

Community Benefits

STRATEGIC IMPLEMENTATION PLAN (SIP)

2020-2022

Adopted by the Baystate Health Board of Trustees on January 14, 2020
Adopted by the Baystate Wing Hospital Board of Trustees on February 3, 2020



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Introduction

Executive Summary

In 2019 **Baystate Wing Hospital** (Baystate Wing) 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 Wing 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 Wing 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 Wing'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 Wing'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 Wing 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 WING) |
|---|-------------------------------------|
| 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 Wing Hospital (Baystate Wing) is a 74-bed facility located in Palmer, Massachusetts helping people in a service area that includes three counties – Worcester, Hampden and Hampshire. The hospital serves approximately 120,000 residents in seventeen towns, with over half this population living in Belchertown, Ludlow, Palmer, Wilbraham and Ware. The expanded Emergency Department (ED) provides 24-hour comprehensive emergency services for adults and children. The ED includes a six-bed critical care unit and is a primary stroke center designated by the Massachusetts Department of Public Health (MDPH). Baystate Wing and its team of 500 dedicated employees provide comprehensive, personalized, and high-quality inpatient and outpatient behavioral health and addiction treatment services through the Griswold Behavioral Health Center and the Center for Geriatric Psychiatry. Baystate Wing's five medical centers, located in Belchertown, Ludlow, Monson, Palmer, and Wilbraham, offer outpatient services and primary care provided by physicians who specialize in adult family medicine, internal medicine, geriatric medicine and pediatric medicine. A satellite facility, Baystate Mary Lane Outpatient Center (Baystate Mary Lane) offers 24-hour emergency services, and outpatient medical, surgical, ancillary, and cancer care.

Baystate Wing 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 Wing 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 Wing 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.

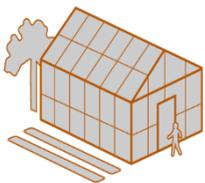
Community Benefits Mission: To reduce health disparities, promote community wellness and improve access to care for priority populations.

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.

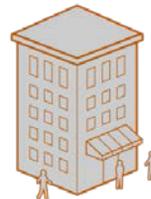
As an anchor institution, Baystate leverages its economic output through three pillars: **local hiring, local sourcing** and **place-based investing**; simultaneously addressing Baystate’s operational needs and social determinants of health in its communities. Baystate’s anchor institution role takes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

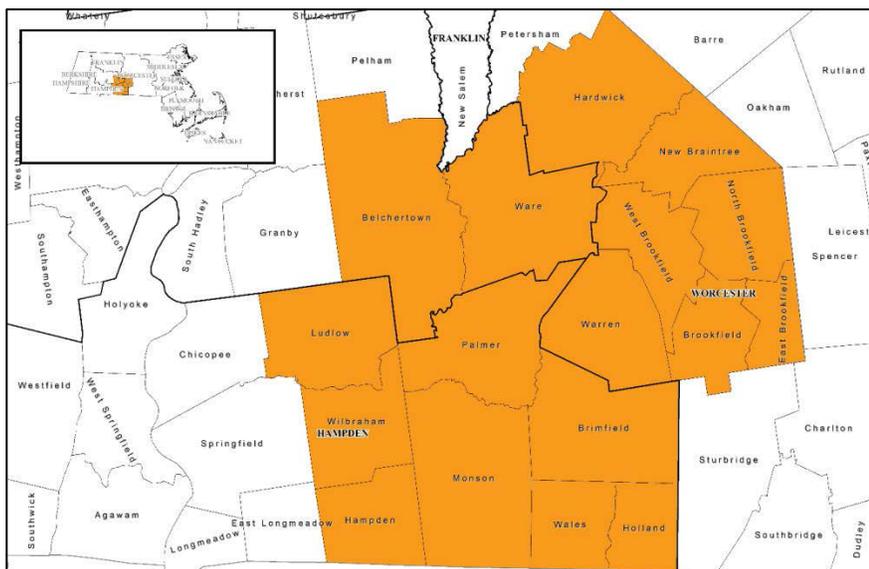
For the purposes of the 2019 CHNA and SIP, Baystate Wing’s service area is the region that is also known as the **Quaboag Hills**. The region is 90 miles west of Boston, 30 miles northeast of Springfield and 30 miles west of Worcester, representing **17 communities** in a 440-square mile region in west-central Massachusetts with a total population of 122,033. Numerous small, rural towns make up the region (Belchertown, Brimfield, Brookfield, East Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Spencer, Wales, Ware, Warren, West Brookfield, and Wilbraham) which crosses three County lines (Hampden, Hampshire, and Worcester Counties) (Figure 5). The towns are comprised of densely populated former mill villages surrounded by rural areas and developing commuter neighborhoods. Understanding the geographic area and population demographics of the community served by Baystate Wing 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 Baystate Wing’s Service Area

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

Source: Population Division, U.S. Census Bureau

Figure 2. Baystate Wing’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 western Massachusetts and the Quaboag Hills region 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 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 |
| Veterans |

Significant Health Needs Identified in CHNA

Summary of Significant Health Needs

The CHNA conducted in 2019 identified the significant health needs within Baystate Wing'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 focus groups and interviews with key informants, plus five interviews with public health leaders, conducted for the 2019 CHNA; and 4) community input from one Community Conversation, one Community Forum, and 12 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 |
| Housing Needs |
| Resources To Meet Basic Needs |
| Social Environment |
| Violence and Trauma |
| BARRIERS TO ACCESSING QUALITY HEALTH CARE |
| Health Literacy and Language Barriers |
| Insurance and Health Care Related Challenges |
| Care Coordination |
| Limited Availability of Providers |
| Culturally Sensitive Care |
| Transportation |
| HEALTH CONDITIONS AND BEHAVIORS |
| Alzheimer's Disease and Dementia |
| Chronic Health Conditions |
| Infant and Perinatal Health |
| Mental Health and Substance Use |
| Need For Increased Physical Activity and Nutrition |

Criteria Used to Identify Priority Focus Areas

Baystate Wing’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 Wing 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 Wing’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 Wing CBAC engaged in a two-step voting process to determine which of the 16 significant health needs would be the priority focus areas for the SIP.

Step One: Choosing a Primary Social Determinant of Health

Members reviewed the social determinants of health voted upon by the “community voice” through the chats and conversations in the 2019 CHNA. The initial goal was to determine, at minimum, one social determinant to include in the SIP. The top two determinants chosen by the community were Social Environment and Education. The CBAC desired to align their vote with the community voice, but requested additional time to learn more about the determinants before voting. An online survey was distributed for members to vote and select between Social Environment and Education.

Step Two: Other SIP Priorities

Following the survey vote, the Baystate Wing CBAC selected Social Environment. For the selection of the remaining SIP priorities, the CBAC referred back to the 2016 Implementation Strategy and agreed work still needed to be done in previous focus areas. Therefore, the collective decision was made to move forward Domestic Violence, Access to Basic Needs, and Mental Health and Substance Use as the three other priority focus areas in the 2020-2022 SIP.

Summary of Priority Focus Areas

Baystate Wing 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. People in focus groups and key informant interviews spoke of the negative effect that social isolation has on health and the health value of being part of a community. While the region is not very diverse by race and ethnicity, experiences of interpersonal and structural discrimination as well as social exclusion can create barriers to being able to access services and social determinants of good health.

The 2019 CHNA identified institutional and systemic racism continue as major sources of health inequities. Experiences of interpersonal discrimination, systemic racism and other forms of exclusion can serve to socially isolate people, and have consequences for mental and physical health. Policies and practices of systems of government, cultural norms, and institutional discrimination impact people's health every day. Participants in focus groups and key informant interviews shared their experiences, and provided examples of institutional racism and other forms of institutionalized oppression:

- lack of sensitivity of transgender issues socially isolates transgender people who don't pass as the gender they identify as
- people with substance abuse and mental health disorders face discrimination in the medical system
- rural populations feel that their priorities get "kicked down the road"
- youth of color report being stereotyped by peers, teachers, and mention that "doctors shame and threaten parents that they should take better care of their kids."
- children with disabilities face a high rate of bullying in schools
- substance use disorder recovery coaches are not paid or have very low pay, and there is very little training and no certification, which systematically marginalizes and devalues recovery services
- marginalized youth don't often see teachers, counselors, community staff who look like them or have had the same kinds of experiences they have
- the administrative level of health care does not feel friendly to transgender people. Forms and protocol disregards preferred names and gender identity, and asks patients to fill out forms with inscrutable questions about transgender status

Mental Health and Substance Use

Mental health and substance use were identified as the most urgent health needs/problems impacting the area, as identified in local and regional interviews and focus groups and survey data of school districts in the Baystate Wing service area under the auspices of the Quaboag Hills Drug Free Communities project.

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, specifically opioid use, were of particular concern.
- Opioid use disorder, which has been declared a public health emergency in Massachusetts, is impacting residents with high opioid related hospitalization rates in Ware and Palmer.
- Tobacco use remains high with an estimated 16-21% of adults that smoke.
- Rates of youth vaping nicotine-based products is a major concern; over 25% of 12th grade students in the Quaboag Hills region say that they vaped in the past 30 days.

Basic Needs

Baystate Wing service area residents struggle with poverty and low levels of income. The connection of poor health with poverty, low levels of income, and access to fewer resources is well established. People who have lower incomes are more likely to be negatively impacted by chronic stress associated with challenges in securing basic necessities that impact health, such as housing, food, and access to physical activity. People of color have higher rates of poverty and lower levels of income than whites.

- Parts of Ware, Palmer, and Ludlow have poverty rates greater than 15%.
- In Warren, nearly 40% of the population lives in households at or below 200% of the federal poverty level, a measure which offer a better glimpse of individuals who are low-income and may lack resources to meet basic needs.
- Lower levels of education, concentrated in Ludlow, Palmer, and Ware, contribute to unemployment and the ability to earn a livable wage.
- Only 31% of service area residents have a bachelor's degree or higher (in Massachusetts, 42% do). Nearly 6% of the service area population is unemployed.

Domestic Violence

Key informant interviews and community members continue to identify domestic violence as a priority concern in the Baystate Wing service area. High rates of domestic violence were observed in Ware and Palmer. The impacts of domestic violence reach far beyond the person who is being abused. Children who are exposed to violence in the home are predisposed to many social and physical problems.

- Domestic violence advocates in the Baystate Wing service area serve approximately 580 survivors of domestic and sexual violence and their children per year.
- At 21%, Ware's per capita restraining order rate is twice that of the other six towns served by the Eastern Hampshire District Court (Hadley, Belchertown, Granby, Amherst, Pelham, and South Hadley). This rate has remained steady for 18 years of collaborative community work by the members of the Ware River Valley Domestic Violence Task Force.⁵³
- Because of low vehicle ownership rate, lack of public transportation, and limited social services, survivors of domestic violence in Ware turn to one of the few tools available to them: advocacy services and restraining orders.
- In the 2017 Quaboag Hills Prevention Needs Assessment Survey (PNAS) 17% of middle and high school students said they had a friend who had been abused by a dating partner

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

Significant Health Needs Not To Be Addressed

Baystate Wing 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 Wing, 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 Wing due to limited resources (time, talent, and treasure). It's important to note that although Baystate Wing 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 Wing 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 Wing's direct or indirect efforts to address the need, as well as community-based organizations addressing the need. To learn more about Baystate Wing'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 WING | | COMMUNITY |
|--|---|---|---|
| | DIRECT | INDIRECT | |
| SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH | | | |
| BUILT ENVIRONMENT: ACCESS TO TRANSPORTATION, HEALTH CARE, HEALTHY FOOD, AND PLACES TO BE ACTIVE | | <ul style="list-style-type: none"> Quaboag Connector Mobile Food Pantry Senior Brown Bag Program | <ul style="list-style-type: none"> Quaboag Valley Community Development Corporation (QV CDC) Quaboag Connector Ware Senior Center Food Bank of Western MA |
| HOUSING NEEDS | | | |
| BARRIERS TO ACCESSING QUALITY HEALTH CARE | | | |
| CARE COORDINATION | | <ul style="list-style-type: none"> Poverty Simulations | <ul style="list-style-type: none"> 413Cares (Community Resource Database) |
| 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 | |
| TRANSPORTATION | | <ul style="list-style-type: none"> Quaboag Connector | <ul style="list-style-type: none"> Quaboag Valley Community Development Corporation (QV CDC) Quaboag Connector |
| 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 |
| CHRONIC HEALTH CONDITIONS | <ul style="list-style-type: none"> Moving, Improvement, Getting Healthy, Together at the YMCA (MIGHTY) at YMCA of Scantic Valley | | <ul style="list-style-type: none"> YMCA of Scantic Valley |
| INFANT AND PERINATAL HEALTH | | <ul style="list-style-type: none"> Perinatal Support Coalition of Hampden County | |
| SEXUAL HEALTH | | | <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 Wing’s response to its community’s health needs, the following upgrades have been made to the SIP document:

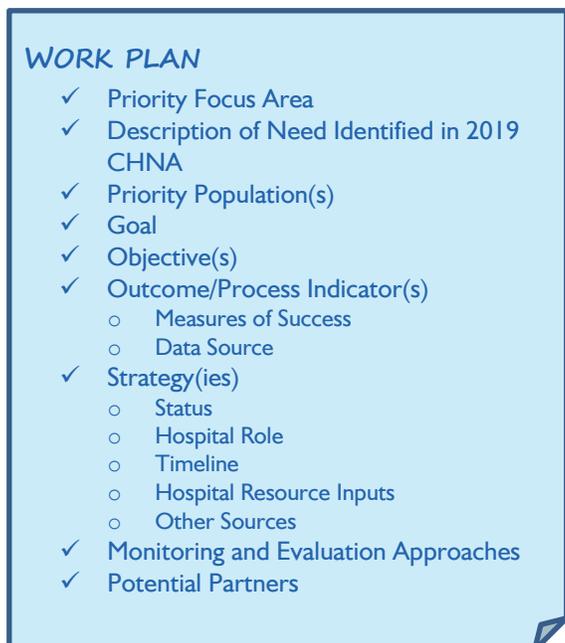
- Adoption of the term “Strategic Implementation Plan” in place of the IRS term “Implementation Strategy”. The term SIP better reflects the spirit and intent of the document, as well as the hospital’s efforts to address identified needs.
- Reorganization and condensing of SIP content. Glossaries of terms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

- Baystate Behavioral Health
- Baystate Health Foundation (BHF)
- Baystate Medical Practices (BMP) Quabbin Pediatrics
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Wing Hospital Administration
- Behavioral Health Network (BNH)
- Brookfield Institute
- Bulkley Richard Law Firm
- Carson Center at Valley Human Services
- Collaborative for Educational Services (CES)
- Education to Employment (E2E)
- Hardwick Youth Center and Food Pantry
- Hillside Village Apartments
- Highland Village Apartments
- Monson Savings Bank
- Quaboag Hills Community Coalition (QHCC)
- Quaboag Hills Substance Use Task Force (QHSUTF)
- Quaboag Valley Community Development Corporation (QV CDC)
- Retired Physician (representing West Brookfield)
- Town of Belchertown
- Town of Palmer
- Town of Ware
- Trinity Episcopal Church (Ware)
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)
- Ware Council on Aging
- Ware Public Schools
- YMCA at Scantic Valley

Overview: Priority Focus Areas Strategies

1. Social Environment

Goal: For all priority populations in the Baystate Health Eastern Region to report having a strong social environment.

Objective 1.1: TBD - DoN RFP under development

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

Objective 1.2: Increase opportunities for social connectedness through support groups within three years of strategy implementation.

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| Current Strategies: | In Development/Future Strategies: |
| <ul style="list-style-type: none"> • Brookfield Institute Female Veterans Program • Cancer Support Groups <ul style="list-style-type: none"> ○ Breast Cancer Support Group ○ Circle of Angels ○ Expressive Writing through Cancer ○ General Cancer Support Group ○ Partners in Caregiving • Healthy Relationships Support Group • MIGHTY at YMCA of Scantic Valley | <ul style="list-style-type: none"> • |

Objective 1.3: Increase community capacity to address social environment needs in the community through coalition work and training within three years of strategy implementation.

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| Current Strategies: | In Development/Future Strategies: |
| <ul style="list-style-type: none"> • Quaboag Hills Community Coalition • Seeds of Hope Group • Poverty Simulation • Seeds of Hope Professional Skills Intensive • Dialogues Across Difference | <ul style="list-style-type: none"> • 413Cares • Look4Help |

2. Mental Health and Substance Use

Goal: Increase access to treatment and recovery supports for priority populations with mental health diagnoses.

Increase prevention, treatment and recovery supports for priority populations with substance use disorder.

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

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| Current Strategies: | In Development/Future Strategies: |
| <ul style="list-style-type: none"> • Hampden County Addiction Task Force (HCAT) • Hampden County Health Improvement Plan (CHIP): Behavioral Health Domain • Hampden County Municipal First Responder Narcan Initiative • Hampshire Hope • National Night Out: (Palmer, Ware, Belchertown, Monson) • Quaboag Hills Substance Use Alliance • S.P.I.F.F.Y. Coalition • Worcester County Drug Assistance Task Force | <ul style="list-style-type: none"> • Quaboag Hills Community Health Improvement Plan (CHIP) • Regional Hospital and Community Provider Training: best practices in mental and behavioral health treatment • Regional Mental Health and Substance Use Symposium in May 2020 |

Objective 2.2: Increase access to equitable mental and substance use disorder treatment within three years of strategy implementation.

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| Current Strategies: | In Development/Future Strategies: |
| <ul style="list-style-type: none"> • Baystate Wing Griswold Behavioral Health Center • ED Recovery Coaches at Griswold Behavioral Health Center • QSHUA Professional Training: Staff and emergency response teams around people with reoccurring hospital visits | <ul style="list-style-type: none"> • Baystate Health Behavioral Health Hospital • Baystate Hospital Wing Earmark Opioid Grant • Ware Regional Peer Recovery Center |

Objective 2.3: Increase access to prevention-based initiatives within three years of strategy implementation.

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| Current Strategies: | In Development/Future Strategies: |
| <ul style="list-style-type: none"> • BWH Medication and Sharps Kiosks • Vaping Prevention Education • Teen Vaping PURCH Population Health Clerkship Project • Palmer Town Hall Sharps Collection • Narcan Education and Distribution • Project Redemption • Drug Free Communities Project (includes distribution of PNAS) | <ul style="list-style-type: none"> • |

3. Basic Needs

Goal: For all priority populations to have stable access to basic needs and/or emergency assistance as needed.

Objective 3.1: Increase coordination of, and access to, alternative transportation resources over three years after strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Quaboag Connector • Quaboag Valley Regional Transportation (QVRT) Committee | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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Objective 3.2: Increase the number of food secure individuals in the BHER service area over three years after strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Belchertown Food Pantry • Brown Bags for Older Adults • Hardwick Food Pantry • Jubilee Food Cupboard • Mobile Food Pantry | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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Objective 3.3: Increase access to other basic needs and essentials for priority populations within three years of strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • BHER Back to School Drive • BHER Holiday Drive • Common Goals – Seeds of Hope • Jubilee Diaper Ministry Donation • Maria Hasting’s Trust in Town of Ware: specifically for seniors • Planned Approach to Community Health (PATCH) – basic needs advocacy | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • Quaboag Hills Community Coalition Emergency Fund |
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4. Domestic Violence

Goal: End domestic violence in the Baystate Health Eastern Region service area for all priority populations.

Objective 4.1: Increase community capacity to acknowledge, advocate for and respond to domestic violence.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Baystate Health Eastern Region Domestic Violence Task Force • Palmer Domestic Violence Task Force • Ware River Valley Domestic Violence Task Force • Youth led - Ware Students Domestic Violence Task Force | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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Objective 4.2: Increase knowledge, skills, and attitudes around dating and domestic violence among youth in the Baystate Eastern region within three years of strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Quabbin DV School Programs • Quaboag DV School Programs • Ware River Valley Domestic Task Force – School Education • Youth-led Ware High School Domestic Violence Task Force | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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Objective 4.3: Increase knowledge, skills, and attitudes around domestic violence within three years of strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Annual Domestic Violence Awareness Walk • Domestic Violence Community Chats Training • Domestic Violence Task Force Education (provided by Behavioral Health Network (BHN)) • Domestic Violence Training for First Responders • Quaboag Connections TV Show Domestic Violence Spotlights | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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Objective 4.4: Increase the number of domestic violence advocates in the Baystate Eastern Region service area within three years of strategy implementation.

Increase the number of individuals served by domestic violence advocates in the Baystate Eastern Region service area within three years of strategy implementation.

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| <p>Current Strategies:</p> <ul style="list-style-type: none"> • Hospital-based Domestic Violence (DV) Advocate • Civilian Police Advocacy • Palmer PATCH DV Advocate • Quaboag Region PATCH DV Advocacy • Valley Human Services Adult Education Center Support Group • Hillside Highland Village Support Group | <p>In Development/Future Strategies:</p> <ul style="list-style-type: none"> • |
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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 Wing 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 Wing'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 Behavioral Health
- Baystate Health Foundation (BHF)
- Baystate Medical Practices (BMP) Quabbin Pediatrics
- Baystate Office of Diversity and Inclusion (D&I)
- Baystate Wing Hospital Administration
- Baystate Wing Hospital Public Affairs and Community Relations
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)

EXTERNAL STAKEHOLDERS

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| <ul style="list-style-type: none"> • Bulkley Richard Law Firm • Carson Center at Valley Human Services • Collaborative for Educational Services (CES) • Community Action Pioneer Valley (CAPV) • Education 2 Employment (E2E) • Hardwick Youth Center and Food Pantry • Monson Savings Bank • Planned Approach to Community Health (PATCH) • Public Health Institute of Western MA (PHIWM) • Quaboag Hills Community Coalition (QHCC) | <ul style="list-style-type: none"> • Quaboag Hills Substance Use Task Force (QHSUTF) • Quaboag Valley Community Development Corporation (QV CDC) • Town of Belchertown • Town of Palmer • Town of Ware • Trinity Episcopal Church • Ware Council on Aging • Ware Public Schools • YMCA at Scantic Valley |
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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 |
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| 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. |