

**COMMUNITY BENEFITS PLAN
2013 – 2015
FOR WING MEMORIAL HOSPITAL
AN AFFILIATE OF
UMASS MEMORIAL HEALTH CARE, INC.**

Wing Memorial Hospital Community Benefits Strategic Implementation Plan

**Wing Memorial Hospital (now *Baystate Wing Hospital*) was acquired from UMass Memorial Health Care, Inc. and became a part of Baystate Health, Inc. in September 2014.

UMass Memorial Community Benefits Plan 2013-2015

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I. Executive Summary

Wing Memorial Hospital is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations, as well as nonmedical conditions that negatively impact the health and wellness of our community.

Community Benefits Program

Target populations for Wing Memorial's Community Benefits initiatives are identified through a Community Health Advisory Committee and a Community Health Needs Assessment (CHNA), which is conducted every three years. The 2013 CHNA focuses on 33 zip codes throughout Hampden, Hampshire and Worcester counties, covering the primary and secondary service area. Focusing Wing Memorial's CHNA on this geographic area facilitates the alignment of the hospital's efforts with community partners and community-based organizations.

Target populations focus on medically-underserved and vulnerable groups of all ages in geographic area as follows:

- Children
- Elders
- Individuals Who are Obese/Overweight
- Populations Living in Poverty
- Underinsured/Uninsured

Wing Memorial Hospital's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health and healing as a response to identified community needs." The Program seeks to achieve objectives that include: improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health.

The Community Benefit Strategic Implementation Plan

The focus areas of this Community Benefit Strategic Implementation Plan align well with the priorities identified by the CHNA processes, as noted below:

Priority 1: High Rate of Alcohol and Drug Use

Prevalent alcohol and drug use throughout the area is reported. This is complicated by difficulty in accessing substance abuse treatment.

Priority 2: High Rate of Diet and Exercise-Related Diseases and Mortality

The Wing community reports low rates of healthy food consumption and exercise and above average rates of obesity and chronic diseases, like diabetes, are also problematic.

Priority 3: Mental Health

Poor mental health affects many in the community and is complicated by lack of additional, assessable services. This community also exhibits comparatively high suicide rates, particularly in the White population.

Priority 4: Low Educational Achievement

Hampden and Worcester county report comparatively low graduation rates. Low literacy rates and educational achievement are also issues across the service area. These factors contribute to poverty and unemployment, health care access barriers and poor health.

These areas are being addressed by this 2013-2015 Community Benefits Plan.

Community Benefit Priority Areas	Goal
Priority Area 1: <i>Educate on Substance Abuse and Improve Access to Services</i>	Goal 1: Support programs and develop collaborative efforts that will educate the community on substance abuse and improve access to care for those struggling with substance abuse.
Priority Area 2: <i>Promote Healthy Diet & Exercise</i>	Goal 2: Support efforts that promote healthy eating and exercise.
Priority Area 3: <i>Educate on Mental Health and Improve Access to Services</i>	Goal 3: Support programs and develop collaborative efforts that will educate the community on mental health and improve access to care for those struggling with mental health issues.
Priority Area 4: <i>Improve Access to Education Services as It Relates to Health Literacy</i>	Goal 4: Support efforts that promote and increase in health literacy.

Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year.

II. Community Benefits Mission

Mission Statement

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

The Mission incorporates the World Health Organization's broad definition of health defined as "a state of complete physical, mental and social well being and not merely the absence of disease." The UMass Memorial Health Care (UMMHC) Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by the UMass Memorial Health Care Board of Trustees.

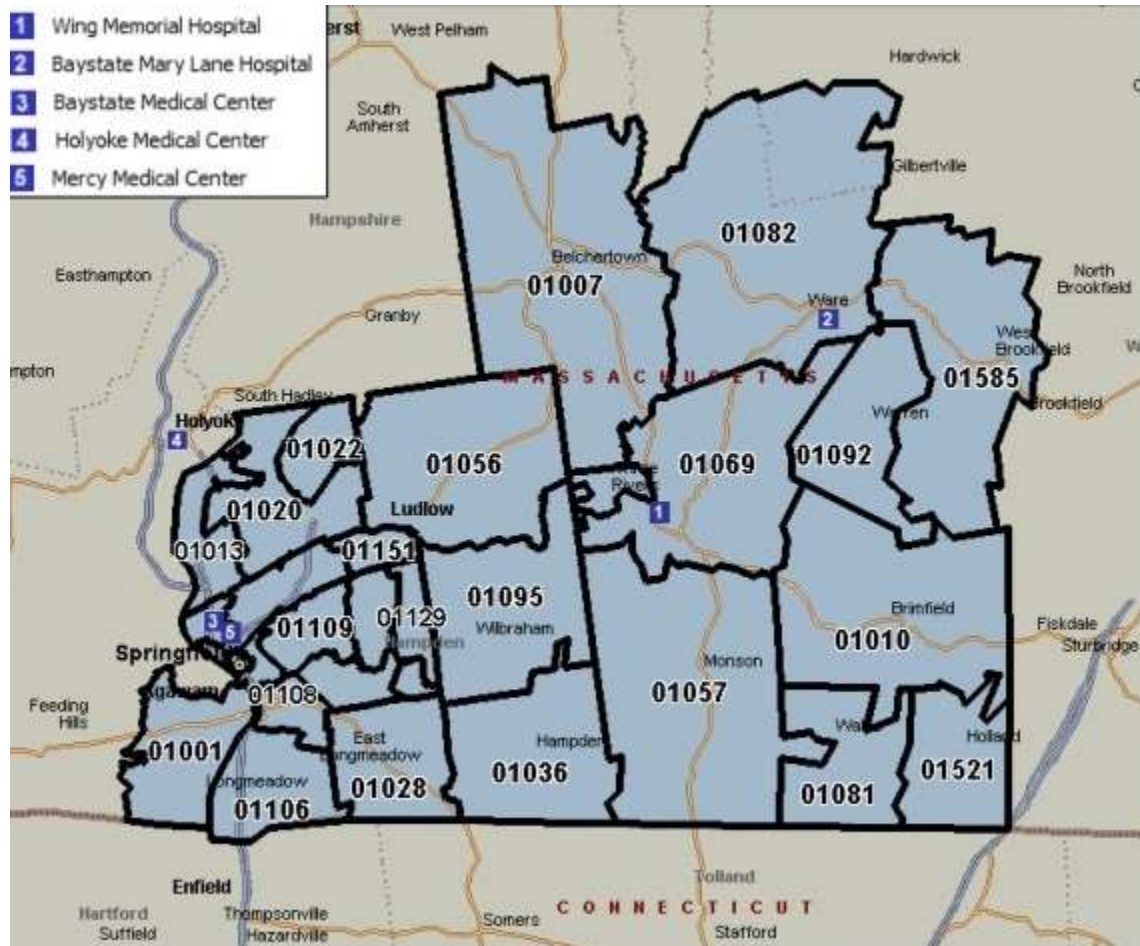
III. Targeted Geography and Vulnerable Populations

Wing Memorial Hospital aims to address both the letter and the spirit of the IRS CHNA regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHNA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2013 CHNA focuses on 17 towns in Hampden, Worcester and Hampshire Counties (see Figure 1): Agawam, Belchertown, Brimfield, Chicopee, East Longmeadow, Hampden, Holland, Longmeadow, Ludlow, Monson, Palmer, Springfield, Wales, Ware, Warren, West Brookfield and Wilbraham. The towns that make up the **primary service area** include: Belchertown, Ludlow, Monson, Palmer, Warren and Wilbraham. The towns that make up the **secondary service area** include: Brimfield, Granby, Hampden, Wales and Ware. Focusing Wing Memorial's CHNA on this geographic area facilitates the alignment of the hospital's efforts with community partners and community-based organizations.

Figure 1: Wing's Community



Data Source: 2013 Community Health Needs Assessment

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Vulnerable Populations

Target populations for Wing Memorial's Community Benefits initiatives focus on medically-underserved and vulnerable groups of all ages in Wing Memorial's service area. The most vulnerable populations include children, elders, individuals who are obese/overweight, those living in poverty, and the underinsured/uninsured. These populations often become isolated and disenfranchised due to negligence, misperceptions and even fear. Cost, lack of reliable transportation for residents, and an undersupply of certain healthcare providers in the community are resulting in barriers to accessing primary and specialty care, including mental health care and substance abuse treatment.

Individuals Who are Obese/Overweight: People who are overweight are more likely to have type 2 diabetes, heart disease, stroke, gall bladder disease, cancer and musculoskeletal disorders (MDPH). Children who are obese at age 8 are 90% more likely to be overweight or obese as adults (MDPH). Hampden county reported higher percentages of people indicating that they are overweight/obese than the Massachusetts average.

Populations Living in Poverty: Many health needs are associated with poverty. According to the US Census, in 2011, nearly 16% of people in the US and nearly 12% of people in Massachusetts lived in poverty. Hampden and Hampshire counties reported a poverty rate higher than the Massachusetts average and Hampden County reported a rate higher than the national average. In 2012 in the Wing community, 27.7% of all households had incomes at or below the federal poverty level for a family of four.

Poverty is known to create barriers to access (to health services, quality education, healthy food, housing and other basic needs and opportunities) and to contribute to poor health status.

Underinsured/Uninsured: Access to affordable health care is vital to the health of individuals and the community. While Massachusetts has made great strides in making health insurance attainable for nearly all residents, in 2011, 4.8% of Hampden County's population, 3.4% of Hampshire County's population and 3.5% of Worcester County's population lacked health insurance.

IV. Background

Wing Memorial Hospital's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health and healing as a response to identified community needs." The Program seeks to achieve objectives that include: improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health.

In 2012, the Community Benefits Program supported initiatives in such areas as: community education on nutrition, community health screenings, support groups, and workforce development with local youth. These areas align well with the priorities identified by the CHNA.

V. Methods

The 2013 Community Health Needs Assessment was conducted by Wing Memorial Hospital to better understand the community health needs and to develop an effective implementation strategy to address priority needs.

Wing is a member of the Coalition of Western Massachusetts Hospitals which also includes Baystate Medical Center, Mercy Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Cooley Dickinson Hospital and Holyoke Medical Center. The Coalition hospitals collaborated in preparing the CHNA's.

The CHNA considers multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from a community survey and from interviews with persons who represent the broad interests of the community, including those with expertise in public health.

The following topics and data are assessed in the CHNA:

- 1) Demographics (numbers and locations of vulnerable people)
- 2) Economic issues (poverty and unemployment rates, and the impact of health care reform in Massachusetts)
- 3) Community issues (homelessness, lack of affordable housing, environmental concerns, crime and availability of social services)
- 4) Health status indicators (morbidity rates for various diseases and conditions, and mortality rates for leading causes of death)
- 5) Health access indicators (uninsurance rates, discharges for ambulatory care sensitive conditions, and use of emergency departments for non-emergent care)
- 6) Health disparities indicators
- 7) Availability of healthcare facilities and resources.

During the assessment process, community members were engaged in Key Informant Interviews and Focus Groups, which allowed for community members to review and discuss a preliminary profile of the region and provide their feedback on community health-related strengths, needs, and a vision for the future. Over 1,200 community members also responded to a community-wide survey.

The Community Health Advisory Committee (See Appendix A for a full listing of members) was established in April, 2013 to guide and offer feedback on the Community Benefits and CHNA processes. The Committee reviewed the CHNA in draft form and provided feedback. The Wing Memorial Hospital Community Benefits Plan was developed by the Community Health Advisory Committee, which is comprised of internal and community representatives. The group reviewed the current Community Benefits programs, along with the CHNA, to help envision and define priority areas for the future. Based on this foundation, priority areas were identified and goals were defined. The Committee created strategies for each goal and outcome indicators were established for each priority area.

Summary of Community Needs

The following issues were identified in the CHNA and prioritized for inclusion in the Community Benefits Strategic Implementation Plan using an agreed upon set of selection criteria. These needs informed the priorities, goals, objectives, and strategies of the Community Benefit Plan.

Priority 1: High Rate of Alcohol and Drug Use

High alcohol and drug use throughout the area is reported. This is complicated by difficulty in accessing substance abuse treatment. According to indicators, alcohol use is on the list of most problematic issues.

During key informant interviews, many interviewees felt that the area had a problem with alcohol, tobacco and other drugs. These issues are seen as problems for both adults and youth. This, combined with depression or mental illness, results in serious health issues. Several described a shortage of substance abuse treatment services for teens.

Priority 2: High Rate of Diet and Exercise-Related Diseases and Mortality

The Wing community reports low rates of healthy food consumption and exercise and above average rates of obesity and chronic diseases, like diabetes. Hampden County reported higher percentages of people indicating that they are overweight, obese, or have poor physical health than the Massachusetts average. Indicators suggest that diabetes is on the list of most problematic issues.

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a food desert: "more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas." Wing's community contains 17 food deserts.

During the key informant interviews, nutrition was frequently identified. Interviewees identified poor nutrition and access to affordable nutritious food as factors in terms of health. Though there are supermarkets in the area, some felt that more nutritious food may be seen as less affordable. Several people cited an increase over the past few years in the number of families seeking food assistance. Many of the interviewees mentioned the lack of proper nutrition and exercise as problems, especially for youth. The issue of childhood obesity was noted by several interviewees.

Priority 3: Mental Health

Poor mental health affects many in the community and is complicated by additional, assessable services. This community also exhibits comparatively high suicide rates, particularly in the White population.

Hampden County reported higher percentages of people indicating that they are limited by emotional or mental programs than the Massachusetts average.

During the key informant interviews, though interviewees acknowledged that the area was fortunate to have many mental health services, they also expressed the opinion that more services were needed. Several people said that more innovative approaches to providing mental health services would be necessary in order to reach populations currently reluctant to access care. Interviewees also described depression and anxiety as problems that are often not effectively addressed and contribute to broader health problems. Several people saw the need for more group sessions to provide social support. Behavioral issues among students in the schools were noted as a problem by several people. The issue of stigma associated with accessing mental health services prevents some residents from seeking services at the Griswold Center.

Priority 4: Low Educational Achievement

Hampden and Worcester counties report comparatively low graduation rates. Low literacy rates and educational achievement are also issues across the service area. These factors can contribute to poverty and unemployment, health care access barriers and poor health. Hampden County reports higher rates of linguistic isolation and low educational achievement than the Massachusetts and national averages.

During the key informant interviews, the issue of literacy was raised by several interviewees who felt it contributed to health problems in several ways. It results in people not being able to properly follow medications and other medical orders.

The Community Benefit Plan

The summary of Wing Memorial Hospital's Priority Areas and Goals are listed below, followed by the detailed Community Benefit Action Plan. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

VI. Priority Areas and Goals

Community Benefit Priority Areas	Goal
Priority Area 1: Educate on Substance Abuse and Improve Access to Services	Goal 1: Support programs and develop collaborative efforts that will educate the community on substance abuse and improve access to care for those struggling with substance abuse.
Priority Area 2: Promote Healthy Diet & Exercise	Goal 2: Support efforts that promote healthy eating and exercise.
Priority Area 3: Educate on Mental Health and Improve Access to Services	Goal 3: Support programs and develop collaborative efforts that will educate the community on mental health and improve access to care for those struggling with mental health issues.
Priority Area 4: Improve Access to Education Services as It Relates to Health Literacy	Goal 4: Support efforts that promote and increase in health literacy.

Priority 1: Educate on Substance Abuse and Improve Access to Services

Priority 1: Educate on Substance Abuse and Improve Access to Services		
Goal:	Support programs and develop collaborative efforts that will educate the community on substance abuse and improve access to care for those struggling with substance abuse.	
Strategies:	Target per year	Stretch per year
<ul style="list-style-type: none"> Increase education and outreach efforts to community about substance abuse 	4 community-based events	6 community-based events

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Priority 1: Educate on Substance Abuse and Improve Access to Services

Goal: Support programs and develop collaborative efforts that will educate the community on substance abuse and improve access to care for those struggling with substance abuse.

• Increase community awareness of resources and programs available to those struggling with substance abuse	750 individuals	1000 individuals
• Offer a support group for people struggling with substance abuse	6 support group sessions	10 support group sessions
• Build collaborative relationships with area schools to reach out to youth and parents about substance abuse	500 families	800 families

Priority 2: Promote Healthy Diet & Exercise

Priority 2: Promote Healthy Diet & Exercise

Goal: Support efforts that promote healthy eating and exercise.

Strategies:	Target per year	Stretch per year
• Sustain education and outreach to community about healthy eating and exercise	4 community-based events	6 community-based events
• Provide free blood pressure and glucose screenings throughout the community	200 individuals	250 individuals
• Increase outreach to elders and their caregivers about healthy nutrition	100 elders	125 elders
• Build collaborative relationship with Greater Springfield YMCA and their Health Smart Behavior Program. Provide education to participants about issues related to nutrition, exercise, stress, diabetes, etc. (see Appendix C for program information)	8 community education sessions	12 community education sessions
• In collaboration with the Greater Springfield YMCA, offer basic exercise classes on MPACT (local cable access station)	2 classes	4 classes

Priority 3: Educate on Mental Health and Improve Access to Services

Priority 3: Educate on Mental Health and Improve Access to Services

Goal: Support programs and develop collaborative efforts that will educate the community on mental health and improve access to care for those struggling with mental health issues.

Strategies:	Target per year	Stretch per year
• Increase education and outreach efforts to community about mental health	2 community-based events	4 community-based events
• Increase community awareness of resources and programs available to those with mental health issues	750 individuals	1000 individuals
• Offer support groups for people struggling with mental health issues	6 support group sessions	10 support group sessions
• Increase outreach to elders and their caregivers about mental health	100 elders	125 elders
• Build collaborative relationships with area schools to reach out to youth and parents about mental health	500 families	800 families

Priority 4: Improve Access to Education Services as it Relates to Health Literacy

Priority 4: Improve Access to Education Services as It Relates to Health Literacy

Goal: Support efforts that promote and increase in health literacy.

Strategies:	Target per year	Stretch per year
• Increase outreach to elders and their caregivers about health literacy (medication management, preventative care, etc)	100 elders	125 elders
• Build collaborative relationship with Top Floor Learning and adult literacy and ESL programs. Provide health materials to give students hands-on, practical examples of important information they should understand (medication bottles, forms to fill out in doctor's office, prescriptions, nutrition labels, etc.) (See Appendix D for program information)	75 students	100 students
• Offer seminars about health literacy (e.g., reading food labels)	2 seminars	3 seminars

Appendix A: Community Health Advisory Committee Members

Mary Ellen Blanchette, Palmer Public Schools

Julie Costello, Greater Springfield YMCA

Bonny Rathbone, Yellow House

Brad Sperry, Top Floor Learning

Kim Ladue, Collaborative for Community Health

Francine Rusiecki, Town of Ludlow Board of Health

Dr. Gerald Paist, Pathfinder Regional School District

Bruce Prestwood Taylor, Second Congregational Church

Joshua Mathieu, Palmer Board of Health

Janice Kucewicz, Wing Memorial Hospital (Executive Vice President and Chief of Hospital Operations)

Dr. David Maguire, Wing Memorial Hospital (VP, Medical Affairs)

Leah Bradley, Wing Memorial Hospital (Director, Behavioral Health Services)

Jody Dion, Wing Memorial Hospital (Executive Director, VNA & Hospice)

Ann Grace, Wing Memorial Hospital (Director, Education)

Jackie Pahl, Wing Memorial Hospital (Director, Social Work)

Teresa Grove, Wing Memorial Hospital (Director, Development)

Amy Lantaigne, Wing Memorial Hospital (Manager, Marketing Communications)

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Appendix B: Data Source

All data discussed is available in the Community Health Needs Assessment report.

Appendix C: Greater Springfield YMCA Health Smart Behavior Program

The Health Smart Behavior Program is an outcome of the Family Health Self-Empowerment (FHSE) Project, a 3 year research project that was funded by the PepsiCo Foundation and led by Dr. Carolyn M. Tucker. The program was designed to address the needs of minority populations by assisting with overcoming barriers (time, financial, cultural, etc.). This program is free and open to all.

During the program participants will learn: healthy lifestyle choices, to be responsible for his/her own health, to honor your body and choices that reflect your health. The Health Smart Behavior Program is designed to incorporate small, obtainable, realistic, short term goals. These realistic short term goals lead us to our gradual lifestyle change. In making these short term goals weekly, we have a long term goal in mind that keeps us on our path to a healthy lifestyle.

Class Description/Curriculum:

- Introductions
- Short and long term goals
- Barriers
- Weekly educational topics each week (nutrition, portion size, label reading, meal planning, wellness, diabetes)

Exercise Component:

- Each individual will complete a pre assessment in the following areas
 - Exercise habits
 - Stress level
 - Nutrition habits
 - Fitness assessment
 - Cardiovascular testing
 - Strength testing
 - Flexibility testing
 - BMI
 - Blood pressure

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- Resting heart rate
 - Fitness prescriptions – individual exercise plans are developed based on the above information, the individual's fitness level, desired outcomes, limitations and goals.
- Post assessment is conducted at end of session
- Participants receive a free 8 week membership to the YMCA of Greater Springfield. Each week participants may engage in a guided exercise class or activity one to three times a week depending on their schedules.

Appendix D: Top Floor Learning

Top Floor Learning, located in Palmer, MA provides a wide range of adult literacy programs and lifelong learning courses, workshops, and computer classes to the residents of the Quaboag Hills region and surrounding areas.

Top Floor Learning's English as a Second Language (ESL) Program incorporates life skills into grammar concepts, reading, writing and vocabulary. Health literacy (medical forms, labels and medication bottles) is included in this program.

Top Floor Learning's Adult Literacy Program assists adult learners to read. This program can include assistance in understanding and filling out medical forms and health information.