Healthy Acadia’s
Community Health Improvement Plan
MAPP PHASES 1-5: Strategic Plan
2008 - 2011

For the MDI Region Local Service Area:
Bar Harbor, Cranberry Isles, Frenchboro, Lamoine, Mount Desert, Southwest Harbor, Swan’s Island, Tremont, Trenton

HMP is a collaborative effort among 28 local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine with federal grants from the US CDC, SAMHSA, and DOE.

Generous local support provided by:
Healthy Maine Partnership: MAPP Community Health Improvement Planning
April 2011

MAPP PHASES 1-5: Strategic Plan

HMP: HEALTHY ACADIA

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List the towns included in your HMP Service Area for the 2007-2011 contract period
Please note any town(s) served through a subcontract with another HMP, and indicate
which area’s Strategic Plan includes each subcontracted town(s).
Bar Harbor, Cranberry Isles, Frenchboro, Lamoine, Mount Desert, Southwest Harbor,
Swans Island, Tremont, Trenton

Please indicate if the Strategic Plan for your service area was developed jointly with other
HMPs/organizations. NO
# Community Health Improvement Plan

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Acknowledgements

Healthy Acadia's Community Health Improvement Plan process could not have been possible without the support of multiple funders, volunteers, and staff.

Thank you to our generous funders:

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Mount Desert Island Hospital

Hattie A. and Fred C. Lynam Trust
COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS (MAPP)

Timeline

Phase 1: Organize for Success
- Conducted Visioning Process with Advisory Council
  - Fall ‘08 - Spring ‘09

Phase 2: Community Visioning
- Downeast Public Health Council conducted Local Public Health System Assessment
  - July ‘09
- Volunteers, Council members, staff conducted interviews and dialogues for Community Themes and Strengths Assessment
  - May ‘09 - Oct. ‘09
- Core team, Council members, and staff processed community data, developed 8 themes areas
  - Aug. ‘09 - Dec. ‘09

Phase 3: Four MAPP Assessments
- Conducted Health Status Assessment - gathered relevant health status data
  - Jan. ‘10 - Mar. ‘10
- Forces of Change Assessment - conducted at Advisory Council meeting
  - Feb. ‘10 - July ‘10

Phase 4: Identify Strategic Issues
- Advisory Council met to get updated and give input on Theme Team work
  - March ‘10
- Theme Team meetings, on-line work: developing theme team reports
  - April ‘10 - Aug ‘10

Phase 5: Formulate Goals & Strategies
- Continue to refine theme team report - develop into draft Community Health Improvement Plan
  - May ‘10
- Plan, Implement & Evaluate Action Plan
  - Fall, ‘10 - Spring, ‘11

Phase 6: Plan, Implement & Evaluate Action Plan
- Review, refine draft with Advisory Council, Theme Teams, others
  - Spring - Summer 2011
- Finish and publish final plan
  - Summer, 2011
- Continue to refine theme team report - develop into draft Community Health Improvement Plan
  - Summer, 2011 and onward
Community Health Improvement Plan
MAPP Participants

MAPP Participants

Hundreds of people and organizations were involved in the many stages of Healthy Acadia’s MAPP process. Approximately two hundred people, from all towns and a broad range of sectors, were involved in the early community health interviews and group dialogues, which began in 2009. This formed the basis of our Community Themes and Strengths Assessment. Close to one hundred people were involved in the eight “Theme Teams” that delved into our broad issue areas, helped to conduct the Health Status Assessment, and laid the foundation for the goals and strategies. Below is listed the Core MAPP Team participants, as well as the MAPP Advisory Team, whose members were involved in multiple stages of the MAPP process. Also listed are organizational participants in the process.

Core MAPP Team:
Barbara Hannon, Vice President of Nursing, MDI Hospital
Anne Krieg, Town Planner, Bar Harbor
Maria Donahue, Health Coordinator, MDI Regional Schools
Ron Beard, Professor, University of Maine Cooperative Extension
Doug Michael, Executive Director, Healthy Acadia
Elsie Flemings, Community Relations & Development Director, Healthy Acadia
Al May, ex-officio, Public Health Liaison, Downeast Maine District

MAPP Advisory Team:
Enoch Albert, MDI Hospital Nurse; Bar Harbor Conservation Commission
Jonathan Appleyard, Rector, Saint Saviour’s Episcopal Church
Rob Benson, Pastor to the Outer Islands, Seacoast Mission
Ben Billings, Wellness Coordinator, The Jackson Laboratory
Milja Brecher DeMuro, Counselor, Acadia Family Center
Maria Burdette, Youth Member, MDI High School Student
Debra Chalmers, Director, Straus Center Adult Day Program
Jo Cooper, Director, Friends in Action; Select Board Member, Lamoine
Kelly Corson, Community Health Coordinator, Healthy Acadia
Debra Deal, Executive Director, Camp Beech Cliff
Sue DeBlieck, Farm to School Coordinator, Healthy Acadia
Angie Delvecchio, Family Nurse Practitioner, MDI Hospital
Ellen Dohmen, Retired Nurse; Bar Harbor Appeals Board Chair
Jim Fisher, Senior Planner, Hancock County Planning Commission
Katie Freedman, Food, Farm and Nutrition Coordinator, Healthy Acadia
Community Health Improvement Plan
MAPP Participants

Kim Harty, Executive Director, MDI YMCA
Ingrid Kachamar, Executive Director, Harbor House
Chris Keefe, retired banker
John Kelly, Park Planner, Acadia National Park Service
Craig Kesselheim, Education Consultant, Southwest Harbor
Kyle Krasnow, Nurse, Cranberry Isles
Fay Lawson, Hancock County Commissioner
Keating McFarland, Youth Member; MDI High School Student
Anne Napier, Nurse Director, Mount Desert Nursing Association
Allie Nolan, Director of Resident Services, Ellsworth-MDI Housing Authority
Ed Oechslie, Executive Director, Acadia Family Center
Timothy Oh, Founder and Director, Caring Hands of Maine Dentistry
Helena Peterson, Director, Union River Healthy Communities
Wanda Porter, Local Health Officer, Cranberry Isles
Hannah Semler, Community Health Associate, Healthy Acadia
Ryan Swanson, Broker, RE/MAX Hills & Harbor Realty
Lisa Tweedie, Wellness Director, MDI YMCA
Aimee Walls, Care Management Director, MDI Hospital
Donna Weigle, Local Health Officer, Swan’s Island
Karen Dawson Yaeck, Wellness Coordinator, MDI Hospital

Organizational Participants

The Mount Desert Island Rotary Club; members participated in Community Health Dialogues at a Rotary Luncheon

Saint Saviour’s Episcopal Church, Bar Harbor; members participated in a Community Health Dialogue

Camp Beech Cliff; youth attending camp at Camp Beech Cliff participated in group dialogues and interviews

Malvern-Belmont Senior Housing Center; residents participated in a Community Health group dialogue

Mount Desert Island Hospital; multiple group dialogues and interviews were conducted, including with non-patient care workers and patient-care providers
Community Health Improvement Plan
Introduction

Introduction

Healthy Acadia, a comprehensive community health coalition, was formed in 2001 with public health funding provided by the Maine Center for Disease Control and Prevention. Today, our Coalition includes more than one hundred partner organizations and citizens working together to improve health throughout Downeast Maine. We rely on both private and public funding sources to address critical locally-defined health priorities.

Our mission is to empower people and organizations to build healthy communities. The local service area covered in this plan includes the towns of Bar Harbor, Cranberry Isles, Frenchboro, Lamoine, Mount Desert, Southwest Harbor, Swan’s Island, Tremont, Trenton. In 2010, the population of these nine towns totaled 14,232, according to the U.S. census data. Our region includes three municipalities on unbridged islands: Cranberry Isles, Frenchboro, and Swan’s Island. We have high numbers of older adults, as well as seasonal visitors. We have significant numbers of self-employed individuals, contributing in part to significantly higher than average levels of uninsured people. In Hancock County, 21% of adults are uninsured, compared with 12% statewide, according to the 2011 County Health Rankings.

We have slightly lower than average high school graduation rates – with 77.2% of our young people graduating high school, compared with 79.8% statewide. We are just about average in terms of college attendance. 58% of residents in Hancock County have attended at least some college, and 59% of Mainers have attended at least some college statewide. Our unemployment levels are slightly higher than the statewide average, (8.6% unemployment in Hancock County, compared with 8% statewide). However, seasonal fluctuations in employment are significant because a substantial part of our economy is based on seasonal tourism.

Our public health partners are numerous. We work with over one hundred organizations, businesses, schools, and governmental entities on issues of public health in our community. Our partners include: Acadia Family Center, Acadia National Park, Mount Desert Island Hospital and Health Centers, Eastern Area Agency on Aging, Friends of Acadia, Hancock County Planning Commission, Harbor House Community Center, Island Connections, Maine Seacoast Mission, Mount Desert Island YMCA, Friends in Action, Neighborhood House, Camp Beech Cliff,
Community Health Improvement Plan
Introduction

Mount Desert Nursing Association, University of Maine Cooperative Extension, Ellsworth-MDI Housing Authority, Caring Hands of Maine Dentistry, Saint Saviour’s Church and other faith-based organizations, Jackson Laboratory, RE/MAX Hills & Harbor Realty, Straus Center Adult Day Program, schools and municipal governments in the region, Washington Hancock Community Agency, and more.

Healthy Acadia has worked from 2008 through 2011 to develop our community health improvement plan for a nine-town local service area. We have worked with community partners and involved a broad base of community members every step of the way.

In developing our community health plan, we used a process entitled MAPP - *Mobilizing for Action through Planning and Partnerships* - which provides the framework for convening the variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement our community health improvement plan.\(^\text{v}\) We have built off of and worked to complement other community health planning processes, from those conducted at regional hospitals, to strategic plans of our partner organizations.

\(\text{--------------------------}\)

\(i\) [http://www.state.me.us/spo/economics/census/](http://www.state.me.us/spo/economics/census/)

\(ii\) [http://www.countyhealthrankings.org/maine/hancock](http://www.countyhealthrankings.org/maine/hancock)

\(iii\) Maine Kids Count, 2011

\(iv\) [http://www.countyhealthrankings.org/maine/hancock](http://www.countyhealthrankings.org/maine/hancock)

\(v\) [http://www.naccho.org/topics/infrastructure/mapp/framework/](http://www.naccho.org/topics/infrastructure/mapp/framework/)
Community Vision:

Vibrant communities where people thrive and healthful resources are easily accessible.

Process for Development of Vision:

Healthy Acadia Advisory Council members, who serve as MAPP Advisory Team members, worked from the fall of 2008 to the spring of 2009 to develop a vision statement that would reflect the ideal future for the region in terms of broad-based community health. They met multiple times, discussed values and ideals, and worked through a number of drafts until they determined a final vision statement, as written above. This is the vision statement that guides the rest of the MAPP process.
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Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Strategic Issue #1:

How can we ensure that all community members have access to affordable, high quality health care?

Key Findings:

◆ Numerous assets exist in the region that support our vision of high quality, affordable health care for all, including:
  
  o Our rural hospitals: Mount Desert Island Hospital and Maine Coast Memorial Hospital. Both provide high quality care to our region.
  o Seacoast Mission and MDI Hospital provide telemedicine, clinics, behavioral health services, and elder care programs on outer islands.
  o Mount Desert Nursing Association provides care for Mount Desert residents at low cost.
  o Hancock County Emergency Management Agency is an excellent resource for disaster preparedness efforts.
  o Multiple local mental health providers exist: MDI Hospital Behavioral Health Center, Acadia Family Center, private providers.
  o Private dentists occasionally conduct clinics on outer islands.
  o Life flight air ambulance service connects our rural & island communities with advanced life support and tertiary care facilities in Bangor and Boston.

◆ 21% of adults in Hancock County are uninsured, compared to 12% statewide (County Health Rankings, 2011).

◆ Many additional Hancock County residents are underinsured.

◆ When people are uninsured or underinsured, they often do not get needed primary care, such as yearly check-ups, and they wait to get needed care because of the cost. This leads to preventable illness, more acute illness, more emergency rooms visits, and higher health care costs.
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

♦ A lack of dental care providers in the Downeast region has led to limited access to dental care. 42.2% of adults in Hancock & Washington Counties have lost at least some teeth due to gum disease or tooth decay (*2010 Maine State Profile of Selected Public Health Indicators*).

♦ Access to health care is a particular concern for outer island residents, who have unique transportation challenges.

♦ Many community members are unaware of health care resources available in our communities, including for mental health care resources.

♦ Obstacles exist for community members to access resources available in our communities, including for mental health resources.

♦ Lack of data for Hancock County limits our ability to understand the health status of our immediate region.

♦ With the passage of the Federal health reform law, our communities and state have opportunities to improve access to high quality, affordable health care for all.

*Goal:*
**Increase awareness about available health care resources**

*Strategies:*

⇒ Create a documentary on all of the healthcare resources that exist in the region to air periodically on local television stations and in other venues

⇒ Develop a radio program on available healthcare resources

⇒ Identify an advocate in each community to go to coordinated meetings of healthcare professionals and bring information to their communities
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Goal:
Make health care more affordable

Strategies:
⇒ Develop a discounted medication program at the hospital, now possible through Federal Health Care Reform
⇒ Develop Community Dental Clinics; promote dental outreach
⇒ Work with Legislative delegation and partners to develop Maine’s Health Insurance Exchange to best meet the needs of community members for affordable, quality health insurance
⇒ Continue to develop Patient-Centered Medical Homes, community health teams, and other innovative care models to insure quality affordable care
⇒ Develop more opportunities for collaboration and coordination of resources; coordinate meetings for providers to meet and share resources
⇒ Continue to work to obtain grants to improve affordability of healthcare resources (e.g. through Maine Health Access Foundation)

Goal:
Overcome obstacles to accessing resources

Strategies:
⇒ Improve transportation support for home health care and to help community members access health resources
⇒ Further develop telemedicine on outer islands – expand to new areas, enhance services that already exist
⇒ Connect people with resources through personal interaction in order to build trust and diffuse fear, unknowns, or stigma associated with accessing resources
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Strategic Issue #2:

How can we ensure that all community members have access to healthy, affordable food?

Key Findings:

✦ Many assets exist in the region to support access to healthy and affordable food for all, including:

  o Food Pantries (Bar Harbor Food Pantry; Westside Food Pantry)
  o Share the Harvest Program through College of the Atlantic
  o Meals for ME
  o Soup kitchens (e.g. the Common Good Café in Southwest Harbor)
  o A variety of health food stores, and healthy food options in major grocery stores
  o Innovative school cooks and school lunch programs
  o College of the Atlantic (providing community gardening spaces; students interested and involved in food and farms; faculty expertise in food and sustainability)
  o University of Maine Cooperative Extension, providing resources and expertise
  o Community and Victory Gardens (Saint John’s, COA, Malvern-Belmont)
  o Farmers Markets throughout the region

✦ Hancock County rates among the lowest in Maine in terms of “Access to Healthy Foods.” This health factor measures percentage of zip codes in a county with a healthy food outlet, defined as a grocery store or produce stand/farmers’ market (County Health Rankings, 2011).

✦ Diet-related disease occurs in our region at significantly high rates, representing important health concerns connected directly to food:
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

- The percentage of adults with high blood pressure is among the highest in the state, at 32.7% for the Downeast District, which includes Hancock and Washington Counties.
- The percentage of high cholesterol in the Downeast District is the highest in the state, at 45.7%.
- While the diabetes prevalence among adults is slightly below the state average, at 8.1% compared with 8.3% statewide, the rate of diabetes deaths is the highest in the state (31 per 100,000 people, adjusted for age), and significantly higher than the state average of 23.6 per 100,000 adjusted for age (2010 Maine State Profile of Selected Public Health Indicators).

- The percentage of adults who are overweight or obese is 61.5%. While this is the state average, it reflects a community-wide concern, and there is a strong desire from community members to reduce the obesity rate (2010 Maine State Profile of Selected Public Health Indicators).
- The Downeast District has high rates of children eligible for free and reduced lunch, at 44.1% of children, compared with 39.1% statewide (2010 Maine State Profile of Selected Public Health Indicators).
- More than half of the region’s population earns less than a livable wage, making food insecurity high (Poverty in ME, 2010).
- Consumers face limited access to good, healthy food because of high price, limited number of food venues, and the isolation that some people face, especially elders.

**Goal:**
Create more opportunities for community members to access healthy food

**Strategies:**
- Create year-round farmers markets with value-added goods
- Work with school administrators & staff to create policies and practices so that healthy, whole foods are served by all schools, from local producers
- Expand the number of community & school gardens and orchards, as well as gleaning initiatives
 ⇒ Increase availability of healthy cooking & nutrition classes

 ⇒ Support the use of EBT technology at farmers markets

**Goal:**
**Improve the affordability of healthy food options**

**Strategies:**
 ⇒ Increase participation in federal programs, such as SNAP, WIC, FFVP, Senior Farm Share, and Free & Reduced Lunch

 ⇒ Develop local programs based on community needs and local foods to ensure access to healthy food for low-income individuals and families

**Goal:**
**Create better policy and environments for local food producers to grow and succeed**

**Strategies:**
 ⇒ Coordinate with local supermarkets to sell more local produce

 ⇒ Create a Food Policy Council that engages leaders from all sectors of the food system, in order to develop a plan for a stronger local food system

 ⇒ Improve local ordinances to better support and encourage local producers
**Strategic Issue #3:**

**How can we increase physical activity and healthy transportation in our region?**

**Key Findings:**

✧ Numerous assets exist in our region to support physical activity and healthy transportation, including:

- Sidewalks and walkable village centers
- Acadia National Park, Lamoine State Park, town parks
- Organizations providing opportunity for physical activity, such as: Mount Desert Island YMCA, Ellsworth YMCA, Harbor House, Neighborhood House, golf courses
- Mount Desert Island Hospital – walking courses, weight courses, post-discharge patient care
- School programs, such as gym, recess, walking clubs
- Public tennis courts
- Transportation services, such as: Island Explorer, Friends in Action, Downeast Transportation, Island Connections, Acadia Gateway Center
- Bicycle, kayak and canoe rentals and outfitters
- Hancock County Planning Commission

✧ Diseases related to lack of physical activity occur in our region at significantly high rates. Diet (as mentioned above) as well as lack of physical activity are both significant contributors to these diseases:

- The percentage of adults with high blood pressure is among the highest in the state, at 32.7% for the Downeast District, which includes Hancock and Washington Counties.
- The percentage of high cholesterol in the Downeast District is the highest in the state, at 45.7%.
- While the diabetes prevalence among adults is slightly below the state average, at 8.1% compared with 8.3% statewide, the rate of diabetes
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

deads is the highest in the state (31 per 100,000 people, adjusted for age), and significantly higher than the state average of 23.6 per 100,000 adjusted for age (2010 Maine State Profile of Selected Public Health Indicators).

♦ The percentage of adults who are overweight or obese is 61.5%. Lack of physical activity contributes directly to obesity (2010 Maine State Profile of Selected Public Health Indicators).

♦ Limited bikability and walkability are major concerns for area residents.

♦ In 2010, summer ridership of the propane-powered shuttle that is the primary public transportation service in the MDI region, the Island Explorer, was up 14% over ridership during the same period in 2009.

Goal:
Ensure greater opportunities for physical activity, making exercise the easy choice

Strategies:
⇒ Create free, protected places for exercise during inclement weather

⇒ Place outdoor exercise equipment in outdoor exercise areas

⇒ Create student drop-off points away from schools with volunteer adult walkers for the students

⇒ Increase “safe routes to schools” programs for students in the region to be able to walk or bicycle to school

⇒ Improve sidewalks and bikeways to encourage walking and cycling

⇒ Develop partnerships among businesses and organizations to incentivize giving up unhealthy activities (such as a cable subscription) by giving a benefits package for healthy activities
Goal:
Improve planning & infrastructure to encourage healthy transportation

Strategies:
⇒ Implement “Complete Streets” model as a common planning approach in all towns, where strong consideration in planning is given to all four modes of transportation: walking, biking, public transit, and driving

⇒ Improve roads, sidewalks, and pathways to make biking, walking and driving safe

⇒ Develop incentives to increase public transportation; make it more convenient and raise awareness of the opportunities
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Strategic Issue #4:

How can we reduce & prevent substance abuse in our community?

Key Findings:

◆ Multiple assets exist in our communities to support efforts to reduce and prevent substance abuse:
  
  o Acadia Family Center
  o MDI Hospital Behavioral Health Center
  o Contracted substance abuse counselor at the high school
  o Drug Court
  o Open Door Recovery
  o Seacoast Mission starting to reach outer islands with substance abuse services
  o Community recreation centers and other programs that provide healthy opportunities
  o Spiritual organizations and leaders; youth groups

◆ As a district (Washington & Hancock Counties), we have the second highest rate of youth smoking (among 6th through 12th graders), at 14.1%. The statewide average is 12.1% (*2010 Maine State Profile of Selected Public Health Indicators*).

◆ In contrast, the rate of current adult smoking in the Downeast District is just about middle of the pack, at 17.8%. The statewide average is 18.2%, and the range goes from 13.3% to 21.9% for public health districts (*2010 Maine State Profile of Selected Public Health Indicators*).

◆ For youth alcohol use indicators, the results are about average. For the Downeast District, alcohol use during the previous 30 days among 9th to 12th graders is slightly lower than average (34.7% in Hancock and Washington Counties, compared with 35% statewide). For Hancock County, detailed data is shown below, for various grades. The numbers hover close to the
statewide averages, with the exception of 8th grade, which has significantly lower numbers in Hancock County:

- Summary of MYDAUS/YTS 2008 Results for Hancock County
  Maine Office of Substance Abuse

- In the Downeast District (Hancock and Washington Counties), binge drinking within the previous 2 weeks among 9th to 12th graders is slightly above average, with 18.6% at the district level, and 18.2% statewide (District Profile).

- Misuse of prescription drugs in the last 30 days by 9th to 12th graders in the Downeast District is second lowest of all districts in the state, and the rate of substance abuse admissions is about average (District Profile).

- The percentage of infants born to women who used tobacco during the last three months of pregnancy is 21.8%, above the statewide average of 18.6% (District Profile).

- Acadia National Park has adopted tobacco-free policies for certain outdoor areas.

- Numerous prevention education and activities are available through the schools.
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Goal:
Create more opportunities for people to get the support they need to free themselves from addiction

Strategies:
⇒ Develop a substance abuse center (or satellite of a center) in all towns
⇒ Create more support options for people struggling with addiction
⇒ Develop regular community forums regarding substance abuse issues

Goal:
Improve policies and environments to reduce tobacco use and tobacco exposure

Strategies:
⇒ Create smoke-free public areas in all parts of the community
⇒ Create a law to make tobacco available only in specialty stores
⇒ Develop smoke-free policies for all of Acadia National Park – making Acadia the first smoke-free national park in the U.S.A

Goal:
Increase resiliency and positive opportunities for activities and engagement as alternatives to substance abuse

Strategies:
⇒ Work with students in schools and area community centers to engage youth in positive activities; build on efforts of the Teen Forum at MDI High School, and other such groups
⇒ Improve transportation opportunities for all ages, especially among youth
⇒ Increase substance-free social gathering opportunities for people of all ages
⇒ Expand on resiliency trainings sponsored by Acadia Family Center & Healthy Acadia, focusing on strengths-based approaches
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Strategic Issue #5:

How can we ensure that the children and youth in our region have the best opportunities to grow and thrive?

Key Findings:

♦ Many assets exist in our region to enhance opportunities for children and youth, including:

  o Recreational centers and after-school programs: the MDI YMCA, Neighborhood House, Harbor House
  o Camp Beech Cliff
  o MDI Biological Laboratory and Jackson Laboratory, opportunities for children and youth to engage in science
  o High quality K-12 schools, and high quality childcare centers
  o Library services in all towns
  o College of the Atlantic
  o Public transportation – Island Explorer, Downeast Transportation
  o Big Brothers, Big Sisters
  o Civil Rights Team in schools
  o Playgrounds
  o MDI Skatetpark
  o Faith-based youth programs

♦ We have high rates of low-income children: in 2009, the most recent year for data, 18.3% of children in Hancock County were living in poverty (Maine Kids Count, 2011).

♦ Public high school drop out rates are slightly above the state average; for Hancock County the rate is 3.9%, in comparison with 3.4% statewide. Public high school graduation rates are below average, with 77.2% of students graduating in Hancock County for the Class of 2009, in comparison with 79.8% statewide (Maine Kids Count, 2011).
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

◆ The number of students with disabilities is higher than the state average. 22.5% of students in Hancock County have disabilities, in contrast to 17.1% of students statewide (Maine Kids Count, 2011).

◆ As a district (Washington & Hancock Counties), we have the second highest rate of youth smoking (among 6th through 12th graders), at 14.1%. The statewide average is 12.1% (2010 Maine State Profile of Selected Public Health Indicators).

◆ The Downeast District has the highest rate of children age 0 to 18 with no health insurance. 9.1% of children age 0 to 18 in Hancock and Washington Counties have no health insurance, compared with 6.8% statewide (2010 Maine State Profile of Selected Public Health Indicators).

◆ Hancock County has a significantly higher rate of single-parent households in comparison with the statewide rate. 30% of households are single parent households in Hancock County, while the rate statewide is 20% (Maine Kids Count, 2011).

◆ Community-wide concerns exist about lack of opportunities for healthy activities and job opportunities for youth.

Goal:

Improve opportunities for children and youth to engage in healthy activities

Strategies:
⇒ Create a regional teen center or group of satellite teen centers as safe, healthy, social gathering spaces and community buildings

⇒ Create greater opportunities for public transportation for teens

⇒ Increase citing of creative playgrounds in all towns

⇒ Work with existing organizations to increase opportunities for afterschool and summer activities
Goal: improve opportunities for learning and preparing for success among children and teens

Strategies:

⇒ Embed service learning & apprenticeships in every student’s curriculum

⇒ Explore policies to institute a later start to the academic school day; beginning with a healthy breakfast

⇒ Develop programs to foster entrepreneurship in youth

⇒ Work with childcare centers to support professional development and facilities enhancement
Strategic Issue #6:

How can we promote healthy aging for all members of our community?

Key Findings:

♦ Numerous assets exist in our community to support healthy aging:
  
  o Recreational centers: YMCA’s, Neighborhood House, Harbor House
  o Public transportation opportunities: Downeast Transportation, Island Explorer, Island Connections, Friends in Action
  o Meals for ME meal program coordinated by the Ellsworth-MDI (EMDI) House Authority
  o Libraries & Churches throughout our towns
  o Acadia Senior College
  o Senior Housing Facilities coordinated by the EMDI Housing Authority, and Sonagee
  o Birch Bay Village
  o Straus Center Adult Day Program
  o Senior Companion Program administered locally by the EMDI Housing Authority
  o Social & physical activity groups: Footloose Friends, hospital walking program, YMCA Talks & Walks

♦ The Downeast District (Hancock & Washington Counties) ranks second highest among all districts in the percentage of the population who are seniors. 16.8% of our population is 65 years and older, while the statewide percentage is 14.4% (2010 Maine State Profile of Selected Public Health Indicators).

♦ The Downeast District has the second highest rate of seniors who live alone; 12.2% of those who are 65 years and older live alone in the district, compared with 10.7% statewide (2010 Maine State Profile of Selected Public Health Indicators).
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

◆ There are two distinct groups of retirees living in the area: those who are local and have life-long, family ties to the region and those who move here to retire (UMaine Center on Aging, Leonard Kaye, 2009).

  o Transplanted retirees tend to move to the area with more education, better health, stable finances and a more active lifestyle. They tend to contribute to the overall economy of the region as residents and do not necessarily take advantage of the services available for a significant amount of time. As they age, they take more advantages of services available (UMaine Center on Aging, Leonard Kaye 2009; Washington Hancock Community Agency, 2008).

  o Locals tend to be less economically stable and seemingly more private. Local programs may have a stigma to them. Locals use active older adult programs or social services less frequently than do transplants (Washington Hancock Community Agency, Needs Assessment, 2008).

◆ The seasonality of the communities in this service region greatly impacts the older community (Healthy Acadia’s Current State of Elders Report).

Goal:
Increase opportunities for socializing and healthy activities for seniors

Strategies:
⇒ Develop Senior Centers specifically for seniors to gather
⇒ Increase transportation options and affordability for seniors
⇒ Use media to advertise existing services and opportunities for seniors

Goal:
Enhance support for seniors and their caregivers

Strategies:
⇒ Develop a plan to ensure that a support system exists for every senior
⇒ Implement support groups and other support systems for caregivers of seniors
⇒ Survey seniors to better understand what they need for support

⇒ Implement an errand service for seniors
Strategic Issue #7:

**How do we sustain an environment that is healthy, free from toxins, and protected for current and future generations?**

**Key Findings:**

- Many assets exist in our community to support a healthy environment, including:
  - Town recycling and compost opportunities
  - Town Conservation and Waste Prevention Committees
  - Friends of Acadia; Maine Coast Heritage Trust
  - Town Chamber “Greening Initiatives”
  - Overall respect and appreciation for the environment in the community
  - Natural beauty – ocean, lakes, forests, mountains
  - Acadia National Park; Lamoine State Park; Town Parks
  - Downeast Transportation
  - School – environment-related curriculums; sustainability initiatives
  - Community Health Lab at MDI Biological Laboratory
  - College of the Atlantic

- Air pollution in our region is one of the worst in the nation largely because of the wind currents from heavy emissions-producing mid-western states.

- In 2009, Hancock County had 10 days with heavy ozone air pollution days in comparison with Maine’s statewide average of 1 day (County Health Rankings, 2011).

- The Hancock & Washington County region had the highest lung cancer incidence of any region in Maine, adjusted for age, from 2004 to 2006. The incidence was 96.9 per 100,000 people, in comparison with the Maine state average of 80.3 per 100,000 people (2010 Maine State Profile of Selected Public Health Indicators).
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

♦ The Hancock & Washington County region had the second highest overall cancer incidence from 2004 to 2006, adjusted for age. The rate was 57.3 per 100,000 people, in comparison with the statewide average of 533 per 100,000 people (County Health Profile, 2011).

♦ The Hancock & Washington County region has one of the highest rates of lead screening among 1-year old children in the state, and of those screened, about 1.2% have elevated blood lead levels (County Health Profile, 2011).

Goal: Invest in opportunities to improve environmental health & sustainability

Strategies:
⇒ Develop region-wide or shared alternative energy projects
⇒ Build more opportunities for “green job” training
⇒ Provide education about and funding for low-cost energy audits & winterization

Goal: Implement policies to better protect our natural resources & expand opportunities for community members to make environmentally healthy choices

Strategies:
⇒ Create easier and more comprehensive recycling and composting opportunities in towns
⇒ Implement low-cost testing for well water & provide resources to each home to lower toxins
⇒ Implement Home Economics in schools with health and green living focus
⇒ Explore limiting harmful substances in the region, for example a ban on polystyrenes in our communities
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Goal:
Increase awareness and coordination of efforts and opportunities to improve environmental health

Strategies:
⇒ Create a regional resource for “How to live Green in the MDI Region”
⇒ Increase awareness of toxins and how to decrease health hazards in homes
⇒ Share resources for greening with school administrations, teachers
Strategic Issue #8:

How can we increase economic opportunities and decrease economic disparities in our region?

Key Findings:

♦ Numerous assets exist in our community helping to improve economic opportunities and reduce disparities, such as:
  o Washington Hancock Community Agency
  o Hancock County Cooperative Extension
  o Center for Women, Work & Community
  o Coastal Enterprises Institute
  o Local Merchants Associations, Chambers of Commerce, and Young Professionals Groups
  o Downeast Business Association
  o College of the Atlantic Business Incubator
  o Buying Clubs (in Town Hill, etc)
  o Local, year-round stores
  o Bar Harbor Barter and Swap initiative
  o The National Park, tourism attractions
  o Working waterfronts

♦ We have high rates of low-income children: in 2009, the most recent year for data, 18.3% of children in Hancock County were living in poverty (Maine Kids Count, 2011).

♦ We have high rates of low-income individuals – 13.5% of individuals live in poverty in Hancock and Washington Counties, compared with 12.2% statewide (2010 Maine State Profile of Selected Public Health Indicators).

♦ We have a highly seasonal community, with seasonal tourism and businesses

♦ We have a smaller year-round community, with many residents striving to ensure a vibrant, year-round high quality of life
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

♦ We have a higher than average number of people in our region who have a Bachelor’s degree or higher. For Hancock County, the percentage of those aged 25 and older with a Bachelor’s degree or higher is 29.7%, compared with 26.1% statewide (U.S. Census Bureau).

♦ We have significantly higher than average levels of unemployment during most of the year, although in the peak summer season, our unemployment drops slightly below the state average. Below is a chart depicting the unemployment rate in Hancock County, in comparison with Maine and the U.S. The data is shown by month over the course of 1 year (April 2010 to April 2011):

<table>
<thead>
<tr>
<th>Date</th>
<th>Hancock County Not Seasonally Adjusted</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Labor Force</td>
<td>Employed</td>
</tr>
<tr>
<td>Apr-11</td>
<td>28,270</td>
<td>25,499</td>
</tr>
<tr>
<td>Mar-11</td>
<td>27,491</td>
<td>24,290</td>
</tr>
<tr>
<td>Feb-11</td>
<td>27,607</td>
<td>24,325</td>
</tr>
<tr>
<td>Jan-11</td>
<td>27,362</td>
<td>24,132</td>
</tr>
<tr>
<td>Dec-10</td>
<td>28,603</td>
<td>25,746</td>
</tr>
<tr>
<td>Nov-10</td>
<td>28,717</td>
<td>26,058</td>
</tr>
<tr>
<td>Oct-10</td>
<td>30,331</td>
<td>28,250</td>
</tr>
<tr>
<td>Sep-10</td>
<td>30,909</td>
<td>28,982</td>
</tr>
<tr>
<td>Aug-10</td>
<td>32,625</td>
<td>30,642</td>
</tr>
<tr>
<td>Jul-10</td>
<td>31,978</td>
<td>29,765</td>
</tr>
<tr>
<td>Jun-10</td>
<td>30,918</td>
<td>28,739</td>
</tr>
<tr>
<td>May-10</td>
<td>29,334</td>
<td>27,003</td>
</tr>
<tr>
<td>Apr-10</td>
<td>28,311</td>
<td>25,630</td>
</tr>
</tbody>
</table>

- Maine Department of Labor, Center for Workforce Research and Information
  [http://www.mainelabor.gov/cwri/laus.html](http://www.mainelabor.gov/cwri/laus.html)

♦ The average wage in Hancock County is below the statewide average:

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>Type</th>
<th>Total Wages</th>
<th>Average Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Maine</td>
<td>All Ownerships</td>
<td>21,308,767,404</td>
<td>36,642</td>
</tr>
<tr>
<td>2009</td>
<td>Hancock</td>
<td>All Ownerships</td>
<td>713,831,870</td>
<td>32,468</td>
</tr>
</tbody>
</table>

- Maine Department of Labor, Center for Workforce Research and Information
Community Health Improvement Plan
Strategic Issues, Goals & Strategies

Goal:
Provide greater opportunities & coordinate resources to help businesses and entrepreneurs

Strategies:
⇒ Create a community incubator program to help build skills and create well-paying jobs, including year-round jobs
⇒ Develop co-op style offices or business centers to share space, equipment, rent, ideas
⇒ Coordinate on-line & social media tools to share business resources

Goal:
Improve opportunities for workers

Strategies:
⇒ Increase affordable childcare and infant-care
⇒ Implement a mentorship and leadership development program
⇒ Link worksites with tools and resources to support the health and well-being of the workforce
Community Themes and Strengths Assessment

Process for Conducting Assessment:

Volunteers, MAPP Advisory Team members and staff conducted 5 months of community interviews and group dialogues (summer-fall 2009). We reached out to approximately 200 people and asked them broad-based questions about “community health.” Interviewees were asked what they see are assets in the community that help us to be a healthy community, what they see are concerns, and what they would like to see happen to make us a healthier community (see page 41).

We worked to ensure that the interviewees represented as broad a spectrum of our community as possible. We did so by identifying all of the sectors and categories of people that we wanted to include in the process. We determined that we wanted to include multiple people from each municipality, loosely based on relative population of each municipality. We also wanted to include multiple people for every age range, a gender balance, and various income levels. We also identified specific sectors from which we wanted to ensure representation, such as those in the school system, state and local governmental representatives, business owners, employees, faith-based organizations, a variety of economic sectors, community leaders, as well as those who may be in vulnerable or isolated circumstances. We then frequently compared our list of completed interviews with our multiple categories, in order to focus on reaching out to people from the sectors that were underrepresented at a given time. In this way we were able, with our limited time, to ensure a broad representation of community in the interview process.

We also trained and mentored our interviewers to ensure that our data was thorough and appropriate. Included below (page 39) is a script we provided for interviewers along with some guidelines. Staff members were available to provide on-going support for the interviewers throughout the process.

The interview and dialogue data was organized through an excel database. In the winter of 2010, staff, Core MAPP Team members, and MAPP Advisory Team members worked together to review the data and organize it into 8 overall themes, summarizing the strengths and issues within each theme. The themes are listed here (page 34), with the summary of each one below.
Community Health Improvement Plan
Community Themes and Strengths Assessment

THEMES:

- Child & Youth Opportunities
- Economic Opportunities & Disparities
- Healthy Food
- Preventing Substance Abuse
- Active Living & Healthy Transportation
- Healthy Aging
- Environmental Health & Sustainability
- Access to Care

CHILD & YOUTH OPPORTUNITIES:

- STRENGTHS/ASSETS:
  - Good school systems
  - Opportunities for physical activity (YMCA, Playgrounds, other organizations)
  - Big Brothers, Big Sisters
  - Youth organizations
  - Safe community

- ISSUES:
  - Social and physical activity opportunities for children and youth (some strengths; community would like to see more)
  - Need better technical / vocational educational opportunities
  - Substance abuse (particular concern for youth)
  - Economic opportunities for youth (concern about outmigration)
  - Safety net for children (special needs, mental health, homelessness)
  - Need more resources to help parents with young children (early childhood development 0-5 yrs)
  - Funding challenges for k-12 school (particularly Lamoine)

ECONOMIC OPPORTUNITIES & DISPARITIES:

- STRENGTHS/ASSETS:
  - Year-round employers (COA, Jackson Lab, Bio Lab, Schools, Small Businesses)
  - Tourism industry brings jobs (even though many are seasonal)
  - Fishermen’s Co-op on Islesford
Community Health Improvement Plan
Community Themes and Strengths Assessment

- Broad range of goods and services
- Fishing and Farming
- Apartment complexes – good for mixed housing, more affordable

**ISSUES:**
- Employment concerns (lack of good paying jobs, year-round jobs)
- Loss of working waterfront
- Cost of living
- Cost of childcare
- Lack of Affordable Housing
- Economic disparities
- Poverty
- Homelessness
- Limited consumer options in towns

**HEALTHY FOOD:**

**STRENGTHS/ASSETS:**
- Small-scale, diverse agriculture
- Farmers markets; farm stands
- Health food stores
- Food pantries
- Limited fast food
- Island Cooks (outer islands)
- Community and individual gardens

**ISSUES:**
- Limited access to and affordability of healthy foods
- Hunger/food insecurity
- Limited education opportunities in healthy food options, preparation
- Limited access to garden spaces
- Healthy food in schools
- Limited coop buying
- Limited Farmers’ Markets (especially in winter)

**PREVENTING SUBSTANCE ABUSE:**

**STRENGTHS/ASSETS:**
Community Health Improvement Plan
Community Themes and Strengths Assessment

- “No Smoking” public areas, such as Playgrounds
- Young people doing outdoor activities – less likely to abuse substances
- Groups and programs exist to support people struggling with addiction

**ISSUES:**
- Alcohol abuse – youth peer pressure; drunk driving; health dangers; negative impacts in community
- Tobacco abuse – health impacts
- Illegal drug use – peer pressure; health dangers
- Prescription drug abuse
- Particular concern about children/youth, but also concern about all ages
- Concern about resistance among people to access available support

**ACTIVE LIVING & HEALTHY TRANSPORTATION:**

**STRENGTHS/ASSETS:**
- Opportunities to be outside, to do outdoor activity (Acadia National Park, Lamoine State Park, Canoeing, Kayaking, walking paths, biking and running clubs)
- Other physical activity resources (YMCA, Harbor House, Neighborhood House)
- Bus system (Downeast Transportation for public, Island Connections and Faith in Action for Seniors)
- Culture of Activity

**ISSUES:**
- Limited access and affordability of physical activity opportunities
  - E.g. programs/facilities/membership/classes
- Particular concern in winter season
- Limited information about affordable options for physical activity/social opportunities
- Need for road repairs – concerns about road safety for cars, bikes, pedestrians
- Year round public transportation
- Need for improved public transportation system; year-round
- Limited bikability – poor roads, lack of bike lanes, dangerous
Community Health Improvement Plan
Community Themes and Strengths Assessment

- Limited walkability – poor sidewalks; lack of side walks, limited paths
- Limitations of transportation system to outer islands (ferries) – cost, limited schedule, etc

HEALTHY AGING:

- **STRENGTHS/ASSETS:**
  - Apartment options for the elderly
  - There are some places for Seniors to congregate – eg the Common Good Café
  - Agencies that serve Seniors, offer programs (e.g. the Eastern Area on Aging)
  - Exercise programs for Seniors
  - Adult Day Center, SWH
  - Transportation support (Island Connections, Faith in Action, WEST, Island Explorer)
  - Community respects Seniors

- **ISSUES:**
  - Would like to see more physical activity and social/cultural opportunities for Seniors; particular seasonal concerns (Winter)
  - Limited access to affordable health care
  - Limited access to transportation for Seniors
  - Concern about services for the elderly – home care, access to quality, affordable nursing homes, etc

ENVIRONMENTAL HEALTH & SUSTAINABILITY:

- **STRENGTHS:**
  - Village greens, open spaces
  - Organizations, groups supporting protection of the environment
  - Culture of appreciation and stewardship of the environment
  - Recycling opportunities
  - General fresh air
  - Variety of groups/individuals promoting clean energy, other important changes (eg Pemetic School putting up solar panels and wind turbine)
  - Green Business
Community Health Improvement Plan
Community Themes and Strengths Assessment

• **ISSUES:**
  o Environmental toxins concerns (radon, etc)
  o High cancer rates – concern about environmental impacts
  o Water quality and water resource protection concerns
  o Limited sustainable energy
  o Limited recycling/composting (good there is some, would like to see more)
  o Concern about unplanned development

**ACCESS TO HEALTH CARE:**

• **STRENGTHS/ASSETS:**
  o Healthcare facilities (MDI Hospital, community health centers, Mount Desert Nursing Association, telemedicine)
  o EMS infrastructure
  o Good dental care

• **ISSUES:**
  o High insurance rates - limits access to affordable, quality health care
  o Limited health care options on outer islands
  o Need more dental care access
  o Need more mental health care access (or awareness of availability)
  o Need more care for seasonal depression
  o Need more preventative care access (or awareness of availability)
  o Concern about people not taking advantage of resources that exist
Script for Healthy Acadia Community Health Assessment Interviews

Please feel free to use whatever portions of this script are helpful for you. The key is for you and the interviewee to be comfortable, and for the interviewee to feel at ease to answer the questions as openly as possible. Thank you!

Interviewer: “Hi, thank you so much for meeting with me today. I am a volunteer for Healthy Acadia, a community health organization based on Mount Desert Island. Healthy Acadia is currently conducting a Community-wide Health Assessment and Strategic Planning process. A major component of the health assessment is community outreach, which will take place in the form of individual interviews and group dialogues, like the interview we are doing now. Healthy Acadia is reaching out to as many individuals and groups as possible, and volunteers like myself are helping to conduct the interviews.

“We will look at the responses, along with statistical research, to develop an island-wide community health assessment as well as to develop priorities and goals for a comprehensive strategic plan. This strategic plan will then be useful community-wide for organizations, towns, and others to use to help guide future community health work on Mount Desert Island and surrounding towns.

“It is crucial we hear directly from as many people as possible, so thank you so much for taking the time to do this. There are only 5 questions, as you can see here [show them the 1pg “cheat sheet” with all 5 questions on one side]. Your answers may specifically relate to one town, or one part of the town, or maybe relate to a broader area – that’s fine. No answer is wrong!

“So, let’s get started.”

* Ask each question, one at a time. Give interviewee plenty of time to answer, take notes in the area provided. If you need more space for notes, feel free to use another sheet. (just make sure notes are labeled clearly).

* If you hear particularly good quotes from the interviewee, please try to capture them in your notes. But don’t worry, we will not use any quote without asking the interviewee if they would like to be quoted and without double checking the quote.

* The interviewee may jump around a bit (for example, they may start mentioning concerns they have, when they are answering the question about strengths in the community). Feel free to jot down their answer in the space it belongs so that you or they do not forget it; it is good to let them brainstorm. However, after they say what is on their mind, gently bring them back to the question you are supposed to be
Community Health Improvement Plan
Community Themes and Strengths Assessment

answering. Once you confirm that they are finished answering, then you can officially move on to the next question.

* The interviewee may also remember something they want to add to a previous question, feel free to take the time to return to the earlier question to add those comments.

* As the interviewee seems to be coming to an end of comments for a given question, you may want to ask them one more time if they have anything else to add. If not, move onto the next question.

* If they are having a hard time coming up with any answer for a question, please give them time to think about it, and reiterate that no answer is wrong. If they still are having a hard time, you can move onto the next question, and revisit the earlier question if needed.

**Recording of personal information and confidentiality:**

- If the interviewee is comfortable, please write down their name, town, gender, and background information that may be pertinent (eg retiree; mother of small children; grew up in Southwest Harbor; moved to Mount Desert from out of state 2 years ago, etc).

- If the interviewee asks about confidentiality, please let them know that we will not use their name or personal contact information in the report we put together. We will only use their information in the aggregate, combined with the information from other interviewees. If the interviewee is not comfortable with you writing down their name (even though it will not be used publicly), that is fine. In that case, please at least include town, gender, and age range.

**At the end of the interview:**

*Interviewer:* “Thank you so much for taking the time to answer these questions. We really appreciate it – these interviews are critical to ensure that the health assessment and strategic plan are relevant and meaningful. Feel free to keep your copy of the questions. If you have any further thoughts or would like to follow up in any way, please feel free to contact Elsie Flemings, who is coordinating this project at Healthy Acadia: elsie@healthyacadia.org or 288-5331." [Feel free also (or instead) to give your own information, but only if you want to].

THANK YOU!
Community Health Improvement Plan
Community Themes and Strengths Assessment

Questions for Interviews:

Healthy Acadia Community Health Assessment

Interview & Dialogue Questions:

1. What do you like most about living here?

2. What would you say are some of the characteristics of a “healthy community”?

3. What are the assets or strengths of this community, things that contribute most to your idea of a healthy community?

4. Are there some things that get in the way of this community living up to your idea of a healthy community? What concerns do you have, or concerns that you hear others express?

5. Are there specific ideas or projects that you would like to see accomplished here, to make us a healthier community?
Community Health Status Assessment

Process for Conducting Assessment:

In the spring of 2010, Healthy Acadia formed “Theme Teams” for our MAPP development, consisting of people with expertise, interest, and experience with the theme areas we had developed in the earlier parts of our MAPP efforts. We convened eight theme teams to correspond to our eight theme areas: Child & Youth Opportunities; Economic Opportunities & Disparities; Healthy Food; Preventing Substance Abuse; Active Living & Healthy Transportation; Healthy Aging; Environmental Health & Sustainability; and Access to Care.

The Theme Teams were tasked with delving more deeply into each theme area, and they did so over the course of a number of meetings and electronic communications. Close to 100 people participated in the eight theme teams over the course of their work.

The Theme Teams conducted the Community Health Status Assessment as part of their initial work together. They primarily studied the 2010 Maine State Profile of Selected Public Health Indicators. They reviewed that data, discussed possible additional data, and developed the foundation for the Health Status Assessment, as included here. The MAPP coordinator compiled the final summary of the Assessment. The two documents with indicators used in the assessment are listed below. The focus of the Theme Teams, as shown in the summary below, centers on the 2010 Maine State Profile of Selected Public Health Indicators.

Below is a summary of key comments that emerge on the health indicators:

1. Demographic Characteristics

   - The Demographic indicators highlight that the Downeast District (which includes Hancock and Washington Counties), is a particularly rural area. The Downeast District is, in fact, the second most rural district, with 20.6 people per square mile compared to the state average of 42.7 people per square mile.
   - We also have a disproportionately elderly population, and few young people. The Downeast District ranks second in having the highest percentage of seniors. 16.8% of our population is 65 years old and older, second only to Aroostook County with 17.6%. Statewide, 14.4% of the
entire population is 65 years old and older. We are tied with having the lowest percentage of young people under the age of 18. For both Aroostook County and the Downeast District, 19.6% of our population is under the age of 18.

2. Socioeconomic Characteristics

- We have **high rates of children eligible for free lunch**, although we are not the highest among all districts. In the Downeast District, 44.1% of children are eligible for the free and reduced lunch program, compared with 39.1% statewide. However, four other districts (out of 8) have slightly higher percentages than us.
- We have a **higher than percentage of individuals living in poverty**, at 13.5% compared to the state average of 12.2%. However, three districts have poverty rates slightly higher than ours.
- We have the **second highest rate of seniors who live alone**. For the Downeast District, 12.2% of those who are 65 years and older live alone, second highest to Aroostook County, with 13.1% living alone. The state average is 10.7%.
- The **percentage of children under the age of five with a disability is also second highest in the state**, second to Aroostook County.
- Among the rest of the socioeconomic indicators, we are relatively close to the state average. The percentage of single-parent households is slightly lower; the percentage of adults with lifetime educational attainment less than high school is slightly higher; the percentage of adults with disabilities is slightly lower than the state average.

3. Health Resource Availability

- Within the category of health resource availability, the Downeast District unfortunately has the **highest rates of adults with no health insurance, and well as the highest rates of children age 0 to 18 with no health insurance**. 16.8% of adults in the Downeast District have no health insurance, compared with 11.3% statewide. 9.1% of children age 0 to 18 in our district have no health insurance, compared with 6.8% statewide.
- The Downeast District **fares better with the ratio of population to physician**; with one physician for every 880 people, which is actually better than the state average of one physician for every 978 people. It is the second lowest ratio in the state, next to the Cumberland District with 759 people per physician.
4. **Quality of Life**

- The Downeast District rates relatively well in quality of life. We have a **relatively low percentage of adults with greater than or equal to 14 unhealthy days per month.** 16% of adults in the Downeast District have 14 or more unhealthy days per month, compared with 17.7% statewide. The margin of error for our district's results, however, is plus or minus 3.4% so, while we know we are at the middle or low end in relation to other districts, we may or may not actually be lower than average.
- We have **close to the average percentage of adults reporting fair of poor health status** in the last 30 days: 13.2% in the Downeast District compared to 13% statewide.

5. **Behavioral Risk Factors**

- A strong concern arises with youth smoking. **We have the second highest rate of youth smoking** (among 6th through 12th graders), at 14.1%. Aroostook County has the highest rate, at 14.5%, and the statewide average is 12.1 percent.
- Interestingly, in contrast to the previous data, the rate of current adult smoking is just about middle of the pack, at 17.8%. The statewide average is 18.2%, and he range goes from 13.3% to 21.9%.
- The percentage of adults who are overweight or obese is also close to the average, at 61.5% compared with 61.8% statewide. Though it is average, the high rate of overweight or obese adults is still a concerning trend.

6. **Environmental Health Indicators**

- The data shows a number of positive indicators for environmental health in the Downeast District. The Downeast District has the **highest percentage of carbon monoxide detectors in homes** among all districts in Maine.
- We also have **one of the highest rates of lead screening among 1-year children,** at 61% in the Downeast District, compared with 48.7% statewide.
- We also have the **second lowest rate of elevated blood levels among screened 1-year old children,** at 1.2%, compared with 1.4% statewide.
7. **Social & Mental Health**

   - The **indicators relating to adult mental health are somewhat conflicting**. The percentage of adults with 14 or more days of frequent mental stress in the past month is the lowest of all districts; however the percentage of adults taking medicine or receiving treatment from a doctor for a mental health condition is second highest of all districts. And the percentage of adults with current symptoms of moderate or severe depression is 3rd highest among the 8 districts, and above the statewide average. It is clear that there is a concern here around adult mental health that should be further examined.
   - For **youth alcohol use indicators, the results are about average**. Alcohol use during the previous 30 days among 9th to 12th graders is very slightly lower than average (34.7% compared with 35% statewide). Binge drinking within the previous 2 weeks among 9th to 12th graders just very slightly above state average, with 18.6% at the district level, and 18.2% statewide.
   - Misuse of prescription drugs in the last 30 days by 9th to 12th graders is second lowest in the state, and rate of substance abuse admissions is about average.

8. **Maternal & Child Health**

   - **Several indicators around births reflect positively for maternal and child health in the Downeast District**. The rate of infant mortality is the lowest of all districts, with 4.4 per 1000 live births in our district compared with 6 per 1000 statewide. Live births with low birth weight is also the lowest in the Downeast District; 5.7% of births in our district have low birth weights, compared to 6.7% statewide.
   - And finally, preterm births (less than 37 weeks) is the lowest in the Downeast District, at 5.7% compared to 8.7% statewide.
   - **A concerning indicator is the percentage of infants born to women receiving prenatal care**. The rate is 83.6% in our district, the second lowest rate among all districts. The state average is 86.8%.
   - **Another concerning indicator is teen births, ages 15 to 19**. The rate is 31% in the Downeast District compared with 26% statewide.
   - **The percentage of infants born to women who used tobacco during the last three months of pregnancy is 21.8%**. While this is the 4th
highest rate among all districts and close to the state average of 18.6%, this was still identified as a concern for our community health.

9. **Death, Illness & Injury**

- A major theme in this category that caused great concern is the **high rates of cancer in the Downeast District**. The overall cancer incidence is 573.3 per 100,000, adjusted for age. This is second only to the Penquis District at 581.1 per 100,000, and it is significantly higher than the state average of 533 and to U.S. average of 456.2.
- Overall Cancer mortality is also extremely high. The Downeast District and Penquis both have the highest rate at 210.8 per 100,000, adjusted for age, compared to 198.5 for the Maine state average.
- In indicators that seems to correspond to the data above, the rates of cancer screening in the Downeast District are extremely low. The **percent of adults age 50 and older who have ever had a sigmoidoscopy or colonoscopy screening is the lowest in the state**, at 63.9%. This is significantly lower than the state average of 72.6%. The percentage of women 40 and older who have had a mammogram in the past two years is also lowest in the state, at 77.6%. These indicators would also seem to relate to the data summarized in the section on health resource availability showing that our district has the highest rates of uninsured people in the state.
- Several chronic disease indicators are also concerning for our region. **Our percentage of high blood pressure among adults is among the highest in the state**, at 32.7%.
- The percentage of high cholesterol in the Downeast District is actually the highest in the state, at 45.7%.
- The data on diabetes also poses a strong concern. **While the diabetes prevalence among adults is slightly below the state average**, at 8.1% compared with 8.3% statewide, **the rate of diabetes deaths in the Downeast District is the highest in the state**, and significantly higher than the state average. The rate is 31 per 100,000 people, adjusted for age, in the Downeast District, compared to 23.6 per 100,000 statewide. This seems to point to a lack of care and management for those individuals with diabetes in our district.
10. Infectious Disease

- Overall, the indicators for infectious disease are relatively positive or average for the Downeast District. The percentage of adults over the age of 65 who have had the influenza vaccine in the past year is 76.8%, above the state average of 74.6%.
- Those 65 years or older who have ever had the pneumococcal vaccine is 73.1%, above the state average of 71.7%.
- The rate of reported cases of Lyme disease is 18.7 per 100,000 people, significantly lower than the state rate of 69 per 100,000 people.
- The rate of reported cases of salmonella is also below the state average, at 10.5 per 100,000 people, compared to 12.1 per 100,000 people statewide.
Local Public Health Systems Assessment

An overarching goal of Healthy Acadia, a Healthy Maine Partnership and comprehensive community health coalition, is to serve as a highly effective component of the local public health infrastructure in the Downeast District. As Healthy Acadia evolves, we increasingly play a pivotal role in streamlining administration, strengthening local capacity, and assuring a more coordinated system of public health in order to improve the health of all people throughout the Downeast-Acadia region.

Based on meetings with multiple stakeholders, we identified three themes that emerged from the district-wide Local Public Health Assessment that are particularly meaningful to our local service area. We discussed the ways in which these themes related to our region and the implications of this assessment for our community.

As a Comprehensive Community Health Coalition, we are highly focused on provision of Essential Public Health Services # 3 (Inform, Educate & Empower People), #4 (Mobilize Community Partnerships) and #5 (Develop Policies, Plans that support individual and community health). As such, our ability to more effectively communicate, coordinate and integrate these essential services within the LSA and across the district w/out duplication at the district level is one key theme arising from our review of the LPHSA.

1. Coordination of public health efforts in and across the service areas. Across the 10 essential public health services, it is clear that many elements of the services are in place, but there is at times a lack of coordination across the district. For our local service area, it is evident that as we build our own services and capacity, it will be important to look for strategic opportunities to coordinate district-wide when possible. At the same time, it will be important to use our limited resources wisely, and to avoid duplicating or replicating processes for the sake of district-wide coordination unless there is added value to doing so.

When impact and effectiveness is demonstrated, working to improve district-wide coordination can help to ensure that our work is benefiting the entire district and it can help to ensure that we are able to benefit from - and make the best use of - the work happening in different parts of the district.
Community Health Improvement Plan
Local Public Health Systems Assessment

One example of elements in place that may benefit from coordination is in regards to Essential Public Health Service (EPHS) #3, to “Inform, Educate, and Empower Individuals and Communities about Health Issues,” health promotion campaigns tailored to populations at higher risk occur in the district, but do not occur in a coordinated effort, district-wide. An action step that is recommended for this EPHS is to develop coordinated district-wide initiatives for health promotion with consistent messaging, so that higher-risk individuals will be more likely to be reached and to take advantage of the opportunities offered.

Often, innovation, creative solutions and new approaches to addressing public health challenges emerge from highly localized activity. As our HMP continues to mobilize community partnerships to identify and solve public health problems, we need to better understand these services and solutions, the context in which they work, and their effectiveness prior to exploring opportunities for district-wide coordination or adoption.

This leads us to our second key theme:
2. Building research and evaluation capacity into our LSA and District programs and services.

This theme directly relates to EPHS #9 (Evaluate the Effectiveness, Accessibility and Quality of Personal and Population Health Services) and #10 (Research for New Insights and Innovative Solutions). We believe our public health impact and effectiveness at both local and district levels can be improved by strengthening our evaluation and research capacity, both on the front end as we conduct our assessments and use data and health indicators to plan and design interventions, as well as on the back-end to objectively evaluate our work and understand its usefulness and application to improve opportunities for health improvement. In order to build this capacity, our affiliation with academic institutions and use of consultants will become increasingly important as we look to resource, implement and demonstrate the impact and outcomes arising from our strategic health improvement plans.

A third theme that emerged from the LPHSA is:
3. Connecting people with the services they need, when and where they need it.

The analysis of the Essential Service #7, “Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable,” highlights a number of populations who are difficult to reach or unreached.
Specifically, those populations are: those working in the fishing/lobster industry; those who are underinsured; those living in remote areas or living without phones; island communities; people who are victims of domestic violence; people with disabilities; and homeless youth. Our local service area includes all of the populations listed above, so this issue is quite relevant to our work.

The gaps in services to particular groups of people also includes barriers to accessing health services as outlined the analysis of EPHS #7. These barriers include the turnover or lack of primary care doctors; the lack of services for working uninsured people; need to travel to Bangor for services not available in the county (e.g. cancer treatment, detox facilities); the lack of services for people with addictions; the lack of adult dental and mental health services; services for non-English speaking groups; limited tribal health services; and lack of transportation. These barriers are relevant in our local service area and illustrate the challenges we face in ensuring access to quality health opportunities for all in our service area. It is also significant to note that the Essential Service #7 ranked 10th out of the 10 essential services for the Downeast District, indicating that this service is the one that needs the most improvement in the region.

The Essential Service #3, “Education/Empower,” also discusses gaps in reaching certain populations. In this case, the focus is on reaching people with health information, health education, and health promotion activities designed to promote health. For this essential service, one of the conclusions of the analysis is that although there are a number of initiatives to reach certain higher risk groups, such as migrant populations, low-income populations and Native Americans, there still exist significant gaps in reaching other populations. Specifically in this section, gaps are identified in reaching adults with disabilities, young adults not in school, people living with mental illness, and those living with substance abuse.

We can use this overarching theme of gaps in services to inform our work at the local level. We can delve into the many different gaps in services that that LPHSA identifies, and we can work to more fully understand and address these gaps as they relate to our service area. We can incorporate the challenges of reaching populations who are underserved in our final MAPP assessment. We can also highlight possible solutions to address these challenges in our final MAPP assessment.
Forces of Change Assessment

Process for Conducting Assessment:

The MAPP Advisory Team conducted a “Forces of Change” assessment during a Healthy Acadia Advisory Council meeting in March, 2010. This assessment explores what events, trends and factors in the broader environment, are occurring or might occur that affect the health of our community. The assessment also looks at what specific threats to or opportunities for our community are generated by those forces.

MAPP coordinators provided worksheets to the Advisory Team prior to the March, 2011, Forces of Change Assessment meeting and encouraged team members to brainstorm forces prior to the meeting. At the meeting, the members broke into small groups to continue to explore forces, threats, and opportunities in the community. The team then shared their results and further discussed the three components as a whole group. Healthy Acadia staff complied team’s work into the final report, below.

In summary, the participants identified numerous different forces, as well as the various threats and opportunities they posed. Overall, various demographic indicators came up often such as “an aging population” and “social disparities”; broad healthcare dynamics were raised, such as “healthcare costs” and “development of public health infrastructure”; and other general outside forces were identified and found to have linkages with community health, ranging from “the cruise ship industry” to “climate change” to the “economic recession.” The conversation and results of the Forces of Change Assessment were dynamic, with many forces identified as potentially bringing both threats and opportunities to our community.

Report:

<table>
<thead>
<tr>
<th>Forces</th>
<th>Threats</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging Population</td>
<td>- Increase health problems</td>
<td>- Potential increase in jobs and services</td>
</tr>
<tr>
<td></td>
<td>- taxing on resources</td>
<td>- Opportunities to learn from Elders</td>
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<tr>
<td></td>
<td>- need for more assisted living</td>
<td>- Age diversity</td>
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<tr>
<td></td>
<td></td>
<td>- Partnering opportunities with Acadia Senior College</td>
</tr>
<tr>
<td>Declining Health;</td>
<td>- taxing on resources</td>
<td>- Can be a catalyst for change</td>
</tr>
<tr>
<td>including increasing</td>
<td>- increase in chronic</td>
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## Community Health Improvement Plan
### Forces of Change Assessment

<table>
<thead>
<tr>
<th>Force of Change</th>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity (childhood and adult)</td>
<td>- problems</td>
<td>- Increase cultural awareness</td>
</tr>
</tbody>
</table>
| Increase of "Green" support and awareness | - initial investment is big  
- demand on current resources/businesses to change | - Increasing job/business opportunities  
- Protection of natural resources  
- Positive impact on climate change, and other environmental threats |
| Development of Land Use Ordinances/Mini-planning | - Contentious in community | - Opportunities to insert health planning into broad plans  
- Increase awareness and action about health challenges, opportunities |
| Lack of Industry | - threaten development of good, year-round jobs | - Potential catalyst for increased green business |
| Lack of I.T. infrastructure | - inability of some populations to access technology – cell phones, life lines, med-tech monitoring, etc  
- threatens access to health care  
- threatens economic development, job growth | - Increased awareness about need to develop access to Telecom  
- Opportunities for regional cooperation to improve situation |
| Social Disparities | - great burden on some people  
- threatens community cohesiveness | - Catalyst for local, grassroots change |
| Seasonality – Seasonal populations changes; goods only available seasonally; economy | - lack of year-round jobs  
- lack of goods available in winter | - Community can work together on how to increase year-round full-time opportunities |
| Cruise Ship Industry | - pollution  
- disease potential  
- more people in town (congestion) | - increased money in town  
- increased demand for local services, including health |
|----------------------|-----------------------------------|--------------------------------------------------|
| Decrease in State and Federal dollars in Health and Education | - Less resources  
- system will be overloaded  
- programs cut  
- current jobs / links will be lost (like crisis team)  
- loss of community social capitol; (one key job is lost; but also historical knowledge, links, connections are lost) | - More reliance on personal choice, healthy lifestyle  
- increase in healthful behavior  
- potential for creative alternatives  
- potential increase in volunteerism |
| Cost of Healthcare | - increasing uninsured population  
- inability for some to access needed care | - increased need / demand for preventative health care services  
- Opportunities (and need) for preventative healthcare |
| Infrastructure challenges in rural areas | - poor conditions of roads, limited sidewalks, bike lanes, etc  
-threatens access to healthcare  
- threatens economic sustainability | - catalyst to fix roads, and at the same time create more walking and biking, public transportation opportunities |
| Development of Public Health Infrastructure | | - Increased regional communication and coordination  
- Opportunities for state, hospital, Healthy Acadia to work together to improve health |
<p>| New transit hub – Trenton | - Controversial in | - Bring $, job |</p>
<table>
<thead>
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<th>Community Health Improvement Plan</th>
<th>Forces of Change Assessment</th>
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<tbody>
<tr>
<td>Community; changing surrounding landscape, environment</td>
<td>opportunities to the community - increase demand in services - improve health modes of transportation – public, biking, walking - remove cars from MDI</td>
</tr>
</tbody>
</table>

| Economic recession | - loss of jobs - insecurity - increase in food pantry demand; demands on other services | - community coming together to help each other - opportunity to work together on food pantry development, other social support services |

| Local Cost of Living (Housing) | - breakdown of community – year round members struggle to remain in community -Hard to attract people to the area | - impetus for affordable housing initiatives |

| School Consolidation | - community opposition - concern about negative impacts to education | - opportunities for Trenton and Lamoine |

| Substance Abuse “Events”; Prescription and Over-the-Counter drug abuse in schools | - harm to kids (and adults) | - increased opportunities for education of public - increase in collaboration between schools and healthcare providers |

| Climate Change | - Flooding, weather - impact on roads | - catalyst to work together to address issues - opportunities for green businesses |

<p>| Decrease in school aged children; decrease in | - challenge to school system |</p>
<table>
<thead>
<tr>
<th></th>
<th>Number of Young Families</th>
<th>Increase in Local Food Available for Purchase (From Farms, Fisheries, etc)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- Challenge to Vibrant Communities</td>
<td>- Increased Opportunity to Eat Healthy Food - Positive Local Economic Development</td>
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Community Health Improvement Plan
Forces of Change Assessment