

# COMMUNITY BENEFITS IMPLEMENTATION STRATEGY | 2017 – 2020

*Adopted by Baystate Health Board of Trustees on January 10, 2017 and Baystate Wing Hospital Board of Directors on January 30, 2017*

## INTRODUCTION

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Baystate Wing Hospital (“Baystate Wing”), based in Palmer, Massachusetts (MA) and Baystate Mary Lane Outpatient Center, located in Ware, MA, collectively make up the Baystate Eastern Region. The Baystate Eastern Region (“BER”) 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, BER 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.

The Baystate Eastern Region conducted community health needs assessments (“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)”).<sup>1</sup> The CHNA findings were made available on Baystate Health’s website in December 2016 (“2016 CHNA”).<sup>2</sup> This implementation strategy (“Strategy”), also required by Section 501(r), documents the efforts of the BER to prioritize and address health needs identified in the 2016 CHNA.

The Strategy identifies the means through which the BER, in partnership with its Community Benefits Advisory Council (“CBAC”) 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, the BER is addressing many of these needs simply by providing care to all, every day, regardless of their ability to pay.

The Baystate Eastern Region 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.

Baystate Wing and Baystate Mary Lane Outpatient Center are members 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.

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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](http://www.baystatehealth.org)

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. The Baystate Eastern Region worked in collaboration with the Coalition to conduct their 2016 CHNA. This assessment was conducted to update the findings of the 2013 CHNA so the Baystate Eastern Region 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

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1. Mission and Role as Anchor Institution
2. Baystate Eastern Region and Communities Served
3. Priority Health Needs
4. Implementation Strategy Priorities and Resource Inputs
5. Needs Beyond Baystate Eastern Region'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

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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, BER 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 BER's service area by coordinating within and among its various entities and clinical providers.

In addition, BER shares and supports Baystate's Community Benefits Mission Statement<sup>3</sup> "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.

## 2. BAYSTATE EASTERN REGION AND COMMUNITIES SERVED

Baystate Wing is a 74-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. Our top priority is giving the Baystate Eastern Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Baystate Wing's medical centers located in Belchertown, Ludlow, Monson, Palmer and Wilbraham offer extensive outpatient services to meet the needs of our communities. Baystate Wing also includes the Griswold Behavioral Health Center, providing comprehensive behavioral health and addiction recovery services and the Wing VNA and Hospice. We are fully accredited by the Joint Commission and are a designated Primary Stroke Service by the Massachusetts Department of Public Health.

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 service area for the Baystate Eastern Region is situated halfway between the cities of Worcester and Springfield, MA, and straddles three counties - Worcester, Hampden and Hampshire. The hospital serves approximately 120,000 residents in seventeen towns, with over half this population living in the towns of Belchertown, Ludlow, Palmer, Wilbraham and Ware (Table 1). Other towns in the service area range in size from 1,000 to 8,500 residents, and are fairly rural in character. 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 meet 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. While the median age across the three counties is in the mid-to-upper 30's, the median ages in the service area's largest towns are over 40, ranging from Belchertown at 42 to Wilbraham at 48 years old. Fewer than 6% of residents in these service areas identify as Black or African American, Asian, Native Hawaiian, American Indian, or Hispanic or Latino.

<sup>3</sup> 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.

In the Baystate Eastern Region service area, per capita income exceeds the averages in Hampden and Hampshire counties at \$31,761. Housing costs are relatively low, and the proportion of housing cost burdened households where people pay more than 30% of their income towards housing is lower than the state (37%) and county rates, though still impacting nearly a third of the population (31%). Poverty rates throughout the service area are also comparatively low at about 8% for the overall population and 9% for children. These rates are well below both the state and county rates. Over 90% of the population in the service area has a high school diploma -- comparable to the statewide rate. Unemployment is somewhat higher than the state rate at 6%. The unemployment rate is based on the number of people who are either working or actively seeking work. A large portion of existing jobs are within the service, transportation, utility and wholesale-retail industries.

**Table 1.** Communities in the Baystate Eastern Region Service Area

	<b>2014 Population Estimate</b>
<b>Hampden County</b>	
Brimfield	3,723
Hampden	5,195
Holland	2,502
Ludlow	21,436
Monson	8,754
Palmer	12,174
Wales	1,878
Wilbraham	14,509
<b>Hampshire County</b>	
Belchertown	14,846
Ware	9,878
<b>Worcester County</b>	
Barre*	5,463
Brookfield	3,399
Hardwick	3,010
New Braintree	1,022
North Brookfield	4,748
Warren	5,178
West Brookfield	3,763
<b>Total Service Area</b>	<b>121,478</b>

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

[baystatehealth.org/communitybenefits](http://baystatehealth.org/communitybenefits)

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

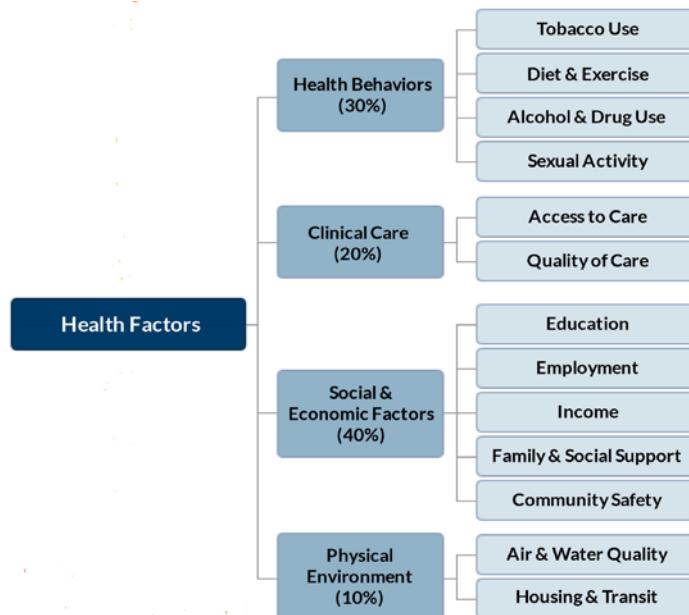
\*Only the South Barre section of Barre is part of the service area

### 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 biology<sup>4</sup>. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive (Figure 1).

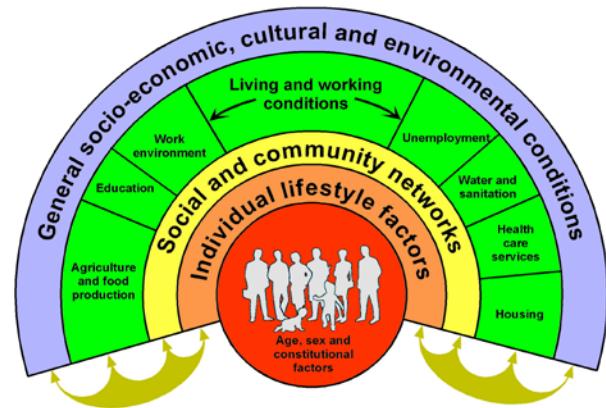
**Figure 2. County Health Rankings Model Health Factors**



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.

**Figure 1. Determinants of Health**



Source: Dahlgren & Whitehead, 1993

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. 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 2016. Worcester County ranked somewhat higher at seventh in health outcomes and eleventh in health factors. Hampshire County was ranked higher at fifth in health outcomes and third in health factors.<sup>5</sup>

Table 2 (below) lists the priority health needs identified through the 2016 CHNA.<sup>6</sup> Due to limited resources the Baystate Eastern Region is unable to address all priority health needs. Those needs that the hospital and outpatient center 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	Baystate Eastern Region PLANS TO ADDRESS
<ul style="list-style-type: none"> <li>• <b>LACK OF RESOURCES TO MEET BASIC NEEDS Δ ◦</b></li> <li>• Housing needs ◦</li> <li>• Transportation ◦</li> <li>• Food insecurity and food deserts ◦</li> <li>• <b>DOMESTIC VIOLENCE Δ</b></li> </ul>	YES YES (aligns with Basic Needs) YES (aligns with Basic Needs) YES (aligns with Basic Needs) YES
BARRIERS TO ACCESSING QUALITY HEALTH CARE	
<ul style="list-style-type: none"> <li>• Limited availability of providers ◦</li> <li>• Insurance related challenges ◦</li> <li>• Lack of transportation ◦</li> <li>• Lack of Care Coordination ◦</li> <li>• Health literacy and cultural humility ◦</li> </ul>	NO YES YES (aligns with Basic Needs) NO YES
HEALTH	
<ul style="list-style-type: none"> <li>• Chronic Health Conditions ◦</li> <li>• Need for increased physical activity and healthy diet ◦</li> <li>• <b>MENTAL HEALTH AND SUBSTANCE USE DISORDERS Δ ◦</b></li> <li>• Infant and perinatal health risk factors ◦</li> </ul>	NO NO YES YES
VULNERABLE POPULATIONS	
<ul style="list-style-type: none"> <li>• Children and youth</li> <li>• Older adults</li> <li>• Communities of color, particularly Latinos ◦</li> <li>• Individuals with low income levels</li> <li>• Individuals living in poverty</li> <li>• Individuals who are homeless</li> <li>• Veterans</li> </ul>	

**Δ = HEALTH NEED IDENTIFIED BY BAYSTATE EASTERN REGION AS A 2017-2020 HEALTH PRIORITY**

◦ = Health priority identified in all BH hospital CHNA's

<sup>6</sup> 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.

The Baystate Eastern Region Community Benefits Advisory Council ("CBAC") is comprised of representatives from the hospital and outpatient center, public health, government, higher education, health care and human service organizations, who 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 played an instrumental role in priority setting and development of this implementation strategy.

To prioritize the fourteen (14) health needs, Baystate Eastern CBAC participated in a facilitated discussion and priority setting exercise; which included the following review:

- 2013 CHNA and BWH implementation strategy priorities;
- 2016 CHNA priorities;
- Current hospital community health planning efforts;
- Current community-based program and initiatives;
- Current county-wide community health improvement planning efforts;
- Hospital community benefits and social impact investments via grants (current and past; since 2013).

The prioritization criteria described in Table 3<sup>7</sup> (below) was applied in the CBAC's priority setting discussion and exercise.

**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"> <li>● Burden of the problem:           <ul style="list-style-type: none"> <li>● Magnitude</li> <li>● Severity</li> <li>● Economic cost</li> <li>● Urgency</li> </ul> </li> <li>● Community concern</li> <li>● Focus on equity and accessibility</li> </ul>	<ul style="list-style-type: none"> <li>● Ethical and moral issues</li> <li>● Human rights issues</li> <li>● Legal aspects</li> <li>● Policy and social acceptability</li> <li>● Public attitudes and values</li> </ul>	<ul style="list-style-type: none"> <li>● Effectives</li> <li>● Coverage</li> <li>● Building or enhances current work</li> <li>● Can move the needle and demonstrate measurable outcomes</li> <li>● Proven strategies to address multiple wins</li> </ul>	<ul style="list-style-type: none"> <li>● Community capacity</li> <li>● Technical capacity</li> <li>● Economic capacity</li> <li>● Political capacity/will</li> <li>● Socio-cultural aspects</li> <li>● Ethical aspects</li> <li>● Can identify easy short-term wins</li> </ul>

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

## 4. IMPLEMENTATION STRATEGY PRIORITIES AND RESOURCE INPUTS

The Baystate Eastern Region has a strong tradition of meeting community health needs through its ongoing community health planning efforts and community benefits and social impact investments. The hospital and outpatient center will continue this commitment through the strategic health priorities set forth below that focus primarily on three (3) high-priority health needs 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 Pledge<sup>8</sup> 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 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.<sup>9</sup> 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.

**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/>

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.

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 Equity<sup>10</sup>

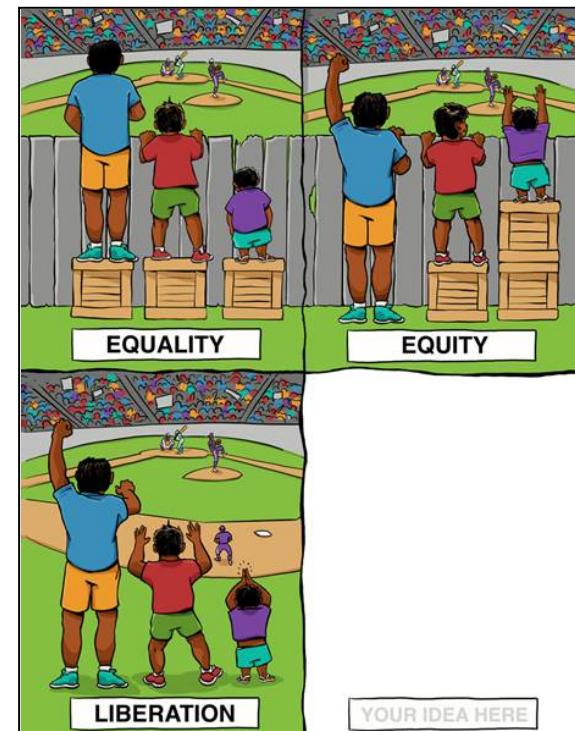
A picture is worth a thousand words. Figure 4 illustrates the difference between equality and equity.

**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](http://interactioninstitute.org) and [madewithangus.com](http://madewithangus.com)

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

## B. IMPLEMENTATION STRATEGY PRIORITIES

For the period of 2017-2020, the Baystate Eastern Region, in partnership with its CBAC, identified three (3) high-priority health needs 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. These strategic priority health needs, as identified through the 2016 CHNA and prioritization process are:

### 1. MENTAL HEALTH AND SUBSTANCE USE

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

The Baystate Eastern Region recognizes an urgent need for improved access to mental health services and increased resources for substance use treatment and prevention. 2016 CHNA key informant interviewees and focus group participants identified substance use and mental health as the most urgent health needs impacting the area. Substance use disorders overall and opioid use was of particular concern.

- Opioid use disorder, which has been declared a public health emergency in Massachusetts, is impacting residents with high opioid related hospitalization rates in Ware and Palmer.
- There was overwhelming consensus among focus group participants and health care providers and administrators about the need for increased education across all sectors to reduce the stigma associated with mental health and substance use as well as the need for expanded treatment options.
- Tobacco use remains high with an estimated 16-21% of adults that smoke.

### 2. BASIC NEEDS

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

The region has a great need for increased resources so individuals and families can meet their basic needs. Basic needs include food, housing, transportation, education, and employment. In addition, the Baystate Eastern Region recognizes the need for improved understanding of community resources among hospital employees serving our patients (inpatient and outpatient).

- Many Baystate Wing and Baystate Mary Lane Outpatient Center service area residents struggle with poverty and low levels of income.
- Parts of Ware, Palmer, and Ludlow have poverty rates greater than 15%.
- In Warren, nearly 40% of the population lives in households at or below 200% of the federal poverty level, a measure which offer a better glimpse of individuals who are low income and may lack resources to meet basic needs.
- Lower levels of education, concentrated in Ludlow, Palmer, and Ware, contribute to unemployment and the ability to earn a livable wage.
- Nearly 6% of the service area population is unemployed.

### 3. DOMESTIC VIOLENCE

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

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. Children who are exposed to violence in the home are predisposed to many social and physical problems.

- Key informant interviewees and community members that participated in the meeting to review preliminary CHNA findings identified domestic violence as a priority concern in the Baystate Eastern Region service area.
- High rates of domestic violence were observed in Ware and Palmer.

### 4. HEALTH NEEDS TO BE ADDRESSED BY BER THROUGH NEW INVESTMENTS AND/OR GRANTS

- Health Literacy
- Maternal, Infant, Child Health (Infant & Perinatal Health Risk Factors)
- Food Insecurity/Food Deserts (aligns with Basic Needs)
- Transportation (aligns with Basic Needs)
- Housing (aligns with Basic Needs)

## 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.	BER 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.	BER 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.	BER 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.
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 BER departments, programs, service lines.	Ongoing
EXTERNAL GRANT (GRANT)	A third-party grant awarded to BER to improve health outcomes of BER residents.	Various BER 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 BER 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 EASTERN REGION

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. BARRIER: LIMITED PROVIDERS

**PROVIDER RECRUITMENT:** BER is working on developing telemedicine capabilities through the CHART II joint Baystate grant. By bring the expertise of key specialists, telemedicine will allow us to care for patients in BER who otherwise may have been transferred to Baystate Medical Center in Springfield.

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

## E. COLLABORATION WITH COMMUNITY PARTNERS TO IMPLEMENT OUR STRATEGY

This Strategy will be implemented with the oversight of and guidance of BER'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 BER Leadership Team and BWH Board of Trustees. The Strategy will be implemented in collaboration with community partners including, but not limited to:

1. Assumption College
2. Baystate Medical Practices ("BMP") OB/GYN
3. Baystate Medical Practices ("BMP") Quabbin Pediatrics
4. Baystate Medical Practices ("BMP") Quabbin Adult Medicine
5. Behavioral Health Network
6. Brookfield Institute /Care for the Troops
7. Clean Slate Addiction Treatment Center
8. Coalition of Western MA Hospitals/Insurer
9. Community Foundation of Western Massachusetts
10. Country Bank for Savings
11. Drug Free Communities Program with town of Ware and Quaboag Hills Substance Use Task Force
12. Food Bank of Western MA
13. Hampshire Heroin Opiate Prevention and Education (HOPE) Coalition
14. Hardwick Youth Center and Food Pantry
15. Highland/Hillside Village Apartments
16. Holyoke Community College
17. Listening, the Barre Integrated Health Center
18. MA Department of Public Health (MA DPH)
19. MA Public Health Association (MPHA)
20. Mass In Motion
21. Monson Medical Center
22. Monson Savings Bank
23. Northwestern MA District Attorney's Office
24. Palmer Public Schools
25. Palmer Senior Centers
26. Pioneer Valley Planning Commission
27. Quaboag Connector
28. Quaboag Hills Chamber of Commerce
29. Quaboag Hills Community Coalition
30. Quaboag Hills Community Coalition Substance Use Task Force
31. Quaboag Valley Community Development Corporation
32. Quality EMS Educators of Worcester
33. Scantic Valley YMCA
34. The Literacy Project
35. Top Floor Learning
36. Tri-community YMCA
37. Trinity Church of Ware
38. United Church of Ware
39. United Way of Hampshire County
40. United Way of Pioneer Valley
41. Ware Adult Education Center
42. Ware Community Development Department
43. Ware Domestic Violence Task Force/ TRI County Domestic Task Force
44. Ware Fire Department
45. Ware Jubilee Food Pantry
46. Ware Public Schools
47. Ware Senior Center
48. Ware Town Manager
49. Western MA Health Equity Network (WMHEN)
50. WIC Program

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

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No health care system or community hospital facility can address all the health needs present in its community. Baystate Eastern Region 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 Care Coordination
- Chronic Health Conditions
- Need For Increased Physical Activity And Healthy Diet

## 6. A BROADER COMMITMENT TO OUR PATIENTS AND COMMUNITY

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The Baystate Eastern Region, 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 Eastern Region 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

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In developing this implementation strategy and work plan, BER partnered with its Community Benefits Advisory Council; which included the following internal and external stakeholders:

- Assumption College
- Baystate Eastern Region Patient Family Advisory Council
- Baystate Mary Lane Outpatient Center Emergency Department
- Baystate Wing Administration
- Baystate Wing Finance
- Baystate Wing Financial Services
- Baystate Wing Quality Department
- Behavioral Health Network
- Brookfield Institute/Care for the Troops
- Country Bank for Savings
- Hardwick Youth Center and Food Pantry
- Highland/Hillside Village Apartments
- Holyoke Community College
- Monson Savings Bank
- Palmer Mass In Motion
- Palmer Public Schools
- Palmer Senior Center
- Quaboag Hills Community Coalition
- Quaboag Hills Community Coalition Substance Use Task Force
- Quaboag Valley Community Development Corporation
- Town of Ware
- Tri-Community YMCA
- Trinity Church of Ware
- United Church of Ware
- United Way of Hampshire County
- Ware Adult Education Center
- Ware Public Schools
- Ware Senior Center

## 8. IMPLEMENTATION STRATEGY WORK PLAN

The Baystate Eastern Region 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 Eastern Region to be strategic and focused, yet flexible in its community health planning and improvement efforts. The Baystate Eastern Region, in partnership with its 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 the Baystate Eastern Region'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 Franklin County and North Quabbin.			
OBJECTIVE 1.1	Enhance current hospital grantees' capacity to better respond to mental health and substance abuse efforts.			
OBJECTIVE 1.2	Increase hospital staff, patient, and Franklin County 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
<b>GRANT:</b> Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program	With a primary goal of reducing 30-day readmissions, Baystate Wing implemented a High Risk Care Team (HRCT) to provide enhanced services to patients with a life-limiting condition and/or a behavioral health diagnosis within the Emergency Department (ED), in the inpatient setting, and following discharge. Following discharge, the HRCT conducts in-home follow-up within 72 hours and engages with patients for 30 days, or longer, as necessary.	Leah Bradley, CHART Program Manager	FY 2017 – FY 2018  FY 2019, FY 2020, pending new funding/resources	In progress
<b>BTG:</b> Quaboag Hills Community Coalition Substance Use Task Force (SUTF)	Review of statewide, regional, national, and local task forces/coalitions currently addressing substance use and which geographic areas they serve	Gail Gramarossa, Facilitator/Coordinator	FY 2017  FY 2018, 2019, 2020 pending new funding/resources	In progress
<b>Grant/HBA:</b> Drug Free Communities Grant	Baystate Mary Lane Outpatient Center offers in-kind office space to the staff of the federal Drug Free Communities	Gail Gramarossa Nekr Jenkins	FY 2017 - 2022	In progress

PRIORITY AREA	MENTAL HEALTH AND SUBSTANCE USE			
	Grant. The Drug Free Communities Support Program (DFC) is a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use. The primary focus of the DFC Program is to strengthen collaboration among community entities to reduce substance use among youth.			
<b>CET:</b> Mental Health First Aid Training	MHFA training will be provided to BER communities.	Gail Gramarossa and local MHFA Instructors	FY 2017 FY 2018	Planning two trainings; one in Ware and second in Palmer.
<b>HBA:</b> Hampshire County Substance Use Task Force	Hampshire HOPE's mission is to help people and families struggling with opioids — like heroin and prescription medicines — in Hampshire County, Massachusetts. Hampshire HOPE is a community effort made up of many organizations, such as treatment centers, schools, the Northwestern District Attorney's Office, first responders, and local health departments. Its goals are to: Prevent heroin and prescription drug misuse and addiction; Prevent overdose from prescription drugs and heroin; Help more people get treatment and recover from heroin and prescription drug addiction	Michelle Holmgren	Ongoing	In progress

PRIORITY AREA	BASIC NEEDS			
GOAL 2	Increase awareness and improve access to basic needs, including food, housing, transportation, education, and employment for Baystate Eastern Region residents.			
OBJECTIVE 2.1	Enhance care coordination systems to support patients and residents unable to meet basic needs.			
OBJECTIVE 2.2	Enhance current and build new community partnerships to better address basic needs for residents.			
INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE	STATUS
<b>SI &amp; CR:</b> Trinity Ministries: Jubilee Food Cupboard, the Living Room and Diaper Ministry	Food and diapers are distributed weekly. BER makes an annual diaper donation to the Diaper Ministry.	Trinity Church of Ware Reverend Mary E. Rosendale	Thursday mornings 9 – 12	In progress
<b>HBA:</b> Mobile Food Pantry	Food Bank of Western Mass Mobile Food Pantry visits Hillside/HIGHLAND VILLAGE Apartments monthly. Other social service agencies attend to connect individuals and families to basic needs. Hospital employees serve as volunteers to help distribute the food.	Julie Jediny & Michelle Holmgren, Mobile Pantry Site Coordinators	Monthly, 3rd Tuesday at Highland and Hillside Village Apartments	In progress
<b>HBA:</b> Senior Brown Bag	Provides income qualified senior citizens with monthly supplemental bags of food. All types of food are included, from canned goods, pasta, and produce when available	John Zienowicz Director, Ware Senior Center	Monthly, 2nd Friday at Ware Senior Center	In progress
<b>HBA:</b> Holyoke Community College Partnership	The Ware Business & Civic Association and Quaboag Valley Community Development Corp (QVCDC) have been working to improve access to community college and workforce training opportunities by bringing such programs to the Quaboag Region. The model is 3-pronged: (1) to provide college and workforce training to people of the Quaboag Region through academic support, certificate programs and online credit classes, (2) help residents prepare for college learning through community outreach, adult ed, and/or transition to college programs, and (3) to work together to meet the workforce training needs of area employers.	Michelle Holmgren Jeffrey P. Hayden, Vice President, Business and Community Services at HCC	Ongoing	In progress

PRIORITY AREA	BASIC NEEDS			
<b>SI &amp;CR:</b> Quaboag Connector Quaboag CDC	A new transportation service for transportation to and from work and the Work Force Training program in Ware offered by Holyoke Community College (HCC). In addition to providing transportation to employment and the college site, community members will also have access to the Quaboag Connector for transportation to and from medical visits and cultural activities	Sheila Cuddy and QVCDC Transportation Committee; Regional Transit Authorities; Pioneer Valley Planning Commission; Holyoke Community College	Ongoing	In progress
<b>BTG:</b> The Literacy Project Healthy Choices, Healthy Lifestyles	Healthy Choices, Healthy Lifestyles adult basic education (ABE) curriculum at the Ware Adult Learning Center address nutrition; how to eat healthy on a SNAP budget; exercise instruction and the importance of exercise in maintaining good health; stress management techniques; how to access quality healthcare without being dependent on emergency room services; healthy relationships; how to read blood pressure charts; exploring the opiate abuse in the Ware region; and understanding the relationship between healthy eating and exercise and prevention of diabetes, obesity, and high blood pressure. Students participated in activities that develop family literacy skills to support raising healthy children; learn to advocate for themselves in the healthcare system; and learn how to communicate with physicians/understand instructions.	Carl Coniglio Judith Roberts	FY 2017  FY 2018, 2019, 2020 pending new funding/resources	In progress
<b>HBA:</b> Hospital-based employee donation drives: back to school and holidays	Annually, BER employees and leadership provide back to schools supplies to area schools.  Annually, BER employees and leadership donate/provide toys and other basic needs (coats, hats, gloves, blankets, diapers) to area families in need.	Mike Moran Michelle Holmgren	Annual August and December	In progress

PRIORITY AREA	<b>DOMESTIC VIOLENCE</b>			
INPUT				
GOAL 3	Reduce high rates of domestic violence in Ware and Palmer.			
OBJECTIVE 3.1	Enhance education and local Domestic Violence Task Force efforts.			
OBJECTIVE 3.2	Scale best practices already in place.			
INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE	STATUS
<b>BTG:</b> Ware Domestic Violence Task Force	<p>Currently serves Ware, Warren and Hardwick. The mission of the Task Force is to prevent, and respond to, domestic violence in these towns.</p> <p>The Ware Domestic Violence Task Force was awarded funding for the Domestic and Sexual Violence Screening and Response Project. Screening questions and practices were analyzed and evaluated, and all nurses were surveyed with an on-line survey on their experience and needs with regard to screening. A new protocol for screening was also developed. Nurses who screen will be trained and will practice screening so their comfort level increases. Patients will also be given a health safety card when they are treated.</p>	Monica Moran JAC Patrissi	FY 2017	In progress
<b>HBA:</b> Palmer Domestic Violence Task Force	<p>Mission Statement: The mission of the Palmer Domestic Violence Task Force Group is to eradicate Domestic Violence in Palmer.</p> <p>The Palmer Domestic Violence Task Force Group meets the 2nd Wednesday of every month from 4:30 - 5:30 at the Palmer Police Station in the Meeting Room.</p>	<p>Tammy Koske DV Task Force Coordinator Town of Palmer, Massachusetts</p> <p>Christine Pollock, Eastern Region Nurse Liaison</p>	FY 2017	In progress