This serves as a brief summary report of the input provided by community members attending the 1 community forum and 10 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>Lincoln County Forum</td>
<td>3/9/2016</td>
<td>Wiscasset, ME</td>
</tr>
</tbody>
</table>

**Total Attending Forums:** 38

### Community Events

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boothbay Region Health Class I Focus Group</td>
<td>2/29/2016</td>
<td>Boothbay, ME</td>
</tr>
<tr>
<td>Boothbay Region Health Class II Focus Group</td>
<td>2/29/2016</td>
<td>Boothbay, ME</td>
</tr>
<tr>
<td>Head Start Parent Group</td>
<td>3/4/2016</td>
<td>Whitefield, ME</td>
</tr>
<tr>
<td>Lincoln Academy Health Class I Focus Group</td>
<td>3/7/2016</td>
<td>Newcastle, ME</td>
</tr>
<tr>
<td>Lincoln Academy Health Class II Focus Group</td>
<td>3/7/2016</td>
<td>Newcastle, ME</td>
</tr>
<tr>
<td>Lincoln Academy Health Class III Focus Group</td>
<td>3/7/2016</td>
<td>Newcastle, ME</td>
</tr>
<tr>
<td>Lincoln Academy Health Class IV Focus Group</td>
<td>3/7/2016</td>
<td>Newcastle, ME</td>
</tr>
<tr>
<td>Lincoln High School Interview I</td>
<td>3/14/2016</td>
<td>Lincoln County</td>
</tr>
<tr>
<td>Lincoln High School Interview II</td>
<td>3/14/2016</td>
<td>Lincoln County</td>
</tr>
<tr>
<td>Spectrum Generations Lunch &amp; Learn</td>
<td>4/13/2016</td>
<td>Jefferson, ME</td>
</tr>
</tbody>
</table>

**Total Attending Events:** 129

**Total Attending Forums & Events:** 167

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 11 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: Youth, LBGTQ youth, Education, Early childhood education, Elderly/Seniors

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: n/a
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 Lincoln County Forums

### Health Issue: Mental Health

**Summary of assets and resources to address issue:** Outpatient counseling in primary care; behavioral healthcare agencies; medication management among providers; psychiatrists; day support program; social worker, psychologist at schools. (See list of specific programs in appendix on page 6.)

**Summary of barriers or community needs (if reported):** In addition to health factors for people with mental health issues (housing, transportation, stigma, fragmented system) and the need for more (coordinated) services and education, there were many concerns expressed over the workforce needed to support people with mental illness. There is not affordable housing for workers and many seasonal jobs pay better, causing fluctuations in the quality of care as employees transition to better paying work in the summer and back to the lower paid mental health jobs in the fall. It has been challenging to recruit and retain professionals at all levels.

**Summary of next steps, solutions, future ideal:** Address stigma to improve a sense of belonging to the community; seek adequate insurance coverage for all while providing a continuum of care through optimized service deliver through integration of mental health services within medical homes; and grow the local mental health work force.

### Health Issue: Physical Activity & Obesity

**Summary of assets and resources to address issue:** Local sports opportunities (adult leagues, school sports); natural resources (recreation space, preserves, waterways); natural community leaders; farms; diabetes prevention program. (See list of specific programs in appendix on page 6.)

**Summary of barriers or community needs (if reported):** Multiple health factors including ease of getting processed foods, perception/reality of healthy food costs, preparation time and organization needed for healthy foods, lack of transportation, access to healthy choices, and perception of only a few active people around play a role in the current situation. Additionally there are not enough educational resources (prevention, engaging parents, changing habits, nutrition, updating providers on weight management) and schools have barriers (not following wellness policies, meals offered, not enough activity within day/week).

**Summary of next steps, solutions, future ideal:** Needed environmental changes include sidewalks/bike paths, positive role modeling and families doing activities together. Organizations and individuals...
collaborate and there is education for families and outdoor education within schools. Finally treatment includes lifestyle components instead of simply medications.

**Health Issue: Nutrition**

**Summary of assets and resources to address issue:** Generational knowledge; Students in schools; Local programs; Social services; Farms; Healthcare. (See list of specific programs in appendix on page 6.)

**Summary of barriers or community needs (if reported):** Time; Education; Funding.

**Summary of next steps, solutions, future ideal:** Generate targeted funding for CSAs and schools; ensure coordination among farmers, people, funding, gardens for low income households; address access issues to eliminate food insecurity, use locally sourced foods, and provide universal breakfast in schools.

**Health Issue: Lyme Disease**

**Summary of assets and resources to address issue:** Midcoast Lyme Disease Support & Education (resources and education); Land trust; Data; Lyme Conference; Local access cable. (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** Culture (issue not taken seriously); lack of scientific information; Physician education lacking; Access to information; Understaffing in the region at Maine CDC.

**Summary of next steps, solutions, future ideal:** Ensure communication among professional networks (Lincoln Home, land trust, town offices/staff, local access cable channel); provide education about Lyme Disease (risks, protective steps to public, screening guidelines and disease presentation among providers); improve data collection and sharing; and support access to transportation services.

**Health Issue: Substance Abuse**

**Summary of assets and resources to address issue:** Local coalitions and programs. (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** Transportation; General lack of resources; No treatment beds available; Stigma associated with addiction; Lack of family therapists- family therapists are needed to address addiction issues- it is a family illness; Lack of meaningful work for people who have battled addiction; Poverty; Access – to treatment, to programs, to therapy; Incarceration versus treatment.

**Summary of next steps, solutions, future ideal:** Destigmatize addiction and decrease multigenerational substance abuse; coordinate services (include restorative justice programs, engage teens); ensure more education/communication about prevention and early recognition of substance use disorders; and provide adequate treatment programs/options, intervention programs, and mentoring for youth.
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 Lincoln County events:
- Obesity/Nutrition (8)
- Physical Activity (7)
- Mental Health (6)
- Substance Abuse (5)
- Lyme Disease (4)

Priority health factors identified during Lincoln County events:
- Transportation (4)

Assets and resources identified during Lincoln County events:
- Local gyms (5)
- AA/NA (5)
- Doctors/Hospitals (5)
- Schools/School counselors (5)
- Addiction Resource Center (3)
- Farms/Farmers (3)
- Food pantries (2)

Themes Identified During Lincoln County Events:
- Unhealthy foods at food pantries (2)
- Need better quality grocery stores and less expensive “health” food (4)
- Many issues have to do with transportation and cost of services such as gyms (7)
  - “...transportation is an issue in Lincoln County, kids feeling that they can’t ask for help, location is difficult for those living in towns further from Rt. 1 (Bremen, Whitefield were brought up).”
- Lack of Lyme Disease specialists in the area (4)
- “...concern there wasn’t enough parent involvement in activities/events going on, they made mention that it’s the same individuals at all the meetings...a lot of the top priorities (substance use, physical activity, nutrition and obesity specifically) could be avoided if the education was supported and started at home – “How do we educate parents better?”
- “…a surplus of bars which are "places where addiction is expected" and ...lack of addiction prevention centers/programs” (4)
- “There is a need for social workers in high school...someone with mental health problems and learning disabilities can feel isolated because of the way others treat them... not enough focus on mental health in health classes...students need to learn coping skills and how to tell somebody you need help.” (2)
Appendix: Specific resources listed by priority area

MENTAL HEALTH

- Outpatient counseling in primary care/embedded social worker
- Maine Behavioral Health Crisis Services
- Medication management with family practitioners, pediatricians
- Psychiatry through Lincoln Health
- Mobius: 140 people we have 3 psychiatrists (1 in Lincoln County) specific to our population
- W.I.S.E Program (Wellness Independence in a Supportive Environment) in Boothbay: Day support program for adults with long term mental and behavioral health issues (paid by MaineCare) is currently underutilized
- Access to onsite social worker and psychologist for schools
- School (Wiscasset) hosts outside agencies for services
- Crisis Services Medical Management with family practice and pediatrics
- Opportunities to build connections and relationships with current support such as volunteer network in Boothbay and faith-based community in Damariscotta

PHYSICAL ACTIVITY & OBESITY

- Lincoln Health & YMCA partnership for diabetes prevention program
- Wellness policies in schools
- Brunswick as a model for walking/physical active community
- Having educated community – asking individuals, “Do you need to walk?”
- Gardens and farm education – work with them to educate youth
- Focus on Agriculture in Rural Maine Schools (FARMS)/ Local farms
- Natural resources (recreational space, preserves, waterways, HVNC, etc.)
- Models - towns that participate in weight loss challenges (town or county wide)
  - “Pied Piper” example – an individual in the community who is a natural leader who walks everywhere and invites others to join whenever/wherever
  - “Walking with the Doc”
- Adults sports league (pick-up games, recreational fun leagues) – Can be done in school gymnasiums? YMCA? Have them be peer led, not “expert” led which increases participation
- School recreation can potentially limit OR enhance physical activity
- Gyms

NUTRITION

- Access to students in school
- Students/youth trained to become a resource
- After school programs
- YMCA
- Hospital dietary programs
- Focus on Agriculture in Rural Maine Schools (FARMS)/ Local farms
- SNAP-Ed
- Spectrum Generations
- Physicians
- Generational knowledge
- Food pantries
LYME DISEASE
- Midcoast Lyme Disease Support & Education (Prevention)
- Doctors offices
- Town offices (share print resources)
- Non-profits (share print resources)
- Land Trust – have information at the kiosks
- Find champions in the towns to make awareness/education happen
- State will be releasing data soon that will be town-level data so that each community will have a stake in getting the information out
- Lyme Conference, 4/30/16 at the Wiscasset Community Center 8:00 to 5:00
- Working on education around tick prevention at events, having their coordinators trained to be able to give the best safety information before going out on the trails
- Spotlight on Seniors – Steven Raymond, from Lincoln Home, he may be able to get messaging out via his program

SUBSTANCE ABUSE
- Resources for kids:
  - Healthy Lincoln County
  - Student Intervention Re-intervention Training (SIRP)
  - Schools/School counselors
- Resources for adults/parents
  - Drug Free Communities (DFC) program
- AA/NA
- Addiction Resource Center

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