



Baystate Mary Lane Hospital

Community Benefit | Community Health Needs Assessment

Implementation Strategy 2014-2016

Adopted by the Baystate Health Board of Trustees on September 10, 2013

Introduction

Baystate Mary Lane Hospital, based in Ware, Massachusetts is committed to creating healthier communities by working with affiliated providers and community partners to meet the identified health and wellness needs of constituencies and the communities served. In keeping with this commitment to improve health, BMLH provides many valuable services, resources, programs and financial support - beyond the walls of the hospital and into the communities and homes of the people we serve.

Baystate Mary Lane Hospital (the "Hospital") conducted a community health needs assessment (a "CHNA") of the geographic areas served by the Hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").¹ The CHNA findings were made available on the Hospital's website in September 2013 (the "2013 CHNA").² This implementation strategy ("Strategy"), also required by Section 501(r), documents the efforts of the Hospital to address and prioritize the community health needs identified in the 2013 CHNA.

The Strategy identifies the means through which the Hospital plans to address a number of the needs that are consistent with the Hospital's charitable mission during 2014 through 2016 as part of its community benefit programs. Beyond the programs discussed in the Strategy, the Hospital is addressing many of these needs simply by providing care to all, every day, regardless of their ability to pay.

The Hospital anticipates health needs and available resources may change and therefore, a flexible approach was adopted in the development of its Strategy. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the Strategy. During 2014 through 2016, other community organizations may address certain needs, indicating that the Hospital's strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2013 CHNA. In addition, changes may be warranted by the publication of final regulations.

The Hospital is a member of the Coalition of Western Massachusetts Hospitals ("Coalition"), a partnership between seven (7) not-for-profit hospitals in western Massachusetts that includes; Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Holyoke Medical Center, Cooley Dickinson Hospital, Mercy Medical Center (a member of Sisters of Providence Health System) and Wing Memorial Hospital and Medical Centers (a member of UMass Memorial Health Care), and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts.

¹ The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

² See the 2013 CHNA at www.baystatehealth.org/

The Coalition, formed in 2012, put competition aside to conduct a regional community health needs assessment while sharing limited resources and enhancing the quality of data collection to benefit the community as a whole. The Coalition engaged Verité Healthcare Consulting to conduct the community health needs assessments that identified the priority health needs of the communities served by Coalition hospitals.

Overview of Implementation Strategy

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2. The Hospital and Community Served
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1. Hospital Mission Statement and Community Benefit Mission Statement

As part of Baystate Health, an integrated health care system, the Hospital supports the mission, “to improve the health of the people in our communities, every day with quality and compassion.” It does so by providing a range of community benefits including support groups, financial counseling and assistance and other health and wellness programs. As an integrated delivery system BH can provide further benefits to the Hospital’s community by coordinating within and among its various entities.

In addition, the Hospital supports the Baystate Health Community Benefit Mission Statement³ “to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.” At BH, we extend the traditional definition of health to include economic opportunity, affordable housing, education, safe neighborhoods, food security, arts/culture, and racism-free communities – all elements that are needed for individuals, families and communities to thrive.

2. The Hospital and Community Served

The Hospital, located in Ware, Massachusetts, is a 25-bed acute care community hospital. We are dedicated to the health and well-being of our patients, their families and our community and have been a valued community neighbor for a century and are committed to bringing our patients the best of both worlds -- the clinical excellence, state-of-the-art technology and convenience of a community hospital. Hospital specialties provided include behavioral health, cancer care, cardiology, children’s medicine, critical care, emergency medicine, endocrinology and diabetes, gastroenterology, infectious disease, maternal fetal medicine, neurology, orthopedics, physical medicine and rehabilitation, plastic surgery, pulmonary medicine, senior care, surgery, urology and women’s health.

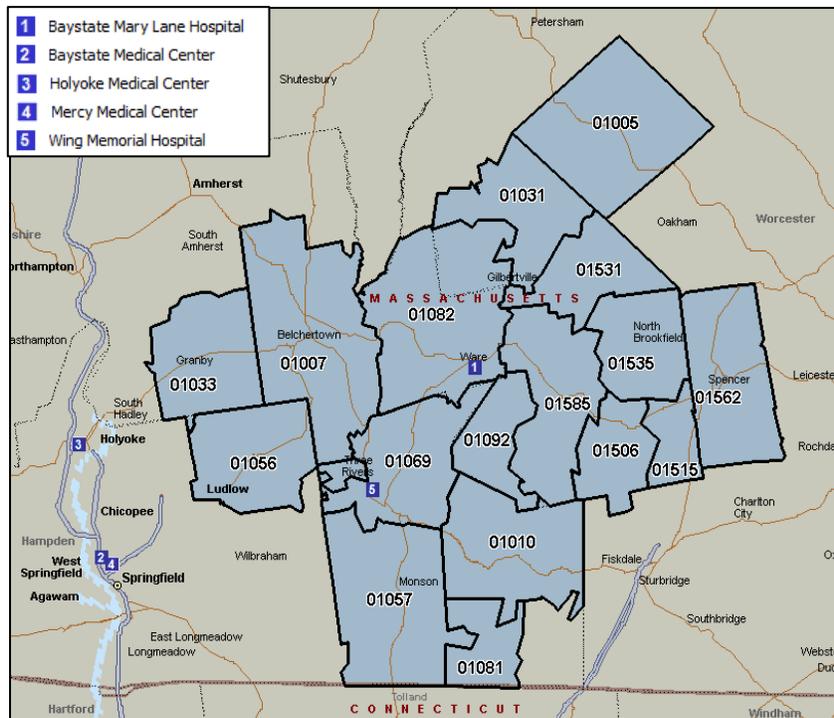
The community served by the Hospital is defined based on the geographic origins of the Hospital’s discharges. The Hospital’s community is comprised of 23 ZIP codes in 17 towns: Belchertown, Barre, Brimfield, Brookfield, East Brookfield, Granby, Hardwick, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Spencer, Wales, Ware, Warren, and West Brookfield. The overall community encompasses parts of Hampden, Hampshire, and Worcester counties.

³ Massachusetts Office of the Attorney General’s Community Benefit Principles include that a hospital’s governing body affirms and makes public a community benefit mission statement. Baystate Health’s Board of Trustees adopted a community benefit mission statement on July 13, 2010.

In 2012, about 95.2 percent of the community’s population was White. Non-White populations are expected to grow faster than White populations in the community. The Asian, American Indian, Black, and Other⁴ are expecting the fastest growth. The growing diversity of the community is important to recognize given the presence of health disparities and community input regarding the need to enhance cultural competency of health care providers.

Figure 1 (below) depicts the community served by the Hospital. It also shows the location of the Hospital as well as the other hospitals in the area that are part of the BH system as well as non-BH hospitals that are part of the Coalition.

Figure 1: Community Served by Hospital



Baystate Mary Lane Hospital’s Community by the Numbers

- 23 ZIP codes in Hampden, Hampshire, and Worcester counties
- Population (2012): 118,831
- Projected population change (2012-2017):
 - Growth of 2% overall;
 - 18% increase in the 65+ population
- 28% of Baystate Mary Lane’s discharges for ambulatory care sensitive conditions (ACSC)
- Comparatively high rates of disability in the community, particularly pediatric disability in Hampden County
- Poverty rates mostly above Massachusetts average
- Comparatively high utilization of government assistance programs, particularly in Hampden County
- Growing diversity:
 - almost 5% non-White in 2012;
 - more than 5% non-White by 2017

Additional information regarding the community served by the Hospital is included in the 2013 CHNA.

⁴ Populations that do not identify as White, Black, American Indian, Asian or two or more races.

3. Priority Community Health Needs

Poor health status is due to a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care. Addressing the “root” causes of poor community health can improve quality of life and reduce mortality and morbidity. Figure 2 (below) describes the community health needs identified through the 2013 CHNA as priorities.⁵ Due to limited resources the Hospital is unable to address all access problems and priority health needs. Those needs that the Hospital plans to help address during 2014 through 2016, at least in part, are noted in Figure 2:

Figure 2: List of Priority Community Health Needs

Access to Care	Plan to address
<ul style="list-style-type: none"> Lack of Affordable and Accessible Medical Care^{◦•} 	Yes
Health Behaviors	
<ul style="list-style-type: none"> High Rates of Alcohol, Tobacco, and Drug Use^{Δ◦•} 	Yes
<ul style="list-style-type: none"> High Rates of Unsafe Sex, Teen Pregnancy, and Chlamydia 	No
Maternal and Child Health	
<ul style="list-style-type: none"> Prevalent Infant Health Risk Factors[◦] 	No
<ul style="list-style-type: none"> Pediatric Disability^{7◦•} 	No
Mental Health	
<ul style="list-style-type: none"> Lack of Access to Mental Health Services and Poor Mental Health Status^{Δ◦•} 	Yes
Morbidity and Mortality	
<ul style="list-style-type: none"> Disease Morbidity and Mortality 	Yes
<ul style="list-style-type: none"> High Rates of Diet and Exercise-Related Diseases and Mortality^{Δ◦} 	Yes
<ul style="list-style-type: none"> High Rates of Asthma^{◦•} 	No
Physical Environment	
<ul style="list-style-type: none"> Poor Built Environment and Environmental Quality 	No
Social and Economic Factors	
<ul style="list-style-type: none"> Basic Needs Insecurity: Financial Hardship, Housing, and Food Access^{◦•} 	Yes
<ul style="list-style-type: none"> Low Educational Achievement[◦] 	No
<ul style="list-style-type: none"> Physical and Social Isolation[◦] 	No

Δ = Health need identified by Hospital as a community benefit strategic priority

◦ = Health need that is shared between all BH hospitals

• = Health need shared between all Coalition hospitals

⁵ Priority needs are listed in alphabetical order by health indicator. Additional documentation of the findings presented in this summary is provided in the Appendix of the Hospital’s 2013 CHNA.

⁶ Pediatric disability is defined by the US Census Bureau as hearing, vision, cognitive, ambulatory, self-care or independent living difficulty.

The Hospital has a longstanding and actively engaged Community Benefit Advisory Council (“CBAC”) that is comprised of representatives from the Hospital and from government, public schools, health care and human service organizations who work together to assess public health needs in the area served by the Hospital; review relevant surveys and reports; and provide input into the design and implementation of community benefit programs to address these needs. review relevant surveys and reports; and provide input into the design and implementation of community benefit programs to address these needs. The CBAC played an instrumental role in setting priorities among the many health needs and in developing the implementation strategy.

To assist with the prioritization of the thirteen (13) priority health needs the Hospital engaged a local public health consultant to facilitate a priority setting process with the CBAC. The process included individual reflection (selection of top six (6) health needs), followed by small group discussion (agreement on top five (5) health needs), then a large group discussion that focused on reaching consensus on the top three (3) priority health needs based on the following criteria: expertise/competency, resources/sustainability, priority, alignment with existing programs/initiatives, quality evidence-based best practices, impact on target population and where the need fell on the Center for Disease Control’s public health impact pyramid.

4. CHNA Implementation Strategy

The Hospital has a strong tradition of meeting community health needs through its ongoing community benefit programs and services. The Hospital will continue this commitment through the strategic health priorities set forth below that focus primarily on three (3) high-priority health needs as well as other selected priority health needs as identified in the 2013 CHNA.

Not all programs provided by the Hospital that benefit the health of patients in the Hospital’s primary service area are discussed in the Strategy. Further, given evolving changes in health care, the strategies may change, and new programs may be added or programs may be eliminated during the 2014 – 2016 period.⁶ The Strategy laid out in this document has two major parts – identifying priority needs, and then implementing programs to address those needs through community benefits and through Determination of Need funding. More detail is provided below on these parts.

A. Identify Strategic Priority Health Needs

For the period of 2014-2016, the Hospital, in partnership with its CBAC, has identified three (3) high-priority health needs that will be the focus of future Hospital community benefit efforts, including funding and in-kind resources. These strategic priority health needs, as identified through the 2013 CHNA and subsequent prioritization process are:

1. LACK OF ACCESS TO MENTAL HEALTH SERVICES AND POOR MENTAL HEALTH STATUS

The Hospital recognizes an urgent need for improved access to mental health services and increased resources for improving mental health status in the Hospital’s service area.

2. HIGH RATES OF ALCOHOL, TOBACCO, AND DRUG USE, AND NEED FOR ADDITIONAL TREATMENT

The Hospital recognizes the importance of committing resources to reduce the high rates of addiction in our region, both through prevention and treatment options.

⁶ This implementation strategy is primarily focused on hospital-specific programs. However, the Hospital as part of the BH system, may participate in additional programs and services through system wide initiatives which may also be highlighted in the implementation strategy.

3. HIGH RATES OF DIET AND EXERCISE-RELATED DISEASES AND MORTALITY

The Hospital recognizes the importance of committing resources to reduce the high rates of diet and exercise-related diseases and mortality in Hospital's service area.

Through implementing evidence-based strategies to address these three (3) priority needs, the Hospital anticipates the following positive impact and improvements in community health:

- Increased access to mental health services and poor mental health status
- Reduction of high rates of alcohol, tobacco, and drug use
- Reduction in high rates of diet and exercise related morbidity and mortality

B. Address Priority Health Needs through Hospital's Existing and New Community Benefit Programs

The Hospital plans to provide community benefit programs responsive to the health needs identified in the 2013 CHNA. These may include, but are not limited to, health education programs, screenings, support groups and other community health improvement services and access to care through the Hospital's financial assistance program.

Listed below are the identified priority health needs, including the Hospital's strategic priority health needs (Section 4A), the Hospital has capacity and resources to address through DoN funding and specific community benefit programs and/or strategies that will address the need.

1. **Lack of Access to Mental Health Services and Poor Mental Health Status (strategic priority health need)**
 - The Hospital will address this health need through DoN funded initiatives.
2. **High Rates of Alcohol, Tobacco, and Drug Use, and Need for Additional Treatment (strategic priority health need)**
 - The Hospital provides free weekly meeting space for a local Alcoholics Anonymous support group.
 - The Hospital will also address this health need through DoN funded initiatives.
3. **High Rates of Diet and Exercise-Related Diseases and Mortality (strategic priority health need)**
 - Diabetes Support Group: the Hospital offers a diabetes support groups for individuals and families - giving them opportunities to gain the insight and knowledge needed to best address their condition.
 - Blood Pressure Screenings: Hospital Emergency Department RN's offer daily blood pressure screening and education (as appropriate) to the community. Screenings are offered daily between the hours of 6:00 am and 9:00 am, seven days a week. There is no cost and no appointment necessary.
 - The Hospital will also address this health need through DoN funded initiatives.
4. **Lack of Affordable and Accessible Medical Care**
 - EMT Training Program: the Hospital partners with Quality EMS Educators of Worcester to offer Basic EMT Training to community members. Strained town budgets make EMS training and education a challenge for many rural fire/ambulance squads. To date over 90 community members have taken the EMT Basic Course. EMS providers are a vital part of the safety infrastructure of our community, and the first link in the chain of care for our residents. Many of the candidates that have completed this EMT course are now providing essential emergency care in the communities they live in.
 - Financial Counseling: the Hospital provides financial counseling services to inpatient and outpatient individuals who have concerns about how to pay for care. Financial Counselors are dedicated to identifying and assisting patients who are unable to pay their estimated care prior to treatments or who have large existing balances. This assistance includes linking patients to available funding sources

such as Medicaid and Medicare and determining whether they are eligible for charity care or for Baystate's Financial Assistance Program.

- **Hospital Financial Assistance Program:** the Hospital is committed to ensuring that the community has access to quality health care services provided with fairness and respect and without regard to a patients' ability to pay. The Hospital not only offers free and reduced cost care to the financially needy as required by law, but has also voluntarily established discount and financial assistance programs that provide additional free and reduced cost care to additional patients residing within the communities served by the Hospital. The Hospital also makes payment plans available based on household size and income.

5. **Disease Morbidity and Mortality**

- **Community Health Outreach and Education:** the Hospital offers a variety of education, wellness and prevention programs to the community at large at no cost. These various programs are presented by Hospital physicians, nurses and staff and help participants live healthier, more productive lives by offering a variety of educational opportunities and health screenings that promote disease prevention, behavior change, and healthier lifestyles. Additional health outreach and education is doing through the Hospital's social media efforts.
- **Support Groups:** the Hospital offers a variety of support groups for individuals and families facing specific health issues—giving them opportunities to gain the insight and knowledge needed to best address their condition, including: Aphasia Conversation Group, Breast Cancer Support Group, Circle of Angels, A Quilting Support Group for People Who Have Been Touched by Cancer, Expressive Writing Through Cancer – a ten week, guided topic-driven group for those experiencing cancer, General Cancer Support Group, Hepatitis C Support Group, Partners in Caregiving - an early evening support group for caregivers of people with cancer and the American Cancer Society Look Good Feel Better Program.

6. **Basic Needs Insecurity: Financial Hardship, Housing, and Food Access**

- **Brown Bag Program:** seniors on a fixed income are often forced to make a choice between food and medicine because there simply isn't enough money for both. The Brown Bag Food for Elders program, sponsored by the Food Bank of Western Massachusetts provides nutritious groceries once per month to qualifying seniors 55 years old that meet income guidelines. The Brown Bag Program promotes community spirit because bags are filled and delivered by volunteers through a partnership with the Belchertown Senior Center, the Ware Senior Center the Hospital's CBAC and volunteers from Country Bank.
- **Mobile Food Pantry:** as a result of collaborative work between the Hospital's CBAC and the Quaboag Hills Community Coalition, the Food Bank of Western Mass has piloted a mobile food pantry to come to Ware once a month. The mobile food pantry is a way to expand the reach of the food bank, to provide healthy food that may not be available from other sources, and provide a more comfortable community-based way to accessing food. The mobile pantry program consists of a refrigerated truck coming from the food bank with 6 or more fresh items (primarily produce) to be directly distributed to families in Ware. The mobile pantry will be positioned at the Highland/Hillside village parking lot in Ware – where over 200 low income families currently reside. Members of the CBAC and Hospital staff have agreed to be the site supervisors responsible for monitoring and documenting activities and clients at the mobile pantry and serving as a liaison between the Food Bank and mobile pantry site.

7. **Broader Health Needs Being Addressed by Hospital Community Benefit Programs**

- **Community Board Involvement:** various Hospital leaders and employees volunteer, on behalf of the Hospital, on local community boards, committees and coalitions, including, but not limited to the United Way of Hampshire County, Ware TRIAD/SALT Council and the Quaboag Hills Community

Coalition. In these roles employees are serving as liaisons between the Hospital, its community partners and the community served.

- Community Sponsorships: the Hospital supports various community organizations and community health events that align with the Hospital's mission and/or CHNA priority health needs.
- EMS Continuing Education Program: This program is offered at no cost to area EMS providers including EMT-B, Intermediates and Paramedics are offered credited educational opportunities, to meet the requirements set by the Department of Public Health Office of Emergency Services to maintain their certification.
- Healthbeat: a community interview show featuring Hospital physicians and nurses, community leaders, and volunteers, who discuss a wide variety of health care related topics. Produced and co-hosted by Hospital staff. *Healthbeat* airs on cable access channels throughout the towns of Ware, Warren, West Warren, Hardwick and Gilbertville for a total of 65-85 times per month. It can be seen regularly on Ware Community Television daily. Shows will focus on relevant health issues and align with priority health needs as identified in the 2013 CHNA.
- Pioneer Valley Health Information Exchange (PVIX): is a regional health information organization that seeks to improve the exchange of health information among clinicians and healthcare organizations throughout the Pioneer Valley. PVIX is focused on supporting care coordination by offering providers a "One Patient, One Record" approach to health information regardless of where a patient presents.

C. Address Health Needs through Hospital Determination of Need (DoN) Community Health Initiatives

The Massachusetts Executive Office of Health and Human Services administers a Determination of Need ("DoN) Program. Health care institutions planning a substantial capital expenditure and/or substantial change in services must submit a DoN proposal to the Massachusetts Department of Public Health. If the application is approved, the applicant facility then provides the equivalent of 5% of the capital outlay to support community health and prevention needs. The purpose of DoN program is to help monitor the availability and accessibility of cost-effective, quality health care services and foster collaborations among hospitals and community-based partners as well as to improve the health status of vulnerable populations.

Hospitals are also required by the IRS and the Office of the Attorney General of Massachusetts to provide community benefit programs and to provide and report annually on benefits to the communities that they serve. DoN funds distributed for community health initiatives may qualify as community benefits, but it is important to distinguish these funds from ongoing, required hospital run community benefit programs. Our goal in this document is to establish a strategy towards implementing Hospital community benefit programs independent of current and subsequent DoN community health initiatives.

As part of a capital expansion project, Baystate Medical Center ("BMC") invested \$9.6 million (spent over seven years, beginning in 2008) in Springfield area community health initiatives. This funding, a condition of BMC's DoN application was specifically for Springfield's North End and Mason Square communities where citizens devised, planned and lead ground-level initiatives to diminish health disparities and improve the lives of their families, friends and neighbors in these communities. BMC made an additional investment of \$2 million (spent over three years, beginning in 2012) for community health initiatives tied to the Hospital's new Emergency Department.

In 2012, the Hospital received \$150,000 from BMC's \$2 million DoN funding for community health initiatives tied to its new Emergency Department. The Hospital waited to allocate this funding until the conclusion of the CHNA and implementation strategy process. Now that health priorities have been established the Hospital intends to allocate the DoN funding via a request for proposal ("RFP") process that will solicit program and projects that specifically will address the Hospital's three priorities (refer to Section 4A).

D. Collaborate with Community Partners to Address Health Needs

The Strategy will be implemented in collaboration with other entities including, but not limited to:

- Area EMS Providers
- Area Senior Centers
- Country Bank for Savings
- Food Bank of Western MA
- Quaboag Hills Community Coalition
- Quality EMS Educators of Worcester
- The Carson Center at Valley Human Services
- The Literacy Project
- Tri-community YMCA
- Ware Domestic Violence Task Force
- Ware Jubilee Food Pantry
- Ware Public Schools
- WIC Program
- YMCA of Greater Springfield

5. Needs Beyond the Hospital's Mission or Community Benefit Program

No community hospital facility can address all of the health needs present in its community. The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical excellence and to provide a wide range of community benefits. The Strategy does not address the following community health needs identified in the 2013 CHNA due to no new funding or resources, other hospitals or community organizations within service area are already addressing the need or the need falls outside of the Hospitals' mission or capacity.

- High Rates of Unsafe Sex, Teen Pregnancy, and Chlamydia
- Prevalent Infant Health Risk Factors
- Pediatric Disability
- High Rates of Asthma
- Poor Built Environment and Environmental Quality
- Low Educational Achievement
- Physical and Social Isolation

6. A Broader Commitment to our Patients and Community Served

The Hospital, through its affiliation with Baystate Health, is able to provide other programs and services to patients and the communities served that may not qualify as community benefits, yet these programs and services are addressing community health needs. In addition, the Hospital participates in community partnerships that work collaboratively to address health needs.

- Baystate Developmental & Behavioral Pediatrics: provides developmental evaluations and some intervention for children with developmental delays, learning disabilities, and special health care needs. They are an interdisciplinary team, which means regular communication amongst the medical team, the family, the child's health professionals and educators. 2013 CHNA priority health need(s) being addressed: pediatric disability

- Baystate Neighbors Program: Beginning in 1999, this program was established to help employee first-time homebuyers purchase a home and to promote homeownership in neighborhoods around BH's three hospital entities. Employees are granted forgivable loans in the amount of \$7,500 that may be used towards a down payment or closing costs. In the past 13 years, the Baystate Neighbors Program has awarded a total of 124 loans to help employees become homeowners, helping to stabilize housing in the Towns of Ware (ten loans) and Greenfield (seven loans) and the City of Springfield (107 loans). Health need being address: basic needs: housing.
- Integrated Behavioral Health ("IBH"): Baystate Behavioral Health and the Department of Psychiatry have partnered with Baystate Medical Practices' Patient Centered Medical Homes (PCMH) to develop the creation of IBH. The goal of IBH is to address the unmet mental health needs of patients by improving the recognition and treatment of psychiatric and behavioral health problems within the primary care setting; to address behavioral health factors contributing to excess morbidity and mortality for patients with chronic medical conditions; to address behavioral factors contributing to risks of physical health problems; and improve the coordination between community mental health resources and each PCMH within BMP. In 2013, Behavioral Health Clinicians have been hired and integrated within two of the ten PCMHs at Baystate Health. In 2014 and 2015, BH intends to integrate clinicians within the remainder of the PCMHs. In addition to providing behavioral health clinicians to each of these practices, psychiatric consultations will also be offered to the primary care providers. Monthly consultations are currently offered to 5 of the 10 practices and plans are to grow the program to offer these much needed services to all ten practices. IBH currently has a Medical Director, Practice Manager and Clinical Supervisor. 2013 CHNA priority health need(s) being addressed: lack of mental health services, care coordination.
- Massachusetts Child Psychiatry Access Project (MCPAP): the Hospital, the first MCPAP site established in 2004, covers the entire western MA region (Berkshire, Franklin, Hampshire and Hampden Counties) with 1.0 FTE Child Psychiatrist, 1.0 FTE Clinical Social Worker, 1.0 FTE Care Coordinator, .2 FTE Medical Director and .1 FTE Program Manager. MCPAP is a system of regional children's mental health consultation teams designed to help primary care providers (PCPs) meet the needs of children with psychiatric problems. MCPAP goals include improving access to treatment for children with psychiatric illness, promoting the inclusion of child psychiatry within the scope of the practice of primary care, restoring a functional primary care/specialist relationship between PCPs and child psychiatrist and promoting the rational utilization of scarce specialty resources for the most complex and high-risk children.
- United Way: The United Way develops and supports programs that directly improve the lives of people in our communities, a mission proudly shared by Baystate Health. Baystate Health is a strong supporter of the United Way, and a major contributor to the organization with three workforce campaigns and thousands of employee donors and volunteers. Baystate Health's contributions help the United Way serve our families, friends, colleagues and others who seek help in different ways and at different times in their lives. Three community campaigns are held annually: Ware workplace to support the United Way of Hampshire County, Greenfield workplace to support the United Way of Franklin County and Springfield workplace to support the United Way of Pioneer Valley. 2013 CHNA priority health need(s) being addressed: broader health needs.

7. Implementation Strategy Development Partners

In developing this implementation strategy, the Hospital partnered with the following internal and external stakeholders:

- Baystate Medical Practices (“BMP”) Quabbin Adult Medicine
- BMP Quabbin Pediatrics
- BMP Mary Lane OB/GYN
- Hospital staff, including nurses & ancillary staff
- Access Services (Financial Counseling)
- Emergency Department physicians and nurses
- Area EMS Providers
- Area Senior Centers
- Community Action
- Country Bank for Savings
- Food Bank of Western MA
- Quaboag Hills Chamber of Commerce
- Quaboag Hills Community Coalition
- Quaboag Valley Community Development Corporation
- Quality EMS Educators of Worcester
- Salvation Army
- The Carson Center at Valley Human Services
- The Literacy Project
- Tri-community YMCA
- United Way of Hampshire County
- Ware Community Development Department
- Ware Domestic Violence Task Force/ TRI County Domestic Task Force
- Ware Emergency Manager
- Ware Jubilee Food Pantry
- Ware Public Schools
- WIC Program Ware Town Manager
- YMCA of Greater Springfield