

Baystate Noble Hospital
Westfield, Massachusetts

FY 2020 Community Benefits Annual Report
October 1, 2019 – September 30, 2020

As filed with Massachusetts Office of the Attorney General

EXECUTIVE SUMMARY

ORGANIZATION	Baystate Noble Hospital 115 West Silver Street Westfield, MA 01086-1634 413-568-2811 Baystatehealth.org
PRIMARY SERVICE AREA	Greater Westfield Area, Hampden County
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	85
NUMBER OF EMPLOYEES	299.7 FTEs*
YEAR ESTABLISHED	1893
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)	85.9% White; 8.2% Hispanic; 2.2% Black; 1.3% Asian, 0.1% American Indian/Alaska Native, 0.0% Native Hawaiian/Pacific Islander; 2.2% Other/Unknown
PAYER MIX OF PATIENTS	2,344 Inpatient Discharges 60.41% Medicare; 21.63% Medicaid; 13.95% Managed Care; 0.60% Non-Managed Care; 3.41% Other
ANNUAL EMERGENCY SERVICES STATISTICS	20,629 Emergency Service Visits 19.21% Medicaid; 2.43% Free Care; 12.43% Healthnet; 0.99% Commonwealth Care; 64.93% Other
PRESIDENT/CEO	Ronald Bryant President & Chief Administrative Officer Baystate Noble Hospital 115 West Silver Street, Westfield, MA 01086 413-568-2811 ronald.bryant@baystatehealth.org
COMMUNITY BENEFIT CONTACT	Annamarie Golden Director, Government & Community Relations 280 Chestnut Street, 6 th Floor, Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Noble Hospital is an 85-bed acute care community hospital helping people in the greater Westfield community, offering direct access to world-class technology, diagnostics, and specialists. The hospital works to ensure that patients have access to exceptional health care, close to home. Services include obstetrics and gynecology, emergency, laboratory, gastroenterology, surgery, cardiopulmonary services and rehabilitation, cancer care, behavioral health, urology, neurology, inpatient rehabilitation, and diagnostic imaging, including 3D mammography.
DHCFP ID	2076
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#21 Four Communities (Chicopee, Holyoke, Ludlow, Westfield)

* Includes FTE's for Baystate Noble Hospital, Noble Medical Group, and Noble VNA
BASED ON FY 2020 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Noble Hospital (BNH), in Westfield, Massachusetts carries out **Baystate Health's (Baystate) mission "to improve the health of the people in our communities every day with quality and compassion."** In keeping with this commitment to improve health, BNH provides many valuable services, resources, programs, and financial support - beyond the walls of the hospital and its facilities and into the communities and homes of the people it serves. As BNH is part of Baystate's integrated health care system it is able to provide further benefits to communities served through coordination within and among the system's various entities.

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

BNH aims to improve the health status of individuals and communities by focusing 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. In FY 2020, Baystate also adopted the **Dignity Model**, created by Dr. Donna Hicks, as a framework to strengthening relationships in the workplace among employees, leaders, and patients. The Dignity Model is also a tool for conflict solution. Through its *Elevating Dignity* dialogue series and Baystate's leadership commitment to reading "Leading with Dignity" and putting it into practice, the hospital system aims to enhance the organization's overall success.

BNH is committed to applying a **health equity** lens to current and all future community health planning and improvement efforts. This will be demonstrated through future hospital community benefits investments that support projects and/or initiatives that are intentional in how they address health equity (health disparities and inequities). BNH 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 these efforts, and lessons learned that may be helpful for other organizations.

To fulfill Baystate's Community Benefits Mission, BNH will:

- Focus on prevention and increasing access to quality, culturally humble 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.

BNH PRIORITY POPULATIONS

- Children and youth
- LGBTQ+ individuals
- Immigrants and refugees
- Older adults
- People living on low- or poverty-level incomes
- People living unsheltered or homeless
- People of color, particularly Latinos and Blacks
- People reentering society after incarceration
- People with disabilities
- People with mental health and substance use disorders, especially those with a dual-diagnosis

BNH'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

The **Baystate Noble Hospital Community Benefits Advisory Council (BNH CBAC)** that launched in September 2017 continued to diversify and expand its membership and guest list throughout FY 2020. Due to COVID-19, meetings were switched to a virtual platform. The BNH CBAC continues to meet monthly (third Friday) via Zoom and is co-chaired by a hospital leader and a community representative.

In FY 2020, Baystate hosted its first ever system-wide **CBAC retreat**. This full-day event in November 2019 brought together members from all the hospital CBACs, employees, and community members alike, to share on their "CBAC story." Short presentations were held to describe key successes from each group and lessons learned. Annamarie Golden, Director of Community Relations, Baystate Health shared on the history of the Community Benefits (CB) program and presented CB expenditure trends over the past few years. Frank Robinson, Vice President of Public Health, Baystate Health, also shared on the system's Anchor Mission work. The second half of the day was dedicated to working on revising Baystate's CB vision and mission statements, as well as the CBAC charter and membership process. This work was not finalized at the retreat, but continues to develop.

BNH 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 the **community health needs assessments (CHNA)** and address regional health needs. BNH 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 BNH could better understand the health needs of the communities served and meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged **Public Health Institute of Western 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, BNH developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BNH to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, BNH, in partnership with its CBAC, identified four (4) high-priority health needs as the focus of current and future hospital community health planning efforts. The focus areas will be addressed 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. **BUILT ENVIRONMENT:** Residents of the BNH service area continue to encounter barriers to care caused by many built environment elements including transportation, access to care, and food insecurity.
2. **MENTAL HEALTH AND SUBSTANCE USE:** BNH recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention.
3. **INSTITUTIONAL AND INTERPERSONAL DISCRIMINATION:** BNH recognizes the realities of institutional and interpersonal discrimination as a social determinant of health and barrier to care. It is committed to educating staff, patients, community partners, and leadership on systemic racism, implicit bias and other factors that contribute to systems of oppression both within the hospital and in the greater community.

Built Environment

At the Westfield Senior Center, nursing coverage is provided by BNH **public health nurse**, Mary Ellen Asher, RN. Services are available Tuesdays and Fridays from 9:00 am - 12:00 pm. There is no appointment necessary, nor charges associated. The wellness nurse is available to do blood pressure checks, medication review, and provide health education. Due to COVID, the nurse had to stop providing on-site services to seniors. BNH hopes to get the nurse back to the senior center once it is safe to do so.

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. In FY 2019 the MIGHTY program in Westfield had a very successful and busy year, enrolling and serving over 30 obese children and their families, and continues to expand with several new programmatic options and increased staff for both exercise and nutrition. Expansion of MIGHTY to Westfield, Greenfield, and Wilbraham was made possible through a two-year grant from Kohl's Cares.

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 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. Armbrook Village served as a Population Health Clerkship site for PURCH students. Students concentrated in learning centered about behavioral and medical aspects of Alzheimer's disease and related dementias.

Mental Health and Substance Use

In FY 2020, BNH was awarded a **\$100,000 opioid earmark grant**. A BNH Opioid Task Force was convened to guide how this funding would be spent and oversee implementation. \$40,000 was managed and invested internally for the hospitals and supported the following:

- Youth Grief Support Group: The Youth Grief Support Group Program provides critical support to the growing number of children coping with the loss of a parent or family member due to the opioid epidemic, right where they go to school, at the elementary, middle, and high school levels. All free of charge to families.
- BH Addiction Consult Team Capital Equipment: Funds were used to purchase iPads to bridge communication between BNH and the Baystate Health Addiction Consult Team (ACT). The goal is to expand this service to the community hospitals. The purchase of telehealth equipment will contribute towards the full implementation of this expanded service.
- Capacity Building: Provided training to ED physicians, hospitalists, and other allied health professionals on topics such as treating patients and/ or residents with substance use disorder with dignity and respect. This also included the cost of developing web-based training modules, and other supplies and materials for trainings. Increased BNH participation in Baystate system and local community opioid, Substance Use Disorder (SUD), and other addiction related coalitions and committees. These include, but are not limited to: DART Council, Baystate Anti-Stigma Committee, BNH Opioid Task Force, Baystate Addiction Task Force, C.O.R.E. of Greater Westfield, BNHCBAC.
- Stipends for staff and physicians to attend virtual trainings and virtual capacity meetings provided through the grant.
- Tapestry Health was subcontracted to create over 1,500 Harm Reduction Kits to be distributed in the BNH ED, as well as used for mobile outreach.

The remaining \$60,000 was overseen and invested by the BNH CBAC. The CBAC launched a request for proposals process to fund community organizations focusing on Opioid Prevention, Treatment, Recovery, Outreach and Referral. The following organizations received community grant funding:

- Coalition for Outreach Recovery and Education (CORE) of Greater Westfield: to fund increased backbone support and host a networking event for local recovery coaches.
- Mental Health Association: to support their MHA TeleWell initiative which sought to expand awareness of behavioral health services via telehealth and specifically increase enrollment in the Greater Westfield area.
- Greater Westfield Committee for the Homeless: to purchase a van that will assist people in the homeless shelter with getting to their behavioral health visits. Funding was also used to train staff on opioid use disorder in order to provide better education for people staying at the Samaritan Inn.

Institutional and Interpersonal Discrimination

Baystate continued its funding of the **Hampden County Healthy Improvement Plan (HCHIP)** in FY 2020. Pioneer Valley Planning Commission (PVPC) and Public Health Institute of Western Massachusetts (PHIWM) are the backbone support organizations for the HCHIP. In FY 2020, the HCHIP received notice they were selected as a recipient of the Massachusetts Community Health and Healthy Aging Fund grant to support the CHIP infrastructure. 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 HCHIP

continues to self-reflect and have intentional discussions on race, white dominant culture, inequities, and discrimination.

Other Needs Identified in the CHNA

In FY 2019, BNH granted **It Takes a Village (ITAV)** a \$5,000 community benefits grant for program support and an in-kind donation of 7,776 diapers and 240 packs of wipes. Located in Cummington, Massachusetts, ITAV's mission is "to increase practical and emotional support and decrease social isolation, all while engaging the community to understand their responsibility in welcoming the newest members of their Village". ITAV provides free home visit services for participating families during an infant's first 12 weeks of life. The organization also hosts support groups for new and expecting parents. The Village Closet is a community resource that offers free baby items such as clothing, diapers, highchairs, bedding, and more, for any family in need.

As part of an annual tradition, Baystate team members generously donate **school supplies** to local elementary schools located in each of its four hospital communities. This year, due to COVID-19 Baystate was unable to hold school supplies donation drives. To fulfill its annual commitment to supporting local schools, Baystate's Community Benefits Program funded the purchase of much needed school supplies. Baystate was able to leverage its organization's purchasing power and order the school supplies through vendor contracts. With an investment of \$25,000 Baystate was able to provide an assortment of school supplies, including cleaning and disinfecting wipes, hand sanitizer, crayons, markers, earbuds, face masks, colored pencils, erasers, dry erase markers, and much more. The donations benefited 17 elementary schools, 300 classroom, 450+ teachers/staff, and 5,000 students. In addition, over \$2,000 worth of gift cards were donated by team members and gifted to the beneficiary schools. The beneficiary school in the BNH service area was Abner Gibbs Elementary School.

Plans for Next Reporting Year

In FY 2021, BNH, 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, BNH will continue to pursue grant funds from outside sources in support of collaboration between the hospital and its community partners to enhance current or implement additional programs to meet the existing and newly identified needs of its target populations. BNH 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.

The Coalition also aims to begin planning for the 2022 CHNA right at the beginning of FY 2021. As recommended through feedback from the last CHNA to begin earlier, the Coalition hopes to reconvene previous Regional Advisory Council (RAC) members to start recruitment for a more diverse and representative RAC, and begin creating a structure for research and community engagement. PHIWM will continue to serve as the lead consultant and convener for this RAC.

Community Engagement

The CBAC, in collaboration with the Coalition, plans on expanding in the area of community engagement for the 2019 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. 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.
3. Community Benefits Community Forum – the Office of Government and Community Relations, alongside the BNH 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, BNH will also be completing a yearly self-assessment that measures and tracks community benefit progress. The self-assessment is a tool that helps ensure the hospital and its CBAC are investing resources into the prioritized health needs, as highlighted through the CHNA, as well as aligning these health needs to its implementation strategy. Analysis of where the hospital lands on the state's community engagement is integral to this assessment.

Community Benefits Advisory Council

The BNH 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.

Training and Capacity Building

BNH, 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. BNH intends to engage PHIWM to facilitate and implement these capacity building trainings.

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 that 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 BNH 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 BNH's health priorities identified in the 2019 CHNA. For this RFP, the BNH CBAC voted to seek proposals specifically targeting the Built 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 (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 its own annual application process, in partnership with the hospital CBAC, and with support from the Office of Government and Community Relations.

Better Together is funded with hospital 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 capital project (facilities and equipment). Better Together awards outcomes-based grants (1-3 years) or pilot/mini-grants (1-2 years) to eligible non-profit organizations with current IRS designated 501(c)(3) status that have projects directly benefiting residents of the communities served by the hospital, with a focus on underserved and other priority populations.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

The BNH CBAC and Baystate Health Board of Trustees 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 and Chief Consumer Officer, 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 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 Massachusetts Attorney General and IRS. Annually, the Office of Public Health and Community Relations provides updates to the Baystate Board of Trustees and Baystate and BNH leadership teams, as requested.

In 2018, BNH, with support from the Office of Government and Community Relations, launched a BNH Community Benefits Advisory Council (CBAC). The CBAC and its members provide a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BNH resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by targeting resources for residents.

BNH CBAC membership includes hospital team members and representatives from Hampden County constituencies and communities. CBAC members are responsible for reviewing community needs assessment data and using this analysis as a foundation for providing the hospital with input on its community health planning efforts and community benefits investments.

Community Partners

BNH's community partners include, but are not limited to:

1. Armbrook Village*
2. Ascentria Care Alliance
3. Behavioral Health Network*
4. Boys & Girls Club of Greater Westfield*
5. C.O.R.E of Greater Westfield*
6. Coalition of Western Massachusetts Hospitals/Insurer
7. Greater Westfield Committee for the Homeless
8. Greater Westfield YMCA*
9. Hilltown Community Health Center*

10. It Takes A Village
11. Mental Health Association
12. Tapestry Health
13. Town of Blandford*
14. Western Massachusetts Health Equity Network (WMHEN)
15. Westfield Health Department*
16. Westfield Senior Center/Council on Aging*
17. Westfield State University*

*BNH CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BNH, 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 BNH could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital. The Coalition engaged 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 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, BNH, in partnership with the Coalition, conducted a CHNA of the service area 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.

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

Community Health Needs Assessment Findings

The 2019 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 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 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.

BNH’s service area, consisting of communities primarily located in Hampden County, experiences a number of priority health needs. Social and economic challenges experienced by the population in the service area contribute to the high rates of chronic conditions and other health conditions identified in this needs assessment. These social and economic factors also contribute to the health disparities observed among priority populations, which include children/youth, older adults, Latinos, Blacks, and people with mental health and substance use. Though less data is available, people living in poverty, those who are homeless, immigrants and refugees, and GLBQ+ individuals have been identified as priority populations. Additional data is needed to better understand the needs of these populations in order to reduce inequities. The BNH service area population continues to experience a number of barriers that make it difficult to access quality health care, some of which are related to the social and economic conditions in the community, and others which relate to the healthcare and insurance system. Service area residents are impacted by high rates of obesity, cardiovascular disease, diabetes, asthma, chronic obstructive pulmonary disease, and associated morbidities. Mental health and substance use disorders were consistently identified as top health conditions impacting the community, and the inadequacy of the current systems of care to meet the needs of individuals impacted by these disorders arose as an important issue that needs to be addressed. The opioid crisis has emerged as a top issue impacting the health of the community.

Below is a summary of the prioritized community health needs identified in the BNH 2019 CHNA.

SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Lack of access to transportation and healthy food
- Lack of resources to meet basic needs
- Need for financial health

- Educational needs
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Insurance and healthcare 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 and teen pregnancy
- Alzheimer's disease and dementia

Consultants/Other Organizations

BNH 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 the community health needs assessments (CHNA) and address regional health needs. BNH worked in collaboration with the Coalition to conduct the 2019 CHNA. This assessment was conducted to update the findings of the 2016 CHNA so BNH could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged 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:

- Avery, Jennifer, Reentry Caseworker, Franklin County Sheriff's Department
- Brzezinski, Jen, Reentry Caseworker, Franklin County Sheriff's Department
- 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
- Chartrand, Ken, Reentry Coordinator, Franklin County Sheriff's Department
- Cluff, Ben, Veterans' Services Coordinator, Massachusetts Department of Public Health, Bureau of Substance Use Services

- Evans, Rose, Vice President of Operations, Behavioral Health Network
- Ewart, Jared, Accountant, Community Health Center of Franklin County
- Federman, 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, Dalila, Supervisor, Massachusetts 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
- Laurel, Charles, Clinician LICSW, Franklin County Sheriff's Department
- Luippold, Susan, Human Resources, Community Health Center of Franklin County
- Margosian, Alex, Clinician, Franklin County Sheriff's Department
- Mercado, Reuben, Reentry Caseworker, Franklin County Sheriff's Department
- Neubauer, Deb, Clinician, Franklin County Sheriff's Department
- Pascucci, Cheryl, Family Nurse Practitioner, Baystate Franklin Community Hospital Acceleration, Revitalization & Transformation Program (CHART)
- Petrie, Maegan, Accountant, Community Health Center of Franklin County
- Pliskin, Ariel, Clinical Intern, Franklin County Sheriff's Department
- Rai, Chitra, Senior Case Manager, Ascentria Care Alliance
- Savery, Kim, Case Manager, Hilltown Community Health Center
- Sayer, Ed, Chief Executive Officer, Community Health Center of Franklin County
- Schwartz, Levin, Director, Clinical and Reentry Services, Franklin County Sheriff's Department
- Sitler, Kathey, Director, Drug Task Force
- 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 one (1) focus groups, four (4) key informant interviews, eleven (11) community chats, and one (1) community conversation specifically conducted for BNH;
- Analysis of findings from an additional five (5) focus groups and twenty-seven (27) key informant interviews conducted for other Coalition members and considered relevant for this CHNA;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving BNH's service area.

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. Quantitative analysis (secondary data from DPH, Massachusetts CHIP, Hospital Inpatient/ED 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

BNH is an 85-bed acute care community hospital providing a broad range of services to the Greater Westfield community. BNH is able to offer direct access to world-class technology, diagnostics, and specialists as a proud member of the Baystate system. Baystate and BNH work to ensure that its patients have access to exceptional health care, close to home. An ideal combination of “high tech” and “high touch,” a staff of highly trained and compassionate nurses and medical support personnel complements an outstanding medical staff. Services include intensive care, diagnostic imaging, emergency services, cardiopulmonary services and rehabilitation, cancer services, laboratory services, and behavioral health.

The service area for BNH includes ten communities, nine of which are located in the western portion of Hampden County, over 100,000 people, and a majority of this population lives in the cities of West Springfield and Westfield. There is a mix of rural and urban populations. The U.S. Census defines urban areas as consisting of census tracts and/or blocks which meet the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or are adjacent and meet additional criteria. The population is densest surrounding Westfield, West Springfield, and Agawam (US Census Bureau, Decennial Census 2010). The median age of residents in these cities is approximately 42 years.

The service area has more racial and ethnic diversity than many other parts of western Massachusetts. County-wide, 24% of the population is Latino, 8% is black and 2% is Asian (ACS, 2013-2017), though this diversity is not equally spread throughout the region and tends to be concentrated in the urban core. In the BNH service area, 86% of the population is white, 7% is Latino, 2% is Black and 3% is Asian (ACS, 2013-2017). A substantial proportion of the County’s population is from other countries. In 2017, 22% of the state’s immigrants came to western Massachusetts. West Springfield has welcomed the highest proportion in Hampden County, and 15% of the city’s populations are immigrants. The current political climate has exacerbated threats to immigrant health related to threats to the behavioral, cultural, and structural systems that determine individual health decisions on a daily basis. According to the Massachusetts Department of Public Health, in the past 5 calendar years (2014-2018), there were 2,314 refugees with health assessments in western Massachusetts. This assessment is the first medical screening provided to refugees; it is their gateway into the medical system.

Compared to the state, the BNH service area has slightly lower unemployment and poverty rates, and higher levels of educational attainment. The median household income in the service area is about \$61,000 (almost \$17,000 less than the state). The poverty rate is 9% (slightly lower than the state rate of 11%). The child poverty rate is 13% (compared to 14.6% at the state level) (ACS, 2013-2017). Despite being near the Knowledge Corridor region, only 31% of the population aged 25 and over has a bachelor’s degree, compared to 43% statewide. Unemployment is slightly lower than the state average.

The median age for the service area is 41.6 years of age which is older than that of Hampden County and of the state. The population over 45 years old is growing as a percentage of the total population. To give a sense of the change in service needs, between 2010 and 2035, the proportion of people over age 60 in Hampden County is projected to grow from 20% of the population to 28%, with the number of older adults increasing from approximately 92,000 in 2010 to an estimated 140,000 in 2035. Aging projection data specific to the service area was unavailable. In Hampden County 14% of the population has a disability compared to the state rate of 12%. In West Springfield and Westfield, disability rates are comparable to the county at 14% and 15% respectively.

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

2017 Population Estimate	
Hampden County	
Agawam*	28,748
Blandford	1,260
Chester	1,529
Granville	1,624
Huntington	665
Russell**	1,793
Southwick	9,758
Westfield	41,700
West Springfield	28,704
Total Service Area	117,354

Source: Population Division, U.S. Census Bureau

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

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

To learn more about the findings from BNH’s CHNA and its implementation strategy to address the identified health needs please visit 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

FINANCIAL ASSISTANCE & COUNSELING

Brief Description or Objective	<p>BNH provides financial counseling services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to: identifying and meeting their client’s health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. They can also assist in linking their clients to other community health insurance resources. BNH Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state to assist the community in applying for state and federal health care programs.</p>
Program Type	<p>Access/Coverage Supports</p>
Target Population	<p>Regions Served: County-Hampden, Health Indicator: Access to Health Care Sex: All Age Group: All Ethnic Group: All Language: All, English, Spanish</p>
Goals	<p>Statewide Priority:</p> <ul style="list-style-type: none"> ▪ Supporting Healthcare Reform <p>Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support. <u>Status:</u> In progress</p> <p>Goal 2 <u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications. <u>Status:</u> In progress</p>
Partners	<p>Not Specified</p>
Contact Information	<p>Cheryl St. John, Patient Registration Manager, Baystate Noble Hospital, Westfield, Massachusetts 01086. 413-794-3336. Cheryl.St.John@baystatehealth.org.</p>

PUBLIC HEALTH NURSE

Brief Description or Objective	At the Westfield Senior Center, nursing coverage is provided by Baystate Noble Hospital nurse, Mary Ellen Asher, RN. Services are available Tuesdays and Fridays from 9:00 am - 12:00 pm. There is no appointment necessary, nor charges associated. The wellness nurse is available to do blood pressure checks, medication review, and provide health education.
Program Type	Community-Care Linkages Tags: Community Education; Health Screening; Prevention
Target Population	Regions Served: County-Hampden, Westfield Gender: All Age Group: Adult-Elder Ethnic/Racial Group: All Language: All Environment Served: Rural; Suburban; Urban
Health Need	DoN Health Priority: Education Focus Issue: Chronic Disease Health Issue: Social Determinants of Health - Access to Health Care; Chronic Diseases - Cardiac Disease, Diabetes, Hypertension; Other: Safety, Other –Hearing, Senior Health Challenges; Injuries; Health Behaviors - Immunization
Goals	Goal 1 <u>Description:</u> Improve elders' access to health care. Status: In progress Goal 2 <u>Description:</u> Improve the health education that is offered to elder populations. Status: In progress
Partners	Westfield Council on Aging www.cityofwestfield.org
Contact Information	Annamarie Golden, Director, Community Relations, Baystate Health, 280 Chestnut Street, Springfield, Massachusetts 01199. 413.794-7622. Annamarie.Golden@baystatehealth.org

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

Brief Description or Objective	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.	
Program Type	Community-Clinical Linkages Tags: Community Education; Prevention	
Target Population	Regions Served: County-Hampden, County-Hampshire; County-Franklin Gender: All Age Group: All Children Ethnic/Racial Group: All Language: All, English, Spanish, ASL, Vietnamese Environment Served: Rural; Suburban; Urban	
Health Need	DoN Health Priority: Built Environment; Education Focus Issue: Chronic Disease Health Issue: Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition	
Goals	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	
Partners	YMCA of Greater Springfield Springfield College University of Massachusetts, Amherst campus Live Well Springfield Westfield YMCA Area schools and school nurses Pediatricians in Hampden, Franklin, & Hampshire County Mass In Motion	www.springfieldy.org www.springfield.edu www.umass.edu www.livewellspringfield.org www.westfieldy.org https://www.mass.gov/orgs/mass-in-motion
Contact Information	Chrystal Wittcopp, MD, Baystate General Pediatrics, 140 High Street, Springfield, Massachusetts. 413-794-7455. chrystal.wittcopp@baystatehealth.org .	

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2019		APPROVED PROGRAM BUDGET FOR FY 2020
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$170,421	\$10,000 *Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	\$19,775	
	Total CB Programs	\$190,195	
NET CHARITY CARE	HSN Assessment	\$862,021	
	HSN Denied Claims	\$0	
	Free/Discount Care (BNH Financial Assistance Program)	\$6,534	
	Total Net Charity Care	\$868,555	
CORPORATE SPONSORSHIPS	\$5,000*		
TOTAL EXPENDITURES	\$1,063,751		
Net Patient Service Revenues for FY 2019			\$52,915,524
Total Patient Care Related Expenses for FY 2019			\$64,009,583

OPTIONAL INFORMATION

Bad Debt	\$3,265,392	Certified: YES
IRS 990 Schedule H	\$2,307,822	2017 Tax Return (FY 2018)

*In the Office of Massachusetts Attorney General FY 2019 community benefits filing, corporate sponsorships are captured under the "Community Benefits Sponsorships" program.