



COMMUNITY
BENEFIT REPORT 2017



Message from President and CEO, M. Michelle Hood

Many of us who live here in Maine choose to do so for its quality of place. We are blessed to live in a beautiful state with vast forestlands, rugged coastlines, and abundant lakes, rivers, and streams. The people of Maine are honest, hardworking, and independent. We are a relatively small state in terms of population; we know our neighbors, and we look out for each other.

At EMHS, our more than 12,000 employees are looking out for our families, friends, and our neighbors in the communities where we work and live. We strive to ensure everyone, regardless of their ability to pay, receives access to the care they need—when they need it.

To that end, EMHS member organizations provide a host of services to Maine people at either free or reduced levels of reimbursement. In fiscal year 2017 alone, the community benefit provided by EMHS totaled \$217,314,360. This community benefit reflects the commitment of EMHS members to our nonprofit mission which includes a focus on the clinical, social, and environmental factors that influence our ability to lead healthier lives.

Within the pages of this 2017 Community Benefit report, you will learn how EMHS works on behalf of the communities we serve. Through community outreach like our Raising Readers program, food insecurity intervention efforts, and substance use prevention, we are making tremendous strides in creating vibrant and healthy communities.

In addition to addressing immediate health needs, EMHS seeks to understand and address long-term concerns. We partner with community, health delivery, and public health agencies to create a shared [Community Health Needs Assessment](#). Using that assessment, we collaborate with others to address some of our most pressing public health needs. You can find details in our [EMHS Community Health Strategy](#) reports.

We live in a state that affords us many opportunities to stay active, enjoy fresh locally grown foods, and live healthier lives. Our goal is to use our resources to help the people we serve take advantage of all our great state has to offer. We thank you for your continued support of this mission.

Sincerely,



M. Michelle Hood, FACHE
EMHS President and CEO



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About EMHS

EMHS (Eastern Maine Healthcare Systems) is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, comprising nine hospitals, one of which is a free-standing acute psychiatric hospital, eight integrated primary care networks, specialty physician practices, long-term care and home health agencies, and ground and air emergency transport services.

2017 Community Benefit

What is Community Benefit?

EMHS hospitals provide a wide range of free or reduced-cost programs and services to those who are sick, injured, or disabled. In addition, a vital role of EMHS member organizations is to assess community needs and improve population health through prevention efforts.

Community benefits are provided via a broad range of community health improvement efforts. They are programs, services, and investments designed to improve the health of our communities and increase access to healthcare in response to identified community health needs. These benefits are designed to:

- Improve access to healthcare services
- Enhance the health of the community
- Advance medical or healthcare knowledge
- Relieve or reduce the burden of government or other community efforts

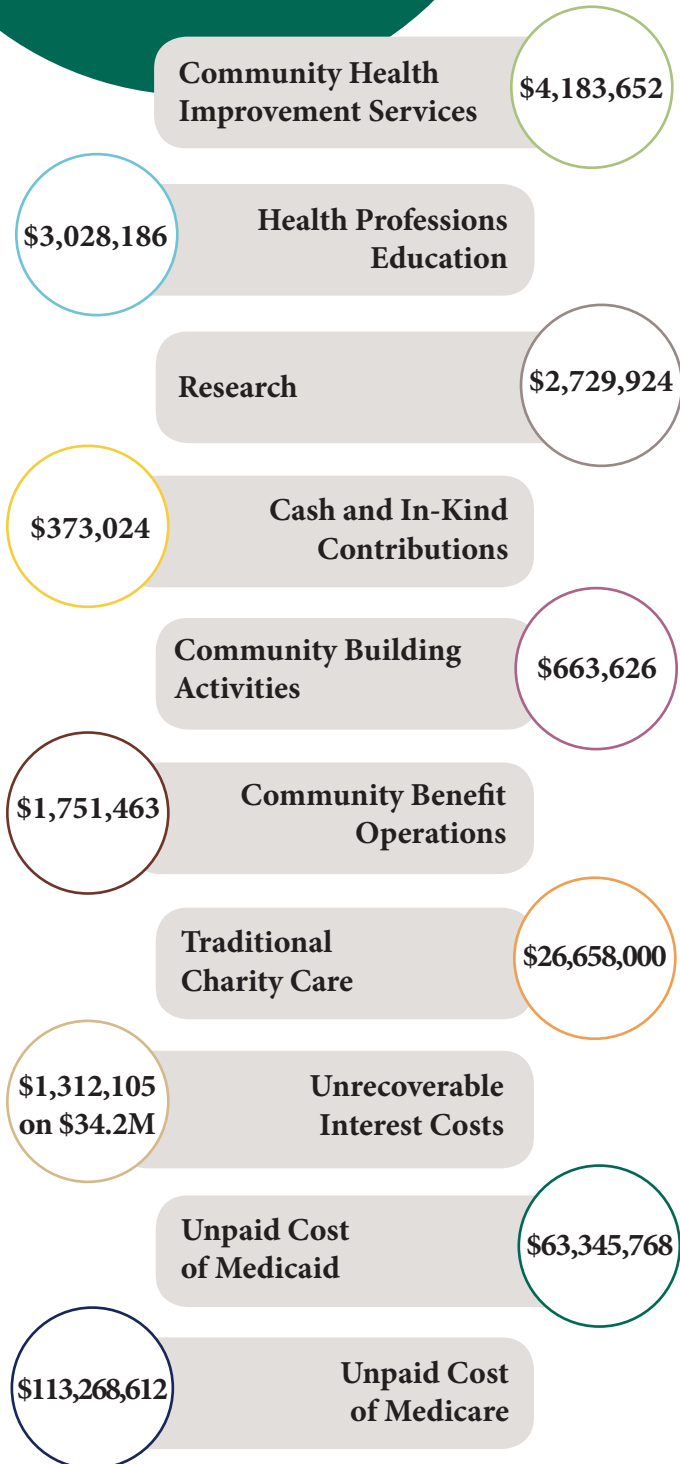
Community benefit activities are integral to the mission of EMHS and are the basis of tax exemption. While often unnoticed, EMHS contributions improve population health and promote wellness for all who live, play, learn, and work in our communities. This Community Benefit Report highlights the EMHS commitment to community improvement by quantifying the value of programs, services, and charitable care provided.

Reportable Benefits:

As supported by national models, such as those developed by the Catholic Health Association and the Internal Revenue Service guidelines, the following categories represent the benefits EMHS provided to the community in 2017:

- Traditional Charity Care
- Unrecoverable Interest Costs
- Unpaid Cost of Medicaid
- Unpaid Cost of Medicare
- Community Health Improvement Services
- Health Professions Education
- Research
- Cash and In-Kind Contributions
- Community Building Activities
- Community Benefit Operations

**System Community
Benefit Total
\$217,314,360**



Definitions for Reportable Benefits

Traditional Charity Care \$26,658,000

EMHS is committed to treating all patients who need our care regardless of their health insurance or financial status. Traditional charity care is the amount of free or discounted health services provided to persons who cannot afford to pay for services and meet EMHS' criteria for financial assistance. To promote the health and well-being of the communities served, uninsured or underinsured individuals with limited financial resources, who do not qualify for various entitlement programs, are eligible to receive free or discounted healthcare through our organization.

EMHS' financial assistance policy provides two levels of support:

- 100 percent free care to patients for medically necessary services if their family income is 150 percent or less of the Federal Poverty Level
- Gross family income between 151 percent and 250 percent of the federal poverty level may qualify for a discount of the patient's responsibility of either 50 percent or the EMHS hospital's amounts generally billed percentage, whichever is greater.

EMHS ensures the public is aware of our financial policy through onsite financial counselors, policy availability, and visibility, specifically at patient intake areas, and on our organization's website <http://emhs.org/billing-help.aspx>. Financial counselors also help patients find other sources of health coverage for which they may be eligible. In 2017, EMHS provided \$26,658,000 in traditional charity care.

Unrecoverable Interest Cost \$1,312,105 on \$34.2 million

Unrecoverable interests costs are the unpaid cost (shortfall) of public programs for low-income families and individuals, and vulnerable persons. The Unrecoverable Interest Costs are on funds used to subsidize underpayments for cost of care provided to individuals on state Medicaid receiving services through EMHS. In 2017, EMHS subsidized \$1,312,105 of Medicaid underpayments on \$34.2 million for unrecoverable interest costs.



Unpaid Cost of Medicaid: \$63,345,768

Unpaid Cost of Medicare: \$113,268,612

EMHS members, who provide care to patients with insurance coverage through Medicaid and Medicare, are often not reimbursed fully by government for the cost to provide care. In 2017, EMHS was underfunded \$176,614,380 by these insurance programs.

Community Health Improvement Services: \$4,183,652

These activities are intended to improve the health of the community outside the traditional walls of our EMHS facilities and services. Community health improvement services respond to documented health needs in our communities and include the following:

- **Community health education** efforts are provided to the community in the form of presentations, lectures, programs, and activities on wellness initiatives such as nutrition improvement, physical activity, and substance abuse, provided to schools, community groups, support groups, and others.
- **Community-based clinical services** such as screenings (blood pressure, health-risk appraisals, cholesterol, immunization clinics, skin cancer, etc.) provided in the community.
- **Healthcare support services** focused on increasing access and quality of healthcare services, especially to those living in poverty and other vulnerable populations through such activities as community support referral services, transportation options, and assistance in public program enrollment.
- **Social and environmental improvement activities** by addressing the social, economic, and physical environment such as improving availability of healthy food options, violence prevention, and economic development activities.

In 2017, EMHS provided \$4,183,652 in community health improvement services.

Health Professions Education: \$3,028,186

Training and education of our EMHS physicians, interns and residents, medical students, nurses and nursing students, and other health professionals is vital to providing the highest standard of care to our community members. In 2017, EMHS provided \$3,028,186 in health professions education.

Research: \$2,729,924

Research to support the development of medical advances for our patients through the adoption of new techniques and treatment protocols has long been considered an investment in the health of our community members. From a community benefit perspective, such research includes clinical and community health research as well as studies on healthcare delivery that can be generalized and shared with the public for the purpose of improving healthcare. In 2017, EMHS provided \$2,729,924 in research.

Cash and In-Kind Contributions: \$373,024

To address certain identified needs of our community, our member organizations recognize that partnering with other organizations may be the best way to address community needs and improvement efforts. Through the donation of restricted funds and in-kind contributions to these organizations, we are working in partnership to advance the health of the communities we serve. In 2017, EMHS provided \$373,024 in cash and in-kind contributions.

Community Building Activities: \$663,626

These activities address the root causes of health problems, often related to poverty, homelessness, and environmental hazards. EMHS is proud to be part of a number of community boards and committees such as those focused on regional economic development, housing opportunities, and early care and education. In 2017, EMHS provided \$663,626 in community building activities.

Community Benefit Operations: \$1,751,463

Accounting for community benefit takes a team approach. EMHS regularly conducts research to assess community health needs and plans appropriate intervention strategies. By implementing and evaluating community benefit activities, we ensure our collective efforts are meaningful, effective, and accountable to those we serve. In 2017, EMHS provided \$1,751,463 in community benefit operations.

References:

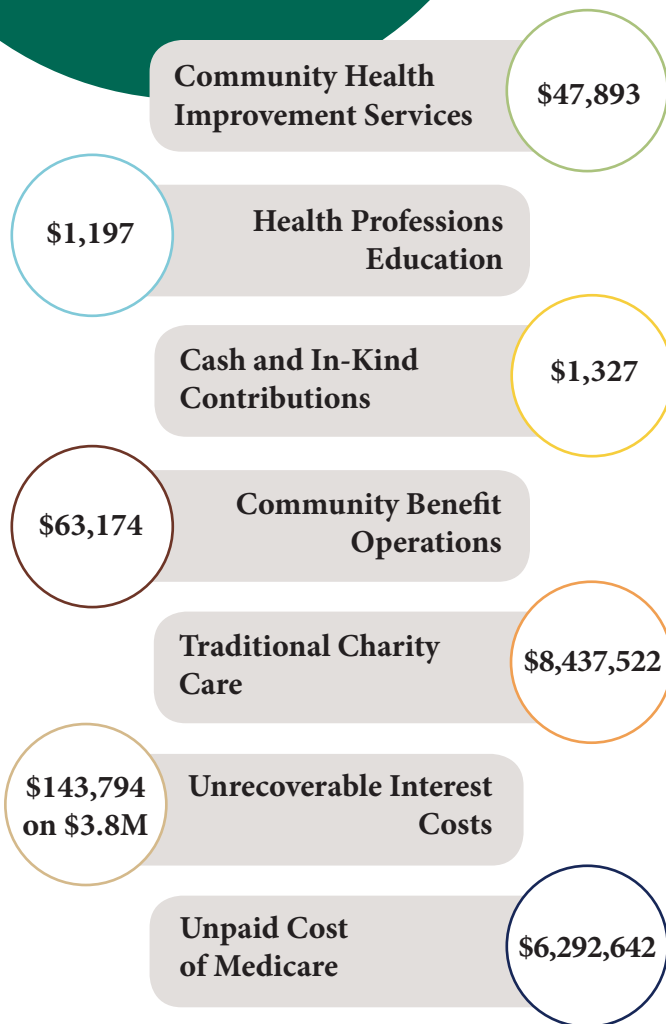
Catholic Health Association of the United States; A Guide for Planning and Reporting Community Benefit: Categories and Definitions, 2015. Available from <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>. Accessed March, 2018.

Department of the Treasury, Internal Revenue Service; 2016 Instructions for Schedule H (Form 990)

The following pages describe community benefit activity specific to each EMHS member organization for fiscal year 2017.



Total \$14,987,549



Looking ahead in 2018,

Acadia Hospital is working to address drug and alcohol abuse, mental health, and access to behavioral care/mental healthcare as priority areas of focus.

Priority #1: Drug and Alcohol Abuse

Rationale:

The anticipated result of this action is to increase the number of providers qualified to offer Suboxone therapy to individuals living with opioid dependence in Penobscot County. This expanded access will enable more people to obtain the appropriate and most effective level of treatment for their condition.

Priority #2: Mental Health, and Access to Behavioral Care/ Mental Healthcare

Rationale:

This priority was identified in the EMHS Community Health Needs Assessment. The anticipated impact of this action is to increase/enhance access to mental and behavioral healthcare as Maine is a rural state with many underserved areas. It will also provide more comprehensive services to a specific subset of the population, which will result in fewer emergency room visits.



Acadia Hospital has a strong tradition of outreach and education on youth wellness issues, from our award-winning short dramatic film, *The Road Back*, and more than 15 years of sponsoring Challenge Days at Maine high schools. Acadia Hospital does an extensive amount of public engagements in communities and schools because we believe that our youth deserve to have the tools necessary for them to grow and succeed; and if they are struggling with mental health issues, we know the sooner they receive professional treatment, the better their long-term results will be.



View Acadia Hospital's full Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$1,654,402



Looking ahead in 2018, Blue Hill Memorial Hospital is working to address obesity (physical activity and nutrition), drug and alcohol abuse, and transportation as priority areas of focus.

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

To increase the screening in our care delivery model of the overweight and obese population and provide the opportunity for education in the clinical setting and collaboration with community resources for weight loss and physical activity in an effort to improve the health condition of this population in our community.

Priority #2: Drug and Alcohol Abuse

Rationale:

To develop a consistent screening and referral process for both outpatient clinics and the emergency department, including counseling resources in an effort to improve the identification of those in need and increase referrals to the appropriate support services.

Priority #3: Transportation

Rationale:

Transportation is a major barrier for many in our community and has a negative consequence on their health. We hope to identify those patients specifically in need and connect them with transportation resources to improve health outcomes for residents.



Blue Hill Memorial Hospital (BMMH) now screens all primary care patients for food insecurity using questions built into our electronic health record (EHR). Anyone who is identified as food insecure is set up with a resource guide and a three day supply of food provided by Eastern Area Agency on Aging. BMMH also provides the electricity to power a temperature-controlled food storage unit inside a truck trailer housed on our hospital campus. It is filled with donated food from the Healthy Acadia gleaning project and the Healthy Peninsula Magic Food Bus program. Our Castine primary care site also started a garden behind its clinic this summer and gives away fresh produce to anyone in need. BMMH hosts a free community meal once per month at the “Simmering Pot” held at the Blue Hill Congregational Church.

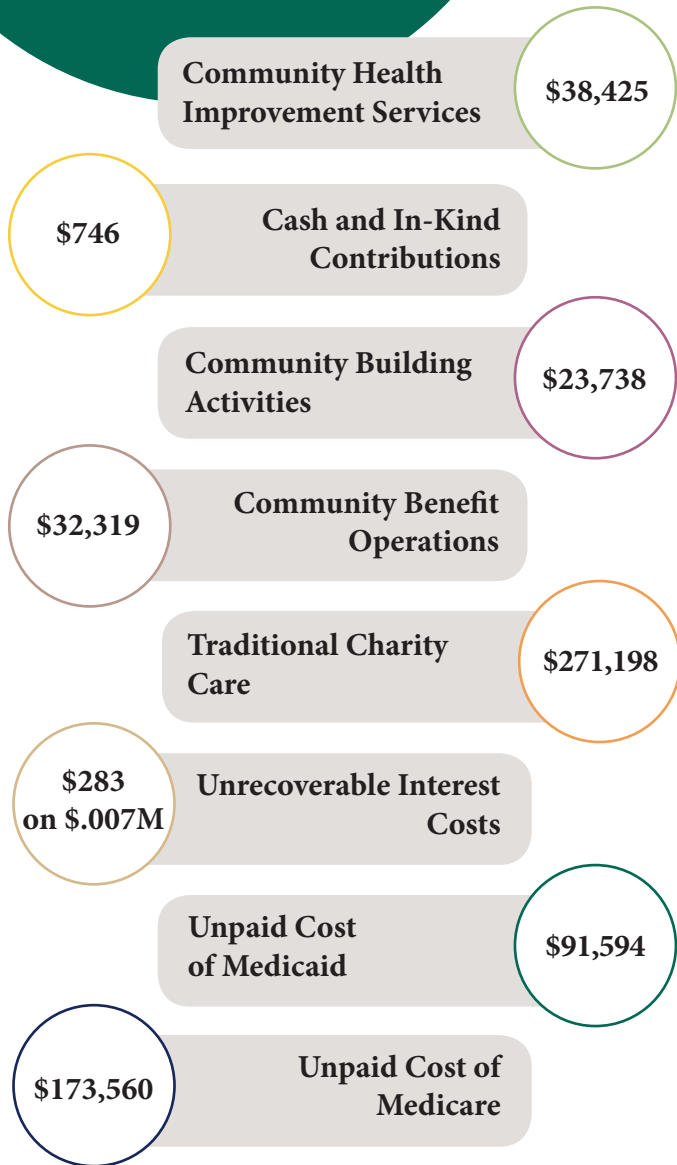


View Blue Hill Memorial Hospital’s full Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$631,863



Looking ahead in 2018,

Charles A. Dean Memorial Hospital is working to address obesity, drug and alcohol abuse, and depression as priority areas of focus.

Priority #1: Obesity

Rationale:

Through educational opportunities specific to healthy eating, we aim to decrease the number of individuals who suffer from negative health conditions related to poor eating habits, including obesity.

Priority #2: Drug and Alcohol Abuse

Rationale:

The anticipated result of this action is to increase the awareness of the negative effects of substance abuse in our youth population to mitigate a potential cycle of misuse.

Priority #3: Depression

Rationale:

Through improved screenings, we anticipate improving referral mechanisms to various counselors and community partners specializing in mental health to provide continued services to those identified as in need.



At Charles A. Dean Memorial Hospital (CA Dean) in Greenville, our paramedics routinely visit the homes of patients in rural areas to check on their well-being. It's a program known as community paramedicine. CA Dean's service was one of a dozen approved by the Maine Legislature in 2012 as part of a pilot program to improve healthcare access in rural communities. Community paramedics are paramedics who have an expanded role to provide care at home to patients who may not qualify for traditional home healthcare visits. Some of the services provided free of charge include: Routine wellness checks, medication management assistance, wound care, blood and specimen collection, post-hospital discharge follow-up, home fall and safety assessments, and chronic disease management. Kevin Springer, one of our community paramedics (pictured), calls it fulfilling work that helps people stay out hospital emergency rooms.



View Charles A. Dean Memorial Hospital's full
Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$2,547,437

Reflects Home Office community benefit amounts only.



Community Health Improvement Services

\$2,053,365

\$95,490

Cash and In-Kind Contributions

Community Building Activities

\$151,733

\$246,849

Community Benefit Operations

Looking ahead in 2018,

EMHS is addressing opioid harm reduction and healthy food access as priority areas of focus for all member organizations to work on together to effect change across the state.

Priority #1: Opioid Harm Reduction

Objectives:

- Increase the number of EMHS providers receiving education on Maine’s opioid prescribing law
- Increase the number of qualified Medication Assisted Treatment (MAT) prescribers
- Increase the number of EMHS provider offices providing patient education materials surrounding prescription drug safety

Priority #2: Healthy Food Access

Objectives:

- Increase the number of screenings for food insecurity
- Increase the number of member organizations with improved availability of healthy foods through new or improved policies, environments, and systems



Did you know that by the time our children reach the age of three their brain development is 85 percent complete? Research shows that the sounds, sights, and interactions offered by reading nurture bright toddlers, strong students, and ultimately, literate and healthier adults. Studies show that adults who struggle with reading also struggle with managing their health.

This is why In 2000, EMHS partnered with MaineHealth and the Libra Foundation to create Raising Readers, a statewide program that supports the healthy brain development and early literacy skills of Maine's youngest children. This program is delivered in hospitals at birth and at well-child check-ups to age five. Early childhood literacy is an important contribution to public health.

Our Raising Readers partnership has created a statewide system where all Maine hospitals and primary care practices work together to provide books and guidance about reading to virtually every child in Maine!



View EMHS' members Community Health Strategies online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

Total \$105,846,883



Looking ahead in 2018,

Eastern Maine Medical Center is working to address substance use disorder, obesity, and health literacy as priority areas of focus.

Priority #1: Substance Use Disorder

Rationale:

Substance use disorder continues to be the most significant health issue in Penobscot County, and partners from throughout the community are engaged in a focused effort to decrease its impact.

Priority #2: Obesity

Rationale:

Obesity continues to be one of the most significant public health problems in our region.

Priority #3: Health Literacy

Rationale:

Health literacy is one of the greatest determinants of health status and plays a critical role in health outcomes.



Eastern Maine Medical Center is working hard to educate community members about the risks and alternatives to opioid pain medications. We are also part of a collaborative known as the Community Health Leadership Board. CHLB is a partnership of hospitals, healthcare providers and the city of Bangor that seeks to reduce stigma and increase understanding of substance use prevention, treatment, and recovery. Its mission is to be a catalyst for better health in the Bangor region—finding strength together to bring hopefulness, resiliency, and innovation to our region’s organizations, families, and individuals every day. Eastern Maine Medical Center is joined in this effort by Acadia Hospital, EMHS, Bangor Public Health, Community Health and Counseling, Penquis, St. Joseph’s Healthcare, and Penobscot Community Healthcare.



View Eastern Maine Medical Center’s full Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

Total \$10,449,013



Looking ahead in 2018,

Inland Hospital is working to address obesity (physical activity and nutrition), substance abuse, mental health and depression, and poverty as priority areas of focus.

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

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

Priority #2: Substance Abuse

Rationale:

Reduce opioid misuse and diversion.

Priority #3: Mental Health/Depression

Rationale:

Enhance access and patient care.

Priority #4: Poverty

Rationale:

Strengthen local economy and address social issues linked to poverty.

Community Health Improvement Services \$169,336

\$117,531 Health Professions Education

Cash and In-Kind Contributions \$106,902

\$5,000 Community Building Activities

Community Benefit Operations \$159,341

\$781,507 Traditional Charity Care

Unrecoverable Interest Costs \$190,944 on \$5.0M

\$3,664,330 Unpaid Cost of Medicaid

Unpaid Cost of Medicare \$5,254,122



Inland Hospital is proud to help families with young children stay active and healthy to combat childhood obesity. Over the past 30 years, the rate of children ages 6-11 who are overweight or obese has nearly tripled and for the first time in history, children born today are likely to live a shorter life than their parents.

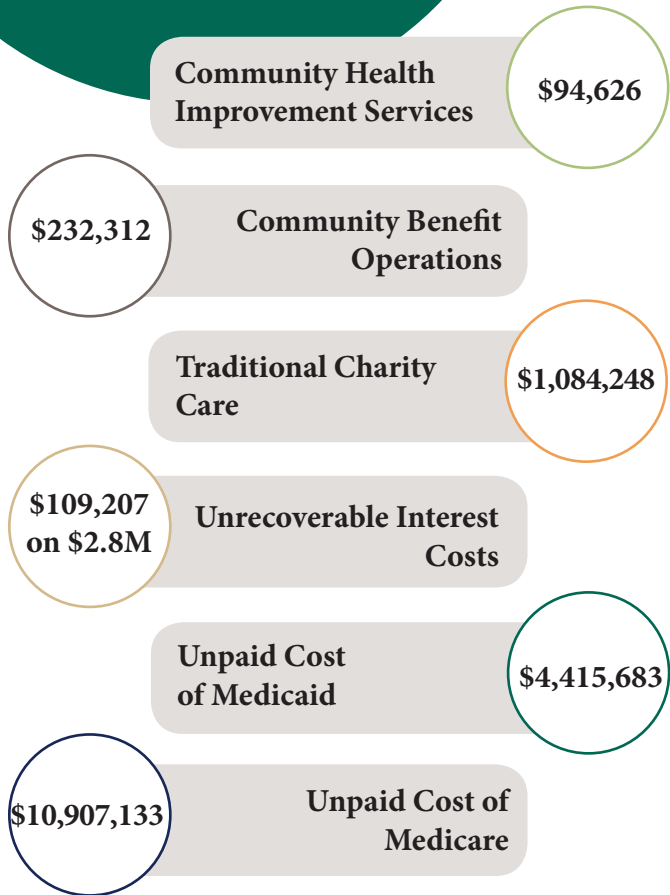
Through collaborative efforts, we are helping create healthier communities by providing services, resources, and programs—both within and beyond the walls of the hospital and medical practices. One of those successful programs is Inland Hospital's LET'S GO! Family Fun Series, a collaboration of Inland, Waterville Parks and Recreation, the Alford Youth Center, and many other local organizations. Each month, we feature a free, family-friendly LET'S GO! event that encourages families to be active together. Other partners with Inland in these healthy initiatives include Colby College, Thomas College, Friends of Quarry Road, Waterville Creates!, Healthy Northern Kennebec, and area schools.



View Inland Hospital's full Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$16,843,209



Looking ahead in 2018,

Maine Coast Memorial Hospital is working to address substance use disorder, physical activity, nutrition, obesity, mental health, and health literacy as priority areas of focus.

Priority #1: Substance Use Disorder

Rationale:

These combined efforts seek to reduce the number of people struggling with substance use disorder in our community.

Priority #2: Physical Activity, Nutrition, and Obesity

Rationale:

Reduce the rate of obesity in our service area and increase physical fitness in our patients and reduce incidence of health conditions resulting from obesity and inactivity.

Priority #3: Mental Health

Rationale:

The intent of these services and education is to remove stigma around the treatment of mental health, increase awareness of mental health needs, and provide care for patients who may otherwise go without treatment.

Priority #4: Health Literacy

Rationale:

All of these measures will ensure that patients not only understand their healthcare needs and conditions but why they are being prescribed specific treatments and medications, and how to use them to best improve their quality of life.



Primary care offices have become our front line in efforts to battle food insecurity. At Maine Coast Memorial Hospital, our primary care practices have set up “screen and intervene” initiatives. Under screen and intervene, the staff at primary care practices ask patients two questions at their regular checkups that evaluate if a person has run out of food or has struggled to purchase food in the last year. If the answer to either question is “yes,” then patients receive a resource guide about available programs. Thanks to a partnership with Good Shepherd Food Bank, the practices can also provide bags filled with a three-day food supply and a resource guide to hold people over until they can get to a local food pantry. Southwest Harbor Health Clinic, Coastal Health Center in Ellsworth, Ellsworth Family Practice, Maine Coast Pediatrics in Ellsworth, and Eleanor Widener Dixon Memorial Clinic in Gouldsboro participate in the program. We also partner with Healthy Acadia. Maine Coast Pediatrics is developing an onsite food cupboard, where staff and volunteers are bringing in food donations.



View Maine Coast Memorial Hospital’s full
Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$43,247,690



Looking ahead in 2018,

Mercy Hospital is working to address substance abuse treatment, affordable housing and homelessness, medical neighborhood, preventive screenings and immunizations, enrollment activities and coverage counseling, and health education as priority areas of focus.

Priority #1: Substance Abuse Treatment

Rationale:

The goal is to create a successful integrated and comprehensive substance abuse treatment model for the Greater Portland community.

Priority #2: Affordable Housing and Homelessness

Rationale:

McAuley Residence serves homeless women who are battling substance use disorder with or without their children. The majority of women are addicted to opiates with ten or more years of active use and significant trauma, including rape, sex trafficking, and domestic violence. The program provides housing, access to comprehensive care, and promotes healthy lifestyles and self-sufficiency.

Priority #3: Medical Neighborhood:

Affordable options for people who are uninsured or underinsured

Rationale:

The intent of this model is to provide access to care, leverage sustainable community assets, and promote rational utilization of all services.

Community Health Improvement Services

\$612,942

\$77,756

Health Professions Education

Cash and In-Kind Contributions

\$91,386

\$436,939

Community Building Activities

Community Benefit Operations

\$293,109

\$3,504,425

Traditional Charity Care

Unrecoverable Interest Costs

\$65,046 on \$1.7M

\$6,353,030

Unpaid Cost of Medicaid

Unpaid Cost of Medicare

\$31,813,057



Priority #4: Preventive Screenings and Immunizations

Rationale:

Preventive screenings and immunizations help identify hidden disease risks for improved health and provide protection against infection.

Priority #5: Enrollment Activities and Coverage Counseling

Rationale:

Raise awareness of affordable coverage options and promote its enrollment and financial counseling services to the community at large.

Priority #6: Health Education

Rationale:

Health education motivates patients to improve and maintain their health, prevent disease, and reduce risky behaviors.

Dr. Suzanne Hoekstra and her team from Mercy Hospital helped St. Francis Hospital of Kampala, Uganda launch a new cancer center through an International Cancer Center Exchange. Dr. Hoekstra (Breast Care Specialists of Maine) visited St. Francis Hospital through a grant from Rotary International and Partners for World Health. This particular hospital built a cancer center, and Dr. Hoekstra and her team provided guidance and education to help them develop protocols and excellence in patient care. The grant also allowed a team from the hospital in Uganda to visit Maine to see in person how Mercy cares for cancer patients. The team, which consisted of a surgeon, primary care physician, nursing director, three oncology nurses, and a lab director, were able to spend two days at Mercy in April. They shadowed many of the services that make up our cancer program, such as medical, surgical, radiation oncology, the Breast Center, the operating room, pathology, and the lab at State Street to name a few.

▶ View Mercy Hospital's full Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

Total \$1,834,250



Looking ahead in 2018, Seabasticook Valley Health is working to address hunger and food insecurity, substance abuse, and mental health as priority areas of focus.

Priority #1: Hunger/Food Insecurity
Rationale:

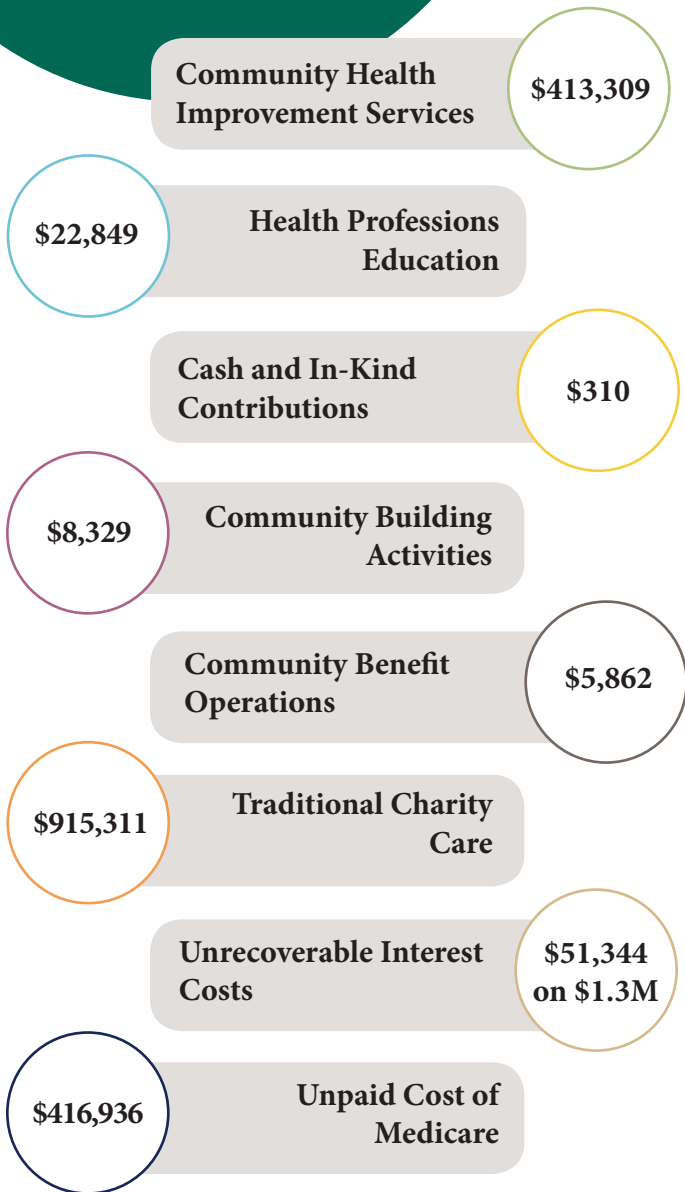
Increase access to and consumption of fruits and vegetables.

Priority #2: Substance Abuse
Rationale:

Reduce prescription drug abuse and misuse.

Priority #3: Mental Health
Rationale:

Increase community awareness, communication, and utilization of resources for local mental health services.





Sebasticook Valley Health (SVH) knows that fresh locally grown produce is the key to a healthy lifestyle. It is why SVH has helped area schools and food pantries establish 17 gardens. Those gardens serve a variety of purposes: They teach our children the value of a day's hard work as they learn the skills of cultivating a garden. They provide the needy in our community with fresh locally grown produce that they can find at area food pantries. And they bring our community together to provide for the common good. It's truly a collaborative effort that would not be possible without SVH's partners, including Kohl's Foundation, Vickery Elementary School, Warsaw Middle School, and area food pantries.

In all, our school gardens have produced more than 9,000 pounds of food and our program has reached more than 1500 students, families, and people in the area who are considered food insecure.



View Sebasticook Valley Health's full
Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$18,646,186



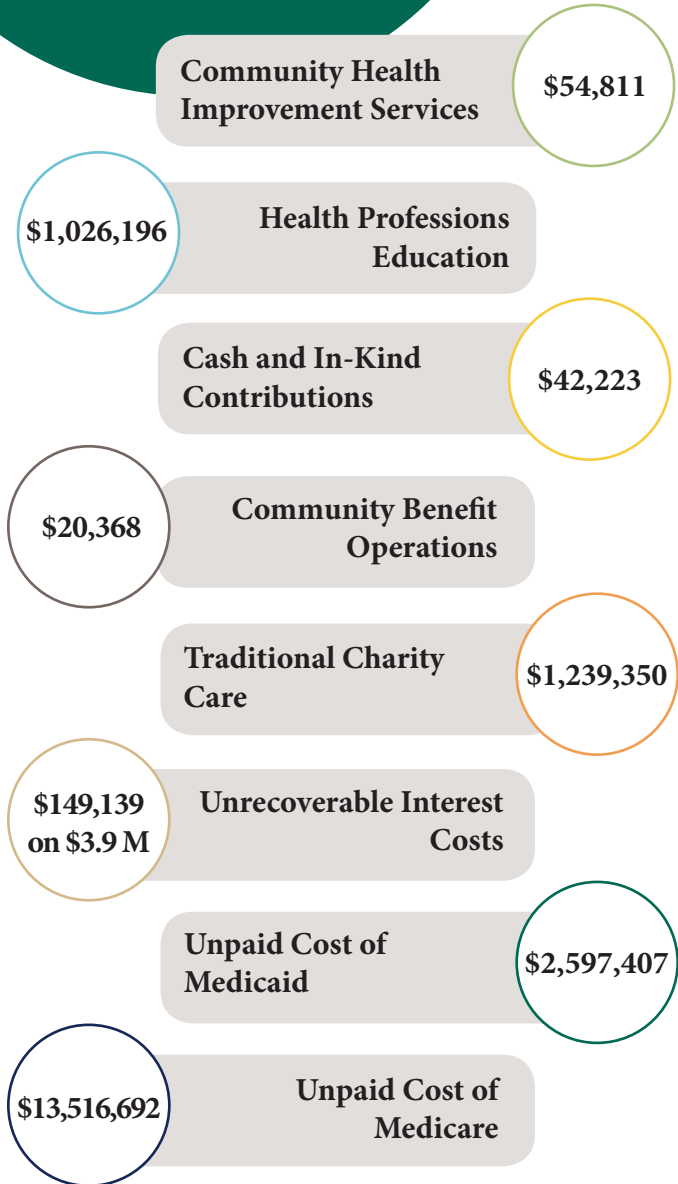
Looking ahead in 2018, TAMC is working to decrease prevalence of sedentary lifestyles in youth through family engagement, decrease number of adults ages 20-65 with cardiovascular disease risk factors, improve health status of adults over 65 with three or more chronic conditions, and improve access to mental health and substance abuse services along with early intervention as priority areas of focus.

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.

Priority #2: Decrease number of adults ages 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 average. Through collaboration and educational efforts, we will work to improve health outcomes related to cardiovascular disease.





Priority #3: Improve health status of adults over 65 with three 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 average. Through collaboration and educational efforts, we will work to improve the health status of adults over 65 with three or more chronic conditions.

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

Rationale:

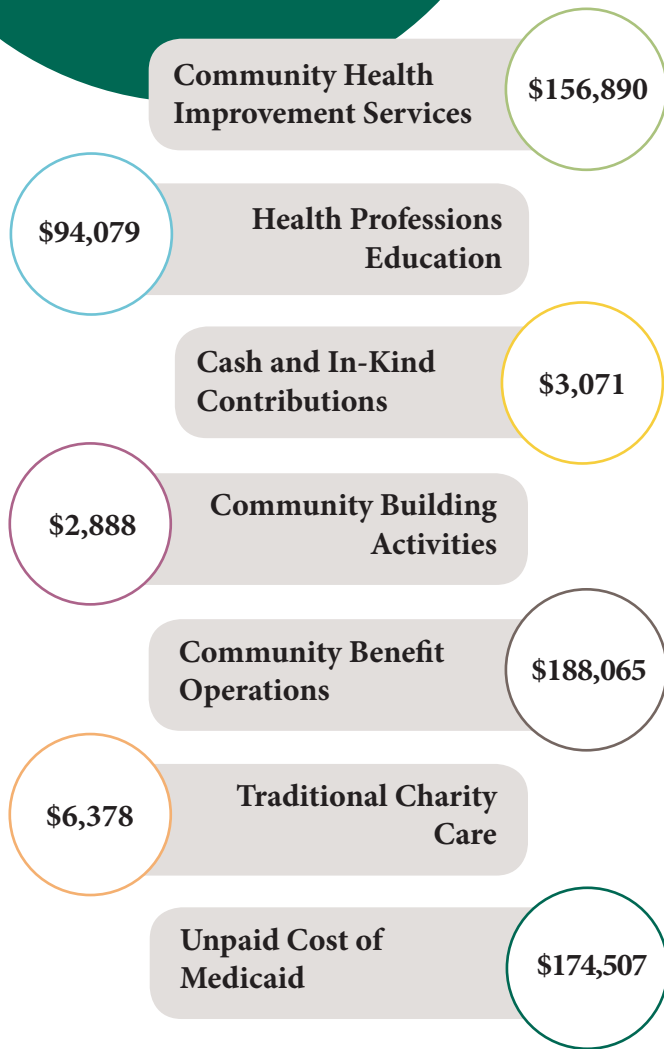
According to the Shared CHNA 2016, access to behavioral care/mental healthcare was prioritized by stakeholders as a significant health issue having a great influence on health in Aroostook County, resulting in poor health outcomes for residents. Through collaboration and educational efforts, we will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

On a trip to a Presque Isle public housing complex last summer, Sherry Locke of the United Way of Aroostook County, and Jamie Guerrette, community health specialist for TAMC, spotted a seven-year-old boy eating a cattail plant. After questioning the boy, they realized he was eating that plant because he was hungry. That's when they realized there was a critical gap in the summer lunch program due to the school districts unique schedule. To allow for a three-week break during the potato harvest, MSAD 1 high school students start school in August, but the younger students do not return until early September. Once the high school students are in school, however, MSAD 1 can no longer offer the federally funded summer lunch program to its elementary and junior high school students. That's why TAMC and the United Way partnered with the City of Presque Isle and the Presque Isle Housing Authority to create the Summer Gap Feeding Program. Together, we offered the program for the first time in August 2017, and provided healthy lunches to about 250 MSAD 1 students for four weeks.

 [View TAMC's full Community Health Strategy online](http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx)
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



Total \$625,878



Looking ahead in 2018,

VNA Home Health Hospice is working to address preventive care, senior health, tobacco use, in addition to obesity and diabetes as priority areas of focus.

Priority #1: Preventive Care

Rationale:

Providing school-based immunization provides easy equal access for all children, prevents the flu, prevents death from complications, and protects seniors who come in contact with children from possible flu exposure.

Priority #2: Senior Health

Rationale:

Seniors living in senior sites will have access to blood pressure screening clinics. The desired action will be to help identify those with heart disease early and assist in connecting them with needed resources in the community.

Priority #3: Tobacco Use

Rationale:

Many of the patients served by VNA Home Health Hospice struggle with nicotine addiction. Providing staff with the much-needed education and certification will be essential to help patients work through their addiction. The final desired outcome being that patients will have a lowered risk of disease and hospitalization which will result in a positive effect on their health.



Priority #4: Obesity/Diabetes

Rationale:

Targeted staff education will help to improve the quality of life for patients with obesity and diabetes. These trained staff members will work to develop evidenced based homecare practices and education. Reducing obesity rates will also decrease incidences of diabetes and affect quality outcomes such as hospitalizations and emergency department visits.

Influenza, or the flu virus, ranks in the top ten for causes of child mortality in the United States, according to data from the U.S. Centers for Disease Control. This is why VNA Home Health Hospice (VNAHHH) is a proud partner with the Maine CDC in its School-Located Vaccination Clinic Program, an extension of the Maine Health Improvement Plan. VNAHHH contracts with many school districts providing thousands of vaccinations to employees and children in preparation for flu season. Our program has been recognized nationally for our “best practices” approach and benefits the schools and communities we serve because protected children are absent less and do not infect their parents and grandparents. The program provides vaccines to about 8,000 children annually.



View VNA Home Health Hospice’s full Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>



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