

Baystate Wing Hospital

Palmer, Massachusetts

Ware, 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 Wing Hospital 40 Wright Street Palmer, MA 01069 413-283-7651 baystatehealth.org
PRIMARY SERVICE AREA	Hospital is located in Hampden County, but service area encompasses parts of Hampshire, Hampden, and Worcester Counties
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	68
NUMBER OF EMPLOYEES	452.66 FTEs *
YEAR ESTABLISHED	1913
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDES BAYSTATE REFERENCE LABORATORIES)	90.1% White; 5.0% Hispanic; 2.3% Black; 0.5% Asian; 0.1% American Indian/Alaska Native; 0.1% Native Hawaiian; 1.9% Other/Unknown
PAYER MIX OF PATIENTS	3,596 Inpatient Discharges 64.57% Medicare; 15.38% Medicaid; 14.71% Managed Care; 0.50% Non-Managed Care; 4.84% Other
ANNUAL EMERGENCY SERVICES STATISTICS	25,050 Emergency Service Visits 22.28% Medicaid; 1.73% Free Care; 7.53% Healthnet; 0.77% Commonwealth Care; 67.68% Other
PRESIDENT/CEO	Molly Gray President & Chief Administrative Officer Baystate Health Eastern Region 40 Wright Street, Palmer, MA 01069 413-370-5210 molly.gray@baystatehealth.org
COMMUNITY BENEFITS CONTACT	Michelle Holmgren Public Affairs & Community Relations Manager Baystate Health Eastern Region 85 South Street, Ware, MA 01082 413-967-2296 michelle.holmgren@baystatehealth.org
HOSPITAL SERVICES	Baystate Wing Hospital, a 68-bed community hospital located in Palmer, Massachusetts, offers 24-hour emergency care and a broad range of inpatient and outpatient medical and surgical services, including comprehensive outpatient behavioral health services, heart and vascular care, gastroenterology endoscopy surgery, pain management, and primary care. Satellite facility Baystate Mary Lane Outpatient Center offers lab service and a radiology imaging center that includes CT, bone density, breast ultrasounds, diagnostic imaging and #D mammography.
DHCFP ID	2181
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH NETWORK AREA (CHNA)	#4 Community Health Connection (Springfield)

* includes FTEs for Baystate Wing Hospital and Baystate Mary Lane Outpatient Center
BASED ON FY 2021 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Wing Hospital in Palmer, Massachusetts and its satellite facility **Baystate Mary Lane Outpatient Center** in Ware, Massachusetts, collectively make up the **Baystate Health Eastern Region**. Throughout this report Baystate Wing Hospital and Baystate Mary Lane Outpatient Center are referred to collectively as Baystate Health Eastern Region (BHER).

BHER 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, BHER 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 BHER 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.

BHER 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 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.

BHER 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.

BHER 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). BHER 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, BHER 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.

BHER PRIORITY POPULATIONS

- Children and youth
- Communities of color, particularly Latinos and Blacks
- LGBTQ+ individuals
- Immigrants and refugees
- Older adults
- People living on low- or poverty-level incomes
- People living unsheltered/homeless
- People living with disabilities
- People reentering society after incarceration
- People with mental health and substance use disorders, especially those with dual diagnoses
- Transgender individuals
- Young adults under age 25

The BHER’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 Health Eastern Region Community Benefits Advisory Council (BHER CBAC)** continued to diversify and expand its membership and guest list throughout FY 2021. The BHER CBAC continues to meet monthly (second 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

BHER 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. BHER 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 BHER 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 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 BHER CBAC embarked on a new Request for Proposals (RFP) process that sought to address and improve Social Environment outcomes in eastern Hampden County and the Quaboag Region. At the close of the RFP, five grant awards were made to the following organizations, totaling \$239,664 in investments: Alzheimer's Association of MA/NH Chapter, Greater Springfield Senior Services, Quaboag Hills Community Coalition, Quaboag Valley Community Development Corporation, and The Literacy Project. 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 CHNA, BHER developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BHER to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, BHER, in partnership with its CBAC, identified four (4) high-priority health needs to be the focus of current and future hospital community health planning efforts, 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:** BHER recognizes the association between having a strong social environment (social capital, cohesion, support, 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:** BHER recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention. 2019 CHNA key informant interviewees and focus group participants identified substance use and mental health as one of the most urgent health needs impacting the area.
3. **BASIC NEEDS:** The region has a great need for increased resources so individuals and families can meet their basic needs. Basic needs include food, transportation, and other essentials for daily living. In addition, BHER recognizes the need for improved understanding of community resources among hospital employees serving its patients.
4. **DOMESTIC VIOLENCE:** The region has a great need for increased resources and coordinated care for individuals and families who are at-risk or experiencing(ed) domestic violence. The impacts of domestic violence reach far beyond the person who is being abused and can lead to a host of challenges for the individuals, their families, and any other social supports.

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.

Social Environment

Alzheimer’s Association of MA/NH Chapter received a three-year, \$50,000 Better Together grant to support its “**ALZ and Baystate Better Together**” initiative. The Alzheimer’s Association MA/NH chapter has developed an innovative and evidence-informed approach to the management of Alzheimer’s disease and other dementias called Dementia Care Coordination (DCC). This funding allows Alzheimer’s Association MA/NH to expand their DCC model into the BHER service area where they will work with providers to direct referrals of family caregivers to receive care consultation. DCC benefits individuals living with dementia, family caregivers, and health care providers by improving access to information, support, and resources to manage challenges and by increasing the dementia-capability of health care systems through a direct referral program, provider education and adoption of Age-Friendly guidelines. This project also aims to provide tele-mentoring for clinical staff in the adoption of Age-Friendly Health Systems guidelines utilizing a Project ECHO (Extension for Community Healthcare Outcomes) “all teach-all learn” model of interactive education. Alzheimer’s Association encountered numerous challenges engaging with the community in FY21, especially given the capacity limitations with COVID. Much of the key work in the first few months of the award included the distribution and evaluation of a survey at Baystate Medical Center that offered insight on how to enhance the program as the organizations rolls it out in the BHER. The main takeaway from the provider survey applicable to the program roll-out at Baystate Wing is that Dementia Care Coordination, far from burdening providers, benefits them by helping with the non-medical aspects of care that they may lack the time or resources to provide.

Greater Springfield Senior Services Inc. (GSSSI) received a three-year, \$51,000 Better Together grant to support its **Medically Tailored Meals and Nutrition Education** initiative. This funding will enhance & expand their current Medically Tailored Meals (MTM) Program currently available only to Springfield residents. The MTM program provides distinct home-delivered meals for consumers over 60 in Palmer and their caregivers with a cardiac, renal, or diabetic diagnosis. All participants will also receive at least one session, either telephonically or in-home, with a registered dietician to discuss any dietary and health education issues regardless of their eligibility or desire for the meals. Staff will also make warm transfers to any other referral sources needed, such as Senior Brown Bags, SNAP, etc. The initial phase will focus solely on Palmer residents but, if successful, may expand to surrounding towns. Meal drivers are required to see the consumer daily, as opposed to just dropping off the meal, and this practice serves to reduce social isolation. The project aims to provide enhanced access to healthy food to frail older adults, improve their health education knowledge, reduce social isolation, and provide warm handoffs to other programs as needed. In FY21, keeping a catering vendor contract to provide meals in the Palmer area proved to be a challenge. Securing a solid vendor contract to guarantee timely home delivered meals is key to program implementation. Accomplishments during this reporting year included providing brochures to the local community about GSSSI's offerings. The project hopes to launch more robustly in the next fiscal year.

Quaboag Hills Community Coalition (QHCC) received a three-year, \$50,000 Better Together grant to support its **Seeds of Hope** initiative. This project aims to support 50 youth in the Quaboag Hills ages 17-24 who are not at this time headed for college, in creating self-sustaining, rewarding, purposeful lives through employment. QHCC will provide individualized Planned Approach to Community Health wrap around case management services to these youth to strengthen the gaps in their social environment, and address the simultaneously occurring barriers to successful engagement, that often include things like lack of transportation, driver's license and/or identification, childcare for siblings, emerging substance misuse, dating violence, etc. They will work with partners at Holyoke Community College and Education 2 Employment to provide career aptitude and then intensive skills for gaining and keeping employment. These include but are not limited to self-regulation and roles at work, interviewing, and job-keeping problem-solving communication skills. Planned Approach to Community Health (PATCH) services delivered through Behavioral Health Network and directly by the Project Manager will help obtain access to certification programming, provide transportation, and connections to job opportunities at local businesses who are partnering with Seeds of Hope. Hiring and staffing challenges significantly delayed the full implementation of youth recruitment in FY21. QHCC received a no cost extension to move this grant from a two to three-year project. The main success was hiring a part-time Project Manager with the ability to provide intensive case management, trained in utilizing the P.A.T.C.H. approach, a knowledge of local schools and businesses, good organizational skills, and the ability to work independently.

Quaboag Valley Community Development Corporation (QVDC) received a three-year, \$45,000 Better Together grant to support its **Financial Fitness Club** initiative. This program helps low income participants plan and save for a variety of asset-building goals that provide on-ramps to financial stability. Participants identify a realistic matched savings goal, and are encouraged to make regular deposits to their account at a local community bank. The program includes monthly group meetings on financial topics such as: establishing your financial values and goals, building or repairing credit, the costs associated with owning a car, rights and responsibilities of renters, how to finance education programs. Individual counseling is included. At the conclusion of the program, successful participants savings are matched by a ratio of at least 1 to 1. Most participants take a year to complete the program. During FY21, key success has been outreach, receiving applications, enrolling 8 participants, and the launch of the program on 10/14/21. For outreach, QVDC distributed flyers to surrounding towns and organizations.

The Literacy Project received a three-year, \$43,664 Better Together grant to support its **Building Healthy Lifestyles Together** initiative. This project will serve adult learners at The Literacy Project's Ware classroom site through enhancing adult basic education courses by offering opportunities for healthy eating (i.e., cooking meals together) and physical activity (i.e., a walking group) in a group setting. The project will create a Student Advisory Board so students can lead the direction and activities of the project to address their interests and concerns, centered on increasing social connectivity and stress reduction. Building Healthy Lifestyles Together will introduce The Literacy Project's adult students to nutrition, benefits of healthy lifestyles, the importance of physical activity and provide opportunities to build community with other students and our organization to help reduce social isolation. Literacy Project programming operates on an academic year (September-May/June). Classes are offered on weekdays, Monday-Friday. In FY21, a success was quickly noticing the students' interest and participation in stress reduction activities. Students were hesitant at first but quickly warmed up to the idea after learning more about the benefits of meditation, breathing techniques, etc. Students have asked to incorporate this as a standard part of their learning program. An additional success is that all participants have completed a presurvey, providing baseline information on the health habits of students that will be compared to results of a post-survey after they complete the Building Healthy Lifestyles Together program.

Mental Health and Substance Use

BHER continues to play an active role in addressing concerns around addiction, treatment, and recovery in the service area through maintaining engagement with the **Quaboag Hills Community Coalition Substance Use Alliance (QHCC SUA)**, **Hampshire Heroin Opiate Prevention and Education (HOPE) Coalition**, the **Hampden County Addiction Task Force, Strategic Planning Initiative for Families and Youth (SPIFFY) Coalition**, and the **Worcester County Drug Addiction Task Force**. QHCC SUA continues its Drug Free Communities Support Program, which has received past funding from BHER, to establish and strengthen community collaboration in support of local efforts to prevent youth substance misuse.

In FY 2021, Baystate Wing Hospital received a \$50,000 **state earmark** from the Massachusetts Department of Public Health (DPH) to target opioid related challenges in the region. A little less than half of this funding went towards various internal efforts to further increase awareness around opioid use in the region, train providers on harm reduction techniques, and eliminate stigma among all employees. The anti-stigma campaign, **Words Matter**, was 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. The remaining funds were invested into community grants through a small Request for Proposals process. Both the **Western MA Training Consortium and Wilbraham Police Department** were funded through this process for their respective projects: The Ware Regional Recovery Center and Wilbraham DART program training.

Basic Needs

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 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.

As a result of collaborative efforts between the BHER CBAC and the QHCC SUA, the Food Bank of Western Massachusetts (the Food Bank) continued the monthly Ware **Mobile Food Pantry**, even with the challenges posed by COVID-19. The mobile food pantry is a way to expand the reach of the Food Bank to provide healthy food that may not be available from other sources, and provides a more comfortable community-based way to access food to over 200 low-income families at the Highland Village Apartments. BHER CBAC members and hospital team members serve as the site supervisors responsible for monitoring and documenting activities and clients at the mobile pantry and serving as a liaison between the Food Bank and mobile pantry site. Hospital staff volunteer at this monthly program to extend the reach of the hospital by providing access to programs and services, and access to BHER’s Financial Councilor, WIC services, fuel assistance, and SNAP. The Mobile Food Pantry went to Highland/Hillside Village Apartments the third Tuesday of every month prior to the pandemic. The mobile food pantry was quickly moved to Granville Park to allow for social distancing and contactless food delivery every Tuesday of the month.

Brown Bag Food for Elders continues to provide income qualified senior citizens with monthly supplemental bags of food. All types of food are included, from canned goods, pasta, and produce when available. Through the efforts of the BHER CBAC and Country Bank, the Brown Bag program, sponsored by the Food Bank, has been available to seniors in Ware for over seven years. The Food Bank of Western Massachusetts continues to deliver food directly to the Ware Senior Center, providing supplemental food to over 135 low-income households in Ware, on a monthly basis. The Ware Senior Center was still able to serve local households at full capacity despite continued COVID staffing challenges.

In FY 2021, BHER awarded another \$10,000 grant to Quaboag Valley Community Development Corporation (QVDC) to support the **Quaboag Connector**, a service provided by the Town of Ware with assistance from QVDC that offers transportation to and from work, workforce training, and adult education programs including the Holyoke Community College satellite site in Ware. This intraregional service has expanded to provide rides within a nine town rural area. Community members access the Quaboag Connector for transportation to and from medical visits, cultural activities, senior centers, and food and pharmacy shopping. Currently during the COVID-19 pandemic, the Quaboag Connector continues to provide close to 900 rides monthly. In support of community needs, the Quaboag Connector will offer Saturday service and support the launch of two pilot projects focused on the implementation of scheduling software and establishing a fixed route shuttle along Route 9, connecting PVRTA with WRTA in FY22.

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 Wing employees were able to collect and donate 1,058 items to Palmer, Ware and Quaboag Regional Schools

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 Medical team members donated over 300 toys, shipped directly by the Baystate Health Warehouse team to our local communities. three Springfield community health centers for staff and providers to gift to pediatrics patients. BHER team members donated toys/gifts to benefit 90 children from Ware, Palmer, Belchertown, the Brookfields, Brimfield, and Warren served by Behavioral Health Network (BHN).

Domestic Violence

BHER, the Ware River Valley Domestic Violence Task Force, and Valley Human Services have a long history of working together to address the needs of community members whose health is impacted by domestic and sexual violence in the Ware Region. Leaders from BHER have committed to nursing representation at both the Ware and Palmer Domestic Violence Task Forces to ensure that the needs of sexual and domestic violence survivors are met throughout the region with a trauma informed approach that uses best practices and is integrated with local community based services.

The **Ware and Palmer Domestic Violence Task Forces** continued their work despite lingering COVID-19 challenges. In their work these organizations partner to review the history and current practice of each task force in addressing domestic and sexual violence; review the health needs of domestic and sexual violence survivors from the Ware and Palmer regions, including needs that are being met and gaps in service; discuss best practices and pending new state mandates and state recommendations related to domestic and sexual violence; and develop a joint vision for how the health needs of domestic and sexual assault survivors from the Ware and Palmer region would be best served. The groups continue with implementing their work plans related to the following:

- Plan for on-going meetings and/or communication to continue to build on this partnership;
- Develop a joint strategy to identify funding for service, training, and collaborative efforts;
- Joint plan to evaluate service, training, and collaborative efforts for BHER staff; and
- Develop a BHER Domestic Violence Response Team to support BHER staff.

BHER was providing office and meeting space for a Behavioral Health Network (BHN) **Domestic Violence Advocate** to serve the community prior to the pandemic. In FY 2021, the advocate continued to work virtually after the onset of COVID-19 restrictions. The BHN Domestic Violence Advocate is a trained counselor specifically certified in the area of domestic and sexual violence. The role of the Domestic Violence Advocate is to empower and counsel victims and survivors through emotional support, safety planning, case management services, and advocacy within medical, court, child welfare, and other systems of care. BHER continues to be an integral partner to the Ware and Palmer Domestic Violence Task Forces by providing meeting space and training and communications to local and regional medical care providers. BHER Domestic and Sexual Violence Screening and Response team has developed screening questions and practices. Screening tools and response protocols for DV continue to be

promoted and utilized by emergency room staff at Baystate Wing Hospital.

Other Needs that Align to CHNA

Baystate Wing Hospital provide **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 with health insurance applications; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking clients to other community health insurance resources. 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.

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."

In addition to the oversight from the HCCHIP, the BHER community partners also applied to the Massachusetts Community Health and Healthy Aging Fund grant to fund a new **Quaboag Hills Community Health Improvement Plan (QHCHIP)**. Because of the unique service area, QHCHIP received funding last year to begin developing a CHIP infrastructure and work plan that would specifically focus on improving health outcomes for their towns. In FY21, partners continued to plan for the development of a CHIP plan despite continued delays and shifting priorities with COVID.

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. The MIGHTY program was initiated at the Scantic Valley YMCA in FY 2021 and enrolled 10 children and families in its first year (FY21).

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 BHER service area, PURCH students have been able to partner with QVCDC and the Quaboag Hills Substance Use Alliance.

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.

Baystate physicians continue to regularly share their expertise beyond the walls of the hospital by offering high-quality training and monthly Emergency Medical Services (**EMS) Continuing Education** programs at no cost to EMS providers that serve their communities. The close working relationship between hospital emergency physicians and EMS providers is essential to ensuring that residents and patients receive the highest quality care in the field. Strained town budgets make EMS training and education a challenge for many rural fire and/or ambulance squads. EMS providers are a vital part of the safety infrastructure of the community, and the first link in the chain of care for residents. Given COVID-19, the number of EMS trainings offered went down significantly due to social distancing guidelines. Dr. Kenneth Knowles from Baystate Health continued to host monthly medical director meetings and EMS communication meetings with hospital leadership every other month in FY21.

Baystate Wing’s Board of Trustees invested \$70,000 to the **Ware Fire Department for their EMT to Paramedic training program**. Shortages of Paramedics in this service area has forced the department to respond with fewer advanced life support (ALS) staffed ambulances. The request and demand for ALS

mutual aid and or intercept had increased in the community, partly due to the forced closure of Baystate Mary Lane emergency department in 2021. Funding this project increased the department's ability to respond and treat the community at this specialized pre-hospital care level and has a dual purpose of increasing workforce opportunities for young people in the region.

Plans for Next Reporting Year

In FY 2022, BHER, 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, BHER 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. BHER 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, BHER 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 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 BHER 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

BHER, 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. BHER 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 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 BHER 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 Education to Employment as a health priority

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 BHER CBAC, Baystate Health Board of Trustees, and Baystate Wing Hospital Board of Directors 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 Strategic Implementation Plans 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, Baystate Wing Hospital Board of Directors, and other Baystate leadership teams, as requested.

The BHER 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 BHER 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.

BHER 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

BHER community partners include, but are not limited to:

1. Baystate Eastern Region Patient Family Advisory Council*
2. Baystate Mary Lane Outpatient Center Emergency Department
3. Baystate Wing Administration*
4. Baystate Wing Finance
5. Behavioral Health Network*
6. Brookfield Institute*
7. Coalition of Western Massachusetts Hospitals/Insurer
8. Collaborative for Educational Services*
9. Education to Employment (E2E)

10. Food Bank of Western Massachusetts
11. Hardwick Youth Center and Food Pantry*
12. Highland/Hillside Village Apartments
13. Holyoke Community College
14. Massachusetts Department of Public Health
15. MassHire Franklin Hampshire Workforce Board
16. Monson Savings Bank*
17. Palmer Domestic Violence Task Force*
18. Palmer Mass In Motion
19. Palmer Public Schools
20. Palmer Senior Center
21. Quaboag Hills Community Coalition Substance Use Alliance*
22. Quaboag Hills Community Coalition*
23. Quaboag Regional School District*
24. Quaboag Valley Community Development Corporation*
25. Scantic Valley YMCA*
26. Top Floor Learning
27. Town of Ware*
28. Tri-Community YMCA
29. Trinity Church of Ware*
30. Ware Adult Education Center
31. Ware Domestic Violence Task Force*
32. Ware Public Schools*
33. Ware Senior Center*

*BHER CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BHER, 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 BHER 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, BHER, in partnership with the Coalition, conducted a CHNA of the combined and shared geographic area served by Baystate Wing Hospital and Baystate Mary Lane Outpatient Center 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 the Robert

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.

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.

The BHER service area, which includes parts of Hampden, Hampshire, and Worcester Counties, continues to experience many of the same prioritized health needs identified in its 2016 CHNA. Social and economic challenges experienced by some members of 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 youth, older adults, and Latinos. Individuals who are homeless, live on low or poverty level incomes were also identified as priority-populations. Additional data is needed to better understand the needs of these populations in order to reduce inequities. The BHER 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 health care system. Mental health and SUDs 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. Progress has been made to address some of the prioritized health needs previously identified, such as 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 BHER 2019 CHNA.

SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Lack of access to transportation, healthy food, and places to be active
- Lack of resources to meet basic needs
- Need for financial health
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Insurance and health care 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
- Alzheimer’s disease and dementia

Consultants/Other Organizations

BHER 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. The BHER worked in collaboration with the Coalition to conduct the 2019 CHNA. This assessment was conducted to update the findings of the 2016 CHNA so the BHER 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.

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

- 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 Public Health Department
- Cluff, Ben, Veterans' Services Coordinator, MA Department of Public Health, Bureau of Substance Use Services
- Ewart, Jared, Accountant, Community Health Center of Franklin County
- Federamn, 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
- Hoynoski, Arley, Chief Financial Officer, Community Health Center of Franklin County
- Hyry-Dermith, Dalila, Supervisor, MA 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
- Luippold, Susan, Human Resources, Community Health Center of Franklin County
- Patrissi, JAC, Director of Domestic Violence Services, Behavioral Health Network Valley Human Services
- Petrie, Maegan, Accountant, Community Health Center of Franklin County
- Sayer, Ed, Chief Executive Officer, Community Health Center of Franklin County
- 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 two (2) focus groups, eight (8) chats, one (1) community conversation, and one (1) key informant interview specifically conducted for Baystate Wing Hospital;
- Analysis of findings from an additional four (4) focus groups, two (2) community conversations, and seventeen (17) key informant interviews conducted for other Coalition members and considered relevant for the 2019 CHNA;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving the BHER 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 to highlighted communities

chosen by the BHER in its service area. In these instances, analyses focused on Palmer and Ware. Other communities were included as data was available and analysis indicated an identified health need for that community.

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 young adults. Quantitative analysis (secondary data from DPH, Mass CHIP, Hospital Inpatient/Emergency Department 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

Baystate Wing Hospital is a 68-bed, acute care community hospital facility located in Palmer, Massachusetts (18 miles east of Springfield) that provides a broad range of emergency, medical, surgical, and psychiatric services. The hospital’s top priority is providing clinical excellence, advanced technology, neighborly warmth, and convenience of a community hospital. Baystate Wing Hospital’s medical centers located in Belchertown, Ludlow, Monson, Palmer, and Wilbraham offer extensive outpatient services to meet the needs of its communities. Baystate Wing Hospital also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA & Hospice. Baystate Wing Hospital is fully accredited by the Joint Commission and is a designated Primary Stroke Service by the Massachusetts DPH.

Baystate Mary Lane Outpatient Center serves the residents of Ware and surrounding communities offering a variety of primary and specialty health care including cancer, cardiology, surgery, and imaging services. The Satellite Emergency Facility at Baystate Mary Lane Outpatient Center provides care for emergency injuries or illness, with highly skilled emergency medicine physicians, nurses, and staff. The facility is a satellite of Baystate Wing Hospital.

The Baystate Wing Hospital service area overlaps to a great degree the region that is also known as the Quaboag Hills Region. The region is 90 miles west of Boston, 30 miles northeast of Springfield, and 30 miles west of Worcester, representing 17 communities in a 440-square mile region in west-central Massachusetts with a total population of 122,033. Numerous small, rural towns make up the region (Belchertown, Brimfield, Brookfield, East Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Spencer, Wales, Ware, Warren, West Brookfield, and Wilbraham) which crosses three county lines (Hampden, Hampshire, and Worcester Counties). The towns are comprised of densely populated former mill villages surrounded by rural areas and developing commuter neighborhoods.

Thirteen of the 17 towns have populations of less than 10,000 people living in them, and all 17 towns meet the state definition of “rural”, defined as “a municipality in which there are fewer than 500 people per square mile.” Transportation is extremely limited. Demographically, the service area is overwhelmingly white (more than 96%) with 2% Latino and less than 1% black or Asian. However recent trends show growing numbers of new immigrants and Spanish-speaking residents. For example, the town of Ware and the Quaboag Regional Schools each have a student body that is 6% Latino and Palmer students are 8% Latino.

The region has been characterized by chronic high unemployment, historically one to two points above the state average. Education levels in the Quaboag Hills Region are significantly lower than the average in Massachusetts. In the 2018 Robert Wood Johnson Foundation County Health Rankings, Hampden County ranks last (14th of 14 counties), Worcester County ranks 9th, and Hampshire County ranks 5th. Economically, the region has been hard-hit by lost manufacturing jobs and recession. In four of the six school districts, over 33% of students are eligible for reduced price and/or free lunch. An average of 8% of families lives below the poverty level; in Ware, Warren, and Hardwick, over 20% of families live in poverty. The Worcester Community Action Council, Inc.'s Community Action Plan 2015-2017 ranked the town of Hardwick as one of the five towns in Worcester County with the highest individual, childhood, and family poverty rates. Many families living in poverty are headed by single females. The town of Ware (population 9,872) serves as the region's economic and service "hub" with the broadest network of commercial entities, service providers, employers, and health care providers.

In Hampden County, 16% of the population has a disability compared to the state prevalence of 12%. In Hampshire County, 10% of the population has a disability. Disability prevalence in Ware and Palmer is higher than the state at 16% and 17%, respectively. People with disabilities tend to have higher rates of poverty and lower levels of education. In Hampden County, poverty rates among those with a disability (27%) were more than double those among people without a disability (12%). Similarly, 30% of the disabled population did not have a high school diploma compared to 11% among those without a disability (U.S. Census Bureau, ACS, 2013-2017). The following table depicts the population of towns that comprise BHER's communities served. The overall community encompasses parts of Hampden, Hampshire, and Worcester counties.

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

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

Note: The following villages are a part of the service area and are subsets of communities in the above list: Wheelwright, West Warren, Gilbertville, Three Rivers, Thorndike, and Bondsville

*Only the South Barre section of Barre is part of the service area

To learn more about the findings from BHER’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

Brief Description or Objective	Baystate Wing Hospital provide 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 with health insurance applications; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking clients to other community health insurance resources. 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 Tags: n/a	
Target Population	Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Adults Ethnic/Racial Group: All Language: All Environment Served: Rural, Suburban, Urban Additional Target Population: Refugee/Immigrant Status	
Health Need	DoN Health Priority: Built Environment EOHHS Focus Issue: n/a Health Issue: Social Determinants of Health – Access to health care; Income and poverty; Uninsured/underinsured	
Goals	Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting 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	
Partners	Massachusetts Association of Community Health Workers Supplemental Nutrition Application Program (SNAP) MA Department of Transitional Assistance	www.machw.org www.fns.usda.gov/snap www.mass.gov/eohhs/gov/departments/dta
Contact Information	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org .	

BAYSTATE HEALTH EASTERN REGION DOMESTIC VIOLENCE ADVOCATE

<p>Brief Description or Objective</p>	<p>BHER is providing office and meeting space for a Behavioral Health Network (BHN) Domestic Violence Advocate to serve the community. The BHN Domestic Violence Advocate is a trained counselor specifically certified in the area of domestic and sexual violence. The role of the Domestic Violence Advocate is to empower and counsel victims and survivors through emotional support, safety planning, case management services, and advocacy within medical, court, child welfare, and other systems of care. BHER continues to be an integral partner to the Ware and Palmer Domestic Violence Task Forces by providing meeting space and training and communications to local and regional medical care providers. BHER Domestic and Sexual Violence Screening and Response team has developed screening questions and practices. A new protocol for screening was also developed and implemented. Work done by the BHER Domestic Violence team included staff from Baystate Wing Hospital and encompassed the design, organization, and implementation of a series of practice workshops for nurses and various departments to train staff how to effectively respond to domestic violence, families of victims, and partners of victims throughout the region. The team also evaluated new screening and response protocols for domestic violence and continues outreach and education through brochures, flyers, etc. which are now available and dispersed throughout the Emergency Room service areas at Baystate Wing Hospital in Palmer.</p>
<p>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Health Professional/Staff Training; Health Screening</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban Additional Target Population: Domestic Violence History</p>
<p>Health Need</p>	<p>DoN Health Priority: Education; Social Environment; Violence EOHHS Focus Issue: Mental Health and Mental Illness Health Issue: Health Behaviors/Mental Health –Mental Health; Social Determinants of Health – Domestic Violence, Violence and Trauma</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Increase availability of and access to domestic violence support and resources <u>Status:</u> In progress Goal 2 <u>Description:</u> Train providers and staff on trauma informed patient care <u>Status:</u> In progress</p>

Partners	Ware River Valley Domestic Violence Task Force https://www.waredvtaskforce.org/ Palmer Domestic Violence Task Force
Contact Information	Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org .

BETTER TOGETHER GRANTS

Brief Description or Objective	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
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

	<p>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/BAYSTATE WING CORPORATE GRANTS

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.</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; \$60,000 awarded in FY21</p>
Partners	<p>N/A</p>

COMMUNITY HEALTH NEEDS ASSESSMENT

Brief Description or Objective	<p>BWH 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</p>
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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. BWH 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 BWH 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

EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION TRAINING

<p>Brief Description or Objective</p>	<p>Baystate physicians continue to regularly share their expertise beyond the walls of the hospital by offering high quality training and monthly continuing education programs at no cost to EMS providers that serve our communities. The close working relationship between hospital emergency physicians and EMS providers is essential to ensuring residents and patients receive the highest quality care in the field. Strained town budgets make EMS training and education a challenge for many rural fire/ambulance squads. EMS providers are a vital part of the safety infrastructure of our community, and the first link in the chain of care for our residents. Given COVID-19, the number of EMS trainings offered went down significantly due to social distancing guidelines. Dr. Kenneth Knowles from Baystate Health continued to host monthly medical director meetings and EMS communication meetings with hospital leadership every other month in FY21.</p>
<p>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Mentorship/Career Training/Internship</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Adults Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Education EOHHS Focus Issue: Substance Use Health Issue: Social Determinants of Health – Education/Learning, Public Safety</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Ensure that local communities have access to no cost and/or affordable EMS Training. <u>Status:</u> In progress</p> <p>Goal 2 <u>Description:</u> EMS personnel have access to up-to-date training on critical topics and meet their continuing education requirements necessary for maintaining EMS certification. <u>Status:</u> In progress</p> <p>Goal 3 <u>Description:</u> Ensure there are adequate numbers of qualified EMS providers in local communities so patients receive the highest quality care in the field. <u>Status:</u> In progress</p>
<p>Partners</p>	<p>Quality EMS Educators of Worcester</p>
<p>Contact Information</p>	<p>Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baystatehealth.org.</p>

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: Franklin County; Hampden County; Hampshire County 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 EOHHS Focus Issue: Chronic Disease Health Issue: Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition	
Goals	Goal 1 <u>Description:</u> 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. <u>Status:</u> In progress	
Partners	YMCA of Greater Springfield Springfield College University of Mass, Amherst campus Live Well Springfield Franklin County YMCA Scantic Valley YMCA Westfield YMCA Area schools and school nurses Pediatricians in Hampden, Franklin, & Hampshire County Mass In Motion	www.springfieldy.org www.springfield.edu www.umass.edu www.livewellspringfield.org www.franklincountyyymca.org http://www.springfieldy.org/family-centers/scantic-valley-y-family-center/ www.westfieldy.org 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

MOBILE FOOD PANTRY

<p>Brief Description or Objective</p>	<p>As a result of collaborative efforts between the BHER CBAC and the QHCC SUA, the Food Bank of Western Massachusetts (the Food Bank) continued the monthly Ware Mobile Food Pantry, even with the challenges posed by COVID-19. The mobile food pantry is a way to expand the reach of the Food Bank to provide healthy food that may not be available from other sources, and provides a more comfortable community-based way to access food to over 200 low-income families at the Highland Village Apartments. BHER CBAC members and hospital team members serve as the site supervisors responsible for monitoring and documenting activities and clients at the mobile pantry and serving as a liaison between the Food Bank and mobile pantry site. Hospital staff volunteer at this monthly program to extend the reach of the hospital by providing access to programs and services, and access to BHER’s Financial Councilor, WIC services, fuel assistance, and SNAP. The Mobile Food Pantry went to Highland/Hillside Village Apartments the third Tuesday of every month prior to the pandemic. The mobile food pantry was quickly moved to Granville Park to allow for social distancing and contactless food delivery every Tuesday of the month.</p>
<p>Program Type</p>	<p>Total Population or Community-Wide Interventions Tags: Community Education</p>
<p>Target Population</p>	<p>Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural; Suburban; Urban</p>
<p>Health Need</p>	<p>DoN Health Priority: Built Environment EOHHS Focus Issue: n/a Health Issue: Social Determinants of Health – Access to Healthy Foods; Nutrition</p>
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Increase food access to vulnerable populations. <u>Status:</u> In progress</p>
<p>Partners</p>	<p>Food Bank of Western Massachusetts www.foodbankwma.org Hillside Village Apartments (Ware)</p>
<p>Contact Information</p>	<p>Michelle Holmgren, Public Affairs & Community Relations Manager, Baystate Health Eastern Region. 413-967-2296. Michelle.Holmgren@baysatehealth.org.</p>

SUPPORT GROUPS

Brief Description or Objective

BHER offers a variety of support groups for individuals and families facing specific health issues—giving them opportunities to gain the insight and knowledge needed to best address their unique conditions. Facing a major illness or stressful life change can be a daunting prospect. Although support and self-help groups can vary greatly, all groups share one thing in common, they are places where people can share personal stories, express emotions, and be heard in an atmosphere of acceptance, understanding, and encouragement. Facilitators and participants share information and resources and people in a support group strengthen and empower others as well as themselves. The following is a list of FREE support groups and workshops that were offered pre-pandemic and continue to meet virtually:

Alcoholics Anonymous - are held in the Main Conference Room 2nd floor, Sunday evenings 7pm - 8:15 pm.

Breast Cancer Support Group - Open to all women with breast cancer regardless of stage of treatment. Meetings are held the 4th Wednesday of every month, 11am - 12:30 pm.

Circle of Angels: A Quilting Support Group for People Who Have Been Touched by Cancer - Meets twice monthly on Tuesdays from 11am-1pm.

Expressive Writing Through Cancer - Open to all cancer diagnoses. Meetings are held the 3rd Wednesday of every month, 11am - 1pm.

General Cancer Support Group - Open to all cancer diagnoses. Meetings are held the first Wednesday of the month, 11am - 12:30 pm.

Partners in Caregiving - An early evening support group for caregivers of people with cancer. Meetings are held the 2nd Tuesday of the month 5pm - 6:30 pm.

Program Type

Total Population or Community-Wide Interventions
Tags: Support Group

Target Population

Regions Served: Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham

Gender: All

Age Group: All

Ethnic Group: All

Language: English

Environment Served: Rural; Suburban; Urban

Health Need

DoN Health Priority: Social Environment

EOHHS Focus Issue: Chronic Disease with a focus on cancer; Substance Use Disorder

Health Issue: Cancer – Multiple; Substance Addiction – Alcohol use

Goals

Goal 1

Description: To support and educate patients/community members on how to

improve their life and/or live with their health issues and link patients with hospital resources, outside resources and services as appropriate.
Status: In progress

Partners Alcohol Anonymous

Contact Information Camille St. Onge, LICSW, Oncology Social Worker, Baystate Health Eastern Region. 413-967-2245. Camille.St.Onge@baystatehealth.org.

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2021		APPROVED PROGRAM BUDGET FOR FY 2022
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$372,660	\$30,000
	Other Leveraged Resources	\$50,00	
	Total CB Programs	\$422,660	*Excluding expenditures that cannot be projected at the time of the report.
NET CHARITY CARE	HSN Assessment	\$581,393	
	HSN Denied Claims	\$0	
	Free/Discount Care (Baystate Wing Hospital Financial Assistance Program)	\$99,100	
	Total Net Charity Care	\$680,493	
TOTAL EXPENDITURES	\$1,103,153		
Net Patient Service Revenues for FY 2021			\$88,069,021
Total Patient Care Related Expenses for FY 2021			\$88,150,936

OPTIONAL INFORMATION

Bad Debt:	\$4,285,924	Certified: YES
IRS 990 Schedule H:	\$15,614,089	2019 Tax Return (FY 2020)