

Baystate Wing Hospital

Palmer, Massachusetts

Ware, Massachusetts

FY 2019 Community Benefits Annual Report

October 1, 2018 – September 30, 2019

As filed with Massachusetts Office of the Attorney General

EXECUTIVE SUMMARY

ORGANIZATION	Baystate Wing Hospital 40 Wright Street Palmer, MA 01069 413-283-7651 baystatehealth.org
PRIMARY SERVICE AREA	Hospital is located in Hampden County, but service area encompasses parts of Hampshire, Hampden, and Worcester Counties
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	74
NUMBER OF EMPLOYEES	504.0 FTEs *
YEAR ESTABLISHED	1913
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)	90.9% White; 4.5% Hispanic; 2.0% Black; 0.5% Asian; 0.1% American Indian/Alaska Native; 0.1% Native Hawaiian; 1.9% Other/Unknown
PAYER MIX OF PATIENTS	3,315 Inpatient Discharges 65.88% Medicare; 15.44% Medicaid; 15.66% Managed Care; 0.27% Non-Managed Care; 2.75% Other
ANNUAL EMERGENCY SERVICES STATISTICS	30,176 Emergency Service Visits 25.28% Medicaid; 2.61% Free Care; 7.32% Healthnet; 0.90% Commonwealth Care; 63.88% Other
PRESIDENT/CEO	Molly Gray President & Chief Administrative Officer Baystate Health Eastern Region 40 Wright Street, Palmer, MA 01069 413-370-5210 molly.gray@baystatehealth.org
COMMUNITY BENEFITS CONTACT	Michelle Holmgren Public Affairs & Community Relations Manager Baystate Health Eastern Region 85 South Street, Ware, MA 01082 413-967-2296 michelle.holmgren@baystatehealth.org
HOSPITAL SERVICES	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.
DHCFP ID	2181
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#4 Community Health Connection (Springfield)

* includes FTEs for Baystate Wing Hospital and Baystate Mary Lane Outpatient Center
BASED ON FY 2019 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Wing Hospital in Palmer, Massachusetts and its satellite facility **Baystate Mary Lane Outpatient Center** in Ware, Massachusetts, 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 Baystate Health Eastern Region (BHER).

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 it serves. 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 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.

BHER aims to improve the health status of individuals and communities by focusing its limited community benefits and charitable resources on upstream, population-based initiatives and interventions. In 2016, Mark Keroack, MD, MPH, President and CEO, Baystate Health, signed the **American Hospital Association's #123Equity Pledge**. With support from the Office of Government and Community Relations, Baystate is investing resources to increase awareness and build capacity among its 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). BHER looks forward to sharing its 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 their 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 its 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.

BHER PRIORITY POPULATIONS

- Children and youth
- Communities of color, particularly Latinos and Blacks
- GLBQ+ individuals
- Immigrants and refugees
- Older adults
- People living on low-or-poverty level incomes
- People living unsheltered/homeless
- People living with disabilities
- People reentering society after incarceration
- People with mental health and substance use disorders, especially those with dual diagnoses
- Transgender individuals
- Young adults under age 25

The BHER's priority populations are publicized on the hospital website at baystatehealth.org/communitybenefits and the Massachusetts Attorney General's 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 eight (8) 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), 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 the 2019 CHNA and will continue to do so in the development of the 2022 assessment. The 2019 CHNA was conducted to update the findings of the 2016 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 Massachusetts (PHIWM)** based in Springfield, Massachusetts, as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, based in Northampton, Massachusetts; Franklin Regional Council of Governments, based in Greenfield, Massachusetts; and Pioneer Valley Planning Commission (PVPC), based in Springfield, Massachusetts.

Following the CHNA, BHER developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BHER to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, 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 2019 CHNA and prioritization process are:

1. **SOCIAL ENVIRONMENT:** BHER recognizes the association between having a strong social environment (social capital, cohesion, support, etc.) and better health outcomes. There is a need for investing in community initiatives which continue to build social environments, especially for priority populations.
2. **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. 2019 CHNA key informant interviewees and focus group participants identified substance use and mental health as one of the most urgent health needs impacting the area.
3. **BASIC NEEDS:** The region has a great need for increased resources so individuals and families can meet their basic needs. Basic needs include food, transportation, and other essentials for daily living. In addition, BHER recognizes the need for improved understanding of community resources among hospital employees serving its patients.
4. **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 and can lead to a host of challenges for the individuals, their families, and any other social supports.

BHER continues to play an active role in addressing concerns around addiction, treatment, and recovery in the service area through maintaining engagement with the **Quaboag Hills Community Coalition Substance Use Alliance (QHCC SUA)**, **Hampshire Heroin Opiate Prevention and Education (HOPE) Coalition**, the **Hampden County Addiction Task Force**, **Strategic Planning Initiative for Families and Youth (SPIFFY) Coalition**, and the **Worcester County Drug Addiction Task Force**. QHCC SUA continues its Drug Free Communities Support Program, which has received past funding from BHER, to establish and strengthen community collaboration in support of local efforts to prevent youth substance misuse.

As a result of collaborative efforts between the BHER CBAC and the QHCC, the Food Bank of Western Massachusetts (the Food Bank) 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 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 BHER's Financial Councilor, WIC services, fuel assistance, and SNAP. Outreach efforts at the Mobile Food Pantry led 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 Food Pantry comes to Highland/Hillside Village Apartments the third Tuesday of every month.

Brown Bag Food for Elders continues to provide 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, has been 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 to over 130 low-income seniors in Ware, on a monthly basis.

BHER awarded another \$30,000 grant to QV CDC to support the **Quaboag Connector**, a service provided by the Town of Ware with assistance from QV CDC that offers transportation to and from work, workforce training, adult education programs including the Holyoke Community College satellite site in Ware. This intraregional service has expanded to provide rides within a nine town rural area. Community members access the Quaboag Connector for transportation to and from medical visits, cultural activities, senior centers, and food and pharmacy shopping. In 2019, just over 11,000 rides were provided.

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 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; and
- Develop a BHER Domestic Violence Response Team to support BHER Staff.

BHER is providing office and meeting space for a Behavioral Health Network (BHN) **Domestic Violence Advocate** to serve the community. The BHN Domestic Violence Advocate is a trained counselor specifically certified in the area of domestic and sexual violence. The role of the Domestic Violence Advocate is to empower and counsel victims and survivors through emotional support, safety planning, case management services, and advocacy within medical, court, child welfare, and other systems of care. BHER continues to be an integral partner to the Ware and Palmer Domestic Violence Task Forces by providing meeting space and training and communications to local and regional medical care providers. BHER Domestic and Sexual Violence Screening and Response team has developed screening questions and practices. A new protocol for screening was also developed and implemented. Work done by the BHER Domestic Violence team included staff from both Baystate Mary Lane Outpatient Center and

Baystate Wing Hospital and encompassed the design, organization, and implementation of a series of practice workshops for nurses and various departments to train staff how to effectively respond to domestic violence, families of victims, and partners of victims throughout the region. The team also evaluated new screening and response protocols for domestic violence and continues outreach and education through brochures, flyers, etc. which are now available and dispersed throughout the Emergency Room service areas at both Baystate Mary Lane Outpatient Center in Ware and Baystate Wing Hospital in Palmer.

BHER has been partnering with Quality EMS Educators of Worcester, since 2004, to offer **Basic EMT Training** to community members. To date, over 130 community members have taken the Basic EMT Training Course at Baystate Mary Lane Outpatient Center. In June 2016, HCC opened a new education and workforce-training center in Ware. The center, referred to as E2E, short for Education to Employment: Quaboag Region Workforce Training and Community College Center, is a collaboration between HCC and QV CDC.

BHER staff worked closely with HCC to transition the Basic EMT 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 Emergency Medical Services (**EMS Continuing Education**) programs at no cost to EMS providers that serve their communities. The close working relationship between hospital emergency physicians and EMS providers is essential to ensuring that 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 the community, and the first link in the chain of care for residents.

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and most recently, the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two hour sessions of physical activity, nutrition, and behavior modification, over a one year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants. The MIGHTY program was initiated at the Scantic Valley YMCA in FY 2019, and will have reportable data on participation and enrollment the next fiscal year. Expansion of MIGHTY to Westfield, Greenfield, and Wilbraham was made possible through a two-year grant from Kohl's Cares.

In FY 2019, Baystate Health began to fund the **Hampden County Healthy Improvement Plan (HCHIP)**. Pioneer Valley Planning Commission and Public Health Institute of Western Massachusetts are the conveners of the HCHIP, with support from Baystate Health. For the past eight years, Hampden County has ranked 14th in respect to overall health outcomes according to the County Health Rankings and Road Map produced annually by the Robert Wood Johnson Foundation. The HCHIP is a county-wide network aimed at improving Hampden County's health ranking by focusing on the following five domains: Health Equity; Behavioral Health; Primary Care, Wellness, and Preventative Care; Healthy Eating and Active Living; and Public Safety, Violence & Injury Prevention. Quarterly network gatherings and monthly domain meetings are held continuously throughout the year to discuss strategy development and indicator monitoring.

The University of Massachusetts Medical School – Baystate (UMMS-Baystate) regional campus, home to

the **Population-based Urban and Rural Community Health (PURCH)** medical student track, has become a trusted partner to the Baystate Health CBACs. Representatives from the PURCH track are active participants at each group and collaborate with members on initiatives such as recruitment of UMMS-Baystate Community Faculty, Population Health Clerkship preceptors, Standardized Patients, Admissions Committee interviewers, and Poverty Simulation participants. The PURCH track community-based educational experience is framed and informed by the work of CBACs in addressing CHNA priority goals. In the BHER service area, PURCH students have been able to partner with Quaboag Valley Community Development Corporation.

The Brookfield Institute received funding from BHER to support a new **Welcoming Women Veterans Home** initiatives. The Brookfield Institute offers resources and support to veterans in the region, but have had difficulty engaging women veterans. Most male and female veterans in need of services are isolated and alienated from traditional sources of support. For women veterans, the isolation is magnified as a result of their minority status in the veteran community and their unique health needs. This initiative will conduct outreach to women veterans in attempts to engage them in the drop in center and build a resource and support landscape that uniquely fits their needs.

MassHire Franklin Hampshire Workforce Board (FHWB) was awarded grant funding in FY 2019 for a Youth Employment Fund for the Greater Ware region. The FHWB has used its Youth Employment Fund to help youth without access to other resources or a mentor in their life to make a connection in the community on a career path of interest. This new fund allows the FHWB to work with people in the Ware community to do the same for greater Ware youth. Support to youth is on a case-by-case basis and could range from \$50 for a gas card to \$480 for a week long paid work-experience. In addition to smaller ranges for assistance, there may be a some youth with whom the FHWB works with to find other impactful opportunities such as a week-long paid internship in a job they would have not been able to access on their own. The flexibility of the fund will allow the fiscal sponsor at QV CDC in collaboration with the FHWB to respond to youth needs in the form and at the time they arise.

QV CDC received a new grant in FY 2019 to support **tutoring at E2E**. Funds are used to pay qualified tutors for math, reading, writing, and language skills to local residents seeking to upgrade their skills for educational or job related needs, or self-esteem. These services are free for residents from low-to moderate income households and on a sliding fee scale for individuals that are more affluent.

In FY 2019, **Trinity Church's Jubilee Diaper Ministry** was awarded funding to help booster their free diaper and pull-up distribution to families in need. Access to basic needs has long been a priority issue for BHER. Through its program, the Jubilee Diaper Ministry distributed over 12,150 diapers and 2,750 pull-ups to low and/or no-income parents of children between newborn and five years of age residing in Ware.

Top Floor Learning received funding from BHER in FY 2019 to continue providing adult literacy and educational guidance services to residents of the Pioneer Valley and Quaboag Hills. Students come to Top Floor Learning, Inc. with various individual goals including passing the HiSET, learning English, building a resume, learning computer skills, learning how to navigate the health system, and more.

In FY 2019, **Ware Public Schools** was awarded two grants from BHER to support their **Fire Science EMT course** and **Certified Nursing Assistant (CNA) program**. The goal of the EMT course is to provide junior and senior level students at Ware High School who are enrolled in the Fire Science course to also take part in EMT training at E2E. Creating work force opportunities for youth continues to be a

priority of BHER. The CNA program at Ware High School also aligns with this goal of bringing work force development to local students. The Town of Ware Public Health Nurse, in collaboration with Holyoke Community College, teaches this class to fifteen high school students who at the end of the program will receive various certifications and clinical training to become certified CNAs.

Plans for Next Reporting Year

In FY 2020, 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 its target populations. BHER will expand efforts to communicate to the general public about its community benefits activities, investments, and partnerships, through press coverage, social media, and other means as appropriate.

Community Engagement

The CBAC, in collaboration with the Coalition, plans on expanding in the area of community engagement for the 2022 CHNA. Increased opportunity for community engagement will come through the following three strategies:

1. Community conversations – large gathering where the Coalition invites community stakeholders to discuss community health and social needs over a meal.
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.
3. Community Forum – the Office of Government and Community Relations, alongside the BHER CBAC, will plan a community forum to share out on the community benefits program at Baystate and engage residents on ways that Baystate can further its community impact.

The Office of Government and Community Relations will integrate these findings in the 2022 CHNA. Community engagement efforts related to the 2019 CHNA will be summarized through a *Community Engagement Report* to be released in 2020, as a supplement to the CHNA.

As part of the new attorney general 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. Analysis of where the hospital lands on the state's community engagement is integral to this assessment.

Community Benefits Advisory Council

The BHER CBAC will work with Baystate's Community Benefits Specialist on developing policies and procedures for the CBAC in FY 2020. Collaboratively, they will brainstorm and implement detailed documentation around a community benefits mission and vision statement, a revised CBAC charter, and standardized membership processes across the health system.

The Office of Government and Community Relations intends to convene a system-wide **CBAC retreat** for all internal and community members. This would be the first gathering of its kind for Baystate. The aim of the CBAC retreat is to provide a space for members to network, share updates around their

respective hospital's community benefit work, and participate in work groups to build out a community benefit mission and vision statement, as well as revise the current charter and membership processes.

Training and Capacity Building

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

Baystate Wing Hospital has been awarded a **\$20,000 opioid earmark grant** to be expended during FY 2020. The goal for this earmark is to allocate funding to host an anti-stigma conference and train hospital providers on how to care for patients with a substance use disorder. The draft plan includes:

- An anti-stigma Conference
 - Partner with the QHCC SUA and the Hampshire HOPE Coalition to plan an anti-stigma conference targeting health care professionals, emergency responders, and community members.
 - The conference will begin with welcoming remarks followed by the story of a person with lived experience in a conversation setting. The planning team is trying to secure speakers that focus on changing how people view persons with opioid use disorder – it's the start of a conversation which challenges values and belief systems. The hope is to have a strong key note speaker that can clearly articulate how current policies and views shape how persons with substance use disorders are treated and viewed. The planning team is also trying to secure a speaker on how physicians are now being trained on not only substance use disorders, but also other social determinants of health.
- Trainings
 - Partner with QHCC SUA and Hampshire HOPE Coalition to provide simulations and targeted training on addressing the needs of those with opioid use disorder when they are in need of and/or seeking treatment.
 - Roll this out to many groups including the EMT group that meets in Palmer monthly and Baystate Wing Hospital staff.
 - Support to emergency department staff as Baystate continues to meet the new regulation of treating opioid use disorder as a medical disease including providing medications for opioid use disorder in the emergency department, which is a lifesaving intervention.
 - Partner with QHCC SUA/Hampshire HOPE Coalition to provide Baystate Wing Hospital staff and EMTs with resources for those seeking treatment.
 - Work with the coalitions to roll this out to additional subgroups to expand the knowledge base.

Opportunities for Funding

In an effort to increase accessibility and the 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 and according to the corresponding funding cycle (three 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) in FY 2020 and award funding to local community-based organizations and community health initiatives that address BHER's health priorities identified in the 2019 CHNA. For this RFP, the BHER CBAC voted to seek proposals specifically targeting the Social Environment as a social determinant of health.

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'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, 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 (DPH) when a hospital invests in a 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 other priority populations.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

The BHER CBAC, Baystate Health 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 Health Board of Trustees assigned oversight of community benefits to the Baystate Health Governance Committee. Through regular board meetings, internal hospital meetings, and leadership activities, Baystate is actively involved in shaping community benefits activities and investments provided throughout the system. Throughout FY 2019, the system's Vice President, Government and Community Relations, under the direction of the Sr. Vice President, Marketing, Communications, and External Relations, supervised the Director of Community Relations.

Community Benefits Team Meetings

The Baystate Health 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 Strategic Implementation Plans 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 Massachusetts Attorney General and IRS. Annually, the Office of Government and Community Relations provides updates to the Baystate Health 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 health 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. Baystate Eastern Region Patient Family Advisory Council*
2. Baystate Mary Lane Outpatient Center Emergency Department
3. Baystate Wing Administration*
4. Baystate Wing Finance
5. Behavioral Health Network*
6. Brookfield Institute*
7. Coalition of Western Massachusetts Hospitals/Insurer
8. Collaborative for Educational Services*
9. Education to Employment (E2E)

10. Food Bank of Western Massachusetts
11. Hardwick Youth Center and Food Pantry*
12. Highland/Hillside Village Apartments
13. Holyoke Community College
14. Massachusetts Department of Public Health
15. MassHire Franklin Hampshire Workforce Board
16. Monson Savings Bank*
17. Palmer Domestic Violence Task Force*
18. Palmer Mass In Motion
19. Palmer Public Schools
20. Palmer Senior Center
21. Quaboag Hills Community Coalition Substance Use Alliance*
22. Quaboag Hills Community Coalition*
23. Quaboag Regional School District*
24. Quaboag Valley Community Development Corporation*
25. Scantic Valley YMCA*
26. Top Floor Learning
27. Town of Ware*
28. Tri-Community YMCA
29. Trinity Church of Ware*
30. Ware Adult Education Center
31. Ware Domestic Violence Task Force*
32. Ware Public Schools*
33. Ware Senior Center*

*BHER CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BHER, in partnership with the Coalition, conducted a 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 2016 CHNA so 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 PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission (PVPC).

Organizational Policy

Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal 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 and/or 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 2019, BHER, in partnership with the Coalition, conducted a 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”).³ The CHNA report and findings were published on the hospital’s website in 2019.

CHNA Findings

The 2019 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contributesubstantially 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 the health care 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

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

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

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 2019. Worcester County ranked somewhat higher at ninth in health outcomes and health factors. Hampshire County was ranked higher at fourth 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 2016 CHNA. 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 priority populations, which include youth, older adults, and Latinos. Individuals who are homeless, live on low or poverty level incomes were also identified as priority-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 health care 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 2019 CHNA.

SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Lack of access to transportation, healthy food, and places to be active
- Lack of resources to meet basic needs
- Need for financial health
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Insurance and health care related challenges
- Limited availability of providers
- Need for cultural humility
- Need for transportation
- Lack of care coordination
- Health literacy and language barriers

HEALTH CONDITIONS AND BEHAVIORS

- Mental health and substance use
- Chronic health conditions
- Infant and perinatal health
- Alzheimer's disease and dementia

Consultants/Other Organizations

BHER is a member of the Coalition, a partnership between eight (8) 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), 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 2019 CHNA. This assessment was conducted to update the findings of the 2016 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 PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams; Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission (PVPC).

The following organizations, community stakeholders, and public health experts were interviewed:

- Calabrese, Jessica, Chief Operating Officer, Community Health Center of Franklin County
- Carey, Cameron, Development Director, Community Health Center of Franklin County
- Caulton-Harris, Helen, Commissioner of Public Health, City of Springfield Public Health Department
- Cluff, Ben, Veterans' Services Coordinator, MA Department of Public Health, Bureau of Substance Use Services
- Ewart, Jared, Accountant, Community Health Center of Franklin County
- Federamn, Julie, Health Director, Town of Amherst
- Hamilton, Wes, Chief Information Officer, Community Health Center of Franklin County
- Heidenreich, Maria, Medical Director, Community Health Center of Franklin County
- Hoynoski, Arley, Chief Financial Officer, Community Health Center of Franklin County
- Hyry-Dermith, Dallya, Supervisor, MA Department of Public Health, Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Jacobson, Allie, Information Officer, Community Health Center of Franklin County
- Luippold, Susan, Human Resources, Community Health Center of Franklin County
- Patrissi, JAC, Director of Domestic Violence Services, Behavioral Health Network Valley Human Services
- Petrie, Maegan, Accountant, Community Health Center of Franklin County
- Sayer, Ed, Chief Executive Officer, Community Health Center of Franklin County
- Van der Velden, Allison, Dental Director, Community Health Center of Franklin County
- Walker, Phoebe, Director of Community Services, Franklin Regional Council of Governments
- Welenc, Susan, Population Health, Community Health Center of Franklin County

CHNA Data Sources

The primary goals of the 2019 CHNA were to update the list of prioritized community health needs identified in the 2016 CHNA and to the extent possible, identify potential areas of action. The prioritized health needs identified in the 2019 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 two (2) focus groups, eight (8) chats, one (1) community conversation, and one (1) key informant interview specifically conducted for Baystate Wing Hospital;
- Analysis of findings from an additional four (4) focus groups, two (2) community conversations, and seventeen (17) key informant interviews conducted for other Coalition members and considered relevant for the 2019 CHNA;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving the BHER 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, priority 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 young adults. Quantitative analysis (secondary data from DPH, Mass CHIP, Hospital Inpatient/Emergency Department Discharge, and Ambulatory Care Sensitive Conditions), involved review of health assessments conducted by other organizations in recent years, key informant interviews, 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 Hospital 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. The hospital's top priority is providing clinical excellence, advanced technology, neighborly warmth, and convenience of a community hospital. Baystate Wing Hospital's medical centers located in Belchertown, Ludlow, Monson, Palmer, and Wilbraham offer extensive outpatient services to meet the needs of its communities. Baystate Wing Hospital also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA & Hospice. Baystate Wing Hospital is fully accredited by the Joint Commission and is a designated Primary Stroke Service by the Massachusetts DPH.

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 Baystate Wing Hospital service area overlaps to a great degree the region that is also known as the Quaboag Hills Region. The region is 90 miles west of Boston, 30 miles northeast of Springfield, and 30 miles west of Worcester, representing 17 communities in a 440-square mile region in west-central Massachusetts with a total population of 122,033. Numerous small, rural towns make up the region (Belchertown, Brimfield, Brookfield, East Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Spencer, Wales, Ware, Warren, West Brookfield, and Wilbraham) which crosses three county lines (Hampden, Hampshire, and Worcester Counties). The towns are comprised of densely populated former mill villages surrounded by rural areas and developing commuter neighborhoods.

Thirteen of the 17 towns have populations of less than 10,000 people living in them, and all 17 towns meet the state definition of "rural", defined as "a municipality in which there are fewer than 500 people per square mile." Transportation is extremely limited. Demographically, the service area is overwhelmingly white (more than 96%) with 2% Latino and less than 1% black or Asian. However recent trends show growing numbers of new immigrants and Spanish-speaking residents. For example, the town of Ware and the Quaboag Regional Schools each have a student body that is 6% Latino and Palmer students are 8% Latino.

The region has been characterized by chronic high unemployment, historically one to two points above the state average. Education levels in the Quaboag Hills Region are significantly lower than the average in Massachusetts. In the 2018 Robert Wood Johnson Foundation County Health Rankings, Hampden County ranks last (14th of 14 counties), Worcester County ranks 9th, and Hampshire County ranks 5th. Economically, the region has been hard-hit by lost manufacturing jobs and recession. In four of the six school districts, over 33% of students are eligible for reduced price/free lunch. An average of 8% of families lives below the poverty level; in Ware, Warren, and Hardwick, over 20% of families live in poverty. The Worcester Community Action Council, Inc.'s Community Action Plan 2015-2017 ranked the town of Hardwick as one of the five towns in Worcester County with the highest individual, childhood, and family poverty rates. Many families living in poverty are headed by single females. The town of Ware (population 9,872) serves as the region's economic and service "hub" with the broadest network of commercial entities, service providers, employers, and health care providers.

In Hampden County, 16% of the population has a disability compared to the state prevalence of 12%. In Hampshire County, 10% of the population has a disability. Disability prevalence in Ware and Palmer is higher than the state at 16% and 17%, respectively. People with disabilities tend to have higher rates of poverty and lower levels of education. In Hampden County, poverty rates among those with a disability (27%) were more than double those among people without a disability (12%). Similarly, 30% of the disabled population did not have a high school diploma compared to 11% among those without a disability (U.S. Census Bureau, ACS, 2013-2017). The following table depicts the population of towns that comprise BHER's communities served. The overall community encompasses parts of Hampden, Hampshire, and Worcester counties.

Service Area Town	2017 Population Estimate
Hampden County	58% of the service area
Brimfield	3,724
Hampden	5,193
Holland	2,510
Ludlow	21,331
Monson	8,803
Palmer	12,237
Wales	2,009
Wilbraham	14,553
Hampshire County	20% of the service area
Belchertown	14,906
Ware	9,863
Worcester County	22% of the service area
Barre*	5,491
Brookfield	3,406
Hardwick	3,024
New Braintree	1,247
North Brookfield	4,760
Warren	5,199
West Brookfield	3,777
Total Service Area	122,033

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 www.baystatehealth.org/communitybenefits.

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

COMMUNITY BENEFITS PROGRAM PROFILES

BAYSTATE FINANCIAL ASSISTANCE & COUNSELING

Brief Description or Objective	Baystate Mary Lane Outpatient Center 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 with health insurance applications; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking 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.	
Program Type	Access/Coverage Supports Tags: n/a	
Target Population	Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Adults Ethnic/Racial Group: All Language: All Environment Served: Rural, Suburban, Urban Additional Target Population: Refugee/Immigrant Status	
Health Need	DoN Health Priority: Built Environment EOHHS Focus Issue: n/a Health Issue: Social Determinants of Health – Access to health care; Income and poverty; Uninsured/underinsured	
Goals	Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting support. <u>Status:</u> In progress Goal 2 <u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications; achieve a 95% approval rate. <u>Status:</u> In progress	
Partners	Massachusetts Association of Community Health Workers Supplemental Nutrition Application Program (SNAP) Food Bank of Western Massachusetts MA Department of Transitional	www.machw.org www.fns.usda.gov/snap www.foodbankwma.org www.mass.gov/eohhs/gov/departments/dta

Assistance

**Contact
Information**

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BAYSTATE HEALTH EASTERN REGION DOMESTIC VIOLENCE ADVOCATE

<p>Brief Description or Objective</p>	<p>BHER is providing office and meeting space for a Behavioral Health Network (BHN) Domestic Violence Advocate to serve the community. The BHN Domestic Violence Advocate is a trained counselor specifically certified in the area of domestic and sexual violence. The role of the Domestic Violence Advocate is to empower and counsel victims and survivors through emotional support, safety planning, case management services, and advocacy within medical, court, child welfare, and other systems of care. BHER continues to be an integral partner to the Ware and Palmer Domestic Violence Task Forces by providing meeting space and training and communications to local and regional medical care providers. BHER Domestic and Sexual Violence Screening and Response team has developed screening questions and practices. A new protocol for screening was also developed and implemented. Work done by the BHER Domestic Violence team included staff from both Baystate Mary Lane Outpatient Center and Baystate Wing Hospital and encompassed the design, organization, and implementation of a series of practice workshops for nurses and various departments to train staff how to effectively respond to domestic violence, families of victims, and partners of victims throughout the region. The team also evaluated new screening and response protocols for domestic violence and continues outreach and education through brochures, flyers, etc. which are now available and dispersed throughout the Emergency Room service areas at both Baystate Mary Lane Outpatient Center in Ware and Baystate Wing Hospital in Palmer.</p>
<p>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Health Professional/Staff Training; Health Screening</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban Additional Target Population: Domestic Violence History</p>
<p>Health Need</p>	<p>DoN Health Priority: Education; Social Environment; Violence EOHHS Focus Issue: Mental Health and Mental Illness Health Issue: Health Behaviors/Mental Health –Mental Health; Social Determinants of Health – Domestic Violence, Violence and Trauma</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Increase availability of and access to domestic violence support and resources <u>Status:</u> In progress Goal 2 <u>Description:</u> Train providers and staff on trauma informed patient care <u>Status:</u> In progress</p>

Ware Domestic Violence Task Force

Partners

Palmer Domestic Violence Task Force

**Contact
Information**

Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org.

EMERGENCY DEPARTMENT BLOOD PRESSURE SCREENINGS

Brief Description or Objective	Baystate Wing Hospital and Baystate Mary Lane Outpatient Center Emergency Department registered nurses offer daily blood pressure screening and education (as appropriate) to the community. Screenings are offered daily between the hours of 7:00 a.m. and 8:00 a.m. There is no cost and no appointment necessary.
Program Type	Direct Clinical Services Tags: Community Education; Health Screening; Prevention
Target Population	Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban
Health Need	DoN Health Priority: Built Environment EOHHS Focus Issue: Chronic Disease Health Issue: Chronic Disease – Hypertension
Goals	Goal 1 <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
Partners	
Contact Information	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org .

EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION TRAINING

<p>Brief Description or Objective</p>	<p>BHER has partnered with Quality EMS Educators of Worcester since 2004 to offer Basic EMT Training to community members. To date, over 130 community members have taken the Basic EMT Course at Baystate Mary Lane Outpatient Center. In June 2016, HCC opened a new education and workforce training center in Ware. The center, referred to as E2E, short for Education to Employment: Quaboag Region Workforce Training and Community College Center, is a collaboration between HCC and QV CDC.</p> <p>BHER staff have worked closely with HCC to transition the Basic EMT 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>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Mentorship/Career Training/Internship</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Adults Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Education EOHHS Focus Issue: Substance Use Health Issue: Social Determinants of Health – Education/Learning, Public Safety</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Ensure that local communities have access to no cost and/or affordable EMS Training. <u>Status:</u> In progress</p> <p>Goal 2 <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. <u>Status:</u> In progress</p> <p>Goal 3 <u>Description:</u> Ensure there are adequate numbers of qualified EMS providers in local communities so patients receive the highest quality care in the field. <u>Status:</u> In progress</p>

Partners Quality EMS Educators of Worcester

Contact Information Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org.

MIGHTY (MOVING, IMPROVING AND GAINING HEALTH TOGETHER AT THE Y)

<p>Brief Description or Objective</p>	<p>MIGHTY is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and most recently, the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two hour sessions of physical activity, nutrition, and behavior modification, over a one year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants.</p>	
<p>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Prevention</p>	
<p>Target Population</p>	<p>Regions Served: Franklin County; Hampden County; Hampshire County Gender: All Age Group: All Children Ethnic/Racial Group: All Language: All, English, Spanish, ASL, Vietnamese Environment Served: Rural; Suburban; Urban</p>	
<p>Health Need</p>	<p>DoN Health Priority: Built Environment; Education EOHHS Focus Issue: Chronic Disease Health Issue: Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition</p>	
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Serve children age two years to twenty-one years with a diagnosis of obesity (BMI > 95% for age) and offer them and their family resources aimed at promoting healthy nutrition, healthy activity, and a healthy lifestyle. <u>Status:</u> In progress</p>	
<p>Partners</p>	<p>YMCA of Greater Springfield Springfield College University of Mass, Amherst campus Live Well Springfield Franklin County YMCA Scantic Valley YMCA Westfield YMCA Area schools and school nurses Pediatricians in Hampden, Franklin, & Hampshire County</p>	<p>www.springfieldy.org www.springfield.edu www.umass.edu www.livewellspringfield.org www.franklincountyyymca.org http://www.springfieldy.org/family-centers/scantic-valley-y-family-center/ www.westfieldy.org</p>

Mass In Motion

**Contact
Information**

Chrystal Wittcopp, MD, Baystate General Pediatrics, 140 High Street, Springfield, MA.
413-794-7455. Chrystal.Wittcopp@baystatehealth.org

MOBILE FOOD PANTRY

<p>Brief Description or Objective</p>	<p>The Food Bank of Western Massachusetts Mobile Pantry partners with Highland/Hillside Village Apartments and the BHER CBAC once a month to distribute food to the 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 and Highland/Hillside Village Apartments 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>Program Type</p>	<p>Total Population or Community-Wide Interventions Tags: Community Education</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Built Environment EOHHS Focus Issue: n/a Health Issue: Social Determinants of Health – Access to Healthy Foods; Nutrition</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Increase food access to vulnerable populations. <u>Status:</u> In progress</p>
<p>Partners</p>	<p>Food Bank of Western Massachusetts www.foodbankwma.org Hillside Village Apartments (Ware)</p>
<p>Contact Information</p>	<p>Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baysatehealth.org.</p>

QUABOAG HILLS SUBSTANCE USE ALLIANCE (QHCC SUA)

<p>Brief Description or Objective</p>	<p>BHER is providing office and meeting space for the staff of Quaboag Hills Substance Use Task Force to the Quaboag Hills Substance Use Alliance and its Drug Free Communities project at Baystate Mary Lane Outpatient Center. BHER awarded funding to the 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 Alliance (QHCC SUA).</p>
<p>Program Type</p>	<p>Infrastructure to Support CB Collaboration Tags: Community Education; Health Professional/Staff Training; Prevention</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: Adult-Young, All Adults, Child-Preteen, Child-Teen Ethnic/Racial Group: All Language: All Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Built Environment; Education; Social Environment EOHHS Focus Issue: Mental Illness and Mental Health; Substance Use Disorders Health Issue: Social Determinants of Health – Education/Learning; Substance Addiction – Alcohol Use, Driving Under the Influence, Opioid Use, Smoking/Tobacco Use, Substance Use</p>
<p>Goals</p>	<p>Goal 1 <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>Partners</p>	<p>Quaboag Hills Community Coalition http://qhcc.weebly.com/ Baystate Mary Lane Outpatient Center</p>
<p>Contact Information</p>	<p>Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org.</p>

SUPPORT GROUPS

<p>Brief Description or Objective</p>	<p>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 unique conditions. 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.</p> <p>Alcoholics Anonymous - are held in the Main Conference Room 2nd floor, Sunday evenings 7pm - 8:15 pm.</p> <p>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.</p> <p>Circle of Angels: A Quilting Support Group for People Who Have Been Touched by Cancer - Meets twice monthly on Tuesdays from 11am-1pm.</p> <p>Expressive Writing Through Cancer - Open to all cancer diagnoses. Meetings are held the 3rd Wednesday of every month, 11am - 1pm.</p> <p>General Cancer Support Group - Open to all cancer diagnoses. Meetings are held the first Wednesday of the month, 11am - 12:30 pm.</p> <p>Partners in Caregiving - An early evening support group for caregivers of people with cancer. Meetings are held the 2nd Tuesday of the month 5pm - 6:30 pm.</p>
<p>Program Type</p>	<p>Total Population or Community-Wide Interventions Tags: Support Group</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic Group: All Language: English Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Social Environment EOHHS Focus Issue: Chronic Disease with a focus on cancer; Substance Use Disorder Health Issue: Cancer – Multiple; Substance Addiction – Alcohol use</p>
<p>Goals</p>	<p>Goal 1</p>

Description: 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.

Status: In progress

Partners

Alcohol Anonymous

**Contact
Information**

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WARE COMMUNITY TELEVISION –Health Beat

<p>Brief Description or Objective</p>	<p>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, including:.</p> <ul style="list-style-type: none"> • Access to Transportation/Quaboag Connector • Baystate Regional Cancer Programs and Services • QHCC Substance Use Task Force Training/Narcan – Dr. Ruth Potee • Fit and 50 – Exercise at home for Adults (1 hour exercise program) Tri Community YMCA • Yoga for all – Tri Community YMCA • Fit Over 50 Instructor – Robyn Hillard, Tri-Community YMCA • Zumba for Kids Instructor – Christine Neslusan, Tri-Community YMCA • Let's Talk about Stroke Prevention and Treatment- Kim Davis, RN, BHER ER • Healthy Breakfast for Children and Families, WIC Program
<p>Program Type</p>	<p>Total Population or Community-Wide Interventions Tags: Community Education</p>
<p>Target Population</p>	<p>Regions Served: Gilbertville, Hardwick, Ware, Warren, and West Warren Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural</p>
<p>Health Need</p>	<p>DoN Health Priority: Education; Social Environment EOHHS Focus Issue: n/a Health Issue: Social Determinants of Health – Education/Learning</p>
<p>Goals</p>	<p>Goal 1 <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>Partners</p>	<p>Various staff at Baystate Mary Lane Outpatient Center www.baystatehealth.org/bmlh Baystate Medical Practices www.baystatehealth.org/bmp Ware Community Television www.warecommunitytelevision.com</p>
<p>Contact Information</p>	<p>Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org.</p>

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2019		APPROVED PROGRAM BUDGET FOR FY 2020
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$273,608	\$30,000 *Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	\$0	
	Total CB Programs	\$197,800	
NET CHARITY CARE	HSN Assessment	\$1,189,192	
	HSN Denied Claims	\$0	
	Free/Discount Care (BWH Financial Assistance Program)	\$395,303	
	Total Net Charity Care	\$1,621,776	
CORPORATE SPONSORSHIPS	\$50,065*		
TOTAL EXPENDITURES	\$1,908,167		
Net Patient Service Revenues for FY 2019			\$83,408,564
Total Patient Care Related Expenses for FY 2019			\$92,764,483

OPTIONAL INFORMATION

Bad Debt:	\$3,715,066	Certified: YES
IRS 990 Schedule H:	\$11,153,957	2016 Tax Return (FY 2017)

*In the Office of Massachusetts Attorney General FY19 community benefits filing, corporate sponsorships are captured under the "Community Benefits Sponsorships" program.