

Baystate Franklin Medical Center

Greenfield, Massachusetts

FY 2018 Community Benefits Annual Report

October 1, 2017 – September 30, 2018

As filed with Massachusetts' Office of the Attorney General

EXECUTIVE SUMMARY

ORGANIZATION	Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-0211 baystatehealth.org
PRIMARY SERVICE AREA	Franklin County and North Quabbin Region
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	89
NUMBER OF EMPLOYEES	478.28 FTE's
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDING BRL)	91.5% White; 4.0% Hispanic; 1.7% Black; 0.7% Asian; 0.2% American Indian/Alaskan Native; 0.0% Native Hawaiian/Other Pacific Islander; 1.9% Other
PAYER MIX OF PATIENTS	4,882 Inpatient Discharges 51.25% Medicare; 21.55% Medicaid; 22.80% Managed Care; 0.51% Non-Managed Care; 3.89% Other
ANNUAL EMERGENCY SERVICES STATISTICS	21,026 Emergency Service Visits 35.89% Medicaid; 1.89% Free Care; 0.07% Healthnet; 0.14% Commonwealth Care; 62.01% Other
CHIEF ADMINISTRATIVE OFFICER	Ronald Bryant Interim, President, Northern Region Baystate Franklin Medical Center 164 High Street, Greenfield, MA 01301 413-773-2394 Ronald.Bryant@baystatehealth.org
COMMUNITY BENEFITS CONTACT	Annamarie Golden Director, Government and Community Relations 280 Chestnut Street, 6 th Floor Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Franklin Medical Center, located in Greenfield, Massachusetts is an 89-bed acute care hospital that boasts a state-of-the-art surgical center. The hospital provides inpatient and outpatient services. Specialized programs include wound care and hyperbaric medicine, heart and vascular care, cancer care, family-centered obstetrical care, sports medicine, specialty medical and surgical services, inpatient behavioral medicine, 3D mammography, radiology, pain management endoscopy and minor procedures and 24-hour emergency services.
DHCFP ID	2120
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#2 Upper Valley Health Web Franklin County

BASED ON FY 2018 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Franklin Medical Center (“BFMC”), in Greenfield, Massachusetts (MA) carries out **Baystate Health’s (“Baystate”) mission “to improve the health of the people in our communities every day with quality and compassion.”** In keeping with this commitment to improve health, BFMC provides many valuable services, resources, programs, and financial support - beyond the walls of the hospital and its facilities and into the communities and homes of the people we serve. As BFMC is part of Baystate’s integrated health care system it is able to provide further benefits to communities served through coordination within and among the system’s various entities.

BFMC shares and supports **Baystate’s Community Benefits Mission Statement¹ “to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.”** Baystate embraces the definition of health to include social determinants, such as economic opportunity, affordable housing, education, safe neighborhoods, food security, social and racial justice, and arts/culture – all elements that are needed for individuals, families, and communities to thrive.

BFMC aims to improve the health status of individuals and communities by focusing our limited community benefits and charitable resources on upstream, population-based initiatives and interventions. In 2016, Dr. Mark Keroack, President and CEO of Baystate, signed the **American Hospital Association’s #123Equity Pledge**. With support from the Office of Diversity and Inclusion and Office of Public Health, Baystate is investing resources to increase awareness and build capacity among our 12,000 team members and community partners on related topics including, cultural humility, health equity, social determinants of health, and implicit bias in health care.

BFMC is committed to applying a **health equity** lens to current and all future community health planning and improvement efforts. This will be demonstrated through future hospital community benefits investments that support projects/initiatives that are intentional in how they address health equity (health disparities and inequities). We look forward to sharing our health equity journey through annual status reports filed and posted electronically on the Equity of Care website, including the actions taken to date, challenges faced, and results from our efforts, and lessons learned that may be helpful for other organizations.

To fulfill Baystate’s Community Benefits Mission BFMC will:

- Focus on prevention and increasing access to quality, cultural competent health care;
- Focus on amelioration of root causes of health disparities and inequities, including related social and economic determinants;
- Measure improvements in community health status that result from our efforts; and
- Invest the time, talent, and resources necessary to accomplish these goals.

¹ Baystate Health’s Board of Trustees adopted a community benefits mission statement on July 13, 2010.

BFMC TARGET POPULATIONS

- Children and youth
- Older adults
- LGBTQ youth
- Communities of color, particularly Latinos and Blacks
- Individuals living in poverty
- Individuals who are homeless
- Individuals with low income levels

BFMC's target populations are publicized on the hospital website at baystatehealth.org/communitybenefits and the MA Attorney General Website.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

BFMC continues to be a member of the **Coalition of Western Massachusetts Hospitals and Insurer ("Coalition")**, a partnership between nine (9) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Holyoke Medical Center, Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service area covers the four counties of western Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct their **community health needs assessments (CHNA)** and address regional health needs. BFMC worked in collaboration with the Coalition to conduct their 2016 CHNA, and will continue to do so in the development of the 2019 assessment. The 2016 CHNA was conducted to update the findings of the 2013 assessment so BFMC could better understand the health needs of the communities served and meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged **Public Health Institute of Western MA (PHIWM)**, formerly known as Partners for a Healthier Community (PHC), based in Springfield, MA, as the lead consultant to conduct the CHNA's. PHC was supported by two other consultant teams; Collaborative for Educational Services, based in Northampton, MA, Pioneer Valley Planning Commission (PVPC), based in Springfield, MA and the Franklin Regional Council of Governments (FRCOG), based in Greenfield, MA.

Following the CHNA, BFMC developed an **Implementation strategy ("Strategy")**, also required by Section 501(r), which documents the efforts of BFMC to prioritize and address health needs identified in the 2016 CHNA. For the period of 2017-2020, BFMC, in partnership with its CBAC, identified three (3) high-priority health needs to be the focus of current and future hospital community health planning efforts, through existing hospital resources, programs, services and grant investments, as well as future grant investments and in-kind resources. These strategic priority health needs, as identified through the 2016 CHNA and prioritization process are:

1. **MENTAL HEALTH AND SUBSTANCE USE:** BFMC recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention.
2. **CARE COORDINATION:** BFMC recognizes the need for improved understanding of community resources among hospital team members serving our patients (inpatient and outpatient).
3. **CHRONIC DISEASE PREVENTION, MANAGEMENT AND INTERVENTION:** High rates of obesity, cardiovascular disease, diabetes, asthma, chronic pulmonary obstructive disease and associated morbidities impact residents residing within BFMC's service area residents.

Key FY 2018 accomplishments included continued convening of the **Franklin County Perinatal Support Coalition**, a multi-sector and provider initiative launched, convened monthly, and facilitated by nurse leaders from the Birthplace at the Baystate Franklin. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, weekly support group, and a community resource and referral guide. The Coalition has now expanded to improving coordination and resources for mothers with substance use disorders. In 2015, the Birthplace at Baystate Franklin Medical Center in Collaboration with Baystate Pioneer Women's Health and the Franklin County Perinatal Support Coalition (made up of over 20 community agencies) developed EMPOWER (Engaging Mothers for Positive Outcomes With Early Referrals) to address the needs of this vulnerable population in our community. Key accomplishments of the EMPOWER program include:

- Addressed Provider barriers by training all Providers in Perinatal Substance Use Disorder and Screening, Brief Intervention and Referral
- Implemented a comprehensive screening and referral program.
- Perinatal Coalition collaborates to coordinate care from first visit through the postpartum period
- Recovery Coach Program Referral process developed – women partner with trained Recovery coaches (Women with Lived Experience in perinatal substance use) who help them get to appointments, address financial needs and offer support and counseling and maneuver the complex health care system.
- Coalition created a pregnancy plan of safe care (see attachment) to help women build a team of support during their pregnancy. Plans of Safe Care are now being required by the DPH for families with SUD. Linda Jablonski presented the Plan of Safe Care at a Statewide Conference and it is being used as an example of best practice across the state.
- Patients get extra support during pregnancy through prenatal pregnancy plan visits. These visits include education about promoting a healthy pregnancy and baby. Teaching about NAS (Neonatal Abstinence Syndrome), what to expect from DCF involvement and referrals to other community agencies
- Developed a Cuddler program staffed by 40 volunteers
- OB Chair, Dr. Julie Thompson and Assistant Nurse Manager, Linda Jablonski served on Advisory Council to Attorney General's Neonatal Abstinence Task Force.
 - BH partnered with CHD to apply for a SAMHSA, Massachusetts DPH, Bureau of Substance Addiction Services BSAS "Moms Do Care Grant" and was 1 of 5 sites (the only one in Western MA) to receive a \$1Million award to create a Medical Behavioral Health

home for pregnant and Postpartum women with Opioid Use Disorder. The funds will be used to expand the current EMPOWER program.

In addition, BFMC continued to invest in several community partnerships to further address issues identified in the CHNA, including:

- **YMCA in Greenfield**, “Prescribe the Y” – area providers write prescriptions for an exercise evaluation and plan, which are sent directly to the YMCA for follow-up. The program has been well received by participants, many of whom pay on a sliding scale. BFMC’s support funded the existing cost gap which enabled the Y to further expand its program in the community.
- **Just Roots**, “Donor Supported Farm Shares” – while local produce abounds during the summer in Franklin County and North Quabbin, most low income families are not able to afford the full cost of these fresh fruits and vegetables. To bring weekly farm shares within reach of everyone, Just Roots – a food access organization that operates a Greenfield-based organic farm – created a donor-supported farm shares program. I
- **Northwestern District Attorney’s “Children’s Advocacy Center”** – bringing legal, medical and social services together under one roof, the CAC concept, which has been active elsewhere in the Pioneer Valley, is now rooted in Franklin County with a center in Greenfield. In addition to providing medical and administrative counsel to the Franklin County CAC, BFMC provided start-up funding to purchase medical equipment and support renovations.
- **United Way of Franklin County** – to address a broad cross-section of organizations serving families in need of economic, educational and community support, Baystate Franklin provided United Way funding to help stimulate increased giving by former donors who had since lapsed.
- **Franklin County Community Development Corporation (CDC)** – the Western MA Food Processing Center scaled up the amount of Frozen Vegetables purchased from local farmers, lightly processing, freeze, store and distributed to schools in the region in order to provide healthy, nutritious and good tasting local food to more low income students throughout the school year when freshly picked vegetables are not available.
- BFMC OBGYN Julie Thompson, DO, co-chairs the **Opioid Task Force’s Healthcare Solutions Committee**, which brings together medical and behavioral health providers, regional and state government and others to improve care for those with substance use disorder.

Formerly referred to as the “DoN Grant Program,” Baystate’s system-wide **Better Together Grant Program** unites healthcare and community-based nonprofit organizations across Baystate Health’s service areas to shape future healthcare and human services. The aim is to develop approaches that, by targeting the social determinants of health (SDH), will improve people’s overall well-being and make our communities healthier places to live. Better Together is a system-wide grant program, yet each hospital entity convenes their own annual application process, in partnership with the hospital CBAC, and with support from the Office of Government and Community Relations.

Better Together is funded with hospital community benefits investment dollars and hospital Determination of Need (DoN) funding to address community health needs. DoN funding is required by Massachusetts Department of Public Health when a hospital invests in a capital project (facilities and equipment). Better Together awards outcomes-based grants (1-3 years) or pilot/mini-grants (1-2 years) to eligible non-profit organizations with current IRS designated 501(c)(3) status that have projects directly benefiting residents of the communities served by the hospital, with a focus on underserved and vulnerable populations.

BFMC’s CBAC is currently funding the following community-based organizations and community health initiatives:

- **The Communities that Care Coalition**, hosted by the Franklin Regional Council of Governments and Community Action Pioneer Valley, convenes school and community partners to integrate high-quality, evidence-based youth substance use and violence prevention and youth health promotion activities into schools, communities, and families in Franklin County and North Quabbin Region. The priority health needs being addressed by this initiative include substance use prevention, nutrition and physical activity, mental health promotion, and improving the coordination of care within this population. In 2018, eight out of eight Franklin County middle schools are implementing the LifeSkills curriculum, one of the Coalition’s flagship efforts. The program has been well-received by students, teachers, administration, parents, and community members, and evaluations results show improvements in knowledge and behavior. Our parent-education efforts have also met with success. The 2018 Teen Health Survey shows that *Family Management Problems*, *Parental Attitudes Favorable to Substance Use*, and *Family Attachment* have all improved substantially over the years of the coalition’s work. In 2018, based on the work in Franklin County and the North Quabbin, the State of Massachusetts’ Promote Prevent Commission recommended that the state legislature adopt a model of statewide support for Communities That Care Coalitions.
- **Public Health Institute of Western MA (PHIWM)**, formerly Partners for a Healthier Community, provides content knowledge and expertise in the areas of chronic disease, mental health, health promotion, health education, behavior change, and systems and policy change to assist grantees in the development and implementation of evaluation plans to foster capacity-building. PHIWM continues to provide training and technical assistance to grantees, in addition to regularly attending the BFMC CBAC meetings and providing input into future RFP processes. PHIWM hosted a grantee community of practice meeting in Spring 2017 to discuss a potential structure for a grantee community of practice (CoP). Grantees shared summaries of their grants and discussed what they would like from a CoP, including learning from other grantees, sharing evaluation tools and databases being used, and learning about topics such as community engagement, cultural humility, and

understanding policies affecting health equity. Informally, grantees expressed interest in receiving TA or participating in a CoP around additional topics, including sustainability and racial justice.

- **Community Action's Building Bridges for Coordinated Care** initiative seeks to improve coordination between the social service and medical sectors with the goal of improving health outcomes for patients in Franklin County. Built into the community organizing approach is a reliance on data as a means of identifying intervening variables (also sometimes referred to as risk and protective factors) that can effectively move the dial on desired outcomes. As a result, medical practitioners will receive an immediate benefit from a greater understanding of non-medical resources that support health, and the community will be better positioned to respond to federal and state initiatives. Overall, a key success of this initiative is the degree to which it has elevated discussion about service integration across the medical, behavioral health, and social services sectors. The BFMC CBAC now serves as the Leadership Advisory Council for this initiative.
- **Healthy Living Project**, managed by LifePath, Inc. provides courses to adults over the age of 40 on self-management of chronic conditions and encourages individuals to be more active in better managing their health and health care needs. The priority health needs being addressed by this initiative include chronic disease prevention and creating a system of care coordination. A key success has been establishing and maintaining important relationships with partners LifePath would not have had time to do otherwise. For example, after several years of relationship-building, LifePath has been able to host regular workshops at Baystate Franklin Medical Center. Offering those workshops regularly on-site makes it easier for medical providers to refer patients into the program, makes the program more visible and tangible, and more convenient for patients. A secondary success has been the overhaul of the data and client management systems, with the assistance of PHIWM, which allows for better reporting, better program management, and increased efficiency.
- In 2018, BFMC served as a member of the steering committee for the **Franklin County/North Quabbin Regional Community Health Improvement Plan (CHIP)**. The steering committee held quarterly meetings to review progress on the 2017 regional health improvement goals: Housing Rehabilitation and Loans, Evidence-based Substance Use Prevention curriculum in schools, Increasing access to Green Spaces and Parks, Fluoride Varnish, and the Fair Share Amendment to the MA Constitution. The CHIP also received its first grant, funding from the Robert Wood Johnson Foundation for a school nutrition initiative project.

Plans for Next Reporting Year

In FY 2019, BFMC in partnership with its CBAC will continue to engage and partner with the community to address unmet health care needs of residents. In addition to supporting local community-based efforts, BFMC will continue to pursue grant funds from outside sources in support of collaboration between the hospital and its community partners to enhance current or implement additional programs to meet the existing and newly identified needs of our target populations. BFMC will expand efforts to communicate to the general public about our community benefits activities, investments, and partnerships – through press coverage, social media and other means as appropriate.

BFMC and its CBAC, with support from the Office of Government and Community Relations, will identify opportunities to build capacity among our community partners on related topics including, but not limited to: cultural humility, health equity, and social determinants of health, implicit bias in health care, data (qualitative/quantitative), and program evaluation. We intend to engage the Public Health Institute of Western MA to facilitate and implement these capacity building trainings.

In an effort to increase accessibility and ability to communicate on a timelier basis, Baystate is implementing a system-wide upgraded online sponsorship request and grants management system (Foundant). Among many benefits our community partners will appreciate is the ability to control organizational contact information; to draft, save and submit online applications; and to upload documents and reports. All requests for BFMC funding (community benefits, social impact, marketing, and event sponsorships) are required to apply online via this upgraded system. Another key change for 2018 is our transition from rolling funding requests to cycles (3 per year). Funding decisions will remain at the local hospital leadership level.

The BFMC CBAC, with support from the Office of Government and Community Relations will release a Better Together Request for Proposal (RFP) and award funding to local community-based organizations with initiative community health initiatives that address chronic diseases and mental health/substance abuse.

The CBAC, in collaboration with the Coalition of Western MA Hospitals/Insurer, plans on expanding in the area of community engagement for the 2019 CHNA. Increased opportunity for community engagement will come through the following two strategies:

1. Community conversations - large gathering where the Coalition invites community stakeholders to discuss community health and social needs over a meal. There will be one conversation in English and another in Spanish
2. Community chats – smaller gatherings where Coalition members enter into existing meeting spaces to share and facilitate a dialogue around community health and social needs

The Office of Government and Community Relations will integrate these findings in the 2019 CHNA, as well as through a *Community Engagement Report* that will be developed as a supplement to the CHNA. Priority areas for the DoN and system wide RFP will stem from data collected through the community engagement efforts.

As part of the new AG guidelines, BFMC will also be completing a yearly self-assessment that measures and tracks community benefit progress. The self-assessment is a tool that helps ensure the hospital and its CBAC are investing resources into the prioritized health needs, as highlighted through the CHNA, as well as aligning these health needs to its implementation strategy.

For FY 19, the Office of Government and Community Relations will increase staff capacity by creating a new position of Community Benefits Specialist. The Community Benefit Specialist will report to the Director of Office of Government and Community Relations. The role of the new hire will be to work strategically with the Baystate CBACs around agenda setting, prioritization of community needs, implementation strategizing and RFP decision making. Additionally, this individual will have oversight of the grant management system (Foundant) to ensure that all Better Together grantees complete required reporting.

Both the BFMC CBAC and Community Benefits Specialist will also work on developing policies and

procedures for the CBAC in FY 2019. Collaboratively, they will brainstorm and implement detailed documentation around CBAC mission, vision, membership and leadership roles.

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based multi-disciplinary pediatric obesity treatment program. It is held at the Springfield YMCA and includes 14 - 2 hour sessions which include physical activity, nutrition and behavior modification. It targets children and adolescents age 5-21 and lasts for 1 year. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons with the YMCA, behavioral health consults and gardening experience. In addition, participants and their families are given a free six-month long membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants.

In 2017 the MIGHTY program received a two-year \$200,000 grant from Kohl's Cares to expand the program to the Westfield and Greenfield YMCA's. In 2018, MIGHTY will be meeting with Greenfield YMCA to:

- Train new staff (Baystate and YMCA) to implement the MIGHTY program at the Greenfield YMCA, thus expanding services to Franklin County. The Kohl's funding would primarily be used to supporting the costs of consultation, staff training, and replication material for the expansion of MIGHTY to the new site.
- Engage local pediatricians in the Greenfield area and educate them and their teams on how to identify children that would benefit the most from the program and how to refer patients and families to the program. Kohl's funding would be used to develop and reproduce educational materials, as well as, MIGHTY and YMCA literature to provide the pediatricians.
- Engage local schools and school nurses in the Greenfield area and educate them and their teams on how to identify children that would benefit the most from the program and how to refer patients and families to the program. Kohl's funding would be used to develop and reproduce educational materials, as well as, MIGHTY and YMCA literature to provide the pediatricians.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

The BFMC CBAC and Baystate Board of Trustees are actively involved in overseeing community benefits activities and investments. In July 2010, the Baystate Board of Trustees assigned oversight of community benefits to the Baystate Governance Committee. Through regular board meetings, internal hospital meetings and leadership activities, Baystate Health is actively involved in shaping community benefits activities and investments provided throughout the system. For FY 2018, the system's then Vice President for Government and Community Relations, under the direction of the then Sr. Vice President for Strategy & External Relations supervised the Director of Government and Community Relations. In addition, the Director worked collaboratively with BFMC's Office of the President and Chief Administrative Officer and Finance Director to coordinate community health planning efforts, community health needs assessment, CHNA efforts, and state and federal reporting of community benefits.

Community Benefits Team Meetings

The Baystate Board Governance Committee meets twice a year and is charged with advocating for community benefits at the Board level and throughout the health system and community; aligning the system's four (4) hospital-specific community benefits implementation strategies into the health system's strategic plan; periodic review of CHNA data; approval of a community benefits mission statement and health priorities; review impacts of community benefits activities and investments; and ensure Baystate's community benefits are in compliance with guidelines established by the MA Attorney General and IRS. Annually, the Office of Government and Community Relations provides updates to the Baystate Board of Trustees, BFMC Leadership, and other Baystate leadership teams, as requested.

The BFMC CBAC continues to bring a community lens and filter for the hospital's health priorities. The CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BFMC resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by targeting resources for residents.

Participants on the BFMC CBAC represent the constituencies and communities served by BFMC's service area. BFMC CBAC members are responsible for reviewing community needs assessment data and use this analysis as a foundation for providing the hospital with input on its community health planning efforts and community benefits investments.

Community Partners

Baystate Franklin Medical Centers' community partners include, but are not limited to:

1. Center for Human Development (CHD)
2. Clinical & Support Options (CSO)
3. Coalition of Western MA Hospitals/Insurer
4. Communities That Care (CTC) Coalition

5. Community Action of Pioneer Valley
6. Community Health Center of Franklin County
7. Community Involved in Sustaining Agriculture (CISA)
8. DIAL/SELF
9. Food Bank of Western MA
10. Franklin County Food Policy Council
11. Franklin County Probate Court, including Court Service Center
12. Franklin County Sheriff's Office
13. Franklin Regional Council of Governments (FRCOG)
14. Greenfield Community College
15. Greenfield Police Department
16. Greenfield Public Schools
17. Harvard School of Public Health (through grant with FRCOG)
18. Healthcare Without Harm (through grant with FRCOG)
19. Just Roots
20. LifePath, Inc.
21. Local Councils on Aging (through Life Path)
22. Local Health Departments, including the Cooperative Public Health Service health district and Greenfield Health Department
23. MA Department of Public Health (MA DPH)
24. MA Public Health Association (MPHA)
25. MotherWoman
26. New England Learning Center for Women in Transition (NELCWIT)
27. North Quabbin Community Coalition
28. Northern Berkshire Community Coalition
29. Northwestern MA District Attorney's Office
30. Opioid Task Force of Franklin County & North Quabbin
31. Public Health Institute of Western MA
32. RECOVER Project
33. Recovery Learning Community
34. Regional School Health Task Force (representatives from all 9 local school districts)
35. Salasin Center
36. ServiceNet
37. The Literacy Project
38. Tapestry Health
39. United Way of Franklin County
40. University of Massachusetts at Amherst – School of Public Health, College of Nursing
41. Valley Medical Group
42. Western MA Health Equity Network (WMHEN)
43. YMCA in Greenfield

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In partnership with the Coalition of Western MA Hospitals, in 2016 BFMC conducted a community health needs assessments ("CHNA") pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").² This assessment was conducted to update the findings of the 2013 CHNA so BFMC could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital. The Coalition engaged Partners for a Healthier Community ("PHC"), based in Springfield, MA, as the lead consultant to conduct the CHNA's. PHC was supported by two other consultant teams; Community Health Solutions, based in Northampton, MA and Pioneer Valley Planning Commission (PVPC), based in Springfield, MA.

Organizational Policy

Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal community health needs assessment (CHNA) every three-years in partnership with community organizations and individuals across the hospital's service area. The aim is to identify community assets as well as the critical gaps/needs in public health resources and the weak connections between medical care and community care.

Program Results

The CHNA is the basis for developing strategic and accountable community benefits activities and investments. In an ideal situation, an effective and large scale community benefits activity or investment will demonstrate measurable impacts on the health status and quality of life for residents - effectively closing gaps when current data is compared to initial CHNA baseline indicators. At a more practical program level, the CHNA guides a "theory of change" – linking health needs to community benefits efforts to desired program and community outcomes.

Date of Last Assessment Completed, and Current Status

In partnership with the Coalition of Western MA Hospitals, in 2016 BFMC conducted a community health needs assessments ("CHNA") pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").³ The CHNA report and findings were published on the hospital's website in 2016.

In early 2016 BFMC, in partnership with its CBAC, also conducted an Elder Health Needs in Franklin County: A Focus Group and Interview Report. Over 50 adults participated in focus groups and interviews in Franklin County. Focus groups targeted Greenfield area and hill town residents in order to engage urban, rural and low-income populations, while interviews targeted low income, immigrant, and non- English-speaking residents in Greenfield. The Elder Health Needs report and findings were published on the hospital's website in 2016.

² 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.

³ 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.

Community Health Needs Assessment Findings

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.

The 2016 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive.

Among these “modifiable” factors that impact health, social and economic factors are estimated to have the greatest impact. The County Health Rankings model, developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, estimates how much these modifiable factors contribute to health, based on reviews of the scientific literature and a synthesis of data from a number of national sources.

It is estimated that social and economic factors account for 40% of our health, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%). Many health disparities occur as a result of inequities in these determinants of health. According to the County Health Rankings, among Massachusetts’ counties, Hampden County ranked last out of 14 counties in the state for both health factors and health outcomes in 2016.

BFMC’s service area continues to experience many of the same prioritized health needs identified in Baystate Franklin’s 2013 CHNA. Social and economic challenges experienced by the population in the service area contribute to the high rates of chronic conditions and other health conditions identified in this needs assessment. These social and economic factors also contribute to the health disparities observed among vulnerable populations, which include children/youth, older adults, Latinos, Blacks, and LGBTQ youth. Low-income levels, poverty, and homelessness have also been connected to poorer health outcomes. Additional data is needed to better understand the needs of these populations in order to reduce inequities. BFMC’s service area population continues to experience a number of barriers that make it difficult to access affordable quality care, some of which are related to the social and economic conditions in the community, and others which relate to the healthcare and insurance system. Mental health and substance use disorders were consistently identified as top health conditions impacting the community, and the inadequacy of the current systems of care to meet the needs of individuals impacted by these disorders arose as an important issue that needs to be addressed. The opioid crisis was identified as a particular concern. Progress has been made to address some of the prioritized health needs previously identified, such as teen pregnancy and childhood obesity; however, rates remain high and work needs to be continued.

Findings from the *Elder Health Needs in Franklin County: A Focus Group and Interview Report* reflect the complexity of elder health needs relative to available resources. Commonalities in the needs and barriers experienced by elders are more pronounced than differences relative to urban vs. rural residence, but appear to be especially heightened for low income and non-English speaking immigrants.

Below is a summary of the prioritized community health needs identified in the BFMC 2016 CHNA.

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Lack of resources to meet basic needs
- Housing needs
- Transportation
- Food insecurity and food deserts

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Limited availability of providers
- Insurance related challenges
- Lack of transportation
- Lack of care coordination
- Health literacy and cultural humility

HEALTH

- Chronic health conditions
- Need for increased physical activity and healthy diet
- Mental health and substance use disorders
- Infant and perinatal health risk factors
- Sexual Health/Teen Pregnancy

Consultants/Other Organizations

BFMC is a member of the Coalition of Western Massachusetts Hospitals and Insurer (“Coalition”), a partnership between nine (9) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Holyoke Medical Center, Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct their community health needs assessments (CHNA) and address regional health needs. BFMC worked in collaboration with the Coalition to conduct their 2016 CHNA. This assessment was conducted to update the findings of the 2013 CHNA so the BFMC could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged Partners for a Healthier Community (“PHC”), based in Springfield, MA, as the lead consultant to conduct the CHNA’s. PHC was supported by two other consultant teams; Collaborative for Educational Services, based in Northampton, MA and Pioneer Valley Planning Commission (PVPC), based in Springfield, MA.

The following organizations/community stakeholders were interviewed:

Public Health Experts

- Caulton-Harris, Helen, Commissioner of Public Health, City of Springfield
- Dennis, Soloe, Western Region Director, Massachusetts Department of Public Health (MDPH)
- Garcia, Luz Eneida, Care Coordinator, MDPH Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Hyry-Dermith, Dalila, Supervisor, MDPH Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Merriam, Carolyn, Public Health Nurse, Town of Ware
- Metcalf, Judy, Director, Quabbin Health District
- O'Leary, Meredith, Director, Northampton Health Department
- Steinbock, Lisa, Public Health Nurse, City of Chicopee
- Walker, Phoebe, Director of Community Services, Franklin Regional Council of Governments (FRCOG)
- White, Lisa, Public Health Nurse, Franklin Regional Council of Governments (FRCOG)

Community Leaders or Health or Other Agencies Interviewed

- Azeez, Robert, Medicaid Behavioral Health Manager, Health New England
- Bouthillette, Marianne, Director of Child and Family Services, Parent Child Development Center, Community Action of the Franklin, Hampshire and North Quabbin Regions
- Cox, Jennifer, Director of Behavioral Health, Baystate Franklin Medical Center
- Cummings, Sara, Director of Community Services and Asset Development, Community Action of the Franklin, Hampshire and North Quabbin Regions
- Gerard, Mary Beth, WIC Director, Community Action of the Franklin, Hampshire and North Quabbin Regions
- Higgins, Clare, Executive Director, Community Action of the Franklin, Hampshire and North Quabbin Regions
- LaBounty, Kerry, Medicaid Program Manager, Health New England
- Manser, Katherine, WIC Senior Nutritionist, Community Action of the Franklin, Hampshire, and North Quabbin Regions
- Martoccia, Roseann, Executive Director, Franklin County Home Care Corp.
- Silva, David, Medicaid Community Leader, Health New England
- Spain, M.D., Jackie, Medicaid Program Medical Director, Health New England
- Talati, M.D., Rakesh, Chair of Emergency Medicine, Baystate Franklin Medical

CHNA Data Sources

The primary 2016 CHNA goals were to update the list of prioritized community health needs identified in the 2013 CHNA conducted by Verité Healthcare Consulting and to the extent possible, identify potential areas of action. The prioritized health needs identified in this CHNA include community level social and economic determinants that impact health, barriers to accessing quality health care and specific health conditions and behaviors within the population. Assessment methods included:

- Analysis of social, economic and health quantitative data from Massachusetts Department of Public Health, the U.S Census Bureau, the Centers for Disease Control and Prevention [CDC] Behavioral Risk Factor Surveillance System [BRFSS], the County Health Ranking Reports, Community Commons, and a variety of other data sources;

- Analysis of findings from one (1) focus groups and thirteen (13) key informant interviews specifically conducted for Baystate Wing (Appendix II);
- Analysis of findings from an additional six (6) focus groups and thirteen (13) key informant interviews conducted for other Coalition members and considered relevant for this CHNA (Appendix II);
- Review of ten existing assessment reports published since 2013 that were completed by community and regional agencies serving Baystate Wing's service area.

The assessment focused on county-level data and community-level data as available. In some instances, data constraints related to accessibility and availability limited analyses to highlighted communities chosen by the BER in its service area. In these instances, analyses focused on Palmer and Ware. Other communities were included as data was available and analysis indicated an identified health need for that community.

To the extent possible given data and resource constraints, vulnerable populations were identified using information from focus groups and interviews as well as quantitative data stratified (or broken down) by race/ethnicity and age with a focus on children/youth and older adults. Quantitative analysis (secondary data from DPH, Mass CHIP, Hospital Inpatient/ED Discharge, and Ambulatory Care Sensitive Conditions), review of health assessments conducted by other organizations in recent years, key informant interview, and focus groups. Preliminary assessment findings were also discussed with community stakeholders during a series of "listening sessions" and feedback from participants helped validate findings.

Community Definition

BFMC is an 89 bed acute-care community hospital. Our top priority is giving Franklin County and the North Quabbin Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Hospital specialties provided include inpatient behavioral health, cancer care, cardiology, children's medicine, critical care, emergency medicine, endocrinology and diabetes, gastroenterology, infectious disease, maternal fetal medicine, midwifery, neurology, neurosurgery, orthopedics, physical medicine and rehabilitation, plastic surgery, pulmonary medicine, senior care, surgery, thoracic surgery, urology and women's health.

The service area for Baystate Franklin includes the 26 communities in Franklin County, as well as the Town of Athol, which is located in Worcester County (Table 1). The region is fairly rural, and borders the state of Vermont to the north. The total population of the service area is just over 80,000. There is a mix of rural and urban populations as defined by the U.S. Census Bureau (Figure 3). Urban areas consist of census tracts and/or blocks that meets the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or is adjacent and meet additional criteria. The main population centers in the service area include Greenfield (a city of about 17,000 people), and the North Quabbin region (population of about 18,000) located approximately 20 miles to the east of Greenfield. Many communities in the area are nestled among hilly, forested terrain, and have populations under 2,000. The median age in this service area is higher than the state's at 45 years old (ACS, 2010-2014). Less than six percent of the population identifies as either Black or African American, Asian, American Indian or some other race. Those who identify as Hispanic and Latino population comprise 4% of the total population.

Economic indicators vary somewhat between the two population centers in the Baystate Franklin service area. The median household income in Franklin County is just over \$54,000 (\$13,000 less than the state). The overall poverty rate in Franklin County is similar to that of the state at 12%, and the child poverty rate of 16% is slightly higher than that of the state (ACS, 2010-2014). Athol is more economically depressed, with an overall poverty rate of 17% and a child poverty rate of 28%, almost double the state rate of 15%. Approximately 92% of adults over the age of 25 hold a high school diploma and over 34% hold a bachelor's degree or higher. In Athol, these numbers are lower at 85% and 15% respectively. The unemployment rate in February 2016 was comparable to the state's rate of 4% (CC, U.S. Department of Labor, Bureau of Labor Statistics). The unemployment rate is based on the number of people who are either working or actively seeking work. Major employers in the region include the health care and social assistance industry, as well as the education, retail and manufacturing industries.⁴ The area is served by a regional transit (bus) system that connects population and employment centers within the region. Paratransit service is also available for people with disabilities within ¾ mile of a fixed route to facilitate access to medical care. Daily train service provides access to larger cities to the south, such as Springfield and Hartford.

⁴ Massachusetts Executive Office of Labor and Workforce Development. Employment and wages (ES-202). http://lmi2.detma.org/lmi/lmi_es_a.asp. Updated 2013. Accessed May, 2016.

The following table depicts the population of towns that comprises BFMC's community definition.

2014 Population Estimate	
Franklin County	
Ashfield	1,731
Bernardston	2,113
Buckland	1,874
Charlemont	1,246
Colrain	1,656
Conway	1,887
Deerfield	5,054
Erving	1,788
Gill	1,496
Greenfield	17,368
Hawley	331
Heath	700
Leverett	1,856
Leyden	718
Monroe	120
Montague	8,325
New Salem	1,000
Northfield	3,012
Orange	7,713
Rowe	387
Shelburne	1,883
Shutesbury	1,770
Sunderland	3,679
Warwick	769
Wendell	871
Whately	1,515
Worcester County	
Athol	11,621
Total Service Area	82,363

Source: Population Division, U.S. Census Bureau, <http://www.census.gov/popest/index.html>

**The following villages are a part of service area and are subsections of communities in the above list: Lake Pleasant, Millers Falls, Montague Center, Shelburne Falls, South Deerfield, and Turners Falls

To learn more about the findings from BFMC's CHNA and its implementation strategy to address the identified health needs please visit our website at www.baystatehealth.org/communitybenefits.

All documents are available for FREE in PDF downloadable format. To request a FREE hard copy of the CHNA please contact the Office of Government and Community Relations at 413-794-1016.

COMMUNITY BENEFITS PROGRAM PROFILES

BAYSTATE FINANCIAL ASSISTANCE & COUNSELING

Brief Description or Objective	For more than ten years, Baystate Franklin Medical Center has provided financial counseling services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to: identifying and meeting their client's health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. They can also assist in linking their clients to health insurance and community resources. There has been an increase in providing additional community support, including assisting patients with finding a new primary care physician, providing information on behavioral health services and also contacting pharmacies to straighten out insurance issues. As the Health Connector grows in functionality, the financial counselors at Baystate Franklin are also dealing with more complex billing issues, such as escalating and tracking accounts, filing appeals and referring/coordinating with Health Care for All law pro bono lawyers for cases beyond their scope. BFMC Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state to assist the community in applying for state and federal health care programs.	
Program Type	Health Coverage Subsidies or Enrollment	
Target Population	<p>Regions Served: County-Franklin, County-Hampden, County-Hampshire, County-Worcester, County, Berkshire</p> <p>Health Indicator: Access to Health Care</p> <p>Sex: All</p> <p>Age Group: All</p> <p>Ethnic Group: All</p> <p>Language: All, English, Spanish, Russian/Moldavian</p>	
Goals	<p>Statewide Priority:</p> <ul style="list-style-type: none"> ▪ Address Unmet Health Needs of the Uninsured ▪ Supporting Healthcare Reform <p>Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support. <u>Status:</u> In Progress</p> <p>Goal 2 <u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications; achieve a 95% approval rate. <u>Status:</u> In Progress</p>	
Partners	Community Outreach Worker Networking Organization	
	Department of Veteran Affairs	www.va.gov
	Franklin County Home Care/SHINE program	www.fchcc.org
	Live Well Springfield	www.partnersforahealthiercommunity.org

Supplemental Nutrition Application Program (SNAP) www.fns.usda.gov/snap

Massachusetts Association of Community Health Workers www.machw.org

ServiceNet www.servicenet.org

Clinical and Support Options

Local Doctors Offices

Methadone and Suboxone Clinics

Contact Information

Aria Sampson, Financial Counselor, Baystate Franklin Medical Center, 164 High Street Greenfield, MA 01301, (413) 773-2514, aria.sampson@baystatehealth.org.

FRANKLIN COUNTY PERINATAL SUPPORT COALITION

Brief Description or Objective	Franklin County Perinatal Support Coalition, a multi-sector and provider initiative launched, convened monthly, and facilitated by nurse leaders from the Birthplace at the Baystate Franklin. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, weekly support group, and a community resource and referral guide. The Coalition has now transitioned to improving coordination and resources for mothers with substance use disorders.
Program Type	Community Participation/Capacity Building Initiative, Health Professional/Staff Training, Prevention, Support Group
Target Population	<p>Regions Served: County-Franklin</p> <p>Health Indicator: Access to Care/Services; Mental Health; Substance Abuse</p> <p>Sex: All</p> <p>Age Group: All</p> <p>Ethnic Group: All</p> <p>Language: English</p>
Goals	<p>Statewide Priority: Promoting Wellness of Vulnerable Populations</p> <p>Goal 1</p> <p><u>Description:</u> To improve access to care and care coordination for women in the perinatal period.</p> <p><u>Status:</u> In progress</p>
Partners	Center for Human Development https://chd.org/ (CHD)
Contact Information	Linda Jablonski, RN, Assistant Nurse Manager, The Birthplace at Baystate Franklin Medical Center, 413-773-2001, linda.jablonski@baystatehealth.org .

OPIOID TASK FORCE OF FRANKLIN COUNTY & NORTH QUABBIN

Brief Description or Objective	<p>In 2014, Baystate Franklin Medical Center joined with other organizations and individuals in the community to address a rapidly growing incidence of heroin and other opioid use and overdoses in the community. By turns, the president of the hospital and chief medical officer co-chaired the Health Solutions Committee of the Task Force with a community physician; this was the largest focus of the Task Force's work. The hospital's director of community relations participated on that committee and also on the strategic planning and executive committees, while more than 300 individuals became involved on the overall Task Force to take a part in addressing this critical health need. All of the hospital's related primary care practices, its Emergency Physicians and Hospitalists, and the great majority of its specialty providers have subsequently signed the pledge and completed implementation activities. The Task Force further informed BFMC's application for a CHART 2 grant from the Massachusetts Health Policy Commission. This grant is being implemented at the hospital, in part, to institute SBIRT: Screening, Brief Intervention, and Referral to Treatment.</p>
Program Type	Community Education and Prevention
Target Population	<p>Regions Served: County-Franklin Health Indicator: Access to Care/Services; Mental Health; Substance Abuse Sex: All Age Group: All Ethnic Group: All Language: English</p>
Goals	<p>Statewide Priority: Promoting Wellness of Vulnerable Populations Goal 1 <u>Description:</u> To serve as a catalyst for community action aimed at reducing opioid abuse and overdose. <u>Status:</u> In progress</p>
Partners	<p>Northwestern District Attorney's Office Clinical and Support Options www.csoinc.org</p>
Contact Information	<p>Annamarie Golden, Manager, Community Relations, Baystate Health, 280 Chestnut Street, Springfield, MA 01199, 413-794-7622, annamarie.golden@baystatehealth.org</p>

SUPPORT GROUPS

Brief Description or Objective	Baystate Franklin Medical Center offers several support groups for individuals and families facing specific health issues - giving them opportunities to gain the insight and knowledge needed to best address their health needs.	
Program Type	Community Education, Prevention, Support Group	
Target Population	<p>Regions Served: County-Franklin</p> <p>Health Indicator: Other: Asthma/Allergies, Other: Bereavement, Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colo-rectal, Other: Cancer - Lung, Other: Cancer - Multiple Myeloma, Other: Cancer - Ovarian, Other: Cancer - Prostate, Other: Cancer - Skin, Other: Cardiac Disease, Other: Hypertension, Other: Parenting Skills, Other: Pregnancy ,</p> <p>Sex: All</p> <p>Age Group: All</p> <p>Ethnic Group: All</p> <p>Language: English</p>	
Goals	<p>Statewide Priority:</p> <ul style="list-style-type: none"> ▪ Chronic Disease Management in Disadvantage Populations ▪ Promoting Wellness of Vulnerable Populations <p>Goal 1</p> <p><u>Description:</u> To engage 500+ members of the community in peer support focused groups on their specific chronic illness or other health challenges.</p> <p><u>Status:</u> In progress</p>	
Partners	MotherWoman	www.motherwoman.org
	American Lung Association	www.lungusa.org
	American Cancer Society	www.cancer.org
	Community Action! of Franklin, Hampshire and North Quabbin Regions	www.communityaction.us
	Deerfield Academy	www.deerfield.edu
	The Torso Project	www.thetorsoproject.com
	Alcoholics Anonymous	www.aa.org
	Overeaters Anonymous	www.oa.org
	Clinical and Support Options	www.csoinc.org
Contact Information	Annamarie Golden, Manager, Community Relations, Baystate Health, 280 Chestnut Street, Springfield, MA 01199, 413-794-7622, annamarie.golden@baystatehealth.org .	

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2018		APPROVED PROGRAM BUDGET FOR FY 2019
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$220,071	*Excluding expenditures that cannot be projected at the time of the report.
	Associated Expenses	\$0	
	Determination of Need Expenditures	\$135,743	
	Employee Volunteerism	\$0	
	Other Leveraged Resources	\$0	
	Total CB Programs	\$355,814	
NET CHARITY CARE	HSN Assessment	\$1,353,698	
	HSN Denied Claims	\$0	
	Free/Discount Care (BFMC Financial Assistance Program)	\$411,385	
	Total Net Charity Care	\$1,765,083	
CORPORATE SPONSORSHIPS	\$25,000		
TOTAL EXPENDITURES	\$2,145,897		
Net Patient Service Revenues for FY 2018			\$93,858,155
Total Patient Care Related Expenses for 2018			\$96,157,243

OPTIONAL INFORMATION

Bad Debt	\$2,381,553	Certified: YES
IRS 990 Schedule H	\$7,551,913	2016 Tax Return (FY 2017)