

Central Maine Healthcare Corporation FY 20 Community Benefit Report May, 2021

Introduction

Supporting the residents of Maine in becoming healthy, vibrant community members is the responsibility of many organizations and individuals. Central Maine Healthcare (CMHC) 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, CMHC 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 CMHC 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 CMHC implemented from July 1, 2019 through June 30, 2020. The report also fulfills what is required for the IRS 990 reporting. The major activities to address CMHC's Community Benefit during this reporting period was of the Community Health Implementation Plans (CHIP) based on the results of the Community Health Needs Assessment process and approved by each hospital's Community Health Committee. This report details how CMHC 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.

This report documents the Community Health Needs Assessment and associated FY20 Health Improvement Plan activities for Central Maine Healthcare. Starting in March of 2020, the COVID pandemic had a major impact on our community's health needs and at the same time diminished our capacity to address these community health needs extending into FY21. The end of FY20 required our staff to immediately address the pandemic and find new ways to engage with our committee and community members.

In addition to the Community Health Needs Assessments and development of Community Health Implementation Plans for each hospital, CMHC and St. Mary's Health System, a member of Covenant Health, engaged in a unique collaboration that developed a goal to address a common community benefit activity. St. Mary's Health System (SMHS) leadership team and the Central Maine Medical Center's Community Health Committee went through an accelerated CHNA process and decided to focus on addressing youth vaping as a shared goal. Strategies were developed and activities started to be implemented in the spring of 2020. These activities are described later in the report (See "Social Determinants of Health", pg.11).

To further strengthen the current CHNA process and its impacts on the respective communities, CMHC leadership chose to engage Healthy Androscoggin (HA) to guide the process in collaboration

with the Bridgton, Rumford and Central Maine Medical Center (CMMC) Community Health Committees (CHCs). This commitment by CMHC supported a more engaged and robust CHNA process and better supported CHIP implementation. HA is able to utilize its strong community connections and partnerships to assist development and implementation of successful CHIP implementation. In addition, CMCH leadership created a full-time position at HA of a Health Promotion Coordinator who works hand in hand with Rumford and Bridgton CHCs to execute the implementation plans as well as create a strong network of community partners to guide and support the work.

Community Health Needs Assessment (CHNA) Process

The CMHC Community Health Improvement Plan process was informed by preliminary work done by the Maine Shared Community Health Needs Assessment (MSCHNA).

The MSCHNA provided detailed health needs assessment data profiles for each county that were used to inform local leaders and community members what the data says about local health needs. Then local community forums and key informant interviews in the areas served by Bridgton and Rumford Hospitals and Central Maine Medical Center were conducted to supplement that data with local perspectives.

CMHC 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; and
- For hospitals, creating an informed implementation strategy designed to address the identified needs and build on community strengths.

Once the forums determined the health needs of each community, CMHC Community Health Committees created implementation plans unique to the three main service regions. This report summarizes the progress made in implementing the CHIP plans in each region.

Community Forums and Key Informant Interview

As part of the Maine Shared Community Health Needs Assessment, participating healthcare systems and the 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 (St. Mary's Health System) and MaineHealth. 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. There were two forums held in Androscoggin County in Lewiston: October 3rd, 2018 with 50 participants and October 11th, 2018 with 25 participants. There was also a forum in Lewiston held for African immigrants in August 2018 with 40 participants. Oxford County also held two forums; one in Bethel on October 10th, 2018 with 110 participants and the other in South Paris on October 22 with 48 participants. Finally, there was one forum held in Cumberland county in Naples on October 11th with 110 participants.

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

Health Priorities

Health priorities for each county were developed through community participation and voting at community forums during the fall of 2018. The forums were an opportunity for community members to review the County Health Profiles, discuss community needs, and prioritize perceived community needs in small break-out sessions followed by a forum session vote by participants. 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>

These tables include the top health priorities that came out of the forums and were including in final CHNA reports for each county.

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

The 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. CMHC 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, to guide each Community Health Committee in selecting priorities and facilitate implementation plan development and enactment in each hospital region.

Unlike previous CHNA processes, forum participants, hospital CHCs and hospital administration felt that it was important to focus on priorities that already had a strong network of supporting organizations and that 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. In March – June 2019, each CHC reviewed past

CHIPs, current needs and asset data, 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. These resulting plans are the Community Health Implementation Plans for each community.

For the CMMC Implementation Plan, see: <https://www.cmhc.org/about-us/community-benefits/>

For the final Rumford Hospital Implementation Plan, see: <https://www.cmhc.org/rumford-hospital/about-rumford-hospital/community-benefits/>

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

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.

In Fiscal Year 20 each CHC took on capacity building activities that focused on assisting the CHCs in updating their charters on community benefit rather than fiscal management. The CHCs also considered how to enhance their membership so that members’ skills, knowledge of the local community and ability to connect resources to support the CHIP priorities became a focus of recruitment. CHC members were also oriented to best practice in public health work and community health and how to leverage this knowledge to meet the particular health needs of their friends and neighbors.

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 transportation was a gap that was not currently being addressed within the hospital system aside from the work of local transportation providers themselves. This CHC expressed the desire to increase transportation resources 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 CHC identified that there was some foundational research about the issue, the Committee needed to build its own understanding of the breadth and depth of the issue and how they could most effectively impact the transportation system.

Completed Activities to Date (July 1, 2019 – June 30, 2020)

Priority 1: Social Determinants of Health – Transportation

Goal 1: To increase community member access to reliable, safe, and culturally competent transportation options.

Strategy 1: Research extent of transportation problem for CMH patients and community members

- Reviewed Transportation reports created by Community Concepts, and the Hanley Health Leadership Center. Reviewed data collected by Bates College students on barriers to transportation system use for New Mainers (immigrants and refugees).
- Hosted Bates College Students to review their assessment of local transportation needs and potential solutions, including fixed route and on-demand transportation to supplement current bus system.
- Created 2 new systems in the CMH Electronic Medical Record to better access data on transportation barriers:
 - Created an updated workflow for Patient Service Representatives and Schedulers to document transportation as a reason for a missed appointment.
 - Created a checkbox for Patient Service Representatives and Schedulers to identify a recurrent transportation issue to flag need for additional conversation with patients about accessing transportation resources.
- Reviewed data from updated missed appointment workflow to review extent of transportation issue for CMMC patients.
- Lewiston Auburn Community Health Committee members felt they needed to experience the public transportation system first-hand, as many had not ridden a city bus. Committee members were given an assignment to get to some common food, medicine and supply shopping destinations from different locations around Lewiston and Auburn. The Committee member then had to learn how to navigate the system without assistance and document their experience. Four committee members then reported back to the full Committee with their experiences. Leaders of the area transportation system (Western Maine Transportation Services, Androscoggin Transportation Resource Center and City of Lewiston) were invited to hear the reflections of the Committee members to inform their work to improve the transportation system.

Strategy 2: Build capacity to address transportation issues in Androscoggin County

- The LACHC approached the following partners to propose working together on the transportation issue: Community Concepts, Androscoggin Transportation Resource Center and Western Maine Transportation Services.
- Healthy Androscoggin staff updated 3 resource documents of transportation, childcare, mental health and insurance resources in collaboration with the local transportation providers to correspond with each CMHC service area. These resource documents were provided to Patient Service Representative and Schedulers throughout the CMHC system.

Strategy 3: Advocate for better results from statewide non-emergency medical transportation contract.

- A representative from Healthy Androscoggin who serves on the LACHC attended a Maine DHHS listening session to hear community member concerns about the Non-Emergency Medical Transportation system. At this forum the LACHC also presented Maine DHHS with the Bates College report on New Mainer barriers to transportation.

CMHC/St. Mary's Health System Youth Vaping Collaboration

A unique aspect of the process that CMMC undertook was to collaborate with St. Mary's Health System (SMHS) during this CHNA process. The two hospital systems were often in competition in the past but have made strides in partnering on common public health issues. Elizabeth Keene, Director of Community Integration at SMHS and two Healthy Androscoggin staff members have jointly coordinated a Community Stakeholders group for a number of years that brings together public health stakeholders to engage together in the CHNA process. Though each hospital system developed their own priorities, they worked to bring together experts and resources to inform the CHNA. In FY 19, the leadership of both hospital systems worked together to determine a common public health strategy. The strategy selected was to address youth vaping. Currently, leadership from both hospitals published an Op Ed piece in the local paper about this issue and their collaboration to address it. One of the strategies being pursued is to create a program that engages youth in schools in educating their peers about the dangers of youth vaping and the resources to help students and families address the issue.

Completed Activities to Date (July 1, 2019 to June 30, 2020)

Priority 1: Youth Vaping and Tobacco Use

Goal 1: Short Term: Increase the awareness, knowledge and concerns of youth use of vaping products and tobacco among the medical community and caregivers

Strategy 1: Compile data from existing sources to help inform education of medical community and caregivers

- Healthy Androscoggin created a resource list with information about vaping that will be placed on the Lewiston Area Public Health Committee (a local collaborative that informs the city of Lewiston on public health issues) website and the City of Lewiston list serve.

Strategy 2: Raise awareness among parents/caregivers/supportive adults about youth tobacco use and vaping

- A Facebook post with recent statistics was developed and published on the Healthy Androscoggin Facebook page.
- SMHS and CMMC's CHC leadership teams met to educate participants about youth vaping and to develop the priority to focus on youth vaping prevention.
- At a second meeting of the leadership teams there was a presentation about current youth vaping data and trends, and a discussion with a current high school student about her impressions about youth vaping, as well as her recommendations as to how to effectively address the issue.

Strategy 3: Educate healthcare providers about youth tobacco use and vaping

- No Completed activities in fiscal year 2020

Strategy 4: Educate teachers/parents/youth-serving entities about youth tobacco use and vaping.

- CHCs explored a joint Op Ed column in the local newspaper educating parents about youth vaping and available resources.

Goal 2: Long Term: Reduce youth use of vaping products and tobacco

Strategy 1: Support any local youth Advisory Boards interested in this issue

- No completed activities in Fiscal Year 2020
- This strategy is being actively addressed in FY 20-21 through collaborations with the Lewiston Youth Advisory Council and St. Mary's Health System youth volunteer programs

Strategy 2: Implement universal screening for youth vaping use in all medical encounters, so that strategy is aligned between both hospitals

- No completed activities in Fiscal Year 2020
- This strategy is being actively addressed through work through a collaboration between CMHC and St. Mary's Hospital System

Strategy 3: Coordinate efforts with LA Public Health Committee which also has vaping as a priority

- No completed activities in Fiscal Year 2020
- This strategy is being actively address through participation by HA staff on the LA Public Health Committee

Good Food Bus

The Good Food Bus is a collaboration between Central Maine Medical Center and St Mary's Nutrition Center that started in 2019. While not cited as a specific activity in the CMMC CHIP to address transportation, this project demonstrated a creative way to ensure that transportation was not a barrier to accessing healthy food and other resources that supported access to healthy food.

The purpose of the Good Food Bus was to create greater access to good, nutritious foods by providing direct and convenient access to fresh fruits, vegetables, eggs, meat, bread and other grocery items. The ongoing program aims to help all Maine people put good food on their tables with an extra emphasis on individuals and families who are at a greater risk for food insecurity. Along with fresh foods, educational materials were also distributed to consumers, including healthy recipes, tips and resources around preparing, storing and cooking healthy foods, and eating well on a budget.

Fiscal Year 2020 ended with the following data:

- 295 visits, including from both CMMC visitors and employees
- The CMMC stop had the highest sales and second highest number of transactions of the other stops at business.
- 91 new frequent shopper members
- Of the new visitors:
 - 77% shopped because of the easy access to Maine-grown, chemical free food
 - 67% of shopper agreed that the program helps to increase fruit and vegetable consumption
 - 67% were shopping for their family
 - 100% want the Good Food Bus to return

Rumford Hospital Implementation

Completed Activities to Date (July 1, 2019 – June 30, 2020)

Priority 1: Behavioral Health

Goal 1: Improve the integration of mental health education and support Rumford Hospital processes.

Strategy 1: Educate clinical providers and staff about Adverse Childhood Experiences (ACEs) and their health effects.

- On February 5th, an ACEs educational training was delivered to clinical staff; there were 11 providers in attendance. The training was well-received with most attendees learning something new on the topic as well as an increase of self-efficacy to screen patients.
- Another training was scheduled for March and a third to be held in the spring, however due to the COVID pandemic both were cancelled.
- Work began with the River Valley Healthy Community Coalition to collaborate on a substance use disorder and prevention training(s) for the River Valley area. The trainings will be based on data received from the Emergency Department on admissions due to substance misuse and mental health challenges.

Strategy 2: Once ACEs screening tool is integrated (see ACEs priority work plan), create a workflow to do a warm hand-off to community support services for patients who have an ACEs score above 2.

- No completed activities in Fiscal Year 2020.

Strategy 3: Investigate models for sustainably integrating social workers/recovery coaches into primary care.

- In partnership with Catherine Bell (CEO, Crooked River Counseling and the Lakes Region Recovery Center), there is a connection pipeline between the Rumford Hospital Emergency Department and the Larry LaBonte Recovery Center to better help and connect patients with substance use disorder to support

Goal 2: Increase awareness in the Rumford Hospital service area about mental and behavioral health.

Strategy 1: Educate community on Mental Health First Aid and suicide prevention.

- On November 19th, the National Alliance of Mental Illness (NAMI) Maine, held a Mental Health First Aid training at Rumford Hospital and 16 people attended, including community members and hospital staff.

Strategy 2: Evaluate program.

- No completed activities in Fiscal Year 2020.

Priority 2: Adverse Childhood Experiences (ACEs)

Goal 1: Increase awareness in the Rumford Hospital service area about ACEs.

Strategy 1: Increase awareness for Rumford Hospital staff of Adverse Childhood Experiences and support services available.

- On February 5th, an ACEs educational training was delivered to clinical staff; there were 11 providers in attendance. The training was well-received with most attendees learning something new on the topic as well as an increase of self-efficacy to screen patients (See Priority 1, Goal 1, Strategy 1).
- Another training was scheduled for March and a third to be held in the spring, however due to the COVID pandemic both were cancelled (See Priority 1, Goal 1, Strategy 1).
- Work began with the River Valley Healthy Community Coalition to collaborate on a substance use disorder and prevention training(s) for the River Valley area. The trainings will be based on data received from the Emergency Department on admissions due to substance misuse and mental health challenges (See Priority 1, Goal 1, Strategy 1).

Strategy 2: Educate patients about ACEs

- A River Valley resource guide to educate the community and patients on ACEs is being developed. Topics included are: defining and describing ACEs, ACEs in Maine and Oxford County, prevention through resiliency building and protective factors, crisis support information, general assistance support through municipalities, support groups, food pantries and clothing closets, behavioral and mental health services, social services agencies, and phone apps that can be used to support mental health.

Goal 2: Improve the integration of ACEs supports into Rumford Hospital processes.

Strategy 1: Embed ACEs screening in Primary care electronic medical record.

- Partnered with MaineHealth staff to learn about their ACEs validated instrument and develop a way to integrate it into the ACEs work in Rumford.

Strategy 2: Embed ACEs screening in intake screening in ED.

- No completed activities in Fiscal Year 2020.

Strategy 3: Evaluate program

- No completed activities in Fiscal Year 2020.

Priority 3: Capacity Building

Goal 1: To build capacity for conducting evidence-based community health approaches and support projects and programs that address community health needs

Strategy 1: Create new community engagement connections with River Valley partners

- The Health Promotion Coordinator, who works to implement the CHIPs takes part in several community-led meetings and coalitions to address the priorities, including:
 - Steering Committee of the Oxford County Wellness Collaborative (ongoing)
 - Oxford County Wellness Collaborative: ACEs Workgroup (ongoing)
 - Leadership Team of the Zero Suicide Prevention Grant with Oxford County Mental Health Services (ongoing)
 - River Valley Rising Coalition (ongoing)
 - River Valley Behavioral Health Network Grant with Oxford County Mental Health Services (completed)

Strategy 2: Coordinate community-based public relations opportunities that support the priorities of the CHNA

- On November 4th, 2019 Rumford Hospital held an Annual State of the Hospital event at Mountain Valley Middle School for community members to attend and learn about changes and progress being made at Bridgton Hospital; community members also had a chance to express their concerns and ask questions.

Bridgton Hospital Implementation

Completed Activities to Date (July 1, 2019 – June 30, 2020)

Priority 1: Access to Care

Goal 1: Increase access to Bridgton Hospital primary care services

Strategy 1: Increase availability of primary care services

- There were 28 new hires in Fiscal Year 20 at Bridgton Hospital.

Strategy 2: Increase awareness of primary care services

- To increase awareness of the availability of care in the Lakes Region, CMH used Facebook page to identify activities supporting patients' access to care. This was completed through 23 posts.

Strategy 3: Evaluate community perception of primary care access

- While Bridgton Hospital leadership was addressing issues including; patient scheduling, workflows, provider availability, provider transition in and out of the system, etc., the CHC and the Health Promotion Coordinator focused on tracking the communities' perception of access to care improvements including:
 - Overall access
 - Ease of contacting
 - Ease of scheduling appointments
 - Likelihood to recommend
- The Health Promotion Coordinator and Evaluator gathered the data points listed above on a quarterly basis to track trends. Recent reporting of this data shows a trend of an overall increase in satisfaction across the board at the different primary care practices in the Lakes Region.

Priority 2: Substance Misuse

Goal 1: Increase access to Medication Assisted Treatment (MAT).

Strategy 1: Create a plan to support existing community-level prevention and awareness raising activities related to substance misuse.

- Several social media posts (2/20 and 2/26) were published on the Bridgton Hospital Facebook page regarding substance use disorder, prevention, and resources.

Strategy 2: Implement plan to support existing community-level prevention and awareness raising related to substance misuse (including treatment and support services available)

- Prior to the pandemic, there were two mandatory sessions scheduled in April to educate providers and staff about substance use disorder with a focus on sensitivity training. Work is being done to move this training to a virtual format.

Strategy 3: Assess existing gaps and assets regarding Medication Assisted Treatment (examples: space for treatment services, bus stop at BH, incidence of HIV, etc.)

- No completed activities in Fiscal Year 2020.

Strategy 4: Create a plan for supporting the rollout of an Emergency Department program to provide referral of patients with opioid use disorder to MAT (strategy now focuses on MAT/OB program).

- Following the observation that there were several MAT patients who were also Obstetrics (OB) patients who struggled to attend their routine OB appointments, a workgroup was created to tackle this issue among this specific group of patients. Several avenues were researched including support through the social worker at Bridgton Hospital, case management help, and utilizing the community resource navigator at the Bridgton Community Center. The pandemic has halted this work.

Strategy 5: Implement plan to increase MAT referral program from the Emergency Department (strategy now focuses on MAT/OB program).

- No completed activities in Fiscal Year 2020.

Strategy 6: Evaluate progress on the substance misuse priority and share lessons learned across CMH and/or statewide (strategy now focuses on MAT/OB program).

- No completed activities in Fiscal Year 2020.

Priority 3: Capacity Building

Goal 1: To build capacity for conducting evidence-based community health approaches and support projects and programs that address community health needs

Strategy 1: Create new community engagement connections with River Valley partners

- The Health Promotion Coordinator, who works to implement the CHIPs takes part in several community-led meetings and coalitions to address the priorities, including:
 - The Lakes Region Collective Action Network (ongoing)
 - Obstetrics and Medication Assisted Treatment Workgroup (ongoing)

Strategy 2: Coordinate community-based public relations opportunities that support the priorities of the CHNA

- On November 7th, 2019 Bridgton Hospital held an Annual State of the Hospital event at the Lakes Region High School for community members to attend and learn about changes and progress being made at Bridgton Hospital; community members also had a chance to express their concerns and ask questions.

Addressing the Social Determinants of Health through the Hunger Vital Signs Program Across All CMHC Regions

[Healthy People 2020 \(https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health\)](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) describes social determinants of health as:

“Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be”.

CMHC understands the importance of addressing the Social Determinants of Health in our communities if we are to truly become a place where everyone has a chance to thrive. CMHC implemented an innovative evidence-based model for addressing food insecurity. This program was piloted at the Bridgton Hospital Emergency Department and then expanded to six additional sites throughout the system.

In collaboration with Good Shepherd Food Bank CMHC implemented the Hunger Vital Signs tool to improve the health of food insecure Mainers. The Hunger Vital Signs™ is a nationally validated two-question screening tool, developed by Children’s Health Watch, which identifies individuals as food insecure if they respond positively to either of the following statements:

1. “Within the past 12 months we were worried whether our food would run out before we got money to buy more” (often true, sometimes true, never true, don’t know or refused.)

2. “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more” (often true, sometimes true, never true, don’t know or refused.)

If a patient answers “sometimes true” or “often true” to one or both of the questions, they are considered food insecure and offered a food bag consisting of 10 lbs. of non-perishable foods and community resources guide about food pantries and other resources that address social determinants of health in their area.

There are currently seven sites within CMHC that implement Hunger Vital Signs in a department or practice. The sites are Central Maine Family Medicine Residency, Central Maine Pediatrics, Minot Ave Family Medicine, Poland Community Health Center, Swift River Family Medicine, Rumford Hospital, and Bridgton Hospital.

Fiscal Year 2020 data includes:

Table (1) FY 2020 Hunger Vital Signs Program Usage

# Food Insecure Screenings Performed	# Food Insecure Patients (# Positive Screens)	# Community Food Pantry Lists Provided	# Food Bags Distributed
5951	365	256	228

Maine Shared Community Health Needs Assessment Activities FY 20

In addition to the direct community health services provided in the three regions, CMHC and its Maine Shared Community Health Needs Assessment (MSCNHA) partners also undertook quality improvement efforts and collaborative implementation activities. The partners include: Central Maine Healthcare (CMHC), MaineGeneral Health (MGH), MaineHealth (MH), Northern Light Health (NLH), and the Maine Center for Disease Control and Prevention (Maine CDC) which is part of the Maine Department of Health and Human Services.

Quality Improvement

The partners reviewed and improved the health data indicator list in preparation for the triennial assessment the fall of 2021. In addition, the MSCHNA worked to increase input from medically underserved populations. The result has been the convening of a Health Equity Work Group consisting of 20 members who together represent (or are themselves) people who live with disabilities, addiction, and homelessness. Their work will inform what additional forums will be needed to include input from these underserved populations and how to appropriately collect data.

Food Insecurity

The Maine Shared CHNA continues to participate on the No Mainer Hungry by 2030 Advisory Committee, administered by the Department of Agriculture, Conservation and Forestry (DACF). They worked with the DACF to successfully apply for a pilot program to secure 25 VISTA members a year over the next 5 years to work on hunger mitigation programs.

Summary

In this first full year of implementing the current CHNA, the work of the Community Health Committees was redirected from financial management to community health improvement strategies. This change was supported by CHMC leadership and guided by the CHC membership. It has encouraged CHC members to engage more fully in public health issues in their respective communities and become aware of and educated about public health best practices.

Shifting away from a dispersed set of activities that address generalized community health needs to a set of well-defined priorities and objectives has made the resulting work deeper and much more effective. A common understanding of and attention paid to the social determinants of health has provided a context for creating impactful, sustained public health improvement in our communities.