



Health Challenges and Opportunities in the Berkshires: *Community Stakeholder Conversation*

September 4, 2025
Berkshire Health Systems

Agenda

- 12:00pm – Lunch, Welcome, Goals
- 12:15pm – Overview of Berkshire County's Health Needs
- 12:30pm – Activity: Creating Shared Priorities for Action
- 1:15pm – Summary and Next Steps

Welcome

GOALS

- Review community needs identified in CHNA
- Prioritize opportunities for action
- Brainstorm next steps

ROLES

- **Community leaders (CBAC and CHI):** provide expertise as nonprofit leaders and give voice to constituents with lived experience
- **Community members:** offer personal perspectives and ideas
- **BHS staff:** facilitate conversations and identify opportunities for community collaboration with healthcare system and with community orgs



Overview of Berkshire County Community Health Needs

Laura Kittross, BRPC

What is a CHNA?

- IRS requires a Community Health Needs Assessment (CHNA) every three years.
- The hospital must also adopt an implementation strategy to meet the community health needs identified in the CHNA.
- The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and
- Be made widely available to the public.

About the 2025 CHNA

- Developed through a regional collaboration among non-profit hospitals and insurers in western MA, known as the Coalition of Western MA Hospitals/ Insurers.
- Led by the Public Health Institute of Western Massachusetts (PHIWM) with input from local planning commissions, consultants, and community members.
- Emphasizes health equity and community voices as core values guiding all efforts.
- Research and data collection efforts included sourcing ideas from the community about “opportunities for action” that can be considered when developing community health implementation plans
- A Regional Community Advisory Committee (RCAC) helped guide the process
- Berkshire Regional Planning Commission (BRPC) managed the data collection and compilation for BHS as a consultant to PHIWM.

Assessment Process

LITERATURE REVIEW:

Public reports

QUANTITATIVE DATA COLLECTION AND ANALYSIS:

State and Federal sources including MA, DPH, and BHS

QUALITATIVE DATA COLLECTION AND ANALYSIS:

- Survey and listening session with public health officials in Berkshire County and throughout western Massachusetts
- Group and individual interviews with key informants from healthcare and service organizations related to deeper dive focus areas

COMMUNITY FEEDBACK: Discussion and review by BHS-CBAC

Community Voices

I'll be honest, I find Mass Health to be so incredibly convoluted that I'm not sure exactly how you get the different products these days, but it's beneficial when somebody has a designated care coordinator, because when you're at the intersection of these things (MH and SUD), it can be almost impossible to effectively coordinate your own care.

- Behavioral health professional

"There's a lot of stigma in Berkshire County regarding gender, race, you name it."

- Youth Outreach Specialist

"Sometimes we are the only people going in the home and are the sole source of social connection for patients."

- Berkshire County VNA Administrator

"Access to breastfeeding support is inconsistent, and there are significant gaps in how we are providing support equitably to all communities."

- Perinatal health professional

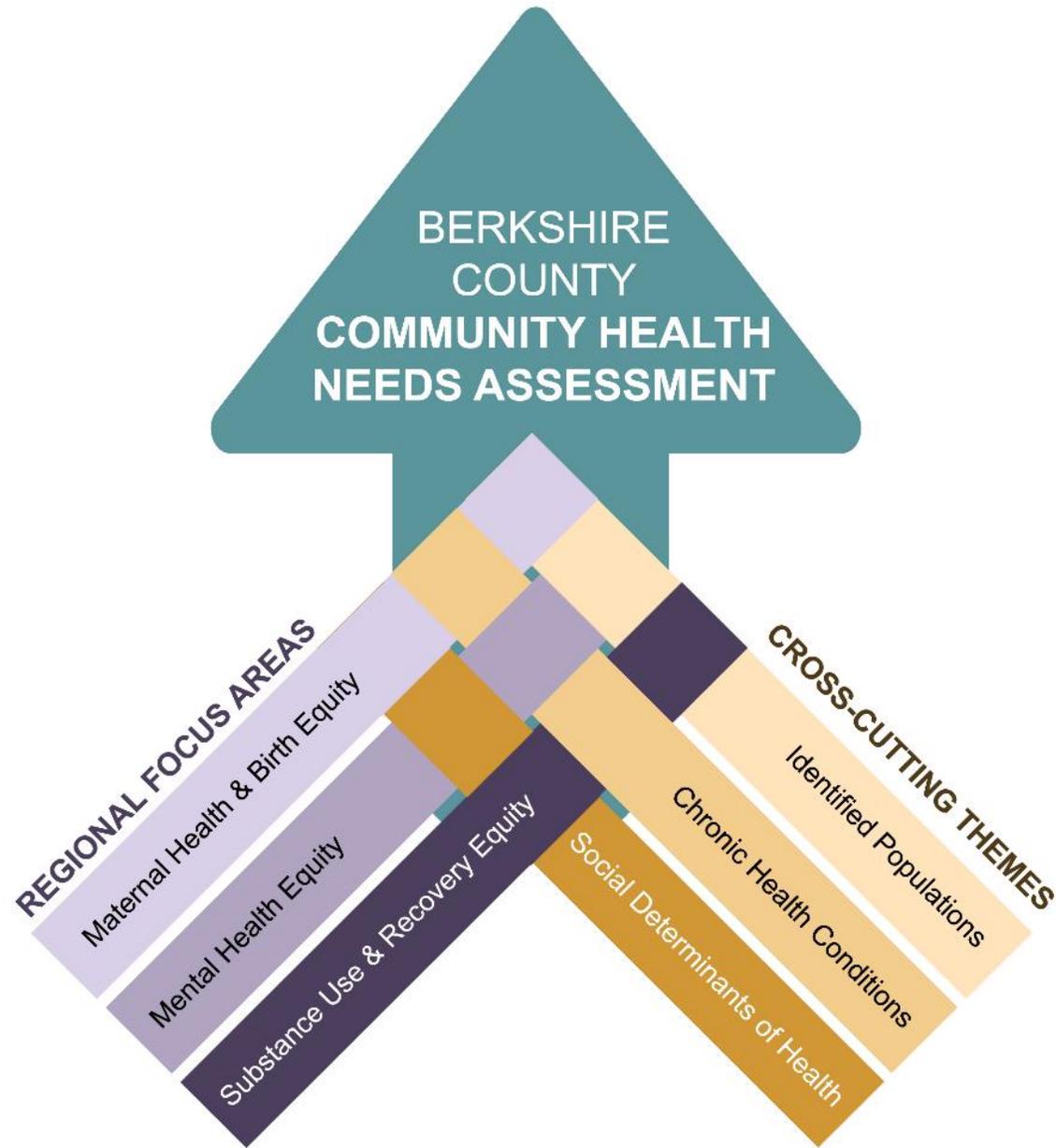
Common Themes

REGIONAL FOCUS AREAS

- Maternal Health & Birth Equity
- Mental Health Equity
- Substance Use Equity

CROSS-CUTTING THEMES

- Identified Populations
- Chronic Health Conditions
- Social Determinants of Health



About the CHNA



Cross-Cutting Themes

Cross-Cutting Themes are overarching issues or factors that affect multiple focus areas within the assessment.

Overarching Factors

IDENTIFIED POPULATIONS:

The specific groups of people who are most at risk and whose experience of health/healthcare may differ from that of the larger population.

CHRONIC HEALTH CONDITIONS:

These are ongoing, long-lasting health problems, such as diabetes, heart disease, asthma, or depression.

SOCIAL DETERMINANTS OF HEALTH:

The structural determinants and conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Regional Overview

PRIORITY

POPULATIONS:

- Families and Children
- Older Adults
- Refugees and Immigrants
- People facing socioeconomic distress
- Rural populations

REGIONAL FOCUS

AREAS:

- Mental Health
- Substance Disorder
- Youth Mental Health
- Access and Barriers to Health Care

SOCIAL DETERMINANTS

OF HEALTH:

- Social Environment
- Housing/Homelessness
- Transportation
- Healthy Food
- Employment
- Income
- Access to Care

Who is inequitably affected? Who has inequitable access to services?

Creating Shared Priorities for Action

Maureen Daniels, BHS

ACTIVITY

1. Count-off and create groups and review the “Opportunities for Action” Handout
2. In your group, discuss priority actions in each of the following focus areas:
 - Maternal Health
 - SUD
 - Mental Health

Remember: These are the actions that would have the greatest impact on the community health need. They could be carried out by any organization or coalition.

3. Scribe posts your group’s top three priority actions on the flip chart
4. As a full group, summarize/discuss/identify Top 3 Priority Actions in each focus area.

Next Steps

- BHS
 - Publish CHNA
 - Develop CHIP
 - Present CHIP for Feedback
- Community Resources/Action Plans to Share
- Next CBAC Meeting Date?

