

MILFORD-WHITINSVILLE REGIONAL HOSPITAL
Milford, Massachusetts

COMMUNITY BENEFITS REPORT
Fiscal Year 2003
October 1, 2002 through September 30, 2003

I. Mission Statement

A. Summary

Milford-Whitinsville Regional Hospital (Milford Regional) is committed to providing exceptional healthcare services to our community with dignity, compassion and respect.

B. Approval of governing body

Milford Regional is a component of MWRH Corporation, which also includes Tri-County Medical Associates (TCMA), a physician group practice. The President and CEO of MWRH Corporation is Francis M. Saba. Milford Regional is governed by a Board of Trustees, whose current chairman is John A. Rauth.

II. Internal Oversight and Management of Community Benefits Program

A. Management structure

The Community Benefits Advisory Group meets twice each year to determine programs and events for the next *Wishing You Well* (bi-annual publication of community programs, classes and events). Members of the group report to senior management who report to the President/CEO. Any questions or concerns by senior management would be forwarded to the Community Benefits Coordinator either directly or through the Community Benefits Advisory Group.

B. Method for sharing information about community benefits mission/programs with staff at all levels of the institution

The Community Benefits Coordinator reports directly to the Director of PR/Marketing who shares information about community benefits programs with other managers at a monthly department manager's meeting. This meeting is facilitated by the President/CEO and is also attended by senior management. In addition, the *Wishing You Well* publication is distributed to hospital departments, both on and off-site, as well as to offices of physicians affiliated with Milford Regional. Flyers for individual events and programs are also distributed in this manner.

III. Community Health Needs Assessment

A. Process, including participants

Milford Regional is a member of and host site for Region 6 of the *Community Health Network Area* (CHNA-6). This group meets bi-monthly throughout the year to discuss healthcare issues relevant to our service area. Membership is made up of representatives from a variety of social service agencies, schools, councils on aging, area and individual town health agents and departments as well as disease prevention advocates.

In order to choose a Community Benefits Focus for fiscal year 2003, we reviewed the needs as identified by CHNA, statistical information available for our service area and evaluations and suggestions received from the community. Once identifying the increased incidence of obesity as an important issue/concern in our area, the Community Benefits Coordinator met with hospital staff to plan programs. The resulted in a further narrowing of focus and choosing of specific areas to address. Needs identified were nutrition and exercise programs for both adults and children.

B. Information Sources

After identifying the increase in obesity as a possible Community Benefits focus, research was done to find the statistical relevance of the topic for our service area. Through sources such as the Massachusetts Department of Public Health, newspapers, journals and appropriate websites, ample information was available to support this topic as our 2003 focus. Clearly, there was enough evidence that in choosing this focus, we could have the opportunity to offer relevant programs designed to suit the needs of our service area.

C. Summary of Findings

A Massachusetts Department of Public Health (MDPH) study released in 2002 concluded that more than half of all Massachusetts residents are overweight or obese. (Overweight is defined as pertaining to adults with a Body Mass Index [BMI] of 25 to 29.9. Obese is defined as adults with a BMI of 30 or over.) According to the study, of those considered to be overweight (52% of the state's adult population) 17% of these were classified as being obese. Although Massachusetts has the fourth lowest level out of all 50 states, the percentage of overweight adults has increased significantly since 1990 when 40% of the state's adults were classified as overweight. The increased incidence of obesity has been linked to an increase in a variety of illnesses and diseases, such as heart disease, diabetes, hypertension and cancer, with one study estimating that \$93 billion is spent annually on treating the health problems of overweight Americans. 300,000 people die each year due to obesity-related causes, making it the second leading cause of death after smoking.

(According to a recent study published in the New England Journal of Medicine, excess weight accounts for 14% of all male cancer deaths in this country and 20% of all female cancer deaths. This may be due from a combination of more difficult diagnosis, more complicated surgeries and the fact that obese people are more prone to other disorders that raise the risks of cancer.)

Even though Americans spend more than \$33 billion each year on weight-loss products and services, there seems to be no end in sight to the increased incidence of obesity and the costs to us, regardless of whether we are personally affected. According to MDPH Commissioner, Dr. Howard Koh, “Obesity is a preventable epidemic. It erodes our quality of life, causes death and illness and places an enormous financial burden on our health care system.”

IV. Community Participation

A. Process and mechanism

Through our Community Education programs, we are always looking to find new ways to encourage participation from members of our community. Each program is evaluated by the participants and suggestions reviewed. As a result, some programs are adjusted, some are eliminated, and new programs developed. In addition, the Community Benefits Coordinator welcomes direct contact from members of the community who would like to offer their services to suggest or help develop new programs.

B. Identification of community participants

In addition to our CHNA-6 affiliation, Milford Regional also partnered with local community agencies (such as Wayside Youth and Family Support Network) and community vendors, (such as Whole Food Market). Also, as stated above, close attention is paid to program evaluations and suggestions. As a result, every person who attends a community program at Milford Regional can be identified as a community participant.

C. Community role in development, implementation and review of community benefits plan and annual reports

The community’s role in development, implementation and review of our community benefits plan is primarily, but not limited to our solicitation of their evaluation of our programs and classes. This, combined with our partnerships with CHNA-6 and other community groups provide us with a direction in which to focus our efforts. We welcome comments from the community and are always willing to listen to suggestions to help improve our programming and benefits to the community.

V. Community Benefits Plan

A. Process of development of the Plan

A review of the needs of our service area, as received through various methods of feedback is an on-going process and is key to the development of the Community Benefits Plan. We also look to specific health statistics for towns in our service area when determining the Plan. We will continue to partner with community groups, such as CHNA as well as respond to the needs of our community through written and verbal feedback.

B. Choice of target population(s)/identification of priorities, including an explanation of how these relate to the results of the community needs assessment

Based on our community needs assessment, our target population for the FY 2003 was determined to be adults of our service area. Our programs were designed to appeal to those with a concern about the growing trends towards obesity, either for themselves or their families. According to results obtained from the Behavioral Risk Factor Surveillance System (1994-1999) prepared for CHNA-6, 25.8% in the CHNA-6 service area are overweight. In order to also address the increased incidence of obesity in children, we offered several programs for adults looking for more information specifically on this topic. Our programs are offered during evening hours to accommodate the needs of working adults. In order to offer a variety of programs that address the increased incidence of obesity in our service area, our FY2003 Community Benefits focus is ***Developing Healthy Eating and Exercise Habits***. Within the framework of this topic, we are able to offer different programs, lectures and workshops.

C. Short-term and long-term strategies and goals

For fiscal year 2003, our immediate goal was to provide a variety of programs aimed at giving participants the opportunity to learn more about a variety of issues designed to encourage them to make changes to help them and their families develop and learn positive eating and exercise habits. For the long term, we will continue to offer nutrition workshops and lectures as well as exercise and other wellness programs. As always, we will respond to suggestions from the community to provide programs with topics relevant to their requests while also addressing current trends.

D. Process for measuring outcomes and evaluating effectiveness of programs

As stated previously, each program includes a participant evaluation whereby attendees can rate the program, make suggestions to improve the program and tell us what other types of programs we should offer at Milford Regional.

The evaluations are reviewed with both the instructors and the Community Benefits Advisory Committee at meetings to discuss future community programs.

E. Process and considerations for determining a budget

Milford Regional is a non-profit institution. As such, its community programs are self-supporting and rely mainly on minimal program fees to provide for payments to instructors, refreshments, books, tapes and other ancillary needs. Many programs (including all lectures) are provided free of charge and our fees for many community “wellness” programs are well below the cost for similar programs in our service area. Our goal is not to make a profit, but to offer our programs to members of our community at an affordable cost. Consequently, many programs attract participants from beyond our 19-town service area.

F. Process for reviewing, evaluating and updating the Plan

Although the Community Benefits Plan is formulated yearly, it is evaluated approximately halfway through the fiscal year, then at the conclusion of it. This coincides with the planning and distribution of the hospital’s *Wishing You Well* publication (the primary promotional tool for community programs, including lectures, classes, and free screenings). The Community Benefits Coordinator reports to the Advisory Committee concerning the programs offered during the first half. If necessary, changes are made to the Plan as warranted by program evaluations, attendance, etc. These include planning lectures and programs for the second half of the fiscal year.

Programs offered in the first half of the fiscal year are featured in the Fall edition of *Wishing You Well*. Programs offered in the second half of the year are featured in the Winter-Spring edition. 50,000 copies of *Wishing You Well* are distributed, primarily through local newspapers.

I. Progress Report: Activity During Reporting Year

A. Expenditures

The approved Health Awareness/Community Benefits budget for fiscal year 2003 was \$30,328. Of this amount, \$13,755, or 43.35% of the total budget was earmarked for programs related to our Community Benefits Plan. The remaining 54.65%, or \$16,573, was budgeted for Community Service Programs. These amounts do not include the salaries of the Community Benefits Coordinator, but do include salaries for program instructors. It also does not include \$3,339 that is the estimated value of hospital employee time devoted to presenting free workshops and programs. These salaries are paid to those employees through their hospital departments. (This amount is included the 2003 Direct Expense for Community Benefits Programs.)

At this point, we do not track monetary amounts for Associated Expenses, Employee Volunteerism, Other Leveraged Resources or Corporate Sponsorship. Our net charity amount for fiscal year 2003 is \$3,244,891. Total patient care-related expenses are \$95,383,682.

COMMUNITY BENEFIT EXPENDITURES (related to the whole report)

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2003	APPROVED PROGRAM BUDGET FOR YEAR 2004
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses: \$17,094 (2) Associated Expenses: Not Available (3) Determination of Need Expenditures: \$323,000 (4) Employee Volunteerism: Not Available (5) Other Leveraged Resources: Not Available	\$33,503 *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses: \$16,573 (2) Associated Expenses: Not Available (3) Determination of Need Expenditures: \$0 (4) Employee Volunteerism: Not Available (5) Other Leveraged Resources: Not Available	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION	\$3,244,891	
CORPORATE SPONSORSHIPS	Not Available	
	TOTAL \$3,601,558	

TOTAL PATIENT CARE-RELATED EXPENSES FOR FISCAL YEAR 2003: \$95,383,682

A. Major programs and initiatives

For Fiscal Year, 2003, our major programs offered residents of our service area the opportunity to explore ways in which they can develop healthier eating and exercise habits. In addition to programs offered at Milford Regional, our Speaker's Bureau provides speakers to community groups. Nutrition topics are frequently requested from this service and the hospital's registered dietitians accommodate the requests as needed.

Two other major Community initiatives that are supported by Milford Regional are the School-Based Health Clinic, which provides medical care to students at

one local high school and employee volunteer participation in a free-care clinic located within the Blackstone Valley region.

B. Notable challenges, accomplishments and outcomes

A highlight of our Community Benefits Plan for fiscal year 2003 was our Lecture Series. In our Fall 2002 series, we offered *Ask the Dietitian*, *Try It, You'll Like It*, and *Low-Fat Holiday Cooking*. These free programs gave participants the opportunity to learn more about nutrition, try substitutes for high-fat foods and turn their holiday recipes into lower-fat versions. (*Try It, You'll Like It* was presented in partnership with Whole Foods Market.) Our Winter-Spring 2003 Lecture Series included *Get Moving*, *Obesity in Children*, and *Healthy Eating for Kids*. These lectures were well attended and led to the development of new programs. One program, *Healthy Eating for Kids* was repeated in FY2004. Two other popular nutrition programs were offered twice in FY2003: *DASH Diet* and *Losing Weight the Healthy Way*.

Our exercise and wellness programs expanded in FY2003 with the addition of a beginner's Pilate's class and subsequent intermediate class. We continue to offer 10-week Yoga and T'ai Chi sessions (offered year-round) and an 8-week Senior Exercise program (offered three times each year). We also offer an 8-week T'ai Chi for Arthritis program that is taught by a member of our staff who is certified to teach this particular form of t'ai chi. Our four-part program, *A Powerful Combination: Kick Boxing, Good Nutrition and More* was offered in both Fall 2002 and Winter-Spring 2003. This program for kids ages 11 to 18 included exercise and nutrition components.

A review of these programs at the close of FY2003 resulted in removing two programs, *Losing Weight the Healthy Way* and *A Powerful Combination: Kick Boxing, Good Nutrition and More*. While these programs had been extremely popular in the past, registrations had fallen off and the decision was made to retire them. In order to address the current "fad" of low-carbohydrate dieting, we added a lecture, *Making Sense of Low-Carb Diets* for Spring, 2004. As The Center for Adolescent Health at Milford Regional (a Tri-County Medical Associates practice) has expanded, several programs for adolescents have begun. These include *Fit for Life*, *Girl Power*, *Yoga and Mindfulness* and *Mindful Eating for Eating Disorders*. These are offered to adolescents in our service area and are not restricted to those who use the services of the medical staff at the practice.

VII. Next Reporting Year

A. Approved budget/projected expenditures

The approved Health Awareness/Community Benefits budget for fiscal year 2004 is \$33,503. This does not include the salary of the Community Benefits Coordinator or newspaper advertising provided for selected events. These are included in the PR/Marketing budget.

B. Anticipated goals and program initiatives

For fiscal year 2004, Milford Regional has chosen *Women's Health Issues* as the focus of its Community Benefits Plan. We have been offering the community a comprehensive package of programs and events related to this focus. This includes free lectures and a possible collaboration with an outside agency to offer a smoking cessation program for women. Our goal with these programs is to offer pertinent and timely information to women on a variety of health-related topics.

A new evening Weight Loss/Nutrition Support Group begins in April, 2004. This will be facilitated by Milford Regional Registered Dietitians and will be for those struggling with weight loss or for those with basic nutrition questions. This group is free and will meet twice each month.

In March, 2004, CHNA-6 is presenting a one-day conference, *What's Eating You? Moods, Foods and Lifestyle Changes*. The funding for the conference was provided through Milford Regional's Determination of Need (DoN). The hospital, as a member of CHNA-6 has taken a role in the planning and implementing of the conference. The conference is free and open to members of CHNA and other interested community partners and participants.

In addition, we will continue to offer a diverse selection of nutrition, exercise and wellness programs.

C. Projected outcomes

To date, our nutrition and exercise lectures and programs have been very successful with attendance at each program above the average of past programs. In addition, participant evaluations have been very positive. A highlight of our initiative for this year is an upcoming free lecture, *The Heart Truth: Women and Heart Disease* scheduled for May 26, 2004. This program will be presented by Kathleen Waldron, MSN, RNC, supervisor of the Cardiac Rehab Center at Milford Regional. Other spring 2004 lectures are *Making Sense of Low-Carb Diets* and *Is it Hot in Here or is it Just Me? ...Practical Pointers for Perimenopause*. We anticipate these free programs to be successful, as well.

VII. Contact Information

Debra J. Hyder
Community Benefits Coordinator - PR/Marketing
Milford-Whitinsville Regional Hospital
14 Prospect Street
Milford, MA 01757
(508) 422-2206 email: dhyder@milreg.org

