

Baystate Noble Hospital

Westfield, 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 Noble Hospital 115 West Silver Street Westfield, MA 01086-1634 413-568-2811 Baystatehealth.org
PRIMARY SERVICE AREA	Greater Westfield Area, Hampden County
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	97
NUMBER OF EMPLOYEES	330.66 FTE's *
YEAR ESTABLISHED	1893
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)	85.6% White; 6.6% Hispanic; 1.7% Black; 0.4% Asian, 0.0% American Indian/Alaska Native, 0.0% Native Hawaiian/Pacific Islander; 5.7% Other/Unknown
PAYER MIX OF PATIENTS	2,961 Inpatient Discharges 61.77% Medicare; 19.01% Medicaid; 13.54% Managed Care; 2.40% Non-Managed Care; 3.28% Other
ANNUAL EMERGENCY SERVICES STATISTICS	29,456 Emergency Service Visits 30.20% Medicaid; 4.08% Free Care; 2.16% Healthnet; 1.98% Commonwealth Care; 61.59% Other
PRESIDENT/CEO	Ronald Bryant President & Chief Administrative Officer Baystate Noble Hospital 115 West Silver Street Westfield, MA 01086 413-568-2811
COMMUNITY BENEFIT CONTACT	Annamarie Golden Director, Government & Community Relations 280 Chestnut Street, 6 th Floor Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Noble Hospital offers a variety of inpatient and outpatient services for over 80,000 residents in the Westfield, Massachusetts area including, surgery, pulmonary rehabilitation and acute inpatient rehabilitation, and cardiac, behavioral health, and emergency care. Baystate Noble Hospital's network also includes Noble Medical Group Primary Care physicians and specialists, Baystate Home Health and Noble Sports & Rehabilitation Center.
DHCFP ID	2076
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#21 Four Communities (Holyoke, Chicopee, Ludlow, Westfield)

* Includes FTE's for Baystate Noble Hospital, Noble Medical Group, and Noble VNA
BASED ON FY 2018 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Noble Hospital (“BNH”), in Westfield, 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, BNH 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 BNH 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.

BNH 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.

BNH 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.

BNH 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, BNH 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.

BNH TARGET POPULATIONS

- Asian women, experience disparities in prenatal care entry
- Children and youth
- Older adults
- Communities of color, particularly Latinos and Blacks
- Immigrants, refugees, and veterans
- Individuals living in poverty
- Individuals who are homeless
- Individuals with low income levels

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

KEY ACCOMPLISHMENTS OF REPORTING YEAR

BNH 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. BNH 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 BNH 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 three 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, BNH developed an **Implementation strategy (“Strategy”)**, also required by Section 501(r), which documents the efforts of BNH to prioritize and address health needs identified in the 2016 CHNA. For the period of 2017-2020, BNH, in partnership with its newly established CBAC, BNH will focus on one (1) high priority health need 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. The strategic priority health need, as identified through the 2016 CHNA and prioritization process is:

1. **MENTAL HEALTH AND SUBSTANCE USE:** BNH recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention.

BNH launched a Community Benefits Advisory Council (CBAC) in September 2017. The BNH CBAC continues to meet monthly (3rd Friday) and will provide oversight to Baystate's Better Together Grant Program. Membership includes hospital team members and community stakeholders.

Plans for Next Reporting Year

In FY 2019, BNH will continue to grow and evolve its CBAC membership and engage and partner with the community to address unmet health care needs of residents. In addition to supporting local community-based efforts, BNH 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. BNH 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.

The BNH CBAC with support from the Office of Government and Community Relations will identify training 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 will continue implementing and increasing awareness (internal and external) about its system-wide 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 BNH funding (community benefits, social impact, marketing, and event sponsorships) will be required to apply online via this upgraded system. Another key change for 2019 is our transition from rolling funding requests to cycles (3 per year). Funding decisions will remain at the local hospital leadership level.

The BNH 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 and community health initiatives that address BNH's health priority identified in the 2016 CHNA.

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.

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, BNH 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 BNH 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.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

Baystate Board of Trustees is 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 Vice President for Government and Community Relations, under the direction of the Sr. Vice President for Marketing, Communications, and External Relations, supervised the Director of Community Relations.

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 Public Health and Community Relations provides updates to the Baystate Board of Trustees and Baystate and BNH leadership teams, as requested.

In 2018, BNH, with support from the Office of Government and Community Relations, launched a BNH Community Benefits Advisory Council ("CBAC"). The CBAC and its members provide a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BNH 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.

BNH CBAC membership includes hospital team members and representatives from Hampden County constituencies and communities. 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 Noble Hospital's community partners include, but are not limited to:

1. Amelia Park Children's Museum & Ice Arena
2. American Inn
3. The Arbors
4. Behavioral Health Network
5. Boys & Girls Club of Greater Westfield
6. Coalition of Western MA Hospitals/Insurer
7. Community Table
8. Friends of the Columbia Greenway Rail Trail
9. Full Gospel Church (Main outreach to the Russian & Ukrainian Populations)

10. Governor's Center
11. Greater Westfield Chamber of Commerce
12. Greater Westfield Self Advocacy Group
13. Greater Westfield YMCA
14. Health New England
15. Hilltown Community Health Center (FQHC)
16. Hilltown Council on Aging
17. KEVS Foundation
18. MA Department of Public Health (MA DPH)
19. MA Public Health Association (MPHA)
20. Make a Wish Foundation (MA/RI Chapter)
21. Stanley Park of Westfield
22. Senior Citizens Community Centers (multiple locations within the area)
23. Visiting Angels
24. Western MA Health Equity Network (WMHEN)
25. Westfield Center – Genesis Health Care
26. Westfield Drug Task Force
27. Westfield Fire Department
28. Westfield Police Department
29. Westfield Public Schools
30. Westfield Rotary Club International
31. Westfield Senior Center/Council on Aging
32. Westfield State University
33. Westfield Woman's Club

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In partnership with the Coalition of Western MA Hospitals, in 2016 BNH 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 BNH 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.

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.

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 BNH 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.

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.

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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.

BNH's service area, consisting of communities primarily located in Hampden County, Massachusetts, experiences a number of priority health needs. 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 Asian Women. Though less data is available, individuals with low income, people living in poverty, those who are homeless, immigrants and refugees, and veterans have been identified as vulnerable populations. Additional data is needed to better understand the needs of these populations in order to reduce inequities. The BNH service area population continues to experience a number of barriers that make it difficult to access quality health 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. Service area residents are impacted by high rates of obesity, cardiovascular disease, diabetes, asthma, chronic obstructive pulmonary disease, and associated morbidities. The need for increased utilization of prenatal care and a decrease in smoking during pregnancy also arose as issues among service area residents. 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 has emerged as a top issue impacting the health of the community.

Below is a summary of the prioritized community health needs identified in the BNH 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, language barriers, 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

Consultants/Other Organizations

BNH 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.

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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

- Adzigirey, Liliya, Translator/ Interpreter, Baystate Noble Hospital
- Azeez, Robert, Medicaid Behavioral Health Manager, Health New England
- Blanchet, M.D., Jacques, Director of the Emergency Department, Baystate Noble Hospital
- Crowley, Kelley, Administrative Director of Behavioral Health, Baystate Noble Hospital
- LaBounty, Kerry, Medicaid Program Manager, Health New England
- Shaver, John, Chief Financial Officer, Baystate Noble Hospital
- Silva, David, Medicaid Community Leader, Health New England
- Spain, M.D., Jackie, Medicaid Program Medical Director, Health New England

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), health assessments conducted by other organizations in recent years, key informant interview, and focus groups were reviewed. Preliminary assessment findings were also discussed with community stakeholders during a series of "listening sessions" and feedback from participants helped validate findings.

Community Definition

BNH is a 97-bed acute care community hospital providing a broad range of services to the Greater Westfield community. Baystate Noble is able to offer direct access to world-class technology, diagnostics, and specialists as a proud member of the Baystate Health system. Baystate Health and Baystate Noble work to ensure that our patients have access to exceptional health care, close to home. An ideal combination of "high tech" and "high touch," a staff of highly trained and compassionate nurses and medical support personnel complements an outstanding medical staff. Services include intensive care, diagnostic imaging, emergency services, cardiopulmonary services and rehab, cancer services, lab and behavioral health.

The service area for Baystate Noble includes nine communities, eight of which are located in the western portion of Hampden County (Table 1). The total population of the service area is almost 100,000 people,

and a majority of this population lives in the cities of West Springfield and Westfield. 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 population is densest surrounding Westfield, West Springfield, and Agawam (CC, US Census Bureau, Decennial Census 2010). The median age of these cities hovers near the county median age of 39 (Table 2). Racial and ethnic diversity is more common in the urban communities, where over 12% of the population identifies as Black or African American, American Indian, Asian, or some other race. Approximately 9% of the service area's population is Hispanic or Latino, and there has been a recent surge in immigrants from Asia and the Middle East to both West Springfield and Westfield. The Pioneer Valley Transit Authority connects three of the communities to the Springfield metropolitan area to the east, and to the hospital itself. Paratransit service is also available for people with disabilities within $\frac{3}{4}$ mile of a fixed route to facilitate access to medical care.

Annual per capita income in the service area exceeds the county average by about \$3,000, and the percentage of those who pay more than 30% of their income for housing costs is below the county rate by more than 4%. The overall poverty rate for this service area is less than 10% -- almost half of the county rate. Child poverty, however, is slightly higher than the county rate of 27%. The population has high rates of education, with over 90% having a high school diploma. The percent of the population with a bachelor's degree or higher is slightly higher than the county rate of 26%. The area's 2015 unemployment rate of 5% is comparable to the county unemployment rate (Massachusetts EOLWD). The unemployment rate is based on the number of people who are either working or actively seeking work. Major employers in the area include the service, wholesale and retail trade, and health care industries.

The following table depicts the population of towns that comprise the BNH's community definition.

2014 Population Estimate	
Hampden County	
Agawam*	28,772
Blandford	1,255
Chester	1,365
Granville	1,620
Russell**	1,787
Southwick	9,689
Westfield	41,608
West Springfield	28,627
Hampshire County	
Huntington	2,179
Total Service Area	116,902

Source: Population Division, U.S. Census Bureau

* Only the Feeding Hills section of Agawam is part of service area

**Woronoco is a part of service area and included in list above as part of Russell

To learn more about the findings from BNH'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

COMMUNITY OUTREACH

Brief Description or Objective	BNH offers opportunities for community outreach and health education to underserved populations. Physicians, nurses, and staff regularly participate in local health fairs and programs. These programs help to educate the community on living healthier and productive lives by offering a variety of educational opportunities and health screenings that promote disease prevention, behavior change and healthier lifestyle.
Program Type	Community Education, Health Screening, Outreach to Underserved, Prevention
Target Population	<p>Regions Served: Greater Westfield Area</p> <p>Health Indicator: Access to Health Care, Immunization, Other: Alzheimer Disease, Other: Asthma/Allergies, , Other: Cancer, Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colo-rectal, Other: Cancer - Ovarian, Other: Cancer - Prostate, Other: Cancer - Skin, Other: Cardiac Disease, Other: Colitis/Crohn's Disease, Other: Dental Health, Other: Diabetes, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Hearing, Other: Hypertension, Other: Nutrition, Other: Osteoporosis/Menopause, Other: Pregnancy, Other: Public Safety, Other: Safety, Other: Safety - Auto/Passenger, Other: Safety - Home, Other: Safety - Sports, Other: Stroke, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use</p> <p>Sex: All</p> <p>Age Group: All</p> <p>Ethnic Group: All</p> <p>Language: All</p>
Goals	<p>Statewide Priority:</p> <ul style="list-style-type: none"> ▪ Promoting Wellness of Vulnerable Populations ▪ Address Unmet Healthcare Needs ▪ Reducing Health Disparities <p>Goal 1 <u>Description:</u> Increase education and outreach throughout service area, especially vulnerable populations. <u>Status:</u> In progress</p> <p>Goal 2 <u>Description:</u> Provide nutritional education to help mitigate issues leading to obesity and chronic health conditions. <u>Status:</u> In progress</p>
Partners	Other non-profit agencies, schools, preschools, farmers, state associations and departments, city government, oral health professionals, faith-based institutions and higher education.
Contact Information	Annamarie Golden, Manager, Community Relations, Baystate Health, Springfield, MA 413.794-7622, Annamarie.Golden@baystatehealth.org

ELDER MEDICAL AND EDUCATION OUTREACH

Brief Description or Objective	Baystate Noble Hospital utilizes a proactive approach to provide health care education to local Senior Centers, Retirement Communities, and Councils on Aging to improve seniors' access to care. Screenings are routinely offered for hearing, blood pressure and glucose monitoring. Community education programs are provided on topics like Diabetes, Nutrition, and Healthy Living.														
Program Type	Community Education, Direct Services, Health Screening, Outreach to Underserved, Prevention														
Target Population	<p>Regions Served: County-Hampden, Westfield</p> <p>Health Indicator: Access to Health Care, Immunization, Other: Cardiac Disease, Other: Diabetes, Other: Elder Care, Other: Hearing, Other: Hypertension, Other: Nutrition, Other: Safety, Other: Stroke</p> <p>Sex: All</p> <p>Age Group: Adult-Elder</p> <p>Ethnic Group: All</p> <p>Language: All</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 <u>Description:</u> Improve elders' access to health care. Status: In progress</p> <p>Goal 2 <u>Description:</u> Improve the health education that is offered to elder populations. Status: In progress</p>														
Partners	<table border="0"> <tr> <td>The Arbors</td> <td>www.arborassistedliving.com</td> </tr> <tr> <td>Armbrook Village</td> <td>www.seniorlivingresidences.com</td> </tr> <tr> <td>Genesis Health Care</td> <td>www.genesishcc.com/westfieldma</td> </tr> <tr> <td>Governor's Center</td> <td>www.governorcenter.com</td> </tr> <tr> <td>Highland Valley Elder Services</td> <td>www.highlandvalley.org</td> </tr> <tr> <td>Noble Visiting Nurses Association</td> <td>www.noblehospice.org</td> </tr> <tr> <td>Westfield Council on Aging</td> <td>www.cityofwestfield.org</td> </tr> </table>	The Arbors	www.arborassistedliving.com	Armbrook Village	www.seniorlivingresidences.com	Genesis Health Care	www.genesishcc.com/westfieldma	Governor's Center	www.governorcenter.com	Highland Valley Elder Services	www.highlandvalley.org	Noble Visiting Nurses Association	www.noblehospice.org	Westfield Council on Aging	www.cityofwestfield.org
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Contact Information	Annamarie Golden, Manager, Community Relations, Baystate Health, Springfield, MA 413.794-7622, Annamarie.Golden@baystatehealth.org														

SUPPORT GROUPS

Brief Description or Objective	Baystate Noble 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 health needs.
Program Type	Community Education, Prevention, Support Group
Target Population	Regions Served: County-Hampden Health Indicator: Other: Education/Learning Issues, Other: Cancer-Breast, Other: Parkinson Disease, Overweight and Obesity Sex: All Age Group: All Ethnic Group: All Language: All
Goals	Statewide Priority: <ul style="list-style-type: none">• Chronic Disease Management in Disadvantage Populations• Promoting Wellness of Vulnerable Populations Goal 1 <u>Description:</u> To support and educate patients/community members on how to improve their life and/or live with their health issues and link patients with hospital resources, outside resources and services as appropriate. <u>Status:</u> In progress
Partners	
Contact Information	Annamarie Golden, Manager, Community Relations, Baystate Health, Springfield, MA 413.794-7622, Annamarie.Golden@baystatehealth.org

FINANCIAL ASSISTANCE & COUNSELING

<p>Brief Description or Objective</p>	<p>Baystate Noble Hospital provides 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 other community health insurance resources. BNH 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.</p>
<p>Program Type</p>	<p>Health Coverage Subsidies or Enrollment</p>
<p>Target Population</p>	<p>Regions Served: County-Hampden, Health Indicator: Access to Health Care Sex: All Age Group: All Ethnic Group: All Language: All, English, Spanish</p>
<p>Goals</p>	<p>Statewide Priority:</p> <ul style="list-style-type: none"> ▪ 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. <u>Status:</u> In progress</p>
<p>Partners</p>	<p>Not Specified</p>
<p>Contact Information</p>	<p>Diane Fothergill, Patient Registration Manager, Baystate Noble Hospital, Westfield, MA 01086, 413-568-2811, diane.fothergill@baystatehealth.org.</p>

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2018		APPROVED PROGRAM BUDGET FOR FY 2019
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$108,007	\$15,000 *Excluding expenditures that cannot be projected at the time of the report.
	Associated Expenses	\$0	
	Determination of Need Expenditures	\$0	
	Employee Volunteerism	\$0	
	Other Leveraged Resources	\$0	
	Total CB Programs	\$108,007	
NET CHARITY CARE	HSN Assessment	\$832,324	
	HSN Denied Claims	\$0	
	Free/Discount Care (BNH Financial Assistance Program)	\$10,230	
	Total Net Charity Care	\$842,554	
CORPORATE SPONSORSHIPS	\$15,000		
TOTAL EXPENDITURES	\$965,561		
Net Patient Service Revenues for FY 2018			\$55,265,064
Total Patient Care Related Expenses for 2018			\$54,516,717

OPTIONAL INFORMATION

Bad Debt	\$1,974,580	Certified: YES
IRS 990 Schedule H	\$2,960,114	2016 Tax Return (FY 2017)