

# Community Engagement Profile:

## Knox 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: 6**

### Top Themes

- Access to healthcare
- Access to healthy foods
- Affordable housing
- Timely mental health care
- Transportation

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

- “Access to resources – mental health, recovery, case management.”
- “Ability to get in to see a regular doctor and be able to choose a doctor.”
- “Transportation – reliable and timely.”
- “Equal access for all human beings.”

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

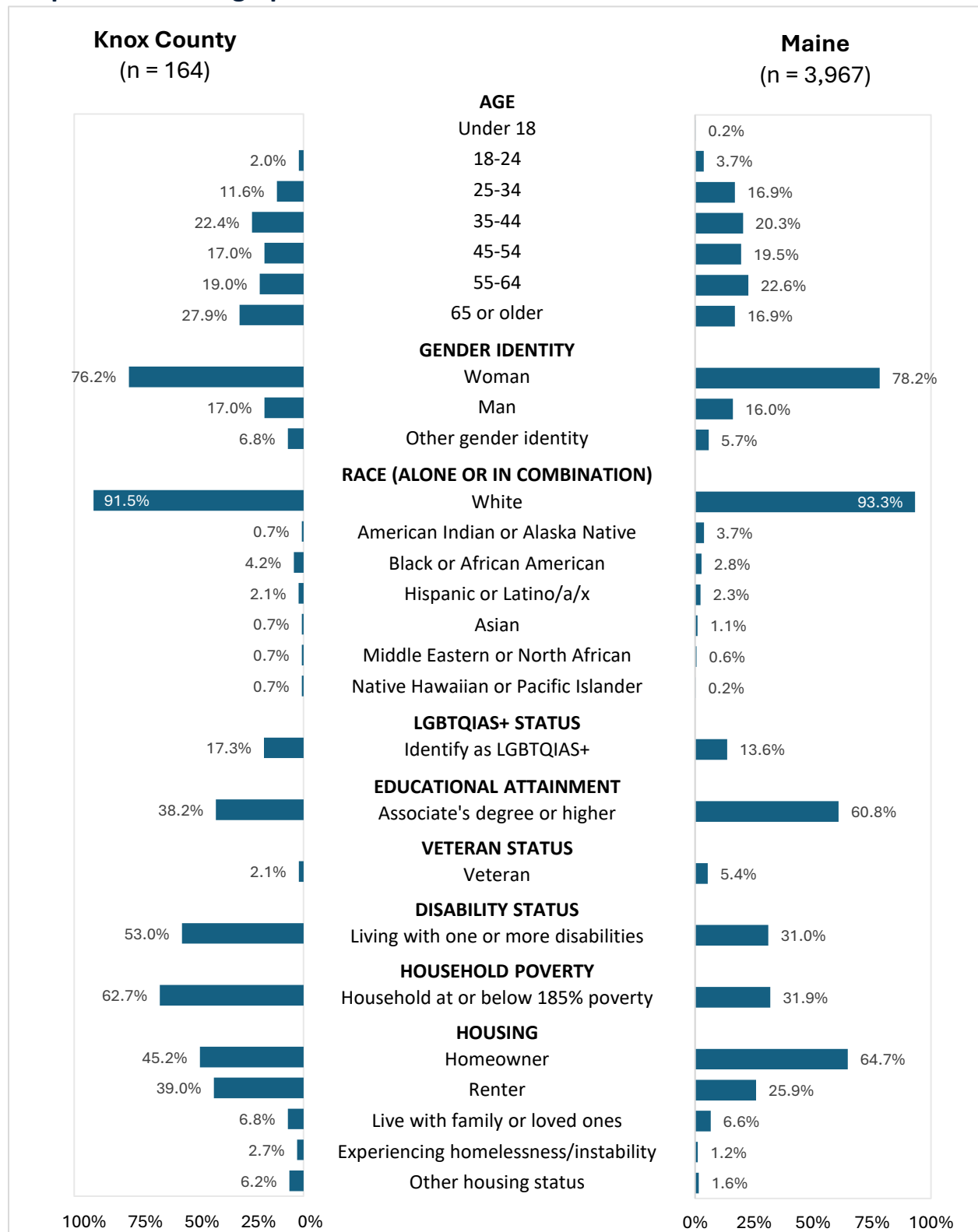
- “Most specialties. They are available but far away and few accept MaineCare.”
- “A lot [of providers] won’t take Medicare or Medicaid because they have to wait to get paid. It takes about 120 days, not just a couple of weeks.”
- “Transportation – most of us use the Dash or Mid-Coast Connector – but they are not reliable. They will call and change your time – you might have to go an hour early to your appointment, or stay there an extra hour.”
- “Services in the wintertime – no warming shelters. There is one that is sometimes open on Saturdays. No immediate thing to bridge that gap.”

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

- “Access to healthy food. Rockland has amazing soup kitchens. If you’re out in Washington, Appleton, etc. you don’t have access to healthy foods.”
- “At Mary Gardens – activities don’t happen or happen sporadically. Staff say, “nobody comes.” But it’s a vicious cycle.”
- “I make decent money, but I have bills. My funds for groceries go into a meat package. I’ll go to the food pantry to get free/fresh vegetables. We plan ahead to have treats.”
- “Housing affordability – issues with zoning, gentrification. You almost have to have two jobs to afford housing locally. About \$2,500 a month if you have a family.”

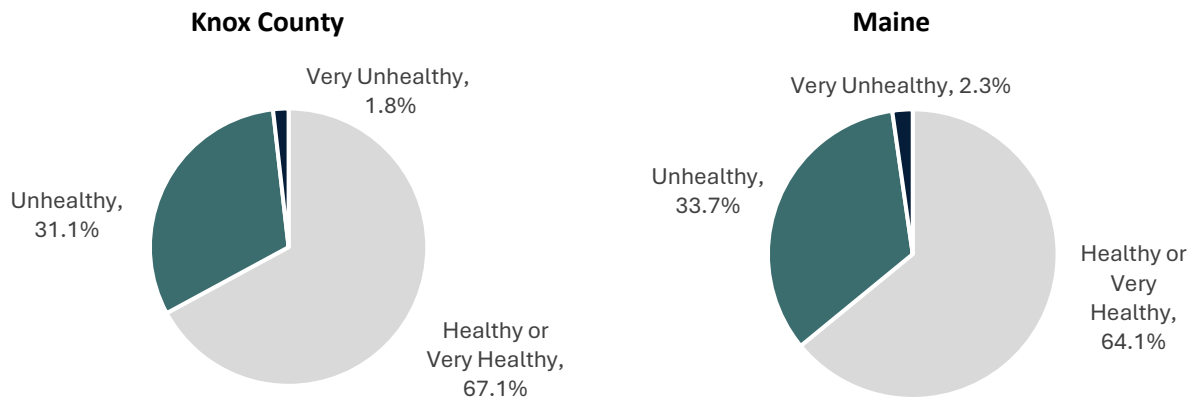
# Community Survey

## Respondent Demographics



## Community Health Status

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



### Top 5 strengths of the community

Knox 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) Low crime	4) Schools & education for all ages
5) Schools & education for all ages	5) Low crime

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

Knox County	Maine
1) Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	1) Mental health issues (anxiety, depression, suicide, etc.)
2) Mental health issues (anxiety, depression, suicide, etc.)	2) Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)
3) Housing insecurity	3) Low incomes and poverty
4) Low incomes and poverty	4) Housing insecurity
5) Dental and oral health	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'*

Knox County		Maine	
Economic needs	79.1%	Economic needs	76.1%
Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	77.6%	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	75.7%
Housing needs	72.7%	Mental health needs	73.6%
Mental health needs	70.2%	Substance use	68.5%
Transportation needs	67.7%	Housing needs	68.5%
Substance use	62.5%	Transportation needs	60.9%
Environmental needs	53.6%	Environmental needs	58.4%
Public safety needs	45.9%	Public safety needs	53.7%

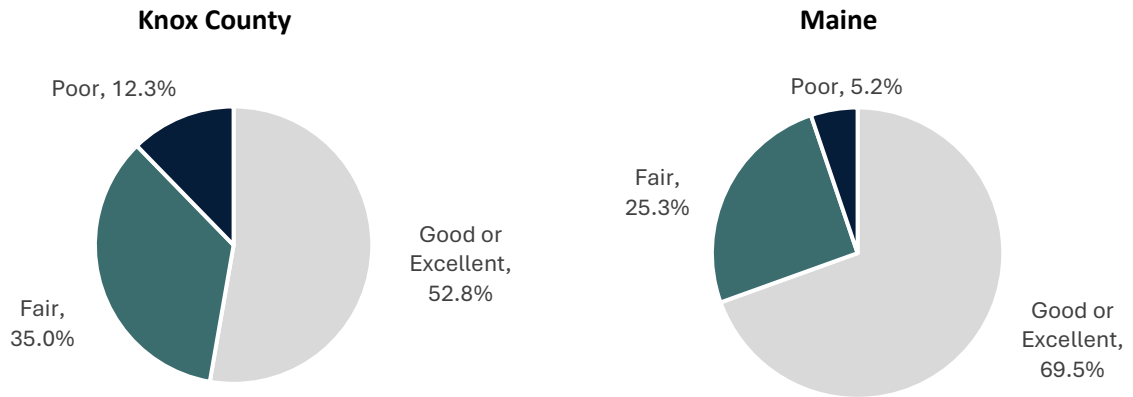
## Socioeconomic Empowerment

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.

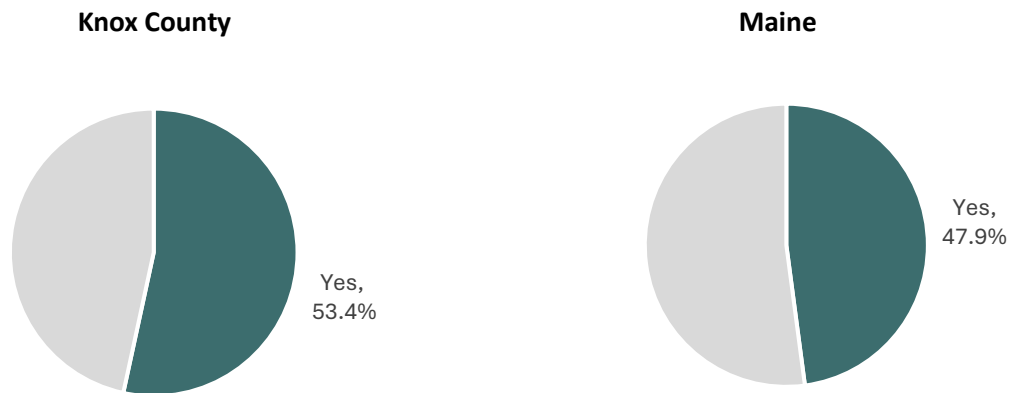
Knox County	Maine
1) Jobs that pay enough to support a living wage	1) Jobs that pay enough to support a living wage
2) Affordable and safe housing	2) Affordable and safe housing
3) Affordable & quality childcare	3) Mental health care and treatment
4) Reliable transportation	4) Affordable & available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



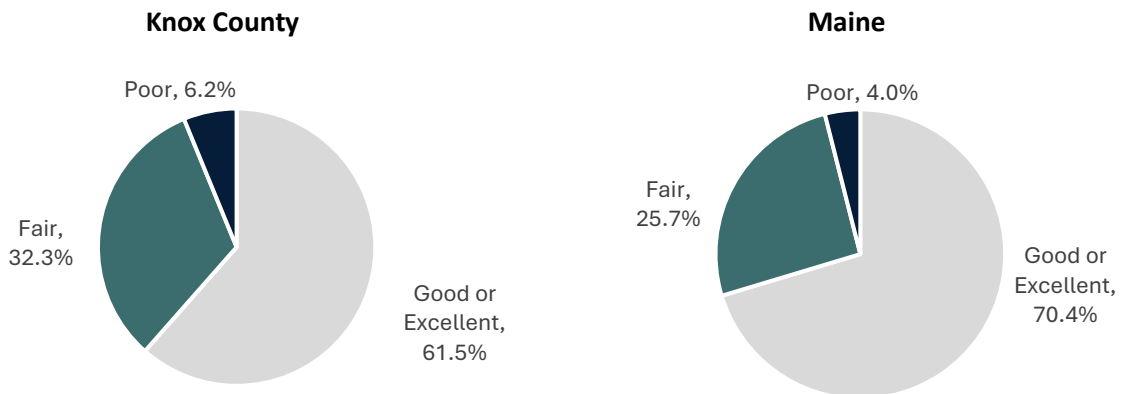
If yes, what stopped you from getting care when you needed it? (Select all that apply)

Knox County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) No evenings or weekend hours to get care	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

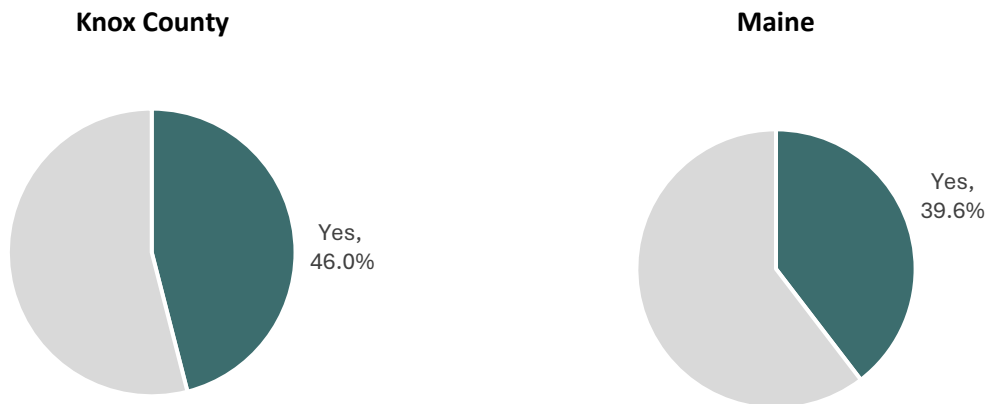


## Mental Health Status

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)

Knox County	Maine
1) Long wait times to see a provider	1) Long wait times to see a provider
2) Did not feel comfortable with available providers	2) Had health insurance, could not afford care
3) Did not feel comfortable seeking help	3) No evenings or weekend hours to receive care

## Acknowledgements

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We are grateful for the time, expertise, and commitment of numerous community partners and stakeholder groups, including: the Metrics Committee, the Community Engagement Committee, Local Planning Teams, and several Ad-Hoc Committees. Crescendo Consulting Group provided quantitative and qualitative expertise, design and production support, and analysis.

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.