MILFORD REGIONAL MEDICAL CENTER

Community Health Needs Assessment

Milford Regional Medical Center

2024 COMMUNITY HEALTH NEEDS ASSESSMENT – SUBMITTED BY HOLLERAN

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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STUDY BACKGROUND

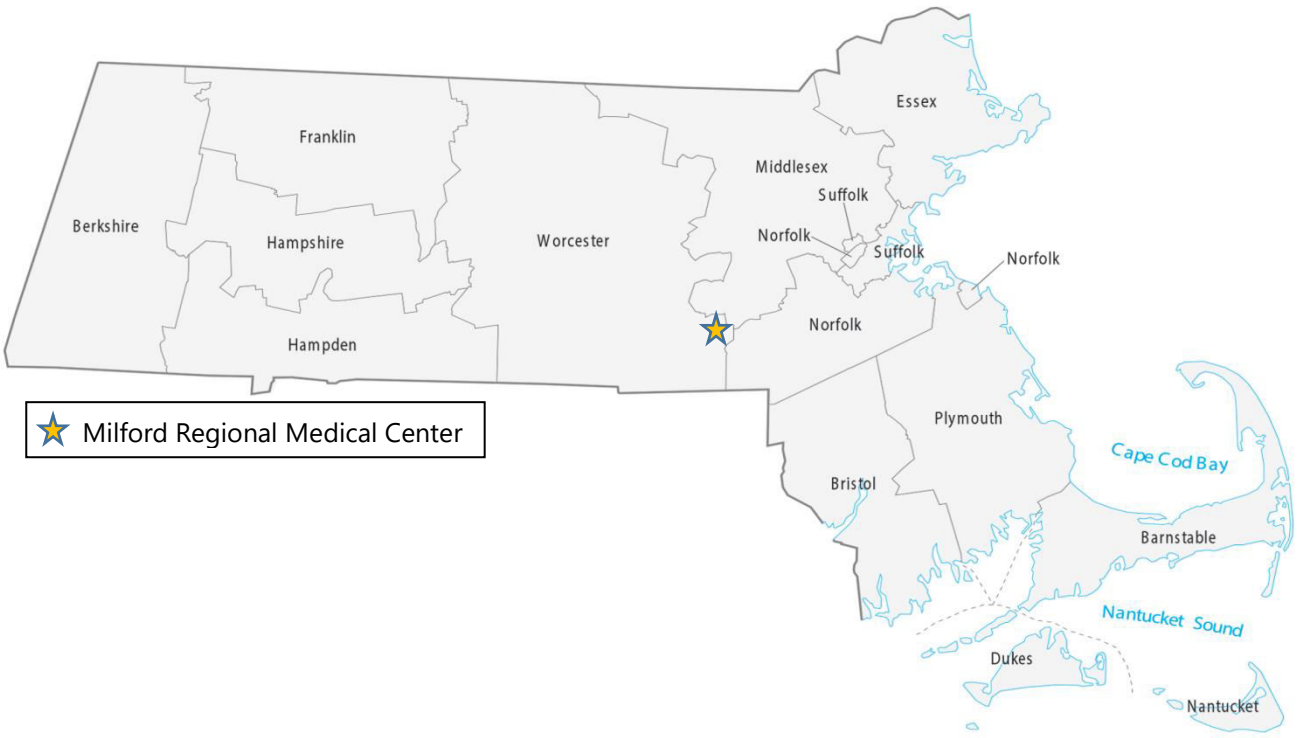
Beginning in October 2023, Milford Regional Medical Center (MRMC) initiated a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in its 19-town service area in Massachusetts. This is the fourth CHNA 3-year cycle that the hospital has undertaken since 2015. The aim of the assessment is to emphasize MRMC's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessments examined a variety of health indicators, focusing on various health issues affecting the community's different population groups. Milford Regional Medical Center contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute the CHNA.

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.

MRMC is located in Worcester County, Massachusetts, near the borders of Middlesex County and Norfolk County. These counties comprise 3 of the 14 counties within the state.

Figure 1. Map of Massachusetts



Milford Regional Medical Center, Inc. is a comprehensive healthcare system that comprises the Medical Center, Milford Regional Physician Group, Inc., and Milford Regional Healthcare Foundation. The medical center is located at the intersection of Routes 140 and 16 in Milford, Massachusetts. A full-service, community and regional teaching hospital, MRMC is a 148-bed, nonprofit, acute-care facility. With over 300 primary care and specialty physicians on the medical staff, its physicians are skilled in the most advanced procedures and technology and provide personalized patient care in a warm and caring environment. Many hold teaching appointments at New England's finest medical schools preparing the doctors of tomorrow.

Opened in 2015, its 78,000 square feet building houses an emergency department, intensive care unit and private patient rooms. The emergency department has 52 beds and is nearly 30,000 square feet. The intensive care unit is 13,000 square feet in order to accommodate today's advanced life-saving technologies. In addition, a telemetry floor offers 24 private patient rooms.

Patients benefit from a Patient Care Center which includes 8 state-of-the-art operating suites, consolidated surgical services (including admitting and pre-admission testing) and a medical/surgical floor with private rooms, many with advanced patient monitoring capabilities. Fifteen private rooms are designed for the needs of cancer and palliative care patients. The Maternity Center offers home-like labor, delivery, recover and postpartum rooms of which 3 include whirlpool labor tubs and private postpartum rooms, as well as a new 1B Continuing Care Nursery that accommodates the extra care, comfort and needs of late preterm babies at 35 weeks and beyond, as well as those with health issues.

MRMC's partnerships with world leaders in healthcare include a 54,000 square foot Cancer Center which provides comprehensive cancer services (including radiation therapy) with Dana-Farber/Brigham and Women's Cancer Center, as well as strong partnerships with Brigham and Women's Hospital, Boston Children's Hospital and UMass Memorial Health Care.

CHNA Components

Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The completion of the CHNA enables MRMC to take an in-depth look at how it can positively impact the health of its community during the next 3 years. The findings from the assessment are utilized by MRMC to prioritize public health issues and used to develop a strategic implementation plan focused on meeting community needs.

The Community Health Needs Assessment consists of several components. The first is research complied from Secondary Data. The second is Key Informant surveys and Key Informant Focus Groups. Then, a community wide survey with residents living in its service area was conducted to uncover additional insights into the health of the community. Finally, a prioritization session with the Community Health Benefits Committee members was held to prioritize key health issues. This CHNA Report is a compilation of the findings of each research component.

- Secondary Data Profile
- Key Informant Survey
- Key Informant Focus Groups
- Community Survey

Key Community Health Issues

This report examines the findings of the Secondary Data, Key Informant Survey, Key Informant Focus Groups and Community Survey to select key community health issues. These overarching issues include subheadings with specific detail about related topics. The following issues were identified and are presented in alphabetical order.

- Access to Health Care and Missing Services
- Affordability: Income and Housing
- Mental/Behavioral Health and Substance Abuse
- Worcester County Health Outcomes

Prioritization of Community Health Issues and Needs

CHNA findings were presented on September 20, 2024, to the Community Benefits Community which is comprised of medical center staff as well as community stakeholders. Participants were also involved in a prioritization process which examines the Key Community Health Issues to identify the most important subheading issues and those which the medical center may impact the most. These specific issues will be the focus of the implementation plan and work during the upcoming 3-year cycle.

Milford Regional Medical Center, in conjunction with its community partners (which include health care providers, public health experts, health and human service agencies, and other community representatives), prioritized the following specific health issues over the next three-year cycle:

- Access to Mental Health/Substance Abuse providers
- Food insecurity/access to healthy foods
- Provider availability
- Availability of Mental Health inpatient, outpatient, and Emergency Room services for youth/elderly
- Access Issues: Wait times, no appts or insurance

MRMC selected these specific issues based on the importance of community health and its ability to impact outcomes.

Previous CHNA and Prioritized Health Issues

MRMC previously conducted a comprehensive CHNA in 2018 and 2021 and a Community Health Assessment in 2015 to evaluate the health needs of individuals living in the service area. The assessments helped MRMC to identify health issues and develop community health implementation plans to improve the health of the surrounding community. Each cycle's prioritized health issues as well their implementation plans and outcomes are presented as appendixes.

Community Served

For purposes of this assessment, "community" is defined as the city and geographical area in which the medical center is found and the locations it serves. Specifically, the service area includes the towns of Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopedale, Hopkinton, Medfield, Medway, Mendon, Milford, Millis, Millville, Norfolk, Northbridge, Upton, Uxbridge, and Wrentham.

Methodology/Reading the Results

The CHNA offers a broad, but rich overview of the current health status of the local service area and is a compilation of secondary data and key informant and community resident testimony. Demographic and health indicator statistics have been collated to portray the current health status of the community in the service area towns as well as in Middlesex, Norfolk, and Worcester counties, Massachusetts. When data by town were not available, data for the counties were incorporated. For all of the statistics provided, the most recently published data at the town or county level are utilized. For example, if 2023 data are available at the national and state levels, but only 2021 data are available at the town or county level, 2021 data are utilized at all levels unless otherwise indicated. Secondary data represent a point in time study using the most recent data possible.

Due to the availability of data, some of the health indicator statistics represent counts or crude rates only. Crude rates are generally defined as the total number of cases or deaths divided by the total population at risk. A crude rate is generally presented as per populations of 1,000, 10,000 or 100,000 (which will be noted on each table). It is based on raw data and does not account for characteristics such as age, race, and gender.

When available, state and national comparisons are provided as benchmarks for the regional statistics. A national comparison includes United States data when available. When possible, a comparison to Healthy People 2030 is also made. The primary data sources consist of data from the U.S. Census Bureau, Centers for Disease Control and Prevention, Massachusetts Department of Public Health, Massachusetts Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), National Cancer Institute, Substance Abuse Mental Health Services Administration, and County Health Rankings.

Sources for secondary data are included as References in Appendix A. In addition, definitions for statistical terms used in the report are included in Appendix B.

Community Engagement

Community engagement and feedback were an integral part of the CHNA process. MRMC sought community input through key informant interviews with community leaders and partners and inclusion of community leaders in the prioritization process.

Key Informant feedback was gathered from 67 individuals living in and/or working within Milford Regional's service area. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight about the community, including the medically underserved, low income, and vulnerable populations. Their responses will be found under "Key Informant Survey Findings" within the report. Table 1 is a detailed summary of the community sectors represented by key informants. It is important to note that key informant testimony reflects the perceptions of some community leaders but may not necessarily represent all community leaders within the service area. A full list of Key Informants and the organizations they represent can be found in Appendix D.

Table 1. Key Informant Community Affiliation[1]

	Count	Percent
Health Care/Public Health Organization	21	35.6%
Non-Profit/Social Services/Aging Services	15	25.4%
Community Member	5	8.5%
Mental/Behavioral Health Organization	5	8.5%
Faith-Based/Cultural Organization	4	6.8%
Education/Youth Services	3	5.1%
Government/Housing/Transportation Sector	3	5.1%
Other (specify):	3	5.1%
Business Sector	0	0.0%
State/Federal Legislator	0	0.0%

Holleran conducted Focus Groups with 12 local community experts via phone and virtual interviews over a 2-week period in July and August 2024. These individuals have specific knowledge and perspective on the health needs of the community and offered valuable insights into the services available to residents. Focus Group Research Guide questions were informed by the results of the secondary data and the Key Informant survey. These individuals represented the local community in a variety of health and human services. The full list of these individuals and the agencies they represent can be found in Appendix F.

The Focus Group portion of the CHNA allowed the Milford Regional Medical Center to take a deeper look into issues that were identified and ask for suggestions related to how to improve the issues.

[1] Count does not total to 67 as some providers did not state their community affiliation.

MRMC also sought input from service area residents through an online and written Community Survey, administered in English as well as Spanish, Portuguese and Arabic languages. 463 community residents participated in the survey. Responses were elicited for 48 questions about a variety of topics including general health, frequency of healthy behaviors, smoking and drinking, diet and exercise, disorders and diseases, cancer, pressing health issues and barriers to health care. Demographic data about the participants was collected such as age, gender, marital status, race and ethnicity, educational and employment status, household income and insurance coverage. A majority of respondents are between the ages of 65 and 80, female, married, white with Bachelor's degrees, employed with annual incomes of $75,000 and more with health insurance. Thirty-two percent reside in Milford. Detailed responses to the survey can be found in Appendix H.

Research Partner

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

- Collected and interpreted data from secondary data sources
- Collected, analyzed, and interpreted data from key informant and community survey results
- Conducted focus groups and synthesized findings
- Facilitated prioritization sessions with community leaders
- Prepared all reports

KEY FINDINGS

The following section provides key takeaways derived from data highlights found throughout the research phase of the CHNA as noted by the Holleran consulting team. Many positive attributes of the health care and social service support systems including what is being done right in the service area were noted by Key Informants and are valuable to share before examining key health issues that need improving.

What is Being Done Right in the Service Area

- Improved food access, and mental health issues as a result of the opiate abatement funds, harm reduction educational efforts and better access to treatment options.
- We have quite a few food pantries. The work of the Edward Kennedy Center is great!
- Bilingual and multilingual individuals in positions where they are helping the community such as mental health workers, doctors, etc.
- Providing food to children through schools and backpack programs. CHNA programs are wonderful.
- With the influx of the migrant families, MRMC, MRPG, EMK and others have joined forces to assist with primary care visits for both adults and children.
- Senior centers are offering multiple programs for residents 60 and over to access nutrition and exercise.
- Efforts to expand access both with providers and insurance are exemplary.
- Local low-cost, reliable transportation to older adults in the community. There is a lot of open space for recreation and physical activities.
- Police departments - co-response and post-response clinicians providing support and connection to resources. Coalitions - connecting providers and sharing of resources; working on identifying and eliminating barriers to care.
- Increase in behavioral health support expansion of MRPG physician's services and health clinics.
- Food Pantry provides assistance to school children in need with weekend food bags. 2 vaccination clinics that are mobile provide immunizations to our migrant families. Vision providers who partner to assist with no cost/low cost eye exams and glasses.
- Partnership with the non-profit Dignity Matters to provide feminine hygiene products to our patrons.
- Having a high-quality hospital (MRMC) that is very community focused, has great ortho, surgical, ID, cardiology, neurology and having Dana Farber right here is what is being done well.
- Milford Regional Hospital serves our basic needs very well. (Community member)

While many opportunities are noted throughout the report to improve the lives of those in the community, several key areas of need have risen to the forefront. A summary of the key findings for 4 key areas is provided here and includes secondary data statistics, key informants, and community member survey data as well as verbatim comments by key informants, focus group participants and community members. An easy-to-read summary of the key findings can be found in the Community Health Report Card immediately following these Key Findings.

Access to Health Care and Missing Services

In general, the MRMC service area appears to be physically healthy. Ninety-two percent of community members report seeing a doctor within the past year and 89.6% rate their health either good, very good or excellent. A substantial portion (over half) of the population have received skin, breast and colorectal cancer screenings and 52.0% received a flu shot. Fortunately, access to health insurance in the service

area is good. On average, adults 18 to 65 are less likely to be uninsured as compared to Massachusetts and the U.S.

Issues of Access

A service area may report generally good health and have a plethora of health and behavioral health services, however if the most vulnerable and needy in the population cannot access these services, health outcomes may suffer. Key Informants selected access to care/uninsured among the Top 5 most pressing health issues. It is likely that Key Informants serve many of those without health insurance. In particular, providers who do not accept Medicaid make it difficult for residents to access medical care. One key informant reported that it is, "Difficult for those uninsured or underinsured to access care." Another respondent expressed concern that COVID protections are now expiring and some are losing their insurance coverage. Community members (54.4%) also selected the lack of health insurance as among the Top 5 significant barriers to accessing care. Community members responded that insurance through Health Connector is typically not accepted, and that United Healthcare is not accepted at the U-Mass health system. One key informant commented, "Trying to match health insurance with providers makes people stop looking for health care."

In addition to health insurance coverage, Key Informants (76.0%) selected the availability of providers and appointments as the most significant barriers to accessing health care. About 13% of community members reported that they could not get an appointment and therefore, delayed seeking needed medical care. 11.3% of community members said they have traveled outside the county for medical care. In the MRMC service area access issues also include affordability, inability to pay co-pays, lack of childcare, lack of providers or long waiting times for appointments. One key informant talked about accessible hours, "I feel that the Urgent Care Center should be open by appointment during the night hours and 24/7 on weekends, when doctor's offices are closed."

Language Barriers

In the MRMC service area there has been a substantial increase in the percentage of individuals who speak a language other than English (now 19.2%, up from 12.0%). 43.3% of key informants surveyed perceive bilingual services to be missing and translation services to be limited. Fifty percent of Key Informants strongly disagree or disagree that there are a sufficient number of multi-lingual providers in the service area to meet the need and are said to be severely lacking. Reportedly, the two translators at the hospital are "overwhelmed". Positively, a language line was recently implemented, providing translation in 8 languages for MRMC patients. Telehealth has also expanded the reach of the translators, including to migrants, and helps mitigate transportation issues. However, community residents are known to resist the use of technology due to its unfamiliarity. "Lots of people have cell phones, but they don't use it for telehealth." Almost one-quarter of Key Informants acknowledge that there is a lack of information in culturally appropriate formats. "As the immigrant populations grow, more services to help them assimilate, get jobs, housing, healthcare, etc. are needed." Interestingly, focus group participants pointed out that individuals often have difficulty understanding the healthcare provider who may speak with a heavy accent or speak rapidly due to very limited time available for each patient. Reportedly, patients are often embarrassed to say that they do not understand. Fortunately, one community member stated "the use of bilingual interpreters and information given in different languages" has improved.

Provider Availability

Fortunately, secondary data demonstrate that there are more health professionals (primary care providers and dentists) available to the population in Middlesex, Norfolk and Worcester counties and the state than in the nation. Fifty-five percent of community members responded that they have one health care professional whom they consider to be their personal doctor. Another 34.6% said that they have more than one provider and only 2.3% said they have delayed treatment because they do not have a physician or provider.

Despite this positive news, provider availability seems to impact the service area. When asked about the most significant barriers that keep people from accessing health care, 61.8% of community members selected the availability of providers and appointments and 66.1% stated that primary care providers are among the Top 5 missing resources or services in the community. A community member stated, "I have no access to obtain a primary care physician and no ability to be screened for anything outside of women's health." Key informants feel the strain of too few providers as well. Over two-thirds (68.7%) of key informants identified primary care providers as "missing" from the service area. Medical specialists (23.9%) and health screenings were noted as missing by fewer key informants (22.4%). However, a key informant reported that, "For OB, I am afraid that UMass Memorial is going to max up in seeing OB patients with MassHealth insurance." One participant called for more midwives to fill the void. Focus group members noted that physicians are either retiring or leaving the service area to practice in an area or state where the cost of living is lower. Many are also becoming hospitalists rather than going into private practice. "No longer can individuals see the same doctor for their entire life." The lack of physicians is also felt by the general community, "The community would benefit from more PCP/Family Medicine locations as the current (ones) may be overwhelmed or unable to take new patients" and "the availability of specialists and ridiculous wait times for appointments."

Recruitment of qualified physicians is difficult and once the physician sets up practice in the service area "programs are needed to care for our doctors" such as loan forgiveness, physical fitness locations and programs to address their mental health. Sign on bonuses were suggested to increase the number of physicians in the service area, especially primary care providers. "Doctors need to see 28 people a week to maintain their salary." Eye doctors and audiologists are also perceived as limited in number. Hearing issues are perceived by stakeholders as increasing isolation in seniors, especially since hearing aides are not typically covered by insurance. Finding a dentist may also be difficult. One focus group member spoke of a mobile dental program at a senior center that is no longer available. Another dental clinic is available at EMK, however, it "doesn't get people out in the smaller towns." Focus group participants noted that recruiting nurses is also difficult. "Nurses burn out due to their 365/24/7 working hours."

Missing Services

Transportation was identified as a missing service by 56.7% of Key Informants and a significant barrier to accessing services (73.1%). A respondent noted, "Transportation to medical appointments continue to be an issue for those without access to cars" and "One person called 911 to get to their doctor appointment." Focus Group participants identified Blackstone Valley and Northbridge as areas specifically in need of transportation services. For instance, when residents are able to find transportation, "They get dropped off at the hospital and can't get back for 6 hours." Alternative transportation systems are limited or costly, "WRTA services are limited in this region and the cost of

Uber/Lyft is too high." Several Community Survey respondents stated that there is a need for more public low cost transportation to and from medical care facilities.

Key informants commented on additional services missing and needed. These include better coordination of services, reduced systemic racism, more free screenings, and outreach/assistance to shut ins and the elderly, opioid addiction services, new patient appointments with primary care providers, more mental health providers and assistance to those with hoarding disorders. Homebound residents are in need of services that can be brought directly to them in their homes. Vaccination services and education about their importance were also noted as lacking by community members and some individuals are not getting their vaccinations due to scheduling issues. Over one-third of Key Informants selected health education/information/outreach as a missing service.

Systemic Barriers Impacting Health Outcomes

Almost half of Key Informants perceived that the lack of understanding of health care (and how to navigate the system) is a significant barrier to receiving healthcare services. A community member said, "There is wonderful care if you know how to access it." Care navigation involves guiding individuals through the complex health care and social service systems to ensure that they receive the right interventions and care. This may be accomplished through counseling and care management services. When this is unavailable, health status may be diminished and resources such as the emergency room may be inappropriately used. A lack of trust as also selected by approximately 30% of Key Informants and this can be related to health care providers, health and social service organizations and systems in general. There has been an "Increase in distrust of systems and providers and reduced in-person office hours." Trust is providers and the health care system is an important element in achieving positive health outcomes, especially since 84.0% of community members reported that they get their health information from doctors, nurses and pharmacists as well as the hospital and health department. One community member commented, "People are scared to go to the ED because of the lack of bedside manner and the rush to not test fully, diagnose and listen to the actual needs of the patients."

Vulnerable Populations

Positively, in the MRMC service area, there are more family households (75.1%) rather than single households than in Massachusetts (62.6%) and the U.S. (64.8%). Families may be better able to rely on each other for support services and may have more resources available to them including transportation and income to spend on housing, food, healthcare, and recreation. Also, the service area population is less likely to have a disability than in the state or nation. Yet, those who live alone (19.6%) or who have a disability may be disproportionately affected by a lack of assistance and resources. This may be particularly true for the older adult. 17.9% of key informants chose the lack of support as a barrier to accessing services. For the elderly, "Better access to affordable home health providers to assist older adults in staying independent in their homes" was identified as a need.

Key Informants identified vulnerable populations who are inadequately served in the service area. They found that individuals who are uninsured or underinsured (47.8%), seniors/elderly (41.8%), low-income/poor (40.3%), homeless (38.8%) and immigrants/refugees (35.8%) are the most inadequately served. "We have a significant number of migrant/refugee families in our community requiring resources involving food, health care, clothing needs etc." and "We have received some calls from

Haitian refugees located in Milford and Franklin stating that they don't receive the help they need." Many of these refugees visit the emergency room when in need of health care, due to the lack of transportation and service coordination. On the other hand, one focus group member identified a cultural issue in which some immigrants and the elderly are reluctant to accept assistance as "it should go to someone else who needs it more than me."

For the youngest individuals (ages 0 to 10), behavioral/mental health issues, access to care/uninsured and food insecurity were identified as the top health issues. "People are not accessing care as much. Less annual exams are being done, especially in young people." One community survey respondent pointed out that pediatric services, especially access to long hospital stays and specialists, are lacking. For the oldest residents, cognitive disorders, behavioral/mental health issues and access to care/uninsured are perceived to be the most critical issues. And those 75 years and older are more likely to have a hearing disability. Focus group members noted that seniors are "often neglected" and fortunately, one nursing position which supports the elderly at a senior center was recently saved but may be on the "chopping block" again due to budgetary issues. Seniors are said to feel like the nurse is their support system. "Many older adults continue to be very isolate, not seeking medical attention when needed and often waiting until a crisis situation happens." Interestingly adults ages 35 to 64 are more likely to report a self-care disability in the service area than in the state and nation. It was also pointed out by a community member that diabetics who need help paying for insulin and other supplies are also vulnerable. Finally, the LGBTQ population is described by one focus group member as not being understood by enough doctors and consequently, they are hard to approach. One community member commented, "There are many times that people are not familiar with how to address or treat someone who is transgender. Even the registration process can be difficult. There needs to be more training on this topic."

Proposed Solutions

Focus group members noted that the system is "reactionary" saying that it is set up that way rather than focusing on prevention. This comment from a Key Informant summarizes the situation, "Honestly problems seem to only get worse. Getting insurance, using insurance, finding providers, finding therapists, finding specialists…all difficult. Someone struggling will just give up. It's quite sad."

Some solutions proposed by stakeholders include increasing health literacy, starting with young children; increasing the use of social workers and nursing to "bring the humanity back to primary care practices;" and coalition building through networking between social agencies, the school system, and the hospital. Also viewed as a potential solution is education about the value of accessing wellness and preventive care and about the fact that most insurers pay for wellness visits. A suggestion was made to hold virtual education workshops on various health topics including nutritional cooking and food preparation. A van to bring health care to people that cannot travel to existing services was also suggested. Community outreach can combat issues of trust, which "is absolutely an issue" in the service area. Community members were adamant that more primary care providers are needed to meet the high demand in the service area. Several individuals called for more urgent care clinics and "free walk in services." There is also a call for more mental health services, particularly for adolescents. An increase in surgical options for cardiac patients and a stroke recovery location were also suggested.

Affordability: Income and Housing

Stakeholder and Community Perceptions

Research suggests that low income and poverty can limit access to healthy food, clean water, safe neighborhoods, and other elements that define an individual's standard of living. It can also lead to working environments with more environmental risks for illness and disability. In addition, people living in poverty tend to have higher rates of chronic conditions like heart disease, diabetes, and stroke. They may also have higher rates of dental complications.

Almost half (44.8%) of Key Informants perceive that the population in the service area has difficulty meeting its basic needs. "There is a lack of access to enough finances for some individuals to access healthy food and other basic needs." Key Informants identified the inability to pay out of pocket expenses such as co-pays, prescriptions etc. as a barrier to receiving treatment (77.6%). Community members (63.3%) also selected this as a significant barrier and one reported "the out of pocket payments for certain tests is the most important thing impacting my current health" and another "High costs of care related to deductibles, co-pays." Prescription assistance is noted as missing by 41.8% of Key Informants as well as 30.7% of community members and affordable dental services were called for. Community members found free/low cost medical and dental care among the Top 5 missing resources and services. One Key Informant stated, "As our tax rates increase, we are seeing more of our seniors being priced out of necessities, like food and prescriptions." "We have limited resources with essential toiletries, especially toilet paper which cannot be purchased with food stamps."

Poverty and Affordable Housing

In the service area, 4.8% of the population has an income below 100% of the federal poverty level. The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. In the service area, households that are below 100% of the poverty level have an income have $15,060/year or less. In the service area, 51.0% of adults spend more than 30% of their income on rent and rent related items such as utilities. This is considered a "housing cost burden." The median rent in the service area is $1,580, which is similar to Massachusetts ($1,588). Both are higher than the nation ($1,268). This is significant as 20.4% of all households in the service area are renter households. Reportedly, rents have increased rapidly in the last few years.

The supply of affordable housing is reported to be very low. "Affordable housing is hard to find for the elderly and those in their twenties." For instance, a focus group member identified "the town of Franklin as needing affordable housing. People can't stay in the town they grew up in." This seems to create a situation in which families and individuals cannot afford the cost of living, but also cannot afford to move. As a result, these families and individuals may be making difficult choices between paying rent, purchasing nutritious food, and paying for needed health care services. There appears to be some disparity as it relates to housing in the service area. Only 23.7% of homeowners are spending more than 30% of their income on their mortgage and mortgage related necessities. One participant said, "It is cheaper to pay the mortgage than the rent." However, "there are no starter homes any more and more support is needed to buy houses." The lack of affordable housing is leading to a homeless situation that has grown enormously according to stakeholders. "Elderly females are the largest part of the homeless. They are living in their cars or 'couch surfing'." Reportedly, there are no shelters available and

there are lengthy waiting lists. Also, shelters for older adults with special medical needs do not exist. "Shelters are not appropriate for their needs. They can't just be placed in a hotel."

Affordable housing is perceived by focus group participants to be lacking and extremely difficult to access even through coordinated entry programs. "There are hardly any openings." This creates a situation in which individuals who are perceived to need assistance, are instead living independently.

Food Insecurity

Meeting basic needs, including access to healthy foods, impacts health outcomes and is frequently a barrier to getting and staying healthy. In the service area, "food insecurity continues to increase for many individuals and families." Food insecurity is defined as the condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs. Individuals with limited access to nutritious food or recreation spaces may be undernourished and physically inactive. Almost 2.0% of community members report that they do not have enough to eat "sometimes" or "often". 59.7% of Key Informants identified the cost of healthy foods as well as gym memberships as a barrier to good health outcomes. About one-fifth of community members did not participate in physical activity or exercise in the past month. Over half did not do vigorous physical activity during the past month. Over half of community members chose Overweight/Obesity when asked what they perceive to be the Top 5 pressing health issues facing the community. One community member commented, "I do believe patients need to be more educated in nutrition and movement/exercise." In general, many community members commented that the thing that impacts their current health the most is regular exercise and better eating habits.

Focus group members noted that food pantry supplies are declining, as are donations. Delivery services and culturally appropriate food and staffing are lacking. "The need is growing and growing, some are coming from 50 miles away." Food deserts are said to exist in the service area. A focus group member described it this way. "Are there food deserts. Yes! They do door dash, using food stamps, but then they have to tip the driver. Even if the grocery store is 5 miles away, there is a giant hill, and they can't get there." Community members were asked several questions related to diet and nutrition. In response, 11.7% said that they eat dark green vegetables "less than once per week" or "never."

The data demonstrate that having a low income or living in poverty impacts the health status of the community since finding adequate housing is difficult and healthy food and exercise opportunities are lacking.

Mental/Behavioral Health and Substance Abuse

According to the Centers for Disease Control, mental and physical health go hand in hand in terms of overall health. For example, depression is linked to the presence of long-lasting conditions such as diabetes, heart disease and stroke and increases the risk for other physical health problems. Also, the presence of chronic conditions can increase the risk for mental illness. When demands on an individual are greater than their resources, their mental health may be affected, and they may also engage in risky behaviors. On average, adults in Middlesex and Norfolk counties report experiencing about 4.2 poor mental health days per month. Worcester County is slightly higher at 4.5 days. Almost 19% of

community members responded that they experience 5 or more poor mental health days per month. Nine percent were unable to work or do daily activities as a result.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral and mental health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. Services within Connecticut and data collected are based on location within 6 regions. The Central and Metrowest region includes data for Middlesex, Norfolk, and Worcester counties.

Mental Health

According to the secondary data, the Central Region (which is largely Worcester County), experiences the highest levels of mental illness in comparison to the Metrowest Region (largely Middlesex and Norfolk counties), the state and nation. 5.1% of individuals in the Central Region experienced a serious mental illness in the past year, 4.7% had thoughts of suicide and 7.5% had a Major Depressive Episode in the Past Year. This is resounded by community members as over 22% reported feeling stressed out or overwhelmed "always" or "most of the time". Over one-third were told by their doctor, nurse, or health professional that they have an anxiety disorder and one-quarter were told they have a depressive disorder. Positively, 19.8% of the population in the Central Region received mental health services in the past year as well. This is slightly higher in the Metrowest Region (21.3%) This disparity may indicate an issue related to access to service and affordability. Healthy People 2030 has an established goal to "Increase the proportion of adults with serious mental illness who get treatment (MHMD-04)." The target is 68.8%. Interestingly, when community members were asked what is currently impacting their health, many responded that stress and anxiety is the biggest issue for them.

Substance Abuse

SAMHSA tracks several indicators related to alcohol, marijuana, cocaine, and heroin use by individuals 12 years or older. The Metrowest Region has the highest percentage of Alcohol Use and Marijuana in the past year and past month (respectively) among individuals aged 12 and older. The Central Region has a substantial percentage of marijuana use in the past month (19.1%) in comparison to all other geographies. Vaping and marijuana use was noted by focus group participants as a very serious problem" especially following legalization and reportedly, a "black market" for marijuana has developed. 8.6% of community members report using marijuana "sometimes," "most of the time" or "always." Young people are also known to be using new substances. These include Fentanyl and Xylazine in tobacco products, which frequently are disguised as candy. Reportedly, liquor stores are selling THC infused alcohol and children are coming in contact with this substance. Also, the mishandling of edibles is leading to accidental overdose in children.

Focus group members also spoke in depth about a limited support structure in the hospital for people who have an opioid addiction. Due to the unavailability of counselors, these individuals are given appointments "days or weeks after" which is "not appropriate." A counselor or "recovery coach" on the staff nights and weekends in the emergency room is thought to be an effective means to address this issue. A need for dual recovery program, perhaps at the hospital was discussed for those with both mental health and substance abuse issues.

As it relates to tobacco use, about 9.0% of community members said that they are exposed to secondhand smoke or vaping mist at home or work. Fortunately, the population of adult smokers is somewhat less than the National Benchmark (15.0%) in Middlesex and Norfolk counties. The percentage of adults in Worcester who smoke is similar to the benchmark.

Pressing Issues

Key informants were asked to determine the 5 most pressing health issues in their community from a list of 31 focus areas identified in the survey. The issue of behavioral/mental health was chosen as the most pressing issue. This is followed by substance abuse (alcohol, marijuana or other drugs). Almost half of all community members found that mental health services are among the top 5 missing resources and services in the service area. One community member said that "the community needs access to mental health options and need to be made aware of any options that exist." Focus group members perceive that individuals are receiving needed help with physical issues, but not with the behavioral/mental health and substance abuse issues that they present with. An inpatient psychiatric unit at MRMC was noted as missing as was the ability to administer detox medication in the emergency room.

For various age cohorts, behavioral/mental health was selected as the top health issue. In the 70 and over group, behavioral/mental health was selected second, preceded by cognitive disorders/ Alzheimer's Disease. Community members (65.2%) also selected behavioral health/mental health and substance abuse (4.7%) as among the top 5 most pressing issues. Several Key Informant comments addressed young adults and mental health, and this seems to be a particular need in the service area, having accelerated as a result of the pandemic. "In my job role, I only work with ages 16-25. With that said, behavioral health, nutrition, vaping, and dental health, are the most significant for the age group." There is a need for "addressing depression/anxiety/suicide in young people" and a specialized unit for children and adolescents. Focus group members noted that "kids may need a one-on-one and often can't participate in activities without it." They also called for more therapists to work with children and youth. For the elderly, "A geri-psychiatric unit is very much needed, and a specialized unit for children and adolescents."

Access to Providers

Importantly, Key Informants strongly disagreed (80.7%) that there is a sufficient number of mental/behavioral health providers in the area and mental health services are perceived to be missing by 61.2%. This is despite the fact that the mental health provider density ratio in all 3 counties is far better than the National Benchmark of 240:1. In Worcester County, it is 181 individuals to 1 mental health provider, in Middlesex County it is 152:1 and Norfolk it is 150:1. In Massachusetts the ratio is better (142:1). Focus group members agreed that there is a shortage of providers including those with a "trauma-based approach." Also noted was a lack of case management services to assist with navigating the health and insurance systems to find a provider.

Key Informants identified long wait lists for services as problematic, saying that people are foregoing treatment as a result. The consequences of missing or lacking mental health and substance abuse services and the inability to access them seem to impact all generations of a family. "In our

communities, many individuals lack secure attachment, healthy relationships, consistent emotional support, healthy role models, and overall emotional and physical security. This compounds itself as they enter adolescence and adulthood, resulting in behavioral and substance use difficulties, in addition to the inability to transition into adulthood effectively. Their lives are unstable at best, and they are unable to care for themselves or others. Elders are then tasked with caring for adults who cannot care for themselves, while elders are experiencing their own care needs." Another stated, "As a community, we need to address childhood trauma and family systems issues throughout the lifespan of our community members, in the hopes that we can stop the cycle of negative outcomes." Additionally, hoarding, and intergenerational trauma were mentioned by focus group members as a mental health issue for many, particularly the elderly.

Key Informants also disagreed that there are sufficient multilingual mental/behavioral health providers (69.3%) and multilingual mental/behavioral health providers who accept Medicaid or Medical Assistance (64.5%). Focus group participants noted that in general, many counselors do not take insurance and ask for private pay instead.

Community Improvements

Fortunately, focus group members discussed an improvement in community services. Although there was (reportedly) very little support years ago, there has been a "huge transition". The Police Department now has an outreach worker that accompanies police officers in the field. "This is a tremendous resource for local police." Frequently these teams are dealing with situations that stem from mental health issues and not criminal behavior. Improvements were also noted in emergency situations for both mental health and substance abuse, however, follow up services are lacking. The EMK Community Health Center, with a new location in Milford now offers addiction treatment. The Safe Coalition in Franklin offers a safe coffee hour and also takes in juveniles instead of sending them to the Juvenile Detention Center.

Worcester County Health Outcomes

Geographical Considerations

Residents of Worcester County have poorer health outcomes and face more health related issues than those in either Middlesex or Norfolk counties. This is particularly important because the percentage of service area residents that reside in this Worcester County is 43.6%. (42.4% reside in Norfolk County and 13.9% live in Middlesex County). Within the entirety of Worcester County, residents report having 2.7 poor physical health days and 4.5 poor mental health days, similar or greater than the state and the nation. Focus group members mentioned that many areas of the county are well served, however residents in the city of Worcester are more likely to experience poor health outcomes due to limited services. Many towns in the county are spread out, so bringing services to all residents is challenging. Focus group members also stated that "Milford Regional Medical Center is on the other side of the world for people in Worcester (city)." For example, Southern Worcester County is perceived to be "night and day from Worcester (city)." Reportedly the presence of urgent care centers in the county has improved the situation. Although the city of Worcester is included in county-wide statistics, it is important to note that data cited in this section from the Community Survey is provided by respondents from the towns in the service area that fall within Worcester County. These include Milford, Uxbridge,

Hopedale, Mendon, Northbridge, Blackstone, Upton, Douglas, Grafton, and Millville. Key Informants were specifically asked to address concerns related to MRMC's service area.

Physical and Mental Health Status

In the past 30 days, 6.5% of Community Survey participants said that their physical health was poor and 10.1% said their mental health was poor. Community members (63.4%) also identified behavioral/mental health as the most pressing health issue facing their communities. This is followed by overweight/obesity (55.7%) and substance abuse (46.3%). The Worcester County percentage of excessive drinking (19.8%) is similar to Middlesex and Norfolk counties, but higher than the state and the National Benchmark. According to community members, 19.4% said that they have had 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion, meeting the definition for binge drinking. Almost 40% of community respondents said that their doctor or nurse has told them they have an anxiety disorder and one-quarter have been told that they have a depressive disorder. Almost one-third of respondents (65%) feel stressed out or overwhelmed "sometimes, most of the time or always".

Significant Barriers and Missing Resources

61.8% of community members who were surveyed cited the availability of providers and appointments as the most significant barrier that keeps people from accessing health care. 15.9% reported delaying getting needed medical care because they couldn't get an appointment soon enough. A delay in treatment may lead to an emergency room visit. Over 60% of county respondents identified the inability to pay out of pocket expenses as well as the lack of health insurance coverage (57.%) as significant barriers. Primary care providers were selected by almost 70% of community members as a missing resource.

Dental care appears to be a particular problem in Worcester County, including free and low cost dental care. This issue was identified in the 2021 CHNA as well. The provider ratio for dentists in Worcester County is 1,326:1 as compared to the National Benchmark, 1,200:1. Middlesex and Norfolk County fare much better. In general, however, 44.8% of Key Informants found that free/low cost dental care is "missing" from the service area. "We need more dentists or hygienists." The lack of or poor dental care can affect an individual's quality of life due to physical discomfort, tooth decay, gum disease, tooth loss and mouth ulcers. Missing teeth can cause social isolation and low self-esteem. Increases in the rates of heart disease and diabetes are also linked. "Dental care gets put on the back burner and it is part of medical care."

Nutrition and Physical Activity

The food environment index measures overall food access and is based on a scale of 0 (worst) to 10 (best). The index for Worcester County is 8.4 while the other counties and Massachusetts are better than the National Benchmark of 8.7. Many residents of Worcester County may not live in close proximity to a grocery store or have access to a reliable source of food during the past year. More than 11% of Community Survey respondents report having enough food, but not always having the types of food they would want to have. Worcester County individuals are also more likely to be obese (measured by the Body Mass Index of 30 or higher) and physically inactive. 29.8% of adults in the county are considered obese (as compared to 24.5% in Massachusetts). Among the community members, 22.5%

report not participating in any physical activity or exercise in the past month. Inactivity, poor nutrition and being overweight may lead to diabetes, heart disease, stroke, fatty liver disease and breathing problems.

Morbidity and Mortality

Individuals with chronic conditions in Worcester County are more likely to be diagnosed with heart disease, arthritis, asthma, stroke, and COPD than in the other counties or the state. A substantial percentage of community members who participated in the Community Survey have been told by their doctor that they have high cholesterol (41.1%) and 37.2% have been told they have high blood pressure. These 2 factors may contribute to heart disease. The overall cancer age-adjusted incidence rate in Worcester County is also higher. One-fifth (20.3%) of community survey participants said that they have been diagnosed with cancer.

As it relates to total mortality, Worcester County has the highest rate for each age cohort and overall mortality among all counties and the state, yet this rate is lower than in the nation. Also, the overall mortality rate as a result of a cancer diagnosis is higher in the county than in Middlesex and Norfolk counties and the state and slightly higher than in the U.S. This is particularly true for cancers of the esophagus, liver, prostate, and uterus. The county also has the highest age-adjusted mortality rate for accidents (unintentional injuries), chronic lower respiratory disease, influenza, and pneumonia. In terms of prevention, 47.9% of community members reported that they did not receive a flu vaccine in the past 12 months.

Premature death is defined as years of potential life lost before age 75 (per 100,000). The rate in Worcester County (6,474) is substantially higher than the other counties, Massachusetts and the U.S. (5,600). Premature death may be attributed to smoking, cancer, heart disease, unintentional injury, violence, traffic accidents, suicide, drug use and Alzheimer's disease and related dementias.

COMMUNITY HEALTH REPORT CARDS

This Community Health Report Card highlights statistics that vary between the medical center's service area, counties, Massachusetts, and the United States. To be classified as an area of strength, the local figure (either county or service area) must exceed the state and national figure. Consequentially, to be classified as an area of need, the local figure must be unfavorable compared to the state and national statistics. Depending on the database, a factor may only have a county-level comparison or a calculated service area comparison. Not all figures on the Community Health Report Card will have accompanying state and national comparisons. Some questions were only asked of the local Key Informants or community members. When a comparison is unavailable the cell is omitted.

MILFORD REGIONAL MEDICAL CENTER
Community Needs Assessment 2024

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	MRMC SERVICE AREA	MIDDLESEX COUNTY	NORFOLK COUNTY	WORCESTER COUNTY	MASSACHU-SETTS	U.S. *National Benchmark
SOCIO-ECONOMIC FACTORS	LANGUAGE	Population who speak English less than very well	10.4%				9.6%	8.2%
	INCOME	Population living below 100% the poverty level	4.8%				9.9%	12.5%
		% of unemployed older adults (20-64 years)	3.8%				4.0%	3.9%
	EDUCATION	Adults with a bachelor's degree or higher (35-64 years)	54.8%				46.0%	35.0%
	AFFORDABLE HOUSING	Renters spending more than 30% of their income on housing	51.0%				50.2%	49.9%
		Homeowners spending more than 30% of their income on housing	23.7%				29.8%	27.3%
	SOCIAL SUPPORT	Householders living alone	19.6%				28.5%	28.3%
	HEALTH CARE ACCESS	% of adults under 65 years without health insurance coverage		3.4%	2.6%	3.3%	3.6%	6.0%*
		Community members selecting lack of health insurance as a Top 5 pressing health issue.	40.2%					
		Adults receiving a medical routine checkup within the past year		72.8%	74.6%	76.2%		73.6%
		Community members reporting seeing a doctor within the past year	92%					
		Population to physician ratio		799:1	795:1	997:1	966:1	1,020:1*
		Population to mental health providers ratio		152:1	150:1	181:1	142:1	240:1*
		Population to dentist ratio		966:1	809:1	1,326:1	930:1	1,200:1*
		Community members selecting mental health services among the Top 5 missing resources and services	48.8%					
		Most prevalent barriers to accessing care cited by key informants: Inability to pay out of pocket expenses and availability of providers/appointments	77.6%					
		Community members reporting the inability to pay out of pocket expenses as the most significant barrier to accessing health care	63.3%					
		Most prevalent barrier to staying healthy cited by key informants: Cost of healthy foods and/or gym memberships	59.7%					
		Community members reporting that they could not get a doctor's appointment and therefore delayed medical care	12.9%					
		Community members stated that primary care providers are missing from the service area	66.1%					
	BUILT ENVIRONMENT	Food environment index (Ranking from 1 - worst to 10 – best)		9.1	9.0	8.4	9.2	8.7*
		Community members who selected Overweight/Obesity as a Top 5 pressing health issue	57.7%					
		No exercise in past month by residents		15.9%	16.5%	21.7%	19.4%	19.0%*

*National benchmark represents the 10th percentile | **National benchmark is reverse coded, representing the 90th percentile | --Data not available

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

MILFORD REGIONAL MEDICAL CENTER
Community Needs Assessment 2024

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	MRMC SERVICE AREA	MIDDLESEX COUNTY	NORFOLK COUNTY	WORCESTER COUNTY	MASSACHU-SETTS	U.S. *National Benchmark
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Adults reporting poor physical health days		2.3	2.3	2.7	2.4	2.7*
		Adults reporting poor mental health days		4.2	4.2	4.5	4.5	4.0*
		Medicare beneficiaries told they have a Depressive Disorder		22.6%	21.5%	23.9%	23.2%	18.4%
		Obese adults (BMI ≥ 30)		20.9%	23.4%	29.8%	24.5%	30.0%*
		Community members reporting good, very good or excellent health in the past year	89.6%					
		Community members who reported experiencing 5 or more poor mental health days per month	18.8%					
		Community members who reported feeling stressed out or overwhelmed "always" or "most of the time"	22.4%					
		Community members who selected behavioral health/mental health as a Top 5 most pressing issue	65.2%					
	TOBACCO AND ALCOHOL USE	Adults who currently smoke		9.8%	10.4%	14.9%	11.4%	15.0%*
		Adults who drink excessively		19.8%	19.8%	19.8%	19.3%	15.0%*
		Community members who reported using marijuana "sometimes", "most of the time" or "always"	8.6%					
	PREVENTATIVE SCREENINGS	Older adults up to date of a core set of clinical preventatives: Men[c]		50.6%	56.2%	55.2%		
		Older adults up to date of a core set of clinical preventatives: Women[d]		46.5%	43.5%	48.3%		
		Older adult women who had a Mammogram in the past 2 years		83.5%	79.1%	80.6%		78.2%
		Adult women who had a Pap test in the past 3 years		85.3%	85.7%	84.6%		82.8%
		Older adults who had a Sigmoid/Colonoscopy in the past 10 years		79.0%	81.8%	83.1%		72.4%
HEALTH OUTCOMES	CHRONIC CONDITIONS	Total Cancer incidence rate per 100,000 population		426.6	462.7	470.1	449.4	442.3
		Adults with Diabetes		7.7%	8.4%	9.6%	7.8%	11.3%
		Adults with Coronary Heart Disease		4.7%	5.0%	5.7%	4.9%	6.0%
		Adults diagnosed ever with Asthma		9.9%	10.1%	11.6%	11.7%	9.7%
		Adults with COPD		4.8%	5.2%	6.5%	5.3%	6.4%
	PREMATURE DEATH	Years of potential life lost (death before age 75) per 100,000 population		4,226	4,605	6,474	5,704	5,600*
	DEATH RATES	Multiple Cause of Death Rate per 100,000 population		755.8	853.8	904.8	903.6	1,043.8
		Total Cancer mortality rates per 100,000 population		135.5	141.1	150.9	143.3	149.4

*National benchmark represents the 10th percentile | **National benchmark is reverse coded, representing the 90th percentile | --Data not available

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

[c] Flu shot within past year, PPV Shot Ever, Colorectal cancer screening

[d] Flu shot within past year, PPV shot ever, Colorectal cancer screening, and Mammogram

DOMAIN	INDICATOR	MEASURE	MRMC SERVICE AREA	MIDDLESEX COUNTY	NORFOLK COUNTY	WORCESTER COUNTY	MASSACHU-SETTS	U.S. *National Benchmark
HEALTH OUTCOMES	DEATH RATES	Lung and Bronchus Cancer mortality rates per 100,000 population		30.1	32.7	35.8	33.6	35.0
		Non-Hodgkin Lymphoma mortality rates per 100,000 population		5.4	4.9	5.3	5.0	5.1
		Influenza and Pneumonia death rate per 100,000 population		10.3	9.9	13.0	11.7	12.6
		Accidents (unintentional injuries) death rate per 100,000 population		52.5	55.9	69.6	66.2	67.8
		Alzheimer's death rate per 100,000 population		19.4	24.8	22.7	22.3	36.0

*National benchmark represents the 10th percentile | **National benchmark is reverse coded, representing the 90th percentile | --Data not available

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

SECONDARY DATA PROFILE

Milford Regional Medical Center's Service Area is comprised of 19 towns as displayed in Table 2.

Table 2. Milford Regional Medical Center's Service Area

Town	County	Town	County
Bellingham	Norfolk	Mendon	Worcester
Blackstone	Worcester	Milford	Worcester
Douglas	Worcester	Millis	Norfolk
Franklin	Norfolk	Millville	Worcester
Grafton	Worcester	Norfolk	Norfolk
Holliston	Middlesex	Northbridge	Worcester
Hopedale	Worcester	Upton	Worcester
Hopkinton	Middlesex	Uxbridge	Worcester
Medfield	Norfolk	Wrentham	Norfolk
Medway	Norfolk		

Source: Secretary of the Commonwealth of Massachusetts

POPULATION AND HOUSEHOLD ESTIMATES

The estimated adult population in Milford Regional's service area was 241,373. The town of Franklin, in Norfolk County, accounted for 13.6% of the service area, the largest of the eighteen (18) towns that Milford Regional serves. This is followed by Milford in Worcester County, accounting for 12.6% of the service area population. Most of the population in MRMC's service area is located in Norfolk and Worcester counties (42.4% and 43.6% respectively). Middlesex's population makes up only 13.9% of the service area.

In terms of population age, the largest age cohort in the service area is ages 45 to 74 with 41.2%, greater than in Massachusetts and the United States. This is followed by ages 20 to 44 (28.5%).

Table 3. Total Population (2018-2022)

	Total Population	% of Service Area	Male Population	Female Population
United States	331,097,593	--	49.6%	50.4%
Massachusetts	6,984,205	--	49.0%	51.0%
Bellingham	17,025	7.1%	50.0%	50.0%
Blackstone	9,195	3.8%	46.8%	53.2%
Douglas	9,213	3.8%	46.7%	53.3%
Franklin	32,777	13.6%	47.8%	52.2%
Grafton	7,634	3.2%	51.1%	48.9%
Holliston	14,902	6.2%	51.6%	48.4%
Hopedale	6,021	2.5%	44.9%	55.1%
Hopkinton	18,748	7.8%	50.2%	49.8%
Medfield	12,844	5.3%	49.9%	50.1%
Medway	13,164	5.5%	46.7%	53.3%
Mendon	6,238	2.6%	47.4%	52.6%
Milford	30,411	12.6%	52.2%	47.8%
Millville	3,176	1.3%	49.6%	50.4%
Millis	8,565	3.5%	46.7%	53.3%
Norfolk	5,893	2.4%	49.2%	50.8%
Northbridge	11,527	4.8%	56.5%	43.5%
Upton	7,828	3.2%	49.0%	51.0%
Uxbridge	14,039	5.8%	49.2%	50.8%
Wrentham	12,173	5.0%	52.3%	47.7%
Total MRMC Service Area	**241,373**	**100.0%**	**49.7%**	**50.3%**

Source: U.S. Census Bureau

Table 4. MRMC's Service Area Population by County

County	MRMC Service Area Population	Percentage of Service Area
Middlesex	33,650	13.9%
Norfolk	102,441	42.4%
Worcester	105,282	43.6%

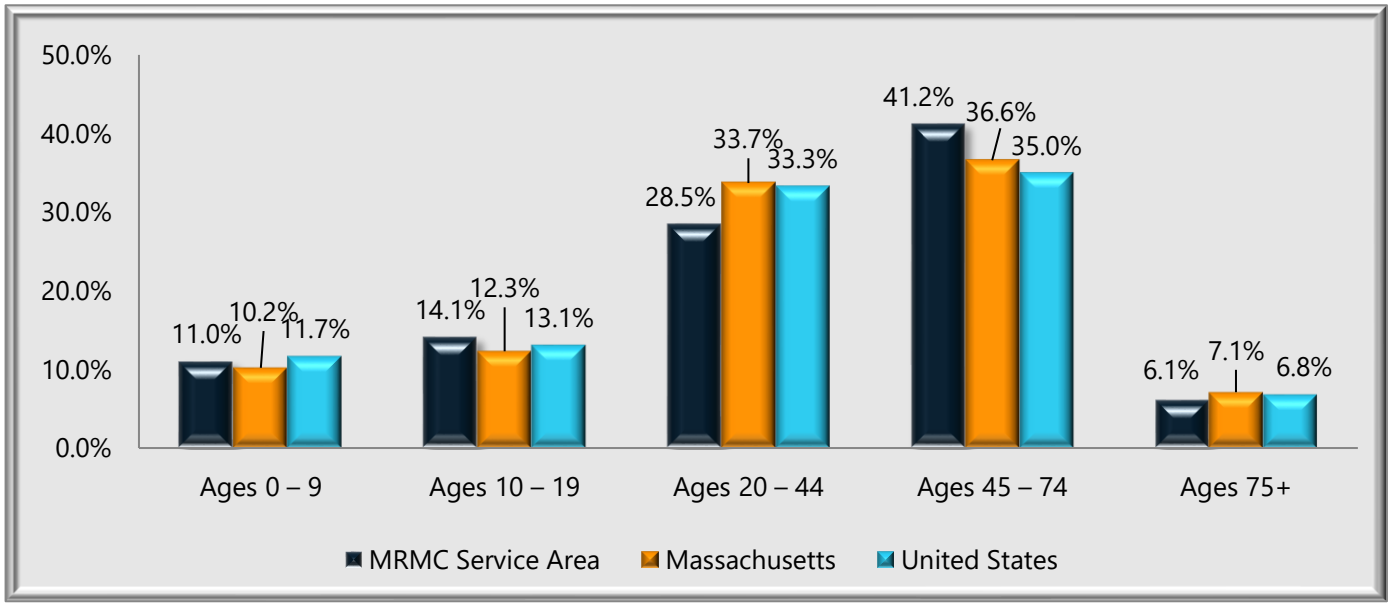
Source: U.S. Census Bureau

Table 5. Population by Age (2018 – 2022)

	Total Population^	Ages 0 – 9	Ages 10 – 19	Ages 20 – 44	Ages 45 – 74	Ages 75+
United States	331,097,593	11.7%	13.1%	33.3%	35.0%	6.8%
Massachusetts	6,984,205	10.2%	12.3%	33.7%	36.6%	7.1%
Bellingham	17,025	13.5%	12.1%	33.9%	34.8%	5.6%
Blackstone	9,195	11.3%	12.0%	28.6%	40.2%	7.9%
Douglas	9,213	9.2%	15.5%	28.7%	70.9%	5.6%
Franklin	32,777	8.1%	17.2%	28.9%	40.7%	5.1%
Grafton	7,634	9.8%	17.0%	28.8%	38.4%	6.1%
Holliston	14,902	10.6%	13.6%	25.6%	43.6%	6.5%
Hopedale	6,021	4.6%	21.9%	24.0%	41.6%	7.9%
Hopkinton	18,748	14.0%	16.2%	25.9%	39.6%	4.4%
Medfield	12,844	15.8%	14.5%	24.9%	39.9%	5.0%
Medway	13,164	12.5%	12.6%	30.6%	38.8%	1.5%
Mendon	6,238	10.3%	14.7%	25.3%	41.5%	8.3%
Milford	30,411	12.6%	10.9%	33.3%	36.0%	7.1%
Millis	3,176	9.9%	13.0%	25.3%	45.2%	6.5%
Millville	8,565	6.6%	14.9%	22.6%	46.2%	9.6%
Norfolk	5,893	9.2%	12.%	25.6%	46.8%	5.5%
Northbridge	11,527	12.8%	13.8%	32.7%	36.5%	4.1%
Upton	7,828	10.2%	16.0%	24.5%	45.2%	4.2%
Uxbridge	14,039	10.3%	11.5%	29.9%	39.6%	8.7%
Wrentham	12,173	9.1%	13.3%	24.2%	44.1%	9.2%
Total MRMC Service Area	**241,373**	**11.0%**	**14.1%**	**28.5%**	**41.2%**	**6.1%**

Source: U.S. Census Bureau

Figure 1. Percentage of Age Cohorts (2018 – 2022)



Racial Composition

The population in Milford Regional's service area is predominantly White (85.9%). This has decreased however in comparison to 2015 – 2019 data in the previous CHNA when it was 90.0%. As noted in Table 5, all other racial groups continue to comprise less than 5% of the population in the service area. The racial profile in the service area remains less diverse than Massachusetts or the nation.

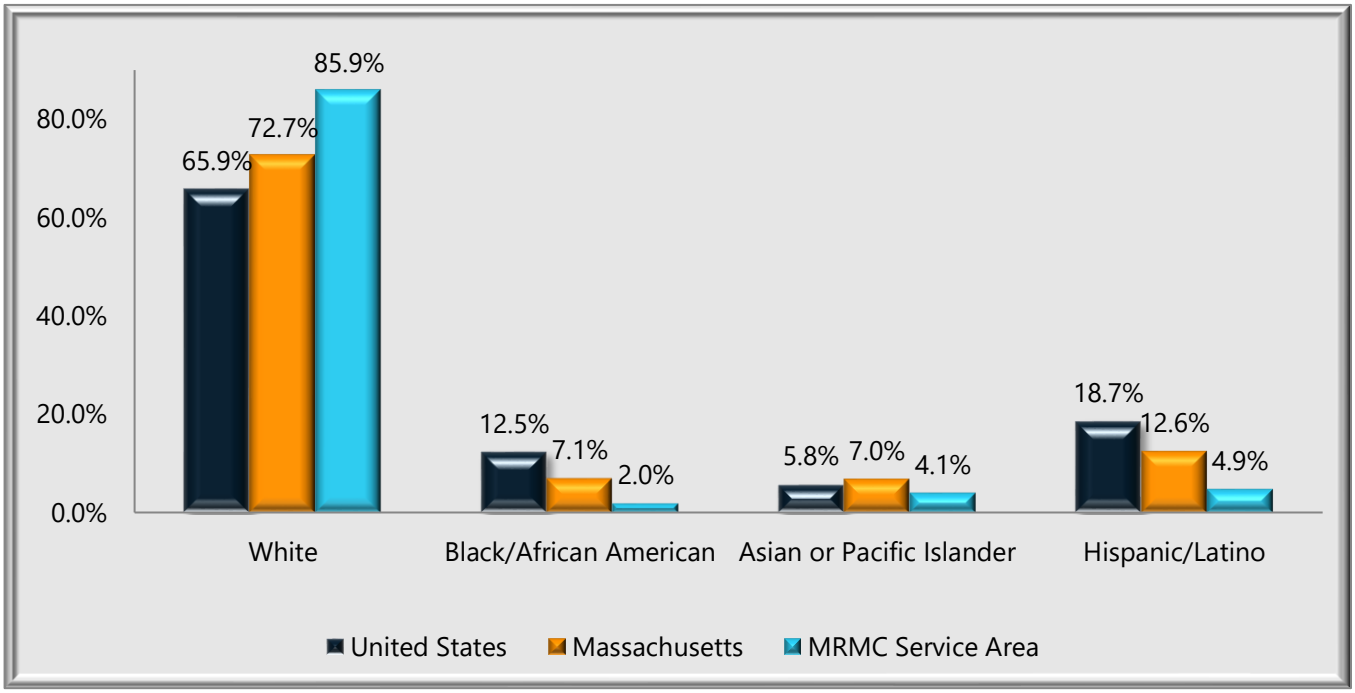
Table 6. Race Alone, Population (2018-2022)

	Total Population	White	Black/ African American	American Indian/ Alaska Native	Asian or Pacific Islander	Native Hawaiian and Pacific Islander	Some Other Race	Hispanic or Latino (of any race)[a]
United States	331,097,593	65.9%	12.5%	0.8%	5.8%	0.2%	6.0%	18.7%
Massachusetts	6,984,205	72.7%	7.1%	0.2%	7.0%	0.0%	5.0%	12.6%
Bellingham	17,025	84.9%	0.8%	0.0%	1.2%	0.0%	3.3%	7.2%
Blackstone	9,195	87.6%	3.1%	0.0%	1.9%	0.3%	1.3%	3.7%
Douglas	9,213	95.8%	0.2%	0.0%	0.3%	0.0%	1.3%	4.3%
Franklin	32,777	88.0%	1.5%	0.0%	5.7%	0.0%	0.3%	4.1%
Grafton	7,634	86.4%	0.6%	0.0%	6.9%	0.0%	0.7%	3.3%
Holliston	14,902	87.3%	0.6%	0.0%	5.4%	0.0%	2.1%	4.3%
Hopedale	6,021	94.3%	1.6%	0.0%	0.4%	0.0%	0.0%	3.5%
Hopkinton	18,748	76.0%	0.8%	0.2%	16.4%	0.0%	1.7%	2.7%
Medfield	12,844	88.7%	1.5%	0.0%	4.2%	0.0%	0.2%	5.0%
Medway	13,164	84.5%	1.5%	0.1%	5.5%	0.0%	0.9%	3.7%
Mendon	6,238	94.3%	0.4%	0.0%	0.6%	0.0%	0.3%	2.8%
Milford	30,411	73.5%	3.9%	0.9%	2.5%	0.0%	9.5%	11.6%
Millis	3,176	89.6%	1.8%	0.0%	2.6%	0.0%	1.0%	1.2%
Millville	8,565	94.3%	0.8%	0.0%	0.6%	0.0%	0.7%	1.1%
Norfolk	5,893	91.3%	2.2%	0.0%	2.4%	0.2%	1.3%	6.3%
Northbridge	11,527	85.3%	6.7%	0.0%	1.9%	0.0%	1.3%	4.7%
Upton	7,828	83.0%	5.4%	0.2%	4.0%	0.0%	1.3%	5.7%
Uxbridge	14,039	92.5%	1.6%	0.7%	0.6%	0.0%	1.2%	2.7%
Wrentham	12,173	92.1%	2.0%	0.1%	2.1%	0.0%	0.2%	0.9%
Total MRMC Service Area	**241,373**	**85.9%**	**2.0%**	**0.2%**	**4.1%**	**0.0%**	**2.2%**	**4.9%**

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure 2. Racial breakdown of the three major races and Hispanic/Latino (2018 – 2022)



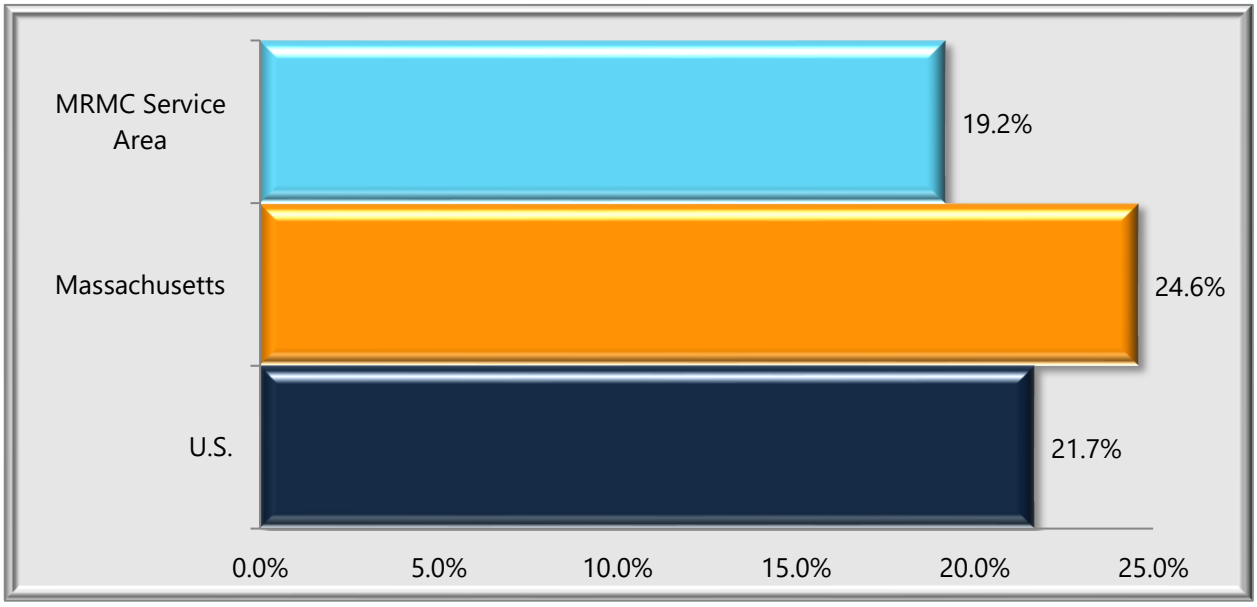
Additionally, in the service area, there tends to be a lower percentage of the population that speaks a language other than English, compared to the state and nation. Spoken language other than English in the service area has increased from 12.0% in the previous study (2015-2019) to 19.2%.

Table 7. Language Other than English Spoken at Home, Population 5 Years and Over (2018 - 2022)

	U.S.	Massachusetts	MRMC Service Area
Spoken language other than English	21.7%	24.6%	19.2%
Speak English less than "very well"	8.2%	9.6%	10.4%

Source: U.S. Census Bureau

Figure 3. Percentage of population speaking language other than English (2018 - 2022)



Veteran Status

The area surrounding Milford Regional tends to have fewer veterans aged 18 to 34 compared to the state and nation and a somewhat higher percentage of veterans aged 75 and over. The percentages figures from those aged 35 years or older to veterans 65 to 74 are similar to the figures from Massachusetts and the nation.

Table 8. Veteran Population (2018 - 2022)

	Veteran Population Total	Veteran Population 18 to 34 Years	Veteran Population 35 to 54 Years	Veteran Population 55 to 64 Years	Veteran Population 65 to 74 Years	Veteran Population 75 Years and Over
United States	17,038,807	8.6%	23.8%	18.3%	25.0%	24.3%
Massachusetts	266,304	7.2%	18.4%	17.1%	25.0%	32.2%
Bellingham	687	10.0%	13.4%	26.1%	30.3%	20.2%
Blackstone	439	7.5%	29.4%	27.6%	26.0%	9.6%
Douglas	314	4.1%	31.5%	13.7%	28.7%	22.0%
Franklin	807	3.2%	18.3%	10.7%	30.7%	37.1%
Grafton	325	3.1%	5.2%	24.0%	11.4%	56.3%
Holliston	591	6.3%	33.8%	7.6%	33.3%	19.0%
Hopedale	321	3.7%	28.3%	3.1%	10.0%	54.8%
Hopkinton	586	5.5%	15.4%	19.6%	32.6%	27.0%
Medfield	257	0.0%	22.2%	9.3%	14.4%	54.1%
Medway	473	0.0%	22.6%	14.8%	31.9%	30.7%
Mendon	309	1.9%	9.7%	30.7%	12.6%	45.0%
Milford	1,219	5.6%	26.1%	23.2%	18.0%	27.1%
Millis	199	0.0%	14.6%	18.1%	41.2%	26.1%
Millville	168	0.0%	27.4%	45.8%	9.5%	17.3%
Norfolk	405	0.0%	34.1%	14.8%	33.8%	17.3%
Northbridge	370	2.2%	25.1%	21.9%	30.8%	20.0%
Upton	468	0.0%	45.7%	7.3%	25.9%	21.2%
Uxbridge	642	3.0%	26.0%	32.4%	11.5%	27.1%
Wrentham	489	7.0%	11.5%	15.7%	30.7%	35.2%
Total MRMC Service Area	**100%**	**4.1%**	**23.4%**	**19.0%**	**24.9%**	**28.7%**

Source: U.S. Census Bureau

Housing Tenure and Value

The majority of residences in the service area are occupied by the owner. The percentage of those that own their residence in the service area (82.3%) is higher than the state and national figures. Owner costs with and without a mortgage are slightly higher than the state but much higher than the nation. In addition, ***the percentage of homeowners spending more than 30% of their income on their mortgage/owner costs (23.7%) is lower in the service area than the state and nation. However, since the 2020 study, the percentage of renters in the service area paying more than 30% of their income on their rent is higher than the nation and the state.*** Thirty percent (30%) of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship.

The median rent in the service area is $1,580, which is similar to Massachusetts ($1,588). Both are higher than the nation ($1,268).

Table 9. Housing Tenure (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Owner-occupied Residences	64.8%	62.4%	82.3%
Renter-occupied Residences	35.2%	37.6%	20.4%

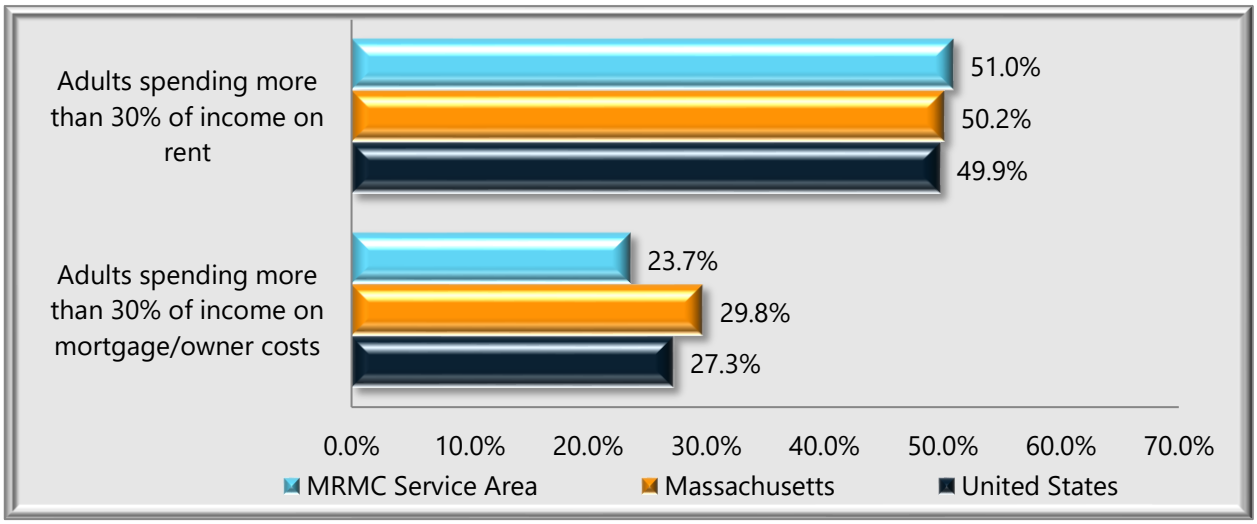
Source: U.S. Census Bureau

Table 10. Housing Value and Costs (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Median Home Value	$281,900	$483,900	$519,144
Median Monthly Owner Costs With a Mortgage	$1,828	$2,553	$2,835
Median Monthly Owner Costs Without a Mortgage	$584	$957	$1,102
Median Rent	$1,268	$1,588	$1,580
Adults spending more than 30% of income on mortgage/owner costs	27.3%	29.8%	23.7%
Adults spending more than 30% of income on rent	49.9%	50.2%	51.0%

Source: U.S. Census Bureau

Figure 4. Adult Housing costs greater than or equal to 30% of income (2018 – 2022)



Household Status

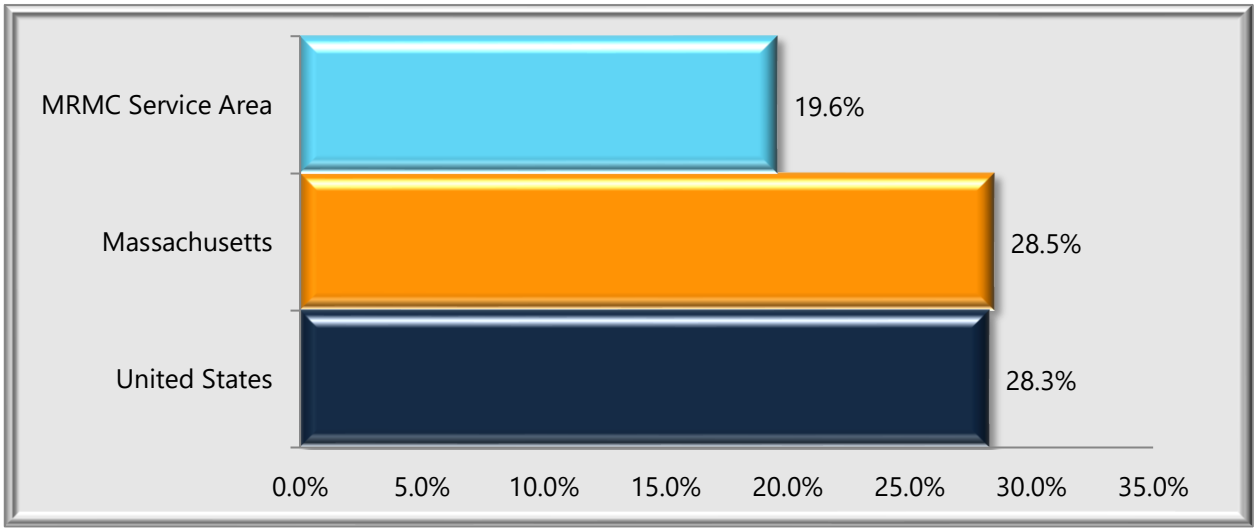
Households are identified as either family households or non-family households. In the service area, 75.1% live in family households. ***The percentage of family households in the service area is higher when compared to Massachusetts (62.6%), and the nation (64.8%). Furthermore, of those living in a non-family home, 19.6% are living alone.*** The service area figure remains notably lower when compared to the percentage of those who live alone in the state (28.5%) and across the nation (28.3%). Living alone generally results in a higher risk for social isolation.

Table 11. Households by Type (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Family Households	64.8%	62.6%	75.1%
Non-family Households	35.2%	37.4%	26.5%
Householder Living Alone	28.3%	28.5%	19.6%

Source: U.S. Census Bureau

Figure 5. Householders living alone (2018 – 2022)



In regard to marital status, well over 50% of adults in the service area are currently married (58.3%), which is higher than adults in the state (46.8%) and nation (47.9%). ***Divorce rates, as well as those widowed or separated, are lower when compared to the state and nation.*** Adults in the service area also have a lower percentage of those who were never married. This information is consistent with the data discussed previously about the high percentage of family households in the service area.

Table 12. Marital Status (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Never Married	34.1%	37.2%	29.3%
Now Married, except separated	47.9%	46.8%	58.3%
Separated	1.8%	1.5%	1.7%
Widowed	5.6%	5.1%	5.0%
Divorced	10.7%	9.4%	8.0%

Source: U.S. Census Bureau

Less than 2% of grandparents in the service area live with one or more grandchildren under 18 years. Of those that live with grandchildren, 12.3% are solely responsible for them. This figure is much lower than the state and nation. ***The percentage of grandparents living with their grandchildren is higher than***

in the previous study but those solely responsible for them has decreased from 16.4% (2015 – 2019).

Table 13. Responsible for Grandchildren Under 18 Years (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Living with Grandchild(ren)	2.1%	1.8%	1.8%
Responsible for Grandchild(ren)	32.4%	23.6%	12.3%

Source: U.S. Census Bureau

Income and Poverty Status

The following table (Table 19) depicts the households earning an income for each location in the service area and the entire service area. ***On average, those in the service area are earning more than the state and national averages.***

In general, those in the MRMC service area are less likely to live in poverty when compared across the nation. The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. The federal poverty level may also be reported as a percentage. Households that are below 100% of the poverty level have an income less than the amount deemed necessary to sustain basic needs ($15,060/year per person). Households at 100% to 149% of the poverty level have an income 1.0 to 1.49 times the necessary amount. ***In the service area, 4.8% of the population has an income below 100% of the federal poverty level.*** This figure is far below the national and state figures which are 12.5% and 9.9%, respectively. However, 9.3% of those in the town of Milford are living in poverty. This is the highest percentage among locations within MRMC's service area. Positively, this percentage has decreased since this was last studied when it was 10.1%. Over 2,800 people are estimated to be living in poverty within Milford Regional's service area.

Table 14. 2024 Federal Poverty Guidelines

Persons in family/household	Poverty guideline
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families/households with more than 8 persons, add $5,380 for each additional person.	

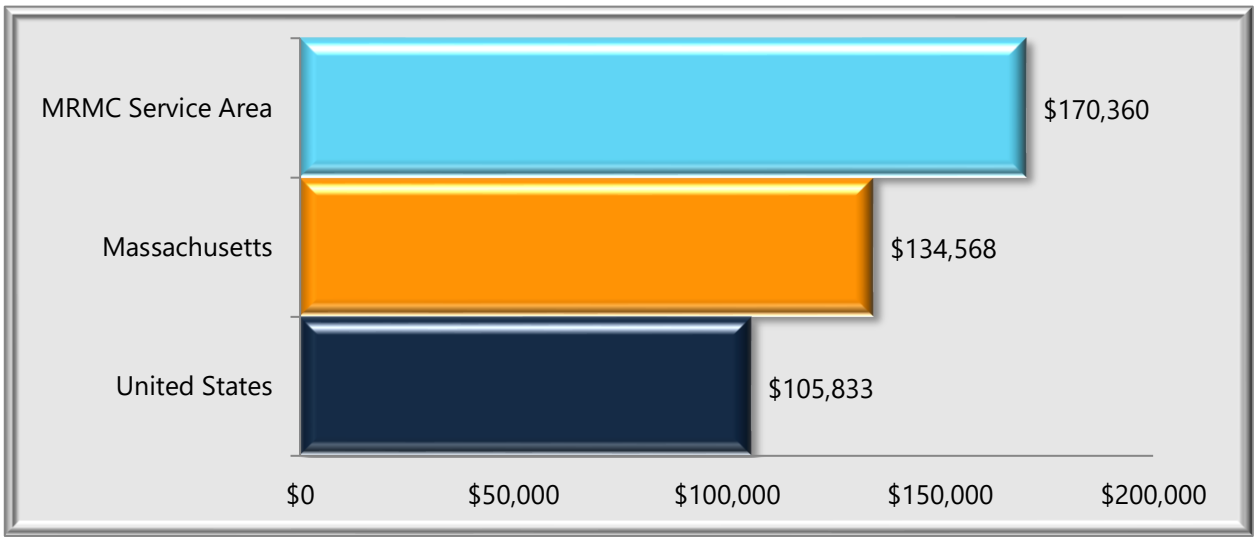
Source: U.S. Department of Health and Human Services

Table 15. Household Earnings and Poverty Status (2018 - 2022)

	Median Household Income (in dollars)	Mean Household Income (in dollars)	Population Below Poverty Level
United States	75,149	105,833	12.5%
Massachusetts	96,505	134,568	9.9%
Bellingham	116,152	129,976	5.1%
Blackstone	95,132	111,451	4.9%
Douglas	138,276	155,714	3.1%
Franklin	138,062	164,623	4.6%
Grafton	144,452	171,366	5.5%
Holliston	149,614	188,651	3.0%
Hopedale	120,750	147,325	4.4%
Hopkinton	191,439	276,012	4.3%
Medfield	215,099	278,476	3.3%
Medway	165,614	197,508	4.3%
Mendon	135,909	163,061	6.9%
Milford	93,100	115,301	9.3%
Millis	140,816	154,881	4.2%
Millville	95,144	116,343	7.9%
Norfolk	123,370	135,635	2.9%
Northbridge	182,716	206,477	1.9%
Upton	147,198	180,126	1.8%
Uxbridge	124,057	134,029	3.2%
Wrentham	151,833	181,665	3.8%
Total MRMC Service Area	**139,863**	**170,360**	**4.8%**

Source: U.S. Census Bureau

Figure 6. Population mean household earnings (2018 – 2022)



Employment

The following tables depict the employment status of adults in MRMC's service area, as well as individual townships and boroughs for comparison. ***There are many more people aged 20 to 64 years old and 65 to 74 years or older in the service area that are employed than in the state and the nation.***

Table 16. Employment Status (2018 - 2022)

	20 to 64 Years		65 to 74 Years		75 Years and Older	
	Employed	Unemployment Rate	Employed	Unemployment Rate	Employed	Unemployment Rate
	20 to 64 Years		65 to 74 Years		75 Years and Older	
	Employed	Unemployment Rate	Employed	Unemployment Rate	Employed	Unemployment Rate
United States	73.8%	3.9%	25.7%	1.3%	6.8%	0.3%
Massachusetts	77.8%	4.0%	32.2%	1.9%	7.7%	0.3%
Bellingham	80.3%	6.4%	47.1%	0.0%	4.0%	0.0%
Blackstone	85.4%	2.7%	39.0%	4.2%	2.2%	0.0%
Douglas	82.5%	4.2%	35.8%	1.3%	6.6%	0.0%
Franklin	82.3%	3.6%	29.9%	1.2%	7.1%	0.0%
Grafton	82.8%	3.0%	27.9%	2.6%	0.0%	1.9%
Holliston	84.3%	4.5%	39.5%	0.4%	6.3%	0.0%
Hopedale	84.5%	3.7%	27.5%	0.0%	2.9%	0.0%
Hopkinton	85.0%	3.6%	48.0%	1.2%	11.0%	0.0%
Medfield	77.7%	3.2%	36.7%	3.1%	15.2%	1.7%
Medway	87.1%	2.6%	21.4%	1.5%	6.1%	0.0%
Mendon	83.5%	0.9%	52.8%	0.0%	9.2%	0.0%
Milford	81.8%	4.8%	36.8%	1.9%	12.1%	0.6%
Millis	83.3%	2.7%	36.9%	2.0%	6.3%	0.0%
Millville	85.2%	2.0%	13.3%	6.0%	0.0%	0.0%
Norfolk	82.8%	5.2%	33.1%	1.0%	1.8%	0.0%
Northbridge	63.8%	2.5%	41.6%	3.2%	5.6%	0.8%
Upton	83.8%	5.3%	20.1%	0.0%	0.0%	0.0%
Uxbridge	84.6%	3.2%	32.6%	0.0%	2.8%	0.0%
Wrentham	81.1%	3.8%	31.6%	3.2%	0.9%	0.0%
Total MRMC Service Area	**82.0%**	**3.8%**	**35.0%**	**1.6%**	**6.4%**	**0.3%**

Source: U.S. Census Bureau

Education

For each age cohort, those living within MRMC's service area are more likely to have a high school diploma or bachelor's degree when compared to the state and nation. ***Over half of those aged 25 to 34 and 35 to 64 have a bachelor's degree or higher. Those 65 years and older have now surpassed the state in the percentage of those with a bachelor's degree or higher.***

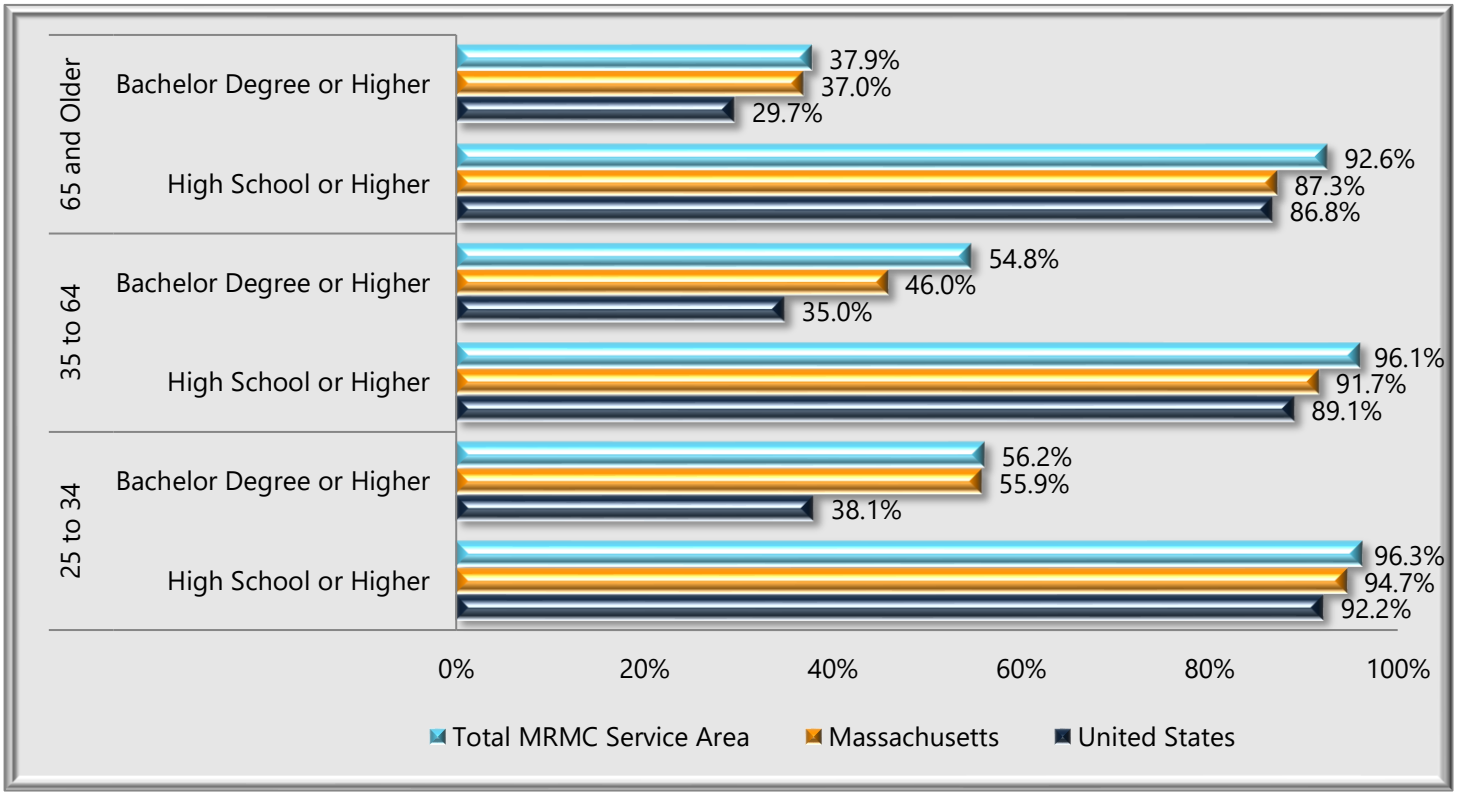
Table 17. Educational Attainment (2018 - 2022)

	25 to 34 Years		35 to 64 Years		65 Years and Older	
	High School or Higher*	Bachelor Degree or Higher	High School or Higher	Bachelor Degree or Higher	High School or Higher	Bachelor Degree or Higher
United States	92.2%	38.1%	89.1%	35.0%	86.8%	29.7%
Massachusetts	94.7%	55.9%	91.7%	46.0%	87.3%	37.0%
Bellingham	99.9%	40.4%	97.1%	44.6%	90.9%	18.3%
Blackstone	95.0%	49.7%	97.8%	34.4%	94.3%	22.6%
Douglas	100.0%	40.3%	99.5%	47.0%	93.8%	23.0%
Franklin	99.9%	58.5%	97.2%	58.1%	95.1%	45.3%
Grafton	100.0%	71.7%	96.3%	62.1%	98.5%	61.3%
Holliston	100.0%	84.3%	97.2%	67.9%	92.9%	52.3%
Hopedale	97.5%	49.7%	93.7%	54.9%	97.7%	24.6%
Hopkinton	97.3%	83.1%	99.2%	80.4%	97.2%	52.5%
Medfield	93.1%	75.5%	98.1%	80.7%	98.1%	63.5%
Medway	92.6%	56.0%	98.1%	63.1%	95.0%	46.4%
Mendon	95.6%	51.2%	98.5%	56.1%	97.5%	45.2%
Milford	87.7%	36.9%	88.9%	35.2%	83.0%	29.9%
Millis	99.2%	56.3%	96.6%	53.8%	95.3%	37.5%
Millville	100.0%	34.2%	94.6%	32.0%	82.9%	14.4%
Norfolk	94.1%	58.9%	89.1%	41.8%	87.8%	29.3%
Northbridge	91.4%	45.1%	94.6%	59.2%	94.9%	48.7%
Upton	100.0%	74.5%	98.4%	71.6%	94.9%	16.2%
Uxbridge	96.6%	48.3%	96.6%	38.3%	91.4%	24.2%
Wrentham	97.5%	59.7%	98.1%	61.0%	91.9%	39.6%
Total MRMC Service Area	**96.3%**	**56.2%**	**96.1%**	**54.8%**	**92.6%**	**37.9%**

Source: U.S. Census Bureau

*Data only available for population aged 25 to 34 years

Figure 7. Educational attainment (2018 – 2022)



HEALTH STATUS

General Health Status

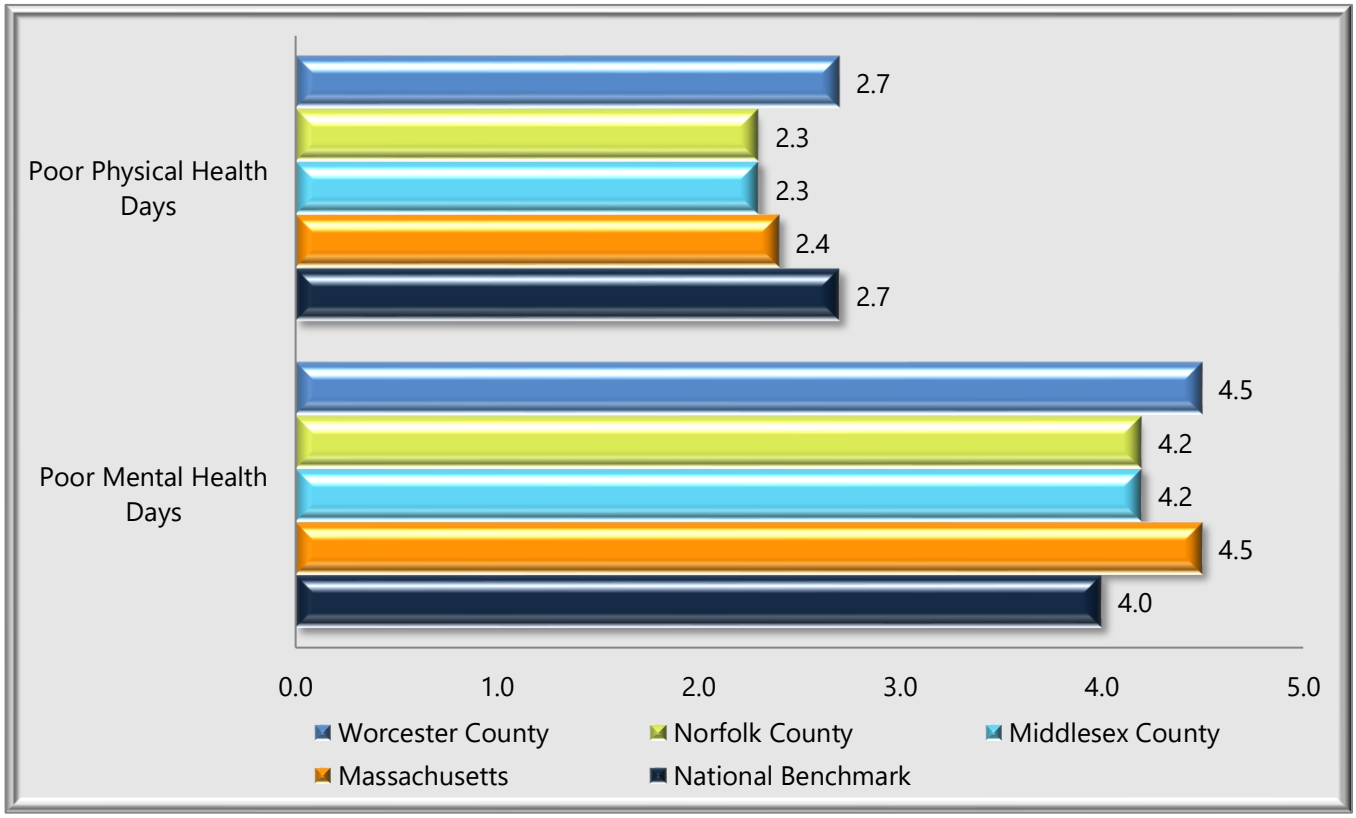
Poor physical or mental health are defined as having reported 15 or more days for which their mental or physical health was "not good" within the past 30 days. On average, adults in ***Middlesex County and Norfolk County report experiencing fewer days of poor physical and mental health than those in Worcester County, Massachusetts, and the United States.*** Worcester County is more similar to the state and the nation.

Table 18. Average Number of Poor Physical/Mental Unhealthy Days in Past 30 Days (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Poor Physical Health Days	2.7	2.4	2.3	2.3	2.7
Poor Mental Health Days	4.0	4.5	4.2	4.2	4.5

Source: County Health Rankings

Figure 8. Days of Poor Physical Health and Mental Health in the Past Month (2023)



Disability

With the exception of those 75+, the population in the service area have a slightly lower chance of being disabled, compared to the state and nation. ***Those 18 years of age and under and those aged 35 to 64 years are more likely to report having a self-care disability and those aged 75 years of older are more likely to have a hearing disability when compared to the state and nation.***

Table 19. Disability Status, Population 18 years and Under (2018 - 2022)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	6.6%	0.5%	0.8%	4.6%	0.6%	1.1%	3.8%
Massachusetts	7.1%	0.5%	0.7%	5.1%	0.6%	1.1%	3.4%
Total MRMC Service Area	4.9%	0.3%	0.6%	3.7%	0.5%	1.4%	2.2%

Source: U.S. Census Bureau

Table 20. Disability Status, Population 18 years to 34 years (2018 - 2022)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	7.2%	0.9%	1.3%	4.7%	1.2%	0.9%	2.9%
Massachusetts	6.8%	0.7%	1.0%	4.8%	0.9%	0.8%	2.8%
Total MRMC Service Area	5.1%	0.6%	0.6%	3.2%	0.7%	0.7%	2.9%

Source: U.S. Census Bureau

Table 21. Disability Status, Population 35 years to 64 years (2018 - 2022)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	12.4%	2.6%	2.4%	4.7%	6.5%	2.2%	4.3%
Massachusetts	10.5%	2.0%	1.7%	4.5%	5.0%	1.9%	3.8%
Total MRMC Service Area	7.2%	1.8%	1.3%	2.8%	2.9%	2.5%	2.0%

Source: U.S. Census Bureau

Table 22. Disability Status, Population 65 years to 74 years (2018 - 2022)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	24.1%	8.6%	42.0%	5.1%	14.5%	4.1%	7.3%
Massachusetts	20.1%	7.1%	2.9%	4.6%	11.4%	3.7%	6.4%
Total MRMC Service Area	15.0%	6.3%	2.1%	3.0%	7.3%	2.4%	4.4%

Source: U.S. Census Bureau

Table 23. Disability Status, Population 75 years and Over (2018 - 2022)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	46.9%	21.3%	8.8%	12.6%	30.5%	12.2%	22.9%
Massachusetts	45.8%	20.1%	7.6%	11.7%	29.2%	12.5%	23.3%
Total MRMC Service Area	47.5%	27.7%	6.1%	11.4%	27.5%	8.8%	19.4%

Source: U.S. Census Bureau

Health Care Provider Access

Health care provider density or the provider to population ratio is a measure of overall health care access. The National Benchmark represents the 10th percentile (Top Performers). ***In all but one case, the ratio of physicians, dentists and mental health providers is better in the state and all three counties than in the United States.*** In other words, there are more health professionals available to the population in Massachusetts, Middlesex, Norfolk, and Worcester counties than in the nation. The exception is the ratio of population to dentists in Worcester where there are fewer dentists available.

On average, adults from 18 to 65 years of age living in Middlesex, Norfolk, and Worcester Counties are more likely to be insured as compared to the state and the nation. ***People (all ages) living in the***

MRMC's service area are less likely to have a disability than Massachusetts and the U.S. but those with disabilities are more likely to have health insurance.

About three-quarters of adults in the service area have had a routine medical and physical check-up within the last year. These figures are similar to the state and nation. Worcester County has a slightly higher percentage of people receiving a routine medical checkup.

Table 24. Health Care Provider Density (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Population to Physician Ratio	1,020:1	966:1	799:1	795:1	997:1
Population to Dentist Ratio	1,200:1	930:1	966:1	809:1	1,326:1
Population to Mental Health Providers Ratio	240:1	142:1	152:1	150:1	181:1

Source: County Health Rankings

Table 25. Adult Population under 65 years of Age without Health Insurance (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Uninsured	6.0%	3.6%	3.4%	2.6%	3.3%

Source: County Health Rankings

Table 26. Health Insurance Coverage by Disability Status (2018 - 2022)

	United States	Massachusetts	MRMC Service Area
Population With a Disability	12.9%	11.9%	9.0%
With Health Insurance	94.4%	98.4%	99.1%
Without Health Insurance	5.6%	1.6%	0.9%

Source: U.S. Census Bureau

Table 27. Adult Population 18 Years and Over Population Receiving a Routine Checkup in the Past Year (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Medical Checkup	73.6%	**	72.8%	74.6%	76.2%
Dental Checkup	64.8%	**	71.8%	72.7%	72.6%

Source: BRFSS

**Not reported in Adult Population 18 Years and Over by Massachusetts Department of Health and Human Services.

Food Environment

The ability to maintain a healthy weight through diet and physical activity is influenced by both behavioral and environmental indicators. Environmental indicators include, but are not limited to, access to healthy foods and access to exercise opportunities.

The food environment index measures overall food access based on 2 indicators, limited access to healthy foods and food insecurity. The index is based on a score of 0 (worst) to 10 (best). The first factor, limited access to healthy foods, measures the proportion of the population that is low income and does not live close to a grocery store. The second factor, food insecurity, measures the percentage of the population that did not have access to a reliable source of food during the past year. ***The food environment index in Middlesex County (9.1), Norfolk County (9.0), and Worcester County (8.4) is worse when compared to the index for Massachusetts (9.2).*** The National Benchmark food environment index is 8.7 for the Top Performers (10th percentile).

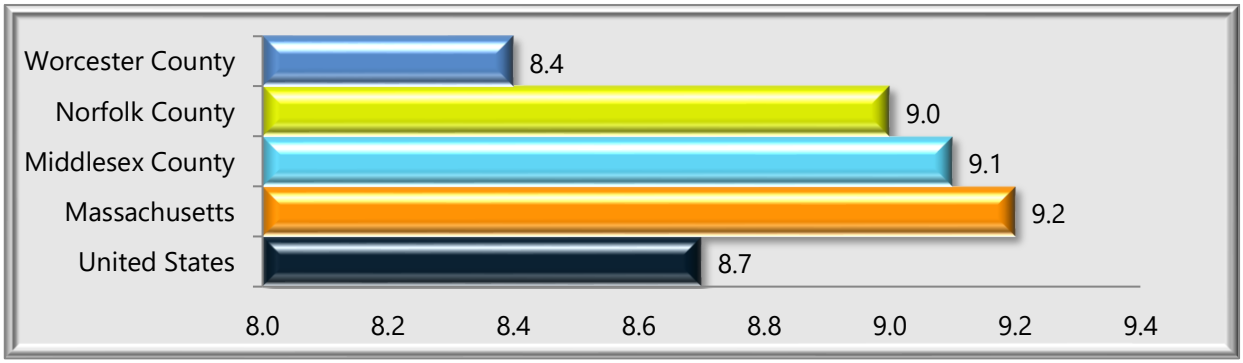
Nine percent of those in Worcester County did not have a reliable source of food during the last year, worse than the National Benchmark.

Table 28. Food Environment Index (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Food Environment Index	8.7	9.2	9.1	9.0	8.4
Limited access to healthy foods	6.0%	3.9%	2.6%	3.6%	5.0%
Food insecurity	8.0%	7.2%	7.2%	7.0%	9.1%

Source: County Health Rankings

Figure 9. Food Environment Index (2023)



Body Mass Index

Body Mass Index (BMI) is a factor of diet and physical activity and is correlated with chronic health conditions. It is calculated based on the height and weight of an individual and a BMI equal to or greater than 30 is defined as obese. The following table depicts the percentage of adults who are overweight or obese***. Adults in Middlesex and Norfolk Counties are less likely to be obese than***

their counterparts in the state, other counties in the nation (National Benchmark), and Worcester County. Those in Worcester County are more likely to be obese than those in the state, however this is similar to the National Benchmark in which all counties in the 10th percentile are 30% or better. Individuals in Worcester County individuals are also more likely to be physically inactive.

Table 29. Adult Obesity in Population 18 Years and Over (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Obese (BMI ≥ 30)	30.0%	24.5%	20.9%	23.4%	29.8%

Source: County Health Rankings

Figure 10. Obese adult population (2023)

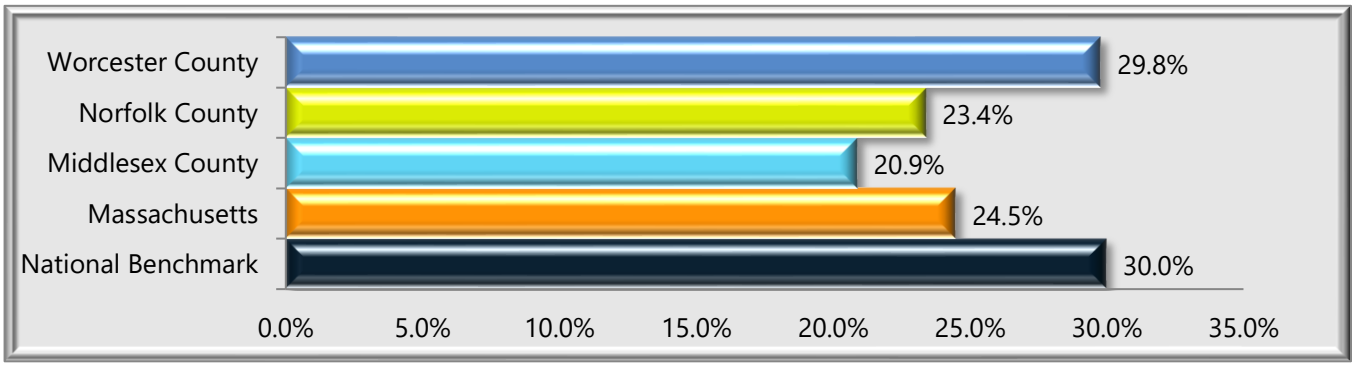
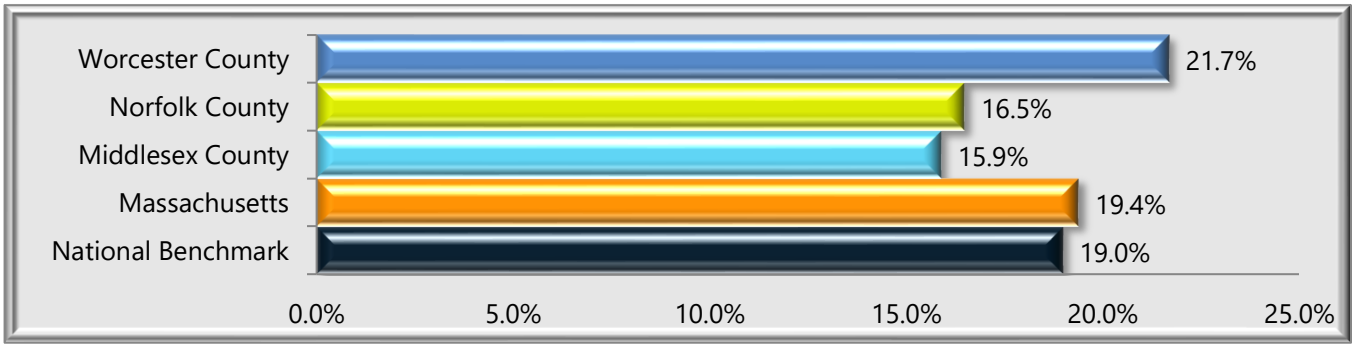


Table 30. Population 18 years and over that have not exercised in the past month (2023)

National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
19.0%	19.4%	15.9%	16.5%	21.7%

Source: County Health Rankings

Figure 11. Adults that have not exercised in the past month (2023)



Smoking

Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke and heart disease. ***Those in Middlesex County and Norfolk County are less likely to currently smoke when compared to adults in Worcester County, the state, and the nation.*** About 1 in 7 adults in Worcester County currently smokes. This is similar to the National Benchmark (15%).

Table 31. Adult Smoking, Population 18 Years and Over (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
% Adult Smokers	15.0%	11.4%	9.8%	10.4%	14.9%

Source: County Health Rankings

Excessive Drinking

Excessive drinking includes binge drinking (defined as males having 5 or more alcoholic drinks and females having 4 or more drinks on 1 occasion) and/or heavy drinking (males having more than 2 alcoholic drinks and females having more than 1 drink per day). ***Generally, the percentage of adults engaging in excessive drinking, in Middlesex, Norfolk, and Worcester Counties is similar to the state, but far more than the nation.***

Table 32. Percentage of Adults Reporting Binge or Heavy Drinking, Population 18 Years and Over (2023)

	National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
Excessive Drinking	15.0%	19.3%	19.8%	19.8%	19.8%

Source: County Health Rankings
Percentage of Adults Reporting Binge or Heavy Drinking
Binge Drinking: Males having 5 or more and females having 4 or more drinks per occasion.
Heavy Drinking: Males having 2 or more and females having 1 or more drinks per day.

SUBSTANCE ABUSE AND MENTAL HEALTH

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. Services within Connecticut and data collected are based on location within 6 regions. The Central and Metrowest region includes data for Middlesex, Norfolk, and Worcester counties. Data for these regions is provided in the tables below.

Mental Health

Overall, the Central Region (which is largely comprised of Worcester County) experiences the highest levels of mental illness in comparison to the Metrowest Region and the state and the nation. Healthy People 2030 has an established goal to "Increase the proportion of adults with serious mental illness who get treatment (MHMD-04). The target is 68.8%. It is important to note that the indicator in the table below is for individuals with any mental illness who received mental health services in the past year. The 2 indicators cannot be directly compared.

Table 33. Mental Health Indicators by SAMHSA Region (2018)

	United States	Massachusetts	Central	Metrowest
Serious Mental Illness in the Past Year	4.5%	4.9%	5.1%	4.1%
Any Mental Illness in the Past Year	18.8%	20.1%	21.0%	19.0%
Had Serious Thoughts of Suicide in the Past Year	4.2%	4.5%	4.7%	4.3%
Major Depressive Episode in the Past Year	7.0%	7.5%	7.5%	7.1%
Received Mental Health Services in the Past Year	14.7%	21.0%	19.8%	21.3%

Source: SAMHSA https://pdas.samhsa.gov/saes/substate

Data for substate regions are only available through 2018.

Substance Abuse

SAMHSA tracks several indicators related to alcohol, marijuana, cocaine, and heroin use in the past year by individuals 12 years of older. In the case of marijuana use, the time period is within the past month. The Metrowest Region has the highest percentage of Alcohol Use and Marijuana in the past year and past month (respectively) among individuals aged 12 and older. The Central Region has a substantial percentage of marijuana use in the past month (19.1%) in comparison to all other geographies.

Table 34. SAMHSA Substance Use Data (2018)

	United States	Massachusetts	Central	Metrowest
Alcohol Use Disorder in the Past Year Among Individuals Aged 12 and Older	5.4%	7.3%	7.2%	7.6%
Average Annual Rate of First Use of Marijuana among Individuals 12 Years and Older	2.1%	3.5%	3.6%	3.4%
Marijuana Use in the Past Month among Individuals 12 Years and Older	9.5%	13.3%	13.3%	19.1%
Cocaine Use in the Past Year among Individuals Aged 12 Years and Older	2.0%	3.0%	2.9%	2.6%
Heroin Use in the Past Year among Individuals Aged 12 Years and Older	0.3%	0.5%	0.5%	0.3%

Source: SAMHSA Substate Data

Preventative Health

A variety of preventative health measures are used to determine the overall health of older adults. These preventative measures include the flu vaccine, the pneumonia vaccine, and colon and breast cancer screenings.

The flu vaccine is recommended as an annual prevention measure, particularly for older adults. The pneumonia vaccine is typically recommended for older adults as a means to prevent more serious illness. Sigmoidoscopies/Colonoscopies are used to detect the presence of colorectal cancer. Cancer screenings such as mammograms for women are important for the early detection and treatment of cancer.

Over half of the older adult men in Middlesex, Norfolk, and Worcester Counties are up to date on these set of preventative health measures. The percentage of women having completed these preventive services is somewhat less than half. There has been significant improvement in all data points since the 2018 report.

Table 35. Population 65 years and over who are up to date on a core set of clinical preventive services (2023)

	Middlesex County	Norfolk County	Worcester County
Men*	50.6%	56.2%	55.2%
Women**	46.5%	43.5%	48.3%

Source: BRFSS

*Flu shot within past year, PPV Shot Ever, Colorectal cancer screening

**Flu shot within past year, PPV shot ever, Colorectal cancer screening, and Mammogram past 2 years

CHRONIC CONDITIONS

Arthritis

Arthritis is defined as inflammation of the joints. ***The percentage of arthritis patients is lower in Middlesex (21.7%) and Norfolk (22.6%) counties than Worcester County (26.1%), the state (24.7%), and nation (25.2%).***

Table 36. Population 18 Years and Over Diagnosed with Arthritis [a] (2021)

United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
25.2%	24.7%	21.7%	22.6%	26.1%

Source: BRFSS

[a] Arthritis diagnoses includes: rheumatism, polymyalgia rheumatica; osteoarthritis (not osteoporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, etc.

Cancer

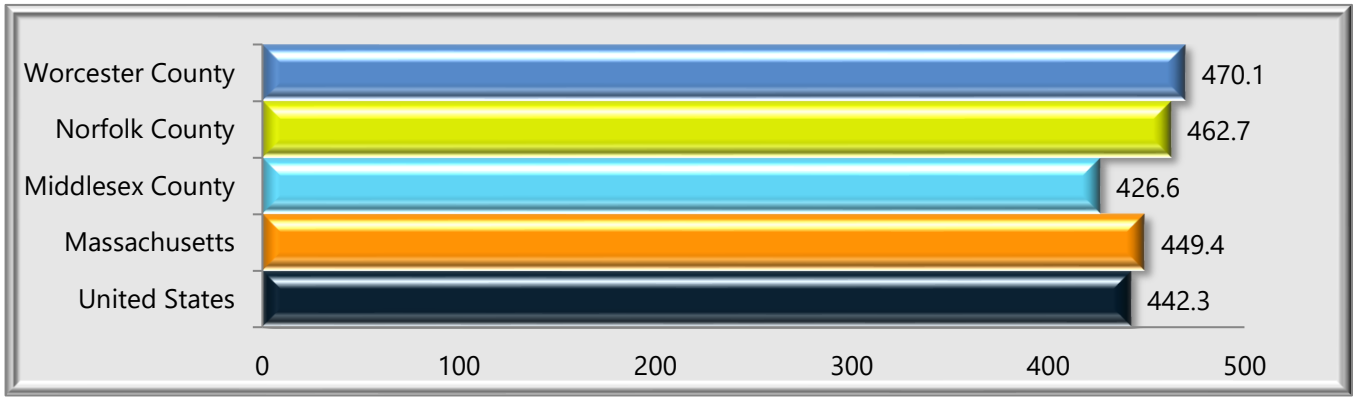
Cancer rates are age-adjusted and measured per 100,000 population. The table contains information about cancer by site. The overall cancer incidence rate in Worcester County is higher than Norfolk and Middlesex counties, the state, and the nation (442.3). Middlesex County has an overall lower incidence of cancer than all other locations. However, this varies among counties for different cancer types. Middlesex County has a higher cancer incidence rate for Brain & ONS (Other Nervous System) as well as Breast (in situ) female). Norfolk County has a higher cancer incidence rate for breast (female), melanoma and childhood cancer (ages <15 years, all sites). Worcester County has a higher cancer incidence rate for 8 sites including bladder, esophageal, liver, lung, Non-Hodgkin lymphoma, oral, thyroid, and uterine (female). Positively, Massachusetts and all counties have an incidence rate lower than the United States for cervix (female), colon & rectum, kidney, and leukemia.

Table 37. Population Cancer Incidence Rates per Age-Adjusted 100,000 by Site (2016-2020)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Bladder	18.9	21.4	20.4	20.3	23.8
Brain & ONS	6.4	7.0	7.1	6.8	6.8
Breast (Female)	127.0	136.0	140.3	145.9	133.3
Breast (in situ) (Female)	28.7	36.2	43.1	39.7	28.0
Cervix (Female)	7.5	5.2	4.0	4.1	6.3
Childhood (Ages <15, All Sites)	17.0	18.3	17.6	19.5	15.3
Childhood (Ages <20, All Sites)	18.8	19.2	19.1	20.7	17.7
Colon & Rectum	36.5	32.4	31.1	34.6	32.3
Esophagus	4.5	5.3	4.8	5.3	6.0
Kidney & Renal Pelvis	17.2	15.5	13.9	15.0	16.6
Leukemia	13.9	13.0	11.9	12.9	13.5
Liver & Bile Duct	8.6	8.7	8.0	8.4	9.8
Lung & Bronchus	54.0	59.2	52.1	56.3	64.7
Melanoma of the Skin	22.5	20.0	18.2	25.9	22.2
Non-Hodgkin Lymphoma	18.6	18.9	18.3	20.5	19.0
Oral Cavity & Pharynx	11.9	11.6	10.1	11.8	13.3
Ovary (Female)	10.1	9.6	10.2	9.4	9.2
Pancreas	13.2	14.0	14.4	13.2	13.9
Prostate (Male)	110.5	113.2	108.6	117.7	114.7
Stomach	6.2	6.3	6.0	6.2	5.9
Thyroid	13.3	16.5	17.7	16.8	18.0
Uterus (Female)	27.4	28.7	27.1	26.5	33.5
Total Cancer Incidence	**442.3**	**449.4**	**426.6**	**462.7**	**470.1**

Source: National Cancer Institute

Figure 12. Total cancer age-adjusted incidence rate (2016 – 2020)



When comparing different racial and ethnicity groups, Worcester County has a higher overall cancer incidence rate for White (Non-Hispanic), Black (Non-Hispanic), Hispanic, Asian or Pacific Islander (Non-Hispanic) than all other locations. For American Indian/Alaskan Native, the incidence rate is highest in the United States.

Table 38. Population Cancer Incidence Rates per Age-Adjusted 100,000 (All Sites) by Race/Ethnicity (2016-2020)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
White (Non-Hispanic)	461.9	461.3	440.9	475.4	477.7
Black (Non-Hispanic)	445.9	424.2	382.4	435.3	470.1
Hispanic (any race)	339.6	339.5	339.5	317.1	366.4
Amer. Indian/Alaskan Native (Non-Hispanic)	392.6	261.9	222.6	328.1	329.2
Asian or Pacific Islander (Non-Hispanic)	290.3	288.1	276.6	318.6	298.0

Source: National Cancer Institute

Cancer screenings are important for the early detection and treatment of cancer. For women, clinical breast exams, mammograms, and Pap smears are recommended***. Women in Middlesex, Norfolk, and Worcester Counties are more likely to have ever received a breast cancer screening and a cervical cancer screening compared to the nation.***

Table 39. Breast Cancer Screening among Population 50 to 74 years (2023)

Mammogram	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
In the Past 2 Years	78.2%	**	83.5%	79.1%	80.6%

Source: BRFSS

** Not reported in Massachusetts Profile of Health in 2023.

Table 40. Cervical Cancer Screening among Women 21 Years and Over (Age-adjusted) (2023)

Pap Test	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
In the Past 3 Years	82.8%	**	85.3%	85.7%	84.6%

Source: BRFSS
** Not reported in Massachusetts Profile of Health in 2023.

Sigmoidoscopies/Colonoscopies are used to detect the presence of colorectal cancer. Older adults ages 50 to 75 years in Middlesex, Norfolk, and Worcester Counties are far more likely to receive a sigmoidoscopy or colonoscopy screening in the last 10 years compared to the nation.

Table 41. Colorectal Cancer Screening among Population 50 to 75 years (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Within 10 Years	72.4%	**	79.0%	81.8%	83.1%

Source: BRFSS
** Not reported in Massachusetts Profile of Health in 2023.

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. ***Adults in Middlesex, Norfolk, and Worcester Counties are less likely to be diagnosed with diabetes when compared to adults in the nation. However, there is a higher percentage of adults diagnosed with diabetes in Worcester and Norfolk counties than in Massachusetts.***

Table 42. Adults aged 18 years or older Diagnosed with Diabetes, Excluding Gestational Diabetes (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Diagnosed	11.3%	7.8%	7.7%	8.4%	9.6%

Source: BRFSS

Heart Disease

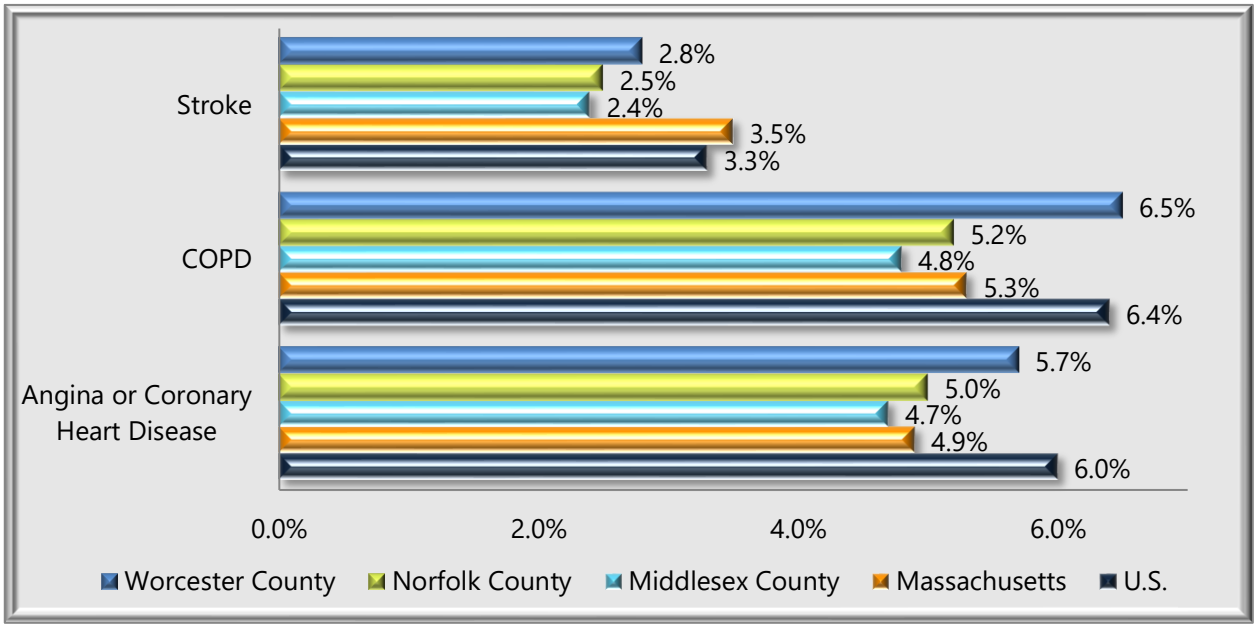
In general, a lower percentage of adults in Middlesex and Norfolk counties are likely to have a Heart Disease, COPD or Stroke than in the United States. Worcester County has a higher percentage heart disease and COPD than does Middlesex or Norfolk counties or the state.

Table 43. Population 18 Years and Over Diagnosed with Heart Disease, COPD, or Stroke (2021)

	United States	Massachusetts*	Middlesex County	Norfolk County	Worcester County
Angina or Coronary Heart Disease	6.0%	4.9%	4.7%	5.0%	5.7%
COPD	6.4%	5.3%	4.8%	5.2%	6.5%
Stroke	3.3%	3.5%	2.4%	2.5%	2.8%

Source: BRFSS

Figure 13. Adults Diagnosed with Heart Disease, COPD, or Stroke (2021)



Respiratory Disease

Air pollution is often associated with higher rates of respiratory diseases like asthma and COPD. Fine particulate matter is a form of air pollution and is a measure of the overall outdoor air quality. It is measured as an average daily amount in micrograms per cubic meter. The National Benchmark for daily fine particulate matter is 6.1. ***The particulate matter is much higher in each of the counties than the National Benchmark.*** Worcester County has the highest particulate matter amount. Massachusetts also shows elevated levels.

Table 44. Daily Fine Particulate Matter (2023)

National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
5.0	6.8	6.9	7.7	8.2

Source: County Health Rankings

Asthma

Asthma is defined as a chronic condition that inflames and narrows the airways in the lungs. In the data, asthma is reported as the percentage of individuals who currently have asthma. Massachusetts, Norfolk, and Worcester counties have a higher percentage of asthma than the United States (9.7%), however Middlesex County is somewhat similar to the United States.

Table 45. Population 18 Years and Over Diagnosed with Asthma (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Currently have asthma	9.7%	11.7%	9.9%	10.1%	11.6%

Source: BRFSS

MORTALITY

Overall Mortality and Premature Death

The following table depicts the overall crude mortality rate for various age brackets. The rate is based on the multiple cause of death (both the immediate cause of death and contributory conditions.)

Among the 3 counties, Worcester has the highest mortality rate for each age cohort and total mortality. Middlesex and Norfolk Counties have lower rates of death compared to Massachusetts and the nation. Overall, the mortality rate for the United States is higher than the state and the counties. Worcester County also has a higher premature mortality rate (potential years of life lost) before age 75 per 100,000 population.

Table 46. Multiple Cause of Death, Single Race Rate per 100,000 (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
0 – 14 years	49.1	30.2	19.6	26.4	29.0
15-24 years	88.9	46.1	41.3	40.8	50.1
25-34 years	180.8	124.6	88.0	99.3	146.6
35-44 years	287.9	207.0	127.7	147.9	225.5
45-54 years	531.0	360.0	256.0	256.0	379.9
55-64 years	1,117.1	765.8	588.7	635.3	834.0
65-74 years	2,151.3	1,618.0	1,416.7	1,476.7	1,792.4
75-84	5,119.4	4,421.7	4,022.7	4,282.7	4,701.8
85+	15,743.3	15,295.2	14,961.9	14,567.5	15,1251
All Ages	**1,043.8**	**903.6**	**755.8**	**853.8**	**904.8**

Source: CDC WONDER

Figure 14. Multiple Cause of Death, Single Race per 100,000 (2021)

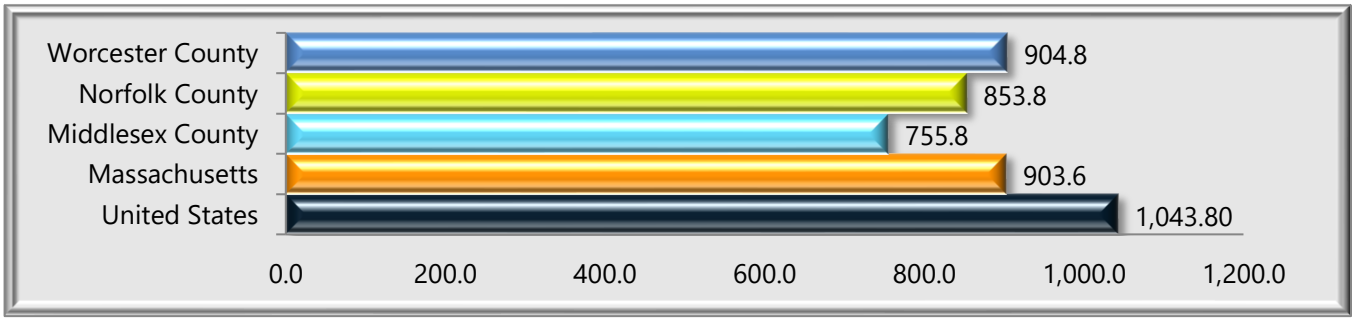


Table 47. Premature Mortality: Years of Potential Life Lost Before Age 75 per 100,000 (2023)

National Benchmark (10th Percentile)	Massachusetts	Middlesex County	Norfolk County	Worcester County
5,600	5,704	4,226	4,605	6,474

Source: County Health Rankings

Leading Causes of Mortality

The following table depicts age-adjusted mortality rates for the 15 leading causes of death in the nation. ***In general, Middlesex County has lower mortality rates compared to the Norfolk and Worcester Counties, as well as the state and nation.*** Worcester County has the highest age-adjusted mortality rate for accidents (unintentional injuries), chronic lower respiratory diseases, influenza, and pneumonia.

As it relates to age-specific and disease-specific mortality rates, much of the county data for ages 0 – 4, 5-19 and 20 – 39 years is unavailable, unreliable, or suppressed**. In Norfolk County for the population ages 70 and older, the mortality rate for malignant neoplasms (1,019.1) is highest among all counties, the state and nation. In Worcester County, chronic lower respiratory diseases for ages 40-69 and 70+ are higher than all other locations.**

Table 48. Population Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Diseases of heart	209.6	171.0	149.2	155.4	166.2
Malignant neoplasms	182.4	178.4	157.3	181.2	177.0
Accidents (unintentional injuries)	67.8	66.2	52.5	55.9	69.6
Chronic lower respiratory diseases	42.9	34.6	27.6	26.5	43.2
Cerebrovascular diseases	49.1	32.6	24.8	34.2	30.5
Alzheimer's disease	36.0	22.3	19.4	24.8	22.7
Diabetes mellitus	31.1	22.0	18.6	17.8	20.9
Influenza and pneumonia	12.6	11.7	10.3	9.9	13.0
Nephritis, nephrotic syndrome, and nephrosis	16.4	17.5	13.9	18.9	16.8
Intentional self-harm (suicide)	14.5	8.6	7.2	7.6	8.4
Chronic liver disease and cirrhosis	17.0	13.3	9.6	13.5	12.3
Septicemia	12.4	12.2	10.8	10.5	10.4
Essential hypertension and hypertensive renal disease	12.9	10.6	7.4	11.9	9.5
Parkinson disease	11.6	11.4	10.7	10.6	9.4
Pneumonitis due to solids and liquids	6.0	9.7	7.0	9.8	7.8

Source: CDC WONDER

Table 49. Population Aged 0 – 4 Years Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Certain conditions originating in the perinatal period	50.5	35.2	24.6	Unreliable	
Congenital malformations, deformations, and chromosomal abnormalities	23.2	13.0	Unreliable		
Accidents (unintentional injuries)	13.8	Suppressed			
Malignant neoplasms	1.8				
Assault (homicide)	3.1				

Source: CDC WONDER

Table 50. Population Aged 5 – 19 Years Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Accidents (unintentional injuries)	10.8	5.5	Suppressed		
Intentional self-harm (suicide)	4.7	2.2	Unreliable		
Assault (homicide)	5.1	Unreliable			
Malignant neoplasms	2.2	2.5			
Diseases of heart	0.8	Suppressed	Unavailable		

Source: CDC WONDER

Table 51. Population Aged 20 – 39 Years Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Accidents (unintentional injuries)	71.9	62.2	45.6	45.2	**76.3**
Intentional self-harm (suicide)	19.2	10.4	9.2	13.8	Unreliable
Assault (homicide)	15.9	5.0	Unreliable		
Malignant neoplasms	9.5	7.5	8.3	Unreliable	
Diseases of heart	10.6	6.8	Suppressed		

Source: CDC WONDER

Table 52. Population Aged 40 – 69 Years Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Malignant neoplasms	188.6	164.3	140.6	149.0	170.6
Diseases of heart	159.5	98.3	75.0	71.1	99.1
Accidents (unintentional injuries)	76.5	74.8	52.0	50.4	77.3
Chronic lower respiratory diseases	30.5	20.2	12.6	14.1	32.1
Diabetes mellitus	33.3	21.9	16.6	15.1	23.2

Source: CDC WONDER

Table 53. Population Aged 70 Years and Older Mortality Rate per 100,000 by Leading Cause of Death (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Deaths occurring through 2021	1,305.6	1,125.0	1,112.3	1,073.0	1,149.5
Malignant neoplasms	969.4	968.2	943.5	1,019.1	974.7
Alzheimer's disease	308.2	185.0	174.0	207.6	200.0
Chronic lower respiratory diseases	277.3	227.0	211.4	174.7	280.2
Cerebrovascular diseases	339.9	229.0	192.4	253.3	212.8

Source: CDC WONDER

Infant Mortality

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to providing key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. Positively, all counties and the state have a lower infant mortality rate than the U.S. overall.

Table 54. Infant Mortality Rate per 1,000 (2021)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Number of Deaths	2,511	223	36	22	21
Death Rate	4.25	3.23	2.24	3.01	2.41

Source: CDC WONDER

Cancer Mortality

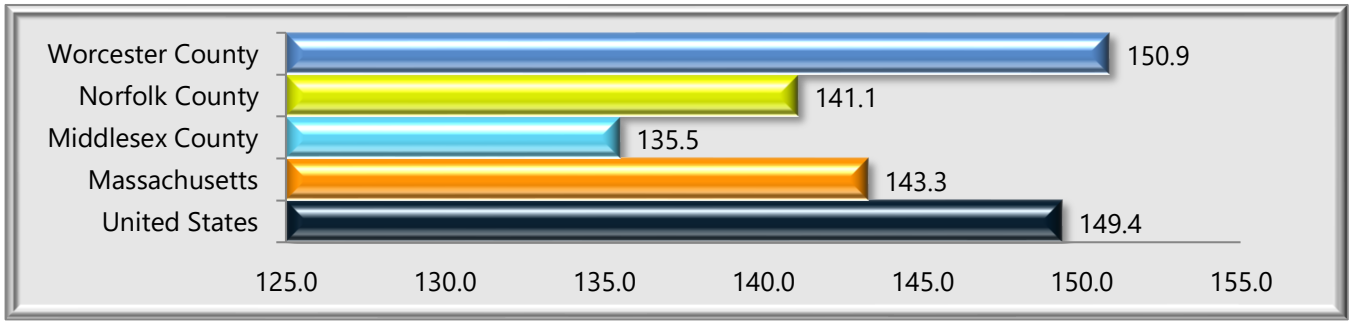
The 5 deadliest types of cancer among adults, nationally, in ranking order, are lung, breast (female), prostate (male), colon & rectum and pancreas. The following table depicts age-adjusted mortality rates for each of these types for adults in the counties, state, and nation. ***The cancer mortality rate in the Worcester County is higher than both the state and nation and Middlesex and Norfolk Counties for esophagus, liver, prostate (male) and uterus (female). The overall cancer mortality rate is slightly higher in Worcester County as well.***

Table 55. Population Cancer Mortality Rates per Age-Adjusted 100,000 by Site (2016 - 2020)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Bladder	4.2	4.5	4.6	4.2	4.7
Brain & ONS	4.4	4.7	5.0	4.4	4.8
Breast (Female)	19.6	16.5	15.6	17.0	16.2
Cervix (Female)	2.2	1.1	0.9	0.8	1.2
Colon & Rectum	13.1	11.0	10.8	10.9	11.4
Esophagus	3.8	4.3	3.9	4.0	4.9
Kidney & Renal Pelvis	3.5	2.7	2.5	2.8	2.8
Leukemia	6.0	5.7	5.8	5.6	5.2
Liver & Bile Duct	6.6	6.3	6.1	5.9	6.8
Lung & Bronchus	35.0	33.6	30.1	32.7	35.8
Melanoma of the Skin	2.1	2.2	2.0	2.4	2.1
Non-Hodgkin Lymphoma	5.1	5.0	5.4	4.9	5.3
Oral Cavity & Pharynx	2.5	2.3	1.9	2.1	2.4
Ovary (Female)	6.3	6.4	6.6	6.8	6.0
Pancreas	11.1	11.5	11.1	11.3	11.7
Prostate (Male)	18.8	18.2	17.2	18.0	19.8
Stomach	2.8	2.9	2.8	2.7	2.7
Thyroid	0.5	0.5	0.5	0.6	0.7
Uterus (Female)	5.1	5.0	4.7	5.3	5.6
Total Cancer Mortality	**149.4**	**143.3**	**135.5**	**141.1**	**150.9**

Source: National Cancer Institute

Figure 15. Cancer mortality rate among adults (2016 – 2020)



MEDICARE FEE-FOR-SERVICE BENEFICIARIES

Common Chronic Conditions

The following table depicts the percentage of Medicare beneficiaries aged affected by chronic conditions. In general, the percentage of Medicare beneficiaries in all 3 counties with a given chronic condition is mostly consistent with what is being reported across the state and nation. ***However, Worcester County does have higher rates of alcohol abuse, asthma, depression, drug use/substance abuse, schizophrenia, and other psychiatric disorders. Norfolk County has a higher***

rate of Alzheimer's Disease, atrial fibrillation, cancer, and stroke compared to Middlesex and Worcester counties. Notably, Middlesex County only has one diagnosis (osteoporosis) that is significantly higher than the other statistics. The most recent data available from the Centers for Medicare and Medicaid Services is 2018.

Table 56. Chronic Conditions among Medicare Beneficiaries (2018)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
Alcohol Abuse	2.1%	3.7%	3.1%	3.2%	4.3%
Alzheimer's Disease/Dementia	10.8%	11.2%	11.8%	13.1%	9.9%
Arthritis	33.5%	31.1%	30.8%	31.2%	29.8%
Asthma	5.0%	6.7%	6.0%	5.8%	6.7%
Atrial Fibrillation	8.4%	9.7%	9.9%	10.4%	9.0%
Cancer	8.4%	9.5%	10.0%	10.5%	8.2%
Chronic Kidney Disease	24.5%	24.0%	24.0%	24.2%	23.4%
COPD	11.5%	10.8%	9.3%	10.3%	11.1%
Depression	18.4%	23.2%	22.6%	21.5%	23.9%
Diabetes	27.0%	23.5%	21.9%	21.4%	24.0%
Drug Use/Substance Abuse	3.5%	4.4%	3.4%	3.4%	5.5%
Heart Failure	14.0%	12.8%	13.0%	13.9%	12.4%
Hyperlipidemia	47.7%	46.8%	44.4%	46.7%	45.5%
Hypertension	57.2%	55.9%	54.3%	56.4%	53.6%
Ischemic Heart Disease	26.8%	23.7%	24.1%	24.2%	24.2%
Osteoporosis	6.6%	7.5%	8.4%	8.2%	5.9%
Schizophrenia/Other Psychotic Disorders	3.0%	3.9%	4.0%	3.8%	4.1%
Stroke	3.8%	3.6%	3.6%	4.0%	3.1%

Source: Centers for Medicare & Medicaid Services (CMS)

Presence of Multiple Chronic Conditions

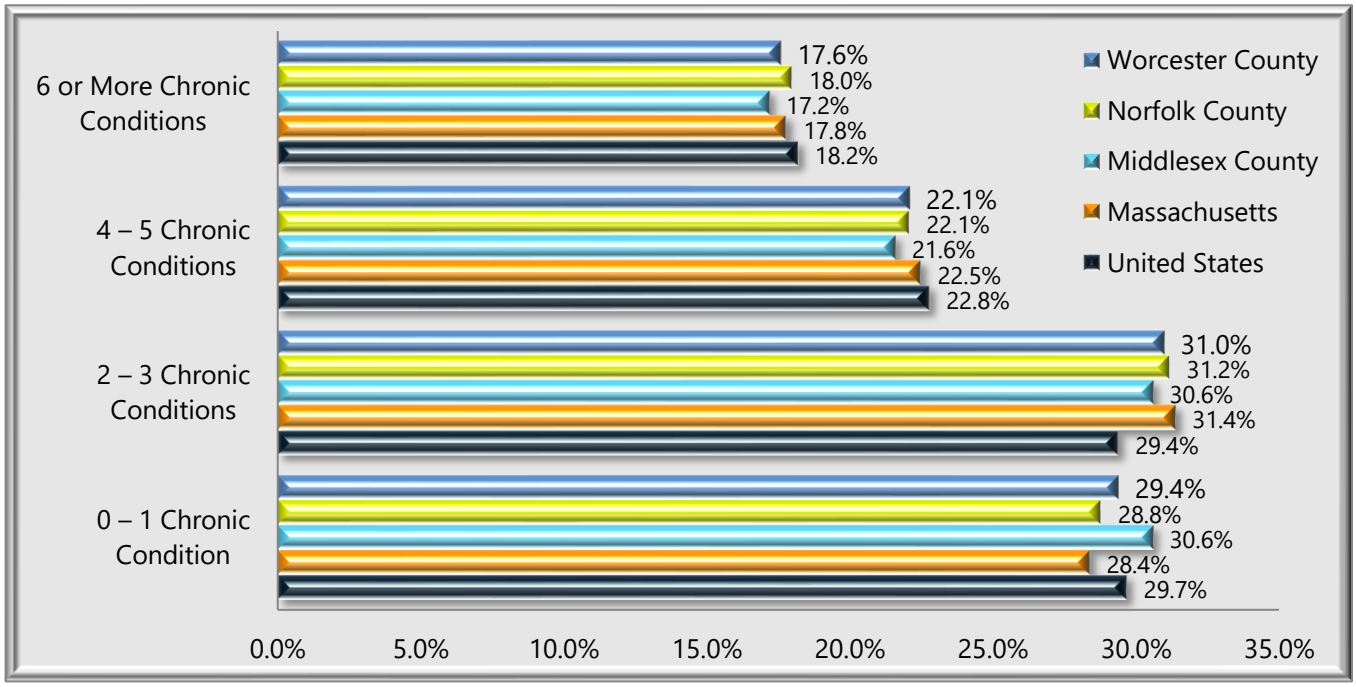
In general, there are no notable differences in chronic condition prevalence among Medicare beneficiaries when comparing Middlesex, Norfolk, Worcester Counties, the state, and the nation. ***However, Middlesex County has a lower percentage than the other locations for 1-2, 4-5 and 6+ chronic conditions.***

Table 57. Chronic Conditions per 100,000 Medicare Beneficiaries, 65 Years and Over (2018)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
0 – 1 Chronic Condition	29.7%	28.4%	30.6%	28.8%	29.4%
2 – 3 Chronic Conditions	29.4%	31.4%	30.6%	31.2%	31.0%
4 – 5 Chronic Conditions	22.8%	22.5%	21.6%	22.1%	22.1%
6 or More Chronic Conditions	18.2%	17.8%	17.2%	18.0%	17.6%

Source: Centers for Medicare & Medicaid Services (CMS)

Figure 16. Chronic conditions among Medicare beneficiary population, 65 Years and Over (2018)



Hospital Readmissions

Hospital readmissions are tracked for Medicare beneficiaries by the number of chronic conditions. The data demonstrates that the more chronic conditions beneficiaries have, the more frequent the hospital readmissions. ***In the 0 – 1 and 6 or more chronic conditions Norfolk County is somewhat higher than the state and nation.***

Table 58. Hospital Readmissions for Chronic Conditions (2018)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
0 – 1 Chronic Condition	4.6%	4.7%	4.9%	5.6%	4.4%
2 – 3 Chronic Conditions	6.1%	6.6%	6.7%	6.8%	6.3%
4 – 5 Chronic Conditions	9.4%	10.2%	10.1%	9.1%	10.0%
6 or More Chronic Conditions	21.2%	23.2%	23.0%	23.7%	23.2%

Source: Centers for Medicare & Medicaid Services (CMS)

Emergency Department Visits and Per Capita Cost

Similarly, the rates of emergency visits and the per capita cost are tracked. ***Emergency room visits for chronic conditions are higher for the state and generally for the counties when compared to the nation.*** The rates in Middlesex, Norfolk and Worcester counties are almost all lower than the rate of visits at the state level. ***As expected, the highest per capita cost in each county is among those with 6 or more chronic conditions.*** In addition, the per capita cost for Middlesex County is generally higher than the other counties and the state and nation.

Table 59. Emergency Department Visits for Chronic Conditions per 1,000 Beneficiaries 65 Years and Over (2018)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
0 – 1 Chronic Condition	122.6	133.5	127.1	121.6	129.3
2 – 3 Chronic Conditions	318.4	334.4	328.9	329.1	317.8
4 – 5 Chronic Conditions	621.1	671.9	691.3	668.9	641.3
6 or More Chronic Conditions	1,719.1	1,884.6	1,863.3	1,885.8	1,876.9

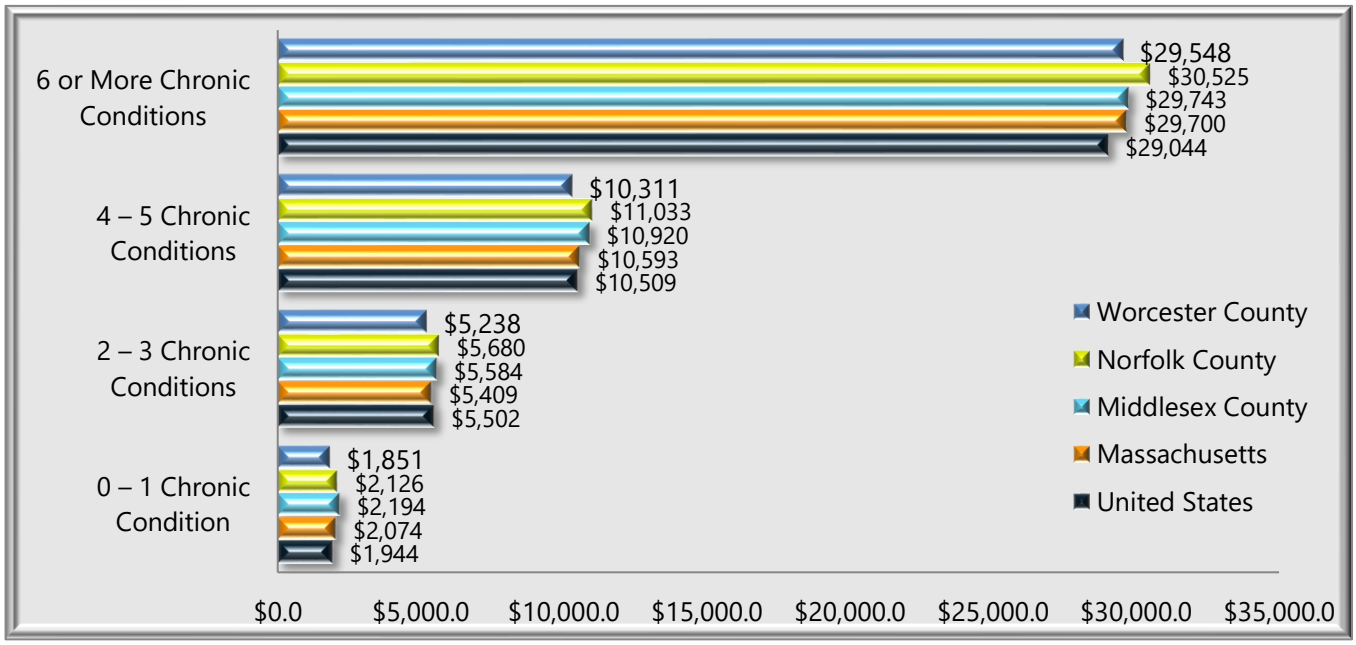
Source: Centers for Medicare & Medicaid Services (CMS)

Table 60. Per Capita Cost for Chronic Conditions (Standardized) (2018)

	United States	Massachusetts	Middlesex County	Norfolk County	Worcester County
0 – 1 Chronic Condition	$1,944	$2,074	$2,194	$2,126	$1,851
2 – 3 Chronic Conditions	$5,502	$5,409	$5,584	$5,680	$5,238
4 – 5 Chronic Conditions	$10,509	$10,593	$10,920	$11,033	$10,311
6 or More Chronic Conditions	$29,044	$29,700	$29,743	$30,525	$29,548

Source: Centers for Medicare & Medicaid Services (CMS)

Figure 17. Per capita costs for beneficiaries (2018)

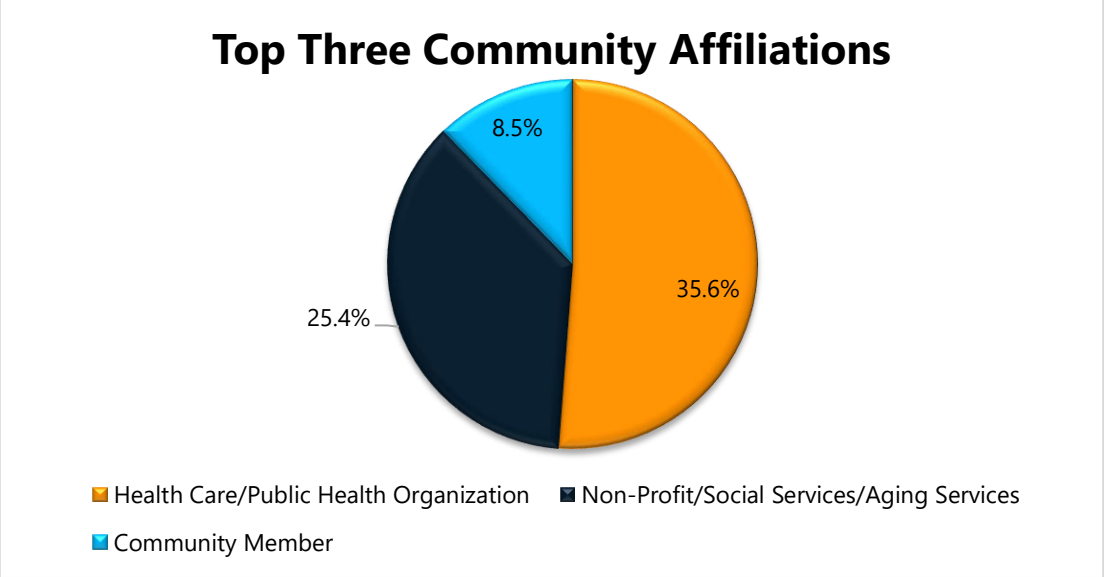


KEY INFORMANT SURVEY FINDINGS

Key Informants (defined as community stakeholders with expert knowledge about the needs of individuals in the MRMC's service area) were invited to participate in a survey that gathers 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 significant health issues for age groups, health care access, barriers to access and staying healthy, missing resources and service and inadequately served populations. Key Informants included participants from social service providers, long-term care/aging service providers, public and private healthcare organizations and associations, educational institutions, non-profit organizations, and other community social and medical organizations.

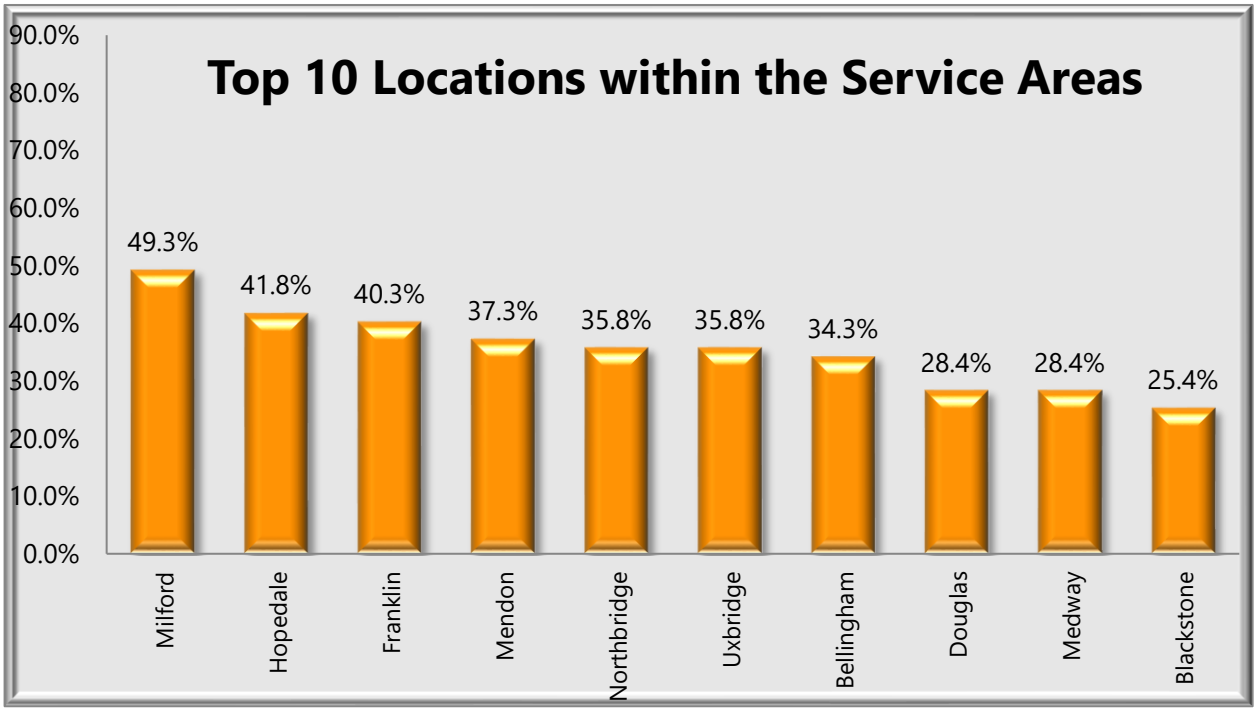
MRMC identified 255 Key Informants who were asked to complete the survey. Holleran emailed a pre-communication letter to these informants, making them aware of the opportunity to complete the survey. MRMC also reached out personally to some of the informants to ensure adequate participation. In addition, 3 reminder emails during May 2024 were sent. A total of 67 (of 255) individuals participated for a response rate of 26.3% was achieved. The largest percentage of informants were affiliated with Health Care/Public Health Organizations (35.6%), followed by Non-Profit/Social Services/Aging Services (25.4%) and Community Member or Mental/Behavioral Health Organization (8.5% each). A smaller percentage (6.8%) were from a Faith-based/Cultural Organization and this is followed by Education/Youth Services, Government/Housing/Transportation (10.2%) and Other (each 5.1%). A full list of Key Informants and their affiliations can be found in Appendix D. It is important to note that the results reflect the perceptions of some community leaders but may not represent all community perspectives.

Figure 18. Top Three Community Affiliations



Additionally, Key Informants were asked to select from the list of towns within the MRMC service area according to which area(s) they believe their organization primarily serves. The graph shows the Top 10 locations that are primarily served by the respondents. The most frequently selected as served are Milford, Hopedale, Franklin, Mendon, Northbridge, and Uxbridge. All but Franklin, Bellingham and Medway are located in Worcester County.

Figure 19. Top 10 locations that respondents believe their organizations primarily serve.



KEY HEALTH ISSUES & BARRIERS

Key Health Issues

The first set of questions asked Key Informants to identify the most important health and social issues in the community and the ability to access health care providers services. Key Informants were asked to determine the 5 most pressing health issues in their community from a list of 31 focus areas identified in the survey. The issues of behavioral/mental health, substance abuse (alcohol, marijuana, or other drug), access to care/uninsured, food insecurity and health needs of migrants/refugees were the Top 5 chosen.

The following figure depicts the percentage of respondents who rank the five most common health issues as a concern in their community. In addition, the table summarizes the number of times an issue is mentioned and the percentage of respondents who rate the issue as being one of the Top 5 health issues in their community.

Figure 20. Ranking of key health issues facing older adults in the community

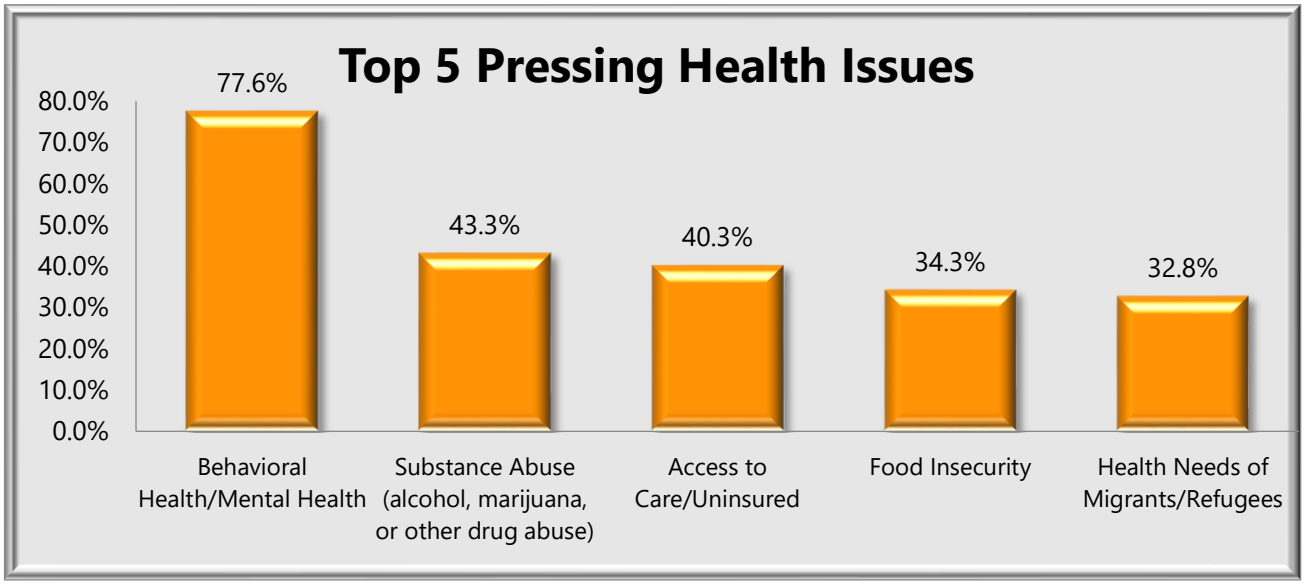


Table 61. Ranking of the Most Pressing Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Behavioral Health/Mental Health	52	77.6%
Substance Abuse (alcohol, marijuana, or other drug abuse)	29	43.3%
Access to Care/Uninsured	27	40.3%
Food Insecurity	23	34.3%
Health Needs of Migrants/Refugees	22	32.8%
Homelessness	19	28.4%
Nutrition	16	23.9%
Cognitive Disorders/Alzheimer's	13	19.4%
Diabetes	13	19.4%
Cancer	12	17.9%
Overweight/Obesity	12	17.9%
Heart Disease	10	14.9%
Hoarding	10	14.9%
Self-care Disabilities	7	10.4%
Accidents/Unintentional Injuries	6	9.0%
Maternal/Infant Health	6	9.0%
Stroke	6	9.0%
Violence	6	9.0%
Other (specify)	6	9.0%

Key Health Issue	Count	Percent of respondents who selected the issue*
Hearing	5	7.5%
Dental Health	4	6.0%
Respiratory Disease	4	6.0%
Vaping	4	6.0%
Vision	4	6.0%
Infectious Diseases	3	4.5%
Arthritis	2	3.0%
COVID-19/Long-term COVID Effects	2	3.0%
Tobacco	2	3.0%
Sexually Transmitted Diseases	1	1.5%
Vaccinations	1	1.5%
None/Not Applicable	0	0.0%

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

Key Informants were also asked to specifically identify key health issues facing various age cohorts. The following charts display their Top 3 responses for various ages. The Top 3 responses for all age cohorts other than 0 – 10 and 70 and over are behavioral/mental health, substance abuse and access to care/uninsured. For the youngest age cohort, food insecurity replaces substance abuse and for the oldest, cognitive disorders/Alzheimer's ranks highest, followed by behavioral/mental health and access to care/uninsured.

Figure 21. Top Health Issues Ages 0 - 10

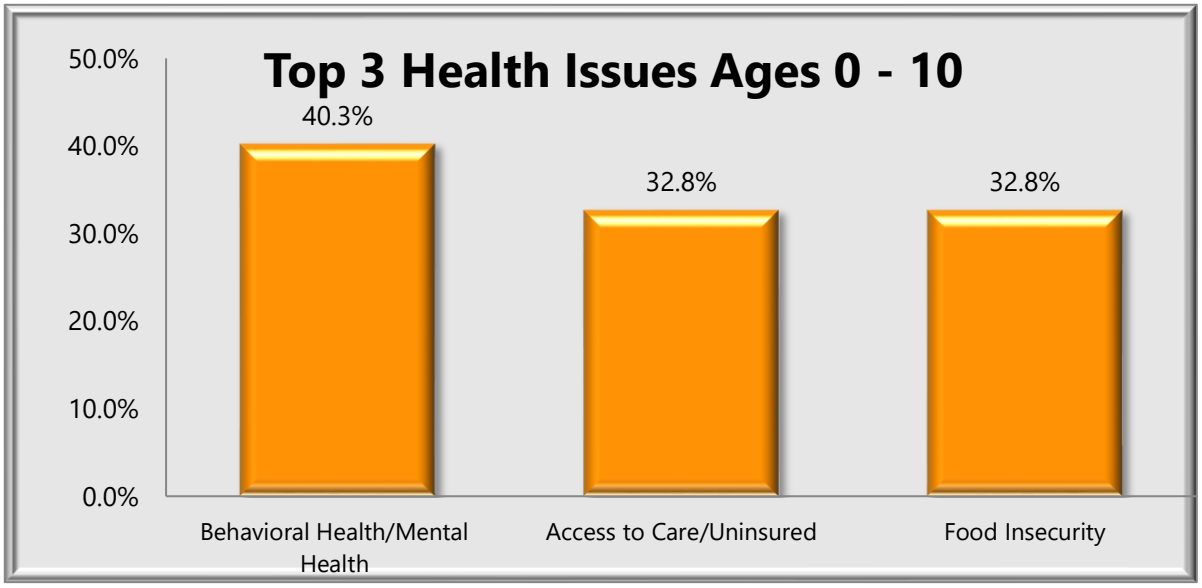


Figure 22. Top Health Issues Ages 11 - 21

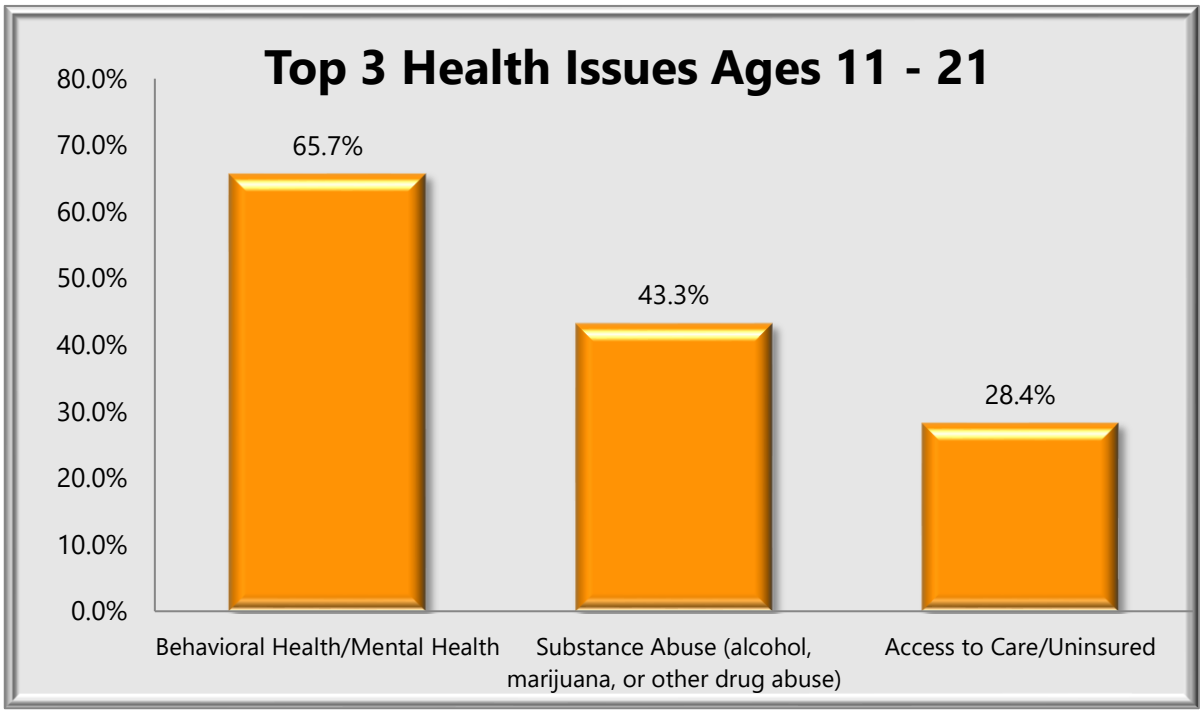


Figure 23. Top Health Issues Ages 21 - 40

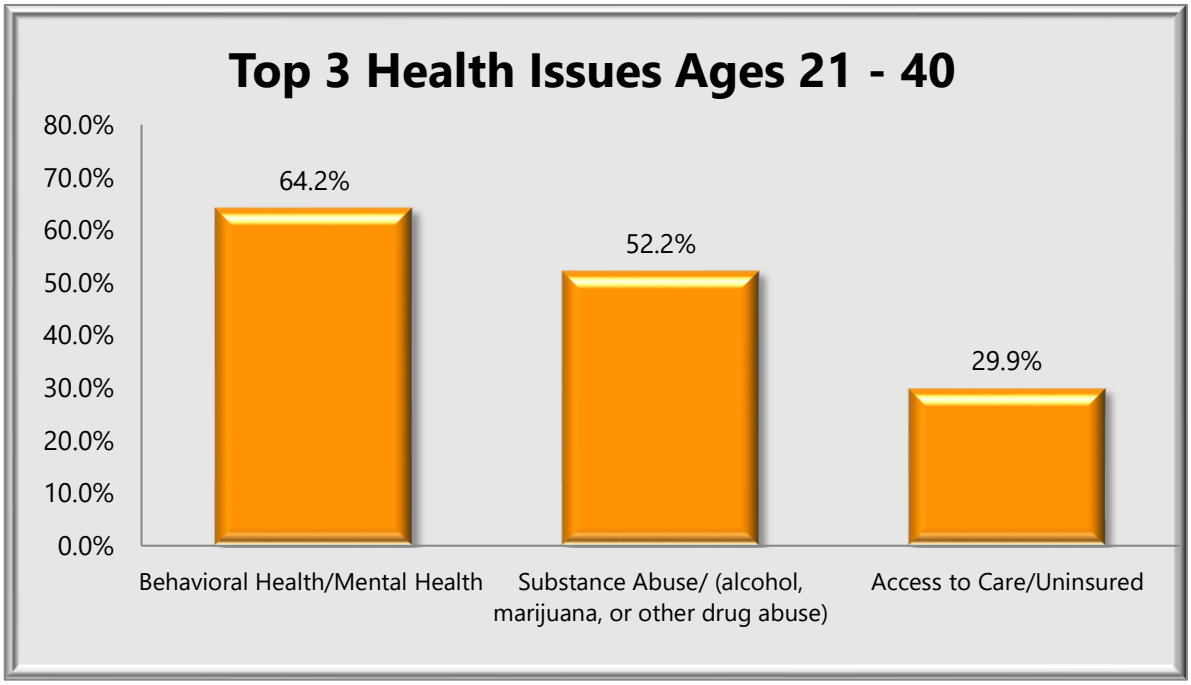


Figure 24. Top Health Issues Ages 40 - 70

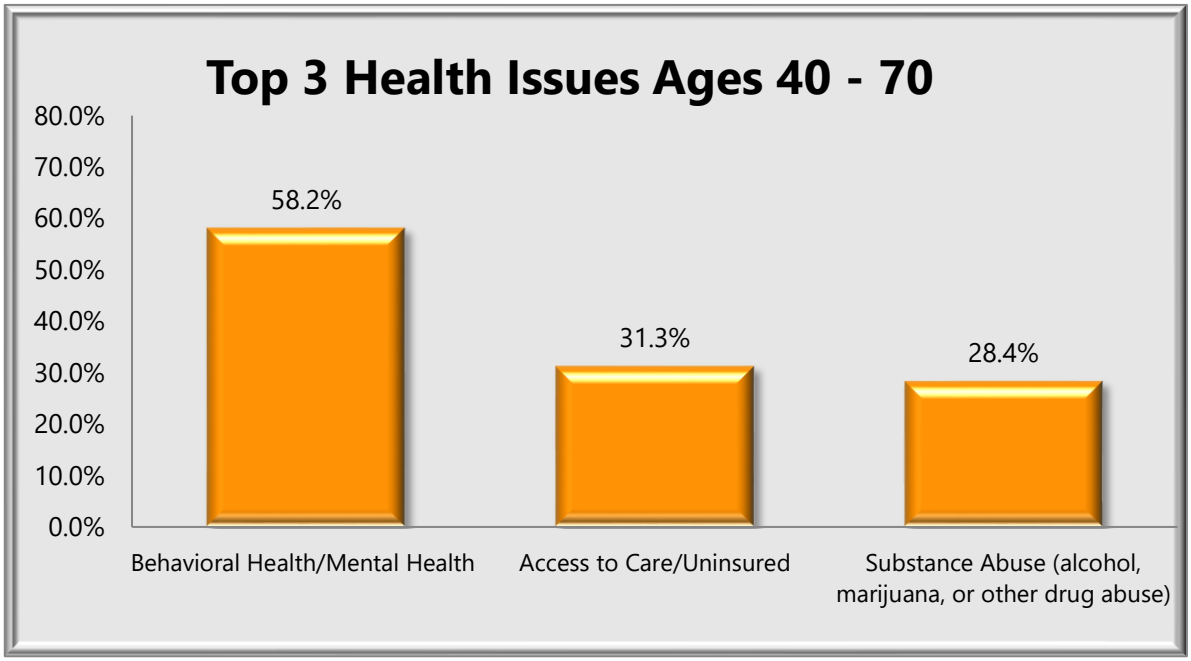
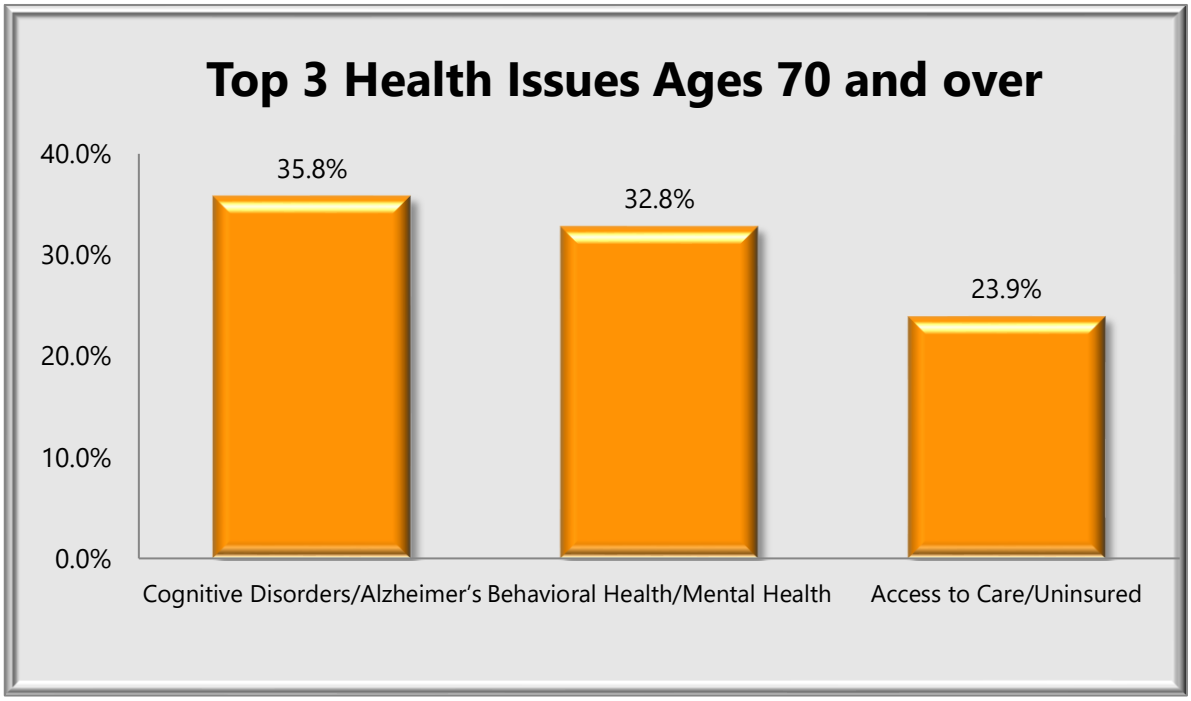


Figure 25. Top Health Issues Ages 70 and over



Respondents were asked to share information regarding these key health issues and their reasons for ranking them this way. Summaries of responses are listed below.

Select Comments Regarding Key Health Issues

- It was difficult to choose how to rank the health conditions of the community because all of them are significantly relevant.
- In the case of youth and young adults who are admitted to ER re: emotional/mental care, it should be a top priority to care for someone in the ER and not dismiss to just any place with an open bed since the method of care is not properly evaluated in many places. Also, there must be a better practice instituted for young adults ages 18 and over, to make sure their parents are considered before making decisions for their care, especially if it is an emotional/mental situation.
- In my job role, I only work with ages 16-25. With that said, behavioral health, nutrition, vaping, and dental health, are the most significant for the age group.
- Transportation to medical appointments continue to be an issue for those without access to cars. Food insecurity continues to increase for many individuals and families . Affordable housing is hard to find for the elderly and those in their twenties.
- We have a significant number of migrant/ refugee families in our community requiring resources involving food, health care, clothing needs etc.
- In our communities, many individuals lack secure attachment, healthy relationships, consistent emotional support, healthy role models, and overall emotional and physical security. This compounds itself as they enter adolescence and adulthood, resulting in behavioral and substance use difficulties, in addition to the inability to transition into adulthood effectively. Their lives are unstable at best, and they are unable to care for themselves or others. Elders are then tasked with caring for adults who cannot care for themselves, while elders are experiencing their own care needs.
- As a community, we need to address childhood trauma and family systems issues throughout the lifespan of our community members, in the hopes that we can stop the cycle of negative outcomes which relate to all of health issues being discussed in this survey.

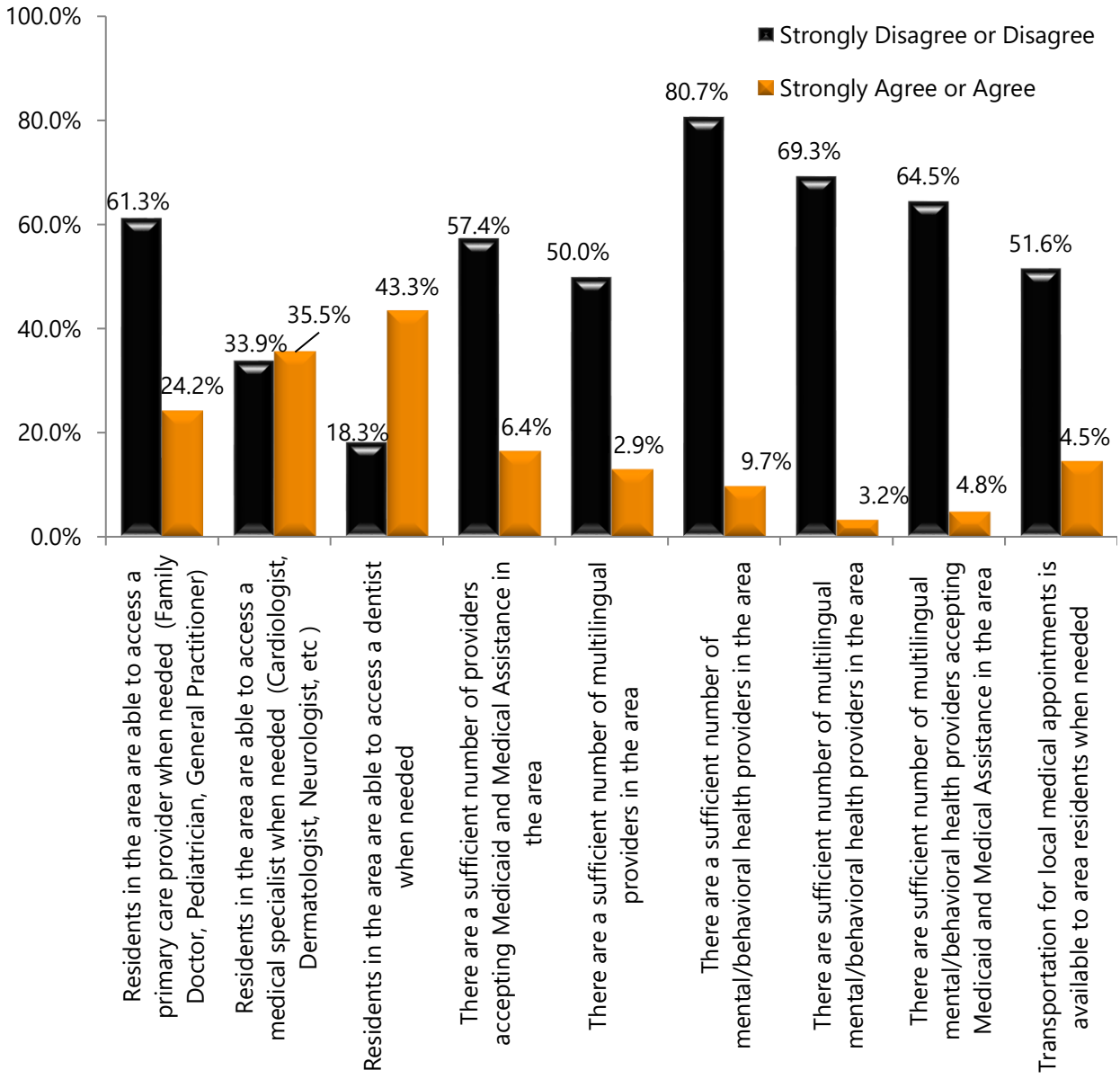
Health Care Access

Respondents were asked to rate statements about access to health care providers and services by strongly disagreeing to strongly agreeing with its ease of access. The questions were related to access to primary care providers, medical specialists, dentist, providers who accept Medicaid/Medical Assistance, multilingual providers, behavioral/mental health providers and the availability of transportation for local medical appointments.

Most respondents (80.7%) disagree or strongly disagree that there are enough behavioral/mental health providers including those who are multilingual (69.3%). The absence of all providers who are multilingual and accept Medicaid/Medical Assistance was identified by 64.5%. Fewer than half (43.3%) agree or strongly agree that there are enough dentists in the service area. Over half disagree or strongly disagree that residents are able to access a primary care provider such as family doctor,

pediatrician or general practitioner. Finally, 51.6% disagree that there is transportation for local medical appointments available when needed.

Figure 26. Responses to Strongly Disagree to Strongly Agree about access to providers who accept Medicaid/Medical Assistance.



Most Significant Barriers

Respondents were asked to identify the most significant barriers that keep individuals in the service area from accessing healthcare when they need it. According to the responses, the availability of providers/appointments (77.6%), the inability to pay out of pocket expenses (77.6%) and lack of transportation (73.1%) top the list. Other barriers that were rated high include an individual's mental health, lack of understanding of the health care system as well as logistical issues such as time limitations (long wait times, limited office hours, time off work), lack of health insurance coverage and language/cultural barriers.

The graph shows the Top 3 Most Significant Barriers. Table 62 displays all responses with the number that selected the barrier and the percentage that this represents.

Figure 27. Most significant barrier keeping older adults in the community from accessing healthcare

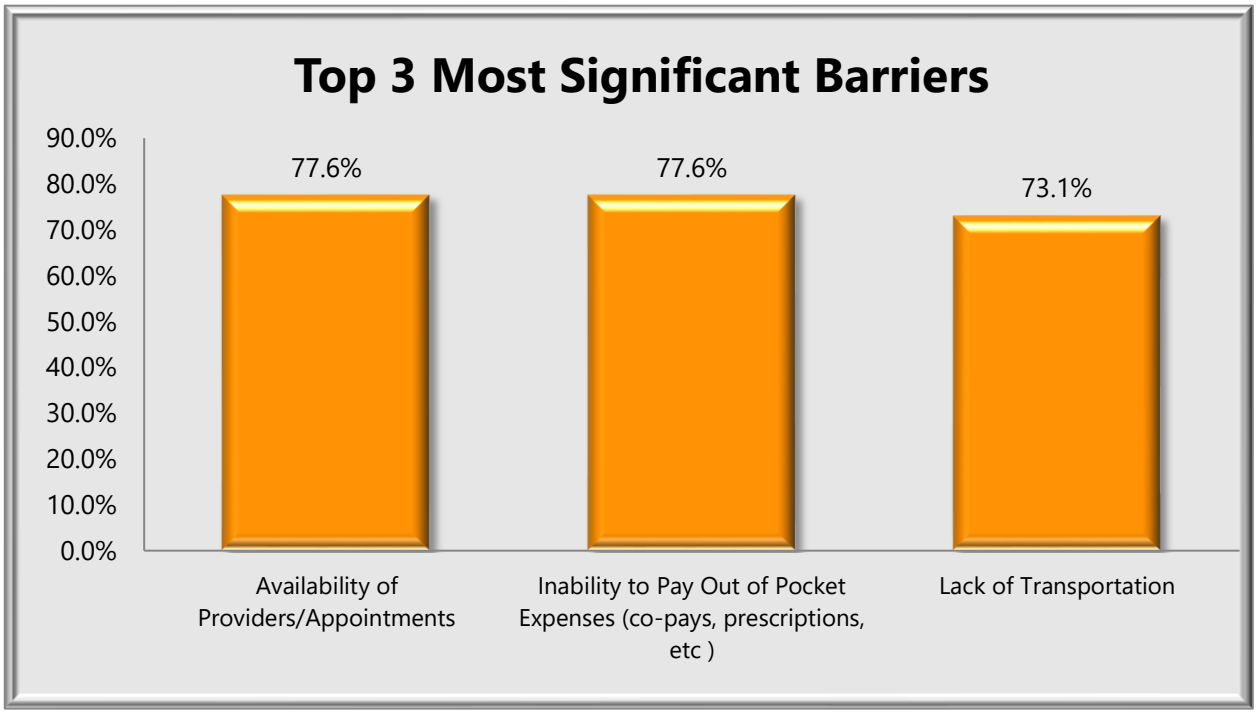


Table 62: Most Significant Barriers

Barrier	Number who selected the barrier as most significant	Percent of respondents who selected the barrier as most significant
Availability of Providers/Appointments	52	77.6%
Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)	52	77.6%
Lack of Transportation	49	73.1%
Mental Health	42	62.7%
Lack of Understanding the Health Care	33	49.3%
Time Limitations (long wait times, limited office hours, time off work)	31	46.3%
Lack of Health Insurance Coverage	30	44.8%
Language/Cultural Barriers	28	41.8%
Lack of Trust	20	29.9%
Mobility Issues	20	29.9%
Basic Needs Not Met (food/shelter)	19	28.4%
Ability to Use Telehealth Services	17	25.4%
Immigration Status	17	25.4%
Lack of Child Care	11	16.4%
Homelessness	10	14.9%
Access to Telehealth Services	8	11.9%
Gender Identity/Sexual Orientation	4	6.0%
Hearing/Sight Loss	4	6.0%
Race/Ethnicity	4	6.0%
Other (specify)	2	3.0%
None/No Barriers	0	0.0%

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

SUPPORT AND HEALTHCARE SERVICES

The second set of questions dealt with which resources and services are missing, populations inadequately served, and barriers to staying healthy . The results are summarized below.

Missing Resources/Services

The graph displays the services and resources identified as missing in the service area. The Top 5 missing services and resources echo the key health issues and barriers identified in the previous section. The top missing service is the primary care provider, identified by 68.7% of respondents. This is followed by mental health services (61.2%). Transportation (56.7%) is next (and is also

identified as a barrier to accessing health care). Free or low cost medical and dental care are missing according to 47.8 % and 44.8%, respectively. Four individuals chose Other and noted Food as Medicine initiatives, home care services, housing, and homeless shelters. Tables 63 lists the Top rated Missing Services and Resources.

Figure 28. Ranking of the Top 5 Missing Services and Resources

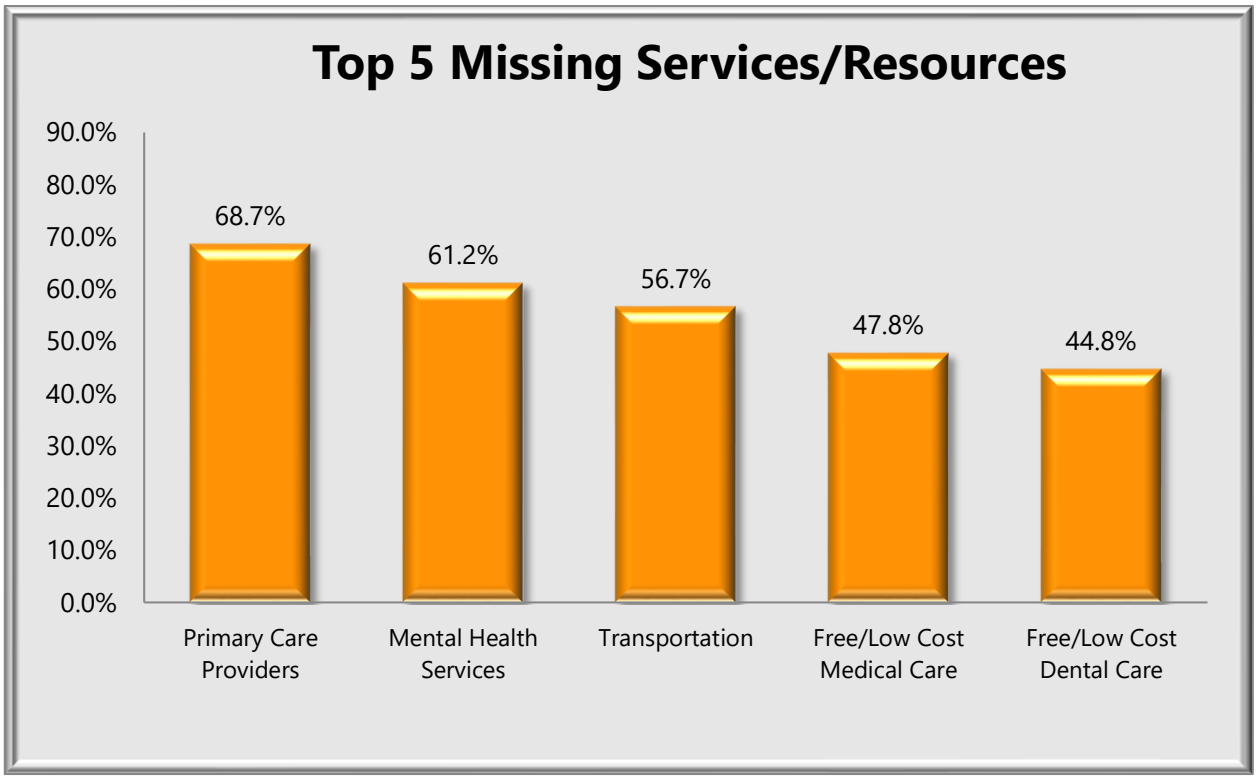


Table 63. Top Rated Missing Services and Resources

Service or Resource	Number of respondents who stated "Missing"	Percentage of respondents who stated "Missing:
Primary Care Providers	46	68.7%
Mental Health Services	41	61.2%
Transportation	38	56.7%
Free/Low Cost Medical Care	32	47.8%
Free/Low Cost Dental Care	30	44.8%
Bilingual Services	29	43.3%
Prescription Assistance	28	41.8%
Health Education/Information/Outreach	24	35.8%

Service or Resource	Number of respondents who stated "Missing"	Percentage of respondents who stated "Missing:
Substance Abuse Services	22	32.8%
Services Sensitive to Immigration Status	18	26.9%
Medical Specialists	16	23.9%
Health Screenings	15	22.4%
Services Sensitive to Race/Ethnicity	14	20.9%
Services Sensitive to Gender Identity/Sexual Orientation	14	20.9%
Telehealth Appointments	7	10.4%
Community-led Grassroots Efforts	5	7.5%
Other (specify)	4	6.0%
None	0	0.0%

Inadequately Served

Key Informants were asked which, if any, populations in the service area are being inadequately served by local health services. Key Informants chose from a list of 14 factors and perceived that individuals who are uninsured or underinsured (47.8%), seniors/elderly (41.8%), low-income/poor (40.3%), homeless (38.8%) and immigrants/refuges (35.8%) are the most inadequately served. Only one respondent perceived that the populations listed are being adequately served. Four selected Other and identified the addicted population and new mothers.

Figure 29. Top 5 population groups rated as inadequately served

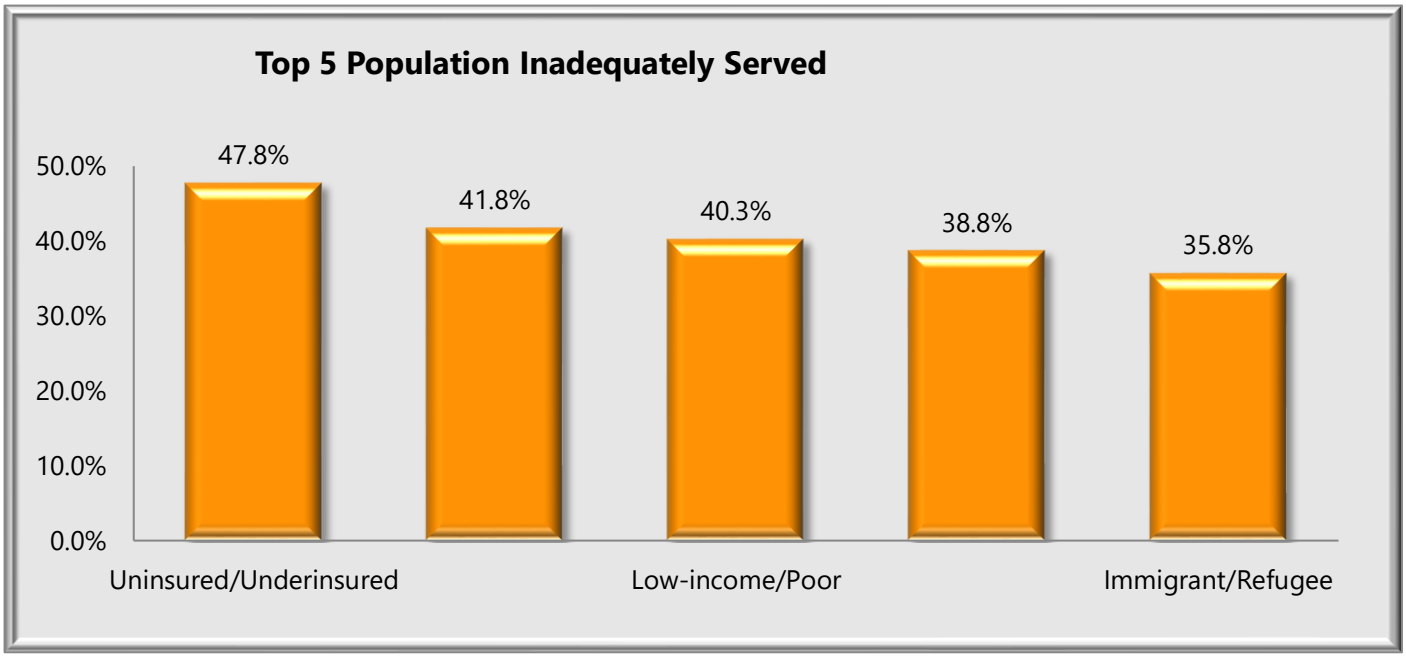


Table 64: Rating of populations that are inadequately served

Population	Number of Key Informants who selected the population as inadequately served	Percent of Key Informants who selected the population as inadequately served
Uninsured/Underinsured	32	47.8%
Seniors/Elderly	28	41.8%
Low-income/Poor	27	40.3%
Homeless	26	38.8%
Immigrant/Refugee	24	35.8%
LGBTQ+	15	22.4%
Young Adults	12	17.9%
Disabled	11	16.4%
Black/African American	8	11.9%
Hispanic/Latino	8	11.9%
Children/Youth	5	7.5%
Arabic	4	6.0%
Other (specify)	4	6.0%
None	1	1.5%

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

Barriers to Staying Healthy

Respondents were asked to identify the Top 3 barriers that individuals may or may not face in the services area in trying to get and stay healthy. A list of 12 factors were selected from and the Key Informants listed as the top barrier, the cost of healthy food and/or gym memberships (59.7%). This is followed by difficulty meeting basic needs (44.8%) and the lack of transportation (29.9%). Transportation continues to be a barrier that is mentioned frequently. The graph displays the top 3 barriers, while Table 65 lists the number and percentage of responses to all factors.

Figure 30. Barriers to getting and staying healthy

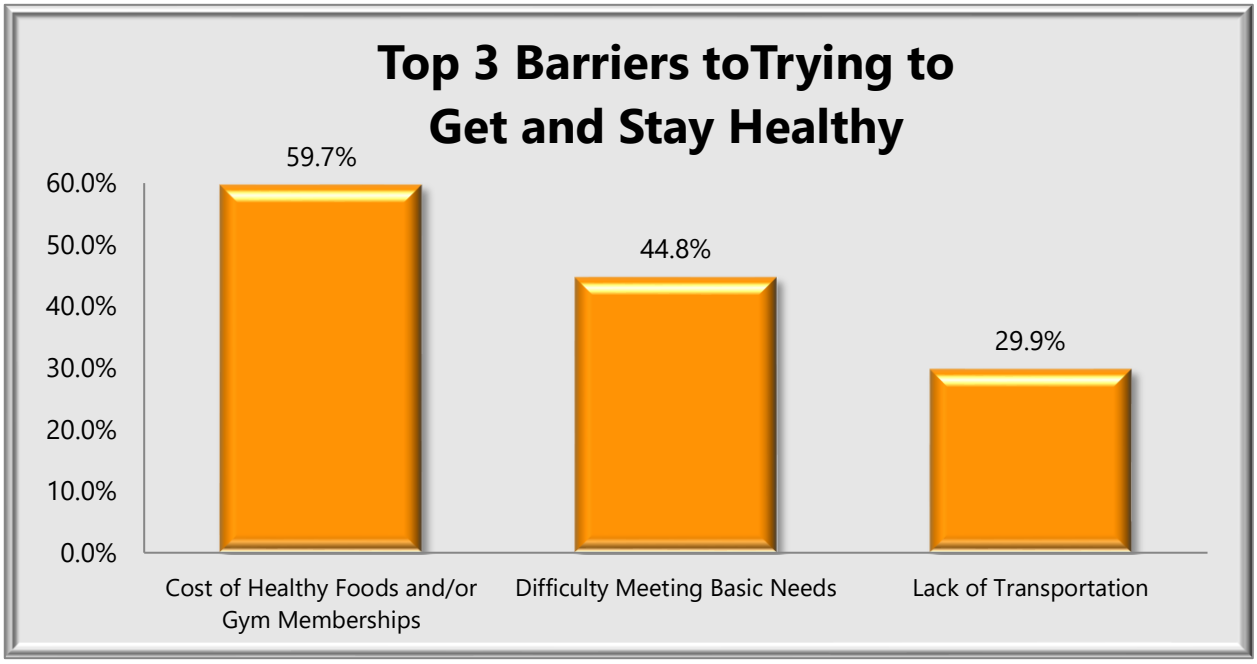


Table 65. Barriers to Trying to Get or Stay Healthy

Barriers to Trying to Get or Stay Healthy	Number of key informants who selected the barrier	Percent of key informants who selected the barrier
Cost of Healthy Foods and/or Gym Memberships	40	59.7%
Difficulty Meeting Basic Needs	30	44.8%
Lack of Transportation	20	29.9%
Lack of Motivation	16	23.9%
Lack of Information in Culturally Appropriate Formats	15	22.4%
Lack of Knowledge and Skills	15	22.4%
Lack of Access to Fresh Fruits and Vegetables	12	17.9%
Lack of Support	12	17.9%
Lack of Time	7	10.4%
Lack of Available Information	5	7.5%
Lack of Safe Opportunities for Physical Activity	4	6.0%
Other (specify)	0	0.0%

OPEN-ENDED COMMENTS

Finally, key informants were given the opportunity to provide additional feedback in the form of an open-ended comment field. Respondents were prolific in their comments related to health needs and barriers related to seniors, food access, mental/behavioral health and substance abuse, the lack of primary care providers and transportation, the need for low cost services, services to immigrants, language barriers and the need for better coordination between medical services and social services.

Key informants were asked, "What is being done *well* in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)."

Select Comments regarding What is Being Done Well in the Community

- The senior center is vital to the aging and provides educational, fitness, Veteran, and food programs.
- Milford Regional Medical Center provides quality emergency care
- Vaccination clinics
- There has definitely been an improvement food access, and mental health issues as a result of the opiate abatement funds, harm reduction educational efforts and better access to treatment options.
- We have quite a few food pantries. The work of the Edward Kennedy Center is great!
- I think there has been a lot of efforts to increase bilingual and multilingual individuals in positions where they are helping the community such as mental health workers, doctors, etc.
- Providing food to children through schools and backpack programs. CHNA programs are wonderful.
- Recently, the Blackstone Valley Partnership for Public Health introduced a new Community Health Care Worker whose role will be to link people with resources and services available. With several churches just within Northbridge, ~ another wonderful partnership among the 11 Churches.
- With the influx of the migrant families, MRMC, MRPG, EMK and others have joined forces to assist with primary care visits for both adults and children.
- Senior centers are offering multiple programs for residents 60 and over to access nutrition and exercise.
- Milford also has a bus that allows for transportation to different locations within the town.
- Urgent Care Centers have greatly improved the access to the medical care in the area. It's good to see new centers being open.
- EMK in Milford has been a great and valuable addition for our immigrants that have limited insurance coverage.
- I appreciate the community trying to help with food insecurity, different churches providing meals, the summer food program, the Daily Bread Food Pantry, the school system, the senior center.
- Efforts to expand access both with providers and insurance are exemplary.
- Local low-cost, reliable transportation is available to older adults in the community. There is a lot of open space for recreation and physical activities.

- Police departments - co-response and post-response clinicians providing support and connection to resources. Coalitions - connecting providers and sharing of resources; working on identifying and eliminating barriers to care. Schools - initiatives to support mental health through peer groups and/or counseling on site. Recovery supports - two recovery support centers in the region; reduction in stigma around addiction and recovery; free of charge and insurance blind.
- Increase in behavioral health support expansion of MRPG physician's services and health clinics in communities.
- We have a Food Pantry that has expanded and provides assistance to school children in need with weekend food bags to take home. We have had 2 vaccination clinics that are mobile come to our town to provide immunizations to our migrant families. We have some vision providers who partner to assist with no cost/ low cost eye exams and glasses.
- We have recently joined in partnership with the non-profit Dignity Matters to provide feminine hygiene products to our patrons.

Key informants were asked to comment on the improvements that can be made to better meet the health needs of the community and improve quality of life.

Select Comments from Key Informants about the Improvements to Services that Need to be Made

- Better coordination among organizations and between public and private entities (less working in silos). Reduced systemic racism and addressing the social determinants of health.
- More free screenings and outreach to shut ins and elderly.
- More services for opioid addicted people.
- More collaboration between private and public agencies that includes Local Public Health Departments, Public Health Nurses, Community Outreach Workers, Mental Health Professionals, Healthcare Professionals and Organizations, Volunteer Agencies, Community Agencies, Police, Fire, and EMS to better address social determinants of health.
- There a very few PCP's taking new referrals.
- I don't think there is anything done well for people with substance use disorder, mental health. Not enough understanding, not enough professionals.
- I think transportation continues to be one of the BIGGEST barriers when it comes to accessing their needs. I think there is also a lack of enough finances to access healthy foods and other basic needs.
- More senior living access for extra help with food, transport, Medicare applications, behavioral health needs, scripts, basic help around the house with daily needs.
- More opportunity for help for children from early years through to High school age.
- More engagement with these communities and buy in from second generation Brazilian and Latino communities to support social service providers 'on the front' lines.
- We need more dentists or hygienists.
- More collaboration between medical personnel and social service providers.

- Milford Regional Physician Group Urgent Care locations should accept patients with limited insurance and offer a service fee schedule for cash/credit card payments at the time of service to alleviate the Emergency Room at Milford.
- Easier access to free or low cost activities for social things, mental health, and physical activity (i.e. pickleball as an example).
- I feel that the Urgent Care Canter should be open by appointment during the night hrs. and 24/7 on weekends, when doctor's offices are closed.
- For OB, I am afraid that UMass Memorial is going to max up in seeing OB patients with MassHealth.
- We still need more providers - especially PCPs and behavioral/mental health providers for youth. Addressing substance abuse issues with youth. Addressing depression/anxiety/suicide in young people.
- Translation of medical or dental information into appropriate languages still needs work. Addition of more affordable housing options especially in Norfolk and Middlesex Counties.
- Provide low cost medical & dental appointments targeting older adults in the community. Better access to affordable home health providers to assist older adults in staying independent in their homes.
- Need to recognize that schools can be point of first contact but that not all families will accept supports within the school - need to do warm handoffs to outside providers in these cases.
- Difficult for those uninsured or underinsured to access care.
- As the immigrant populations grow, more services to help them assimilate, get jobs, housing, healthcare, etc.
- Broaden availability of multi-lingual/multi-cultural providers.
- Honestly, problems seem to only get worse. Getting insurance, using insurance, finding providers, finding therapists, finding specialists…all difficult. Someone struggling will just give up. It's quite sad.
- Hoarding Disorder is another under addressed problem, especially among older adults, resulting in squalid, unsafe and unhealthy home environments.

Respondents were asked to comment upon what effect COVID-19 has had on the health needs of the community and to highlight any specific gaps/barriers in community health services?

Select Comments about the Effect of COVID-19 and Gaps/Barriers in Community Health Services.

- More coordinated efforts to address community issues post-pandemic.
- Food insecurity has not reduced much since Covid. Still a great deal of isolation among older adults and adolescents.
- Long term mental health side effects.
- There has been a decline in people receiving the COVID19 vaccine, Influenza vaccines, other Respiratory Illness vaccines and 'vaccine hesitancy' for both children and adult vaccines in general.

- There is a significant barrier in availability of psychiatric services available in the ED and inpatient setting at Milford Hospital. A Geri-psychiatric unit is very much needed, and a specialized unit for Children and adolescents.
- Telehealth isn't always a good option for those who do not have access to laptops or computers.
- Many older adults often waiting until a crisis situation happens. A shortage of health care workers has greatly impacted the quality of life for many to be able to stay independent in their own homes, more stress on caregivers and families.
- Our community excelled during the pandemic. We earned tens of thousands of dollars and developed a strong support network for our parents, new parents and seniors.
- COVID-19 unfortunately had people put their care on hold which has led to sicker individuals needing care, both physically and mentally.
- Transportation needs were highlighted.
- Highlighted the need to provide more mental and behavioral health providers for youth in our community - starting with preschool - high school and highlighted the need for LGBTQ+ sensitivity training, education, and support.
- A good thing to come out of COVID is the ability to utilize telehealth.
- Greater need for appropriate food.
- The biggest consequence has been that the protections in place (MassHealth) are now expiring, and many individuals have lost their insurance.
- Covid is still present especially in nursing facilities. Lack of staff in nursing homes, assisted living, hospitals, VNA care, grocery stores, restaurants.
- The health care effort was excellent. The issues of misinformation which impeded implementation of preventive therapies was problematic.
- Fostered a strong spirit of collaboration that has extended well-beyond the pandemic. The gaps that were highlighted remain: lack of access to primary care providers, appropriate use of medical facilities and services, staffing throughout the healthcare system that leads to a backlog and supply chain issues.
- Isolation, anxiety and depression have all increased significantly.
- Increased mental health issues with youth including substance use and suicide and increased alcohol and marijuana use.
- Increase in distrust of systems and providers and reduced in-person office hours..
- Costs/availability of healthy food options- managing basic needs. Requests for financial assistance to maintain vehicles, rent, and simple nourishment increased exponentially.
- Wait lists for mental health and substance misuse support became outrageously long with many people going without. Shelters went without open beds for more extended periods of time than ever before.
- Learning deficits for students.

APPENDIX A. REFERENCES

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APPENDIX B. SECONDARY DATA DEFINITIONS

Age-Adjusted Rate: Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes, which allows populations with different age structures to be compared.

Behavioral Risk Factor Surveillance System (BRFSS): Ongoing surveillance system with the objective to collect uniform, state-specific data from surveys on adults' health-related risk behaviors, chronic health conditions, and use of preventive services.

Crude Rate: Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health: The personal, social, cultural, economic, and environmental factors that influence the health status of individuals or populations.

Family: Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Frequency: Often denoted by the symbol "n," and referred to the number of occurrences of an event.

Health: A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health Disparities: Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

Health Outcomes: A medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.

Housing Unit: A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.

Household: All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder: One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence: Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Infant Mortality Rate: Number of live-born infants who die before their first birthday per 1,000 live births in a given year.

Morbidity: Refers to the state of being diseased or unhealthy within a population.

Mortality: Number of deaths occurring in a given period in a specified population.

Poverty: When a person or group of individuals lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter.

Prevalence: The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life: Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate: A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household: Includes all the people occupying a housing unit.

Size of Family: Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES): A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Years of Potential Life Lost (YPLL): A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

APPENDIX C. KEY INFORMANT SURVEY TOOL

Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Milford Regional Medical Center is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the 20-town service area of Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopkinton, Hopedale, Medway, Mendon, Milford, Millville, Millis, Norfolk, Northbridge (including Whitinsville), Upton, Uxbridge, and Wrentham.

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

2. Of those health issues mentioned, which **3 are most significant for those ages 0-10?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke

☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

3. Of those health issues mentioned, which **3 are most significant for those ages 11-21?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

4. Of those health issues mentioned, which **3 are most significant for those ages 21-40?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

5. Of those health issues mentioned, which **3 are most significant for those ages 40-70?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

6. Of those health issues mentioned, which **3 are most significant for those ages 70+?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

7. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

HEALTH CARE ACCESS

8. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

Strongly Disagree←→Strongly Agree

Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a dentist when needed.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of multilingual providers in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental/behavioral health providers in the area.	☐1	☐2	☐3	☐4	☐5
Transportation for local medical appointments is available to area residents when needed.	☐1	☐2	☐3	☐4	☐5

9. What are the most significant barriers that keep people in the community from accessing health care when they need it? **(Select all that apply)**

☐ Access to Telehealth Services
☐ Ability to use Telehealth Services
☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (Food/Shelter)
☐ Homelessness
☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Lack of Understanding the Health Care System
☐ Language/Cultural Barriers
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ Other (specify):
☐ None/No Barriers

10. Of those barriers selected, which **3** are the most significant? (CHOOSE 3)

☐	Access to Telehealth Services
☐	Ability to use Telehealth Services
☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Homelessness
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Lack of Understanding the Health Care System
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	Other (specify):
☐	None/No Barriers

11. Related to health and quality of life, what resources or services do you think are missing in the community? (Check all that apply)

☐	Bilingual Services
☐	Free/Low Cost Dental Care
☐	Free/Low Cost Medical Care
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	Medical Specialists
☐	Mental Health Services
☐	Prescription Assistance
☐	Primary Care Providers
☐	Substance Abuse Services
☐	Transportation
☐	None
☐	Other (specify):

12. Are there specific populations in this community that you think are not being adequately served by local health services? If yes, please identify: (Select all that apply)

☐	Arabic
☐	Black/African American
☐	Children/Youth
☐	Disabled
☐	Hispanic/Latino
☐	Homeless
☐	Immigrant/Refugee

☐ LGBTQ
☐ Low-income/Poor
☐ Seniors/Elderly
☐ Uninsured/Underinsured
☐ Young Adults
☐ Other (specify):
☐ None

13. What are the top 3 barriers people in the community face in trying to get and stay healthy? **(CHOOSE 3)**

☐ Cost of Healthy Foods and/or Gym Memberships	☐ Lack of Motivation
☐ Difficulty Meeting Basic Needs	☐ Lack of Safe Opportunities for Physical Activity
☐ Lack of Access to Fresh Fruits and Vegetables	☐ Lack of Support
☐ Lack of Available Information	☐ Lack of Time
☐ Lack of Knowledge and Skills	☐ Other (specify):

14. In your opinion, what is being done ***well*** in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)

15. What improvements can be made to better meet the health needs of the community and improve quality of life?

16. What effect has COVID-19 had on the health needs of the community? Did COVD-19 highlight any specific gaps/barriers in community health services?

17. Please provide the name and contact information of anyone who would be an appropriate source for focused research interview.

CLOSING

1. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

- ☐ Business Sector
- ☐ Community Member
- ☐ Education/Youth Services
- ☐ Faith-Based/Cultural Organization
- ☐ Government/Housing/Transportation Sector
- ☐ Health Care/Public Health Organization
- ☐ Mental/Behavioral Health Organization
- ☐ Non-Profit/Social Services/Aging Services
- ☐ State/Federal Legislator
- ☐ Other (specify):

2. Milford Regional Medical Center and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below. Your identity will not be associated with your comments.

Thank you! That concludes the survey.

APPENDIX D. KEY INFORMANT PARTICIPANTS/VERBATIM COMMENTS

KEY INFORMANT PARTICIPANTS/ORGANIZATIONS	
Name	**Organization**
Agnieszka Podstawka	Douglas Public Health Nurse
Albert Crimaldi, MD	Milford Regional Medical Center
Alisha Sullivan	Franklin Health Department/Public Health Nurse
Ana Guilarducci	Milford Regional Medical Center
Ana Paulino	Michael's Mission 97 Inc.
Ann Wilkins	Milford Regional Medical Center
Barbara Gillmeister	Gilly's House
Bert-Thurlo Walsh	Milford Regional Medical Center
Blake Phillips	The River Church
Brenda Feeley	Milford Regional Medical Center
Captain Kevin Polito	Salvation Army - Milford
Carol Mullen	Hopedale Director of Senior Center
Cathleen Liberty	Franklin Health Director
Cheryl Bardetti	Milford Regional Medical Center
Christina Morrison	Milford Regional Medical Center
Debra Vescera	Blackstone Valley Partnership for Public Health
Destiny O'Connell	Wayside Inc.
Donmarie Boutilette-Smith	Seven Hills Child Care Resource & Referral
Donna Boynton	Milford Regional Medical Center
Elizabeth Siraco, MD	Blackstone Valley Family Physicians
Erin Hightower	Uxbridge Interim Health Director
Father Nicholas Desimone	St. Mary's Uxbridge
Heather Elster	Whitin Community Center
Janet Angelico	Wrentham Senior Center Director
Jeanne Hebert	Blackstone Valley Chamber of Commerce
Jennifer Geary	United Parish Pastor
Jocelyn Lucier	St. Vincent de Paul - Milford
Josie Dutil	Bellingham Senior Center Director
Judy Kelly	Milford Regional Medical Center
Karen Young	Blackstone Millville School Nurse
Kate Rose	Family Continuity
Kelly Bol	Northbridge Senior Center Director
Kim Mu-Chow	New England Chapel
Laura Laird	New England Chapel

KEY INFORMANT PARTICIPANTS/ORGANIZATIONS	
Name	**Organization**
Laura O'Callaghan	Tri Valley Chamber of Commerce
Lauren Hewitt	Regional Public Health Nurse
Lisa Borchetta	Holliston Senior Center Director
Lisa M. Audette	Franklin Housing Authority
Lisa Prince	Tri-Valley Inc.
Lori Hout	Family Continuity
Loriann Braza	Milford Housing Authority
Lucas Giguere	Franklin School Superintendent
Magaly Barbato	Milford Regional Medical Center
Marc Montminy	Uxbridge Chief of Police
Marcel Descheneaux	Riverside Community Care
Marianne DeVries	Greater Grafton Medical Reserve Corp. Coordinator
Maureen Harris	Milford Regional Medical Center
Nicole Leone	Cornerstone at Milford
Patrice Rousseau	Douglas Senior Center Director
Rebecca Donham	MetroWest Health Foundation
Rose Galimi-Hayes	Milford Regional Medical Center
Ryan Sherman	Medway Public Schools
Sarah Carpenter	Community Impact Inc.
Shannon Smith	Grafton Senior Center Director
Shaun McAuliffe	Hopkinton Board of Health Director
Tina Cook	Millville Outreach Coordinator Senior Center
Tina Powderly	Franklin Food Pantry/Executive Director

VERBATIM COMMENTS FROM KEY INFORMANTS **Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:**
The MetroWest Health Foundation conducted a Community Health Assessment for the MetroWest region, including many of the towns in Milford Regional's catchment area. The five I reference were the ones that were the top five health priorities identified through the CHA..
It was difficult to choose how to rank the health conditions of the community because all of them are significantly relevant.. choosing the top Health issues is very challenging.
In my job role, I only work with ages 16-25, so any other age range was not applicable for my role in this survey. With that said, behavioral health, nutrition, vaping, and dental health, are the most significant for the age group that I work with.
Hopkinton residents travel often and return from travel with exotic communicable diseases. Behavioral health, substance abuse and vaping are concerns in the Middle and High schools. Hopkinton has an unusually high number of hoarding cases. Many of Hopkinton's hoarders have multiple homes in the region that they shuffle between.
I see alot within the community and hear the needs from others with those whom go without.
In the case of youth and young adults who are admitted to ER re emotional/mental care, it should be a top priority to care for someone in the ER and not dismiss to just any place with an open bed since the method of care is not properly evaluated in many places. Also, there must be a better practice instituted for young adults ages 18 and over, to make sure their parents are considered before making decisions for their care, especially if it is an emotional/mental situation.
The 40-70 group is a pretty big age group. Very different, someone 40 to someone 70.
There is a long waiting list for dental care for patients with limited insurance at EMK in Milford. We need more dentists or hygienists.
Transportation to medical appointments continue to be an issue those without access to cars. Food insecurity continues to increase for many individuals and families Affordable housing is hard to find for the elderly and those in their twenties
I serve as an outreach coordinator serving older adults 55+ so my comments reflect the population that I serve.
Family systems problems underlie most of the cases we work with. In our communities, many individuals lack secure attachment, healthy relationships, consistent emotional support, healthy role models, and overall emotional and physical security. This compounds itself as they enter adolescence and adulthood, resulting in behavioral and substance use difficulties, in addition to the inability to transition into adulthood effectively. Their lives are unstable at best, and they are unable to care for themselves or others. Elders are then tasked with caring for adults who cannot care for themselves, while elders are experiencing their own care needs. As a community, we need to address childhood trauma and family systems issues throughout the lifespan of our community members, in the hopes that we can stop the cycle of negative outcomes which relate to all of health issues being discussed in this survey.
We have a significant number of migrant/ refugee families in our community requiring resources involving food, health care, clothing needs etc.

VERBATIM COMMENTS FROM KEY INFORMANTS
We do not gather data for the health issues listed above. All our clients are suffering food insecurity and adequate access to nutritious foods. We are only equipped to provide food one time a week to each household. Clients voluntarily reveal some health issues to us, cancer and diabetes seem to be the most common ailments that we hear about.
In your opinion, what is being done *well* in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)
The senior center is vital to the aging and provides educational, fitness, Veteran and food programs. The Safe Coalition addresses mental health and substance use. The public health nurse provides educational programs to the community and nursing skills. The recreational department has a large variety of rec programs for all ages. The list goes on and on...
Edward M. Kennedy Community Health Center provides expanded physical, behavioral, and oral health services, including for those without insurance. Riverside has a new Community Behavioral Health Center (CBHC) that provides timely behavioral health services. Milford Regional Medical Center provides quality emergency care. CHNA-6 provides opportunities for funding and networking among health organizations. The schools are offering mental health supports for students. Anti-immigrant rhetoric has decreased over the last decade. More citizens and health providers are understanding the value of harm reduction efforts.
Vaccination clinics
I think there are many good things happening in Milford and the surrounding communities that often go unrecognized or under utilized. There has definitely been an improvement food access, and mental health issues. As a result of the opiate abatement funds, harm reduction educational efforts (ie., community-based intranasal Narcan administration programs via local Health Departments), and better access to treatment options.
We have quite a few food pantries. The work of the Edward Kennedy Center is great!
Community meals at local churches
I think there has been a lot of efforts to increase bilingual and multilingual individuals in positions where they are helping the community such as mental health workers, doctors, etc. I have seen a lot of outreach and resources for people in the communities.
Providing food to children through schools and backpack programs. CHNA programs are wonderful.

VERBATIM COMMENTS FROM KEY INFORMANTS
Recently, the Blackstone Valley Partnership for Public Health (a consortium of 8 communities) introduced a new Community Health Care Worker whose role will be to link people with resources and services available. We are hopeful this new addition will be a wonderful advocate for many individuals and families throughout the Blackstone Valley. For several years, Northbridge has had a Coalition, which consists of several area agencies and community members who meet one time per month to share information and updates. With SEVERAL Churches just within Northbridge, the NAC, Northbridge Association of Churches is a partnership who meet once a month ~ another wonderful partnership among the 11 Churches. Food insecurity: NAC Food Pantry located in the lower lever of the Northbridge Senior Center' Northbridge Public Schools have Food Pantries in the schools along with a Community Closet for clothing, etc Peace of Bread is a community kitchen offering a free meal every Wednesday evening (also have food pantry and clothing) Free Breakfast (John 21) is available every Saturday at St Patrick's Church.
The Hopkinton Health Department seeks to launch our Community EMS program and start instructing residents on the positive aspects of functional medicine. Transportation is frequently identified as an issue. As our tax rates increase, we are seeing more of our seniors become priced out of their necessities, like food and prescriptions.
EMK has been an excellent addition to the community to help support our needs for all.
The community gets involved to help each other within their own group.
I am not sure I am qualified to answer this question - living/stationed here with The Salvation Army almost three years. I can only speak to what we see with the migrants - who are 90 percent of the individuals who we see coming to us for assistance. Of course, linguistic barriers make it difficult to discern and understand underlying issues that prevent these families' wellness and flourishing.
The Community has many groups trying to come together to provider services in the behavioral health and substance abuse space but more are needed. With the influx of the migrant families, MRMC, MRPG, EMK and others have joined forces to assist with primary care visits for both adults and children.
Senior centers are offering multiple programs for residents 60 and over to access nutrition and exercise.
I don't think there is anything done well for people with substance use disorder, mental health. Not enough understanding, not enough professionals.
The EMK health Center in Milford is doing the best they can to accommodate as many patients that they can however they are limited with few providers with slots available. Milford also has a bus that allows for transportation to different locations within the town.
Food banks, senior center (limited transportation, meals on wheels)
Urgent Care Centers has greatly improved the access to the medical care in the area. It's good to see new centers being open.
EMK in Milford has been a great and valuable addition for our immigrants that have limited insurance coverage.

VERBATIM COMMENTS FROM KEY INFORMANTS
More coordinated efforts to address community issues post-pandemic Providers are merging, joining forces to provide a larger presence, instead of smaller pockets of care MRMC Community Benefits Advisory Group, CHNA-6, Local Coalitions/Community Groups are adapting to the needs of the community instead of sticking to what was in place already
Partnerships between health care provider and community supports have been increased to help with resource awareness.
Partnering with community organizations to help those in need (senior center, library, YMCA, SAFE coalition).
Collaboration between multiple organizations to provide services to those in need. Networking with multiple organizations.
There are many resources, but there are so many barriers that get in the way.
I appreciate the community trying to help with food insecurity, different churches providing meals, the summer food program, the Daily Bread Food Pantry, the school system, the senior center, but the need is great and the resources are limited. Chris' Corner and Community Impact, assisting those with substance abuse, or who are in recovery, and mental health issues. Edward Community Health Center.
Efforts to expand access both with providers and insurance are exemplary.
Community organizations and agencies are taking more of a collaborative, as opposed to a siloed, approach in working together in their respective fields, as well as coming together to think creatively about how to help the overall health of our community.
Not enough access to affordable health care
Close proximity to treatment centers. Local low-cost, reliable transportation is available to older adults in the community, but hours are limited & the cost to the district is considerable. There is a lot of open space for recreation and physical activities.
Elder services - broad array of programs and funding streams: EMHOT; Veterans outreach; Crisis care; Protective services; OPTIONS counseling; Senior centers - support and connection to resources; often acting as first point of contact to systems of care. CBHC - providing open door for individuals in crisis with mental health or substance use. Police departments - co-response and post-response clinicians providing support and connection to resources. Coalitions - connecting providers and sharing of resources; working on identifying and eliminating barriers to care. Schools - initiatives to support mental health through peer groups and/or counseling on site. Recovery supports - two recovery support centers in the region; reduction in stigma around addiction and recovery; free of charge and insurance blind.
Awareness of the needs of the community and attempt to provide services and providers to meet the needs; increase in behavioral health support.
expansion of MRPG physician's services and health clinics in communities. Active food pantries.
English speaking, insured individuals have a wide array of options for their medical/health needs. With full employment, there are options for healthy food and physical activity.

VERBATIM COMMENTS FROM KEY INFORMANTS
We have a Food Pantry that has expanded and provides assistance to school children in nee with weekend food bags to take home. The GATRA is available for a fee and can have limited availability. We have had 2 vaccination clinics that are mobile come to our town to provide immunizations to our migrant families. We have some vision providers who partner to assist with no cost/ low cost eye exams and glasses.
The Senior Center is thriving and appears to provide ample opportunity for seniors to gather for socialization, gain information, and transportation to medical appointments and to come to the food pantry for food assistance. We have recently joined in partnership with the non-profit Dignity Matters to provide feminine hygiene products to our patrons.
What improvements can be made to better meet the health needs of the community and improve quality of life?
Transportation is an issue if one doesn't have transportation. There is not a bus line only GATRA.
Better coordination among organizations and between public and private entities (less working in silos). Reduced systemic racism and addressing the social determinants of health.
More transportation available and more free screenings and outreach to shut ins and elderly.
More services for opioid addicted people.
More collaboration between private and public agencies that includes Local Public Health Departments, Public Health Nurses, Community Outreach Workers, Mental Health Professionals, Healthcare Professionals and Organizations, Volunteer Agencies, Community Agencies, Police, Fire, and EMS to better address social determinants of health. Evidence-based studies have shown that working collaboratively with healthcare professionals, public health and public safety professionals, charitable organizations, and other community groups facilitates better outcomes when addressing social determinants of health in the community. Furthermore, it fosters a greater understanding about the expectations, roles, resources, responsibilities, and what limitations may be encountered by all organizations involved.
Many people are losing their PCP's to retirement , there a very few PCP's taking new referrals.
Access to transportation to medical appointments
I think transportation continues to be one of the BIGGEST barriers when it comes to accessing their needs. Some individuals I work with don't have the means to get transportation and that is entirely out of their control. Because of this, they are struggling to get around to get basic necessities such as food, getting to appointments, and more. I think there is also a lack of access to enough finances for some individuals to access healthy foods and other basic needs. Lastly, as much as I do see community outreach happening all the time, I think there should be increased efforts to get information to even more people and providers.
Increase funding and staffing to Edward M Kennedy Community Health Center.
While there are several agencies within the Blackstone Valley all doing many great things, there is still a lack of awareness.
Permit me to hire one of my nurses back.

VERBATIM COMMENTS FROM KEY INFORMANTS
More senior living access for extra help with food, transport, Medicare applications, BH needs, scripts, basic help around the house with daily needs.
More opportunity for help for children from early years through to High school age. Our youth is extremely important. It is very diverse and education on how to offer support and care must be improved on many levels.
I would say more engagement with these communities led by the town of Milford and buy in from second generation Brazilian and Latino communities to support social service providers 'on the front' lines. We have tried to mitigate these challenges by partnering with some of the ethnic churches in the community - but lack of time and energy often prevent these partnerships from working as well as they could.
More collaboration between medical personnel and social service providers. Early intervention prevents downstream costs and complications.
Better access to transportation, food, pharmacies, etc so individuals without automobiles can get what they need to manage their basic needs. Developing a larger coalition for the catchment area that includes the local house rep and senate office as well as spiritual organizations could help to tackle some of the issues being identified in this survey.
Free exercise programs for senior residents.
More providers, stop asking for health insurance as the first question. Trying to match health insurance with providers makes people stop looking for health care.
Milford Regional Physician Group URGENT CARE LOCATIONS should open up to accept patients with limited insurance, and offer a service fee schedule for cash/credit card payments at the time of service to alleviate the Emergency Room at Milford. Milford Regional Physician Group should hire more PCP's to accept more patients to avoid so many Emergency Room visits leading to hospital admissions because of lack of basic PCP visits.
transportation, easier access to free or low cost activities for social things, mental health and physical activity (i.e. pickleball as an example).
I feel that the Urgent Care Canter should be open by appointment during the night hrs. and 24/7 on weekends, when doctor's offices are closed. This will prevent many sick elderly and parents with the small children spending long hrs. (in some cases the whole night) in the waiting room of the ER.
Access to transportation services. For the elderly and disabled, there are not enough dollars being allocated to enable the Senior Centers to expand their transportation programs.

VERBATIM COMMENTS FROM KEY INFORMANTS
EMK has a new and larger building now. Can they hire more providers? The waiting list for dental and primary care access is long. Can MRPG have the possibility of seeing patients with limited insurance for primary care in a near future? not at urgent care centers. That would help with the flow of patients coming to the ED, at times multiple times, for minor things. Our CHW at Milford does a great job referring patients to EMK for primary care, but she is very limited with the availability for cases that are not priority. For OB, I am afraid that UMass Memorial is going to max up in seeing OB patients with MassHealth. They have been a great asset to our community as they are very close to the hospital. Another challenge is that many patients are not compliant with follow up for different reasons. That could indeed cause some frustration among medical staff. Lots of teaching and education has to be done at times. We have received some calls from Haitians refugees located in Milford and Franklin stating that they don't receive the help they need. I highlight the fact that the state send representatives to the hotels to provide assistance. They mainly call looking to get primary care.
We still need more providers - especially PCPs and behavioral/mental health providers for youth Lack of transportation in rural communities Addressing substance abuse issues with youth Addressing depression/anxiety/suicide in young people - just had a 10 year old in Uxbridge commit suicide.
More practitioners are needed throughout the health care industry and within the home care industry. Workforce initiatives need to be developed and sustained to encourage more people to enter the career path of helping others.
More communication with PCPs, there are a lot of adults in the community having a hard time finding a PCP.
Transportation to medical appointments are a problem whether to MRMC or to other appointments in Boston or Worcester. Translation of medical or dental information into appropriate languages has improved but still needs work. Addition of more affordable housing options with shorter waitlists especially in Norfolk and Middlesex Counties.
Support with accessing insurance, helping individuals support the process of navigation.
Urgent Care Centers were initially a great help but the staffing is limited sometimes only one physician, and the wait time is ridiculous and often you end up going to the ER anyway.
Expand access to care by increasing providers available. Reducing insurance costs
As hard as these organizations work, there are still some difficult barriers to overcome. One such barrier being how to identify the most appropriate avenue/resource to target in order to help some difficult to reach communities. Specifically immigrants and homeless.
Provide low cost medical & dental appointments targeting older adults in the community. Increase availability of behavioral health providers. Better access to affordable home health providers to assist older adults in staying independent in their homes.
I feel more primary care physicians are needed in the area. This is a phone call i receive on a regular basis...people in the service region looking for more PC physicians.

VERBATIM COMMENTS FROM KEY INFORMANTS
Elder services - high case loads, limited time to spend with clients. Senior centers - need more funding in order to provide broader array of activities to increase engagement across different elder age groups, cultures, and interests. Transportation - senior centers provide only limited transportation; MassHealth PT-1 provides only medical transportation; Other insurances rarely provide transportation; some towns not part of WRTA; WRTA services limited in this region; cost of Uber/Lyft too high. CBHC - need more points of access; limited by geography and ongoing care requires MassHealth. Coalitions - more providers need to be involved; community members need to be involved; more structure needed in order to make an impact. Police departments - need more funding for clinicians to be available more often and to assist more community members on a longer term basis. Schools - need more collaboration with outside providers in order to provide continuity of care; Need to recognize that schools can be point of first contact but that not all families will accept supports within the school - need to do warm handoffs to outside providers in these cases. Recovery supports - need transportation services; need more warm handoffs from the community and providers.
Difficult for those uninsured or underinsured to access care, such as behavioral health or more involved services requiring out of pocket payment
increased mental health and substance abuse services as the immigrant populations grow, more services to help them assimilate, get jobs, housing, healthcare, etc.
Broaden availability of providers who can assist un/underinsured individuals and families for mental health needs, healthcare and other social service resources including a options for multi=lingual/multi-cultural providers.
Improved access to dental and vision care and primary care for low income families. More PCPs and mental health providers with telehealth availability.
Transportation to the food pantry for those who do not have the financial means to own a vehicle and/or for those households with a single vehicle used as transportation to work, leaving other household members without transportation during the day when the food pantry is open. We have limited resources to help our patrons with essential toiletries, especially toilet paper, which is NOT an item that can be purchased with Food Stamps. We get significant donations of fresh fruit but only minimal amounts of fresh vegetables from the local supermarkets.
What effect has COVID-19 had on the health needs of the community? Did COVD-19 highlight any specific gaps/barriers in community health services?
Food insecurity has not reduced much since Covid. And while mental health is improving there is still a great deal of isolation among older adults and adolescents.
Long term mental health side effects.

VERBATIM COMMENTS FROM KEY INFORMANTS
There has been a decline in people receiving the COVID19 vaccine, Influenza vaccines, other Respiratory Illness vaccines and 'vaccine hesitancy' for both children and adult vaccines in general. Contributing factors include 'vaccine apathy', lack of trust in vaccine pharmaceutical companies, and vaccine misinformation and campaigns that continue to spread on social media, and politically. There is a need for more Infectious Disease Specialists to help treat people who have long-term health problems as a result of COVID19 infection. There is also a significant barrier in availability of psychiatric services available in the ED and inpatient setting at Milford Hospital. I have personally seen patients with significant mental health problems discharged from the ED and the hospital without any interventions for significant mental health illnesses that should be addressed in the hospital setting…in particular, a Geri-psychiatric unit is very much needed, other inpatient psychiatric services, and a specialized unit for Children and adolescents is critical to ensure a more holistic approach to Healthcare in this community.
There continues to be very limited staff to take vendor positions leaving community health care agencies unable to fill the needs of people in a reasonable amount of time.
delay in getting labs
Some people I work with experienced an inability to get healthcare or have access to appointments because telehealth isn't always a good option for those who do not have access to laptops or computers. There was also more isolation happening and having to delay appointments due to illnesses.
From the population I serve, many older adults continue to be very isolated, not seeking medical attention when needed and often waiting until a crisis situation happens. A shortage of health care workers has greatly impacted the quality of life for many to be able to stay independent in their own homes. This in turn has placed more stress on caregivers and families.
Our community excelled during the pandemic. We earned tens of thousands of dollars and developed a strong support network for our parents, new parents and seniors.
Covid helped show us that we were all lacking in the early disease of its progress and knowledge to stop the spread. I feel that we showed a huge gap in the 'lag' of healthcare being offered as far as services being stopped due to the Pandemic. All we did is show us how ill or sick we all were for people didn’t t take care of themselves and waited until they were severely ill then sought out medical care.
I am not aware of gaps. This was a learning situation for the world. Hard to know where barriers were.
I didn't see much of an impact from COVID 19 other than the chaos it created in our society. Perhaps, some families/individuals' overall health was affected in a negative way due to lack of access to health care providers who had to close or cut back operating hours due to staffing issues or due to additional requirements (masks & social distancing) that some were unable or unwilling to adhere to.
COVID-19 unfortunately had people put their care on hold which has led to sicker individuals needing care, both physically and mentally.
Lack of primary care doctors, lack of appointments at specialists.

VERBATIM COMMENTS FROM KEY INFORMANTS
That was 5 years ago and its no longer an issue in my opinion.
It made those that are concerned about being out in public more pronounced. Transportation needs were highlighted. Mental health a huge concern.
Definity we see more cases of blood cloths among mid age population. There is a need for more education and to spread awareness about the increased risks.
I think it exacerbated and highlighted the need to provide more mental and behavioral health providers for youth in our community - starting with preschool - high school. This in turn has highlighted the need for LGBTQ+ sensitivity training, education, and support.
A good thing to come out of COVID is the ability to utilize telehealth in some instances. However, there are gaps in this service type particularly if internet isn't available or the potential patient is not familiar with the process to access virtual communication.
People with mental health problems and elderly individuals not getting the help they needed.
Mental health of children, adolescents, and elderly has been impacted negatively. Greater need for appropriate food.
Telehealth has been a positive as it allowed for some individuals to access services. It did highlight gaps for children. The biggest consequence has been that the protections in place (MassHealth) are now expiring, and many individuals have lost their insurance.
Covid -19 brought everything to a halt. It has still not recovered. Covid is still present especially in nursing facilities. Lack of staff in nursing homes, assisted living, hospitals, VNA care, grocery stores, restaurants.
The health care effort was excellent. The issues of misinformation which impeded implementation of preventive therapies was problematic. The lack of basic knowledge of the virus was the biggest gap/barrier to care and one that was addressed as quickly as science allows.
While COVID-19 highlighted many flaws in the healthcare system nationwide, I think it was more of catalyst for many good things. For instance, fostering a strong spirit of collaboration has extended well-beyond the pandemic. The gaps that were highlighted remain: lack of access to primary care providers, appropriate use of medical facilities and services, staffing throughout the healthcare system that leads to a backlog of patient movement and transition, behavioral health providers and services and supply chain issues.
Isolation, Anxiety and depression have all increased significantly.
People have become more individualistic and isolative. Increased mental health issues with youth including substance use and suicide. Increased difficulty finding PCPs and other providers. Lack of free or affordable transportation options. Breakdown in family systems due to isolation/individualism. Increase in distrust of systems and providers. Reduced in-person office hours causing problems for those challenged with use of phone/internet/smartphone (DTA, SNAP, DHCD, RAFT, social security, DMV, etc.). Increased alcohol and marijuana use.

VERBATIM COMMENTS FROM KEY INFORMANTS
Costs/availability of healthy food options- managing basic needs- became more overwhelming to individuals and families across the region. Requests for financial assistance to maintain vehicles, rent, and simple nourishment increased exponentially. Wait lists for mental health and substance misuse support became outrageously long with many people going without. Shelters went without open beds for more extended periods of time than ever before.
Learning deficits for students. Behavioral and mental health challenges on the rise. Lack of funding once Covid funds ran out.
Please provide the name and contact information of anyone who would be an appropriate source for focused research interview.
While there have been improvements to food access and substance abuse programs, the need to better address mental health illnesses in the ED, access to inpatient psychiatric services, and specific specialized mental health units in child, adolescent, adult, and geriatric populations. The lack of these resources in the hospital setting exacerbates both physical and psychological health problems and does not address the social determinants of health identified in the community. Hoarding Disorder is another under addressed problem in the community, especially among older adults. Many older adults in the community, suffer from this devastating and complex condition resulting in squalid, unsafe, and unhealthy home environments that not only impacts the health and well-being of the person, but it also negatively impacts the health and wellbeing of the community.
During the pandemic, we made a conscious effort to keep our ER partners at Milford Regional safe by communicating COVID-19 risk to the hospital staff. We have and look forward to improving our existing relationship with the hospital.
Recently had a case with typical medical issue. Broken leg. The care in ER was handled very well in the sense that everyone was diligent to be informative, be sure they were treating the right person and why. They respected any questions or concerns. However, I question if that was because of insurance. I had good insurance. What about those who do not?
Our service area is, officially, Milford, Mendon, and Hopedale. However, we are receiving calls for assistance from many outlying communities in Norfolk and Worcester County.
Access to free health & Fitness programs, along with more primary care Doctors in the area.
Honestly problems seem to only get worse. I don't see them improving. Getting insurance, using insurance, finding providers, finding therapists, finding specialists…all difficult. Someone struggling will just give up. It's quite sad. The hospital still does not have a good view of people with substance use disorder. They are not helpful with resources. People, professionals, need to know what is out there for services, where to go, who to call. Help people make those calls, get into treatment. I think the ER is great at the hospital, but they are all overworked. It's hard to take time with an individual when it is crazy busy. I get it, but that doesn't help
We have limited use of our space within the church building and are only able to distribute food one morning a week.

APPENDIX E. FOCUS GROUP PARTICIPANTS

Name	Agency
Magaly Barbato	Milford Regional Interpreter Services
Kelly Bol	Northbridge COA
Leah Bradley	Central Mass. Housing Alliance
Diana Duquette	Wayside Youth and Family Services
Heather Elster	Director of WCC
Erin Hightower	Uxbridge Health Director
Lori Hout	Family Continuity
Marc Montminy	Uxbridge Police Chief
Kim Mu Chow	New England Chapel
Carole Mullen	Hopedale COA Director
Sharon Thompson	Tri-Valley Elder Services
Debra Vescera	Northbridge Regional Public Health Nurse

APPENDIX F. FOCUS GROUP SUMMARY OF RESPONSES

Question 1:
Our primary research through key informants shows that behavioral/mental health and substance abuse continue to be issues within the community.

a.) Can you speak to these issues? What are you seeing in your position/organization? What resources are lacking that if available would have an impact on this issue?
b.) Has there been a change in the last few years? Are there different/new substances that are being abused or new treatments that have been effective?

Senior Center in Hopedale is 60+ and indigent, providing fuel, food and housing assistance. Mental health is the biggest issue. Very little support years ago and now there's been a huge transition. The Police Department has an outreach worker that they take on calls with them. A Health Nurse at the Center to help with mental health. There is a severe shortage of mental health counselors but many of them don't take insurance and there is a shortage of practitioners.

There have been improvements in the emergency situations for substance abuse and mental health but there is a big lack of appropriate follow-up for folks. There is one Regional Public Health nurse for 8 towns. Also if someone is in distress and goes to Milford there is no inpatient psychiatric facility so they get transferred to a hospital unit which doesn't help with mental health but only helps with physical. Some hospitals are able to administer detox medication. Does Milford have the ability to do that?

I agree, there is a shortage of mental health counselors. MLHC is taking Medicare but case management is lacking if the individuals is disabled and under 60 and on Medicare.
It is hard for elderly on Medicare with hoarding issues for instance and sometimes substance abuse to get care. The family dynamics and intergenerational trauma is affecting people's mental health. There needs to be different medications if its a result of trauma versus biological reasons. It is difficult navigating systems of care and there is a lack of a trauma based approach. Being able and willing to try different modalities takes time.

Fentanyl and xylazine are in a new tobacco product that kids are getting. Products are very deceptive because they look like candy. Transportation is an issue as it is difficult to get to treatment. Spectrum healthcare was looking at a mobile van. It all feels a little separate from the hospital.

The age cohort 16 to 25 years is utilizing more substances. They need dual recovery services for mental health and substance abuse. I would like to see a dual recovery program at the hospital or at least more in Milford.

We had a grant through BHOPE (Behavioral Health Outreach Eastern Territory). We would do an assessment but there is a limited amount of providers to connect them with.

There is a lack of a support structure at the hospital for people who have opioid addiction. We bring them to the hospital and they get an appointment to see someone days or weeks after. This is not recovery, it's not appropriate. I understand that the hospital will not benefit financially, but what's best for the people is to have someone readily available. We have offered to staff someone in the ER at least on nights and weekends, but this was met with resistance. We need Recovery coaches.

We don't have the mental and behavioral health available in our organization to deal with the issues as they are happening. We try to train the teachers – but it's difficult. Kids may need a one on one, but who pays for that? When children have these issues, they can't participate in daily school activities. We need someone there when it happens. There is a need for youth mental health therapists and help for families as well.
There is also a serious problem with vaping and marijuana use.

The town of Franklin wanted to have a nurse at the Senior Center for 16 hours/week but this failed by 200 votes. People were concerned about where the money would come from. Seniors feel like the nurse is their support system. She listens to them. This position was on the chopping block when budget was an issue, but she was saved.
Seniors are often neglected, but they are tax payers and deserve services.

There has been a dramatic uptick in marijuana issues - it's a free for all. When it was legalized they thought it would be controlled and would be solely medical grade. This isn't true, a black market has developed. Liquor stores are selling THC infused alcohol. Children are coming in contact with this substance. Edibles are available and are about the size of a 1/3 of a cookie. Children are accidentally overdosing on this because they eat the whole cookie . Even adults are getting things that are tainted.

EMK Community Health Center has a new building in Milford for dental care and addiction treatment. They have a Safe Coalition in Franklin. There are many innovative ideas but there is a problem with getting grants because Safe Coalition is not traditional. There is a safe coffee hour. They take in juveniles instead of sending them to Juvenile Detention. Peer support is helpful as well.

Question 2 :
Another area that has risen to the top is Access to Care. We think of access to care as the ability to obtain healthcare services in a timely manner so as to positively impact health outcomes. Access to care may be impacted by barriers to receiving services or lacking or missing services

in a community as well a population which may be uninsured or underinsured. Almost half (47.8%) of key informants stated that those who are uninsured or underinsured are the population that is the most inadequately served.

a.) In what ways could access to care be increased for this population? Are there specific locations/populations that should be focused on?

b.) Key informants also identified lack of transportation as a barrier to receiving treatment. Are there specific transportation issues and solutions that can be addressed?

There is a lack of transportation. The VIA model (and in other areas, there is MWRTA and WRTA) used to fund door to door service. MWRTA has the local one in Milford's community. So when a client is ready for an appointment they can get there. Low threshold case management is a system when the individual just calls with a problem and asks for what they need and how to get it?

There is a disproportionate allocation of resources and this effects the BlackStone Valley. Especially for seniors who do not drive.

Transportation is a huge need in the Blackstone Valley area. It is very frustrating and difficulty to coordinate and impossible without help – not very user friendly.

We want to look at prevention and not reaction. Unfortunately our health system is set up that way, its always last minute. One person called 911 to get to the doctors.

We need services in Worcester.

We have the WRTA but you can see that the Valley is still forgotten. There is a shuttle in town but this is not meeting the needs We need more help in Northbridge and the Blackstone Valley and to have more of a partnership to meet the needs of everyone.

We did a few transportation surveys and didn't get a lot of information . We looked into the VIA model paid for by WRTA which is door to door paid service. The survey Indicated that Northbridge is in need, but the town needed funding. This type of transportation is dependent on employment sites. Tri Valley did get a grant but it ran out quickly. There was a 2 ride per month limit for seniors. Blackstone Opioid Task Force in Webster . We have them use the opioid settlement money to help people get rides funded for trips that help their recovery.

There is a Benefits Counselor to go out to help people. Its about getting the information out there. Does Milford have this? If an individual has lost insurance they can help get them right back on. Transportation is also an issue as well as the home bound. They need someone to come to them.

There are migrants in Milford, Franklin and Norfolk. They have been signed up for insurance but have difficulty accessing it. EMK can take them after an ER visit. They also have telehealth which also has an audio line that will get them an interpreter and then call the hospital. This program is in the migrant hotels as well so they can communicate with them. Transportation is also an issue. They get dropped off at the hospital and couldn't get back for 6 hours.

There are 2 interpreters at the hospital who are overwhelmed. This is not enough. Now they have a language line but it can only be used to call MRMC. Do people know about this? The language line is in 8 languages – Spanish Portugues, Mandarin, Haitian Creole and Russian.

The language barrier and transportation together are significant. There has been a surge in telehealth after COVID. Some have tried to pull back from using telehealth, but we need to keep it. The interpreter can't be in several locations. We should focus more on telehealth and help lines. The more things that are remote, the more this solves the transportation issue. TriValley has an on demand system. If we had that,it would be great.

A transportation grant opens up doors for a lot of people. Telehealth is a very expensive service. The barrier related to Telehealth s technology. We can help them get the technology, but there is resistance. The either don't want to learn or don't want to be left alone with it. We have a long way to go regarding technology. Lots of people have smart phones but they don't use it for telehealth.

Once an appointment for a migrant is set up, the public health nurse will help facilitate the telehealth appointment. Unfortunately, the migrant hotels don't have the computers etc.

Question 3:
Food insecurity, the cost of living (difficulty meeting basic needs) and paying out of pocket medical expenses were identified as negatively impacting health.

a.) What have you seen regarding these issues? Have there been increases in these issues recently? What are some ways these issues could be addressed?

There has been an uptick in SNAP applications. The level of indigence is so high they may not qualify. Housing costs are a constant issue and less expensive apartments are needed. There is limited availability of rental units . A new housing development has not been built in the community since the 1950s.

We have a health insurance issue related to which network the insurance company is in. There is also a lack of providers including doctors. Staff leave frequently. It is hard for a patient to establish a relationship with a provider or have any consistency in treatment. Nursing homes

are closing and staff are not being paid. We have a fractured healthcare system with high deductibles etc.

I agree there is a lack of affordable housing. Even through there is coordinated entry there are hardly any openings. Some individuals are living independently and they should not be. In this area its cheaper to pay the mortgage than to pay rent. Families can't afford the cost of living but they can't afford to move either.

There is a lack of food for some and food delivery services are lacking as well. The types of food available are not culturally appropriate and there is a lack of staffing at the food pantries. More staff would allow them to be more creative and someone would be available to apply for grants.

The amount of food that is received in the Worcester Country food bank has drastically decreased and monetary donations have declined. The amount and type of healthy food has decreased while at the same time the people coming for food has tripled. They even do deliveries. It's frightening.

Yes, we have food deserts. People do door dash and are using food stamps but have to tip someone then. Even if its two miles away, if there is a giant hill and they can't get there and bring their groceries back.

I work with a local food pantry and we are open two hours on a Saturday. During that time, 150 to 170 families are seen. They are coming from neighboring communities. We have bilingual and trilingual people there but need is growing and growing. Immigrants communities talk to one another so out of towners come. They had to limit new clientele to the main town in order to meet that need. Some are coming from 50 miles away!
The number of referrals for home delivered meals has skyrocketed. It's hard to fulfill the routes. We have volunteers and paid workers but it's hard to staff. Not all senior centers serve meals. Food pantries have very little left for them at all.

The migrant population coming into the state has displaced the homeless in the state. It's an unusual situation. The Right to Shelter law burdens the government to house people regardless. The State is using resources that were traditionally used to assist residents.

The homeless situation has grown enormously and the Options Counselors are struggling. The combination of mental health issues and homelessness is difficult.

The homeless population is an issue. Elderly females are the largest part of the homeless. They are living in their cars. I know of 6 women living in a car. Young adults in their 20s are homeless and couch surfing. There are long waiting lists for shelter beds.

Question 4: .
Key Informants identified services that were missing in the community and the lack of primary care providers was the Top Missing Service followed by Mental Health services. What can be done to improve the availability of and access to these providers and services in the service area?

This depends on reimbursement rates. Doctors need to see 28 people a week to maintain their salary. There needs to be funding available to provide a sign on bonus etc. to attract these providers to this area. The other hospital (Riverside) has a robust level of care and providers but they don't take Medicaid.

Fortunately, Blackstone Valley has a family physician practice. But so many have lost their primary care provider. We need programs to take care of our doctors. They need physical fitness locations and assistance to address their mental health. Its hard to be a doctor and they just leave for somewhere less expensive and less stressful.

There is a Nurse Practitioner at the Community Center. We need more primary care providers for the elderly. Geriatricians are retiring and we are unable to recruit doctors in that area. We are advocating to the federal government. Perhaps doctor's loans could be forgiven.

Cost of living is very high!
We have a successful strategy for mental illness which is Co-Response Clinicians. This program embeds clinicians with policy officers. They are a tremendous resource for local police. Three towns share one clinician. This is a tremendous opportunity for the future. A police officer is not always the best option. Mental illness is not a criminal behavior but they may be stealing from a drug store.

Protective Services benefits from the clinician going out with the police officer. It's hard to find primary care providers, even Nurse Practitioners who work under a doctor. If they could go out with the police that would be good as well.

The clinician at the police department will answer calls in neighboring towns. This helps with homelessness as well.

Question 5:
We know that health outcomes differ depending on where you live. For instance, health outcomes in Worcester County tend to be poorer than Middlesex and Norfolk. Some of these poorer outcomes include mental health, asthma and diabetes, heart disease, stroke and COPD, cancer, premature death, mortality as a result of accidents, food insecurity and smoking.

a. With a large portion of the service area's residents (43.6%) living in Worcester County, what could be done to augment their access to services, the availability of care and perhaps even remove barriers to treatment for this specific population in hopes of increasing their health outcomes?

Its systemic and nationally a challenge. Recruiting nurses is even difficult. UMASS has an internship program for nursing students. It's the only profession that provides care 365/24/7. They burn out due to these hours. We need to be more creative particularly with moms and dads. At the community level the pay is much less in primary care, especially if you are the triage nurse.

We should bring in more midwives. There are not enough OB/GYNs and we should have more Nurse Practitioners with more independence. No longer can you see the same doctor for your entire life. New MDs are hospitalists and are not going into private practice.

Communicating with their doctor is a challenge. Doctors have very limited time so the relationship with the patient is lacking. They are so focused on the infinite number of labs etc. A push toward using social work and nursing might bring the humanity back to the primary care practices. We need more focus on nutrition etc. People are feeling like a number. Health literacy is really bad. It starts from the bottom up. Children need a picture of what good health looks like. They need to be brought up in healthy environments. Who could do this kind of work? Perhaps Therapy Gardens could.

We should have meet-ups and talk about these topic.

In the school system coalitions there are positive things happening. School nurses want to focus on prevention so that is good. I would like to see a representative from the hospital that will go to the CHNA 6 meetings to network together and work together.
Hoarding disorder task force in Oxbridge is going well but it's too hard to expand because of the lack of resources. The Hospital seems disconnected with the services in the community and coalition building is essential.

No entity can be everything to everyone. Does MRMC have the resources or the capacity to be connected and part of the solution to all of these problems and opportunities?

The hospital is involved in CHNA 6. We need to do more networking and get people on the Community Benefits Committee meetings etc.

Could Northbridge, CHNA 6 and the Hospital and other areas all combine together? We could see who all the players are and try to start digging away at the issues.

As far as transportation goes, Milford could seem like the other side of the world for people in Worcester. Urgent Care centers have helped. If they are located in your own community that is good. People are not accessing care as much. Less annual exams are being done, especially in young people. Education about the importance of accessing care is needed. It's easy to give up if this is difficult. Educate individuals that if you have insurance you don't have to pay for a wellness visit. However, the problem is, how do we get them there?

A lot of towns are spread out, so it's challenging to bring services to them. Their perception is that it is the other side of the world.

Southern Worcester County is night and day from Worcester. There is very little diversity in Uxbridge which is also in Worcester County.

Health outcomes are different in Worcester County. The outcomes are tainted by Worcester City. Maybe we could have a van to go into the smaller towns where services aren't as broad and they don't have urgent care etc.

Question 6:
Are there other issues/populations that we should be aware of/focusing on? How might these areas be improved?

a.) For instance, the data revealed that there are fewer dentists overall in the service area than in the state or nation.

b.) Another example is renters in the service area. These individuals are more likely to be "housing cost burdened", meaning that they pay more than 30% of their income on rent (and associated costs such as utilities).

c.) Seniors age 75+ in the service area are more likely to have a hearing disability than the in the state or nation. Key informants also named seniors are a population that is being inadequately served.

d.) The is a lack of multi-lingual providers in primary and specialty physician practices as well as in behavioral/mental health practices.

It feels like there are plenty of dentists, but less eye doctors and a longer wait to get appointments with eye doctors. Milford is *the* medical town. If there is an empty plaza, I bet there is a medical office going in there.

For patients who have limited insurance, there is only one dentist for 400 patients in a dental clinic in Milford. If they need something more serious they have to go to a private office and pay a copay. They must travel outside the area.

Dental care gets put on the back burner and it is part of medical care. Hearing is also a problem. There is no coverage for hearing aids. Dental care should be included in health insurance. Hearing issues impact isolation. Dental and hearing should be included in health insurance.

We had a mobile dental program at the senior center but it has since gone away. A dental hygienist came to the center.

EMK has a dental clinic now for the last six months. But it doesn't get out to people in the other smaller towns.

Expensive services and often not covered by insurance. Even with insurance its limited coverage.

Rents have risen from $1200 $1500 so people are looking for something new. They can't afford car repairs with these significant increases. It's not affordable.
Cost and supply is also a problem. There are outrageous rents which are more than mortgages. We need more assistance programs for people making a certain wage and more support to buy houses. There is no such thing as a starter home anymore.

There is not enough affordable housing. Franklin needs a certain percentage of affordable housing because of their location near the MBTA (transportation into Boston is raising rents). People can't afford to stay in the town they grew up in.

Seniors with hearing aids will go without if they lose them or need an adjustment due to the cost. They trade off medications for fuel in the oil tank, for food and their health insurance premium.

Blindness is tough too. They are reluctant to accept services. It should go to someone else who needs it more than them. It is cultural, keep it in the family. The elderly don't want help. They don't feel deserving or won't admit that they need it.

Trust is an issue. Outreach into the community really helps with that including programming at senior centers etc.

There is a lack of multi-lingual providers. There are a lot of translating apps available so that shouldn't be the case. But there are so many foreign doctors that patients, especially seniors cannot understand. They are embarrassed to ask for help.

People should be asking for an interpreter on site or remotely. They also needs to ask to repeat what the doctor is saying. They have a right to understand their provider.

Spanish, Portuguese and Arabic interpreters are need. Medical training takes so much time and money that there are not even close to being enough multilingual practitioners.

Question 7: .
What have we missed in our discussion today in terms of health-related issues? Who or what organizations should MRMC be connecting with to improve health outcomes in the service area?

Given the influx of refugees, where do they go for help? With the lack of transportation and coordination they come to the emergency room at the Hospital.

Homelessness, lack of shelter and homeless support is an issue. Short term grants to fund one on one person support is needed. Coordinated access does not exist in the Valley like other places. People will stay in their vehicles because no one is available to help them.

We need shelters for older adults. There are a lot are homeless recently. Shelters are not appropriate to meet their needs. They can't just be put up in a hotel.

There are not enough doctors who understand the LGBTQ community either. These individuals are hard to approach if they are not understood.

Who are the people we are serving ? We need to know who they are and how to do the outreach.

The immigrant populations are closer to Milford. Franklin used to be mostly white but now it is diversified. There are now migrant hotels, and new languages have come in as well.

APPENDIX G. COMMUNITY SURVEY

Thank you for participating in the Milford Regional Medical Center Community Health Survey. All information gathered in this survey will be anonymous and confidential. The information will be used to help better understand the health issues and needs of our community. By completing this survey you are helping our efforts to make the Milford Regional community a healthier place to live and work

The survey should take 15 minutes to complete and is only open to individuals 18 years of age and older.

If you have questions about the survey, please contact:

Michelle Sanford
Milford Regional Medical Center Public Relations & Community Benefits Manager
msanford@milreg.org

If you are experiencing technical difficulties with the survey, please contact:

ldvoryak@holleranconsult.com at Holleran

1. In which community do you reside?

☐ Bellingham
☐ Blackstone
☐ Douglas
☐ Franklin
☐ Grafton
☐ Holliston
☐ Hopedale
☐ Hopkinton
☐ Medfield
☐ Medway
☐ Mendon
☐ Millbury
☐ Milford
☐ Millis
☐ Millville
☐ Norfolk
☐ Northbridge
☐ Upton
☐ Uxbridge
☐ Wrentham
☐ Other (specify):

2. How would you rate your overall health?
   - ❍ Excellent
   - ❍ Very good
   - ❍ Good
   - ❍ Fair
   - ❍ Poor
   - ❍ Don't know / not sure

3. In the past 30 days, how many days did you feel your physical health was poor (this includes physical illness and/or injury)?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

4. In the past 30 days, how many days did you feel your mental health was poor (this includes stress, depression, and/or emotional problems)?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

5. In the past 30 days, how many days were you unable to work or do daily activities because of poor physical or mental health?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

6. Is there one healthcare professional or healthcare provider you think of as your personal doctor?
   - ❍ Yes, only one
   - ❍ Yes, more than one
   - ❍ No
   - ❍ Don't Know / not sure

7. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.
   - ❍ You couldn't afford the out-of-pocket costs
   - ❍ You couldn't get through on the telephone
   - ❍ You couldn't get an appointment soon enough
   - ❍ Once you got there, you had to wait too long to see the doctor
   - ❍ The clinic/doctor's office wasn't open when you went there
   - ❍ You didn't have transportation
   - ❍ You weren't sure who to contact
   - ❍ You did not have childcare
   - ❍ The provider would not take your insurance
   - ❍ I don't have a physician or a provider
   - ❍ I don't have health insurance
   - ❍ I need a translator to communicate
   - ❍ I don't have access to a computer for a telehealth appointment
   - ❍ No, I did not delay getting medical care/did not need medical care
   - ❍ Other (please specify) _____

8. About how long has it been since you last visited a doctor for a routine checkup? A routine exam is a general physical exam, not an exam for a specific injury, illness, or condition.
   - ❍ Within the past year (anytime less than 12 months ago)
   - ❍ Within the past 2 years (more than 1 year but less than 2 years ago)
   - ❍ Within the past 5 years (more than 2 years but less than 5 years ago)
   - ❍ 5 or more years ago
   - ❍ Don't know / not sure
   - ❍ Never had a routine physical or doctor's visit

9. Do you travel outside of your county for medical care?
   - ❍ Yes (please specify what kind of medical care) _____
   - ❍ No

10. Where do you get your health information? (Check all that apply)
    - ❍ Family/friends
    - ❍ Church
    - ❍ Public Library
    - ❍ Doctors, Nurses, Pharmacists
    - ❍ Hospital
    - ❍ Health Department
    - ❍ Schools
    - ❍ Employer
    - ❍ Internet/Websites
    - ❍ Community Clinic
    - ❍ Other (please specify) _____

11. On average, how many hours of sleep do you get in a 24-hour period?
    - ❍ 1 - 6 hours
    - ❍ 7 - 9 hours
    - ❍ 10 - 13 hours
    - ❍ 14 hours or more

12. How often do you do the following?

	Always	Most of the time	Sometimes	Rarely	Never	N/A
Wear a seatbelt when driving or riding in a car	❍	❍	❍	❍	❍	❍
Wear a helmet while riding a motorcycle, skateboard, bicycle, scooter, roller blading, etc.	❍	❍	❍	❍	❍	❍
Eat fast food more than once a week	❍	❍	❍	❍	❍	❍
Use electronic cigarettes, vape	❍	❍	❍	❍	❍	❍
Get exposed to second hand smoke or vaping mist at home or work	❍	❍	❍	❍	❍	❍
Use marijuana	❍	❍	❍	❍	❍	❍
Use opioids, heroin, or other illegal drugs	❍	❍	❍	❍	❍	❍
Use prescription drugs more than prescribed	❍	❍	❍	❍	❍	❍
Use sunscreen regularly	❍	❍	❍	❍	❍	❍
Practice safe sex i.e. use a condom, monogamous, get tested	❍	❍	❍	❍	❍	❍
Feel stressed out or overwhelmed	❍	❍	❍	❍	❍	❍
Drive responsibly, follow safe rules of the road, drive within the speed limit	❍	❍	❍	❍	❍	❍

13. Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes

- ❍ Yes
- ❍ No
- ❍ Don't know / not sure

14. Do you currently smoke cigarettes every day, some days, or not at all?
    - ❍ Every day
    - ❍ Some days
    - ❍ Not at all
    - ❍ Don't know / not sure

15. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?
    - ❍ 1 - 2 times
    - ❍ 3 - 5 times
    - ❍ 6 - 10 times
    - ❍ 11 - 15 times
    - ❍ 16 or more times
    - ❍ Never
    - ❍ Don't know / not sure

16. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
    - ❍ Less than once per week
    - ❍ 1 - 2 times per week
    - ❍ 3 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ 7 - 14 times per week
    - ❍ More than 14 times per week
    - ❍ Never
    - ❍ Don't know / not sure

17. During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade) sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
    - ❍ Less than once per week
    - ❍ 1 – 2 times per week
    - ❍ 3 – 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ 7 – 14 times per week
    - ❍ More than 14 times per week
    - ❍ Never
    - ❍ Don't know / not sure

18. During the past month, how many times per day or week did you eat fruit? Count fresh, frozen, or canned fruit. Do not include jam, jelly, or fruit preserves, or juice.
    - ❍ 1 - 2 times per day
    - ❍ 3 - 4 times per day
    - ❍ 5 or more times per day
    - ❍ Less than once per week
    - ❍ Once per week
    - ❍ 2 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ Never
    - ❍ Don't know / not sure

19. During the past month, how many times did you eat dark green vegetables, for example broccoli or dark leafy greens including romaine, chard, collard greens, spinach, or kale?
    - ❍ 1 - 2 times per day
    - ❍ 3 – 4 times per day
    - ❍ 5 or more times per day
    - ❍ Less than once per week
    - ❍ Once per week
    - ❍ 2 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ Never
    - ❍ Don't know / not sure

20. Are you currently watching or reducing your sodium or salt intake?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

21. Which of these statements best describes access to food in your household during the past month?
    - ❍ We had enough of the types of food we wanted to eat
    - ❍ We had enough food but not always the types of food we wanted
    - ❍ Sometimes we did not have enough to eat
    - ❍ We often did not have enough to eat
    - ❍ Don't know / not sure

22. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

23. How many times per week did you do moderate physical activities during the past month? Moderate physical activities make you breathe somewhat harder than normal and may include: brisk walking, hiking, snow shoveling, bicycling at a regular pace, playing tennis, calisthenics, or horseback riding.
    - ❍ 1 - 4 times per week
    - ❍ 5 - 10 times per week
    - ❍ 11 or more times per week
    - ❍ Never
    - ❍ Don’t know / not sure

24. And how much time did you usually spend doing moderate physical activities on each occasion during the past week?
    - ❍ Less than 30 minutes
    - ❍ Approximately 1 hour
    - ❍ Approximately 2 hours
    - ❍ Approximately 3 hours
    - ❍ Approximately 4 hours
    - ❍ 5 hours or more

25. How many times per week did you do vigorous physical activities during the past month? Vigorous physical activities make you breathe much harder than normal and may include: heavy lifting, backpacking, mountain climbing, high impact aerobics, fast bicycling more than 10 mph, competitive baseball, football or soccer, race walking, or running.
    - ❍ 1 - 4 times per week
    - ❍ 5 - 10 times per week
    - ❍ 11 or more times per week
    - ❍ Never
    - ❍ Don't know / not sure

26. And how much time did you usually spend doing vigorous physical activities on each occasion during the past week?
    - ❍ Less than 30 minutes
    - ❍ Approximately 1 hour
    - ❍ Approximately 2 hours
    - ❍ Approximately 3 hours
    - ❍ Approximately 4 hours
    - ❍ 5 hours or more

27. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in the nose?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

28. Have you ever been told by a doctor, nurse, or other health professional that you have: (check all that apply)

	Yes	No
Anxiety disorder	❍	❍
Depressive disorder	❍	❍
Asthma	❍	❍
Cancer	❍	❍
Angina or coronary disease	❍	❍
High cholesterol	❍	❍
Heart attack, also called myocardial infarction	❍	❍
Stroke	❍	❍
High blood pressure	❍	❍
Chronic obstructive pulmonary disease (COPD)	❍	❍
Diabetes	❍	❍
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	❍	❍
Other (please specify)	❍	❍

29. Do you have routine health screenings for:

	Yes	No	Not applicable
Skin Cancer	❍	❍	❍
Breast Cancer	❍	❍	❍
Prostate Cancer	❍	❍	❍
Oral/Throat Cancer	❍	❍	❍
Colorectal Cancer	❍	❍	❍

30. Have you ever had cancer?
- ❍ Yes
- ❍ No

31. Please specify the type of cancer
- ❍ Breast
- ❍ Cervical
- ❍ Endometrial (uterus)
- ❍ Ovarian
- ❍ Head and neck
- ❍ Oral
- ❍ Pharyngeal (throat)
- ❍ Thyroid
- ❍ Colon (intestine)
- ❍ Esophageal/Esophagus
- ❍ Liver
- ❍ Pancreatic (pancreas)
- ❍ Rectal/Rectum
- ❍ Stomach
- ❍ Hodgkin's Lymphoma
- ❍ Leukemia (blood)
- ❍ Non-Hodgkin’s Lymphoma
- ❍ Prostate
- ❍ Testicular
- ❍ Melanoma
- ❍ Other skin
- ❍ Heart
- ❍ Lung
- ❍ Bladder
- ❍ Renal (kidney)

32. What do you think are the top 5 most pressing health issues facing your community? (CHOOSE 5)

☐ Access to Care/Uninsured	☐ Nutrition
☐ Accidents/Unintentional Injuries	☐ Overweight/Obesity
☐ Arthritis	☐ Respiratory Disease
☐ Behavioral Health/Mental Health (gambling addiction, eating disorder, suicide, depression, anxiety)	☐ Self-Care Disabilities
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ COVID-19 / Long Term COVID Effects	☐ Substance Abuse (alcohol, marijuana, or other drug abuse)
☐ Dental Health	☐ Tobacco
☐ Diabetes	☐ Vaccinations
☐ Food Insecurity	☐ Vaping
☐ Health Needs of Migrants /Refugees	☐ Violence
☐ Hearing	☐ None/Not Applicable
☐ Heart Disease	☐ Other (specify):
☐ Hoarding	
☐ Homelessness	
☐ Infectious Diseases	
☐ Maternal/Infant Health	

33. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

☐ Access to Telehealth Services
☐ Ability to use Telehealth Services
☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (food/shelter)
☐ Gender Identity / Sexual Orientation
☐ Hearing / Sight Loss
☐ Homelessness
☐ Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
☐ Immigration Status
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Lack of Understanding the Health Care System
☐ Language/Cultural Barriers
☐ Mental Health
☐ Mobility Issues
☐ Race / Ethnicity
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ None/No Barriers

☐ Other (specify):

34. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

☐ Bilingual Services
☐ Community-led Grassroots Efforts
☐ Free/Low Cost Dental Care
☐ Free/Low Cost Medical Care
☐ Health Education/Information/Outreach
☐ Health Screenings
☐ Medical Specialists
☐ Mental Health Services
☐ Prescription Assistance
☐ Primary Care Providers
☐ Services Sensitive to Race/Ethnicity
☐ Services Sensitive to Gender Identity/Sexual Orientation
☐ Services Sensitive to Immigration Status
☐ Substance Abuse Services
☐ Telehealth Appointments
☐ Transportation
☐ None
☐ Other (specify):

35. What do you think is being done well in the community related to health?

36. What is the most important thing, positive or negative, impacting your personal health currently?

37. What suggestions do you have to improve health in the community?

38. Entities throughout Milford Regional Medical Center's service area will use the information from this survey to plan community health programs. Please share any additional comments you have below:

DEMOGRAPHIC QUESTIONS

39. What is your age?
- ❍ 18 - 24
- ❍ 25 - 34
- ❍ 35 - 44
- ❍ 45 - 54
- ❍ 55 - 64
- ❍ 65 - 80
- ❍ 81+

40. What is your gender?
- ❍ Female
- ❍ Male
- ❍ Not listed. My gender is _____

41. What is your marital status?
- ❍ Married
- ❍ Divorced
- ❍ Widowed
- ❍ Separated
- ❍ Never married
- ❍ Member of an unmarried couple

42. Are you Hispanic, Latino/a, or of Spanish origin?
- ❍ Yes
- ❍ No
- ❍ Don’t know / not sure

43. Are you Brazilian, or of Portuguese origin?
- ❍ Yes
- ❍ No
- ❍ Don’t know / not sure

44. Which one of these groups would you say best represents your race?

- ❍ White
- ❍ Hispanic or Latino
- ❍ Brazilian/Portuguese
- ❍ Black or African American
- ❍ Asian
- ❍ American Indian or Alaska Native
- ❍ Middle Eastern or North African
- ❍ Native Hawaiian or Pacific Islander
- ❍ Other (please specify): _____

45. What is the highest level of school you completed?

- ❍ Never attended school
- ❍ Grades 1-8 (elementary school)
- ❍ Grades 9-11 (Some high school, but no diploma)
- ❍ Grade 12 (High school diploma or GED)
- ❍ Some college (1 year to 3 years
- ❍ Associate's degree
- ❍ Bachelor's degree
- ❍ Graduate / Master's degree
- ❍ Other (please specify) _____

46. Which of the following categories best describes your employment status?

- ❍ Employed full-time
- ❍ Employed part-time
- ❍ Unemployed, looking for work
- ❍ Unemployed, not looking for work
- ❍ Retired
- ❍ Disabled, not able to work
- ❍ Student
- ❍ Homemaker

47. What is your annual household income?

- ❍ Less than $10,000
- ❍ $10,000-$14,999
- ❍ $15,000-$19,999
- ❍ $20,000-$24,999
- ❍ $25,000-$34,999
- ❍ $35,000-$49,999
- ❍ $50,000-$74,999
- ❍ $75,000 and more

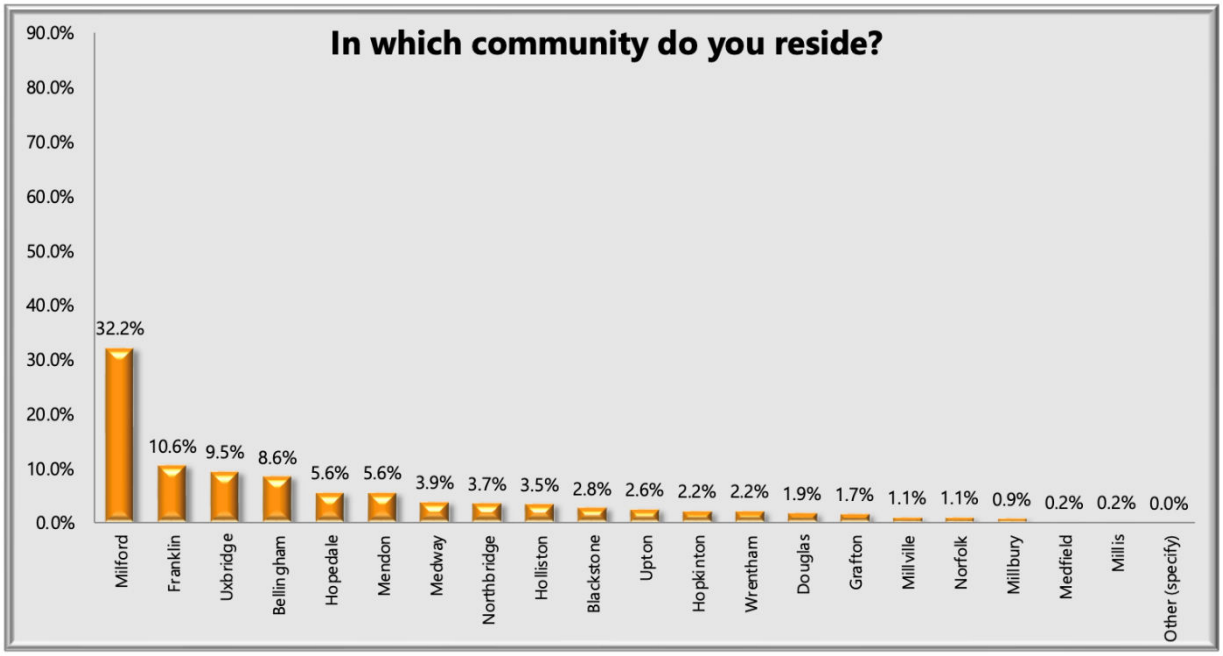
48. Are you currently covered by any of the following types of health insurance or health coverage plans? (Select all that apply)

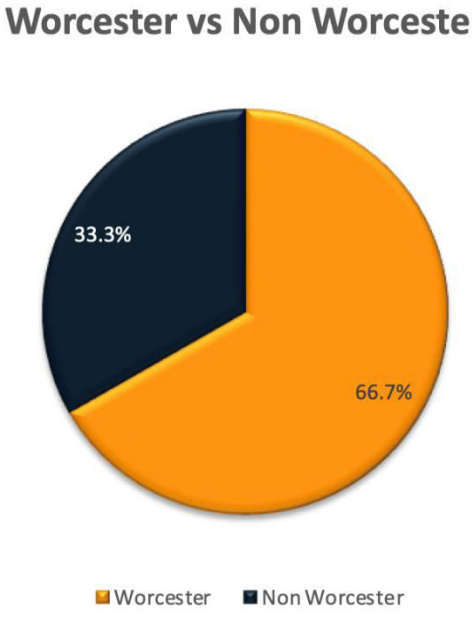
Your employer
Someone else's employer
A plan that you or someone else buys on your own
Medicaid or Medical Assistance
The military, TRICARE, or the VA
The Indian Health Service
Medicare
Some other source
None
Don't know / not sure

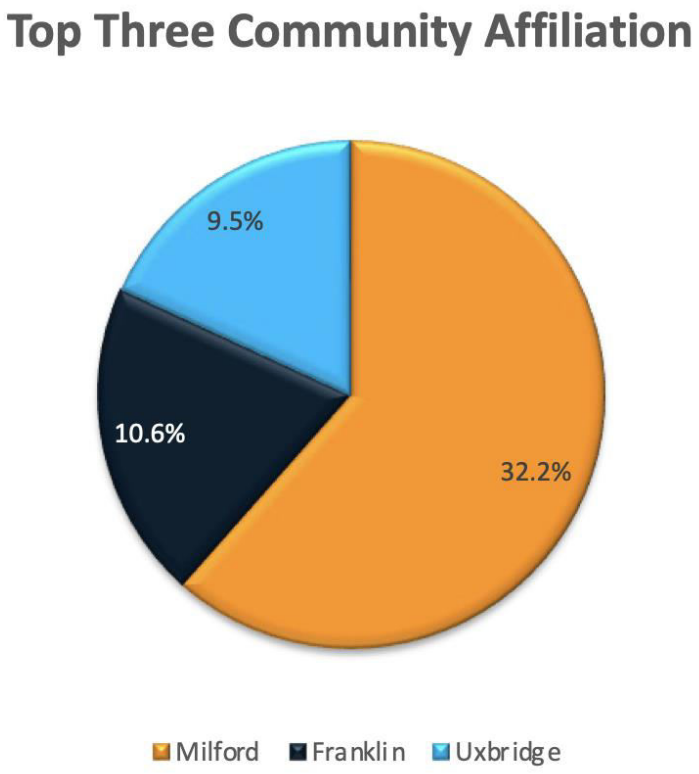
Thank you for your valuable input. Note that your answers will remain confidential and anonymous and will not be connected to your name, email address, and/or phone number. Your information will not be used for marketing purposes. When finished, please select the forward arrow button to submit your survey.

APPENDIX H. 2024 COMMUNITY SURVEY RESULTS AND VERBATIM COMMENTS

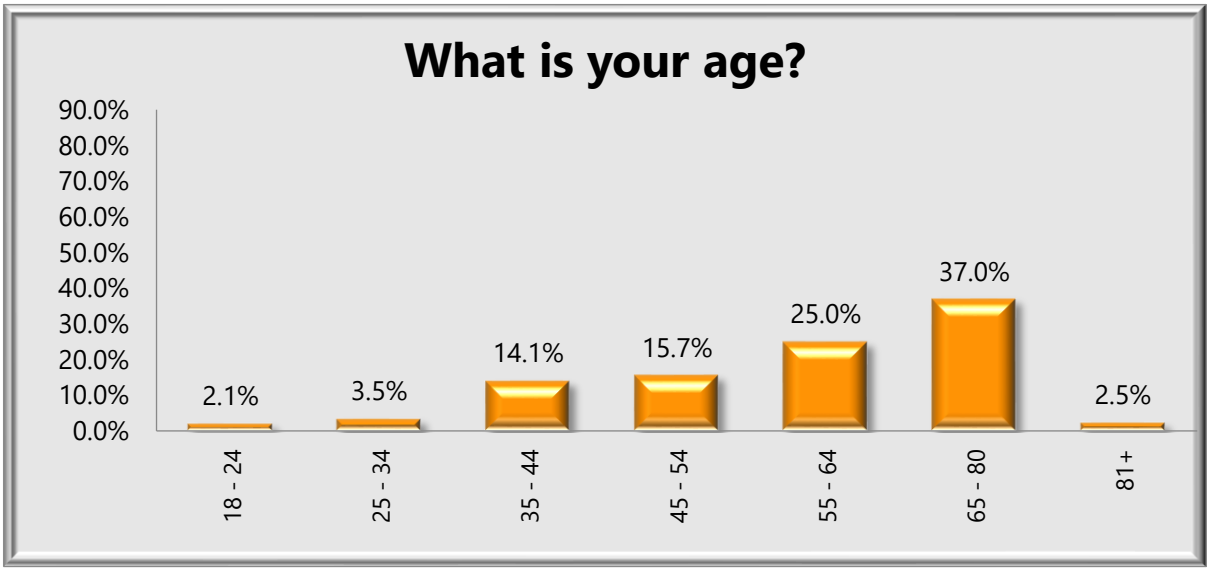
COMMUNITY AFFILIATION

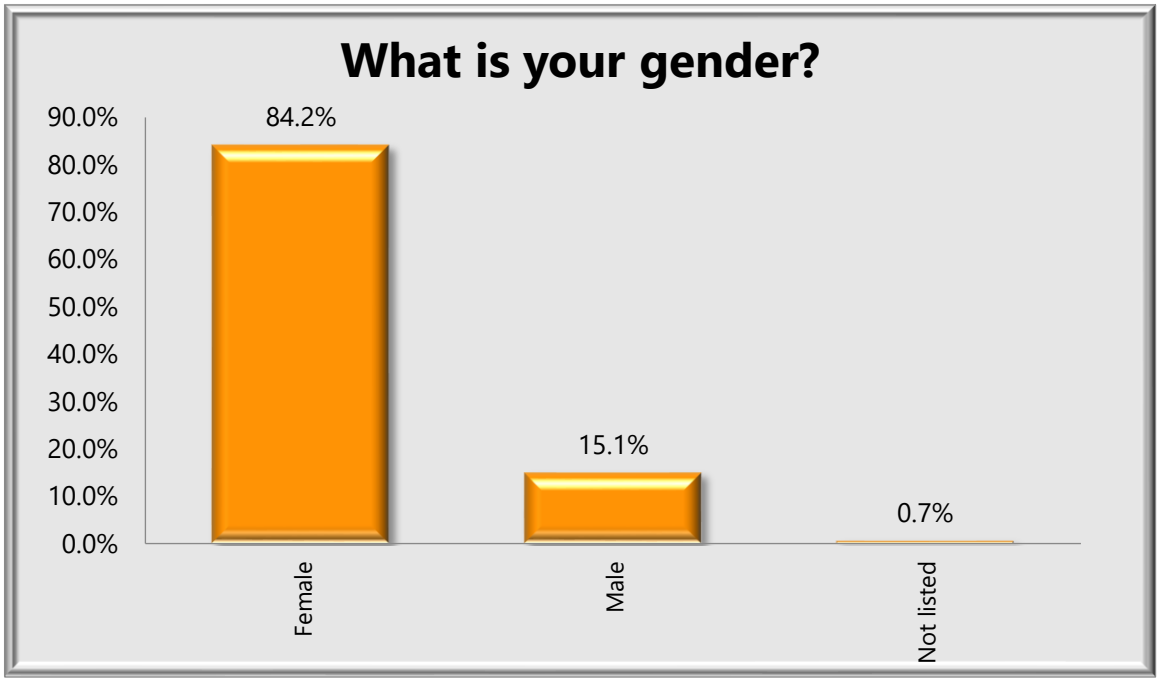


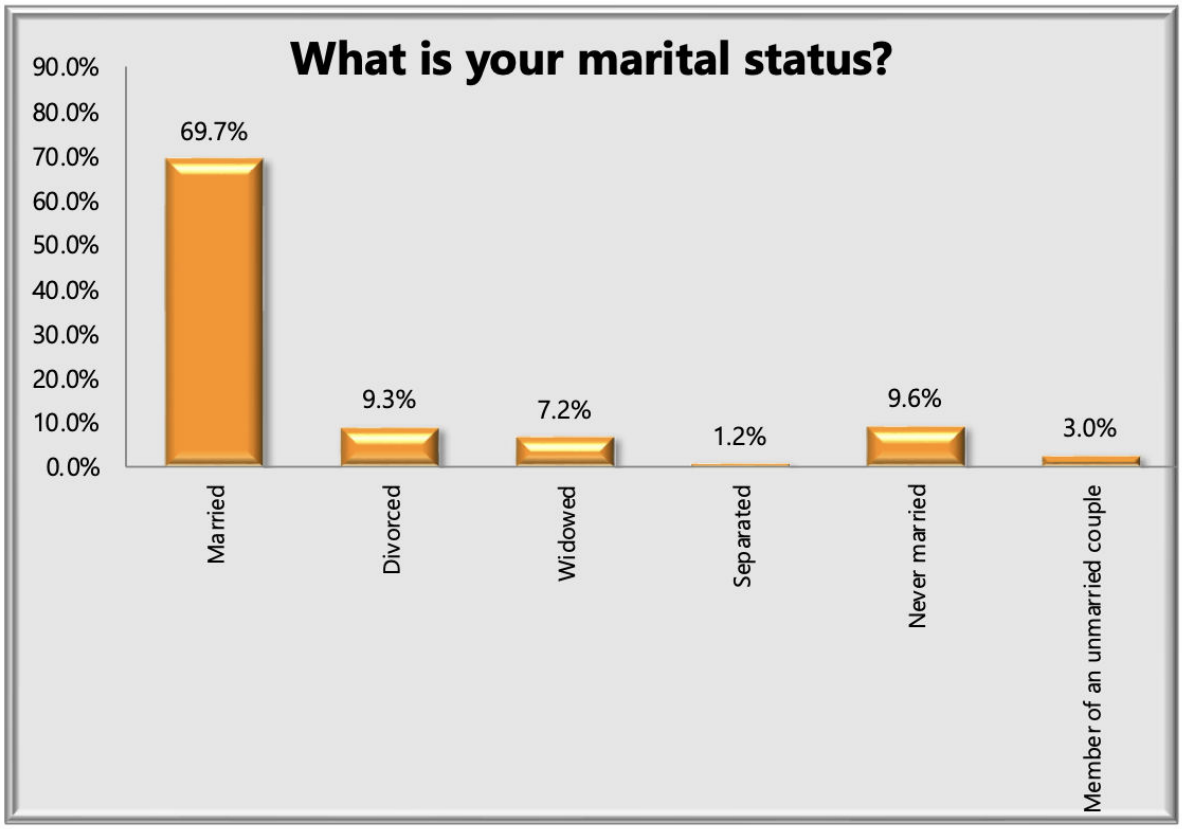


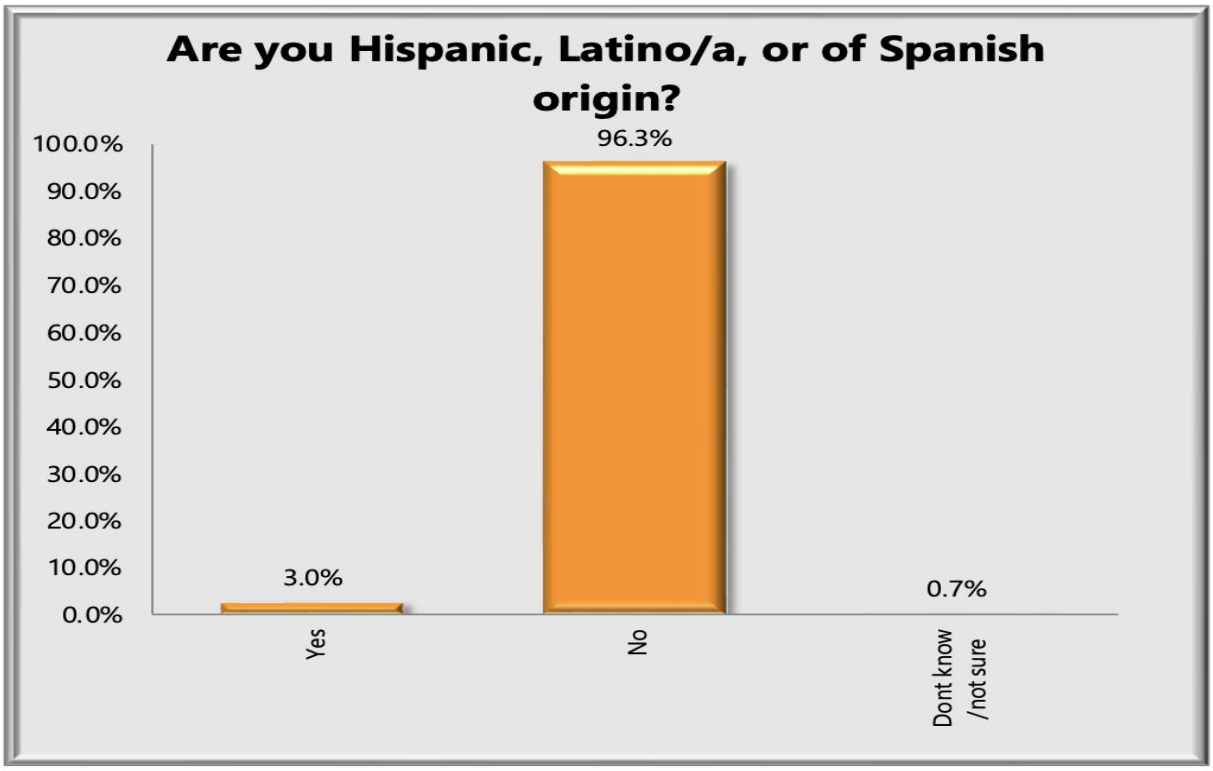


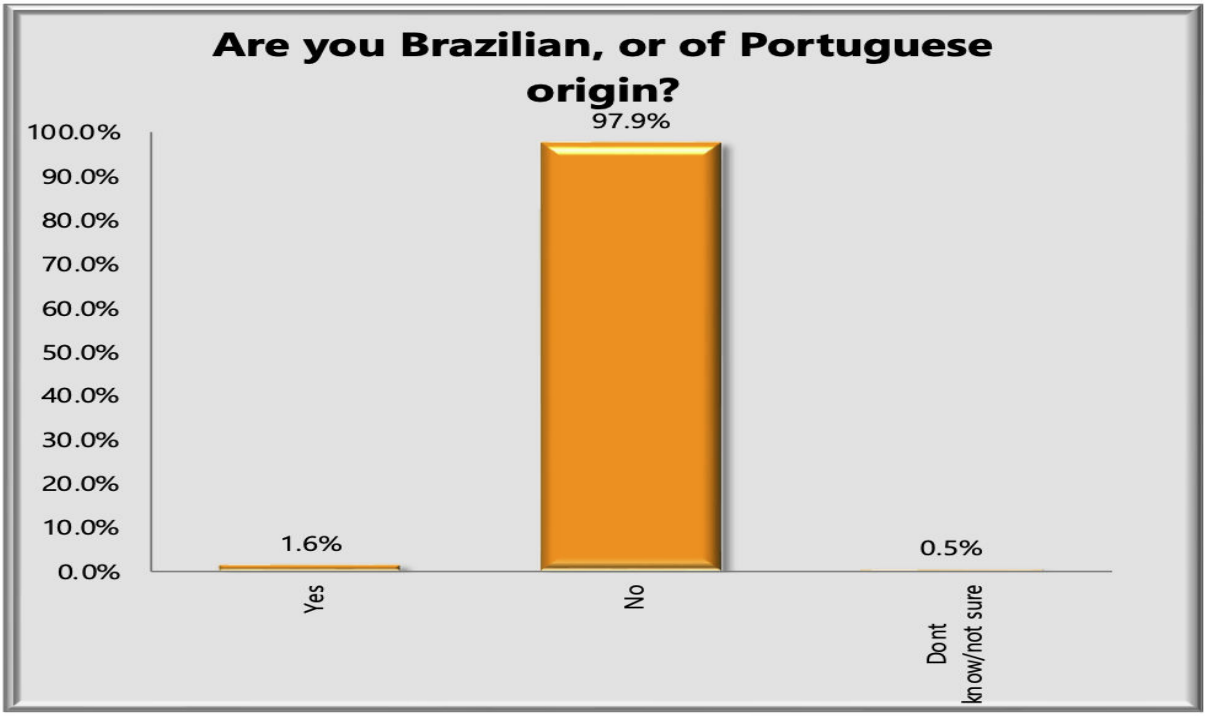
DEMOGRAPHICS

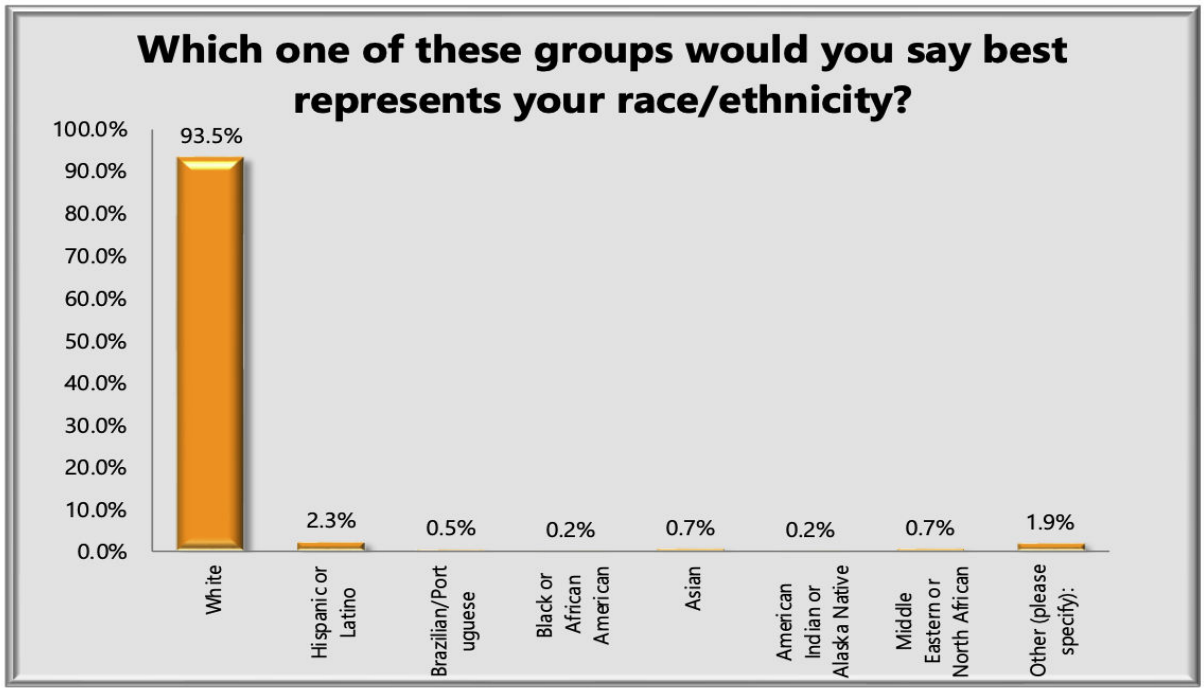


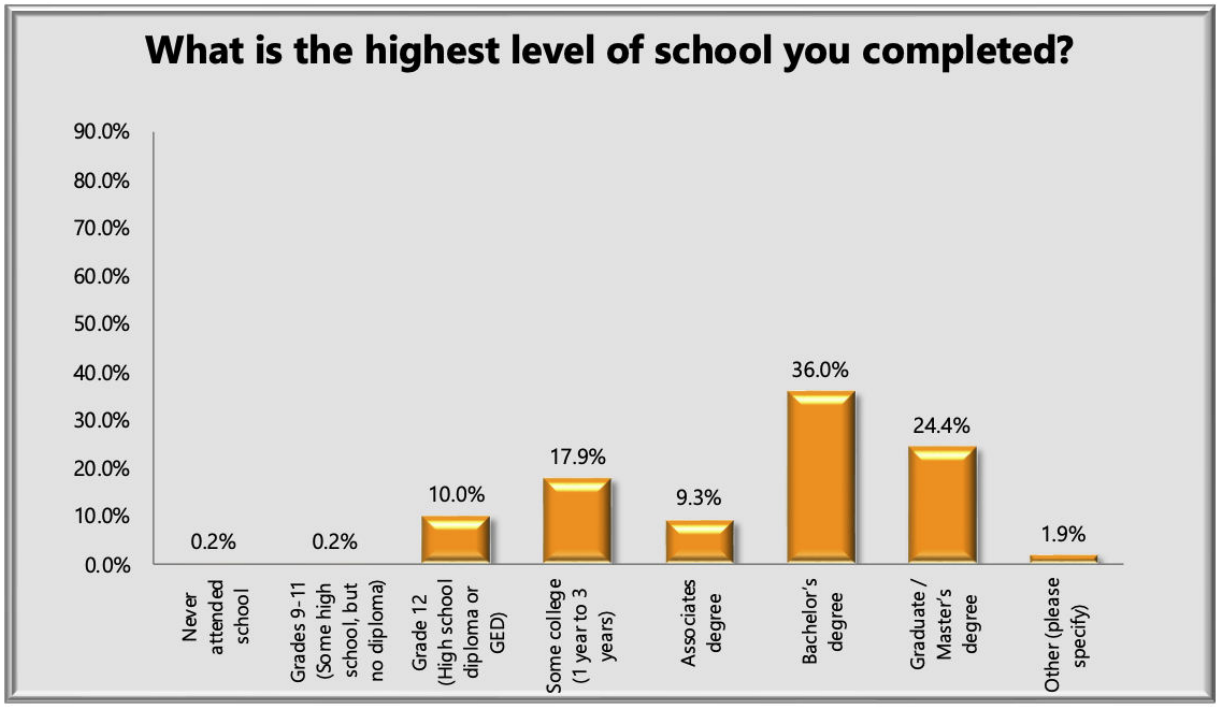

What is your gender?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
84.2%
15.1%
0.7%
Female
Male
Not listed

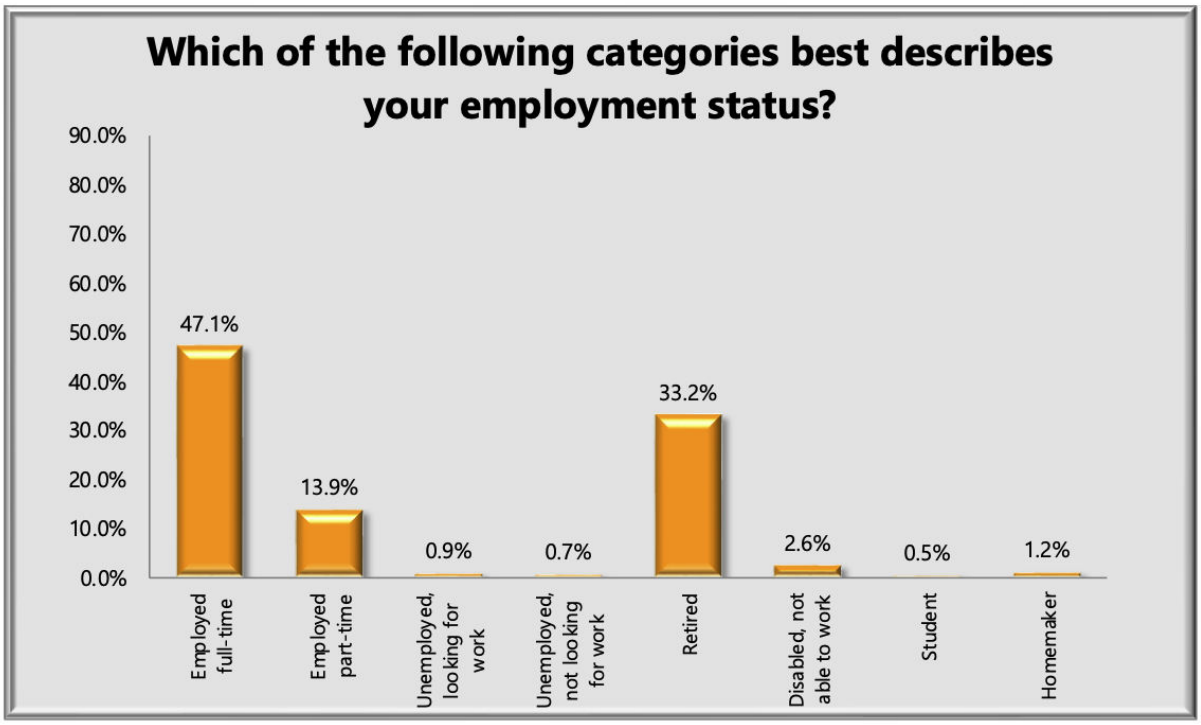

What is your marital status?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
69.7%
9.3%
7.2%
1.2%
9.6%
3.0%
Married
Divorced
Widowed
Separated
Never married
Member of an unmarried couple

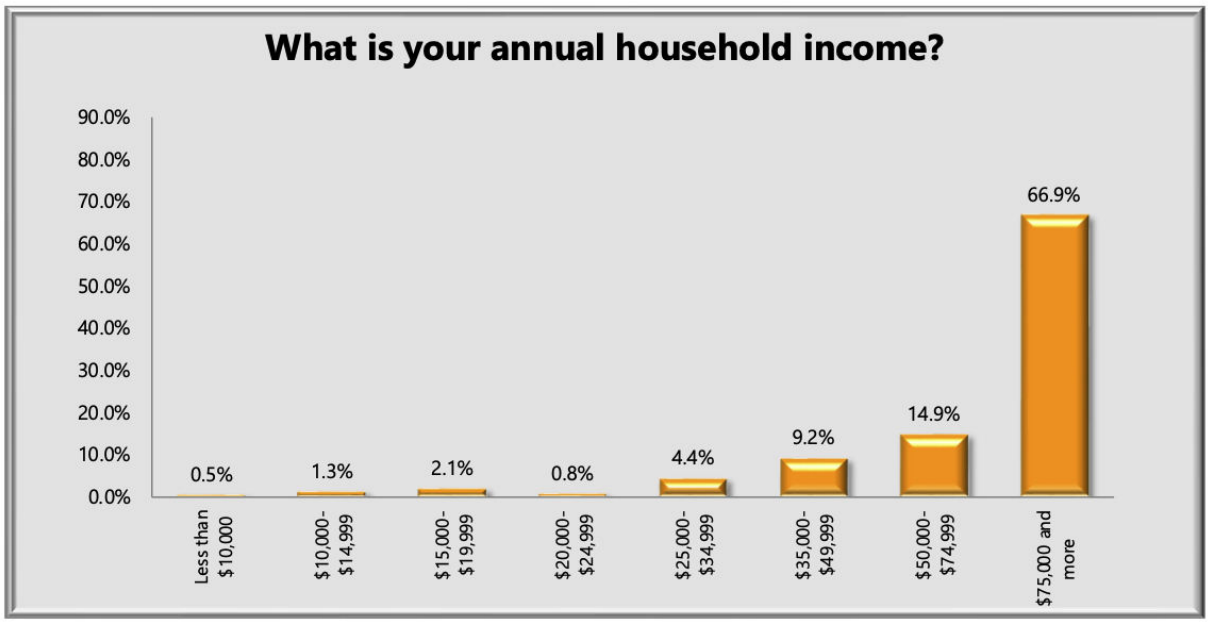

Are you Hispanic, Latino/a, or of Spanish origin?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
3.0%
96.3%
0.7%
Yes
No
Dont know /not sure

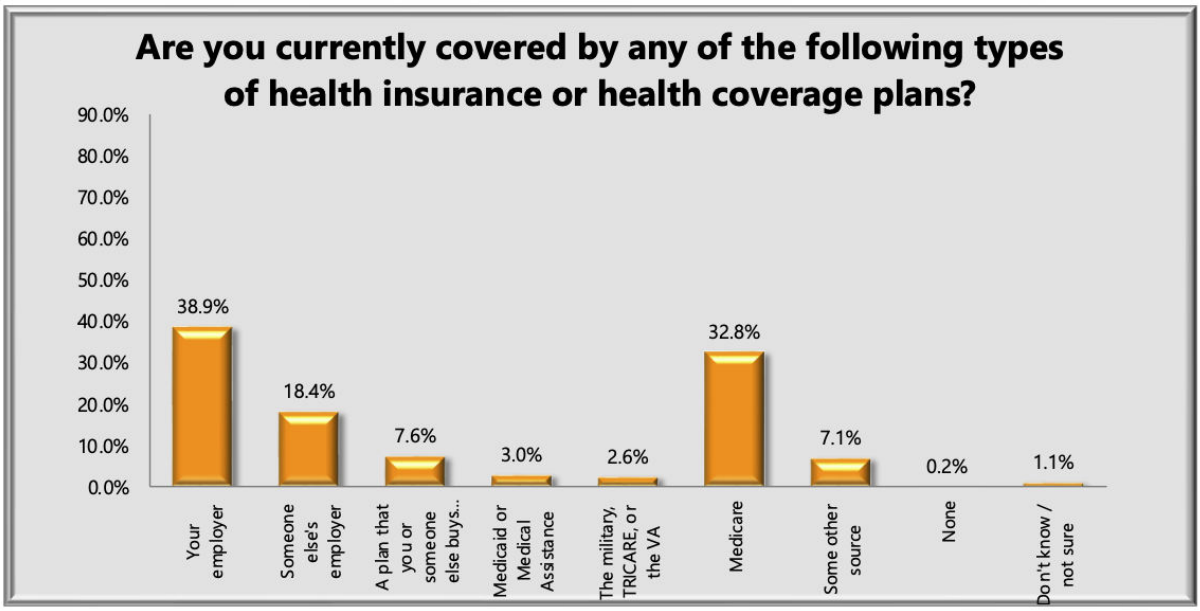

Are you Brazilian, or of Portuguese origin?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.6%
97.9%
0.5%
Yes
No
Dont know/not sure


Which one of these groups would you say best represents your race/ethnicity?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
93.5%
2.3%
0.5%
0.2%
0.7%
0.2%
0.7%
1.9%
White
Hispanic or Latino
Brazilian/Portuguese
Black or African American
Asian
American Indian or Alaska Native
Middle Eastern or North African
Other (please specify):

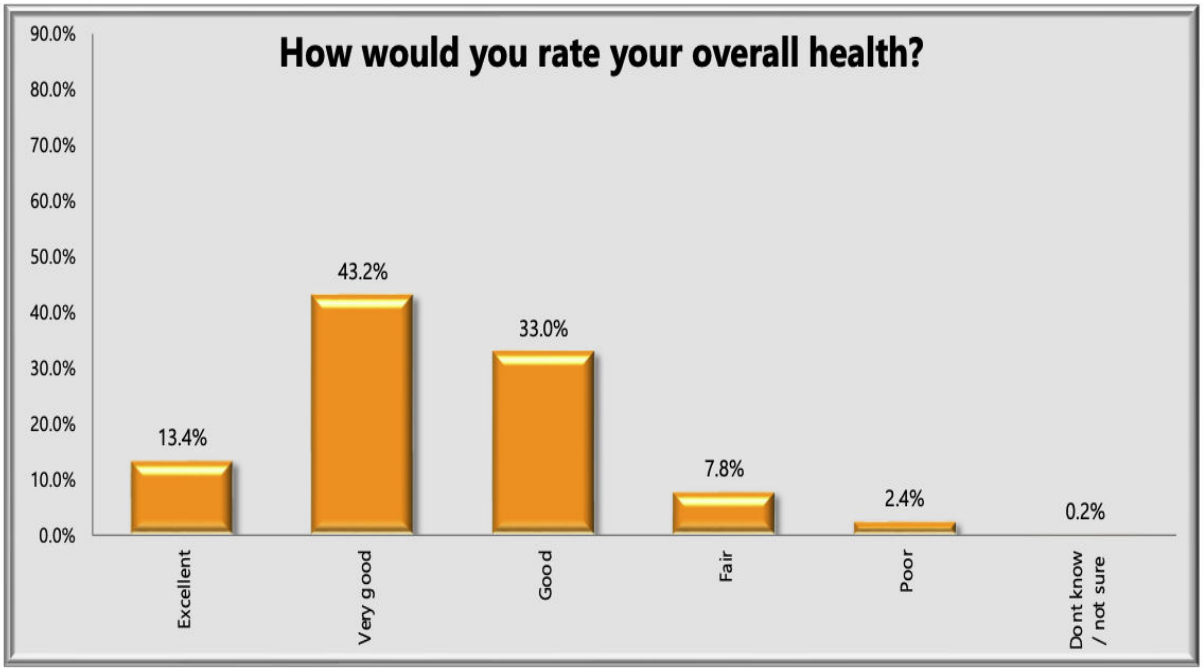

What is the highest level of school you completed?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.2%
0.2%
10.0%
17.9%
9.3%
36.0%
24.4%
1.9%
Never attended school
Grades 9-11 (Some high school, but no diploma)
Grade 12 (High school diploma or GED)
Some college (1 year to 3 years)
Associates degree
Bachelor's degree
Graduate / Master's degree
Other (please specify)

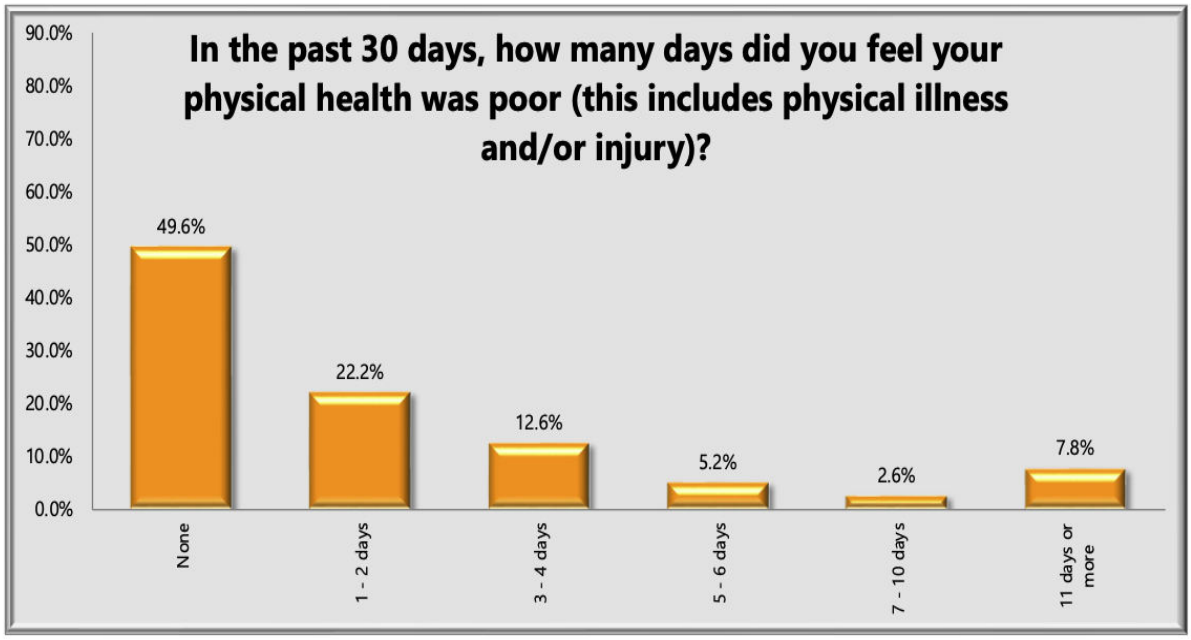

Which of the following categories best describes your employment status?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
47.1%
13.9%
0.9%
0.7%
33.2%
2.6%
0.5%
1.2%
Employed full-time
Employed part-time
Unemployed, looking for work
Unemployed, not looking for work
Retired
Disabled, not able to work
Student
Homemaker

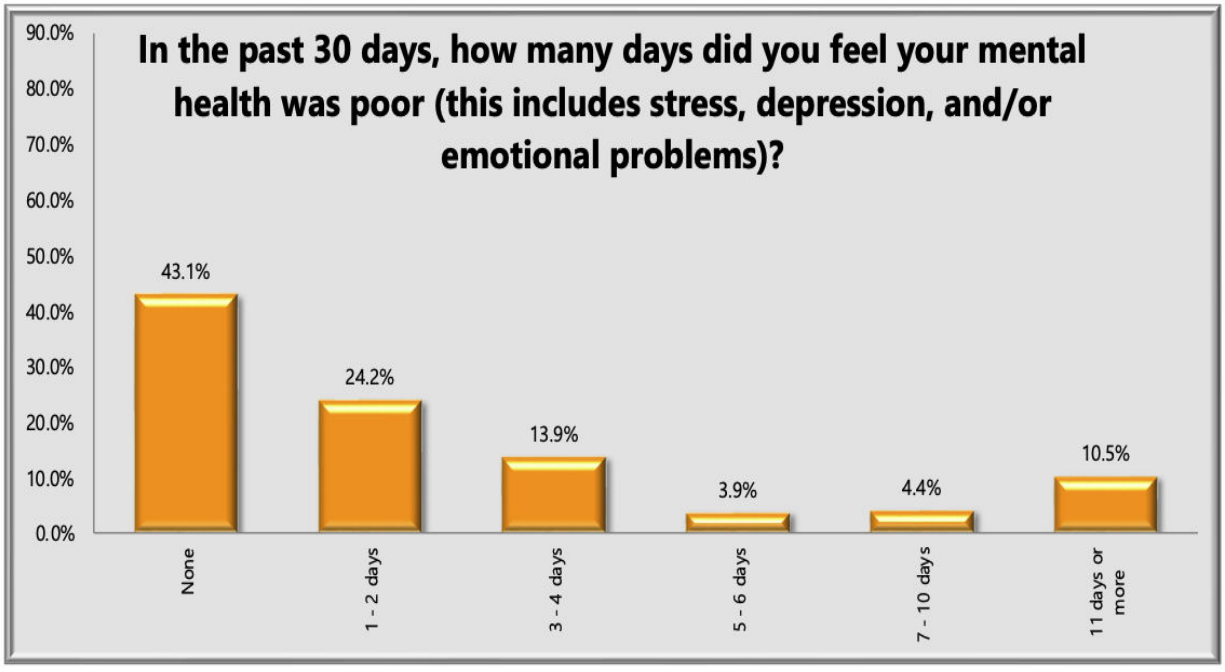

What is your annual household income?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.5%
1.3%
2.1%
0.8%
4.4%
9.2%
14.9%
66.9%
Less than $10,000
$10,000-$14,999
$15,000-$19,999
$20,000-$24,999
$25,000-$34,999
$35,000-$49,999
$50,000-$74,999
$75,000 and more

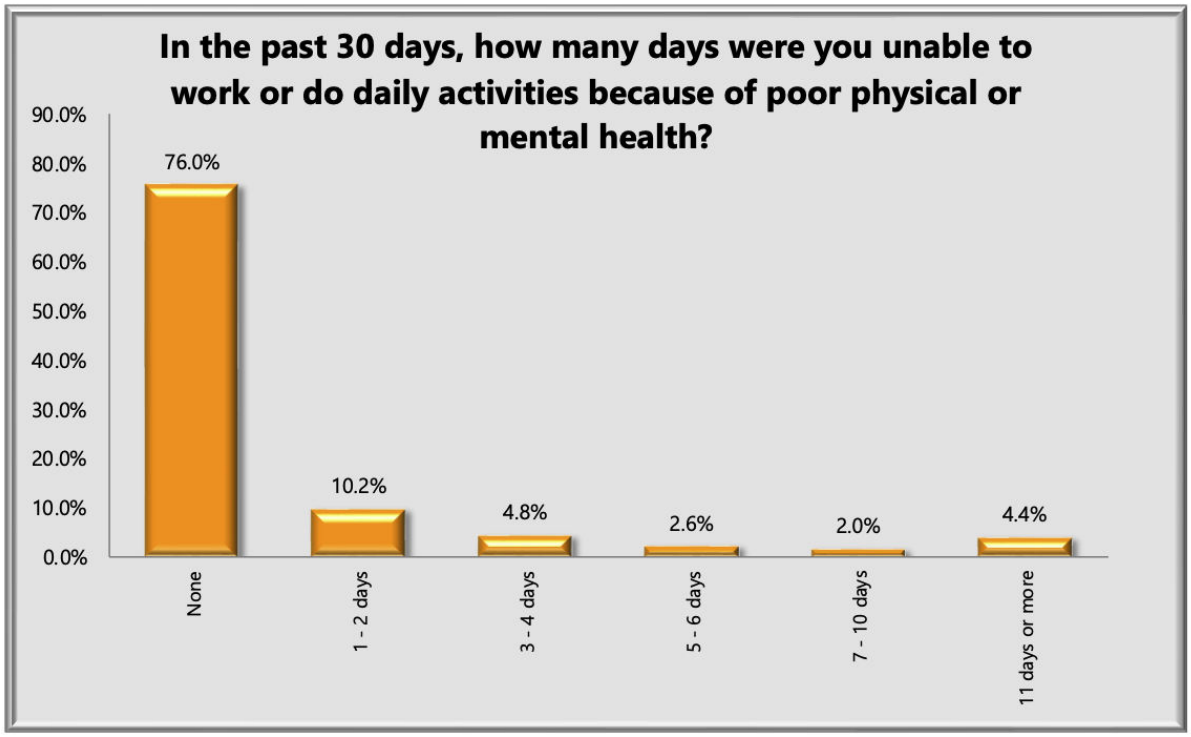


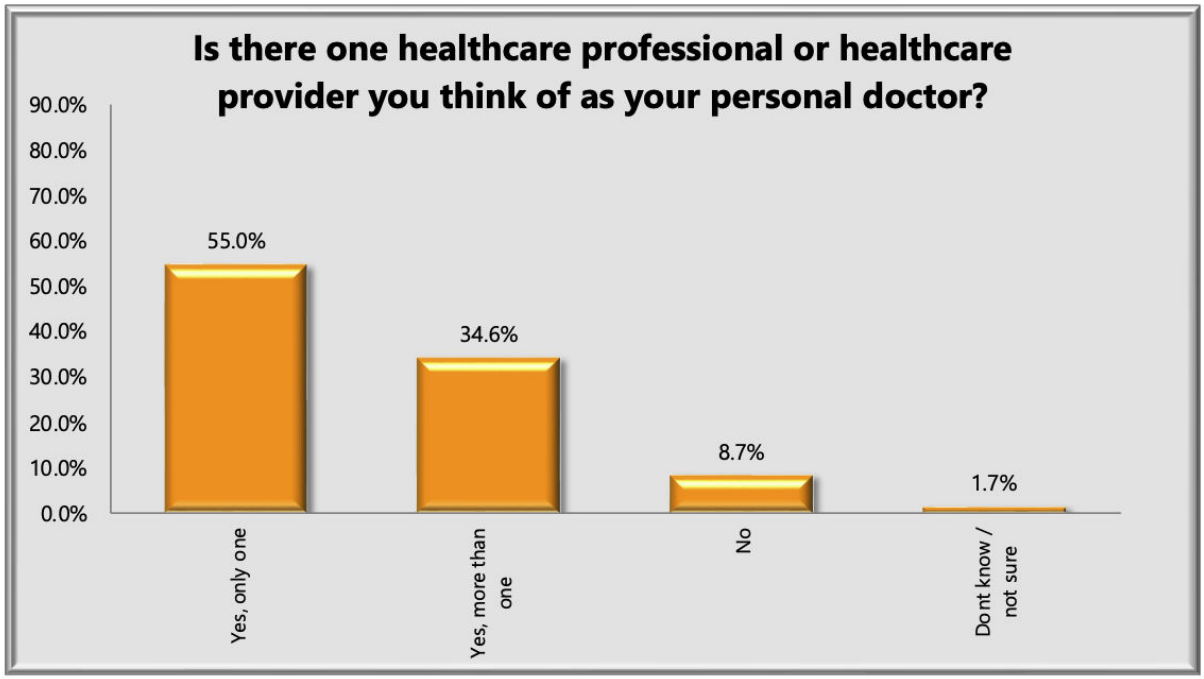
HEALTH STATUS

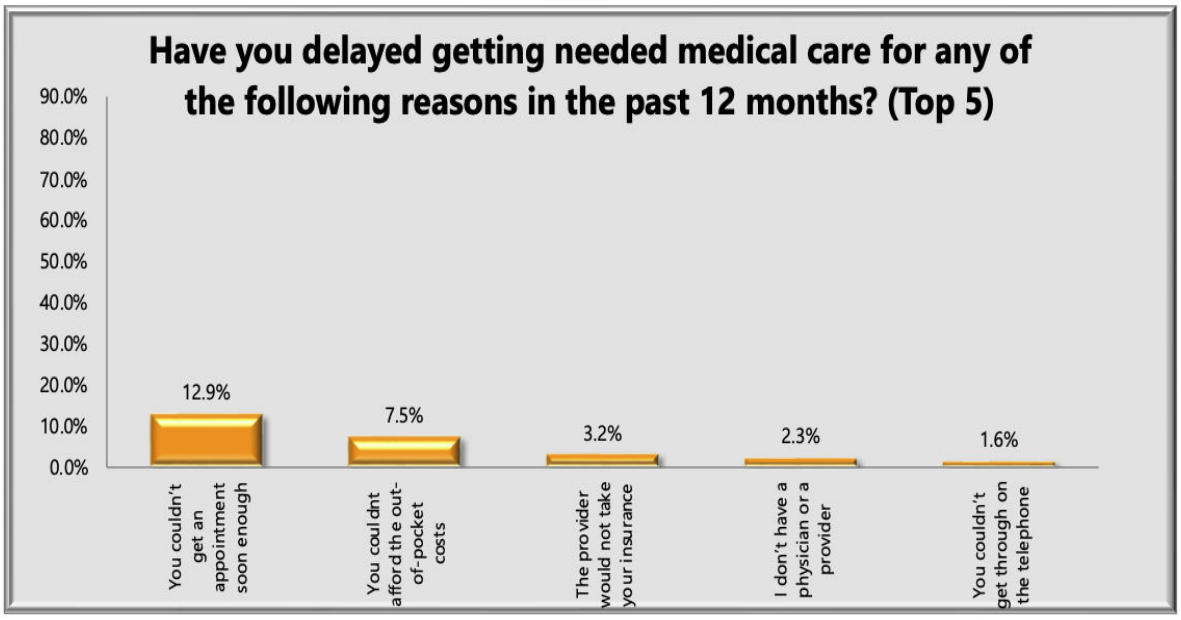


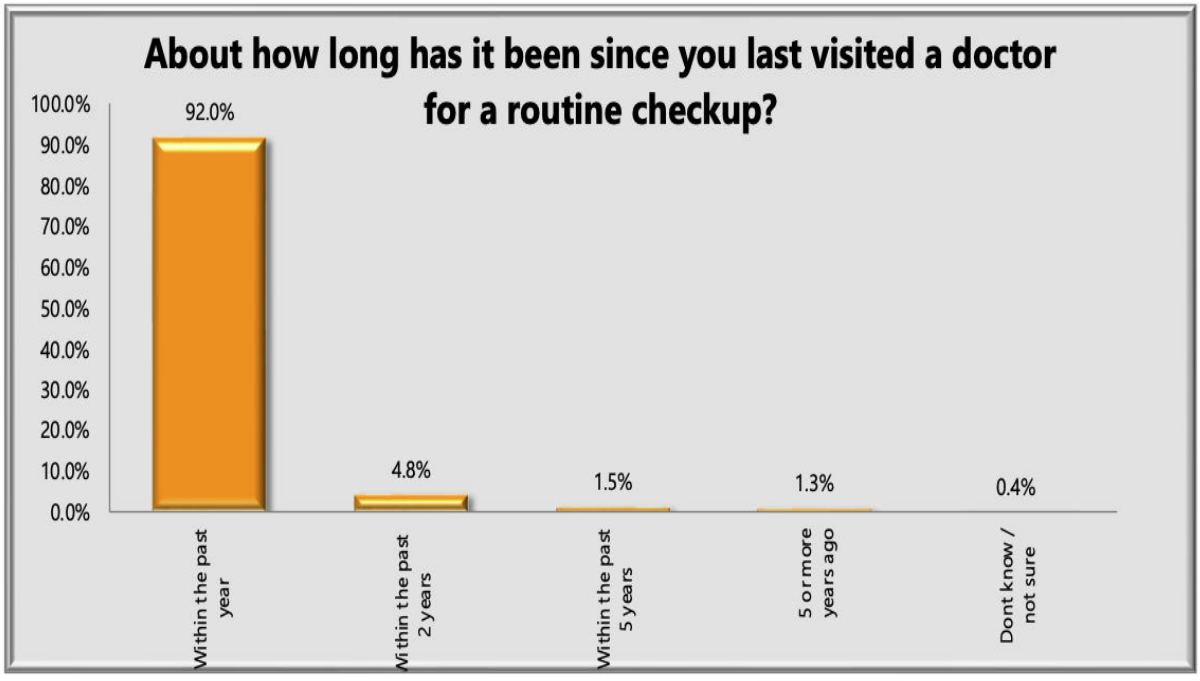

In the past 30 days, how many days did you feel your physical health was poor (this includes physical illness and/or injury)?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
49.6%
22.2%
12.6%
5.2%
2.6%
7.8%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more

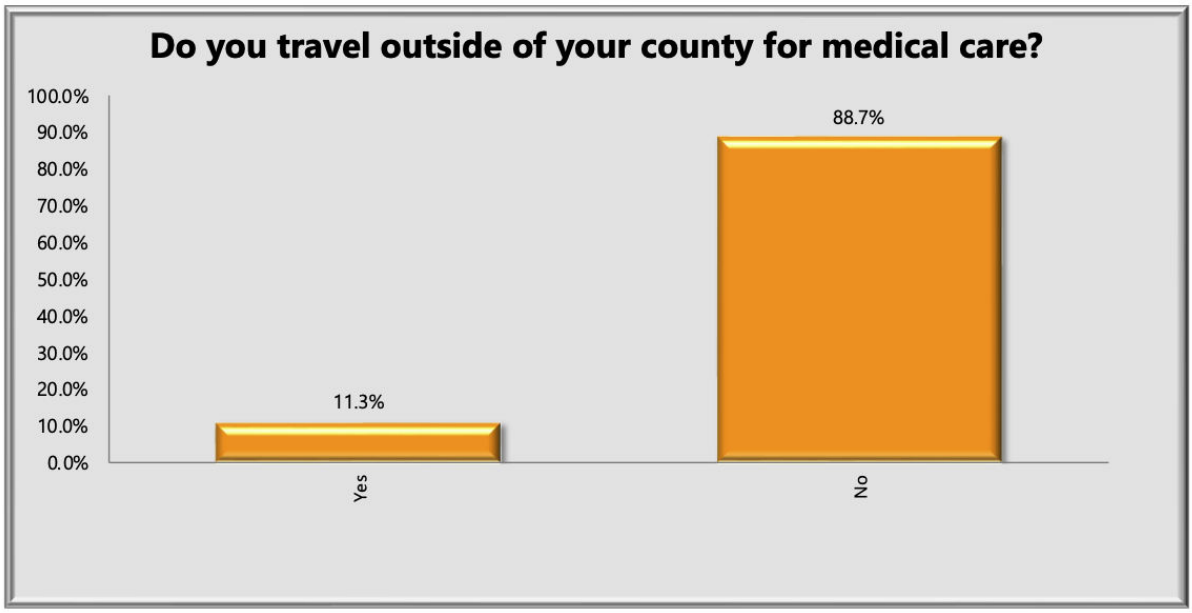

In the past 30 days, how many days did you feel your mental health was poor (this includes stress, depression, and/or emotional problems)?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
43.1%
24.2%
13.9%
3.9%
4.4%
10.5%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more

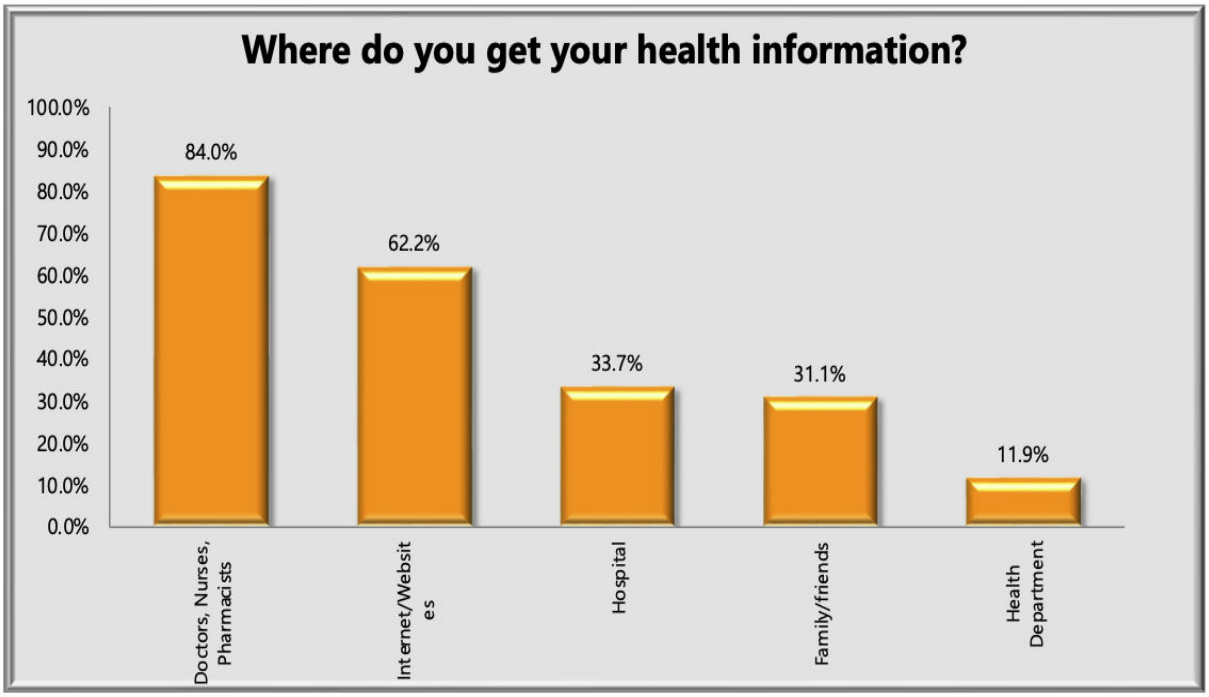

In the past 30 days, how many days were you unable to work or do daily activities because of poor physical or mental health?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
76.0%
10.2%
4.8%
2.6%
2.0%
4.4%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more


Is there one healthcare professional or healthcare provider you think of as your personal doctor?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
55.0%
34.6%
8.7%
1.7%
Yes, only one
Yes, more than one
No
Do nt know / not sure

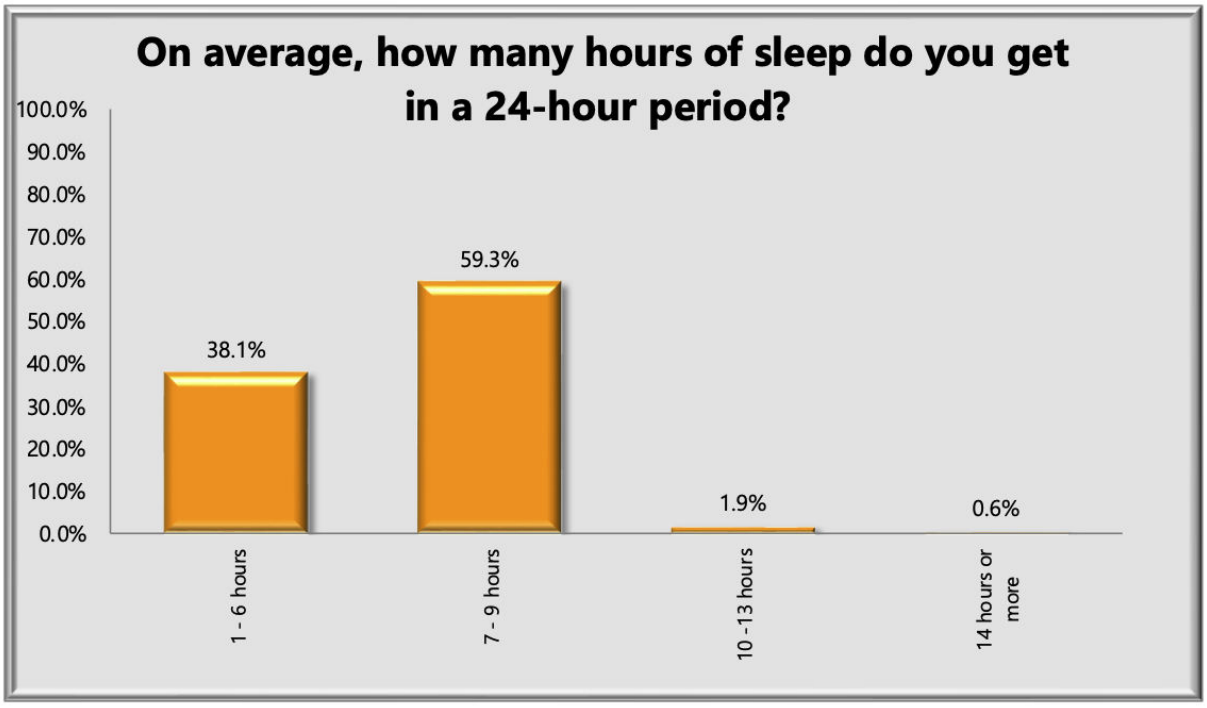

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? (Top 5)
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
12.9%
7.5%
3.2%
2.3%
1.6%
You couldn't get an appointment soon enough
You couldnt afford the out-of-pocket costs
The provider would not take your insurance
I don't have a physician or a provider
You couldn't get through on the telephone


About how long has it been since you last visited a doctor for a routine checkup?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
92.0%
4.8%
1.5%
1.3%
0.4%
Within the past year
Within the past 2 years
Within the past 5 years
5 or more years ago
Dont know / not sure

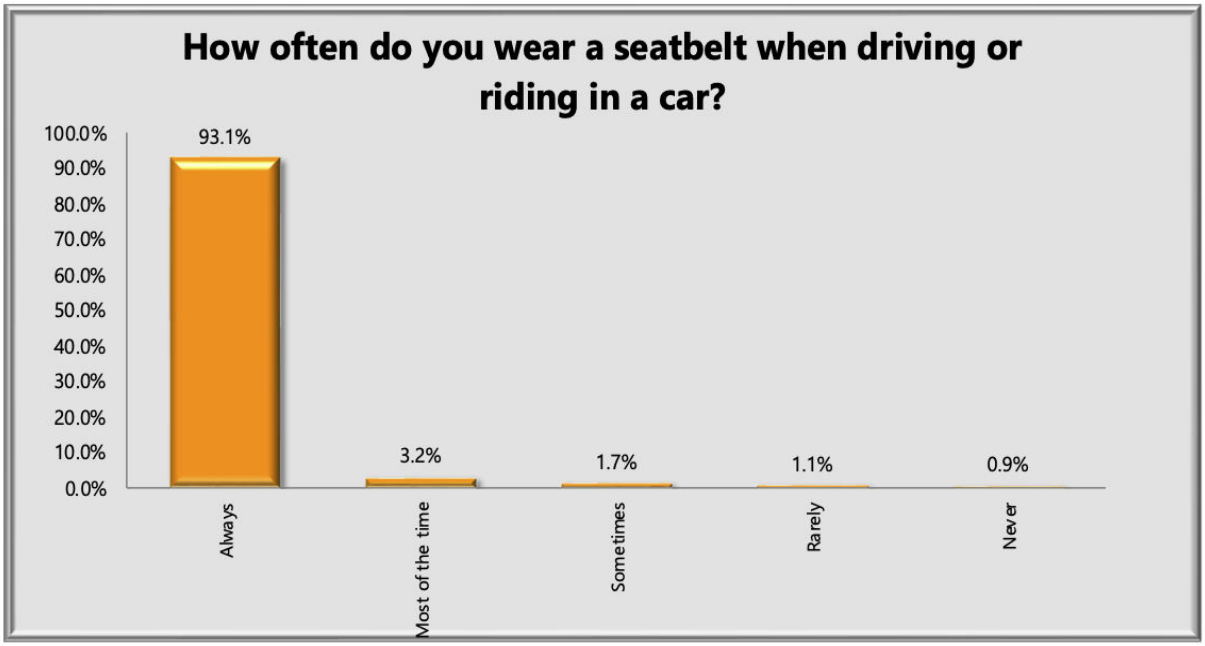

Do you travel outside of your county for medical care?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
11.3%
88.7%
Yes
No

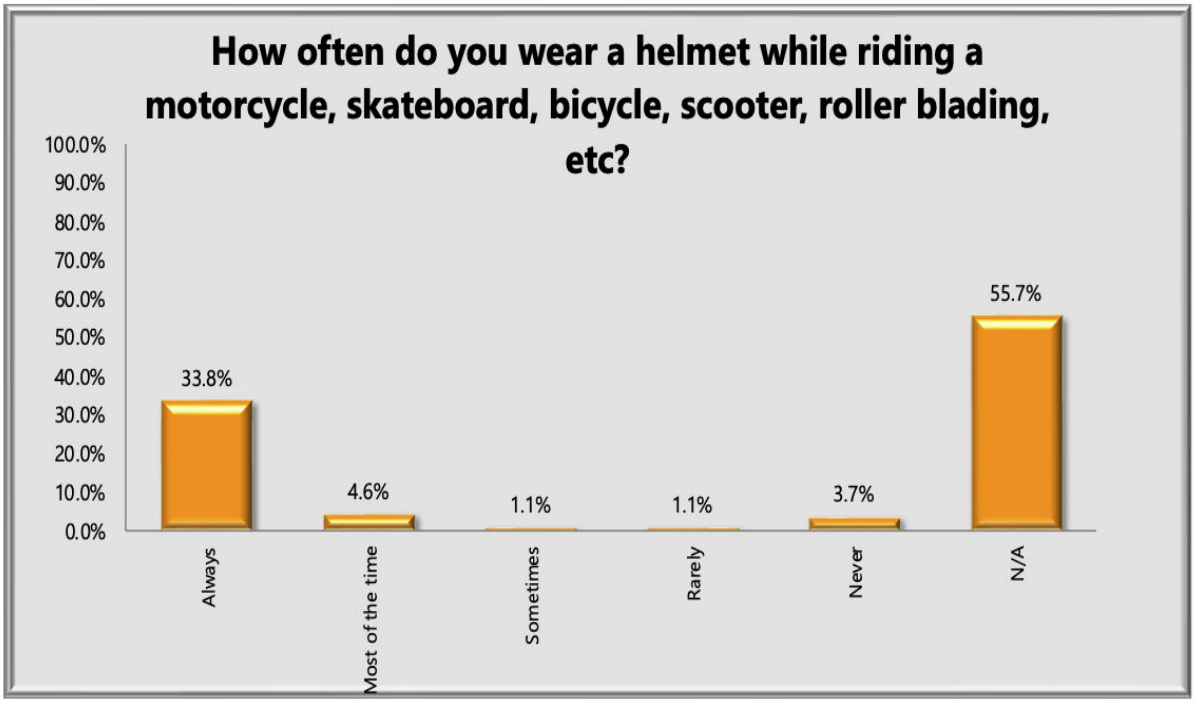

Where do you get your health information?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
84.0%
62.2%
33.7%
31.1%
11.9%
Doctors, Nurses, Pharmacists
Internet/Websites
Hospital
Family/friends
Health Department

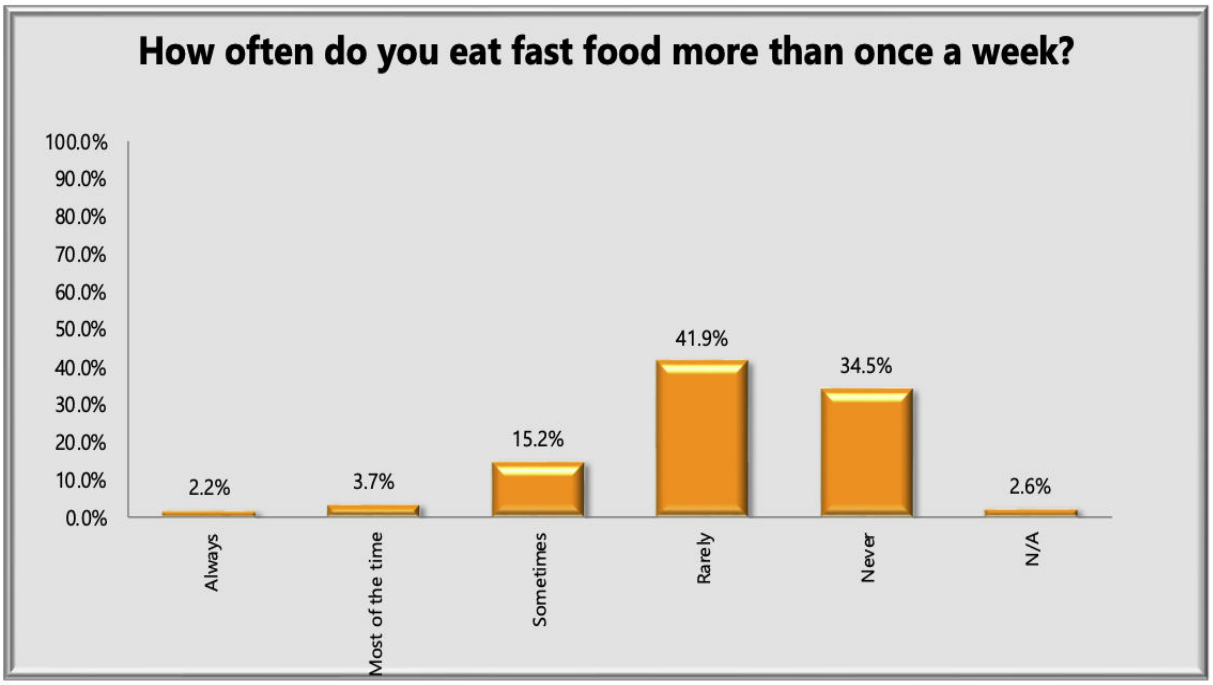
On Average, How Many Hours of Sleep Do You Get in A 24-Hour Period?

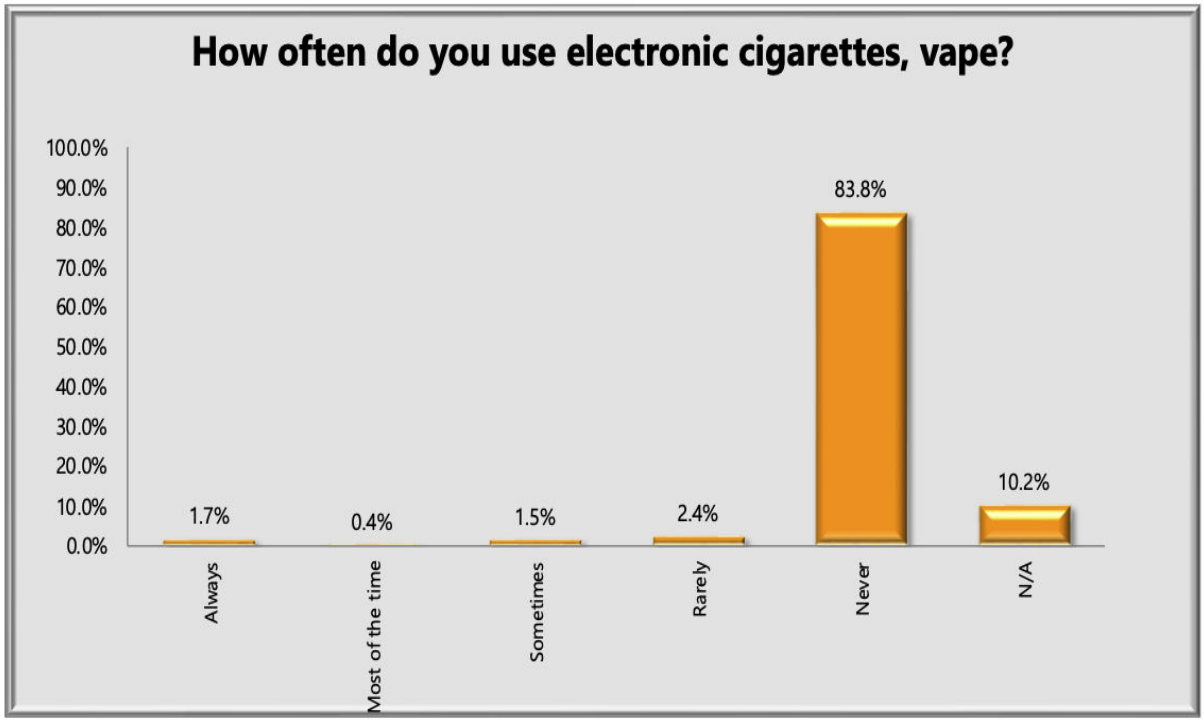


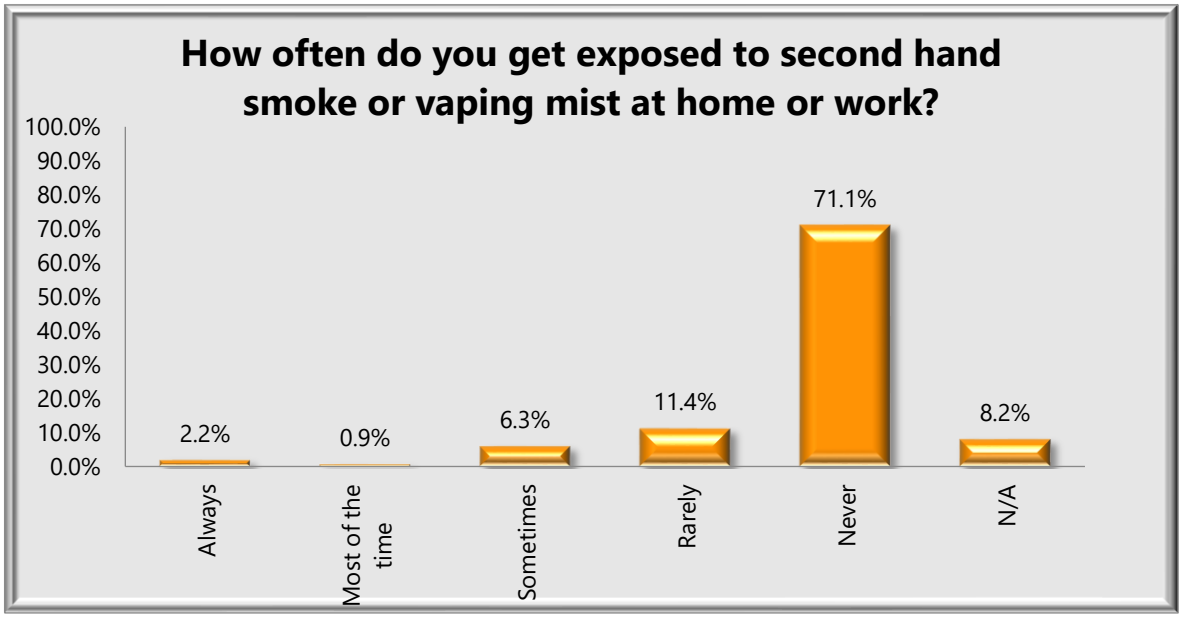
FREQUENCY OF RISK BEHAVIORS

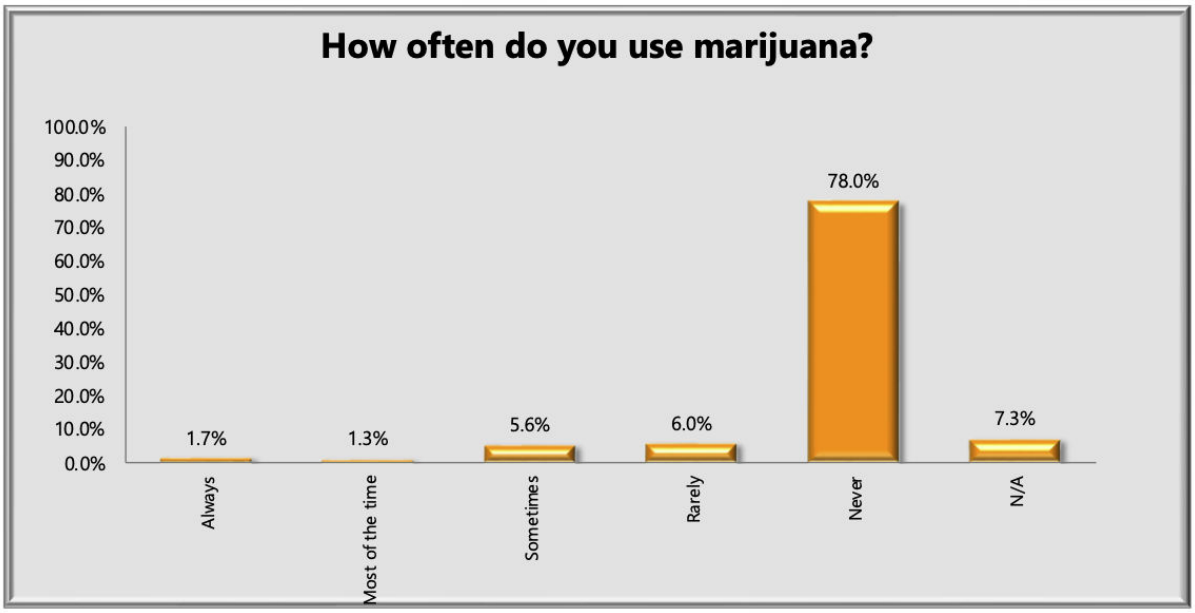


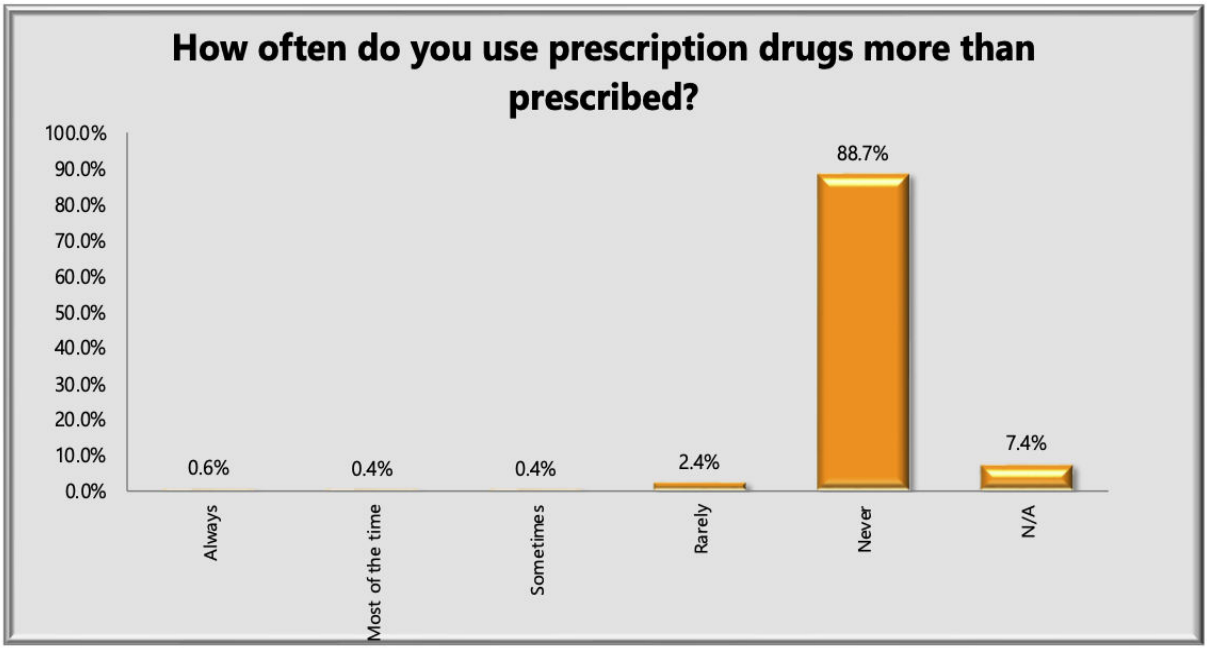

How often do you wear a helmet while riding a motorcycle, skateboard, bicycle, scooter, roller blading, etc?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
33.8%
4.6%
1.1%
1.1%
3.7%
55.7%
Always
Most of the time
Sometimes
Rarely
Never
N/A

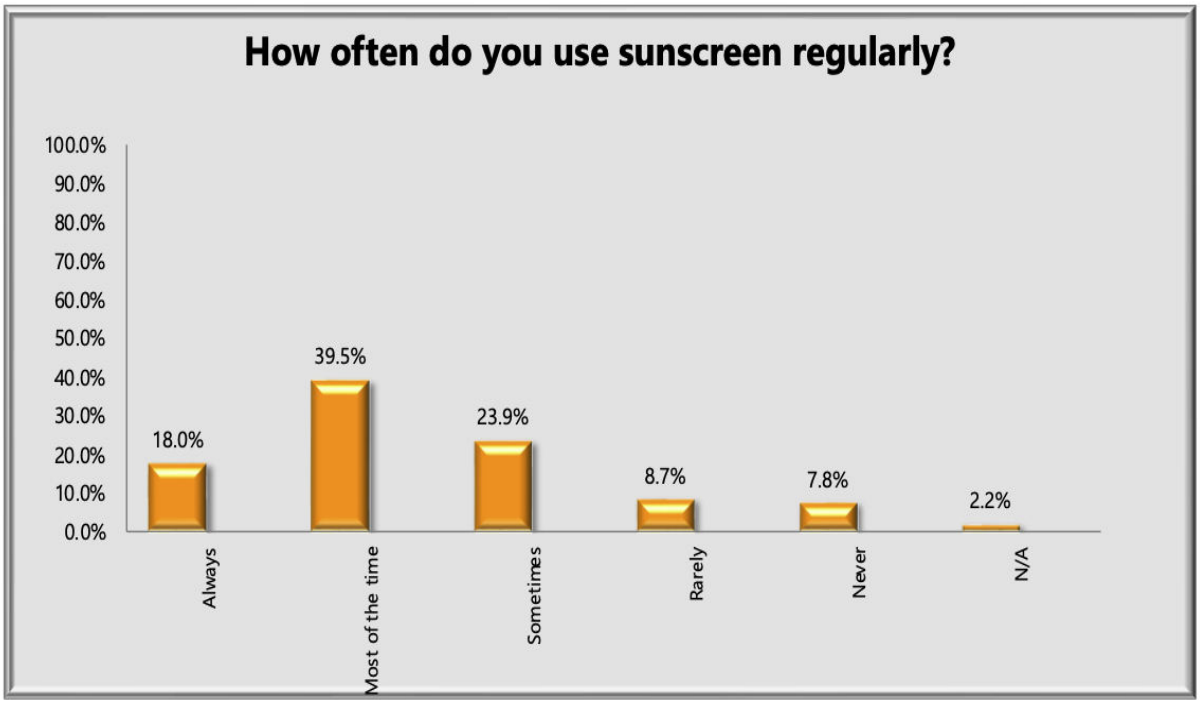

How often do you eat fast food more than once a week?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2.2%
3.7%
15.2%
41.9%
34.5%
2.6%
Always
Most of the time
Sometimes
Rarely
Never
N/A

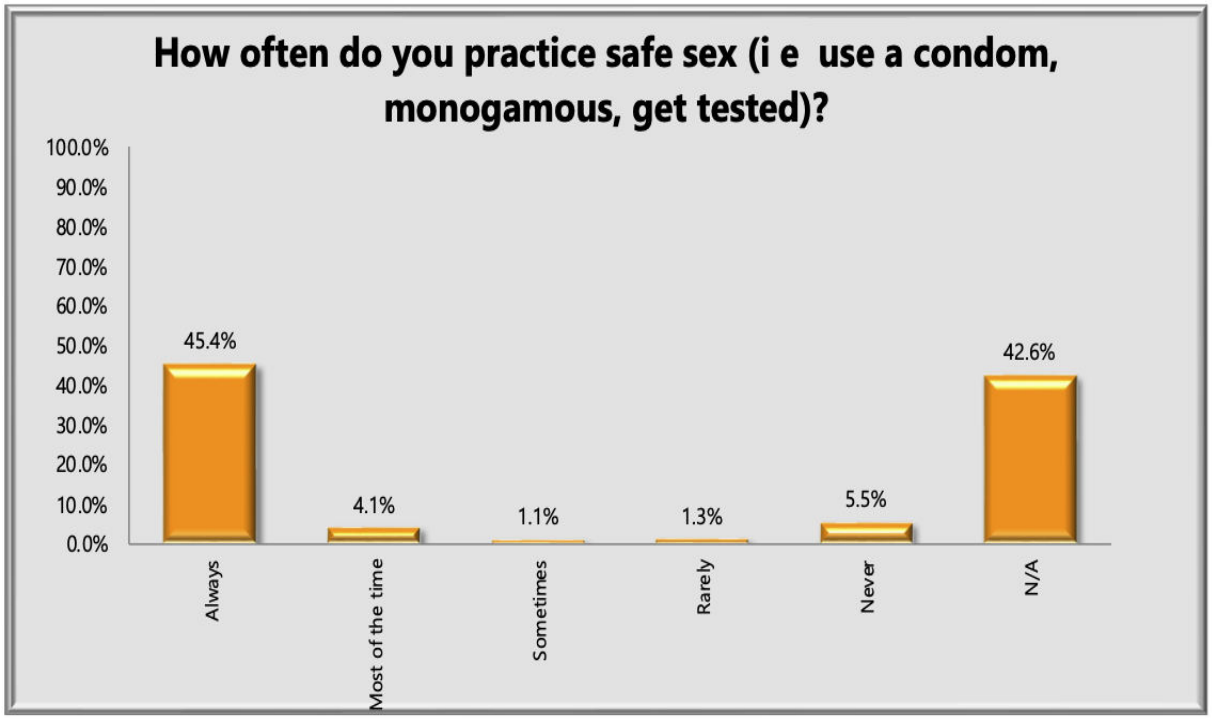

How often do you use electronic cigarettes, vape?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.7%
0.4%
1.5%
2.4%
83.8%
10.2%
Always
Most of the time
Sometimes
Rarely
Never
N/A

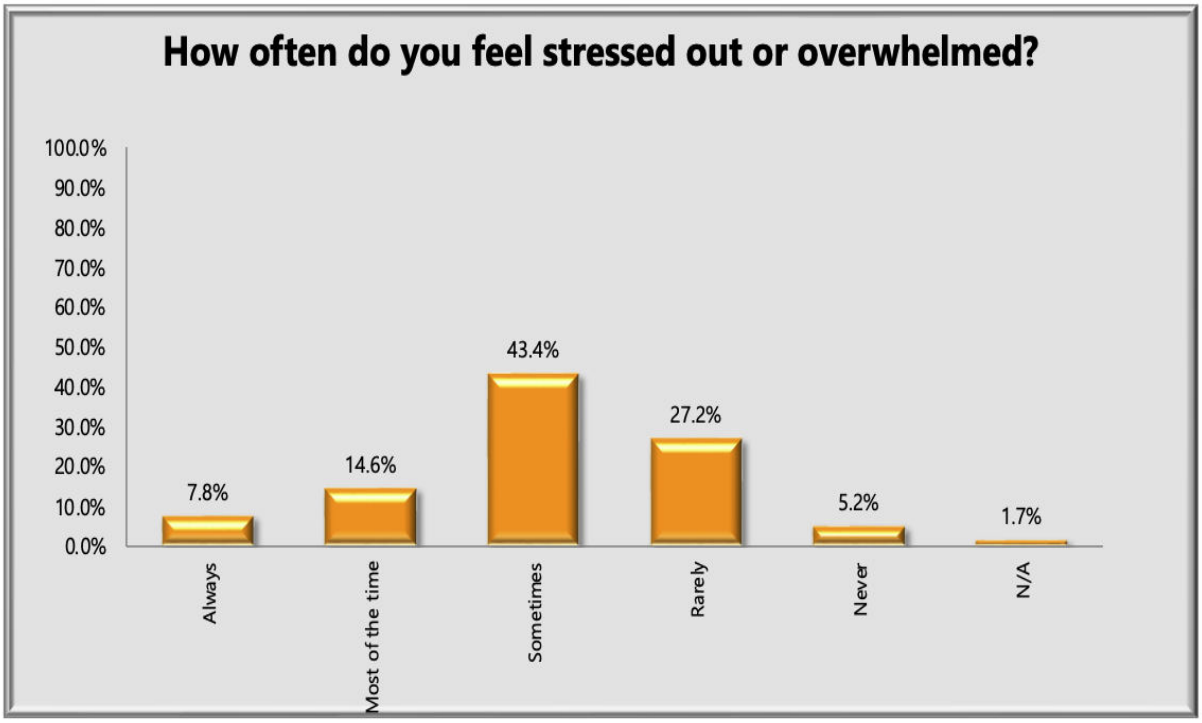

How often do you get exposed to second hand smoke or vaping mist at home or work?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2.2%
0.9%
6.3%
11.4%
71.1%
8.2%
Always
Most of the time
Sometimes
Rarely
Never
N/A

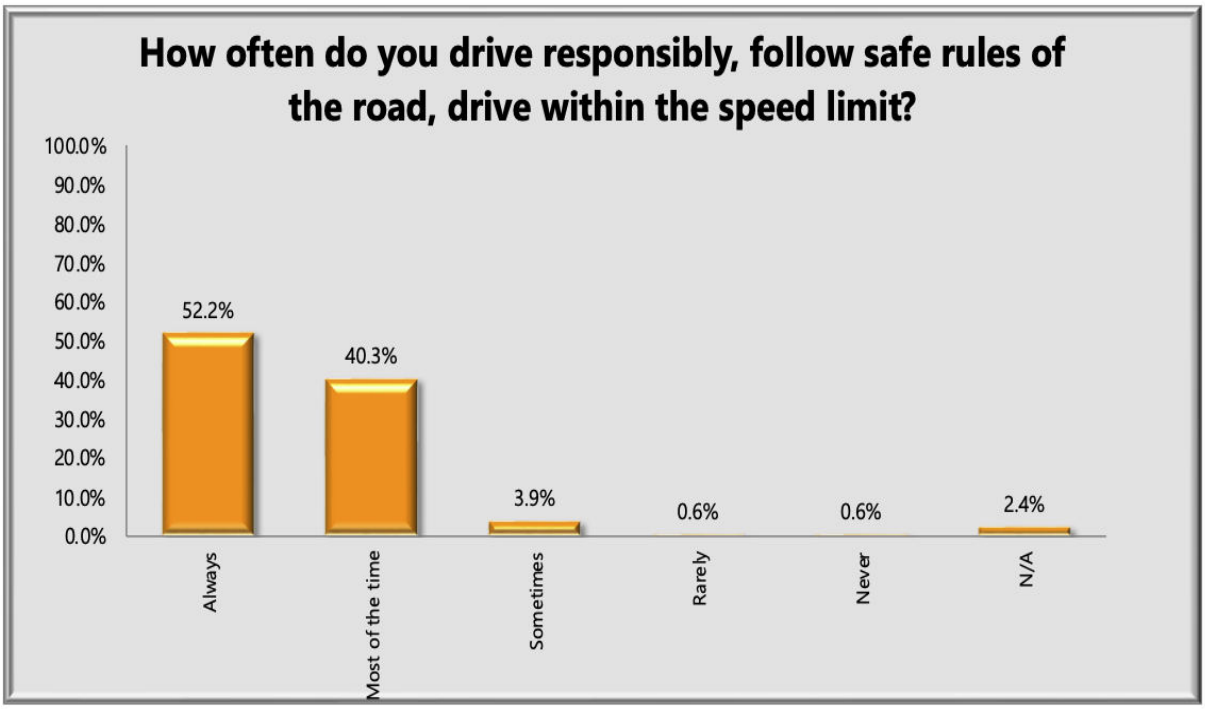

How often do you use marijuana?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.7%
1.3%
5.6%
6.0%
78.0%
7.3%
Always
Most of the time
Sometimes
Rarely
Never
N/A


How often do you use prescription drugs more than prescribed?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.6%
0.4%
0.4%
2.4%
88.7%
7.4%
Always
Most of the time
Sometimes
Rarely
Never
N/A

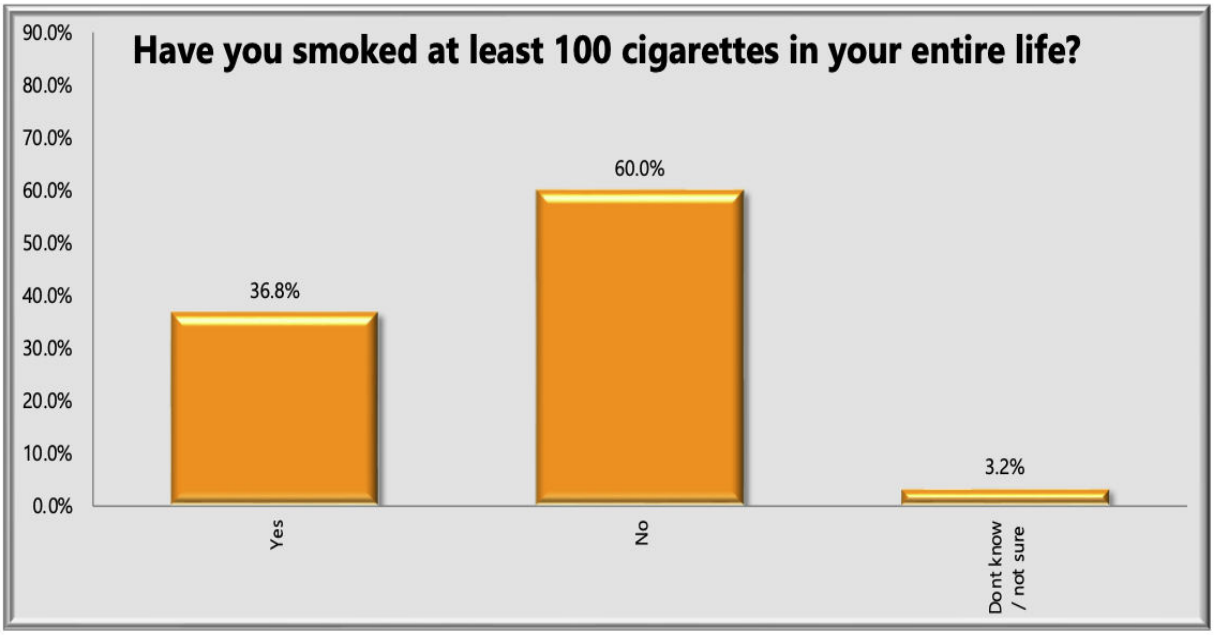

How often do you use sunscreen regularly?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
18.0%
39.5%
23.9%
8.7%
7.8%
2.2%
Always
Most of the time
Sometimes
Rarely
Never
N/A

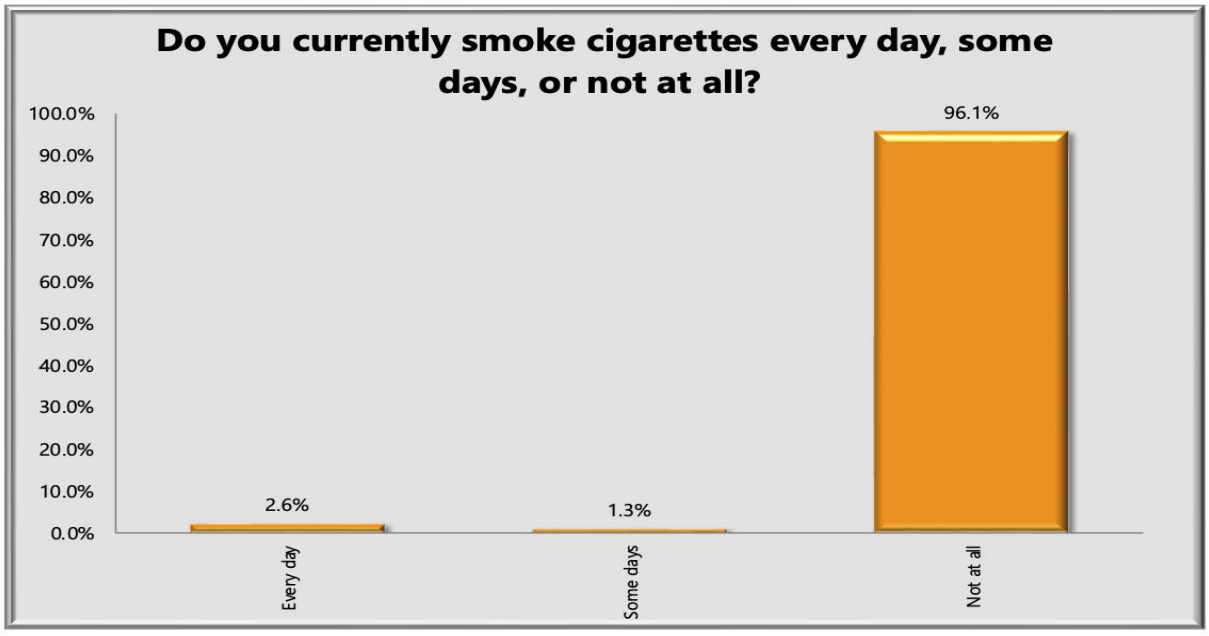

How often do you practice safe sex (i e use a condom, monogamous, get tested)?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
45.4%
4.1%
1.1%
1.3%
5.5%
42.6%
Always
Most of the time
Sometimes
Rarely
Never
N/A


How often do you feel stressed out or overwhelmed?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
7.8%
14.6%
43.4%
27.2%
5.2%
1.7%
Always
Most of the time
Sometimes
Rarely
Never
N/A

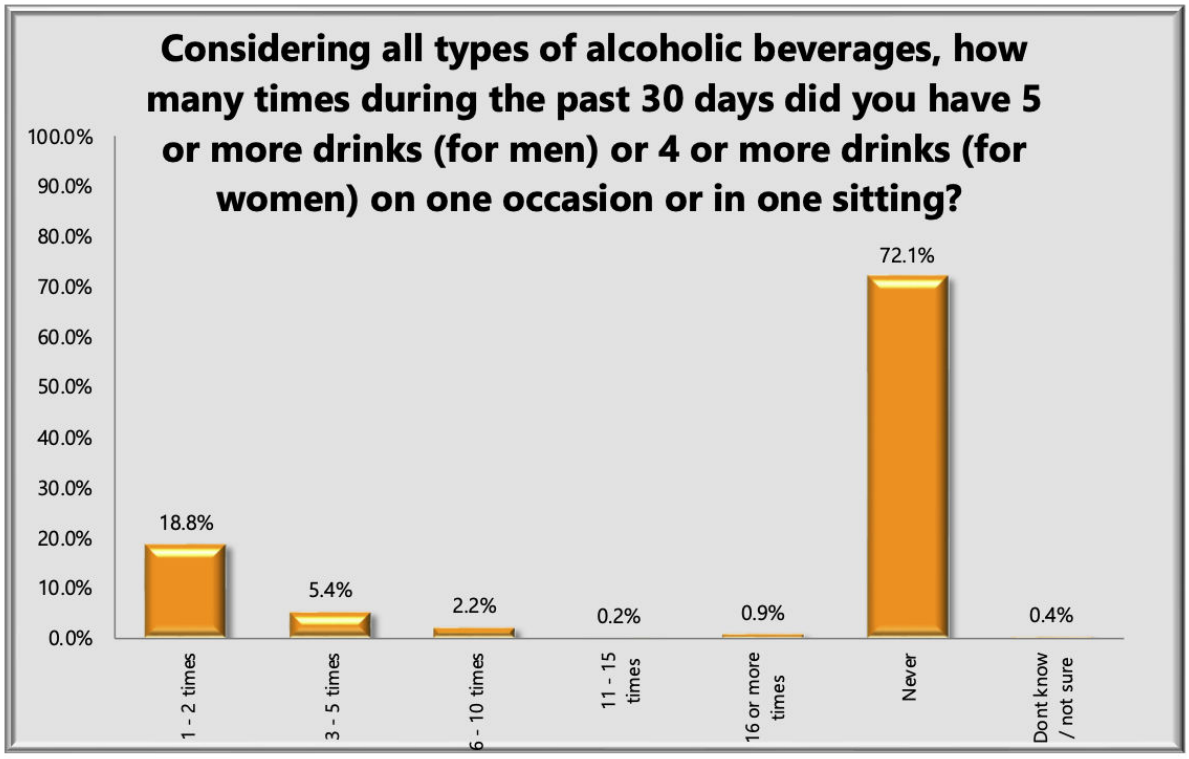

How often do you drive responsibly, follow safe rules of the road, drive within the speed limit?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
52.2%
40.3%
3.9%
0.6%
0.6%
2.4%
Always
Most of the time
Sometimes
Rarely
Never
N/A

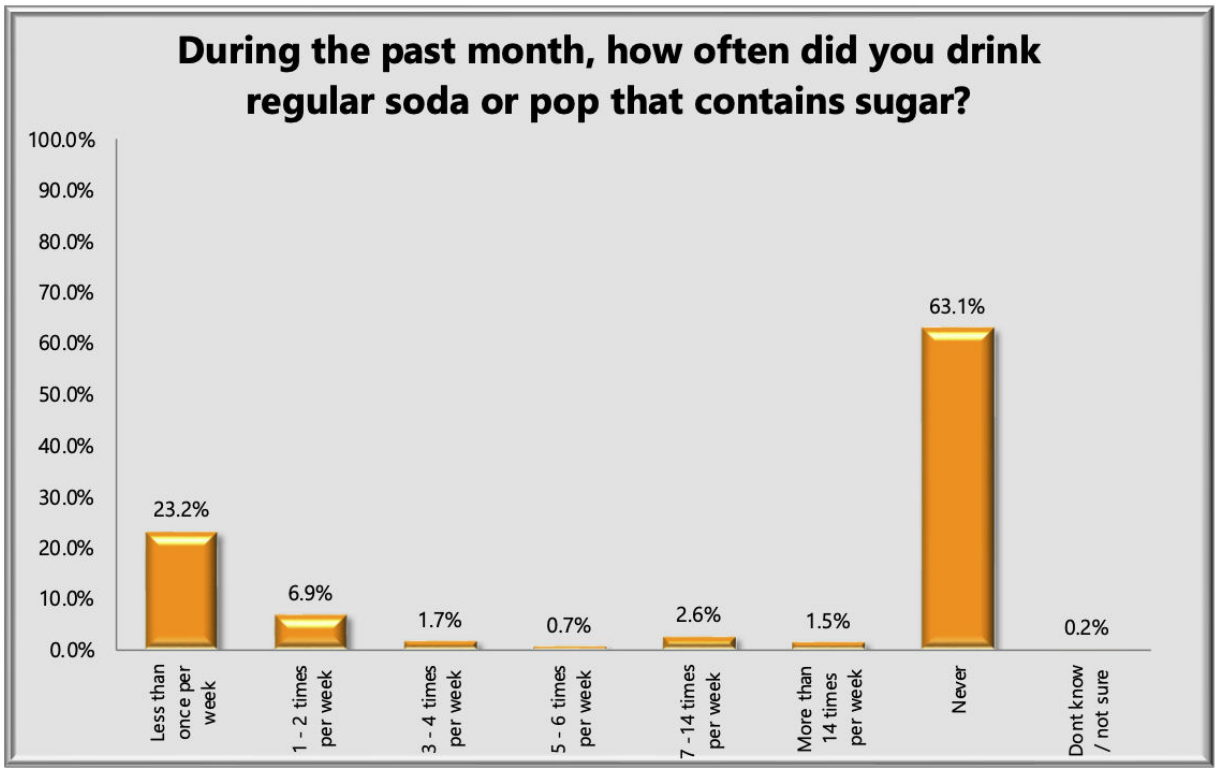
SMOKING AND DRINKING

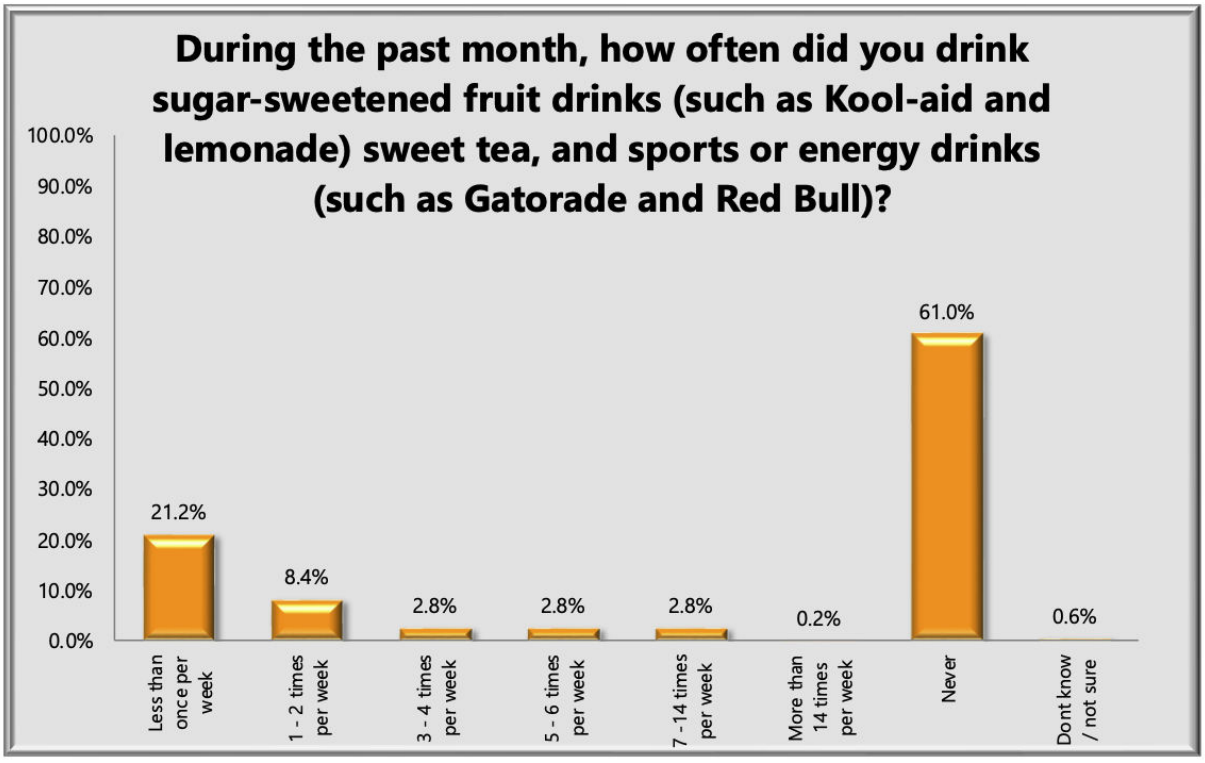


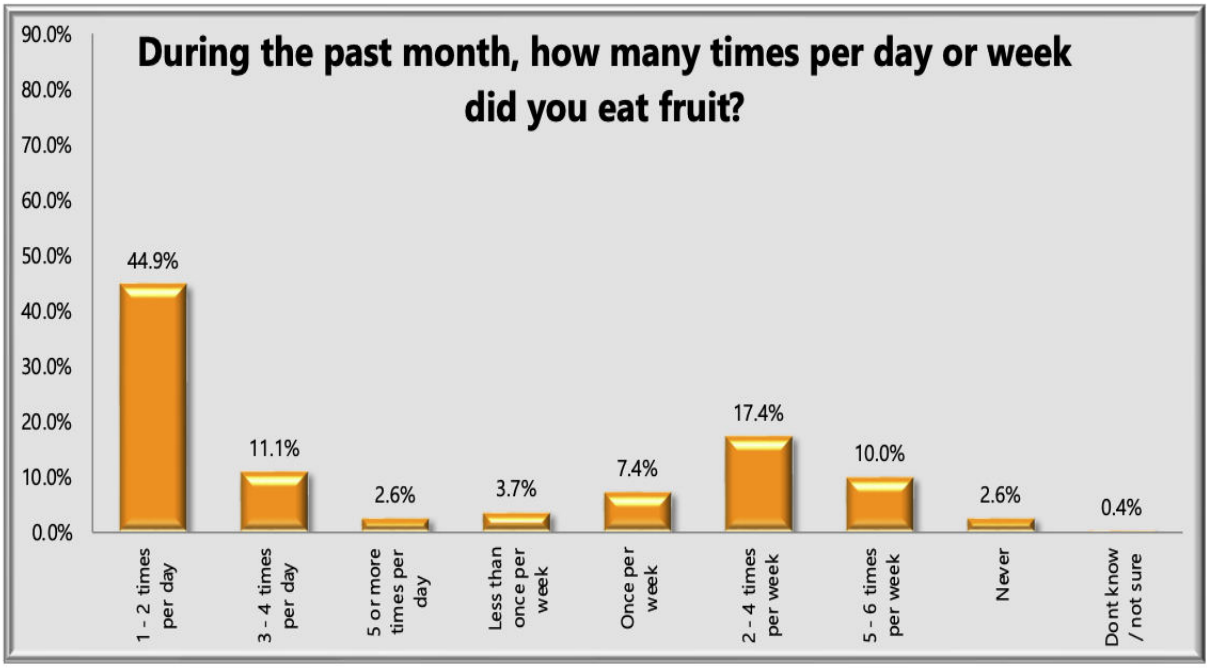


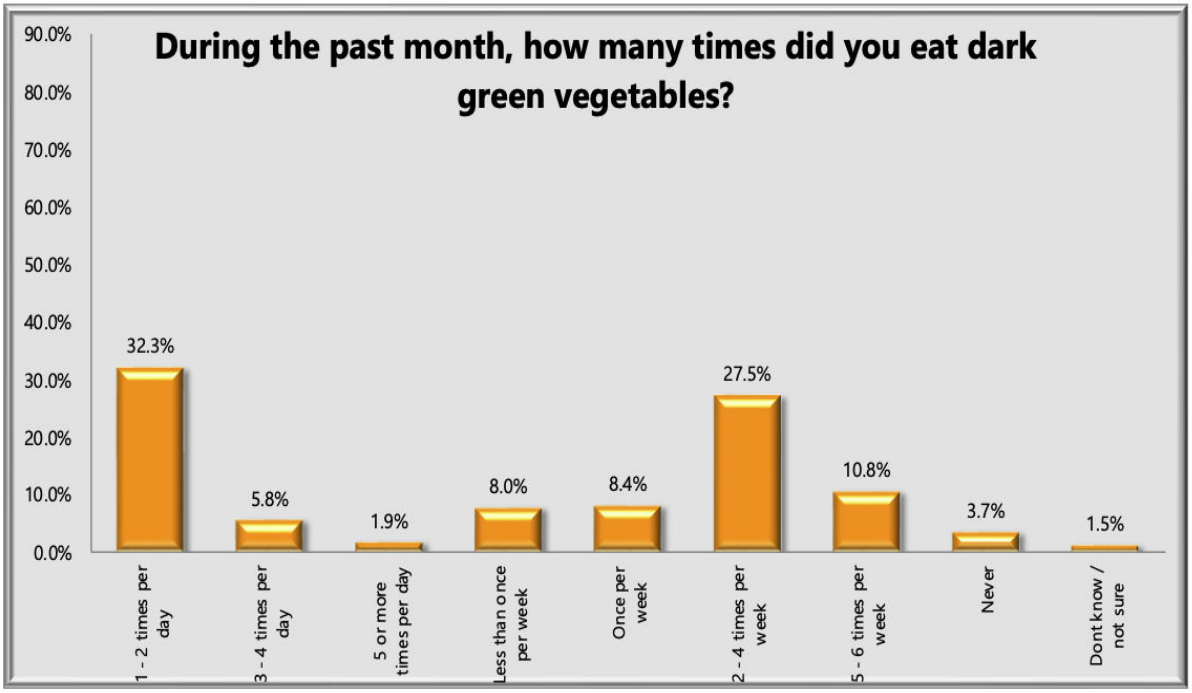
NUTRITION AND EXERCISE

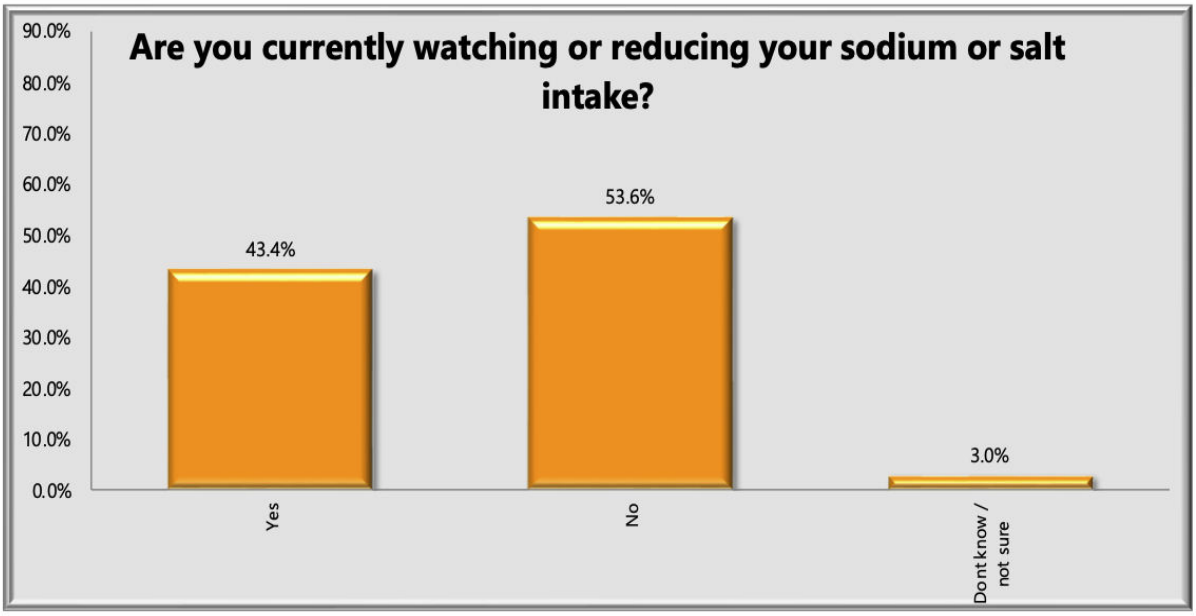


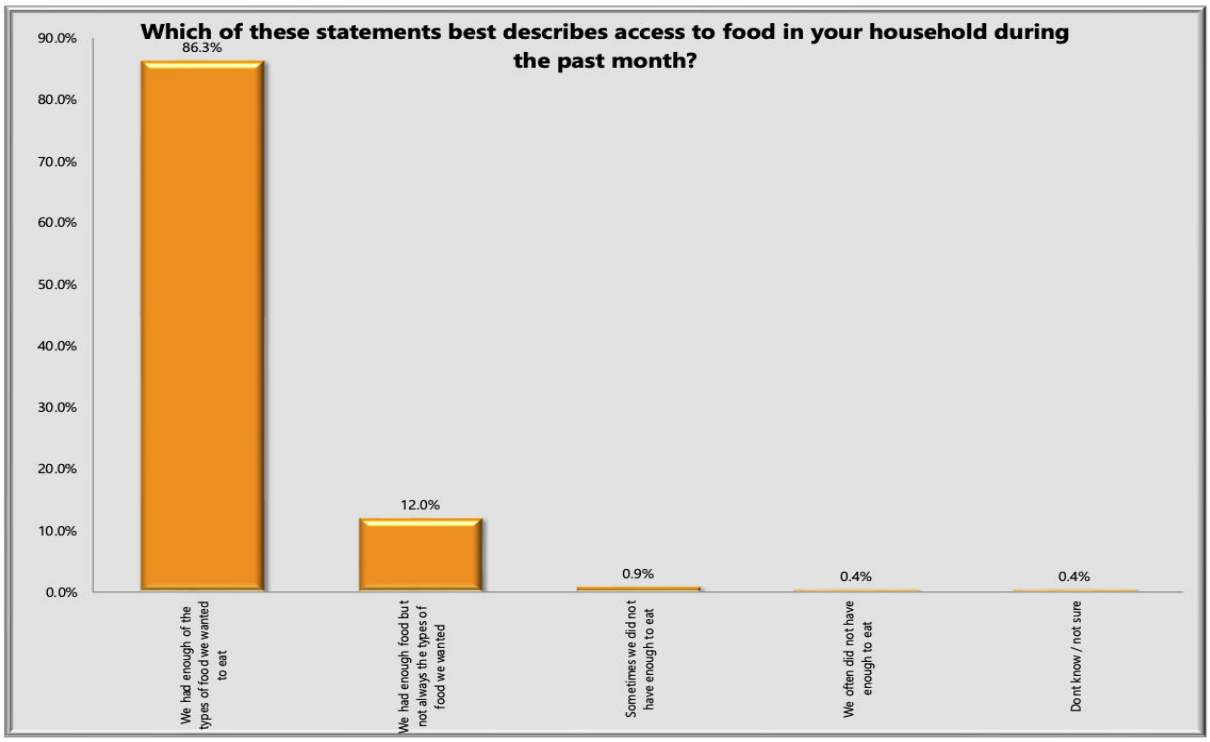


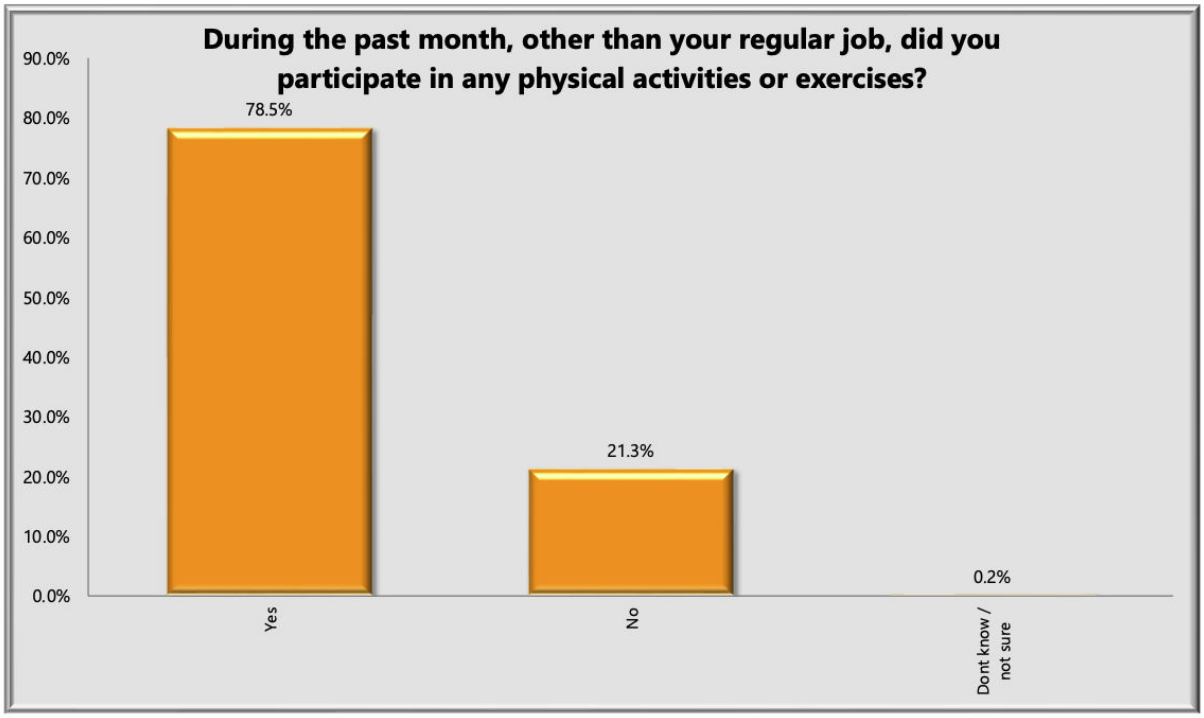

During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade) sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
21.2%
8.4%
2.8%
2.8%
2.8%
0.2%
61.0%
0.6%
Less than once per week
1 - 2 times per week
3 - 4 times per week
5 - 6 times per week
7 - 14 times per week
More than 14 times per week
Never
Dont know / not sure

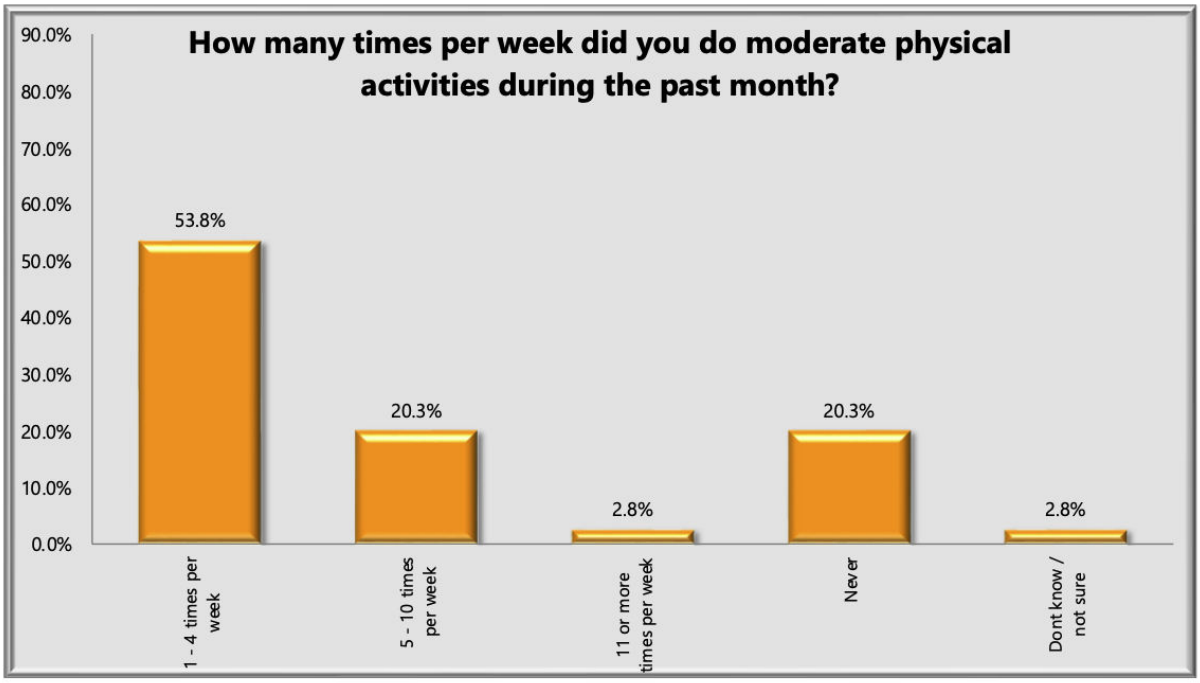

During the past month, how many times per day or week did you eat fruit?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
44.9%
11.1%
2.6%
3.7%
7.4%
17.4%
10.0%
2.6%
0.4%
1 - 2 times per day
3 - 4 times per day
5 or more times per day
Less than once per week
Once per week
2 - 4 times per week
5 - 6 times per week
Never
Dont know / not sure

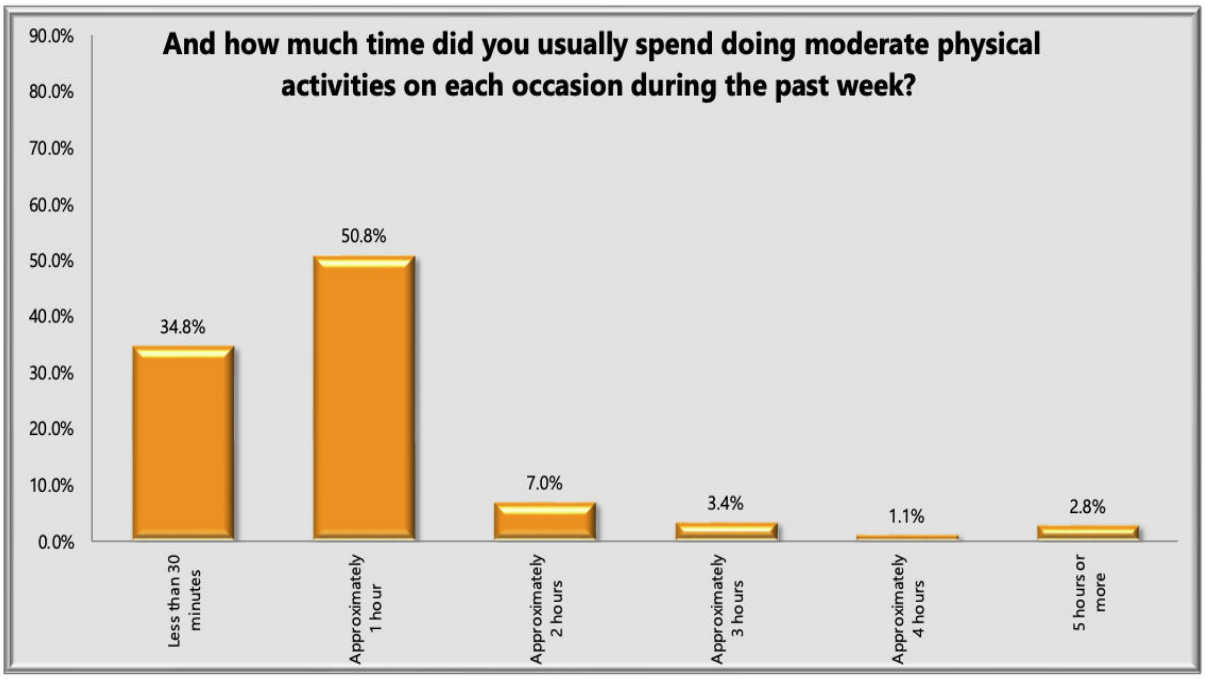

During the past month, how many times did you eat dark green vegetables?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
32.3%
5.8%
1.9%
8.0%
8.4%
27.5%
10.8%
3.7%
1.5%
1 - 2 times per day
3 - 4 times per day
5 or more times per day
Less than once per week
Once per week
2 - 4 times per week
5 - 6 times per week
Never
Dont know / not sure

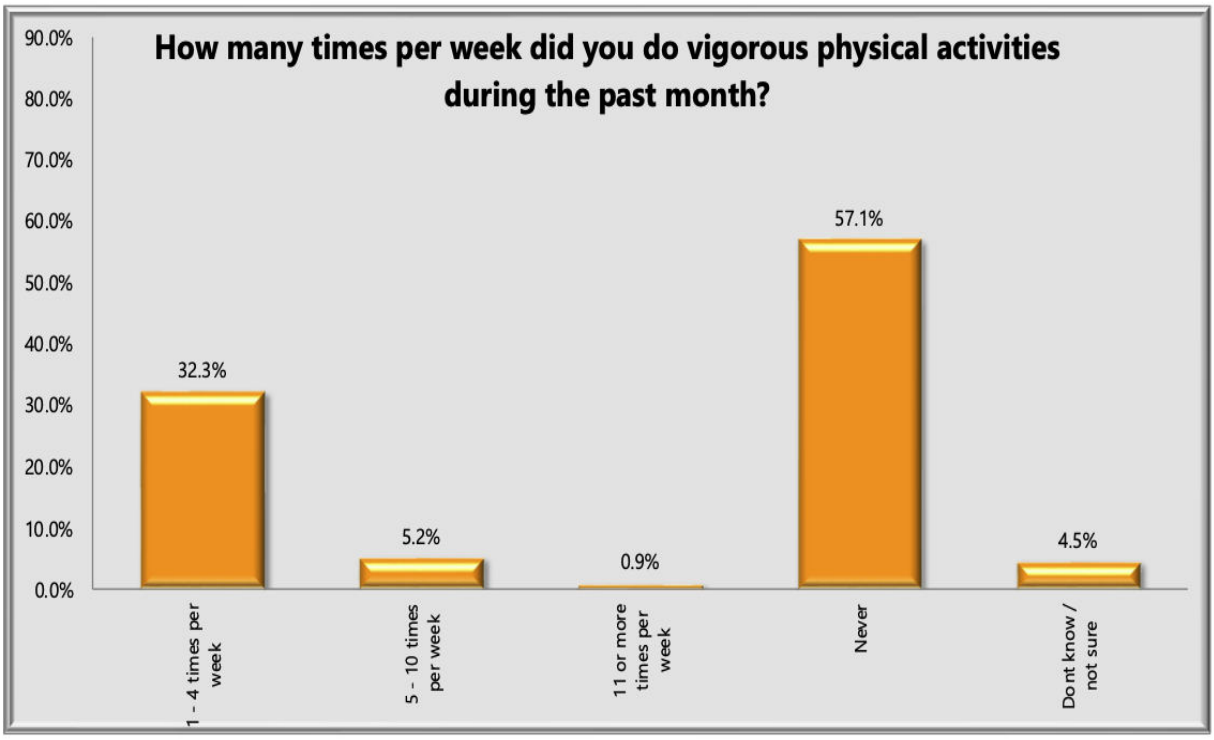

Are you currently watching or reducing your sodium or salt intake?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
43.4%
53.6%
3.0%
Yes
No
Dont know / not sure

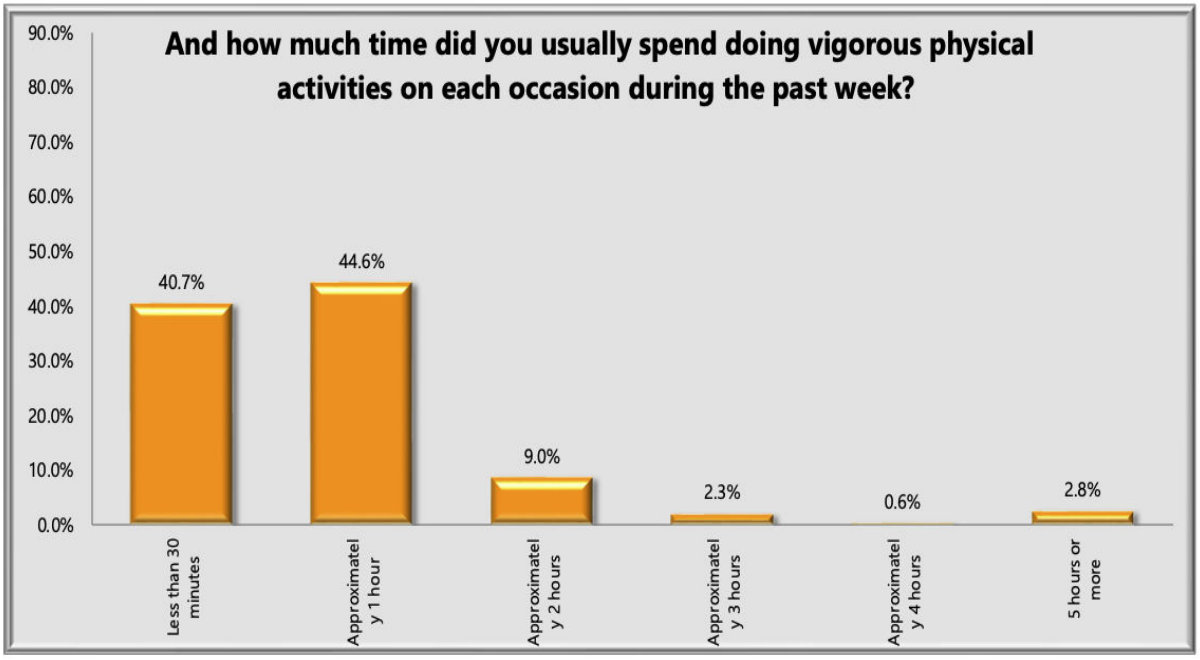

Which of these statements best describes access to food in your household during the past month?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
86.3%
12.0%
0.9%
0.4%
0.4%
We had enough of the types of food we wanted to eat
We had enough food but not always the types of food we wanted
Sometimes we did not have enough to eat
We often did not have enough to eat
Dont know / not sure

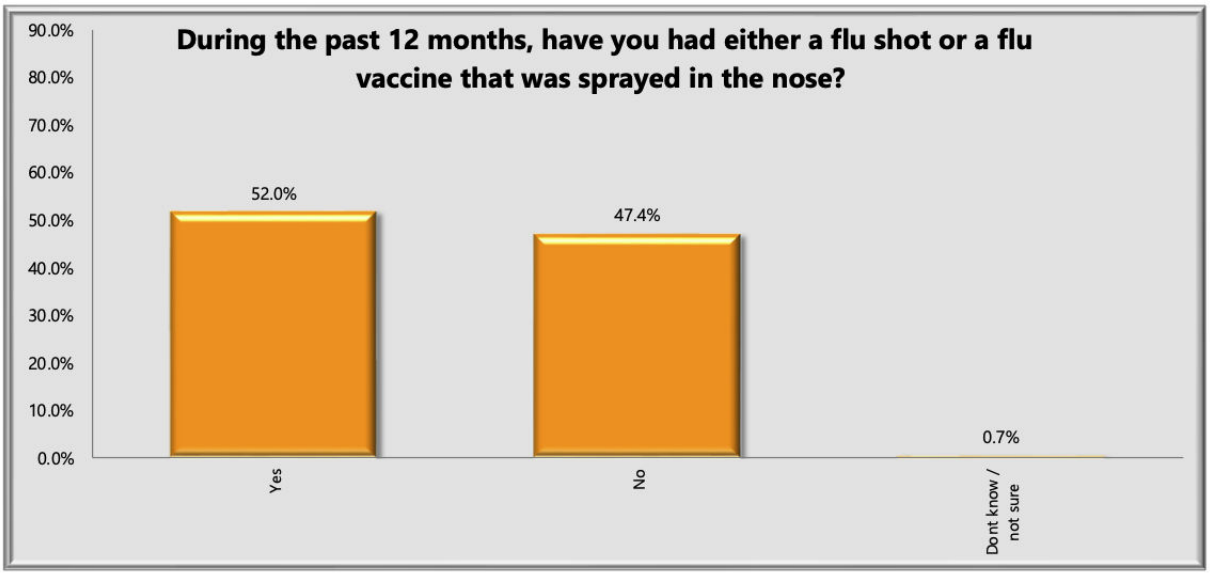

During the past month, other than your regular job, did you participate in any physical activities or exercises?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
78.5%
21.3%
0.2%
Yes
No
Dont know / not sure

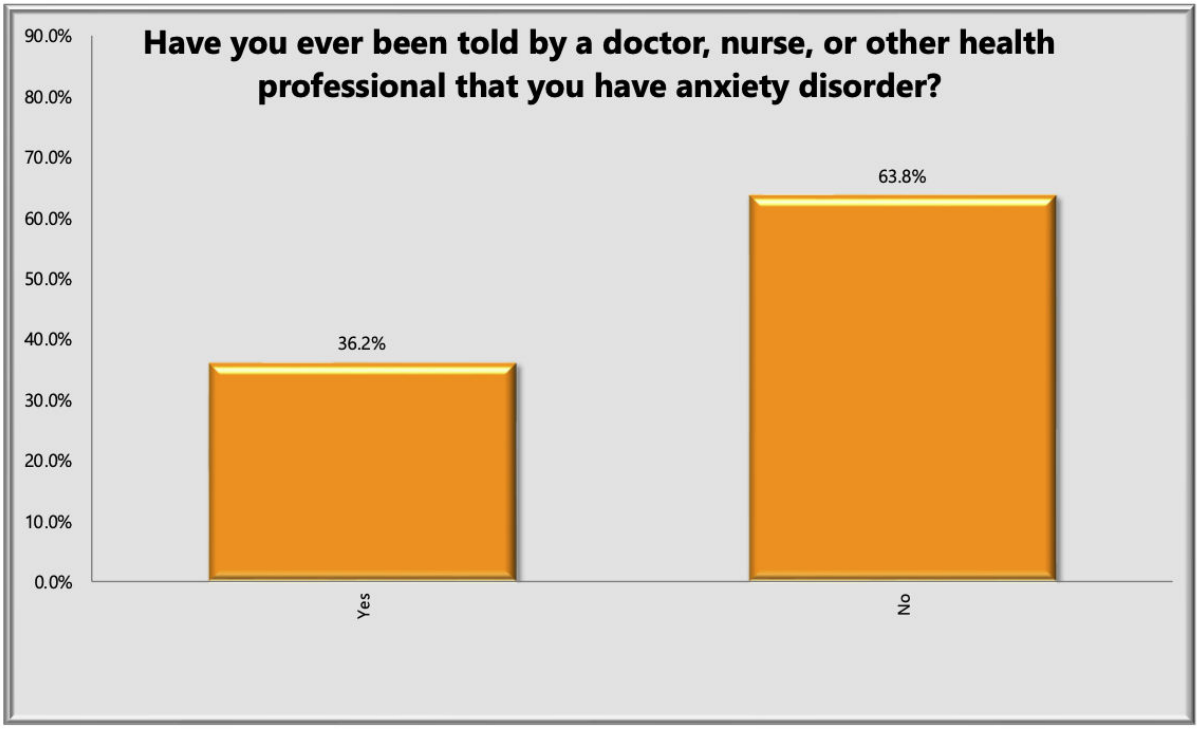

How many times per week did you do moderate physical activities during the past month?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
53.8%
20.3%
2.8%
20.3%
2.8%
1 - 4 times per week
5 - 10 times per week
11 or more times per week
Never
Dont know / not sure

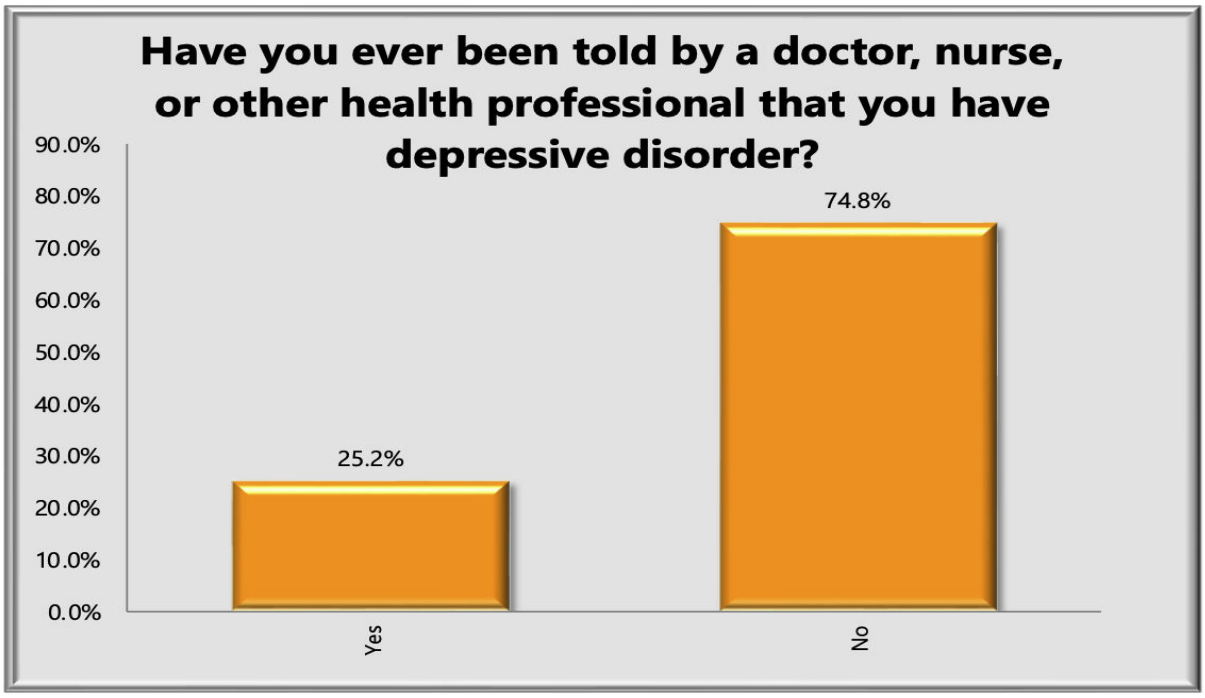

And how much time did you usually spend doing moderate physical activities on each occasion during the past week?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
34.8%
50.8%
7.0%
3.4%
1.1%
2.8%
Less than 30 minutes
Approximately 1 hour
Approximately 2 hours
Approximately 3 hours
Approximately 4 hours
5 hours or more

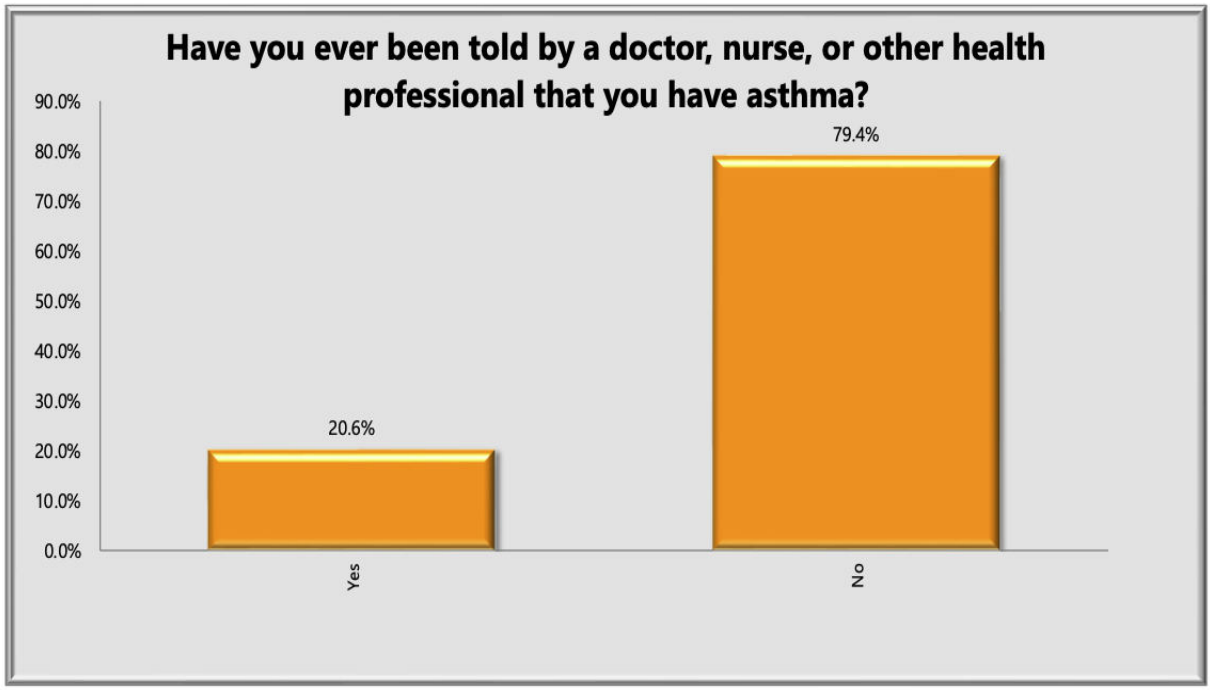

How many times per week did you do vigorous physical activities during the past month?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
32.3%
5.2%
0.9%
57.1%
4.5%
1 - 4 times per week
5 - 10 times per week
11 or more times per week
Never
Do nt know / not sure

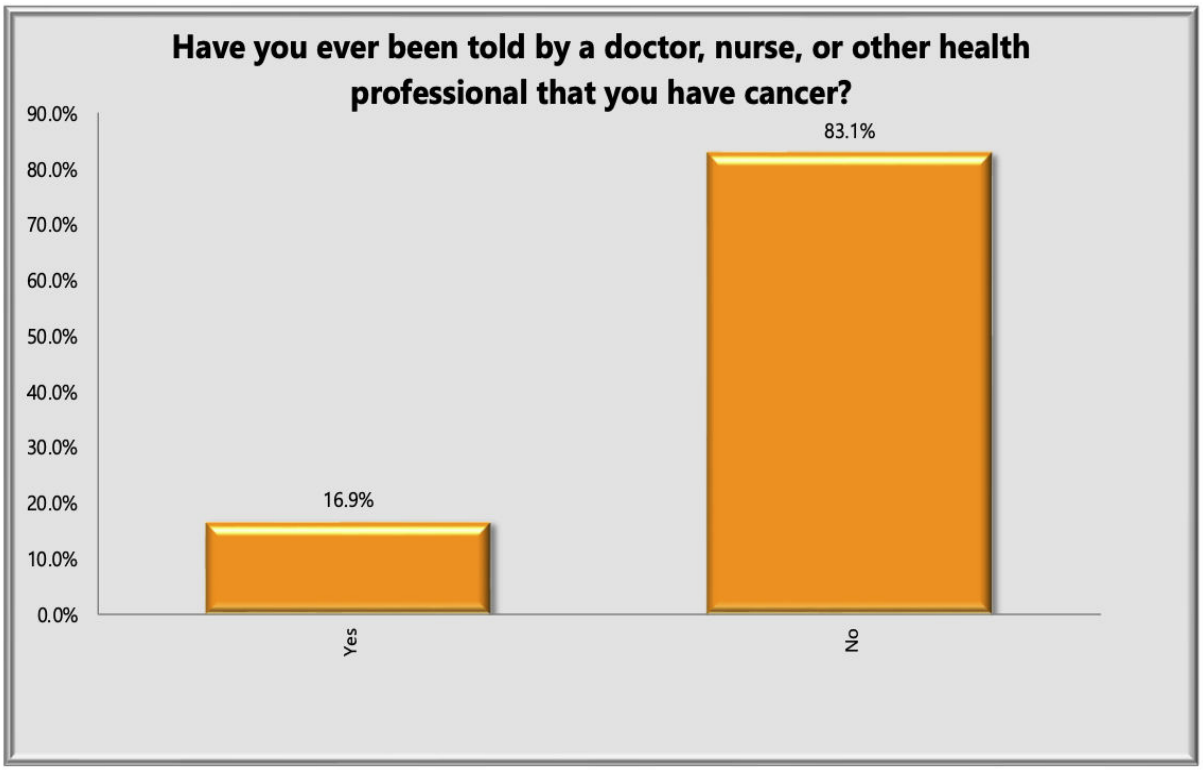

And how much time did you usually spend doing vigorous physical activities on each occasion during the past week?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
40.7%
44.6%
9.0%
2.3%
0.6%
2.8%
Less than 30 minutes
Approximatel y 1 hour
Approximatel y 2 hours
Approximatel y 3 hours
Approximatel y 4 hours
5 hours or more

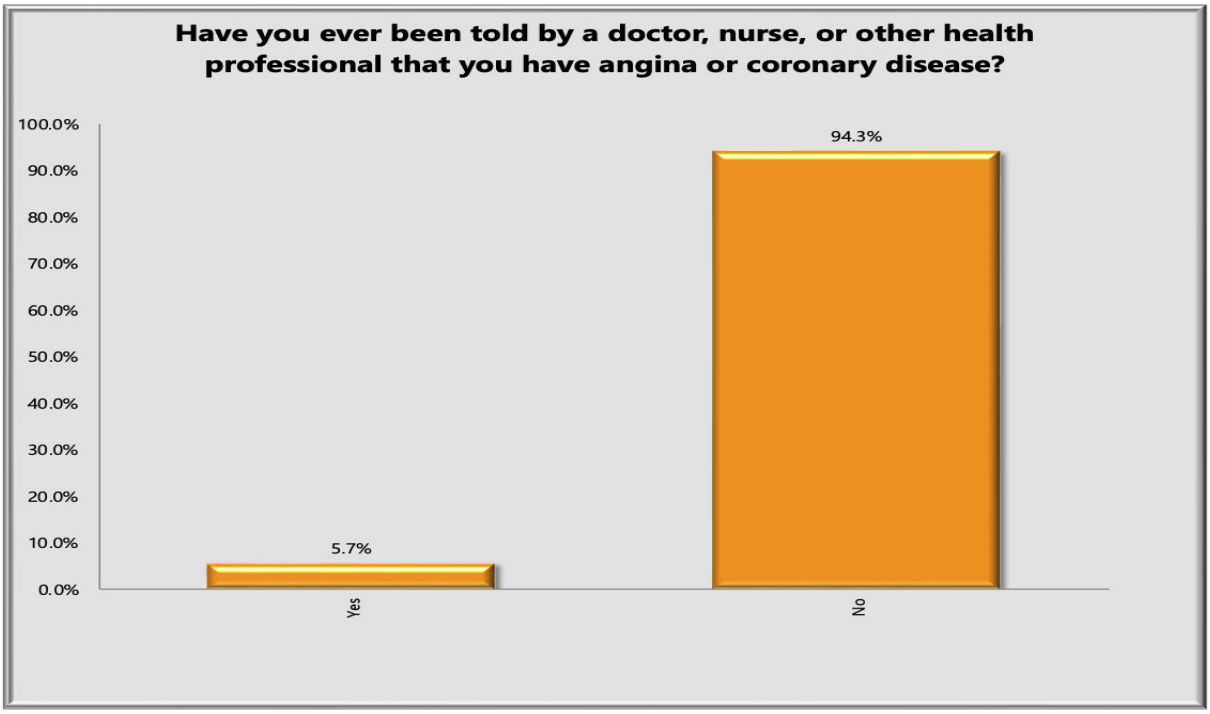

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in the nose?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
52.0%
47.4%
0.7%
Yes
No
Dont know / not sure

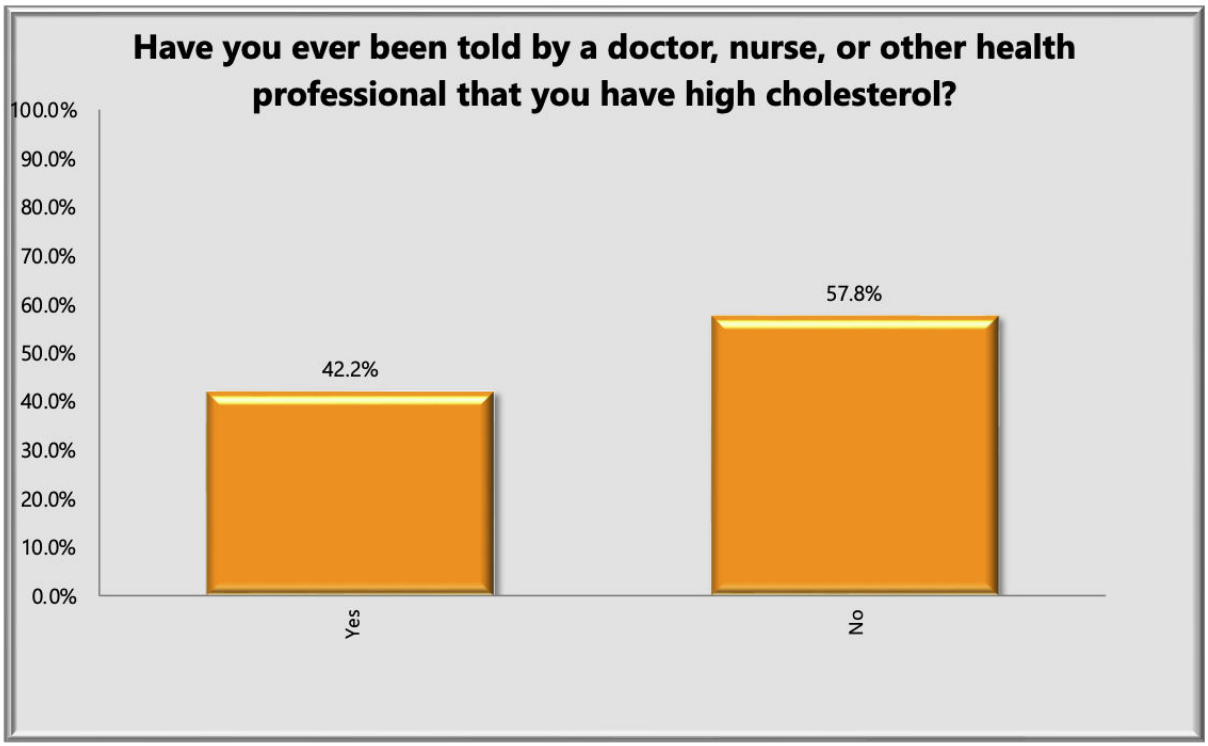

Have you ever been told by a doctor, nurse, or other health professional that you have anxiety disorder?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
36.2%
63.8%
Yes
No

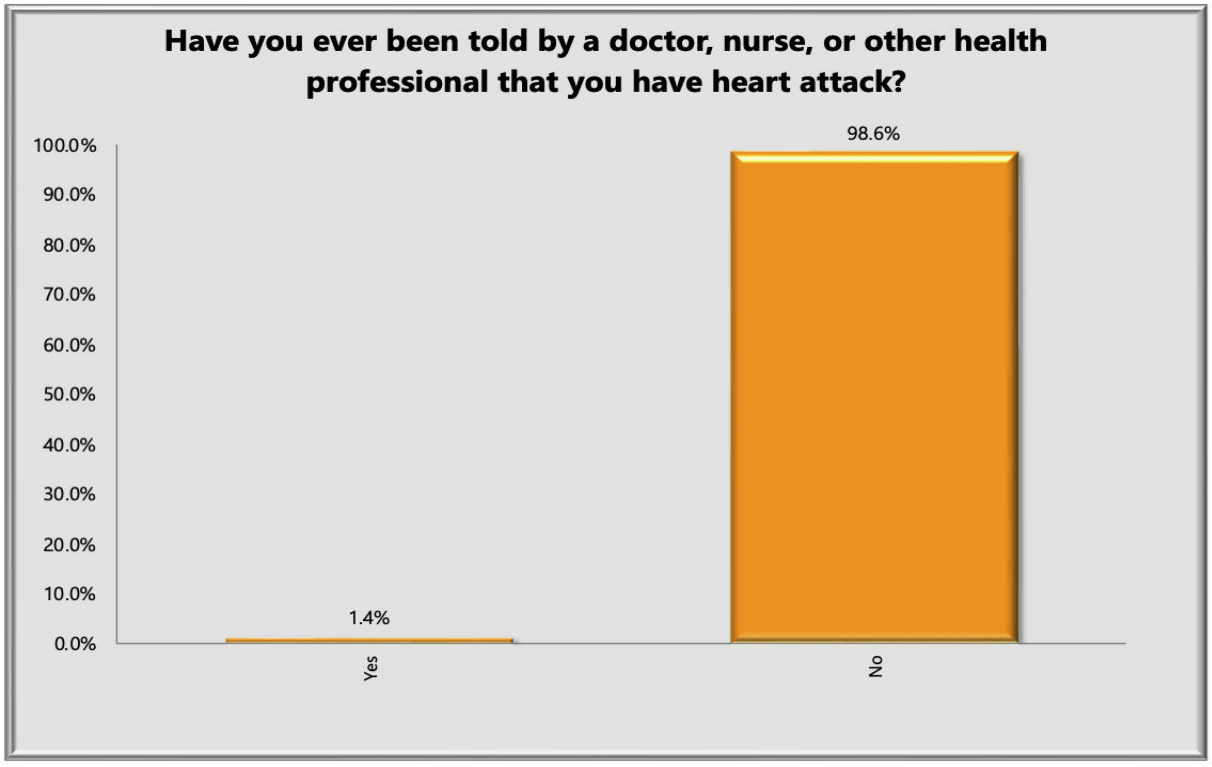

Have you ever been told by a doctor, nurse, or other health professional that you have depressive disorder?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
25.2%
74.8%
Yes
No

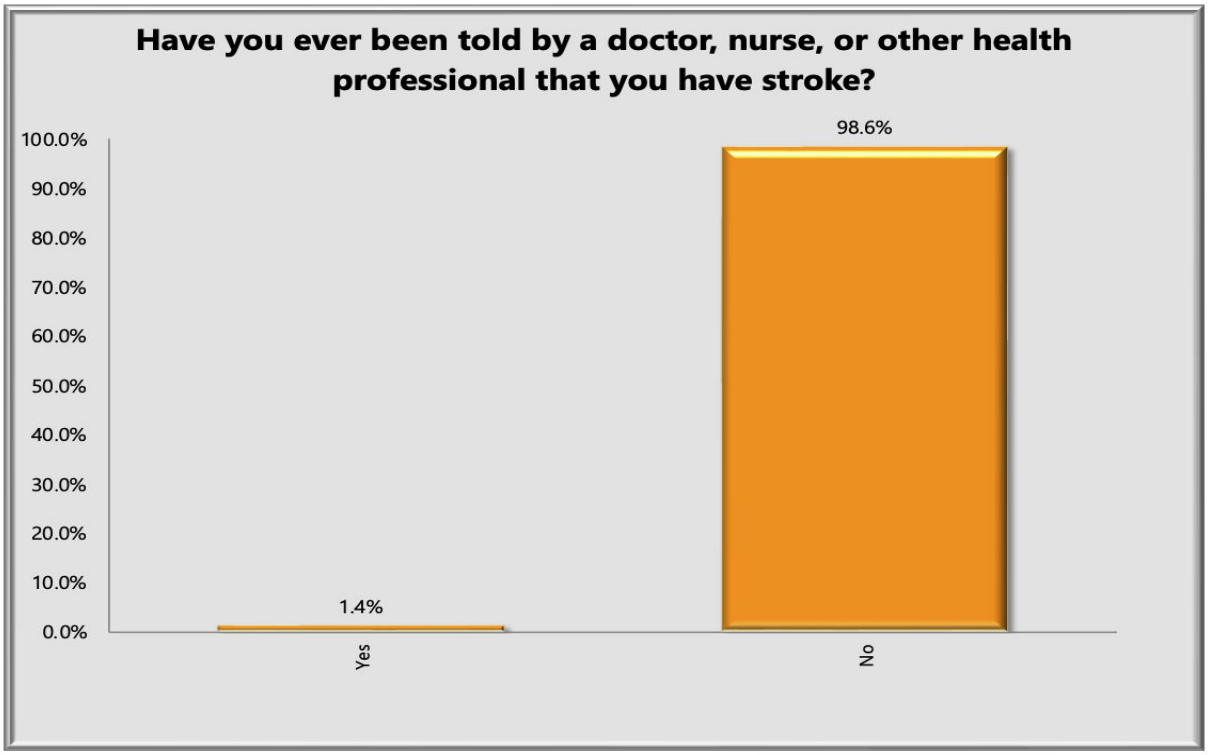

Have you ever been told by a doctor, nurse, or other health professional that you have asthma?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
20.6%
79.4%
Yes
No

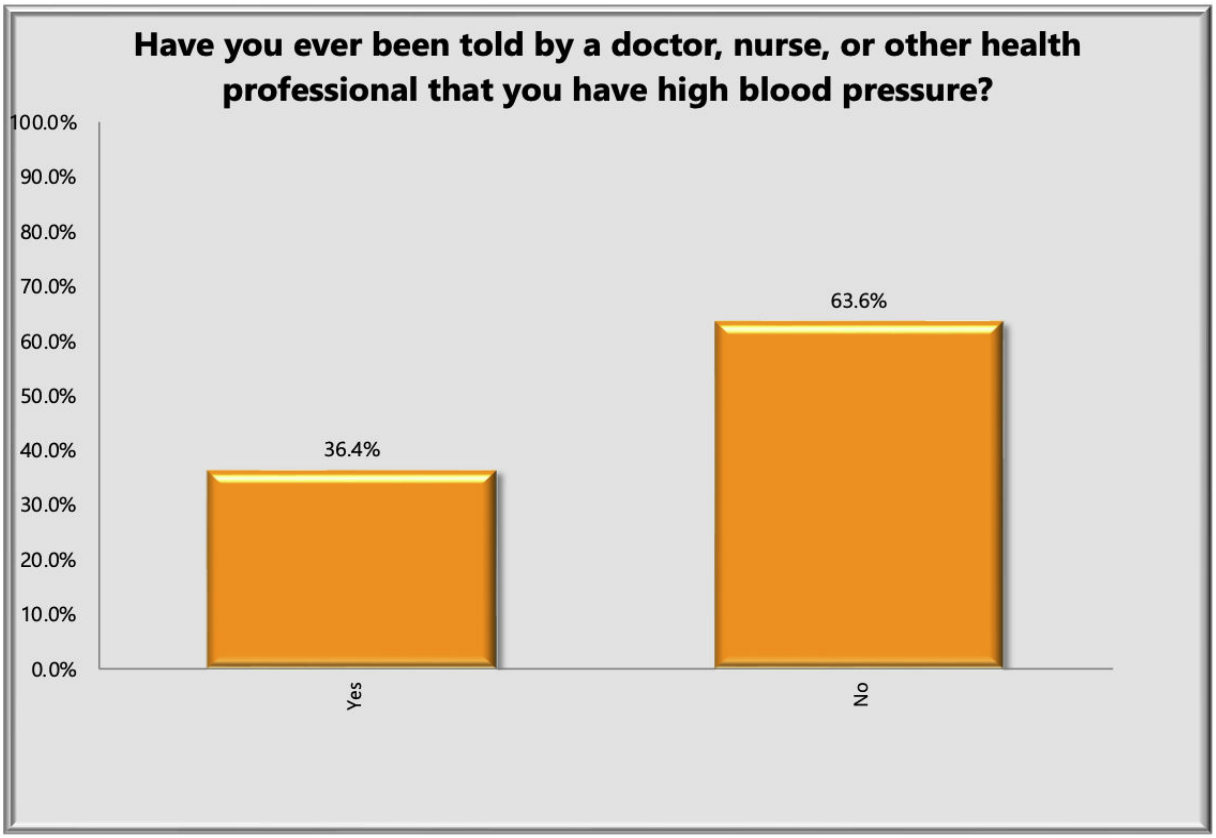

Have you ever been told by a doctor, nurse, or other health professional that you have cancer?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
16.9%
83.1%
Yes
No

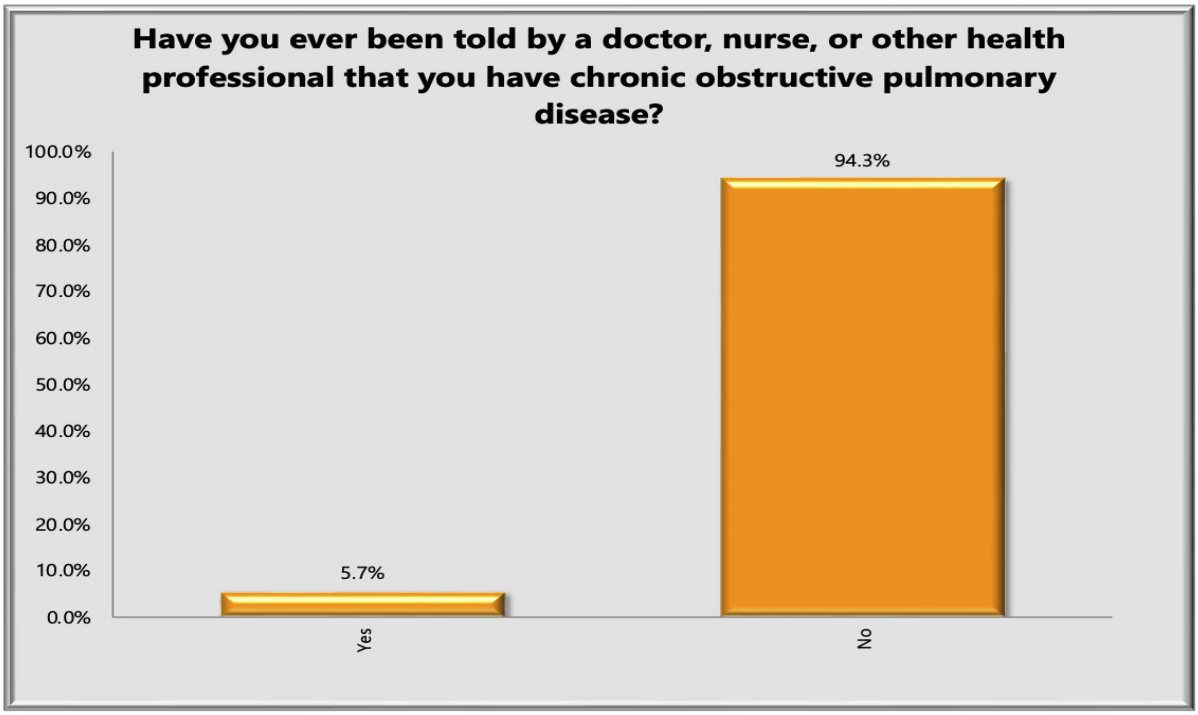

Have you ever been told by a doctor, nurse, or other health professional that you have angina or coronary disease?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
5.7%
94.3%
Yes
No

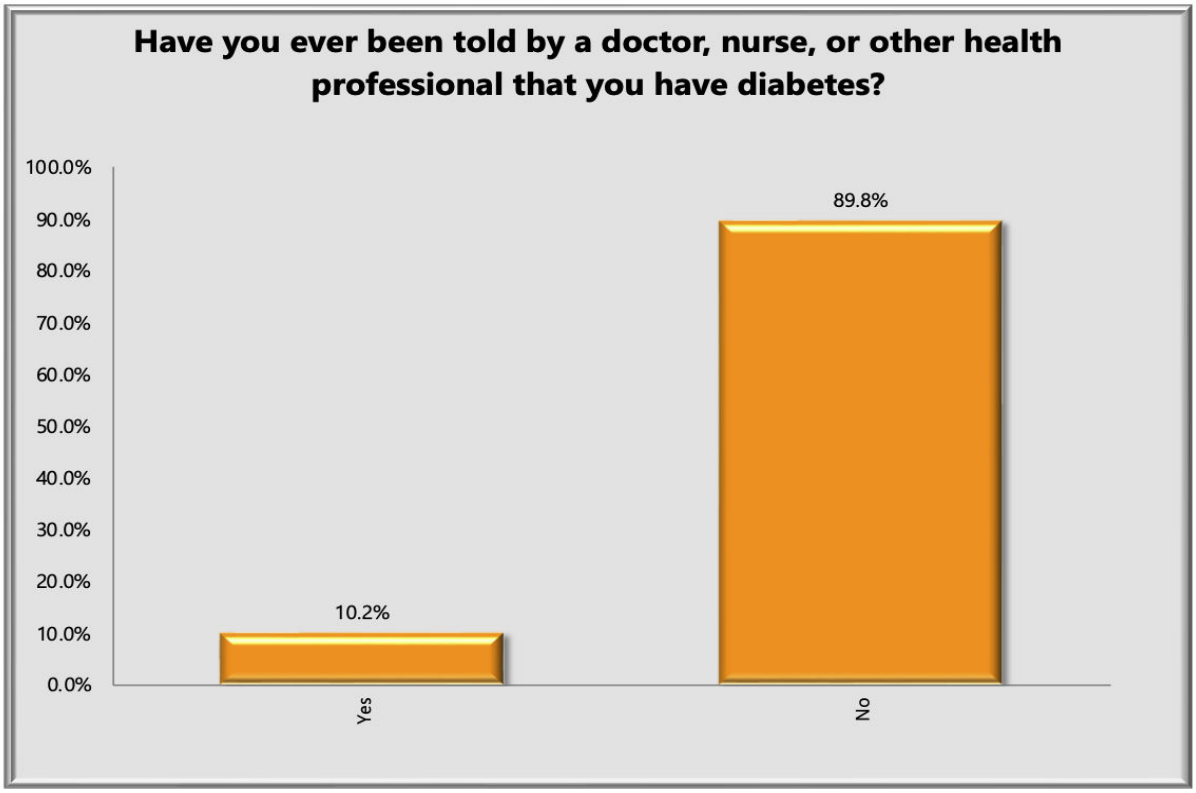

Have you ever been told by a doctor, nurse, or other health professional that you have high cholesterol?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
42.2%
57.8%
Yes
No

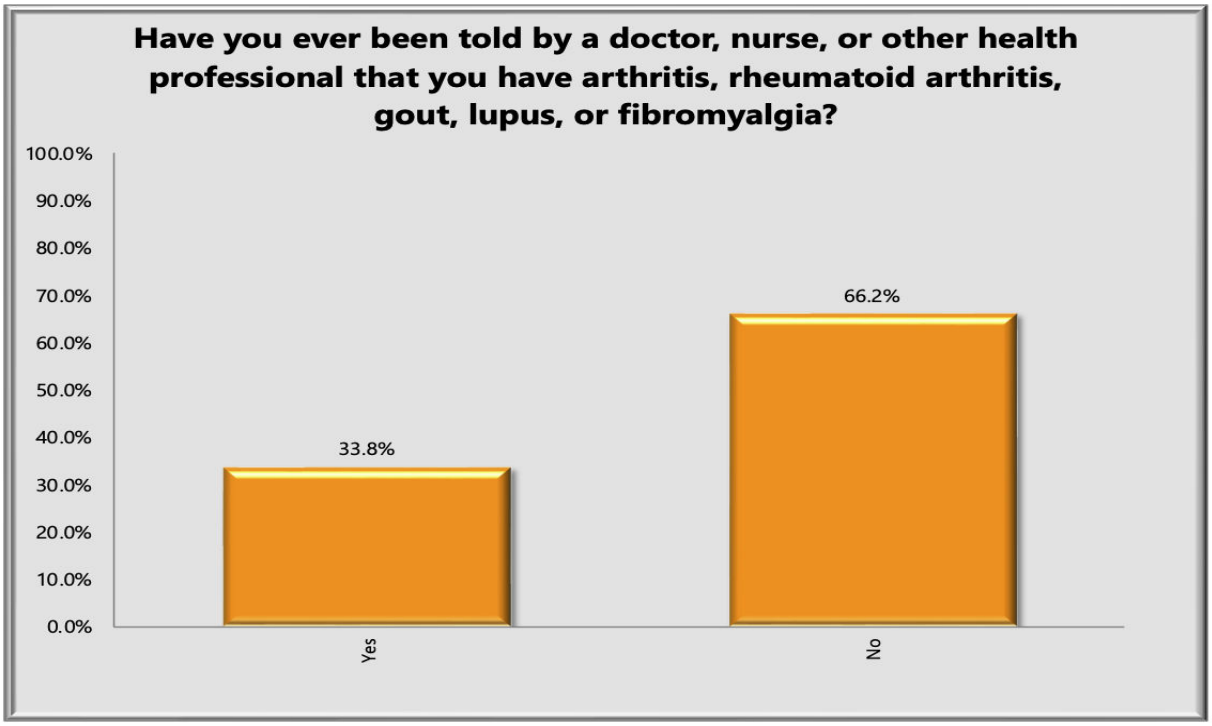

Have you ever been told by a doctor, nurse, or other health professional that you have heart attack?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.4%
98.6%
Yes
No

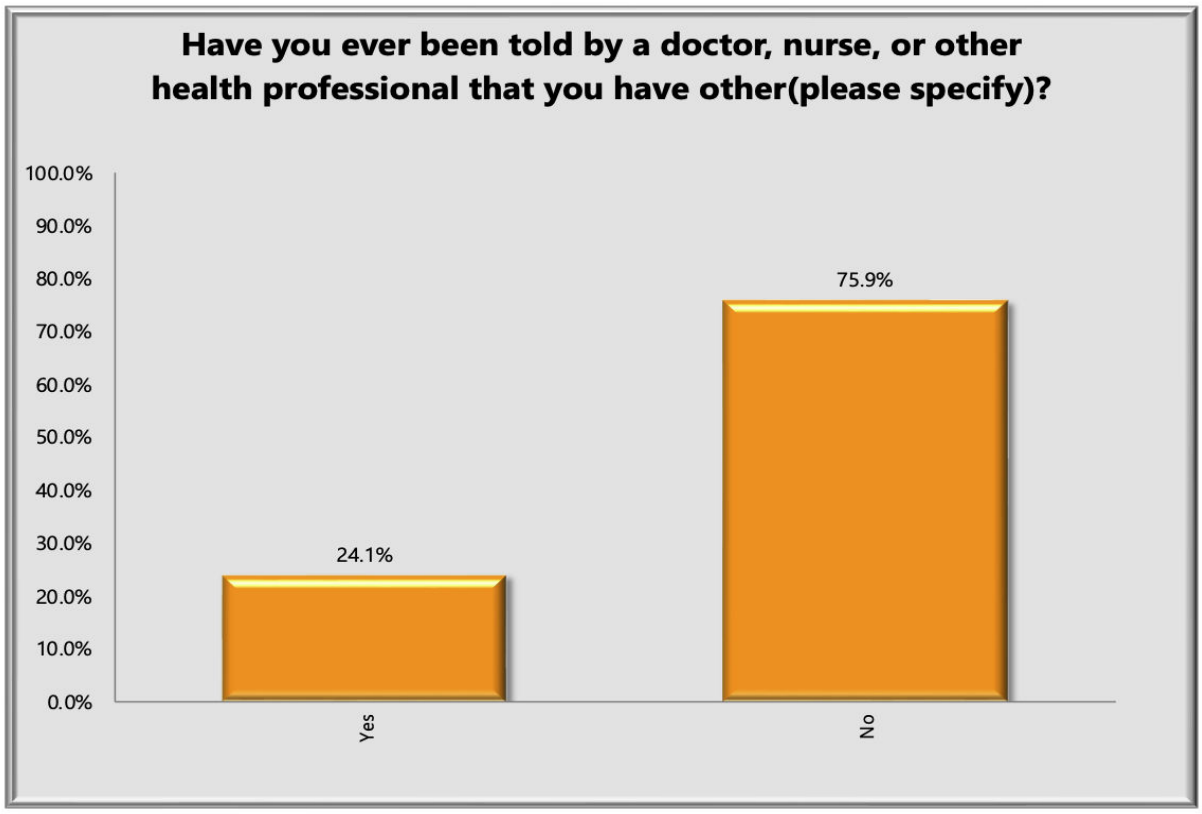

Have you ever been told by a doctor, nurse, or other health professional that you have stroke?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
98.6%
1.4%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
63.6%
36.4%
Yes
No

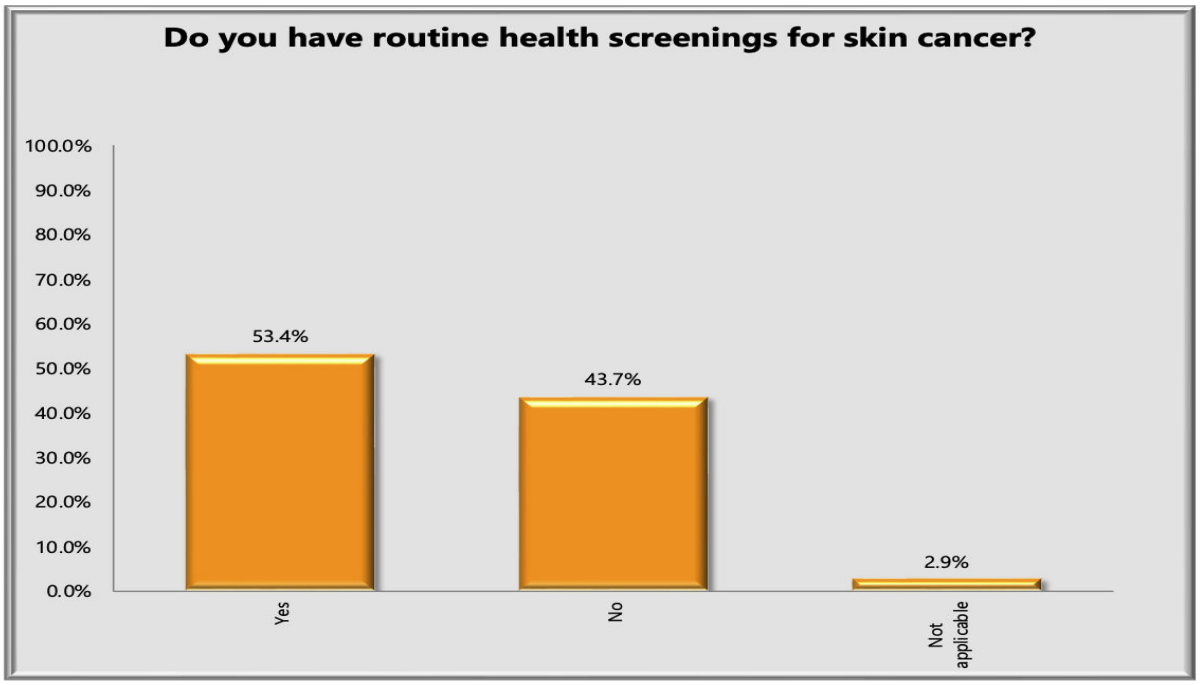

Have you ever been told by a doctor, nurse, or other health professional that you have chronic obstructive pulmonary disease?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
5.7%
94.3%
Yes
No

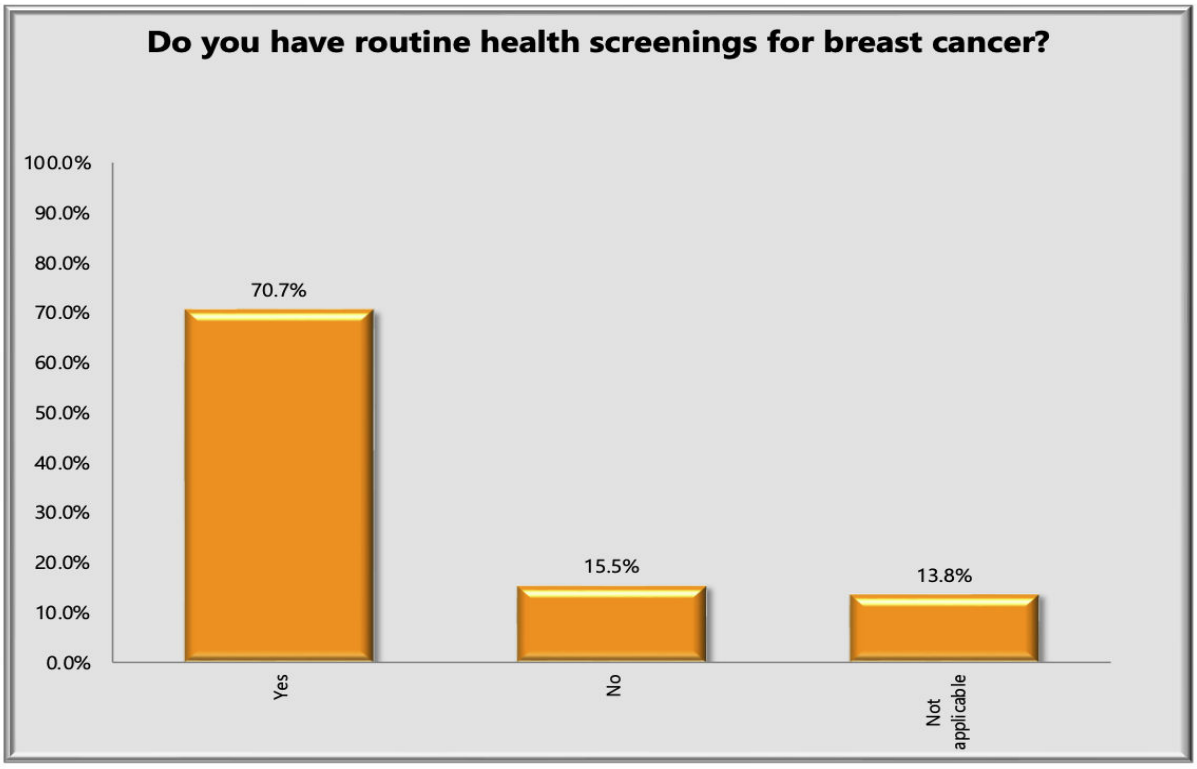

Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
10.2%
89.8%
Yes
No

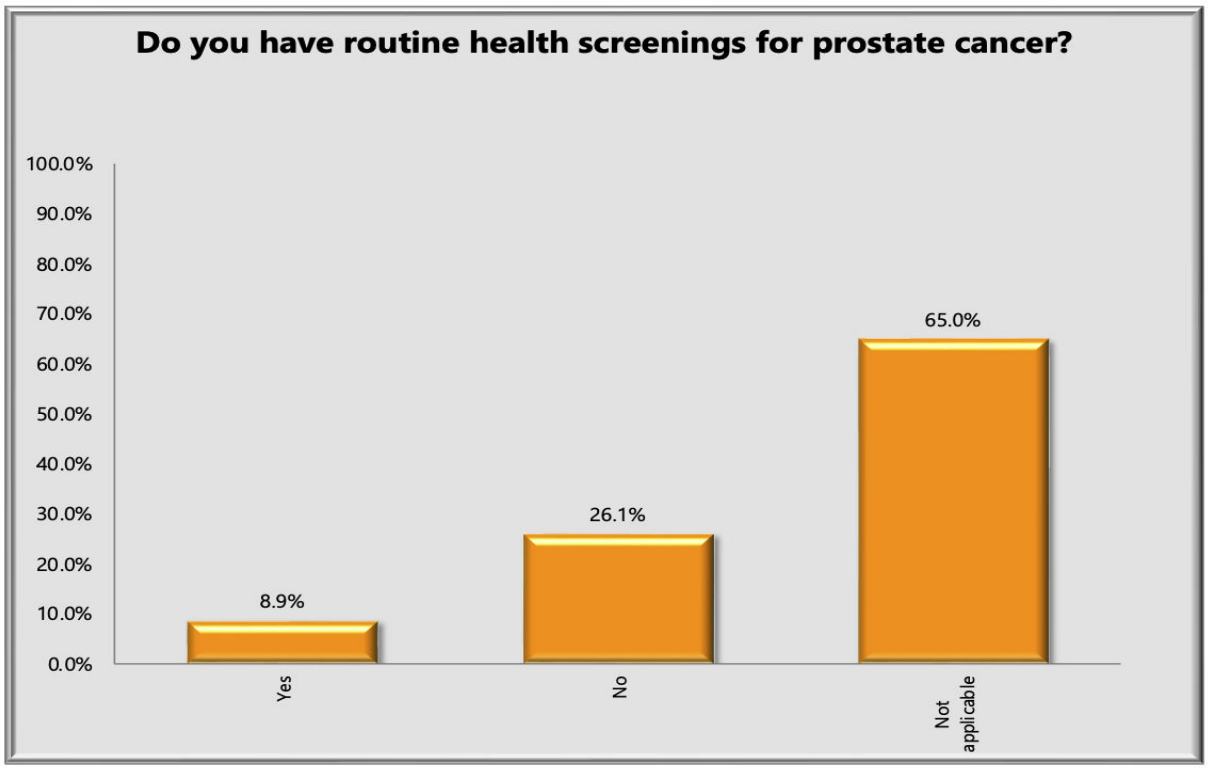

Have you ever been told by a doctor, nurse, or other health professional that you have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
33.8%
66.2%
Yes
No

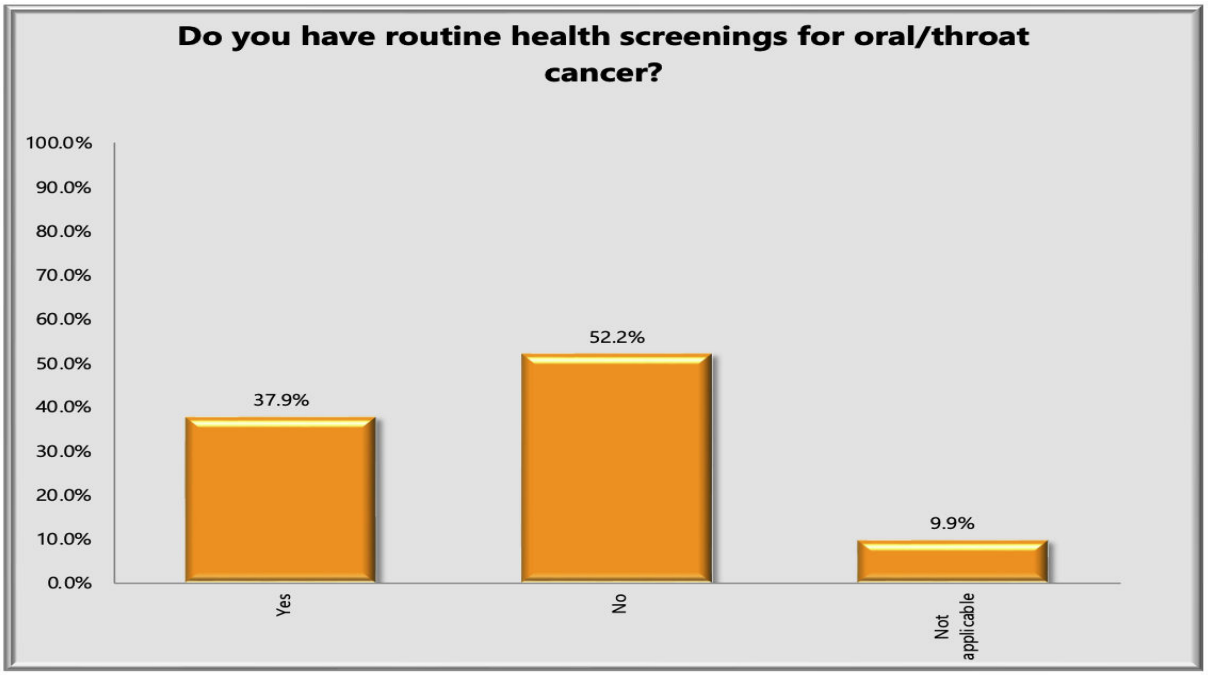

Have you ever been told by a doctor, nurse, or other health professional that you have other(please specify)?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
24.1%
75.9%
Yes
No

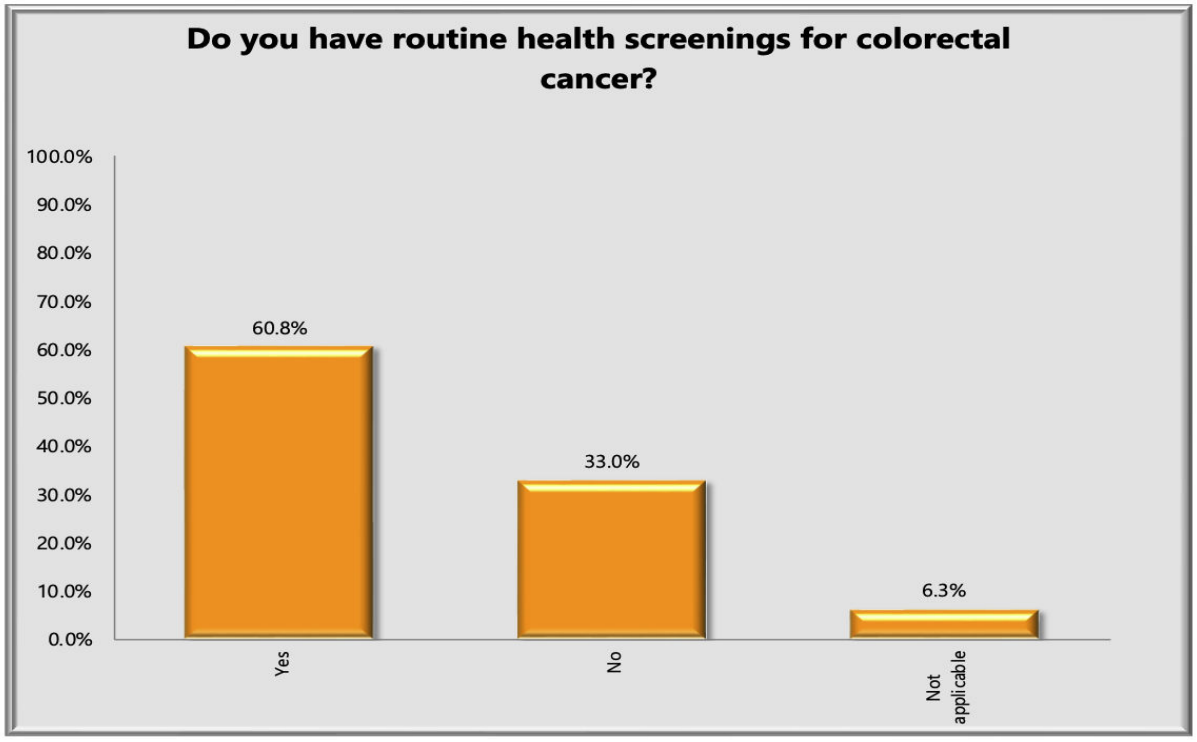
CANCER

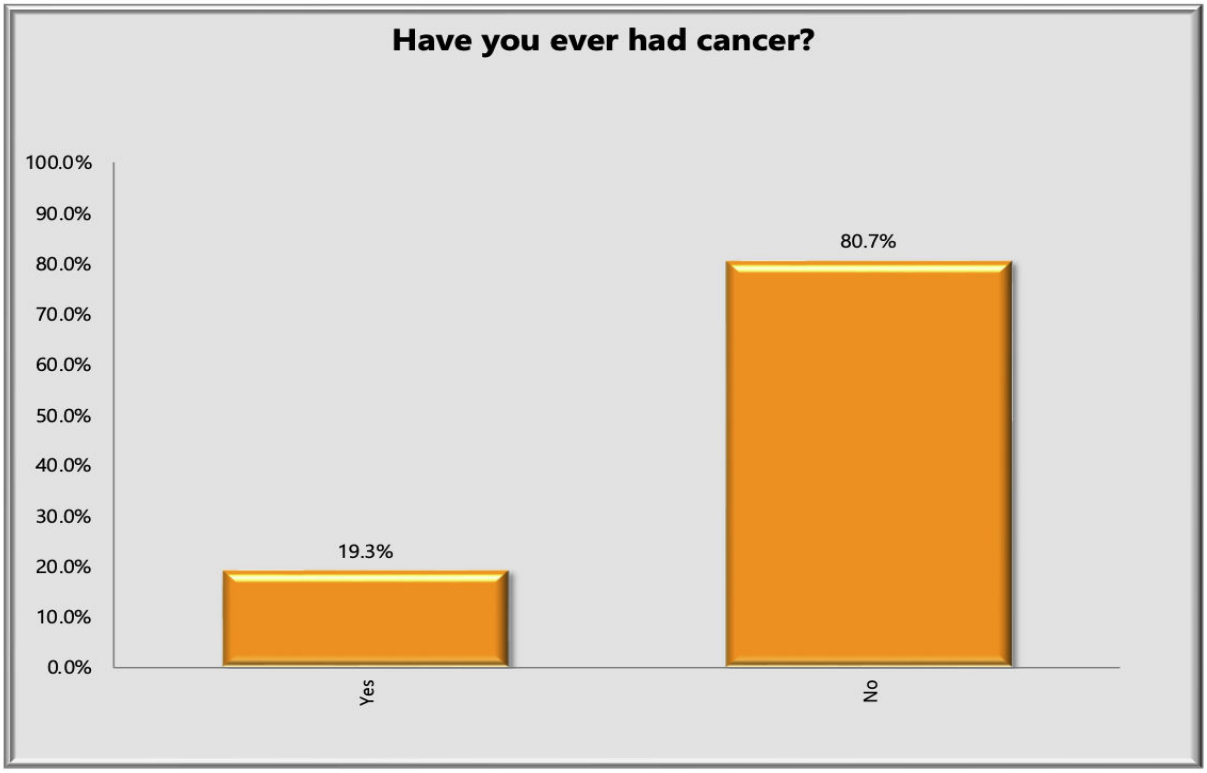

Do you have routine health screenings for skin cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
53.4%
43.7%
2.9%
Yes
No
Not applicable

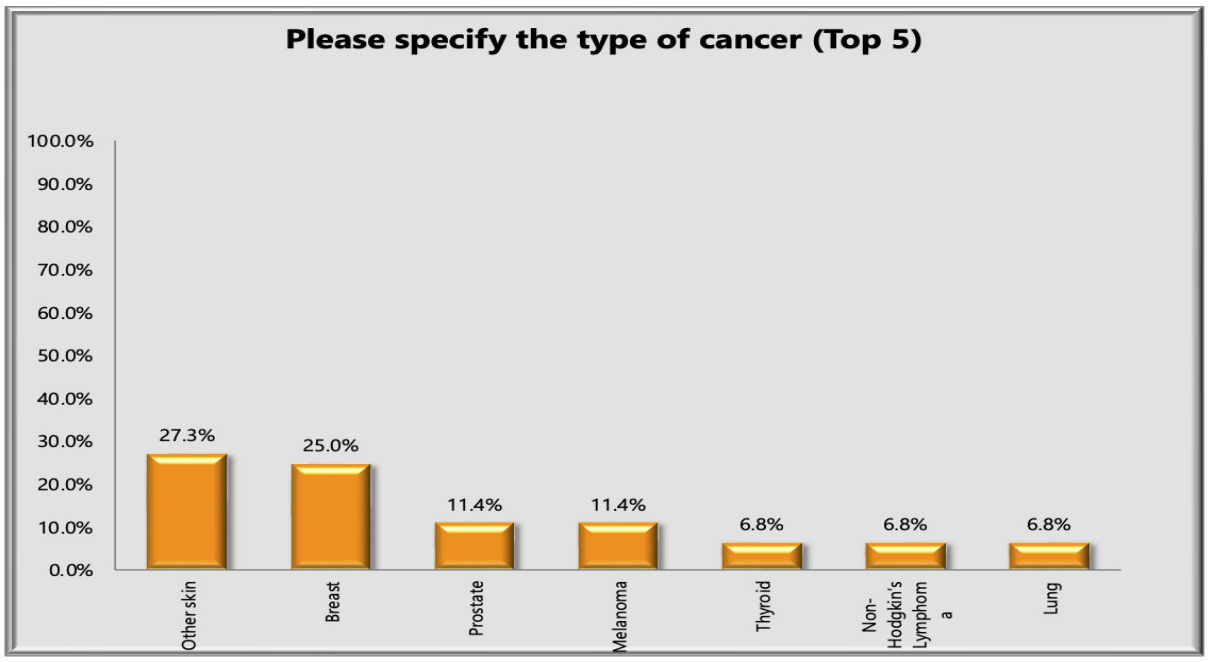

Do you have routine health screenings for breast cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
70.7%
15.5%
13.8%
Yes
No
Not applicable


Do you have routine health screenings for prostate cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
8.9%
26.1%
65.0%
Yes
No
Not applicable

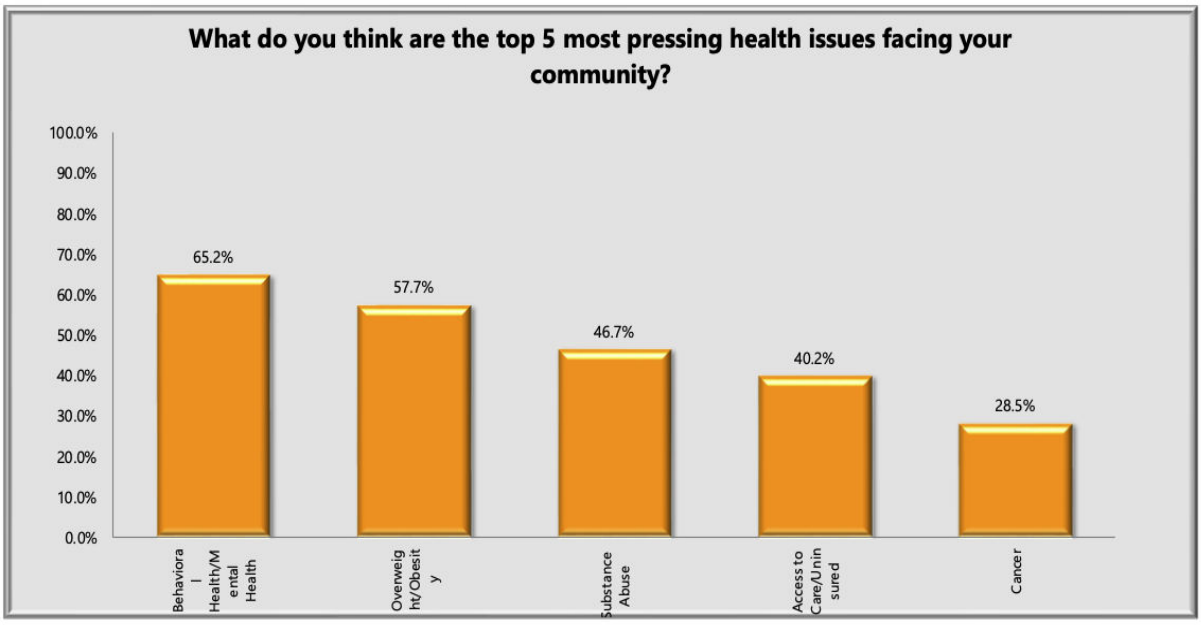

Do you have routine health screenings for oral/throat cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
37.9%
52.2%
9.9%
Yes
No
Not applicable

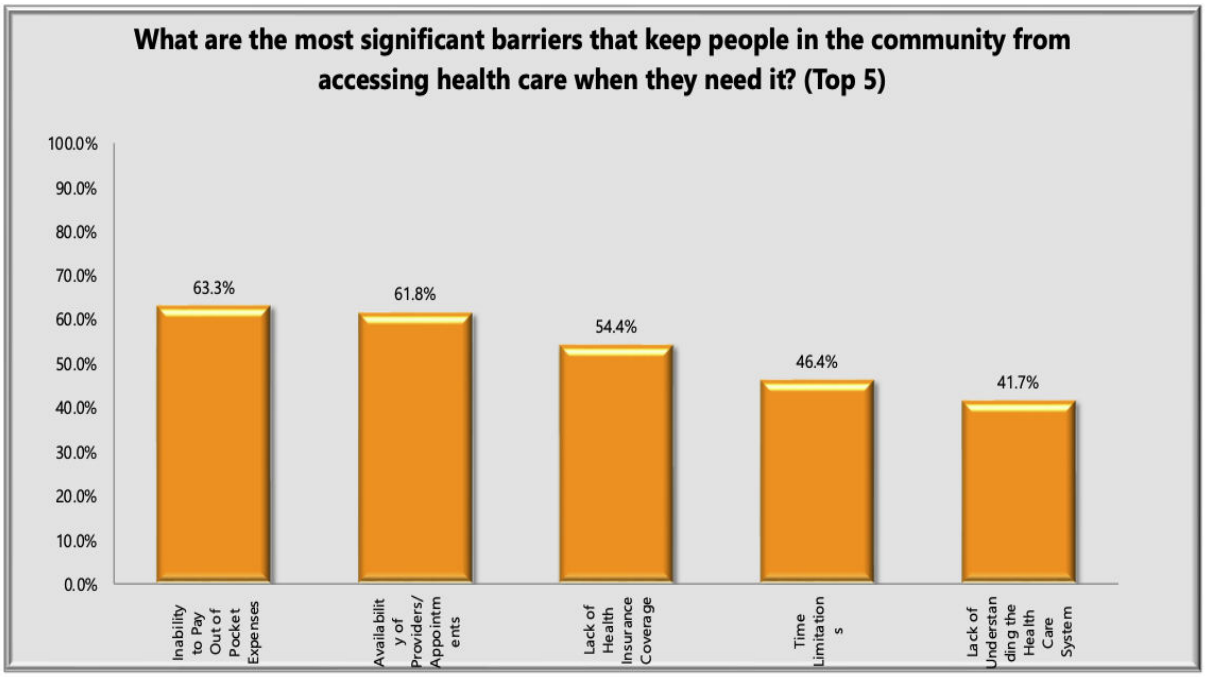

Do you have routine health screenings for colorectal cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
60.8%
33.0%
6.3%
Yes
No
Not applicable

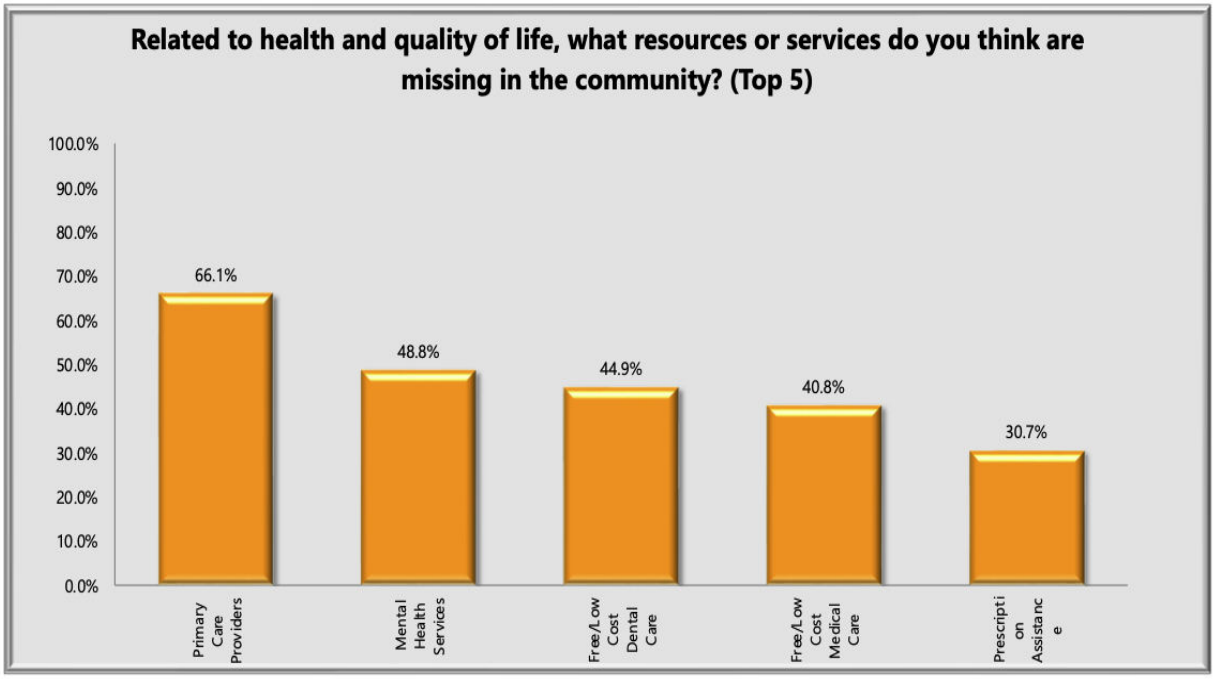

Have you ever had cancer?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
19.3%
80.7%
Yes
No



PRESSING ISSUES AND BARRIERS




What are the most significant barriers that keep people in the community from accessing health care when they need it? (Top 5)
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
63.3%
61.8%
54.4%
46.4%
41.7%
Inability to Pay Out of Pocket Expenses
Availability of Providers/ Appointments
Lack of Health Insurance Coverage
Time Limitations
Lack of Understanding the Health Care System


Related to health and quality of life, what resources or services do you think are missing in the community? (Top 5)
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
66.1%
48.8%
44.9%
40.8%
30.7%
Primary Care Providers
Mental Health Services
Free/Low Cost Dental Care
Free/Low Cost Medical Care
Prescription Assistance

VERBATIM COMMUNITY SURVEY COMMENTS What do you think is being done well in the community related to health?
Areas to walk
The services are there. They are not always easy to access due to a plethora of reasons but there is not a lack of health services overall in the Milford region.
Access to Hospital or Urgent Care is good. Understanding of which to use is not, education needed.
I think our hospital services have improved and the reputation of the hospital is excellent
Kennedy Community Health Center.
what is good is that these issues are being recognized and hopefully will find answers.
In Massachusetts, probably the mass health program
In Milford, health care is within a 10-minutes' drive for most residents. If a physician isn't available, I find Urgent Care facilities are more helpful than the ER.
We have local access to many good specialists. We don't have to drive to a major city to find good healthcare providers.
Urgent care centers
Milford Regional Hospital provides local emergency services, screenings, etc. it also employs some excellent staff and utilizes volunteer staff as well.
I believe there are plenty of agencies, organizations and groups who care about community health but the approach MUST be coordinated. We don't want to duplicate efforts
Trying to expand services.
The use of bilingual interpreters, information given to the community in different languages.
i feel that our community does a great job with seniors- we are struggling as we have an insecure public school system but our kids seem to be living in an insecure home setting and also language barriers exist- we need more counselors in schools to support the 'lost' children- and in turn teachers can remain functioning as teachers
At this hospital we are doing well pivoting to meet the needs of non-English speaking patients. Working with the state on how to provide services for these patients and on getting them the services they need and transportation to those services.
I think the Primary Care Physicians are doing their best. There are just so few of them. I think Franklin especially is taking care of the Migrant Population.
Urgent care - there has been a significant increase in Urgent Care centers in the area over the past several years and I believe this makes care easier to obtain for certain conditions when you are unable to get an appointment with your PCP.
Access to cancer care in the community is excellent with Dana Farber being right across the street from the hospital.
Personally, nothing. I work in a medical office that gets a lot of walk ins and patients that don't speak English and we don't have an employee who is bilingual or any tablets that can help is communicate with the patients. Yes, we have a phone but it's such a pain in the butt to get ahold of someone and then pass the phone back and forth and honestly I am grossed out by germs because of covid and stuff, and you can't have them on speaker because of HIPPA. It's not a good system we have.

VERBATIM COMMUNITY SURVEY COMMENTS
CHNA is amazing.
My personal experience is very good, and I am in good health. I do believe patents need to be more educated in nutrition and movement/exercise that would benefit them and be proactive to health issues. This needs to start at the PCP level and perhaps in the school systems, and community programs. I believe Massachusetts has a very good program in place with Mass Health; many states do not have this and there are other states where many patients go without health insurance/health care, mostly due to cost.
When you finally get a doctor or appointment - overall the quality of care you receive
Flu shot availability
There are Urgent Care Centers when patients need to be seen when their PCP's or lack of a PCP cannot fit them in timely.
I think having access to the urgent care centers have been a huge benefit to the community, instead of just relying on the emergency room.
Edward Kennedy Center
Keeping all of Milford Regional Medical Centers open and up and running for access for the community from the hospital, radiology, labs, physical therapy, providers offices etc. Its very helpful to have access in the community to these services so u don't have to travel to far or go into the city with lots of traffic and spend all day for one appt. Milford Regional Services are excellent services for this area. I've been in this area for over 20 years and this is one of the very reasons I stay, and now that I am getting older it's even a better reason to stay.
Nothing
Attempting to be available to those who speak a different language.
Caring health providers
New EMK center in terms of the varied services offered, but that being said
home health aids
Emergency services
Billing
The attempt to expand education about serving those with cognitive or developmental challenges
Nothing really sticks out
Edward Kennedy Center expansion. Adequate Urgent care availability
community health programs and seminars
Multiple office and locations of primary care and urgent care.
Not much. You have insurance yet limited to what can be done based on the insurance you have especially with the elders. Yet, illegal immigrants esp in MA, get free care and all the services they need. Not right! An elder with Parkinson should not have to pay $550/day for short term respite so 24/7 caregiver can have relief in order to reboot themselves. Not right! We've paid into Medicare/Soc Security/taxes all our lives and have to pay out of pocket for help. But illegal immigrants can get free healthcare with a cell phone added. Not right! Not even any tax relief for caregivers who keep their loved one at home instead of putting them in deplorable

VERBATIM COMMUNITY SURVEY COMMENTS
nursing homes. Not right! More focus on citizens especially elders needs to be improved, instead of putting heads in the sand and doing nothing for us!
Lots of information is available, but not enough qualified providers to implement the services.
The Michelle Obama healthy food act
The food pantries and help lines that people can utilize. There needs to be people that encourage those needing these services, especially if they don't have a good support system through family and friends.
NECares has provided me with person who is supportive and listens to me about how difficult it can be a primary caregiver to my spouse who has some dementia with Parkinson's Disease. Senior citizens NEED more help in general. We are in the process of moving out of state because Massachusetts is too expensive to live here in retirement.
More urgent care sites. Additions of NP's a PA's to practices.
We have access to urgent care and pharmacies. There are many doctors in town. Sr. Center is a good resource for health.
Health department services; Community health fares; Food Pantry; Senior Center Services
Honestly, I think the only safe space in my community is Edward Kennedy Community Health Center. Even at the hospital, my own mother was given Fentanyl UNNECESSARILY and coded when she was there for a stiff joint, and I have heard many other horror stories of the mistreatment of patients there. As far as specialists, Northeast Health Services has been a God send for mental health, considering their communicative staff and wide array of services, and we need a LOT more places like this.
Food Pantry meets the needs of many in town- also serves as referral for other services
Wonderful care is available if you know how to access it
Local specialists available from UMass and Brigham. Having Dana-Farber locally. Kennedy Center.
The Providers and facilities within our community are fantastic and they all do their best. I have seen some Providers working extra to accommodate the patient volume. To alleviate some of the patient flow in Urgent Cares/Clinic environments, if at all possible, open a few more locations to support the community. It is my opinion, through observation, that PCP's and Family Medicine is a difficult to obtain appointments. The community would benefit from more PCP/Fam Med locations as the current (that I know of) may be overwhelmed or unable to take new patients. Through observation, it is my opinion that a PCP/IMP spends 20-30% of their workweek on documentation, which I understand it is imperative. However, review of the process and methods for such documentation may prove beneficial if it could be simplified (again, if at all possible). This will allow more time for first-hand patient care.
I think the bike and walking paths that are getting funded from the state are helpful, but could be safer. the bikeways in the roadways are encouraging more people to ride bicycles.
By Milford hospital? Not much
Urgent cares are useful, lab Access is great, Dana Farber is fantastic.
The Edward M. Kennedy Center offers medical and dental care to everyone and has interpreters for immigrants as well as social workers to help people get insurance.

VERBATIM COMMUNITY SURVEY COMMENTS
We are providing great service to those who don't have any problems accessing it.
After you get into the system it runs smoothly. The trick is getting into the system.
The expansion of the Edward Kennedy center is helpful to the immigrant community
I think with the resources available; the community has access to all things related to their health. More primary care providers are needed.
Hospital has a good rating. But I cannot take advantage of this hospital as my current insurance policy is not accepted. I moved here from the North Shore, and my policy was not tax effective in this location as it was in the North Shore. I will be changing my policy in the next round in January
The opening of more urgent care centers. Nothing
Grateful to have an excellent hospital in my hometown.
Emergency services are excellent
It is very helpful having the hospital with all its services available.
I live close to Milford Hospital
I have found less wait times at urgent care. Probably because everyone uses the hospital.
I don't think anything in particular is being done from my standpoint. The lack of language communication is terrible. I don't know how that can be remedied.
I think local health departments do an excellent job of communicating with their residents and providing needed services. I feel fortunate to live close to Milford hospital and Reliant medical where my primary care nurse practitioner is located.
Outstanding care in the MRMC ER
Not a lot! Very little community outreach for anything, except through the Senior Centers.
Facilities are available
We're very lucky to have good medical services in this community. We need a more caring and understanding for in hospital care for mental illness.
Having a local hospital and an Urgent Care office are great. Especially, for after hours.
I think that there is less stigma around mental health through education and awareness and that is incredibly positive.
MRMC inpatient services, ED, day surgery, lab/radiology, several urgent care centers, several eye care and dental practices
Compassionate responses to mental/behavioral health crises is a top priority of healthcare and law enforcement.
Existence of acute care facilities
With MRMC here in town, we have a large physician presence. We also have the Kennedy Clinic and free public transportation. Vaccines are available not just in clinics but in Walgreens and CVS. MRMC, in my opinion, does a great job. A bit understaffed sometimes since Covid.
New bike/walking paths
The healthcare workers are always doing their best for their patients.

VERBATIM COMMUNITY SURVEY COMMENTS
Location of medical services is very accessible- many medical specialties are nearby, precluding a trip into Worcester or Boston. Milford Regional Medical Center provides quality medical care and follow up. Many urgent care facilities are available.
Nothing
Access in town to emergency services or urgent care.
More community resources than many places have currently.
Hiring more PCP
Having a cancer center in town. Having a local hospital. Having an urgent care clinic in town. Having pharmacies able to give out vaccine shots.
I believe Milford does try to keep community informed
Great hospital and cancer center Food pantry/s Police awareness of mental health concerns Public recreation areas and pools Charles River Rail Trail Senior Citizen Center programs Milford Youth Center programs frequent mosquito spraying
Various church / other outreach programs, food collection, pantry, winter homeless shelters, after school and summer food programs for kids
Prescence of Minute Clinics. Milford Regional Hospital has an excellent clinic.
MRMC appears to be a very well-run hospital. Staff is always approachable and supportive.
PA's rock
Excellent health resources
Kennedy Health Center urgent care centers
Access to medical services, communication and cooperation between medical professionals and institutions.
Milford Regional Hospital serves our basic needs very well. There appears to be ample medical specialists in the area.
Encouraging walking and Community connections.
Access to the cancer center. Hospital facilities. Urgent care centers
Willingness to ask what is missing.
Access to basic care.
Providing health care services for undocumented at the cost of those who pay!
Access - Milford Regional & MRPG have sites available throughout the area.
I am glad that the Edward Kennedy center moved to a larger building, where i hope more ppl are going to for care. I know a lot of people that do not have a primary care Dr or cannot afford to pay for health insurance go there for care.
Some community outreach
Most of doctors, nurses and staff are doing a good job. Some don't seem like they care or are burnt out. In general they are doing the best they can under the weight of the health care system.
We have modern facilities, advanced technology and an eclectic and broad pool of well-educated and highly capable and collaborative providers in the area.
Seem to have decent amount of mental health services

VERBATIM COMMUNITY SURVEY COMMENTS
Good that there are several well-staffed and accessible urgent care sites.
Hospital and other medical and dental services are available near my home.
EXPANDING MEDICAL SERVICES AND OFFICES
We have good facilities. Now they need to be staffed.
EMK is a valuable resource in our community. Urgent cares accepting mass health will be huge. But we need more PCPs.
Specialty physicians, Minute clinics ,Hospitalists.
Maintaining high quality of care at Milford Hospital and high ratings.
Giving people clarification about their health issues. MassHealth has also been a huge help for patients that can't afford care.
Transportation available to/from medical appointments. Public Health Nurse and the nurse at the senior center for outreach, education and to assure vaccines are available. Having a high-quality hospital (MRMC) that is very community focused, has great ortho, surgical, ID, cardiology, neurology and having Dana Farber right there.
Not much
Food pantry in the communities
A number of great walk in clinics have opened in our town that allow a quick service for non ER type of illnesses.
Connecting to more specialized providers from city hospitals
nothing
Expansion of the Edward M Kennedy Center
We have recently voted for six more paramedics. This was partly due to the mutual aide situation in Bellingham, Franklin and Medway.
I think we have a wonderful hospital for inpatient as well as outpatient services. We also have a great ED, but we need to make some changes to the ED in the area of mental health services.
I think Milford Hospital is the best !! Always excellent care - professional, friendly and very knowledgeable employees! Very fortunate to have the hospital and Dana Farber on our community!
Not sure
PFAC looks at patient needs and attempts to set goals to meet needs.
MassHealth and Medicare have many services that are provided at low or no cost for many people in MA; this is not the case in other states.
Police dept. has mental health professionals that will go on calls with officers. I think this is forward thinking and proactive.
I don't know
Offering free flu shots
EMK AND CLINICS...THEY ARE GREAT BUT NEED TO BE AVERTISED MORE TO THE RIGHT DEMOGRAPHICS TO HELP WITH ED VISITS
There are a lot of urgent care facilities that are fairly easy to get care at
Good amounts of medical facilities and primary care doctors

VERBATIM COMMUNITY SURVEY COMMENTS
Not much
Access to the hospital
Lack of primary care women doctors at Milford Hospital
We have state of the art facilities and good doctors.
Milford presently has a good hospital. However, limited specialty services beyond the ED results in frequent referrals to UMASS for specialized care. This requires a trip/trips to Worcester now. We presently have a good array of medical providers in and around Milford, related to MRMC. As focus shifts more to UMASS, I fear we may gradually lose these Milford-area providers' offices.
I have enjoyed the partnership between MGH Brigham and Milford Regional. I disappointed this will be changing to UMass.
Honestly, not much
Milford Hospital is an excellent health care facility
Nothing in particular comes to mind.
The quality of care is excellent on the whole. In my personal experience I've had nothing but good, positive interactions with providers
There is an availability of urgent care, but I fear there will soon be longer wait times and less availability to see providers due to certain health systems in the state going bankrupt. Access to timely care will be delayed if this happens.
Telehealth option
Focusing on health in the community as an example this survey
We live in an area that has access to a number of of health care facilities nearby.
Expansion of quality specialty health services in the area. Excellent medical center
Our PCP's that we have presently are fantastic (and overwhelmed in all honesty). The ER provides excellent care to our community.
We have an engaged health department.
Education
When I can find a provider, healthcare is exceptional
Food pantry Senior transportation
The fact that we have Milford Regional Medical Center and Urgent Care facilities near by.
Mass health is wonderful and helps many people on the lower income scale
Great medical facility at MRMC
No pain No gain, troubles find their way in your heart beat.
Access to care and information readily available.
Nothing right now.
There are lots of health care services available.
Food service for the elderly, i.e., Meals on Wheels Ambulance/EMT responses to acute crises
There are more satellite sites for health care now
Do not know

VERBATIM COMMUNITY SURVEY COMMENTS
The Greater Boston area has some of the world's leading experts but there aren't enough primary care doctors. There is also too much information for the doctor to absorb for each patient. I look forward to greater artificial intelligence to help doctors make diagnosis and keep on top of the latest knowledge. Also care is too expensive even if you have health insurance. Appointments are too hard to get and take too long to happen.
MILFORD HOSPITAL HAS BEEN A GREAT SOURCE OF SUPPORT FOR HEALTH ISSUES ESPECIALLY TO OUR SENIOR CITIZENS, PARENTS WITH YOUNG CHILDREN ESPECIALLLY, AND MOST DOCTORS ARE NOT AVAILABLE THEY LET YOU SEE THEIR PRIMARY CARE ASSISTANTS USUALLY. HOWEVER AT DANA FARBER I HAVE A NEW ONCOLOGIST, DR SINCLAIR WHO HAS BEEN MOST RELIABLE.
I'm not familiar with efforts to improve health services
Not really sure
Centers such as the Kennedy Health Center.
Provide a wide variety of diagnostic and varied health services all in one or multiple close locations relative to the hospitals main campus.
For me, I have access to several types of providers
Helping those in need.
What is the most important thing, positive or negative, impacting your personal health currently?
Taking care of myself
Access to exercise
Depressive disorder. Lack of community. Late stage capitalism.
Sometimes I can't always get an appointment with my primary care MD for a pop up medical condition. I've used urgent care a few times, mostly for covid care. When I went (South Main in Milford) the last time, the OOP expense and amount charged to my insurance at urgent care was EXORBITANT!!! Will NEVER do that again!!! My MD tried to get the price lowered, saying 'urgent care' was an extension of her practice which could not accommodate me (or was told by her office staff that they could not...!) and the urgent care clinic refused to make a change. If their prices are that high, I plan to NEVER use the facility again! I made sure ALL my friends are aware of the 'hidden costs' for urgent care use. They charged my insurance $300+ to remove a piece of cotton from my ear and I believe I spent about $150-$165 OOP because I could not see my MD. Plus there was an office visit charge (to my insurer) and on top of that, I paid a co-pay for my office visit to urgent care.
Access to doctors—positive
Aging
Understanding aging…
Positive: my access to health care services.
Nothing today
Arthritis....
COPD

VERBATIM COMMUNITY SURVEY COMMENTS
In Milford or nearby communities, Primary Care physicians are limited. At 86 years young, I find hearing loss and arthritis are sometimes problematic. I have stage 3 kidney disease but I feel fortunate to have a kidney disease specialist within a 5-minute drive from my home. So far, only an annual appointment is needed.
The biggest problem for myself is the extremely long wait times in the Emergency Room. Too many patients and too little staff to attend to them. I have found that the ER staff (physicians and nurses) work really hard to get to everyone, but, I have seen frustration from them which has left me wondering about the quality of care that family member or I was receiving. My husband was a ER patient and needed to prep for an emergency colonoscopy and was not put in a room with a private bathroom. He was given a commode and half sheet Kleenex to wipe himself. That was disrespectful and disgusting to put a sick person through that. I did complain and the nurse at the time told me they were 'overworked'. Very unprofessional statement to tell a patient. What exactly did he think we were supposed to do??....
Good health insurance
In relatively good health and shape
Nothing at present
Mental health and anxiety
Fewer PCPs
Mobility, constant pain, (full body Rheumatoid Arthritis), inability to make plans with family or friends because I never know what tomorrow will bring pain-wise. Constant fear of condition getting worse and ending up on disability.
Stress and sleep quality
Out of pocket payments for certain tests.
I feel I'm in a great place- I have a great support with my primary and supportive work environment and my family is always there for me
Nothing
Waiting for a new PCP appointment
I feel that I have wonderful Providers.
High costs of care related to deductibles, co-pays.
I'm very fortunate that I have access to health insurance, medical providers, and good health. That being said, health costs are through the roof.
Being so busy with work and 3 school aged kids, it is difficult to find enough time to workout, eat healthy and get enough sleep most days.
I am very stressed out with my job. I feel like there are so many office politics and we don't work well as a team. Our manager is barely in our office and it's kind of a toxic environment. Everyone does things different and when things are communicated sometimes it comes off as condescending.
I have no access to obtain a primary care physician. I think my health is very good, but I have no ability to be screened for anything outside of women's health.
Regular exercise and better eating habits.
I have excellent care from all of my providers. That speaks for me being 90 years old.

VERBATIM COMMUNITY SURVEY COMMENTS
Time (not enough!)
Regular exercise
Heart issue
I am fortunate to have health insurance, this impacts me positively.
Pharmacy delays and mistakes.
Not being able to be seen after I work. I work a 8-4 job. I had to leave my primary care because they don't see anyone after 3pm. I can't make it there in time. I can't take off work. Other times I can't get an appointment 2 or more months out. I am 25, I can't get a sleep study till November. I booked in June. I am already not taking care of my health. I can't afford to not work. I can't get into seeing a therapist, I've been a wait list.
I have a concierge physician that pay privately for.
As an empty nester, I am less stressed, now that the kids are grown and doing well in their careers/life. The reduced stress makes a big difference and the additional time to cook better and exercise is wonderful. My husband does have orthopedic issues and arthritis, I'm not always able to do as much as I'd like physically due to his limitations. His health and pending knee replacements can cause me some stress and anxiety.
Bias against being overweight
One has to take control over the choices they make on a daily basis toward being a healthy individual and self-advocate more often than not to that end.
Willpower
I am recovering from Covid, which irritated Asthma. I have access to the medications I need though and can reach out to my providers if needed.
Trying to find PCP
Days can be stressful with working 40 plus hours in a health care setting, but I love my job and helping people is my number 1
Inflation and increasing costs of access, without a rise in income
My mental health is impacted by the amount of responsibilities I have, but I'm not really able to change anything with work because I need insurance, and any job that would lessen my anxiety does not have insurance.
Length of time to get an appt for a specialist appt
Old age
I need to find a medication that will work for my ailments. Maybe I could take some time off work and get my hernia fixed.... Why does my urologist like to check my prostate every single time I see him? Dentist give me anxiety and I have a bunch of bad teeth I need fixed, knock me out and fix them.
I have a very strong family support and great doctors
The ability to eat no seed oils, high protein, lists of water intake, and understand genetic mutations prior to accepting vaccines and medications
Positive: medical providers who listen to me, validate, and believe me Negative: gaslighting from medical providers, lack of transportation, lack of provider's availability for appointments

VERBATIM COMMUNITY SURVEY COMMENTS
Nothing. I have good access to specialty care in Boston
I am educated on proper nutrition and have the means to buy healthy foods I exercise daily
the inability to make appts within a reasonable time frame
Impact of stress and lack of time for self-care.
Lack of having respite care for my family member that I take care of with Parkinson and dementia that doesn't cost $550/day.
Lack of trust in the medical community. Too many NP and PA are practicing, and they do not have the expertise to make the necessary decisions.
Racism
The overall lack of trust in our government, bipartisanship In both local state and federal government and uncertainty of the near future. I am currently on mass health due to my income. It works wonderfully for me, but not certain how long it will last for myself and others.
PCP can't make a diagnosis. Constantly referring to all sorts of other doctors. None worth the added costs and time!
Finding affordable and dependable home health care for seniors. The burden and expense of being a senior primary heath caregiver is driving us out of the state we were born in and worked and lived in all our lives. Senior care issues were basically ignored in your survey as well. Do you get the point? Your survey is biased toward immigrants.
Trying to stay fit and eat healthy as I age.
My aging, and many of my doctors whom I liked are retiring.
Rheumatoid Arthritis
Eating organic and taking organic supplements
WE NEED HUMANITY IN HUMAN SERVICES - I have spoken to TOO MANY health care 'professionals' who clearly are tired, bored, or just don't care. I am a professional in this community, and it is so embarrassing to constantly apologize for my fellow coworkers in the community and their disgusting behavior. This causes me so much undue stress that bleeds over into my personal life.
Osteoarthritis due to aging
Great access to care but I have no health issues
Lack of transportation to service providers in Worcester, Boston and Rhode Island.
None that I can speak of. I have the luxury of being able to address my concerns and was able to find a replacement PCP as my prior PCP retired early (due in part to the paperwork and non-patient facing portion of the position, not his forte'). I am happy with the medical treatment I have been able to obtain.
Struggling with alcohol use during the summer party events. eating too much at the same events
Not going near Milford hospital is a positive
Lack of more sophisticated services/procedures at MRMC rather than having to go to UMass.
Nothing at this time, having PC leave practice was awful, and lack of concern regarding wait listed by Milford physicians group.. being told to start looking for PC.. reliant took me Asap and

VERBATIM COMMUNITY SURVEY COMMENTS
a couple of months later I was called and I get to stay with my NP. This was a very stressful time for me..
Mental health and heart issues
Positive: diet, exercise, avoiding unhealthy substances.
Availability of specialists & ridiculous Wait times for appointments
Access to healthcare, providers taking me seriously
My mental health, anxiety and depression
Co-pays are too high, taking time off from work for appointments
I am a liver transplant patient with insurance and I still am having a hard time finding a primary care physician.
access to mental health services using insurance to cover. no providers work evenings, would have to pay private to get a provider in a different time zone and not affordable
The fact that insurance companies can own pharmacy's. For example Cigna owning Express Scripts/Accredo. Tell me how basically the same company is supposed to haggle for lower prices with themselves?
I moved from a different state almost 2 years ago and my good health has not forced me to establish care here.
Lack of access to primary care providers
Unable to get primary care doctor appointments. People using the ED for primary care
Lack of available physicians
Aging. Looking to maintain a healthy aging experience. Hand looking for local positions, health care providers, and a hospital that I can go to without traveling
Adequate health insurance coverage slowing access to health care. Access to preventive health services.
Good doctors and they are covered by my health insurance
Stroke recovery
Obesity
Lack of specialists for primary care and mental health.
I just eat the right foods & read labels.
Doctors not available, no PCP taking new patients, not enough PCP's or specialists in the local area. People have to travel outside the local area for decent health care. Doctors not seeing their patients they have to see the np instead.
Inability to find mental health care in network on my Tufts Health Plan. Difficulty determining cost of care makes me delay or skip care.
Too much tax dollars being spent on those here illegally. Wait times at hospitals due to illegals breaking the laws. All issues related to illegal immigration and all free services they get on my and other taxpayers backs.
Inability to afford out of pocket costs, even while insured
Trying to get medical appointments- specialists are booking so far out, if you have an issue you wait 4-8 months for an appointment

VERBATIM COMMUNITY SURVEY COMMENTS
Screening for certain issues and a schedule of appointments to make sure everything is being addressed.
I am my own advocate. I try to walk at least 7 days per week along with following my doctor's instruction to the best of my ability.
That my employment is linked to my health insurance. I changed jobs last fall and created incredible stress to have to wait two months for my new job insurance to kick in. The new job was for the Commonwealth…
That we sometimes have no insurance because we can't pay for it. Or we do have insurance we pay a lot for . A lot!!!!! But because it's the best we can afford it's not considered good enough for good docs to accept!!!!! No appointments! Do t qualify for Mass Health which we don't even want!! And doctors we want don't accept THAT either. This keeps us from preventative health screenings.
Pain
Obesity and age.
The ability to have preventative care including medications to control illness. Insurance often denies medications or the cost is so high it prohibits getting them. Ability to find a primary care physician taking new patients and the insurance carried. Ridiculous wait times to see a specialist.
Cost
Can't find a replacement female PCP for Dr. Beberman, who left her group recently. I do not feel comfortable with a male. So, without a PCP, I can't get certain medical care, etc., because my insurance requires a referral. Also, I have a $2000 deductible that I can't afford to pay.
Diet, exercise, sleep and coping strategies for stress and anxiety.
Disabled from multiple Long Covid symptoms impacted breathing, memory, activity tolerance, mobility and inability to work.
Access to healthcare/insurance/mental health care.
Availability of providers to deal with emerging issues, availability of imaging services to follow up on emerging issues.
I have a great care team.
Time to exercise
Living with a family member who is always negative about life.
Care for spouse who has limited mobility and dementia.
Stress
Insurance deductibles are too high.
Poor quality of care, limited options (not timely, not enough providers, insurance barriers, etc) to address needs.
Taking too much time to get a scheduled appointment with a specialist (ENT). Long waits in hospital ER.
None

VERBATIM COMMUNITY SURVEY COMMENTS
Access to good health care - positive Being financially secure - positive Over negative/hyped current US political news World news - negative
A broken ankle !!!
Transportation and wait times
Need multiple rides to appointments in three locations. Healthy, affordable food. Must use Pantry. Need help, free, to shovel walkway in snowstorm on a regular basis (Senior Citizen).
Age (72).
Colonoscopy needed but soonest appointment is 3 months out. Hospital ER has a minimum of 4 hour wait before you are brought back to wait longer.
COPD and everyday challenges
Pulmonology Rehab
Exercise
Mental health
Lack of time & child care--impact my ability to make appointments/see providers, and also to be proactive about my health (i.e., it's difficult to exercise/meal plan/get adequate sleep etc. due to working & caring for young children)
Very good cancer care and general health care for seniors in this region.
Age in general. My husband needs extra attention right now that is causing me to do more work than I should be doing.
Being married for 62 years to the same person. We care for each other and manage our medical needs.
Cost of living is high leading to longer working hours (more than 50)
exercise daily and eating right
Lack of providers
Obesity
I have relatively good health now.
We have to travel into Mass General Hospital for my gastroenterologist visits and feeding tube replacements and spend WAY too much time in the emergency room's temporary hallways, sometimes for several days before a semiprivate room becomes available!
Appointment availability in a timely manner. Lack of PCP's.
My PCP is very active in my care.
Nothing
Forcing vaccines and that would be a negative impact
I declined the covid vaccine, it was pushed and pushed, made to feel like a leper. My doctor believed I should not get the covid vaccine yet would not stand up and push back against those in her practice pushing it. She would not give an exemption despite knowing my issues with vaccines and it would have been anyone's guess as to what a covid vaccine would do to me. To me, doctors in my area are unethical and not to be trusted. To this day I believe there are still signs in exams rooms to get the covid 19 shot despite more information coming out about how

VERBATIM COMMUNITY SURVEY COMMENTS
dangerous the shot can be. Again, this is unethical. I have not been to my 'provider' in almost 5 years due to lack of trust
Mental Health Care needing to be better.
currently I have several herniated discs in my neck & back that needs to be addressed, I am currently waiting to get an appointment for a neurosurgeon to discuss my problem. It has been since early April. I am in constant pain that affects everything I do or try to do. the wait time for a surgeon is too long especially when you've been told you NEED surgery. the other problem is, because of all the ILLEGAL use of opioids in the town/country, patients like me cannot get the right pain medication to be comfortable until we have surgery. we are condemned as drug seekers when all we want is to be able to get OUT OF PAIN, Or at least get to a level that is tolerable. Pain effects EVERYTHING.
COPD progression. I was previously attending pulmonary rehab.
Work stress. As an RN at MRMC, I see day in and day out how the responsibilities of nursing staff are constantly being increased. Too much weighs on the shoulders of the nurses. If something goes wrong, it is the nurses' fault. Nursing care has changed dramatically over the past 20 years. What used to be time spent caring for patients has transitioned to time spent documenting. We want to get back to being able to take the extra time to care for our patients and their families & loved ones. We want to provide them with education, answer their questions, and be advocates for them. The volume of high acuity patients over the years has increased significantly, making it difficult to care for 4-6+ patients at a time. Something needs to change.
Shortage of health professionals
Trying to be positive and staying away from negativity.
Air quality
Just time with doctors and then doctors working together to discover issues
Age
Hard to make time for doctor appointments when working full time
I'm a caregiver for my wife-limits my activities (exercise ,etc.)
Long wait times or the unavailability of appointments for doctors or physical therapy appointments.
I'm well educated and have a good job with ok benefits and do not need any prescription medications.
My primary care physician left the practice .I attempted to follow instructions with the MRMC group to be assigned a new practitioner; however, despite calling to confirm they got my fax I have never heard back from the group .I contacted my insurance as advised and got a list of physicians taking new pts .I made 34 calls to MD offices only to be told panels were closed(included were UMass Doctors ,Landmark, RI groups ,Brigham and Womens, MGH.I finally got an appt with Newton Wellesley in 2025 and will go well over 2 years to get a physical and routine care. I have not been able to f/u regarding my BP etc. I was advised to go to the ER for any issues. Not sure who will renew my scripts. I have complex medical problems and cannot be without a physician. Fortunately I have an amazing rheumatologist that got me through an

VERBATIM COMMUNITY SURVEY COMMENTS
auto immune crisis .I regret I will have to leave the MRMC for my care .I can't imagine an elder or cognitively impaired patient being able to navigate the system. Also I met a client who had the same physician who left she has no significant medical problems and was given an appt for this July. I pity the folks who have limited or certain insurances.
Not being able to find a PCP
Time management around work, family and appointments.
Motivation.
I am hesitant to get medical care/advice unless extremely ill or hurt. Don't want to waste the provider's time and feel silly if it isn't anything. I'll wait months before I give in to seek medical care if there is something wrong IE swollen joint, depression, skin lesion.
On a positive note, been consistent with exercise
Nothing
Age and money are negatives. Fairly good overall health so far, other than weight issues is a positive.
Not having a provider who knows about complex female pelvic and urinary problems like Interstitial cystitis
JENN FOR SPEECH SHE IS VERY CARING AND MAKES ME FEEL THAT I DO HAVE A CHANCE
Not enough specialists/long wait to get appointment
Long wait times to see specialist's
Nothing
I have the luxury of a having a great PCP and I think that is critical, particularly as I am in my late 60's.
I have asthma and arthritis but I am being treated by two very competent doctors affiliated with Milford Hospital.
I maintain a very healthy lifestyle.
Face health challenges with a Positive attitude- Loss of my Breast Surgeon Dr Diana Caragacianu-and cannot find her..
I do not have sick leave/sick days available to me. There is no mechanism for covering me when I am ill that does not involve greatly interrupting the lives of many other people.
Chronic health issues that create mental health issues.
Long term pain, no desire to exercise, poor eating.
Weight
Fortunately I have good health care and prescription coverage
Expensive co-pays
INSURANCE COMPANY PROVIDES A LOT OF GOOD RESOURCES INCLUDING HINGE FOR JOINTS AND OMADA FOR WEIGHT LOSS/NUTRITION
Not enough face time with primary care docs. Too much computer time, not enough getting to know what's up with you. I can recite exactly what my doc will say and when verbatum. Same thing every visit, like a robot!
Lack of primary care physicians taking new patients nearby

VERBATIM COMMUNITY SURVEY COMMENTS
Chronic fatigue
My insurance (blue cross of Texas) has ridiculously high co pays, and I pay almost 600 dollars per month for my son and I. You'd think I would have better insurance since I'm a nurse. nope
Cancer anxiety
My spouses health
That we get appointments, doctors are on vacation
Diabetes is difficult to manage when having to worry about sodium and Gerd issues.
Stress and anxiety
Positive: The current availability of local specialized care providers' offices (for me; coronary, neurological, respiratory, and diabetic-related services).
Cancer screenings as I get to middle age
Lack of consistency in primary care provider (3 in 4 years)
I'm doing well in my community
Obesity after menopause
Access to doctors/ transportation due to driving anxiety
It's hard to get an appointment with a specialist right away. I understand that it may not be within the next week but 5/6 months later is crazy. This is in turn dur to those who are illegal and crammed up the system. Can't even get my husband who's 29 years old a primary care physician.
Stress and grief are the two biggest factors that I feel are negatively impacting my health currently. The warmer weather and ability to be outside positively affects my health.
Cost of medication and dentistry
Negative: The expense of healthcare Positive: Regular Exercise
Just being able to get appointments that don't conflict too much with work is helpful. I have a great PCP and I have now had treatment for my anxiety which has benefitted all aspects of my life.
Recovery from spinal Fusion. No bending, lifting, twisting for 3 months. Issues with insomnia and IBS.
I go to NWH where my doctors are and driving from Milford is a little far but very happy with them
It takes forever to get into a specialist. Insurance is a scam.
Negative- The high cost of insurance for both medical and dental. And the frustration of seeing so many others get it at NO COST. I feel my needs are not as seen by this community because I'm not an immigrant. All their needs are being met with no fees or referrals necessary. It's frustrating and unfair. On a positive note, I have a wonderful PC.
Physical activity
THE HIGH COST OF MEDICAL CARE
Mental health issues: depression/anxiety the source of which is complex!
Lack of a variety of health care professionals.
Chronic stress/PTSD

VERBATIM COMMUNITY SURVEY COMMENTS
Cost
Lack of a PCP of my choice
I have good insurance
I have good insurance coverage when needed.
My access to regular physical exercise has been wonderful. Also, the availability of doctors in the area has been great.
The need for medical/health care for all - similar to that in the UK or France
THE MOST IMPORTANT IS THAT THE HEALTHCARE PERSON CAN AND SHOULD DO 'LISTEN TO WHAT THE PATIENT IS TELLING YOU. HOW THEY FEEL WHAT SCARES THEM.' DON'T POO POO THEM. EXPECIALLY WOMEN.
My 10 year relationship with my kids and their father
I ability to lose weight no matter what I do.
Stress at work
I need to see a psychologist. However I'm on family medical leave until 9/26/24 which I don't believe Erika Clark will have time to fit me in her schedule
I have access to high quality healthcare and specialists.
Positive: exercise, sleeping well, healthy food Negative: Stress from over-commitments, current US politics and hateful rhetoric
Stress from managing child care and finances
I am fortunate to have excellent providers, access to whatever care I need.
Right now I struggle with Fibromyalgia. It took years to get a diagnosis and there aren't enough effective treatments. I had to retire early as stress was making a negative impact on my health.
WHEN BEING SICK SOMEWHERE TO GO FOR GOOD CARE, LIKE MILFORD HOSPITAL.
Exercise Eating real food Sleep
Getting a timely appointment when a health issue arises
Weight
Stress, light headed
Prostate Cancer diagnosis and resultant hormone therapy with its resultant, varied side effects.
Me
Positive
Medicare and private insurance gives me the ability to see specialists as needed. Even with RX insurance, prescriptions are expensive. New rules have lowered the cap, i have been in the catastrophic status.
What suggestions do you have to improve health in the community?
More community programming
None
Affordable health care. More diverse providers, specifically Black American providers. Paid maternity/paternity leave for all. More PTO. More affordable access to fresh food.
Sometimes it would be nice if we take care (medically) of our own hard working citizens before all the freebie hand-outs to non-citizens and illegal aliens.

VERBATIM COMMUNITY SURVEY COMMENTS
None.
We need more walk-in services
Provide housing for homeless people in the town
More publicity for those that need it.
More Primary Care physicians.
We need more PCP physicians as many practices do not accept new patients. The community is get more populated and the amount of PCP physicians is unbalanced to the needs.
User friendly health care services
Free walk in clinics
Do something about the limited availability of Primary Care physicians that accept Medicare. Increase nursing staff at the hospital. Make screenings available without waiting months.
Collaboration among organizations and more education around resources and services
I think we need to expand mental healthcare
Definitely need more providers/general practitioners! Most PCP's aren't accepting new patients.
More medical providers at the Edward Kennedy Community Health Center, clients are not getting appointments or regular care for the lack of providers.
None at present
Hire more PCP's and specialists for the area. There just simply is not enough.
Hire more PCP
More primary care providers.
Work with food pantries to encourage improving health with those less fortunate. Offer discounts for patients that pay invoices in full, not just if it's going towards deductible. MRPG providers offer no discount for paying your invoice in a timely manner.
Somehow increase access to primary care providers.
Free healthcare like in every other country but America. Or at least affordable. No deductibles, lower copays and the company should be in full for healthcare. We get taxed on too many things. It's hard to be a single person.
None
There are too many people that cannot find a PCP, , so they access the emergency departments
Free health screenings, more interpreter services and community outreach
We need more PCP's. People in this area are having an extremely difficult time finding one. This, I feel is a big part of why people aren't seeking medical help when they need it.
Indoor walking
Expand the community health centers.
What does the town nurse do?
Hire more people.
There is a lack of Primary Care Physicians.
Workshops for patients, in person would be great, but some may not have the time to attend. Perhaps, virtual educational workshops on various health topics would be beneficial, with some Q & A set up ahead of time. So much can be prevented, information/knowledge is key. Maybe

VERBATIM COMMUNITY SURVEY COMMENTS
good nutritional cooking and food prep to aide in reduction of pre diabetes, weight loss, understanding what sugar does to our bodies, what too much salt does to our bodies etc. Women's health, understanding children's physical, emotional and mental needs, communicating skills; how changing what you say can motive and challenge kids, (or any relationship) to do their best and become more.
Easy access to doctors/PA's
More provider availability of PCPs and specialists and ability to get appointments in a timely manner to see PCP and specialists.
More PCP's - so many people cannot find PCP's taking new patients due to their PCP's leaving the practice or new to the area.
More primary care providers.
Interpreter services
Doctors and nurses are leaving their jobs due to dissatisfaction which leads to longer wait times and less access
More community outreach.
Educate people on insurances and what services are available to them. Make these services more accessible.
Need more primary care and specialty physicians in the area.
Increase mental health services and availability particularly for adolescents.
Better low cost health care
Unfortunately, none at this time.
Access to a DR urgent care is nice and all but sometimes I want to see MY Dr, not someone I don't know
People need access to better mental health, and we need to stop giving free everything to illegals and take care of our own
No seed oils in food
Train medical providers to care properly for those with chronic and rare conditions, as well as for those with brain injury or other cognitive challenges, not just autism.
More primary care physicians
Education for low/middle income families on nutrition and benefits on exercise More resources for mental health and substance abuse
Continue with community programs to help educate people on health related issues. Signs to look for, healthier living, early intervention, self-management skills.
More free services for the elders; lower cost of meds and insurance; respite care for elders so caregivers can have time to recharge and take care of themselves
Streamline the medical paperwork. I get asked the same question by 3 different people when I go for an appointment.
deport all of the non-indigenous people back to the country their ancestors come from
I feel overall that the community does a great job but needs more consistency and assistance through the federal government for residents as well as the massive immigration issue.

VERBATIM COMMUNITY SURVEY COMMENTS
Better providers.
Find a way to provide help for caregivers that is affordable and doesn't have to completely drain any monetary resources in order to be provided. Middle class people are judged to be too wealthy for a lot of benefits.
More focus on nutrition and less on prescription drugs.
Dental should be covered under health insurance. Improve insurance system. ??? I
Identify those in need
Nothing. People need to make their own choices
See above. Also, INTERPRETERS - are they not legally required in state funded medical facilities? So then how do specialists associated w/ a state funded hospital have the nerve to say 'we don't have interpreters' to patients?? In general, we need a more tolerant workforce of migrants and what working w/ disenfranchised communities comes with.
Create affordable housing for those experiencing homelessness
more outreach and access to health screening- waiting 6 months for routine tests is a bit much
More PCP Better language resources Better educational resources
People are scared to go to the ED because of the lacking bedside manner and the rush to not fully test, diagnose, and listen to the actual needs of the patient.
A better way to obtain prescription drugs that cannot be mail ordered. Local pharmacies totally understaffed. Health care staff everywhere - particularly office/scheduling staff- at the hospital and doc offices, pharmacies, etc. are totally undertrained and so many are rude (lots are wonderful, though). Local access to pulmonary and cardiac rehab services. Shorten wait time for physical therapy appointments. I try not to use Urgent Care. Terrible experiences with nursing staff who should not be at such a clinic; should always be an M.D. available.
Such a big question! Telehealth would be a great start - this won't meet the needs of all but will help outreach a lot more than what is currently being done. (i.e.: My aging mother utilizes telehealth whenever possible, all my siblings work - so time-off from work is difficult.) Also, some of the community may not utilize systems. If Telehealth becomes more available, it needs to be enhanced with interpretation capabilities - as we have a diverse community, there may be language barriers. More PCP/Fam Health Practices More visibility in the community at any event for staff of the medical practices/hospitals, etc. can be seen, visited. There should be more outreach to the community for all the demographics within our community. If the patient cannot come to us, how can we get to them? My proposal is through outreach, planning and timing of locations - Not an expert in this area, but just a thought! Our community is great, our community medical provider/system is great - we just need to be more available.
Dogs used in healthcare and homecare settings are very comforting both for patients and for staff members. More should be done on this end.
Milford hospital is a joke, beyond my own personal experience there, which was pretty terrible, many others that I know have been treated horribly there. Absolutely no redeeming qualities.
Expand health seminars and services at MRMC.
Hire people that truly want to work for your hospital and loves the medical care part also...not feeling it at all in ER . From the moment you check in and leave, not great service..

VERBATIM COMMUNITY SURVEY COMMENTS
More Dr. availability Ability to get into specialist quicker
Free insurance for everyone. No co pay
Better access to mental healthcare
We need to make it easier to connect quickly to interpreters so that patients are more comfortable calling and going to appointments. Staff often seams hassled to provide service using an interpreter.
Transportation is tough. There is help once you see a doctor but getting to the doctor if you don't have a car is tough. Also calling an ambulance should not cost 3000 dollars!!!
More PCPs
Free education to the elder population so that they understand the health insurance they are purchasing and what it covers and does not. especially pharmacy and inpt rehab services coverage or lack of
Stop forcing people to use Express Scripts and Accredo.
I have no suggestions at this time.
MRPG must provide more primary care DOCTORS. These doctors need to be treated better and patients will then also be better cared for. Doctors are professionals who should be given the time in a day to do their jobs well without causing them to burn out due to overscheduling. The system they currently work under has led to many doctors leaving and has negatively impacted patient care.
Education to immigrants regarding use of ED. Clinics in communities that help in their church speaking their language
Have easier access to mental health and more primary physician
Except more insurance policies.
The opening of more mental health offices
Free dental care
Public Health preventive screenings open to all and free of charge if not insured.
People are having a difficult and impossible time trying to find a doctor. We need more doctors in the Milford area to take care of these people.
Ability to continue to use my health insurance
Increase heart surgical options, become a stroke recovery location (certified)
More access to insurance covered meds/clinics for weight loss guidance
More doctors and specialists. Access to more cognitive behavioral psychologists.
ok as is
More primary care doctors and more specialists are needed. Dental care needs to be included in overall care. Dental care is just as important but too expensive
Get rid of illegal immigrants and don't change me for their services
Cardiac/Pulmonary Rehab closing at MRMC
More primary care doctors, more specialists, more mental health services.
I don't know what to suggest. In my opinion, the language barrier is a major concern and I don't know how to address it.

VERBATIM COMMUNITY SURVEY COMMENTS
I believe Milford hospital should bring back cardio exercises as a community service.
I don't know. Doctors need to accept insurance we pay for! Or insurances need to reimburse docs what they want or costs need to go down. We make $130k a year and can't afford dental CARE! Or reg doctor's care
Active recruitment of Primary Care MDs ,PAs and NPs I waited 15 months to get an appointment with a PC. They need BETTER WORKING CONDITIONS- too much emphasis on seeing as many people as possible on any given day despite physician burnout.
Aggressively promote positive nutrition info, need for routine screenings, substance and alcohol programs. More info needed through all current social media channels to get to younger people.
Big Pharma needs to be controlled for the unbelievable high costs of common, low cost to produce medications. Insurance needs to be better structured so that Doctors and medical personnel can provide patient care without the fear of being sued or needing to jack prices to get insurance to cover a lower cost treatment.
Free or low cost exercise classes that are outdoor related (walking groups, etc.) where you're not stuck in a small room. Educational classes on how-to improve certain health issues, nutritional classes
Increased access to medical care.
Need more PCP's and access to medical specialists without having to wait several months for an appointment
More medical clinics with free/low cost healthcare. More resources to ensure people have access to and are enrolled in health insurance.
Increase the number of providers, increase the availability of imaging services to speed up diagnosis of medical issues
Make sure everyone has a primary and that the emergency room is not the soul source of care for anyone. Overburdens system.
More recreation area for kids and adults
Hire more primary care medical staff
More providers for primary and much better access to mental health
More specialties especially for mental health for low income and under insured.
Increased services/resources and collaboration between stakeholders.
public transportation that is affordable
Shorter wait times in all facilities, especially ER. More Primary Care physicians available. More access to health care for mental health/ dementia patients especially when admitted to ER. Children's section for care at ER. They shouldn't have to go to Newton to get proper care. Have immigrants stop using the ER as their PC. Not fair to people who need emergency services. Treat people with dignity , they shouldn't be stranded in the hallway for hours in the ER.
Making sure seniors can access care because many of them aren't using online resources
More affordable housing Keep up the good work
Social media and other information sharing
Perhaps more family care Dr

VERBATIM COMMUNITY SURVEY COMMENTS
free rides, food and snow shoveling
MRMC Emergency department appears too avaricious. The ER should be the very last place to attempt to collect a co-pay at time of service. The fact that ER doctors' billing appears to come from a separate organization is also disconcerting. My last visit was 7 years ago, so perhaps these things have changed. Otherwise, I have found MRMC to be an excellent hospital in every regard.
Less admin more providers
More quality doctors.
Get the Cardio/Pulmonology back in Milford as there is no local resource for this
mental health advocacy
Need more public transportation options to/from medical facilities. The community might also benefit from increased outreach pertaining to what level of care is appropriate for various illnesses/injuries and what to expect from different facilities when seeking care
More options for free or low cost transportation to and from medical facilities in the region.
More information to help people without the ability to pay for routine care. Free vaccinations. Food for low income residents. Mental health care easily accessible.
Advertise the types of medical services available. Improve gateway tech services to be easier to navigate. Make it easier to speak to a real person to discuss a medical matter. Yes, some of old people do not like to communicate with AI even though it supposedly is the future of medicine.
Encourage more HC providers in the area Establish better transportations options for appointments (hours and distance limited, long waits before and after) Establish advocates who can accompany people to appointments (many of us do not have family) for better understanding and support
More affordable health eating options
Not sure
Affordable Care for insured. Cost are so high for service and prescriptions.
More primary care doctors. Shorter waits to see specialists
Let MGH expand its locations to Metro West (Marlboro, Westbrook) along I-495. U-Mass in Worcester didn't want this expansion to even happen and now they have OVERCROWDED conditions with their patients in the emergency room hallways. The 'system' is BROKEN!!!
PCP's need a backup, so when they go out of office scheduled visits do not get rescheduled but covered by a backup Doctor in the same office.
More access to primary care physicians. More nurse practitioners and more physician assistants.
Shorter wait in ED.
teach people how to cook good food. Like Socrates stated 'let food by thy medicine and thy medicine be food'
More access to PCP's
For myself, I would like to see Dr.'s and surgeons be more available to see patients like me and have a short turn around when it comes to a having surgery. Waiting 2-3 weeks to see a MD then another 2-3 months to see a surgeon is too long. An emergency appointment to see a neurosurgeon is a month or so.

VERBATIM COMMUNITY SURVEY COMMENTS
Upper management makes a lot of money every year… while the hospital hires many newly licensed nurses, with little to no experience, to work on high acuity, busy units. Because they want to save the hospital money. It isn't right. You need to retain seasoned, experienced staff, to train the next generation of nurses correctly.
I think we need many more health providers and staff in these troubled times. Also the aging population and the influx of immigrants.
Expand pediatric options considerably. The loss of the pediatric unit at Milford Regional Medical Center has been harmful to the community. We need local emergency services for kids with pediatric staff and admitting capabilities. We need a local option (not Worcester or Boston) for kids admitted to extended stays at a hospital. We also need more primary care pediatricians and pediatric specialists with more availability in the group, and less reliance on MAs and NPs. They are wonderful, but they are not stand-ins for physicians and should not be used (or billed) as such. Also, more free or inexpensive and easily accessible and navigable vaccination options. Even people who aren't vaccine hesitant are skipping shots due to scheduling and logistical issues (age restrictions at certain locations, limited timing of vaccine clinics, site inventory and state supply chain, multiple phone calls needed to 'check back' for availability, etc.) Make it easy.
More support for families who love someone with an addict
More sites for immunizations and community outreach to educate people about immunizations. Nutrition
Primary care doctor hours outside normal business hours
offer more free health seminars, lectures, etc. at hospital
MRMC's urgent care facilities could have longer hours, there could be free health clinics - perhaps with an emphasis on children and senior citizens - someone better versed than I about the most common non-emergency health needs would know the most pressing community needs.
More PCPs. Improve urgent care so that they don't have to send most people to the ED for a CT scan. Most ab pain is constipation not appendicitis or diverticulitis. Improve PCP and other specialists so that they can do more for their patients (better hours, more appts, more outpatient testing) instead of sending them to the ED because they can't see them in the office. Continue to educate the community about other resources like EMK.
The whole US medical system needs to recruit and reward physicians who go into Primary care and Pediatrics. There needs to be an emphasis on paying them a lot more, loan forgiveness, redistribute urgent care and hospital MD's to the community .There is no longer an incentive to go into or stay in Primary care and the paperwork, authorizations etc. are extreme .Doctors are required to carry unsafe/unrealistic patient quotas and to limit time spent with patients. Physicians are aging out or taking early retirement and there aren't replacements in the pipeline .Home care agencies, MD offices, rehabs, long term facilities are not able to staff appropriately which trickles down for burnout and leaving health care. The goal of the majority of new grad nurses is to to on for advanced degrees such as NP and PA's. The use of travelers impacts the cost of overall care and continuity of care. In my case with the loss of my PCP I acknowledge the difficult position the MRMG is in to find everyone a caregiver; however, it would be much less stressful to have been told if I was 'a chosen one' who will be reassigned or that I was

VERBATIM COMMUNITY SURVEY COMMENTS
responsible for finding one on my own .It would be beneficial to have more home visiting advanced practice NP and PA's to assist homebound and disabled clients .A local inpatient Hospice would be helpful. Kudos to the Dana Farber Clinic what a benefit to the community.
Out reach
More resource sharing
EMS providers should be able to refuse transporting non-emergent calls to the hospital. It also causes long wait times for out of hospital transfers because ambulances are tied up doing nonsense calls/ It is causing long wait times in the ER for pts that have true emergencies, and more work load for staff.
Provide transportation for long distances, such as to Boston. Or have more practices locally that accepts all types of MassHealth.
More primary care physicians
Mobile unit to provide access to home bound, uninsured, migrants, homeless etc. Public Nurse to outreach more to assure everyone knows how to get medical care, medications, immunizations, food, housing, etc.
Stop illegal immigration
Access to primary care provider
Don't know
Improve trust in our medical community. Many don't feel these professionals care enough and sometimes feel they get the diagnosis wrong...if there's one at all.
offer more specialists, allow virtual visits for first visits, make more community locations
MAKE THE OPTION TO NOT US THE GATWAY FOR EVERY THING PASSWORDS ARE HARD WHEN YOU HAVE COGNATIVE ISSUES ALSO, SOMETIMES YOU WANT TO TALK TO THE PERSON!
More PCP's and specialist needed
Somehow, more doctors are needed. It takes months to see a specialist. The ER is a nightmare. People use it for non-emergency situations and if we go for Milford hospital used to have a walk in medical emergency, we spend 7-9 hours there.
Increase in care for mental health conditions, it is a nationwide problem that touches so many within all communities. If we don't address this issue, the trickle-down will make it extremely difficult to control.
More focus on mental health especially in the younger generation! Education focusing on respect for everyone.
More providers - family physicians, mental health providers, substance abuse prevention Housing and lower income housing options School lunches - available to everyone and healthy School counselors and mental health services in school Wrap around services accessible transportation Senior health services - many things - low cost meals, social inclusion, activities Community options
None
Mental health and substance abuse services need to be easy to access, and at a low cost.
I don't have any.

VERBATIM COMMUNITY SURVEY COMMENTS
Hire more primary care providers. Add ultra sound to the Urgent Cares. Offer free or reduced cost dental cleanings at a community event
GET MORE INFO OUT TO NON-ENGLISH SPEAKING CITIZENS ON WHERE TO GO FOR CARE
More time to discuss everything! More available specialists without having to go to Worcester or Boston.
More primary care physicians
Help with exercise programs/gyms, help with nutritious foods/better brands without all additives
More primary care physicians taking new patients
No vaca for doctors during teachers vaca, I can't get anything done in these two months, my doctors are all on vacation
More primary care physicians at Milford Hospital
Attract more doctors into our networks.
More primary care providers accepting patients
None.
In the last year, my family members or friends have been directly impacted by lack of primary care providers taking new patients and lack of mental health providers taking children.
More PCP's, shorter wait times for appointments, and better triage/wait protocols in area ER's.... For example...A colleague waited 27 hours to be seen in one ER, and another... severely compromised by a stroke several years ago...was left in an ER waiting room for 7 hours, sitting in an inappropriate chair causing severe pain.
More primary care providers
More resources for Dementia patients and their families
Transportation to appointments, better availability to doctors especially psychiatrists
If you are not a legal citizen unless it's an emergency you are the back of the line. If you don't have insurance the medical system helps to help YOU find a way to pay for care. Not me who gets $1000 taken out of my check in taxes.
Nothing specific comes to mind.
Providers and insurers need to continue to build strong and open communication with one another. Providers need to keep pushing hard to be heard by the decision makers in health insurance not just Provider Services
Attracting more providers to the community would help along with general reimbursement from Medicare and Medicaid being higher for the people that need to use those programs.
Need more PCPs that are taking new patients. My PCP left and I have not been able to find a new one yet. No one is taking new patients.
Probably more free clinics that can focus on teaching others about good healthcare practices
In my experience, Milford regional does not do a great job with making sure that people receiving behavioral/mental health services are given proper consideration for what might be best for them. I think that Milford regional would benefit from rebuilding trust with the community by making sure that those seen are given the time and attention they need to be taken care of long-term so they don't need to come back so soon after leaving.

VERBATIM COMMUNITY SURVEY COMMENTS
More Primary Care options!!
Increase primary care doctors Expand the education and use of telemedicine, even if if not local doctors, especially for non-English speaking community and elder care to reduce crunch on needed appts and emergency care Greater education More community activities regarding physical fitness and nutrition. In multiple languages
More PCP's More GI docs More OR's
Need more health care providers, especially primary care physicians, who are taking new patients.
I'm sorry, I live pretty isolated and am not active enough in the community to provide an informed response to these kinds of questions.
Access
Add primary care physicians in the Sutton Area. My town was not listed in the choices so I chose Uxbridge because it is close
Affordable housing.
More primary care, physicians
Remove insurance companies from making decisions doctors recommend
Bring back cardio Cath Lab to Milford Hospital.
HELP THE DIABETICS. THEY NEED HELP PAYING FOR INSULIN, NEEDLES,WIPES AND ALL THE REST. HELP THE VULNERABLE.
Circumventing a bright successful future of Care.
Feel very fortunate that our community is well cared for.
Doctors and providers need to listen and take a more holistic approach.
More General Practitioners are needed.
Better, kinder communications.
We need consistent access to quality childcare so parents can work and get done what needs to get done.
Do not know.
More primary care doctors and lower costs.
MILFORD NEED MORE PRIMARY CARE DOCTORS
Don't know
More access to Primary Care Physicians.
More educational outreaches, like the quarterly community magazine
Expansion of services
Help those in need
More primary care physicians with availability for new and existing patients, i.e. ease of appointments in a timely manner.
Please share any additional comments you have below:
We in Milford area are lucky to have MRMC

VERBATIM COMMUNITY SURVEY COMMENTS
Please see the note above regarding a visit to your urgent care facility on South Main. By the time I got my OOP bill a month later, I felt like I had visited the ER...! I can see why our health care system IS in crisis!
I think our health care services are impacted negatively by the migration problems.
More personnel in the ER.
I will not share information on my age, level of education, race, ethnicity etc. none of that should matter in healthcare at all. Every time a patient has a procedure they get a survey about the level of care (medical) they received. I am always more than willing to share my experience on the care givers but not answering any other intrusive non-medical questions. You should focus on the quality of care you provide not my age and education level.
Gender identity information. There are many times that people are not familiar with how to address or treat someone who is transgender. Even the registration process can be difficult. There needs to be more required training on this topic.
Milford Regional has done an amazing job in Healthcare. The MRPG group does amazing work on the outpatient side. All services from lab in Franklin and Radiology in Franklin has been a great experience.
Need more empathy from front line workers regarding migrants. Need more understanding from medical staff in ER's to treat all patients with care and compassion even if they are miserable, frequent flyer patients. Need more mental health services.
I think there should be someone you can talk to at work and trust when things aren't going well that you're scared if you talk to your boss or HR that you will get in trouble. I also feel like the company should be paying for the 10 holidays THEY choose to close on and not take it from our personal bank. Mental health is real and there needs to be more talk and support for it.
I have been a physician in the Milford ED now going back since 2000, so I have seen an immense amount of change. As far a public policy, recommendations, here are my thoughts. There is a huge lack of primary providers for insured patients and uninsured immigrants. They often come back frustrated with the inability to get care. There are back ups at Edward Kennedy and so many of the immigrants come to the ER for medical issues that are not emergencies. There is also a lack of specialists such as access to GI and Cardiology with delays in follow up. As a result of the above issues, about a 1/3 of the patients in the ER are there because they don't have a pcp, can't get in to their PCP, or can't see there specialist. We are happy to treat all patients. However, this clogs up the ER and delays care for the patients who really need immediate care. Thank you for taking the time to review my thoughts and have a great day.
We need more real doctor PCP's
From what I can see, MRMC is doing as much as it can to provide information and care to the community it serves.
Milford hospital has amazing facilities available while in patient!
Sounds like we are on the same page; I would like to assist in any way possible:)
I think more providers are needed desperately to keep pace the growing population in the community and surrounding communities.

VERBATIM COMMUNITY SURVEY COMMENTS
I appreciate everything our care providers and staff do for our community.
I get a lot of comments that having a 'real' person to speak to when calling the main Hospital # is something that they really like rather than getting a recording they like speaking with someone to help them find where they should be going or give them hours or directions or name of providers or phone numbers they can't find lots & lots of questions helping the community is a pleasure
Community Outreach with free access to vaccines, health checkups, food pantries, community meals, etc. will help make for a more inclusive community and bridge the gap in the relationship with healthcare.
Keep up the great work you people are doing! And Thank You.
Let me tell you a little story. A story about a little fat kid who everybody made fun of, and nobody liked and he had a twin brother, and everybody said he never looked like his twin brother, but he wanted to...
Keep/ develop programs like diabetes education! Help people learn to manage their health conditions- heart disease and CHF, chronic respiratory illnesses, etc.
Milford Regional Med Center has spent more money on building real estate than focusing on the actual residents in the community. The CEO takes care the CEO. He's laughing al the way to the bank. Always has. Has the Board bamboozled!
Mental health problems and addiction seems to be taking up the spaces in the ER. I should not have to wait 4 hours if I'm having a heart attack because somebody had over drank alcohol and is taking up all the Dr's time.
So appreciative of the hard work and concern of entities, such as this.
Just yesterday I moved my husband to a memory care facility out of state. I will be returning in a few days to sell our home where we have lived for 50 years. We were both born and raised in Massachusetts. It has been a heartbreaking decision but I need to make sure our resources can last in a more affordable state. I have researched options in MA to no avail. Financial insecurity. I am in my mid-seventies. My husband is 78. I am exhausted.
I have been very happy with any interactions with Milford , having much improved over the years and adding Dana Farber also. Unfortunately, most of my doctors are associated elsewhere! I do use Milford Urgent Care on 140 however.
We are so fortunate to have Milford Regional and their association with Dana Faber and UMass Medical. World class healthcare, close to home. Would suggest more outreach or perhaps advertising what is available.
LANGUAGE COURSES REQUIREMENT FOR ALL RECEPTIONIST/FRONT DESK STAFF INTERPRETERS AVAILABLE AND HONESTY ABOUT THE ACCESSIBILITY TO THEM LEGAL AID IS SORELY NEEDED IN THIS AREA - IF POSSIBLE TO DO A LEGAL AID WALK IN CLINIC, WOULD SUGGEST. Also, take better care of the employees in this space. We are tired and working for little to no money, and if it's time to find a new profession, bosses need to not be afraid to lose a body because quantity does NOT equal quality.
Need more outreach to homeless- need to go to places where they are -

VERBATIM COMMUNITY SURVEY COMMENTS
Great surgical experiences at MRMC. Not pleased with the way Breast Center transition to UMass staff was handled. Accommodations for hearing-impaired, late-deafened folks who do not use/know ASL are non-existent at both the hospital and all the medical offices.
Visibility - booths at upcoming town fairs (of course, awareness and adherence to HIPAA) More Urgent Cares/Doctor Offices - but this can be costly..... Possible consider, mobile units (similar to what is used for blood drives) - offer medical attention to the area, just like our Urgent Care locations but we go out to the public in lieu of them coming to us. Communication to the Community - all venues of communication not just 'through the internet' - not all of the community members live or access computers (:))... Use some old fashion communications - like: tv, cable notifications to the local community, etc. Also for the techies - use IM, FB, etc. to get the message out. Just some thoughts, thank you!
Reinstate rehab services for COPD and heart related issues.
Dana checks their personal issues at the door. They are the model for all that is great in health care. .every day and everyone knows why they show up for work..
Ambulances that don't cost thousands of dollars.
WE HAVE A SEVER LACK OF PCP ACCESS. I HAVE HAD MANY PEOPLE ASK FOR ASSISTANCE IN FINDING PCP.
More PCPs
Free COVID vaccines and testing.
I think the hospital provides excellent services in a clean environment
FYII went to ER at 9.00am didn’t get discharge till Midnight 15 hrs.
Milford Regional needs more caring and understanding staff. Entire staff not just doctors and nurses. They need to fire thief's instead of protecting them. Their policy of refusing to treat patients that are rude is laughable. Staff is rude but the sick, hurt patients cannot be rude. People that are in pain or really sick are not going to be pleasant. Get over yourselves. 'Migrants/refugees' should be told the hospital is not a doctor's office and should be refused treatment if it's being used as one.
It is too difficult to determine what will be covered and what will not when trying to access Healthcare. The fear of racking up huge medical bills unknowingly or if requiring hospital services makes people avoid getting medical care. All service providers in a hospital should be in network on the same plans. You should not have to fear a provider out of network might see you while in the hospital and then you would get a bill from that provider owing more than you can afford, when you had no option who saw you while in there.
Stop catering to those who don't have the right to be here. Focus on citizens and legal immigrants.
I have nothing more to add.
Hopefully we will be able to continue to use the hospital for important services such as blood work, mammograms, bone density tests etc., etc. and not be taken away.
I work at the Worcester recovery center and hospital. The patients benefit from the arts! Groups like recovery through music and expressive arts are integral parts of their recovery. More arts offered in the community at low or no cost would benefit all.

VERBATIM COMMUNITY SURVEY COMMENTS
Milford Regional is one of the worst hospitals in the area. Their Behavioral Health department is dangerous and releases patients who are unsafe to be in the community. Doctors are negligent. Staff is rude.
PCP and financial hardship are my families biggest concerns. But Educational well-being classes would be interesting. Cooking classes that teach nutrition at the same time
I'd like to see MRMC gain a reputation as a full service provider across the entire range of health issues. I currently seek care elsewhere for certain conditions, like current issues affecting my spine
MRMC has grown so much in the last 30 years, in a good way. Vital to our community.
Not sure if you actively address public health issues with the legislature, proactivity around inability to access healthcare because of no insurance. Or lousy Mass Health.
I and many others I know have struggled with positively engaging MRMC despite repeated attempts. Frequently seeing unsafe individuals discharged prematurely/without anything put in place to address their needs, negative communications with staff, and an overall lack of empathetic treatment towards individuals experience mental health crisis. Staff have overall been unresponsive to attempts to engage and improve dynamics and I would like to see progress made to better serve the community.
The uninsured immigrant population in Milford and surrounding towns is drastically affecting, in a negative way, health care for people in these towns. The cost of health care for seniors is sometimes out of reach and they go without other necessities in order to pay for health care and prescription drugs. More needs to be done to help families dealing with elderly members, especially those that have dementia. There are not enough home health aides to help with this situation.
Thank you for the opportunity
Thanks to ALL the wonderful people providing great health care to the Milford area!
Was a Boston resident until ten years ago and amazed at the number of people here who feel they need to go into Boston to receive good care. Wrong! Care here is very good! Medical professionals basically receive the same education in many of the same schools. I feel resources to be more readily available in this area. Milford Regional provides what I need, in a timely and very satisfactory manner.
Programs need to be in daytime. No senior services after dark.
Better walkways and sidewalks in the parking areas would help. Any sidewalk at all would be welcome on the hill up to the Emergency department front door for those who don't know about the 'secret entrance and elevator' from the covered garage.
Bring back pulmonary and cardiac rehab many people need and want it
From my personal experience, it would be important to have more health care practitioners who can bridge the gap between mainstream medicine and more wholistic health approaches. And it would be helpful to have them work together in the same office or within the same community/region.
At one time I received a newsletter from MRMC. I haven't received any in a long time. They are useful.

VERBATIM COMMUNITY SURVEY COMMENTS
Thank you for trying to improve our health
Community needs access to mental health options and need to be made aware any options exist.
Need for primary care doctors is crucial
My wife and I have United Health (PPO) a Medicare Advantage Plan which is NOT accepted by some doctors! Will this merger with U-MASS affect our ability to see my doctors connected with Milford Regional Hospital or will we have to drive into Boston for our medical care? We're both in our late seventies and just the thoughts of spending time on the overcrowded Mass Pike, Storrow Drive and the also WAY OVERCROWDED STREETS of BOSTON causes too much unnecessary stress in our lives! HELP! These so called 'Golden Years'' aren't what ANY of us seniors expected to have to deal with at these stages of our lives. HELP US PLEASE!!!
Milford Regional needs to improve the Cardio department to handle more serious issues.
Milford Regional Medical Center is a gem in the community. It's a very well run hospital. All departments are top notch.
Milford Regional is a great resource. I have had nothing but wonderful services when I have needed it.
It used to be a routine physical would cover issues a patient felt they were having, now if one brings up an issue during an annual visit, they are asked if the visit is a 'sick' visit. No, it is not a sick visit, it is an opportunity to fill the doctor in on what has been going on. Less money for the MD I am assuming?
Every single patient or individual above a certain age or with specific comorbidities should be required to take a class regarding the end of life. They should have to watch an ACTUAL VIDEO of life savings measures used when a patient's code status is a FULL code. Something in particular that they should see is actual chest compressions being performed. Everything they see on television or in CPR videos is mild compared to what actually goes on. We have too many patients with terminal cancer or in their 90s that are full codes and are not educated on what really happens during a code. Death is an inevitable part of life, but it is something that people are not typically comfortable discussing. Patients and their families should know exactly what they are signing up for when they fill out HCP and MOLST forms.
It's a daunting problem and I don't think the federal government is up to the challenge. We need a grassroots or local solution and maybe more help from the ultra-rich.
Nutrition and obesity factors need to be addressed better - modification of behavior and insights for the upcoming generations.
Due to a family member's chronic condition requiring medically administered infusions or IV antibiotics, I have observed the expanded use of the hospital emergency room for routine medical attention. This makes wait times in the emergency room of four to five hours. I assume this is because of the rules requiring that all be treated regardless of the ability to pay. If some of these individuals could be directed to a clinic where they also would not be required to pay, it would most likely reduce the number of people waiting for attention at the ER. The urgent care clinic associated with MRMC just down the street from the hospital, might expand their hours to be open until 10:00 PM.

VERBATIM COMMUNITY SURVEY COMMENTS
Pay nurses better. They do so much more for us than the doctors in my personal experience.
Thank you for asking the communities input .Good Luck the system everywhere is 'broken'
MRMC used to be a great hospital but people have lost faith in the medical staff and higher ups running the hospital. Not even the Doctors want to work there anymore, that's why they all keep leaving
Consider hosting community awareness event.
better access for telehealth. especially for those without insurance.
Any programs need to have language services, at least for Spanish and Portuguese, since there's a large Hispanic and Brazilian Population in Milford.
Public health educational events that are in high traffic areas (not libraries, not senior centers..... continue this and ADD)..... Town Commons during Farmer's Market or concerts, in shopping plaza's (with Mobile Unit Van), in the middle of high drug addicted and homeless areas in the towns, in front of the schools, etc.
None
Milford Regional is an excellent provider for many small towns in the area. They have state of the art facilities and great physicians, if you can get to see one. I do wish they could somehow offer seniors the benefit of transportation for special situations, ie colonoscopies. I have put off mine last one because I am alone and have no one to drive me and pick me up.
MAKE IT EASY TO CONTACT THE PROVIDER, BY PHONE AND HAVE THE WORD 'SOON' ONLY BE ALLOWED TO BE TOLD TWICE WHEN A PATIENT IS WAITING FOR RESULTS / OR INFO ABOUT THE NEXT PLAN TO HAPPEN
MRMC needs to change some of their policies so they require staff not to be rude to patients and not to steal from them. Staff is allowed to be rude to patients but refuse to treat patients when they are rude in return. Very rude staff in ALL departments at MRMC More pcp's are needed because people do not have doctors or good doctors. Doctors need to actually listen and care about their patients and actually help/treat them.
Milford hospital used to have Tai Chi classes which are very beneficial for stress, balance and some other medical problems, but they stopped having them.
Glad to hear that. I think we as a community need all the help we can get. It truly does take a village.
Birth control Mental health (focusing on bullying) Overall health education
Explain how U-Mass will affect Milford Regional Hospital, Primary Care Providers & Urgent Care facilities
I love my insurance provider Tufts Preferred Saver and my primary care doctor, Elizabeth Siraco and her staff. I always feel my needs are met. I would like everyone to feel that level of safety and security.
None.
Please keep us connected with Boston's top hospitals!
There is a huge need for dementia education and support for those caring for family member suffering from dementia. And my mother has been treated at the emergency room and it was as if she was invisible. Have you ever tried to keep a dementia patient calm and contained for 9

VERBATIM COMMUNITY SURVEY COMMENTS
hours solid while waiting to even be seen in the emergency room? It's not easy! When she was finally admitted overnight, the nursing staff was wonderful but the emergency room staff could use a little training on how to handle dementia patients.
Avoid UMass. Top heavy, poorly run smoke and mirrors organization. Management out of touch with front line workers. They will destroy the great Milford hospital and system that exists
We need to get many in our population more active. Utilize your exercise specialists more - your PTs and PTAs have such a depth of knowledge to share with the community and can do so in more creative ways than just treating inside a clinic
I think we are lucky to live in this state and receive great care, but I do worry about other health systems closing and the impact that will have on MRMC and community members.
Milford Regional is an outstanding hospital that has negatively changed over the past few years due to illegal immigration. The Er and local doctors are overrun by the non-English speaking people in the community.
MRMC should be embarrassed at the lack of PCPs and months long waits for care. I was at the ER due to passing blood (Sept 2023) and was told to follow up with a Gastroenterologist. I called the gastroenterologist and was told the office was completely booked through Dec 31st, and I could not be booked for a Jan 2024 appointment because ' the schedule isn't open yet'. I am privileged enough that I was able to drop everything when a wait-list appointment became available, but most people do not have the last minute option due to socioeconomic barriers (lack of transportation, childcare, inflexible work schedules). I work in Behavioral Health in the community, and too many of my clients report not being able to get the care they need in a timely manner. It's disgusting. MRMC needs to do better by their community
Please work towards bringing more PCs into your system. It's such an important role! My husband wanted to switch several times only to be told there was no one else available in our network. Leaving our community seems to be a common theme.
More education in the towns served by hospital of what is available. More involvement with local leaders, select boards, to educate residents and promote what's available, successes. Have a communication committee that has 3 members from each community served and perform effective study in each community of effectiveness of communication efforts.
Please could you educate your PCPs about Toxic Mold Illness (also known as CIRS-WDB) based on the work of Dr. RItchie Shoemaker and others: https://www.survivingmold.com/ My PCP has shown a total lack of interest in learning about it, his eyes glaze over when I talk about it, and recently told me he his skeptical based on reasons that proved he knew nothing about it. 24% of the population are genetically susceptible and there are likely many people with chronic illness, either undiagnosed or unrecognized, who are suffering as a result. It is too complicated for PCPs to treat, but they should be able to recognize that someone with a chronic fatiguing illness and other related symptoms should be evaluated for it. And they certainly should not be dismissive of their patients who try to share their experiences with it. Thank you for your consideration.
The specialized physicians that I have are exceptional
The online exercise with Lisa Kohne has been great and helped me both physically and mentally

VERBATIM COMMUNITY SURVEY COMMENTS
MRMC provides excellent service for all medical needs
Some kids like I was, never know what it's like to run out of food in a sense. The adult in us knows it's possible, not just theory. Also fix all water fountains that were originally placed for access.
My personal experience with MRMC has been very positive.
I had an emergency room visit there over the summer and I felt gaslighted as an older female. Doctors and PAs jump to conclusion that people are seeking access to pain meds instead of what they really want - to get better without drugs! Offer Fibromyalgia clinics and integrate natural remedies in your care offerings.
THANK YOU FOR TAKING AN INTEREST AND DOING THIS.
Thank you to MRMC for attempting to determine how best to improve our community health services.
More and more PCP's are moving/retiring. Many that are here have not taken new patients in years. Many that do take new patients to not accept any unusual insurance plans.

APPENDIX I. 2024 PRIORITIZATION OF KEY HEALTH ISSUES

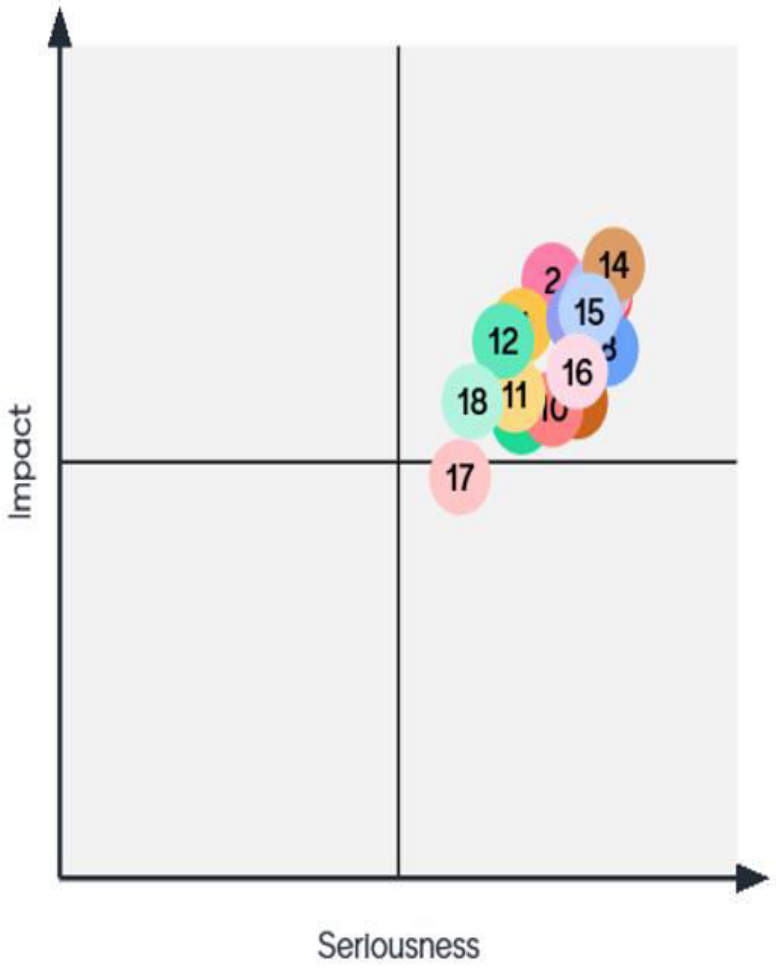
Community Benefits Advisory and Leadership Members prioritized Key Health Issues that resulted from the 2024 CHNA. Each member ranked 18 issues (in 4 major areas) according to the seriousness of the issue and MRMC and its community partners' ability to impact the issue.

- **Seriousness**
  - How significant is the consequence if we do not address this issue? *(Quality of life, illness, disability, death)*
  - How pervasive is the scope of this issue? Does it effect a majority of our population or only a small fraction?
- **Ability to Impact**
  - Can we make meaningful differences with this issue? What is our ability to truly make an impact?
  - Are there known proven interventions with this issue?

The 2024 – 2027 priorities that will be addressed in the Implementation Plan are

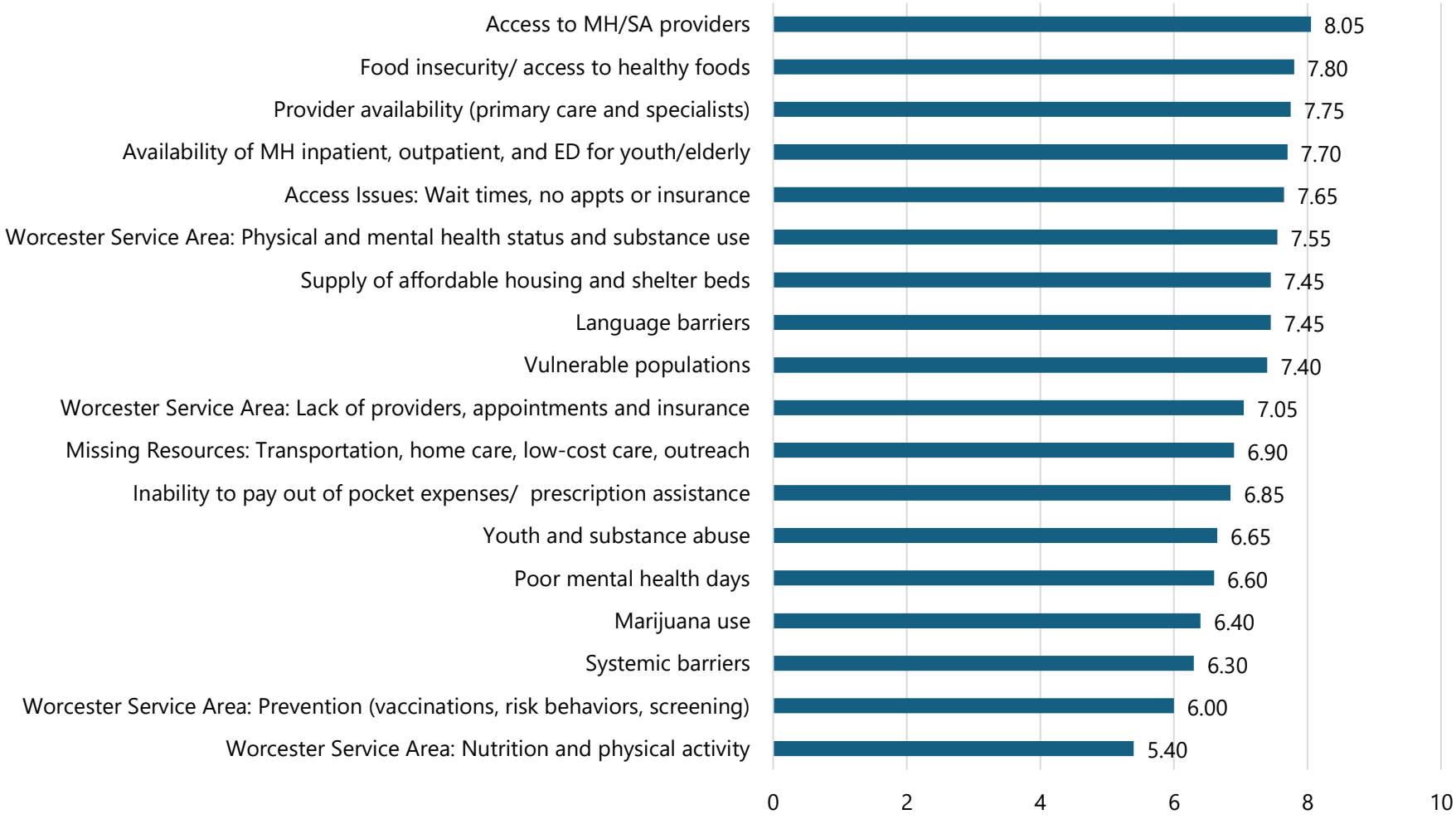
- Access to Mental Health/Substance Abuse providers
- Food insecurity/ access to healthy foods
- Provider availability
- Availability of Mental Health inpatient, outpatient, and Emergency Room services for youth/elderly
- Access Issues: Wait times, no appts or insurance

The full results are displayed in 2 charts (Scattergram and Ranking).



1 Issues of access: Wait times, no appts or insurance
2 Language barriers
3 Provider availability
4 Missing: Transportation, home care, free screening/ low-cost care, outreach
5 Systemic barriers
6 Vulnerable populations
7 Inability to pay out of pocket expenses/ prescription assistance
8 Supply of affordable housing and shelter beds
9 Food insecurity/ access to healthy foods
10 Poor mental health days
11 Marijuana use
12 Youth and substance abuse
13 Availability of MH inpatient, outpatient, and ED for youth/elderly
14 Access to MH/SA providers
15 Physical and mental health status and substance use
16 Lack of providers (dentists), appointments and insurance
17 Nutrition and physical activity
18 Prevention (vaccinations, risk behaviors, screening)

Ranking


Access to MH/SA providers 8.05
Food insecurity/ access to healthy foods 7.80
Provider availability (primary care and specialists) 7.75
Availability of MH inpatient, outpatient, and ED for youth/elderly 7.70
Access Issues: Wait times, no appts or insurance 7.65
Worcester Service Area: Physical and mental health status and substance use 7.55
Supply of affordable housing and shelter beds 7.45
Language barriers 7.45
Vulnerable populations 7.40
Worcester Service Area: Lack of providers, appointments and insurance 7.05
Missing Resources: Transportation, home care, low-cost care, outreach 6.90
Inability to pay out of pocket expenses/ prescription assistance 6.85
Youth and substance abuse 6.65
Poor mental health days 6.60
Marijuana use 6.40
Systemic barriers 6.30
Worcester Service Area: Prevention (vaccinations, risk behaviors, screening) 6.00
Worcester Service Area: Nutrition and physical activity 5.40
0
2
4
6
8
10

APPENDIX J. 2021 IMPLEMENTATION STRATEGY PLAN

Prioritized Health Issues in 2021:

- Health Care Access/Health Insurance
- Health Outcomes in Worcester County
- Homelessness/Food Insecurity
- Mental Health and Substance Use

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 Community Benefits Leadership & Advisory Committee and Board of Trustees. The goal statements, suggested strategies, metrics and inventory of existing community assets for each of the priority areas are listed in the grid below. Session participants can be found in Appendix I.

Priority Area #1: Mental Health & Substance Use

Overarching Goal: Reduce substance use across the region and increase access to mental health services for all ages.

Mental Health and Substance Use		
Strategies	**Metrics**	**Resources/Potential Partner Organization**
Increase collaboration between hospital, advocates and community organizations to assist patients with mental health and/or substance use issues upon discharge.	• Number of community collaborations • Data from CIMS • Reduced admissions/discharged	• Chris' Corner • No One Walks Alone (NOWA) • Riverside Community Care • Family Continuity
Collaborate with schools and after school programs to address behavioral/mental health issues with school-aged children.	• Number of collaborations formed • Number of programs held	• Milford Youth Center • Local schools • Chris' Corner • No One Walks Alone (NOWA) • Riverside Community Care • Family Continuity • Whitin Community Center • Hockomock Area YMCA • Community Impact

Increase access to low cost parenting classes to help families manage mental health issues in children and adults.	• Number of parenting resources available	• Chris' Corner • No One Walks Alone (NOWA) • Riverside Community Care • Family Continuity • New Hope • Worcester Country District Attorney
Increase bilingual resources and cultural sensitivity awareness for immigrant populations.	• Number and types of resources available	• Edward M. Kennedy Community Health Center (EMK) • Community Outreach Worker • MRMC Interpreter Services • Milford Youth Center • Whitin Community Center • Worcester County District Attorney • Chris' Corner • NOWA • Riverside Community Care • Family Continuity Churches/Places of Worship
Increase networking opportunities for community organizations to foster collaboration and efficient use of resources, as well as share best practices.	• Number of networking events • Number of new collaborations formed	• MRPG • MRMC Case Management • MRMC Substance Use Task Force • EMK • Milford Youth Center • Whitin Community Center • Worcester County District Attorney • Chris' Corner • NOWA • Riverside Community Care • Family Continuity Local police departments
Increase access to telehealth for mental health and substance use patients.	• Number of telehealth visits	• Riverside Community Care • Family Continuity • New Hope • Tri-Valley Elder Services

Continue to support jail diversion programs in the service area.	• Number of programs	• Local Police Departments • School Resource Officers • Chris' Corner • Worcester/Norfolk/Middlesex County District Attorneys • Family Continuity
Increase collaboration with domestic violence resources.	• Number of referrals	• New Hope • Local police departments • Chris' Corner

Priority Area #2: Health Care Access/Health Insurance

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

Health Care Access/Health Insurance		
Strategies	**Metrics**	**Resources/Potential Partner Organization**
Increase access to dental care by supporting, where appropriate, the opening new dental clinics for low-income residents.	• Number of dentists providing screening to low-income residents	• EMK
Provide dental screening and oral hygiene education to local youth.	• Number of children participating in dental outreach programs	• Blackstone Valley Regional Vocational Technical High School Dentistry Program • Tri-County Regional Vocational Technical High School • Local dental offices • Hockomock YMCA Whitin Community Center
Assist in vaccination efforts in the Town of Milford where appropriate to address the needs of the school-aged immigrant population.	• Number of school-aged children who receive necessary school vaccinations	• EMK • St. Anne's Free Medical Clinic • Milford Public Schools • Milford Health Department

Increase the number of providers and advanced practitioners through recruitment and retention.	• Number of new primary care physicians • Number of new specialty physicians • Number of new advanced practitioners	• MRMC • Milford Regional Physician Group
Continue to facilitate enrollment of uninsured/underinsured for health benefits and connect Emergency Department patients with primary care providers.	• Number of residents who receive insurance enrollment assistance • Number of patients connected to PCPS	• MRMC Benefits Enrollment Counselors • EMK • MRMC Community Health Workers • MRMC Care Management • TriValley Elder Services SHINE counselors
Work in partnership with community leaders to provide local immigrants with healthcare and insurance resources.	• Number of residents enrolled	• Milford Health Department • Community Outreach Worker • EMK • Local religious leaders • Trusted business contacts, i.e. hairdressers, barbers • Catholic Charities • MRMC Interpreter Services Churches/Places of Worship

Priority Area #3: Health Outcomes in Worcester County

Overarching Goal: Improve health outcomes in Worcester County by analyzing data specific to Worcester County communities within the MRMC service area to first understand the major health issues and then to plan necessary steps to improve health outcomes in those identified areas.

Health Outcomes in Worcester County

Strategies	Metrics	Resources/Potential Partner Organization
Track hospital data to identify health issues specific to service area towns located in Worcester County.	• Specific data on health issues such as asthma, cancer, diabetes, obesity, chronic illness, respiratory diseases, cardiac disease, etc. to determine which areas to focus future planning.	• MRMC Quality Department • MRMC Emergency Department • Town specific census and health data • UMass hospital system
Facilitate networking and collaboration among external organizations to help improve health outcomes.	• Hold annual networking meeting discuss areas of need and resources available • Number of new collaborations and partnerships	• Non-profit organizations in the community such as, but not limited to, New Hope, Tri-Valley Elder Services, Central Mass YMCA, Catholic Charities, Salvation Army, UMass, local municipalities and health department, senior centers Whitin Community Center
Provide educational opportunities in the community on the importance of screenings and preventative health measures.	• Number of patients in the lung cancer screening program • Number of colonoscopies • Number of prostate screenings • Number of rectal cancer screenings	• MRMC • MRPG • UMass • Tri-River Family Medical
Research high number of accidents in an effort to determine driving factors that may need to be addressed	• Define “accidents” • Reduction of accidents	• Town Health Data • MRMC Quality Department • MRMC ED UMass

Priority Area #4: Food Insecurity & Homelessness

Overarching Goal: Increase communication and collaboration with community organizations to prevent homelessness, assist those facing a housing crisis and help reduce food insecurity in the service region.

Food Insecurity & Homelessness		
Strategies	**Metrics**	**Resources/Potential Partner Organization**
Collaborate with community churches and other local non-profits to communicate resources to immigrant and non-English speaking community.	• Number of people requesting assistance from local organizations	• Catholic Charities • Whitin Community Center • Salvation Army • Local food pantries • Tri-Valley Elder Services • Pathway to a Better Life and other local coalition community groups • Milford Health Department • Milford Humanitarian Coalition • CHNA 6 • St. Vincent de Paul • Local churches • Hockomock YMCA • Local Police Departments
Support local organizations providing temporary shelter to those experiencing a housing crisis or homelessness.	• Number of people in temporary shelters • Number of people provided assistance	• Tri-Valley Elder Services • Pathway to a Better Life • Blackstone Valley Emergency Shelter • Catholic Charities • Salvation Army • Milford Area Humanitarian Coalition • Milford Health Department • CHNA 6
Establish a network of organizations that can pool resources and streamline assistance in a collaborative effort to increase resources in the service area.	• Number of organizations in network • Number of those assisted	• Tri-Valley Elder Services • Hockomock YMCA • Whitin Community Center • Catholic Charities • Local food pantries

		• Pathway to a Better Life and other local coalition community groups • Senior Centers • Local churches
Partner with local police departments to provide assistance with community meals and grocery services, which will help those with transportation deficits and improve relationships with local law enforcement.	• Number of people helped • Number of community meals provided	• Local police departments • Whitin Community Center • Catholic Charities • Hockomock Area YMCA • Senior Centers • Local food panties • Local grocery stores
Support local efforts to increase affordable housing in the service area.	• Number of affordable units available in the service region	• MetroWest Collaborative Development • Milford Area Humanitarian Coalition • Catholic Charities
Establish a connection between community organizations and local farms, markets and grocery stores to increase local food donations of "unsellable" food.	• Increased inventory at local food pantries and food service programs • Number of partnering markets/stores	• Local grocery stores • Hockomock Area YMCA • CHNA 6 • Local food pantries • Milford Area Humanitarian Coalition • Milford Health Department • Franklin Area Non-Profit Network • Whitin Community Center
Continue to support food assistance programs and local farmers markets.	• Number of people served • Number of events held/assistance programs annually	• Hockomock Area YMCA • CHNA 6 • Local food pantries • Milford Health Department • Local churches • Milford Area Humanitarian Coalition • Franklin Area Non-Profit Network

APPENDIX K. 2021 IMPLEMENTATION STRATEGY OUTCOMES

Prioritized Health Issues in 2021:

- Mental Health and Substance Abuse Prevention
- Health Care Access
- Homelessness and Food Insecurity
- Better Health Outcomes in Worcester County

Major Outcomes from the 2021 CHNA Priorities:

Milford Regional hosted four different forums which focused on addressing the youth mental health crisis and sharing resources among mental health professionals to increase awareness of services. Forums were held in person or via webinar and were free of charge.

- October 2022: "Clinical and Community Solutions to Address Youth Mental Health."
  An event for mental health professionals was offered to strategize and share resources to collectively meet the mental health care needs of children and teenagers. Four panelists provided remarks and answered pre-approved questions, which were asked by Milford Regional Chief Quality Officer and Vice President and Moderator Bert Thurlo-Walsh, MM, RN, CPHQ. The panelists included Milford Regional Physician Group Director of Pediatrics Mary Lyons, MD; New England Chapel Youth Director Josh Porizky, SHINE Initiative Executive Director Fred Kaelin; and Clinical Supervisor and Bilingual Clinician for Wayside Youth and Family Services Nanci Coelho, LMHC. The evening presented attendees with two opportunities: 1. The chance to hear and ask questions related to each panelist's experiences, successes and struggles in helping youth suffering from mental health issues. 2. It also provided attendees the ability to network and share resources to help with this common area of focus.

- April 2023: "Opening Doors to Youth Mental Health: A Focus on Homebased Health Services." A free continuing education and networking event was held at Milford High School and brought together experts to focus on solutions to help youth in crisis access more homebased mental health services and provide social workers assistance in maintaining their continuing education requirements and enhance their invaluable work with youth. Featured speakers included Commissioner of the Massachusetts Department of Mental Health Brooke Doyle, LMHC, M.Ed.; Vice President of Service Integration at Riverside Community Care Manny Oppong, LICSW; Medway Police Officer and LGBTQ+ Liaison Meghan Casey and Milford Regional and Blackstone Valley Tech. School Based Health Center Nurse Practitioner Jenna Callahan, FNP, CLC. The event was moderated by Milford Regional Chief Quality Officer and Vice President Bert Thurlo-Walsh, MM, RN, CPHQ.

- November 2023: "Opening Doors to Address Youth Mental Health: Helping Parents Identify the Early Signs of ADHD, Anxiety and Depression."
  This free webinar was created for parents and caregivers and featured medical and mental health professionals focusing on the early signs of ADHD, anxiety and depression in children while also recognizing what typical, developing behaviors are. Featured speakers included

Milford Regional Physician Group Director of Pediatrics Mary Lyons, MD; Licensed Mental Health Counselor for Family Continuity Kate Rose, LMHC; and Wayside Youth & Family Support Network Peer Support Specialist/Peer Mentor Destiny O'Connell, CPS. Milford Regional Chief Quality Officer and Vice President Bert Thurlo-Walsh, MM, RN, CPHQ, moderated.

- June 2024: "Opening Doors to Address Youth Mental Health: How Parents Can Best Support Their LGBTQ+ Child."
  This free webinar featured clinical professionals' expert guidance and provided resources to support positive mental health. A parent's lived experience was also part of the discussion. Presenters included Milford Regional Medical Center Manager of Behavioral Health Jill MacCormack, LICSW; Milford Regional Medical Center & Blackstone Valley Tech. School Based Health Center Nurse Practitioner Jenna Callahan, FNP, CLC and parent Lisa Cecelya. Milford Regional Medical Center Chief Quality Office & Vice President Bert Thurlo-Walsh, MM, RN, CPHQ, moderated.

The Community Health Network Area Region 6 (CHNA 6), on which Milford Regional serves and provides grant funding to, offered three municipalities (Milford, Franklin and Sutton) that were housing migrants in hotels contracted by the Commonwealth of Massachusetts, a one-time $10,000 emergency grant to assist in expenses incurred by the municipalities. Grant funding was used for various needs including transportation to medical appointments, hearing aids and medication.

Milford Regional partnered with the Milford Parks Commission and IMPACT Melanoma to provide free sunscreen to patrons of the newly reopened Fino Pool. IMPACT Melanoma is the nation's leading nonprofit organization dedicated to reducing melanoma through education and programs. The touch-free, highly visible dispenser offered visitors access to SPF 30 sunscreen and was placed at the entrance of the pool. Additionally, educational information on skin cancer prevention from the American Cancer Society was placed next to the sunscreen dispenser. The free sunscreen fulfilled two prioritized health issues: 1. Provided access to sunscreen for local families who may not have been able to afford it. 2. Aimed to improve health outcomes as a preventative measure to skin cancer.

Milford Regional launched a new Milford Addiction Care Team (MACT) to provide assessments, resources, counseling and recovery coaching to better care for and treat patients who suffer from alcohol dependency or substance use disorders while they are in the hospital.

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The following is a detailed review of the outcomes from each priority area from the 2021 Community Health Needs Assessment.

Mental Health /Substance Abuse Prevention

Overarching Goal: By 2024, reduce substance use across the region and increase mental health services for all ages:

Community Programming

- October 2022: "Clinical and Community Solutions to Address Youth Mental Health." *See more detailed information on this goal under the previous Major Outcomes category.*

- April 2023: "Opening Doors to Youth Mental Health: A Focus on Homebased Health Services." *See more detailed information on this goal under the previous Major Outcomes category.*

- November 2023: "Opening Doors to Address Youth Mental Health: Helping Parents Identify the Early Signs of ADHD, Anxiety and Depression." *See more detailed information on this goal under the previous Major Outcomes category.*

- June 2024: "Opening Doors to Address Youth Mental Health: How Parents Can Best Support Their LGBTQ+ Child." *See more detailed information on this goal under the previous Major Outcomes category.*

Clinical Resources

Milford Regional launched a new Milford Addiction Care Team (MACT) for patients. *See more detailed information under the previous Major Outcomes category.*

Community Support Groups

Milford Regional began two new support groups including a new postpartum mental health support group for parents in the postpartum period of up to 12 months. The group is facilitated by Sarah Baroud, a licensed therapist and social worker who specializes in perinatal mental health. In addition, a support group for family members of loved ones afflicted with Frontal Temporal Dementia (FTD) or others impacted by the condition was launched. Christine Beauchaine, from the Association for Frontal Temporal Dementia, facilitates the monthly support group. Furthermore, a parent and a breastfeeding support group were reactivated after COVID. *The FTD support group was suspended due to the facilitator's caregiver schedule.*

Health Care Access

Overarching Goal: By September 2024, reduce health disparities by improving health care access and health insurance for vulnerable populations in the Milford Regional Service Area.

Access to Sunscreen

Milford Regional partnered with the Milford Parks Commission and IMPACT Melanoma to provide free sunscreen to patrons of the new Fino Pool. *See more detailed information on this goal under the previous Major Outcomes category.*

Access to Childbirth Education

Milford Regional's childbirth education instructor, Laura Laird, provided free childbirth education to expectant students within the Milford School District. Laura traveled to Milford schools offering students education on childbirth and newborn care. The school district provided a translator when needed.

Increase Health Insurance Enrollment

Milford Regional's Enrollment in Coverage program assists patients from the hospital's service region with access to health insurance. Over the last three years, counselors enrolled approximately 800 uninsured people with healthcare coverage.

Increasing Physician Recruitment

Milford Regional's Recruitment Committee continues to work to increase access to primary care physicians and specialists.

Emergency Grant Funding

The Community Health Network Area Region 6 (CHNA 6), on which Milford Regional serves and provides grant funding to, offered three municipalities housing migrants in hotels, a one-time $10,000 emergency grant. *See more detailed information on this goal under the previous Major Outcomes category.*

Homelessness and Food Insecurity

Overarching Goal: By September 2024, increase communication and collaboration with community organizations to prevent homelessness, assist those facing a housing crisis and help reduce food insecurity in the service region.

Additional Resources

Milford Regional added representatives from the Central Massachusetts Housing Alliance to its Community Benefits Committee to help serve as a resource for homelessness and food insecurity initiatives.

Resource Business Cards

Through a collaboration with CHNA 6 and the Franklin Health Department, "Hope for the Homeless in Our Community" business cards were developed with a QR code and website directing users to multiple social service, food insecurity and behavioral health resources within the Franklin, Milford and other Blackstone Valley communities. The cards were given to public safety officials, members of the Franklin Health Dept., and the National Guard who were assisting with the needs of migrants/refugees.

Grant Allocation

The Community Health Network Area Region 6 (CHNA 6), on which Milford Regional serves and provides grant funding to, awarded Medway Village Church Food Pantry a grant to purchase and install an outdoor freezer/refrigerator unit. A grant was also awarded to the Hockomock YMCA to purchase fresh produce and equipment for their mobile food pantry.

Better Health Outcomes in Worcester County

Overarching Goal: By September 2024, improve health outcomes in Worcester County by analyzing data specific to Worcester County communities within the MRMC service area to first understand the major health issues and then plan necessary steps to improve health outcomes in those identified areas.

Data Analysis

Cheryl Bardetti, RN, Milford Regional Director of Quality, Patient Safety & Experience, joined the Community Benefits Committee to help identify the hospital's top health issues. Through the quarterly Community Care Transition reports, heart failure was identified as a reoccurring health issue for the Committee to focus on. Heart Failure Clinic patient information was translated into Spanish and Portuguese to help improve communication among non-English speaking patients of the clinic.

Preventative Measures

Milford Regional partnered with the Milford Parks Commission and IMPACT Melanoma to provide free sunscreen to patrons of the new Fino Pool. *See more detailed information on this goal under the previous Major Outcomes category.*

Community Screening Events

During Breast Cancer Awareness month in October, Milford Regional sponsored "Mammograms and Mimosas" in 2022 and 2023, giving busy women an opportunity to schedule their annual mammograms on a Sunday. Additionally, during Lung Cancer Awareness Month in November of 2023, Milford Regional hosted a lung cancer screening for high-risk patients. Both screening events were meant to detect cancer at an early stage and therefore provide more treatment options and a greater chance of survival.

Community Lecture

Milford Regional partnered with the Milford Senior Center offering seniors a free community lecture, "A New Lease on Life. The Surgical Approach to Hip Replacement." Brendan Kiernan, MD, of Milford Regional Orthopedics and Sports Medicine discussed an overview of hip replacement surgery.

APPENDIX L. 2018 IMPLEMENTATION STRATEGY OUTCOMES

Prioritized Health Issues in 2015 and 2018:

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

Major Outcomes from the 2018 CHNA Priorities:

- The Dementia Experience: Milford Regional Medical Center worked jointly with Cornerstone at Milford Senior Living to plan and present The Dementia Experience, a program that uses sensory modifications and role-playing activities to depict real-life situations that a person living with mild cognitive impairment or dementia would face. The Dementia Experience thrusts you into the daily life of someone with dementia by simulating the physical ailments afflicting many seniors and created the frustration, confusion and anxiety that accompany cognitive impairment. The program was free to the community and held at the Milford Senior Center.
- Working with Community Health Network Area Region 6 (CHNA 6), a grant was awarded to Riverside Community Care Outpatient Center for a yoga and self-awareness training program to help high school students manage stress and anxiety.
- Milford Regional entered a partnership with Spectrum Health Systems to establish a bridge clinic. The partnership allows for rapid access to medication assisted treatment to patients of the Emergency Department and other Milford Regional affiliated patient care sites. The partnership helps bridge the gap between emergency care and primary care for patients with substance abuse disorder and longer-term addiction treatment.
- Milford Regional Medical Center has established a Recruitment Committee to work on increasing access to primary care physicians and specialists.
    - Since FY2018, Milford Regional has added a total of 83 new primary care physicians and specialists.
- The Steering Committee of CHNA 6 – on which Milford Regional serves – decided to offer Emergency Grants related to COVID-19. These grants were offered monthly in an effort to be responsive in a timely manner to emerging community health needs. From June through September, $122,227.40 was awarded to 14 agencies to fund various programs to address increased food insecurity, to support telehealth services – especially for mental health providers and social service agencies, and many other COVID related needs.
- Milford Regional had planned a program in conjunction with New Hope, Inc. called “In Their Shoes,” an immersive program that explored bullying, sexting and dating violence among teens. The program was to be facilitated by New Hope and was designed to immerse participants in various real scenarios to help gain insight about teen interactions with their dating partner, family, friends, teachers, counselors, police and others. The program was scheduled for April but was unfortunately canceled due to COVID-19.

The following is a detailed review of the outcomes from each priority area from the 2018 Community Health Needs Assessment.

Behavioral Health/Substance Abuse

Objective 1.1: By September 2021, increase community linkages to connect and advocate for families/individuals to access behavioral health and substance abuse prevention services

- The Dementia Experience: Milford Regional Medical Center worked jointly with Cornerstone at Milford Senior Living to plan and present The Dementia Experience, a program that uses sensory modifications and role-playing activities to depict real-life situations that a person living with mild cognitive impairment or dementia would face. The Dementia Experience thrusts you into the daily life of someone with dementia by simulating the physical ailments afflicting many seniors and created the frustration, confusion and anxiety that accompany cognitive impairment. The program was free to the community and held at the Milford Senior Center. ***Planned in FY2019, held in FY 2020 with plans to host a second one in Northbridge. The second program was canceled due to COVID-19.***
- Working with Community Health Network Area Region 6 (CHNA 6), a grant was awarded to Riverside Community Care Outpatient Center for a yoga and self-awareness training program to help high school students manage stress and anxiety.
- Working with CHNA 6, a grant was awarded to Wayside Youth & Family Support Network, Inc. to embed a clinician at Stacy Middle School in Milford to provide mental health counseling during school hours.
- Case Management Department continues to work to connect youth and families to mental health providers through referral service.
- Working with CHNA 6, Milford Regional supported a jail diversion program with Juvenile Advocacy Group (JAG) and the Milford Police Department.
- Supported the Blackstone Valley Connector with Family Continuity through CHNA 6.
- Milford Regional entered a partnership with Spectrum Health Systems to establish a bridge clinic. The partnership allows for rapid access to medication assisted treatment to patients of the Emergency Department and other Milford Regional affiliated patient care sites. The partnership helps bridge the gap between emergency care and primary care for patients with substance abuse disorder and longer-term addiction treatment.

Health Care Access

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

- Milford Regional Medical Center has established a Recruitment Committee to work on increasing access to primary care physicians and specialists.
- Since FY2018, Milford Regional has added a total of 83 new primary care physicians and specialists.

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

- Working with CHNA 6, a grant was awarded to Abundant Care Inc. to provide personal products for the underserved and immigrant populations.

Health Promotion and Chronic Disease Prevention

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

- Milford Regional Medical Center trained two facilitators in the American Lung Association's Freedom from Smoking program. The smoking cessation program launched in April 2019.
  - **In FY 2020, the program was offered free to the community, however the program was suspended due to COVID-19.**
- Milford Regional worked with the Central Massachusetts Tobacco Free Community Partnership, school districts within our service area and Valley Chapel to offer a program to address the need for more information and education on the health effects of vaping, and what signs to look for to know if a teen is using electronic vaping products. Central Massachusetts Tobacco Free Community Partnership also met with the hospital's Substance Abuse Task Force to provide appropriate training.
- Continued to offer the Baby Steps Program within the Maternity Department.
- Working with CHNA 6, Milford Regional helped support the expansion of the Hockomock YMCA's Summer Food Service Program and implement the Healthy Weight & Your Child program.
- Milford Regional has a partnership with the Milford Senior Center through which the hospital offers Healthy Living Lunches at the senior center five times a year. The partnership includes funding the lunch program and providing speakers to educate attendees on relevant health topics. ***This program was suspended in 2020 due to COVID-19. Instead, two presentations were taped at Milford Community Television – COVID vs. the Flu, and Medication Safety.***

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

- Milford Regional Medical Center provides funding for CrossFit, Yoga, Pound®, Zumba®, Cardio Dance Jam and Fit Camp to be held at the Youth Center's After School Program throughout the school year. Each class ends with a healthy snack. More than 200 local youth have been served by this program.
- Milford Regional continues to work with CHNA 6 and agencies within that organization to provide needed services. Grants through CHNA 6 – largely funded by money from Milford Regional through the state's Determination of Need process – have been awarded to address food insecurity and to create community gardens. Examples include grants to Hockomock Area YMCA for a Centralized Model for School Food Pantries in Milford and a community garden for the Franklin Food Pantry.
- The Steering Committee of CHNA 6 – on which Milford Regional serves – decided to offer Emergency Grants related to COVID-19. These grants were offered monthly in an effort to be responsive in a timely manner to emerging community health needs. From June through September, $122,227.40 was awarded to 14 agencies to fund various programs to address

increased food insecurity, to support telehealth services – especially for mental health providers and social service agencies, and many other COVID related needs.

Priority Area: Violence Prevention

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

- Milford Regional had planned a program in conjunction with New Hope, Inc. called "In Their Shoes," an immersive program that explored bullying, sexting and dating violence among teens. The program was to be facilitated by New Hope and was designed to immerse participants in various real scenarios to help gain insight about teen interactions with their dating partner, family, friends, teachers, counselors, police and others. ***The program was scheduled for April, but was unfortunately canceled due to COVID-19.***
- Milford Regional had also planned a comprehensive Coaches Training Program in partnership with Whitin Community Center. This pilot program was aimed at providing access to training for volunteer coaches within town recreation departments. This training included CPR, behavior management, abuse awareness and concussion training. The goal of the program was to help promote a pure love of sport and physical activity while equipping coaches with the proper skill set to ensure a child's safety on the field, with a recognition that sometimes outside forces can affect a child's ability to interact with teammates and others on the field. ***This, too, was postponed due to COVID-19.***

APPENDIX M. 2015 IMPLEMENTATION STRATEGY OUTCOMES

Major Outcomes from the 2015 CHA Priorities:

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.

The following is a detailed review 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.
- 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.

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.