

Central Maine Healthcare Corporation
FY 22 Community Benefit Report
May, 2023

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Definition of Acronyms

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

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 help 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 Community Benefit activities that CMHC implemented in Fiscal Year 2022 from July 1, 2021 through June 30, 2022. The report also fulfills the IRS 990 reporting requirements for non-profit healthcare systems. This report outlines the following:

- Activities conducted for the third, and final, year of the 2019-2022 Community Health Implementation Plan (pages 4 – 10)
- The 2021 Community Health Needs Assessment (pages 10 – 14)
- The 2022-2025 CHIP development process (page 14)

To further strengthen the 2020-2021 Community Health Needs Assessment (CHNA) process and its impact on the respective communities, CMHC leadership chose to merge Healthy Androscoggin's (HA) Advisory Committee with the existing Lewiston/Auburn Regional Community Health Committee. Utilizing HA's strong community connections and partnerships, CMMC was able to support a more engaged and robust CHNA process and support the execution of current Community Health Implementation Plan (CHIP) activities.

In addition, CMHC leadership continued to support a full-time Health Promotion Coordinator (HPC) at HA who worked directly with Rumford and Bridgton Community Health Committees (CHC) to execute the CHIPs by creating a strong network of community partners that guided and supported the work in each community. In February 2022, another Health Promotion Coordinator position was added. This position focuses on the CMMC CHIP and CHNA process. This coordinator will be responsible for developing and facilitating the CMMC plan, engaging in the Community Health Needs Assessment for CMMC, and working with St. Mary's Health System (SMHS) on future plan collaborations. This new HPC will also be housed under and managed by Healthy Androscoggin.

Community Health Implementation Plans 2019-2022

The following tables list the top health priorities identified during the 2018 fall forums and were included in final CHNA reports for each county. The forums were an opportunity for community members to review the County Health Profiles, discuss community health concerns, and prioritize perceived community needs in small break-out sessions followed with a vote by participants.

Androscoggin County
Central Maine Medical Center

Table 1: Androscoggin County Health Priorities

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

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

Cumberland County
Bridgton Hospital

Table 1: Cumberland County Health Priorities

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

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

Oxford County
Rumford Hospital

Table 1: Oxford County Health Priorities

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

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

Data profiles are available for download at:

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml>

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 undertake and monitor as they relate to the specific identified needs. Each CHIP includes a capacity building priority around sustainability that outlines how to build and maintain capacity for the activities and approaches that address community health needs. This priority ensures that the goals are supported systematically over an extended period.

Fiscal Year 2022 represents both the third and final year of the 2019-2022 Community Health Implementation Plan, the 2021 Community Health Needs Assessment planning work, and a portion of the 2022-2025 CHIP development work for each hospital under CMHC. Listed below are the activities that each of the three CMHC hospitals completed during the final year of the 2019-2022 cycle.

It is important to acknowledge that activities for Fiscal Year 2022 remained affected by the COVID-19 pandemic. In the winter of 2021, some Healthy Androscoggin staff, including the HPC, pivoted much of their community benefit work to assisting CMHC in addressing COVID-19 related needs. This 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 to December 2021, the Bridgton and Rumford HPC pivoted work to focus on supporting the needs of the high-volume vaccination site at the Auburn Mall. At the start of 2022, work was again shifted to focus back on the Community Health Implementation Plans.

Central Maine Medical Center

During the original Community Health Implementation Plan planning process in 2018, the Lewiston/Auburn Regional Community Health Committee recognized that within the prioritized areas of social determinants of health and access to care, lack of transportation was a gap not being addressed within the hospital system aside from the work of local transportation providers

themselves. Therefore, CMMC developed a goal to increase community member access to reliable, safe, and culturally competent transportation options through a variety of activities focused on capacity-building and advocacy.

Accomplishments on this priority 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 necessitated a shift in focus from transportation to the youth vaping prevention collaboration with St. Mary's Health System. 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

Members of both SMHS and HA have for several years jointly coordinated a local Community Health Stakeholders Group that brings together area stakeholders to engage in the CHNA process. Though each hospital system develops their own CHIPs, in Fiscal Year 2019 the leadership of CMMC and SMHS collaborated to identify a joint public health strategy, and went through an accelerated CHNA process. The shared goal that was selected was to reduce current youth vaping rates. Strategies were developed and activities were implemented in the spring of 2020.

It was not possible to be in the schools until fall of 2021, but a plan was developed that considered this barrier and is outlined below. Activities to distribute information about the health risks and available resources 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 the health impacts of vaping that was published on the Tobacco 21 page of their website

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

- A logo contest was launched to educate the community about vaping and reduce the number of youth who use vape devices. Twenty-six students from five area schools competed for a top prize of \$250. The students had to create an original logo aimed at preventing their peers from vaping. Both hospitals partnered with five local schools and Students Against Destructive Decisions for this contest.
 - The winning logo is being used on a variety of items including fidget toys, lip balm, and stress balls that will be provided to local schools. The goal of these items is to help youth cope with stress without using a vape device. Students will also receive informational flyers about the dangers of vaping and resources for quitting
- A social media campaign was developed to educate parents and youth about the risks associated with vaping.
 - Social media posts gained 328,288 impressions across all sites and the target demographics

- 1031 ad clicks on social media that brought the user to additional resources
 - 42% of all engagements were from girls ages 13-17
- Strategy 3: Educate healthcare providers about youth tobacco use and vaping
- No completed activities in Fiscal Year 2022
- Strategy 4: Educate teachers/parents/youth-serving entities about youth tobacco use and vaping
- No completed activities in Fiscal Year 2022
- 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 through collaborations with St. Mary's Health System youth volunteer programs
 - See Goal 1, Strategy 2
- 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 2022
- Strategy 3: Coordinate efforts with LA Public Health Committee which also has vaping as a priority
- 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
- Avenues to best deliver trainings during the upcoming CHIP cycle to clinical and non-clinical staff were researched

Strategy 2: Once ACEs screening tool is integrated (see Priority 2 ACEs 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 previously created workflow was revisited and updated 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

- Some models researched for sustainability around recovery coaches in the Emergency Department
- On June 15th, 2022 the Emergency Department began distributing Narcan to patients in the Emergency Room presenting with substance use disorder or risk factors for substance use.

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

- The Oxford County OPTIONS Liaison held two (March 17 and June 15) presentations with Rumford Hospital staff on behavioral health, specifically

substance use disorder and stigma reduction, as well as a training on administering Narcan

Strategy 2: Evaluate program

- No completed activities in Fiscal Year 2022

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 document 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

- No completed activities in Fiscal Year 2022

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 2022

Strategy 2: Embed ACEs screening in intake screening in Emergency Department

- No completed activities in Fiscal Year 2022

Strategy 3: Evaluate program

- No completed activities in Fiscal Year 2022

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)
 - Western Maine Addiction Recovery Initiative community meeting (ongoing)
 - Member of the Planning Committee for the Western Maine Recovery Rally held in September 2022 (meetings began in May 2022)

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

- The Health Promotion Coordinator connected with organizations in the River Valley area to support hospital leadership's awareness of community events to promote and participate in

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 60 new hires, including clinical and non-clinical staff, 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 94 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
- Though our Top Box score decreased year over year, our percentile rank increased due to the overall performance of the comparison database. Other health systems were faced by the many challenges dealt out by the Pandemic as we've been, and the database and percentile rank per Top Box score depicts that.

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 2022

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

- No completed activities in Fiscal Year 2022

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

- Following work started in the previous fiscal year, Bridgton Hospital Emergency Department (ED) went live in February 2022 to be able to distribute Narcan to patients presenting at the ED as a result of substance use.
- Between February 2022 and June 30, 2022, 20 units of Narcan were given to patients in the ED

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)

- No completed activities in Fiscal Year 2022 due to the OB department closing and the priority champion passing away

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

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

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 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

- The Health Promotion Coordinator connected with organizations in the Lakes Region area to support hospital leadership’s awareness of community events to promote and participate in

COVID-19 and Community Benefits

The overall impact COVID-19 has had on our health and healthcare continued to be widely felt throughout the CMHC system during much of Fiscal Year 2022. The HPC who was redeployed the previous year to support volunteer efforts for the high-volume vaccine clinic at the Auburn Mall, serving Androscoggin County residents and beyond, continued to support the efforts through the end of December 2021. One year after its opening, the high-volume clinic closed on March 17th, 2022.

In Fiscal Year 2022, CMHC administered vaccines system-wide including:

Table 1: Fiscal Year 2022 COVID-19 Systemwide Vaccination Efforts

	CMMC Mezzanine and Auburn Mall High Volume Site	Bridgton Hospital Service Area	Rumford Hospital Service Area
Number of total vaccinations	31,153	1,963	718

Planning the 2021 Community Health Needs Assessment

The CMHC Community Health Improvement Plan process was informed by work done by the Maine Shared Community Health Needs Assessment (MSCHNA), which is a statewide collaboration between the Maine Center for Disease Control and Prevention (Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH) and Northern Light Health (NLH). 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 indicates about local health needs.

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

The Health Promotion Coordinator position is crucial to the CHNA process as they are responsible for organizing and co-facilitating the county-wide and region-specific forums. This planning is done in coordination with local planning group members, which include staff from MGH, MH, NLH, and regional partners. 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 the forums determined the health needs of each community, implementation plans that are unique to the three main service regions are developed by the coordinator with support and

input from hospital leadership, CHC, and partners in each region. Over the course of the following three years, they will implement the CHIPs, assess for program improvement, and measure outcomes. This section of the report summarizes the planning, community forum, and data collection portions of the Community Health Needs Assessment process, as well as the start of the new plan development in each region.

County Forums, Community-Sponsored Events and Locally-Sponsored Events

As part of the Maine Shared Community Health Needs Assessment, healthcare systems participating in the CHNA partnered with the Maine CDC, local health coalitions, community action agencies and other partners to come together to form local planning groups. For the forums in the CMHC service areas, Central Maine Healthcare collaborated primarily with St. Mary's Health System, Northern Light Health and MaineHealth. These collaborative teams co-organized community forums including recruiting volunteer scribes and facilitators, marketing the forums, and identifying health indicator data to be presented to forum participants.

Due to the ongoing COVID-19 pandemic, most of the local forums were held virtually on Zoom. In addition to Zoom, there were several other online platforms utilized for data collection including IdeaBoardz, MentiMeter, and Survey Monkey. John Snow, Inc., a contracted organization for the CHNA process, provided technical support and data collection that was utilized and included in the county forums, locally-sponsored events, and the community-sponsored forums.

There were four different types of events for data collection that took place during the 2021 CHNA:

- **County Forums:** Each county across the state held a county-wide community forum. However, with the vast differences between urban and rural Cumberland County, there were two separate regional forums to address the different needs, service areas and populations within the geographically diverse Cumberland County. These forums were for Greater Portland, an urban community served by MaineHealth, and Lakes Region, a more rural population mainly served by CMHC's Bridgton Hospital.
- **Locally-Sponsored Events:** In addition to the county forums, county/region planning groups were able to hold locally-sponsored forums, as identified on pages 12 – 13, with existing community groups.
- **Community-Sponsored Events:** Were hosted by and for those whose voices may not have been present at County Forums. These events focused on under-represented groups and were hosted by organizations that worked with these communities.
- **Oral Surveys:** Were utilized to include immigrant, refugee, and New Mainer voices.

Community Engagement and Health Equity Committee

In addition to the direct community health services provided in the three regions, CMHC and the MSCNHA partners also undertook quality improvement efforts and collaborative implementation activities. The partners include: MaineGeneral Health, MaineHealth, Northern Light Health, and the Maine Center for Disease Control and Prevention which is part of the Maine Department of Health and Human Services.

In June 2020, the MSCHNA Steering Committee identified the need to focus some of its data collection efforts on reaching and engaging with members of traditionally medically underserved

communities. In January 2021, a group of community partners with experience working with underserved communities convened to identify partners that represented diverse cultural and geographical communities from around the state. This health equity group was integrated into the MSCHNA Community Engagement Committee, becoming the Community Engagement/Health Equity Committee (CE/HE).

The work of this newly formed CE/HE Committee became a unique and impactful process to address health data collection in underserved populations. The CE/HE Committee identified two data collection methodologies to ensure that underrepresented communities' voices would be included in the Community Health Needs Assessment forums to be held throughout the state. These approaches to collecting data included smaller, focused community-sponsored events and oral surveys developed and implemented in collaboration with immigrant groups.

The community-sponsored events mirrored the traditional county-wide CHNA forums but were hosted by organizations that represented community members they served. These hosts recruited participants and collected the same data as that of the larger forums. Community-sponsored events included members of LGBTQ communities, people who are homeless or formerly homeless, people with a mental health diagnosis, youth, older adults aged 65+, Black and African Americans, Federally Qualified Health Centers, people with disabilities, and people who are deaf or hard of hearing.

Oral Surveys were identified as a preferred method for engaging with Maine's immigrant populations to address cultural and language differences. A group that included members of the immigrant communities in Maine was convened and developed the oral surveys in collaboration with MSCHNA representatives. Ethnic Community Based Organizations were contracted to implement the surveys within their own communities using Community Health Workers who understood culturally and linguistically appropriate approaches. In order to assist these organizations in implementing the surveys, the MSCHNA provided modest stipends. At the completion of the data collection, 1,000 oral surveys were conducted by five Ethnic Community Based Organizations including; City of Portland, Gateway Community Services, Maine Immigrant Refugee Services, Mano a Mano, and New England Arab American Organization.

The data collected by both community-sponsored and oral surveys was integrated into the data collected at the forums to inform the priorities that the Community Health Implementation Plans will focus on for each community for the next three years. The unique and thoughtful approach that the MSCHNA took to address health equity will serve as a model for other health data collection projects in the future. These pilot efforts were made possible with generous support from the Department of Health and Human Services's Preventive Health and Health Services Block Grant and the Maine Health Access Foundation.

Community Health Needs Assessment Forums

The CHNA forum process took place between April 2021 and December 2021. The county forums for the three hospital service areas took place on the following dates:

- Cumberland County – Lakes Region, October 26th, 37 participants.
- Oxford County, November 9th, 38 participants. There were three locally-sponsored events within existing community groups throughout Oxford County:
 - Western Maine Addiction Recovery Initiative, November 3rd, 44 participants

- River Valley Rising November 9th, 8 participants
- Healthy Oxford Hills Coalition, November 23rd, 29 participants
- Androscoggin County, November 10th, 46 participants

There were 9 community-sponsored events. They were:

- People who are homeless, or formerly homeless, December 14th, 27 participants
- LGBTQ+, December 9th, 15 participants
- Youth, November 18th, 32 participants
- Black or African Americans, November 4th, 11 participants
- People with a mental health diagnosis, October 14th, 18 participants
- Older adults 65+, October 4th, 72 participants
- Federally Qualified Health Centers, September 23rd, 24 participants
- People with disabilities, September 16th, 35 participants
- People who are deaf/hard of hearing, September 9th, 18 participants

The tables below reflect the results of the voting that forum participants did to identify the top health priorities:

Table 2: Top 4 Health Priorities Identified from the 2021 CHNA Forums

Androscoggin County Central Maine Medical Center		Cumberland County Bridgton Hospital		Oxford County Rumford Hospital	
Priority Area	% of Votes	Priority Area	% of Votes	Priority Area	% of Votes
Mental Health	97%	Mental Health	51%	Mental Health	58%
Social Determinants of Health	62%	Social Determinants of Health	42%	Access to Care	49%
Substance & Alcohol Use	51%	Access to Care	41%	Substance & Alcohol Use	42%
Access to Care	45%	Substance & Alcohol Use	34%	Social Determinants of Health	38%

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

The Role of the Community Health Committees

All three CMHC hospitals (CMMC, Bridgton Hospital, and Rumford Hospital) have their own Community Health Committee. These CHCs focus on community health and advocacy by identifying and implementing strategies that improve the health of our communities. 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. The results of the community forums are

presented to each respective CHC as well as community barriers, strengths, and resources to target each priority. The regional CHCs vote to select two of the four priorities that were identified during each community forum to build on current robust collaborations and successful programs. The resulting plans are the Community Health Implementation Plans for each community.

Developing the 2022-2025 Community Health Implementation Plans

Health priorities for each county were identified through community participation and voting at the forums during the fall of 2021. 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 with a vote by participants.

Once the respective CHCs vote to identify two priorities to focus on, the Health Promotion Coordinator then works with hospital leadership, staff, and community partners to create tangible and realistic goals, strategies, and activities to address each priority. During the 2019-2022 cycle, a third priority was added onto each plan around capacity building for creating sustainability for the work within the hospitals. For the 2022-2025 plans, sustainability is weaved into each priority and Diversity, Equity, Inclusion and Belonging was identified as a system-wide priority.

The health priorities chosen by the hospital Community Health Committees are as follows:
Table 3: Health Priorities for each CMHC Hospital for the 2022-2025 Cycle

Androscoggin County Central Maine Medical Center	Cumberland County Bridgton Hospital	Oxford County Rumford Hospital
Priority Area	Priority Area	Priority Area
Mental Health	Mental Health	Social Determinants of Health (Food Insecurity and Adverse Childhood Experiences)
Substance & Alcohol Use	Substance & Alcohol Use	Substance & Alcohol Use

Despite the geographic and population differences between the three regions, it was decided that there would be some strategies, and more specifically, some activities that are the same across all three plans to create a system-wide approach. The activities of each strategy and goal were formulated to include a few different approaches. The first being internal activities, meaning activities more focused on hospital processes, workflows, and screening tools. The second approach was external activities which have benefits that are seen more by patients such as staff training on stigma reduction surrounding individuals with substance use disorder. Finally, partner activities where the focus stands on building and maintaining relationships and supporting our local partner organizations doing the targeted work on each priority with community members served as the third approach.

Addressing the Social Determinants of Health

“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” [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).

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 pounds of non-perishable foods and a community resource guide containing information about food pantries and other resources that address social determinants of health in their area.

At CMHC, there are currently eight sites (departments and practices) that implement the Hunger Vital Signs Program. In the River Valley area there are three sites: Elsmore-Dixfield Family Medicine, Swift River Family Medicine, and the Rumford Hospital Inpatient Department. In the Lakes Region, the Bridgton Hospital Inpatient Department follows the program. Finally, there are four sites in the Lewiston/Auburn area: Central Maine Family Medicine Residency, Central Maine Pediatrics, Minot Ave Family Medicine, Poland Community Health Center.

Since the program started at CMHC, staff at Healthy Androscoggin have managed and coordinated the program. In January 2022 it was determined that for the sustainability, and best and easiest path to growth, that program management and coordination would be better suited as a part of the CMHC Accountable Care Organization (ACO).

Fiscal Year 2022 data includes:

Table 4: Fiscal Year 2022 Hunger Vital Signs Program Usage

# Food Insecure Screenings Performed	# Food Insecure Patients (# Positive Screens)	# Community Food Pantry Lists Provided	# Food Bags Distributed
8131	287	149	164

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 2022 data:

Table 5: Fiscal Year 2022 Good Food Bus Usage

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

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

Summary

Fiscal Year 2022 introduced a whole new set of public health challenges due to the COVID-19 pandemic. While this prevented the achievement of some activities, it necessitated a redirect in creative, flexible, and impactful ways in order to respond to new community needs such as developing, implementing and managing the vaccine site volunteer program.

Continuing the work starting in Fiscal Year 2020, the Community Health Committees were encouraged to engage more fully in public health issues in their respective communities resulting in greater awareness and knowledge of best practices in public health. Shifting focus to a set of well-defined priorities and objectives has made the resulting work deeper and more effective in addressing community health needs. Additionally, an improved 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.