Mid Coast Hospital | Community Health Needs Assessment (CHNA) & Implementation Strategies | FY2014-16

Mid Coast Hospital
Our Community. Our Health.

www.midcoasthealth.com
Community Health Needs Assessment and Implementation Strategies
FY2014-16 (October 1, 2013 – September 30, 2016)

Background

On March 23, 2010 the Affordable Care Act (ACA) was enacted. The ACA, among other things, requires hospitals to perform Community Health Needs Assessments (CHNA) every three years. The requirement took effect for tax years beginning on or after March 23, 2012 which for Mid Coast Hospital is fiscal year ending September 30, 2013. The requirement also allows the CHNA to be performed in the applicable tax year or in either of the two preceding years.

Beginning in 2010 and ending in 2011, Mid Coast Hospital, engaged in an assessment of the health needs of the mid coast community. This review, called the 2020 Vision, was the most comprehensive health needs assessment ever performed in our community. All told, over 1,000 community members attended one of many focus groups to discuss the current and future health needs in our region. Information from this process was summarized into five major focus areas that became Mid Coast’s 2020 Vision. Finally, clinical, administrative, and population health initiatives were developed and prioritized into implementation strategies.

The following sets forth the 2020 Vision for Mid Coast and the ongoing transformation necessary to improve the health of our community:

- **Prevention and Wellness.** This involves transforming Mid Coast into an organization that not only takes care of patients when they become sick but also takes responsibility for the health and wellbeing of our community.
- **Patient Experience.** This involves transforming Mid Coast into an organization that is easy to navigate and is committed to surpassing expectations in a caring way.
- **Integrated and Accountable Care.** This involves transforming Mid Coast into an organization that uses a team approach to managing the quality and cost of healthcare across all settings, engaging the patient, employers, and the entire healthcare team in the process.
- **Continuous Improvements to Achieve Superior Outcomes.** This involves transforming Mid Coast into an organization that continuously measures and improves everything we do and engineers safety, technology, evidence, and reliability into our clinical practices to achieve superior outcomes.
- **Meeting Community Needs.** This involves actively engaging with the community to plan for and meet changing needs, and provides a first place to turn for high-quality healthcare, close to home.

Mid Coast’s 2020 Vision is available online at: [http://www.midcoasthealth.com/2020-vision/](http://www.midcoasthealth.com/2020-vision/)

Although not known at the time, Mid Coast’s 2020 Vision process fulfilled the CHNA requirements that were later articulated in the July 7, 2011 IRS Notice 2011-5. This Notice was issued by the IRS to provide guidance to hospitals in conducting their CHNA. In retrospect, Mid Coast’s process was precisely what the legislators had in mind as they drafted the CHNA language in the ACA. Because the CHNA requirements and IRS guidance were issued after the completion of Mid Coast’s 2020 Vision process, the work was reformatted to better align with the IRS guidance. This FY2011 CHNA is available [here](http://www.midcoasthealth.com/2020-vision/).
Mid Coast Hospital prepared the current, updated CHNA in fiscal year 2014, ending September 30, 2014; remaining in effect through the end of fiscal year 2016, ending September 30, 2016. Since the last CHNA was prepared, the State of Maine prepared and disseminated the Maine State Health Assessment, providing information on the health of Maine people for 167 public health indicators across 22 health topics. It was from the most recent State Health Assessment, inclusive of Mid Coast Hospital’s primary service area, that much of the data informing this CHNA were drawn.

Description of the Community Served

Mid Coast Hospital's primary service area includes the towns of Arrowsic, Bath, Brunswick, Bowdoin, Bowdoinham, Dresden, Durham, Edgecomb, Freeport, Georgetown, Harpswell, Phippsburg, Richmond, Topsham, West Bath, Westport, Wiscasset, and Woolwich. The population of Mid Coast’s primary service area is approximately 87,000, 17% of which are age 65 or older. The primary service area represents towns where Mid Coast Hospital represents 25% or more of the discharges or Mid Coast’s discharges are within ten percentage points of the hospital with the greatest share of discharges.

Most of the public health data available in Maine are at the county and public health district levels. Mid Coast’s service area encompasses all of Sagadahoc County but only a small subset of Cumberland, Lincoln, and Androscoggin counties. The public health experts at Mid Coast have long recognized this data deficiency and therefore utilize data from Sagadahoc County as a proxy for its entire service area. Data from the Maine CDC for Sagadahoc County show the following:

- Approximately 9% of the population is living at or under 100% of the Federal Poverty Level
- Approximately 8% of the population does not have health insurance, nearly half of the U.S. rate
- Approximately 7% of the population is unemployed
- Approximately 13% of the adult population reports ‘fair or poor’ health
- Approximately 93% of the population has a ‘usual primary care provider’
- Approximately 14% of the population has one or more disabilities
- Approximately 17% of the population has veterans status, 60% more than the national average
- Approximately 28% of those age 65+ live alone

Methodology

The Maine State Health Assessment (SHA) provides a broad overview of the health of Maine people for 167 public health indicators (data points) across 22 health topics.

The list of 167 indicators was developed with input from the SHA work group as well as subject matter experts within Maine CDC, utilizing the MAPP Community Health Assessment Process. The choices were based on the best available data, Healthy Maine 2020 objectives; indicators used by other national and in-state health assessments were also considered when choices were made. These indicators are not inclusive of all public health data, but are intended to provide an overview of public health issues.
Where available and applicable, each indicator was analyzed to provide for:

- Trend data for up to ten years
- Comparison to the US rate or number,
- Data by Maine’s eight geographic public health districts,
- Data by county,
- Data by gender, and by age,
- Data by race and ethnicity (Hispanic & non-Hispanic), and by sexual orientation,
- Data by income and education level

The 2012 SHA includes 22 health status indicators describe many of the issues that affect the health and wellbeing of people of all ages in Maine. These indicators describe:

- Birth outcomes,
- Causes and rates of death,
- Hospitalizations and emergency room usage,
- Incidence of infectious and chronic diseases,
- Behaviors that affect health, and
- Health care usage and access

The SHA data available in Maine are at the county and public health district levels. As mentioned above, Mid Coast’s service area encompasses all of Sagadahoc County but only a few towns in Cumberland, Lincoln, and Androscoggin counties. Mid Coast Hospital therefore utilizes data from Sagadahoc County, within the Midcoast District Brief as a proxy for its service area.

The local (Mid Coast Hospital service area) analysis of the data presented in the 2012 SHA, and community health priorities are identified, through a MAPP process facilitated by Access Health. See Figure 1 below.
Mid Coast Hospital has had a long and successful collaboration with Access Health, the local Healthy Maine Partnership (HMP) in the Midcoast region. Access Health is one of 27 local Maine Partnerships, and one of eight Lead Agencies statewide. IV

Access Health’s mission is to “work with community partners to contribute to the health and wellbeing of our communities through tobacco prevention & cessation, secondhand smoke reduction, physical activity & healthy eating promotion, chronic disease management, substance abuse prevention and lead poisoning prevention.”

In many ways, Access Health, which is governed by an active community advisory board, can be thought of as an extension of Mid Coast Hospital in carrying out its specific community and public health initiatives outlined in its mission statement. Every five years, Access Health develops its strategic priorities based on public health and other data, as well as its ongoing grass roots work in our community. These strategic priorities are then translated into annual implementation plans, which are also aligned with the Sagadahoc County Board of Health, as well as the Midcoast District Coordinating Council. Hence, Mid Coast’s CHNA incorporates the work and priorities of Access Health the local Sagadahoc County Board of Health, and the Midcoast District Coordinating Council. In addition to the local county board of health and the District Coordinating Council, Access Health and Mid Coast Hospital collaborate with many community partners to encourage and support healthy choices, including: Coordinated School Health Programs of MSAD 75 & RSU 1, Colleges, Faith Community, Fitness Centers, Healthcare Centers and Hospitals, Libraries, Local Businesses, Non-Profit Organizations, Recreation Departments, Law Enforcement, Schools, and Youth Organizations.
Further, Mid Coast Hospital is an active member of the MaineHealth Community Health Improvement Council. As a Council member, Mid Coast participates in the MaineHealth Health Index Initiative. Priority areas where Mid Coast and other MaineHealth members and partners can substantially improve population health, are aligned with the issues monitored in the America’s Health Rankings® framework:

- Decrease tobacco use,
- Decrease obesity,
- Increase childhood immunizations,
- Decrease preventable hospitalizations,
- Decrease cancer death rates,
- Decrease cardiovascular death rates, and
- Decrease prescription drug abuse and addiction (added in Maine in 2012)

The data sources used in the above processes included vital records and other public health data from the Maine CDC, hospital utilization data from the Maine Health Data Organization, population and demographic data from the Maine State Planning Office, and Strategic and Implementation Plans provided by Access Health. See Figure 2 below.

**Figure 2. Mid Coast Hospital Community Health Needs Assessment Data Sources, FY2014**

- MCDC Research and Vital Statistics
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Maine Integrated Youth Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Maine Cancer Registry
- Maine Health Data Organization (MHDO)
- U.S. CDC
- Maine Department of Education
Community Input

As required in Notice 2011-5, an individual with expertise in public health participated in the development of this CHNA. Steve Trockman, MPH is currently the Director of Community Relations and Outreach at Mid Coast Health Services. In this role Steve leads the organization’s community health planning and operations. Steve is a graduate of the Rollins School of Public Health at Emory University, and initially worked as a public health prevention specialist at the U.S. Centers for Disease Control and Prevention before joining the Maine Center for Disease Control and Prevention. Steve later worked at Maine Medical Center, leading the region’s public health and health systems emergency preparedness efforts, including the 2009 H1N1 Influenza Pandemic response.

Maine’s Public Health Districts are coordinated by District Coordinating Councils (DCCs) overseen by the Maine CDC. DCCs have been charged with monitoring local health status to identify community health problems. Mid Coast Health participates in two District Coordinating Councils (Cumberland and Midcoast) with a strong leadership role in the Midcoast DCC. Both DCCs have used local SHA results as a part of a district community health planning process to create District Public Health Improvement plans.

Mid Coast Hospital is also the fiscal agent and lead agency of the local Healthy Maine Partnership (HMP), Access Health. HMPs are local comprehensive community health coalitions charged with coordinating local community health needs assessments. In 2012, Access Health adopted a Community Health Improvement Plan (CHIP) based on the results of a MAPP process - Mobilizing for Action through Planning and Partnerships. See Figure 3 below. The 2012 CHIP is available online at: www.accesshealth.org. MAPP is a community-driven strategic planning process for improving community health. This framework helps communities apply strategic thinking to prioritize public health issues, and to identify resources to address them. This process included representatives from the following organizations and groups:

- Access Health Advisory Council
- Sagadahoc County Board of Health
- Maine CDC, including district liaisons
- School Health Officials
- Elected officials
- Public Health Experts
- Richmond Area Health Center
- Faith community representatives
- Occupational/Workplace health providers
- Veterans Affairs
- Municipal and County Public Safety

In addition to this 2012 CHIP, every year in September Access Health and Sagadahoc County Board of Health bring together representatives of these organizations to review population health priorities, identify resources to improve health behaviors and health outcomes, and report out publicly through a gap analysis document and implementation strategy document.
Prioritized Description of the Community Health Needs

The community health needs identified in this assessment are based on the quantitative and qualitative information collected and tracked in the State Health Assessment and the MaineHealth Health Index Initiative. With input from the executive committee of the medical staff and the leadership committee of the employed physician group, Mid Coast’s senior management team held a retreat to prioritize the identified needs. Strategies were developed to address the priority areas and presented to the Planning Committee of the Board. Finally, the Board of Directors approved the recommendations of the Planning Committee at their June 12, 2014 Board meeting. The highest priority needs identified include:

- Improve access to primary care
- Reduce the prevalence of childhood obesity
- Improve the cancer care continuum (prevention, detection, treatment, survivorship)
- Integrate behavioral health with primary care
- Improve transitions of care
- Improve end of life care and coordination
- Improve parenting support for families during early childhood development
- Decrease prescription opioid drug abuse and addiction
- Decrease tobacco use

Table 1 summarizes the Implementation Strategies for the Community Needs Health Assessment. This information has been reformatted to better align with the IRS guidance.
Table 1. Mid Coast Hospital Community Health Needs Assessment (CHNA) Implementation Strategies, FY 2014-16

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<tbody>
<tr>
<td>Improve Access to Primary Care</td>
<td>Implement extended hours in the Primary Care practices.</td>
<td>Increase the number of patients, especially MaineCare, with a PCP</td>
<td>Change in PCP patient panels over time</td>
<td>Mid Coast Medical Group, Oasis Health Network (Free Clinic)</td>
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<td></td>
<td>Start construction on new Primary Care practice in Topsham to house new Family Care Practice (Oct 14)</td>
<td>Will allow for expansion of Primary Care Providers</td>
<td>PCP patient panel monitoring</td>
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<td>Build new Primary Care building for Bath Primary Care.</td>
<td>Improve access through capacity expansion, improved efficiencies and ease of location</td>
<td>Patient volumes</td>
<td>Mid Coast Hospital, Mid Coast Medical Group, Oasis Health Network (Free Clinic)</td>
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<td></td>
<td>Expand Primary Care Providers</td>
<td>Increase the number of patients receiving primary care, especially family care.</td>
<td>Patient volumes</td>
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<td>Reduce the Prevalence of Childhood Obesity</td>
<td>Continue to implement Let’s Go! 5-2-1-0 program throughout region</td>
<td>Set the stage for reducing obesity rates through education of healthy behaviors</td>
<td>Achievement of Access Health goals relative to childhood obesity</td>
<td>Mid Coast Obesity Endowment, collaborate with Access Health, school systems, early childhood, and healthcare providers</td>
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<td>Improve the Cancer Care Continuum</td>
<td>Maintain Cancer Care Accreditation</td>
<td>Provide more comprehensive Cancer Care services for residents of our region</td>
<td>Maintain Accreditation status</td>
<td>Maintain CoC meeting requirements</td>
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<td>Expand on Outpatient Nutrition Services to meet the needs of Cancer Patients</td>
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<td>Collaborate with New England Cancer Specialists (formerly Maine Center for</td>
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<td>Implement Cancer</td>
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<td>Physical Activity Programs</td>
<td>Cancer Medicine</td>
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<td><strong>Integrate Behavioral Health with Primary Care</strong></td>
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<td>Collaborate with Maine Behavioral Health Care to provide Behavioral Health specialists in the Primary Care setting.</td>
<td>Improved Behavioral Health Care</td>
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<td>Improved Access to services for both the patients and providers.</td>
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<td>A reduction of no show rates</td>
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<td>Clinical outcomes Referrals data Frequency of visits data</td>
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<td>Maine Behavior Health Care MCMG-Primary Care</td>
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<td><strong>Improve Transitions of Care</strong></td>
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<td>Optimize patient centered care transitions across the continuum</td>
<td>Reduce hospital readmission rates</td>
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<td>Integrate flow of clinical information between care sites</td>
<td>Improve patient and provider satisfaction through improved communication and shared clinical information</td>
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<td>Develop system wide standardized patient education tools</td>
<td>Improved End of Life communication</td>
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<td>Monitor data related to transitions and facilitate Performance Improvement.</td>
<td>Improved End of Life planning</td>
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<td>Improved transitions of care between sites</td>
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<td>Patient satisfaction and readmission rates data</td>
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<td>MCH CHANS SHC Martin’s Point Maine Health Patient and Family Advisory Council Transitions of Care Cmte (comm-wide); CHANS Hospice; Jessica Vickerson, FNP, MSW, Palliative Care NP Transitions of Care Cmte (comm-wide); CHANS Hospice; Jessica Vickerson, FNP, MSW, Palliative Care NP</td>
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<td><strong>Improve End of Life Care and Coordination</strong></td>
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<td>Collaborate with the Maine Health End of Life Initiative on the following topics: Critical Conversation-difficult discussions related to bad diagnosis and end of life</td>
<td>Improved End of Life Communication</td>
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<td>POLST training in Long Term Care</td>
<td>Improved End of Life Planning</td>
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<td>Improved transitions of care between sites</td>
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<td>Patient Satisfaction data</td>
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<td>Maine Health and MH End of Life Coordinator Chris Murray Jessica Vickerson, FNP, MSW- MCH Palliative Care CHANS Hospice CHANS Hospice</td>
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<td>Improve Parenting Support for Families During Early Childhood Development</td>
<td>Establish a steering committee for the <strong>Home Visiting Initiative</strong></td>
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<td>Foster nurturing relationships between parent and child</td>
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<td>Improve prenatal care</td>
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<td>Protect children from preventable illness and injury</td>
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<td>Protect children from violence, abuse and neglect</td>
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<td>Increase breastfeeding rates</td>
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<td>Increase family self-sufficiency</td>
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<td>Provide educational resources</td>
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<td>Provide referrals to needed services</td>
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<td>Program and outcome evaluation indicators</td>
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<td>MCMG and MCH</td>
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<td>United Way of Mid Coast Maine</td>
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<td>Martin’s Point Health Care</td>
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<td>State of Maine Public Health Nursing</td>
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<td>Maine Families—Sagadahoc and Lincoln Counties (Teen &amp; Young Parent Program)</td>
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<td>Maine Families—Cumberland County (The Opportunity Alliance)</td>
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<td>Early Head Start at MidCoast Maine Community Action</td>
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<td>Healthy Kids</td>
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<tr>
<th>Decrease Prescription Opioid Drug Abuse and Addiction</th>
<th>Outpatient Primary Care Medical Group providers will participate in the Maine Prescription Monitoring Program</th>
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<td>Achieve 90% utilization for providers</td>
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<td>Determine rates of utilization through quality measures</td>
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<td>Measure # of signed patient contracts for controlled medication prescribing</td>
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<td>Standardization and diffusion of best practice. Less prescribing of opioid medications.</td>
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<td>Measure # of signed patient contracts for controlled medication prescribing</td>
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Decrease Tobacco Use

Collaborate and continue to support Access Health in accomplishing their strategic priorities

Support the role of the hospital Pulmonary Educator in order to expand smoking cessation support to MCH staff, patients and community members.

Integrate smoking cessation programs into the Primary Care Offices

Maintain Tobacco Free environment throughout MCHS campuses

Reduction in the number of teens and adults in community who smoke

State CDC Assessment Data

Community Health and Wellness Department at Mid Coast Hospital

Access Health

Existing Healthcare Facilities and Other Resources Available to Meet Community Needs

• Mid Coast Health Services
  o Mid Coast Hospital (and all employed physicians)
    ▪ Mid Coast Medical Group
    ▪ Access Health, a Healthy Maine Partnership
    ▪ Addiction Resource Center
  o Community Health and Nursing Services (CHANS Home Health Care and Hospice)
  o Mid Coast Senior Health Center

• Other Hospitals
  o Maine Medical Center
  o LincolnHealth – Miles Campus
  o Mercy Hospital
  o Parkview Adventist Medical Center
  o St. Mary’s Health System
  o Central Maine Medical Center

• Other Healthcare Providers
  o Martin’s Point Health Care
Richmond Area Health Center
Numerous Private Primary Care and Specialty Provider Practices
OASIS Health Network – Free Clinic
Maine Mental Health Partners – Community Counseling Center
Family Planning of Maine
Jessie Albert Dental Center

- Charitable and Social Service Resources
  - United Way of Mid Coast Maine
    - Success By 6: Early Childhood
      - Bath Area Family YMCA
      - Coastal Trans, Inc.
      - Family Focus
      - Healthy Kids! A Family Resource Network
      - Midcoast Maine Community Action
      - Teen and young Parent Program
      - Tri County Literacy
    - Youth & Lifelong Learning
      - Bath Area Family YMCA
      - Big Brothers Big Sisters of Bath/Brunswick
      - People Plus Center and People Plus Teen Center
      - Tri County Literacy
    - Basic Needs/Safety Net
      - Coastal Trans, Inc.
      - Good Shepard Food Bank
      - Mid Coast Hunger Prevention Program
      - Midcoast Maine Community Action
      - People Plus Center and People Plus Teen Center
      - Spectrum Generations
      - Tedford Housing
    - A Safe & Healthy Community
      - All About Prevention
      - Catholic Charities of Maine
      - Family Crisis Services
      - Mid Coast Chapter American Red Cross
      - MSAD 75 School Based Health Center
      - Oasis Health Network
      - People Plus Center and People Plus Teen Center
      - Pine Tree Legal Assistance
      - Planned Parenthood of Northern New England
      - Respite Care
• Sexual Assault Support Services of Midcoast Maine (SASSM)
• Sweetser
  o American Red Cross, Mid-Coast Maine Chapter
  o American Cancer Society
  o American Heart Association
• Other Resources
  o Bath Area Family YMCA
  o Casco Bay YMCA
  o Elmhurst, Inc.
  o Woodfords Family Services
  o Habitat for Humanity/7 Rivers
  o Head Start

NOTES

iii Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. (2014, June 24). Mobilizing for Action through Planning and Partnerships (MAPP). Retrieved from: http://www.naccho.org/topics/infrastructure/mapp/
iv The Healthy Maine Partnership project is a collaborative effort among 26-28 local coalitions, the Maine Department of Health and Human Services (Maine CDC and Office of Substance Abuse) and Department of Education, supported primarily by the Fund for a Healthy Maine with federal grants from U.S. CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), and U.S. Department of Education. Mid Coast Hospital is the fiscal agent and lead agency for Access Health.
v The MaineHealth Health Index Initiative was launched in 2009-10 with the two-fold aim of:
  • Engaging MaineHealth, Maine’s largest integrated health system, and its partners to use health data to inform needs and opportunities to improve the health of the nearly 1.0 million people in the 11 counties served by the MaineHealth system
  • Monitor improvements made in health status over time
The Health Index Initiative focuses on seven priority areas where MaineHealth and its partners can substantially improve population health. The initial six priorities, selected in 2009, were drawn from issues monitored in the America’s Health Rankings® framework: Decrease tobacco use, Decrease obesity, Increase childhood immunizations, Decrease preventable hospitalizations, Decrease cancer death rates, and Decrease cardiovascular death rates. "Decrease Prescription Drug Abuse and Addiction" was added as a seventh priority in 2012. (2014, June 24). MaineHealth Health Index Initiative Reports. Retrieved from: http://www.mainehealth.org/healthindex