Fiscal Year 2017-2019

# **Community Health Strategy**

Addressing Community Health Needs





# Sebasticook Valley Health









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### Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS 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.

Sebasticook Valley Health (SVH) 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, Sebasticook Valley Health creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

#### **About EMHS**

EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty



physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.

#### **About Sebasticook Valley Health**

Sebasticook Valley Health (SVH) is a 25-bed, Joint Commission accredited critical access hospital located in Pittsfield, Maine. SVH offers a wide range of inpatient and outpatient services on the hospital campus as well as primary care offices in Clinton, Newport and Pittsfield (RHC) and access to specialists and surgeons at our Pittsfield and Detroit locations.



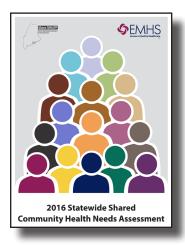
SVH serves a population of approximately 34,000 people in Southern Penobscot, Southern Somerset, Northern Kennebec, and Western Waldo Counties. The counties where the largest number of patients reside, Penobscot and Somerset, had median annual household incomes of \$43,382 and \$38,141 respectively. Families living in poverty numbered 17.4% in Penobscot County and 18.2% in Somerset County.

Since 1999, SVH has served as the fiscal agent for the HealthySV Coalition, the local Healthy Maine Partnership serving the Sebasticook Valley area. SVH is an active member of the coalition and twelve sectors are represented on the coalition Steering Committee. The Steering Committee is responsible for several SVH implementation strategies and plays a key role in leading the community health improvement process for SVH.

### **Addressing Community Health Needs**

#### **Shared Community Health Needs Assessment**

In 2016, Maine's four largest healthcare systems – EMHS, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) 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 stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities and accountable care networks to improve the health and well-being of the communities we serve.



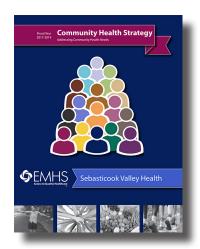
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Sebasticook Valley Health. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and 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, local Public Health District Liaisons, local 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 Sebasticook Valley Health.

Sebasticook Valley Health 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.



#### **Feedback Opportunity**

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

### **Addressing Community Health Needs**

#### **Evaluation Efforts**

The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, Sebasticook Valley Health will be able to monitor and evaluate progress over time.

#### **Approval from Governing Board**

Sebasticook Valley Health's Communith Health Strategy was reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on May 23, 2016.

### **Selected Priorities of Focus**

### 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 Sebasticook 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, Sebasticook Family Doctors, hunger relief organizations, local farmers, and municipalities.

#### **Population of focus:**

Food Insecure

### **Selected Priorities of Focus**

### **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 Sebasticook 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:**

Sebasticook Valley Residents

### **Selected Priorities of Focus**

### 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

### **Health Priorities Not Addressed**

Sebasticook Valley Health considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, Sebasticook Valley Health is currently poised to focus only on the highest priorities at this time.

When selecting health priorities for Sebasticook Valley, community partners took the following factors and questions into consideration:

- What is the current staffing capacity to lead strategy implementation;
- What is the current grant and agency funding to support strategy implementation;
- Is there grant funding likely available that could assist with strategy implementation;
- Can SVH and the community partners realistically make an impact on the health priority given the current state/context;
- Is there a measure we can easily identify and track; and
- Is there existing or emerging energy around a health priority that would assist us with strategy implementation?

After a series of small group discussions, taking into account the noted considerations, it was determined that the following health priorities are not feasible at this time;

- Poverty
- Unemployment
- Access to Oral Health
- Transportation
- Health Literacy

### **Conclusion**

Sebasticook Valley Health 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.

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



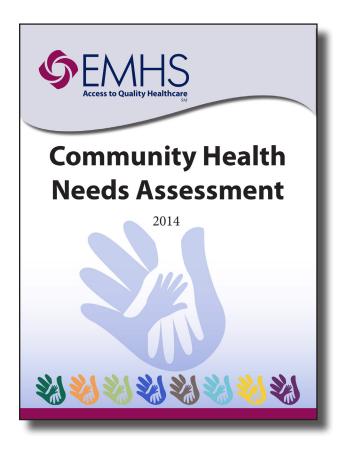


### **Appendix -** Evaluation of Impact

Progress report on selected priorities from Sebasticook Valley Health's last (2014) Community Health Needs Assessment.

EMHS and Sebasticook Valley Health are committed to promoting a culture of community stewardship, and partnering together with community stakeholders to address high priority health issues. In order to do so effectively, we regularly monitor the impact 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 table provides a summary evaluation of impact of the actions taken by Sebasticook Valley Health to address community health priorities adopted in 2014.

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.









### **Appendix -** Evaluation of Impact

### **Community Health Strategy - Evaluation of Impact Since 2014**

Evaluation of impact of actions taken by the organization to address selected health priorities identified in the 2014 Community Health Needs Assessment (CHNA) Report is an important part of the community health improvement cycle. The following progress on activities to address priority areas identified in the 2014 CHNA are as follows:

EMHS Member Organization:

Date:

Sebasticook Valley Health August 30, 2016 White Cells: description of actions the hospital intends to take to address the health need.

**Grey Cells:** identified programs/resources the hospital plans to commit to address the health need.

Green Cells: planned collaborations between the hospital and other organizations to address the health need.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions  If NO -Provide a reason why no action was taken
Lack of insurance/unable to pay for care	Partner with Sebasticook Family Doctors (SFD) and Little Beacon to educate patients and the general public about the Healthcare Exchange.	Yes	Little Beacon developed Ad Hoc Group to focus on Healthcare Insurance and Affordability. SFD presented to Sebasticook Valley Health (SVH) billing staff to confirm referral process.
	Link patients without health insurance to Patient Navigators for assistance with the Healthcare Exchange application process.	Yes	Patient Navigators worked with local uninsured patients and referred them to the healthcare exchange.
	The collaborative effort will be led by Little Beacon. Little Beacon membership consists of SVH, Sebasticook Family Doctors, Newport Family Practice, Eastern Maine HomeCare, and HealthySV. Together, Little Beacon will determine how to implement consistent patient education, staff education, and link patients to SFD Patient Navigators.	Yes	Little Beacon was the primary driver implementing consistent patient education, staff education and linking patients to SFD Patient Navigators.
	SFD has grant funds to support the Community Outreach and Education for the healthcare exchange.	Yes	SFD was awarded federal funds for the Patient Navigator to assist uninsured patients with access to the healthcare exchange.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Hunger/Food Insecurity	Collaborate with school and community partners to implement school and community-based gardens.	Yes	Funds from the Kohl's Cares grant were dispersed to Nokomis Alternative Education, Nokomis High School, Maine Central Institute, Warsaw Middle School, St. Albans School, Etna Dixmont School, Clinton Elementary School, Anna Field Fernald Library, River Run Church of the Nazerene Watershed Project, Christies Campground, Outland Farm, Sebasticook Family Doctors, and SVH to build school/community gardens.
	Collaborate with HealthySV to increase the number of worksites providing and/or promoting CSA farm share program to employees.	Yes	SVH collaborated with Healthy SV (a Sebasticook Valley coalition supporting and promoting healthy lifestyles to reduce and prevent youth substance use, substance abuse, tobacco use, and chronic disease through policy and environmental change strategies) to work with local worksites in their CSA farm share efforts programs.
	Partner with Sebasticook Family Doctors and other community organizations to promote and sustain the Snack Pack program.	Yes	Sebasticook Valley Doctors Partnered with HealthySV along with other community members to promote the program.
	Partner with farmers to facilitate donations of unused food to community partners, such as food pantries, schools, senior housing, and public dinners.	Yes	Partnership's were made with Snakeroot Farm, Moody town Gardens, Thunder Road, and Peacemeal Farm to collect donated produce when the farms have excess.
	Staff Time	Yes	HealthySV employee Sharon Kimball spends one third of her time devoted to implementing the Community Health Improvement Plan (CHIP) workplan for Hunger/Food Insecurity.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
	Kohl's Cares Grant	Yes	Funds from the Kohl's Cares Grant were distributed to seven schools, the Federally Qualified Health Center, and SVH to build community gardens. Funds were also used to develop a summer garden school, and to create a K-12 garden curriculum.
	Partnership for Improving Community Health (PICH) Grant	Yes	The PICH grant was used to implement a food screening at Sebasticook Family Doctors and SVH Family Care Locations. Funds from this grant were used to improve infrastructure of area food pantries. A program was developed to glean excess produce from farms and deliver to the area pantries.
Hunger/Food Insecurity	SNAP-Ed Grant	Yes	The SNAP-ED grant has been used to provide nutrition classes and assistance to local schools and community groups of various ages.
	SVH will partner with HealthySV Coalition to implement the CHIP work plan.	Yes	Sharon Kimball at HealthySV has worked with Community partners to implement the CHIP work plan for Hunger/ Food Insecurity, through Kohl's Cares About ME and PICH grants.
	Other organizations that will be engaged include MSAD 53, RSU 19, Maine Central Institute, Sebasticook Family Doctors, municipalities, and local farmers.	Yes	All of the organizations listed have been engaged. In RSU #19 gardens were built at Nokomis Alternative Education, Nokomis High School, St. Albans School, and Etna Dixmont School. Within MSAD #53 gardens were built at Warsaw Middle School/Vickery Elementary and Maine Central Institute. A garden was also built at Clinton Elementary School and Sebasticook Family Doctors.
Preventive Care & Self-Management (Chronic Disease)	Engage Little Beacon to discuss possibility and benefits of implementing a mobile Health Screening program to reach our most rural communities.	No	SVH was unable to pursue this strategy due to competing priorities.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
	Convene stakeholders to discuss possibility, barriers, and benefits of extended provider office hours to late day/evening to accommodate working families.	No	SVH was unable to pursue this strategy due to competing priorities.
Preventive Care &	Partner with Little Beacon to provide patients with local PCP information at the time of ED registration.	Yes	At time of ED Registration patients are provided a list of local Primary Care Providers that are taking new patients.
Self-Management (Chronic Disease)	SVH will commit to convene community partners and allocate staff time to lead and facilitate meetings with community partners.	Yes	Coalition meetings, Annual Community Health Needs Assessment community forum was held.
	SVH will also allocate staff hours to assist with possible grant applications if deemed appropriate for this priority.	Yes	Drug Free Communities, Kohl's Care, Maine Cancer Foundation
	Little Beacon will play a key role in guiding these discuss Practice, Eastern Maine HomeCare, and HealthySV.	ion. Members of L	ittle Beacon include SVH, Sebasticook Family Doctors, Newport Family.
Tobacco Use	Provide technical assistance to local worksites to establish tobacco-free policies that include financial assistance/insurance coverage for tobacco cessation products.	Yes	HealthySV provided assistance to RSU #19, MSAD #53, and MCI. All of these schools have updated tobacco policies that now include vaporized cigarettes.
	Collaborate with healthcare partners to coordinate onsite provider tobacco cessation education.	Yes	All of the providers at Sebasticook Family Doctors and SVH utilize the tobacco screening tool. The Maine tobacco HelpLine is also used as a resource by Sebasticook Family Doctors and SVH.
	Partner with community organizations to educate the general public about The Maine Tobacco HelpLine.	Yes	Sebasticook Family Doctors, SVH Respiratory Department, local schools in RSU#19, MCI, and municipalities have been provided with Quit Kit's and Tobacco HelpLine information.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
	SVH will utilize training offered through the Center for Tobacco Independence.	Yes	SVH's Healthy SV Coalition members attended the Center for Tobacco Independence basic training in 2015-2016. Additionally three employees at MCI attended Center for Tobacco Independence training in March 2016.
	Maine Tobacco HelpLine materials will be available through the local Healthy Maine Partnership (HealthySV).	Yes	HealthySV has a variety of materials that are dispersed at different community events. Materials are also available at several locations within the community. HealthySV has also provided schools with the Parents Guide to Prescription Drug Abuse.
Tobacco Use	SVH will rely on HealthySV to provide technical assistance to local worksites.	Yes	HealthySV worked with local worksites including Kleinshmidt, Sebasticook Family Doctors, MSAD #53, and Vic Firth, to provide technical assistance, tool kits, and resources for healthier food choices and physical activity.
	The SVH occupational health clinic and the Chamber of Commerce will provide assistance with worksite communication.	Yes	These efforts are ongoing.
	Provider training will not only be coordinated for SVH providers, but will also be open to Sebasticook Family Doctors and Newport Family Practice.	Yes	HealthySV worked with local worksites including Kleinshmidt, Sebasticook Family Doctors, MSAD #53, and Vic Firth, to provide technical assistance, tool kits, and resources for tobacco use/cessation efforts.
Substance Abuse	Partner with schools to coordinate education sessions for parents and students about the science of addiction.	Yes	SVH works closely with local law enforcement to offer Drug ID and Education classes at MSAD #53, and RSU #19 through DFC Grants.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
	Partner with community organizations, healthcare partners, and local pharmacies to provide patients with safe storage and disposal information.	Yes	SVH works closely with local law enforcement to provide resources.  Lockboxes for safe drug disposal are located in the Newport and Pittsfield town offices. Safe drug storage and disposal materials are provided at all municipalities and law enforcement agencies. There are currently 16 locations providing this information.
	Continue to utilize the Prescription Monitoring Program (PMP) and provide ongoing education/training opportunities for Providers.	Yes	Two PMP trainings were offered in Somerset County in 2015. These efforts are ongoing.
Substance Abuse	Drug Free Communities (DFC) Grant	Yes	Funds from the DFC grant have been used to organize town hall meetings to present substance abuse data for Sebasticook Valley. Under the DFC grant HealthySV also partnered with schools to create and sustain youth substance abuse diversion programs. Additionally the grant has been used to partner with local law enforcement to implement drug safety training for schools.
	Staff Time	Yes	Lisa Larrabee, Mike Robbins, Taylor Owens, and several other Community Health Employees have worked towards completing the Substance Abuse Community Healthy Improvement Plan.
	Prescription Monitoring Program	Yes	HealthySV staff have organized prescription drug take back days for the community twice per year. Drop Boxes for prescription medication are also available in various community locations including the Pittsfield town hall.
	Safe Storage and Disposal educational materials provided by HealthySV	Yes	There are currently 16 locations carrying Safe Storage and Disposal educational materials provided by HealthySV. More locations are being engaged to carry these materials.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
	SVH will collaborate with HealthySV to secure patient education materials, implement PMP provider training, and coordinate education sessions for parents and youth.	Yes	PMP training is ongoing and the Parents Guide to Prescription Drug Abuse Program is offered at MSAD #53.
Substance Abuse	Little Beacon will partner to ensure education materials and training opportunities are available for all healthcare partners, including Sebasticook Family Doctors and Newport Family Practice.		SVH was unable to pursue this strategy due to competing priorities.