

Maine Shared
Community Health
Needs Assessment

Cumberland County
Portland

October 22, 2024

#### Maine Shared CHNA

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.





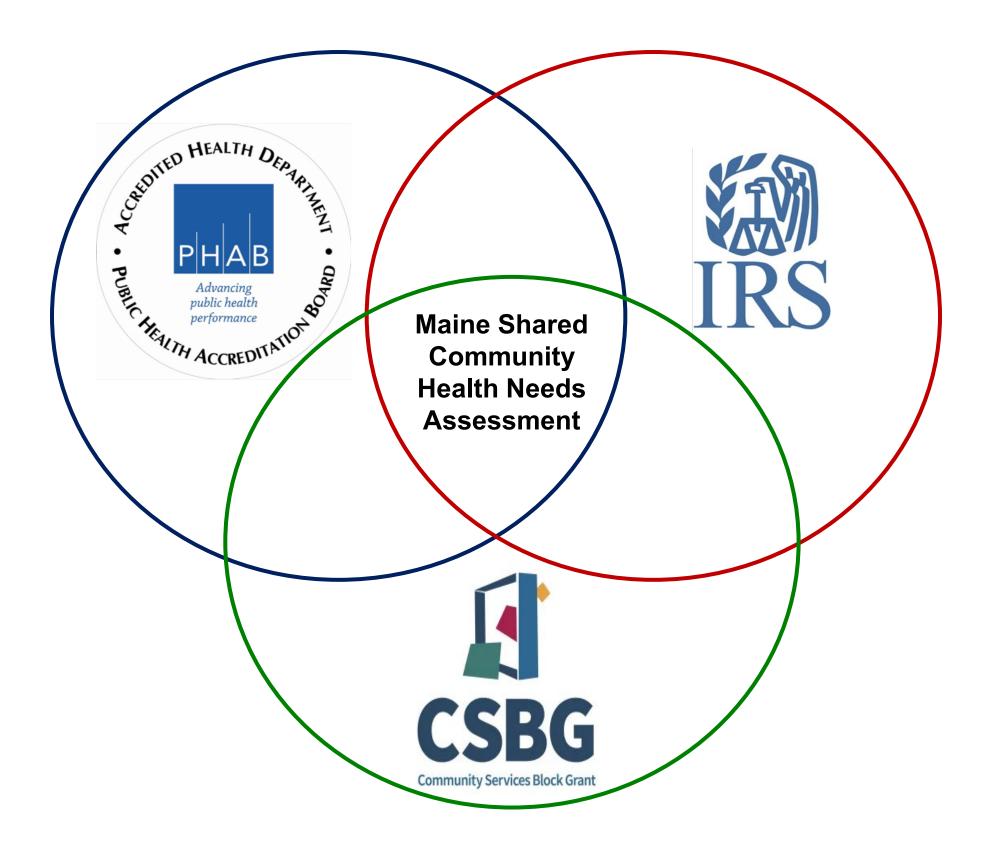








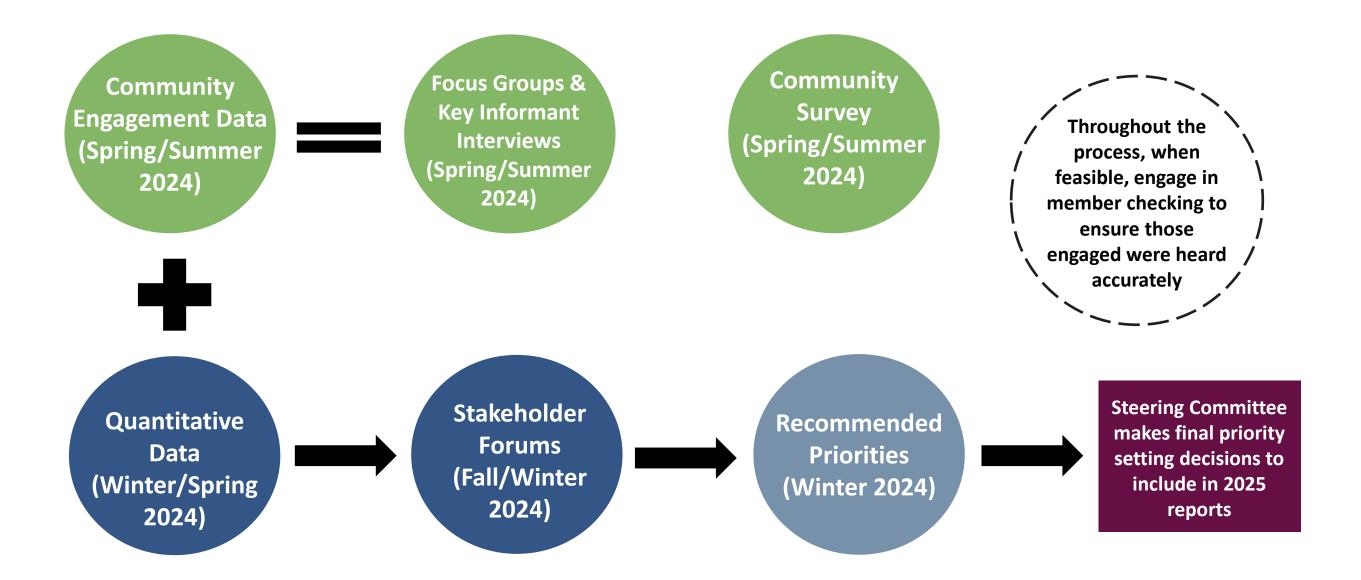
#### Maine Shared CHNA



- Steering Committee
- Program Manager
- Standing Committees
  - Metrics
  - Community Engagement
- Ad-Hoc Committees
- Local Planning Teams

#### Maine Shared CHNA

#### 2024 CHNA Data Analysis, Community Engagement, and Prioritization Process & Timeline



Surveys conducted statewide, included both general community members and professionals; Focus Groups conducted with community members, both low-income population and health equity groups; Key Informant Interviews conducted when focus groups weren't feasible or to collect more information; Stakeholder forums conducted with professionals and advocates

#### Next Steps

- County reports will be drafted summarizing the data analysis, community engagement findings, and Forum discussions related to each County's final priorities.
- The Steering Committee will review and compile each County's priorities to inform the State's final priorities.
- Final reports will be released in March 2025.
- Health systems use reports for community health improvement planning, the Maine Centers for Disease Control & Prevention (MeCDC) for state health improvement planning, and Community Action Programs (CAPs) for strategic and programmatic planning.

#### Agenda

Welcome!

Overview of Key Findings & Prioritization Voting

**Breakout:** Discussion of Findings & Prioritization Voting

Discussion Report Out & Second Round of Voting

#### **BREAK**

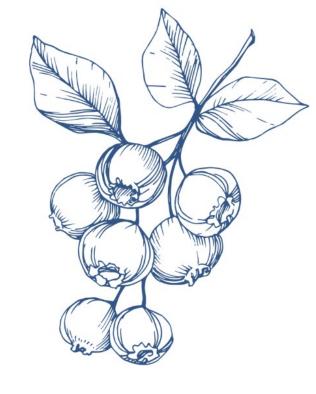
Presentation of Final Priorities

Breakout: Deeper Discussion of Priorities, Round 1

**Breakout:** Deeper Discussion of Priorities, Round 2

Breakout: Deeper Discussion of Priorities, Round 3

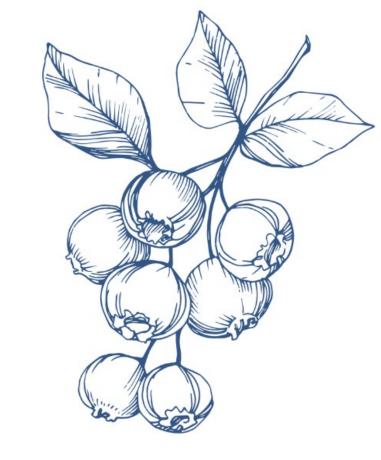
**Conclusion & Next Steps** 



#### Housekeeping

- Step Up. Step Back.
- Listen Longer. Be Curious. Be Bold.
- Take Breaks. Water and De-Water. Move Your Body.
- Maintain Confidentiality.
- Acknowledge Positionality.

2023 Community Agreements.pdf (mainephilanthropy.org)





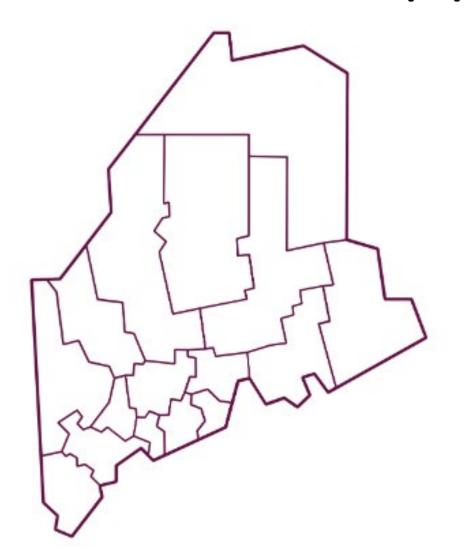
## Key Findings

#### Demographics

Total Population

303,357

22.2% of the total state population



Population by Age



Age 18-64

19.5%

18.2%

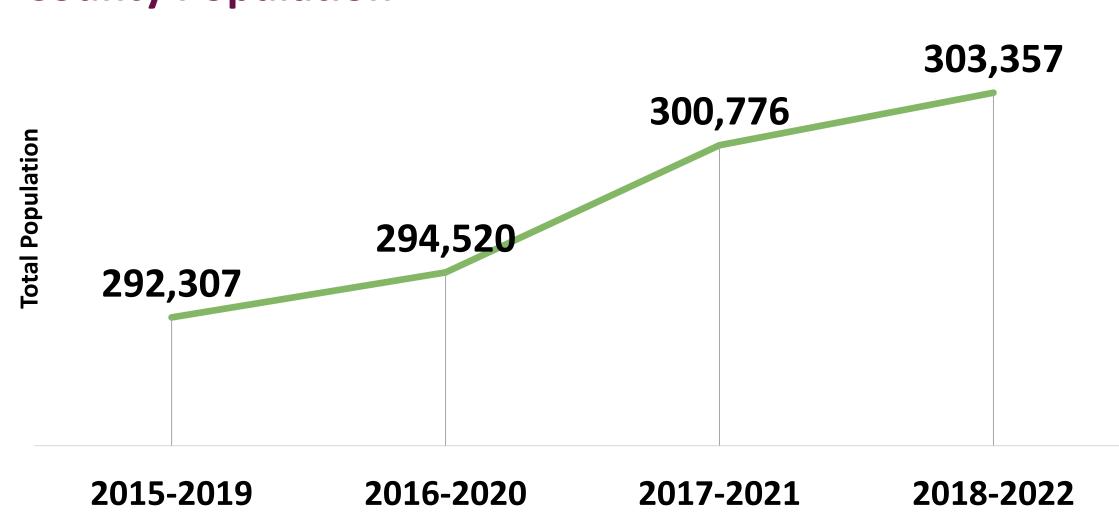
62.3%

U.S Census Bureau ACS Five-year Estimates 2018-2022

13.370

Age 65+



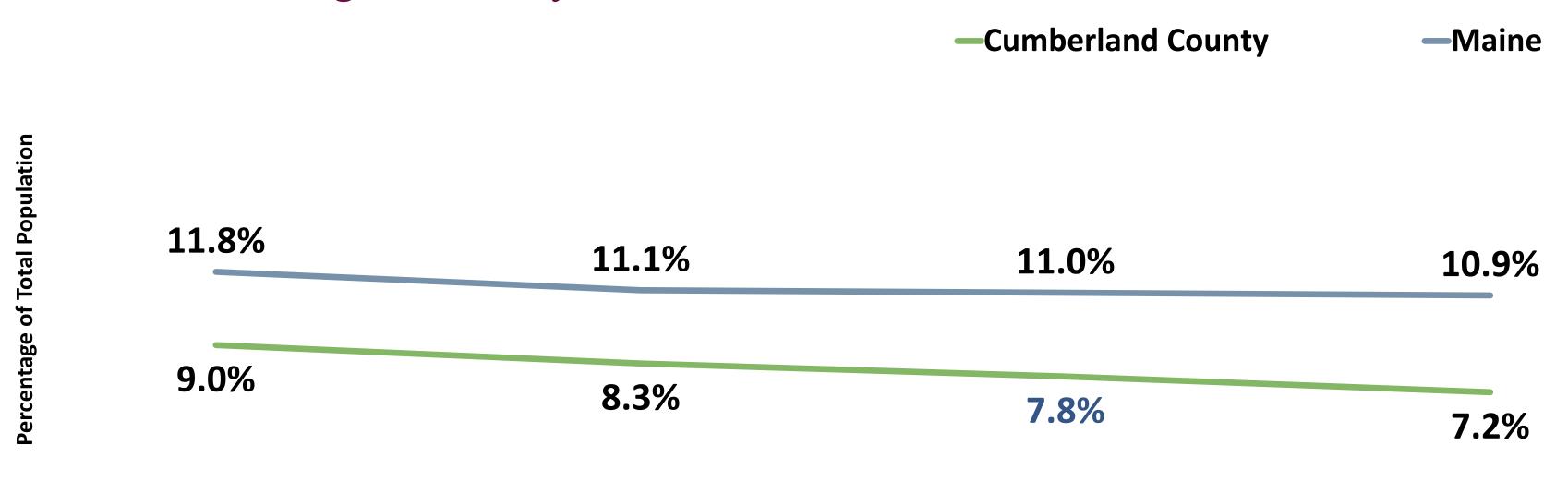


#### Demographics



The 2017-2021 poverty rate in Cumberland County was significantly lower compared to Maine.

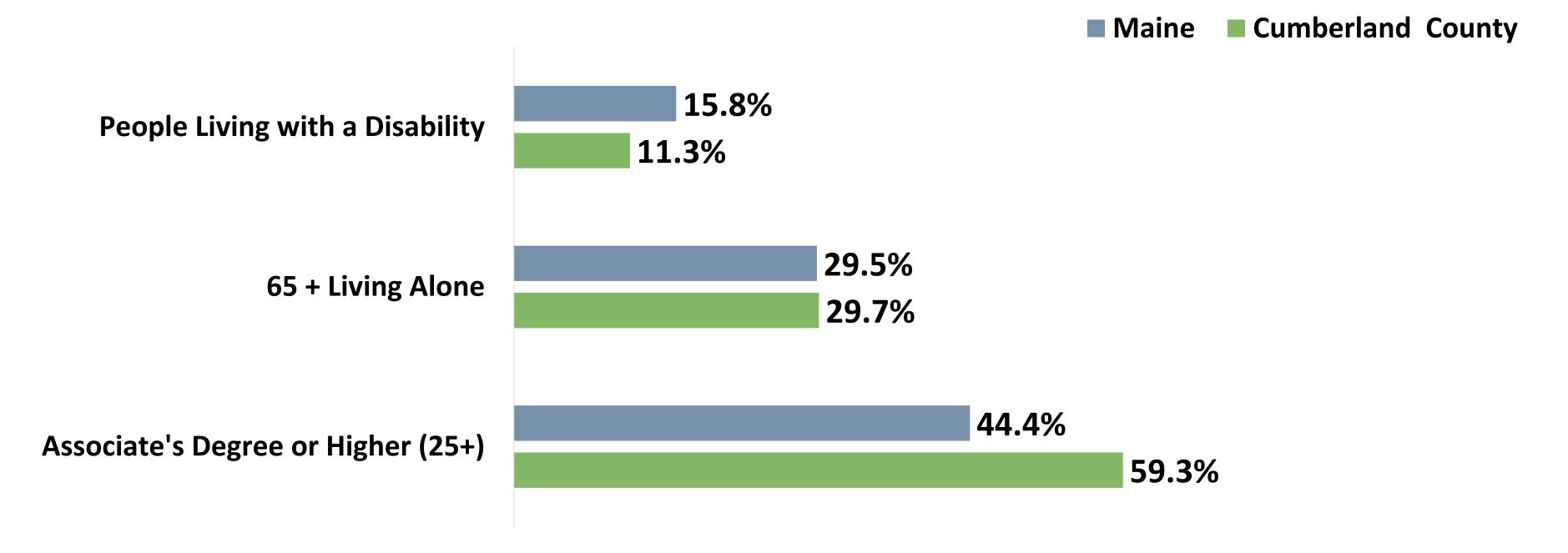
Individuals Living in Poverty



2015-2019 2016-2020 2017-2021 2018-2022

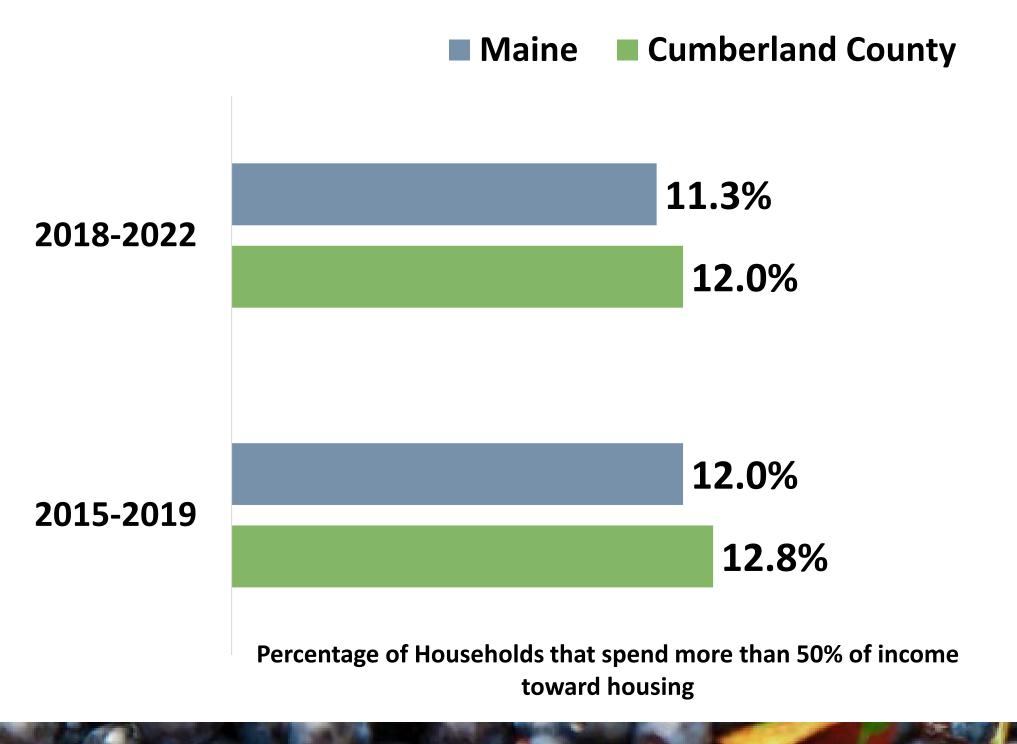
#### Demographics

#### Social Drivers of Health

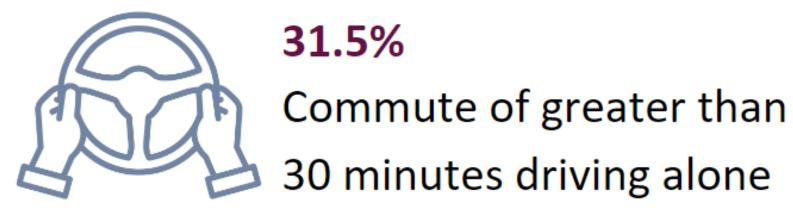


U.S Census Bureau ACS Five-year Estimates 2018-2022 People Living with a Disability, U.S Census Bureau ACS Five-year Estimates 2017-2021

#### Cost-burdened Households



#### Transportation



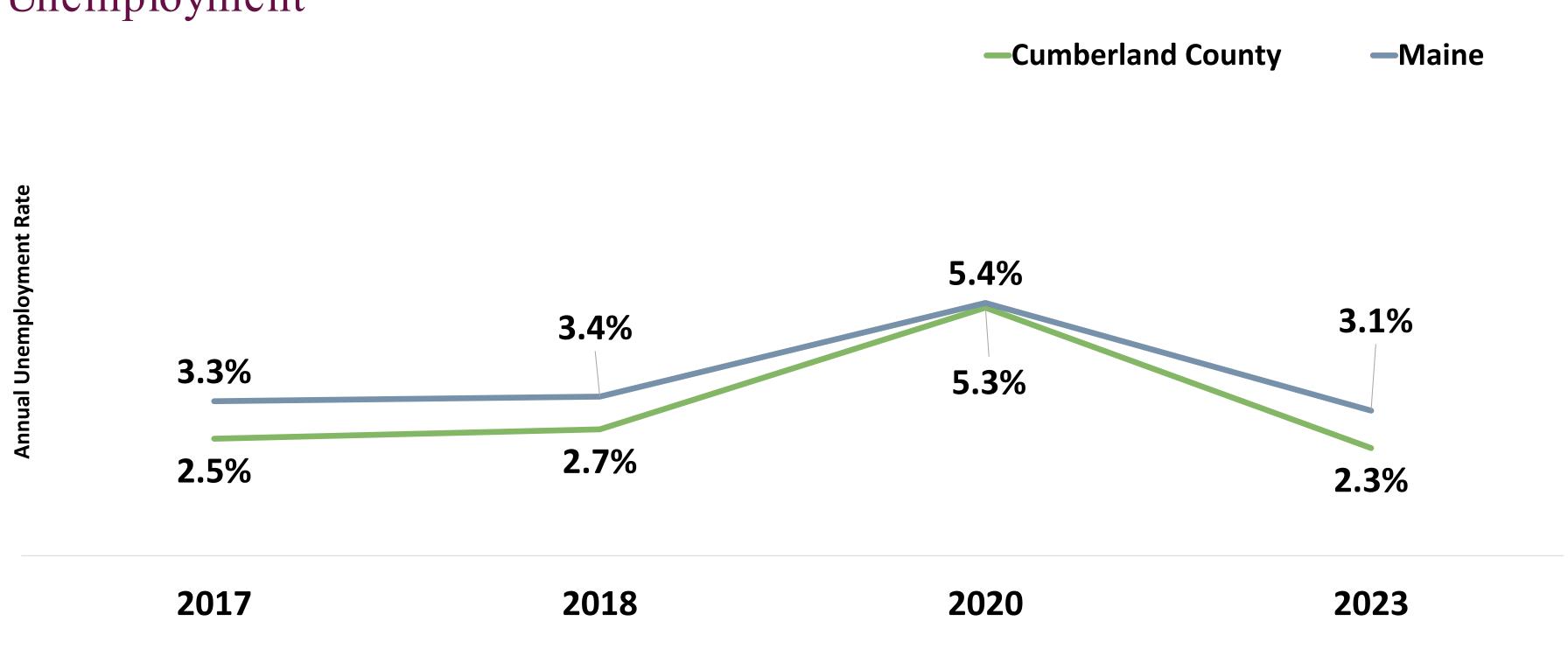


2.8%

No vehicle for the household

U.S Census Bureau ACS Five-year Estimates 2018-2022 No Vehicle for the Household, U.S Census Bureau ACS Five-year Estimates 2017-2021

#### Unemployment



#### Economic Wellbeing



Median household income

2015-2019: \$73,072

2017-2021: \$80,679



The 2017-2021 median household income for Cumberland County is significantly higher compared to Maine (\$63,182), and significantly higher compared to 2015-2019 county data.



Households living above the federal poverty level but below the Asset Limited Income Constrained Employed threshold of financial survival

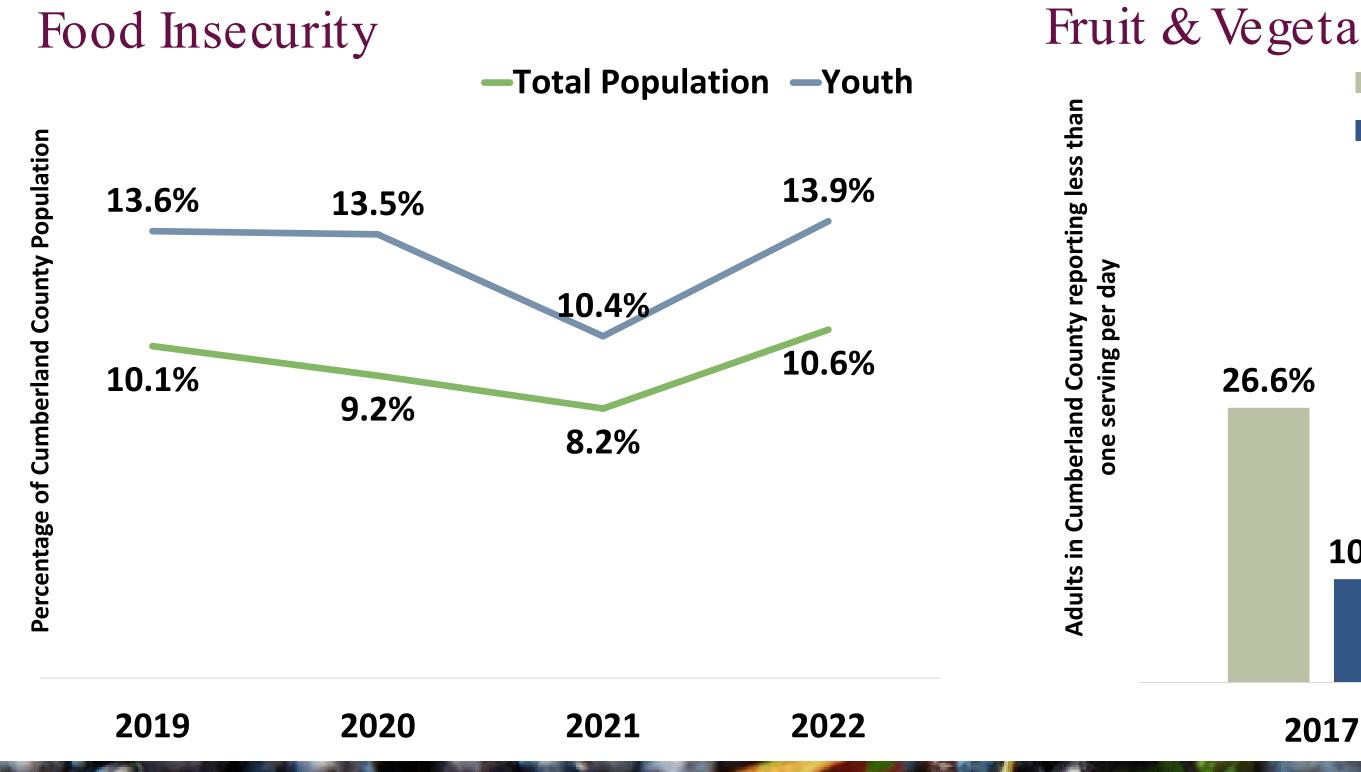
2019: 28.9%

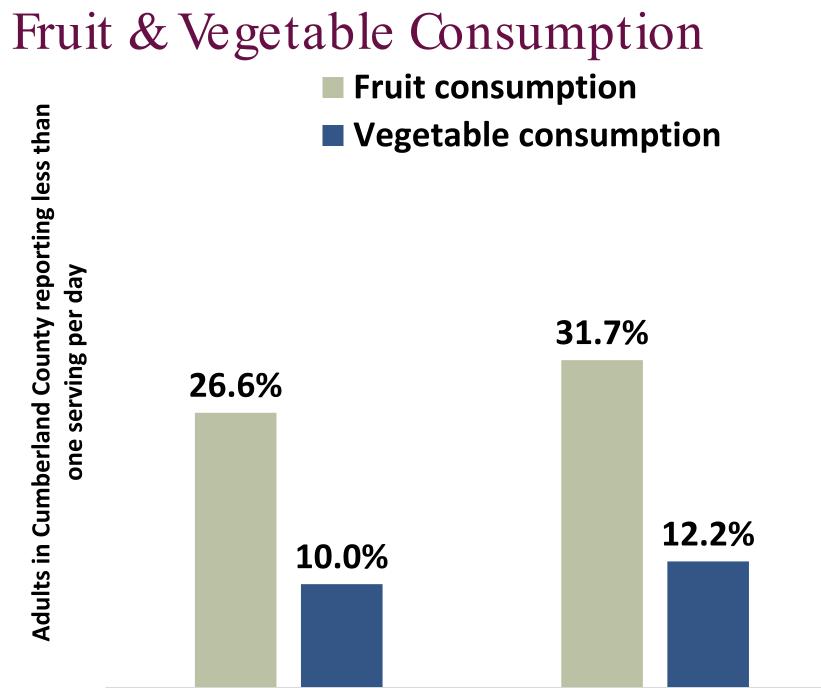
2022: 29.2%

#### **ALICE**

Working families who are struggling to afford necessities like housing, food, and childcare despite earning an income technically above the poverty line.

These families are working but are still financially insecure due to the high cost of living in their area.





2021

#### Child Care



**Child Care Centers** 

2020: 205

2024: 197



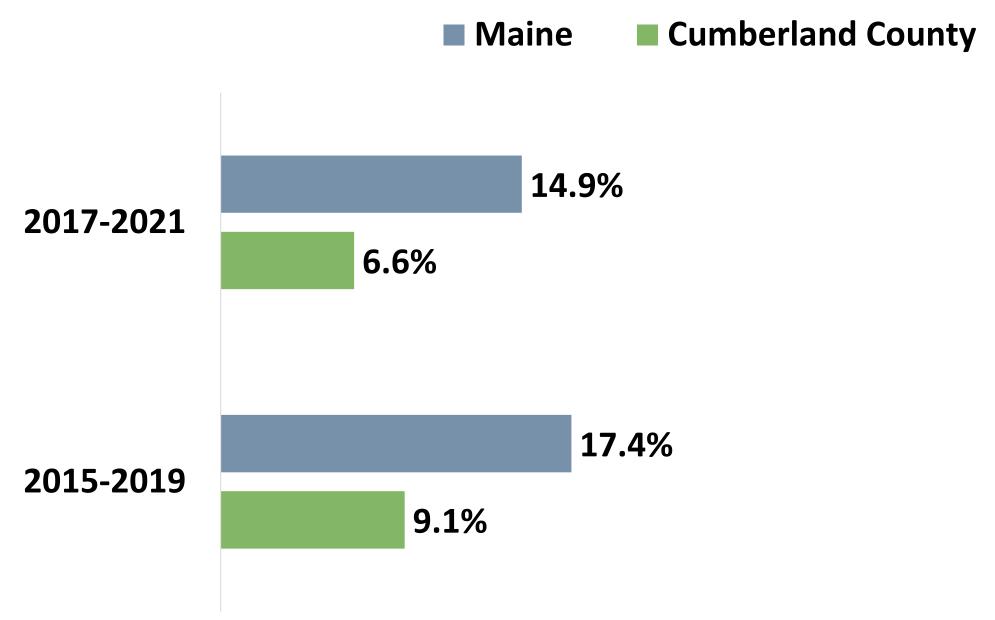
Children served in publicly

funded state & local preschools

2019: 17.2%

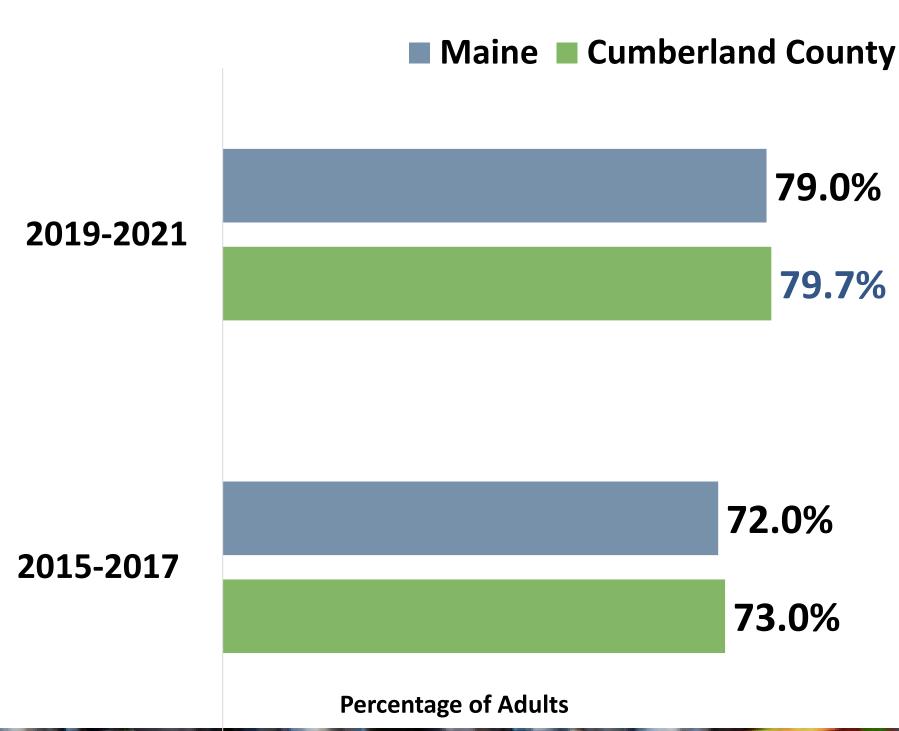
2023: 26.6%

Head Start eligible infants, toddlers, preschool age children



Percentage of children under 6 who live in households where the total income of the householder's family has been below the established federal poverty level in the past year

#### Access to Care





Met physical activity recommendations (high school students)

**Cumberland County: 23.0%** 

Maine: 47.7%

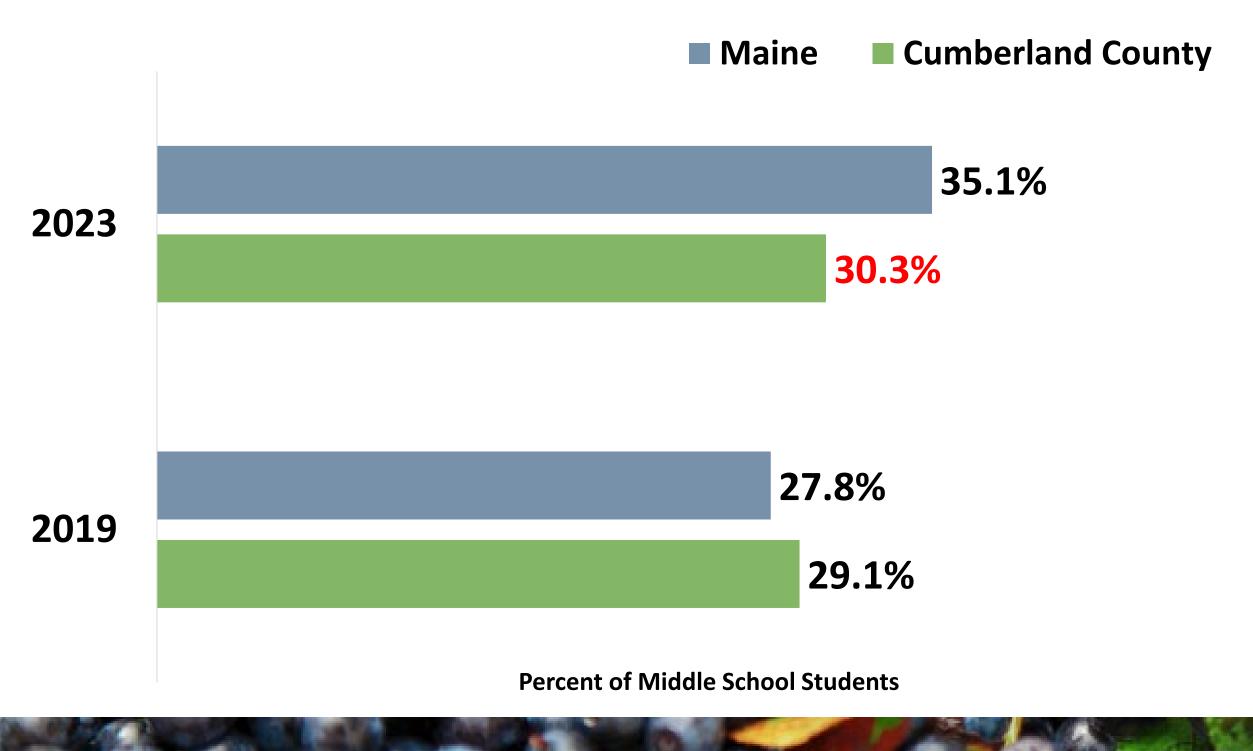
(2023)

2023 data reflects that significantly fewer high school students in Cumberland County were physically active for a total of at least 60 minutes per day on seven of the past seven days compared to Maine.



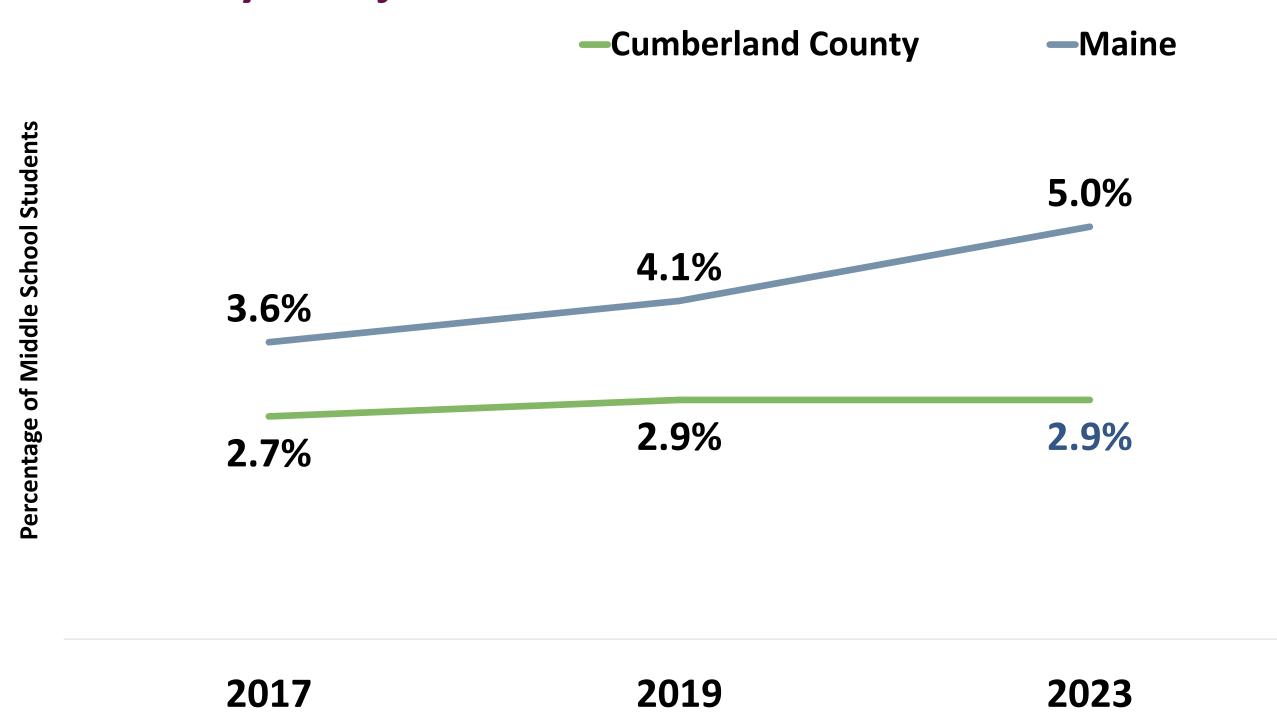
2019-2021 data reflects that significantly more adults in Cumberland County had a regular physical exam (not for a specific injury, illness, or condition) within the last year compared to 2015-2017 data.

#### Adverse Childhood Experiences



2023 data reflects that
Cumberland County middle
school students are significantly
more likely to have four or more
Adverse Childhood Experiences
than in 2019.

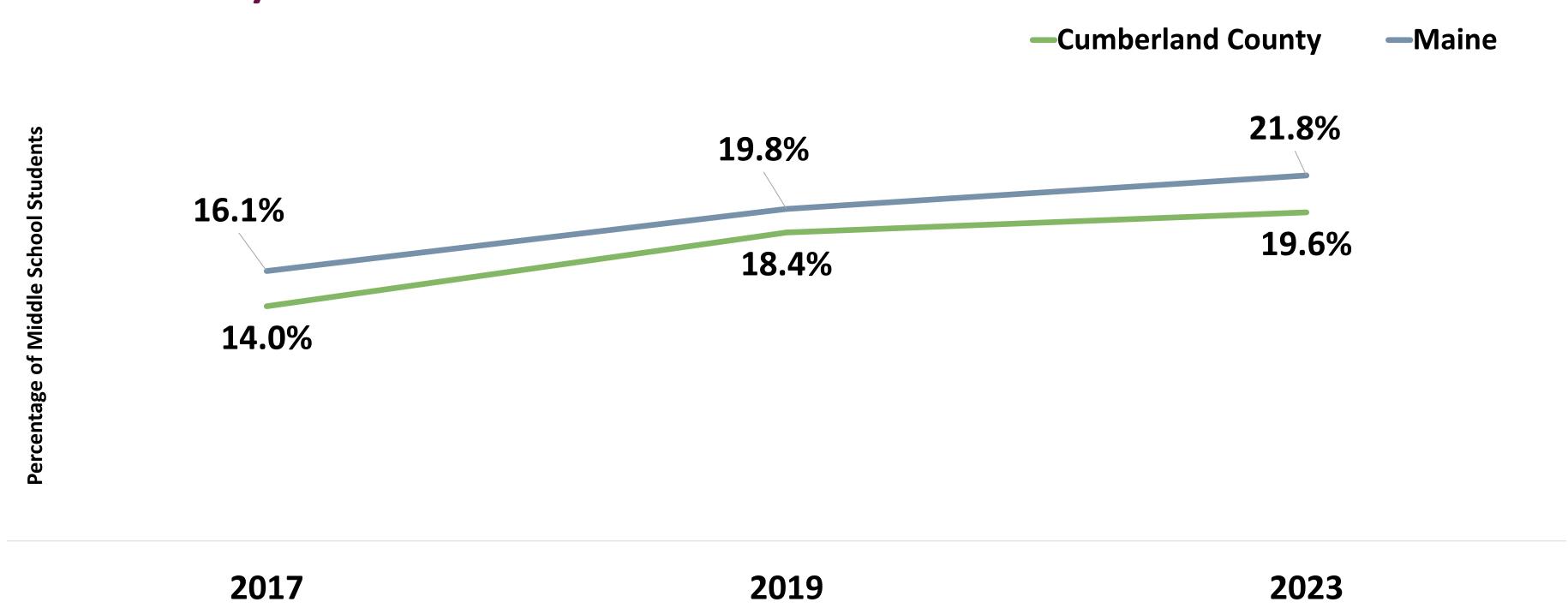
#### Past 30-day Marijuana Use





2023 data reflects that the percentage of Cumberland County Middle School students who had used marijuana at least once in the past 30 days is significantly less compared to Maine.

#### **Ever Seriously Considered Suicide**



#### Leading Causes of Death

Rank	United States	Maine	<b>Cumberland County</b>
1	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Heart Disease
3	Unintentional Injury	Unintentional Injury	Unintentional Injury
4	Chronic Lower	Chronic Lower	Chronic Lower
4	Respiratory Disease	Respiratory Disease	Respiratory Disease
5	Cerebrovascular	COVID-19	
3	Diseases	COVID-13	Alzheimer's Disease
6	Alzheimer's Disease	Cerebrovascular Diseases	COVID 19
7	Diabetes	Diabetes	Cerebrovascular Diseases
8	Influenza &	Alzheimer's Disease	
0	Pneumonia	Aizirciiiici 3 Discasc	Diabetes
9	Liver Disease	Liver Disease	Parkinson's Disease
10	Suicide	Influenza & Pneumonia	Chronic Liver Disease and
			Cirrhosis



Cardiovascular disease deaths per

100,000 population

2015-2019: 169.2

2018-2022: 171.4



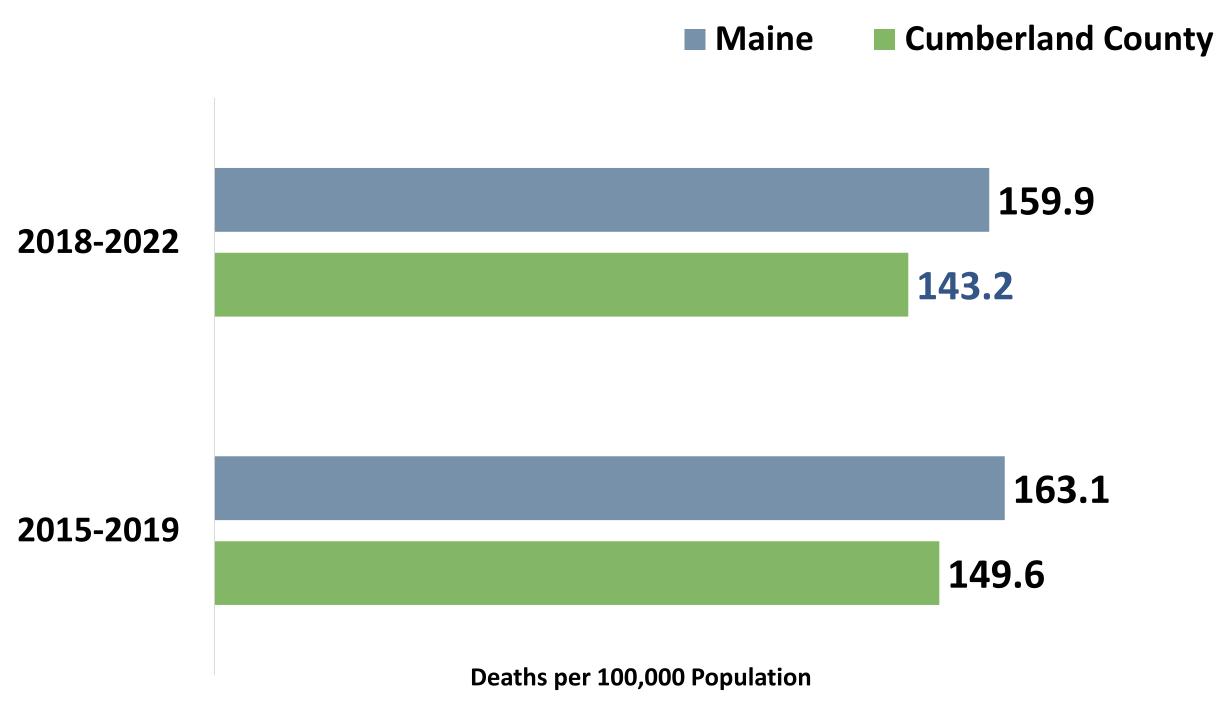
Injury deaths per 100,000 population

2015-2019: 71.6

2018-2022: 80.6

\*Drug overdose deaths are included in unintentional injury deaths for ranking causes of death.

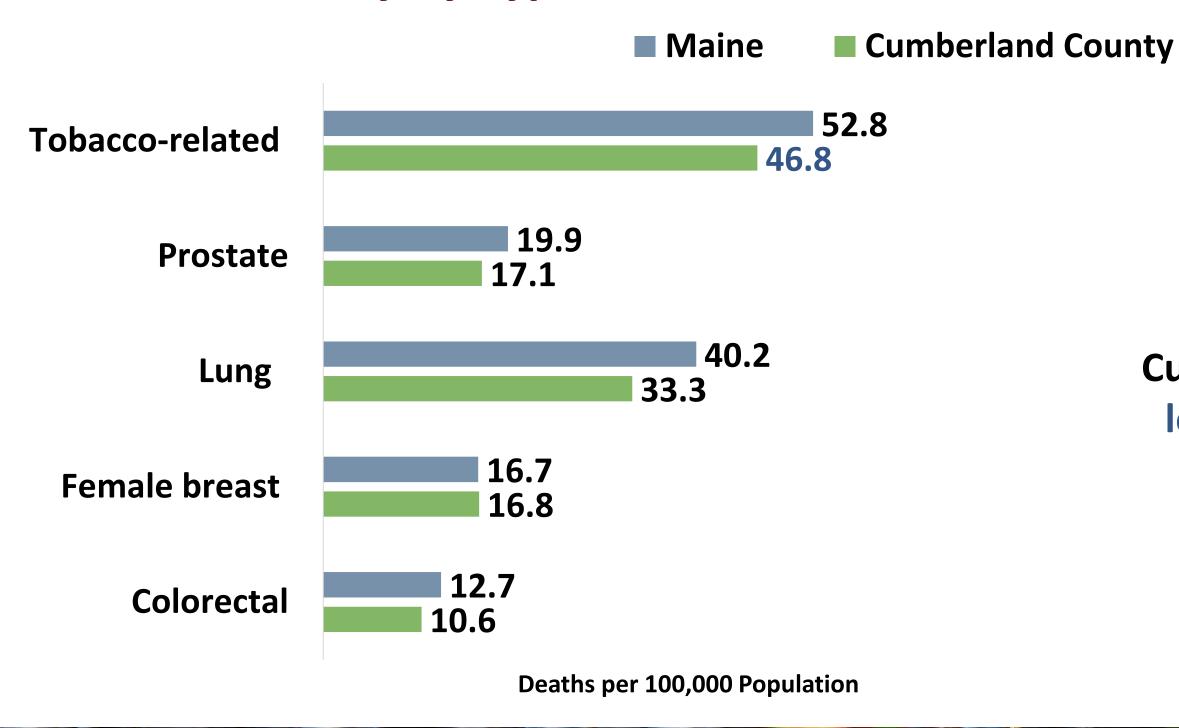
#### **All Cancer Deaths**





2018-2022 data reflects that Cumberland County has a significantly lower cancer death rate compared to Maine.

#### **Cancer Mortality by Type**





2018-2022 data reflects that Cumberland County has a significantly lower tobacco-related cancer death rate compared to Maine.

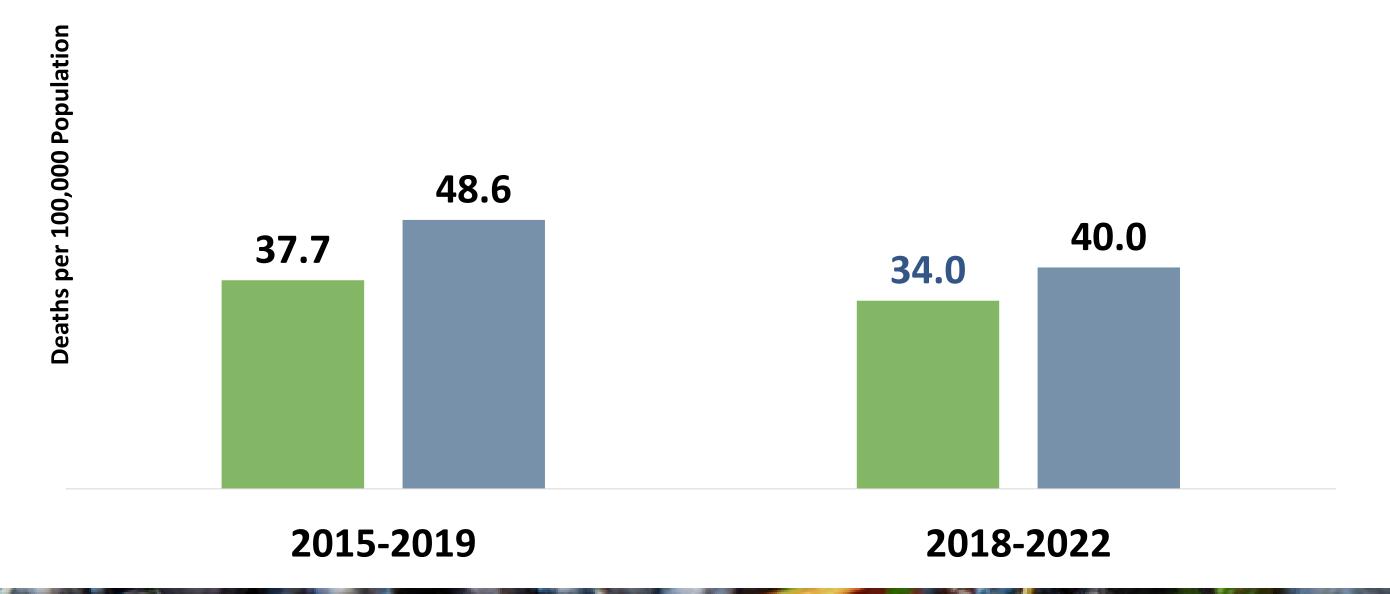
### \*

#### **Chronic Lower Respiratory Disease Deaths**

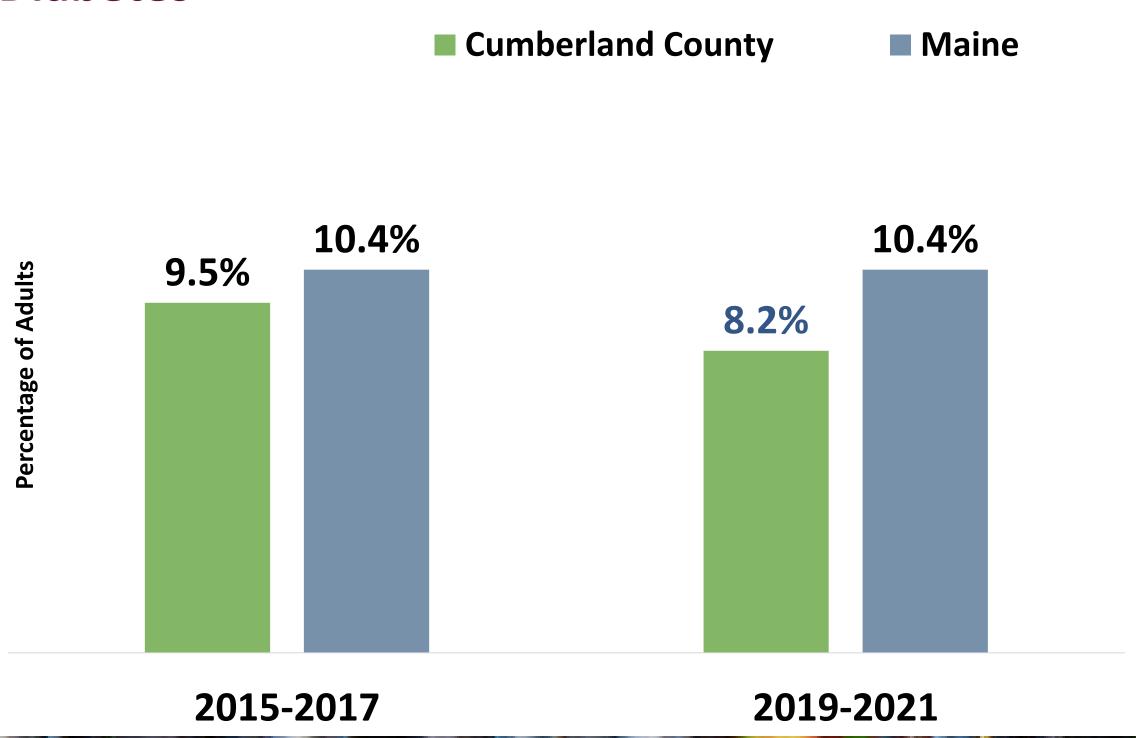




2018-2022 data reflects
that Cumberland County
had a significantly lower
COPD death rate compared
to Maine.



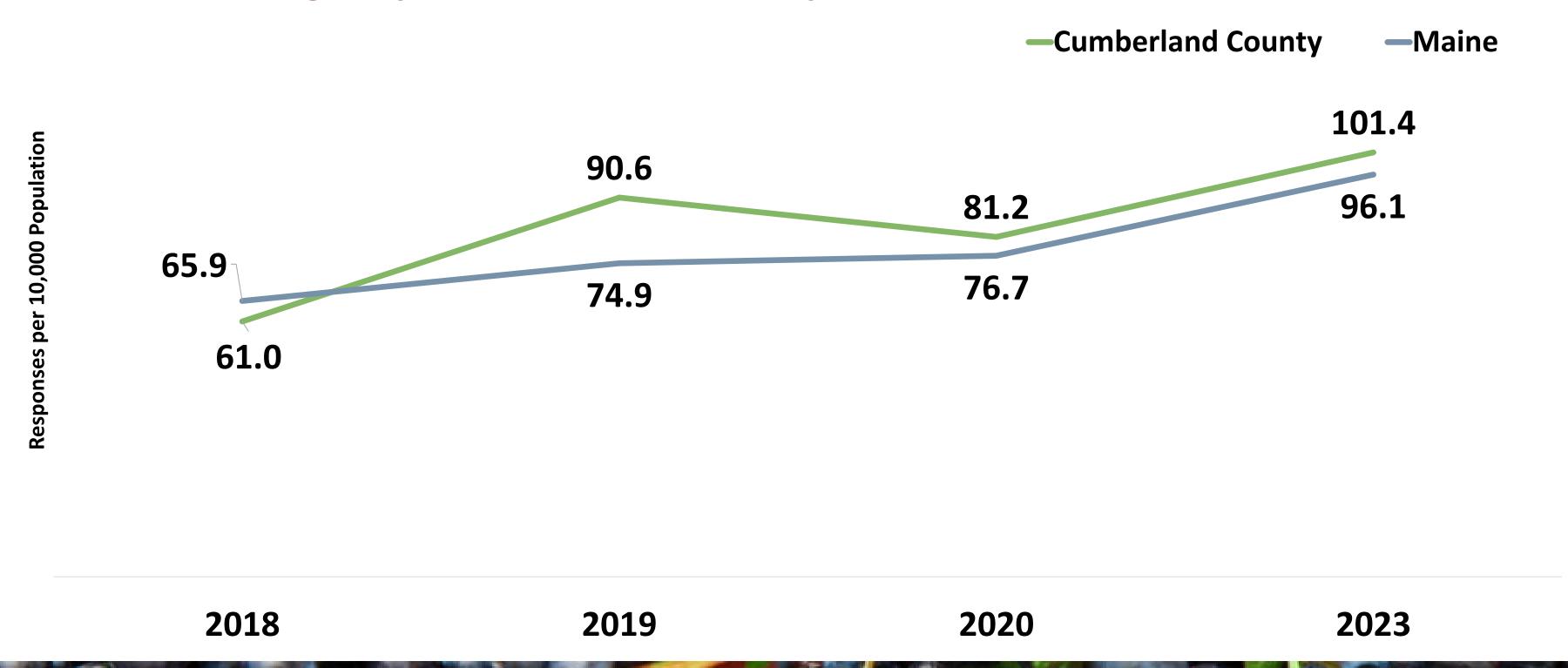
#### **Diabetes**



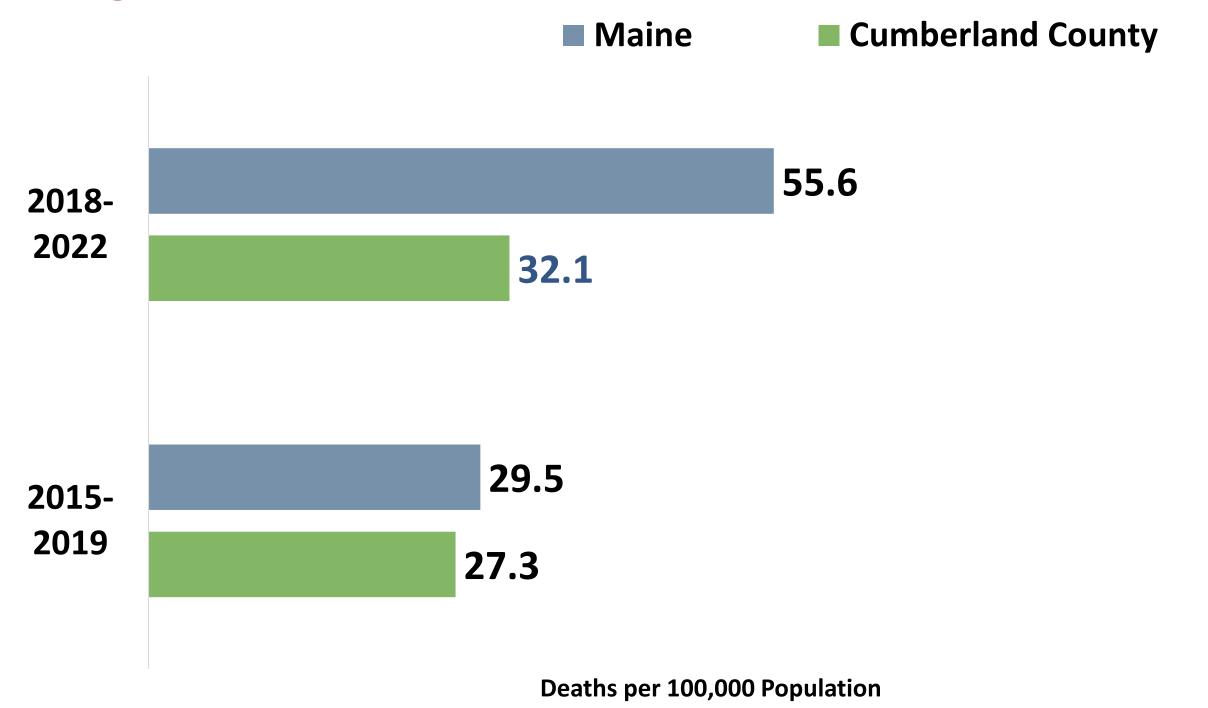


2018-2022 data reflects that Cumberland County has a significantly lower rate of adult diabetes compared to Maine.

#### **Overdose Emergency Medical Service Responses**



#### **Drug-induced Deaths**

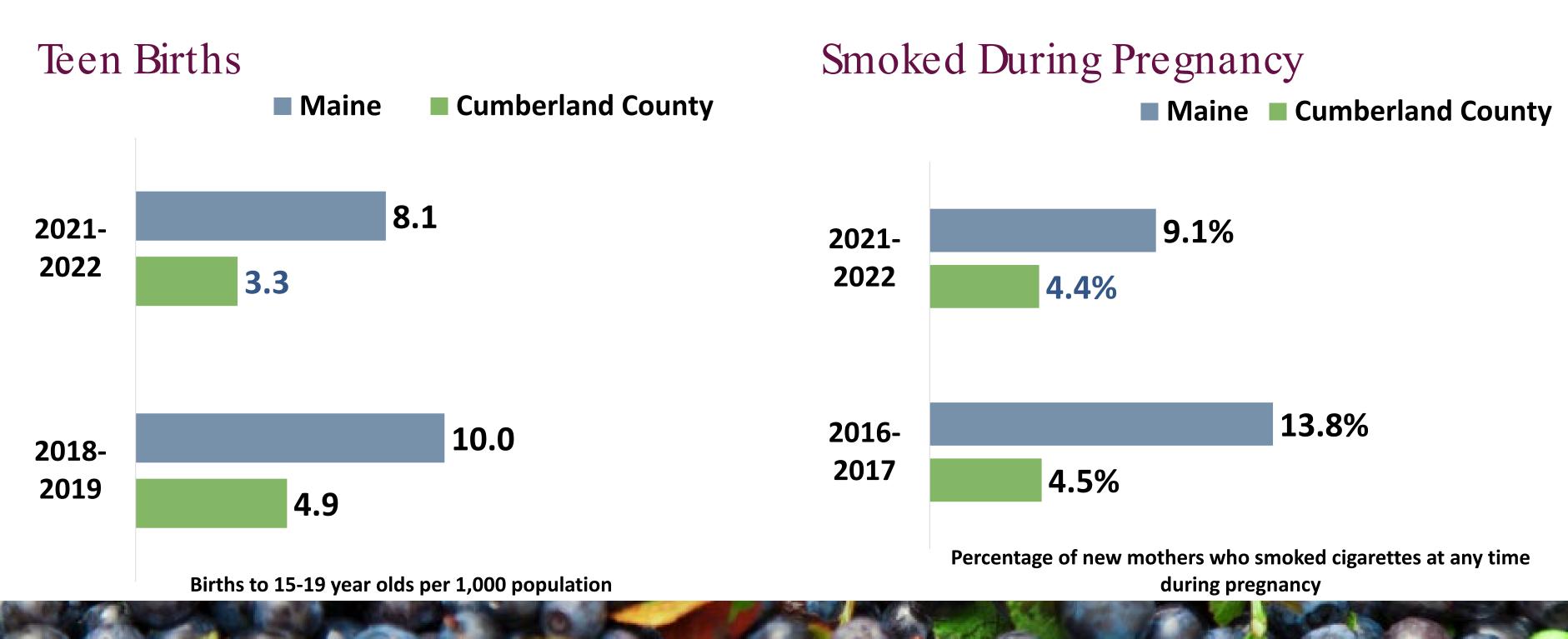




2018-2022 data reflects a significantly lower rate of drug-induced deaths compared to Maine.



2021-2022 data reflects that Cumberland County had a significantly lower percentage of women who reported smoking during pregnancy compared to Maine as well as a lower rate of teen births.





## Focus Group Top Themes

Affordable care
Affordable housing
Healthy options
Reliable community resources
Safe community

#### Select Quotes From Participants

- "There are so many families **living in hotels or even campgrounds** because housing just isn't available."
- "In order to get a hold of community programs you need a case worker.
   In order to get a case worker, you need a medical or mental challenge or something which includes the hospital or administration getting involved."
- "SNAP benefits can be important. However, many families do not financially qualify for them are still in need of that support."
- "No place for free gym or swimming pool or other free things for family to socialize. There are some things, but you have to pay." "

#### Community Survey: Physical Health Status

#### How would you rate your own physical health?

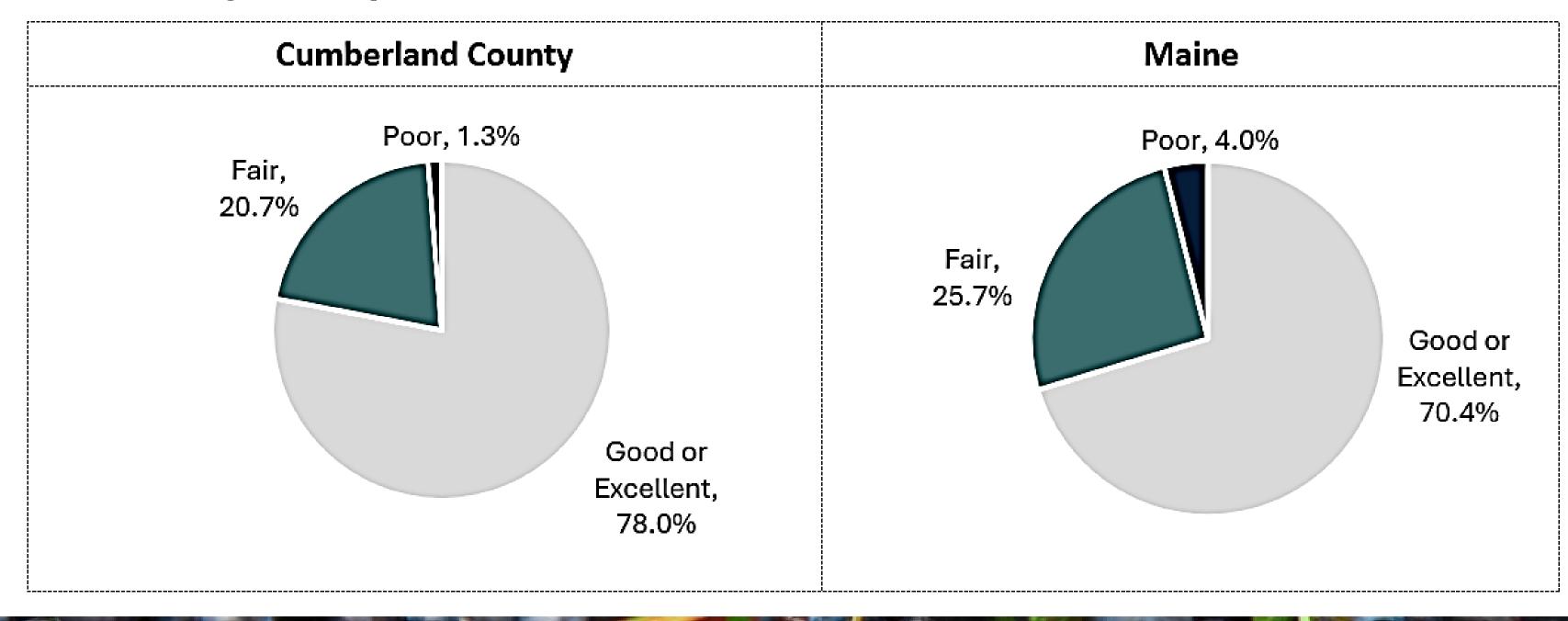
Cumberland County	Maine
Fair, 15.2% Good or Excellent, 82.7%	Fair, 25.3%  Good or Excellent, 69.5%

#### Total Participants

<b>Cumberland County</b>	Maine
447	3,967

#### Community Survey: Mental Health Status

#### How would you rate your own mental health?



#### Community Survey: Community Health Status

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

Cumberland County		Maine		
1)	Mental health issues (anxiety, depression, suicide, etc.)	1)	Mental health issues (anxiety, depression, suicide, etc.)	
2)	Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	2)	Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	
3)	Housing insecurity	3)	Low incomes and poverty	
4)	Aging health concerns (arthritis, osteoporosis, dementia, Alzheimer's, etc.)	4)	Housing insecurity	
5)	Low incomes and poverty	5)	Obesity	

#### Community Survey: Community Health Needs

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

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

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



# Prioritization Voting Results



## Results

## **Community Conditions**

- 1. Housing (95.8%)
- 2. Poverty (45.8%)
- Timeliness of Healthcare and Social Services
   (41.7%)
- Provider Availability
   (37.5%)
- 5. Transportation (33.3%)

## Protective & Risk Factors

- 1. Nutrition (58.3%)
- 2. Adult Screening &Preventative Visits (50.0%)
- 3. Illicit Drug Use (41.7%)
- 4. Physical Activity (37.5%)
- 5. Child/Youth Screening &Preventative Visits (37.5%)

## **Health Conditions & Outcomes**

- 1. Mental Health (83.3%)
- 2. Substance Use Related Injury & Death (70.8%)
- Cardiovascular Disease
   (54.2%)
- 4. Obesity/Weight Status (41.7%)
- 5. Cancer (33.3%)



## Breakout Discussions

#### Breakout Discussion #1

Please discuss the results of the community needs assessment and the results of the first round of priority voting:

- Was anything surprising or new?
- Did the findings confirm anything for you?
- Are any priorities missing from the initial round of voting that should be included in a second round of voting?



## Voting Tool

Based on the presentation, discussions in your breakout, materials, and your knowledge, expertise, and experiences, please vote for the top THREE health and well-being priorities for each of the topic areas:

Community Conditions
Protective & Risk Factors
Health Conditions & Outcomes

as they relate to your County.





## Results

## **Community Conditions**

- 1. Housing (69.7%)
- 2. Poverty (54.6%)
- 3. Transportation (42.4%)

## Protective & Risk Factors

- Adverse Childhood
   Experiences (69.7%)
- 2. Nutrition (57.6%)
- 3. Illicit Drug Use (51.5%)

## Health Conditions & Outcomes

- 1. Mental Health (81.8%)
- 2. Substance Use Related Injury & Death (69.7%)
- Cardiovascular Disease
   (30.3%)

#### Breakout Discussion #2

## Please discuss the following questions as they relate to the priorities in your topic area:

- Are there other specific populations to focus on within these priorities?
- What do you see as the root causes and/or contributing factors to these priorities?
- Which sectors are working on these priorities? Where is there potential for collaboration?
- What community assets and resources are missing from the pre-populated list to address these priorities?

Review the responses from the group prior to you. As a group, add comments and additional information and suggest edits, as applicable.

Breakout Discussion #4

Review the responses from the group prior to you. As a group, add comments and additional information and suggest edits, as applicable.



## Final Remarks