

Community Health Strategy

Home Care & Hospice

Addressing Community Health Needs

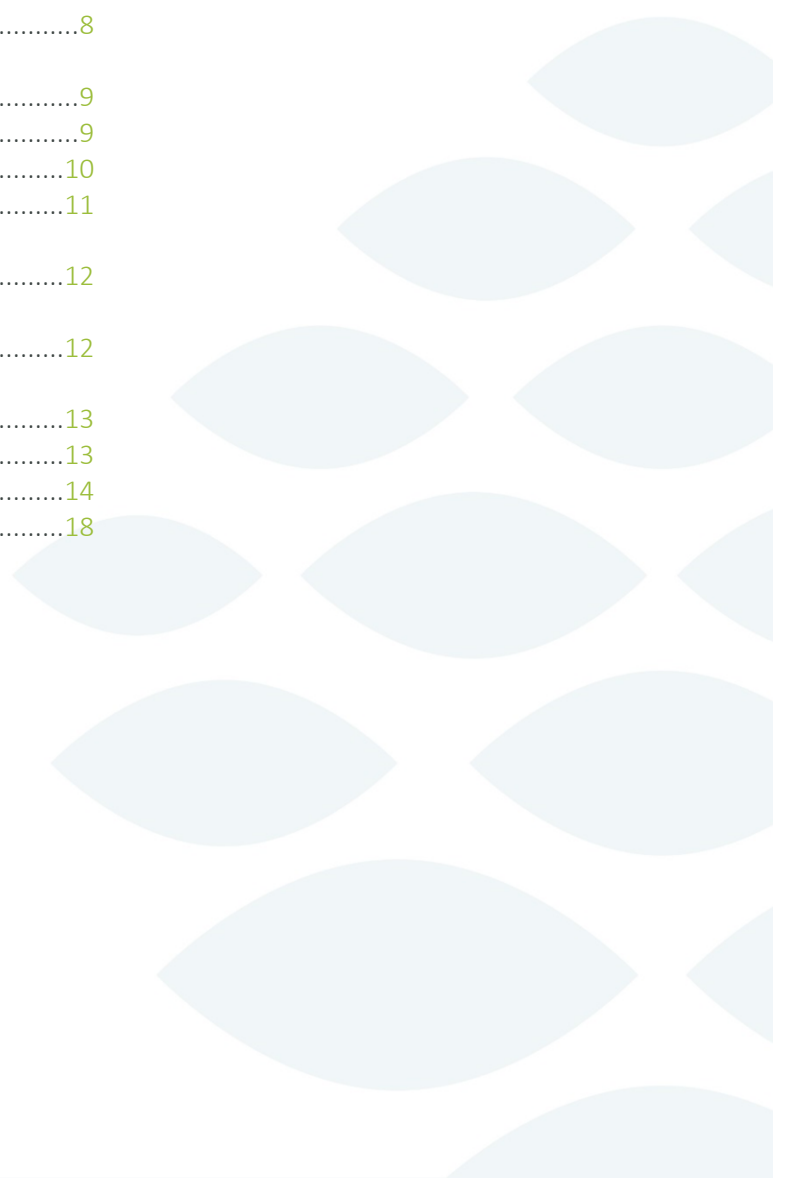
Fiscal Year 2023-2025



Northern Light HealthSM

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Letter from the President and Board Chair

We believe in providing Mainers with what they truly deserve—the absolute best in healthcare. This means actively engaging in our communities and working with partners to reduce external barriers that may prevent our neighbors from living their healthiest life.

Every three years, through the Maine Shared Community Health Needs Assessment (CHNA), Northern Light Health collaborates with Central Maine Healthcare, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention to work with local organizations to engage communities to help identify priority health needs through a statewide assessment of community health needs. The data collected informs our community health improvement strategy for the next three years, resulting in this Community Health Strategy report—our road map towards building healthier, thriving communities. Within, you will find our identified data-driven areas of priority, rationale for each selected area, and intended actions to address the need.

We hope that you will take a moment to review the content within and please reach out with any questions or ideas you may have at communitybenefits@northernlight.org. We believe Maine will become one of the healthiest states in the nation, but that starts with collaboration and a shared conviction that we can make a difference. By addressing priority areas of need, breaking down barriers, and promoting health equity for all Maine people, we are well on our way towards a brighter future.



Colleen Hilton, RN
President, Northern Light Home Care & Hospice
Senior Vice President, Northern Light Health



Ann Marie Briggs
Chair, Board of Directors
Northern Light Home Care & Hospice

Introduction

Northern Light Health and our more than 12,000 employees care deeply about our neighbors and communities. Our member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Northern Light Home Care & Hospice is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Northern Light Home Care & Hospice creates healthier communities through the provision of services, resources, and programs within and beyond the walls of our organization.

About Northern Light Health

At Northern Light Health, we're building a better approach to healthcare because we believe people deserve access to care that works for them. As an integrated health delivery system serving Maine, we're raising the bar with no-nonsense solutions that are leading the way to a healthier future for our state. Our more than 12,000 team members are committed to making healthcare work for you: our patients, communities, and employees.

We provide care to people from Portland to Presque Isle and from Blue Hill to Greenville. We are comprised of ten member hospitals and 585 long-term beds, a single physician-led medical group, eight nursing homes, six emergency transport members, and 41 primary care locations.

About Northern Light Home Care & Hospice

Northern Light Home Care & Hospice is a non-profit organization providing direct, personalized care throughout Maine - from South Portland to Fort Kent.

Our roots in Maine date back to 1912. Since then, beginning in 2006, we have merged all of our homecare and hospice agencies under one umbrella, completing a full, statewide merger in 2015. We made this move to make our offerings more accessible for you, when and where you need them.

We are committed to making visits to those at home who are recovering from illness and surgery and have added hospice and other programs to help those who prefer to spend their remaining days in the comfort of their own home. We continue with public health nursing by offering immunization clinics, adult health clinics, and education and awareness events for all ages.

Throughout the homecare system, our clinicians make more than 160,000 in-home visits each year caring for an average of 1,400 people on any given day. An additional 4,000 individuals are cared for in health and wellness clinics.

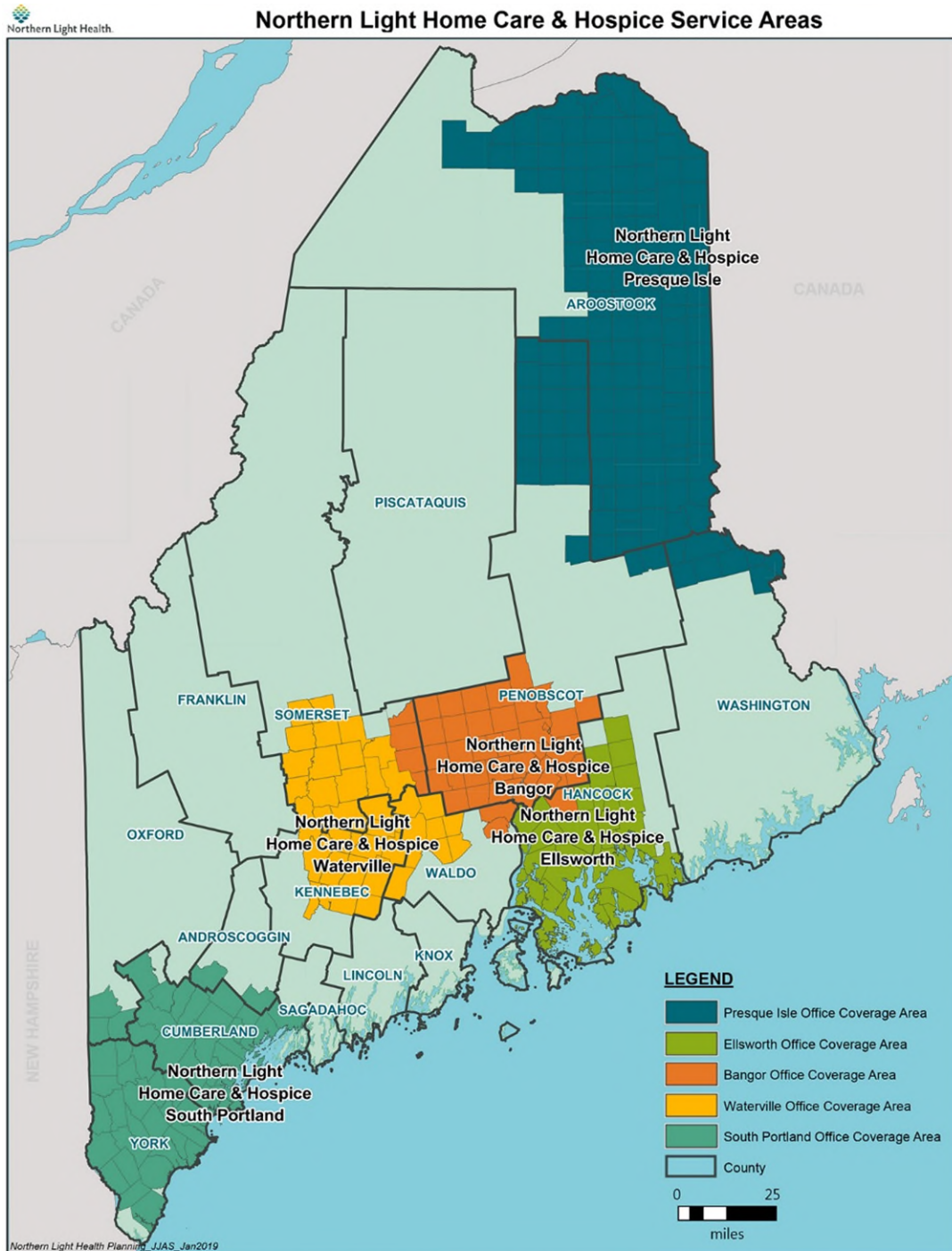
Our dedicated team consists of:

- Nurses
- Physical, Occupational and Speech Therapists
- Home Health Aides
- Medical Social Workers

Each homecare site is Medicare Certified and state licensed.

Definition of Community Served

With offices in South Portland, Waterville, Bangor, Ellsworth, and Presque Isle, Northern Light Home Care and Hospice provides homecare, companionship and private duty care, palliative, and hospice services to residents throughout the state of Maine. Patients served are seeking support to stay safe in their own homes, recovering from illness and surgery post hospitalization, dealing with chronic health conditions, or are choosing to remain in their home after discontinuing curative treatment or while facing a terminal diagnosis.



DEMOGRAPHIC DATA	CUMBERLAND		STATE
	Percent	Number	Percent
American Indian/Alaskan Native	0.2%	578	0.7%
Asian	2.2%	6,350	1.1%
Black/African American	3.0%	8,863	1.6%
Native Hawaiian or Pacific Islander	0.0%	34	0.0%
White	91.7%	268,151	94.0%
Some other race	0.4%	1,091	0.4%
Two or more races	2.5%	7,240	2.1%
Hispanic	2.1%	6,061	1.7%
Non-Hispanic	97.9%	280,185	98.3%
Population	286,246		1,344,212
Veterans	7.2%		9.6%
Gay, lesbian, and bisexual (high school students)	12.1%		12.4%
Gay, lesbian, and bisexual (adults)	4.4%		3.5%
Transgender youth (high school students)	1.7%		1.6%
Persons with a disability	11.4%		16.0%

SOCIAL DETERMINANTS OF HEALTH

	Cumberland	State
Median household income	\$73,072	\$58,918
Unemployment rate	5.3%	5.4%
Individuals living in poverty	9.0%	11.8%
Children living in poverty	9.2%	13.8%
65+ living alone	29.8%	29.0%

For the purpose of this strategy, Northern Light Home Care & Hospice presents data from its primary county of service, Cumberland. However, please note, the priorities identified in Cumberland County closely parallels the state's identified priority of needs.

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2022, Maine's four largest healthcare systems – Northern Light Health, Central Maine Healthcare, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community perspective on a broad set of health issues in Maine.

The Shared CHNA data was made widely available to the public, as county-level community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. New this cycle was an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort. One effort included nine community sponsored events hosted by organizations having statewide reach representing the

following communities: Black or African Americans; people who are homeless or formerly homeless; older adults; people who are deaf or hard of hearing; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people with a disability; people with a mental health diagnosis; people with low income; and youth. In addition to these events, 1,000 oral surveys were conducted in collaboration with eight ethnic-based community organizations' community health workers to better reach Maine's immigrant population. These reports and the community input received are fundamental to achieving our goal of being a trusted and valued partner to improve the health of the people and communities we serve.

Results of the 2022 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Northern Light Home Care & Hospice. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, district public health liaisons, business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Northern Light Home Care & Hospice.

Northern Light Home Care & Hospice reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.

Process and Methods for Priority Selection

As a member of a partnering healthcare system in the Maine Shared Community Health Needs Assessment (Shared CHNA) effort, Northern Light Health's Community Health Council recognized the value, reach, and influence of aligned engagement efforts with a shared purpose. Review of the county CHNA forum priority voting revealed that mental health, social determinants of health, and substance use were among the top four priorities in almost every county CHNA forum. Shared priority areas were adopted where Northern Light Health member organizations would engage in common strategy to achieve greater statewide effect.

Northern Light Home Care & Hospice's community health strategy was developed to include our systemwide shared priority areas of work reflecting upon the quantitative health profile indicators and qualitative prioritization derived from the Shared CHNA's community engagement process. We also considered local readiness and capacity to address these needs in partnership with our local communities. Our planning team included representatives with knowledge and insight of the communities we serve.

Members of Home Care & Hospice's Community Health Strategy team included individuals representing the following positions:

- President
- Vice President, Clinical Excellence and Community Partnerships
- Vice President, Finance, Operations and Strategy
- Associate Vice President-Clinical Excellence
- Supervisor, Clinical Operations
- Associate Vice President, Hospice and Palliative Care
- Associate Vice President, Home Health

- Manager, Hospice
- Community Health and Provider Liaison
- Central Intake Coordinator
- Manager, Community Health and Telehealth/RN
- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Cumberland District Public Health Liaison, Maine CDC

The following criteria were used for the health need selection process:

- Shared CHNA prioritization: How the health priority rank in the Shared CHNA
- Systemwide priority areas of work as determined by the Community Health Council
- Health equity: Which populations are disproportionately affected by the priority’s area of focus; which populations may be experiencing unique barriers to resolve the issue; and what data or themes emerged from the CHNA Forums and County Health Profile that reinforce selecting one or more populations of focus
- Ability to leverage local community assets: Identification of potential community partnerships to engage in order to address the priority need, or to build on current programs, emerging opportunities, or other community assets
- Expertise: Northern Light Home Care & Hospice experts and local partnership experts in various priority areas
- Feasibility: Northern Light Home Care & Hospice has the ability to have an effect given the community benefit resources available

Annually, our internal team will convene to determine if changes need to be considered to best address the priority health needs of our community.

NOTE: There were no written comments received related to the most recently conducted Shared CHNA and Community Health Strategy for inclusion in this report.

Evaluation Efforts

Northern Light Home Care & Hospice will monitor and evaluate the strategies related to priority areas of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated effect. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to these priority areas of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

Feedback Opportunity

Contact communitybenefits@northernlight.org with feedback on this report.

Approval from Governing Board

Northern Light Home Care & Hospice’s Community Health Strategy and Community Health Needs Assessment (CHNA) were reviewed by the hospital’s governing board and a resolution was made to approve and adopt both the Shared CHNA and the Community Health Strategy on May 19, 2022.

Selected Priorities of Focus

Priority 1: Access to Care

Rationale

Access to appropriate, affordable, quality healthcare is important to physical, social, and mental health. Lack of health insurance, cost of care, lack of sufficient providers to meet patient needs, and transportation challenges all present significant barriers to the ability to access care when and where it is needed. While health insurance can remove some barriers to care, it does not guarantee access on its own. Individuals and families facing such barriers often delay or go without care, resulting in poorer health outcomes and reduced quality of life. There are many effective approaches that healthcare systems may use to reduce or eliminate barriers to care in the communities that they serve.

The Home Care & Hospice's Community Health Strategy team has identified access to care as a priority need that we are well-positioned to address. In addition to a robust network of community partners, Home Care & Hospice has resources available to be leveraged in support of this need. There are many options for evidence-based policy and environmental strategies that may be employed to reduce barriers to care in both our community and organization.

Intended actions to address the need

Provide services to address access to care at various locations where our most vulnerable reside and frequent. These sites include:

- Homeless shelters
- Immigrant centers
- Public housing
- Schools
- Island communities
- Rural and underserved regions of Maine

Anticipated impact of these actions/expected outcomes

Develop trusted relationships with community leaders and members.
Set an access point for health information, vaccine, and basic screenings.

Programs and resource allocation

Home Care and Hospice will involve the Community Health Nurses and Immunization Nurses in this work.

Planned collaborations

Home Care and Hospice will collaborate with community-based organizations including, but not limited to: MAIN, Presente, Maine Muslim Community, Gateway, Unified Asian Community, New England Arab American Organization, Shelters, schools, local areas on aging and public housing sites.

Population of focus

Black, Indigenous, People of Color (BIPOC)
People experiencing homelessness
Older adults
Children
Asylum seekers & immigrants

Priority: Social Determinants of Health

Rationale

A community's health can be determined in part by access to social and economic opportunities, the safety and cleanliness of environments, and the resources available in homes, neighborhoods, and communities. These social determinants of health are the conditions in which people are born, live, work and play, and affect a wide range of health and quality of life outcomes. Examples of social determinants include socioeconomic status, availability of safe and affordable housing, reliable transportation, access to healthcare services, and food security. Over the past two decades, a large and compelling body of evidence has revealed that these factors play a powerful role in shaping health. This has resulted in a greater understanding that medical care is not the only influence on health and suggests that traditional healthcare models may not be enough to adequately improve health outcomes or reduce health disparities without also addressing a person's social and environmental factors.

Northern Light Home Care & Hospice's Community Health Strategy team has identified Social Determinants of Health as a priority need for our community with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and Home Care & Hospice has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for interventions on the many facets of Social Determinants of Health. Finally, Social Determinants of Health rated as a high priority to the community and Northern Light Health.

Intended action to address the need

Home Care & Hospice has well-established processes in place to assess and respond to the social health needs of our patients and will help inform the system design and use of a referral platform to connect patients in need to community resources. We participate in the system Social Determinants of Health (SDOH) team and contribute to the system strategies for addressing SDOH. The system approach to SDOH screening is currently focused on primary care settings and supported by technology (electronic health records, etc.) not used by Home Care & Hospice, therefore there may be a bit of variation in this effort from our approach versus our hospital's approach.

Anticipated impact of these actions/expected outcomes

By screening all patients coming into care and then connecting those folks who screen positive for various social needs to community resources, we will be positioned to help improve the health and well-being for anyone in need. This effort will, in turn, assist our clinical teams in our efforts to support the total health of each patient we are fortunate enough to care for.

Programs and resource allocation

We will ensure our robust relationships with many community-based organizations such as local food banks and Meals on Wheels that support access to food remain functional to best support patients across our three service lines. Additionally, we'll use the Eunice Frye Grant to enhance our ability to better track this strategy.

Planned collaborations

Home Care and Hospice will engage local community-based organizations to increase availability of housing, transportation, food, and other resources. Local food banks, meal delivery services such as Meals on Wheels and Simply Delivered for ME for community members who do not qualify for Meals on Wheels, in addition to local Area Agencies on Aging, Community Action Programs (CAPs), Manna, and food share networks.

Population of focus

Patients who are disproportionately affected by various social determinants of health.

Priority: Substance Use

Rationale

Substance use, including opioids, alcohol, tobacco, and other drugs, have a major influence on individuals, children, other family members, and communities. Alcohol misuse, smoking, and tobacco use cause or increase risk of many diseases, such as cancer, heart disease, diabetes, and respiratory conditions. The effects of substance use often result in social, physical, mental, and public health problems, including domestic violence, child abuse, accidents, crime, and suicide. Substance use is now understood to be a complex disease of the brain and body, requiring long-term attention and treatment just like any other chronic illness. There are many effective evidence-based strategies that communities, including healthcare organizations and providers, may employ to prevent, identify, and treat substance use disorders.

Northern Light Home Care & Hospice's Community Health Strategy team determined it was feasible to address this need with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and Home Care & Hospice has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for substance use interventions. Finally, substance use rated as a high priority to the community and Northern Light Health.

Intended action to address the need

Home Care & Hospice will leverage community partnerships to reduce barriers and improve access to and availability of substance use prevention, treatment, recovery, and harm reduction services. For example, one effort may include the proper disposal of medications, drug take-back efforts including training staff on these efforts.

Anticipated impact of these actions/expected outcomes

By taking the steps toward education for both patients and families on safe management of controlled substances and proper disposal techniques Home Care & Hospice anticipates a reduction in the likelihood that these medications will end up being inappropriately used.

Programs and resource allocation

Drug takeback programs via local police departments and select pharmacies are the primary resources on this initiative. We will also utilize philanthropy monies to secure drug deactivation bags to provide hospice patients and their families. In addition to education and encouragement related to proper disposal of medications, Home Care & Hospice will consider other methods of substance use prevention efforts to possibly include safe medication storage efforts within the home.

Planned collaborations

We will maintain our current collaborative relationships with local police departments and pharmacies.

Population of focus

The population of focus are individuals disproportionately affected by substance use disorders.

Health Priorities Not Addressed

Northern Light Home Care & Hospice considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Priorities not selected, due to a variety of reasons are listed below:

- Mental Health: As Northern Light Home Care & Hospice focuses primarily on adult and older adult mental health and currently lacks the capacity to address mental health needs in the pediatric population as it aligns with Northern Light Health's goals, this priority area will not be addressed in the upcoming cycle.

Conclusion

Northern Light Home Care & Hospice is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Northern Light Home Care & Hospice will engage in another Shared CHNA in 2025 and looks forward to ongoing community participation in these important efforts.

Appendix

Evaluation of Impact

Progress report on selected priorities from Northern Light Home Care & Hospice's last (2019) Community Health Needs Assessment.

Northern Light Health and Northern Light Home Care & Hospice are committed to promoting a culture of community stewardship and partnering together with community stakeholders to address high priority health issues. To do so effectively, we regularly monitor the effect of our community health efforts and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following annual Progress Report to Our Community provides a summary evaluation of impact of the actions taken by Home Care & Hospice to address community health priorities adopted in 2019.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for. The following annual Progress Reports to Our Community are provided for:

- Progress Report to Our Community Fiscal Year 2020 (*unavailable due outlying circumstances*)
- Progress Report to Our Community Fiscal Year 2021
- Progress Report to Our Community Fiscal Year 2022

For additional information, visit <https://northernlighthealth.org/2019-Community-Health-Strategy>

Fiscal Year 2021

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Northern LightSM
Home Care & Hospice

Progress report update

FY 2021 Progress Report

Priority #1: Social Determinants of Health

Objective: Increase the number of patients screened for food insecurity and referred to community resources from 3447 to 3619 by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In fiscal year 2021 (FY21), Northern Light Home Care & Hospice Social Workers in all business units (Home Health Care, Hospice Care, and Palliative Care) screened patients for food insecurity on their initial visit, in fact, it is one of the main reasons we are requested. We do more than ask however, we review the patient's income to determine what programs they may be eligible for (i.e., Supplemental Nutrition Assistance Program, or Meals on Wheels). We then make referrals and/or help assist patients to complete paperwork for various programs as needed. We may also connect them with services they pay for out of pocket if they can afford to do so or contact local church groups.

Partners engaged: Northern Light Home Care & Hospice partnered with the following entities on this priority:

- Local food banks
- Meals on Wheels

Outcome measure: In FY21, Northern Light Home Care & Hospice screened over 2,200 patients for food insecurity. Of those individuals screened, we identified over 100 Mainers who were at risk of becoming or were food insecure. We were then able to connect those patients to much-needed resources in order to facilitate overcoming that insecurity.

Project leads: Cathy Bean, manager of Community Health Services; Jena Jones, Provider Relations liaison

Next steps: In fiscal year 2022 (FY22), Northern Light Home Care & Hospice will continue to implement these strategies to screen all incoming patients for food insecurity.

Priority #2: Substance Use

Objective: Increase the number of partnerships with community-based substance use prevention efforts from zero to one by 9/30/21.

Status: Not started

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Home Care & Hospice opted to focus on navigating a global pandemic and continuing necessary work already underway to benefit community health in lieu of establishing prevention partnerships on substance use. As such, our efforts to impact substance use via Prevention Partnerships were sidelined until resources could be sufficiently allocated to start the project. Despite this difficulty, Northern Light Home Care & Hospice was able

to work on advocating for the adoption of legislation aimed at creating a firm policy regarding disposal of opiates for hospice patients. Together with Home Care & Hospice Alliance of Maine, hospice physicians and Northern Light's vice president of Government Relations, our team worked to advocate on behalf of this very important policy to ensure proper disposal of hospice medications. The law, titled, "LD 330: An Act To Improve the Process of Disposal of Hospice Medications Used in the Home" was signed by Governor Mills on June 14, 2021.

Partners engaged: No partnerships were engaged in this effort in FY21

Outcome measure: In FY21, Northern Light Home Care & Hospice was unable to yield any outcome measures as efforts on this priority were not started. We did, however, participate in advocating on important legislation that would assist in the proper disposal of medications used within the home for hospice patients.

Project leads: Cathy Bean, manager of Community Health Services; Jena Jones, Provider Relations liaison

Next steps: In FY22, Northern Light Home Care & Hospice has revised the strategy for establishing Prevention Partnerships. We have new personnel on board who are working to establish these relationships and efforts and we feel hopeful that sufficient resources are in place for us to execute this necessary work.

Priority #3: Older Adult Health/Healthy Aging

Objective: Increase initiatives to promote end-of-life and palliative care options from two to four by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Home Care & Hospice social work took the lead on assisting patients and families with filling out Advance Directives in all business units. In the past three years, we have facilitated and co-facilitated trainings with social workers statewide (Home Health Care, Hospice Care, and Palliative Care) in the many types of Advance Directives. At this time, every social worker is trained in all kinds of end-of-life planning efforts. Social work is uniquely qualified to begin these difficult conversations.

Partners engaged: Northern Light Home Care & Hospice partnered with the following entities on this priority:

- Hospital-based Palliative Care teams across Northern Light Health.
- We distribute our packets and information to all senior-based community centers, local organizations, and provider practices to ensure the material reaches as many Maine seniors as possible.

Outcome measure: In FY21, Northern Light Home Care & Hospice continued to assist patients in maintaining control of their care and ensuring their wishes are met by encouraging Advance Directives are in place for all individuals coming into care.

Project leads: Cathy Bean, manager of Community Health Services; Jena Jones, Provider Relations liaison

Next steps: In FY22, Northern Light Home Care & Hospice will continue to ensure that all patients have access to information on Advance Directives and are prepared to plan accordingly for any and all future healthcare needs.

Priority #4: Mental Health

Objective: Increase educational programs to raise awareness, readiness, and access to mental health services from one to two by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Home Care & Hospice provided education to healthcare professionals once monthly on the topic of Self-Care and Vicarious Trauma. Home Care and Hospice also initiated a once quarterly Suicide Awareness and Prevention module for clinical staff members that highlight the importance of managing ideation and follow-through steps.

Outcome measure: In FY21, Northern Light Home Care & Hospice held 15 virtual events, trained 219 staff members in mental health initiatives on a variety of topics, and created a place for mental health and clinician compassion fatigue to be discussed at time of hire and electively thereafter.

Project lead: Meisha Nickerson, manager of Education

Next steps: In FY22, Northern Light Home Care & Hospice will continue to train and support mental health needs through the onboarding and staff education process. Home Care & Hospice will implement motivational interviewing practices into elective education to influence clinician ability to communicate positively and effectively with patients who have mental health needs.

Conclusion

Northern Light Home Care & Hospice 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.

Fiscal Year 2022

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Northern LightSM
Home Care & Hospice

Progress report update

FY 2022 Progress Report

Priority #1: Social Determinants of Health

Objective: Increase the number of patients screened for food insecurity and referred to community resources from 3,619 to 4,000 by 9/30/22.

Status: In progress

Strategy: In fiscal year 2022 (FY22), Northern Light Home Care & Hospice screened every patient coming on to services for food insecurity. As a result of these screenings, patients were referred to social work services, Meals on Wheels, food pantries, and other meal delivery services. Home Care & Hospice and Northern Light Mercy Hospital received a Eunice Frye Grant in FY22 that screened patients being discharged from Mercy Hospital for Food Insecurity. Home Care & Hospice staff added MSW services to their care and a box of food was delivered on admission.

Partners engaged: Northern Light Home Care & Hospice partnered with the following entities on this priority:
Northern Light Mercy Hospital
Local area food banks, community food sourcing groups, meal delivery services to support homebound patients

Outcome measure: In FY22, Northern Light Home Care & Hospice screened 8,909 patients upon admission to services. Of those, 105 had positive screenings and follow-up referrals were made.

Project lead: Cathy Bean, Manager of Community Health Services

Next steps: In fiscal year 2023 (FY23), Northern Light Home Care & Hospice will continue this work and will broaden the screenings to include many social determinants of health. Home Care & Hospice will engage local community-based organizations to increase availability of housing, transportation, food, and other resources. For example, we plan to engage local food banks, meal delivery services (e.g., Meals on Wheels and Simply Delivered for ME for community members who do not qualify for Meals on Wheels), local Area Agencies on Aging, Community Action Programs (CAPs), Manna, and food share networks.

Priority #2: Substance Use

Objective: Increase the number of partnerships with community-based substance use prevention efforts from zero to one by 9/30/22.

Status: In progress

Strategy In FY22, Northern Light Home Care & Hospice established a process that allows us to routinely educate patients and families coming into hospice services how and when to properly dispose of hospice medications to include controlled substances. Home Care & Hospice received funding from the Nightingale Society to provide Detera bags for safe drug disposal.

Partners engaged: Northern Light Home Care & Hospice partnered with the following entities on this priority:
Northern Light Pharmacies
Other pharmacies and law enforcement for drug takeback locations.

Outcome measure: In FY22, Northern Light Home Care & Hospice taught safe drug disposal to all hospice patients and their caregivers.

Project lead: Cathy Bean, Manager of Community Health Services

Next steps: In FY23, Northern Light Home Care & Hospice will continue this important work. We will educate staff on safe medication storage and disposal.

Priority #3: Older Adult Health/Healthy Aging

Objective: Maintain initiatives to promote end-of-life and palliative care options at two by 9/30/22.

Status: In progress

Strategy: In FY22, Northern Light Home Care & Hospice screened all incoming patients across all three service lines to ensure they have the opportunity to have their wishes on medical care documented via advance directive screenings. When patients report they are interested, our clinical teams work with patients and families to complete documents that will protect their needs and wants as it pertains to advance care planning.

Partners engaged: Northern Light Home Care & Hospice partnered with Northern Light Palliative Care Teams on this priority.

Outcome measure: In FY22, Northern Light Home Care & Hospice screened 4,113 patients across five sites to ensure that they have access to advance directives.

Project lead: Cathy Bean, Manager of Community Health Services

Next steps: In FY23, Northern Light Home Care & Hospice will continue this important work with our patients. We remain committed to ensuring that our patients have access to Advance Directives and End of Life Planning.

Priority #4: Mental Health

Objective: Increase educational programs to raise awareness, readiness, and access to mental health services from two to four by 9/30/22.

Status: Foundational work started

Strategy: In FY22, Northern Light Home Care & Hospice stopped providing monthly staff support sessions due to low participation. Employees who are in need of services are referred to the Employee Assistance Program (EAP) and group EAP sessions were convened after sentinel events. The education department had several vacancies that were filled at the end of FY22. Work has now begun to create the necessary annual trainings to support mental health awareness, care, and support so that our clinicians may offer comprehensive care relating to behavioral health challenges.

Partners engaged: Northern Light Home Care & Hospice partnered with the following entities on this priority:
Northern Light Acadia Hospital
Employee Assistance Program

Outcome measure: In FY22, Northern Light Home Care & Hospice offered two EAP support sessions to staff in the field.

Project lead: Cathy Bean, Manager of Community Health

Next steps: Northern Light Home Care & Hospice focuses primarily on adult and older adult mental health needs and will continue offering services to our patient population. However, in FY23, Home Care & Hospice will not pursue mental health as a formal priority area of work but rather as a consistent practice that we engage in.

Conclusion

Northern Light Home Care & Hospice 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.