

Progress Report to Our Community

Addressing Community Health Needs

Fiscal Year 2017



2019



2018



2017



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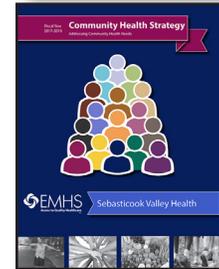
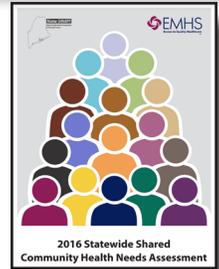
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Progress Report to Our Community



Teresa Vieira, MHA, FACHE
President, Sebastiscook Valley Health



Making our communities healthier - It may sound like a simple goal, but doing it right, involves hard work, commitment, and collaboration. Many factors can influence the health of people in our communities including income, poverty, employment, education, and household environment.

In 2016, EMHS partnered with three other large healthcare systems and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services, to create a Community Health Needs Assessment. We used that assessment and public input to develop a three-year strategy to improve the health and well-being of the communities that we serve.

The following is a progress report for our community health improvement plan for fiscal year 2017. As a member organization of EMHS, we at Sebastiscook Valley Health have our own unique set of priorities that we are addressing including:

- Hunger/Food Insecurity
- Substance Abuse
- Mental Health

We are also working together with other EMHS members throughout the state to prevent and treat opioid addiction and to improve access to healthy food for patients, families and communities.

The information contained in the following pages demonstrates our commitment to our communities and show the steps we have taken to reach our benchmarks. Thank you for taking the time to review these materials. We appreciate and value your partnership in this endeavor. Together we are achieving success and supporting vibrant and healthy communities across the regions where we work and serve.

Sincerely,

Teresa Vieira, MHA, FACHE

President, Sebastiscook Valley Health



Priority #1: Hunger/Food Insecurity

Rationale:

Increase access to and consumption of fruits and vegetables.

Intended action to address the need:

- Collaborate with HealthySV to implement a food security screening in SVH Family Care and Sebecook Family Doctor locations.
- Develop a Food Resource Guide to provide to patients identified as food insecure.
- Collaborate with school and community partners to implement school and community-based gardens and facilitate donations of unused food to community partners, such as food pantries, schools, senior housing, and public dinners.

Programs and resource allocation:

Staff Time
Partnerships to Improve Community Health Grant
Kohl's Cares Grant

Planned collaborations:

SVH will partner with HealthySV Coalition to implement the CHIP work plan. Other organizations that will be engaged include MSAD 53, RSU 19, Maine Central Institute, Sebecook Family Doctors, hunger relief organizations, local farmers, and municipalities.

Population of focus:

Food Insecure

| FY 2017 Progress Report | |
|---|--|
| Priority 1: Hunger/Food Insecurity - Food Security Screening | |
| Objective | Increase the number of SVH Family Care and Seabasticook Family Doctors locations that implement a food security screening from 0 to 5 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In fiscal year 2017 (FY17), SVH worked with six family practice locations (three SVH and three Hometown Health Practice locations) to implement food security screening at patient visits. Patients were asked two food insecurity questions during intake. Results were recorded in the electronic medical records (EMR) and flagged for provider to follow up with the patient and provide a referral to care management for follow-up. In addition, food resource guides were given to the patient by their provider. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • Seabasticook Valley Family Care (SVH Clinton, SVH Newport, SVH Pittsfield) • Hometown Health Practices, formerly Seabasticook Family Doctors (Hometown Health CCL, Hometown Health Canaan, Hometown Health Pittsfield, Hometown Health Newport) • Good Shepard Food Bank |
| Highlights | <p>SVH successfully trained clinicians in six practice offices to incorporate the food insecurity screenings at patient visits and update the EMR accordingly. Data was collected to identify trends within the offices.</p> <p>We successfully implemented availability of emergency food boxes at all three SVH Family Care locations to families identified as food insecure.</p> <p>Through a partnership with Good Shepherd Food Bank, SVH received a grant to ensure food boxes were made available at the SVH Family Care offices. The food boxes contained enough food for two people for three days. Providers gave the food box to patients screened as insecure, along with the food resource guide. The food box provided the patient with food while they worked with the care manager to connect with food resources in their community.</p> |
| Outcome Measure | Six SVH Family Care and Seabasticook Family Doctors locations implemented the food security screening |
| Project lead | Stacy Hubel, Practice Director, SVH Family Care Pittsfield Sherry Tardy, Director, Business Development |
| Next Steps | In fiscal year 2018 (FY18), SVH plans to continue screening patients for food insecurity focusing on increasing the number of screened patients . |

| FY 2017 Progress Report Priority 1: Hunger/Food Insecurity - Resource Guide | |
|--|--|
| Objective | Increase the number of SVH Family Care and Hometown Health locations that provide the food resource guide to patients who are identified as food insecure from 0 to 5 by 09/30/2017 by developing a food resource guide and providing to primary care locations. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH developed and distributed food resource guides. These guides contained information about local food pantries, community meals, nutrition tips, and more. 2,864 resource guides were distributed to 12 sites. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • SVH Family Practice (Pittsfield, Newport, Clinton locations) • Hometown Health (Newport, Pittsfield) • Newport Family Practice • Pittsfield Food Pantry • Palmyra Baptist Food Pantry • Clinton Community Food Bank • Patient Navigator • River Run Church of the Nazarene • Corinna Food Bank |
| Highlights | The community received the resource guides listing food resources in the area. Feedback from partners was, and continues to be positive. Individuals and organizations have reached out to SVH asking for additional guides. |
| Outcome Measure | Food resource guide developed and 12 locations have provided the food resource guide to patients identified as food insecure |
| Project lead | Sherry Tardy, Director, Business Development |
| Next Steps | In FY18, SVH will not continue working on the resource guide as it has been made available in a number of locations. SVH will continue to focus on screening patients for food insecurity and providing appropriate referrals and food boxes at all locations. |

| FY 2017 Progress Report | |
|---|--|
| Priority 1: Hunger/Food Insecurity - Community Gardens | |
| Objective | Increase the number of school and community gardens from 5 to 8 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | <p>In FY17, SVH set out to establish eight gardens. We exceeded our goal and ultimately established 11 gardens within our service area. Through grant support from Kohl's Cares, Bangor Public Health (Penquis District Coordinating Council), and Partnerships to Improve Community Health we were able to work with food pantries and soup kitchens to forge new partnerships as well as establish green houses. Through guidance and support from SVH, the following entities were engaged to establish gardens:</p> <ul style="list-style-type: none"> • Palmyra Baptist Worship Center - established a garden for the food pantry and soup kitchen. They produced over 4000 pounds of produce and reached over 200 individuals through donations. The soup kitchen serves 100 people weekly (5000 meals annually) • Pittsfield Library Garden of Kindness - established a handicap accessible raised table garden. SVH provided educational sessions to over 50 gardeners ages 2-6 • Sebecook Valley Middle School - established three 12'x32' green houses constructed and planted by the middle school students. They produced 235 pounds of vegetables that were used in the school cafeteria. Plans are to continue the use of the greenhouse for fresh produce • Harmony Elementary School - established two 4'x8' raised beds planted with asparagus, beginning to establish a perennial permaculture approach to their gardens and plans to develop a permanent garden structure • Shared Earthly Blessings - established one 12' x 32' green house that enabled Shared Earthly Blessings to increase their vegetable offerings • Caravel Middle School – established one 12'x20' green house that provided an opportunity for students to grow their own food |
| Partners engaged | <p>SVH partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Palmyra Baptist Worship Center Soup Kitchen/Food Pantry • Sebecook Valley Middle School • Pittsfield Public Library • Harmony Elementary School • Shared Earthly Blessings Community Garden • Caravel Middle School |
| Highlights | See "Approaches taken and resources used" section |
| Outcome Measure | 11 community and school gardens established |
| Project lead | Sharon Kimball, Community Health Project Specialist |
| Next Steps | In FY 18, SVH will continue working with schools and community groups to establish community gardens that will enable the donation of food to various partners. |

| FY 2017 Progress Report | |
|--|--|
| Priority 1: Hunger/Food Insecurity - Food Donations | |
| Objective | Increase the number of school and community gardens that donate to food partners from 0 to 4 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH partnered with several school/community gardens to increase fruit and vegetable availability at local food pantries and soup kitchens. We engaged local farmers as well as our school/community gardens which are supported by SVH grants. Not only did the school and community gardens donate excess to the food pantries, they also utilized the produce in house by using the fruits and vegetables in the school cafeterias and soup kitchens. |
| Partners engaged | SVH partnered with the following entities on this priority: The following schools provided produce to families and the cafeteria: <ul style="list-style-type: none"> • Nokomis High School, Warsaw Middle, Etna/Dixmont, Nokomis Alternative Education, MCI The following community gardens donated to the food insecure: <ul style="list-style-type: none"> • Outland Farm Community Garden, River Run Church, Hometown Health Care, Shared Earthly Blessings, Palmyra Baptist Soup Kitchen Garden The pantries/soup kitchens who received donations were: <ul style="list-style-type: none"> • Welcome Table, Hartland Baptist, Palmyra Baptist Worship Center Soup Kitchen/Food Pantry, River Run Community Dinners, Hometown Health patrons, Clinton Soup Kitchen/Food Pantry, Tri-Town Food Pantry, Soup and Biscuit (Newport). |
| Highlights | The number of partners who were engaged in the process of increasing the availability of fruit and vegetables to individuals who were food insecure. Gardens exceeded last year's donation numbers. Through grant support (Kohl's Cares, Penquis District Coordinating Council, and Partnerships to Improve Community Health (PICH)) we were able to engage more partners that enabled our reach to span across three counties. |
| Outcome Measure | 10 school and community gardens donated food to partners |
| Project lead | Sharon Kimball, Community Health Project Specialist |
| Next Steps | In FY18, SVH will continue to work with school and community gardens to increase the number of food partners donating food. |

Priority #2: Substance Abuse

Rationale:

Reduce prescription drug abuse and misuse.

Intended action to address the need:

- Collaborate with HealthySV to coordinate community education sessions to present and discuss substance abuse data for Seabasticook Valley.
- Provide education to SVH providers around prescription drug abuse and misuse, including local and state trends and data.
- Partner with community organizations, healthcare partners, and local pharmacies to provide patients with safe storage and disposal information.

Programs and resource allocation:

- Drug Free Communities Grant
- Staff Time
- Safe Storage and Disposal educational materials provided by HealthySV

Planned collaborations:

SVH will collaborate with HealthySV to secure patient education materials and coordinate community education sessions. The local Substance Abuse Prevention Team and other Coalition partners will help to disseminate education materials and promote community education sessions.

Population of focus:

Seabasticook Valley Residents

| FY 2017 Progress Report Priority 2: Substance Abuse - Community Education | |
|--|---|
| Objective | Increase the number of community education sessions that present and discuss substance abuse data for Sebecook Valley residents from 4 to 6 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH engaged the community through presentations and trainings specific to substance abuse. Presentations were offered at a variety of school settings that focused on the Maine Integrated Youth Health Survey (MIYHS) data and tobacco cessation information for attendees to discuss, reflect upon, and connect with others. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • SVH Emergency Medical Staff • Pittsfield Police Department • Somerset County Sheriff Department • RSU 19 school district • MSAD 53 school district |
| Highlights | Through the use of the Maine Integrated Youth Health Survey, interest amongst community members increased along with the need for advocacy for prevention efforts related to substance misuse in our service area. |
| Outcome Measure | 14 community education sessions presented and discussed substance abuse data for Sebecook Valley residents |
| Project lead | Shawna Melanson, Drug Free Community Project Coordinator |
| Next Steps | In FY18, SVH plans to continue engaging the communication in efforts to present and discuss substance abuse data for the Sebecook Valley area. |

| FY 2017 Progress Report Priority 2: Substance Abuse - Education and Trending | |
|---|---|
| Objective | Increase the educational opportunities for local primary care providers to decrease prescription drug abuse and misuse from 0 to 2 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | <p>In FY17, SVH engaged local primary care providers in educational sessions related to opioid prescribing laws and standards.</p> <ul style="list-style-type: none"> • The Maine Independent Clinical Information Service (MICIS) 2017 Provider Education on Evidence Based Opioid Prescribing presented by Maine Medical Association on May 18, 2017. The Program provided CME credit and networking for 31 Physician and Family Nurse Practitioners. These providers were from Sebasticook Valley Health’s service area, nine were from SVH • Four Family Nurse Practitioners from SVH Family Care attended the 2017 Annual Spring Conference on April 26-28, 2017 with the keynote “Overtreated: Why too Much Medicine is Make Us Sicker and Poorer” by Shannon Brownlee. |
| Partners engaged | <p>SVH partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • CA Dean Hospital • Inland Hospital • Newport Family Practice • Hometown Health • Family Circles Healthcare |
| Highlights | See “Approaches taken and resources used” section |
| Outcome Measure | Two educational opportunities were offered for local primary care providers to decrease prescription drug abuse and misuse |
| Project lead | Shawna Melanson, Drug Free Community Project Coordinator |
| Next Steps | In FY18, SVH plans to continue offering educational opportunities to local providers specific to Maine’s opioid prescribing law. |

| FY 2017 Progress Report | |
|--|---|
| Priority 2: Substance Abuse - Safe Storage and Disposal | |
| Objective | Increase the amount of community organizations, healthcare partners, and local pharmacies that provide safe drug storage and disposal education information from 16 to 24 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH ensured that Prescription Drug Safe Storage and Disposal Brochures were made available at a number of locations throughout our service area. Location included local Rite Aids, Wal-Mart, Community Pharmacy, SVH Family Care locations, libraries, cultural centers, schools, town offices, and the Chamber of Commerce. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • Pittsfield Police Department • Somerset County Sheriff Department • Maine State Police Troop C |
| Highlights | HealthySV, a local coalition designed to support and promote healthy lifestyles to reduce chronic disease and increase quality of life in the Seabcoast Valley Region, through policy and environmental change, worked with Pittsfield Police, Newport Police, and Somerset County Sheriff Department to implement and promote Prescription Drug Take-Back events two times in FY17 year; October, 2016 and April 2017. |
| Outcome Measure | 32 sites received safe drug storage and disposal education information |
| Project lead | Shawna Melanson, Drug Free Communities Project Coordinator |
| Next Steps | In FY18, SVH plans to increase the amount of community organizations, healthcare partners, and local pharmacies that provide safe drug storage and disposal education information. |

Priority #3: Mental Health

Rationale:

Increase community awareness, communication, and utilization of resources for local mental health services.

Intended action to address the need:

- Collaborate with local resource providers to coordinate and deliver education opportunities to reduce stigma of mental illness and/or treatment.
- Partner with Little Beacon to create a local resource guide identifying mental health services/providers.
- Collaborate with Little Beacon to identify appropriate referral pathways for services/providers listed in the resource guide.

Programs and resource allocation:

Staff time

Planned collaborations:

SVH will partner with Little Beacon to identify local mental health services and providers. A Little Beacon ad hoc committee will be established to confirm available services/providers and determine appropriate referral pathways.

Population of focus:

Sebasticook Valley Residents

| FY 2017 Progress Report Priority 3: Mental Health - Education Partnerships | |
|---|--|
| Objective | Increase the number of educational and partnership opportunities with local providers from 0 to 2 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | <p>In FY17, SVH engaged in the following activities:</p> <ul style="list-style-type: none"> • Identified gaps and barriers to mental health in schools by creating focus groups • Implemented monthly lunch and learn programs at Nokomis Regional High, Sebecook Valley Middle School, and Maine Central Institute (MCI) to create awareness and reduce stigma of Mental Health issues • Implemented Tobacco Training/Treatment Class • Facilitated with NAMI, MCI Challenge Day at Maine Central Institute; Worked with MCI Sophomore class and community volunteers |
| Partners engaged | <p>SVH partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Nokomis Regional High • Sebecook Valley Middle School • Maine Central Institute • NAMI |
| Highlights | <p>A number of lunch and learn programs were offered to reduce the stigma of mental health issues:</p> <ul style="list-style-type: none"> • Power of Positivity (Nokomis Regional High and MCI) • Stress, Anxiety and Sleep (Sebecook Valley Middle School) • Underage Drinking Effects for Teens (Nokomis Regional High) • Community education sessions “Overcoming the Stigma Concerning People with Mental Health Issues” May 17, 2017 presented by Catholic Charities of Maine |
| Outcome Measure | Four educational and partnership opportunities with local providers engaged |
| Project lead | <p>Paul Arsenault, VP, Primary Care and Specialty Practices Donna Huff, NP, Family Psychology/Mental Health</p> |
| Next Steps | In FY18, SVH plans to continue to increase the number of educational and partnership opportunities with SVH employees and community members. |

| FY 2017 Progress Report Priority 3: Mental Health - Referral Pathways | |
|--|---|
| Objective | Increase the number of appropriate referral pathways for mental health services/ providers listed in the resource guide from 0 to 2 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH created a referral guide to include local, regional and statewide resources. Educational classes targeting anxiety and positive thinking were facilitated to the whole student body and staff at Nokomis and MCI as well as two smaller classes of 50 students and staff on addictions to include referral sources and numbers. SVH also created a regional resource guide for distribution. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • Nokomis • MCI • Seabasticook Valley Middle School |
| Highlights | See “Approaches taken and resources used” section |
| Outcome Measure | 18 classes with referral to resources |
| Project lead | Paul Arsenault, VP, Primary Care and Specialty Practices Donna Huff, NP, Family Psychology/Mental Health |
| Next Steps | In FY18, SVH will not continue with this objective for mental health. Instead, we will focus on increasing the number of mental health educational and partnership opportunities with SVH employees and community members. |

| FY 2017 Progress Report Priority 3: Mental Health - Resource Guide | |
|---|---|
| Objective | Increase the number of local resource guides identifying mental health services/providers from 0 to 1 by 09/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH Community Health increased education on and access to behavioral health resources by creating a behavioral health resource guide for our service area. Strategic Planning was completed with partners to identify the best formatting for the resource guide. The community health coordinator collected updated behavioral health contacts and collaborated with EMHS staff to layout the guide. We applied for a Penquis District Coordinating Council grant and was awarded funds to produce 4500 copies for regional distribution to 28 Healthcare Facilities, 11 local Town Offices, 16 Schools, 31 local locations: Rite Aids, Cultural Center and Police Department's, etc. We collaborated with partners to coordinate Community Education sessions and presented brief lunch and learn programs on reducing the stigma of mental health issues and offering resources for support and distribution of the guides at these sessions. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • NAMI • SVH • EMHS • Other regional/local contacts/agencies |
| Highlights | We continue to disseminate the guides at Lunch and Learns and Community Events. |
| Outcome Measure | 1 guide (1500 printed) |
| Project lead | Sherry Tardy, Director, Business Development |
| Next Steps | In FY18, SVH plans to continue providing the resource guides through regional dissemination efforts as well as at various Lunch and Learn events and community engagements. |

Priority: Opioid Harm Reduction - Provider Education

Rationale:

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.

Intended action to address the need:

- Assess areas of need
- Develop an action plan
- Develop protocols for tracking and maintenance
 - Create tracking inventory of provider training and competency needs
 - Integrate database into system for tracking
 - Maintain database
- Establish training protocol and timeline
- Track attendance at trainings

Programs and resource allocation:

- Provider Educator
- Staff time
- Educational materials – Caring for ME

Planned collaborations:

The partners may be those offering the training sessions. Lisa Harvey-McPherson has been making rounds with our members and might be a point of contact for the partners.

Population of focus:

Patient population in need of chronic pain management

| FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Provider Education | |
|--|--|
| Objective | By 9/30/2017, Increase the number of SVH providers receiving education on Maine's new opioid prescribing law (LD 1646, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program) |
| Status | Completed |
| Approaches taken and resources used | <p>In FY17, SVH engaged local primary care providers in educational sessions related to opioid prescribing laws and standards.</p> <ul style="list-style-type: none"> • The Maine Independent Clinical Information Service (MICIS) 2017 Provider Education on Evidence Based Opioid Prescribing presented by Maine Medical Association on May 18, 2017. The Program provided CME credit and networking for 31 Physician and Family Nurse Practitioners. These providers were from Sebasticook Valley Health's service area, nine were from SVH. |
| Partners engaged | <p>SVH partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Maine Medical Association • Department of Health and Human Services – Office of Maine Care Services • Maine Medical Association |
| Highlights | See “ Approaches taken and resourced used” section |
| Outcome Measure | 31 providers received education on implementing Maine's new opioid prescribing laws being tracked in inventory database |
| Project lead | Sherry Tardy, Director, Business Development |
| Next Steps | In FY18, SVH plans to continue offering educational opportunities to local providers specific to Maine's opioid prescribing law. |

Priority: Healthy Food Access - Food Insecurity Screen and Intervene

Rationale:

According to the USDA, Maine ranks fourth in the nation and first in New England for very low food insecurity. Lack of access to nutritious foods greatly increases a number of health risks such as those associated with chronic disease and developmental issues among youth. Screening patients for food insecurity and connecting them with reliable food assistance resources can remove a barrier to good health, improving health outcomes for children, families and older adults who are at greatest risk.

Intended action to address the need:

- Integrate food insecurity screen into electronic medical record (EMR)
- Educate providers on the use of the tool
- Develop a site specific referral process

Programs and resource allocation:

- Staff time

Planned collaborations:

SVH will partner with HealthySV to implement a food security screening. Other organizations that will be engaged include SVH Family Care and Hometown Health (formerly SFD).

Population of focus:

- Food insecure patients at SVH Family Care

| FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Food Insecurity Screen and Intervene | |
|--|--|
| Objective | Increase the number of patients screened for food insecurity from 750 to 800 per month by 9/30/2017. |
| Status | Completed |
| Approaches taken and resources used | In FY17, SVH worked with three family practice locations to implement food security screening at patient visits. Patients were asked two food insecurity questions during intake. Results were recorded in the electronic medical records (EMR) and flagged for provider to follow up with the patient and provide a referral to care management for follow-up. In addition, food resource guides were given to the patient by their provider. |
| Partners engaged | SVH partnered with the following entities on this priority: <ul style="list-style-type: none"> • SVH Family Care offices located in Newport, Pittsfield, and Clinton |
| Highlights | See “Approaches taken and resources used” section |
| Outcome Measure | 10,880 patients screened for food insecurity |
| Project lead | Sherry Tardy, Director, Business Development |
| Next Steps | In FY18, SVH plans to continue screening patients for food insecurity focusing on increasing the number of screened patients. |

Conclusion

Sebasticook Valley Health continues work on identified priorities through the Community Health Strategy and is thankful for the participation and support of our community members and many area organizations for contributing their knowledge of local community health needs related to our priorities of action. Through existing and future partnerships, collaborative efforts are essential in addressing the identified community health strategies prioritized within.

Sebasticook Valley Health will engage in another Shared Community Health Needs Assessment in 2019 and looks forward to ongoing community participation in these important efforts.

