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Baystate Noble Hospital

Westfield, 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 Noble Hospital 115 West Silver Street Westfield, MA 01086-1634 413-568-2811 Baystatehealth.org
PRIMARY SERVICE AREA	Greater Westfield Area, Hampden County
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	85
NUMBER OF EMPLOYEES	294.56 FTEs*
YEAR ESTABLISHED	1893
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)	84.6% White; 8.8% Hispanic; 2.6% Black; 1.2% Asian, 0.1% American Indian/Alaska Native, 0.1% Native Hawaiian/Pacific Islander; 2.6% Other/Unknown
PAYER MIX OF PATIENTS	3,023 Inpatient Discharges 59.35% Medicare; 20.48% Medicaid; 15.42% Managed Care; 0.76% Non-Managed Care; 4.00% Other
ANNUAL EMERGENCY SERVICES STATISTICS	21,031 Emergency Service Visits 19.08% Medicaid; 1.37% Free Care; 12.87% Healthnet; 0.91% Commonwealth Care; 65.76% Other
PRESIDENT/CEO	Ronald Bryant President & Chief Administrative Officer Baystate Noble Hospital 115 West Silver Street, Westfield, MA 01086 413-568-2811 ronald.bryant@baystatehealth.org
COMMUNITY BENEFIT CONTACT	Annamarie Golden Director, Government & Community Relations 280 Chestnut Street, 6th Floor, Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Noble Hospital is an 85-bed acute care community hospital helping people in the greater Westfield community, offering direct access to world-class technology, diagnostics, and specialists. The hospital works to ensure that patients have access to exceptional health care, close to home. Services include obstetrics and gynecology, emergency, laboratory, gastroenterology, surgery, cardiopulmonary services and rehabilitation, cancer care, behavioral health, urology, neurology, inpatient rehabilitation, and diagnostic imaging, including 3D mammography.
DHCFP ID	2076
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#21 Four Communities (Chicopee, Holyoke, Ludlow, Westfield)

* Includes FTE's for Baystate Noble Hospital, Noble Medical Group, and Noble VNA
BASED ON FY 2021 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Noble Hospital (BNH), in Westfield, 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, BNH 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 BNH 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.

BNH shares and supports **Baystate's Community Benefits Mission Statement[1] "to reduce health disparities, promote community wellness and improve access to care for vulnerable populations."** Baystate embraces the definition of health to include social determinants, such as economic opportunity, affordable housing, education, safe neighborhoods, food security, social and racial justice, and arts/culture – all elements that are needed for individuals, families, and communities to thrive.

BNH 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.

BNH 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). BNH 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, BNH will:

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

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

BNH PRIORITY POPULATIONS
• Children and youth • LGBQ+ individuals • Immigrants and refugees • Older adults • People living on low- or poverty-level incomes • People living unsheltered or homeless • People of color, particularly Latinos and Blacks • People reentering society after incarceration • People with disabilities • People with mental health and substance use disorders, especially those with a dual diagnosis
BNH'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 Noble Hospital Community Benefits Advisory Council (BNH CBAC)** that launched in September 2017 continued to diversify and expand its membership and guest list throughout FY 2021. The BNH CBAC continues to meet monthly (third Friday) 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:

- Increased 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

BNH 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. BNH 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 BNH 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 BNH CBAC embarked on a new Request for Proposals (RFP) process that sought to address and improve Built Environment outcomes in the Greater Westfield and Hilltown regions. At the close of the RFP, three grant awards were made to the following organizations, totaling $194,000 in investments: The Food Bank of Western MA in partnership with the Westfield Food Pantry, Mental Health Association in partnership with CORE of Greater Westfield and the Town of Blandford.

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, BNH developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BNH to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, BNH, in partnership with its CBAC, identified four (4) high-priority health needs as the focus of current and future

hospital community health planning efforts. The focus areas will be addressed 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. **BUILT ENVIRONMENT**: Residents of the BNH service area continue to encounter barriers to care caused by many built environment elements including transportation, access to care, and food insecurity.
2. **MENTAL HEALTH AND SUBSTANCE USE:** BNH recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention.
3. **INSTITUTIONAL AND INTERPERSONAL DISCRIMINATION:** BNH recognizes the realities of institutional and interpersonal discrimination as a social determinant of health and barrier to care. It is committed to educating staff, patients, community partners, and leadership on systemic racism, implicit bias and other factors that contribute to systems of oppression both within the hospital and in the greater community.

Because of the urgent healthcare needs and attention required of employees and volunteers to address COVID-19, the SIP documents were not 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

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.

BNH 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. They can also assist in linking their clients to other community health insurance resources. BNH 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.

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and most recently, the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants. In FY 21 the MIGHTY program in Westfield had a very successful and busy year, enrolling and serving 18 children and their families, and continues to expand with several new programmatic options and increased staff for both exercise and nutrition.

Food Bank of Western MA and The Westfield Food Pantry received a three-year, $84,500 Better Together grant to support its **Food Insecurity Screening and Referral Initiative (FISRI) initiative**. The FISRI program is a partnership approach between community health centers, The Food Bank, numerous social service organizations, as well as the state MassHealth Flexible Services program. With its standard approach, partners The Food Bank began contracts with two Accountable Care Organizations (ACOs) – C3 and Partners – to provide FISRI referrals services through the newly established MassHealth Flexible Services program to food insecure patients in clinical settings. With its new partner, The Greater Westfield Food Pantry, Better Together funding expanded the current FISRI model by establishing a new nonclinical access point for one-on-one food security case management and referral services. By adding a non-clinical access point for FISRI services they hope to 1. Assess barriers accessing the current program for people in need, 2. Reach a population in need who otherwise would not be reached, 3. Improve the health outcomes of those assisted through this new entry point, 4. Reduce health care costs for those facing food insecurity and for the overall health system, 5.Test and design a replicable approach which can be incorporated into current program design and implemented across the state and region, 6. Build a more holistic health care system by expanding access points for services beyond health care settings and thereby improve access to services that increase health equity. In FY21, key successes included hiring a Food Assistance Referral Coordinator (FARC). The second success was that The Food Bank has been able to transition from its OASIS, a self-contained database for food insecurity referrals to the 413 Cares platform, which enables cross agency interaction and unification of service tracking under one platform. This update to The Food Bank's data tracking processes will allow greater collaboration between the Food Bank and GWFP coordinators. This change is also an important step in unifying the entire FISRI program onto one platform and expanding access and communication between various service providers. One of the highlights of transitioning the entire effort to one platform is that it will allow various service providers to interact with each other in one place rather than needing to rely on additional forms of communication such as email or phone calls to ensure referrals have been made or received.

The **Town of Blandford** received a one-year, $25,000 Better Together grant to support its Solving the **Digital Divide for Elderly Population** initiative. This initiative focuses on addressing issues of loneliness and digital divide among the elderly in rural Blandford through the cultural humility lens. Blandford is undergoing a broadband initiative with Whip City Fiber to connect 99% of households to highspeed internet. This funding aims to address areas of concern regarding possible barriers that may limit the elderly's ability to connect. Some of these include: 1) simply not knowing how or what to do to connect or upgrade from their current DLS service; 2) not having a computer or able to afford a computer

- issues of affordability; 3) not knowing how to use a computer. This is particularly important since today's society/cultural environment has shifted to communicating online, especially for Blandford which is remote and geographically apart from critical/essential services in nearby cities. Because of Town transitions in FY21, this initiative had a delayed start. Nonetheless, key successes included hiring the Outreach Coordinator for this project and over 50 elderly residents were outreached to discuss their interest in signing up for broadband and digital support.

Mental Health and Substance Use

In FY 2021, BNH was awarded another **$100,000 opioid earmark grant** from the state for the second year in a row. A BNH Opioid Task Force was convened to guide how this funding would be spent and oversee implementation. About a third of the funding was managed and invested internally for the hospitals and supported the following:

- Words Matter Campaign: an internal social media campaign and pledge to end stigmatizing language related to people with substance use disorders. Promotional materials were purchased as incentives for employees to participate in the campaign. To date, over 900 employees have signed onto the Words Matter pledge.
- Harm Reduction Training: BNH OTF members collaborated with teaching staff at Noble to develop a series of trainings and materials to educate all staff on the principles of harm reduction. In addition, continued harm reduction education and trainings occurred in collaboration with community partners at local events. On-site Narcan training, harm reduction kits, and education materials are a few of the strategies developed for engagement.

The remaining funds was overseen and invested by the BNH CBAC. The CBAC launched a request for proposals process to fund community organizations focusing on Opioid Prevention, Treatment, Recovery, Outreach and Referral. The following organizations received community grant funding:

- Coalition for Outreach Recovery and Education (CORE) of Greater Westfield: Designed a Westfield Drug Addiction and Recovery Team (DART) data dashboard which will provide real time access to overdose information and outreach protocols in our Noble service communities. Provided training and mentoring to organizations to use the DART component of the Health Information Exchange (HIE) database system.
- Tapestry Health: Developed seven short videos and one full-length documentary related to opioid use disorders. The videos were shot and edited by a professional videographer and Tapestry's Assistant Director for Rural Harm Reduction Operations. The videos are composed of interviews with Tapestry staff and community members that include people who use drugs.
- West Springfield Health Department: Supported its DART team that operates once a month. The team is modeled after similar programs in neighboring communities. The DART teams follow up with individuals who have recently survived an overdose in an effort to provide assistance and encouragement to seek treatment. Additionally, the health department partnered with the Council on Aging's Meals on Wheel program to educate and deliver medication disposal pouches.

Mental Health Association (MHA) and the Coalition for Outreach Recovery and Education (CORE) of Greater Westfield received a three-year, $84,500 Better Together grant to support its **Substance Use Recovery Coach** initiative. This project will provide recovery coaching to enhance services CORE facilitates with the Westfield police DART (Drug Addiction & Recovery Team) program for people who overdose. CORE coordinates post-overdose outreach to households within 48-72 hours, and again after one month, with a team of a police officer, a nurse clinician, and a Tapestry Health harm reduction specialist. The aim is to help the person enter detox and to provide information for that person

and/or their family about addiction-related services. To better help individuals find and sustain recovery, we will embed a BestLife Recovery Coach as part of the DART team to engage with the person at the initial visit, and, if the individual is willing, continue to engage with the person for recovery and better health. Recovery coaches with their lived experience often can help individuals overcome that barrier, including reducing fear of stigmatization. The Coach is an integral part of the person's care team, assisting in developing their recovery plan and in meeting their very specific needs. The Coach will engage with individuals outside the clinic setting where/when they feel is most convenient and safe, including face-to-face and through BestLife's TeleWell (telehealth) service, mitigating a transportation barrier to accessing this care. In FY21, one key success was MHA's hiring of a Recovery Coach specifically to work with the DART teams, in addition to the current Recovery Coach on staff that they dedicated to this initiative. Another key success was the completion of the DART Dashboard. The Dashboard is used to input information about overdose cases and direct Outreach Teams with Recovery Coaches to contact those individuals. The Dashboard captures a range of information, including the type of overdose (including all substances that were used), whether this is a new or repeat overdose, demographic information about each person (e.g., homelessness, veteran status, etc.), where the individual lives versus where the overdose takes place, whether an individual accepts or rejects service, when service takes place and the type of services provided, and how many contacts are made with that individual, to cite just some of the information captured. The Dashboard provides a wealth of data to help provide timely and appropriate services, as well as to help in program evaluation.

Institutional and Interpersonal Discrimination

Baystate continued its funding of the **Hampden County Healthy Improvement Plan (HCHIP)** in FY 2021. Pioneer Valley Planning Commission (PVPC) and Public Health Institute of Western Massachusetts (PHIWM) are the backbone support organizations for the HCHIP. Over this year, $10,000 of Baystate funding was used to fund CHIP mini grants to advance various strategies under the domain groups (see below for domain descriptions). Awardees included Estoy Aqui LLC: Suicide Prevention and Social Justice Education; Let's Move Holyoke: Farmers Market Coach; University of Massachusetts Amherst: STRIVE Youth Participatory Action Research. In FY 2020, the HCHIP received notice they were selected as a recipient of the Massachusetts Community Health and Healthy Aging Fund grant to support the CHIP infrastructure and continues to share in statewide convenings with other recipients. For the past eight years, Hampden County has ranked 14th in respect to overall health outcomes according to the County Health Rankings and Road Map produced annually by the Robert Wood Johnson Foundation. The HCHIP is a county-wide network aimed at improving Hampden County's health ranking by focusing on the following five domains: Health Equity; Behavioral Health; Primary Care, Wellness, and Preventative Care; Healthy Eating and Active Living; and Public Safety, Violence & Injury Prevention. Quarterly network gatherings and monthly domain meetings are held continuously throughout the year to discuss strategy development and indicator monitoring. The HCHIP continues to self-reflect and have intentional discussions on race, white dominant culture, inequities, and discrimination. Two full network trainings were hosted for members free of charge by facilitator Mo Barbosa: "Race, Racism and Racial Equity" and "Achieving Equity through Policy, Systems and Environment Change."

Other Needs Identified in the 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. Armbrook Village served as a Population Health Clerkship site for PURCH students for the second consecutive year. Students concentrated in learning centered about behavioral and medical aspects of Alzheimer's disease and related dementias.

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.

In FY 2021, BNH granted **It Takes a Village (ITAV)** a $5,000 community benefits grant for program support and an in-kind donation of 5,872 diapers, 560 packs of wipes, and 288 bottles of baby wash. Located in Cummington, Massachusetts, ITAV's mission is "to increase practical and emotional support and decrease social isolation, all while engaging the community to understand their responsibility in welcoming the newest members of their Village". ITAV provides free home visit services for participating families during an infant's first 12 weeks of life. The organization also hosts support groups for new and expecting parents. The Village Closet is a community resource that offers free baby items such as clothing, diapers, highchairs, bedding, and more, for any family in need.

As part of an annual tradition, in FY21 Baystate Health team members generously donate **school supplies** to local elementary schools located in each of our four hospital communities. This year, despite COVID-19, employees were able to participate in school supplies donation drives in person at our facilities. Each hospital uniquely selects which schools and/or non-profit to make the donations through. Baystate Noble's employees allocated all donations to the Abner Gibbs Elementary 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. Baystate Noble team member donations benefited Greater Westfield children served by Behavioral Health Network (BHN).

Plans for Next Reporting Year

In FY 2022, BNH, 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, BNH 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. BNH 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, BNH 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 BNH 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

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

Opportunities for Funding

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

The BNH 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 new health priority selected by the BNH CBAC.

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 meant 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 BNH 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 Public Health and Community Relations provides updates to the Baystate Board of Trustees and Baystate and BNH leadership teams, as requested.

The BNH 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 BNH 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.

BNH CBAC membership includes hospital team members and representatives from Hampden County constituencies and communities. CBAC members are responsible for reviewing community 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

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

1. Armbrook Village*
2. Ascentria Care Alliance
3. Behavioral Health Network*
4. Boys & Girls Club of Greater Westfield*
5. C.O.R.E of Greater Westfield*
6. Coalition of Western Massachusetts Hospitals/Insurer
7. Greater Westfield Committee for the Homeless
8. Greater Westfield YMCA*
9. Hilltown Community Health Center*
10. It Takes A Village

11. Mental Health Association
12. Tapestry Health
13. Town of Blandford*
14. Western Massachusetts Health Equity Network (WMHEN)
15. Westfield Food Pantry
16. Westfield Health Department*
17. Westfield Senior Center/Council on Aging*
18. Westfield State University*

*BNH CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BNH, 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 BNH could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital. The Coalition engaged PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and PVPC.

Organizational Policy

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

Program Results

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

Date of Last Assessment Completed, and Current Status

In 2019, BNH, in partnership with the Coalition, conducted a CHNA of the service area 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.

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

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 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, Hampden County ranked last out of 14 counties in the state for both health factors and health outcomes in 2019. Worcester County ranked somewhat higher at ninth in health outcomes and health factors. Hampshire County was ranked higher at fourth in health outcomes and third in health factors.

BNH's service area, consisting of communities primarily located in Hampden County, experiences a number of priority health needs. 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 people with mental health and substance use. Though less data is available, people living in poverty, those who are homeless, immigrants and refugees, and GLBQ+ individuals have been identified as priority populations. Additional data is needed to better understand the needs of these populations in order to reduce inequities. The BNH service area population continues to experience a number of barriers that make it difficult to access quality health 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. Service area residents are impacted by high rates of obesity, cardiovascular disease, diabetes, asthma, chronic obstructive pulmonary disease, and associated morbidities. 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 has emerged as a top issue impacting the health of the community.

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

SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Lack of access to transportation and healthy food
- Lack of resources to meet basic needs

Section 6033(b) of the Internal Revenue Code.

- Need for financial health
- Educational needs
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE
- Insurance and healthcare related challenges
- Limited availability of providers
- Need for cultural humility
- Need for transportation
- Lack of care coordination
- Health literacy and language barriers

HEALTH CONDITIONS AND BEHAVIORS
- Mental health and substance use
- Chronic health conditions
- Infant and perinatal health and teen pregnancy
- Alzheimer's disease and dementia

Consultants/Other Organizations

BNH 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. BNH worked in collaboration with the Coalition to conduct the 2019 CHNA. This assessment was conducted to update the findings of the 2016 CHNA so BNH 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 Pioneer Valley Planning Commission (PVPC).

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

- Avery, Jennifer, Reentry Caseworker, Franklin County Sheriff's Department
- Brzezinski, Jen, Reentry Caseworker, Franklin County Sheriff's Department
- Calabrese, Jessica, Chief Operating Officer, Community Health Center of Franklin County
- Carey, Cameron, Development Director, Community Health Center of Franklin County
- Caulton-Harris, Helen, Commissioner of Public Health, City of Springfield
- Chartrand, Ken, Reentry Coordinator, Franklin County Sheriff's Department
- Cluff, Ben, Veterans' Services Coordinator, Massachusetts Department of Public Health, Bureau of Substance Use Services

- Evans, Rose, Vice President of Operations, Behavioral Health Network
- Ewart, Jared, Accountant, Community Health Center of Franklin County
- Federman, Julie, Health Director, Town of Amherst
- Hamilton, Wes, Chief Information Officer, Community Health Center of Franklin County
- Heidenreich, Maria, Medical Director, Community Health Center of Franklin County
- Hoynnoski, Arley, Chief Financial Officer, Community Health Center of Franklin County
- Hyry-Dermith, Dalila, Supervisor, Massachusetts Department of Public Health, Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Jacobson, Allie, Information Officer, Community Health Center of Franklin County
- Laurel, Charles, Clinician LICSW, Franklin County Sheriff's Department
- Luippold, Susan, Human Resources, Community Health Center of Franklin County
- Margosian, Alex, Clinician, Franklin County Sheriff's Department
- Mercado, Reuben, Reentry Caseworker, Franklin County Sheriff's Department
- Neubauer, Deb, Clinician, Franklin County Sheriff's Department
- Pascucci, Cheryl, Family Nurse Practitioner, Baystate Franklin Community Hospital Acceleration, Revitalization & Transformation Program (CHART)
- Petrie, Maegan, Accountant, Community Health Center of Franklin County
- Pliskin, Ariel, Clinical Intern, Franklin County Sheriff's Department
- Rai, Chitra, Senior Case Manager, Ascentria Care Alliance
- Savery, Kim, Case Manager, Hilltown Community Health Center
- Sayer, Ed, Chief Executive Officer, Community Health Center of Franklin County
- Schwartz, Levin, Director, Clinical and Reentry Services, Franklin County Sheriff's Department
- Sitler, Kathey, Director, Drug Task Force
- Van der Velden, Allison, Dental Director, Community Health Center of Franklin County
- Walker, Phoebe, Director of Community Services, Franklin Regional Council of Governments
- Welenc, Susan, Population Health Community Health Center of Franklin County

CHNA Data Sources

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

- Analysis of social, economic, and health quantitative data from Massachusetts Department of Public Health, the U.S Census Bureau, the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the County Health Ranking Reports, Community Commons, and a variety of other data sources;
- Analysis of findings from one (1) focus groups, four (4) key informant interviews, eleven (11) community chats, and one (1) community conversation specifically conducted for BNH;
- Analysis of findings from an additional five (5) focus groups and twenty-seven (27) key informant interviews conducted for other Coalition members and considered relevant for this CHNA;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving BNH's 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. Quantitative analysis (secondary data from DPH, Massachusetts CHIP, Hospital Inpatient/ED Discharge, and Ambulatory Care Sensitive Conditions), involved review of health assessments conducted by other organizations in recent years, key informant interviews, and focus groups. Preliminary assessment findings were also discussed with community stakeholders during a series of "listening sessions" and feedback from participants helped validate findings.

Community Definition

BNH is an 85-bed acute care community hospital providing a broad range of services to the Greater Westfield community. BNH is able to offer direct access to world-class technology, diagnostics, and specialists as a proud member of the Baystate system. Baystate and BNH work to ensure that its patients have access to exceptional health care, close to home. An ideal combination of "high tech" and "high touch," a staff of highly trained and compassionate nurses and medical support personnel complements an outstanding medical staff. Services include intensive care, diagnostic imaging, emergency services, cardiopulmonary services and rehabilitation, cancer services, laboratory services, and behavioral health.

The service area for BNH includes ten communities, nine of which are located in the western portion of Hampden County, over 100,000 people, and a majority of this population lives in the cities of West Springfield and Westfield. There is a mix of rural and urban populations. The U.S. Census defines urban areas as consisting of census tracts and/or blocks which meet the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or are adjacent and meet additional criteria. The population is densest surrounding Westfield, West Springfield, and Agawam (US Census Bureau, Decennial Census 2010). The median age of residents in these cities is approximately 42 years.

The service area has more racial and ethnic diversity than many other parts of western Massachusetts. County-wide, 24% of the population is Latino, 8% is black and 2% is Asian (ACS, 2013-2017), though this diversity is not equally spread throughout the region and tends to be concentrated in the urban core. In the BNH service area, 86% of the population is white, 7% is Latino, 2% is Black and 3% is Asian (ACS, 2013-2017). A substantial proportion of the County's population is from other countries. In 2017, 22% of the state's immigrants came to western Massachusetts. West Springfield has welcomed the highest proportion in Hampden County, and 15% of the city's populations are immigrants. The current political climate has exacerbated threats to immigrant health related to threats to the behavioral, cultural, and structural systems that determine individual health decisions on a daily basis. According to the Massachusetts Department of Public Health, in the past 5 calendar years (2014-2018), there were 2,314 refugees with health assessments in western Massachusetts. This assessment is the first medical screening provided to refugees; it is their gateway into the medical system.

Compared to the state, the BNH service area has slightly lower unemployment and poverty rates, and higher levels of educational attainment. The median household income in the service area is about $61,000 (almost $17,000 less than the state). The poverty rate is 9% (slightly lower than the state rate of 11%). The child poverty rate is 13% (compared to 14.6% at the state level) (ACS, 2013-2017). Despite being near the Knowledge Corridor region, only 31% of the population aged 25 and over has a bachelor's degree, compared to 43% statewide. Unemployment is slightly lower than the state average.

The median age for the service area is 41.6 years of age which is older than that of Hampden County and of the state. The population over 45 years old is growing as a percentage of the total population. To give a sense of the change in service needs, between 2010 and 2035, the proportion of people over age 60 in Hampden County is projected to grow from 20% of the population to 28%, with the number of older adults increasing from approximately 92,000 in 2010 to an estimated 140,000 in 2035. Aging projection data specific to the service area was unavailable. In Hampden County 14% of the population has a disability compared to the state rate of 12%. In West Springfield and Westfield, disability rates are comparable to the county at 14% and 15% respectively.

The following table depicts the population of towns that comprise BNH's community definition.

	2017 Population Estimate
Hampden County	
Agawam*	28,748
Blandford	1,260
Chester	1,529
Granville	1,624
Huntington	665
Russell**	1,793
Southwick	9,758
Westfield	41,700
West Springfield	28,704
Total Service Area	**117,354**

Source: Population Division, U.S. Census Bureau
* Only the Feeding Hills section of Agawam is part of service area
**Woronoco is a part of service area and included in list above as part of Russell

To learn more about the findings from BNH'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

BAYSATE FINANCIAL ASSISTANCE & COUNSELING

Brief Description or Objective	BNH 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. They can also assist in linking their clients to other community health insurance resources. BNH 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.
Program Type	Access/Coverage Supports
Target Population	**Regions Served:** County-Hampden, **Health Indicator:** Access to Health Care **Sex:** All **Age Group:** All **Ethnic Group:** All **Language:** All, English, Spanish
Goals	**Statewide Priority:** ▪ Supporting Healthcare Reform **Goal 1** Description: Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support. Status: In progress **Goal 2** Description: Screen all individuals and provide assistance in completing and submitting applicable applications. Status: In progress
Partners	Not Specified
Contact Information	Cheryl St. John, Patient Registration Manager, Baystate Noble Hospital, Westfield, Massachusetts 01086. 413-794-3336. Cheryl.St.John@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 **Language:** English, Spanish **Environment Served:** Rural (BFMC, BNH, BWH); Suburban (BMC, BNH, BWH); Urban (BMC)
Health Need	**DoN Health Priority:** Built Environment; Education; Social Environment **Focus Issue:** All **Health Issue:** All Social Determinants of Health
Goals	**Goal 1** Description: To strengthen social, health, economic, and environmental conditions to improve the health of our community through community grant making Status: Request for Proposals process completed in FY21
Partners	Public Health Institute of Western MA https://www.publichealthwm.org/ See list of grantees in narrative above

COMMUNITY BENEFITS INVESTMENT SPONSORSHIPS

Brief Description or Objective	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.
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 **Language:** All **Environment Served:** Rural; Suburban; Urban
Health Need	**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
Goals	**Goal 1** Description: Address community health needs identified in the Community Health Needs Assessment through a rolling application/funding cycle process. Status: In progress; $5,000 awarded in FY21
Partners	N/A

COMMUNITY HEALTH NEEDS ASSESSMENT

Brief Description or Objective	BNH 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. BNH 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 BNH can better understand the health need trends of the communities served and meet its fiduciary requirement as a tax-exempt hospital.
Program Type	Infrastructure to Support CB Collaboration **Tags:** N/A

Target Population	**Regions Served:** County-Hampden, County-Hampshire; County-Franklin **Gender:** All **Age Group:** All **Ethnic/Racial Group:** All **Language:** All **Environment Served:** Rural; Suburban; Urban
Health Need	**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
Goals	**Goal 1** Description: To provide a comprehensive assessment of local/regional assets and needs in order to inform community health planning. Status: In progress
Partners	Public Health Institute of Western MA Franklin County Regional Council of Governments Collaborative for Educational Services Cooley-Dickinson Hospital Health New England Mercy Medical Center Shriners Hospital for Children

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; 18 children served in FY21
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 Mass in Motion — https://www.mass.gov/orgs/mass-in-motion
Contact	Chrystal Wittcopp, MD, Baystate General Pediatrics, 140 High Street, Springfield,

Information Massachusetts. 413-794-7455. chrystal.wittcopp@baystatehealth.org.

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2021		APPROVED PROGRAM BUDGET FOR FY 2022
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	$385923	$10,000 *Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	$100,000	
	Total CB Programs	**$358,923**	
NET CHARITY CARE	HSN Assessment	$326,099	
	HSN Denied Claims	$0	
	Free/Discount Care (BNH Financial Assistance Program)	$124,044	
	Total Net Charity Care	**$868,555**	
TOTAL EXPENDITURES	**$809,066**		
Net Patient Service Revenues for FY 2021			**$64,083,370**
Total Patient Care Related Expenses for FY 2021			**$66,281,192**

OPTIONAL INFORMATION

Bad Debt	$2,381,638	Certified: **YES**
IRS 990 Schedule H	$5,721,256	2019 Tax Return (FY 2020)