

## COMMUNITY BENEFITS IMPLEMENTATION STRATEGY | 2017 – 2020

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

### INTRODUCTION

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Baystate Medical Center (“Baystate Medical”), based in Springfield, Massachusetts (MA) is committed to creating healthier communities by working with affiliated providers and community partners to meet the identified health and wellness needs of patients and the broader community. In keeping with this commitment to improve health, Baystate Medical 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 Medical 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 the 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 Medical to prioritize and address health needs identified in the 2016 CHNA.

The Strategy identifies the means through which Baystate Medical, 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, Baystate Medical is addressing many of these needs simply by providing care to all, every day, regardless of their ability to pay.

Baystate Medical 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 period, 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.

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

In addition, BMC 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 MEDICAL CENTER AND COMMUNITIES SERVED

Baystate Medical is a 718-bed academic medical center (including Baystate Children's Hospital) based in Springfield, Massachusetts and is Western New England's only tertiary care referral medical center, Level 1 trauma center, and neonatal and pediatric intensive care units. Baystate Medical serves as a regional resource for specialty medical care and research, while providing comprehensive primary medical services to the community.

The service area for Baystate Medical includes all 23 communities within Hampden County, including the third largest city in Massachusetts -- Springfield (population over 150,000) (Table 1). Three adjacent cities (Holyoke, Chicopee and West Springfield) create a densely-populated urban core that includes over half of the population of the service area (around 270,000 people). Smaller, suburban communities exist to the east and west of this central core area. Many of these communities have populations under 20,000 people. Urban areas, as defined by the U.S. Census Bureau consist of census tracts and/or blocks meeting the minimum population density requirement (2,500-49,999 for urban clusters and over 50,000 for urbanized areas) or are adjacent and meet additional criteria. The service area has more racial and ethnic diversity than many other parts of western Massachusetts. County-wide, 22% of the population identifies as Hispanic or Latino, 9% Black or African American, and 2% as Asian (ACS, 2010-2014). However, this diversity is not equally spread throughout the region and tends to be concentrated in the urban core. The Pioneer Valley Transit Authority, the second largest public transit system in the state, serves 11 communities in the service area and connects suburban areas to the core cities and services. Paratransit service is also available for people with disabilities within  $\frac{3}{4}$  mile of a fixed route to facilitate access to medical care.

Economically, the Baystate Medical service area is home to many of the largest employers in the region as well as numerous colleges and universities, and provides a strong economic engine for the broader region. The largest industries and employers include health care, service and wholesale trade and manufacturing. At the same time, the county struggles with higher rates of unemployment and poverty, lower household incomes and lower rates of educational attainment as compared to the state. The median household income in the service area is about \$50,000 (\$17,000 less than the state) (ACS 2010-2014). The poverty rate is more than 5% higher than that statewide, and the child poverty rate is an alarming 27%, more than 10% higher than the state rate (ACS, 2010-2014). Despite being at the core of the Knowledge Corridor region, only 26% of the population age 25 and over has a bachelor's degree. Unemployment is somewhat higher than the state average. The unemployment rate is based on the number of people who are either working or actively seeking work. The median age for the service area is similar to that of Massachusetts, though the population over 45 years old is growing as a percentage of the total population.

**Table 1.** Communities in Baystate Medical Center's Service Area

|                           | 2014<br>Population Estimate |
|---------------------------|-----------------------------|
| <b>Hampden County</b>     |                             |
| Agawam                    | 28,772                      |
| Blandford                 | 1,255                       |
| Brimfield                 | 3,723                       |
| Chester                   | 1,365                       |
| Chicopee                  | 55,795                      |
| East Longmeadow           | 16,123                      |
| Granville                 | 1,620                       |
| Hampden                   | 5,195                       |
| Holland                   | 2,502                       |
| Holyoke                   | 40,124                      |
| Longmeadow                | 15,882                      |
| Ludlow                    | 21,436                      |
| Monson                    | 8,754                       |
| Montgomery                | 860                         |
| Palmer                    | 12,174                      |
| Russell                   | 1,787                       |
| Southwick                 | 9,689                       |
| Springfield               | 153,991                     |
| Tolland                   | 492                         |
| Wales                     | 1,878                       |
| Westfield                 | 41,608                      |
| West Springfield          | 28,627                      |
| Wilbraham                 | 14,509                      |
| <b>Total Service Area</b> | <b>468,161</b>              |

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

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

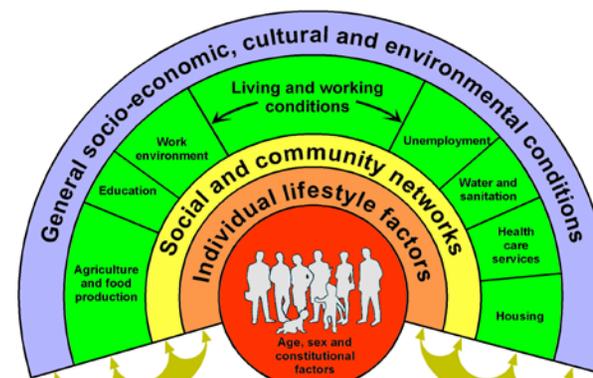
Source: Population Division, U.S. Census Bureau, <http://www.census.gov/popest/index.html>

### 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.

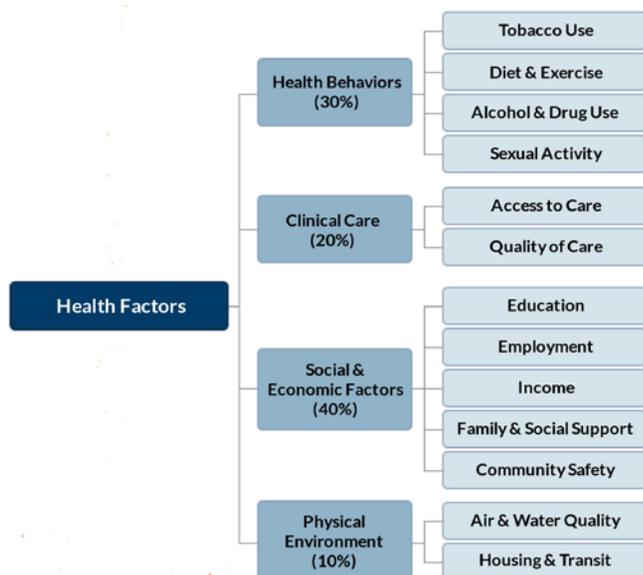
The 2016 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology<sup>4</sup>. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and healthcare we receive (Figure 1).

Figure 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. Among Massachusetts’ counties, County Health Rankings ranked Hampden County last out of 14 counties in the state for both health factors and health outcomes in 2016.<sup>5</sup>

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

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

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

**Table 2.** Priority Community Health Needs and Vulnerable Populations

| COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH |                                      | HOSPITAL PLANS TO ADDRESS  |
|---|--------------------------------------|--|
| • <b>LACK OF RESOURCES TO MEET BASIC NEEDS Δ</b>                    |                                      | YES  |
| • <b>HOUSING NEEDS Δ</b>  |                                      | YES  |
| • Transportation ○  |                                      | YES  |
| • Lack of community safety  |                                      | YES  |
| • Food insecurity and food deserts ○                                |                                      | NO   |
| • Environmental concerns  |                                      | NO   |
| • Institutional racism  |                                      | YES  |
| BARRIERS TO ACCESSING QUALITY HEALTH CARE                           |                                      |  |
| • Limited availability of providers ○                               |                                      | YES  |
| • Insurance related challenges ○                                    |                                      | YES  |
| • Lack of transportation ○  |                                      | YES  |
| • Lack of care coordination ○                                       |                                      | YES  |
| • Health literacy, language barriers, and cultural humility ○       |                                      | YES  |
| HEALTH  |                                      |  |
| • Chronic health conditions ○                                       |                                      | NO   |
| • <b>NEED FOR INCREASED PHYSICAL ACTIVITY AND HEALTHY DIET Δ</b>    |                                      | YES  |
| • <b>MENTAL HEALTH AND SUBSTANCE USE DISORDERS Δ ○</b>              |                                      | YES  |
| • <b>INFANT AND PERINATAL HEALTH RISK FACTORS Δ</b>                 |                                      | YES  |
| • Sexual health   |                                      | NO   |
| VULNERABLE POPULATIONS  |                                      |  |
| • Children and youth  | • Individuals with low income levels | • Individuals with mental health and/or substance use conditions |
| • Older adults  | • Individuals living in poverty      | • Refugees, both documented and undocumented                     |
| • Communities of color, particularly Latinos ○                      | • Individuals who are homeless       |  |
| • LGBTQ youth   |                                      |  |

Δ = HEALTH NEED IDENTIFIED BY BAYSTATE MEDICAL CENTER 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 Medical Center Community Benefits Advisory Council (“CBAC”) is comprised of representatives from the hospital and outpatient centers, public health, government, higher education, health care and human service organizations, who will work together to assess public health needs in the areas served by the hospital; review relevant surveys and reports; and provide input into the investment of hospital resources (time, talent, and financial) into community health efforts to address priority needs. The CBAC played an instrumental role in priority setting and development of this implementation strategy.

To prioritize the seventeen (17) health needs, Baystate Medical’s CBAC, with support from the Office of Public Health and Community Relations reviewed the following:

- o 2013 CHNA and BMC implementation strategy priorities;
- o 2016 CHNA priorities;
- o Current hospital community health planning efforts;
- o Current community-based program and initiatives;
- o Current county-wide community health improvement planning efforts;
- o 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) were referenced in the CBAC’s priority setting discussion, but not applied explicitly.

**Table 3.** Prioritization Criteria

| RELEVANCE<br><i>How Important Is It?</i>  | APPROPRIATENESS<br><i>Should We Do It?</i>   | IMPACT<br><i>What Will We Get Out Of It?</i>   | FEASIBILITY<br><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

Baystate Medical 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 that focus primarily on four (4) high-priority health need, as well as, select other priority health needs identified in the 2016 CHNA that the hospital will use as a guide for future community benefits and social impact investments and grant making.

Not all programs and services provided by the hospital 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>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

**Figure 3.**

A Framework for Health Care Organizations to Achieve Health Equity



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

action to advance the organization's current work beyond the pledge goals to address health equity within the organization and in the community. Baystate adopted the Institute for Healthcare Improvements' (IHI) Framework for Achieving Health Equity.<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.

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>

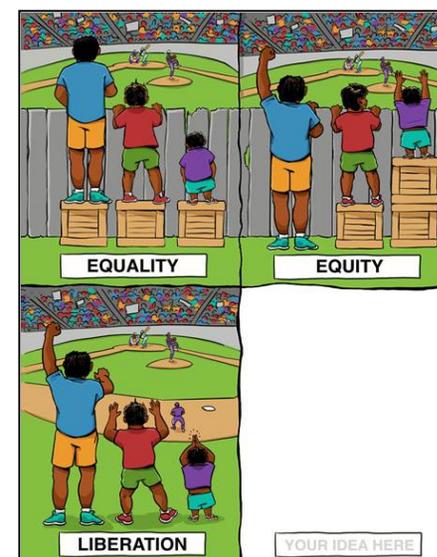
A picture is worth a thousand words. Figure 4 illustrates the difference between equality and equity.

**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>9</sup> 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.

<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 through 2020, Baystate Medical, in partnership with its CBAC, identified **one (1)** high-priority health need that will be the focus of current and future hospital community health planning efforts, through existing hospital resources, programs, services and grant investments, as well as future grant investments and in-kind resources. This strategic priority health need, as identified through the 2016 CHNA and prioritization process is:

### 1. MENTAL HEALTH AND SUBSTANCE USE

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

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

- Substance use and mental health were identified as two of the top three urgent health needs impacting the area in interviews with local and regional public health and in the Springfield community.
- Substance use disorders overall (including alcohol) and opioid use were of particular concern.
- Opioid use disorder, which has been declared a public health emergency in Massachusetts, is impacting Hampden County residents with fatality rates higher than that of the state.
- 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 abuse as well as the need for more treatment options.
- Tobacco use remains high with an estimated 21% of adults that smoke.
- Youth substance use is also an issue with 15% of Springfield 8th grade students reporting drinking alcohol in the past 30 days and 12% using marijuana.

## 2. PHYSICAL ACTIVITY & HEALTHY EATING

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

Baystate Medical recognizes the need for increased physical activity and consumption of fresh fruits and vegetables for Hampden County residents, as well as, the need for increased youth programming that encourages physical activity, among other program area needs.

- Only half of Hampden County adults (53%) met the guidelines for aerobic physical activity, and only about a quarter (21%) met the guidelines for both aerobic and muscle-strengthening activity.
- Food insecurity continues to impact the ability of many Hampden County residents to access to healthy food. Food insecurity is a measure of inadequate or uncertain access to food, including healthy food, and is estimated based on social and economic characteristics such as income.
- The food insecurity rate in Hampden County is 12% overall and 18.8% among children.
- Large portions of Springfield and parts of Chicopee, Holyoke, Ludlow, Monson, West Springfield, and Westfield have rates of food insecurity greater than 15%.

## 3. BASIC NEEDS, INCLUDING HOUSING

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

In Hampden County, many residents struggle with poverty and low levels of income. The connections between poor health and poverty, low levels of income, and access to fewer resources are well established.

- Low-income individuals are more likely to be negatively impacted by the chronic stress associated with challenges in securing basic necessities that impact health, such as housing, food, and transportation.
- The median family income in Hampden County is almost 30% lower than that of the state.
- Just over 17% of county residents live in poverty with high rates of poverty concentrated in areas of Springfield and Holyoke.
- Families that live below 200% of the poverty level likely do not have the resources they need to be economically self-sufficient.

- 16% of Hampden County residents age 25 and older do not have a high school diploma. In the communities of Springfield, Chicopee, and Ludlow, over 20% of eligible individuals do not have a high school diploma.
- Housing insecurity is an issue that continues to impact BMC service area residents. Over a third of the population in BMC's service area is housing cost burdened, with rates close to 50% in Springfield. Among renters in the BMC service area, over 50% are housing cost burdened (U.S. Census Bureau, 2010-2014). Housing cost burden is defined as more than 30% of income going towards housing.
- Hampden County has an large older housing stock that when combined with limited resources for maintenance can lead to problems (e.g. mold, pest/rodent exposure) that affect asthma and other respiratory illnesses; exposure to environmental contaminants such as lead paint, asbestos, and lead pipes; and safety and accessibility of children, elderly or disabled populations.

#### 4. **MATERNAL, INFANT, CHILD HEALTH**

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

Baystate Medical recognized the need for increase Maternal, Infant and Child Health services and resources. Preterm birth and low birth weight are among the leading causes of infant mortality and morbidity in the U.S., and can lead to health complications throughout the life span.

- In Hampden County, approximately 9% of infants were born preterm and 8% were born low birth weight in 2014. Higher rates of preterm birth and low birth weight were observed in Longmeadow, Springfield and Westfield.
- In Hampden County, an estimated 21% of women did not receive adequate prenatal care and 25% started prenatal care after their first trimester
- Approximately 11% of Hampden County women reported smoking during pregnancy (MDPH, 2012) with the highest rates observed in Palmer, Chicopee and Westfield in 2012.

## 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.   | BMC 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.  | BMC 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. | BMC 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.<br><br>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 BMC 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 BMC 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 BMC 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 MEDICAL CENTER

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. **CHRONIC DISEASE**

**REGIONAL TUBERCULOSIS CLINIC:** For over 25 years the regional TB Clinic has been providing access to TB diagnosis and treatment for residents throughout western Massachusetts. The majority of patients served are non-English speaking immigrants who have been referred for examination and treatment after receiving a positive PPD test or with a history of TB exposure in their native country. The clinic serves both adult and pediatric patients.

**PARTNERS FOR A HEALTHIER COMMUNITY ("PHC"):** founded as a not-for-profit organization in 1996 by Baystate Health, the City of Springfield and other key local stakeholders, PHC has partnered with over 100 organizations in various community benefits projects since its creation. Most recently PHC is now a nationally accredited public health institute. Baystate Medical supports the core infrastructure of the PHC by providing an annual unrestricted community benefits grant, plus additional in-kind services. PHC's mission is to build measurably healthy communities for all with equitable

opportunities and resources through civic leadership, collaborative partnerships, and policy advocacy. PHC is committed to improving the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia organized to create a measurably healthier community using collaborative programming to solve pressing community health issues. PHC does not provide direct services; rather it takes the role of neutral facilitator to promote community collaborations. In this role, PHC provides multipurpose support including, convening and partnering, health policy development, population based health program delivery and research and evaluation. Initiatives includes Live Well Springfield, Live Well Springfield ~ Kids, Pioneer Valley Asthma Coalition, and the YEAH! Network.

### 3. COMMUNITY SAFETY

**TRAUMA AND INJURY PREVENTION:** BMC is home to the region's only Level 1 Trauma Center. Trauma centers have an important role in reducing the impact of injury by participating in prevention efforts. These efforts are based on identification of specific injuries and risk factors in patients, families, and the community. For many injuries, prevention is often the only, if not the best, means of dealing with this health care problem. Examples of our programs include; Brains at Risk, The Balancing Act, AARP Drivers Safety Program, and Drowsy Driving Campaign.

## 1. 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 Medical Center'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 Leadership. The Strategy will be implemented in collaboration with community partners including, but not limited to:

1. American Heart Association (AHA)
2. American International College (AIC)
3. Baystate Community Health Center's
4. Baystate Family Advocacy Center (FAC)
5. Baystate Finance
6. Baystate Office of Diversity and Inclusion
7. Baystate Patient Experience
8. Baystate Pediatrics
9. Baystate Spiritual Services
10. Baystate Springfield Educational Partnership (BSEP)
11. Baystate Strategic Planning & Business Development
12. Center for Human Development (CHD)
13. Coalition of Western MA Hospitals/Insurer
14. Develop Springfield
15. Food Bank of Western MA
16. Hampden County Health Coalition
17. Way Finders (formerly HAP Housing)
18. Healing Racism Institute of Pioneer Valley
19. Health New England (HNE)
20. MA Department of Public Health (MA DPH)
21. MA Public Health Association (MPHA)
22. Martin Luther King, Jr. Family Services/Mason Square Health Task Force
23. Mason Square Health Center Community Advisory Board
24. Men of Color Health Awareness (MOCHA)
25. MetroCare of Springfield
26. MotherWoman
27. New North Citizens' Council (NNCC)
28. Partners for a Healthier Community (PHC)
29. Perinatal Support Coalition of Hampden County
30. Pioneer Valley Planning Commission (PVPC)
31. Prison Birth Project
32. Project Coach
33. Revitalize CDC
34. Smart Transit to HealthCare
35. Springfield Department of Health and Human Services
36. Springfield Food Policy Council
37. Springfield Public Schools
38. West Springfield Department of Public Health
39. Western MA Health Equity Network (WMHEN)

**5. NEEDS BEYOND THE HOSPITAL’S MISSION AND/OR LIMITED RESOURCE CAPACITY**

No health care system or hospital facility can address all the health needs present in its community. Baystate Medical 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  | HAMPDEN COUNTY-BASED ORGANIZATIONS ADDRESSING THE NEED IN SOME CAPACITY  |
|--|--|
| <b>Basic Needs</b>   | New North Citizens’ Council<br>Springfield Partners for Community Action<br>United Way of Hampden County                   |
| <b>Community Safety</b>                                      | City of Springfield/Springfield Police Department/C3 Initiative  |
| <b>Environmental</b>   | Arise for Social Change<br>Partners for a Healthier Community/Pioneer Valley Asthma Coalition                              |
| <b>Food Insecurity And Food Deserts</b>                      | Food Bank of Western MA<br>Martin Luther King, Jr. Family Services   |
| <b>Transportation</b>  | Smart Transit to Health Care<br>Regional Coordinating Council<br>Council’s on Aging<br>Greater Springfield Senior Services |
| <b>Care Coordination</b>                                     | Behavioral Health Network  |
| <b>Chronic Health Conditions</b>                             | American Heart Association Multicultural Initiatives   |
| <b>Need For Increased Physical Activity And Healthy Diet</b> | YMCA of Greater Springfield<br>Mass in Motion<br>Partners for a Healthier Community/Live Well Springfield                  |
| <b>Sexual Health/Teen Pregnancy</b>                          | Partners for a Healthier Community/Teen Pregnant and Parenting Program   |

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

Baystate Medical, 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 Medical leaders and team members volunteer, on behalf of the hospital, on local community boards, committees and coalitions. In these roles team members 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 Medical partnered with its Community Benefits Advisory Council; which included the following internal and external stakeholders:

- American Heart Association (AHA)
- American International College (AIC)
- Baystate Community Health Center's
- Baystate Family Advocacy Center (FAC)
- Baystate Finance
- Baystate Office of Diversity and Inclusion
- Baystate Patient Experience
- Baystate Pediatrics
- Baystate Spiritual Services
- BMC Administration
- Develop Springfield
- Hampden County Health Coalition
- HAP Housing/Way Finders
- Health New England (HNE)
- MA Department of Public Health
- Mason Square Health Center Community Advisory Board
- MetroCare of Springfield
- New North Citizens' Council (NNCC)
- Partners for a Healthier Community (PHC)
- Perinatal Support Coalition of Hampden County
- Pioneer Valley Planning Commission (PVPC)
- Project Coach
- Revitalize CDC
- Springfield Department of Health and Human Services
- Town of West Springfield Department of Public Health

## 8. IMPLEMENTATION STRATEGY WORK PLAN

Baystate Medical 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 Medical to be strategic and focused, yet flexible in its community health planning and improvement efforts. Baystate Medical, 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 Medical’s implementation strategy. The tables include goal(s), objective(s) and hospital resource inputs to achieve the specific goal and objective(s) for each health priority.

| PRIORITY AREA   | MENTAL HEALTH AND SUBSTANCE USE   |   |                    |             |
|---|---|---|--------------------|-------------|
| GOAL 1  | Improve access to high quality behavioral health care in Hampden County.  |   |                    |             |
| 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 Hampden 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> Men of Color Health Awareness (MOCHA) Ludlow Jail Project | MOCHA will deliver education, skills building, and support to men of color to improve their physical, mental, emotional and spiritual health upon their release from Ludlow Jail. | Antonio Delesline, Director   | FY 2017<br>FY 2018 | In progress |
| <b>CET:</b> Mental Health First Aid Training                          | In partnership with Mercy Medical Center and Health New England, Baystate Medical Center will co-host two MHFA trainings; one for providers and second for community.             | Office of Public Health and Community Relations<br>Local MHFA Instructors | FY 2017<br>FY 2018 | In progress |

| PRIORITY AREA                               | MENTAL HEALTH AND SUBSTANCE USE  |   |  |             |
|---|--|---|--|-------------|
| <b>CBA:</b> Baystate Family Advocacy Center | A nationally accredited Child Advocacy Center (CAC) serving children and families in Hampden county and surrounding areas. Our team provides culturally sensitive, comprehensive assessment of treatment needs, advocacy, and coordination of services for children and families after a forensic interview, a child abuse medical assessment, or a call on the intake hotline. We also provide evidence-based, trauma-focused individual and family therapy as well as group therapy for children and non-offending caregivers. | Stephanie Daley, MD<br>Co-Medical Director<br>Stephen Boos, MD<br>Co- Medical Director<br>Allyson Rogers,<br>Practice Manager | FY 2017<br>FY 2018<br>FY 2019<br>FY 2020 | In progress |
| <b>CBA:</b> Transgender Support Group       | In partnership with UNITY of Pioneer Valley, this support group is a peer lead and psychosocial support group for Transgender individuals, their allies and all LGBTQ's. The confidentiality of the meetings in a hospital facility provides a safe environment in which to address issues related to transition, such as relationships, family, health care, spirituality and the workplace.  | UNITY of Pioneer Valley   | FY 2017<br>FY 2018<br>FY 2019<br>FY 2020 | In progress |
| <b>BTG:</b> River Valley Counseling Center  | River Valley Counseling Center will conduct a Transgender Conference to inform, educate, and empower area mental health providers to practice competent, appropriate care to the transgender community, thus making it easier for individuals to live healthy lives in healthier, accepting communities.   | Nancy Gentile, River Valley Counseling  | FY 2017                                  | Completed   |

| PRIORITY AREA  | BASIC NEEDS   |  |  |                    |
|--|---|--|--|--------------------|
| GOAL 2   | Increase awareness and improve access to basic needs, including food, housing, transportation, education, and employment for Hampden County 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             |
| <p><b>CBA:</b> Hospital-based employee donation drives: back to school, holidays, and diaper/wipe donations.</p> | <p>Annually, BMC team members and leaders donate provide: back-to-schools supplies to select Springfield-area school, in addition to toys and other basic needs (coats, hats, gloves, blankets, diapers) to area families in need during the holiday season. BMC also makes an annual donation of diapers and wipes to the Springfield Diaper Bank.</p> | <p>Office of the President of BMC<br/>Office of Public Health and Community Relations</p>  | <p>FY 2017<br/>FY 2018<br/>FY 2019<br/>FY 2020</p> <p>August: Back-to-School<br/>December: Holiday Drive<br/>March: Diaper/Wipes</p> | <p>In progress</p> |
| <p><b>CBA:</b> Community Outreach Liaison at Baystate Mason Square Health Center</p>                             | <p>Baystate Mason Square Community Outreach Liaison identifies unmet community health needs and provides outreach to underserved residents of the Mason Square community via the coordination of health education focus groups, community health forums and fairs.</p>  | <p>Mable Sharif,<br/>Community Outreach Liaison at Baystate Mason Square Health Center</p> | <p>FY 2017<br/>FY 2018<br/>FY 2019<br/>FY 2020</p>   | <p>In progress</p> |

| PRIORITY AREA  | BASIC NEEDS   |   |  |  |
|--|---|---|--|--|
| <p><b>CBA:</b> Baystate Springfield Educational Partnership (BSEP)</p> | <p>BSEP offers a variety of hospital-based learning experiences for students in grades 9 through 12<sup>th</sup> grades, to participate in programming activities that expose them to varied careers in the health care field, requirements for employment and skills to needed to enhance their employability. Program outcomes include improved health outcomes for Springfield minority populations and improvement of social determinants of health of the local community.</p> | <p>Peter Blain, Director, BSEP Program</p>  | <p>FY 2017<br/>FY 2018<br/>FY 2019<br/>FY 2020</p> | <p>In progress</p>   |
| <p><b>GRANT:</b> Smart Transit to HealthCare (STtH)</p>                | <p>STtH is an innovative approach to providing a reliable experience for patients who depend on public transportation to get to and from medical appointments. Baystate is exploring innovative approaches to improve access and utilization of reliable transportation for patients and broader community.</p>   | <p>Office of Public Health and Community Relations<br/>Moumita Dasgupta, PhD, principal investigator for Smart Transit to Healthcare (STtH)</p> | <p>FY 2017<br/>FY 2018</p>                         | <p>In progress; applying in 2017 for a Robert Wood Johnson Evidence 4 Action Research Grant.</p> |

| PRIORITY AREA                                      | BASIC NEEDS   |  |                               |             |
|--|---|--|-------------------------------|-------------|
| <b>BTG:</b> Project Coach                          | Project Coach works to bridge the economic, educational and social divisions facing Springfield youth by empowering and employing inner-city teens to coach, teach, and mentor elementary school students in their neighborhoods.                                 | Jo Glading-DiLorenzo, Co-Program Director<br><br>Erin DeCou, Co-Program Director | FY 2017<br>FY 2018<br>FY 2019 | In Progress |
| <b>BTG:</b> Revitalize CDC                         | Revitalize CDC's Healthy Home initiative works to provide home repair and health self-management education that improves the health and quality of life for low-to-moderate families living in substandard housing in Springfield.                                | Colleen Loveless, President & CEO  | FY 2017<br>FY 2018<br>FY 2019 | In Progress |
| <b>BTG:</b> MA Public Health Association (MPHA)    | Stronger Together Hampden County will develop and strengthen the skills of 10 Hampden County community-based not-for-profits to advocate for policies, systems and environmental changes that will improve physical, economic, and social determinants of health. | Andrea Freeman, Field Director, MPHA   | FY 2017                       | In Progress |
| <b>BTG:</b> Springfield Food Policy Council (SFPC) | <i>The What is Policy?</i> initiative will focus on actionable activities in addressing the lack of access to affordable,   | Elizabeth O'Gilvie, Chair, SFPC  | FY 2017                       | In Progress |

| PRIORITY AREA | BASIC NEEDS   |  |  |  |
|---------------|---|--|--|--|
|               | culturally appropriate, healthy foods in Springfield. |  |  |  |

|   |   |   |  |               |
|---|---|---|--|---------------|
| <b>PRIORITY AREA</b>                                      | <b>MATERNAL, INFANT, CHILD HEALTH</b>   |   |  |               |
| <b>GOAL 1</b>   | Improve perinatal and birth outcomes for women and infants in Hampden County, with a greater focus on mothers/infants of color.   |   |  |               |
| <b>OBJECTIVE 1.1</b>                                      | Enhance current hospital grantees' and community partners' capacity to better respond to perinatal mental health and substance abuse problems.  |   |  |               |
| <b>OBJECTIVE 1.2</b>                                      | Increase hospital staff, patient, and Hampden County residents' knowledge of and access to perinatal health community resources and perinatal mental health resources (Resources and Referral Guide).   |   |  |               |
| <b>OBJECTIVE 1.3</b>                                      | Enhance existing universal postpartum depression screenings within the hospital, affiliated providers, and community providers.   |   |  |               |
| <b>INPUT</b>  | <b>DESCRIPTION</b>  | <b>RESPONSIBLE</b>                                      | <b>TIMELINE</b>                          | <b>STATUS</b> |
| <b>BTG:</b> Prison Birth Project                          | Prison Birth Project provides support and education to women & trans people at the intersection of the criminal justice system and parenthood. Doulas and support groups provide emotional & practical support so that the women/trans people may build healthy lives and nurture children.                           | Lisa Andrews, Co-Director<br>Marissa Pizii, Co-Director | FY 2017<br>FY 2018                       | In progress   |
| <b>CBA:</b> Perinatal Support Coalition of Hampden County | A multi-sector and provider initiative launched, convened monthly, and facilitated by hospital representatives. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, weekly support groups, and a community resource and referral guide. | Annamarie Golden, Co-Chair<br>Emily Osborne, Co-Chair   | FY 2017<br>FY 2018<br>FY 2019<br>FY 2020 | In progress   |

| PRIORITY AREA  | PHYSICAL ACTIVITY & HEALTHY DIET  |  |  |             |
|--|---|--|--|-------------|
| GOAL 2   | Increase regular physical activity and consumption of fresh fruits and vegetables for Hampden County residents.   |  |  |             |
| OBJECTIVE 2.1  | Serve children age two years to twenty-one years with a diagnosis of obesity (BMI > 95% for age) and offer them and their family resources aimed at promoting healthy nutrition, healthy activity and a healthy lifestyle.  |  |  |             |
| OBJECTIVE 2.2  | Increase actionable activities in addressing the lack of access to safe space for physical activity, and affordable, culturally appropriate, healthy foods in Springfield.  |  |  |             |
| INPUT  | DESCRIPTION   | RESPONSIBLE  | TIMELINE                                 | STATUS      |
| <b>CBA: MIGHTY</b><br>(Moving, Improving and Gaining Health Together at the Y) | A community-based multidisciplinary pediatric obesity treatment program that is held at the Springfield YMCA and includes 14 - 2 hour sessions which include physical activity, nutrition and behavior modification. It targets children and adolescents age 5-21. Sessions are augmented by weekly phone calls, monthly group activities, cooking classes and a gardening experience. In addition participants and their families are given a free 6 month long membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants. This program enrolls approximately 300 children per year. | Dr. Chrystal Wittcopp, Medical Director<br><br>YMCA of Greater Springfield | FY 2017<br>FY 2018<br>FY 2019<br>FY 2020 | In progress |

| PRIORITY AREA   | PHYSICAL ACTIVITY & HEALTHY DIET   |  |  |                    |
|---|--|--|--|--------------------|
| <p><b>BTG:</b> Way Finders (formerly HAP Housing)</p>     | <p>The Healthy Hill Initiative is a multi-year effort to improve the health and wellbeing of residents in the Old Hill neighborhood in Springfield through youth activities, walking clubs, and resident engagement and empowerment.</p> | <p>Sarah Page, Sr. VP<br/>Community Engagement<br/>Beatrice Dewberry,<br/>Community Engagement Manager</p> | <p>FY 2017<br/>FY 2018<br/>FY 2019</p> | <p>In Progress</p> |
| <p><b>BTG:</b> Springfield Food Policy Council (SFPC)</p> | <p><i>What is Policy?</i> initiative will focus on actionable activities in addressing the lack of access to affordable, culturally appropriate, healthy foods in Springfield.</p>   | <p>Elizabeth O’Gilvie,<br/>Chair, SFPC</p>   | <p>FY 2017</p>                         | <p>In Progress</p> |