



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

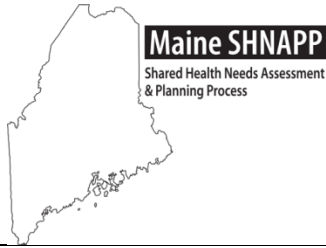
This serves as a brief summary report of the input provided by community members attending the 7 community forums and 21 community events that took place in Androscoggin, Franklin, and Oxford Counties between November 2015 and March 2016. Copies of individual reporting forms (pdf) can be viewed at: <https://www.maine.gov/health/SHNAPP/Pages/District-3-Western-Maine.aspx> by looking under the Community Engagement header and clicking on the forum or event of interest.

### Community Forums

Oxford County Forum	1/23/2016	Bethel
Oxford County Forum	1/25/2016	South Paris
Oxford County Forum	2/2/2016	Rumford
Carrabassett Valley Community Forum	2/22/2016	Carrabassett Valley Library
Androscoggin County Forum-Lewiston	3/14/2016	Lewiston Public Library
Spruce Mountain CHNA Forum	3/17/2016	Jay
Androscoggin Community Forum-Auburn	3/22/2016	Auburn City Hall
<b>Total Attending Forums:</b>		<b>270</b>

### Community Events

Androscoggin Chamber of Commerce	11/17/2015	Chamber of Commerce, Lewiston
Central Maine Healthcare Management Group	11/23/2015	Central ME Medical Center, Lewiston
Tri County Mental Health Board of Directors (serving Androscoggin, Cumberland, & Franklin Counties)	12/15/2015	Social Learning Center, Lewiston
St. Mary's Planning Committee	1/6/2016	St. Mary's Regional Medical Center, Lewiston
Healthy Androscoggin staff	1/11/2016	124 Lisbon St., Lewiston
Elder Abuse Task Force	1/15/2016	Seniors Plus, Lewiston
Healthy Androscoggin Board of Directors	1/21/2016	Healthy Androscoggin, Lewiston
Community Clinical Services Board Meeting	1/25/2016	B Street Health Center, Lewiston
Healthy Oxford Hills Coalition Meeting	1/26/2016	Norway
Tri County Mental Health Services Joint Leadership Team (serving Oxford & Androscoggin Counties)	2/3/2016	Community Concepts Conference Room
La Recontre	2/11/2016	Franco Center, Lewiston
Primary Care Service	2/11/2016	Franklin Memorial Hospital, Farmington
University of Maine Key Informant Interview	2/24/16	UMF, Farmington
Jay, Livermore Falls, Livermore Chamber of Commerce	3/3/2016	LaFleurs Resturant, Jay



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**Community Events (continued)**

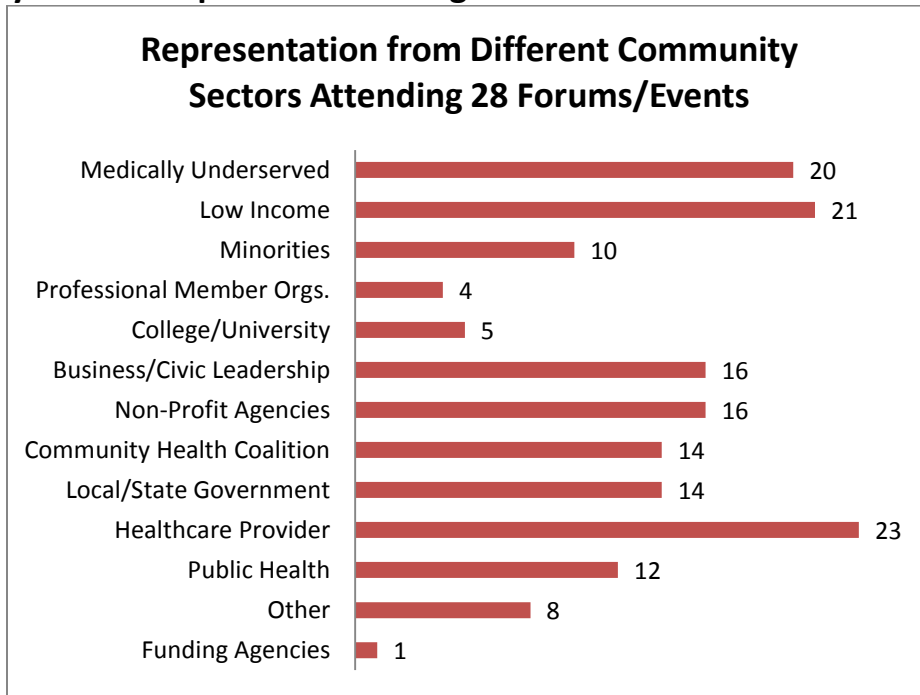
Sandcastle Clinical & Educational Services & LA Hearing Center	3/9/2016	Lewiston
Franklin Resource Collaborative	3/9/2016	Farmington
Androscoggin -Maine Military Community Network	3/23/2016	1155 Lisbon Street, Lewiston
St. Mary's HIV Case Management (survey)	3/24/2016	Lewiston
Franklin County Children's Task Force Key Informant Interview	3/2016	Franklin Memorial Hospital, Farmington
RSU 9 Key Informant Interview	3/2016	Mt. Blue High School, Farmington
RSU 73 Key Informant Interview	3/2016	Spruce Mountain School District, Jay

**Total Attending Events: 557**

**Total Attending Forums & Events 827**

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

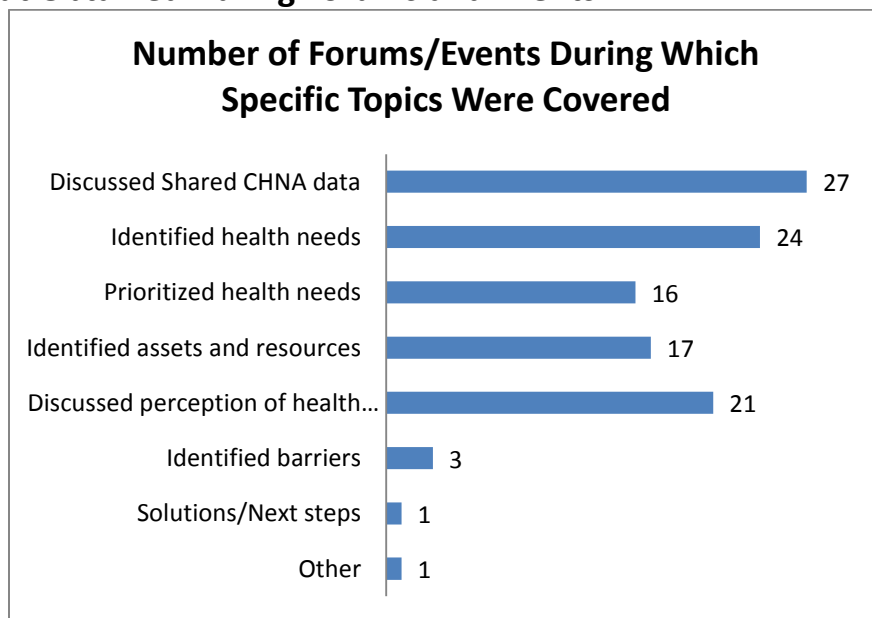
### Community Sectors Represented During Forums and Events



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

“Other” included: People with HIV/AIDS, Attorney, Seniors/Retired, Schools/Superintendents, Clergy, Media, Child Protective Services, Parents (child with disabilities), Healthcare administration, Law enforcement

### Type of Input Obtained During Forums and Events



“Other” included: Needs specific to the veteran population

## Community Forums

These forums, organized and co-led by Maine CDC DLs 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

Reporting from the forms submitted for two of the three counties in the Western Public Health District did not provide details on the items above. However, highlights from discussions from all forums were noted:

- There was general agreement with the stakeholder survey results regarding **Health Issues and Health Factors**:
  - Physical Activity and Nutrition, including Obesity (mentioned within all 3 counties)
  - Substance Abuse (mentioned within all 3 counties)
  - Mental Health (mentioned in 2 counties)
  - Poverty (mentioned in 1 county)
  - Transportation (mentioned in 1 county)
- Other **Health Issues** Identified by Forum Participants:
  - Oral health/Dental care and access to services (mentioned within all 3 counties)
  - Aging (mentioned in 1 county)
  - Physical disabilities (mentioned in 1 county)
  - Mental health (mentioned in 1 county)
  - Smoking (mentioned in 1 county)
  - Chronic disease such as hypertension, cardiovascular disease (mentioned in 1 county)
  - Eye care (mentioned in 1 county)
  - Aging (mentioned in 1 county)
  - Lead poisoning (mentioned in 1 county)
  - Sexual/Reproductive health, including teen pregnancy and STDs (mentioned in 1 county)
  - Health care access (mentioned in 1 county)
- Other **Health Factors** Identified by Forum Participants:
  - Interpersonal Violence such as ACEs, domestic violence, sexual assault, bullying (mentioned within all 3 counties)
  - Poverty (mentioned in 2 counties)
  - Health Literacy (mentioned in 2 counties)
  - Employment/Livable wages (mentioned in 2 counties)
  - Transportation (mentioned in 1 county)
  - Preventive services (mentioned in 1 county)
  - Urgent care access (mentioned in 1 county)
  - Policy (mentioned in 1 county)
  - Safe housing (mentioned in 1 county)
  - Affordable health care (mentioned in 1 county)
  - Co-morbidities and interrelation of top issues

- In general, address poverty, create jobs, promote access to transportation, reduce stigma (against poverty, substance abuse, mental health), and focus on youth. Ensure better continuity of care and generate resources to address interpersonal violence and access to dental care.
- Within the district, there are areas with a **connected community**, neighbors who take care of neighbors. In some parts of the district, people are **well educated and can afford to pay for what they need**. While some areas have a **strong set of resources, it was noted that many individuals in need did not know the resources or how to access them**.
- In addition to continued community conversations and problem-solving, next steps included creating a comprehensive resource guide and having community health workers/navigators assist people in getting needs met.

## Community Events

These events were organized and carried out by community stakeholders (including Maine CDC DLs, SHNAPP hospital employees, or others who sat on local community engagement committees). Typically already formed groups or organizations held 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 Events:

- Substance abuse (13 of 21 events)
- Mental health/Depression (12 of 21 events)
- Obesity, including Physical activity/Nutrition (10 of 21 events)
- Poverty (9 of 21 events)
- Lack of transportation (5 of 21 events)
- Child abuse and neglect and children's exposure to parent's drug and alcohol abuse (5 of 21 events)
- Drug affected babies (3 of 21 events)
- Dental care (3 of 21 events)
- Diabetes (3 of 21 events)
- STDs/Chlamydia/Gonorrhea (3 of 21 events)
- Current care delivery system/Access to services; Lack of safe, affordable housing and heat; Stress; Lack of education; Hearing; Dementia; Medical management (2 of 21 events each)
- Asthma; Injuries/Falls; Environmental tobacco smoke; Childhood disabilities; Heart disease; Bedbugs; Disintegration of family; No jobs/High unemployment; HIV/AIDS; Suicide (as a consequence of poverty); Medication use and affordability; Need for updated/current county-level resource directory; Health advocate to answer phone line, coordinate services, make referrals. (1 of 21 events each)

### Assets and resources identified during events:

- Strong community connections in areas of the district
- Ambulance services home-visit program in areas of the district
- Some areas are rich in resources but there may be some inefficiencies in how these resources are distributed as well as a general lack of knowledge about what those resources offer, on the part of providers
- St. Mary's Hospital (Lewiston) has a program for drug-affected babies

**Additional Themes Identified During Events:**

- Higher rates of hospitalization for substance abuse are a reflection of resource location (noted within 2 of the counties)
- To address substance abuse, prescribing practices need better regulation and we need increased funding and access for treatment (noted within 2 of the counties)
- Significant concern expressed over rising rates of babies born drug dependent
- Need for more collaboration
- Multifactorial elements of chronic mental illness (can lead to obesity, diabetes, other medical conditions)
- Specific information on New American health issues is needed
- Access to care: Even if people have insurance they don't know how to access care or have transportation
- Nutrition has a direct correlation with educational attainment – good data is important
- Concern regarding increased rates of STDs
- Significant concern over limited access to dentistry as well as sedation dentistry for specific populations who have experienced trauma or are cognitively limited
- Hearing was also identified as an unmet need
- Coalition members prefer more current data and will seek it on the top health issues identified by the group and share it with local non-profit hospitals