Central Maine Medical Center
Community Health Needs Assessment

An assessment of the community health needs of Androscoggin County conducted jointly by Central Maine Medical Center and St. Mary’s Regional Medical Center

Description of the community served by the hospital

During 2015-2016, a community health needs assessment (CHNA) was conducted by St. Mary’s Regional Medical Center, Central Maine Medical Center, Healthy Androscoggin and other community health agencies.

Central Maine Medical Center draws most of its inpatient and outpatient population from Androscoggin County; therefore the needs of this geographic area are the focus of the assessment.

Androscoggin County is a county located in south central Maine. It contains roughly 8% of Maine’s 1.27 million residents. Androscoggin County contains Maine’s second and fifth largest cities: Lewiston (population 36,202 in the 2015 census) and Auburn (population 22,871 in the 2015 census) respectively. Located across from each other on the Androscoggin River, the twin cities of Lewiston and Auburn are the central hub of the region. The county is working to transform the downtown area from vacant textile mills and abandoned shoe factories to a region known for progressive health care, tourism, high-precision manufacturing, telemarketing and financial services. Lewiston and Auburn are also home to a large Franco-American population as well as an increasing number of Central and East African immigrants. The rest of the county is comprised of small rural towns with an average population of 222 persons per square mile.

From the 2015 Census data, the population of Androscoggin County is 107,233, with a poverty rate of 15.4% and median income of $45,765 annually. Lewiston’s poverty rate is even higher-24% (2014 American Community Survey) and the rate of childhood poverty in Lewiston is 43% (according to the 2013 Maine Kids Count Survey).

The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. With the concentration of Central and Eastern African immigrants in Lewiston, the city has a more significant black population (8%). Androscoggin County’s population reflects two interesting trends: the highest number of people is in the under 18 years category (22%) and the second highest concentration of the population is over age 65 (16%). The 2016 unemployment rate is 3.8%. Slightly over 10% of the primary languages spoken in the home is categorized “other than English” so there are a multitude of interpretation services available as well as cultural brokers hired by the local hospitals to assist new Mainers in navigating the health systems.

Lewiston, Maine: 2010 Census Race by Age
<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percentage</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaska native alone</td>
<td>156</td>
<td>0.43%</td>
<td>Purple</td>
</tr>
<tr>
<td>Asian alone</td>
<td>384</td>
<td>1.05%</td>
<td>Blue</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>3174</td>
<td>8.67%</td>
<td>Lime Green</td>
</tr>
<tr>
<td>Native Hawaiian/other Pacific native alone</td>
<td>14</td>
<td>0.04%</td>
<td>Green</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>219</td>
<td>0.60%</td>
<td>Yellow</td>
</tr>
<tr>
<td>Two or more races</td>
<td>951</td>
<td>2.60%</td>
<td>Orange</td>
</tr>
<tr>
<td>White alone</td>
<td>31,694</td>
<td>86.61%</td>
<td>Red</td>
</tr>
</tbody>
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Lewiston/Auburn qualifies as a Medically Underserved Area defined as having too few primary care providers, with high infant mortality, high poverty rates and/or high elderly populations.

This link describes the poverty level for the city of Lewiston by various demographics:


Additionally the Community Needs Index (CNI) identifies the severity of community health needs for a specific geography by analyzing the degree to which the following health care access barriers exist in the community: a. income barriers; b. education/literacy barriers, c. culture/language barriers, d. insurance barriers, and e. housing barriers. The score is a weighted average; the current (May 2016) score for Androscoggin County is 3.2; the score for the city of Lewiston is 4.2 (based on scale of 1-5 with 5 being the highest need). Both rates are slightly higher than the 2013 results.

Mean(zip code): 2.6 / Mean(person): 3.2 CNI Score Median: 2.4 CNI Score Mode: 2

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>CNI Score</th>
<th>Population</th>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
</table>

2
Despite some significant community health needs, Androscoggin County has a strong community spirit, a prime location within the state, growing cultural diversity and a beautiful natural environment. We have an existing network of respected hospitals, primary care physicians, a Federally Qualified Health Center, local services agencies, government bodies, school-based health programs, faith-based organizations, businesses and citizens who are committed to community health. In the past few years Maine cardiovascular mortality rates have decreased 46% and as a whole, Maine is the 15th healthiest state in the nation (America’s Health Rankings®, 2015.)

As stated in “Hospital-based Strategies for Creating a Culture of Health” published in 2014 by the Robert Wood Johnson Foundation and the Health Research and Education Trust (HRET), “the process of assessing community health needs provides a platform for hospitals to clearly define and prioritize community health concerns, develop strategies to address them and foster sustainable collaborations with key partners. As the population health paradigm gains traction, hospitals increasingly are fostering leadership commitment and aligning their missions to advance the ultimate goal of a hospital or health care system: a Culture of Health in their community.” (p. 5) The process used in the State of Maine and Androscoggin County is reflective of this type of collaboration.

Within Androscoggin County, the community (Lewiston/Auburn) was chosen to participate in the Creating a Culture of Health Learning Collaborative sponsored by the Robert Wood Johnson Foundation and the Health Research & Educational Trust (HRET) of the American Hospital Association. Ten communities across the country were selected because of innovative and progressive approaches to building a culture of health (where all people have the opportunity to live longer, healthier lives, whatever their background.) The invitation was sent to Elizabeth Keene, VP of Mission Integration at St. Mary’s Regional Medical Center, who then reached out to Kirsten Walter, Director of St. Mary’s Nutrition Center, Erin Guay, Executive Director of Healthy Androscoggin, and Cindie Rice, Director of Community Health, Wellness and Cardiopulmonary Rehab, Central Maine Medical Center to participate.
in this exciting initiative. The goal of the collaborative is to help foster learning, networking, sharing of expertise and resources among us and other industry leaders through the collaborative. These learnings will inform case studies and be embedded in a nationally distributed Roadmap Guide that provides resources for community partnerships, in addition to webinars that showcase community collaborations. Prior to our learning collaborative, representatives from the HRET conducted a two-day site visit in Lewiston in May 2016 to foster cross-community learning, sharing and interaction with us in partnership development. Our community is honored to participate in this collaborative and we believe in its vision: When we make health a shared value; foster cross-sector collaboration; create healthier, more equitable communities; and strengthen integration of health services and systems, we are more likely to see an outcome of improved population health, well-being, and equity.

**Description of the process and methods used for conducting the CHNA**

**Methodology:**

Understanding the health needs of a community allows public health and health care organizations to design and implement cost-effective strategies that improve the health status of the populations they serve. A comprehensive data driven assessment process can identify, with a high degree of accuracy, priority health needs and issues related to prevention, diagnosis and treatment. Assessment tools also may assist in pinpointing access to care barriers, utilization of evidence based guidelines, and utilization of health services.

In Maine, healthcare leaders and public health leaders collaborated to conduct the assessment and analyze the data for this latest CHNA in a collaboration designated as The Maine Shared Health Needs Assessment & Planning Process.

**About the Collaborative**

The Maine Shared Health Needs Assessment & Planning Process (SHNAPP) was established from a series of planning events and conversations among healthcare and public health leaders in response to emerging state and federal mandates to improve the health of Maine communities. A memorandum of understanding (MOU) was developed and signed in June 2014 by CEOs from Central Maine Healthcare, Eastern Maine Healthcare Systems, MaineGeneral Health, and MaineHealth in addition to the Commissioner of Maine Department of Health and Human Services. Tangible products include shared community health needs assessment (CHNA) reports created from secondary quantitative data and primary qualitative data analyses, community engagement activities, and health improvement plans.

**About the Shared Community Health Needs Assessment**

The Shared Community Health Needs Assessment (CHNA) was conducted by Maine SHNAPP members. The series of reports produced as a result support efforts to make Maine’s communities the healthiest in America. The CHNA report (See Appendix I for the complete Androscoggin County report) presents both quantitative and qualitative findings. The quantitative data came from 25 sources (surveys such as the Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey; patient claims data from the Maine Health Data Organization; and disease registries such as the Cancer Registry) for over 160 indicators within 18 domains or health categories. The qualitative data was gleaned from an online stakeholder survey meant to capture opinions of health professionals and community stakeholders.
on the health issues and needs of communities across the state. The data gathered from these sources allowed local hospitals to identify the top health issues or priorities for their county and local communities.

**Community Input**

Community engagement using shared CHNA reports for local and regional planning is a critical part of the needs assessment and health improvement planning process. The process, co-led by Maine CDC District Liaisons and representatives from Maine SHNAPP not-for-profit hospitals, achieved the following:

- Ensured broad interests of the local community were represented;
- Obtained stakeholder input on identifying significant health needs based on review of data;
- Solicited stakeholder feedback on prioritizing significant health needs; and
- Identified local assets and resources that could address local health priorities.

**Preparing for Community Engagement**

September 2014-September 2015

The SHNAPP community engagement planning process included the District Liaison from the Maine CDC and representatives from participating Maine SHNAPP hospitals in the region (St. Mary’s Regional Medical Center and Central Maine Medical Center in Lewiston.) It was decided that the existing Community Health Stakeholder Coalition would be the local group to coordinate community engagement sessions in Androscoggin County.

In 2012, representatives from the two local hospital systems came together to establish the Community Health Stakeholder Coalition, a group of community health agencies, the public health sector and hospitals. They developed this purpose statement:

*Improve the health of Androscoggin County by convening community health stakeholders to collaborate on:*

- Conducting community health needs assessments
- Educating members and constituents on findings of community health needs assessments
- Developing strategies to address prioritized needs
- Sharing relevant resources through networking

Additionally the stakeholder group continues to assess methods to increase the communities’ knowledge of, and access to, resources in our area such as 2-1-1 Maine and to explore options for direct referral to resources from within the healthcare systems.
For the most recent CHNA, coalition members included: Jamie Paul, Western Maine District Coordinating Council of the Maine Center for Disease Control and Prevention, Cynthia Rice, Director of Community Health, Wellness and Cardiopulmonary Rehab, Central Maine Medical Center, Elizabeth Keene, VP of Mission Integration, St. Mary’s Health System, Erin Guay, Executive Director, Healthy Androscoggin, Catherine Ryder, Executive Director, Tri-County Mental Health Services, Ginny Andrews, Nutrition Services Program Manager, Western Maine Community Action, Steve Johndro, Executive Director, Western Maine Community Action, Brenda Czado, Director Home Care, Androscoggin Home Care and Hospice, Rebecca Austin, Director of Outreach Services, Safe Voices, Sam Boss, Harwood Center at Bates College, Joan Churchill, Executive Director, Community Clinical Services, Shawn Yardley, Executive Director, Community Concepts, Larry Marcoux, United Way and Quinn Gormley, Health Equity Alliance. These members represented community health, public health, hospitals, minority populations, local colleges, community action agencies and the local Federally Qualified Health Center (FQHC.)

Obtaining Local Community Engagement Input

October 2015-March 2016

In order to obtain local community input, the Community Health Stakeholder Coalition reviewed the data in the Androscoggin County SHNAPP CHNA report and then developed an approach to community engagement to maximize participation of a cross section of the community

The Community Health Stakeholder Coalition coordinated two community forums held in March 2016 and 13 other group presentation/key informant interviews with existing community groups (see Appendix II-Community Engagement)

The objectives of the forum included:

- Provide awareness among community stakeholders of the data/results from the Maine SHNAPP or subsequent research built on that resource;
- Invite local input on what the data means to each local community/region;
- Solicit local input on what issues should be prioritized locally;
- Solicit local ideas on existing resources, assets, or new initiatives that should be aligned/developed to address the prioritized issues; and
- Capture and share input from the forum using the Model Local SHNAPP Committee Reporting Form.

The coalition also decided to approach existing community groups such as the Chamber of Commerce and Seniors Plus and individual community members to offer group presentations, key informant interviews and even written surveys offering the above elements. In all, 520 people participated in either the community forums, group presentations, interviews and written surveys in Androscoggin County.

The sectors represented included: Public Health, Medically Underserved, Community Health Coalition,
Non-Profit Agencies, Low Income, Racial/Ethnic Minorities, Business and Education. The conversations largely informed both the implementation strategies and strategic plans for the hospitals.

Summaries and/or notes from all of the forums are available at: https://www.mainegeneral.org/Pages/Maine-Public-Health-Districts.aspx, and a Community Engagement Forum Summary Template is included in Appendix II.

Prioritizing Identified Health Needs

Next the coalition completed a crosswalk of identified community health needs and noted the most commonly shared needs. The results were then prioritized using the recommended guidelines in the Catholic Health Association of America’s Assessing and Addressing Community Health Needs (used to rank health needs and assign weight to criteria of importance.) Each health issue was evaluated by rating and weight for the following five criteria:

-How many people are affected by the problem?
-What are the consequences of not addressing this problem?
-Are existing programs addressing this issue?
-How important is this problem to community members?
-How does this problem affect vulnerable populations?

The priorities selected include the three top priorities identified in the SHNAPP CHNA report for Androscoggin County (Substance Use, Mental Health and Obesity), as well as Access to Health Care, Chronic Disease, Lead Poisoning and Tobacco Use. (See Appendix III for a table of the prioritization scores.) Interestingly, the priorities are consistent with Healthy People 2020 goals, the United States Preventive Services Task Force and the Surgeon General’s national prevention strategies of tobacco and drug free living, mental and emotional well-being, healthy eating and active living.

In a Culture of Health, it is important to know the elements that affect health, including health behaviors, clinical care, socioeconomic factors and the physical environment. Maine has several socio-demographic characteristics that may impact the health indicators in Androscoggin County. For example, Androscoggin County has the oldest population in the state (and Maine has the oldest population in the U.S.) While being older does not necessarily equate to poor health, the reality is that aging populations use more health services than younger populations.

Maine has a lower median income than the U.S. and Androscoggin County’s median household income is even lower than the state’s rate. Androscoggin County has a higher than state average rate of people living below the federal poverty line and a lower high school graduation rate.

As the SHNAPP CHNA report notes, stakeholders selected the following five factors as the greatest problems leading to poor health outcomes in Androscoggin County: poverty, transportation, access to behavioral health, housing stability and adverse childhood experiences.
Information gaps that impact our ability to assess the health needs of the community

The state of Maine is fortunate to have many sources of data to help assess health needs of communities. The 2015 Maine Shared Community Health Needs Assessment, 2015 County Rankings results, the state health plan, the Community Needs Index (CNI), community engagement results and a local survey of health concerns by minority populations provide a comprehensive picture of all major health indicators in the community.

There was a gap identified for information relating to specific needs of the elderly, as well as gaps explaining why some of the health needs are so prevalent (for example, why Maine continues to have such a high cancer incidence rate.)

Prioritized Significant Community Health Needs

These are the priority health issues for Androscoggin County in this 2016 CHNA:

Access to Health Care and Primary Care

While Androscoggin County has a relatively low percentage of uninsured residents, access to care is an issue. Access can include availability of insurance, ability to understand information, location and distance to health care services and ability to see health care providers on a timely basis. Examples of barriers to health care and primary care in Androscoggin County include: Residents of this county have high rates of Emergency Department visits for respiratory disease and the fact that even adults with insurance reported cost-related barriers to health care. In addition, Androscoggin County has lower rates of adults with visits to a dentist in the past 12 months (61.9% vs. 65.3% ME) and dental pain is the one of the most frequently cited reasons for Emergency Department visits in the state of Maine.

Chronic Disease

Chronic diseases include cancer, cardiovascular disease, diabetes and respiratory diseases such as asthma and COPD (chronic obstructive pulmonary disease). They account for seven out of ten deaths each year. In Androscoggin County, asthma and COPD rates are high; cancer incidence has decreased but still remains the leading cause of death in Maine. Cardiovascular mortality, diabetes prevalence and hospitalization rates are high. In fact, Androscoggin has a significantly higher overall mortality rate than the state (789 vs. 745 ME.)

Environmental Health

Environmental health includes the natural and built environments. Childhood lead poisoning rates are of particular concern in Lewiston and Auburn due to the housing stock in the cities. Elevated blood lead level rates for children are almost double in Androscoggin County compared to the state.

Infectious Disease/Sexually Transmitted Disease

Androscoggin County has very high rates of sexually transmitted diseases (the highest incidence of chlamydia of any county and alarmingly increasing rates of gonorrhea). Additionally the incidence of newly reported hepatitis B virus is double that of the state of Maine.

Injuries
Notable for Androscoggin County is the number of domestic assault reports to police, as well as a statistically higher number of unintentional fall-related injury Emergency Department visits in Androscoggin County than the state.

**Mental Health**

Mental health issues can affect a person’s physical health, such as chronic pain, a weakened immune system and increased risk of cardiovascular disease. Androscoggin County residents have significantly higher mental health emergency department rates. And 20.8% of adults reported currently receiving outpatient mental health treatment, compared to 17.75% of adults statewide.

**Physical Activity, Nutrition and Obesity**

Eating a healthy diet, being physically active and maintaining a healthy weight is essential for a person’s health. These three factors can lower the risk of numerous health conditions. Androscoggin County rates of physical activity are much worse than the state and the county has the highest prevalence of obesity in the state. It is also clear that Androscoggin County is food insecure and one effect of poor nutrition is obesity.

**Pregnancy and Birth Outcomes**

There are several concerning aspects for birth outcomes in Androscoggin County. Teen birth rates are 31.7/1000 compared to 20.5/1000 statewide. The infant mortality rate is 7.1% (vs. 6.0% ME).

**Substance and Alcohol Use**

Substance and alcohol use disorders are significant issues for almost every county in Maine. Of particular concern is the recent increase in heroin and prescription opioid dependency and mortality. Deaths from heroin overdoses in Maine rose at alarming rates in 2014 and 2015. Also troubling is the number of referrals for drug-affected babies (8.5% vs. 7.8 ME) and substance abuse hospital admissions in Androscoggin County (516/100,000 compared to 328/100,000 statewide.)

**Tobacco Use**

While the percentages of adults who smoke cigarettes has declined significantly over time, 24% of adults in Androscoggin County still smoke. Use of tobacco is THE most preventable cause of disease, death and disability in the United States.

See Appendix I for detailed information about the Androscoggin County results in The Maine Shared Needs Assessment and Planning Process.

**Potentially available health care facilities and resources available to meet the health needs identified**

The assessment identified a number of strong community assets (see Appendix IV), including the two local hospitals (including behavioral services at SMRMC) and their community benefit programs, an Urgent Care Center by SMRMC and CMMC, primary care physicians at accredited patient-centered medical homes, dentists, school-based health centers, federally qualified health centers through
Community Clinical Services, a free clinic, community health agencies for mental health services and substance use disorders, a local home care and hospice agency, social service agencies for outreach to the rural poor, the elderly, victims of domestic violence and children, St. Mary’s Nutrition Center (emergency food pantry, community gardens, farmers’ markets, cooking classes and outreach for Somali Nutrition programs), public school systems and Catholic school systems with active home and school associations, numerous religious communities and community coalitions to support downtown Lewiston.

**Evaluation of Impact from Preceding CHNA 2013-2015**

Following are the prioritized initiatives and community programs which Central Maine Medical Center addressed in over the three year period of the implementation plan 2013-2015 in response to the community health needs assessment from 2012-2013. Leadership to oversee the implementation of the plan was supported by the Community Health Department budget, which in addition supported the board approved $52,000 annually to oversee the implementation of an ongoing statewide community health needs assessment process along with three other health systems and the Maine CDC.

The identified priorities in the 2012-2013 assessment included: cardiovascular, respiratory, reproductive/sexual health, mental health and substance abuse, and cancer based on community forum feedback. CMMC chose to directly address: cancer, cardiovascular disease (through prevention to include obesity, tobacco), and diabetes. In this assessment CMMC chose to collaborate to address respiratory (asthma) and to continue work with SafeVoices and child advocacy center for domestic/child abuse.

Programs to support healthy living are integrated throughout the organization in areas such as CMHVI, CMMG, Dempsey Center, Health & Fitness Center, Community, and women’s services.

Knowing it takes 7+ years to see behavior change and that programs to address behavior change must be multifaceted CMMC’s plan is to continue to monitor and address the impact of existing programs and to use the existing data to assist in driving the organizations strategic planning in fy17.

**Cardiovascular disease (through prevention):**

CMMC/CMHVI has held four “Living Light” programs since September 2013. “Living Light” is a comprehensive 12 week course that focuses on reducing cardiovascular risk factors by engaging participants in healthy lifestyle modification including diet, structured exercise, stress reduction and general wellness.

In the four programs since 2013, there have been a total of 47 enrollees – 44 completed. The average weight loss was 8 lbs., and the average steps per day were 8500- overall 15 % increase for participants. Maintaining consistency with food diaries has been a noted challenge with all groups.

Referrals for tobacco cessation are a direct prompt through the electronic health record to the Maine Tobacco helpline since January 2015 with standard work in primary care. Overall, Central Maine Healthcare has seen a significant increase in patients referred to the Maine Tobacco Helpline since the automated referral through the electronic health record started in January 2015:

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<tbody>
<tr>
<td>Maine Tobacco Helpline Referrals</td>
<td>34</td>
<td>1447</td>
<td>877</td>
<td>2358</td>
</tr>
</tbody>
</table>
Cancer:

CMMC has a comprehensive cancer center accredited by the Commission on cancer. Among the goals for cancer reduction is to increase screenings for lung cancer. The goal of early lung cancer screening is to save lives. Without this lung screening, lung cancer is usually not found until a person develops symptoms. At that time, the cancer is much harder to treat. In 2014 – 149 patients screened; 48 of those patients received a recommendation to repeat CT in 12 months of less. In 2015 – 201 patients screened. 94 of those patients received a recommendation to repeat CT in 12 months of less – 1 confirmed case of lung cancer.

For full annual report of cancer initiatives through the Patrick Dempsey Center for Cancer, Hope and Healing annual reports, see: http://www.dempseycenter.org/

CMMC Diabetes Prevention Program

In partnership with the National Diabetes Prevention Program, the CMMC Diabetes Prevention Program lifestyle change program helps people with pre-diabetes make healthy changes that will prevent or delay the onset of type 2 diabetes. Participants meet in a group that is led by a trained lifestyle coach. Individuals receive group support and learn how to get on a healthy track and stay there. The table below reflects current data on coaches trained and diabetes prevention programs started.

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<tbody>
<tr>
<td>#Lifestyle coaches trained within or affiliated with CMMF</td>
<td>&gt;4</td>
<td>0</td>
<td>12</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>#DPP started</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Current LC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
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</tbody>
</table>

1 Affiliates include United Ambulance Service, DFD Russell Medical Centers (Leeds), Healthy Androscoggin, and Tri-County Mental Health Services
2 Two (2) of these were trained by MaineGeneral
3 Lewiston (2), Bridgton, Rumford
4 Lewiston (2), Auburn, Topsham
5 Leeds (2), Lewiston (5), Auburn, Rumford; another will start June 28, 2016 in
6 Includes one (1) coach who was trained in 1997 and two (2) coaches who may not be able to lead programs due to work changes in the past year
Summary:

Overall the hospital anticipates that actions taken to address health needs will improve health knowledge behaviors and status and help create conditions that support good health. The hospital will continue to evaluate the impact and set priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

This assessment was approved by Central Maine Medical Center Board of Directors on June 20, 2016 and is available on the websites of both and Central Maine Medical Center (www.cmmc.com) and SMRMC (www.stmarysmaine.com). A copy can also be obtained by contacting the administrative offices of either hospital.

Appendix I  The Maine Shared Health Needs Assessment and Planning Process Androscoggin County Report

Appendix II  Community Engagement Summary

Appendix III  Table of Prioritized Health Needs

Appendix IV  Community Resources