Baystate Medical Center

FY 2011 COMMUNITY BENEFITS REPORT

EXECUTIVE SUMMARY

Organization:	Baystate Medical Center
	759 Chestnut Street
	Springfield, MA 01199
	413-794-0000
	www.baystatehealth.org
Primary Service Area:	Hampshire and Hampden Counties
Facility Type:	Not-for-profit
Total Licensed Beds:	659 and 57 bassinets
Number of Employees:	6895.85 FTE's
Year Established:	1883
Ethnic Mix of Patients: includes inpatient & outpatient (excludes Baystate Reference Laboratories)	49% Caucasian; 35% Hispanic; 12% African American; 4% Other
Payer Mix of Patients:	36% Medicare; 23% Medicaid; 31% Managed Care; 2% Non-Managed Care; 8% Other
Annual Emergency	113,835 Emergency Department visits
Services Statistics:	16% Medicaid; 3% Free Care; 19% Healthnet; 2%
	Commonwealth Care; 60% Other
President:	Mark R. Tolosky, J.D., FACHE
	President and Chief Executive Officer
	Baystate Health
Community Benefits	Frank Robinson, Ph.D.
Contact:	Director, Community Health Planning
	280 Chestnut Street, 6 th floor
	Springfield, MA 01199
	413-794-7739
Heavital Complete	frank.robinson@baystatehealth.org
Hospital Services:	Level I Trauma Center with Pediatric Designation, Baystate Children's Hospital, including Level III Neonatal
	Intensive Care Unit and Pediatric Intensive Care Unit,
	Baystate Regional Cancer Program, including the
	Comprehensive Breast Center, Baystate Regional Heart
	Attack Program, Baystate Regional Sleep Program, Adult Heart and Vascular Services: Cardiac Surgery and
	Interventional Services, Minimally Invasive and Robotic
	Surgery, Hip and Knee Replacement Program, Kidney
	Transplantation Program
DHCFP ID:	2339
Health System:	Baystate Health, Inc.
Community Health	#4 Community Health Connection (Springfield)
Network Area (CHNA)	
HOLMOIR AICA (OIIIAA)	1

COMMUNITY BENEFITS MISSION STATEMENT

The charitable mission of Baystate Medical Center, a member hospital of Baystate Health (BH), is to improve the health of the people in our communities every day, with quality and compassion. Baystate Health's Community Benefits Mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations. Baystate Medical Center is committed to meeting the identified health and wellness needs of constituencies and communities served through the combined efforts of Baystate Medical Center member organizations, affiliated providers, and community partners.

To reach this goal Baystate Medical Center will continue to:

- focus on prevention and increasing access to health and wellness care;
- provide technical support for related community planning;
- focus on amelioration of root causes of health disparities, including related economic development, job training, and education;
- measure improvements in community health status that result from our efforts; and
- invest the time, talent, and resources necessary to accomplish these goals.

TARGET POPULATIONS

Name of Target Population	Basis for Selection
Children and adolescents at risk for preventative injury and death.	Community needs assessment
Transgender individuals, their allies and all persons from the broader community that identify as LGBT.	Community needs assessment
Children and adolescents (age two years to twenty-one years) with a diagnosis of obesity (BMI > 95% for age).	Community needs assessment
Uninsured or underinsured residents	Community needs assessment
Children/adolescents at risk and/or victims of violence and/or sexual abuse.	Community needs assessment
Broader community and non-English speaking immigrants who are high risk for exposure and diagnosis of Tuberculosis	Community needs assessment
Vulnerable, low-income, ethnic populations across the lifespan health disparities.	Community needs assessment
Springfield Public School students	Community needs assessment

Baystate Medical Centers' target populations are publicized on the hospital website at

www.baystatehealth.org and the MA Attorney General Website.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

In FY 2011 Baystate Medical Center offered more than **\$26.5 million** in community benefit expenditures. Despite the current health care environment and decreases in state funding as a result of the economic downturn BMC provided more than **\$9.1 million** directly to Community Benefits programs.

Key FY 2011 accomplishments of some of BMC's community benefit programs include:

Baystate Springfield Educational Partnership (BSEP) worked with 75 students from Lincoln, Gerena, and Brightwood schools who participated in the Lunch Buddy program and the Springfield Museums program. Over 300 students in grades 9-12 enrolled in over 18 different career exploration and academic enrichment programs over the fall, spring and summer semesters. Ten students were placed in the Effect Health mentoring program matching students with Tufts medical students at Baystate Medical Center. BSEP continued its participation in the Tufts Medical School Teachers and High School Students for the 5th year with four students participating in the program in FY 2011. BSEP trained 8 students as certified nursing assistants, 3 lab assistants, 5 phlebotomists, sent 3 students to EMT training, placed 22 graduating 12th graders and BSEP Alumni in internship programs, placed three students through the Regional Employment Board program at Futureworks. Thirty students participated in at least 80 hours of health related, after school programming during the school year and 20 additional students engage in an intensive summer leadership program involving reproductive health leading to a press-covered culminating event.

Partners for a Healthier Community (PHC) has doubled the number of preschool agencies participating in its Farm to Preschool and Families project under the Live Well Springfield Initiative. The Farm to Preschool project has enhanced the nutritional quality of fruits and vegetables that over 2,000 preschoolers are eating everyday, as well as generating over \$40,000 for local businesses and farmers in the region. Through PHC's FIT+ program under the Live Well Springfield Initiative, six resident based "Prevention Teams" in Mason Square are addressing neighborhood infrastructure issues that will help daily lifestyle choices become easier such as pedestrian safety, community gardens and a "rails to trails" project to create a path whereby folks can be physically active. PHC started a "Mobile Market" with the Department of Elder Affairs, YMCA and Enterprise Farm for preschool families to purchase fresh produce when they are picking their preschooler up from school. Post survey of parents showed that 85% of them said they wish the Mobile Market could come multiple times a week. PHC brought Max Fripp, the Executive Director of Playworks!, a nationally recognized organization that has enhanced recess during the school day to increase physical activity and academic achievement for children to present to the LWS Coalition, as a result, Brightwood and Zanetti Schools, both "Level 4" now have PlayWorks! The BEST Oral Health program continues to serve over 5,000 preschool and early elementary aged children with education, screening and comprehensive restorative dental care. In school year 2011/2012 Springfield Public Schools expanded school based oral health services district wide.

Financial Assistance Counselors processed and completed over 7,000 applications FY 2011 for MassHealth, Health Safety Net and Baystate's Financial Assistance Program. Our approval rate was over 95%. Over 80,000 patients were assisted in some capacity throughout the Baystate Health system.

Safe Kids of Western Massachusetts coordinated a successful child pedestrian safety campaign in October that included well attended events for International Walk to School Day and Halloween Safety. Additionally, Safe Kids received a \$10,000 grant from the Massachusetts Executive Office of Public Safety and Security, Highway Safety Division to purchase car seats and supplies to continue Safe Kids Car Seat Inspection Station and mobile car seat safety checks. Safe Kids staff were involved in 50+ community events including health fairs, community chats, educational sessions, parent groups, etc.

The Brightwood School Based Health Clinic was established in FY2010 through the support of Baystate Brightwood Health Center and the Springfield Public School System. The school clinic has one nurse practitioner that provides acute care health services as well as health education and promotion. Throughout the course of the year, the nurse practitioner was able to provide acute episodic care which enhanced educational learning by returning 72% of the children seen, back to class to continue their school day. Over the course of the year the nurse practitioner established connections within the community that supported prevention programs for the children of Brightwood, including the Waking School Bus Program. The nurse practitioner designed and implemented a wall mural on the outside of the Brightwood School Health Clinic that was focused on children's wellbeing and participated in various health fairs to promote health prevention and education.

Baystate's Transgender Support Group, in partnership with UNITY of Pioneer Valley continues to be a critical link for transgender individuals in western Massachusetts. As the only transgender support group in the region, it provided participants access to information on services such as mental health services and links to primary health care within Baystate Health. Support group participants and UNITY of Pioneer valley increased public awareness of transgender needs by participating in educational community events, health fairs, and open forums that promote education of transgender care and services.

The Baystate Regional Tuberculoses Program (BRTP) served 779 patients, with a higher incidence of active tuberculosis being reported. The clinic is staffed by a team of dedicated professionals and support staff, including community and Baystate Medical Practices physicians. In addition, area public health nurses provide support to our patients within their community. TB Clinic is held every Tuesday morning at Mason Square Neighborhood Health Center. In addition to providing care to adult patients, pediatric patients are seen one session per month. In addition to providing on-site medical care our providers serve as consultants to community providers caring for patients with suspected tuberculosis. This was a challenging year with a greater number of patients needing coordination of care for suspect, latent, or active tuberculosis. The majority of our patients are immigrants who recently arrived in the United States. We are now seeing a larger number of patients arriving from Bhutan and Nepal, many with significant health care and psychiatric needs. Most of these patients have been under the care of a medical team prior to their arrival in the United States. Additionally, there are many barriers to care. Few medical interpreters or outreach

workers speak these less common languages. It is often difficult to have skilled translators available to support the public health nurses providing education and medication management in the home, creating challenges with adherence. Because these patients are sicker, they often need additional diagnostic testing and have difficulty arranging transportation to these important appointments. The no-show rate is high. Our staff makes every effort to partner with the public health nurses, Regional TB Division staff, and local sponsoring agencies to coordinate appropriate care for these patients, help them manage their disease, and ensure this disease is not spread within our communities.

The Family Advocacy Center (FAC) saw 313 new outpatients and 36 new inpatients for child abuse medical consults and had a total of 2,487 therapy visits. In total the FAC served 217 children, 78 of whom were new referrals, under a VOCA grant. The FAC continues to support school-based therapy groups for young women impacted by violence at two Springfield High Schools. The FAC also continues to support the Hampden County Child Fatality Review Board with medical consultation. Several of the FAC staff provided services at the Springfield relief shelters following the June 1st tornado. Through a STEP grant the FAC provided training to 41 area therapists in Trauma Focused Cognitive Behavioral Therapy, increasing the number of therapists trained in this evidence based treatment for child abuse from 4 to 45.

The Consumer Health Library (CHL) had approximately 696 patients, family members and general public used the computers, over 300 patients and family members and general public looked at our anatomy models and anatomy books. The CHL handled 320 walk-in requests for information. The most requested topics were nutrition, cardiovascular health, drug information, diabetes, and multiple sclerosis. For each walk-in question, 3-5 documents are selected and printed out by a librarian. The CHL received nearly 50 requests for in-depth searches for information on aplastic anemia, arthritis, diabetes, interstitial cystitis, scoliosis, psoriasis and other topics. Nine of our searches were performed for repeat customers.

Health Sciences Library's Collaborative Health Classes serves approximately 262 community members in Springfield, Amherst, Whately, Longmeadow and Holyoke.

Outreach Classes

FY2011	Class
	Attendees
Oct2010	13
Nov2010	21
Dec2010	9
Jan2011	16
Feb2011	135*
Mar2011	0
Apr2011	15
May2011	11
Jun2011	32
Jul2011	5
Aug2011	5
Sep2011	0
Totals	262
-	•

^{*}Includes statistics for Heart and Vascular Lecture Series held at Baystate Health.

The outreach librarian partnered with Brightwood Centro de Salud, Massachusetts Department of Public Health, Baystate Health Heart & Vascular Lecture Series, Springfield City Library, Storrs Public Library, The Jones Library, Massachusetts Library System, and the Healthy Community Collaborative of Mason Square to bring classes to community members. Some classes were partially funded by the National Network of Libraries of Medicine. Additionally, the outreach librarian participated in monthly meetings of the Medical Home Workgroup for Families of Special Needs Children and in weekly meetings of the Healthy Community Collaborative (HCC) in Mason Square. HCC hopes to reduce the impact of diabetes and premature cardiovascular disease among the residents of the Mason Square community through high-level collaboration among these community partners: Gardening the Community, Concerned Citizens of Mason Square, Springfield Partners for Community Action, Faith Unlimited Institute, Stone Soul Festival, Puerto Rican Cultural Center, Men of Color Health Alliance, EACH Somali Access Project and the Mason Square Veterans Association. We reached more people by getting out of the library and into the community. Most months, classes and events give us a modest boost in contacts. Each opportunity gives us the chance to help people access the information they need to be actively involved in their own health.

The Trauma and Injury Prevention (TIP) program staff coordinated and participated in many community events. Drowsy Driving Campaign: in partnership with the Baystate Sleep Lab to raise awareness about the dangers of drowsy driving as 60% of Americans have driven while feeling drowsy and it contributes to 100,000 collisions a year. AARP Drivers Safety Class for drivers over the age of 50: attendees learned current rules of the road, defensive driving techniques, and how to operate your vehicle more safely in today's increasingly challenging driving environment. They also learned adjustments to accommodate common age-related changes in vision, hearing, and reaction time. Brains at Risk: raise awareness about TBI and promoting responsible driving practices. The curriculum combines video, graphics, and group discussions to demonstrate the importance of choices made behind the wheel. The program is available at sites throughout the state. Judges, district attorneys, clerk magistrates, probation officers, and defense attorneys make referrals to the program and may require it as a condition of probation or as an alternative to formal sentencing. Sports Concussion Presentation: Dr. Zach Marowitz from Baystate's Neuropsychology Department gave a lecture on sports concussions to athletic trainers, school nurses, parents and students. He explained what a concussion is on the cellular level; explained the law and consequences. Sports concussion kits from the CDC were handed out and a copy of the law to all who attended. Over 300 concussion kits have been given to attendees at different functions throughout FY 2011. Balancing Act Falls Prevention: falls account for most injury related deaths among elderly people; therefore attendees learned who is at risk for falls, how to combat fear of falling, being active in your medical care and keeping your environment safe from falls. Simple, effective and inexpensive ways to prevent falls, as well as general exercises and instruction to minimize your risk their risk of falling were shared. BMX Bike Rodeo: TIP co-collaborated with the Eastfield Mall in Springfield to present to the community the Summer Safety Kick off event. We drew 200 attendees from the community. Team E.A.S.T. provided the BMX stunt riding and education on helmet safety and bike safety. Also in attendance were the American Foundation for Suicide Prevention, Baystate CPR Program, BMC Health Net, Baystate's Dr Zach Marowitz presenting information on concussions and Safe Kids of Western MA with bike helmet safety information.

Plans for Next Reporting Year

In Fiscal Year 2012, Baystate Medical Center will continue to deliver current community benefits programs and actively work to expand its outreach to vulnerable populations. We will continue efforts to grow our Community Benefits Advisory Council. Baystate Medical Center will continue the roll-out and implementation of our community benefits software to better collect and track current community benefit programs. We will continue to engage and partner with our community to collectively address unmet health care needs of residents in the greater Springfield area. We will continue to seek grant funding to allow us to develop and implement additional programs to meet the existing and newly identified needs of our target populations.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

Baystate Health's Board of Trustees are actively involved in overseeing community benefit programs and expenditures. In July 2010, the Baystate Health Board of Trustees approved and assigned oversight of community benefits to the Board's Governance Committee. Through its regular board meetings, internal hospital meetings and leadership activities, Baystate Health is actively involved in shaping community benefits provided by the system. For FY 2011 the System Vice President for Government and Community Relations and Public Affairs, under the direction of the Sr. Vice President for Strategy & External Relations, supervised the Director of Community Health Planning and Community Benefits Manager. Additionally, the Director and Manager work collaboratively with the Regional Director of Public Affairs & Communications for Baystate Health Northern and Eastern Regions and the Public Relations & Community Relations Specialist at Baystate Mary Lane Hospital to oversee the hospitals' community benefit plans, community health needs assessments and annual data collection and state and federal reporting of community benefits.

Community Benefits Team Meetings

The Baystate Health Board Governance Committee meets minimally two times per year and has a community benefits charge of advocating for community benefits at the Board level and throughout the health system; integrating the community benefits plan into the health systems strategic plan; periodic review of community health needs assessment data; approval of a community benefits mission statement and health priorities; review impact of community benefit programs in promoting health of the community; and ensure MA Attorney General and IRS community benefits compliance. Annually, the System Vice President for Government and Community Relations and Public Affairs and Director of Community Health Planning present a system-wide community benefits update to the full Board of Trustees. In 2012 the CBAC expanded its membership and increased its meeting frequency to monthly in preparation for an upcoming community health needs assessment. The Community Benefits Advisory Council (CBAC) brings a community lens and filter for interpreting the findings of the community health needs assessment process and setting priorities. The CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching Baystate Medical Center resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by

targeting resources for residents: (a) with a high prevalence or severity for a particular health concern, or (b) who face with multiple health problems and limited access to health care, or (c) who lack access to health care because of financial, language/culture, legal or transportation barriers, and/or who possess physical or mental disabilities. Participants on the CBAC for Baystate Medical Center represent Franklin County and the North Quabbin region's constituencies and communities that the hospital serves. CBAC members are responsible for reviewing community needs assessment data and use this analysis as a foundation for providing the hospital with input on its community benefits planning process.

Community Partners

Baystate Medical Centers' community partners include:

- 1. AIDS Foundation of WMASS
- 2. Alzheimer's Association
- 3. American Cancer Society
- 4. American Diabetes Association
- 5. American Heart Association
- 6. Association for Community Living
- 7. Behavioral Health Network
- 8. Caring Health Center
- 9. Center for Human Development
- 10. CHNA #4, Community Health Connections
- 11. Dunbar Community Center
- 12. Gandara Mental Health Center
- 13. Greater Springfield Senior Services
- 14. Healthy Start Planning Group
- 15. Holyoke Health Center
- 16. Holyoke/Chicopee Head Start
- 17. Jewish Education Resource Center
- 18. Jewish Family Services
- 19. Jewish Geriatric Services (Nursing Home)
- 20. Lutheran Social Services
- 21. Martin Luther King Jr Family Services
- 22. Mason Square Health Task Force
- 23. Mass in Motion
- 24. Men's Resource Center
- 25. Men's Resource International
- 26. New North Citizens' Council
- 27. North End Campus Coalition
- 28. North End Housing Initiative
- 29. Partners for a Healthier Community BEST Oral Health
- 30. Pioneer Valley Asthma Coalition
- 31. Planned Parenthood
- 32. Puerto Rican Cultural Center
- 33. Regional/State Public Health Department
- 34. Russian Community Association of Massachusetts
- 35. School Departments
- 36. Springfield Adolescent Health Project
- 37. Springfield Dept of Health & Human Services
- 38. Springfield Partners for Community Action
- 39. Springfield Police Department
- 40. Springfield Vietnamese American Civic Association
- 41. Square One
- 42. Tapestry Health
- 43. Valley Opportunity Council

- 44. Western MA Hispanic Foundation
- 45. YEAH Network
- 46. YMCA & YWCA

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2010, Baystate Medical Center, in collaboration with Baystate Franklin Medical Center, Baystate Mary Lane Hospital and various internal and external representatives from the communities served, completed a community health needs assessment. Data and information was gathered and reviewed, then prioritized and presented to Baystate Health's Board of Trustees. In July 2010 the Board of Trustees approved Baystate Health's Community Benefits Plan including a Community Benefits Mission Statement, new community benefits oversight structure and community benefit health priorities.

In FY 2011, Baystate Medical Center, Baystate Mary Lane Hospital and Baystate Franklin Medial Center started an internal planning process for the next community health needs assessment due in FY 2013. The three hospitals are looking to collaborate with other regional hospitals and organizations, including the United Way of Pioneer Valley, the Pioneer Valley Planning Commission, Departments of Public Health and Health and Human Services, the UMASS School of Public Health and many others to conduct a collaborative, regional (Pioneer Valley) community health needs assessment. Each hospital will be responsible for its own priority setting and writing an implementation strategy to specifically address the needs identified in their respective communities served. The final needs assessment data and hospital implementation strategies will be presented the Baystate Health Board of Trustees for approval in the summer of 2013.

Organizational Policy

Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal community health needs assessment (CHNA) every three-years in partnership with community organizations and individuals across the hospital's service area. The aim is to identify community assets as well as the critical gaps/needs in public health resources and the weak connections between medical care and community care. This "gaps analysis" assists Baystate Health's Board of Trustees and senior managers in developing community benefits policy, which targets our charitable resources in strategic focus areas. These areas frame existing community benefits programs, assist in transforming community service activities to comply with the IRS and MA Attorney General's criteria, and set priorities in the design of new programs.

Program Results

The CHNA is the basis for developing accountable community benefits programs. In an ideal situation, an effective and large scale Community Benefits Program will demonstrate measurable community impacts on the health status and quality of life for residents - effectively closing gaps when current data is compared to initial CHNA baseline indicators. At a more practical program level, the CHNA guides a "theory of change" – linking health needs to community benefits efforts to desired program and community outcomes.

Date of Last Assessment Completed, and Current Status

In FY 2010, BMC completed a thorough planning and community needs assessment process based on "A Planned Approach to Community Health," which matches the six-step model outlined by the Association for Community Health Improvement. There was particular emphasis on community engagement in this process according to the most recent upgrade to the AG's Community Benefit guidelines.

- 1. Establishing the assessment infrastructure
- 2. Defining the purpose and scope
- 3. Collecting and analyzing data
- 4. Selecting priorities (engage the community)
- 5. Documenting and communicating results
- 6. Planning for action and monitoring progress

The FY 2010 community needs assessment process gathered information and reviewed data from a number of sources, including:

- 1. Healthy People 2010 indicators collected by the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention were major sources of data for community health needs assessment and planning information.
- 2. The Massachusetts Department of Public Health, several of its websites, Mass CHIP, and key MDPH staff provided county-level and locality-based data for municipal and neighborhood geographic areas.
- 3. Morbidity and mortality data was drawn from internal Baystate Health hospital discharge data and statewide data sources. These data, which generally include reason for hospitalization and length of stay, can contribute to measuring the burden and cost of illness and disability in the community.
- 4. Internal and external respondents in the health care, human service and public health field and unaffiliated stakeholders (community residents) participated in focus groups.
- 5. The Community Benefits Advisory Council, hospital advisory board members, and local community coalitions and task forces played a key role in helping the hospital identify community health needs.
- 6. Existing community needs assessment data (United Way, Pioneer Valley Planning Commission, and Community Action Programs) was included in this assessment.
- 7. Surveys of community stakeholders expert testimony and resident (lay) opinions were use to identify and prioritize community health needs.

Community Health Needs Assessment Findings

Strategic Focus Areas

The current CHNA process and findings used a comprehensive review of existing community needs assessments, archival or secondary data (state and local public safety, public health, school, economic, health care, etc.), and key informant interviews. The CHNA findings were summarized and evaluated to produce four strategic focus areas. Key informants selected as the top three priorities; wellness, reducing racial and ethnic health disparities, and chronic disease management. They were basically tied, with each earning almost equal percentages of priority votes: 59.6%, 55.8% and 52.8%, respectively. Health care reform/health access followed these three, earning 36.5% of the priority votes.

Target Population

Survey respondents ranked the priority target population from 1 {highest} to 4 {lowest}. Children as a group received the highest number of priority votes with preschool age children receiving more votes than any other category. Young adults (18 – 40 yrs) and seniors (65+ yrs) were ranked next, with adults (40 – 65 yrs) last in the order.

Priority Health Concerns and Issues

Key informants selected health priorities from among a collection of Ambulatory Sensitive Conditions (ASCs) - conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications. Top priorities included conditions where care needed to prevent hospitalizations most likely takes place outside of the traditional medical visit in the home and community settings including:

- Asthma
- Obesity
- Diabetes
- Cardiovascular disease/stroke
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Pre-term birth outcomes (low birth weight)

Social Determinants of Health

Social determinants of health (SDOH) were not included as a separate focus area, rather as a lens for understanding cross-cutting issues that are the root causes of health problems. SDOH will very likely guide locality-based community benefits programs addressing the geographic considerations of each hospital's service area. Consequently, priorities other than ASCs will surface such as:

- Education strategies Development of out-of-school time programs as a drop out prevention strategy.
- Workforce development strategies Creating a community health worker network to increase access and remove barriers to care; or developing EMT capacity in rural settings.
- Violence and injury prevention strategies Primary and secondary prevention interventions to address child abuse or youth violence and bullying, or child bike and pedestrian safety.

Consultants/Other Organizations

The following organizations/community stakeholders were surveyed:

- 1. AIDS Foundation of WMASS
- 2. Alzheimer's Association
- 3. American Cancer Society
- 4. American Diabetes Association
- 5. American Heart Association
- Association for Community Living
- 7. Behavioral Health Network
- 8. Caring Health Center
- 9. Center for Human Development

- 10. Gandara Mental Health Center
- 11. Greater Springfield Senior Services
- 12. Healthy Start Planning Group
- 13. Holyoke Health Center
- 14. Holyoke/Chicopee Head Start
- 15. Jewish Education Resource Center
- 16. Jewish Family Services
- 17. Jewish Geriatric Services (Nursing Home)
- 18. Lutheran Social Services
- 19. Martin Luther King Jr Family Services
- 20. Mason Square Health Task Force
- 21. Mass in Motion
- 22. Men's Resource Center
- 23. Men's Resource International
- 24. New North Citizens' Council
- 25. Partners for a Healthier Community BEST Oral Health
- 26. Pioneer Valley Asthma Coalition
- 27. Planned Parenthood
- 28. Regional/State Public Health Department
- 29. School Departments
- 30. Springfield Dept of Health & Human Services
- 31. Springfield Partners for Community Action
- 32. Springfield Police Department
- 33. Springfield Vietnamese American Civic Association
- 34. Square One
- 35. Tapestry Health
- 36. Valley Opportunity Council
- 37. YEAH Network
- 38. YMCA & YWCA

CHNA data sources included:

Hospital, Interviews, Mass CHIP, Surveys

Community Definition

Baystate Medical Center (BMC) is a major teaching, clinical and research facility of the Tufts University School of Medicine (TUSM) and a general medical and surgical hospital in Springfield, Massachusetts. BMC is the only tertiary care referral medical center and Level 1 Trauma Center in the western New England. It is also home to the region's only children's hospital with Neonatal and Pediatric Intensive Care Units. Springfield is the central city and county seat for Hampden County (pop. 463,490). BMC serves as the community hospital for Hampden County, which is ethnically and racially diverse with 39,035 (8.3%) African American residents and 86,599 (18.5%) Latino residents. The Latino community of Hampden County is concentrated in the cities of Holyoke and Springfield, while the African-American community is concentrated in Springfield In all, 82% of all Latino residents of Hampden County live in either Springfield (which has 52.867 Latino residents) or Holyoke (which as 18,059 Latino residents).

The following map depicts how, based on average family income, the BMC county service area is the poorest service area in the state.

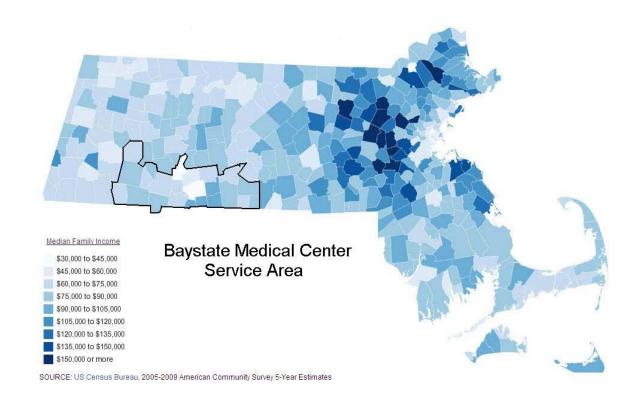
BMC's Secondary Service Area includes all cities and town in Berkshire, Franklin, Hampshire and parts of Worcester counties.

The following table depicts the population of the 23 cities/town that comprise Hampden County:

CITY/TOWN	POPULATION
Agawam	28,438
Blandford	1,233
Brimfield	3,609
Chester	1,337
Chicopee	55,298
East Longmeadow	15,720
Granville	1,566
Hampden	5,139
Holland	2,481
Holyoke	39,880
Longmeadow	15,784
Ludlow	21,103
Monson	8,560
Montgomery	838
Palmer	12,140
Russell	1,775
Southwick	9,502
Springfield	153,060
Tolland	485
Wales	1,838
West Springfield	28,391
Westfield	41,094
Wilbraham	14,219
TOTAL	463,490

Source: 2010 U.S. Census

LOCATION: Located in Hampden County along the Connecticut River, Springfield is 27 miles north of Hartford CT, while Boston and New York City are 80 and 134 miles away, respectively. The Springfield Metropolitan Statistical Area (MSA) is the fourth-largest metropolitan area in New England and the county's contiguous urban nuclei is comprised of the central city of Springfield, with a population of 152,082, and the cities of Chicopee, and Holyoke. The following map depicts how, based on average family income, the BMC county service area is the poorest service area in the state.



HPSA and MUA/P Designation: Much of BMC service area has Medically Underserved Area or Population (MUA/P) designation from the Health Resources and Services Administration (HRSA) while the major towns have Health Professional Shortage Area (HPSA) designation. The following HPSAs are designated as having a shortage of primary medical care, dental or mental health providers while residents in the following MUA/Ps have a shortage of personal health services.

HPSA	ID#	TYPE
Gateway/Hampshire Regional	1259992551	Geographical Area
Blandford Town		Minor Civil Division
Chester Town		Minor Civil Division
Montgomery Town		Minor Civil Division
Russell Town		Minor Civil Division
Low Income - Springfield	1259992555	Population Group
Springfield City		Minor Civil Division
Low Income - Holyoke	1259992561	Population Group
Holyoke City		Minor Civil Division
Hampden County House of Corrections	12599925B6	Correctional Facility
Low Income - Chicopee	6259992556	Population Group
Chicopee City		Minor Civil Division
Hillstowns	6259992572	Geographical Area
Blandford Town		Minor Civil Division
Chester Town		Minor Civil Division
Montgomery Town		Minor Civil Division
Russell Town		Minor Civil Division

HPSA	ID#	TYPE
Holyoke Health Center	7259992530	Comprehensive Health Center
Springfield Public Health Department	7259992531	Comprehensive Health Center
Springfield Southwest	7259992537	Comprehensive Health Center
Caring Health Center, Inc.	7259992564	Comprehensive Health Center

MUA/P	ID#	TYPE
Hampden Service Area Census Tract 8114.00	01519	MUA
Census Tract 8116.00 Census Tract 8117.00		
Blandford/ Chester Service Area MCD (06085) Blandford town MCD (13485) Chester town	01535	MUA
Hampden Service Area Census Tract 8007.00 Census Tract 8008.00 Census Tract 8009.00 Census Tract 8011.02 Census Tract 8012.00 Census Tract 8018.00 Census Tract 8019.00 Census Tract 8020.00	01538	MUA
Hampden Service Area Census Tract 8115.00	01545	MUA
Indian Orchard Service Area Census Tract 8001.00 Census Tract 8002.02	05020	MUA
Forest Park Service Area Census Tract 8022.00 Census Tract 8023.00	05021	MUA
West Springfield Service Area Census Tract 8123.00 Census Tract 8124.02	07320	MUA

Hampden County

Within Hampden County, Springfield and the surrounding community, especially Holyoke, have many community risk factors that contribute to poor health, including substance abuse, child abuse and neglect, poverty and unemployment, crime and domestic violence, decreased informal social support networks, and overburdened public schools.

The County Health Rankings (2011) show us that where we live matters to our health. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment. This collection of 50 reports – one per state – helps community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live. The Robert Wood Johnson Foundation is collaborating with the University of Wisconsin Population Health Institute to develop these Rankings for each state's counties (See website at http://www.countyhealthrankings.org/). The following table depicts Hampden County's rankling on Health Outcomes and Health Factors in comparison to national benchmarks and the other 13 counties in Massachusetts.

	Hampden County	National Benchmar	Massachusetts	Rank (of 14)	
HEALTH OUTCOMES					
1. Mortality				14	
Premature death	7.183	5.564	5.577		
2. Morbidity				13	
Poor or fair health	15%	10%	12%		
Poor physical health days	3.8	2.6	3.2		
Poor mental health days	3.9	2.3	3.3		
Low birthweiaht	8.6%	6.0%	7.7%		
HEALTH FACTORS				14	
1. Health Behaviors				14	
Adult smokina	20%	15%	17%		
Adult obesity	27%	25%	23%		
Excessive drinkina	19%	8%	19%		
Motor vehicle crash death	11	12	8		
Sexually transmitted	523	83	271		
Teen birth rate	45	22	22		
2. Clinical Care				9	

	Hampden County	National Benchmar	Massachusetts	Rank (of 14)
Uninsured adults	8%	13%	9%	
Primary care providers	1.047:1	631:1	656:1	
Preventable hospital stavs	71	52	77	
Diabetic screening	85%	89%	86%	
Mammography screening	72%	74%	72%	
3. Social & Economic Facto	ors			14
High school graduation	65%	92%	81%	
Some college	54%	68%	68%	
Unemplovment	9.7%	5.3%	8.4%	
Children in poverty	24%	11%	12%	
Inadequate social support	22%	14%	20%	
Single-parent households	42%	20%	29%	
Violent crime rate	752	100	445	
4. Physical Environment				14
Air pollution-particulate	3	0	1	
Air pollution-ozone davs	11	0	6	
Access to healthy foods	78%	92%	77%	
Access to recreational	9	17	16	

Teen Pregnancy and Teen Health: Among all counties, from 2006 to 2008 Hampden County had the most teen births in the state with 2,352. Although the county accounts for only 7.25% of the state's overall population, the county has nearly 17% of all teen births in the state over the last three years. As a percentage of total births in the county, teen births account for nearly 14% of total births in Hampden County. This sharply contrasts with the state, in which teen births accounted for only 6.13% of total births. Hampden County is clearly the most at risk county in the state with regard to teen pregnancy. The following table depicts the great disparity in teen pregnancy that Hampden County experiences within the state.

	County (Rank by Teen Births)	Total Teen Births	Percent of Teen Births in State	Total Number of Births	Percent of Births to Teens
1.	Hampden	2,352	16.51%	17,383	13.53%
2.	Suffolk	2,136	14.99%	28,715	7.44%
3.	Worcester	1,995	14.00%	29,091	6.86%
4.	Essex	1,929	13.54%	27,027	7.14%
5.	Middlesex	1,821	12.78%	54,466	3.34%
6.	Bristol	1,550	10.88%	19,215	8.07%
7.	Plymouth	982	6.89%	17,458	5.62%
8.	Norfolk	460	3.23%	22,977	2.00%
9.	Berkshire	348	2.44%	3,700	9.41%
10.	Barnstable	319	2.24%	5,726	5.57%
11.	Hampshire	181	1.27%	3,731	4.85%
12.	Franklin	146	1.02%	2,003	7.29%
13.	Dukes	16	0.11%	571	2.80%
14.	Nantucket	12	0.08%	510	2.35%
	STATE	14,249	100.00%	232,573	6.13%

SOURCES: Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2005 (MMARS05), released October 2006, Massachusetts Births 2006, Massachusetts Births 2007, Massachusetts Births 2008.

The incidence of teen births Hampden County results in the highest rates of births to teens (age 15 to 19) in the state. Holyoke perennially ranks as the <u>worst city in the state</u> with the highest teen birth rate that is typically <u>five times higher</u> than the state. Springfield consistently ranks in the top ten worst cities in the state with a teen birth rate that is at least <u>three times higher</u> than the state rate. The following Table ranks cities by teen birth rate for the last three years.

Teen Birth Rate 2006 -2008 (per 1,000 Females Age 15-19)							
Rank	MassachusettsTeen BirthTeen BirthTeen BirthMunicipalityRate 2006Rate 2007Rate 2008						
1	Holyoke	94.8	95.4	115.3			
2	Chelsea	79.0	82.0	97.0			
3	Lawrence	80.6	76.0	80.9			

Teen Birth Rate 2006 -2008 (per 1,000 Females Age 15-19)					
Rank	Massachusetts Municipality	Teen Birth Rate 2006	Teen Birth Rate 2007	Teen Birth Rate 2008	
4	Gardner	38.7	50.4	63.9	
5	New Bedford	70.0	66.7	62.9	
6	Springfield	80.7	84.3	61.4	
	STATE RATE	21.3	22.0	20.1	

SOURCES: Massachusetts Births 2006, released April 2008; Massachusetts Births 2007, released April 2009; Massachusetts Births 2008, released April 2010

Engaging in unprotected sexual activity puts one at risk of contracting sexually transmitted diseases, including chlamydia, gonorrhea, syphilis, and HIV/AIDS. Historically, Holyoke and Springfield teens ages 15 to 19 have experienced much higher rates of chlamydia and gonorrhea than Massachusetts teens, as demonstrated in the following table:

Sexually Transmitted Diseases				
	Springfield	Holyoke	State	
Gonorrhea, ages 15-19	674.9	419.1	110.5	
Chlamydia, ages 15-19	4151.5	3997.4	1079.6	

SOURCES: Massachusetts Department of Public health, 2007 Division of Sexually Transmitted Disease Prevention

HIV/AIDS is a major problem, especially within our minority communities. Latinos and African-Americans in the Springfield area have also been disproportionately by the HIV/AIDS epidemic. Local epidemiological data provide by the Massachusetts Department of Public Health on HIV/AIDS for Springfield indicate that the city ranks second to Boston in the geographic distribution of the HIV/AIDS. More specifically in Springfield, Latinos account for 27% of the population yet accounted for 57% of the 1,093 people living with HIV/AIDS. It should also be noted that while only 2.3% of the population in Massachusetts live in Springfield, 15% of the Latinos living with HIV/AIDS in the state reside in the city. Clearly the project will benefit the target population in Hampden County by reducing incidence of teen pregnancy, as well as STD infection and HIV/AIDS.

Economic and Social Risk Factors: There are many risk factors for families in the area and this is especially pronounced in our extremely poor, urban cities of Springfield and Holyoke. The following table compares Holyoke and Springfield youth and their families with their cohorts statewide on key risk factors:

Springfield and Holyoke Economic and Social Risk Factors Comparison			
	Springfield	Holvoke	Massachusett
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Springfield and Holyoke Economic and Social Risk Factors Comparison			
	Springfield	Holyoke	Massachusett s
Child poverty rate (Federal Poverty Level - FPL)	41.7%	40.8%	12.8%
Percent of families with children living in poverty	33.4%	35.1%	10.8%
Median family income	\$41,476	\$43,578	\$80,822
Grandparents raising grandchildren	40.2%	36.8%	28.1%

Source: U.S. Census Bureau, 2005-2009 American Community Survey

One out of every eight minority teens in Massachusetts lives in Hampden County, primarily Holyoke or Springfield. Springfield and Holyoke have two of the most entrenched poverty problems in the country, with 34 and 51 percent of their poor populations living in high-poverty neighborhoods (2000 Census). By comparison, New Orleans had a concentrated poverty rate of 38 percent on the eve of Hurricane Katrina. Springfield has the dubious distinction of being ranked as the 9th most dangerous city in the nation in 2005 (Morgan Quinto Research, 2007) with a violent crime rate four times the national average. In 2003, there were 1,117 protection orders issued in Hampden County (second most in the state) for a rate of 242 per 100,000 of population, over twice the state rate. In comparison, the Massachusetts state rate was only 99 protection orders per 100,000. In 2010, the Department of Corrections reports Springfield ranked first in the state for the rate of residents in prison (74.2 per 10,000) and Holyoke was second (63.3 per 10,000).

Increasing the vulnerability of children for abuse and neglect are a major risk factor experienced by many teens in the target area. The following table compares Holyoke and Springfield to state averages on key child welfare statistics.

Springfield-Holyoke Child Welfare Risk Factors				
	Springfield	Holyoke	Massachusett s	
Children living in foster care (rate per 1,000)	11.51	14.99	4.69	
Substantiated child abuse (rate per 1,000)	44.00	72.40	19.70	

Source: Children in Foster Care, 2006, Massachusetts Department of Social Services.

City of Springfield

BMC is committed to reducing health disparities in the Springfield To that end; we have invested significant resources in our three community health centers and pediatric clinic located in Springfield's low-income neighborhoods that have both HPSA and MUA/MUP designation. BMC health centers are primary care first-contact sites for thousands of underserved, low-income people. These community training sites for our Residency Program provide continuity of care for over 130,000 patients annually, most of whom reside in an MUA/MUP. BMC is also on the forefront of improving access care to populations

historically disregarded. For example, our current HRSA Special Projects of National Significance *Enhancing Linkages to HIV Primary Care and Services in Jail Settings* project at the Hampden County Correctional Center (HPSA-designated) is recognized as a national model that promotes continuity of care for inmates and releases by using dually-based physicians and case managers working at the jail and at community health centers in Hampden County. The model emphasizes five elements: early detection, effective treatment, education, prevention, and continuity of care.

BMC provides primary care to a medically-underserved population in Springfield comprised of primarily Latinos and African-Americans. Springfield's black and Latino families fare poorly in comparison to their peers across the state on a myriad of sensitive indicators (e.g., infant deaths per 1,000 live births, low birth weight of less than 2500 grams, births to adolescent mothers, adequacy of prenatal care). Springfield has one of the highest concentrations of MassHealth eligible populations. This low income population has a special health risk and a specific location in the Mason Square and North End neighborhoods with child poverty rates well above 30% and as high as 70% in some small areas. It is well-known that health disparities related to type 2 diabetes mellitus, obesity and cardiovascular disease are concentrated in black and Latino populations and among the 50,000 residents (30% of the city's population) in Mason Square and North End neighborhoods.

Premature Mortality Rate (PMR): PMR for Springfield in 2002 and 2005 provides sobering evidence about social inequality and health for Springfield. Both years the PMR was one of the highest in the state at 520.7/100,000 and 466/100,000 respectively, compared to Massachusetts at 345.2 and 317. During 2003-02005, Springfield/State rates show significant disparities among indicators for chronic metabolic diseases: (1) hypertension hospital discharges - 75.7/38.7; (2) heart disease death rate - 206.8/182.5, (3) diabetes hospital discharges - 274.2/132.5, and (4) diabetes death rate - 26.1/17. The most significant causes of premature death in racial/ethnic populations are chronic diseases like cardiovascular, hypertension, and diabetes, and are certain contributors to the city's overall PMR disparity.

Obesity: Springfield has some of the highest obesity rates in the state. A recent study of individual-level data from the Behavioral Risk Factors Surveillance System from 1999 to 2005 found that <u>four Springfield clusters of neighborhoods</u> (based on eight zip codes) rank in the top 20 as the highest obesity prevalence communities (zip codes) in the state. 1 The following table depicts the small area analysis from this study for obesity by zip codes and their corresponding Springfield neighborhood:

Springfield High Obesity Prevalence Rates

Springfield Neighborhoods	Zip Code	Total Population	Obesity Prevalence Rate	Number of Obese Individuals
			Nate	IIIuIviuuais

22

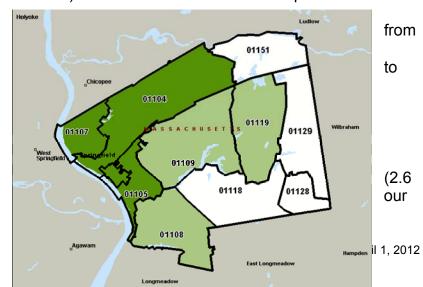
¹ Li W; Kelsey JL; Zhang Z; Lemon SC; Mezgebu S; Boddie-Willis C; Reed GW (2009) Small-area estimation and prioritizing communities for obesity control in Massachusetts. *American Journal of Public Health*, Mar; 99 (3): 511-9.

Springfield Neighborhoods	Zip Code	Total Population	Obesity Prevalence Rate	Number of Obese Individuals
Six Corners, Old Hill, McKnight, Bay, Upper Hill	01109	30,655	32.5%	9,963
Liberty Heights, Indian Orchard,	01104	22,383	31.3%	7,006
East Springfield	01151	8,311	31.3%	2,601
Brightwood,	01103	2,661	30.0%	798
Memorial Square, Metro Center,	01105	13,138	30.0%	3,941
South End	01107	11,333	30.0%	3,400
Pine Point,	01119	13,329	29.2%	3,892
Boston Road	01129	6,931	29.2%	2,024
TOTAL		108,741	30.92%	33,626

As demonstrated in the above table, over two-thirds of Springfield's population (N=108,741) reside in these high obesity prevalence neighborhoods. Nearly one-third of these residents (N=33.626) are obese.

Asthma: Spring has very high rates of asthma. Springfield localities with the highest rates of hospital admissions are the same localities where Black, Latino and low-income populations are concentrated, particularly 01107, 01105, portions of 01104, and portions of 01109. It is well documented that these places contain major hazards and contributors that cause and exacerbate asthma and require major resources to address racial and ethnic disparities in asthma health outcomes and to redress health care inequities. MDPH's (2008) analysis of asthma hospitalization rates (2000 – 2006) documents that "black and Hispanic residents

suffer disproportionately poor asthma outcomes compared their White counterparts (p 121)." Springfield has almost twice the state asthma hospitalization rate vs. 1.4 per 1,000) with Hispanic/Latino community members



experiencing greater asthma health disparities than twice the state rate (6.1 vs. 3.0 per 1,000)². Figures 1 and 2 provide a snap shot of this disparity in term of hospitalizations and emergency room visits.

Figure 1 - Asthma Related Hospitalizations, All Ages 3 4

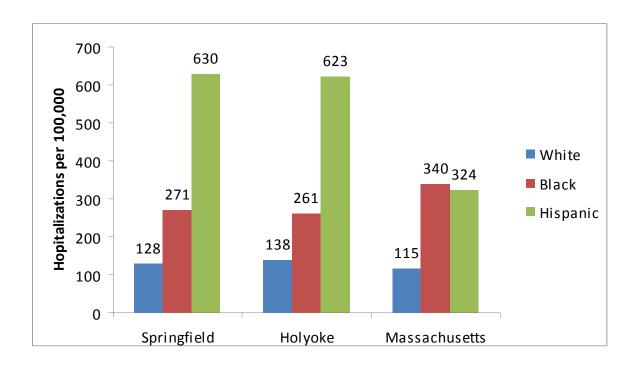
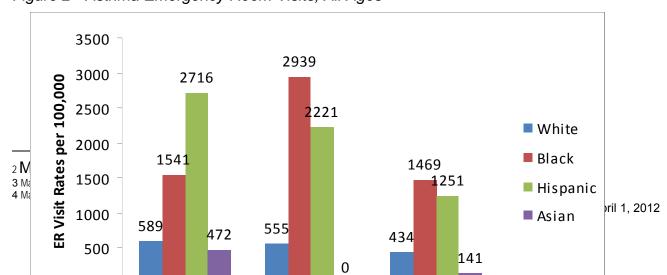


Figure 2 - Asthma Emergency Room Visits, All Ages



HEALTHY PEOPLE 2010 INDICATORS. An analysis of these national health objectives for select towns in the region provide some information on the most significant preventable threats to health and will help to establish community goals and action plans to reduce these threats. The following table depicts Healthy People 2010 Chronic Disease Objectives and Maternal Child Health Objectives for Springfield

Healthy People 2010 Chronic Disease Objectives

	Area Count	Springfield Age-adjusted Rate	State Age-adjusted Rate
3-01: Reduce the overall cancer death rate to no more than 159.9 per 100,000 populations.	289	192.9	177.4
3-02: Slow the rise in lung cancer deaths to achieve a rate of no more than 44.9 per 100,000 populations.	77	52.3	49.4
3-03: Reduce Breast Cancer deaths to no more than 22.3 per 100,000 females.	18	20.8	21.2
3-04: Reduce deaths from cancer of the uterine cervix to no more than 2.0 per 100,000 women.	0	0.0	1.2
3-05: Reduce colo-rectal cancer deaths to no more than 13.9 per 100,000 populations.	26	17.6	15.5
3-06 Reduce oropharyngeal cancer death rate to no more than: 13.9 per 100,000 population.	3	1.9	2.5

	Area Count	Springfield Age-adjusted Rate	State Age-adjusted Rate
3-07: Reduce prostate cancer death rate to no more than: 28.8 per 100,000 males.	13	21.3	22.1
3-11a: Increase the proportion of women aged 18 years and older who have ever received a Pap test to 97%	-	93.0%	94.0%
3-11b: Increase the proportion of women aged 18 years and older who have received a Pap test within the preceding 3 years to 90%	1	83.1%	84.5%
3-13: Increase the proportion of women aged 40 and older who have received a mammogram within the preceding 2 years to 70%.	-	85.7%	84.7%
5-03: Reduce the overall rate of diabetes that is clinically diagnosed to no more than 25 per 1,000 people	-	12.9%	7.5%
5-05: Reduce diabetes death rate to no more than 45 per 100,000 people	28	18.5	14.5
12-01: Reduce coronary heart disease deaths to no more than 166 per 100,000 population.	167	105.1	107.2
12-07: Reduce stroke deaths to no more than 48 per 100,000 population.	62	38.2	33.3
12-15: Increase to at least 80 percent the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.	-	75.5%)	82.6%
19-02: Reduce the proportion of adults who are obese to no more than 15%	-	32.2%)	21.7%)
24-02a: Reduce hospitalizations for asthma among children under age 5 years to no more than 250 hospitalizations per 100,000 population	53	474.5	483.6
24-02b: Reduce hospitalizations for asthma among children and adults aged 5 to 64 years to no more than 77 hospitalizations per 100,000 population	274	215.9	115.3

	Area Count	Springfield Age-adjusted Rate	State Age-adjusted Rate
24-02c: Reduce hospitalizations for asthma among adults aged 65 years and older to no more than 110 hospitalizations per 100,000 population	76	416.0	275.9
24-10: Slow the rise in deaths from chronic obstructive pulmonary diseases (COPD) among adults aged 45 and older to achieve a rate of no more than 60 per 100,000 people	52	102.1	97.3
26-02: Reduce cirrhosis deaths to no more than 3 deaths per 100,000 population.	17	11.8	8.1
27-01a: Reduce cigarette smoking among adults aged 18 years and older to 12%.	-	22.0%	15.8%
27-05: Increase smoking cessation attempts by adult smokers aged 18 years and older to 75%.	-	62.8%	60.3%

Source: Massachusetts Department of Public Health; Behavioral Risk Factor Surveillance System (BRFSS); 2008 Calendar Year Hospital Discharges (UHDDS); 2008 Mortality (Vital Records) ICD-10 based

Healthy People 2010 Maternal Child Health Objectives

	Area Count	Springfield Rate/%	State Infant Rate/%
16-01c: Reduction in all infant deaths (within 1 year) to no more than 4.5 deaths per 1,000 live births.	27	11.0	5.0
16-01d: Reduction in all infant deaths (within the first 28 days of life) to no more than 2.9 deaths per 1,000 live births.	23	9.4	3.8
16-01e: Reduction in all infant deaths (between 28 days and 1 year) to no more than 1.2 deaths per 1,000 live births.	4	1.6	1.2
16-06a: Increase in maternal prenatal care beginning in first trimester of pregnancy to 90 percent.	1,532	63.3%	81.0%

16-09a: Reduction in cesarean births for women giving birth for the first time to no more than 15 percent (among low risk women)	224	27.1%	32.0%
16-09b: Reduction in prior cesarean births to no more than 63 percent (among low risk women)	262	85.1%	91.4%
16-10a: Reduction in low birth weight (less than 2500 grams) to no more than 5.0 percent of live births.	263	10.7%	7.8%
16-10b: Reduction in very low birth weight (less than 1500 grams) to no more than 0.9 percent of live births.	51	2.1%	1.3%
16-19a: Increase in mothers who breastfeed en early postpartum period to 75 percent	1,602	65.5%	80.8%

Source: Massachusetts Department of Public Health, 2008 Births (Vital Records), 2008 Infant Deaths (Vital Records), 2009 Division of Immunization and Epidemiology

COMMUNITY BENEFITS PROGRAM PROFILES

Partners for a Health	ier Community
Brief Description or Objective	Baystate Health is the primary funding partner for Partners for a Healthier Community. Partners for a Healthier Community is committed to building a measurably healthier Springfield through civic leadership, collaborative partnerships, and advocacy.
Program Type	Community Participation/Capacity Building Initiative, Grant/Donation/Foundation/Scholarship, Healthy Communities Partnership, Outreach to Underserved, Prevention
Target Population	Regions Served: County-Hampden Health Indicator: Access to Health Care, Environmental Quality, Immunization, Injury and Violence, Other: Asthma/Allergies, Other: Dental Health, Other: Education/Learning Issues, Other: HIV/AIDS, Other: Nutrition, Other: Parenting Skills, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity Sex: All Age Group: All Ethnic Group: All Language: All
Goals	Statewide Priority: Promoting Wellness of Vulnerable Populations Reducing Health Disparities
	Goal 1 <u>Description:</u> Health Access/Public Policy: Ensure that all Springfield families and children have equal access to quality medical, dental and mental health services. <u>Status:</u> In progress
	Goal 2 <u>Description:</u> Public Education for a Healthier Community: Increase public understanding about the impact of health disparities and shared community responsibility for reducing health disparities. <u>Status:</u> In progress

Partners	Other non-profit agencies, schools, preschools, farmers, state associations and departments, city government, oral health professionals, faith-based institutions and higher education.
Contact Information	Frank Robinson, PhD, PO Box 4895, Springfield MA, 01101-4895, (413) 794-7740, frank.robinson@baystatehealth.org

Family Advocacy Ce	nter		
Brief Description or Objective	The Family Advocacy Center provides assessment, treatment and crisis support to child abuse victims and their non-offending caretakers affected by child abuse and domestic violence in western Massachusetts.		
Program Type	Health Professional/Staff Training, Outreach to Underserved, Prevention, Support Group		
Target Population	Regions Served: County-Berkshire, County-Franklin, County-Hampden, County-Hampshire Health Indicator: Injury and Violence, Mental Health, Other: Domestic Violence, Other: Rape, Other: Sexually Transmitted Diseases Sex: All Age Group: All Children Ethnic Group: All Language: All		
Goals	Statewide Priority: Promoting Wellness of Vulnerable Populations Reducing health disparities		
	Goal 1 <u>Description:</u> To provide immediate and ongoing mental health assessment, treatment and crisis support to child abuse victims and their non-offending caretakers. <u>Status:</u> In progress		
	Goal 2 Description: To provide immediate assessment and support services for victims of child abuse and their non-offending caretakers who are involved in a multidisciplinary forensic interview process. Status: In progress		
Partners	Hampden County District Attorney's www.mass.gov Office		
	Massachusetts Department of Children www.mass.gov and Families - Western Regional Office		
Contact Information	Stephen Boos, MD, Medical Director Family Advocacy Center 50 Maple Street, 3rd Floor, Springfield, MA 01199 (413) 794-6626, stephen.boos@baystatehealth.org		

Baystate Springfield Educational Partnership (BSEP)		
Brief Description or Objective	Through a series of enrichment and career development programs, BSEP aims to provide a health career pipeline for disadvantaged Springfield students.	
Program Type	Mentorship/Career Training/Internship, School/Health Center Partnership	
Target	Regions Served: County-Hampden	

Population Health Indicator: Other: Education/Learning Issues

Sex: All

Age Group: Adult-Young, Child-Preteen, Child-Primary School, Child-Teen

Ethnic Group: All Language: All

Goals Statewide Priority:

Promoting Wellness of Vulnerable Populations

Reducing health disparities

Goal 1

<u>Description:</u> Increase the enrollment of Springfield students in the BSEP program. Status: On target

Goal 2

<u>Description:</u> Increase the number of BSEP students that are accepted to college programs and graduate from college programs.

Status: On target

Partners Roger L Putnam Vocational Technical High www.sps.springfield.ma.us School

SCHO

Contact InformationPeter Blain, Director, Baystate Springfield Educational Partnership, 140 High Street, Springfield MA, 413-794-1671, peter.blain@baystatehealth.org

Baystate Brightwood Community School Health Center

Brief Description or Objective

The Baystate Brightwood Community School Health Center, located in Brightwood Elementary School in the North End of Springfield, is a satellite for the Brightwood Community Health Center. This program is collaboration between Baystate providers and other area providers as well as community services to ensure cohesive health care for school aged children and the broader community.

Program Type

Direct Services, Health Screening, Healthy Communities Partnership, Mentorship/Career Training/Internship, Outreach to Underserved, Prevention, School/Health Center Partnership

Target Population

Regions Served: County-Hampden

Health Indicator: Access to Health Care, Immunization, Injury and Violence, Mental Health, Other: Diabetes, Other: Education/Learning Issues, Other: First Aid/ACLS/CPR, Other: Homelessness, Other: Language/Literacy, Other: Nutrition, Other: Parenting Skills, Other: Pregnancy, Other: Public Safety, Other: Safety, Other: Safety -

Auto/Passenger, Other: Safety - Home, Other: Safety - Sports, Overweight and Obesity,

Physical Activity

Sex: All

Age Group: Child-Primary School

Ethnic Group: All

Language: English, Spanish

Goals

Statewide Priority:

- Address Unmet Health Needs of the Uninsured
- Chronic Disease Management in Disadvantage Populations
- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparities

Goal 1

Description: Increase health care access to the residents of the North End Community,

especially children and youth. Status: On target Goal 2 Description: Decrease school absenteeism. Status: On target **Partners** Springfield Public Schools www.sps.springfield.ma.us North End Campus Coalition www.elpuntonorte.com Pioneer Valley Asthma Coalition www.pvasthmacoalition.org Springfield Dept of Health and Human www.springfield-ma.gov/hhs Services Contact Karen Pohlman, FNP, Baystate Brightwood Health Center, 380 Plainfield Street, Information Springfield, MA 01199, (413) 787-7067, karen.pohlman@baystatehealth.org

Financial Assistance Counseling

Brief Description or Objective

For over ten years, Baystate Health has provided financial counseling services to inpatient and outpatient individuals who have concerns about how to pay for care. Financial Counselors are dedicated to identifying and assisting 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.

Program Type

Health Coverage Subsidies or Enrollment

Target Population

Regions Served: County-Franklin, County-Hampden, County-Hampshire

Health Indicator: Access to Health Care

Sex: All

Age Group: All Ethnic Group: All

Language: All, English, Spanish

Goals

Statewide Priority:

- Address Unmet Health Needs of the Uninsured
- Supporting Healthcare Reform

Goal 1

<u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support.

Status: In progress

Goal 2

<u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications; achieve a 95% approval rate.

Status: On target

Partners

Community Outreach Worker Networking Organization Massachusetts Association of Community Health Workers Supplemental Nutrition Application

www.machw.org www.fns.usda.gov/snap www.partnersforahealthiercommunity.org

Contact Information Andrea Riendeau, Director, Access Services, Baystate Health, 361 Whitney Ave, Holyoke MA 01040, (413) 322-4507, andrea:niendeau@baystatehealth.org

Safe Kids of Western Massachusetts

Brief	
Description	or
Objective	

Safe Kids of Western MA strives to prevent accidental childhood injuries and death through public awareness, safety education and distribution of safety devices. Program activities include car seat safety education and inspections, bicycle safety workshops and parent seminars.

Program Type

Community Education, Prevention

Target Population

Regions Served: County-Berkshire, County-Franklin, County-Hampden,

County-Hampshire

Health Indicator: Injury and Violence, Other: Public Safety, Other: Safety, Other: Safety

- Auto/Passenger, Other: Safety - Home, Other: Safety - Sports

Sex: All

Age Group: All Ethnic Group: All Language: All

Goals

Statewide Priority:

Promoting Wellness of Vulnerable Populations

Goal 1

<u>Description:</u> Create and maintain prevention programs that are based on local injury data and target children who are at high risk.

Status: In progress

Goal 2

<u>Description:</u> Reduce childhood death and injury associated with motor vehicle, bike and suffocation by 1%.

Status: On target

Partners Springfield Fire Department www.springfieldfirema.org

Holyoke Fire Department www.holyoke.org

Westfield Police Department www.cityofwestfield.org

HCS Head Start www.hcsheadstart.org

Preschool Enrichment Team www.preschoolenrichmentteam.org

WIC www.mass.gov

Contact Information

Mandi Summers, Safe Kids Co-Coordinator, Baystate Children's Hospital, 50 Maple Street, Springfield, MA 01102, (413) 794-6510, mandi.summers@baystatehealth.org

Mason Square Community Outreach and Education

Brief Description or Objective

Identify unmet community health needs and provide outreach to underserved residents of the Mason Square community via the coordination of health education focus groups, community health forums and fairs.

Program Type

Community Education, Outreach to Underserved, Prevention

Target

Regions Served: Springfield

Population Health Indicator: All

Sex: All

Age Group: All

Ethnic Group: All, Black/African American, Hispanic/Latino

Language: All, English, Spanish

Goals Statewide Priority:

Address Unmet Health Needs of the Uninsured

Chronic Disease Management in Disadvantage Populations

Promoting Wellness of Vulnerable Populations

Reducing Health Disparity

Goal 1

Description: To increase overall health in the Mason Square community.

Status: In progress

Goal 2

Description: Educate Mason Square residents so they can advocate for their own health

care needs.

Status: In progress

Partners Springfield Girls' Club Family Center www.springfieldgirlsclub.org

Safe Kids of Western MA www.baystatehealth.org/safekids

HCS Headstart www.hcsheadstart.org

Massachusetts Association of Community Health www.machw.org

Workers

Dunbar Community Center www.dunbarma.org

Martin Luther King, Jr. Family Services www.mlkjrfamilyservices.org

Contact Information Mable Sharif, Community Outreach Worker, Baystate Mason Square Neighborhood

Health Center, 11 Wilbraham Road, Springfield, MA 01109, (413) 794-9663,

mable.sharif@baystatehealth.org

Transgender Support Group

Brief Description or Objective

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 GLBTs. The confidentiality of the meeting provides a safe environment in which to address issues related to transition, such as relationships, family, spirituality and the workplace.

Program Type Support Group

Target Regions Served: County-Hampden

Population Health Indicator: Other: Cancer - Breast, Other: Cancer - Cervical, Other: Hepatitis,

Other: HIV/AIDS, Other: Sexually Transmitted Diseases

Sex: Transgender Age Group: Adult Ethnic Group: All Language: All , Spanish

Goals Statewide Priority:

Promoting Wellness of Vulnerable Populations

Goal 1

<u>Description:</u> To be a resource and support for transgender individuals and the broader

community.

Status: In progress

Goal 2

<u>Description:</u> To provide a safe space for transgender individuals and their partners to meet and provide support to each other.

Status: In progress

Partners UNITY of the Pioneer Valley

Contact Information Sandy Ortega, Social Work Advocate, Baystate Brightwood Health Center, 380 Plainfield Street, Springfield, MA 01107, (413) 794-9414, sandy.ortega@baystatehealth.org

Baystate Community Health Centers

Brief Description or Objective

Baystate Medical Center operates three Springfield-based community health centers including Baystate Brightwood Health Center, Baystate High Street Health Center (Adult and Pediatric Medicine) and Baystate Mason Square Neighborhood Health Center. Our health centers are comprehensive primary care medical practices that offer Adult and Pediatric Ambulatory Services, staffed by physicians, nurse practitioners, nurse-midwives, and many other health care professionals.

Program Type

Direct Services, Health Professional/Staff Training, Outreach to Underserved

Target Population

Regions Served: County-Hampden

Health Indicator: All

Sex: All Age Group: All Ethnic Group: All Language: All, Spanish

Goals

Statewide Priority:

- Address Unmet Health Needs of the Uninsured
- Chronic Disease Management in Disadvantaged Populations
- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparities

Goal 1

<u>Description:</u> Increase access to primary care for the underserved residents of Springfield.

Status: In progress

Partners

Not specified

Contact Information

John Koomson, Director, Baystate Health Community Health Centers, 11 Wilbraham Road, Springfield, MA 01109, (413) 794-2693/2860, john.koomson@baystatehealth.org

Baystate Regional Tuberculosis Program

Brief Description or Objective

The Tuberculosis Clinic provides TB diagnosis and treatment to patients throughout Western Massachusetts. It has been providing services for over 25 years. 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. It serves both adult and pediatric patients.

Program Type

Community Education, Direct Services, Health Screening, Outreach to Underserved,

	Prevention		
Target Population	Regions Served: County-Franklin, County-Hampden, County-Hampshire Health Indicator: Environmental Quality, Immunization, Other: Pulmonary Disease/Tuberculosis Sex: All Age Group: All Ethnic Group: All Language: All		
Goals	Statewide Priority: Chronic Disease Management in Disadvantaged Populations Reducing Health Disparities Goal 1 Description: To screen for and assist in the treatment and prevention of tuberculosis in western Massachusetts. Status: In progress		
Partners	Massachusetts Dept of Public Health - TB www.mass.gov Division		
	Local Boards of Health (Springfield, West Springfield, Agawam, Holyoke, Chicopee, Amherst, Northampton)		
	Healthcare for the Homeless www.mercycares.com		
	Springfield Dept of Health and Human Services www.springfield-ma.gov/hhs		
	Lutheran Services www.lssne.org		
Contact Information	Linda Yelinek, Practice Manager, Baystate High Street Health Center, 140 High Street, Springfield, MA 01105 (413) 794-2769, linda.yelinek@baystatehealth.org		

Indigent Pharmacy Program

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Brief Description or Objective	Prescription drug assistance for uninsured patients. Program staff assist low-income patients access free prescription medications who might not otherwise have access to necessary medications.	
Program Type	Health Coverage Subsidies or Enrollment, Outreach to Underserved	
Target Population	Regions Served: County-Hampden Health Indicator: Access to Health Care, Other: Uninsured/Underinsured Sex: All Age Group: All Ethnic Group: All Language: English, Spanish	
Goals	Statewide Priority: Address Unmet Health Needs of the Uninsured Promoting Wellness of Vulnerable Populations Reducing Health Disparities Goal 1 Description: Provide access to medications for low-income and uninsured patients. Status: In progress	
Partners	PDA USA, a non-profit organization dedicated www.pdausa.org to opening access to medications for	

low-income patients.

Contact Information

John Koomson, Director, Baystate Health Community Health Centers, 11 Wilbraham Road, Springfield, MA 01109, (413) 794-2693/2860, john.koomson@baystatehealth.org

MIGHTY (Moving, Improving and Gaining Health Together at the Y)

Brief Description or Objective

MIGHTY is community-based multi-disciplinary pediatric obesity treatment program. It 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. This program enrolls approximately 250 children per year.

Program Type

Community Education, Health Screening, Healthy Communities Partnership, Outreach to Underserved, Prevention, Support Group

Target Population

Regions Served: County-Hampden

Health Indicator: Other: Diabetes, Other: Hypertension, Other: Nutrition, Overweight and

Obesity, Physical Activity

Sex: All

Age Group: All Children Ethnic Group: All

Language: All, English, Spanish

Goals

Statewide Priority:

- Address Unmet Health Needs of the Uninsured
- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparities
- Chronic Disease Management in Disadvantage Populations

Goal 1

<u>Description:</u> 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.

Status: In progress

Partners

YMCA of Greater Springfield

www.springfieldy.org

Gardening the Community

http://gardeningthecommunity.blogspot.com/

Contact Information Chrystal Wittcopp, MD, Baystate General Pediatrics, 3300 Main Street, Springfield, MA 01107, (413) 794-7455, chrystall.wittcopp@baystatehealth.org

Library Outreach to Teach How to Find Reliable Online Sources of Health Information through Hands-On Computer Classes

Brief Description or Objective

Starting in March 2010, the Outreach Librarian met with several community groups to explore possibilities of teaching classes on how to find reliable online health information. The librarian offers her knowledge and skills and (in some cases) use of the library's computer lab. The community workers are the contacts to populations facing chronic disease and racial/ethnic disparities. The teaching is a collaborative effort of the Outreach Librarian and the community workers.

In October 2010, the Outreach Librarian partnered with Springfield City Library to launch free monthly classes held at the main library downtown. Many class participants are African American, Latino or immigrants. All are adults with low to moderate computer skills. In November 2010 and January/February 2011, the librarian partnered with a

Brightwood caseworker and a social worker from MDPH to teach classes in the Health Sciences Library to three distinct groups: Spanish-speaking case workers, Spanish-speaking parents of special needs children, and teens from Spanish-speaking homes.

The Outreach Librarian regularly attends meetings of the Medical Home Workgroup (to support parents of children with special needs) at Shriner's Hospital and the Mason Square Health Task Force (to support residents of Mason Square) at the Mason Square Veterans Outreach Center to develop new contacts and ideas for teaching additional classes.

Program Type

Community Education, Healthy Communities Partnership, Outreach to Underserved, Prevention

Target Population

Regions Served: County-Hampden, County- Hampshire, County-Franklin, County - Berkshire

Health Indicator: Other: Diabetes, Other: Hypertension, Other: Nutrition, Overweight and

Obesity, Physical Activity

Sex: All

Age Group: Adults, Seniors

Ethnic Group: All

Language: English, Spanish

Goals

Statewide Priority:

- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparities
- Chronic Disease Management in Disadvantage Populations

Goal 1

<u>Description:</u> To raise awareness of resources and services at the Baystate Health Sciences Library that are aimed at promoting health education to patients and families. Status: In progress

Goal 2

<u>Description:</u> To raise confidence levels in community members learning how to find reliable online health information.

Status: In progress

Partners

Springfield City Library

www.springfieldlibrary.org

Contact Information

Margot Malachowski, MLS, Health Sciences Library, Outreach Librarian, 759 Chestnut Street, Springfield, MA 01199, 413-794-1862, margot.malachowski@baystatehealth.org

Consumer Health Library

Brief Description or Objective

In 1998, the Consumer Health Library was established by Baystate Health. The location at 3300 Main Street, Springfield, MA was designed to offer library resources and services to patients and their families. The Consumer Health Library is open Monday-Friday from 12:00-5:00pm. Our Outreach Librarian is available by appointment during morning, evening and Saturday hours.

The Consumer Health Library is staffed by a librarian or trained library assistant to handle requests for information about health topics. The library has standard drug and medical reference books, current newsletters from Harvard, Mayo Clinic, Johns Hopkins, and UC Berkeley and free pamphlets on general health topics. Visitors have access to subscription databases through the use of two PCs and a wireless connection. Visitors look at anatomical models and medical images to gain greater understanding about anatomy and physiology.

A medical librarian performs searches for anyone interested in more detailed information on a personal health topic. Requests are taken in-person, over the phone, via email, or forwarded from the web form on http://baystatehealth.org All resources and services are offered free of charge.

Program Type

Community Education, Health Screening, Healthy Communities Partnership, Outreach to Underserved, Prevention, Support Group

Target Population

Regions Served: County-Hampden

Health Indicator: Other: Diabetes, Other: Hypertension, Other: Nutrition, Overweight and

Obesity, Physical Activity

Sex: All

Age Group: All Children

Ethnic Group: All

Language: All , English , Spanish

Goals

Statewide Priority:

- Address Unmet Health Needs of the Uninsured
- Promoting Wellness of Vulnerable Populations
- Reducing Health Disparities
- Chronic Disease Management in Disadvantage Populations

Goal 1

<u>Description:</u> To provide patients, their families and the general public free library resources and services.

Status: In progress

Goal 2

<u>Description:</u> To increase usage of Consumer Health Library; broaden awareness of Consumer Health Library throughout four counties, show a 50% increase per hour: 3 visitors; 0.45 walk-in questions; 0.03 telephone questions; 0.03 searches/Provide services to an increased number of community members, patients, their families and the general public free library resources and services.

Status: On target

Partners

Contact Information

Margot Malachowski, MLS, Health Sciences Library, Outreach Librarian, 759 Chestnut Street, Springfield, MA 01199, 413-794-1862, margot.malachowski@baystatehealth.org

Trauma and Injury Prevention

Brief Description or Objective

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. Currently there are several programs that are in development.

Program Type

Community Education, Prevention

Target Population

Regions Served: County-Hampden **Health Indicator:**

Sex: All Age Group: All Ethnic Group: All Language: English

Goals	Statewide Priority: Promoting Wellness of Vulnerable Populations Reducing Health Disparities Goal 1 Description: Develop and implement prevention programs that are based on trauma registry data, which is local data. This is to identify the pattern, frequency, and risk for injury within the community. Target adolescence and adults that are at high risk. Status: In progress		
Partners	Baystate Medical Center Behavior Health/ Neuropsychology Department	www.baystatehealth.org	
	American Foundation of Suicide Prevention	www.afsp.org	
	Elms College RN to BSN Program	www.elms.edu	
	Baystate Child Protection Team		
	Hampden County Child Fatality Review Team		
	MA Prevent Injuries Now Network	www.masspinn.org	
	Safe Kids of Western MA	www.baystatehealth.com/safekids	
	ROCA	www.rocainc.org	
	Springfield Police Department	www.springfieldpolice.net	
Contact Information	Ida Konderwicz RN, BSN,CEN, Department of Surgery, Pediatric Trauma/Injury Prevention Coordinator, 759 Chestnut Street, Springfield, MA 01199, 413 794-8982, Ida.Konderwicz@baystatehealth.org		

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2011		APPROVED PROGRAM BUDGET FOR FY 2012
COMMUNITY	Direct Expenses	\$9,109,084	
BENEFITS	Associated Expenses	\$0	*Excluding expenditures that
PROGRAMS	Determination of Need Expenditures	\$1,744,897	
	Employee Volunteerism	\$0	cannot be projected
	Other Leveraged Resources	\$4,834,475	at the time of the
	Total CB Programs	\$15,688,455	report.
NET CHARITY CARE	HSN Assessment	\$6,730,614	
	HSN Denied Claims	\$0	
	Free/Discount Care (BMLH Financial Assistance Program)	\$3,860,761	
	Total Net Charity Care	\$10,591,375	
CORPORATE SPONSORSHIPS	\$260,000		
TOTAL EXPENDITURES	\$26,539,830		
Total Revenues for FY 2011			\$809,470,344
Total Patient Care Related Expenses for 2011			\$708,600,858

OPTIONAL INFORMATION

Bad Debt: \$13,533,600 Certified: **YES**

IRS 990: \$78,108,457 2010 Tax Return