

MILFORD REGIONAL MEDICAL CENTER
Milford, Massachusetts

COMMUNITY BENEFITS REPORT

Fiscal Year 2004

October 1, 2003 through September 30, 2004

I. Mission Statement

A. Summary

Milford Regional Medical Center (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 Milford Regional Healthcare System, Inc., which also includes Tri-County Medical Associates (TCMA), a physician group practice. The President and CEO of Milford Regional Healthcare System, Inc. is Francis M. Saba. A Board of Trustees, whose current chairman is John A. Rauth, governs Milford Regional.

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 2004, 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 issue and concerns brought forth, the Community Benefits Coordinator met with hospital staff to plan programs. This resulted in a further narrowing of focus and choosing of specific areas to address. Needs identified were women's health issues and the availability of wellness and nutrition programs. There continues to be a need to address the incidence of obesity and offer nutrition programs specific to this concern. One important women's health issue addressed in 2004 was women and heart disease, of which obesity is a major risk factor.

B. Information Sources

After identifying women's health issues 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 American Heart Association, Massachusetts Department of Public Health, newspapers, journals and appropriate websites, ample information was available to support this topic as our 2004 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

According to the American Heart Association, more than 41% of all female deaths in the United States each year are the result of cardiovascular disease. Including heart disease and stroke, cardiovascular disease kills more women than the next seven causes of death combined. 64% of women who die suddenly of coronary heart disease had no previous symptoms. (This may be partially contributed to the fact that heart attack symptoms in women can be very different than those in men.) Risk Factors include smoking, high blood pressure, high

cholesterol, obesity, diabetes and physical inactivity. According to data included in *A Profile of Health Among Massachusetts Adults, 2003*, published by the Massachusetts Department of Public Health, 7% of the adult female population in Massachusetts reported that they had been told by a health professional that they have heart disease. 31% reported being told their cholesterol was high, 23% were told they had high blood pressure and 6% had been told that they had diabetes. 43% are classified as being overweight. (“Overweight” is defined as pertaining to adults as those with a Body Mass Index [BMI] of 25 to 29.9.) 18% identify themselves as smokers and 52% report regular physical activity. According to the National Center on Health Statistics, nationally, when compared to men, more women will die within one year of a recognized heart attack and more will have another heart attack within six years. In spite of these facts, fewer women than men receive angioplasties, bypass surgeries and implantable defibrillators. Women comprise only 25% of participants in all heart-related research studies.

Other important issues for women continue to include prevention and detection of cancer, the hormone replacement debate and keeping informed about nutrition, new medicines and medical treatments.

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 community agencies (such as the American Cancer Society and Wayside Youth and Family Support Network) local physicians 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, provides 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 2004 was determined to be adult women of our service area. Our programs were designed to appeal to those with a concern about gender-specific issues (such as breast cancer, hormone replacement therapy and menopause, as well as to those broader issues that effect both women and men (such as heart disease and nutrition/weight concerns.) While participants are often looking for information for their own use, many times they are looking to gain a greater knowledge of conditions affecting their families or friends. According to results obtained from the Behavioral Risk Factor Surveillance System (1994-1999) prepared for Community Partners for Health, CHNA-6, 25.6% in the CHNA-6 Milford service area are overweight, 23.9 are current smokers, 18.7 have been told they have high blood pressure and 29.5 have high cholesterol. 74.8 had a mammogram within two years of the survey and 88% had a Pap smear within three years.

Our programs are offered during evening hours to accommodate the needs of working adults. Our FY2004 Community Benefits focus is ***Women's Health Issues***. In order to offer a variety of programs that address this focus, we looked to multiple areas identified in our Community Health Assessments, including women and heart disease, cancer, nutrition and wellness programming. Within the framework of our topic, we are able to offer different programs, lectures and workshops.

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

For fiscal year 2004, our immediate goal was to provide a variety of programs aimed at giving participants the opportunity to learn more about a variety of issues related not only to our focus, but also to helping participants make healthy

diet and exercise choices and live with chronic medical conditions (such as diabetes, celiac disease and cancer.) For the long term, we will continue to offer nutrition and diabetes workshops and programs, free lectures and 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 suggest 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 2004 was \$33,503. Of this amount, \$18,145, or 54.16% of the total budget was earmarked for programs related to our Community Benefits Plan. The remaining 45.84%, or \$15,358, was budgeted for Community Service Programs. These amounts do not include the salary of the Community Benefits Coordinator, but do include salaries for program instructors. It also does not include \$3,843 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 2004 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 2004 was \$3,006,174. Total patient care-related expenses were \$101,704,523.

COMMUNITY BENEFIT EXPENDITURES *(related to the whole report)*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2004	APPROVED PROGRAM BUDGET FOR YEAR 2005
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses: \$21,988 (2) Associated Expenses: Not Available (3) Determination of Need Expenditures: \$49,126 (4) Employee Volunteerism: Not Available (5) Other Leveraged Resources: Not Available	\$36,227 *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses: \$15,358 (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	\$3,006,174	
CORPORATE SPONSORSHIPS	Not Available	
	TOTAL \$3,092,646	

TOTAL PATIENT CARE-RELATED EXPENSES FOR FISCAL YEAR 2004: \$101,704,523

A. Major programs and initiatives

For fiscal year 2004, our major programs offered residents of our service area the opportunity to learn more about health issues that effect women. 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 2004 was our Lecture Series. In our Fall 2003 series, we offered *Why Can't I Get Pregnant, Nine Months and More: Taking Care of Mom and Baby Through a High-Risk Pregnancy* and *Is Hormone Replacement Therapy Safe and What are the Alternatives?* These free programs gave participants the opportunity to learn more about these specific issues and Milford Regional services related to them. Our Winter-Spring 2003 Lecture Series included *Making Sense of Low-Carb Diets, Is it Hot in Here or is it Just Me? Practical Pointers for Perimenopause and The Heart Truth: Women and Heart Disease*. These programs were well-attended and led to the development of additional programs in FY2005. One program, *How to Assess Fad Diets* was offered in response to current diet fads. Two other popular nutrition programs were repeated in FY2005: *DASH Diet* and *Supermarket Smarts!* Another new nutrition program, *The Obesity Epidemic* was also offered in FY2005.

Our exercise and wellness programs expanded in FY2004 with the addition of an *Intermediate Kundalini Yoga* class and a 10-week program, *Meditation for Stress Reduction*. We continue to offer 10-week *Yoga, Pilates and T'ai Chi* sessions (offered year-round) and an 8-week senior exercise program (offered three times each year). We also offered 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.

We are continually reviewing our community programs. Popular programs are repeated while others may be revised or expanded to expand topics and concerns.

A review of these programs at the close of FY2004 resulted in removing two programs, *T'ai Chi for Arthritis* and the weight loss support group. Since Milford Regional offers a comprehensive outpatient nutrition program, the support group attendance was affected by the fact that many preferred to pursue one-on-one counseling, rather than the group setting offered by a support group.

The Center for Adolescent Health at Milford Regional (a Tri-County Medical Associates practice) continues to offer several programs for adolescents. These include *Project Change*, *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. Funding for *Project Change* continues to be provided by a grant from CHNA-6.

In March, 2004, CHNA-6 presented 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 a key role in the planning and implementing of the conference. The conference was free and open to members of CHNA and other interested community partners and participants.

VII. Next Reporting Year

A. Approved budget/projected expenditures

The approved Health Awareness/Community Benefits budget for fiscal year 2005 is \$36,227. 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 2005, Milford Regional has chosen *Facing the Golden Years* 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 (*Caregiver Crisis - How to Get the Help you Need* and *Facing the Unexpected - Are You Ready? and Is it Alzheimer's? Is it Aging?*) and collaboration with outside agencies and providers. Our goal with these programs is to offer pertinent and timely information to seniors and their families on a variety of health-related, legal and support-centered topics.

A new nutrition series for fiscal year 2005 focuses on Celiac Disease and Diet. Spring, 2005 programs are *Introduction to the Gluten-Free Diet*, *Bread Making for those on a Gluten-Free Diet* and *Celiac Disease and the College Bound Student*. Response to these programs has been excellent and we anticipate making nutrition programs for those with Celiac Disease a regular part of our program offerings. In addition, we will continue to offer a diverse selection of other nutrition programs, as well as exercise and wellness programs.

C. Projected outcomes

To date, our lectures and programs have been very successful with good attendance. In addition, participant evaluations have been very positive. A highlight of our initiative for this year is an upcoming free lecture, *Preventing Heart Disease* scheduled for March 9, 2005. Jennifer Childs-Roshak, MD, will present this program. Dr. Childs-Roshak is a physician on the staff at Milford Regional and practices family medicine at Blackstone Valley Family Physicians. Other lectures scheduled include *As the World Stresses...Tips to Health and Eat Well-Be Fit!* All presenters are employees of Milford Regional or one of the hospital's affiliated groups and volunteer their time and expertise. Lectures are advertised in Milford Regional's *Wishing You Well* community education newsletter, on the hospital's website and in paid advertising in local newspapers.

VII. Contact Information

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