

Maine Shared Community Health Needs Assessment

2018 Community Events

Penobscot County



Welcome and Introductions

Thank you to the following sponsors of this forum!

| | |
|--|---|
| Acadia Hospital | Millinocket Regional Hospital |
| Bangor Public Health and Community Services | Penobscot Community Health Care |
| Charles A. Dean Memorial Hospital | Penobscot Valley Hospital |
| Eastern Maine Medical Center | Penquis Public Health District Coordinating Council |
| EMHS <i>(EMHS to become Northern Light Health as of October 1, 2018)</i> | Piscataquis Regional Food Center |
| Health Access Network | Sebasticook Valley Hospital |
| Helping Hands with Heart | St. Joseph Hospital |
| Mayo Regional Hospital | United Way of Eastern Maine |

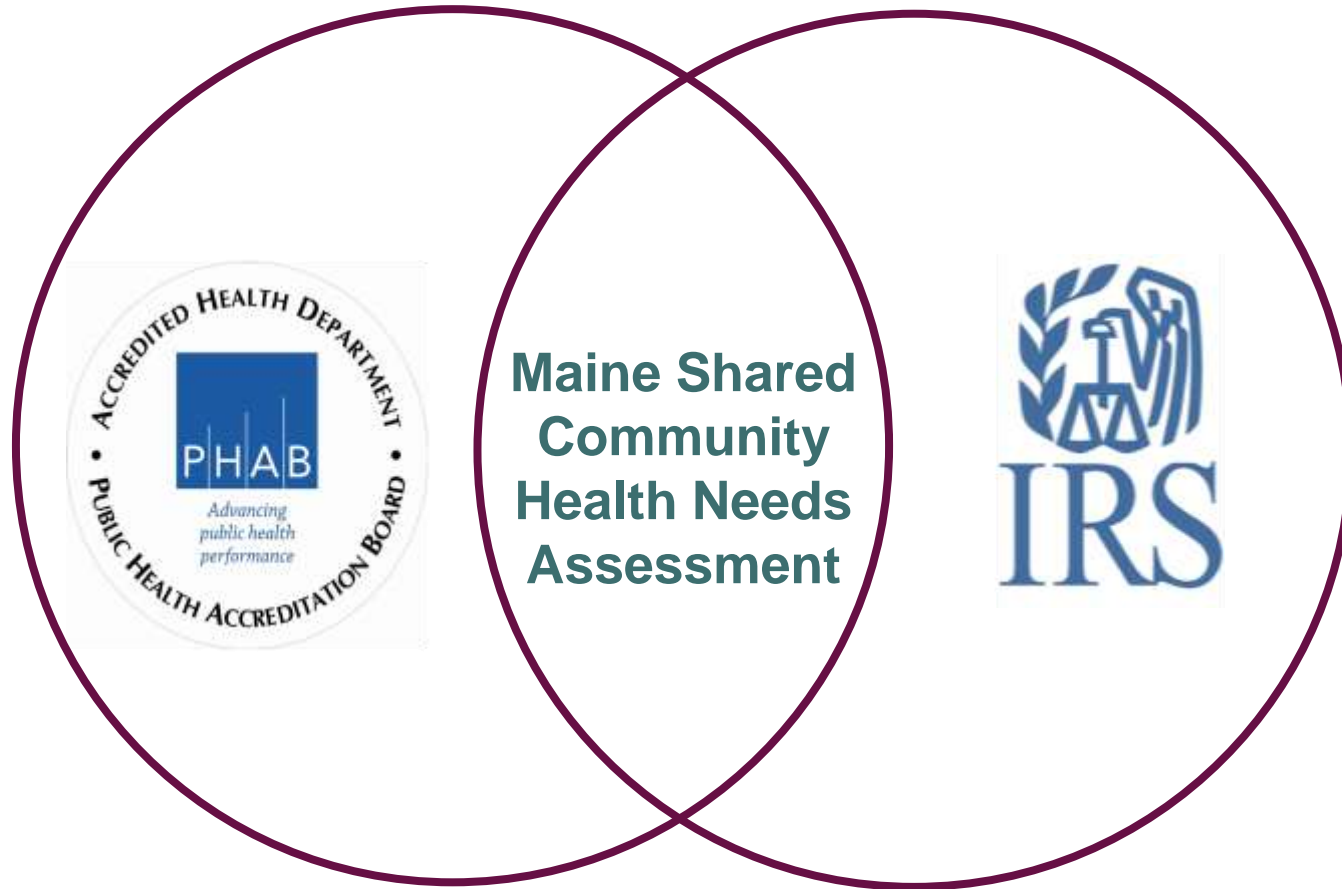
Forum Agenda

AGENDA

| Time | Activity | Speaker/Facilitator |
|-----------------|--|--|
| 7:30 – 8:00 am | Arrival, Registration, Refreshments | |
| 8:00 – 8:05 am | Welcome and Introductions | Scott A. Oxley , President, Acadia Hospital |
| 8:05 – 8:15 am | Update on Selected Priorities since the 2016 Community Health Needs Assessment | Jessica Fogg Penquis Public Health District Liaison Nicole Hammar Manager, Community Health Improvement, EMHS |
| 8:15 – 8:40 am | Penobscot County Health Profile: Key Findings | Natalie Truesdell and Madison MacLean , John Snow Inc. |
| 8:40 – 9:30 am | Breakout into small groups to discuss data and health priorities | John Snow Inc. & Local Facilitators |
| 9:30 – 9:50 am | Reconvene as a large group to review and vote on forum generated priorities | Natalie Truesdell and Madison MacLean , John Snow Inc. |
| 9:50 – 10:00 am | Wrap up and next steps | Fr. Augustine Nellary Vice President of Mission Integration, St. Joseph Healthcare |

Why are we here?

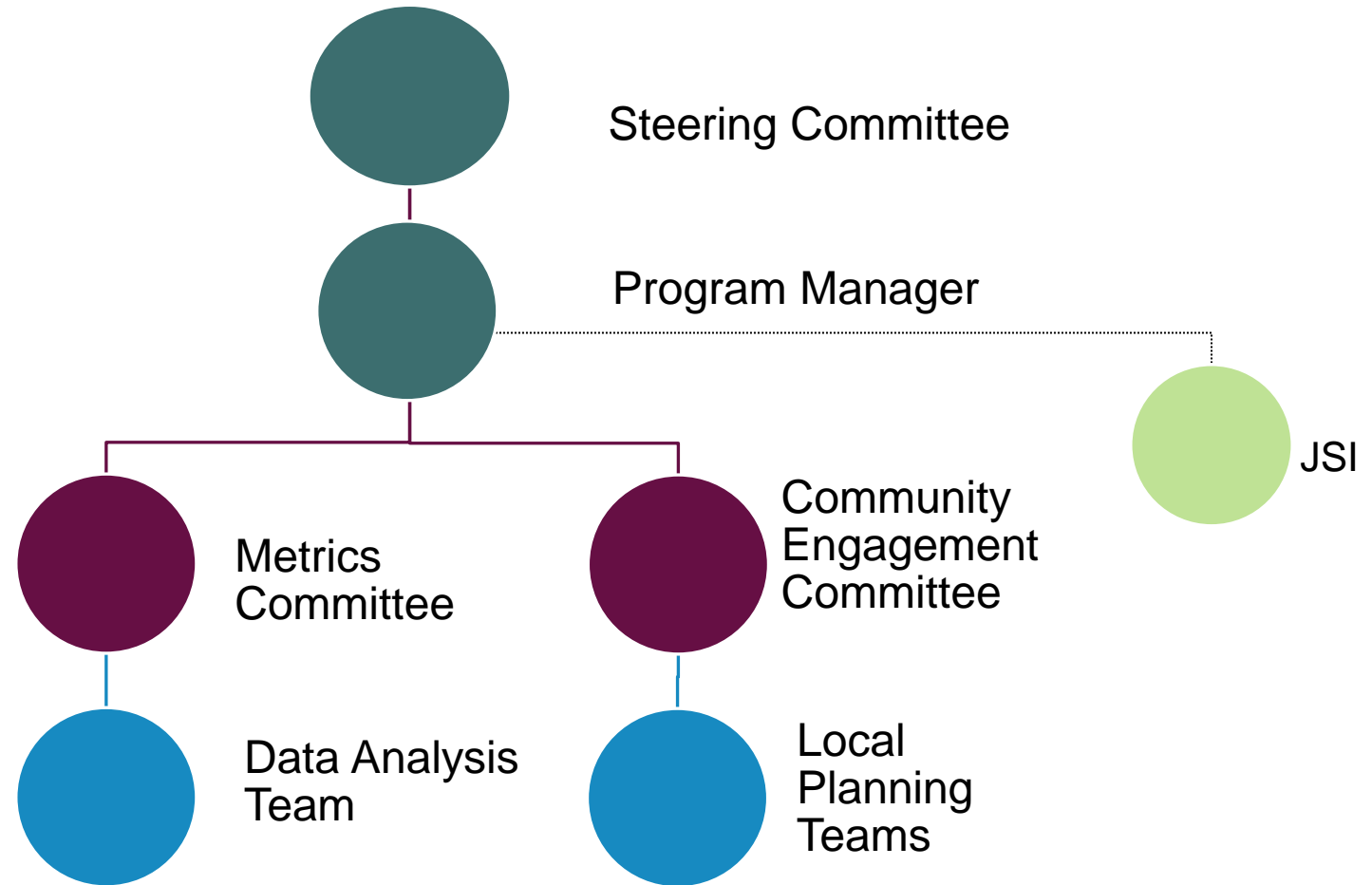
Guidance, Regulations & the Law



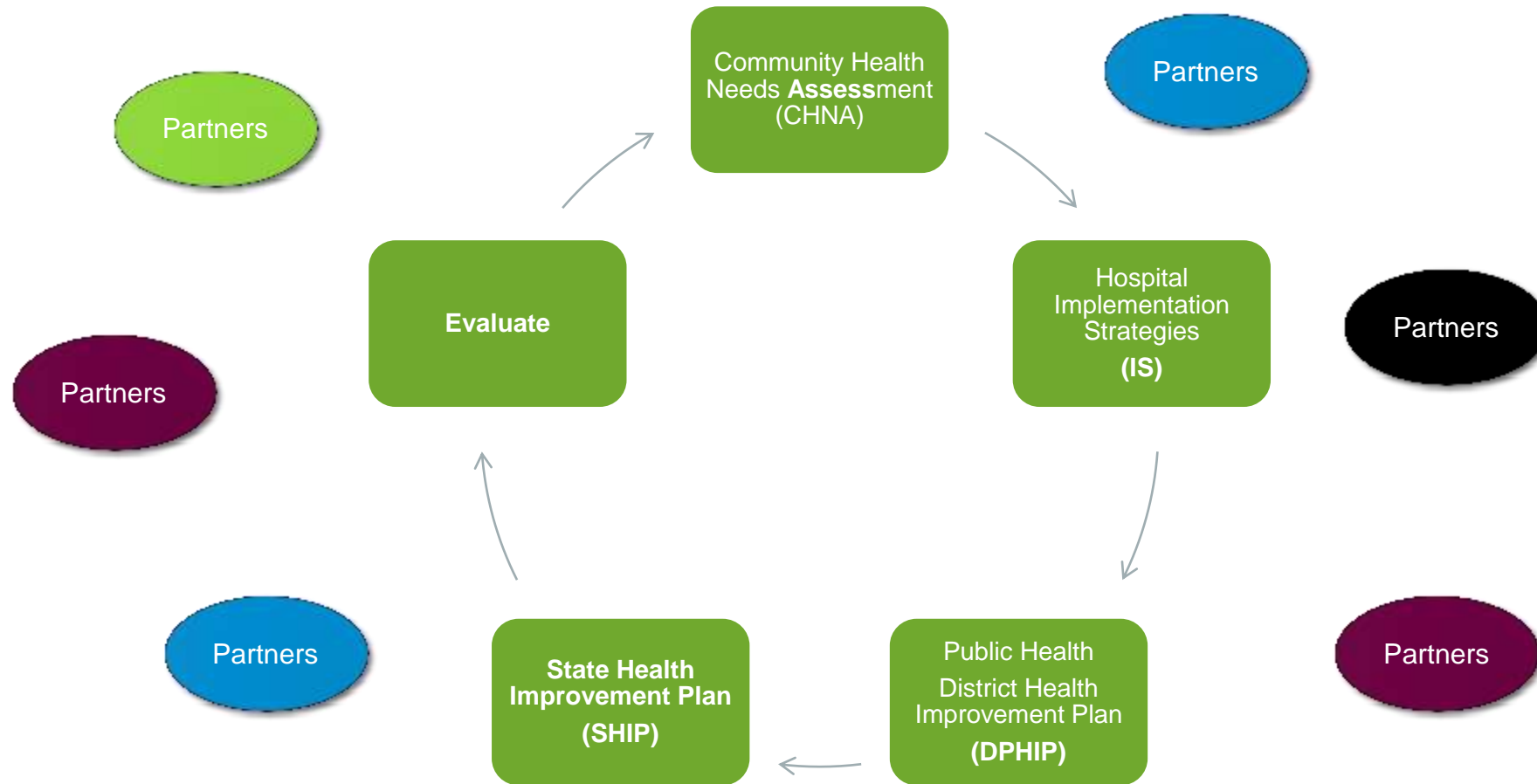
Images of PHAB and IRS from the internet

Maine Shared CHNA

Governance



Health Improvement Process



Local Activities and Accomplishments

Penquis District – Penobscot County

Hospital and District priority areas of work since the 2016 Shared CHNA

| Substance Use | Mental Health | Obesity/Physical Activity/Nutrition | Access to Care |
|--|---|---|---|
| Acadia Hospital Eastern Maine Medical Center Health Access Network Penobscot Community Health Care Penobscot Valley Hospital Penquis Public Health District Sebasticook Valley Health St. Joseph Hospital | Acadia Hospital Health Access Network Millinocket Regional Hospital Penobscot Community Health Care Penquis Public Health District Penobscot Valley Hospital Sebasticook Valley Health St. Joseph Hospital | Eastern Maine Medical Center Health Access Network Millinocket Regional Hospital Penobscot Community Health Care Penobscot Valley Hospital Penquis Public Health District St. Joseph Hospital | Acadia Hospital Millinocket Regional Hospital Penobscot Community Health Care Penquis Public Health District |

| Food Insecurity | Poverty |
|--|---|
| Millinocket Regional Hospital Penquis Public Health District Sebasticook Valley Health | Penobscot Community Health Care Penquis Public Health District |

| | |
|-------------------------------------|--|
| Aging Problems | St. Joseph Hospital |
| Cardiovascular Disease | Penobscot Valley Hospital |
| Chronic Disease | Millinocket Regional Hospital |
| Employment | Penobscot Community Health Care |
| Health Literacy | Eastern Maine Medical Center |
| Preventable Hospitalizations | Millinocket Regional Hospital Penobscot Community Health Care |

Accomplishments of Note

See
Handout

Update on Selected Priorities and Activities since the 2016 Community Health Needs Assessment - Penobscot County

In response to the 2016 Community Health Need Assessment (CHNA) along with community input, hospitals and local districts developed their own three-year strategies and plans. Below are these organization's updates on their selected priorities and activities since the 2016 Community Health Needs Assessment. One full year of implementation has taken place to date in 2017, 2018 implementation work is currently underway with 2019 work on the horizon for implementation activity on these identified priorities.

For a number of organizations listed in this document priority work spans across multiple counties throughout Maine though their physical location may be in one county.

| Priority | Activities | Partners | Key Accomplishments |
|---|---|--|---|
| Organization – Penquis District Public Health Improvement Plan | | | |
| Drug & Alcohol Abuse, Tobacco Use | In 2017, no applications were received for work in this area | Not applicable | Not applicable |
| | In 2018, no funding for this goal in 2018 | Not applicable | Not applicable |
| Food Security, Obesity, Physical Activity, & Nutrition | In 2017, 1. Collaborated with established school, community, and worksite garden partners to construct modular greenhouses and integrate an evidence-based gardening curriculum within Penobscot county. The project focused on food insecure population. 2. Constructed three raised vegetable gardens in strategic partner locations where the population is low-income and food insecure; support committees of affected community members to lead and tend to each garden; organize workshops to teach skills associated with gardening, cooking/preserving, and shopping for healthy food on a fixed budget; develop leadership at each garden site so that each garden can sustainably continue and be more autonomous. 3. Sustained the Giving Hope Garden, a 15-raised bed organic garden in Bangor, Maine. This project will provide nutritious produce and food security to vulnerable populations in the broader Bangor community | 1. Sebasticook Valley Health, Bangor Public Health and Community Services, Penquis DCC 2. Food AND Medicine, Bangor Public Health and Community Services, Penquis DCC 3. PCHC, Food AND Medicine, Bangor Public Health and Community Services, Penquis DCC | 1. Constructed six modular greenhouses and integrated the Edible School Yard curricula at school and community locations. 2. Constructed and planted three raised vegetable gardens; Supported committees of 3-8 to lead each garden project. 3. Developed a sustainable garden plan at the Hope House. |
| | In 2018, funding was not available for this goal in 2018. The District Coordinating Council worked with an intern to develop an eco-map that demonstrated the connections of all the food work going on in five distinct regions in Penobscot and Piscataquis county. | Bangor Public Health and Community Services and the Penquis District Coordinating Council | Completed eco-map for food related work including names, locations, connections. |
| Poverty | In 2017, this goal was integrated into the work of the other goals as there was no funding to address the topic. | Not applicable | Not applicable |
| | In 2018, this goal was integrated into the work of the other goals as there was no funding to address the topic. | Not applicable | Not applicable |

How to Read County Health Profile

The tables use symbols to show whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the nation. See the box below for a key to the symbols:

CHANGE shows **statistically significant changes** in the indicator over time, based on 95% confidence interval (see description on page 3).

- ★ means the health issue or problem is **getting better** over time.
- ! means the health issue or problem is **getting worse** over time.
- means the change was not statistically significant.
- N/A means there is not enough data to make a comparison.

BENCHMARK compares Androscoggin County data to state and national data, based on 95% confidence interval (see description on page 3).

- ★ means Androscoggin County is doing **significantly better** than the state or national average.
- ! means Androscoggin County is doing **significantly worse** than the state or national average.
- means there is no statistically significant difference between the data points.
- N/A means there is not enough data to make a comparison.

ADDITIONAL SYMBOLS

- * means results may be statistically unreliable due to small numbers, use caution when interpreting.
- means data is unavailable because of lack of data or suppressed data due to a small number of respondents.

EXAMPLE

How to Read County Health Profile

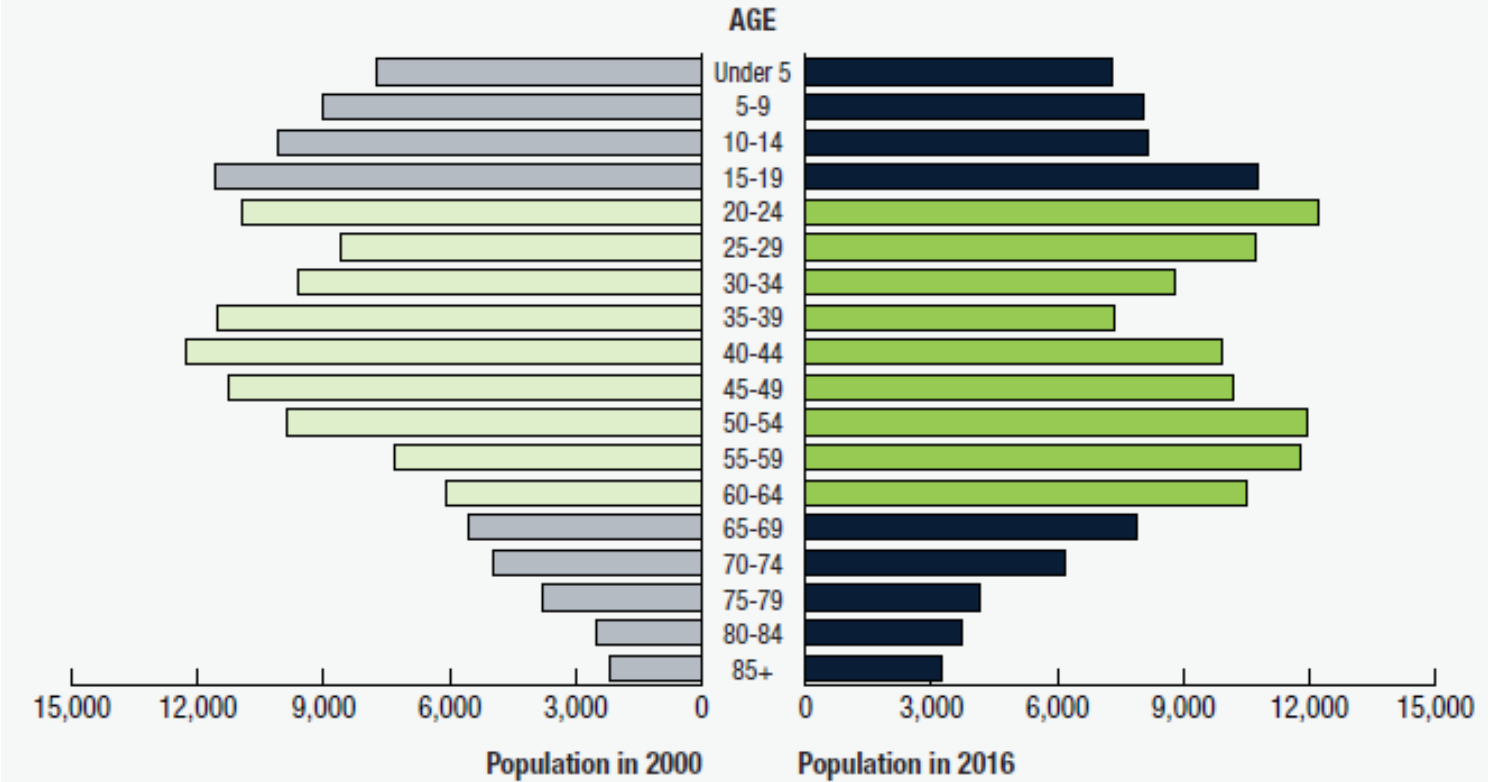
EXAMPLE

| INDICATOR | ANDROSCOGGIN COUNTY DATA | | | BENCHMARKS | | | |
|---|--------------------------|--------------------|--------|--------------------|-----|---------------|-----|
| | POINT 1 | POINT 2 | CHANGE | MAINE | +/- | U.S. | +/- |
| MORTALITY | | | | | | | |
| Overall death rate per 100,000 population | 2007-2011 784.8 | 2012-2016 814.3 | ○ | 2012-2016 753.1 | ! | 2016 728.8 | ! |

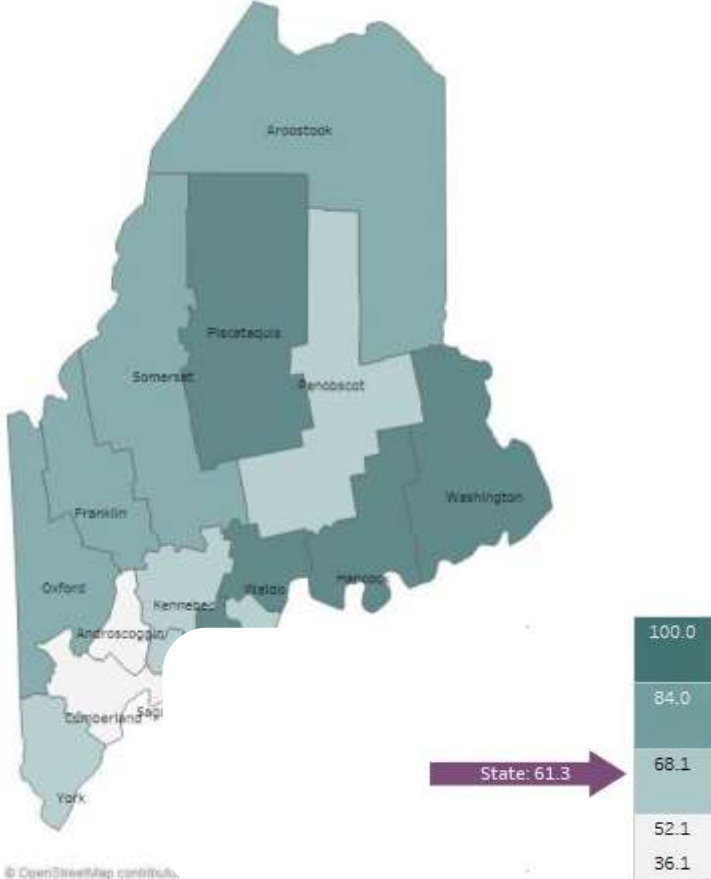
Key Findings

Demographics

Penobscot: Age Distribution

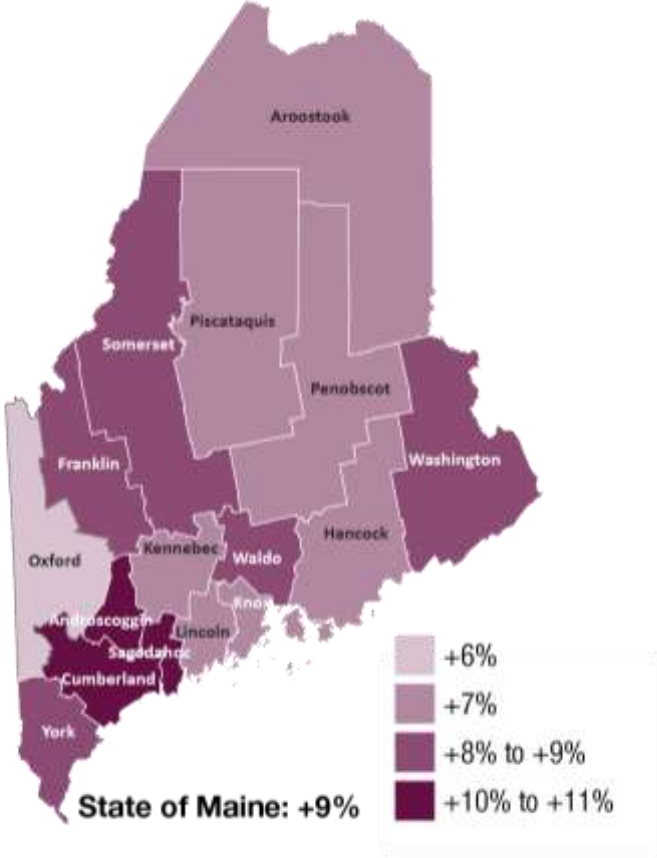


Percent of Population Living in Rural Areas, 2012-2016



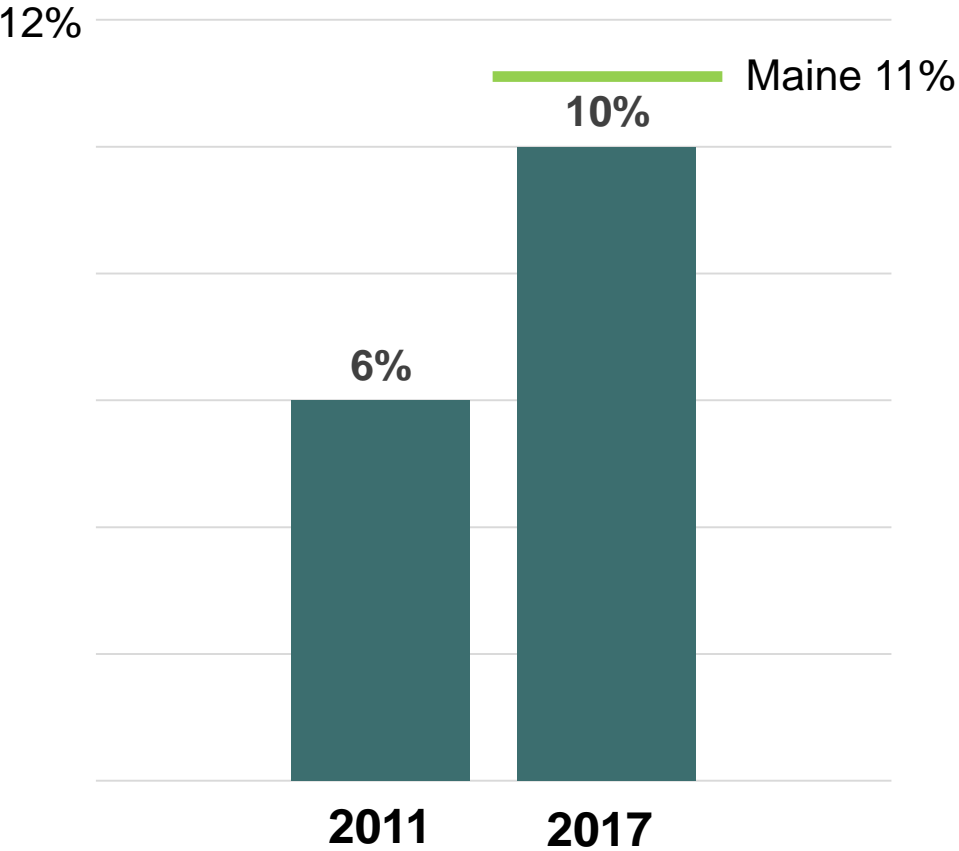
Demographics

Change in Percent of Population Age 25+ With Associates Degrees or Higher, 2000-2016



Demographics

Penobscot County: Gay, Lesbian, and Bisexual High School Students



Health Equity Data

Education and Health in Maine

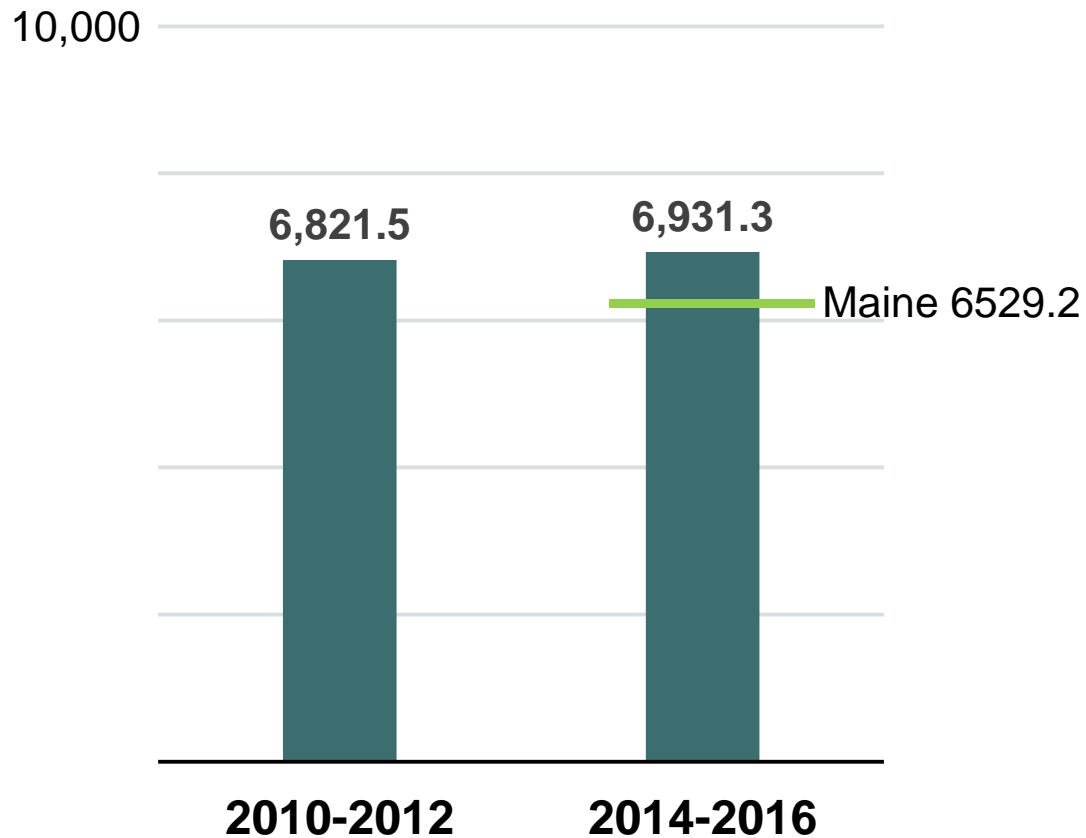
This table shows the percentage or rate of each indicator among different educational attainment groups in Maine. For example, 9.4% of adults with less than a high school diploma were unemployed in 2016.

| Education Level | Less than high school diploma | High school diploma or GED | Some college | Bachelor's degree or higher | Maine Overall | Indicator by Education |
|--|---|---|--------------------------------------|--------------------------------------|--------------------------------------|------------------------|
| Indicator, Year | Estimate 95% CI | Estimate 95% CI | Estimate 95% CI | Estimate 95% CI | Estimate 95% CI | |
| Overall proportion of adults by education level, 2016 ¹ | 8.7 7.5 – 9.8 | 33.4 31.9 – 34.8 | 31.2 29.7 – 32.6 | 26.8 25.6 – 28.0 | NA - | |
| Income less than \$25,000 per year, 2016 ¹ | 59.6 52.2 – 67.0 | 36.2 33.6 – 38.9 | 23.4 20.9 – 25.9 | 9.7 8.2 – 11.2 | 26.8 25.4 – 28.3 | |
| Unemployed, adults, 2016 ² | NA - | NA - | NA - | NA - | 42.0 40.5 – 43.6 | |
| Unemployed rate, adults, 2016 ² | 9.4 6.5 - 12.3 | 5.9 4.7 - 7.1 | 2.5 1.8 - 3.2 | 1.4 1.0 - 1.8 | 3.4 3.0 - 3.8 | |
| Unemployed rate ≥25 years, 2016 ³ | 15.6 12.8 - 18.4 ^f | 12.7 11.7 - 13.7 ^f | 7.8 7.0 - 8.6 ^f | 3.6 2.8 - 4.4 ^f | 8.0 7.5 - 8.5 ^f | |
| Unemployed rate fair to poor, adults, 2016 ³ | 36.1 29.5 – 42.6 | 18.7 16.8 – 20.6 | 16.0 14.1 – 18.0 | 7.5 6.4 – 8.7 | 16.4 15.3 – 17.5 | |
| Unemployed rate 2016 ¹ | 35.7 29.0 – 42.4 | 33.3 30.8 – 35.8 | 31.8 29.1 – 34.5 | 21.9 19.9 – 23.8 | 29.9 28.5 – 31.3 | |

- Handouts include selected data for:
- Sex
 - Race
 - Ethnicity
 - Sexual orientation
 - Education
 - Income
 - Rurality

Years of Potential Life Lost

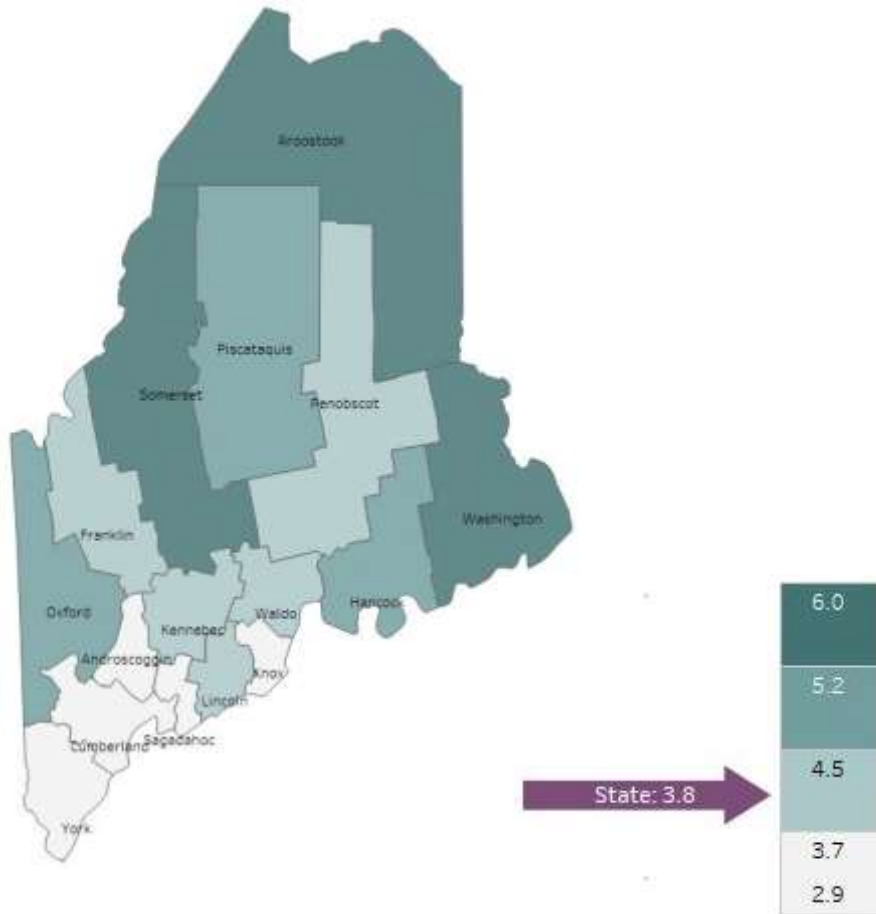
Penobscot: Years of Potential Life Lost Per 100,000 Population



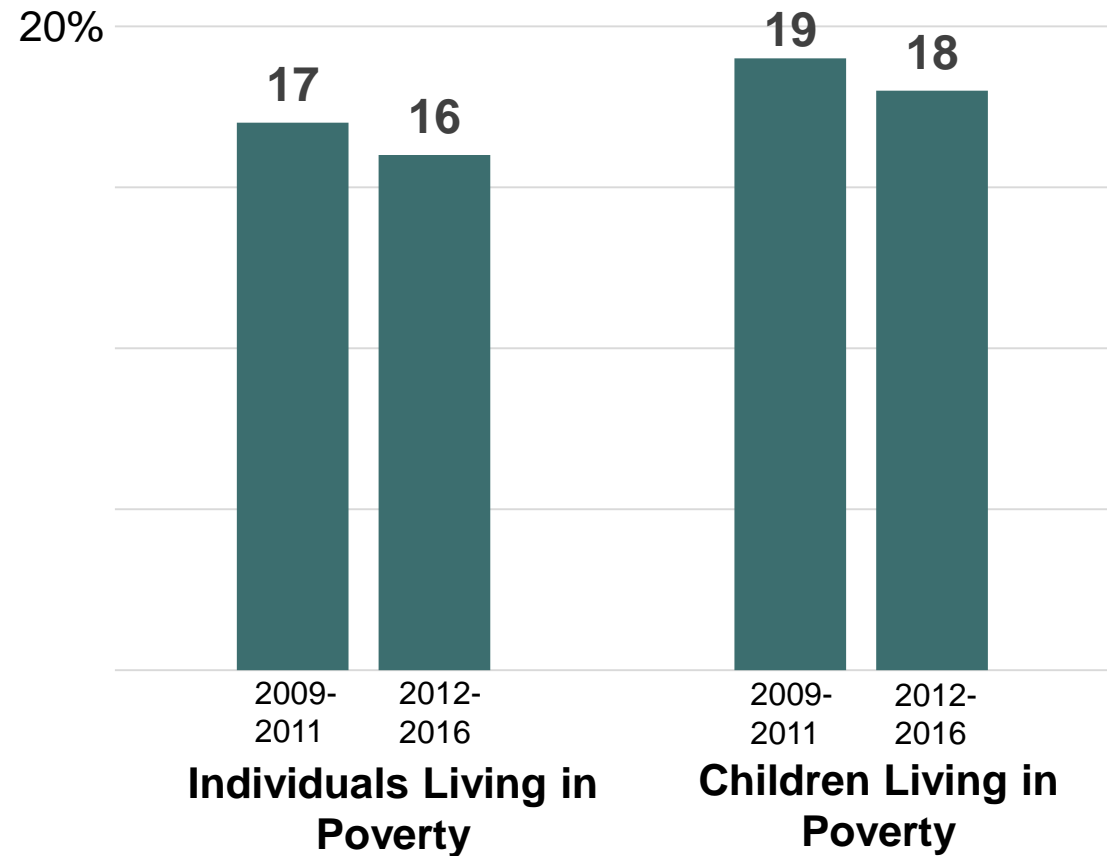
YPLL measures premature death, or the years of potential life lost before the age of 75.

Social Determinants of Health

Unemployment rate (2012-2016)

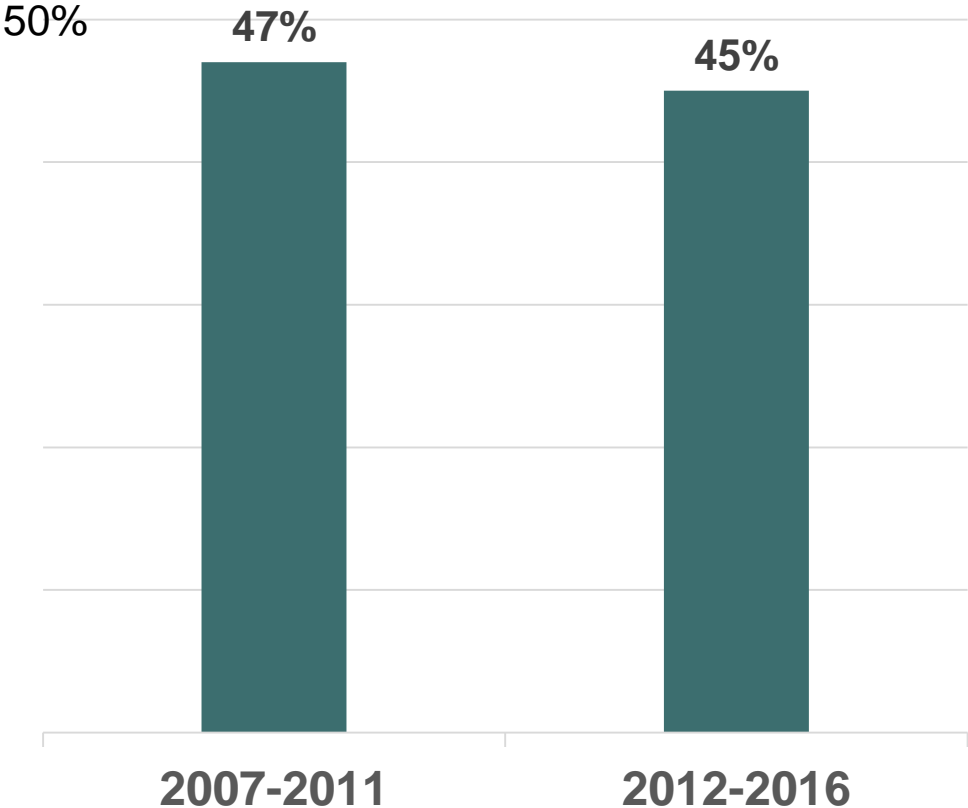


Penobscot: Percent Living in Poverty, (2000-2016)



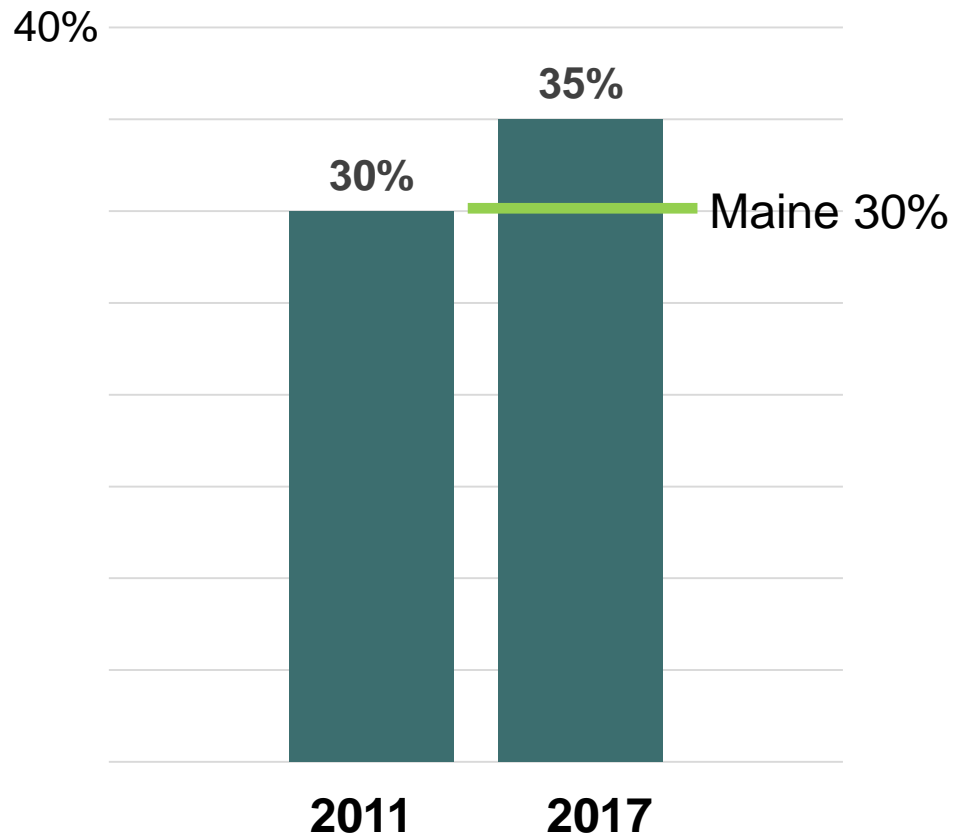
Social Determinants of Health

Penobscot: Percent of 65+ Living Alone

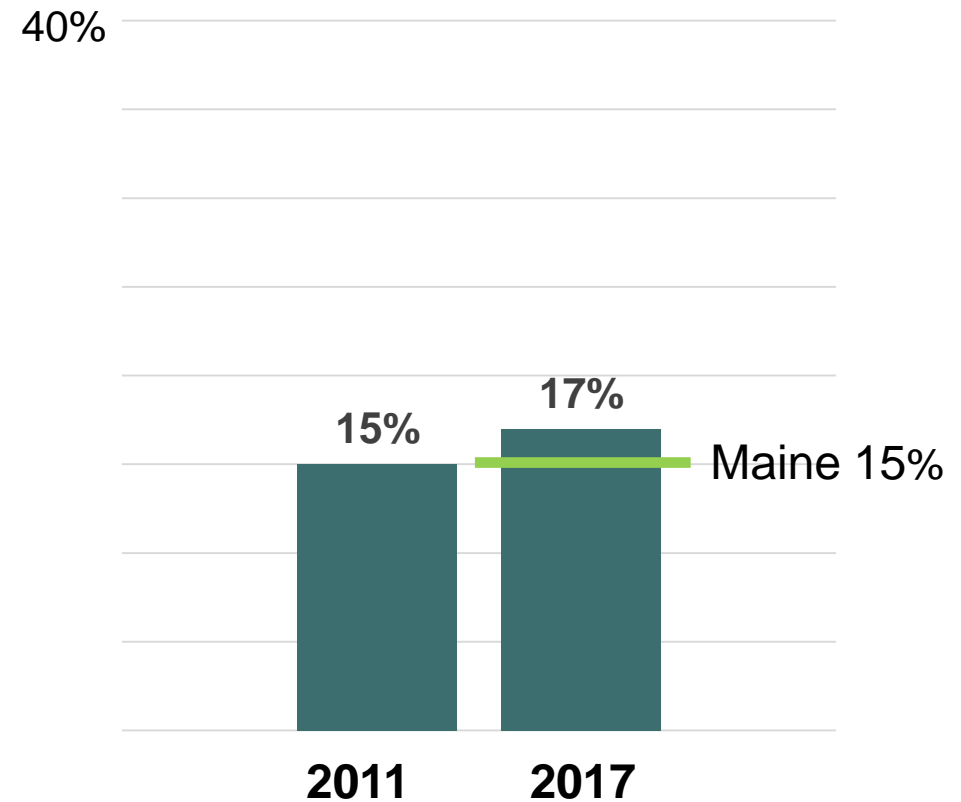


Health Behaviors- Obesity

Penobscot: Obesity (Adults)

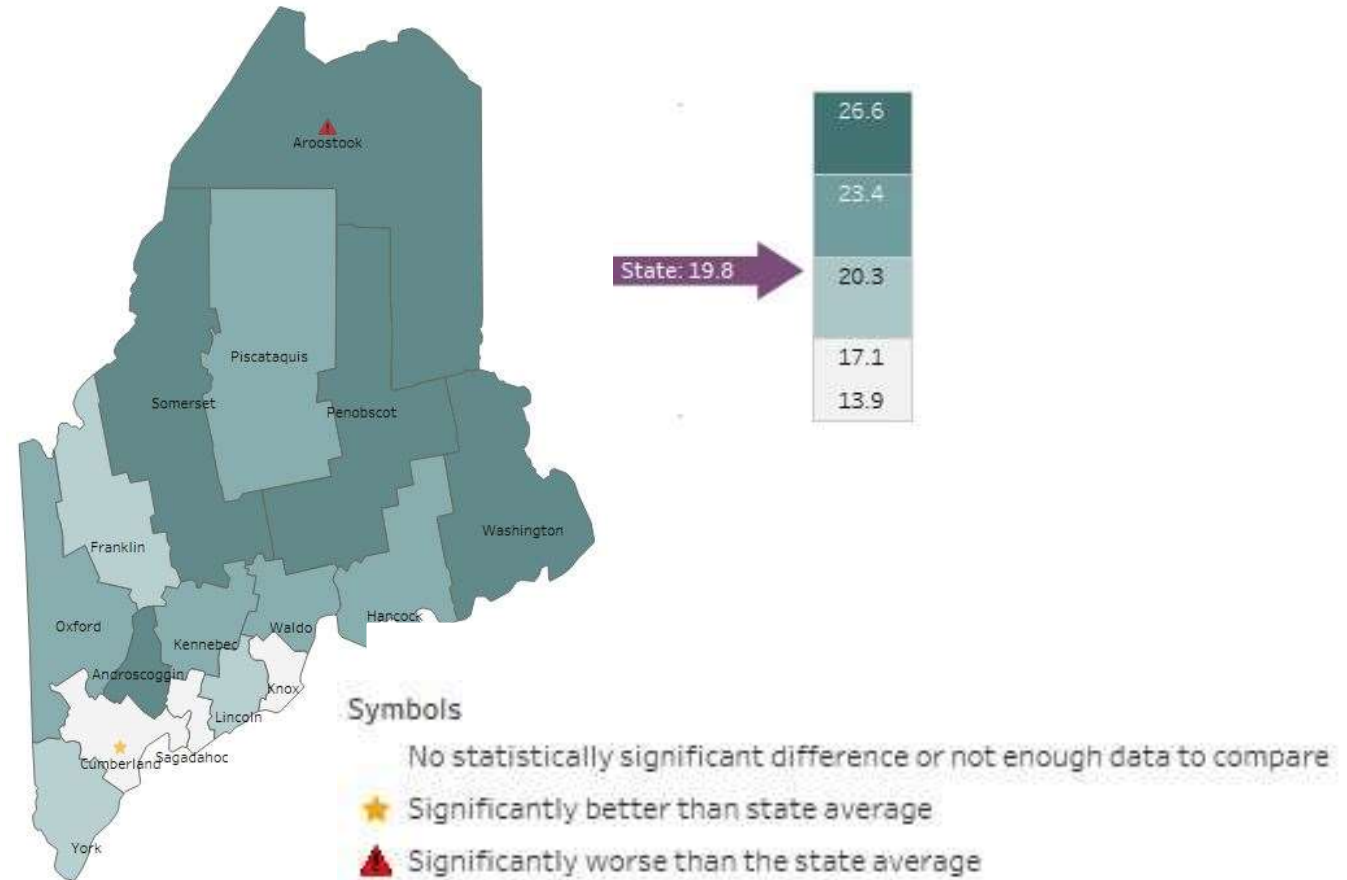


Penobscot: Obesity (High School)



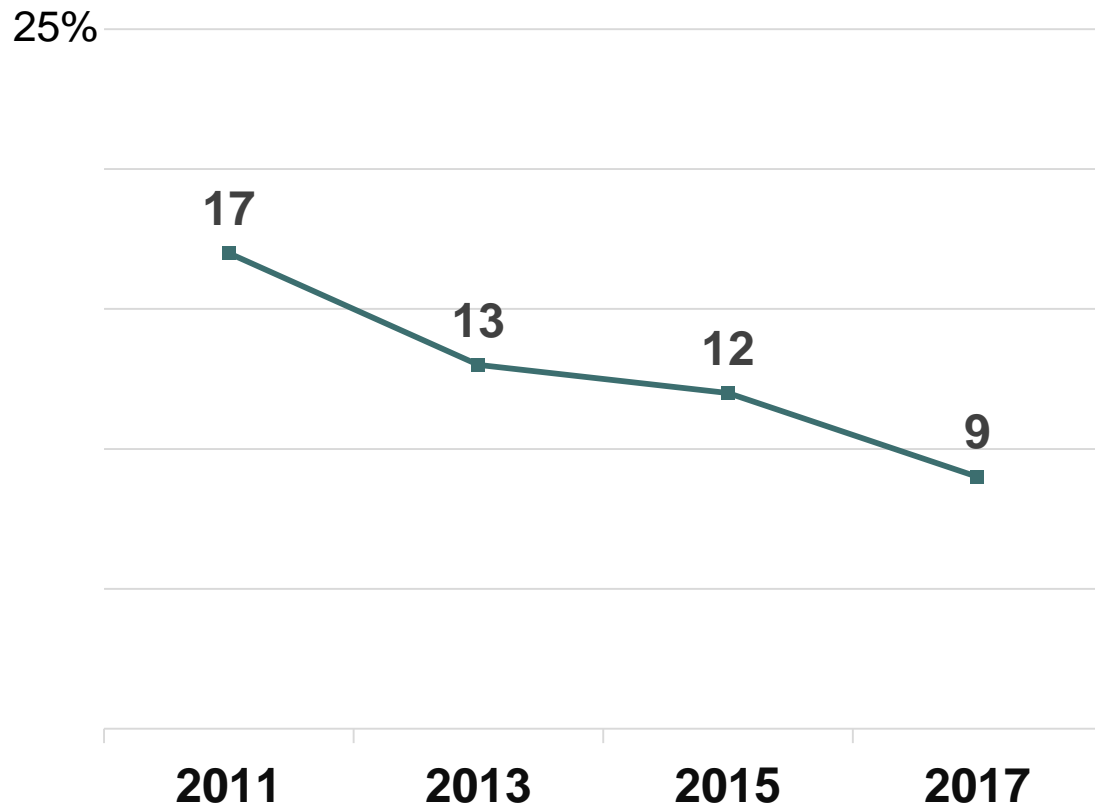
Health Behaviors- Smoking

Current Smoking (Adults), 2016

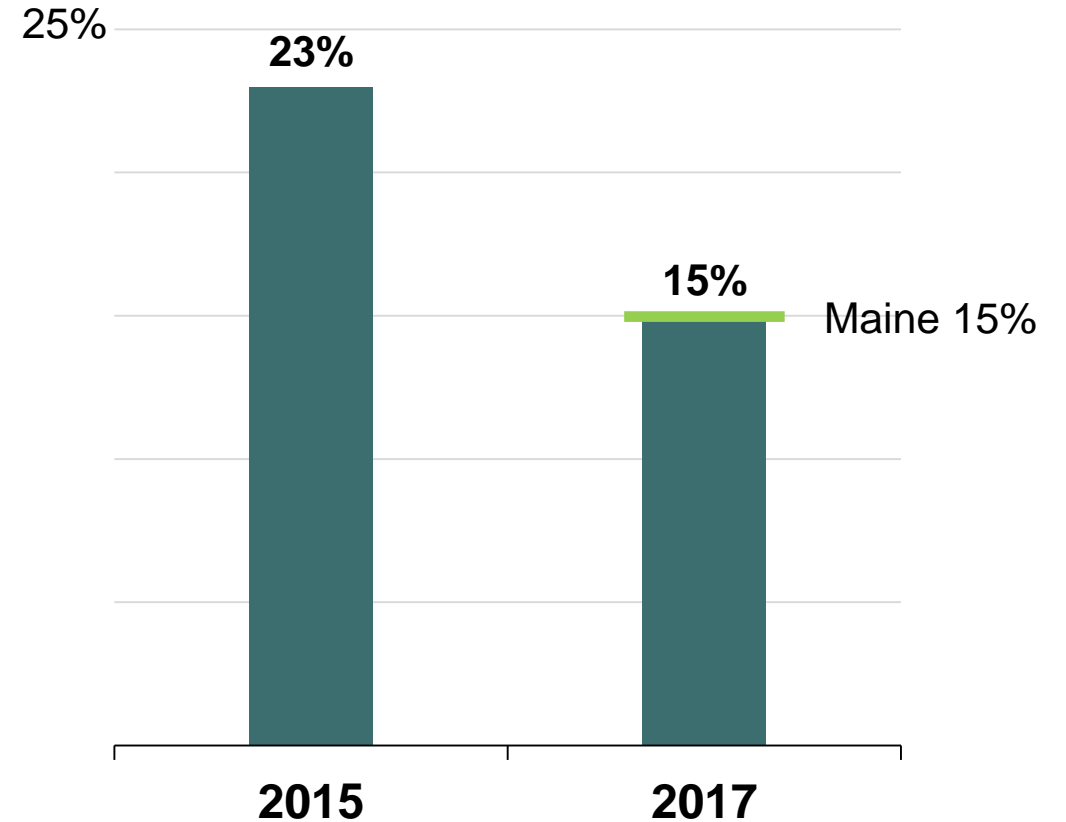


Health Behaviors- Smoking

Penobscot: Past 30 Day Cigarette Smoking (High School)

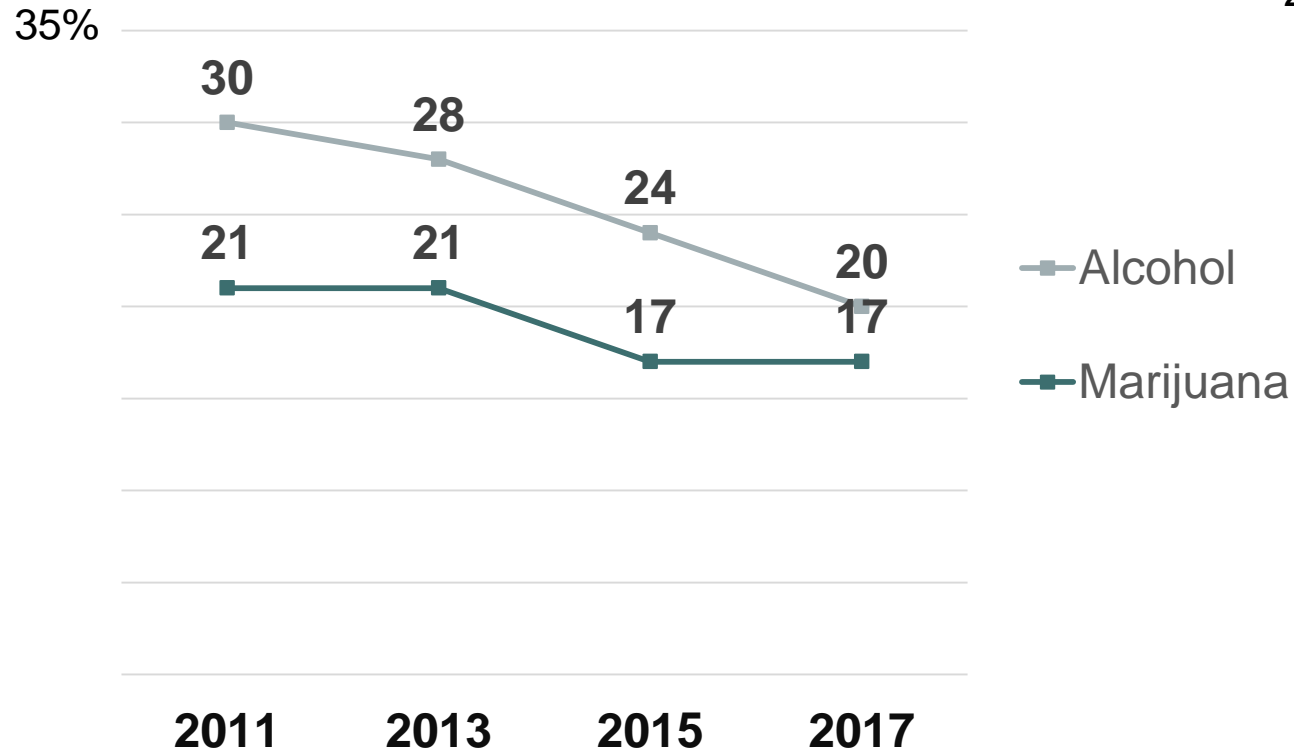


Penobscot: Past 30 Day E-Cigarette Use (High School)

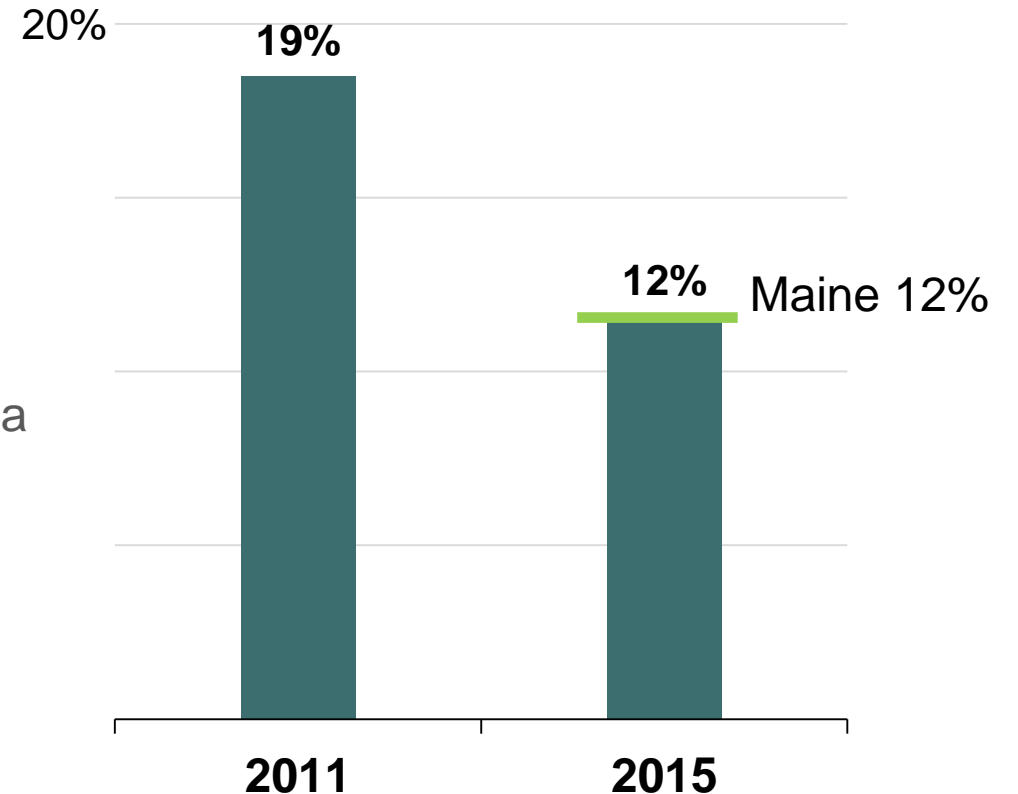


Health Behaviors- Alcohol and Marijuana

Penobscot: Past 30-day Alcohol and Marijuana Use (High School)

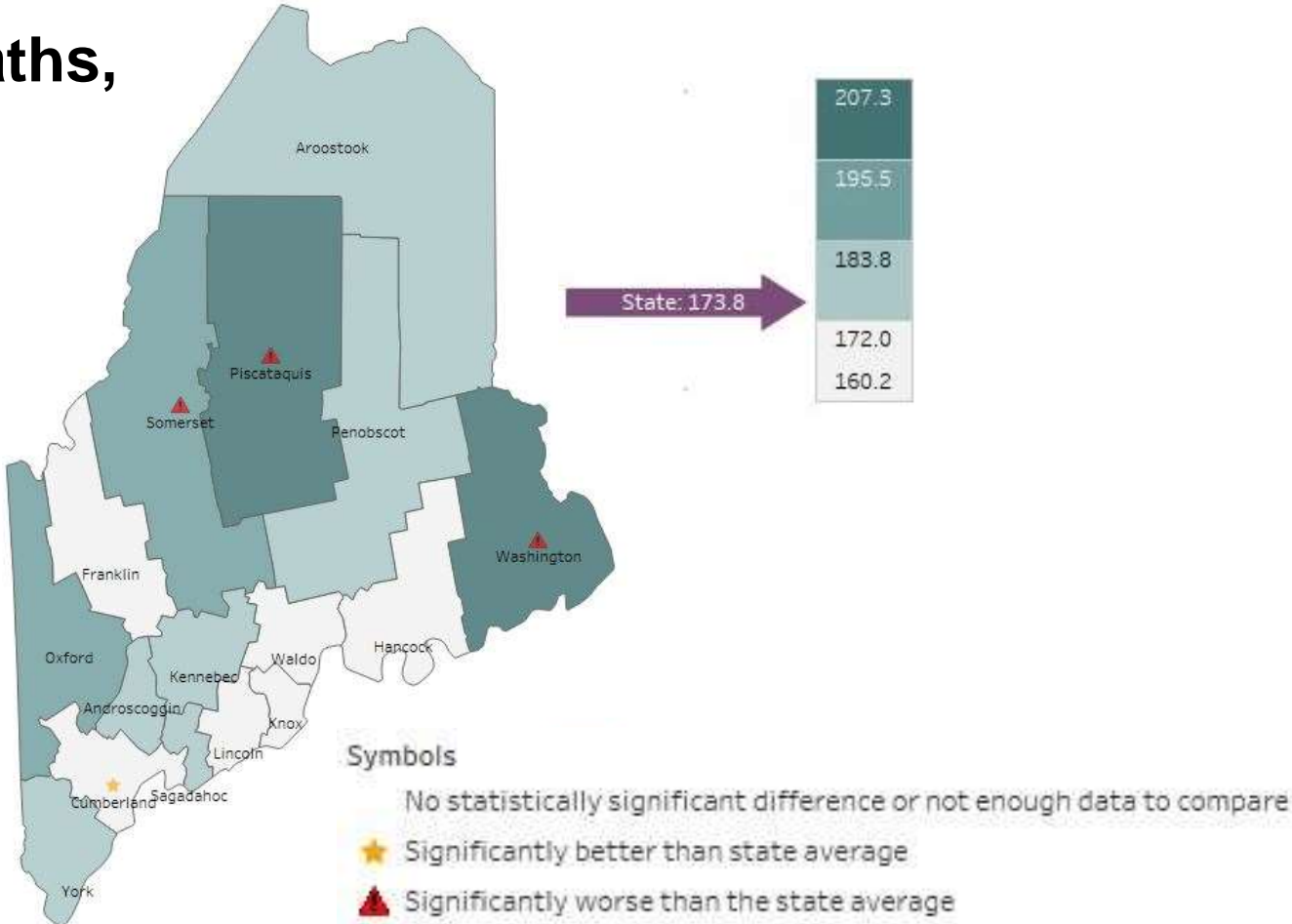


Penobscot: Binge Drinking (High School)



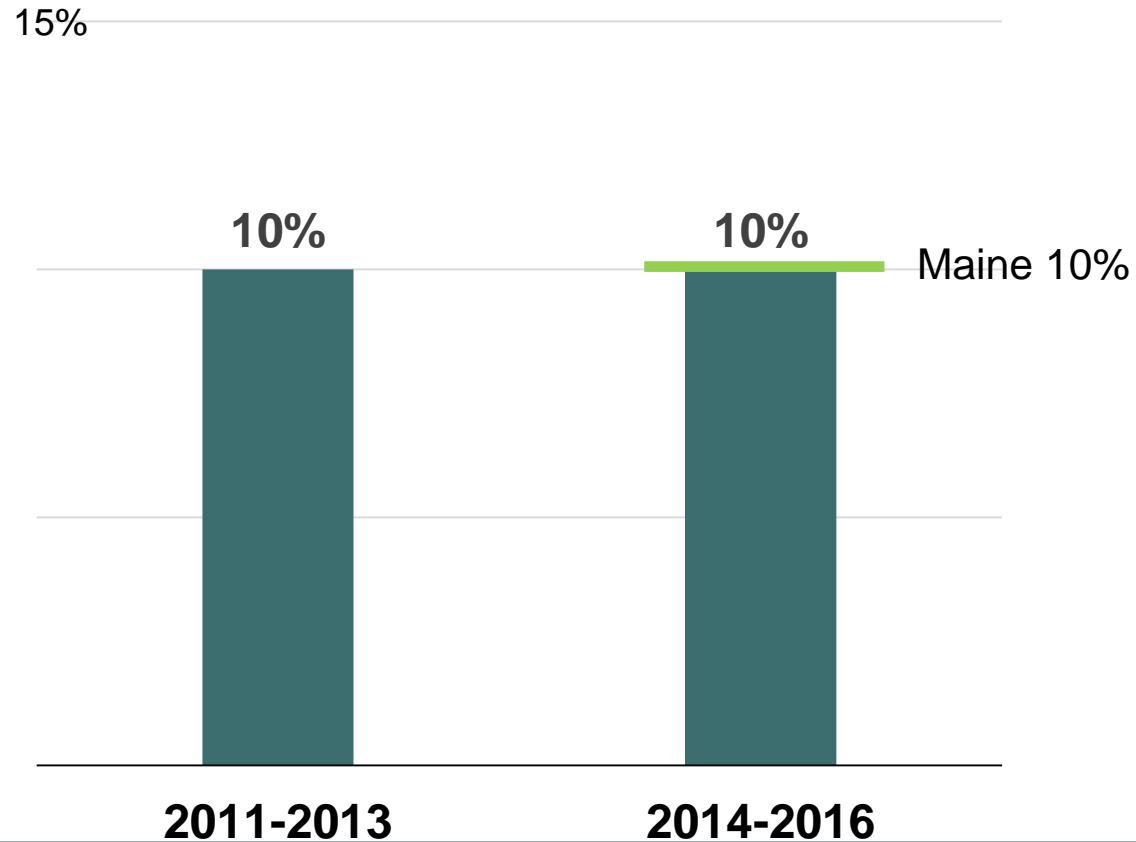
Health Outcomes-Cancer

All Cancer Deaths, 2016

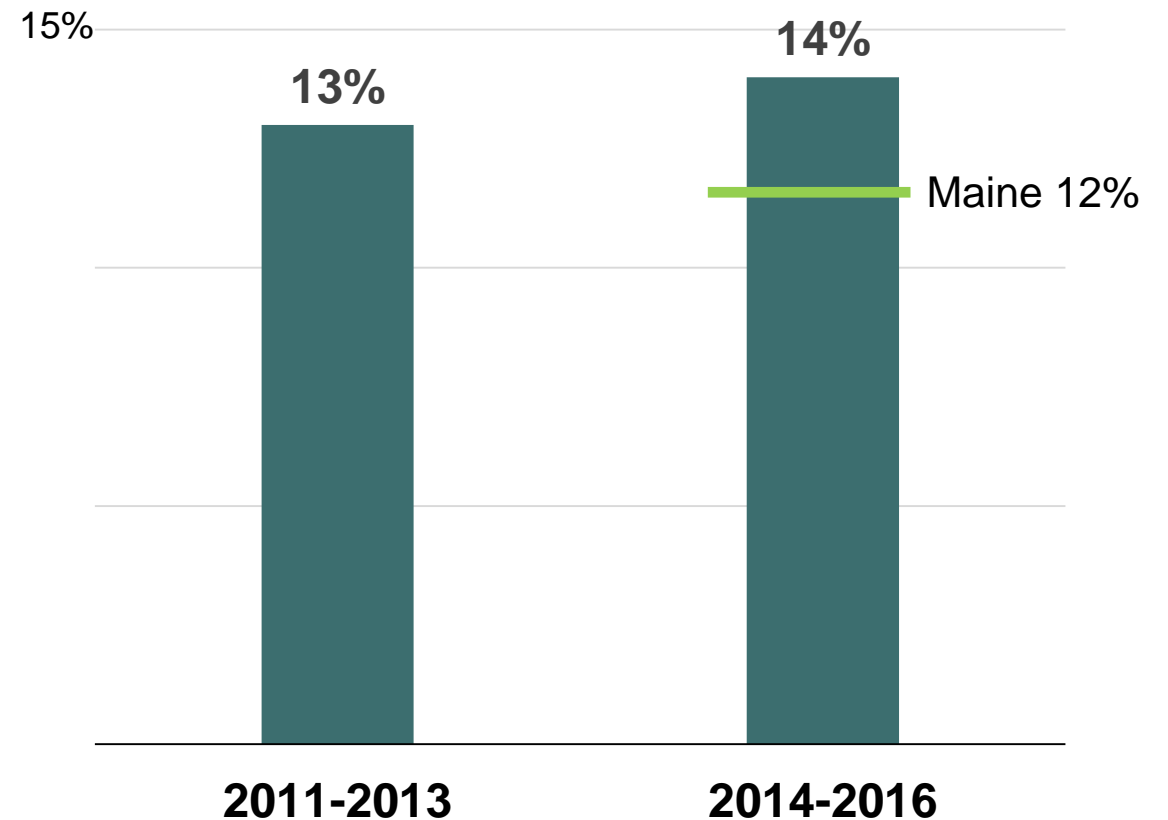


Health Outcomes-Adult Chronic Disease

Penobscot: Diabetes Prevalence (Adults)

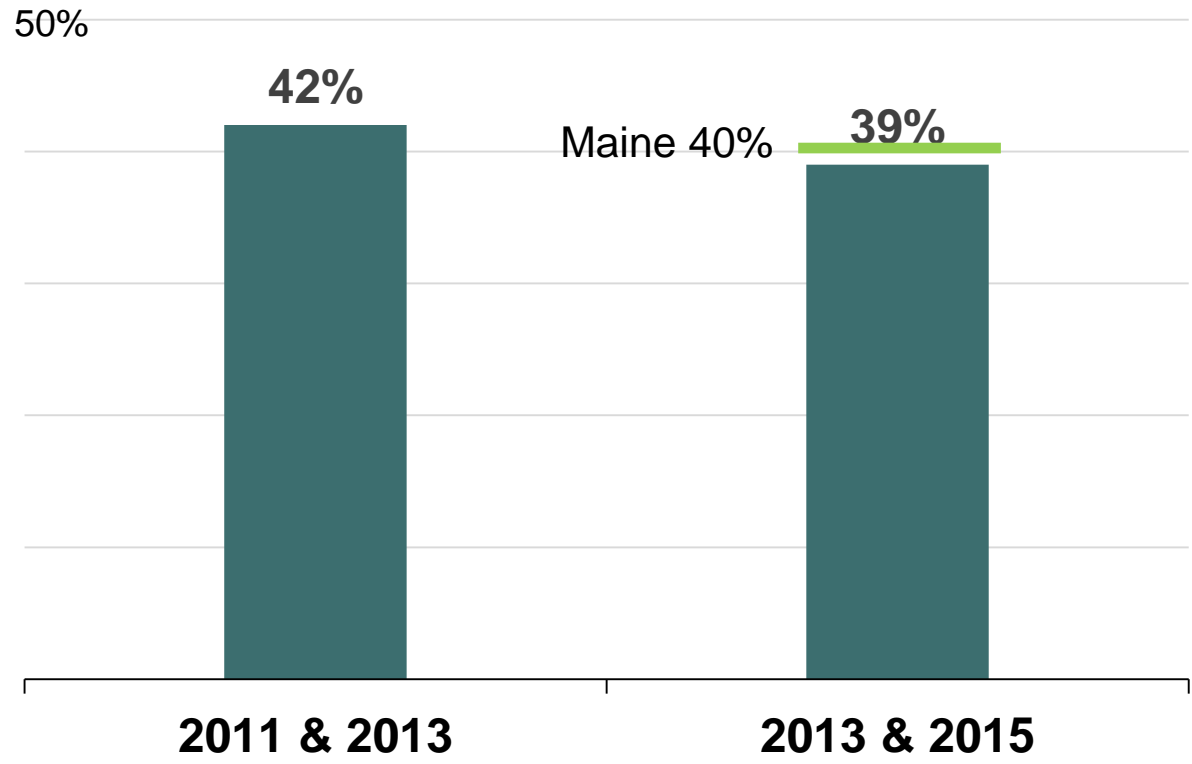


Penobscot: Asthma Prevalence (Adults)

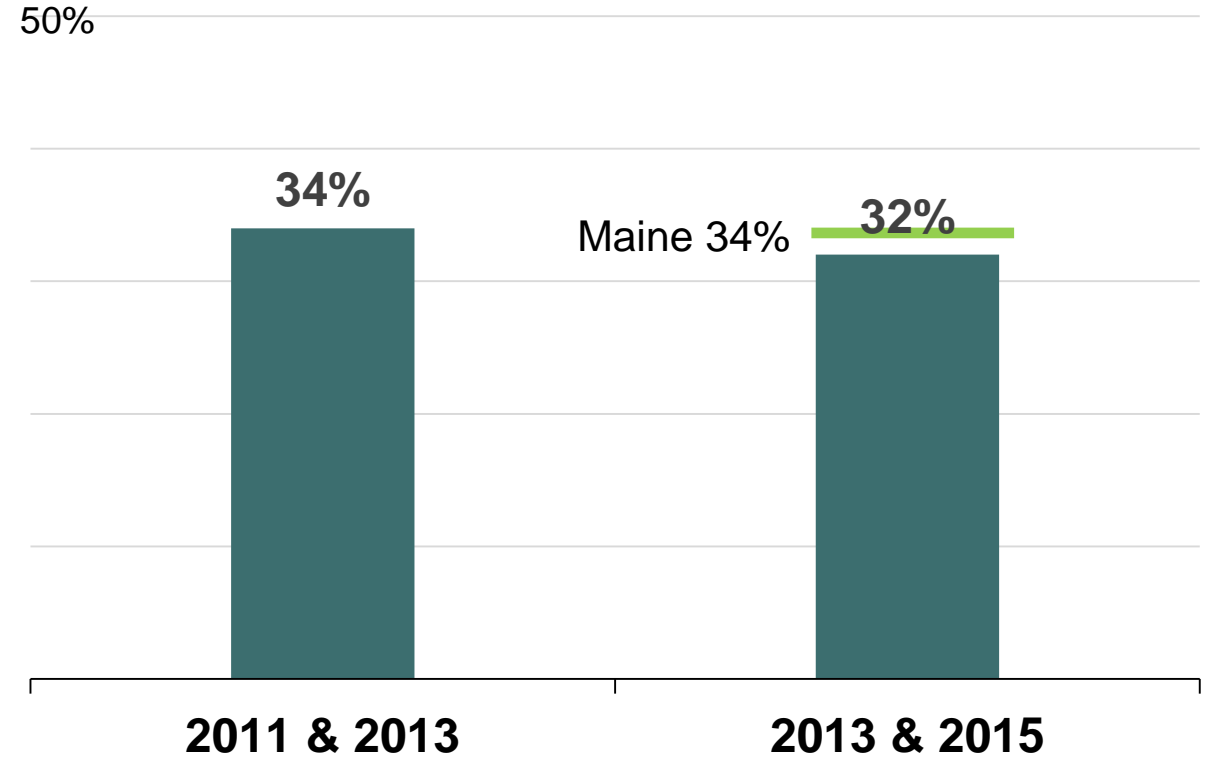


Health Outcomes-Adult Chronic Disease

Penobscot County: High Cholesterol

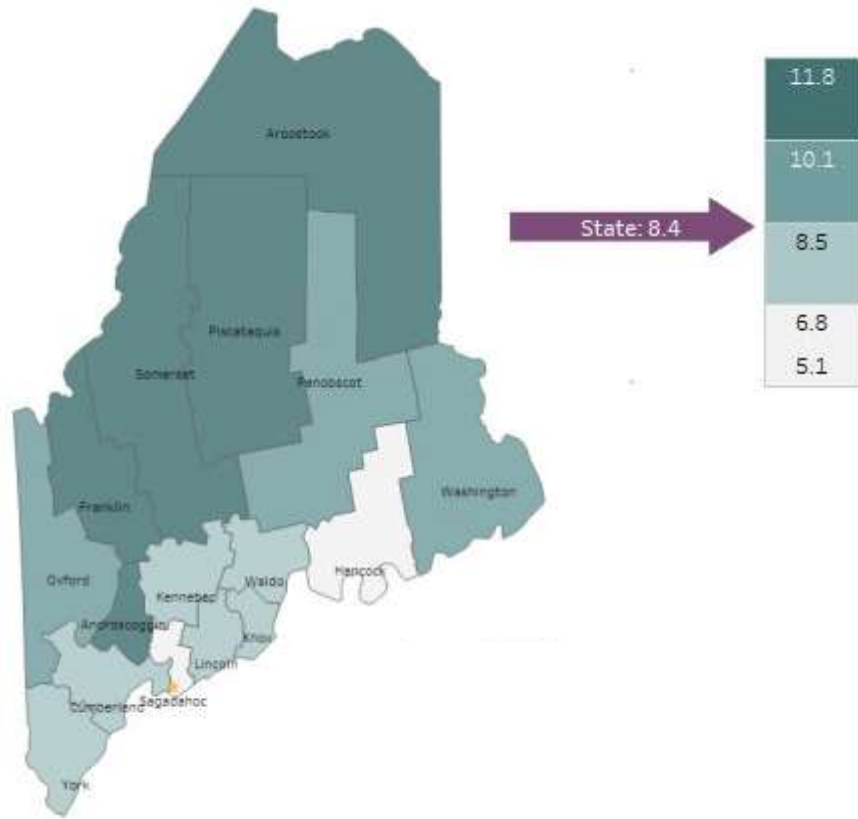


Penobscot County: High Blood Pressure

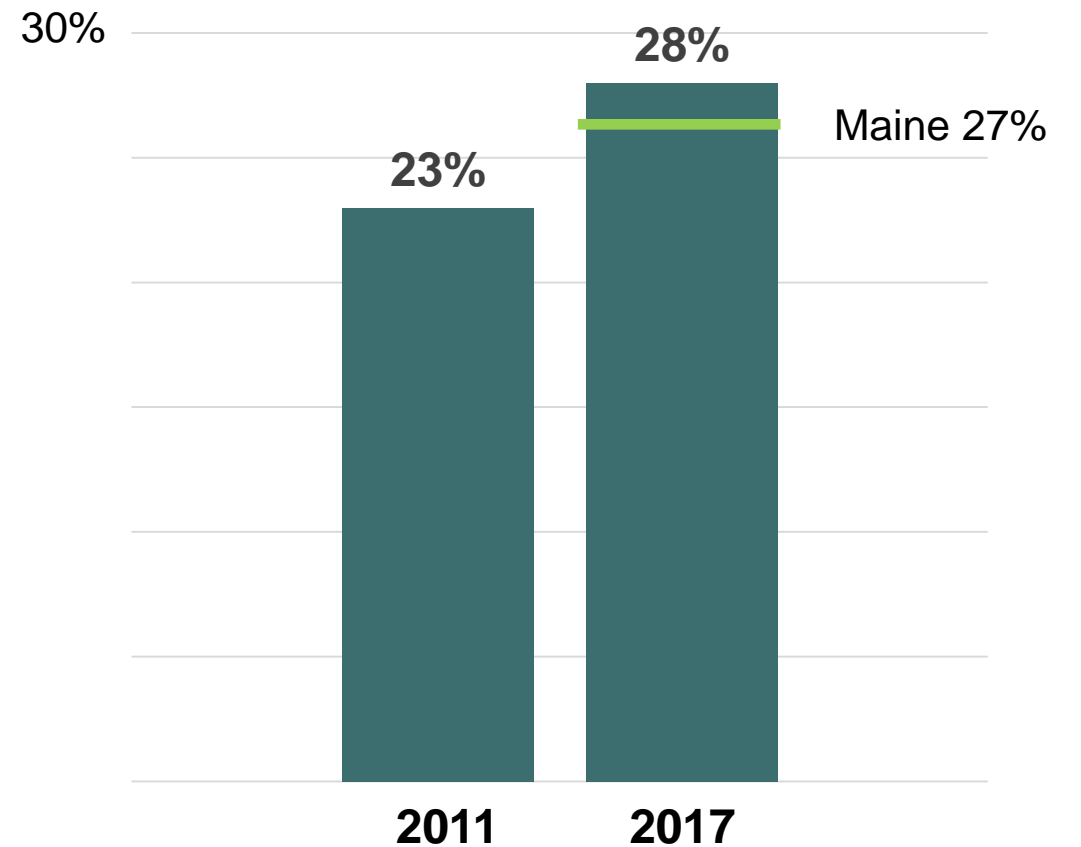


Health Outcomes - Mental Health

Current Depression (Adults), 2014-2016



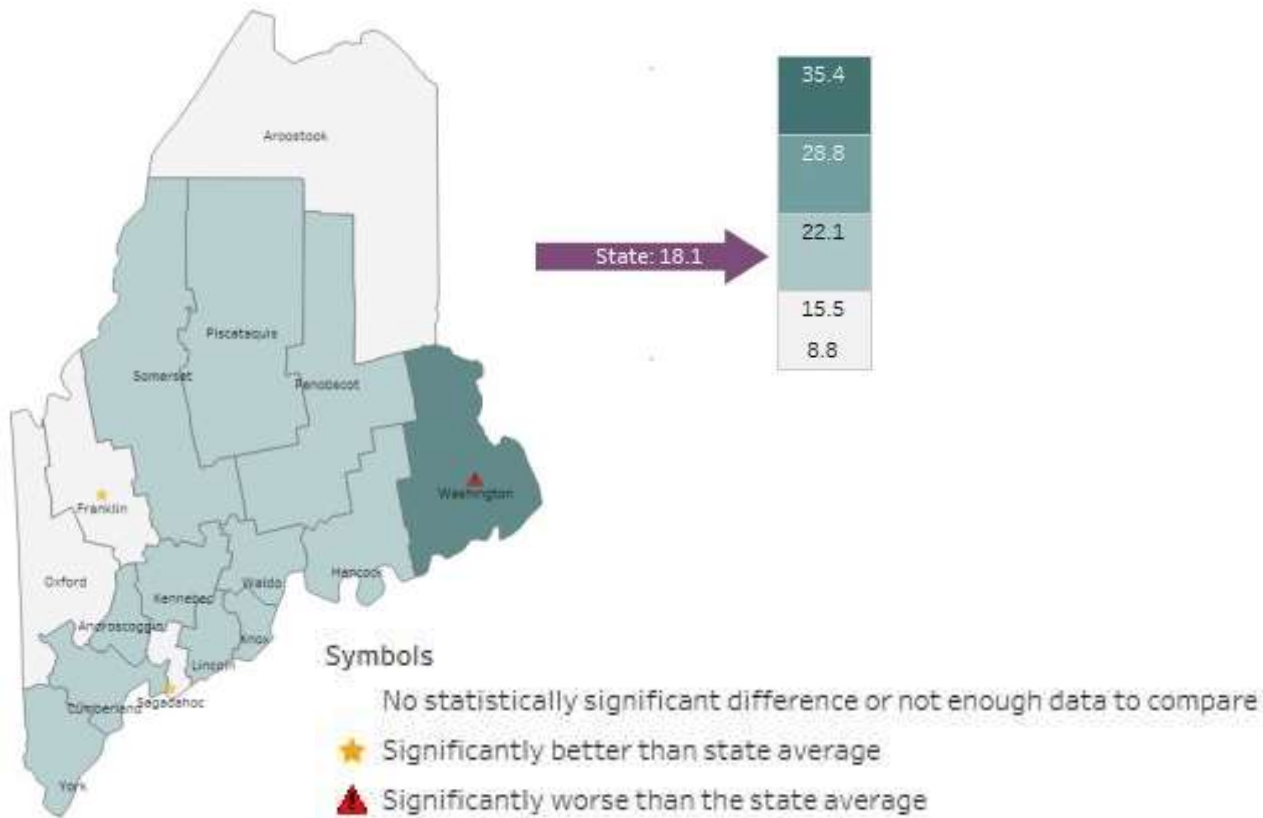
Penobscot: Sad/Hopeless 2+ Weeks in a Row (High School)



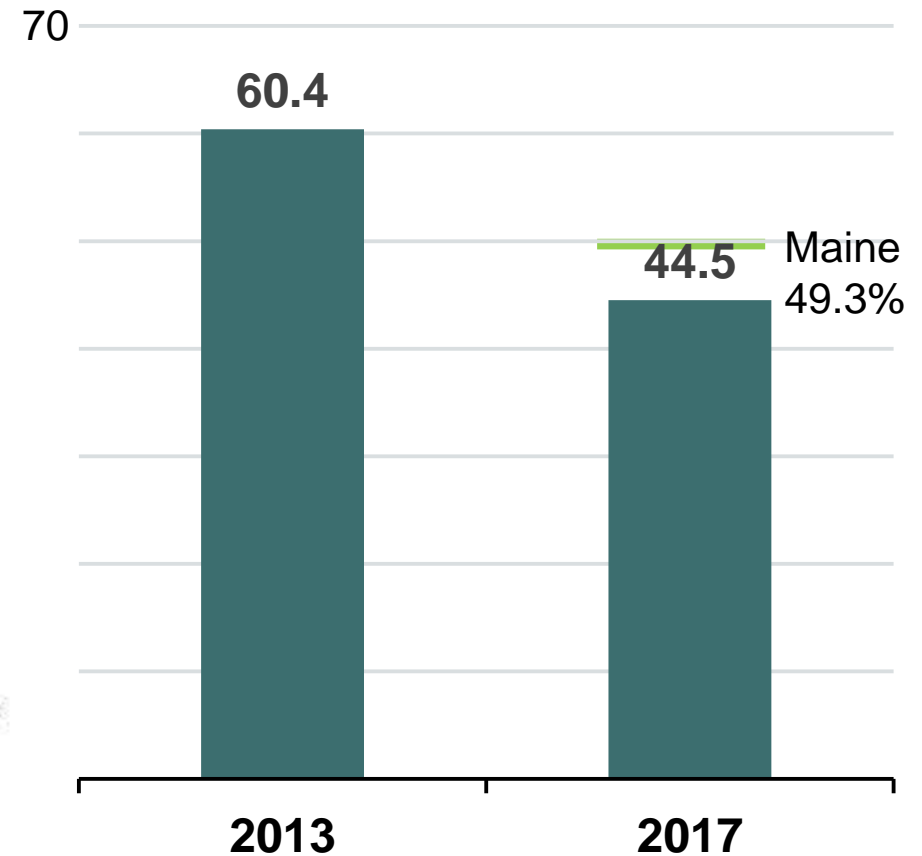
© OpenStreetMap contributors

Health Outcomes - Substance Use

Overdose Deaths Per 100,000 2012-2016

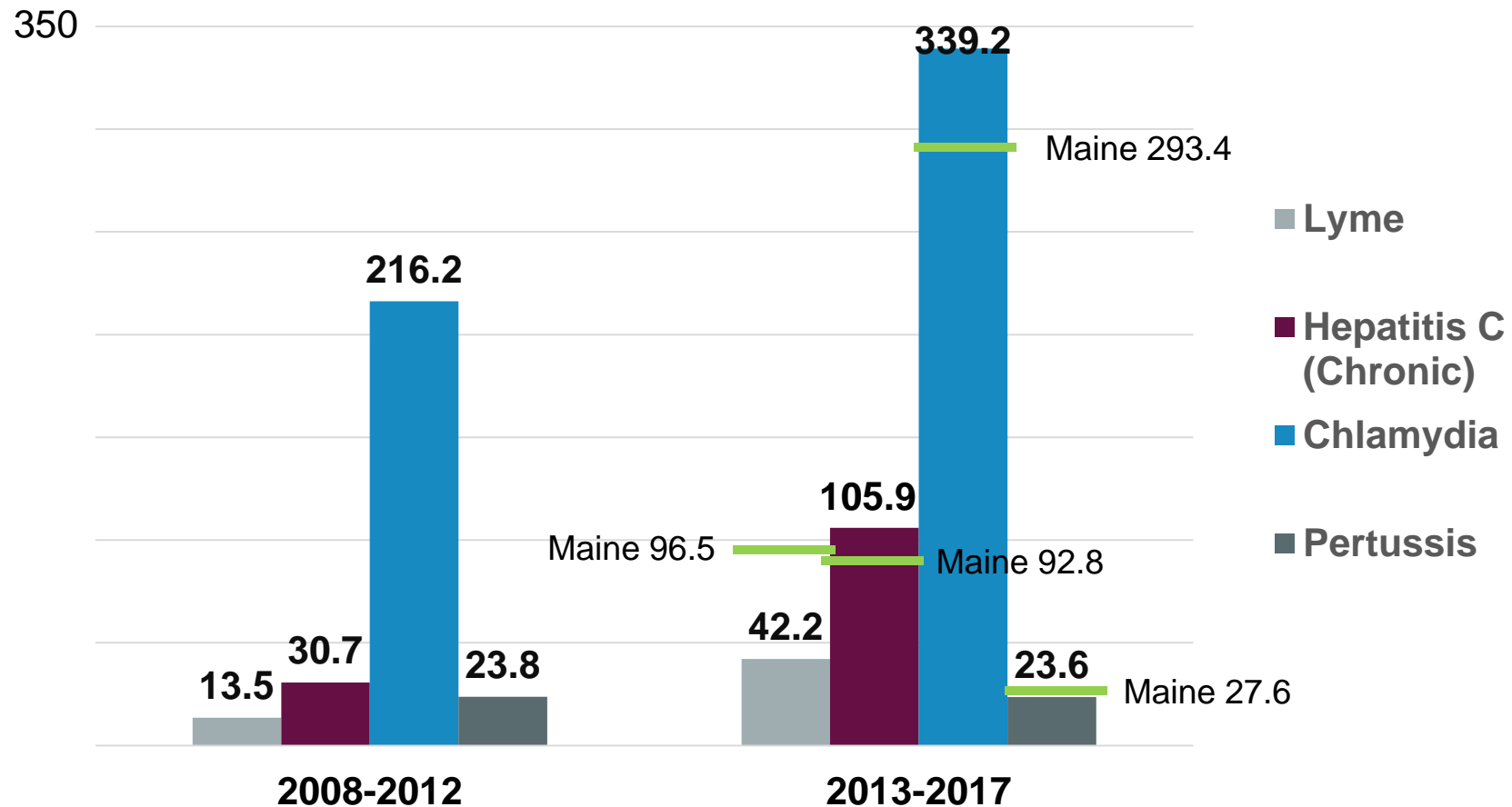


Penobscot: Narcotic Doses Dispensed Per Capita



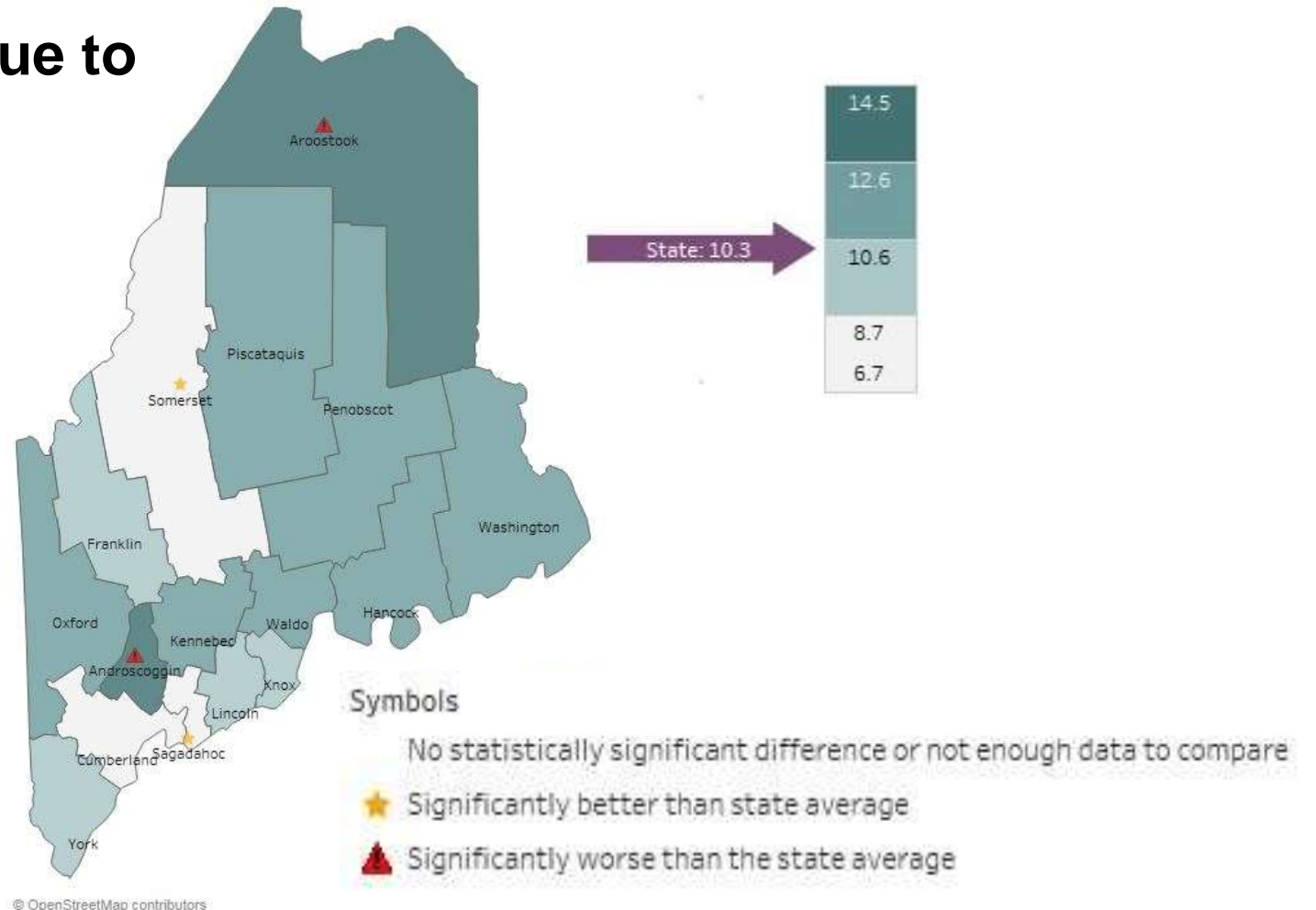
Health Outcomes – Infectious Disease

Penobscot: New Cases per 100,000 Population



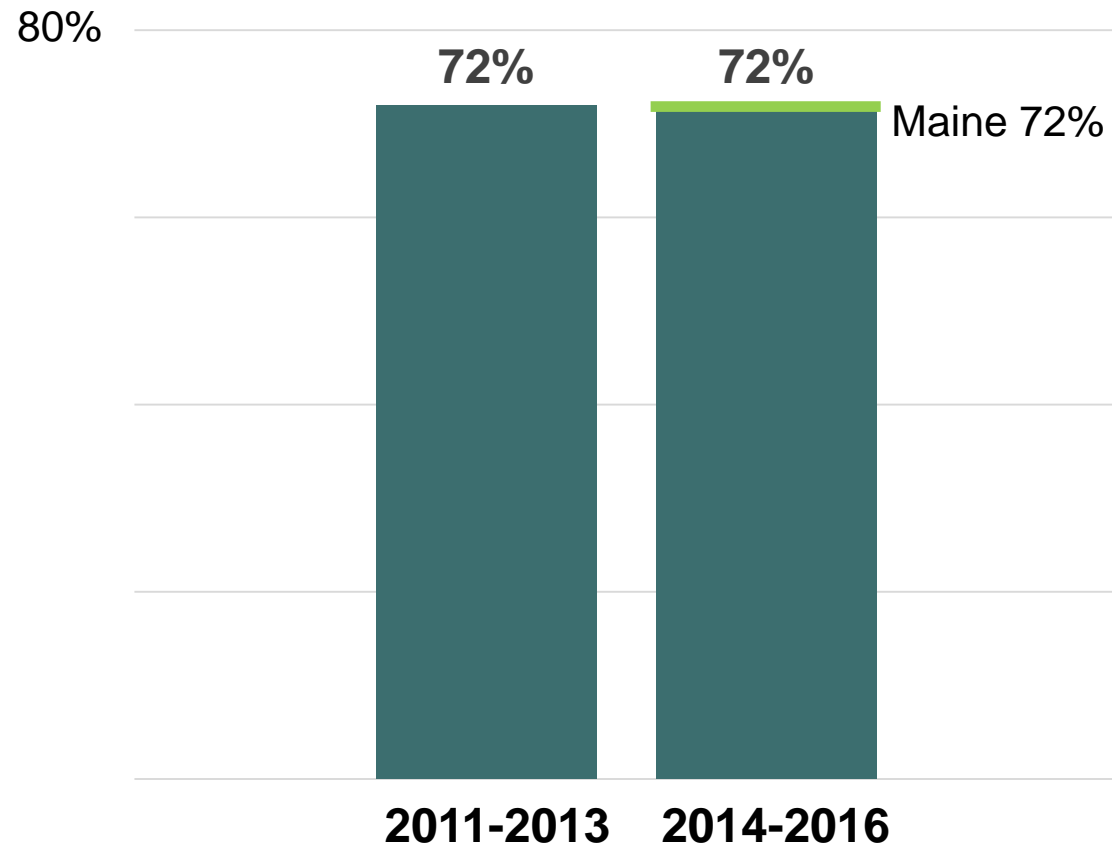
Health Access and Quality

Unable to Obtain Care Due to Cost, 2014-2016



Health Access – Primary Care

Penobscot County: PCP Visit in the Past Year (Adults)



Facilitated Discussion

Small Group Discussion Questions

1. Based on your own knowledge and experiences, are there any major health issues that are not represented in the data?
(10 mins)
2. Based on the data, past priorities, and your observations, what do you see as the top needs of our community? **(20-25 mins)**
3. What community resources are available to address these needs, and what more may be needed? **(5-10 mins)**

Report Back

Prioritization Exercise

Wrap Up and Next Steps
