Healthy Communities of the Capital Area

Community Health Improvement Plan

Phase 1: Priority Setting

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Healthy Communities of the Capital Area

Supported by The Bingham Program

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Introduction

Healthy Communities of the Capital Area
Healthy Communities of the Capital Area (HCCA) is a local public health organization modeled after the World Health Organization's Healthy Communities Model that engages community members to define a Healthy Community; identify related priorities informed by data, lived experience, perceptions, assets, and gaps; and exhibit their willingness to participate with HCCA in implementing the solutions. Healthy Communities of the Capital Area is part of Maine's public health system and implements a variety of primary prevention strategies at the local level to reduce the overall incidence of chronic disease, help make healthy choices easier choices, and improve overall quality of life for all. Local refers to the focus on issues and responses for individuals, organizations, and communities in 18 municipalities in southern Kennebec County (Augusta, Chelsea, Farmingdale, Fayette, Gardiner, Hallowell, Litchfield, Manchester, Monmouth, Mount Vernon, Pittston, Randolph, Readfield, Vienna, Wayne, West Gardiner, Windsor, and Winthrop) and Richmond in Sagadahoc County.

HCCA staff is comprised of 11 individuals who possess a wide range of public health expertise and lived experience that makes HCCA a leader in primary prevention in the state and in the local community. The organization is overseen by a 16-member board of directors who geographically represent HCCA's local service area (LSA) described above. Board members also bring various forms of expertise, represent several of HCCA's partner organizations, and serve on HCCA programmatic coalitions and committees.

Healthy Communities of the Capital Area's scope of work is defined by community needs; larger public health prevention priorities like tobacco and substance use prevention, obesity and chronic disease prevention, nutrition education and physical activity promotion; as well as responsiveness to emerging and urgent public health priorities. Like any non-profit organization, HCCA is also challenged with balancing its programmatic work as a public health primary prevention provider with sustaining organizational operations, board member engagement, and staff needs including professional development. These organizational needs play a role in determining community health improvement planning.

Community Health Improvement Plan
Healthy Communities of the Capital Area created a Community Healthy Improvement Plan (CHIP) in 2009 informed by and responsive to public health data, local community-level public health needs and emerging issues, and community member input. This plan informed and helped prioritize HCCA's programmatic, resource development, fundraising, and strategic priorities for the next decade. Many of the priorities identified in the 2009 plan have been successfully addressed while new public

health priorities have emerged. Ten years later, the 2009 CHIP is outdated and needs to be revised. HCCA's community level plan will acknowledge priorities identified at the state, public health district, and hospital service area levels to avoid duplication of efforts and identify opportunities for collaboration, while creating a community level plan that addresses the needs identified by local service area community members.

Methods

With support from The Bingham Program, HCCA conducted in-person interviews with community groups to identify 1. What is already happening in communities that contributes to overall quality of life, 2. How individuals envision their ideal community, 3. Whether or not they are satisfied with the quality of life in their communities, and 4. What things can be done to improve the quality of life in their communities.

The goal was to conduct 10 face to face interviews with existing groups and key informants within the local service area, develop and launch an electronic survey to solicit individual feedback, and interview 3 statewide groups. The intent was to recruit a college intern to assist with interviews and data compilation and produce a final report.

Process Results

Ten community-level face to face interviews were conducted with existing groups, one was in the form of a Facebook live session. Two statewide groups were interviewed, one of which was via the electronic application Mentimeter at a statewide conference for public health professionals. Recruiting an intern to assist with the project proved unsuccessful, impacting the ability to reach a third statewide group and to do more in-depth public health and demographic data assessment. Results from interviews were compiled, compared to public health and demographic data, and themes identified. Members of HCCA's Board of Directors also provided input and observations.

Health Data & Other Efforts

A review of state, public health district, and county level public health data, as well as local level data when available, helped identify the local level priorities. A review of state, public health district, and hospital health improvement plans also helped inform local level priority setting and opportunities for collaboration. References for data sources can be found on page 15.

Next Steps

This first phase of Healthy Communities of the Capital Area's updated CHIP identifies priority areas that will help inform HCCA's overall Strategic Plan, fundraising efforts, staffing needs, and further opportunities for community engagement in implementing the plan. Work still needs to be done to identify specific goals and outcomes, timeline for implementation, program planning, resource development, funding, and staffing.

Results

Most of the community input was gathered through in-person interviews with community groups. The goal was to reach a broad representation of community members from across Healthy Communities of the Capital Area's Local Service Area (LSA) of Augusta, Chelsea, Farmingdale, Fayette, Gardiner, Hallowell, Litchfield, Manchester, Monmouth, Mount Vernon, Pittston, Randolph, Readfield, Vienna, Wayne, West Gardiner, Windsor, Winthrop, and Richmond in Sagadahoc County. The factors considered when ensuring broad representation were:

- Municipalities where community members live, work, attend school, or play
- Individual demographics of age, gender, race, ethnicity
- Populations facing health disparities, including adults with less than high school education, experienced trauma, LGBTQ+, living with a dis- or different ability, low income, unemployed or underemployed, uninsured or underinsured, veterans

A total of 11 in-person community and statewide interviews were conducted with a total of 143 individual participants plus 282 attendees of the statewide Maine Public Health Association Conference. Data collected from conference attendees was from the keynote session with Dr. Nirav Shah, Director, Maine CDC, utilizing the interactive Mentimeter application.

All of HCCA's local service area municipalities were represented as well as a wide range of age groups, including youth. Each group had representation from males and females, with the exception of two all-female groups. No one identified as non-conforming gender. There was representation from individuals who identified as Black/African American, Hispanic, Native American, and Multi-racial, but no New Americans. All of the health disparities categories listed above were represented.

Table 1: Community Interview Groups

Group	Number of Participants
Augusta Rotary	15
Cooking Matters Adults Class Participants	9
Facebook Live	6
HCCA Annual Meeting	29
Kennebec County Educators Sorority	35
Lead Poisoning Prevention Coalition	4
Let's Go! Training	11
RSU 2 Wellness Team	5
RSU 38 Transportation	17
SKCDC Health Advisory Committee	6
Total	**137**

Table 2: Statewide Groups

Group	Number of Participants
Maine Public Health Association Conference Attendees	282
Maine Network of Healthy Communities	6
Total	**288**

Results - Themes and Priority Areas
The following public health and quality of life areas of concern emerged from the interview process, in ranking order.

1. Transportation
    - affordable, reliable
    - as related to accessing services, health care, healthy activities, quality food
2. Housing
    - affordable, safe
    - as related to recovery, indoor air quality, older housing stock, heat
3. Community Connectedness
    - older adults - living in isolation, dementia/Alzheimer's
    - free, family-friendly community events for all
    - overall sense of community connectedness, intergenerational
4. Equity
    - poverty as root cause for many/most issues
5. Traditional Public Health Issues
    - substance use prevention, including vaping/behavioral health
    - physical activity, nutrition, access to healthy foods
6. Climate
    - impacts on health - heat, ticks, air/water quality, weather events

Public Health Data

The following public health data are excerpts from larger data sets, narrowed to topic areas that HCCA tends to address and relate to community-identified themes above, with some additional data for context. Data points are derived primarily from Kennebec County 2019 Maine Shared Community Health Needs Assessment (CHNA) Report, compiled by the hospital systems that serve Central Public Health District (Kennebec and Somerset Counties) and the Maine Center for Disease Control and Prevention, Maine Integrated Youth Health Survey conducted by Maine CDC in schools across the state, and Southern Kennebec Child Development Corporation 2018-2019 Comprehensive Community Assessment.

Kennebec County Community Health Needs Assessment Health Priorities (ranked in order from highest to lowest) *compiled from participants at a hospital/ME CDC hosted community forum.*

Table 3: 2019 Kennebec County CHNA Priorities[3]

Priority Area	% of Votes
1. Mental Health	19%
2. Substance Use including Tobacco	18%
3. Social Determinants of Health	14%
4. Physical Activity, Nutrition, and Weight	12%
5. Older Adult Health/Healthy Aging	11%
6. Access to Care	11%

Of note, these priority areas were also identified as state level priorities.

1. *Mental Health*

Qualitative Evidence: Forum participants cited depression/isolation, stress, and suicidality as major mental health issues. They further identified youth, LGBTQ+, and older adults as populations who are at greater risk or have unique mental health needs.[3]

Quantitative Evidence:

Table 4: High School Mental Health Data

Kennebec County – ME Integrated Youth Health Survey	2011[9]	2017[6]	2019[5]
Percentage of high school students reported feeling sad/hopeless for more than 2 weeks in a row	21.3%	26.2%	30.9%
Percentage of high school students reported seriously considered suicide	12.2%	14.6%	15.7%

The percentage of adults who have ever been told by a healthcare provider that they have an anxiety disorder increased from 19% (2011-13) to 21% (2014-16).[3]

2. *Substance Use*

Qualitative Evidence: Tobacco (including vaping), alcohol, and cannabis were identified as issues of concern, with opioid misuse as the leading concern. Of note is the role that social determinants of health play in substance misuse, particularly affordable, safe, and supportive housing; transportation; and nutritious foods. Additionally, substance misuse contributes to risk factors for other chronic conditions like cancer, respiratory illness, cardiovascular disease, liver disease, mental health issues, obesity, and cognitive decline.[3]

Quantitative Evidence: Overdose deaths in Kennebec County nearly doubled from 11.7 per 100,000 (2007-11) to 20.7 per 100,000 (2012-16). The state rate for 2012-16 was 18.1 per 100,000.[3]

Table 5: Past 30 Day Substance Use Among Middle and High School Students - Kennebec County Maine Integrated Youth Health Survey

ag = aggregated MIYHS data from Augusta and MSAD#11 (Gardiner Area) school districts only

	2013		**2015**		**2017**		**2019**	
	MS[13]	HS[8]	MS[12]	HS[7]	MS[11]	HS[6]	MS[10]	HS[5]
Past 30 day use Alcohol	4%	24%	5%	23%	4%	21%	5%	20%
	18% ag	25% ag	15% ag	24% ag	13% ag		17% ag	
Past 30 day use Binge Drinking (among those reported using alcohol)	2%	14%	2%	12%	1%	35%	2%	35%
Past 30 day use Cannabis	5%	20%	6%	20%	4%	19%	5%	22%
	10% ag	21% ag	15% ag		7% ag		11% ag	
Past 30 day use Tobacco	3%	14%	3%	11%	2%	9%	2%	6%
		13% ag						
Past 30 day use Rx Drugs	3%	5%	3%	4%	2%	5%	3%	4%
	10% ag		7% ag		6% ag		7% ag	
Past 30 day use Vaping	NA		5%	20%	5%	17%	5%	30%

3. *Social Determinants of Health*

Qualitative Evidence: Safe, affordable housing and reliable, affordable transportation were identified as two primary areas of negative impact on health in Kennebec County, especially in more rural areas. This, in turn, impacts other social determinants of health such as access to higher education and employment. Older adults with mobility impairments are especially negatively impacted. Food insecurity is another ongoing area of concern. 256 Head Start parents and staff, and representatives of social service agencies were surveyed to determine, in their opinion, the areas of greatest need for services in the community – the top three challenges identified were transportation, lack of financial resources, and mental health concerns for young families. It is worth noting that poverty is a strong influence of most social determinants of health.[14]

Quantitative Evidence: Kinship care is becoming more common in Maine. In 2015, 7,389 grandparents were responsible for grandchildren living with them. In the 2017-18 school year, 5% of Head Start and 4% of Early Head Start families were headed by grandparents. Kennebec County has a higher rate than all of Maine, of persons receiving TANF, SNAP, and subsidized school lunch. An estimated 65% of children eligible for Head Start or Early Head Start in Kennebec County are not being served, with the largest numbers, in order, in Augusta*, Litchfield*, Gardiner*, and Vassalboro (* within HCCA's local service area).[14]

Table 6: Poverty Rates[4]

2017 US Census Data	**Kennebec**	**Maine**
Percentage of individuals living in poverty (2012-16)	14.6%	13.5%
Percentage of children living in poverty (2012-16) *Increase from 15.6% (2007-11)*	20.3%	17.2%
Percentage of households without a vehicle (2012-16)	2.8%	2.4%
Percentage of adults over 65 living alone	46.1%	45.3%
Percentage of households experiencing food insecurity (2014-15)	14.7%	15.1%

4. *Physical Activity, Nutrition, and Weight*

Qualitative Evidence: Social, family, and community norms including increased use of technology, sedentary activities, and less time overall spent outdoors, paired with decreased access to nutrient dense foods are contributors to physical inactivity and poor nutrition. Busier lifestyles, increased stress and anxiety, and other contributing factors like poor sleep and endocrine disruption leading to hormonal imbalance all contribute to physical inactivity, poor nutrition, and unintended weight gain.

Quantitative Evidence:

Table 7: Nutrition among High School Students[4]

ME Integrated Youth Health Survey	2011-K	2017-K	2017-ME	2019-K
Percentage of high school students obese	14.8%	16.4%	15.0%	16.5%
Percentage of high school students who ate 5 or more fruits and vegetables daily	17.1%	14.5%	15.6%	12.4%

* K = Kennebec, ME = Maine

In 2016, 22.1% of adults reported a sedentary lifestyle with no leisure time physical activity in the past month, compared to 20.6% statewide.[3]

5. *Older Adults/Healthy Aging*

Qualitative Evidence: Maine's rurality leads to increased isolation and loneliness among older adults. Limited access to transportation, affordable and safe housing, and limited connections to family, friends, or communities also contribute to isolation. While aging in place is a desirable outcome, it can contribute to social isolation.

Quantitative Evidence: Maine continues to be the oldest state in the nation per capita, with a median age of 44.7 compared to 38 nationally, and nearly half of Kennebec County (and Maine) residents over age 65 live alone.[3]

Table 8: Select Data on Aging[3]

ME Shared CHNA 2019	Kennebec	Maine
Percentage of adults over 65 living alone (2012-16)	46.1%	45.3%
Percentage of adults over 45 with cognitive decline (2016)	13.2%	10.3%

6. *Access to Health Care*

Qualitative Evidence: Access to primary care and health insurance affects individuals' ability to receive regular preventative care and screenings, routine and urgent care, and to manage chronic conditions, greatly impacting overall health and quality of life. Low-income individuals, people of color, those with less than a high school diploma, and LGBTQ+ populations face even greater disparities in health insurance coverage compared to those who are heterosexual, white, and well-educated. Additionally, even for those with insurance, deductibles, co-pays, and prescription medications are unaffordable and prevent people from seeking care. Compounding these access issues are the aforementioned lack of transportation and living alone.

Quantitative Evidence[3]:

- 8.5% (2012-16) of Kennebec County residents are uninsured, compared to 8.8% (2009-11) statewide
- 10.7% (2014-16) of Kennebec County adults reported an inability to access healthcare due to cost, compared to 10.4% (2011-13) and 10.3% statewide (2014.16)
- The ratio of psychiatrists to 100,000 Kennebec County residents was lower than the state overall, 7.0% vs. 8.4%, in 2017

Table 9: Health Indicators with significant negative change or as compared to ME or US[3]

ME Shared CHNA 2019	Kennebec	Kennebec	Maine	U.S.
Cancer deaths per 100,000 pop.	2007-11 199.0	2012-16 181.7	2012-16 173.8	2011-15 163.5
Cardiovascular deaths per 100,000 pop.	2007-11 219.6	2012-16 219.3	2012-16 195.8	2016 218.2
Fall-related injury ED rate per 10,000 pop.	2009-11 381.5	2012-14 365.6	2012-14 340.9	N/A
Suicide deaths per 100,000 pop.	2007-11 13.1	2012-16 16.9	2012-16 15.9	2016 13.5
Overdose deaths per 100,000 pop.	2007-11 11.7	2012-16 20.7	2012-16 18.1	2016 19.8

Table 10: Leading Causes of Death

Rank	Kennebec County[3]	Maine[3]	United States[1]
1	Cancer	Cancer	Heart Disease
2	Heart Disease	Heart Disease	Cancer
3	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Unintentional Injuries
4	Unintentional Injuries	Unintentional Injuries	Chronic Lower Respiratory Diseases
5	Alzheimer's Disease	Stroke	Stroke

Table 11: Kennebec County Population Data[2]

Kennebec County Population Data 2018 Census Estimates	
Total population	121,545
White	95.9%
Black or African-American	0.9%
Native or American Indian	0.5%
Hispanic or Latino	1.5%
Asian	0.9%
Two or more races	1.6%
Veterans	10,304
Percent foreign-born	2.4%
Median household income	$52,929
Per capita income	$29,084
Percent in poverty	13.3%
Median gross rent	$744
Median mortgage costs	$1,212
Average persons per household	2.3
Percent of households with broadband Internet	79.5%
Percent of households with a computer	87.2%
Percent population with a Bachelor's degree or higher, aged 25+	27.1%
Percent population high school graduate or higher, aged 25+	91.7%
Percent population with a disability (civilian, non-institutionalized)	16.5%
Percent population without health insurance, under 65	8.7%
Percent population aged 65 and over	18.9%
Percent population aged under 18	19.6%

Themes & Priorities

Based on themes that emerged from community member interviews and supporting local public health data, HCCA will acknowledge and prioritize the following issues for its Community Health Improvement Plan 2020-2025.

1. Transportation
    - affordable, reliable
    - as related to accessing services, health care, healthy activities, quality food
2. Housing
    - affordable, safe
    - as related to recovery, indoor air quality, older housing stock, heat
3. Community Connectedness
    - older adults - living in isolation, dementia/Alzheimer's
    - free, family-friendly community events for all
    - overall sense of community connectedness, intergenerational
4. Equity
    - poverty as root cause for many/most issues
5. Traditional Public Health Issues
    - substance use prevention, including vaping/behavioral health
    - physical activity, nutrition, access to healthy foods
6. Climate
    - impacts on health - heat, ticks, air/water quality, weather events

Of note, though Transportation and Housing ranked highest as barriers to quality of life and public health, these issue areas are outside the scope of HCCA's work. HCCA will, however, engage community partners who do work in these arenas (KVCAP, Augusta Housing Authority, etc.) whenever feasible and appropriate to partner in other focus areas where these issues can play a role, as well as weave in strategies whenever possible with existing work. For example, including support for transportation to participate in HCCA programming or being especially mindful of the role that lack of safe, affordable housing plays in successful primary prevention. HCCA will also identify ways to integrate and raise up these issues into existing and future programming. HCCA will share these findings with community partners and other coalitions better poised to address some of these issues.

Therefore, HCCA's Community Health Improvement Plan Priorities are:

1. Community Connectedness
    - older adults - living in isolation, dementia/Alzheimer's
    - free, family-friendly community events for all
    - overall sense of community connectedness, intergenerational
2. Equity
    - poverty as root cause for many/most issues
3. Traditional Public Health Issues
    - substance use prevention, including vaping/behavioral health
    - physical activity, nutrition, access to healthy foods
4. Climate
    - impacts on health - heat, ticks, air/water quality, weather events

Conclusions & Next Steps

This was a critical first step in identifying priority areas for HCCA's work over the next 3-5 years. Future development of this Community Health Improvement Plan will inform HCCA's currently ongoing strategic planning process, program development, resource development, fundraising efforts, and future programmatic work and community partnerships. Specific next steps and strategies include:

1. Identify ways to weave these community-identified themes into existing work.
2. Develop measures (goals, objectives, strategies) to show progress through interventions TBD – a fully fleshed out Plan.
3. Identify opportunities for new projects and approaches to address community-identified themes.
4. Engage community members in the planning and strategy development and implementation.
5. Resource development, identify partners, fundraise to support new projects to address community-identified themes.
6. Support staff professional development around community-identified themes.

Observation: It would be interesting to conduct this community level assessment post-COVID-19 to see if any of the priorities change.

References

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Supporting Materials

Community Input Script

Healthy Communities of the Capital Area (HCCA) is updating its Local Community Health Improvement Plan (CHIP) and wants to know what you think the priorities should be related to overall health, substance use, mental health and quality of life in your community. No issue or concern is too big or too little - HCCA wants to know what matters to you when it comes to improving the health of Southern Kennebec County citizens. From climate change to vaping to anxiety to healthy foods, please tell us what you think. HCCA is collecting input through Fall 2019 and will compile results to set some local level priorities. Please answer a few short questions and let your voice be heard!

About HCCA: Healthy Communities of the Capital Area addresses quality of life issues related to primary prevention efforts. HCCA works to increase physical activity, improve nutrition, prevent tobacco use and exposure, prevent substance misuse and lead poisoning among other chronic disease prevention initiatives. This is done by connecting with others in the communities HCCA serves to identify strategies to improve overall health, allowing community members to be more productive, require less medical care, and lead quality lives. One component of this work is talking with people in the community about what they think a healthy community is to help better guide HCCA's work. Learn more at www.hccame.org.

(Insert organization name here) also works to improve lives in the community through the work you do.

1. **Can you tell me about some of the wonderful <u>things you are doing to improve the quality of life in our community</u>?**

2. **Imagine what you believe is <u>your ideal healthy community</u>. What do you see?**
Guiding questions: Are there things that used to be present in the community that are no longer there that you miss? Are there things present in other communities that you wish we had?

3. **Are you <u>satisfied with the quality of life</u> in your community? Why or why not?**
Guiding questions: What concerns do you have related to public health and quality of life that you would like to see addressed?

4. **What things could be <u>done to improve the quality of life</u> in our community?**

Thank you for this valuable information that will inform HCCA's work going forward. If you have provided your contact information, HCCA will let you know which issues rise to the top as priorities and how HCCA plans to proceed.

Input Demographic Questionnaire

Community Health Improvement Planning ~ Community Conversations

Please tell us a little bit about yourself. This will help us make sure we are hearing from as many different people as possible.

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1. What town do you live in or represent through your work?

☐ Augusta	☐ Hallowell	☐ Pittston	☐ Wayne
☐ Chelsea	☐ Litchfield	☐ Randolph	☐ West Gardiner
☐ Farmingdale	☐ Manchester	☐ Readfield	☐ Windsor
☐ Fayette	☐ Monmouth	☐ Richmond	☐ Winthrop
☐ Gardiner	☐ Mt. Vernon	☐ Vienna	

☐ Other - If several communities, a county or statewide, please list.

_____

2. What is your age?

☐ Under 18 ☐ 18 – 25 ☐ 26-45 ☐ 46-60 ☐ 61+

3. What is your gender?

☐ Female ☐ Male ☐ Other, I identify as _____

4. Please tell us if you belong to one or more of these groups or if you represent them in your work.

Add a B for belong – an R for represent or work with in the box

☐ Living with a dis- or different ability ☐ LGBTQ+

☐ Black/African American ☐ Multi-racial ☐ Hispanic ☐ Native American

☐ Adult with less than high school education ☐ Low income

☐ Unemployed or Underemployed ☐ Uninsured or Underinsured ☐ Experienced Trauma

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Office use only:

Date_____Setting_____

08/19 RP

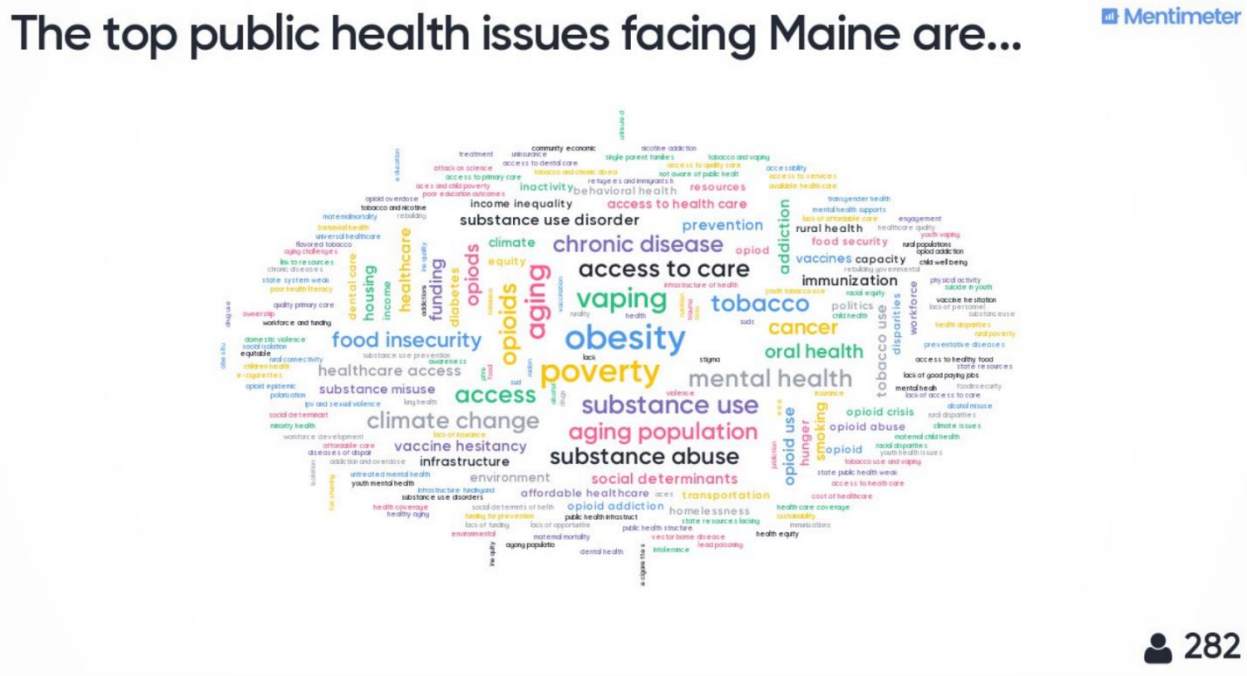
Promotional Language for enewsletter

Let your voice be heard!

Healthy Communities of the Capital Area (HCCA) is updating its Community Health Improvement Plan (CHIP) and wants to know what you think the priorities should be related to health and quality of life in your community. No issue or concern is too big or too little - HCCA wants to know what matters to you when it comes to improving the health of Southern Kennebec County citizens. From climate change to vaping to healthy foods, please tell us what you think.

HCCA is collecting input through Fall 2019 and will compile results to set some local level priorities. Please answer a few short questions and let your voice be heard! Learn more from Renee Page r.page@hccame.org.

2019 Maine Public Health Association Conference Participant Responses



What population in Maine needs more focus?

Mentimeter