Regional Case Report

Rural Health and Equity Regional Forum in Norway, Maine

The Walsh Center
for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO

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Michael Meit, MA, MPH
The Walsh Center for Rural Health Analysis
NORC at the University of Chicago
4350 East West Highway, Suite 800
Bethesda, Maryland 20814
301-634-9324
HTTP://WALSHCENTER.NORC.ORG

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On May 22, 2017, the Maine Rural Health Research Center and the NORC Walsh Center for Rural Health Analysis (NORC Walsh Center) co-hosted and co-moderated a Regional Community Forum as part of a Robert Wood Johnson Foundation (RWJF) sponsored study to explore opportunities to fundamentally improve health and equity in rural communities. The forum was held at the Harper Conference Room-Ripley Building at Stephens Memorial Hospital in Norway, Maine (Oxford County) to focus on community experiences within the rural Northeast region. The purpose of the forum was two-fold:

- Understand efforts to improve rural health and equity, with attention to **assets** and **partners** across sectors, focusing on how this plays out within the Oxford County community and how that may apply to the broader region.
- Inform a set of **recommendations** for national stakeholders to overcome barriers to engaging in rural health and community development efforts.

NORC Walsh Center Co-Director Michael Meit introduced the purpose of the current work to frame the conversation. Maine Rural Health Research Center Senior Research Associate Rebecca Boulos and Stephens Memorial Hospital President Tim Churchill gave opening remarks. Maine Rural Health Research Center Deputy Director Erika Ziller set the stage by presenting research that has identified factors in rural communities that impact health behaviors, including income, educational attainment, rural culture and social norms, and traumatic experiences. Oxford County Wellness Collaborative (OCWC) Coordinator Brendan Schauffler described the history and structure of OCWC, a multi-sector partnership that started in 2011 as a result of the 2010 County Health Rankings, which scored Oxford County as the lowest ranked county in the state.

Opening presentations were followed by three panels focused on community assets, cross-sector partnerships, and rural funding strategies. These panel discussions were designed to generate a set recommendations for the region as well as national initiatives that can support and strengthen those regional efforts. Each panel featured short presentations from members of OCWC, followed by responses and reflections from regional stakeholders. Following each panel, community members and regional stakeholders facilitated small group discussions to offer reflections on how their sectors can engage in community health efforts, followed by a full group discussion. Oxford County Wellness Collaborative panelists included participants from Mahoosuc Pathways, Oxford County Mental Health Services, Halls Pond Healing Arts, Bethel Area Nonprofit Collaborative, Healthy Oxford Hills, and Bethel Chamber of Commerce. Respondents included representatives from the Eastern Maine Healthcare Systems, Western Maine Community Action, Maine Resilience Building Network, Healthy Acadia, Maine Health Access Foundation, The Bingham Program, and the Betterment Fund.

Fifty eight participants attended the meeting, representing healthcare, faith organizations, philanthropy, business, mental health, non-profit organizations, state government, community development, public health, local media, recreation, and cooperative extension. Participants noted that while the meeting included diverse representation of professional stakeholders from across sectors, the meeting would have also benefited from the inclusion of the general public, including farmers, “stay-at-home mothers,” and seniors, among others.

Below is a summary of the forum discussion:

Community Background

Norway, Maine is located in Oxford County, approximately 30 miles east of the New Hampshire border and 45 miles north of Portland, Maine. As of the 2010 Census, the total population of Norway was 2,748, and the total population of Oxford County was 57,833.[1] Participants described that state policies around public health systems and infrastructure have had a strong impact on local health improvement efforts, noting that Maine has historically lacked a local public health infrastructure. The Kellogg and Robert Wood Johnson Foundations' Turning Point Initiative aimed to develop local and regional public health infrastructure, which included Healthy Maine Partnerships that were codified in statute around 2008. Participants described that recent efforts to restructure and further de-emphasize the state government's role in public health have threatened these gains, making the need to build and sustain community partnerships even more important.

Participants described some of the main priorities in the community, including retaining youth and working age adults, retaining business and industry, alleviating poverty, ensuring access to healthy foods, increasing access to transportation, and overcoming hopelessness and isolation. Participants also discussed the need to address adverse childhood experiences (e.g., abuse and neglect), poverty, and veterans' health. Participants discussed the importance of trauma prevention, and treatment and prevention of tobacco and opioid use. Participants explained that there is general agreement within communities about these health priorities; however, it is challenging to identify resources and apply effective strategies to address these issues.

Following the release of the 2010 County Health Rankings, which ranked Oxford County as the lowest county in the state, participants shared that community leaders realized "they had to come together" to align their efforts and improve health outcomes. In response, the OCWC was developed to become a "central hub" to facilitate the transformation of health and wellness in Oxford County.

In order to ensure that OCWC was well-integrated within the community, it was housed within Healthy Oxford Hills, an original Healthy Maine Partnership through the Turning Point Initiative that is associated with the MaineHealth regional health system. OCWC is also supported by four local philanthropic organizations. There are currently over 300 OCWC members who participate based on their interest and ability, and a steering committee of 15 members from within the county and region. Members of OCWC are multi-sector, with representation from the faith community, business, land trust and conservation, mental health services, trails association, non-profit organizations, arts community, public health, community development financial institutions, and youth development, among others. Participants described five workgroups within OCWC that focus on data-driven priority areas. These workgroups include:[2]

[1] United States Census Bureau. (2010). *QuickFacts for Oxford County, Maine*. Retrieved from https://www.census.gov/quickfacts/fact/table/oxfordcountymaine/POP010210#viewtop

[2] Oxford County Wellness Collaborative. (2017). *What are workgroups?*. Retrieved from https://www.ocwcmaine.org/what-are-workgroups

- Active Living, which promotes safe physical activity through the Oxford County Moves campaign and organizes regional active community conferences;
- Behavioral Health, which aims to improve understanding and reduce stigma around mental health and substance use. This workgroup supports mental health professionals by providing networking opportunities, and supports law enforcement by creating a resource guide for handling calls made to law enforcement related to behavioral health concerns;
- Community Safety, which supports prevention of violence and abuse. This workgroup also promotes recovery efforts by providing education to primary care providers about how to identify and understand adverse childhood experiences, and sponsors community showings of the film *Paper Tigers*, a film about the effects of adverse childhood experiences on high school students;
- Healthy Food, which aims to support a healthy food system and is engaged in strategic planning to prepare for collaborative funding opportunities; and
- Community Engagement, which aims to create processes for outreach and communication across the county to improve health and wellness through community gatherings and trainings.

> *"I had a doctor at one of the Restorative Community Trainings who was annoyed about having to do icebreakers, but she didn't realize that there are people who have never been heard. [It] shifted her whole mindset in her work and her role as a doctor."*

Community Assets

Participants identified several strengths within Oxford County and the broader region that are or could be leveraged to improve health and equity. These include the community's natural resources, leadership and creativity, and social networks.

Participants described that people in Oxford County take care of one another, especially in times of crisis and need. This bond was described as an asset that can be leveraged, and participants noted that these shared values bring people together to support individuals who are struggling. Participants noted that in rural communities, the formal safety net may be comprised of fewer organizations. This makes the informal connections, voluntary spirit, engagement, and actions of rural neighbors working together so critical. Further, participants expressed that people have "pride in place," a strong connection to the land and their communities, and community spirit. Participants said that this pride is evident during community events that bring people together, such as sporting events at the local schools.

Participants described access to natural resources and the physical environment as an important asset for recreation and economic development. For example, one OCWC panelist described the Oxford County Conservation Corps (OC3) program, a collaboration between the trail organization, University of Maine 4-H camp, and a local learning center. Realizing the barriers for high school students to obtain jobs and acquire skills, OC3 aims to provide leadership development opportunities for high school students through trail stewardship. Students participate in a one-week leadership program, followed by three weeks of work on a variety of trails, including ski trails, hiking and walking trails, and water trails. OC3 provides work experience and promotes community engagement, and students are paid for their work in the program. Access to natural resources in the Northeast is directly related to the tourism industry, which serves as a major component of the rural economy and was described as embedded within rural

community identity. Another participant expanded on the role of natural resources as an asset, noting that access to the natural environment "heals" and can improve mental health.

More generally, participants described unique rural assets that they felt created the potential to improve health and equity in rural communities. Specifically, participants noted that a lack of resources—particularly state public health resources and infrastructure—may help stimulate creativity in addressing health priorities in their communities. Further, participants expressed that expansive rural social networks, both formal and informal, are key to improving health and equity in rural communities because they facilitate communication and action.

Cross-Sector Partners

Throughout the meeting, participants discussed how they currently work together and collaborate when addressing community health issues, often out of necessity. Other participants expanded on this, stating that collaborations and partnerships are critical for success, because one organization cannot address every challenge. Participants agreed that community-level champions are essential, and that it is often a core group of leaders who are the most involved and engaged in rural communities. Further, participants described several benefits of working collaboratively across sectors, including the ability to share successes and efficiently use resources.

Grounded in their mission to "engage all community members" and "build strong relationships,[3]" members of OCWC described how they continually work to engage new partners to overcome community challenges. For example, one participant described that the Behavioral Health workgroup wanted to work with law enforcement offices to help prevent jail time and hospitalization for people experiencing mental health crises or addiction. Twenty-five law enforcement offices attended crisis intervention trainings throughout the county and adjacent counties over a year and a half. The Behavioral Health workgroup and their law enforcement partners continue to provide quarterly crisis intervention meetings, and are discussing opportunities to continue mental health crisis intervention efforts without external funding.

Participants noted that large employers engage as partners in improving health and equity through company-sponsored volunteer opportunities, financial support for community health initiatives, information sharing, and providing on-the-job training programs. Other participants expanded on this, highlighting that major employers are critical to the success of new initiatives. When employers are supportive of these efforts, the initiatives are able to reach a larger number of employees, families, friends, and other community members. However, some participants cautioned that businesses are frequently approached to sponsor community efforts in rural areas and may feel over-taxed; therefore, partnerships with employers should be strategic and purposeful.

[3] Oxford County Wellness Collaborative. (2017). Retrieved from https://www.ocwcmaine.org/

Finally, participants described local foundations as key partners in improving health and equity in their communities due to their shared commitment to serve and strengthen the area. Described as "place-based" funders, many local funders have been supporting population health initiatives for years and have extensive experience and a deep understanding of the local culture, history, priorities and challenges. Further, participants highlighted the collaborative approach local funders take in their initiatives, serving as community partners to their grantees. Participants shared that their partnerships with local funders have facilitated continuity in community health improvement efforts as the state of Maine shifts the focus of its public health system.

> *"The partnerships [OCWC] has with funders has been a delightful construct to the rest of my [community health work] … Finding those philanthropies with a shared perspective has been crucial for [OCWC], crucial to engaging in community building in a way we could not have done if they said, 'here's a pot of money for a year.'"*

Regional Reflections

Participants offered several suggestions for programs and strategies that would greatly benefit their community and region:

Collective Action. Participants reflected on how community level action works in rural communities, and how it can be leveraged to support collective and regional action. Participants explained that people convene around shared values, and can use data to guide conversations and serve as a starting point for action. One participant suggested using asset-based community development techniques, such as asset-mapping, to assess, communicate, and identify opportunities to leverage the collective strengths and capacities of the community in order to address issues. From there, participants expressed the importance of forming partnerships with clear goals and objectives that are committed to long-term, sustained change.

> *"All community organizing happens locally, but you can share the impact across broader regions."*

Youth Engagement. Participants expressed that, in order for rural communities to improve health and equity, youth must be engaged and encouraged to stay within the community. One participant described an initiative that engages students at the local technical school to help weatherize dilapidated houses by building new roofs, reconstructing windows and doors, and conducting other major home repairs using "green" construction materials. The participant noted that this effort is a "win-win" because it provides students with real world, on-the-job experience and increases housing quality for low-income families.

Learning Collaborative among Rural Communities. Participants suggested that opportunities to share ideas and lessons across regions could help improve health and equity in rural communities. One participant suggested forming a "network of partnerships" that connects collaboratives and coalitions from across regions to build broader networks that can inform programming, funding and policy decisions. Another participant recalled a positive experience connecting with rural communities on two RWJF national initiatives, Invest Health[4] and Spreading Community Accelerators through Learning and Evaluation (SCALE).[5] Further, Maine Health Access Foundation was highlighted as an example of a local

[4] Invest Health. (2017). *Strategies for healthier cities.* Retrieved from https://www.investhealth.org/

[5] Institute for Healthcare Improvement (2016). *SCALE 1.0.* Retrieved from https://www.100mlives.org/initiatives/

funder that facilitates trainings and sharing opportunities for grantees and community partners to engage on health improvement.

Empower Disenfranchised Populations. Participants talked extensively about the importance of reaching out and listening to people who have traditionally lacked power in community level decision-making – in particular, those who experience poverty and isolation - as a strategy to improve health and equity in rural communities. Specifically, participants called for the development of "structures that give voice and choices to people in positions that are generally powerless." For example, participants suggested the use of a "train-the-trainer" model for a mentorship program that connects mentors with disenfranchised populations.

Evaluation. Participants suggested that many of the traditional approaches to evaluating health improvement efforts may not work as well within a rural context due to smaller sample sizes. In order to understand the impacts of rural health initiatives and their efforts to create linkages among multi-sector partners and rural populations with diverse backgrounds, participants believed that qualitative data and storytelling should complement quantitative data. Additionally, participants discussed the importance of describing the relationships and partnerships that are formed during planning or pre-planning phases of programs, in addition to focusing on program outcomes.

Foster Cross-Sector Collaboration. Participants offered several potential strategies for community and regional stakeholders that could help foster and sustain cross-sector collaboration to address complex social and health issues, including:

- Using virtual meetings, when possible, or rotating meeting locations to address barriers to transportation;
- Developing short term objectives that align with long term goals so that partners can monitor progress; and
- Providing financial support to partners through a stipend or a contract to support collaborative work and partnerships.

Advocacy. Participants noted that increased advocacy efforts aimed at state and national decision-makers would benefit rural communities. Participants discussed that rural communities may feel they "have a smaller role to play in serving the community through advocacy," but that it is an important strategy to increase awareness for essential programs and build relationships with decision-makers. One participant from a state-wide organization supported this idea, describing how working with state legislators to provide outreach services for health insurance enrollment enabled state health department employees to utilize municipal office space in more remote areas to enroll residents in health insurance plans.

Recommendations for Funders. Participants also offered several recommendations for state and national funders to better serve and support rural communities:

- State and national funders could collaborate with regional and local funders to co-fund anchor organizations that have shared values.
- National funders could support efforts to collect data from different states and regions to learn about efforts to improve health and equity in rural communities, capturing unique community experiences

while collecting potential strategies that could inform efforts elsewhere. One participant, representing a regional funder, shared that "we have catalogues of things that are happening that would be worthy of national funding."

- National funders should work to ensure that grant funding is flexible enough to address locally identified priorities and solutions, even while maintaining consistency needed to support broader data collection and evaluation. Participants suggested that the development of regional advisory boards could help identify local and regional priorities to inform program strategies.
- National funders could consider alternatives to the local monetary match that is asked of state and regional funders and often creates barriers to pursuing new opportunities. Participants noted that state and regional funders may have been making investments in their communities for years, and that their ongoing support should be considered sufficient match even if monetary resources are not feasible. Other alternatives to monetary match requirements included support for pre-planning, relationship building, and community organizing efforts.

Key Takeaways

Forum participants were asked to complete a post-meeting reflection form to provide final thoughts or reflections from the topics discussed throughout the day. Of the 17 participants who completed the form, 16 noted that they met someone new during the meeting, and almost all reported that they identified new opportunities for collaboration.

Participants who completed the form identified 18 key partners that must be engaged to improve health and equity in the community or region. The most frequently cited partners were local government and policymakers, as well as community members who are impacted by policy decisions, businesses, schools (both school districts, educators, and higher education), hospitals, and faith leaders.

When asked to reflect on one action as a starting point to stimulate community action to improve health and equity, participants noted the need for additional group discussion, active listening, and advocacy in the community. Specifically, they described that it is important to listen to community members in order to learn about their needs and provide opportunities to support those needs. Additionally, participants stated that national funders and organizations could support efforts to better understand the unique challenges faced by rural communities, and consider funding learning initiatives across communities and innovative strategies to improve health and equity. Finally, participants reiterated that opportunities to meet with coalitions or groups from other rural communities would be beneficial to stimulate productive discussion and share ideas.