

## COMMUNITY BENEFITS IMPLEMENTATION STRATEGY | 2017 – 2020

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

### INTRODUCTION

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Baystate Franklin Medical Center (“Baystate Franklin” or “BFMC”), based in Greenfield, 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, BFMC 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 Franklin 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”).<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 Baystate Franklin to prioritize and address health needs identified in the 2016 CHNA.

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

Baystate Franklin 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. It is also possible that during the period, 2017 through 2020, other community organizations may address certain needs, indicating that the hospital’s resources should be refocused on alternative community health needs or assume a different focus of the needs identified in the 2016 CHNA.

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<sup>1</sup> 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.

<sup>2</sup> View the 2016 CHNA at [www.baystatehealth.org/](http://www.baystatehealth.org/)

Baystate Franklin 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 Franklin 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 Franklin 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 Franklin and Communities Served
3. Priority Health Needs
4. Implementation Strategy Priorities and Resource Inputs
5. Needs Beyond Baystate Franklin’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, Baystate Franklin 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 Franklin's service area by coordinating within and among its various entities and clinical providers.

In addition, Baystate Franklin 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.

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<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.

## 2. BAYSTATE FRANKLIN AND COMMUNITIES SERVED

Baystate Franklin is a 90-bed acute-care community hospital. Our top priority is giving Franklin County and the North Quabbin Region the clinical excellence, advanced technology, neighborly warmth and convenience of a community hospital. Hospital specialties provided include inpatient behavioral health, cancer care, cardiology, children's medicine, critical care, emergency medicine, endocrinology and diabetes, gastroenterology, infectious disease, maternal fetal medicine, midwifery, neurology, neurosurgery, orthopedics, physical medicine and rehabilitation, plastic surgery, pulmonary medicine, senior care, surgery, thoracic surgery, urology and women's health.

The service area for Baystate Franklin includes the 26 communities in Franklin County, as well as the Town of Athol, which is located in Worcester County (Table 1). The region is fairly rural, and borders the state of Vermont to the north. The total population of the service area is just over 80,000. 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 main population centers in the service area include Greenfield (a city of about 17,000 people), and the North Quabbin region (population of about 18,000) located approximately 20 miles to the east of Greenfield. Many communities in the area are nestled among hilly, forested terrain, and have populations under 2,000. The median age in this service area is higher than the state's at 45 years old (ACS, 2010-2014). Less than six percent of the population identifies as either Black or African American, Asian, American Indian or some other race. Those who identify as Hispanic and Latino population comprise 4% of the total population.

Economic indicators vary somewhat between the two population centers in the Baystate Franklin service area. The median household income in Franklin County is just over \$54,000 (\$13,000 less than the state). The overall poverty rate in Franklin County is similar to that of the state at 12%, and the child poverty rate of 16% is slightly higher than that of the state (ACS, 2010-2014). Athol is more economically depressed, with an overall poverty rate of 17% and a child poverty rate of 28%, almost double the state rate of 15%. Approximately 92% of adults over the age of 25 hold a high school diploma and over 34% hold a bachelor's degree or higher. In Athol, these numbers are lower at 85% and 15% respectively. The unemployment rate in February 2016 was comparable to the state's rate of 4% (CC, U.S. Department of Labor, Bureau of Labor Statistics). The unemployment rate is based on the number of people who are either working or actively seeking work. Major employers in the region include the health care and social assistance industry, as well as the education, retail and manufacturing industries.<sup>4</sup> The area is served by a regional transit (bus) system that connects population and employment centers within the region. Paratransit

<sup>4</sup> Massachusetts Executive Office of Labor and Workforce Development. Employment and wages (ES-202). [http://lmi2.detma.org/lmi/lmi\\_es\\_a.asp](http://lmi2.detma.org/lmi/lmi_es_a.asp). Updated 2013. Accessed May, 2016.

service is also available for people with disabilities within ¾ mile of a fixed route to facilitate access to medical care. Daily train service provides access to larger cities to the south, such as Springfield and Hartford.

2014 Population Estimate	
<b>Franklin County</b>	
Ashfield	1,731
Bernardston	2,113
Buckland	1,874
Charlemont	1,246
Colrain	1,656
Conway	1,887
Deerfield	5,054
Erving	1,788
Gill	1,496
Greenfield	17,368
Hawley	331
Heath	700
Leverett	1,856
Leyden	718
Monroe	120
Montague	8,325
New Salem	1,000
Northfield	3,012
Orange	7,713
Rowe	387
Shelburne	1,883
Shutesbury	1,770
Sunderland	3,679
Warwick	769
Wendell	871
Whately	1,515
<b>Worcester County</b>	
Athol	11,621
<b>Total Service Area</b>	<b>82,363</b>

**Table 1.** Communities in Baystate Franklin Service Area

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

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

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

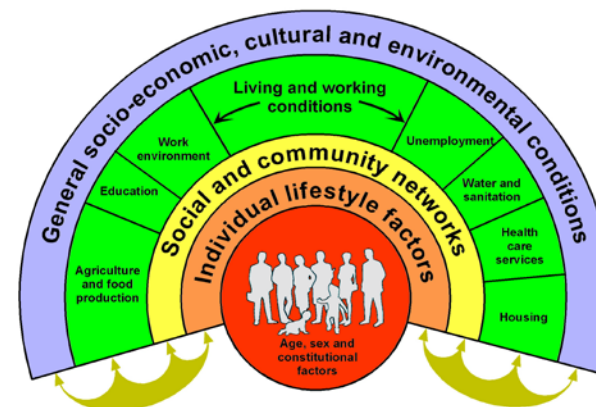
[baystatehealth.org/communitybenefits](http://baystatehealth.org/communitybenefits)

### 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.

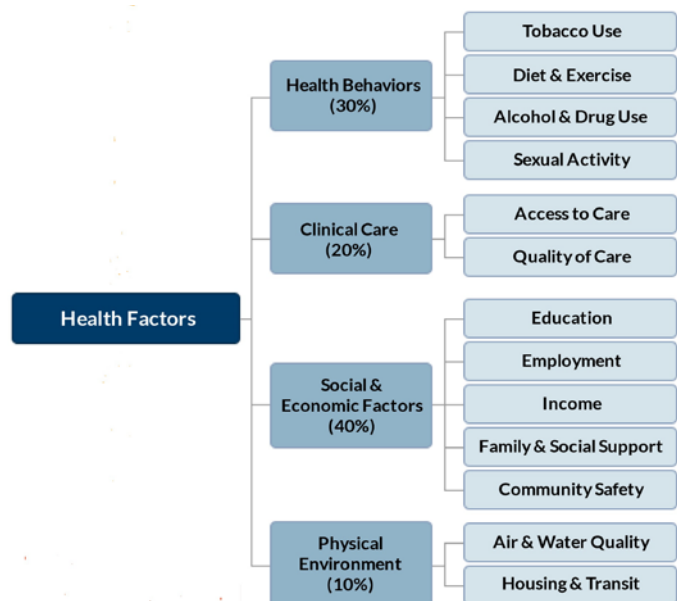
The 2016 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology<sup>5</sup>. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive (Figure 1).

Figure 1. Determinants of Health



Source: Dahlgren & Whitehead, 1993

Figure 2. County Health Rankings Model Health Factors



Source: County Health Rankings

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, in 2016, Franklin County ranked 8th of the 14 counties in Massachusetts for health outcomes and 7th for health factors.<sup>6</sup>

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

6 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 and vulnerable populations identified through the 2016 CHNA.<sup>7</sup> Due to limited resources Baystate Franklin is unable to address all priority health needs.

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH	HOSPITAL PLANS TO ADDRESS
<ul style="list-style-type: none"> <li>• Lack of resources to meet basic needs ◦ □</li> <li>• Housing needs ◦ □</li> <li>• Transportation ◦ □</li> <li>• Food insecurity and food deserts ◦</li> </ul>	<p>NO NO NO NO</p>
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>• <b>LACK OF CARE COORDINATION Δ</b> ◦ □</li> <li>• Health literacy and cultural humility ◦</li> </ul>	<p>YES YES NO YES YES</p>
HEALTH	
<ul style="list-style-type: none"> <li>• <b>CHRONIC HEALTH CONDITIONS Δ</b> ◦ □</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> <li>• Sexual health/teen pregnancy</li> </ul>	<p>YES NO YES YES YES</p>
VULNERABLE POPULATIONS	
<ul style="list-style-type: none"> <li>• Children and youth</li> <li>• Older adults</li> <li>• Communities of color, particularly Latinos ◦ and Blacks</li> <li>• LGBTQ youth</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals with low income levels</li> <li>• Individuals living in poverty</li> <li>• Individuals who are homeless</li> <li>• Individuals with low income levels</li> <li>• Individuals living in poverty</li> </ul>

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

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

□ = Franklin County Community Health Improvement Plan (CHIP) Health Priority

<sup>7</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.

Baystate Franklin established a Community Benefits Advisory Council (“CBAC”) in February 2013 that is comprised of representatives from the hospital and from public health, government, higher education, health care and human service organizations, who work together to assess public health needs in the area 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 Franklin’s CBAC community co-chair facilitated a discussion and priority setting process; which included the following review:

- 2013 CHNA and BFMC 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>8</sup> (below) were referenced in the CBAC’s priority setting discussion, but not applied explicitly.

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



## 4. IMPLEMENTATION STRATEGY PRIORITIES AND RESOURCE INPUTS

Baystate Franklin 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 will continue this commitment through the strategic health priorities set forth below. These focus primarily on two (2) 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 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 strategies to address those needs through hospital resources and inputs.

### A. HEALTH EQUITY FRAMEWORK

In 2015 the American Hospital Association launched its #123forEquity Pledge<sup>9</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

**Figure 3.**  
A Framework for Health Care Organizations to Achieve Health Equity



<sup>9</sup> American Hospital Association #123forEquity Campaign to Eliminate Health Care Disparities, <http://www.equityofcare.org/>

and in the community. Baystate adopted the Institute for Healthcare Improvements' (IHI) Framework for Achieving Health Equity.<sup>10</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.

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>11</sup>

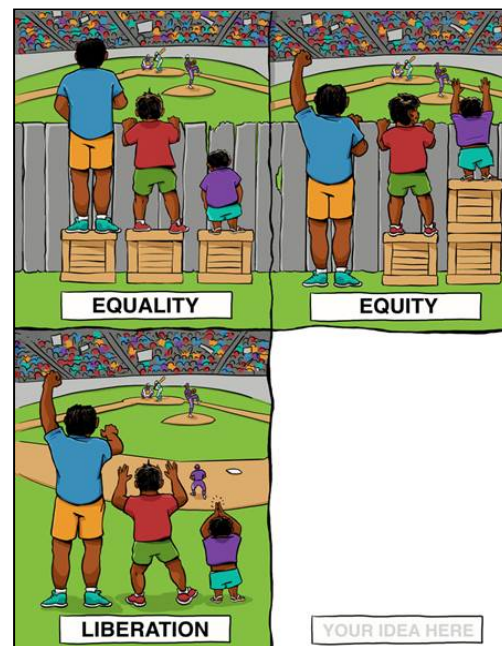
A picture is worth a thousand words. Figure 4 illustrates the difference between equality and equity.

**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)

10 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.

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

## B. IMPLEMENTATION STRATEGY PRIORITIES

For the period of 2017 through 2020, Baystate Franklin, 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

Baystate Franklin 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 Franklin County residents with fatality rates higher than that of the state.
- Tobacco use remains high with an estimated 20% of adults that smoke.
- Above average rate of pregnant women smoke in Franklin County according to County Health Rankings.
- Youth, and in particular LGBTQ youth, are disproportionately impacted by mental health and substance use issues.
- Older adults also experience high rates of depression, with focus group participants noting social isolation, loss of independence and the impact of chronic and age-related illnesses as contributing factors.

### 2. CARE COORDINATION

#### PRIORITY FOR CURRENT HOSPITAL EFFORTS AND GRANTS

The region has a great need for better coordination between patients, the hospital, and primary and specialty care providers. In addition, Baystate Franklin recognizes the need for improved understanding of community resources among hospital employees serving our patients (inpatient and outpatient). Increased care coordination continues to be a need in the community. Areas identified in focus groups and interviews include the need for:

- Coordinated care between providers in general.
- A particular need for increased coordination to manage co-morbid substance use and mental health disorders.
- A need for health care providers to coordinate care with community-based organizations offering patients non-medical supports.

### 3. CHRONIC DISEASE PREVENTION, MANAGEMENT AND INTERVENTION

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

High rates of obesity, cardiovascular disease, diabetes, asthma, chronic pulmonary obstructive disease and associated morbidities impact Baystate Franklin service area residents.

- An estimated 54% of adults in the population are overweight or obese with high rates also observed among children.
- High hospitalization rates for cardiovascular disease (CVD) and stroke in some communities, as well as the high prevalence of conditions that increase the risk of CVD (e.g. Hypertension and high cholesterol) indicate that CVD prevention is a priority in the service area.
- Nearly one in five Franklin County residents has either prediabetes or diabetes, and a number of communities within the service area have high diabetes hospitalization rates, which are a measure of severe morbidity.
- Baystate Franklin service area residents are also impacted by asthma. Children are particularly impacted, with prevalence rates over 16% observed in Rowe, Leverett and Athol.
- Older adults experience high rates of many of these conditions, including heart disease, hypertension, diabetes, and COPD.
- Children are particularly impacted by obesity and asthma.

**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.	BFMC 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.	BFMC 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.	BFMC 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 BFMC departments, programs, service lines.	Ongoing
EXTERNAL GRANT (GRANT)	A third-party grant awarded to Baystate Franklin to improve health outcomes of Franklin County residents.	Various BFMC 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 BFMC 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 FRANKLIN

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**

**BAYSTATE FRANKLIN MEDICAL CENTER SURGERY CENTER:** BFMC built a new \$26 million state-of-the-art surgical space and opened its doors in 2016. BFMC is a cornerstone of wellness and health care for the northern area of the Pioneer Valley and this new surgery center has enabled the hospital to enhance existing services, add new technologies, retain existing surgeons, and recruit additional talent to our area.

**PROVIDER RECRUITMENT:** As a result of the planning and building of the new surgical center, BFMC has been able to successfully recruit an orthopedic surgeon specializing in sports medicine, an urologist, and a gastroenterologist. BFMC has also grown its heart & vascular and sports medicine practices. In addition to bringing on more physicians, BFMC added advanced practitioners in orthopedic surgery and general surgery to increase the capacity to see more patients. BFMC is also working on developing telemedicine capabilities through the CHART 2 joint Baystate grant. By bringing the expertise of

key specialists, telemedicine will allow us to care for patients at BFMC who otherwise may have been transferred to Baystate Medical Center in Springfield.

**DENTAL URGENT CLINIC:** Through a partnership with Community Health Center of Franklin County, a dental urgent care has been placed on the Baystate Franklin campus, in close proximity to the Emergency Department. The initiative is designed to identify emergency room patients who present with mouth pain or other dental-related complaints — which in 2016 accounted for about 3 percent of all Baystate Franklin emergency department visits and 7 percent of Fast Track visits — and facilitate timely and convenient referral to an on-site dentist for who can truly treat the root cause of their problem.



### 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 Baystate Franklin'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 Franklin Leadership Team. The Strategy will be implemented in collaboration with community partners including, but not limited to:

1. Center for Human Development (CHD)
2. Clinical & Support Options (CSO)
3. Coalition of Western MA Hospitals/Insurer
4. Communities That Care (CTC) Coalition
5. Community Action of Franklin, Hampshire and North Quabbin Regions of MA
6. Community Health Care Initiative
7. Community Health Center of Franklin County
8. Community Involved in Sustaining Agriculture (CISA)
9. DIAL/SELF
10. Food Bank of Western MA
11. Franklin County Food Policy Council
12. Franklin County Probate Court, including Court Service Center
13. Franklin County Sheriff's Office
14. Franklin Regional Council of Governments (FRCOG)
15. Greenfield Community College
16. Greenfield Police Department
17. Greenfield Public Schools
18. Harvard School of Public Health (through grant with FRCOG)
19. Healthcare Without Harm (through grant with FRCOG)
20. Just Roots
21. LifePath, Inc.
22. Local Councils on Aging (through Life Path)
23. Local Health Departments, including the Cooperative Public Health Service health district and Greenfield Health Department
24. MA Department of Public Health (MA DPH)
25. MA Public Health Association (MPHA)
26. MotherWoman
27. New England Learning Center for Women in Transition (NELCWIT)
28. North Quabbin Community Coalition
29. Northern Berkshire Community Coalition
30. Northwestern MA District Attorney's Office
31. Opioid Task Force of Franklin County & North Quabbin
32. Partners for a Healthier Community (PHC)
33. RECOVER Project
34. Recovery Learning Community
35. Regional School Health Task Force (representatives from all 9 local school districts)
36. Salasin Center
37. ServiceNet
38. The Literacy Project
39. Tapestry Health
40. United Way of Franklin County
41. University of Massachusetts at Amherst – School of Public Health, College of Nursing
42. Valley Medical Group
43. Western MA Health Equity Network (WMHEN)
44. YMCA in Greenfield

## 5. NEEDS BEYOND THE HOSPITAL'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 Franklin 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.

HEALTH NEED	FRANKLY COUNTY-BASED ORGANIZATIONS ADDRESSING THE NEED IN SOME CAPACITY
<b>Basic Needs</b>	Community Action Interfaith Council United Way of Franklin County
<b>Housing Needs</b>	Western MA Network to End Homelessness Community Action Franklin County Regional Housing & Redevelopment Authority
<b>Transportation</b>	Franklin Regional Transit Authority Franklin Regional Council of Governments
<b>Food Insecurity And Food Deserts</b>	Community Action (food pantries) Food Bank of Western MA Franklin County Community Meals Franklin County Resource Network Hunger Task Force Just Roots LifePath, Inc.
<b>Need For Increased Physical Activity And Healthy Diet</b>	Franklin Regional Council of Governments YMCA of Athol YMCA of Greenfield
<b>Infant And Perinatal Health Risk Factors</b>	Community Action (Early Head Start, Healthy Families, WIC, Family Center)
<b>Sexual Health/Teen Pregnancy</b>	Tapestry Health Community Action Youth Programs

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

Baystate Franklin, 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.

- **NORTHWESTERN DISTRICT ATTORNEY'S "CHILDREN'S ADVOCACY CENTER":** Bringing legal, medical and social services together under one roof, the CAC concept, which has been active elsewhere in the Pioneer Valley, took root in Franklin County with renovations beginning on a center in Greenfield. In addition to providing medical and administrative counsel to the Franklin County CAC, Baystate Franklin provided start-up funding to purchase medical equipment and support renovations.
- **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 Franklin 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, Baystate Franklin partnered with its Community Benefits Advisory Council; which included the following internal and external stakeholders:

- BFMC Administration
- BFMC Behavioral Health
- BFMC Finance
- BFMC Patient Financial Services
- BFMC Quality Department
- Communities That Care Coalition
- Community Action of Franklin, Hampshire and North Quabbin Regions of MA
- Community Health Center of Franklin County
- Franklin Regional Council of Governments (FRCOG)
- Greenfield Community College
- LifePath, Inc.
- Local Health Departments:
  - Cooperative Public Health Service Health District
  - Greenfield Health Department
- Opioid Task Force of Franklin County & North Quabbin
- RECOVER Project
- ServiceNet
- UMASS Amherst College of Nursing
- UMASS Amherst School of Public Health & Health Sciences

## 8. IMPLEMENTATION STRATEGY WORK PLAN

Baystate Franklin 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 Baystate Franklin to be strategic and focused, yet flexible in its community health planning and improvement efforts. Baystate Franklin, 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 Baystate Franklin’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 problems.			
OBJECTIVE 1.2	Increase hospital staff, patient, and Franklin County residents’ knowledge of and 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>BTG:</b> Safe Prescriber Pledge	Provide guidance to Franklin County primary care and specialty practices, and to hospital-based physicians (Emergency, Hospital Medicine) in best practices to manage care of patients who have been prescribed opioid medications for pain management and/or who may need assistance to cease opioid use.	Erin Herzig, Healthcare Coordinator and Educator, based at Valley Medical Group	FY 2017 - FY 2018 FY 2018 – FY 2019 pending available funding/resources FY 2019 – FY 2020 pending available funding/resources	In progress
<b>BTG:</b> Substance Abuse And Violence Prevention	Implement Life Skills, a comprehensive evidence-based prevention curriculum within Franklin County and North Quabbin Region schools to reduce substance use disorder among middle and	Kat Allen & Rachel Stoler, Communities that Care Coalition	FY 2017 - FY 2018 FY 2018 – FY 2019 pending available	In progress

PRIORITY AREA	MENTAL HEALTH AND SUBSTANCE USE			
Curriculum	high school students now and in the future.		funding/resources  FY 2019 – FY 2020 pending available funding/resources	
<b>GRANT:</b> Northwest Opioid Overdose Reversal (NOOR) Project	Funded through a federal HRSA grant, this project’s goal is reduce the incidence of morbidity and mortality related to opioid overdoses in the rural northwestern-central communities of Massachusetts through the purchase and placement of emergency devices used to rapidly reverse the effects of opioid overdoses and training of licensed healthcare professionals, emergency responders, substance abuse disorder treatment providers, family members of opioid users, and other lay responders on their use.	Baystate Franklin Medical Center Opioid Task Force of Franklin County Northern Berkshire Community Coalition North Quabbin Community Coalition	FY 2017  Pending new funding/resources: FY 2018, FY 2019, FY 2020	In progress
<b>CET:</b> Greenfield Community College of Nursing (CoN)	GCC CoN is training nursing students and other parts of campus community in Narcan. CoN has received SBIRT funding and is looking to partner with Baystate.	Greenfield Community College of Nursing Baystate Franklin Medical Center	FY 2017 pending	HOLD; exploratory and feasibility phase
<b>CBA:</b> Franklin County Perinatal Support Coalition	A multi-sector and provider initiative launched, convened monthly, and facilitated by nurse leaders from the Birthplace at the Baystate Franklin. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year post-partum, weekly support group, and a community resource and referral guide. The Coalition is also focusing on improving coordination and resources for mothers with substance use disorders.	Linda Jablonski, RN, BFMC Labor & Delivery Nurse and Co-Chair, Franklin County Perinatal Support Coalition  MotherWoman	FY 2017 FY 2018 FY 2019 FY 2020	In progress

PRIORITY AREA	CARE COORDINATION			
GOAL 2	Improve care coordination within Franklin County & the North Quabbin between medical, social service & behavioral health organizations, and patients/clients.			
OBJECTIVE 2.1	Enhance care coordination systems to support patients with cost barriers.			
OBJECTIVE 2.2	Increase medical provider and support staff knowledge of community resources to assist with basic needs.			
OBJECTIVE 2.3	Increase number of BFMC staff that are trained in SBIRT and other screenings for substance use and mental health disorders and implement screening in more service lines.			
OBJECTIVE 2.4	Engage with patients/community at large to understand underlying barriers to following care protocols.			
INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE	STATUS
<b>CBA:</b> 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.	Aria Sampson, BFMC Financial Counselor	Annual, ongoing	In progress
<b>GRANT:</b> Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program	Strengthen the support system for patients with complex medical, behavioral and social needs in Franklin County, and reduce potentially avoidable hospital visits and admissions. The project is funding and establishing a team of care providers who can connect with patients both inside and outside the hospital to help them manage their health and avoid hospital visits when possible.	Annette Szpila, CHART Program Manager	FY 2016 – FY 2018	In progress
<b>BTG:</b> Building	Convene Leadership Team of key decision makers in	CBAC	FY 2017 – FY	In progress



PRIORITY AREA	CARE COORDINATION			
Bridges for Coordinated Care	social service, medical, and behavioral health fields as well as representatives for the client/patients. Gather information from stakeholders regarding the barriers to communication among agencies and the coordination of care/services for client/patients. Develop program to promote systems change, infrastructure development, and increase open communication around the coordination of services/care for patient/client.	Community Action  BFMC Rep on Leadership Team	2019	
<b>OTHER:</b> Readmission Collaborative	Multi-agency and provider initiative lead by the Hospital's quality department. Purpose is to reduce hospital readmissions for chronic illnesses by equipping community providers with educational and informational resources; and giving all parties a regular forum in which to meet and exchange ideas for optimal care coordination.	BFMC Quality	FY 2017 – FY 2019	In progress
<b>OTHER:</b> BFMC Leadership Team Meeting	CBAC and community partners attend one Leadership Team meeting per year to discuss improving coordinated care.	CBAC BFMC Leadership Team	FY 2017 – FY 2019	HOLD: exploring feasibility and implementation
<b>OTHER:</b> Regularly promote community resources to BFMC employees	BFMC employee newsletter incorporates information on non-medical support for residents on a regular basis.	CBAC	FY 2017 – FY 2019	HOLD: exploring feasibility and implementation

PRIORITY AREA	<b>CHRONIC DISEASE PREVENTION, MANAGEMENT AND INTERVENTION</b>			
GOAL 3	Reduce high rates of obesity, cardiovascular disease, diabetes, asthma, chronic pulmonary obstructive disease and associated morbidities within Franklin County.			
OBJECTIVE 3.1	Enhance access to Self-Management skills for people living with chronic disease			
OBJECTIVE 3.2	Support Local efforts to increase physical activity			
OBJECTIVE 3.3	Support local efforts to increase access to healthy food			
INPUT	DESCRIPTION	RESPONSIBLE	TIMELINE	STATUS
<b>BTG:</b> Healthy Living Project	Provides courses to adults over the age of 40 on self-management of chronic conditions and encourages individuals to be more active in better managing their health and health care needs. The priority health needs being addressed by this initiative include chronic disease prevention and creating a system of care coordination.	LifePath, Inc.	FY 2017 - FY 2018  FY 2018 – FY 2019 pending available funding/resources  FY 2019 – FY 2020 pending available funding/resources	In progress
<b>SI &amp; CR:</b> Prescribe the Y	Area providers write prescriptions for an exercise evaluation and plan, which are sent directly to the YMCA for follow-up. The program has been well received by participants, many of whom pay on a sliding scale. Baystate Franklin’s support funded the existing cost gap which enabled the Y to further expand its program in the community.	YMCA in Greenfield	FY 2017  FY 2018, FY 2019, FY 2020, pending available funding, resources	In progress
<b>GRANT:</b>	Partnership with FRCOG, Health Care Without Harm, the Harvard School of Public Health and BH Catering Contractor, Morrison, to assess and improve nutritional status of food served at cafeteria, in vending machines, and to patients. Funding from CDC via MA DPH	FRCOG	Through FY18	In progress