

QUABOAG HILLS COMMUNITY HEALTH IMPROVEMENT PLAN

VISION & MISSION STATEMENT FOR THE CHIP

VISION: *All residents of the Quaboag Hills (QH) region have an equal opportunity to pursue healthy lifestyles and to achieve social, emotional, physical, and spiritual well-being.*

*With this Vision in mind, the **MISSION** of the QHCHIP is to provide a clear plan that empowers all who live, work, and play in the QH Region to:*

- Achieve a deeper and broader understanding of the health of the Quaboag Hills community and any barriers or underlying systems that are contributing to poor health outcomes*
- Direct their own health and access community resources to support healthy choices*
- Engage as educated, knowledgeable participants in policy, advocacy, and decision-making activities that support the advancement of the community's health.*

QUABOAG HILLS CHIP PARTNERS

- Quaboag Valley Community Development Corporation
- Pioneer Valley Planning Commission
- Town of Ludlow
- Town of Ware
- Town of Belchertown
- Quaboag Connector
- Baystate Health
- Quaboag Hills Community Coalition
- Behavioral Health Network, Inc.
- Stavros Center for Independent Living
- North Brookfield Cares 2 Help
- Mill Towns Public Health
- Central Mass Regional Planning Commission

1 INTRODUCTION

The Quaboag Hills Community Health Improvement Plan is a project led by Healthy Quaboag with assistance from the Pioneer Valley Planning Commission and partners of the CHIP. Healthy Quaboag is based in the Town of Ware and collaborates with a wide range of community members and organizations in the Quaboag Valley. The primary objective of Healthy Quaboag is to address health disparities and enhance the well-being of the region's residents.

A Community Health Improvement Plan (CHIP) is a broad, action-oriented strategic plan to improve the health of the community. The CHIP is developed collaboratively by the community and focuses on priority health issues. Priorities are based on data presented in area Community Health Needs Assessments (CHNAs) which hospitals are required to complete every three years as well as through engagement with residents and representatives of organizations interested in improving conditions for community health. The service area for the Baystate Wing Hospital most closely reflects the Quaboag Hills Region, therefore the Baystate Wing CHNA was used as a reference for data, priority populations and health concerns reflected in the QH CHIP.

Representatives from health and social service organizations, municipalities, area businesses and community-based organizations began meeting in 2022 to discuss development of a CHIP for the Quaboag Hills Region through funding from the Massachusetts Community Health and Healthy Aging Fund (MA CHHAF) and reviewed data with multiple partners in April of 2023 to decide on priority areas of focus for the CHIP.

Since the Quaboag Hills region spans three counties, and as most of the communities in the region are rural, it is difficult to paint a picture of the health concerns in the region through county health data. Data for the CHIP was mainly drawn from the 2022 Baystate Wing CHNA as well as data requested from the Massachusetts Community Health Equity Initiative (CHEI) for the more rural communities in the region. Other sources of data that were used to inform the CHIP include the following:

Quaboag Hills CHIP Data Sources:

- **2022 and 2025 Baystate Wing CHNA**
 - Covid Community Impact Survey (CCIS)
- Engagement during Fall 2022 QH CHIP Kick-off Meeting
- **Community Surveying during Vaccine Clinics** - November '22 – December '22
- **Access to Basic Needs Community Surveying** - January '23-March '23
- **Stakeholder Interviews** - February '23- March '23

- Age & Dementia Friendly Pioneer Valley Community Assessments for Belchertown, Ware, Monson, Palmer, and Ludlow
- Community Action Pioneer Valley: December 2020 Community Needs Assessment
- 2021 Prevention Needs Assessment Survey (QHSUA)

Although the data gathered for this document and the work of the CHIP is useful in establishing baseline conditions, we recognize that the social and political landscapes are changing rapidly. Therefore, the strategies used to achieve goals and objectives of the CHIP are dynamic and will be adjusted as needed during the implementation phase of the CHIP.

2 BACKGROUND - QUABOAG HILLS REGION

The Quaboag Hills Region includes the towns of Belchertown and Ware in Hampshire County; Ludlow, Hampden, Wilbraham, Palmer, Monson, Brimfield and Wales in Hampden County; and the towns of Barre, Hardwick, Brookfield, North Brookfield, East Brookfield, West Brookfield, Spencer, New Braintree, and Warren in Worcester County (Figure 1). The region primarily reflects the 17 communities in the Baystate Wing Hospital's service area with the additional towns of Barre and Spencer. Ludlow, (at a population of 21,291), Wilbraham (at 14,638) and Belchertown (at 15,005) are the largest communities in the service area while town of Ware (population 9,801) is at the center of the region and serves as the fiscal agent for Healthy Quaboag. Other key partners include the Quaboag Valley Development Corporation (QVDC) which manages operations for the Quaboag Connector; the Quabbin Health District which serves the towns of Ware, Belchertown, and Pelham; the Quaboag Hills Community Coalition; Behavioral Health Network, Inc; and Baystate Health.

Fifteen of the nineteen towns in the Quaboag Hill region have populations of less than 10,000 people and 17 of the nineteen meet the state definition of "rural" or having fewer than 500 people per square mile. Demographically, the region's residents are primarily White (more than 90%), with 5% Latino/a/e, 1% Black, and 3% of defined as "other."¹ The median family income is \$90,067, which is lower than Massachusetts' average family income at \$103,126.² At least 7% of the service area population is living in

¹ From the 2022 Baystate CHNA, referencing Race & Ethnicity of Total Population for the 23-ZCTA Area; Broadstreet 2021.

² From the 2022 Baystate CHNA, referencing Median Family Income for the 23-ZCTA Area (ACS 2015-19). Broadstreet: 2021.

poverty,³ and 13% of residents are considered “low income.”⁴ The median age in the service area is 44 years, which is above the national average of 38 years.⁵

³ From the 2022 Baystate CHNA, referencing Percent of Population Living below 100% Federal Poverty Level in Our 23-ZCTA Area (ACS 2015-2019). BroadStreet; 2021

⁴ From the 2022 Baystate Wing CHNA, referencing Percent of Population Living below 150% Federal Poverty Level in the 23-ZCTA Area (ACS 2015-2019). BroadStreet; 2021.

⁵ From the 2022 Baystate Wing CHNA, referencing Percent of Population Living below 150% Federal Poverty Level in the 23-ZCTA Area (ACS 2015-2019). BroadStreet; 2021.

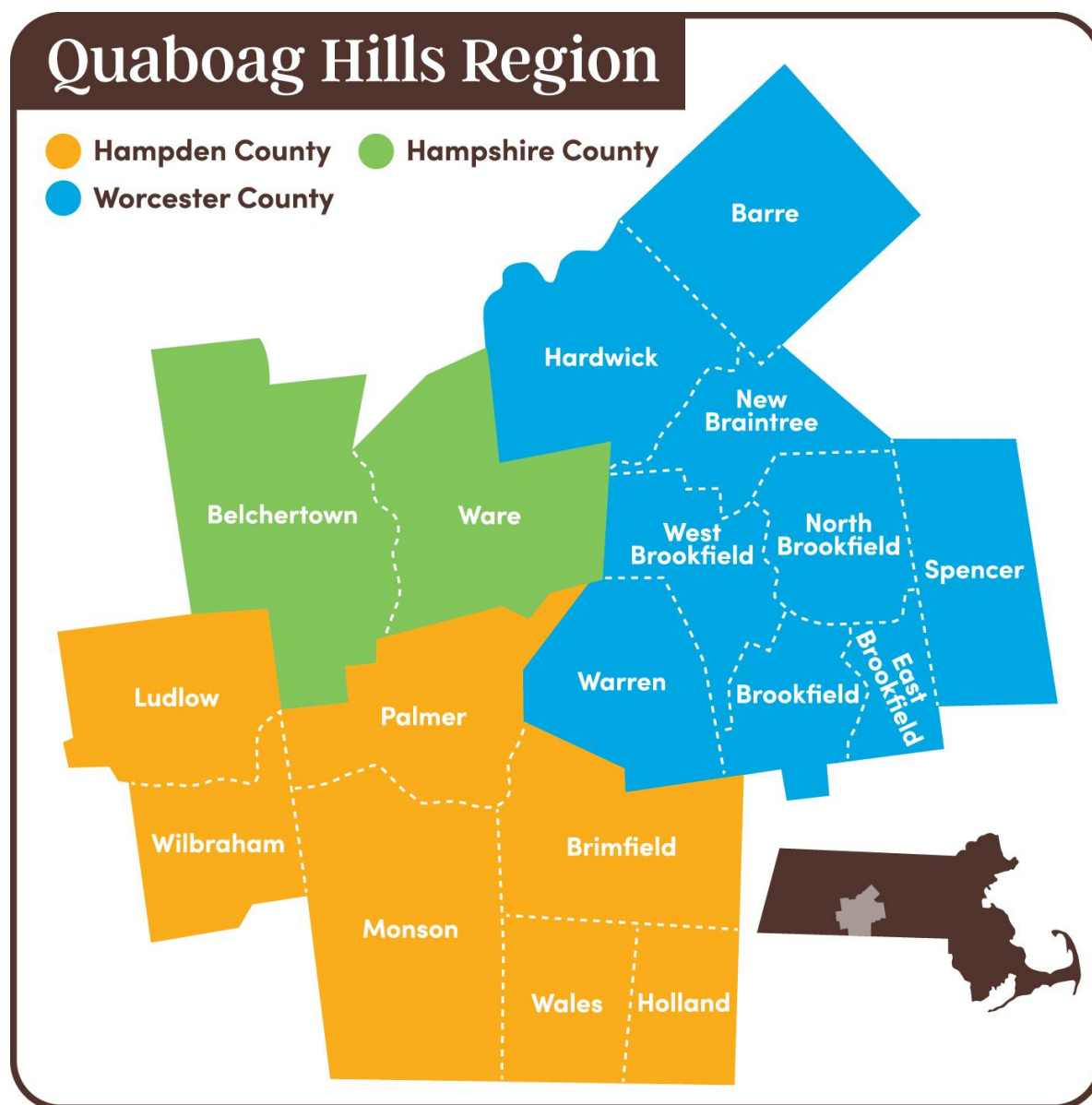


Figure 1 - Quaboag Hills Region

The prioritized health needs for the 2022 CHNA for the Baystate Wing service area included the following. The health needs highlighted in bold received more attention for the Baystate Wing service area.⁶

- Social and Economic Factors that influence health:
 - **Financial Health and Well-being**
 - **Violence and Trauma**
 - **Lack of Access and Affordability of Housing, Food, and Transportation**
 - Climate Crisis
- Barriers to Health Care Access

⁶ Baystate Wing CHNA (2022)

- Insurance and health care related challenges
- Limited availability of providers
- Need for increased cultural humility
- Need for transportation
- Lack of care coordination
- Health literacy and language barriers
- Health Barriers and Outcomes:
 - **Youth Mental Health (Regional Focus)**
 - Mental health and substance use
 - Chronic conditions
 - Infant and Perinatal Health
 - Alzheimer's disease

The general membership of the Quaboag Hills CHIP met in April of 2023 to choose four priority areas to focus on for the CHIP. A short survey was also distributed at vaccine clinics to get feedback from the public. Based on this engagement, the four priorities selected for the Quaboag Hills CHIP included: **Transportation, Housing, Mental Health, and Access to Health Care**. The other Baystate CHNA priorities were included in the list above as there is a lot of overlap – for example, financial health and well-being and access to basic needs both include access to transportation, both due to the cost of owning a car and the lack of public transportation in the region. Although Violence and Trauma was not selected as a priority for the QH CHIP, survivors of domestic violence need short and long-term housing in order move out of bad situations so

HEALTHY QUABOAG AND PARTNER INITIATIVES

The Quaboag Hills region hosts several coalitions working to improve the health of the residents who live in the region. The Quaboag Hills Community Coalition, made up of health and social service providers, has been meeting since 2014 and initiated the formation of the Quaboag Hill Substance Use Alliance (also led by staff from Healthy Quaboag). Shortly after the Covid-19 pandemic, Healthy Quaboag participated in the Vaccine Equity Initiative, providing vaccine clinics and outreach to residents to ensure free and easy access to vaccines. The Education to Employment project, funded through a grant from Baystate Health, trained people to become Certified Nursing Assistants (CNAs) who can provide home care in an area that has a shortage of home health care providers. The QVCDC runs the Quaboag Connector in partnership with the Town of Ware, providing transportation services to ten of the towns in the region; and also provides trainings in financial literacy, support for small businesses, support for aging in place, and many other programs and initiatives supporting the people and economy of the Quaboag Hills/Quaboag Valley Region.

The Pioneer Valley Planning Commission (PVPC) facilitates the Hampden County Health Improvement Plan network and has assisted the towns of Belchertown, Ludlow, Monson, Palmer, and Ware in becoming “Age and Dementia Friendly Communities” through the Age Friendly Pioneer Valley initiative. This initiative involved extensive engagement of older adults and working groups to develop Community Assessments and Action Plans in each community and a regional assessment for the PVPC region (Hampden and Hampshire Counties). A similar regional effort was conducted for Worcester County through the Central Massachusetts Regional Planning Commission.

3 PRIORITY HEALTH CONCERNS

As noted above, the leadership team of the Quaboag Hills CHIP selected the following priority areas of focus for the CHIP:

- 1) Transportation (Access to Basic Needs, barriers to accessing care)
- 2) Housing (Access to Basic Needs, Financial Security)
- 3) Mental Health
- 4) Access to Health Care

Working Groups were developed around each health concern and have been meeting monthly to develop a vision for change and strategies that the CHIPs and partner organizations could feasibly implement. Each priority area below includes relevant data and Goals and Actions that the Working Groups have identified as Specific, Measurable, Achievable, Relevant, and Time-Based (SMART).

TRANSPORTATION

Vision: All residents of the Quaboag Hills Region seamlessly access and understand comprehensive, user-friendly transportation options through a centralized, easily accessible platform. We are committed to fostering a community where innovative, collaborative solutions meet diverse mobility needs, empower individuals, and enhance connectivity, thereby promoting independence and quality of life for everyone.

Background

Transportation is a basic need in rural communities and impacts one’s ability to work, go to school; and to access healthy food and health care. According to 2019-23 estimates, 5% in the Baystate Wing service area as a whole, 8% of households in Palmer and 7% of households in Ware reported not having a vehicle.⁷

As a region that consists of many small towns in three counties, the Quaboag Hills region faces many challenges in providing public transportation. Some communities in

⁷ 2025 Baystate Wing CHNA (p. 40)

the region are served by the Pioneer Valley Transit Authority; however, the routes and schedules are limited. PVTA provides on demand service for people over the age of 60 and people with disabilities within ¾ mile of the PVTA bus routes.

The Quaboag Connector grew out of the need for a more consistent and flexible transportation service. Founded in 2017 through a partnership between the Town of Ware and the Quaboag Valley CDC, the Connector serves ten communities that are on the edges of two regional transit agency service areas (the Pioneer Valley Transit Authority and Worcester Transit Authority) and serves a less densely populated area than many transit agencies. Its on-demand service is suited for an area where people need rides to and from work, school, and medical appointments.

Sustaining funding for the Connector has proved to be a challenge for the entities that manage the service. In addition to revenues from fares for use of the service, the Connector is funded by a mix of State, Federal, and foundation grant funding. A few towns in the service area have also contributed to the Connector through CDBG funds (from the Town of Palmer), discretionary funds (from the Town of Monson), and senior transportation funds (from the Town of Ware). The Baystate Health Foundation also provides funds for the Connector to provide rides for medical appointments.

The Transportation Working Group of the Quaboag Hills CHIP has identified the need to expand awareness of the Connector's services as well as to work toward the sustainability of the service to meet the long-term needs of the community.

Population:

- Residents of Quaboag Hills
- People on fixed incomes (older adults, people with disabilities)
- Young adults for whom a car is not an option
- People who do not speak English
- Local workforce

What Change Looks Like:

- ☐ People who don't own cars or can no longer drive can reach their jobs, educational institutions, medical appointments, and fully engage in their community activities.
- ☐ The Quaboag Connector is sustainably funded to enable it to expand to meet the needs of the region.
- ☐ Transit agencies communicate about services more effectively with assistance from municipalities and community based organizations.
- ☐ Improvements to infrastructure that promote safety of pedestrians, bike-users, and other micromobility transportation methods.

Measures

- Strategy for sustainable funding of the Connector.
- Ridership on the Connector and PVTa
- Surveys of riders and residents – primarily people who don't own or drive cars (low income, older adults, teens).
- Walking and Biking Audit feedback from community members

Transportation Objectives and Strategies

Outreach & Engagement

Objective 1: Increase ridership on the Quaboag Connector by 20% by 2026 and improve customer satisfaction with the service.

- 1.1. Provide riders and community members with comprehensive, user-friendly information on how to use the Quaboag Connector/PVTa/Regional Services, both in digital and physical formats, ensuring accessibility and ease of use.
 - Work with the media to advertise local transportation.
 - Provide non-native English speakers with accessible resources/ programs

Lead: QVCDC

Partners: Municipalities, service providers, employers, housing facilities, libraries in service area

- 1.2. Improve digital access and skills among transportation users, ensuring that all community members can effectively utilize digital tools and resources related to transportation.

Lead: QVCDC

Partners: Local COAs,

- 1.3. Assist individuals in effectively utilizing resources and navigating complex systems through personalized support such as a "ride buddy" or expansion of PVTa Travel Trainer program.

Lead(s): PVTa, Quaboag Connector

- 1.4. Address the barriers faced by individuals traveling to long-distance destinations, ensuring accessible, efficient, and equitable travel options.
 - Engage residents in advocacy work to improve transit services.

- 1.5. Inventory safety and accessibility of each town's walkability through community walking safety audits in Quaboag Hills towns. Inform municipalities on needed infrastructure improvements to promote pedestrian safety. Replicate focusing on biker safety.

Lead: Healthy Quaboag

Partners: WalkMass, MassDOT, Local municipalities

Funding & Sustainability

Objective 2: Develop a strategy for consistent funding of the Quaboag Connector that accounts for the actual costs of providing transit services and moves away from one-time grant funding.

- 2.1. Explore the feasibility of requesting funding for the Connector through contributions from member municipalities.
- 2.2. Develop a strategy for marketing the Connector and educating residents about the costs and benefits of the Connector and the need for more sustainable funding.

HOUSING

Vision: Communities in the Quaboag Hills Region offer a variety of housing types that include units that are affordable for all income levels. Transitional housing is available for people with emergency housing needs. Funding is available to assist owners of older homes to make them safe and accessible. The majority of new or rehabilitated housing is concentrated in town centers or within walking distance of services and amenities to encourage opportunities for social interaction and the ability to walk to access services, food, transportation services, and other basic needs.

Population:

- People on fixed incomes (older adults, people with disabilities)
- Households living in poverty
- Survivors of domestic violence
- People in recovery
- Local workforce

What change looks like:

- ☐ Shorter waits for affordable units (located in the region)
- ☐ Temporary or transitional housing is available for survivors of domestic violence and people in recovery – Housing First
- ☐ Municipalities are pro-active in their approach to increasing housing availability

Measures:

Short-term:

- Engagement of residents with lived experience around the challenges of finding and staying in housing
- Housing stories – Materials for web-based and print materials to demonstrate the need for housing by current residents of the region.

Long-term:

- Number of new units, number of developments proposed/started
- Number of units vacant due to tax sale/foreclosure converted to affordable or middle income housing
- Availability of transition/emergency housing
- Zoning that allows (minimum) two family homes in most districts, and multi-family housing in areas close to transit stops and services

Housing Objectives & Strategies

Objective 3: Build support among residents and community leaders to increase opportunities for residents of the Quaboag Hills region to have access to safe, affordable, and physically accessible housing.

- 3.1. Collect stories from residents around challenges in finding rental or transitional housing. Use results to educate member communities about challenges that residents are facing to build support for housing development.

Lead: Healthy Quaboag

- 3.2. Build the network of individuals and organizations that support the development of housing that is affordable to all income levels and transitional housing to address emergency housing needs.
- 3.3. Support the efforts of regional housing coalitions to advocate for statewide policy change and educate member communities about new funding opportunities for housing development.

Objective 4: Engage QH communities in planning for housing that will meet the needs of the region's residents and implementing strategies to increase development of housing for all incomes and abilities.

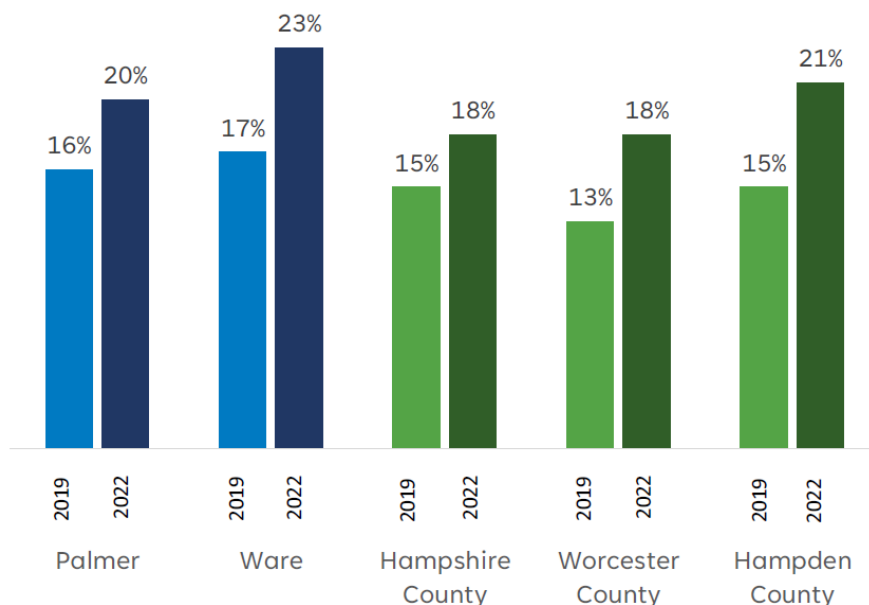
- 4.1. Inventory town-owned properties and properties that are vacant due to foreclosure or non-payment of taxes for potential development or redevelopment opportunities.
 - Work with municipalities to identify partners who could acquire and redevelop vacant properties into affordable housing.
- 4.2. Encourage the development of local or regional housing trusts to address local and regional housing needs.

- 4.3. Recommend that municipalities adopt the Community Preservation Act to fund affordable housing projects.
- 4.4. Identify developers of affordable housing and work with them to identify barriers and opportunities for building new affordable housing.
- 4.5. Encourage all towns in the QH region to conduct housing needs assessments and develop Housing Production Plans.
- 4.6. Conduct a regulatory review of local zoning bylaws to identify opportunities for increasing density, allowing accessory apartments, and allowing congregate living facilities.
- 4.7. Explore opportunities for developing a regional shelter or transitional housing to address emergency housing needs.
- 4.8. Investigate all opportunities for affordable homeownership - Habitat, etc.
- 4.9. Research successful housing models from other smaller MA communities including co-housing, mixed income, congregate with shared support services, home share, etc.
- 4.10. Plan for and designate a portion of the former Baystate Mary Lane property for development of housing for older adults, people with disabilities, and/or transitional housing.
- 4.11. Connect housing authorities with independent living centers to ensure that people living with disabilities have adequate support services and equipment to live independently.
- 4.12. Educate tenants on their rights and responsibilities.
- 4.13. Assemble resources for the aging populations who need home rehabilitation help to stay safely in their homes.

MENTAL HEALTH

Mental health and substance use disorders have been a priority in the Baystate Wing service area for the last three years (2019, 2022 and 2025) according to the Baystate Wing Community Health Needs Assessments (CHNAs). The most recent data (in the 2025 CHNA) shows that the rates of adults with poor mental health rose between 2019 and 2022 (Figure 2) in all counties that cover the Baystate Wing service area as well as in the towns of Palmer and Ware. The CHNA also reports that rates of depression increased over the same period, with at least one in four individuals being diagnosed with depression in the three counties of the Quaboag Hills region (29% in Hampden County, 27% in Hampshire County and 27% in Worcester County compared to 24% for the State).

Figure 2- - The prevalence of adults with poor mental health has increased from the year prior to the Pandemic (from the 2025 Baystate Wing CHNA)



Source: Massachusetts Department of Public Health. MA Health Data Tool, derived from Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Mental health and substance use disorders are often related and together are referred to as behavioral health. The numbers of opioid deaths in Hampden County rose from 199 in 2019 to 231 in 2023, and the number of deaths due to overdose in Palmer rose by more than 50% during the same period (5 in 2019 to 12 in 2023).

Key assets and resources in the Quaboag Hills Region identified by the Mental Health Working Group include:

- BHN Family Resource Center (Ware)
- Ware High School Domestic Violence Taskforce
- Ware River Valley Domestic Violence Task Force for the towns of Ware, Warren, and West Brookfield
- Quaboag Hills Substance Use Alliance
- Center for Human Development (CHD)
- Griswold Center
- West Brookfield Counseling
- The Ware Recovery Center of Hope has connections to resources and services for those in recovery from opioids, alcohol, stimulants, etc.
- Drug Free Communities Program in Belchertown

Vision: Communities in the Quaboag Hills Region have the resources to help improve mental health for areas and people in need.

Population:

- Youth
- Older adults
- Transitional age youth
- LGBTQ+
- Families
- Homeless
- Single Adults
- Young adults parenting
- Providers who may harbor some levels of stigma and bias themselves
- Grandparents raising grandchildren

What does Change look like?

- Opportunities for intergenerational social connection, health and well-being are available in all communities in the region for all residents.
- Residents know how to access mental health resources and are able and willing to use them.
- Resources are available to connect residents with services and programs to help them meet basic needs including housing, employment, transportation, health care, etc.

Measures

Short-term

- Opportunities for intergenerational social connection.
- Community engagement and education to connect residents to resources for mental health and basic needs.
- Engagement of people with lived experience to identify and address root causes of poor mental and behavioral health

Long-term

- Decrease in % of population with poor mental health
- Decrease in opioid related incidents and deaths
- Increased opportunities for treatment and recovery
- Increase opportunities for social connection

Mental Health Objectives and Strategies

Objective 5: Increase awareness and opportunities for education around mental and behavioral health conditions and resources for residents of the Quaboag Hills region.

- 5.1. Implement Community-Based Anti-Stigma Training, focusing on educating community members to reduce stigma related to mental health, substance use, disability, or other marginalized identities.
Potential Partners: Organization to lead trainings, media campaign
- 5.2. Develop a list of resources that can help residents - distribute to schools, primary care clinics, community centers, libraries, senior centers.
Partners: 413Cares.org (PHIWM),
- 5.3. Offer low- to no cost mental health trainings for community members as well as staff at area schools. Survey schools to evaluate past trainings and to identify what worked and what additional trainings are still needed. (Example: Talk Saves Lives: <https://afsp.org/talk-saves-lives/>).
- 5.4. Engage youth in community service programs such as clean-up days to build a sense of community.
- 5.5. Engage school faculty to understand support needs for faculty, students and parents.
- 5.6. Connect residents and youth to opportunities for mindfulness education & somatic coaching (how do our bodies respond to trauma).
- 5.7. Build out peer to peer models that train youth how to manage their own mental health and to be resources for their peers.
- 5.8. Create spaces in schools that support health and well-being.

ACCESS TO HEALTH CARE AND PREVENTATIVE CARE

The Baystate Wing CHNA notes a number of factors that affect access to health care and quality of care. These include: insurance coverage, costs of premiums and out of pocket expenses, availability of healthcare providers, transportation to care, quality of care coordination among providers, health literacy, language access, and the availability of culturally responsive care. 2025 Baystate Wing CHNA Data also shows a shortage of some providers when comparing the number of providers to population, mainly substance use disorder care providers (only 5 per 100,000 compared to 36 per 100,000 for Massachusetts as a whole), and primary care providers (85 per 100K vs 101 per 100K for MA).

The closure of Baystate Mary Lane Hospital in 2023 left a large hole in Ware and surrounding communities, particularly communities to the east of Ware which now have to travel to Worcester or Palmer for their health care needs. The closure has inspired

community-led advocacy around bringing a health care facility or clinic to the Mary Lane campus or to a surrounding town such as Warren.

The Quaboag Connector is available to take people to medical appointments, and Baystate funded additional services to bring people from the Ware Senior Center to Baystate Wing Hospital after the closure of Mary Lane. However, scheduling both dropoff and pickup from appointments can be challenging when vans have to respond to multiple ride requests.

With a shortage of health care providers, Healthy Quaboag has also been working with the community to develop programming that supports preventative care, such as food security. Good nutrition and access

Vision: Every person in the Quaboag Hills region has reliable, timely, and equitable access to quality healthcare — bridging the gap between distance and care, and empowering healthier, more connected lives.

Population:

- People with mobility issues and other disabilities
- People experiencing substance use disorders
- People living on low or fixed incomes
- People who don't own cars
- People who are currently or formerly incarcerated
- Older adults
- Youth
- Young adults from 20s-30s do not know how to navigate healthcare system, regardless of language and culture

What does Change look like?

- Residents can access health care services, as well as mental and behavioral health services close to where they live.
- Transportation is available to get people to medical appointments if they don't own a car or have other mobility issues.
- Residents can access non-medical opportunities for prevention and treatment of chronic disease, including healthy eating and active recreation.

Measures

Short-term

- All health care services are listed on [413Cares.org](https://www.413Cares.org), and service providers have claimed their listings.
- Trainings on how to use technology for telehealth appointments.

Long-term

- At least one health clinic is available for people in Ware and/or in the eastern towns of the QH Region.
- Residents are able to see doctors when they need to, via Telehealth or at a nearby clinic.

Access to Health Care Objectives and Strategies

Objective 6: Improve access to health care and health literacy through outreach, education and advocacy.

- 5.1. Expand access to quality, patient-centered care through digital solutions. I.e., telehealth & hotspots.

Potential Partners: Ware Senior Center

- 6.1. Create telehealth “access hubs” in community centers, libraries, and schools equipped with technology and private spaces.

Potential Partners: Libraries, Senior Centers, Schools

- 6.2. Health Literacy Courses aimed to empower individuals—especially those with limited experience in navigating healthcare—with the knowledge and skills they need to understand, access, and use health information and services effectively.

Potential Partners: 413Cares, State Agencies (for MassHealth, SNAP)

- 6.3. Train and employ CHWs from within the community.

Potential Partners: HCC at E to E

- 6.4. Collaborate with mobile health clinics to deliver comprehensive primary care, dental, mental health, and preventive services directly to the community.

Potential Partners: Baystate WOW bus, Tapestry

- 6.5. Hold a series of community events and launch a media campaign to promote new and existing resources to promote best practices for health and well-being. Offerings could include yoga, meditation, Paint Night, running/walking clubs, etc.

Potential partners: Workshop 13

- 6.6. Hold education and trainings on how to sign up for health insurance and changes to Medicaid.

Potential Partners: Shine Counselors (Senior Centers); Life Path

- 6.7. Promote nutrition and healthy eating for prevention and treatment of chronic illness while improving access to healthy food.

Partners: Food Policy Council

QUABOAG VALLEY FOOD POLICY COUNCIL

The Quaboag Valley Food Policy Council (QVFPC) was founded in 2022 with funding from the Massachusetts Department of Agricultural Resources (MDAR) as a response to the rising need for food access work within the Quaboag Region of the Commonwealth. Despite being an agriculturally rich community, easy access to nutritious food is a common issue with many residents relying on the Supplemental Nutrition Access Program (SNAP) to pay for groceries. According to the 2020 census, approximately 1 in 5 households in the Town of Ware receive SNAP benefits. The 2025 Baystate Wing Hospital Community Health Needs Assessment (CHNA) found that “food” was one of the top keywords searched for on the online resource guide [413Cares.org](https://www.413cares.org). As a Palmer-based community hospital, the Baystate Wing CHNA covers the Quaboag Region.

The **vision** of QVFPC is to “sustainably make nutritious local food easily accessible for all community members while increasing the capacity of food producers” with a **mission** of “strengthening the existing community food system by connecting residents to local resources, providing education surrounding nutritious food, and supporting our regional farming community.”

In the summer of 2024, QVFPC completed a Community Food Access Assessment. Working with the Collaborative for Educational Services (CES), council members were trained in Effective Community Interviewing to collect qualitative data from residents regarding food access in the Quaboag Region. CES worked as a close consultant during this process and was sub-contracted to analyze the findings into one report. The report was broken into four categories: Community Assets, Access Barriers, Priority Needs, and Opportunities. The key issues affecting food accessibility were identified as:

1. Affordability
2. Quality of food at large retail outlets
3. Travel distances and limited public transportation
4. Gaps in the safety net, including low SNAP income thresholds, inadequacy of SNAP benefits, and inconsistencies in availability and quality of food at local food banks
5. Limited access to local, fresh produce (and the need for enhanced connections between local farmers and consumers)

In reflecting on these findings, QVFPC will incorporate the following strategies:

1. Establish multiple financially accessible community gardens throughout the Quaboag Region to provide growing spaces for low-income residents.
2. Incorporate *gleaning* efforts with local farms to enhance consumer-farmer relations, reduce food waste, and support local pantries with fresh produce.

Partners: Rachel's Table of Western MA, Hardwick Farmers Guild

3. Offer cooking demonstrations through local access TV stations that highlight seasonal produce and affordable recipes.
4. Work with food benefit programs such as SNAP and WIC to distribute resources at mobile food banks and distributions to increase understanding of said programs.
5. Work with local transportation services to include and promote routes to farmers markets and mobile food banks.

Partners: Quaboag Connector, PVRTA Dial-A-Ride