



Washington County Community Health Improvement Plan

Phase III Community Assessments

Community Themes & Strengths Assessment Report

A health needs and quality of life survey was completed by the Healthy Maine Partnerships staff of the Washington County: One Community Coalition (WC:OC) in the Fall of 2009 on behalf of both Healthy Maine Partnerships in the county, WC:OC and the St. Croix Valley Healthy Communities. Data was obtained from 765 county residents. Most of the surveys disseminated by newspaper or through an Internet site widely promoted through the media and by networking. In order to access area residents without PC access or who may not read a newspaper, paper surveys were administered to low income users at two food pantries.

The surveys asked respondents to rate levels of personal and community health and extent of satisfaction with quality of life in the community, health care services, safety, adequacy of support networks, economic opportunities, and school programs. Other questions probed for issues related to accessibility and affordability of health care services. A key item on the survey was a request for recipients to check off: 1) the five most significant items that contribute to a healthy community, 2) five unhealthy behaviors that contribute most to problems, and 3) the five biggest health problems that need to be addressed. Space was provided for respondents to write in answers not on the checklists. Finally, respondents were asked to write in their personal vision for a healthy community, which garnered input on nearly two-thirds of the completed survey.

The survey input was supplemented by two focus groups with community leaders in Spring, 2010 held by Washington County: One Community. One was with the Machias Bay Area Chamber of Commerce and the other with the Social Capital Committee of WCOC, including a total of 14 stakeholders. Questions posed in the facilitated discussions included:

- What do you think makes a health community?
- What makes you most proud of your community?
- What are the 2-3 things you think would improve your community's quality of life?
- What do you think are the 2-3 things that keep your community from improving quality of life?
- What makes leadership difficult to address these issues?

The survey and focus group data summaries were reviewed by the MAPP Steering Committee on May 19th, 2010, which identified themes summarized below. Committee members present include: Judy East, Betsy Fitzgerald, Jane Weil, Gail Wahl, Susan Corbett, Wendy Harrington, Eleody Libby, Sara McConnell, and Jon Ramsdell.

Because the demographics of the survey participants turned out to have a skewed representation relative to the general population of the county (more females, fewer young adults, and higher income levels), the survey was re-analyzed with respect to three variables: gender, age, and income. The variations in choices for the most significant health issues did not change the identification of themes.

To make up for the limited number of participants in the forums, some of the conclusions below were verified by additional input obtained from a report on a discussion forum held by WC:OC in October 2010. Although intended to help guide restructuring of WC:OC to serve the community better, two particular discussion questions aligned well with components of the present planning summary: 1) What are the major concerns in our communities?, and 2) What ongoing collaborations in Washington County can help create change that will increase quality of life of its residents?

Areas considered most important for a health community

Survey ratings

- Top ratings: good jobs and healthy economy; adequate access to health care; good schools
- Moderately high ratings: safe neighborhoods; strong family life; affordable housing; opportunities for healthy lifestyles; access to healthy food; good place to raise children; clean environment

Concerns from survey and focus group comments

- Leaders with community values, high commitment, and/or team spirit
- Community supports and resources for families
- Good enrichment and social opportunities for children within the educational setting
- Available healthy alternative activities for youth in the community

Community perceptions about quality of life in the community

High fraction with favorable ratings (40-70%):

- Overall personal health
- Community good for raising children
- Available support networks for individuals and families in need

Low fraction with favorable ratings(<33%) :

- Overall community health
- Community health care system
- Community good for growing old
- Economic opportunity
- Access to affordable child care
- Access to day care services for adults with special needs

Top health problems

Substance abuse

- high rates of adult abuse of drugs and youth and adult alcohol and tobacco abuse

Obesity

- growing prevalence linked to poor eating habits, lack of exercise

Cancer

- prevalence from smoking, diet, unknown environmental causes
- inadequate access to screening and treatment

Barriers and challenges for solutions

Economic opportunities

- poverty and unemployment contributes to social stress and ability to access health care and social services
- limited number of good paying jobs with health insurance
- the poor economy contributes to the outmigration of youth and substance abuse

Health care access

- provider shortages, especially in specialty care and oral health
- high rates of uninsured
- transportation barriers

Leadership issues or attitudes

- negativity or “ain’t broke, don’t fix it” mentality
- limited involvement from youth and young parents
- turf issues among leaders or their communities
- “good old boy” network and/or “back-door” deals

Assets of the community relevant for improving community health

- beautiful rural environment and outdoor resources
- low crime rate and high sense of safety
- good sense of community and support networks for individuals and families in need
- broad understanding of the need to work collaboratively to solve problems
- good proportion of residents who believe they can contribute to make a difference



Community Health Status Report

The MAPP Steering Committee met in May, 2010 to review key community health indicators. Members Present include: Judy East, Betsy Fitzgerald, Jane Weil, Gail Wahl, Susan Corbett, Wendy Harrington, Eleody Libby, Sara McConnell, and Jon Ramsdell

Members made use of the following resources to assist with the evaluation of community health status:

- 2008 Maine State Profile of Selected Public Health Indicators, Maine CDC
- Washington County Highlights of the Health Profile, 2008, Maine CDC
- County Health Rankings, Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

The Team found the data provided good support for the top health problems, economic barriers, and health care access issues identified in the resident surveys for the Community Themes and Strengths Needs Assessment. These include 1) high rates for substance abuse (including alcohol and tobacco), obesity, and cancer, 2) health risks such poor diet and limited exercise, 3) health access barriers associated with poverty and unemployment, including inadequate health insurance coverage and transportation, and 4) provider shortages, especially in specialty care and oral health.

The Team recommended that a consultant to be hired for help with MAPP process be tasked to gather more indicator data relevant to these concerns which were not available in the set reviewed. In particular, they request more detailed data on adult substance abuse and treatment service utilization, on youth substance abuse, asthma, obesity, and diabetes rates, and on chronic disease among the elderly. At the Team summary meeting prior to the Phase 4 Strategic Issue Identification session in November, the consultant presented additional county data on trends for opiate and alcohol abuse treatment and, as a proxy for prevalence, trends in arrest rates for alcohol and drug-related crimes. Data from Eastern Maine Healthcare's "2007 Health Planning Report for Northern, Eastern, and Central Maine" was used to supplement the health indicators from Maine CDC, which at the time had been updated only at the district level (Washington plus Hancock County). By December, more county-specific indicators were posted by Maine CDC in a special report, "Washington County Data Report, 2008", including numerous indicators from the Behavioral Risk Factor Surveillance Survey dating from 2006.

In Appendix II, page 82, virtually all of the demographic, socioeconomic, and health-related indicators have been updated from various sources. The most significant source of data additions and updates is the April 2011 report, "Statewide Community Health Needs Assessment, 2010", produced by the University of New England's Center for Community and Public Health for the OneMaine Health Collaborative (Eastern Maine Healthcare Systems,

MaineHealth, and MaineGeneral). Of special note, the comprehensive household telephone survey employed was completed by over 400 residents of each county in the state.

Community Health Status Overview

Bounded by the Gulf of Maine to the south and New Brunswick to the east, Washington County is geographically isolated in the northeast tip of Maine. Like Maine as whole, the county is predominantly Caucasian; however, it contrasts with the rest of the state due to its significant population of Native Americans. Washington County is treasured by its residents for its beautiful rural environment that includes stunning rocky coastlines, extensive blueberry barrens, and vast preserves of fir and spruce. However, the endemic poverty, poor economic environment, and low educational achievement in this highly rural region of Downeast Maine contribute to social stresses, poor health habits, and health care access barriers that in turn are reflected in high rates of chronic diseases, dysfunctional families, and substance abuse. The progressive loss of farms in the region and lay-offs in the last decade associated with closings or downsizing of Naval bases, textile companies, seafood processing plants, and a paper mill will continue to depress the economy and to have a pervasive negative impact on the struggles of local families to attain adequate health care and healthy lifestyles. These challenges have gotten worse in recent years with the cost increases for home heating, vehicle gas, and food and the rise in unemployment associated with the recession.

According to guidelines for the MAPP planning process, the Core Team was asked to organize the review according to the following key questions:

- Who are we and what do we bring to the table?
- What are the strengths and risks in our community that contribute to health?
- What is our health status?

The assessment was also charged to focus on populations affected by the various health problems, disparities among categories of people affected, trends over time, the potential for the problem to be effectively addressed, and ability to monitor the status of the problems in a timely manner.

Findings

Washington County has high rates of poverty and low incomes and stands out with its high fraction of elderly residents and significant population of Native Americans. It has substantial primary care resources, but major shortages of most specialty health care providers and dentists. Its large size and dispersed highly rural geography presents substantial problems for access to and delivery of health care and preventative services. Resident travel to access major medical services in Ellsworth, Bangor, and elsewhere is a major barrier to accessing needed care. The fraction of residents who are uninsured is high in the county and appears to have risen with the recent economic downturn.

The adult population of the county shows high rates for obesity, diabetes, asthma, heart disease, lung disease, and several forms of cancer, which is reflected in associated high rates of hospital utilization and mortality. Although rates regular exercise and fruit and vegetable consumption

among adults and youth are average among counties, the rates are low relative to public health guidelines and the fraction of adults with a sedentary lifestyle is abnormally high. The rates for daily intake of sugary beverages by county high school and middle school youth are the highest among counties, which is a plausible contributor to high relative rates observed for overweight or obese status. The county rate of accidental deaths is disturbingly high for both vehicular and non-vehicular categories. Infectious disease indicators point to relatively low county rates of incidence.

Environmental health indicators for carbon monoxide poisoning and lead paint ingestion suggest lower than average risks in the county relative to statewide. However, the risks from arsenic levels in private wells are a significant concern, especially in northern and eastern parts of the county. Relevant comparative data on levels of and risks from pesticides, asbestos, and various industrial pollutants are not available, but they are desired by leaders in the planning group.

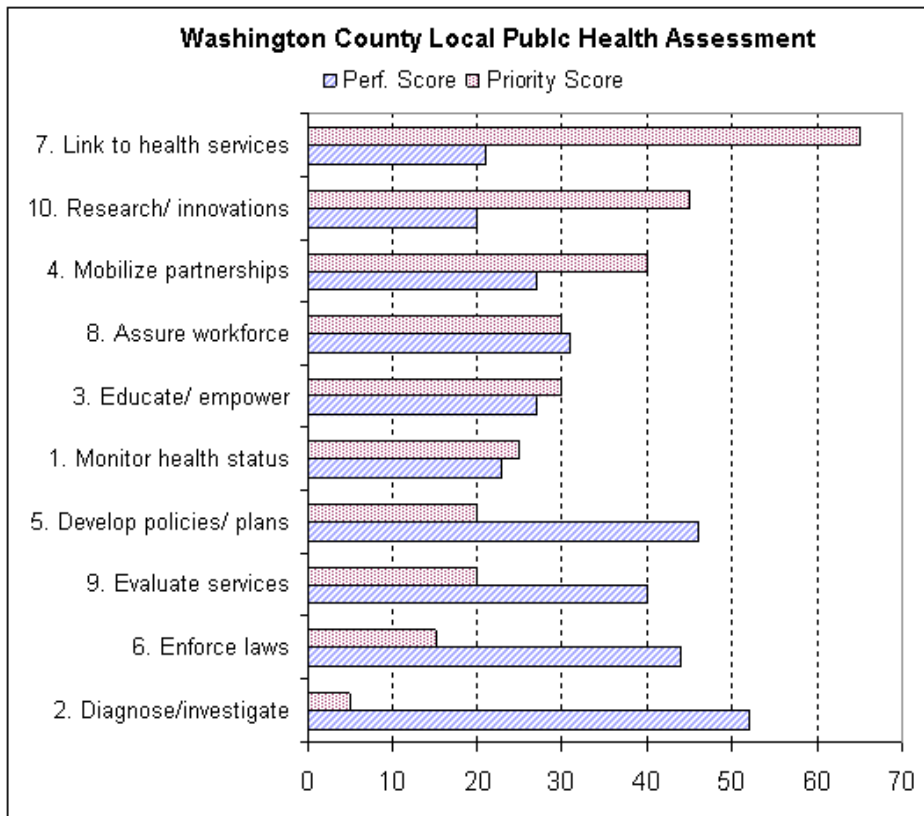
The adult and youth populations show inordinately high rates for smoking and binge drinking, despite progressive declines over the last decade. Misuse of prescription drugs is relatively high among the adult population, but there has been much growth in the rate of opiate abusers receiving treatment in the last 5 years. Misuse of prescription drugs by high school youth remains a problem; however, the county rate for such behavior is currently only average among counties.



Washington County Community Health Improvement Plan

Local Public Health Assessment

The Maine Center for Disease Control in November, 2010 provided facilitation and technical assistance to lead an invited stakeholder leader group to rate performance of the public health system according to standardized assessment questions used by the recommended U.S. CDC approach to the MAPP process. A subsequent session in Spring and Fall 2011 used brainstorming and a rating system to identify priorities for action. The following chart synthesizes by category of the 9 Essential Public Health Services both the performance and priority scores. The areas of highest priorities may be seen to correspond roughly to the areas of weakest performance. The subsequent chart details formal scoring for performance of the major subcategories under the 9 Essential PH Services and indicates stakeholder votes on top priorities.



Local Public Health System Performance Assessment for Washington County and Stakeholder Votes for Priorities for Action to Address Needs

	Priority Votes	Performance
EPHS 1. Monitor Health Status To Identify Community Health Problems	Tot 5	23
1.1 Population-Based Community Health Profile (CHP)	2	24
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	1	8
1.3 Maintenance of Population Health Registries	2	38
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards Green=scored the same for all districts	Tot 1	52
2.1 Identification and Surveillance of Health Threats	1	49
2.2 Investigation and Response to Public Health Threats and Emergencies		52
2.3 Laboratory Support for Investigation of Health Threats		56
EPHS 3. Inform, Educate, And Empower People about Health Issues	Tot 6	27
3.1 Health Education and Promotion	3	31
3.2 Health Communication	3	17
3.3 Risk Communication		34
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	Tot 8	27
4.1 Constituency Development	2	23
4.2 Community Partnerships	6	31
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	Tot 4	46
5.1 Government Presence at the Local Level <i>Note: This indicator was scored the same for all districts</i>		0
5.2 Public Health Policy Development		50
5.3 Community Health Improvement Process	2	38
5.4 Plan for Public Health Emergencies	2	94
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	Tot 3	44
6.1 Review and Evaluate Laws, Regulations, and Ordinances	1	42
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances		33
6.3 Enforce Laws, Regulations and Ordinances	2	58
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	Tot 13	21
7.1 Identification of Populations with Barriers to Personal Health Services	5	17
7.2 Assuring the Linkage of People to Personal Health Services	8	26
	Tot 6	
EPHS 8. Assure a Competent Public and Personal Health Care Workforce		31
8.1 Workforce Assessment Planning, and Development	2	22
8.2 Public Health Workforce Standards		38
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	2	30
8.4 Public Health Leadership Development	2	35
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	Tot 4	40
9.1 Evaluation of Population-based Health Services	1	41
9.2 Evaluation of Personal Health Care Services	2	26
9.3 Evaluation of the Local Public Health System	1	53
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	Tot 9	20

10.1 Fostering Innovation		34
10.2 Linkage with Institutions of Higher Learning and/or Research	4	25
10.3 Capacity to Initiate or Participate in Research	5	0



Washington County Community Health Improvement Plan

Forces of Change Assessment Report

In July 2010, Washington County: One Community sent forty letters of invitation to community leaders and key stakeholders from diverse sectors throughout the service area requesting participation in the Forces of Change Assessment as part of the MAPP Community Health Improvement Plan.

On September 2, 2010, the Forces of Change focus group convened in Machias, Maine by Washington County: One Community to discuss and identify answers to the following key questions:

- What are the key trends, events, or factors in your community that have or will influence community health and quality of life?
- What are the potential opportunities or threats facing us as we work to improve health?

The session was facilitated by Betsy Fitzgerald. Eleody Libby, Executive Director for Washington County: One Community and Alfred May, State Health Liaison for Maine Center For Disease Control presented an overview of the MAPP process and the importance of the Forces of Change Assessment. Machias session had 15 participants including: Deb Eckart, Andrea Joyce, Terry Leahy, Laurie Hayward, Marilyn Hughes, Sally Christ, Melisa Mallock, Clyde Merrill, Debra Pallard, Doug Jones, Judy East, Al May, Betsy Fitzgerald, Sara McConnell and Eleody Libby

The facilitator called upon each participant to answer the two key questions until all views were exhausted. Below are the results of the conversation.

Washington County: One Community
 Mobilizing for Action Through Planning and Partnership (MAPP)
 Forces of Change Community Assessment
 Blue Bird Ranch, Machias
 September 2, 2010 5:30 – 8:30 p.m.

Agenda Item/Question	Discussion
Welcome and MAPP overview: What is MAPP? Process/Vision	Al May: Distributed a handout that described MAPP and he explained to participants how we will follow the process developed by MAPP. Purpose: To mobilize more individuals around the county! Eleody Libby: Explained how Washington County: One Community (WC:OC) has implemented the MAPP process to date, i.e. Quality of Life Survey, Focus Groups, and Visioning Process.
Question 1: a. What are the key trends, events, or factors in your community that have or will influence community health and quality of life for your family ?	<ul style="list-style-type: none"> • Strength of the local economy • Workforce: lack of available workforce, high unemployment rate • Healthcare, prices are too high, must pay or go without, forced to prioritize which health problem for which family member is more severe • Substance abuse: high risk, we need more activities to help prevent substance abuse • Washington County needs motivation: to work and be active • Access to affordable healthcare, when people need specialists it is very expensive • Lack of affordable insurance • Chronic illness that require many visits for healthcare to maintain quality of life • Location: rural, we're long distances away from necessities • Washington County lacks childcare, educational opportunities, substance abuse prevention • Cuts in education, combined classrooms • Facebook, social media

	<ul style="list-style-type: none"> • Lack of drivers licenses • Out-migration of youth, lack of opportunities, employment, etc. • Kids aren't outside playing • Risky lifestyles • We do have strengths, like Greenland Point Center • Safety issues, threatened that my home may be invaded, I live alone and elderly feel the same way • Housing availability/affordability • Fishing industry or lack there of • Youth, no access to broadband • Youth feel they can't stay • Lack of jobs • Distribution of people at each age; no "middle ground" of people • High dependency ratio: more people need help, not enough people making money • Attitudes: seem good
<p>Question 1: b. What are the key trends, events, or factors in your community that have or will influence community health and quality of life for your community?</p>	<ul style="list-style-type: none"> • Educational community, not enough resources to provide opportunities to all that would like to be served • Attitude • Substance Abuse: the many attitudes of what abuse is, use, is it addressed? We need to all be speaking the same language when speaking of substance abuse • Lack of training for young people • Medical community – lack of funding for agencies • Locals vs. "People from Away" • Lack of being vested in the community • Schools: lack of resources, pushing parents out • Pain meds wanted, drug seekers • Providers are challenged everyday by drug users – trying to re-educate, small workforce • Substance abuse • Don't feel as safe, finding needles, etc. • Providers used to be "feel good" doctors, now it's not acceptable so people see it as doctors not giving people what they want • Education: we need more activities, walk-a-thons, bike rides – adults need to "think like kids, clean and free" • Nature-based tourism/activities • Attitudes towards food – not knowing where it came from • Literacy – people can't read, and people need to continue their education and be lifelong learners • Influences – what's "normal" with substances • Food – we expect it to be cheap, we want a buffet – lack of nutrition – we want as much as we can get for as cheap as we can get it

	<ul style="list-style-type: none"> • Our value in food is skewed 	
<p>Question 1: What are the key trends, events, or factors in your community that have or will influence community health and quality of life for Washington County?</p>	<ul style="list-style-type: none"> • Transportation to medical appointments • Isolation • Elderly isolation • Substance abuse – it’s everywhere • Alcohol and marijuana is accepted • Prescription drugs – cause more crime • Alcoholism is a huge problem in Washington County • Washington County being rural is a blessing and a curse, without people we don’t have as many opportunities, if we had more people here maybe we could have more, but we really don’t want any more people to move in • Aging population • Poverty • Willingness to get things done – pitch in and help, we have good character • We have dynamic/ high energy people in Washington County • Alternative energy opportunities • People engaged in economic development • Vast political spectrum • Optimism • Beautiful • Abundance of natural resources • Need to utilize natural resources • We have technology here to help our quality of life • People care about each other • We need more community activities, we should look for more grants • Transportation is needed, our county is divided • We under sell ourselves • Washington County does impact the rest of the world 	
<p>Question 2: What are the potential opportunities or threats facing us as we work to improve health?</p>	<p style="text-align: center;">Opportunities:</p> <ul style="list-style-type: none"> • Healthcare reform • Telemedicine • Coordinating transportation • Sense of community • Technology improving • Hospice education/end of life care • Collaboration between agencies • Expansion on broadband • We have an opportunity to take 	<p style="text-align: center;">Threats:</p> <ul style="list-style-type: none"> • Environment/global changes • High cancer rate • Insurance companies not paying • Substance abuse • Health disparities • Enablers to addicts • Lack of health care workforce • Single-parent families/survival

	action	
--	--------	--

The following documentation for the St. Croix Valley Forces of Change key-stakeholder meeting was provided by Al May, Downeast District Public Health Liaison.

The Forces of Change Assessment is aimed at identifying forces-such as trends. Factors or events- that are or will be influencing the health and quality of life of the community and the work of the local public health system. Trends and patterns over time, factors, and events- the major forces that affect public health or the community.

Saint Croix Valley Healthy Communities identified key people in each of the 22 cities, towns and reservations in their service area and sent out a letters to 44 of the key leaders (two from each entity) explaining the Forces of Change Assessment and giving a date for the dinner and assessment workshop to be held at the Princeton Rod and Gun Club in Princeton. Recipients of the letters were asked to please let us know if they could not attend, and to please give us the names of others in their town that we might contact. The importance of this meeting to the public health infrastructure and their town’s voice in the process was stressed. A week before the event a reminder notice was sent and some follow-up calls were made. In the end only 22 people showed up and the distribution was concentrated in Calais and surrounding towns, the northern and southern ends of our service area were not well represented.

**Forces of Change- Threats and Opportunities Worksheet
St. Croix Valley Healthy Communities**

Trends, Events, Factors	Threats Posed	Opportunities Created
Population decline- decline was greatest among two age groups - the school aged, and those aged 25-44 - who could contribute to the regional economy now and in the future. Aging population.	Increased dependency ratio- The dependency ratio is a figure that essentially adds the elder and youth population together and then divides that sum by those of working age. It is a rough measure of a community's ability to generate income to support its needs. Losing residents with middle class values, skills and resources Rural “gettoization”	More elder care homes and assisted living-but jobs created are low pay and will frequently be dependent on transfer payments
Chronic and growing substance abuse issues-co-occurring disorders	Substance abuse hits all socio-economic levels but it is more likely to hit those who see no future for themselves – it takes the future from these individuals but also robs the greater	More jobs in Law Enforcement, substance abuse counselors – maybe, need to figure out how to pay for

	community of its future Greater crime, more prosperous people moving out Need more mental health professionals	
Persistent and pervasive feelings of hopelessness- Adverse childhood experiences (ACEs) Historical Trauma Unnatural Causes Seasonal Affective Disorder	Medical professionals frequently mention the amount of trauma experienced by their patients- feelings of hopelessness-“nothing matters-things won’t get any better”- “We are here for a good time-not a long time.” Attitudes not conducive to a healthy community	Need to be more realistic in schools and deal with issues that make learning extremely difficult -if focusing on test scores instead of barriers to learning the future is bleak Without funding it is hard to see how this presents an opportunity-know what we need
More interest in farming and organic farming	None	More farmers markets, better food available, more people supplementing their budgets by growing own food- possibility of more farms of size enough to create state-wide marketing capabilities- all good
More small businesses closing	Washington County dependent on small business to survive- when they close the self-employed owner not covered by insurance or unemployment-not given training-more empty storefronts	They have the entrepreneurial spirit and business experience-we need to work together to find something viable for them
Health Issues: High and growing rates of chronic disease: injury, obesity, poor nutrition- some will get worse as population ages	Greater burden on health care system, families	More jobs in healthcare-this is iffy Create more recreational opportunities, more gardens, walkways, bike trails
Transportation Issues	No or little public transportation, as elderly , especially in winter feel they can no longer drive- leaves them isolated and unable to get food or other supplies and unable to access healthcare unless they have family in the area- puts a greater burden on families	Perhaps the Able and other programs could be used for those who need supplemental income to provide transportation for those in need-would have to coordinate and get three or four at a time- create a group of people that support each

		other
Fuel Costs	Put low income people at risk and drain the disposable income of the more prosperous- the disposable income that could be spent on things in the county to create jobs	The more fuel costs the more likely there will be investment in alternative energy- (wind, tidal turbines) need to push that if they are going to use our energy resources-tides, wind-they need to build the turbine, windmill manufacturing plants here Some people are still hoping for LNG but the prospects are getting dimmer as new natural gas resources found in Canada and US
Lose Youth who leave to look for job opportunities in more prosperous areas	Lose the talent and energy of those who are needed to turn the economy around	Eventually we might value the youth we do have and help them with their issues
Decreasing Economic Resources		?????
Mill Closure	Loss of another 150 jobs, and temporary closure with loss of another 300, unemployment rate very high, those employed at mill feel very unsure of future. Loss of well-paying jobs with benefits, each mill job effects lost adversely effects 4.7 other jobs in the area	Domtar owns the dams on the Saint Croix- they can generate electricity- also biomass energy production a possibility Jobs but nothing like those lost
Rural geographically isolated area with population density of 12.2 per square mile	Difficult to attract business when so far from markets-workforce issues	Recreational possibilities-need marketing strategy Would sound like heaven to some-need to find them and have something for them to do
Lack of technology	Need broadband to be connected to the world	Stimulus is investing in broadband which is coming to the area-people will be connected to markets-price of technology coming down-Axiom Technologies. Still the cost of equipment and cost of service and training to contend with

School Consolidation	Threat to small schools in small communities-loss of community cohesiveness and participation	Hopefully the school that do survive will have more students and more resources-no one is really sure how well this will work
Deep Water port facilities in Eastport	Need to find business for it now that Domtar greatly reduced activity	Cattle drive to Turkey- who knew- the port now has an agricultural license – need to research possible opportunities
St. Croix River	Pollution a problem of pulp and paper mill in Baileyville releasing recognized carcinogens to the air and water, but vast improvement in sewer waste in river from the 1970's	Recreational opportunities, alewives returning, need to listen to the science on health of Bay and upstream, power generation Chlorine-based pulp and paper bleaching processes generate dioxins and furans. Chlorinefree technologies eliminate these toxic pollutants by taking chlorine out of the equation. Operating cost savings. Although require an initial capital investment, these technologies can offset recurring operating costs. For example, pulp and paper mills that eliminate the use of chlorine or chlorine dioxide can achieve significant cost savings associated with pollution control, workplace safety requirements, emergency response, employee training, security costs, and safety equipment. In the long-term, avoiding or reducing these annually recurring costs can save facilities money and require facilities to find safer alternatives to dangerous chemical technologies may
Natural Resources	A great distance from populated areas	Wonderful recreational places-need to build a plan

		and market- kayaking tours to different bodies of water
Health Care-uninsured and underinsured	People afraid to be creative if have no health care-take a job that has it Use emergency departments when in crisis-very expensive	With aging population more are getting on the public option-Health Care Reform Health Care Reform in flux-need to see how it works out
Water Quality	Many people on private wells-high property taxes in the overburdened municipalities that do have sewer and water systems drives people outside to even more rural areas where they have wells and septic systems- the water quality of wells needs to be assessed- the impact of aerial spraying of forests and roadsides, runoff from blueberry fields, and naturally occurring <i>arsenic</i> <i>Issues with septic systems and water supply contamination.</i> Arsenic was used as a pesticide in Maine between 1920 and the late 1960s, and high arsenic levels can still be found in areas of Maine where arsenic-containing pesticides were applied to apple orchards, potato and blueberry fields, and along roadways.	If the contamination is known something can be done

As part of the process to join the work of the two Healthy Maine Partnerships into a comprehensive and inclusive county-wide Health Plan, WC:OC developed the following two pages to represent a synthesis of the summaries developed from the minutes of each of the Forces of Change sessions.

Forces of Change Collective Results

Question 1: What are the key trends, events, or factors in your community that have or will influence community health and quality of life for your family, for your community, and for your county?

Demographic and economic trends

- Beautiful environment with an abundance of natural resources is attractive for recreation and ecotourism
- Geographic isolation a challenge to growth in businesses distant from their markets
- Strength of the local economy and availability of jobs for the unemployed challenged by poor recovery from recession

- Recent alternative energy projects tapping wind and tides hold promise to help mitigate loss of mill, fishing, and aquaculture jobs
- Limitations in available, qualified workforce compounded by continuing out-migration of young adults related to lack of opportunities, employment, etc.
- Higher fraction of elderly associated with more residents needing help and not enough people making money to support them
- Continuing problem with housing availability and affordability
- Current situation of low rate of access to broadband connectivity of particular concern for youth opportunities

Attitudes and cultural values

- We have dynamic, high-energy leaders, a can-do attitude and optimism about getting things done, and caring people willing to help others
- However, we often undersell or discount our capabilities and not enough residents have a sense of investment in their communities
- Highly rural environment is cherished by many residents, yet it often makes community reticent to support initiatives that might lead to significant population growth
- Community participation and initiatives led by relatively new residents (“people from away”) continues to be challenged by mistrust among many who grew up here
- The broad spectrum of political and coalition activities reflect community motivation to solve problems
- There is a growing sense of interdependence between Washington County and the rest of the world
- There is growing interest by some residents in locally grown food, promotion of gardening, and farmer’s markets that enhance access to organic food
- However, the attitude toward food by the majority tends to value only its relative cheapness and does not take adequately take into account its nutritional value

Social problems

- Overall, the crime rate remains low, although prescription drug abuse contributes to what crime we do have and for some residents threatens the generally high sense of safety in the community
- We continue to have high rates for alcohol and opiate abuse
- Poor aspirations and limited opportunities among youth and young adults appears to be a major contributor to this problem, as is a sense of hopelessness by many residents with a history of trauma
- Applications of technology to enhance our quality of life is a trend
- The growth in home computers and their use for social networking or gaming appears connected to the decline in outdoor physical activity by youth
- Affordable and accessible child care continues to remain inadequate to the need

Education

- The many small schools of the county contribute to community cohesiveness and family participation in their children’s education

- The educational resources of schools has been declining, and the impact of school consolidation remains unclear
- For the adult community, there are not enough resources to provide opportunities to all that would like to be served for their needs in literacy skills, youth training, and life-long learning

Health care

- Lack of public transportation limits access of the poorest and the elderly to distant health care, social services, and basic necessities such as food
- Adequate health insurance is not available to many low income residents, and the high co-pays and uncovered specialty services reduces regular utilization critical for preventing or managing chronic disease
- The quality and range of services by health care and social service agencies is threatened by limitations in funding and reimbursement levels
- Providers need more education on strategies to address the legitimate needs of chronic pain sufferers while avoiding the abetting of addiction by drug-seeking patients
- Insufficient attention is being paid to monitoring and assessing environmental sources of health problems such as use of pesticides and herbicides in agriculture and arsenic in well water

Question 2: What are the potential opportunities or threats facing us as we work to improve health?

Threats:

- The broad disparities in health outcomes for the poor will continue if solutions for more adequate access to preventive and treatment services are not implemented
- Inadequate transportation resources, high fuel costs, and high out-of-pocket costs for health care represent significant barriers to access by low income residents
- The high cancer prevalence and mortality rates in the county will continue until more adequate delivery of prevention and treatment programs is achieved
- If not addressed by prevention and treatment and through changes in social norms that enable addiction, substance abuse will continue to represent a major much loss in human potential and threat to the health of the affected individuals and their families
- The health care, oral health, and behavioral health workforce is adequate to the needs
- The aging demographic and continued out-migration of young adults will continue to reduce the fraction workforce supporting the young, old, and disabled
- High health insurance, unemployment, and other costs are a continuing challenge to small business success
- Unless more resources are applied, the health impact of environmental contamination and natural toxins such as arsenic in well water will remain hidden and unaddressed
- Large-scale environmental changes, such as global warming, can be a major threat to health on a local level

Opportunities:

- A health sense of community by residents is a major strength to harness

- Expanding on a tradition of collaboration between agencies to achieve better coordination and continuity of care is a critical opportunity
- Health care reform holds promise for improved quality and affordability
- Addressing health care needs for the aging and substance abuse populations can create jobs
- Creating more recreational opportunities can contribute to reduced obesity and chronic disease burden
- Telemedicine has growing acceptance as a means to enhance access to distant services
- Coordinating and promoting existing transportation resources and further development of local ride volunteer programs such as ABLE is worth pursuing
- There is good potential for the community to enhance hospice and end of life care
- Ongoing expansion of more affordable broadband access for homes, schools, and business has many implications for a healthier community
- Past success in using grants for youth prevention and development and for after school programs enhances prospect for continued efforts given adequate funding opportunities
- Support for local food production and marketing can contribute to wellness and to the economy
- Support for recreational use of natural resources can also contribute to wellness and to the economy
- Knowledge of sources of environmental toxins or compromised sewer or water systems can stimulate mitigation efforts; with improved health benefits and associated cost savings

