

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



Inland Hospital



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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.

Inland Hospital 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, Inland Hospital 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 Inland Hospital

Inland Hospital is a not-for-profit, community hospital located in Waterville, Maine with a mission “to care for and serve our community”. We serve residents in parts of Kennebec, Somerset, and Waldo Counties (mostly Kennebec). We are a 48-bed medical-surgical facility, with Lakewood, our 105-bed continuing care facility on the hospital campus, along with 18 primary and specialty care physician practices in Waterville and our surrounding communities of North Anson, Unity, Oakland, Madison, and Augusta. We also offer our primary care patients a Weekend Care service to help them avoid unnecessary, costly emergency room visits.



Inland has three rural health centers in Unity, North Anson and Madison serving medically underserved populations.

Inland is the only inpatient hospital serving Waterville. The next nearest inpatient hospital is located 15 miles south of Waterville in Augusta. The nearest tertiary hospital is located 60 miles north of Waterville.

2013 data shows that Kennebec County has 121,000 residents (63 percent ages 18-64, and 17 percent over 64.) Median household income is \$47,000. 13 percent of individuals and 18 percent of children are living in poverty. Somerset County has 52,000 residents (61 percent ages 18-64 and 18 percent over 65.) Median household income is \$37,000. 18 percent of individuals and 25 percent of children are living in poverty.

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.



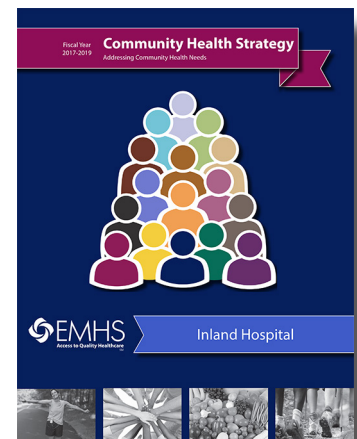
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Inland Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt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

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

Approval from Governing Board

Inland Hospital'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 the Implementation Strategy on May 26, 2016.

Selected Priorities of Focus

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

Collaborative efforts are intended to help lead to a leveling off of increasing obesity rates and ultimate decline in the rates over time.

Intended action to address the need:

Inland will continue work within our organization and as a multi-sector approach with others in the community to foster a local culture and model environment that supports healthy eating and active living as a way of life.

Programs and resource allocation:

- Continued efforts around Let's Go! 5210 multi-sector intervention to address childhood obesity: coordinate annual community Family Fun Series; develop and distribute materials such as an Activity Resource Guide to link families with local resources; and family practice participation as registered healthcare sites
- Beginning in fiscal year 2017, Inland intends to employ a Let's Go! coordinator (primarily) to strengthen and sustain Let's Go! program in school, after-school, and daycare settings
- Inland and EMHS childhood obesity champion Dr. Val O'Hara will collaboratively design a primary care pediatric joint practice protocol to Inland's Diabetes & Nutrition Wellness Department for family education / nutrition prescriptions, and a referral process to the WOW Program (Way to Optimal Weight) medical interventions
- Continue to promote and support breastfeeding with full-time lactation consultant on staff in Inland's Birthing Center

Priority #1: Obesity (Physical Activity/Nutrition) *continued*

- Staff participate in nutrition education programs including Cooking Matters Grocery Store Tours and community-based physical activity interventions
- Inland will continue support for an active community environment and provide places to be physically active by operationalizing ongoing maintenance and promotion of the hospital's Inland Woods Trails which connect to City of Waterville-owned Pine Ridge Trails
- Inland workforce will be provided with opportunities and financial incentives to participate in worksite wellness programs including Virgin Pulse, Move and Improve, wellness coaching, gym memberships, health risk assessments, etc.
- TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) - Ongoing implementation throughout the organization
- A full-time Community Health Navigator will be added in the EMHS Center for Women's Health and primary care settings to link vulnerable populations with needed resources
- Community Benefit funding will be allocated to support evidence-based initiatives that promote healthy eating and active living in local schools and communities such as trails, parks and playgrounds, community gardens, Walking School Bus, and farm to school programs

Planned collaborations:

Inland will continue collaboration with Let's Go! home office at the Barbara Bush Children's Hospital at Maine Medical Center and explore collaborative opportunities with United Way of Mid-Maine, Colby College, Let's Go! Somerset and other local stakeholders. Also, Inland will foster ongoing and new partnerships to continue popular Family Fun Series.

Inland will continue partnerships with organizations such as Healthy Northern Kennebec, Alford Youth Center, Friends of Quarry Road, Waterville Creates!, local schools, municipalities, recreation departments, trails organizations, libraries, and others to improve access to and raise awareness of recreational/active transportation and healthy eating resources.

Population of focus:

Families with young children; low income populations; employees

Priority #2: Substance Abuse

Rationale:

Reduce opioid misuse and diversion.

Intended action to address the need:

Inland will continue primary care focus and interdisciplinary team approach for chronic pain management and safe prescribing practices to reduce opioid misuse and diversion.

Programs and resource allocation:

- Prescription Drug Monitoring Program – all providers and Medical Assistants registered and utilizing the system as required by state law
- Cognitive Behavioral Therapy telemedicine initiative pilot in Unity practice in collaboration with Acadia Hospital
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) –training providers and practice staff, building systems and resources for implementation
- Adverse Childhood Experiences (ACE) tool – training providers and practice staff, building systems and resources for implementation
- Participation in Maine Quality Counts Chronic Pain Collaborative in Unity practice
- TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) - Ongoing implementation throughout the organization
- A full-time Community Health Navigator will be added in the EMHS Center for Women's Health and primary care settings to link vulnerable populations with needed resources
- Integrate behavioral health to improve access: add two Licensed Clinical Social Workers to work in primary care, women's health, and Inland's Birthing Center; one psychiatric nurse practitioner in family practice and women's health
- Community Benefit funding will be allocated to support local community substance abuse agencies and evidence-based programs

Planned collaborations:

- Between April 2015 and May 2016, Inland Family Care in Unity is one of thirteen Maine primary care practices working together in a Maine Quality Counts Chronic Pain Collaborative to improve health care delivery, clinical outcomes, and patient quality of life for individuals with chronic pain
- Cognitive Behavioral Therapy telemedicine initiative pilot in Unity practice in collaboration with Acadia Hospital
- Healthy Northern Kennebec – provides SBIRT training for Inland providers and staff and online resources to share with patients

Population of focus:

Primarily patients identified as needing chronic pain management; people with substance abuse

Priority #3: Mental Health/Depression

Rationale:

Enhance access and patient care.

Intended action to address the need:

Integrate behavioral health services to enhance access and patient care.

Programs and resource allocation:

- Integrate behavioral health to improve access: add two Licensed Clinical Social Workers to work in primary care, women's health, and Inland's Birthing Center; one psychiatric nurse practitioner in family practice and women's health
- Cognitive Behavioral Therapy telemedicine initiative pilot in Unity practice in collaboration with Acadia Hospital
- Mental Health First Aid staff and community trainings
- Suicide prevention trainings – presentation by National Alliance of Mental Illness of Maine (NAMI), implemented within the Unity practice
- Provide tools for providers and staff to easily access resources for patient referrals to local services
- TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) - Ongoing implementation throughout the organization
- A full-time Community Health Navigator will be added in the EMHS Center for Women's Health and primary care settings to link vulnerable populations with needed resources
- Employee benefits for mental health services provided through Affiliated EAP
- Community Benefit funding will be allocated to support local community mental health agencies and evidence-based programs

Planned collaborations:

- Will explore partnership opportunities with National Alliance on Mental Illness of Maine (NAMI) to provide Mental Health First Aid trainings for staff and community
- Acadia Hospital - telepsych services in primary care, Emergency Dept and Inpatient

Population of focus:

Patient and employee population with mental health needs

Priority #4: Poverty

Rationale:

Strengthen local economy and address social issues linked to poverty.

Intended action to address the need:

Inland will continue collaborative efforts in our service area to stimulate economic growth, expand educational opportunities, and address food insecurity, homelessness, transportation, literacy/education, and domestic violence.

Programs and resource allocation:

- A full-time Community Health Navigator will be added in the EMHS Center for Women's Health and primary care settings to link vulnerable populations with needed resources
- Community Benefit funding and staff time will be dedicated to organizations leading efforts to improve economic outlook and address priority social concerns in our local communities

Planned collaborations:

Inland partner with and staff will serve as board/committee members/volunteers for organizations including: Central Maine Growth Council, Mid-Maine Chamber of Commerce, Waterville Main Street, Waterville Opera House, Kennebec Valley Community College, Quarry Road Recreation Area, Inland/Lakewood Homeless Network, Mid-Maine Homeless Shelter, United Way, Healthy Northern Kennebec (local Healthy Maine Partnership), and local food banks. Inland supports activities and systems such as payroll deduction to encourage staff participation in annual United Way of Mid-Maine campaign.

Population of focus:

Low-income, medically-underserved, less than a high school education and/or low literacy, very rural and/or geographically isolated people, people with disabilities – physical, mental, or intellectual

Health Priorities Not Addressed

Inland Hospital 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, Inland Hospital is currently poised to focus only on the highest priorities at this time. A number of priorities not selected, due to a variety of reasons are listed below:

1. Health Care Insurance was not selected by Inland Hospital. Our local Community Action Program (KVCAP) has a health navigator on staff to provide community outreach and marketplace enrollment assistance. Inland has two trained staff members to provide information about insurance, enrollment opportunities, and financial aid to consumers.
2. Transportation was not selected Inland Hospital. Inland staff assist patients to access transportation for services when needed. Inland will continue to support local organizations addressing transportation gaps through our Community Benefit funding program. As a small healthcare organization, it is outside our scope to lead efforts around this issue.
3. Health Literacy was not selected Inland Hospital. Maine CDC area of focus is to improve the development and sharing of plain language resources as outlined in the 2013-2017 State Health Improvement Plan. Inland screens current patient education materials and will share additional resources as developed and appropriate.

Conclusion

Inland Hospital 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.

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

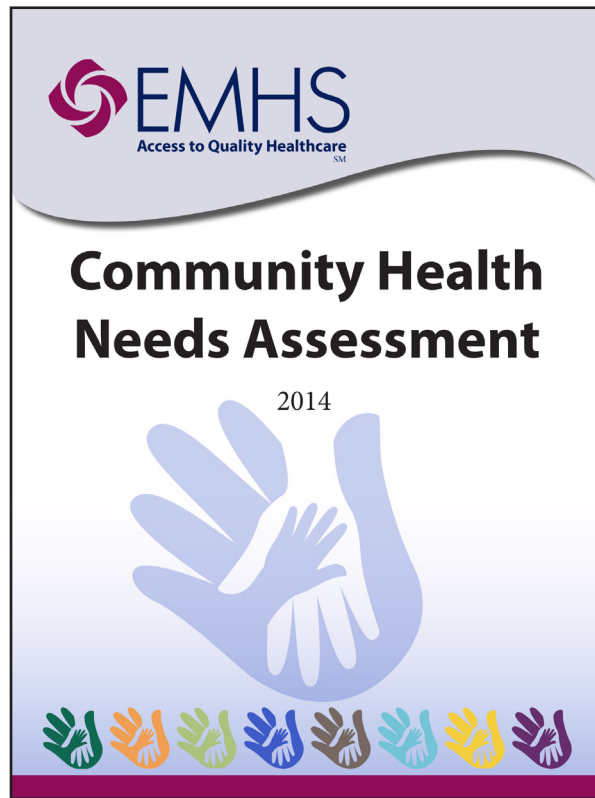


Appendix - Evaluation of Impact

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

EMHS and Inland Hospital 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 Inland Hospital 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 *continued*

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: Inland Hospital
Date: July 15, 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
Obesity (Physical Activity and Nutrition)	Inland will work with others to foster a local culture and environment that promotes and supports healthy eating and active living (HEAL).	Yes	Building upon the success of the Inland trails system, two family-friendly trails were completed and 5210 messaging signs were added. Free weekly walking and snowshoeing programs and events promoting local resources were provided for the community. Staff participated as members of Healthy Northern Kennebec board and Coalition, Friends of Quarry Road, Maine CDC District Coordinating Council, Active Community Environment Team and others working on HEAL initiatives.
	Let's Go! 5-2-1-0; Host an AmeriCorps VISTA volunteer to serve as the Let's Go! Kennebec Coordinator; sponsor annual Family Fun Series; Inland family practices participate as registered Let's Go! 5-2-1-0 healthcare sites.	No/Yes	No - AmeriCorps VISTA terminated three weeks after start date; too late to recruit and train a replacement. Continued efforts to fill the gap in our region with long-term, sustainable plan. Yes - Sponsored 3rd annual Family Fun Series; 479 families participated in one or more monthly events, reaching an estimated 670 adults, 766 children; six Inland Family Care practices and Inland's Diabetes & Nutrition Wellness Dept. participated and were recognized as Healthcare Sites of Distinction in 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
Obesity (Physical Activity and Nutrition)	Community Benefit funding will be committed to support local healthy environment initiatives, such as trails, community gardens and farm to school programs.	Yes	\$14,800 was contributed to schools, food banks, and other community organizations in 2015 for healthy environment initiatives.
	Staff participation in local Active Community Environment Team.	No	Team dissolved/rolled into Sustain Mid-Maine Transportation Committee. Scheduling conflicts didn't allow for regular staff participation.
	Full-time lactation consultant to promote and support breastfeeding.	Yes	Lactation consultant provided support for more than 300 breastfeeding patients during FY2015 leading to an Inland Birthing Center breastfeeding rate of 86 percent.
	Point of Decision prompts for "Take the Stairs" campaign at Inland and other community locations.	No	This project was slated for AmeriCorps VISTA volunteer which didn't come to fruition.
	Inland will work with Let's Go! home office at Maine Medical Center and AmeriCorps/VISTA program to secure a VISTA volunteer for the coming year to sustain the program in local schools, childcare centers, and after-school programs.	No	AmeriCorps VISTA terminated three weeks after start date; too late to recruit and train a replacement. Continued efforts to fill the gap in our region with long-term, sustainable plan.
	Fostering ongoing and new partnerships, Inland will offer a third year-long Family Fun Series of free activities and events to encourage and support healthy habits as a way of life for young families.	Yes	Inland partnered with the Alford Youth Center, Waterville Parks and Recreation, and more than a dozen other collaborating organizations and businesses providing support for the series' monthly events.

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
Obesity (Physical Activity and Nutrition)	Inland will continue collaborative efforts with organizations such as Kennebec Valley Council of Governments, KMTrails, Alford Youth Center, Bicycle Coalition of Maine, Friends of Quarry Road, local schools, municipalities, recreation departments and others to improve access to and raise awareness of recreational and active transportation resources.	Yes	Collaborative projects included new Kennebec Messalonskee Trails map, annual Winter Carnival event, outdoor equipment sponsorship for Alford Youth Center youth programs, ongoing efforts to promote regional resources, advocacy for Complete Streets and improved access and safety for active transportation.
Access to Care	Resources will be committed to work collaboratively with other stakeholders to enhance transportation, increase access to dental health, and provide free health screenings.	Yes	Community Benefit funding supported local organizations, Inland's Family Care practices participated in the First Tooth program, and 19th annual World of Women's Wellness event was held on March 28, 2015.
	Community Benefit funding will be committed to support public transportation service and expand infrastructure.	Yes	\$2,000 was contributed to support KVCAP transportation services.
	Community Benefit funding will be provided to support the Community Dental Clinic and other dental health initiatives.	Yes	\$1,000 was contributed to support the Community Dental Clinic.
	Inland family practices will participate in "From the First Tooth" fluoride treatment program.	Yes	January 1, 2015 to December 31, 2015 a total of 69 billed and from January 1, 2016 to June 30, 2016 a total of 38 billed.
	Resources will be allocated to provide annual Women's Wellness health fair and free health screenings in other community settings.	Yes	Held annual event on March 28, 2015; 450 attendees participated in 1709 health screenings. 131 Inland/Lakewood employees volunteered 655 hours and staff dedicated more than 400 hours of paid time.

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
Access to Care	Inland will work with local transportation provider (KVCAP), municipalities, trails groups, KV Council of Governments, Sustain Mid-Maine, schools, and others on the transportation issue.	Yes	Community Benefit funding was contributed to support KVCAP transportation services; Inland/City of Waterville/Maine DOT/Community Enhancement Grant campus sidewalk project in progress.
	Inland will partner with dozens of local organizations, social services and healthcare providers to offer annual women's health fair, providing access to free health screenings and links to local resources, programs, and services.	Yes	Held annual event on March 28, 2015 - more than 50 service providers and non-profit organizations provided information on local healthcare and related services.
Chronic Disease Management	Using the medical home model, Inland's medical practices will provide comprehensive, whole person primary care (NCQA-PCMH, AHRQ-PCMH). In this model of care, personal healthcare providers and their teams coordinate care across the healthcare system, working with patients to address preventive, acute, and chronic healthcare needs, and arranging care with other qualified health professionals as needed.	Yes	NCQA PCMH has been achieved in all nine Inland owned primary care practices.
	Population reach will be expanded through Care Team model/Patient Centered Medical Homes, and continued remodeling of primary care practices so that everyone is working to the top of their license.	Yes	A first round of redesign in seven of Inland's nine primary care practices has been completed and a redesign team is forming for fiscal year 2017.

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
Chronic Disease Management	Clinicians/medical practices will strive to obtain or maintain Bridges to Excellence/Get Better Maine clinician recognition for heart disease, diabetes, and hypertension.	Yes	Seven providers obtained level three recognition in 2015.
	All patients with diabetes will be monitored via medical practices quality tracking (Diabetes Bundle).	Yes	All outpatient diabetes patients are currently monitored for Diabetes Bundle components; 8.2% have met all requirements and considered to have their diabetes optimally managed.
	Will explore additional telemedicine opportunities (beyond current use in our Emergency Department).	Yes	We have implemented Cognitive Behavioral Therapy in partnership with Acadia in our Unity practice via telemedicine. We are exploring options to utilize this in Pulmonary Function and Sleep services.
	Promote participation in the National Diabetes Prevention Program to those in our community who are at high risk of developing Type 2 Diabetes or who have Pre-Diabetes.	Yes	Local program information was shared with care managers and other staff and patients as available and appropriate.
	Work with others to promote educational opportunities for the public to learn about the health insurance exchange.	Yes	Collaborated with Community Health Options to provide two insurance education sessions for staff and community; patient financial counselors were trained to provide information about enrollment options and opportunities.
	Patients and community members will be linked to local community programs and services as available and appropriate.	Yes	Information was shared through a variety of marketing efforts, website, social media, outreach events, and patient encounters.

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
Chronic Disease Management	Work with organizations, such as Maine Community Health Options and KVCAP, for community opportunities to participate in health insurance exchange options through the Affordable Care Act.	Yes	Collaborated with Community Health Options to provide two insurance education sessions for staff and community; KVCAP Health Navigator participated as exhibitor at Women's Wellness event.
Economic Opportunity and Poverty	Inland will continue working with others to stimulate economic growth, expand educational opportunities, and address food insecurity, homelessness and domestic violence.	Yes	Collaborative efforts continued and ongoing with Chamber of Commerce, Central Maine Growth Council, local colleges, homeless shelter, and other local non-profits working on issues related to poverty and economic development.
	Community Benefit funding and staff time will be committed to participate with organizations leading efforts to improve economic outlook and address social concerns in our local communities.	Yes	\$33,500 in Community Benefit funding and staff time was dedicated to support local organizations working to strengthen local economy.
	Inland staff will serve as board/committee members and volunteers for organizations including: Central Maine Growth Council, Mid-Maine Chamber of Commerce, Waterville Main Street, Waterville Opera House, Kennebec Valley Community College, Quarry Road Recreation Area, Poverty Action Coalition, Maine Health Access Foundation, Inland/Lakewood Homeless Network, Mid-Maine Homeless Shelter, United Way, Healthy Northern Kennebec (HMP), and local food banks.	Yes	Staff continue to participate in local organization boards, committees and teams.