

# Community Engagement Profile: Cumberland 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 fifth 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 – Lakes Region

**Number of Participants:** 4

### Top Themes

- Reliable transportation
- Accessible and quality care
- Community cohesion
- Affordable and reliable housing
- Availability of resources

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

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

- “People coming together.”
- “A place where people look out for each other.”

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

- “The providers in Bridgton and Waterford are just revolving doors. They haven’t had consistent providers in years.”
- “At our center, we have kids that have approved IEPs and are approved for services, but there are no providers. They’ve been approved for years and there’s no one to give them the services.”
- “We have a recovery center; we have AA meetings. But if you don’t have a license, you can’t get the help you need. The only full-time house out here is for women, there isn’t one for men. We need to have a local facility that is 24/7 to receive support and stay at. A recovery house.”
- “[Services for older adults] If you’re on Maine Care or on a fixed income, that’s not going to be available here unless you have a good chunk of change to be able to pay for it.”

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

- “We don’t have a bus system or taxis. It would be a six mile walk for me to get to the food pantry and then another six miles uphill to get home.”
- “How does a single mom of three sustain a household of four? She has a \$1,600 budget but that doesn’t cover everything you need: housing, food, car, childcare, and more.”
- “The one challenge is that people don’t know where to start. Sometimes there’s not enough incentive to go back to work, with inflation. Finding the resources is a challenge and motivation is a challenge.”
- “Sebago does have a food pantry. It’s open two hours a week on a Monday morning. If you miss that timing, you have to go a whole week until you can go there again. And you have to have transportation to get there.”

## Focus Group – Portland Region

**Number of Participants:** 15

### Top Themes

- Affordable care
- Affordable housing
- Healthy options
- Reliable community resources
- Safe community

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

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

- “Where people live safely, can access all preventative care or get medical care when needed... get all basic needs.”
- “Farmers markets would be great! A lot of fresh fruit and vegetables.”
- “Support – good staff support.”

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

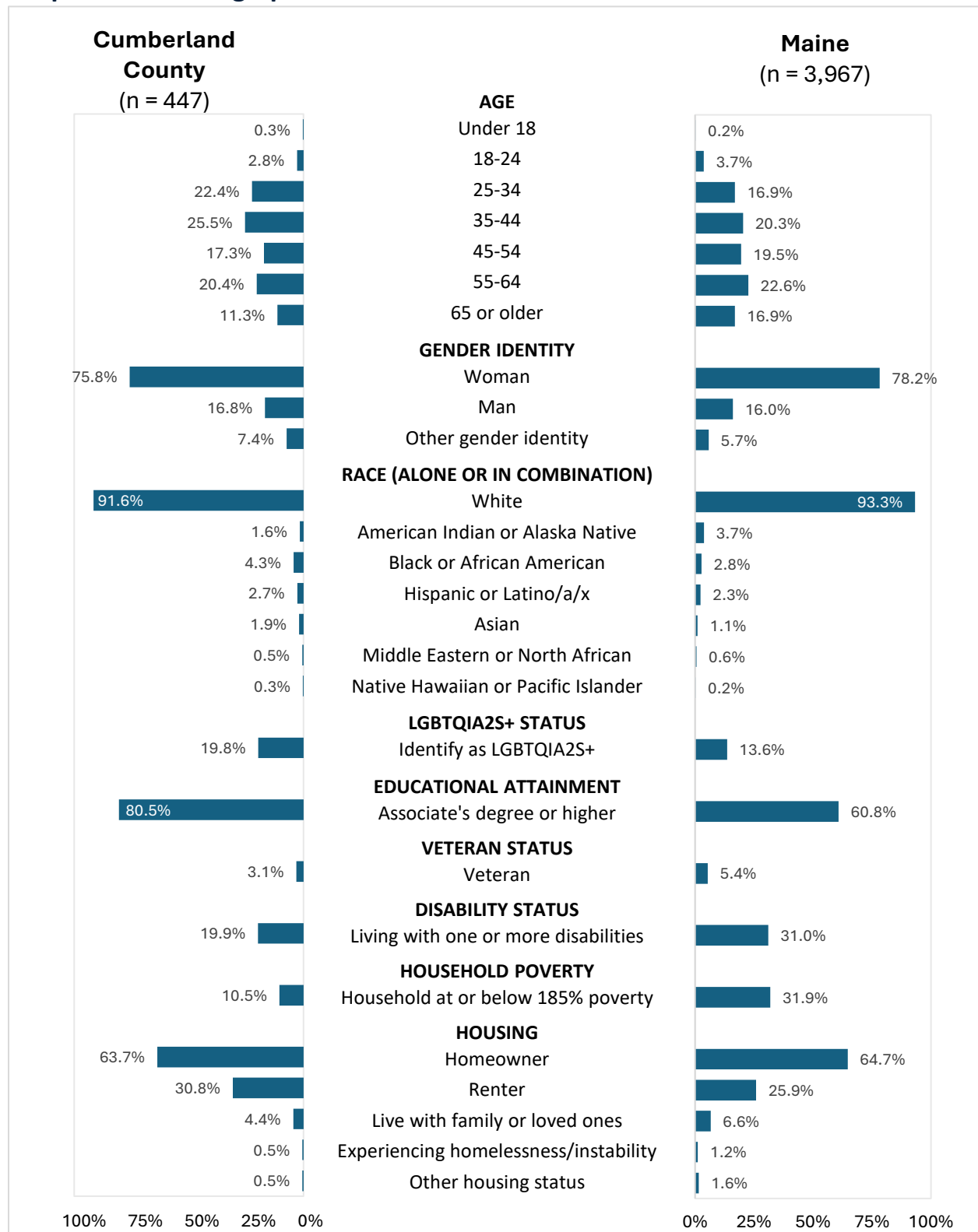
- “SNAP benefits can be important. However, many families do not financially qualify for them are still in need of that support.”
- “In order to get a hold of [community programs], you need a case worker ... In order to get a case worker, you need a medical or mental challenge or something which includes the hospital or administration getting involved.”

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

- “Housing! There are so many families living in hotels or even campgrounds because housing just isn’t available.”
- “Community case management that doesn’t require insurance.”
- “No place for free gym or swimming pool or other free things for family to socialize. There are some things, but you have to pay.”
- “Place or help to get affordable or lower cost eyeglasses.”

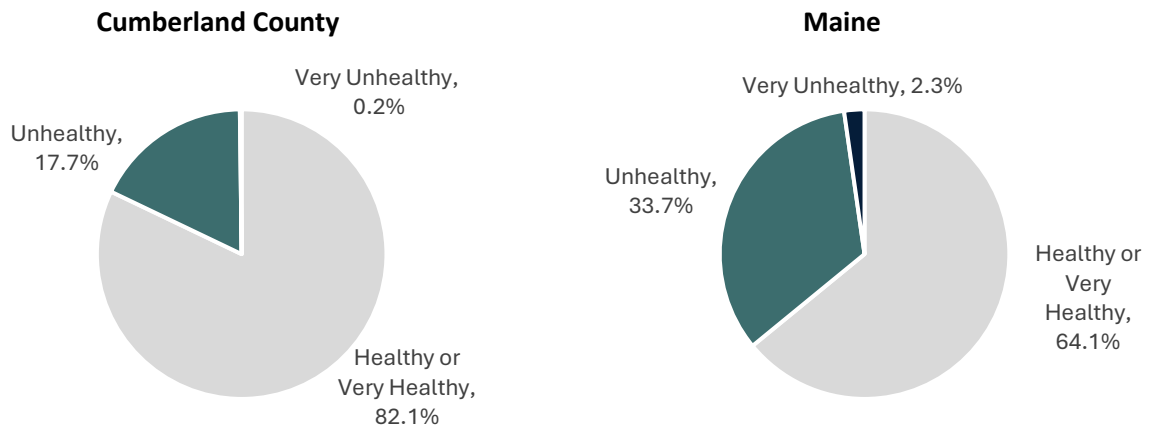
# Community Survey

## Respondent Demographics



## Community Health Status

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



### Top 5 strengths of the community

Cumberland County	Maine
1) Safe opportunities to be active outside	1) Safe opportunities to be active outside
2) Safe neighborhoods	2) Locally owned businesses
3) Locally owned businesses	3) Safe neighborhoods
4) Schools & education for all ages	4) Schools & education for all ages
5) Low crime	5) Low crime

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

Cumberland 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) Housing insecurity	3) Low incomes and poverty
4) Aging health concerns (arthritis, osteoporosis, dementia, Alzheimer's, etc.)	4) Housing insecurity
5) Low incomes and poverty	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'*

Cumberland County		Maine	
Economic needs	77.7%	Economic needs	76.1%
Mental health needs	77.4%	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	75.7%
Housing needs	75.7%	Mental health needs	73.6%
Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	71.0%	Substance use	68.5%
Substance use	68.9%	Housing needs	68.5%
Environmental needs	66.3%	Transportation needs	60.9%
Transportation needs	57.6%	Environmental needs	58.4%
Public safety needs	53.4%	Public safety needs	53.7%

### Economic Needs

Please put a check mark if any of the following economic needs negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Availability of quality educational opportunities</b>	11.5%	18.3%	55.7%	18.0%	13.7%	5.2%
<b>Availability of jobs and employment opportunities</b>	16.9%	25.7%	66.7%	12.3%	7.4%	3.6%
<b>Availability of high-speed internet</b>	15.6%	14.5%	48.4%	23.5%	15.3%	5.7%
<b>Availability of quality, affordable childcare</b>	15.8%	28.4%	77.9%	4.1%	5.5%	6.6%
<b>Ability to contribute to savings, retirement</b>	53.0%	46.7%	67.5%	2.2%	6.3%	0.8%



	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Access to affordable, quality foods</b>	27.3%	24.9%	74.9%	4.9%	5.2%	3.0%

### Mental Health Needs

Please put a check mark if any of the following mental health needs negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Anxiety or panic disorder</b>	49.6%	56.6%	52.5%	1.9%	5.6%	1.9%
<b>Depression</b>	36.5%	56.0%	58.4%	2.4%	3.8%	1.6%
<b>Bipolar disorder</b>	3.8%	20.1%	38.3%	8.0%	28.2%	11.8%
<b>Trauma or post-traumatic stress disorder (PTSD)</b>	20.9%	30.6%	54.2%	6.2%	12.9%	6.7%
<b>General stress of day-to-day life</b>	64.3%	61.7%	61.4%	2.9%	5.1%	1.9%
<b>Social isolation or loneliness</b>	17.7%	31.9%	63.3%	4.6%	7.8%	6.2%
<b>Stigma associated with seeking care for mental health or substance use disorders</b>	12.6%	29.0%	65.4%	7.8%	8.8%	8.6%
<b>Suicidal thoughts and/or behaviors</b>	6.7%	24.4%	58.4%	8.6%	13.7%	8.8%
<b>Youth mental health</b>	10.7%	29.2%	62.7%	3.5%	9.1%	8.3%

### Housing

Please put a check mark if any of the following housing needs negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Housing costs</b>	47.3%	47.0%	81.1%	1.1%	1.7%	0.3%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Availability of affordable, quality homes/rentals</b>	37.8%	43.3%	84.8%	0.3%	1.4%	0.6%
<b>Availability of affordable, quality housing for older adults or those with special needs</b>	9.7%	26.1%	81.9%	2.3%	4.9%	2.9%
<b>Issues associated with home ownership or renting</b>	33.5%	37.5%	79.9%	2.0%	4.6%	2.0%
<b>Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)</b>	12.6%	17.2%	65.6%	6.3%	16.3%	4.9%
<b>Homelessness or availability of shelter beds</b>	2.6%	7.7%	79.9%	5.4%	7.4%	4.6%
<b>Cost of utilities</b>	51.9%	42.4%	76.5%	3.4%	3.7%	0.3%
<b>Costs associated with weatherization</b>	32.1%	28.4%	72.2%	3.4%	9.7%	2.9%

### Chronic Health Conditions

Please put a check mark if any of the following chronic health conditions negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Asthma, COPD, or Emphysema</b>	17.4%	33.1%	34.2%	6.7%	15.1%	12.6%
<b>Arthritis</b>	21.0%	40.3%	25.2%	6.2%	16.5%	9.5%
<b>Cancer</b>	7.8%	45.9%	43.1%	4.2%	10.4%	9.5%
<b>Diabetes or high blood sugar</b>	11.8%	44.5%	42.9%	5.9%	10.1%	7.8%
<b>Heart disease or heart attack</b>	4.5%	35.3%	40.9%	7.3%	14.8%	12.9%
<b>High cholesterol</b>	21.0%	45.1%	31.1%	4.5%	13.2%	7.3%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>High blood pressure or hypertension</b>	19.3%	54.6%	32.2%	3.9%	9.2%	7.0%
<b>Overweight/obesity</b>	31.4%	45.9%	48.2%	4.8%	6.2%	7.3%
<b>Stroke</b>	1.4%	21.0%	29.7%	9.5%	26.3%	18.5%
<b>Chronic liver disease/cirrhosis</b>	2.2%	11.5%	25.8%	14.3%	30.3%	19.9%

### Substance Use

Please put a check mark if substance use negatively impacts you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Alcohol misuse or binge drinking</b>	8.3%	42.3%	74.6%	2.7%	4.7%	1.2%
<b>Opioid misuse</b>	2.4%	14.5%	77.2%	3.6%	10.1%	4.1%
<b>Tobacco use</b>	4.4%	29.6%	75.1%	4.1%	8.3%	3.8%
<b>Vaping</b>	4.1%	21.0%	74.0%	4.1%	9.5%	5.0%
<b>Adult cannabis use</b>	7.1%	26.9%	63.3%	14.2%	8.0%	4.7%
<b>Other illicit drug use</b>	3.3%	13.6%	76.3%	3.0%	11.2%	4.7%
<b>Youth substance use</b>	2.4%	12.1%	71.3%	3.6%	14.8%	5.3%

### Environmental Concerns

Please put a check mark if any of the following environmental concerns negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Air quality</b>	29.6%	24.1%	52.1%	19.6%	15.8%	3.5%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Water quality</b>	22.2%	18.6%	49.8%	20.6%	20.3%	2.6%
<b>PFAS (“forever chemicals”) contamination</b>	31.5%	28.3%	64.6%	5.8%	25.1%	0.6%
<b>Extreme weather events (hurricane, flooding, etc.)</b>	35.7%	27.7%	72.7%	7.7%	9.6%	3.5%
<b>Access to parks and green spaces for recreation</b>	17.0%	13.8%	46.3%	35.4%	6.8%	6.4%

### Transportation Needs

Please put a check mark if any of the following transportation needs negatively impact you, a loved one, and/or the community where you live. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Access to transportation (for medical appointments, work, childcare)</b>	10.2%	18.0%	79.9%	2.0%	9.5%	2.0%
<b>Availability of public transportation (buses, trains, ride shares, taxis)</b>	20.7%	25.9%	77.6%	4.8%	8.8%	1.0%
<b>Availability of transportation that meets a variety of specific needs (older adults, physical or cognitive needs)</b>	8.5%	16.3%	79.9%	2.0%	11.6%	1.4%
<b>Costs associated with owning and maintaining a vehicle (insurance, registration, repairs)</b>	43.5%	43.9%	72.1%	2.4%	7.5%	1.7%

## Public Safety Needs

Please put a check mark if any of the following public safety needs. (Select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Pedestrian (walking) or bicycle safety</b>	36.1%	27.1%	75.5%	8.2%	7.8%	1.9%
<b>Property crime</b>	8.9%	7.8%	64.3%	8.6%	21.2%	1.9%
<b>Community violence</b> (gangs, guns, street crime)	6.7%	8.6%	46.1%	24.2%	20.1%	6.7%
<b>Violence between people</b> (domestic, sexual, bullying)	8.6%	15.2%	84.4%	3.0%	7.8%	1.5%
<b>Racism</b>	8.2%	16.4%	77.3%	5.2%	11.2%	2.2%
<b>Discrimination based on race, ethnicity, gender, LGBTQIA2S+, age, ability, etc.</b>	17.8%	24.5%	72.9%	7.4%	14.9%	1.5%

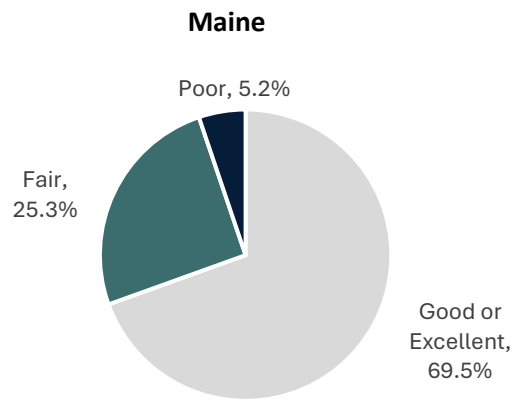
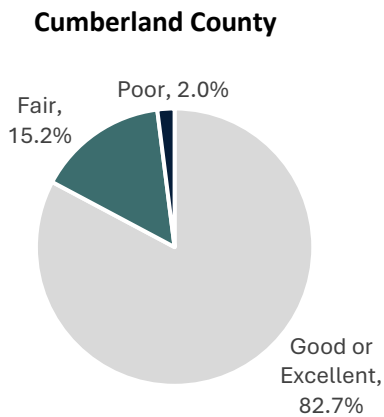
## Socioeconomic Empowerment

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.

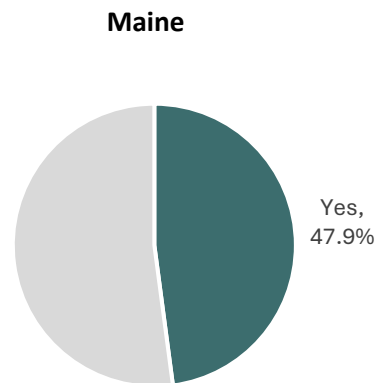
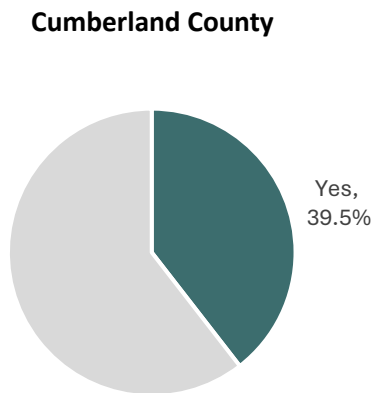
<b>Cumberland County</b>	<b>Maine</b>
1) Affordable and safe housing	1) Jobs that pay enough to support a living wage
2) Jobs that pay enough to support a living wage	2) Affordable and safe housing
3) Mental health care and treatment	3) Mental health care and treatment
4) Affordable & available health care	4) Affordable & available health care
5) Affordable & quality childcare	5) Affordable & quality childcare

## Physical Health Status

How would you rate your own physical health?



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?

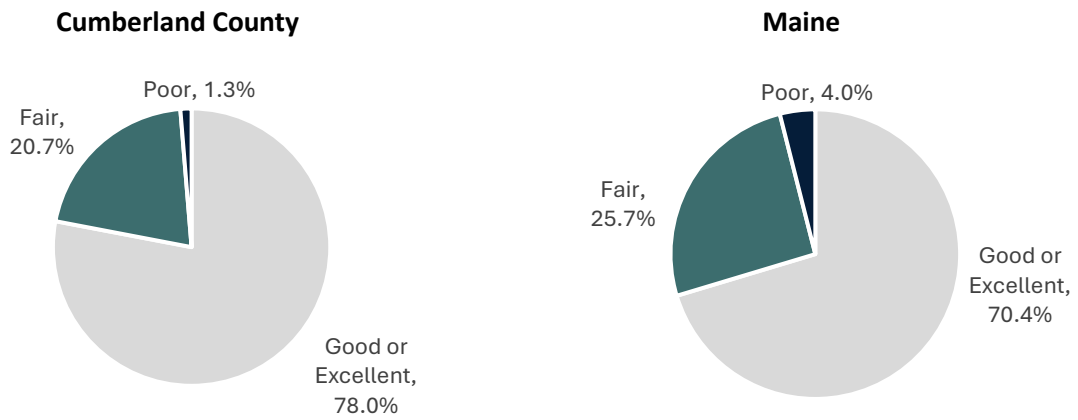


If yes, what stopped you from getting care when you needed it? (Select all that apply)

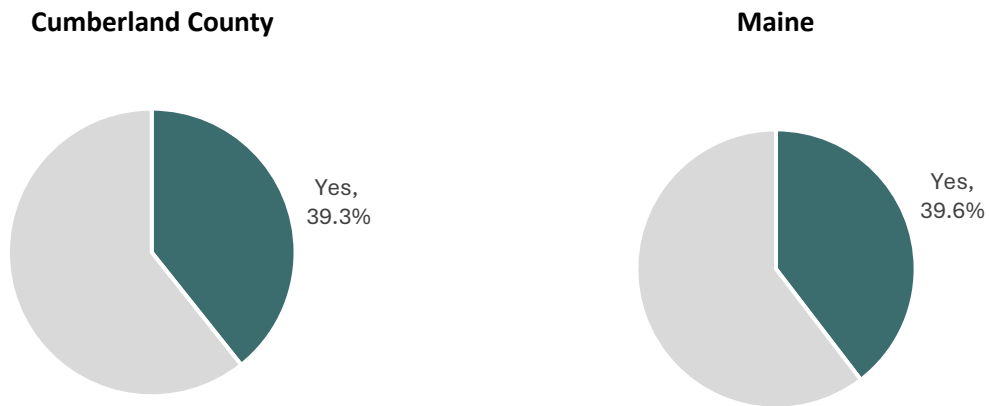
Cumberland County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Had health insurance, could not afford care	2) Had health insurance, could not afford care
3) Hard to get time off from work	3) No evenings or weekend hours to get care

## 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)

Cumberland 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) Not sure where to go for help	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 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.