

Community Benefits

STRATEGIC IMPLEMENTATION PLAN (SIP)

2020-2022

Adopted by the Baystate Health Board of Trustees on January 14, 2020



Table of Contents

Introduction	2
Executive Summary.....	2
Organization Description	3
Role as Anchor Institution.....	4
Healthy Equity	5
Communities Served	6
Geographic Area	6
Priority Populations	8
Significant Health Needs Identified in CHNA	9
Summary of Significant Health Needs	9
Criteria Used to Identify Priority Focus Areas.....	10
Summary of Priority Focus Areas.....	11
Social Environment.....	11
Mental Health and Substance Use.....	11
Built Environment: Access To Transportation, Healthy Food, Places To Be Active, and Broadband.....	12
Care Coordination	12
Chronic Disease	13
Significant Health Needs Not To Be Addressed	14
Strategic Implementation Plan	16
New features of 2020-2022 SIP	16
Work Plan Overview	16
Work Plan Glossary of Terms.....	17
SIP / Work Plan Development Partners	18
Overview: Priority Focus Areas Strategies	19
1. Social Environment.....	19
2. Mental Health and Substance Use	19
3. Built Environment.....	20
4. Care Coordination	20
5. Chronic Disease	21
Monitoring and Evaluation	22
SIP Implementation Partners (Current and Potential).....	22
Hospital Resource Inputs	23
Appendices	A-1

Introduction

Executive Summary

In 2019 **Baystate Franklin Medical Center** (Baystate Franklin) completed a comprehensive **Community Health Needs Assessment** (CHNA) in support of its mission *to improve the health of the people in our community* by identifying significant health needs in the geographic area served by the hospital and prioritizing the allocation of hospital resources to meet identified needs.

This **Strategic Implementation Plan** (SIP), developed from November 2019 through January 2020, serves as an accompaniment to the 2019 CHNA by identifying specific strategies, which Baystate Franklin will employ from fiscal years 2020 through 2022, to address significant health needs identified in the CHNA. In addition, the completion of the 2019 CHNA and SIP, and subsequent approval and adoption by the Baystate Health Board of Trustees on September 10, 2019 and January 14, 2020, respectively, complies with federal and state requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and pursuant to the requirements of Section 501(r) of the Internal Revenue Code by the Internal Revenue Service (IRS), as well as the Massachusetts Office of the Attorney General (AG).

Baystate Franklin is a member of the **Coalition of Western Massachusetts Hospitals/Insurer** (Coalition) a partnership between eight non-profit hospitals, clinics, and insurers in the region. The Coalition formed in 2012 to bring hospitals in western Massachusetts together to share resources and work in partnership to conduct their triennial CHNAs and address regional needs.

Baystate Franklin's 2019 CHNA included a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection including input from the public health experts, community stakeholders, and community members with lived experience. The complete 2019 CHNA report is available electronically at www.baystatehealth.org/communitybenefits. Printed copies may be requested from Baystate Health, Office of Government and Community Relations, 280 Chestnut Street, Springfield, Massachusetts.

Baystate Franklin's SIP documents the intentional efforts and actions of the hospital, in partnership with its **Community Benefits Advisory Council** (CBAC), to prioritize and identify the means through which the hospital will address (or not address) significant health needs identified in the 2019 CHNA, over a three year period, fiscal years 2020 through 2022.

For the purpose of the SIP Baystate Franklin has provided a cross walk of terminology. Hospital terminology will be used throughout the remainder of the SIP document.

INTERNAL REVENUE SERVICE (IRS)	HOSPITAL (BAYSTATE FRANKLIN)
Implementation Strategy (IS)	Strategic Implementation Plan (SIP)
Significant Health Needs to be Addressed By Hospital	Priority Focus Areas
Target or Vulnerable Populations	Priority Populations
Action(s) the Hospital Facility Intends to Take to Address the Health Needs	Strategy(ies)

Organization Description

Baystate Franklin Hospital (Baystate Franklin) is an 89-bed facility located in Greenfield, Massachusetts, that provides high-quality inpatient and outpatient services to residents of rural Franklin County and North Quabbin. Baystate Franklin has more than 1,150 employees and more than 200 physicians on active and courtesy staff. The hospital sees over 24,000 emergency department visits and over 5,000 inpatient admissions each year. It performs 3,600 surgeries annually in a new state of the art surgery center. More than 400 babies are born at Baystate Franklin's Birthplace, which is widely known for its progressive, midwife-driven service, including birthing tubs, single room birthing suites, and wrap-around care for mothers affected by substance use disorder. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/ midwifery. Outpatient services include cardiology, cardiac rehabilitation and wellness, emergency medicine, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine. In addition, through a partnership with the CHCFC, a dental clinic is located in the Baystate Franklin emergency department.

Baystate Franklin is a member of **Baystate Health**, a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. Baystate Health, with a workforce of about 12,000 employees, is the largest employer in the region and includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital (and Baystate Mary Lane Outpatient Center), Baystate Noble Hospital, Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation.

Baystate Franklin is committed to creating healthier communities by working with affiliated providers and community partners to meet significant health needs of patients and the broader community. In keeping with this commitment to improve health, Baystate Franklin provides many valuable services, resources, programs, and financial support - beyond the walls of the hospital and into the communities and homes of the people it serves.

Hospital Mission: To improve the health of the people in our communities every day with quality and compassion.

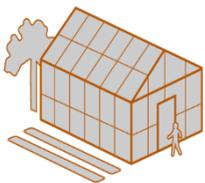
Community Benefits Mission: To reduce health disparities, promote community wellness and improve access to care for priority populations.

Role as Anchor Institution

Baystate is an “anchor institution.” By definition, an anchor institution is a place-based organization tied by its mission to the long-term well-being of the communities it serves, particularly the communities in which its facilities and programs reside. Baystate’s Board of Trustees and leadership have consistently validated this role through historic practice and through current partnerships with other civic, business, and community partners to address social and economic root causes that influence health.

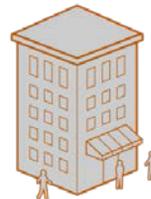
As an anchor institution, Baystate leverages its economic output through three pillars: **local hiring, local sourcing** and **place-based investing**; simultaneously addressing Baystate’s operational needs and social determinants of health in its communities. Baystate’s anchor institution role takes many forms, including, creating new vehicles for community engagement, purchasing from local businesses, developing high quality educational and health services, local hiring and contracting, and catalyzing community economic development. It is through prioritizing and targeting these investments that Baystate also aims to address social and economic root causes and improve health.

Baystate’s Community Benefits Program falls under the pillar of place-based investing. By allocating discretionary operating dollars to address community health needs, Baystate aims to support sustainable solutions that address economic, racial, social, and environmental resource disparities. Baystate’s anchor mission is realized through community health improvement efforts in which it makes direct community investments through sponsorships, community benefits grants, social impact investments, and underwriting for community building and direct support to community-based non-profits. Investments and grant making through episodic **Determination of Need (DoN) Community Health Initiative (CHI)** funding and the establishing of the **Baystate Charter Academy School** are a few examples of how Baystate’s anchor mission is realized.



PLACE-BASED INVESTMENT

Designate a percentage of investible assets to make local investments.



UPSTREAM COMMUNITY BENEFITS

Address community health needs by allocating discretionary operating dollars to sustainable solutions that address economic, racial or environmental resource disparities.

Communities Served

Geographic Area

For the purposes of the 2019 CHNA and SIP, Baystate Franklin's service area includes all **26 communities within Franklin County** (Table 1 and Figure 5), as well as **four Worcester County towns that are part of North Quabbin**. The region is the only county in Massachusetts recognized as **entirely rural**, with one small city, **Greenfield**, as the center of the county. Most towns in the region are under 2,000 in population, and the region is 80% forested. Broadband and cell phone access are still not available in some of the region's most rural communities. In addition, the Franklin Regional Transit Authority (FRTA) serves only some of the communities and has no weekend or night time service. Franklin County had the second highest number of farms and the highest amount of farm sales revenue of all counties in Massachusetts in the most recent Agricultural Census.

According to the 2017 population estimates shown in Table 1, the region's population density is just under 102 people per square land mile, compared to 875 per square land mile for the state as a whole. Decennial census figures indicate the population of Franklin County peaked in 2000. The current trend of population stagnation or decline is being experienced in the surrounding rural counties as well.

Understanding the geographic area and population demographics of the community served by Baystate Franklin helped the hospital understand characteristics unique to its community and impacted the identification of significant health needs. Detailed information, including community demographics, can be found in the 2019 CHNA.

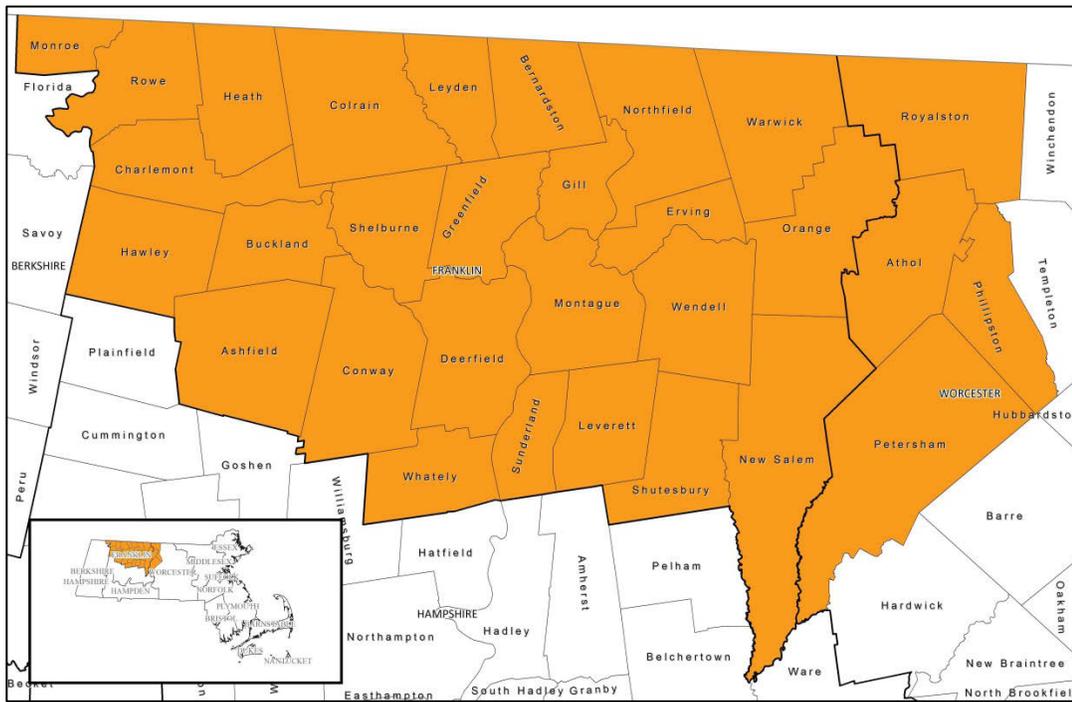
Table 1. Municipal Communities in the Baystate Franklin Service Area

Town	County	2017 Population Estimate
Ashfield	Franklin	1,733
Athol	Worcester	11,711
Bernardston	Franklin	2,111
Buckland	Franklin	1,874
Charlemont	Franklin	1,240
Colrain	Franklin	1,665
Conway	Franklin	1,878
Deerfield	Franklin	5,026
Erving	Franklin	1,767
Gill	Franklin	1,499
Greenfield	Franklin	17,442
Hawley	Franklin	337
Heath	Franklin	699
Leverett	Franklin	1,853
Leyden	Franklin	715
Monroe	Franklin	118
Montague*	Franklin	8,259
New Salem	Franklin	1,017
Northfield	Franklin	2,988
Orange	Franklin	7,651
Petersham	Worcester	1,250
Phillipston	Worcester	1,744
Rowe	Franklin	388
Royalston	Worcester	1,272
Shelburne	Franklin	1,848
Shutesbury	Franklin	1,754
Sunderland	Franklin	3,644
Warwick	Franklin	762
Wendell	Franklin	883
Whately	Franklin	1,551
Total Service Area		86,679

Source: Population Division, U.S. Census Bureau

*The villages of Montague City, Montague Center, Lake Pleasant, Millers Falls, and Turners Falls are part of service area

Figure 2. Baystate Franklin’s Service Area



Source: Public Health Institute of Western MA

Priority Populations

Priority populations were identified using a **health equity framework** with available data. Knowing that health inequities exist for communities of color, we focus on inequities among those who are Latino and Black because 1) they are the largest communities of color in the service area and 2) available data was limited for other racial and ethnic groups, such as Asian, Native American, and others. We use the terms white, Black, and Latino, recognizing that these terms do not always capture how every individual identifies themselves. For more information on the terminology of race and ethnicity as well as other definitions, please see the 2019 CHNA Glossary in Appendix II. Priority populations in the SIP are described as applying to one or more of the priority populations listed in Table 2. It is also important to consider intersectionality, the holistic and integrated identities of people. Many strategies are also applicable to the “broader community”.

Table 2. Priority Populations Identified in 2019 CHNA

2019 CHNA PRIORITY POPULATIONS
Black and Latino residents of the service area
Children who have experienced trauma
Gay, lesbian, bisexual, queer, and questioning (GLBQ+) youth
Older adults
People re-entering the community after incarceration
Residents with incomes below 300% of the federal poverty level
Transgender, non-binary, and gender nonconforming people

Significant Health Needs Identified in CHNA

Summary of Significant Health Needs

The CHNA conducted in 2019 identified the significant health needs within Baystate Franklin’s service area. Those needs were then prioritized based on the **magnitude** and **severity of impact** of the identified need, the **populations impacted**, and the **rates** of those needs compared to referent (generally the state) statistics. The significant health needs identified in the 2019 CHNA include **community level social and economic determinants** that impact health, **access and barriers to quality health care**, and **health conditions and behaviors**. The assessment included analysis and synthesis of 1) a variety of social, economic, and health data; 2) findings from recent regional assessment reports; 3) information from four focus groups and interviews with multiple key informants, plus five interviews with public health leaders, conducted for the 2019 CHNA; and 4) community input from one Community Conversation held in collaboration with the Franklin County/North Quabbin Community Health Improvement Plan (CHIP), one Community Forum, and seven Community Chats. In total, over 1500 individuals across Franklin County were engaged in outreach and data collection.

Table 3. Significant Health Needs Identified in 2019 CHNA

SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH
Built Environment: Access To Transportation, Health Care, Healthy Food, and Places To Be Active, and Broadband
Education
Housing Needs
Resources To Meet Basic Needs
Social Environment
Violence and Trauma
BARRIERS TO ACCESSING QUALITY HEALTH CARE
Care Coordination
Health Literacy and Language Barriers
Insurance and Health Care Related Challenges
Limited Availability of Providers
Need for Cultural Humility
Transportation
HEALTH CONDITIONS AND BEHAVIORS
Chronic Health Conditions
Infant and Perinatal Health
Mental Health and Substance Use

Criteria Used to Identify Priority Focus Areas

Baystate Franklin’s resources and overall alignment with the health system’s mission, goals, and strategic priorities were taken into consideration. It was determined that the hospital could effectively focus limited resources on select prioritized significant health needs. For the purpose of the SIP, the selected **significant health needs to be addressed by the hospital** are referred to as **priority focus areas**. The Baystate Franklin CBAC, with facilitation support from the Office of Government and Community Relations, discussed and considered the criteria in Table 4 when prioritizing the significant health needs and selecting the final priority focus areas.

Table 4. Criteria Considered for Selection of Baystate Franklin’s Priority Focus Areas

CONTEXT <i>What is the current landscape?</i>	RELEVANCE <i>How important is it?</i>	IMPACT <i>What will we get out of it?</i>	FEASIBILITY <i>Can we do it?</i>
<ul style="list-style-type: none"> • 2016 CHNA & IS priorities • Hampden County Health Improvement Planning (CHIPs) efforts • Community-based efforts (asset map) • Hospital operational programs and services • Hospital Community Benefits programs and activities • Hospital external investments of time, talent, and treasure 	<ul style="list-style-type: none"> • Burden of the problem: <ul style="list-style-type: none"> – Economic Cost – Magnitude – Severity – Urgency • Focus on Equity and Accessibility • <i>Community Voice</i> (gathered through 2019 CHNA community engagement qualitative data collection) 	<ul style="list-style-type: none"> • Lives touched • Bucket of prevention • Builds upon or enhances current efforts • Can move the needle and demonstrate measurable outcomes • Proven/effective strategies to address multiple wins 	<ul style="list-style-type: none"> • Operational (hospital) capacity • Community capacity • Technical capacity • Economic capacity • Socio-cultural aspects • Can identify easy short-term wins

The Baystate Franklin CBAC used a formal voting process to determine which of the 15 significant health needs would be the priority focus areas for the SIP.

Through conversation, members reviewed and discussed the social and economic determinants of health, barriers to accessing quality health care, and health conditions and behaviors identified through the Baystate Franklin CHNA. Members had the opportunity to advocate for a particular health need they felt should be a focus area for the SIP. After deliberation, each health need was voted upon individually through raising of hands. Members could only raise their hands four times. All votes were then tallied and the top five health needs were chosen for inclusion in the SIP.

Summary of Priority Focus Areas

Baystate Franklin will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following four priority focus areas (not listed in any order of significance):

Social Environment

Social environment includes relationships between people, connectedness to community, and broader societal values and norms. Different people may experience different health outcomes as a result of inequities in social environments. For example, in the Baystate Franklin service area, social isolation and loneliness are problems for many older adults, people with disabilities, people in remote rural areas, older teens and young adults who are not in school or employed, and people in marginalized groups who do not feel entirely welcome in the broader community. On a societal level, structural racism and other forms of discrimination affect health through multiple pathways.

- In Franklin County and North Quabbin, focus groups and key informant interviews indicated that many people may feel lonely and not a part of community.
- Social isolation was a particular concern voiced by faith leaders in interviews. Through their ties with congregants they witness isolation and its impact on area residents.
- In Franklin County, 32% of all households are single-person households, and 14% of all households are occupied by a single person over age 65.
- Currently about one in five Franklin County residents is 65 years old or older, and that percentage is projected to increase to one in three in 2030.

Mental Health and Substance Use

Mental health is the focus of rising concern in the community. It has an impact across the lifespan. Locally, rates of depression and anxiety are increasing among young people, mental health hospitalization rates are high for adults in the prime of life, and one in three seniors aged 65 and over have been diagnosed with depression. Tobacco, alcohol, and drug use among youth, while declining, is an issue of concern because of the vulnerability of the teen brain to harm from addictive substances. For many teens today, their first experience with an addictive substance is with nicotine in the vaping devices that have taken their demographic by storm. The opioid crisis has resonated throughout the community.

- Twelve percent of residents said they experienced poor mental health on 14 or more days in a month.
- At Baystate Franklin, emergency department visits by residents with a mental health diagnosis increased from 965 in 2015 to 1,117 in 2018 (a 16% increase), even though emergency department visits overall declined slightly.
- Medicare data indicate that about one-third of the region's residents age 65 and older has been diagnosed with depression and about one-quarter have been diagnosed with anxiety.
- In Franklin County and North Quabbin, a higher percentage of people aged 65 and over have been diagnosed with a drug or alcohol use disorder than in Massachusetts as a whole. The state rate is 6.6%, compared to 9.4% in Greenfield, 10.6% in Montague, and 8.4% in Orange and Athol.
- Vaping is three times more common than cigarette smoking among 10th and 12th graders and five times more common among 8th graders
- Franklin County and North Quabbin have lost more than 100 people to opioid overdose deaths in the past seven years, with the death toll hitting its highest peak yet in 2018.

Built Environment: Access To Transportation, Healthy Food, Places To Be Active, and Broadband

The places we live, work, and play shape our health in profound ways. Decisions about how infrastructure is developed impacts transportation choices and access to healthy food, among other determinants. For many families, cars are simultaneously a necessity (to get to work, to school, to shopping) and a luxury (because budgets are stretched to keep them running). Pockets of the general population, such as Greenfield Community College (GCC) students, have high rates of food insecurity, despite the many resources the community offers people experiencing hunger. Rural adults are typically less physically active than urban and suburban residents because they are car-dependent on roads that are not pedestrian-friendly, and they have less access to exercise facilities, due to lower income and/or distance. Broadband is gradually becoming available across the region.

- Most residents of Franklin County and the North Quabbin area are car-dependent, and the 7% of households without a car struggle to get to where they need to go.
- In focus groups and interviews, transportation repeatedly emerged as a key problem for area residents.
- Nine percent of Franklin County residents and 12% of the county's children were food insecure in 2017.
- In fiscal year 2018, 430 women and 1,096 children were enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Franklin County.
- Given the rurality of the area, most roads do not have sidewalks, bike lanes, substantial shoulders, or lighting, and are therefore often unsafe or uninviting for pedestrians, and there are close to 1,700 miles of roads in Franklin County.
- As of the 2013-2017 period, one in five households did not have internet access, an increasingly essential element of our daily lives.

Care Coordination

Lack of coordination among providers is particularly problematic at points of transitions, such as when a resident comes out of a treatment program or from jail into the community. More coordination is needed across sectors that are traditionally separate, including medical care, dental care, mental health, and social services.

- Those interviewed for this CHNA went beyond advocating for coordination of individuals' care and called for one-stop shopping and consolidation of services.
- Interviewees called for tighter connections between public health, community providers, and the hospital.
- The Franklin County House of Corrections Reentry Team's clients have intense wrap-around support in jail, but that level of support doesn't follow them into the community.
- The opioid crisis highlighted the lack of coordination at points of transition, especially if a person moves out of a program without a clear next step. Example: sending people home after detoxification is not effective treatment and that services are needed at different levels of care.
- Participants in the focus group of transgender and gender nonconforming people described how information about trans-friendly providers is spread through informal networks and not easy to access, especially for people new to the area.

Chronic Disease

Chronic conditions of obesity, cardiovascular disease, diabetes, respiratory disease, and cancer are common in the region. These conditions are more likely to affect people of color, people with low-income, and others who are disproportionately impacted by social determinants of health and by barriers to quality health care.

- Heart disease and cancer are the two leading causes of death for area residents.
- About three quarters of area residents over 65 have high blood pressure and about 40% have coronary heart disease.
- More than one in four residents is obese and more than one in ten has diabetes.
- Students in most schools in Franklin County have similar or higher rates of obesity than the state rate.
- Asthma is the most common chronic disease among the area's children.

The hospital reserves the right to amend this SIP and its priority focus areas as circumstances warrant. For example, certain needs may become more pronounced and require upgrades to the described strategies. Other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

Baystate Franklin anticipates significant health needs, priority populations, and available resources may change over time. Therefore, a flexible approach was applied in the development of the SIP. The hospital views the SIP as a **"LIVING"** document. Due to the evolving climate in health care, each hospital's financial health year to year remains unknown; therefore hospital resources and inputs may increase, decrease, or need to be modified. In addition, community context can be a driver for change in the SIP. The work plans included in the SIP provides an opportunity for Baystate Franklin to be strategic and focused, yet flexible in its community health improvement planning efforts.

Significant Health Needs Not To Be Addressed

Baystate Franklin is committed to advancing its mission and remaining financially healthy so it may continue to enhance its clinical excellence and patient experience, as well as its role as an anchor institution. No health care system or hospital facility, including Baystate Health and Baystate Franklin, can address all the significant health needs identified in its CHNA. Table 5 lists the significant health needs identified in the 2019 CHNA that were not selected as priority focus areas by Baystate Franklin due to limited resources (time, talent, and treasure). It's important to note that although Baystate Franklin has decided not to take direct action in the SIP on the other significant health needs, the hospital is a stakeholder and/or partner in addressing many of these needs directly or indirectly through other hospital clinical and service lines and community partnerships.

Direct support is defined as the need being addressed by Baystate Franklin through core day-to-day hospital operations (clinical program/service line) that meet the criteria of a community benefit program or activity, and/or a community benefits grant investment or formal partnership with a community-based organization.

Indirect support is defined as the need is primarily being addressed through hospital operations (clinical program/service line) that do not meet the criteria of community benefit, or by the hospital serving as a partner alongside other community-based organization that is taking a stronger lead in this area.

Table 5 includes examples of Baystate Franklin's direct or indirect efforts to address the need, as well as community-based organizations addressing the need. To learn more about Baystate Franklin's direct and indirect efforts to address these needs, please contact the Baystate Health Office of Government and Community Relations and/or view our annual Community Benefits Report, as filed with the MA Attorney General, and available on our website at www.baystatehealth.org/communitybenefits.

Table 5. Significant Health Needs Not To Be Directly Addressed By Hospital

SIGNICNAT HEATHL NEED(S)	BAYSTATE FRANKLIN		COMMUNITY
	DIRECT	INDIRECT	
SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH			
EDUCATION			<ul style="list-style-type: none"> Greenfield Community College The Literacy Project
HOUSING NEEDS			<ul style="list-style-type: none"> DIAL / SELF Franklin County Regional Housing and Redevelopment Authority (HRA)
RESOURCES TO MEET BASIC NEEDS	<ul style="list-style-type: none"> Diaper Bank Donation to United Way of Pioneer Valley Back to School Employee Drive to benefit local school children Holiday Toy Employee Drive to benefit Department of Children and Families 		<ul style="list-style-type: none"> Life Path Community Action of Pioneer Valley Franklin County Community Meals Program Stone Soup Café Brown Bag Food for Elders Worcester County Food Bank United Way of Franklin County
BARRIERS TO ACCESSING QUALITY HEALTH CARE			
HEALTH LITERACY AND LANGUAGE BARRIERS	<ul style="list-style-type: none"> Baystate Interpreter and Translation Services 	<ul style="list-style-type: none"> Lyman and Leslie Wood Baystate Health Language Fund 	
INSURANCE AND HEALTH CARE RELATED CHALLENGES	<ul style="list-style-type: none"> Baystate Financial Counseling Baystate Financial Assistance Program 		
LIMITED AVAILABILITY OF PROVIDERS		<ul style="list-style-type: none"> UMMS – Baystate Population-based Urban Rural community health 	<ul style="list-style-type: none"> Community Health Center of Franklin County
CULTURALLY SENSITIVE CARE		<ul style="list-style-type: none"> Baystate’s Diversity & Inclusion 	
HEALTH CONDITIONS AND BEHAVIORS			
INFANT AND PERINATAL HEALTH	<ul style="list-style-type: none"> The Birthplace at Baystate Franklin Baystate Medical Practices - Pioneer Women's Health - Greenfield 	<ul style="list-style-type: none"> Perinatal Support Coalition of Franklin County 	<ul style="list-style-type: none"> Community Action of Pioneer Valley Valuing Our Children

Strategic Implementation Plan

New features of 2020-2022 SIP

To further the transparency and accountability of Baystate Franklin’s response to its community’s health needs, the following upgrades have been made to the SIP document:

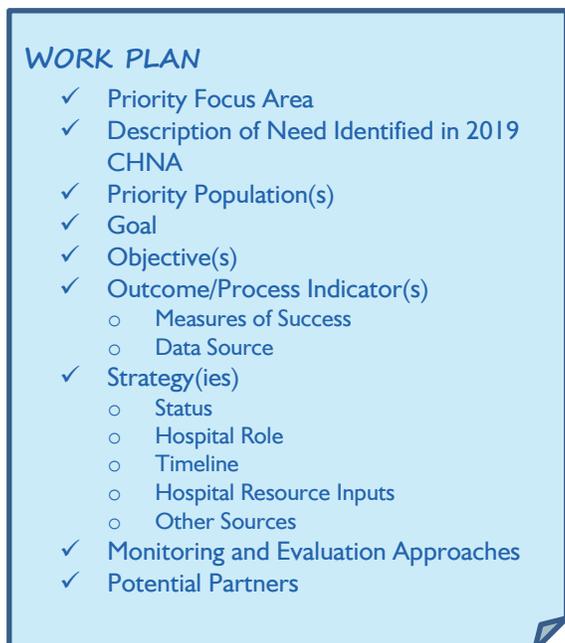
- Adoption of the term “Strategic Implementation Plan” in place of the IRS term “Implementation Strategy”. The term SIP better reflects the spirit and intent of the document, as well as the hospital’s efforts to address identified needs.
- Reorganization and condensing of SIP content. Glossaries of terms added. Where possible, readers are directed to learn more by viewing the 2019 CHNA or Baystate Franklin’s annual community benefits report at www.baystatehealth.org/communitybenefits.
- Development of more detailed work plans, inclusive of:
 - Details and transparency about hospital resources committed to addressing and implementing the strategies.
 - Evaluation metrics for determining measure of success.
- Enhanced monitoring of SIP and Work Plans through quarterly review by CBAC and annual update of Work Plans on Baystate Health’s website.

As Baystate Franklin learns and grows through each CHNA and SIP cycle, it strives to achieve greater alignment with Baystate Health’s strategic plan and system-level initiatives that are a response to community health needs. This will also demonstrate Baystate’s unique position to respond to community health needs by leveraging its regional health system’s resources. In addition, Baystate strives to increase the rigor and validity of its chosen objectives, measurements, and evaluation plans. For objectives Baystate Franklin’s will be working toward making them **inclusive (I)** - brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power and **equitable (E)** - includes an element of fairness or justice that seeks to address systematic injustice, inequity, or oppression. **SMART → SMARTIE objectives.**

Work Plan Overview

A detailed Work Plan for each Priority Focus Area accompanies the narrative portion of the SIP. Baystate reviewed various examples and templates, and selected a template developed by **Health Resources in Action (HRiA)** in Boston, Massachusetts. Baystate made additional upgrades to the template to meet its planning and tracking needs. Figure 3 lists the Work Plan elements.

Figure 3. SIP Work Plan Elements



Work Plan Glossary of Terms

SIP TERM	DEFINITION/DESCRIPTION
Priority Focus Area	A category of focus. The “significant health need to be addressed” by the hospital.
Description of Need	Subcategory of topics to be addressed under priority area.
Priority Populations	Those high-needs populations addressed by a community benefit strategy.
Goal	A goal describes in broad, strategic terms the desired outcome of the planning priority.
S.M.A.R.T. Objective	Objectives articulate goal-related outcomes in specific and measurable terms. <ul style="list-style-type: none"> • Strategic: aligned with organizational priorities • Measurable: includes standard assessment approach • Ambitious: a “stretch” goal that would be significant progress • Realistic: has potential to be achievable given time and resources • Time-bound: includes a clear deadline
Outcome/Process Indicators	Data-driven measure(s) of a change in status. These indicators ultimately let your team know if the plan was successful in impacting the priority. This may help you identify activities that are useful in meeting your objective(s), and those that are not. Outcome indicators are NOT how you will know that the strategy has been implemented. Baseline is the current value; target is the year three value.
Strategy	A strategy describes the action(s) the hospital intends to take to address the health needs. It is less specific than action steps but tries broadly to answer the question, “How can we get from where we are now to where we want to be?” In SIP terms, these are specific programs or initiatives to address a priority area or objective.
Timeline	The methods you will use to track and capture data on strategies and activities over three years.
Hospital (and Other) Contributions	The allocation of staff salaries, physical space, or other contributions provided by the hospital to implement the strategy. Other contributions are external sources of funding or in-kind support for the strategy.
Monitoring/Evaluation Approaches	The methods used to track and capture data on strategies and activities (e.g., quarterly reports, participant evaluations from training).
Potential Partners	Individuals or organizations that is key to achieving the objective. Potential partners could also be organizations who already have initiatives underway in the objective area.

SIP / Work Plan Development Partners

In developing the SIP and Work Plans, Baystate Franklin partnered with its Community Benefits Advisory Council; which included the following internal and external stakeholders:

- Baystate Franklin Administration
- Baystate Franklin Financial Counseling
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Franklin Population Health
- Baystate Franklin Quality
- City of Greenfield
- Communities that Care Coalition
- Community Action of Pioneer Valley (CAPV)
- Community Health Center of Franklin County (CHCFC)
- Franklin County and North Quabbin Community Health improvement Plan (FCNQ CHIP)
- Franklin County Sheriff's Department
- Franklin Regional Council of Governments (FRCOG)
- Greenfield Community College (GCC)
- Greenfield Health Department
- LifePath
- Mass in Motion
- Office of Representative Paul Mark
- Opioid Task Force of Franklin County (OTF)
- Public Health Institute of Western MA (PHIWM)
- Recover Project
- University of Massachusetts – Amherst College of Nursing
- University of Massachusetts – Amherst School of Public Health
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)

Overview: Priority Focus Areas Strategies

1. Social Environment

Goal: Increase strong social environments for all priority populations in the Baystate Franklin service area.

Objective 1.1: TBD DoN RFP under development

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Community Action Pioneer Valley Strengthening Perinatal Partnerships Grant Montague Ministries SOAR / MIND Grant 	<ul style="list-style-type: none"> Understanding the impacts of structural racism: Hospital Administration, CBAC, Grantees. Anchor Mission goal around hiring, purchasing, place based investments.

Objective 1.2: Under development

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Objective 1.3: Under development

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

2. Mental Health and Substance Use

Goal: Increase access to prevention, treatment, and recovery support for all individuals with mental and/or substance use diagnosis.

Objective 2.1: Increase community and provider capacity to advocate for mental health and substance use disorder treatment and prevention through training and coalition building within three years of strategy implementation.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Franklin County Opioid Task Force (OTF) Franklin County Health Improvement Plan (CHIP): 	<ul style="list-style-type: none"> Regional Hospital and Community Provider Training: best practices in mental and behavioral health treatment (CVS Health Grant)

Objective 2.2: Increase access to equitable mental health and substance use treatment.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Empower Program BRIDGE 	<ul style="list-style-type: none"> Baystate Behavioral Health Hospital Baystate Family Medicine Residency Program; intensive SUD training

Objective 2.3: Increase access to prevention-based initiatives.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Medication/Sharps Kiosks Partnership with Communities That Care and 4SC on three events per year Communities That Care Coalition Grant 	<ul style="list-style-type: none">

3. Built Environment

Goal: Increase transportation and housing options for residents of Franklin County/North Quabbin.

Objective 3.1: Support development of rideshare and micro-transit models appropriate for rural areas within three years of strategy implementation.

- | | |
|---|---|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • FRCOG Rideshare Pilot and Project • Support Greater Use of FRTA Access |
|---|---|

Objective 3.2: Improve housing options for young people who have experienced trauma within three years of strategy implementation.

- | | |
|---|---|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • DIAL/SELF Grant | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
|---|---|

Objective 3.3: Increase access to care for residents of Franklin County/North Quabbin, with a special emphasis on improving access for members of priority populations.

- | | |
|--|---|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Baystate Financial Assistance Program (FAP) • Baystate Financial Counseling • CHCFC BFMC On-site Dental Clinic | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • Telehealth capacity development and deployment in rural areas |
|--|---|

4. Care Coordination

Goal: Improve care coordination systems in Franklin County/North Quabbin.

Objective 4.1: Increase access to local community resource information for hospital staff, community organizations and residents.

- | | |
|---|--|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Look4Help – utilization and promotion | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • Look4Help – sustainability |
|---|--|

Objective 4.2: Increase utilization and capacity of community health workers, recovery coaches, and health navigators within three years of strategy implementation.

- | | |
|---|---|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • Consider including CHWs/RCs in all appropriate grants written • Convene annual meeting with community health workers, recovery coaches, and health navigators • Legislative Advocacy - with state legislature and DPH to increase ability to bill the time of these peer navigator roles. |
|---|---|

Objective 4.3: Increase support of improved care coordination through hospital-led regional collaboratives.

- | | |
|---|--|
| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Franklin County Perinatal Support Coalition | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • Readmission Collaborative Membership Expansion |
|---|--|

5. Chronic Disease

Goal: Reduce the burden of chronic disease in the Baystate Franklin service area.

Objective 5.1: Increase support for evidence-based programming to reduce the development and management of diabetes within three years of strategy implementation.

Current Strategies:

- YMCA Diabetes Prevention Program
- Stanford Chronic Disease Self-Management Program (CDSMP)

In Development/Future Strategies:

-

Objective 5.2: Reduce the prevalence of childhood obesity in the region within three years of strategy implementation.

Current Strategies:

- MIGHTY (Moving, Improving, Getting Health Together at the YMCA)

In Development/Future Strategies:

-

Objective 5.3: Improve services for older adults living with chronic disease within three years of strategy implementation.

Current Strategies:

-

In Development/Future Strategies:

- BPMC staff participation in Age-Friendly Community planning processes

Monitoring and Evaluation

Monitoring and evaluation of the SIP will take place quarterly in collaboration between the Baystate Health Office of Government and Community Relations and Baystate Franklin CBAC. Twice a year the SIP will be presented to the Baystate Board Governance Committee to report back on progress and evaluation. The SIP narrative and work plan are posted on the Baystate Health website and will be updated as revisions are made.

SIP Implementation Partners (Current and Potential)

This SIP will be implemented with oversight of and guidance of Baystate Franklin's CBAC, with support from Baystate's Office of Government and Community Relations. SIP strategies will be implemented in collaboration with internal departments and community partners including, but not limited to:

INTERNAL STAKEHOLDERS

- Baystate Franklin Administration
- Baystate Franklin Financial Counseling
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Franklin Population Health
- Baystate Franklin Quality
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)

EXTERNAL STAKEHOLDERS

- Center for New Americans (CfNA)
- City of Greenfield
- Communities that Care Coalition
- Community Action of Pioneer Valley (CAPV)
- Community Health Center of Franklin County (CHCFC)
- DIAL/SELF
- Franklin County and North Quabbin Community Health improvement Plan (FCNQ CHIP)
- Franklin County Community Development Corporation (FCCDC)
- Franklin County Sheriff's Department
- Franklin Regional Council of Governments (FRCOG)
- Franklin Regional Transit Authority (FRTA)
- Greenfield Community College (GCC)
- Greenfield Health Department
- Housing Authorities
 - Elm Terrace
 - Greenfield Gardens
 - Highland Village
 - Leyden Woods
- Powertown Apartments
- Interfaith Council
- LifePath
- Mass in Motion
- Montague Catholic Social Ministries (MCSM)
- Office of Representative Paul Mark
- Opioid Task Force of Franklin County (OTF)
- Public Health Institute of Western MA (PHIWM)
- Public Health Nurses from Greenfield, Rowe, Heath, FRCOG, and Local Councils on Aging and Senior Centers
- Recover Project
- Tapestry Health
- The Literacy Project
- University of Massachusetts – Amherst College of Nursing
- University of Massachusetts – Amherst School of Public Health
- Western MA Health Equity Network (WMHEN)
- YMCA of Greenfield

Hospital Resource Inputs

Table 6 describes the various types of hospital resources that serve as potential inputs to inform, support, and implement strategies aligned with the five priority focus areas.

Table 6. Hospital Resource Inputs

HOSPITAL RESOURCE INPUT	DESCRIPTION
Community Benefits Discretionary Grants	Funded through hospital operations. Support in the form of mini-grants for community-based programs; short-term initiatives that address health needs identified in the hospital's 2019 CHNA and with a focus on priority populations. Budget and reporting requirements.
Community Education and Training	Funded through hospital operations, DoN CHI funding, or in-kind capacity building through content knowledge and expertise in the specific areas of chronic disease, mental health, health promotion, health education, behavior change, and systems and policy change to assist grantees (and broader community) in the development and implementation of evaluation plans to foster capacity-building, as well as diversify resource development.
Community Relations Investments	Funded through hospital operations. Sponsorship support of community-based organizations and events that promote health and wellness, and improve the quality of life for residents.
Determination of Need (DoN) Community Health Initiatives (CHI) Funding	Funded through hospital operations. Episodic funding that is triggered by hospital capital projects that require a DoN application and approval by MDPH. Five percent of the total value of the project is invested over a 3-5 year period through a transparent Request for Proposal (RFP) process that is overseen by the CBAC. Routine reporting and program evaluation requirements.
External Grant	A third-party (private, state, federal) grant awarded to the hospital or community-based organization.
Grant Writing	Hospital funded and/or sponsored grant writer(s) services for community-based organizations, grantees and non-grantees, and other community partners. Services may include one or more of a combination of the following: prospecting research for viable grant opportunities, proposal development (critique, edit, and revise proposals), and additional advisory/consulting support.
Hospital-Based Community Benefits Activity	Existing hospital-based, staff driven activities that meet IRS and AG community benefits criteria; address unmet needs, work with priority populations, address CHNA significant health needs and SIP priority focus areas, and are not for marketing purposes.
In-kind	Support in the form of hospital staff and time, meeting space, materials, food, printing, and/or other needs.
Other Hospital Activities	Hospital operational activities that are part of the hospital's day-to-day business, but also contribute to addressing significant health needs, directly or indirectly.