Community Health Needs Assessment

2018 FINAL SUMMARY REPORT

Milford Regional Medical Center

SUBMITTED BY

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in October 2017, Milford Regional Medical Center (MRMC) undertook a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in its twenty-town service area in Massachusetts. The service area includes Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopkinton, Hopedale, Medway, Mendon, Milford, Millville, Millis, Medfield, Norfolk, Northbridge (including Whitinsville), Upton, Uxbridge, and Wrentham. The aim of the assessment is to reinforce Milford Regional Medical Center's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators, focusing on mental health/substance abuse, senior support issues, access to care, and overweight/obesity. Milford Regional Medical Center contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute this project.

The completion of the CHNA enabled Milford Regional Medical Center to take an in-depth look at its community. The findings from the assessment were utilized by Milford Regional Medical Center to prioritize public health issues and develop a strategic implementation plan focused on meeting community needs. Milford Regional Medical Center is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Key Informant Survey

Previous Community Health Assessment (CHA)

Milford Regional Medical Center conducted a comprehensive Community Health Assessment (CHA) in 2015 to evaluate the health needs of individuals living in its twenty-town service area in Central Massachusetts. The assessment specifically focused on the communities of Bellingham, Blackstone, Douglas, Franklin, Hopedale, Medway, Mendon, Milford, Northbridge-Whitinsville, Sutton, Upton, and Uxbridge. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped MRMC identify health issues and develop a strategic implementation plan to improve the health of the surrounding community. A CHNA and CHA both evaluate the health needs of a community, and the terminology will be used interchangeably throughout the report.

Prioritized Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Milford Regional Medical Center plans to continue its community health improvement efforts focused on the following health priorities that were originally identified in the 2015 CHA:

- Behavioral Health and Substance Abuse Prevention
- Health Care Access
- Health Promotion and Chronic Disease Prevention
- Violence Prevention

A summary of major outcomes from the 2015 priority areas are included below. Few outcomes were cited by MRMC in the Violence Prevention priority area since 2015. While Violence Prevention was a focus in the broader community, MRMC played more of a direct role over the past three years in the other three priority areas. However, MRMC plans to play bigger role in the Violence Prevention priority area over the next three years.

Behavioral Health and Substance Abuse Prevention

- The Substance Abuse Task Force is following MHA recommendations for opioid prescribing practices and requirements for hospital Emergency Departments (EDs) and implementing prevention and education to help combat the opioid epidemic. Standing orders have been written by the ED physicians for Narcan at the local pharmacies. The Task Force is examining resources in the ED and addressing the need for treatment, recovery, and support for patients and their families.
- A Mental Health Roundtable to discuss barriers to mental health parity was organized by the Office of Joseph Kennedy III and was hosted by MRMC on May 3, 2016. The discussion included key community leaders from Riverside Community Care, Health Care for All, Wayside Inc., Edward M. Kennedy Community Health Center, and Community Impact, Inc.
- Staff has been expanded in the ED to include Behavioral Health Nurses, Patient Safety Assistants, and Clinical Social Workers.
- Behavioral Health has been integrated at area primary care practices. Five Tri-County Medical Associates (TCMA), now known as Milford Regional Physician Group, are integrating/co-locating behavioral health. TCMA also hired its first 2 social workers.
- An average of 423 students receive mental health services annually at the school-based health center at Blackstone Valley Regional Technical High School. This included 551 in school year 2013-2014, 223 in 2014-2015, and 496 in 2015-2016.
- Yourteen.org, a resource for parents in the Greater Milford area, had 3,291 users in FY 2016. Between Sept. 2014 and Oct. 2015 there were 2,665 users and 5,484 page views of the website.

Health Care Access

- The insurance enrollment target was 220 per year according to the last Strategic Implementation Plan (SIP).
    - In FY 2015, 800 patients received enrollment assistance from MRMC Patient Accounts.
    - In FY 2016, 479 applications were processed by CACs at Milford Regional Medical Center.
- Outreach is being conducted in the ED.
    - Between March 2014 and December 2015, 3,961 patients were referred from the ED to Edward M. Kennedy Community Health Center.
    - In FY 2016, 2,579 referrals were made to primary care providers
- Through work with CHNA 6, a Transportation Bus Loop was established. This is a fixed loop bus route with stops strategically placed near doctor's offices, medical clinics, and MRMC, as well as grocery stores and business districts.
- The Blackstone Valley Free Medical Clinic saw a decline in patients needing free care from 747 patients in 2002 to approximately 12 patients before closing in 2014.

Health Promotion and Chronic Disease Prevention

- More than 30 community educational programs were held in FY 2016. Some of these included wellness programs, nutrition programs, cancer prevention and support, educational lectures, diabetes education, and various support groups.
- Living Well Luncheons were held at the Milford Senior Center 5 times a year.
- MRMC has been working with Dana Farber Cancer Committee to introduce a tobacco education program (smoking cessation) to fulfill hospital accreditation requirements and requirements for the Lung Screening Program. In addition, inpatient Mass Health reimbursement requires counseling in tobacco cessation. Two clinical staff members at Dana Farber have been trained in tobacco education with support from the Oliva Fund through the MRMC Foundation Office.
- A youth fitness program was launched at the Milford Youth Center in spring 2017 starting with a free CrossFit for Kids program. The program is free to all middle-school and high school students enrolled in the After School program at the Milford Youth Center. A six-week CrossFit session was followed by a six-week yoga class. The pilot program was so successful that Kids Zumba was added in spring 2018.
- The Rethink Your Drink campaign was established to decrease the consumption of sugared beverages between 2012 and 2015.
- In summer 2016, more than 70 volunteer hours were provided by 28 MRMC employees at the Summer Food Service Program in Milford for children and their caregivers. This program targets the 44% of kids in Milford eligible for free and reduced lunch during the school year.

A full description of outcomes can be found in Appendix C.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Milford Regional Medical Center, Inc. is a comprehensive healthcare system that is comprised of the Medical Center, Milford Regional Physician Group, Inc., and Milford Regional Healthcare Foundation. The Medical Center is located in Milford, MA. A full-service, community and regional teaching hospital, Milford Regional is a 145-bed, nonprofit, acute-care facility serving a region of 20-plus towns. There are over 300 primary care and specialty physicians on the medical staff who are skilled in the most advanced procedures and technology and provide personalized patient care in a warm and caring environment.

In 2014, Milford Regional broke ground on a new 78,000 square foot building that houses a new emergency department, intensive care unit, and private patient rooms. The emergency department increased from 30 to 52 beds and doubled in size to 30,000 square feet. The intensive care unit grew from 4,600 to 13,000 square feet. A new telemetry floor with 24 private patient rooms will allow the hospital to convert multi-patient rooms in other areas to private without reducing capacity. Additionally, patients benefit from Milford Regional's patient care center, which includes 8 state-of-the-art operating suites, consolidated surgical services, and a medical/surgical floor with private rooms. The Maternity Center offers home-like labor, delivery, recovery, postpartum (LDRP) rooms. Plus, Milford Regional's 54,000 square foot Cancer Center provides comprehensive cancer services from the world-renowned Dana-Farber/Brigham and Women's Cancer Center.

Milford Regional Medical Center's mission statement:

"Milford Regional Medical Center is committed to providing exceptional healthcare services to our community with dignity, compassion, and respect."

Methodology

Based on feedback from community partners, Milford Regional Medical Center plans to continue its community health improvement efforts focused on the following health priorities that were originally identified in the 2015 CHA:

- Behavioral Health and Substance Abuse Prevention
- Health Care Access
- Health Promotion and Chronic Disease Prevention
- Violence Prevention

Therefore, the CHNA focuses on more in depth research surrounding those particular priorities. The CHNA is comprised of both quantitative and qualitative research components. A Key Informant Survey was conducted with a total of 151 key informants between January and February 2018. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Questions were focused around behavioral health and substance abuse, health care access, health promotion and chronic disease, and violence. Information from the 2015 CHA is also incorporated throughout the report as an additional reference point.

Research Partner

Milford Regional Medical Center contracted with Holleran, an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has 25 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected, analyzed, and interpreted data from key informant interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Milford Regional Medical Center sought community input through key informant surveys with community leaders and partners, and inclusion of community leaders in the implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues. Leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. The key informant surveys were used as the primary data source in this report. The key informant research specifically focused on the four priority areas identified in Milford Regional Medical Center's 2015 CHA in an effort to better understand needs surrounding these areas of focus. However, information from the 2015 CHA is also included in the report. Although dated, this information will help create a more complete picture of community needs.

Additionally, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Milford Regional Medical Center sought input from a variety of stakeholders by including those who represent diverse and underserved populations throughout all research components.

Prioritization of Needs

Following the completion of the CHNA research, Milford Regional Medical Center prioritized community health issues in collaboration with community leaders and partners, and developed an implementation plan to address prioritized community needs.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

I. Socio-Demographic Overview

The following section presents an overview of demographics for the service area, which were outlined in the 2015 Milford Regional Medical Center (MRMC) Community Health Assessment. The primary source of demographic data in the 2015 CHA was 2009 – 2013 U.S. Census data.

According to 2009 – 2013 U.S. Census data, the MRMC primary service area had a higher proportion of those under the age of 18 when compared to the state. The percent of individuals under the age of 18 ranged from the highest in Franklin at 27.4% to the lowest in Bellingham at 22.0%. In comparison, the percent of the population under the age of 18 in the state was 21.3%. Additionally, there was an increase in adults age 65 and older in nearly every city/town in the primary service area from 2000 to 2010. The only location that saw a decrease was Hopedale.

Based on 2009 – 2013 U.S. Census data, the population in the primary service area was predominantly White. The proportion of the White population was over 90% across the majority of locations. The White population percent in Milford was the lowest of all locations (81.6%), but still higher than the state average of 75.7%. The percentage of the population who speak a language other than English varied by location. Milford had the highest proportion at 26.1% and was the only location with a percent higher than the state (21.9%). Uxbridge had the lowest proportion of those that speak a language other than English at home (3.8%). The other languages most commonly spoken in Milford were Portuguese and Spanish.

Household income and poverty are both important social determinants of health. The 2009 – 2013 U.S. Census data showed that both household income and poverty varied by location. Income was highest in Medway ($106,132) and lowest in Northbridge-Whitinsville ($66,541). The median household income across nearly all locations was higher when compared to the state ($66,866). Only Northbridge-Whitinsville ($66,541) and Milford ($66,636) had lower incomes than the state, but comparisons are similar. Additionally, the percent of families below poverty level was lower in nearly all locations when compared to the state (8.1%). Only Milford had a percentage higher than the state (8.4%). The lowest percentage was in Bellingham with only 1.0% of families below poverty level.

Lastly, 2009 – 2013 U.S. Census data also showed that education varied by location. For adult residents age 25 and older, the percentage of those with a bachelor's degree or higher was 39.4% across the state. This percentage was higher than the state average in four locations including Franklin (50.5%), Medway (50.0%), Mendon (47.3%), and Hopedale (42.1%). The lowest percentage was in Blackstone with only 27.7% of adults with a bachelor's degree or higher.

II. Key Informant Findings

Key informants were invited to participate in a survey to gather a combination of quantitative ratings and qualitative feedback through closed and open-ended questions. The survey included questions pertaining to overall key health issues impacting the community as well as focused questions on behavioral health and substance abuse prevention, health care access, health promotion and chronic disease prevention, and violence prevention. Key informants are defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Data from the 2015 Milford Regional Medical Center Community Health Assessment is provided throughout the key informant findings to create a more comprehensive understanding of community needs in the four priority areas.

Holleran staff worked closely with Milford Regional Medical Center to identify key informant participants. A total of 151 key informants completed the survey between January and February 2018. The largest percentage of informants were affiliated with Health Care/Public Health Organizations (28.5%), followed by Education/Youth Services (18.2%), Non-Profit/Social Services/Aging Services (10.9%) and Government/Housing/Transportation (10.2%). Additional affiliations mentioned in the "Other" category included Emergency Services, such as Law Enforcement and Fire Department, as well as Employment Services and Legal. A full list of key informants and their affiliations can be found in Appendix B. It is important to note that the results reflect the perceptions of some community leaders, but may not represent all community perspectives.

Key Health Issues

Key informants were asked to rank the 5 most pressing health issues in their community from a list of 13 focus areas identified in the survey. The issues of substance abuse/alcohol abuse, mental health/suicide, overweight/obesity, access to care/uninsured, and cancer were ranked as the top five health issues. Key informants also mentioned several additional topics as "Other" key health issues. These additional topics included autism spectrum disorders, bullying, dementia/Alzheimer's disease, issues concerning the elderly (in-home services, health literacy, health care and treatment), food insecurity, homelessness, housing, poverty, respiratory issues, social wellness, and vaping.

The top health issues identified by key informants coincide with those identified by residents through the Greater Milford Community Health Assessment Survey in the 2015 CHA. The key health concerns identified in 2015 were alcohol or substance use or abuse, access to health care, mental health issues, chronic disease, and overweight or obesity.

Figure 1 on the following page depicts the percentage of key informants who ranked the five most common health issues as a concern in their community. In addition, Table 1 on the following page summarizes the number of times an issue was mentioned and the percentage of respondents that rated the issue as being one of the top five health issues in their community.

Figure 1. Ranking of Top Five Key Health Issues

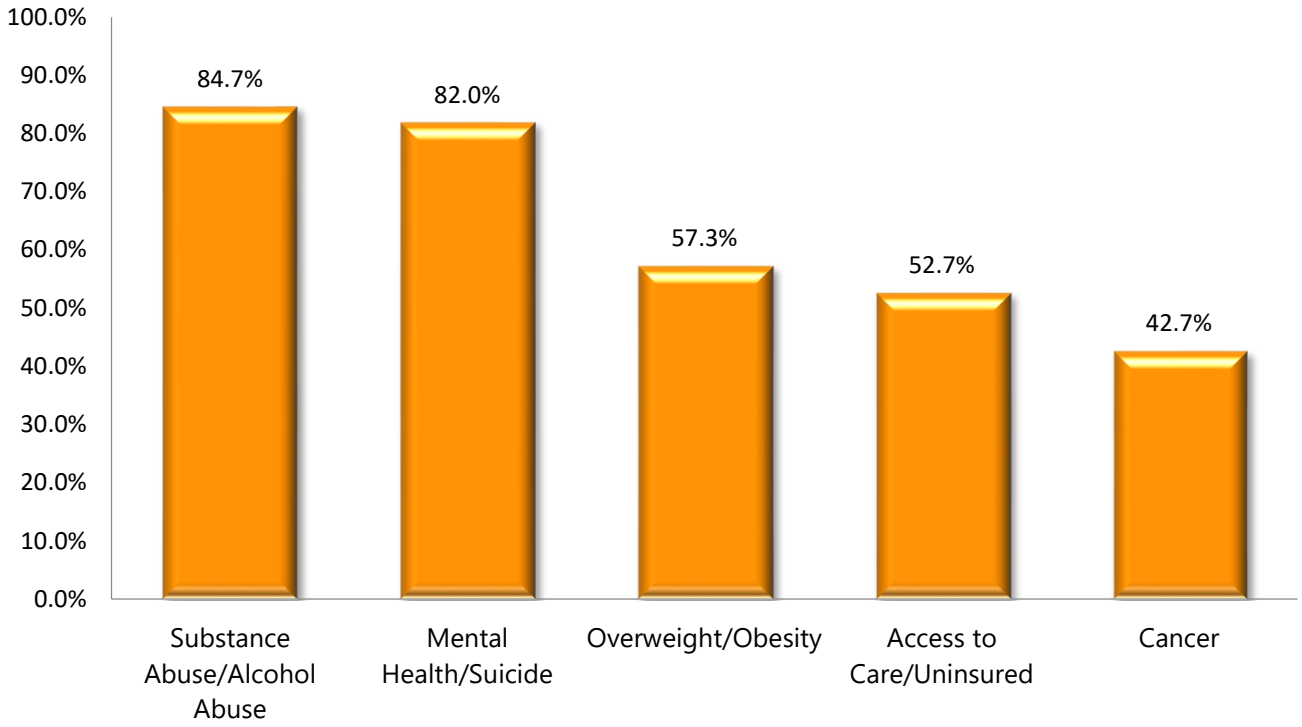


Table 1: Ranking of the Most Pressing Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Substance Abuse/Alcohol Abuse	127	84.7%
Mental Health/Suicide	123	82.0%
Overweight/Obesity	86	57.3%
Access to Care/Uninsured	79	52.7%
Cancer	64	42.7%
Heart Disease	59	39.3%
Diabetes	57	38.0%
Dental Health	25	16.7%
Tobacco	24	16.0%
Other	22	14.7%
Violence	20	13.3%
Maternal/Infant Health	14	9.3%
Stroke	10	6.7%
Sexually Transmitted Diseases	1	0.7%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Respondents were also asked of those health issues mentioned, which one issue was the most significant. Mental health/suicide was selected as the most significant issue by approximately 32% of key informants. This was closely followed by substance abuse/alcohol abuse, which was selected by nearly 26% of key informants. About 12% and 11% of key informants selected cancer and access to care/uninsured as the two other top most significant health issues in the community, respectively.

Table 2: Most Significant Health Issue

Key Health Issue	Percent of respondents who selected the issue as most significant
Mental Health/Suicide	31.5%
Substance Abuse/Alcohol Abuse	25.5%
Cancer	12.1%
Access to Care/Uninsured	10.7%
Overweight/Obesity	6.7%
Heart Disease	4.7%
Other	4.0%
Maternal/Infant Health	2.0%
Diabetes	1.3%
Dental Health	0.7%
Tobacco	0.7%

Respondents shared additional information about these issues and their reasoning for ranking them this way. Many key informants expressed concern about mental health issues in the community. In particular, mental health issues, such as anxiety and depression, are becoming more prevalent in the youth population. Key informants felt there are limited mental health providers in the area in general but especially noted the gap in providers for youth. Long wait lists for treatment were often noted. Additionally, many felt that mental health is intertwined with other key health issues such as access to care, substance abuse, and even general physical health. In regard to substance abuse, some respondents felt individuals may be using drugs/alcohol as a mechanism to cope with mental health issues. Key informants also emphasized the impact of opioid abuse on the community.

Like mental health, key informants felt access to care as well as obesity are both often pre-cursors to other health issues. Obesity is often the driver of other chronic conditions, such as diabetes and heart disease. Therefore, many key informants feel obesity prevention is the core to addressing other health issues. In regard to access to care, most key informants expressed particular concern for the non-English speaking community. Bilingual and culturally appropriate services are limited in the service area. In general, respondents felt individuals who can't easily access services, whether due to a lack of insurance, lack of transportation, or language barriers, encounter challenges in both preventing and seeking treatment for chronic conditions. Select comments regarding key health issues are included in the box on the following page.

Select Comments Regarding Key Health Issues

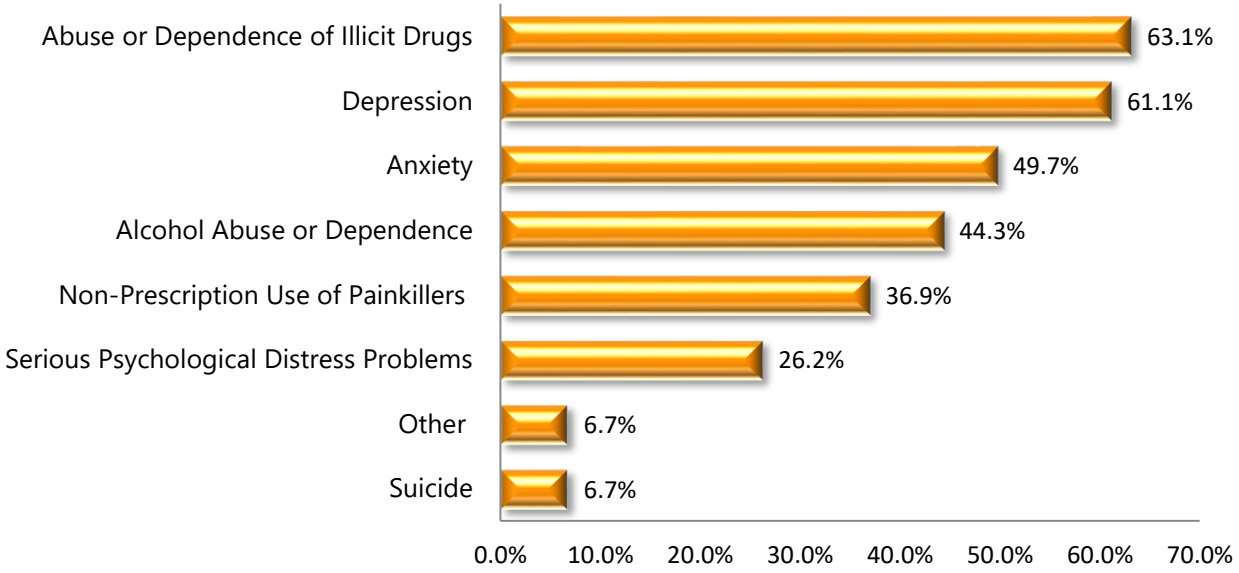
- "Access to care for uninsured or under-insured impacts & complicates all the other issues. People without adequate coverage are unable to get mental health care, nutrition education, substance abuse treatment, etc."
- "Anxiety rates and other mental health markers continue to go up, and we aren't doing enough to educate people and get them connected to care. We are doing what we can in the school but are overwhelmed. We could really benefit for more community partnerships."
- "Cancer is in every age group, gender group and area in our town."
- "I believe mental health issues and access to care are a critical component in reducing this opioid epidemic."
- "It seems that everyone knows someone who is affected by substance abuse or has lost a young loved one from over dose. Although I think the problem is likely compounded by mental health issues, it is a very big problem currently in our society."
- "There are prolonged waits for mental health care in our area and in particular for those who are elderly and house bound or of limited resources for transportation."
- "Mental health issues are drastically on the rise, but there is limited support in the area for proper care. Waitlists for access to care is too long. If the mental health care was not readily and easily accessible, perhaps substance abuse, alcohol abuse, and violence issues would be less frequent. In particular, it is extremely difficult for children to access proper mental health care. This is frustrating."
- "Obesity is a chronic disease and, as such, has multiple co-morbidities associated with it. Diabetes, heart disease, sleep apnea, osteoarthritis are just few. The obese population generally require increasing healthcare to deal with these co-morbidities creating a cascade effect on the individual as well as our healthcare system."
- "Opioid abuse may be masking mental health issues."
- "Poverty affects the ability of people to access health resources, as well as their willingness to do so, and their access to the information they might need to know how to recognize a health/mental health concern. It's the root of the other issues."
- "There is a relatively small number of uninsured individuals, but our access to care is the issue. There are no practitioners or health care facilities in our town other than a mental health facility and there is no public transportation available."

Behavioral Health and Substance Abuse

The first set of questions for key informants was in regard to the priority area of behavioral health and substance abuse. Key informants were asked to select what top 3 behavioral health/substance abuse issues are present in the community. Abuse or dependence of illicit drugs and depression were the top two issues selected with approximately 63% and 61% of respondents selecting these issues respectively. Anxiety rounded out the top 3 issues with nearly half of key informants choosing this issue. However, alcohol abuse or dependence was not far behind as about 44% of respondents selected this as a top issue. Dementia, emotional abuse, marijuana, trauma, vaping, and nicotine were all mentioned as topics for "Other" behavioral health/substance abuse issues. Figure 2 on the next page shows the percentage of respondents who selected each behavioral health/substance abuse issue as a top concern.

Figure 2. Ranking of Behavioral Health/Substance Abuse Issues

Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.



According to 2009 MA Department of Health Data included in the 2015 CHA, the non-fatal opioid-related case rate per 100,000 was much higher in the state (546.6 per 100,000) than in any of the locations within the service area. Additionally, 2007 – 2011 MassCHIP data also outlined in the 2015 CHA, showed that the age-adjusted opioid-related emergency visit rate was higher in the state (232.1 per 100,000) than in any of the service area locations as well. Data in the 2015 CHA emphasized that opioid-related overdoses were trending upward in 2014 and have most likely continued on this upward trend over the past few years.

Additionally, in terms of mental health, data from the 2005 – 2011 MetroWest BRFSS Telephone Survey, outlined in the 2015 CHA, showed the MetroWest region and all locations had a lower percentage of individuals reporting poor mental health for more than fifteen days when compared to the state. The state percentage was 8.9% while the percentage in the region was 6.1%. However, in looking at secondary data for youth, an alarming trend was seen in the 2015 CHA. According to the 2014 MetroWest Adolescent Healthy Survey Middle School Report, the percentage of youth who reported feeling stressed and those who reported depressive symptoms in the MetroWest Region have increased since 2010 in both middle school and high school students. Therefore, key informant feedback regarding the top three behavioral health/substance abuse issues in the community is supported by data from the 2015 CHA.

Next, key informants were asked their opinions on what system gaps currently exist in the community in regard to behavioral health and substance abuse services. Lack of support in navigating the mental health system and insurance barriers were most frequently selected by respondents with approximately 57% and 51% of responses respectively. These gaps were closely followed by insufficient services for youth populations (45.3%), lack of providers (44.0%) and insufficient services for low-income populations (43.3%). The number and percentage of key informants who selected each system gap are outlined in Table 3 on the following page. Some of the "Other" gaps mentioned by respondents include

long wait times and timely access to treatment facilities, coordination among providers, coordination across the lifespan, adequate coverage for all ages, and transportation.

Table 3: Ranking of the System Gaps

System Gaps	Count	Percent of respondents who selected the gap*
Lack of Support in Navigating Mental Health System	85	56.7%
Insurance Barriers	76	50.7%
Insufficient services for Youth Populations	68	45.3%
Lack of Providers	66	44.0%
Insufficient Services for Low-Income Populations	65	43.3%
Lack of Community-Wide Prevention Efforts	56	37.3%
Limited Connectivity Between Providers and Services	47	31.3%
Language/Cultural Barriers	45	30.0%
Limited Assistance with Medication Management	34	22.7%
Other	19	12.7%
None	6	4.0%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

When asked where most individuals go when they are in need of behavioral health/substance abuse treatment, the majority of respondents selected Hospital Emergency Room as the most frequently utilized service (63%). Outpatient Facility was selected by nearly 18% of key informants and roughly 8% selected "Other." Some of the "Other" responses included detox, EMS, faith-based venues, social media, school counselor, and school psychologist.

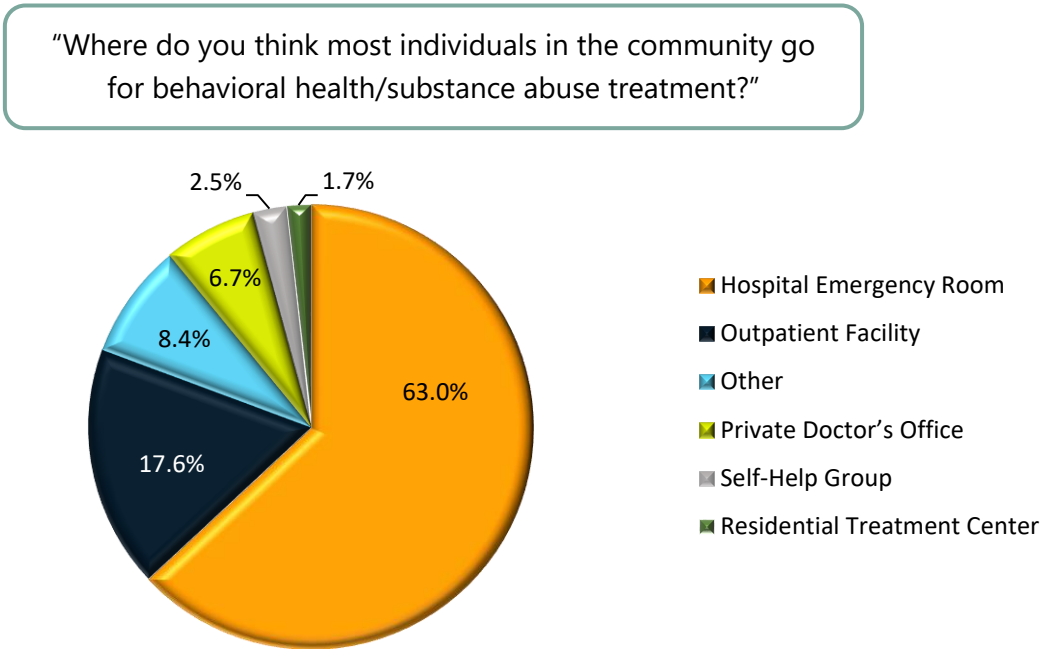


Figure 3. Key Informant Opinions Regarding Behavioral Health/Substance Abuse Treatment

Lastly, key informants were asked what they felt were the most common reasons individuals in the community do not seek treatment for behavioral health/substance abuse issues. As depicted in Table 4, the most commonly identified reason by respondents was that individuals don't know where to go for treatment, which was selected by 57% of key informants. However, this was closely followed by three other reasons that were also selected by more than 50% of respondents. These reasons include an individual not being ready for treatment (55.7%), the inability to pay out of pocket expenses (53.0%), and social stigma (51.7%). Knowledge deficit and language barriers were two of the "Other" reasons provided by key informants for why an individual may not seek treatment

Table 4: List of Reasons for Not Seeking Treatment

Reasons	Count	Percent of respondents who selected the reason*
Don't Know Where to Go For Treatment	85	57.0%
Not Ready for Treatment	83	55.7%
Inability to Pay Out of Pocket Expenses	79	53.0%
Social Stigma	77	51.7%
Lack of or Insufficient Health Coverage	69	46.3%
Lack of Programming/Providers	64	43.0%
Lack of Transportation	36	24.2%
Other	10	6.7%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Respondents were able to share any additional comments about issues related to behavioral health and substance abuse. The majority of key informants felt there is a lack of providers in the area particularly for the youth, uninsured/underinsured, and non-English speaking residents. Furthermore, key informants felt that those who are in need of help just don't know where to go. Adults and youth both have difficultly navigating the mental health system, which can be confusing. Additionally, key informants felt there is a lack of consistent education and information available in the community that is aimed at prevention. Select responses are summarized below.

Select Responses about Behavioral Health and Substance Abuse

- "I feel this particular area is greatly impoverished with a lack of resources in these communities."
- "I think these are complicated issues and people sometimes are in multigenerational situations in which behavior is somewhat normalized in addition they don't trust systems or there is a lot of turnover and they don't want to tell their stories over and over again. In addition language barriers are huge."
- "Incorporation of mental health into primary care is important both for treatment and for prevention."
- "Mental health services face the same language and cultural barriers. As well as lack of services for the partially insured and the uninsured."
- "There is a tremendous focus on youth but almost none on elders who are the largest growing segment of the population and the most isolated in general."

- "Too many individuals seeking services in non-working hours. Although providers are available in evenings, there is not enough providers able to accommodate these hours which adds to provider shortage and difficulty maintaining capacity."
- "We have students with undiagnosed behavioral health concerns, difficult to find providers for them, parents/guardians also need support and a tremendous amount of education."

Health Care Access

The second set of questions for key informants dealt with the ability of local residents to access health care services, such as primary care providers, medical specialists, dentists, transportation, and Medicaid/Medical Assistance providers. Key informants were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are summarized in Table 5 below.

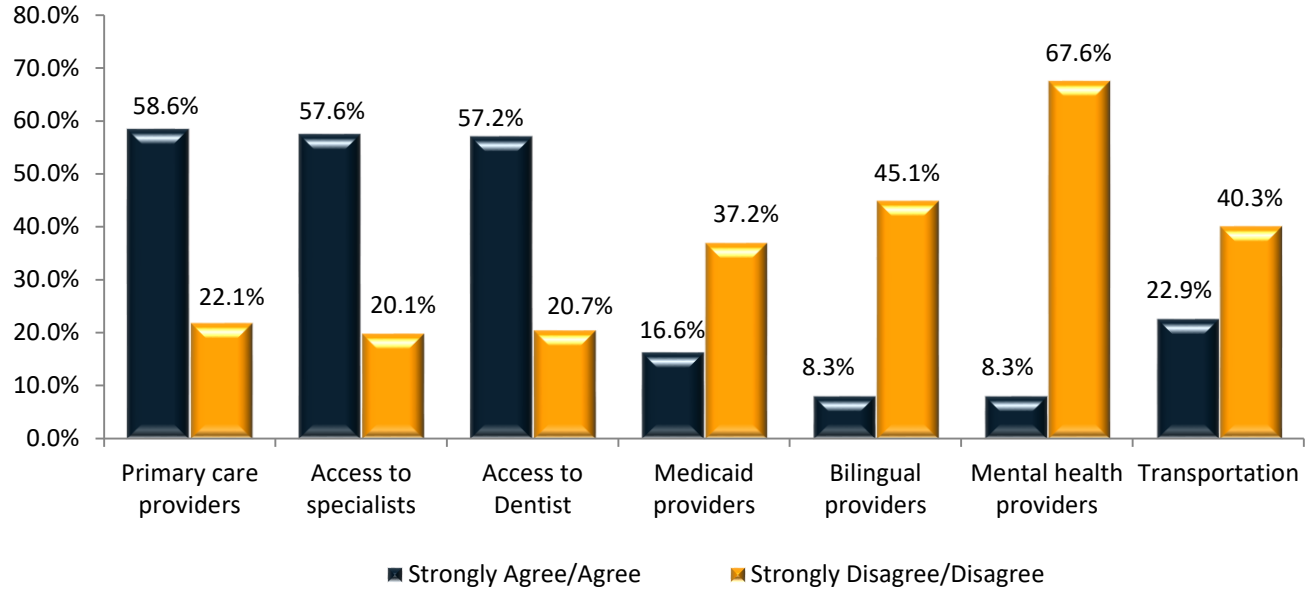
Table 5. Ratings of Statements about Health Care Access

Factor	Percent of respondents who "Agree" or "Strongly Agree"
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	58.6%
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	57.6%
Residents in the area are able to access a dentist when needed.	57.2%
There are sufficient numbers of providers accepting Medicaid and Medical Assistance in the area.	16.6%
There are sufficient numbers of bilingual providers in the area.	8.3%
There are sufficient numbers of mental/behavioral health providers in the area.	8.3%
Transportation for medical appointments is available to area residents when needed.	22.9%

As illustrated in Table 5, over a half of key informants "Strongly Agree" or "Agree" that residents are able to access primary care physicians, medical specialists, and dentists in the area. However, in regard to having a sufficient number of Medicaid/Medical Assistance providers, bilingual providers, and mental/behavioral health providers in the area, less than 17% of key informants gave a positive response. The availability of bilingual providers and the availability of mental/behavioral health providers received the worst ratings compared to the other factors with only 8.3% of key informants that "Strongly Agree" or "Agree" with these statements. However, for both the availability of Medicaid/Medical Assistance providers as well as bilingual providers, approximately 46% of respondents "Neither Agreed Nor Disagreed" with these factors, which may indicate a lack of awareness of providers in the area. Lastly, less than a quarter of key informants "Strongly Agree" or "Agree" that transportation is readily available to residents for medical appointments.

Figure 4 depicts the percent of respondents who responded "Strongly Agree or Agree" compared to those who responded "Strongly Disagree or Disagree" with the factors.

Figure 4. Ratings of Statements about Health Care Access



While key informants generally agreed that primary care providers are accessible in the area, data from the 2007 – 2011 MetroWest BRFSS Telephone Survey outlined in the 2015 CHA showed that individuals in the service area may not be utilizing providers for preventive services. All locations in the service area had a slightly higher percentage of individuals who did not receive a check-up in the past year when compared to the state. The state average was 23% while the percentage in the service area ranged from 25.6% in Hopedale to 27.2% in Franklin.

After rating health care access issues in the service area, key informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The five barriers that were selected most frequently include:

- Inability to Pay Out of Pocket Expenses (Co-Pays, Prescriptions, etc.)
- Inability to Navigate Health Care System
- Availability of Providers/Appointments
- Time Limitations (Long Wait Times, Limited Office Hours, Time Off Work)
- Lack of Transportation

Table 6 on the following page shows a combined result of the number and percent of respondents who selected each barrier and the percent of respondents who selected it as the most significant barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier.

Table 6: Ranking of Barriers to Health Care Access

Key Health Barrier	Count	Percent of respondents who selected the barrier*	Percent of respondents who selected the barrier as the most significant
Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	96	66.7%	18.4%
Inability to Navigate Health Care System	86	59.7%	21.3%
Availability of Providers/Appointments	81	56.3%	23.5%
Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	70	48.6%	8.1%
Lack of Transportation	67	46.5%	5.1%
Lack of Health Insurance Coverage	56	38.9%	9.6%
Language/Cultural Barriers	41	28.5%	3.7%
Lack of Trust	36	25.0%	3.7%
Basic Needs Not Met (Food/Shelter)	32	22.2%	5.9%
Lack of Child Care	25	17.4%	0.0%
Other	8	5.6%	0.7%
None/No Barriers	3	2.1%	0.0%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Among health care access barriers, nearly a quarter of respondents rated availability of providers/ appointments as being the most significant barrier. The second most significant barrier rated by informants was the inability to navigate the health care system (21.3%). Additionally, approximately 18% of key informants felt inability to pay out of pocket expenses was the most significant barrier, making it the third most significant barrier.

Barriers identified by key informants are consistent with the barriers identified by respondents of the 2015 Greater Milford CHA Survey outlined in the 2015 CHA. The top three barriers identified in 2015 were long wait times for appointments, lack of evening or weekend services, and office not accepting new patients. Cost of care was the fourth barrier identified in 2015.

After identifying barriers, key informants then selected key resources or services they felt were missing in the community. Substance abuse services and mental health services were selected as the top two resources missing in community. These resources were selected by 62% and about 61% of key informants, respectively. Nearly half of key informants (48.6%) also identified free/low cost dental care as missing. A summary of responses is given in Table 7 on the following page.

These results align with findings from the 2015 Greater Milford CHA Survey outlined in the 2015 CHA. In the survey, respondents were asked to rank a list of community services by how hard they were to access. Although affordable public transportation topped this list in 2015, alcohol/drug treatment

services for both youth and adults and counseling/mental health services for youth also ranked as top services that were challenging to access in the community. Affordable health insurance and housing were also on the 2015 list of community services that are hard to access.

Table 7: List of Missing Resources/Services in the Community

Missing Resources /Services	Count	Percent of respondents who selected the issue*
Substance Abuse Services	88	62.0%
Mental Health Services	86	60.6%
Free/Low Cost Dental Care	69	48.6%
Free/Low Cost Medical Care	59	41.5%
Health Education/Information/Outreach	48	33.8%
Transportation	46	32.4%
Primary Care Providers	39	27.5%
Bilingual Services	37	26.1%
Prescription Assistance	35	24.6%
Health Screenings	33	23.2%
Medical Specialists	11	7.7%
Other	6	4.2%
None	1	0.7%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Respondents were able to share additional comments about issues related to health care access. The majority of key informants were concerned about access to services for non-English speakers as this is one of the most vulnerable populations in the community. One suggestion was providing culturally and linguistically diverse case workers to assist in identifying resources for non-English speaking residents. Additionally, difficulty accessing mental health providers was again noted for both children and adults. Key informants also noted the need for affordable dental care in the area as coverage can be limited. Select feedback regarding access to care is outlined below.

Select Responses about Health Care Access

- "An appointment with a PCP is difficult to get within 3 months."
- "Sometimes parents have to get on waiting lists for mental health services for their kids."
- "There is limited transportation to appointments (given that many providers are not in the residents own town) for those without insurance or who have insurance that does not provide transportation (Medicare and private insurers). There are VERY long wait times for mental health appointments and almost no in-home providers for adults (as opposed to children). Dental care is expensive and with very limited coverage under most plans even though it is linked to many other aspects of health."

- "With all of the cultural issues such as deportation worries, it seems as though more emphasis on social/emotional issues in the schools should be addressed. Children should have more access to therapists in the schools."
- "Students with Mass Health or no insurance are having difficulty accessing dental care in the Franklin area. It seems like these students then require more extensive dental interventions (extractions, multiple cavities, etc.) because they are not seeing a dentist on a regular basis."
- "There is a need to have culturally and linguistically diverse community case workers to assist patients in identifying community resources and assure patients are in compliance with their follow up care."

Health Promotion and Chronic Disease Prevention

When compared to the state, data from the 2005 – 2011 MetroWest BRFSS telephone survey outlined in the 2015 CHA showed all locations in the service area had a lower percentage of individuals reporting fair or poor health as well as those reporting poor physical health for more than fifteen days. However, 2010 – 2012 data from MassCHIP included in the 2015 CHA depicted that hospitalization rates for specific chronic conditions varied by location within the service area. The state rate for coronary heart disease hospitalizations was 293.9 per 100,000. The rates in the service area ranged from 252.8 per 100,000 in Hopedale to 340.1 per 100,000 in Medway. In regard to stroke, only two locations within the service area had a higher hospitalization rate than the state rate of 224.4 per 100,000. The rate in Mendon was 273.0 per 100,000 and the rate in Northbridge was 231.8. The age-adjusted asthma-related hospitalization rate for the state was 885.6 per 100,000. The rates across all locations within the service area were lower than the state with the highest in Northbridge (825.6 per 100,000). Lastly, the age-adjusted cancer hospitalization rate in the state was 356.3 per 100,000. With the exception of Northbridge, Blackstone, and Medway, all locations within the service area had a higher cancer hospitalization rate than the state. The highest rate was in Hopedale (435.0 per 100,000).

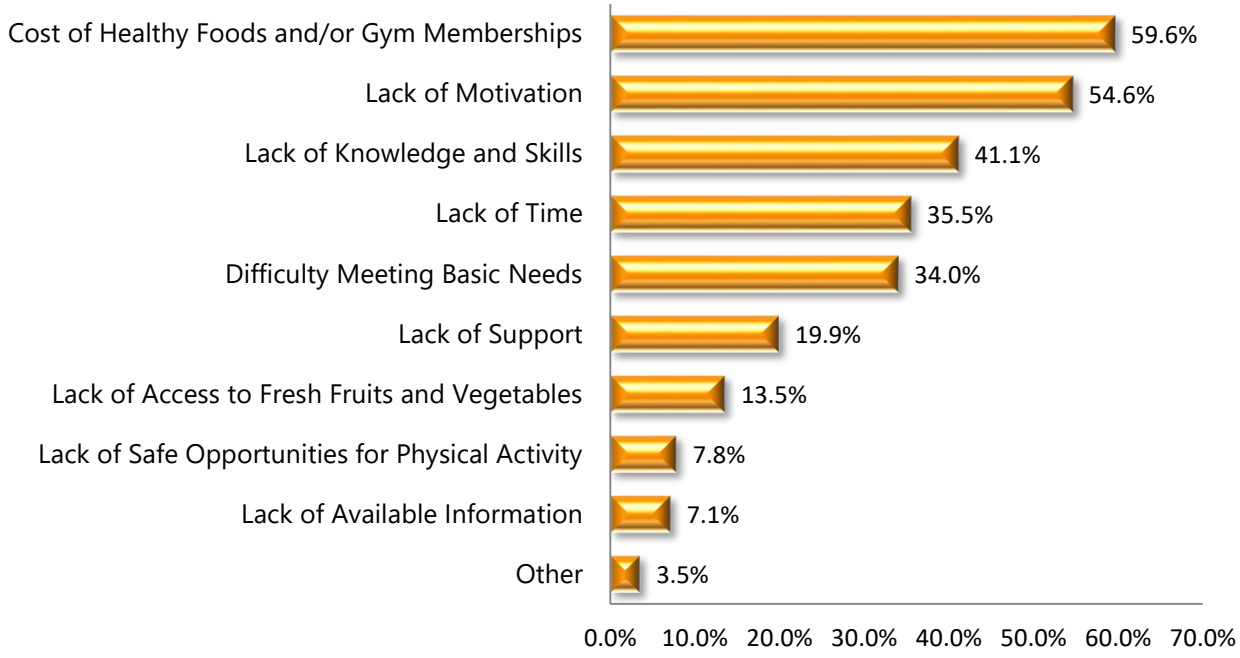
Additionally, 2011 - 2013 data from MassCHIP outlined in the 2015 CHA showed that the percentage of those diagnosed with diabetes was slightly higher in the Greater Milford region (9.3%) while those who ever had hypertension was lower (26.6%) when compared to the state. The percentages in the state were 8.3% and 29.3% respectively. This data also depicted that the percentage of individuals who were overweight or obese was higher in the Greater Milford region (84.7%) than in the state (81.8%).

The secondary data outlined in the 2015 CHA illustrated that individuals within the service area are being impacted by chronic conditions and have the need to learn how to manage a healthy lifestyle. Therefore, the third set of questions answered by key informants aimed to provide additional insight on how to prevent chronic disease and promote healthy lifestyles.

First, key informants were asked to identify the top three barriers the community faces in getting and staying healthy. Cost of healthy foods and/or gym memberships and lack of motivation received the most responses with nearly 60% and 55% of key informants choosing these barriers respectively. Lack of knowledge and skills was the third most frequently chosen barrier with about 41% of key informant responses. Figure 5 on the next page depicts the percent of respondents who selected each barrier.

Figure 5. Ranking of Barriers to Achieving Healthy Lifestyles

Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.



Next, respondents pinpointed community resources from a list of eight topics that they felt would be most helpful in supporting healthy lifestyles of community members. Free/low cost fitness classes, free/low cost weight management programs, and nutrition education programs were the three most frequently selected community resources. These topics were selected by approximately 66%, 65%, and 63% of respondents respectively. A summary of key informant responses is provided in Table 8. "Other" responses provided include the availability of childcare during activity clubs, chronic disease management programs, one-to-one support, school-based after school activities, user-friendly subsidized food program, bike paths, and activities promoting community integration.

Table 8. Community Resources for Healthy Lifestyles

Community Resource	Count	Percent of respondents who selected the resource*
Free/low cost fitness classes	92	66.2%
Free/low cost weight management programs	90	64.7%
Nutrition education programs	87	62.6%
Activity clubs and support groups	72	51.8%
Free/low cost gym memberships	70	50.4%
Cooking classes	39	28.1%
Grocery shopping tours	21	15.1%
Gardening classes	15	10.8%
Other	12	8.6%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

When asked where community members are most likely to get their health information, the majority of key informants felt they get it from social media as well as the internet/websites. Each of these health information sources were selected by approximately 57% of respondents. About 44% of key informants also felt that community members are likely to get their health information from TV. Schools, senior centers, and family habits/traditions were all mentioned by key informants as "Other" health information resources. Table 9 shows the number and percent of respondents who selected each health information resource.

The sources of health information selected by key informants are slightly different than those identified in the 2015 CHA through the 2015 Greater Milford CHA Survey. The top health information resource identified by these respondents in 2015 was doctor, nurse, or other health provider. However, websites was still identified as the second health information resource. This slight difference may be due to the increased utilization of media and the internet over the past couple of years.

Table 9: Health Information Resources

Health Information Resource	Count	Percent of respondents who selected the resource*
Social media (i.e. Facebook, Twitter)	79	57.2%
Internet/Websites	78	56.5%
TV	60	43.5%
Family Providers	46	33.3%
Community Based Organizations (CBOs)	33	23.9%
Hospital	20	14.5%
Health fairs	19	13.8%
Newspaper	18	13.0%
Other	17	12.3%
Churches	14	10.1%
Radio	12	8.7%
Employers	11	8.0%
Public Libraries	8	5.8%
Local Health Department	5	3.6%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Key informants were also asked if they felt there are adequate resources in the community for individuals managing one or more chronic condition. Notably, over half of key informants responded don't know or not sure, which may indicate a lack of awareness of available resources. However, there were still over a quarter of respondents that felt there are not adequate resources in the community for those managing chronic conditions.

"Do you feel there are adequate resources in the community for individuals managing one or more chronic conditions?"

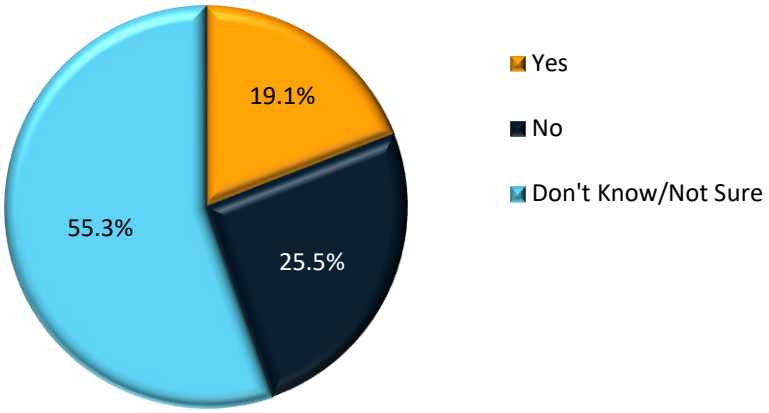


Figure 6. Availability of Resources for Chronic Disease Management

Individuals who did not feel there are adequate resources in the community were asked to share their thoughts on what chronic disease management resources are missing in the community. Many key informants cited the need for more culturally and linguistically appropriate resources as well as taking into account literacy levels in the design of resources and services. Transportation was also noted as an issue for individuals to physically access resources.

Additionally, a number of key informants expressed the lack of connectivity between providers themselves as well as providers connecting their patients to community resources. Furthermore, there is little help available in the community for those who are trying to navigate resources and services. Many key informants felt that on-going education and support systems are needed for individuals trying to manage chronic conditions in order to keep them on track. As one key informant stated:

"They need ongoing education to stay the course. We tend to offer services after a diagnosis or event, but lack in prevention and ensuring people follow healthy guidelines… "

Lastly, key informants were asked if they felt that children in the community are being appropriately educated about health, wellness, and healthy eating. Approximately 36% of respondents felt that children in the community are being adequately educated about health while a nearly equivalent percentage (38%) felt they are not. Another 26% of respondents weren't sure or didn't know, possibly indicating there may be a lack of understanding as to how children are actually being educated on these topics. In general, many key informants felt that schools do an adequate job of educating students, but there was concern as to whether this information was being carried home and reinforced

by parents. Many emphasized the need to start educating children at the elementary school age. Beyond schools, key informants seemed less aware of programs available for children.

Key informants were also able to share any further thoughts on issues regarding health promotion and chronic disease prevention. Respondents seemed to agree that there are a variety of resources available in the community. However, these resources are being underutilized. The underutilization could be related to a lack of awareness of resources due to limited outreach to the community. Furthermore, there is limited professional support available to help individuals navigate and access available resources. Additionally, more coordination is needed between agencies to ensure the public is hearing the same consistent message. There was also emphasis on ensuring healthy resources are available across the lifespan.

Select Comments Related to Health Promotion and Chronic Disease Prevention

- "Much work is being done in these areas and will always be a big work in progress. Perhaps one thing to be promoted is for people to know that they do have safe places to be and talk about their issues."
- "There are a lot of great resources out there that I see being underutilized. People [think] buying stuff on the internet is a better use of their money than going to the YMCA or growing their own food. If people utilized community resources that are already available, they would be healthier."
- "We need more outreach works in our communities to spread the word about resources for those people. But before that, we need to have a good system implemented regarding the accessibility for those services."
- "We need to find a way to make chronic disease management more available to all ages."
- "I do not feel a lack of Education in this area is an issue. Helping people to become and stay motivated appears to be the larger issue. As I have stated before, we are very fortunate and blessed in this area to have such committed professionals. I think it would be important to empower people to become more responsible and accountable for their lifestyle choices in a non-judgmental manner."

Violence

The final set of questions for key informants dealt with violence prevention. Respondents were first asked to identify what they felt were the 3 most prevalent types of violence in the community. Domestic violence and bullying were identified by an overwhelming percentage of key informants as the two most prevalent types of violence in the community. Domestic violence and bullying were selected by about 79% and 78% of key informants respectively. Child abuse was the third most selected response with approximately 24% of responses. However, 23% of key informants felt elder abuse and self-directed violence are prevalent in the community as well. "Other" responses included ostracism of new comers, culture abuse, pervasive negative attitudes toward women, and taking for granted your own self-worth. Table 10 includes a breakdown of the percent of respondents who selected each issue as a top issue for the older adult population.

Table 10: Most Prevalent Types of Violence in the Community

Types of Violence	Count	Percent of respondents who selected the issue*
Domestic Violence	107	79.3%
Bullying	105	77.8%
Child Abuse	33	24.4%
Elder Abuse	31	23.0%
Self-directed Violence	31	23.0%
Sexual Violence	16	11.9%
Youth Violence	14	10.4%
Dating Violence	13	9.6%
Other	10	7.4%
Institutional Violence (i.e. violence in workplaces, schools, etc.)	6	4.4%
Gang/Street Violence	2	1.5%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

In the 2015 CHA, the service area was generally noted as a relatively safe place. According to 2013 secondary data from the Federal Bureau of Investigations (FBI) outlined in the 2015 CHA, violent and property crime rates in the service area are lower in all locations than the state's rates (413.4 per 100,000 population and 2,051.2 per 100,000 respectively). However, both bullying and domestic violence were still noted as concerns in 2015. Therefore, the next sets of questions answered by key informants dealt specifically with the issues of bullying and domestic violence.

Key informants were asked to select the specific type of bullying they feel occurs in the community most often. Over three-quarters of respondents (78.1%) felt that name-calling, insulting, and making fun of individuals is the type of bullying that occurs most often in the community. However, over half of respondents also felt that spreading rumors (58.4%) and excluding individuals from activities on purpose (53.3%) also often occur in the community. Cyberbullying and bullying through social media were "Other" types of bullying mentioned by key informants. Based on this feedback from key informants, it appears the types of bullying that occur most often in the community are related to causing more mental/emotional harm than physical harm. This coincides with data depicted in the 2015 CHA. According to the 2014 MetroWest Adolescent Health Survey, reports of youth being victims of bullying decreased since 2010; however, youth being victims of cyberbullying has remained steady since 2010. Table 11 on the following page shows the number and percent of respondents that chose each type of bullying.

Table 11: Bullying in the Community

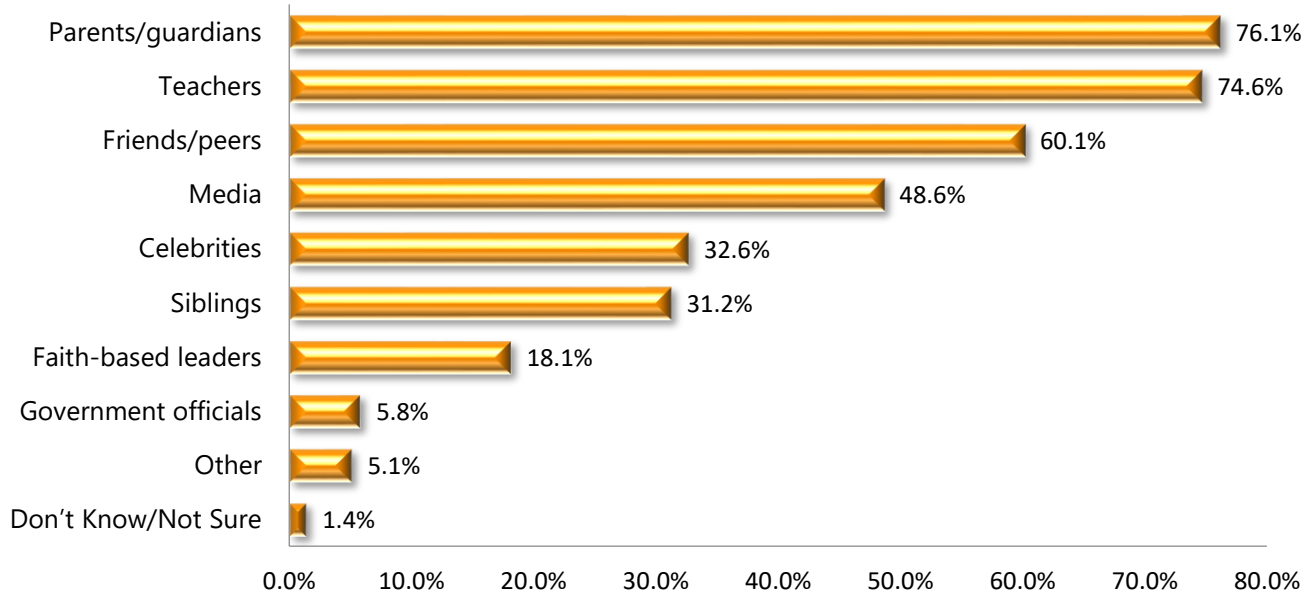
Types of Bullying	Count	Percent of respondents who selected the issue*
Making fun of individuals, calling names, insulting	107	78.1%
Spreading rumors	80	58.4%
Excluding from activities on purpose	73	53.3%
Trying to make individuals do things they do not want to do	39	28.5%
Causing physical harm (i.e. pushing, shoving, tripping)	34	24.8%
Threatening with harm	24	17.5%
Other	17	12.4%
Don't Know/Not Sure	15	10.9%
Destroying an individual's property on purpose	14	10.2%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

In addition to being asked what type of bullying exists in the community, respondents also selected who they felt has the biggest opportunity to influence children's understanding of bullying. Parents/guardians and teachers were selected as the primary groups who can influence children's understanding of bullying. These groups were selected by about three-quarters of respondents (76.1% and 74.6% respectively). Approximately 60% of respondents also felt friends/peers have the opportunity to influence each other's perceptions of bullying. "Other" responses included coaches and scout leaders. The percent of respondents who selected each group is shown in Figure 7 below.

Figure 7. Groups Influencing Children's Understanding of Bullying

Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.



When asked who victims of domestic violence may go to for help, approximately half of respondents selected friends as the top resource. Additionally, nearly a third of respondents felt domestic violence victims would go to the local police department to seek help as well. Another almost 29% felt victims may go to community services or family for help too. "Other" responses included hospitals, schools, and social media/internet. However, with nearly a quarter of respondents who weren't sure where victims may go and responses from key informants being relatively widespread across survey options, there may not be one predominant place victims go for help. Rather, the resource victims reach out to for help is very individualized. Table 12 includes a breakdown of the number and percent of respondents who selected each option.

Table 12: Resources Domestic Violence Victims Go to for Help

Resources	Count	Percent of respondents who selected the resource*
Friends	68	50.4%
Local police department	44	32.6%
Community services (i.e. social services, local shelters)	39	28.9%
Family	39	28.9%
Don't Know/Not Sure	33	24.4%
Health care professional	26	19.3%
Church	24	17.8%
Other	8	5.9%
Support group	7	5.2%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Lastly, key informants were asked their opinions on the adequacy of resources for individuals who have experienced/are experiencing violence or abuse. Nearly 46% of respondents stated they weren't sure about the adequacy of resources for victims in the community. This may indicate that there is lack of information on available community resources for victims of violence/abuse. However, violence and abuse are crisis-related issues, which may mean respondents aren't seeking this information because they, or the individuals they serve in the community, haven't had a need for these resources. Consequently, the rest of respondents are nearly evenly split between those who feel there are adequate community resources and those who feel there aren't. Approximately 27% feel there are adequate resources while 28% feel there are not.

Those who felt there aren't adequate resources were prompted to share what resources they felt were missing in the community. Several key informants acknowledged there are resources available in the community, but there are just not enough to handle the current needs. Specifically, there was concern over long wait lists, lack of walk-in social service agencies, and lack of shelters in the area. Additionally, many key informants expressed that there are not enough resources that are culturally competent or available in a variety of languages. Easy accessibility to resources and creating awareness for where people can go for help, particularly for marginalized/underserved groups, were also mentioned.

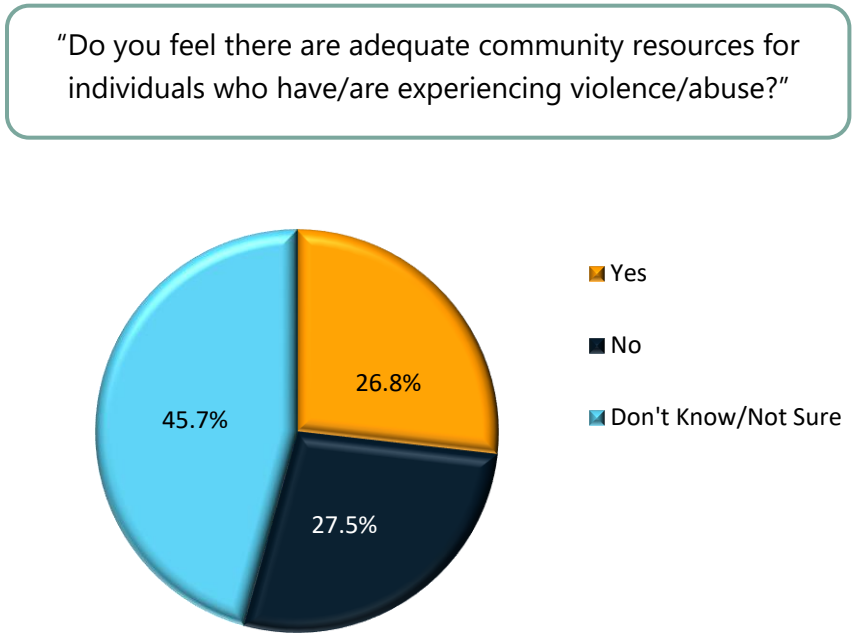


Figure 8. Availability of Resources for Those Experiencing Violence/Abuse

The need for domestic violence resources in particular was outlined in the 2015 CHA through state data from the 2014 National Census of Domestic Violence Services. In one day, nearly 1,800 victims were assisted through local domestic violence programs in Massachusetts by providing housing services and non-residential assistance. However, on the same day, it was reported that still almost 400 people had unmet requests for services.

In general, key informants concluded that those who are victims of violence do not often come forward with issues themselves. Therefore, it was emphasized that awareness of resources should be spread throughout the community so victims, and their support systems, know where to go for help when they are ready to come forward. Select feedback from key informants is included in the box below.

Select Comments Related to Violence

- "Communities in need of education need to include institutional resources, i.e. police, schools, government, well established residents, and not only youth and new comers."
- "Most victims don't come right out with issues, most times it's a friend who assists them in coming forward."
- "Social indicators of health are also impacting the rise of domestic violence and abuse in our communities. Poverty/unemployment/housing issues need to be addressed."
- "We have problems with bullying in our schools and never seem to have enough resources to address that."

Solutions and Recommendations

Lastly, respondents were asked what is being done well in the community in terms of behavioral health/substance abuse, health care access, health promotion and chronic disease and violence. In general, the majority of key informants said that organizations are coming together more often to talk about these issues in an effort to collaborate and address them. However, follow-through with definitive plans and funding were concerns in making progress forward on these issues. Many key informants felt that the school systems are playing a big role in education, prevention, and awareness on a lot of these issues among children. Additionally, the community is benefited by a lot of committed, highly educated health care professionals. Many stated there are resources in the area around these issues, but they are being underutilized and there just aren't enough. Specifically, key informants felt resources for both mental health and substance abuse are falling short of meeting the demand in the area. The following text box highlights select feedback given by participants.

Select Comments Regarding What's Being Done Well in the Community

- "Community meetings and providers' group discussion have been a positive strategy to discuss and assess needs. There is an on-going growing interest from providers and community agencies to work on a plan to address the issues presented in this survey; however, concrete follow up plans and financial resources are still limited…"
- "Currently, Massachusetts still has the highest rate of health insurance in the country. In addition, while there are gaps and needs, residents of the region still enjoy relatively good health when compared to other states."
- "I believe there are a lot of great community resources that patients are not utilizing. I wish more of my patients would utilize the church based free meals programs, the Milford Youth Center, etc."
- "I feel the Professionals in this community are highly educated in the areas of Mental Health, substance abuse and chronic illness. I feel we have a very strong Outreach in the community. I do, however, feel we could use more funding in the areas of Substance Abuse and Mental Health."
- "In my opinion there are many resources for domestic violence with different programs available in the area. However there is a long wait to be seen for mental health evaluations, and for substance abuse programs in the immediate area. Often times patients have to go far from the town they live in for substance abuse treatment facilities."
- "Our community has done a great job of spreading drug abuse awareness and resources."
- "People are talking about the issues and trying to come up with solutions. More and more agencies are collaborating and working together to try to find solutions."
- "School districts are tasked with many responsibilities in terms of promotion of healthy lifestyles. School guidance/support staff does a nice job in helping students to get the services they need."
- "There are more PCP offices who have developed an alliance with a MH agency/provider. There are some grant-funded initiatives for childhood/elder mental health which are helpful but cover only a small area/population. There is more information available online regarding health issues for those online."

- "Schools, elder services and health department have worked together to promote or educate groups regarding current health issues and topics."
- "We have begun to recognize the issues and the police, fire, senior center, churches are all working to aid the person in difficulty. There are few programs that are available for low income individuals and the waiting lists are too long. Additionally, if they rely on the transportation that is available, if there is any, and either arrive too late or too early. If they arrive late, their appointment is canceled, after three incidents, that are no fault of theirs, their relationship is terminated. They will not be able to get any services from that agency, or any similar ones."
- "Working together with local agencies and community groups to solve problems."

Finally, key informants were asked to provide recommendations or suggestions to improve behavioral health/substance abuse, health care access, health promotion and chronic disease and violence. Key informants seemed to agree that there is a need for more providers in the area, specifically behavioral health professionals. Furthermore, they felt more local treatment centers are needed to reduce long wait lists. Additionally, the majority of key informants want to see expanded coordination and collaboration among providers and organizations. A few key informants specifically suggested partnering primary care and behavioral health providers together to increase referrals and coordination. Key informants also acknowledged the need for more funding to support coordinated efforts. One key informant suggested the following:

"I believe that more regionalized programs would be more appropriate rather than multiple underfunded programs town by town."

Key informants explained that transportation needs to be addressed for those that don't have their own mode of transportation. Increasing in-home services was one suggestion mentioned to address this. Many key informants emphasized the need to reach more vulnerable populations in the community, specifically non-English speakers, to remove their barriers to accessing care and services. Lastly, increased education, outreach, and awareness were all commonly mentioned by key informants. Some specific suggestions and recommendations are outlined in the box below.

Select Recommendations/Suggestions

- "Better coordination between service providers."
- "Bring on more behavioral health professionals. More local treatment centers. More cost-effective centers for exercise and nutrition education. More local specialists without the need to travel to Boston."
- "Doctors of the same patient need to communicate and work as a team, rather than the patient seeing a million doctors all over that don't really have any idea of the treatment being received elsewhere. Healing should be a team effort. More holistic practices should be used over conventional. Plant based diet should also be promoted more."
- "Easier way for individuals without transportation to get to places they need to get to. More human interaction for those suffering and lonely."

- "Efforts to attract providers to the area. Increased provision of in-home services for those without transportation or mobility limiting conditions. Efforts to increase availability to computers/technology to those with financial limitations to access information and tele-medicine."
- "Increase multilingual services, offer services in non-traditional places so people don't feel stigma when they seek help, offer child care at services."
- "Mental health providers co-located in all primary care offices. Clear referral pattern/access mental health providers able to take Medicare and Medicaid as well as commercial insurers."
- "Financial incentives offered to provide non-traditional work hours for providers."
- "Silos still exist. There are funding silos and those that keep medical and behavioral health separate rather than integrated. In addition, racism and anti-immigrant sentiments persist and impede access to care."
- "Support and invest in local community based agencies, which are doing so much work to address these issues, but without resources allocated to them, it is almost impossible for them to meet the high need of these services."
- "There needs to be a perception that asking for help is healthy. People seem to view asking for help as weak, demeaning, beneath them, only for 'crazy people' or 'other people'. There needs to be a perception that community groups are a great decision for health and well-being."
- "To improve the health of non-English-speaking patients, we need to remove the barriers that prevent their access to care, enhance communication between them and health care workers, primary care doctors and involve more non-English-speaking patients as subjects in health services research. The cost of the investment required to accomplish these goals would be offset by future reductions in the cost of health care for non-English-speaking patients. Patient satisfaction surveys sponsored by their medical insurance need to include this group as well."
- "Transportation to appointments would help tremendously."
- "We need increased mental health and substance abuse outpatient treatment. While I feel we are good at crisis management I believe, we could become more proactive in this area with more preventative models."

III. Conclusion

Information from the key informants provided a deeper insight into the challenges the community is facing in regard to behavioral health/substance abuse, health care access, health promotion/chronic disease prevention, and violence.

Two of the biggest behavioral health/substance abuse issues in the service area, according to information from key informants, are abuse of illicit drugs and depression. Anxiety was also noted as a prevalent issue with particular concern for the youth population. These insights were supported by data from 2015 CHA, which showed the beginning of a disturbing upward trend in opioid overdoses and an increased trend in stress and depression particularly among the youth population. Additionally, two of the top reasons key informants felt community members do not seek treatment for behavioral health/substance issues are because they don't know where to go and/or are not necessarily ready for treatment.

Access to care issues in the service area were prevalent in regard to behavioral health/substance services. Lack of support in navigating the mental health system, insurance barriers, insufficient services for youth and low-income populations, as well as lack of providers, were all noted as system gaps within the behavioral health and substance abuse services. These themes persisted in regard to overall access to care as well. Inability to pay out-of-pocket expenses, inability to navigate the healthcare system, and availability of providers and/or appointments all emerged as barriers in accessing health care services. Furthermore, substance abuse and mental health services were both noted as two of greatest resources that are missing in the community. Another major barrier to access to care in the community, as noted by key informants, was lack of linguistically and culturally appropriate services for the non-English speaking populations as well as lack of transportation. Many of these same health care access issues were found in the 2015 CHA as well. Particularly, in 2015, the need for alcohol/drug treatment for both youth and adults, counseling/mental health services for youth, affordable public transportation, and affordable health insurance were identified.

Data from the 2015 CHA illustrates that chronic disease and overweight/obesity was quite prevalent across the service area. Therefore, there is a real need in the community to provide support for those trying to manage chronic conditions. However, it is also important to promote healthy lifestyles among the rest of the population in an effort to prevent chronic disease. When trying to get and stay healthy, key informants noted external factors, such as cost of healthy foods and/or gym memberships, as the top barrier in the community. However, other key informants felt internal factors, such as lack of motivation and knowledge/skills, were still important barriers to consider in maintaining healthy lifestyles. To help address these barriers, key informants felt that free/low cost fitness classes, free/low cost weight management programs, and nutrition education programs would the most helpful community resources. With over 50% of key informants feeling the community gets their health information from social media or the internet/websites, these may be effective mechanisms in disseminating information to the community.

Violence was not noted as a top issue in the community by key informants when asked to select from a list of 13 focus areas. However, when asked specifically about violence, over three-quarters of respondents thought both domestic violence and bullying are the top types of violence in the service area. Bullying and domestic violence were also concerns in the 2015 CHA as well. In regard to bullying, key informants felt bullying tactics that caused more mental/emotional harm than physical harm are most prevalent in the community. In terms of domestic violence, key informants felt victims may often first turn to their friends when seeking help. However, it was noted that victims don't often come forward themselves. Rather, the responsibility often falls to a victim's friends and other support systems to provide assistance and empowerment in helping them come forward. Because of this, it was noted that there needs to be increased awareness regarding the availability of resources for victims of violence in the community.

Key informants reinforced that Milford Regional Medical Center is still focused on the right priorities. With the exception of violence, all previous health priorities were considered the top issues still facing the community. Substance abuse/alcohol abuse and mental health/suicide were the top two issues identified by key informants. This was followed by overweight/obesity, access to care/uninsured, and three chronic conditions (cancer, heart disease, and diabetes). While violence didn't fall within the top

issues facing the community, both bullying and domestic violence were still noted as significant problems in the community. Therefore, previous priorities selected appear to still be community concerns. However, when thinking about addressing these priority areas, there should be considerations as to how these priority areas impact the most vulnerable populations in the community.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Milford Regional Medical Center plans to continue its community health improvement efforts focused on the following health priorities that were originally identified in the 2015 CHA:

- Behavioral Health and Substance Abuse Prevention
- Health Care Access
- Health Promotion and Chronic Disease Prevention
- Violence Prevention

Community Meeting

On June 15, 2018, MRMC hosted a community meeting to review the results of the 2018 Community Health Needs Assessment. Ten individuals were in attendance including both community partners as well as key health system staff. The goal of the meeting was to take a deeper look at the prioritized health needs identified during the 2018 CHNA process and to get ideas for community health improvement activities and the development of MRMC's Implementation Plan around how to further impact these areas of need. A full list of attendees can be found in Appendix D.

The community meeting was facilitated by Holleran Consulting. The meeting began with a full review of the research conducted for the CHNA. This consisted of findings from the key informant survey and provided comparisons to data from the 2015 CHNA. Following the research review, attendees were able to share their initial thoughts and feedback about the research. The group elaborated on each of the issues but did feel that dental care was a larger gap in the community than shown in the research. However, they felt much of this fell under access to care.

Small group discussions of 5 individuals each then took place. One group discussed both Health Care Access and Health Promotion/Chronic Disease Prevention and the other group discussed Behavioral Health/Substance Abuse Prevention and Violence Prevention.

Each group was asked to identify resources that currently exist in the service area, resources that are missing, and recommendations on how to better address the priority area. Information gleaned from the small group discussion will be used by MRMC to create their Implementation Plan for the three-year cycle. Notes from the small group discussions can be found in Appendix E.

STRATEGIC IMPLEMENTATION PLAN

Strategies to Address Community Health Needs

Milford Regional Medical Center developed an Implementation Strategy to illustrate the hospital's specific programs and resources that support ongoing efforts to address the identified community health priorities. This work is supported by community-wide efforts and leadership from the Executive Team and Board of Directors. The goal statements, suggested objectives, key indicators, intended outcomes and initiatives, and inventory of existing community assets and resources for each of the priority areas are listed below.

Prioritized Health Issue #1: Behavioral Health and Substance Abuse Prevention

Goal: Integrate and promote behavioral health/substance abuse prevention into health care delivery systems and schools.

Objective 1.1: By September 2021, increase the number of health care/schools that integrate behavioral health and substance abuse prevention services.

Outcome Indicators for 2014-2017 SIP	Target/Actual Outcome
Number of behavioral health nurses hired in the MRMC Emergency Department	4/4
Number of ED Behavioral Health patients provided with Individual Management Plans (IMP) by the multidisciplinary team	20/unable to meet target due to lack of resources
Percent of area primary care practices integrating behavioral health	10%/23% (5 practices have integrated/co-located behavioral health
New Outcome Indicators for 2018-2021 SIP	**Target**
Number of new licensed clinical social workers working in the service area	2

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Develop a multidisciplinary team to improve and integrate care for patients with behavioral health needs in the MRMC Emergency Department	EOHHS grant, MRMC ED, Community Benefits and Care Management, Riverside Community Care, Arbor Fuller, PFAC
Integrate behavioral health in area primary care practices	PFAC, MRPG, Tri-River, MRMC Community Benefits
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Advocate for workforce development opportunities for licensed clinical social workers in the MRMC service area	MRMC, MRPG

Objective 1.2: By September 2021, increase community linkages to connect and advocate for families/individuals to access behavioral health and substance abuse prevention services.

Outcome Indicators for 2014-2017 SIP	Target/Actual Outcome
Number of community agencies/medical offices linked to behavioral health/substance abuse providers/services	50/140
Number of people accessing Yourteen.org annually	1,200/7,723 users since 2015
New Outcome Indicators for 2018-2021 SIP	**Target**
Number of parents educated on substance abuse	50
Number of referrals to Interface program annually	120
Number of individuals served through expanded programs	50
Number of agencies involved in development of detox programs	4

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Develop community linkages to behavioral health/substance abuse providers	PFAC, Care Management
Plan, promote and sponsor annual Mental Health Networking Breakfast to educate providers and community partners	PFAC, Center for Adolescent and Young Adult Health (CAYA), Community Benefits
Broaden community partnerships and oversee expansion of resources for behavioral health and substance abuse prevention services	PFAC, BHTF, Care Management
Educate parents through website Yourteen.org	Center for Adolescent and Young Adult Health (CAYAH)
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Support expansion of mandatory parental education programs on substance abuse to all school children	Public Schools in the service area
Connect youth and families to behavioral health providers through MSPP Interface Resource and Referral Service and through MRMC case management	PFAC, Care Management
Promote efforts to expand existing programs for recovery coaches and jail diversion	MRMC, Family Continuity, Arbor Fuller, Riverside Community Care, Community Impact
Partner with outside agencies to support development of detox programs in the service area	Family Continuity, Riverside Community Care, Spectrum
Support programming to promote dementia awareness and mental health issues in the elderly	MRMC, MRPG, local senior centers, Cornerstone, Blair House, public health nurses, Salmon VNA & Hospice

Existing Community Resources:

- Riverside
- Wayside

- Family Continuity – Dual
- Arbor Fuller
- Milford Regional
- Spectrum – S.A.
- Community Impact
- You, Inc. – in-home children/families
- School based

Prioritized Health Issue #2: Health Care Access

Goal: Reduce health disparities by improving access to care for vulnerable populations in the MRMC service area.

Objective 2.1: By September 2021, increase the number of residents/patients from vulnerable populations who have access to health care.

Outcome Indicators for 2014-2017 SIP	Target/Actual Outcome
Number of residents who receive insurance-enrollment assistance service through MRMC	220 annually/ 800 in FY 2015, 479 in FY 2016, 296 in FY 2017
Number of patients who are connected to primary care at Edward M. Kennedy Community Health Center (EMKCHC) and other PCPs	1,000/3,961 to EMK between March 2014 and Dec. 2015 2,579; 2,579 to MRPG PCPs in FY 2016; 3,197 to MRPG and Reliant in FY 2017
Number of key stakeholders and providers who collaborate to support the care of vulnerable populations in the MRMC service area	15%/15%
New Outcome Indicators for 2018-2021 SIP	**Target**
Number of dentists providing screenings to low-income residents	2
Number of PCPs accepting new patients	5

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Facilitate enrollment of uninsured and underinsured residents for health benefits	MA EOHHS grant, MRMC Patient Accounts
Utilize MRMC Community Health Workers and Care Managers to connect Emergency Department patients to primary care	EOHHS grant, Care Management, EMK, MRPG, Community Health Worker
Align with provider practices (e.g., Primary/Specialty Care) in MRMC area	MRPG, Tri-River Family Health Center, and other provider practices
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Partner with local dentists to in the area to provide an annual dental screening to low-income residents	Local dentists in the service area
Collaborate with other health care organizations to determine ways to	EMK, MRPG, Tri-River Family

increase provider availability	Health Center
Support the work of the MRMC Physician Recruitment Committee to increase access to PCPs	MRMC, MRPG

Objective 2.2: By September 2021, provide education on programs, services, and resources to improve health and increase access to care for vulnerable populations.

Outcome Indicators 2014-2017 SIP	Target/Actual Outcome
Number of individual stakeholders and community partners and providers who buy-in to MRMC Strategic Implementation Plan	40/140
Number of provider practices who serve vulnerable populations in the MRMC service area	25%/25%
New Outcome Indicators 2018-2021 SIP	**Target**
Number of partners providing safe environments for immigrant populations	4

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Foster and integrate community linkages to support EMKCHC in Milford	Community Benefits, MRMC Interpreter Services Medical Staff
Disseminate and promote Strategic Implementation Plan based on MRMC Community Health Assessment	Community Benefits, Hospital Management
Outreach to and increase the participation of key stakeholders and providers who provide care for vulnerable populations in the MRMC service area	MRPG, EMK, Tri-River, and other provider practices, Hospital Management
Outreach to and provide education to vulnerable populations on culturally competent programs, services, and resources	Care Management, Medical Staff, Community Health Worker, Interpreter Services
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Collaborate with schools, churches, and human service organizations to provide safe environments for immigrant populations	Local churches, school districts, New Hope, Milford Family and Community Network

Existing Community Resources:

- EMK
- Urgent Care
- Metrowest Regional Transportation Authority
- Healthy Families
- New Hope
- WIC
- MRMC – outpatient services
- Hockomock YMCA

- Lunches – Memorial Elementary
- Dept. of Transitional Assistance
- Senior Center

Prioritized Health Issue #3: Health Promotion and Chronic Disease Prevention

Goal: Improve chronic disease management and related health outcomes and reduce the number of overweight adults and children.

Objective 3.1: By September 2021, improve health outcomes related to chronic disease through health promotion and prevention strategies/programs.

Outcome Indicators for 2014-2017 SIP	Target/Actual Outcome
Number of educational programs	12/79
Number of patients screened for TB	TBD
New Outcome Indicators for 2018-2021 SIP	**Target**
Number of at-risk diabetic patients participating in the MRMC Diabetes Mentorship program	6
Number of mentors recruited to participate in the MRMC Diabetes Mentorship program	6
Number of individuals enrolled in the Freedom From Smoking Program	20
Number of individuals educated about vaping	50
Number of organizations partnering to provide access to fresh fruits and vegetables to vulnerable populations	2

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Provide educational programs, screenings, and CPR training	Marketing
Increase access to TB testing by partnering with EMKCHC and other community organizations	Care Management, Medical Staff
Improve chronic disease self-management by promoting services and resources in multiple languages to both patients and providers	Care Management, Medical Staff, Interpreter, Community Benefits, Marketing
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Partner with organizations to provide opportunities for vulnerable populations to access fresh fruits and vegetables	Hockomock YMCA, local food pantries, Milford Youth Center, senior centers
Implement the Diabetes Mentorship Program at MRMC	MRMC, Diabetes Education
Implement Freedom From Smoking Program to promote smoking cessation	MRMC, Community Benefits, Marketing, American Lung Association
Provide educational programs on the health effects of vaping and other substances	Local schools, Community Benefits, Milford Youth Center

Objective 3.2: By September 2021, increase physical fitness and healthy eating across the lifespan in the Greater Milford area.

Outcome Indicators 2014-2017 SIP	Target/Actual Outcomes
Number of community agencies who participate in Healthy Futures coalition	20/21
Number of Milford schools receiving grants for before and after school physical activity and nutrition programs	2
Resources (e.g. grants, in-kind services, collaborations) applied to for support	3/3
Number of participants in the Rethink Your Drink Campaign	100/150
Number of food pantries (e.g. Daily Bread Food Pantry) signed on for "Healthy Food Donations"	2/3
New Outcome Indicators for 2018-2021 SIP	**Target**
Number of children participating in the Youth Fitness Program at the Milford Youth Center	250

Strategies for 2014-2017 SIP	MRMC Resources/Partners
Assist Milford Youth Center in providing before and after school physical activity and nutrition education programs in collaboration with community partners	MRMC, Community Benefits, Crossfit NeverDoubt, Raspberry Pache, Hockomock YMCA, FierceLoveFitness
Leverage community and state resources to sustain work	MRMC Dietary, Community Benefits
Promote nutrition programs and policies at area schools	Community Benefits, MRMC Nutrition, Hockomock YMCA
New Strategies for 2018-2021 SIP	**MRMC Resources/Partners**
Improve healthy food items at food pantries (e.g. Daily Bread Food Pantry) and provide education on how to maximize nutritional opportunities	MRMC Patient Care Services, BVT, CAYAH, local food pantries, Hockomock YMCA
Continue with the Youth Fitness Program at the Milford Youth Center	MRMC, Milford Youth Center, Crossfit NeverDoubt, Raspberry Pache, FierceLoveFitness

Existing Community Resources:

- Diabetes Disease Program
- Community – Milford Youth Center
- Community Youth Program
- Hockomock YMCA
- Whitinsville Community Center
- Healthy Families – nutrition

- ESL
- Food Pantry
- DPH
- Garden @ Hopedale Elementary School

Prioritized Health Issue #4: Violence Prevention

Goal: Reduce instances of bullying and domestic violence among youth and adults.

Objective 4.1: By 2021, increase awareness and education around bullying and domestic violence and promote available resources.

New Outcome Indicators for 2018-2021 SIP	Target
Number of training sessions conducted with teachers/Number trained	6/50
Number of organizations aware of violence resources available in the community and providing referrals	5
Number of training sessions conducted with Primary Care Providers and Health Workers/Number trained	2/10
Number of opportunities identified to raise awareness of domestic violence resources	6

New Strategies for 2018-2021 SIP	MRMC Resources/Partners
Support more teacher training on healthy relationships, bullying/cyberbullying and increasing parent engagement	MRMC, New Hope Inc., United Way of Tri-County, Criterion, Healthy Families, local schools, Family Continuity
Create an inventory of available violence resources in the Greater Milford Area and promote service coordination	MRMC, New Hope Inc., United Way of Tri-County, Healthy Families, Milford Community and Family Network, Family Continuity
Support training for Primary Care Providers and Health Workers including how to use screenings tools in assessments	MRMC, New Hope Inc.
Explore opportunities to create social awareness of domestic violence resources	MRMC, New Hope Inc.

Existing Community Resources:

- New Hope – Domestic
- Wayside – sexual assault
    - SANE nurses
- Milford Regional
- Healthy Families - in-house
- RESPECT in Franklin

Appendix A. References

Health Resources in Action. (2015). *Milford Regional Medical Center 2015 Community Health Assessment Report*. Retrieved from https://foundation.milfordregional.org/wp-content/uploads/2016/04/MRMC-CHA-Report-2015.pdf

Milford Regional Medical Center. (n.d.). *About MRMC*. Retrieved from https://www.milfordregional.org/about-us/

Appendix B. Key Informant Participants

Name	Agency
Milagros Abreu	Latino Health Insurance Program
Marie Atkinson	Hopedale Public Schools
Joseph Avellino	Douglas Fire Department
Christine Babicz	Medway High School
Magaly Barbato	N/A
Brendan Bartlett	Family Continuity Inc.-Whitinsville
David Beccia	Central Mass Employment Collaborative/Riverside
Laura Black-Silver	N/A
Margaret Bonderenko	Mendon
Gail Bourassa	Blackstone Valley Elder Mental Health
Lynne Bowler	Fred Miller Elementary School
Donna Boynton	Milford Regional Medical Center
Michael Boynton	Town of Medway
Robin Brooke	Community Pediatrics of Milford
Susan Brouwer	Town of Hopedale
Timothy Burke	Uxbridge Police Department
Kathy Campbell	Douglas Public Schools
Beverly Carver	Atria Draper Place
Michael Cassidy	Holliston Fire Department
Mike Catalano	Bellingham Board of Health
Amy Cataldo	Franklin Food Pantry
Nancy Champney	Bellingham Council on Aging/Senior Center
Sue Clark	Milford Senior Center
Marty Cohen	Metrowest Health Foundation
Paula Comeau, R.N.	Blair House
Karen Crebase	Hopedale Public Schools
Dr. Jane Curl	N/A
Christine Daddario	Milford Youth Center
Michele Dafonte	Blackstone Valley Technical Regional Vocational HS- School based clinic
Judy Dagnese	Milford Public Schools -Nurse
Gerard Daigle	Bellingham Police Department
Dr. Rick Daly	Milford Regional Medical Center
Lisa Daly	Franklin Public Schools
Maria DaSilva	Milford Regional Medical Center
Julie Davieau	Alternatives Unlimited
Bonnie Delongchamp	N/A
Marcel Descheneaux	Riverside Community Care

Name	Agency
Rebecca Donham	Metrowest Health Foundation
Karen Driscoll	Department of Transitional Assistance
Lanny Eder	Fallon Health
Brenda Ennis	N/A
Michael Fasolino	Medway Fire Department
Brenda Feeley	Milford Regional Medical Center
Maggie Finnegan	Criterion Valley Early Intervention
Jo Fleming	Milford Regional Medical Center - Diabetes Education
Vincent Forte Jr.	Bellingham Board of Health
Jessica Friswell	United Way
Frances Fuller	Dana Farber/Brigham & Women's Cancer Center @ MRMC
Cheryl Gay	Burke-Memorial Elementary School
Steven Gentile	Bellingham Fire Department
Barbara Gillmeister	Gilly's House
Katie Gilrein	Douglas Public Schools
Jeanne Gniadek	Northbridge Health Department
Leonard Gosselin Jr.	Bellingham Police Department
Ellen Gould	Franklin Public Schools
Jack Green	Family Continuity Inc.-Whitinsville
Julie Greiner-Ferris	Riverside Community Care
Ana Guilarducci	Milford Regional Medical Center - Community Health worker
Indira Gumbe	Family Continuity Inc.-Whitinsville
Melanie Hauer	Douglas Public Schools
Stefani Hicks	Henry P. Clough Elementary School
Dawn Hobill	Healthcentric Advisors
Sara Humiston	Milford Family & Community Network
Bradford Jackson	Holliston Public Schools
Ryan Jette	Franklin Recreation Department
Lori Johnson	Northbridge Public Schools -Nurse
Kathleen Kavanach	Hopedale Public Schools
Judy Kelly	Milford Regional Medical Center
Molly Killburn	Franklin Food Pantry
Kim Knox	Milford Regional Medical Center
Lisa Kocian	Holliston School Committee
Cynthia Kovacs	Medway High School
Jim Kupfer	Bellingham
Curtis Lebeau	N/A
Joan LeBlanc	Milford Regional Medical Center

Name	Agency
Edward Lee	Hopkinton Police Department
Kathryn Lee	Center for Adolescent and Young Adult Health
Peter Light	Franklin Public Schools
Cynthia Listewnik	Holliston School Committee
Mary Lonzo	Milford Regional Medical Center-Dietician
Jeffrey Lourie	Uxbridge Police Department
Diane Luchini	Hopedale Junior-Senior High School
Jeffrey Lynch	Medway Fire Department
Brendan Mahan, Med., MS	ADHD Essentials
Kellie Malo	Genesis HealthCare
Barbara Mangano	Hopedale Public Schools
Laura Mann	N/A
Jennifer Mannion	Miscoe Hill Middle School
Leigh Martin	Mendon-Upton School Committee
Donald Martinis	Bellingham Board of Selectmen
Christine Mateer	Cornerstone of Milford
Craig Maxim	Family Continuity Inc.-Whitinsville
Paul Mazuchelli	Milford Board of Health
Gary McCarraher	Franklin Fire Department
David McKearney	Franklin Health Department
Dan McLaughlin	Bellingham Council on Aging/Senior Center
Patrick McSweeney	Milford Regional Medical Center
Nick Miglionico	Douglas Police Department
Pat Morrill	Milford Housing
Dianne Mucci	N/A
Kim Mu-Chow	New England Chapel
Carol Mullen	Hopedale Senior Center/Council on Aging
Father Mac Murray	N/A
Emily Murray	Beginning Bridges - Northbridge, Uxbridge, Mendon, Upton
Julie Naya	Milford Regional Medical Center
Paula Nedder, Esq.	Heaney and Small
Sean Nicholson	Mendon-Upton School Committee
Mary Nuzzo	Franklin Public Schools
Barbara O'Brien	N/A
Laura O'Callahan	Milford Area Chamber of Commerce
Thomas O'Loughlin	Milford Police
Trish Parent	Bellingham Board of Health/Upton Board of Health
Robina Pascasio	Blair House

Name	Agency
Dorothy Pearl	Medway High School
Catherine Porcello	Robert Adams Middle School
Denise Quartulli	MRMC
Francisco Ramos	Caregiver homes
Kevin Ranieri	Bellingham Police Department
Harold Rhodes	Milford Disability Commission
Dennis Rice	Alternatives Unlimited
Kerry Richardson	Franklin Public Schools
Candice Richardson	Edward M Kennedy Health Center
Jeff Ritter	Holliston
Sheila Ronkin	Bellingham Council on Aging/Senior Center
Kate Rose	Family Continuity Inc.-Whitinsville
Kevin Rudden	Mendon Council on Aging
Pat Sabatino	Milford Regional Medical Center
Sue Schlotterbeck	Edward M Kennedy Health Center
Cindi Scrimgeour	Raspberry Pache Yoga Studio
Ryan Sherman	Medway Public Schools
David Smith	Franklin Fire Department
Dianne Spittler	First Unitarian Universalist Church of Milford
Alfred Spittler	First Unitarian Universalist Church of Milford
Jill St. Martin	Hopedale Junior-Senior High School
Genie Stack	Douglas Public Schools
Claudia Tamsky	Edward M Kennedy Health Center
Allen Tingley	Medway Police Department
Dr. Monica VanCampen	N/A
Jen Ward	Milford Youth Center
Beth Washburn	N/A
Jennifer White	Healthy Families
Nancy Whitehouse	Franklin Public Schools
Colleen Whitehouse	Dana Farber/Brigham & Women's Cancer Center @ MRMC
Ann Wilkins	Milford Regional Medical Center
Elaine Willey	Milford Regional Medical Center
Victoria Williams	Milford Youth Center
Amy Wilson-Kent	Mendon Senior Center
Matthew Wojcik	Town of Douglas
Caroline Zani	Town Administrator
Catherine Ziesmer	Milford Senior Center
Rebecca Zwicker	N/A

Appendix C. 2015 Implementation Strategy Outcomes

The following is an overview of the outcomes from each priority area from the 2015 Community Health Assessment.

Behavioral Health/Substance Abuse

- Substance Abuse Task Force is led by Drs. Soderstrom and Kent. The Task Force includes representation from the hospital pharmacy department, maternity, care management, the Emergency Department (ED), Milford Regional Physician Group, as well as the Patient Family Advisory Council and outside community agencies. The Task Force is following MHA recommendations for opioid prescribing practices and requirements for hospital EDs, and implementing prevention and education to help combat the opioid epidemic. Standing orders have been written by the ED physicians for Narcan at the local pharmacies. The Task Force is examining resources in the ED and addressing the need for treatment, recovery, and support for patients and their families.
- A Mental Health Roundtable to discuss barriers to mental health parity was organized by the Office of Joseph Kennedy III and was hosted by MRMC on May 3, 2016. The discussion included key community leaders from Riverside Community Care, Health Care for All, Wayside Inc., Edward M. Kennedy Community Health Center, and Community Impact, Inc.
- Staff has been expanded in the ED to include Behavioral Health Nurses, Patient Safety Assistants and Clinical Social Workers.
- Behavioral Health has been integrated at area primary care practices. Five Tri-County Medical Associates (TCMA), now known as Milford Regional Physician Group, are integrating/co-locating behavioral health. TCMA also hired its first 2 social workers.
- An average of 423 students receive mental health services annually at the school-based health center at Blackstone Valley Regional Technical High School. This included 551 in school year 2013-2014, 223 in 2014-2015, and 496 in 2015-2016.
- 100 providers attended the annual JAG (Juvenile Advocacy Group) Mental Health Networking Breakfast from 2012-2015.
- The Road to Recovery Support Group was established.
- Yourteen.org, a resource for parents in the Greater Milford area, had 3,291 users in FY 2016. Between Sept. 2014 and Oct. 31, 2015, there were 2,665 users and 5,484 page views of the website.
- From February 2014 – January 2016, there were 122 referrals to Interface Referral Service for Milford Residents of all ages that required a mental health referral.
- The Babysteps Program in the Maternity Department was established.
- The Neonatal Abstinence/Snuggle Squad was created.

Health Care Access

- The insurance enrollment target was 220 per year according to the last Strategic Implementation Plan (SIP).
    - In FY 2015, 800 patients received enrollment assistance from MRMC Patient Accounts.
    - In FY 2016, 479 applications were processed by CACs at Milford Regional.

Health Care Access, (Cont'd.)

- Outreach is being conducted in the ED.
  - Between March 2014 and December 2015, 3,961 patients were referred from the ED to Edward M. Kennedy Community Health Center.
  - In FY 2016, 2,579 referrals were made to primary care providers
- Through work with CHNA 6, a Transportation Bus Loop was established. This is a fixed loop bus route with stops strategically placed near doctor's offices, medical clinics, MRMC, as well as grocery stores and business districts.
- In FY 2016, a free oral cancer screening was held in partnership with Dr. Goodman and his staff.
- As part of a collaboration with Milford Public Schools to ensure that newly arrived students receive immunizations and primary care, 138 newly arrived Milford Public School students were connected to primary care for immunizations and physicals at the Edward M. Kennedy Community Health Center in order to start school on time in 2014.
- The Blackstone Valley Free Medical Clinic saw a decline in patients needing free care from 747 patients in 2002 to approximately 12 patients before closing in 2014.

Health Promotion and Chronic Disease Prevention

- More than 30 community educational programs were held in FY 2016. Some of these included wellness programs, nutrition programs, cancer prevention and support, educational lectures, diabetes education and various support groups.
- Living Well Luncheons were held at the Milford Senior Center 5 times a year.
- Free Skin Cancer Screenings were provided between FY 2015 – FY 2017.
- An Elder Wellness Program was established
- Senior Wellness Fair
- The Food Access Project was started with local YMCA. In FY 2016, 6,200 meals were served during summer lunch program.
- MRMC has been working with Dana Farber Cancer Committee to introduce a tobacco education program (smoking cessation) to fulfill hospital accreditation requirements and requirements for the Lung Screening Program. In addition, inpatient Mass Health reimbursement requires counseling in tobacco cessation. Two clinical staff members at Dana Farber have been trained in tobacco education with support from the Oliva Fund through the MRMC Foundation Office.
- The Patient Family Advisory Council (PFAC) held a community forum on palliative care in 2016 and 2017 with the support of the New England Chapel. Panelists included Dr. William Muller, Dr. Anthony Wilson, Chaplain Fr. Larry Esposito, and members of the CHART high risk mobile team.
- PFAC's Subcommittee on Palliative Care has also worked with members of Stephens Ministry to support training of lay ministers in end-of-life conversations.
- The TB Clinic Contract was reviewed in 2016 with the hospital. The clinic is overseen by Laurie Mosher-Murphy. Outreach and follow-up increased through collaboration with the Milford Board of Health, Milford Public Schools, VNA, St. Mary's Church, Welcoming Milford and Edward M. Kennedy Community Health Center.
- More than 35 community health programs are provided annually by MRMC, including nutrition, diabetes, senior living/healthy aging, and medical lectures.

Health Promotion and Chronic Disease Prevention (Cont'd.)

Healthy Weight for Youth

- A youth fitness program was launched at the Milford Youth Center in spring 2017 starting with a free CrossFit for Kids program. The program is free to all middle-school and high school students enrolled in the After School program at the Milford Youth Center. A six-week CrossFit session was followed by a six-week yoga class. The pilot program was so successful that Kids Zumba was added in spring 2018.
- The Rethink Your Drink campaign was established to decrease the consumption of sugared beverages between 2012 and 2015.
- In summer 2016, more than 70 volunteer hours were provided by 28 MRMC employees at the Summer Food Service Program in Milford for children and their caregivers. This program targets the 44% of kids in Milford eligible for free and reduced lunch during the school year.
- In 2015, there were more than 2,000 free summer lunches provided and more than 6,200 in 2016 for Milford Students who qualified to receive free and reduced lunch.
- The healthy food options were increased at 3 local food pantries.

Appendix D. Community Meeting Participants

Name	Agency
Ana Guilarducci	MRMC
Ann Wilkins	MRMC
Cheylsea Federle	New Hope, Inc.
Craig Maxim	Family Continuity
Elaine Willey	MRMC – Volunteer Services
Jennifer White	Healthy Families/Criterion
Jessica Tucker	MRMC – Nutrition
Kim Knox	MRMC
Magaly Barbato	MRMC – Interpreter Services
Malerie Germain	New Hope, Inc.
Donna Boynton	MRMC

Appendix E. Small Group Discussion Notes

Priority Area: Behavioral Health/Substance Abuse Prevention

What resources or services currently exist in the service area?

- Riverside
- Wayside
- Family Continuity – Dual
- Arbor –
- Milford Regional
- Spectrum – S.A.
- Community Impact
- You, Inc. – in-home children/families
- School based

What resources or services do you think are missing in the service area? In your opinion, are there current programs that should be considered for expansion?

- B.H.
  - Work force – wages are not worth it
  - Not enough clinicians – lack of reimbursement
  - Tuition reimbursement as incentive?
- Substance Abuse:
  - Lack of Transitional programs
  - Lack of MAT's
  - Lack of consistency on prevention education
  - Expand programs on substance abuse mandatory parent programs – not just sports
  - No detox
  - No step downs
- Current programs for expansion:
  - Recovery coaches
  - Jail diversion
  - Drug court – Uxbridge – expand to more

What recommendations would you suggest to better address this area of priority in the service area?

- Increase diversity in jobs
- Out of our control: funding
- Invest in our children
- More mental health ER Services
- Lack of Autism Resources
- More respect for the profession
- Elder Abuse & Substance Abuse

Priority Area: Health Care Access

What resources or services currently exist in the service area?

- EMK
- Urgent Care
- Riverside – goes to EMK 2X week – for non-insured
- Transportation – loop Hollister to
- Healthy Families
- New Hope
- WIC
- MRMC – outpatient services
- Hockomock YMCA @ Hopedale Library meets weekly on Diabetes
- Lunches – Memorial Elementary
- Dept. of Transitional Assistance
- Senior Center

What resources or services do you think are missing in the service area? In your opinion, are there current programs that should be considered for expansion?

- Develop way to provide:
    - Dental Services - Bilingual
    - Mental Health -Bilingual
    - Primary Care - Bilingual
    - Ophthalmologic Services
    - Programs available for targeted populations

What recommendations would you suggest to better address this area of priority in the service area?

- Provide – seek providers (Bilingual) for dental, mental health, primary care
- Partner with the schools i.e. nutrition, sex education
- Provide garden spaces in a variety of locations
- Education about nutritional value of fresh & canned foods; shopping with an eye toward nutrition
- Vaping
- Smoking
- Marijuana
- Alcohol
- Immunizations

Priority Area: Health Promotion and Chronic Disease Prevention

What resources or services currently exist in the service area?

- Diabetes Disease Program
- Community – Milford Youth Center
- Community Youth Program

- Hockomock YMCA
- Whitinsville Community Center
- Healthy Families – nutrition
- ESL
- Food Pantry
- DPH
- Garden @ Hopedale Elementary School

What resources or services do you think are missing in the service area? In your opinion, are there current programs that should be considered for expansion?

- Education re: marijuana use in adolescents impact on developing brain re: vaping
- Physical activity or exercise for youth @ cheaper cost
- Need health program in schools

What recommendations would you suggest to better address this area of priority in the service area?

- Access to public garden space
- Education on diet – canned food
- Canned tuna fish & other fish
- Educating about not putting Coca Cola in bottles
- Implementing nutrition in the schools @ elementary level
- Community Partnership with schools
- Provide health services in safe locations

Priority Area: Violence Prevention

What resources or services currently exist in the service area?

- New Hope – Domestic
- Wayside – sexual assault
    - SANE nurses
- Milford Regional
- Healthy Families - in-house
- RESPECT in Franklin

What resources or services do you think are missing in the service area? In your opinion, are there current programs that should be considered for expansion?

- Lacking! In general
- Services for immigrants
- Lack of shelter/beds
- Violence prevention: more teacher training on healthy relationships, bullying/cyber bullying & parent engagement
- Culturally linguistic
- "Gun Buy Back" programs

What recommendations would you suggest to better address this area of priority in the service area?

- More ongoing education for all community members
- Training for Primary Care Providers & Health workers
- More Civilian Police Advocates in Police Stations
- More communitywide awareness campaigns