

Community Health Needs Assessment and Action Plan

2020

For the Mount Desert Island Region Local Service Area

Including Bar Harbor, Cranberry Isles, Frenchboro, Lamoine, Mount Desert,
Southwest Harbor, Swan's Island, Tremont, and Trenton

Prepared by Mount Desert Island Hospital
and Healthy Acadia

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Mount Desert
Island Hospital



Healthy Acadia
Building vibrant communities

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Survey respondents are not listed here out of respect for confidentiality. Their contributions for the health of our communities are so appreciated and have been paramount to the success of this report.

Sincerely,
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Introduction

The Community Health Needs Assessment (CHNA) and Action Plan for the 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. Each organization prioritizes elements of the CHNA and Action Plan for implementation. The Plan is also available to all local organizations and citizens to support efforts to address and coordinate community health improvement.¹

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 into a premier rural healthcare organization with a retirement community and eight 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. They foster and appreciate opportunities to hear from their community through bi-annual community forums and through a community health needs assessment every three years.

Healthy Acadia (HA) is a 501(c)(3) non-profit organization dedicated to empowering people and organizations as they build healthy communities together. They serve Washington and Hancock counties, and provide additional community health support and leadership across Maine, with work across a broad range of collaborative community health initiatives within six areas of focus: Strong Beginnings, Healthy Food for All, Active and Healthy Environments, Healthy Aging, Substance Prevention and Recovery, and Health Promotion and Management. Healthy Acadia envisions vibrant communities where people thrive and healthful resources are easily accessible. They prioritize creative, collaborative efforts that respond directly to community health needs which arise as priorities in a variety of regularly convening community committees, twice yearly Advisory Council meetings, and various community health needs assessments including this broader MDI region assessment in collaboration with MDIH.

This Plan focuses on 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 Plan. It is referred to here as the "Local Service Area" (LSA).

In 2010, the population of these 9 towns totaled 14,232, according to the U.S. census data. The LSA

¹*Dissemination efforts include traditional and social media outreach conducted by both Mount Desert Island Hospital (MDIH) and Healthy Acadia, a presence on the websites of these and other Steering Committee member organizations, and dissemination to area municipalities, chambers of commerce, and nonprofit organizations.*

includes three municipalities on unbridged 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, 12% of adults are uninsured, compared with 10% statewide (County Health Rankings, 2020)².

Hancock County has average rates of high school educational attainment, with 88% graduating from high school, compared to the state rate of 87% (County Health Rankings, 2020). We are slightly below average in terms of college attendance; 64% of residents in Hancock County attend at least some college, while 68% of people have attended at least some college statewide (County Health Rankings, 2020). Our unemployment levels are slightly higher than the statewide average, (4.7% unemployment in Hancock County, compared with 3.8% statewide) (Maine Shared CHNA, 2018). Seasonal fluctuations in employment are also significant because a substantial part of our economy is based on seasonal tourism.³

Healthy Acadia and Mount Desert Island Hospital have worked from the Fall of 2019 through the Summer of 2020 to develop this CHNA and Action Plan for the nine-town service area. In March 2020, Covid-19 hit our communities, and the CHNA process, which was nearing completion, was put on hold. In June 2020, recognizing the radically changed community health landscape, the CHNA Core Planning Team undertook an effort to compile relevant Covid-19 specific additions to the Plan. From start to finish, the entire CHNA and Action Plan 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 largely followed a process entitled Mobilizing for Action through Planning and Partnerships (MAPP)⁴, which provides the framework for convening the variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement our community health action plan. In those instances that we have diverged from the MAPP process, we are explicit about the change and its purpose.

² Throughout this document, Hancock County level statistical data is highlighted in most cases, as LSA-specific data is largely unavailable.

³ At the time of this publication, the unemployment rates due to COVID-19 are unknown.

⁴ A tool of the National Association of County and City Health Officials (NACCHO), and accessible at naccho.org.

Community Vision

Our area is home to vibrant communities where people thrive and healthful resources are easily accessible.

Process for Development of Vision

During the needs assessment process of 2008-2009, committee members worked to develop a vision statement that would reflect the ideal future for the LSA in terms of broad-based community health. This statement was also used during the 2015-2016 process. In 2019, at the onset of this Community Health Needs Assessment Process, our Core CHNA Planning Team spent time reviewing the vision and decided to again uphold this vision statement for the 2019-2020 process.

CHNA and Action Plan Timeline

TASK	TIMELINE
Form a CHNA Steering Committee and collectively define community	September 2019
Conduct interviews, group dialogues, surveys (print and electronic) to develop the Community Themes and Strength Assessment	October 2019 - December 2019
Conduct Health Status Assessment (gather, collate, analyze external data)	October 2019 - January 2020
Conduct Forces of Change Assessment	November 2020
Organize community data into themes, summarizing strengths and challenges (to finalize Community Themes and Strength Assessment)	January 2020
Hold Theme Team meetings	February - March 2020
Share results of Assessments with Steering Committee and solicit feedback	March 2020
Core Planning Team/Steering Committee final review and Covid-19 Assessment	June 2020
Building on all Assessments, complete written “Community Health Assessment and Action Plan”	June 2020 ⁵
MDI Hospital develops an Implementation Plan. ⁶	July 2020
Publication and dissemination of “Community Health Assessment and Action Plan”	July 2020

⁵ Originally scheduled for the end of March 2020 and revised due to Covid-19 delays and a federal CHNA extension.

⁶ Applicable strategies derived from this “Community Health Assessment and Action Plan” report.

Assessment Process

This CHNA, which culminates in the Themes, Goals, and Strategies outlined in this report starting on page 15, has largely followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework, including through the completion of three of four assessments prescribed by MAPP.

As previously mentioned, MAPP includes four distinct assessment processes, three of which were completed as part of this CHNA⁷.

- The Community Themes and Strengths Assessment
- The Community Health Status Assessment
- The Forces of Change Assessment

The processes for conducting these three assessments are outlined below, as well as the additional Covid-19 assessment previously mentioned. Data from the Community Themes and Strengths, Community Health Status, and Forces of Change assessments⁸ was aggregated together to inform community conversations, called Theme Teams, around the theme areas that arose from the data. The process for conducting Theme Teams is also outlined below.

Process for conducting the Community Themes and Strengths Assessment:

The Community Themes and Strengths Assessment provides largely qualitative data on existing community health strengths, challenges, needs, and opportunities. For this assessment, CHNA Coordinators spent four months collecting community input through an electronic and paper survey. Thousands of community members within the LSA were asked to answer broad-based questions about community health. Respondents were asked about area community health concerns and strengths, suggestions for needed services, supports, and spaces, issues they would like to see more public discussion, education, and action around, and what they would like to see happen to build greater community health⁹. We received 402 surveys from community members living, working, and/or receiving services in the LSA. The resulting data was organized into themes that greatly informed the final CHNA theme areas. It was shared with Theme Teams and highlights are included within the Themes sections of this report, under ‘key findings’.

⁷ CHNA Coordinators and Steering Committee Members chose to omit a fourth assessment, called the Local Public Health Systems Assessment (LPHSA) from this CHNA. An LPHSA was scheduled, pre-Covid-19, to be conducted by the Maine CDC at the District and State levels beginning in the Spring of 2020. The CHNA Steering Committee discussed the assessment at length and decided to utilize the MeCDC assessment rather than duplicate the effort, and in recognition that the LPHSA is intended to include local, regional, and state community health players.

⁸ All data is available upon request by contacting info@healthyacadia.org.

⁹ See the Appendix for the survey tool and for quantitative results from the surveying process. Qualitative results are available upon request.

Through the surveying process, significant efforts were made to ensure that survey participants constitute a broad spectrum of the LSA, with representation proportionate to the LSA population demographics as much as possible. This was fulfilled through a diverse survey dissemination effort and frequent evaluation of respondent demographics. Data on zip code, gender, age, race and ethnicity, and healthcare payment methods were collected through the survey process, which enabled us to evaluate the success of the assessment's reach. In similar future assessment processes, CHNA Coordinators would recommend careful reconsideration of whether to collect income data and a source from which the survey was accessed, (neither were collected during this process out of respect for privacy) as well as clarifications to the question "*How do you pay for healthcare?*". In the future, this question might benefit from space to indicate employer provided insurance or privately purchased insurance, two categories which were not differentiated in the 2019-2020 survey.

While greater representation is always to be strived for as part of every needs assessment, CHNA Coordinators and Steering Committee Members feel confident that we heard from a largely representative group of community members with a range of interests and opinions regarding the health of their communities and the efforts needed to increase community health.

Data was collected predominantly using a Google Forms survey. Paper surveys were also disseminated. One unanticipated challenge arose when school regulations disallowed high school student participation via survey dissemination or in-class discussions, which resulted in very few under-18 respondents and represents a gap in perspective. Future CHNA processes would benefit from further efforts to increase representation by this age group, as well as strategic outreach to community members who identify as Black, Indigenous, and people of color (BIPOC), lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersexed, agender, asexual (LGBTQIA+), disabled or having disabilities, all essential workers, unemployed and underemployed individuals, and others who are traditionally underrepresented in these types of processes to ensure that their voices and unique perspectives are best represented.

Process for conducting Community Health Status Assessment:

The Community Health Status report provides quantitative data on demographics and health indicators that are significant in clarifying the landscape of community health needs initially presented through the Community Themes and Strengths Assessment and broadened by the Forces of Change Assessment.

This quantitative data, which was shared with Theme Teams and is included within the Themes sections of this report under 'key findings', has been sourced from the Hancock County Health Profile 2018: Maine Shared Community Health Needs Assessment (Maine Shared CHNA, 2018) unless otherwise noted. This tool includes health data from over 30 sources, representing the most recent data available as

of March 2018¹⁰ and most local data available¹¹. Data is used to illustrate significant trends impacting community health in the LSA and is not comprehensive.

Process for conducting Forces of Change Assessment:

There are always ‘forces of change’ (events, trends, and factors in the broader environment) that are occurring or might occur and affect the health of the LSA. These forces are beyond local control but may require local awareness and response. The Forces of Change Assessment explores current forces and possible threats or opportunities because of these forces.

This assessment was completed by the CHNA Steering Committee through a member survey and group discussion. The Steering Committee identified numerous forces, as well as various threats and opportunities posed by each force. Highlights of this data was provided to Theme Teams and are included within the Themes sections of this report under ‘key findings’¹².

Process for conducting Theme Team Meetings:

At the close of 2019, CHNA Coordinators worked together to review data from the three assessments outlined above. All efforts were made to maintain the breadth and depth of Community Themes and Strengths Assessment survey responses while collating data into community health topic areas. This assessment played a key role in the determination of CHNA theme areas, with the Health Status Assessment data and Forces of Change Assessment results complementing and informing our definitions of each theme area.

Five unique themes were initially determined to encompass the data. These were 1) Accessibility, Affordability, and Quality of Healthcare, 2) Acute and Chronic Disease and Conditions, 3) Mental Health and Community Connectedness, 4) Social Determinants of Health, and 5) Substance Use.

Theme Teams were convened to discuss these five initial themes through a selection process that included invitations to Community Themes and Strengths Assessment survey respondents who indicated interest in involvement in the broader assessment; participants in Theme Teams during the 2015-2016 CHNA cycle, all of whom are considered experts in unique areas of community health; and additional community members and health experts with unique expertise and experience relevant to one of the five initial

¹⁰ All quantitative data included in this process and report was generated pre-Covid-19.

¹¹ Hancock County data does not represent the sometimes significant local variation in health trends within different communities.

¹² Forces of Change Assessment results are available upon request by contacting info@healthyacadia.org.

themes. In a format that differed from that of the previous CHNA assessment, Theme Team invitees were provided an opportunity to self-select the Theme Team or Theme Teams in which they wanted to participate. While this allowed invitees to join one or more given Theme Teams based on their interest and schedule availability, it also effectively resulted in less curated Theme Team participant groups. In similar future assessment processes, CHNA Coordinators would recommend careful reconsideration of whether to restructure this invitation process to ensure a balanced mix of perspectives and representation in each Theme Team.

Theme Team meetings were held as one two-and-a-half-hour meeting per each of the initial five themes. Participants joined in person and remotely, all in a Bar Harbor community location. Some meetings were rescheduled due to weather conditions. Preexisting snow dates, and more diverse meeting locations spread across the LSA would be advisable for future processes. During Theme Team meetings, participants were asked to review highlights from both qualitative and quantitative data sets and to use that information as well as their own professional and lived experiences to compile lists of theme-specific community health strengths and challenges. These lists then informed action-item list creation, including the initial framing of the goals and strategies listed on subsequent pages under the Themes, Goals, and Strategies section of this report.

After Theme Team meetings, it became clear that integrating Acute and Chronic Disease and Conditions content into the Accessibility, Affordability, and Quality of Healthcare was a reasonable and appropriate next step; the groups found that one Theme could not be discussed without simultaneously addressing the other. This left us with the following four Theme areas: 1) Accessibility, Affordability, and Quality of Healthcare, 2) Mental Health and Community Connectedness, 3) Social Determinants of Health, and 4) Substance Use.

Process for conducting Covid-19 Community Health Impacts and Priorities Assessment:

In June 2020, the CHNA Steering Committee participated in an additional assessment process to compile relevant Covid-19 specific content and facilitate necessary updates and additions to content generated by the Community Themes and Strengths, the Community Health Status, and the Forces of Change assessments and the Theme Team meetings.

The Steering Committee outlined Covid-19 related community health strengths, challenges, needs, and opportunities within each of the four Theme Areas. Strong consideration was also given to whether some CHNA relevant Covid-19 content might not be encompassed by the four Theme Areas and it was determined that these four Theme Areas are able to accurately contain relevant Covid-19 additions.

All content generated through this Covid-19 Community Health Impacts and Priorities Assessment was integrated into this report, including in ‘additional Covid-19 considerations’ sections within the ‘key

findings’ of each Theme section, as well as throughout the Goals and Strategies content of each Theme section, with footnotes highlighting these¹³.

Assessment and Theme Team Processes, in conclusion:

Data from these assessments and Theme Team meetings collectively provide a detailed picture of the current community health landscape in the LSA, are represented in the ‘key findings’ under each of the following Theme areas, and are the foundation of the subsequent goals and strategies in each Theme area.

¹³ Covid-19 Community Health Impacts and Priorities Assessment results are available upon request by contacting info@healthyacadia.org.

Themes, Goals, and Strategies

The Themes, Goals, and Strategies presented below and on the following pages are the culmination of the Community Health Needs Assessment outlined above and constitute the Action Plan.

Theme Areas and Guiding Questions

Theme One - Accessibility, Affordability, and Quality of Healthcare:

How can we promote and increase access to quality, affordable healthcare and prevention resources for all?

Theme Two - Mental Health and Community Connectedness:

How can we promote and increase access to quality mental health resources and to positive social environments that facilitate a sense of connectedness for all?

Theme Three - Social Determinants of Health:

How can we promote positive social, economic, and environmental conditions that encourage health and well-being for all?

Theme Four - Substance Use:

How can we reduce stigma and promote and increase access to quality substance use disorder prevention, treatment, and recovery resources?

Theme One: Accessibility, Affordability, and Quality of Healthcare

Theme One Guiding Question: How can we promote and increase access to quality, affordable healthcare and prevention resources¹⁴ for all?

Key Findings:

Numerous strengths and challenges exist in the LSA that impact our vision of high quality, affordable healthcare and health and wellness education for all, including:

- **Strengths**
 - Acadia National Park and other green spaces, which provide an environment that promotes health
 - A diverse health and wellness community including numerous highly skilled area integrative, complementary, and alternative health practitioners
 - Caring Hands of Maine, which conducts free or low-cost dental clinics on outer islands
 - Growing area homecare and hospice programs
 - Health education and health resources in the public schools
 - Independent biomedical research institutions including the Jackson Laboratory (JAX) and the MDI Biological Laboratory
 - MDIH, providing a wide variety of high-quality programs and care to the LSA, including, but not limited to¹⁵:
 - A growing Integrated Care Team and Palliative Care Program
 - An increasing number of providers who prescribe Medication Assisted Treatment (MAT) for opioid use disorders, and rapid response access through the Emergency Department
 - Evening and weekend community clinic hours
 - Online patient portal technology, which allows patients to access medications, medical resources, and to communicate easily with providers
 - Primary care and wrap-around services
 - Referral relationships with consulting specialists in Portland and Boston
 - Specialists (cardiology, urology, urogynecology, etc.) who make monthly, quarterly, biannual, or seasonal (summer) service visits
 - The Behavioral Health Center
 - Training partnerships with medical schools and pharmacy programs that help with staffing and lead to recruitment
 - The Women's Health Center
 - Mount Desert Island non-profits (the LSA has an extremely high number of nonprofits), the MDI Non-Profit Alliance, and a strong culture of philanthropy, civic participation,

¹⁴ Throughout this report, 'resources' are defined broadly as services, supports, and spaces.

¹⁵ The list of MDIH services represents items specifically highlighted through Community Themes and Strengths Assessment surveying and Theme Teams and is not a comprehensive list of the hospital's services.

and volunteerism

- Mount Desert Nursing Association, which provides care for Mount Desert Island residents regardless of ability to pay
- Police and Emergency Management Technicians (EMT's) that are community minded
- Prevention programming offered through area organizations including YMCA, YWCA, Northeast Harbor Neighborhood House, Harbor House, Health Equity Alliance, Healthy Acadia, and others
- Telemedicine services to connect with residents of the outer islands, and homebound residents on MDI and in Lamoine and Trenton. These services are primarily available through the Maine Seacoast Mission and Mount Desert Island Hospital
- Transportation services, including the Island Explorer, Downeast Transportation, Island Connections, and Friends in Action, all which support community members' ability to access healthcare resources and services

- **Challenges**

- Many Hancock County residents are underinsured.
- When people are uninsured or underinsured, they often do not get needed primary care, such as yearly check-ups, and they wait to get needed care because of the cost. This leads to preventable illness, more acute illness, more emergency room visits, and higher healthcare costs.
- Isolation and loneliness are widely reported and have significant impacts on both physical and mental health.
- Obstacles such as transportation, cost, awareness, stigma, low health literacy, and others exist for community members to access resources available in the LSA.
 - Cost, including insurance issues, out of pocket costs, and lack of awareness of available financial supports (i.e. MDIH's free care and cost share program), and lack of awareness of available resources are possibly the two greatest factors causing community members not to participate in preventative, acute, chronic, and emergent healthcare and wellness programming.
- The area has an increasing aging population. Hancock County is one of the older counties in Maine, with a high percentage of population who are seniors. This group has unique transportation, socialization, and healthcare needs including palliative care.
- Access to healthcare is a distinct concern for outer island residents, who have unique transportation challenges.
- A limited pool of area providers and medical staff, including advanced specialists, and nurses, and inadequate long-term support staff for outpatient health centers, present challenges and can cause longer waits or require travel to Bangor or Boston for access to care.
- Challenges accessing safe, affordable year-round housing, employment and economic opportunities, nutritious food, physical activity opportunities, child and elder care, etc., exist and negatively impact health for many.
- Lack of specific data for Hancock County limits our ability to fully understand the health status of the LSA.

- **Relevant Health Data**

- Hancock County health priorities are access to care, older adult health/healthy aging, mental health, substance use, and social determinants of health (Maine Shared CHNA, 2019).
- 12% of adults in Hancock County are uninsured, compared to 10% statewide (County Health Rankings, 2020).
- Only 21.8% of Hancock County residents are enrolled in MaineCare, compared to 25.4% of all Mainers. 39.4% of children in Hancock County ages 0-19 are enrolled in MaineCare, which is slightly less than the state rate of 41.2%.
- Although the ratio of practicing dentists per 100,000 population is lower in Hancock County (26.1) compared to Maine (32.1), significantly more adults in Hancock have received dentist visits in the past year (71.5% vs 63.3% of Maine adults).
- For youth oral health, 92.4% of Hancock County MaineCare members under the age of 18 received dentist visits in the past year, comparable to the state rate of 92%.
- 11.2% of Hancock County residents are unable to obtain or delay obtaining necessary medical care due to cost.
- Hancock County has the highest incidence of Lyme disease in the state, with 319 cases per 100,000 in 2018, compared to 105.1 per 100,000 in Maine (Maine CDC, Maine Tracking Network, 2020).

- **Additional Covid-19 Considerations**

- Coronavirus disease 2019 (Covid-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China, and has resulted in an ongoing pandemic. Maine first felt the impacts of the virus in March 2020, when mass shutdowns occurred in efforts to prevent its spread.
- As of the publication of this report, Hancock County has had 18 known positive cases of Covid-19.
- Severe testing and protective equipment supply chain issues have contributed to challenges in testing and resulted in poor tracking of the virus.
- Black Mainers account for only around 1.7 percent of the population, but nearly a quarter of all Covid infections statewide. As of July 2020, Maine has the nation's worst Covid-19 racial health disparities. (Maine CDC; The Covid Tracking Project).
- Impacts of the Covid-19 pandemic are extensive and not fully clear at the time of this publication. The virus has caused or exacerbated numerous challenges to accessibility, affordability, and quality of healthcare in the LSA and has also brought about or highlighted several strengths related to accessibility, affordability, and quality of healthcare in the LSA:
 - **Strengths**
 - Greater awareness and use of communication options. Information was provided in a variety of methods
 - How seriously the community took the potential threat and their compliance with the Public Health Emergency orders for mitigation of

disease spread

- Increased comfort with telemedicine and technology
- Telemedicine with a priority focus on Behavioral Health services

■ **Challenges**

- Affordability factors for those who have lost their insurance coverage
- Concerns about safe environments and transmission of Covid-19 mean delayed care for some individuals, including those with chronic conditions
- Connectivity issues/inconsistencies across the LSA
- General economic uncertainty for those employed in tourism, fishing, etc.
- Magnification of differences in resources for individuals/households across our communities due to employment and other Covid-19 related financial shifts
- Patients not all feeling comfortable and safe to return to healthcare settings
- Potential for MDIH to become overwhelmed by a surge in capacity due to a large outbreak in our service area
- Supplies are limited for both symptomatic and asymptomatic screening/testing
- Transportation difficulties exist for seeking services both for planned and unplanned care or appointments
- Transportation difficulties exist for returning safely from seeking services for both planned and unplanned care or appointments
- Uninsured rate may change due to unemployment and furloughs due to Covid-19
- Use of technology can lead to increased sedentary lifestyles, and a host of related health concerns including obesity, heart diseases, high blood pressure, high cholesterol, stroke, metabolic syndrome, type 2 diabetes, certain cancers, osteoporosis and falls, and increased feelings of depression and anxiety.

Goal 1: Increase awareness of available healthcare and prevention resources.

Strategies:

- Increase familiarity with and knowledge of area healthcare and prevention resources among local service providers to strengthen referral systems.
 - Build collaboration to develop, disseminate, and maintain a shared resource directory.
 - Establish a regional coalition of healthcare and prevention coordinators and providers.
 - Establish provider ‘breakfast talks’, podcasts, or other means to increase communication and collaboration between providers, content knowledge on health topics, and awareness

- of available resources.
- Update directories and listservs that are already in existence or under construction (e.g. 2-1-1 and MDIH Behavioral Health Center listserv).
- Improve communication to the public about healthcare and prevention resources through strategic, targeted outreach using the following methods¹⁶:
 - Dissemination of healthcare and prevention information through existing community infrastructure such as community organizations, municipal entities, schools, hospitals, clinics, buses, and through personal outreach whenever possible
 - Healthcare resources such as pamphlets, information sheets, magnets, and electronic health bulletins
 - Promotion and development of community resource sharing tools, platforms, and pages (e.g. Bar Harbor Barter and Swap) and community events calendars
 - Public talks/community forums
 - Target prevention outreach to youth
 - Target additional outreach to community members and seasonal visitors who identify as: business owners, BIPOC, English Language Learners, food insecure, individuals with disabilities, individuals with multiple chronic conditions, LGBTQIA+, migrant and seasonal workers, physical laborers and chronic pain sufferers, seniors, unemployed and underemployed, veterans, and young families.
 - Use of traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness

Goal 2: Make healthcare and prevention resources more affordable¹⁷.

Strategies:

- Continue to build upon Person-Centered Medical Homes, community health teams, and other innovative care models to ensure better coordinated, higher quality and more affordable care.
- Continue to work to obtain grants to improve affordability of healthcare resources.
- Develop more opportunities for collaboration, coordination of resources, and strategic planning through a regional coalition of healthcare and prevention coordinators and providers.
- Increase awareness of and access to insurance navigators and financial counselors.
- Increase prevention efforts to reduce individual and community healthcare costs.
- Increase use of technology, including telemedicine and consultations by phone, to increase quality, affordability, and access to healthcare¹⁸.
- Work to reduce staff turnover and increase staff efficiency to improve care affordability.

¹⁶ Note that these strategies have been of heightened importance due to Covid-19.

¹⁷ This goal and its strategies, which arose through initial assessments, are of increasingly importance due to Covid-19.

¹⁸ This strategy, which arose through initial assessments, has been increasingly deployed due to Covid-19, and continues to be of great importance in cases where it is an appropriate alternative for those that need health services and are uncomfortable or unable to make in-person visits.

Goal 3: Overcome obstacles to accessing healthcare and prevention resources.

Strategies:

- Advocate for federal waivers to remain in place following the Covid-19 pandemic to enable MDI and Health Centers to continue to provide expanded, reimbursable telemedicine services.¹⁹
- Build community access to civic and philanthropic engagement opportunities/leverage community engagement to support prevention and healthcare systems.
- Continue creating and leveraging strategic connections (e.g. partnerships between local businesses, nonprofits, Acadia National Park, MDI Hospital, College of the Atlantic, and Mount Desert Nursing Association).
- Diffuse fear, uncertainty, and stigma associated with accessing resources by sharing promotional materials in trusted locations.
- Expand and promote walk-in hours, as well as evening and weekend hours of health clinics.
- Expand education and training opportunities for healthcare and community service providers
- Explore ways to increase access to specialty care services (e.g. cardiology, behavioral health, neurology, pain management, pediatrics, rheumatology, urology, etc.) through visiting physicians and telemedicine.
- Explore ways to address current healthcare workforce challenges as well as build workforce capacity to respond to the needs of an increasingly aging population.
- Improve and promote transportation resources to help community members access health resources²⁰.
- Increase access to healthcare and prevention resources for homebound patients and those on the outer islands²¹:
 - Develop a routine schedule of physician visits to outer islands, in addition to telemedicine.
 - Expand physician visits to homebound patients.
 - Improve telemedicine technology, including broadband reliability and expanded availability of telemedicine equipment in clinics.
 - Increase telemedicine and use of telemedicine and visits by phone for those on outer islands or who are homebound.
 - Increase training on best practices for use of technology in healthcare provision.
- Increase health screenings and prevention education.
- Provide information and primary healthcare services to seasonal workers at convenient locations (e.g. Men’s health fair at fishermen’s co-ops; hotels, restaurants, etc.).

Goal 4: Increase resources to empower individuals to prevent and manage health issues and be active in the development and execution of their health plans.

Strategies:

- Expand education for people with acute and chronic conditions to increase their self-care and self-advocacy skills.

¹⁹ This strategy was added specifically due to Covid-19.

²⁰ This strategy, which arose through initial assessments, is of increasing importance due to Covid-19.

²¹ This goal and its strategies, which arose through initial assessments, are of increasingly importance due to Covid-19.

- Increase access to and use of peer coaches and navigators.
- Increase caregiver support systems and resources for their own self-care and management.
- Increase education and prevention for all ages and community members (around coping strategies, environmental health, nutrition, physical activity, positive decision making, resilience, stress reduction, substance use, and more).
- Increase screening services for early detection and management of disease.
- Promote and increase access to holistic wellness opportunities and non-traditional treatment.
- Promote engagement in positive social activities and community building efforts as a contributor towards overall individual and community health.
- Promote individual use of Mount Desert Island Hospital's patient portal to access medical records, schedule appointments, and communicate quickly with providers.
- Promote available transportation resources and ridesharing.
- Support increased access to quality online tutorials and other self-guided technology tools to educate and empower individuals around their health.

Theme Two: Mental Health and Community Connectedness

Theme Two Guiding Question: How can we promote and increase access to quality mental health resources and to positive social environments that facilitate a sense of connectedness for all?

Key Findings:

Numerous strength and challenges exist in the LSA that impact our vision of access to quality mental health resources and to positive social environments that facilitate a sense of connectedness for all, including:

- **Strengths**
 - Acadia National Park and all the surrounding natural beauty, with the associated mental health benefits
 - A culture of volunteerism and civic engagement
 - A diverse health and wellness community including numerous highly skilled area integrative, complementary, and alternative health practitioners.
 - A growing year-round business community
 - Collaborative nonprofits and social service agencies
 - Emergency responsiveness; a strong perception of community members' willingness to help one another out especially in times of crisis
 - Growing area homecare and hospice programs
 - Low crime
 - Many positive social environments and opportunities, including
 - Both indoor and outdoor physical activity resources
 - Cultural events
 - Local faith-based organizations, libraries, community meal sites, and other community-based third places
 - Many multigenerational events
 - MDIH's Integrated Care Team, home visits, care management, dedicated nurses, health coaches, trained healthcare navigators, and financial navigator
 - MDIH's Behavioral Health Center and Acadia Family Center, both of which offer innovative approaches and patient-centered care
 - MDIH's Palliative Care Program, focused on improving quality of life for patients with life-limiting conditions and their families
 - Mount Desert Nursing Association, which provides in-home services and assessments
 - Private counselors such as the Counseling Collaborative
 - Schools working to address mental health needs of youth
 - Supportive and closer-knit communities (especially year-round)
 - Willingness of community and groups to talk about and address challenges

- **Challenges**

- A highly seasonal economy
- Concerns about lack of safe and healthy social opportunities for youth
- Community support systems are changing as the population ages and young people, families, and working professionals move away.
- Community members experience chronic stress and chronic pain, as well as related depression, anxiety, substance use disorders, etc.. These concerns impact, children, youth, and adults.
- Isolation and loneliness are widely reported and have significant impacts on both mental and physical health.
- Limited case management capacity and challenges in coordination between inpatient and outpatient care can mean that some do not receive needed care.
- Obstacles such as transportation, cost, awareness, stigma, low health literacy, and others exist for community members to access resources available in the LSA.
 - Cost, including insurance issues, out of pocket costs, and lack of awareness of available financial supports (i.e. MDIH's free care and cost share program), and lack of awareness of available resources are possibly the two greatest factors causing community members not to participate in preventative, chronic, and emergent mental healthcare and wellness programming.
- Screen time and social media can cause changes in models of connectedness for youth and families, as well as exacerbate anxiety and self-esteem issues for youth.
- Seasonal impacts to mental health, including seasonal affective disorder (SAD), stress related to a feast or famine economy for some, inconsistent access to community spaces, and more.
- The area has an increasing aging population. Hancock County is one of the older counties in Maine, with a high percentage of population who are seniors. This group has unique transportation, socialization, and healthcare needs including palliative care.

- **Relevant Health Data**

- Hancock County health priorities are mental health, substance use, social determinants of health, access to care, and older adult health/healthy aging (Maine Shared CHNA, 2019).
- In Hancock County 12.2% of adults had 14 or more days lost due to poor mental health, compared with 16.7% statewide; 16.9% of adults had 14 or more days lost due to poor physical health, compared to 19.6% statewide.
- In Hancock County, 16.4% of adults have ever had anxiety, which is significantly lower than the statewide rate of 20.7%.
- 20.8% of adults have ever had depression, compared to 22.8% of Mainers.
- Only 6.6% of Hancock County residents report current symptoms of depression, compared to 8.4% of Mainers.
- Hancock County has more mental health emergency department visits at 234.5 per 10,000 compared to 165.9 per 10,000 statewide. This represents a change of direction compared to 2015 data, in which Hancock County had significantly fewer mental health emergency department visits than state average.

- According to the most recent *Maine Integrated Youth Health Survey*, nearly one third (31.7%) of Hancock County high school students reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. This is comparable to the state rate of 32.1% and represents an increase from 25.7% just four years ago (MIYHS, 2015). It should be noted that 25% of high school males in Hancock County report this, compared to 38.5% of females (MIYHS, 2019).
 - 17.1% of Hancock County high school students seriously considered attempting suicide in the past 12 months, compared to 16.4% of Maine high school students. This number is up from 13.8% of Hancock County high school students in 2015. (MIYHS, 2019). Rates of attempted suicide are much higher for American Indian or Alaskan Native and multi-racial students, compared to white students.
 - In Hancock County, the rate of suicide deaths per 100,000 is 16.9, compared to 15.9 per 100,000 statewide.
 - While 87.6% of high school students in Hancock report feeling safe at school (compared to 86.2% statewide), nearly 24.2% report having ever been bullied on school property (similar to the statewide rate of 23.3%) (MIYHS, 2019). These numbers represent a trend of decreased feelings of safety at school since 2015 and increased instances of bullying. An equivalent number (87.6%) of Hancock County middle school students report feeling safe at school, yet 52.2% report having been bullied on school property. This represents a decrease in reports of bullying by Hancock County middle schoolers, compared to 57% in 2015 (MIYHS, 2015).
 - 82.1% of high school students feel that at least one of their teachers really cares and gives help and support when they need it, compared to the statewide rate of 80.5%
 - 59.1% of high school students (compared to 56.6% statewide) and 54.2% of middle school students (compared to 59.4% statewide) feel that, in their community, they matter to people (MIYHS, 2019).
 - 1% of Hancock County females report experiencing violence in the past 12 months by current or former intimate partners, compared to 1.5% statewide.
 - 8.9% of adults in Hancock County experience cognitive decline, compared to 10.3% in the state.
- **Additional Covid-19 Considerations**
 - Impacts of the Covid-19 pandemic are extensive and not fully clear at the time of this publication. The virus has caused or exacerbated numerous challenges to mental health and community connectedness in the LSA and has also brought about or highlighted several strengths related to mental health and community connectedness in the LSA:
 - **Strengths**
 - Community wide efforts to do “social calling” phone outreach to individuals who are homebound or otherwise isolated
 - Distribution of technology and hotspots, and education on how to use this technology
 - Some may feel decreased stigma in seeking behavioral health services

through telemedicine

- Telemedicine, including expanded care with primary care providers utilizing Behavioral Health Services
- Use of technology to try to maintain some community connections

■ **Challenges**

- Impacts of Covid-19 on youth are unknown. While this may be said for all age groups, youth are at a particularly formative time in their lives and have experienced significant changes and challenges due to the physical and social distancing requirements of the pandemic.
- Mandated isolation and significant stress and change; mental health issues being exacerbated
- School counselors are doing so much; more resources are needed
- Technology does not reach everyone
- Use of technology can lead to increased sedentary lifestyles, and a host of related mental and physical health concerns, including increased feelings of depression and anxiety.

Goal 1: Increase awareness about available mental health resources and social opportunities.

Strategies:

- Increase familiarity with and knowledge of area healthcare and prevention resources among local service providers to strengthen referral systems.
 - Build collaboration to develop, disseminate, and maintain a shared resource directory, including mental health resources.
 - Ensure that mental health providers are well represented as part of a needed regional coalition of healthcare and prevention coordinators and providers.
 - Establish means to increase communication and collaboration between providers, content knowledge on mental health topics, and awareness of available resources.
 - Update directories and listservs that are already in existence or under construction (e.g. 2-1-1 and MDIH Behavioral Health Center listserv).
- Improve communication to the public about mental health resources and social opportunities through strategic, targeted outreach using the following methods:
 - Dissemination of information through existing community infrastructure such as community organizations, municipal entities, schools, hospitals, clinics, buses, and through personal outreach whenever possible
 - Healthcare resources such as pamphlets, information sheets, magnets, and electronic health bulletins
 - Promotion and development of community resource sharing tools, platforms, and pages (e.g. Bar Harbor Barter and Swap) and community events calendars
 - Public talks/community forums
 - Target prevention outreach to youth.

- Target additional outreach to community members and seasonal visitors who identify as: business owners, BIPOC, English Language Learners, food insecure, individuals with disabilities, individuals with multiple chronic conditions, LGBTQIA+, migrant and seasonal workers, physical laborers and chronic pain sufferers, seniors, unemployed and underemployed, veterans, and young families.
- Use of traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness

Goal 2: Make mental healthcare more affordable.

Strategies:

- Continue to embed mental health services in primary care settings, such as through Patient Centered Medical Homes, to ensure better coordinated, higher quality and more affordable care.
- Continue to work to obtain grants to improve affordability of healthcare resources.
- Develop more opportunities for collaboration and coordination of resources; coordinate meetings for providers to share resources.
- Explore the feasibility of establishing a mental health Intensive Outpatient Program.
- Increase access to health insurance coverage for mental health services.
- Increase awareness of and access to free and reduced cost clinics and counseling services.
- Increase awareness of and access to insurance navigators and financial counselors.
- Increase prevention efforts to reduce individual and community mental healthcare costs.
- Increase use of technology, including telemedicine and consultations by phone, to increase quality, affordability, and access to mental healthcare.

Goal 3: Overcome obstacles to accessing mental healthcare and prevention resources.

Strategies:

- Advocate for more inpatient access for mental and behavioral health treatment throughout the state.
- Continue creating and leveraging strategic connections (e.g. partnerships between Jackson Lab, MDI Hospital, and MDNA).
- Continue to increase mental health services and supports in the schools, including social/emotional education programming beginning in the early years.
- Diffuse fear, uncertainty, and stigma associated with accessing resources by sharing promotional materials in trusted locations.
- Expand and promote evening and weekend hours of mental health services.
- Improve and promote transportation support to help community members access mental health resources.
- Increase access to mental healthcare and prevention resources for homebound patients, those on the outer islands, and those who remote engagement might be preferable²²:
 - Explore potential for additional mobile mental health opportunities.

²² This strategy, which arose through initial assessments, is of increasing importance due to Covid-19.

- Improve telemedicine technology, including broadband reliability and expanded availability of telemedicine equipment in clinics.
- Increase telemedicine and use of telemedicine and visits by phone.
- Increase trainings on best practices for use of technology in mental healthcare provision.
- Increase availability of case management and home visiting services.
- Recruit more mental health specialists and providers to the area.
- Streamline mental health services that are between schools and service providers.²³
- Work to remove the stigma around mental health challenges including through facilitating more public discussion, and widely disseminating evidence-based research.

Goal 4: Increase resources to empower individuals to prevent and manage mental health issues and be active in the development and execution of their mental healthcare.

Strategies:

- Expand education for people facing acute and chronic mental health challenges to increase their self-care and advocacy skills.
- Increase access to and use of peer coaches and navigators.
- Increase mental health provider support systems and resources for their own self-care and management.
- Increase education and prevention for all ages and community members around mental health and contributing factors (effective coping strategies, environmental health, exercise and physical activity, mindfulness and meditation practices, nutrition, positive decision-making, resilience, sleep hygiene, sense of community/connection, sense of purpose, sense of safety, stress and stress reduction, substance use, and trauma).
- Increase education about healthy relationships, sexuality, gender, and body image.
- Offer behavioral support for youth through individually tailored, team-based management techniques.
- Promote and increase access to holistic wellness opportunities and non-traditional treatment.
- Promote available transportation resources and ridesharing.

Goal 5: Increase access to safe, positive social environments and spaces, and opportunities for positive social engagement for all.

Strategies:

- Engage in more public discussion and education around healthy organizational cultures and the promotion of health supports and stress reduction for employees.
- Increase and promote multigenerational interactions and activities.
- Increase awareness of opportunities for volunteerism and civic engagement, with a special focus on engaging retirees to bring their time, energy, and expertise to building community health.
- Increase free offerings; encourage groups and organizations to consistently make a certain number of free tickets available for all ticketed events (e.g. plays, comedy shows, live music,

²³ This strategy was added specifically due to Covid-19.

movies, workshops, etc.).

- Increase opportunities for afterschool and summer activities for youth, for evening and weekend events for working parents, and for seniors.
- Increase public transportation resources and encourage ridesharing to improve access to social opportunities.
- Promote and increase community-building events, opportunities, and spaces (e.g. community meals, public talks, churches, libraries, schools, etc.).
- Promote wellness checks by police and encourage more community outreach to isolated seniors.

Theme Three: Social Determinants of Health

Theme Three Guiding Question: How can we promote positive social, economic, and environmental conditions that encourage health and well-being for all?

Key findings:

Numerous strengths and challenges exist in the LSA that impact our vision of positive social, economic, and environmental conditions that encourage health and well-being for all, including:

- **Strengths**

- Acadia National Park and other green spaces, and associated access to physical activity
- An active arts community
- A culture of environmental awareness and area preservation and sustainability efforts, including work done by Maine Coast Heritage Trust and A Climate to Thrive
- A growing economy, including a strong small-business community
- A wealth of health services, programming, and resources are available
- Civic participation and volunteerism, including from active older adult population, and religious and spiritual communities
- Community recreation centers (YMCA, Northeast Harbor Neighborhood House, Harbor House, Camp Beech Cliff), and available free, discounted, or low-cost programming
- Food access systems and resources, such as:
 - Food pantries, free-meal sites such as OpenTable MDI, and school backpack programs that are well-supported by the community, well-resourced, and that are welcoming spaces for community members accessing services
 - Home and community gardens
 - Local, state, and federal efforts and programs that support food access for all, such as EBT and WIC access at farmers' markets, subsidized CSA's (example; Share the Harvest), Supplemental Assistance Nutrition Program (SNAP), WIC Nutrition Program (WIC)
 - School and community gardening, nutrition, and cooking information
 - Vibrant local fishing and farming communities, and subsequent access to local product at stores, farmers' markets, farmstands, CSA's, restaurants, on-line vendors, food pantries, and free-meal programs, and through Senior Farmshare partnership with area senior housing
- Island Housing Trust
- Low crime
- MDI Ellsworth Housing Authority
- Mount Desert 365 and other community-based organizations dedicated to promoting long-term economic vitality
- Mount Desert Island non-profits (the region has an extremely high number of nonprofits), the MDI Non-Profit Alliance, and a strong culture of philanthropy

- Mount Desert Nursing Association
 - Strong school and library systems and robust community education offerings (including Acadia Senior College, Adult Education, Art Waves, library programs, and more)
 - Transportation services including the Island Explorer, Downeast Transportation, Island Connections, and Friends in Action, all which support community members' ability to access healthcare resources and services
 - Worksite wellness programs at larger organizations such as Jackson Laboratory and Mount Desert Island Hospital
 - Availability of heating vouchers through a variety of sources, including local and federal funds
- **Challenges**
 - Many additional Hancock County residents are underinsured.
 - When people are uninsured or underinsured, they often do not get needed primary care, such as yearly check-ups, and they wait to get needed care because of the cost. This leads to preventable illness, more acute illness, more emergency room visits, and higher healthcare costs.
 - Broadband and cellphone service have inconsistent access and dependability across the LSA.
 - Challenges accessing safe, affordable year-round housing impact most, including low-income families, seniors, and those with assisted living needs
 - Despite existing resources, transportation continues to be a problem for many.
 - High levels of screen time and social media use can cause changes in models of connectedness for youth and families, as well as exacerbate anxiety and self-esteem issues for youth.
 - Insufficient events and opportunities that are free for those on a limited income that encourage physical and social activity; particularly problematic during the winter months, on the "Quiet Side" of the island, and on the outer islands
 - Insufficient supports for pregnant women, insufficient parental supports and education, challenges in accessing daycare services, lack of social supports, and difficulties balancing work responsibilities and parenting
 - Isolation and loneliness are widely reported and have significant impacts on both physical and mental health.
 - Inadequate aging-in-place supports, lack of affordable, long-term care and assisted living facilities, eldercare burdens on families, and challenges associated with aging with diminished family support systems as many young people and families move away
 - Inadequate infrastructure exists for safe bicycle and pedestrian use across the region.
 - Limited public discussion and education around preparing for aging, retirement, and end of life
 - Limited testing for water and air contaminants exists (both indoor and out, and private and public), including for radon, arsenic, mold, e-coli, pesticides, and more.
 - Many experience low-health and financial literacy.
 - Seasonality results in challenges such as seasonal employment, housing, transportation,

access to social and physical activity opportunities, and more changes.

- Significant chronic stress burdens are reported.
- Stigma around mental health and substance use remains, despite more public conversations combating stigma, especially related to substance use.
- The area has an increasing aging population. Hancock County is one of the older counties in Maine, with a high percentage of population who are seniors. This group has unique transportation, socialization, and healthcare needs including palliative care.
- Unconscious bias, discrimination, and health disparities remain pervasive in all facets of the community, inequitably impacting community members identifying as BIPOC, English Language Learners, and LGBTQIA+, amongst others.

- **Relevant Health Data**

- Hancock County health priorities are social determinants of health, older adult health/healthy aging, mental health, substance use, and access to care. (Maine Shared CHNA, 2019)
- 12% of adults in Hancock County are uninsured, compared to 10% statewide (County Health Rankings, 2020).
- Only 21.8% of Hancock County residents are enrolled in MaineCare, compared to 25.4% of all Mainers. And, 39.4% of children in Hancock County ages 0-19 are enrolled in MaineCare, which is slightly less than the state rate of 41.2%.
- Poverty rates in Hancock County are slightly lower than statewide rates with 15.5% of Hancock County children and 12.1% of individuals living in poverty, compared to 17.2% of children and 13.5% of individuals statewide.
- The median household income in Hancock is \$50,037, very similar to the state median of \$50,826. Yet, the cost of living is higher in this region. According to the Maine Economic Growth Council's Housing Affordability Index, an index rate greater than 1.0 is considered affordable. In Hancock County, the index is .85 for home ownership, and .72 for home rentals, indicating a significant gap in affordable living conditions (2019).
- 3.9% of Hancock County high school students report housing instability (e.g. those who reported usually sleeping somewhere other than their parents' or guardian's home or school housing), compared to 3.6% of Maine high school students.
- The unemployment rate in Hancock County is 4.7%, compared to 3.8% statewide.
- 19.3% of high school students in Hancock County report having 4 or more adverse childhood experiences, with more females (22.8%) compared to males (16%) reporting ACES. This is just below the state rate of 21.3%, with consistent trends of more females (26.3%) than males (16.2) reporting 4 or more ACES (MIYHS, 2019).
- Hancock County has high rates of children eligible for free lunch. In Hancock County, 45% of children are eligible for the free and reduced lunch program (Maine Department of Education, 2019). The percent of children eligible for the free and reduced lunch program at schools within the MDI Hospital Service area (e.g. AOS 91 schools) ranges from 13.2% to 51.95%.

- **Additional Covid-19 Considerations**

- Impacts of the Covid-19 pandemic are extensive and not fully clear at the time of this publication. The virus has caused or exacerbated numerous challenges to social determinants of health in the LSA and has also brought about or highlighted several strengths related to social determinants of health in the LSA:

- **Strengths**

- Acceptance of diversity
- MDIH explored a pilot program to provide shelf stable meals to the community
- The region worked well as a network to try to address the growing food insecurity
- Virtual track meets, yoga classes, and workout sessions, etc. have been successful for many

- **Challenges**

- Difficulty performing case management with social distancing restrictions
- Economic challenges, loss of health insurance
- Food insecurity programs of increasing importance
- Heightened social and economic disparities
- Impacts of Covid-19 on youth are unknown. While this can be said of many groups, youth are at a particularly formative time in their lives and have experienced significant changes and challenges due to the pandemic.
- Not everyone has a safe living environment.
- People cannot meet in person with organizations or social services in many cases.
- Socialization is limited.
- Use of technology can lead to increased sedentary lifestyles, and a host of related physical and mental health concerns.

Goal 1: Increase awareness of available positive social, economic, and environmental resources²⁴.

Strategies:

- Increase familiarity with and knowledge of positive social, economic, and environmental resources among local non-profit organizations and businesses to strengthen community awareness building.
 - Dissemination of information through existing community infrastructure such as community organizations, municipal entities, schools, hospitals, clinics, buses, and through personal outreach whenever possible
 - Information resources such as pamphlets, information sheets, magnets, and electronic

²⁴ This goal and its strategies, which arose through initial assessments, are of increasingly importance due to Covid-19.

health bulletins

- Promotion and development of community resource sharing tools, platforms, and pages (e.g. Bar Harbor Barter and Swap) and community events calendars
- Public talks/community forums
- Target additional outreach to community members and seasonal visitors who identify as: business owners, BIPOC, English Language Learners, food insecure, individuals with disabilities, individuals with multiple chronic conditions, LGBTQIA+, migrant and seasonal workers, physical laborers and chronic pain sufferers, seniors, unemployed and underemployed, veterans, and young families.
- Use of traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness

Goal 2: Foster a culture of civic engagement and volunteerism.

Strategies:

- Build mentorship programs to increase the accessibility of civic engagement.
- Encourage partners to think critically and creatively about potential opportunities for volunteer engagement to build capacity and promote tools for effective volunteer management and recruitment systems.
- Engage retirees to contribute their time, energy, and expertise to building community health.
- Establish a local advocacy group to provide oversight, generate and keep focused attention, and advance progress towards community health goals and strategies.
- Explore technology and social media user interfaces such as the development of a community “Go Fund Me” page wherein organizations and individuals could detail specific needs, and community members and groups could directly donate money, items, and their time to fulfill needs.
- Increase MDI High School and College of the Atlantic student engagement in civic engagement and volunteerism, through existing community service program requirements and in new, creative ways.
- Recruit and support seasonal workers to hold volunteer roles during the off season, including by offering stipended volunteer opportunities when possible.
- Work with area partners (possibly through the Mount Desert Island Non-Profit Alliance) to promote and facilitate volunteerism throughout the area, such as through volunteer days or fairs, fundraising for volunteer programs, and resource sharing, to improve community health.

Goal 3: Increase access to safe, positive social environments and spaces, and opportunities for positive social engagement for all.

Strategies:

- Engage in more public discussion and education around healthy organizational cultures and the promotion of health supports and stress reduction for employees.
- Increase access to programming that helps community members to prepare for aging and end of life issues.

- Increase and promote multigenerational interactions and activities.
- Increase free offerings; encourage groups and organizations to consistently make a certain number of free tickets available for all ticketed events (e.g. plays, comedy shows, live music, movies, workshops, etc.).
- Increase opportunities for afterschool and summer activities for youth, for evening and weekend events for working parents, and for seniors.
- Increase public transportation resources and encourage ridesharing to improve access to social opportunities.
- Promote and increase community-building events, opportunities, and spaces (e.g. public talks, community meals, libraries, schools, churches, etc.) for use by all ages.
- Promote police wellness checks and encourage more community outreach to isolated seniors.
- Work to better ensure public spaces are universally designed and more accessible to individuals with physical disabilities.

Goal 4: Increase access to positive employment and economic conditions for all community members²⁵.

Strategies:

- Advocate for inclusion in the state’s effort to increase broadband infrastructure, including to benefit remote workers and home-based businesses.
- Explore ways to address current workforce challenges as well as build workforce capacity, including by:
 - Working to reduce staff turnover and increase staff efficiency.
 - Providing higher minimum wage and higher pay for professionals.
 - Prioritizing efforts to increase affordable housing opportunities for area workers.
 - Prioritizing efforts to increase affordable, quality childcare options for area workers.
- Increase support for people experiencing poverty, including by:
 - Increasing affordable options for basic needs.
 - Promotion of existing municipal, state, and federal programs such as General Assistance (GA), Temporary Assistance for Needy Families (TANF), Supplemental Assistance Nutrition Program (SNAP), WIC Nutrition Program (WIC), MaineCare, and others.
- Incentivize and support worksite wellness programs and practices.
- Increase public education for financial literacy.
- Support care providers, including at childcare centers, eldercare organizations, schools, community service organizations, and mental and physical health facilities, to prevent burnout and offer healthy working environments and strong professional development for staff.

Goal 5: Increase access to affordable healthy food²⁶.

Strategies:

- Advocate for the rules for food provision through the school food service programs to continue to

²⁵ This goal and its strategies, which arose through initial assessments, are of increasingly importance due to Covid-19.

²⁶ This goal and its strategies, which arose through initial assessments, are of increasingly importance due to Covid-19.

serve those in the LSA without access to food all year round²⁷.

- Continue to develop and promote food recovery efforts such as gleaning.
- Create better policy and environments for local food producers, including fishermen, to succeed.
- Expand the number of senior and affordable housing, community, and school gardens, greenhouses, and complementary educational opportunities.
- Promote existing healthy cooking, shopping, and nutrition classes, and increase access to these opportunities.
- Support area institutions, including schools and hospitals, to create policies and practices so that they have increased ability to serve healthy foods.
- Support expansion of area farmers' markets and community co-ops, including during the winter.
- Support the use of Electronic Benefits Transfer (EBT) technology at farmers' markets and other food retailers.
- Increase community engagement in support of, and de-stigmatization around use of, food pantries, free community meal sites, and other low-income food access supports.

Goal 6: Increase access to physical activity.

Strategies:

- Increase physical activity opportunities for working community members, including through daytime worksite wellness programs.
- Increase recess and physical activity opportunities for K-12 students throughout the school day.
- Prioritize community spaces for indoor activities in the winter, and more community-based activities to encourage both indoor and outdoor exercise.
- Provide education on safe and simple ways to be physically active at all ages and wherever you are.
- Support and increase town and village walkability assessment efforts and walk and bikeability improvements.

Goal 7: Increase access to convenient, safe, and affordable transportation.

Strategies:

- Advocate for additional shuttle buses, routes, and runs.
- Increase capacity of free community transportation programs, including by:
 - Recruiting and retaining more volunteer drivers.
 - Fundraising for more community vans and vehicles.
- Increase coordination between transportation service schedules.
- Promote and incentivize ridesharing, biking, and walking
- Work to increase awareness of available public transportation services.
- Work to increase more accessible and universally designed public transportation resources for individuals with physical disabilities.

²⁷ This strategy was added specifically due to Covid-19.

Goal 8: Increase efforts to reduce bias, discrimination, inequality, inequity, stigma, and shame.

Strategies:

- Develop strategies for equitable distribution of resources across the service area.
- Encourage all community health organizations and providers to approach community health discussions, efforts, and evaluations with an equity lens.
- Encourage formal commitments to social justice, diversity, and inclusion, and regular self- and organizational assessment and evaluation efforts to increase transparency and accountability.
- Expand education and training opportunities for first responders, healthcare, and community service providers (e.g. anti-racism, gender and sexuality sensitivity, mental health first aid, trauma-informed care, unconscious bias, etc.).
- Expand community education and training opportunities similarly, and promote community-led and-wide efforts to address economic, gender, and racial inequity, etc..
- Expand public education efforts and dialogue around disability justice; race, power, and privilege; relationships, sexuality, gender, and body image.
- Prioritize monitoring of and efforts to directly address health disparities.
- Work to ensure that diverse perspectives are included in strategic brainstorming, planning, and evaluation efforts.
- Work to ensure that strategic outreach and efforts to empower and support different groups are led by members of those groups.
- Work to reduce stigma and shame including through encouraging narrative/storytelling, facilitating community discussions, fostering opportunities for social connection, disseminating statistics and evidence-based research, sharing books, podcasts, videos, and other accessible sources of information, and supporting artistic expression.

Goal 9: Increase access to safe and affordable housing.

Strategies:

- Encourage and support all area towns to prioritize and incentivize affordable housing, and preserve, protect, and expand both year-round and seasonal housing options.
- Increase awareness of potential home health hazards including lead, arsenic, radon, pesticides, and mold; promote and expand existing testing and mitigation methods.
- Increase independent living options and area aging in place solutions; expand access to free and subsidized aging in place home assessments and modifications via community and grant funding.
- Organize and advocate for the passage of public policy that increases access to affordable housing.
- Work to obtain grants for affordable assisted-living and long-term care.

Goal 10: Increase awareness of household and community sustainability efforts and opportunities.

Strategies:

- Promote user-friendly recycling and composting opportunities with consistent standards LSA-wide.
- Support and maintain public greenspace.

- Provide education on, and resources for, low-cost home energy audits and winterization.
- Offer community and school-based education on environmental sustainability.
- Support development of shared alternative energy projects.

Theme Four: Substance Use

Theme Four Guiding Question: **How can we reduce stigma and promote and increase access to quality substance use disorder prevention, treatment, and recovery resources?**

Key Findings:

Numerous strengths and challenges exist in the LSA to impact our vision of reducing stigma and promoting and increasing access to quality substance use disorder prevention, treatment, and recovery resources, including:

- **Strengths**

- Acadia Family Center
- Acadia National Park has adopted tobacco-free policies for certain outdoor areas
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are available daily and nightly across the island
- An increasing number of providers who prescribe Medication Assisted Treatment (MAT) for opioid use disorders
- Community social and recreation centers and other programs that provide healthy opportunities
- Contracted substance use counselor at Mount Desert Island High School
- Down East Recovery Supports Guide
- Drug Court
- Healthy Acadia's substance prevention programs, including the Drug Free Communities Program
- Maine Alliance for Recovery Coaching
- Maine Sea Coast Mission facilitates substance use disorder services and other behavioral health counselling appointments on outer islands through telemedicine
- Many tobacco-free community locations
- Mount Desert Island Hospital Behavioral Health Center
- Numerous prevention education, activities, and resources are available through the schools, including for children, youth, and their families
- Political will and availability of federal funding
- Private substance use disorder counselors
- Public recognition of opioid epidemic
- Rapid response access through the Emergency Department
- Responsible Beverage Seller (RBS) trainings offered through Healthy Acadia
- Spiritual organizations and leaders
- Strong positive engagement of police and county sheriff's department. Bar Harbor and Mount Desert Police Departments now have every squad car equipped with Narcan.
- Strong, active, and tight-knit recovery community
- The Counseling Collaborative

- The DownEast Treatment Center and its hub and spokes service model, and the DownEast Treatment Network
- **Challenges**
 - Hancock County health priorities are substance use, mental health, social determinants of health, access to care, and older adult health/healthy aging. (Maine Shared CHNA Needs Assessment Report, 2019)
 - Community members experience chronic stress and chronic pain, as well as related depression, anxiety, substance use disorders, etc..
 - Despite the strength and size of the recovery community, those in recovery can feel very isolated from the community at large.
 - Obstacles such as transportation, cost, awareness, stigma, low health literacy, and others exist for community members to access resources available in the LSA.
 - Lack of awareness of available resources, and stigma are possibly the two greatest factors causing community members not to participate in substance use treatment and recovery programming.
 - Police officers are not always effective at reaching the community. Some community members report that the police do not have the same relationships with the community as they did in the past and that the sense of community trust in the police is reduced.
 - Recovery supports in jails are increasing, but access is still limited.
 - Some community members are not ready to seek treatment, including because of a culture of independence and resistance to accepting help.
 - Work related injuries and economic instability related to seasonal employment are two contributors to substance use.
 - In 2016, Maine voters approved a ballot initiative to legalize retail marijuana; however, due to delays in the rule making and retail licensing process, followed by Covid-19 restrictions and municipal closures, there are still no retail marijuana shops operating in the state as of Spring 2020. Legalization will likely increase access to marijuana and decrease perception of harm, which could lead to greater use.
 - A limited number of inpatient beds are available for substance treatment services, which poses a barrier to treatment and recovery.
- **Relevant Health Data**
 - Smoking rates among Hancock County high school students have been on the decline, with 7% of high school students reporting past month use in 2019 (MIYHS, 2019), compared to 19% in 2009. The 2019 statewide average was very similar at 7.1%. Unfortunately, use of electronic vaping devices is on the rise among youth, with nearly one in two (46.4%) Hancock County high school students reporting ever having used a vaping product, up from 26.9% in 2015 (MIYHS, 2019). This is similar to the 2019 statewide rate of 45.1%.
 - Hancock County's current adult smoking rate is 21.3%, which is slightly above the state average of 19.8%.
 - According to the 2019 *MIYHS*, youth alcohol use among 9th to 12th graders has decreased in Hancock County over the past few years and is now slightly lower than the state average (47.5% in HC compared with 48.7% statewide). However, past 30-day

alcohol use is slightly higher than the state average, with 26% of Hancock County 9th to 12th graders having consumed alcohol in the past 30 days compared to 22.9% statewide. Hancock County ranks second highest in the state for past 30-day alcohol use among high school students.

- Binge drinking within the previous 30 days (defined as having 5 or more drinks within a couple of hours) among 9th to 12th graders is 30.7% in Hancock County and 32.7% statewide. Use of alcohol increases over the high school years, with 42.1% of 12th graders reporting past month use compared to 22.4% of 10th graders (MIYHS, 2019).
- Marijuana use among Hancock County youth is similar to the state average. 21.5% of Hancock County youth reported using marijuana in the past month, compared to 22% of Maine youth. Marijuana use is trending back upward, with 37.1% reporting ever having used marijuana in 2019, up from 31% in 2015. The 2015 state rate was 36.4%. As with alcohol, use of marijuana increases over the high school years, with 18.9% of 10th graders and 31.7% of 12th graders reporting past month use.
- Perception of harm has decreased dramatically; 70.8% of high school students believe marijuana use poses little risk of harm (MIYHS, 2019) compared to 42.9% in 2011. 56.6% of Hancock County high school students believe it would be sort of easy or very easy to get marijuana, which is similar to the 2011 rate of 56.5% (MIYHS, 2011).
- Misuse of prescription drugs in the last 30 days by 9th to 12th graders is slightly higher in Hancock County (6.1%) compared to the state rate of 5% (MIYHS, 2019).
- Among students who indicated that they were gay, lesbian, or bisexual there are higher rates of substance use disorder compared to the rates among all students who do not identify that way.

- **Additional Covid-19 Considerations**

- Impacts of the Covid-19 pandemic are extensive and not fully clear at the time of this publication. The virus has caused or exacerbated numerous challenges to substance use disorder prevention, treatment, and recovery in the LSA and has also brought about or highlighted a number of strengths related to substance use disorder prevention, treatment, and recovery in the LSA:

- **Strengths**

- DownEast Treatment Center remains viable.
- Shift/increased flexibility in rules allowing remote treatment
- There is an increased ability to “reach” some people to work around transportation and other barriers.

- **Challenges**

- Concern around the impacts on families and youth who are homebound and do not have the outlet of school to shield/minimize the impact of substance use in the home
- Concerns for those who are seeking substance treatment and feel the need for group services rather than individualized telemedicine
- Connectivity issues/inconsistencies across the LSA
- Getting help has not yet been normalized; reluctance to get help

continues to exist.

- Impacts of Covid-19 on youth substance use are unknown.
- Alcohol sales are up nationally; Maine relaxed its alcohol sales regulations to allow restaurants and bars to sell beer, wine and cocktails “to-go”.
- Increased isolation
- Lack of the normal distractions and more restrictions in people’s life schedules mean some may relapse or use substances to fill the voids, especially due to anxiety, depression, or economic uncertainty.
- Public transportation shut downs created a negative impact on those who need public transportation to get to the emergency department or other healthcare facilities.
- Use of technology can lead to increased sedentary lifestyles, and a host of related physical and mental health concerns, including increased feelings of depression and anxiety.

Goal 1: Increase awareness about available substance use disorder prevention, treatment, and recovery resources.

Strategies:

- Increase familiarity with and knowledge of area substance use disorder prevention, treatment, and recovery resources among local service providers to strengthen referral systems.
 - Continue to disseminate and maintain a shared substance use disorder prevention, treatment, and recovery resource directory (currently created/maintained by Healthy Acadia).
 - Improve inpatient discharge process to provide more warm hand-offs to outpatient services.
 - Increase opportunities for resource sharing, communication, and collaboration between providers, including collaborative learning, content knowledge, and professional development related to substance use.
- Improve communication to the public about substance use disorder prevention, treatment, and recovery resources through strategic, targeted outreach using the following methods:
 - Dissemination of information through existing community infrastructure such as community organizations, municipal entities, schools, hospitals, clinics, buses, and through personal outreach whenever possible
 - Information resources such as pamphlets, information sheets, magnets, and electronic health bulletins
 - Promotion and development of community resource sharing tools, platforms, and pages (e.g. Bar Harbor Barter and Swap) and community events calendars
 - Public talks/community forums
 - Target prevention outreach to youth
 - Target additional outreach to community members and seasonal visitors who identify as:

business owners, BIPOC, English Language Learners, food insecure, individuals with disabilities, individuals with multiple chronic conditions, LGBTQIA+, migrant and seasonal workers, physical laborers and chronic pain sufferers, seniors, unemployed and underemployed, veterans, and young families.

- Use of traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness

Goal 2: Make substance use disorder prevention, treatment, and recovery resources more affordable.

Strategies:

- Continue to work to obtain grants to improve affordability of healthcare resources.
- Continue and build upon existing collaboration and coordination of resources.
- Increase awareness of and access to free and reduced cost substance use treatment and recovery services.
- Increase awareness of and access to insurance navigators and financial counselors.
- Increase prevention efforts to reduce individual and community substance use treatment costs.
- Increase use of technology, including telemedicine, consultations by phone, and recovery coaching by text, phone, and video calls to increase quality, affordability, and access to substance use prevention, treatment, and recovery resources.

Goal 3: Overcome obstacles to accessing quality substance use disorder prevention, treatment, and recovery resources.

Strategies:

- Advocate for ongoing connectivity and payment for remote access services, including through federal and state waivers²⁸.
- Conduct strategic outreach to more impacted groups and those traditionally harder to engage in treatment. Make greater efforts to meet people where they are at.
- Continue to increase the number of practitioners prescribing Medication Assisted Treatment (MAT) for opioids.
- Continue investing in and improving upon DownEast Treatment Network's hub and spoke model for opioids, working to ensure that people have access to MAT.
- Continue to build and strengthen working relationships with the jails, rehabilitation, and community re-entry programs.
- Encourage more personal storytelling and public discussions around substance use and mental health challenges, co-occurring disorders, treatment options, and recovery journeys.
- Expand hours (evenings, early mornings) and days (weekends) so that working adults and families can better access services.
- Increase access to behavioral health professionals in the schools. Invest in more school therapists.
- Increase education and advocacy efforts across all sectors of the community, mobilize

²⁸ This strategy was added specifically due to Covid-19.

community. Reach out to area nonprofits; highlight common interests, work collectively towards shared goals. Help the business community realize that substance use is a workforce development/retention issue. Build a network of employers and landlords who will hire and rent to individuals in recovery, including those formerly incarcerated.

- Increase peer-based services. Train and utilize community health workers who could work in collaboration with recovery coaches and engage in strategic/personally targeted outreach to impacted populations.
- Promote and continue to grow transportation resources to connect people to substance use disorder prevention, treatment, and recovery resources.
- Promote and increase individual and group recovery counseling options, especially through use of technology, including telemedicine and consultations by phone²⁹.
- Promote multigenerational approaches and care for whole families. Work to identify and engage with key targets in family units.
- Use the DownEast Treatment Network's hub and spoke model to expand treatment options and coordinated care for other substance use disorders.
- Work to ensure that the gap left by Open Door's closure in terms of area inpatient and intensive outpatient capacity is filled. Develop greater capacity and increase training and supports on all levels of care.
- Work to change cultural narratives and remove the stigma around substance use disorders so that struggling individuals are less hesitant and increasingly ready to seek support³⁰.

Goal 4: Reduce risks and substance use in the community.

Strategies:

- Acknowledge that vaping is a significant crisis among area youth. Provide widespread community education on the signs and hazards of e-cigarettes and vaping.
- Continue to support careful medication prescribing practices to reduce excess unused medication at home and/or excessive prescribing and use of pain medication.
- Continue to increase the availability and use of overdose reversal medication, such as naloxone, by first responders, and other trained community members.
- Continue offering Responsible Beverage Service trainings with a sexual assault prevention component.
- Create more smoke-free public areas throughout the whole community. Explore a cigarette litter prevention program to help keep public areas cleaner where smoking is still allowed.
- Encourage student led interventions/education efforts in the schools to help prevent and stop vaping.
- Engage in more collective brainstorming, research, and analytics to strategically consider what has been successful in this area, and in other locales in undertaking novel/creative coordinated approaches to address chronic alcohol use.
- Implement strategies to decrease reasons why substances are used in excess (e.g. adverse childhood experiences, anxiety, boredom, chronic stress, depression, lack of social connection,

²⁹ This strategy, which arose through initial assessments, is of increasing importance due to Covid-19.

³⁰ This strategy, which arose through initial assessments, is of increasing importance due to Covid-19.

loneliness).

- Consider reviving Community Resource Coordinator programs. Effort to reach and engage isolated seniors, increase intergenerational interactions, and decrease participation barriers for all.
- Continue to build and nurture partnerships with community organizations and offer more low or no-cost positive programming to individuals and families.
- Promote and increase the amount and diversity of opportunities for substance-free social engagement, especially among youth and young adults.
- Promote more consciousness-raising community-building opportunities to reduce stigma and increase connection between those with substance use disorders and those without
- Increase education for seniors and their caregivers around prescriptions, their indications, and potential interactions.
- Provide more education to parents and teachers on signs of teen alcohol, inhalant, marijuana, and prescription drug use, and the harmful effects of substances on growing brains.
- Provide more tobacco cessation opportunities.

Goal 5: Increase resources to empower individuals to prevent and manage substance use disorders and be active in the development and execution of their treatment plans and recovery.

Strategies:

- Encourage local libraries, other community centers to regularly feature books, research, art, etc. related to substance use disorder prevention, treatment, and recovery.
- Expand on resiliency trainings sponsored by Acadia Family Center and Healthy Acadia, focusing on strengths-based approaches.
- Increase focus on and facilitation of Counter-ACES (positive childhood experiences that may counter the effects of Adverse Childhood Experiences).
- Promote and increase access to holistic wellness opportunities and non-traditional and non-pharmacological treatment for both substance use disorders and chronic pain.
- Provide more community education around brain health.
- Provide more community education around harm reduction.
- Provide more community education on habit formation and life-skill building, social and emotional well-being, self-care, and stress management.

A Final Note

Community health is multifaceted, hard to comprehensively measure, dynamic, and ever changing. This 2019-2020 broader MDI region CHNA and Action plan is a snapshot of the LSA and provides a framework for Mount Desert Island Hospital, Healthy Acadia, and partners to collectively address health concerns and to work to build an area that is “...home to vibrant communities where people thrive and healthful resources are easily accessible” as outlined in the vision statement. It is the sincere hope of CHNA Coordinators and Steering Committee members that this tool is used in countless creative ways to better the community. We welcome you, the reader, to use this tool in the way it aligns best with your individual or organizational goals, needs, and resources. We also welcome you to contact Healthy Acadia at info@healthyacadia.org or by calling 207-667-7171 to schedule a presentation on this report, request further information, or to learn how to get involved. We invite you to join in efforts to build healthy communities together, and we thank you for all you contribute to our communities.

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Appendix A: Community Themes and Strengths Assessment Survey Tool

Community Health Survey Introduction

Mount Desert Island Hospital (MDIH) and Healthy Acadia are conducting a Community Health Needs Assessment for the MDIH service area and your input is critical. This is an opportunity to have your voice heard and offer your unique perspective and vision.

The survey should only take about 10 minutes to complete. It is also available online at <https://forms.gle/VtXtMP5B4z4VfeBG6> should you prefer to submit it electronically. In-person or phone interviews are also options; if either method is preferable, please contact Shoshona Smith at shoshona@healthyacadia.org or by calling 667-7171 or, if applicable, let your survey distributor know.

We hope to hear from as many diverse voices as possible so that this survey is representative of the perceptions, interests, and needs of the entire community. Our subsequent goals are to be truly responsive, to support and spur community-driven change, and to more effectively work to ensure the health and well-being for all who live and work here. Please help us identify strengths to build upon, areas in need of improvement, and strategic issues to be addressed.

With your feedback and in collaboration with other community partners, goals and strategies will be developed to better enable us all to identify and close service gaps, achieve innovative, effective and sustainable solutions, build capacity, and strengthen our community.

If you are interested in being a part of later stages of this Community Health Needs Assessment process, please provide us with your contact information below. Gas cards may be available for those willing to give their additional time and service.

Thank you in advance for sharing all of your invaluable insights! A public reporting of results will be available at <https://www.mdihospital.org/community-benefits-reporting/> beginning May 2020.

Yes, I would like to be a part of later stages of this Community Health Needs Assessment process:

Name:

Contact Information:

2019 Community Health Survey

Mount Desert Island Hospital and Healthy Acadia are seeking input from community members across Hancock County to assess area health needs. The information will be used to create a community health plan to improve our overall health. This survey should only take about ten (10) minutes to complete.

1. How healthy would you rate our community?

Very Unhealthy 1 2 3 4 5 Very Healthy

2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety).

Very Unsatisfied 1 2 3 4 5 Very Satisfied

3. I am satisfied with the health care system in our community (considering organizations and providers offering physical, mental and dental health services).

Very Unsatisfied 1 2 3 4 5 Very Satisfied

4. What additional services, supports, and/or spaces could our community use to better ensure health for all?

5a. Do you feel as though every community member has equal access to high-quality health-promoting services, supports, and spaces?

Yes No

5b. If you answered "No" above, who do you think faces the most significant challenges in terms of access?

6. This community is a good place to raise children (considering schools, child care options, community activities and resources, housing, and employment opportunities, etc.).

Strongly Disagree 1 2 3 4 5 Strongly Agree

7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for the elderly living alone, meals on wheels, etc.).

Strongly Disagree 1 2 3 4 5 Strongly Agree
○ ○ ○ ○ ○

8a. What do you see as the most important “health concerns” in our community? Please write in if unlisted, otherwise check no more than five (5).

- Acute or chronic health concerns (e.g. allergies, asthma, cancer, diabetes, heart disease, high blood pressure, gastrointestinal disorders, etc.)
- Infectious diseases (including Lyme)
- Affordability of care and/or prescription costs
- Lack of awareness of existing health services
- Aging challenges
- LGBTQ health challenges
- Bias, discrimination, and other factors contributing to health inequity
- Limited access to healthy foods
- Bullying (in-person or online)
- Limited access to physical activity/ opportunities for recreation
- Chronic pain
- Mental health challenges (including anxiety and/or depression)
- Childhood trauma
- Motor vehicle crash injuries
- Dental challenges
- Obesity
- Domestic violence
- Rape/sexual assault
- Economic instability/limited employment and opportunities for growth
- Reproductive, maternal, newborn, and/or child health concerns
- Environmental health concerns (mold and other toxins, air and water pollutants, etc.)
- Safe and affordable housing
- Health insurance accessibility and coverage
- Sexual health concerns
- Substance use (e.g. alcohol, opioids, tobacco, etc.)
- Suicide
- Transportation difficulties

8b. Please elaborate on your response:

9. What health issues do you feel are not being adequately addressed/would you like to see more public discussion, education, and action around?

10a. What do you think are the most significant “health strengths” in our community? Check no more than five (5).

- Access to healthy foods (including from farm stands, farmers markets, and community gardens)
- Awareness and/or accessibility of existing health services
- Close-knit communities
- Dental services
- Education offerings for all ages
- Employment and growth opportunities
- Food pantries and meal sites
- Health care services and providers (including outer island health care services)
- Health education in schools and through community groups
- Housing - safe and affordable
- Mental health services and providers
- Natural beauty and sites (Acadia National Park, town parks, and green spaces)
- Police and emergency services
- Prevention programming
- Recreation opportunities at schools and in community locations
- Spiritual and religious community
- Substance treatment and recovery supports
- Sustainability and energy-efficiency initiatives
- Third-spaces (a safe space that is not work/school or home)
- Tobacco-free public areas
- Volunteerism and civic engagement
- Worksite wellness programs

10b. Please elaborate on your response:

11a. Do you have specific ideas for programs or projects that you believe could make us a healthier community? Yes No

11b. If you answered "Yes" above, and/or if you are potentially interested in becoming actively involved in the development of our community health plan, please consider providing your contact information. Your information can either be provided below or on separate contact sheet.

Please provide the following information below. It will be used for demographic purposes only. You will not be identified by your answers in any way.

12. What zip code represents your community on MDI or in Trenton, Lamoine, or the outer islands (MDI Hospital's service area):

13. Do you identify as:

- Female Male Other

14. Age:

- Under 18 18-25 26-40 41-55 56-70 71-85 Over 85

15. Race/Ethnicity:

- White
 Asian
 American Indian or Alaskan Native
 Black or African American
 Hispanic, Latino, or Spanish
 Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander
 Other

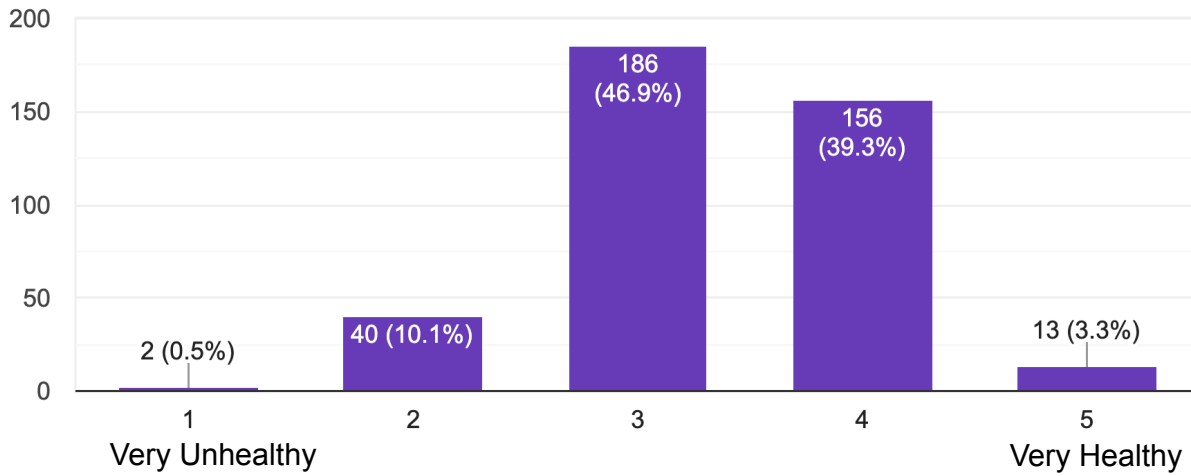
16. How do you pay for health care?

- Cash
 MaineCare (Medicaid)
 Health Insurance (e.g. private insurance)
 Medicare
 Veterans Administration
 Indian Health Services
 Other

Appendix B: Community Themes and Strengths Assessment Survey Quantitative Results

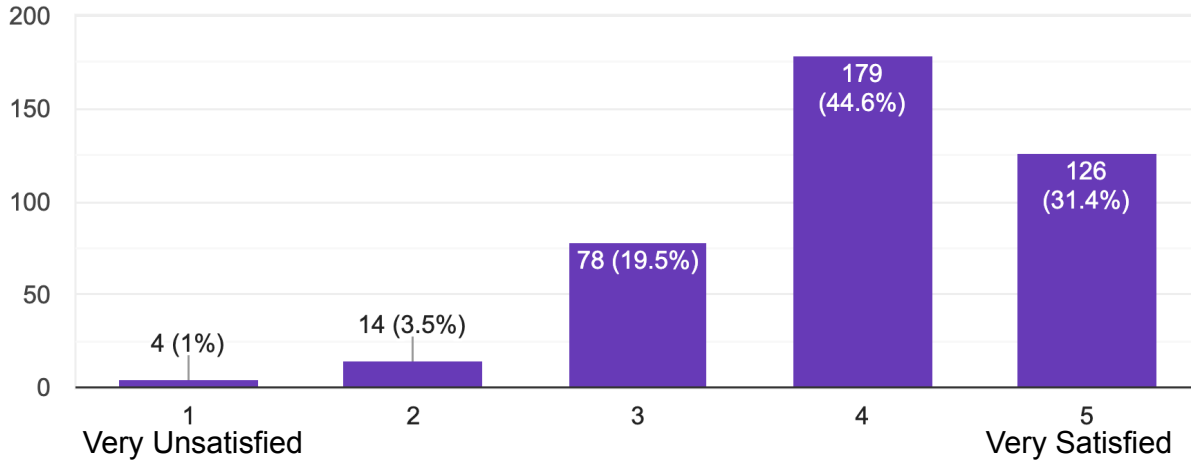
1. How healthy would you rate our community?

397 responses



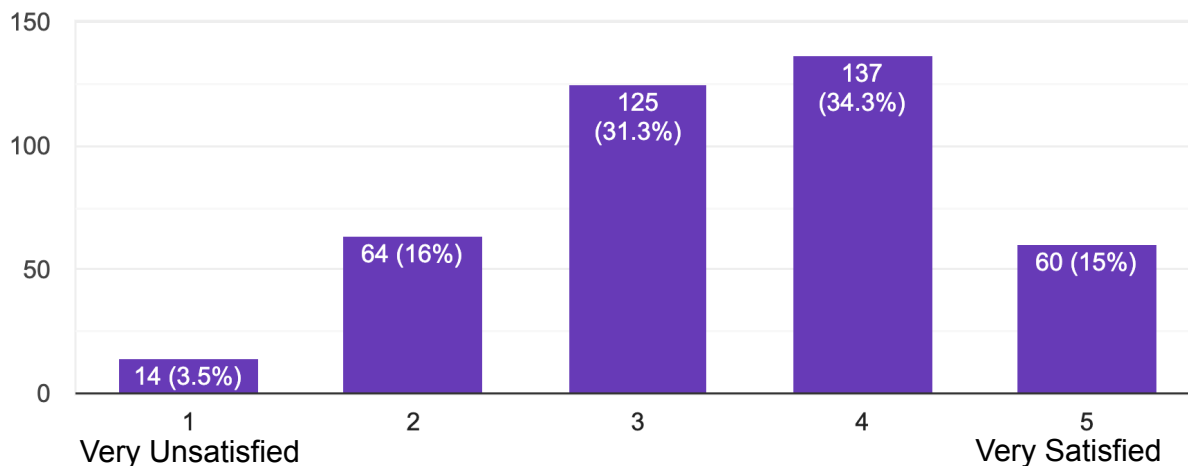
2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety).

401 responses



3. I am satisfied with the health care system in our community (considering organizations/providers offering physical, mental and dental health services).

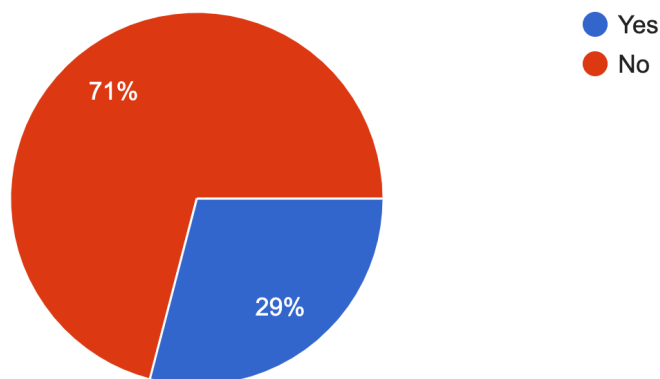
400 responses



4. What additional services, supports, and/or spaces could our community use to better ensure health for all? (NOTE: All written responses will be made available electronically by request. Highlights were shared at Theme Team meetings.)

5a. Do you feel as though every community member has equal access to high-quality health-promoting services, supports, and spaces?

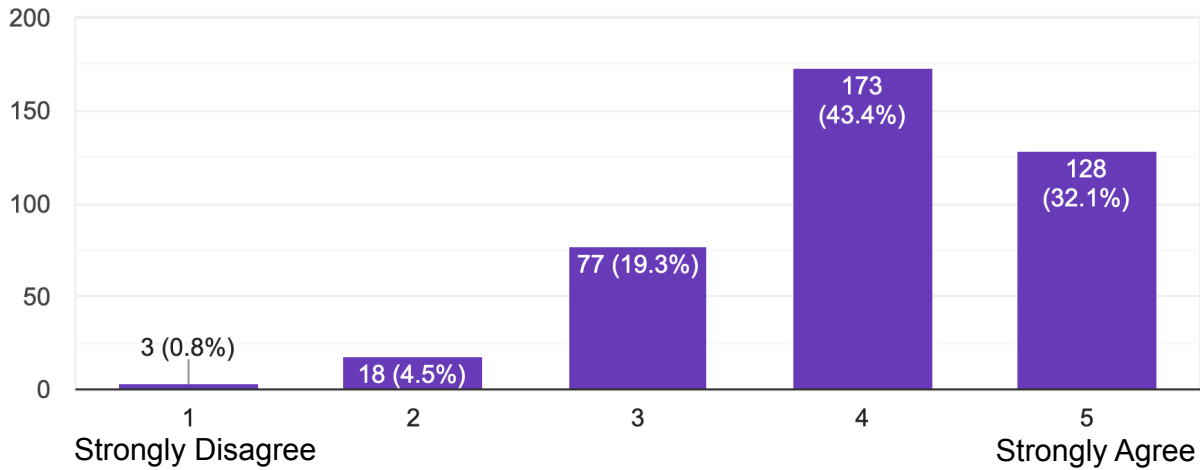
389 responses



5b. If you answered "No" above, who do you think faces the most significant challenges in terms of access? (NOTE: All written responses will be made available electronically by request. Highlights were shared at Theme Team meetings.)

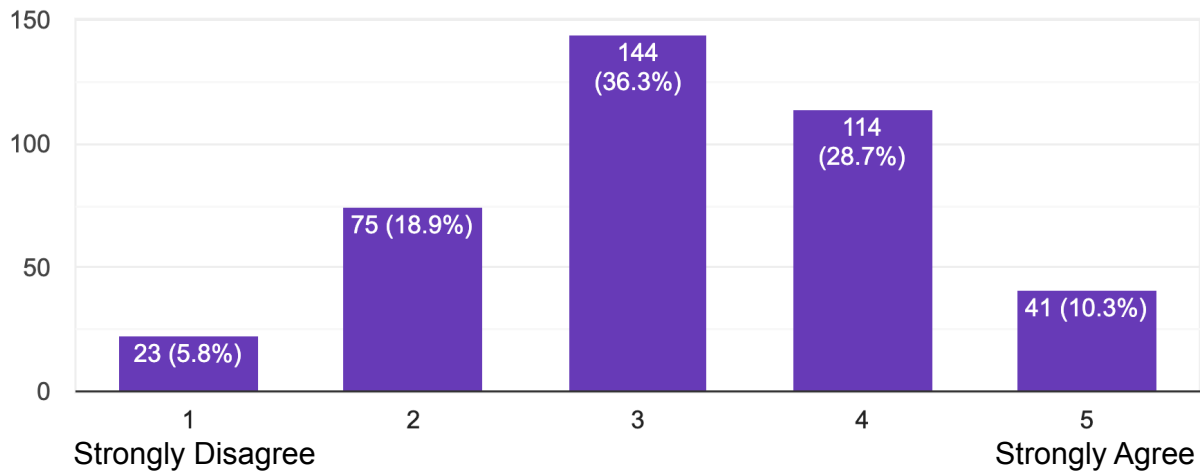
6. This community is a good place to raise children (considering schools, child care options, community activities and re...g, and employment opportunities, etc.).

399 responses



7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder da...erly living alone, meals on wheels, etc.).

397 responses

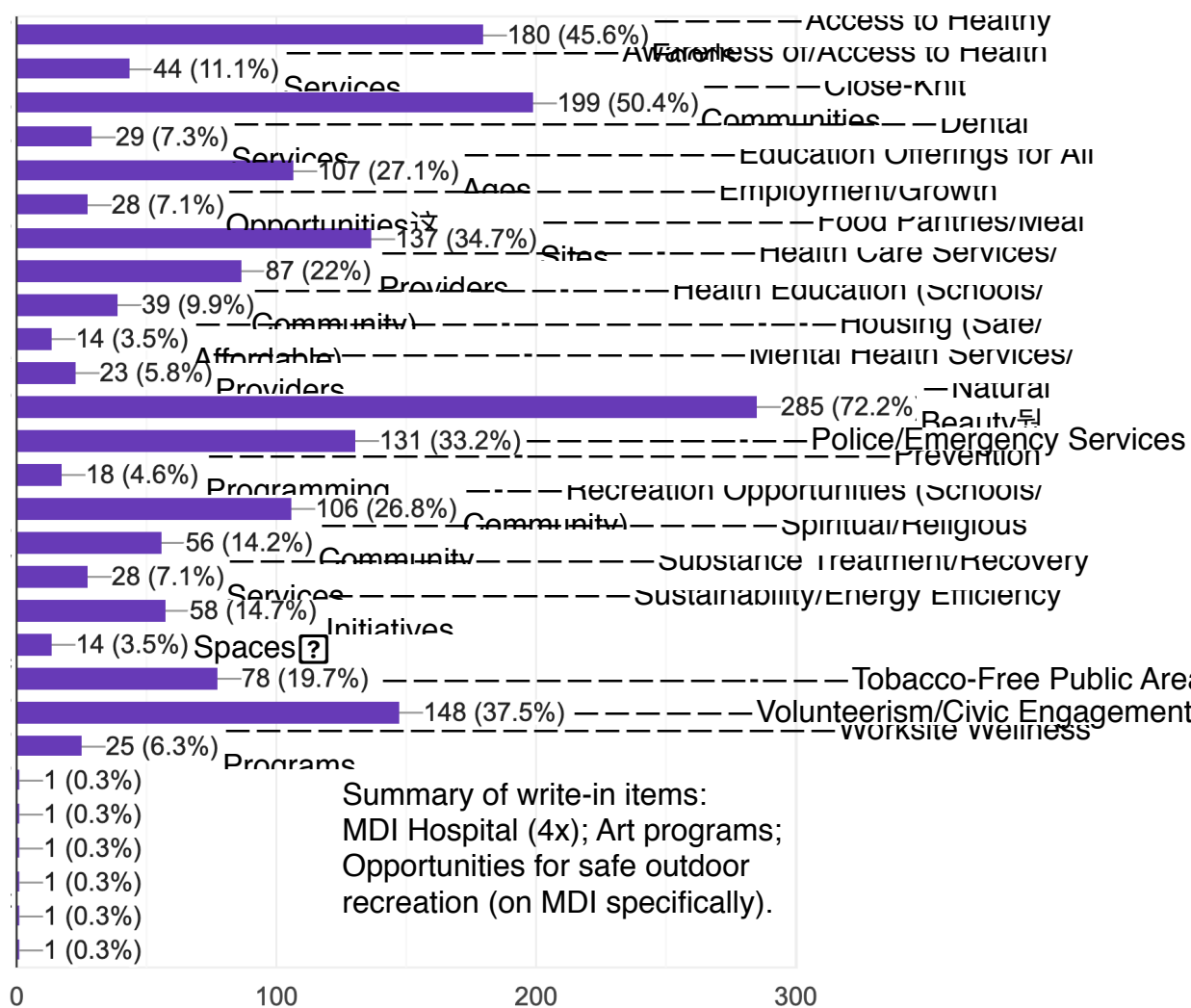


8b. Please elaborate on your response: _____ (NOTE: All written responses will be made available electronically by request. Highlights were shared at Theme Team meetings.)

9. What health issues do you feel are not being adequately addressed/would you like to see more public discussion, education, and action around? (NOTE: All written responses will be made available electronically by request. Highlights were shared at Theme Team meetings.)

10a. What do you think are the most significant “health strengths” in our community? Check no more than five (5).

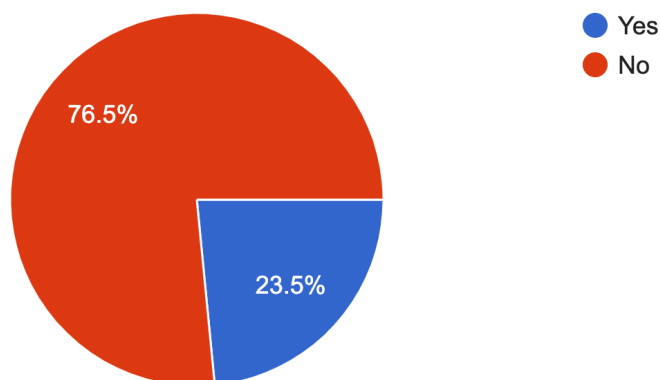
395 responses



10b. Please elaborate on your response: _____ (NOTE: All written responses will be made available electronically by request. Highlights were shared at Theme Team meetings.)

11a. Do you have specific ideas for programs or projects that you believe could make us a healthier community?

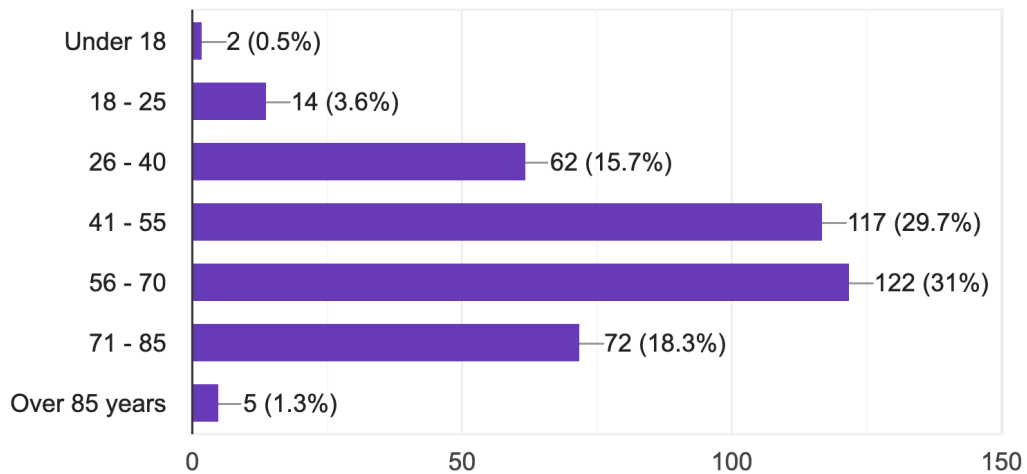
341 responses



11b. If you answered "Yes" above, and/or if you are potentially interested in becoming actively involved in the development of our community health plan, please consider providing your contact information. Your information can either be provided below or by emailing shoshona@healthyacdia.org. (NOTE: All written responses - excluding contact data - will be made available electronically by request. Highlights were shared at Theme Team meetings.)

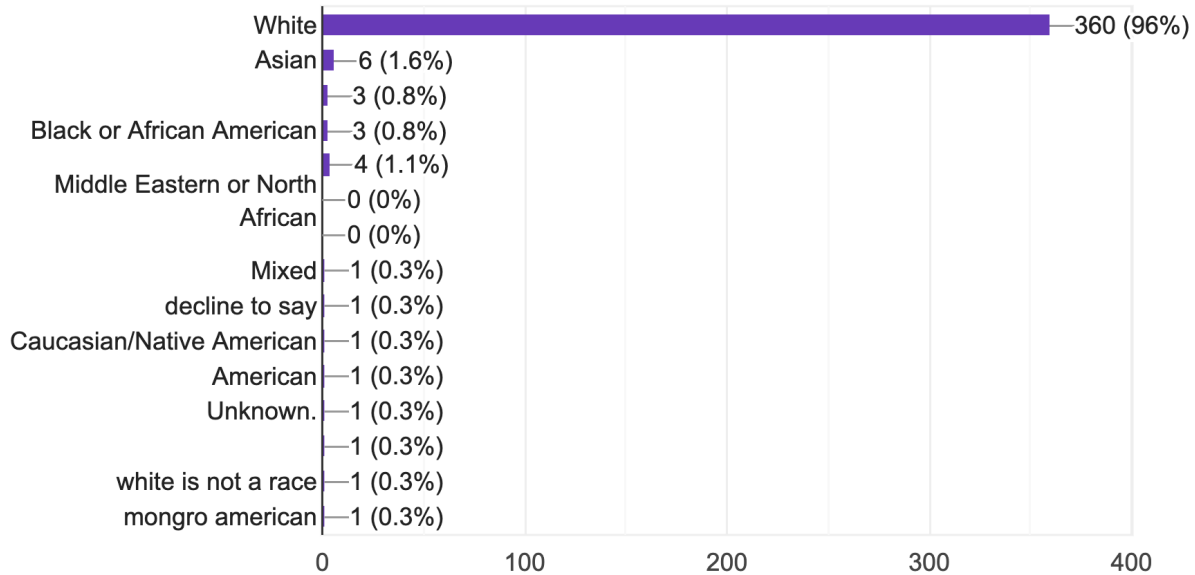
14. Age:

394 responses



15. Race/Ethnicity:

375 responses



16. How do you pay for health care?

390 responses

