Community Health Needs Assessment and Action Plan

2024

For the Mount Desert Island Region Local Service Area

Including Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton

Prepared by Healthy Acadia and Mount Desert Island Hospital

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Acknowledgements

We would like to acknowledge and thank all community members who contributed to this process whether through completing a survey, participating in discussions and meetings, providing input and data, and/or cheering us on.

The Community Health Needs Assessment Core Planning Team, Steering Committee, and Theme Working Group members are listed in Appendix A. Their commitment to the health of our communities is inspiring and profound, even more so as we faced an unprecedented global pandemic in the time since our last report was produced in June 2020. They truly are among our many unsung local heroes.

The over 400 generous residents who responded to our survey are not listed here out of respect for confidentiality. Their contributions for the health of our communities are greatly appreciated. This report would not be possible without their engagement and insights.

With sincere thanks,
Community Health Needs Assessment Core Planning Team

Executive Summary

This report follows the Community Health Needs Assessment (CHNA) published in 2020 by the Mount Desert Island Hospital and Healthy Acadia. In keeping with previous versions, our 2023-2024 CHNA process relied on the nationally-vetted Mobilizing for Action through Planning and Partnerships (MAPP) process and tools developed and published by the National Association of County and City Health Officers (NACCHO). MAPP outlines a four-step assessment process intended to take two years. We modified the process in accordance with the characteristics and small population size of our rural region and our six-month timeline.

To start, we convened a Steering Committee to help guide and advise the project. The Steering Committee was composed of leaders from organizations across the MDI region who reflect various perspectives and sectors. We drew heavily on, and greatly appreciate, their expertise and guidance.

As part of the four-step MAPP process, we developed and fielded two surveys:

1. Community Partner Survey
2. Community Health Survey

Over 60% of the 412 people who completed the Community Health Survey identified "safe and affordable housing" as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were "the cost of care and prescriptions" with 50% indicating it as a concern and "mental health challenges".

Over 60% of the 412 people who completed the Community Health Survey identified "safe and affordable housing" as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were "the cost of care and prescriptions" with 50% and "mental health challenges" with nearly 47%. "Substance use" was a separate category and appeared fourth with over 40% identifying it as a concern. Mental and behavioral health and substance use have been combined in this report based on current best practices and the reality of these topics' interrelated nature. Recommended strategies address the continuum of prevention through recovery as well as support for family members and others affected.

We also conducted a review of relevant literature and existing data, such as those published by the U.S. Census Bureau and the Maine Center for Disease Control and Prevention. For example, we framed our work within the context of 2023 U.S. Census Bureau data showing Maine is the oldest state in the nation with an average age of 45.1 years compared to the national average of 39 years. Hancock County is the third oldest county in Maine with an average age of 49. In other words, Hancock is the third oldest county in the oldest state in the nation.

The combined process led to identifying six major themes and a working group was convened to address each of these themes. People with expertise in these areas as well as members of the general public were invited to join a working group to be sure the compositions included myriad perspectives and passions. The six themes are 1) Access to Care; 2) Aging in Place; 3) Basic Needs; 4) Community Connectedness; 5) Housing; and 6) Mental and Behavioral Health, including Substance Use.

The working groups helped delineate strengths, challenges, goals and strategies within each theme.

A summary of key findings includes:
- Many valuable resources and programs exist that are not well understood by the public and not well coordinated.
- Unmet housing and transportation needs underlie addressing many other needs.
- Limited workforce exists for nearly all types of health professionals and the scarcity of healthcare workers and specialty providers has increased since the last report. Cost of living, particularly housing, creates a major barrier to recruiting and retaining health professionals.
- The COVID-19 pandemic era escalated the need for mental and behavioral health services.
- The national opioid epidemic has an outsized impact in this region.
- The region has a strong network of non-profit organizations delivering quality services and an unusually strong culture of collaboration and sharing resources.

A summary of key recommendations includes:
- Better publicizing of existing resources
- Improved coordination of existing resources
- Mounting multiple coordinated strategies to recruit and retain clinical providers
- Collaboration with leaders outside the health care sector to address the "housing crisis" as quickly as possible
- Collaboration with leaders outside the health care sector to address transportation needs
- Increased focus on expanding access to mental and behavioral health, including substance use, along the continuum of prevention through treatment and recovery programs and supports

This report's recommendations are intended to be taken on by various stakeholders and with various timetables. Some recommendations can be implemented more quickly than others and by a single entity. Others, such as policy changes, require a much longer time frame and collaboration among multiple stakeholders. The recommendations intentionally are not prioritized, as that is the prerogative of the local entities who do this work.

This CHNA's findings are consistent with the Town of Bar Harbor's current draft of a two-year comprehensive planning process and report, notably that "housing" and "transportation" appear as major concerns. Despite the fact that our planning process was framed around community health, the same themes appeared as in the Town's comprehensive plan. We saw alignment here and with other assessments, reports, and initiatives.

The region's culture of collaboration greatly assisted this process and represents a tremendous strength and asset in implementing various pieces of the Action Plan and successfully meeting goals to achieve our shared vision: *Our area is home to vibrant communities where people thrive and healthful resources are easily accessible.*

Introduction

The Community Health Needs Assessment (CHNA) and Action Plan for the Mount Desert Island Service Area serves as a framework and guide for Mount Desert Island Hospital (MDIH), Healthy Acadia (HA) and partner organizations in developing and strengthening our programming and services to fulfill community needs. Each organization prioritizes elements of the CHNA and Action Plan for implementation. We encourage local organizations and citizens to use this plan in supporting efforts to address and coordinate community health improvement.[1]

The Partners

MDIH, a 501(c)(3) non-profit, state-of-the-art rural healthcare organization, serves the close-knit Mount Desert Island and surrounding communities. Formed in 1897, MDIH has grown into a premier rural healthcare organization with a retirement community and nine regional health centers, including a full-service behavioral health center and a dental clinic.

MDIH's mission is to provide compassionate care and strengthen the health of the community by embracing tomorrow's methods and respecting time-honored values. MDIH is committed to providing the continuum of care that community members need and expect close to their homes. MDIH fosters and appreciates opportunities to hear from their community through bi-annual community forums and through a community health needs assessment every three years.

HA is a 501(c)(3) non-profit organization dedicated to empowering people and organizations as they build healthy communities together. They serve Washington and Hancock counties, and provide additional community health support and leadership across Maine, with work across a broad range of collaborative community health initiatives within seven areas of focus: Strong Beginnings, Healthy Food for All, Active and Healthy Environments, Healthy Aging, Substance Prevention and Recovery, Health Promotion and Management, and Basic Needs. Healthy Acadia envisions vibrant communities where people thrive and healthful resources are easily accessible. HA prioritizes creative, collaborative efforts that respond directly to community health needs which arise as priorities in a variety of regularly convening community committees, and various community health needs assessments including this broader MDI region assessment in collaboration with MDIH.

This Plan focuses on the ten-town service area of MDIH. These towns include Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton. It is referred to in this report as the "Local Service Area" (LSA).

Healthy Acadia and Mount Desert Island Hospital worked from the Fall of 2023 through the Spring of 2024 to develop this CHNA and Action Plan for the service area. From start to finish, the entire CHNA Report and Action Plan process was conducted through collaborative efforts in partnership with dozens of local organizations and a broad base of community members. Their leadership, input, and advice supported this project from beginning to end, every step of the way.

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[1]*Dissemination efforts include traditional and social media outreach conducted by both Mount Desert Island Hospital (MDIH) and Healthy Acadia, a presence on the websites of these and other Steering Committee member organizations, and dissemination to area municipalities, chambers of commerce, and nonprofit organizations.*

Throughout the CHNA process, partners largely followed the Mobilizing for Action through Planning and Partnerships (MAPP) process developed by the National Association of County and City Health Officers (NACCHO). MAPP is highly regarded as a nationally-vetted tool and framework for convening the broad organizations, groups, and individuals that comprise the local public health system. We used the most recent version of the tool, published in 2023, and adapted it for the realities of our service area and timeline to create and implement this community health action plan.

Relevant County Demographics

In 2020, the population of Hancock County totaled 55,478, an increase of 2 percent or 1,060 since 2010, according to U.S. Census Bureau data. The population for the ten towns in the LSA was approximately 15,000 in 2023. The LSA includes three municipalities on unbridged islands: Cranberry Isles, Frenchboro, and Swans Island.

Maine has the oldest population in the nation and Hancock is the third oldest county in Maine.

Census Bureau 2020 data related to health status show Hancock County with demographics that suggest complex and high-usage health-related needs. For example, Maine has the oldest population in the United States and Hancock County has a greater than average number of older adults compared to the overall population in Maine. The County's median age is 48.9 years compared to 45.1 years for Maine. In other words, Maine has the oldest population in the nation and Hancock County is the third oldest county in Maine. The percentage of Hancock County adults over age 65 is 25.7% compared to 22.6% in Maine.

Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930 residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock and one for every 1401 residents statewide.

Adults in Hancock County without health coverage total 10.2% compared to the statewide average of 6.6%. Hancock County's poverty rate of 10.9% is slightly higher than for all of Maine at 10.8%. Household income parallels those comparisons with a median of $64,149 in Hancock County and $69,543 statewide.

Regarding access to services, 2020 Census data reveal limitations on access compared to other areas in Maine. For example, Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930 residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock County and one for every 1401 residents statewide.

According to the Maine Department of Labor, Hancock County unemployment levels are higher than the statewide average, 6% unemployment in Hancock County, compared to 4.5% statewide. Hancock County has the third highest unemployment rate in the State, just below Washington and Piscatquis counties. Seasonal fluctuations in employment are significant and complicate the County and local data because two of the most substantial portions of the economy are highly seasonal - tourism and the fishing industries.

Community Vision

Our area is home to vibrant communities where people thrive and healthful resources are easily accessible.

During the needs assessment process of 2008-2009, committee members developed a vision statement to reflect an ideal future for the LSA's broad-based community health. This statement was used in the 2015-2016 and 2019-2020 processes. At the onset of the 2023-2024 CHNA process, our Core Planning Team and Steering Committee reviewed this vision statement and agreed to continue using it for 2023-2024. We concluded that the statement remains relevant and accurate, and that continuing its use has longitudinal advantages.

Work Plan and Timeline

The updated MAPP tools and framework published in 2023 assume an 18-24 month timeline and a population size of over 500,000, orders of magnitude well beyond our LSA. Most examples in the MAPP tool reference geographic areas with over one million residents. Our MDI region CHNA timeline was modified to six months and the work plan reflects our population size of approximately 15,000 and our rural nature.

TASK	TIMELINE
Form a CHNA Steering Committee and collectively define community	September 2023
Conduct interviews, group discussions, surveys (print and electronic) to identify key themes, community strengths and challenges	November 2023 - March 2024
Conduct Health Status Assessment by gathering, reviewing and analyzing existing data, such as Maine CDC CHNA reports and US Census data	October 2023 - March 2024
Conduct Forces of Change Assessment	February 2024
Organize community data into themes, summarizing strengths and challenges	February 2024
Hold Theme working group meetings	March 2024
Share drafts with Steering Committee and solicit feedback	March - April 2024
Core Planning Team/Steering Committee final review	April 2020

Complete and publish "2024 Community Health Assessment and Action Plan"	May 1, 2024
MDI Hospital and other organizations begin developing implementation plans	May 2024
Publication and dissemination of "Community Health Assessment and Action Plan"	May 2024

Methodology – Our Assessment Process

Our 2023-2024 CHNA, based on the MAPP framework, includes completion of the four assessments prescribed by the most recent version published in 2023:

- Community Themes and Strengths Assessment[2]
- Community Health Status Assessment
- Community Partner Assessment
- Forces of Change Assessment

The processes for conducting these assessments are outlined below. Data from the Community Themes and Strengths, Community Health Status, Community Partner, and Forces of Change assessments[3] were aggregated into six key themes. We organized working groups to delve into those issues. The process for conducting the Theme Working Groups is also outlined below.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides quantitative and qualitative data about current community health strengths, challenges, unmet needs, and opportunities. For this assessment, CHNA coordinators created a "Community Health Survey" and spent two months collecting broad input through electronic and paper surveys available in both English and Spanish. Thousands of community members were invited to answer questions and share their personal perceptions about the health of the community. Dozens of community partners, including Steering Committee members helped publicize and disseminate the survey widely in the region through various modalities, including social media sites, organization's electronic and print newsletters, and posters with a QR code and phone number to request a paper survey at locations including town offices, libraries, gyms, community centers and faith organizations. The survey instrument and results appear in Appendices B and C.

We received 412 completed surveys from community members living, working, playing, and/or receiving services in the LSA.

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[2] *This is formally titled "Community Context Assessment" within the 2023 MAPP framework. We opted to use language familiar from previous MDI region CHNA processes.*
[3] *All data available upon request by contacting info@healthyacadia.org.*

services in the LSA. The resulting data were analyzed, organized, and used to identify and frame our six themes.

Through the survey process, significant efforts were made to ensure that respondents matched the LSA population and recognized data collection norms. This was fulfilled through a diverse survey dissemination effort and frequent evaluation of respondent demographics. Data on town, gender, age, race and ethnicity, household income, and healthcare payment methods were collected. In response to recommendations in the 2020 CHNA report, special considerations and strategic outreach was focused to ensure participation among community members who are traditionally underrepresented in these types of surveys, including people who have low incomes, identify as Black, Indigenous, and people of color (BIPOC), identify as lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersexed, agender, asexual (LGBTQIA+), disabled or having disabilities, essential workers, unemployed and underemployed individuals, and seasonal residents.

In response to recommendations in the 2020 CHNA Report, we added features to the demographic data collection: (1) income data; (2) actual name of the town rather than zip code for greater specificity; and (3) expansion of the question "*How do you pay for healthcare?*" to clarify data on employer-provided, personally purchased, and various types of government-sponsored insurance.

A high number of survey responses is always desirable, of course. CHNA Coordinators and Steering Committee Members are pleased that with a population of 15,000 in our LSA, we heard from a large and representative group of community members with varied interests and opinions regarding the health of their communities, where strengths and challenges exist, and what priorities they would like addressed.

Community Health Status Assessment

The Community Health Status assessment included review of existing data, both quantitative and qualitative, such as demographics and health indicators, that are significant in assessing the current landscape as well as well-met and unmet community health needs. These data were used in several ways, such as helping to draft the "Community Health Survey" described above and comparing our results to published county, state, and national data, and were shared with the Steering Committee and Theme Working Groups as context for our local focus.

References on page 39 detail the full list of sources used for this analytic portion of our assessment. Key resources included the Maine Center for Disease Control and Prevention, specifically data from the past and the most recent *Hancock County Health Profile* and the *Maine Shared Community Health Needs Assessment*. Other State and Federal data used include the U.S. Census Bureau as well as the Maine Departments of Education, Health and Human Services, and Labor. We also relied heavily on the most recent and past versions of the *Maine Kids Count Data Book* published by the Maine Children's Alliance.

Forces of Change Assessment

As the MAPP tool notes, "Forces of Change" (events, trends, and factors in the broader environment) occur or might occur that affect the community's health. These forces are beyond local control, yet may require awareness and response. Our Forces of Change Assessment explored relevant externalities and possible threats or opportunities since publication of the 2020 CHNA report.

This assessment was completed by the Steering Committee through group discussion. These forces, as well as their associated threats and opportunities, were shared with the Theme Working groups to inform

their preparation and thinking in developing a cadre of strengths, challenges, goals, and strategies, and contribute to the final content of this report. Not surprisingly, the results of this exercise closely parallel issues and priorities that surfaced in the other assessments. See Appendix E for the Forces of Change Assessment summary.

Community Partner Assessment

This portion of the CHNA process was designed to help identify the organizations involved in supporting the health and well-being of our community, whom they serve, what they do, and their capacities and skills in building community health. The primary goal of this assessment was to better understand how various organizations contribute to our local public health system and to achieve a clearer picture of how to improve our community's health collaboratively. The Community Partner Assessment was initiated with the underlying philosophy that myriad entities are vital to and contribute to our community's local public health system, even if they are outside the traditional public health or healthcare sectors.

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To complete the Community Partner Assessment, Steering Committee members received an online survey to gather information about their organization's mission, focus, type of work, range of services, populations served, strengths, resources, assets, challenges, and wishes for the future. They were also asked what type of data their organization uses and collects, their ability to share those data, how their organization might contribute to the 2023-2024 CHNA overall, including follow-up planning and implementation. Broad input was sought to understand the collective strengths and opportunities as context for the current health ecosystem.

The introduction to the survey explained our philosophy that public health is more than healthcare and that health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. For example, organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, or workforce development impact the public's health.

The data from this survey were used initially to help frame the "Community Health Survey" described above. Later, the findings were added to the information gathered through the other three assessments to design the process and composition for the Theme Working Group meetings described below.

Theme Working Groups

Through the combined findings of the four assessments outlined above, six key themes were identified: Access to Care, Aging in Place, Basic Needs, Community Connectedness, Housing, and Mental and Behavioral Health, including Substance Use.

Working groups were convened to discuss these six themes through a selection process that included invitations to Steering Committee members, leaders in the community with expertise on the given topics, and survey respondents who indicated interest in involvement in the broader assessment. Steering Committee members were able to self-select the working group(s) they wanted to join. Others were invited to participate in specific themes related to their expertise and interest, as well as to keep the groups

balanced in size and relevant demographics, as recommended in the 2020 report.

Working group meetings were ninety minutes each and held virtually to maximize convenience and participation, and to avoid potential winter weather travel complications. In preparation for the meetings, participants received background information about the project, a copy of the 2020 CHNA report, a detailed meeting agenda, and highlights drawn from qualitative and quantitative data.

After the six initial working group meetings, CHNA staff conducted follow-on phone calls and an additional group meeting to capture specific diverse and important perspectives on key issues that arose and warranted further exploration.

Findings: Strengths, Challenges, Goals and Strategies

The four assessments and Theme Working Groups provide a detailed picture of the current community health landscape. The cumulative results were critical in identifying the six themes. Those assessments framed the foundation of the 2023-2024 CHNA processes outlined above, led to the six themes, and constitute the findings and recommendations for action outlined below.

Over 60% of respondents to the Community Health Survey ranked "safe and affordable housing" as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were "the cost of care of prescriptions" with 50% and "mental health challenges" with nearly 47%. "Substance use" appeared fourth with over 40%.

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Theme Areas:

Access to Care
Aging in Place
Basic Needs
Community Connectedness
Housing
Mental and Behavioral Health

Cost of care (or affordability) is an important component of access to care and is addressed within that theme. With the overlap in addressing mental health and substance use, we combined those to be addressed in the same theme.

All six themes reflect analyses of the data we collected and referenced: Access to Care, Aging in Place, Basic Needs, Community Connectedness, Housing, and Mental and Behavioral Health.

Many survey respondents added compelling open-text comments to expand on their multiple choice answers. We were struck by the emotion and intensity of these additions. Sample quotes that provide an indication of what we learned include (note these are direct, unedited quotes transcribed from survey responses):

"So much is done by neighbors helping neighbors and non-profit organizations."

"In general, the healthcare offered in the MDI area is pretty impressive considering our area's rural nature, but it is far too difficult to find and receive good dental care. Lots of dental offices book half a year in advance or are not accepting new patients."

"It feels like there aren't enough providers here. The wait times for some providers are very long and it can be discouraging to seek treatment/help and then not be able to get an appointment for many months."

"We have a large disparity between the have and have nots. Unless one has a job with good insurance coverage, most are going to go without healthcare. It comes down to a choice of am I going to eat, stay warm, have lights, buy my meds? What can I manage to go without for a while? Affordable housing would be a plus. I have a good job with awesome benefits, yet must live with a family member since I bring home $1500 a month."

"Home health care! Sadly lacking and very needed by many."

"If you don't drive or have family available, it is hard to get to appointments and activities."

"There are likely a lot of programs available, but I don't know about them."

"There is no nursing home or rehabilitation facility on MDI anymore except Birch Bay, which is great but only for the well-off."

"Having a child in daycare, paying $200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means."

"Obviously, safe and affordable housing is one of the main issues in the area and something many people are working on, but it's still something that affects many and makes living a healthy and happy life extremely difficult."

"We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem."

Strengths and Challenges

Both the Community Health Survey and Theme Working Group meetings asked participants to identify the top "strengths" and "challenges" related to health in our region. We found great consensus on what were viewed as the LSA's strengths and challenges. Many of the same strengths and challenges were mentioned regardless of which theme was being discussed. Rather than repeat those findings under each theme heading, the more universal topics are listed here. Interestingly, some issues were considered both a "strength" and a "challenge" using slightly different language and framing.

Commonly Mentioned Challenges:

- Housings costs, availability, and quality of rentals
- Lack of coordination among available resources
- Limited public awareness of available resources
- Transportation, including increased price of the ferry to the unbridged islands
- Many impacts of COVID-19, especially on finances, mental health, loneliness, youth, and complex issues related to in-migration
- Limited clinical providers of all types
- Competing for clinical staff with for-profits and others who are not reliant on Medicare and Medicaid reimbursement limits
- No nursing home in Hancock County
- Stigma of asking for and/or receiving help
- Impact of isolation and loneliness on physical and mental health, particularly for older people and families with young children, exacerbated by the COVID-19 pandemic
- Access and availability of health and social services for unbridged island residents
- Seasonal fluctuations in population size, composition, and needs
- Many services concentrated in Bar Harbor, with more limitations in other towns in the region
- Limited winter time social activities
- Limited after-school options for children
- Seasonal economy
- High proportion of people who are uninsured, underinsured , and/or have high deductibles and copays
- Northern Light Healthcare's decreased home-based services in the LSA
- Lack of awareness of available financial assistance programs and other resources and supports
- Difficulty in applying for or enrolling in available programs, such as MaineCare and low income heating assistance
- Inadequate rehabilitation and long-term care options for both at-home and residential services
- Access challenges cause long waits and/or require travel to Bangor and beyond for specialty healthcare services
- Limited employment and economic opportunities in the LSA
- High cost of nutritious food
- Limited year-round affordable physical and social activity opportunities
- Cost of childcare and elder care
- Bimodal nature of Hancock County income and other data limits the ability to fully understand the needs and solutions for our LSA

Commonly Mentioned Strengths:

- Natural beauty of the area
- Access to the outdoors, Acadia National Park and other green spaces that promote physical and mental health and wellness
- Caring community culture
- Strong sense of place and community connectedness
- Lots of high quality non-profit organizations
- Lots of free or low-cost services and resources throughout the region, such as community meals, food pantries, and social clubs
- MDIH, an independent, non-profit community hospital providing a wide variety of high-quality programs, services, and care, with clinical sites throughout the region

- Maine Seacoast Mission's work to support and provide access to unbridged island residents
- Strong culture of philanthropy, civic participation, and volunteerism
- First responders and criminal justice professionals who are community minded and eager to collaborate with the health sector
- Wellness and prevention programs offered through many area organizations
- Telemedicine services became more prevalent during the pandemic, particularly helpful to connect with residents of the outer islands, help address transportation and mobility challenges, and expand access in general
- Low or no cost transportation services, including the Island Explorer, Downeast Transportation, Island Connections, and Friends in Action
- Health education and health resources in the public schools

Goals and Strategies

Similar to what we learned while investigating challenges and strengths, in working group meetings when asked to identify goals and strategies to address that specific theme, many ideas and recommendations were mentioned consistently across the themes. For brevity, common goals and strategies are listed below and will not be repeated under each theme.

Our findings from this CHNA focused on health, yielded very consistent results to those in a two-year comprehensive planning process underway by the Town of Bar Harbor. Both identified "housing" and "transportation" as top concerns. While the CHNA work covers a broader geographic area than Bar Harbor, the consistent themes are noteworthy. Moreover, solutions identified by this CHNA and the comprehensive plan will involve many of the same actions and actors, particularly because the health sector cannot address major issues, primarily housing and transportation needs, without many other partners.

The hope and expectation is that various community members, and non-profit, for-profit, and municipal organizations will contribute to and collaborate on implementation of these goals and strategies.

The Town of Bar Harbor's final report is scheduled to be published in summer 2024. A February 2024 draft of that report identifies major "Themes and Actions" with " Housing Solutions" as the first theme. Four broad "solutions" are listed followed by dozens of specific recommended strategies. The third theme is "People-Centered Transportation" with seven broad "solutions" followed by dozens of recommended strategies and actions. This is one of a number of local area improvement reports. We strongly support and recommend considering proposed strategies and working together on next steps in regional implementation.

In keeping with our philosophy that many and various entities are vital to and contribute to our community's local public health system, our hope and expectation is that various community members, and non-profit, for-profit, and municipal organizations will contribute to and collaborate on implementation of the goals and strategies included below and throughout this report.

Five Overarching Goals

Across the six themes, multiple goals and strategies arose that are relevant in all areas:

Goal 1: Improve knowledge of and communication about existing resources and services

Strategies:
- Connect with local websites and social media platforms such as the local Facebook group Bar Harbor Barter & Swap
- Conduct public talks and/or community forums
- Use traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness
- Leverage or create community bulletin boards at locations frequented by many people in regular travels, such as food shops, banks and restaurants, post offices, libraries, schools, banks, laundromats, and gyms
- Coordinate with 211 to maximize the effectiveness of that tool for finding services in the LSA
- Promote use of 211 as a resource
- Explore the "Bundle" smart phone app that Heart of Maine United Way developed for Piscataquis County as a model

Goal 2: Offer free support to access and enroll in existing services and programs

Strategies:
- Expand and better coordinate navigator programs
- Design programs and recruit volunteers to help people understand and apply for existing programs
- Coordinate to promote and publicize existing programs and services
- Engage those outside the health and social services sectors, such as the business community, schools, faith-based organizations, libraries, and first-responders, to help publicize options and where to find help in accessing services
- Expand online and social media avenues for learning about and accessing services

Goal 3: Improve coordination of existing services

Strategies:
- Hold monthly breakfasts or informal meetings for non-profit staff and other interested parties to network, share information, and plan ways of coordinating activities and improving ability to refer people to other options
- Create systems for a "warm hand-off" between services, both clinical and social
- Leverage town office staff and connect with town select boards and comprehensive planning efforts to promote LSA-wide ongoing communication and joint planning
- Explore Washington County's "The Connection Initiative" sponsored by the Community Caring Collaborative

Goal 4: Improve wireless and telecommunication services and expand broadband capacity in ways that will support telehealth, help attract and retain employees, and foster overall economic growth and remote work opportunities in the LSA

Strategies:
- Investigate opportunities through Connectivity Maine
- Engage the business community in solutions
- Research state, federal, and philanthropic grant opportunities
- Leverage the services offered by libraries and schools
- Design systems and options for affordable access for low and limited income residents
- Collaborate with libraries and other community centers to offer computer literacy programs and trainings

Goal 5: Improve transportation options

Strategies:
- Focus on connectivity and coordination with services and social/community engagement opportunities
- Promote and publicize existing public transportation services, such as Island Connections, the Island Explorer, and transportation resources through MDIH and insurance designed to access health care
- Encourage existing transportation resources to collaborate to promote easy access, such as publicity and coordinating their trip schedules
- Prioritize needs of people without access to a motor vehicle, including older residents, low-income residents, and children
- Explore creating a "water taxi" program to the unbridged islands as a lower cost alternative to the ferries; perhaps identify someone willing to donate a used lobster boat that can be retrofitted for passenger seating as the vehicle
- Improve pedestrian and bicycle lanes for transportation and physical activity options
- Encourage car-pooling and other alternative modes of transportation
- Leverage the opening of the new Acadia Gateway Center for proactive work that will increase public transportation, rideshare, and parking options

Theme Overviews and Goals and Strategies

Theme One: Access to Care

Strategic Question: *What can we do to maximize the likelihood that all community members have access to quality affordable health care, including primary, specialty, and dental care?*

Key Data and Findings: Numerous strengths and challenges impact access to high quality, affordable healthcare for community members in the LSA, including wait times, affordability, and range of services. Significant challenges impede ideal staffing levels for most, if not all, types of clinical providers.

One example of extremely limited access to health care providers - 2020 U.S. Census data reveal that Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930 residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock County and one for every 1401 residents statewide.

Related Survey Respondent Quotes:
In general, the healthcare offered in the MDI area is pretty impressive considering our area's rural

nature, but it is far too difficult to find and receive good dental care. Lots of dental offices book half a year in advance or are not accepting new patients.

As with every industry right now there needs to be more staff. The infrastructure of the healthcare system cannot keep up with the influx of people who have moved to MDI.

More easily accessible meetings/phone communication/appointments

I have no health insurance so I don't get services unless I can afford them which I cannot.

More urgent care services. It takes forever to be seen in the ER, and urgent care is sorely needed as an alternative.

Access to dentists, mental health and PCP providers. The waiting lists are extremely long.

It feels like there aren't enough providers here. The wait times for some providers are very long and it can be discouraging to seek treatment/help and then not be able to get an appointment for many months.

I did not seek health care treatment due to the high cost of deductibles.

We don't have an open pharmacy on the weekend, so we sometimes go without medication until Monday!

> **"Access to dentists, mental health and PCP providers. The waiting lists are extremely long."**

Challenges in our community in this theme area:

- "Crisis situation" for dental services; no capacity to accept new patients; at one practice 200-250 people per week were turned away in 2023
- Long waiting times for most appointments
- Wait times experienced even for acute needs
- Very limited specialty care
- Months of waiting to access referrals from primary care providers
- MDIH does not have influence or control over when/how specialty referrals are completed
- Shortage of mental health providers, especially for children
- Neurology services are particularly acutely limited, and cannot be done by telehealth
- No weekend retail pharmacy
- Most dentists do not take MaineCare and reimbursement rates are significantly too low
- Open positions extremely difficult to fill at the behavioral health center
- Lack of insurance for many in the LSA
- Housing is a major obstacle in recruiting providers and other staff
- Cannot compete with salaries offered by local franchises of national for-profit entities
- Loss of providers during COVID-19 who have not returned to field in this region
- Cost of getting from islands to mainland, especially with ferry rate increase (now $70 roundtrip for an adult to Swans or the Cranberry Islands without a car)
- Older patients often require lengthy appointments (and LSA has an unusually high proportion of older residents)

- Long wait times increase intensity and acuity of services, especially for mental and behavioral health, including Substance Use Disorder (SUD)
- Long wait times suggest to patients they do not matter
- Wait times and lack of providers means more people go to ER and/or into crisis
- Limited choice of providers
- Limited access creates anxiety about services being available when needed
- Travel distances, especially for specialty care or when multiple days/appointments are needed
- Complicated reimbursement for telehealth services
- No skilled nursing facilities in the area
- Staffing for nursing homes and other settings is a big challenge related to salaries and vaccine requirements

Strengths in our community in this theme area:

- MDIH screens for social determinants of health (for in-patient and out-patient care) and follows up actively
- Warm hand-offs and connecting to resources (both specialty services and appointments generally)
- Many MDIH leaders have leadership positions at the Maine Hospital Association, positioning MDIH to help with advocacy and prioritizing acute needs
- MDIH is an independent community access hospital, which allows them to be nimble and patient-centered
- The MDIH care management team, including coaches and diabetic educators, has a collaborative spirit and preventive focus, including special supports for the most vulnerable community members
- Maine Seacoast Mission visits to unbridged islands; with telehealth and vaccines on islands
- Continuity of care at MDIH is exceptional
- Caring providers, with a welcoming and personal feel
- MDIH patient portal
- Resources and programs are available to help overcome obstacles of cost-related access
- Area philanthropy supports health related needs
- Multiple centers located in smaller communities promotes decentralized local access
- Patients can reach a real person, not just a consolidated call center
- Long tenure of MDIH staff
- Carroll Drug store services and advice, such as prescription delivery service
- Increased use and availability of telehealth
- Local providers participate and invest in health professional education, hosting students and trainees on clinical rotations with an eye toward recruiting staff

Goal 1: Increase the number of health care providers to expand range and timely access to services.

Strategies:
- Send an alarm that dental service access is in crisis to policymakers and others who can help create immediate solutions
- Expand use of telehealth for specialty services, including behavioral health
- Coordinate and increase advocacy efforts at State level to increase MaineCare rates generally, especially for dental services
- Identify ways to expand reimbursement for dental and other services
- Re-negotiate contracts with insurance companies to more realistically reflect living wages and costs of delivering services

- Investigate licensure, reimbursement and liability insurance issues to be able to recruit out-of-state providers to work remotely using telehealth
- Collaborate with Maine Seacoast Mission to expand and coordinate services for unbridged islands, including transportation obstacles
- Pursue philanthropic support to help bridge gaps between costs of delivering services and reimbursement
- Explore telehealth options that only require a cell phone, not a computer, for accessing services
- Explore transitional care models to improve aging in place to prevent needs requiring acute services and hospitalization
- Coordinate and expand community efforts with partners such as employers and the chambers of commerce to create financial incentives and other programs to help recruit and retain providers
- Expand and focus advocacy at the State level for creative solutions around licensure (e.g. inter-state licenses, licenses for foreign grads, retirees and others willing to volunteer)
- Engage federal representatives to address visa issues that hinder employment mobility and options
- Advocate to create "dental assistant" category of professional, as exists in 42 other states
- Work with community colleges to expand various health professional training programs
- Work with realtors, schools, chambers, etc. to create "welcome" program for people who come to area for clinical rotations as well as peer and social supports for new providers
- Organize outreach to retired providers for re-engagement on a part-time and perhaps volunteer basis
- Work to better understand how to reduce staff turnover and increase staff efficiency
- Explore strategies and regulation modifications implemented during pandemic to see if they can be reimplemented or expanded

Goal 2: Continue to emphasize patient-centered care.

Strategies:
- Continue improving communication with patients to better explain specialist referral process and timeline and related access and timing processes
- Expand retail pharmacy hours and access on MDI
- Continue focus on seamless transitions between various levels of care and needs for people through case management and other personalized supports
- Develop flexibility in schedule to facilitate timely follow up appointments
- Increase the number of available swing beds
- Offer support for home-based and family caregivers,
- Design health education and social services materials and tools with a focus on level of health literacy
- Continue to collaborate with the school system to promote and provide care in school settings
- Coordinate with College of the Atlantic to improve access to counseling on campus and referrals for higher level needs
- Continue to educate providers to appropriately support patients who identify as LGBTQ+
- Work with employers to understand and address health needs of seasonal workforce

Goal 3: Expand health supports outside of traditional healthcare settings.

> Strategies:
> - Offer more community-based support groups for specific issues and needs (e.g. new parents, children of elderly parents, caregivers, nutrition counseling, exercise groups)
> - Help people with managing expenses of care by applying for available programs
> - Bring federal and state representatives to the LSA for multi-site visits to better understand issues and needs, and the impact of health care issues on the economy and community overall
> - Expand and coordinate, multi-prong advocacy work at local, state, and national levels
> - Increase education and awareness about what to expect and what resources exist related to major life transitions (graduations, new parenthood, aging, etc.)

Theme Two: Aging in Place

Strategic Question: What can we do to maximize the likelihood that all community members have the necessary physical, social, and health supports to promote aging in place?

Key Data and Findings: Fewer than half of survey respondents agreed with the statement,"This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for the elderly living alone, meals on wheels, etc.)". More people agreed with the statement, "This community is a good, safe place to raise children (considering schools, child care options, community activities and resources, housing, and employment opportunities, etc.)".

According to 2023 U.S. Census Bureau data, Maine is the oldest state in the nation with an average age of 45.1 years compared to the national average of 39 years. Hancock County is the third oldest county in Maine with an average age of 49. In other words, Hancock is the third oldest county in the oldest state in the nation.

Related Survey Respondent Quote:
We're losing, or never had enough, services for our aging population. There are not enough places or people to help for all the different needs. AND what there is, is hard to access, has a long waiting list or isn't all that helpful in real life.

Challenges in our community in this theme area:
- All nursing homes in Hancock County have closed
- Group housing needs for aging residents, especially those with mental health concerns are limited
- Loneliness - people are eager for company and conversation
- Needs are increasing as Northern Light has curtailed services in the LSA
- Limited hospice capacity
- Lack of coordination/consolidation among organizations "each doing a small piece"
- Not enough respite care beds or home-based respite care staff
- Lack of support for people (through professionals, volunteers, and family) who want to be able to die at home
- Staffing challenges for home health care and hospice care
- Fewer volunteers since COVID-19, as many volunteers were older residents
- Unique needs and issues exist for unbridged island residents, who also tend to be older

- Caregiver support is needed
- Long-term care insurance is too expensive and benefits are limited
- Shortage of ways to engage people mentally and physically in the community as they age

Strengths in our community in this theme area:

- Many year-round and seasonal retirees with great skills, passion, and interest in volunteering
- Hospice program, albeit with limited capacity to meet need
- Strong and active faith-based community, although also with limited capacity
- Lots of organizations involved and wanting to help
- Strong, caring and committed community spirit and culture
- Lots of people and organizations have expertise and already working in this arena in this region
- Intense and broad awareness of issues and unmet needs
- Pockets of affluence
- AARP programs and supports
- Eastern Agency on Aging programs and supports

Goal 1: Older people will thrive, live comfortably and safely age in place in our LSA.

Strategies:
- Engage older people in community to help maintain mental and emotional wellbeing
- Assure immediate access for older residents to address acute symptoms, both physical and mental health needs
- Connect people with home delivery services such as through Walmart, Hannaford, and Walgreens, and support their ability to complete orders online for items including groceries, prescriptions, and household and medical care products
- Restart the Hancock County Healthy Aging Network or a similar model of inter-organization coordination
- Develop or build on the Downeast Community Partner program to retrofit and remodel homes to make them safer and more accessible for people who are older or disabled
- Contact the Eastern Agency on Aging for additional information about respite care and other support programs
- Create coordinated focus to help families and caregivers support loved ones as they age, especially when recovering after acute events
- Build on partnerships that exist through Island Connections for transportation to community events
- Explore and potentially expand "At Home" services through Downeast Community Partners
- Train and coordinate volunteers to help older people confidently use telehealth
- Explore resources or ideas available through AARP
- Consider replication of Downeast Community Partner's Friendship Cottage for adult day care
- Coordinate with first responders and law enforcement to help create strategies to address and triage non-criminal emergencies involving physical safety
- Explore Friends in Action services that could be promoted or replicated in the LSA
- Coordinate and promote ways for youth and young adults to help older neighbors, perhaps through the high school's community service program, Rotary, or Eagle Scouts
- Increase and promote multigenerational interactions and activities
- Increase awareness of opportunities for volunteerism and civic engagement, with a special focus on engaging retirees
- Promote wellness checks by police

● Encourage more community outreach to isolated seniors.

Theme Three: Basic Needs

Strategic Question: *What can we do to maximize the likelihood that all community members have their basic needs met?*

Key Data and Findings: Numerous strengths and challenges exist in the LSA that impact positive social, economic, and environmental conditions that encourage health and general well-being for all. Many "social determinants of health" pose significant challenges in the region, largely stemming from economic conditions. For example, fewer than three-quarters of survey respondents said "yes" when asked, "Do you feel as though every community member has equal access to high-quality health-promoting services and supports?".

"Having a child in daycare, paying $200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means."

Adults in Hancock County without health coverage total 10.2% compared to the statewide average of 6.6%. Hancock County's poverty rate of 10.9% is slightly higher than for all of Maine at 10.8%. Household income parallels those comparisons with a median rate of $64,149 in Hancock County and $69,543 statewide.

Related Survey Respondent Quotes:
We have a large disparity between the have and have nots.

Unless one has a job with good insurance coverage, most are going to go without healthcare. It comes down to a choice of am I going to eat, stay warm, have lights, buy my meds? What can I manage to go without for a while? Affordable housing would be a plus. I have a good job with awesome benefits, yet must live with a family member since I bring home $1500 a month.

Jobs don't pay enough to afford a family and to house and feed them.

I have to move in March. Housing insecurity and food insecurity annually are a problem

I did not seek health care treatment due to the high cost of deductibles.

There are likely a lot of programs available, but I don't know about them.

We have a lot of services considering the size of the community.

Having a child in daycare, paying $200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means.

We have great resources for food insecurity in our area, between the food pantry and Open Table.

Transportation, especially from outer islands, is challenging for families. Childcare is a challenge, and families would benefit from access to resources, services and spaces outside of work day hours in order to

not miss work.

Challenges in our community in this theme area:

- Highly seasonal economy
- People need the help of staff or volunteers to complete applications
- "Paperwork" and burden of applying, as well as knowing where and how to apply for programs
- Maine Care denials
- Learning and medical disabilities, and literacy issues
- No warming center in LSA
- More resource navigators needed
- Limited transportation
- Low paying jobs and the high cost of living
- Community support systems are changing as the population ages and young people move away
- Elimination of Raising Readers program will disproportionately impact young families, particularly those with limited incomes

Strengths in our community in this theme area:

- Low crime
- Collaborative nonprofits and social service agencies
- Food pantries
- Strong culture of community involvement, philanthropy, and volunteering
- Bar Harbor Barter & Swap
- Some flex funds exist, including through YMCA, Shaw Fund for Mariners, and Healthy Acadia
- Pockets of great affluence
- Local farms
- Law enforcement's awareness and help with de-escalation and mental health
- Mount Desert Nursing Association, which provides in-home services and assessments
- Schools working to address mental health needs of youth
- Supportive and closer-knit communities (especially year-round)
- Willingness of community and groups to talk about and address challenges

Goal 1: All persons in our community will have their basic needs met.

Strategies:
- Add and coordinate ways to help people access the resources that they are entitled to and do not know about, such as through Facebook spotlights, bulletin boards, and in-person connections where people naturally go, such as community centers, laundromats and libraries
- Increase the number of patient care navigator and others who can help people learn about and apply for available programs
- Coordinate advocacy to increase public and philanthropic funding
- Define and highlight the role of resource coordinators and case managers
- Involve houses of worship more fully in outreach and creating solutions
- Increase communication and knowledge among health providers regarding available resources
- Expand INSPIRE center and/or replicate model on MDI
- Expand mobile services, e.g. dentist going to outer islands - bring services to people in their community

- Incentivize and support worksite wellness programs and practices
- Continue to develop and promote food recovery efforts such as gleaning
- Prioritize monitoring of and efforts to directly address health disparities
- Prioritize including diverse perspectives in strategic brainstorming, planning, and evaluation projects
- Look into bringing Dolly Parton's or another reading program for your children to the LSA; identify and coordinate with other non-profits in Hancock County who have done so already

Theme Four: Community Connectedness

Strategic Question: *What can we do to maximize the likelihood that all community members have age-appropriate access to positive social environments that facilitate a sense of connectedness and well-being?*

Key Data and Findings: Numerous strengths and challenges exist in the LSA that impact positive social environments to facilitate a sense of connectedness for all. The messages here are complicated and mixed. For example, many survey respondents voluntarily added free-text comments related to loneliness and fractured social connections resulting from the COVID-19 pandemic that persist to date. Nonetheless, the strength of community connection both to the place and to other people was evident in the data. Nearly 70 percent of respondents agreed or strongly agreed with the statement, "I am satisfied with the quality of life in our community (considering my sense of well-being and safety)." And when asked to identify the "most significant health strengths in our community," 49 percent of respondents listed "close knit community," second only to the number of respondents choosing the natural beauty of the area.

Related Survey Respondent Quotes:
[We need a] community center with social activities, exercise classes, meeting spaces.

Community outreach to families with young children for consistent support, social opportunities and parenting education.

[We need] things to engage winter community

There are many groups here that are closely knit, but finding them or joining them can be a difficult effort.

We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem.

"We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem."

Love the small town mentality and the truth of neighbors helping neighbors, particularly in the off season when the tourists disappear. I moved here after years of coming as one of those tourists. And I am happy that the off season is EXACTLY what I hoped it would be.

So much is done by neighbors helping neighbors and non-profit organizations.

Our environment is our greatest asset here as are the close knit communities

Living on MDI is a dream, Acadia National Park on the island offers unique opportunities to explore nature, there are many volunteers that help run this island.

Challenges in our community in this theme area:
- Expensive to live here and taxes are high
- Employment opportunities are limited
- Shortage of year-round gathering places, e.g. coffee shops, that are convenient, welcoming and affordable to meet
- Digital divide - some generational differences
- Aging community
- Seasonal economy
- Transportation shortages
- Shortage of assisted and long-term living and support as people age
- Loneliness
- Since COVID-19 people are not gathering/meeting through places of worship in same way as in the past
- Phone use and social media use, especially amongst teens
- Limited safe and healthy social opportunities for youth

Strengths in our community in this theme area:
- Community meals, such as Neighborhood House community cafes, Common Good, and Open Table MDI
- Faith-based community
- Business community is involved in community meals and aware of these needs
- Libraries
- Schools
- Hospital "walk and talks" (e.g. former "walk with doc" and organized Acadia walks)
- YMCA programs that involved talks, exercise, and time to meet/socialize
- Bar Harbor Barter & Swap as community platform

Goal 1: Increase access to safe, positive social opportunities, engagement and spaces for all ages in all regions of the LSA.

   Strategies:
- Increase social check-ins with elders who live alone
- Create opportunities for people to connect with each other, in both organized and loosely organized ways
- Reestablish mentoring programs for kids, such as Big Brothers Big Sisters
- Leverage and create partnerships between non-profit organizations, businesses, and faith organizations
- Identify ways to reach people who do not use social media or other digital platforms to ensure that they can learn about resources and options

- Conduct a survey to identify what programs/needs are most needed by different populations. e.g. older people, families with preschool aged children, school children, young/middle-aged single people etc
- Create multi-generational interactions and bridges, regardless of family status
- Expand the Neighborhood House community cafe model to other areas of the LSAs
- Create a platform like Bar Harbor Barter & Swap specifically for volunteer needs and activities
- Engage libraries to help with publicizing activities and resources, especially for those not comfortable with digital options and/or with limited access
- Engage health providers to help identify community members experiencing loneliness who might benefit from services or support
- Build on the follow-up call program for patients discharged from MDIH or who have MDIH primary care providers
- Ask towns to send information about community services and engagement with tax bills to be sure everyone receives it, regardless of computer access
- Expand the Mount Desert 365 model for available jobs
- Create a pen pal program
- Coordinate with the police department to understand and expand their daily wellness check program to involve more people and perhaps longer conversations
- Establish play groups, perhaps using the La Leche model, for parents of newborns to gather weekly
- Identify ways to reproduce community activities and events (like the Lions Club ice fest or cross country ski race) that were discontinued with climate shifts and the pandemic, perhaps with hiking or rock climbing
- Engage Acadia Senior College in identifying and offering socialization opportunities
- Look into models for safe intergenerational cohousing
- Build or coordinate with visiting nurses and/or transportation programs to expand options for in home visiting
- Increase and promote multigenerational interactions and activities
- Increase awareness of opportunities for volunteerism and civic engagement, with a special focus on engaging retirees to bring their time, energy, and expertise to building community health
- Increase opportunities for afterschool and summer activities for children and youth, and for evening and weekend events for working parents
- Increase physical activity opportunities for working community members, including through daytime worksite wellness programs
- Prioritize community spaces for indoor activities in the winter
- Engage retirees and seasonal residents to contribute their time, energy, and expertise as volunteers
- Coordinate activities to promote and facilitate volunteerism throughout the area, such as through volunteer days or fairs, fundraising for volunteer programs, and resource sharing
- Increase access to programming that helps community members to prepare for aging and end of life transitions
- Increase and promote multigenerational interactions and activities
- Increase opportunities for afterschool and summer activities for youth, for evening and weekend events for working parents, and seniors
- Promote public spaces designed for and accessible to individuals with physical disabilities

Theme Five: **Housing**

Strategic Question: *What can we do to maximize the likelihood that all community members can secure safe, affordable housing in our region?*

Key Data and Findings: Safe and affordable housing was cited by 60 percent of survey respondents as the top concern related to community health and wellness in our LSA, more than two-thirds more mentions than the next two most highly ranked concerns: (1) access to care and (2) mental and behavioral health, including substance use. Additionally, every Theme Working Group focused on housing as a critical factor contributing to challenges in the majority of other topic areas.

Related Survey Respondent Quotes:
Obviously, safe and affordable housing is one of the main issues in the area and something many people are working on, but it's still something that affects many and makes living a healthy and happy life extremely difficult.

"Affordable housing is our biggest challenge to keep a year round community sustainable."

housing housing housing!

Affordable and safe housing for those at all income levels.

A safe way to find housing year round for people who live here. It would make the community feel safer and more welcoming.

Affordable housing is our biggest challenge to keep a year round community sustainable.

Housing availability for both our seasonal workers and year around workers.

I have had housing struggles, and at points been worried that I would have to sacrifice food for rent. I would never have been able to afford housing without external help which had an impact on my mental health.

There is such a need for affordable, year-round housing. I know some kids are pulled out of MDI schools and transferred to off-island schools mid-spring because their parents are unable to afford year-round housing. Complex challenges that need to be addressed.

People who work to ensure our communities economic success live in housing you wouldn't dream of living in.

Challenges in our community in this theme area:
- Weekly rentals/Airbnb taking year-round housing off the market
- Stigma around unhoused community members
- Town ordinances that limit solutions
- Seasonal rentals driving up costs and limiting year-round rental stock
- Thinking about property/houses as "commodity" or income producer rather than community resource or "home"
- High taxes and property maintenance costs

- Difficulty of finding the balance between tourism as an income generator for the economy and having an affordable cost of living for year-round community members
- Limited governmental infrastructure for economic and community development
- Lack of safe, affordable housing is a cost to the whole community and increases stress, mental health challenges, and ability to access other basic needs
- Many landlords are not inclined or incentivized to accept housing vouchers
- Rental prices outpace housing vouchers
- In many instances, the quality of housing is poor and landlords do not know how to manage their rentals
- Solutions can pit neighbors against each other, especially summer versus year-round residents
- Financing to develop workforce housing
- Children needing to shift schools at the end of the school year due to transitioning housing

Strengths in our community in this theme area:

- People are trying to come up with creative solutions
- Local housing solutions committee and coordinated initiative exists
- MDI/Ellsworth has a Housing Authority with units in good shape
- Towns aware of these challenges and trying to come up with solutions
- People who provide year-round rentals and ensure that their rentals are good, safe, and affordable
- YWCA's newly purchased 27 acres of land at Hamilton Station and their plans to develop 50 units with a focus on housing for middle-income, year-round workforce
- Area banks sometimes willing to work with creative financing to help get people housed and make projects happen
- Collaborative work of nonprofits
- Jackson Laboratory's model of employee housing
- Housing and Wellbeing Survey underway through the Downeast Housing Collaborative survey could be a good tool to help understand issues
- This is a beautiful place to live
- Many people would not want to live anywhere else
- Cranberry Island Housing Trust

Goal 1: Increase access to affordable housing.

Strategies:
- Create, increase, and/or publicize incentives for landlords to accept housing vouchers
- Identify or create housing for MDIH employees, who need to be within 25 minutes of MDIH
- Advocate to expand government-owned public housing
- Create housing for rental or purchase with a stipulation that the person must work on the island and demonstrate income threshold, such as through the Island Housing Trust model
- Encourage employers and the business community to participate in housing solutions, increasing strategies for employee housing
- Develop affordable senior housing that enables people to stay in the community while aging
- Identify ways to connect people for shared rentals such as through year-round group houses or by renting rooms
- Design incentives for landlords for year-round rentals and for homeowners to sell to year-round buyers
- Create a web-based rental unit availability site, perhaps in collaboration with local chambers of commerce or rotary organizations

- Allowing non-profit organizations to use their endowments as equity/collateral for creative financing in developing workforce housing
- Look at how the State collects and uses real estate taxes to help address housing needs and costs
- Increase work with area banks for creative financing solutions
- Involve philanthropy in creative financing solutions
- Contact the Musson Group in Southwest Harbor, which has been doing a lot of work with realtors, builders, towns, on housing solutions
- Increase independent living options and area aging in place solutions
- Expand access to free and subsidized aging in place home assessments and modifications
- Organize and advocate for the passage of public policy at the state and federal levels to increase access to affordable housing
- Bring local, state, and federal officials to the region to educate them about the severe needs
- Work to obtain grants for affordable assisted-living and long-term care

Goal 2: Encourage and support area towns to prioritize and incentivize affordable housing, and preserve, protect, and expand both year-round and seasonal housing options.

Strategies:
- Work with towns and others on incentives or standards to prevent further current year-round housing from being converted to seasonal or short-term
- Work with the MDI League of Towns to take a housing assessment as a regional approach and reach out to the Maine Department of Economic and Community Development for eligibility and project development of housing units, using Community Development Block Grants funds
- Work with the towns to incentivize year-round rentals
- Identify ways to use tourism dollars and attraction to support housing
- Identify "right number" of year-round houses, perhaps by town

Goal 3: Identify and research existing successful models.

Strategies:
- Identify models and partners to work toward pathways to homeownership
- Research the "Housing First" model
- Consider the model in Philadelphia of providing cash instead of housing vouchers
- Support expansion of Habitat for Humanity activity
- Research "rent to buy" programs for first time home owners (such as Mano en Mano's program) to update old buildings, rebuild communities, and house people
- Increase use of Mount Desert 365 model of purchasing homes
- Expand Island Housing Trust's purchase assistance program with financing to support expansion

Goal 4: Increase access to safe housing.

Strategies:
- Work toward measurable objectives outlined in 2030 Healthy People
  1. Increase the proportion of homes that have an entrance without steps
  2. Reduce blood lead levels in children aged 1 to 5 years
  3. Increase % of people whose water systems have recommended amount of fluoride

4. Increase the proportion of smoke-free homes
- Work with the MaineCDC to increase awareness of potential home health hazards including lead, arsenic, radon, pesticides, and mold; promote and expand existing testing and mitigation methods

The Town of Bar Harbor's Comprehensive Plan has very detailed goals and strategies around housing, as well as the authority and resources to take significant action. The most important recommendation within this theme area is to collaborate with the towns and other entities in the LSA who can advance housing solutions more effectively than the public health community and the non-profit sector are able to accomplish independently. Some of the recommendations included in The Town of Bar Harbor's Comprehensive Plan's interim findings are:

- Work with the Acadia Region partners to develop a region-wide approach to identify, assess, and develop solutions to housing, transportation, workforce development, economic diversity, and sustainable visitation/tourism. This should include representatives of the Acadia Region (Mount Desert, Southwest Harbor, Tremont, Trenton, Ellsworth, and Lamoine), Hancock County Planning Commission, Mount Desert Island & Ellsworth Housing Authority, Island Housing Trust, Maine Coast Heritage Trust, Downeast Partners, and others.
- Create a housing webpage so the public can easily access information on the town's housing efforts along with other housing related information.
- Promote and expand existing programs and uses to encourage businesses to build new units for their seasonal workforce rather than buying year-round dwelling units.
- Work with businesses and institutions to create seasonal and year-round housing. This may require expanding existing programs, developing new programs, and promoting housing opportunities to businesses (new uses, ordinance amendments, etc.). Major employers and developers will benefit from easy access to relevant information, targeted incentives, and local funding resources tailored to meet community needs.
- Encourage the creation of year-round rental units through regulatory and non-regulatory approaches.
- Educate the public on home sharing opportunities and programs.
- Create a land acquisition fund that could acquire properties, deed restrict them, and sell or turn them over to a non-profit, housing trust, or private developer to operate and manage. Potentially partner with the Housing Authority, Island Housing Trust, or a private developer to manage these new units.
- Take a leadership role in the development of the Acadia National Park (ANP) Town Hill parcel.
- Assist the YWCA with the development of the Hamilton Station parcel.
- Identify ways to stimulate the creation of housing on vacant, underutilized, and town-owned parcels.
- Establish a local tax on hotel rooms/short term rentals to be dedicated to an affordable housing trust.

Theme Six: Mental and Behavioral Health, Including Substance Use

Strategic Question: *What can we do to maximize the likelihood that all community members have age-appropriate access to quality mental and behavioral health services and resources, including supports related to substance misuse prevention, treatment, and recovery?*

Key Data and Findings: Numerous strengths and challenges exist in the LSA to reduce stigma and promote and increase access to quality mental health, behavioral health, and substance use prevention, treatment, and recovery resources. Youth mental health is of particular concern. The Maine Department of Education reported that in 2023, 17 percent of Hancock County high school students responded "yes"to the question, "During the past 12 months did you ever seriously consider attempting suicide?". In 2023, 36.9 percent of high school students in Hancock County reported they had felt "sad or hopeless almost every day for the past two weeks," compared to 36.2 percent of students statewide, and increased from 35.9 percent in Hancock County in 2019.

Related Survey Respondent Quotes:
More and better access to all kinds of mental health services, and a system that allows patients to see service providers more quickly.

It should be less stigmatized and more accessible.

Mental health help is extremely hard to get. There are not enough people to take care of issues like counseling and medication management for people who are either struggling or are newly diagnosed.

> ***"For a small critical care hospital there are a lot of options provided to keep you healthy or that the community has access to but the behavioral health department needs to double if not triple in size."***

For a small critical care hospital there are a lot of options provided to keep you healthy or that the community has access to but the behavioral health department needs to double if not triple in size to ensure that the demographic of this island has access to it when they need it before it becomes an emergent situation.

In MDI a drop in center for people with mental health challenges/illnesses; a clubhouse model, possibly like INSPIRE in Ellsworth.

More support for substance abuse, especially alcohol.

Mental Health for the younger generation; lots of anxiety, suicide.

Mental health services, the waiting is too long for those in crisis.

Strengths in our community in this theme area:
- MDIH Behavioral Health Center
- Recovery coaches
- INSPIRE Center
- Possibility of state dollars through Governor's focused initiatives
- Hancock County Drug Treatment Court
- Great advocacy and support from the State
- Community support from donors and private philanthropy
- Outdoor access (Acadia National Park and other natural areas) helps with mental health
- Medical detox care in MDIH emergency department
- Strong partner consortium
- Hub & spoke model at AMHC for treating SUD

- Decentralized provision of Medication Assisted Treatment (MAT)
- Supportive school system with social workers to support students and teachers
- Involvement and training of law enforcement and first responders to help with mental health calls
- Less stigma and efforts to decriminalize SUD
- MDI Opiate Task Force
- Warm line and crisis lines
- Acadia Family Center
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings available daily
- Maine Alliance for Recovery Coaching
- Maine Seacoast Mission facilitates Substance Use Disorder services and other behavioral health counseling appointments on outer islands through telemedicine
- Many tobacco-free community locations
- Numerous prevention and education activities and resources are available through the schools
- Political will and availability of public funding
- Private counselors
- Wide recognition of and willingness to talk about opioid epidemic
- Bar Harbor and Mount Desert Police Departments now have every squad car equipped with Narcan
- Strong, active, and tight-knit recovery community

Challenges in our community in this theme area:

- Scarce resources across all types of providers
- Long wait lists
- Community members experience chronic stress and chronic pain, as well as related depression, anxiety, Substance Use Disorders
- A natural resource based economy and lots of outdoor activity leads to high rates of injuries and complicated pain management needs
- Despite the strength and size of the recovery community, those in recovery can feel very isolated from the community at large
- Obstacles such as transportation, cost, awareness, stigma, low health literacy, and others exist for community members to access resources
- Involvement of police in mental health responses is complicated
- Recovery supports in jails are increasing, but access is still limited
- Some community members are not ready to seek treatment
- Culture of independence and resistance to accepting help
- Work related injuries and economic instability related to seasonal employment contribute to substance use
- Legalized recreational marijuana
- A limited number of inpatient beds for substance treatment services
- Reimbursement for mental health services is lower than for physical health services
- Stigma for mental health generally, particularly Substance Use Disorder
- Co-occurring diagnoses and needs
- People end up in crises because of wait times and limited access to services
- Limited aging-related services puts added pressure on families and can lead to mental health challenges

Goal 1: Make all types of mental and behavioral healthcare more easily accessible and affordable.

> Strategies:
> - Continue to embed mental health services in primary care settings
> - Support primary care providers in activities to provide appropriate mental health services, such as MAT
> - Continue to support collaboration and coordination of resources and knowledge, such as the monthly Downeast Substance Use Network for providers
> - Increase use of telemedicine or phone appointments to expand timely and convenient access to mental healthcare
> - Advocate for more inpatient access for mental and behavioral health treatment throughout the state
> - Increase availability of case management and home visiting services
> - Raise awareness of alcoholism and misuse
> - Address fear and stigma by sharing promotional materials in trusted locations and promoting public discussion, such as articles in the local news about prevention and available services
> - Promote better understanding and support for people with high Adverse Childhood Experience (ACE) scores
> - Build resources for acute mental and behavioral health to address lack of pediatric beds, crisis beds, and residential care and treatment
> - Address gap that exists with closure of Augusta and other state mental health inpatient beds
> - Involve police/first responders in promoting trauma therapy and other resources after a crisis event, such as the New Hampshire and Washington County "rapid response" programs
> - Involve the Bar Harbor Police Department's social worker/health liaison in solutions
> - Utilize trained community members to offer conversation and general support, such as 7 Angels model in Sorrento
> - Explore Big Brother-Big Sister and/or Foster Grandparent programs to offer low impact and low cost support
> - Celebrate the great work already happening; publicize and explain its value
> - Build ways to effectively engage the seasonal community in strategies, especially to raise awareness

Goal 2: Achieve an "instant response" - no wrong door, no wrong time - to access services and supports

> Strategies:
> - Develop a walk-in clinic
> - Continue to increase mental health services and supports in the schools, including social/emotional education programming
> - Expand and promote evening and weekend hours of mental health services
> - Explore potential for additional mobile mental health opportunities
> - Recruit more mental health specialists and providers to the area
> - Streamline mental health services between schools and other service providers
> - Increase school-based mental and behavioral health appointments
> - Promote recovery coaches more broadly
> - Expand "recovery coaches" beyond SUD, for example resource brokering support, etc.
> - Expand low-barrier spaces for people with behavioral health needs, such as INSPIRE in Ellsworth, to support a variety of needs; support Acadia Family Center's efforts to replicate Inspire Center model
> - Better integrate mental and physical health services and handoffs

- Advocate for co-located care, including physical, dental, behavioral and mental health, and lab work
- Expand availability of medical detox services beyond the emergency department
- Engage clergy and faith community to expand access to supports
- Replicate "mental health court" model that exists in Washington County
- Involve ArtWaves and others to offer art therapy
- Increase resource navigation services
- Increase access to barrier removal funds, such as You've Got a Friend Fund through HA
- Conduct an inventory or survey of who is doing what to identify and address specific unmet needs and improve coordination

Goal 3: Create or identify group or individual housing options with support for people with mental/behavioral health diagnoses

Strategies:
- Explore existing models, such as:
  - CHOM model: https://www.chomhousing.org
  - Families First in Ellsworth
  - Safe Harbor in Machias
  - Freedom Place in Portland
  - Friendship Cottage in Blue Hill (adult day care)
- With lack of nursing homes, find ways to connect patients and families who require geri-psychiatric support
- Expand domestic violence shelter options
- Create intentional multi-generational housing options
- Establish a recovery residence in the LSA
- Establish mental health respite housing

Conclusions and Reflections

Our process and findings emphasize the impressive breadth and depth of assets in the LSA. The strong culture of civic-mindedness, collaboration, and caring for others and for this place strongly stood out as what residents love, contribute to, and rely on as part of the daily experience as well as in times of need. The COVID-19 pandemic shone a light on the fragility of the health and social service systems nationwide. Despite the many challenges, the impact of the pandemic with the many economic and social implications also highlighted the strength and resilience of the region.

Differences between the 2020 CHNA findings and this cycle are palpable, much more stress around housing, mental health, and unmet workforce needs, for example. Yet our findings also surfaced creative, hard work to understand and address the community's needs and wishes.

Theme-Related

Among the most-commonly cited themes were the number of organizations and programs offering high-quality and much needed services. Nonetheless, awareness of and access to those resources appears to be very complicated for many residents. Particularly in a rural area, communications and coordination solutions will leverage existing assets and strengths, as well as cost-efficient solutions. This LSA has an unusually strong and broad culture of collaboration and sharing information and resources, two critical success factors to achieve improved communications and inter-organizational coordination. This infrastructure of existing community connectedness and a spirit of collaboration positions the LSA well to work together on implementation and achieve their shared goals.

This LSA has an unusually strong and broad culture of collaboration and sharing information and resources, two critical success factors to achieve improved communications and inter-organizational coordination.

Among the strongest signals we heard:
- Housing is at a crisis point and complicates solutions to many other community health issues, particularly staffing to expand access to care and to decrease wait times. Without housing solutions, access to care will continue to be challenged by the ability to recruit and retain staff.
- COVID-19 has had an outsized impact on mental health, particularly for youth.
- Substance use, including alcohol, are major concerns and more options are needed for timely access to various types of support for individuals and families.
- No nursing home in Hancock County is a major concern.
- Employers play an important role in community health, particularly related to providing health insurance and living wages. It would be useful to identify ways to coordinate opportunities to include their voice and collaboration in implementation of strategies and other action plans.

- Many of the issues and potential solutions will require policy change at the local, state, and federal levels. Some solutions will require legislative action, others will require regulatory change. Coordinated advocacy efforts focused by issue as well as place-based will strengthen and potentially accelerate attention and action.

Process-Related

We appreciated and learned from suggestions included in the 2020 report in approaching our work for this CHNA process. In that spirit we note some ideas that might be considered in future CHNA efforts:
- We strove to include first responders and criminal justice perspectives but were not as successful as we hoped. In the future, it might be helpful at the outset to identify a specific process to include members of those communities.
- Having the public survey available online and in paper was important. Offering a QR code was very helpful in increasing awareness and responses.
- Offering a shorter version of the Community Health survey might further increase the response rate, particularly for completion by older community members and those with limited online access.
- As our timeline overlapped with residual COVID-19 concerns and the winter months, we met by Zoom exclusively. This had great advantages for convenience and increased participation. That said, organizing some in-person focus groups might be considered in the future. In person meetings could be open to all community members or by invitation (to focus on select cohorts or perspectives) at locations convenient for those groups, such as assisted living homes, community meals or food pantries, laundromats, schools, or first responder work sites.
- Including more detailed demographic questions on the "Community Health Survey" was helpful, especially related to income, insurance status, and age. In future versions, it might be helpful to add questions about respondents' housing situation, for example rent, own, full or part-time resident, and number of people in the household.
- It was very useful for the Theme Working Groups to include a combination of Steering Committee members, people who volunteered through the Community Health survey, and specific invitations to community leaders with content expertise.

A Final Note

Community health is multifaceted, hard to measure, dynamic, and ever changing. This 2023-2024 MDI region CHNA and Action plan is a snapshot of the LSA and provides a framework for Mount Desert Island Hospital, Healthy Acadia, and partners to collectively address health concerns and bring to life our vision statement, an area that is "...home to vibrant communities where people thrive and healthful resources are easily accessible." It is the sincere hope of the CHNA Coordinators and Steering Committee members that this tool is used in many creative ways to better the community. We welcome you, the reader, to use this tool in the way it aligns best with your individual or organizational goals, needs, and resources. We also welcome you to contact Healthy Acadia at info@healthyacadia.org or by calling 207-667-7171 to schedule a presentation on this report, request further information, or to learn how to get involved. We invite you to join in efforts to build healthy communities together. Thank you for all you contribute to our communities.

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Appendices

- Appendix A - List of Core Planning Team, Steering Committee and Working Group members

- Appendix B - Community Themes and Strengths Survey instrument ("Community Health Survey")

- Appendix C - Community Themes and Strengths / Community Health Survey data summary

- Appendix D - Community Partner Assessment Survey instrument

- Appendix E - Forces of Change summary

Appendix A - A List of Core Planning Team, Steering Committee and Working Group members

Core Planning Team
<u>Healthy Acadia</u>: Caroline Bloss, Maria Donahue, Elsie Flemings, Leslie Goode, Shoshona Smith
<u>MDI Hospital</u>: Morgan Mackenzie, Chrissi Maguire, Michelle Smith

Steering Committee Members
Caroline Bloss, Recovery Projects Director, Healthy Acadia
Mariah Cormier, Public Affairs Officer, MDI Hospital
Barbara Conry, Director of Student Support and Wellness, College of the Atlantic
Maria Donahue, Community Health & Prevention Director, Healthy Acadia
Elsie Flemings, Executive Director, Healthy Acadia
Sam Foss, VP, Nursing Services, MDI Hospital
Leslie Goode, MDI CHNA Program Manager, Healthy Acadia
Rob Hemenway, Executive Director, Birch Bay Retirement Village
Oka Hutchins, Director of Advancement, MDI Hospital
Rota Knott, Executive Director, Acadia Family Center
John Lindquist, Executive Director, Friends in Action
Morgan Mackenzie, MDI Hospital
Christina Maguire, President and CEO, MDI Hospital
Mike McKernan, Director of Government & Community Relations, Jackson Laboratory
Amy McVety, Executive Director, Mount Desert Nursing Association
Kathleen Miller, Executive Director, Mount Desert 365
Tom Reeve, Executive Director, Bar Harbor Food Pantry
Megan Rilkoff, Development and Communications, Mount Desert Nursing Association
Tracy Shaffer, Board President, Loaves and Fishes
Michelle Smith, CFO, MDI Hospital
Shoshona Smith, Development Director, Healthy Acadia
Margaret Snell, Maine Seacoast Mission
Wendy Todd, Mount Desert Chamber of Commerce
Charlotte Winger, Director of Patient Services, MDI Hospital

Working Group Theme Members (in addition than those on the Steering Committee)
Dr. Margaret Beaulac, Retired physician and community activist
Allie Bodge, MDI Housing Authority
Everal Eaton, Bar Harbor Chamber of Commerce
Dr. Julian Kuffler, MDIH
Paige Johnston, Healthy Acadia
Linda Lunt, MDI YWCA
Linda Napier, AMHC
Marla O'Byrne, Island Heritage Trust
Dr. Timothy Oh, Caring Hands of Maine Dental Center
Jennica Pieuch, MDIH Behavioral Health Center
Donna Wiegle, Retired, Swans Island health center

Report Coordinators and Writing Team
Leslie Goode, Caroline Bloss and Shoshona Smith

2023 Community Health Survey Introduction

Do you live, work, go to school, or otherwise spend time in Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton?

Mount Desert Island Hospital (MDIH) and Healthy Acadia are conducting a Community Health Needs Assessment. Your feedback is important! Completing this survey means your thoughts, experiences, and ideas will be included as we work to meet the health needs of our area.

The survey should only take about 10 minutes to complete. It is also available online - simply scan the QR code to the right - or via in-person or phone interviews by contacting Leslie Goode at leslie.goode@healthyacadia.org or by calling 460-3050.

We hope to hear from as many people as possible so that what we learn represents the ideas, interests, and needs of everyone. Please help us understand our strengths, what needs to be improved, and important issues. With your feedback and others in the community, we will develop goals and strategies for a healthy, strong, community.

Our 2020 Community Health Needs Assessment and Action Plan is available on the MDI Hospital website. A report including the results of this survey will be available in May 2024.

For more information or to be part of this Community Health Needs Assessment in other ways, please write your contact information on the last page or send an email to leslie.goode@healthyacadia.org or call 460-3050.

Si gusta obtener una copia del cuestionario en español, por favor comuníquese con Katia McClellan en katia.mcclellan@healthyacadia.org. Si prefiere hacer el cuestionario vía llamada telefónica, por favor marque al +52 222 802 0489 por Whatsapp.

Please return your completed survey to: the location where you received the survey or mail to: Leslie Goode, Healthy Acadia, PO Box 1710, Ellsworth, ME 04605.

Thank you for sharing your valuable ideas!

2023 MDI Community Health Survey

Mount Desert Island Hospital and Healthy Acadia want your input to assess area health needs. The information will be used to create a community health plan to improve our overall health.

1. How healthy would you rate our community? Circle a number from 1-5.

Very Unhealthy	*Somewhat Unhealthy*	*Neutral*	*Somewhat Healthy*	*Very Healthy*
1	*2*	*3*	*4*	*5*

2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety). Circle a number from 1-5.

Very Unsatisfied	*Somewhat Unsatisfied*	*Neutral*	*Somewhat Satisfied*	*Very Satisfied*
1	*2*	*3*	*4*	*5*

3. I am satisfied with the health care system in our community (considering organizations and providers offering physical, mental and dental health services). Circle a number from 1-5.

Very Unsatisfied	*Somewhat Unsatisfied*	*Neutral*	*Somewhat Satisfied*	*Very Satisfied*
1	*2*	*3*	*4*	*5*

4. What additional services, supports, and/or spaces could our community use to better ensure health for all?

5a. Do you feel as though every community member has equal access to high-quality health services, supports, and resources? (circle one)

Yes   No   Unsure

5b. If you answered "No", who do you think faces the most significant challenges?

6. This community is a good, safe place to raise children (considering schools, child care, community activities and resources, housing, and employment opportunities, etc.). Circle a number from 1-5.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1	2	3	4	5

7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for people living alone, meals on wheels, etc.). Circle a number from 1-5.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1	2	3	4	5

8a. What do you see as the most important "health concerns" in our community? Please write in if unlisted, otherwise circle no more than five (5).

Acute or chronic health (allergies, asthma, cancer, diabetes, heart disease, high blood pressure, gastrointestinal disorders, etc.)

Costs of care and/or prescriptions

Aging challenges

Bias, discrimination, and other factors leading to health inequities

Bullying (in-person or online)

Chronic pain

Childhood trauma

COVID-19

Dental health/mouth pain

Domestic violence

Economic instability/limited employment and opportunities for growth

Environmental health concerns (mold, other toxins, clean air and water, etc.)

Health insurance accessibility/coverage

Infectious diseases (including Lyme and excluding COVID-19)

Lack of awareness of existing health services

LGBTQ health challenges

Limited access to healthy foods

Limited access to physical activity/ opportunities for recreation

Mental health challenges (including anxiety and/or depression)

Motor vehicle crash injuries

Obesity

Rape/sexual assault

Reproductive, maternal, newborn, and/or child health concerns

Safe and affordable housing

Sexual health concerns

Substance use (e.g. alcohol, opioids, tobacco

Suicide

Transportation difficulties

8b. Comment on your responses above:

9. What health issues do you feel are not being adequately addressed or you would like to see more public discussion, education, and action around?

10a. What do you think are the most significant "health strengths" in our community? Circle no more than five (5).

Access to healthy foods (including farm stands, farmers markets, and gardens)

Awareness and/or accessibility of existing health services

Close-knit communities

Dental services

Education offerings for all ages

Employment and growth opportunities

Food pantries and meal sites

Health care services and providers (including outer island health care services)

Health education in schools and through community groups

Housing - safe and affordable

Mental health services and providers

Natural beauty and outdoor sites (Acadia National Park, other parks and open space)
Police and emergency services

Prevention programming

Recreation in schools and the community

Spiritual and religious community

Substance prevention, treatment and recovery supports

Sustainability and energy-efficiency initiatives

Third-spaces (a safe space that is not work/school or home)

Tobacco-free public areas

Volunteerism and civic engagement

Worksite wellness programs

10b. Comment on your response:

11. What programs or projects could make us a healthier community?

12. What were one or two major impacts of the COVID-19 pandemic on you and your family?

Please tell us a bit about yourself. It will be used for demographic purposes only. You will not be identified by your answers in any way.

13. What area(s) where you live, work, go to school, or think of as your "community"? (please check all that apply)

❍ Bar Harbor
❍ Cranberry Isles
❍ Frenchboro
❍ Hancock
❍ Lamoine
❍ Mount Desert
❍ Northeast Harbor
❍ Southwest Harbor
❍ Swan's Island
❍ Tremont
❍ Trenton
❍ Other, please specify

14. Do you identify as: (please circle one)

Female   Male   non-binary

15. Age: (please circle one)

Under 18   18-25   26-40   41-55   56-70   71-85   Over 85

16. Race/Ethnicity:

❍ White

❍ Asian

❍ American Indian or Alaskan Native

❍ Black or African American

❍ Hispanic, Latino, or Spanish

❍ Middle Eastern or North African

❍ Native Hawaiian or Other Pacific Islander

❍ Other

17. How do you pay for health care?

❍ Cash

❍ MaineCare (Medicaid)

❍ Private health insurance through employer, school or other established group plan

❍ Private health insurance purchased directly (individual or family plan)

❍ Medicare

❍ Department of Defense

❍ Veterans Administration

❍ Indian Health Services

❍ Other, please specify

18a. Annual household income in 2023:

❍ Under $15,000

❍ $15,000-45,000

❍ $45,001-$75,000

❍ $75,001-$100,000

❍ $100,001-$150,001

❍ above $150,001

18b. If you or your household faced difficulty paying for basic needs (such as housing, food, or health care) in the past 3 years, please tell us about that. How did you address those needs? How did it affect your health?

19. Is there any other information or input you would like to share?

Thank you!

Yes! I would like to be a part of this Community Health Needs Assessment in other ways. If so, please share your name and preferred contact information. You may tear off and separately submit this section from the survey you just completed for privacy reasons.

Name:

Town:

Email or phone number:

Appendix C - Community Themes and Strengths data summary

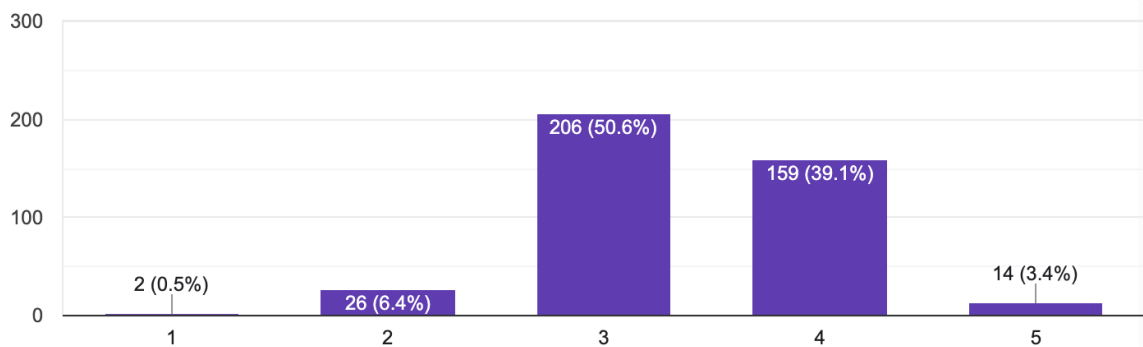## 2023/24 MDI Region Community Health Survey
Quantitative Data Summary

1. How healthy would you rate our community?   Copy

407 responses

1=Very unhealthy
5= Very healthy

2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety).   Copy

407 responses
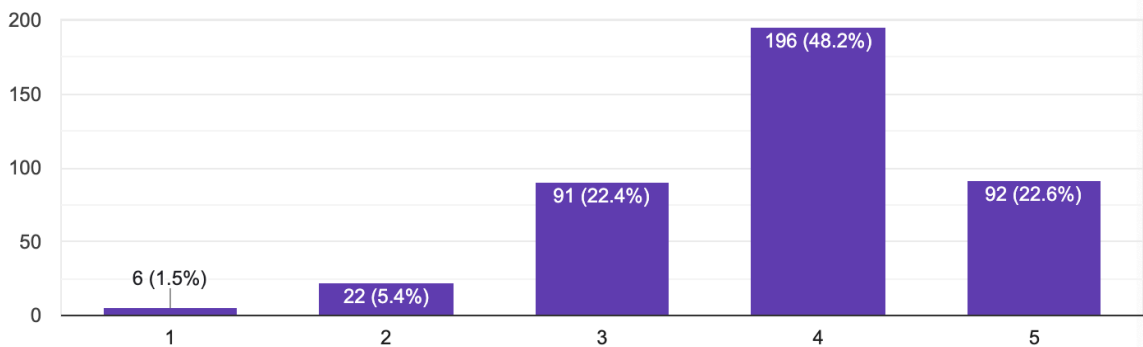
1= Very unsatisfied
5=Very satisfied

3. I am satisfied with the health care system in our community (considering organizations/providers offering physical, mental and dental health services).

Copy

405 responses

1= Very unsatisfied
5= Very satisfied

5a. Do you feel as though every community member has equal access to high-quality health-promoting services, supports, and spaces?

Copy

387 responses
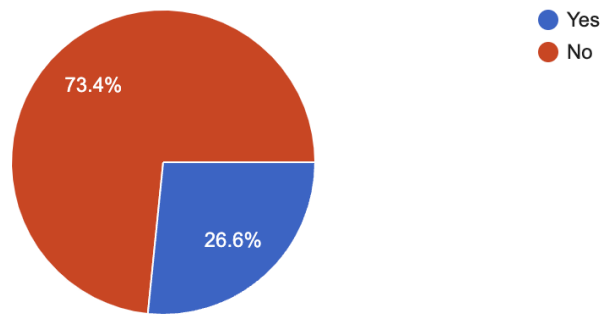
Yes
No

73.4%

26.6%

2

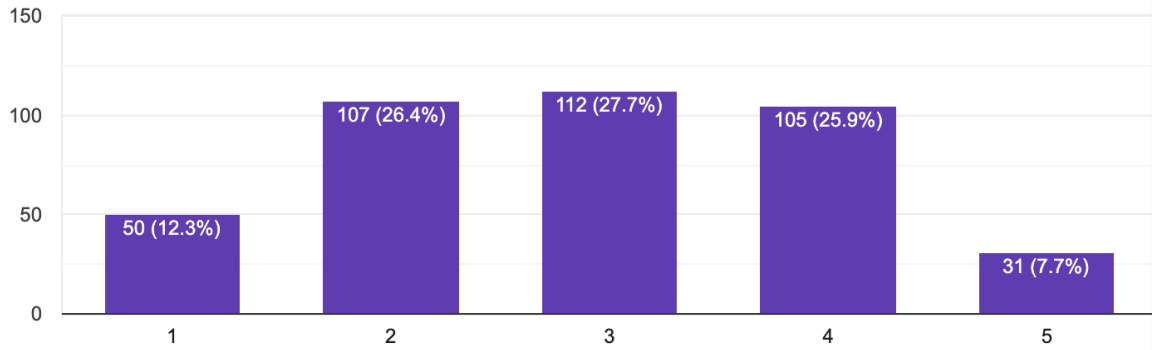6. This community is a good, safe place to raise children (considering schools, child care options, community activities and resources, housing, and employment opportunities, etc.).

404 responses
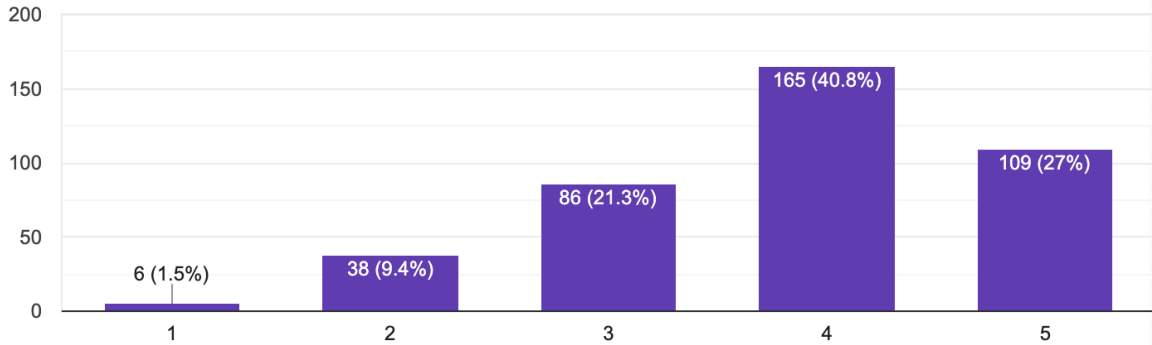
1=Strongly disagree
5= Strongly agree

7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for the elderly living alone, meals on wheels, etc.).

403 responses

1= Strongly disagree
5= Strongly agree

8a. What do you see as the most important "health concerns" in our community? Please write in if unlisted, otherwise check no more than five (5).

408 responses
Top 3 are highlighted in yellow; categories related to top 3 are highlighted in red

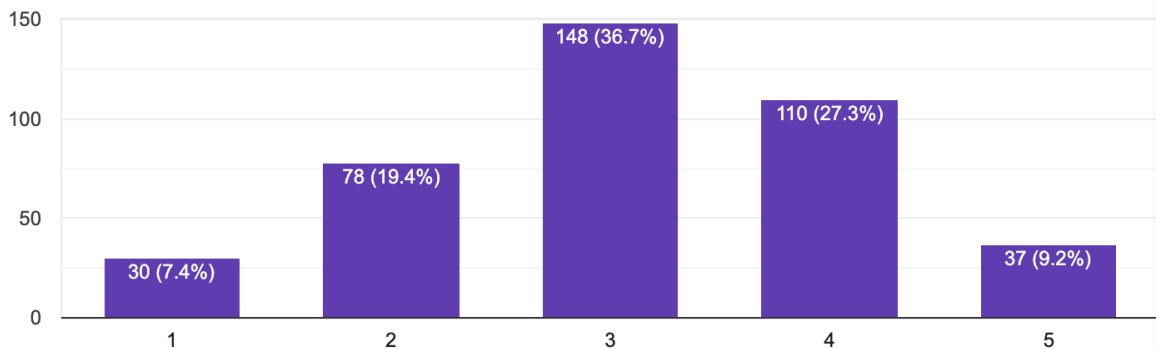|		
Acute or chronic health concerns (e.g. allergies, asthma, cancer, diabetes, heart disease, high blood pressure, gastrointestinal disorders, etc.)	115	28.2%
Costs of care and/or prescriptions	205	50.2%
Aging challenges	158	38.7%
Bias, discrimination, and other factors contributing to health inequity	44	10.8%
Bullying	15	3.7%
Chronic pain	43	10.5%
Childhood trauma	36	8.8%
Covid 19	30	7.4%
Dental challenges	112	27.5%
Domestic violence	50	12.3%
Economic instability / limited employment and opportunities for growth	150	36.8%
Environmental health concerns (mold and other toxins, air and water pollutants, etc.)	33	8.1%
Health insurance accessibility and coverage	152	37.3%
Infectious diseases (including Lyme Disease & excluding Covid-19)	53	13.0%
Lack of awareness of existing health services	80	19.6%
LGBTQ health challenges	21	5.1%
Limited access to health food	41	10.0%
Limited access to physical activity/opportunities for recreation	30	7.4%
Mental health challenges	191	46.8%
Motor vehicle crash injuries	15	3.7%
Obesity	94	23.0%
Rape/sexual assault	15	3.7%
Reproductive, maternal, newborn and/or child health concerns	21	5.1%

Safe and affordable housing	247	60.5%
Sexual health concerns	4	1.0%
Substance use (e.g. alcohol, opioids, tobacco, etc.)	165	40.4%
Suicide	29	7.1%
Transportation difficulties	114	27.9%

10a. What do you think are the most significant "health strengths" in our community? Check no more than five (5).

396 responses
Top 3 are highlighted

Access to healthy foods (including from farm stands, farmers markets, and community gardens)	192	48.50%
Awareness and/or accessibility of existing health services	33	8.30%
Close-knit communities	194	49%
Dental services	11	2.80%
Education offerings for all ages	71	17.90%
Employment and growth opportunities	37	9.30%
Food pantries and meal sites	181	45.70%
Health care services and providers (including outer island health care services)	52	13.10%
Health education in schools and through community groups	10	2.50%
Housing - safe and affordable	11	2.80%
Mental health services and providers	12	3%
Natural beauty and sites (Acadia National Park, town parks, and green spaces)	302	76.30%
Police and emergency services	99	25%
Prevention programming	13	3.30%
Recreation opportunities in schools and community locations	112	28.30%

Spiritual and religious community	62	15.70%
Substance prevention, treatment and recovery	16	4%
Sustainability and energy-efficiency initiatives	49	12.40%
Third-spaces (a safe space that is not work/school or home)	17	4.30%
Tobacco-free public areas	78	19.70%
Volunteerism and civic engagement	135	34.10%
Worksite wellness programs	25	6.30%

14. Do you identify as:

Copy

403 responses

Female — 284 (70.5%)
Male — 102 (25.3%)
Non-binary — 12 (3%)
I am a woman — 1 (0.2%)
him — 1 (0.2%)
"Identify" as a human being. — 1 (0.2%)
I am filling this out under my hu… — 1 (0.2%)
There is no "Other" or "non-bin… — 1 (0.2%)
— 1 (0.2%)
genderfluid — 1 (0.2%)
Agender — 1 (0.2%)
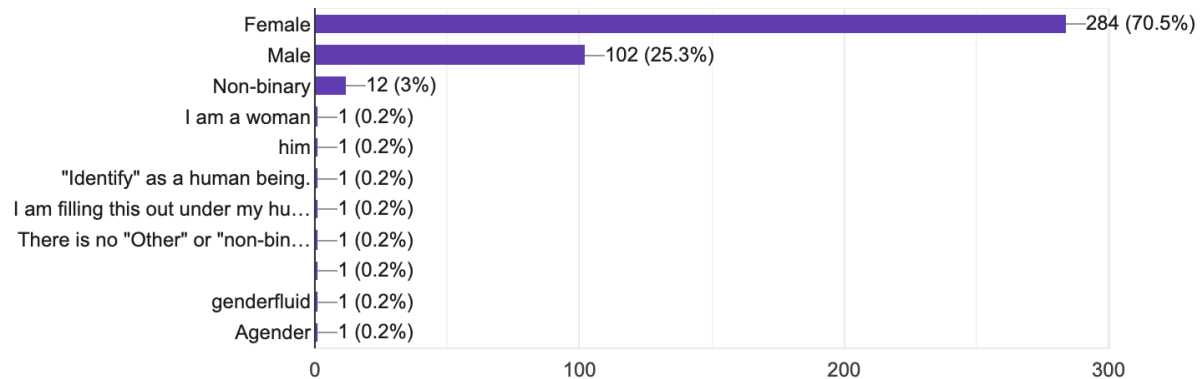
15. Age:

Copy

409 responses

Under 18 — 2 (0.5%)
18 - 25 — 27 (6.6%)
26 - 40 — 72 (17.6%)
41 - 55 — 103 (25.2%)
56 - 70 — 116 (28.4%)
71 - 85 — 80 (19.6%)
Over 85 years — 9 (2.2%)

16. Race/Ethnicity:

404 responses

White	386 (95.5%)
Asian	7 (1.7%)
American Indian or Alaskan Na…	6 (1.5%)
Black or African American	5 (1.2%)
Hispanic, Latino, or Spanish	5 (1.2%)
Middle Eastern or North African	0 (0%)
Native Hawaiian or Other Pacifi…	0 (0%)
	1 (0.2%)
Jewish	1 (0.2%)
NA	1 (0.2%)
BIPOC: Would rather not say…	1 (0.2%)
HUMAN/ALL AMERICAN!!!!!!	1 (0.2%)
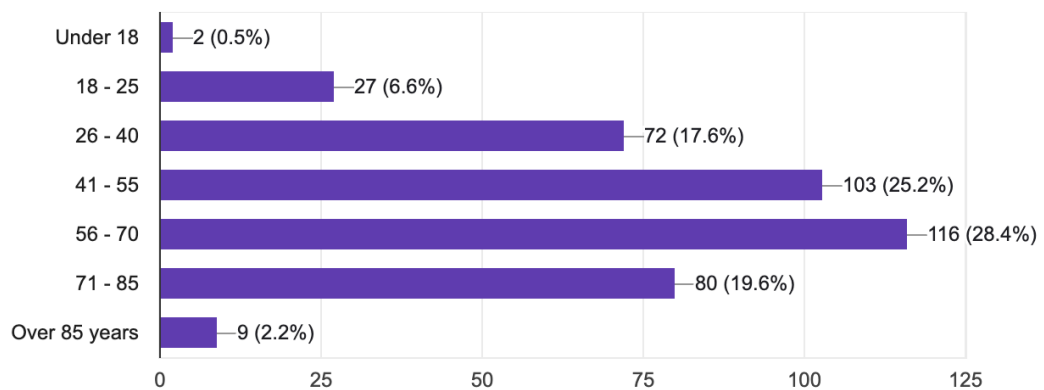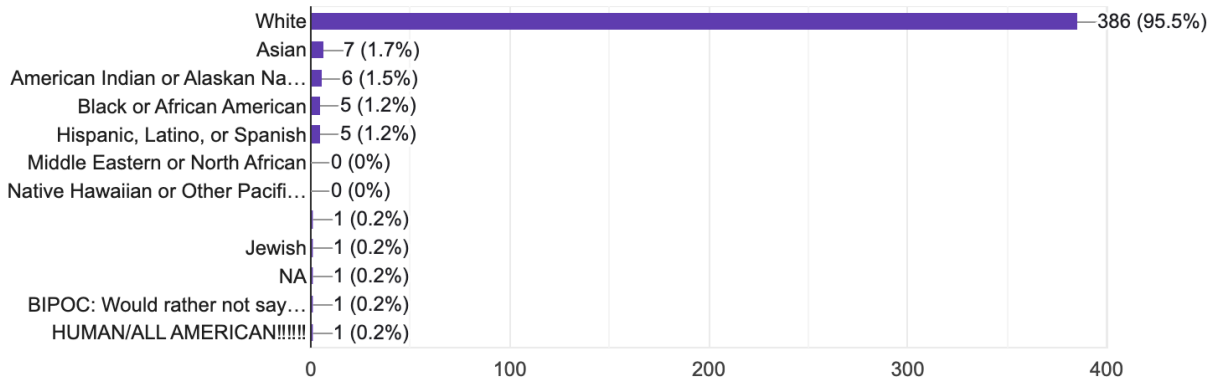
17. How do you pay for health care?

407 responses
Top 3 are highlighted

Cash	34	8.40%
MaineCare (Medicaid)	29	7.10%
Private health insurance through employer, school or other established group plan	233	57.20%
Private health insurance purchased directly (individual or family plan)	54	13.30%
Medicare	122	30%
Department of Defense	5	1.20%
Veterans Health Administration	1	0.2%
Indian Health Services	0	0%

18a. Annual household income in 2023:

381 responses

- Under $15,000
- $15,000-45,000
- $45,001-$75,000
- $75,001-$100,000
- $100,001-$150,001
- above $150,001

Appendix D - Community Partner Assessment Survey instrument
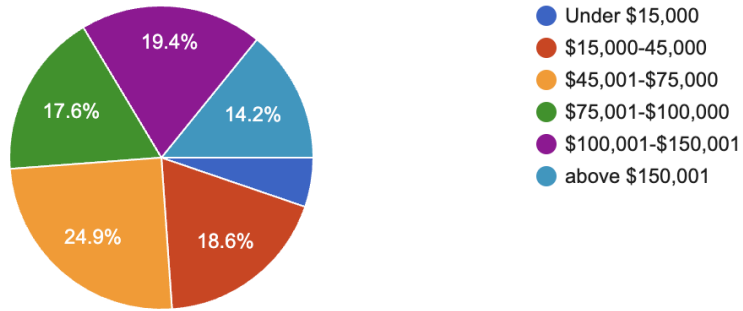
Community Partner Survey- 2023/2024 Community Health Needs Assessment

Mount Desert Island Hospital and Healthy Acadia are seeking input from our **organizational partners** Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton to assess community health needs and assets. The information from this survey will be added to the information we gather through the survey we are fielding to individuals. The overall process and combined data will be used to identify how to improve our community's health together.

Note: Please submit only one completed survey per organization.

This survey should only take about 15 minutes to complete.

Questions or technical issues with this survey? Please contact Leslie Goode at leslie.goode@healthyacadia.org or by calling 460-3050.

Community Partner Survey Introduction

Thanks for taking our Community Partner Survey.

Your organization—and you—are vital to our community's local public health system, even if you do not work directly in public health or healthcare. <u>Public health is more than healthcare.</u> Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in supporting the health and well-being of our community, whom they serve, what they do, and their capacities and skills in building community health. Your input helps us name collective strengths and opportunities for greater impact.

The responses to this survey will be used to inform a Community Health Needs Assessment and Action Plan, which will be shared in May 2024.

Things to Know...
• This survey should take about 15 minutes.
• Your responses will not be used to publicly identify you or your organization. They will be combined and summarized with all other responses in the report.
• Submit only one completed survey per organization.

This Section Asks General Questions About Your Organization

1. What is the full name of your organization and where are you located?

_____

2. What is your organization's service area?

_____

3. What best describes your role in the organization?

Check all that apply.

☐ a. Administrative staff
☐ b. Front line staff
☐ c. Supervisor (not senior management)
☐ d. Senior management level/unit or program lead
☐ e. Leadership team
☐ f. Community member
☐ g. Community leader
☐ Other: _____

4. Which of the following best describe(s) your organization? (Check all that apply.)

Check all that apply.

- [ ] a. State health department
- [ ] b. Tribal health department
- [ ] c. Other city government agency
- [ ] d. Other county government agency
- [ ] e. Other state government agency
- [ ] f. Other Tribal government agency
- [ ] g. Private hospital
- [ ] h. Public hospital
- [ ] i. Private clinic
- [ ] j. Public clinic
- [ ] k. Emergency response
- [ ] l. Schools/education (PK–12)
- [ ] m. College/university
- [ ] n. Library
- [ ] o. Non-profit organization
- [ ] p Grassroots community organizing group/organization
- [ ] q. Tenants' association
- [ ] r. Social service provider
- [ ] s. Housing provider
- [ ] t. Mental health provider
- [ ] u. Neighborhood association
- [ ] v. Foundation/philanthropy
- [ ] w. For-profit organization/private business
- [ ] x. Faith-based organization
- [ ] aa. Center for Independent Living
- [ ] Other: _____

would like us and community members to know about and assure are well used?

_____

_____

_____

_____

_____

6. Who or how would you characterize the primary populations your organization serves?

_____

_____

_____

_____

_____

7. What racial/ethnic populations does your organization work with or serve? (check all that apply)

Check all that apply.

☐ a. Black/African American
☐ b. African
☐ c. Native American/Indigenous/Alaska Native
☐ d. Latinx/Hispanic
☐ e. Asian
☐ f. Asian American
☐ g. Pacific Islander/Native Hawaiian
☐ h. Middle Eastern/North African
☐ i. White/European
☐ Other: _____

8. Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

Mark only one oval.

◯ a. Yes—we provide services specifically for the LGBTQIA+ community

◯ b. Somewhat—we provide general services and LGBTQIA+ individuals could use those services

◯ c. No—we do not have unique accommodations for LGBTQIA+ populations

◯ d. Unsure

9. Does your organization offer services specifically for people with disabilities?

Mark only one oval.

◯ a. Yes—we provide services specifically for people with disabilities

◯ b. Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities

◯ c. No—our organization is not specifically designed to serve people with disabilities

◯ d. Unsure

10. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

Mark only one oval.

◯ a. Yes

◯ b. No

◯ c. Unsure

10a. If your organization works with immigrants, refugees, asylum seekers, and other populations who speak English as a second language or do not speak English, do you offer translation or interpretation services?

Mark only one oval.

◯ a. Yes

◯ b. No

◯ c. Unsure

◯ d. Not applicable

10b. If yes, list what languages are offered?

_____

11. What distinct groups does your organization serve? For example, women, youth, elders, people with disabilities, people who have unstable housing, veterans, people with specific religious practices, seasonal workers or residents, and/or people involved in the criminal legal system.

_____

12. What do you do to reach/engage/work with your clientele or community? (Check all that apply.)

Check all that apply.

- [ ] a. We hire staff from specific groups that mirror the populations we serve
- [ ] b. We hire staff/interpreters who speak the language/s of the populations we serve
- [ ] c. We support leadership development in the populations we serve
- [ ] d. Our organization is physically located in neighborhood/s of the populations we serve
- [ ] e. We receive many referrals from the populations we serve
- [ ] f. We work closely with community organizations that support the populations we serve
- [ ] g. We have done extensive outreach to the populations we serve
- [ ] Other: _____

13. Which of these topics is part of your organization's focus? (Check all that apply.)

Check all that apply.

- [ ] a. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
- [ ] b. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
- [ ] c. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
- [ ] d. Neighborhood and Built Environment: The connection between where a person lives —housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
- [ ] e. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.
- [ ] Other: _____

14. Which of the following categories does your organization work on/with? (Check all that apply.)

Check all that apply.

- [ ] a. Arts and culture
- [ ] b. Businesses and for-profit organizations
- [ ] c. Criminal legal system
- [ ] d. Disability/independent living
- [ ] e. Early childhood development/childcare
- [ ] f. Education
- [ ] g. Community economic development
- [ ] h. Economic security
- [ ] i. Environmental justice/climate change
- [ ] j. Faith communities
- [ ] k. Family well-being
- [ ] l. Financial institutions (e.g., banks, credit unions)
- [ ] m. Food access and affordability (e.g., food bank)
- [ ] n. Food service/restaurants
- [ ] o. Gender discrimination/equity
- [ ] p. Government accountability
- [ ] q. Healthcare access/utilization
- [ ] r. Housing
- [ ] s. Human services
- [ ] t. Immigration
- [ ] u. Jobs/labor conditions/wages and income
- [ ] v. Land use planning/development
- [ ] w. LGBTQIA+ discrimination/equity
- [ ] x. Parks, recreation, and open space
- [ ] y. Public health
- [ ] z. Public safety/violence
- [ ] aa. Racial justice
- [ ] ab. Seniors/elder care
- [ ] ac. Transportation
- [ ] ad. Utilities
- [ ] ae. Veterans' issues
- [ ] af. Violence
- [ ] ag. Youth development and leadership
- [ ] Other: _____

15. Which of the following health topics does your organization work on? (check all that apply)

Check all that apply.

- [ ] a. Cancer
- [ ] b. Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- [ ] c. Family/maternal health
- [ ] d. Immunizations and screenings
- [ ] e. Infectious diseases, other than COVID
- [ ] f. COVID-19
- [ ] g. Injury and violence prevention
- [ ] h. HIV/STD prevention
- [ ] i. Healthcare access/utilization
- [ ] j. Health equity
- [ ] k. Health insurance/Medicare/Medicaid/MaineCare
- [ ] l. Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- [ ] m. Physical activity
- [ ] n. Tobacco and substance use and prevention
- [ ] o. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps o. None of the above/Not applicable
- [ ] Option 16
- [ ] Other: _____

Organization's Capacities

A goal of this assessment is to better understand how partner organizations contribute to our local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions impact the public's health.

One way to understand, assess, and improve our local public health system is to capture how your organization's capacities and activities align with essential services (activities identified as "essential public health services" by the CDC).

16. Please indicate whether your organization regularly does the following activities. (Check all that apply.)

Check all that apply.

☐ a. Assessment: My organization conducts assessments of living and working conditions and community needs and assets.

☐ b. Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.

☐ c. Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.

☐ d. Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.

☐ e. Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.

☐ f. Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.

☐ g. Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.

☐ h. Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.

☐ i. Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.

☐ j. Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.

17. Please list any additional strengths of your organization that are not included above.

_____

18. Of the activities and strengths listed above (including any you added in 17), which do you identify as your organization's top 1–3 strengths?

_____

_____

_____

_____

_____

19a. Does your organization have sufficient capacity to meet the needs of your clients/members/service population? For example, do you have enough staff/funding/support to do your work?

Mark only one oval.

( ) a. Yes

( ) b. No

( ) c. Unsure

19b. Please elaborate or add comments to your answer to question 19a.

_____

_____

_____

_____

_____

20a. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

Mark only one oval.

◯ Yes

◯ No

◯ Not sure

20b. If yes, please describe what you assess and whether you are able to share the assessments you describe.

_____

_____

_____

_____

_____

21a. What data does your organization collect? (Check all that apply.)

Check all that apply.

☐ a. Demographic information about clients or members

☐ b. Access and utilization data about services provided and to whom

☐ c. Evaluation, performance management, or quality improvement information about services and programs offered

☐ d. Data about health status

☐ e. Data about health behaviors

☐ f. Data about conditions and social determinants of health (e.g., housing, education, or other)

☐ g. Data about systems of power, privilege, and oppression

☐ h. We don't collect data

☐ Other: _____

21b. Can you share any of that data for purposes of this Community Health Needs Assessment?

Mark only one oval.

⬭ a. Yes, can share

⬭ b. No

⬭ c. Unsure

⬭ Other: _____

22. (Optional) Please comment about how your organization might contribute to this Community Health Needs Assessment and follow-on planning and implementation. *Examples include but are not limited to: Helping to distribute surveys to individual community members to learn about their health and community health perspectives; participating in a phone call or meeting to share your expertise on community health needs and opportunities; and using the Community Health Needs Assessment and Action Plan final report to help inform your work/being part of a network of organizations partnering on implementation.*

_____

_____

_____

_____

_____

23. Please add any questions, comments, or suggestions about our process and/or how we might work together to improve community health.

_____

_____

_____

_____

_____

Thank You for Completing our Survey!

Your responses will be analyzed along with other data we collect and existing data we access. All of this information will be used to develop a Community Health Needs Assessment and Action Plan report aimed at collectively strengthening the health of our community. That report will be shared directly with Steering Committee members and be available publicly on the MDI Hospital website.

Thank your for your assistance!

Appendix E - Forces of Change summary

2024 Community Health Needs Assessment
FORCES OF CHANGE

Definitions
- "Trends" are patterns over time, such as migration in and out of a community or changes in technology access.
- "Factors" are discrete elements, such as a community's large ethnic population, a rural setting, or proximity to a major waterway.
- "Events" are one-time occurrences, such as a hospital closure, a natural disaster, or passage of new legislation.

Discussion Questions

1. **What trends, factors, and/or events exist that may affect our community?**

- Respiratory diseases, including COVID-19
- Workforce shortages, including primary care and specialist physicians
- Long wait times for appointments
- Environmental health issues including well water testing (arsenic), radon in indoor air and water, mold exposures, PFAS
- Substance Use Disorders, including overdose
- Mental/Behavioral health
- Big weather events, including flooding
- Social disconnection
- Climate adaptations
- Housing shortages
- Persistent inflation and high cost of living
- Oral health care access
- Chronic disease rates, specifically diabetes, cancer, and Alzheimer's disease/dementia
- Seasonality of our community
- Influx of seasonal visitors and workforce (affects access to care)
- SNAP benefits do not keep pace with inflation
- Benefit levels more limited and inadequate since expiration of COVID supplemental funds
- Access to affordable prescription medication

- Rural nature of our area, including (especially) the remote islands
- Uninsured (and underinsured) people (e.g. fishermen, seasonal workers)
- Transportation difficulties
- Lack of activities, third places, and things to do in general and especially youth
- MaineCare eligibility criteria changes
- Northern Light discontinuing home health services on MDI
- Closure of the last long term nursing facility; no nursing home in Hancock County
- Only limited assisted living or respite care

2. **What populations may be disproportionately impacted (harmed or benefit) by these forces of change?**
- Transient and self-employed workforce
- Middle of the road group that makes too much money to receive assistance, but isn't keeping up with inflation
- Adults age 60 and over and living alone
- Vulnerable populations, including unhoused, insecurely housed (priced out of affordable housing in the area)
- Speakers of other languages (ESL and ASL – American Sign Language)
- Non-lobster fisherman (clammers, wormers, other); people who rely on working waterfront
- Working parents, requiring daycare, after school care
- Caregivers
- Young people (youth and young adults)
- People who have been receiving MaineCare benefits
- Aging population (and their caregivers)

3. **What resources or strengths do we have to adapt to these changes?**
- Mental Health and behavioral health services, including MDIH Behavioral Health Center
- Strong sense of community and goodwill to support one another
- School district and embedded school nurses, social workers, and counselors at each site
- Transportation - Downeast bus is underutilized and has more potential
- Picasso - Telehealth capabilities to provide access to specialists with a provider at an appointment
- Oral health prevention is being expanded to all school sites with funding for it.
- Youth support examples- Neighborhood House doing cooking classes, libraries, Volta, YMCA
- MDIH is working with Northern Light to take over home health patients and to eliminate gaps
- High philanthropic assets in our community
- Unusually high concentration of nonprofits in our area

- Relationship with schools, universities, community colleges, and medical institutes to train nurses, medical providers, and interns (MDIH Medical Education Center)
- Decrease in stigma around SUD and increasing awareness of narcan and how to administer it
- Downeast Treatment Center, Healthy Acadia, AMHC, Groups, State of Maine Opiate Task Force (with Gerdon Smith), and MDI Opioid Task Force (with John Lennon and others)
- Public health education from research perspective: MDI Biological Lab and Jackson Lab
- Employers trying to address the workforce housing shortage

4. **How can what we've learned through this exercise shape some final recommendations for community health improvement?**
   - Need to find ways to get faster throughput to primary care (e.g. through telehealth services)
   - Identify ways to build and strengthen collaborations efficiently without duplicating resources