

Central Maine Healthcare FY 19 Community Benefit Report

May, 2020

Introduction

Supporting the residents of Maine in becoming healthy, vibrant community members is the responsibility of many organizations and individuals. Central Maine Healthcare (CMH) takes this responsibility seriously by providing exceptional healthcare services in a safe and trusting environment through the expertise, commitment and compassion of our team of caregivers. In addition to providing direct healthcare services, CMH recognizes that our responsibility also includes connecting with our community and helping them to feel empowered to improve their own health and the health of others. This means stepping outside of our hospitals and practices to listen, collaborate and plan with a diverse set of patients, local businesses, municipal leaders, youth and other populations not typically engaged in healthcare.

The CMH system includes Central Maine Medical Center in Lewiston (Androscoggin County), Bridgton Hospital in Bridgton (Cumberland County) and Rumford Hospital in Rumford (Oxford County).

This report details the Community Benefit activities that CMH implemented in Fiscal Year 2019. The major activities to address CMH's Community Benefit during this reporting period was the implementation of a robust Community Health Needs Assessment (CHNA) process and creation of Community Health Improvement Plans based on the results of the CHNA process and approved by each hospital's Community Health Committee. This report details how CMH went through the process to review data, listen to diverse viewpoints and assess top health needs as well as strategize on how we, as a healthcare system, can have a role in improving the conditions that impact the health of the community.

Community Health Needs Assessment (CHNA) Process

In 2013 Central Maine Healthcare joined the Maine Shared Community Health Needs Assessment (Maine SCHNA) — a state-wide collaborative of CMH, Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), and the Maine Center for Disease Control and Prevention (Maine CDC). This unique public- private partnership is intended to assess the health needs of all who call Maine home. It is designed to seek input from Maine communities on leading health issues, assets and unmet needs. The effort supports state and local public health accreditation efforts, meets IRS requirements for hospital community benefit activities and provides valuable population health assessment data for many organizations across Maine. This partnership continued and was strengthened for the 2018-19 Maine SCHNA process.

The local CHNA process (as opposed to the state-wide Maine SCHNA) resulted in the development of County-level health profiles that were then used to frame Community Forums and Key Informant interviews in the areas served by Bridgton and Rumford Hospitals and Central Maine Medical Center. This process allowed for the collection of rich data, both quantitative and qualitative, that informed the choice of which priorities each CMH Community Health Committee would implement.

CMH Community Health Needs Assessment activities included:

- Obtaining input from the community, including providers and communities served, on leading health issues and unmet needs
- Evaluating previous actions taken to address needs identified in previous assessments
- Choosing (with justification) which health needs should be addressed
- For hospitals, creating an informed implementation strategy designed to address the identified needs

The Communities We Serve

The Central Maine Healthcare hospital system includes Central Maine Medical Center in Lewiston, Maine (Androscoggin County), Bridgton Hospital in Bridgton, Maine (Cumberland County) and Rumford Hospital in Rumford, Maine (Oxford County). Each county developed a CHNA report. Lewiston-Auburn also generated a report.

Androscoggin County- Central Maine Healthcare

Androscoggin County is one of three counties that make up the Western Public Health District. It has a population of 107,376. The average household income \$48,728. 15.8% of the population is over the age of 65 and 92.3% are white. This high school graduation rate is 80.9%, lower than the state average (86.9%).

Oxford County- Rumford Hospital

Oxford County is one of three counties that make up the Western Public Health District. The population of Oxford County is 57,299. The average household income is \$42,197. 19.2% of the population is 65 years or older and 96.7% are white. The high school graduation rate is 84.5%, lower than the state average (86.9%).

Cumberland County- Bridgton Hospital

The Cumberland public health district covers all of Cumberland County. The population of Cumberland County is 288,204. The average household income is \$61,902. Portland, Maine's largest city is located in Cumberland County, has a diverse population that includes 13.4% foreign born. The demographics of Cumberland County skew the data as this county also includes wealthier communities in southern Maine whose residents do not necessarily use Bridgton Hospital for their care.

Health Priorities

Health priorities for the city, county, public health district and particular hospital service area were developed through community participation and voting at community forums. The forums were an opportunity for reviewing the County Health Profile, discussion of community needs, and prioritization in small break-out sessions followed by a forum session vote. Key informant interviews were also conducted with individuals from underrepresented groups to ensure a wide range of voices were included in the final priorities.

Data profiles are available for download at: <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml>.

Community Forums and Key Informant Interviews

The community forums were held during the fall of 2018. They included:

- Androscoggin County Forums in Lewiston
 - October 3, 2018 with **50 participants**
 - October 11, 2018 with **25 participants**
- Lewiston Forum for African Immigrants on August, 2018 with **40 participants**
- Cumberland County Forum in Naples (Bridgton area) on October 11, 2018 with **110 participants**
- Oxford County Forums
 - Bethel (Rumford Area) on October 10, 2018 with **110 participants**
 - South Paris (Rumford Area) on October 22, 2018 with **48 participants**

As part of the Maine Shared Community Health Needs Assessment, participating healthcare systems and Maine CDC partnered with local health coalitions, community action agencies, and other partners to form local community engagement planning teams. Central Maine Healthcare collaborated with other health systems in these planning teams, including Covenant Healthcare and Maine Health. The volunteer teams organized community forums and connected the Maine Shared CHNA staff to key informants for interviews. The process took place between August, 2018 and January, 2019.

The forums and key informant interviews provided opportunities for local people with deep knowledge of their communities to comment on the quantitative data presented in the health profiles and provide their own observations of health needs and assets.

Lewiston, in collaboration with the Office of Refugee Resettlement and the Maine CDC, held a forum in the summer of 2018 for African immigrants (often referred to as “New Mainers”). There were 40 attendees representing at least six different African countries of origin.

The forum held to engage the African immigrant community differed from the others and was facilitated as more of a conversation regarding general barriers to living in the community, as well as those specific to accessing healthcare for New Mainers. Culturally competency of providers, affordability and transportation barriers emerged as priorities.

These forums were an opportunity to review the County Health Profiles, discuss community needs and assets, and rank health priorities in small break-out sessions. After the break-out sessions, all attendees voted to determine a final list of health priorities. In Androscoggin County, the total number of votes were aggregated to determine priorities across multiple events. After the forums were completed, members of populations who were not well represented in community forums were identified and asked to participate in a Key Informant interview to ensure a wide range of voices were included in the final priorities and highlighted in the final CHNA reports.

Key Informant Interviews included individual members of underrepresented groups including Veterans, the elderly, Latinx, those with developmental disabilities, as well as others. Interpretation was provided and trusted individuals included in the interview sessions.

The reports can be accessed at: <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml>. Hospital Level Health Priorities

Health priorities were developed by particular hospital service areas through community participation and voting at community forums. See the tables below.

These tables include the top health priorities that came out of the forums. Each list of priorities was then presented to the individual hospitals' Community Health Committees.

*Androscoggin County
Central Maine Medical Center*

Table 1: Androscoggin County Health Priorities

PRIORITY AREA	% OF VOTES
Social Determinants of Health*	25%
Mental Health*	19%
Substance Use*	14%
Access to Care*	12%
Tobacco Use	9%

**Also a statewide priority. For a complete list of state-wide priorities, see state health profile on our website, www.mainechna.org*

*Cumberland County
Bridgton Hospital*

Table 1: Cumberland County Health Priorities

PRIORITY AREA	% OF VOTES
Access to Care*	25%
Social Determinants of Health*	24%
Mental Health*	15%
Substance Use*	13%
Older Adult Health/Healthy Aging*	12%

**Also a statewide priority. For a complete list of state-wide priorities, see state health profile on our website, www.mainechna.org*

*Oxford County
Rumford Hospital*

Table 1: Oxford County Health Priorities

PRIORITY AREA	% OF VOTES
Mental Health*	22%
Substance Use*	20%
Social Determinants of Health*	19%
Access to Care*	17%

**Also a statewide priority. For a complete list of state-wide priorities, see state health profile on our website, www.mainechna.org*

Role of the Community Health Committees

In 2017, Central Maine Medical Center (CMMC), Bridgton Hospital and Rumford Hospital formally created three Community Health Committees (CHC) – one for each hospital service area. These are sub-committees to the Central Maine Healthcare Board and are charged with Community Health and Advocacy to identify and implement strategies for each hospital that improve the health of our communities and are in line with the Community Health Needs Assessment. CMH identified a subsidiary, Central Maine Community Health Corporation, also known as Healthy Androscoggin, which has experience with health needs assessment and planning, to participate in the needs assessment process, guide each Community Health Committee in selecting priorities and facilitate Implementation Plan development and enactment in each hospital region. These resulting plans are the Community Health Improvement Plans (CHIPs) for each community.

Each Community Health Committee was invited to participate in regional community forums in the fall of 2018 and subsequently review the resulting prioritization data and the final CHNA report in detail. This work continued throughout the winter of 2018-2019. Each Community Health Committee followed a similar process for determining what priority or priorities they would address over the next three year CHNA cycle. This included a facilitated discussion about strengths and outcomes of historical community health implementation efforts, local assets for addressing needs and the readiness of each committee and community for tackling the top needs. In the Lakes Region, this discussion also included a review of how Cumberland County health data differed from Oxford County data and how those reflected the differences in the Lakes Region from Greater Portland.

Based on preliminary guidance provided by the local committees, Healthy Androscoggin staff drafted work plans for each priority. All hospitals used a common matrix to determine the Health Priority, goal(s), strategies, supporting activities, metrics, partners/external organizations, and timing of when the strategies would be addressed during the three-year CHNA cycle.

Unlike previous CHNA processes, CHNA participants, hospital Community Health Committees (CHCs) and hospital administration felt that it was important to focus on priorities that already had a strong network of support or would have significant community reach. Though some priorities were rated above those chosen or were not explicitly listed after the forums, there was careful review of community needs and community strengths. Each CHC reviewed past CHIPs, current community priorities and the need to balance hospital needs with community needs. The CHCs worked to select priorities that built on current robust collaborations and successful programs that could support implementation.

Each committee used a slightly different process for coming to consensus. Rumford Hospital's CHC voted by secret ballot using ranked choice voting to decide on the final priorities for

implementation, while the Lakes Region and Lewiston Auburn Community Health Committees came to consensus before a final vote was taken to accept the proposed goals and strategies.

After each CHC voted to approve their resulting Community Health Implementation Plan, the plans were presented and approved by the CMH Quality Value and Community Health Committee and the Central Maine Healthcare Board of Directors in spring 2019.

For all final CHNA reports see <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml>.

Implementation Strategies

The Implementation Strategies for each hospital are not intended to be a comprehensive catalog of the many ways the needs the community are addressed by each hospital but rather a representation of specific actions that the hospital commits to undertaking and monitoring as they relate to each identified need.

Each Implementation Plan also includes a Capacity Building priority that outlines how “to build capacity for conducting evidence-based community health approaches and support projects and programs that address community health needs.” This priority ensures that the goals are supported over a sustained period.

Each Community Health Committee followed a similar process for reviewing the priorities developed during the CHNA process and determining which priorities to pursue.

Central Maine Medical Center Implementation Plan

For the Central Maine Medical Center Implementation Plan, the Lewiston Auburn Community Health Committee felt that within the prioritized areas of Social Determinants of Health and Access to Care, lack of non-emergency medical transportation was a gap that was not currently being addressed within the hospital system aside from the work of local transportation providers themselves. This Committee expressed the desire to increase non-emergency transportation as a way to improve the health of the community through increased access to health-specific services as well as accessing healthy foods, employment, social networks and other supports needed to live a healthy life. The Committee also identified recent transportation research commissioned by Community Concepts Inc., the Daniel Hanley Center for Healthcare Leadership and ongoing research from Bates College students as resources to advance CMMC’s contribution to this work. Through the CHIP process, CMMC will work with partners who have the resources to develop and implement a more robust non-emergency transportation system.

For the final Implementation Plan see <https://www.CMHC.org/about-us/community-benefits>

Rumford Hospital Implementation Plan

Rumford Hospital was guided through the development of an Implementation Plan in response to the chosen priorities of Adverse Childhood Experiences (ACES) and Behavioral Health. Rumford Community Health Committee (CHC) members reviewed the CHNA report on February 14, 2019 and discussed potential priorities. The CHC voted by secret ballot using ranked choice voting to decide on the final priorities for implementation. A Community Health Implementation Plan work group convened on February 20, 2019 to create the Implementation Plan. Those present included representatives of the River Valley Healthy Communities Coalition, Healthy Oxford Hills, and Oxford County Mental Health Services. An Implementation Plan for Capacity Building was subsequently added to the final Rumford Improvement Plan by Healthy Androscoggin staff with the approval of Becky Hall. The final draft of the Health Improvement Plan was presented electronically to all Rumford CHC members on March 23, 2019 and was approved at that time.

For the final Implementation Plan see <https://www.CMHC.org/rumford-hospital/about-us/community-benefits>

Bridgton Hospital Implementation Plan

The Lakes Region Community Health Committee felt a strong responsibility to respond to the community desire for greater access to healthcare after recent turnover of some Bridgton Hospital staff. Therefore, Access to Care became one of the priorities for the Implementation Plan. CMH also wanted to draw upon its strength in addressing substance use disorder with implementation of a successful Medication Assisted Therapy program which incorporates a robust mental health component. This collaboration has been successful in addressing a sharp increase in local substance use rates.

For the final Implementation Plan see <https://www.CMHC.org/bridgton-hospital/about-bridgton/community-benefits>

Challenges

The hiring process for the Health Promotion Coordinator, who was to work on coordinating and facilitating the Rumford and Bridgton Hospital Implementation Plans, took quite a bit longer than anticipated. This was due to needing to slow down the process to ensure that they had a well-organized support structure in place to allow them to be effective in both Bridgton and Rumford hospitals and communities.

Lessons Learned

It was extremely important to have a robust local effort to develop priorities. To this end, we engaged each Community Health Committee throughout the process, allowing them to lead the prioritization activities. Their expertise and knowledge of local resources helped to

direct this effort. We were also lucky to have wonderful “champions” at each site who were enthusiastic about the process and the potential for affecting change in their communities. The champions also had knowledge of both their hospital systems and community cultures.

There was also a desire to shift away from a dispersed set of activities to a set of well-defined priorities and objectives to address the Social Determinants of Health as determined by each community.

Planned Changes for FY 20

It will be important to be flexible in executing each Community Health Implementation Plan while adhering to the priorities that the community helped to develop. It will be vital to continuously engage community partners to inform how the CHIP can most effectively meet priorities and community needs. It will also be important to continue to build additional diverse partnerships outside of the hospitals with community stakeholders.