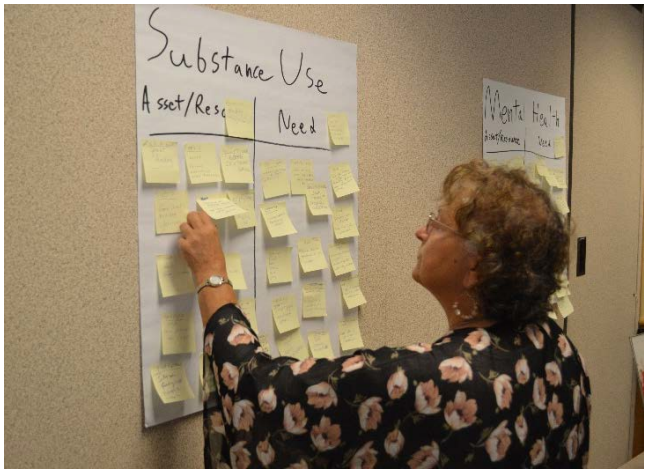
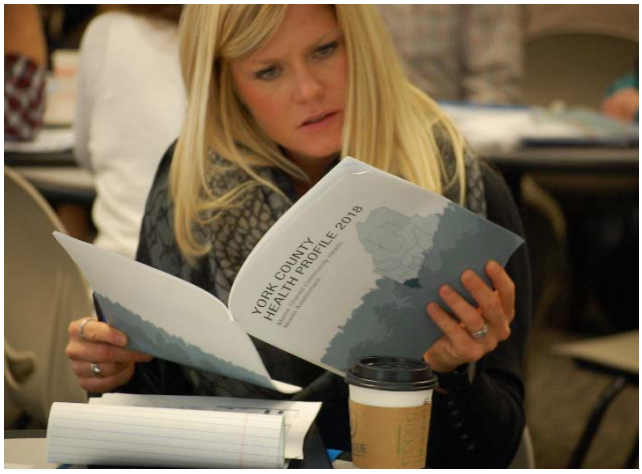
MaineHealth Community Health Needs Assessment Report

September 2019





Executive Summary

MaineHealth

Dear Community Partners,

I am very excited to announce the completion and approval of eight Community Health Improvement Plans for 2019-2021 at each of our MaineHealth local health systems (LHS), including Spring Harbor Hospital/Maine Behavioral Healthcare. The Improvement Plans are based on the results of the Maine Shared Community Health Needs Assessment, community forums held in every region, and the work of each LHS mapping out a three year plan of action. MaineHealth is proud of the work of teams at each LHS, as well as the entire system at MaineHealth and community members in harnessing collective resources to develop these plans.

The findings of the Maine Shared CHNA Reports show **mental health and substance use, social determinants of health,** and **access to care** are among the top health priorities identified in almost every county in the MaineHealth local hospital system, as well as across the state. Other priorities include **healthy aging, obesity/Healthy Eating Active Living (HEAL), tobacco and nicotine use, cardiovascular disease,** and **chronic disease**.

Social determinants of health, which are community and societal factors that negatively influence health, are newly identified as a priority this time. Examples of these include hunger, poverty, transportation, housing, social isolation and Adverse Childhood Experiences (ACEs).

Over the next three years we will strive to work on priorities and strategies laid out in these plans to address our leading health challenges together. All of the Implementation Plans, CHNA Reports, and county health profiles for MaineHealth local health systems can be found at http://www.mainehealth.org/chna Additional information is also available, including an interactive site, Maine Shared CHNA We appreciate the effort, good will, and community support that has contributed to these important reports and we look forward to "working together so our communities are the healthiest in America."

Best regards,

Dora Anne Mills, MD, MPH
Chief Health Improvement Officer
MaineHealth

Executive Summary

Acknowledgements

MaineHealth CHNA Acknowledgements

Thank you to the following individuals who committed their time and expertise to developing their organization's CHNA Implementation Plan for 2019-2021.

Name	Organization
Rachael McCormick Richard Lyon	Coastal Health Alliance
Jennifer McCormack Tracy Harty	Franklin Community Health Network
Cathy Cole	LincolnHealth
Elisabeth Wilson Deb McGill	Maine Medical Center
Susan Ruka Heather Phillips	Memorial Hospital
Susan Keiler Betsy Kelly	Southern Maine Health Care
Melania Turgelsky	Spring Harbor Hospital (Maine Behavioral Health)
Margaret Burns Carl Costanzi	Western Maine Health

Maine Shared CHNA Acknowledgements

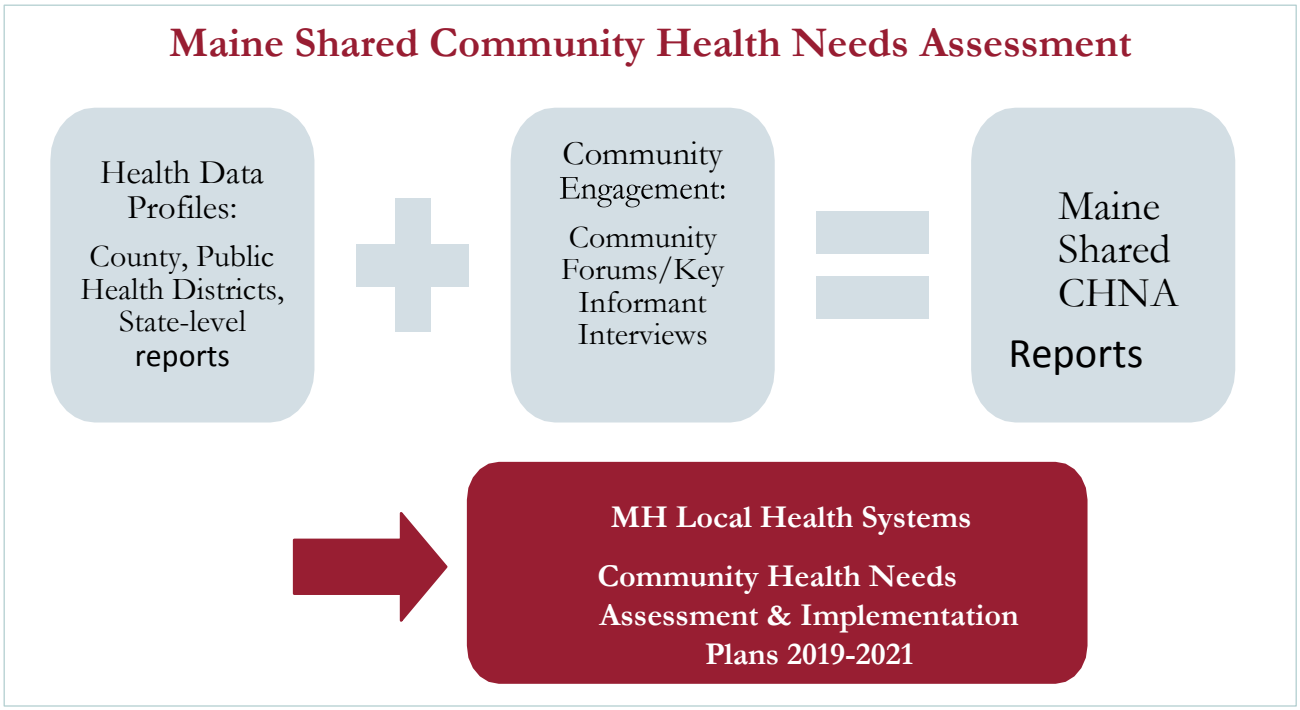
The Maine Shared CHNA is a unique public-private statewide collaborative effort between Central Maine Healthcare, the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services, MaineGeneral Health, MaineHealth and Northern Light Health. Funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous in-kind support from the Maine CDC and community partners.

MaineHealth remains committed to the primary goal of its mission, the continual improvement of the health of communities served. One key process that helps MaineHealth achieve this goal is the rigorous community health needs assessment (CHNA) and planning process completed every three years. The Maine Shared CHNA collaborative has led and completed the bulk of the federally required CHNA components; MaineHealth is one of five members that contribute financial and in-kind resources to the collaborative project.

Maine Shared CHNA Overview

The vision of the Maine Shared CHNA is to help turn data into action so that Maine will become the healthiest state in the America. Its mission is a dynamic public/private partnership that created Shared Community Health Needs Assessment Reports, engages and activates communities and supports data-driven health improvements for Maine people. To access the MaineHealth 2018 Community Health Needs Assessment reports, visit: http://www.mainehealth.org/chna

MaineHealth engaged with various community partners to gather input for the CHNA Implementation Plans. The Maine Shared CHNA was published for each Maine county to highlight current community needs for over 200 health indicators. Large community forums were then hosted across the state to obtain community input in identifying and prioritizing leading health issues. Additionally, key informant interviews and small group discussions were conducted to gather qualitative information about how health issues are impacting vulnerable and underserved populations. As shown below, each local health system used these forums and discussions to create their Community Health Needs Assessment Implementation Plan for 2019-2021.



MaineHealth CHNA Priorities Selected by Local Health System (LHS)

The following criteria were used for selecting the Health Priorities that each local health system will address.

1. **Magnitude of the Problem:** Primary and secondary data from CHNA Health Profiles and community engagement activities are critical in identifying significance of the problem and identifying key priorities.
2. **Potential for Impact:** If resources are limited, priorities that have a higher degree of impact may be selected.
3. **Community Readiness:** The community may be actively involved in a specific health need providing support and/or action on the part of the community.
4. **Available (New) Resources:** State funds, grants, or hospital resources may have been allocated for a priority.
5. **Ongoing Priority** for your health system/community that is not likely to change
6. **Hospital Strategic Goals:** Priority being considered is also a MaineHealth Health Index Priority; a Clinical Leadership Council "System Quality Dashboard" measure; part of LHS's annual objectives for population health, a MaineHealth service line objective; and/or a MaineHealth Accountable Care Organization measure (MHACO).

The priorities chosen by each local health system are shown below.

	Coastal Health Alliance	Franklin Community Health Network	Lincoln Health	Maine Medical Center	Memorial Hospital	Spring Harbor Hospital	Southern Maine Health Care	Western Maine Health	Spring Harbor Hospital/ Maine Behavioral Healthcare
Substance/Opioid Use (Including Tobacco)									
Mental Health (Including ACEs)							Included in SDOH		
Obesity (Including Diabetes)									
Healthy Aging									
Social Determinants of Health (Food Insecurity, Transportation, Access)	Included in other priorities	Included in Access and Poverty	Included in other priorities			Included in Access			Included in other priorities
Access to Care									
Poverty									

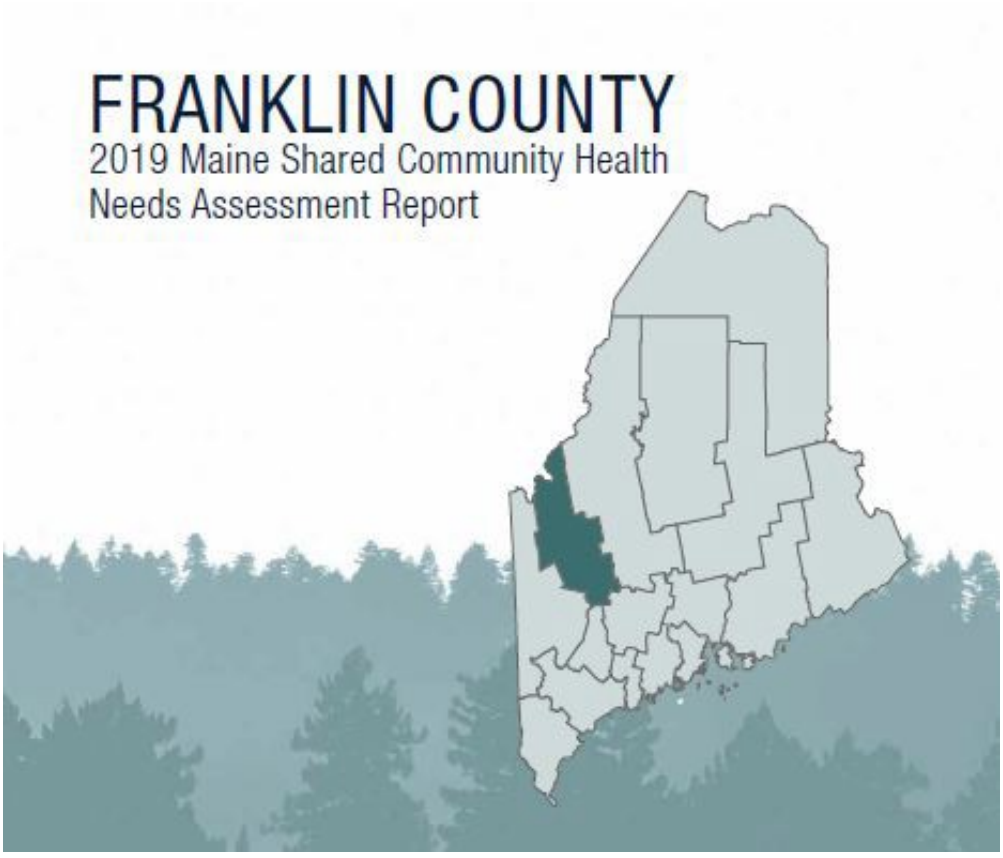
Priority Chosen by LHS

Goals for Each Priority Area

High-level goals were defined for each priority area to provide guidance for the health priorities and strategies identified by each local health system as they implement their 2019-2021 CHNA Implementation Plan. Each local health system was asked to identify a goal for each priority, which were then synthesized below.

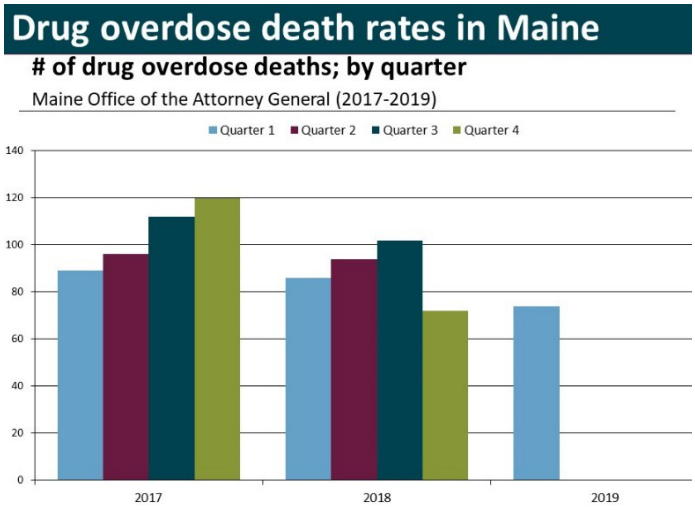
Health Priority	Goal
Substance Use Disorder	To prevent substance misuse and improve health outcomes and recovery for patients with SUD
Mental Health (ACEs)	To improve access and integration of mental and physical health to improve overall health
Healthy Eating Active Living (HEAL)/ Obesity Prevention	To decrease prevalence of obesity and impact of related chronic conditions
Healthy Aging	To improve health outcomes and quality of life for older adults
Social Determinants of Health	To identify and address the social needs and social determinants of health

Example of 2019 Community Health Needs Assessment



Top Strategies by Priority Area

Substance Use Disorder



In Maine, overdose deaths increased over a period of five years (2014-16) from 11.7 to 28.5 per 100,000, which is higher than the national rate of 19.8.[1] However, as a result of increased efforts, overdose deaths dropped 14% in the first quarter of 2019 compared to the first quarter in 2018.[2] Substance use disorder was identified by every county as a top health priority, with the following health needs: education and outreach, substance use in youth, stigma (both in the community and among providers), and recovery. Communities also highlighted the role of social determinants of health related to substance use disorder, and identified factors such as housing, transportation, and access to care.[1]

Substance Use Disorder (SUD)	# LHS
Total # of Local Health Systems (LHS) that chose this priority	8
Increase access to and participation in treatment through Integrated Medicine Assisted Treatment (IMAT) using a hub and spoke model	7
Increase screening of pregnant women with SUD and provide prenatal care via care coordination and multi-disciplinary team prior to delivery in order to improve access to quality perinatal care and enable delivery close to home	7
Substance use prevention and awareness through community involvement	5
Reduce and identify causes of stigma	5
Tobacco prevention and awareness (Maine Prevention Services funding)	4
Develop protocols for Rapid Access (of Suboxone) in the ED	3
Implement Opioid Health Home (OHH) program	3
Decrease access to prescription drugs among high school students; community efforts to decrease youth substance use	2
Expand training and use of nerve blocks and other non-opioid pain treatments; alternative pain management therapies/Support quality of life for patients (including palliative care patients) with chronic pain	2
Increase access to Naloxone	2
Increase number of patients screened and referred to the Quitline for tobacco	2

In response to the opioid crisis, MaineHealth has implemented a comprehensive set of evidence-based strategies that include:

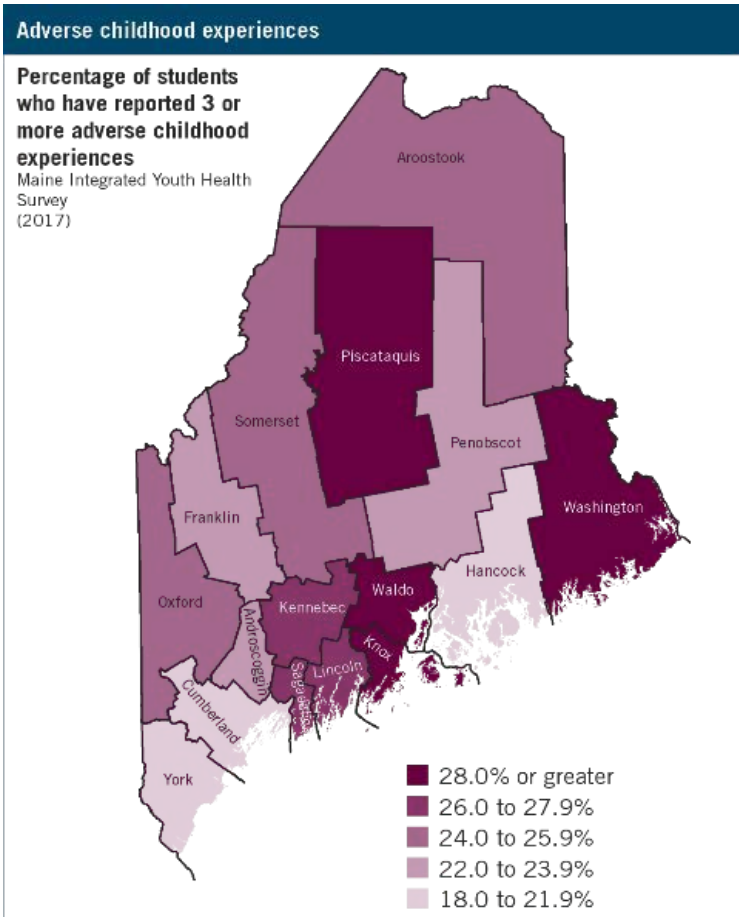
- Appropriate prescribing of opioids
- Education for patients, providers, and community members
- Prevention and treatment of opioid use disorder

As a result of these strategies, MaineHealth has reduced the number of patients prescribed high-risk levels of opioids by 65% from 2015 to 2018.[3] In addition, the system has implemented Integrated Medication Assisted Treatment (IMAT) in order to better care for and prevent substance use disorder.

Mental Health - ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that occur in the first 18 years of life that can cause lifelong implications for one's health. These experiences include:

- Abuse – physical, emotional, sexual
- Neglect – physical, emotional
- Household challenges – incarcerated household member, mother treated violently, parental separation, substance misuse, mental health conditions
- Death of a parent
- Homelessness
- Bullying
- Intimate partner violence
- Peer-to-peer violence
- Witnessing violence in community or school



Children exposed to multiple ACEs have higher rates of anxiety, depression, and longer-term adult health issues. Additionally, as the number of experiences increase, the risk of long-term adverse health outcomes also increases for adolescents and adults. MaineHealth has implemented a series of evidence-based practices such as the use of risk screening tools, training providers in trauma informed care, and connecting families to behavioral health services and community supports, which have proven to be highly successful in reducing the impact of these experiences as well as improve resiliency in children.[4]

Mental Health	# LHS
Total # of Local Health Systems (LHS) that chose this priority	8*
Increase ACEs screening rates (for all 4 ACEs) at well-child visit	5
Increase access to integrated behavioral health	3
Community education, including non-clinical staff, to raise awareness of ACEs and resiliency/Educate clinical staff in trauma-informed health care delivery	4
Expand capacity to provide mental health services to pediatric patients who screen positive for trauma	3
Increase community outreach	3
Expand use of tele-psych	2
**ACES included at one LHS as a SDOH*	

Healthy Aging

By 2030, the population of individuals over the age of 85 in the MaineHealth service area is predicted to increase by 89,422, while the population of individuals aged 0-24 is predicted to decrease by 18,819.[5] As a result, the state of Maine, as well as five local health systems within the MaineHealth system, have identified healthy aging as a priority for the 2019-2021 CHNA. In community forums, participants identified a need for comprehensive support for older adults as they age, both through improving access to care as well as exploring opportunities to improve the physical and social environment to better promote healthy lifestyles for all ages. Some of the needs identified in the forums include:[1]

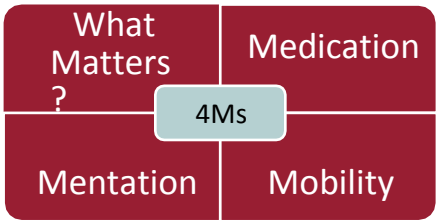
- Socialization
- Transportation
- Safe housing
- Physical activity

In Maine in 2017, unintentional, fall-related deaths for adults age 65 and over were 87.8 per 100,000, which is higher than the national rate of 63.3 per 100,000.[6]

Healthy Aging	# LHS
Total # of Local Health Systems (LHS) that chose this priority	5
Falls prevention screening and education (Matter of Balance classes and training)	5
Increase # of patients with advance directives documented in electronic medical record (EMR)	3
Increase colorectal cancer screening rates	3
Explore, support and establish "Age-Friendly Health Systems"	3
Explore "Age-Friendly Community"	3
Social isolation	2
Access to care and medication	2
Community education on advance directives, the Conversation Project, and Respecting Choices	2

A Matter of Balance is a system-wide community-based, small group program that helps older adults reduce their fear of falling and increase activity levels. In addition to addressing fear of falling, this program reduces social isolation and improves flexibility, balance and strength in participants.

Age-Friendly Health Systems implement a set of evidence-based geriatric best practice interventions across four core elements, known as the 4Ms, for all older adults in your system. These interventions, currently being piloted at Maine Medical Center, strive to achieve better health outcomes for all adults 65 years and older, reduce waste associated with low-quality services, and increase utilization of cost-effective services for older adults. [7]

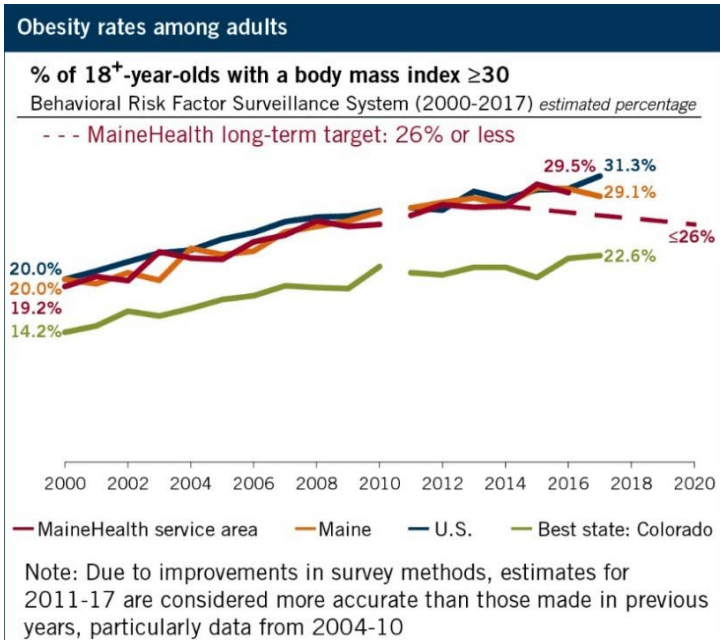


Age-Friendly Communities are those that are well-designed to promote health and sustain growth for residents of all ages. These communities identify, educate and promote improvements in the built and social environment in order to make the community more livable, and allow individuals to establish a lifelong home.[7]

The Conversation Project[8] **and Respecting Choices**[9] are initiatives that strive to guide discussion about a person's wishes for end-of-life care. In addition to community education on these initiatives, documentation of advance directives in the EMR is important to ensure a person's wishes are fulfilled by their family and care team.

Healthy Eating Active Living (HEAL)/Obesity Prevention

The percentage of adults in Maine who had obesity increased from 27.8% to 29.9% between 2011 and 2016. Obesity was identified in the shared CHNA process as a key health issue for both youth and adults. Physical activity and healthy eating are linked to reduced risk for chronic conditions and better emotional health. Poor eating habits, sedentary lifestyle, and mental health issues were identified in key informant interviews as reasons for the increase in obesity among youth and adults. Additionally, community forum participants and key informants identified limited access to safe exercise spaces and nutrition-related resources, especially in rural communities, as barriers to physical activity and healthy eating.[1]



Healthy Eating Active Living (HEAL)/Obesity Prevention	# LHS
Total # of Local Health Systems (LHS) that chose this priority	7
Continue to implement and increase referrals to the National Diabetes Prevention Program (known as the MaineHealth Diabetes Prevention Program)	7
Meet annual Let's Go! 5210 implementation targets	6
Decrease % of patients with HbA1c > 9	6
Meet annual Let's Go! Small Steps targets	3
Continue to implement SNAP nutrition education (SNAP-Ed)	2
Research evidence based strategies for community-wide obesity prevention	2

The National Diabetes Prevention Program is an evidence-based program for type 2 diabetes prevention efforts that works with various public and private partners to promote lifestyle changes that both prevent diabetes and improve overall health. Trained health coaches guide participants in learning how to eat healthier and increase physical activity in a year-long program that is intended to teach participants how to make lasting lifestyle changes through learning new skills and creating new habits.[10]

Let's Go!, a program of Maine Medical Center, is an obesity prevention initiative that strives to create environments that support healthy choices for children and adults. The program introduces evidence-based strategies for healthy living into schools, after-school programs, health care facilities, and workplaces. After successful implementation of the children's program, Let's Go! began developing Small Steps, a program designed for adults to encourage small, incremental changes in healthy eating and physical activity.[3]

For the first time, every county in Maine identified Social Determinants of Health (SDOH) as a health priority during the CHNA process. As a result, Local Health Systems made SDOH a distinct priority; indicating a system-wide commitment to exploring broader, more intensive strategies for addressing SDOH that MaineHealth can develop over the coming years. While many strategies are beyond the scope of each local health system, there are strategies already identified and implemented as well as many which can be developed over the next three years through ongoing work by the MaineHealth system and in collaboration with community partners.

Food insecurity is an example of an SDOH that can lead to adverse health outcomes in children and adults. The following highlight the impact of food insecurity in Maine in 2018:

- 14.4% of Maine's households are considered food insecure
- 1 in 5 children in Maine are food insecure
- 16% of Maine seniors are at risk of going hungry
- Maine is ranked 9th in the nation for food insecurity[11]

To be successful in addressing SDOH, there needs to be two sets of strategies: those that address individuals' social service needs (e.g. screening individual patients and linking them to resources) and those that address the broader and underlying social context (e.g. MaineHealth working as an employer, a purchaser, and an influencer of local, state and/or federal policies).[12] Some strategies identified under the SDOH priority may not have measurable outcomes, but health systems were encouraged to include those which are still in development. These can serve as a foundation for the system's collective exploration of next steps in addressing the social determinants of health.

Social Determinants of Health: Transportation, Access to Mental Health, Food Insecurity, Access to Care, Poverty, Other Barriers	# LHS
Total # of Local Health Systems (LHS) that chose this priority*	3
Increase % of patients screened for food insecurity	7
Support community partnerships currently addressing SDOH: transportation, homelessness, food insecurity, poverty	4
Support integration of primary care practices and community assets through Aunt Bertha, a platform for connecting patients to community resources	3
Increase patients screened and eligible for MaineCare/Increase uninsured patients who are receiving services from Care Partners/Identify and support patients who are unable to obtain medical care due to SDOH barriers	3
Increase number of patients given emergency food bags and other hunger resources	3
Assess possibility of expanding availability of affordable rides to appointments/complete patient transportation plan	3
Improve access to care through increasing access to psychiatric beds, behavioral health services, and obtaining a PCP for primary care	3

* Though only 3 LHS chose SDOH as a priority, various other LHS included SDOH strategies within other priorities, resulting in the number of LHS participating in certain SDOH strategies being higher than three.

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