Maine SHNAPP Community Engagement Phase
Summary Report of Forum & Event Input
Knox County
June 2016

This serves as a brief summary report of the input provided by community members attending the 1 community forum and 4 community events that took place between November 2015 and April 2016.

**Community Forums**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knox County Forum</td>
<td>1/12/2016</td>
<td>Rockland, ME</td>
</tr>
<tr>
<td>Total Attending Forums:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
</tr>
</tbody>
</table>

**Community Events**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. George Community Meeting</td>
<td>1/19/2016</td>
<td>St. George, ME</td>
</tr>
<tr>
<td>Nursing Leadership Meeting</td>
<td>1/21/2016</td>
<td>Pen Bay Medical Center, Rockport</td>
</tr>
<tr>
<td>Union Community Meeting</td>
<td>2/3/2016</td>
<td>Union, ME</td>
</tr>
<tr>
<td>All Department Leadership Meeting</td>
<td>4/8/2016</td>
<td>Pen Bay Medical Center, Rockport</td>
</tr>
<tr>
<td>Total Attending Events:</td>
<td></td>
<td>58</td>
</tr>
</tbody>
</table>

**Total Attending Forums & Events**

| Total Attending Forums & Events | 90         |

Attendance numbers may contain duplicates if one person attended more than one forum/event.
Community Sectors Represented During Forums and Events

<table>
<thead>
<tr>
<th>Representation from Different Community Sectors Attending 5 Forums/Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Underserved</td>
</tr>
<tr>
<td>Low Income</td>
</tr>
<tr>
<td>Minorities</td>
</tr>
<tr>
<td>Professional Member Orgs.</td>
</tr>
<tr>
<td>College/University</td>
</tr>
<tr>
<td>Business/Civic Leadership</td>
</tr>
<tr>
<td>Non-Profit Agencies</td>
</tr>
<tr>
<td>Community Health Coalition</td>
</tr>
<tr>
<td>Local/State Government</td>
</tr>
<tr>
<td>Healthcare Provider</td>
</tr>
<tr>
<td>Public Health</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Funding Agencies</td>
</tr>
</tbody>
</table>

“Medically underserved,” “low income,” and “racial/ethnic minorities” are sub-populations named specifically by the Department of Treasury/IRS regulations.

Other: Wellness provider, Faith community, Employment services

Type of Input Obtained During Forums and Events

<table>
<thead>
<tr>
<th>Number of Forums/Events During Which Specific Topics Were Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed Shared CHNA data</td>
</tr>
<tr>
<td>Identified health needs</td>
</tr>
<tr>
<td>Prioritized health needs</td>
</tr>
<tr>
<td>Identified assets and resources</td>
</tr>
<tr>
<td>Discussed perception of health...</td>
</tr>
<tr>
<td>Identified barriers</td>
</tr>
<tr>
<td>Solutions/Next steps</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

“Other” included: Who to include going forward
Community Forums
These forums, organized and co-led by Maine CDC District Liaisons and SHNAPP hospital community benefit representatives, typically consisted of a prepared Power Point presentation followed by breakout sessions on health topics. In general, breakout sessions obtained input about:

- Summary statements about the issue and/or its effect on the community
- Identification of local assets and resources to address the issue
- Identification of barriers to addressing the health issue or needs of the community before more adequately addressing the issue
- Ideas for next steps, how to solve the health issue, who to include, and what the community should look like in the future

Themes Identified During Knox County Forums

**Health Issue: Alcohol and Substance Abuse**

**Summary of assets to resources to address issue:** Hospital; behavioral health providers; schools; first responders; law enforcement; treatment providers. (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** These fell primarily into health factors (limited access to MAT, dental care, and mental health services, treatment for low income patients, things for youth to do, and transportation) and lack of services or resources (addiction resource center, more practitioners, sponsors for 12-step programs, school policies/integrated care in schools, drug court).

**Summary of next steps, solutions, future ideal:** Continue work on [a] improving collaboration among all community sectors and integration of services, [b] obtaining more data and incorporate some from other areas, [c] involving community members with lived experience, and [d] securing Medicaid expansion.

**Health Issue: Cancer**

**Summary of assets to resources to address issue:** Funding and grant proposals; prevention programs and screening; PenBay Medical Center (PBMC); media/awareness. (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** Health factors associated with this issue include transportation, lack of community knowledge (prevention, screening, treatment – inventory of resources), lack of funding, and health literacy. There is a need for increased education about prevention and cancer awareness in addition to resources such as a liaison between healthcare and the community and/or a community health navigator.

**Summary of next steps, solutions, future ideal:** Increase awareness about cancer risks and prevention in the community by sharing resources through local papers/media or holding events in the community (i.e. St. George Senior Lunch, Lobster Festival, Chambers of Commerce), pair screening events with other activities to make them as pleasant as possible, and pay attention to health literacy.

**Health Issue: Infectious Disease**

**Summary of assets to resources to address issue:** Support groups; infectious disease physicians; county extension; schools; town offices. (See list of specific programs in appendix on page 7-8.)
| **Summary of barriers or community needs (if reported):** Lack of knowledge in community; long time to get diagnosis/confusion over diagnosis. |
| **Summary of next steps, solutions, future ideal:** In addition to patient advocacy and utilizing infectious disease providers, participants noted the importance of education for next steps. Education includes understanding the data and applying it to diagnoses, training for medical providers, create/advertise more support groups, and community/school-based sessions (lunch and learns, classrooms, Local Health Officers, parks and recreation programs, athletic leagues). |
Community Events
These events were organized and carried out by community stakeholders (including Maine CDC District Liaisons, SHNAPP hospital employees, or others who sat on local SHNAPP Community Engagement Committees). Typically already formed groups agreed to hold a presentation about the Shared CHNA data and discuss their reactions based on the group leader’s questions. In general, input from events consisted of brief summary statements or questions about health issues and health factors affecting the geographic area.

Priority health issues identified during Knox County events:
- Cancer (4)
- Infectious Disease/Lyme Disease (4)
- Substance Abuse (4)

Priority health factors identified during Knox County events:
- Access issues (PCP shortage, phone systems for physicians offices too difficult to navigate, uninsured, concierge medicine)
- Local clinics
- Reporting from prisons
- Transportation
- Housing issues for older adults
- Food insecurity

Assets and resources identified during Knox County events:
- Cancer screening/community events
- Newspaper supplements/Free Press- spread the word about cancer awareness and screenings
- PenBay Medical Center (PMBC)
  - Cancer Care Committee
  - LiveStrong Program
  - Infectious Disease & Internal Medicine
  - Website as a resource to post information
  - Maine Breast & Cervical Cancer Screening Program
- Ride services (local groups help coordinate rides to get treatment) and Gagnon Fund
- Churches
- Universities: U-Rock, Hutchinson Center
- Healthcare and behavioral health providers
- People with substance use disorders and their families
- Schools
- Law enforcement and first responders
- Intensive outpatient programs
- Regional committee on youth substance abuse
- Peer counselors
- Support groups (AA, NA, Lyme Disease)
- Veterinarians
- Non-traditional medicine/alternative medicine
- Project on Lyme Disease-Carolyn Knight
• Midcoast School of Technology-Vicki teaches a class on Lyme Disease
• Town Halls (brochures, educational items)
• Fisherman’s Forum
• Maine Cancer Foundation
• Neighbor-to-Neighbor Program in St. George
• St. George Squad
• Acadia
• Sweetzer
• Eureka Counseling

Themes Identified During Knox County Events:
• Request for more recent data (youth, specific substance abuse data on all populations) and look more at data around elder use/misuse of substances and isolation.
• Cancer screening issues: Non-insured have to pay for screening; physicians will not order breast cancer examinations; many mammograms are self-referred and if a woman does not have a PCP, she cannot receive a mammogram; pair screenings with other educational events to make screening as pleasant an experience as possible.
• Increase local services and education associated with substance misuse. Start needle exchange (2), increase intensive outpatient program, improve standard of care for providers (prescribing practices, use PMP, pain management and alternatives to prescription opioids, medication drop-off locations, prescribing Narcan), bring awareness to loved ones and students in school, and use social media for education.
• Better coordination to address substance use disorder among healthcare and behavioral health providers, people with substance use disorders and their families, schools, law enforcement, intensive outpatient programs, transportation, regional committee on youth substance abuse, peer counselors, and support groups.
• There is a feeling that Lyme Disease is not taken seriously among providers and the community. It would be helpful for healthcare and community members to be better informed in preventing, recognizing, diagnosing, and treating Lyme Disease.
Appendix: Specific resources listed by priority area

**SUBSTANCE ABUSE**
- Hospital/PARC unit (detox)
- MBH/PARC Unit (note: MMC grant to help patients with mental health diagnosis maintain employment)
- Schools: awareness of problems, staff education, prevention for students
- First Responders
- St. George Squad
- Acadia
- Sweetser
- Eureka Counseling
- EMS -> Law enforcement -> PBMC
- Treatment availability Intensive outpatient programs
- Regional committee on youth substance abuse
- Peer counselors
- Support groups (AA, NA)

**CANCER**
- HMP Funding for screening/education
- Tobacco prevention
- Grant proposals
- Education – schools, childcare providers, YMCA, churches, employers to focus on wellness & share information
- Community Health & Wellness programs at PBMC
- Cancer Care Center and Dermatology Dept. at PBMC
- Newspapers/advertising of what is being offered
- Awareness of wellness
- Diet/nutrition and its impact on prevention/treatment of cancer
- Skin Assessment – Fisherman’s Forum
- Maine Cancer Foundation
- Maine Cervical & Breast Cancer Program (for women over the age of 40)
- Neighbor to Neighbor program in St. George
- Schools (to educate about dangers of tanning and need for sunscreen)
- Ride services – local groups help coordinate rides to get treatment
- Gagnon Fund – helps offset travel costs with gas cards
- Churches
- Universities: U-Rock, Hutchinson Center

**INFECTIOUS DISEASE**
- Knox County Lyme Support Group
- 2 infectious disease physicians at hospitals
- County extension offices
- Personal resources/network
• Education in schools
• Town hall (brochures, educational items)
• Pen Bay Medical Center website as a resource for dispersing information
• Project on Lyme Disease-Carolyn Knight
• Midcoast School of Technology-Vicki teaches a class on Lyme Disease

If you are interested in reviewing individual reporting forms represented in this summary, please contact communitybenefits@emhs.org