

Community Benefits

STRATEGIC IMPLEMENTATION PLAN (SIP)

2020-2022

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



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Introduction

Executive Summary

In 2019 **Baystate Medical Center** (Baystate Medical) 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 Medical 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 Medical 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 Medical'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 Medical'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 Medical 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 MEDICAL)
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 Medical is a 724-bed academic medical center based in Springfield, Massachusetts and home to western New England's only tertiary care referral medical center, Level I Trauma Center and Level II Pediatric Trauma Center, and neonatal and pediatric intensive care units. The medical center also includes Baystate Children's Hospital and the Wesson Women and Infants' Unit, and is the regional campus of the University of Massachusetts Medical School - Baystate. Baystate Medical is also the community's major referral hospital, providing the highest level of care for conditions such as cancer, acute, and chronic cardiovascular illness, nervous system illness, digestive illness, and other diseases that affect the major organs of the body.

Baystate Medical is a member of **Baystate Health** (Baystate), a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. Baystate, 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 Medical 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 Medical 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.

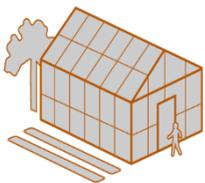
Community Benefits Mission: To reduce health disparities, promote community wellness and improve access to care for priority populations.

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.

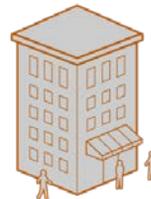
As an anchor institution, Baystate leverages its economic output through three pillars: **local hiring, local sourcing** and **place-based investing**; simultaneously addressing Baystate’s operational needs and social determinants of health in its communities. Baystate’s anchor institution role takes 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.

Healthy Equity

Baystate signed the **American Hospital Association (AHA) #123forEquity Pledge** Campaign in 2015. Baystate continues its commitment to healthy equity through the following:

- Increase the collection and use of race, ethnicity, language preference, and other socio-demographic data (REaL data);
- Increase cultural competency and humility training;
- Increase diversity in hospital leadership and governance;
- Improve and strengthen community partnerships.

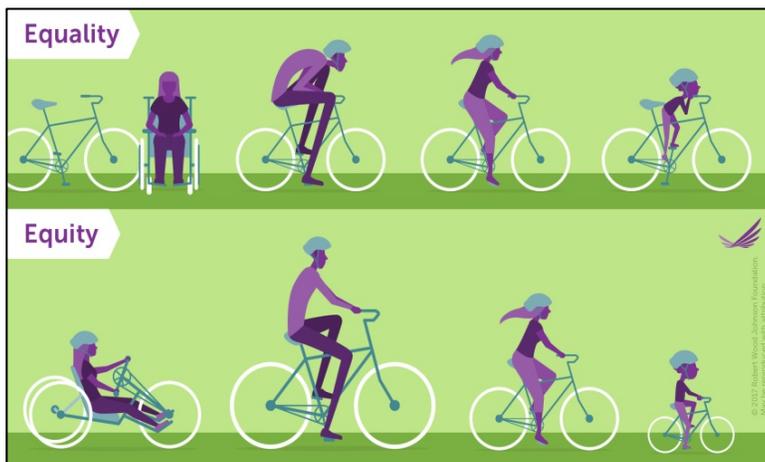
Baystate's goal is to imbed "health equity" within the organization and to guide standard reoccurring health care practices and fundamental health policy decisions so that equity becomes the accepted mindset for how it serves patients and the community.

Baystate continues to identify opportunities to apply a health equity lens to community health planning efforts. This has been demonstrated by its 2019 CHNA and associated community engagement efforts and through current and future hospital community benefits investments supporting initiatives that are intentional in how Baystate plans to address health disparities and inequities. Baystate stands ready to share 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 its efforts, and lessons learned that may be helpful for other organizations.

Defining Health Equity

A picture is worth a thousand words. Figure 1 illustrates the difference between equality and equity.

Figure 1. Equality versus Equity



Source: 2017 Robert Wood Johnson Foundation

HEALTH EQUITY

The attainment of the highest level of health for all people. This requires giving special consideration to the needs of those whose social conditions create greater risk of poor health. Health equity will be achieved when everyone is given the opportunity to reach their full health potential.

HEALTH INEQUITIES

Differences in health that is avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

HEALTH DISPARITIES

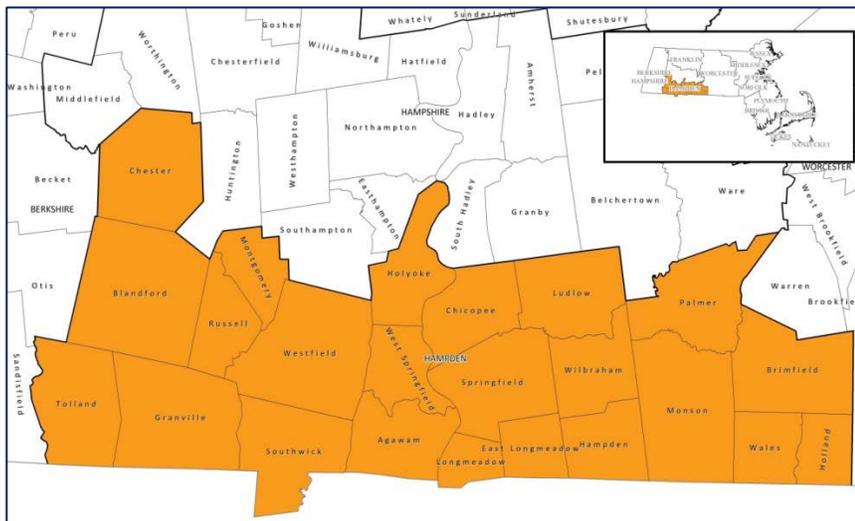
Differences in health outcomes among groups of people. Health disparities are affected by health inequities and health behaviors, leading to disease, injury, and mortality.

Communities Served

Geographic Area

For the purposes of the 2019 CHNA and SIP, Baystate Medical’s service area includes all 23 communities within **Hampden County** (Table 1 and Figure 2), including the third largest city in Massachusetts – **Springfield** (population over 150,000). Three adjacent cities, **Holyoke**, **Chicopee**, and **West Springfield** create a densely-populated urban core that includes over half of the population of the service area (270,000 people), and 91% of Hampden County is classified as **urban** (US Census, 2013-2017). Smaller communities exist to the east and west of this central core area. Many of these communities have populations under 20,000 people. Understanding the geographic area and population demographics of the community served by Baystate Medical 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.

Figure 2. Baystate Medical Service Area



Source: Public Health Institute of Western MA

Table 1. Municipal Communities in Baystate Medical’s Service Area

Hampden County	2017 Population Estimate
Agawam	28,849
Blandford	1,260
Brimfield	3,745
Chester	1,380
Chicopee	55,515
East Longmeadow	16,291
Granville	1,624
Hampden	5,196
Holland	2,496
Holyoke	40,341
Longmeadow	15,864
Ludlow	21,502
Monson	8,836
Montgomery	864
Palmer	12,279
Russell	1,793
Southwick	9,758
Springfield	154,758
Tolland	500
Wales	1,892
Westfield	41,700
West Springfield	28,704
Wilbraham	14,671
Total Service Area	469,692

Source: Population Division, U.S. Census Bureau

Priority Populations

Priority populations were identified using a **health equity framework** with available data. Knowing that health inequities exist for communities of color in Hampden County, there was a focus on inequities among those who are Latino and Black because 1) they are the largest communities of color in Hampden County and 2) available data was limited for other racial and ethnic groups, such as Asian, Native American, and others. The terms white, Black, and Latino, are used 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
Children and youth
Older adults
Latinos and Blacks
GLBQ+ individuals, especially youth
Transgender individuals, especially youth
People living on low or poverty level incomes
People living unsheltered or homeless
People living with disabilities
People with mental health and/or substance use disorders
People reentering society after jail or prison

Significant Health Needs Identified in CHNA

Summary of Significant Health Needs

The CHNA conducted in 2019 identified the significant health needs within Baystate Medical’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 Hampden County and regional assessment reports; 3) information from 12 focus groups and interviews with 50 key informants, plus five interviews with public health leaders, conducted for the 2019 CHNA; and 4) community input from three Community Conversations (two in English and one in Spanish), two Community Forums (English and Spanish), and 38 Community Chats. In total, over 800 individuals across Hampden 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
Education
Environmental Exposures
Financial Health
Housing Needs
Resources To Meet Basic Needs
Social Environment
Violence and Trauma
BARRIERS TO ACCESSING QUALITY HEALTH CARE
Care Coordination
Culturally Sensitive Care
Health Literacy and Language Barriers
Insurance and Health Care Related Challenges
Limited Availability of Providers
Transportation
HEALTH CONDITIONS AND BEHAVIORS
Alzheimer’s Disease and Dementia
Chronic Health Conditions
Infant and Perinatal Health
Mental Health and Substance Use
Sexual Health

Criteria Used to Identify Priority Focus Areas

Baystate Medical’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 Medical 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 Medical’s Priority Focus Areas

CONTEXT	RELEVANCE	IMPACT	FEASIBILITY
<i>What is the current landscape?</i>	<i>How important is it?</i>	<i>What will we get out of it?</i>	<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 Medical CBAC used a **three step voting process** to further determine which of the 20 significant health needs would be the priority focus areas for the SIP.

Step 1: Identifying Values

Through thoughtful conversation, CBAC members felt it was important to identify values to guide their consideration when voting for a particular significant health need. Six values emerged: *community voice, equity, impact, prevention bias, resource landscape, and sustainability*. These values were further defined and summarized. Members then completed an **online values survey** to rank these values in order from most important for consideration to least.

Step 2: Ranking Health Needs

The vote results from the values survey was shared back to the CBAC. A second survey was administered asking members to score each significant health need against the six values. A composite score was presented back to the CBAC that narrowed and proposed the top two significant health needs to be included in the SIP; Education and Violence & Trauma.

Step Three: Final Selection of Priority Focus Areas

Group deliberation and final consensus among the CBAC members determined the remaining three SIP priority areas; Built Environment, Mental Health/Substance Use, and Financial Health.

Summary of Priority Focus Areas

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

Education

Baystate Medical recognizes the need for greater access to educational opportunities for all, and especially for residents and youth of color. Provider and healthcare education is also important to continue capacity building in the region and create a culture of best practices.

- Lower levels of education contribute to unemployment, the ability to earn a livable wage, and many health outcomes.
- In the communities of Springfield, Chicopee, Holyoke, and Ludlow, over 20% of eligible individuals do not have a high school diploma.
- Only 27% of Hampden County residents have a bachelor's degree or higher compared to the Massachusetts proportion of 42%.
- Segregation of lower income students of color into underfunded schools continues today.
- 2019 CHNA interviews with public health leaders and focus groups identified cultural differences between the community and providers and implicit bias as a barrier to health.

Mental Health and Substance Use

Mental health and substance use were identified as urgent health needs/problems in virtually every type of stakeholder engagement in the 2019 CHNA. There was overwhelming consensus among focus group participants and health care providers and administrators about the need for increased education across all sectors to reduce the stigma associated with mental health and substance abuse, the need for more treatment options, and in particular treatment for people with mental health co-morbidity.

- Substance use disorders overall (including alcohol) and opioid use were of particular concern.
- Opioid use disorder, which has been declared a public health emergency in Massachusetts, is impacting Hampden County residents with fatality rates higher than (nearly double) that of the state.
- Tobacco use remains high with an estimated 24% of adults that smoke in Springfield.
- Youth substance use is also an issue with 7% of Springfield 8th grade students reporting drinking alcohol and marijuana in the past 30 days.
- Vaping is now an emerging concern for youth with 19% of Springfield students reporting that they have tried vaping.

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

Decisions about how infrastructure is developed impacts transportation choices and access to healthy food, among other determinants. Private sector and economic development investments have led to parts of Hampden County being considered food deserts, which are areas where low-income people have limited access to grocery stores.

- Large portions of Springfield and parts of Chicopee, Holyoke, Ludlow, Monson, West Springfield, and Westfield have rates of food insecurity greater than 15%, and for many Springfield neighborhoods over 20%.
- Nearly 23% of all Springfield households and 14% of Hampden County residents report not having any access to a vehicle.
- Among Springfield residents lacking access to a vehicle, 23% report regularly using public transportation to travel to work, while 14% reported carpooling. The Pioneer Valley Transit Authority which operates buses in Springfield and across the Pioneer Valley, reports that the majority of its customers – over 62% – are people of color.
- BeHealthy Partnership Accountable Care Organization Data: 17% of Springfield Medicaid recipients said lack of transportation had kept them from getting to medical appointments or getting medication.
- Hampden County residents continue to experience challenges accessing care due to the shortage of providers, especially primary care, specialty, mental health, psychiatrist, and neuropsychology providers for children.

Financial Health

Financial health is a measure of how one's financial and economic resources are able to support their physical, mental, and social well-being. Financial resources that impact health include: amount of savings, money set aside for retirement, and proportion of income spent on daily living, among others. Financial health describes how well a person's finances support their ability to be healthy every day and in the future.

- In Hampden County, 61% of people own their homes and 39% rent.
- Historically, redlining lending practices, racial discrimination related to mortgage acquisition in the GI bill, and higher incidence of predatory lending in communities of color have denied Black and Latino communities the ability to create stability and generational wealth via home ownership. Only 39% of the Black population and 23% of the Latino population of Hampden County owns their home.
- Financial literacy is having the skills and knowledge to manage personal finances so that a person can fulfill their goals. It includes the knowledge to understand financial choices and the ability to make informed judgments and take effective actions, such as planning for the future, spending wisely, saving for retirement, paying for a child's education, and managing challenges associated with life events like a job loss.
- In Massachusetts, 12% of students nearing the end of mandatory schooling (generally about 15 years old) scored at the lowest level of financial literacy as measured by the Program for International Student Assessment.

Violence and Trauma

Personal and community safety were elevated as a concern in Hampden County. About 13% of all sexual assaults in the state occurred in western Massachusetts, and Springfield Police found that 67% of all assault arrests in 2014 were domestic violence assaults. Crime rates are high, with violent crime rates in Hampden County almost 60% higher than that of the state. Youth bullying was also identified as a concern, particularly of children with disabilities, and GLBQ+ (gay, lesbian, bi-sexual, queer, and questioning), and transgender students.

- The Springfield 2017 Youth Health Survey found that 43% of students had experienced “aggressive behavior from their significant other” and 29% had experienced physical abuse from their significant other.
- The 2017 Springfield Youth Health Survey indicated that 32% of Springfield 8th grade students were bullied in the past year. Students with disabilities are 2 to 3 times more likely to be bullied than nondisabled students.
- An analysis of gun violence done by the City of Springfield Police Department found that total incidents involving guns have decreased by 17% over a 5 year period (2013 – 2017), with robbery with a gun decreasing the most (26%). However, murder with a gun increased by 20%.
- In the Springfield Area Service Access Point where elder abuse and neglect files are reported, there were 2,438 intakes completed in 2018, up from 1,401 in 2014.

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 Medical 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 Medical to be strategic and focused, yet flexible in its community health improvement planning efforts.

Significant Health Needs Not To Be Addressed

Baystate Medical 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 Medical, 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 Medical. It's important to note that although Baystate Medical has decided not to take direct action in the SIP on the other significant health needs due to limited resources (time, talent, and treasure), 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 Medical 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 Medical's direct or indirect efforts to address the need, as well as community-based organizations addressing the need. To learn more about Baystate Medical'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 Addressed By Hospital in SIP

SIGNIFICANT HEALTH NEED(S)	BAYSTATE MEDICAL		COMMUNITY
	DIRECT	INDIRECT	
SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH			
ENVIRONMENTAL EXPOSURES		<ul style="list-style-type: none"> • Baystate Sustainability Efforts • Food • Trash and Recycling • Fleet Management 	<ul style="list-style-type: none"> • Arise for Social Justice • Pioneer Valley Asthma Coalition • Public Health Institute of Western MA
HOUSING NEEDS		<ul style="list-style-type: none"> • BeHealthy Partnership (ACO) 	<ul style="list-style-type: none"> • Way Finders • New North Citizens' Council • Revitalize CDC
RESOURCES TO MEET BASIC NEEDS		<ul style="list-style-type: none"> • BeHealthy Partnership (ACO) 	<ul style="list-style-type: none"> • Square One / City of Springfield Diaper Bank
SOCIAL ENVIRONMENT		<ul style="list-style-type: none"> • Baystate's Diversity & Inclusion • Baystate Resource Groups (BRG's) 	<ul style="list-style-type: none"> • Healing Racism of Pioneer Valley • National Conference Community Justice (NCCJ) Racism Workshops • Undoing Racism Organization Collaborative • MotherWoman: Cultural Humility Training
BARRIERS TO ACCESSING QUALITY HEALTH CARE			
CARE COORDINATION	<ul style="list-style-type: none"> • 413Cares (Community Resource Database) • Community Liaison outreach Worker • BMC ED Behavioral Resource Technician • BMC PEDI ED Youth Behavioral Resource Technician 	<ul style="list-style-type: none"> • Poverty Simulations 	
CULTURALLY SENSITIVE CARE		<ul style="list-style-type: none"> • Baystate's Diversity & Inclusion 	
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 	

SIGNICAT HEALH NEED(S)	BAYSTATE MEDICAL		COMMUNITY
	<i>DIRECT</i>	<i>INDIRECT</i>	
HEALTH CONDITIONS AND BEHAVIORS			
ALZHEIMER'S DISEASE AND DEMENTIA		<ul style="list-style-type: none"> • Baystate Memory Disorders Program 	<ul style="list-style-type: none"> • Public Health Institute of Western MA • Springfield Partners for Community Action (SPCA)
CHRONIC HEALTH CONDITIONS			
INFANT AND PERINATAL HEALTH	<ul style="list-style-type: none"> • Empower Program 	<ul style="list-style-type: none"> • Perinatal Support Coalition of Hampden County 	
SEXUAL HEALTH	<ul style="list-style-type: none"> • Counseling and Testing Services at Baystate Community Health Centers 		<ul style="list-style-type: none"> • Public Health Institute of Western MA/Teen Pregnant and Parenting Program

Strategic Implementation Plan

New features of 2020-2022 SIP

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

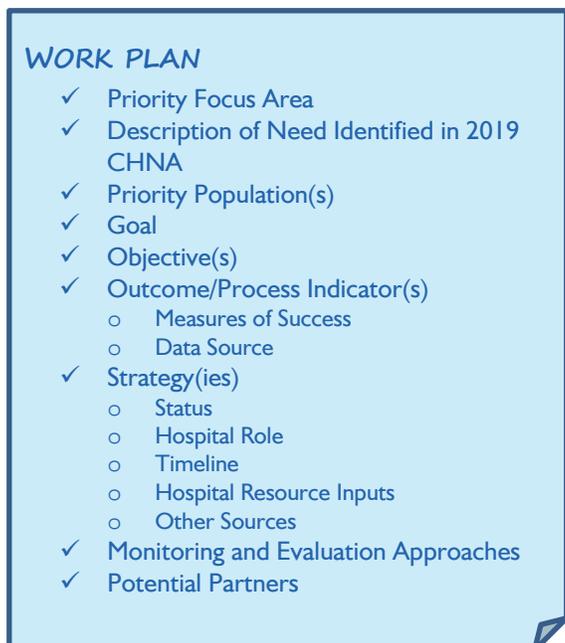
- Adoption of the term “Strategic Implementation Plan” in place of the IRS term “Implementation Strategy”. The term SIP better reflects the spirit and intent of the document, as well as the hospital’s efforts to address identified needs.
- Reorganization and condensing of SIP content. Glossaries of terms added. Where possible, readers are directed to learn more by viewing the 2019 CHNA or Baystate Medical’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 Medical 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 Medical 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 Medical partnered with its CBAC; which included the following internal and external stakeholders:

- American International College (AIC)
- Baystate Community Health Centers (CHC)
- Baystate Family Advocacy Center (BFAC)
- Baystate General Pediatrics
- Baystate Interpreter and Translation Services
- Baystate Mason Square Neighborhood Health Center Community Advisory Board (MS CAB)
- Baystate Medical Center Administration
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Patient Experience
- Baystate Spiritual Services
- Baystate Springfield Educational Partnership (BSEP)
- Baystate Trauma and Injury and Prevention (TIP)
- Educare Springfield
- Hampden County Health Coalition (HCHC)
- Health New England (HNE)
- Massachusetts Department of Public Health (MDPH)
- MetroCare of Springfield
- New North Citizens' Council (NNCC)
- Perinatal Support Coalition of Hampden County
- Project Coach
- Public Health Institute of Western Massachusetts (PHIWM)
- Revitalize Community Development Corporation (Revitalize CDC)
- Springfield Department of Health and Human Services (DHHS)
- Springfield Technical Community College (STCC)
- Square One
- Stavros Center for Independent Living
- Town of West Springfield
- Training and Workforce Options (Collaborative between STCC and Holyoke Community College)
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)
- Way Finders

Overview: Priority Focus Areas Strategies

1. Education

Goal: Increase access to education and workforce opportunities for priority populations.

Objective 1.1: Increase opportunities to access healthcare oriented educational programs.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> BSEP BSEP scholarships UMMS-Baystate PURCH 	<ul style="list-style-type: none"> TD Bank Baystate Health Bus

Objective 1.2: Increase access to educational resources to build community capacity and awareness.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Poverty Simulation 413Cares UMMS-Baystate Community Faculty Baystate Mason Square Neighborhood Health Center (MS CHC) Community Outreach Liaison 	<ul style="list-style-type: none">

Objective 1.3: TBD (DoN RFP – 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 health 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.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Hampden County Addiction Task Force (HCAT) Hampden County Health Improvement Plan (HCHIP) Domain 2: Behavioral Health Municipal Narcan Initiative 	<ul style="list-style-type: none"> 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 Rooming In Program Medically Assisted Treatment (MAT) at Community Health Centers (CHC) BMC ED efforts BMC ED Buprenorphine Protocol 	<ul style="list-style-type: none"> Baystate Behavioral Health Hospital

Objective 2.3: Increase access to prevention-based initiatives.

Current Strategies:	In Development/Future Strategies:
<ul style="list-style-type: none"> Medication/Sharps Kiosks Youth Mental Health First (YMHFA) 	<ul style="list-style-type: none"> Narcan Pop Ups

3. Built Environment

Goal: Enhance equitable access to transportation, health care, and food.

Objective 3.1: Increase coordination of, and access to, alternative transportation resources to priority populations.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> Valley Bike Stations at Baystate Medical campus | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> RideCare |
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Objective 3.2: Increase use and promotion of BMC Coordinated Services.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> Dispatch Health BeHealthy Partnership (Accountable Care Organization (ACO)) Baystate CHCs | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> |
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Objective 3.3: Increase access to physical activity and healthy eating curricula for residents.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> Moving, Improving, and Getting Healthy Together at the YMCA (MIGHTY) Gardening the Community (Mini Grant) Wellspring Harvest (Mini Grant) GoFresh Mobile Farmer’s Market (Mini Grant) | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> |
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4. Financial Health

Goal: To advance the economic dignity of LMI populations so that they are better able to provide for their own and their families care and needs and increase opportunities to build financial wellness and stability for priority populations.

Objective 4.1: To provide financial programs and services to LMI workers, particularly workers in low-income families with children, which improve their financial capabilities (e.g., budgeting, credit rating, savings, etc.) so they become more financially self-sufficient.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> Baystate Financial Assistance Program (FAP) Baystate Financial Counseling | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> Financial Empowerment Programs and Services |
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Objective 4.2: To provide financial programs to NE residents (particularly BHP members, BMC patients, and other low-income families) in partnership with others’ community-based wealth creation strategies (e.g., jobs and skills training, small business development and expansion and home ownership) and improve one’s financial capabilities (e.g., budgeting, credit rating, savings, etc.) so that residents become more financially self-sufficient.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> MassMutual Live Mutual Project Community Health Innovation Fund (CHIF) Tolosky Homebuyers Program | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> Advancing Cities Grant Revitalize CDC Green N’ Fit |
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Objective 4.3:

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> |
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5. Violence and Trauma

Goal: Decrease the prevalence of violent incidents and increase trauma informed care ability among community residents and providers.

Objective 5.1: Increase access to violence prevention-based initiatives.

Current Strategies:

- Gun Buy Back
- Safe and Successful Youth Initiative (SSYI)
- Roca Gun Violence Grant / Workshops

In Development/Future Strategies:

- Hospital-based violence intervention program

Objective 5.2: Increase community and provider capacity to advocate for violence prevention/trauma informed care through training and coalition building.

Current Strategies:

- Baystate Trauma and Injury Prevention Program (TIP)
- Safe Car Seat Flyer
- BMC Pedi-ED Car Seats post motor vehicle accident (MVA)
- BFAC
- Stop the Bleed
- Businesses Against Human Trafficking Pledge / Trainings

In Development/Future Strategies:

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Objective 5.3: Under development

Current Strategies:

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In Development/Future Strategies:

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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 Medical 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 Medical'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 Community Health Centers (CHC)
- Baystate Emergency Department (ED)
- Baystate Family Advocacy Center (FAC)
- Baystate General Pediatrics
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Patient Experience
- Baystate Social Work
- Baystate Spiritual Services
- Baystate Springfield Educational Partnership (BSEP)
- Baystate Trauma and Injury Prevention (TIP)
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)

EXTERNAL STAKEHOLDERS

- African Diaspora Mental Health Association (ADMHA)
- American International College (AIC)
- Baystate Mason Square Neighborhood Health Center Community Advisory Board (MS CAB)
- Center for Human Development (CHD)
- City of Springfield
- Coalition of Western MA Hospitals/Insurer
- Common Capital
- Educare Springfield
- Food Bank of Western MA
- Hampden County Health Coalition
- Hampden County Health Improvement Plan (CHIP)*
- Healing Racism Institute of Pioneer Valley (HRIPV)
- Health New England (HNE)
- Helping to End Addiction Long-term (HEALing) Communities
- In Focus Springfield
- Martin Luther King, Jr. Family Services (MLKFS)
- Mason Square Health Task Force (MSHTF)
- Massachusetts Department of Public Health (MDPH)
- Massachusetts Public Health Association (MPHA)
- MassMutual Foundation
- MassMutual Foundation
- Men of Color Health Awareness (MOCHA)
- MetroCare of Springfield
- MotherWoman
- New North Citizens' Council (NNCC)
- Perinatal Support Coalition of Hampden County
- Pioneer Valley Planning Commission (PVPC)
- Pioneer Valley Transit Authority (PVTA)
- Project Coach
- Public Health Institute of Western MA (PHWIM)
- Revitalize Community Development Corporation (Revitalize CDC)
- RideCare
- ROCA
- Springfield Department of Health and Human Services (DHHS)
- Springfield Food Policy Council
- Springfield Partners for Community Action (SPCA)
- Springfield Public Schools
- Springfield Public Schools (SPS)
- Square One
- Tapestry Health
- TD Bank Foundation
- Town of West Springfield
- Urban League of Springfield
- Valley Opportunity Council (VOC)
- Way Finders
- Western MA Health Equity Network (WMHEN)
- YMCA of Greater Springfield

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.

Appendices