This serves as a brief summary report of the input provided by community members attending the 3 community forums and 7 community events that took place between November 2015 and April 2016. Copies of individual reporting forms (pdf) can be viewed at: https://www.mainegeneral.org/Pages/District-2-Cumberland-County.aspx by looking under the Community Engagement header and clicking on the forum of interest.

## Community Forums

| Meeting | Date | Location |
|---|---|---|
| Cumberland County Forum | 1/11/2016 | Portland |
| Cumberland County Forum | 1/26/2016 | Bridgton |
| Cumberland County Forum | 2/2/2016 | Standish |
| **Total Attending Forums:** | | **210** |

## Community Events

| Meeting | Date | Location |
|---|---|---|
| Brunswick School Dept. Administrative Council | 2/23/2016 | Brunswick |
| Access Health/MSAD 75 Administrative Team | 3/1/2016 | Topsham |
| Opiate Community Discussion | 3/29/2016 | Brunswick |
| UU Church Health Inequity Group | 4/8/2016 | Brunswick |
| Access Health Advisory Board | 4/14/16 | Mid Coast Behavioral Health, Brunswick |
| ME Behavioral Healthcare KI Interview | 4/15/2016 | Portland |
| Community Mental Health Taskforce | 4/21/16 | Mid Coast Hospital, Brunswick |
| **Total Attending Events:** | | **130** |

## Total Attending Forums & Events                                              340

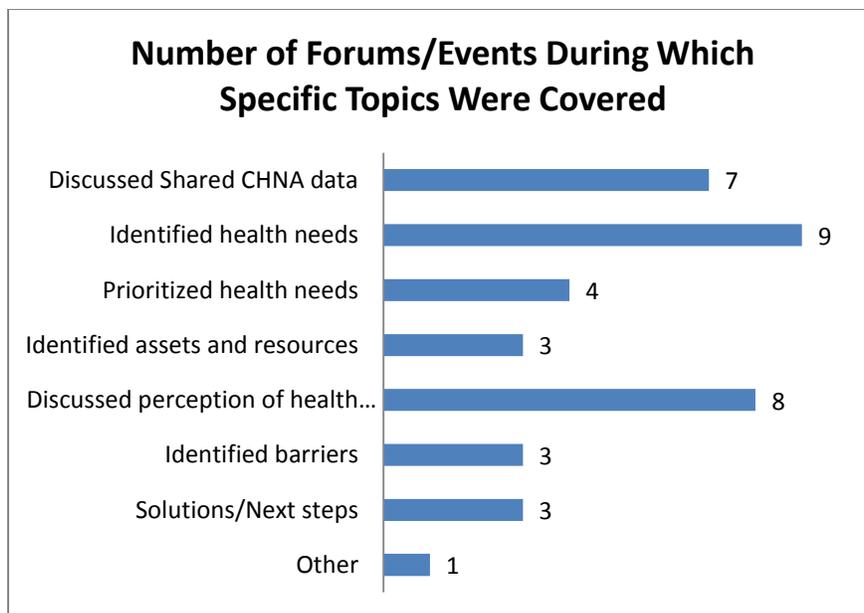Attendance numbers may contain duplicates if one person attended more than one forum/event.

## Community Sectors Represented During Forums and Events

**Representation from Different Community Sectors Attending 10 Forums/Events**

| Sector | Value |
|---|---|
| Medically Underserved | 9 |
| Low Income | 10 |
| Minorities | 3 |
| Professional Member Orgs. | 3 |
| College/University | 3 |
| Business/Civic Leadership | 2 |
| Non-Profit Agencies | 7 |
| Community Health Coalition | 5 |
| Local/State Government | 6 |
| Healthcare Provider | 6 |
| Public Health | 7 |
| Other | 8 |
| Funding Agencies | 2 |
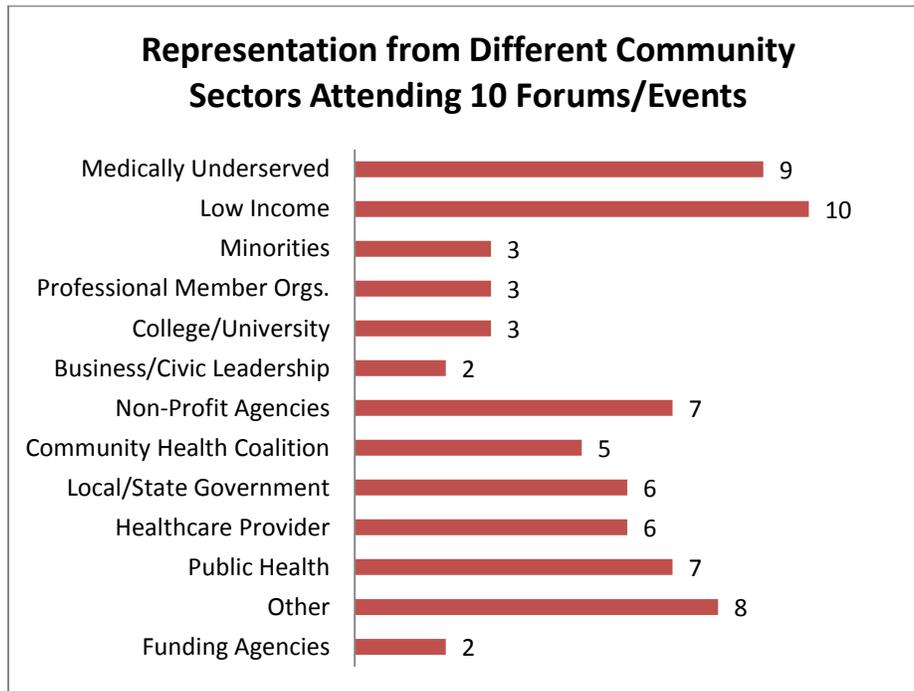
"Medically underserved," "low income," and "racial/ethnic minorities" are sub-populations named specifically by the Department of Treasury/IRS regulations.

Other: Educators/schools, Faith community, Law enforcement, Parents, Senior-serving agencies , People in recovery

## Type of Input Obtained During Forums and Events

**Number of Forums/Events During Which Specific Topics Were Covered**

| Topic | Value |
|---|---|
| Discussed Shared CHNA data | 7 |
| Identified health needs | 9 |
| Prioritized health needs | 4 |
| Identified assets and resources | 3 |
| Discussed perception of health… | 8 |
| Identified barriers | 3 |
| Solutions/Next steps | 3 |
| Other | 1 |

"Other" included: Youth-specific data

## 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 Cumberland County Forums**

**Health Issue: Substance Abuse, Alcohol Abuse, and Tobacco Use**

**Summary of assets to resources to address issue:** Lots of resources were listed, often with the comment that it was not enough: AA meetings; community knowledge and expertise; prescription monitoring program (PMP); suboxone prescribers; drug-take back programs; needle exchange programs; law enforcement; education and prevention; parents; on-line resources. (See list of specific programs in appendix on pages 6-7.)

**Summary of barriers or community needs (if reported):** Resources are not functioning as a system; people don't know where to get help; need to increase access; stigma - including from health care providers; relationships with law enforcement and treating substance abuse as a crime; links to poverty and other underlying issues; support for families is lacking; not funding what works; links to mental health not being addressed; no parity in treatment between behavioral health and physical health; not enough treatment options; early childhood approaches are needed; detox is funded, but not on-going treatment and recovery.

**Summary of next steps, solutions, future ideal:** As part of a comprehensive approach to addressing the issues, conduct a needs assessment. Create a broad plan to locate resources (to sustain education, prevention, and treatment resources) and develop systems and collaborative partnerships to break down funding silos and treat substance use disorder as a health care issue. Reduce stigma, use testimonials from youth, and apply lessons learned from addressing tobacco as a public health issue. A key to success is consistently screening, referring to treatment, and expanding capacity of the treatment system.

**Health Issue: Obesity**

**Summary of assets to resources to address issue:** Trauma informed treatment; community gardens; neighborhood associations and faith-based groups; free cooking classes; programs that serve children; outside spaces; biking and walking groups; corporate/workplace resources; hospital program; WIC; Cooperative Extensions; weight-loss support groups; community sports; farm-to-table programs; phone apps. (See list of specific programs in appendix on pages 6-7.)

**Summary of barriers or community needs (if reported):** Poverty; lack of transportation; perception of value for food dollars; lack of coordination; USDA policies; behavior change is difficult; cultural leaning toward instant gratification; unhealthy choices easier; healthy choices not valued; adverse childhood experiences (ACEs) can have a huge negative effect - need trauma informed care to address underlying issues - sexual abuse for example, they may numb themselves down so they don't feel those issues.

**Health Issue: Obesity – continued.**
**Summary of next steps, solutions, future ideal:** Address this complex issue systematically and comprehensively through planning and coordination. Use a systems approach that focuses on healthy living and take into account rural (access to healthy foods, walking/biking paths) and urban (street lights, sidewalks, safety concerns) needs. Use policies to decrease sugary items at registers and increase taxes on these items. Secure funding to implement evidence based prevention programs.

**Health Issue: Mental Health/Youth Mental Health**
**Summary of assets to resources to address issue:** Lots of resources were listed, often with the comment that it was not enough, and some comments about previous efforts that no longer exist, such as early childhood mental health programs. Highlights include: Community mental health agencies; school guidance and social workers; school curricula; civic organizations; town recreation programs; physicians; behavioral health homes; advocacy groups; behavioral health providers in primary care practices; technology. (See list of specific programs in appendix on pages 6-7.)
**Summary of barriers or community needs (if reported):** Having infrastructure – resources are fragmented and come and go - what's available today is constantly changing. Names of agencies change (Community Counseling Center to Maine Behavioral Healthcare). We need to reduce stigma- affects reimbursement and resources out there. Workforce in service fields is shrinking. Need to see mental health as a condition that affects physical health and well-being; silos can be a huge barrier - we're actually talking about the same thing from different perspectives; need to bring people together from different sectors around the same issues. Need funding and support to be able to go after that funding and have those opportunities. Need to look at mental illness treatment in senior care.
For youth: Parents inability to fill out paperwork; different communication methods for kids (technology); lack of parent support classes; lack of transportation; lack of time; parents with their own mental health issues; educational standards; lack of mental health professionals; lack of insurance; lack of role models. We need to look at the ACES perspective in pediatrics; need to look at mental illness in pediatric practices.
Progress that has been made was noted: General population more accepting; stigma has changed; insurance companies consider mental health on the same level as cancer; law enforcement has done a lot with education; lots of education on how to treat people with mental illness; continue with the resources we have in our community. Take what we have, make people aware and build on it.
**Summary of next steps, solutions, future ideal:** More planning needs to be done to better integrate mental health into medical homes while increasing services and access to ongoing supports for people with mental health issues. The mental health system needs to be transformed. Advocacy is an important part of these changes and in reducing stigma around the issue. Addressing social determinants of health will help with mental health outcomes, especially among youth.

**Health Issue: Senior Health/Aging in Place**
**Summary of assets to resources to address issue:** Community centers and social programs; Meals on Wheels; visiting nurses; senior transportation; adult education (need daytime programs), Area Agencies on Aging. (See list of specific programs in appendix on pages 6-7.)
**Summary of barriers or community needs (if reported):** Transportation; cost and payment for services (in home); pride –reluctance to accept help; communication of what is available; seniors do not have advocates to help, we don't have spaces for activities.

**Health Issue:** Senior Health/Aging in Place – continued.
**Summary of next steps, solutions, future ideal:** There needs to be advocacy for senior issues, funding for transportation (Uber network to serve seniors and youth), community center(s), and appropriate living situations (stepped levels of assisted living, congregate housing). Some suggestions for moving this forward include starting fundraising (Bridgton area) and seeking advocates (Portland, Bridgton) and volunteers.

**Health Issue:** Food Insecurity
**Summary of assets to resources to address issue:** Community gardens (expanding them, plant rows for disabled citizens, teach children how to garden, put agreements in writing between farmers/gardens and school meal programs); Meals for ME (start accepting SNAP); deliver boxes to shut-ins and provide backpacks to children.
**Summary of barriers or community needs (if reported):** Cultural lack of understanding; lack of education about resources; healthy cooking on a budget.
**Summary of next steps, solutions, future ideal:** Next steps and solutions fell into three categories: Address cultural beliefs about food insecurity, provide education (resources available for people in need and cooking demonstrations/Cooking Matters classes), and improved programming (see resources above).

**Health Issue:** Hoarding
**Summary of assets to resources to address issue:** Hoarding Taskforce; support group through the Shalom House for people identified with hoarding issue; Maine Medical Center does some work.
**Summary of barriers or community needs (if reported):** Lack of education and resources; there are already more people than the system can assist/support (wait list for support group); lack of infrastructure to deal with the problem; lack of data (particularly local); fear and distrust on the part of hoarders.
**Summary of next steps, solutions, future ideal:** Educate (people who hoard, family members, social service staff, landlords, home health agencies) about recognizing and responding to hoarding situations. Create more supports and services for people who hoard. A specific step is to coordinate with the Breathe Easy Coalition to share materials with land lords and home health agencies.

**Health Issue:** Vision Rehabilitation
**Summary of assets to resources to address issue:** Limited and expensive - only vocational rehabilitation system is at the Federal and State level.
**Summary of barriers or community needs (if reported):** Lack of data; limited resources to pay for services; quality of life issues; need increasing with aging population; not all treatment is appropriate for elderly individuals.
**Summary of next steps, solutions, future ideal:** Solutions lie in public policy and coordination within the health care system. Providers (of vision rehabilitation services) need to be reimbursed under Medicare/Medicaid and private insurance. Some low vision services are covered but majority are not and adaptive equipment is not covered currently (especially anything with a lens). The health care system needs to create a reliable referral process through EMR systems, especially from additional providers such as home health and visiting services.

# 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.

**Themes Identified During Cumberland County Events:**

- Lead: We have old housing stock. It's a domino issue. There are state standards for screening, and abatement resources. In rural areas of Cumberland County, we've made a lot of headway, but there's this leftover area where for a family renting a single family home, there aren't levers to compel action.
- Cumberland County is doing better with youth substance use that the state and numbers have declined.
- Anxiety and depression have increased, schools have (and need) social workers, psychologists, and mental health professional development for staff.
- Top issues identified by one key informant: mobility issues – due to a recent injury, hepatitis, STDs, obesity – need more access to dieticians, and dental/oral health – we need dentists that take Maine Care.
- Depression and suicide risk factors are seen every day, and there is a need to look upstream even more - continuing the early interventions such as the ACES prevention work being coordinated by United Way, Youth Mental Health First Aid, MBSR in the schools and youth serving organizations and more integration such as the embedding of mental health practitioners within police departments and primary care.
- Continue work with LGB and veterans.
- Need to increase understand of the influence of mental health on substance abuse.

**Appendix: specific resources listed by priority area:**

## Substance Abuse

- AA meetings are free and available around the state
- At Goodwill, we try to place clients with these and other issues
- Scarborough has a great program, Hope Program (turn yourself in and you get treatment, not jail)
- MaineMed has a smaller program
- Primary care providers prescribing suboxone
- Portland Community Recovery Center

- Healthy Maine Partnership works on substance abuse prevention
- There is someone for every town in Cumberland County
- Safe house meetings in Westbrook, going to different homes and having a counselor from schools participate
- North Bridgton family practice, Dr. Leighton, Dr. Slayton and Crooked River Counseling address

behavioral and mental health issues
- SAMHSA
- Loretta Ferraro, Community Navigator at the Bridgton Community Center, can help and will help navigate them where they need to go
- Major employers and help by advertising on prevention and giving direction on community education and where to go

**Appendix:  specific resources listed by priority area (continued)**

### Obesity

- We have a program at Maine Behavioral Health where we're training clinicians around the state in evidence-based children's practices
- SNAP-ED
- Day cares
- Workplace programs
- Parks and recreation programs
- Libraries
- Area land trusts
- Chambers of Commerce
- Corporate program nutritionists
- Maine Mall walking programs
- Southern Maine Volksport Association
- Adult volleyball programs – Maine State Volleyball Association
- Community swimming pools and gyms like Riverton
- Weight Watchers
- Jenny Craig
- Maine Health running center
- University programs
- Road races

### Mental Health

- The CIT program (crisis intervention training program for law enforcement)
- Tele-counseling
- Tri-County MHS and grand funding for the children that are uninsured -This includes therapy and children's case management services, therapy groups, etc.
- Positive behavior support curriculum used in school district
- Girl Scouts and Boy Scouts
- Town recreation programs (including on half days and snow days- these programs are typically affordable for most families)
- Behavioral Home Health-health care
- Maine Care
- Brunswick got a new grant - Mental Health 101 schools and community Mental Health education is an example of good work
- Advocacy groups like NAMI

### Aging in Place/Senior Health

- Southern Maine Area Agency on Aging
- Meals on Wheels
- "Neighbors" – a volunteer transport system Harpswell/Brunswick area
- Independent Transport Network (ITN)
- Navigator services
- Maine Center on Aging
- Case management center at Bridgton Hospital
- Tri county visiting nurse agency
- Lake Region bus
- Bridgton News has a lot of things in it that people do
- Adult education and senior college