

# Cary Medical Center

*Caribou, Maine*



Community Health Needs Assessment  
Implementation Strategy

Adopted by Board Resolution December 5, 2016



Dear Community Member:

At Cary Medical Center (CMC), we have spent almost 100 years providing high-quality compassionate healthcare to the greater Aroostook community. The “2016 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how CMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

CMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Kris Doody  
Chief Executive Officer  
Cary Medical Center

---



---

## TABLE OF CONTENTS

Executive Summary.....	2
Implementation Strategy.....	3
Significant Health Needs.....	4
Other Needs Identified During CHNA Process.....	21
Overall Community Need Statement and Priority Ranking Score.....	23



## EXECUTIVE SUMMARY

Cary Medical Center ("CMC" or the "Hospital") has developed an Implementation Plan to address the significant health needs prioritized through the Maine Shared Health Needs Assessment & Planning Process (Maine SHNAPP). This plan will help the Hospital outline and organize how to meet the significant health needs.

To review the process, data, and survey results, go to <http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/county-reports.shtml> and select the report for Aroostook County.

The Significant Health Needs for Aroostook County are:

1. Obesity
2. Drug and alcohol abuse
3. Cardiovascular diseases
4. Diabetes
5. Respiratory diseases

The Hospital has developed implementation strategies for all five of the needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.



## IMPLEMENTATION STRATEGY

The following implementation strategy:

- Identifies the rank order of each identified Significant Need
- Identifies CMC current efforts responding to the need
- Establishes the Implementation Strategy programs and resources CMC will devote to attempt to achieve improvements
- Documents the Leading Indicators CMC will use to measure progress
- Presents the Lagging Indicators CMC believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the CMC Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the this application, Leading Indicators also must be within the ability of the hospital to influence and measure.



## Significant Health Needs

### 1. OBESITY – 2013 #7 Significant Need

	Aroostook	Maine	U.S.
Obesity (Adults) (2013)	38.3%*	28.9%	29.4%
Obesity (High School Students) (2013)	11.5%	12.7%	13.7%
Fruit and vegetable consumption (High School Students) (2013)	16.5%	16.8%	NA
Fruit consumption among Adults 18+ (less than one serving per day) (2013)	35.1%	34.0%	39.2%
Met physical activity recommendations (Adults) (2013)	50.0%	53.4%	50.8%
Physical activity for at least 60 minutes per day on five of the past seven days (High School Students) (2013)	45.6%	43.7%	47.3%
Sedentary lifestyle – no leisure-time physical activity in past month (Adults) (2011-2013)	27.7%*	22.4%	25.3%
Soda/sports drink consumption (High School Students) (2013)	30.1%	26.2%	27.0%
Vegetable consumption among Adults 18+ (less than one serving per day) (2013)	20.4%	17.9%	22.9%

*Asterisk (\*) and italics indicate a statistically significant difference between Aroostook County and Maine*

In 2013, 69.4 percent of adults 18 years and older in Aroostook County were overweight or obese (31.1 percent were overweight and 38.3 percent were obese). Overall in Maine, 64.8 percent of adults were overweight or obese.

#### **CMC services, programs, and resources available to respond to this need include:**

- Healthy You Program
  - Stress Management – educational seminars on nutrition, physical activity (stretching, not sitting too long), making healthy choices to combat stress
  - Sponsoring Bone Builders class in three communities – age 55+ osteoporosis prevention exercise classes
  - Healthy You Walking Club with almost 450 members; weekly e-newsletter with walking/exercise tips; group walks
  - 100 Miles in 100 Days Challenge – program with incentives and prizes to encourage participants to log walking 100 miles
  - Dunk the Junk – nutrition-focused events to encourage kids and students to cut out junk food in partnership with local pediatrician
  - Water fitness classes offered in several communities to teach exercise options in swimming pools; provide education card so participants can continue exercises independently
- Sponsor for Take It Outside (senior activity program) and Caribou Rec Extreme (CRX) – programs to encourage physical activity
- Seniority Program for people over age 50 that offers monthly lunch ‘n’ learns on healthy eating and increasing physical activity
- Partnerships in Improving Community Health (PICH) grant program
  - Encourages increasing nutrient-dense foods in local hospitals and food pantries



- Comprehensive assessment of local food pantries to determine needs and increase state funding
- Sponsored expansion of community garden
- Worked in six communities to increase signage for free physical activity opportunities, particularly trails and recreation areas; worked on policies to increase/add areas for collaborative use
- Provided grant writing technical assistance to help outdoor/recreation organizations apply for grants
- Partnership with Snap Ed – grocery store tours to teach reading nutrition labels, choosing healthy foods, etc.; grocery store “pop-up” tours – brings education to other places
- Sponsor of many local run/walks, 5Ks, and bike events
- Hospital cafeteria has adjusted pricing to make healthier options less expensive than less healthy options
- Promotion of community-supported agriculture, farm stands, farmer’s markets to encourage purchasing and consuming locally grown produce
- Working with local businesses to encourage physical activity and healthy eating for employees
- Worked with local hospitals to identify progress toward being a Baby Friendly Hospital, including encouraging and teaching breastfeeding
- Worked with 22 communities to complete Rural Active Living Assessment (RALA) to help identify locations for physical activity and assess community members’ access to physical activity opportunities
- Cary Kids Cook – healthy cooking program for kids (ages 8-14) offered on Saturdays to teach healthy eating and making good food choices, as well as take home meals for the family
- Healthy Hearts Program – all-day seminar and six weeks of instruction on how to transition to a plant-based diet
- Exercise and Thrive Program – free community exercise program supported by hospital foundation
- Sponsor food drives during Hospitals Against Hunger Week
- Sponsor and participate in local health fairs (5+) and school wellness days that include education on physical activity, fitness programs, and nutrition, and provide free screenings for blood sugar, glucose, cholesterol, BMI, and blood pressure
- Gave out vegetable seed packets during local parades and health fairs to encourage growing healthy vegetables at home

**Additionally, CMC plans to take the following steps to address this need:**

- Diabetes Prevention Program – started as employee-based program, but expanding to the community
- Research feasibility of adding back Hospital Wellness Coordinator role, including employee exercise and wellness classes
- Explore adding free, community-wide cooking program based on Mediterranean diet in partnership with ACAP
- Working with teen leadership camp to add outdoor physical activity program (ATLC)
- Look into additional community-wide physical activity challenges



- Working with local health organizations to screen for food insecurity and refer to community food resources
- Formalize Healthy You Advisory Committee and promote as a central resource for community program information
- Look into adding ongoing community fitness (boot camp-style) program
- Add nutrition and physical activity to the website and social media, including videos on YouTube

**CMC evaluation of impact of actions taken since the immediately preceding CHNA:**

- Let’s Move (physical activity program) and 5210 program (nutrition) – targeted initially toward youth, then to local work sites
- 30 for 90 program – 30 minutes of exercise, 4 days per week for 90 days

**Anticipated results from CMC Implementation Strategy**

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

**The strategy to evaluate CMC intended actions is to monitor change in the following Leading Indicator:**

- Number of participants in Healthy You Program = 1,405 (2015)
- Number of programs offered through Healthy You Program = 50 programs in 6 area communities (2015)
- Number of healthcare organizations participating in PICH Community and Clinical Linkages (CCL) program = 2 (hoping to expand to 4)

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- Adult obesity rate = 38.3% (2013)
- High-school Student obesity rate = 11.5% (2013)





CMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Caribou Recreation Department	Gary Marquis, Manager (207) 493-4224	55 Bennett Dr, Caribou, ME 04736 (207) 493-4224 www.caribourec.org
Aroostook County Action Program	Jason Parent, Executive Director (207) 764-3721	(800) 432-7881 www.acap-me.org
Pines Health Services	Jim Davis, Chief Executive Officer (207) 498-2356	74 Access Highway, P.O. Box 40, Caribou, ME 04736 (800) 371-6240 www.pineshealth.org
Aroostook Area Agency on Aging	Steve Farnham, Executive Director (207) 764-3396	1B Edgemont Dr, Presque Isle, ME 04769 (207) 764-3396 www.arostookaging.org
Retired Senior Volunteer Program (RSVP)	Judy Anderson, Program Director <a href="mailto:janderson@arostookaging.org">janderson@arostookaging.org</a>	<a href="http://www.arostookaging.org/rsvp.html">http://www.arostookaging.org/rsvp.html</a>
Local school districts	Tim Doak, Superintendent RSU 39 (207) 492-4365	
Local municipalities	Austin Bleess, City Manager Caribou (207) 493-3324	
Other local hospitals/healthcare facilities	Peter Sirois, CEO Northern Maine Medical Center Tom Moakler, CEO Houlton Regional Hospital	
Local food pantries		
Outdoor recreation organizations		
Local employers	Central Aroostook Chamber Theresa Fowler (207) 764-6561	



**Other local resources identified during the CHNA process that are believed available to respond to this need:**

Organization	Contact Name	Contact Information
Aroostook Teen Leadership Camp	Amber Stedt <a href="mailto:astedt@amhc.org">astedt@amhc.org</a>	(207) 498-6431 ext. 156 <a href="http://www.atlc-camp.org">www.atlc-camp.org</a>
Weight Watchers		(800) 651-6000 55 Bennett Street, Caribou, ME <a href="http://www.weightwatchersmaine.com/caribou">http://www.weightwatchersmaine.com/caribou</a>
TOPS (Taking off Pounds Sensibly)		<a href="http://www.tops.org">www.tops.org</a>



## 2. DRUG AND ALCOHOL ABUSE – 2013 #4 Significant Need

### 8. TOBACCO USE

### 10. MENTAL HEALTH – 2013 Significant Need

Because of the similarity in implementation actions as well as the importance of the needs, Health Needs number eight (tobacco use) and nine (mental health) are also being addressed in this implementation plan.

	Aroostook	Maine	U.S.
Alcohol-induced mortality per 100,000 population (2009-2013)	10.7	8.0	8.2
Chronic heavy drinking (Adults) (2011-2013)	4.9%*	7.3%	6.2%
Drug-affected baby referrals received as a percentage of all live births (2014)	8.9%	7.8%	NA
Drug-induced mortality per 100,000 population (2009-2013)	11.7	12.4	14.6
Emergency medical service overdose response per 100,000 population (2014)	305.3	391.5	NA
Opiate poisoning (ED visits) per 100,000 population (2009-2011)	21.2	25.1	NA
Past-30-day alcohol use (High School Students) (2013)	26.5%	26.0%	34.9%
Past-30-day marijuana use (High School Students) (2013)	16.5%*	21.6%	23.4%
Prescription Monitoring Program opioid prescriptions (days supply/pop) (2014-2015)	7.0	6.8	NA
Substance-abuse hospital admissions per 100,000 population (2011)	125.7*	328.1	NA

#### CMC services, programs, and resources available to respond to this need include:

- Aroostook Substance Abuse Prevention Program – advisory coalition to address substance abuse issues
  - Prime for Life curriculum taught in local schools – 6-hour evidence-based substance abuse prevention program
  - Student Intervention Reintegration Program – 12-hour program for students who have exhibited substance use in partnership with local juvenile services program
  - Hidden in Plain Sight Program – educate parents and adults about risky teen behavior focusing on substance use
  - Promote Prescription Monitoring Program with local providers and pharmacists
  - Promote Up and Away campaign and Safe Home Medication program
  - Promote 24/7 Drug Take-back and national take-back days
  - Presentations on safe medication storage and disposal
  - Community presentations and media campaigns on risks of marijuana use
  - Education provided at health fairs on alcohol and substance abuse
  - Purchased portable breathalyzer units to be used by county-wide law enforcement agencies
  - Promote evidence-based program, Screening Brief Intervention and Referral to Treatment, to local healthcare professionals
  - Collaborate with local youth-serving organizations to promote healthy active lifestyle and avoid substance use



- Work with local municipalities on marijuana policies and ordinances
- Worked with local landlords, schools, employers, and public spaces to promote tobacco-free zones and work sites
- Collaborating with local substance abuse prevention coalition to work with local law enforcement supporting compliance checks, on and off-premise, and to provide responsible beverage server training
- Media campaigns to promote awareness of drug and alcohol abuse

**Additionally, CMC plans to take the following steps to address this need:**

- Find ways to work with and expand youth programs that promote healthy lifestyle choices, including summer camps and outdoor activities (e.g., Youth Voices, Community Voices)
- Organize resources and provide awareness of alternative pain management options
- Implement Developmental Assets program
- Work with local AA and NA groups to expand meetings; find resources more targeted to youth

**CMC evaluation of impact of actions taken since the immediately preceding CHNA:**

- Developed and distributed comprehensive directory of substance abuse and addiction services in Aroostook County
- Offered Suboxone therapy
- Developed narcotics prescription contracts in ER

**Anticipated results from CMC Implementation Strategy**

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

**The strategy to evaluate CMC intended actions is to monitor change in the following Leading Indicator:**

- Number of participants in prevention programs = 300 (2016) (goal = to increase to 500)



- Including Free Flu Shot Clinics = 1,500 (2016)
- Number of support group meetings/programs for substance users and families = 16 programs per week (AA, Al-Anon, Families Anonymous, Narcotics Anonymous, Recovery Faith-based)

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- Drug-induced mortality per 100,000 population (2009-2013) = 11.7

**CMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:**

Organization	Contact Name	Contact Information
Aroostook Mental Health Center	Greg Disy, Executive Director (207) 493-3361	(207) 498-6431 www.amhc.org
Other local healthcare providers	Peter Sirois, CEO Northern Maine Medical Center Tom Moakler, CEO Houlton Regional Hospital	
Local school districts	Tim Doak, Superintendent RSU 39 (207) 492-4365	
Local municipalities	Austin Bleess, City Manager Caribou (207) 493-3324	
Local coalitions (Healthy You, Community Voices, Healthy Aroostook, Link for Hope)	PoP, Mark Shea (207) 498-9952 Community Voices, Michelle Plourde Chasse	healthyarostook.org communityv.com
Local law enforcement agencies	Mike Gahagan, Caribou Chief of Police (207) 493-3301  Matt Erwin, Presque Isle Chief of Police (207) 764-2535	
Faith-based groups and local service clubs		
Local employers	Central Aroostook Chamber Theresa Fowler (207) 764-6561	



Organization	Contact Name	Contact Information
Aroostook County Collaborative	April Flagg, Aroostook County Action Program JDAI Program Coordinator	771 Main Street, Presque Isle, ME 04769 (207) 554-4139 aflagg@acap-me.org
Local tribal groups	Aroostook Band of MicMacs Mary Pinnette, Admin Assistant (207) 764-1972	
Loring Job Corps Center	Kristie Moir, Center Director (207) 328-4212	36 Montana Rd, Limestone, ME 04750 (207) 328-4212 loring.jobcorps.gov

**Other local resources identified during the CHNA process that are believed available to respond to this need:**

Organization	Contact Name	Contact Information
Life by Design		<a href="http://www.lifebydesignpa.com">www.lifebydesignpa.com</a>
Wings for Children and Families		93 State St, Presque Isle, ME 04769 (207) 493-4671 <a href="http://www.wingsinc.org/index.php?page=aroostook-county">http://www.wingsinc.org/index.php?page=aroostook-county</a>
Department of Health and Human Services		<a href="http://www.maine.gov/dhhs">www.maine.gov/dhhs</a>
Journeys		
Hope Recovery Services		2 Armco Ave, Caribou, ME 04736 (207) 493-1700
The Northern Lighthouse, Inc		<a href="http://www.tnlh.org/">http://www.tnlh.org/</a>
VA	Ryan Lilly, Center Director (207) 623-8411	<a href="http://www.maine.va.gov/locations/caribou.asp">http://www.maine.va.gov/locations/caribou.asp</a>



### 3. CARDIOVASCULAR DISEASES – 2013 #3 Significant Need

	Aroostook	Maine	U.S.
Acute myocardial infarction hospitalizations per 10,000 population (2010-2012)	39.5*	23.5	NA
Acute myocardial infarction mortality per 100,000 population (2009-2013)	40.0*	32.2	32.4
Cholesterol checked every five years (2011, 2013)	82.3%	81.0%	76.4%
Coronary heart disease mortality per 100,000 population (2009-2013)	111.8*	89.8	102.6
Hypertension prevalence (2011, 2013)	40.7%*	32.8%	31.4%
High cholesterol (2011, 2013)	47.7%*	40.3%	38.4%
Hypertension hospitalizations per 100,000 population (2011)	70.1*	28.0	NA
Stroke mortality per 100,000 population (2009-2013)	39.9	35.0	36.2

#### CMC services, programs, and resources available to respond to this need include:

- Cardiopulmonary Rehab Department offering diagnostic services and treatment
- Participate in local health fairs and provide cholesterol, BMI, and blood pressure screenings
- Blood pressure screening events provided at local pharmacies and grocery stores; provide card to take to provider
- Seniority Program offers health screenings
- Free screenings provided to all CMC employees during National Hospital Week including blood pressure, cholesterol, glucose, and Vitamin D
- SIRUNO Stroke Prevention Program delivers lectures and seminars as well as CME for local providers
- Healthy Hearts Healthy Community Program encourages plant-based diet through ongoing education, one-day seminars, and dinners
- Added plant-based menu options in hospital cafeteria
- Healthy You Program
  - Stress Management – educational seminars on nutrition, physical activity (stretching, not sitting too long), making healthy choices to combat stress
  - Healthy You Walking Club with almost 450 members; weekly e-newsletter with walking/exercise tips; group walks
  - 100 Miles in 100 Days Challenge – program with incentives and prizes to encourage participants to log walking 100 miles
  - Dunk the Junk – in partnership with local pediatrician, nutrition-focused events to encourage kids and students to cut out junk food
  - Water fitness classes offered in several communities to teach exercise options in swimming pools; provide education card so participants can continue exercises independently
- Sponsor for Take It Outside (senior activity program) and Caribou Rec Extreme (CRX) – programs to encourage physical activity



- Seniority Program for people 50+ - focuses on healthy eating, increasing physical activity through monthly lunch 'n' learns
- Partnerships in Improving Community Health (PICH) grant program
  - Encourages increasing nutrient-dense foods in local hospitals and food pantries
  - Comprehensive assessment of local food pantries to determine needs and increase state funding
  - Sponsored expansion of community garden
  - Worked in six communities to increase signage for free physical activity opportunities, particularly trails and recreation areas; worked on policies to increase/add areas for collaborative use
  - Provided grant writing technical assistance to help outdoor/recreation organizations apply for grants
- Partnership with Snap Ed – grocery store tours to teach reading nutrition labels, choosing healthy foods, etc.; grocery store “pop-up” tours – brings education to other places
- Sponsor of many local run/walks, 5Ks, and bike events
- Hospital cafeteria has adjusted pricing to make healthier options less expensive than less healthy options
- Promotion of community-supported agriculture, farm stands, farmer’s markets to encourage purchasing and consuming locally grown produce
- Working with local businesses to encourage physical activity and healthy eating for employees
- Worked with 22 communities to complete Rural Active Living Assessment (RALA) to help identify locations for physical activity and assess community members’ access to physical activity opportunities
- Cary Kids Cook – healthy cooking program for kids (ages 8-14) on Saturdays to teach healthy eating and making good food choices, as well as take home meals for the family
- Healthy Hearts Program – all-day seminar and six weeks of instruction on how to transition to a plant-based diet
- Exercise and Thrive Program – free community exercise program supported by hospital foundation
- Sponsored food drives during Hospitals Against Hunger Week
- Sponsor and participate in local health fairs (5+) and school wellness days that include education on physical activity, fitness programs, and nutrition, and offer free screenings including blood sugar, glucose, cholesterol, BMI, and blood pressure
- Gave out vegetable seed packets during local parades and health fairs to encourage growing healthy vegetables at home

**Additionally, CMC plans to take the following steps to address this need:**

- Look into adding calorie count/nutrition information to hospital cafeteria menus
- Population Health Program working with University of Maine at Fort Kent nursing students to address hypertension, smoking, nutrition, and physical activity
- Fitness for Life program





- Work on improving medication compliance and education on appropriate medication use

**CMC evaluation of impact of actions taken since the immediately preceding CHNA:**

- Annual Stroke Conference (stopped due to low attendance)
- Cardiac Rehab Program in Van Buren (ended)

**Anticipated results from CMC Implementation Strategy**

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

**The strategy to evaluate CMC intended actions is to monitor change in the following Leading Indicator:**

- Blood Pressure Screenings = 100 (goal = increase to 25 clinics in 6 communities with 400 participants)

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- Coronary heart disease mortality per 100,000 population (2009-2013) = 111.8

**CMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:**

Organization	Contact Name	Contact Information
SIRUNO Fund	Mary Harrigan, Executive Director Jefferson Cary Foundation	163 Van Buren Road, Caribou, Maine 04736 (207) 493-4849 jcf@carymed.org
Caribou Recreation Department	Gary Marquis, Manager (207) 493-4224	55 Bennett Dr, Caribou, ME 04736 (207) 493-4224 www.caribourec.org



Organization	Contact Name	Contact Information
Local recreation departments		
University of Maine at Fort Kent	John Short, President (888) 879-8335	23 University Dr, Fort Kent, ME 04743 www.umfk.edu
Local employers	Central Aroostook Chamber Theresa Fowler (207) 764-6561	
Pines Health Services	Jim Davis, Chief Executive Officer (207) 498-2356	74 Access Highway, P.O. Box 40, Caribou, ME 04736 (800) 371-6240 www.pineshealth.org
Other local healthcare providers	Peter Sirois, CEO Northern Maine Medical Center Tom Moakler, CEO Houlton Regional Hospital	
Aroostook County Action Program	Jason Parent, Executive Director (207) 764-3721	(800) 432-7881 www.acap-me.org
Local municipalities	Austin Bleess, City Manager Caribou (207) 493-3324	
Aroostook Agency on Aging	Steve Farnham, Executive Director (207) 764-3396	1B Edgemont Dr, Presque Isle, ME 04769 (207) 764-3396 www.aroostookaging.org
Local pharmacies		



#### 4. DIABETES – 2013 #5 Significant Need

	Aroostook	Maine	U.S.
Diabetes prevalence (ever been told) (2011-2013)	14.2%*	9.6%	9.7%
Pre-diabetes prevalence (2011-2013)	9.5%	6.9%	NA
Diabetes emergency department visits (principal diagnosis) per 100,000 population (2011)	352.0*	235.9	NA
Diabetes hospitalizations (principal diagnosis) per 10,000 population (2010-2012)	13.8*	11.7	NA
Diabetes long-term complication hospitalizations (2011)	66.8	59.1	NA

#### CMC services, programs, and resources available to respond to this need include:

- Diabetes Education Program – education classes for diabetes patients; insulin pump therapy and other advanced programs and therapies
- Camp Adventure – week-long residential summer camp for teens with Type 1 Diabetes
- Employee-based diabetes prevention program – year-long intervention and behavioral modification program
- Diabetes educators on staff that participate in local events and provide seminars and educational events
- Diabetes clinic – full-time clinical diabetes management program

#### Additionally, CMC plans to take the following steps to address this need:

- Expand Diabetes Prevention Program (DPP) community-wide
- Develop public awareness campaign on significance of diabetes problem

#### CMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Ride Aroostook – fundraiser for diabetes children’s camp
- Caribou Marathon – fundraiser for diabetes children’s camp

#### Anticipated results from CMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	



Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate CMC intended actions is to monitor change in the following Leading Indicator:

- Number of patients seen in the Diabetes Clinic = ~400 (Goal = 1,000 by 2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Diabetes emergency department visits (principal diagnosis) per 100,000 population (2011) = 352.0

CMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Pines Health Services	Jim Davis, Chief Executive Officer (207) 498-2356	74 Access Highway, P.O. Box 40, Caribou, ME 04736 (800) 371-6240 www.pineshealth.org
CDC (DPP)		www.cdc.gov/diabetes/prevention
Camp Adventure	Erica Ouellette, RN, CDE	163 Van Buren Road, Caribou, ME 04736 (207) 498-1283 eouellette@carymed.org
SIRUNO Fund	Mary Harrigan, Executive Director Jefferson Cary Foundation	163 Van Buren Road, Caribou, Maine 04736 (207) 493-4849 jcf@carymed.org

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
American Diabetes Association		www.diabetes.org
VA	Ryan Lilly, Center Director (207) 623-8411	http://www.maine.va.gov/locations/c aribou.asp



## 5. RESPIRATORY DISEASES

	Aroostook	Maine	U.S.
Asthma emergency department visits per 10,000 population (2009-2011)	113.5*	67.3	NA
COPD diagnosed (2011-2013)	10.6%*	7.6%	6.5%
COPD hospitalizations per 100,000 population (2011)	380.7*	216.3	NA
Current asthma (Adults) (2011-2013)	13.2%	11.7%	9.0%
Current asthma (Youth 0-17) (2011-2013)	13.6%	9.1%	NA
Pneumonia hospitalizations per 100,000 population (2011)	445.0*	329.4	NA

### CMC services, programs, and resources available to respond to this need include:

- Cardiopulmonary Rehab Department offering diagnostic services and treatment
- Pulmonology screenings provided at local health fairs
- Tobacco use prevention and smoking cessation referrals offered by respiratory staff

### Additionally, CMC plans to take the following steps to address this need:

- Adding multi-hospital collaborative effort to improve management of COPD (based on \$600,000 federal grant)
- Look into starting evidence-based smoking cessation program
- Explore educational program for people with asthma
- Identify resources to support provision of low-cost pneumonia vaccine

### CMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Cardiopulmonary Rehab Program stopped in Van Buren and limited at Cary

### Anticipated results from CMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public		X



**The strategy to evaluate CMC intended actions is to monitor change in the following Leading Indicator:**

- Number of Pulmonary Function Tests provided at health fairs = 160 (2016) (goal = 300 in 2017)

**The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:**

- COPD hospitalizations per 100,000 population (2011) = 380.7

**CMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:**

Organization	Contact Name	Contact Information
Pines Health Services	Jim Davis, Chief Executive Officer (207) 498-2356	74 Access Highway, P.O. Box 40, Caribou, ME 04736 (800) 371-6240 www.pineshealth.org
Maine Rural Health Innovation Network	Leslie Anderson Director (207) 498-1201	
Local pharmacies		
Local employers	Central Aroostook Chamber Theresa Fowler (207) 764-6561	
Breathe Easy Coalition		breatheeasymaine.org

**Other local resources identified during the CHNA process that are believed available to respond to this need:**

Organization	Contact Name	Contact Information
Maine Lung Association		www.lung.org/about-us/local-associations/maine.html
Professional Home Nursing	Katherine Anderson, Executive Director (207) 498-3915	Washburn St # 110, Caribou, ME 04736 (207) 498-3915
VA	Ryan Lilly, Center Director (207) 623-8411	http://www.maine.va.gov/locations/caribou.asp



## Other Needs Identified During CHNA Process

**6. CANCER – 2013 Significant Need:** From 2014-2016, CMC has focused great effort on the establishment of the Jefferson Cary Cancer Center and the creation of the Women’s Imaging Center.

- Recruited two full time Oncologist/Hematologists
- Completed a major renovation of the building for Specialty Clinics and Oncology
- Developed public awareness campaigns on colo-rectal cancer and promoted early detection through colonoscopy
- The Pink Aroostook program continued to expand and build a patient support group, and conducted a number of programs to promote early breast cancer detection prevention strategies
- The hospital was/is part of a campaign called ‘In the Pink,’ which uses television to encourage women to have mammograms

### 7. DEPRESSION

**8. See Significant Need #2**

### 9. CHILDHOOD OBESITY

- In 2016, Cary worked with pediatrician to promote ‘Dump the Junk,’ a Healthy Nutrition program for children
- Healthy You sponsored a presentation by Dr. Kevin Strong who has established the ‘Dump the Junk’ program designed to improve school nutrition and encourages healthy eating choices by children and families

**10. See Significant Need #2**

### 11. ELDER HEALTH

- In 2016, CMC participated in the ‘Thriving in Place’ Grant, managed by the Aroostook Agency on Aging and sponsored the Caregiver Celebration (honoring and acknowledging caregivers)
- CMC received a grant from the Cardinal Foundation to address Prescription Medication Compliance and Safety
- In 2015, CMC led an initiative to educate seniors on the new Medicare Wellness Exam, and in 2016, the hospital conducted community education programs for seniors on medication safety and compliance
- CMC continues to offer “Seniority,” which addresses the health and wellness needs of seniors within the service area

### 12. PHYSICAL ACTIVITY & NUTRITION

- From 2014-2016, the hospital has offered heart healthy nutrition programs for children and adults through the Cary Kids Cook program and the Plant Based Diet Transition program. Some 100 children and their families participated in the Cary Kids Cook and more than 100 adults attended the Plant-based Diet seminars with about 30 going on to participate in a six-week transition program
- CMC created ‘Exercise and Thrive,’ a free community exercise program open to the public.
- The hospital created the Healthy You Walking Club, which now has about 300 members.



- The hospital developed the 30-4-90 program, which is thirty minutes of exercise four days per week for 90 days.
- In 2016, the hospital sponsored “100 Miles in 100 Days,” a program inviting individuals to walk a total of 100 miles over 100 days. Nearly 350 individuals participated in the program.
- The Healthy You program established the ‘Bone Builders’ program, a volunteer-driven exercise program for seniors. The program has been established in Caribou, Fort Fairfield, and Presque Isle, and focuses on strength training and balance for elders.

**13. NEUROLOGICAL DISEASES**

**14. MUSCULOSKELETAL DISEASES**

**15. ORAL HEALTH**

**16. CHILD DEVELOPMENT ISSUES**

**17. SUICIDE & SELF-HARM**

**18. VIOLENCE**

**19. UNINTENTIONAL INJURY**

**20. ADOLESCENT HEALTH**

**21. MATERNAL & CHILD HEALTH**

**22. INFECTIOUS DISEASES**

**23. LEAD POISONING AND OTHER ENVIRONMENTAL HEALTH ISSUES**

**24. SEXUALLY TRANSMITTED DISEASES/HIV/AIDS**

**25. INFANT MORTALITY**





## Overall Community Need Statement and Priority Ranking Score

### Significant needs where hospital has implementation responsibility

1. Obesity
2. Drug and alcohol abuse
3. Cardiovascular diseases
4. Diabetes
5. Respiratory diseases

### Significant needs where hospital did not develop implementation strategy

None

### Other needs where hospital developed implementation strategy

8. Tobacco Use
10. Mental Health

### Other needs the hospital is addressing

6. Cancer
7. Depression
9. Childhood Obesity
11. Elder Health
12. Physical Activity & Nutrition

### Other needs the hospital is exploring opportunities to address

13. Neurological Diseases
14. Musculoskeletal Diseases
15. Oral Health
16. Child Development Issues
17. Suicide & Self-harm
18. Violence
19. Unintentional Injury



20. Adolescent Health
21. Maternal & Child Health
22. Infectious Diseases
23. Lead Poisoning and Other Environmental Health Issues
24. Sexually Transmitted Diseases/HIV/AIDS
25. Infant Mortality