A Scaled Rural Prevention Network: Addressing Food Insecurity in Northern Maine

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CDC Partnerships to Improve Community Health

National Prevention Strategy

1. Healthy & Safe Community Environments
2. Expand Quality Preventive Services
3. Empower People to Make Healthy Choices
4. Eliminate Health Disparities
Overview

• **Network Partners** – Northern Maine Rural Collaborative (NMRC)

• **Regional Context**

• **Health Factors**

• **Food Security Interventions**

• **Results** - Reach, Adoption and Network Engagement
Northern Maine Rural Collaborative Network Partners & Regional Context
Northern Light Health – Serving Maine

Northern Light Health – Serving Maine

Maine Highlands
1. Charles A. Dean Hospital
2. Eastern Maine Medical Center
3. Sebasticook Valley Health
4. Eastern Maine Medical Center
5. Eastern Maine Medical Center
6. Eastern Maine Medical Center
7. Eastern Maine Medical Center
8. Eastern Maine Medical Center
9. Eastern Maine Medical Center
10. Eastern Maine Medical Center
11. Eastern Maine Medical Center
12. Eastern Maine Medical Center
13. Eastern Maine Medical Center
14. Eastern Maine Medical Center
15. Eastern Maine Medical Center
16. Eastern Maine Medical Center
17. Eastern Maine Medical Center

Downeast Acadia
1. Maine Coast Hospital
2. Eastern Maine Medical Center
3. Eastern Maine Medical Center
4. Eastern Maine Medical Center
5. Eastern Maine Medical Center
6. Eastern Maine Medical Center
7. Eastern Maine Medical Center
8. Eastern Maine Medical Center
9. Eastern Maine Medical Center
10. Eastern Maine Medical Center
11. Eastern Maine Medical Center
12. Eastern Maine Medical Center
13. Eastern Maine Medical Center
14. Eastern Maine Medical Center
15. Eastern Maine Medical Center
16. Eastern Maine Medical Center
17. Eastern Maine Medical Center

Kennebec Valley
1. Sebec Valley Health
2. Sebec Valley Health
3. Sebec Valley Health
4. Sebec Valley Health
5. Sebec Valley Health
6. Sebec Valley Health
7. Sebec Valley Health
8. Sebec Valley Health
9. Sebec Valley Health
10. Sebec Valley Health
11. Sebec Valley Health
12. Sebec Valley Health
13. Sebec Valley Health
14. Sebec Valley Health
15. Sebec Valley Health
16. Sebec Valley Health
17. Sebec Valley Health

Southern
1. Mercy Hospital
2. Mercy Hospital
3. Mercy Hospital
4. Mercy Hospital
5. Mercy Hospital
6. Mercy Hospital
7. Mercy Hospital
8. Mercy Hospital
9. Mercy Hospital
10. Mercy Hospital
11. Mercy Hospital
12. Mercy Hospital
13. Mercy Hospital
14. Mercy Hospital
15. Mercy Hospital
16. Mercy Hospital
17. Mercy Hospital
Northern Maine Rural Collaborative
Network Partners

- Aroostook County Action Program
- Power of Prevention
- Mayo Community Outreach
- Millinocket Regional Hospital
- Healthy Acadia
- Good Shepherd Food Bank
- EMMC Clinical Research Center
- Coastal Healthcare Alliance
- Bangor Public Health
- Healthy Sebasticook Valley
- Somerset Public Health
- VNA Home Health Hospice
- United Way of Eastern Maine
- USM Muskie School of Public Service

415,000 Lives
Northern Maine Rural Collaborative

Shared Network Goals

1. **Prevent Chronic Disease** using evidence-based population level strategies

2. **Link Community & Clinical Partners** to better connect patients with community supports

3. **Foster a Prevention Network** that could rapidly scale rural community health improvement
Population Health Factors & Disparities
Why Northern Maine?
Health Gaps – Excess Chronic Disease

Excess Chronic Disease Morbidity & Mortality
Demographic, Environmental & Behavioral Risk

- Aging
- Poverty/Household Income
- Cancer
- Food Insecurity

University of Wisconsin, Population Health Institutes Health Gaps Report 2015
Health Gaps – Food Insecurity in the Maine

Low or Very Low Food Security

Prevalence Rates:

USA: 11.3% 13.0%
Maine: 12.9% 16.4%

Food Security Interventions
Intervention Strategy
Changing the Context for Health (PSE)

1. **Food Pantry System**
   Strengthen the rural food security network

2. **Healthier Hospital Food Service**
   Source & serve healthier foods

3. **Hunger Screening & Referral**
   Clinical-community connections
Food Insecurity Screening & Referral
Community Food & Nutrition Resources

Community partner outreach - laying the groundwork, building relationships, educating & assisting providers

*Eastern Area Agency on Aging*
*Good Shepherd Food Bank*
*County Resource Guides*
The Hunger Vital Sign™ identifies individuals and families as being at risk if they answer that either of the following two statements is ‘often true’ or ‘sometimes true’:

1. “Within the past 12 months we worried whether our food would run out before we got money to buy more.”

2. “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”
Results
Reach, Adoption and Network Engagement
REACH - Food Insecurity Screening and Referral
52 Screening Sites, 7 Counties

Screening Sites
- Community Organization: 15
- Dental Clinic: 1
- FQHC: 10
- Hospital: 4
- Primary Care Practice: 19
- VNA: 3

Counties by Food Insecurity Rate (2015)
- 16.6% to 16.8%
- 16.5% to 16.6%
- 16.0% to 16.5%
- 15.8% to 16.0%
- 14.4% to 15.8%
ADOPTION - Healthcare Providers Activated

Total Providers by Quarter (12 mos)

- Year2Q4: 16
- Year3Q1: 46
- Year3Q2: 66
- Year3Q3: 155
### Food Insecurity Screening & Referral

#### FINDINGS

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<tr>
<th></th>
<th># Sites</th>
<th># Screenings</th>
<th># Positive</th>
<th>% Positive</th>
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<td>Clinical sites</td>
<td>37</td>
<td>59,720</td>
<td>4,049</td>
<td>6.8</td>
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<tr>
<td>Community sites</td>
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<td>1,531</td>
<td>450</td>
<td>29.4</td>
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<td><strong>TOTAL</strong></td>
<td>52</td>
<td>61,254</td>
<td>4,499</td>
<td>7.4</td>
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**Effectiveness**

- Patients screening positive were provided referrals 97% of the time.
- 75.3% of patients with positive screens connected with food resources.
Foster a **Prevention Network** that could rapidly scale rural community health improvement.
“Sharing summits have had really good content. Some of the best information comes from within.”
Scale - Cumulative Prevention Network Reach (3 years)
All Sites, All Interventions

275 Organizations
305,000 Lives
73% of Northern Maine Population
Conclusions

1. Healthcare providers and delivery systems can play a vital role in addressing Food Insecurity and other SDOH (Social Determinants of Health)
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2. Real-time peer practice sharing can accelerate best practice implementation and site adoption
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1. Healthcare providers and delivery systems can play a vital role in addressing Food Insecurity and other SDOH (Social Determinants of Health)

2. Real-time peer practice sharing can accelerate best practice implementation and site adoption

3. Accountable rural prevention networks can create scaled value for patients and communities
Thank You

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