# Table of Contents

Letter from the president and board chair ...........................................3  
Introduction ..................................................................................4  
   About Northern Light Health .................................................4  
   About Northern Light CA Dean Hospital .........................4  
   Definition of community served ........................................5  

Addressing Community Health Needs ...........................................6  
   Shared Community Health Needs ......................................6  
   Community Health Strategy ..........................................7  
   Process and methods for priority selection .......................7  
   Evaluation efforts ..........................................................8  
   Feedback opportunity ....................................................8  
   Approval from governing board ....................................8  

Selected Priorities of Focus .........................................................8  
   Priority: Mental Health ..................................................8  
   Priority: Social Determinants of Health .......................9  
   Priority: Substance Use .................................................10  

Health Priorities Not Addressed ..................................................11  

Conclusion ..............................................................................11  

Appendix ..................................................................................12  
   Evaluation of Impact ....................................................12  
   Progress Report FY20 ..................................................13  
   Progress Report FY21 ..................................................17  
   Progress Report FY22 ..................................................21
Letter from the President and Board Chair

We believe in providing Mainers with what they truly deserve—the absolute best in healthcare. This means actively engaging in our communities and working with partners to reduce external barriers that may prevent our neighbors from living their healthiest life.

Every three years, through the Maine Shared Community Health Needs Assessment (CHNA), Northern Light Health collaborates with Central Maine Healthcare, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention to work with local organizations to engage communities to help identify priority health needs through a statewide assessment of community health needs. The data collected informs our community health improvement strategy for the next three years, resulting in this Community Health Strategy report—our road map towards building healthier, thriving communities. Within, you will find our identified data-driven areas of priority, rationale for each selected area, and intended actions to address the need.

We hope that you will take a moment to review the content within and please reach out with any questions or ideas you may have at communitybenefits@northernlight.org. We believe Maine will become one of the healthiest states in the nation, but that starts with collaboration and a shared conviction that we can make a difference. By addressing priority areas of need, breaking down barriers, and promoting health equity for all Maine people, we are well on our way towards a brighter future.

Linda Gilbert
Chair, Board of Directors
Northern Light CA Dean Hospital

Marie Vienneau, BSN, MHA, FACHE
President, Northern Light CA Dean Hospital
Senior Vice President, Northern Light Health
Introduction

Northern Light Health and our more than 12,000 employees care deeply about our neighbors and communities. Our member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Northern Light CA Dean Hospital is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Northern Light CA Dean Hospital creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About Northern Light Health

At Northern Light Health, we’re building a better approach to healthcare because we believe people deserve access to care that works for them. As an integrated health delivery system serving Maine, we’re raising the bar with no-nonsense solutions that are leading the way to a healthier future for our state. Our more than 12,000 team members are committed to making healthcare work for you: our patients, communities, and employees.

We provide care to people from Portland to Presque Isle and from Blue Hill to Greenville. We are comprised of ten member hospitals and 585 long-term beds, a single physician-led medical group, eight nursing homes, six emergency transport members, and 41 primary care locations.

About Northern Light CA Dean Hospital

Northern Light CA Dean Hospital is a 25-bed critical access hospital nestled near the shores of Moosehead Lake in Greenville, Maine.

Opened in 1911 to meet the healthcare needs of the local community, tourists, and lumbermen, Northern Light CA Dean Hospital remains an important resource for both the year-round and seasonal residents we serve. Our Health Centers in Sangerville, Greenville, and Monson also ensure quality healthcare is close by.
Definition of Community Served

Located in Greenville, Maine, Northern Light CA Dean Hospital has a service area comprised of both primary and secondary service areas, together referred to as the total service area. Total service areas (TSAs) are developed by the Northern Light Health Planning department based on neighboring zip codes from which a majority of a hospital’s inpatient admissions originate. TSAs can sometimes overlap due to hospital locations or because of the specialty services provided by the hospitals.
Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2022, Maine’s four largest healthcare systems – Northern Light Health, Central Maine Healthcare, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community perspective on a broad set of health issues in Maine.

The Shared CHNA data was made widely available to the public, as county-level community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. New this cycle was an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort. One effort included nine community sponsored events hosted by organizations having statewide reach representing the following communities: Black or African Americans; people who are homeless or formerly homeless; older adults; people who are deaf or hard of hearing; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people with a disability; people with a mental health diagnosis; people with low income; and youth. In addition to these events, 1,000 oral surveys were conducted in collaboration with eight ethnic-based community organizations’ community health workers in order to better reach Maine’s immigrant population. These reports and the community input received are fundamental to achieving our goal of being a trusted and valued partner to improve the health of the people and communities we serve.

Results of the 2022 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Northern Light CA Dean Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.
Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, district public health liaisons, business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Northern Light CA Dean Hospital.

Northern Light CA Dean Hospital reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.

Process and Methods for Priority Selection

As a member of a partnering healthcare system in the Maine Shared Community Health Needs Assessment (Shared CHNA) effort, Northern Light Health’s Community Health Council recognized the value, reach, and influence of aligned engagement efforts with a shared purpose. Review of the county CHNA forum priority voting revealed that mental health, social determinants of health, and substance use were among the top four priorities in almost every county CHNA forum. These three priority areas were adopted as shared priorities where Northern Light Health member organizations would engage in common strategy to achieve greater statewide effect.

Northern Light CA Dean Hospital’s community health strategy was developed to include our systemwide shared priority areas of work reflecting upon the quantitative health profile indicators and qualitative prioritization derived from the Shared CHNA’s community engagement process. We also considered local readiness and capacity to address these needs in partnership with our local communities. Our planning team included representatives with knowledge and insight of the communities we serve.

Members of CA Dean Hospital’s Community Health Strategy team included individuals representing the following positions:
• President, Northern Light CA Dean and Mayo Hospitals
• Vice President, Nursing and Operations
• Director of Physician Practices
• Director of Community Outreach
• Director of Pharmacy
• Penquis Public Health District Liaison

The following criteria were used for the health need selection process:
• Shared CHNA prioritization: How the health priority rank in the Shared CHNA
• Systemwide priority areas of work as determined by the Community Health Council
• Health equity: Which populations are disproportionately affected by the priority’s area of focus; which populations may be experiencing unique barriers to resolve the issue; and what data or themes emerged from the CHNA Forums and County Health Profile that reinforce selecting one or more populations of focus
• Ability to leverage local community assets: Identification of potential community partnerships to engage in order to address the priority need, or to build on current programs, emerging opportunities, or other community assets
• Expertise: Northern Light CA Dean Hospital experts and local partnership experts in various priority areas
• Feasibility: Northern Light CA Dean Hospital has the ability to have an effect given the community benefit resources available

Annually, our internal team will convene to determine if changes need to be considered to best address the priority health needs of our community.
NOTE: There were no written comments received related to the most recently conducted Shared CHNA and Community Health Strategy for inclusion in this report.

**Evaluation Efforts**

Northern Light CA Dean Hospital will monitor and evaluate the strategies related to priority areas of work for the purpose of tracking the implementation of these strategies as well as to document the anticipated effect. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to these priority areas of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

**Feedback Opportunity**

Contact communitybenefits@northernlight.org with feedback on this report.

**Approval from Governing Board**

Northern Light CA Dean Hospital’s Community Health Strategy and Community Health Needs Assessment (CHNA) were reviewed by the hospital’s governing board and a resolution was made to approve and adopt both the Shared CHNA and the Community Health Strategy on May 24, 2022.

**Selected Priorities of Focus**

**Priority 1: Mental Health (also referred to as Behavioral Health)**

**Rationale**

Mental health conditions, including depression, are leading causes of injury, illness, and disability in the United States and around the world. These illnesses are common and are caused by a complex combination of biological, psychological, and environmental factors. Untreated mental illness can result in severe health problems, including but not limited to heart disease and other chronic conditions, weakened immunity, social isolation, legal and financial problems, self-harm and harm to others, poverty, and homelessness. Mental health can affect an individual’s ability to practice good health behaviors and seek care or resources when needed. There is also a strong connection between mental illness and substance use, with more than one in four adults experiencing these co-occurring disorders. Limited healthcare options, lack of support, and fear of stigma may prevent individuals from seeking help, indicating an ongoing need to increase mental health awareness and address barriers to accessing mental healthcare.

Northern Light CA Dean Hospital’s Community Health Strategy team recognizes that addressing mental health needs is a priority for our community with a focus on health equity especially for those who may be experiencing health disparities. There are substantial local community assets and CA Dean Hospital has resources available to be leveraged in support of this need. Furthermore, there are many options for evidence-based mental health interventions and services that promote appropriate and effective prevention, identification, and treatment for mental illnesses.
Intended actions to address the need
Northern Light CA Dean Hospital will partner with schools and other community organizations to ensure children and their families have improved access to mental health prevention, early intervention, and treatment services.

Anticipated impact of these actions/expected outcomes
CA Dean Hospital would like to be a consistent presence within the local and county school districts for education related to the mental health of our youth.

Programs and resource allocation
CA Dean will provide staff time and engage Northern Light Acadia Hospital to help provide schools with the tools, resources, and training related to programs such as Acadia Hospitals CARES (Child-Adolescent Resource and Educational Series) and RACES (Responding to Adverse Childhood Experiences Series).

Planned collaborations
CA Dean plans to partner with Northern Light Mayo and Acadia Hospitals as well as local and county-wide school districts in order to successfully implement activities associated with this area of focus.

Population of focus
School-aged youth

Priority: Social Determinants of Health

Rationale
A community’s health can be determined in part by access to social and economic opportunities, the safety and cleanliness of environments, and the resources available in homes, neighborhoods, and communities. These social determinants of health are the conditions in which people are born, live, work, and play, and affect a wide range of health and quality of life outcomes. Examples of social determinants include socioeconomic status, availability of safe and affordable housing, reliable transportation, access to healthcare services, and food security. Over the past two decades, a large and compelling body of evidence has revealed that these factors play a powerful role in shaping health. This has resulted in a greater understanding that medical care is not the only influence on health and suggests that traditional healthcare models may not be enough to adequately improve health outcomes or reduce health disparities without also addressing a person’s social and environmental factors.

Northern Light CA Dean Hospital’s Community Health Strategy team has identified Social Determinants of Health as a priority need for our community with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and CA Dean Hospital has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for interventions on the many facets of Social Determinants of Health. Finally, Social Determinants of Health rated as a high priority to the community and Northern Light Health.

Intended action to address the need
Partner with community-based organizations to secure, distribute or otherwise connect resources to patients that have identified as being in need through screening efforts.

Anticipated impact of these actions/expected outcomes
Through partnerships with multiple community-based organizations, Northern Light CA Dean Hospital anticipates connecting patients with services that may be needed to ensure safe and healthy home circumstances.

Programs and resource allocation
Social determinants of health screening within the electronic medical record will allow providers and their office
staff to address needs for the most vulnerable of patients. Staff time will be provided to ensure the identification of and the communication with community-based organizations is established and maintained.

**Planned collaborations**
CA Dean Hospital will collaborate with local community-based initiatives to increase availability of housing, transportation, food, and other resources. Additional partnerships with CA Dean’s Auxiliary and the United Way are planned for resource access and assistance.

**Population of focus**
Individuals disproportionately affected by various social determinants of health within the CA Dean’s Hospital service area who screen positive for concerns in the realm of social determinants of health.

**Priority: Substance Use**

**Rationale**
Substance use, including opioids, alcohol, tobacco, and other drugs, have a major influence on individuals, children, other family members, and communities. Alcohol misuse, smoking, and tobacco use cause or increase risk of many diseases, such as cancer, heart disease, diabetes, and respiratory conditions. The effects of substance use often result in social, physical, mental, and public health problems, including domestic violence, child abuse, accidents, crime, and suicide. Substance use is now understood to be a complex disease of the brain and body, requiring long-term attention and treatment just like any other chronic illness. There are many effective evidence-based strategies that communities, including healthcare organizations and providers, may employ to prevent, identify, and treat substance use disorders.

Northern Light CA Dean Hospital’s Community Health Strategy team determined it was feasible to address this need with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and CA Dean Hospital has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for substance use interventions. Finally, substance use rated as a high priority to the community and Northern Light Health.

**Intended action to address the need**
Northern Light CA Dean Hospital will leverage community partnerships to reduce barriers and improve access to and availability of substance use prevention, treatment, recovery, and harm reduction services.

**Anticipated impact of these actions/expected outcomes**
Through improved pathways to prevention, treatment, and recovery for individuals with substance use disorder, Northern Light CA Dean Hospital anticipates both a local and county-wide increase in the adoption of substance use education and activities.

**Programs and resource allocation**
CA Dean Hospital will provide staff time to participate on the Piscataquis Youth Substance Use Prevention Coalition, as well as efforts to bring programming into the local and county-wide school district classrooms.

**Planned collaborations**
CA Dean plans to partner with community consortiums, coalitions, and networks (e.g., Drug Free Communities (DFC), Rural Communities Opioid Response Program (RCORP)) to support and strengthen collaboration for prevention and reduction of substance use among youth. In addition, CA Dean will partner with Northern Light Mayo Hospital and the county’s Piscataquis Youth Substance Use Prevention Coalition, as well as the local and county-wide school districts.
Population of focus
School-aged youth

Health Priorities Not Addressed

Northern Light CA Dean Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Priorities not selected, due to a variety of reasons are listed below:

- Access to care: Access to care was not selected as an independent priority of focus as many of our efforts identified in our strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.

Conclusion

Northern Light CA Dean Hospital is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Northern Light CA Dean Hospital will engage in another Shared CHNA in 2025 and looks forward to ongoing community participation in these important efforts.
Appendix

Evaluation of Impact

Progress report on selected priorities from Northern Light CA Dean Hospital’s last (2019) Community Health Needs Assessment.

Northern Light Health and Northern Light CA Dean Hospital are committed to promoting a culture of community stewardship and partnering together with community stakeholders to address high priority health issues. To do so effectively, we regularly monitor the effect of our community health efforts and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following annual Progress Report to Our Community provides a summary evaluation of impact of the actions taken by CA Dean Hospital to address community health priorities adopted in 2019.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for. The following annual Progress Reports to Our Community are provided for:

- Progress Report to Our Community Fiscal Year 2020
- Progress Report to Our Community Fiscal Year 2021
- Progress Report to Our Community Fiscal Year 2022

For additional information, visit https://northernlighthealth.org/2019-Community-Health-Strategy
Progress report update

FY 2020 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to three by 9/30/20.

Status: Foundational work started

Strategy to achieve the objective (approaches taken, and resources used): In fiscal year 2020 (FY20), Northern Light CA Dean Hospital participated on a Northern Light Health systemwide Social Determinants of Health (SDOH) workgroup responsible for developing, implementing, and monitoring the effectiveness of a system approach to SDOH screening and intervention inclusive of food security and other social needs. To date, the workgroup’s focus has been on the identification of the SDOH screening and referral process, local resource development, provider training and education requirements for the screening tool’s implementation, quality review and management of these efforts. Northern Light Health defined SDOH screening and intervention as a strategic priority to improve the health of the patients it serves.

Partners engaged: Northern Light CA Dean Hospital partnered with the following entities on this priority:
- Northern Light AR Gould Hospital
- Northern Light Beacon Health
- Northern Light Blue Hill Hospital
- Northern Light Eastern Maine Medical Center
- Northern Light Home Care & Hospice
- Northern Light Inland Hospital
- Northern Light Maine Coast Hospital
- Northern Light Mayo Hospital
- Northern Light Mercy Hospital
- Northern Light Sebasticook Valley Hospital

Highlights: In FY20, Northern Light CA Dean Hospital, as part of the Northern Light Health Social Determinants of Health workgroup, engaged in literature reviews and outreach efforts to other healthcare system’s efforts in this realm to learn about the successes and challenges related to this type of screening effort that will ultimately help to inform how we will operationalize this effort throughout our system.

Outcome measure: In FY20, Northern Light CA Dean Hospital’s identified individual targets were not met for this priority area of work due to the deliberate approach by Northern Light Health as a system, to define a standard process for SDOH screening and intervention. As a result, this year’s efforts have primarily been foundational. To date, the efforts of this workgroup has resulted in increased support for this initiative and the development of a screening tool for identifying patients in need.

Project lead: Megan Ryder, director of practice management

Next steps: In fiscal year 2021 (FY21), Northern Light CA Dean Hospital will continue participating in the SDOH workgroup through Northern Light Health. The group will proceed with identifying the specific social needs to
be recommended for inclusion in the system screening process. The group will also continue discussions and planning for provider education efforts to increase understanding of social determinants of health (SDOH) and current development of Northern Light Health screening and intervention protocol. We anticipate roll-out implementation of the SDOH screening efforts to take place in the coming year. In addition, we’ll also continue to consider COVID-related changes to primary care and how these may impact feasibility and provider/patient receptiveness of SDOH screening and referral.

Priority #2: Substance Use

**Objective:** Increase the number of partnerships with community-based substance use prevention efforts from zero to two by 9/30/20.

**Status:** Foundational work started

**Strategy to achieve the objective (approaches taken, and resources used):** In FY20, Northern Light CA Dean Hospital began planning and logistical work for participating in National Prescription Takeback Days. Due to the COVID-19 pandemic, the Drug Enforcement Administration cancelled the April Prescription Takeback events across the country.

**Partners engaged:** Northern Light CA Dean Hospital partnered with the following entities on this priority:
- Greenville Police Department
- Piscataquis Sheriff’s Department

**Highlights:** In FY20, Northern Light CA Dean Hospital organized and prepared for the National Prescription Takeback Days through advertising and event planning. Cancellation of the event due to COVID-19 forced the organization to delay to the next fiscal year.

**Outcome measure:** In FY20, Northern Light CA Dean Hospital built advertising and the foundation for National Prescription Takeback Days.

**Project leads:** Megan Ryder, director of practice management; Deidre Gilbert, director of pharmacy.

**Next steps:** In FY21, Northern Light CA Dean Hospital will conduct two events, on October 24th, 2020 and in April of 2021. Efforts will be made capture the number of participants and the weight of returned medication for reports in the next fiscal year.

Priority #3: Access to Care

**Objective:** Increase the number of sites tracking the Time to Third (TTT) available appointment and Time to First appointment measures as it applies to mental health services for our existing and new patients from zero provider sites to three provider sites by 9/30/20.

**Status:** In progress
Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light CA Dean Hospital was able to look monthly and track patients’ access to both medication management appointments and counseling appointments.

Partners engaged: Northern Light CA Dean Hospital partnered with the following entities on this priority:
   - Northern Light Acadia Hospital

Highlights: In FY20, Northern Light CA Dean Hospital was able to secure another day of psychiatric-mental health nurse practitioner (PMHNP) time and, in addition, keep time to next appointment under two days for the majority of the year. We have also received positive feedback from patients taking advantage of the service and accessing treatment closer to home.

Outcome measure: In FY20, Northern Light CA Dean Hospital was able to secure consistent mental health provider coverage (licensed clinical social worker and PMHNP) to begin seeing patients in all three of our primary care clinics in Greenville, Sangerville, and Monson.

Project lead: Megan Ryder, director of practice management

Next steps: In FY21, Northern Light CA Dean Hospital will continue to monitor access to care with regard to mental health services, keeping this care to within two days. As an extension of our efforts to increase access to care in our service area, Northern Light CA Dean Hospital will be working to improve access for discharged inpatients who would benefit from early follow up with their primary care providers in FY21. Our hope is to increase the number of sites working with inpatient case management from zero to all three primary care sites.

Conclusion

Northern Light CA Dean Hospital continues work on identified priorities through its 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.
Progress report update

FY 2021 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to one by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In fiscal year 2021 (FY21), Northern Light CA Dean Hospital participated in the Northern Light Health Social Determinants of Health (SDOH) system workgroup, which met bi-weekly through November 2020. The workgroup suspended meetings after this date to accommodate new system-level SDOH efforts. In January 2021, Northern Light activated four critical path project teams to plan and operationalize a system approach to identifying patients with social health needs. These groups oversaw standardization of the Cerner Social History Tool in the medical record, which will ensure patient demographics and health history are documented in a consistent fashion across all Northern Light member hospitals. The existing “Food Insecurity” form in Cerner was then updated to include six additional evidence-based questions to assess patients’ housing status and safety, transportation, utilities, daily activities, and isolation. The updated screening form aligns with most of the recommendations developed by the SDOH workgroup members. Both the “SDOH Screening” form and the updated Social History Tool went live in Cerner on 5/18/21 and are now available for use. Additional efforts during this year included foundational work to operationalize the Social Vulnerability Index and developing recommendations for implementation of a social care network platform (called Aunt Bertha). These additional Cerner functions are slated to go live in fiscal year 2022 (FY22) and will provide Northern Light with enhanced ability to understand social needs by populations and geographic location and provide seamless patient referrals to community-based organizations for assistance with social needs. Moving forward, the SDOH workgroup will be re-established in FY22 as the “SDOH Team” and report to Northern Light’s Quality Council and will be responsible for developing, implementing, monitoring, and evaluating the effectiveness of the system’s implementation of SDOH screening and intervention.

Partners engaged: CA Dean Hospital partnered with the following Northern Light members on this priority:
   - Acadia Hospital
   - AR Gould Hospital
   - Beacon Health
   - Blue Hill Hospital
   - Eastern Maine Medical Center
   - Home Care & Hospice
   - Inland Hospital
   - Maine Coast Hospital
   - Mayo Hospital
   - Mercy Hospital
   - Sebasticook Valley Hospital
   - Information Systems
   - Clinical Informatics
   - Clinical Standards Group
Outcome measure: In FY21, CA Dean and other member hospitals were unable to initiate SDOH screening and meet the projected targets. This was an accepted outcome of the Northern Light system-led SDOH efforts, which were initiated after the FY20 community health improvement plan’s activities and targets had been established. Ultimately, several key system outcomes were met during this period, including standardization of how and where SDOH information is documented within the electronic health record and adoption of a standard SDOH screening form. This provides a successful foundation for SDOH efforts moving forward. While screening has occurred, as a result of inclusion on standard patient rooming workflows, the reporting capability screening rates and/or results will be completed by Information Systems following additional auditing and mapping of appropriate Cerner concepts and data.

Project lead: Megan Ryder, director of Practice Management

Next steps: In fiscal year 2022 (FY22), Northern Light CA Dean Hospital will participate in SDOH system workgroup efforts to operationalize SDOH screening within practice locations, as well as contribute to development of the metrics that will be used to report and evaluate SDOH screening reach and effectiveness. Member hospitals will have a key role in supporting the implementation of Aunt Bertha, primarily through completing an inventory of existing community resources and referral partners and conducting a community resource gap analysis to identify potential weaknesses in their local community services networks. These activities are proposed Key Performance Indicators in the FY22 Annual System Goals and will inform the development of the resource directory within Aunt Bertha. Additionally, member hospitals will have an opportunity to participate in SDOH quality improvement initiatives as part of a recent award to Northern Light Health. This grant, provided through a collaboration between Pfizer, Inc., and the Institute for Healthcare Improvement, will support discrete quality improvement projects to understand and improve SDOH screening and referral workflows.

Priority #2: Substance Use

Objective: Increase the number of partnerships with community-based substance use prevention efforts from zero to two by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light CA Dean Hospital established relationships with local and county law enforcement in order to offer an alternate site for disposal of expired or unneeded medications during scheduled federal drug takeback days.

Partners engaged: CA Dean Hospital partnered with the following entities on this priority:
  - Northern Light Mayo Hospital
  - Piscataquis County Sheriff’s Department
  - Greenville Police Department

Outcome measure: In FY21, Northern Light CA Dean Hospital created two partnerships with law enforcement as well as partnering with Northern Light Mayo Hospital for increased advertising around the takeback events.

Project lead: Deidre Gilbert, director of Pharmacy
Next steps: In FY22, Northern Light CA Dean Hospital will be shifting focus to our partnership with the Drug Free Communities coalition in Piscataquis County, with hopes to have our school nurse participating in meetings and events on a regular basis.

Priority #3: Access to Care

Objective: Increase the number of sites participating in discharge planning using the LACE tool (Length of stay, Acuity of admission, Comorbidities, and Emergency department visits) from zero to three by 9/30/21.

Status: Not started

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light CA Dean Hospital was not able to complete this work due to the extreme staffing shortages at the practices as well as the high demand for COVID testing and vaccination.

Outcome measure: In FY21, Northern Light CA Dean Hospital was not able to complete this work due to the pandemic and the extreme staff shortages that we experienced during FY 21. In addition, staff were redeployed to work at testing sites and vaccination sites.

Project leads: Megan Ryder, director of Practice Management and Mindy Hanson, Case Manager/RN

Next steps: In FY22, Northern Light CA Dean Hospital will engage hospital and practice staff in this work.

Conclusion

Northern Light CA Dean Hospital 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.
Progress report update

FY 2022 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to three by 9/30/22.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In fiscal year 2022 (FY22), Northern Light Health made significant progress in Social Determinants of Health (SDOH) screening and intervention. The Northern Light Health SDOH Team defined “completed” SDOH screening and established a system policy for minimum SDOH screening standards to provide consistency in screening guidelines. During the course of FY22, the SDOH Team worked with Information Systems to continually improve the SDOH Screening Tool based on user recommendations and will continue to manage user requests moving forward. SDOH team leaders worked with members of Northern Light Health Quality to develop an SDOH screening dashboard which provides real-time screening rates by member organization, practice, provider, and payor type, as well as prevalence of SDOH need from positive screening results. The dashboard is undergoing validation and is anticipated to be available in FY23. Northern Light Health achieved a significant milestone in responding to social health needs when the new Northern Light Health findhelp platform went live on September 13, 2022. Findhelp is a national social care network that will make it easier for patients and providers to find and connect with local resources. The platform is embedded within our electronic health record so that care teams can find and refer patients to resources and has a public portal that community members can access at any time.

Partners engaged: Northern Light CA Dean Hospital partnered with the following Northern Light members on this priority:
  - Acadia Hospital
  - AR Gould Hospital
  - Beacon Health
  - Blue Hill Hospital
  - Eastern Maine Medical Center
  - Home Care & Hospice
  - Inland Hospital
  - Maine Coast Hospital
  - Mayo Hospital
  - Mercy Hospital
  - Sebasticook Valley Hospital

Outcome measure: System data for SDOH screening became available in December 2021 and revealed that 2.6% of patients had a completed SDOH screening within the past 12 months. By September 2022, this rate had increased to 8.2% with minimal education or promotion from the system. Among the five practices participating in the Institute for Healthcare Improvement/Pfizer, Inc. quality improvement project, average completed SDOH screenings among all five sites increased from 4.2% to 22.1%. This project demonstrated the benefit of a quality improvement approach to increasing SDOH screening rates and lessons learned will inform best practices to be shared in fiscal year 2023.
Project lead: Megan Ryder, Director of Practice Management

Next steps: The Northern Light Health SDOH Team will continue to monitor and support improvements to SDOH screening and support efforts to increase availability of accurate and timely SDOH screening and results data. In fiscal year 2023 (FY23), Northern Light Health will focus on optimizing the Northern Light Health findhelp platform by increasing community partner awareness of and engagement with the platform. A Community Engagement Workgroup has been convened and will meet regularly to discuss and plan community outreach and engagement as part of the FY23 Community Health Improvement Plan goal of increasing community partner use of the platform.

Priority #2: Substance Use

Objective: Increase the number of partnerships with community-based substance use prevention efforts from zero to one by 9/30/22.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In FY22, Northern Light CA Dean Hospital continued to partner with Northern Light Mayo Hospital, the Piscataquis Youth Substance Use Prevention (PYSUP) Coalition and the Penquis District Coordinating Council on actions to reduce substance use among youth.

Partners engaged: Northern Light CA Dean Hospital partnered with the following entities on this priority:
- Northern Light Acadia Hospital
- Northern Light Mayo Hospital
- Penquis District Coordinating Council (DCC)
- Piscataquis Youth Substance Use Prevention (PYSUP) Coalition

Outcome measure: In FY22, Northern Light CA Dean Hospital in collaboration with Northern Light Mayo Hospital engaged in two activities aimed at reducing substance use among youth. The first activity, Parents Who Host Lose the Most, provided lawn signs distributed throughout Greenville and surrounding towns, stickers that were placed on cases of alcohol, and window clings that could be applied to beer coolers in and around Greenville. Additionally, Brittany Gould, RN has been working with Northern Light Mayo Community Outreach to reinvigorate the Positive Action Team in Greenville. Although we have not been able to achieve the re-start of this program, this work is continuing, and we anticipate will re-start in early winter.

Project lead: Brittany Gould, RN – Interim School Nurse

Next steps: In FY23, Northern Light CA Dean Hospital will continue to grow its relationship with others in the County focused on reducing substance use. We will have a designated member of our staff attend all PYSUP meetings and will potentially add two full time staff to work on prevention focused goals (in addition to other preventative work).

Priority #3: Access to Care
**Objective:** Northern Light CA Dean Hospital will increase the number of pharmacists with a consistent presence in primary care from zero to one by 9/30/22.

**Status:** Completed

**Strategy (approaches taken, and resources used) and highlights from this effort:** In FY22, Northern Light CA Dean Hospital fully integrated an ambulatory care pharmacist into the Greenville and Sangerville practices for the purposes of medication therapy management and disease state management. The position was created in collaboration with Northern Light Mayo Hospital physician practices as a means of increasing our patient’s access to care in our rural practice areas.

**Partners engaged:** Northern Light CA Dean Hospital partnered with Northern Light Mayo Hospital on this priority.

**Outcome measure:** In FY22, Northern Light CA Dean Hospital was able to increase our pharmacist presence from zero to one in two out of three physician practices.

**Project lead:** Deidre Gilbert, Director of Pharmacy

**Next steps:** In FY23, Northern Light CA Dean Hospital will continue the program with the hiring of a new ambulatory care pharmacist with goals to grow the program and positively affect our patient’s access to care.

**Conclusion**

Northern Light CA Dean Hospital 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.