healthcare facilities distributed across New Bedford, social determinants of health continue to impact how residents interact with the

healthcare system. A focus on increasing the diversity of primary and behavioral healthcare providers, along with increasing outreach and addressing knowledge gaps around available services and health insurance options in multiple languages, would be beneficial steps in addressing these health disparities.