

# **Baystate Wing Hospital**

*Palmer, Massachusetts*

*Ware, Massachusetts*

## **FY 2020 Community Benefits Annual Report**

*October 1, 2019 – September 30, 2020*

*As filed with Massachusetts Office of the Attorney General*

## EXECUTIVE SUMMARY

<b>ORGANIZATION</b>	<a href="#">Baystate Wing Hospital</a> 40 Wright Street Palmer, MA 01069 413-283-7651 baystatehealth.org
<b>PRIMARY SERVICE AREA</b>	Hospital is located in Hampden County, but service area encompasses parts of Hampshire, Hampden, and Worcester Counties
<b>FACILITY TYPE</b>	Not-for-profit
<b>TOTAL LICENSED BEDS</b>	68
<b>NUMBER OF EMPLOYEES</b>	460.2 FTEs *
<b>YEAR ESTABLISHED</b>	1913
<b>ETHNIC MIX OF PATIENTS</b> 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
<b>PAYER MIX OF PATIENTS</b>	3,264 Inpatient Discharges 64.74% Medicare; 15.23% Medicaid; 16.02% Managed Care; 0.52% Non-Managed Care; 3.49% Other
<b>ANNUAL EMERGENCY SERVICES STATISTICS</b>	26,395 Emergency Service Visits 23.97% Medicaid; 2.73% Free Care; 7.05% Healthnet; 0.85% Commonwealth Care; 65.39% Other
<b>PRESIDENT/CEO</b>	Molly Gray President & Chief Administrative Officer Baystate Health Eastern Region 40 Wright Street, Palmer, MA 01069 413-370-5210 molly.gray@baystatehealth.org
<b>COMMUNITY BENEFITS CONTACT</b>	Michelle Holmgren Public Affairs & Community Relations Manager Baystate Health Eastern Region 85 South Street, Ware, MA 01082 413-967-2296 michelle.holmgren@baystatehealth.org
<b>HOSPITAL SERVICES</b>	Baystate Wing Hospital, a 68-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 services, heart and vascular care, gastroenterology endoscopy surgery, pain management, and primary care. Satellite facility Baystate Mary Lane Outpatient Center offers 24-hour emergency services and outpatient cancer care and infusion, wound care, imaging, and primary and pediatric care.
<b>DHCFP ID</b>	2181
<b>HEALTH SYSTEM</b>	Baystate Health, Inc.
<b>COMMUNITY HEALTH NETWORK AREA (CHNA)</b>	#4 Community Health Connection (Springfield)

\* includes FTEs for Baystate Wing Hospital and Baystate Mary Lane Outpatient Center

BASED ON FY 2020 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 Statement<sup>1</sup> "to reduce health disparities, promote community wellness, and improve access to care for vulnerable populations."** Baystate embraces the definition of health to include social determinants, such as economic opportunity, affordable housing, education, safe neighborhoods, food security, social and racial justice, and arts/culture – all elements that are needed for individuals, families, and communities to thrive.

BHER aims to improve the health status of individuals and communities by focusing 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.

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 and 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 these 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, culturally humble health care;

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

- 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.

### BHER PRIORITY POPULATIONS

- Children and youth
- Communities of color, particularly Latinos and Blacks
- LGBTQ+ 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](http://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. Due to COVID-19, meetings were switched to a virtual platform

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 Health'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.

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 is already in collaboration with its community advisory body, the Regional Advisory Committee (RAC), for 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.

## Social Environment

**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 2020 and will enroll the first group of children and families in FY 2021. Expansion of MIGHTY to Westfield, Greenfield, and Wilbraham was made possible through a two-year grant from Kohl's Cares.

## Mental Health and Substance Use

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.

In FY 2020, Baystate Wing Hospital received a \$20,000 earmark from the Massachusetts Department of Public Health (DPH) to target opioid related challenges in the region. Due to challenges related to COVID-19 and internal changes in the hospital, the large in-person conference originally planned to engage community stakeholders was postponed. In its place, Baystate Wing Hospital hosted a very well attended virtual **Harm Reduction Symposium: Improving Care For Patients With Substance Use Disorder**. The two-day symposium reached both inpatient and outpatient providers/stakeholders. Each session focused on current best practices in identification and treatment of Substance Use Disorder (SUD), including medication for opioid use disorder (MOUD), harm reduction resources, preventing and treating overdose, and navigating outpatient resources. The program included speakers and leaders in addiction medicine representing multiple institutions and counties across western Massachusetts, as well as a panel discussion with patients/families with lived experience.

In parallel with the Harm Reduction Symposium, Baystate Wing Hospital launched two arms of its digital **Words Matter campaign**. The first arm was in collaboration with the Quaboag Hills Substance Use Alliance and the HOPE Coalition to conduct a regional anti-stigma media campaign. This campaign included advertising and articles in local newspapers (Turley publications); social media ads and postings; and pledge forms (modeled on pledge developed by the Boston Medical Center's Grayken Center for Addiction). Such pledge forms outline ways to talk about SUD and individuals use them to commit to reducing stigma associated with opioid and other SUDs. For the second arm, Baystate engaged with Marketing Doctors to develop a digital campaign to target Baystate employees about stigma reduction associated with SUDs. Marketing Doctors developed content for [www.baystatehealth.org/words-matter](http://www.baystatehealth.org/words-matter) landing page, an internal pledge form, as well as the creation of eblast infographic for promotion to employees, development of a Baystate Words Matter symbol, and Facebook, LinkedIn, and Snapchat ads that targeted Baystate employees. Baystate Wing Hospital created and purchased items to share with staff (totes and tumblers) and community partners and residents (pins) to display at Baystate facilities

and other community agencies and sites who are engaged with Baystate in a regional, anti-stigma focus as described below. Pins were distributed by Quaboag Hills Substance Use Alliance at local Narcan distributions and other limited events. Totes and tumblers were designed with “Words Matter. What we say and how we say it makes a difference. “I see the patient, I treat the illness” and distributed to employees who sign the Baystate Words Matter pledge. The intent was for these materials to be a way to frame SUD as another chronic, treatable condition.

## Basic Needs

As a result of collaborative efforts between the BHER CBAC and the QHCC SUA, the Food Bank of Western Massachusetts (the Food Bank) continued the monthly Ware **Mobile Food Pantry**, even with the challenges posed by COVID-19. 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. The Mobile Food Pantry went to Highland/Hillside Village Apartments the third Tuesday of every month prior to the pandemic. The mobile food pantry was quickly moved to Granville Park to allow for social distancing and contactless food delivery every Tuesday of the 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 seven years. The Food Bank of Western Massachusetts continues to deliver food directly to the Ware Senior Center, providing supplemental food to over 135 low-income households in Ware, on a monthly basis. Due to COVID-19, volunteer staff decreased from 15 to five to accommodate social distancing. Even then, the Ware Senior Center was still able to serve local households at full capacity.

In FY 2020, BHER awarded another \$30,000 grant to Quaboag Valley Community Development Corporation (QVDC) to support the **Quaboag Connector**, a service provided by the Town of Ware with assistance from QVDC that offers transportation to and from work, workforce training, and 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 2020, 6,295 rides were provided with the top three reasons for transportation being working and/or training, shopping, and medical.

As part of an annual tradition, Baystate team members generously donate **school supplies** to local elementary schools located in each of the 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 classrooms, 450+ teachers and 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. Beneficiary schools in the Baystate Wing Hospital service area included: Old Mill Pond Elementary School in Palmer, Granite Valley Middle School in Monson, Stanley M. Koziol Elementary School in Ware, Warren Community Elementary School and West Brookfield Elementary School in the Quaboag Regional district.

## Domestic Violence

Baystate Mary Lane Outpatient Center 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.

In FY 2020, much of the work of the **Ware and Palmer Domestic Violence Task Forces** was put on pause due to the strain of COVID-19. In their work these organizations partner 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. The groups continue with implementing their work plans related to the following:

- Plan for on-going meetings and/or 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. In FY 2020, the advocate continued to work virtually after the onset of COVID-19 restrictions. 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.



## Other Needs that Align to CHNA

Baystate continued its funding of the **Hampden County Healthy Improvement Plan (HCHIP)** in FY 2020. Pioneer Valley Planning Commission (PVPC) and 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 14<sup>th</sup> 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.

In addition to the oversight from the HCHIP, the BHER community partners also applied to the Massachusetts Community Health and Healthy Aging Fund grant to fund a new Quaboag Hills Community Health Improvement Plan (QHCHIP). Because of the unique service area, QHCHIP received funding to begin developing a CHIP infrastructure and work plan that would specifically focus on improving health outcomes for their towns.

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. In the BHER service area, PURCH students have been able to partner with QVCDC and the Quaboag Hills Substance Use Alliance.

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 and/or 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. Given COVID-19, the number of EMS trainings offered went down significantly due to social distancing guidelines. Dr. Kenneth Knowles from Baystate Health continued to host monthly medical director meetings and EMS communication meetings with hospital leadership every other month in FY20.

In FY 2020, the **Quaboag Regional School District** received a grant award from BHER to support a new **Quaboag Regional Certified Nursing Assistant Training Program**. The grant funds were used to purchase equipment, supplies and textbooks, and to pay fees and the costs (tuition) of a CNA program for Quaboag Regional High School students. Because of COVID-19 changes to the learning environment, the program was delayed. Nonetheless, 15 students were enrolled in the CNA program with 68 education classes. The program aims to graduate 15 students each year who will then go on to applying for their

CNA certification.

In FY 2020, **Ware Public Schools** was awarded a grant from BHER to support their **3D Printer Filament Project**. This funding was used to purchase a 3D printer along with the filament needed to run the printer. This printer will provide students the opportunity to get first-hand experience in manufacturing within their own classroom. Because of COVID-19 and the switch to virtual learning, the printer unfortunately was not able to be used for the school year. The school aims to return to in-person learning in the next school year. Access to the 3D printer will provide an opportunity for the 33% of graduates, with no immediate plans for the future, to gain the entry-level skills needed to apply for employment within our community at local manufactures.

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

In FY 2021, 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 gatherings 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.

The Coalition also aims to begin planning for the 2022 CHNA right at the beginning of FY 2021. Per recommendation from the last iteration 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 created a structure for research and community engagement. PHIWM will continue to serve as the lead consultant and convener for this RAC.

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 2021. 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 CBAC also aims to host another CBAC retreat in FY 2021, as COVID-19 limited the group's ability to do so this past fiscal year.

### 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.

### 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 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 its 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 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.

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## **COMMUNITY BENEFITS PLANNING PROCESS**

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### **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 2020, 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 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 using 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

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## **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)**

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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)").<sup>2</sup> 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 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)").<sup>3</sup> 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 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

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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 SUDs 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 the community health needs assessments (CHNA) and address regional health needs. The BHER worked in collaboration with the Coalition to conduct the 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 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
- Hoynnoski, 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 68-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 and/or 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
<b>Hampden County</b>	<b>58% of the service area</b>
Brimfield	3,724
Hampden	5,193
Holland	2,510
Ludlow	21,331
Monson	8,803
Palmer	12,237
Wales	2,009
Wilbraham	14,553
<b>Hampshire County</b>	<b>20% of the service area</b>
Belchertown	14,906
Ware	9,863
<b>Worcester County</b>	<b>22% of the service area</b>
Barre*	5,491
Brookfield	3,406
Hardwick	3,024
New Braintree	1,247
North Brookfield	4,760
Warren	5,199
West Brookfield	3,777
<b>Total Service Area</b>	<b>122,033</b>

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

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

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

To learn more about the findings from BHER’s CHNA and its implementation strategy to address the identified health needs please visit [www.baystatehealth.org/communitybenefits](http://www.baystatehealth.org/communitybenefits).

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

**COMMUNITY BENEFITS PROGRAM PROFILES**

**BAYSTATE FINANCIAL ASSISTANCE & COUNSELING**

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

**Contact  
Information**

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**BAYSTATE HEALTH EASTERN REGION DOMESTIC VIOLENCE ADVOCATE**

**Brief Description or Objective**

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.

**Program Type**

Community-Clinical Linkages  
**Tags:** Community Education; Health Professional/Staff Training; Health Screening

**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; Urban  
**Additional Target Population:** Domestic Violence History

**Health Need**

**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

**Goals**

**Goal 1**  
Description: Increase availability of and access to domestic violence support and resources  
Status: In progress  
**Goal 2**  
Description: Train providers and staff on trauma informed patient care  
Status: In progress



**Partners**

Ware River Valley Domestic Violence Task Force <https://www.waredvtaskforce.org/>

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](mailto:Michelle.Holmgren@baystatehealth.org).

**EMERGENCY DEPARTMENT BLOOD PRESSURE SCREENINGS**

<b>Brief Description or Objective</b>	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. Screenings stopped upon the start of the COVID-19 pandemic.
<b>Program Type</b>	Direct Clinical Services <b>Tags:</b> Community Education; Health Screening; Prevention
<b>Target Population</b>	<b>Regions Served:</b> Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham <b>Gender:</b> All <b>Age Group:</b> All <b>Ethnic/Racial Group:</b> All <b>Language:</b> English <b>Environment Served:</b> Rural; Suburban
<b>Health Need</b>	<b>DoN Health Priority:</b> Built Environment <b>EOHHS Focus Issue:</b> Chronic Disease <b>Health Issue:</b> Chronic Disease – Hypertension
<b>Goals</b>	<b>Goal 1</b> <u>Description:</u> To provide accurate blood pressure screenings to the public and education as appropriate, which they can use to improve their individual and family health status. <u>Status:</u> In progress
<b>Partners</b>	
<b>Contact Information</b>	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. <a href="mailto:Michelle.Holmgren@baystatehealth.org">Michelle.Holmgren@baystatehealth.org</a> .

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

<p><b>Brief Description or Objective</b></p>	<p>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. Given COVID-19, the number of EMS trainings offered went down significantly due to social distancing guidelines. Dr. Kenneth Knowles from Baystate Health continued to host monthly medical director meetings and EMS communication meetings with hospital leadership every other month in FY20.</p>
<p><b>Program Type</b></p>	<p>Community-Clinical Linkages <b>Tags:</b> Community Education; Mentorship/Career Training/Internship</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham <b>Gender:</b> All <b>Age Group:</b> All Adults <b>Ethnic/Racial Group:</b> All <b>Language:</b> English <b>Environment Served:</b> Rural; Suburban; Urban</p>
<p><b>Health Need</b></p>	<p><b>DoN Health Priority:</b> Education <b>EOHHS Focus Issue:</b> Substance Use <b>Health Issue:</b> Social Determinants of Health – Education/Learning, Public Safety</p>
<p><b>Goals</b></p>	<p><b>Goal 1</b> <u>Description:</u> Ensure that local communities have access to no cost and/or affordable EMS Training. <u>Status:</u> In progress</p> <p><b>Goal 2</b> <u>Description:</u> EMS personnel have access to up-to-date training on critical topics and meet their continuing education requirements necessary for maintaining EMS certification. <u>Status:</u> In progress</p> <p><b>Goal 3</b> <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>
<p><b>Partners</b></p>	<p>Quality EMS Educators of Worcester</p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. <a href="mailto:Michelle.Holmgren@baystatehealth.org">Michelle.Holmgren@baystatehealth.org</a>.</p>

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

<p><b>Brief Description or Objective</b></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><b>Program Type</b></p>	<p>Community-Clinical Linkages <b>Tags:</b> Community Education; Prevention</p>	
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Franklin County; Hampden County; Hampshire County <b>Gender:</b> All <b>Age Group:</b> All Children <b>Ethnic/Racial Group:</b> All <b>Language:</b> All, English, Spanish, ASL, Vietnamese <b>Environment Served:</b> Rural; Suburban; Urban</p>	
<p><b>Health Need</b></p>	<p><b>DoN Health Priority:</b> Built Environment; Education <b>EOHHS Focus Issue:</b> Chronic Disease <b>Health Issue:</b> Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition</p>	
<p><b>Goals</b></p>	<p><b>Goal 1</b> <u>Description:</u> Serve children age two years to twenty-one years with a diagnosis of obesity (BMI &gt; 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><b>Partners</b></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, &amp; Hampshire County</p>	<p><a href="http://www.springfieldy.org">www.springfieldy.org</a> <a href="http://www.springfield.edu">www.springfield.edu</a> <a href="http://www.umass.edu">www.umass.edu</a> <a href="http://www.livewellspringfield.org">www.livewellspringfield.org</a> <a href="http://www.franklincountyyymca.org">www.franklincountyyymca.org</a> <a href="http://www.springfieldy.org/family-centers/scantic-valley-y-family-center/">http://www.springfieldy.org/family-centers/scantic-valley-y-family-center/</a> <a href="http://www.westfieldy.org">www.westfieldy.org</a></p>

Mass In Motion

<https://www.mass.gov/orgs/mass-in-motion>

**Contact  
Information**

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413-794-7455. [Chrystal.Wittcopp@baystatehealth.org](mailto:Chrystal.Wittcopp@baystatehealth.org)

**MOBILE FOOD PANTRY**

<p><b>Brief Description or Objective</b></p>	<p>As a result of collaborative efforts between the BHER CBAC and the QHCC SUA, the Food Bank of Western Massachusetts (the Food Bank) continued the monthly Ware <b>Mobile Food Pantry</b>, even with the challenges posed by COVID-19. 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. The Mobile Food Pantry went to Highland/Hillside Village Apartments the third Tuesday of every month prior to the pandemic. The mobile food pantry was quickly moved to Granville Park to allow for social distancing and contactless food delivery every Tuesday of the month.</p>
<p><b>Program Type</b></p>	<p>Total Population or Community-Wide Interventions <b>Tags:</b> Community Education</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham <b>Gender:</b> All <b>Age Group:</b> All <b>Ethnic/Racial Group:</b> All <b>Language:</b> English <b>Environment Served:</b> Rural; Suburban; Urban</p>
<p><b>Health Need</b></p>	<p><b>DoN Health Priority:</b> Built Environment <b>EOHHS Focus Issue:</b> n/a <b>Health Issue:</b> Social Determinants of Health – Access to Healthy Foods; Nutrition</p>
<p><b>Goals</b></p>	<p><b>Goal 1</b> <u>Description:</u> Increase food access to vulnerable populations. <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Food Bank of Western Massachusetts <a href="http://www.foodbankwma.org">www.foodbankwma.org</a> Hillside Village Apartments (Ware)</p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. <a href="mailto:Michelle.Holmgren@baysatehealth.org">Michelle.Holmgren@baysatehealth.org</a>.</p>

**QUABOAG HILLS SUBSTANCE USE ALLIANCE (QHSUA)**

<p><b>Brief Description or Objective</b></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><b>Program Type</b></p>	<p>Infrastructure to Support CB Collaboration <b>Tags:</b> Community Education; Health Professional/Staff Training; Prevention</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham <b>Gender:</b> All <b>Age Group:</b> Adult-Young, All Adults, Child-Preteen, Child-Teen <b>Ethnic/Racial Group:</b> All <b>Language:</b> All <b>Environment Served:</b> Rural; Suburban; Urban</p>
<p><b>Health Need</b></p>	<p><b>DoN Health Priority:</b> Built Environment; Education; Social Environment <b>EOHHS Focus Issue:</b> Mental Illness and Mental Health; Substance Use Disorders <b>Health Issue:</b> Social Determinants of Health – Education/Learning; Substance Addiction – Alcohol Use, Driving Under the Influence, Opioid Use, Smoking/Tobacco Use, Substance Use</p>
<p><b>Goals</b></p>	<p><b>Goal 1</b> <u>Description:</u> Establish and sustain the required infrastructure necessary for effective and enduring alcohol and drug abuse prevention. <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Quaboag Hills Community Coalition <a href="http://qhcc.weebly.com/">http://qhcc.weebly.com/</a> Baystate Mary Lane Outpatient Center <a href="https://www.baystatehealth.org/locations/mary-lane-outpatient-center">https://www.baystatehealth.org/locations/mary-lane-outpatient-center</a></p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. <a href="mailto:Michelle.Holmgren@baystatehealth.org">Michelle.Holmgren@baystatehealth.org</a>.</p>

**SUPPORT GROUPS**

**Brief Description or Objective**

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 were offered at Baystate Mary Lane Outpatient Center in Ware pre-pandemic and continue to meet virtually :

Alcoholics Anonymous - are held in the Main Conference Room 2nd floor, Sunday evenings 7pm - 8:15 pm.

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

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

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

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

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

**Program Type**

Total Population or Community-Wide Interventions  
**Tags:** Support Group

**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 Group:** All  
**Language:** English  
**Environment Served:** Rural; Suburban; Urban

**Health Need**

**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



**Goals**

**Goal 1**

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**

Camille St. Onge, LICSW, Oncology Social Worker, Baystate Health Eastern Region. 413-967-2245. [Camille.St.Onge@baystatehealth.org](mailto:Camille.St.Onge@baystatehealth.org).

**WARE COMMUNITY TELEVISION –Health Beat**

<p><b>Brief Description or Objective</b></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"> <li>• Access to Transportation/Quaboag Connector</li> <li>• Baystate Regional Cancer</li> <li>• QHCC Substance Use Task Force Training/Narcan – Dr. Ruth Potee</li> <li>• Fit and 50 – Exercise at home for Adults (1 hour exercise program) Tri Community YMCA</li> <li>• Yoga for all – Tri Community YMCA</li> <li>• Fit Over 50 Instructor – Robyn Hillard, Tri-Community YMCA</li> <li>• Zumba for Kids Instructor – Christine Neslusan, Tri-Community YMCA</li> <li>• Let's Talk about Stroke Prevention and Treatment- Kim Davis, RN, BHER ER</li> <li>• Healthy Breakfast for Children and Families, WIC Program</li> </ul>
<p><b>Program Type</b></p>	<p>Total Population or Community-Wide Interventions <b>Tags:</b> Community Education</p>
<p><b>Target Population</b></p>	<p><b>Regions Served:</b> Gilbertville, Hardwick, Ware, Warren, and West Warren <b>Gender:</b> All <b>Age Group:</b> All <b>Ethnic/Racial Group:</b> All <b>Language:</b> English <b>Environment Served:</b> Rural</p>
<p><b>Health Need</b></p>	<p><b>DoN Health Priority:</b> Education; Social Environment <b>EOHHS Focus Issue:</b> n/a <b>Health Issue:</b> Social Determinants of Health – Education/Learning</p>
<p><b>Goals</b></p>	<p><b>Goal 1</b> <u>Description:</u> To provide health and wellness information to the viewing public, which they can use to improve their individual and family health status. <u>Status:</u> In progress</p>
<p><b>Partners</b></p>	<p>Various staff at Baystate Mary Lane Outpatient Center <a href="http://www.baystatehealth.org/bmlh">www.baystatehealth.org/bmlh</a> Baystate Medical Practices <a href="http://www.baystatehealth.org/bmp">www.baystatehealth.org/bmp</a> Ware Community Television <a href="http://www.warecommunitytelevision.com">www.warecommunitytelevision.com</a></p>
<p><b>Contact Information</b></p>	<p>Michelle Holmgren, Public Affairs &amp; Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. <a href="mailto:Michelle.Holmgren@baystatehealth.org">Michelle.Holmgren@baystatehealth.org</a>.</p>

**COMMUNITY BENEFITS EXPENDITURES**

<b>PROGRAM TYPE</b>	<b>ESTIMATED TOTAL EXPENDITURES FOR FY 2020</b>		<b>APPROVED PROGRAM BUDGET FOR FY 2021</b>
<b>COMMUNITY BENEFITS PROGRAMS</b>	Direct Expenses	\$220,779	\$30,000  *Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	\$32,565	
	<b>Total CB Programs</b>	<b>\$253,364</b>	
<b>NET CHARITY CARE</b>	HSN Assessment	\$1,081,644	
	HSN Denied Claims	\$0	
	Free/Discount Care (Baystate Wing Hospital Financial Assistance Program)	\$228,034	
	<b>Total Net Charity Care</b>	<b>\$1,309,948</b>	
<b>CORPORATE SPONSORSHIPS</b>	\$63,038		
<b>TOTAL EXPENDITURES</b>	<b>\$1,626,350</b>		
<b>Net Patient Service Revenues for FY 2020</b>			<b>\$79,145,350</b>
<b>Total Patient Care Related Expenses for FY 2020</b>			<b>\$88,926,514</b>

**OPTIONAL INFORMATION**

<b>Bad Debt:</b>	\$4,161,615	Certified: <b>YES</b>
<b>IRS 990 Schedule H:</b>	\$12,938,824	2018 Tax Return (FY 2019)

\*In the Office of Massachusetts Attorney General FY 2020 community benefits filing, corporate sponsorships are captured under the "Community Benefits Sponsorships" program.