



Washington County Community Health Improvement Plan

Phase V Goals and Strategies

Washington County: One Community and St. Croix Valley Healthy Communities co-convened stakeholder meeting in two locations within Washington County (Machias and Calais) on December 3, 2010 to review and prioritize the Strategic Issues. The two meetings were joined through videoconferencing and facilitated by Eleody Libby (Machias location) Executive Director, Washington County: One Community and Al May (Calais location), Public Health Liaison, Maine CDC.

Through multiple sessions with stakeholders from late Fall 2010 through Spring 2011, the WC:OC MAPP team, with support from Maine CDC District Liaison Al May, arrived at overlapping sets of priorities for groups in Calais and Machias. The “strategic issues” first identified by the groups were translated into goals in the form of questions prior to the strategy development work sessions.

The Machias group identified the following goals as highest in priority:

- How do we reduce substance abuse?
- How do we encourage healthy lifestyles?
- How do we assure access to healthcare?
- How can we reduce chronic disease incidence/impact?

The Calais group, after reviewing the Machias group’s choices, proceeded to identify as priority:

- How do we assure access to healthcare?
- How do we encourage healthy lifestyles?
- How do we provide a healthy environment?
- How do we mobilize coordination between health systems that provide services?

In separate meetings the facilitator then handed out the instructions for the goals and strategies session. The differences between a goal and strategy was clarified, as was the difference between a strategy and an implementation or action step. The following minutes summarize the partial status of completion of identification of strategies for each goal, the barriers that pertain to these strategies, and provisional action steps to achieve these strategies. The groups were encouraged to think in terms of a 5-year time frame for the plan (MAPP Phase 5). Minutes of the Calais Strategic Issue meeting were provided by Al May, Downeast District Public Health Liaison.

Washington County: One Community
 Mobilizing for Action through Planning and Partnership (MAPP)
 Choosing Strategic Issues Meeting
 Machias Department of Health and Human Services
 December 3, 2010

On December 3rd, 2010 Washington County: One Community convened the Phase V MAPP Community Health Improvement Plan Goals and Strategies meeting in Machias, Maine.

In attendance: Rose St. Louis: Community Health and Counseling Services, Sara McConnell: Washington County: One Community, Michael Edwards: HealthWays, Judy East: Washington County Council of Governments, Eleody Libby: Washington County: One Community, Theresa Brown: Aroostook Mental Health Services, Megan Burgess: Washington Hancock County Agency, Susan Farley: Washington Hancock County Agency, Ed French: United Way of Eastern Maine, Mike Doran: HealthWays, Cora Townsend: Cobscook Community Learning Center, Arlena Ryan: Maine Veterans Homes Machias, Mike Hinerman: Washington County Emergency Management Agency, Linda Belfiore: Washington Hancock County Agency, Carrie Callahan: Next Step Domestic Violence Project, Kim Page: University of Maine at Machias, Kevin Athearn: University of Maine at Machias, Cindy Huggins: University of Maine at Machias, Deborah Dodge: Community Health and Counseling Services (19 total attendees)

Greeting, Introductions and Overview of Agenda: Eleody Libby and Judy East

Judy and Eleody reviewed the MAPP process and timeline to date. The five assessments that have been done throughout Washington County were then explained.

Strategic Issues: What are they, how were they identified? An explanation of each of the 9 chosen Strategic Issues was explained: what they are, why they were chosen and a handout was distributed, which showed if that Strategic Issue was found in the 5 assessments.

| Strategic Issue | Explanation | Found in all 5 Assessments |
|--|--|----------------------------|
| Strategic Issue 1: How do we assure access to healthcare? | What does this mean: transportation, treatment, doc/nurse retention, education of what services are available. | YES |
| Strategic Issue 2: | Nutrition, access to healthy food, | YES |

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| How do we encourage healthy lifestyles? | buying local, prevention, education. | |
| Strategic Issue 3: How do we reduce substance abuse? | Tobacco, opiates, alcohol, etc. | YES |
| Strategic Issue 4: How do we reduce chronic disease impact? | Reduce rates, keep people out of the Emergency rooms, medical aspect-high rate of cancer, self management, etc. | YES |
| Strategic Issue 5: How do we mobilize coordination between health systems that provide services? | Collaborations, working together, not duplicating services, transportation, etc. | YES |
| Strategic Issue 6: How do we provide a healthy environment? | Pollution, how does the “health” of our environment affect our individual health i.e.: rivers, lakes, air, sea, etc. | YES |
| Strategic Issue 7: How do we provide economic opportunities? | Jobs, education, retention, etc. | NO |
| Strategic Issue 8: How do we promote a sense of community? | Positive attitudes, working collaboratively, cultural norms, etc. | NO |
| Strategic Issue 9: How do we motivate and encourage participation in communities? | Linking people together, volunteers, social activities, making connections, etc. | NO |

After discussion of what the Strategic Issues were, the group was asked, “As a county, what should our top 4 priorities be? Each participant then chose what they felt were the top 4 priorities to be addressed in Washington County.

| Strategic Issue | Number of Votes: |
|---|------------------|
| <i>Strategic Issue 1: How do we assure access to healthcare?</i> | <i>14</i> |
| <i>Strategic Issue 2: How do we encourage healthy lifestyles?</i> | <i>12</i> |
| <i>Strategic Issue 3: How do we reduce substance abuse?</i> | <i>11</i> |
| <i>Strategic Issue 4: How do we reduce chronic disease impact?</i> | <i>13</i> |
| Strategic Issue 5: How do we mobilize coordination between health systems that provide services? | 5 |

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| Strategic Issue 6: How do we provide a healthy environment? | 4 |
| Strategic Issue 7: How do we provide economic opportunities? | 6 |
| Strategic Issue 8: How do we promote a sense of community? | 2 |
| Strategic Issue 9: How do we motivate and encourage participation in communities? | 4 |

As one large group Strategic Issue 1: How do we assure access to healthcare? was reviewed and the group discussed how the Strategic Issue relates and complements the need to reach our the overall goal(s). Participants then determined five strategies to reach the goal were chosen.

The group determined the following five strategies as the activities that would help us reach our goal.

- Healthcare systems need to coordinate resources, mobilize, coordinate delivery and not duplicate
- Strengthen the transportation services for patients to/from healthcare and resources
- Recruit and retain a full continuum of service providers
- Advocate for affordable healthcare
- Expand services provided by the federally qualified healthcare providers in Washington County
- Improve communication of the range of services available in Washington County

Strategic Issue 1: How do we assure access to healthcare?

| Strategy | Barriers | Implementation |
|---|--|--|
| 1. Mobilize/Coordinate healthcare system delivery | <ul style="list-style-type: none"> • Distance • Lack of telecommunications • Competing service providers • Keeping information current • Access to technology and knowledge to use it | <ul style="list-style-type: none"> • Comprehensive Resource Guide • Education programs • Increase broadband technology • Encourage providers to support the entire continuum of services |
| 2. Strengthen Transportation | <ul style="list-style-type: none"> • Number of vehicles • Knowledge of services | <ul style="list-style-type: none"> • Enlist help from providers to coordinate |

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| | <ul style="list-style-type: none"> • Time/distance • Stigma of use • Cost • Conditions of reimbursement | <ul style="list-style-type: none"> • scheduling for same trips • Policy change; allow reimbursement • Create/support community volunteer networks • Expand the use of telemedicine |
| 3. Recruit/Retain Full Continuum Of Care | <ul style="list-style-type: none"> • Funding • Rural geography • No cultural peer group • Cultural message of “getting out” by parents to children | <ul style="list-style-type: none"> • Forgiveness of student loans for service in rural areas • Distance education • Encourage PA programs • Increase programs to provide opportunities in further education • Negotiate with medical schools to encourage placement • Encourage sense of community • Make community welcoming |
| 4. Advocate For Affordable Healthcare | <ul style="list-style-type: none"> • Did not review | |
| 5. Communicate Range Of Services | <ul style="list-style-type: none"> • Did not review | |

As the end of the allotted time for the meeting grew closer the group decided they wanted the chance to break into smaller groups to work on the 3 remaining Strategic Issues. Each group worked diligently for 45 minutes to create the goal statement for each Strategic Issue then brainstormed strategies that address the goals, barriers to the strategies and ways of implementation.

Strategic Issue 2: How do we encourage healthy lifestyles?

Group Members: Eleody Libby, Kevin Athearn, Cindy Huggins, Cora Townsend and Carrie Callahan

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| Strategic Issue: How do we encourage healthy lifestyles? | | |
| Goal: Washington County will choose to live a healthy lifestyle | | |
| Strategic Alternatives | Barriers | Implementation |
| Increase nutrition education: How and why to eating healthy | <ul style="list-style-type: none"> • WC has culture that supports unhealthy habits • Lower education/literacy levels • Limited nutritionists/ | <ul style="list-style-type: none"> • Train the trainers- create network that increases healthy eating habits • Create and disseminate information that is |

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| | educators <ul style="list-style-type: none"> • Change in information/inconsistent information • Different messages/too many message | consistent |
| Facilitate the availability of healthy foods year around | <ul style="list-style-type: none"> • Unfavorable weather conditions • Lack of knowledge of <i>current</i> fresh food options that are available • Unable to accept food stamps at local farmers mkts. | <ul style="list-style-type: none"> • Increase year around green house • Assess local options for healthy foods (co-ops, farm mkts, distributors etc) • Increase local distribution networks • Increase senior farm share • Increase number of mom/pop store that offer fruits/veg/ health options |
| Increase residents involvement in food production | | • |
| Improve school nutrition | | • |
| Increase awareness of available physical environments options for physical activity | | • |
| Increase the number of age appropriate programming for all ages | | • Encourage town to have recreational programs |
| | | • |

Strategic Issue 3: How do we reduce substance abuse?

Group Members: Judy East, Ed French, Mike Doran and Linda Belfiore

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| Strategic Issue: How do we reduce substance abuse? | | |
| Goal: Washington County will reduce/prevent/manage substance abuse | | |
| Strategic Alternatives | Barriers | Implementation |
| Educate Washington County residents about existence/prevalence/impacts/prevention of substance abuse | <ul style="list-style-type: none"> • Lack of healthy alternatives • Models in adult population of irresponsible substance abuse • Hopelessness • Economic hardship | <ul style="list-style-type: none"> • Teen leadership training • Peer group counseling • Engage counselors that people know/trust/respect • Start substance abuse education in primary school |

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| | | <ul style="list-style-type: none"> • Models of responsible adult behavior • Mentoring of young adults in local businesses • Provide healthy recreational alternatives • Add substance abuse education mandates to ME learning results • Encourage healthy supervised high-risk, high-activity events/programs, eg ropes, climbing wall |
| Awareness/education of adverse childhood experiences on later incidences of substance abuse | <ul style="list-style-type: none"> • Lack of motivation • Awareness of practitioners | <ul style="list-style-type: none"> • Better treatment protocols • More residential treatment programs |
| Decrease density/outlets of sources for alcohol/other drugs | <ul style="list-style-type: none"> • Resistance to regulation | <ul style="list-style-type: none"> • Ordinances |
| Increase amount of existing and awareness of treatment services | <ul style="list-style-type: none"> • Funding • Insufficient practitioners • Lack of support groups and programs | <ul style="list-style-type: none"> • Form support groups (Al-Ateen, Al-Anon, N-Anon) |

Strategic Issue 4: How do we reduce chronic disease impact?

Group Members: Rose St. Louis, Mike Edwards, Theresa Brown, Mike Hinerman, Arlena Ryan and Deb Dodge

| Strategic Issue: How can we reduce chronic disease incidence and impact? | | |
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| Goal: create and support a community where all residents are able to manage chronic disease and where prevention/mitigation is a focus to decrease incidence and impact affecting its members. | | |
| Strategic Alternatives | Barriers | Implementation |
| Harnessing local resources to educate about and support healthy lifestyles. | <ul style="list-style-type: none"> • Reimbursement for services/programs • Stigma • Literacy and technology limitations • Transportation • Attitudes about health (apathy) | <ul style="list-style-type: none"> • Start education early • Improve technology and access for community • Improve outreach • Create and maintain a Community Resource Bank • Increase funding opportunities for new programs |

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| Enhance and increase local opportunities to access health education, relating to prevention and disease management | <ul style="list-style-type: none"> • Literacy and technology limitations • Reimbursement/funding sources • Number of providers and limited specialty service providers/caregivers • Transportation • Attitudes and apathy • Event space is limited • Affordability to provide programs and materials • Weather | <ul style="list-style-type: none"> • Increase screening opportunities • Identify and access high risk populations • Market resources and avenues for education and supports available to the community • Increase focus on reasons for high incidence of chronic disease and develop action steps to address community risk factors (ex: the mill) |
| Improve and advocate for changes to increase funding and/or reimbursement for wellness services to the community at large | <ul style="list-style-type: none"> • | |

As the time allotted for our meeting came to an end, the group did not have a chance to share goals, strategies, barriers and implementation with the larger group. We felt that another meeting should be held in January and a doodle poll would be sent to participants to choose a date before Martin Luther King Jr. Day, and we can use the facilities at UMM, and invite Calais participants also. Each group would have the necessary time finish their work, and then come together as one large group for discussion.

Calais meeting minutes provided by Al May, Public Health Liaison

Washington County MAPP Phase 5
 Calais Meeting
 Friday December 3, 2010
 Facilitated by Al May, PH Liaison

Location: Washington County Community College
 Attendance: 8

During the first hour, we spent some time guiding folks through the handout with the MAPP process and the timeline, in order to familiarize everyone in the room with what has been done in the previous four phases and how that fits in with what the group would do in Phase 5. Paul and Gail provided insight on specific sections of the assessment pieces as to what meetings were held and how the assessments were organized (Community Themes survey). We then spent some time focusing on the nine strategic issues, and had some discussion on how the language was drafted and what topics came up at the November 18 meeting that led to these nine strategic issues. The facilitator used the notes from November 18 meeting to address some of the topics at that meeting—cancer, obesity, prescription drug abuse, environmental health issues.

We were then ready to vote. There was some discussion on combining some of the strategic issues, and we noted that this point also came up in the 11/18 meeting. But we felt that the nine were distinct enough to bring to the table for a vote.

The facilitator called the Machias location to discuss their and the group had a discussion about the Machias top four and the ones that Calais came up with.

The four strategic issues that were decided on by the Calais group were:

- How do we assure access to healthcare?
- How do we encourage healthy lifestyles?
- How do we provide a health environment?
- How do we mobilize coordination between health systems that provide services?

The facilitator then handed out the instructions for the goals and strategies session. We spent some time clarifying the differences between a goal and strategies, especially in the difference between a strategy and an action step, since action steps will come later in Phase 6. This was difficult because folks kept on coming up with examples of programs in the discussion around goals, and time was needed for folks to talk but also to point out that these examples were not strategies.

The larger group then took on the first strategic issue. You will notice in the goals that we added time language (these will be five year plans so an end date for the plans will be 2016).

Strategic Issue #1: How do we assure access to healthcare?

Goal #1: Every community member will have access to health care by 2016.

Strategy Alternative #1: Build and enhance capacity for mobilizing health care services to community (transportation).

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Cost • Distance | |

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| <ul style="list-style-type: none"> • Coordination • Existing lack of Infrastructure; Need for Infrastructure building | |
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Strategy Alternative #2: Provide opportunities for affordable health care access.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Time of available services -evenings, weekends. • Free clinics • Programs that are no longer offered like well baby clinics • Insurance | |

Strategy Alternative #3: Build awareness around available resources for health care services (what are the existing services, how to link people to services).

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Literacy • Lack of internet service/web access • Lack of delivery of information (some rural locations receive no information) | |

Strategy Alternative #4: Identify populations not being served.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Lack of staff/resources to inform people • How/what process to identify unserved or underserved • Systems like corrections • Mental health issues | |

Strategy Alternative #5: Build community awareness and understanding around mental health and substance abuse access needs to health care.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Population with mental health or substance abuse. • Privacy issues • How to better utilize the media on creating stories to inform about issues and awareness. | |

We then broke into two small groups to discuss the next two strategic issues.

Strategic Issue #2: How do we encourage healthy lifestyles?

Goal #1: Every community member will have access to the tools to develop a healthy lifestyle by 2016.

Strategy Alternative #1: Adapt healthier lifestyle by increasing knowledge about nutrition and healthier food for disease prevention.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Cost • Cultural attitude • Access • Literacy • Knowledge of food preparation | |

Strategy Alternative #2: Identify and inform of the opportunities available in the community to provide increased physical activity.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Cost • Cultural attitude • Access • Lack of education about health benefits • Availability of resources | |

Strategy Alternative #3: Inform and educate about issues surrounding substance abuse.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Attitude • Lack of knowledge • Media/Advertising (“it is glamorous to drink and smoke) • Marketing for public health interventions | |

Strategy Alternative #4: Provide clinics and health fairs to screen and educate about chronic diseases (cancer, cardiovascular, diabetes, asthma, for example).

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Cost • Know your numbers • Providers and Coordination | |

Strategy Alternative #5: Identify vulnerable populations to coordinate resources.

| Barriers | Implementation Details |
|----------|------------------------|
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Strategy Alternative #6: Identify existing resources for community members to develop healthier lifestyles.

| Barriers | Implementation Details |
|----------|------------------------|
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Strategic Issue #3: How do we provide a healthy environment?

This group thought about external environment versus the home environment and felt that most people would connect more to improving their home situation first before tackling air and water pollution, pesticides, etc.

Goal #1: Each person in our community will be aware of a healthy home environment by 2016.

Strategy Alternative #1: Strengthen lead poisoning awareness and enhance coordination between partners.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Funding to implement housing improvements • Contractor education/training • Homeowner awareness or interest lacking • Providers • Landlord/Renters Issues | |

Strategy Alternative #2: Increase awareness of mold in the home, especially considering the health outcomes associated with mold (asthma, increase respiratory conditions, allergies)

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Understanding extent and health outcomes of mold • Literacy (need pictures vs. words) • Understanding cause of asthma • Understanding cause of allergies • Existing lack of services | |

Strategy Alternative #3: Increase awareness of well water testing and issues around radon and arsenic.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Cost for testing water • Education about arsenic and water | |

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| <ul style="list-style-type: none"> • Education about radon and water • Cost for remediation • Types of remediation | |
|---|--|

Strategy Alternative #4: Coordinate with Asthma Regional Council and community clinical partners to build awareness around adult and child asthma in the home.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Clinical Partners • Education about asthma (appropriateness, who provides the information, literacy) • Home visit coordination/integration of services • Adult lack of concern • Case management of children in schools • Lack of worksite wellness | |

Strategy Alternative #5: Coordinate services for seniors to improve the living conditions in their homes.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Cost of improvements • Lack of volunteer services (neighbor helping neighbor) • Senior culture-not wanting charity, not wanting change, approach needs to be different, want to be part of planning, want to be part of insurance plan • Contractor training and reliability • Family Members | |

The two groups then came back together to complete the last of the strategic issues.

Strategic Issue #4: How do we mobilize coordination between health systems that provide services?

We saw this as similar to Strategic Issue #2 but we saw this more as the mechanism for coordination. We also put the time language as ongoing because we saw an immediate need for this to start, not wait until 2016.

Goal #1: All health care system providers will communicate and coordinate health care services on an ongoing basis.

Strategy Alternative #1: Healthcare providers meet semi-annually as a group to identify and coordinate services.

| Barriers | Implementation Details |
|----------|------------------------|
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| <ul style="list-style-type: none"> • Territorial and competitive nature • Will not share resources • Time and money • Personality conflicts (long term) | |
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Strategy Alternative #2: Identify existing gaps in health care services.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Lack of communication and coordination between entities • Lack of engagement • Process—how to identify these gaps in a systematic way • Root Cause—is lack of health access a transportation issues, a lack of providers, a follow up issue, or a patient attitude? | |

Strategy Alternative #3: Identify population lacking services or needing specialized services.

| Barriers | Implementation Details |
|---|------------------------|
| <ul style="list-style-type: none"> • Mental Health systems • Substance Abuse systems • Culture • Privacy/Confidentiality • Follow up • Process for identifying • Providers | |

Strategy Alternative #4: Improve and enhance communication and coordination between providers in regards to case management of population (clients).

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none"> • Lack of coordination and follow up between providers • Information is not shared • Lack of technology that is consistent across providers for sharing patient information • Provider to Provider to Patient to third party issues: one provider sets up treatment in Bangor with another provider but needs a third party to provide the transportation—day of treatment, transportation does not show up, patient does not contact anyone, both providers are stuck. | |

Strategy Alternative #5: Form a multi-provider forum to collaborate on opportunities for funding and sharing resources.

| Barriers | Implementation Details |
|--|------------------------|
| <ul style="list-style-type: none">• Time—what is best time to bring providers together• Money—cost of keeping provider office and staff going during meeting• Egos• Territorial/long term personality conflicts• Competitive | |

As you can see, the group did not have a chance to work on the implementation details for each strategy. We felt that another meeting was justified with a larger number of participants, to take each strategy and flesh out the barriers, rethink the language of the strategy to make sure it makes sense and is meaningful and that to complete the implementation details.

There was also some discussion on how these will be combined with those of the Machias meeting, or does it make sense to have a set of strategies and goals for the Machias service area and a set for the Calais area, since the final MAPP document will need to show the commonalities and differences.