Progress report on Community Health Needs Assessment Implementation Strategy

fiscal year

2019 2020 2021

(October 1, 2020 – September 30, 2021)

LincolnHealth
CHNA Implementation Plan 2019-2021

LincolnHealth

The following report outlines progress on the LincolnHealth Implementation Strategy on key health priorities identified in the 2018 Maine Shared Community Health Needs Assessment.

The vision of the Maine Shared Community Health Needs Assessment is to help to turn data into action so that Maine will become the healthiest state in the United States. Its mission is a dynamic public/private partnership that creates Shared Community Health Needs Assessment Reports, engages and activates communities and supports data-driven health improvements for Maine people. To access the MaineHealth 2019 Community Needs Assessment reports, visit: https://www.mainehealth.org/Healthy-Communities/Community-Health-Needs-Assessment.

A member of the MaineHealth system, LincolnHealth has a set of health priorities including:

- Mental health and Adverse Childhood Experiences (ACEs)
- Substance use
- Healthy Aging
- Healthy Eating Active Living (HEAL) and Obesity Prevention

About LincolnHealth

With campuses in the coastal communities of Boothbay Harbor and Damariscotta, Maine, LincolnHealth is a full-service healthcare system with more than 1,000 full and part-time employees. LincolnHealth is the largest employer in Lincoln County.

LincolnHealth – Miles Campus

In the Damariscotta area, the LincolnHealth – Miles Campus includes a 25-bed community hospital; Lincoln Medical Partners, a multi-specialty physician practice; Cove’s Edge, a skilled rehabilitation and long-term care facility; and Chase Point, an assisted living facility which includes Riverside, a residence for people living with Alzheimer’s and related dementia. The Miles campus is also home to Schooner Cove, an independent retirement community.

LincolnHealth – St. Andrews Campus

In Boothbay Harbor, the LincolnHealth – St. Andrews Campus provides Urgent Care, a Wound Care Center and outpatient hospital services. Also located on the campus is the Lincoln Medical Partners Family Care Center and the Coulombe Center for Health Improvement. St. Andrews Village provides independent living, skilled rehabilitation, assisted living, Safe Havens Memory Care, and long-term nursing care.

The MaineHealth System

MaineHealth is a not-for-profit integrated health system consisting of nine local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,700 employed and independent physicians working together through an Accountable Care Organization. With more than 22,000 employees, MaineHealth is the largest health system in northern New England and provides preventive care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire.

In keeping with the health system’s vision and mission, MaineHealth organizations work together to offer a wide range of community programs focused on disease management, prevention and population health, free of charge, and no one is ever denied care because of inability to pay. In 2020, the MaineHealth system provided over $662 million in community health programs or services without reimbursement or other compensation.
Please highlight progress made from **October 1, 2020 - September 30, 2021** for strategies and actions taken to address the priority areas your organization selected as part of the 2018 Community Health Needs Assessment (CHNA) process. The strategies that your organization recorded in the 3-year Implementation Strategy section of your CHNA report are listed below. In addition, you are encouraged to include progress made for any additional strategies you implemented.

**MaineHealth Member Organization:**  LincolnHealth

**Date:**  October 1, 2020- September 30, 2021

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<thead>
<tr>
<th>2019 CHNA Priority Selected</th>
<th>2019 Implementation Strategy / Planned Actions to Address Priority of Focus</th>
<th>If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners</th>
<th>If NO - Provide a reason why no action was taken</th>
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| **ACES/Mental Health**     | Expand capacity to provide mental health services to patients. (access to care) | • Based on ACEs screening, patients may be connected to behavioral health services, which are on-site at the primary care practices.  
• Having the integrated behavioral health services has increased access and use of services for those needing them, including patients receiving MAT.  
• Recruitment continues for a child psychiatrist so that mental health services can be expanded for children.  
• LCSW placed in three area High Schools, Boothbay Region High School 3 days a week (also served Boothbay Elementary), 2 days a week Lincoln Academy and Medomak Valley High School 5 days a week.  
  o The newest School Based Health Center had an increase of 109 visits from the previous year (almost 50% increase). Another School Based Health Center had 71 additional visits (15% increase), and the third school saw a 30% decrease, which may be attributed to periods of time students were not on-site at school but at home doing remote learning. | Action Implemented? ☒ Yes ☐ No  
Continuing in FY22? ☒ Yes ☐ No |
| **Integrate screening on ACEs and Food Insecurity in primary care practices resulting in connection to healthy foods. (social determinants of health)** | • All primary care practices have implemented ACEs screening by using the MH ACEs Toolkit. The practices have partnered with Good Shepard Food Bank for emergency food bags.  
• LH Community Health team developed and implemented a “Help Yourself Shelf” initiative within 3 LincolnHealth provider practice locations, to ease the barriers of food accessibility for community members experiencing food insecurity. Shelves are stocked weekly with nonperishable healthy foods and are available to anyone, anytime the location is open.  
• In conjunction with the nonperishable shelves, we increased the quantity and availability of fresh local produce that is available across 3 LincolnHealth provider practice locations, by partnering with Healthy Lincoln County and their gleaners program. Produce is now available throughout most of the year. | Action Implemented? ☒ Yes ☐ No  
Continuing in FY22? ☒ Yes ☐ No |
| **Build community capacity including schools to address ACES/trauma.** | • Expanded access in schools to address related mental health needs. (see details in "expanded capacity" strategy). However, this strategy was not fully implemented due to COVID. | Action Implemented? ☒ Yes ☐ No  
Continuing in FY22? ☒ Yes ☐ No |
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| Healthy Eating Active Living (HEAL) / Obesity Prevention | Meet annual Let’s Go! 5210 implementation targets  
Action Implemented? ☒ Yes ☐ No  
Continuing in FY22? ☒ Yes ☐ No | • Partnered with 56 sites in Lincoln County:  
○ 10 Early Childhood Education  
○ 15 Schools  
○ 2 Out of School Programs  
○ 16 School Nutrition Cafeterias  
○ 13 Healthy Care Practices  
• Partnered with district wellness teams to support implementation and updating of school wellness policies across the districts.  
○ 87% of sites limit unhealthy choices for snacks and celebrations, limit or eliminate sugary drinks, prohibit the use of food as a reward, and limit recreational screen time.  
○ 93% of sites provide opportunities for physical activity daily (outside of recess for schools)  
○ 100% of school cafeterias use local meats, produce, or products in school meals. | |
| Screen, and refer patients to the Diabetes Prevention Program | | • Referrals were made to the program held by the CLC YMCA; however due to COVID, the program was temporarily suspended. Patients were added to a waitlist for when program resumes. | |
| Older Adult Health/ Healthy Aging | Increase physical activity and falls prevention through Matter of Balance (MOB) Training.  
Action Implemented? ☐ Yes ☒ No  
Continuing in FY22? ☒ Yes ☐ No | • Suspended due to COVID and re-deployment of Matter of Balance trained staff. | |
| | Increase access to care for adults with dementia, and resources and support to their caregivers. (access to care)  
Action Implemented? ☒ Yes ☐ No  
Continuing in FY21? ☒ Yes ☐ No | • Working with local partners to increase access to care. | |
| | Increase # of patients with Advance Directives or Advance Care Planning  
Action Implemented? ☐ Yes ☒ No  
Continuing in FY22? ☒ Yes ☐ No | • Patients were asked if they had an Advance Directive registration but promotion and education was suspended due to COVID. | |
| Substance Use Disorder | Offer SUD Prevention Education and Awareness  
Action Implemented? ☒ Yes ☐ No  
Continuing in FY21? ☒ Yes ☐ No | • Met program goals for Maine Prevention Services, continuation based on new funding | |
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<td>Substance Use Disorder</td>
<td>Decrease youth initiation of tobacco</td>
<td>• Strategies were implemented following the Tobacco Prevention Services work plan including education programs but with vaping and electronic cigarettes, there was a rise in youth tobacco rates this past year.</td>
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<td>Action Implemented? ☒ Yes ☐ No</td>
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<td>Continuing in FY22? ☒ Yes ☐ No</td>
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<td>Increase access to non-medical resources for patients receiving MAT services through the support of the Patient Navigator and/or Peer Recovery Coach. (access to care; social determinants of health)</td>
<td>• A Patient Navigator is available to patients to coordinate access to appointments and community resources. The impact was creating a centralized point of contact for non-medical and medical care for patients with SUD.</td>
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<td>Action Implemented? ☒ Yes ☐ No</td>
<td>• The Patient Navigator manages a central phone number that has made it easier for people with SUD and their affected others to have a point of contact in seeking assistance.</td>
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<td>Continuing in FY22? ☒ Yes ☐ No</td>
<td>• Peer Support partner available to all MAT patients and ED patients to offer support guidance and resources.</td>
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<td>Increase the screening of pregnant women for SUD to identify and coordinate any needed perinatal SUD care improving access to quality perinatal care.</td>
<td>• MaineHealth Goal 90% of all pregnant women will be screened for SUD using 4Ps screening tool: LincolnHealth currently at or above 90% target.</td>
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<td>Action Implemented? ☒ Yes ☐ No</td>
<td>• LMP Women’s Center will treat pregnant women with OUD as well as provide OB/GYN care.</td>
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<td>Continuing in FY22? ☒ Yes ☐ No</td>
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