



Maine SHNAPP Community Engagement Phase
 Summary Report of Forum & Event Input
 Kennebec County
 April 2016

This serves as a brief summary report of the input provided by community members attending the 2 community forums and 9 community events that took place between November 2015 and March 2016.

Community Forums

Central DCC Waterville Forum	12/10/2015	Waterville Elks Club
Central DCC Augusta Forum	12/11/2015	MaineGeneral Hospital
Total Attending Forums:		89

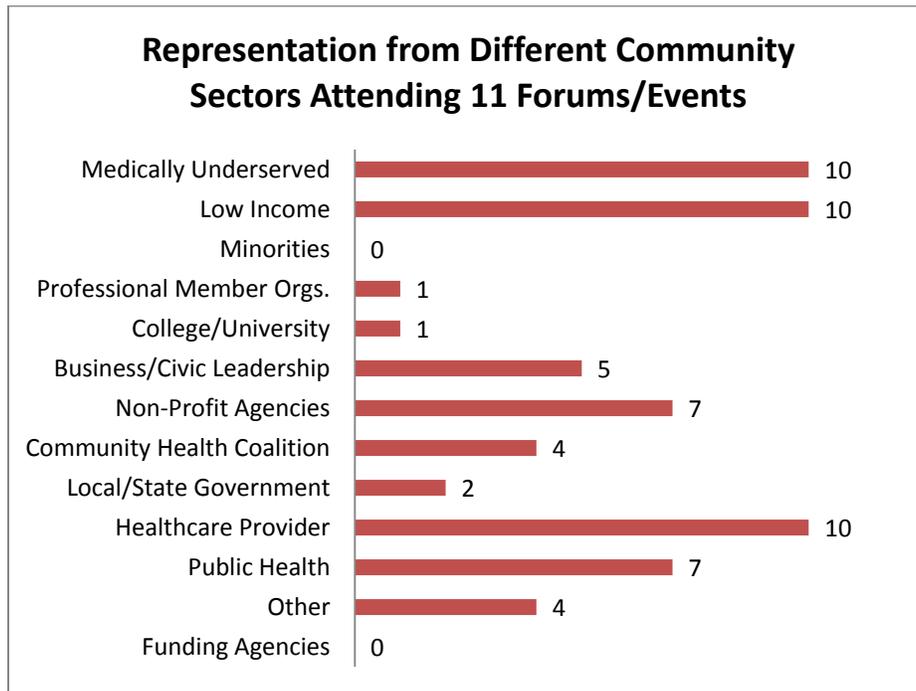
Community Events

MaineGeneral Board of Directors Meeting	1/4/2016	Alfond Center for Health in Augusta
MaineGeneral Medical Directors Meeting	1/11/2016	Alfond Center for Health in Augusta
Primary Care Transformation (PCT) Leadership Team	1/19/2016	Alfond Center for Health in Augusta
HCCA HealthReach Community Health Center Board Of Directors	1/27/2016	Waterville
MaineGeneral Leadership Council	2/9/2016	Thayer Center for Health in Waterville
HCCA-MeHAF Healthy Communities Planning Team	2/18/2016	Augusta, KBH Conference Room
Southern Kennebec Social Services Meeting	3/1/2016	Family Violence Project in Augusta
HCCA-Capital Area Food Council	3/10/16	Gardiner
Healthy People of the Kennebec Valley Event	3/23/2016	Alfond Center for Health in Augusta
Total Attending Events:		308

Total Attending Forums & Events **397**

Attendance numbers may contain duplicates if one person attended more than one forum/event.

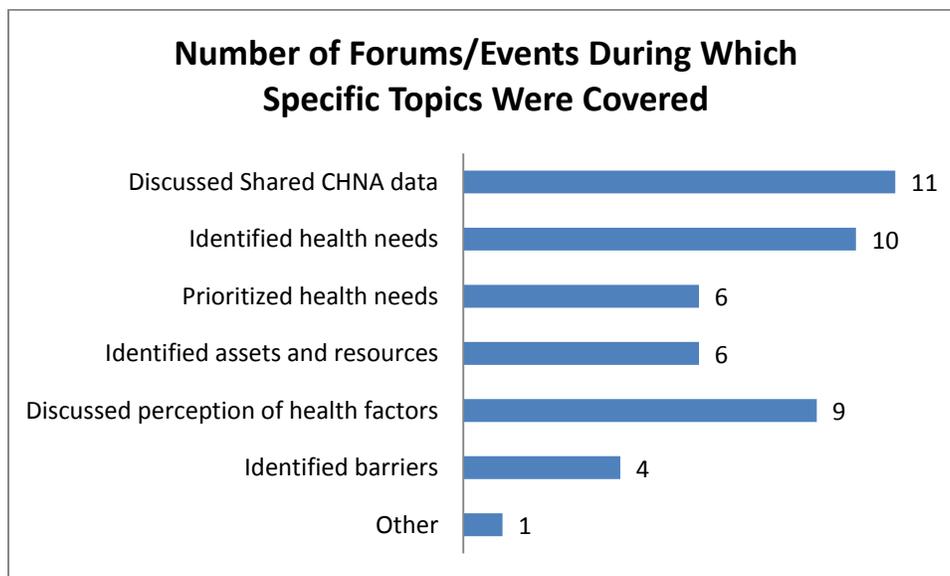
Community Sectors Represented During Forums and Events



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

Other: Law enforcement, clergy, public schools, farmers

Type of Input Obtained During Forums and Events



“Other” included: Role of employers in addressing health needs

Community Forums

These forums, organized and co-led by Maine CDC District Liaisons 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 Kennebec County Forums

Health Issue: **Obesity**

Summary of assets and resources to address issue: Let's Go!, school facilities, adult education offerings.

Summary of barriers or community needs (if reported): The overarching goal of lack of transportation was seen throughout the Kennebec data, addressed in several of the problem areas that had been identified by the process, as well as the idea of poverty and the implications that has toward food insecurity, education, etc. There is also an awareness from the community about a lack of providers/practitioners to support the need of various health issues. Within this there is also a concern for lack of "medical homes," locations that provide behavioral, primary care and even sometimes dental services. Much of the response was more systems-based, both of the needs of the providers to build better care times as well addressing the issues of health needs on a statewide level, from a policy perspective.

Summary of next steps, solutions, future ideal: Success in reducing obesity means increased programming for and access to physical activity and weight loss (includes transportation to activities and programs), access to healthy foods at grocery stores, farmer's markets, and food banks, and overall decrease in body mass index (BMI) and obesity rates. Hospitals play a role in reducing obesity by funding evidence-based programs (Let's Go!) in the community and having standards of care that include linkages/collaboration and referrals to community programs. Other organizations can play a role in reducing obesity by offering space for activities (schools), gym memberships (employers), cooperation or collaboration in bringing education and programs to the community. Communities can initiate food policy councils.

Health Issue: **Drugs and Alcohol**

Summary of assets and resources to address issue: Prescription Monitoring System (PMP) and Screening, Brief Interventions and Referral to Treatment (SBIRT).

Summary of barriers or community needs (if reported): The overarching goal of lack of transportation was seen throughout the Kennebec data, addressed in several of the problem areas that had been identified by the process, as well as the idea of poverty and the implications that has toward food insecurity, education, etc. There is also an awareness from the community about a lack of providers/practitioners to support the need of various health issues. Within this there is also a concern for lack of "medical homes," locations that provide behavioral, primary care and even sometimes dental services. Much of the response was more systems-based, both of the needs of the providers to build better care times as well addressing the issues of health needs on a statewide level, from a policy perspective.

Summary of next steps, solutions, future ideal: Success in addressing drug and alcohol abuse means reduced hospital/ED visits and 911 calls along with reductions in mortality associated with drugs and

alcohol. This will be achieved by addressing ACEs (Adverse Childhood Experiences), increasing prevention education for all ages, and improving partnerships among law enforcement and public safety. Hospitals support success on this issue by providing resources (navigators for people seeking treatment, increasing outpatient treatment capacity), creating standards of care that include the PMP, SBIRT, and addressing ACEs, and collaborating with other organizations to provide education and evidence-based programs. Other organizations play a role by providing funding (government, philanthropic agencies), legislative change, and collaboration.

Health Issue: Name three additional health issue or health factor priorities

- Transportation, Poverty, Mental Health, and Access to Services identified at both forums
- Increase utilization of primary care over ED/Express Care, Oral Health, and Violence Prevention identified during one forum.

Summary of assets to resources to address issue: n/a

Summary of barriers or community needs (if reported): n/a

Summary of next steps, solutions, future ideal: n/a

Community Events

These events were organized and carried out by community stakeholders (including Maine CDC District Liaisons, SHNAPP hospital employees, or others who sat on local SHNAPP Community Engagement Committees). Typically already formed groups agreed to hold 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.

Priorities Identified During Kennebec County Events:

- Substance Abuse (in 6 of 9 events)
- Poverty and social determinants of health (4 of 9 events)
- Obesity (3 of 9 events)
- Tobacco (3 of 9 events)
- Mental health, oral health, chronic conditions, lead, and older adults (2 of 9 events, each)
- Physical activity, rural populations, cancer, sexual assault, health literacy (1 of 9 events, each)

Additional Themes Identified During Kennebec County Events:

- Roles for employers
- Transportation barriers
- Suboxone treatment as both a resource and a need
- Patient centered medical homes as a resource
- Need to align healthcare priorities and direction with population health
- Partnerships and communication for better team care of patients as both solutions and needs

If you are interested in reviewing individual reporting forms represented in this summary, please contact communitybenefits@emhs.org