Piscataquis County

Maine Shared Community Health Needs Assessment Report

2025

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Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine.

The mission of the Maine Shared CHNA is to:

- Create shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

This is the fifth collaborative Maine Shared CHNA and the fourth conducted on a triennial basis. The Maine Shared CHNA began with the One Maine Collaborative, a partnership between MaineGeneral Health, MaineHealth, and Northern Light Health, which published its first community health assessment in 2010. Community Action Agencies (CAAs) have a long history of community needs assessments (CNA), most recently as a collective system conducting a statewide assessment in Maine. The Maine Community Action Partnership, which represents the CAAs in Maine, and the Maine Shared CHNA partners most recently joined together in recognition that the partners' missions cut across the multitude of factors that influence a person's health and well-being and the overlap in service areas, patient populations, and services and programs. Additionally, common elements run through each partner's federal and accreditation reporting requirements leading to efficiencies and effectiveness in conducting a health and well-being assessment.

This assessment cycle, the Maine Shared CHNA has continued its collection and analysis of data covering community conditions and social drivers of health, protective and risk factors, and health conditions and outcomes at the urban, county, state, and national level. This cycle saw expanded efforts to engage communities across Maine, conducting statewide focus groups with specific populations, county level focus groups, key informant interviews, and a statewide community survey. Both the quantitative and qualitative data were used to inform a health and well-being prioritization process held with stakeholders at 17 forums, one in each county and two in Cumberland County. The resulting priorities for Piscataquis County are outlined in the following report, along with a summary of related and contributing data, community engagement findings, and forum discussions. A more detailed explanation of the Maine Shared CHNA methodology can be found in Appendix 1.

Executive Summary

Piscataquis County Health and Well-Being Priorities

The following table includes the top health and well-being priorities identified by Piscataquis County stakeholder forum participants based on quantitative and qualitative data, and their own knowledge, expertise, and experience in the community. Those followed by "(ME)" indicate they are also state priorities. A complete list of results from the county stakeholder forum health and well-being prioritization process are listed in Appendix 2.

Community Conditions	Protective & Risk Factors	Health Conditions & Outcomes
Housing (ME)	Youth Mattering	Mental Health (ME)
Transportation (ME)	Adverse Childhood Experiences (ME)	Substance Use Related Injury & Death
Poverty (ME)	Illicit Drug Use	Multiple Chronic Conditions

In addition, the following are state priorities that were not selected by Piscataquis County:

Provider Availability Substance Use Nutrition Chronic Conditions

Next Steps

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Report Outline

This report is broken into three sections.

1. Data on Piscataquis County's select demographics, including socioeconomic indicators, race and ethnicity, age, and leading cause of death are presented to give a broad view of the make-up of people living in Piscataquis County and to provide context for which health and well-being conditions and outcomes may or may not prevail.
2. A section is devoted to discussing health equity and related terms and the Maine Shared CHNA's approach to community engagement.
3. The remainder of the report provides an in-depth discussion of each of the health and well-being priorities, grouped by the categories of community conditions, protective and risk factors, and health conditions and outcomes. Each discussion includes findings from the county focus group representing people with low-income, county specific results from the statewide community survey, summary discussions from the county stakeholder forum, and county specific quantitative data from the County Health Profile, as relevant and applicable.

Additional reports highlighting the results of the health and well-being assessment, including data profiles and community engagement overviews, as well as reports for each county and the state, are available online at www.mainechna.org.

Select Data

Demographics

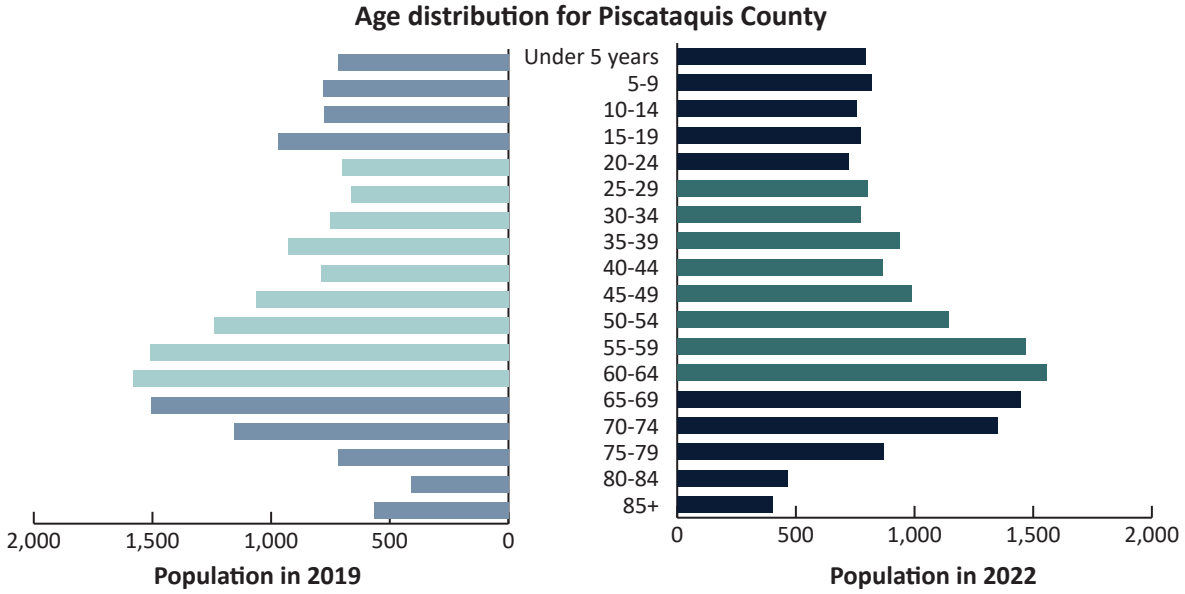
The following tables and chart show information about the population of Piscataquis County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

Piscataquis County Population	State of Maine Population
16,936	**1,366,949**

	Piscataquis	Maine
Median household income	**$51,805**	**$68,251**
Unemployment rate	**4.0%**	**3.1%**
Individuals living in poverty	**15.0%**	**10.9%**
Children living in poverty	**16.7%**	**13.4%**
65+ living alone	**28.6%**	**29.5%**

	Piscataquis County	
	Percent	Number
American Indian/Alaskan Native	**0.2%**	**26**
Asian	**0.6%**	**108**
Black/African American	**0.6%**	**105**
Native Hawaiian or other Pacific Islander	**0.0%**	**0**
Some other race	**1.5%**	**254**
Two or more races	**3.6%**	**618**
White	**93.4%**	**15,825**
Hispanic	**2.4%**	**414**
Non-Hispanic	**97.6%**	**16,522**

The chart below shows the shift in the age of the population between 2015-2019 and 2018-2022. As Maine's population grows older, there may be impacts on health care costs, caregivers, and workforce capacity, while on the other end, increases in children may cause impacts on child care availability and educational institutions.



Leading Causes of Death

When reviewing the top health and well-being priorities it is important to consider how they may fit into the leading causes of death for the county and Maine. In some instances, they may overlap, in others they may contribute to or cause a leading cause of death, and in others they may be distantly related. The priorities identified demonstrate the continuum of health and well-being and the impact of other factors, such as social, institutional, and community conditions, and protective and risk factors on health and well-being outcomes.

Leading Causes of Death, 2022

The following chart compares leading causes of death for the state of Maine and Piscataquis County.

Cause of Death	Maine	Piscataquis County
Heart disease	**27.2%**	**29.8%**
Cancer	**25.9%**	**27.9%**
Accidents	**10.5%**	**8.7%**
COVID 19	**6.0%**	**6.7%**
Cerebrovascular disease	**4.8%**	**5.3%**
Chronic liver disease and cirrhosis	**2.3%**	**4.8%**
Chronic lower respiratory disease	**6.8%**	**4.3%**
Diabetes	**4.6%**	**3.8%**
Alzheimer's disease	**4.1%**	**2.9%**
Nephritis, nephrotic syndrome & nephrosis	**1.8%**	**2.4%**
Parkinson's disease	**1.7%**	**1.4%**
Influenza & pneumonia	**2.1%**	**1.0%**
Suicide	**2.0%**	**1.0%**

Health Equity

Definitions

Healthy People 2030 defines **health equity** as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[i] In order to achieve health equity, actions must be taken to improve access to conditions that influence health and well-being, specifically for those who lack access or have worse health. This in turn should impact everyone's outcomes positively. "Equity" means focusing on those who have been excluded or marginalized.[ii]

Healthy People 2030 defines a **health disparity** as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systemically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or exclusion."[iii] Disparities in health and well-being are how progress is measured toward health equity and are the preventable differences in health and well-being.[iv]

Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age – the community-level factors – that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social drivers of health are sometimes used interchangeably with social determinants of health; however, "determinants" can be interpreted to suggest nothing can be done; that our health and well-being is determined. Whereas "drivers" reframes the conversation with a focus on health and demonstrate changes can be made to improve health and well-being outcomes.[v]

Health-related social needs (HRSNs) is another term often used. These are the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They refer to individual-level factors, such as financial instability, lack of access to healthy food, lack of access to housing, and lack of access to health care and social services, that put people at risk for worse health and well-being outcomes and increased health care use.[vi]

Health Equity and Community Engagement

The Maine Shared CHNA takes a broad approach to assessing health and well-being throughout the state. While we attempted to reach many populations in our assessment process who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We ultimately engaged directly with LGBTQ+ people, multigenerational black/African Americans, people with low-income, veterans, women, young adults, and youth through focus groups and several other populations and sectors through interviews. Additionally, we heard from a diverse audience through a statewide survey.

It should be noted the voices we heard in focus groups and interviews are not meant to be representative of their entire identified population or community. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. The totality of focus group participants also identify as: a Tribal member, older adults, non-English speaker, immigrant, asylee, migrant, Latino/Latine/Latinx, residents of rural, urban, and suburban areas, people with substance use disorder, people with mental health disorder, members of the disability community, people who are deaf or hard of hearing, people who are incarcerated or formerly incarcerated, people who are unhoused or experiencing homelessness, and caregivers.

Community Engagement Findings

The Maine Shared CHNA recognizes the findings of our assessment do not encompass all populations and communities in Maine, nor the diverse experiences of those within the populations and communities we have engaged with. Maine is a diverse state with approximately 51,696 people who identify as American Indian/Alaskan Native (6,722), Asian (15,071), Black/African American (21,775), or some other race (8,128). An additional 53,704 people identify as two or more races. The Maine Shared CHNA will continue to develop meaningful and transparent relationships with these populations and others, in an effort to continuously improve our assessment process and ultimately drive improvement in health and well-being outcomes. Additional information on the qualitative data process can be found in Appendix 1: Methodology and the complete community engagement findings can be found at www.mainechna.org.

Socioeconomic Empowerment

The Maine Shared CHNA recognizes the impact poverty and low incomes have on health and well-being. Community Action Agencies are funded through the Community Services Block Grant to administer support services that alleviate the causes and conditions of poverty in under resourced communities[vii] and identify those causes and conditions through the community needs assessment process. In an effort to reach this aim, the Maine Shared CHNA survey asked respondents to rate the top five items that are "very necessary" steps to help move people out of poverty and to a place of housing stability and financial stability. The table below represents the ratings for the county and Maine and when applicable, are referenced in each priority discussion.

Piscataquis County	Maine
1) Jobs that pay enough to support a living wage	1) Jobs that pay enough to support a living wage
2) Affordable and safe housing	2) Affordable and safe housing
3) Affordable & available health care	3) Mental health care and treatment
4) Mental health care and treatment	4) Affordable & available health care
5) Reduction in substance use (drugs, alcohol)	5) Affordable & quality childcare

Health and Well-Being Priorities

Section Overview

The following section contains the top health and well-being priorities for each category – community conditions, protective and risk factors, and health conditions and outcomes. The categories are derived from the Bay Area Regional Health Inequities Initiative (BARHII) framework. More information on the framework is in Appendix 1: Methodology.

Each priority contains a discussion of the related quantitative and qualitative data and stakeholder forum takeaways. Within each priority the following sections are also included, as applicable:

Socioeconomic Empowerment

- This provides the step or steps rated by Maine Shared CHNA survey respondents that help move a person from poverty to stability that relate to the priority. The complete list of the top five rated steps is outlined in the health equity section of this report.

Populations and Communities

- This includes populations and communities impacted by the priority as identified in a pre-forum survey and at the forum.

Community Resources

- This includes a list of assets and resources to address the priority as identified in a pre-forum survey and at the forum.

Crosscutting Priorities

- This section includes a list of the other health and well-being priorities for Piscataquis County that are related or connected to the priority of discussion. Readers are encouraged to reference these to gain more insight into the interconnectivity of the priorities and overall health and well-being.

Piscataquis County Strengths

The Maine Shared CHNA survey asked respondents to identify the top five strengths of their communities. For Piscataquis County, respondents highlighted:

- Low crime;
- Safe neighborhoods;
- Safe opportunities to be active outside;
- Locally owned businesses; and
- Strong sense of community.

People living in Piscataquis County have a positive outlook on their health and well-being – 62.1% of survey respondents rate their own physical health as good or excellent and 66.4% say their mental health is good or excellent.

Community Conditions

Community conditions include the physical environment (environmental exposures, housing, transportation, etc.), economic and work environment (employment, income, etc.), social environment (discrimination, crime, community safety, etc.), and service environment (health care and social service access, education, etc.). Social drivers of health (SDOH), which are the policies, systems, structures, life experiences, and social supports that influence a person's health, most often fit into the context of community conditions. The following section outlines the top community conditions priorities for Piscataquis County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Piscataquis County Community Conditions		
Housing	Transportation	Poverty

Housing

Housing was the top priority for the community conditions category for Piscataquis County. For the purposes of the prioritization process, housing includes such topics as housing availability and affordability, costs associated with home ownership or renting, and costs of utilities.

Assessment Findings

In the Piscataquis County focus group, participants said:

"The electric bill just keeps going up and up. Same with food and housing. Our salaries are not keeping up. Everything is becoming unaffordable. My electric bill is $600, and I do not have that."

"I think houses are in really poor condition, like falling down. The town has bought some but doesn't have the money to do anything with them."

Data shows in Piscataquis County 11% of households spend more than 50% of their income toward housing (2018-2022), significantly better than the U.S. (14.1%) and the median gross rent is $792 (2018-2022), significantly worse than 2015-2019 ($618), but significantly better than Maine ($1,009) and the U.S. ($1,268).

Piscataquis County stakeholder forum participants echoed focus group participants noting the age of the housing stock in the region – a perennial problem exacerbated by high rates of poverty that prevent many people from doing timely repairs and an aging population with few resources to make repairs, specifically aging women. Only 5.6% of housing in Piscataquis County has been built since 2010, with over half (58.9%) built before 1979.

In the Maine Shared CHNA survey, 63.1% of survey respondents said "housing needs" negatively impact them, a loved one, and/or a community member. When asked about specific housing

needs, several impacted people personally, a loved one, and their community, most notably "housing costs" and "costs of utilities." Additional areas are detailed in Table 1: Housing Needs.

Forum participants also discussed a significant housing shortage since the COVID-19 pandemic with concurrent increases in short term rentals resulting in a loss of housing and inflated rental rates for those units that are left. In 2022, 1.1% of housing units were vacant and for rent or sale, while 52.2% of housing was occupied (2018-2022). Piscataquis County had significantly fewer total housing units during the most recent period of 2018-2022 (14,655) compared to 2015-2019 (15,463).

Forum participants highlighted the Maine Highlands Integrated Response Network (MHIRN) which is collaborating with many stakeholders including Penquis and municipalities to identify options and potential funding opportunities to address housing.

Table 1: Housing Needs, 2024

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs	44.4%	40.0%	77.8%	0.0%	5.6%	0.0%
Availability of affordable, quality homes/rentals	28.9%	32.2%	81.1%	1.1%	4.4%	1.1%
Availability of affordable, quality housing for older adults or those with special needs	16.7%	25.6%	77.8%	1.1%	11.1%	1.1%
Issues associated with home ownership or renting	35.6%	34.4%	72.2%	0.0%	7.8%	3.3%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	20.0%	25.6%	66.7%	5.6%	16.7%	4.4%
Homelessness or availability of shelter beds	2.2%	10.0%	58.9%	6.7%	25.6%	5.6%
Cost of utilities	52.2%	43.3%	80.0%	0.0%	1.1%	0.0%
Costs associated with weatherization	41.1%	31.1%	73.3%	4.4%	6.7%	3.3%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of poverty and to a place of stability, "affordable and safe housing" was rated number two by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Housing

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For housing, respondents cited: older adults, people who are underemployed or unemployed, landlords, contractors, construction workers, adults, older adults, teens, young adults, and children.

Community Resources to Address Housing

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For housing, respondents identified:

- Maine Highlands Integrated Response Network
- Penquis

Crosscutting Priorities

Poverty

Transportation

Transportation was the second priority for the community conditions category for Piscataquis County. For the purposes of the prioritization process, transportation includes such topics as access to transportation, availability of public transportation, and transportation that meets a variety of needs.

Assessment Findings

In the Piscataquis County focus group, "transportation" and "long drive times to see providers" were top themes. In Piscataquis County 34.3% of people have a commute greater than 30 minutes of driving alone (2018-2022) and 6.1% of households do not have a vehicle (2018-2022).

In the Maine Shared CHNA survey, 62.2% of respondents said "transportation" negatively impacts them, a loved one, and/or their community. When asked about specific transportation issues,

- "availability of public transportation," (84.1%),
- "access to transportation" (81.7%), and
- "availability of transportation that meets a variety of specific needs," (79.3%) negatively impacted respondents' community.

Piscataquis County stakeholder forum participants discussed the size of the region which does not lend itself to economies of scale to have even small passenger buses running to transport people. Forum participants noted that Penquis partners closely with and has expanded LYNX options for people including evenings and weekends. However, it was noted the State of Maine has selected one vendor for medical transport, which threatens the entire transportation system.

"Costs associated with owning and maintaining a vehicle" also negatively impacted community (75.6%), along with loved ones (41.5%) and respondents (53.7%). Forum participants discussed the lack of state vehicle and licensing services, which means residents must go online (broadband may be available but not affordable) or travel to Bangor, a DMV, or the Career Center. The Maine Department of Health and Human Services does come one day a month to Dover-Foxcroft. Forum participants noted that many vehicles are old and in poor condition and many people lack the money to repair them. Costs were also noted as barriers to obtaining a driver's license and insurance to maintain vehicle registration.

Stakeholder participants discussed the impact of the stigma associated with poverty and isolationism that Piscataquis County has experienced for decades, with reports of elected leaders expressing opinions that residents "like to live this way," when people have just learned to live "without" basic needs and refer to their region as the "forgotten county."

Forum participants did highlight Helping Hands, which in partnership with Penquis, is working on transportation options and Eastern Maine Development Corporation has a contract to fund new transportation alternatives.

Populations and Communities Impacted by Transportation

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For transportation, respondents cited: older adults, people who are underemployed or unemployed, adults, people with disabilities, teens, and young adults, and the ALICE (Asset Limited, Income Constrained, Employed) population.

Community Resources to Address Transportation

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For transportation, respondents identified:

- LYNX
- MaineCare medical transportation
- Penquis

Crosscutting Priorities

Poverty

Poverty

Poverty was the third priority for the community conditions category for Piscataquis County. For the purposes of the prioritization process, poverty includes such topics as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, and ALICE (Asset Limited, Income Constrained, Employed) thresholds.

Assessment Findings

In the Piscataquis County focus group, topics related to poverty were discussed:

"The electric bill just keeps going up and up. Same with food and housing. Our salaries are not keeping up. Everything is becoming unaffordable. My electric bill is $600, and I do not have that."

"A lot of people drive to work in Bangor to get jobs with [health] insurance."

Piscataquis County stakeholder forum participants report many residents are playing a game of balancing and catch-up with scarce resources to spread around sufficiently and there isn't enough funding or a large enough support workforce to help meet the needs. Forum participants also noted there is a lack of well-paying job opportunities and when jobs do exist, there is a lack of transportation to get to work. In 2023, 4% of people in Piscataquis County were unemployed and the median household income was $51,805 (2018-2022), significantly better than 2015-2019 ($40,890), but significantly worse than Maine ($68,251) and the U.S. ($75,149).

In the Maine Shared CHNA survey "low incomes and poverty" was the top social concern negatively impacting the community and "employment opportunities" was number four. Also in the survey, 79.8% of respondents said "economic needs" negatively impact them, a loved one, and/or their community. When asked about specific economic needs, the following negatively impacted communities:

- 81.4% said "availability of jobs and employment opportunities."
- 70.1% said "availability of high-speed internet."
- 70.1% said "availability of quality, affordable childcare."
- 66% said ability to contribute to savings, retirement" which also impacted loved ones (40.2%), and respondents themselves (57.7%).

Related to these needs, in Piscataquis County 80.8% of households have a broadband subscription (2018-2022), significantly better than 2015-2019 (68.9%), but significantly worse than Maine (87.3%) and the U.S. (88.3%). In 2023, 83.6% of children were served in publicly funded state and local preschools and there were 10 child care centers (2024). Noting the lack of child care in the Piscataquis County focus group, one participant said:

"I've seen people on Facebook asking for child care. I think grandmas take care of a lot of kids while mom works.."

Forum participants discussed generational poverty and a mentality of giving up or becoming desensitized when consistently faced with barriers and daily life struggles. There is a lack of opportunities to build yourself up, which is detrimental to helping people get out of poverty. Communities also vary in ways they are trying to help raise youth and fill in gaps in their upbringing – they often experience a limited world view beyond their community and a learned lack of aspirations. Forum participants also noted a sense of low community pride and political leaders who don't appear to support the community.

Forum participants discussed the poor quality of health in Piscataquis County, which may stem from the multiple hardships families struggle with, made more complex since the merger of Northern Light Health and the Mayo Hospital. Forum participants believe this has resulted in reduced services and long wait lists, further complicated by provider attrition. Data shows in Piscataquis County 18.7% of people rate their own health as fair or poor, significantly worse than Maine (15.3%, 2019-2021), whereas 38% of the Maine Shared CHNA survey respondents rated their own health as fair or poor.

Forum participants would like to see more mentors for youth and youth role models, more well-paying jobs and opportunities to build yourself up out of poverty, better transportation, and investments and support from political leaders.

In Piscataquis County,

- 15% of individuals live in poverty, significantly worse than Maine (10.9%) and the U.S. (12.5%, 2018-2022).
- 7.6% of families live below the federal poverty level (2018-2022).
- 16.7% of children live in poverty (2018-2022).
- 31.6% of households live above the federal poverty level but below the Asset Limited, Income Constrained, Employed (ALICE) threshold of financial survival (2022). The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy.
- 18% of people were asset poor, meaning they lack sufficient net worth to live without income at or above the federal poverty level for three months (2021).

The Piscataquis County community is working to address poverty, as noted by forum participants. Helping Hands and their members have supported all residents in poverty since 2012 with the Unmet Needs Fund to support emergency needs. The Maine Highlands Integrated Resource Network helps triage and maximize resources that come into the region and partners with Penquis to increase investment in the area. The Maine Highlands Working Communities Challenge (MHWCC) has supported the school districts to create evidence-informed mentoring initiatives and has developed youth advisory teams within the school districts and communities. MHWCC also facilitates meetings with town managers to encourage partnership and collaboration.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people from a place of poverty to stability, Maine Shared CHNA survey respondents rated "jobs that pay enough to support a living wage" as number one.

Populations and Communities Impacted by Poverty

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For poverty, respondents cited: older adults, people who are underemployed and unemployed, children, youth, and teens.

Community Resources to Address Poverty

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For poverty, respondents identified:

- Department of Health and Human Services' Penquis office
- Helping Hands with Heart
- Northern Light Mayo Hospital
- Penquis

Crosscutting Priorities

Adverse Childhood Experiences **Illicit Drug Use** **Youth Mattering**

Protective & Risk Factors

Protective and risk factors are aspects of a person or environment that make it less likely (protective) or more likely (risk) that someone will achieve a desired outcome or experience a given problem. The more protective factors a person experiences, the more likely they are to have positive health and well-being outcomes, whereas the more risk factors, the greater the likelihood of experiencing negative health and well-being outcomes. Protective and risk factors can occur at both the individual and the environmental level, often overlapping with topics that fall within community conditions. The following section outlines the top protective and risk factor priorities for Piscataquis County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Piscataquis County Protective & Risk Factors		
Youth Mattering	Adverse Childhood Experiences	Illicit Drug Use

Youth Mattering

Youth mattering was the top priority for the protective and risk factors category for Piscataquis County. For the purposes of the prioritization process, youth mattering includes such topics as positive role models and community connections.

Assessment Findings

In the Maine Shared CHNA survey, respondents listed community strengths related to youth mattering as “low crime,” “safe neighborhoods,” “safe opportunities to be active outside,” and “strong sense of community.” One Piscataquis County focus group participant noted the sense of community:

“… I think grandmas take care of a lot of kids while mom works.”

“Mental health issues” were listed as number three of five social concerns negatively impacting the community by Maine Share CHNA survey respondents and 73.6% said “mental health needs” negatively impact them, a loved one, and/or their community. Of those, half (55.3%) and one-quarter (28.7%) said “youth mental health” negatively impacts their community and a loved one, respectively. In the Piscataquis County focus group “mental health services for youth and adults” was a top theme. As of 2021, 23.2% of high school students in Piscataquis County had at least four of nine adverse childhood experiences.

Of the 72.8% of Maine Shared CHNA survey respondents that said “substance use” negatively impacts them, a loved one, and/or their community, 78.2% said “youth substance use” negatively impacts their community. Of the 49.1% of survey respondents that said, “public safety needs” negatively impact them, a loved one, and/or their community, specific negative impacts on the community include:

- "violence between people" (65%),
- "racism" (42.5%), and
- "discrimination based on race, ethnicity, gender, LGBTQIA2S+, age, ability, etc." (53.8%).

In Piscataquis County,

- 22.1% of high school students reported bullying on school property and 15.4% had been electronically bullied (2019).
- 60.8% of middle school students reported bullying on school property, significantly worse than Maine (48.6%, 2023) and 46.3% had been electronically bullied, also significantly worse than Maine (35.1%).

Participants at the Piscataquis County stakeholder forum discussed root causes and contributing factors to youth mattering. Substance use was a predominate theme, particularly alcohol use and illicit drug use by parents. Poverty and parental education levels negatively impact youth in the area. There is a lack of transportation to access activities and resources, as well as a lack of internet. The YMCA recently closed, resulting in a loss of afterschool middle-level program and their youth activities. Youth are also impacted by chronic stigma. Forum participants note youth were beginning to show signs of improvements in mattering but were stalled by the pandemic and are still experiencing those negative impacts.

Forum participants noted several assets to address youth mattering, including community action teams in the schools that meet with groups of students; weekly Piscataquis specific programs in every school that offer resources and supports for at-risk or struggling youth; the Youth Summit which helps to engage youth and make them feel valued; high school students who mentor young students; and after school buses that provide transportation for families to get to events.

Populations and Communities Impacted by Youth Mattering

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For youth mattering, respondents cited: youth, teens, children, young adults, and LGBTQIA2S+.

Community Resources to Address Youth Mattering

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For youth mattering, respondents identified:

- Camp Jordan YMCA
- Center Theater
- Community Colleges
- Helping Hands with Heart
- Recreation Department

Crosscutting Priorities

Transportation **Poverty** **Substance Use Related Injury & Death**

Adverse Childhood Experiences **Mental Health**

Adverse Childhood Experiences

Adverse childhood experiences was the second priority for the protective and risk factors category for Piscataquis County. ACEs are potentially traumatic events that occur in childhood, such as experiencing abuse or neglect; witnessing violence; or the death of a family member by suicide and aspects of a child's environment, such as substance use, mental health problems, and instability in the home due to parental separation or an incarcerated family member.[viii]

Assessment Findings

In Piscataquis County,

- 23.2% of high school students in Piscataquis County had at least four of nine adverse childhood experiences (2021).
- 37% of high school students reported being sad/hopeless for two weeks in a row and 18.9% had seriously considered suicide (2019).
- 39.7% of middle school students reported being sad/hopeless for two weeks in a row, significantly worse than 2019 (30%) and 28.7% had seriously considered suicide (2023).

In the Maine Shared CHNA survey, three of the five top social concerns that negatively impact the community could be associated with ACEs – low incomes and poverty, substance use, and mental health issues. Approximately three-quarters of survey respondents said economic needs (79.8%), mental health needs (73.6%), and substance use (72.8%), potential root causes of ACEs, impact them, a loved one, and/or their community. Of those who said mental health needs, half (55.3%) and one-quarter (28.7%) said "youth mental health" negatively impacts their community and a loved one, respectively. In the Piscataquis County focus group "mental health services for youth and adults" was a top theme.

Participants at the Piscataquis County stakeholder forum discussed the root causes and contributing factors to adverse childhood experiences. Substance use was a predominate theme, particularly alcohol use and illicit drug use by parents. Poverty and parental education levels were discussed as negatively impacting youth in the area. There is also a lack of role models for youth, specifically adult role models who have seen success and overcome issues. This may be exacerbated by generational adverse childhood experiences, with ACEs impacted adult and aging populations, and a lack of focus on parents mattering, so they can be better supported in parenting and behavior modeling. There is a lack of transportation to access activities and resources, as well as a lack of internet in the region. Youth are also impacted by chronic stigma.

Forum participants noted several assets to address adverse childhood experiences, including community action teams in the schools that meet with groups of students; weekly Piscataquis specific programs in every school that offer resources and support for at-risk or struggling youth; and the Youth Summit which helps to engage youth and make them feel valued. Participants would like to see more transportation for youth to enable them to engage in activities in other towns; transportation is currently non-existent due to the size of the region and associated costs.

Populations and Communities Impacted by Adverse Childhood Experiences

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For ACEs, respondents cited: children, youth, teens, young adults, and adults.

Community Resources to Address Adverse Childhood Experiences

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For ACEs, respondents identified:

- Camp Jordan YMCA
- Center Theater
- Central Hall Commons
- Dover Free Library, specifically the Baby and Me Program
- Guildford Recovery Center
- Guilford Café – Cross Café after-school program
- Helping Hands with Heart, specifically the BUNDLE initiative in partnership with HOME United Way
- Jim Robinson Field House and Ice Rink
- Northern Light Mayo Hospital and primary care practices, specifically to support new babies and parents post birth.
- Parks and Recreation Departments
- Penquis, specifically programs for expectant mothers
- School programs, clubs, and sports
- Thompson Free Library
- United Way

Crosscutting Priorities

Transportation **Mental Health** **Youth Mattering**

Illicit Drug Use **Poverty** **Substance Use Related Injury & Death**

Illicit Drug Use

Illicit drug use was the third priority for the protective and risk factors category for Piscataquis County.

Assessment Findings

- In the Piscataquis County focus group, “substance misuse” was a top theme. One participant noted:

“Rural Maine has a drug issue and yet we have no access to alternative forms of treatment and pain management. I have arthritis in my joints. I go in [to my doctor] and all I get is let’s give you more drugs. I want acupuncture or alternative treatments.”

As of 2020, there were 10.9 narcotic doses dispensed per 1,000 people by retail pharmacies in Piscataquis County.

In the Maine Shared CHNA survey, "substance use," which includes illicit drug use, was listed as the second of five top social concerns negatively impacting the community and 72.8% of respondents said "substance use" negatively impacts them, a loved one, and/or their community. When asked about specific substances, 81.6% said "opioid misuse" and 78.2% said "other illicit drug use" negatively impact their community.

Piscataquis County forum participants note that substance use is endemic throughout the entire population. In Piscataquis County,

- There were 101 overdose deaths for every 100,000 people (2023).
- There were 49.7 drug-induced deaths for every 100,000 people (2018-2022).
- 3.2% of high school students had misused prescription drugs in the past 30 days (2019).
- 5.4% of middle school students had misused prescription drugs in the past 30 days (2023).
- 1.7% of high school students had used illicit drugs in their lifetime, significantly better than Maine (3.6%, 2024).

At the Piscataquis County forum, participants noted community conditions such as poverty, homelessness, unemployment, and lack of transportation as impacting illicit drug use. They discussed a lack of resources to address and support people with substance use disorder, and for those that do exist a lack of support to navigate those resources. People who receive treatment may also return to the same environment in their recovery, potentially enabling them to use again. Helping Hands with Heart is working with Northern Light Mayo Hospital to expand medication assisted treatment (MAT) options. The Piscataquis County jail also provides MAT to the incarcerated beginning at the moment of entry. Despite these options, the majority of people still need to travel to Bangor for treatment, daily, weekly or monthly.

Forum participants also noted generational concerns and patterns of substance use and a lack of assistance for parents to access education on substance use prevention. Some youth are in need of treatment and recovery services and few schools have recovery support groups for youth.

Forum participants note the region's collective focus on illicit drug use, and substance use in general, is a tremendous asset, including the involvement of all the school districts.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move someone out of poverty and to a place of stability, "reduction in substance use" was rated number five by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Illicit Drug Use

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For illicit drug use, respondents cited: adults, young adults, older adults, teens, and people with substance use disorder.

Community Resources to Address Illicit Drug Use

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For illicit drug use, respondents identified:

- Bangor Public Health, specifically their Narcan program
- Courage LIVES (addressing overdoses and human trafficking)
- Juvenile Justice
- Law enforcement
- Milo and Greenville suboxone programs
- Northern Light Mayo Community Outreach – Positive Action Teams
- OPTIONS
- Penobscot Community Health Center/Hope House
- Penquis, specifically their SAY (Substance Affected Youth) Program
- Recovery Wellness Initiative Community Center

Crosscutting Priorities

Transportation **Housing** **Poverty** **Substance Use Related Injury & Death**

Health Conditions & Outcomes

Health conditions and outcomes are the state of a person's health and well-being either as a current disease state, one that has been experienced, or the category of injury and death. These are at the downstream of the Bay Area Regional Health Inequities Initiative (BARHII) continuum (Appendix 1) and those that we ultimately hope to reduce and/or prevent through earlier changes in policies and systems, programs, and interventions at the upper stream levels. The following section outlines the top health conditions and outcomes priorities for Piscataquis County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Piscataquis County Health Conditions & Outcomes		
Mental Health	**Substance Use Related Injury & Death**	**Multiple Chronic Conditions**

Mental Health

Mental health was the top priority for the health conditions and outcomes category for Piscataquis County. For the purposes of the prioritization process, mental health includes such topics as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, and post-partum depression.

Assessment Findings

IIn the Piscataquis County focus group "mental health services for youth and adults" was a top theme. In the Maine Shared CHNA survey, respondents said "mental health issues" were the third of five social concerns negatively impacting their community and 73.6% said "mental health needs" negatively impact them, a loved one, and/or their community. When asked about specific mental health needs (see Table 2: Mental Health Needs), several topics impacted respondents, their loved ones, and their community, including "anxiety or panic disorder," "depression," and "general stress of day-to-day life." In Piscataquis County, 8.2% of adults have current symptoms of depression and 24.1% report depression in their lifetime, while 21.9% of adults have had anxiety in their lifetime (2019-2021).

Over half of Maine Shared CHNA survey respondents said isolation negatively impacts their community. This was reiterated in the stakeholder forum noting Piscataquis County's designation as a "Frontier County" meaning there are fewer than six residents per square mile and resulting in social isolation and challenges accessing and delivering services. Isolation may be further exacerbated by the lack of broadband subscriptions – while access exists, the monthly subscription is often beyond the means of residents. There have been significant increases in the number of households in Piscataquis County who have broadband subscriptions from 2015-2019 (68.9%) to 2018-2022 (80.8%); however, there are significantly fewer households with broadband subscriptions compared to Maine (87.3%) and the U.S. (88.3%).

The impacts of the COVID-19 pandemic continue to be felt in the region resulting in factors that may lead to or make mental health outcomes worse – domestic violence, substance use, food insecurity, homelessness, isolation, and school absenteeism. Forum participants noted schools in the region did benefit from funding through the Every Student Succeeds Act (ESSA) and the American Rescue Plan Act (ARPA) which allowed for the hiring of additional mental health personnel and expanded contracts for mental health services. Unfortunately, these funds have expired resulting in funding cliffs and the loss of staff and services.

Forum participants also note the incredible stigma in the area and the negative reputation of Piscataquis County as being impoverished. This results in negative mental health outcomes and presents a challenge for people who are trying to overcome any real or perceived adversity. Forum participants noted youth in the region don't feel they matter, and young people have high adverse childhood experience scores. As of 2021, 23.2% of high school students had at least four of the nine adverse childhood experiences.

When asked to rate their own mental health, 66.4% of Maine Shared CHNA survey respondents said, "good or excellent" and 39.7% of respondents said they or a loved one could not or chose not to get mental health care in the past year. They cited "long wait times to see a provider," "had health insurance, could not afford care," and "did not feel comfortable seeking help" as reasons why. In Piscataquis County there are 440 people for every mental health provider (2024) and as of 2018-2022, 10.5% of people were uninsured, significantly worse than Maine (7.1%).

Table 2: Mental Health, 2024	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Anxiety or panic disorder	55.3%	59.6%	46.8%	3.2%	7.4%	1.1%
Depression	45.7%	58.5%	54.3%	2.1%	2.1%	4.3%
Bipolar disorder	11.7%	29.8%	37.2%	6.4%	22.3%	11.7%
Trauma or post-traumatic stress disorder (PTSD)	39.4%	38.3%	47.9%	3.2%	10.6%	6.4%
General stress of day-to-day life	66.0%	50.0%	52.1%	1.1%	3.2%	4.3%
Social isolation or loneliness	30.9%	38.3%	53.2%	5.3%	7.4%	5.3%
Stigma associated with seeking care for mental health or substance use disorders	19.1%	25.5%	57.4%	9.6%	14.9%	6.4%
Suicidal thoughts and/or behaviors	11.7%	24.5%	50.0%	5.3%	21.3%	13.8%
Youth mental health	11.7%	28.7%	55.3%	7.4%	11.7%	6.4%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of a place of poverty and to a place of stability, "mental health care and treatment" was rated number four by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Mental Health

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For mental health, respondents cited: youth, youth in foster care and kinship care, young adults, older populations, people with low income, and those who are underemployed or unemployed.

Community Resources to Address Mental Heath

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For mental health, respondents identified:

- Eastern Area Agency on Aging
- Helping Hands with Heart
- Maine Department of Health and Human Services, including the Office of Family Independence, Maine Center for Disease Control and Prevention, and the Office of Child and Family Services
- Medical providers and counseling services
- Northern Light Mayo Hospital
- Partners for Peace
- Penquis
- Wings

Crosscutting Priorities

Adverse Childhood Experiences **Poverty** **Youth Mattering**

Substance Use Related Injury & Death

Substance use related injury and death was the second priority for the health conditions and outcomes category for Piscataquis County. For the purposes of the prioritization process, substance use related injury and death includes such topics as drug affected infant reports, overdose, and opiate poisoning.

Assessment Findings

In the Piscataquis County focus group, "substance misuse" was a top theme. One focus group participant said:

> **"Rural Maine has a drug issue and yet we have no access to alternative forms of treatment and pain management. I have arthritis in my joints. I go in [to my doctor] and all I get is let's give you more drugs. I want acupuncture or alternative treatments."**

In the Maine Shared CHNA statewide survey, "substance use" was listed as the second of five top social concerns negatively impacting the community and 72.8% of respondents said "substance use" negatively impacts them, a loved one, and/or their community. When asked about specific substances the following negatively impact respondents' community:

- "opioid misuse" (81.6%),
- "other illicit drug use" (78.2%), and
- "alcohol misuse or binge drinking" (80.5%), which also impacts loved ones (35.6%).

Piscataquis County stakeholder forum participants note that substance use is endemic throughout the entire population. In Piscataquis County, there were 101 overdose deaths for every 100,000 people (2023); 49.7 drug-induced deaths for every 100,000 people (2018-2022); and 9.3 alcohol-induced deaths for every 100,000 people (2018-2022).

Stakeholder forum participants noted community conditions such as poverty, homelessness, unemployment, and lack of transportation as contributing factors to substance use related injury and death. They discussed a lack of resources to address and support people with substance use disorder, and for those that do exist a lack of support to navigate those resources. People who receive treatment may also return to the same environment in their recovery, potentially enabling them to use again.

Helping Hands with Heart is working with Northern Light Mayo Hospital to expand medication assisted treatment (MAT) options. The Piscataquis County jail also provides MAT to the incarcerated beginning at the moment of entry. Despite these options, the majority of people still need to travel to Bangor for treatment, daily, weekly or monthly.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move someone out of poverty and to a place of stability, "reduction in substance use" was rated number five by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Substance Use Related Injury and Death

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For substance use related injury and death, respondents cited: incarcerated and formerly incarcerated, youth, youth in foster care and kinship care, young people, older populations, parents, adults, people with substance use disorder, unhoused/housing insecure, and people who are underemployed or unemployed.

Community Resources to Address Substance Use Related Injury and Death

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For substance use related injury and death, respondents cited:

- Community Health and Counseling Services
- Helping Hands with Heart
- Medical providers and counseling services
- Northern Light Mayo Hospital, specifically the Positive Action Teams (PAT)
- Penquis, specifically the SAY (Substance Affected Youth) Program
- Recovery Wellness Initiative (RWI) Community Center
- St. Andre's Home, specifically Courage LIVES in partnership with the Sheriff's department to address overdoses
- Wings

Crosscutting Priorities

Housing **Transportation** **Youth Mattering**

Illicit Drug Use **Multiple Chronic Conditions**

Multiple Chronic Conditions

Multiple chronic conditions was the third priority for the health conditions and outcomes category for Piscataquis County.

Assessment Findings

During the period 2019-2021, 19.9% of people in Piscataquis County had three or more chronic conditions, significantly worse than Maine (16%). In the Maine Shared CHNA survey 80% of survey respondents said "chronic health conditions" negatively impact them, a loved one, and/or their community. The survey results don't address whether people are experiencing more than one chronic condition at a time. Several chronic diseases that were asked about in the survey impact respondents in various ways, with "overweight/obesity" impacting about half of respondents (51%) and their communities (50%). Other responses are detailed in Table 3: Chronic Health Conditions.

Table 3: Chronic Health Conditions, 2024

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Asthma, COPD, or Emphysema	19.0%	35.0%	32.0%	9.0%	11.0%	13.0%
Arthritis	43.0%	45.0%	33.0%	4.0%	9.0%	6.0%
Cancer	12.0%	40.0%	49.0%	5.0%	11.0%	11.0%
Diabetes or high blood sugar	17.0%	47.0%	44.0%	1.0%	12.0%	5.0%
Heart disease or heart attack	8.0%	43.0%	41.0%	5.0%	15.0%	15.0%
High cholesterol	27.0%	43.0%	28.0%	4.0%	15.0%	7.0%
High blood pressure or hypertension	26.0%	45.0%	35.0%	5.0%	11.0%	7.0%
Overweight/obesity	51.0%	41.0%	50.0%	3.0%	4.0%	10.0%
Stroke	4.0%	23.0%	34.0%	10.0%	25.0%	19.0%
Chronic liver disease/cirrhosis	2.0%	15.0%	28.0%	10.0%	30.0%	21.0%

Socioeconomic Empowerment

When asked to rate the top five “very necessary” steps to move someone from a place of poverty to a place of stability, “affordable and available health care” was rated number three by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Multiple Chronic Conditions

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For multiple chronic conditions, respondents cited: adults, older adults, veterans, people living in rural areas, people with low-income, and people who are underemployed or unemployed.

Community Resources to Address Multiple Chronic Conditions

Participants in the pre-forum survey and at the forum were also asked to identify assets and resources related to their identified priorities. For multiple chronic conditions, respondents identified:

- Helping Hands with Heart
- Medical providers and counseling services
- Northern Light Mayo Hospital
- Penquis

Appendices

Appendix 1: Methodology

The Maine Shared Community Health Needs Assessment conducted a multiprong health and well-being assessment, including the collection and analysis of quantitative and qualitative data. The following methodology section outlines this effort.

Data Commitments

The Maine Shared CHNA uses a set of data stewardship guidelines to ensure data is collected, analyzed, shared, published, and stored in a transparent and responsible manner. Included in these guidelines is a commitment to promote data equity in data collection, analyses, and reporting. These guidelines include a commitment to:

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than implying that social or demographic categories are "causes" of disparities. We will use a systems-level approach when discussing inequities to avoid judging, blaming, and/or marginalizing populations.
- Lead with and uplift the assets, strengths, and resources when discussing populations and communities, specifically with qualitative data collection.
- Acknowledge missing data and data biases and limitations.
- Identify and address important issues for which we lack data.
- Share data with communities affected by challenges, including sharing analysis, reporting and ownership of findings.

Quantitative Data

Data Criteria

The Metrics Committee, one of two standing committees of the Maine Shared CHNA, is charged with reviewing and revising a common set of population and community health and well-being indicators and measures every three years. Each cycle, the following criteria are used to guide an extensive review of the data:

- Describes an existing or emerging health issue;
- Describes one or more social drivers of health (SDOH);
- Describes the people in Maine;
- Measures an issue that is actionable;
- Describes issues that are known to have high health and/or social costs;
- Collectively provide for a comprehensive description of population health;
- Aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People);
- Aligns with data previously included in Maine Community Health Partnership Assessments;
- Aligns with data routinely analyzed by the Maine CDC for program planning, monitoring, and evaluation;
- Have recent data less than two years old or have updates coming; and/or
- Were previously included, allowing for trends to be presented.

Additionally, the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the 2024 Maine Shared CHNA vendor) reviewed the data to check for changes in data sources and definitions, potential new sources of data, and any discrepancies or errors in the data.

Data Profiles & Interpretation

The data profiles provide more than 250 health and well-being indicators that describe demographics, health outcomes and behaviors, and conditions that influence our health and well-being. The number of indicators available vary between counties, urban areas, and health equity profiles based on data availability and other data limitations, discussed below. The data come from more than 30 sources and represent the most recent information available and analyzed as of November 2024. Data from several years is often combined to ensure the data is reliable enough to draw conclusions. County comparisons are made in several ways: between two time periods; to the state; and to the U.S. The two time periods can be found within the tables under columns marked, "Point 1" and "Point 2." The majority of comparisons are based on 95% confidence intervals. In some instances, a 90% confidence interval is calculated from a Margin of Error and is noted with a "#" symbol. Confidence intervals may be determined using various methodologies (e.g. using weighting in calculations), resulting in a more narrow or wide margin of error and impacting the frequency of statistically significant differences. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indicator of significant difference is included. A list of indicators, data sources, and definitions can be found in the appendix of each County Health Profile and is available on the Maine Shared CHNA website.

Data Limitations, Gaps, & Considerations

Quantitative data collection and analysis has several benefits, including the ability to see health and well-being trends over time. The Maine Shared CHNA draws on many data sets at the state and national level. Some of these include self-reported surveys while others are reports of health and well-being care and utilization rates. Each methodology has its own advantages and disadvantages, and both have limitations in response options and sample sizes. Additionally, some quantitative data representing the same indicators may be slightly different due to the source of the data and the methods used for interpretation. For example, this occurs with death data from the Maine's Data, Research, and Vital Statistics database versus the U.S. CDC's WONDER database.

The data sets used by the Maine Shared CHNA generally follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone and leave them without an option that represents their identity. Additionally, for some demographics, the numbers may be too small to have data disaggregated at certain levels, specifically the city and county level. Small sample sizes may pose the risk of unreliable or identifiable data. Both a lack of comprehensive response options and small sample sizes can lead to a gap in data analysis and reporting and leave some populations and communities underrepresented or missing entirely. The Maine Shared CHNA generally relies on

state-level data and aggregation of multiple years of data for more reliable estimates with less suppression. This implies an assumption that disparities found at the state level have similar patterns for smaller geographical areas, which does not account for the unique characteristics of populations throughout the state.

These data limitations may result in programming and policies that do not meet the needs of certain populations. To try to account for some of these gaps and complement the quantitative data, the Maine Shared CHNA engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews.

Specific data changes and limitations relevant to the 2024 Maine Shared CHNA data analysis are further described below.

Data Changes

This cycle brought a number of new indicators to the data set with the addition of the Maine Community Action Partnership to the Maine Shared CHNA collaborative, specifically related to social drivers of health. Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Previous versions of the Maine Shared CHNA have used the term social determinants of health to capture that same type of data. These and other changes were made based on currently available data and reviews by the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the Maine Shared CHNA vendor). New, retired, and paused indicators are listed at the end of each County Health Profile.

Data Discrepancies

COVID's Impact

The COVID-19 pandemic impacted health and well-being behaviors, utilization of health care, and health and well-being outcomes, among other things that have created long-lasting impacts across Maine. These impacts are now being reflected in a multitude of data sets from roughly 2020 through 2023. In most cases, more recent, post-pandemic data is not yet available. Rather than exclude data collected during the pandemic, unless advised by the data source, we encourage readers to interpret data collected during the pandemic with this context in mind and that it may not be representative of a non-pandemic year.

Health Equity Profiles

The Maine Shared CHNA highlights populations and geographies that experience disparate health and well-being outcomes due to social, institutional, and environmental inequities through a community engagement process and health equity data profiles. Due to limitations in data availability and capacity of Maine Shared CHNA partners, health equity profiles on rurality and disability status will not be ready until early 2025. Additionally, some health equity profiles may include fewer indicators than others given data availability, suppressed data rates, and what is and is not collected at the state and national level. As noted above, disparities are generally only analyzed at the state level. The Maine Shared CHNA website and dashboard will be updated as data is available and analyzed.

Qualitative Data

In order to begin to understand how people interact in their communities and with the systems, policies, and programs they encounter we must build relationships and engage in ways that are mutually beneficial. By drawing on narrative and lived experience we are better positioned to identify the root causes of health and well-being behaviors and outcomes. Qualitative data, resulting from community engagement, provides an important context for the health and well-being outcomes and trends contained in the numbers. In combination, qualitative and quantitative data produce a broader picture of what a community is experiencing and enable a more thorough and well-rounded approach to program and policy development. The Maine Shared CHNA recognizes the need to collaborate with communities to build relationships and trust to more respectfully, transparently, and meaningfully work together in an effort to continuously improve upon our community engagement processes.

The Community Engagement Committee, one of two standing Committees of the Maine Shared CHNA, is charged with developing a framework for engaging and building relationships with populations and communities to gain a better understanding of their health and well-being strengths, needs and underlying causes of health and well-being behaviors and outcomes. The Maine Shared CHNA's community engagement included: focus groups, key informant interviews, and a statewide community survey.

Considerations for Identifying Populations to Engage With

The Maine Shared CHNA takes a broad approach to assessing health and well-being throughout the state. While we have attempted to reach many populations who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. The totality of focus group participants also identify as: a Tribal member, older adults, Non-English speaker, immigrant, asylee, migrant, Latino/Latine/Latinx, residents of rural, urban, and suburban areas, people with substance use disorder, people with mental health disorder, members of the disability community, people who are deaf or hard of hearing, people who are incarcerated or formerly incarcerated, people who are unhoused or experiencing homelessness, and caregivers, in addition to the targeted populations listed below. It should be noted the voices we hear in focus groups are not meant to be representatives of their entire identified population or community.

This cycle, the Community Engagement Committee developed considerations to use to identify populations for focus group engagement. The considerations included whether each population:

- Is medically underserved;
- Is historically not involved in CHNA processes;
- Is negatively impacted by structural determinants of health – "the written and unwritten rules that create, maintain, or eliminate…patterns of advantage among socially constructed groups in the conditions that affect health, and the manifestation of power relations in that people and groups with more power based on current social structures

work to maintain their advantage by reinforcing or modifying these rules;"[ix]
- Experiences intersectionality (the interconnection and impact of multiple identities on a person's life); and/or
- Includes participants ability to gather in-person or virtually.

The Community Engagement Committee also considered the willingness and ability of potential partner organizations to assist with recruitment; whether potential partner organizations represent multiple populations and sectors; and the ability to recruit a minimum number of participants for each focus group.

Considerations for the Use of Other Assessments

The Maine Shared CHNA recognizes communities are often overburdened by outside organizations as those organizations seek to learn about health and well-being strengths, resources, and needs. Additionally, with multiple organizations conducting assessments, the Maine Shared CHNA seeks to reduce duplicative work and partner with other organizations to learn from their assessments as opposed to assessing the same Maine communities multiple times. As such, the following criteria were established to identify potential organizations to collaborate with and use aspects of their research:

- The outside organization is agreeable to sharing their needs assessment information, both published reports and any additional data collected.
- For assessments in process or results that will not be completed on time, the outside organization is agreeable to sharing their work in progress.
- The needs assessment is less than two years old.
- The content of the assessment is similar enough to the Maine Shared CHNA for integration of results into Maine Shared CHNA reports.
- All reports/assessments used will be given attribution and referenced in the Maine Shared CHNA reports.
- The organization that conducted the needs assessment is willing to engage to share their assessment process/methodology, outcomes, and any updates from when the original assessment occurred.

Using these criteria, the Maine Shared CHNA identified two other assessments to use as part of our assessment. The assessments enabled us to learn about the assets, resources, needs and challenges of the older adult population and the disability community. These assessments are the Maine State Plan on Aging Needs Assessment, prepared by the Catherine Cutler Institute University of Southern Maine for the Office of Aging and Disability Services in January 2024 and Disability Rights Maine's "I Don't Get the Care I Need:" Equitable Access to Health Care for Mainers with Disabilities published in Spring 2023.

Focus Groups

Using the criteria listed above, the Maine Shared CHNA ultimately identified the following populations for community engagement through state level focus groups. The listing also includes the number of participants for each focus group:

- Statewide Focus Group Participants: 31 (total)

- Multigenerational Black / African American: 12
- Veterans: 7
- LGBTQ+: 5
- Women: 1
- Youth: 3
- Young Adults: 3

As part of the Community Services Block Grant reporting, the Community Action Agencies are required to engage directly with the communities they serve, namely those of lower income. To meet this requirement, the Maine Shared CHNA hosted local focus groups with people with low-income in each Maine County, conducting two focus groups in Aroostook, Cumberland and Penobscot Counties to account for variation in the population and geography of these counites. These focus groups also provide important information and insights to the experiences of people at the county level. The following is a list of counties with the number of participants for each of the counties' focus groups.

- County Focus Group Participants: 93 (total)
  - Androscoggin: 5
  - Aroostook: 12
  - Cumberland: 19
  - Franklin: 4
  - Hancock: 3
  - Kennebec: 3
  - Knox: 6
  - Lincoln: 2
  - Oxford: 10
  - Penobscot: 10
  - Piscataquis: 1
  - Sagadahoc: 0
  - Somerset: 7
  - Waldo: 3
  - Washington: 3
  - York: 5

Key Informant Interviews

The Maine Shared CHNA completed 25 key informant interviews to gather in-depth insights from individuals with specialized knowledge or experience relevant to community health and well-being issues. These interviews involved engaging stakeholders, including health care providers, community leaders, and community-based organization representatives, to discuss their perspectives on local health and well-being needs, barriers to achieving optimal health and well-being, and potential solutions. The findings from key informant interviews may be combined when similar themes exist.

Key informant interviews help identify priority health and well-being concerns, assess the effectiveness of existing services, and uncover gaps in resources. This information is crucial for developing targeted interventions and strategies that address the unique needs of the community, ensuring that any resulting action plans are informed by local expertise and grounded in real-world experiences.

The following is a list of organizations that participated in the key informant interviews.

- Alliance for Addiction and Mental Health Services
- Children's Oral Health Network
- Community Caring Collaborative
- Disability Rights Maine
- Governor's Office of Policy Innovation and the Future
- Leadership Education in Neurodevelopmental & Related Disabilities
- Maine Center for Disease Control and Prevention
- Maine Children's Alliance
- Maine Conservation Alliance
- Maine Council on Aging
- Maine Emergency Management Agency
- Maine Housing
- Maine Mobile Health Program
- Maine Prisoner Re-Entry Network
- Mid-Coast Veterans Council
- Moving Maine
- Unified Asian Communities
- Volunteers of America Northern New England

Statewide Community Survey

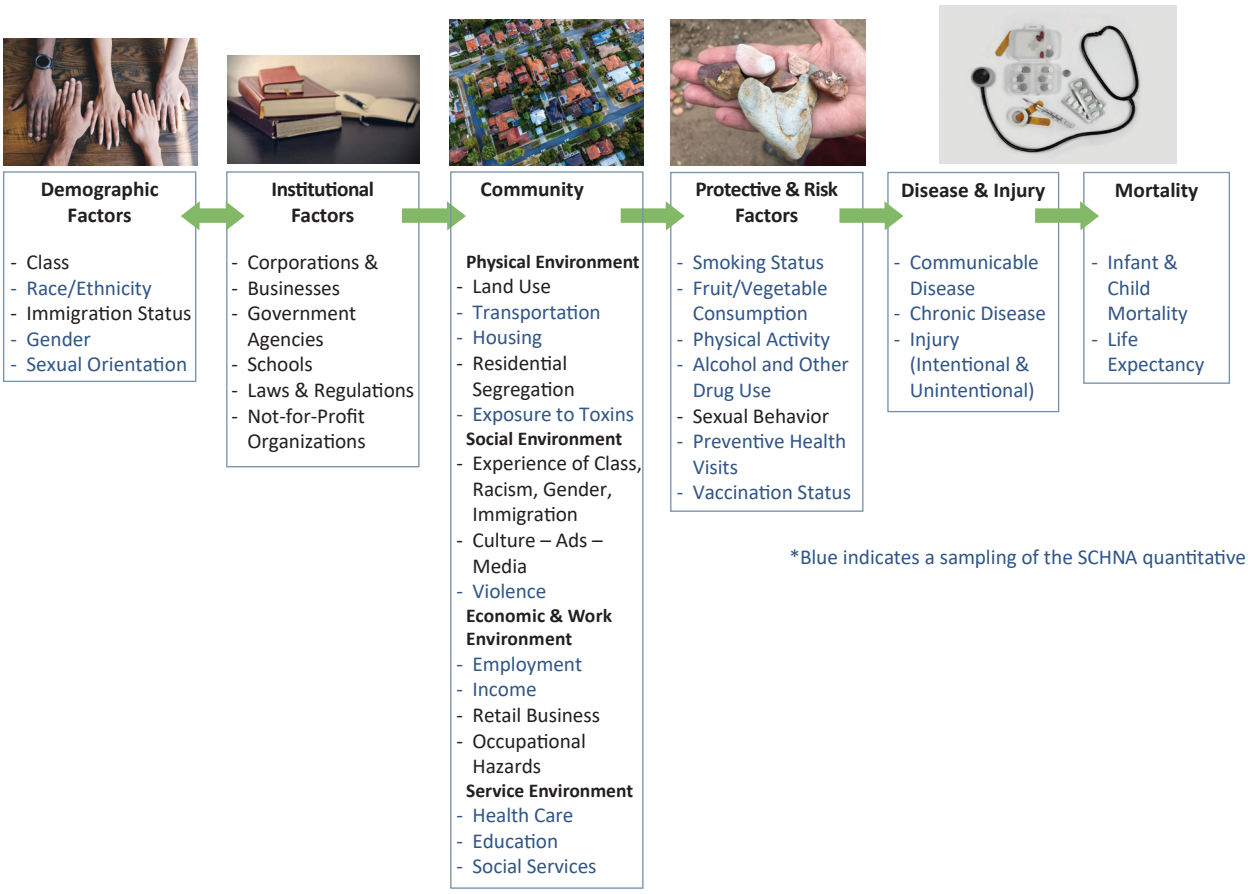
The Maine Shared CHNA also conducted a statewide, community survey on health and well-being. The survey was developed in collaboration by a small working group comprised of members of the Community Engagement and Metrics Committees, the Maine Shared CHNA Program Manager, and Crescendo Consulting Group, with final approval by the Steering Committee. The survey was translated and made available in eight languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish. It was distributed statewide with assistance from Maine Shared CHNA partners via multiple methods including newsletters, flyers, listservs, announcements, and social media (materials were available in formats compatible with Facebook and Instagram). Flyers and social media content were available in the eight languages of the survey. The survey was available electronically via SurveyMonkey and in paper format. The survey was open to anyone living in Maine and respondents were asked to complete 40 questions related to the local resources and strengths of their communities and their own health and well-being and that of those who live in their community. The survey was not weighted and should not be considered a representative sample of the Maine Population or of sub-populations within Maine.

3,967 people completed the survey providing their insights on the health and well-being status, community assets, and social concerns. The majority of surveys were completed in English (98%), 1% were in Chinese and less than .5% were completed in French, Spanish, Arabic, Lingala, Portuguese, and Somali.

Bay Area Regional Health Inequities Initiative (BARHII) Framework

The impact of upstream factors on health and well-being continues to draw awareness and be incorporated into assessments and improvement planning as critical components of a person's ultimate health and well-being. Upstream factors of health are the social, institutional and community conditions that impact health and well-being and can be used to promote quality of life and prevent poor health and well-being outcomes – the downstream factors of health. The Maine Shared Community Health Needs Assessment based this cycle's assessment and health and well-being prioritization process on an adapted version of the Bay Area Regional Health Inequities Initiative (BARHII) Framework[x] (Figure 1). The BARHII Framework explains the connections between upstream factors on health and well-being outcomes and focuses attention on measures which have not characteristically been within the scope of public health epidemiology.[xi] Use of this framework enables a greater connection to the work of the Maine Shared CHNA's newest partner, the Maine Community Action Partnership, and the varying levels within which all of the collaborative and community partners of the Maine Shared CHNA can potentially have an impact. Additionally, it provides a framework with which to group the myriad health and well-being topics our community members and stakeholders are asked to share insight on and prioritize within their counties. Instead of comparing all of the health and well-being topics against each other, this Maine Shared CHNA aimed to prioritize topics within their best fit categories, while recognizing the interconnections upstream and downstream factors have with each other. In this way, the Maine Shared CHNA hopes to convey how the health and well-being priorities are related and influence one another, shedding light on potential opportunities for collaboration and cross sector work.

Figure 1: Bay Area Regional Health Inequities Initiative Framework (adapted)



Stakeholder Forums

Seventeen forums were conducted in each of Maine's Counties, with two held in Cumberland County. These forums were organized by Local Planning Teams, including the development of invitation lists. The aim of the invitation method was to include a broad and equal array of diverse sectors and voices, specifically those who are required as part of the signatory partners reporting and accreditation standards. Community members were not necessarily included in the forums this cycle as their voices were captured through other community engagement methods. Five of the forums were conducted virtually and 12 were conducted in-person. Each forum used the same methodology, including pre-forum voting on the top 15 health and well-being priorities for their county – five in each category: community conditions, protective & risk factors, and health conditions & outcomes -; a presentation of key findings and voting results and accompanying breakout to discuss those findings; a second round of prioritization voting to narrow the priorities to the top 3 in each category; and iterative breakout discussions to dive deeper into each priority – it's causes, collaborations, populations impacted, and assets and resources. Crescendo Consulting Group summarized the voting results and discussions in key forum findings documents for use in developing each county's Maine Shared CHNA report. The key findings are from a point in time discussion based on the expertise and opinions of those who participated in the forum, which is not necessarily representative of any county, community, or sector as a whole.

One virtual stakeholder forum was held in Piscataquis County on September 17, 2024, with 30 attendees. People from the following organizations participated in the forum process:

- Community Health and Counseling Services
- Department of Health and Human Services Office of Behavioral Health
- Department of Health and Human Services Office of Family Independence-ASPIRE-WFCC
- Healthcare Purchaser Alliance of Maine
- Helping Hands with Heart
- Katahdin Valley Health Center
- Maine Center for Disease Control and Prevention
- Northern Light Eastern Maine Medical Center
- Northern Light Health
- Northern Light Mayo Hospital
- Penquis Community Action Program
- Penquis Prevention Council
- Recovery Wellness Community Center

Reporting

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Appendix 2: Other Identified Health and Well-Being Topics

Prior to the stakeholder forums, registrants were asked to take part in a review of quantitative and qualitative data, in the form of data health profiles and community engagement overviews. Based on their interpretation of this information and their own knowledge, expertise, and experience, registrants were asked to vote on their top five health and well-being priorities in each of the following categories: community conditions, protective and risk factors, and health conditions and outcomes. This priority identification was the first step in the overall Maine Shared CHNA health and well-being prioritization process. The complete results are depicted in the table below.

Table 1: Complete Results of the First Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	14	100.0%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	10	71.4%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	10	71.4%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	9	64.3%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	4	28.6%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	3	21.4%
Timeliness of Healthcare and Social Services (such as wait times for an appointment, inability to easily access providers to ask questions, inability to get care when you need it, etc.)	3	21.4%
Aging Related Services (such as long term care, assisted living access, and in-home care support services)	3	21.4%
Opportunities for Community Involvement (such as activities for seniors and youth, volunteer opportunities, etc.)	2	14.3%
Stigma Around Accessing/Accepting Help, Services, or Treatment	2	14.3%
Environmental Exposures (such as tobacco smoke, arsenic, PFAS, lead and radon exposure)	1	7.1%
Technology (such as access to high-speed internet and phone services)	1	7.1%
Isolation	1	7.1%
Community Safety (such as vandalism, neighborhood watch programs, well-lit areas, etc.)	1	7.1%
Education (such as pre-K through post-secondary and technical/trade opportunities)	1	7.1%
Wage Gaps and Income Disparities	1	7.1%
Employment Opportunities	1	7.1%
Systemic Discrimination	1	7.1%
Other (please specify): Hepatitis/HIV	1	7.1%
Protective and Risk Factors	**# Votes**	**% of Participants**
Youth Mattering (such as positive role models, community connections, etc.)	9	64.3%
Adverse Childhood Experiences	8	57.1%

Protective and Risk Factors	# Votes	% of Participants
Alcohol Use (including binge drinking)	8	57.1%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	6	42.9%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	5	35.7%
Illicit Drug Use	5	35.7%
Preventive Oral Health Care	4	28.6%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	4	28.6%
Prescription Drug Misuse	4	28.6%
Tobacco Use (including e-cigarettes and MaineQuit Link users)	3	21.4%
Vaping Use (including tobacco and cannabis)	3	21.4%
Access to Child and Family Home Visiting	2	14.3%
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	1	7.1%
Injury Prevention (such as fall prevention, always wear a seat belt)	1	7.1%
Immunizations & Vaccinations	1	7.1%
Cannabis Use	1	7.1%
Other (please specify): Mental health and well-being	1	7.1%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	13	92.9%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	11	78.6%
Multiple Chronic Conditions	6	42.9%
Cancer	5	35.7%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	5	35.7%
Obesity/Weight Status	5	35.7%
Pregnancy and Birth Outcomes (such as c-sections, low birth weight, pre-term births, teen pregnancy, infant mortality)	4	28.6%
Cognitive Decline, Alzheimer's disease and other dementias	4	28.6%
Intentional Injury & Death (self-injury)	3	21.4%
Diabetes	2	14.3%
Sexually Transmitted Infections (such as hepatitis A and B, Chlamydia, Gonorrhea, HIV, Syphilis)	2	14.3%
Dental Disease	2	14.3%
Infectious Disease (such as hepatitis C Lyme Disease vector-borne infectious diseases, etc.)	1	7.1%
Special Health Care Needs (those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by people generally)	1	7.1%
Multiple Chronic Conditions	6	18.8%
Dental Disease	5	15.6%
Special Health Care Needs (those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by people generally)	4	12.5%
Sexually Transmitted Infections (such as hepatitis A and B, Chlamydia, Gonorrhea, HIV, Syphilis)	3	9.4%

After a presentation of key quantitative and qualitative findings and breakout discussions, participants were asked to take part in a second round of voting to narrow the health and well-being priorities for their county to the top three in each category of community conditions, protective & risk factors, and health conditions & outcomes. The complete results are depicted in the table below.

Table 2: Complete Results of the Second Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting)	14	82.4%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	12	70.6%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	9	52.9%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	6	35.3%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	5	29.4%
Costs of utilities	5	29.4%

Protective and Risk Factors	# Votes	% of Participants
Youth Mattering (such as positive role models, community connections, etc.)	14	87.5%
Adverse Childhood Experiences	12	75.0%
Illicit Drug Use	10	62.5%
Alcohol Use (including binge drinking)	7	43.8%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	5	31.3%
Cannabis Use	13	34.2%
Cancer Prevention (such as cancer screenings, sunscreen use)	8	25.0%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	8	25.0%
Alcohol Use (including binge drinking)	8	25.0%
Vaping Use (including tobacco and cannabis)	8	25.0%
Preventive Oral Health Care	7	21.9%
Cannabis Use	7	21.9%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	15	93.8%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	14	87.5%
Maternal & Child Health (smoking & vaping, low breastfeeding numbers, prenatal & postnatal care)	8	50.0%
Multiple Chronic Conditions	7	43.8%
Cancer	2	12.5%
Obesity/Weight Status	2	12.5%

Appendix 3: Community Action Agency Profile

PENQUIS

Helping Today • Building Tomorrow

About Penquis

Penquis is a nonprofit organization dedicated to helping Maine people improve their financial stability and wellbeing. It is a community action agency, a licensed mental health agency, a community development corporation, and a community housing development organization. Its subsidiaries include a community development financial institution, a sexual assault services agency, and housing development organizations.

Penquis primarily serves individuals and families in Penobscot, Piscataquis and Knox counties. It has an even broader impact across all of Maine's sixteen counties through its programs, subsidiaries and community partnerships. Penquis touches the lives of up to 5,000 people on any given day and more than 30,000 each year.

Penquis is a chartered member of NeighborWorks® America and a member of the Housing Partnership Network. Penquis has consistently earned an "exemplary" rating from NeighborWorks America for attaining the highest level of performance and impact. Other recognition includes a 2024 Maryann Hartman award from the University of Maine, a 2023 National Lyndon Baines Johnson Leadership Award from the National Community Action Partnership, a 2022 Catalyst in Financial Stability award from the Internal Revenue Service, and a 2020 Stephen B. Mooers Award from MaineHousing.

Services Offered by Penquis

- **Housing Stability:** Services increase housing access, affordability, and availability to enable families and individuals to improve their health, safety, and stability. Services include homebuyer education and housing counseling; asset development opportunities through financial coaching, matched savings, business counseling, and lending; home improvement programs, including repair, replacement, and testing; affordable housing support, including housing development and rent-to-own properties, housing navigation, and heating and utilities assistance; and energy safety and efficiency measures, including above ground tank replacement, heating system repair, heat pumps, and weatherization.
- **Access to High-Quality Transportation:** Penquis transportation programs support health, independence, and access to resources through safe, reliable transportation options. These include the arrangement of non-emergency transportation for MaineCare-covered appointments, general public transportation to meet everyday

needs, and transportation reimbursement options.

- **Low-income Assistance Program:** For those who are HEAP eligible, provides assistance to low-income homeowners and renters with electricity bills.
- **School Readiness:** Services and supports help children enter kindergarten ready to be successful in school and in life. Children receive high-quality early childhood education and childcare services, healthy nutrition, and the benefits of home visiting, which supports families in providing care that promotes healthy development.
- **Healthy Lives:** Programs in this area help individuals achieve optimal health and development in safe, nurturing environments. They include support services such as assisted living, case management, parenting education, supervised visitation, whole family services, and behavioral health and disability supports; victim services, including services for sexual assault survivors and child victims of sexual abuse, housing navigation for victims of human trafficking, and education for male perpetrators of domestic violence; volunteering for older adults; and youth programs, including youth engagement, restorative justice, housing and supportive services for youth experiencing homelessness, programming for substance-affected youth, and services to support employment and financial security.

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We are grateful to our community partners and stakeholders who took the time to help advertise and recruit for our focus groups, both at the state and county level, and for our statewide community survey. Our utmost thanks also goes to all of the individuals who took part in our key informant interviews. Each of you enabled us to learn more about populations, communities and sectors in Maine. Without all of these efforts we would not have been able to conduct the community engagement aspect of our assessment. A special thank you also goes to the Catherine Cutler Institute at the University of Southern Maine and Maine DHHS' Office of Aging and Disability Services and John Snow, Inc. and Disability Rights Maine for use of their assessments and ability to include their findings in ours.

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Endnotes

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vi Social Drivers of Health and Health-Related Social Needs | CMS

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