

# Community Engagement Profile: Androscoggin County

2024



## Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare, Northern Light Health, MaineGeneral Health, MaineHealth, the Maine Center for Disease Control and Prevention, and the Maine Community Action Partnership. 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. This is the sixth collaborative Maine Shared CHNA.

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.

## Community Engagement

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. Drawing on narrative and lived experience we are better positioned to identify the root causes of health and well-being behaviors and outcomes and not just what those behaviors and outcomes are. 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's community engagement included: focus groups, key informant interviews, and a statewide, community survey.

The Maine Share CHNA recognizes the need to work 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.

This document contains a summary of key themes from the County focus groups and a comparison of the County level survey results to the overall Maine results. The Maine Shared CHNA's data commitments are outlined in the Appendix. The community engagement overviews, as well as additional information and data, can be found online at the Maine Shared CHNA's website – [www.mainechna.org](http://www.mainechna.org).

## **Populations and Sectors Identified for Engagement**

### **Focus Groups**

As part of the Community Services Block Grant reporting, the Community Action Programs 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. The focus groups also provide important information and insights to the experiences of people at the County level. Two focus groups were conducted in Aroostook, Cumberland and Penobscot Counties to account for their variation in population and geography. A focus group was planned and recruited for in Sagadahoc County; however, no one was in attendance.

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. It should be noted the voices we hear in focus groups are not meant to be representatives of their entire identified population or community. 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.

Focus groups and key informant interviews were also conducted at the state-level with specific populations and sectors. The findings are outlined in the Maine Community Engagement Overview.

### **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 open to anyone living in Maine. 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.

## Focus Group

**Number of Participants: 5**

### Top Themes

- Accessibility of care
- Affordable housing
- Availability of resources
- Community safety
- Transportation

**The following sections contain select quotes from focus group participants.**

### What does a “healthy” community look like to you?

- “See kids outside playing – not scared, just having fun.”
- “Open areas for people to gather and play.”
- “Connections with organizations and partnerships.”
- “Friendly police departments, fire departments, and emergency medical services. People who are willing to talk with you and are not feared.”

### What services and resources for becoming and staying healthy are difficult to find?

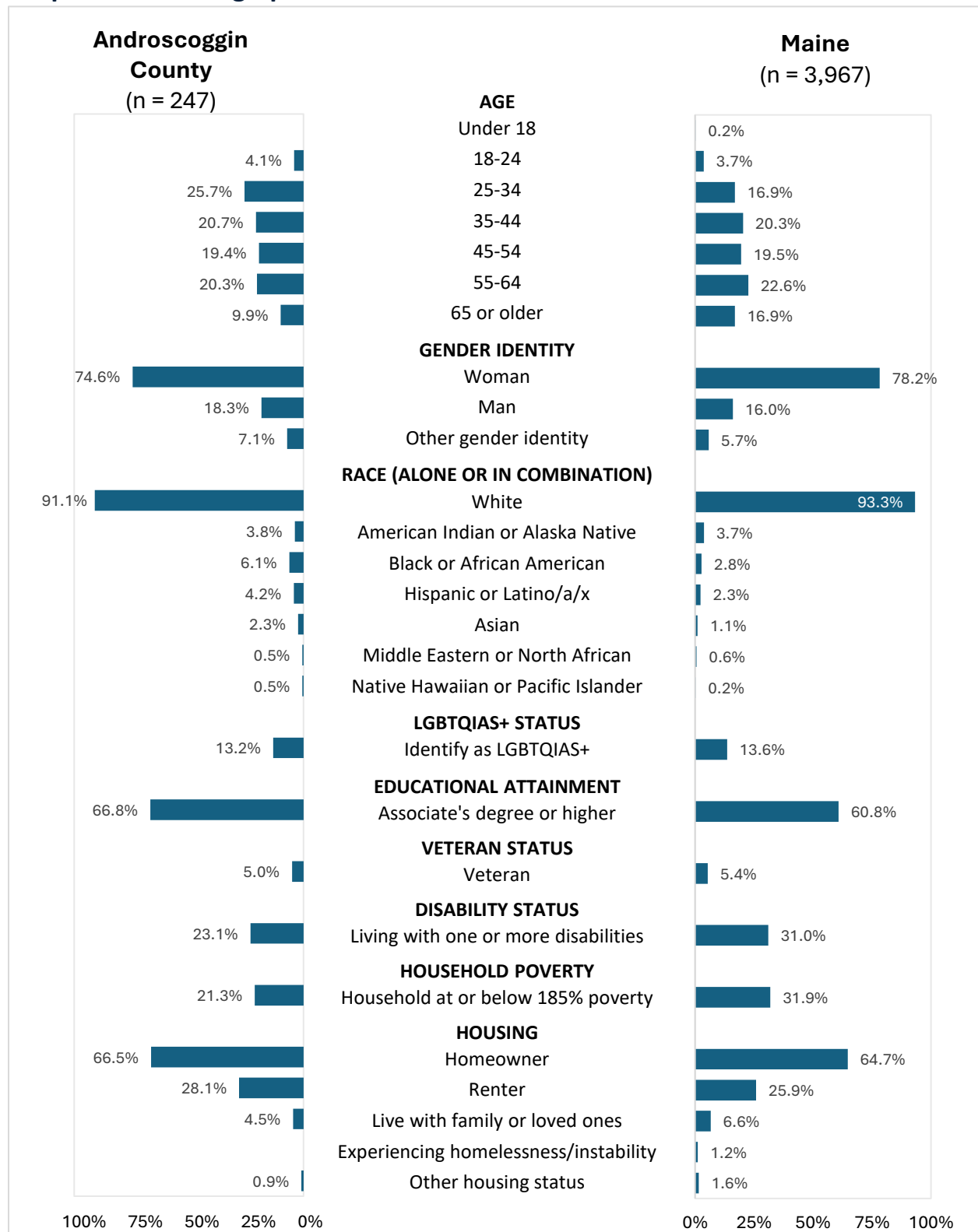
- “Access to mental health services... [you] can't get a live person the phone. Some people don't have the access or don't feel comfortable with [virtual options] or telehealth.”
- “It's hard to find a good doctor that talks with you. Insurance is a barrier, [you may be able to] find a good provider, but [they might not] take your insurance.”

### What are the top three social or environmental health needs or challenges in the community?

- “Housing needs to be reformed. It looks like they are doing a lot of housing in the community but not a lot of employment options – people need to travel elsewhere.”
- “[Childcare] There are some nice and affordable options but there are also long waitlists. A lot of people choose to stay home with their kids or ask relatives to watch their kids.”
- “Not everyone has a phone – older generations don't have access to internet or computers.”
- “Access to food, healthy foods. There are pantries but not everyone has transportation to places.”

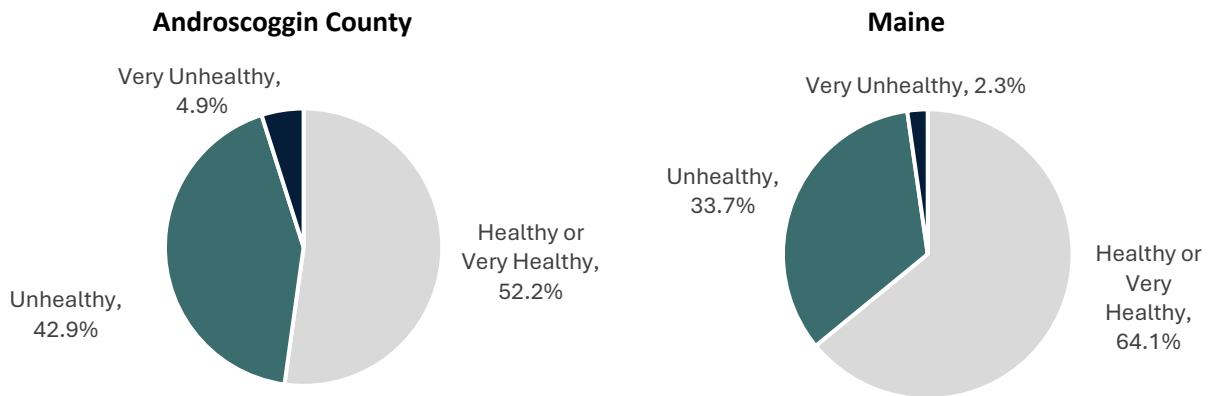
# Community Survey

## Respondent Demographics



## Community Health Status

### Overall health and well-being of the community where you live



### Top 5 strengths of the community

Androscoggin County	Maine
1) Schools & education for all ages	1) Safe opportunities to be active outside
2) Locally owned businesses	2) Locally owned businesses
3) Diverse population including people of all abilities	3) Safe neighborhoods
4) Safe opportunities to be active outside	4) Schools & education for all ages
5) Hospitals	5) Low crime

### Top 5 social concerns that negatively impact your community

Androscoggin County	Maine
1) Mental health issues (anxiety, depression, suicide, etc.)	1) Mental health issues (anxiety, depression, suicide, etc.)
2) Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	2) Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)
3) Low incomes and poverty	3) Low incomes and poverty
4) Homelessness	4) Housing insecurity
5) Housing insecurity	5) Obesity

## Community Health Needs

Please indicate if \_\_\_\_\_ negatively impacts you, a loved one, and/or the community where you live.

*Percentage of respondents who answered 'Impacts me, a loved one, and/or my community'*

Androscoggin County		Maine	
Mental health needs	75.2%	Economic needs	76.1%
Economic needs	72.5%	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	75.7%
Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	71.3%	Mental health needs	73.6%
Substance use	68.3%	Substance use	68.5%
Housing needs	67.2%	Housing needs	68.5%
Public safety needs	67.0%	Transportation needs	60.9%
Environmental needs	63.9%	Environmental needs	58.4%
Transportation needs	55.5%	Public safety needs	53.7%

## Socioeconomic Empowerment

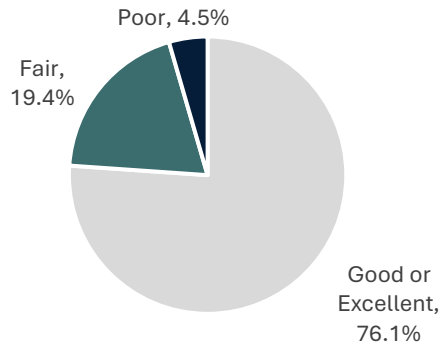
**Top 5 items rated by respondents as 'very necessary' steps to help move people out of poverty and to a place of housing stability & financial stability.**

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

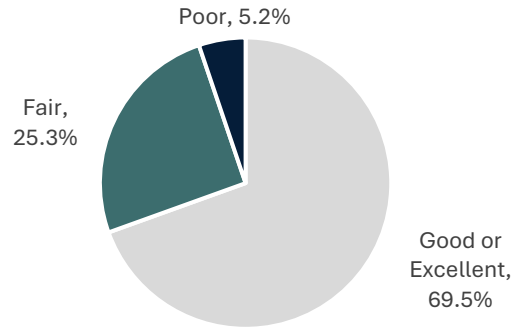
## Physical Health Status

How would you rate your own physical health?

**Androscoggin County**

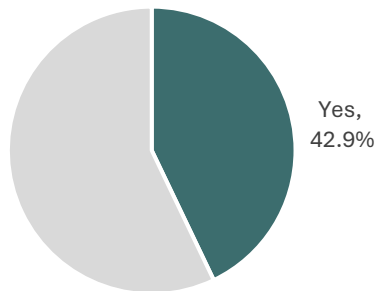


**Maine**

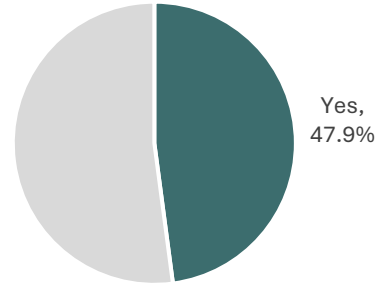


Within the past year (365 days), have there been 1 or more times when you or a loved one needed health care services but could not or chose not to get it?

**Androscoggin County**



**Maine**



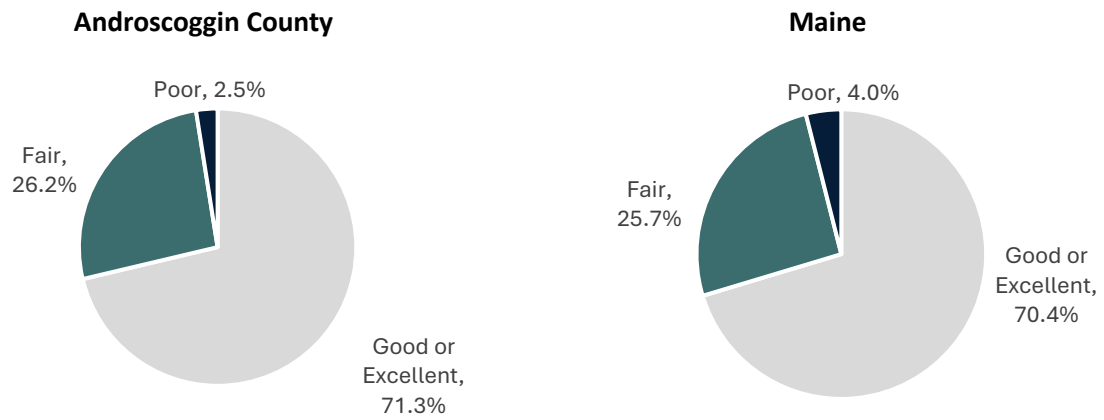
If yes, what stopped you from getting care when you needed it? (Select all that apply)

Androscoggin County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Hard to get time off from work	2) Had health insurance, could not afford care
3) Had health insurance, could not afford care	3) No evenings or weekend hours to get care

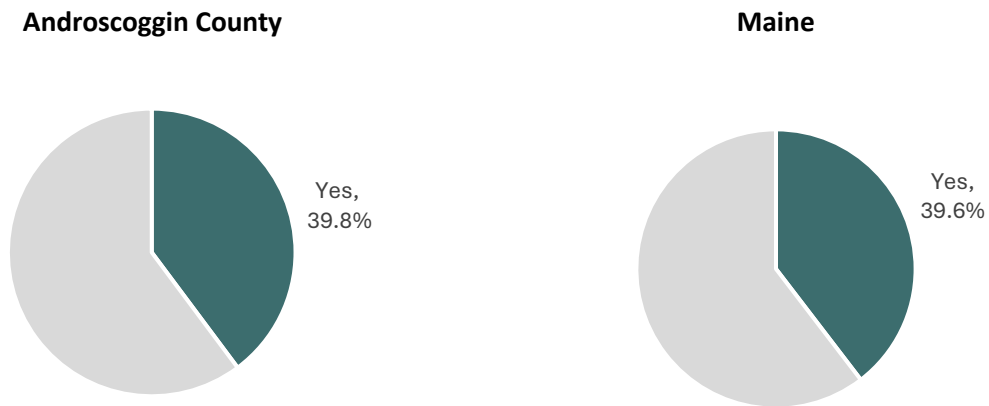


## Mental Health Status

How would you rate your own mental health?



Within the past year (365 days), have there been 1 or more times when you or a loved one needed mental health care services but could not or chose not to get it?



If yes, what stopped you from getting care when you needed it? (Select all that apply)

Androscoggin County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Had health insurance, could not afford care	2) Had health insurance, could not afford care
3) Hard to get time off from work	3) No evenings or weekend hours to receive care

## Acknowledgements

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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 this 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.

## Appendix

### 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 include a commitment to:

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than social or demographic categories. 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.
- Report results in an actionable form to improve the lives of those represented in the data.
- Acknowledge missing data and data biases and limitations.
- Identify and address important issues for which we lack data.
- Empower professionals and community members to use data to improve their work and their communities.
- Share data with communities affected by challenges to share analysis, reporting and ownership of findings.