# TABLE OF CONTENTS

Description of the Community served by St. Mary’s .................................................. 3  
Lewiston Maine Census ............................................................................................... 4-5  
Description of the Process and Methods ................................................................. 6  
Community Input ..................................................................................................... 7-8  
Prioritized Significant Community Health Needs ..................................................... 8-11  
Available Resources ............................................................................................... 11  
Evaluation of Impact from Preceding CHNA ......................................................... 12-13  

Appendix 1 - Maine Shared CHNA Androscoggin County Report Update  
(separate document)  
Appendix 2 - Androscoggin County Community Engagement Input Summary  
Appendix 3 - Table of Prioritized Needs  
Appendix 4 - United Way of Androscoggin County Directory 2015
During 2015-2016, a community health needs assessment (CHNA) was conducted by St. Mary’s Regional Medical Center, Central Maine Medical Center, Community Clinical Services, Healthy Androscoggin and other community health agencies.

St. Mary’s Regional Medical Center (SMRMC) draws most of its inpatient and outpatient population from Androscoggin County, therefore the needs of this geographic area are the focus of the assessment.

Androscoggin County is a county located in south central Maine. It contains roughly 8% of Maine’s 1.27 million residents. Androscoggin County contains Maine’s second and fifth largest cities: Lewiston (population 36,202 in the 2015 census estimate) and Auburn (population 22,871 in the 2015 census estimate) respectively. Located across from each other on the Androscoggin River, the twin cities of Lewiston and Auburn are the central hub of the region. The county is working to transform the downtown area from vacant textile mills and abandoned shoe factories to a region known for progressive health care, tourism, high-precision manufacturing, telemarketing and financial services. Lewiston and Auburn are also home to a large Franco-American population as well as an increasing number of Central and East African immigrants. The rest of the county is comprised of small rural towns with an average population of 222 persons per square mile.

From the 2015 Census data, the population of Androscoggin County is 107,233, with a poverty rate of 15.4% and median income of $45,765 annually. Lewiston’s poverty rate is even higher-24% (2014 American Community Survey) and the rate of childhood poverty in Lewiston is 43% (according to the 2013 Maine Kids Count Survey).

The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. With the concentration of Central and Eastern African immigrants in Lewiston, the city has a more significant black population (8%). Androscoggin County’s population reflects two interesting trends: the greatest number of people is in the “under 18 years” category (22%) and the second highest concentration of the population is over age 65 (16%). The 2016 unemployment rate is 3.8%. Slightly over 10% of the primary languages spoken in the home is categorized “other than English” so there are a multitude of interpretation services available, as well as cultural brokers hired by the local hospitals to assist new Mainers in navigating the health systems.
LEWISTON MAINE: 2010 CENSUS BY RACE BY AGE

<table>
<thead>
<tr>
<th>RACE</th>
<th>COUNT</th>
<th>PERCENTAGE</th>
<th>COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaska native alone</td>
<td>156</td>
<td>0.43%</td>
<td>Purple</td>
</tr>
<tr>
<td>Asian alone</td>
<td>384</td>
<td>1.05%</td>
<td>Blue</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>3174</td>
<td>8.67%</td>
<td>Lime Green</td>
</tr>
<tr>
<td>Native Hawaiian/other Pacific native alone</td>
<td>14</td>
<td>0.04%</td>
<td>Green</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>219</td>
<td>0.60%</td>
<td>Yellow</td>
</tr>
<tr>
<td>Two or more races</td>
<td>951</td>
<td>2.60%</td>
<td>Orange</td>
</tr>
<tr>
<td>White alone</td>
<td>31,694</td>
<td>86.61%</td>
<td>Red</td>
</tr>
</tbody>
</table>

Lewiston/Auburn qualifies as a Medically Underserved Area defined as having too few primary care providers, with high infant mortality, high poverty rates and/or high elderly populations.

The CityData website describes the poverty level for the city of Lewiston by various demographics: www.city-data.com/poverty/poverty-Lewiston-Maine.html

Additionally, the Community Needs Index (CNI) identifies the severity of community health needs for a specific geography by analyzing the degree to which the following health care access barriers exist in the community:

- a. income barriers
- b. education/literacy barriers
- c. culture/language barriers
- d. insurance barriers
- e. housing barriers

*The score is a weighted average; the current (May 2016) score for Androscoggin County is 3.2; the score for the city of Lewiston is 4.2 (based on scale of 1-5 with 5 being the highest need). Both rates are slightly higher than the 2013 results.*
Despite some significant community health needs, Androscoggin County has a strong community spirit, a prime location within the state, growing cultural diversity and a beautiful natural environment. We have an existing network of respected hospitals, primary care physicians, a Federally Qualified Health Center, local services agencies, government bodies, school-based health programs, faith-based organizations, businesses and citizens who are committed to community health. In the past few years, Maine cardiovascular mortality rates have decreased 46% and as a whole, Maine is the 15th healthiest state in the nation (America's Health Rankings®, 2015.)

As stated in “Hospital-based Strategies for Creating a Culture of Health” published in 2014 by the Robert Wood Johnson Foundation and the Health Research and Education Trust (HRET), “the process of assessing community health needs provides a platform for hospitals to clearly define and prioritize community health concerns, develop strategies to address them and foster sustainable collaborations with key partners. As the population health paradigm gains traction, hospitals increasingly are fostering leadership commitment and aligning their missions to advance the ultimate goal of a hospital or health care system: a Culture of Health in their community.” (p. 5) The process used in the State of Maine and Androscoggin County is reflective of this type of collaboration.

Within Androscoggin County, the community (Lewiston/Auburn) was chosen to participate in the Creating a Culture of Health Learning Collaborative sponsored by the Robert Wood Johnson Foundation and the Health Research & Educational Trust (HRET) of the American Hospital Association. Ten communities across the country were selected because of innovative and progressive approaches to building a culture of health (where all people have the opportunity to live longer, healthier lives, whatever their background.) The invitation was sent to Elizabeth Keene, VP of Mission Integration at St. Mary’s Regional Medical Center, who then reached out to Kirsten Walter, Director of St. Mary’s Nutrition Center, Erin Guay, Executive Director of Healthy Androscoggin, and Cindie Rice, Director of Community Health, Wellness and Cardiopulmonary Rehab at Central Maine Medical Center to participate in this exciting initiative. The goal of the collaborative is to help foster learning, networking, sharing of expertise and resources among us and other industry leaders through the collaborative. These learnings will inform case studies and be embedded in a nationally distributed Roadmap Guide that provides resources for community partnerships, in addition to webinars that showcase community collaborations. Prior to our learning collaborative, representatives from the HRET conducted a two-day site visit in Lewiston in May 2016 to foster cross-community learning, sharing and interaction with us in partnership development. Our community is honored to participate in this collaborative and we believe in its vision: when we make health a shared value, foster cross-sector collaboration, create healthier, more equitable communities, and strengthen integration of health services and systems, we are more likely to see an outcome of improved population health, well-being, and equity.
METHODOLOGY:

Understanding the health needs of a community allows public health and health care organizations to design and implement cost-effective strategies that improve the health status of the populations they serve. A comprehensive data driven assessment process can identify, with a high degree of accuracy, priority health needs and issues related to prevention, diagnosis and treatment. Assessment tools also may assist in pinpointing access to care barriers, utilization of evidence based guidelines, and utilization of health services.

In Maine, healthcare leaders and public health leaders collaborated to conduct the assessment and analyze the data for this latest CHNA in a collaboration designated as The Maine Shared Health Needs Assessment & Planning Process.

ABOUT THE COLLABORATIVE

The Maine Shared Health Needs Assessment & Planning Process (SHNAPP) was established from a series of planning events and conversations among healthcare and public health leaders in response to emerging state and federal mandates to improve the health of Maine communities. A memorandum of understanding (MOU) was developed and signed in June 2014 by CEOs from Central Maine Healthcare, Eastern Maine Healthcare Systems, MaineGeneral Health, and MaineHealth in addition to the Commissioner of Maine Department of Health and Human Services. Tangible products include shared community health needs assessment (CHNA) reports created from secondary quantitative data and primary qualitative data analyses, community engagement activities, and health improvement plans.

ABOUT THE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT

The Shared Community Health Needs Assessment (CHNA) was conducted by Maine SHNAPP members. The series of reports produced (as a result of the assessment) support efforts to make Maine’s communities the healthiest in America. The CHNA report (see Appendix 1 for the complete Androscoggin County report) presents both quantitative and qualitative findings. The quantitative data came from 25 sources (surveys such as the Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey; patient claims data from the Maine Health Data Organization; and disease registries such as the Cancer Registry) for over 160 indicators within 18 domains or health categories. The qualitative data was gleaned from an online stakeholder survey meant to capture opinions of health professionals and community stakeholders on the health issues and needs of communities across the state. The data gathered from these sources allowed local hospitals to identify the top health issues or priorities for their county and local communities.
Community engagement using shared CHNA reports for local and regional planning is a critical part of the needs assessment and health improvement planning process. The process, co-led by Maine CDC District Liaisons and representatives from Maine SHNAPP not-for-profit hospitals, achieved the following:

- Ensured broad interests of the local community were represented;
- Obtained stakeholder input on identifying significant health needs based on review of data;
- Solicited stakeholder feedback on prioritizing significant health needs; and
- Identified local assets and resources that could address local health priorities.

PREPARING FOR COMMUNITY ENGAGEMENT

September 2014 - September 2015

The SHNAPP community engagement planning process included the District Liaison from the Maine CDC and representatives from participating Maine SHNAPP hospitals in the region (St. Mary’s Regional Medical Center and Central Maine Medical Center in Lewiston.) It was decided that the existing Community Health Stakeholder Coalition would be the local group to coordinate community engagement sessions in Androscoggin County.

In 2012, representatives from the two local hospital systems came together to establish the Community Health Stakeholder Coalition, a group of community health agencies, the public health sector and hospitals. They developed this purpose statement:

*Improve the health of Androscoggin County by convening community health stakeholders to collaborate on:*

- Conducting community health needs assessments
- Educating members and constituents on findings of community health needs assessments
- Developing strategies to address prioritized needs
- Sharing relevant resources through networking

Additionally, the stakeholder group continues to assess methods to increase the communities’ knowledge of, and access to, resources in our area such as 2-1-1 Maine and to explore options for direct referral to resources from within the healthcare systems.

For the most recent CHNA, coalition members included: Jamie Paul, Western Maine District Coordinating Council of the Maine Center for Disease Control and Prevention, Cynthia Rice, Director of Community Health, Wellness and Cardiopulmonary Rehab at Central Maine Medical Center, Elizabeth Keene, VP of Mission Integration, St. Mary’s Health System, Erin Guay, Executive Director, Healthy Androscoggin, Catherine Ryder, Executive Director, Tri-County Mental Health Services, Ginny Andrews, Nutrition Services Program Manager at Western Maine Community Action, Steve Johndro, Executive Director, Western Maine Community Action, Brenda Czado, Director Home Care, Androscoggin Home Care and Hospice, Rebecca Austin, Director of Outreach Services at Safe Voices, Sam Boss, Harwood Center at Bates College, Joan Churchill, Executive Director, Community Clinical Services, Shawn Yardley, Executive Director, Community Concepts, Larry Marcoux, United Way, and Quinn Gormley, Health Equity Alliance. These members represented community health, public health, hospitals, minority populations, local colleges, community action agencies and the local Federally Qualified Health Center (FQHC.)

OBTAINING LOCAL COMMUNITY ENGAGEMENT INPUT

October 2015-March 2016

In order to obtain local community input, the Community Health Stakeholder Coalition reviewed the data in the Androscoggin County SHNAPP CHNA report and then developed an approach to community engagement to maximize participation of a cross section of the community. The Community Health Stakeholder Coalition coordinated two community forums held in March 2016 and 13 other group presentation/key informant interviews with existing community groups (see Appendix 2 - Community Engagement).
The objectives of the forum included:

- Provide awareness among community stakeholders of the data/results from the Maine SHNAPP or subsequent research built on that resource;
- Invite local input on what the data means to each local community/region;
- Solicit local input on what issues should be prioritized locally;
- Solicit local ideas on existing resources, assets, or new initiatives that should be aligned/developed to address the prioritized issues; and
- Capture and share input from the forum using the Model Local SHNAPP Committee Reporting Form.

The coalition also decided to approach existing community groups such as the Chamber of Commerce and Seniors Plus and individual community members to offer group presentations, key informant interviews and even written surveys offering the above elements. In all, 520 people participated in either the community forums, group presentations, interviews and written surveys in Androscoggin County. The sectors represented included: Public Health, Medically Underserved, Community Health Coalition, Non-Profit Agencies, Low Income, Racial/Ethnic Minorities, Business and Education. The conversations largely informed both the implementation strategies and strategic plans for the hospitals.

Summaries and/or notes from all of the forums are available at: www.mainegeneral.org/Pages/Maine-Public-Health-Districts.aspx, and a Community Engagement Forum Summary Template is included in Appendix 2.

INFORMATION GAPS THAT IMPACT OUR ABILITY TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY

The state of Maine is fortunate to have many sources of data to help assess health needs of communities. The 2015 Maine Shared Community Health Needs Assessment, 2015 County Health Rankings results, the state health plan, the Community Health Status Indicators, the Community Needs Index (CNI), community engagement results and a local survey of health concerns by minority populations provide a comprehensive picture of all major health indicators in the community.

There was a gap identified for information relating to specific needs of the elderly, as well as gaps explaining why some of the health needs are so prevalent (for example, why Maine continues to have such a high cancer incidence rate.)

As the SHNAPP CHNA report notes, stakeholders selected the following five factors as the greatest problems leading to poor health outcomes in Androscoggin County: poverty, transportation, access to behavioral health, housing stability and adverse childhood experiences.

These are the identified health issues for Androscoggin County in this 2016 CHNA based on data and community input:

ACCESS TO HEALTH CARE AND PRIMARY CARE

While Androscoggin County has a relatively low percentage of uninsured residents, access to care is an issue. Access can include availability of insurance, ability to understand information, location and distance to health care services and ability to see health care providers on a timely basis. Examples of barriers to health care and primary care in Androscoggin County include: Residents...
of this county have high rates of Emergency Department (ED) visits for respiratory disease and the fact that even adults with insurance reported cost-related barriers to health care. In addition, Androscoggin County has lower rates of adults with visits to a dentist in the past 12 months (61.9% vs. 65.3% ME) and dental pain is the one of the most frequently cited reasons for ED visits in the state of Maine.

**CHRONIC DISEASE**

Chronic diseases include cancer, cardiovascular disease, diabetes and respiratory diseases such as asthma and COPD. They account for seven out of ten deaths each year. In Androscoggin County, asthma and COPD rates are high, and cancer incidence has decreased but still remains the leading cause of death in Maine. Cardiovascular mortality, diabetes prevalence and hospitalization rates are high. In fact, Androscoggin has a significantly higher overall mortality rate than the state (789 vs. 745 ME.)

**ENVIRONMENTAL HEALTH**

Environmental health includes the natural and built environments. Childhood lead poisoning rates are of particular concern in Lewiston and Auburn due to the housing stock in the cities. Elevated blood lead level rates for children are almost double in Androscoggin County compared to the state.

**INFECTIOUS DISEASE/SEXUALLY TRANSMITTED DISEASE**

Androscoggin County has very high rates of sexually transmitted diseases (the highest incidence of chlamydia of any county and alarmingly increasing rates of gonorrhea). Additionally the incidence of newly reported hepatitis B virus is double that of the state of Maine.

**INJURIES**

Notable for Androscoggin County is the number of domestic assault reports to police, as well as a statistically higher number of unintentional fall-related injury visits to the ED in Androscoggin County than the state.

**MENTAL HEALTH**

Mental health issues can affect a person’s physical health, such as chronic pain, a weakened immune system and increased risk of cardiovascular disease. Androscoggin County residents have significantly higher mental health...
emergency department rates. And 20.8% of adults reported currently receiving outpatient mental health treatment, compared to 17.75% of adults statewide.

**PHYSICAL ACTIVITY, NUTRITION AND OBESITY**

Eating a healthy diet, being physically active and maintaining a healthy weight are essential for a person’s health. These three factors can lower the risk of numerous health conditions. Androscoggin County rates of physical activity are much worse than the state and the county has the highest prevalence of obesity in the state. It is also clear that Androscoggin County is food insecure and one effect of poor nutrition is obesity.

**PREGNANCY AND BIRTH OUTCOMES**

There are several concerning aspects for birth outcomes in Androscoggin County. Teen birth rates are 31.7/1000 compared to 20.5/1000 statewide. The infant mortality rate is 7.1% (vs. 6.0% ME).

**SUBSTANCE AND ALCOHOL USE**

Substance and alcohol use disorders are significant issues for almost every county in Maine. Of particular concern is the recent increase in heroin and prescription opioid dependency and mortality. Deaths from heroin overdoses in Maine rose at alarming rates in 2014 and 2015. Also troubling is the number of referrals for drug-affected babies (8.5% vs. 7.8 ME) and substance abuse hospital admissions in Androscoggin County (516/100,000 compared to 328/100,000 statewide.)

**TOBACCO USE**

While the percentage of adults who smoke cigarettes has declined significantly over time, 24% of adults in Androscoggin County still smoke. Use of tobacco is THE most preventable cause of disease, death and disability in the United States.

(See Appendix 1 for detailed information about the Androscoggin County results in The Maine Shared Needs Assessment and Planning Process).

**PRIORITIZING IDENTIFIED HEALTH NEEDS**

Next the Community Health Stakeholder Coalition completed a crosswalk of identified community health needs and noted the most commonly shared needs. The results were then prioritized using the recommended guidelines in the Catholic Health Association of America’s Assessing and Addressing Community Health Needs (to rank health needs and assign weight to criteria of importance.) Each health issue was evaluated by rating and weight for the following five criteria:

- How many people are affected by the problem?
- What are the consequences of not addressing this problem?
The assessment identified a number of strong community assets (see Appendix 4), including the two local hospitals (with behavioral services at SMRMC) and their community benefit programs, two Urgent Care clinics by SMRMC and CMMC, primary care physicians at accredited patient-centered medical homes, dentists, school-based health centers, federally qualified health centers through Community Clinical Services, a free clinic, community health agencies for mental health services and substance use disorders, a local home care and hospice agency, social service agencies for outreach to the rural poor, the elderly, victims of domestic violence and children, St. Mary’s Nutrition Center (emergency food pantry, community gardens, farmers’ markets, cooking classes and outreach for Somali Nutrition programs), public school systems and Catholic school systems with active home and school associations, numerous religious communities and community coalitions to support downtown Lewiston.

- Are existing programs addressing this issue?
- How important is this problem to community members?
- How does this problem affect vulnerable populations?

(See Appendix 3 for a table of the prioritization scores.)

The seven priority areas that emerged are:

- Access to Health Care
- Chronic Disease
- Environmental Health: Lead Poisoning
- Mental Health
- Physical Activity, Nutrition and Obesity
- Substance and Alcohol Use
- Tobacco Use

The priorities selected include the three top priorities identified in the SHNAPP CHNA report for Androscoggin County (Substance Use, Mental Health and Obesity.) Interestingly, the priorities are consistent with Healthy People 2020 goals, the United States Preventive Services Task Force and the Surgeon General’s national prevention strategies of tobacco and drug free living, mental and emotional well-being, healthy eating and active living.
The preceding CHNA identified several priority areas and this is a summary of the impact of our efforts from 2013-2015:

**Access to Care:** Two population health specialists were hired to assist with primary care; in addition, hours were added in the evenings and on Saturdays in primary care practices. St. Mary’s Urgent Care was opened in Auburn in 2015 to allow expanded access to health care.

St. Mary’s Regional Medical Center (SMRMC) offered forums to educate the community on the Affordable Care Act and the Health Insurance Exchange. Specialists were on site to assist people in obtaining insurance and we also piloted a program to support specialists at the United Way to assist community members with the Health Insurance Exchange.

SMRMC is participating in the REACH grant (for racially and culturally appropriate care) through Healthy Androscoggin to provide education in cultural competency and to address health disparities.

SMRMC trains an average of 800 students each year and participates in a longitudinal program with Tufts University medical students for medically underserved areas.

**Cardiovascular Disease:** SMRMC enhanced their relationship with Maine Medical Partners Cardiology to address increasing demand for cardio services in the area. Community health screenings on high blood pressure were held in 2013 and 2014.

Staff were trained in tobacco cessation counseling, and in the process to make direct referrals to the Maine Tobacco Helpline.

**Cancer:** SMRMC conducted community presentations and screenings on colon cancer, skin cancer, breast cancer and prostate cancer. We received a grant to perform free lung cancer screenings; sixteen screenings were performed in 2015, with 8 follow-up scans. Population health specialists have ensured that our colon cancer screening rates improved greatly since 2013 (from 52% to 77% in 2015.) In the spring of 2015, two nurses from Oncology worked with a dentist to perform free oral cancer screenings; approximately 50 adults and children were screened.

**Diabetes:** SMRMC partnered with the local YMCA to offer the national Diabetes Prevention Program. This program is offered free of charge to community members; six sessions were held in 2015; 64 people enrolled. St. Mary’s HealthSteps offers more than 20 classes each year for physical activity.

**Mental Health:** Several models of telemedicine were developed to provide mental health services in surrounding rural areas (with emergency departments, nursing homes and assisted living facilities.) This has increased access to mental health services in underserved areas.

A Memory Clinic was established to assist geriatric patients in 2015, and also developed a care map to prescribe anxiety and depression medication.

Social workers actively screen for mental health and substance abuse in the clinical setting.

St. Mary’s Integrative Medicine practice was established in 2015, and 3 mind/body medicine groups were held to teach holistic methods of coping with stress, illness, pain and suffering.

**Obesity:** St. Mary’s Nutrition Center (NC) is committed to ensuring all people have access to good food, particularly those most vulnerable in our community, and to strengthening the local food system. The NC built partnerships with local farmers to bring in more fresh vegetables for our Food Pantry, and distributed over 40,000 pounds of fresh produce in over 9000 boxes of food in 2015.

The Nutrition Center developed the “Good Food Bus”, a repurposed school bus, to bring fresh, quality and predominantly local food to where Maine people work and live, making it easier for them to bring healthy food into their homes. Customers using supplemental nutritional assistance also received additional incentive dollars to purchase more fresh produce. In the six week pilot in 2015, the Good Food Bus made 6 weekly stops, served nearly 800 people and generated close to $10,000 in sales.
The NC supports 115 garden plots in the 12 community gardens, impacting more than 500 people in Lewiston-Auburn each year.

The Nutrition Center is also active in the local schools, averaging more than 250 educational sessions on food and nutrition reaching over 800 students during each academic year. St. Mary’s Nutrition Center, physician practices and school-based health centers participated in the Let’s Go 5-2-1-0 program aimed at increasing physical activity, reducing screen time, increasing the amount of vegetables consumed and reducing sugary beverages.

In response to high rates of obesity in the Androscoggin community, St. Mary’s Weight Management Program started to make plans for expansion in 2015, including finding more office and clinical space, and hiring additional staff with specialized training in obesity medicine.

SMRMC initiated a “Commit to Get Fit Challenge” in 2013 to promote physical activity in the community and to raise funds for our Marguerite d’Youville Fund for the Needy, which provides financial assistance for patients in need. Each year, the participation in the race has increased; this year over 400 people participated in the 3k walk or 5 or 10k run!

**Respiratory Health:** SMRMC is participating in the Green and Healthy Homes Initiative to educate about and reduce asthma rates (and to abate lead hazards). A pilot project for Chronic Obstructive Pulmonary Disease (COPD) is in development.

**Substance Abuse:** SMRMC developed a program, Neonatal Abstinence Syndrome (NAS), to work with pregnant mothers who are opioid dependent. The program supports mothers during pregnancy, helps the newborns and works with the families during the first year of the child’s life.

SMRMC participates in the state prescription monitoring program for opioid use.

---

*This assessment was approved by St. Mary’s Board of Directors on June 22, 2016 and is available on the websites of both SMRMC (www.stmarysmaine.com) and Central Maine Medical Center. A copy can also be obtained by contacting the administrative offices of either hospital.*
Maine SHNAPP Community Engagement Phase
Summary Report of Forum & Event Input
Androscoggin County
April 2016

This serves as a brief summary report of the input provided by community members attending the 2 community forums and 13 community events that took place between November 2015 and March 2016. Copies of individual reporting forms (pdf) can be viewed at: https://www.maineegeneral.org/Pages/District-3-Western-Maine.aspx by looking under the Community Engagement header and clicking on the forum or event of interest.

### Community Forums

<table>
<thead>
<tr>
<th>Androscoggin County Forum-Lewiston</th>
<th>3/14/2016</th>
<th>Lewiston Public Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androscoggin Community Forum-Auburn</td>
<td>3/22/2016</td>
<td>Auburn City Hall</td>
</tr>
</tbody>
</table>

**Total Attending Forums:** 46

### Community Events

<table>
<thead>
<tr>
<th>Androscoggin Chamber of Commerce</th>
<th>11/17/2015</th>
<th>Chamber of Commerce</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary's Planning Committee</td>
<td>1/6/2016</td>
<td>St. Mary's Regional Medical Center</td>
</tr>
<tr>
<td>Healthy Androscoggin staff</td>
<td>1/11/2016</td>
<td>124 Lisbon St., Lewiston</td>
</tr>
<tr>
<td>Elder Abuse Task Force</td>
<td>1/15/2016</td>
<td>Seniors Plus, Lewiston</td>
</tr>
<tr>
<td>Healthy Androscoggin Board of Directors</td>
<td>1/21/2016</td>
<td>Healthy Androscoggin, Lewiston</td>
</tr>
<tr>
<td>Community Clinical Services Board Meeting</td>
<td>1/25/2016</td>
<td>B Street Health Center</td>
</tr>
<tr>
<td>La Recontre</td>
<td>2/11/2016</td>
<td>Franco Center, Lewiston</td>
</tr>
<tr>
<td>Central Maine Healthcare Management Group</td>
<td>11/23/2015</td>
<td>Central ME Medical Center, Lewiston</td>
</tr>
<tr>
<td>Sandcastle Clinical &amp; Educational Services &amp; LA Hearing Center</td>
<td>3/9/2016</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Androscoggin -Maine Military Community Network</td>
<td>3/23/2016</td>
<td>1155 Lisbon Street, Lewiston</td>
</tr>
<tr>
<td>St. Mary's HIV Case Management *</td>
<td>3/24/2016</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Tri County Mental Health Board of Directors</td>
<td>12/15/2015</td>
<td>Social Learning Center, Lewiston</td>
</tr>
<tr>
<td>Tri County Mental Health Services Joint Leadership Team</td>
<td>2/3/2016</td>
<td>Community Concepts Conference Room</td>
</tr>
</tbody>
</table>

* Survey

**Total Attending Events:** 474

**Total Attending Forums & Events:** 520

*Attendance numbers may contain duplicates if one person attended more than one event.*
Community Sectors Represented During Forums and Events

<table>
<thead>
<tr>
<th>Representation from Different Community Sectors Attending 15 Forums/Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Underserved</td>
</tr>
<tr>
<td>Low Income</td>
</tr>
<tr>
<td>Minorities</td>
</tr>
<tr>
<td>Professional Member Orgs.</td>
</tr>
<tr>
<td>College/University</td>
</tr>
<tr>
<td>Business/Civic Leadership</td>
</tr>
<tr>
<td>Non-Profit Agencies</td>
</tr>
<tr>
<td>Community Health Coalition</td>
</tr>
<tr>
<td>Local/State Government</td>
</tr>
<tr>
<td>Healthcare Provider</td>
</tr>
<tr>
<td>Public Health</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Funding Agencies</td>
</tr>
</tbody>
</table>

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

“Other” included: People with HIV/AIDS, Legal/Attorney

Type of Input Obtained During Forums and Events

<table>
<thead>
<tr>
<th>Number of Forums/Events During Which Specific Topics Were Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed Shared CHNA data</td>
</tr>
<tr>
<td>Identified health needs</td>
</tr>
<tr>
<td>Prioritized health needs</td>
</tr>
<tr>
<td>Identified assets and resources</td>
</tr>
<tr>
<td>Discussed perception of health factors</td>
</tr>
<tr>
<td>Identified barriers</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

“Other” included: Needs specific to the veteran population
Community Forums
These forums, organized and co-led by Maine CDC DLs and SHNAPP hospital community benefit representatives, typically consisted of a prepared Power Point presentation followed by breakout sessions on health topics. In general, breakout sessions obtained input about:
- Summary statements about the issue and/or its effect on the community
- Identification of local assets and resources to address the issue
- Identification of barriers to addressing the health issue or needs of the community before more adequately addressing the issue
- Ideas for next steps, how to solve the health issue, who to include, and what the community should look like in the future

Themes Identified During Androscoggin County Forums

<table>
<thead>
<tr>
<th>Health Issue: Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of assets to resources to address issue:</strong> Local agencies and St. Mary’s have programs and offer medication management; affordable housing options in community.</td>
</tr>
<tr>
<td><strong>Summary of barriers or community needs (if reported):</strong> Most of what is cited as barriers and needs in Androscoggin are around mental health and substance abuse. One very common theme was the idea of loss of services and professionals to practice, thereby creating gaps in services and people not getting the support they seek. Aligned with this is also the idea of longer waiting times for the services that are needed, these gaps being identified as reasons people may fall into relapse or treatment and possibly continue using.</td>
</tr>
<tr>
<td><strong>Summary of next steps, solutions, future ideal:</strong> To be successful in addressing this issue, Maine needs to expand MaineCare and reduce the stigma of mental health diseases.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Issue: Drug/Alcohol Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of assets to resources to address issue:</strong> Healthy Androscoggin Project Unite (upcoming opiate forum, medication take back), St. Mary’s inpatient and outpatient programs; community needle exchange; AA support group and Women for Sobriety group, support from law enforcement for routine checks and party patrol other local agencies (not specified by name).</td>
</tr>
<tr>
<td><strong>Summary of barriers or community needs (if reported):</strong> Most of what is cited as barriers and needs in Androscoggin are around mental health and substance abuse. One very common theme was the idea of loss of services and professionals to practice, thereby creating gaps in services and people not getting the support they seek. Aligned with this is also the idea of longer waiting times for the services that are needed, these gaps being identified as reasons people may fall into relapse or treatment and possibly continue using.</td>
</tr>
<tr>
<td><strong>Summary of next steps, solutions, future ideal:</strong> Success in addressing this issue comes from creating jobs, funding prevention, and focusing on youth.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Issue: Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of assets to resources to address issue:</strong> n/a</td>
</tr>
<tr>
<td><strong>Summary of barriers or community needs (if reported):</strong> See above barriers/needs summaries</td>
</tr>
<tr>
<td><strong>Summary of next steps, solutions, future ideal:</strong> n/a</td>
</tr>
</tbody>
</table>
Other Health Issues Identified by Forum Participants:
- Lead poisoning
- Sexual/reproductive health (including teen pregnancy), STDs
- Health care access
- Oral health

Health Factors Identified by Forum Participants:
- Poverty
- Policy
- Safe housing
- Livable wages
- Affordable health care
- Adverse Childhood Experiences (ACEs)
- Comorbidities and interrelation of top 5 issues

Community Events
These events were organized and carried out by community stakeholders (including Maine CDC DLs, SHNAPP hospital employees, or others who sat on local community engagement committees). Typically already formed groups or organizations held a presentation about the Shared CHNA data and discuss their reactions based on the group leader’s questions. In general, input from events consisted of brief summary statements or questions about health issues and health factors affecting the geographic area.

Themes Identified During Androscoggin County Events
Priorities Identified During Androscoggin County Events:
- Substance abuse (8 of 13 events)
- Mental health, (7 of 13 events)
- Obesity (6 of 13 events)
- Poverty (3 of 13 events)
- Drug affected babies (3 of 13 events)
- Lack of transportation (3 of 13 events)
- Dental care (3 of 13 events)
- Lack of safe, affordable housing and heat, depression, stress, lack of education, STDs, diabetes, hearing, dementia, medical management. (2 of 13 events each)
- Asthma, injuries/falls, environmental tobacco smoke, childhood disabilities, heart disease, physical inactivity, bedbugs, disintegration of family; no jobs, high unemployment, ACEs, nutrition, HIV/AIDS. (1 of 13 events each)

Additional Themes Identified During Androscoggin County Events:
- Need for more collaboration
- Multifactorial elements of chronic mental illness (can lead to obesity, diabetes, other medical conditions)
- Specific information on New American health issues is needed
- St. Mary’s program for drug-affected babies as a resource
- Need for tighter controls on prescribers
- Higher rates of hospitalization for substance abuse are a reflection of resource location.
- Access to care: even if people have insurance they don’t know how to access care or have transportation

page 4
<table>
<thead>
<tr>
<th>Rating: 1 (low)-5 (high)</th>
<th># People affected</th>
<th>Consequences of not addressing</th>
<th>Existing programs</th>
<th>Importance to community members</th>
<th>Effect on Vulnerable Populations</th>
<th>TOTAL</th>
<th>Needs frequency*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria weight: 1 (not major)-3 (overriding importance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Androscoggin County Maine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH ISSUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to healthcare &amp; primary care #3</td>
<td>R W T R W T R W T R W T</td>
<td>5 3 15 5 3 15 3 3 9 5 3 15 5 3 15</td>
<td>69 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chronic disease #3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/COPD (Respiratory)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Environmental Health #5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infectious diseases/STDs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual/Reprod. Health and HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Injuries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries/Falls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental health #4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health/Depression/Dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity, nutrition, obesity #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food insecurity/nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy &amp; birth outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance &amp; alcohol use #6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse Childhood Experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data sources:*
- SHNAPP Androscoggin County report
- Healthy Androscoggin New Mainer Survey
- Community engagement summary reports
- Maine Health Access Fund Neighborhood Survey
- Community Health Status Indicators (CHSI)
- Maine’s Health Rankings
Directory of Commonly Requested Community Services

2015

APPENDIX 4

Dial 2-1-1 or 1-877-463-6207 / or visit 211Maine.org
for confidential help & information on these and other area services

Brought to you locally by: United Way of Androscoggin County

EMERGENCY SERVICES

Adult Protective Services (24 hr. Hotline)……………….. 1-800-624-8404
American Red Cross-United Valley Chapter………………. 756-4004
Androscoggin County Emergency Management……… 784-0147
Emergency Hazardous Materials Response……………… 1-800-452-8735
Emergency Oil Spill Response…………………………… 1-800-482-0777
Family Crisis Services (24 hr.)…………………………… 1-888-834-4357
Franklin County Emergency Management……………….. 778-5892
ME Emergency Management Agency 800-452-8735 or 624-4400
Maine Crisis Hotlines……………………………………... 1-888-568-1112
Northern NE Poison Center…………………………….. 1-800-222-1222
Oxford County Emergency Management………………. 743-6336
Maine Coalition Against Sexual Assault………………… 1-800-771-7741

FINANCIAL ASSISTANCE & SUPPORT PROGRAMS

Clothing, Emergency S, Food, Fuel, Mortgage, Rent, Utilities
Behind Food Pantry………………………………………. 824-0369
Bread of Life at The Vineyard Pantry – Mechanic Falls 346-6015
Coastal Enterprises, Inc. - Lewiston…………………… 777-5060
DHHS Emergency Assistance – Lewiston.................... 795-4300
DHHS Emergency Assistance – South Paris…………… 744-1200
Food Stamps - Lewiston…………………………………… 795-4300
Food Stamps – South Paris………………………………. 795-4300
General Assistance……………………………………….. Local Town Office or Call 2-1-1
Greene Baptist Church Food Pantry…………………… 946-5505
High Street Congregational Church Pantry - Auburn 784-1306
Hope Haven Gospel Mission - Lewiston………………… 783-6086
Leeds Community Church Food Pantry………………… 524-7151
LIHEAP (Heating Assistance)
Community Concepts - Lewiston………………………… 795-4065
Community Concepts – South Paris……………………… 743-7716
Western Maine Community Action – E. Wilton……….. 645-3764
Lisbon Area Christian Outreach Food Pantry……………. 353-6002
Loaves & Fishes Dominican Sisters Pantry - Sabattus…… 375-8399
Meals on Wheels………………………………………… 1-800-427-1241 or 795-4010
Oxford Hills Food Pantry………………………………… 739-2866
Poland Community Church Food Pantry……………….. 998-4227
Rural Community Action Ministry - Leeds……………….. 524-5095
St. Mary’s Food Pantry…………………………………... 777-8354
Salvation Army - Lewiston………………………………. 783-0801
Salvation Army - other communities……………………… call 2-1-1
Seventh Day Adventist Church Food Pantry - Auburn… 784-0861
Social Security Administration - Auburn………………… 1-866-627-6996
Tri-Town Ministerial Food Pantry………………………… 897-3529
Trinity Jubilee Center - Lewiston………………………… 782-5700
Turner Presbyterian Food Pantry………………………… 224-7781
Veterans Affairs (Vet Center) - Lewiston………………….. 783-0068
Wales Presbyterian Church Food Pantry………………….. 375-6618
Women, Infants & Children-Auburn. 1-877-512-8856 or 795-4016

ABUSE/ASSAULT

Child Abuse
Child Abuse Hotline (24 hr.)…………………………… 1-800-452-1999
Child Protective Services - Lewiston………………….. 795-4300
National Center for Missing & Exploited Children 1-800-843-5678

Domestic Violence
Adult Protective Services (24 hr. to report abuse)………… 1-800-624-8404
Domestic Abuse Hotline for Men & Women……………. 1-888-743-5754
Family Crisis Services (24 hr.)…………………………… 1-888-834-4357
Gateway Recovery Services – Norway…………………. 743-7580
National Domestic Violence Hotline……………………… 1-800-799-7233
Safe Voices Abuse Hotline (24 hr., Auburn)………………. 1-800-555-2927

Sexual Assault
Sexual Assault Prevention & Response 784-5272/800-871-7741

DISABILITIES SERVICES

Alpha One…………………………………….. 1-800-640-7200 & TTY: 1-866-906-5375
Common Ties Mental Health Services…………………….. 795-6067
Creative Work Systems………………………………………. 795-6737
Dept. of Adults with Cognitive & Physical Disabilities (DHHS)
Lewiston……………………………………………………….. 1-800-866-1803
Disability Rights Center…………………………………….. 1-800-452-1948 or 626-2774
IRIS (Maine Center for the Blind)…………………………… 1-800-715-0097 or 774-6273
John F. Murphy Homes…………………………………….. 782-2726
Maine Parent Federation (SPIN)…………………………….. 1-800-870-7746 or 588-1933
Maine Relay Service for the Deaf……………………………. 711-1-1
Pine Tree Society………………………………………………… 443-3341
Sandcastle Clinical & Educational Services……………… 782-2150
Special Library Services-Books on Tape………………….. 1-800-762-7106
Vocational Rehabilitation…………………………………. 795-9000 or 1-800-741-2991
Westside Neuro Rehabilitation Services - Lewiston……… 795-6110

EDUCATION & EMPLOYMENT SERVICES

ASPIRE/JOBS…………………………………………………… 795-4423
Auburn Adult Education………………………………….. 794-2220
Bates College………………………………………………….. 786-6255
Central Maine Community College. 1-800-891-2002 or 755-5100
Central Maine SCORE………………………………………. 782-3708
Cooperative Extension Service (Androscoggin)……… 1-800-287-1458
Downtown Education Collaborative - Lewiston……….. 786-8241
Jobs for Maine’s Graduates…………………………………… 620-7180
Kaplan University……………………………………………… 333-3300
Leaweston Adult Education………………………………… 795-4141
Leaweston Career Center…………………………………… 753-9000
Leaweston/Auburn College - USM………………………… 753-6500
Lisbon Adult Education……………………………………… 353-3037
Literacy Volunteers-Androscoggin………………………… 333-4785
Hebron Academy……………………………………………. 966-2100
Poland, Mechanic Falls & Minot Adult Education……… 345-3217
Turner, Leeds & Greene Adult Education………………….. 225-1010
Unemployment Insurance-Job Service 753-9000 or 1-800-784-0157
Vocational Rehabilitation…………………………………… 753-9000 or 1-800-741-2991
Women Unlimited…………………………………………… 1-800-281-5259 or 623-7576
Women, Work & Community…………………………….. 753-6612
Worker’s Compensation Board…………………………… 1-800-400-6857 or 753-7700

ELDER SERVICES

AARP - Maine……………………………………………….. 776-6302
Adult Protective Services (24 hr. to report abuse)……….. 1-800-624-8404
Catholic Charities – SEARCH…………………………….. 786-8243
Elder Independence……………………………………….. 1-888-234-3920 or 795-7213
Eldercare Locator………………………………………….. 1-800-677-1116
First Auburn Senior Citizens………………………………… 784-0191
Golden Age Club – Auburn………………………………….. 576-4082
Health & Wellness Senior Services - CMMC……………… 375-5900
Health Services for the Elderly…………………………… 1-800-750-5353
Legal Services for the Elderly………………………………. 513-3059 x3710
Lifeline Emergency Response……………………………… 777-8827
Long Term Care Ombudsman…………………………….. 1-800-499-0229 or 621-1079
Low Cost Drug Program (ME Rx Plus)………………….. 1-866-798-2463
Meals on Wheels…………………………………………….. 1-800-427-1241 or 795-4010
New Auburn Senior Citizens……………………………… 375-6588
Office of Elder Services……………………………………… 287-9200 or 1-800-624-8404
Sabattus Senior Citizens…………………………………… 375-6588
SeniorsPlus/Area Agency on Aging 1-800-427-1241 or 795-4010
Senior Security Administration - Auburn………………… 866-627-6996
Sunshine Hill Neighbor’s Center - Lisbon…………………. 353-0646

VOLUNTEERING or DONATING GOODS:

United Way of Androscoggin County 795-4000
Email: acoombs@unitedwayandro.org