

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

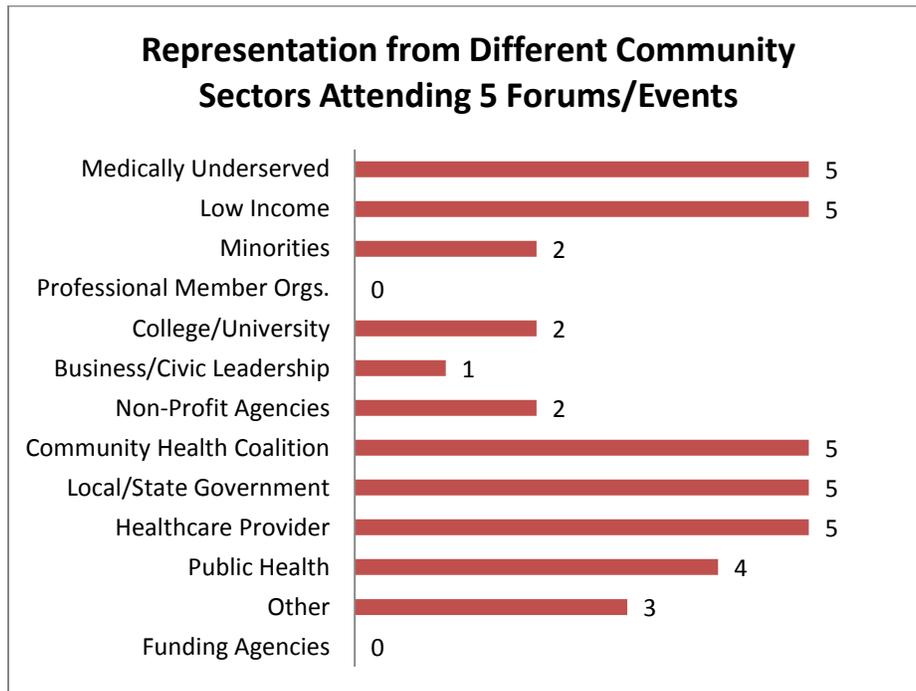
This serves as a brief summary report of the input provided by community members attending the 5 community forums that took place within Penobscot and Piscataquis Counties between November 2015 and March 2016. Copies of individual reporting forms (pdf) can be viewed at: <https://www.maine-general.org/Pages/District-6-Penquis.aspx> by looking under the Community Engagement header and clicking on the forum of interest.

### Community Forums

Meeting	Date	Location
Piscataquis County Forum	11/12/15	Dover-Foxcroft
Penobscot County Forum	11/18/2015	Brewer
Penobscot County Forum	12/1/2015	Millinocket
Penobscot County Forum	1/21/2016	Old Town
Penobscot County Forum	1/26/2016	Lincoln
<b>Total Attending Forums:</b>		<b>183</b>

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

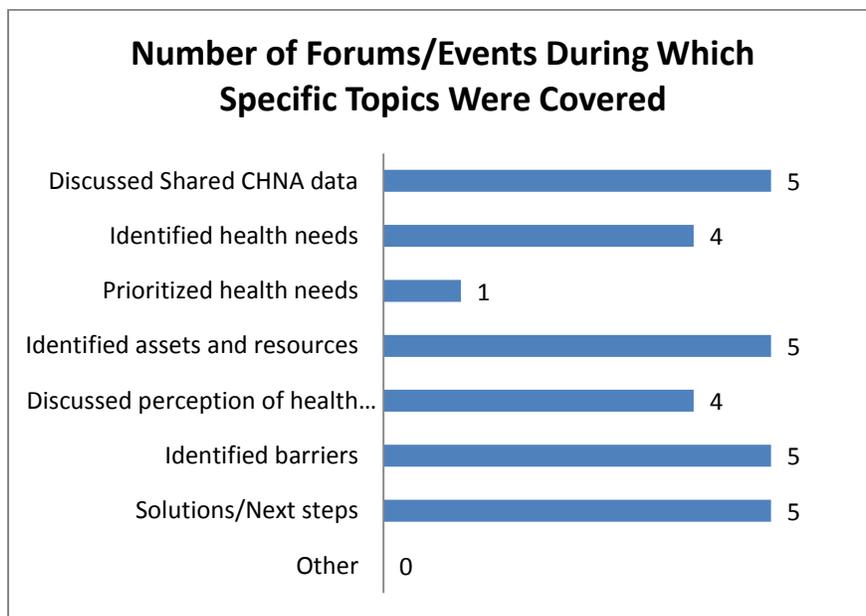
## Community Sectors Represented During Forums and Events



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

Other: Schools/Educators, Faith community

## Type of Input Obtained During Forums and Events



“Other” included: n/a

## 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 Penquis District Forums

#### Health Issue: **Drug & Alcohol Abuse**

**Summary of assets to resources to address issue:** Counseling; medication assisted therapy (MAT); health care provider organizations; intensive outpatient treatment (IOP); hospital-based detox and treatment; school-based prevention/school staff; community coalitions; first responders; law enforcement & crisis intervention teams; Community Health & Counseling – CRISIS; drug take-backs; prescription monitoring programs (PMP); “Save a life” – task force for education and prevention; AA, NA, 12-step programs; needle exchange; clergy; parents and families. (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** At a high level, there needs to be a state-level comprehensive plan and public policy in place in addition to grant writers to obtain funds to carry out increased education (about substance abuse, in jails, build self-esteem among children and teens) and more services (healthy activity alternatives to drugs, methadone clinic/suboxone clinics, accessible/affordable counseling). Additionally, funding is in silos, politics interfere with carrying out plans, inexpensive heroin too accessible, suboxone regulations limit access, and rigid contracts at FQHCs or other providers interfere with delivering services. Many health factors (poverty, stigma, housing, access issues, childcare, economic activity/jobs, transportation) limit improving this domain.

**Summary of next steps, solutions, future ideal:** Engage regional stakeholders to create a strategic plan that ensures coordination of efforts (join small groups to reduce duplication, primary care team engaging employees, law enforcement, educators, healthcare, faith communities), funding (rural health agencies and hospitals jointly seek funds, investigate reimbursement and coverage for treatment, more funds for prevention and physician-based programs), and programs (i.e. reinstate drug court, divert people from jail to treatment, create activity opportunities for youth). Additionally, more suboxone providers need to be recruited/certified, more treatment needs to be available in the community, and prescribing practices for controlled medications need to be consistent.

#### Health Issue: **Mental Health/Depression**

**Summary of assets to resources to address issue:** Counseling; health care providers; in-patient treatment; Crisis Line and Warm Line; Bangor region youth mental health leadership group; Bangor Area Recovery Network (BARN); clergy; homeless shelters and housing; school counselors and social workers; community care teams; Employee Assistance Programs (EAPs); wellness programs; support groups; case management; telemedicine; psychiatric and substance abuse services at hospitals; county NAMI

chapters; crisis intervention training with local police, first responders, etc.; community programs for seniors; Foster grandparent program; JD Foundation -Suicide Risk Prevention; Medical Home Model; mental health centers; postpartum depression screening; support groups -guest speaking; Vitamin D; volunteerism with food pantries and church suppers families. (See list of specific programs in appendix on page 8.)

**Summary of barriers or community needs (if reported):** There is a lack of funding (no increases in MaineCare, Medicaid funds go to state facilities, federal/state funds don't make it to local areas) and health factors affect mental health outcomes: poverty; transportation; lack of jobs, housing, and access (insurance, distance to services, wait lists, psychiatrists); politics (not a priority, funds held up in Augusta); financial resources for individuals and organizations; stigma (admitting depression, taking care of self, isolation, rural area, lack of internet access); and darkness/winter. Specific types of services (decrease wait lists, more counselors/providers, acute care/crisis services, screening for mental health issues, activities for families and community members) and education (coping skills, stigma, understanding depression, parents/teens, co-occurring substance use disorder) were identified also as lacking.

**Summary of next steps, solutions, future ideal:** The following six types of activities need to take place: [1] create a mental health action plan, [2] pass legislation on defining "involuntary", [3] address/eliminate stigma (NAMI as lead, NAMI Speaker's Bureau, bring Mary back for the story-telling project), [4] obtain funding (place a therapist in each health care provider's office, get help from behavioral health agencies and professionals, Charlotte White Center is expanding), [5] continue collaboration (law enforcement working with behavioral health providers, Husson nursing students create resource guide, networking among health care caregivers, complete the Highlands Senior Center, sustain the Thriving in Place program), and [6] Ensure education takes place through adult education programs, write articles in newspapers and create PSAs with public slogans, and use the EMHS Home Visiting Program.

### **Health Issue: Obesity, Physical Activity, and Nutrition**

**Summary of assets to resources to address issue:** Schools; Backpack program; health care providers; weight loss programs; wellness and healthy eating programs; trails and sidewalks; recreation programs; on-line resources; SNAP-ED; Cooperative Extension; community gardens; fitness centers and gyms; pools; snowmobile and ski trails; grocery store signage; food pantries; programs for seniors; programs for kids; diabetes prevention programs; community 5K's and triathalons; dietician at hospital; employer-sponsored incentives (health screens, wellness programs); farm shares/senior farm shares; farmers market; Let's Go 5-2-1-0! in practices; library; YMCA; PCP offices; physical activity guide on website; school sports; schools working on healthier food; WIC; and community health coalitions. (See list of specific programs in appendix on pages 9-10.)

**Summary of barriers or community needs (if reported):** There is a lack of funding (school budget cuts, community programs or education, MaineCare) and many health factors are not adequately addressed: poverty/jobs with a livable wage; stigma/culture (newly poor, generational norms, apathy); transportation; housing; access (gyms, personal coaches, nutrition classes); time/busy lives; expense of healthy food; affordable childcare; climate; genetics; health literacy; and mental health &/or substance use disorders. There is a lack of collaboration and communication about what is available and current laws about what food is (un)healthy are confusing. Many resources and educational needs are identified as lacking, from children in schools (PE, recess, learning about healthy eating, policies for schools) to food cupboard (standards for healthy food, providing perishables), to adults/parents (basic nutrition,

cooking healthy, stretching dollars on healthy options, reading labels, resource lists for physical activity options and/or indoor options, promote farmers markets).

**Summary of next steps, solutions, future ideal:** Obtain additional funding to address these issues and apply it to coordination among stakeholders (business/Good Shepherd/farms, universities/health centers, adjacent towns – community gardens and recreation programming) and programming (community education about food and cooking methods, mentoring program, physical activity in classrooms, community gardens). Work with local health coalitions to coordinate policies across all school districts and create public access to school facilities. More globally, the government can help increase awareness of programs while better coordination takes place (community cafes, senior housing, Eastern Area Agency on Aging, PCPs, employers, recreation departments, YMCA). Obtain the USDA Farmer's grant.

**Health Issue: Cardiovascular Health (Penobscot County only)**

**Summary of assets to resources to address issue:** Accessible outdoors (i.e. walking trails); cardiologist; cardiopulmonary rehab; cardiothoracic surgeons; clean air; Community Health and Counseling and home health agencies-through assessment; HAN; NECA; PCPs; PVH; Veterans Administration; Vascular Care-Bangor, Cardiovascular Health Council.

**Summary of barriers or community needs (if reported):** Health factors such as climate (limited growing season for gardens and winter activities), technology/screen time, smoking rates, and poor nutrition /obesity topped the list for barriers. Other challenges include advertising for unhealthy foods and scant local resource lists as well as food pantries offering unhealthy food. Infrastructure of bike lanes and adequate gyms is lacking. There is not enough education in schools about physical activity and nutrition.

**Summary of next steps, solutions, future ideal:** Stakeholders plan to keep the pressure on to prevent the loss of funds from the Fund For A Healthy Maine.

Additional issues of concern to participants and other observations:

- Affordable housing
- Cancer prevention and support services
- Domestic Violence data seems low (under-reported?)
- Electronic cigarette use tripled in the last year (2014-2015) in the US and this emerging issue isn't captured in the data
- Environmental Health (arsenic -totally preventable, lead/kids, screening)
- Lung cancer rates are high for Penobscot County
- Lyme disease
- More data on people with disabilities
- Mounting levels of stress
- Need better data on substance abuse hospital admissions
- Need better/more focus on cardiac disease
- Pain management, chronic pain management
- PCP's are having to do a lot of prescribing for mental health issues
- Poverty

- Public health policy
- Teaching meditation at young ages
- Women's health as a focus issue
- Youth (middle and high school students)
- 65 + living alone; 40% Elderly need to be cared for

## Appendix of specific resources for top issues

### Drug & Alcohol Abuse

- Acadia Hospital – med assisted & residential, intensive outpatient
- Primary care providers
- All first respondents (Hampden)
- Bangor Area Recovery Network (BARN)
- Celebrate recovery
- CH&CS; CHCS – med assisted treatment
- City of Bangor Health Department
- County jail
- Dirigo Health – Intensive Outpatient Program
- Discovery House med assisted
- EMMC family resident program – suboxone replacement
- EMTs
- Emergency Departments
- Health equity alliance– needle exchange program
- Healthy Maine Partnerships – prevention
- Hope House
- Indian Island health clinic
- Individual MDs who prescribe suboxone – addiction medical specialists
- Licensed alcohol and drug counselors
- Lincoln area – Health Access Network – suboxone prescribers
- Local law enforcement
- Manna – outpatient – residential
- Metro Clinic – med assisted
- NOE
- NOE-Intensive Outpatient Program
- OHI
- Penobscot Community Health Center
- Prescription education and monitoring (opioid monitoring)
- Prescription take back day (lock boxes)
- Prevention (grant fund – federal/state/private)
- Education in schools
- Private providers
- School counselors
- Sebecook Valley
- Bangor – grants for prevention
- Some high schools
- Suboxone clinic on Indian Island
- Substance abuse counseling
- Treatment – access based on insurance status
- Suboxone in some areas
- Universities refer
- Wellspring – men and women houses
- Wellspring – outpatient and long-term residential programs
- EMMC
- Local police department drug recognition experts
- Policy with law enforcement
- TipSoft Program
- School resource officers
- Penquis Linking Project
- Municipal ordinances
- Community stakeholder’s groups
- Prescription Monitoring Program (PMP)
- D.A.R.E. Program
- SAMHS website
- Sticker Shock
- 911
- “Save a life” – task force for education and prevention
- Support groups (AA, NA, Nar-Anon)
- Clergy
- Correctional facilities
- Crisis intervention team evaluation with CHCS
- EMMC Detox & Counseling
- Every 15 Minutes program
- Parents and family
- PVH
- School Districts (Guidance, social workers)
- Diversion Alert program
- Mayo Psychiatry & Counseling – substance abuse
- Piscataquis Public Health Coalition – funding for parent/teachers/nurses ed
- Prime For Life in Milo/SIRP possibility of this for youth

## Mental Health

- 211
- Acadia
- ACT Team (Access Crisis Team)
- Bangor region youth mental health leadership group
- Bangor Area Recovery Network (BARN)
- Care & Comfort
- Case management programs
- Charlotte White Center
- Community Health & Counseling
- Clergy, faith-based community
- Community care teams
- County ride along program
- Courses in schools
- Crisis line/services & Warm Line
- Dorothea Dix Psychiatric Center
- Drop in care
- Employee Assistance Programs (EAPs)
- Eastern Area Agency on Aging- community cafe
- Federally Qualified Health Center
- Insurance Wellness programs
- Local law enforcement/CIT – Crisis Intervention Team
- Maine Association of Mental Health Services
- Mental health needs assessment (PCHC, St. Joe's, EMMC, Acadia)
- Mobile crisis team (CHCS)
- My Friend's Place – Methodist Church
- NAMI Chapters
- NOA
- Nursing homes
- OHI
- Penobscot Community Health Center
- School-based health centers in Brewer community schools and high school
- Primary Care Providers (PCPs)
- Private clinics – resources might not be adequate to that area
- Private providers
- Red Cross
- Safety
- Spruce Run
- Bangor Homeless Shelter
- Shaw House
- Well Spring
- Street Outreach Program – PATH
- Support groups and guest speakers
- Targeted case management
- Telemedicine (ED, jail, community – Penobscot County)
- The Club House
- Together Place
- Veterans Administration
- WABANAKI
- Wellness Council of Maine
- WINGS
- 504 Program
- Acadia (telemedicine)
- Manna and other individual counselors
- Emergency room
- Health Access Network counseling
- NE Crisis
- Psychologists/counselors
- Psych Nurse Practitioners
- Adult case management
- Behavioral health counselors-CHCS, NOE, Allies
- Case management- Catholic Charities
- Children case management
- Community Care
- Contracted psychiatrist-HAN, CHCS
- EAP through employer
- Family/parents
- School social work & guidance counselors
- Inpatients
- Penquis Counseling
- Plentiful counselors/therapists
- SWOT list currently exists-produced by joint effort in Northern Penobscot County
- Crisis intervention training with local police, first responders, etc.
- Foster Grandparent program
- JD Foundation- suicide risk prevention
- Lil's seniority program & volunteer program
- Mayo Psychiatry and Counseling
- Medical home model
- Mental health center

- OB/MWH/MRH-postpartum depression screening
- Senior companion program
- Thriving in Place
- Vitamin D
- Volunteerism with food pantries and church suppers
- WomanCare

### Obesity, Physical Activity, and Nutrition

- City of Bangor
- Circle of Life Yoga Studio (healthy eating program)
- Community partnerships, coalition
- Curriculum/education in schools
- Dietician at hospital
- Lifestyle change program for MRH employees and state employees
- Online resources
- Cigna
- Area hospitals, physicians
- Diabetes prevention program (YMCA, hospital)
- Eastern Maine Diabetes Center (medical facilities)
- Health coaches
- Healthy Maine Partnerships
- Insurance provider – wellness programs
- Organizational wellness programs
- Some employers have wellness programs
- Public Health Department
- Education – have support for underlying issues
- Senior center
- Eastern Area Agency on Aging
- Masons
- CHCS- pre-diabetes program-target audience grant
- PVH-inpatient monitoring blood glucose
- Employer sponsored incentives (health screens)
- PCP offices
- Library

### Physical Activity Resources:

- UMaine walking, running, biking trail system - accessible, paved, parking, well signed, safe
- Trails that are well mapped via the web
- Municipal parks and playgrounds
- Community 5K's and triathlons
- Community Fitness in Guilford; summer program for outdoor activity
- Guilford River walk
- Downtown – good walkability
- Let's Go 5-2-1-0! in practices
- Move and Improve
- School playgrounds, fields, tracks, etc.
- Hirundo Wildlife Refuge – free programs – easy access – parking
- Free access to rivers, streams, lakes, ponds
- Snowmobile trails
- Bangor and Old Town/Orono YMCA cross county ski trails
- Plowed Sidewalks in major municipalities
- Local fun runs, 5K road races
- Free activities at local celebrations
- Walking at the Bangor Mall
- School Wellness Committee activities
- Gyms, pools, trail system
- Activities at armory
- After school programs
- Bicycle Coalition of Maine
- Healthy Maine walks
- Technology (fitbit, Wi)
- School PE programs (some do more than others)& sports teams
- Town and county recreational programs
- Trail work in municipal parks, green space
- Playground and parks
- Recreation departments in towns
- Form/local gyms “Lifestyle Fitness”
- Winter Kids (ski passes, equipment)
- YMCA (Biggest Loser contests)
- High school gym
- Rehab and wellness center
- MRH gym, pool
- Physical therapy
- PVH Community fitness center

- NSE of gym at PHEC & Community Center
- Physical activity guide on website
- Sidewalks in Dover-Foxcroft
- Yoga classes

**Nutrition/Food Security Resources:**

- Food pantries, Good Shepherd – Mainers feeding Mainers fresh produce
- Community and School Backpack Program at elementary and middle schools
- SNAP-Ed nutrition program provided by Healthy Maine Partnerships
- Free suppers at churches
- Local civic organizations community food drives
- Community gardens
- Grocery stores- guiding stars/ recipes
- Healthy snacks through school lunch program
- Healthy Community (eating on a budget, grocery store tours)
- Hospital dieticians, inpatient nutritionist
- SNAP meal demo
- State Farm
- TOPS
- Weight Watchers
- Overeaters Anonymous, etc.
- WOW – Way to Optimal Weight – collaborate with UMaine & EMHS
- Cooperative Extension education programs
- Farmer’s market (expanding to supermarkets)
- Farm shares/senior farm shares
- Maine Harvest for Hunger
- Michelle Obama
- School fruit/vegetable program
- School lunch programs in some schools
- Some weight loss competition in work place
- Surgical/bariatric
- Faith based weight loss program
- HAN nurses-educational
- WIC program