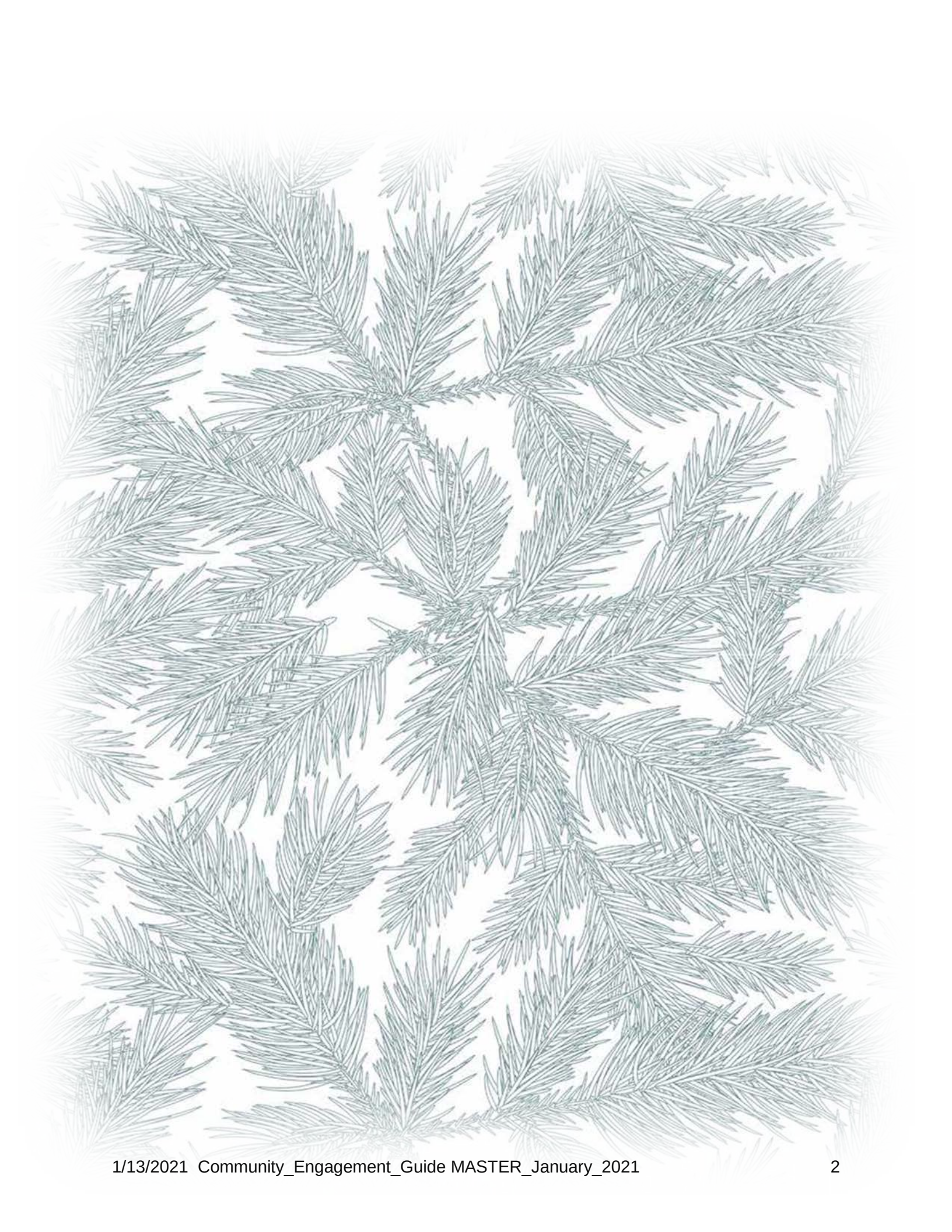
COMMUNITY ENGAGEMENT GUIDE 2021

Maine Shared Community Health Needs Assessment



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OVERVIEW

Vision: The Maine Shared Community Health Needs Assessment helps to turn data into action so that Maine will become the healthiest state in the US.

Mission: The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that
- Creates Shared Community Health Needs Assessment Reports,
- Engages and activates communities, and
- Supports data-driven health improvements for Maine people.

This guide was designed to assist local planning committees in their efforts conducting a community engagement process for the Maine Shared Community Health Needs Assessment (Maine Shared CHNA). The Maine Shared CHNA is a unique public-private statewide collaboration between Central Maine Healthcare (CMHC), Maine Center for Disease Control and Prevention of the Maine Department of Health and Human Services (Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH).

The purpose and goals of the health needs assessment process is to:

- Describe populations and their overall health status.
- Identify the significant health needs of the community.
- Identify contributing factors to poor health.
- Provide a systematic collection and analysis of data and information to be used as a basis for comparison between regions and sound decision-making and action planning.
- Provide a description of the resources potentially available to address the identified significant health needs.
- Include a description of actions taken as a result of the immediately concluded CHNA process.
- Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of, or expertise in, public health. This includes state, local, tribal, and or regional governmental public health department as well as members of medically underserved, low-income, and minority populations or individuals or organizations serving **or** representing the interests of such populations in order to gather data on health inequities and their contributing factors.
- Provide a platform to educate and mobilize communities.

The CHNA will then be documented in a written report and broadly shared in the coming years for use by policymakers, non-profits, businesses, academics, and other community partners.

The CHNA is the primary source for healthcare's Implementation Strategies and the State of Maine's Public Health Accreditation Board (PHAB) requirements.

Governance Structure

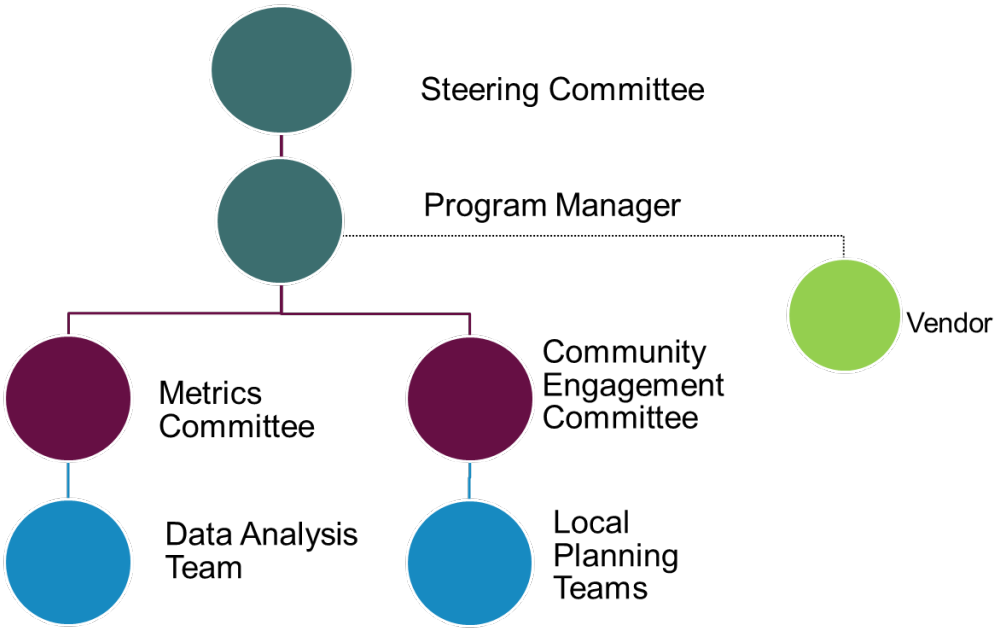
The **Steering Committee** is composed of members from the Maine Shared CHNA collaborative. This group provides stewardship and oversight of the project. The Steering Committee ultimately approves the work produced by the Metrics Committee and the Community Engagement Committee. The Program Manager reports to the Steering Committee.

The **Metrics Committee**

- Creates a common set of population/community health indicators
- Produces a preliminary data analysis plan
- Identifies processes for regularly reviewing indicators to stay abreast of research
- Makes recommendations for annual data-related activities and projected costs associated with recommendations.

The **Community Engagement Committee**

- Ensures an equitable and robust community engagement process
- Coordinates resources (staff time, data collection activities, outreach efforts, etc.,) used in conducting local outreach
- Hosts local community engagement activities
- Assists in collecting information on local participants



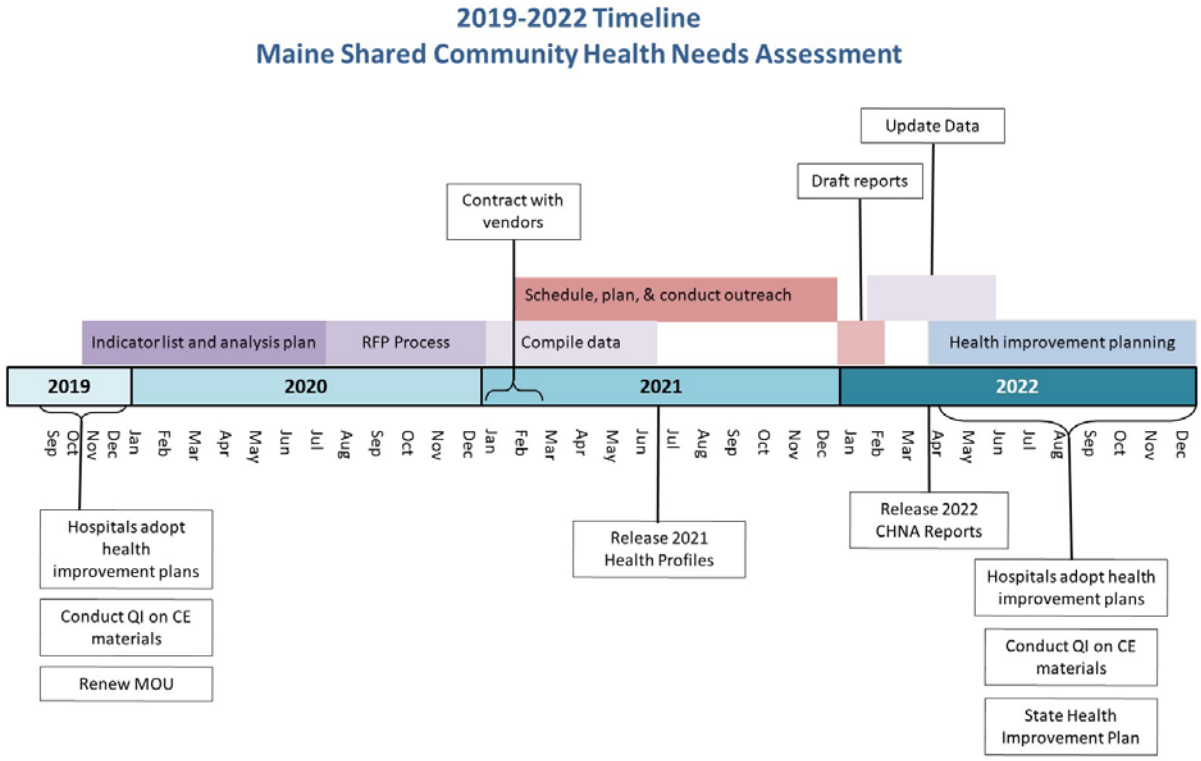
Maine Shared CHNA Process

The Maine Shared CHNA process consists of four major elements:

1. Data Health Profiles
2. Community Engagement
3. CHNA Reports
4. Health Improvement Strategies and Plans

Maine Shared CHNA Timeline

Overall multi-year Maine Shared CHNA Timeline:



Major Milestones

2019 (2 years prior to launch)	
Sep	Conduct Evaluation of previous CHNA process
Oct	Convene CE team to begin QI process
Nov	Convene Metrics Committee-begin data review
2020 (1 year prior to launch)	
June	CE QI Process Review complete and adopted by SC
Jul 30	Data set reviewed, analysis plan complete
2021 (launch year)	
Jan-Feb	Vendors for 2021 CHNA process in place
	Data analyses work group convenes
	Local community engagement co-chairs meet
	Create forum schedule to accommodate shared facilitator
	Secure venue for forums in fall of 2021
	Schedule leadership at forums
Mar	Community Engagement Summit to review process; release *Community Engagement Guide*
Apr	Begin posting all forum locations, dates, and times to website
May	Approve visualization criteria used to choose data for PPTs and HE data sheets
June	Data analyses complete by 6/30
July	Begin visualization selection for PPTs & HE data sheets
	Data visualization selection process complete for all PPTs and HE data sheets
	Registration links posted to website
Aug	All Data Profiles published, Table Facilitator training & technical assistance begins
2022 Final Reports released April 1	

Sept Forums	**Oct Forums**	**Nov Forums**	
Then in:			
Mar	Apr	May	Local teams' first meeting
			Prepare local outreach budget; identify source of support
			Review purpose and goals for forums with team
Apr	May	Jun	Confirm leadership availability
			First draft forum agenda
			Create recruitment plan for table facilitators
May	Jun	Jul	Send 1st *Save the Date* notices w/location/date/time, link to mainechna.org
			Revise forum agenda
			Recruit table facilitators (more than you need)
Jun	Jul	Aug	Send 2nd *Save the Date* notices w/location/date/time
			Recruit table facilitators (more than you need)
Jul	Aug	Sept	Registration opens, send 1st invite with location/date/time and registration
			Recruit table facilitators (more than you need)
Aug	Sept	Oct	Resend registration with links to data and data overview on mainechna.org
			Finalize handouts, speakers comments, roles, & presentations
			Training and technical assistance on table facilitation and reporting
			Finalize for agendas for inclusion in PPTs
			Develop local slides (progress health improvement plans, speakers, etc.)
			Begin targeted outreach
Sept	Oct	Nov	Send final reminders with location/date/time/data reports/registration links
			Print and collate attendee packets
			Confirm technology needs are met
			Print registration attendance sheet
			Print sign-in sheet for walk-ins
Oct	Nov	Dec	Upload follow up materials.
			Conduct any additional outreach and upload results

IRS-PHAB Requirements

The Maine Shared Community Health Needs Assessment (CHNA) is a community health collaborative like no other in the nation that dates back to 2007. From the beginning, the Maine Shared CHNA collaborative recognized the value of banding together to assess our communities and share findings to improve our health. Today, this process also meets accreditation and legal obligations. Public health departments (i.e.: the Maine CDC, and the City of Portland) are guided by requirements from the Public Health Accreditation Board (PHAB). Hospitals are guided by the Internal Revenue Service (IRS) guidelines as set forth by the Affordable Care Act. Below is a list of common requirements that inform the Maine Shared CHNA:

Timing	At least every 3 years. This is the 4th triennial effort (2010, 2015-2016, 2018-2019, and now 2021-2022).
Collaboration	Highly encouraged by both the PHAB and IRS
Service Area	This combined effort involves the entire state. This includes hospital service areas as well as Public Health Districts.
Partners	Must include input from: • Public Health professionals • Government • Public Health department staff • Medically underserved or organizations who serve them • Low income population or organizations who serve them • Minority populations or organizations who serve them
Requirements	• Assess and prioritize top health issues • Compile potential community resources to address health priorities • Lists gaps and or barriers to overcoming identified health priorities • Describe the local challenges in the social determinants of health • Describe the health surveillance system (PHAB) • Include description and examples of how data is being used (PHAB) • Collect comments of previously adopted health improvement plans
Process	Largely undefined on how to gather community input
Documentation	• Meeting minutes, emails, website or other documentation used to collect data and information. • Description of criteria used to identify health priorities and resources • Description of which model or framework was used
Data	• Describe process of identifying data sources, methodology and analysis. • Must include 'context for the population' such as census, employment, income, education, voter registration, transportation, parks, housing stock, home values, etc. • Must include primary data collection through either surveys, focus groups, interviews, or talking circles, for example.
Final Product	• For IRS: written report adopted by a hospital board • For PHAB: Description of how results are to be shared and used; ongoing monitoring and updating of data • For both: opportunity for public comment
Follow-up	• Hospitals use final reports to develop Community Health Improvement Plans • The State of Maine and other health departments use final reports to develop the State Health Improvement Plan.

Data Health Profiles

There will be 16 County Health Profiles, 5 multi-county Public Health District Profiles and 1 Statewide Health Profiles. Other Health Profiles such as City Profiles will be considered on an as-needed basis. The Health Profiles consist of key demographics as well as data on 210 health indicators. County Health Profiles will be released prior to the first community forum to facilitate the distribution to our community partners prior to meeting.

In addition to County and City Data Health Profiles, Health Equity Data Sheets have been compiled. Data has been chosen in collaboration with members of the Maine Shared CHNA Health Equity Work Group to raise awareness on health disparities experienced by various communities across our state.

The successful distribution of these profiles relies upon the outreach and promotional efforts of our community partners. Leveraging organizational e-newsletters, email distribution lists, and contact lists will ensure that our community partners are informed.

Health Profiles will be posted on the Maine Shared CHNA website: (www.mainechna.org). This website also hosts an interactive data portal.

COMMUNITY ENGAGEMENT

Between September and December 2021, local planning committees will host forums and conduct other community outreach to ensure feedback from those who represent the broad interests of the community, including but not limited to the medically underserved, low-income, those who experience health disparities, or minority populations.

The purpose of these activities is to collect the following data:

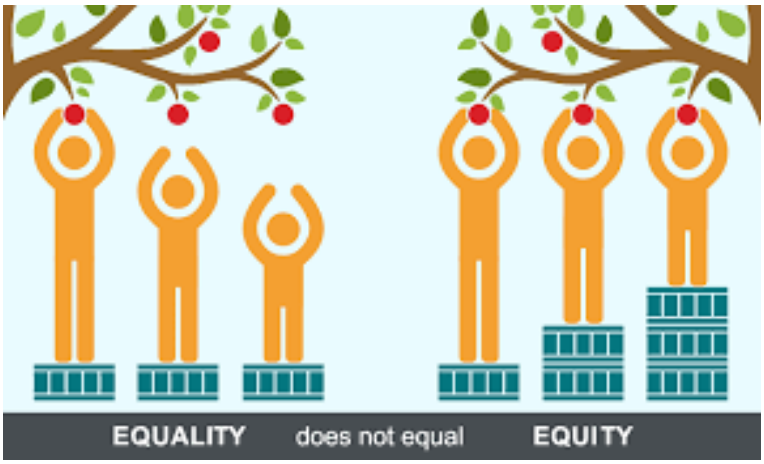
- Community identified health priorities
- Gaps and barriers which must be overcome to address each priority
- Resources potentially available to address each priority

These data must be collected from state, local, tribal, or regional governmental public health department representative, members of medically underserved, low-income, and minority populations or their representatives.

Representation can be in the form of either organizations who work with these populations or individuals with lived experience. Aside from hosting forums, other means of gathering community feedback could include community group presentations, focus groups, key stakeholder interviews, or surveys.

This *Guide* provides detailed steps on those activities that are supported by the Maine Shared Community Health Needs Assessment Collaborative: Community Group Presentations and Forums. Additional guidance on conducting focus groups or key stakeholder interviews is provided as a resource for those interested in pursuing those activities. Please consult with the Maine Shared CHNA program manager should you wish to include those findings in your final county CHNA reports, as capacity to include additional data is limited.

Health Equity



As the graphic depicts, a single outreach method may not work in every community. Therefore the Maine Shared CHNA Health Equity Work Group, made up of members of medically underserved, low-income, and minority populations have worked to identify alternative outreach strategies in order to provide the flexibility needed to conduct an inclusive engagement process.

As of January, 2021, this group is in the process of developing a plan to identify community based organizations we can partner with to conduct these activities. This group will also guide the development of a set of criteria to identify health disparities data, the context in which to share that data, and participated in the development of the final CHNA reports which incorporate both the quantitative and qualitative data collected.

Community Group Presentations

Necessary lead time:	1-3 months depending on agenda development process for your community group. If planning an in-person event, consider any advance time you will need to reserve a space
Preparation time:	1-2 hours
Meeting length:	1 hour
Follow up time:	1-2 hours
Number of participants:	10-25
Event Sponsors	Maine Shared CHNA (data collection) in collaboration with independent community leads (host and facilitation) for 10-12 events, otherwise an independent community lead event.

Purpose: To foster robust community conversations during community based organizations' regularly scheduled meetings. This strategy will help to ensure assessment results represent the broad interest of the community.

Target audience: Groups that are typically underrepresented during broad community forums.

This section is currently under construction in collaboration with the Health Equity Work Group

Forums

Necessary lead time:	1-3 months depending on agenda development process for your community group. If planning an in-person event, consider any additional advance time you may need to reserve a meeting space large enough to accommodate your community.
Preparation time:	1-2 hours
Meeting length:	2 hours
Follow up time:	1-2 hours
Number of participants:	10-100
Event Sponsors:	Maine Shared CHNA lead for 16-20 events

Purpose: The purpose of holding a forum is to allow the community the opportunity to provide input on health priorities to shape future health improvement planning efforts. At these events, facilitators will review data that describe health outcomes, health behaviors, healthcare access and quality, and the social, community, and physical environments that affect our health. Local community engagement planning committees have the option of scheduling additional forums that they will staff themselves. Below is an outline for various aspects of forum planning and implementation.

The MSCHNA is committed to providing support to at least one (or possibly two if need be) forums in each of the 16 counties. Dates/times/locations are posted on the Maine Shared CHNA website: (www.mainechna.org).

Conducting forums is a collaborative process, with many partners sharing responsibilities and tasks. This section is intended to provide guidance to local planning committees.

Target Audience: Any interested member within a geographic community, typically a county designation.

Forum Agenda

Time Spent	Activity	Speaker/Facilitator
5 minutes	Welcome and introductions	Local Facilitator
5 minutes	Leadership remarks	TBD
10 minutes	Review previous CHNA Priorities and activities since last effort	Local Facilitator
25 minutes	Presentation of key findings from the data	Vendor
55 minutes	Table Break Outs for facilitated discussion on data and then identifying health priorities	Vendor & Local Facilitator(s)
10 minutes	Reconvene and Review	Vendor
10 minutes	Wrap up and next steps	Either the vendor or Local Facilitator

This is a two-hour (120 minute) agenda template. This is the generic agenda from which local teams will work from. Once finalized with local details, this slide will be due from local teams with all other locally developed slides and inserted into all PowerPoints.

Welcome and introductions (5 minutes)

Hosts, local facilitators, or planning committees should:

- Welcome and thank attendees
- Review , housekeeping details
- Introduce local leadership.

Leadership remarks (5 minutes)

Should your event include local leadership, below are a few suggested talking points:

- The **vision** of the Maine Shared CHNA is to turn data into action so that Maine will become the healthiest state in the US.
- Maine is the only state in the nation where both public and private entities from all sectors of our community have been coming together to prioritize our health needs for over a decade
- Maine Shared Community Health Needs Assessment is a dynamic public private partnership that:
    - Creates Shared Community Health Needs Assessment Reports,
    - Engages and activates communities, and
    - Supports data-driven health improvements for Maine people
- The Maine Shared CHNA is made possible by Central Maine Healthcare (CMHC); Maine Center for Disease Control and Prevention (Maine CDC), MaineGeneral Health (MGH); MaineHealth (MH); and Northern Light Health (NLH).
- This effort satisfies both Public Health Department accreditation requirements as well as hospital IRS requirements under the Affordable Care Act.
- Results of these forums and all other community outreach being conducted this fall will be summarized and published in reports due in March of 2022.
- These reports will be used to craft the State Health Improvement Plan as well as hospital implementation strategies.
- The County Health Profiles, PowerPoints, handouts and final reports can be found on the Maine Shared CHNA website (www.mainechna.org).
- Handouts and materials will be posted on the Maine Shared CHNA website (www.mainechna.org)
- Thank participants for using their valuable time to be a part of this process and the local planning teams and hosts for making this even possible.

Review previous priorities (10 minutes)

In order to assist participants in understanding this is part of an ongoing process of assessment and health improvement planning, local teams will present their efforts to date on plans developed as a result of the previous community health needs assessment process.

Presentation of key findings (25 minutes)

The vendor or another locally chosen facilitator presents key findings from the County data.

Table Breakouts (55 minutes)

See *Table Facilitator's Guide* on the following pages for details. Breakout sessions provide an opportunity for participants to share their feedback. The purpose of these small group discussions is to identify up to 4 health priorities, populations at risk, local resources to address those priorities, and gaps in resources.

Reconvene, Review, & Wrap Up (15 minutes)

Provide an opportunity for all participants to view the final voting results for identified health priorities for the event. Participants also have an opportunity to share their local knowledge for populations at risk, as well as community assets, resources, gaps and needs. Be sure to provide time for filling out evaluations, walking the sticky note gallery, and closing remarks.

Table Facilitator's Guide

Role of Table Facilitator

- Guide group discussion.
- Guide prioritization of 3-4 health priorities.
- Record discussion themes on the *Table Discussion Worksheet*.
- Guide process to record potential gaps and resources to address identified health priorities.
- Seek assistance from forum facilitator for any questions and concerns about the data.

Role of Scribe

- Record discussion highlights.
- Record results from participants' *Priority Handout* onto the *Health Prioritization Worksheet*.
- Use a laptop whenever possible to create an electronic record of discussion highlights and priority results.

Role of Table Participants

- Ask clarifying questions.
- Speak from personal experience and observation.
- Respect the viewpoints of others.
- Check off health indicators of concern on the *Priority Handout*
- Record input on the 3x3 sticky notes when prompted by your table facilitator.
- Respect each other's varying levels of data literacy. Save overly technical questions for follow up later.

Table Breakout Process

Once table participants are seated, conduct quick round of introductions. Share the ground rules such as:

- This is an open discussion.
- All views are accepted.
- To listen and speak in equal measure, and;
- Be open to learning about data or situations beyond their personal experience.

Facilitator reviews the purpose of the discussion: to identify 3-4 health priorities and any resources or gaps related to each of those priorities, and learn more about populations at risk.

Review the materials in participant's meeting packets:

- County Health Profile
- *Priority Handout*
- Health Equity Data Sheets
- PowerPoint presentation (if made available—local decision)
- Handout of past priorities and their strategies (if made available—local decision)
- 3x3 sticky notes to record gaps and resources for each priority
- *Participant Evaluation Form*

Table Discussions (10 minutes)

Once introductions, ground rules, purpose and materials are reviewed, the facilitator should lead the group in a discussion. Please use the *Table Discussion Worksheet* to take notes.

Choosing priorities (15 minutes)

1. *What do you see as the top health issues in your community?"* Think about:
    - *The **data.** Specifically, the **size** (number of people affected), the **seriousness** (how sick people can get), **trends** (is it getting worse or better?), **equity** (are some groups affected more than others?)*
    - ***Past priorities***
    - ***Interventions** (what's working now?)*
    - ***Values** (does your community care about it?)*
    - ***Resources**, (can you build on current work or is there available funding?)*

    Refer to *Priority Handout*.

    - Ask participants to check the particular health issues they see as a priority in the first column labeled **Health Indicators**. Inform participants you will be collecting these worksheets at the end in order to include their feedback in the final reports. Point out there is a space provided for 'Other' on the handout and there is more than one page.

    - After about 5 minutes, go around the table and ask participants to share which indicators they checked and why. Record feedback on the *Table Discussion Worksheet,* Section 2.

2. After participants have had an opportunity to share the reasons for checking their indicators, provide them with the opportunity circle up to four topics from the second column labeled **Topic**. These are their votes for the top health priority in their county. Remind them there is a space provided for 'Other' on the handout. Also remind participants when considering health priorities, it is helpful to take into account:

    - *The **Topic** which contains the most **Health Indicators** they checked.*
    - *The **data.** Specifically, the **size** (number of people affected), the **seriousness** (how sick people can get), **trends** (is it getting worse or better?), **equity** (are some groups affected more than others?)*
    - ***Past priorities***
    - ***Interventions** (what's working now?)*
    - ***Values** (does your community care about it?)*
    - ***Resources**, (can you build on current work or is there available funding?)*

    Once everyone has had an opportunity to circle up to four health topics, go around the table and ask participants to share the Topics they circled. Record the results on the *Health Prioritization Worksheet*, noting the number of times each participant mentions a topic. Some will mention the same topic more than once. There may not be a consensus on which topics are a priority among the group. That is OK. Their votes will be combined with votes from other tables for an event total. Event totals from across the county will be combined for a total count.

Sticky note exercise (15 minutes):

Now we are going to ask you to share your knowledge of who is at risk, community assets as well as gaps and barriers related to the health priorities we just identified. When we are done, you will have 2 sets of sticky notes for each Topic you choose. I'll walk us through each set of sticky notes one at a time. It is OK not to write a sticky note for every Topic.

Ask participants to hold onto their sticky notes until the very end of the forum when they will have a chance to place them on corresponding flip charts.

1. **Identifying assets** (5 minutes):
   On your 3x3 sticky notes, write down any community assets (also called resources) that could be potentially be used to address the health priorities we identified. One asset and one priority per sticky note. Be sure each sticky note also lists the priority. This could include known interventions, funding sources, or high value the community places on addressing this health priority.

2. **Identifying gaps and barriers** (5 minutes):
   On your 3x3 sticky notes, write down the gaps and/or barriers you have seen or experienced relating to the health priorities we identified. One gap/barrier and one priority per sticky note. Be sure each sticky note also lists the priority. This could include lack of known interventions, funding sources, or community value placed on addressing this health priority.

Table Discussion Wrap-up:

- Thank participants for their input and ask them to hold on to their sticky notes for the next full forum activity.
- Reiterate this is just one event and that this process will be repeated over and over, adding the number of votes per each health priority together to determine a final list of county-wide priorities.
- Reassure participants that the indicators they checked on their *Priority Handouts,* their feedback, as well as their sticky notes will be used to create a full picture of health priorities in their community in the final reports.
- Request that participants fill out the *Participant Evaluation Form* that includes a section for them to provide any additional feedback they wish to share.
- Collect each participant's *Priority Handout*, and turn them in, along with the *Health Prioritization Worksheet* and the *Table Discussion Worksheet* to the forum facilitator at the end of the table discussions. If the scribe took notes electronically, email the *Table Discussion Worksheet* to info@mainechna.org.
- If participants hand in their *Participant Evaluation Forms* to you, collect them and turn them in to the forum facilitator.

Reconvene, Review & Wrap Up

(15 minutes)

- While tables are working on their sticky notes, facilitators should collect *Priority Handouts, Health Prioritization Worksheets*, and the *Table Discussion Worksheets* notes and begin filling out the Vote Tallying Tool.
- The forum facilitator should have already hung the top of flip charts and places them on the walls around the room either prior to the event or during the table break-out sessions. Prepared flip charts ahead of time. See *Flip Chart* sample.
- Once votes are tallied, insert the total # of votes for each priority on the flip charts.
- Project the voting tally work sheet onto the screen and point to where each sheet is located.
- Ask participants if they have any feedback, reactions, or questions about the list.
- Tell them they will be asked to place their sticky notes on the corresponding health priority flip chart and will have the opportunity to see what others have shared.

But first…

- Reiterate this is just one event and that this process will be repeated over and over, adding the number of votes per each health priority together to determine a final list of county-wide priorities. List future events in the community if known.
- Reassure participants that the indicators they checked on their *Priority Handouts* as well as their sticky notes will be used to create a full picture of health priorities in their community in the final reports.
- Request that participants fill out the *Participation Evaluation Form* that includes a section for them to provide any personal feedback they may have. Direct participants on where to turn them in if they have not already done so.
- Encourage participants to view the sticky notes from other forum attendees before leaving.
- Remind participants (project a final PPT slide with the following information):
    - Final CHNA Reports due end of March, 2022.
    - Health Improvement Plans to follow.
    - Visit www.mainechna.org for follow up materials and more information.
    - Provide local contact information for anyone who wishes to join any future efforts.
- Thank participants for using their valuable time to be a part of this process.

Handouts, Worksheets, and Other Meeting Materials

Event Preparation Checklist

Task	Who	Due
LPT= Local Planning Team**, V**=Vendor**, PM**=Program Manager; **Maine CDC**=Maine Center for Disease Control and Prevention		
Activate Local Planning Teams ☐ Local community engagement co-chairs meet. ☐ Send names and contact information to MSCHNA Program Manager info@mainechna.org. ☐ Identify Key Stakeholder Interview subjects, representative of special populations	LPT	
Identify Forum Dates/Times/Locations: ☐ Collaborate with Program Manager and other local community engagement teams to coordinate sharing of forum facilitation resources. Create a shared statewide calendar. Focus on setting fall dates first in northern counties to avoid weather delays. Aim to cluster forums to limit facilitator travel time between locations. All in-person locations must be ADA accessible.	LPT & PM	
Schedule leadership presenters ☐ Invite hospital and public health leadership to speak at your local forums.	LPT	
Identify needed resources and sources of support ☐ Identify what you may need to pay for and a corresponding source of support: o Translators? o Interpreters? o ASL interpreter? o Closed Captioning? o ADA compliance check? o Food allergies or preferences (if serving food) If unavoidable costs will be incurred (i.e.: translators), District Liaisons are instructed to contact Maine CDC for information on the availability of resources.	LPT	
Locally Produced PowerPoint Slides: ☐ Review and approve data points for visualization ☐ Using the template provided, create: o Slides on outcomes from previous CHNA efforts; o Local sponsor and partner slides (with logos if need be) ▪ Please email all logos in one of the following formats: ai or eps; svg or png (as large as possible) ☐ Slides for Wrap Up and Next Steps ☐ Send locally produced PPT slides to info@mainechna.org.	LPT	
Vendor role in PowerPoint production: ☐ Insert locally produced agenda ☐ Data Visualizations ☐ Incorporate locally produced PPT slides into final PPT ☐ Produce 1 final presentation per county ☐ Produce 10-12 presentations for events in communities experiencing health disparities,	V	
Presenters and volunteers for day of: ☐ Set up and break down team ☐ Outdoor / parking attendant ☐ Table registration (at least 2) ☐ Welcoming remarks ☐ Leadership remarks ☐ Presenter(s) for activities since last CHNA ☐ Flip Chart hangers (at least 2) ☐ Table facilitators (more than you need) ☐ Wrap-up remarks	LPT	

Vendor role in Forum Facilitation: ☐ Present the data ☐ Facilitate reconvening after Table Break-Out		
Forum Materials (LPT): ☐ Registration Table: o Registration print out (one for each registration volunteer) o Blank Sign-in Sheet for walk-ins o Name tags (optional) ☐ Attendee Packets (1 per participant), that includes: o Local specific agenda -- (optional) o *Priority Handout* o *Participant Evaluation Forms* o Data Health Profiles (optional, may be printed by vendor) o Health Equity Data Sheets o Handouts regarding efforts since most previously conducted CHNA (optional) o Printed copies of the PPT (optional) ☐ Table Facilitator Packets (1 per breakout table): o 1 laptop per breakout table for notetaking (if able) o *Table Discussion Worksheets* o *Health Prioritization Worksheet* o Data Definitions o 3x3 sticky notes (~ 10 pieces of paper/notes per participant) o Pens or pencils for each participant (optional) ☐ Prepare Flip Charts. ☐ Food/drink (optional) ☐ Photographer (optional)	LPT *TIP*: Color paper helps to ID forms *TIP*: Create Flip Charts ahead	
Technology Needs (LPT): ☐ Projection equipment (screen, projector, sound system) ☐ Compatible Laptop for projection ☐ Microphone/speakers	LPT	
Forum Materials (V)*: ☐ Data Health Profiles-1 per participant delivered to LPT 1 week prior to forum ☐ Thumb drive with a copy of the PPT presentation as back up ☐ Backup laptop *If an independently facilitated forum, local planning team will be responsible for providing these items.	V	
Save the Date, Invites, and Registration: ☐ Hospital marketing teams, District Liaisons, and community partners are good resources for distribution lists. ☐ See ***required*** Registration Fields on the Registration template ☐ See *Save the Date* and *Event Invitation* templates.	LPT	
Press Releases/Social Media posts: ☐ Each health system or hospital, and the Maine CDC through the DL's should collaborate on engagement of local and social media. See *press release and social media post* templates.	LPT, PM	
Post-Forum Check list: ☐ Please see list of follow up actions in Reporting the Results section.		

Registration

The Registration Template includes the minimum required information necessary for IRS reporting purposes. It is important to capture all information contained in this template to enable hospitals to meet their legal requirements will filling out Form 990, Schedule H. Please note, the photographic release language is provided as a suggestion for local planning committees. It is optional and does not constitute legal advice.

Forum Registration Template

The Maine Shared Community Health Needs Assessment is a dynamic public-private partnership that compiles data and engages and activates our community to discuss health data in order to build plans which address our most pressing health needs. We invite you to join us in this conversation so that together, we can become the healthiest state in the nation.

Please tell us about yourself. This information may be used on a name tag. (*optional)First Name

Last Name
Organization
Job Title
County where you live, work, or play
Email address*
Phone*

We hope to see you at our community forum on <<DATE>>, <<TIME>>, <<LOCATION>>.

- □ Yes, I am attending
- □ No, I cannot attend
- □ Please include me in future emails regarding the Health Needs Assessment

Which community sector do you represent? Check all that apply. (LIST UNDER REVIEW)

- □ Adolescents or youth
- □ Immigrants, refugees, or asylees
- □ LGBTQ+
- □ Low income
- □ Non-English speakers
- □ Older adults (65+)
- □ People with a mental health condition
- □ People with a substance use disorder
- □ People with an impairment or disability
- □ Racial or ethnic minorities
- □ Rural residents
- □ Tribal members
- □ Veterans
- □ Other:_____

Within the community sector you identified, which best describes your role? Check all that apply

- □ Advocacy organization
- □ Agriculture
- □ Armed services
- □ Business/private sector/chamber commerce
- □ Caregiving
- □ College/University/Higher Education
- □ Community
- □ Environmental organization
- □ Faith-based organization
- □ Health Care
- □ K-12
- □ Law enforcement
- □ Legislature
- □ Municipal government
- □ Non-profit serving a vulnerable population
- □ Public Health
- □ State government
- □ Other (please specify)_____

<<OPTIONAL>> I understand that my name, photograph, voice or likeness may be used for all promotional purposes related to the Maine Shared CHNA or any of the partner agencies or organizations. I consent to and authorize, in advance, such use and waive all rights of privacy. I also understand that I will not be entitled to any payment or other form of compensation from any use thereof.*

- □ I understand the above statement
- □ I do not wish to have any images or likeness of myself published in any reports

*For those who do not wish to have their image or likeness published in any reports, please add your name below. We will make accommodations.

Partnering Organizations: <<LIST LOCAL PARTERS>>, with support and guidance from the Maine Shared CHNA collaboration partners: Central Maine Healthcare Maine Center for Disease Control and Prevention, MaineGeneral Health, MaineHealth, and Northern Light Health. PARTNER LOGOS CAN BE PROVIDED UPON REQUEST OR IN RESOURCE PORTAL)

Are you in need of special accommodations? If so, please describe:

Sign-in Sheet Template

Name	Organization	Title	Email*

*Provide your email if you wish to be contacted about future CHNA related activities.

Table Discussion Worksheet

The following information is to be recorded during the first phase of the table breakout sessions. For easy reporting and compiling, please use electronic format, such as a Word doc on a computer for ease of sharing notes.

Facilitator: _____

Date _____

Venue: _____

City: _____

County: _____

Section 1: Data Discussion (10 minutes): The purpose of this discussion is to review the presentation, and to provide an opportunity to collect the opinions of and reactions to the data.

Ask*: After hearing from the presenters, do you have any feedback you wish to share?*

*(*Prompt*: Do you see as solutions or strategies that are working, not working, or would work in your community?)*

(Prompt: Anything in the data that jumped out at you?)

Section 2: Indicators Discussion (5 minutes): The purpose of this discussion is to collect the reasons why participants checked the indicators on the Priority Handout

Ask: *Why did you check off the indicators that you did in column one of the Priority Handout?*

Priority Handout

Health Indicators: check top concerns		Topics: circle 4 Priorities
☐ Rate of uninsured ☐ MaineCare enrollment rates ☐ Adults who have a regular doctor ☐ Adults with regular check ups	☐ Number of primary care providers ☐ Cost of care ☐ Children with a medical home	Access to Care
☐ Rate of cancer deaths (all types) ☐ Types of cancer (colorectal breast lung prostate HPV skin bladder obesity or tobacco-related) ☐ Number of new cases of cancer (all types) ☐ Late-stage cancers (related to screening and early diagnosis) ☐ Screenings: mammograms, cervical, colorectal, late stage lung		Cancer
☐ Stroke or other coronary heart disease deaths ☐ Chronic conditions such as high blood pressure high cholesterol ☐ Aftercare for stroke or heart attack		Cardiovascular Disease
☐ Children with special health care needs ☐ Developmental screening		Children with special health care needs
☐ Rate of diabetes deaths ☐ Number of those identified with diabetes or pre-diabetes ☐ Clinical measures such as eye and foot exams ☐ Diabetes education and management resources		Diabetes
☐ Arthritis ☐ Cognitive decline ☐ Those providing care 20+ hours/week ☐ Other topics that affect elderly people disproportionately		Older Adult Health/Healthy Aging
☐ Well testing ☐ Lead screening	☐ Children with elevated lead levels ☐ Radon testing	Environmental Health
☐ Ambulatory care-sensitive condition hospitalizations (acute episodes that are not stabilized in the emergency room) ☐ Non-emergent emergency department use ☐ Hospital readmissions w/in 30 days of discharge		Health Care Quality
☐ Two-year olds up to date ☐ Flu vaccines ☐ Pneumonia vaccines ☐ Philosophical exemptions among kindergarteners for immunizations ☐ Adolescent vaccines		Immunizations
☐ Number of new cases of intestinal diseases ☐ STD's (Chlamydia, Gonorrhea, HIV, Syphilis)	☐ Tuberculosis ☐ Pertussis ☐ Hepatitis A B or C Lyme disease	Infectious Disease
☐ Firearms ☐ Suicide deaths ☐ Child maltreatment ☐ Rape	☐ Intimate partner violence ☐ Bullying ☐ Self-harm ☐ Violent crime rate	Intentional Injury
☐ Availability of mental health providers ☐ Mental health emergency department usage	☐ Anxiety ☐ Depression ☐ Suicide ideation	Mental Health

☐ Number of available dentists ☐ Visits to a dentist in the past 12 months ☐ Emergency room visits for tooth pain ☐ Tooth loss ☐ Access to dental insurance	Oral Health
☐ Obesity & overweight ☐ Sedentary lifestyle ☐ Meets aerobic physical activity recommendations ☐ Fruit and vegetable consumption ☐ Soda/sports drink consumption ☐ Food insecurity (see also Social Determinants of Health) ☐ Access to healthy foods	Physical Activity Nutrition and Weight
☐ Infant deaths ☐ Low birth weight ☐ Pre-term births ☐ Unintended births ☐ Prenatal care ☐ Teen pregnancy ☐ Smoke or drink during pregnancy ☐ Breastfeeding ☐ C-sections among low-risk births ☐ Drug-affected babies (see also Substance and alcohol use)	Pregnancy and birth outcomes
☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Pneumonia ☐ Chronic lower respiratory disease	Respiratory
☐ Individuals families or children living in poverty ☐ People living in rural areas ☐ Household income ☐ Unemployment ☐ Living in rural areas ☐ 65+ living alone ☐ Access to broadband ☐ No vehicles in household ☐ Long commutes driving alone ☐ Adolescent homelessness ☐ Housing costs as a percentage of income ☐ Food insecurity (See also Physical Activity Nutrition and Weight) ☐ Adverse Childhood Experiences ☐ Children eligible for free or reduced lunch ☐ High school graduation rate	Social Determinants of Health
☐ Drug overdose deaths ☐ Alcohol-induced deaths ☐ Overdoses opiate and other substance use poisonings & hospitalizations ☐ Non-medical prescription drug use ☐ Substance use treatment (needed and not provided) ☐ Marijuana use ☐ Alcohol-impaired driving ☐ Adult chronic heavy drinking ☐ Youth past-30-day and binge drinking ☐ Drug-affected baby referral ☐ Opioid prescribing rates	Substance and alcohol use
☐ Current smokers ☐ Tobacco Helpline Users ☐ Vaping/electronic device use ☐ Second hand smoke exposure	Tobacco
☐ Injury deaths ☐ Fall-related injuries or deaths ☐ Unintentional poisonings ☐ Traffic crashes ☐ Work-related injuries or deaths ☐ Traumatic brain injury ☐ Seatbelt use	Unintentional injury
Other: (please explain)	Other

Health Prioritization Worksheet

Topic	Number of People chose topic
Unintentional Injury	1

Participant Evaluation Form

(UNDER REVIEW)

<<County where event took place>> <<Date of event>> (prefill these prior to distribution)

<<This could be distributed on paper or through an electronic link--local preference.>>

Your feedback will be used to identify further opportunities for input. Thank you for your time today.

	Strongly disagree	Disagree	Agree	Strongly agree
1. The data shared in this forum was presented in a way that I could understand.	❍	❍	❍	❍
2. I had an opportunity to share my opinion about the priority health needs in the community.	❍	❍	❍	❍
3. I understand how the Maine Shared Health Needs Assessment information will be used.	❍	❍	❍	❍
4. The Health Priorities identified during this event are an accurate reflection of the health needs in my community.	❍	❍	❍	❍

I consider myself to be a member and/or a representative of one or more of the following groups (check all that apply): . (LIST UNDER REVIEW)

- □ Adolescents or youth
- □ Immigrants, refugees, or asylees
- □ LGBTQ+
- □ Low income
- □ Non-English speakers
- □ Older adults (65+)
- □ People with a mental health condition
- □ People with a substance use disorder
- □ People with an impairment or disability
- □ Racial or ethnic minorities
- □ Rural residents
- □ Tribal members
- □ Veterans
- □ Other:_____

I consider myself a representative of one or more of the following sectors (check all that apply):

- □ Municipal government
- □ State Government
- □ Legislature
- □ Business/private sector/chamber commerce
- □ Non-profit serving a vulnerable population
- □ Advocacy organization
- □ Agriculture
- □ Education: K-12
- □ Education: Higher Education
- □ Health Care
- □ Public Health
- □ Law enforcement
- □ Armed services
- □ Faith-based organization
- □ Caregiving
- □ Environmental organization
- □ Community
- □ Other (please specify)_____

How did you hear about this event?

Who was not present today that should be contacted to provide further input?

Other feedback you wish to share:

Flip Chart Sample

Health Topic:	# of votes:
Gaps	**Resources**

Virtual Outreach

Whether events are held in person or virtually, the same information needs to be gathered as outlined in the Community Group Presentations and Forums. Ideally, a virtual format will be able to utilize the *Table Discussion Worksheets*, *Priority Handouts*, *Health Prioritization Worksheets*, *Sticky Note Flip Charts*, and the *Participant Evaluation Form* in order to ensure proper data collection.

This section will be finalized in collaboration with Community Engagement vendor and the Maine Shared CHNA Community Engagement Committee.

Additional Guidance

Additional guidance on conducting focus groups or key stakeholder interviews is provided as a resource for those interested in pursuing those activities. Please consult with the Maine Shared CHNA program manager should you wish to include those findings in your final county CHNA reports, as capacity to include additional data is limited.

Focus Groups

Necessary lead time:	1-3 months depending on agenda development process for your community group. If planning an in-person event, consider any advance time you will need to reserve a space
Preparation time:	1-2 hours
Meeting length:	1 hour
Follow up time:	1-2 hours
Number of participants:	10-25
Event sponsors:	Independent community lead event

Purpose: Focus groups are small group discussions led by a trained facilitator. Members of the group share opinions about the topic at hand and offer suggestions for action. FMI: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main.

Target Audience: Community members who share common attributes. In this setting, participants will feel more comfortable sharing their feedback.

We encourage focus group facilitators to use the Table Discussion Guide, *Priority Handout*, *Health Prioritization Worksheet*, *Participant Evaluation*, and the *Community Outreach Reporting Tool* included in this *Guide*.

Key Stakeholder Interviews

Necessary lead time:	1- month is typical for finding mutually available times between interviewer and subject.
Preparation time:	1-2 hours
Meeting length:	1 hour
Follow up time:	1-2 hours
Number of participants:	10-25
Event Sponsors:	Independent community lead event

Purpose: To gather input on the priority health needs of specific vulnerable populations that may not be fully represented otherwise. These interviews can help to ensure that the Maine Shared CHNA collects information on the needs of the medically underserved, low-income, and minority populations or others who may experience health disparities served by member hospital facilities as spelled out in the IRS CHNA rules and regulations and PHAB requirements. These rules specify that this feedback can be collected from individuals or organizations serving or representing the interest of such populations. Medically underserved is defined as populations experiencing health disparities or at risk of not receiving adequate medical care due to geographic, language, financial, or other barriers such as being uninsured or underinsured.

Please check with the Maine Shared CHNA Program Manager to ensure there is capacity to include your findings in final CHNA reports prior to planning your interviews.

Interviews can assist the Maine CDC and the City of Portland to meet their Public Health Accreditation Board standards. These standards range from ensuring the dissemination of public health data to the collection of primary data from all sectors of a population served. Local health and planning committees may use this protocol to conduct their own local level interviews. Data collected from these interview are to be reported back using the Key Stakeholder Interview reporting tool.

Interviews are recommended to be 30 minutes in length, and the phrasing and wording of questions may be adapted to language appropriate to the interviewee.

Target audience: Individuals who offer statewide or deep regional/local knowledge of vulnerable populations that can contribute to understanding their particular health needs.

Interviewees will be selected to represent a variety of perspectives of vulnerable populations with a focus on gaining a deeper understanding the needs of the medically underserved, low-income, and minority populations or others who may experience health disparities.

It is recommended to ensure the number of interviews per special population are weighted to address any under-representation in our data collection efforts.

Key Stakeholder Protocols

Introduction Text—for reference in use during recruitment emails, phone calls and interview introduction:

Hello, my name is [_____] and we're here today because we would like your input on the priority health needs from your perspective, the factors that contribute to health that are most important to address, and your current work, or desired work to support health in communities. You have been identified as someone who is able to provide perspective on these factors for those who identify as [_____]. Are you comfortable speaking from this perspective?

First let me tell you a bit about how the information you provide will be used.

The Maine Shared Community Health Needs Assessment is a dynamic public-private partnership that turns data into action in order to 1.] Create Shared Community Health Needs Assessment Reports; 2.] Engage and activate communities, and 3.] Support data-driven health improvement plans and implementation strategies for Maine people.

Please know your feedback and organizational information may be included in final CHNA Reports and published on the Maine Shared CHNA website (www.mainechna.org) No specific names will be listed.

In order to provide a deeper understanding of the data, we would like your input on priority health needs from your perspective, and the factors that contribute to health that are most important to address. We would also like to know about your current work or desired work to support health in our communities.

1) We are interested in learning more about the priority health needs for XX population (reference population(s) of expertise of interviewee). How would you characterize the health needs for this population? How are they different than for the general population?

2) From where you sit and the work you do, what do you feel are the most important health needs to address? Why?

3) What do you see as the major resource gaps (specifically in terms of Social Determinants of Health) with respect to health and wellness for this population?

4) Are you currently working on anything that contributes to community health and wellness for this population? Are there any areas of health you would like to work on in partnership with others?

5) Are there any particular assets or resources to address the needs of this population that can be leveraged?

Thank you for your time today. If you have any further questions or comments you'd like to share, please email (Provide your contact information).

Reporting the Results

Purpose: To collect the following information:

- a description of the significant health needs of the community;
- a description of resources potentially available to address those significant health needs;
- any gaps or barriers that pose a challenge to address, or community members experiences in overcoming those significant health needs
- any feedback on implementation strategies that were implemented since the last CHNA;
- a list of attendees, who ideally represent the broad interest of the community, including but not limited to the medically underserved, low-income, those who experience health disparities, or minority populations. Representation can be in the form of either organizations who work with these populations or individuals with lived experience.

Community Outreach Reporting Tool

The following information is to be reported by the event facilitator. This is an online tool. Please visit (LINK TO COME) to fill this out. The reporting fields are provided here for your reference.

- Facilitators' Name(s):
- Facilitator contact info (in case of questions):
- Date:
- Venue:
- City:
- County:
- Number of participants:
- Was this event open to the community at large?

O Yes O No If no, please describe the event.

Which group did this event primarily represent? Check all that apply. . (LIST UNDER REVIEW)

Tribal members
- □ Veterans
- □ Older adults (65+)
- □ Low income
- □ Non-English speakers
- □ Immigrants, refugees, or asylees
- □ Racial or ethnic minorities
- □ Adolescents or youth
- □ LGBTQ+
- □ Rural residents
- □ People with a mental health condition
- □ People with a substance use disorder
- □ People with an impairment or disability
- □ Other:_____

Which the community sector best describes the audience for this event? Check all that apply.

- □ Municipal government
- □ State Government
- □ Legislature
- □ Business/private sector/chamber commerce
- □ Non-profit serving a vulnerable population
- □ Advocacy organization
- □ Agriculture
- □ K-12
- □ College/University/Higher Education
- □ Health Care
- □ Public Health
- □ Law enforcement
- □ Armed services
- □ Faith-based organization
- □ Caregiving
- □ Environmental organization
- □ Community
- □ Other (please specify)_____

List the top four significant health needs identified at this event and the number of votes for each.

Priority	# of Votes

List any **resources** potentially available to address those significant health needs that were provided by the participants, regardless whether it is from one of the top 4 priorities identified at the event:

Priority	Potential resources

List any **gaps or barriers** that pose a challenge to address, or community member's experience in overcoming the significant health needs by priority provided by the participants, by priority, regardless whether it is from one of the top 4 priorities identified at the event:

Priority	Gaps or barriers

List major themes that arose during either breakout sessions or group discussions. Refer to Table Discussion Worksheets and Participant Evaluation Forms.

List any salient or relevant quotes from event participants as they relate to the identified health priorities:

Please describe any special circumstances that you feel may impact any results from this event:

Additional comments or feedback:

In addition to completing this form, please remember to upload the following materials in the appropriate collection tool as described below:

What	Upload to where:	By Who
Community Outreach Reporting Tool	(URL TK)	Vendor
Table Discussion Worksheets	(URL TK)	Vendor
Priority Handouts	(URL TK)	Vendor
Health Prioritization Worksheets	(URL TK)	Vendor
Participant Evaluations	(URL TK)	Vendor
Photos of Flip Charts with sticky notes	(URL TK)	Vendor
Registrations/Sign In Sheets	(URL TK)	Planning Team
Photos from your event	Drop Box (URL TK)	Planning Team
Handouts for posting to website	(URL TK)	Planning Team

Key Stakeholder Interview Reporting Tool

Please use this form if you have been provided approval to submit your findings from independently conducted Key Stakeholder Interviews to the Maine Shared CHNA county reports. It is best practice to complete this form as soon as practical, following your interview(s).

Name of interview subject: _____
Name of interviewer: _____
Email address of person filling in this form: _____
Date of interview: _____

Description of medically underserved group:

Description of the geographic region the subject represents:

Description of the sector representation:

Open text fields for notes from KSIs to be cut and pasted into for each question.

Post Event Checklist

I. As soon as practical after the conclusion of your event, complete the **Community Outreach Reporting Tool** (LINK TO COME). A template of that tool is provided on the following pages for your reference.

II. Collect and upload the following materials into their respective collection portals:

What	Upload to where:	By Who
Community Outreach Reporting Tool	(URL TK)	Vendor
Table Discussion Worksheets/Notes	(URL TK)	Vendor
Priority Handouts	(URL TK)	Vendor
Health Prioritization Worksheets	(URL TK)	Vendor
PDF's of Participant Evaluations	(URL TK)	Vendor
Photos of Flip Charts with sticky notes	(URL TK)	Vendor
PDF's of Registrations/Sign in Sheets	(URL TK)	Planning Team
Photos of your event	Drop Box (URL TK)	Planning Team
Handouts for posting to website	(URL TK)	Planning Team

Communication

The following template provides the minimum information necessary to promote your events.

Save the Date Template

Save the Date!

<<DAY OF THE WEEK, MONTH, DAY, YEAR>>

<<TIME>>

<<LOCATION IF KNOWN>>

Community Engagement Forum

<<List hosts>> will be hosting a forum for the
Maine Shared Community Health Needs Assessment to present
<<NAME OF COUNTY>> County health data.

We want to hear your thoughts on the health of your community, and together with your neighbors, identify the top health concerns, populations most at risk, as well as resources and gaps to address those concerns.

Look for *County Health Profiles* in your inbox late summer, 2021.

<<insert partner logos here>>

About Maine Shared CHNA

Vision
The Maine Shared Community Health Needs Assessment helps turn data into action so that Maine will become the healthiest state in the U.S.

Mission
The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that:

- *Creates Shared Community Health Needs Assessment Reports;*
- *Engages and activates communities; and*
- *Supports data-driven health improvements for Maine people.*

Learn more at www.mainechna.org.

The Maine Shared CHNA is made possible through the support and collaboration of our signatory partners including Central Maine Healthcare, Maine Center for Disease Control and Prevention, MaineGeneral Health, Maine Health, and the Northern Light Health and countless community partners.

Event Invitation Template

Local planning committees should use a similar format as what is used for the *Save the Date* notices. Event invitations should add:

- a link to your online event registration
- a description of who should attend;
- a link to County Health Profiles, (www.mainechna.org).

Press Release Template: Forum Announcement/Invite

FOR IMMEDIATE RELEASE
[INSERT DATE]

FMI: [NAME]
[PHONE]
[EMAIL]

Public Forum to discuss County Health Profile
Maine Shared Community Health Needs Assessment

[CITY/TOWN OF EVENT], ME— Stakeholders from across [name of county] County will be given an opportunity to shape priorities for community health at a special forum aimed at providing input to the region's public health and healthcare organizations.

The forum will discuss the [name of county] County Health Profile and is scheduled for [date/time] at [location]. The [name of county] County Health Profile contains data that describe health outcomes, health behaviors, healthcare access and quality, and the social, community, and physical environment that affect our health. Previous forums were held in 2011, 2015, and 2018.

[Insert name of event organizer known to community members] said, "We want to share this data and get our neighbors' input about what they see as our biggest health issues. The presentation will also include a list of past priorities and what our partners have been doing to address them."

The event is free and open to the public. To reserve a seat, please register here [insert registration link].

In addition to collecting input on local health priorities, the forum will also collect information about local resources that could help to address those priorities. Forums and other community feedback will be used as guidance to create new, county-specific health improvement plans in the spring of 2022. As in the past, this forum is an important step in the Maine Shared Community Health Needs Assessment (Maine Shared CHNA).

The Maine Shared CHNA process will roll out in three stages:

- ***County Health Profiles*** are scheduled to be released in August, 2021.
- ***Forums and other outreach*** are scheduled to be held between September –December 2021. This includes community presentations, conversations and other input.
- ***Final CHNA reports*** are scheduled to be released in April, 2022. These reports will include a summary of the input collected from our communities.

For more information, go to the Maine Shared CHNA website (www.mainechna.org) for schedules, local contacts, Health Profiles, and an interactive data portal. The website will also host event agendas, handouts, presentations and when available, the final CHNA reports.

This forum is a collaborative effort among [name local partners].

The Maine Shared CHNA is a public-private statewide effort. Funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous in-kind support from the Maine CDC and our community partners.

###

COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS

Maine Shared CHNA Community Health Needs Assessment Reports will be published in April, 2022. There will be a report for each of Maine's 16 Counties, 5 multi-county Public Health Districts, and 1 Statewide Report. Other Reports will be considered on an as-need basis. These reports will include qualitative data on the identified top health concerns, including a summary report of major themes that emerged from the community feedback gathered in the fall of 2021. These reports will inform the creation of health improvement plans.

PUBLIC HEALTH IMPROVEMENT PLANNING

The CHNA reports will be used to craft State Health Improvement Plan(s) as well as hospital implementation strategies.

- Non-profit hospitals must complete what they call either their Implementation Plans or Implementation Strategies and have them adopted by their Board of Trustees according to the fiscal year and deadlines imposed by the IRS.

Please see previous CHNA Reports and Hospital Implementation Strategies here: (https://www.maine.gov/dhhs/Maine CDC/phdata/MaineCHNA/final-CHNA-reports.shtml)