

# **Baystate Wing Hospital**

*Palmer, Massachusetts*

*Ware, Massachusetts*

## **FY 2018 Community Benefits Annual Report**

*October 1, 2017 – September 30, 2018*

*As filed with Massachusetts' Office of the Attorney General*

## EXECUTIVE SUMMARY

<b>ORGANIZATION</b>	<a href="#">Baystate Wing Hospital</a> 40 Wright Street Palmer, MA 01069 Phone: 413-283-7651 baystatehealth.org
<b>PRIMARY SERVICE AREA</b>	Hospital is located in Hampden County, but services area encompasses parts of Hampshire, Hampden and Worcester Counties
<b>FACILITY TYPE</b>	Not-for-profit
<b>TOTAL LICENSED BEDS</b>	74
<b>NUMBER OF EMPLOYEES</b>	499.43 FTE's **
<b>YEAR ESTABLISHED</b>	1913
<b>ETHNIC MIX OF PATIENTS INCLUDES INPATIENT &amp; OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)</b>	91.9% White; 3.9% Hispanic; 1.8% Black; 0.5% Asian; 0.1% American Indian/Alaska Native; 0.0% Native Hawaiian; 1.8% Other/Not Specified
<b>PAYER MIX OF PATIENTS</b>	3,233 Inpatient Discharges 66.19% Medicare; 14.85% Medicaid; 15.87% Managed Care; 0.59% Non-Managed Care; 2.51% Other
<b>ANNUAL EMERGENCY SERVICES STATISTICS</b>	29,724 Emergency Service Visits 32.09% Medicaid; 2.57% Free Care; 0.06% Healthnet; 0.79% Commonwealth Care; 64.5% Other
<b>PRESIDENT/CEO</b>	Michael Moran President & Chief Administrative Officer Baystate Health Eastern Region 40 Wright Street, Palmer MA 01069 413-370-5248
<b>COMMUNITY BENEFITS CONTACT</b>	Michelle Holmgren Public Affairs & Community Relations Manager Baystate Health Eastern Region 85 South Street, Ware MA 413-967-2296 michelle.holmgren@baystatehealth.org
<b>HOSPITAL SERVICES</b>	Baystate Wing Hospital, a 74-bed community hospital located in Palmer, Massachusetts, offers 24-hour emergency care and a broad range of inpatient and outpatient medical and surgical services, including comprehensive outpatient behavioral health and addiction recovery services. Satellite facility Baystate Mary Lane Outpatient Center offers 24-hour emergency services, and outpatient medical, surgical, ancillary, and cancer care.
<b>DHCFP ID</b>	2181
<b>HEALTH SYSTEM</b>	Baystate Health, Inc.
<b>COMMUNITY HEALTH NETWORK AREA (CHNA)</b>	#4 Community Health Connection (Springfield)

\*\* includes FTE's for Baystate Wing Hospital and Baystate Mary Lane Outpatient Center  
BASED ON FY 2018 DATA

## COMMUNITY BENEFITS MISSION STATEMENT

**Baystate Wing Hospital**, in Palmer, Massachusetts (MA) and its satellite facility **Baystate Mary Lane Outpatient Center**, in Ware, MA, collectively make up the **Baystate Health Eastern Region**. Throughout this report Baystate Wing Hospital and Baystate Mary Lane Outpatient Center are referred to, collectively, as the Baystate Health Eastern Region (“BHER”).

The BHER 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, BHER 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 BHER 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.

BHER shares and supports **Baystate’s Community Benefits Mission Statement<sup>1</sup> “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.

BHER 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.

BHER 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 BHER 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.

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

### BHER TARGET POPULATIONS

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

The BHER's target populations are publicized on the hospital website at [baystatehealth.org/communitybenefits](http://baystatehealth.org/communitybenefits) and the MA Attorney General Website.

### KEY ACCOMPLISHMENTS OF REPORTING YEAR

In 2016 following the merger of Baystate Wing Hospital and Baystate Mary Lane Hospital, the well-established Baystate Mary Lane Community Benefits Advisory Council expanded its membership to include representatives from Baystate Wing Hospital's service area. The Council is now known as the **Baystate Eastern Region Community Benefits Advisory Council ("BHER CBAC")**. The BHER CBAC continues to meet monthly (second Friday) and is co-chaired by a hospital leader and a community representative.

BHER 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. BHER 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 BHER 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 and Pioneer Valley Planning Commission (PVPC), based in Springfield, MA.

Following the CHNA, BHER developed an **Implementation strategy ("Strategy")**, also required by Section 501(r), which documents the efforts of BHER to prioritize and address health needs identified in the 2016 CHNA. For the period of 2017-2020, BHER, in partnership with its CBAC, identified four (4) 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:** BHER recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention. 2016 CHNA key informant interviewees and focus group participants identified substance use and mental health as the most urgent health needs impacting the area. Substance use disorders overall and opioid use was of particular concern.
2. **BASIC NEEDS:** The region has a great need for increased resources so individuals and families can meet their basic needs. Basic needs include food, housing, transportation, education, and employment. In addition, BHER recognizes the need for improved understanding of community resources among hospital employees serving our patients (inpatient and outpatient).
3. **DOMESTIC VIOLENCE:** The region has a great need for increased resources and coordinated care for individuals and families who are at-risk or experiencing(ed) domestic violence. The impacts of domestic violence reach far beyond the person who is being abused. Children who are exposed to violence in the home are predisposed to many social and physical problems.
4. **HEALTH NEEDS TO BE ADDRESSED THROUGH NEW HOSPITAL INVESTMENTS AND/OR GRANTS (Pending available resources)**
  - Health Literacy
  - Maternal, Infant, Child Health
  - Food Insecurity/Food Desserts
  - Transportation
  - Housing

BHER awarded funding to the **Quaboag Hills Community Coalition (QHCC)** to address the high rates of alcohol and drug use in the Quaboag Hills region by helping communities build the infrastructure necessary for effective and enduring alcohol and drug abuse prevention across the region. The QHCC applied the grant funds to support coordination to engage the membership of its sub-group, the **Quaboag Hills Substance Use Task Force (QHCC SUFT)**, in a year-long Strategic Prevention Framework (SPF) planning and implementation process, as well as interim substance use education/training, prevention, and/or intervention activities to be carried out by the QHSUFT in response to the current public health crisis. The Quaboag Hills Community Coalition Substance Use Task Force continued implementing its **Drug-Free Communities (DFC) Support Program**, a grant awarded by the White House Office of National Drug Control Policy (ONDCP), in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of the coalition is to establish and strengthen community collaboration in support of local efforts to prevent youth substance misuse.

BHER continues to play an active role the **Hampshire Heroin Opiate Prevention and Education (HOPE) Coalition**.

**Brown Bag Food for Elders** provides income qualified senior citizens with monthly supplemental bags of food. All types of food are included, from canned goods, pasta, and produce when available. Through the efforts of the BHER CBAC and Country Bank, the Brown Bag Program, sponsored by the Food Bank of Western MA is now available to seniors in Ware for over two years. The Food Bank continues to deliver food directly to the Ware Senior Center, providing supplemental food monthly to over 130 low-income

seniors in Ware.

As a result of collaborative efforts between the BHER CBAC and the Quaboag Hills Community Coalition, the Food Bank of Western Mass continues the monthly Ware **Mobile Food Pantry**. The mobile food pantry is a way to expand the reach of the food bank, to provide healthy food that may not be available from other sources, and provides a more comfortable community-based way to access food to over 200 low income families at the Highland/Hillside village apartments. BHER CBAC members and hospital team members serve as the site supervisors responsible for monitoring and documenting activities and clients at the mobile pantry and serving as a liaison between the Food Bank and mobile pantry site. Hospital staff volunteer at this monthly program to extend the reach of the hospital by providing access to programs and services, and access to our Financial Councilor, WIC services, Fuel Assistance, and SNAP. Outreach efforts at the Mobile Pantry lead by the Community Action enrollment coordinator for the Head Start Program in Ware continue to result in class rooms being filled. Prior to this effort, enrollment in Ware was very low. The Mobile Pantry comes to Hillside Village the third Tuesday of every month.

BHER awarded a \$30,000 grant to the Quaboag Valley Community Development Corporation (QVDC) to support the **Quaboag Connector**, a new transportation service for transportation to and from work and the Work Force Training program in Ware offered by Holyoke Community College (HCC). In addition to providing transportation to employment and the college site, community members have access to the Quaboag Connector for transportation to and from medical visits and cultural activities.

Baystate Mary Lane Outpatient Center and Emergency Department, the Ware River Valley Domestic Violence Task Force, and Valley Human Services have a long history of working together to address the needs of community members whose health is impacted by domestic and sexual violence in the Ware Region. Leaders from the BHER have committed to nursing representation at both the Ware and Palmer Domestic Violence Task Forces to ensure that the needs of sexual and domestic violence survivors are met throughout the region with a trauma informed approach that uses best practices and is integrated with local community based services.

The **Ware and Palmer Domestic Violence Task Forces** are partnering to review the history and current practice of each Task Force in addressing domestic and sexual violence; review the health needs of domestic and sexual violence survivors from the Ware and Palmer regions, including needs that are being met and gaps in service; discuss best practices and pending new state mandates and state recommendations related to domestic and sexual violence; and develop a joint vision for how the health needs of domestic and sexual assault survivors from the Ware and Palmer region would be best served. In addition, they are developing an action plan to address the following:

- Plan for on-going meetings/communication to continue to build on this partnership;
- Develop a joint strategy to identify funding for service, training and collaborative efforts;
- Joint plan to evaluate service, training and collaborative efforts for BHER staff.
- Develop a BHER DV Response Team to support BHER Staff

Since 2004 BHER has partnered with Quality EMS Educators of Worcester to offer **Basic EMT Training** to community members. To date over 130 community members have taken the EMT Basic Course at Baystate Mary Lane. In June of 2016, Holyoke Community College (HCC) opened a new education and workforce-training center in Ware. The center, called E2E, short for Education to Employment: Quaboag Region Workforce Training and Community College Center, is collaboration between HCC and the Quaboag Valley Community Development Corp.

BHER staff work closely with Holyoke Community College (HCC) to transition the EMT Basic Training program to their site. Baystate physicians continue to regularly share their expertise beyond the walls of the hospital by offering high quality training and monthly **EMS Providers Continuing Education** programs at no cost to EMS providers that serve our communities. The close working relationship between hospital emergency physicians and EMS providers is essential to ensuring residents and patients receive the highest quality care in the field. Strained town budgets make EMS training and education a challenge for many rural fire/ambulance squads. EMS providers are a vital part of the safety infrastructure of our community, and the first link in the chain of care for our residents.

The **Ware Fire Department** was awarded funding to aid in developing a distance learning center/video conference room located at the Ware Fire Department. This will be used to help provide video conference training that will help EMTs and Paramedics in their continuing education to maintain their national and state certification. Ware Fire Department has invested in a 70 inch smart board, 60 inch remote TV, controlled by a computer with an overhead sound system. The funds provided by a BHER CBAC grant helped cover the costs for the video interlink equipment.

### **Plans for Next Reporting Year**

In FY 2019, BHER, 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, BHER 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. BHER 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 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, BHER 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 BHER 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.

The BHER 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 BHER 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 BHER 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 BHER's health priorities identified in the 2016 CHNA.

Formerly referred to as the "DoN Grant Program," Baystate's system-wide **Better Together Grant Program** unites health care and community-based nonprofit organizations across Baystate Health's service areas to shape future health care 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 or bi-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 an DPH approved capital project (facilities and equipment). Better Together awards outcomes-based grants (1-3 years), pilot/mini-grants (1-2 years), and community education and training grants (1 year) 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.

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## **COMMUNITY BENEFITS PLANNING PROCESS**

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### **Community Benefits Leadership Team**

The BHER CBAC, Baystate Board of Trustees and Baystate Wing Hospital Board of Directors 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 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 Government and Community Relations provides updates to the Baystate Board of Trustees, Baystate Wing Hospital Board of Directors, and other Baystate leadership teams, as requested.

The BHER 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 BHER 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 BHER CBAC represent the constituencies and communities served by Baystate Wing Hospital and Baystate Mary Lane Outpatient Center. BHER 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

BHER community partners include, but are not limited to:

1. Assumption College
2. Baystate Eastern Region Patient Family Advisory Council
3. Baystate Mary Lane Outpatient Center Emergency Department
4. Baystate Wing Administration
5. Baystate Wing Finance
6. Baystate Wing Financial Services
7. Baystate Wing Quality Department
8. Behavioral Health Network
9. Belchertown Opioid Abuse Taskforce (BOAT)
10. Brookfield Institute/Care for the Troops
11. Coalition of Western MA Hospitals/Insurer
12. Collaborative for Educational Services
13. Community Foundation of Western Massachusetts
14. Country Bank for Savings
15. Hardwick Youth Center and Food Pantry
16. Highland/Hillside Village Apartments
17. Holyoke Community College
18. MA Department of Public Health (MA DPH)
19. MA Public Health Association (MPHA)
20. Monson Savings Bank
21. Monson Substance Abuse Community Partnership
22. Palmer Domestic Violence Task Force
23. Palmer Mass In Motion
24. Palmer Public Schools
25. Palmer Senior Center
26. Partners for a Healthier Community (PHC)
27. Quaboag Hills Community Coalition
28. Quaboag Hills Community Coalition Substance Use Task Force
29. Quaboag Valley Community Development Corporation
30. Scantic Valley YMCA
31. Top Floor Learning
32. Town of Ware
33. Tri-Community YMCA
34. Trinity Church of Ware
35. United Church of Ware
36. United Way of Hampshire County
37. Ware Adult Education Center
38. Ware Domestic Violence Task Force
39. Ware Public Schools
40. Ware Senior Center
41. Western MA Health Equity Network (WMHEN)

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## COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

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In partnership with the Coalition of Western MA Hospitals, in 2016 the BHER conducted a community health needs assessments (“CHNA”) of the combined and shared geographic area served by Baystate Wing Hospital and Baystate Mary Lane Outpatient Center pursuant to the requirements of Section 501(r) of the Internal Revenue Code (“Section 501(r”).<sup>2</sup> This assessment was conducted to update the findings of the 2013 CHNA so the BHER 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 Public Health Institute of Western MA (PHIWM), based in Springfield, MA, as the lead consultant to conduct the CHNA’s. PHIWM 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.

### 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 the BHER conducted a community health needs assessments (“CHNA”) of the combined and shared geographic area served by Baystate Wing Hospital and Baystate Mary Lane Outpatient Center pursuant to the requirements of Section 501(r) of the Internal Revenue Code (“Section 501(r”).<sup>3</sup> 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.

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<sup>2</sup> 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.

<sup>3</sup> 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.

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. Worcester County ranked somewhat higher at seventh in health outcomes and eleventh in health factors. Hampshire County was ranked higher at fifth in health outcomes and third in health factors.

The BHER service area, which includes parts of Hampden, Hampshire, and Worcester Counties, continues to experience many of the same prioritized health needs identified in its two facilities’ 2013 CHNA’s. Social and economic challenges experienced by some members of 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 youth, older adults, and Latinos. Individuals who are homeless, low-income, or living in poverty were also identified as vulnerable populations. Additional data is needed to better understand the needs of these populations in order to reduce inequities. The BHER 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 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 has emerged as a top issue impacting the health of the community. Progress has been made to address some of the prioritized health needs previously identified, such as childhood obesity; however, rates remain high and work needs to be continued.

Below is a summary of the prioritized community health needs identified in the BHER 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
- Domestic violence

**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

**Consultants/Other Organizations**

The BHER 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. The BHER 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 BHER 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 Public Health Institute of Western MA (PHIWM), based in Springfield, MA, as the lead consultant to conduct the CHNA's. PHIWM 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
- Hry-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
- Bradley, Leah, Director of Behavioral Health, Baystate Wing Hospital Griswold Center
- Cardaropoli, Antonia, School Adjustment Counselor, Ware Junior/Senior High School
- Davis, Kim, Nurse Manager, Baystate Mary Lane Hospital
- Di Leo, Marlene, Superintendent, Ware Public Schools
- Jean-Guillaume, M.D., Rock, Chair of Emergency Medicine, Baystate Wing Hospital
- Jock, Jacqueline, School Adjustment Counselor, Ware Middle School
- LaBounty, Kerry, Medicaid Program Manager, Health New England
- Ostiguy, Karen, Nurse Manager, Baystate Wing Hospital
- Paulson, Tina, Nurse Manager, Baystate Mary Lane Hospital
- Plourde, Annette, RN, Nurse, Monson Medical Center
- Reilly, Elizabeth, Hardwick Youth Center and Food Pantry
- Silva, David, Medicaid Community Leader, Health New England
- Spain, M.D., Jackie, Medicaid Program Medical Director, Health New England
- Taylor, Charles, Reverend, United Church of Ware
- Velazquez, M.D., Louis, Baystate Wing Griswold Center

### **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 BHER 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), involved 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**

Baystate Wing is a 74-bed acute care community hospital facility located in Palmer, Massachusetts (18 miles east of Springfield) that provides a broad range of emergency, medical, surgical and psychiatric services. Our top priority is giving the Baystate Eastern Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Baystate Wing's medical centers located in Belchertown, Ludlow, Monson, Palmer and Wilbraham offer extensive outpatient services to meet the needs of our communities. Baystate Wing also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA and Hospice. We are fully accredited by the Joint Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health.

Baystate Mary Lane Outpatient Center serves the residents of Ware and surrounding communities offering a variety of primary and specialty health care including cancer, cardiology, surgery, and imaging services. The Satellite Emergency Facility at Baystate Mary Lane Outpatient Center provides care for emergency injuries or illness, with highly skilled emergency medicine physicians, nurses and staff. The facility is a satellite of Baystate Wing Hospital.

The service area for the BHER is situated halfway between the cities of Worcester and Springfield, MA, and straddles three counties - Worcester, Hampden and Hampshire. The hospital serves approximately 120,000 residents in seventeen towns, with over half this population living in the towns of Belchertown, Ludlow, Palmer, Wilbraham and Ware (Table 1). Other towns in the service area range in size from 1,000 to 8,500 residents, and are fairly rural in character. 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 meet 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. While the median age across the three counties is in the mid-to-upper 30's, the median ages in the service area's largest towns are over 40, ranging from Belchertown at 42 to Wilbraham at 48 years old. Fewer than 6% of residents in these service areas identify as Black or African American, Asian, Native Hawaiian, American Indian, or Hispanic or Latino.

In the BHER service area, per capita income exceeds the averages in Hampden and Hampshire counties at \$31,761. Housing costs are relatively low, and the proportion of housing cost burdened households where people pay more than 30% of their income towards housing is lower than the state (37%) and county rates, though still impacting nearly a third of the population (31%). Poverty rates throughout the service area are also comparatively low at about 8% for the overall population and 9% for children. These rates are well below both the state and county rates. Over 90% of the population in the service area has a high school diploma -- comparable to the statewide rate. Unemployment is somewhat higher than the state rate at 6%. The unemployment rate is based on the number of people who are either working or actively seeking work. A large portion of existing jobs are within the service, transportation, utility and wholesale-retail industries.

The following table depicts the population of towns that comprise the BHER's community definition. The overall community encompasses parts of Hampden, Hampshire, and Worcester counties.

	2014 Population Estimate
<b>Hampden County</b>	
Brimfield	3,723
Hampden	5,195
Holland	2,502
Ludlow	21,436
Monson	8,754
Palmer	12,174
Wales	1,878
Wilbraham	14,509
<b>Hampshire County</b>	
Belchertown	14,846
Ware	9,878
<b>Worcester County</b>	
Barre*	5,463
Brookfield	3,399
Hardwick	3,010
New Braintree	1,022
North Brookfield	4,748
Warren	5,178
West Brookfield	3,763
<b>Total Service Area</b>	<b>121,478</b>

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

\*Note: The following villages are a part of the service area and are subsets of communities in the above list: Wheelwright, West Warren, Gilbertville, Three Rivers, Thorndike, and Bondsville

\*Only the South Barre section of Barre is part of the service area

To learn more about the findings from BHER's CHNA and its implementation strategy to address the identified health needs please visit our website at [www.baystatehealth.org/communitybenefits](http://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 Public Health and Community Relations at 413-794-1016.

## COMMUNITY BENEFITS PROGRAM PROFILES

### BROWN BAG PROGRAM FOR SENIORS

<b>Brief Description or Objective</b>	Brown Bag for Seniors Program provides income qualified senior citizens with monthly supplemental bags of food. All types of food are included, from canned goods, pasta, and produce when available. Through the efforts of BHER CBAC and Country Bank, the Brown Bag Program, sponsored by the Food Bank of Western MA continues to be available to over 130 low-income seniors in Ware.
<b>Program Type</b>	Community Education, Community Participation/Capacity Building Initiative, Outreach to Underserved
<b>Target Population</b>	<b>Regions Served:</b> County-Hampshire <b>Health Indicator:</b> Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Stroke, Overweight and Obesity <b>Sex:</b> All <b>Age Group:</b> Seniors <b>Ethnic Group:</b> All <b>Language:</b> English
<b>Goals</b>	<b>Statewide Priority:</b> <ul style="list-style-type: none"><li>Chronic Disease Management in Disadvantage Populations</li><li>Promoting Wellness of Vulnerable Populations</li><li>Reducing Health Disparities</li></ul> <b>Goal 1</b> <u>Description:</u> Increase food access to vulnerable populations. <u>Status:</u> In progress
<b>Partners</b>	Food Bank of Western MA <a href="http://www.foodbankwma.org">www.foodbankwma.org</a> Ware Senior Center, Belchertown Senior Center Country Bank
<b>Contact Information</b>	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Eastern Region, 413-967-2296, <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a> .

## EMERGENCY DEPARTMENT BLOOD PRESSURE SCREENINGS

<b>Brief Description or Objective</b>	BHER Hospital Emergency Department RN's offer daily blood pressure screening and education (as appropriate) to the community. Screenings are offered daily between the hours of 6:00 am and 9:00 am, seven days a week. There is no cost and no appointment necessary.
<b>Program Type</b>	Community Education, Direct Services, Health Screening, Prevention
<b>Target Population</b>	<b>Regions Served:</b> Belchertown, Brimfield, Brookfield, Hardwick, Monson, New Braintree, North Brookfield, Palmer, Ware, Warren, West Brookfield <b>Health Indicator:</b> Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Stroke, Overweight and Obesity <b>Sex:</b> All <b>Age Group:</b> All <b>Ethnic Group:</b> All <b>Language:</b> English
<b>Goals</b>	<b>Statewide Priority:</b> <ul style="list-style-type: none"><li>• Address Unmet Health Needs of the Uninsured</li><li>• Chronic Disease Management in Disadvantage Populations</li><li>• Promoting Wellness of Vulnerable Populations</li><li>• Reducing Health Disparity</li></ul> <b>Goal 1</b> <u>Description:</u> To provide accurate blood pressure screenings to the public and education as appropriate, which they can use to improve their individual and family health status. <u>Status:</u> In progress
<b>Partners</b>	
<b>Contact Information</b>	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Eastern Region, 413-967-2296, <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a> .

**EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION TRAINING**

<p><b>Brief Description or Objective</b></p>	<p>Beginning in 2004 the BHER has partnered with Quality EMS Educators of Worcester to offer Basic EMT Training to community members. To date over 130 community members have taken the EMT Basic Course at Baystate Mary Lane. In June of 2016, Holyoke Community College (HCC) opened a new education and workforce-training center in Ware. The center, called E2E, short for Education to Employment: Quaboag Region Workforce Training and Community College Center, is collaboration between HCC and the Quaboag Valley Community Development Corp.</p> <p>BHER staff work closely with HCC to transition the EMT Basic Training program to their site. Baystate physicians continue to regularly share their expertise beyond the walls of the hospital by offering high quality training and monthly continuing education programs at no cost to EMS providers that serve our communities. The close working relationship between hospital emergency physicians and EMS providers is essential to ensuring residents and patients receive the highest quality care in the field. Strained town budgets make EMS training and education a challenge for many rural fire/ambulance squads. EMS providers are a vital part of the safety infrastructure of our community, and the first link in the chain of care for our residents.</p>
<p><b>Program Type</b></p>	<p>Community Education, Community Participation/Capacity Building Initiative, Health Professional/Staff Training, Mentorship/Career Training/Internship</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Belchertown, Brimfield, Brookfield, Hardwick, Monson, New Braintree, North Brookfield, Palmer, Ware, Warren, West Brookfield, Ludlow, Wilbraham.</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Homebound, Other: Public Safety</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All Adults</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> English</p>
<p><b>Goals</b></p>	<p><b>Statewide Priority:</b></p> <ul style="list-style-type: none"> <li>▪ Address Unmet Health Needs of the Uninsured</li> <li>▪ Chronic Disease Management in Disadvantage Populations</li> <li>▪ Promoting Wellness of Vulnerable Populations</li> <li>▪ Reducing Health Disparity</li> </ul> <p><b>Goal 1</b> <u>Description:</u> Ensure that local communities have access to no cost and/or affordable EMS Training. <u>Status:</u> In progress</p> <p><b>Goal 2</b> <u>Description:</u> EMS personnel have access to up-to-date training on critical topics and meet their continuing education requirements necessary for maintaining EMS certification.</p>

Status: In progress

**Goal 3**

Description: Ensure there are an adequate number of qualified EMS providers in local communities so patients receive the highest quality care in the field.

Status: In progress

**Partners**

Quality EMS Educators of Worcester

**Contact  
Information**

Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Eastern Region, 413-967-2296, [michelle.holmgren@baystatehealth.org](mailto:michelle.holmgren@baystatehealth.org).

**BAYSTATE FINANCIAL ASSISTANCE & COUNSELING**

<b>Brief Description or Objective</b>	<p>Baystate Mary Lane and Baystate Wing Hospital provide 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. BHER 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>
<b>Program Type</b>	<p>Health Coverage Subsidies or Enrollment</p>
<b>Target Population</b>	<p><b>Regions Served:</b> Belchertown, Brimfield, Brookfield, Hardwick, Monson, New Braintree, North Brookfield, Palmer, Ware, Warren, West Brookfield, Ludlow, Wilbraham.</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Uninsured/Underinsured  <b>Sex:</b> All  <b>Age Group:</b> All Adults  <b>Ethnic Group:</b> All  <b>Language:</b> All</p>
<b>Goals</b>	<p><b>Statewide Priority:</b></p> <ul style="list-style-type: none"> <li>▪ Address Unmet Health Needs of the Uninsured</li> <li>▪ Supporting Healthcare Reform</li> </ul> <p><b>Goal 1</b>  <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><b>Goal 2</b>  <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>
<b>Partners</b>	<p>Massachusetts Association of Community Health Workers <a href="http://www.machw.org">www.machw.org</a></p> <p>Supplemental Nutrition Application Program (SNAP) <a href="http://www.fns.usda.gov/snap">www.fns.usda.gov/snap</a></p> <p>Food Bank of Western Massachusetts <a href="http://www.foodbankwma.org">www.foodbankwma.org</a></p> <p>MA Department of Transitional Assistance <a href="http://www.mass.gov/eohhs/gov/departments/dta">www.mass.gov/eohhs/gov/departments/dta</a></p>
<b>Contact Information</b>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Eastern Region, 413-967-2296,  <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a>.</p>

**MOBILE FOOD PANTRY**

<p><b>Brief Description or Objective</b></p>	<p>The Food Bank of Western Massachusetts Mobile Pantry partners with Hillside Village and the BHER CBAC once a month to distribute food to our most vulnerable community members. The Mobile Food Bank provides an additional source of food to families and individuals facing hunger. The program reaches the underserved populations that don't otherwise have access to fresh, healthy foods. This is largely due to a lack of transportation and access to grocery stores, farmers' markets and other healthy food providers. Area providers and agencies partner with BHER &amp; Hillside Village to volunteer at the monthly mobile pantry and provide families, children and seniors with information about access to services including WIC, SNAP, Health Insurance, Fuel Assistance and much more.</p>
<p><b>Program Type</b></p>	<p>Community Education, Community Participation/Capacity Building Initiative, Health Coverage Subsidies or Enrollment, Outreach to Underserved</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> County-Hampden; County-Hampshire; County-Worcester  <b>Health Indicator:</b>          Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Stroke, Overweight and Obesity  <b>Sex:</b> All  <b>Age Group:</b> All  <b>Ethnic Group:</b> All  <b>Language:</b> English</p>
<p><b>Goals</b></p>	<p><b>Statewide Priority:</b></p> <ul style="list-style-type: none"> <li>▪ Promoting Wellness of Vulnerable Populations</li> <li>▪ Reducing Health Disparities</li> </ul> <p><b>Goal 1</b>  <u>Description:</u> Increase food access to vulnerable populations.  <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Food Bank of Western MA <a href="http://www.foodbankwma.org">www.foodbankwma.org</a>          Hillside Village Apartments (Ware)</p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Eastern Region, 413-967-2296, <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a>.</p>

**SUPPORT GROUPS**

**Brief Description or Objective**

The BHER offers a variety of support groups for individuals and families facing specific health issues—giving them opportunities to gain the insight and knowledge needed to best address their condition. Facing a major illness or stressful life change can be a daunting prospect. Although support and self-help groups can vary greatly, all groups share one thing in common, they are places where people can share personal stories, express emotions, and be heard in an atmosphere of acceptance, understanding, and encouragement. Facilitators and participants share information and resources and people in a support group strengthen and empower others as well as themselves. The following is a list of FREE support groups and workshops that are offered at [Baystate Mary Lane Outpatient Center](#) in Ware.

Alcoholics Anonymous - Meetings held in the Main Conference Room 2nd Floor, Sunday Evenings 7-8:15 pm.

Breast Cancer Support Group - Open to all women with breast cancer regardless of stage of treatment. Meetings are held the 4th Wednesday of every month, 11am-12:30 pm.

Circle of Angels: A Quilting Support Group for People Who Have Been Touched by Cancer - Meets twice monthly on Tuesdays each month from 11 am-1pm.

Expressive Writing Through Cancer - Open to all cancer diagnoses. Meetings are held the 3rd Wednesday of every month, 11 am-1 pm.

General Cancer Support Group - Open to all cancer diagnoses. Meetings are held the first Wednesday of the month, 11 am-12:30 pm.

Partners in Caregiving - An early evening support group for caregivers of people with cancer. Meetings are held the 2nd Tuesday of the month 5-6:30 pm.

Look Good Feel Better Program - This two hour program is held every three months for women who are undergoing cancer treatment currently or within the last 12 months. The program focuses on skin and nail care tips, scarf and wig tips, and makeup tips during the challenges associated with cancer treatments.

**Program Type**

Community Education, Prevention, Support Group

**Target Population**

**Regions Served:** Belchertown, Brimfield, Brookfield, Hardwick, Monson, New Braintree, North Brookfield, Palmer, Ware, Warren, West Brookfield

**Health Indicator:** Other: Alcohol and Substance Abuse, Other: Alzheimer Disease, Other: Cancer, Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colo-rectal, Other: Cancer - Lung, Other: Cancer - Ovarian, Other: Cancer - Prostate, Other: Cardiac Disease, Other: Diabetes, Other: Elder Care, Other: Hepatitis, Other: Homebound, Other: Hypertension, Other: Nutrition, Other: Parenting Skills, Other: Safety - Home, Other: Stroke, Overweight and Obesity, Substance Abuse, Tobacco Use

**Sex:** All

**Age Group:** All

	<b>Ethnic Group:</b> All <b>Language:</b> English
<b>Goals</b>	<b>Statewide Priority:</b> <ul style="list-style-type: none"><li>▪ Chronic Disease Management in Disadvantage Populations</li><li>▪ Promoting Wellness of Vulnerable Populations</li></ul> <b>Goal 1</b> <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
<b>Partners</b>	Alcohol Anonymous
<b>Contact Information</b>	Camille St. Onge, LICSW, Oncology Social Worker, Baystate Eastern Region, 413-967-2245, <a href="mailto:camille.st.ong@baystatehealth.org">camille.st.ong@baystatehealth.org</a> .

**QUABOAG HILLS SUBSTANCE USE TASK FORCE (QHCC SUFT)**

<p><b>Brief Description or Objective</b></p>	<p>BHER is providing office and meeting space for the staff of the QHCC SUFT and its Drug Free Communities project at Baystate Mary Lane Outpatient Center. The BER awarded funding to the Quaboag Hills Community Coalition (QHCC) to address the high rates of alcohol and drug use in the Quaboag Hills region by helping communities build the infrastructure necessary for effective and enduring alcohol and drug abuse prevention across the region. The QHCC applied the grant funds to support coordination to engage the membership of its sub-group, the Quaboag Hills Substance Use Task Force (QHCC SUFT).</p>
<p><b>Program Type</b></p>	<p>Community Education, Community Participation/Capacity Building Initiative, Outreach to Underserved, Prevention</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> County-Hampden; County-Hampshire; County-Worcester  <b>Health Indicator:</b> Mental Health, Other: Alcohol and Substance Abuse, Substance Abuse, Tobacco Use  <b>Sex:</b> All  <b>Age Group:</b> Adult-Young, All Adults, Child-Preteen, Child-Teen  <b>Ethnic Group:</b> All  <b>Language:</b> All</p>
<p><b>Goals</b></p>	<p><b>Statewide Priority:</b></p> <ul style="list-style-type: none"> <li>• Address Unmet Health Needs of the Uninsured</li> <li>• Promoting Wellness of Vulnerable Populations</li> </ul> <p><b>Goal 1</b>  <u>Description:</u> Establish and sustain the required infrastructure necessary for effective and enduring alcohol and drug abuse prevention.  <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Quaboag Hills Community Coalition <a href="http://qhcc.weebly.com/">http://qhcc.weebly.com/</a>          Baystate Mary Lane Outpatient Center</p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Eastern Region, 413-967-2296, <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a>.</p>

**WARE COMMUNITY TELEVISION**

<p><b>Brief Description or Objective</b></p>	<p>The BHER partners with Ware Community Television to feature health related segments with hospital staff, community leaders, and volunteers, who discuss a wide variety of health care and BHER related topics.</p>
<p><b>Program Type</b></p>	<p>Community Education, Outreach to Underserved, Prevention</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Gilbertville, Hardwick, Ware, Warren, West Warren</p> <p><b>Health Indicator:</b></p> <ul style="list-style-type: none"> <li>• Access to Transportation/Quaboag Connector</li> <li>• Baystate Regional Cancer Programs and Services</li> <li>• QHCC Substance Use Task Force Training/Narcan – Dr. Ruth Potee</li> <li>• Fit and 50 – Exercise at home for Adults (1 hour exercise program) Tri Community YMCA</li> <li>• Yoga for all – Tri Community YMCA</li> <li>• Fit Over 50 Instructor – Robyn Hillard, Tri-Community YMCA</li> <li>• Zumba for Kids Instructor – Christine Neslusan, Tri-Community YMCA</li> <li>• Let's talk about Stroke Prevention and Treatment- Kim Davis, RN, <a href="#">BHER ER</a></li> <li>• Healthy Breakfast for Children and Families, WIC Program</li> </ul> <p><b>Sex:</b> All  <b>Age Group:</b> All  <b>Ethnic Group:</b> All  <b>Language:</b> English</p>
<p><b>Goals</b></p>	<p><b>Statewide Priority:</b></p> <ul style="list-style-type: none"> <li>• Address Unmet Health Needs of the Uninsured</li> <li>• Chronic Disease Management in Disadvantage Populations</li> <li>• Promoting Wellness of Vulnerable Populations</li> <li>• Reducing Health Disparities</li> </ul> <p><b>Goal 1</b>  <u>Description:</u> To provide health and wellness information to the viewing public, which they can use to improve their individual and family health status.  <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Various staff at Baystate Mary Lane Hospital  <a href="http://www.baystatehealth.org/bmlh">www.baystatehealth.org/bmlh</a>  <a href="http://www.baystatehealth.org/bmp">www.baystatehealth.org/bmp</a>  Baystate Medical Practices  <a href="http://www.warecommunitytelevision.com">www.warecommunitytelevision.com</a>  Ware Community Television</p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Eastern Region, 413-967-2296, <a href="mailto:michelle.holmgren@baystatehealth.org">michelle.holmgren@baystatehealth.org</a>.</p>

**COMMUNITY BENEFITS EXPENDITURES**

<b>PROGRAM TYPE</b>	<b>ESTIMATED TOTAL EXPENDITURES FOR FY 2018</b>		<b>APPROVED PROGRAM BUDGET FOR FY 2019</b>	
<b>COMMUNITY BENEFITS PROGRAMS</b>	Direct Expenses	\$197,800	\$30,000  *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		
	<b>Total CB Programs</b>	<b>\$197,800</b>		
<b>NET CHARITY CARE</b>	HSN Assessment	\$1,172,193		
	HSN Denied Claims	\$0		
	Free/Discount Care (BWH Financial Assistance Program)	\$449,583		
	<b>Total Net Charity Care</b>	<b>\$1,621,776</b>		
<b>CORPORATE SPONSORSHIPS</b>	\$30,000			
<b>TOTAL EXPENDITURES</b>	<b>\$1,849,576</b>			
<b>Net Patient Service Revenues for FY 2018</b>				<b>\$80,296,084</b>
<b>Total Patient Care Related Expenses for 2018</b>				<b>\$88,149,681</b>

**OPTIONAL INFORMATION**

<b>Bad Debt:</b>	\$3,636,477	Certified: <b>YES</b>
<b>IRS 990 Schedule H:</b>	\$7,660,277	2016 Tax Return (FY 2017)