

Community Engagement Profile:

Franklin County

September 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.

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, conducting two focus groups in Aroostook, Cumberland and Penobscot Counties to account for variation in the population and geography of these counties. These focus groups also provide important information and insights to the experiences of people at the County level.

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: 4

Top Themes

- Affordable housing
- Dental
- Emergency and transitional housing
- Limited health care access in rural communities
- Mental health services, especially crisis services
- Substance use services, including detox

The following sections contain select quotes from focus group participants.

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

- “When people come together and help each other”
- “Resources”
- “Awareness of where stuff is and what’s out there”

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

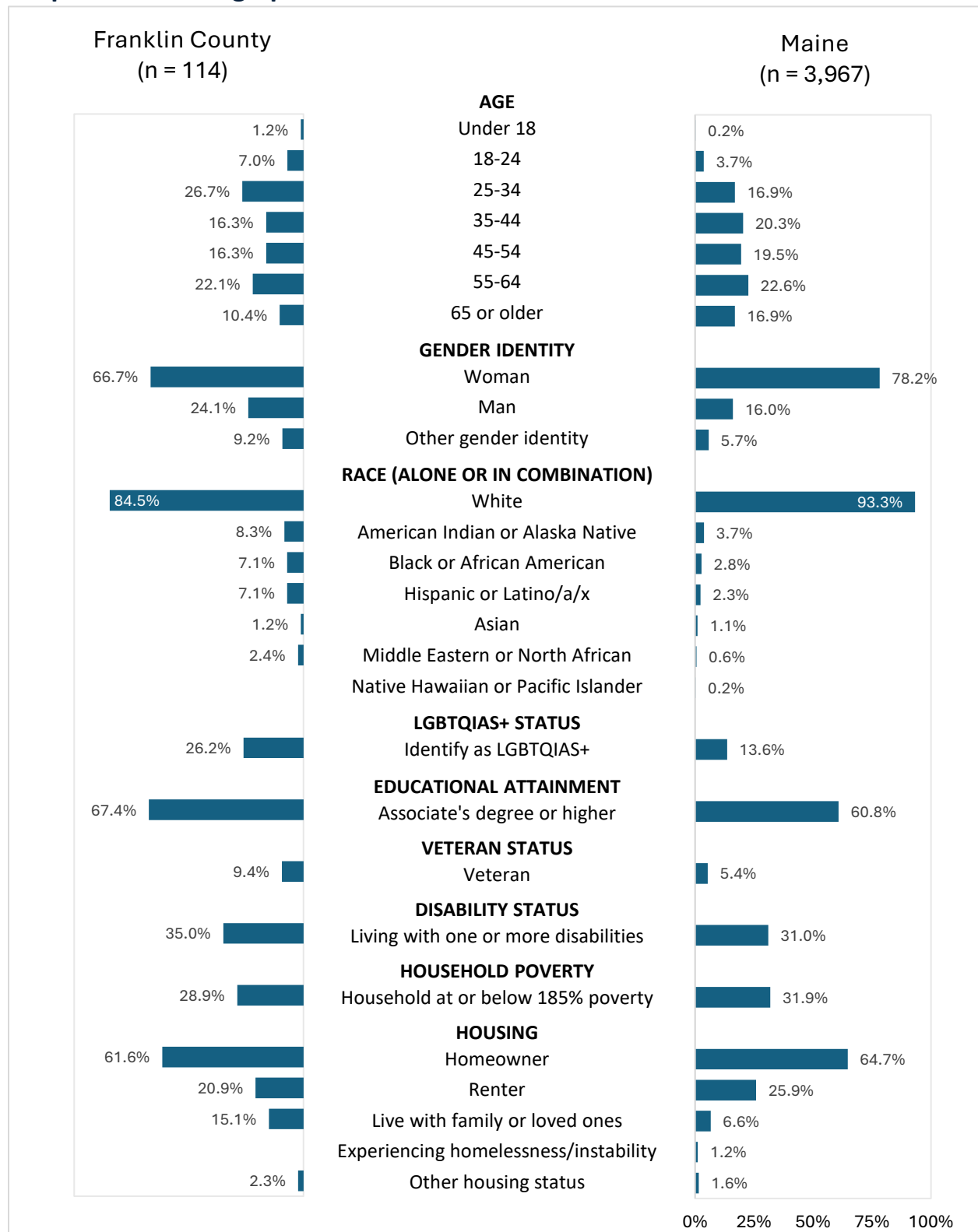
- “A lot of rural communities have no health centers. Only nurse practitioners. I can come to Farmington to see a doctor, but there are long wait lists.”
- “Most of the time [with the crisis team] you’re on a tablet talking to a crisis worker. There aren’t a lot psych wards around anymore. I had been stuck in the annex for three days. I ended up taking a five-hour trip to Fort Kent [for care].”
- “MaineCare has decided they will cover more dental if you can find a dentist who takes it.”

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

- “Transportation is a huge barrier. People know where the resources are, they just can’t get to them.”
- “Homeless shelters are a need. There used to be one, but it shut down during COVID.”
- “I got MaineHousing while working with a navigator. I was able to go to the top of the list by doing what they wanted me to do. Now, they are putting people in hotels because the waiting lists are so long.”
- “There is definitely a housing crisis. Who can afford first, last, and security deposit?”
- “Social interaction is huge. A lot of people in these rural communities are sitting in their home – these small little towns need something to get people out of their homes.”

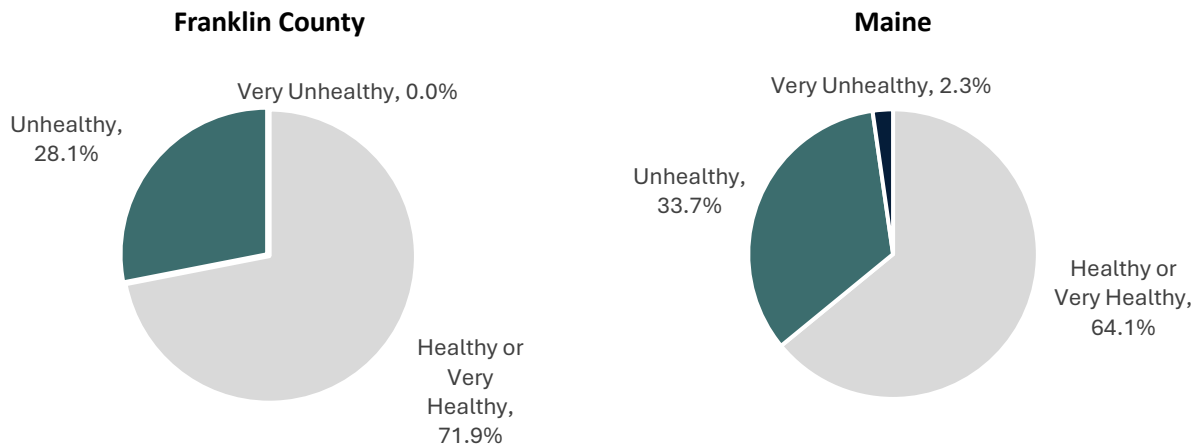
Community Survey

Respondent Demographics



Community Health Status

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



Top 5 strengths of the community

Franklin 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) Strong sense of community	5) Low crime

Top 5 social concerns that negatively impact your community

Franklin 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) Housing insecurity	4) Housing insecurity
5) Childcare	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'

Franklin County		Maine	
Economic needs	78.2%	Economic needs	76.1%
Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	78.1%	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	75.7%
Mental health needs	77.3%	Mental health needs	73.6%
Substance use	74.7%	Substance use	68.5%
Housing needs	74.7%	Housing needs	68.5%
Transportation needs	74.1%	Transportation needs	60.9%
Environmental needs	57.7%	Environmental needs	58.4%
Public safety needs	51.6%	Public safety needs	53.7%

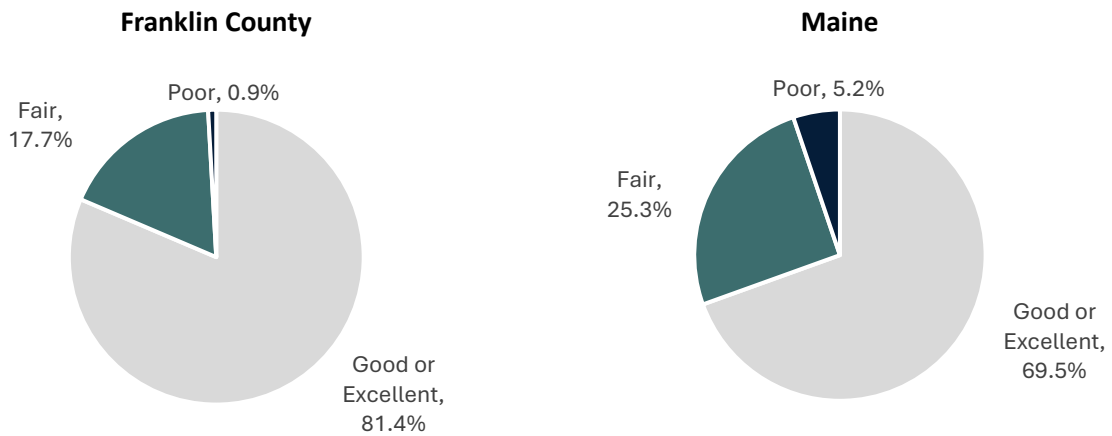
Socioeconomic Empowerment

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.

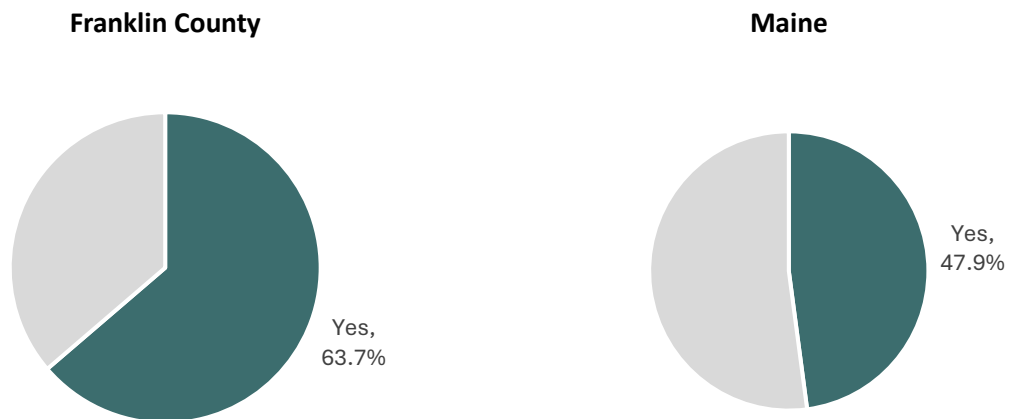
Franklin County	Maine
1) Affordable and safe housing	1) Jobs that pay enough to support a living wage
2) Mental health care and treatment	2) Affordable and safe housing
3) Affordable & quality childcare	3) Mental health care and treatment
4) Affordable & available health care	4) Affordable & available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

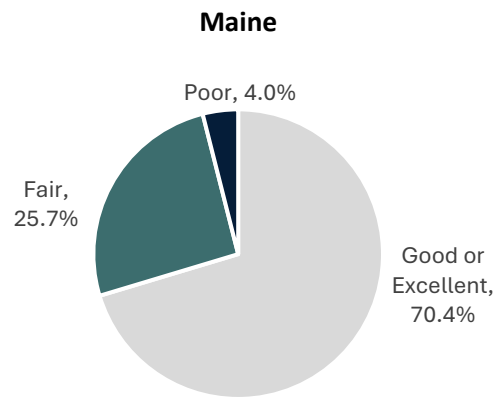
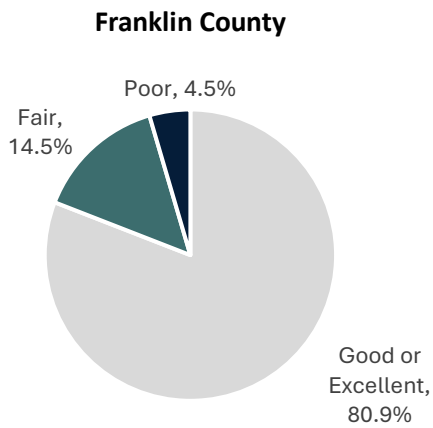


If yes, what stopped you from getting care when you needed it? (Select all that apply)

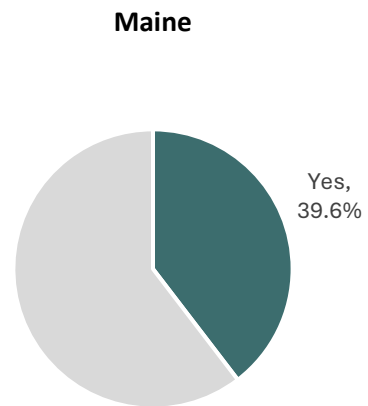
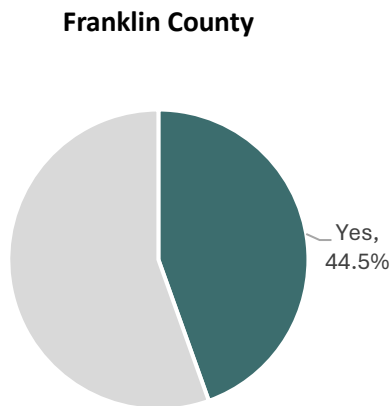
Franklin County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Hard to get time off from work	2) Had health insurance, could not afford care
3) Had health insurance, could not afford care	3) No evenings or weekend hours to get care

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)

Franklin County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Not sure where to go for help	2) Had health insurance, could not afford care
3) Did not feel comfortable with available providers	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.

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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.