

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



TAMC



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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.

TAMC 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, TAMC 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 TAMC

The Aroostook Medical Center (TAMC) is the largest, most comprehensive healthcare organization in Aroostook County, Maine. Governed by a volunteer board of trustees, our active medical staff consists of over 60 physicians and 48 allied health professionals. As a member of EMHS, we are able to provide care not commonly found in rural areas, including outpatient hemodialysis, diagnostic heart catheterization, acute inpatient rehabilitation, and comprehensive cancer care.



A.R. Gould Memorial Hospital serves as the heart of TAMC's care delivery network, which includes Crown Emergency Care ambulance service, Crown Critical Care Transport ground and fixed-wing air transport service, several primary care centers, a broad scope of specialty services, and a 72 bed long-term skilled nursing and rehabilitation center.

TAMC serves as EMHS's most northern member serving all of Aroostook County, Maine. As such, TAMC acts as a leader in the region to improve overall community wellness. TAMC leadership serves on the boards and subcommittees of the Aroostook District Public Health Council and several other health and economic development organizations.

Aroostook County is home to 68,628 people, living in a region encompassing 6,671 square miles, with a population density of 10.1 people per square mile. Aroostook has 21.9% of the population over 65 years of age, which is higher than the Maine rate of 18.8%. Aroostook is predominately white (95.4%), with a small African American (0.9%), American Indian (1.9%) and Hispanic (1.2%) population. Aroostook trails Maine in education status with only 86.3% of adults having a high school diploma and only 17% having a bachelor's degree. The median household income in Aroostook is \$37,378 and over 20% of people live below the poverty level. Major industries include agriculture and forestry.

Of Maine's 16 counties, Aroostook County ranks fifteenth in health outcomes and sixteenth for quality of life. Top health issues include obesity, drug and alcohol abuse, cardiovascular disease, diabetes, and respiratory diseases. Factors influencing health in Aroostook include access to behavioral and mental health care, poverty, employment, health insurance, and transportation.

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.



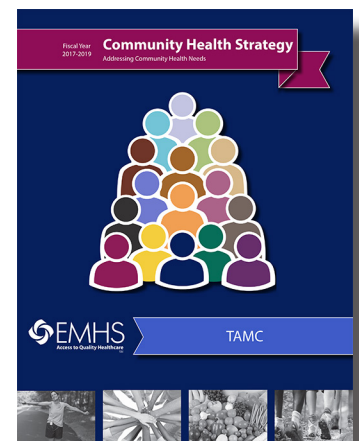
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by TAMC. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status.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

TAMC 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, TAMC will be able to monitor and evaluate progress over time.

Approval from Governing Board

TAMC's Community Health Strategy was reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and Implementation Strategy on **June 2, 2016**.

Selected Priorities of Focus

It is TAMC's intent to follow the same community health action steps for each selected priority of focus. These action steps provide a high-reliability process that can be used and continuously improved over time to ensure that key success factors are prioritized and completed. Through this process to develop and implement community health programming that responds to needs and delivers measurable outcomes, TAMC is confident that the overall health status of the community served will be improved.

Priority #1: Decrease prevalence of sedentary lifestyles in youth through family engagement

Rationale:

Childhood obesity was identified as a significant family health issue in Aroostook County. Through collaboration and educational efforts we will work to improve health conditions of our youth related to obesity.

Intended action to address the need:

Community Health Action Steps

1. Identify organizational lead accountable for completion of action steps and outcomes.
2. Identify key performance indicators based on internal and external data and benchmarks.
3. Discuss need with key community partners to identify opportunities to work collaboratively and to ensure non-duplication of efforts.
4. Strengthen the community's capacity to respond to health need through environmental and policy change.
5. Continue to deliver and strengthen current educational and support programming that responds to need.*
6. Review evidenced based, best practice programs and adopt at least one new best practice program.*
7. Link efforts to those of TAMC Total Health Team and Work Health, LLC.

(*Focus on developing and implementing programming that first pilots on those currently served by primary care to ensure outcomes and then replicates out to broader community.)

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Selected Priorities of Focus

Priority #1: Decrease prevalence of sedentary lifestyles in youth through family engagement *continued*

Programs and resource allocation:

1. Organizational Lead
2. Staff resources from departments with vested interest in outcome
3. Financial support for programming
4. Sponsorship of aligned community programs

Collaborations may include:

1. Maine Preventative Services Grant Recipient
2. Area Schools
3. Recreation Departments
4. Boys & Girls Club
5. Maine Cooperative Extension
6. Nordic Heritage Sports Center
7. Big Rock Mountain/Quoggy Jo Mountain

Population of focus:

Youth, Families, and General Population

Priority #2: Decrease number of adults age 20-65 with cardiovascular disease risk factors.

Rationale:

According to the Shared CHNA 2016, heart disease is the leading cause of death in Aroostook County, with rates for various forms of cardiovascular disease higher than the state. Through collaboration and educational efforts we will work to improve health outcomes related to cardiovascular disease.

Intended action to address the need:

Community Health Action Steps

1. Identify organizational lead accountable for completion of action steps and outcomes.
2. Identify key performance indicators based on internal and external data and benchmarks.
3. Discuss need with key community partners to identify opportunities to work collaboratively and to ensure non-duplication of efforts.
4. Strengthen the community's capacity to respond to health need through environmental and policy change.
5. Continue to deliver and strengthen current educational and support programming that responds to need.*
6. Review evidenced based, best practice programs and adopt at least one new best practice program.*
7. Link efforts to those of TAMC Total Health Team and Work Health, LLC.

(*Focus on developing and implementing programming that first pilots on those currently served by primary care to ensure outcomes and then replicates out to broader community.)

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Selected Priorities of Focus

Priority #2: Decrease number of adults age 20-65 with cardiovascular disease risk factors. *continued*

Programs and resource allocation:

1. Organizational Lead
2. Staff resources from departments with vested interest in outcome
3. Financial support for programming
4. Sponsorship of aligned community programs

Collaborations may include:

1. WorkHealth, LLC
2. Area employers

Population of focus:

1. Low-socioeconomic population
2. Working age adults

Priority #3: Improve health status of adults over 65 with 3 or more chronic conditions.

Rationale:

According to the Shared CHNA 2016, Aroostook County has higher rates of adults reporting three or more chronic conditions compared to the state. Aroostook County also has a higher percentage of adults over 65 compared to the state. Through collaboration and educational efforts we will work to improve the health status of adults over 65 with three or more chronic conditions.

Intended action to address the need:

Community Health Action Steps

1. Identify organizational lead accountable for completion of action steps and outcomes.
2. Identify key performance indicators based on internal and external data and benchmarks.
3. Discuss need with key community partners to identify opportunities to work collaboratively and to ensure non-duplication of efforts.
4. Strengthen the community's capacity to respond to health need through environmental and policy change.
5. Continue to deliver and strengthen current educational and support programming that responds to need.*
6. Review evidenced based, best practice programs and adopt at least one new best practice program.*
7. Link efforts to those of TAMC Total Health Team and Work Health, LLC.

(*Focus on developing and implementing programming that first pilots on those currently served by primary care to ensure outcomes and then replicates out to broader community.)

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Priority #3: Improve health status of adults over 65 with 3 or more chronic conditions. *continued*

Programs and resource allocation:

1. Organizational Lead
2. Staff resources from departments with vested interest in outcome
3. Financial support for programming
4. Sponsorship of aligned community programs

Collaborations may include:

Aroostook Area Agency on Aging
Multiple Social Service, Governmental, and Healthcare Providers (Transportation)

Population of focus:

Adults over 65 with multiple chronic diseases

Priority #4: Improve access to mental health/substance abuse services and early intervention.

Rationale:

According to the Shared CHNA 2016, access to behavioral care/mental health care was prioritized by stakeholders as a significant health issue having a great influence on health in Aroostook County, resulting in poor health outcomes for residents. Through collaboration and educational efforts we will work to improve access to mental health/substance abuse services and early intervention.

Intended action to address the need:

Community Health Action Steps

1. Identify organizational lead accountable for completion of action steps and outcomes.
2. Identify key performance indicators based on internal and external data and benchmarks.
3. Discuss need with key community partners to identify opportunities to work collaboratively and to ensure non-duplication of efforts.
4. Strengthen the community's capacity to respond to health need through environmental and policy change.
5. Continue to deliver and strengthen current educational and support programming that responds to need.*
6. Review evidenced based, best practice programs and adopt at least one new best practice program.*
7. Link efforts to those of TAMC Total Health Team and Work Health, LLC.

(*Focus on developing and implementing programming that first pilots on those currently served by primary care to ensure outcomes and then replicates out to broader community.)

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Priority #4: Improve access to mental health/substance abuse services and early intervention. *continued*

Programs and resource allocation:

1. Organizational Lead
2. Staff resources from departments with vested interest in outcome
3. Financial support for programming
4. Sponsorship of aligned community programs

Collaborations may include:

1. Acadia Hospital
2. Aroostook Mental Health Center
3. Veterans' Administration
4. Federally Qualified Health Centers
5. Aroostook County Action Program
6. Aroostook Area on Aging
7. Homeless shelter
8. Law enforcement agencies
9. Other area hospitals

Population of focus:

Individuals with behavioral health needs.

Health Priorities Not Addressed

TAMC 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, TAMC is currently poised to focus only on the highest priorities at this time. Priorities listed below will be address through partnerships with and support to organizations in the community focused on these areas. Organizations are indicated in parentheses.

1. Poverty (Aroostook County Action Program)
2. Oral Health (St. Apollonia Clinic)
3. Domestic Violence (Hope & Justice)
4. Transportation (Aroostook Area Agency on Aging; Aroostook Regional Transportation Service)
5. Affordable Housing (Presque Isle Housing Authority)
6. Economic Development (Aroostook Partnership for Progress)
7. Educational Attainment (Aroostook Aspirations; Aroostook Partnership for Progress; United Way)

Conclusion

TAMC 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.

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

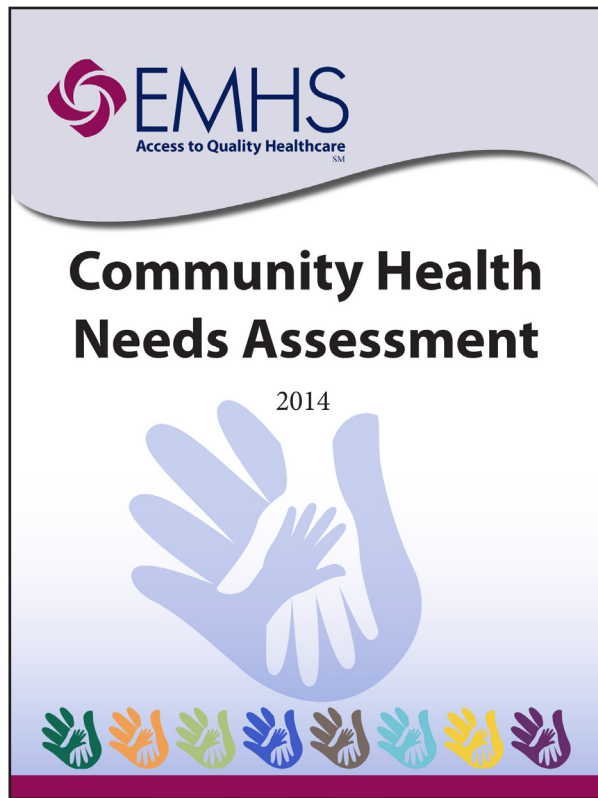


Appendix - Evaluation of Impact

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

EMHS and TAMC 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 TAMC 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:

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.

EMHS Member Organization: TAMC
Date: August 2, 2016

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
Decrease youth obesity	Review evidenced based best practice programming and determine what additional actions could be beneficial.	Yes	CHNA report reviewed and sedentary lifestyle targeted. Developed Fit and Fun collaborative in 2014 in partnership with other community organizations to promote physical activity. Reinvented Fit and Fun program in 2015 to focus on building awareness of low and no-cost physical activities especially with vulnerable populations.
	Develop stronger partnerships with Healthy Maine Partnership and other community organizations.	Yes	Collaborated with Healthy Maine Partnership and several other organizations on Fit and Fun series, including school recess obstacle courses (MSAD 1, 42, and 45), TAMC Sunday Swim (University of Maine at Presque Isle), Free Skate Night (City of Presque Isle), Youth Ski School (Big Rock Mountain and Quoggy Joe Ski Club), Hike with the Wardens (Maine State Warden Service, Aroostook State Park), Family Engagement Nights (MicMac Community) and sponsored multiple 5Ks in community. Encouraged all 2016 graduating high school seniors to adopt healthy lifestyles through Project Graduation water bottle give away.

Appendix - Evaluation of Impact *continued*

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
Decrease youth obesity	Implement anticipated CDC grant as member of EMHS.	Yes	Participated as a member of the project and piloted a Food Insecurity Community Linkage Project with Aroostook Pediatrics and Aroostook County Action Program. Project included implementation of a two-question food insecurity screening conducted at each patient visit.
	Expand nutrition programming and continue to support physical activity programming.	Yes	Offered fresh fruits at Fit and Fun events and several other community events. Sponsored booth at farmers market during 2014 summer season. Sponsored a community garden to be created in partnership with the Town of Fort Fairfield and the Fort Fairfield Future Farmers of America.
	Utilize county-wide Live Well publication and associated online material to build awareness of youth obesity risk factors and prevention resources in Aroostook County.	Yes	Addressed topic in the spring 2015 edition of Live Well , including articles such as family style healthy eating, obesity, prevention and tips. Also in the Summer/Fall 2016 edition. As well as quarterly Fit and Fun social media and online updates.
Decrease number of adults age 20-40 with cardiovascular disease risk factors	Review evidenced based best practice programming and determine what additional actions could be beneficial.	Yes	Partnered with Townsquare Media on February 2016 Heart Health Month awareness with associated advertising and promotional contest.
	Promote early detection of cardiovascular disease.	Yes	Hosted Women's Health Conference in partnership with the Maine Agriwomen in April 2016. Provided Healthy Aging lunch lecture presentations on Healthy Eating, Lipid Management, and Vascular Health. Great American Stomp Out event held in collaboration with the Healthy Maine Partnership in November of 2014 and 2015.

Appendix - Evaluation of Impact *continued*

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
Decrease number of adults age 20-40 with cardiovascular disease risk factors	Offer screenings for early detection of risk factors and disease.	Yes	Offered blood pressure screenings, cholesterol screening, and significant information regarding chronic disease management and prevention at Fall Health Fair . Offered blood pressure checks at monthly Healthy Aging lecture and spring Senior Expo event, a partnership with Aroostook Area Agency on Aging.
	Collaborate with area worksite programs to offer risk management programming.	Yes	Offered Move and Improve program and Couch to 5K program to area employers in partnership with Aroostook County Action Program/Healthy Maine Partnership. TAMC Occupational Health Services attended several workplace health fairs to provide health information and biometric screening.
Improve health status of adults over 65 with 3 or more chronic conditions	Review evidenced based best practice programming and determine what additional actions could be beneficial.	Yes	Staff participation on Aroostook Area Agency on Aging Thriving in Place Grant Steering Committee funded by Maine Health Access Foundation grant.
	Provide care coordinators to all patients with multiple chronic conditions.	Partial	Care coordination provided to high risk Beacon Health members.
	Offer chronic disease management programs.	Yes	Diabetes Management Class and outreach was provided regularly, as well as Diabetes Alert Day activities. Healthy Aging lunch lecture series was offered monthly with approximately 200 participants. Several Medical Monday television news stories aired throughout year specific to chronic disease.

Appendix - Evaluation of Impact *continued*

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
Improve health status of adults over 65 with 3 or more chronic conditions	Offer cancer symposium.	Yes	Held Cancer Conference in Spring of 2015 in collaboration with C.A.N.C.E.R. with a keynote by Sen. Angus King In addition, coordinated a Colors of Courage walk/run awareness event was held in October 2015 and annually sponsored the Relay for Life .
Decrease emergency department utilization by Medicaid population	Review evidenced based best practice programming and determine what additional actions could be beneficial.	Yes	Received funding from the Maine Health Access Foundation grant to connect frequent users of Emergency Department services with primary care providers to ensure that they have a primary care home and to reduce the number of repetitive and expensive Emergency Department patient visits. Implemented a media campaign regarding appropriate emergency department usage, Walk In Care availability, and importance of primary care implemented, which was developed in partnership with various community organizations. Also focused on this topic in the Fall 2015 edition of Livewell .
	Maintain care coordinator in Emergency Department.	Yes	Established care coordinator in our Emergency Department as a result of grant funding, which continued for two years. Upon end of grant funded project, transitioned to a new model with a part-time social worker hired for the Emergency Department to assist with care coordination.
	Expand care coordination program in primary care.	Yes	Care coordination provided to Beacon members via primary care sites. Additional care coordinators added for a total of five coordinators, with one embedded in pediatrics practice.

Appendix - Evaluation of Impact *continued*

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
Decrease emergency department utilization by Medicaid population	Expand community paramedicine program.	No	Community Paramedicine Program piloted. Not expanded at this time due to limited funding and lack of educational opportunities available in region.
	Improve primary care access.	Yes	In addition to Maine Health Access Foundation grant project, improved access through primary care practice redesign in order to reduce no-shows, schedule appropriate visit length, and allocate staff to ensure they work at top of license.
	Increase primary care enrollment.	Yes	Primary Care Enrollment events offered at several major employers and corporate health fairs.
Increase diagnosis and treatment of elderly with depression or at risk factors for depression	Review evidenced based best practice programming and determine what additional actions could be beneficial.	Yes	Staff participated on Aroostook Area Agency on Aging Thriving in Place Grant Steering Committee funded by Maine Health Access Foundation grant.
	Review findings with community partners.	Yes	Reviewed in Thriving In Place Grant Steering Committee.
	Develop collaborative plan to improve access.	Yes	Developed as part of Thriving In Place Grant.
	Implement plan and monitor success.		Co-sponsored a public presentation of " Weathering the Blame " by TV personality Kevin Mannix with the Turner Memorial Library.
	Utilize county-wide Live Well publication and associated online material to build awareness of depression and mental health services available in Aroostook County.	Yes	Focus of Fall 2015 Livewell magazine with article regarding the red flags of depression. In addition, the Spring 2014 Livewell magazine had an article on the benefits of volunteering. LiveWell 2014 and 2015 was a partnership of area hospitals and the Healthy Maine Partnership.