

Progress Report to Our Community

Addressing Community Health Needs

Fiscal Year 2017



2019



2018



2017



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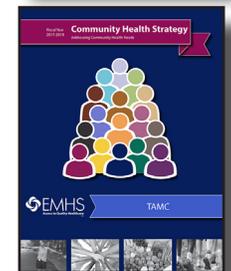
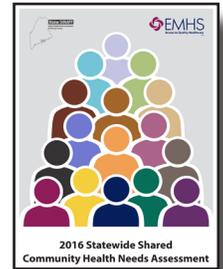
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Progress Report to Our Community



Gregory T. LaFrancois, CPA, MHA, FACHE
President, TAMC



Making our communities healthier - It may sound like a simple goal, but doing it right, involves hard work, commitment, and collaboration. Many factors can influence the health of people in our communities including income, poverty, employment, education, and household environment.

In 2016, EMHS partnered with three other large healthcare systems and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services, to create a Community Health Needs Assessment. We used that assessment and public input to develop a three-year strategy to improve the health and well-being of the communities that we serve.

The following is a progress report for our community health improvement plan for fiscal year 2017. As a member organization of EMHS, we at TAMC have our own unique set of priorities that we are addressing including:

- Decrease prevalence of sedentary lifestyles in youth through family engagement
- Decrease number of adults age 20-65 with cardiovascular disease risk factors
- Improve health status of adults over 65 with 3 or more chronic conditions
- Improve access to mental health/substance abuse services and early intervention

We are also working together with other EMHS members throughout the state to prevent and treat opioid addiction and to improve access to healthy food for patients, families and communities.

The information contained in the following pages demonstrates our commitment to our communities and show the steps we have taken to reach our benchmarks. Thank you for taking the time to review these materials. We appreciate and value your partnership in this endeavor. Together we are achieving success and supporting vibrant and healthy communities across the regions where we work and serve.

Sincerely,

Gregory T. LaFrancois, CPA, MHA, FACHE

President, TAMC



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

Rationale:

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

Intended action to address the need:

Intended action to address the need:

Community Health Action Steps

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

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

Programs and resource allocation:

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

Collaborations may include:

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

Population of focus:

Youth, Families, and General Population

FY 2017 Progress Report Priority 1: Decrease prevalence of sedentary lifestyles in youth through family engagement - Fit and Fun series	
Objective	Fit and Fun Series - Increase the number of Aroostook Pediatric patients reporting at least 60 minutes per day of physical activity on five of the last seven days.
Status	In Progress
Approaches taken and resources used	In fiscal year 2017 (FY17), Fit and Fun provided free/low cost physical activity events for families to experience who may not otherwise be able to afford these endeavors. Activities were offered in a variety of locations throughout the TAMC service area in order to reach different populations throughout the year. Venues included low income housing complexes, the Aroostook Band of Micmacs reservation, schools, and local festivals and community events. Offerings included snowshoeing, hiking, skating, swimming, obstacle courses and more. TAMC paid most of the costs associated with these events to keep them low or no cost to participants. In addition to events put on by TAMC, the hospital partnered with numerous local organizations and event organizers, including the City of Presque Isle and the recreation department, to provide physical activities (such as inflatables, music, and hula hoops) that might not otherwise be offered at certain events, such as community movie nights and Rocking on Riverside, giving youth the opportunity to get moving. TAMC hosted larger scale, stand-alone events such as the Youth Triathlon and Colors of Courage 5K/Kids Fun Run, while partnering with other community physical activities such as Color PI, the Aroostook River Fun run and more. TAMC also sponsored local ski schools at Bigrock Mountain, Quoggy Jo and Nordic Heritage Sports Center, as well as family fun days at Aroostook State Park and Quoggy Jo.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • The Aroostook Band of Micmacs • Local Schools (MSAD #1- Presque Isle and Mapleton, Washburn schools, MSAD #42- Mars Hill and Easton) • University of Maine at Presque Isle • City of Presque Isle • Quoggy Jo, Bigrock, and the Nordic Heritage Center • Presque Isle Housing Authority <ul style="list-style-type: none"> • The most impactful partnership was our relationship with the Presque Isle Housing. TAMC was able to coordinate many events at the PIHA throughout the summer including Fitness Fridays, physical activities to their movie nights
Highlights	Hundreds of children participated in events throughout the year. Many of the children became repeat participants at a number of different Fit and Fun events. Through Fit and Fun, TAMC established itself in the community as reputable source to engage with and offer physical activities as a supplemental option at a variety of community events and continues to be invited to participate in these efforts. The low/no cost model with a focus on less competition for these events was well respected and appreciated in the

FY 2017 Progress Report Priority 1: Decrease prevalence of sedentary lifestyles in youth through family engagement - Fit and Fun series <i>continued</i>	
Highlights	community. Family involvement was another highlight to Fit and Fun; though children were the primary focus, families often engaged in these activities with their children which certainly enhanced the desired efforts of the program.
Outcome Measure	Not available. It was difficult capturing the participation rates of children. The goal of 2018 will be to better capture how many children are participating.
Project lead	Jamie Guerrette, Community Health Specialist
Next Steps	In fiscal year 2018 (FY18), plans for this priority include better tracking of events that have kids moving. TAMC will continue to provide free/low cost physical activity events for children throughout the year. TAMC values our partnerships and will continue to work with others to enhance established events. TAMC will continue to educate the community on the need for physical fitness in their families while providing exposure to new events.

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

Rationale:

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

Intended action to address the need:

Community Health Action Steps

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

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

Programs and resource allocation:

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

Collaborations may include:

1. WorkHealth, LLC
2. Area employers

Population of focus:

1. Low-socioeconomic population
2. Working age adults

FY 2017 Progress Report Priority 2: Decrease number of adults age 20-65 with cardiovascular disease risk factors - Patient Smoking	
Objective	Patient smoking reduction - Decrease the number of TAMC primary care patients smoking using education and available resources by October 2017.
Status	In Progress
Approaches taken and resources used	In FY17, TAMC worked collaboratively with Aroostook County Action Program (ACAP) to identify educational materials needed to assist patients interested in quitting smoking. TAMC connected with The Quit Link, the Maine community of online support to quit smoking, to provide telephone support as needed when patients want to quit. Educational materials on smoking cessation needs were made available at discharge and throughout the hospital on television messaging monitors as well as paper copies.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • Aroostook County Action Program
Highlights	TAMC was awarded Gold Status from the Breathe Easy Coalition of the Maine Tobacco Free Hospital Network for their tobacco efforts in FY17. This award was presented to TAMC from ACAP who continues to provide a great valuable assistance and guidance.
Outcome Measure	Not available. TAMC struggled to identify a metric for this priority as a way to measure the success of patients that asked for smoking cessation materials.
Project lead	Members of the TAMC Total Health Team, lead by Linda Menard.
Next Steps	In FY18, TAMC plans to continue working on this priority. TAMC's goal will be to decrease the number of TAMC primary care patients who smoke through the provision of education and available resources through the Maine Tobacco Helpline.

FY 2017 Progress Report Priority 2: Decrease number of adults age 20-65 with cardiovascular disease risk factors - Staff Smoking	
Objective	Staff smoking reduction - Decrease the number of TAMC staff smoking using education and available resources by 4% by October 2017.
Status	In Progress
Approaches taken and resources used	In FY17, TAMC provided employees with a variety of resources to quit smoking. Information was placed on all the television messaging monitors throughout the hospital and at our North Street offices. Paper copies of the messages were also provided at a number of employee locations. At employee orientations, smoking cessation materials were provided to all as a general resource. Though TAMC did not offer smoking cessation classes on campus it directed employees interested in quitting to the Tobacco Hotline.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • Aroostook County Action Program
Highlights	TAMC received the Gold Star hospital rating from the Breathe Easy Coalition of the Maine Tobacco Free Hospital Network based on their excellence in addressing tobacco use and smoke exposure by implementing best practices. TAMC presented smoking cessation materials on television messaging monitors throughout the hospital as well as providing paper copies to those interested in quitting.
Outcome Measure	Not available. TAMC struggled to identify a metric for this priority as a way to measure the success of patients that asked for smoking cessation materials.
Project lead	Member of Total Health Team
Next Steps	In FY18, TAMC plans to continue working on this priority. TAMC's goal will be to decrease the number of TAMC staff who smoke through the provision of education and available resources through the Maine Tobacco Helpline.

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

Rationale:

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

Intended action to address the need:

Community Health Action Steps

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

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

Programs and resource allocation:

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

Collaborations may include:

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

Population of focus:

Adults over 65 with multiple chronic diseases

FY 2017 Progress Report Priority 3: Improve health status of adults over 65 with 3 or more chronic conditions - Chronic Disease Management Education	
Objective	Chronic Disease Mgmt Education - Increase the number of patients receiving Chronic Disease Management Education (Stanford Model).
Status	In Progress
Approaches taken and resources used	In FY17, two staff members from TAMC staff received training in the Stanford Model of Chronic Disease Management that enabled them to create an educational program opportunity for patients with chronic diseases, identified by referral and admissions. The six week class was supported by our communications department who supplied the materials needed for the class. Through outreach efforts, the first class was offered in August and engaged 12 participants. Participants shared positive feedback on the program and subsequently shared what they learned in the class with others, hence broadening the knowledge base around the topic of chronic disease management. TAMC also provided a series of lunch and learns on topics relevant to health of our community's senior population.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • TAMC preventive care and inpatient care coordination staff • TAMC volunteer coordinator • Aroostook Area Agency On Aging (assisted with programming and marketing) • City of Presque Isle • Spectrum (assisted with marketing)
Highlights	The recent partnership with AAAA broadened the exposure of the program to seniors who may be interested in attending the program's future offerings.
Outcome Measure	Two instructors certified in the Stanford Model's Chronic Disease Management Education. One class offered and completed with 12 attendees.
Project lead	Karen Enman, Lead Inpatient Care Coordinator
Next Steps	In FY18, TAMC plans to continue offering the Stanford Model's Chronic Disease Management Education class to patients who were referred as well as community members interested (through external marketing efforts) in the program. TAMC will continue to offer their Healthy Aging lunch and learn series that seeks to educate seniors in the community on a variety of health related/chronic disease topics.

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

Rationale:

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

Intended action to address the need:

Community Health Action Steps

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

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

Programs and resource allocation:

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

Collaborations may include:

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

Population of focus:

Individuals with behavioral health needs

FY 2017 Progress Report Priority 4: Improve access to mental health/substance abuse services and early intervention - Opioid Harm Reduction	
Objective	Opioid Harm Reduction - Reduce patients prescribed opioid meds over 100 MMEs (Morphine Milligram Equivalents)
Status	Completed
Approaches taken and resources used	In FY17, TAMC prescribing providers worked on obtaining their three CMEs (continuing medical education) as required by law. Through the provision of educational opportunities related to prescribing practices based on regulatory changes, and reminders related to compliance, providers were tasked to receive the necessary training and education to meet the requirement of the law.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • Clinical informatics • Maine Hospital Association (for educational opportunities)
Highlights	Providers tapered patients doses as appropriate.
Outcome Measure	All providers were sent communications related to education opportunities
Project lead	Dr. David Weed, Medical Director of Population Health and Quality Dottie Wheeler, Director of Primary Care and Population Health (now retired)
Next Steps	In FY18, TAMC will shift focus on this priority to patient/community education related to opioid harm reduction.

Priority: Opioid Harm Reduction - Patient Education

Rationale:

The opioid epidemic is a significant public health threat impacting all Maine communities. Primary prevention efforts such as patient education on medication safety, pain management alternatives to opioids, and safe disposal of unused medications are proven strategies to reduce opioid misuse.

Intended action to address the need:

Meet with Aroostook District Liaison to determine if this can be implemented in policy/included in contract
Meet with TAMC IS regarding measurement of outcomes in centrality
Print materials and provide to PCP offices

Programs and resource allocation:

Staff time
Educational materials – Caring for ME, Choosing Wisely handout

Planned collaborations:

None noted

Population of focus:

Patient population in primary care with a patient controlled substance contract

FY 2017 Progress Report	
Systemwide Priority: Opioid Harm Reduction - Patient Education	
Objective	By 9/30/2017, increase the number of TAMC primary care providers providing patient education materials surrounding opiate prescription drug safety to patients with a substance abuse contract.
Status	In Progress
Approaches taken and resources used	In FY17, TAMC successfully implemented the following for this priority: <ol style="list-style-type: none"> 1. Choosing Wisely handouts were provided at all primary care offices with the exception of Aroostook Pediatrics. 2. The Choosing Wisely handout was made available in our electronic medical records (Centricity) to enable provider's access to these materials. 3. Although not originally identified as a goal, a number of public events were held that gave a forum for our providers to participate in panels regarding opiate education, most notably the TAMC Women's Health Conference. In addition, our providers were featured in news outlets discussing law changes and education around opiates.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • EMHS Grants office (to determine any opportunities to tap into grant funds) • Aroostook County Action Program (collaboration on Moving Forward campaign) • Law enforcement and Aroostook Mental Health Center to assist in panel presentation efforts
Highlights	The adoption of the Choosing Wisely handout in TAMC's electronic medical record represents a built in opportunity for use for specialists and inpatient providers throughout the system. The rack card for Choosing Wisely patient information was a good system effort and the TAMC Women's Health Conference panel gave an excellent template for future opportunities. TAMC became a "go to" for WAGM news as experts on the topic and this gave us a large forum for education.
Outcome Measure	All primary care offices at TAMC with the exception of pediatrics 17 providers offering patient education materials
Project lead	Laura Turner, Community Liaison
Next Steps	In FY18, TAMC will work with a number of provider sites to increase the provision of patient education materials surrounding prescription drug safety to patients in need. TAMC plans to develop and offer community forums focused on opioid abuse in order to educate our community and patient population as well as continuing the use of the Choosing Wisely rack cards in our provider offices.

Priority: Healthy Food Access - Food Insecurity Screen and Intervene

Rationale:

According to the USDA, Maine ranks fourth in the nation and first in New England for very low food insecurity. Lack of access to nutritious foods greatly increases a number of health risks such as those associated with chronic disease and developmental issues among youth. Screening patients for food insecurity and connecting them with reliable food assistance resources can remove a barrier to good health, improving health outcomes for children, families and older adults who are at greatest risk.

Intended action to address the need:

- Meet with primary care leadership to approve additional sites
- Meet with PCP group to discuss the program
- Talk with IS regarding Centricity adoption at new sites and reporting functions (TAMC responsible for data collection July 1)
- Education of MAs on screening
- Begin screening

Programs and resource allocation:

Staff time; Centricity adoption and training

Planned collaborations:

ACAP

Population of focus:

Food insecure patients

FY 2017 Progress Report	
Systemwide Priority: Healthy Food Access - Food Insecurity Screen and Intervene	
Objective	Increase the number of patients screened for food insecurity from 3406 of patients screened 5/1/16 to 1/1/17 by number of patients receiving a physical
Status	Completed
Approaches taken and resources used	In FY17, TAMC worked collaboratively with the Aroostook County Action Program (ACAP) to identify a process for screening patients, through the implementation of a two question food insecurity screening process that enabled providers the ability to know which patients may need additional resources for themselves or their family. Initially piloted in Aroostook Pediatrics, positive screens were provided with a packet of information and connected to ACAP who helped these patients link to local resources in the community. Additionally, TAMC worked to secure the Good Shepard Food Bank grant that gave us access to food bags for positively screened patients at our pilot Family Practice Internal Medicine Practice. Due to the success of this program and the need in our community, TAMC choose to implement this screening process into all of our primary care sites including Medicare well visits.
Partners engaged	TAMC partnered with the following entities on this priority: <ul style="list-style-type: none"> • ACAP played a critical role in this initiative by: • Good Shepard Food Bank • United Way of Aroostook • Presque Isle Housing project • Town of Fort Fairfield
Highlights	TAMC continues to work closely with ACAP through this program and the increased interaction with ACAP has led to better outcomes for patients, including significant long term outcomes. We were successful in securing the Good Shepard Food Bank grant that will give us access to food bags for positively screened patients at our pilot Family Practice Internal Medicine Practice. As the Partnerships to Improve Community Health (PICH) grant project ended, we are now recording our own statistics. We had a successful Summer Gap Feeding program which provided 3000 meals over 28 days in cooperation with the United Way of Aroostook and many local businesses that fed children for three weeks who would not have had access to lunch. We are thrilled that despite the end of the PICH grant our efforts with ACAP are continuing and self sufficient. This marks a real milestone in the program.
Outcome Measure	11,764, number of patients screened for food insecurity
Project lead	Laura Turner, Community Liaison and Jamie Guerrette, Community Health Specialist
Next Steps	In FY18, TAMC looks to increase the number of screenings for food insecurity. The implementation of the Good Shepard Food Bank food bag pilot will continue and we plan to increase compliance with the food insecurity screenings at primary care sites.

Conclusion

TAMC continues work on identified priorities through the Community Health Strategy and is thankful for the participation and support of our community members and many area organizations for contributing their knowledge of local community health needs related to our priorities of action. Through existing and future partnerships, collaborative efforts are essential in addressing the identified community health strategies prioritized within.

TAMC will engage in another Shared Community Health Needs Assessment in 2019 and looks forward to ongoing community participation in these important efforts.

