ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by The Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Oxford County, Maine, and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Oxford, but rather focuses on key insights, opportunities, and challenges as this community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, law enforcement, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with to include important organizations or perspectives not included in the original sample.

A total of 15 unique respondents were interviewed during spring 2018 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.”

Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.
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Introduction

Oxford County, Maine is a rural community facing many of the same challenges confronting rural communities across the United States and elsewhere in the world—geographic isolation and spread, economic decline, funding cuts, and increasing rates of obesity, chronic disease, addiction, and depression. But it is also a county that is using partnerships, integrated care delivery, and innovative finance models to tackle loneliness, social isolation, and childhood trauma—and the many physical and mental challenges that often accompany these issues. In this report, we examine Oxford County’s efforts to improve population health and build a more equitable community, using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems. Within these Areas, activities and investments can advance population health, well-being and equity in diverse community contexts. Using the Framework, we describe how Oxford County is making use of the many social, economic, and institutional assets it has to improve well-being in a climate of decreased state funding and continued economic challenges.
CONTEXTUAL CONDITIONS

Located in the western region of Maine, Oxford County is home to 57,439 residents, 96.5 percent of whom are white. The rural county boasts some of New England’s highest mountain peaks, the Sunday River, and one of the state’s largest ski resorts. The county is geographically spread out, ranging about 100 miles from north to south, with a population density of 27 people per square mile. The county’s largest towns (Rumford, Paris, Norway, Oxford, Fryeburg, Mexico and Bethel) do not exceed 6,000 persons.

Like many rural areas nationwide, Oxford County’s population is aging. Between 2015 and 2025, the proportion of the population between 75 and 84 years old, is projected to increase by 51 percent in Oxford County. Given the county’s large footprint, transportation is an important barrier to accessing services, particularly among the elderly or those without enough resources to purchase and maintain cars.

Historically, the manufacturing of wood products, paper, shoes, leather, and metalworking formed the base of Oxford County’s economy. The growth of manufacturing in Oxford County was in part the result of the 1851 expansion of the Atlantic St. Lawrence Railroad that ran from Portland, Maine, to Montreal, Canada. Oxford County developed its manufacturing and tourism industries by capitalizing on its location to Portland and Montreal. For many years, these industries (especially manufacturing) sustained the county’s economy.

Over the last three decades, due in part to the expansion of free international trade, some of these manufacturing companies have closed their Maine factories, including some in Oxford County. These closures resulted in a loss of 22,400 jobs statewide between 1998 and 2008. Although manufacturing remains a mainstay of the county’s economy, the economic base has shifted from manufacturing to other industries, such as tourism (e.g., with the Sunday River Ski Resort), health care, and education.

Poverty has become an increasing concern, with the percentage of Oxford County residents living in poverty increasing from 14.5 percent in 2012 to 16.7 percent in 2016, compared with 13.5 percent in 2016 for Maine. The percentage of children under 18 living in poverty also increased from nearly 20.2 percent in 2012 to 23.4 percent in 2016, compared to less than 18 percent in the state. Although 91.5 percent of Oxford County residents age 25 or older have a high school diploma, only 18.2 percent have a bachelor’s degree or higher, compared with more than 29 percent in the state.

There is also a high prevalence of mental and behavioral health issues. A 2016 health needs assessment identified drug and alcohol abuse; physical inactivity and poor nutrition; mental health; obesity; and diabetes as top health concerns for Oxford County residents. The percentage of adults at risk for heavy drinking was almost 7 percent in 2013, compared to just over 7 percent in the state and 6 percent in the nation. Nearly 10 percent of high school students report having taken a prescription drug not prescribed to them, or taking it differently than how a doctor told them to during their life, and almost 4 percent have used heroin at least once. The percentage of Oxford County residents diagnosed with depression was 22 percent in 2013, compared with 24 percent in Maine and 19 percent nationally.

Additionally, in 2018, 32 percent of the county’s residents were obese, compared with 29 percent in the state. Just over one-half of the population of Oxford County residents (53%) have access to locations for physical activity (measured as percentage of individuals in a county who live reasonably close to a location for physical activity), which is lower than the state (73%) and nation (83%). Residents also have limited access to public transportation, which sometimes leaves them geographically isolated. Oxford County has several state routes, but no major highways run through this region, potentially exacerbating problems traveling to distant health care and employment opportunities.

In the last 15 years, health coalitions and state legislators have worked to connect Oxford County residents and address these challenges through strategic partnerships and community engagement. Despite these improvements, Oxford County still faces several challenges, including continuing cuts to public health funding for prevention and health promotion.

COMMUNITY CAPACITY TO PROMOTE HEALTH, EQUITY, AND WELL-BEING

Oxford County is home to a robust set of nonprofit organizations and networks of organizations, and also draws upon resources from the business community. Below, we describe some of the groups that are most involved in promoting health and well-being.

Nonprofits provide services and connect partners. Several nonprofits play important roles in delivering needed services and serving as connectors or hubs for collaboration among stakeholders and organizations. For example, Healthy Oxford Hills, a coalition assembled in 2000 as one of 27 community health coalitions in the state (under the umbrella of the Healthy Maine Partnership), was established to support individuals and organizations concerned about the health of residents of the Oxford Hills community. Healthy Oxford Hills partners with a wide range of local and state organizations (government agencies, other nonprofits, for-profits) and is the administrative home of a second nonprofit, the Oxford County Wellness Collaborative (OCWC). OCWC is a county-wide volunteer network of organizations and individuals and was formed in 2011 in response to concerns that the 2010 County Health Rankings ranked Oxford County lowest of all Maine counties on health outcomes (length and quality of life) and health factors (behaviors; clinical care; social and economic factors; and physical environment). OCWC serves as a ‘connector’ that helps communities coalesce around key initiatives and brings disparate groups into concerted action.

Another collaborative, the Bethel Area Nonprofit Collective is a place-based collaborative of mostly nonprofit organizations and other community partners, such as municipalities and a few businesses. Directors of each organization meet quarterly to discuss how to collaborate around projects and ideas to benefit the community as a whole. The organization also provides workshops and training, builds awareness of different types of programming (e.g., after school programs), and helps individual organizations with board development, strategic planning, and other capacity-building efforts.
Health care providers linked with other partners. Health care is provided by a combination of for-profit and nonprofit entities and represents additional points of connection across organizations and stakeholders in the community. One important provider is Stephens Memorial Hospital, a 25-bed, full-service critical access hospital located in Norway, Maine. It is a member of MaineHealth, Maine’s largest integrated health system of providers and other health care organizations. The hospital has been actively involved in several aspects of population health and includes Healthy Oxford Hills as a department of the hospital. It also helps operate two school-based health centers based in the county.

Other organizations work to directly link health services with other community resources. For example, SeniorsPlus gives and receives referrals from other organizations, including health care organizations, protective services, and others. SeniorsPlus serves as the Aging and Disability Resource Center for Western Maine, including Oxford, Androscoggin, and Franklin Counties. It provides services to older adults, adults with disabilities, and caregivers in order to help them remain in their homes and communities, and as healthy and as independent as possible. Additionally, Oxford County Mental Health Services works actively with a number of community partners, providing embedded services and offering crisis intervention and Adverse Childhood Experiences (ACES) training in order to help stakeholders coalesce around a shared strategy and set of interventions for mental health. The organization—funded in part by membership dues, the Maine Department of Health and Human Services, and individual contributions—provides a wide range of services, including outpatient therapy and substance use treatment, medication management, behavioral health home services, home and community treatment, community integration services, and dialectical behavior therapy.

Financing groups help address resource gaps. Community Concepts (described above) also owns the Community Concepts Financial Corporation (CCFC), which is a 501(c)(3) (with a separate board of advisers) that serves as a liaison between community banks and residents/businesses unable to get credit through conventional lending. The model involves lending out banks’ money at slightly higher interest rates and then using the margin to provide technical assistance in setting up different aspects of a business/financial plan. CCFC works (under contract with Oxford County) with all 34 towns in the county in helping coordinate the efforts of banks, small business, individual towns, and a nonprofit to further economic development in the county.

Developing a Culture of Health

Oxford County has responded to the primary issues threatening resident health in several ways: shifting mindsets by mobilizing around root causes of health; reducing residents’ isolation through community partnerships and collaborations; integrating systems and services to sustain and expand health care options and promotion of well-being; and stimulating economic growth through community-focused collaborative models.

Mindset Shift: Mobilizing Around Root Causes

Rural poverty, economic hardship, and an aging population can contribute to isolation and a general decline of community engagement in the small towns of Oxford County. The OCWC has been at the center of efforts to reshape conversations about, and action around health.

The collaborative defines health in broad terms. According to one respondent, the organization defines community health as “personal physical health, environmental health, and economic health, and... that sweet spot where those overlap is where we try to keep our focus, which definitely includes emotional health and things like social connectedness...” The collaborative and its partners also eschew traditional “gap” and “deficit”-oriented thinking, common in public health. As a funding proposal notes, public health often thinks in terms of “health disparities,” “risk factors,” and “vulnerable populations,” which results in viewing people and communities “as a set of problems to be solved rather than as citizens co-creating communities that support wellness and belonging.” Instead, the collaborative and its partners take the view that “the ultimate source of health and well-being is social capital—the deep and layered associational ties within our communities and across our county;” which in turn, “empowers local identification of issues, ownership of interventions chosen, and mutual accountability to outcome measures.”

The collaborative’s work originally was focused around specific subject areas such as obesity and substance abuse. But over time, the group decided to focus on root causes that are important across most or all subject areas. After identifying seven such root causes, the collaborative decided to focus its attention on three: isolation, disconnectedness, and not feeling valued—issues that may be exacerbated by the geographic dispersion and economic troubles of the region. “We know isolation and disconnect perpetuates...
trauma, perpetuates poor health choices and perpetuates negative health outcomes,” said a respondent from the health sector. Various stakeholders are supporting programming that attends to basic needs and re-establishes foundations of community activity that have been impacted by economic downturn. Improved mental health is also a goal driving renewed community-building efforts. “It’s not a special pill or an intensive therapy program someone needs [in order] to … feel as though they matter,” noted a health sector respondent.

As one respondent noted, focusing on root causes is not just about identifying where to target investments and efforts. It also helps achieve a “unity of purpose” around organizations and actors with different agendas. This, in turn, helps promote broad inclusion of multiple partners without losing focus and coherency.

“We know isolation and disconnect perpetuates trauma, perpetuates poor health choices and perpetuates negative health outcomes.”
—HEALTH SECTOR RESPONDENT

COMMUNITY PARTNERSHIPS HELP REDUCE RESIDENTS’ ISOLATION
This root-cause-informed thinking and focus on mindset has also shaped how many in the county understand and address specific problem areas. For instance, under a grant from the Maine Health Access Foundation, the collaborative conducts outreach in the form of Healthy Community Gatherings, which are designed to “create a future for communities that is healthy, vibrant, and connected for all community members.” Specific goals include creating connection among organizations and community members; gathering information on which health issues are most important to people across the county; examining differences and similarities in themes across towns; and identifying a priority health issue. The meetings seek to identify what commitments to action participants are willing to make going forward. The collaborative is also exploring how they can offer a training in this approach to different agencies as part of onboarding for new staff. By end of 2014, OCWC had trained 83 hosts and held 60 Healthy Community Gatherings for a total of 665 attendees (252 unique attendees attending a total of 665 times).

Similarly, respondents report that examining root causes also led OCWC and Oxford County Mental Health Services to focus on promoting a mindset shift about substance abuse and recovery among key organizations and in the population at large. This includes: a) the idea of making whole communities ‘recovery ready;’ b) raising awareness of the impacts of childhood trauma and trauma related to the loss of community and purpose; c) fostering a “collective impact” approach that centers on building social capital, skill building around leadership and communication; and d) through the Restorative Community Trainings. As one health sector respondent noted, “The impact of more widespread awareness would mean more people entering into treatment and recovery in their own community, as well as there being a reduction of stigma, thus creating a recovery-ready community.”

As one example of this, Adverse Childhood Experiences training has been integrated into schools, Rotary Clubs, and chambers of commerce to raise awareness of the impact on long-term health impacts of childhood trauma. As one respondent noted, “It’s really turned into sort of a widespread county education focus, just really trying to get everyone across the county … whether it’s primary care, chambers of commerce or schools … understanding Adverse Childhood Experiences, what they are, the impact on the brain and development, and the impact on long-term health.” In addition, Oxford County Mental Health Services offers trainings for school staff, and students to foster a shift to a trauma-recovery model. Linking this to efforts to combat isolation, one health sector respondent noted that, “the nature of the ACEs resilience conversation tends to break down isolation and disconnection and tends to radically alter people not feeling valued because they usually have been judged and judge themselves as deficient and losers and all those other judgment terms rather than understanding.”

In the area of obesity, the OCWC has partnered with local schools and other organizations to implement the “5-2-1-0 Let’s Go” initiative, a public education campaign that promotes eating 5 fruits and vegetables per day, limiting recreational screen time to 2 hours per day, getting 1 hour or more of physical exercise per day, and limiting sugary drinks to 0. The county’s anti-obesity efforts also draw in broader factors, such as reducing isolation through community gardens. Many gardens are located at school sites, allowing them to be used by teachers to not only promote health eating habits, but also to incorporate farming concepts in courses on business.

“The impact of more widespread awareness would mean more people entering into treatment and recovery in their own community, as well as there being a reduction of stigma, thus creating a recovery-ready community.”
—HEALTH SECTOR RESPONDENT

Isolation is often a particular problem for the elderly, especially those who lack reliable transportation. SeniorsPlus partners with University of Maine Cooperative Extension programs for seniors that pair them with a buddy. Volunteers are coordinated through the University of Maine cooperative extension, obtain a stipend, and are reimbursed for mileage. The cooperative extension conducts background checks and provides trainings, while SeniorsPlus and the University recruit the volunteers and identify seniors who might benefit from the service. The two organizations work together to coordinate the program and supervise the volunteers.

INTEGRATING SYSTEMS AND SERVICES TO SUSTAIN/EXPAND HEALTH CARE OPTIONS
The combined challenge of substantially reduced or inconsistent funding, limited resources, and geographical sprawl have catalyzed a movement to forge partnerships that extend health services in parts of Oxford County. While somewhat localized, these collaborations...
demonstrate an integration of services that helps residents streamline their care and bring various stakeholders into alignment around goals for improving mental and physical health in the county.

As an illustration of the connections among organizations in the county, OCWC Oxford Hills operates as a department of Stephens Hospital, and the hospital acts as fiscal agent for all grants supporting OCWC’s work. Respondents cite this relationship as an example of “integration by necessity,” as it grew out of the hospital's decision to step in and help OCWC (and its sponsor, Healthy Oxford Hills) after the Healthy Maine Partnership was discontinued. Collaboration with various health care partners—which provide technical assistance, data analysis, and in-kind and direct financial support—also augments the overall capacity and stability of the OCWC. The collaboration is improving alignment of community and health care system population health efforts. The collaborative has continued to engage around subsequent reports from the County Health Rankings, and in 2013 engaged around a Community Health Needs Assessment required by the Affordable Care Act. Holding broad community engagements typically twice per year, the collaborative regards itself as a “backbone” organization and describes its Collective Impact framework as seeking to augment but not duplicate good work already being done by other organizations.

Stephens Hospital also runs in-school health clinics in two schools in the Oxford Hills School district, which includes eight towns representing approximately half of the population of Oxford County. One of the clinics is in the high school and another in the middle school. A Certified Pediatric Nurse Practitioner staffs the clinic 20 hours a week at each of the schools, and a physician from Western Maine Pediatrics is the program's Medical Advisor. The clinics are intended to work in conjunction with students’ primary care providers and currently enroll half of students at both the middle and high schools. The clinics provide medical support, prescriptions, physicals, other interventions, primarily for students from underinsured families.

The hospital stepped in this year after state funds were cut. One health sector respondent notes that this “talks a little bit [to] how strong a relationship we have.” This is one of several examples in Oxford County of economic pressures being the catalyst for deeper connections among key community partners. A similar partnership involving the education sector is one in which Oxford County Mental Health Services embeds clinicians in nine Oxford County schools, providing one-on-one therapy, behavioral health consultation support to the educators, and for some situations, group services. Specific program offerings and delivery methods are customized to the needs of the schools.

Other integration efforts in the area of mental health involve local law enforcement. For instance, in one partnership, the National Alliance for Mental Illness provides crisis intervention training to law enforcement personnel, and as of Spring 2018, this resulted in 25 officers trained in crisis intervention. In addition, there has been a recent expansion of ‘co-response’ mobile crisis team deployment. The team acts as triage on police calls to funnel more residents to behavioral health support, rather than hospital or jail, and seeks to reduce the number of unnecessary visits to hospital emergency departments.

To ensure coherent service provision through these partnerships, Community Concepts has sought to streamline and coordinate health and human services and separate funding streams by developing and implementing a universal intake process. A key part of this is a protocol used on all clients at intake that features a self-sufficiency matrix. This matrix has 10 domains, including transportation, health care and education. Clients identify where they are on a crisis-to-thrive scale. As a community development sector respondent notes, “if they have identified that they’re in crisis in one of those 10 domains, then we ought to be focused on that.” The goal, as noted by the respondent, “is to develop a collaborative that we can extend that presumptive eligibility and do warm hand-offs so people get what they need, not just what we have to offer.” Similarly, the organization uses a two-generation approach, where “if we’re serving children in Head Start, there’s a fair chance that the parents would need some services, and vice-versa.”

In many instances, these partnerships and practices have grown out of the need to find ways to offset cuts in state and other funding sources. One education sector respondent highlighted that the school district could not have introduced school-based health clinics or substance abuse counselors through tax revenue alone. But, as the respondent notes: “That’s where the diversity of the community and this being sort of a hub works well for us, because when we can’t do it, there are other agencies that tend to specialize in that; they provide it for us, often at little cost, if any.”

**COLLABORATIVE MODELS STIMULATE ECONOMIC GROWTH**

Oxford County has struggled to find a sustainable economic growth engine since manufacturing began to decline in prominence several decades ago, which contributed to the lack of sufficient tax revenue mentioned above. Thus, the county has sought resources beyond partnerships to financially sustain specific services to promote economic vitality more generally. This has involved strong ties between the nonprofit and business sectors and consistent dialogue between business leaders, town governments, and economic development organizations.

One key player in these efforts is the Community Concepts Finance Corporation (CCFC), a U.S. Treasury-certified community development financial institution that provides loans, financial services, and consulting on business opportunities. CCFC is designed to provide loans to those who do not have the credit worthiness to go through conventional channels; businesses that may have reached a limit with a bank or fallen on some hard times; or businesses and organizations that simply need a capital bridge. CCFC secures loans from commercial banks and lends
the money out at higher interest rates. The margin between the rate at which CCFC obtains the funds and lends them out is used to support 230 employees, who provide financial counseling and other forms of technical assistance to borrowers and to potential borrowers. According to one respondent, one of the most important things CCFC does is to persuade individuals and organizations to not pursue a loan, helping them instead set up sound accounting systems and business/marketing plans.

CCFC also provides financial counseling to those in financial distress, financial capability training classes and coaching, foreclosure counseling, and training to first-time home buyers. It has also recently been engaged by the Oxford County government to provide economic development services to all 34 towns, given that many small communities (some with 1,000–2,000 residents) lack the resources to hire their own economic development experts. CCFC also provides technical assistance in completing grant applications, Historical District designations, Community Development Block Grants, and taking advantage of tax financing structures. Some of the more notable projects that CCFC has been involved in include providing broadband internet to the region; rehabilitating the industrial park in Rumford to support liquid gas biogenic storage/loading facility (which increases fuel options in the region); and construction of a 60-room hotel in Rumford.

Like Community Concepts, CCFC is working to develop a universal intake model in which CCFC alerts clients to the potential availability of other services. It also engages existing clients (often through lunch-and-learns) to share more information about other services that may be available to them through Community Concepts, “because, if we’re talking to 10 or 12 people working at a small manufacturing company, their income may easily qualify for some of the other low-moderate income assistance programs that Community Concepts has.”

Broadly, CCFC seeks to depart from the nonprofit model to become a self-sustaining community-based resource. The goal at CCFC is to “create an organization that is large enough and sustainable enough that it can throw off a surplus to the parent corporation to help underwrite some of the work they do so they don’t have to have, or rely so much on, the federal and state government to provide the services we provide.” Currently, the organization has approximately $10 million in assets and is hoping to expand to $50 million.

**SUMMARY OF OXFORD COUNTY’S EFFORTS TO BUILD A CULTURE OF HEALTH**

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in Oxford County, evidence indicates that there is progress being made in several areas to enhance residents’ health and well-being. For example, Oxford has demonstrated a commitment to Making Health a Shared Value through its mobilization around root causes of health and its focus on combatting social isolation and promoting collective action for health and well-being. Through the county’s efforts to connect community leaders across health, mental health, and economic development, Oxford County is making great strides to Foster Cross-Sector Collaborations to Improve Well-Being. Relatedly, through the CCFC, Oxford County is working to embed economic equity issues in a broader discussion of health and community development, a key part of Building Healthier and More Equitable Communities. While more work is needed to Strengthen Integration of Health Services and Systems and to fully embed social drivers of health in those systems, the county’s work to integrate and expand health care options, through deeper partnerships with the schools and by streamlining human service provision through relationships with nonprofits and other partnerships, is an important start.
FACILITATORS TO A CULTURE OF HEALTH

Strong connections among organizations in the community. As noted above, many of the organizations have formalized connections with other organizations. An example is in the fact that Healthy Oxford Hills has evolved to become a part of Stephens Memorial Hospital, the presence of school-based health and mental health services, and so on. Several respondents talk in terms of “cross-fertilization” and “tentacles.”

Buy-in for broad definition of health and systemic approach to addressing it that involves looking at root causes. As noted above, several key organizations have bought into a broad definition of health that reaches far beyond clinical health care to focus on root causes such as social isolation and trauma. This broad definition has helped foster unity of effort among a diverse range of partners, each of whom can see multiple pathways for contributing to the community’s health and well-being.

Embracing new methods for addressing trauma, mental health issues. From this broadened way of viewing health has come the embracing and implementation of new methods for addressing mental health issues and linking them to outcomes. For instance, the school district, working with partners in both physical and mental health, has recognized the importance of health promotion in reducing student absences and promoting student achievement. Similarly, Community Concepts has implemented a universal intake model.

Creative funding models. Key members of the community have sought to move beyond the vagaries of government and philanthropic funding sources by exploring new models. Most notably, Community Concepts Financial Corporation runs a for-profit model to make loans and (importantly) provide technical assistance to a wide range of individuals and organizations that typically have limited access to loans due to lack of credit history or economic hardship, or are often restricted in accessing resources for starting businesses.

BARRIERS TO A CULTURE OF HEALTH

Continuing challenges of a geographically diffuse community. The physical distance between towns and individuals remains a continuing challenge to developing social capital and mobilizing individuals around shared goals and activities. Organizations like Community Concepts have provided work-arounds by enlisting cadres of drivers to help people without reliable access to transportation. But doing so is labor and resource-intensive.

Coordination among various actors remains a challenge. While the community has developed a number of organizational venues to promote coordination (e.g., the Bethel Area Nonprofit Collaborative), the fact remains that different organizations often come to the table with different goals and different funding sources. As noted above, root-cause thinking provides a promising approach for maintaining unity of effort, but the challenge remains.

Many nascent efforts are not sustainable due to lack of funding. Many of the organizations operate with small staffs and inconsistent sources of revenue, and in recent times the state has reduced investments in health promotion and prevention. As one respondent noted, “A lot of what we’re doing, it doesn’t have revenue attached. It’s more pro bono work, and the goodness of people in the community volunteering time and resources and committing outside of the normal work day to support the cause. Is that sustainable? No.” In other cases, efforts are funded by grants with limited lifespans.

Emerging Community Themes

There is growing support in Oxford County for a holistic approach to health that embraces collective action around upstream determinants of health, such as social isolation and exposure to trauma. There is also a growing awareness of the connections between the health of the community and nonhealth outcomes such as student achievement. The community, in turn, has developed a number of organizational partnerships—involving clinics, hospitals, schools, mental health, economic development agencies—that are helping to make this integrated and holistic vision of health a reality.

What’s Next

Oxford County has taken important steps toward a broader, more comprehensive view of health. It has also managed to sustain many of these efforts in the face of continuing economic stagnation and cuts in government funding. The community has responded to these funding pressures through a combination of increased integration and coordination across partner organizations, creative mechanisms for providing capital to organizations that normally do not have access to bank loans, and others. As such, the community may provide an example of how to use creative strategies to promote health and well-being under financially austere conditions. But a key challenge will be sustainability, which in turn, might depend on whether government funding cuts continue, whether there is continued community buy-in, and future trends in the region’s economy.
References