

CLINICAL RESEARCH COMMUNITY MEETING

BAYSTATE COMMUNITY BENEFITS

AND PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS

WEDNESDAY, FEBRUARY 18, 2026

Baystate Health

PRESENTERS



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Baystate Health



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celebrating 30 YEARS PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS
PARTNERS FOR HEALTH EQUITY

LEARNING OBJECTIVES

1 CHNA OVERVIEW

- Describe what is a **Community Health Needs Assessment (CHNA)**
- Including its role in **identifying population health risks**, key **CHNA data sources**
- Why **non-profit hospitals** are required to complete one to support **risk mitigation** and **community benefit planning**

2 CHNA FINDINGS

- Recognize the **region's priority health needs** and **inequities** identified in the 2025 CHNA
- Including **populations at increased risk**, **health disparities**
- Areas of **preventable adverse health outcomes**

3 DATA TO ACTION

- Review how the CHNA report is **used by Baystate** to **inform organizational strategy**, **resource allocation**, and **risk-informed decision-making**
- How the CHNA is used by **community constituents**
- **Baystate Research Staff** may use the CHNA to **inform evidence-based research and interventions**

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A report that uses both **qualitative** and **quantitative data** to **identify priority health concerns**, **risk factors**, and population **health disparities** within a **defined community**



Nonprofit hospitals (and health insurers in MA) are required to complete every **3 years**

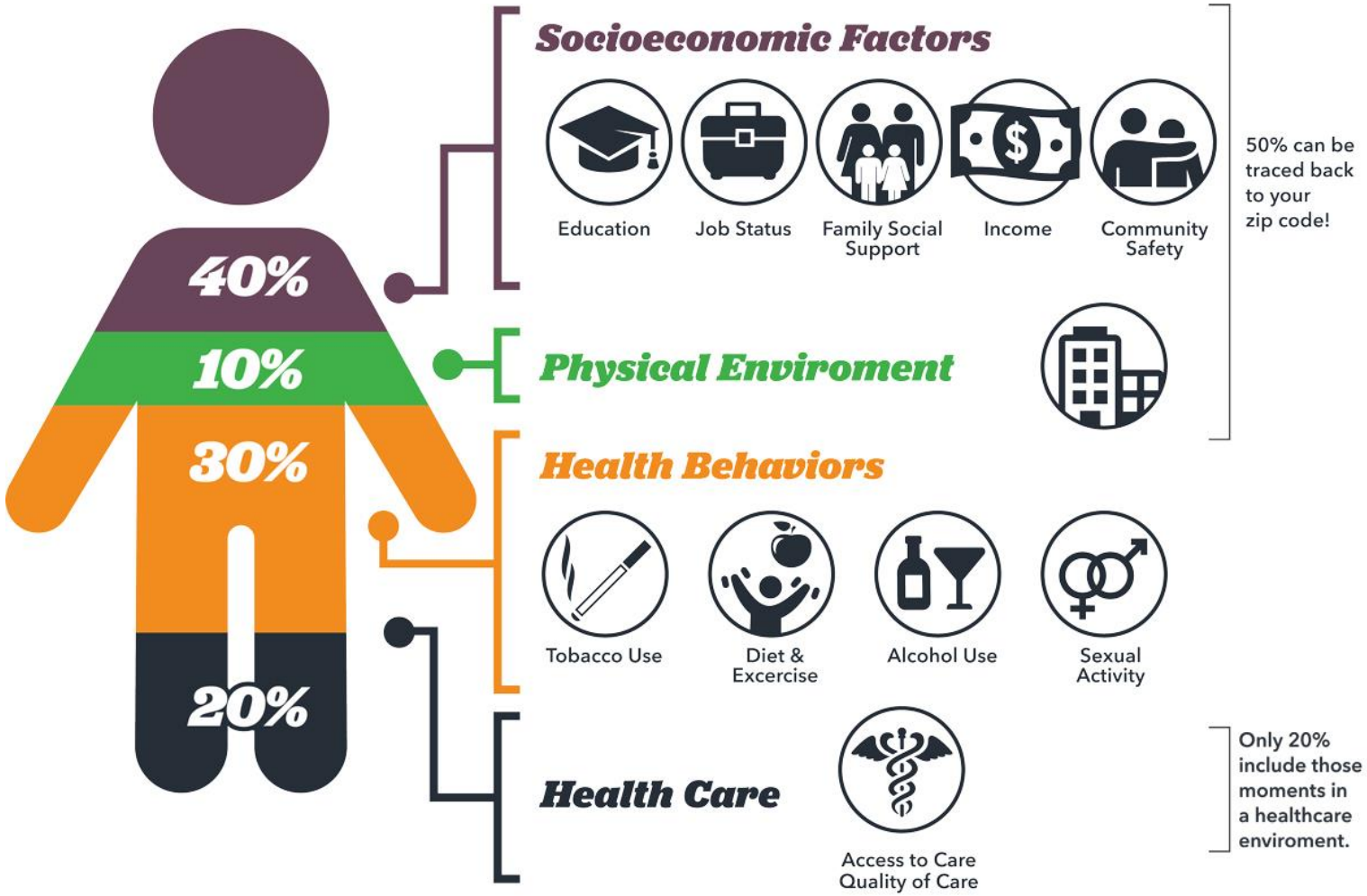


An opportunity for **partnership** and **collaboration** between **hospitals** and **communities** to address health needs

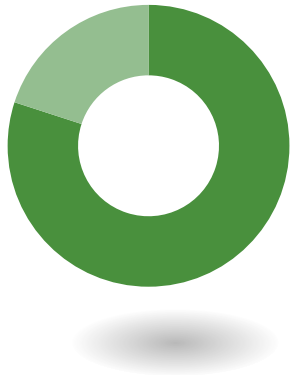


CHNAs are used to **inform planning decisions** and **resource allocation** to improve wellbeing of communities in the service area

IMPORTANCE OF CHNA IN HEALTH: PUBLIC HEALTH FRAMEWORK



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



80%

of what influences a person's life expectancy happens outside of the healthcare system

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Since 2014, IRS (and MA Office of the Attorney General) has required nonprofit hospitals to conduct a CHNA every three years, including:

- ☑ Defining principal communities served
- ☑ Soliciting input from key stakeholders and engaging the community
- ☑ Assessing the health needs of those communities via data and feedback
- ☑ Developing a prioritized list of health needs and how they were determined
- ☑ Gaining approval from hospital governing board
- ☑ Making the CHNA widely available to the public (hospital website)

- Hospitals must develop and have Board of Trustees adopt an **implementation strategy** for CHNAs in the year following its publication

Internal Revenue Service
DEPARTMENT OF THE TREASURY

OFFICE OF THE ATTORNEY GENERAL
COMMONWEALTH OF MASSACHUSETTS

Coalition of Western MA Hospitals/Insurer

- Partnership of 10 non-profit hospitals/health insurer
- Established in 2012 to leverage resources and work in partnership to understand and respond collaboratively to community needs
- Supports the multi-year process of activities necessary for the triennial CHNA creation

Baystate Health

Health New England
A Baystate Health Company

Berkshire Health Systems

Holyoke Medical Center

Mass General Brigham
Cooley Dickinson Hospital

Mercy Medical Center
Trinity Health

2025 CHNA Consultant Team

PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS
PARTNERS FOR HEALTH EQUITY

BRPC
Berkshire Regional Planning Commission

collaborative.org
Collaborative for Educational Services

frcog
Franklin Regional Council of Governments

2025 CHNA Process

2022 CHNA REPORTS → UPDATE WITH NEW DATA → PRIORITIZE NEEDS AND POPULATIONS → 2025 CHNA REPORTS

A focus on being actionable

Gather both quantitative and qualitative data to answer the questions:
- *What has changed?*
- *What are most pressing needs?*

2025 CHNA REPORTS →
- Hospital/ Insurer Strategies
- County Health Improvement Plans (CHIPs)
- Municipal and Community Planning

Community Engagement



Regional Advisory Committee Members **25**



Focus Group Participants **44**



Key Informant Interviews **95**



Public Health Survey **68**

Engaged 300+ community members in Western MA!

2025 CHNA Methods



Phase 1:

- Lit review of existing reports
- MDPH Community Health Equity Survey
- Survey and focus group with regional public health officials
- Local youth health surveys

Phase 2:

Quantitative data

- such as Census, MDPH, County Health Rankings, Hospitals, CDC Places, etc.

Qualitative data

- focus groups in each Baystate service area.
- extensive key informant interviews with maternal health providers and behavioral health providers, and professionals who serve families, older adults, immigrants.

CHNA Methods - Criteria



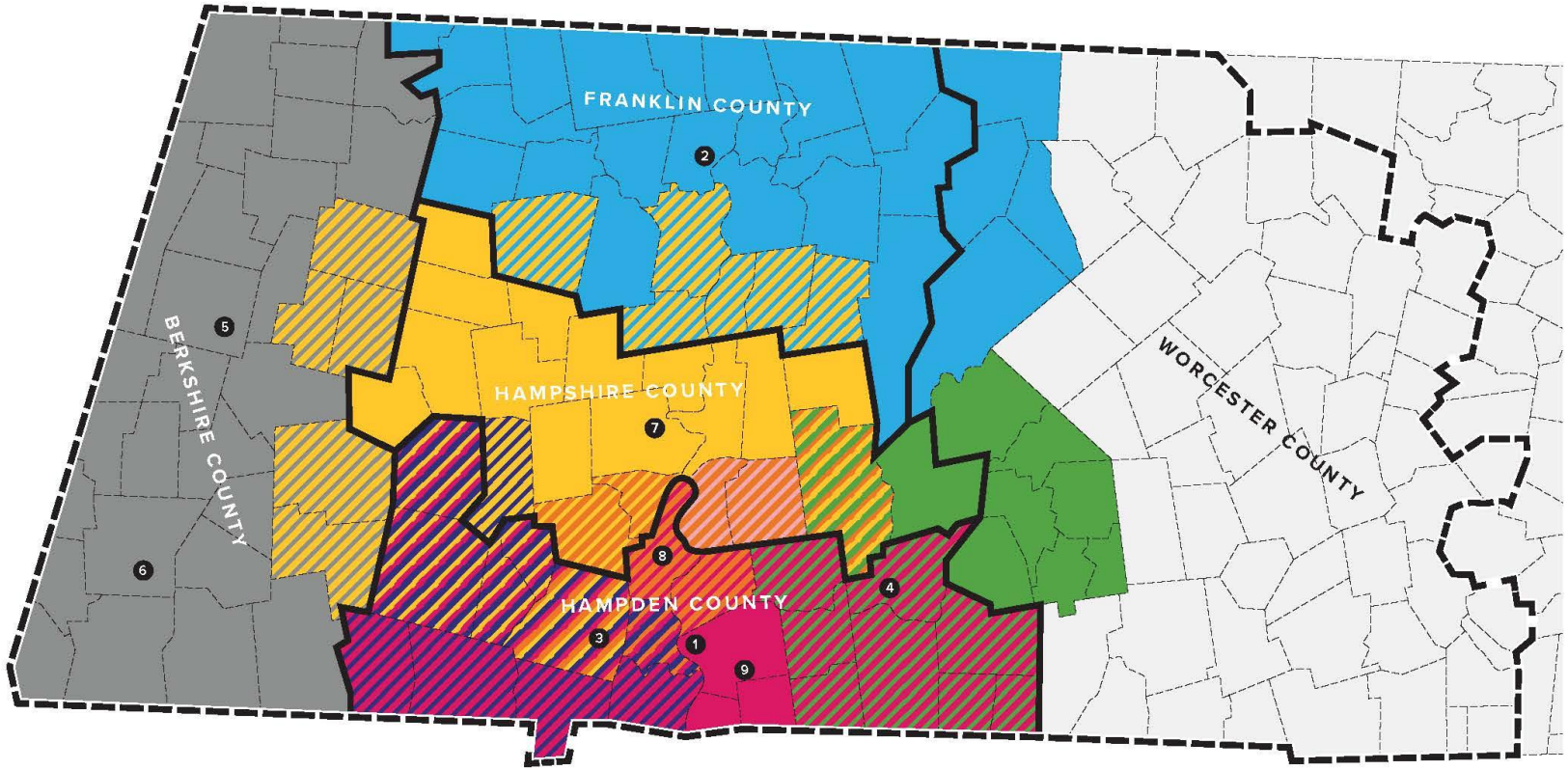
Quantitative data

- From a credible source.
- Most relevant to the prioritized need.
- At the right geographic level (as localized as possible).
- Ability to disaggregate, if possible.
- As recent as possible.

Qualitative data

- Determined based on the priorities chosen by hospitals.
- How the Coalition decided to allocate limited resources for qualitative data collection.
- People with direct knowledge or lived experience with the issue or population.
- Sensitivity to not being extractive in data collection.

CHNA Communities Served

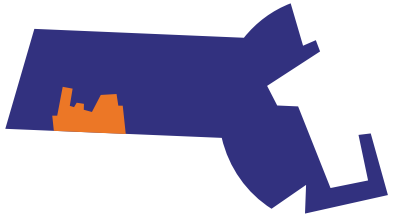


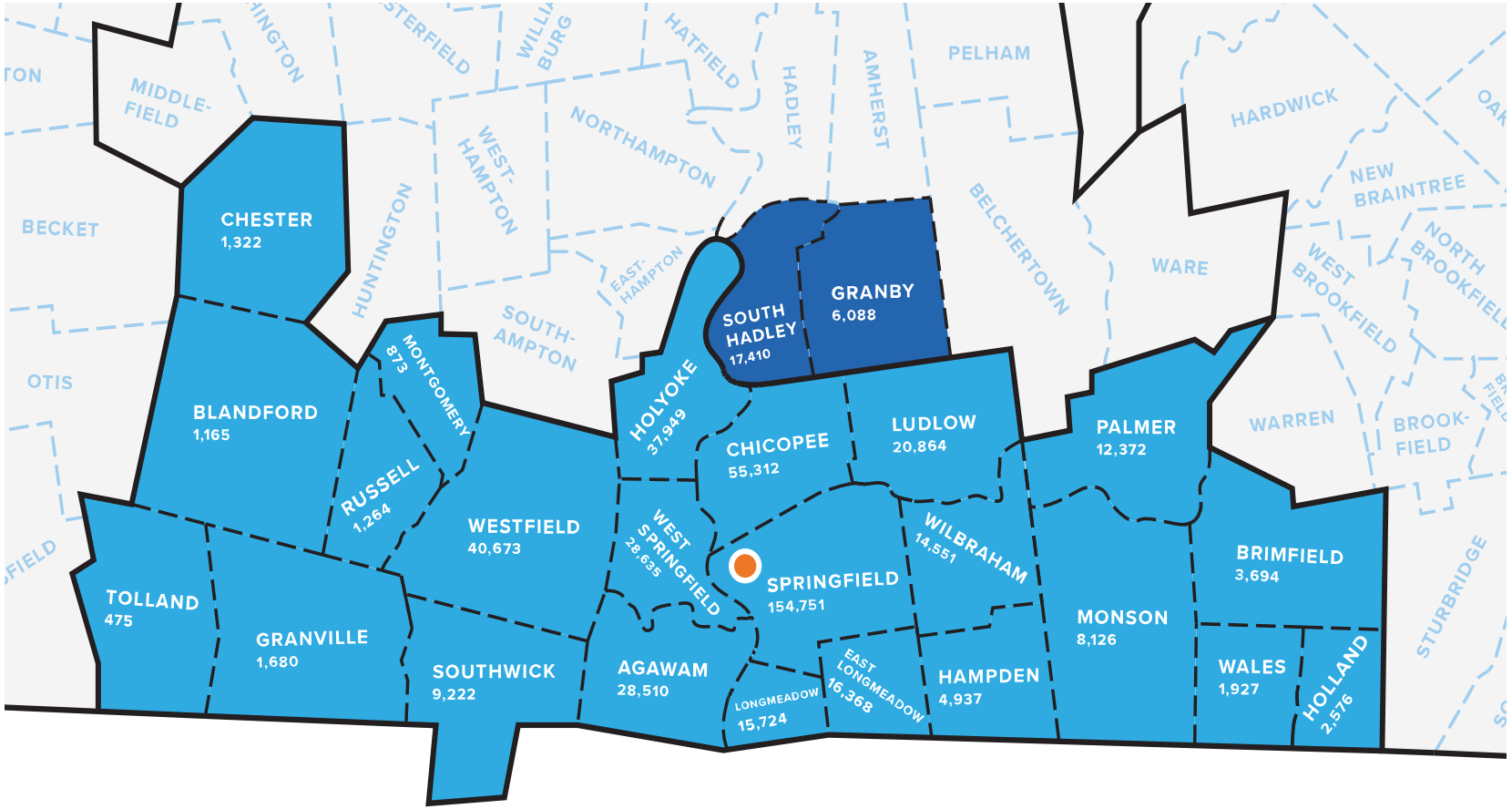
- Health New England
- Berkshire Health Systems
- Baystate Franklin Medical Center
- Baystate Wing Hospital
- Cooley Dickinson Hospital
- Baystate Medical Center Only
- Baystate Noble Hospital
- Baystate Medical Center, Mercy Medical Center
- Holyoke Medical Center

1. Baystate Medical Center – Springfield
2. Baystate Franklin Medical Center – Greenfield
3. Baystate Noble Hospital – Westfield
4. Baystate Wing Hospital – Palmer
5. Berkshire Medical Center – Pittsfield
6. Fairview Hospital - Great Barrington
7. Cooley Dickinson Hospital – Northampton
8. Holyoke Medical Center – Holyoke
9. Mercy Medical Center – Springfield

Baystate Medical Center CHNA Service Area

Hampden County Hampshire County





- 23 cities in Hampden County, plus Granby and South Hadley in Hampshire County
- 462,853 residents in Hampden County

SERVICE AREA TOWN	2023 POPULATION ESTIMATES
Hampden County	**95% of Service Area**
Agawam	28,510
Blandford	1,165
Brimfield	3,694
Chester	1,322
Chicopee	55,213
East Longmeadow	16,368
Granville	1,680
Hampden	4,937
Holland	2,576
Holyoke	37,949
Longmeadow	15,724
Ludlow	20,846
Monson	8,126
Montgomery	873
Palmer	12,372
Russell	1,264
Southwick	9,222
Springfield	154,751
Tolland	475
Wales	1,927
Westfield	40,673
West Springfield	28,635
Wilbraham	14,551
Hampshire County	**5% of Service Area**
Granby	6,088
South Hadley	17,410

Summary of Findings

Priority needs and populations identified through 2025 CHNA

SOCIAL & ECONOMIC INFLUENCERS



- Education
- Employment and Income
- Environmental exposures
- Lack of resources to meet basic needs:
  - Housing
  - Transportation
  - Food
- Violence and trauma

BARRIERS TO CARE



- Health literacy, language barriers
- Insurance and health care related challenges
- Lack of care coordination
- Limited availability of providers
- Culturally sensitive care

HEALTH BEHAVIORS AND OUTCOMES



- Alzheimer's disease and dementia
- Chronic health conditions
- Maternal, Infant and perinatal health
- Mental health and substance use disorders
- Sexual health
- Sickle cell disease

PRIORITY POPULATIONS



- Children and youth
- Immigrants and refugees
- Older adults
- People who are unhoused
- People living on low- or poverty-level incomes

COMMUNITY HEALTH NEEDS - ACROSS THE REGION



Maternal Health



Mental Health



Substance Use



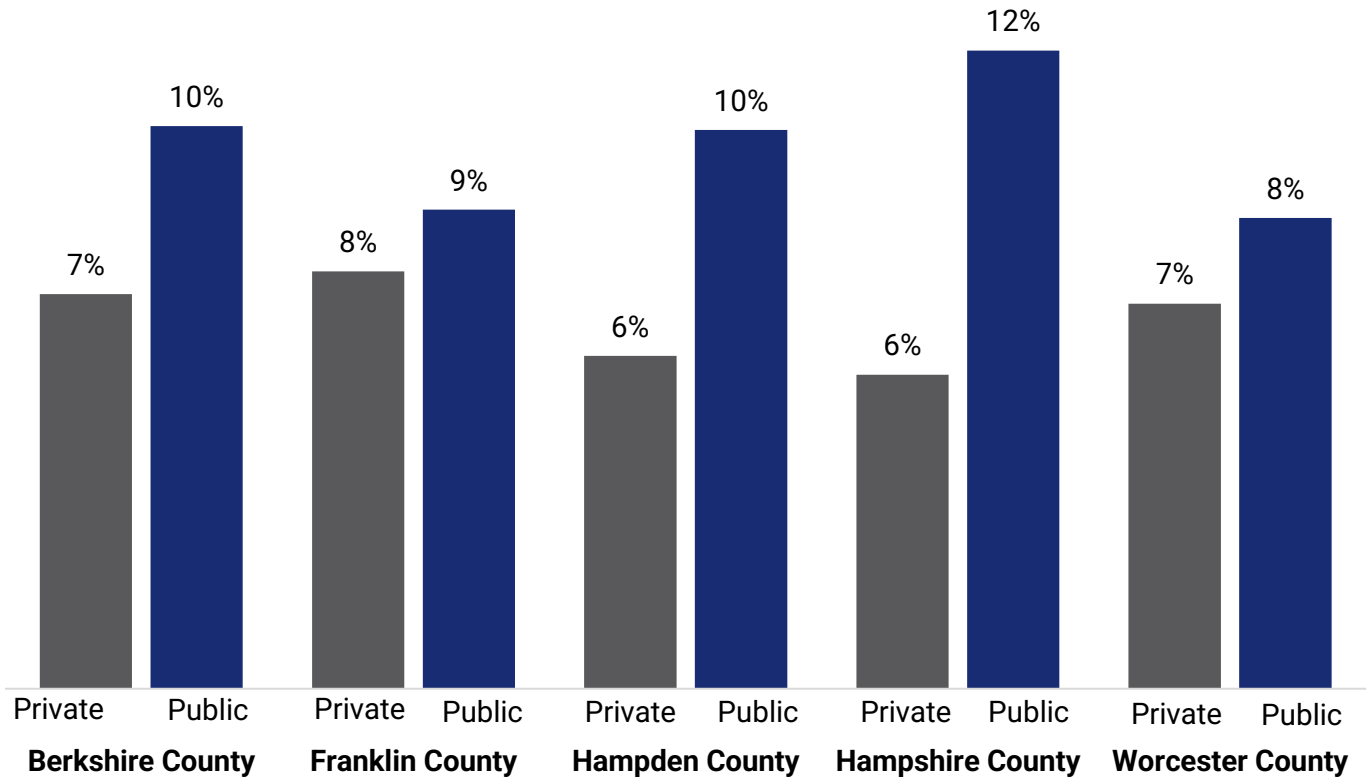
Access to Basic Needs

Regional Focus Area

Maternal and Infant Health

Individuals with public health insurance had higher rates of low birth-weight infants than individuals with private health insurance in 2023.

Low Birth Weight Rates by Insurance Type and County, 2023

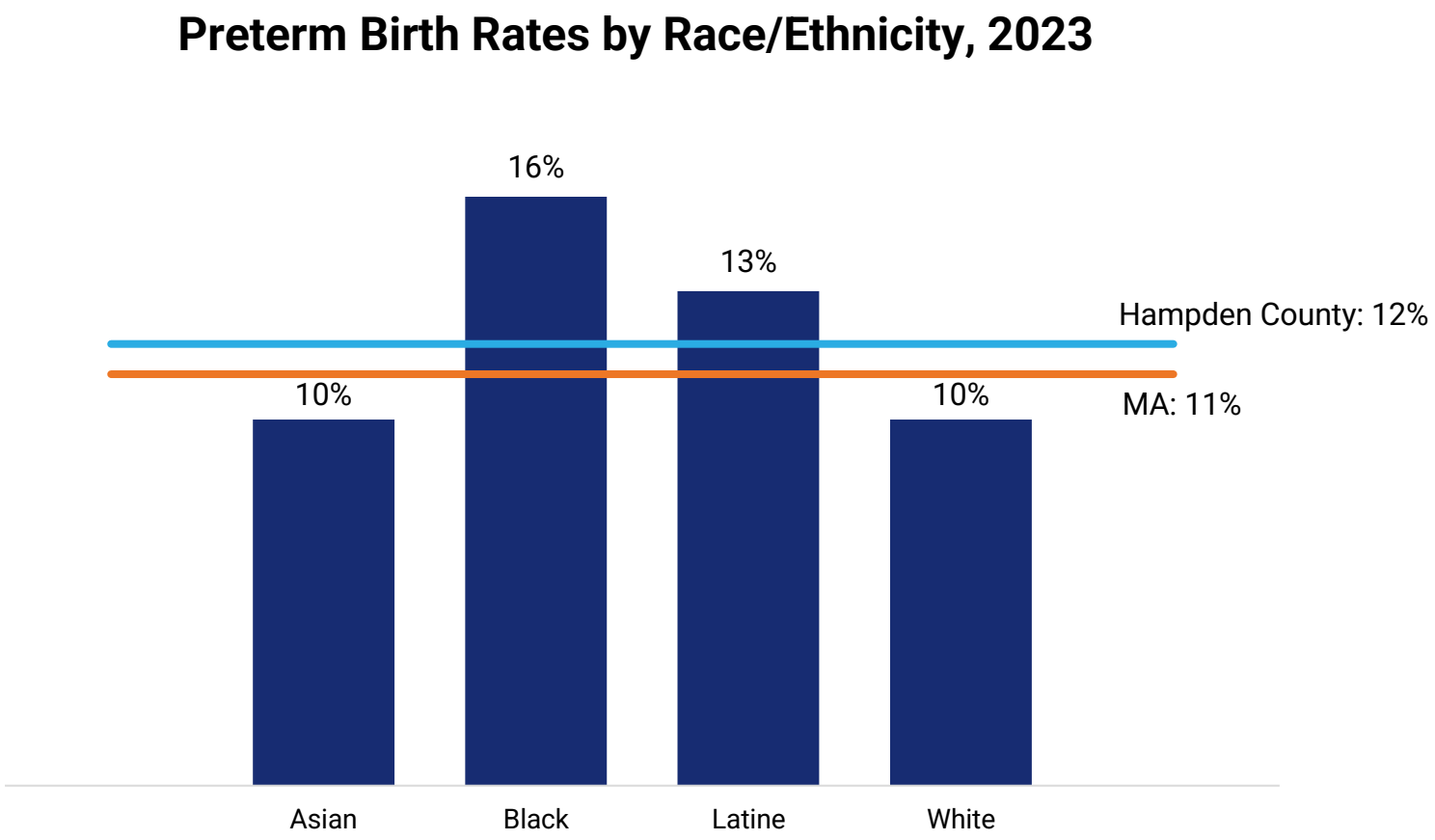


Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics. Birth Characteristics, Massachusetts Residents.

Regional Focus Area

Maternal and Infant Health

Black and Latine people in Hampden County experienced higher rates of preterm birth in 2023.



Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics

Regional Focus Area

Maternal and Infant Health



Qualitative Findings

- Need for expanded access to maternal health care services, including OB-GYNs, midwives, doulas, and lactation support
- Health insurance challenges and confusion about coverage, particularly for doula care and lactation support
- Gaps in mental & behavioral health care

"There's a lack of continuity between treatment environments, and it's a real concern."

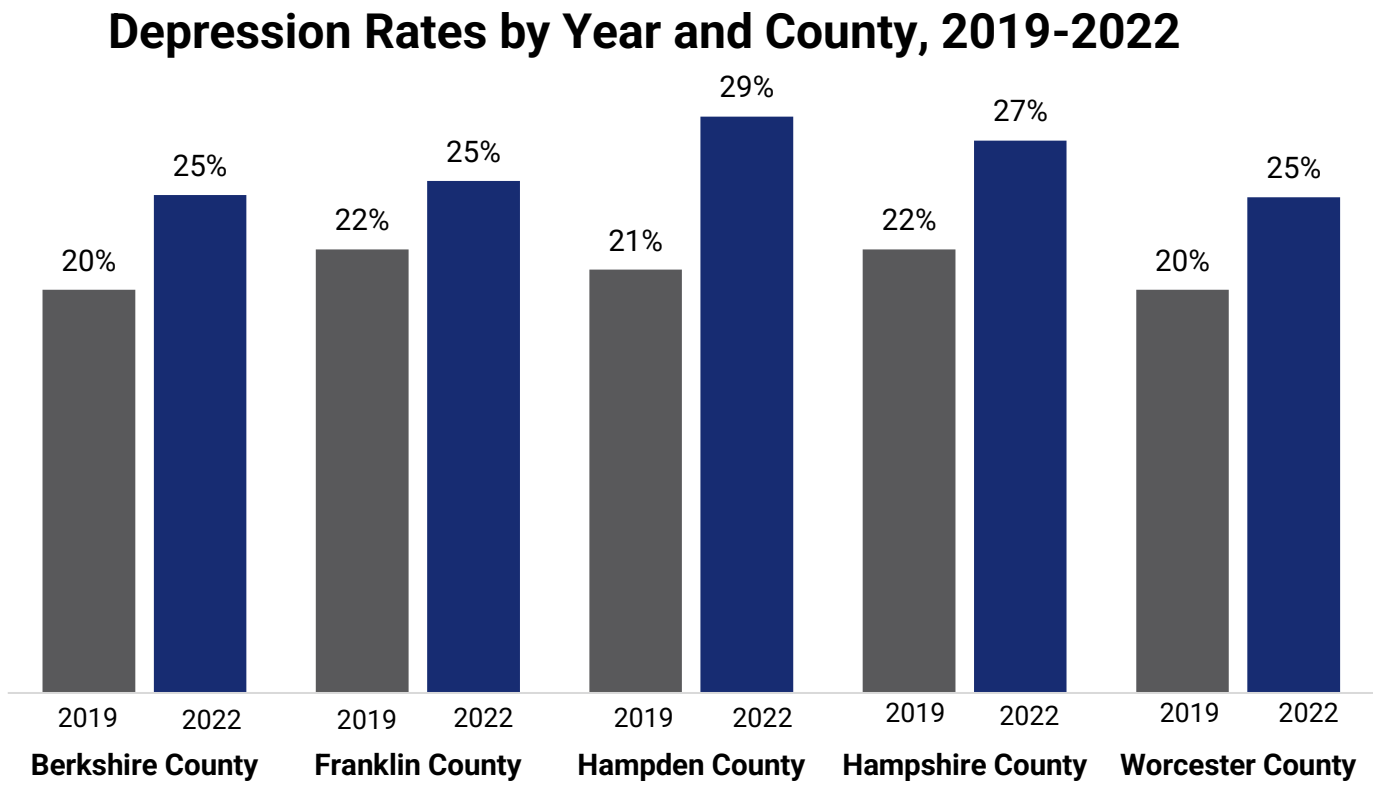
- Maternal health provider

Adult Mental Health & Substance Use

"People are more open to talking about mental health than they were before. That's a step in the right direction."

- Service provider

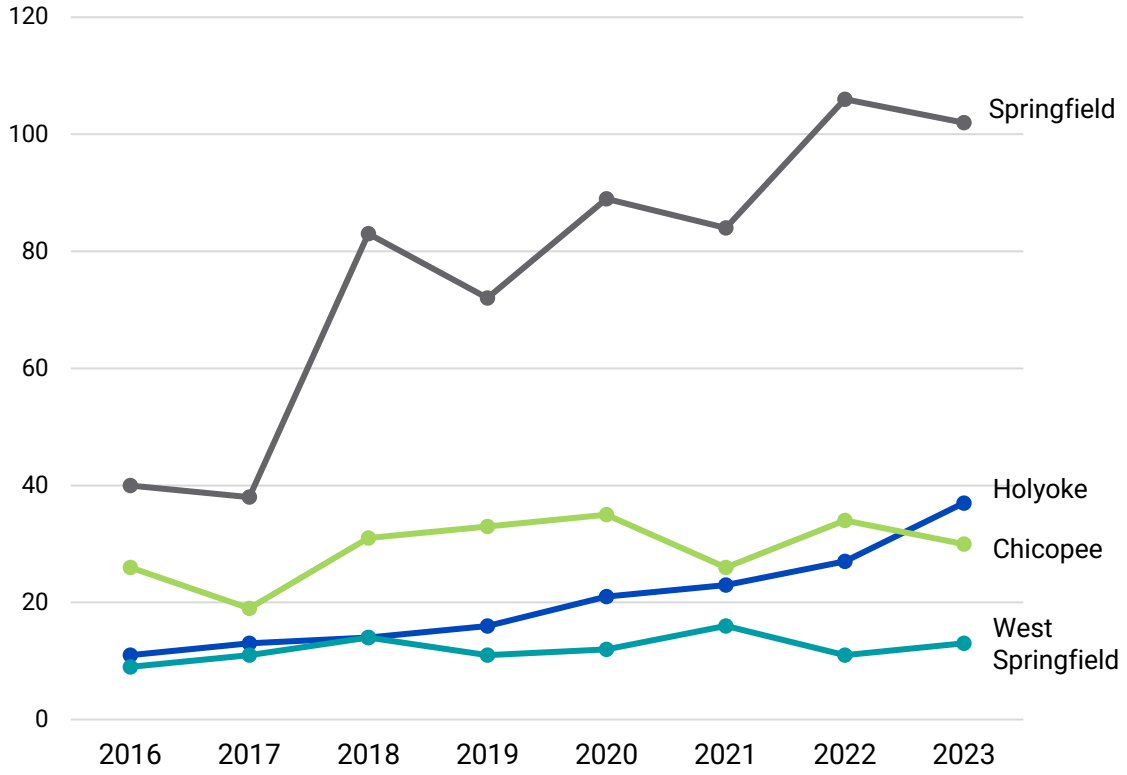
The Prevalence of adults with depression increased from before the COVID-19 pandemic.



Source: Massachusetts Department of Public Health. MA Health Data Tool, derived from Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Adult Mental Health & Substance Use

Number of Opioid-Related Deaths in Select Cities, 2016-2023



Source: MDPH Number of Opioid-Related Overdose Deaths, All Intents by City/Town, 2016–2023

- Key informant interviews noted positive shifts in substance use care:
  - Increased attention and resources for overdose death prevention with naloxone
  - Expanded services, including state-funded recovery centers, drug testing centers, etc.
  - Mobile care units address accessibility gaps

Youth Substance Use & Mental Health



Some substance use trends have returned to pre-pandemic levels.

- In Westfield, the percentage of students who reported ever smoking a cigarette in 2024 dropped to 2% (similar to 2019) from nearly 8% in 2022.
- The percentage of students who reported ever using an e-cigarette was 9%, a nearly 50% decrease since 2019.

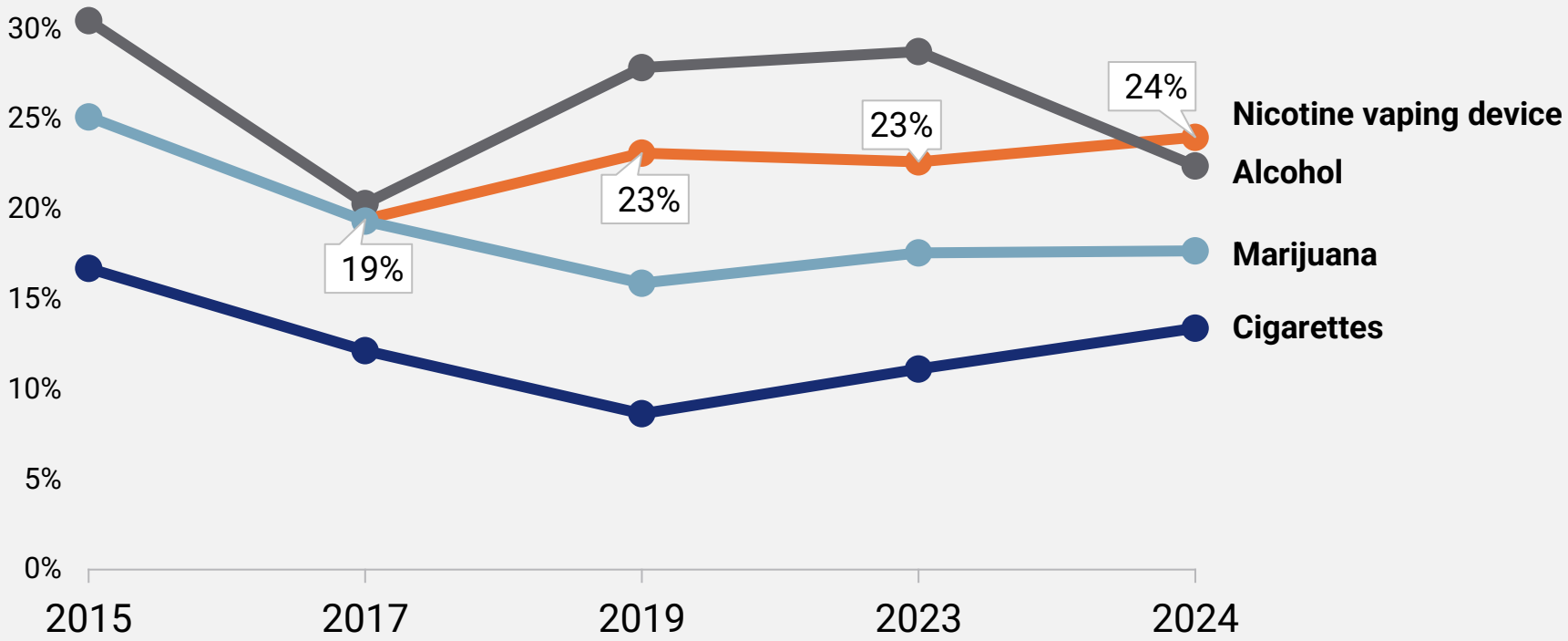


National rise in poor mental health among youth is reflected in all our western MA communities.

- In 2024, 19% of 8th grade survey respondents in Springfield reported that they have seriously contemplated suicide, compared to 12% statewide.
- Higher rates of reported suicide attempts among female and LGBTQ+ students.

Youth Substance Use

Percentage of Springfield 8th grade students who reported ever using each substance by year*

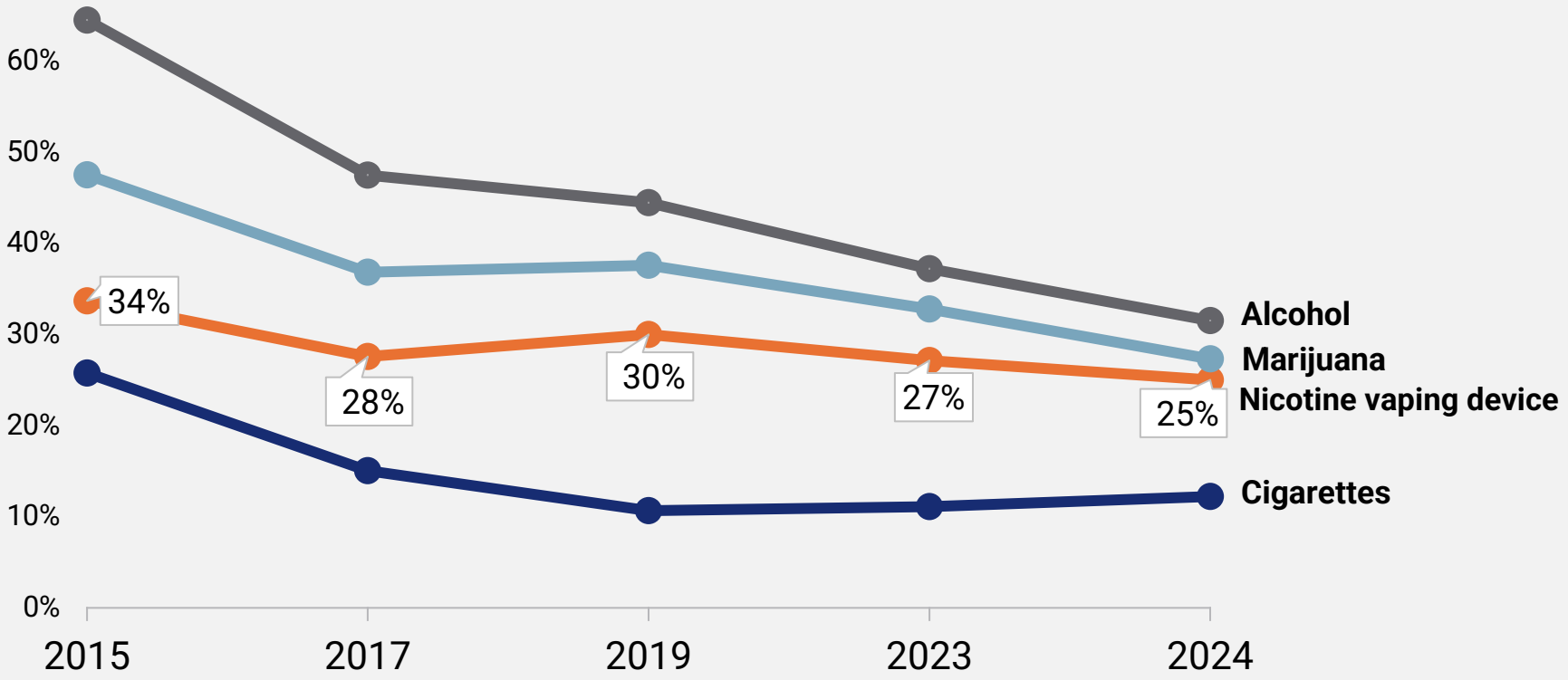


* Data from 2021 are not captured here due to the COVID-19 pandemic dramatically impacting response rates.

Since the vaping question was added in the 2017 round of the surveys, it has been one of the **most reported** types of substances that eighth graders in Springfield have reported ever using.

Youth Substance Use

Percentage of Springfield 10th and 12th grade students who reported ever using each substance by year*



*Note: Data from 2021 are not captured here due to the COVID-19 pandemic dramatically impacting response rates.

A **quarter or more** tenth and twelfth graders have consistently reported ever having tried vaping since this question was added to the YRBS in 2015.

Priority Populations: Common Themes

Several cross-cutting themes emerged from focus groups and key informant interviews, impacting all priority populations:	**Access to Healthcare**: provider shortages, lack of adequate translation services & culturally responsive care, insurance gaps
	Mental Health Needs: increased demand for trauma-informed care, long waitlists, high levels of stress among care givers
	Transportation Barriers: limited public transit options especially in rural areas
	Economic Hardship: financial stress due to inflation, difficulty meeting basic needs
	Technology Access and Literacy: challenges using digital care platforms and telehealth persist

Parents and Caregivers of Young Children

Focus Group Findings: Parent Villages, Springfield

- Social, behavioral, and emotional challenges exacerbated during the pandemic *continue* to affect children and families.
- Expanded access to affordable childcare, transportation, and after-school programs must be prioritized.
- Healthcare appointments are often too short and communication with providers inadequate to address both medical and developmental concerns.

Young Children & their Parents/Caregivers

- Lack of reliable and affordable childcare options impacts child and caregiver well-being
  - Early education programs face difficulty retaining staff, leading to long waitlists
  - Among women of color surveyed in 2022 in the Springfield area, 56% reported that they were unable to pay for childcare in the past 12 months

> “We’re seeing fewer kids, but kids who have the most needs- mental, physical, disability needs. There are more needs, and very high needs.”

- Early childhood education professional

Older Adults 65+

- Housing and economic challenges are among the top concerns faced by older adults
- Many individuals are choosing to age in place due to expenses and challenges associated with moving, even if their current housing is difficult to maintain as they age
- Social isolation and loneliness among older adults has increased since the pandemic
- Shortage of geriatric care providers to serve the growing population

> “Support for intergenerational living and community planning is essential to creating environments where multiple generations can live together, combat social isolation, and strengthen community bonds.”

- Participant in ReiMAgine Aging listening session

Immigrants & Refugees

- Need for more culturally responsive care and trauma-informed practice
  - The experience of relocating often comes with trauma and isolation, leading to complex mental health needs
- Barriers navigating and accessing healthcare
  - Gaps in translation services disrupt care delivery
  - Confusion around insurance policies can significantly delay care or result in individuals not receiving care at all

> “There’s a lot of opportunity for other supports- loneliness is bad for your health, immigrants are often lonely-- how can we support that?”

- Service provider for immigrants and refugees

Access to Basic Needs



Transportation
Affects access to medical care, employment, and wellbeing

12% of Hampden County households reported not having a vehicle and 16% of Springfield residents report lacking reliable transportation (2018-2022 estimates)



Housing
In Hampden County, rents rose by more than 23% since 2020.

Across the four-county region, family homelessness increased 46% between 2020 and 2024; individual homelessness increased by 12% in the same period.

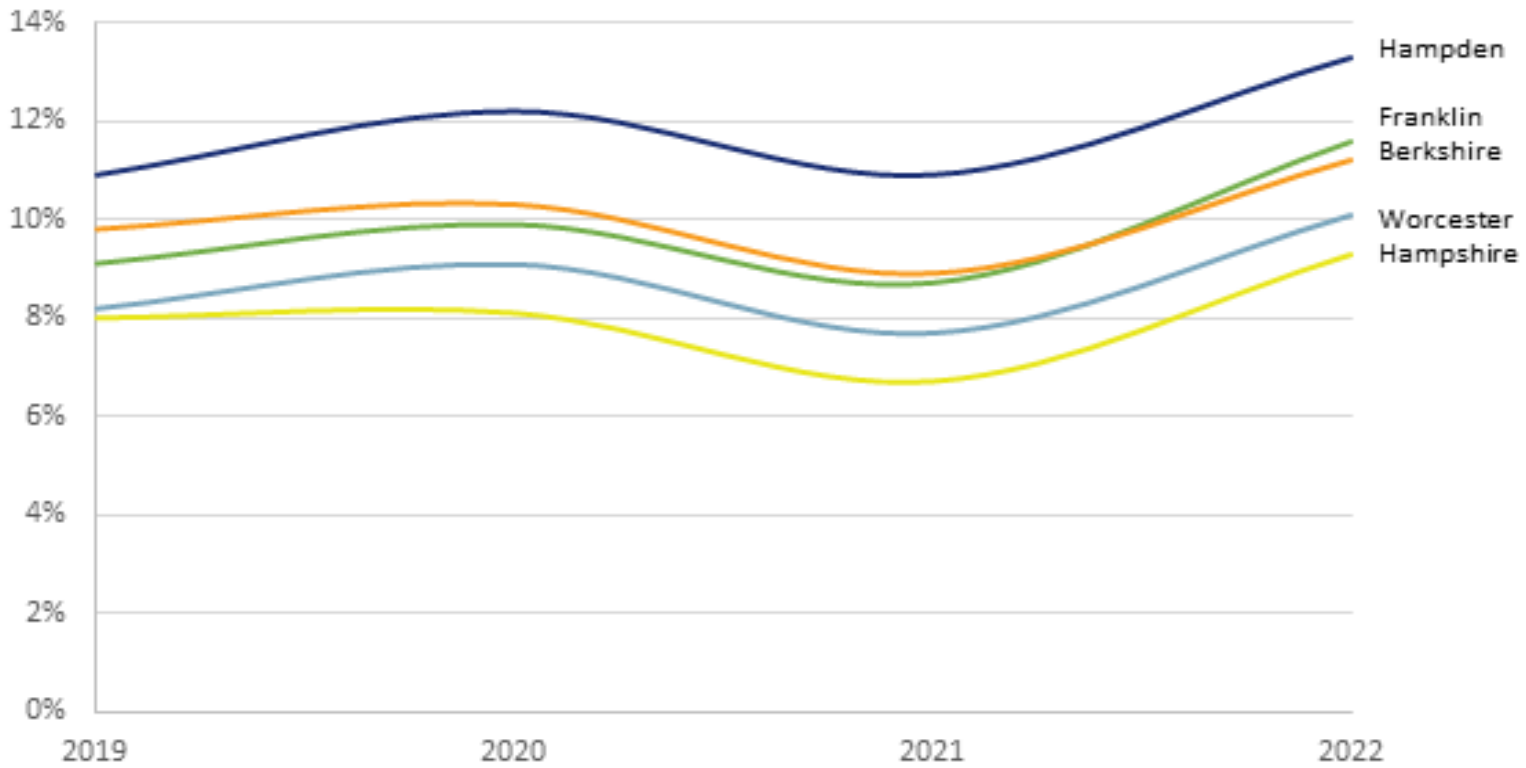
Access to Basic Needs

"I often face challenges meeting basic needs, especially with food. Having to work fewer hours due to transportation issues adds another layer of difficulty."

- Service provider for families with young children

Food Insecurity Has Increased in All Counties

Food Insecurity Rates by County, 2019-2022



Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., and Engelhard, E. Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021. Feeding America.

DATA TO ACTION

- Baystate Strategy 2030
- Strategic Implementation Plans
- Health Equity Strategy Goals
- Determination of Need (DoN)
  - Community Health Initiative (CHI) Funding
- Community Benefits Programs and Activities
- Community Benefits Grantmaking
  - 413Cares, Quaboag Connector, Better Together Grant Program
- PURCH Medical Students – Curriculum, Giveback Program
- County Health Improvement Plans (Franklin, Hampden, Quaboag)
- Nonprofit Organizational Strategic Planning
- Grant Applications
- Policy and Advocacy

COMMUNITY IMPACT

BMC Community Benefits Expenditures

	FY2024
in accordance with *MA Attorney General Community Benefits Guidelines* definition	**$29 million**
in accordance with broader IRS 990 Schedule H community benefits definition	**$196 million**

Department of the Treasury
Internal Revenue Service



MA AGO VS. IRS 990







	FY24 Expenditures	Alignment	Key Difference
Office of the Attorney General, Commonwealth of Massachusetts	**$29 Million**	• Based on CHNA • Community Engagement • Cannot count Bad Debt	Allows: • Leveraged Recourses (Grants) • Public Health Framework/ • Social Determinants of Health
IRS — Department of the Treasury, Internal Revenue Service	**$196 Million**		Allows: • Medicaid • Research • Health Professions Education

BMC FY24 (Tax Year 2023) Community Benefits Expenditures
per broader definition of IRS 990 Schedule H

Department of the Treasury
Internal Revenue Service

Financial Assistance and Means-Tested Government Programs	Net Expense	% of Total Operating Expenses
Financial assistance	$8,525,555	.48%
Medicaid	$78,973,152	4.46%
Costs of other means-tested government programs	$1,961,115	.11%
SUB TOTAL	**$89,459,822**	**5.05%**
Other Benefits		
Community health improvement services and community benefit operations	$2,264,203	.13%
Health professions education	$46,352,688	2.62%
Subsidized health services	$21,064,579	1.19%
Research	$9,502,670	.54%
Cash and in-kind contributions for community benefit	$1,044,663	.06%
SUB TOTAL	**$80,228,803**	**4.54%**
COMMUNITY BENEFITS EXPENDITURES TOTAL	**$169,688,625**	**9.59%**

990s can be accessed online via GuideStar by Candid.

BMC FY24 Community Benefits Expenditures
per MA Office of the Attorney General Guidelines definition

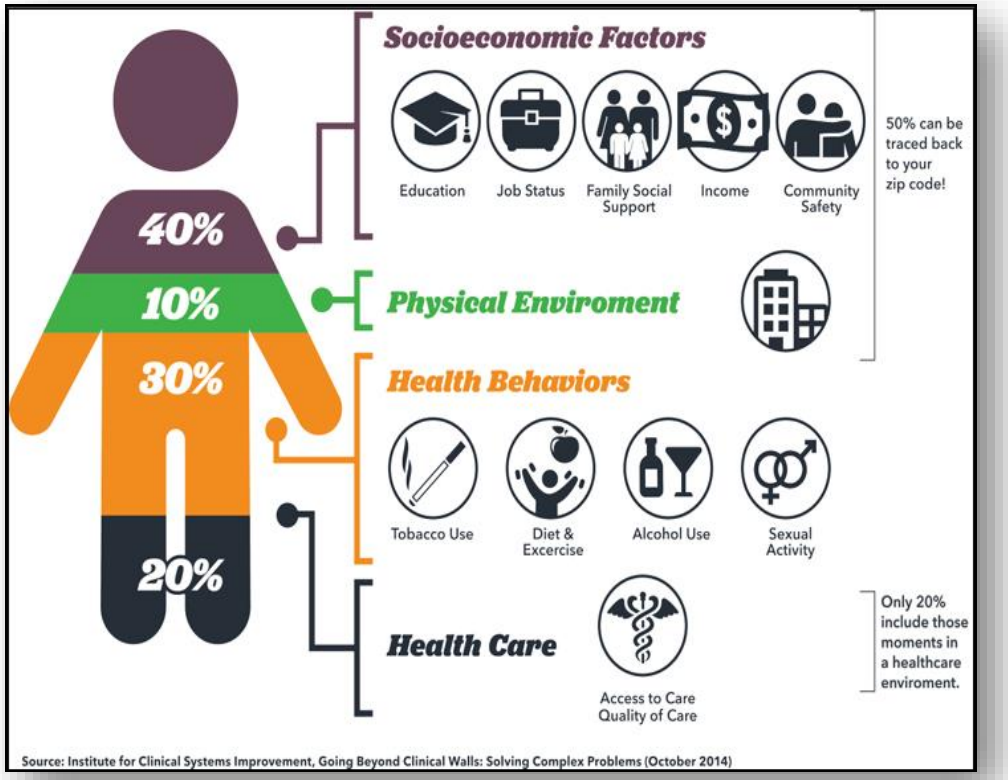
COMMUNITY BENEFITS PROGRAM FY2024	
Direct Expenses *(includes grants, means-tested health subsidies, programmatic costs, in-kind staff time)*	$13,003,158
Leveraged Resources *(external funding supporting/impacting internal community benefit work)*	$8,418,831
COMMUNITY BENEFITS PROGRAM TOTAL	**$21,421,989**
NET CHARITY CARE FY2024	
HSN Assessment	$6,454,008
HSN Denied Claims	$0
Free/Discount Care *(Financial Assistance Program)*	$1,124,174
NET CHARITY CARE TOTAL	**$7,578,182**
COMMUNITY BENEFITS EXPENDITURES TOTAL	**$29,000,171**
OTHER FINANCIAL INFORMATION	
Net Patient Service Revenues for FY2024	$1,612,011,099
Total Patient Care Related Expenses for FY2024	$1,586,441,026

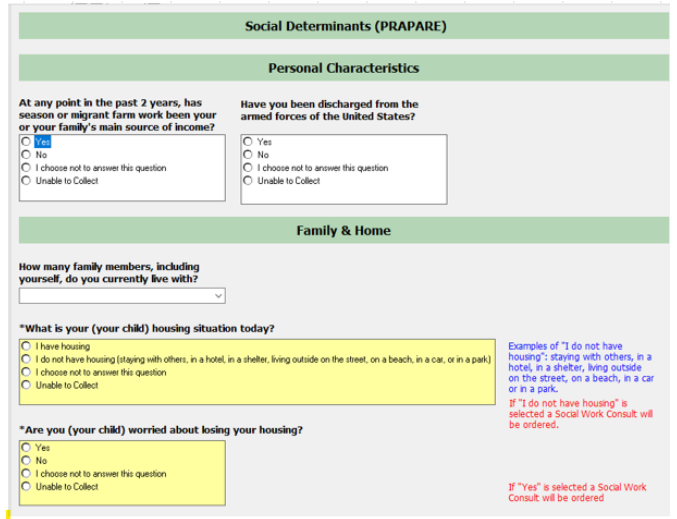
Annual CB reports are published for viewing on the MA AGO and BH.org websites

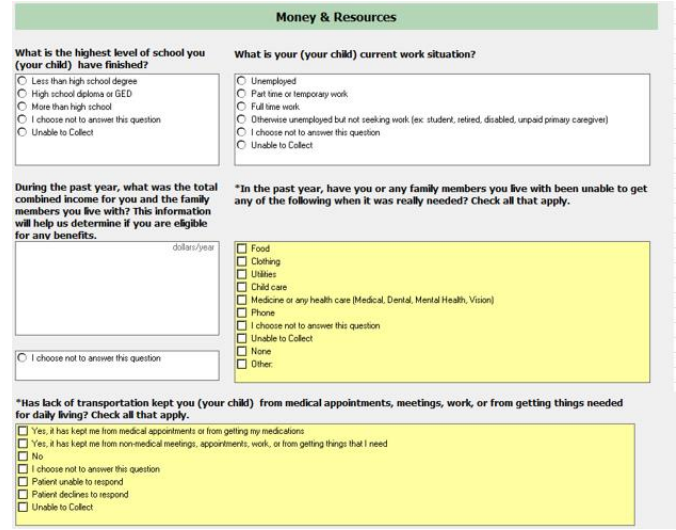
1115 WAIVER HOSPITAL HEALTH EQUITY INCENTIVES:
Performance Domain Structure

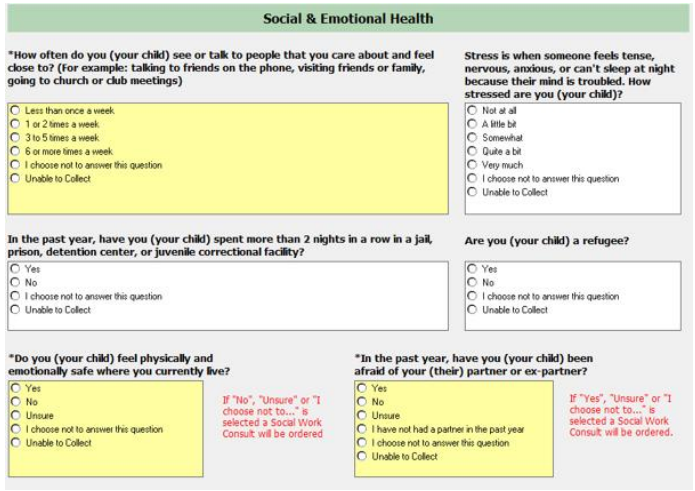
Domain 1: Demographic and Health-Related Social Needs Data	• RELD / SOGI Data Completeness
	• Screening for Social Drivers of Health
Domain 2: Equitable Access and Quality	• Quality Performance Disparities Reduction Measure
	• Equity Improvement Interventions with ACOs
	• Meaningful Access to Health Care Services for Persons with a Preferred Language other than English
	• Disability Competencies
	• Accommodation Needs Met
Domain 3: Health Quality and Equity Capacity and Collaboration	• Achievement of External Standards for Health Equity
	• Patient Experience: Communication, Courtesy and Respect
	• Collaboration

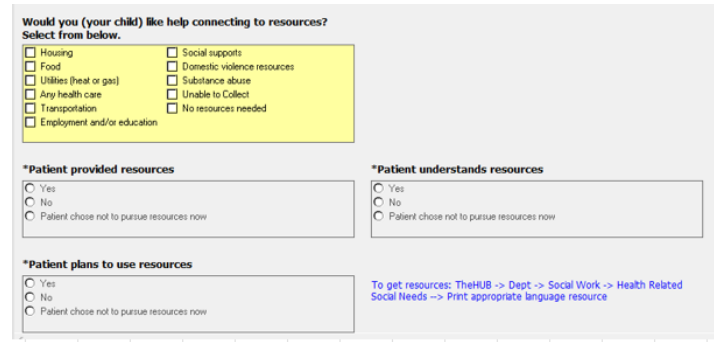
HEALTH RELATED SOCIAL NEEDS SCREENING (HRSN)











Health-Related Social Needs Screening Using the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE®) Screening Tool

413CARES

Connecting People With Resources

HAMPDEN COUNTY	18,470 SEARCHES	WESTERN MASSACHUSETTS	29,517 SEARCHES
Search Category	% of Searches*	Search Category	% of Searches*
Housing	34.00%	Housing	33.00%
Food	20.00%	Food	19.00%
Health	10.00%	Health	11.50%
Goods	9.50%	Goods	8.50%
Care	7.00%	Care	7.00%
Money	5.60%	Money	6.00%
Transit	4.50%	Transit	5.00%
Legal	3.50%	Legal	4.00%
Education	3.30%	Education	3.50%
Work	2.60%	Work	2.50%

**Represents percent of searches among these top 10 categories*

Source: 413Cares



SCAN HERE

COLLABORATIONS TO IDENTIFY ONGOING PATIENT AND COMMUNITY-LEVEL NEEDS

Community Advisory Council (CAC)	Community Benefits Advisory Council (CBAC)	Patient & Family Advisory Council (PFAC)	Health Quality & Equity Committee (HQ&EC)
Focus: Strategic Alignment • Advises on overall community health needs • Identifies emerging concerns • Strengthens community relationships ***Community voice at the strategic level***	**Focus:** Community Benefit Investments • Advises on CHNA priorities • Guides community benefit funding • Strengthens community relationships ***Community voice in funding & impact decisions***	**Focus:** Patient Experience & Care Delivery • Advises on care quality and safety • Improves patient-centered services • Partners with staff on experience improvements ***Voice of patients, families, and caregivers in care delivery***	**Focus:** Patient Experience & Care Delivery • Ongoing feedback loops of ideas, new best practice, and improvement opportunities • Feedback and active engagement regarding HQEIP implementation and opportunities • Regular updates on Hospital Quality and Equity Incentive Program (HQEIP) deliverables ***Voice of staff, community, and patients in quality& equity improvement***

COMMUNITY IMPACT

ALLIANCE FOR DIGITAL EQUITY

- Initiated by Baystate Health in 2020
- A western Massachusetts based coalition of 100+ community-focused organizations working toward digital equity for all people.
- Represents all four western Massachusetts counties – Hampden, Hampshire, Franklin, and Berkshire.
- The partners of the Alliance support digital equity work across multiple sectors and serve rural, urban, and suburban communities consisting of 101 municipalities including four Gateway Cities and includes nonprofits, municipalities, community-based organizations, community media centers, and regional planning agencies.
- The goal is to get people the access they need - to equipment, to infrastructure, and to the knowledge and skills that will allow them to fully participate in the digital world

The Alliance for Digital Equity

BETTER TOGETHER GRANT PROGAM

- An episodic competitive Request for Proposal (RFP) process that awards funding to local non-profits.
- Provides an opportunity to unite health care and community-based nonprofit organizations to shape future health care and human services.
- The aim is to target the social determinants of health (SDoH) and improve people's overall well-being and make communities healthier places to live.
- 2022 RFP focused on education and employment
- 2024 RFP focused on youth mental health and well-being

Westfield State University
The Care Center
Springfield Pride Parade
STCC Springfield Technical Community College
Community Legal Aid
Follow My Steps Foundation
Martin Luther King, Jr. Family Services
Latino Counseling Center
Mente Sana Cultiva Esperanza

COMMUNITY BENEFIT MINI GRANTS

- Rolling application process that funds local organization for initiatives that intend to generate a measurable community impact on one or more health needs identified in CHNA.
- Mini Grants are typically for one year, do not exceed $5,000 and require an annual performance report to learn about the funding's impact.
- Sampling of awarded mini grants: Dress for Success Western MA, Girl's Inc. of the Valley, Parent Villages, Rachel's Table of Western MA, Revitalize CDC, Wayfinders

girls inc. of the Valley
Parent Villages Transforming Lives, Two Generations at a Time
Dress for Success Western Massachusetts
Revitalize Community Development Corporation
wayfinders
Rachel's Table

BH REGIONAL ACTIONS, INVESTMENTS, AND ACHIEVEMENTS



Baystate Addiction Consult Service

As of August 2025:

- **3 clinical providers**
- **171 total consults**
  - 8 at BNH (unique patients)
  - 5 at BWH (unique patients)
- **150 unique patients**

Baystate Health | UMass Chan Medical School

- As of 2024 graduated **91 students**
- **11% stayed** at BH to pursue residency
- Annual **PURCH Advocacy Day on the Hill** (State House Boston)
- **Baystate Community Faculty** members (10) integrate practical knowledge and lived experience with medical education.

BeHealthy Partnership

Baystate Health Care Alliance in Partnership with Health New England

- BMC three community-based health centers
- Expanded to **12 BMP Primary Care Practices**
- Since January 2025:
  - 189 referrals for Healthy Homes
  - 265 referrals for Food/Nutrition

Revitalize Community Development Corporation

The Alliance for Digital Equity

- BH-led coalition of over **100+ community organizations**
- **1,910 individuals** support by digital navigation services
- **1,168 devices** provided
- **4,469 residents** who described learning a new digital skill that met a need (i.e. telehealth visit)

413CARES

Connecting People With Resources

- BH invested over **$300k** (DoN CHI)
- **Housing** and **food** are most sought searches
- **29,517 searches** in western MA (2024)
- **23% increase** in referrals (2024)

STRATEGIC IMPLEMENTATION PLANS (SIPS)

- **Hospitals must develop an "implementation strategy"**—also called a Strategic Implementation Plan (SIP)—after completing the Community Health Needs Assessment (CHNA)
- The SIP is an **action plan** that responds to significant health needs and priority populations identified in CHNA
- **The plan must be customized to each hospital** and clearly state:
  - The health needs the hospital **will address**
  - The health needs the hospital **will <u>not</u> address** and the rationale
  - A description of the **resources** the hospital will commit
  - **Planned collaborations** with partners and community organizations
- The SIP must provide **sufficient detail** so community members and stakeholders can easily understand the hospital's planned actions
- The SIP must be formally adopted by an **authorized governing body** (Board of Trustees) on or before the **15th day of the fifth month** after the **end of the taxable year** in which the hospital facility finishes **conducting the CHNA**.
- The SIP must be **widely publicized**, including posting on the hospital's website.

How We Got Here

- **2025 Community Health Needs Assessments (CHNAs)** were approved by the **Baystate Health Board of Trustees on Tuesday, September 9, 2025**
- **CHNAs published** to **BH.org** on **September 30, 2025** and **HNE.org** on **December 31, 2025**
- CHNAs identified the following **priority health needs** across the region:
  - Maternal Health
  - Mental Health
  - Substance Use
  - Access to Basic Needs *(Food, Transportation, Housing)*
- **Baystate Strategy 2030** launched. Within this strategy, the **Economic and Health Pillar** articulated a **community impact aspiration** to address upstream drivers of health
- Through this strategic work, Baystate determined that its **greatest opportunity for regional impact** lies in



Food Systems



Healthy Beginnings

(maternal, infant, and early childhood health)

BAYSTATE HEALTH 2030

- OUR STRATEGIC PLAN -

Baystate Health

MISSION

We deliver compassionate, quality and accessible care – advancing our communities' health for all.

VISION

A pillar of our community. Rooted here, serving here, and helping generations thrive here.

VALUES

Courage | Accountability | Respect
Agility | Teamwork

ASPIRATIONS

- Clinically-driven physician-led healthcare system
- Seamlessly accessible care model
- **Economic and health pillar in New England**
- Preferred destination to work and practice
- Financially resilient

OUR BRAND: YOUR HEALTH IS OUR MISSION

STRATEGIC PRIORITIES

- Elevate Clinical Excellence
- Advance Care Model
- Build Coordinated Care Networks
- Expand Geographic Reach
- Achieve Sustainable Financial Transformation

CAPABILITIES & ENABLERS

- Care and Health Management
- Data and Analytics
- Strategic Partnerships
- Talent
- Brand and Marketing
- IT Systems and Infrastructure
- Payor Relations
- Quality and Safety
- Research and Education
- Patient Experience
- Philanthropy

OPERATING MODEL

- Structure
- Process
- Leadership Behaviors

Aspirations & Benchmarks

ASPIRATION	BENCHMARKS	BENCHMARKS ACHIEVED BY 2030
CLINICALLY-DRIVEN, PHYSICIAN-LED HEALTHCARE SYSTEM	Physician Engagement	≥ 50th Percentile for Physicians
	Advanced Practice Provider Engagement	≥ 50th Percentile for Advanced Practice Providers (APP's)
	Investment Per Provider	Maintain Within 2% Year over Year
	Performance of Growth Engines	≥ 2% Share Gain of Revenue
	Service Line EBITDA Margin Growth	10% EBITDA for Growth Engine Service Lines
SEAMLESSLY ACCESSIBLE CARE MODEL	Patient Reported Access Satisfaction	≥ 75th % ile of Positive Patient Response (CG-CAHPS)
	Ambulatory Schedule Capacity	10% Improvement Over Five Year Period
	Length of Stay	Geometric Mean (O/E): Achieve ≤ 0.90
	Ambulatory Schedule Utilization	Achieve ≥ 90%
	Ambulatory Visit Volumes	10% Increase Over Five Year Period
	Total Patient Origin "Keepage"	5 Percentage Points Improvement Over Five Year Period
	Left Without Being Seen (LWBS) in the ED	Maintain Below 2%
ECONOMIC & HEALTH PILLAR IN NEW ENGLAND	Patient Experience - Likelihood to Recommend	Outpatient (CG-CAHPS) ≥ 75th % ile; Inpatient (H-CAHPS) ≥ 50% ile
	Net Promoter Score	NPS ≥ [38]
	Utilization of Regional Sites (i.e. excludes BMC)	IP Utilization Target 85%: OR Utilization Target 75%
	Quality, Experience & Safety – CMS Hospital Stars	"4 or 5" Stars
	Quality, Experience & Safety – Leapfrog	"A" Rating on All Hospitals
	Community Impact	*Create a customized well-being and health framework for western MA regions with a food systems and healthy beginnings* (maternal, infant, and early childhood health) focus. *Metric(s) to be set Year 1.*
PREFERRED DESTINATION TO WORK & PRACTICE	Team Member Engagement (Non-Provider)	≥ 50th Percentile
	All Team Member Turnover	5% Improvement for Physicians and APP's; Achieve 50th % ile for Team Members
	Academic Program Graduates Placed	≥ 50% of Program Graduates Join Baystate Workforce
FINANCIALLY RESILIENT	EBITDA Margin (%)	Target: [6-8%]
	Total Operating Revenue	≥ 5% YoY Increase, 10% YoY increase in New Geographies
	Days Cash on Hand	≥ 130 Days

Baystate Health | Health New England
CHNA SIP 2026-2028 Focus Areas

Strategy 2030
Economic & Health Pillar
Community Impact Aspiration

2030 Benchmark
*Create a customized well-being and health framework for western MA regions with a **Food Systems** and **Healthy Beginnings** (maternal, infant, and early childhood health) focus.*

2025 CHNA SIP
Priority Focus Areas

Food Systems
Healthy Beginnings

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*Enhance **food systems** and foundations for a **Healthy Beginnings** across western Massachusetts to promote community well-being and ensure every individual can achieve their full health potential.*



Food Systems

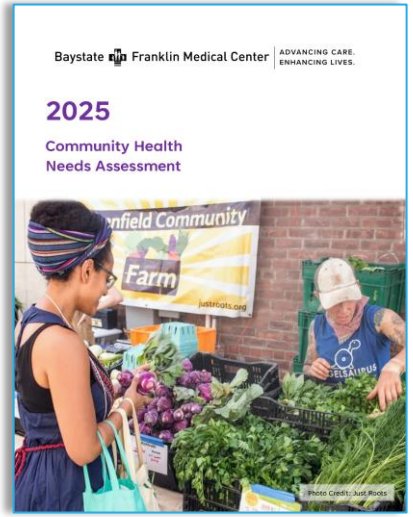
Strengthen and transform regional food systems to ensure all residents have equitable access to nutritious, affordable, and locally sourced food, fostering health, resilience, and community well-being for all.

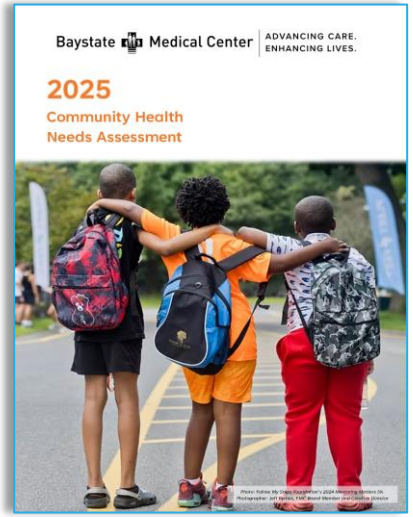


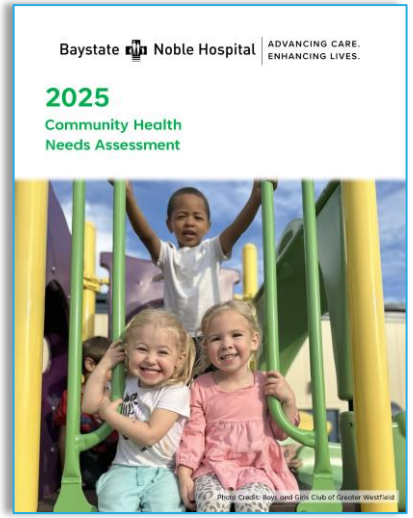
Healthy Beginnings

Ensure all families have equitable access to high-quality care, supportive services, and evidence-based programs that promote healthy beginnings for mothers, infants, and young children, laying the foundation for lifelong health and well-being.

2025 CHNA findings and Baystate Health Strategy 2030 align on a focused opportunity to enhance community impact and invest in upstream in food systems and early health foundations while advancing long-term economic and health outcomes in the region.









2025 Community Health Needs Assessments (CHNAs)

2026–2028 Strategic Implementation Plans (SIPs)

Now available on baystatehealth.org/CHNA

Discussion

- *How might Baystate research staff may use the CHNA to inform evidence-based research and interventions?*
- *What are opportunities for collaboration between Baystate researchers, Community Benefits, and PHIWM?*





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