

## Community Survey Findings

Cooley Dickinson Hospital (“Cooley Dickinson”) sought input from the public regarding the health of the community through an online and paper-based survey. A website link to the survey (in both English and Spanish) was made available from January through February 2013. Paper copies of the survey were distributed at various local organizations and clinics in multiple languages. Efforts were made to reach those without internet access as well as vulnerable populations such as racial and ethnic minorities, low-income groups, individuals with low literacy levels, and non-English speakers. The survey was publicized via flyers, social media, newspapers, email listservs, and other methods.

Community survey results were post-stratified to help assure they represent accurately views from all residents in Cooley Dickinson’s community. For example, if women represent 45 percent of the population but 75 percent of survey responses, post-stratification re-weights these responses to reflect a more representative proportion. Because statistical error increases if too many variables are considered, the community survey was post-stratified only by sex and by age.<sup>1</sup>

The survey consisted of 48 questions about respondent demographics and a range of health status and access issues.

### 1. Respondent Characteristics

926 residents from the Cooley Dickinson community participated in the survey. Seventy-seven percent of respondents were female and 54 percent were between the ages of 45 and 64. Eighty-nine percent were White and 5 percent identified as Hispanic (or Latino). The majority of respondents reported being in good or very good overall health (70 percent), married (63 percent), employed full time (54 percent), privately insured (68 percent), and having an undergraduate degree or higher (80 percent). The majority (96 percent) of respondents speak English in the home. Three percent of respondents reported that they spoke multiple languages at home. Survey responses were received from residents of 27 of the Cooley Dickinson community’s 28 ZIP codes.

**Exhibit 1** presents the percentage of respondents by town. Northampton had the highest percentage of respondents.

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<sup>1</sup>Applied Technologies for Learning in the Arts and Sciences, 2009. *Post-Stratification Weights*. Retrieved 2013, from <http://www.atlas.illinois.edu/support/stats/resources/spss/create-post-stratification-weights-for-survey-analysis.pdf>.

## Exhibit 1: Survey Responses, 2012 – Respondents by Town

County and Town/City	Number of Respondents	Percent of Respondents
<b>Franklin Towns</b>		
Ashfield	14	1.5%
Deerfield	81	8.7%
Leverett	11	1.2%
Shutesbury	33	3.6%
Sunderland	57	6.2%
Whately	12	1.3%
<b>Hampshire Towns</b>		
Amherst	132	14.3%
Belchertown	96	10.4%
Chesterfield	6	0.6%
Cummington	3	0.3%
Easthampton	96	10.4%
Goshen	3	0.3%
Hadley	28	3.0%
Hatfield	14	1.5%
Huntington	6	0.6%
Northampton	286	30.9%
Plainfield	1	0.1%
Southampton	21	2.3%
Williamsburg	20	2.2%
Worthington	6	0.6%
<b>Total</b>	<b>926</b>	<b>100.0%</b>

Coalition of Western Massachusetts Hospitals Community Survey, 2013.

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*A total of 926 residents from Cooley Dickinson Hospital's community participated in the survey*

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Although the survey garnered many respondents, the sample is not representative of the community and the results are not generalizable to the community as a whole.

## 2. Access Issues

The majority of the survey respondents (as post-stratified) reported they visit a primary care provider regularly. Twenty-one percent did not. Eleven percent of the respondents reported not having a primary care provider.

**Exhibit 2** shows that 66 percent of families received routine (non-emergency, non-specialty) healthcare services from a private doctor's office and eight percent received routine care from an urgent care facility or store-based walk in clinic. Approximately 15 percent received services from a free or low-cost clinic or health center, hospital emergency room, school-based clinic, soup kitchen, or homeless shelter. Four percent reported not receiving routine care.

**Exhibit 2: Locations Where Respondents Received Routine Healthcare**

Response	Total Community (Post-Stratified)	Commonwealth Connector	MassHealth (Medicaid)	Medicare	Private / Commercial Insurance	Less Than College Education
No Routine Healthcare Received	3.5%	4.8%	7.6%	2.8%	1.4%	5.8%
Free Or Low-Cost Clinic Or Health Center	6.0%	11.3%	13.9%	8.3%	3.1%	8.0%
Private Doctor's Office	65.9%	62.9%	48.1%	72.2%	78.4%	61.3%
Urgent Care Facility Or Store-Based Walk-In Clinic	8.2%	6.5%	5.1%	6.9%	7.1%	7.1%
Hospital Emergency Room	4.7%	6.5%	10.1%	4.2%	2.2%	8.4%
School-Based Clinic	3.1%	0.0%	0.0%	0.0%	2.1%	8.4%
Soup Kitchen	0.2%	0.0%	1.3%	0.0%	0.0%	0.4%
Homeless Shelter	1.0%	0.0%	5.1%	0.0%	0.0%	1.8%
Other (Please Specify)	7.3%	8.1%	8.9%	5.6%	5.6%	6.7%

Coalition of Western Massachusetts Hospitals Community Survey, 2013. Total community responses (N=1,031), Commonwealth Connector (N=62), MassHealth (Medicaid) (N=79), Medicare (N=72), Private/Commercial Insurance (N=801), Less Than College Education (N=225).

When responses are arrayed by respondent source of insurance coverage and education level (not post-stratified), great variation in where various community members receive their routine healthcare services becomes evident. While 78 percent of respondents with “private/commercial insurance” visit private doctor’s offices, only 48 percent of Medicaid recipients do. Medicaid patients and those with less than a college education are more likely not to receive any routine healthcare or to use the Emergency Room for routine healthcare than other groups.

**Exhibit 3** indicates whether respondents feel that they are able to get needed care.

### Exhibit 3: Respondent Ability to Receive Needed Care

Response	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, And Equipment	Prevention And Wellness Services
<b>Total Community (Post-Stratified)</b>							
Always	87.4%	83.6%	75.5%	71.1%	76.8%	84.5%	65.6%
Sometimes	8.8%	11.6%	15.9%	21.5%	18.3%	10.5%	16.8%
Rarely	3.6%	2.3%	5.6%	4.4%	4.0%	4.0%	8.7%
Never	0.2%	2.5%	3.0%	3.0%	1.0%	1.0%	8.9%
<b>Commonwealth Connector</b>							
Always	72.0%	62.5%	48.0%	56.8%	57.9%	63.4%	46.9%
Sometimes	20.0%	22.9%	28.0%	35.1%	26.3%	31.7%	18.8%
Rarely	8.0%	8.3%	18.0%	2.7%	15.8%	2.4%	21.9%
Never	0.0%	6.3%	6.0%	5.4%	0.0%	2.4%	12.5%
<b>MassHealth (Medicaid)</b>							
Always	82.3%	66.1%	46.9%	58.1%	55.6%	64.2%	46.7%
Sometimes	9.7%	16.1%	26.6%	23.3%	28.9%	26.4%	31.1%
Rarely	6.5%	8.1%	21.9%	14.0%	8.9%	3.8%	8.9%
Never	1.6%	9.7%	4.7%	4.7%	6.7%	5.7%	13.3%
<b>Medicare</b>							
Always	95.2%	96.7%	85.0%	87.5%	88.0%	90.6%	73.5%
Sometimes	4.8%	3.3%	8.3%	0.0%	10.0%	9.4%	8.8%
Rarely	0.0%	0.0%	5.0%	8.3%	0.0%	0.0%	2.9%
Never	0.0%	0.0%	1.7%	4.2%	2.0%	0.0%	14.7%
<b>Private / Commercial Insurance</b>							
Always	91.3%	91.2%	86.5%	76.3%	79.8%	86.1%	70.3%
Sometimes	7.9%	7.1%	10.6%	18.0%	16.9%	10.9%	18.8%
Rarely	0.7%	1.2%	1.9%	5.0%	2.3%	2.5%	7.7%
Never	0.1%	0.4%	1.0%	0.7%	1.0%	0.5%	3.1%

Coalition of Western Massachusetts Hospitals Community Survey, 2013.

\*N size varies for each insurance and care type.

**Exhibit 3** suggests that, for each type of care, more than 65 percent of the total respondents (post-stratified) felt that they “always” received it, compared to those that felt they sometimes, rarely, or never received needed care. More residents responded that they always received primary care, medicine, medical supplies, and equipment, and vision care. A higher percentage of respondents reported rarely or never being able to get needed prevention and wellness services (18 percent), dental care (9 percent), and mental health care (7 percent) than primary care (4 percent).

**Exhibit 4** presents the percentage of respondents who reported “not always” being able to get needed care by town (not post-stratified). Data indicate that access varies by type of care and locality.

**Exhibit 4: Respondents Not Always Able to Receive Care, By Town**

Town/City	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, And Equipment	Prevention And Wellness Services
Ashfield	7.1%	7.1%	21.4%	25.0%	12.5%	33.3%	18.2%
Belchertown	5.3%	7.5%	12.8%	20.5%	22.2%	16.7%	23.8%
Deerfield	4.9%	7.8%	12.3%	22.9%	17.0%	15.6%	26.0%
Easthampton	19.6%	14.1%	22.6%	36.7%	25.7%	24.3%	42.9%
Leverett*	9.1%	9.1%	18.2%	40.0%	0.0%	12.5%	20.0%
Northampton	13.7%	16.8%	25.4%	26.3%	25.2%	17.7%	37.8%
Shutesbury	6.1%	9.1%	12.1%	25.0%	17.4%	15.4%	33.3%
Southampton	4.8%	5.3%	10.5%	37.5%	12.5%	0.0%	40.0%
Sunderland	10.5%	18.2%	20.0%	22.9%	19.0%	23.4%	41.3%
Whately	8.3%	0.0%	27.3%	12.5%	25.0%	9.1%	30.0%
Amherst	10.9%	12.5%	18.3%	25.3%	24.2%	12.5%	26.4%
Hadley	14.3%	14.8%	7.1%	28.6%	27.3%	12.5%	33.3%
Hatfield*	0.0%	0.0%	7.7%	14.3%	10.0%	0.0%	12.5%
Williamsburg	10.0%	10.5%	30.0%	25.0%	25.0%	23.5%	45.5%
Worthington*	16.7%	28.6%	16.7%	50.0%	40.0%	0.0%	50.0%
Chesterfield*	0.0%	0.0%	16.7%	40.0%	20.0%	25.0%	0.0%
Cummington*	0.0%	33.3%	0.0%	0.0%	66.7%	66.7%	66.7%
Huntington*	16.7%	0.0%	16.7%	25.0%	50.0%	0.0%	33.3%
Plainfield*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Goshen*	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	33.3%
<b>Total</b>	<b>11.1%</b>	<b>12.8%</b>	<b>19.4%</b>	<b>26.5%</b>	<b>23.2%</b>	<b>17.1%</b>	<b>33.4%</b>

Coalition of Western Massachusetts Hospitals Community Survey, 2013.

Primary Care (N=1,295), Vision Care (N=918), Dental Care (N=883), Mental Health Care (N=902), Medical Specialty Care (N=540), Medicine, Medical Supplies and Equipment (N=682), Prevention and Wellness Services (N=737).

\*Denotes small sample size (N=less than 10).

Across all towns, more people were not always able to receive prevention and wellness services (33 percent), mental health care (27 percent), and medical specialty care (23 percent) than other services. Among respondents not receiving prevention and wellness services, the largest percentages were in Williamsburg (46 percent) and Easthampton (43 percent). The majority of those not receiving medical specialty care and mental health care were in Easthampton and Hadley. Primary, vision, and dental care service needs were not being met for populations in Easthampton and Northampton (**Exhibit 4**).

Respondents indicating that they were not always able to get care were asked to identify barriers to access (**Exhibit 5**). Cost and insurance were the most frequently reported barriers to care.

**Exhibit 5: Barriers to Receiving Needed Care**

Response	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, And Equipment	Prevention And Wellness Services
I Don't Have Insurance	21.2%	33.8%	32.1%	16.9%	15.5%	23.6%	15.1%
I Can't Get An Appointment	15.9%	6.3%	6.9%	13.9%	13.4%	0.4%	2.3%
I Can't Afford It / Too Expensive	21.0%	30.9%	39.0%	23.4%	28.1%	39.4%	28.6%
The Hours Are Inconvenient	12.6%	6.0%	5.6%	11.6%	8.4%	2.8%	4.4%
These Services Are Not Available In My Area	0.0%	1.4%	2.7%	0.1%	8.3%	7.2%	6.2%
I Don't Have Transportation	2.6%	3.4%	2.5%	2.4%	2.5%	1.9%	2.1%
I Don't Trust The Doctor	3.5%	2.2%	2.4%	2.7%	1.1%	1.1%	3.4%
The Doctors And Staff Do Not Speak My Language	0.9%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%
I Can't Take Time Off From Work Or From Caring For Others	10.6%	3.8%	3.6%	7.6%	4.4%	1.6%	8.1%
Other	11.8%	12.2%	5.0%	21.0%	18.3%	22.0%	29.9%

Coalition of Western Massachusetts Hospitals Community Survey, 2013.

Primary Care (N=147), Vision Care (N=146), Dental Care (N= 237), Mental Health Care (N=200), Medical Specialty Care (N=207), Medicine, Medical Supplies, and Equipment (N=127), Prevention and Wellness Services (N=239).

Key	
Top Two Barriers by Care Type	

**3. Health Issues**

When asked to identify the top health issues in the community, respondents most often chose low income / financial challenges, mental health, insufficient exercise, obesity, and substance abuse / addiction (**Exhibit 6**).

**Exhibit 6: Top Health Issues, By Insurer and Education**

Health Issue	Total Community (Post-Stratified)	Commonwealth Connector	MassHealth (Medicaid)	Medicare	Private / Commercial Insurance	Less Than College Education
Low Income / Financial Challenges	9.9%	10.7%	11.0%	10.7%	10.0%	8.8%
Mental Health (Such As Depression, Bipolar, Autism)	8.9%	8.4%	5.5%	7.8%	9.9%	7.1%
Not Enough Exercise	7.4%	6.2%	5.5%	6.3%	8.4%	5.7%
Obesity	7.1%	5.3%	4.7%	8.9%	8.4%	6.4%
Substance Abuse / Addiction	6.3%	5.8%	6.0%	3.7%	6.5%	6.8%
Poor Dietary Choices	5.9%	6.7%	5.5%	3.7%	5.8%	6.1%
Cancer	5.2%	8.0%	3.2%	7.4%	6.7%	5.9%
Diabetes	5.2%	4.4%	5.0%	4.8%	4.8%	5.4%
Tobacco Use	5.1%	4.4%	5.7%	4.4%	4.0%	6.7%
Affordable Housing	5.1%	6.7%	7.0%	8.5%	4.9%	5.3%
Unemployment	4.7%	6.2%	5.2%	4.8%	4.0%	5.2%
Heart Disease	4.6%	2.2%	2.7%	7.8%	5.7%	4.6%
Asthma	4.2%	2.2%	4.7%	2.2%	3.9%	3.5%
Homelessness	4.0%	3.6%	5.0%	3.3%	2.8%	4.0%
Dental Health Issues	3.2%	5.8%	6.5%	4.4%	2.6%	4.6%
Domestic Violence	2.3%	3.1%	3.0%	1.5%	2.3%	2.7%
Alzheimer's Or Dementia	2.1%	1.8%	1.2%	3.0%	1.8%	2.3%
Access To Healthy Food Is Limited	1.8%	2.7%	4.0%	2.2%	1.7%	2.4%
Unsafe Sex	1.6%	2.2%	2.5%	0.0%	0.9%	1.9%
Poor Air Quality	1.2%	0.9%	1.7%	1.9%	1.6%	1.1%
Chronic Obstructive Pulmonary Disease (COPD)	1.1%	0.0%	0.7%	0.4%	1.1%	0.8%
Stroke	1.0%	0.4%	1.0%	0.7%	0.8%	1.2%
Other (Please Specify)	0.9%	2.2%	0.2%	1.5%	1.0%	0.4%
Unsafe Neighborhoods	0.6%	0.0%	1.5%	0.0%	0.2%	0.9%
Birth Defects	0.5%	0.0%	0.7%	0.0%	0.1%	0.4%

Coalition of Western Massachusetts Hospitals Community Survey, 2013.

Total Community (N=4,421), Commonwealth Connector (N=225), MassHealth (Medicaid) (N=401), Medicare (N=270), Private/Commercial Insurance (N=3,309), Less than College Education (N=1,002).

Key	
Top Five Health Issues By Group	

**Exhibit 7** indicates whether care was accessed for a variety of health conditions (post-stratified).

**Exhibit 7: Receiving Care for Health Conditions**

Health Condition	We Are Getting The Care We Need	We Choose Not To Get Care At This Time	We Don't Know Where Or How To Get Care For This Condition
Asthma	96.2%	3.8%	0.0%
Alzheimer's / Dementia	85.8%	3.2%	11.0%
Cancer	98.5%	1.0%	0.5%
Chronic Obstructive Pulmonary Disease (COPD)	90.9%	1.1%	7.9%
Diabetes	98.3%	1.7%	0.0%
High Blood Pressure	98.5%	0.5%	1.0%
Heart Disease	98.1%	0.4%	1.6%
Mental Health Issues	83.0%	6.5%	10.5%
Obesity / Overweight	61.2%	23.4%	15.5%
Sexually Transmitted Diseases	82.1%	2.0%	15.8%
Substance Abuse / Addiction	54.4%	34.2%	11.5%

Coalition of Coalition of Western Massachusetts Hospitals Community Survey, 2013.  
 Asthma (N=291), Alzheimer's/Dementia (N=70), Cancer (N=145), Chronic Obstructive Pulmonary Disease (N=52), Diabetes (N=162), High Blood Pressure (N=388), Heart Disease (N=149), Mental Health Issues (N=373), Obesity/Overweight (N=325), Sexually Transmitted Diseases (N=29), Substance Abuse/Addiction (N=81).

Care was accessed most for cancer and high blood pressure (99 percent) and least accessed for substance abuse / addiction (54 percent). Many respondents stated not wanting care and / or not knowing where to get care for obesity and substance abuse / addiction (**Exhibit 7**).

**Exhibit 8** provides survey responses about members of the community who live alone and, of those, how many are without emotional and/or financial support. Females 65+ were most likely to report living alone.

**Exhibit 8: Living Alone and Without Support**

Age And Sex	Living Alone	Without Emotional And / Or Financial Support
Female 15-34	15.0%	16.7%
Female 35-44	4.9%	0.0%
Female 45-54	10.0%	10.0%
Female 55-64	14.0%	7.4%
Female 65+	23.1%	20.0%
Male 15-34	12.0%	66.7%
Male 35-44	14.7%	20.0%
Male 45-54	10.4%	20.0%
Male 55-64	11.9%	28.6%
Male 65+	12.8%	60.0%
<b>Total</b>	<b>12.9%</b>	<b>27.9%</b>

Coalition of Coalition of Western Massachusetts Hospitals Community Survey, 2013.  
 Living Alone (N=891), Without Emotional and/or Financial Support (N=111).

*Females age 65+ were most likely to report living alone*

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*Of males 65+ living alone, 60 percent reported living without support*



## 4. Health Behaviors

**Exhibit 9** portrays various health behaviors in the Cooley Dickinson community.

### Exhibit 9: Health Behaviors

Health Behavior	Total Community (Post-Stratified)	MassHealth (Medicaid)	Medicare	Less Than College Education
Not Physically Active	24.8%	25.8%	20.0%	22.1%
Eat Less Than Recommended Amounts Of Fruit	36.3%	47.5%	27.4%	45.3%
Eat Less Than Recommended Amounts Of Vegetables	61.2%	69.4%	63.3%	75.8%
Never Or Rarely Shop At Farmer's Market	63.0%	74.2%	44.3%	71.4%
Travel 5 Miles Or More For Fresh Produce	20.6%	24.2%	16.4%	26.9%
Drank Alcohol 10+ Days In The Past Month	10.6%	4.8%	17.5%	8.2%
Usually Have 4 Or More Drinks On An Occasion	6.0%	4.0%	2.3%	9.0%
Use Tobacco A Few Times Per Week Or Daily	11.3%	31.1%	6.5%	17.5%
Primary Care Provider Not Aware Of All Drugs Taken	6.7%	9.3%	0.0%	4.7%
Ever Used Prescription Drugs Belonging To Friends Or Family	13.4%	14.8%	3.2%	11.4%

Coalition of Western Massachusetts Hospitals Community Survey, 2013.  
N size varies for each cohort and each health behavior.

A large percentage of respondents reported that they do not eat the recommended amount of vegetables and never or rarely shopped at a farmer’s market. Medicaid recipients and those with less than a college education were less likely to eat the recommended amount of fruit and vegetables and shop at a farmer’s market. Those with less than a college education were more likely to have four or more drinks on one occasion. Medicaid recipients were more likely to use tobacco a few times per week or on a daily basis and to use prescription drugs belonging to friends or family (**Exhibit 9**).

The principal reason stated for not shopping at a farmer’s market was that respondents accessed local produce in their own garden, grocery store, or through Community-Supported Agriculture (CSA). The greatest reason for not eating the recommended amount of fruits and vegetables was cost. Many respondents (46 percent) reported purchasing their groceries in a grocery store, while respondents were least likely to buy groceries at a convenience store (1 percent).

Usage of alcohol and tobacco were problematic for certain cohorts and many respondents suggested that they are unable to reduce their use of alcohol and tobacco despite a desire to do so.

**Exhibit 10** examines the health topics that respondents felt children need to know more about.

## Exhibit 10: Improving Children’s Health

Topic	Ages 0-5	Ages 6-10	Ages 11-15	Ages 16-19
Dental Hygiene	21.3%	10.8%	5.7%	5.4%
Nutrition	19.2%	11.8%	7.3%	7.1%
Getting Enough Sleep	10.6%	7.6%	6.8%	7.1%
Bullying	13.9%	12.2%	7.0%	6.2%
Asthma Management	6.3%	7.2%	3.9%	3.5%
Diabetes Management	3.6%	5.6%	4.2%	4.4%
Eating Disorders	3.0%	6.1%	7.1%	7.0%
Tobacco	5.0%	7.6%	7.2%	6.9%
Alcohol	3.1%	6.3%	7.3%	7.1%
Drug Abuse	3.0%	6.5%	7.3%	7.2%
Mental Health Issues	3.5%	5.6%	7.2%	7.5%
Suicide Prevention	1.8%	3.6%	6.7%	7.1%
Sexual Intercourse	1.7%	3.5%	8.0%	7.4%
Sexually Transmitted Diseases	1.3%	2.8%	7.9%	7.4%
Reckless Driving/Speeding	1.4%	2.0%	5.5%	8.0%
Other	1.4%	0.9%	0.8%	0.9%

Coalition of Western Massachusetts Hospitals Community Survey, 2013.  
Ages 0-5 (N=2,605), Ages 6-10 (N=5,515), Ages 11-15 (N=8,830), Ages 16-19 (N=8,548).

Key	
Top Three Issues by Age Group	

Among children aged 0 to 5 years and 6 to 10 years, health topics such as dental hygiene, nutrition, and bullying were seen as important. Drug abuse, sexual intercourse, and sexually transmitted diseases were the primary suggested educational topics for children aged 11 to 15. Respondents suggested information on mental health issues, sexually transmitted diseases, and reckless driving/speeding should be taught to youth aged 16 to 19 years.

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*Key insights:*  
**Community  
Survey**

- ▶ **926 residents in Cooley Dickinson’s community responded to the community survey. Post-stratification weights were applied to reflect community demographics.**
  - ▶ **78 percent of respondents with private insurance receive their routine healthcare in a private physician’s office. Medicaid recipients more often rely on free or low-cost clinics. Medicaid recipients and those with less than a college education are more likely to rely on hospital emergency rooms.**
  - ▶ **Area residents are most unable to receive needed prevention and wellness services, mental health care, and “medical specialty care.” Difficulty accessing basic primary care appears most acute for residents of Easthampton.**
  - ▶ **Affordability (even after the Massachusetts health insurance expansion) remains a primary barrier to access.**
  - ▶ **Respondents indicate that mental health, insufficient exercise, obesity, substance abuse / addiction, and poor dietary choices are the top five health issues (other than financial and economic challenges). Top issues vary depending on insurance status and education (e.g., lack of affordable housing for Commonwealth Connector, MassHealth (Medicaid), and Medicare recipients and dental health issues for MassHealth (Medicaid) recipients).**
  - ▶ **A number of community residents “don’t know where or how” to receive care for substance abuse / addiction and obesity. Among respondents not receiving needed health care services, the majority were in Easthampton.**
-