Maine Community Engagement Profile:

Statewide Overview

2024

Contents

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. Further information on the community engagement process can be found in Appendix A.

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.

This document contains a summary of key themes from the key informant interviews, statewide focus groups, and the statewide community survey. In addition, this document discusses the findings from the 2024-2028 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 (OADS) in January 2024 and the 2023 Health Care Access Survey prepared by John Snow, Inc. for Disability Rights Maine (DRM) in March 2023.

The Maine Shared CHNA's data commitments are outlined in Appendix C. 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 and other vulnerable populations. To meet this requirement, the Maine Shared CHNA hosted statewide and County focus groups. These focus groups also provide valuable information and insights into the experiences of people across the state of Maine and at a County level.

Focus groups were conducted at the state level with specific populations and sectors including LGBTQ+, multigenerational Black/African American, veterans, women, young adults, youth, and migrants (immigrants, refugees, asylees, and seasonal workers).

We recognize that for many people, their lives and their health are 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.

Key Informant Interviews

The Maine Shared CHNA completed 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.

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.

For a list of organizations participating in the key informant interviews, see Appendix B.

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. The survey was translated and made available in 8 languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish.

Focus Groups and Key Informant Interviews

Community Strengths and Needs

Throughout focus groups and interviews with community members and stakeholders across the state, many individuals discussed themes that span across identities. These discussions focused on both the strengths and the needs of all people living in Maine.

Strengths

Participants discussed strengths as they applied to community members across the state rather than specific populations. There are a number of things that are working well across the state. These statewide strengths included:

- Strong sense of community
- Increased use of telehealth and telehealth accommodations
- Creative public health initiatives

Sense of Community

Many focus group participants and stakeholders shared that they appreciated the sense of community they had found while living in Maine. They noted the community comes together to support one another and help each other out when able. Participants spoke of the importance of this sense of community and how the people living and working in Maine are invested in others' well-being. One stakeholder shared,

Focus Group Participant

"We all work together. If I could not mow my lawn, my neighbor would do it for me - probably wouldn't even have to ask. We all help each other out and that's just how it is."

"Communities with a culture of supporting each other are better off. There is a walking group in [our rural Maine town]; it is a mix of incomes, but they come together to ensure they stay physically active."

One focus group participant shared their own experience of the benefit of social media for building connections between community members,

"***There are some local people who want to help out of the goodness of their heart. A lot of things are coming together through community Facebook pages. People are crying for help through Facebook, which can be good or bad with social media. But it lets people connect with each other.***

Overall, many participants shared sentiments that emphasized the compassion that community members have for one another, and a willingness to help in a variety of ways to better their community.

Telehealth

Focus group participants and stakeholders within the community noted an increased use of telehealth as a benefit for serving the needs of the community, especially in more rural areas of the state. One focus group participant succinctly noted, ***"Telehealth isn't just a stopgap – it's a genuine form of meeting people's needs."*** Many community members specified that telehealth for mental and behavioral healthcare has been particularly helpful for them.

Telehealth also requires access to both internet and equipment which can be difficult for community members that cannot afford these services or do not have the technical skills to utilize them. One stakeholder in the community shared how community organizations were adapting to increase access to telehealth services, sharing, ***"Some cool work is being done through Maine State Library. There is a pilot program with a HIPAA-compliant room for people to do job interviews or doctor's appointments via telehealth which helps people who don't have internet at home."***

Creative public health initiatives

Many individuals praised the creative public health initiatives that local and state organizations have implemented to help vulnerable populations provide services to those who need them.

Veterans spoke highly of the care provided at Togus Veterans Affairs Medical Center. The "Cabin in the Woods" program for veterans housing was universally praised as a creative and effective solution for veteran-specific housing. One focus group participant shared,

"I was homeless on and off for three years. A worker for Togus picked me up at the shelter and offered to bring me here. Most of us pay 30% of our income and that includes everything. We need more stuff like this."

Focus Group Participant

"Harm reduction in substance abuse has been a game changer. Getting people one step closer to recovery and better health is so helpful and important. Access to clean needles help and are better than 10 years ago. And needle exchanges get patients engaged with healthcare professionals who can ask them questions and help them."

Focus group participants shared that the proximity of this housing community to the Togus VA Medical Center allows for better access to healthcare services. Harm reduction efforts are also highly regarded among focus group members and stakeholders. The Opportunity Alliance was noted as an impactful organization that serves as a moderator for individuals experiencing mental health crises so police are not the first line of response. The stakeholders and focus group members recognized the increased efforts for harm reduction related to substance use disorder, including clean syringe programs and more education on Narcan use for overdose prevention.

Focus group participants and stakeholders shared many different programs utilize some form of peer support or peer navigation, and this is a huge benefit to the community. This peer support was noted as especially beneficial for individuals re-entering society from incarceration and individuals with substance use disorders. When asked about peer support programs, one stakeholder shared,

"This [peer support services] has received more investment and support over the past few years. Receiving centers have more peers on board - like in Portland. [There is] more funding coming in recent budget in Lewiston, Penobscot, and a few others."

Needs

Across Maine Shared CHNA focus groups and interviews, participants discussed the needs of the community as a whole as well as needs specific to their unique population. Some of these needs align with the strengths identified as well. The needs that were common across the state included:

- **Housing and housing support**
- **Transportation**
- **Healthcare access**
- **Social and community networks**
- **Health equity efforts**

Focus Group Participant

"The system has inequities and none of the people chose to be in the situations they're in. Collectively, we first need education to understand these challenges, [and understand the] impact of a lifetime of disparities. We need to get people out of individual mindset. We need to look at the system to fix these things and then focus on individuals."

Comparison of Identified Needs with Other Assessments

Groups within the state of Maine have conducted multiple assessments on statewide needs for certain populations including the Maine State Plan on Aging Needs Assessment (SPOA Needs Assessment)[1] and an assessment of health access for people with disabilities by Disability Rights Maine (DRM).[2] These reports offer a comprehensive overview of the needs and priorities of their specified populations. These primary needs and priorities identified by these two reports overlapped significantly with the needs identified in this report as indicated in the following table.

[1] Maine Department of Health and Human Services (2024). *Maine State Plan on Aging Needs Assessment Statewide Plan of Action final report.* https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/SPOA-Final-Report-2024.pdf

[2] Disability Rights Maine (2023). *Equitable access to health care for Mainers with disabilities*. https://drme.org/assets/brochures/DRM-Equitable-Access-to-Health-Care-for-Mainers-with-Disabilities-Final.pdf

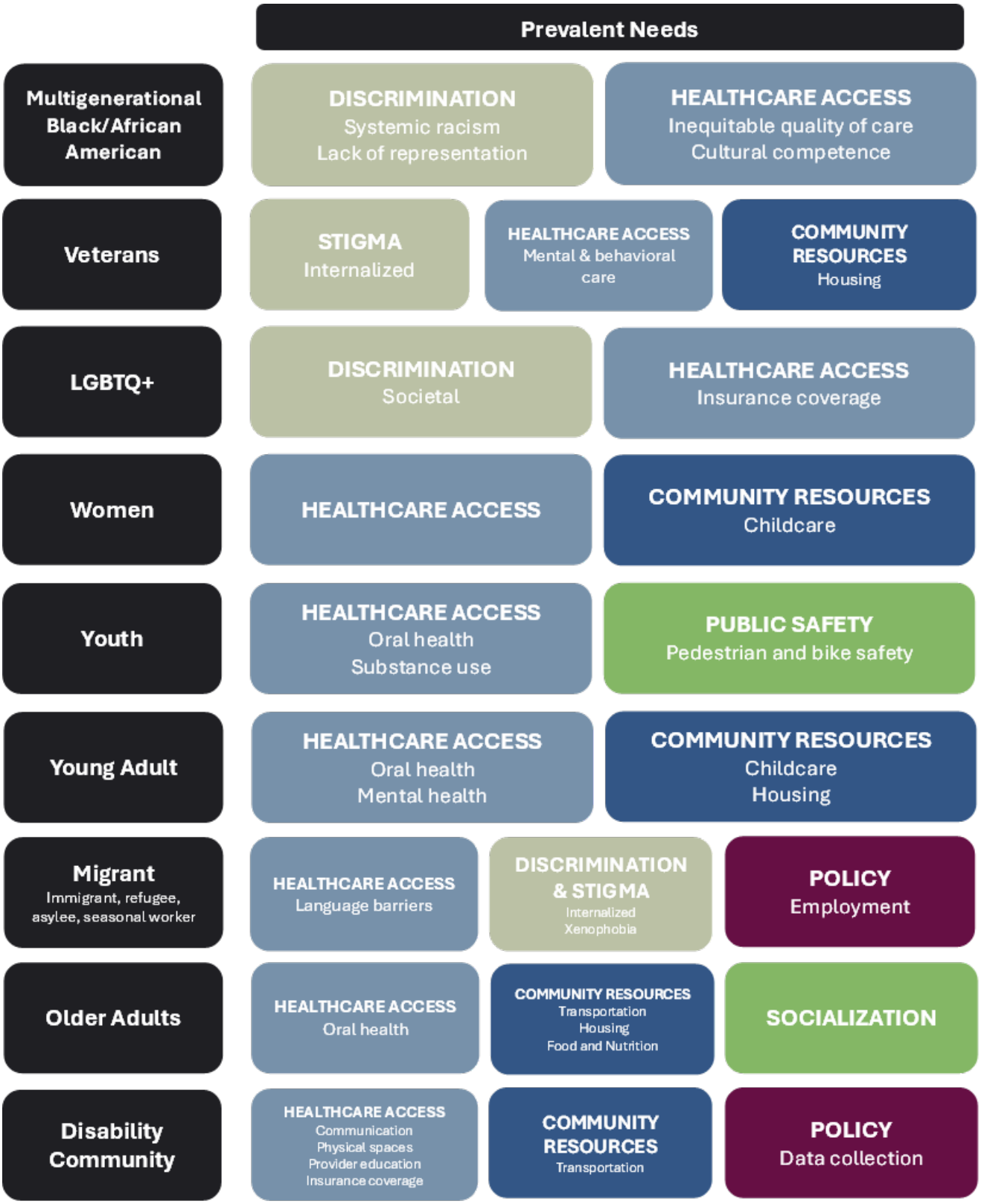
Needs By Population

Focus groups were held with populations that are systemically disadvantaged to understand the strengths and needs of their communities. These focus groups included **multigenerational Black/African American, veterans, LGBTQ+, women, youth,** and **young adults.** Although the **migrant population** was unable to provide feedback in a focus group setting, many stakeholders and community members shared their experiences regarding the needs of this population. Key stakeholders that work closely with the focus group populations were also interviewed to have a holistic understanding of the needs and concerns of these unique communities. The following qualitative matrix and report focus on population-specific themes identified by both focus group participants and, when applicable, stakeholders in the community. **Discrimination**, **healthcare access,** and **community resources** were the most frequently discussed across all groups, however each population often had its specific concerns within these areas. The needs of the **aging adult** population and the **disability community** are also reflected in this report, though this qualitative data was collected and reported within the SPOA Needs Assessment and DRM report. This data has also been included to identify overlapping sentiments throughout this report.

Maine Shared CHNA Statewide Engagement Summary

- **Focus Group Participants**: 31 (total)
    - Multigenerational Black / African American: 12
    - Veterans: 7
    - LGBTQ+: 5
    - Women: 1
    - Youth: 3
    - Young Adults: 3
- **Key Informant Interviews**: 25

Maine Shared CHNA Prevalent Needs by Population Matrix



Multigenerational Black/African American

Systemic barriers exist that make maintaining health and well-being more difficult for Black people living in Maine than other populations. The number of Black individuals in Maine is growing, and with this growth comes an increased awareness of the challenges these individuals face and an urgency to reduce these barriers.

Focus Group Participant

"It's easy to see homogeneous [white] Maine if you don't know any better. There's a wide range of health needs in the community due to diversity, and we need to work harder to reach the most vulnerable because they're spread out."

Discrimination

Systemic Racism

Black individuals from across Maine shared how systemic cycles of racism have impacted their community negatively in different ways. The presence of systemic racism affects public health funding, promotion, and interventions. Many noted that although there is acknowledgment of health disparities between Black and white populations, action needs to be taken to remedy this gap:

"Until we get to a place where our [morbidity and mortality] numbers are going down and our health is going up, there's a reason why we don't seek a counselor or get help for substance abuse, it's because of systemic racism in our healthcare system."

Focus Group Participant

"The acknowledgement that there is an issue has been good. The challenge has been that the level of investment in community pales in comparison to long historical underinvestment in these communities, especially for the multigenerational Black community."

Multiple individuals noted the impact of the historical and current inequities, such as the wage gap on the well-being of individuals within the Black community. One individual shared,

"There's so much research on the wage gap, especially with Black women which comes with the ability to buy healthy food, take time off work, choose where you live. And folks who are underemployed don't have the ability to move up the ladder."

Lack of Representation

To improve health equity, Black community members spoke of the need for more representation within state departments and other positions of power:

"Our biggest need is to be represented and prioritized in process and policies related to [social drivers of health]."

Focus Group Participant

"I would make sure that state health policy and procedures were revamped so that they were built with the most marginalized and vulnerable in mind and that programs and initiatives were designed to address that population first and foremost and that funding would reflect those priorities."

Community members also shared the need for policies and programs to reflect the needs of vulnerable populations in Maine. Many individuals identified changes that could be made to improve the health and social outcomes for marginalized populations. Participants discussed state programming and policy lack intentionality in addressing well-known gaps and historical barriers. Another community member reflected on the lack of consideration for race and ethnicity:

"If the state continues to push down how race and ethnicity is considered in mechanisms, strategies, and programs, then you get to a point where it's meaningless."

Healthcare Access: Equity and Quality

Inequitable Quality of Care

Systemic racism within Maine prevents Black individuals from receiving high-quality health care which can contribute to health disparities in the Black community and continue a cycle of mistrust in the healthcare system. Many individuals spoke about how Black individuals, regardless of other socioeconomic factors, experienced inequitable treatment by providers. One Black parent who participated in a focus group shared, ***"we had a white doula because I knew stepping into the room diminished our outcomes. I've come to terms with the fact that me being in a room diminishes the outcomes of my partner and my soon-to-be child."*** Another Maine Shared CHNA focus group participant shared that historical treatment of Black individuals continues to have negative effects, ***"There is a mistrust in the Black community with the healthcare system due to prior injustices."***

A theme that was present in the SPOA Needs Assessment on aging adults was ageism within healthcare and its impact on the quality of care received. One focus group member within the Black and African American community:

"She's still got a lot of years left, and she should feel that providers care about her and her medical needs."

Cultural Competence

Others expressed concern about healthcare providers' understanding of how different medical conditions manifest in Black individuals. One focus group participant noted it is important medical providers**, *"have cultural fluency and medical knowledge to understand how black women's bodies and health issues are different than white women."*** Another noted the particular importance of cultural competence in healthcare sharing their personal experience, ***"When I go to a dermatologist, I'm looking for help to save things that matter to me. Hair is a thing for us - it has been vilified, laws about what we can do with our hair. I'm looking for help to save aspects of my identify that are important to me […] Those things are mitigated if you're viewed as a whole person."***

Maine Shared CHNA focus group participants voiced a need for more Black healthcare providers in Maine and training for all health providers in cultural competence:

> ***"The long game is to reduce unnecessary barriers that prevent more people of color from going into these professions in the first instance. When you are in the process of being trained, having cultural competency be prioritized and included from day one is really important. If issues of race and ethnicity are included in training and education from day one, it gives multiple opportunities for individuals to be sensitive to issues and aware of how it may manifest in different areas of practice."***
>
> ***"I would procure a greater number of healthcare providers of all backgrounds fitting the populations of the communities they're in."***

Veterans

Veterans who participated in focus groups and stakeholder interviews shared what their community needs are as well as what has been working well in their community to promote health and social service access. Veterans discussed the impact of internalized stigma, the limitations of VA healthcare, and the benefits and limitations of current veteran-specific housing.

Internalized Stigma

Across the state, veterans shared the needs of those within their community and discussed the resources available in Maine. Many of the veterans who participated in focus groups and interviews noted internalized stigma often prevents individuals from reaching the services they may need, including mental and behavioral healthcare, housing, and healthcare access:

> ***"A lot of veterans won't ask for help. Think they can do it themselves."***
>
> ***"People feel 'I don't want to take a resource from other people to use for myself.'"***

Others shared how they learned to change this perspective and reflected on the positive impact seeking care has had for themselves and others:

> ***"I used to think this way. Recently, I was shown the more people that apply for benefits, the more that is available for everyone."***

> ***"That was my attitude for many years, 'I can take care of myself. The VA is for someone who can't afford it.' Once I had access to the care, that's what made it easier for me. I earned it. "***

Healthcare Access

Veterans living in rural areas of Maine also face difficulty accessing healthcare. One person shared, "At Togus it is easy. For others, it is not so easy. Especially for the older people who can't drive." Another shared how increased telehealth services have allowed for better healthcare access:

> ***"My dad is a disabled vet. He's able to use telehealth for his appointments, otherwise, he has to go down to Augusta, Bangor, Caribou. Some people can't travel all over to get the care they need."***

One stakeholder in the community also shared how both stigma and a lack of providers for veterans are barriers to them reaching the care they need, sharing,

> ***"Too many veterans don't reach out to get help, so lack of awareness of available support. Even if they do reach out, there are too few practitioners."***

Mental and Behavioral Health

Many veterans shared mental and behavioral health concerns have a significant impact on their community and accessible care is essential for well-being. One stakeholder discussed the unique needs they have, sharing that needs within the veteran population are, ***"different than issues affecting the civilian community who haven't been asked to do the unthinkable."*** Another stakeholder echoed this sentiment and its impact on seeking care sharing, ***"Vets are more likely to open up to other vets rather than civilian therapists […] this is a barrier for people to get care***" and continued on to share ***"more mental health providers who are vets or understand vets"*** would be beneficial.

Focus Group Participant

> ***"There are some support systems, but they're in the city or the big veterans' home is in Augusta, which is a good hundred miles away and is only good if you can get in."***

Regarding substance use disorder treatment, veterans shared some basic care is available, but ***"if you need extensive services you need to go out of state."*** One stakeholder shared that while the need for mental and behavioral health care providers for veterans is still high, there is work being done to provide more services, including building a residential treatment facility at Togus Veterans Affairs (VA) Medical Center in Chelsea.

Housing

A lack of available housing for veterans is also a need within Maine. As discussed in the strengths section of this report, many veterans spoke highly of the "Cabin in the Woods" program through Volunteers of America which offers permanent housing within walking distance of the Togus VA Medical Center in Chelsea. However, they also acknowledged availability remains limited and long wait lines exist for it. Many voiced the need for more housing programs similar to this one because they would not be able to survive without it: ***"I would only leave for two reasons: to go to a nursing home or to die. I could not afford somewhere else."***

LGBTQ+

Focus Group Participant

"Knowledge of LGBT identities and issues is something that should be standard in medicine."

Across the US, individuals that are LGBTQ+ are at a higher risk of poorer health outcomes. In focus groups and stakeholder interviews, community members discussed how the current healthcare system is not adequately prepared to care for LGBTQ+ individuals and others within their community in a safe, trauma-informed manner. A lack of knowledge regarding LGBTQ+ identities and a lack of training inhibit health care professionals from providing culturally competent care.

Discrimination

Societal stigma against LGBTQ+ individuals is prevalent and can present directly through violence or through systemic ways such as discrimination in employment and poor healthcare.[3] Many of the discussions regarding LGBTQ+ individuals centered on a lack of knowledge or awareness of LGBTQ+ identities within the healthcare system and the importance of training to provide non-stigmatizing care. Individuals provided insight on navigating the healthcare system in Maine as an LGBTQ+ individual:

> ***"People don't understand non-binary or what it means even about sexual health or sexual violence."***
>
> ***"The healthcare system is not adequate or trauma-informed through race, class, cultural-socioeconomic lens especially for severely radicalized and violent incidents."***

They also discussed the ramifications of this inadequate care, specifically the risk this poses to individuals that require mental or behavioral healthcare:

> ***"People shouldn't call services and be told they're too traumatized for services which leaves them to dysfunctional coping strategies."***

[3] Earnshaw, V.A., Logie, C., Wickersham, J.A., Kamarulzaman, A. (2024). LGBTQ Stigma. In: Hwahng, S.J., Kaufman, M.R. (eds) Global LGBTQ Health. Global LGBTQ Health. Springer, Cham. https://doi.org/10.1007/978-3-031-36204-0_2

"They're talking about mental health issues but not addressing roots of violence, so leaving nonviolent people with mental health needs at risk.

Historically, there are significant instances of discrimination against LGBTQ+ individuals within the medical field including the categorization of gender identities and sexual orientations as disease states and forced sterilization.[4] Creating policies and providing education that combat discrimination within the health system setting can allow healthcare providers to approach patients with respect and improve the quality of healthcare patients receive.

Maine State Plan on Aging Needs Assessment

One focus group participant from the LGBTQ+ community that was also an older adult shared a suggestion on improving the patient-provider relationship. When providers asked about sexual orientation it seemed to be to "check the box." This individual shared that they wished the provider would follow up with a question such as, "Is there anything about your sexual orientation that you think would be helpful for me to know, in terms of providing care?"

People Living with a Disability

Disability Rights Maine (DRM) shared that people in Maine with disabilities also often felt discriminated against when seeking care:

"I've faced such chronic shame that if I go to a medical professional and feel like they are shaming me in any way, I will not return. As a trans person, I have to find care that is trauma-informed and competent."

DRM Focus Group Participant

[4] Center for Disease Control [CDC]. (2024). Unfair and Unjust Practices Harm LGBTQ+ People and Drive Health Disparities. https://www.cdc.gov/tobacco-health-equity/collection/lgbtq-unfair-and-unjust.html#:~:text=LGBTQ%2B%20people%20have%20also%20experienced,scientific%20reasons%20for%20this%20discrimination.

Healthcare Access

Insurance Coverage

Focus Group Participant

"This is literally a life and death matter - we need to figure out how to get people healthcare."

LGBTQ+ individuals within the community noted healthcare insurance is difficult to obtain which reduces community members' ability to access healthcare. Barriers to accessing MaineCare specifically included changes to policy since the COVID-19 pandemic and technical challenges regarding finding and completing the correct forms. Individuals also shared healthcare providers sometimes appear more willing to accept patients with private insurance.

Women

Women living in Maine shared their experience seeking healthcare and other services, such as childcare that contribute to the health of their family and themselves. Concerns regarding healthcare access for women often involved intersecting identities such as women who are migrant workers, women who are Black, or women who have substance use disorder.

Healthcare Access

Women shared their own difficulties finding adequate women-focused health care in Maine:

> ***"I was seeing a provider last month, she wasn't working or listening to me […] so I was transferred to new provider, and I'd have to wait five months to see a new OB-GYN. But I was dealing with women's health issues at the time and needed to see someone and it took me six phone calls before someone got me in to see an interim doctor."***

Stakeholders that work closely with migrant families noted the disparity in access to care that marginalized women face. One stakeholder that worked closely with migrant families shared:

> ***"Some services have been closed. Some practices aren't willing to see patients who won't be there throughout their pregnancy […] never mind if providers understand the language and culture."***

Childcare

Inadequate childcare can have a direct role in women's access to healthcare by restricting women's ability to attend healthcare appointments.[5] It can also affect women's financial security by preventing them from entering the workforce. Community members shared how difficult it can be to find affordable, quality childcare within their community. Additionally, when it is present, it's often inaccessible due to long wait lists:

Focus Group Participant

"Childcare is really expensive. My sister stopped working for two years because it was cheaper for her to stop working than for her to use daycare."

> ***"There are some nice and affordable options, but long wait lists, like two years. A lot of people choose to stay home or use relatives to watch kids; Childcare is very much needed."***

These barriers multiply when you consider other barriers, such as women and children who do not speak English:

> ***"Childcare is hard to find. Language plays a big piece for kids who don't speak or understand English. Hard to even be placed on a wait list - they won't get a translator."***

[5] Gaur, P., Ganguly, A. P., Kuo, M., Martin, R., Alvarez, K. S., Bhavan, K. P., & Kho, K. A. (2024). Childcare needs as a barrier to healthcare among women in a safety-net health system. *BMC public health*, *24*(1), 1608. https://doi.org/10.1186/s12889-024-19125-1

Another instance of compounding barriers is with women who require treatment for substance use disorder. A lack of childcare or social network can prevent them from seeking care:

> ***"[We need] treatment supports for moms. If they need to be separated from their child, they will not get the treatment, especially for parents who have substance abuse issues. Hard to go to treatment if you don't have childcare."***

Community members also voiced concern about the ramifications of asking for substance use disorder support, such as societal stigma and the fear of child protective intervention.

Youth

Adolescents in Maine and stakeholders that work closely with youth populations in the state shared their concerns regarding the physical and mental health of young community members. These concerns varied from the need for more healthcare access to improving public safety within communities. Individuals also discussed climate change and were concerned about the implications of this on the future health and well-being of all people living in Maine.

Healthcare Access: Prevention and Treatment

Oral Care

One of the prominent preventative health needs identified by stakeholders was the need for adequate dental care for children across the state. Stakeholders, particularly those who work closely with youth, highlighted systemic issues that may contribute to a lack of dental care for children and proposed solutions to address these challenges.

> ***"Dentists don't get enough peds training. We need more hygienists to do cleanings for prevention. Even if there were enough, providers aren't accessible. We should integrate into primary care more; some primary care providers are doing dental screenings."***

Stakeholder Interview Participant

> ***"Dental disease is the number one most common preventable disease in kids. Starting early preventive care is key. Access to preventive oral care for all members of the family, because bacteria are transmitted among family members."***

> ***"[We need an] army of hygienists out in communities: public health hygienists to work in territories, with at least one covering each county or region. They could train primary care providers and others on dental care."***

Focus group participants noted that finding dental providers who see children, specifically children with MaineCare, is hard to find in the more rural areas of the state.

Substance Use

Both youth participants and stakeholders identified substance use as a concern within their community. Youth substance use can have negative effects on physical and mental health and lead to poor health behaviors into adulthood. Substance use discussed by youth included:

- Tobacco use
- Marijuana use
- Prescription opioid use

Stakeholder Interview Participant

"A lot of young people are getting crushed by drugs, and many young people don't have alternatives to substance abuse, no other passion in life or something they've been really good at, or it's been overshadowed by substance abuse. Once addiction sets in, you're not open to other opportunities. What works? Prevention."

Youth shared their own experience with substance use and what they witnessed in their community and social network:

> ***"Vaping is a serious health issue for kids that are still developing, and their brains are still developing."***
>
> ***"Smoking in general, weed, that was something I used to use, and in the moment, it was good and then when I was done, I was not feeling the best and this impacts people's mental health."***

Stakeholders also discussed the lack of accessible treatment centers for youth in the state. One individual shared:

> ***"Youth treatment for substance abuse is lacking. There is a screening and intervention program in school-based health centers called SBIRT [Screening, Brief Intervention, Referral to Treatment] but when youth are screened for severe substance abuse issues, they have to wait at least 6 months to receive treatment. Intermediate programs for some support but it's really a waiting game – there are not enough beds for kids that need help. It feels hopeless to parents because there's nowhere to go."***

This same stakeholder also proposed the concept of a peer support system for youth within the treatment model:

> ***"If a young person is already in a space where they need treatment, a peer may be beneficial. People in recovery don't generally go into schools because it can be more harmful than helpful. But in other cases, it may help, and the state is starting to put more money into peer support."***

Public Safety

Pedestrian and Bike Safety

Improving public safety in transportation systems was suggested by youth that participated in focus groups. Individuals noted they often felt a lack of safety when on a bike or walking as a form of transportation. Participants shared vehicles lack awareness of pedestrians and bikers when discussing what a healthy community looks like to them:

"People that are stopping to let people go on crosswalks. This is a big thing where I live, cars just don't stop."

"Watching out for people. There are lot of bikers, and you are supposed to go around them, and people just drive right next to them."

Promoting pedestrian and bike safety can increase the use of these alternative methods of transportation, which can increase access to community resources, encourage physical activity, and are environmentally friendly.

People Living with a Disability

Youth with disabilities have increased healthcare needs and some respondents found available care to be inadequate. A parent of a child with a mental health disability reflected on the need for more treatment options:

"Children with mental health conditions and their families are a neglected, underfunded, and underserved component of health care. The wait time to see a psychiatrist, therapist, HCT (Homecare team) and OT is totally unacceptable and dangerous."

DRM Health Care Access & Equity survey respondent

Young Adults

Young adults have a unique set of needs based on their life stage and socio-economic status. Many young adults have families and are early in their careers or education journey, which can limit their income. Young adults in Maine that participated in focus groups shared how limited income affects their ability to access stable, high-quality housing and childcare. Young adults also shared that accessing healthcare, specifically mental healthcare and oral healthcare are difficult.

Focus Group Participant

"As a young person, your kind of on your own or have the support of whoever's behind. But you have to know budgeting and how to afford everything as a young person."

Healthcare

Oral Health

Young adults shared finding dental care can be difficult, especially as they transition from pediatric to adult care:

"We don't have a lot of dental care places that you can get into as a new patient. When we moved here, I had a pediatric dentist, but I don't qualify for that anymore and I can't get into one."

Mental Health

Access to mental health care was noted as a limitation across the state of Maine by many groups, but young adults felt there was a lack of education or communication around mental health concerns that may be affecting people in their community. One individual shared:

Focus Group Participant

"I feel like growing up in the school systems, you're told you can get help with mental health, but they don't say where."

> ***"I feel like people also don't know what are 'mental health problems' they should be aware of. Like they might be experiencing something and not even know it's something they need help from."***

They also noted that, as a group, they want to be able to help and support each other, but often feel unable to. One participant shared they would like to be able to facilitate a connection between individuals with mental health needs and mental health providers:

> ***"I feel like we can empathize with somebody, but we can't help them. We can say 'you should go there to get help' instead of coaching them through that. We're missing the middle step to talk to them and get them comfortable to go get help."***

Childcare

Focus Group Participant

"Everybody's looking for a daycare. We might have two or three good ones that people say. But I feel like I hear people always say they need a daycare – like a business and not someone's house."

Adequate and flexible childcare is also a prominent concern for this age group as some have young families. They reported the number of childcare providers is inadequate to serve the needs of their community. High quality childcare is beneficial for both children and parents. It can teach children social and behavioral skills, and it allows parents the opportunity to work outside the home and grow in their education and career.[6]

[6] Healthy People 2030. Early Childhood Development and Education. US Department of Health and Human Services. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/early-childhood-development-and-education

Housing

Affordable, quality housing is another concern for young adults in Maine. Many feel they cannot afford to purchase a home due to their limited financial assets as they pursue education or are early in their career. This leads many young people to rent, which can sometimes be more expensive than homeownership. One stakeholder within the housing community shared there is a significant lack of availability in Maine:

> ***"[We need to] look at housing as infrastructure to increase the supply to catch up with the need. 83,000 homes are needed in Maine, and we will need decades to catch up. Federal government needs to fund it as part of healthcare costs."***

Participants shared that even in communities that do have affordable housing options, these options are often full and come with long waitlists.

Migrant Populations (Immigrants, Refugees, Asylees, and Seasonal Workers)

Maine has a growing population of immigrants, refugees, asylum seekers, and a seasonal influx of agricultural migrant workers. These individuals face numerous barriers to accessing healthcare and meeting their basic needs. These challenges include language barriers, financial circumstances, and both internalized and external stigma. When asked about specific populations that may be more vulnerable one stakeholder shared, ***"New Americans, or New Mainers, because they can't work, have language barriers, and can't access safety nets."***

Healthcare Access

Language Barriers

Language differences was the most prominent barrier discussed related to this population accessing healthcare and other necessary services. Community members across the state noted minimal access to translation services or providers that speak languages other than English leads to immigrants, refugees, asylum seekers, and migrant workers receiving inadequate care and having a difficult time accessing services like childcare.

> ***"Discharge papers are in English, and that's hard for people whose first language isn't English."***

> ***"Navigating different health plans under MaineCare or otherwise, especially for people whose first language isn't English. Hospitals use an iPad and can choose any language, and someone comes on the screen, but it's still an obstacle for providers – it takes up time, they can see fewer patients, it's costly."***

Discrimination and Stigma

Internalized Stigma

This population faces both external and internalized stigmas that can have significant impacts on health and accessing care. Many individuals have internalized stigma which can be due to traumas experienced by immigrant communities. One stakeholder shared her perception of the significant mental and behavioral health challenges this population faces:

> ***"Childhood trauma, generational trauma, depressive disorder, anxiety, PTSD and a few others tend to be most common, but it's hard to talk with them about it due to stigma. We need to talk about symptoms rather than diagnosis."***

Xenophobia

Stakeholder Interview Participant

"There is stigma of asking for help. Chinese students are going through real mental challenges due to healthcare and housing but feel like they can't go to counseling because 'we don't do that,' and they don't know where to go. There's a culture of 'we're going to just take it; it will be fine.' Cultural background is also due to war and trauma. Asking for help is weak."

Community members also shared the impact xenophobia has on individuals that have moved to Maine from other countries sharing, ***"Hate crimes and bias, which tie into mental health. We need to educate people on where to go for help."***

Another individual discussed the effects of the COVID-19 pandemic on the treatment of Asian individuals:

"Many Asians have been admitting to alcoholism since the pandemic to cope because the community was under such a scope during the pandemic."

Employment and Financial Barriers

Stakeholders that work within the immigrant community shared the challenges this population faces in regard to seeking employment and maintaining an adequate income, and the unique impact a migrant workers income can have on receiving social services. One barrier noted for agricultural works is the impact of a varying income on their eligibility for MaineCare,

"Some farm workers may make a lot of money in a short period of time, but annually is not a lot. They can't include dependents who live outside the area even though they financially support them […] some people don't get paystubs or get paid in different ways."

Stakeholder Interview Participant

"Access to food and basic items, people don't know how cold it is and all they have are sandals. Where do people get cold weather clothes? Migrants use last paycheck to get to the right place."

One focus group participant noted a particular concern for food insecurity among aging immigrant men, sharing:

"Not having a woman to cook for them is culturally not something they've done and so often they are trying to find somebody to have dinner with to go over somebody's house. And they are often food insecure."

Similarly, community members discussed the barriers that come with different citizenship statuses. Specifically, the inability to work while seeking asylum within the US:

"There is an influx of asylum seekers from Angola and Congo, and they don't have the same status as refugees and can't get the resources because they're waiting for asylum hearing and have no status."

Older Adults

The majority of findings on the needs of older adults were extracted from the 2024-2028 Maine State Plan on Aging Needs Assessment conducted by the University of Southern Maine Catherine Cutler Institute for the Office of Aging and Disability Services (SPOA Needs Assessment)[7]. These primary needs identified included **healthcare access and quality, transportation, housing and housing maintenance, food and nutrition,** and **socialization.**

Healthcare Access

Health care was the most discussed topic among older adults. When discussing health care access and quality with older adults, many shared that they felt there was a lack of providers in their area; they experienced ageism when seeking care; and there was a lack of trauma informed care.

They also shared a particular need for more oral health care, as one survey respondent shared, ***"Dental and hearing aid assistance. Too expensive to even consider seeking help to resolve. Eating problems due to missing and rotten teeth. Need dentures but cannot afford."***

Maine State Plan on Aging Needs Assessment

"Preventive care is not there, if it's an emergency you go to the ER. Annual wellness exam is a total waste of time; you can't ask any useful questions. I was diagnosed with stage 3 kidney disease, but I had to wait 9 months just for a consultation in Portland. "

2024 Needs Assessment Focus Group Participant

Transportation

Many older adults report they are no longer able or willing to drive. Specifically in rural areas, this can limit older adults' ability to reach healthcare services, access to food, and ability to socialize. Focus group members and survey respondents shared this leads to a dependency on public transportation or volunteer organizations, both of which come with their own challenges. One SPOA Needs Assessment focus group member shared,

> ***"People who don't drive in rural areas rely on volunteer transportation programs. If there's a hiccup in those programs, and they become unavailable, then suddenly people are not able to get where they need to go. If there's a downturn in volunteerism, or if there isn't good recruitment in certain corners of the service area, people just try once to get it or try a couple times, and then they give up and don't try anymore. […]"***

Food and Nutrition

Access to nutrient-dense food was limited among older adults due to transportation barriers, cost, and lack of availability, especially in more rural areas of the state. SPOA Needs Assessment focus group participants reported their current Supplemental Nutrition Assistance Program (SNAP) benefits are not

[7] Maine Department of Health and Human Services. (2024). Statewide Plan of Action final report. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/SPOA-Final-Report-2024.pdf

adequate to meet older adults needs. One SPOA Needs Assessment individual shared, “It’s hard to get by on $23 a month in food stamps.”

Housing and Housing Maintenance

Older adults discussed the current lack of affordable housing in Maine as well as concern over being able to maintain the quality of their home. When discussing the repairs needed to maintain their home, survey respondents noted both being unable to afford repairs and unable to find individuals to assist with these repairs. When discussing the affordability of housing, respondents shared increased property taxes were causing some individuals to have to sell their home. One SPOA Needs Assessment participant shared there was need for ***“building more available housing for the aging or elderly as they are having to sell their homes due to the increase in property taxes.”***

> ***“[M]y roof is rotting, and even more damage is happening. But there's nothing I can do about the process. And I do follow up phone calls. And it's quite exhausting.”***

Socialization

Many survey respondents noted more opportunities for socialization such as designated senior centers would make aging in their community easier. However, many also noted transportation could serve as a barrier to engaging in these opportunities. One participant at a SPOA Needs Assessment listening session shared her perspective on getting to her church,

> ***“I just can't imagine that I would keep asking my congregation members to do a two-hour loop to pick me up and then go back.”***

In addition to the mental and emotional benefits of socialization, it’s also important to note changes in how people socialize can also result in older adults missing important information. One Maine Shared CHNA focus group participant shared,

> ***“It is hard for people to learn about things. Many people get community news from Facebook. If you're not on Facebook - how do you find out about these things? Especially the elder population who may not be online.”***

Disability Community

The needs of those within the disability community were derived from the comprehensive report developed for Disability Rights Maine's 2023 Health Care Access Survey.[8] The purpose of this assessment was to examine barriers and access issues individuals with disabilities face when navigating the healthcare system. This report identified five priority areas: **data collection, provider education, barriers to care, communication,** and **physical spaces.**

People Living with a Disability

One DRM Health Care Access Survey respondent summarized their own experience within the healthcare system:

"The constant dismissal of my concerns as if I am not the one living in this body is incredibly frustrating. I want to be treated as at least somewhat of an expert on my experiences. I deserve to have my concern matched as well. If I'm worried about something and am met with a noncommittal response, that is stressful and disrespectful, in my opinion. I want to be treated as though I understand what is going on."

DRM Focus Group Participant

Data Collection

DRM found there was a lack of adequate information collected related to the health status of disabled individuals in Maine. This lack of information makes it more difficult to address the many health disparities that exist within the disability community. With better data collection, comes more awareness of and an ability to address the specific needs of individuals with disabilities living in Maine. The DRM Health Care Access Survey included a recommendation to "Make disability status a standard demographic indicator in data collection and surveillance efforts."

Provider Education

Respondents to the Health Care Access Survey shared healthcare providers often lack knowledge about their disability and how to accommodate patients with different disabilities. One DRM focus group participant shared:

"It would be really nice if more providers were required to have education on brain injuries and other disabilities. There are a lot of providers who know nothing about brain injuries. Some [provider's] dismissiveness is not malicious. It's just that they do not know."

[8] Disability Rights Maine. (2023). Equitable access to health care for Mainers with disabilities. https://drme.org/assets/brochures/DRM-Equitable-Access-to-Health-Care-for-Mainers-with-Disabilities-Final.pdf

Individuals shared a need for providers to have more clinical knowledge related to their disability, but also more cultural competency when interacting with individuals with disabilities. This lack of cultural competency translates into a perceived lack of respect for the individual being treated.

Focus Group Participant

"[There is a] need for provider education, both in school and continuing education for those already practicing. Front office staff also need training. People aren't comfortable around people with disabilities - in training learn that it's okay to mess up. Get creative about ways to provide services."

Barriers to Care

Both systemic and structural barriers to care were reported by individuals with disabilities including prohibitive costs and lack of insurance, healthcare system navigation, and transportation to health care facilities. All of these barriers limit individuals' ability to access services that promote health and well-being. One Health Care Access Survey respondent shared how the cost of treatment could dissuade individuals from seeking care:

"I wish it was more affordable to all in this country, as many people, me included, are hesitant to use these services as they cost so much, even for a simple visit to answer a question or get a DX (diagnosis)."

Health Access Survey Respondents shared how transportation concerns prevent individuals from being able to access health care and the implications this has on health:

"[There are] lots of public transportation problems for disabled people. It's not right. They don't understand that if you don't get the care, you need it could be serious."

Communication

Communication between healthcare providers and patients is essential for a mutual understanding of health concerns, diagnoses, and treatments. A breakdown in this communication can happen from scheduling through treatment, all of which impacts the quality of care received. Individuals reported communication barriers, specifically for Deaf individuals, make navigating the healthcare system difficult as one DRM focus group participant shared:

"I have been through the gamut. I've experienced it all. Most places have no idea what to do when a Deaf person walks in. Some places are compassionate, and some places have no idea. They need so much education. If the shoe was on the other foot, imagine how they would feel, relying on lip reading or writing everything out - especially with medical terminology. For me as a mother, it's already a stressful dynamic there, with my son. A lot of providers don't understand disabilities in general. Of course, there are access issues being Deaf, but when you

have added other disabilities, that lack of awareness on the part of the provider is really difficult. It's tenfold when you have additional disabilities."

Physical Spaces

Barriers within health care facilities can make it more difficult for patients to access care. Through the DRM survey and focus groups, individuals shared the spaces in which they seek care do not feel accessible. Common barriers included inadequate accessible parking, building structures that are difficult to navigate, lack of accommodating medical equipment, and overstimulating atmospheres. One focus group participant noted the impact this had on the care received,

> ***"Another issue sometimes is getting up onto tables. It's not easy for somebody in a wheelchair to get up on a table- it takes three people to get me up onto a table. That is one reason why one time I didn't have a full bone scan because they couldn't get me up on the table to have the bone scan. Those tables are very difficult. I've been having to bring my sliding board with me lately to get from the chair to the table. Those tables can be hard to get up to. When my mom started coming with me, she could help me get up onto the table - one time, they only did a bone scan on my wrist because they couldn't get me up. One time they had to x-ray me in my chair."***

People Living with a Disability

> ***"ADA [Americans with Disabilities Act] scrapes the bottom of the barrel. Doors are always too narrow, getting through is hard; there are too many chairs to park a wheelchair. There are no spaces to park in the waiting room. There's an awkward dance with people. This includes parking lots and maintenance of pathways which aren't safe or accessible. Exam rooms are usually too small to move my chair around."***
>
> *DRM Focus Group Participant*

Community Survey

Overview

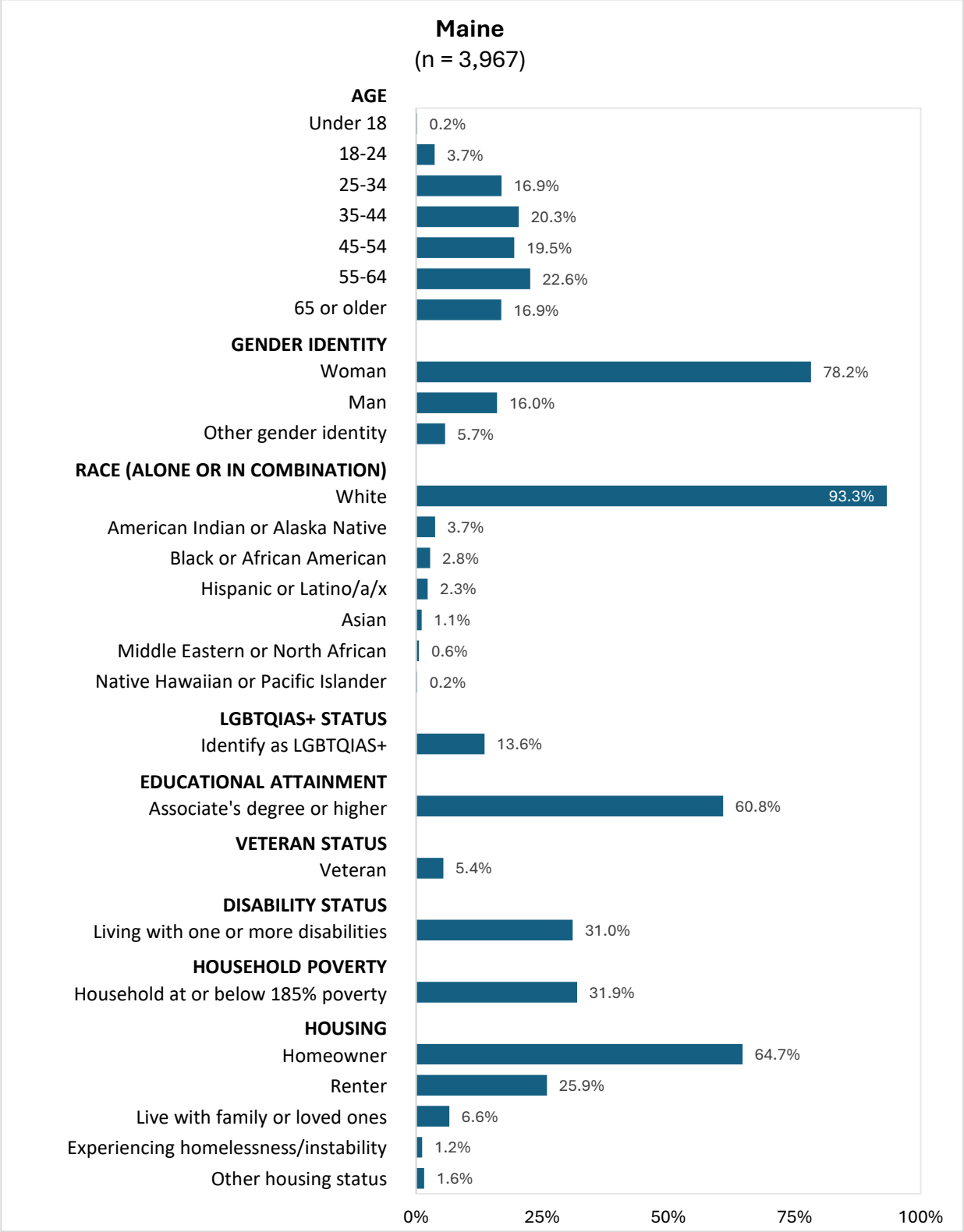
The Maine Shared CHNA conducted a comprehensive statewide survey, engaging 3,967 respondents, to gather insights into the health and well-being status, community assets, and social concerns of communities across Maine. The survey was one part of the broader community engagement process of the assessment, which also included the focus groups and key informant interviews.

The survey was available in 8 languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish.

Maine Shared CHNA Percentage of Survey Responses by Language	
English	**98.41%**
Chinese	**1.03%**
French	**0.28%**
Spanish	**0.15%**
Arabic	**0.05%**
Lingala	**0.03%**
Portuguese	**0.03%**
Somali	**0.03%**

The next page provides a detailed overview of the demographic characteristics of the survey respondents, including age, gender, race/ethnicity, LGBTQIAS+ status, education level, and other factors that contribute to a more comprehensive understanding of the diverse perspectives represented. This demographic information offers valuable context about the Maine residents that shared their insights.

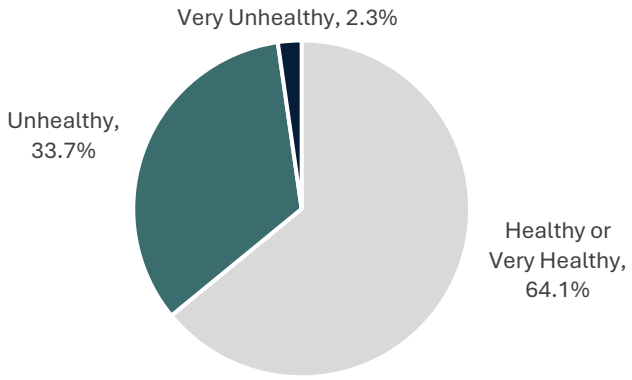
Respondent Demographics



Community Health Status

The survey provided key insights into both positive aspects and areas of concern regarding health in Maine communities. 64.1% of respondents rated their community's overall health and well-being as healthy or very healthy.

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



Top 5 strengths of the community

Maine Shared CHNA Statewide Community Survey Responses
1) Safe opportunities to be active outside
2) Locally owned businesses
3) Safe neighborhoods
4) Schools & education for all ages
5) Low crime

Community strengths identified by respondents included safe outdoor spaces, locally owned businesses, safe neighborhoods, and strong educational systems. These factors contribute to the positive health outlook in many areas.

Significant social concerns were noted, particularly around mental health and substance use. Respondents identified mental health issues—such as anxiety, depression, and suicide—as top concerns negatively impacting their communities. Substance use, including alcohol, cannabis, prescription drugs, and illicit drugs, was also a prominent issue. Other pressing concerns included low incomes, poverty, and housing insecurity, which were seen as major contributors to community health challenges.

Top 5 social concerns that negatively impact your community.

Maine Shared CHNA Statewide Community Survey Responses
1) Mental health issues (anxiety, depression, suicide, etc.)
2) Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)
3) Low incomes and poverty
4) Housing insecurity
5) Obesity

Community Health Needs

Survey respondents highlighted the top eight areas of concern affecting Maine residents. These include economic needs, chronic health conditions, mental health needs, substance use, housing needs, transportation needs, environmental needs, and public safety concerns.

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.'

Maine Shared CHNA Statewide Community Survey Responses		
1)	Economic needs	**76.1%**
2)	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	**75.7%**
3)	Mental health needs	**73.6%**
4)	Substance use	**68.5%**
5)	Housing needs	**68.5%**
6)	Transportation needs	**60.9%**
7)	Environmental needs	**58.4%**
8)	Public safety needs	**53.7%**

1) Economic Needs

76.1% of respondents indicated economic issues negatively affect them, a loved one, or their community. Key concerns included the availability of quality education, jobs, high-speed internet, affordable childcare, and the ability to contribute to savings or retirement. The availability of affordable, quality foods was also a major concern, with 72.9% identifying it as an issue.

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
Availability of quality educational opportunities	14.5%	18.9%	52.5%	16.3%	16.9%	8.1%
Availability of jobs and employment opportunities	19.9%	27.5%	67.5%	9.0%	10.0%	4.8%
Availability of high-speed internet	26.3%	22.3%	54.0%	15.3%	15.1%	5.5%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Availability of quality, affordable childcare	15.0%	25.8%	72.9%	4.3%	8.5%	7.5%
Ability to contribute to savings, retirement	54.5%	46.6%	63.3%	2.8%	8.9%	2.0%
Access to affordable, quality foods	37.4%	35.1%	72.9%	6.4%	7.0%	2.1%

2) Chronic Health Conditions

75.7% of participants reported chronic health conditions such as cancer, diabetes, and heart disease affect their community. Overweight and obesity were significant issues, with nearly half of respondents identifying them as a major concern. High blood pressure, arthritis, and high cholesterol were also widely reported as impacting both individuals and the broader community.

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
Asthma, COPD, or Emphysema	21.0%	37.7%	33.7%	5.7%	11.2%	13.6%
Arthritis	33.9%	45.2%	27.8%	4.1%	11.1%	8.7%
Cancer	10.9%	44.1%	43.2%	4.3%	9.1%	12.1%
Diabetes or high blood sugar	17.2%	44.9%	40.0%	4.2%	8.1%	9.9%
Heart disease or heart attack	10.1%	39.9%	37.6%	5.3%	12.6%	12.9%
High cholesterol	26.3%	43.6%	29.8%	5.1%	12.2%	10.1%
High blood pressure or hypertension	28.9%	52.0%	33.1%	3.4%	8.4%	7.2%
Overweight/obesity	44.3%	46.8%	47.4%	3.2%	4.4%	6.3%
Stroke	3.6%	21.4%	29.5%	9.5%	20.8%	21.7%
Chronic liver disease/cirrhosis	3.6%	12.7%	25.5%	11.2%	27.1%	24.6%

3) Mental Health Needs

Mental health issues were a major focus, with 73.6% of respondents citing them as a concern. Anxiety, depression, and trauma-related disorders (like PTSD) were particularly prominent. Additionally, the stigma around seeking mental health care was a notable barrier, along with issues related to social isolation and loneliness.

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
Anxiety or panic disorder	52.0%	58.9%	47.3%	1.9%	5.4%	2.1%
Bipolar disorder	7.8%	28.1%	39.6%	7.2%	21.2%	12.7%
Depression	45.7%	58.1%	52.8%	2.0%	4.5%	2.4%
Trauma or post-traumatic stress disorder (PTSD)	33.1%	39.2%	48.7%	4.5%	11.3%	6.5%
General stress of day-to-day life	63.9%	57.7%	55.8%	2.3%	5.0%	2.4%
Social isolation or loneliness	27.3%	37.5%	55.9%	4.2%	8.6%	5.7%
Stigma associated with seeking care for mental health or substance use disorders	17.5%	30.2%	54.9%	8.7%	13.7%	8.4%
Suicidal thoughts and/or behaviors	10.9%	27.2%	51.1%	6.4%	16.8%	11.0%
Youth mental health	13.8%	32.7%	56.1%	4.9%	11.2%	9.1%

4) Substance Use

68.5% of respondents identified substance use as a critical issue. Alcohol misuse was the most prevalent, with 73.4% saying it affects their community. Opioid misuse, vaping, and youth substance use were also significant concerns, each impacting over 60% of communities.

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
Alcohol misuse or binge drinking	7.5%	38.9%	73.4%	2.7%	6.6%	3.0%
Opioid misuse	3.9%	18.2%	75.1%	2.9%	11.4%	4.2%
Tobacco use	11.5%	39.8%	71.4%	3.3%	6.4%	3.6%
Vaping	5.4%	26.8%	67.7%	4.8%	11.4%	5.3%
Adult cannabis use	8.9%	31.5%	63.2%	10.9%	8.6%	5.7%
Other illicit drug use	4.0%	19.2%	74.5%	2.9%	11.8%	4.2%
Youth substance use	3.3%	12.7%	70.2%	3.8%	15.1%	6.4%

5) Housing

Housing was a significant concern, with 68.5% of participants indicating housing issues, including affordability and availability, impacted them or their community. Over 80% of respondents identified housing costs and the availability of affordable homes as pressing issues, along with concerns about utilities, weatherization, and health risks in homes.

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
Housing costs	45.1%	46.3%	80.0%	1.1%	3.3%	0.4%
Availability of affordable, quality homes/rentals	31.7%	40.9%	82.4%	1.1%	3.3%	0.9%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Availability of affordable, quality housing for older adults or those with special needs	14.7%	27.2%	77.5%	2.5%	8.3%	2.6%
Issues associated with home ownership or renting	37.9%	39.7%	74.8%	1.5%	6.9%	1.8%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	18.8%	23.0%	63.2%	4.8%	18.3%	4.7%
Cost of utilities	4.3%	11.3%	74.4%	4.2%	12.8%	4.7%
Costs associated with weatherization	55.4%	48.5%	76.6%	1.8%	3.5%	0.9%

6) Transportation

60.9% of respondents noted transportation as a key issue. Many expressed concerns about access to transportation for medical appointments, work, and childcare. Public transportation availability and the costs associated with owning and maintaining a vehicle were additional significant barriers.

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
Access to transportation (for medical appointments, work, childcare)	15.8%	25.6%	78.0%	2.2%	8.1%	1.8%
Availability of public transportation (buses, trains, ride shares, taxis)	22.2%	25.8%	78.6%	3.1%	7.2%	2.6%

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Availability of transportation that meets a variety of specific needs (older adults, physical or cognitive needs)	11.7%	20.5%	76.0%	2.6%	11.7%	2.0%
Costs associated with owning and maintaining a vehicle (insurance, registration, repairs)	48.9%	43.7%	70.3%	2.3%	7.1%	1.3%

7) Environmental Concerns

58.4% of participants cited environmental concerns such as air and water quality, contamination from PFAS chemicals, and extreme weather events as affecting their communities. Access to parks and green spaces was also identified as having an impact on the community, though it was less of a concern compared to other environmental issues.

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
Air quality	25.4%	22.3%	44.6%	21.9%	20.5%	5.6%
Water quality	26.9%	21.9%	49.9%	18.1%	20.0%	4.1%
PFAS ("forever chemicals") **contamination**	23.4%	21.3%	53.9%	7.5%	31.4%	3.3%
Extreme weather events (hurricane, flooding, etc.)	27.9%	24.5%	61.1%	15.1%	10.9%	6.5%
Access to parks and green spaces for recreation	16.9%	14.7%	40.9%	34.5%	10.6%	9.6%

8) Public Safety

53.7% of respondents expressed concern about public safety. Key issues included property crime, pedestrian and bicycle safety, and violence between people. Additionally, racism and discrimination based on race, gender, or other factors were highlighted as community-wide problems.

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
Pedestrian (walking) or bicycle safety	25.4%	22.3%	44.6%	21.9%	20.5%	5.6%
Property crime	24.7%	20.7%	64.3%	13.7%	12.0%	3.90%
Community violence (gangs, guns, street crime)	12.8%	11.9%	64.7%	8.8%	19.7%	2.6%
Violence between people (domestic, sexual, bullying)	8.9%	9.0%	42.3%	23.7%	23.1%	8.8%
Racism	11.6%	19.0%	76.7%	4.0%	12.5%	2.4%
Discrimination based on race, ethnicity, gender, LGBTQIA2S+, age, ability, etc.	9.0%	14.6%	57.9%	11.0%	21.9%	5.0%

Socioeconomic Empowerment

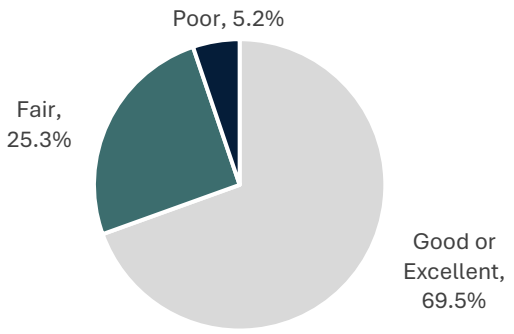
Top 5 items rated by respondents as 'very necessary' steps to help move people out of poverty and to a place of housing stability & financial stability.

Maine Shared CHNA Statewide Community Survey Responses
1) Jobs that pay enough to support a living wage
2) Affordable and safe housing
3) Mental health care and treatment
4) Affordable & available health care
5) Affordable & quality childcare

Physical Health Status

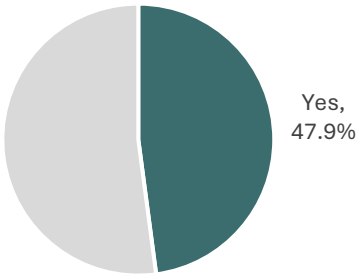
Respondents provided insights into their health and challenges in accessing care. According to the survey, **69.5%** of respondents rated their physical health as good or excellent, while **25.3%** rated it as fair, and **5.2%** described it as poor.

How would you rate your own physical health?



However, **47.9%** of participants indicated that, within the past year, they or a loved one needed healthcare services but were unable to access them.

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)

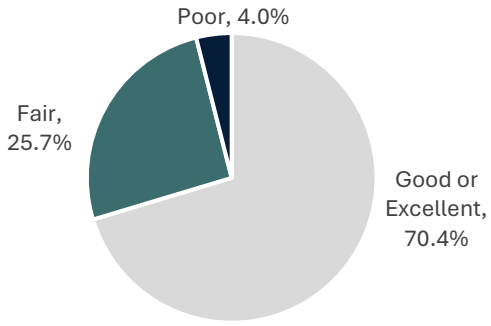
Maine Shared CHNA Statewide Community Survey Responses
1) Long wait times to see a provider
2) Had health insurance, could not afford care
3) No evenings or weekend hours to get care

The most frequently cited barriers included long wait times to see a provider, the inability to afford care despite having health insurance, and the lack of evening or weekend hours for appointments. These barriers highlight significant challenges in healthcare access, particularly related to service availability and financial constraints.

Mental Health Status

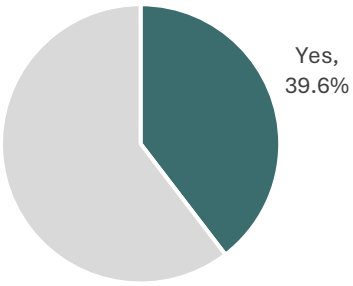
Respondents provided important insights into their mental well-being and access to mental health care. According to the survey, **70.4%** of respondents rated their mental health as good or excellent, while **25.7%** rated it as fair, and **4.0%** described their mental health as poor.

How would you rate your own mental health?



Additionally, 39.6% of respondents reported that, within the past year, they or a loved one needed mental health care services but were unable to access them.

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)

Maine Shared CHNA Statewide Community Survey Responses	
1)	Long wait times to see a provider
2)	Had health insurance, could not afford care
3)	No evenings or weekend hours to receive care

The primary barriers to accessing mental health care included long wait times to see a provider, the inability to afford care despite having insurance, and the lack of evening or weekend hours for appointments. These challenges indicate significant gaps in mental health service availability and affordability.

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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 go to all of the individuals who took part in our key informant interviews. Each of you enabled us to learn more about Maine's 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 A: Community Engagement Process

Considerations for Identifying Populations to Engage With:

The Maine Shared CHNA is charged with taking 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 identify and lived experiences or their "intersectionality." It should be noted the voices we hear in focus groups and interviews are not meant to be representative of their entire identified population or community.

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. 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;
- 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.

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.

Populations and Sectors Identified for Engagement

Focus Groups

Using the former criteria listed above, the Maine Shared CHNA ultimately identified the following populations for community engagement through focus groups:

- Multigenerational black/African American
- Veterans
- LGBTQ+
- Women
- Youth
- Young Adults

As part of the Community Services Block Grant reporting, the Community Action Programs are also 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.

While we held focus groups with these specific populations and communities, we attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. In addition to the abovementioned populations, 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.

Key Informant Interviews

The Maine Shared CHNA identified additional populations and sectors to engage through key informant interviews. The populations and sectors were based on: those who did not lend themselves as easily to a focus group; provided a systems and/or programmatic perspective; and/or represent a sector specific topic.

The populations and sectors the Maine Shared CHNA conducted interviews with were:

- Unhoused/Homeless
- Migrant/Agricultural Workers
- Disability Community
- Incarcerated/Formerly Incarcerated
- Child Welfare
- Emergency Management
- Environment/Climate
- Substance Use (including prevention, treatment and recovery)
- Transportation
- Food Security
- Older Adults
- Mental/Behavioral Health
- Oral Health
- Immigrants
- Veterans

A list of organizations involved in key informant interviews is included in Appendix B.

Other Assessments Used

The Maine Shared CHNA identified two other assessments to use as part of our assessment using the criteria outlined above. 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.

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.

Appendix B: Key Informant Interviewee Participating Organizations

Key Informant Interview Participating Organizations
Alliance for Addiction and Mental Health Services
Children's Oral Health Network
Community Caring Collaborative
Community Housing of Maine
Disability Rights Maine
Governor's Office of Policy Innovation and the Future
Leadership Education in Neurodevelopmental and Related Disabilities
Maine Center for Disease Control and Prevention
Maine Children's Alliance
Maine Conservation Alliance
Maine Council on Aging
Maine Department of Health and Human Services
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

Appendix C: Data Commitments

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 critical 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.