



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

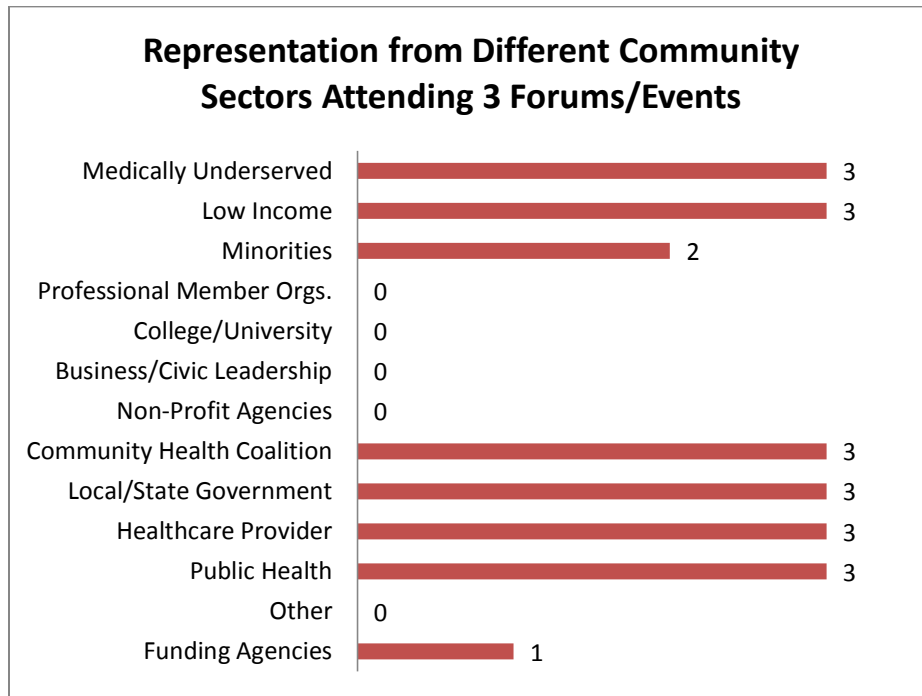
This serves as a brief summary report of the input provided by community members attending the 3 community forums that took place within Hancock and Washington Counties between November 2015 and March 2016. Copies of individual reporting forms (pdf) can be viewed at: <https://www.maine-general.org/Pages/District-7-Downeast-Maine.aspx> by looking under the Community Engagement header and clicking on the forum of interest.

Community Forums

Meeting	Date	Location
Hancock County Forum	11/10/15	Ellsworth, ME
Washington County Forum	11/20/2015	Machias, ME
Washington County Forum	12/1/15	Calais, ME
Total Attending Forums:		118

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

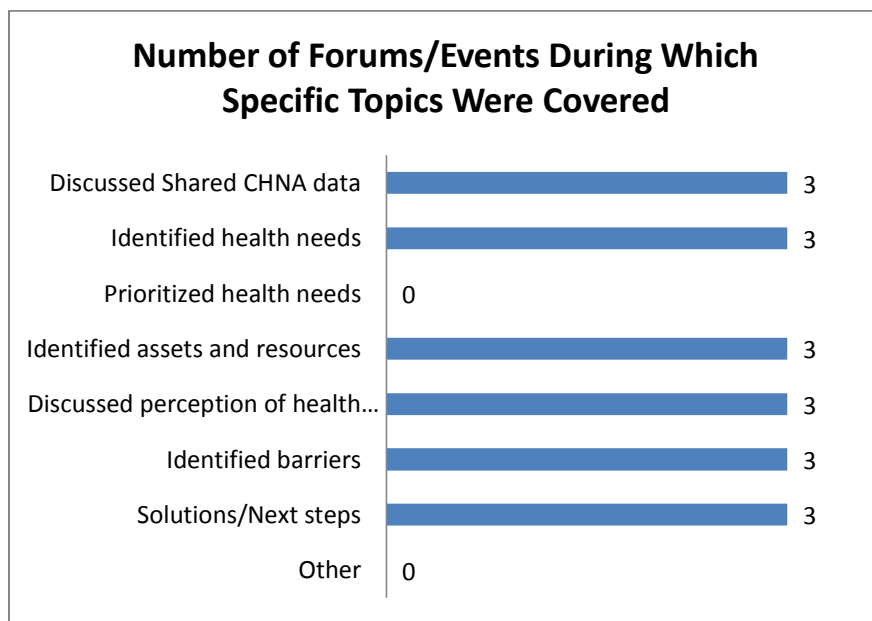
Community Sectors Represented During Forums and Events



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

Other: n/a

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 Washington County Forums

Health Issue: **Obesity**

Summary of assets to resources to address issue: Wellness programs through healthcare, employers and fitness centers, senior programs at fitness centers, programs for all ages, community races, walking and biking trails, trail maps in Spanish, farmers markets, healthy foods in schools and food pantries, nutrition education. (Specific resources listed in appendix on page 5-6.)

Summary of barriers or community needs (if reported): There is a lack of funding support within the county from the state and too few resources within schools for PE. Health factors that need to be addressed include poverty/jobs, transportation, access to activities, and culture (quick-fix expectations, multi-generational eating and exercise habits, fast food addiction, lack of motivation, lack of community identity). There need to be expanded programs (Edge Program, promote healthy foods and activity options) and education (nutrition, cooking, smart shopping).

Summary of next steps, solutions, future ideal: There is a need to address underlying health factors such as poverty/jobs, community identity/volunteerism, and culture (food habits are multigenerational, quick-fix mentality and motivation) in addition to obtaining money and resources for programs and education. Access issues related to fitness facilities, trails, parks, healthy food choices, and transportation need to be addressed also.

Health Issue: **Substance Abuse**

Summary of assets to resources to address issue: Treatment and recovery: support groups, such as AA and NA, counseling, crisis, detox, medication assisted treatment, primary care screening, prescription monitoring and regulation, emergency departments, law enforcement, and family and home visiting supports. Prevention: community awareness, school programs, after-school and community activities, Tribal initiatives and cultural supports. (Specific resources listed in appendix on page 6-7.)

Summary of barriers or community needs (if reported): There needs to be state-level leadership on policy as well as policies within each school. Health factors such as poverty, vocational rehabilitation, jobs, access to treatment, health insurance, and transportation need to be addressed. Within these larger scale shifts, there needs to be better cooperation and communication among agencies, providers, and families, increased services (more mental health and substance use disorder treatment, aftercare, law enforcement, and activities for youth), and education (schools, parents, law enforcement).

Summary of next steps, solutions, future ideal: Address underlying health factors, especially for people in treatment or recovery, such as poverty/jobs, housing, transportation, health insurance coverage, and stigma associated with substance use disorder. Stable funding needs to be secured to provide increased treatment and services (more providers and treatment options, address mental health needs, pain management clinics, aftercare, more law enforcement) and education (youth, parents, police officers).

There needs to be state-level policy on addressing substance abuse as well as improved insurance coverage and reimbursement for services.

Health Issue: Tobacco

Summary of assets to resources to address issue: Treatment for cessation accessible through healthcare providers, employers, and insurers, Maine Tobacco Help Line, nicotine replacement therapy, screening, prevention: taxes, No Butts, no tobacco use policies, school-based education. (Specific resources listed in appendix on page 7-8.)

Summary of barriers or community needs (if reported): Policy issues need to be addressed – increase tobacco-free spaces and enforce laws/policies. Additional factors need attention such as access to health care, out-of-pocket costs associated with tobacco treatment, family history of tobacco use, health literacy, mental health/LBGT/substance abuse/low income factors associated with tobacco use, marketing to youth, and issues associated with the 1-800 Quit Line. Finally a resource list needs to be created, worksites need to provide additional training to accompany policies, and treatment options need to be expanded (amount and type available).

Summary of next steps, solutions, future ideal: Collaboration (among all stakeholders) and communication (of available resources) is the key to moving forward – the approach needs to be organized. Address cultural aspect of smoking to prevent creating more stigma and shame among people who smoke in hopes of supporting them in seeking treatment. There is a need for more tobacco free spaces, certified workers to meet clients where they are, accessible treatment options, and longer-term support for quitting. Prevention is critical among youth.

Appendix: Specific Resources Mentioned

Obesity

- Healthy Acadia resource for all ages (lifestyle programs, worksite wellness, work with schools)
- Diversifying programs to different age groups
- Down East Community Hospital Wellness Programs (Accountable Care Organization, Managed Care Programs)
- Medical providers at various levels (shift towards wellness)
- Rural health care
- Healthcare Centers (Regional Medical Center of Lubec, Eastport Healthcare, Harrington, Jonesport)
- VISTAs
- Hospitals (Down East Community Hospital, Calais Regional Hospital)
- Schools (FFVP, Health education)
- Eastern Area Agency on Aging
- Community Cafés
- Churches
- Community service opportunities
- Way to Wellness
- WIN: Wellness Integration Now
- Wellness incentives through employer health plans
- Wellness educators
- Weight Watchers
- WHCA
- County Trails – Sunrise Trail, Park Trails
- Land trust trails
- Outdoor space and potential to use it
- Moosehorn
- Calais River Walkway
- Greenland Point
- Cobscook Bay
- Bilingual signage
- Local Trails – walking and biking
- Mano en Mano is translating all trail maps to Spanish
- Fitness central facility in Harrington – walking trail
- UMM access to fitness center
- UMM Fitness Center (free senior program)
- UMM with trained staff and pool –elder/senior programs
- Civic Center (walking, track and pool)
- Curves
- Recreation program
- WCCC (Outdoor Adventure, The Wall)
- Yoga
- Adult recreation leagues
- Bowling alley – Calais

- Calais baseball park, skateboard park
- Canadian Border
- Schools (physical education, sports/afterschool activity)
- The Gym (Pleasant Point, Indian Township, UMM)
- Increase in community race events
- Fundraising walks/races
- Arts community
- Buying Club
- Corner Store Program
- Community Food Council
- EDGE program – promoting health eating (Maine Seacoast Mission in Cherryfield, Harrington, some work in Jonesport and in Machias)
- Farmers Markets
- Healthier food products in food pantries (10 county wide)
- Gleaning Program – healthier food products into the pantries
- Good Shepard Program – fresh fruits and vegetables received one a month to select schools
- SNAP Program with SNAP Educator – nutrition education with schools
- Cooperative Extension
- WIC - USDA and DHHS
- Schools – Backpack Program
- Working with dietician at Calais Regional Hospital [6-7 session class, available to any school district], healthy food programs – Healthy Maine Programs
- Farm2School program
- Incredible Edible Garden at the Women’s Health resource library in Milbridge
- Stars Program at Hannaford – nutritional information
- Tribal garden/farms
- Washington County Food & Fuel Alliance (Greenhouse Project)

Substance Abuse

- Prescribing monitoring/protocols
- ED prescription protocols are tighter
- Hospitals – ER stabilize only
- Emergency care
- Initial alcohol detox treatment (ED, inpatient, & ambulance services)
- AMHC
- 12 step programs: AA, NA & AI Anon
- Counseling in community & school
- Crisis Center resources
- Arising Ministries is starting a rehab and treatment for opioids (lease being signed today)
- Tribal Communities Behavioral Health Counseling
- Have programs in Lubec and Eastport at FQHCs
- Discovery House
- Schools – clinics & centers
- Bangor area resources

- Several access points (health centers have behavioral health providers that are dually licensed or select license in substances, several behavior health agencies)
- Training program to educate providers
- Neonatal Intensive Care Unit (NICU) providers
- Alternative medications by providers
- Drug replacement therapy
- Methadone Clinic
- Suboxone providers – Dr. McHugh and Dr. Weisberger and limited scope at DECH Women’s Health Center
- Employee Assistance Programs
- Law enforcement
- OWN program of the local police in Calais and Baileyville
- Drug Court in Machias
- Maine Families
- Public Health Nursing
- Bridging Program – pregnant patients, infants
- Prevention
- School health programs
- Education
- Sharing in community
- “National Night of Conversation” (friend, family members, schools)
- General understanding and awareness that this is a health issue (culture)
- PSA’s
- Extracurricular activities for youth, skate park
- Healthy Acadia Coalition
- Partnerships For Success coalitions
- Primary care is taking a greater role in prevention – screenings
- JMG (Jobs for Maine Grads)
- Both Tribal reservations, Tribal culture – ceremonies, culture
- Youth leadership in the tribal communities right now
- Sense of community/ support for youth
- Variety of organizations providing support to this topic
- Youth education – into the lower grades

Tobacco

- ACO (Accountable Care Organization) is part of primary care and are required to ask questions on tobacco use. Patients must answer question in order to continue the intake form
- Eastport Health Center has a good treatment program
- Employer policies combined with wellness resources
- Employer sponsored health plan will have tobacco cessation, prevention coverage, and support
- Health centers and primary care providers
- Helpers program-training you go to, to learn how to talk to people that are smoking and why they should quit
- Indian Township has in the past but not right now

- No smoking in 75 units for Sunrise Opportunities, coming soon
- People with insurance have a wellness plan and requires them to show steps to tobacco treatment and they will then give free incentives to help like Nicotine patch
- Medicare does it for a short time but it isn't long enough
- Primary care providers
- Have some ground troops with Healthy Maine
- Smoke free places for employees and clients
- Smoking cessation groups-- 1 in Calais, 1 in Machias, 1 in Eastport, another one will be in Machias starting January
- Staff can attend the meetings, groups are free with skilled advocate, open to all
- Some employers have an internal program for staff and clients
- WIN program-is a safe space that refers people to the smoking cessation groups
- Healthy Acadia (Provide education at schools to grades 5 – 12)
- 4 people are being trained by the Cancer Resource Center so they can provide education to the public; They are taking the approach of life style coaching and working with providers so patients have to check in with them so there is more accountability
- No Butts program
- Over the counter patches available without prescription
- Smoking cessation classes – Eastport Health Care & Harrington Family Health Center
- Taxes on cigarettes
- The Maine Tobacco Helpline - 1-800-207-1230; callbacks, follow-ups, free counseling
- Nicotine replacement therapy-the supply is enough for someone who smokes a pack a day but is given to all
- Tobacco-free establishments – hospital, restaurants, parks, WCCC, etc.