

COMMUNITY BENEFITS IMPLEMENTATION STRATEGY | 2017 - 2020

Adopted by Baystate Health Board of Trustees on January 10, 2017

INTRODUCTION

Baystate Noble Hospital (“Baystate Noble”), based in Westfield, Massachusetts (MA) is committed to creating healthier communities by working with affiliated providers and community partners to meet the identified health and wellness needs of patients and the broader community. In keeping with this commitment to improve health, Baystate Noble provides many valuable services, resources, programs and financial support - beyond the walls of the hospital and into the communities and homes of the people we serve.

Baystate Noble conducted a community health needs assessment (“CHNA”) of the geographic areas served by the hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code (“Section 501(r”).¹ The CHNA findings were made available on the Baystate Health’s website in December 2016 (“2016 CHNA”).² This implementation strategy (“Strategy”), also required by Section 501(r), documents the efforts of Baystate Noble to prioritize and address health needs identified in the 2016 CHNA.

The Strategy identifies the means through which Baystate Noble, in partnership with its Community Benefits Advisory Council (“CBAC”) (to be launched in 2017), plans to address health needs that are consistent with the hospital’s charitable mission, over a three-year period, 2017 through 2020, as part of its community health planning and public health efforts. Beyond the efforts described in the Strategy, Baystate Noble is addressing many of these needs simply by providing care to all, every day, regardless of their ability to pay.

Baystate Noble anticipates health needs and available resources may change, therefore, a flexible approach was adopted in the development of its Strategy. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the hospital in the Strategy. During the 2017 through 2020, other community organizations may address certain needs, indicating that the hospital’s strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2016 CHNA.

¹ 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.

² View the 2016 CHNA at www.baystatehealth.org/

Baystate Noble is a member of the Coalition of Western Massachusetts Hospitals and Insurer (“Coalition”), a partnership between nine (9) 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), Holyoke Medical 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 community health needs assessments (CHNA) and address regional health needs. Baystate Noble worked in collaboration with the Coalition to conduct their 2016 CHNA. This assessment was conducted to update the findings of the 2013 CHNA so Baystate Noble 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 Partners for a Healthier Community (“PHC”), based in Springfield, MA, as the lead consultant to conduct the CHNA’s. PHC was supported by two other consultant teams; Community Health Solutions, based in Northampton, MA and Pioneer Valley Planning Commission (PVPC), based in Springfield, MA.

OVERVIEW OF IMPLEMENTATION STRATEGY

1. Mission and Role as Anchor Institution
2. Baystate Noble and Communities Served
3. Priority Health Needs
4. Implementation Strategy Priorities and Resource Inputs
5. Needs Beyond Baystate Noble’s Mission and/or Limited Resources
6. A Broader Commitment to Our Patients and Community Served
7. Implementation Strategy Development Partners
8. Implementation Strategy Work Plan

1. MISSION AND ROLE AS ANCHOR INSTITUTION

As one of the leading employers in western Massachusetts, Baystate Health Inc. (Baystate) is an “anchor institution.” By definition, an anchor institution is a place-based organization tied by its mission to the long-term well-being of the communities it serves, particularly the communities in which its facilities and programs reside. Baystate’s Board of Trustees and Leadership have

consistently validated this role through historic practice and through current partnerships with other civic, business, and community partners to address social and economic root causes that influence health.

Baystate is well known for its community health improvement efforts in which we make direct community investments through sponsorship gifts, community benefits and social impact investments and grants, and underwriting for community building and direct support to community-based nonprofits. In addition to routine health improvement programs, Baystate consciously leverages economic power to improve the quality of life and economic vitality of western Massachusetts's communities. In this broader anchor institution role we deliver other institutional investments such as human capital contributions (intellectual resources by our 12,000 employees) and invest in social determinants of health initiatives that advance the quality of life for all people in western Massachusetts.

As part of Baystate, an integrated health care delivery system, Baystate Noble carries out the Baystate mission "to improve the health of the people in our communities every day with quality and compassion." It does so by providing a range of community benefits including support groups, financial counseling and assistance, and other health and wellness programs. As an integrated system Baystate provides further benefits to Baystate Noble's service area by coordinating within and among its various entities and clinical providers.

In addition, Baystate Noble shares and supports Baystate's Community Benefits Mission Statement³ "to reduce health disparities, promote community wellness, and improve access to care for vulnerable populations." At Baystate, we embrace 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.

In 2016 Baystate's Office of Public Health and Community Relations developed and implemented system-wide policies; 1. "Community Benefits Investments Policy" to assure that Baystate hospitals meet the IRS and Massachusetts Attorney General requirements, and 2. "Social Impact Investments & Community Relations Policy" to guide direct investments by Baystate hospitals to achieve our shared community benefits mission.

³ Massachusetts Office of the Attorney General's Community Benefits Principles include that a hospital's governing body affirms and makes public a community benefits mission statement. Baystate Health's Board of Trustees adopted a community benefits mission statement on July 13, 2010.

2. BAYSTATE NOBLE AND COMMUNITIES SERVED

Baystate Noble is a 97-bed acute care community hospital providing a broad range of services to the Greater Westfield community. Baystate Noble is able to offer direct access to world-class technology, diagnostics, and specialists as a proud member of the Baystate Health system. Baystate Health and Baystate Noble work to ensure that our 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 rehab, cancer services, lab and behavioral health.

The service area for Baystate Noble includes nine communities, eight of which are located in the western portion of Hampden County (Table 1). The total population of the service area is almost 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 as defined by the U.S. Census Bureau (Figure 3). Urban areas consist of census tracts and/or blocks that meets the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or is adjacent and meet additional criteria. The population is densest surrounding Westfield, West Springfield, and Agawam (CC, US Census Bureau, Decennial Census 2010). The median age of these cities hovers near the county median age of 39 (Table 2). Racial and ethnic diversity is more common in the urban communities, where over 12% of the population identifies as Black or African American, American Indian, Asian, or some other race. Approximately 9% of the service area's population is Hispanic or Latino, and there has been a recent surge in immigrants from Asia and the Middle East to both West Springfield and Westfield. The Pioneer Valley Transit Authority connects three of the communities to the Springfield metropolitan area to the east, and to the hospital itself. Paratransit service is also available for people with disabilities within $\frac{3}{4}$ mile of a fixed route to facilitate access to medical care.

Annual per capita income in the service area exceeds the county average by about \$3,000, and the percentage of those who pay more than 30% of their income for housing costs is below the county rate by more than 4%. The overall poverty rate for this service area is less than 10% -- almost half of the county rate. Child poverty, however, is slightly higher than the county rate of 27%. The population has high rates of education, with over 90% having a high school diploma. The percent of the population with a bachelor's degree or higher is slightly higher than the county rate of 26%. The area's 2015 unemployment rate of 5% is comparable to the county unemployment rate (Massachusetts EOLWD). The unemployment rate is based on the number of people who are either working or actively seeking work. Major employers in the area include the service, wholesale and retail trade, and health care industries.

Table 1. Communities in Baystate Noble Service Area

2014 Population Estimate	
Hampden County	
Agawam*	28,772
Blandford	1,255
Chester	1,365
Granville	1,620
Russell**	1,787
Southwick	9,689
Westfield	41,608
West Springfield	28,627
Hampshire County	
Huntington	2,179
Total Service Area	116,902

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

Additional information regarding the communities served by Baystate Noble is available in the 2016 CHNA.

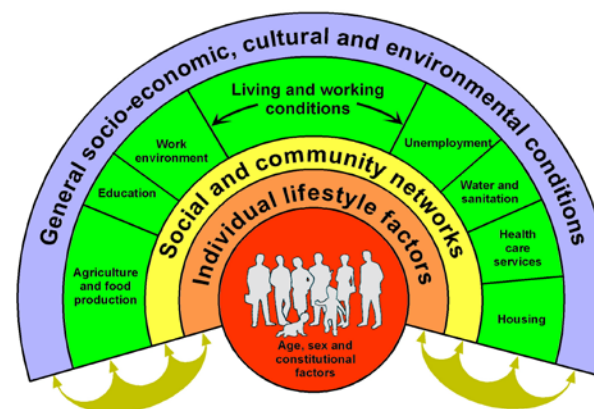
baystatehealth.org/communitybenefits

3. PRIORITY HEALTH NEEDS

Poor health status is due to a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care. Addressing the “root” causes of poor community health can improve quality of life and reduce mortality and morbidity.

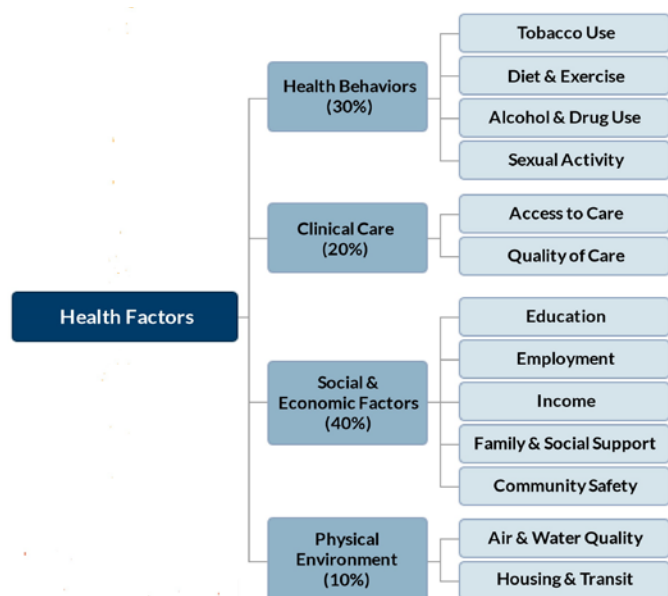
The 2016 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology⁴. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive (Figure 1).

Figure 1. Determinants of Health



Source: Dahlgren & Whitehead, 1993

Figure 2. County Health Rankings Model Health Factors



Among these “modifiable” factors that impact health, social and economic factors are estimated to have the greatest impact. The County Health Rankings model (Figure 2), 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. Among Massachusetts’ counties, County Health Rankings ranked Hampden County last out of 14 counties in the state for both health factors and health outcomes in 2016.⁵

4 McGinnis M, Williams-Russo PN. Race, race-based discrimination, and health outcomes among African Americans. *Annu Rev Psychol.* 2007; 58:201-25.

5 University of Wisconsin Population Health Institute. County health rankings and roadmaps. <http://www.countyhealthrankings.org/>. Updated 2016. Accessed June, 2016.

Table 2 (below) lists the priority health needs identified through the 2016 CHNA.⁶ Due to limited resources Baystate Noble is unable to address all priority health needs. Those needs that the hospital plans to address during the 2017 through 2020 period in part are noted.

Table 2. Priority Community Health Needs and Vulnerable Populations

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH	HOSPITAL PLANS TO ADDRESS
• Lack of resources to meet basic needs ◦	NO
• Housing needs ◦	NO
• Transportation ◦	NO
• Food insecurity and food deserts ◦	NO
BARRIERS TO ACCESSING QUALITY HEALTH CARE	
• Limited availability of providers ◦	NO
• Insurance related challenges ◦	YES
• Lack of transportation ◦	NO
• Lack of care coordination ◦	NO
• Health literacy, language barriers, and cultural humility ◦	YES
HEALTH	
• Chronic health conditions ◦	NO
• Need for increased physical activity and healthy diet ◦	NO
• MENTAL HEALTH AND SUBSTANCE USE DISORDERS Δ ◦	YES
• Infant and perinatal health risk factors ◦	NO
VULNERABLE POPULATIONS	
• Children and youth	• Individuals living in poverty
• Older adults	• Individuals who are homeless
• Communities of color, particularly Latinos ◦ and Blacks	• Asian women, experience disparities in prenatal care entry
• Individuals with low income levels	• Immigrants, refugees, and veterans

Δ = HEALTH NEED IDENTIFIED BY BAYSTATE NOBLE AS A 2017-2020 HEALTH PRIORITY
 ◦ = Health priority identified in all BH hospital CHNA's

⁶ The prioritized health needs identified in 2016 CHNA are listed by category, including community level social and economic determinants that impact health, barriers to accessing quality health care, and specific health conditions and behaviors within the population.

Unlike Baystate Health’s other hospitals, Baystate Noble does not currently have a Community Benefits Advisory Council (CBAC). A goal for 2017 is to launch a CBAC comprised of representatives from the hospital and outpatient centers, public health, government, higher education, health care and human service organizations, who will work together to assess public health needs in the areas served by the hospital; review relevant surveys and reports; and provide input into the investment of hospital resources (time, talent, and financial) into community health efforts to address priority needs. The CBAC will play an instrumental role in monitoring and annually updating the current implementation strategy, as well as, priority setting and development of subsequent implementation strategies.

To prioritize the fourteen (14) health needs, Baystate Noble, with support from the Office of Public Health and Community Relations, completed the following review:

- o Previous CHNA report;
- o 2016 CHNA priorities;
- o Current hospital community health planning efforts;
- o Current community-based program and initiatives;
- o Current county-wide community health improvement planning efforts.

The prioritization criteria described in Table 3⁷ (below) was used as a guideline for establishing Baystate Noble’s health priorities.

Table 3. Prioritization Criteria

RELEVANCE <i>How Important Is It?</i>	APPROPRIATENESS <i>Should We Do It?</i>	IMPACT <i>What Will We Get Out Of It?</i>	FEASIBILITY <i>Can We Do It?</i>
<ul style="list-style-type: none"> • Burden of the problem: <ul style="list-style-type: none"> • Magnitude • Severity • Economic cost • Urgency • Community concern • Focus on equity and accessibility 	<ul style="list-style-type: none"> • Ethical and moral issues • Human rights issues • Legal aspects • Policy and social acceptability • Public attitudes and values 	<ul style="list-style-type: none"> • Effectives • Coverage • Building or enhances current work • Can move the needle and demonstrate measurable outcomes • Proven strategies to address multiple wins 	<ul style="list-style-type: none"> • Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

⁷ Community Health Training Institute, Health Resources in Action, S. Ridini, A. Ayers, December 8, 2015 Webinar.

4. IMPLEMENTATION STRATEGY PRIORITIES AND RESOURCE INPUTS

Baystate Health has a strong tradition of meeting community health needs through its ongoing community health planning efforts and community benefits and social impact investments. As Baystate Noble is now part of the Baystate family, the hospital will continue this commitment through the strategic health priorities set forth below that focus primarily on one (1) high-priority health need, as well as, select other priority health needs identified in the 2016 CHNA that the hospital will use as a guide for future community benefits and social impact investments and grant making.

Not all programs and services provided by the hospital and outpatient center that benefits the health of patients in the hospital's primary service area are discussed in the Strategy. Further, given evolving changes in health care, the strategies may change, and new programs and investments may be added or programs and investments may need to be eliminated during the 2017 – 2020 period. The Strategy laid out in this document has two major parts – identifying priority needs, and then implementing programs to address those needs through community benefits and through Determination of Need funding. More detail is provided below on these parts.

A. HEALTH EQUITY FRAMEWORK

In 2015 the American Hospital Association launched its #123forEquity Pledge⁸ Campaign. On November 25, 2015, Dr. Mark Keroack, President & CEO of Baystate Health, signed the pledge to refocus and dedicate Baystate's commitment to health equity and to begin taking action to accelerate progress in the following areas:

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

The Baystate pledge incorporated both the standard set AHA #123 pledge commitments referenced above, as well as taking

Figure 3.

A Framework for Health Care Organizations to Achieve Health Equity



⁸ American Hospital Association #123forEquity Campaign to Eliminate Health Care Disparities, <http://www.equityofcare.org/>

action to advance the organization's current work beyond the pledge goals to address health equity within the organization and in the community. Baystate adopted the Institute for Healthcare Improvements' (IHI) Framework for Achieving Health Equity.⁹ See Figure 3. The intent is to imbed "health equity" within the organization and to use this framework to guide standard reoccurring health care practices and fundamental health policy decisions so that equity becomes the accepted mindset for how we serve patients and the community.

Baystate is committed to applying a health equity lens to current and all future community health planning and improvement efforts. This will be demonstrated by future hospital community benefits and social impact investments supporting projects/initiatives that are intentional in how they plan to address health equity (health disparities and inequities). We stand ready to share our 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 our efforts, and lessons learned that may be helpful for other organizations.

Defining Health Equity¹⁰

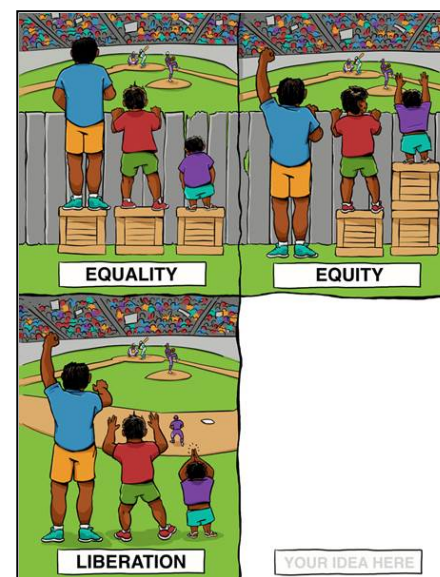
A picture is worth a thousand words. Figure 4 illustrates the difference between equality and equity.

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

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

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

Figure 4. Illustrating Equality Versus Equity



Source: Interaction Institute for Social Change
Artist: Angus Maguire
interactioninstitute.org and madewithangus.com

⁹ Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.

¹⁰ San Francisco State University Health Equity Institute, <https://healthequity.sfsu.edu/content/infographic>.

B. IMPLEMENTATION STRATEGY PRIORITY

For the period of 2017-2020, Baystate Noble, in partnership with the Office of Public Health and Community Relations identified one (1) high-priority health need that will 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. This strategic priority health need, as identified through the 2016 CHNA is:

1. MENTAL HEALTH AND SUBSTANCE USE

PRIORITY FOR 2017-2020 CURRENT AND NEW HOSPITAL INVESTMENTS AND/OR GRANTS

Baystate Noble recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention.

- Substance use and mental health were among the top three urgent health needs/problems impacting the area across all focus groups and interviews conducted for this CHNA.
- The need for more patient education, prevention approaches, and systems changes to provide more integrated timely care was identified.
- Hospitalization rates for mental health disorders and for substance use are greater than the state in West Springfield and Westfield.
- The rise in opioid use is of particular concern.
- Youth, older adults, Latinos and Blacks were identified as vulnerable populations for mental health disorders.
- Youth and Latinos were also identified as vulnerable populations for substance use disorders.

C. DESCRIPTION OF HOSPITAL RESOURCE INPUTS

Hospital resource inputs include Community Benefits Investments, Social Impact and Community Relations Investments, Better Together Grant Program, Community Education & Training, hospital-based community benefits activities, external grants received by hospital, and other hospital-based program/services (that may not qualify as a community benefits). Table 4 below describes these hospital resource inputs in more detail.

Table 4. Hospital Resource Inputs

HOSPITAL RESOURCE INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE
COMMUNITY BENEFITS INVESTMENT (CBI)	Hospital funded support in the form of mini-grants for community-based programs; short-term initiatives that address health disparities/inequities, barriers to care, and other health needs identified in the hospital's 2016 CHNA.	BNH Leadership with support from Office of Public Health and Community Relations	Pending available resources, community benefits funding can be requested via an online form on the Baystate website.
SOCIAL IMPACT & COMMUNITY RELATIONS INVESTMENTS (SI & CR)	Hospital funded support in the form of sponsorship of community-based organizations and events that promote economic development, social welfare, and foster civic engagement to improve the quality of life for Franklin County residents.	BNH Leadership with support from Office of Public Health and Community Relations	Pending available resources, community benefits funding can be requested via an online form on the Baystate website.
BETTER TOGETHER GRANT PROGRAM (BTG)	Hospital funded support through a transparent Request for Proposal (RFP) process. Funded projects must be evidence-based, promising or best practices; must apply a social determinants of health framework and be intentional in how it will address health disparities/inequities; must align with hospital's triennial community health need assessment priorities, and/or community benefits implementation strategy; and requires routine performance reporting and program evaluation.	BNH Leadership and Community Benefits Advisory Council; with support from the Office of Public Health and Community Relations	Annual Request for Proposal (RFP), pending available resources.

HOSPITAL RESOURCE INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE
COMMUNITY EDUCATION AND TRAINING (CET)	Hospital funded or in-kind capacity building through content knowledge and expertise in the areas of chronic disease, mental health, health promotion, health education, behavior change, and systems and policy change to assist grantees (and broader community) in the development and implementation of evaluation plans to foster capacity-building, as well as diversify resource development.	Community Benefits Advisory Council and Partners for a Healthier Community (PHC); with support from the Office of Public Health and Community Relations	Annual, ongoing support for current and future grantees. Semi-annual community training and capacity building (grantees and broader) workshops; pending available resources.
HOSPITAL-BASED COMMUNITY BENEFITS ACTIVITY (CBA)	Existing hospital-based, staff driven activities that meet IRS and AG community benefits criteria; address unmet needs, work with vulnerable populations, address CHNA health priorities, and are not for marketing purposes.	Various BNH departments, programs, service lines.	Ongoing
EXTERNAL GRANT (GRANT)	A third-party grant awarded to BNH to improve health outcomes of BER residents.	Various BNH departments, programs, service lines.	Varies. Timeline specific to grant award.
OTHER HOSPITAL ACTIVITIES (OTHER)	Activities that are part of the hospital's regular line of business, but also contribute to addressing priority health needs, directly or indirectly.	Various BNH departments, programs, service lines.	Ongoing
GRANT WRITING	Hospital funded and/or sponsored grant writer(s) services for community-based organizations; grantees and non-grantees, and other community partners. Services may include one or more of a combination of the following: prospecting research for viable grant opportunities, proposal development (critique, edit, and revise proposals), and additional advisory/consulting support.	Office of Public Health and Community Relations	Ongoing, pending available resources.

D. OTHER HEALTH PRIORITY NEEDS BEING ADDRESSED BY BAYSTATE NOBLE

This section provides information on barriers identified in the 2016 CHNA that were not identified as an implementation strategy priority and are not included in the work plan, but are being addressed by the hospital in other ways:

1. **BARRIER: INSURANCE CHALLENGES**

BAYSTATE FINANCIAL ASSISTANCE PROGRAM: Baystate is committed to ensuring the community has access to quality health care services provided with fairness and respect, and without regard to a patients' ability to pay. Baystate hospitals not only offers free and reduced cost care to the financially needy as required by law, but has also voluntarily established discount and financial assistance programs that provide additional free and reduced cost care to patients residing within the communities served by the hospitals. Baystate hospitals also make payment plans available based on household size and income.

FINANCIAL COUNSELING: Provide counseling services to inpatient and outpatient individuals who have concerns about health care costs and how to pay for care. Assist patients who are unable to pay their estimated care prior to treatments or who have large existing balances. This assistance includes linking patients to available funding sources such as Medicaid and Medicare and determining whether they are eligible for charity care or for Baystate's Financial Assistance Program. Assist in linking clients to health insurance, community resources, primary care provider, and information on behavioral health services.

2. CULTURAL HUMILITY

The following chart details Baystate’s Office of Talent Management and Inclusion strategy to embed diversity and inclusion in the DNA of Baystate Health and its entities.

	2008 - 2015	2016 - 2018	2018 - 2020	2020 →
Learning Objectives	<ul style="list-style-type: none"> Individual & Interpersonal Awareness D&I Foundations Cultural Competency 	<ul style="list-style-type: none"> Individual, Group, and Organization Cultural Humility 	<ul style="list-style-type: none"> Culture Shift + Organizational Change 	<ul style="list-style-type: none"> Inclusive Behaviors Embedded in BH's Decision-Making Processes
Structural Interventions	<ul style="list-style-type: none"> Training & Workshops Supplier Diversity feasibility ERG Programming Diversity Council Annual Conference 	<ul style="list-style-type: none"> Governance & Infrastructure Supplier Diversity launch ORG outcomes links to Strategy Diverse Talent Reviews Unit-level D&I talent plans 	<ul style="list-style-type: none"> ↑ Team Member Engagement ↑ Diverse Vendor relationships ↑ Patient Experience ↑ Diverse hires and development Internal & External Feedback 	<ul style="list-style-type: none"> Cultural Humility tied to how BH learns, grows and adapts to change Business growth & partnerships Creating new knowledge & innovation
Phased Outcomes	<p>Era of Awareness Building</p> <ul style="list-style-type: none"> Assessed Individual and Interpersonal change Emphasis on Diverse Representation 	<p>Era of Skillful Integration</p> <ul style="list-style-type: none"> Developing a culturally inclusive workforce Enterprise-wide integration 	<p>Era of Enhanced Skill Practice & Sustainability</p> <ul style="list-style-type: none"> Competently addressing inequities Demonstrated Unconscious Competent Behavior 	<p>Era of Decreased HC Disparity & Healthier Communities</p> <ul style="list-style-type: none"> Skills & competencies linked to business practice

E. COLLABORATION WITH COMMUNITY PARTNERS TO IMPLEMENT OUR STRATEGY

This Strategy will be implemented with the oversight of and guidance of Baystate Noble's Community Benefits Advisory Council, with support from Baystate's Office of Public Health and Community Relations. Semi-annual check-ins on Strategy progress will occur at regular CBAC meetings, and an annual summary of progress will be presented to the CBAC and Baystate Noble Leadership Team. The Strategy will be implemented in collaboration with community partners including, but not limited to:

1. Baystate Noble Behavioral Health
2. Baystate Noble Emergency Department
3. Baystate Noble Translation/Interpreter Services
4. Behavioral Health Network
5. Coalition of Western MA Hospitals/Insurer
6. Gandara Center
7. MA Department of Public Health (MA DPH)
8. MA Public Health Association (MPHA)
9. Partners for a Healthier Community (PHC)
10. Town of Westfield
11. Westfield Business Improvement District
12. Westfield Council on Aging
13. Westfield Housing Authority
14. Westfield Police Department
15. Westfield Senior Center
16. Westfield State University
17. Westfield Youth Service Center
18. YMCA of Westfield

5. NEEDS BEYOND THE BAYSTATE EASTERN REGION'S MISSION AND/OR LIMITED RESOURCE CAPACITY

No health care system or community hospital facility can address all the health needs present in its community. Baystate Noble is committed to adhering to its mission and remaining financially healthy so that it can continue to enhance its clinical excellence and patient experience, as well as continue community health planning and improvement efforts. The Strategy does not explicitly address the following priority community health needs identified in the 2016 CHNA due to; 1. the hospital's limited resources (time, talent and financial), 2. other hospitals or community organizations within service area are addressing the need; 3. the need falls outside of the hospitals' mission or limited resource capacity. However, many, if not all of the following health needs will be addressed INDIRECTLY by the hospital and/or community partners through existing community health planning and improvement efforts.

- Lack of resources to meet basic needs
- Housing needs
- Food insecurity and food deserts
- Limited availability of providers
- Insurance related challenges
- Lack of transportation
- Lack of care coordination
- Health literacy, language barriers
- Chronic health conditions
- Need for increased physical activity and healthy diet
- Infant and perinatal health risk factors

6. A BROADER COMMITMENT TO OUR PATIENTS AND COMMUNITY

Baystate Noble, through its affiliation with Baystate Health, is able to provide other programs and services to patients and the communities served that may not qualify as community benefits, yet these programs and services are often indirectly addressing community health needs.

- **PIONEER VALLEY HEALTH INFORMATION EXCHANGE (PVIX):** is a regional health information organization that seeks to improve the exchange of health information among clinicians and healthcare organizations throughout the Pioneer Valley. PVIX is focused on supporting care coordination by offering providers a “One Patient, One Record” approach to health information regardless of where a patient presents.
- **BAYSTATE NEIGHBORS PROGRAM:** Beginning in 1999, this program was established to help employees who are first-time homebuyers purchase a home and to promote homeownership in neighborhoods around BH’s three hospital entities. Employees are granted forgivable loans in the amount of \$7,500 that may be used towards a down payment or closing costs. In the past 17 years, the Baystate Neighbors Program has awarded a total of 220 loans to help employees become homeowners, helping to stabilize housing in the Towns of Greenfield, Palmer, Ware, Westfield, and the City of Springfield.
- **UNITED WAY:** The United Way develops and supports programs that directly improve the lives of people in our communities, a mission proudly shared by Baystate Health. Baystate Health is a strong supporter of the United Way, and a major contributor to the organization with three workforce campaigns and thousands of employee donors and volunteers. Baystate Health’s contributions help the United Way serve our families, friends, colleagues and others who seek help in different ways and at different times in their lives. System-wide community campaigns are held annually: Greenfield workplace to support the United Way of Franklin County, Westfield, Palmer, and Springfield workplace to support the United Way of Pioneer Valley, and Ware workplace to support the United Way of Hampshire County.
- **COMMUNITY BOARD INVOLVEMENT:** various Baystate Noble leaders and employees volunteer, on behalf of the hospital, on local community boards, committees and coalitions. In these roles employees are serving as liaisons between the hospitals, its community partners and the community served.

7. IMPLEMENTATION STRATEGY AND WORK PLAN DEVELOPMENT PARTNERS

In developing this implementation strategy and work plan, BNH partnered with the Office of Public Health and Community Relations. As development of Baystate Noble's Community Benefits Advisory Council is implemented in 2017, additional community partners will be engaged.

8. IMPLEMENTATION STRATEGY WORK PLAN

Baystate Noble views a community benefits implementation strategy as a “LIVING” document. Due to the evolving climate in health care, the hospital’s financial health year to year remains unknown; therefore hospital resources and inputs may increase, decrease, or need to be modified. The following work plan provides an opportunity for the Baystate Noble to be strategic and focused, yet flexible in its community health planning and improvement efforts. Baystate Noble, in partnership with its new Community Benefits Advisory Council will update the work plan with annual outputs and outcomes for each input and activity for the period of 2017 through 2020.

The following tables serve as a work plan for Baystate Noble’s implementation strategy. The tables include goal(s), objective(s) and hospital resource inputs to achieve the specific goal and objective(s) for each health priority.

PRIORITY AREA	MENTAL HEALTH AND SUBSTANCE USE			
GOAL 1	Improve access to high quality behavioral health care in Hampden County; specific focus on Greater Westfield and Hilltowns.			
OBJECTIVE 1.1	Enhance current hospital capacity to better respond to mental health and substance abuse efforts.			
OBJECTIVE 1.2	Increase hospital staff, patient, and Greater Westfield and Hilltown residents’ knowledge of and improve access to social services and community resources.			
OBJECTIVE 1.3	Enhance existing mental health and substance use community health planning and improvement processes.			
INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE	STATUS
GRANT: Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program	The Baystate Noble CHART team consists of 3 nurses, 3 social workers, 1 care coordinator, and a steering committee. The team works to identify patients who have had three or more inpatient admissions or nine or more emergency admissions over a year's time. They will meet with those patients to complete medical and behavioral health assessments and identify possible future problems. In addition to educating patients about their health problems, tests, and medications while in the hospital, the CHART team will help coordinate care	Kelly Crowley, CHART Program Manager	FY 2017 FY 2018	In progress

PRIORITY AREA	MENTAL HEALTH AND SUBSTANCE USE			
	<p>with other providers and services after discharge. Team members will also make follow up visits and phone calls to continue the patient's care and avoid unnecessary re-admissions.</p>			
<p>CET: Mental Health First Aid Training</p>	<p>MHFA training will be provided to BNH communities.</p>	<p>Office of Public Health and Community Relations Local MHFA Instructors</p>	<p>FY 2017 FY 2018</p>	<p>In progress</p>