2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT

St. Mary's
HEALTH SYSTEM

A Member of Covenant Health

# DESCRIPTION OF THE COMMUNITY SERVED BY THE HOSPITAL

During 2021-2022, a community health needs assessment (CHNA) was conducted by St. Mary's Health System, Central Maine Medical Center (CMMC), 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) includes 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.
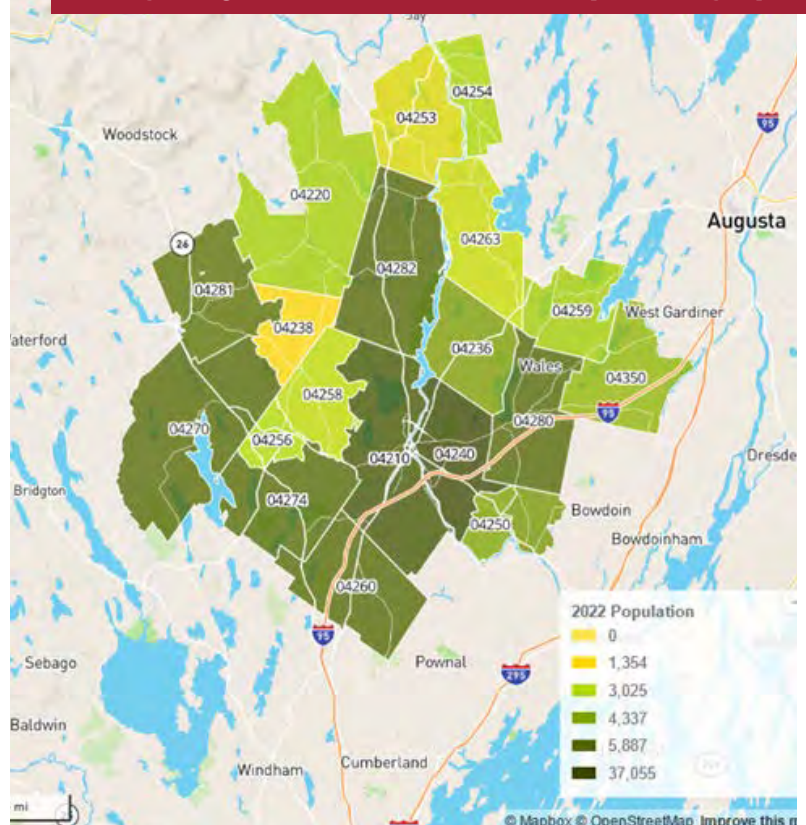
DESCRIPTION OF THE COMMUNITY SERVED BY THE HOSPITAL

Androscoggin County is located in south central Maine and is one of three counties comprising the Western Public Health District. It contains roughly 8% (111,139) of Maine's 1.36 million residents according to 2020 US Census data. Androscoggin County contains Maine's second and fifth largest cities: Lewiston (population 37,121 in the 2020 census) and Auburn (population 24,061 in the 2020 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, Djibouti, 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 (.33% annually for the last 3 years.) 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.
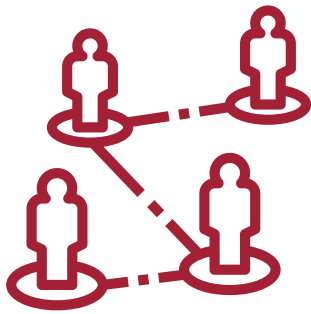
The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. The unemployment rate was 3.0% as of April 2022. Slightly over 10% of the primary languages spoken in the home are categorized as "other than English" so interpretation services are available to assist new Mainers in navigating the health systems.

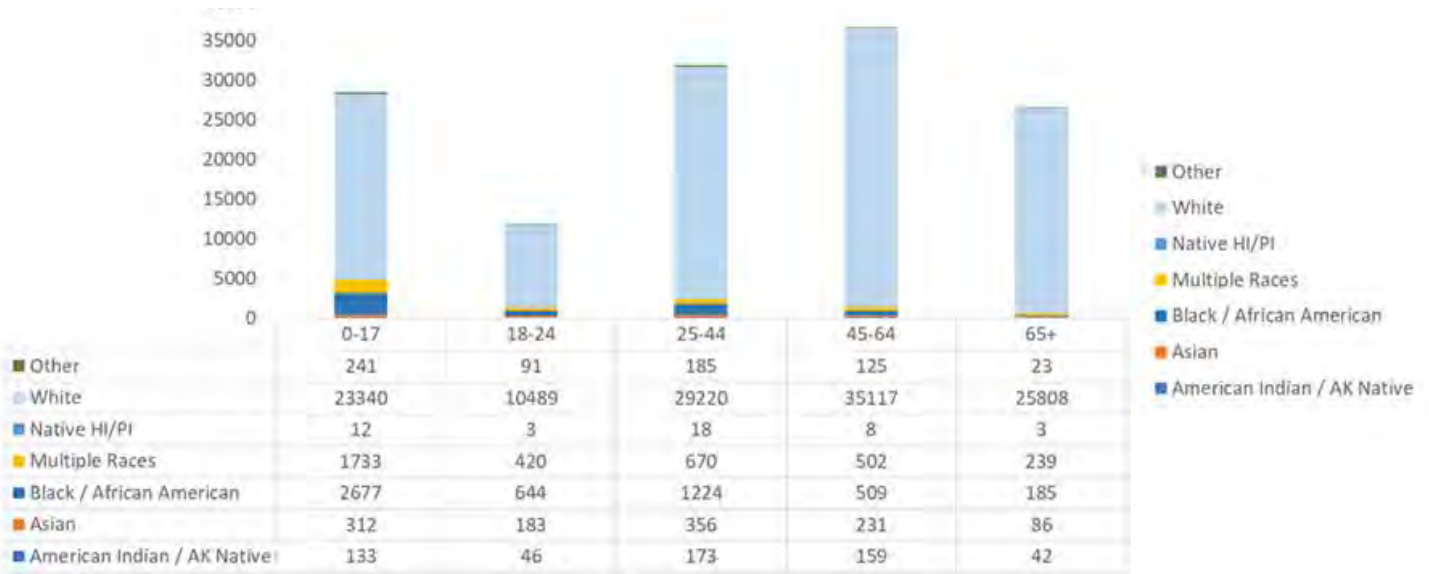

St. Mary's Regional Medical Center 2022 Population by Zip Code

2022 Population
- 0
- 1,354
- 3,025
- 4,337
- 5,887
- 37,055

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Source: Claritas Pop-Facts® 2022
Map boundaries provided by Claritas, 2022

POPULATION BY AGE AND RACE: LEWISTON, ME

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	0-17	18-24	25-44	45-64	65+
Other	241	91	185	125	23
White	23340	10489	29220	35117	25808
Native HI/PI	12	3	18	8	3
Multiple Races	1733	420	670	502	239
Black / African American	2677	644	1224	509	185
Asian	312	183	356	231	86
American Indian / AK Native	133	46	173	159	42

SOURCE: Sg2 and Claritas Pop-Facts® 2022

Poverty

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.

16.6% Persons below poverty line

about 1.5 times the rate in Androscoggin County: 11.3%†

about 1.5 times the rate in Maine: 11.1%

Children (Under 18) — Poverty 24%†

Seniors (65 and over) — Poverty 12%†

Children (Under 18) (Table B17001) View table

Column	Lewiston		Androscoggin County		Maine	
Poverty	23.6%†	±4.4%	1,672	±350.1	14.8%†	±2%	3,346	±480.2	14%	±0.6%	34,067	±1,395.5
Non-poverty	76.4%	±4%	5,400	±600.6	85.2%	±0.2%	19,252	±786.7	86%	±0.2%	209,437	±2,481.5

The poverty rate in Maine is 11.1% and the median income is $59,489 annually. Lewiston's poverty rate is even higher- 16.6% (2020 US Census) and the rate of childhood poverty in Lewiston is 24% (according to the American Community Survey).The median income in Lewiston is only $44,523.
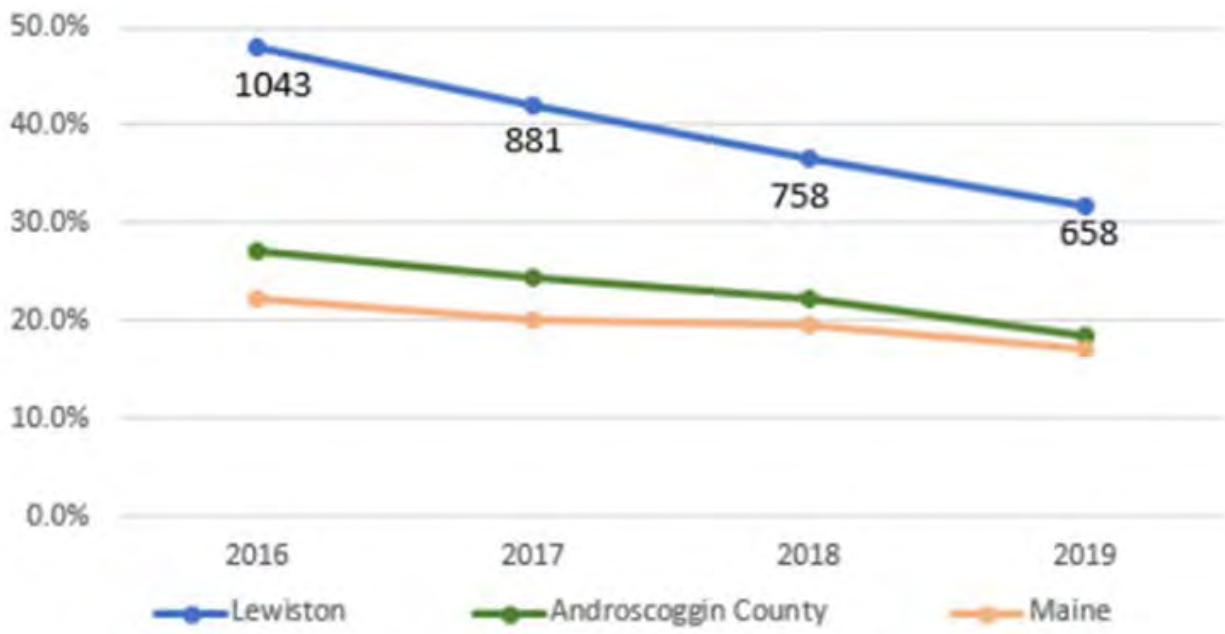
Poverty

While the poverty rate in Lewiston is decreasing, it is still higher than the State rate. Additionally, certain census tracts in Lewiston are among the poorest in all of Maine. (See census tracts 201, 203 and 204 in the chart below.)

Area	Total	White	Black
United States	42,510,843 13.4% -11.0%↓	25,658,220 11.1% -11.3%↓	9,114,217 23.0% -12.0%↓
Maine	153,131 11.8% -14.9%↓	136,373 11.1% -15.6%↓	5,931 34.8% -9.8%↓
Androscoggin County, Maine	12,283 11.8% -26.7%↓	9,741 10.2% -29.9%↓	1,198 49.6% 6.7%↑
Census Tract 101, Androscoggin County, Maine	480 33.3% -22.0%↓	292 24.7% -34.4%↓	97 89.0% 708.3%↑
Census Tract 201, Androscoggin County, Maine	518 45.0% -25.3%↓	385 42.2% -11.1%↓	74 47.1% -62.1%↓
Census Tract 202, Androscoggin County, Maine	311 24.6% 19.2%↑	196 18.6% -9.7%↓	9 52.9%
Census Tract 203, Androscoggin County, Maine	1,638 33.3% -36.4%↓	1,172 28.9% -37.7%↓	280 60.2% -30.2%↓
Census Tract 204, Androscoggin County, Maine	1,145 40.5% -35.9%↓	482 29.7% -63.5%↓	416 55.6% 103.9%↑
Census Tract 205, Androscoggin County, Maine	736 20.2% -10.7%↓	675 20.0% 1.0%↑	30 62.5% -14.3%↓

Source: American Community Survey 2019 data

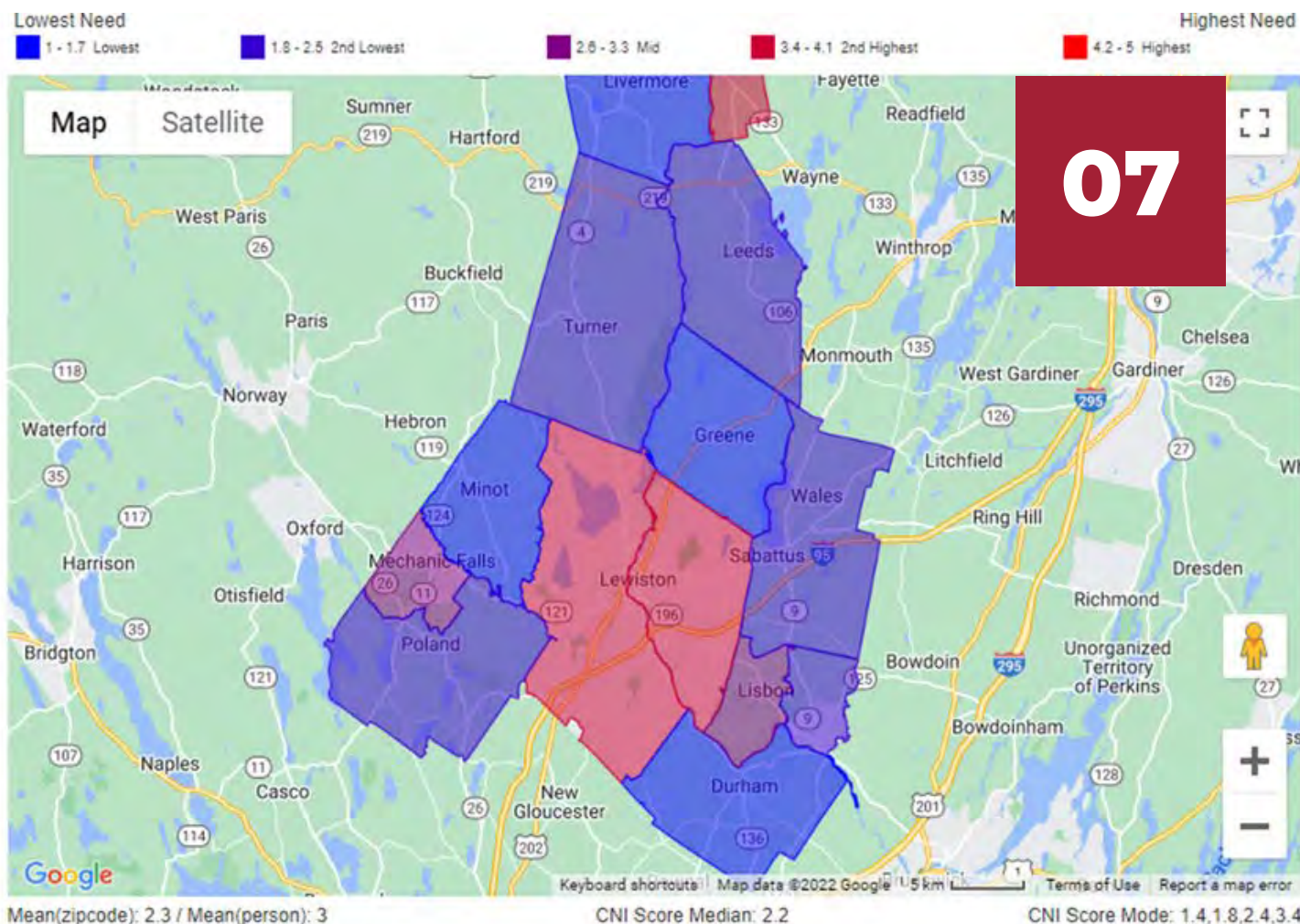# PERCENTAGE OF CHILDREN UNDER 5 IN LEWISTON IN POVERTY

American Community Survey 5-year estimates, Table S1701: Poverty Status in the Past 12 Months

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 2021) score for Androscoggin County is 3; the score for the city of Lewiston is 4 (based on scale of 1-5 with 5 being the highest need). Both Androscoggin County and the city of Lewiston improved since the 2019 index (the county moved from 3.1 to 3 and the city of Lewiston moved from 4.2 to 4. Lewiston is now in the category of 2nd highest need.)

Lowest Need   **Highest Need**

■ 1 - 1.7 Lowest   ■ 1.8 - 2.5 2nd Lowest   ■ 2.6 - 3.3 Mid   ■ 3.4 - 4.1 2nd Highest   ■ 4.2 - 5 Highest

Mean(zipcode): 2.3 / Mean(person): 3   CNI Score Median: 2.2   CNI Score Mode: 1.4,1.8,2.4,3.4

Zip Code	CNI Score	Population	City	County	State
■ 04210	3.4	22742	Auburn	Androscoggin	Maine
■ 04222	1.4	4042	Durham	Androscoggin	Maine
■ 04236	1.2	4395	Greene	Androscoggin	Maine
■ 04240	4	36809	Lewiston	Androscoggin	Maine
■ 04250	2.6	4241	Lisbon	Androscoggin	Maine
■ 04252	2	4622	Lisbon Falls	Androscoggin	Maine
■ 04253	1.6	2107	Livermore	Androscoggin	Maine
■ 04254	3.4	3096	Livermore Falls	Androscoggin	Maine
■ 04256	3	2965	Mechanic Falls	Androscoggin	Maine
■ 04258	1.4	2650	Minot	Androscoggin	Maine
■ 04263	2.4	2445	Leeds	Androscoggin	Maine
■ 04274	1.8	5764	Poland	Androscoggin	Maine
■ 04280	1.8	6665	Sabattus	Androscoggin	Maine
■ 04282	2.4	6017	Turner	Androscoggin	Maine

Source: Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021.

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.

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	Androscoggin (AN) County	Trend ⓘ	Error Margin	Top U.S. Performers ⓘ	Maine
Health Behaviors					
Adult smoking	ⓘ 20%		17-23%	15%	19%
Adult obesity	ⓘ 32%		31-33%	30%	31%
Food environment index	8.1			8.8	8.1
Physical inactivity	ⓘ 33%		30-36%	23%	30%
Access to exercise opportunities	74%			86%	57%
Excessive drinking	ⓘ 21%		20-22%	15%	22%
Alcohol-impaired driving deaths	31%	⁓	25-38%	10%	34%
Sexually transmitted infections	390.7	⁓		161.8	296.8
Teen births	19		17-21	11	13
Additional Health Behaviors (not included in overall ranking) −					
Food insecurity	13%			9%	12%
Limited access to healthy foods	2%			2%	4%
Drug overdose deaths	34		27-40	11	30
Motor vehicle crash deaths	12		10-15	9	12
Insufficient sleep	ⓘ 40%		39-42%	32%	35%

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 noted by the Catholic Health Association, "From the time of early monastic communities through the establishment of Catholic hospitals in the U.S. up to today, Catholic health care has been committed to those who are poor and vulnerable. This history is in continuity with the work of community health and the social determinants which have a direct impact on the most vulnerable in our midst." This community health needs assessment is an example of that commitment.

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 (MSCHNA) began as the OneMaine Health Collaborative in 2007 as a partnership between MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH – then known as Eastern Maine Healthcare System, or EMHS). After conversations with the Statewide Coordinating Council for Public Health, the Maine Center for Disease Control and Prevention (Maine CDC) joined the collaborative in 2012. The effort was then named the Maine Shared Health Needs Assessment and Planning Process (SHNAPP). Central Maine Healthcare (CMHC) joined the group in 2013. In 2014, CMHC, Maine CDC, MGH, MH and NLH signed a formal Memorandum of Understanding and drafted the Maine Shared CHNA Charter (PDF) to guide the collaborative. In 2017, the name was changed to the Maine Shared Community Health Needs Assessment or Maine Shared CHNA. The Memorandum of Understanding was updated in 2019.
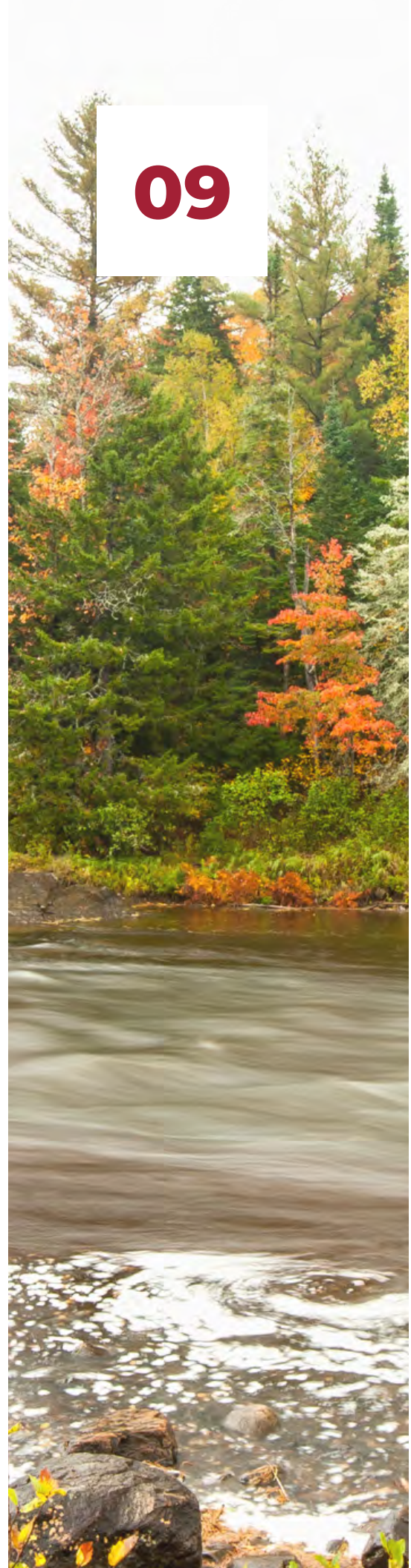
MAINE SHARED COMMUNITY HEALTH NEEDS ASSESSMENT CHARTER

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

The Maine Shared CHNA is a collaboration governed by a Steering Committee, which is made up of representatives of each member organization (CMHC, MGH, MH, NLH, and Maine CDC). The Metrics Committee is charged with creating and reviewing a common set of population/community health indicators and measures every three years. Before the 2018-2019 Maine Shared CHNA, the Metrics Committee conducted an extensive review of the data using the following criteria as a guide: 1.] describes an emerging health issue; 2.] describes one or more social determinants of health; 3.] measures an actionable issue; 4.] the issue is known to have high health and social costs; 5.] rounds out our description of population health; 6.] aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People); 7.] data is less than 2 years old; 8.] data was included in the previous data set, or 9.] the Maine CDC analyzes the indicator in a current program. This review process was carried into the 2021-2022 Maine Shared CHNA, where the Metrics Committee also reviewed the previous data set to check for changes in data sources, potential new sources of data to round out certain topics, and to deepen Social Determinants of Health data which many of our partners have included in their work.

A new aspect for this cycle of the assessment was establishing the Health Equity/Community Engagement Committee which is charged with updating outreach methodology to ensure a collection of broad, diverse, and representative qualitative data from those who experience systematic disadvantages. To ensure these methods reflect the needs and cultural expectations this committee included representatives from a variety of Maine's ethnic-based and community-based organizations, along with representatives from public health and health care, and a variety of additional partners.

The 2021-2022 Maine Shared CHNA process involved three phases. The first phase of the project involved the analysis of more than 220 health indicators for the state, counties, public health districts, selected cities, and by specific demographics when available. Data analysis was conducted by the Maine CDC and its epidemiology contractor, the University of Southern Maine, with additional support from the contracted vendor, Market Decisions Research.

The second phase was the Community Engagement Committee work which included the following efforts:

- 17 County Forums (Maine)
- 9 Community Sponsored Events
- 1,000 Oral Surveys

Local planning teams led by local health care and public health district liaisons organized and promoted these events. Participants were shown a PowerPoint presentation with relevant county data and were led through guided discussions to identify indicators of concern. Participants then voted to identify their top four health priorities. They were then asked to share their knowledge on gaps and assets available in their communities to address each of the top priorities identified.

DATA ANALYSIS (CONT'D)

For the most recent community engagement forum in Androscoggin County, the Androscoggin Community Health Stakeholder Coalition organized the event. 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, Corrie Brown and Holly Lasagna, Healthy Androscoggin, Jamie Owens, Tri-County Mental Health Services, Michelle Couillard, Androscoggin Home Healthcare + Hospice, Coleen Elias, Executive Director, Community Clinical Services, Jennifer Edwards, City of Auburn Public Health, Stephanie Gelinas, Sandcastles, Anne Berry, Sweetser, Cassandra Wallace, Community Concepts, Katherine Lary, Western Maine Community Action, Karen White, Maine Resilience Building Network 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.

The community engagement session for Androscoggin County was held in November 2021. The session was facilitated by JSI, the vendor hired by the Maine Shared CHNA to oversee the data collection, analysis and community sessions.

We collected the following data:

- Community identified health priorities
- Gaps/barriers which must be overcome to address each priority
- Resources/assets potentially available to address each priority
-

The purpose of the forum was to allow the community the opportunity to provide input on health priorities to shape future health improvement planning efforts. We reviewed data that describe health outcomes, health behaviors, healthcare access and quality, and the social, community, and physical environments that affect health.

Thirty-seven people participated and they represented these community organizations: local home care/hospice agency, local group home for people with developmental and intellectual disabilities, administration from both local hospitals, the city of Auburn public health officer, Community Concepts, Healthy Androscoggin, Lewiston public schools, Maine CDC, the Maine Immigrant Rights Coalition, Sandcastles, Sweetser, Tri-County Mental Health Services, Western Maine Community Action, the YMCA/YWCA, as well as interested community residents.

New this cycle was an expanded effort to reach those who experience systematic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted. One effort included nine community-sponsored events.

DATA ANALYSIS (CONT'D)

The hosts and communities were chosen for their statewide reach. The communities included:

- Black or African American
- People who are deaf and hard of hearing
- People who live with a disability
- People with a mental health diagnosis
- People dxperiencing homelessness
- LGBTQ+ community
- People with low income
- Older adults
- Youth

These events followed the same methodology as county forums. Oral surveys were conducted in collaboration with 10 ethnic-based community organizations' (ECBOs) community health workers to better reach Maine's immigrant population. There were 1,000 surveys were conducted in either English (32%), Somali, (24%), Arabic (23%), French (8%), Spanish (5%), Lingala (3%), and other languages including Swahili, Maay Maay Portuguese, Oromo, Eretria, Kirundi, and Amara. When asked for their countries of origin, respondents most commonly cited the United States (212), Iraq (205), Somalia (157), The Democratic Republic of Congo (81), Djibouti (70), Kenya (30), and Mexico (29). Other countries of origin mentioned included Rwanda, Ethiopia, Angola, Syria, Guatemala, South Africa, Palestine, Puerto Rico, Morocco, Afghanistan, El Salvador, Nigeria, Canada, Burundi, Eritrea, France, Honduras, Uganda, Jamaica, Mali, Gabon, Sudan, Nicaragua, Peru, and Brazil. The survey was an adaptation of the City of Portland's Minority Health Program Survey conducted in 2009, 2011, 2014, and 2018. In 2021, a small group of stakeholders convened to adapt this survey to meet the needs of the Maine Shared CHNA. This group included those who deployed the survey as well as other interested parties. Groups that piloted these new outreach methods were offered stipends for their time.

Due to concerns related to COVID-19, community engagement efforts were conducted virtually except for the event for the deaf and hard of hearing, which was held in a gymnasium at the Governor Baxter School for the Deaf on Mackworth Island. Oral surveys were conducted telephonically or by following current U.S. CDC COVID-19 protocols. Community engagement was supported by John Snow, Inc. (JSI), which also conducted the initial qualitative analysis.

Health data results were also presented to the hospital's board of trustees' strategy committee. (See Appendix I.)

DATA ANALYSIS (CONT'D)

The third phase was to develop final CHNA reports for the state, each county, and districts in the spring of 2022. In addition to Urban, County, and Health District reports, the data is also available on an Interactive Data Portal. The data in the portal is arranged by health topic and provides county and state-level data, as well as demographic comparisons, trends over time, definitions, and information on the data sources. Visit www.mainechna.org and click on Interactive Data in the menu to the left. The Maine Shared CHNA website is hosted by the Maine DHHS. (www.mainechna.org). For a complete listing of organizations consulted please see the Acknowledgements found on the Maine Shared CHNA website, www.mainechna.org. For the Androscoggin County CHNA report, 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 2022 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. In addition, this year we have the health equity data sheets for vulnerable populations and a Lewiston city report. There were fewer information gaps this year due to those additional resources.

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

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

TOP HEALTH PRIORITIES

The participants at the Androscoggin County forum have identified the following health priorities.

Table 2. Top Health Priorities for Androscoggin County

PRIORITIES	% OF VOTES
Mental Health	97%
Social Determinants of Health	62%
Substance & Alcohol Use	51%
Access to Care	45%

Source: Maine Shared CHNA Androscoggin County Report 2022

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS (CONT'D)

The impact of the COVID-19 pandemic must be acknowledged in this report. Its effects on health, schools, the economy and the social fabric of communities have been alarming. Androscoggin County has, at times, had low transmission rates and then surging to among the highest transmission rates in the country. As of July 2022, Androscoggin County has reported 24,800 cases and 295 deaths. The COVID-19 Community Vulnerability Index (CCVI) assesses how well any community in the United States could respond to the health, economic and social consequences of COVID-19 without appropriate response and additional support. It overlays indicators of social vulnerability, such as socioeconomic status or language barriers, with indicators of vulnerability unique to the COVID-19 pandemic, such as access to healthcare and comorbidities among the population. The CCVI builds on the Centers for Disease Control and Prevention's (CDC) Social Vulnerability Index (SVI), a validated metric intended to help policy makers and public health officials respond to emergencies. Androscoggin county's CCVI score is .44, mostly due to lack of transportation and population density.

In addition, there have been disparities in health for young people, people of color and those with lower incomes related to COVID-19. As noted in the 2022 Androscoggin County Community Health Needs Assessment Report, "Thus, the findings in the 2022 Maine Shared CHNA Reports which show the most often identified priorities such as mental health, substance and alcohol use, access to care and social determinants of health take on new meaning and an increased sense of urgency." (See Appendix II.)

Mental Health

Mental health was the top identified community health need in Androscoggin County (and in all other counties in the state.) The areas of concern included extremely long waitlists for services, as well as the need for more case management and wrap-around services. The availability of mental health providers was the most frequently mentioned indicator.In addition, the rate of those seeking mental health care in the emergency department was 278.8 per 10,000 in 2016-2018 which is significantly higher than the rate of Maine overall (181.5 per 10,000.) Mental health issues among youth were particularly concerning. There was a significant increase in the number of children experiencing feel sad and hopeless for two or more weeks in a row (26.7% in 2017 and 34.1% in 2019.)

Social Determinants of Health

Social determinants of health were also selected as a top priority in Androscoggin County. These are the conditions in which people live, learn, work, play, worship and age. Examples include access to healthy food, housing, economic opportunity and relationships. Challenges related to high housing costs, unreliable transportation, adverse childhood experiences, and high rates of poverty were cited as concerns. While the poverty rate has decreased from prior years, it is still higher than the state average and the median household income is significantly lower than the state.

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS (CONT'D)

Substance and Alcohol Use

Overdose deaths were the most frequently mentioned health indicator for substance and alcohol use.In 2020, the rate of overdose deaths per 100,000 was 47.9, an increase from 30.5 in 2019. Alcohol-induced deaths rose significantly from earlier data periods (14.9 per 100,000 in 2019 vs 8.8 in 2011.) The rate for drug-affected infants was 113.5 per 1000 births which is significantly higher than the state (73.7/1000 births.)

Access to Health Care and Primary Care

Access to care consists of availability of insurance, availability of services, timely access and the health care workforce. The most frequently cited indicator was cost barriers, followed by lack of easy access to primary care providers. While there was an increase in the percentage of adults who were seen by a primary care provider (from 72.9% to 75.7%), this still means that 24% of residents are at risk of not having access to routine preventive care from a primary care provider. See Appendix II for detailed information about the Androscoggin County results in the Maine Shared Community Health Needs Assessment Report.

POTENTIALLY AVAILABLE HEALTH CARE FACILITIES AND RESOURCES AVAILABLE TO MEET THE HEALTH NEEDS IDENTIFIED

The assessment identified a number of strong community assets, including the two local hospitals (including behavioral services at SMRMC) and their community benefit programs, Urgent Care Center by SMRMC and CMMC, 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, a 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), ethnic community based organizations, public school systems and Catholic school systems with active home and school associations, numerous religious communities and community coalitions to support downtown Lewiston.

An implementation strategy is being developed to address the four prioritized health needs from this report.

EVALUATION OF IMPACT FROM PRECEDING CHNA (2019-2021)

Mental Health

St. Mary's opened a new adult psychiatric unit in December 2021. It is a state-of-the-art unit focused on healing and patient safety. The new Carlton and Lucille Sedgeley Adult Behavioral Unit exponentially improves the ability of St. Mary's behavioral health providers and staff to deliver excellent care to their inpatients.Patients had input into the design of the unit and are very pleased to have private rooms that provide safety in a healing environment.

A depression suicide screening with treatment guidelines was developed and distributed to primacy care practices. The percentage of patients screened rose from 80% in 2020 to 94% in 2021.

New partnerships were developed at local schools and colleges to serve at-risk youth and provide mental health support services. Four new partnerships were formed in 202 and two more were added in 2021.

In collaboration with the Androscoggin County Community Health Stakeholder Coalition, St. Mary's worked to educate health care professionals and parents about Adverse Childhood Experiences (ACEs.) A social media toolkit was developed and more than 1100 were reached by one organization's campaign. Physicians at both local hospitals received training on ACEs screening. Community Concepts trained more than 60 people on ACEs and Helping Children Thrive. Healthy Androscoggin offered a resilience social media campaign to middle/high school students. And the Lewiston schools hired a social/emotional learning and equity coordinator to form an educational community in which every member has access to the resources and opportunities needed to learn, grow, and thrive.

Social Determinants - Food Security

Food insecurity and injustice can have profound impacts on health, economic opportunity, and the ability to connect to and care about the environment. St. Mary's focuses on building more equitable and reliable access to good food as one essential piece of the puzzle in creating conditions for people, neighborhoods, and places, to thrive.

St. Mary's Nutrition Center (NC) managed ten community gardens in Lewiston and Auburn, supporting 148 households (516 people) in growing their own food and building neighborhood connections during the preceding CHNA period. After a significant reduction in gardener education and community events in the early stage of the pandemic in 2020, the NC began to rebuild the gardener engagement programming. This included workshops on topics such as fruit tree care and composting; outdoor garden barbeques and harvest celebrations; and a fruit tree give-away in partnership with Re-Tree US. The Whitney Street Garden in Auburn, Maine and the Connors Elementary School Garden in Lewiston, Maine were opened during this period.

EVALUATION OF IMPACT FROM PRECEDING CHNA (2019-2021) CONT'D

Throughout the pandemic, the St. Mary's Food Pantry continued to serve as a critical food resource in Lewiston-Auburn. The Food Pantry primarily serves food insecure households in Lewiston and Auburn, with a majority living in downtown Lewiston. The Food Pantry guests comprise diverse demographic groups, including people who are elderly, disabled, dealing with mental health and substance use disorder, households with children, and immigrants, refugees, and asylum seekers.

In addition to the core service of providing food stability for insecure households, the Pantry served as a resource and information hub. Multiple partners set up information tables during Pantry distribution hours, and staff would regularly distribute public health and community resource fliers in multiple languages – for vaccine clinics, COVID safety and quarantine guidelines, other food resources, as well as job opportunities.

A total of 6,253 bags was provided through the twice-weekly on-site service, serving an average of 985 people each month.

565 new households were registered and 11,803 people were served by the Food Pantry in 2021.

Over 2000 elementary school students participated in education programs including classroom sessions, garden-based education and a virtual cooking club.

Five Community Food Champions were trained to do peer-to-peer outreach about food access and nutrition.

The Maine Harvest Bucks program through the Lewiston Farmers Market (LFM) saw incredible growth for a second year in a row in 2021. A state-wide federally funded program operated by the Maine Federation of Farmers' Market (MFFM) and administered by the St. Mary's Nutrition Center at the LFM, Maine Harvest Bucks provides SNAP/EBT shoppers $1 in coupons for every $1 spent in benefits to purchase fresh fruits, vegetables, and food bearing seedlings. The onset of the COVID pandemic in 2020 triggered disruption of food supply chains as well as increased desire to find safe ways to shop and socialize. Many people turned to local farmers' markets to supply their weekly grocery needs. This trend continued into 2021 supporting an average weekly customer count of between 400 and 500 people at the LFM, approximately 13,000 visits for the season. Over the course of the season, May through November, there were 800 SNAP/EBT transactions made by approximately 200 unique shoppers. SNAP/EBT sales increased by 50% and Maine Harvest Bucks redemptions increased by 40% to over $20,000 helping to increase the fresh fruits and vegetables going into people's meals and the income going directly into the hands of local farmers

A food access map was created and is updated quarterly and disseminated to community partners.

EVALUATION OF IMPACT FROM PRECEDING CHNA (2019-2021) CONT'D

After two years of research, feasibility assessments, and planning led by the Nutrition Center, the development of an innovative Community Food Center (CFC) is underway in Lewiston. The CFC will include a unique combination of small-scale processing infrastructure, dry and cold storage, and low-cost food retail. By design, this hybrid community-owned and operated business model ensures stability and maximizes impact through meeting explicit food, workforce development, and community needs in the Tree Streets and surrounding communities.

The CFC model was included in the HUD CHOICE Neighborhood Implementation Grant application submitted by the City of Lewiston and the Lewiston Housing Authority in December 2020. The CFC is highlighted in the grant's "Neighborhood section" as a critical strategy to provide quality of life and vibrancy to the Tree Streets Neighborhood. Lewiston was awarded $30 million in May 2021 and will allocate $1.8M to the construction of the "whitebox" space that will house the CFC, one of the largest "community infrastructure" budget lines in the Choice grant.

The Center will serve as the anchor tenant of a 66-unit, mixed-use development on Pine Street along Kennedy Park, developed by Avesta Housing and owned by Lewiston Housing Authority.

Substance Abuse

The following strategies were implemented during the preceding three-year period

A protocol was developed for rapid access to suboxone in emergency department.

In order to provide integrative therapies for pain management, 14 shared medical groups occurred in 2019-2020 but then groups had to be cancelled due to COVID-19.

In order to provide greater access to polypharmacy guidance for opioid tapers, 30 patient consultations were provided by UNE pharmacy school students in 2020; 216 consultations occurred in 2021 as the consultation parameters widened for polypharmacy.

In order to facilitate access to recovery programs, employees from St. Mary's behavioral services participated in a "Rally for Recovery" in a park located in the heart of downtown Lewiston, which brought together many regional organizations dedicated to helping people struggling with opioid addiction. The event coincided with National Recovery Month and was in direct response to an identified community need as Maine continues to see high numbers of overdoses and overdose deaths, as well as a shortage of the lifesaving anti-overdose drug naloxone. St. Mary's employees provided resources and materials about treatment for substance use disorder, as well as support for those seeking assistance. More than 200 people attended the event.

EVALUATION OF IMPACT FROM PRECEDING CHNA (2019-2021) CONT'D

In order to decrease access to prescription drugs in the community, Androscoggin County held Drug Take Back events: in 2019, almost 6000 pounds of medication were collected at 2 events, in 2020, over 3000 pounds were collected at 1 event and in 2021 over 5000 pounds of medication were collected at 2 events. A map of permanent medication disposal sites was also created and distributed.

Tobacco Use: Youth Vaping Project

The increase in youth vaping in our community was alarming in the 2019 community health needs assessment (a 78% increase nationwide.) We were also concerned about the number of youth who do not believe vape products contain dangerous substances (such as nicotine.) It has also been determined that youth who vape have a higher risk of serious COVID-19 symptoms. St. Mary's Health System and Central Maine Medical Center decided to collaborate on efforts to prevent/reduce youth vaping. St. Mary's received a grant from Covenant Health to pursue this. In 2021, a social media campaign targeted for both youth and parents ran for 4 months. The campaign delivered over 320,000 impressions and over 1000 ad clicks.

In the fall of 2021, high school students from all local schools were invited to participate in a logo design contest for our anti-vaping campaign. As part of the plan, the hospitals reached out to local schools and Students Against Destructive Decisions (SADD) chapters for help. From this, a youth vaping logo contest was developed and implemented during the fall of 2020. Twenty-six students from five area schools competed for a top prize of $250. The students had to create an original logo aimed at preventing their peers from vaping. Each student also submitted a description of their design concept with their logo.

The winning logo is being used on a variety of items including fidget toys, water bottles, and stress balls. These items will help focus on activities to prevent youth from using a vape to relieve stress. Students also received informational flyers about the dangers of vaping and resources for quitting. The materials were distributed to multiple area high schools.

This assessment was approved by St. Mary's Board of Directors on 9/30/2022 and is available on the St. Mary's website (www.stmarysmaine.com).

A copy of this assessment can be obtained by contacting St. Mary's Administration at 207-777-8805.

Appendix I - Androscoggin County Health Profile 2021

Appendix II - The 2022 Maine Shared Community Health Needs Assessment Report for Androscoggin County