



COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DEVELOPMENT EXECUTIVE SUMMARY

June 2019

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.

This report details how Central Maine Healthcare has gone through a robust 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.

THE COMMUNITIES WE SERVE

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

Central Maine Medical Center Serving Androscoggin County

Androscoggin County is the 5th most populous county in the state of Maine, with the second largest metropolitan area in the state (Lewiston and Auburn combined), as well as large rural and agricultural areas. The Androscoggin River runs through the county and is a hallmark of the region. The large textile mills that once powered the cities both economically and demographically are in the process of being repurposed as a museum, restaurants and small businesses.

Over the past 20 years, Lewiston has become home to a large African immigrant population that makes up approximately 11% of Lewiston's population. The "New Mainers" come from Somalia, Djibouti, Angola, Sudan, Ethiopia, and the Democratic Republic of the Congo, among others. Androscoggin County is one of the few counties in Maine that is growing in population because of this emigration. This population growth has enhanced cultural and economic aspects of Lewiston and Auburn while also presenting unique healthcare opportunities and challenges.

Androscoggin County is one of three counties that make up the Western Public Health District, with a population of 107,376 (Androscoggin County Health Profile 2018). The average household income is \$48,728 with 14.8% of Androscoggin County residents living below the poverty line. 15.8% of the population is over the age of 65 and 92.3% are white. The high school graduation rate is 80.9%, which is lower than the state average of 86.9%.

Rumford Hospital Serving the River Valley of Oxford County

Rumford Hospital is located in the rural community of Rumford and nestled in the foothills of New Hampshire's White Mountains, often referred to as the "River Valley" region. The economy of Rumford and the surrounding rural towns is driven by the paper industry and outdoor recreation. Nine Dragons Paper owns a large pulp and paper mill in the center of Rumford. Outdoor recreation opportunities are plentiful in the River Valley and include downhill skiing or hiking in a variety of state parks and local recreation areas. The Rangeley Lakes also offer water and ice based recreation throughout the year. Oxford County is one of three counties that make up the Western Public Health District with a population of 57,299 and average household income of \$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%, which is lower than the state average of 86.9%.

Bridgton Hospital Serving the Lakes Region of Cumberland and Oxford Counties

Bridgton Hospital serves the Lakes Region of western Maine - a collection of small picturesque towns dotted by lakes in the north-western corner of Cumberland County and Oxford County along the New Hampshire border. The region is known for its relatively small year-round population that balloons with seasonal residents and tourists during the summer. It is home to many summer camps, several boarding schools and some retirement and assisted living facilities. Bridgton and Fryeburg, in view of New Hampshire's White Mountains, also serve as a gateway to ski country during winter months.

Bridgton Hospital is located in Cumberland County and therefore included in the Cumberland Public Health District. The region served by Bridgton Hospital, also known as the "Lakes Region," includes part of Oxford County. The population of Cumberland County is 288,204 with an average household income of \$61,902. Portland, Maine's largest city is located in Cumberland County, and has a diverse population that includes 13.4% foreign born. However, while located in Cumberland County, the Lakes Region is rural and demographically distinct from the rest of the County. The region better resembles the towns in Oxford County in both demographics and health status, as described above for Rumford Hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The Maine Shared Community Health Needs Assessment

In 2013 Central Maine Healthcare (CMH) 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 for 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.

MISSION

The Maine Shared CHNA is a dynamic public-private partnership that creates shared Community Health Needs Assessment reports, engages and activates communities, and supports data-driven health improvements for Maine people.

VISION

The Maine Shared CHNA helps to turn data into action so that Maine will become the healthiest state in the US.

County level health profiles

Using financial and in-kind resources pooled by the members of the Maine Shared Community Health Needs Assessment collaborative, County level health profiles were created. These profiles included nearly 200 health data indicators that describe health outcomes, behaviors and the conditions that influence our health. The data come from over 30 sources and represent the most recent data that were available as of March 2018. 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, 2019 with **50 participants**
 - October 11, 2019 with **25 participants**
- **Lewiston Forum for African Immigrants** on August, 2019 with **40 participants**
- **Cumberland County Forum** in Naples (Bridgton area) on October 11 with **110 participants**
- **Oxford County Forums**
 - Bethel (Rumford Area) on October 10, 2019 with **110 participants**
 - South Paris (Rumford Area) on October 22, 2019 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. These volunteer teams organized community forums and connected the Maine Shared CHNA staff to key informants for interviews. The process took place between September, 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.

Androscoggin County held forums in Lewiston on October 3rd (50 participants) and October 11th (25 participants), 2018. Bridgton participated in a Cumberland County forum in Naples on October 11 (110 participants). Rumford participated in an Oxford County forum in Rumford on October 22 (48 participants). 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.

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

County Level Health Priorities

Health priorities for the counties, public health districts and particular hospital service areas were developed through community participation and voting at community forums. Below are the results of the voting and ranking of health priorities for each community.

Androscoggin County
Central Maine Medical Center

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

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

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*

IMPLEMENTATION PLANNING

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, 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.

Each CHNA and implementation work plan is based on a three-year process dictated by IRS requirements. Each hospital can implement the plan as it sees fit but must reach benchmarks in the plan by the end of the three-year Community Health Improvement Plan (CHIP) process. Based on preliminary information 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 have a strong network of support. Though some priorities were rated above those chosen or were not explicitly listed after the forums, there was careful

deliberation by the CHCs 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>.

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.

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. This process was facilitated by Healthy Androscoggin staff person Holly Lasagna and Rumford staff person Becky Hall. 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.

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 all final Implementation Plans see: <http://portal.cmhc.org/communitybenefit/SitePages/Home.aspx>

As a part of the required reporting, each hospital also had to explain why some of the priorities that resulted from the forums were NOT chosen as a priority in the Implementation Plans. The following tables identify the priorities not chosen by each hospital and the reason why.

CENTRAL MAINE MEDICAL CENTER	
CHNA Priority:	Reason not chosen:
Social Determinants of Health	The Committee chose Transportation as an element of the Social Determinants of Health.
Mental Health	The Committee identified that Tri County Mental Health Services is currently tackling Mental Health and CMMC does not have as many strengths to bring to a community wide initiative at this time.
Substance Use	Substance Use is currently being tackled by community groups and initiatives including Tri-County Mental Health Services, Healthy Androscoggin, the Project Unite Coalition, Operation Save Me and the opening of new local recovery houses.
Access to Care	Access to Care as influenced by Transportation is within the scope of CMMC's Implementation Plan. Access to health insurance will increase somewhat with Maine's MaineCare expansion project currently underway.
Tobacco	Tobacco use including vaping is a growing concern of the Committee, but transportation was ultimately chosen as a root cause of many missed opportunities for better health through access to care and access to broadly defined systems of support for healthy living.

BRIDGTON HOSPITAL	
CHNA Priority:	Reason not chosen:
Social Determinants of Health	The Committee considered addressing hunger as a Social Determinant of Health but decided that this work was already ongoing as part of the Community Health and Hunger Initiative / Hunger Vital Signs project in collaboration with Good Shepherd Food Bank. This initiative will continue outside of the Implementation Plan.
Mental Health	Bridgton Hospital and partner organizations like Crooked River Counseling have an advanced system of mental health treatment and therefore it was determined that focused projects in other areas would fill larger gaps in community needs.
Older Adult Health/ Healthy Aging	Considering the smaller number of votes for this priority and the unanimous vote for Access to Care, along with the presence of strong Older Adult service organizations in the region, it was determined that Healthy Aging, while important, was not as high a priority as Access to Care and Substance Misuse, another top vote getter.

RUMFORD HOSPITAL	
CHNA Priority:	Reason not chosen:
Substance Use	Substance Use Disorder is being effectively addressed by 3 providers at Swift River Family medicine who provide Med Management in partnership with Crooked River. In addition, Rumford hired a psychiatric Nurse Practitioner to support substance use programs in their practices.
Social Determinants of Health	The Adverse Childhood Experiences (ACES) project that was chosen as a priority addresses many Social Determinants of Health (SDOH) root causes and so we feel that we are addressing many of the root causes of SDOH through the ACES priority.
Access to Care	Access to Care has been an initiative of Rumford Hospital since September, 2018. They have addressed this priority by having both Primary Care offices incorporate extended hours each day during the week.

All Community Health Needs Assessment Reports can be found at:

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

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