2018-2019

Community Health Needs Assessment

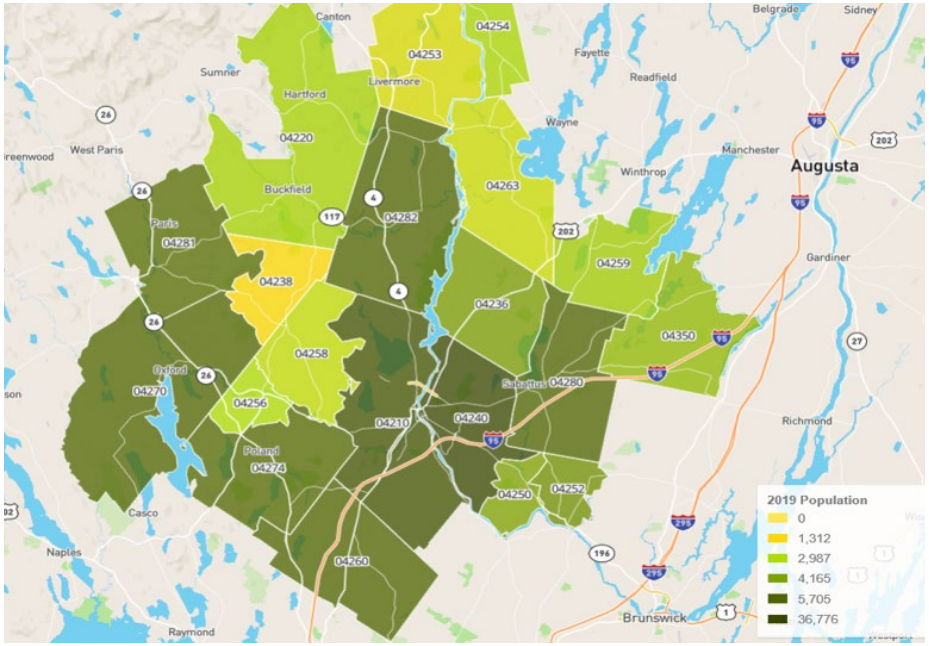
St. Mary's Health System

A Member of Covenant Health

Description of the community served by the hospital

During 2018-2019, a community health needs assessment (CHNA) was conducted by St. Mary's Regional Medical Center, Central Maine Medical Center, Healthy Androscoggin and other community health agencies as part of a statewide initiative through the Maine Shared CHNA.

St. Mary's Regional Medical Center (SMRMC) is a 233-bed acute care hospital, a primary care provider network, urgent care and emergency department, behavioral and mental health services, and outpatient specialty practices that combine talented and compassionate caregivers with state-of-the-art medical technology to meet the healthcare needs in the Androscoggin County area and beyond. St. Mary's draws most of its inpatient and outpatient population from Androscoggin County, therefore the needs of this geographic area are the focus of the assessment.

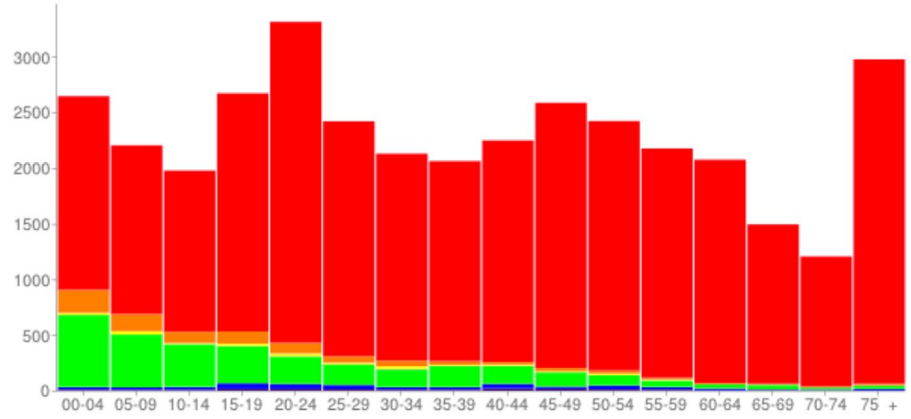


St. Mary's Regional Medical Center 2019 population by zip code

Androscoggin County

Androscoggin County is located in south central Maine and is one of three counties that comprise the Western Public Health District. It contains roughly 8% (107,376) of Maine's 1.27 million residents. Androscoggin County contains Maine's second and fifth largest cities: Lewiston (population 36,592 in the 2010 census) and Auburn (population 23,055 in the 2010 census) respectively. Located across from each other on the Androscoggin River, the twin cities of Lewiston and Auburn are the central hub of the region. The county is working to transform the downtown area from vacant textile mills and abandoned shoe factories to a region known for progressive health care, tourism, high-precision manufacturing, telemarketing and financial services. Over the past 20 years, Lewiston has become home to a large African immigrant population (approximately 11% of the population of Lewiston). The "New Mainers" come from Somalia, Djbouti, Angola, Sudan, Ethiopia, and the Democratic Republic of the Congo, among others. Androscoggin County is one of the few counties in Maine experiencing a growth in population because of this emigration. This population growth has enhanced cultural and economic aspects of Lewiston and Auburn while also presenting unique healthcare opportunities and challenges. The rest of the county is comprised of small rural towns with an average population of 222 persons per square mile.

The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. Androscoggin County's population reflects two interesting trends: the highest number of people is in the under 18 years category (22%) and the second highest concentration of the population is over age 65 (17%.) The unemployment rate was 3.3% as of April 2019. Slightly over 10% of the primary languages spoken in the home are categorized as "other than English" so interpretation services are available as well as cultural brokers hired by the local hospitals to assist new Mainers in navigating the health systems.



Lewiston, Maine: 2010 Census Race by Age

Race	Count	Percentage	Color
American Indian and Alaska native alone	156	0.43%	Purple
Asian alone	384	1.05%	Blue
Black or African American alone	3174	8.67%	Lime Green
Native Hawaiian/other Pacific native alone	14	0.04%	Green
Some other race alone	219	0.60%	Yellow
Two or more races	951	2.60%	Orange
White alone	31,694	86.61%	Red

Lewiston/Auburn qualifies as a Medically Underserved Area, defined as having too few primary care providers, with high infant mortality, high poverty rates and/or high elderly populations.

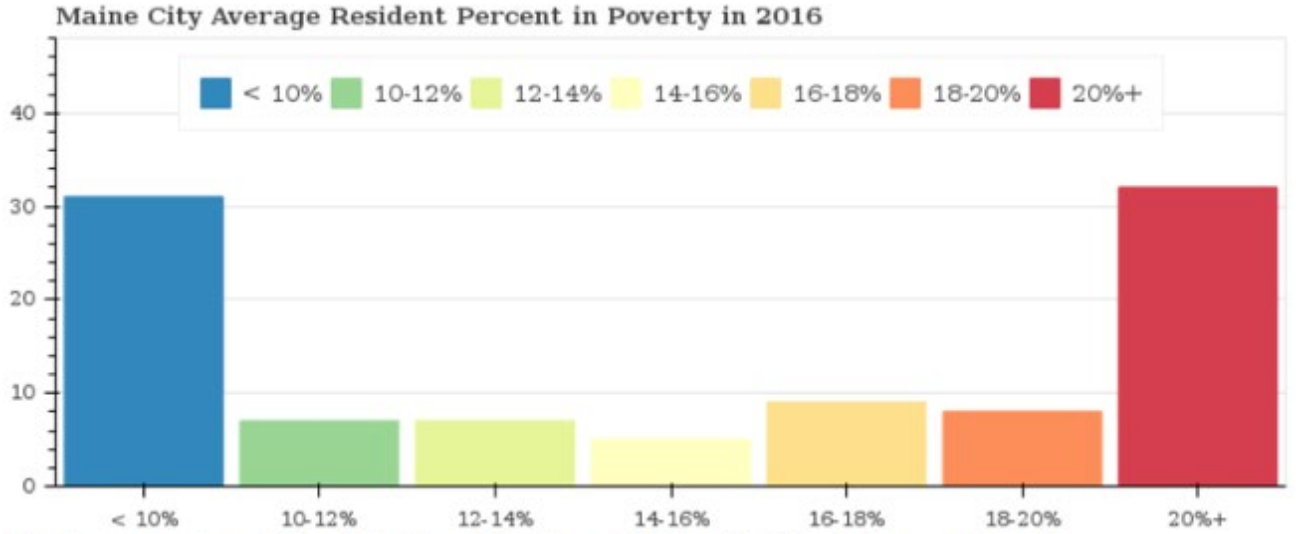
The poverty rate in Maine is 14.8% and the median income is $48,728 annually. Lewiston's poverty rate is even higher-21% (2017 American Community Survey) and the rate of childhood poverty in Lewiston is 43% (according to the 2013-2017 American Community Survey).

This link describes the poverty level for the city of Lewiston by various demographics

Poverty Rate in Lewiston, Maine

The poverty rate in Lewiston is 21.4%.

Lewiston is in Androscoggin County.



Here is a comparison of Poverty Rate by city(minimum 1,000 residents) in Androscoggin County.

City	Poverty Rate
Auburn	15.2%
Lewiston	21.4%
Lisbon Falls	5.0%
Livermore Falls	18.4%
Mechanic Falls	12.5%

Maine Poverty Rate By County

Additionally the Community Needs Index (CNI) identifies the severity of community health needs for a specific geography by analyzing the degree to which the following health care access barriers exist in the community:

a. income barriers;

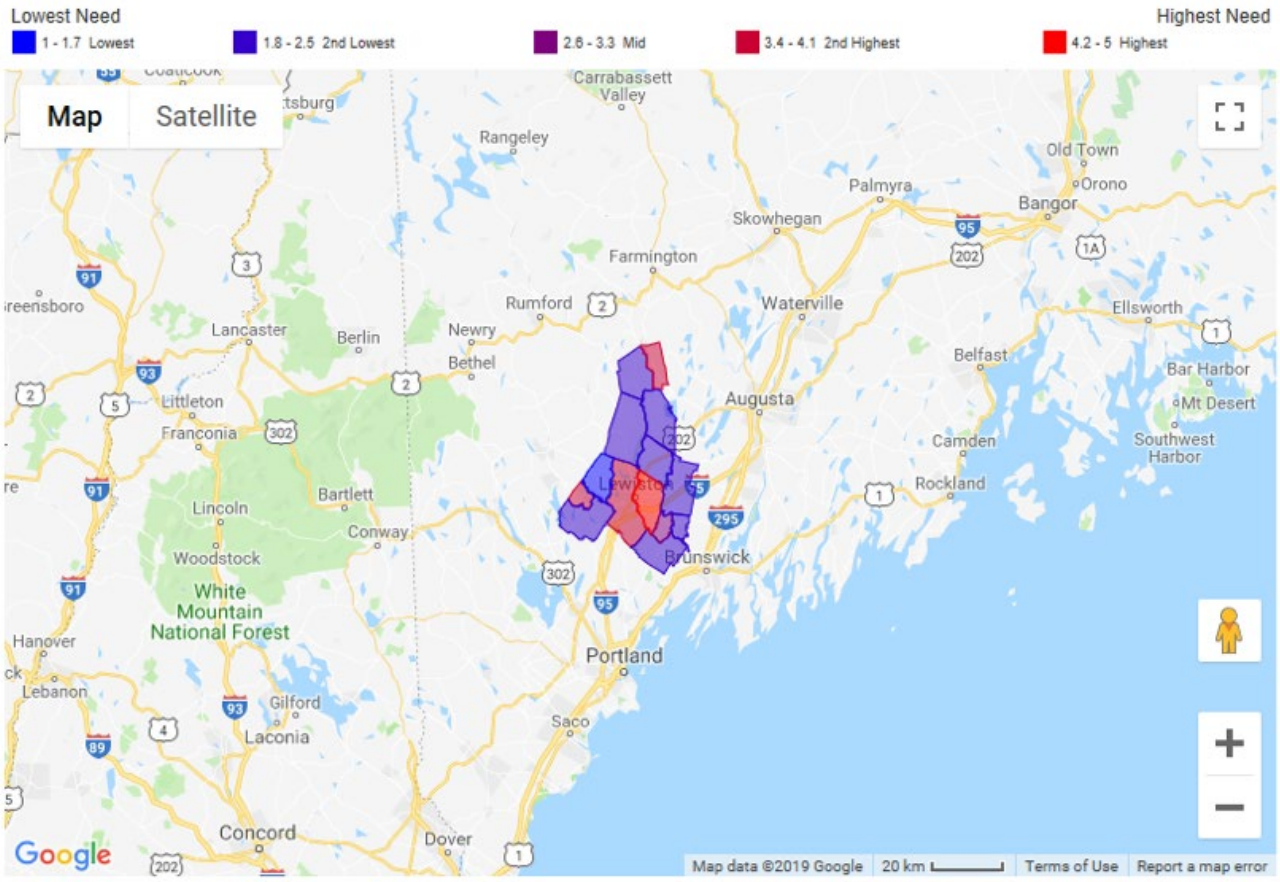
b. education/literacy barriers,

c. culture/language barriers,

d. insurance barriers, and

e. housing barriers.

The score is a weighted average; the current (July 2019) score for Androscoggin County is 3.1; the score for the city of Lewiston is 4.2 (based on scale of 1-5 with 5 being the highest need). While the county scored improved from 3.2 to 3.1 since the 2016 CHNA, Lewiston's rating remains at 4.2 which is in the category of "highest need."



Mean(zipcode): 2.5 / Mean(person): 3.1 CNI Score Median: 2.1 CNI Score Mode: 2

Zip Code	CNI Score	Population	City	County	State
04210	3.4	22504	Auburn	Androscoggin	Maine
04222	1.8	3928	Durham	Androscoggin	Maine
04236	2	4327	Greene	Androscoggin	Maine
04240	4.2	36741	Lewiston	Androscoggin	Maine
04250	2.6	4153	Lisbon	Androscoggin	Maine
04252	2.2	4569	Lisbon Falls	Androscoggin	Maine
04253	2	2096	Livermore	Androscoggin	Maine
04254	3.4	3075	Livermore Falls	Androscoggin	Maine
04256	3.4	2990	Mechanic Falls	Androscoggin	Maine
04258	1.4	2536	Minot	Androscoggin	Maine
04263	2	2414	Leeds	Androscoggin	Maine
04274	2	5580	Poland	Androscoggin	Maine
04280	2.2	6486	Sabattus	Androscoggin	Maine
04282	2	5894	Turner	Androscoggin	Maine

Androscoggin County currently ranks 12 (out of 16 counties in Maine) for health. This score includes including health behaviors, clinical care, physical environment, and social and environmental factors. These physical, social and environmental factors can contribute to, or detract from, overall health. The BroadStreet Network measures social vulnerability through its "Area Deprivation Index" (ADI.) The ADI is calculated by combining 17 indicators of income, education, employment, and housing quality. The ADI has been used for 20 years by the Health Resources & Services Administration (HRSA). The ADI and percentile scores are calculated by using Census Block Group level data. While Androscoggin County has a deprivation score of 100.6, Lewiston's score is even higher at 108.1 (the higher the score, the greater the vulnerability.)

Despite some significant community health needs, Androscoggin County has a strong community spirit, a prime location within the state, growing cultural diversity and a beautiful natural environment. We have an existing network of respected hospitals, primary care physicians, a Federally Qualified Health Center, local services agencies, government bodies, school-based health programs, faith-based organizations, businesses and citizens who are committed to community health.

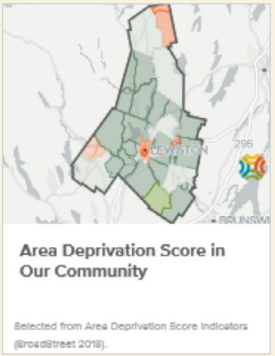
As stated in "Hospital-based Strategies for Creating a Culture of Health" published in 2014 by the Robert Wood Johnson Foundation and the Health Research and Education Trust (HRET), "the process of assessing community health needs provides a platform for hospitals to clearly define and prioritize community health concerns, develop strategies to address them and foster sustainable collaborations with key partners. As the population health paradigm gains traction, hospitals increasingly are fostering leadership commitment and aligning their missions to advance the ultimate goal of a hospital or health care system: a Culture of Health in their community." (p. 5.) The process used in the State of Maine and Androscoggin County is reflective of this type of collaboration.

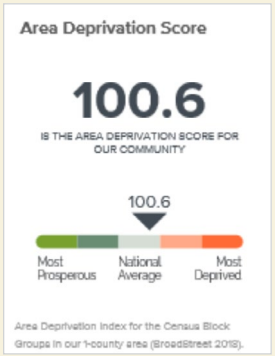
Measures of Vulnerability

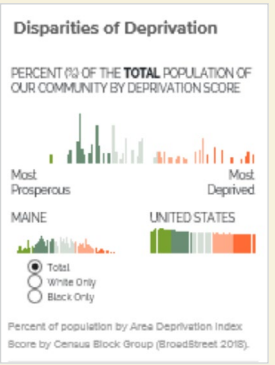
The Social Determinants of Health are the conditions where people live, learn, work and play. Social determinants include factors that contribute to or detract from overall health. Examples include: Access to clinical care, individual health behaviors (e.g. smoking), the physical environment, and social and economical factors. Social and economic factors can be measured by indicators such as income, employment, education, and housing conditions.

The Area Deprivation Index

The Area Deprivation Indez (ADI) measures social vulnerability. The ADI combines 17 indicators of socioeconomic status (e.g. income, employment, education, housing conditions) and has been linked to health outcomes such as 30-day rehospitalization rates, cardiovascular disease death, cervical cancer incidence, caner deaths, and all-cause mortality [1-6]. In Our Community, there are regional and racial disparities in deprivation. These disparities may contribute to unique health challenges for those living in the most deprived areas.







Description of the process and methods used for conducting the CHNA

Understanding the health needs of a community allows public health and health care organizations to design and implement cost-effective strategies that improve the health status of the populations they serve. A comprehensive data driven assessment process can identify, with a high degree of accuracy, priority health needs and issues related to prevention, diagnosis and treatment. Assessment tools also may assist in pinpointing access to care barriers, utilization of evidence based guidelines, and utilization of health services.

In Maine, healthcare leaders and public health leaders collaborated to conduct the assessment and analyze the data for this latest CHNA in a collaboration designated as The Maine Shared Health Needs Assessment (Maine Shared CHNA.)

The Maine Shared CHNA began as the OneMaine Health Collaborative in 2007 as a partnership between Northern Light Health (formerly Eastern Maine Health Care System, EMHS), Maine General Hospital (MGH), and MaineHealth (MH.) After conversations with the Statewide Coordinating Council for Public Health, the Maine CDC joined in 2012. The effort was named the Maine Shared Health Needs Assessment and Planning Process or SHNAPP. Central Maine Healthcare (CMMC) joined the group in 2013. In 2014, CMMC, Northern Light Health, MGH, MH and the Maine CDC signed formal Memorandum of Understanding and drafted the Maine Shared CHNA Charter to guide the collaborative. In 2017, the name was changed to the Maine Shared Community Health Needs Assessment or Maine Shared CHNA.

Maine Shared Community Health Needs Assessment CHARTER

Vision: The Maine Shared Community Health Needs Assessment helps to turn data into action so that Maine will become the healthiest state in the US. Mission: The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that creates Shared Community Health Needs Assessment reports, engages and activates communities, and supports data-driven health improvements for Maine people.

Steering Committee Statement of Purpose: The Steering Committee provides leadership for the creation of an efficient, integrated, and sustainable process to conduct triennial CHNA's and subsequent public health improvement plans/hospital implementation strategies. In addition, this group provides stewardship of the resources made available through Central Maine Healthcare (CMHC), Eastern Maine Healthcare Systems (EMHS), MaineGeneral Health (MGH), MaineHealth (MH), and Maine CDC to: [a] strengthen Maine's state and community health improvement efforts; [b] meet Treasury Department/Internal Revenue Service (IRS) community benefit reporting requirements for hospitals; and [c] meet public health agencies' Public Health Accreditation Board (PHAB) requirements. St. Mary's Regional Medical Center is an affiliate of MaineHealth.

Data Analysis

Over 200 health indicators from over 30 sources were used for the Maine Shared CHNA. These indicators were arranged under 24 health topics and analyzed by demographic characteristics and geographic stratification. See Appendix I for complete details.

Community Input

Community outreach and engagement for the Maine Shared CHNA occurred at the statewide, public health district, county and local levels. The statewide community engagement committee met monthly from March 2018-January 2019 to review and oversee the engagement process.

In addition, local community engagement planning committees met in each of Maine's 16 counties. St. Mary's facilitated and hosted the Androscoggin local community engagement planning committee through the Community Health Stakeholder Coalition (established for the first cycle of the Maine Shared CHNA 7 years ago.) In Androscoggin County, representatives from the two local hospital systems came together in 2012 to establish the Community Health Stakeholder Coalition, a group of community health agencies, public health and hospitals. They developed this purpose statement:

Improve the health of Androscoggin County by convening community health stakeholders to collaborate on:

-Conducting community health needs assessments

-Educating members and constituents on findings of community health needs assessments

-Develop strategies to address prioritized needs

-Sharing relevant resources through networking

For the most recent CHNA, members included: Jamie Paul, Western Maine District Coordinating Council of the Maine Center for Disease Control and Prevention, Elizabeth Keene, VP of Mission Integration, St. Mary's Health System, Erin Guay, Executive Director, Healthy Androscoggin, Holly Lasagna and Corrie Brown, Healthy Androscoggin, Catherine Ryder, Executive Director, Tri-County Mental Health Services, Angela Richards, Androscoggin Home Healthcare + Hospice, Sam Boss and Kristen Cloutier, Harwood Center at Bates College, Joan Churchill, Executive Director, Community Clinical Services, Nate Miller, Seniors Plus, Shawn Yardley, Executive Director, Community Concepts, Barry Schmieks, Auburn Police Department, Joe Philippon, Lewiston Police Department, Jennifer McCarthy and Ann Marie Day of Healthcentric Advisors, Katherine Lary of Western Maine Community Action, Ruby Bean of Community Concepts, and Melanie Gagnon, YWCA. This group began meeting monthly in the spring of 2012 and continues to meet to assess and address community health needs.

Three community engagement sessions were held in Androscoggin County in 2018. Two were hosted by the local community engagement planning team (October 3, 2018 and October 11, 2018.) One was held in June and was a County Health Rankings Health Action Forum (to solicit community information from immigrants, refugees and asylum seekers.) One session in each county was facilitated by JSI, the vendor hired by the Maine Shared CHNA to oversee the data collection, analysis and community sessions. The other session was facilitated by employees from St. Mary's Regional Medical Center and Central Maine Medical Center who serve on the Community Health Stakeholder Coalition.

Type of Engagement	Location & Date	Facilitator	Attendees
Community Forum	Lewiston 10.03.2018	JSI	48
Community Forum	Lewiston 10.11.2018	Local Facilitators	31
County Health Rankings Health Action Forum	Lewiston 6.27.2018	Dr. Heather Shatluck-Heirdom and Kristine Jenkins	37

COMMUNITY ENGAGEMENT

Persons representing broad interests of the community who were consulted during the engagement process:

- Androscoggin Home Healthcare + Hospice
- Androscoggin Valley Council of Governments
- Bates College
- Bright Future Healthier You
- Catholic Charities of Maine
- Central Maine Medical Center
- City of Lewiston
- Central Maine HealthCare
- Central Maine Medical Center Family Medicine Residency
- Central Maine Medical Center-Woman's Hospital Association
- Community Clinical Services
- Community Dental
- Community members
- Covenant Health
- Dempsey Center
- Gateway Community Services
- Hanley Leadership Center
- Healthy Androscoggin
- Immigrant Resources Center of Maine
- Lewiston Public Schools
- Maine Army National Guard Counter Drug Task Force
- Maine CDC
- Maine Community Integration
- MaineHealth
- Maine Medical Center – CORE
- New Beginnings
- New Mainers Public Health Initiative
- Promise Early Education Center
- Rural Health & Primary Care
- Safe Voices
- St. Mary's Hospital
- St. Mary's Regional Medical Center
- Tri County Mental Health Services
- U.S. Committee for Refugees and Immigrants
- U.S. Senator Angus King's Office
- Veterans Inc.
- Western Maine Community Action
- Western Public Health District
- YMCA of Auburn-Lewiston

Key informant interviews

The Steering Committee identified ten categories of medically underserved and vulnerable populations to ensure their input was heard and captured. A list of 80 potential interview subjects was created with statewide input. Selected key informants either had lived experience in the category and/or worked for an organization that focused on providing services or advocacy to a population. No Tribal representatives were able to be interviewed. In the future, we hope to include this important group in the CHNA process. The populations identified included:

- Veterans
- Tribal communities
- Adults ages 65 and older who are isolated or have multiple chronic conditions
- Non-English speakers, undocumented individuals, immigrants, and refugees
- Deaf individuals and those with other physical disabilities
- Adolescents/youth
- LGBTQ
- People with mental health conditions and developmental disabilities
- Rural individuals
- Individuals in substance use disorder recovery/substance use disorder prevention and treatment professionals

The following is a list of organizations who participated in Key Informant Interviews conducted both by JSI and local planning committee members:

- Alpha One
- Androscoggin Home Healthcare + Hospice
- Bingham Foundation
- Cary Medical Center
- Catholic Charities of Maine
- Community Concepts
- Community Caring Collaborative
- Edmund Ervin Pediatric Center, MaineGeneral Health
- EqualityMaine
- Family Medicine Institute
- Frannie Peabody Center
- Greater Portland Council of Governments
- Healthy Acadia
- Healthy Androscoggin
- Healthy Communities of the Capitol Area
- Kennebec Valley Council of Governments
- Long Creek Youth Development Center
- Maine Access Immigrant Network
- Maine Alliance for Addiction and Recovery
- Maine Alliance to Prevent Substance Abuse
- Maine Chapter Multiple Sclerosis Society
- Maine Council on Aging
- Maine Migrant Health
- Maine Seacoast Mission
- Millinocket Chamber of Commerce
- National Alliance on Mental Illness
- Nautilus Public Health
- Northern Light Maine Coast Hospital
- Office of Aging and Disability Services
- Penquis Community Action Agency
- Portland Public Health
- Seniors Plus
- Sunrise Opportunities
- Tri-County Mental Health Services
- United Ambulance Service
- Veterans Administration Maine Healthcare System
- York County Community Action Corporation

Other methods for obtaining feedback from organizations and groups included, but were not limited to key informant interviews (focused conversations) and focus groups.

These forums, essential components of the Maine Shared CHNA, allowed for community members to review the data and vote for community health priorities. Participants at the community forums met in small groups to discuss opportunities for collaboration and specific issues for each priority. The conversations largely informed both the implementation strategies and strategic plans for the hospitals. Health data results were also presented to the hospital's board of trustees' strategy committee. (See Appendix II.)

Information gaps that impact our ability to assess the health needs of the community

The state of Maine is fortunate to have many sources of data to help assess health needs of communities. The 2016 Maine Shared Community Health Needs Assessment, County Rankings results, the state health plan, the Community Health Needs Index (CHNI), and community engagement results provide a comprehensive picture of all major health indicators in the community.

There was a gap identified for information relating to specific needs of the immigrant groups as statistics do not accurately reflect the number of immigrants (particularly in Lewiston), as well as gaps explaining why some of the health needs are so prevalent (for example, why Maine continues to have such a high cancer incidence rate.) In contrast to the previous CHNA (2016), information is more readily available now for the senior population in the area (specifically through the America's Health Rankings 2019 Senior Report for Maine.)

These are the prioritized community health needs identified by the data, community engagement and key informant interviews:

Social Determinants of Health

A key theme from the community engagement sessions and key interviews in Androscoggin County (as well as the entire state of Maine) was the impact that social determinants of health (specifically housing, transportation, poverty, employment, cultural barriers and Adverse Childhood Experiences or ACEs) have on county residents. The number of people living in poverty is higher than the state (14.8% vs. 13.5%.) The percentage of households that are food insecure is higher than the state (16% vs. 15.1%.) Slightly over ¼ of high school students have experienced at least 3 adverse childhood experiences and the number of children with confirmed elevated blood levels for lead is significantly higher than the state (3.4% vs. 2.2%.)

Access to Health Care and Primary Care

While Androscoggin County has a relatively low percentage of uninsured residents, access to care is an issue. The percentage of individuals unable to obtain healthcare due to cost was significantly higher than the state (14.5% vs 10.3%.)

Mental Health

Androscoggin County residents receive outpatient mental health treatment at a higher rate than Maine residents (21% vs. 17%.) The percentage of middle school students who reported having seriously considered suicide increased significantly between 2011 and 2017 (from 14.5% to 18.8%.) A theme for mental health was the need for increased education and resources around the mental (and physical) health effects of Adverse Childhood Experiences (ACEs.)

Substance and Alcohol Use

Opioid use was the leading substance use issue discussed in the community forums. In Androscoggin County, substance use hospitalizations were higher than the state in 2016 (39 vs 18 per 10,000 population.) The rate of overdose deaths increased from 12.5 to 18.4 per 100,000 (2007-2011 and 2012-2016 data.)

Tobacco Use

Tobacco use if the leading cause of preventable illnesses and death. Maine has made progress in reducing tobacco use. The percentage of Maine adults who smoked cigarettes in 2017 was significantly lower than in 2011. However, the emergence of electronic products is of grave concern. (Data from a 2018 national youth survey indicate up to a 78% increase in the use of electronic devices since 2017!)

See Appendix II for detailed information about the Androscoggin County results in the Maine Shared Community Health Needs Assessment Report.

Priority Area	% of Votes
Social Determinants of Health*	25%
Mental Health*	19%
Substance Use*	14%
Access to Care*	12%
Tobacco Use	9%

*Also a statewide priority. For a complete list of statewide priorities, see state health profile at mainechna.org

Potentially available health care facilities and resources available to meet the health needs identified

The assessment identified a number of strong community assets (see Appendix III), including:

- Two local hospitals (including behavioral services at SMRMC) and their community benefit programs,
- Urgent Care Center by SMRMC,
- Primary care physicians at accredited patient-centered medical homes,
- Dentists,
- School-based health centers,
- Federally qualified health centers through Community Clinical Services,
- A free clinic,
- Community health agencies for mental health services and substance abuse,
- Local home care and hospice agency,
- Social service agencies for outreach to the rural poor, the elderly, victims of domestic violence and children,
- St. Mary's Nutrition Center (emergency food pantry, community gardens, farmers' markets, cooking classes and outreach for Somali Nutrition programs),
- Public school systems and Catholic school systems with active home and school associations,
- Numerous religious communities and community coalitions to support downtown Lewiston.

See Appendix III for a list of community resources.

Evaluation of Impact from Preceding CHNA (2016-2018)

Access to Care:

SMRMC participated in the **REACH** grant (for racially and culturally appropriate care) through Healthy Androscoggin to provide education in cultural competency and to address health disparities. Videos were created (in several different languages) to educate "New Mainers" about accessing health care in this community. Resources from the project continue to be reviewed and utilized.

St. Mary's also assessed how well we were meeting the **CLAS** standards (Culturally and Linguistically Appropriate Services) and increased its score in 10 of the 15 standards from pre- and post-assessment during the previous CHNA period.

Mammography offered extended evening hours and Saturday hours to allow greater access for breast cancer screening.

SMRMC trains an average of **800 students** each year and participates in a longitudinal program with Tufts University medical students for medically underserved areas in order to increase the number of health professionals serving the area.

Evaluation of Impact from Preceding CHNA (2016-2018)

Chronic Disease Prevention:

Population health specialists focused on colon cancer screening, breast cancer screening and diabetic eye exams.

St. Mary's partnered with **United Ambulance** for community paramedics to make home visits for patients who often utilize the Emergency Department for chronic issues. 60 patients were seen for medication reconciliation, safety check and community paramedicine in 2018.

Environmental Health (Lead):

St. Mary's and its affiliate Community Clinical Services (CCS) perform blood tests within the physician practice for lead poisoning screening for children. The state of Maine passed legislation to lower the rate of actionable lead exposure. St. Mary's and CCS now screen all children at their 12 and 24-month visits and developed a standardized work flow to ensure the screening occurs.

Mental Health:

Several models of telemedicine were developed to provide mental health services in surrounding rural areas (with emergency departments, nursing homes and assisted living facilities.) This has increased access to mental health services in underserved areas.

St. Mary's opened a renovated child and adolescent psychiatric unit in 2017.

Evaluation of Impact from Preceding CHNA (2016-2018)

Obesity:

St. Mary's Nutrition Center is committed to ensuring all people have access to good food, particularly those most vulnerable in our community, and to strengthening the local food system. We built partnerships with local farmers to bring in more fresh vegetables for our Food Pantry. Here are statistics for the food pantry:

St. Mary's Good Food Bus is a mobile farmer's market whose goal is to make the "good" choice an easier choice (to purchase fresh, affordable produce by bringing the produce directly into low income neighborhoods and employer sites.) Over the past 3 years, the Good Food Bus has expanded its reach; there are now 15 stops with a 15% sales increase from 2017 to 2018.

The Nutrition Center hosted two full-time **Food Corps** members to support on-going (and expanding) school garden education programming. By 2018, regular programming was provided in over 90 classrooms and afterschool/summer school programs in more than 1000 sessions over 7 locations. More than 1500 children participated in this garden-based educational programming.

Three new urban gardens were constructed; 176 households now have growing space in community gardens. A case study about the history of community gardens and the role they play in population health in Lewiston-Auburn was published in 2018: **"From the Ground Up: Improving Community Health Through Collaboration"**

SMRMC initiated a **"Commit to Get Fit Challenge"** in 2013 to promote physical activity in the community (and to raise funds for our Marguerite d'Youville Fund for the Needy to provide financial assistance for needy patients.) Each year the participation rate has increased; this year over 400 people participated in the 3k walk or 5 or 10k run!

All physician practices utilize the **Let's Go 5-2-1-0** healthy habits questionnaire and distribute a resource sheet about healthy eating and healthy habits. In partnership with CCS Pediatrics practice, a pilot program was initiated in 2018 to connect high risk patients with dietary professionals, behavioral health and membership at the local YWCA. In March 2019, the pilot will be reviewed for lessons learned and further implications for future programs.

Evaluation of Impact from Preceding CHNA (2016-2018)

Substance Abuse:

St. Mary's participates in a major community effort around opioid addition: **the "CommUNITY" grant.** Accomplishments include increasing the number of providers who can prescribe suboxone, developing a peer recovery coach program and developing a "universal access" form for treatment.

Tobacco Use:

St. Mary's became a smoke free campus in November 2017. We host tobacco cessation groups on campus and provide education in the community. The smoking rates in Maine have decreased since 2011.

stmarysmaine.com

This assessment was approved by St. Mary's Board of Directors on September 25, 2019 and is available on the SMRMC website. A copy can also be obtained by contacting the administrative office at St. Mary's.

Appendix I	Androscoggin County Health Profile 2018
Appendix II	The 2019 Maine Shared Community Health Needs Assessment Report
Appendix III	Community Resources
Appendix IV	Androscoggin County Partners in Action infographic