



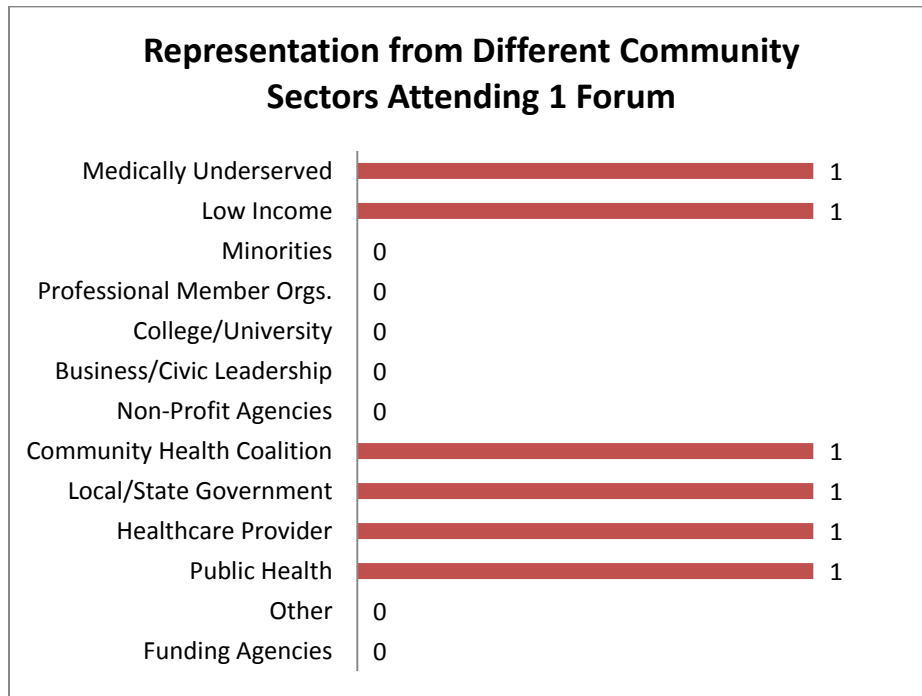
Maine SHNAPP Community Engagement Phase
Summary Report of Forum & Event Input
Piscataquis County
April 2016

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

Community Forum

Meeting	Date	Location
Piscataquis County Forum	11/12/2015	Dover-Foxcroft
Total Attending Forum:		41

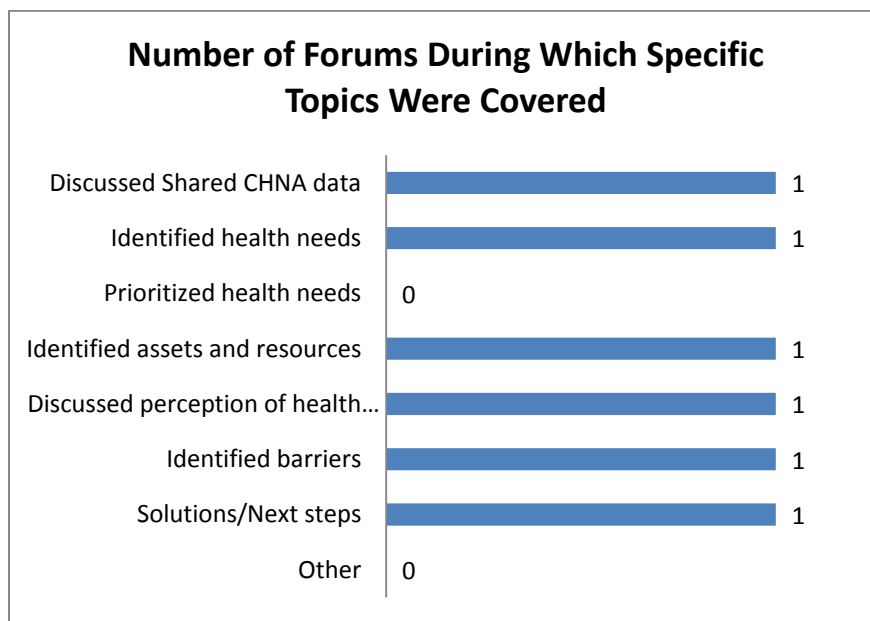
Community Sectors Represented During Forums and Events



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

Other: n/a

Type of Input Obtained During Forums and Events



“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 Piscataquis County Forums

Health Issue: **Obesity**

Summary of assets to resources to address issue: Backpack program; healthy eating programs; community 5K's and triathalons; recreation and community fitness programs in towns; dietician at hospital; employer-sponsored incentives (health screens, wellness programs); farm shares/senior farm shares; farmers market; food banks; great outdoors; summer programs for outdoor activity; Healthy Piscataquis; Let's Go 5-2-1-0! in practices; library; YMCA, fitness centers & gyms; PCP offices; physical activity guide on website; school sports; schools working on healthier food; SNAP-ED grant - nutrition education based; weight loss programs; waking trails; WIC. (Specific resources listed in the appendix on page 5.)

Summary of barriers or community needs (if reported): Many health factors have been listed as needs/barriers: poverty/financial obstacles; affordable childcare; culture (desire for quick-fix, isolation); climate; genetics; transportation (overall, elderly to facilities); health literacy. Many resources and educational needs are identified as lacking, from children in schools (PE, recess, learning about healthy eating, policies for schools) to food cupboard (standards for healthy food, providing perishables), to adults/parents (basic nutrition, cooking healthy, stretching dollars on healthy options, reading labels, resource lists for physical activity options and/or indoor options, promote farmers markets).

Summary of next steps, solutions, future ideal: Specifically, Piscataquis Health Coalition can coordinate policies across all four school districts and create public access to school facilities. More globally, the government can help increase awareness of programs while better coordination takes place (community cafes, senior housing, Eastern Area Agency on Aging, PCPs, employers, recreation departments, YMCA) and education about nutrition and physical activity (beverages, healthy recipes at the food cupboard, programs for senior housing). Obtain the USDA Farmer's grant.

Health Issue: **Drug and Alcohol Abuse**

Summary of assets to resources to address issue: AA, NA, etc groups; Community Health and Counseling –CRISIS; school programs and staff; Diversion alert program; Drug take back events; Piscataquis Public Health Coalition -funding for parent/teachers/nurses education; Policy with law enforcement; Prescription monitoring program (PMP); Primary care providers; Substance abuse services at hospitals. (See list of specific programs in appendix on pages 5-6.)

Summary of barriers or community needs (if reported): Health factors identified include the need to address: childcare; economic activity/jobs; transportation; stigma/attitudes/culture (isolation, men not seeking treatment, provider overprescribing); darkness in winter. There needs to be a state-level comprehensive plan and public policy in place in addition to grant writers to obtain funds to carry out increased education (about substance abuse, in jails, build self-esteem among children and teens) and

more services (healthy activity alternatives to drugs, methadone clinic/suboxone clinics, accessible/affordable counseling,

Summary of next steps, solutions, future ideal: Facilitate better coordination (educators, law enforcement, healthcare, faith communities) and implement consistent prescribing practices for controlled medications. Increase amount of and access to services (counseling centers, methadone and suboxone clinics, Thriving in Place).

Health Issue: **Depression**

Summary of assets to resources to address issue: Behavioral health counseling and psychiatric and substance abuse services at hospitals; Case managers; school counselors and social workers; Churches counseling; County NAMI chapter; Crisis intervention training with local police, first responders, etc.; Crisis line and Warm Line; community programs for seniors; Employers with EAP programs; Foster grandparent program; JD Foundation -Suicide Risk Prevention; Medical Home Model; Mental health centers; Mental Health counselors in practices; postpartum depression screening; Support groups -guest speaking; Vitamin D; Volunteerism with food pantries and church suppers. (See list of specific programs in appendix on page 6.)

Summary of barriers or community needs (if reported): There needs to be better MaineCare coverage for mental health and a DHHS Office in this county. Other factors that need to be addressed include: improving health insurance coverage and access to mental health services; transportation; financial resources for individuals and organizations; stigma/culture (admitting depression, taking care of self, isolation, rural area, lack of internet access); darkness/winter. Additionally there needs to be increased education (coping skills, stigma, understanding depression, parents/teens, co-occurring substance use disorder) and more services available (decrease wait lists, more counselors/providers, acute care/crisis services, screening for mental health issues, activities for families and community members).

Summary of next steps, solutions, future ideal: Obtain more funding for services – behavioral health agencies and professionals can help and the Charlotte White Center is expanding. Specifically, complete the Highlands Senior Center, bring Mary back for the story-telling project, offer free recreation programs, use the NAMI Speakers Bureau, increase telehealth capacity, and sustain the Thriving in Place program. Ensure education takes place through adult education programs, write articles in newspapers and create PSAs with public slogans, and use the EMHS Home Visiting Program.

Other issues identified:

- Environmental Health (arsenic -totally preventable, lead/kids, screening)
- Domestic Violence data seems low (under-reported?)
- Need better data on substance abuse hospital admissions
- Need better/more focus on cardiac disease
- Public health policy
- Woman's health as a focus issue

Appendix: specific resources listed by priority area:

OBESITY

- Backpack program
- Circle of Life Yoga Studio (healthy eating program)
- Community 5K's & triathlons in towns
- Community fitness in Guilford
- Dietician at hospital
- Downtown-good walkability
- Employer sponsored incentives (health screens)
- Farm shares/senior farm shares
- Farmers market
- Food banks
- Guilford river walk
- Guilford summer program for outdoor activity
- Healthy Community (eating on a budget, grocery store tours)
- Healthy Piscataquis
- Let's Go 5-2-1-0! in practices
- Library
- Move and Improve
- NSE of Gym at PHEC and Community Center
- PCP offices
- Physical activity guide on website
- Recreational Department in Milo
- School sports
- Schools working on healthier food
- Sidewalks in Dover-Foxcroft
- SNAP ED Grant - nutrition education based
- Great outdoors: the North Maine Woods
- TOPS
- Trails
- Waking trails (Dover, Guilford, Milo, Brownville, Sangerville)
- Weight Watchers
- WIC
- YMCA - Biggest loser contests
- Yoga classes

DRUG AND ALCOHOL ABUSE

- Support groups such as AA, NA, etc.
- Primary care providers

- Community Health and Counseling -CRISIS
- DARE elementary and middle school
- Diversion alert program
- Drug take back events
- Guidance counselors and social workers in schools
- Mayo Psychiatry and Counseling -substance abuse
- Piscataquis Public Health Coalition -funding for parent/teachers/nurses education
- Policy with law enforcement
- Prescription Monitoring Program (PMP)
- Primed for Life in Milo School/SIRP -possibility of this for youth

DEPRESSION

- Charlotte White Center
- Children school counselors and social workers
- Churches counseling
- Community health and counseling
- County NAMI chapter
- Crisis intervention training with local police, first responders, etc.
- Crisis line - Community Health and Counseling and Warm Line
- Eastern Area Agency on Aging -community café
- Employers with EAP programs
- Foster grandparent program
- JD Foundation -Suicide Risk Prevention
- Lil's Seniority program and volunteer program
- Mayo Psychiatry and Counseling
- Medical home model
- Mental health center
- Mental Health counselors in practices
- OB/MWH/MRH -postpartum depression screening
- Physician offices (PCP)
- Private practitioners
- Senior companion program
- Support groups -guest speaking
- Thriving in Place
- Vitamin D
- Volunteerism with food pantries and church suppers
- WomanCare

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