

**Central Maine Healthcare Corporation**  
FY 21 Community Benefit Report  
May, 2022

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## Definition of Acronyms

Central Maine Healthcare	CMHC
Central Maine Medical Center	CMMC
Community Health Implementation Plan	CHIP
Community Health Needs Assessment	CHNA
Community Health Committee	CHC
Health Promotion Coordinator	HPC
St. Mary's Health System	SMHS
Maine Shared Community Health Needs Assessment	MSCHNA
MaineGeneral Health	MGH
MaineHealth	MH
Northern Light Health	NLH
Maine Center for Disease Control and Prevention	Maine CDC
Community Engagement/Health Equity	CE/HE
Adverse Childhood Experiences	ACEs
Obstetrics	OB
Medication Assisted Treatment	MAT
Hunger Vital Signs	HVS
Good Food Bus	GFB

## 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 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 (CMMC) in Lewiston (Androscoggin County), Bridgton Hospital in Bridgton (Cumberland County) and Rumford Hospital in Rumford (Oxford County).

This report details the second year of Community Benefit activities that CMHC implemented in Fiscal Year 2021 from July 1, 2020 through June 30, 2021. 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 carrying out the Community Health Implementation Plans (CHIP) based on the results of the Community Health Needs Assessment process, which was approved by each hospitals' Community Health Committee (CHC) in Spring 2019.

To further strengthen the 2020-2021 Community Health Needs Assessment (CHNA) process and its impacts on the respective communities, CMMC leadership chose to engage Healthy Androscoggin's Advisory Committee to guide the process for Androscoggin County. Healthy Androscoggin's (HA) involvement supported a more engaged and robust CHNA process and better supported current CHIP implementation. HA is able to utilize its strong community connections and partnerships to assist development and implementation of successful CHIPs. In addition, CMHC leadership continued to support a full-time position at HA of a Health Promotion Coordinator (HPC) who works directly 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 in each community.

The HPC is responsible for organizing and co-facilitating the county-wide and region-specific CHNA forums. This is done in coordination with CMHC local planning group members, including staff from MaineGeneral Health, MaineHealth, and Northern Light Health. The HPC also organizes the logistics of the forums, facilitates the review and identification of health indicators most important to the county/region to present at the forums, recruits volunteer scribes and facilitators to support the breakout session portion of the forums, and markets the forums through social media and local news outlets. Once health priorities have been identified during the forums, the HPC works with the Rumford and Bridgton CHCs to develop strategies to address the chosen health priorities. Over the course of the following three years, the HPC will work with the CHCs and local partners to implement each CHIP, assess for program improvement, and measure outcomes.

In addition to the CHNA process and development of CHIPs for each hospital, CMHC and St. Mary's Health System (SMHS), both located in Downtown Lewiston, engaged in a unique collaboration to develop a goal that addresses a common community benefit activity. SMHS leadership team and CMMC'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 implemented in the spring of 2020. These activities are described later in the report (See “Implementation Strategies”, pg.7).

### **Impact of COVID-19**

It is important to acknowledge that activity for Fiscal Year 2021 was affected by the COVID-19 pandemic. In the winter of 2021, Healthy Androscoggin staff pivoted much of their community benefit work to assisting CMHC in addressing COVID-19 related needs. This work included working with local and state stakeholders to develop materials and methods for educating diverse communities about COVID-19 and more recently, working with CMHC and Androscoggin County to meet testing and vaccination needs.

From December 2020 through June 2021, the Community Benefit HPC and a part-time Administrative Assistant worked full-time on developing and supporting volunteer efforts at a high-volume vaccine site that CMHC set up in Auburn. Between the two staff, the support of the vaccination efforts continued in a lower capacity until January 2022.

### **Community Health Needs Assessment Process**

The CMHC Community Health Improvement Plan process was informed by 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 about local health needs. County-wide community forums and community-sponsored forums for underserved populations, locally-sponsored events, and oral surveys for Maine’s immigrant populations in the areas served by Bridgton and Rumford Hospitals and CMMC were conducted to supplement the 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 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 from July 1, 2020 to June 30, 2021.

*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 the 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 vote by participants.

This year, statewide forums were organized for underserved populations 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 identified through the forums and were included 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](http://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](http://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](http://www.mainechna.org)*

**The Role of the Community Health Committees**

In 2017, Central Maine Medical Center, Bridgton Hospital, and Rumford Hospital each created their own CHC. These CHCs focus on community health and advocacy by identifying and implementing strategies that improve the health of our communities. Their priorities are in response to the Community Health Needs Assessment conducted on a three-year cycle. Healthy Androscoggin, a branch of CMHC with experience in public health, works in collaboration with the CMMC CHC.

Unlike previous CHNA processes, 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. 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 Rumford Hospital Implementation Plan, see: <https://www.cmhc.org/rumford-hospital/about-rumford-hospital/community-benefits/>

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

## Implementation Strategies and Completed Activities

The implementation strategies for each hospital are not intended to be a comprehensive catalog of the many ways the needs of 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 CHIP 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.

### COVID-19 and Community Benefits

The overall impact COVID-19 has had on our health and healthcare was widely felt throughout the CMHC system during Fiscal Year 2021. From January 2021 to July 2021, the HPC hired for work on the CHNA and CHIP was redeployed to develop, manage, and support volunteer efforts to staff vaccine clinics at CMMC as well as the high-volume vaccine clinic that served Androscoggin County residents and beyond. This pivot of resources necessitated that the HPC focus on the pandemic.

In Fiscal Year 2021, CMHC administered vaccines system-wide including:

Table 1: Fiscal Year 2021 COVID-19 System-wide Vaccination Efforts

	CMMC Mezzanine and Auburn Mall High Volume Site	Bridgton Hospital Service Area	Rumford Hospital Service Area
Number of total vaccinations	48111	8228	8697

### Central Maine Medical Center

During the original Community Health Implementation Plan planning process in 2018, the Lewiston/Auburn Regional Community Health Committee (LARCHC) decided 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.

Accomplishments in this area between July 1, 2020, and June 30, 2021, included research on non-emergency medical transportation barriers in collaboration with community partners including Community Concepts, Bates College students, and Western Maine Transportation.

With the advent of the COVID-19 pandemic and a change in the governance structure of the LARCHC, the focus of community benefit work changed to focus on the youth vaping prevention collaboration with St. Mary's Health System. In addition, the HPC spent considerable time during the spring, summer, and fall helping to set up a high volume COVID-19 vaccine clinic, as well as develop and implement the volunteer program to staff the clinic. The SMHS/CMMC collaboration allowed community benefit work to move forward despite the pandemic and further solidified this unique partnership between hospital systems.

### **CMMC/St. Mary's Health System Collaboration**

A unique aspect of the process that CMMC continued from Fiscal Year 2020 was to collaborate with SMHS during this CHNA process. Members of both SMHS and HA have for several years jointly coordinated a Community Healthy Stakeholders Group that brings together public health stakeholders to engage in the CHNA process. Though each hospital system develops their own priorities, they worked to bring together experts and resources to inform the CHNA. In Fiscal Year 2019, the leadership of both hospital systems worked together to determine a common public health strategy. The strategy selected was to address youth vaping. One of the strategies was to engage youth in five local schools to design a logo to be used in materials to educate their peers about the health risks of vaping and the resources to help students and families address the issue.

It was not possible to be in the schools until fall of FY 2021, but a plan was developed and is outlined below. Activities to distribute information electronically also continued.

#### 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 was published on the Tobacco 21 website in the fall of 2020

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

- A joint Op Ed by CMMC and SMHS leadership was published in the Lewiston Sun Journal in the fall of 2020
- Presented a workshop with the Families First Steering Committee on vaping and tobacco use
- A culturally and linguistically appropriate substance use prevention workshop was presented to immigrant parents
- A series of short videos for youth about vaping were created for use on Facebook
- A media campaign to educate youth and families about tobacco use and vaping ran during the months of August and September 2020, starting with a target of Androscoggin County and eventually increasing reach to the entire state of Maine. Since launching the media campaign, materials received over 11,000 views on HA's landing page and over 2 million impressions on social media
- A youth-led project was implemented that focused on how positive aspects of a youth's life can help to prevent risky behaviors, like tobacco use

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

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- Joint Op Ed column published 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

- This strategy is being actively addressed in Fiscal Year 2021-2022 through collaborations with St. Mary's Health System youth volunteer programs
- Youth vaping prevention logo contest developed for fall 2021

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 2021; work was refocused on community efforts around COVID-19
- 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 2021; work was refocused on community efforts around COVID-19
- This strategy is being actively address through participation by HA staff on the LA Public Health Committee

## **Rumford Hospital**

### 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

- Created two versions of a PowerPoint to use to train clinical staff, including primary care providers, and non-clinical staff on ACEs and their effects, trauma informed care, and resiliency

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

- In partnership with Oxford County Mental Health Services, a workflow was created to screen patients and complete a warm hand-off to behavioral and mental health providers in the River Valley area

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

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

Strategy 2: Evaluate program

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

### 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

- Created two versions of a PowerPoint to use to train clinical staff, including primary care providers, and non-clinical staff on ACEs and their effects, trauma informed care, and resiliency (See Priority 1, Goal 1, Strategy 1)
- Created a one-pager on the behavioral health resources in the River Valley area for clinical providers to utilize with patients for referral

Strategy 2: Educate patients about ACEs

- A River Valley resource guide to educate the community and patients on ACEs and resources related to ACEs was developed. Topics included were: 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. This document will be updated yearly

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

Strategy 1: Embed ACEs screening in primary care electronic medical record

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

Strategy 2: Embed ACEs screening in intake screening in ED

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

Strategy 3: Evaluate program

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

### 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 HPC, who works to implement the CHIP, 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)
  - River Valley Rising Coalition (ongoing)

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

- In connection to work related to the Community Health Needs Assessment, connections were made with River Valley media partners for marketing purposes

## **Bridgton Hospital**

### Priority 1: Access to Care

Goal 1: Increase access to Bridgton Hospital primary care services

Strategy 1: Increase availability of primary care services

- There was a total of 65 new hires within Bridgton Hospital and the Primary Care offices in the Lakes Region area

Strategy 2: Increase awareness of primary care services

- To increase awareness of the availability of care in the Lakes Region, CMHC used its Facebook page to identify activities supporting patients' access to care. This was completed through 47 posts

Strategy 3: Evaluate community perception of primary care access

- While Bridgton Hospital leadership has been addressing issues including patient scheduling, workflows, provider availability, provider transition in and out of the system, etc., the CHC and the HPC focused on tracking the communities' perception of access to care improvements of the following four data points: overall access, ease of contacting, ease of scheduling appointments and likelihood to recommend
- Between Fiscal Year 2020 and Fiscal Year 2021 and despite the challenges with COVID-19, overall access remained consistent, only decreasing by 1-2%, and patient satisfaction has been maintained from the previous year

## 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

- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- A virtual stigma reduction training was created and in the process of being formatted for viewing and participation by Bridgton Hospital staff and primary care providers but could not be completed due to staff capacity
- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- In spring of 2021, work was started to be able to distribute NARCAN to patients who come into the Emergency Room at Bridgton Hospital presenting with an overdose to prevent future overdoses and re-admittance. This included working with the state, Portland Public Health, the pharmacy department, the legal department and meeting regulatory requirements.

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/Obstetrics (OB) program)

- At the end of Fiscal Year 2021, the proposed priority programming around connecting MAT with the OB department was no longer feasible. This was due to a number of factors including the OB department closed and there was a change with the priority champion as he passed away
- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- See above for Strategy 4
- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

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

- See above for Strategy 4
- No completed activities in Fiscal Year 2021; work was refocused on community efforts around COVID-19

### 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 Lakes Region partners

- The HPC, who works to implement the CHIP, takes part in several community-led meetings and coalitions to address the priorities, including:
  - The Lakes Region Collective Action Network (ongoing)

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

- In connection to work related to the Community Health Needs Assessment, connections were made with Lakes Region media partners for marketing purposes

## **Addressing the Social Determinants of Health**

Healthy People 2020 (<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 called Hunger Vital Signs. This program was piloted at the Bridgton Hospital Emergency Department and has since expanded to seven additional sites throughout the system.

### **Hunger Vital Signs**

In collaboration with Good Shepherd Food Bank, CMHC implemented the Hunger Vital Signs (HVS) 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, a community resources guide about food pantries, and other resources that address social determinants of health in their area.

With the addition of Elsmore-Dixfield Family Medicine to the program in November 2020, there are now eight sites within CMHC that implement HVS in a department or practice. The other 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 2021 data includes:

Table 2 Fiscal Year 2021 Hunger Vital Signs Program Usage

# Food Insecure Screenings Performed	# Food Insecure Patients (# Positive Screens)	# Community Food Pantry Lists Provided	# Food Bags Distributed
8007	453	231	202

### Good Food Bus

The Good Food Bus (GFB) is a collaboration between Central Maine Medical Center and St. Mary’s Nutrition Center that started in 2019. The GFB is a mobile grocery store stocked with locally produced healthy foods. The GFB creates greater access to good, nutritious foods by providing direct and convenient access to fresh fruits, vegetables, eggs, meat, bread, and other grocery items. 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 2021 data:

Table 3 Fiscal Year 2021 Good Food Bus Program Usage

Total Visits (including CMMC visitors, community members and employees)	Total Sales Rank	Total Transactions Rank (of other business stops)
88	2 <sup>nd</sup>	3 <sup>rd</sup>

Participation in the GFB program was reduced due to COVID-19 pandemic restrictions.

### Summary

Fiscal Year 2021 introduced a whole new set of public health issues due to the COVID-19 pandemic. While this prevented Central Maine Healthcare from achieving some activities, it forced us to pivot in creative and impactful ways. It demonstrated our capacity to be flexible and respond to new community needs such as developing, implementing and managing the vaccine site volunteer program.

Continuing the work started in Fiscal Year 2020, the Community Health Committees focused on Community Benefit in Fiscal Year 2021. This change was supported by CMHC 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.

The focus on 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 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.