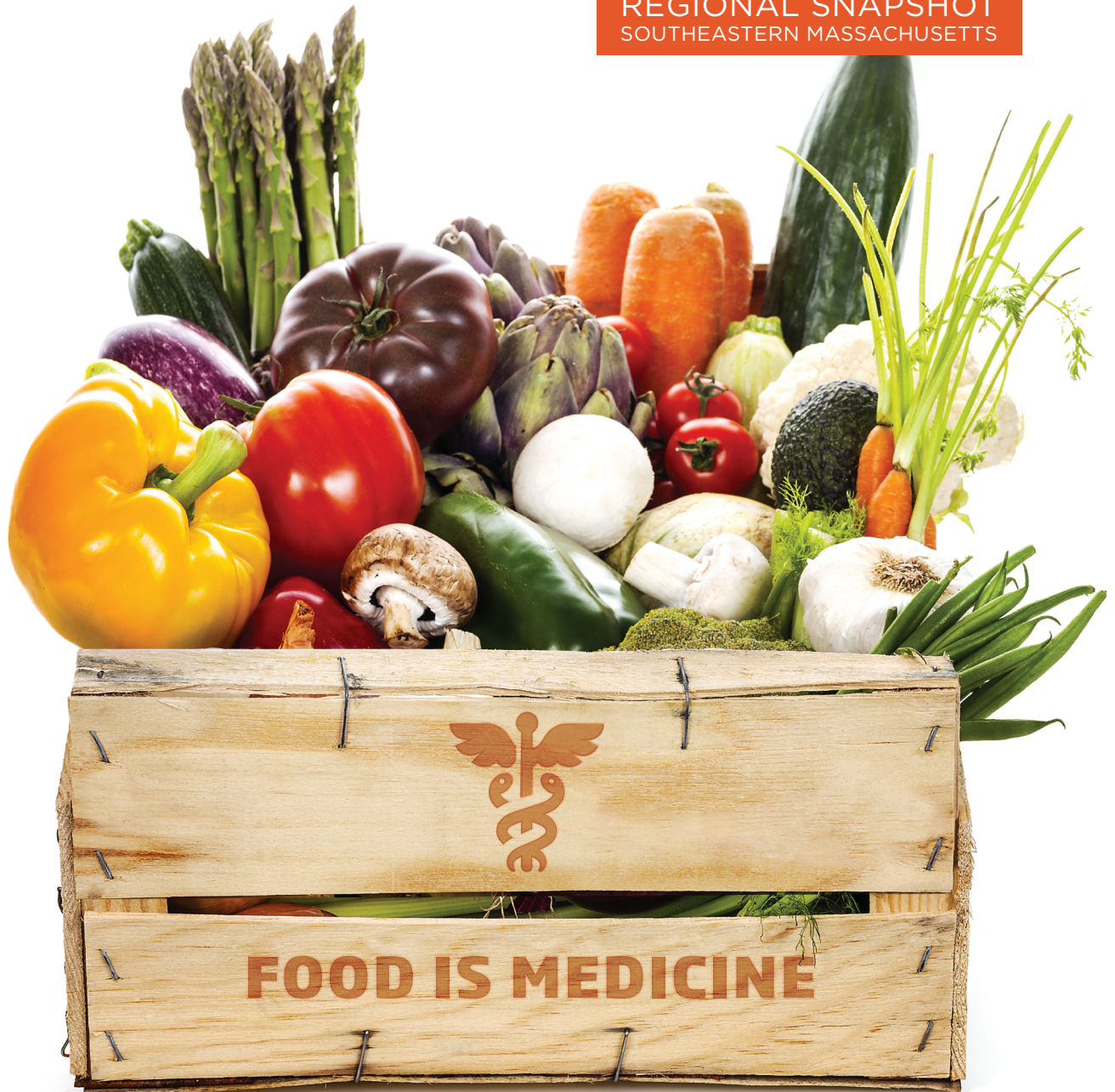


MASSACHUSETTS

Food is Medicine

STATE PLAN

REGIONAL SNAPSHOT
SOUTHEASTERN MASSACHUSETTS



JUNE 2019

Regional Snapshot

SOUTHEASTERN MASSACHUSETTS

BRISTOL AND PLYMOUTH COUNTIES

Massachusetts' Southeastern region encompasses the 47 cities and towns of Bristol and Plymouth Counties. The towns of Brockton, Taunton, Fall River, Abington, and Fall River all have high rates of food insecurity, low vehicle access, and chronic disease burden, making them highly suitable for Food is Medicine interventions. The more populated areas in the region are also home to high concentrations of ethnic and racial diversity; Food is Medicine interventions in these areas are exemplary instances of providing linguistically and culturally appropriate services. While the Southeast's economy has traditionally been carried by the fishing industry, gradual job depletion and the recent opioid crisis have increased financial and social stress across the region.

SPECIAL CONSIDERATIONS

Ethnic and Racial Diversity

Priority areas of Brockton, New Bedford, and Fall River are rich in racial and ethnic diversity,

compared to the rest of the state. Brockton is the most diverse, with 63% of the population being non-white and over a quarter born outside the U.S. Almost half speak a language other than English at home.¹ Linguistic and cultural differences are potential barriers to health care access if not addressed directly.

Substance Use Prevalence

Fall River, Brockton, and New Bedford are in the top-ten cities in the state for opioid-related deaths.² Residents of the region are particularly concerned about how the opioid epidemic is affecting young adults; there are high rates of individuals age 20-24 admitted to substance abuse facilities.³ While New Bedford has historically been home to the one of the largest fishing ports in the state, consolidation of the industry has resulted in jobs being depleted or replaced with low-wage, seasonal work in tourism and waterfront real estate development.⁴ Combined with the substance use disorder epidemic, lack of economic opportunity presents a particularly challenging outlook for young adults in Southeastern MA.

FOOD IS MEDICINE CLIENT:

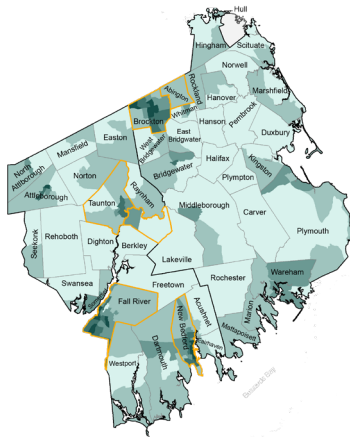
“Having access to food immediately is incredibly important to recovery – addiction is an anxiety-driven disease and when access to food is not immediate, you will “lose” them. Planning and routine are critical to recovery, but only a free lunch is available in Brockton for people who are homeless – no access to breakfast and no dinner. This makes it very challenging for folks who have been using drugs and are now trying to create a stable, healthy routine. Many of the medications they have will instruct to take with food – when they don't have food, the medications either are not effective or will make them feel terrible and undermine their recovery. Also, when food insecurity is a challenge, many will prioritize medications over food. Again, this makes them feel worse.”

FOOD IS MEDICINE INDICATORS OF NEED

SOUTHEASTERN SNAPSHOT

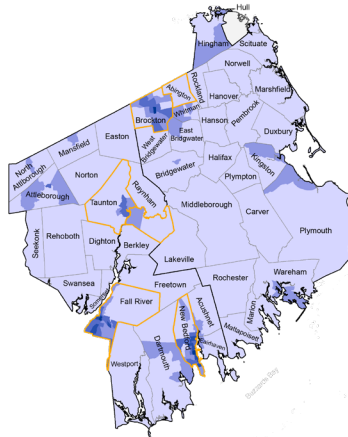
MASSACHUSETTS 2018

FOOD INSECURITY



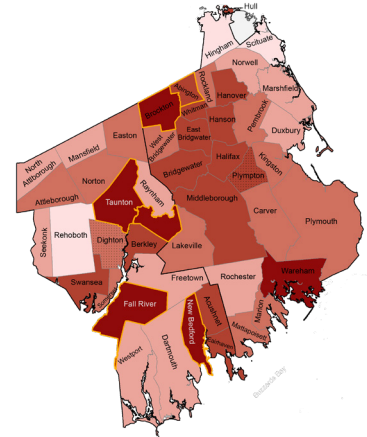
January 2019; Projected Coordinate System: NAD 1983 2011 StatePlane Massachusetts Mainland FIPS 2001; Sources: US Census, Feeding America

VEHICLE ACCESS

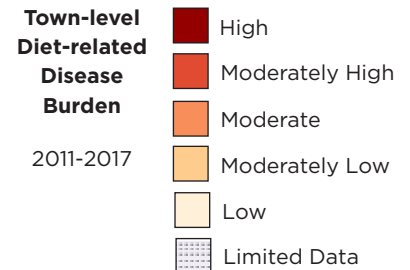
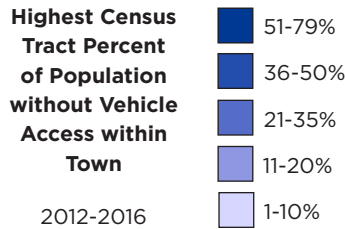
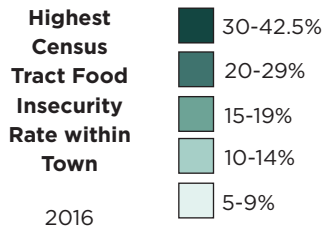


January 2019; Projected Coordinate System: NAD 1983 2011 StatePlane Massachusetts Mainland FIPS 2001; Sources: US Census, ACS 2012-2016 5-year Estimates

DIET-RELATED CHRONIC DISEASE BURDEN



January 2019; Projected Coordinate System: NAD 1983 2011 StatePlane Massachusetts Mainland FIPS 2001; Sources: US Census, MassDPH (Massachusetts Acute Care Database/BRFSS), Massachusetts Cancer Registry



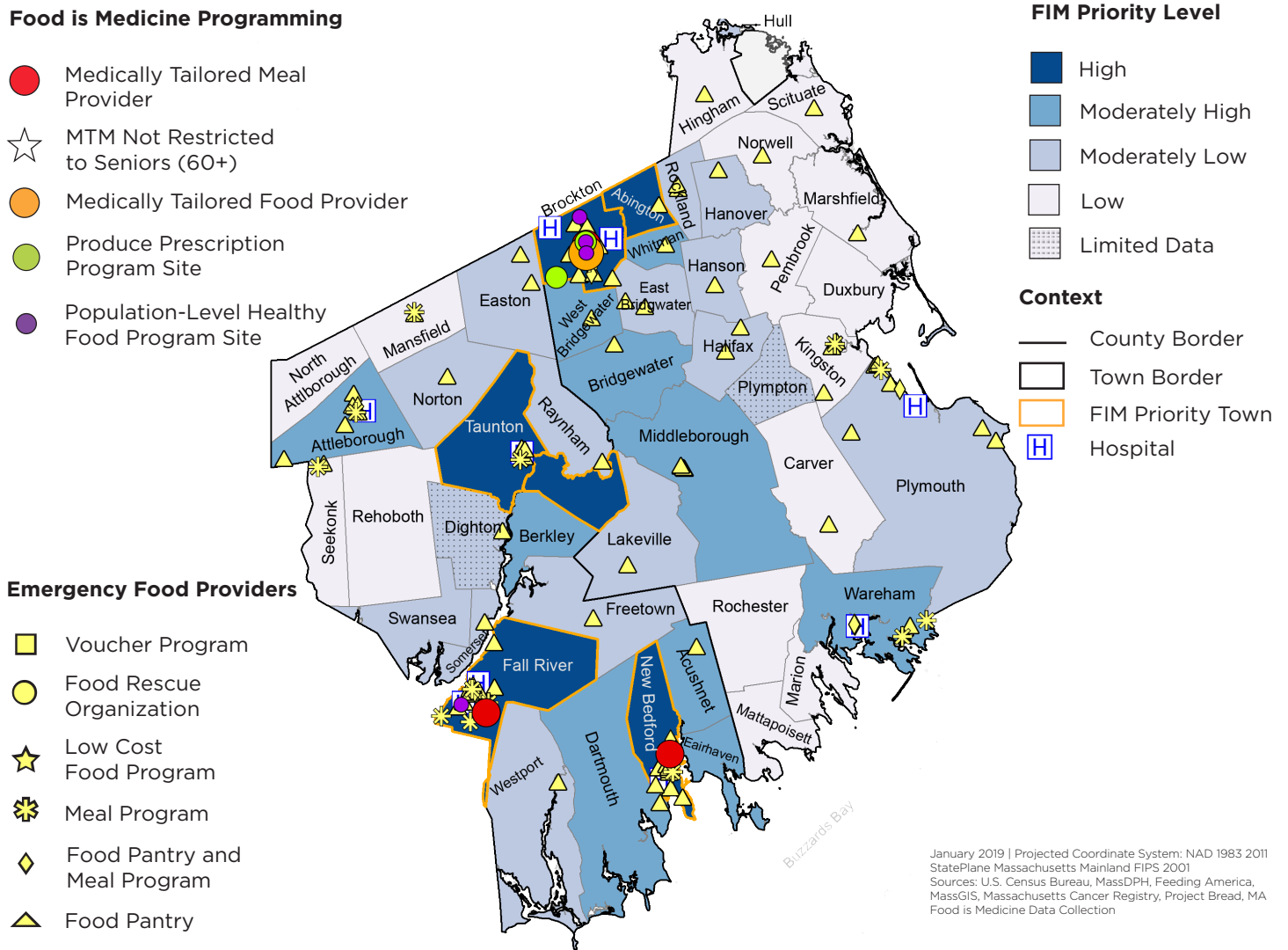
Appendix Table 6: Food is Medicine Factors of Need, Southeastern Massachusetts

Food is Medicine Indicators of Need	Regional Data
Food Insecurity	About 40% of the region's census tracts have food insecurity rates higher than the state average (10.9%), reaching up to 42% of households in one area of Brockton. The highest concentrations of food insecurity in the region are in Brockton, New Bedford, and Fall River, where 86%, 87%, and 92%, respectively, of the cities' census tracts have higher than average food insecurity. ⁵
Vehicle Access	In certain areas of Brockton and New Bedford, over half of households lack access to a vehicle. In Fall River, this rate reaches up to 61% of households. ⁶ According to the attendees at the Southeast Regional Listening Session, food and health care access are especially difficult for those without a car, as public transportation is not a reliable substitute.
Chronic Disease	Plymouth County has the highest rate of hospitalizations from cardiovascular disease (CVD) in the state; Brockton's CVD hospitalization rate is 61% higher than the state average. ⁷ Brockton and New Bedford are ranked 7 th and 10 th for highest HIV prevalence in the state, respectively. ⁸ Obesity is another issue for the region; the obesity rates in Bristol and Plymouth counties are higher than the state average. ⁹ Additionally, lung/bronchus cancer and stroke rates are substantially higher than state averages within this region. ¹⁰

FOOD IS MEDICINE PRIORITY ANALYSIS

SOUTHEASTERN SNAPSHOT

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INNOVATION IN SOUTHEASTERN MA

Given the richness of the region’s racial and ethnic diversity, Food is Medicine interventions in Southeastern Massachusetts address a variety of cultural and linguistic needs. Located on a main street in downtown Brockton, Brockton Neighborhood Health Center (BNHC), also a member of the Food is Medicine State Plan Planning Council, hosts a number of nutrition programs that reflect the needs of its community. Bringing Health Home is a food voucher program where the vouchers can be redeemed at a mobile market (operated by Stonehill College) that regularly stops at BNHC and at affordable housing sites. Supplied at-will by providers when they see need or if a patient asks, the voucher supply runs out quickly. With 90% of the public housing site participants reporting that they rely on the mobile market in order to access fresh fruit and vegetables, Bringing Health Home reflects the need to create sustainable funding streams and create standardized assessments of Food is Medicine need. Other nutrition programs at BNHC include its partnership with Vincente’s grocery store which features a full-time on-site dietitian and a host of nutrition programs including various disease-specific cooking classes.

Endnotes

- ¹ *Selected Demographic Table: Selected Social Characteristics (DP02)*, AMERICAN COMMUNITY SURVEY 2013-2017 5-YEAR ESTIMATES, U.S. CENSUS BUREAU.
- ² *Number of Opioid-Related Overdose Deaths, All Intentions by City/Town 2013-2017*, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, 2018.
- ³ *Community Health Needs Assessment for the Greater Brockton CHNA*, SOUTHEAST CENTER FOR HEALTHY COMMUNITIES, (2010).
- ⁴ *Massachusetts Local Food Action Plan*, MASSACHUSETTS FOOD SYSTEM COLLABORATIVE, (2015).
- ⁵ Craig Gundersen et al., *Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016*, FEEDING AMERICA, (2018).
- ⁶ *Selected Demographic Table: Selected Social Characteristics (DP02)*, AMERICAN COMMUNITY SURVEY 2013-2017 5-YEAR ESTIMATES, U.S. CENSUS BUREAU.
- ⁷ *2017 Massachusetts Acute Hospital Case Mix Database*, CENTER FOR HEALTH INFORMATION ANALYSIS-MASSACHUSETTS-MDPH, (2018).
- ⁸ *2017 Massachusetts HIV/AIDS Epidemiologic Profile (Table 2)*, HIV/AIDS SURVEILLANCE PROGRAM-MDPH. (2017).
- ⁹ *Massachusetts Town-level Behavioral Risk Factor Surveillance Survey*, CENTERS FOR DISEASE CONTROL AND PREVENTIONS-MDPH, (2018).
- ¹⁰ *The Massachusetts Cancer Registry Query Tool*, MASSACHUSETTS CANCER REGISTRY-MDPH, <https://www.cancer-rates.info/ma/> (last visited April 16, 2019).

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