



Maine SHNAPP Community Engagement Phase
 Summary Report of Forum & Event Input
 Central Public Health District
 May 2016

This serves as a brief summary report of the input provided by community members attending the 4 community forums and 12 community events that took place in Kennebec and Somerset Counties between September 2015 and March 2016. Maine SHNAPP held community engagement events starting in November 2015 although events that took place in Skowhegan during September have been included since the community representing Somerset County participated and provided pertinent input. Copies of individual reporting forms (pdf) can be viewed using the link below by looking under the Community Engagement header and clicking on the forum or event of interest:

<https://www.maine-general.org/Pages/District-5-Central-Maine.aspx>

Community Forums

Meeting	Date	Location
Somerset Public Health Annual Meeting-Forum	9/14/2015	Skowhegan, ME
Central DCC Waterville Forum	12/10/2015	Waterville Elks Club
Central DCC Augusta Forum	12/11/2015	Alfond Center for Health, Augusta
Somerset County Forum	1/20/2016	Sebasticook Valley Hospital, Pittsfield
Total Attending Forums:		221

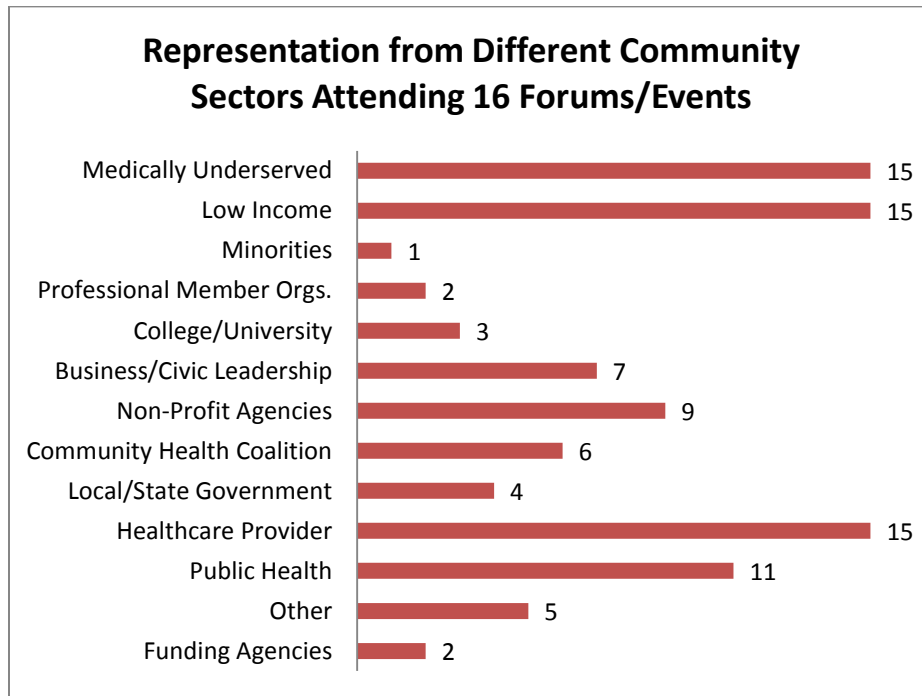
Community Events

Meeting	Date	Location
Community Health Issues Survey	9/11/2015	Redington Fairview General Hospital, Skowhegan
MaineGeneral Board of Directors Meeting	1/4/2016	Alfond Center for Health, Augusta
MaineGeneral Medical Directors Meeting	1/11/2016	Alfond Center for Health, Augusta
Primary Care Transformation (PCT) Leadership Team	1/19/2016	Alfond Center for Health, Augusta
HCCA HealthReach Community Health Center Board Of Directors	1/27/2016	Waterville
MaineGeneral Leadership Council	2/9/2016	Thayer Center for Health, Waterville
RFGH Better Breathers (pulmonary support)	2/18/2016	Redington-Fairview General Hospital, Skowhegan
HCCA-MeHAF Healthy Communities Planning Team	2/18/2016	Augusta, KBH Conference Room
RFGH Cancer Support Group	2/23/2016	Redington-Fairview General Hospital, Skowhegan
Southern Kennebec Social Services Meeting	3/1/2016	Family Violence Project in Augusta
HCCA-Capital Area Food Council	3/10/16	Gardiner
Healthy People of the Kennebec Valley Event	3/23/2016	Alfond Center for Health in Augusta
Total Attending Events:		664

Total Attending Forums & Events 885

Attendance numbers may contain duplicates if one person attended more than one forum/event.

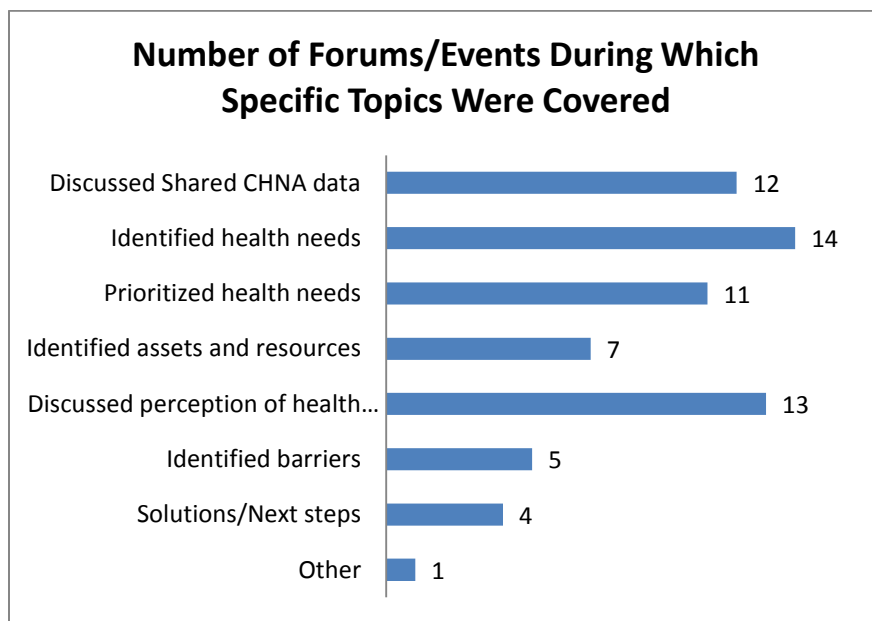
Community Sectors Represented During Forums and Events



“Medically underserved,” “low income,” and “racial/ethnic minorities” are sub-populations named specifically by the Department of Treasury/IRS regulations.

Other: Law enforcement, clergy, public schools, farmer

Type of Input Obtained During Forums and Events



“Other” included: Role of employers in addressing health needs

Community Forums

These forums, organized and co-led by Maine CDC District Liaisons and SHNAPP hospital community benefit representatives, typically consisted of a prepared Power Point presentation followed by breakout sessions on health topics. In general, breakout sessions obtained input about:

- Summary statements about the issue and/or its effect on the community
- Identification of local assets and resources to address the issue
- Identification of barriers to addressing the health issue or needs of the community before more adequately addressing the issue
- Ideas for next steps, how to solve the health issue, who to include, and what the community should look like in the future

Themes Identified During Central District Forums

Health Issue: **Obesity**

Summary of assets to resources to address issue: Let's Go!, school facilities, and adult education offerings as well as opportunities for organized and unorganized physical activity, meal supports in the community and schools, education in schools, community settings, and health care, worksite wellness programs. (See list of specific programs in appendix on page 7.)

Summary of barriers or community needs (if reported): Transportation and poverty are two of the largest barriers recognized in the district leading to remarks about lack of access to care for a number of medical issues. There is also an awareness from the community about a lack of providers/practitioners to support the need of various health issues (a lack of telehealth services, lack of behavioral health professionals). Within this there is also a concern for lack of "medical homes," locations that provide behavioral, primary care and even sometimes dental services. Much of the response was more systems-based, both of the needs of the providers to build better care times as well addressing the issues of health needs on a statewide level, from a policy perspective. Lack of employment opportunities and funding to address issues across the district, as well as education were also mentioned.

Summary of next steps, solutions, future ideal: Success in reducing obesity means increased programming for and access to physical activity and weight loss (includes transportation to activities and programs), access to healthy foods at grocery stores, farmer's markets (i.e. accept SNAP), and food banks, and overall decrease in body mass index (BMI) and obesity rates. Hospitals play a role in reducing obesity by funding evidence-based programs (Let's Go!, Living Well for Better Health) in the community and having standards of care that include linkages/collaboration and referrals to community programs. Other organizations can play a role in reducing obesity by offering space for activities (schools, grange halls), gym memberships (employers), cooperation or collaboration in bringing education and programs to the community (local parks and summer meals program for youth, in-store nutrition educators or Cooking Matters). Communities can initiate food policy councils. There needs to be increased funding for rural counties to implement evidence-based programs and improved health care provider ratios.

Health Issue: **Drug and Alcohol Abuse**

Summary of assets to resources to address issue: Prescription Monitoring System (PMP), Screening, Brief Interventions and Referral to Treatment (SBIRT), treatment providers, support groups, school-based education and supports, employer-based supports, health care, law enforcement, and mental health assets. (See list of specific programs in appendix on page 7.)

Summary of barriers or community needs (if reported): Transportation and poverty are two of the largest barriers recognized in the district leading to remarks about lack of access to care for a number of medical issues. There is also an awareness from the community about a lack of providers/practitioners to support the need of various health issues (a lack of telehealth services, lack of behavioral health professionals). Within this there is also a concern for lack of “medical homes,” locations that provide behavioral, primary care and even sometimes dental services. Much of the response was more systems-based, both of the needs of the providers to build better care times as well addressing the issues of health needs on a statewide level, from a policy perspective. Lack of employment opportunities and funding to address issues across the district, as well as education were also mentioned. Stigma around substance use issues and limited social support for those issues were mentioned as well.

Summary of next steps, solutions, future ideal:

Success in addressing drug and alcohol abuse means reduced hospital/ED visits and 911 calls along with reductions in mortality associated with drugs and alcohol. This will be achieved by addressing ACEs (Adverse Childhood Experiences), increasing prevention education for all ages, and improving partnerships among law enforcement and public safety. Hospitals support success on this issue by providing resources (navigators for people seeking treatment, increasing outpatient treatment capacity), creating standards of care that include the PMP, SBIRT, and addressing ACEs, and collaborating with other organizations to provide education and evidence-based programs. Other organizations play a role by providing funding (government, philanthropic agencies), legislative change, and collaboration. A cultural shift needs to take place to reduce stigma, treat the disease (instead of treating people with addictions as criminals), and involve youth in their prevention/treatment programming.

Health Issue: Mental Health (Somerset County only)

Summary of assets to resources to address issue: Behavioral health care providers, NAMI, support groups, assisted living and hospice providers, school support staff, health care, Acadia hospital, 211. (See list of specific programs in appendix on page 7.)

Summary of barriers or community needs (if reported): Transportation and poverty are two of the largest barriers recognized in Somerset County, leading to remarks about lack of access to care for a number of medical issues. Lack of employment opportunities and funding to address issues across the county, as well as education were also mentioned. As in other counties, specific system-based asks were also brought up, such as a lack of telehealth services and lack of behavioral health professionals were cited. Stigma around substance use issues and limited social support for those issues were mentioned as well.

Summary of next steps, solutions, future ideal: Next steps and solutions fall into four categories: Policy changes, collaboration, education, and provider protocols. Access to services will improve when laws related to reimbursement change and privacy laws allow information sharing among mental health providers and primary care. Agencies and providers need to collaborate to improve referral processes (especially from schools), create a comprehensive community resource list, support peer navigators, develop creative transportation solutions, and engage local businesses (help fund through increased employee mental health services). Educate primary care providers and their staff, school personnel, and community members about recognizing and responding to mental health issues. Encourage primary care providers, school personal, and mental health providers to implement protocols that consistently identify and refer people in need of services to the correct resource.

Health Issue: Tobacco Use and Cessation (Somerset County only)

Summary of assets to resources to address issue: Youth, seniors, parents, businesses (no specifics included)

Summary of barriers or community needs (if reported): Transportation and poverty are two of the largest barriers recognized in Somerset County, leading to remarks about lack of access to care for a number of medical issues. Lack of employment opportunities and funding to address issues across the county, as well as education were also mentioned. As in other counties, specific system-based asks were also brought up, such as a lack of telehealth services and lack of behavioral health professionals were cited. Stigma around substance use issues and limited social support for those issues were mentioned as well.

Summary of next steps, solutions, future ideal: Youth need to be involved in solutions to their health issues, including tobacco prevention programming and cessation efforts. There needs to be increased access to tobacco cessation including creative ways to evolve public transportation for people to access services. Finally, the shortage of health care professionals who can screen and refer for services needs to be addressed and people should attend existing groups/Quit Line.

Health Issue: Name three additional health issues or health factor priorities (December 2016 Forums)

- Transportation, Poverty, Mental Health, and Access to Services identified at both forums
- Increase utilization of primary care over ED/Express Care, Oral Health, and Violence Prevention identified during one forum.

Summary of assets to resources to address issue: n/a

Summary of barriers or community needs (if reported): n/a

Summary of next steps, solutions, future ideal: n/a

Community Events

These events were organized and carried out by community stakeholders (including Maine CDC District Liaisons, SHNAPP hospital employees, or others who sat on local SHNAPP Community Engagement Committees). Typically already formed groups agreed to hold a presentation about the Shared CHNA data and discuss their reactions based on the group leader's questions. In general, input from events consisted of brief summary statements or questions about health issues and health factors affecting the geographic area.

Priorities Identified During Central District Events:

- Obesity (in 6 of 12 district events)
- Drug abuse/addiction (8 of 12 district events)
- Smoking/Tobacco (5 of 12 district events)
- Poverty and social determinants of health (4 of 12 district events)
- Mental health, oral health, chronic conditions, lead, and older adults (2 of 12 district events, each)
- Physical activity, rural populations, cancer, sexual assault, health literacy, transportation, cardiovascular health, elder health (1 of 12 district events, each)

Additional Themes Identified During Central District Events:

- Roles for employers
- Transportation barriers
- Suboxone treatment as both a resource and a need
- Patient centered medical homes as a resource
- Need to align healthcare priorities and direction with population health
- Partnerships and communication for better team care of patients as both solutions and needs
- Lack of resources and alternatives to unhealthy behaviors
- Leadership is needed

Appendix: Specific resources listed by priority area [Somerset County]

OBESITY

- Winter Walking (3)
- SVH/Diabetes & Nutrition Services (3)
- Food Pantries (3)
- SNAP-Ed (3)
- Pittsfield Welcome Table and other free community meals (2)
- Adult Education (2)
- Worksites/Worksite Wellness Programs (2)
- Kohl's Cares About ME (2)
- Bone Builders (2); Parks (2)
- Summer Meals Program (2)
- Co-operative Extension (2)
- Senior Farm Share
- Maine Organic Farmers and Growers Association (MOFGA)
- Maine Federation of Farmers' Markets
- MCI – Culinary club
- In-school food bank
- Adult Softball and Baseball leagues
- Youth groups/Boy Scouts/4H
- Pittsfield Library
- Primary Care Providers
- Overeaters Anonymous/Weight Watchers/TOPS
- Churches
- Recreation Departments
- Meals on Wheels
- Alliance Club in Hartland and St. Albans
- Fresh Fruit and Veggie Program
- Back Pack Program

DRUG AND ALCOHOL ABUSE

- Support groups such as AA, NA, etc.
- Substance abuse treatment, both individual and group treatment
- Kennebec Behavioral Health
- Somerset county psych provider (only 1 in the county)
- School education in middle and high school classrooms
- Northeast Occupational Exchange
- Emergency Department
- Healthy SV Coalition
- Disaster teams at schools
- Project Graduation
- EAP
- Law enforcement
- Certain programs like Angel Program, Project Hope (report use without penalty)
- NAMI – will be offering 20 min. classes in Somerset County on Mental Health First Aid Training (Goal of reaching 20 adults)

MENTAL HEALTH

- 211 [2]
- Acadia Hospital [3]
- Alcoholics Anonymous [2]
- Assistance Plus [3]
- Assisted Living Centers Charlotte White; Church Ministry [2]
- Crisis and Counseling [3]
- GEAR Parent Network
- Imbedded mental health services in family practice [3]
- Independent practitioners [3]
- Kennebec Behavioral Health [3]
- Kid's Connection
- Law enforcement
- Maine Behavioral Health [2]
- Maine gov ME DHHS
- Warm Line [2]
- NAMI [3]
- NAMI Respite program
- National Alliance Mental Illness
- Northeast Occupational Exchange [3]
- School guidance counselors, school nurses, school social workers [3]
- Skills, Inc [2]
- Somerset County Hospice House,
- Pine Tree Hospice,
- Hospice Volunteers of Somerset County [2]
- Support groups [2]
- Tele-health [3]
- Women Care
- Worksite EAP

