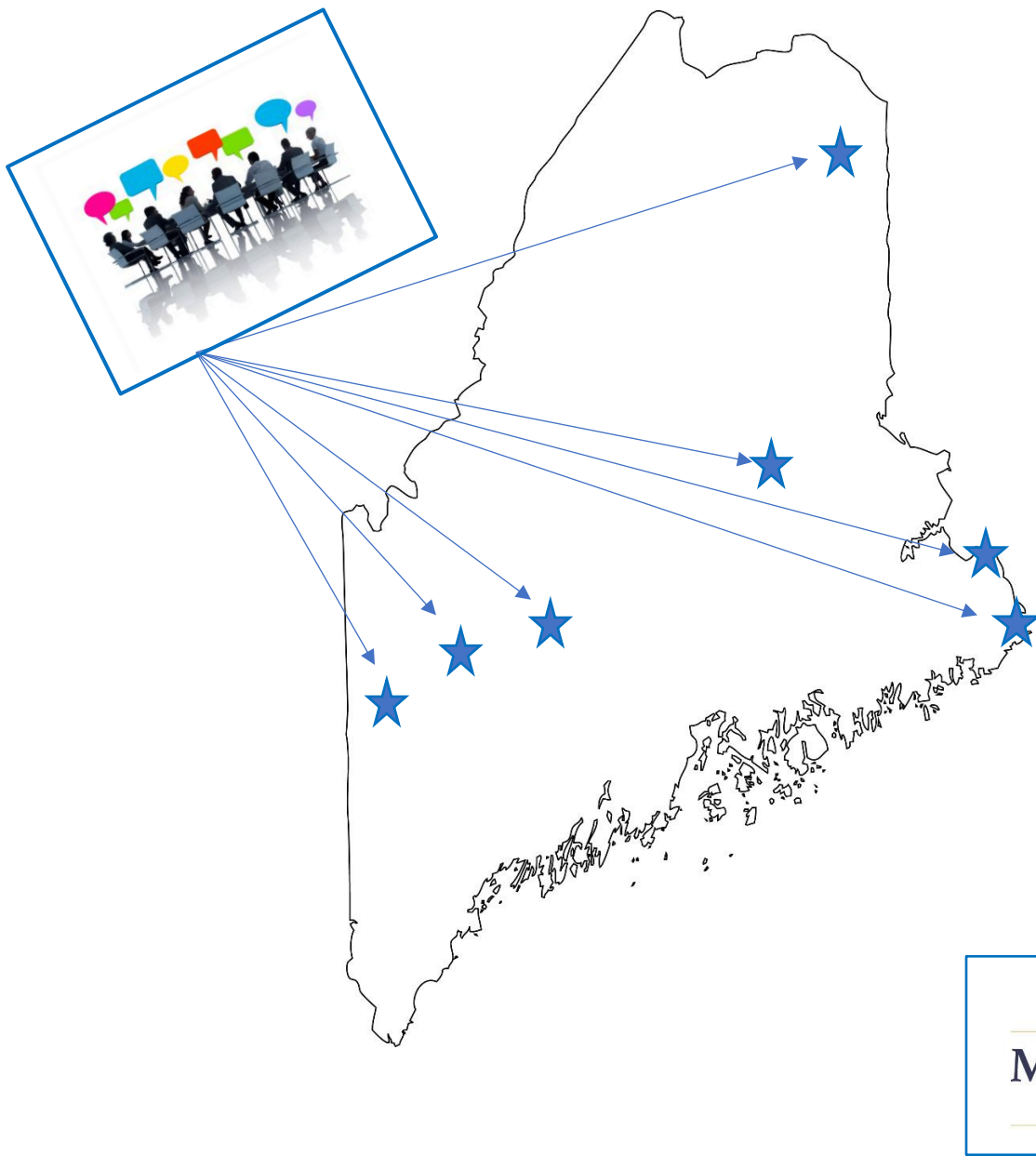


Listening to Maine's Rural Communities

Challenges, Needs, and Ideas for Improving Rural Health and Health Care

Summary of Rural Health Listening Sessions
August 2019 – January 2020



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Acknowledgements

This project was designed and led by the Maine Department of Health and Human Services in support of its Rural Health Initiative. Financial and logistical support was provided by the Maine Health Access Foundation and the Maine CDC, Office of Rural Health, Primary Care & Oral Health.

Listening sessions were facilitated by Carole Martin of Carole Martin Consulting and Carol Kelly of Pivot Point, Inc. Participants included:

- Jeanne Lambrew, *Commissioner, Maine Department of Health and Human Services*
- Lisa Letourneau, *Maine Department of Health and Human Services*
- Nicole Breton, *Maine Center for Disease Control and Prevention, Office of Rural Health*
- Sara Gagne-Holmes, *Maine Department of Health and Human Services*
- Molly Bogart, *Maine Department of Health and Human Services*
- Megan Garratt-Reed, *Maine Department of Health and Human Services*
- Nathan Morse, *Maine Center for Disease Control and Prevention, Office of Rural Health*
- Charles Dwyer, *Maine Health Access Foundation*



Challenges and Opportunities

A Growing Rural Health Crisis

Maine's rural communities face a growing crisis in meeting the health care needs of their residents. Over the past decade, many rural communities have experienced an erosion of fundamental health services, growing financial threats to their hospitals, and challenges to sustaining their medical, emergency, and public health workforces. The collective result is a serious threat to the economic, physical, mental, and behavioral health of rural residents. The limitations of current payment structures and rules will require us to develop new approaches and creative ways to organize, finance, and deliver rural health services to create a sustainable and high-performing rural health system that better meets the needs of Maine's rural residents.

A New Opportunity for Collaborative Action: Maine's Rural Health Transformation Team

Maine is well-positioned to successfully address this challenge by building on the collective efforts and expertise already present and underway in many areas of the state. Most significantly, Governor Janet Mills and Department of Health and Human Services (DHHS) Commissioner Jeanne Lambrew have convened a Rural Health Transformation Team, a multi-sector group with deep expertise and experience, to assist in the design and implementation of new and innovative models of care and workforce assurance that improve rural health and meet the needs of Maine's rural population and unique rural communities.

Understanding Community Needs through Rural Health Listening Sessions

In order to better understand the needs of rural communities and inform Maine's rural health transformation efforts, the Department, with support from the Maine Health Access Foundation, led a series of seven Rural Health Listening Sessions between August 2019 and January 2020. In partnership with local healthcare organizations, these events were designed to hear directly from those living and working in rural areas about what matters most, what's working well, what challenges they are facing, what could make things better, and what are the highest priority solutions that should be pursued.

Listening Sessions were held in:

- Caribou on August 12, 2019
- Calais on August 26, 2019
- Farmington on September 10, 2019
- Lincoln on September 30, 2019
- Bethel on October 29, 2019
- Eastport on December 30, 2019
- Skowhegan on January 14, 2020

Listening Session locations were chosen based on each community's particular situation and challenges, including loss of essential services, financial instability, closure of key infrastructure components, and the risk for further destabilization of systems, services, or supports. Information on the Listening Sessions was posted on the DHHS website and circulated through various list serves. Between 20 and 50 community members participated in each of the Listening Sessions, bringing the voices of over 250 individuals into this effort.

Participants tended to be professionals and stakeholders with vested interests in the local health system. Because sessions were in the evening, attendance may have been skewed away from people with family obligations or transportation challenges. As such, the information described below should not be viewed as comprehensive or derived from a carefully designed data collection effort. The views and ideas in this summary do not reflect those of the Department or its Rural Health Transformation Team.

Community Voices

What Matters Most

- Primary care and prevention: whole-patient care to help people stay healthy, including wellness visits, integrated behavioral health care, oral health care, and common screenings.
- Behavioral health treatment: medications and supports for individuals with mental health conditions and/or substance use disorders, including treatment for depression, anxiety, and other psychiatric conditions, as well as treatment for addictions to tobacco, alcohol, opioids, and stimulants.
- Unscheduled and after-hours services, including emergency services, rescue and ambulance services, and pharmacy services
- Specialty services, including maternity care, skilled home-based care, cardiology, physical therapy, and oncology
- Infrastructure and staffing to meet community needs efficiently and effectively across the lifespan, including birthing centers, emergency response, hospital in-patient care, psychiatric care, skilled nursing, home care, and long-term care
- Interrelated services and supports, including social services, transportation, housing security, food security, child care, caregiver supports, and resilience-building for children and adults
- Coordination of care and interrelated supports, including assessments, referrals, communications, and health literacy

Community Assets

- Strong relationships and trust among community leaders
- Community-based organizations and enthusiastic leaders who help to strengthen connections, improve coordination, and advance innovations
- Collaboration among health care providers
- A dedicated workforce
- Age friendly community components
- Recovery Community Centers
- Faith-based community connections
- Creativity and resilience

Community Challenges

- Aging populations
- Large geographic areas
- Pride that prevents community members from asking for help
- Workforce shortages
- Shortages in locally available care, including mental health care, long-term care, and oral health care
- Many community members who are under-insured and have high co-pays
- Limited transportation options
- Housing shortages
- Children with Adverse Childhood Experiences (ACEs)

Ideas for Improving Rural Health and Health Care

- **Support prevention and wellness services in the community.** Ensure access to primary care services, including oral health care, behavioral health care, and resilience-building for children and adults.
- **Improve the affordability and usability of the health care system** by expanding insurance coverage and implementing changes that will make MaineCare easier to use.
- **Ensure access to emergency and urgent care services,** including adequate Emergency Medical Services (EMS) rescue and ambulance transport, as well as opportunities for after-hours unscheduled care.
- **Support hospitals as vital components of the health care system** by advancing payment reform to ensure they are reimbursed for providing essential services to the community.
- **Expand school-based care,** including behavioral health care and oral health care.
- **Build a strong system of home health services for infants and elders,** utilizing both traditional home visiting as well as emerging innovations in service delivery, including community paramedicine, community health workers, and digital health tools.
- **Minimize “patients in the wrong beds”** by pursuing more proactive relocation of patients - especially to home-based care - and providing more local beds for in-patient mental health care, substance use disorder treatment, skilled care, and long-term care.
- **Expand the capacity and utilization of digital health (telehealth) tools and services,** including specialty services, remote patient monitoring, and care coordination.
- **Expand the workforce and attract young people to rural areas** by providing incentives and subsidies, expanding education opportunities, and reinforcing state economic development and business promotion efforts.
- **Expand community transportation systems** to make it easier for patients to access medical care, support services, grocery stores, pharmacies, child care, employment, and other essentials for good health and economic opportunity.
- **Support community-based organizations, partnerships, and relationship-building efforts** to encourage innovation, strengthen multi-sector collaboration, and provide backbone coordination of local programs and services for improving health and productivity.

Conclusion

No two rural communities in Maine are exactly alike – each has its own geography, demography, and history. Despite that reality, these seven Listening Sessions revealed clear themes for what matters most, what’s needed most, and what actions should be prioritized by state and local partners to improve rural health and health care. The ideas generated will help rebuild and transform Maine’s rural health system to meet the needs of rural communities.



Appendix

Listening Session Discussion Guide

- (5 min.) Welcome, housekeeping, agenda, and process
- (10 min.) Thank you and overview from Commissioner Lambrew and staff, including context-setting
- (50 min.) Open forum to raise up:
 - What matters most?
 - What's working well and what are we challenged by?
 - How can things work better?
- (15 min.) Q&A
 - Questions from participants for panel
 - Questions from panel for participants
- (7 min.) What happens next?
 - Communications
 - Engagement
 - Empowerment
- (3 min.) Closing remarks from Commissioner Lambrew

Meeting Notes from Each Listening Session

Caribou, Cary Medical Center, August 12, 2019: [Meeting Report \(PDF\)](#)

Calais, Washington County Community College, August 26, 2019: [Meeting Report \(PDF\)](#)

Farmington, Franklin Memorial Hospital, September 10, 2019: [Meeting Report \(PDF\)](#)

Lincoln, Penobscot Valley Hospital, September 30, 2019: [Meeting Report \(PDF\)](#)

Bethel, Telstar High School, October 29, 2019: [Meeting Report \(PDF\)](#)

Eastport, Eastport Health Care, December 30, 2019: [\(Link will be added when available\)](#)

Skowhegan, Redington Fairview General Hospital, January 14, 2020: [Meeting Report \(PDF\)](#)

For More Information

- Maine Department of Health and Human Services (DHHS):
<https://www.maine.gov/dhhs/>
- Maine Office of Rural Health and Primary Care:
<https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/index.shtml>
- Maine Rural Transformation Initiative:
<https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/hwf/index.shtml>
- Maine Health Access Foundation (MeHAF):
<https://mehaf.org/>