

Baystate Franklin Medical Center

Greenfield, Massachusetts

FY 2021 Community Benefits Annual Report

October 1, 2020 – September 30, 2021

As filed with Massachusetts Office of the Attorney General

EXECUTIVE SUMMARY

ORGANIZATION	Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-0211 baystatehealth.org
PRIMARY SERVICE AREA	Franklin County and North Quabbin Region
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	89
NUMBER OF EMPLOYEES	438.08 FTEs*
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDING BRL)	90.0% White; 4.1% Hispanic; 1.9% Black; 0.8% Asian; 0.1% American Indian/Alaskan Native; 0.0% Native Hawaiian/Other Pacific Islander; 3.1% Other/Unknown
PAYER MIX OF PATIENTS	4,653 Inpatient Discharges 49.95% Medicare; 24.16% Medicaid; 19.84% Managed Care; 0.43% Non-Managed Care; 5.63% Other
ANNUAL EMERGENCY SERVICES STATISTICS	16,577 Emergency Service Visits 31.56% Medicaid; 1.35% Free Care; 2.73% Healthnet; 0.03% Commonwealth Care; 64.34% Other
CHIEF ADMINISTRATIVE OFFICER	Ronald Bryant President, Baystate Franklin Medical Center – Northern Region 164 High Street, Greenfield, MA 01301 413-773-2394 ronald.bryant@baystatehealth.org
COMMUNITY BENEFITS CONTACT	Annamarie Golden Director, Government and Community Relations 280 Chestnut Street, 6 th Floor, Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Franklin Medical Center, located in Greenfield, Massachusetts is an 89-bed acute care hospital that boasts a state-of-the-art surgical center. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/ midwifery. Outpatient services include cardiology, cardiac rehabilitation and wellness, 24-hour emergency services, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine.
DHCFP ID	2120
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH	#2 Upper Valley Health Web Franklin County

NETWORK AREA (CHNA)

* BASED ON FY 2021 DATA

COMMUNITY BENEFITS MISSION STATEMENT

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

BFMC shares and supports **Baystate's Community Benefits Mission Statement¹ "to reduce health disparities, promote community wellness and improve access to care for vulnerable populations."** Baystate critically analyzes all elements needed for individuals, families, and community to thrive, which includes critical analysis of the social determinants, such as economic opportunity, affordable housing, education, safe neighborhoods, food security, social environment, and arts/culture— all elements that are needed for individuals, families, and communities to thrive.

BFMC aims to improve the health status of individuals and communities by focusing its limited community benefits and charitable resources on upstream, population-based initiatives and interventions. In 2016, Mark Keroack, MD, MPH, President and CEO, Baystate Health, signed the **American Hospital Association's #123Equity Pledge**. With support from the Office of Government and Community Relations, Baystate is investing resources to increase awareness and build capacity among its 13,000 team members and community partners on related topics including cultural humility, health equity, social determinants of health, and implicit bias in health care. Since 2020, Baystate Health also adopted the Dignity Model, created by Dr. Donna Hicks, as a framework to strengthening relationships in the workplace among employees, leaders, and patients. The **Dignity Model** is also a tool for conflict solution. Through its Elevating Dignity dialogue series and Baystate's leadership commitment to reading "Leading with Dignity" and putting it into practice, the hospital system aims to enhance the organization's overall success.

BFMC is committed to applying a **health equity** lens to current and all future community health planning and improvement efforts. This will be demonstrated through future hospital community benefits investments that support projects and initiatives that are intentional in how they address health equity (health disparities and inequities). BFMC looks forward to sharing its health equity journey through annual status reports filed and posted electronically on the Equity of Care website, including the actions taken to date, challenges faced, and results from these efforts, and lessons learned that may be helpful for other organizations.

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

- Focus on prevention and increasing access to quality, culturally humble health care;

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

- Focus on amelioration of root causes of health disparities and inequities, including related social and economic determinants;
- Measure improvements in community health status that result from its efforts; and
- Invest the time, talent, and resources necessary to accomplish these goals.

BFMC PRIORITY POPULATIONS

- Black and Latino residents
- Children who have experienced trauma
- LGBTQ+ youth
- Older adults
- People reentering the community after incarceration
- Residents with incomes below 300% of the federal poverty level
- Transgender, non-binary, and gender nonconforming people

BFMC's priority populations are publicized on the hospital website at baystatehealth.org/communitybenefits and the Massachusetts Attorney General's website.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

The **Baystate Franklin Medical Center Community Benefits Advisory Council (BFMC CBAC)** continued to diversify and expand its membership and guest list throughout FY 2021. The BFMC CBAC continues to meet monthly (fourth Thursday) and is co-chaired by a hospital leader and a community representative. Due to COVID-19, meetings were switched to Zoom and continues to have success with this meeting platform.

Baystate Health hosted its first annual **community benefits forum** at all four system hospitals in June 2021. Hospital leaders, CBAC members, and representatives from the local County Health Improvement Plan (CHIP) networks shared in the program to inform the community about local health initiatives and collaboration across partners to increase the well-being of the region. The goals of the forum were to:

- Increase the understanding of Baystate Health's Community Benefit Program, its CB strategies and initiatives and how they align with/complement the CHIP process and other community efforts
- Provide input to Baystate Health around key questions impacting the community
- Gain awareness of ways to stay informed/engaged with Baystate Health

BFMC continues to be a member of the **Coalition of Western Massachusetts Hospitals and Insurer (Coalition)**, a partnership between eight (8) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service area covers the four counties of western

Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct their **community health needs assessments (CHNA)** and address regional health needs. BFMC worked in collaboration with the Coalition to conduct the 2019 CHNA, and is already in collaboration with its community advisory body, the Regional Advisory Committee (RAC), for the 2022 assessment. Each CHNA iteration builds on the previous assessment so BFMC can better understand the health need trends of the communities served and meet its fiduciary requirement as a tax-exempt hospital.

In preparation for the 2022 CHNA, Baystate Health began an early convening of its **Regional Advisory Committee (RAC)**, a group composed of Coalition members, residents, community-based organizations and local officials that help co-create the guiding values, data collection, community engagement and design of the reports. In response to a desire from the RAC to start the CHNA design process earlier, members began convening in December 2020 to recruit and build diversity of members for the 2022 iteration. Members gave input into the organizational and power-sharing framework between the RAC community members and Coalition representatives. New additions this year included the development of a hospital and community dual co-chair model for the RAC, integrating community representatives into the Steering committee (previously exclusive to Coalition and consultant team) and the formal creation of guiding values that would help inform all aspects of the CHNA process and written report.

The Coalition engaged **Public Health Institute of Western Massachusetts (PHIWM)** based in Springfield, Massachusetts, as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, based in Northampton, Massachusetts; Franklin Regional Council of Governments, based in Greenfield, Massachusetts; and Pioneer Valley Planning Commission, based in Springfield, Massachusetts. These consultants remain the same for the 2022 CHNA implementation.

Formerly referred to as the “DoN Grant Program,” Baystate’s system-wide **Better Together Grant** opportunity unites health care and community-based nonprofit organizations across Baystate’s service areas to shape future health care and human services. The aim is to develop approaches that, by targeting the social determinants of health (SDoH), will improve people’s overall well-being and make communities healthier places to live. Better Together is a system-wide grant program, yet each hospital entity convenes its own application process in partnership with the hospital CBAC and with support from the Office of Government and Community Relations. In FY 2021, the BFMC CBAC embarked on a new Request for Proposals (RFP) process that sought to address and improve Social Environment outcomes in Franklin County and the North Quabbin. At the close of the RFP, four grant awards were made to the following organizations, totaling \$307,000 in investments: Community Action Pioneer Valley, Just Roots, Musica Franklin and Stone Soup Café. More details on these grantees can be found below.

PHIWM provides evaluation and program planning expertise to support all Better Together grantees in the development and implementation of their program evaluation. PHIWM continues to provide training and technical assistance to grantees, in addition to regularly attending the CBAC meetings and providing input into future RFP processes. Grantees share summaries of their grants and discuss what they would like from a Community of Practice, including learning from other grantees, sharing evaluation tools and databases being used, and learning about topics such as community

engagement, cultural humility, and understanding policies affecting health equity. Other topics of interest expressed by grantees include technical assistance around sustainability and racial justice.

Following the 2019 CHNA, BFMC developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BFMC to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, BFMC, in partnership with its CBAC, identified five (5) high-priority health needs to be the focus of current and future hospital community health planning efforts. BFMC will address the focus areas through existing hospital resources, programs, services, and grant investments, as well as future grant investments and in-kind resources. These strategic priority health needs, as identified through the 2019 CHNA and prioritization process are:

1. **SOCIAL ENVIRONMENT:** BFMC recognizes the association between having a strong social environment (social capital, cohesion, exclusion/inclusion, racism, etc.) and better health outcomes. There is a need for investing in community initiatives which continue to build social environments, especially for priority populations.
2. **MENTAL HEALTH AND SUBSTANCE USE:** BFMC recognizes a continued, urgent need for improved access to behavioral health services and increased resources for substance use treatment and prevention, especially for youth (bullying, skill building, and prevention of mental health disorder development).
3. **BUILT ENVIRONMENT:** Residents of the BFMC service area continue to encounter barriers to care caused by many built environment elements including transportation, access to care, food insecurity, and broadband internet access.
4. **CARE COORDINATION:** BFMC recognizes patients present with a wide host of needs. Patient outcomes are the best when all of their needs are addressed in a coordinated, seamless way.
5. **CHRONIC DISEASE PREVENTION, MANAGEMENT, AND INTERVENTION:** High rates of obesity, cardiovascular disease, diabetes, asthma, chronic pulmonary obstructive disease, and associated morbidities impact residents residing within BFMC's service area.

Because of the urgent healthcare needs and attention required of employees and volunteers to address COVID-19, the SIP documents were not formally updated to capture progress in data for the fiscal year. The aim of the Community Relations Office and CBACs is to revise these SIPs at the close of the next 2022 CHNA.

Built Environment & Care Coordination

The **Alliance for Digital Equity (the Alliance)** emerged from a broad community engagement and conversation process led by Baystate Health's Vice President for Community Health, Frank Robinson, in summer 2020. The conversations involved over 150 individuals from Hampden, Hampshire, and Franklin counties, gathering online during the course of three meetings. The focus of the project was to frame an understanding of the digital divide in Hampden, Hampshire, and Franklin counties of Western Massachusetts. In fall 2020, a group of approximately 30 individuals, representing a breadth of organizations, followed up with the goal of bringing attention and action to the digital equity issues that were highlighted from the summer conversations. The term "digital

divide” refers to the gap between people who are able to benefit from digital technologies and those who cannot. The digital divide creates economic, educational, and social inequalities. The digital divide has impacts that cut across all aspects of life and our society. Digital equity is the ideal in which all people and communities have equal access to digital equipment and access to the internet via broadband or Wi-Fi—as well as digital proficiency. Digital equity ensures that all people have the opportunity and capacity to participate fully in our society, economy, and democracy. Digital equity is necessary for civic and cultural participation, employment, lifelong learning, and access to essential services. Up to date information about the Alliance activities can be found at www.AllianceForDigitalEquity.com.

In 2020, BFMC was awarded a \$1 million federal Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) grant to create the **Bridge Team** whose focus is supporting people with, or at risk for, Opioid Use Disorder (OUD) in the service area. The Bridge Team is a consortium of interdisciplinary team members from across multiple community-based organizations including medicine, behavioral health, peer recovery coaches, and harm reduction working collaboratively in a voluntary, self-referring process. By providing short-term case management, the Bridge Team provides connection with longer term supports and services, depending on the wishes of the person. Rural Franklin County and North Quabbin experience unique health needs and inequities based on structural barriers. For this reason, it was important that the Bridge Team be mobile. Population density is low and geographically spread out across 1000 square miles. Transportation is limited, people must often travel far distances for care, providers are scarce, specialists are few or located in other counties, and care coordination is lacking. The Bridge Team continues to communicate with stakeholders across the region to better identify, engage, and assess people with OUD or at risk for OUD.

In FY21, The Bridge Program was able to officially launch, despite the COVID-19 pandemic, in February 2021. The Bridge Team, consisting of nurses, Recovery Coaches, Harm Reductionists, CHWs, and an NP, and two new physicians who are addiction medicine trained. The team bridges and directly supports individuals with these services:

1. Suboxone (buprenorphine) short-term prescribing, including home-induction. -- clients must be open to transferring to a long-term prescriber.
2. Navigating other medications for Opioid Use Disorder – Ascertain what other medications and/or treatment options (Methadone, Sublocade, Vivitrol, etc.) may meet the person’s needs, and connecting with local providers.
3. Short-term transportation – on an as-needed basis
4. Making connections to address basic needs – health insurance issues, identification, food, housing, etc.
5. Harm Reductions – Provide sterile injection supplies, support, and education to more safely use drugs through consortium partner Tapestry Health.
6. Peer Recovery Coaching support from trained, non-medical person in recovery who works with people one-on-one, to walk with through a person’s unique recovery process. Peer Recovery Coaching is offered through our consortium partner – The Recover Project.
7. The Bridge Consortium quickly realized that health care providers in the region would benefit from an on-call Addiction Service, and patients would benefit from lower barrier access to prevention, treatment and recovery activities. The team was able to pivot focus to be more pro-active in outreach and engagement by creating a process to refer to a new addiction trained physician in the BFMC emergency room, inpatient and outpatient settings. Also, a benefit was seen in shifting where the Bridge Team could best provide services of value to

the participants by embedding the Bridge RN into the Harm Reduction Clinic at Tapestry Health.

Baystate is a current funder of **the Franklin County/North Quabbin Regional Community Health Improvement Plan (CHIP)**. In FY 2021, Ron Bryant, President, BFMC, continued serving on the CHIP steering committee, and was joined by Cheryl Pascucci, Population Health Manager. FY 2021 was a significant year for the CHIP: launched a new 3-year plan, with work groups and action plans focused on policy, systems, and environmental changes related to three priority health indicators: age at first use of addictive substances, symptoms of anxiety and depression, and Type 2 diabetes. The CHIP's quarterly network meetings and annual County Health Rankings presentation provided opportunities for long-term stakeholders to stay involved and for community members and professionals to engage. Work groups focused on each of the 2021-2023 CHIP goals began to implement the evidence-based strategies identified in their Year 1 action plans, and the Health Equity Data work group embarked on an analysis of the impact of COVID-19 on our region's current and future health. During FY 2021, CHIP staff also worked closely with Baystate and Community Action Pioneer Valley representatives on a HRSA-grant funded Rural Health Network planning process that resulted in a more robust and unified understanding of our region's strengths and needs related to coordinated care.

Throughout FY 2021, the **Franklin County Perinatal Support Coalition (FCPSC)**, a multi-sector and provider initiative continued its mission to create a safety net to promote optimal perinatal emotional health for pregnant and postpartum women in Franklin County. Chaired by Linda Jablonski, RN, Program Director of MDC EMPOWER at BFMC, the FCPSC consists of multiple service providers in Franklin County who collaborate to identify and address barriers to care for women at risk for perinatal emotional complications and substance use disorder. FCPSP continues to be active in the community, partnering with community organizations to sponsor trainings and address barriers to care such as housing insecurity and access to care. Since 2020, coalition agencies have partnered to address the unique challenges of delivering care during COVID-19. Coalition members meet every month, reporting how they were maintaining frontline support during COVID-19 restrictions and sharing resources. Providing technology for telehealth visits, on-line support groups, delivering meals, and re-designing workflow are just a few examples of the innovative solutions created by our community partners.

BFMC provides **financial counseling** services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to identifying and meeting their client's health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking their clients to health insurance and community resources. There has been an increase in providing additional community support, including assisting patients with finding a new primary care physician, providing information on behavioral health services, and also contacting pharmacies to straighten out insurance issues. As the Health Connector grows in functionality, the Financial Counselors at BFMC are also dealing with more complex billing issues, such as escalating and tracking accounts, filing appeals, and referring/coordinating with Health Care for All pro bono lawyers for cases beyond their scope. BFMC Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state

to assist the community in applying for state and federal health care programs. In FY 2021, 522 clients were served.

Mental Health and Substance Use

The Perinatal Support Coalition continues to collaborate with the Birthplace at BFMC and Pioneer Women's Health to coordinate the **Moms Do Care EMPOWER program** at Baystate Franklin. The program provides a medical/behavioral health home to pregnant, postpartum, and parenting women with opioid use disorder (OUD) have healthy babies and pursue healthier futures. Funding for this program has been renewed for four more years of State Opioid Response funding through 2026 from the Substance Abuse and Mental Health Service Administration (SAMHSA). The DPH has extended funding and expanded eligibility criteria to include Opioids, Stimulants and Alcohol. The program provides peer support through recovery coaches and doulas who partner with women in pregnancy and up to 1 year postpartum. Care Coordination and Service Navigation are also provided through obstetric and midwifery providers as well as a licensed mental health counselor. The EMPOWER program currently serves approximately 30 women and families in Franklin County each year

BFMC OBGYN Julie Thompson, DO, co-chairs the **Opioid Task Force's Healthcare Solutions Committee**, which brings together medical and behavioral health providers, regional and state government, and others to improve care for those with SUD. The committee aims at strengthening collaborative efforts among rural health care providers to curb opioid overprescribing and increase trauma-informed training opportunities for health and medical professionals. Others who serve on this committee include: Dr. William Soares, Emergency Medicine; Dr. Mark Klee, Clinical Pharmacy Specialist; Dr. Kinan Hrieb, Chief of Medicine; Deb Provost, Vice President/Chief Nursing Officer/Chief Administrative Officer; Cheryl Pascucci, Director, Population Health; and Katy Robbins, Manager, Bridge Team. Ron Bryant, President, BFMC, serves on the Opioid Task Force's Executive Council.

Chronic Disease

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants. In FY 2021 the MIGHTY program in Greenfield had a very successful and busy year, enrolling and serving 11 children and their families. It continues to expand with several new programmatic options and increased staff for both exercise and nutrition.

Social Environment

Community Action Pioneer Valley (CAPV) received a three-year, \$100,000 Better Together grant to support their **Youth Partnership for Social Change and Healing Justice** initiative. The project expands on the existing Youth Access Partnership (YAP), with the addition of a

Youth/Young Adult (YYA) Health Navigator, who serves as a liaison between YYA-serving organizations and health and mental health providers to facilitate trauma-informed referrals and provide health equity guidance in community and clinical care settings. Grounded in the principles of Positive Youth Development and healing justice, the YYA Health Navigator develops and supports CAPV's YYA Council to provide community oversight and evaluation of YAP interventions, advocate for the expansion of health equity policies and systems at local institutions, and coordinate collective action to improve the health of YYAs in our community. Positive YYA leadership development practice bolsters protective factors and acts as a buffer to the impact of stress and discrimination faced by marginalized YYAs, while centering and uplifting their voices to create meaningful social change. This cross-agency youth council promotes collaborative improvements in inclusive youth-friendly systems and policy changes in the area's youth-serving organizations, and to evaluate these improvements. During FY21, CAPV:

- launched a shared referral form to use between partner organizations. This referral form facilitates referrals to Community Action Youth and Workforce Development Programs, Community Health Center of Franklin County, Center for Human Development and The Brick House Resource Center. Youth and young adults identified that making a phone call or walking into an agency as a barrier to seeking services. The shared referral form allows young people to connect themselves to services without having to share their story, identity, or access needs to a disembodied voice on the phone or with a stranger they have never met.
- created a General Interest Form that community members who are not connected to the community partners can make referrals directly to Community Action Youth and Workforce Development Programs. 31 referrals were made directly to the organization in this fiscal year. Once a participant is connected to Community Action Youth and Workforce Development programs, staff are then able to support them in making referrals to partner organizations using this shared referral tool.
- hosted a hybrid Community Launch event, which welcomed youth and young adults from the community to learn more about the Youth Council, as well as additional opportunities at Community Action Youth and Workforce Development. This group was an equal mix of community and current participants, with 23 participants. This was a huge success, and allowed participants to build and create a stronger sense of community and support

Just Roots received a two-year, \$108,474 Better Together grant to support its **Everyone's Farm to Everyone's Table** initiative. This funding aims to expand the reach of the year round, subsidized CSA farm share program by 25%. CSA's are clinically proven to improve health & decrease food insecurity and have proven to build social and mental well-being. This initiative includes home-delivery and is pivoting cooking and nutrition education and community building activities to at home or digital platforms. Just Root's program leverages the power of food as a connector to build community and health. In FY21, Just Roots:

- provided more than 6,000 individual boxes to members throughout the programs, and an additional 1,090 boxes from January through May of 2021
- developed an integrated Salesforce data management system. While requiring a significant amount of time and training to develop and utilize, Just Roots anticipates the system being invaluable in the management and evaluation of program data.
- Hired three key staff that dramatically improved ability to deliver programming. The new Grants and Contracts manager has significantly eased the administrative burden of grant application and reporting on program staff, the Community Engagement Coordinator has developed recipes, newsletter content, and food demonstrations to support key program

goals, and the new Community Care Coordinator is working to deepen relationships with program participants in Spanish and English.

- Maintained a customer attrition rate of 2.3%

Musica Franklin received a three-year, \$60,000 Better Together grant to support its **After School Music Program**. This funding expanded programming for youth from elementary through Grade 12, which includes music ensembles, private and semi-private lessons during school year and summer, and student performances at community nights. Students meet for nine months of the school year and a 5-week summer session, learning singing, drumming, step dance, and string ensemble. Playing in a music ensemble, students learn discipline, commitment, and cooperation. Performances at monthly Community Nights and local events build students' confidence and provide opportunities to give something meaningful back to the community. Musica Franklin provide a meal for all who attend the free public Community Nights, building community both within and beyond the program. Social environment indicators to be observed and measured include building a sense of belonging, feeling valued as member of a group, self-care, emotional regulation tools, empowerment, confidence, creative self-expression, respect for self, others, and the environment. In FY 21, Musica Franklin:

- transferred the Greenfield program from the LAVA Center, where they had been meeting when pandemic restrictions closed access to the Leyden Woods housing development where they previously met, to rented space at Temple Israel. Because the middle and high schools release earlier than elementary, they were able to establish a block of time dedicated to meeting the needs of older students in the program. Once a week, more experienced students from both Greenfield and Turners Falls come together for an intermediate-level strings sectional where they can learn more challenging music. On the other two Greenfield program days, older students arrive a half hour before the full ensemble for semi-private lessons and homework support. Musica Franklin currently have five students in middle or high school enrolled and hope to increase that number with additional staffing.
- created a memorandum of understanding at the Turners Falls site that allows Musica Franklin to enroll any students from the district, broadening their reach beyond Sheffield Elementary School where our program is housed.
- Hired a new, full-time Executive Director who began in September 2021, with fluency in the Spanish language and a personal background demonstrating the transformative power of music, giving him an easy rapport with families. With full-time leadership, Musica Franklin is better positioned to implement all aspects of our strategic plan, including the search for a dedicated program site, and have begun streamlining processes and procedures related to enrollment.

Stone Soup Café received a one-year, \$38,526 Better Together grant to support its **Community Needs Assessment** initiative. This funding will be used to train Café staff in trauma informed practices in order to create surveys, design interview questions, and outline data for community conversations that capture the lived experiences of the social environment in Franklin County. Stone Soup Café leverages its weekly meal opportunities to begin conversations about systemic injustices and services are being responsive to the community needs. In FY21, Stone Soup:

- completed a full 24 hours of training with a Nationally recognized trainer from the Community Resiliency Initiative, with 25 participants at the first training session, and 15 people who were able to complete the full course.

- Developed an online and mail-in survey to outreach to the community (in-lieu of in person meetings due to COVID)
- Plans on launching the surveys in October 2021

Other Needs Addressed that Align to CHNA

The University of Massachusetts Medical School – Baystate (UMMS-Baystate) regional campus, home to the **Population-based Urban and Rural Community Health (PURCH)** medical student track, has become a trusted partner to the Baystate CBACs. Representatives from the PURCH track are active participants at each group and collaborate with members on initiatives such as recruitment of UMMS-Baystate Community Faculty, Population Health Clerkship preceptors, Standardized Patients, Admissions Committee interviewers, and Poverty Simulation participants. The PURCH track community-based educational experience is framed and informed by the work of CBACs in addressing CHNA priority goals. In the BFMC service area, PURCH students have been able to partner with community organizations such as the Opioid Task Force, Franklin Regional Council of Governments, Clinical Support Option, Tapestry Health, Community Health Center of Franklin County, and the RECOVER Project. In FY21, students worked collaboratively with Baystate Franklin Medical Center with its Bridge Program and Tapestry Health.

A new initiative that blossomed in FY21 with the students was the **PURCH Give Back Program**. Over the years, students have recognized that local community-based organizations often require additional support in the form of funding, staffing, and resources (time, talent, and treasure). In order to respond to these identified needs, students recognized the value of being able to provide funding to social programs for priority populations, which address social determinants of health, health equity, and improve the overall well-being of communities that students learn from and work within. In partnership with Baystate Health’s Office of Government and Community Relations (OGCR), PURCH students have the opportunity to financially support eligible community-based organizations*, programs, or projects, using specific earmarked Baystate Health community benefits funding. Through this experience, students across all four years of the PURCH program will engage with specific community organizations and may identify an urgent, current, or emerging need. The PURCH students may then develop a proposal that addresses a specific organizational or programmatic need and addressing the social determinants of health. Students will have access to grant writing resources to assist in the development of funding proposals. Proposals will be submitted by students on behalf of the beneficiary organization. If determined by the Proposal Review Committee (PRC) to fund the proposal, after this time the beneficiary organization will be notified of the award by the student(s) whom submitted the proposal. The first Give Back Program project funded was an initiative entitled “Rainbow Kitchen” that looked to introduce healthy cooking classes to residents of a new LGBTQ+ residential living facility in Holyoke, MA, run by Tapestry Health.

As part of an annual tradition, Baystate team members generously donate **school supplies** to local elementary schools located in each of its four hospital communities. This year, Baystate Franklin employees chose to donate through the United Way of Franklin County Blooming Backpacks Initiative, serving students from elementary to high school.

The COVID-19 pandemic and holiday surge may have prohibited our hospitals from hosting their annual in **person holiday toy drives**, but it did not stop our employees from generously donating new toys/gifts to benefit local children during the holiday season. Each Baystate hospital created a

safe plan for employees to mail or deliver their toy donations. Franklin County children served by Community Action of Pioneer Valley's Family Center were the recipients of several dozen toys/gifts donated by Baystate Franklin team members.

Plans for Next Reporting Year

In FY 2022, BFMC, in partnership with its CBAC, will continue to engage and partner with the community to address unmet health care needs of residents. In addition to supporting local community-based efforts, BFMC will continue to pursue grant funds from outside sources in support of collaboration between the hospital and its community partners to enhance current or implement additional programs to meet the existing and newly identified needs of its target populations. BFMC will expand efforts to communicate to the general public about its community benefits activities, investments, and partnerships through press coverage, social media, and other means as appropriate.

As part of the new Attorney General guidelines, BFMC will also be completing a yearly self-assessment that measures and tracks community benefit progress. The self-assessment is a tool that helps ensure the hospital and its CBAC are investing resources into the prioritized health needs, as highlighted through the CHNA, as well as aligning these health needs to its implementation strategy.

CHNA Community Engagement

The CBAC, in collaboration with the Coalition and RAC, plans on expanding in the area of community engagement for the 2022 CHNA. After taking into consideration limitations with COVID-19 safety regulations, all community engagement will be virtual until further noted. The status of the following strategies is as follows:

1. Community conversations – large gatherings where the Coalition invites community stakeholders to discuss community health and social needs over a meal. (POSTPONED)
2. Community chats – smaller gatherings where Coalition members enter into existing meeting spaces to share and facilitate a dialogue around community health and social needs. (CONTINUED VIRTUALLY)
3. Community Listening Session – an open community meeting to share out on the CHNA and engage stakeholders around the process outcomes and share preliminary data (PENDING for next fiscal year)

The Office of Government and Community Relations will support the CHNA community engagement efforts starting fall of 2021, with a plan to train members of the RAC and Baystate employees on how to host community chats. PHIWM will assist with tracking and summarizing the qualitative data received.

Community Benefits Advisory Council

The BFMC CBAC will work with Baystate's Community Benefits Specialist on developing policies and procedures for the CBAC in FY 2022. Collaboratively, they will brainstorm and implement detailed documentation around a community benefits mission and vision statement, a revised CBAC charter, and standardized membership processes across the health system. The CBAC also aims to host another CBAC retreat in FY 2022, as COVID-19 limited the group's ability to do so this past fiscal

year. Additionally, CBACs will work in partnership with the OGCR to plan the next Community Benefits Forum – an annual, open community meeting to share out on the community benefits program and engage residents about ways Baystate can enhance its community impact.

Training and Capacity Building

BFMC, with support from the Office of Government and Community Relations, will identify training opportunities to build capacity among its community partners on related topics including, but not limited to: cultural humility, health equity, social determinants of health, implicit bias in health care, data collection and analysis (qualitative/quantitative), and program evaluation. BFMC intends to engage PHIWM whenever possible to facilitate and implement these capacity building trainings.

Opportunities for Funding

In an effort to increase accessibility and timely communication, Baystate will continue implementing and increasing awareness (internal and external) about its system-wide online sponsorship request and grants management system (Foundant). Among many benefits that community partners will appreciate is the ability to control organizational contact information; to draft, save, and submit online applications; and to upload documents and reports. All requests for BFMC funding (community benefits, social impact, marketing, and event sponsorships) will be required to apply online via this upgraded system and according to the corresponding funding cycle (three per year). Funding decisions will remain at the local hospital leadership level.

The BFMC CBAC, with support from the Office of Government and Community Relations, will release another Better Together Request for Proposal (RFP) in FY 2022 and award funding to local community-based organizations and community health initiatives that address the Social Environment, the health priority selected by the BFMC CBAC for two consecutive years.

Better Together is funded with hospital Determination of Need (DoN) funding to address community health needs. DoN funding is required by Massachusetts Department of Public Health (DPH) when a hospital invests in a DPH approved capital project (facilities and equipment). Better Together awards outcomes-based grants (2-3 years) with current IRS designated 501(c)(3) status that have projects directly benefiting residents of the communities served by the hospital, with a focus on underserved and other priority populations. A goal that came out of the Design Team that met in summer 2021 was to restructure the RFP to move more upstream and challenge applicants to consider Policy, Systems and Environmental change in their proposals. This is in alignment with goals set forth by DPH.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

The BFMC CBAC and Baystate Health Board of Trustees are actively involved in overseeing community benefits activities and investments. In July 2010, the Baystate Health Board of Trustees assigned oversight of community benefits to the Baystate Health Governance Committee. Through regular board meetings, internal hospital meetings, and leadership activities, Baystate is actively involved in shaping community benefits activities and investments provided throughout the system. Throughout FY 2021, the system's Vice President, Government and Community Relations, under the direction of the Sr. Vice President and Chief Consumer Officer, supervised the Director of Community Relations.

Community Benefits Team Meetings

The Baystate Health Board Governance Committee meets twice a year and is charged with advocating for community benefits at the board level and throughout the health system and community; aligning the system's four (4) hospital-specific community benefits implementation strategies into the health system's strategic plan; periodic review of CHNA data; approval of a community benefits mission statement and health priorities; review impacts of community benefits activities and investments; and ensure Baystate's community benefits are in compliance with guidelines established by the Massachusetts Attorney General and IRS. Annually, the Office of Government and Community Relations provides updates to the Baystate Health Board of Trustees, BFMC leadership, and other Baystate leadership teams, as requested.

The BFMC CBAC continues to bring a community lens and filter for the hospital's health priorities. The CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BFMC resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by targeting resources for residents.

Participants on the BFMC CBAC represent the constituencies and communities served by BFMC's service area. BFMC CBAC members are responsible for reviewing community health needs assessment data and using this analysis as a foundation for providing the hospital with input on its community health planning efforts and community benefits investments.

Community Partners

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

1. Center for Human Development (CHD)
2. Clinical & Support Options (CSO)
3. Coalition of Western Massachusetts Hospitals/Insurer
4. Communities That Care (CTC) Coalition
5. Community Action Pioneer Valley*
6. Community Health Center of Franklin County*
7. Community Involved in Sustaining Agriculture (CISA)
8. DIAL/SELF
9. Food Bank of Western Massachusetts

10. Franklin County Food Policy Council
11. Franklin County Probate Court, including Court Service Center
12. Franklin County Sheriff's Office*
13. Franklin Regional Council of Governments (FRCOG)*
14. Greenfield Community College*
15. Greenfield Police Department
16. Greenfield Public Schools
17. Just Roots
18. LifePath, Inc.*
19. Local Councils on Aging (through Life Path)
20. Local Health Departments, including the Cooperative Public Health Service health district and Greenfield Health Department*
21. Massachusetts Department of Public Health (MA DPH)
22. Massachusetts Public Health Association (MPHA)
23. Musica Franklin
24. New England Learning Center for Women in Transition (NELCWIT)
25. North Quabbin Community Coalition
26. Northern Berkshire Community Coalition
27. Northwestern Massachusetts District Attorney's Office
28. Opioid Task Force of Franklin County & North Quabbin*
29. Public Health Institute of Western Massachusetts
30. RECOVER Project*
31. Recovery Learning Community
32. Regional School Health Task Force (representatives from all 9 local school districts)
33. Representative Paul Mark's Office*
34. ServiceNet
35. Stone Soup Café
36. The Literacy Project
37. Tapestry Health
38. United Way of Franklin County
39. University of Massachusetts at Amherst – School of Public Health, College of Nursing*
40. Valley Medical Group
41. Western Massachusetts Health Equity Network (WMHEN)
42. Women of Color Health Equity Collective
43. YMCA in Greenfield

*BFMC CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BFMC, in partnership with the Coalition, conducted a CHNA pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").² This assessment was conducted to update the findings of the 2016 CHNA so BFMC could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital. The Coalition engaged PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and PVPC.

Organizational Policy

Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal CHNA every three years in partnership with community organizations and individuals across the hospital's service area. The aim is to identify community assets as well as the critical gaps and/or needs in public health resources as well as connections between medical and community care that could be strengthened.

Program Results

The CHNA is the basis for developing strategic and accountable community benefits activities and investments. In an ideal situation, an effective and large-scale community benefits activity or investment will demonstrate measurable impacts on the health status and quality of life for residents - effectively closing gaps when current data is compared to initial CHNA baseline indicators. At a more practical program level, the CHNA guides a "theory of change" – linking health needs to community benefits efforts to desired program and community outcomes.

Date of Last Assessment Completed, and Current Status

In 2019, BFMC, in partnership with the Coalition, conducted a CHNA of the geographic area served by BFMC pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").³ The CHNA report and findings were published on the hospital's website in 2019.

CHNA Findings – NOTE: *This section is reflective of the 2019 report and may not include up to date figures in this current fiscal year.*

The 2019 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and the health care we receive. Among these "modifiable" factors that impact health, social and economic factors are estimated to have the greatest impact. The County Health Rankings model, developed by

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

³ The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, estimates how much these modifiable factors contribute to health, based on reviews of the scientific literature and a synthesis of data from a number of national sources.

It is estimated that social and economic factors account for 40% of our health, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%). Many health disparities occur as a result of inequities in these determinants of health. According to the County Health Rankings, among Massachusetts' counties, Franklin County ranked 7th out of 14 counties for health outcomes and 8th for health factors in 2019.

BFMC's service area continues to experience many of the same prioritized health needs identified in BFMCs 2016 CHNA. Social and economic challenges experienced by the population in the service area contribute to the high rates of chronic conditions and other health conditions identified in this needs assessment. These social and economic factors also contribute to the health disparities observed among priority populations, which include children/youth, older adults, Latinos, Blacks, and GLBQ+ and transgender youth. Low-income levels, poverty, and homelessness have also been connected to poorer health outcomes. Additional data is needed to better understand the needs of these populations in order to reduce inequities. BFMC's service area population continues to experience a number of barriers that make it difficult to access affordable quality care, some of which are related to the social and economic conditions in the community, and others which relate to the healthcare and insurance system. Mental health and substance use disorders were consistently identified as top health conditions impacting the community, and the inadequacy of the current systems of care to meet the needs of individuals impacted by these disorders arose as an important issue that needs to be addressed. The opioid crisis was identified as a particular concern. Progress has been made to address some of the prioritized health needs previously identified, such as teen pregnancy and childhood obesity; however, rates remain high, and work needs to be continued.

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

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Access to transportation, healthy food, places to be active, and broadband internet
- Lack of resources to meet basic needs
- Educational needs
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Limited availability of providers
- Lack of care coordination
- Insurance and health care related challenges
- Need for increased cultural humility
- Need for transportation
- Health literacy and language barriers

HEALTH CONDITIONS AND BEHAVIOR

- Mental health and substance use disorders
- Chronic health conditions
- Infant and perinatal health risk factors

Consultants/Other Organizations

BFMC is a member of the Coalition, a partnership between eight (8) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct the community health needs assessments (CHNA) and address regional health needs. BFMC worked in collaboration with the Coalition to conduct the 2019 CHNA, which has continued to build off of previous iterations to better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission.

The following organizations, community stakeholders, and public health experts were interviewed:

- Avery, Jennifer, Franklin County Sheriff's Department
- Bialecki-Canning, Heather, North Quabbin Community Coalition
- Bowman, Sue, Interfaith Council
- Brzezinski, Jen, Franklin County Sheriff's Department
- Calabrese, Jessica, Community Health Center of Franklin County
- Carey, Cameron, Community Health Center of Franklin County
- Caulton, Helen, City of Springfield Department of Health and Human Services
- Chartrand, Ken, Franklin County Sheriff's Office
- Cluff, Ben, Massachusetts Department of Public Health, Bureau of Substance Use Services
- Crews, Destiny, Center for Human Development
- Crowley, Jo, Clinical and Support Operations
- Donahue, Erica, Center for Human Development
- Emond, Gretchen, Clinical and Support Operations
- Ewart, Jared, Community Health Center of Franklin County
- Federman, Julie, Town of Amherst
- Giroux, Chase, Clinical and Support Operations
- Hamilton, Wes, Community Health Center of Franklin County
- Havens, Donna, Clinical and Support Operations
- Hebert, Kelly, Clinical and Support Operations
- Heidenreich, Maria, Community Health Center of Franklin County
- Hoynoski, Arley, Community Health Center of Franklin County
- Hyry-Dermith, Dalila, Massachusetts Department of Public Health, Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Jacobson, Allie, Community Health Center of Franklin County
- Jess, Margery, Support Network
- Kiener, Andrea, Rabbi, Temple Israel
- Laurel, Charles, Baystate Franklin Medical Center
- Luippold, Susan, Community Health Center of Franklin County
- Margosian, Alex, Franklin County Sheriff's Department
- Mengwasser, Dana, Brick House
- Mercado, Reuben, Franklin County Sheriff's Department
- Merz, Katelyn, Center for Human Development
- Neubauer, Deb, Franklin County Sheriff's Department
- Osman, Shawna, Clinical and Support Operations
- Pascucci, Cheryl, Baystate Franklin Medical Center
- Petrie, Maegan, Community Health Center of Franklin County
- Pliskin, Ariel, Franklin County Sheriff's Department
- Sayer, Ed, Community Health Center of Franklin County
- Schwartz, Levin, Franklin County Sheriff's Department
- Shah, Prity, Community Action Healthy Families
- Shippee, Stefanie, Massachusetts Department of Children and Families
- Spencer, Debbie, Clinical and Support Operations
- Stevens, Kate, Interfaith Council of Franklin County
- Thibodeau, Kelly, Clinical and Support Operations
- Tomsho-Dexter, Andrea, Community Action Healthy Families
- Van der Velden, Allison, Community Health Center of Franklin County
- Walker, Phoebe, Franklin Regional Council of Governments
- Walters, Sandy, Clinical and Support Operations

- Welenc, Susan, Community Health Center of Franklin County
- Williams, Debbie, Massachusetts Behavioral Health Partnership

CHNA Data Sources

The primary goals of the 2019 CHNA were to update the list of prioritized community health needs identified in the 2016 CHNA and to the extent possible, identify potential areas of action. The prioritized health needs identified in the 2019 CHNA include community-level social and economic determinants that impact health, barriers to accessing quality health care, and specific health conditions and behaviors within the population. Assessment methods included:

- Analysis of social, economic, and health quantitative data from Massachusetts Department of Public Health, the U.S Census Bureau, the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the County Health Ranking Reports, Community Commons, and a variety of other data sources;
- Analysis of findings from four (4) focus groups, forty-eight (48) key informant interviews, four (4) community chats, and one (1) community conversation specifically conducted for BFMC;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving BFMC's service area.

The assessment focused on county-level data and community-level data as available. In some instances, data constraints related to accessibility and availability limited analyses for certain communities in the BFMC service area. When sources report by town, the larger towns in the area often have enough cases so that data is not suppressed, so in many charts in the report, data is shown for Athol, Greenfield, Montague, and Orange. When sources provided data for all towns in Massachusetts, the nine towns of North Quabbin were added up and reported on as a region. In some instances, data was combined for nine West County towns to present statistics on some of the most rural parts of the service area.

To the extent possible given data and resource constraints, priority populations were identified using information from focus groups and interviews as well as quantitative data stratified (or broken down) by race/ethnicity and age with a focus on children/youth and older adults. Quantitative analysis (secondary data from DPH, Massachusetts CHIP, Hospital Inpatient/ED Discharge, and Ambulatory Care Sensitive Conditions), review of health assessments conducted by other organizations in recent years, key informant interview, and focus groups. Preliminary assessment findings were also discussed with community stakeholders during a series of community forums and feedback from participants helped validate findings.

Community Definition

BFMC is an 89 bed acute-care community hospital. Its top priority is giving Franklin County and the North Quabbin Region the clinical excellence, advanced technology, neighborly warmth, and convenience of a community hospital. Hospital specialties include inpatient behavioral health, intensive care, medical-surgical care, obstetrics/ midwifery, cardiology, cardiac rehabilitation and wellness, 24-hour emergency services, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical

medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine.

The service area for BFMC includes the 26 communities in Franklin County, as well as the Town of Athol, which is located in Worcester County. The region is the only county in Massachusetts recognized as entirely rural, with one small city, Greenfield, as the center of the county. Most towns in the region are under 2,000 in population, and the region is 80% forested. Broadband and cell phone access are still not available in some of the region's most rural communities. In addition, the Franklin Regional Transit Authority (FRTA) serves only some of the communities and has no weekend or night time service. Franklin County had the second highest number of farms and the highest amount of farm sales revenue of all counties in Massachusetts in the most recent Agricultural Census.

The region is aging, like the state and country, but at a faster pace. Currently, people aged 65 and over make up about 19% of the population of Franklin County. By 2030, seniors aged 65 and over are projected to comprise 34% of the population, compared to 22% statewide. The demographic shift is even more pronounced in the rural towns of West County, where seniors are projected to make up 42% of the population in 2030.

Franklin County is significantly less racially and ethnically diverse than the state or nation. According to U.S. Census American Community Survey (ACS) 2013-2017 estimates, 6% or a little over 4,200 people within Franklin County's total population of 70,700 identified as nonwhite or multi-racial, compared to 21% for the state and 27% for the nation. The percent of residents who identified as Hispanic or Latino for Franklin County was 4% or about 2,800 people, compared to 11% for the state and 18% for the nation. The current political climate has exacerbated threats to immigrant health related to the behavioral, cultural, and structural systems that determine individual health decisions on a daily basis.

The median income of Franklin County residents (\$57,307) is close to that of the nation (\$57,652) and, along with other counties of western Massachusetts, substantially lower than the median income for the state (\$74,167, US Census Bureau, ACS 2013-2017). While it is recognized that real estate costs and other factors that go into the cost of living are lower in western Massachusetts, there are other costs that are higher here, notably transportation (average annual cost of transportation in Franklin County is \$13,540, compared to \$8,761 in Boston). Without a robust public transit system in Franklin County, most residents must rely on their own vehicle to access jobs and services, while other areas of the Commonwealth have more extensive public transit services. In addition, these residents often must drive longer distances to access jobs and services (Franklin County average of 22,566 vehicle miles a year, compared to 11,202 in Boston).

The following table shows the population of towns in BFMC's service area.

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

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

**The following villages are a part of service area and are subsections of communities in the above list: Lake Pleasant, Millers Falls, Montague Center, Shelburne Falls, South Deerfield, and Turners Falls

To learn more about the findings from BFMC's CHNA and its implementation strategy to address the identified health needs please visit www.baystatehealth.org/communitybenefits.

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

COMMUNITY BENEFITS PROGRAM PROFILES

BAYSTATE FINANCIAL ASSISTANCE & COUNSELING

<p>Brief Description or Objective</p>	<p>BFMC provides financial counseling services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to identifying and meeting their client’s health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking their clients to health insurance and community resources. There has been an increase in providing additional community support, including assisting patients with finding a new primary care physician, providing information on behavioral health services and also contacting pharmacies to straighten out insurance issues. As the Health Connector grows in functionality, the financial counselors at BFMC are also dealing with more complex billing issues, such as escalating and tracking accounts, filing appeals, and referring/coordinating with Health Care for All pro bono lawyers for cases beyond their scope. BFMC Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state to assist the community in applying for state and federal health care programs.</p>
<p>Program Type</p>	<p>Access/Coverage Supports Tags: n/a</p>
<p>Target Population</p>	<p>Regions Served: County-Franklin, County-Hampden, County-Hampshire, County-Worcester, County, Berkshire Gender: All Age Group: All Ethnic/Racial Group: All Language: All, English, Spanish, Russian/Moldavian Environment Served: Rural</p>
<p>Health Need</p>	<p>DoN Health Priority: Built Environment Focus Issue: n/a Health Issue: Social Determinants of Health - Access to Health Care, Income and Poverty, Uninsured/underinsured</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support. <u>Status:</u> In Progress Goal 2 <u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications; achieve a 95% approval rate. <u>Status:</u> In Progress</p>
<p>Partners</p>	<p>Community Outreach Worker Networking Organization Department of Veteran Affairs www.va.gov Franklin County Home Care/SHINE program www.fchcc.org Supplemental Nutrition Application www.fns.usda.gov/snap</p>

	Program (SNAP)
	Massachusetts Association of Community Health Workers www.machw.org
	ServiceNet www.servicenet.org
	Clinical and Support Options
	Local Doctors Offices
	Methadone and Suboxone Clinics
Contact Information	Aria Sampson, Financial Counselor, Baystate Franklin Medical Center, 164 High Street Greenfield, MA 01301. 413-773-2514. aria.sampson@baystatehealth.org .

Better Together Grants

Brief Description or Objective

Formerly referred to as the “DoN Grant Program,” Baystate’s system-wide **Better Together Grant** opportunity unites health care and community-based nonprofit organizations across Baystate’s service areas to shape future health care and human services. The aim is to develop approaches that, by targeting the social determinants of health (SDoH), will improve people’s overall well-being and make communities healthier places to live. Better Together is a system-wide grant program, yet each hospital entity convenes its own application process in partnership with the hospital CBAC and with support from the Office of Government and Community Relations. Better Together Grants projects must:

- be evidence-based, promising or best practices as the basis for projects,
- apply a social determinants of health framework,
- align with hospital's triennial community health need assessment priorities, and/or an existing community health improvement plan, and
- include routine performance reporting and program evaluation.

PHIWM provides evaluation and program planning expertise to support all Better Together grantees in the development and implementation of their program evaluation. PHIWM continues to provide training and technical assistance to grantees, in addition to regularly attending the CBAC meetings and providing input into future RFP processes. Grantees share summaries of their grants and discuss what they would like from a Community of Practice, including learning from other grantees, sharing evaluation tools and databases being used, and learning about topics such as community engagement, cultural humility, and understanding policies affecting health equity. Other topics of interest expressed by grantees include technical assistance around sustainability and racial justice.

Program Type

Total Population of Community-Wide Interventions
Tags: N/A

Target Population

Regions Served: County-Hampden, County-Hampshire; County-Franklin
Gender: All
Age Group: All
Ethnic/Racial Group: All

	<p>Language: English, Spanish Environment Served: Rural (BFMC, BNH, BWH); Suburban (BMC, BNH, BWH); Urban (BMC)</p>
Health Need	<p>DoN Health Priority: Built Environment; Education; Social Environment Focus Issue: All Health Issue: All Social Determinants of Health</p>
Goals	<p>Goal 1 <u>Description:</u> To strengthen social, health, economic, and environmental conditions to improve the health of our community through community grant making <u>Status:</u> Request for Proposals process completed in FY20</p>
Partners	<p>Public Health Institute of Western MA https://www.publichealthwm.org/ See list of grantees in narrative above</p>

Community Benefits Investment Sponsorships

Brief Description or Objective	<p>Community Benefits Investments are awarded to organizations for initiatives that intend to generate a measurable impact. Funding will be awarded based on how well the initiative intends to strengthen social, health, economic, and environmental conditions to improve the health of our community. The initiative must also address one or more priority health needs identified in Baystate Health’s community health needs assessment and will require annual performance and impact reporting. Community Benefit Investments are typically for one year and do not exceed \$5,000.</p>
Program Type	<p>Total Population of Community-Wide Interventions Tags: N/A</p>
Target Population	<p>Regions Served: County-Hampden, County-Hampshire; County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: All Environment Served: Rural; Suburban; Urban</p>
Health Need	<p>DoN Health Priority: Built Environment; Education; Employment; Housing; Social Environment; Violence Focus Issue: Chronic Disease; Housing Stability; Mental Health; Substance Use Disorders Health Issue: Any aligned with CHNA</p>
Goals	<p>Goal 1 <u>Description:</u> Address community health needs identified in the Community Health Needs Assessment through a rolling application/funding cycle process. <u>Status:</u> In progress; \$30k awarded in FY20</p>
Partners	<p>N/A</p>

Community Health Needs Assessment

<p>Brief Description or Objective</p>	<p>BFMC continues to be a member of the Coalition of Western Massachusetts Hospitals and Insurer (Coalition), a partnership between eight (8) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service area covers the four counties of western Massachusetts.</p> <p>The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct their community health needs assessments (CHNA) and address regional health needs. BFMC worked in collaboration with the Coalition to conduct the 2019 CHNA and is already in collaboration with its community advisory body, the Regional Advisory Committee (RAC), for the 2022 assessment. Each CHNA iteration builds on the previous assessment so BFMC can better understand the health need trends of the communities served and meet its fiduciary requirement as a tax-exempt hospital.</p>
<p>Program Type</p>	<p>Infrastructure to Support CB Collaboration Tags: N/A</p>
<p>Target Population</p>	<p>Regions Served: County-Hampden, County-Hampshire; County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: All Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Built Environment; Education; Employment; Housing; Social Environment; Violence Focus Issue: Chronic Disease; Housing Stability; Mental Health; Substance Use Disorders Health Issue: Any aligned with CHNA</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> To provide a comprehensive assessment of local/regional assets and needs in order to inform community health planning. <u>Status:</u> In progress</p>
<p>Partners</p>	<p>Public Health Institute of Western MA Franklin County Regional Council of Governments Collaborative for Educational Services</p>

Cooley-Dickinson Hospital
Health New England
Mercy Medical Center
Shriners Hospital for Children

FRANKLIN COUNTY PERINATAL SUPPORT COALITION

Brief Description or Objective	Franklin County Perinatal Support Coalition, a multi-sector and provider initiative launched, convened monthly, and facilitated by nurse leaders from the Birthplace at BFMC. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, weekly support group, and a community resource and referral guide. The Coalition has now transitioned to improving coordination and resources for mothers with substance use disorders.
Program Type	Community-Clinical Linkages Tags: Community Education, Support Group
Target Population	Regions Served: County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural
Health Need	DoN Health Priority: Built Environment; Social Environment Focus Issue: Substance Use Disorders; Mental Health and Illness Health Issue: Maternal Health; Health Behaviors/Mental Health – Depression, Mental Health
Goals	Goal 1 <u>Description:</u> To improve access to care and care coordination for women in the perinatal period. <u>Status:</u> In progress
Partners	Center for Human Development https://chd.org/ (CHD)
Contact Information	Linda Jablonski, RN, Assistant Nurse Manager, The Birthplace at Baystate Franklin Medical Center. 413-773-2001. linda.jablonski@baystatehealth.org .

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

Brief Description or Objective MIGHTY is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and most recently, the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants.

Program Type Community-Clinical Linkages
Tags: Community Education; Prevention

Target Population **Regions Served:** County-Hampden, County-Hampshire; County-Franklin
Gender: All
Age Group: All Children
Ethnic/Racial Group: All
Language: All, English, Spanish, ASL, Vietnamese
Environment Served: Rural; Suburban; Urban

Health Need **DoN Health Priority:** Built Environment; Education
Focus Issue: Chronic Disease
Health Issue: Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition

Goals **Goal 1**
Description: Serve children age two years to twenty-one years with a diagnosis of obesity (BMI > 95% for age) and offer them and their family resources aimed at promoting healthy nutrition, healthy activity and a healthy lifestyle.
Status: In progress

Partners YMCA of Greater Springfield www.springfieldy.org
Springfield College www.springfield.edu
University of Massachusetts, Amherst campus www.umass.edu
Live Well Springfield www.livewellspringfield.org
Westfield YMCA www.westfieldy.org
Area schools and school nurses
Pediatricians in Hampden, Franklin, & Hampshire County
Massachusetts In Motion <https://www.mass.gov/orgs/mass-in-motion>

Contact Information Chrystal Wittcopp, MD, Baystate General Pediatrics, 140 High Street, Springfield, MA. 413-794-7455. chrystal.wittcopp@baystatehealth.org.

OPIOID TASK FORCE OF FRANKLIN COUNTY & NORTH QUABBIN

Brief Description or Objective	In 2014, BFMC joined with other organizations and individuals in the community to address a rapidly growing incidence of heroin and other opioid use and overdoses in the community. BFMC OBGYN Julie Thompson, DO, co-chairs the Opioid Task Force’s Healthcare Solutions Committee, which brings together medical and behavioral health providers, regional and state government, and others to improve care for those with substance use disorder. The committee aims at strengthening collaborative efforts among rural health care providers to curb opioid overprescribing and increase trauma-informed training opportunities for health and medical professionals. Others who serve on this committee include: Dr. William Soares, Emergency Medicine; Dr. Mark Klee, Clinical Pharmacy Specialist; Dr. Kinan Hrieb, Chief of Medicine; Deb Provost, Vice President/Chief Nursing Officer/Chief Administrative Officer; Cheryl Pascucci, Director, Population Health; and Katy Robbins, Manager, Bridge Team. Ron Bryant, President, BFMC, serves on the Opioid Task Force’s Executive Council.
Program Type	Total Population of Community-Wide Interventions Tags: Community Education; Health Professional/Staff Training; Prevention
Target Population	Regions Served: County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural
Health Need	DoN Health Priority: Built Environment; Social Environment; Education Focus Issue: Substance Use Disorders; Mental Health and Illness Health Issue: Mental Health; Substance Addiction - Opioid
Goals	Goal 1 <u>Description:</u> To serve as a catalyst for community action aimed at reducing opioid abuse and overdose. <u>Status:</u> In progress
Partners	Northwestern District Attorney’s Office https://www.northwesternda.org/ Clinical and Support Options www.csoinc.org
Contact Information	Annamarie Golden, Director, Community Relations, Baystate Health, 280 Chestnut Street, Springfield, MA 01199. 413-794-7622. annamarie.golden@baystatehealth.org

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2021		APPROVED PROGRAM BUDGET FOR FY 2022
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$448,875	*Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	\$366,073	
	Total CB Programs	\$814,949	
NET CHARITY CARE	HSN Assessment	\$ 638,452	
	HSN Denied Claims	\$0	
	Free/Discount Care (BFMC Financial Assistance Program)	\$ 124,044	
	Total Net Charity Care	\$762,496	
TOTAL EXPENDITURES	\$ 1,577,445		
Net Patient Service Revenues for FY 2021			\$96,547,225
Total Patient Care Related Expenses for FY 2021			\$100,881,508

OPTIONAL INFORMATION

Bad Debt	\$ 2,853,292	Certified: YES
IRS 990 Schedule H	\$ 7,843,773	2019 Tax Return (FY 2020)