

Mount Desert Island Hospital Organization –Community Health Needs Assessment (CHNA) & Implementation Strategies FY 2016-2018



Critical Access to Quality Care

www.MDIHospital.org

OUR MISSION

To provide compassionate care and strengthen the health of our community by embracing tomorrow's methods and respecting time-honored values

OUR VISION STATEMENT

To be our community's medical home by pursuing innovative models throughout the continuum of care. Our integrated system will be the standard by which others are measured.

OUR VALUES

Community

Integrity

Respect

Innovation

Teamwork

Improvement

Revised 10-28-2016

Revised 12-22-2016

Revised 1-6-2017

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Revised 1-5-2018

Revised 1-22-2018

Community Health Needs Assessment and Implementation Strategies

FY 2016-2018

Mount Desert Island Hospital is a 25-bed, critical access hospital located in Bar Harbor, Maine, which is part of Hancock County. Bar Harbor is located 45 miles east of Bangor and 20 miles east of Ellsworth. We are adjacent to Acadia National Park, which sees over one million visitors per year. In addition to the summer and fall influx of visitors and seasonal residents, our service area reaches beyond Bar Harbor, throughout the entire Mount Desert Island, its' outer Island Community's and to Trenton and Lamoine. Our service area is approximately 12,000.

Our Community Health Needs Assessment (CHNA) is part of a regional collaborative that produces the Countywide Shared CHNA; this collaboration is with Healthy Acadia, which represents Hancock County as part of the Healthy Maine Partnership. We are actively involved in this process by committee involvement, sharing information, and by providing community engagement support into the community events. We will first review our CHNA plan that was developed based on the shared surveys with Healthy Acadia and feedback from our

communities. We have also use the Maine Shared Health Needs Assessment and Planning Process to review any additional needs for our community.

The Community Health Needs Assessment and Action Plan for Mount Desert Island Service Area serves as a framework and guide for Mount Desert Island Hospital and Healthy Acadia in developing and strengthening our programming to fulfill community needs. This report is also available to all local organizations and citizens to support their efforts to address and coordinate community health improvement.

Mount Desert Island Hospital (MDIH), a 501(c) (3) non-profit, state-of-the-art rural healthcare organization, serves the close-knit island and surrounding communities. Formed in 1897, MDIH has grown to offer a continuum of care through a 25-bed critical access facility, a retirement facility, and nine regional health centers, including a full-service behavioral health center and a dental clinic. Mount Desert Island Hospital’s mission is to provide compassionate care and strengthen the health of the community by embracing tomorrow’s methods and respecting time-honored values. MDIH is committed to providing the care that community members need, close to their homes.

Healthy Acadia (HA) is a 501(c)(3) non-profit organization dedicated to empowering people and organizations to build healthy communities and make it possible for all people to lead healthier lives. HA is a community health coalition, working since 2001 with hundreds of partners and thousands of community members in Maine’s Washington and Hancock counties to address a wide range of local health needs. The coalition works to build partnerships, coordinate education and prevention services, and improve policies and environments to create lasting positive changes to the health of our communities. HA relies on both private and public funding sources to address critical locally-defined health priorities throughout the two counties, including the nine-town service area of MDIH. These towns include Bar Harbor, Cranberry Isles, Frenchboro, Lamoine, Mount Desert, Southwest Harbor, Swans Island, Tremont, and Trenton. This nine-town area is the focus of this report. It is referred to here as the “Local Service Area” (LSA).

In 2010, the population of these nine towns totaled 14,232, according to the U.S. census data. The LSA area includes three municipalities on unabridged islands: Cranberry Isles, Frenchboro, and Swans Island. The LSA has high numbers of older adults, as well as seasonal visitors. There are significant numbers of self-employed individuals, contributing in part to significantly higher than average

levels of uninsured people. In Hancock County, 16% of adults are uninsured, compared with 13% statewide (County Health Rankings, 2016).

Hancock County has slightly below average rates of educational attainment, with 84.3% graduating from high school, compared to the state rate of 86.5%. We are also slightly below average in terms of college attendance; 61% of residents in Hancock County attend at least some college, and 64% of people have attended at least some college statewide (County Health Rankings, 2016). Our unemployment levels are slightly higher than the statewide average, (7% unemployment in Hancock County, compared with 5.7% statewide) (SHNAPP, 2015). However, seasonal fluctuations in employment are significant because a substantial part of our economy is based on seasonal tourism.

Healthy Acadia and Mount Desert Island Hospital have worked from the summer of 2015 through the spring of 2016 to develop the community health action plan for this nine-town service area. The process has been conducted through collaborative efforts with community partners and has involved a broad base of community members every step of the way.

Through the Community Health Needs Assessment (CHNA) process, partners have used a process titled Mobilizing for Action through Planning and Partnerships (MAPP) to create and implement our community health action plan. The process provides the framework for convening the variety of organizations, groups, and individuals that comprise the local public health system. We have built off of and worked to complement other community health planning processes, from those conducted at regional hospitals to strategic plans of our partner organizations.

Identified Needs:

STRATEGIC ISSUE #1

How can we ensure that all community members have access to high-quality affordable healthcare, including health and wellness education?

Goal-#1

Increase awareness about available healthcare resources, including prevention and wellness

Tactics:

*Use traditional Media sources and outlets as well as social media including, Twitter, Facebook, Instagram and the Patient Portal to release and promote information about Health and Wellness.

*Use existing Community Calendars and infrastructure to share information about healthy opportunities

*Pamphlets, information sheets, magnets, and electronic health bulletins

*Develop a spotlight campaign

*Engage a key group of multigenerational and diverse community members to develop programs and initiatives.

Measure:

Obesity (Adults) Hancock County 29.8% versus Maine of 28.9%

Fruit Consumption amount adults over 18 years: Hancock County 33.2% versus Maine at 34%

Sedentary lifestyle-no leisure-time physical activity in past month-Adults: Hancock County 20.1% Versus Maine at 22.4%

MDIH Implementation:

*Partner with Let's Go 5210"

*Partner with Hannaford Guiding Stars and MDIH Nutritionist

*Promote MDIH Employee Wellness Incentives- Thrive Program

*Promote MDIH Health Fair

* Community-Based Fall Risk Assessments

*Community Based _Matter of Balance Classes

* Community-Based CPR Demonstrations- Farmer's Markets, Health Fairs, Schools

Ongoing Evaluation of Implementation:

MDIH leads, coordinates and participates in Food Revolution Day- teaching school-aged children about healthy eating choices and activities.

Established and coordinated with Hannaford Supermarkets for Guiding Stars program and healthy meals with MDIH Nutritionist, on-site visits and tours for community members.

Provision of Walking and Health Coaching in the Community, group walks, walking maps.

Employee based benefit incentive for health coaching, health memberships, etc.

Goal- #2

Make Healthcare more affordable

Tactics:

*Educate legislators and key stakeholders about the importance of Medicaid expansion in Maine for increasing access to healthcare

*Continue to promote the Maine Health Insurance Exchange and increase awareness of available navigators to support utilization of this resource

*Continue to develop Patient-Centered Medical Homes, community health teams, and other innovative care models to ensure quality affordable care.

*Develop more opportunities for collaboration and coordination of resources; coordinate meetings for providers to share resources

*Continue to work to obtain grants to improve affordability of healthcare resources

*Increase prevention efforts to reduce long-term healthcare costs.

Measure:

16% of Hancock County Residents are Uninsured compared to a statewide average of 13%.

Only 23.6% of Hancock County residents are enrolled in MaineCare, compared to 27% of all Maine residents.

Nearly 10% of all Hancock County residents are unable to obtain or delay obtaining necessary medical care due to cost.

MDIH Implementation:

*MDIH continues as a Designated Certified Application Counselor Site- ACA Health Insurance Exchange

*MDIH continues partnerships and affiliations through collaborations to achieve the tenants of the Triple Aim. Including the Maine Rural Health Collaborative and Beacon Health, LLC.

*MDIH promotes their Free Care and Sliding Scale Programs at all clinics and registration points.

*MDIH promotes through their website and other media outlets access to care for all community members

*MDIH continues to advocate at the local, regional and national level access to coverage for the under and uninsured.

*MDIH implements a pilot Palliative Care Program

*MDIH develop a community-based Substance Use Hub and Spoke Model

*MDIH continue to support the Prescription Assistance Program

*MDIH's Integrated Care Teams work with to provide and coordinate assistance for our community members and patient in need for Food, Transportation, Healthcare Access, Insurance and Prescriptions.

Ongoing Evaluation of Implementation

Continue to Participate in the Beacon Health, LLC which is an Accountable Care Organization focusing value-based care, high quality and lower cost.

Continue to be a Designated Health Insurance Exchange Certified Hospital, providing resources such as Certified Application Councilors.

Continue to participate in public advocacy programs (MHA/AHA/NRHA) to encourage Medicaid Expansion.

Continue to participate with The Maine Hospital Association leadership to advocate for healthcare access and increase awareness of those without insurance coverage or benefits.

Goal - #3

Overcome obstacles to accessing healthcare resources including prevention and wellness

Tactics:

*Improve transportation support for home healthcare and to help community member's access health resources.

*Expand and promote evening and weekend hours of health services.

*Further develop telemedicine on outer islands-expand to new areas and enhance services that already exist, seek funding to develop additional mobile health opportunities

*Use personal interactions and the business community to connect people to resources in order to diffuse fear, uncertainty, and stigma associated with accessing resources.

*Engage the community in recruitment and retention of providers to increase community buy-in to their healthcare system.

*Increase promotion and availability of translator services

*Offer Gender and sexuality sensitivity training to first responders and healthcare providers.

*Reduce shortages in healthcare resources, such as palliative care.

Measure:

Increased hours at each of our Primary Care Practices, providing care settings outside of the Emergency Department.

MDIH Implementation:

*MDIH to extended hours in Primary Care at all locations in Bar Harbor, Southwest Harbor, and Trenton

*MDIH to promote sensitivity training through our provider education series

*MDIH to explore a Palliative Care Program

*MDIH to explore expanded telehealth services, telemonitoring and use of “ZOOM” technologies

*MDIH to explore increased education for chronic care conditions in the Inpatient, Outpatient and Home settings.

*MDIH promotes the use of Stratus Interpreting Services in our Inpatient and Outpatient facilities.

Ongoing Evaluation of Implementation:

MDIH developed and currently is implementing the first Phase of a Palliative Care Model

MDIH expanded access to Primary Care at all Primary Care locations through rotating days of the week by location

MDIH is collaborating through a RUS and HRSA grant to expand telehealth services to the community and to expand home telemonitoring.

MDIH will continue to promote educational offerings for sensitivity working with the Medical Staff Educational Committee

MDIH has implemented the first Phase (I) of the Palliative Care Pilot for the Inpatient Setting

MDIH has implemented and installed Stratus Interpretative devices in the Hospital and at the Outpatient Health Centers, this including education and access to equipment for remote needs.

MDIH has implemented the use of iPads for Inpatient education on chronic condition with a primary focused on COPD.

MDIH has implemented the first training of staff for Gender Sensitivity Education

STRATEGIC ISSUE #2

How can we ensure that all community members have access to healthy, affordable food and an environment that encourages healthy eating?

State of Maine Surveillance focus: **OBESITY**

Goal-#1

Increase awareness of available food systems resources for consumers, home gardeners, producers, institutions, grocery and general stores, and food service businesses.

Tactics:

*Use traditional and social media, including press releases, newsletters, and flyers, Facebook, Twitter, and Instagram.

*Use existing community resource sharing tools and community events calendar.

*Use existing infrastructure such as community organizations, municipal entities, schools, hospitals, clinics and others to disseminate printed materials.

*Use television and radio to spotlight food programs and systems

Measure:

Diet-Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes

MDIH Implementation:

*Increase core education resources to the public (pamphlets/handouts)

*Offer MDIH community-based activities

*Offer Dietary Consults Inpatient and Outpatient

*Offer Annual Wellness Visits with a Pharmacist or a Dietician

*Maintain and evaluate the Employee Wellness Credit Program- Thrive

*Evaluate posting nutritional information in the cafeteria for healthy choices

*Use Patient Portals to distribute healthy choice information

*Develop a quarterly newsletter and incorporate a part of the hospitals' internal newsletter "Paging" to have a health food and recipe section based on the season.

*Explore adding the caloric count of the menu items to the video monitor in the Hospitals' Cafeteria.

Ongoing Evaluation of Implementation:

MDIH expanded Annual Wellness visits to Medicare Patients to be performed by Qualified Health Professionals, such as Registered Nurses, Pharmacist, and Nutritionist- expanded offerings to all providers in MDIH Services

MDIH promoted and expanded the employee wellness benefits and credits for Medication Management, Biometric Screening and consultations with a nutritionist.

MDIH promotes a community walking program in the spring, summer, and fall led by a certified health coach.

Promotional materials are produced and distributed throughout the community and available in our Health Centers and through social media.

Goal-#2

Create more opportunities for community members to access healthy food.

Tactics:

- *Support expansion of area farmers' markets
- *Work with area institutions, including schools and hospitals, to create policies and practices so that they are able to serve healthy, whole foods.
- *Expand the number of community & school gardens and greenhouses and complementary educational opportunities.
- *Continue to develop and promote food recovery efforts such as gleaning.
- *Increase availability of healthy cooking, shopping and nutrition classes.
- *Support the use of Electronic Benefits Transfer (EBT) technology at farmers' markets and other food retailers.
- *Promote transportation resources to improve access to farmers' markets, farm stands, grocery stores and restaurants.

Measure:

Diet-Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes

MDIH Implementation:

- *MDIH will promote and advertise for healthy options and farmers' markets
- * MDIH will explore partnerships with Hannaford Supermarket for nutritional shopping, cooking and healthy choice classes
- *MDIH will continue to promote Food Revolution Day
- *MDIH will continue to explore the use of our ACO relationship to embed metrics and measures for best practice.
- *MDIH will continue to explore and implement the 5210 Let's Go Program

Ongoing Evaluation of Implementation:

MDIH partners with community-led farmers' markets and promotes the schedule of local offerings.

MDIH is currently working with Hannaford Supermarkets to provide a Nutritionist on a periodic basis to promote healthy shopping, cooking, and options.

MDIH continues to support and develop Food Revolution Day for middle school students to understand healthy options and preparation of those choices.

MDIH continues to work as a principal partner with Beacon Health LLC our Accountable Care Organization (ACO) to develop improved health outcomes with a focus on our Medicare Population, with a focus on Chronic Conditions, CHF, COPD, Diabetes, and Obesity.

Goal-#3

Improve the affordability of healthy food options.

Tactics:

*Increase participation in federal programs such as SNAP, WIC, Fresh Fruit, and Vegetable Program (FFVP) for schools, Senior Farm Share and Free and Reduced Price Lunch and Breakfast.

*Support the development of garden beds at community housing locations.

Measure:

Diet-Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes

MDIH Implementation:

*MDIH will work our Integrated Care Team to ensure that information about these programs is made available to patients in need

*MDIH will provide space in our Hospital Lobby and Health Centers to promote the availability of these federal programs

*MDIH will support our local School Based Nursing program to assist in providing information for families or children at risk that may need information about federal assistance.

Ongoing Evaluation of Implementation:

MDIH Is currently working to develop an inventory of programs and determine the best distribution model.

MDIH currently provides school nurses to primary, middle and high school programs and will be working with this program to access additional need for information.

Goal-#4

Create better policy and environments for local food producers to grow and succeed.

Tactics:

- *Coordinate with local supermarkets to sell more local produce.
- *Create a Food Policy Council that engages leaders from all sectors of the food system, in order to develop a plan for a stronger local food system.
- *Improve local ordinances to better support and encourage local producers, including fishermen.
- *Support increased marketing opportunities for local fisheries.
- *Educate and promote “big-picture” benefits of eating local to community health.

Measure:

Diet-Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes

MDIH Implementation:

This goal is beyond the scope of MDIH’s healthcare mission, will support initiatives as they may align with our vision and mission

Evaluation: N/A

STRATEGIC ISSUE #3

How can we ensure that all community members have access to safe, affordable opportunities for physical activity and an environment that encourages physical activity?

State of Maine Surveillance focus: **Pre-Diabetes/ Obesity**

Goal-#1

Increase awareness about available physical activity opportunities

Tactics:

- * Use traditional and social media, including press releases, newsletters, flyers, Facebook, Twitter and Instagram to increase awareness of activity opportunities
- *Use existing community resource calendars and sharing tools
- *Use existing infrastructure such as community organizations, municipal entities, schools, hospitals, clinics and others to disseminate printed materials.
- *Use television and radio to spotlight specific programs and resources.

Measure:

Disease Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes or Pre-Diabetes
- Prevalence of Childhood Obesity

MDIH Implementation:

*MDIH will explore the use of patient portals to distribute timely information about the benefits of physical activity

*Integrated Care Team will educate providers on the referral process for the following:

- Health Coaching
- Nutritional Counseling
- Group Activities

*MDIH will explore social media and web access to promote the benefits and opportunities for physical activity and promote our Health Coaches.

*MDIH will promote through their Employee Wellness Program, Thrive, and an incentive for participating in a formal physical activity program

*MDIH Integrated Care Team will work with our School-Based Nursing Program to develop and promote healthy choices for activity and nutrition.

*MDIH will work partner with Let's Go 5-2-1-0 for our youth to promote healthy choices

5 Fruits and Vegetables

2 Hours of Activity

1 Hour of Screen Time

0 Sugary Drinks

Ongoing Evaluation of Implementation:

MDIH is working with the Hospital and Health Centers education team to determine a set scheduled to release information about healthy physical activity through the eClinicalWorks Patient Portal.

MDIH is providing walking maps throughout the organization to promote walking trails and opportunities.

MDIH sponsors a healthy community walk with a health coach. Develop a mechanism for creating an inventory of community and hospital-sponsored activities.

MDIH sponsors benefits for employees to receive an incentive payment for participating in a formal physical activity program.

Goal-#2

Ensure greater opportunities for physical activity, making exercise the easy choice

Tactics:

- *Increase participation in 5-2-1-0 Let's Go! Program
- *Develop infrastructures such as playgrounds and exercise areas including warming huts and water fountains
- *Create free, safe and convenient places for indoor physical activity
- *Create safe student drop off areas away from school with volunteers to walk students to and from school.
- *Increase physical activity opportunities for working community members, including daytime worksite wellness programs
- *Provide education on safe and simple ways to be physically active at all ages and wherever you are.
- *Promote transportation resources to improve access to physical activity programs and resources.
- *Explore an opportunity for a Calendar and "push notifications" with a computer or smart application.

Measure:

Disease Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes or Pre-Diabetes
- Prevalence of Childhood Obesity

MDIH Implementation:

- *MDIH will explore the participation in the Let's Go 5-2-1-0 Program for Hancock County
- *MDIH will continue to provide community walking programs with a certified health coach
- *MDIH and Health Centers will make available information and pamphlets about physical activity programs and functions
- *MDIH will continue to sponsor an employee benefit for participating in a formal physical activity program.

Ongoing Evaluation of Implementation:

MDIH has been involved in the initial implementation of the Let's Go 5-2-1-0 Program for Hancock County.

MDIH has continued its formal walking program with a certified Health Coach as weather permits.

MDIH will work with its Public Affairs office to determine additional opportunities for promoting access to physical activity

MDIH has continued its employee wellness incentive for participating in the THRIVE program by members participating in a formal physical activity.

Goal-#3

Support policy and infrastructure changes to increase safety and appeal of physical activity opportunities

Tactics:

- *Improve sidewalks and bikeways for walking and bicycling
- *Support development of new locations for physical activity such as indoor tennis courts, swimming pools, skate parks and pickleball courts.
- *Support and increase town and village walkability assessment efforts.
- *Develop branding of the area as a healthy, active community.
- *Develop more opportunities for collaboration and coordination of resources.

Measure:

Disease Related Health Issues:

- High Blood Pressure
- High Cholesterol
- Prevalence of Diabetes or Pre-Diabetes
- Prevalence of Childhood Obesity

MDIH Implementation:

- *MDIH will work to support access to areas around the facility, keeping areas safe for walkability.
- *MDIH will support advocacy for the community access to infrastructure to support physical activities
- *MDIH will explore opportunities to help coordinate resources.

Ongoing Evaluation of Implementation:

MDIH continues to promote an external walking area and works with the Town of Bar Harbor to make the perimeter and sidewalks safe for pedestrians.

Ongoing opportunities will be assessed as the community identifies infrastructure needs or resources.

STRATEGIC ISSUE #4

How can we ensure that all community members have access to high-quality substance use disorder prevention and treatment?

State of Maine Surveillance focus: Youth Alcohol Rate/Misuse of Prescription Drugs

Goal-#1

Increase awareness about available substance use disorder prevention and treatment resources

Tactics:

*Use traditional and social media, including press released, newsletters, flyers, Facebook, Twitter and Instagram to increase awareness of activity opportunities

*Use existing community resource calendars and sharing tools

*Use existing infrastructure such as community organizations, municipal entities, schools, hospitals, clinics and others to disseminate printed materials.

*Hold regular community forums to engage community members in discussions about substance abuse

Measure:

Youth Alcohol Rates among 9th-12th graders is statistically higher in Hancock County at 55% than the state average of 51%.

Misuse of prescription drugs in the last 30 days by 9th – 12th graders in the same as the state rate of 5%

Implementation MDIH:

*MDIH explore strategic initiatives to provide integrated Behavioral Health Access, including substance use disorder treatment

*MDIH explores sharing information about services and access to hospital-based and community-based services through social media, standard media and throughout our organization and outpatient clinics.

Ongoing Evaluation of Implementation:

MDIH is currently participating in a collaborative effort to build a countywide treatment “HUB and SPOKE” system to help with substance use disorder by providing more regional access.

MDIH is currently working with our Public Affairs department to draft a work/project plan to develop information targets.

MDIH continues to promote integrated behavioral health service in our Primary Care Practices and through our Behavioral Health Center.

Goal-#2

Create more opportunities for people to get the support they need to free themselves from addiction

Tactics:

- *Develop programming, including medication-assisted treatment options, to support treatment and recovery
- *Develop an opioid treatment hub and spoke model to provide coordinated care to community members across the region
- *Create more affordable and accessible individual and group recover counseling options
- *Strengthen ER Services, walk-in services, and inpatient services for treatment
- *Promote transportation resources for access to treatment
- *Promote substance-free social events
- *Strengthen relationships between local law enforcement, schools, and the broader community

Measure:

Youth Alcohol Rates among 9th-12th graders is statistically higher in Hancock County at 55% than the state average of 51%.

Misuse of prescription drugs in the last 30 days by 9th – 12th graders in the same as the state rate of 5% **MDIH Implementation:**

- *MDIH explore strategic initiatives to provide integrated Behavioral Health Access, including substance use disorder treatment
- *MDIH explores sharing information about services and access to hospital-based and community-based services through social media, standard media and throughout our organization and outpatient clinics.
- *MDIH to explore using our partnership with the area schools and our school-based nursing programs to educate our youth about the health risks associated with substance abuse.

Ongoing Evaluation of Implementation:

MDIH is currently participating in a collaborative effort to build a countywide treatment “HUB and SPOKE” system to help with substance use disorder by providing more regional access.

MDIH is currently working with our Public Affairs department to draft a work/project plan to develop information targets.

MDIH continues to promote integrated behavioral health service in our Primary Care Practices and through our Behavioral Health Center. These services are part of the Hospital Based Clinics and are eligible for free and sliding scale subsidies.

Goal-#3

Remove the stigma around addiction.

Tactics:

*Provide education and advocacy around substance use disorder across all sectors of the community including state and local policymakers, the business community, schools and others.

*Use personal interactions and the business community to connect people to resources in order to diffuse fear, uncertainty, and stigma associated with accessing resources.

*Build a network of employers and landlords who will hire and rent to those in recovery.

Measure:

Youth Alcohol Rates among 9th-12th graders is statistically higher in Hancock County at 55% than the state average of 51%.

Misuse of prescription drugs in the last 30 days by 9th – 12th graders in the same as the state rate of 5%

MDIH Implementation:

*MDIH will work on advocacy efforts and collaborations to build a dialogue to remove the stigma around addiction and substance use disorder.

*MDIH explores sharing information about services and access to hospital-based and community-based services through social media, standard media and throughout our organization and outpatient clinics.

Ongoing Evaluation of Implementation:

MDIH will work to develop a program to address this with community members, through our advocacy program and other outlets.

MDIH will continue to work with the area schools to provide and support the dissemination of information regarding the substance use disorder and work to remove the stigma with our youth.

Goal-#4

Reduce alcohol and prescription and illegal drug risks in the community.

Tactics:

*Continue to support careful medication prescribing practices to reduce excess unused medication at home and/r excessive prescribing and use of pain medication.

*Provide prescription medication disposal guidance and awareness of drop-off locations.

*Provide sharps disposal units in public locations.

*Increase availability and use of overdose reversal medication, such as naloxone, by first responders.

*Continue offering Responsible Beverage Service Trainings with an added sexual assault prevention component.

*Provide education to parents and teacher on signs of teen marijuana, huffing, alcohol, and prescription drug abuse, and the dangers presented to their growing minds from these activities.

Measure:

Youth Alcohol Rates among 9th-12th graders is statistically higher in Hancock County at 55% than the state average of 51%. Use increases dramatically between the 11th and 12th grade.

Misuse of prescription drugs in the last 30 days by 9th – 12th graders in the same as the state rate of 5%

MDIH Implementation:

*MDIH will promote information during specific times throughout the year for medication disposal and drop off locations.

*MDIH will explore potential collaboration for public sharps disposal efforts.

*MDIH will explore the use and availability of naloxone to first responders.

*MDIH explores sharing information about services and access to hospital-based and community-based services through social media, standard media and throughout our organization and outpatient clinics.

Ongoing Evaluation of Implementation:

MDIH has worked with local first responders and law enforcement to promote the safe disposal of medication during selected times during the year.

MDIH has worked with EMS and First Responders to make available and discuss the use of Naloxone

MDIH has screening questions, and tools in the EMR have to provide additional resources and education to patients identified in need.

MDIH providers actively use the Prescription Monitoring Program (PMP)

Goal-#5

Improve policies and environments to reduce tobacco use and tobacco exposure.

Tactics:

*Create smoke-free public areas in all parts of the community.

*Provide education on hazards of e-cigarettes and vaping.

*Provide tobacco cessation opportunities.

Measure:

Smoking rates among Hancock County High School students have been on the decline, with 9% of high school students reporting past month use in 2015, compared to 19% in 2009. The statewide average is 11%.

Unfortunately, use of electronic vaping devices is on the rise among youth, with 26.9% of Hancock County high school students reporting ever having used a vaping device.

MDIH Implementation:

*MDIH to explore using our partnership with the area schools and our school-based nursing programs to educate our youth about the health risks associated with tobacco use.

*MDIH to promote a tobacco-free campus

*MDIH to promote incentives in its employee wellness/benefit plan for smoking cessation and tobacco-free behaviors.

* MDIH to encourage additional providers to prescribe Suboxone

Ongoing Evaluation of Implementation:

MDIH has implemented incentives in our employee wellness/ benefits program, Thrive, for employees to participate in smoking cessation activities and education as well to reward those employees who are tobacco-free.

MDIH Behavior Health Center Medical Director has evaluated and provided information to Primary Care Providers about the prescribing requirements around Suboxone; MDIH was able to add two additional providers to those who currently prescribe.

MDIH has screening questions about tobacco use that prompts providers to provide education.

MDIH has implemented and continues to promote a tobacco-free campus

MDIH will work with its school-based partnerships to promote healthy choices including tobacco use, e-cigarettes and vaping. This plan has not been formalized.

STRATEGIC ISSUE #5

How can we ensure that all community members have access to high quality social and mental health services and resources, and benefit from positive social environments?

Goal-#1

Increase awareness about available social opportunities and social/mental health resources.

Tactics:

*Use traditional and social media, including press releases, newsletters, and flyers, Facebook, Twitter and Instagram to increase awareness.

*Use pamphlets, information sheets, magnets, and electronic health bulletins, etc., to promote mental health resources.

*Use existing community infrastructure such as community organization, municipal entities, schools, businesses, hospitals, clinics and others to disseminate printed materials.

*Use television and radio to spotlight both social opportunities and mental health programs.

*Engage with key groups including youth and young families, seniors, veterans, migrant and seasonal workers, community members with disabilities and LBGTO community members.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health, compared to 12.4% Statewide

21.1% of adults have ever had depression compared to 23.5% Statewide.

MDIH Implementation:

*MDIH continues to implement our integrated care model, providing transitions of care in the Primary Care Practice which includes social services, care management, and psychological services.

*Explore improved access for patients needed services at MDIH Behavioral Health Center

*MDIH work to increase access to mental health providers and services

*MDIH develop a promotional and awareness campaign about available services both for internally and externally

Ongoing Evaluation of Implementation:

MDIH has begun the implementation of embedding care management, social workers, and psychologist in our Primary Care Practices to provide access to comprehensive social and psychiatric services.

Goal-#2

Promote positive social environments for all.

Tactics:

*Create more Third Places, safe hangout locations that are not home or school for youth, or home or work for adults.

*Support existing community hubs, including schools, libraries, churches and more.

*Support care providers at childcare centers, schools, community service organizations and mental and physical health facilities to offer good working environments and strong professional development for staff.

*Support increased recess and physical activity opportunities for K-12 students throughout the school day.

*Offer behavioral support for youth through individually tailored, team-based management techniques and careful medication prescribing practices if necessary.

*Increase support services for seniors aging at home.

*Foster tolerance and diversity throughout our communities

*Provide gender-neutral bathrooms in public buildings.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health compared to 12.4% Statewide

21.1% of adults have ever had depression compared to 23.5% Statewide.

MDIH Implementation:

*MDIH will explore participation in the Hancock County Let's GO 5-2-1-0 Program-funding commitment of \$XX from MDIH for the program to begin.

*MDIH will explore support services for seniors aging at home or in place.

*MDIH will explore working with AOS 91 for collaboration with our network of school, including nutritional health and wellness education.

- First meeting was held on 9-13-2017 to discuss multiple approaches for a healthy community. Including wellness, tobacco use education, and healthy eating choices.

*MDIH will explore publishing "Third Places" in the community.

*MDIH will participate in a community-based program called "Age by Design," promoting a community that individuals would like to age in. MDIH Health Coaches will participate.

Ongoing Evaluation of Implementation:

MDIH is actively participating in the development and implementation of the Hancock County Let's GO 5-2-1-0 youth based health program, to promote healthy eating, activity, low use of screens and no sugary drinking.

Goal-#3

Increase opportunities for positive social engagement for all.

Tactics:

- *Increase multi-generational social opportunities
- *Work with existing organizations to increase opportunities for afterschool and summer activities for youth.
- *Work with existing organizations to increase social offerings for seniors.
- *Increase availability of evening and weekend social events for working parents with affordable childcare offerings.
- *Promote transportation resources to improve access to social activities.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health.

21.1% of adults have ever had depression

58% of high school students (compared to 51% statewide) and 56% of middle school students (compared to 55.8% statewide) feel like, in their community, they matter to people (MIYHS 2015)

MDIH Implementation:

- ***MDIH feels this objective is beyond the direct mission and vision of the organization
- *MDIH will explore any potential opportunities with the Executive Director of BBRV.

Ongoing Evaluation of Implementation: N/A

Goal-#4

Increase volunteerism and civic engagement.

Tactics:

- *Work with area partners to promote and facilitate volunteerism throughout the area, such as through a volunteer fair or clearinghouse to match skills and interest with volunteer needs.
- *Embed service learning into the school system at entry level.
- *Educate public on the workings of our municipal governance structure, what it means to be involved and how to be involved.

Data:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health.

21.1% of adults have ever had depression

58% of high school students (compared to 51% statewide) and 56% of middle school students (compared to 55.8% statewide) feel like, in their community, they matter to people (MIYHS 2015)

MDIH Implementation:

*MDIH has an active volunteer program at the facility; we will look to find ways to promote the program in the community

*MDIH and BBRV promoted and hosted an educational event with the Town Manager of Bar Harbor, Cornell Knight, to provide a strategic overview of the Town's ongoing initiatives and projects.

*MDIH has promoted and hosted quarterly Advocacy Events; these are scoped to bring community members together to understand the challenges and legislative issues facing healthcare providers.

*MDIH will explore promoting the many great volunteer efforts that our employees participate in throughout their communities.

*MDIH host an annual meeting open to the community which provides an update on the financial stability of the organization, and overview of the organization goals, achievements, and deliverables for the year as well as an educational update.

*MDIH's leadership team volunteers as the Acadia National Park volunteering to clean the park for the visitors.

*MDIH's team volunteers at the MDI Marathon hosting a water/rest table and oversees the medical tent.

*MDIH provides Certified Application Counselors to perform enrollment and education in the community regarding Health Insurance.

*MDIH host Palliative Care Conversations (Death Café's) for the community about advance care planning.

Ongoing Evaluation of Implementation:

Volunteer Coordinator at the Hospital will review opportunities and develop promotional strategies.

Goal-#5

Make mental healthcare more affordable

Tactics:

*Increase access to free and reduced cost clinics and counseling services

*Increase access to health insurance coverage for mental health services.

*Develop more opportunities for collaboration and coordination of resources; coordinate meetings for providers to share resources.

*Continue to embed mental health services in primary care settings, such as through Patient-Centered Medical Home Models.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health.

21.1% of adults have ever had depression

In Hancock County, 25.7% of high school students reported feeling sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. This is comparable to the statewide average of 25.9%, it should be noted that 18% of high school males reported this compared to 34.1% of high school females.

In Hancock County, 13.8% of high school students seriously considered attempting suicide in the past 12 months, compared to 14.8% statewide. For students that indicated they were gay, lesbian, or bisexual, 63% reported feeling sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, and just under half (47%) seriously contemplated suicide (MIYHS 2015)

In Hancock County, 15.7% of adults have every had anxiety compared to 19.4% of all Mainers.

MDIH Implementation:

*MDIH will explore a countywide collaboration with public and private health partners to develop additional access for mental health and substance use disorders.

*MDIH will continue to promote and provide education to the community regarding enrollment opportunities and benefits of enrollment into the Health Insurance Exchange.

*MDIH will continue to ensure a team of certified application counselors and specialists are available to our community members and patients to answer questions and assist in enrollment activities for the Health Insurance Exchange.

*MDIH will continue to advocate for Medicaid Expansion in Maine

*MDIH will explore expanded access to primary care services to the community by hosting Saturday hours and on-call access to providers.

*MDIH actively promotes our Financial Assistance Program and makes a Patient Financial Service Representative available to aid our community in receiving reduced, free or assistance with insurance care.

Ongoing Evaluation of Implementation:

MDIH certified (2) two application counselors and assisted over 40 community members for enrollment information.

MDIH will tentatively provide community enrollment sessions as demand demonstrates

MDIH performs quarterly advocacy awareness events for the community with a focus on the benefits of Medicaid Expansion to our community and patients

MDIH is participating in feasibility and implementing process to bring a Substance Use Disorder “Hub and Spoke” model to Hancock County for those in need have access.

Goal-#6

Overcome obstacles to accessing mental health resources.

Tactics:

- *Improve and promote transportation support to help community members’ access mental health resources.
- *Expand and promote evening and weekend hours for mental health services
- *Further develop telemedicine on outer islands-expand to new areas and enhance service that already exist, and seek funding to develop additional mobile mental health opportunities.
- *Offer gender and sexuality sensitivity training to first responders and mental health providers.
- *Support existing mental health providers with their large caseload through recruitment of more mental health providers to the area.
- *Offer crisis intervention training for law enforcement, first responders, and emergency department personnel.
- *Develop safe, “blinded” access to care at the high school to increase the anonymity of accessing services.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health.

21.1% of adults have ever had depression

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In Hancock County, 15.7% of adults have ever had anxiety compared to 19.4% of all Mainers.

MDIH Implementation:

*MDIH to continue to explore increased access to mental health treatment within the community and our primary care centers.

*MDIH will continue to implement an Integrated Care Model that incorporates seamless transitions of care including social, mental and behavioral health services within our Primary Care settings.

*MDIH to explore telehealth opportunities for our ED and IP units for mental health treatment and evaluations

- *MDIH has identified the need to explore enhancement of mental and behavioral health services in our emergency and inpatient care settings. Strategic Goal #1 will explore these opportunities.

Ongoing Evaluation of Implementation:

MDIH is working to resource its Primary Care Practices by using our Strategic Planning Medical Care Model which we refer to as the Integrated Care Model. This model imbeds social workers, care managers, registered nurses and behaviorist in our clinics to provide seamless transitions of care. This also provides access to mental health services directly in the patient centered medical home.

MDIH is working with Acadia Hospital to provide telehealth outreach services to our Emergency Department and our Inpatient Units to assist patients with mental health issues. This also provides “wrap around” support for the care givers to provide appropriate transitions and placements for patients.

Goal-#7

Remove stigma around mental health.

Tactics:

*Provide education and advocacy around mental health issues across all sectors of the community including state and local policy makers, the business community, schools and others.

*Use personal interactions and the business community to connect people to resources in order to diffuse fear, uncertainty, and stigma associated with accessing resources.

Measure:

Mental Health Data- Hancock County (although below statewide averages)

9.9% of adults in Hancock County have had 14 or more days lost due to poor mental health.

21.1% of adults have ever had depression

In Hancock County, 25.7% of high school students reported feeling sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. This is comparable to the statewide average of 25.9%; it should be noted that 18% of high school males reported this compared to 34.1% of high school females.

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In Hancock County, 15.7% of adults have ever had anxiety compared to 19.4% of all Mainers.

MDIH Implementation:

*MDIH will promote and provide education to the community, chamber of commerce, community groups as well as advocacy event to diffuse the fear and stigma around mental health.

*MDIH will explore using Hospital Patient Advisory Council as a platform to help remove the stigma and stereotyping of mental health conditions, developing a survey to receive feedback about barriers.

Ongoing Evaluation of Implementation:

MDIH uses its quarterly advocacy events to provide information and education about the mental health and the need to recognize this as any other disease that needs the provision of service, access to service and coverage.

MDIH uses its quarterly meetings with local large businesses to discuss how to promote access and remove the stigma around seeking care for mental health related diseases.

STRATEGIC ISSUE #6

How can we ensure that all community benefit from healthy indoor and outdoor environments today and for future generations?

Goal-#1

Increase awareness and expand opportunities for community members to make environmentally healthy choices at home.

Tactics:

*Increase awareness of potential home health hazards including lead, arsenic, radon, pesticides, and mold.

*Promote and increase the availability of low-cost testing and remediation for lead, arsenic and radon and other contaminants.

*Provide education on resources for low-cost energy audits and winterization.

Measure:

Air quality in our region is one of the worst in the nation largely because of the wind currents from heavy emissions-producing mid-western states.

In 2007, Hancock County had five days with heavy ozone air pollution days in comparison with Maine's statewide average of 1 day (County Health Rankings 2012)

Hancock County has a high rate of cancer incidence: 521.4 per 100,000 for all cancers, compared to the state average of 500.1 per 100,000 statewide. However, our cancer mortality rate is lower than the state, with 171.4 deaths per 100,000 compared to 185.5 per 100,000 statewide. It should be noted that despite the difference between Hancock County and the state, these numbers are not significant. (SNHAPP 2015)

Hancock County has significantly higher rates of lead screening among 1-year old children, at 56.3% in Hancock County compared to 49.2% statewide. However, lead screening among 2-year old children decreased to 26.5% compared to a statewide average of 27.6%. Hancock County has significantly fewer children with confirmed elevated blood levels among those screened, at 1.5% compared with 2.5% statewide. (SNHAPP 2015)

Hancock County has demonstrated summer ridership of the propane-powered shuttle, Island Explorer, continued growth annually. In 2015, more than half million passengers used the bus system (Island Explorer, 2015 ridership records.)

MDIH Implementation:

*MDIH will provide information to patients and families about the hazards of lead, radon, pesticides, and mold.

Ongoing Evaluation of Implementation:

MDIH is working with our Public Affairs office and our Health Centers to develop brochures and information for patients regarding these home health hazards.

Goal-#2

Increase awareness and expand opportunities for community members to make environmentally healthy choices to protect our natural resources.

Tactics:

*Create easier recycling and composting opportunities with consistent standards region-wide

*Support development of shared alternative energy projects

- *Support environmentally friendly policies, such as a region-wide plastic bag charge at stores.
- *Offer community and school-based education on environmental sustainability
- *Continue and increase water-quality monitoring and air quality monitoring, making this information publically accessible.
- *Promote pet waste management through signage, free waste bags, and public trash cans.
- *Consider deer management methods, including educating residents about not feeding wildlife, and controlled hunting, particularly on bridged and outer islands.
- *Continue to support and maintain public green space.

Measure:

MDIH Implementation:

- *MDIH will review ongoing opportunities to improve recycling and proper disposal of waste.

Ongoing Evaluation of Implementation:

MDIH will be working with waste management services to explore additional recycling opportunities for cardboard.

Goal-#3

Improve planning and infrastructure to encourage healthy transportation

Tactics:

- *Improve roads, sidewalks, and pathways to improve safety and appeal of biking and walking.
- *Increase awareness of public transportation options and year-round availability of public transportation
- *Promote existing ride-share and volunteer driving resources.
- *Increase public will for development and use of environmentally friendly transportation options.

Measure:

Hancock County has demonstrated summer ridership of the propane-powered shuttle, Island Explorer, continued growth annually. In 2015, more than half million passengers used the bus system (Island Explorer, 2015 ridership records.)

MDIH Implementation:

- *MDIH continues to promote carpooling for employees, use of public transportation and/or non-motorized methods of transportation (walking/biking).

Ongoing Evaluation of Implementation:

MDIH supported “Ride Your Bike to Work” Day, promoting the day and the healthy choice for exercising.

MDIH promotes flexible scheduling for employees to use public transportation to alleviate the use of single car driving onto MDI.