Community Health Needs Assessment

2016 FINAL SUMMARY REPORT

STURDY MEMORIAL HOSPITAL

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

SUBMITTED BY

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HOLLERAN

EXECUTIVE SUMMARY

Beginning in March 2016, Sturdy Memorial Hospital undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Bristol and Norfolk counties in Massachusetts. The aim of the assessment is to reinforce Sturdy Memorial Hospital's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators, including chronic health conditions, access to health care and social determinants of health. Sturdy Memorial Hospital contracted with Holleran Consulting, a research firm based in Lancaster, Pennsylvania, to execute this project.

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

CHNA Components

- Secondary Data Research
- Key Informant Surveys

Key Community Health Issues

Sturdy Memorial Hospital, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Surveys to select Key Community Health Issues. The following issues were identified (presented in alphabetical order):

- Cancer
- Diabetes
- Mental Health/Suicide
- Overweight/Obesity
- Substance Abuse/Alcohol Abuse

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Sturdy Memorial Hospital plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Cancer
- Diabetes
- Mental Health/Suicide
- Overweight/Obesity
- Substance Abuse/Alcohol Abuse

Previous CHNA and Prioritized Health Issues

Sturdy Memorial Hospital conducted a comprehensive CHNA in 2013 to evaluate the health needs of individuals living in the hospital service area within Bristol and Norfolk counties. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Sturdy Memorial Hospital to identify health issues and develop a community health implementation plan to improve the health of the surrounding community. The prioritized health issues include:

- Access to Primary Care Physicians
- Cancer Prevention Education and Screening
- Diabetes Management
- Heart Disease Prevention Education
- Obesity/Nutrition
- Wellness and Physical Activity

Major outcomes from the priority areas included:

- An expansion of the Hospital's care model to include the hiring of Nurse Practitioners, Physician Assistants and Emergency Technicians to increase access to primary care in the community.
- The Radiology Department at Sturdy was named a Designated Lung Cancer Screening Center by The American College of Radiology. In addition, the Hospital acquired a 3D Mammography service line to assist with early detection of Breast Cancer.
- The strategic development of Sturdy's Wellness Weight Loss Program, a comprehensive program that offers access to specialists in obesity medicine and addresses the health needs related to not only Obesity/Nutrition, but also Wellness and Physical Activity, Diabetes Management, and Heart Disease Prevention Education.
- The certification of the Hospital's diabetes program by the American Diabetes Association.
- A two-year initiative focused on the education of women about the signs and symptoms of heart disease.
- Continued collaboration with local community leaders on health education related to the identified priorities.
- Community education through physician written columns focused on the identified priorities published online and through local newspapers.

A full list of outcomes can be found in the Implementation Strategy.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

In existence since 1913, Sturdy Memorial Hospital is a locally controlled, not-for-profit acute care hospital, which is dedicated to providing a broad range of health care services to the residents of its communities. Located in Attleboro, Massachusetts, the Hospital serves a population base of 170,000 in suburban communities of Boston and Providence. The Hospital is dedicated to providing safe, high quality, cost-efficient health care, and the broadest range of diagnostic, inpatient, outpatient, and emergency services appropriate for a community hospital. Each year, nearly 7,000 patients get inpatient care at Sturdy Memorial Hospital and more than 50,000 are treated at its Emergency Care Center.

Sturdy Memorial Hospital operates 128 licensed hospital beds, employs more than 1,000 staff, benefits from the support of over 500 volunteers, and has more than 150 physicians on its staff. In addition, many specialists are affiliated with the Hospital. These physicians are highly qualified, and maintain their skills and knowledge of the latest medical techniques and equipment through ongoing training and education.

Community Overview

Sturdy Memorial Hospital defined its current service area based on an analysis of the geographic area where individuals utilizing its services reside. Its primary and secondary service areas are summarized below:

Primary Service Area	Secondary Service Area
Municipalities	Municipalities
Attleboro city	Norfolk town
Foxboro town	Sharon town
Mansfield town	Walpole town
North Attleboro town	
Norton town	
Plainville town	
Rehoboth town	
Seekonk town	
Wrentham town	

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile uses existing data from local and national sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the primary and secondary service areas, or Bristol and Norfolk counties, were compiled and compared to state and national level data, where applicable.
- Key Informant Surveys were conducted with a total of 58 key informants in April 2016. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

Research Partner

Sturdy Memorial Hospital contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 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 interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Sturdy Memorial Hospital sought community input through key informant interviews with community leaders and partners and inclusion of community leaders in the prioritization and implementation planning process. 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 on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. Data based on self-reports should be interpreted with caution. In particular, respondents may be prone to recall bias where they may attempt to answer accurately, but remember incorrectly.

In addition, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Sturdy Memorial Hospital sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Sturdy Memorial Hospital prioritized community health issues in collaboration with community leaders and partners, and developed an implementation plan to address prioritized community needs.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The following sections present the results of the analysis of secondary data and the key informant survey.

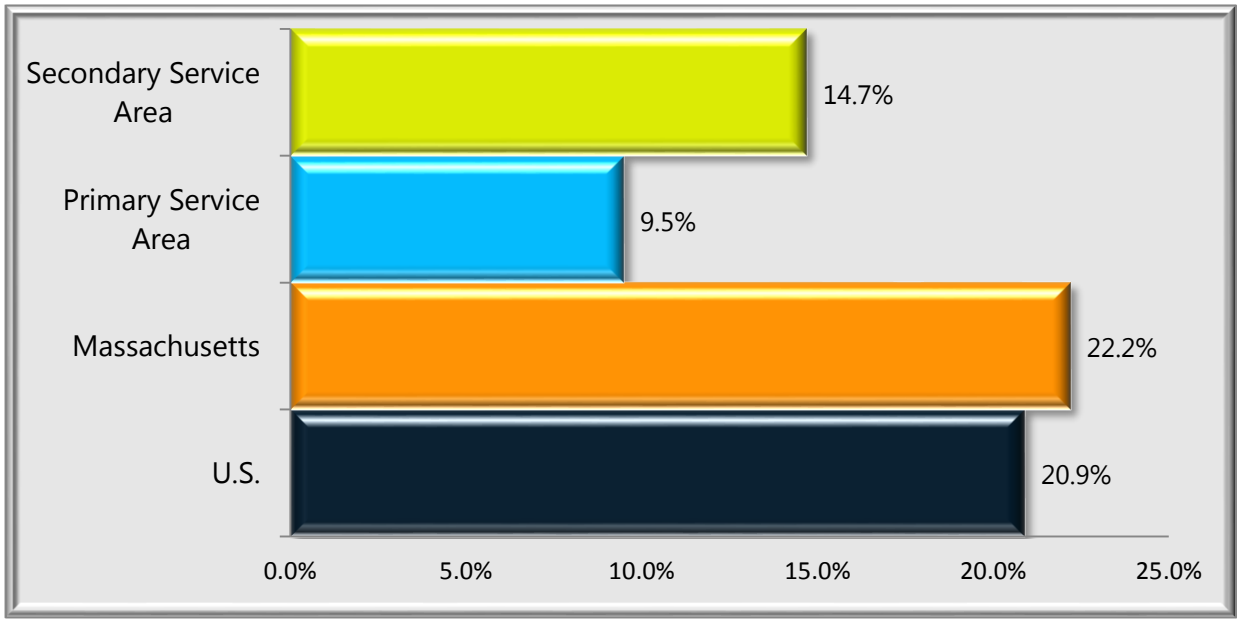
I. Socio-Demographic Statistics Overview

The population of both the primary and secondary service areas have experienced higher growth (6.1% and 6.5% respectively) between 2000 and 2014, when compared to Massachusetts (4.9%), but lower than the nation (11.6%).

The secondary service area has a notably larger older adult population when compared to the primary service area, Massachusetts, and the nation as evidenced by the median age (43.2 years), and the percent of resident's aged 60 years and older (20.9%).

The population in both the primary service area and the secondary service area is primarily White, but the proportion in the primary service area is higher (93.3%). Consequently, the secondary service area has a larger proportion of Asian or Pacific Islander population (8.2%) when compared to the primary service area, the state, and the nation. The racial breakdown provides a foundation for primary language statistics. The percentage of people who speak a language other than English at home is higher in the secondary service area (14.7%) when compared to the primary service area (9.5%), but is lower when compared to the state (22.2%) and the nation (20.9%). Residents in the secondary service area who speak a language other than English at home are more likely to speak Asian and Pacific Islander languages and other Indo-European languages. Those in the primary service area who speak a language other than English at home are most likely to speak other Indo-European languages.

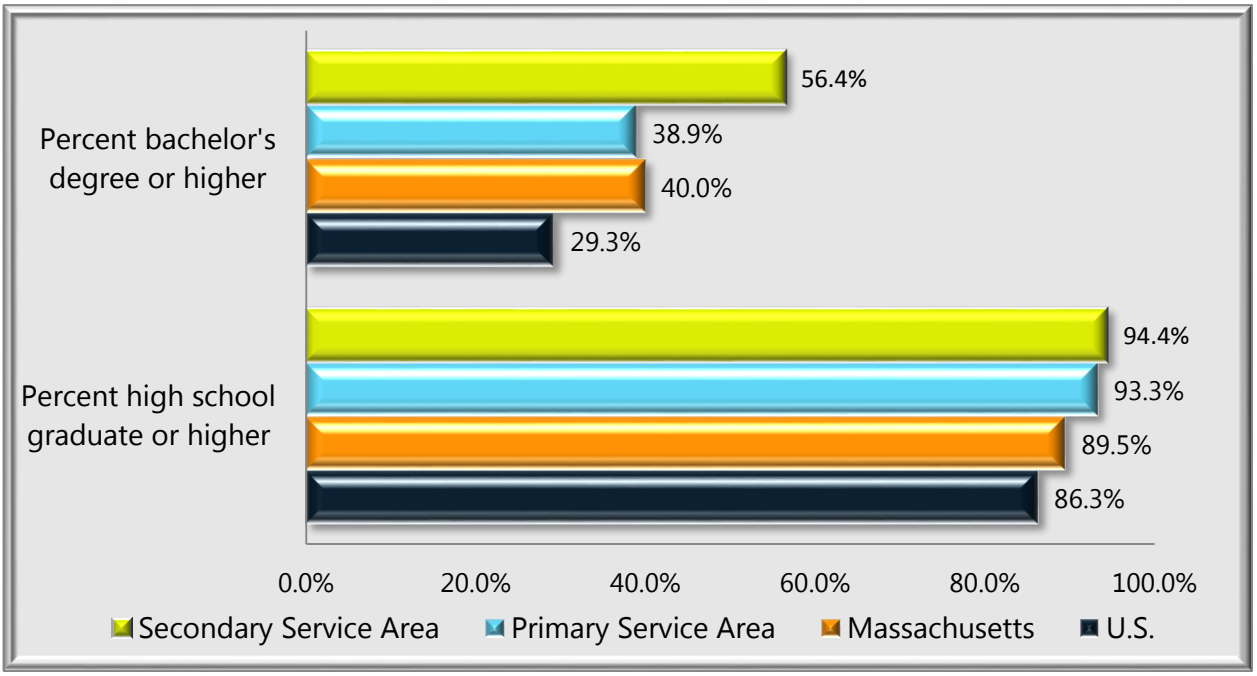
Figure 1. Percentage of population speaking a language other than English at home



A review of U.S. Census data shows specific community needs related to housing, education and poverty in both service areas. Housing is an important social determinant of physical and mental health. It is well documented that affordable housing alleviates the financial burden and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. When looking at housing costs in the primary and secondary service areas, the percentage of home owners spending 30% or more of their income on mortgage (29.2%) is notably lower in the secondary service area when compared to the primary service area, the state, and the nation. On the other hand, the percentage of renters spending 30% or more of their income on rent (46.3%) is lower in the primary service area compared to the secondary service area, Massachusetts, and the nation.

Education is also an important social determinant of health. Evidence indicates that individuals who are less educated tend to have poorer health outcomes. The primary service area has a lower percentage of residents with a bachelor's degree or higher (38.9%) when compared to the secondary service area (56.4%) and the state (40.0%), but it is still higher than the nation (29.3%).

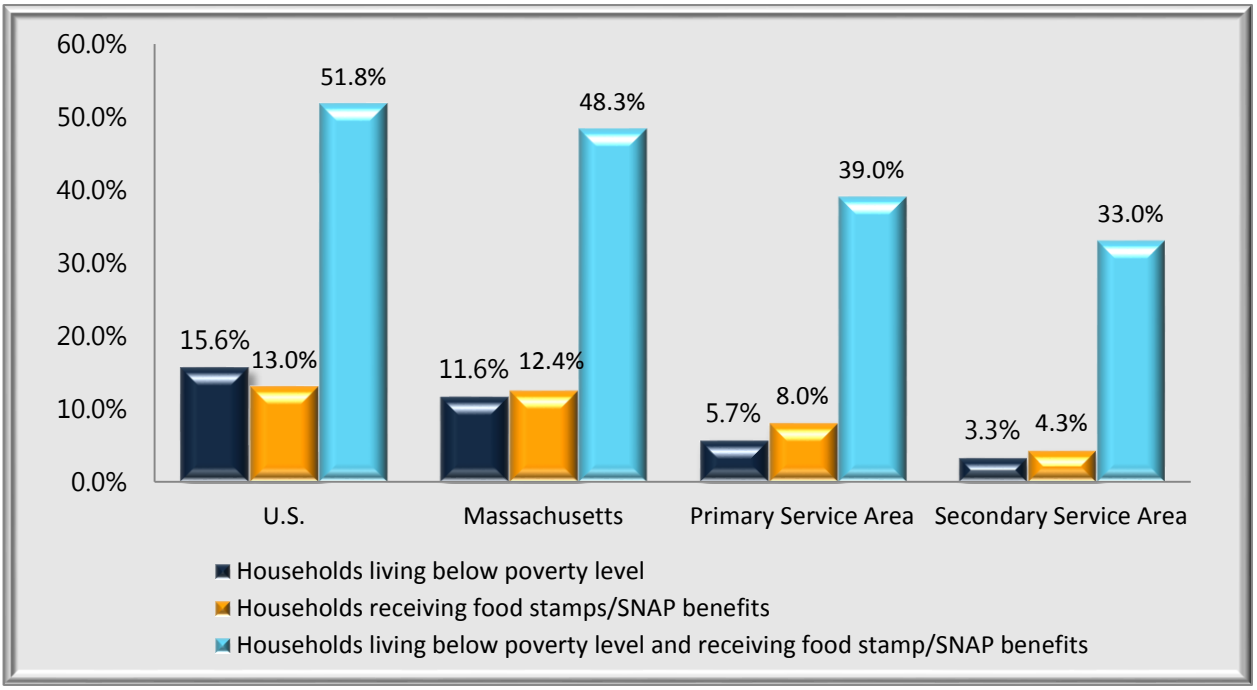
Figure 2. Population with a high school diploma or bachelor's degree or higher,



Another contributor to health outcomes is household income as it provides a foundation for determining poverty status. The median income for households and families is highest in the secondary service area ($112,401 and $129,462 respectively). Although not as high as median income in the secondary service area, the primary service area still has a higher median income for households and families ($80,645 and $97,732 respectively) compared to the state and the nation. The population below poverty level in both the primary and secondary service areas (5.7% and 3.3% respectively) is much lower when compared to both the state (11.6%) and the nation (15.6%). A higher share of residents in the primary service area live below poverty level and receive food stamp/SNAP benefits (39.0%) when compared to the secondary service area (33.0%), but is still less than the state and nation. However,

there are a notably higher proportion of households with one or more people 60 years and over receiving food stamps in the secondary service area (52.4%) when compared to the primary service area (31.1%), the state (33.9%), and the nation (26.8%).

Figure 3. Households below poverty level and receiving food stamps



Key Health Issues

This section illustrates the health concerns of the community in both counties as identified by the secondary data as well as the key informant survey.

Top Three Leading Causes of Death

The top three causes of death in the primary and secondary service areas are heart disease, cancer, and chronic lower respiratory disease. This is consistent with the state and the nation. However, the number one cause of death in the primary service area and the state is cancer while the leading cause of death in the secondary service area and the nation is heart disease. Additionally, the crude death rates for the top three causes of death are are all higher in the primary service area when compared to the secondary service area. The crude death rate for opioid-related deaths per 100,000 is higher in the primary service area (15.9) than in the secondary service area (11.3) and Massachusetts (14.6) as well. The overall crude death rate per 100,000 is notably higher in the primary service area (776.4) when compared to the secondary service area (672.9), but is still less than the state (815.3) and the nation (821.5).

Table 1. Crude Death Rates by Selected Causes, All Ages per 100,000 (2013)*

	U.S.	Massachusetts	Primary Service Area	Secondary Service Area
Diseases of heart	193.3	179.6	179.6	170.1
Malignant neoplasms (Cancer)	185.0	192.1	188.1	164.4
Chronic lower respiratory disease	47.2	38.4	43.8	22.7
Cerebrovascular diseases (Stroke)	40.8	35.2	33.5	26.5
Diabetes mellitus	23.9	17.1	13.1	11.3
Influenza and pneumonia	18.0	23.2	23.9	13.2
Suicide	13.0	8.5	8.0	5.7
Opioid-related	N/A	14.6	15.9	11.3

Sources: Centers for Disease Control and Prevention, Massachusetts Department of Public Health

*Rates for primary and secondary service area calculated using 2010 Census Summary File 1.

Key informant survey participants were asked to identify the top five most pressing health issues in their community. Substance abuse/alcohol abuse was identified as the top health issue by 81% of respondents. Substance abuse/alcohol abuse was also selected by key informants as the most significant health issue facing the service area closely followed by mental health/suicide. The following table illustrates the top five health issues facing the service area as viewed by key informants.

Table 2. Ranking of the Top Five Most Pressing Health Issues by Key Informants

Rank	Key Health Issue	Selected as an Issue	Selected As Most Significant
1	Substance Abuse/Alcohol Abuse	81.0%	25.9%
2	Overweight/Obesity	72.4%	15.5%
3	Mental Health/Suicide	63.8%	22.4%
4	Diabetes	50.0%	12.1%
5	Cancer	48.3%	0.0%

The following section provides a more detailed discussion of health issues in the service area.

Mental Health and Substance Abuse

Based on both the primary and secondary data analysis, mental health and substance abuse issues emerged as important health concerns. This finding is important because these issues can be significant confounding factors for broader health issues and overall unhealthy lifestyle behaviors. The crude death rate due to suicide per 100,000 is higher in the primary service area (8.0) than in the secondary service area (5.7), but both of the service areas still have lower rates than the state and the nation. However, mental health/suicide was ranked as the third most pressing health issue by key informants as well as the second most significant issue.

"Substance abuse expends health care and societal resources disproportionately over a much longer term than the resolution of a single acute episode would suggest."

In terms of substance abuse, the crude death rate from opioid-related deaths is higher in the primary service area (15.9 per 100,000) when compared to the secondary service area (11.3) and the state (14.6). Furthermore, substance abuse/alcohol abuse was rated as both the top health issue and the most significant health issue in the key informant survey.

Overweight/Obesity

Overweight/obesity is another important health issue that was identified through the primary and secondary data analysis. Being overweight/obese is a concern as it can be a contributing factor to a variety of other health conditions such as diabetes and heart disease. County Health Rankings data showed that Bristol County has a higher percentage of residents that are obese (28%) compared to Norfolk County (20%), the state (24%) and the National Benchmark (25%). Additionally, key informants ranked overweight/obesity as the second most pressing health issue in the service area. The majority of key informants felt obesity was one of the top health issues in the community as it often leads to many other health conditions. One key informant stated about the effects of overweight/obesity: *"The effect of overweight and obesity on health care costs, productivity and performance at school and work and on mental health/positive outlook is significant and effects over 35% of the youth in area schools."*

Cancer

Cancer was also identified as one of the top health concerns through the secondary data analysis. Based on data from the CDC and the Massachusetts Department of Public Health, cancer is the leading cause of death in the primary service area and the state, and the second leading cause of death in the secondary service area and the nation. Furthermore, the crude death rate due to cancer per 100,000 in the primary service area (188.1) is notably higher than the secondary service area (164.4) but comparable to the state and the nation. Additionally, females in Norfolk County are more likely to die from breast cancer (21.9 per age-adjusted 100,000) than females across Bristol County (18.6), and Massachusetts (20.3). Conversely, residents of Bristol County are more likely to die from lung and bronchus cancer (50.6 per age-adjusted 100,000) compared to residents in Norfolk County, the state, and the nation.

II. Health Risk Behaviors

This section illustrates the health risk behaviors that contribute to poor health as identified by the secondary data analysis as well as the primary data from the key informant survey.

Tobacco Use

County Health Rankings ranks the health of nearly every county in the nation. The ranks for Bristol and Norfolk Counties are based on all 14 counties in Massachusetts. A ranking of "1" is considered to be the healthiest. According to this data, Bristol County received a health behaviors rank of 13 out of 14 counties in Massachusetts. One of the factors that contributed to this ranking is adult smoking status. Nineteen percent of adults smoke in Bristol County compared to only 12% in Norfolk County, 15% in Massachusetts, and the National Benchmark of 14%.

Dietary and Exercise Behaviors

Healthy eating coupled with regular physical activity is widely supported as the best way to prevent certain health concerns, such as obesity, diabetes, heart disease and many others. Based on data from County Health Rankings, a notably higher percentage of adults aged 20 and older in Bristol County report no leisure time physical activity (27%) when compared to Norfolk County (19%), the state (22%) and the National Benchmark (20%). However, the populations in both Bristol County and Norfolk County have greater access to exercise opportunities (95% and 96%) compared to the National Benchmark (91%). Additionally, the food environment index is worse in Bristol County (7.8) than in Norfolk County (8.7), the state, and the nation (both 8.3).

Key informants were asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy. The majority of key informants felt factors such as access to affordable healthy foods as well as lack of time and motivation to exercise were some of the biggest challenges for community members. Specifically, one informant commented about healthy eating: "*For low income people, fast food is cheap, readily available and easy…and high in calories, fats and sodium. Even for middle- or higher- income people, long-standing ingrained habits are hard to break.*" Another key informant offered the following recommendations: "*Structured programs or fitness programs at low or no cost. Most programs are through clubs or organizations that require a fee/membership. People unable to afford these memberships often seem to need the programs and are not able to maintain a fitness program on their own.*"

III. Access to Care

This section illustrates the health coverage status of residents and highlights the barriers related to access to health care that contribute to poor health as identified by the secondary data as well as the key informant survey.

Health Insurance Coverage

Health insurance coverage can have a significant influence on health outcomes. According to U.S. Census Bureau (2010-2014) estimates, the health insurance coverage rate in both the primary and

secondary service areas (97.1% and 98.2% respectively) is higher slightly higher than the state (96.2%) and much higher when compared to the nation (85.8%).

Health Care Provider

According to County Health Rankings data, the ratio of primary care physicians and dentists is much worse in Bristol County than in Norfolk County, Massachusetts, and the National Benchmark. While the ratio of mental health providers to residents is also worse in Bristol County compared to Norfolk County and Massachusetts, it still exceeds the National Benchmark. The following table summarizes this finding.

Table 3. Health Care Provider Density (2016)

	National Benchmark	Massachusetts	Bristol County	Norfolk County
Clinical Care Rank			**11**	**1**
Primary care physician density	1,040:1	940:1	1,900:1	700:1
Dentist density	1,340:1	1,070:1	1,660:1	880:1
Mental health provider density	370:1	200:1	260:1	210:1

Source: County Health Rankings

While over half of key informants indicated that residents in the area are able to access a primary care provider, medical specialist, and dentist when needed, they felt that residents have may have more difficulty accessing other health care services, including Medicaid/Medical Assistance providers, mental/behavioral health providers, bilingual providers as well as transportation to medical appointments.

Underserved Populations

Key informants were asked whether they thought there are specific populations who are not being adequately served by local health services. The respondents were practically split on this issue with less than half of key informants (46.6%) feeling there are underserved populations in the community. Of those key informants who feel there are underserved populations in the community, the majority ranked low-income/poor, homeless, and uninsured/underinsured as the top three population groups that are underserved. In addition, nearly three quarters of key informants indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go when they are in need of medical care.

Barriers to Accessing Health Services

It is important to know the barriers community members face in accessing health services as this can help providers have a better understanding of why people avoid or delay seeking health care. By far, the most commonly selected barrier that key informants felt the community faced in accessing services was the inability to pay out of pocket expenses (74.1%) followed by lack of transportation and inability to navigate the healthcare system.

Resources Needed to Improve Access

Key informants were asked to identify missing resources or services that were needed to improve access to health care for residents in the community. Mental health and substance abuse services topped the list receiving 74% and 65% of responses respectively. Free/low cost dental care followed closely behind.

Challenges and Solutions

Key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. The most prominent themes that emerged in participants' responses include: Lack of time and motivation to exercise routinely, lack of health education and knowledge of available resources, accessibility and affordability of healthy food choices, and lack of safe and affordable places to exercise. The vast majority of key informants noted time and money as the biggest challenges facing the community in trying to live a healthy lifestyle. As one key informant stated: *"Money, time, motivation, education. It's ok for a PCP to diagnose diabetes, but without a glucometer to use at home, or nutrition advice, or time to go exercise, or money to pay for what they need, or information about the potential risks of not taking care of oneself, compliance is not likely."*

"In this community, it's not so much an educational challenge to get, stay or try to be healthy, it's an economic challenge to afford what's necessary."

To round out the feedback from key informants, respondents were asked to provide suggestions/recommendations that they felt would be helpful to improve health and quality of life in the community. Most survey participants expressed the need for affordable mental health services to be more widely available in the community as well as improved access to transportation. Increased collaboration and coordination among organizations around prevention efforts was also commonly voice by key informants.

Based on data from both the secondary data profile and the key informant survey, the service area overall has many assets that position the community to have socio-demographic and health outcomes that are often better than the state and nation. However, the data shows that, like many communities across the nation, the service area continues to struggle with health issues related to substance abuse, mental health, and overweight/obesity. Additionally, in terms of access to care, many key informants felt that low-income/poor populations are more likely than others to be underserved in the community. Sturdy Memorial and their partners will now use this data to identify the most pertinent community health issues and determine strategies to best address them.

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Sturdy Memorial Hospital plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Cancer
- Diabetes
- Mental Health/Suicide
- Overweight/Obesity
- Substance Abuse/Alcohol Abuse

Appendix A. Secondary Data Sources

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Appendix B. Key Informant Participants

Name	Agency
Susan Abrams	John J. Ahern Middle School
Janet Angelico	Wrentham Senior Center
Andrew Boles	Coelho Middle School
Ana Brenes-Coto	On Common Ground
Maria Brennan	Healthy Families
Veronica Brickley	Seekonk
Doreen Browne, RN, BSN	Norton High School
Ellen Bruder-Moore	Community Counseling of Bristol County
Maureen Cardarelli, RN	Cities of Plainville, Mansfield, Seekonk, Easton and Foxboro
Jeffrey Cateon	Willett Elementary School
Kimberly Cohen	Hockomock YMCA
Beth Collins	Chest Clinic of Dighton
Jamie Conlon, RN	Town of Rehoboth
Robert Davis	Town of North Attleboro
Kevin Dumas	City of Attleboro
Deb Ebert	Attleboro Public Schools
Gale Farrugia	Mansfield Council on Aging
Judy Fenton, RN	Town of Wrentham
June E. Fleischmann	City of Attleboro
Anne Marie Fleming, RN	Town of North Attleboro
Peg Flocco	Sturdy Memorial Hospital
Cyndee Goodinson-Lindsey	Attleboro YMCA
Laurie Greenfield	Salvation Army- Attleboro
Roger P. Hatfied	Foxboro Fire Department
Chief Kyle Heagney	Attleboro Police Department
Paul Heroux	State of Massachusetts
Susan Higgins, RN	Sturdy Memorial Hosptial
Rev. Bernard C. Hinckley	Trinitarian Congregational Church- Norton
Darlene Horton	Citizens For Citizens
Bernadette Huck	Seekonk Council on Aging
Pamela Hunt	North Attleboro Council on Aging
Edwin H. Hurley	Hockomock YMCA
Sharon Kelly	Foxboro High School
Brian Kelly, MD	Sturdy Memorial Hospital
Pat Kirby	The ARC Bristol County

James LaFlamme	Veteran's Affairs- Seekonk
Rose Larson	Sturdy Memorial Hospital Volunteer
Scott Leite	Town of Mansfield
Sheila Malacaria	Sturdy Memorial Hospital
Robin McDonald	Attleboro YMCA
Madeleine McNealy	Attleboro Council on Aging
Pam Miale	Sturdy Memorial Associates
Sheila Miller	Town of Norton
Lisa Nelson	State of Massachusetts
Jacquie O'Brien, RN	City of Attleboro
Donna Palmer, RN, BSN	Town of Norton
Kelly Pawluczonek	Town of Plainville
Alan Perry	City of Attleboro
Dr. Donald Pierce	Attleboro Falls Dentistry
Jo Ann Rapoza	Sturdy Memorial Hospital
Anne Sandland, RN, MSN	North Attleborough High School
Paul J. Schliecher	Norton Fire Department
Donna Sears	Sturdy Memorial Hospital
Kathy Trier	Community VNA
Kat Wright	Attleboro Council of Churches
Chris Zahner	Town of Norton
John Zambarano	Attleboro Housing Authority
Peter Zampine	Brewster Ambulance

Appendix C. Prioritization Session Participants

Name	Title	Agency
Bruce Auerbach, MD	CEO and President	Sturdy Memorial Hospital
Jessica Padykula	Registered Nurse, Emergency Care Center	Sturdy Memorial Hospital
Kathy D. Martin	Nurse Navigator, Oncology	Sturdy Memorial Hospital
Kimberly Cohen		Hockomock YMCA
Rose Antonino	Director of Patient Care Services	Sturdy Memorial Hospital
Sheila Malacaria	Tumor Registrar	Sturdy Memorial Hospital
Renee Sutton	Case Management	Sturdy Memorial Hospital
William Florentino	Chief of Development and Marketing	Sturdy Memorial Hospital
Chelsey Boyle	Publications Supervisor/Marketing Specialist	Sturdy Memorial Hospital