

# **Maine Shared Community Health Needs Assessment**

November 6, 2024

# Waldo County

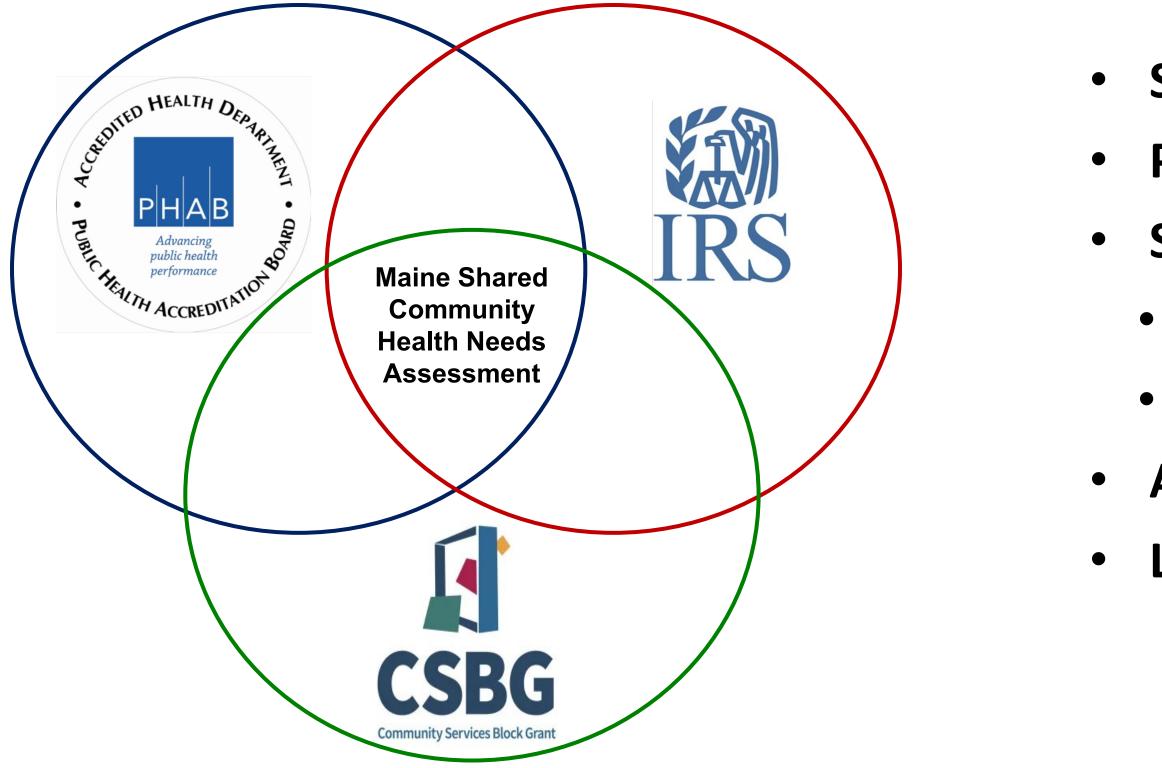
## Maine Shared CHNA

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

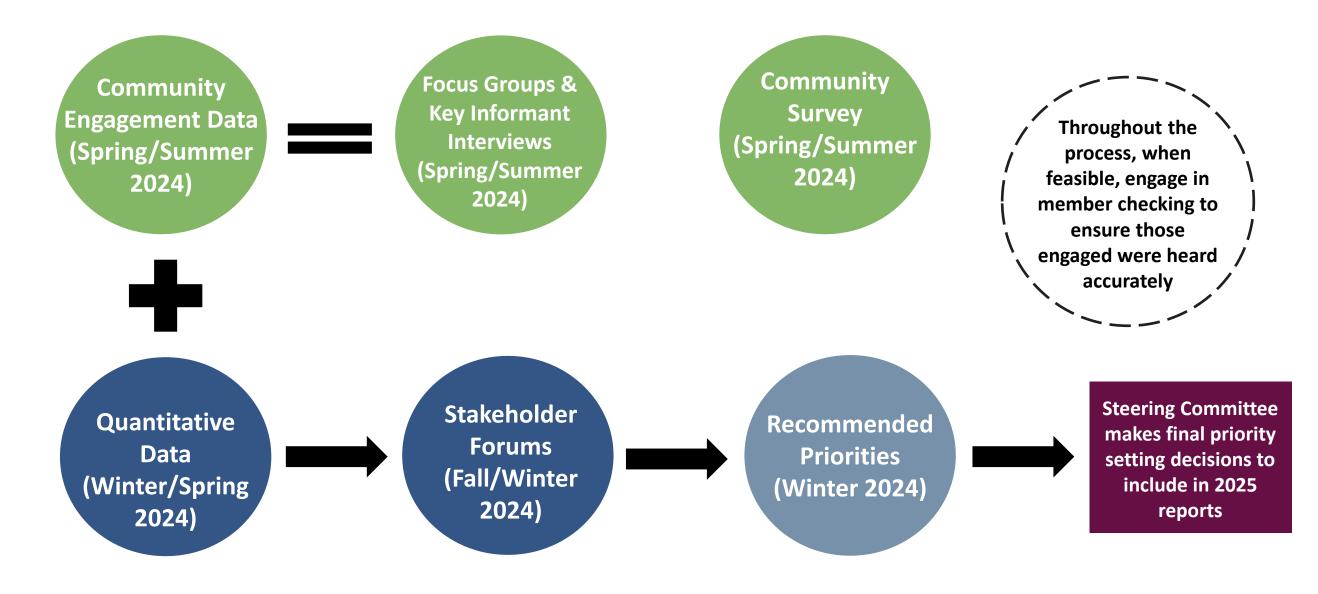




- **Steering Committee**
- **Program Manager**
- **Standing Committees** 
  - Metrics
  - **Community Engagement**
- **Ad-Hoc Committees**
- **Local Planning Teams**

## Maine Shared CHNA

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



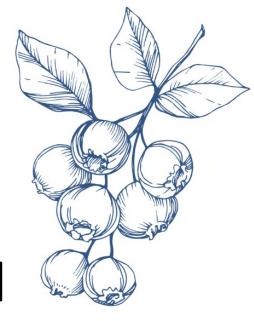
Surveys conducted statewide, included both general community members and professionals; Focus Groups conducted with community members, both low-income population and health equity groups; Key Informant Interviews conducted when focus groups weren't feasible or to collect more information; Stakeholder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



# **Next Steps**

- **County reports will be drafted summarizing the data analysis,** community engagement findings, and Forum discussions related each County's final priorities.
- The Steering Committee will review and compile the priorities from each County to inform the final priorities for the State.
- Final reports will be released in March 2025.
- **Reports are used by health systems for community health** improvement planning, the MeCDC for state health improvement planning, & the CAPs for strategic and programmatic planning





## Agenda

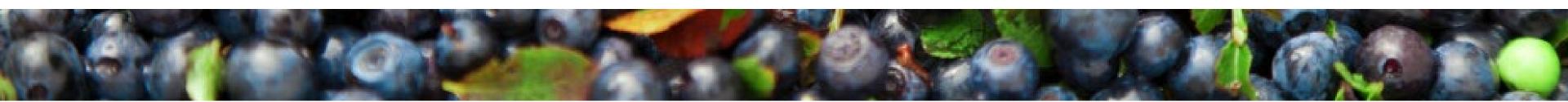
Welcome!

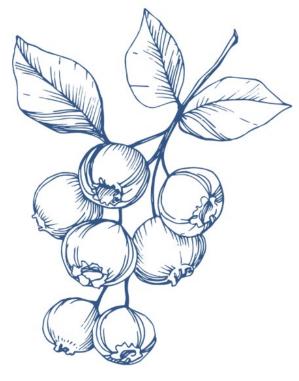
**Overview of Key Findings & Prioritization Voting Breakout:** Discussion of Findings & Prioritization Voting Discussion Report Out & Second Round of Voting BREAK **Presentation of Final Priorities Breakout:** Deeper Discussion of Priorities, Round 1

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

**Breakout**: Deeper Discussion of Priorities, Round 3

Conclusion & Next Steps

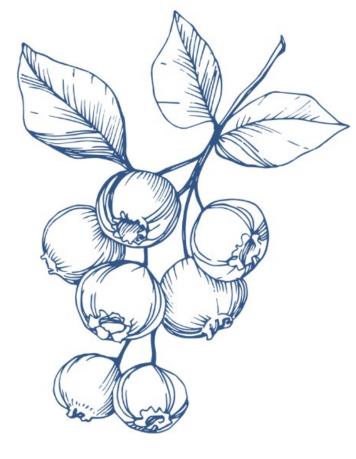




# Housekeeping

- 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)







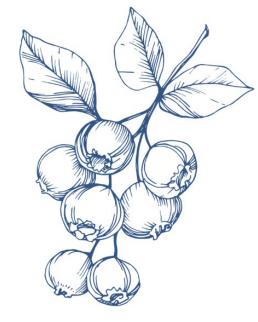


Key Findings

## **Quantitative Data**

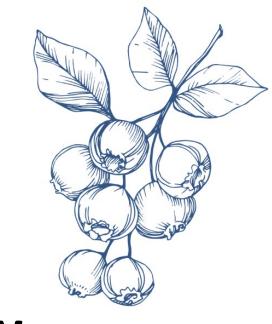
- Indicators are reviewed and updated, as needed, by the Metrics **Committee using identified criteria**
- Data comes from national, state and at times programmatic sources
- Some data is missing or suppressed due to small sample sizes
- Other data may be missing due to complications in collection or errors in analysis on the end of the data source
- The most up to date data profiles can be found on the MeSCHNA website





## **Qualitative Data**

- Community engagement framework and populations to engage are developed by the Community Engagement Committee
- This cycle's engagement included focus groups (state and county wide), key informant interviews, and surveys
- The multiprong engagement is intended to hear from as many people as possible within our capacity and resources
- The qualitative data and quantitative data are meant to complement each other
- The most up to date overviews can be found at the MeSCHNA website.

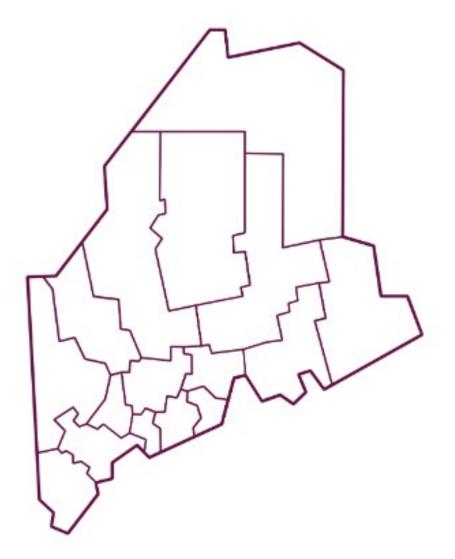


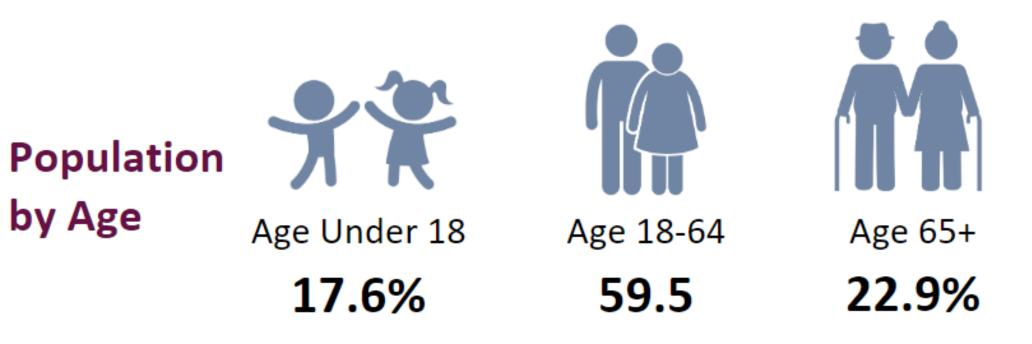
## Demographics

## **Total Population**

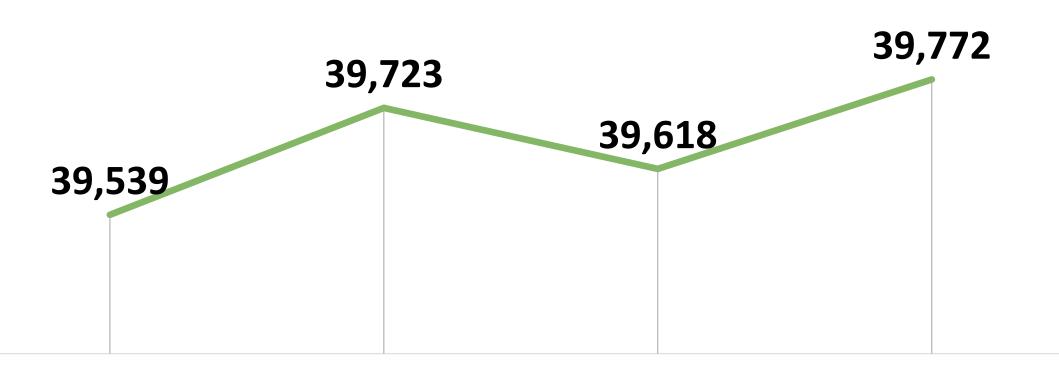
## 39,772

2.9% of the total state population





**County Population** 



2015-20192016-20202017-20212018-2022

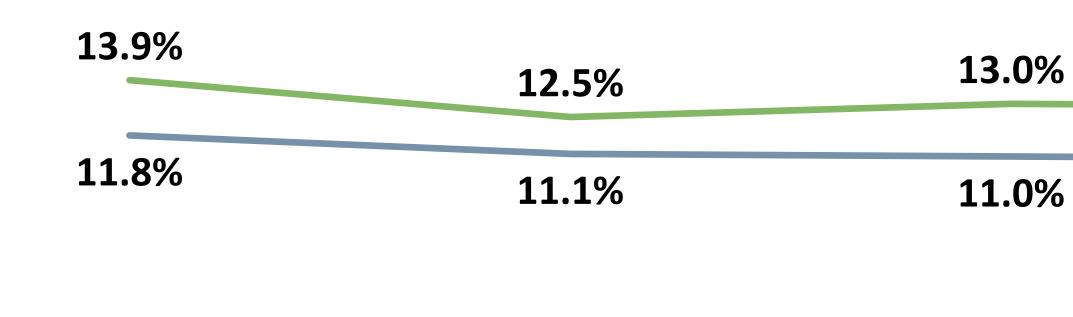
U.S Census Bureau ACS Five-year Estimates 2018-2022

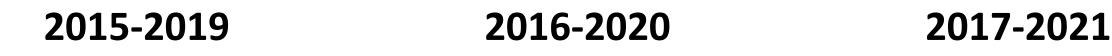


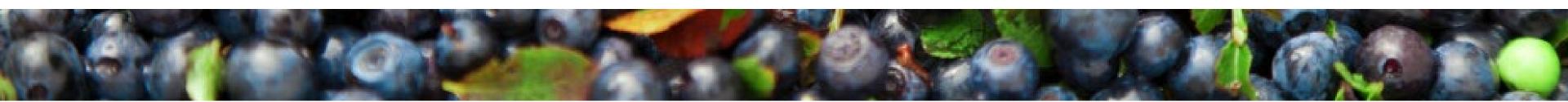
## Demographics

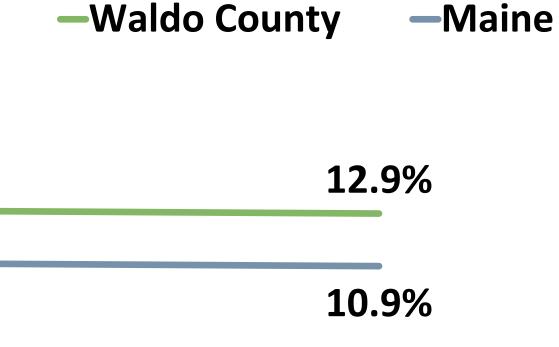
Percentage of Total Population

## Individuals Living in Poverty



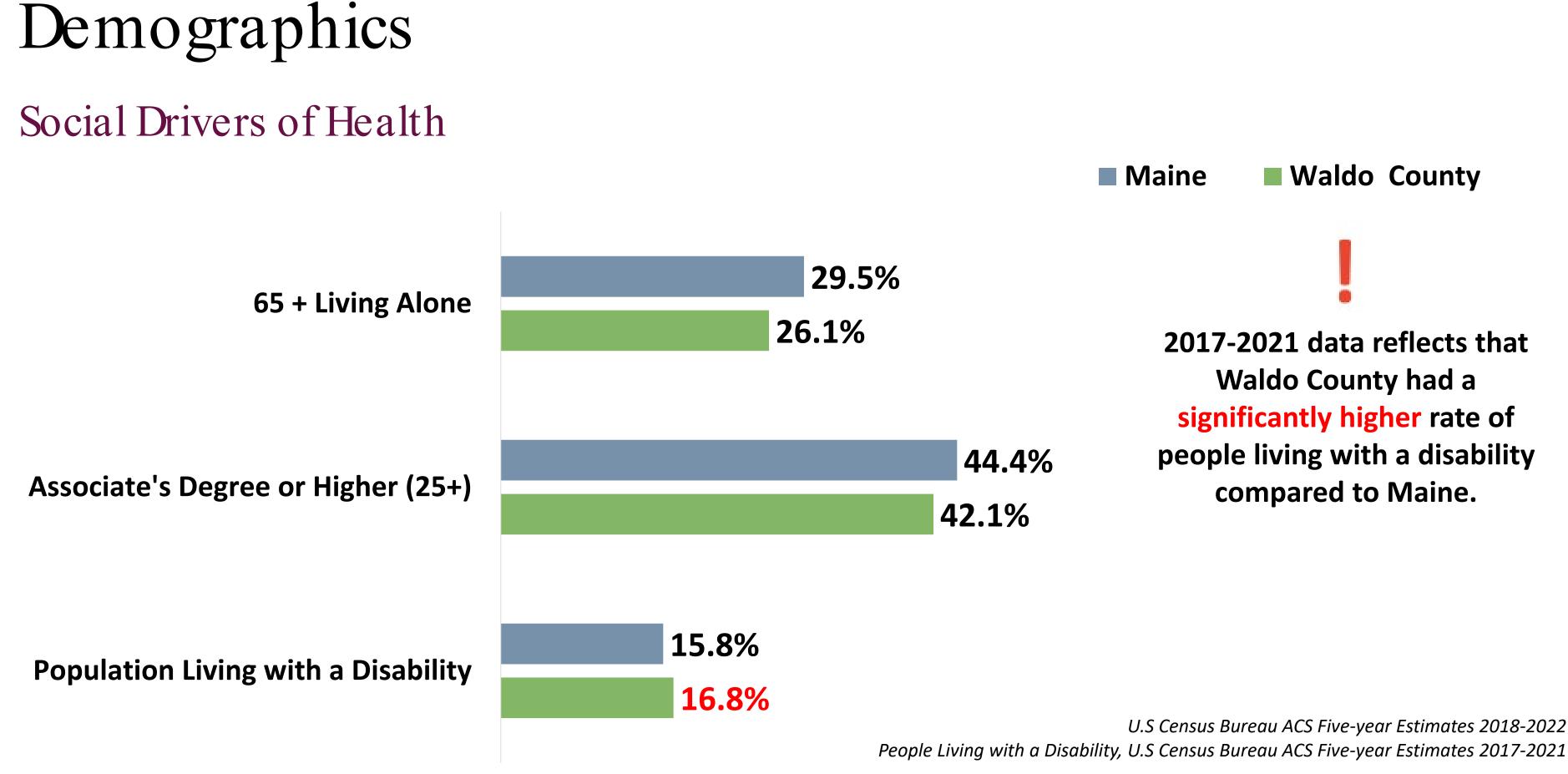






### 2018-2022

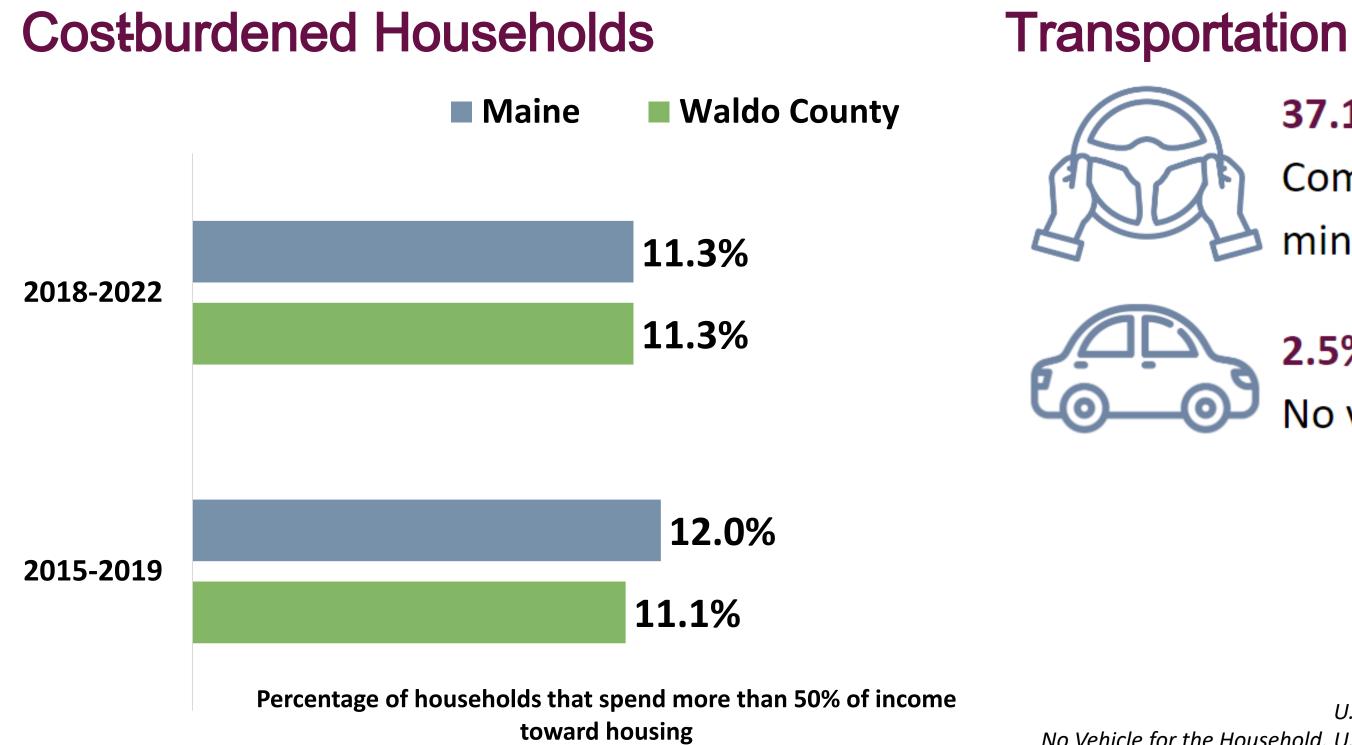
U.S Census Bureau ACS Five-year Estimates





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







### 37.1%

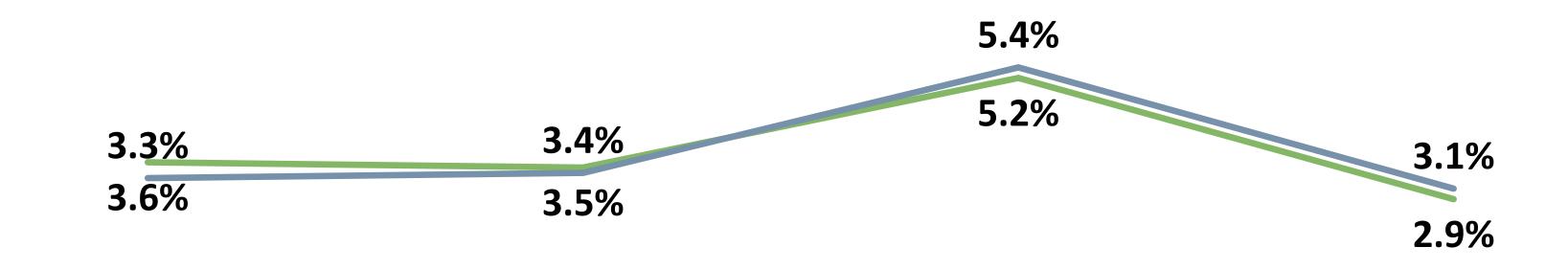
Commute of greater than 30 minutes driving alone

## 2.5% 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

# **Community Conditions**

## Unemployment



2017 2018



2020

### 2023

U.S Bureau of Labor Statistics

# **Community Conditions**

## **Economic Wellbeing**

Median household income 2015-2019: \$51,931 2017-2021: \$59,880

Households living above the federal poverty level but below the Asset Limited Income Constrained Employed threshold of financial survival 2019: 29.4% 2022: 31.0%

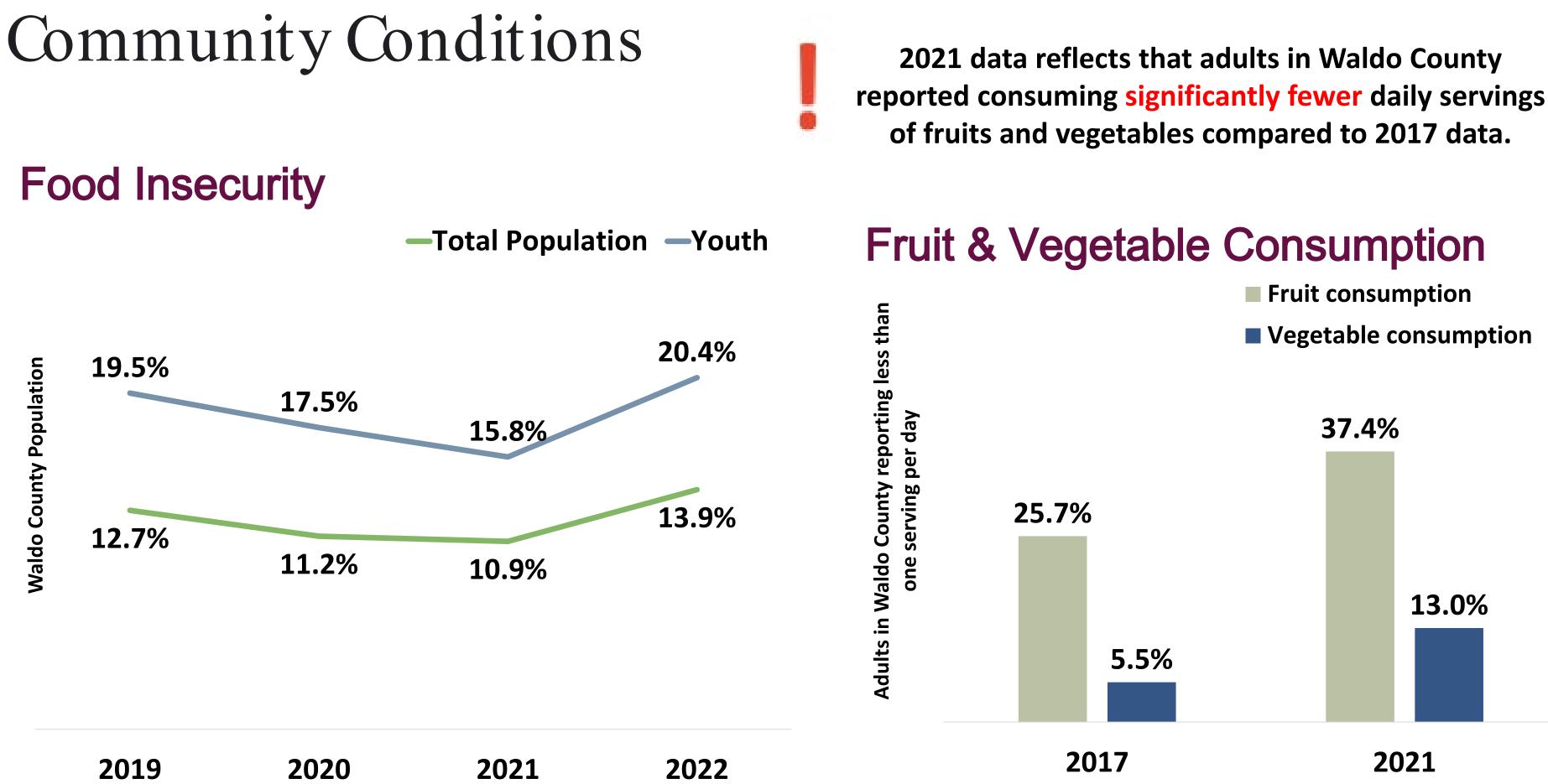
The 2017-2021 median household income in Waldo County is significantly higher compared to the 2015-2019 median household income.

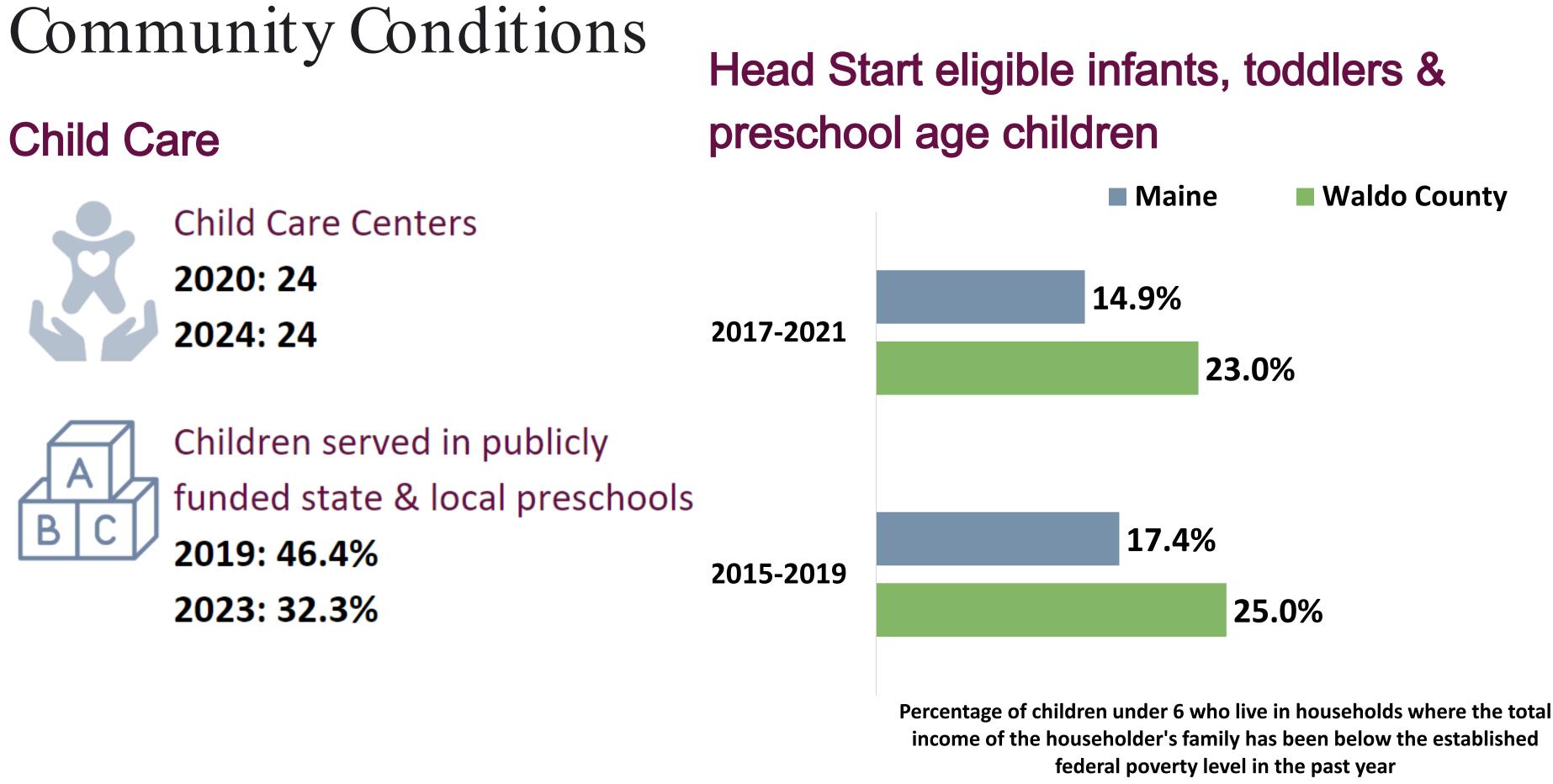
> Working families who are struggling to afford basic necessities like housing, food, and childcare despite earning an income technically above the poverty line.



## **ALICE**

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

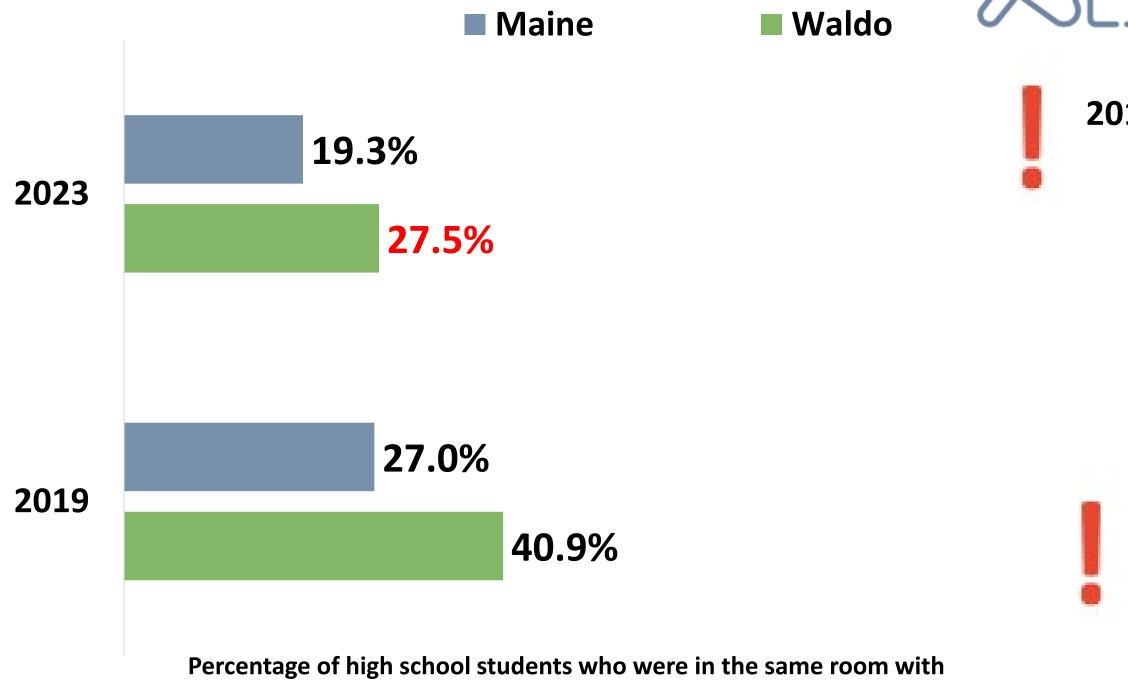






# **Protective & Risk Factors**

### **Tobacco Smoke Exposure**



Percentage of high school students who were in the same room with someone who was smoking cigarettes at least one day during the past week

Chronic heavy drinking (adults) 2015-2017: 6.5% 2019-2021: 11.2%

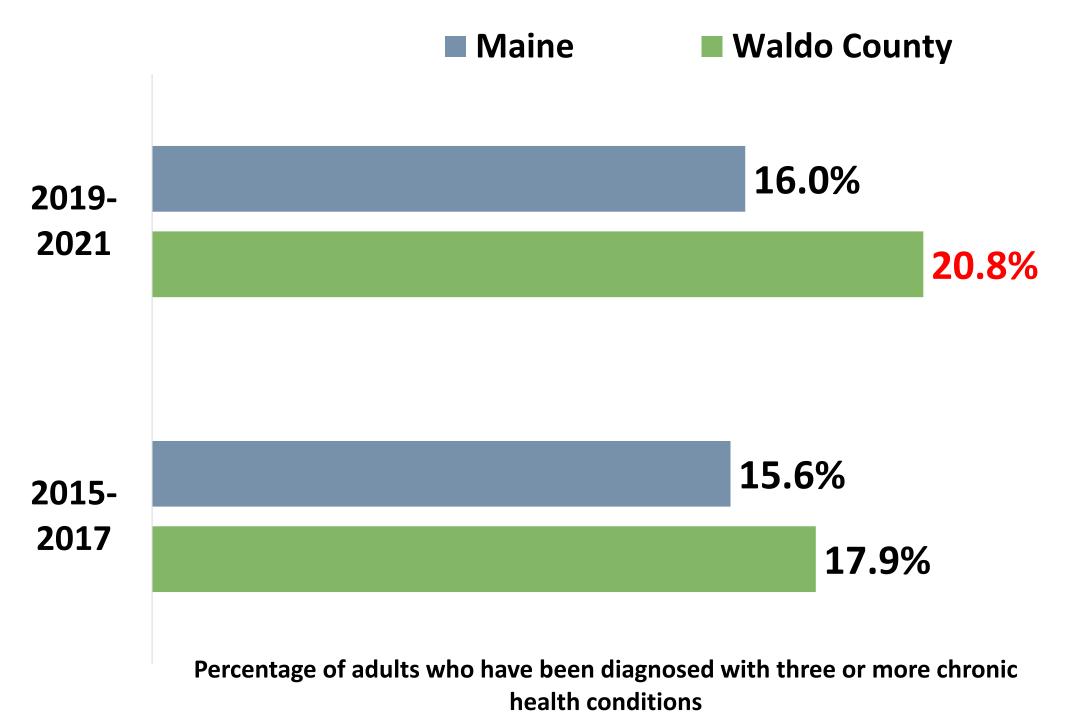
2019-2021 data reflect that significantly more adults reported chronic heavy drinking compared to 2015-2017 data.

2023 data reflect that significantly more Waldo County high school students experience tobacco smoke exposure compared the Maine.



## **Protective & Risk Factors**

## **Chronic Conditions**





2019-2021 data reflect that Waldo County has a significantly higher rate of adults diagnosed with three or more chronic health conditions compared to Maine.

## Leading Causes of Death

Rank	United States	Maine	Waldo County
1	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Heart Disease
3	Unintentional Injury	Unintentional Injury	Unintentional Injury
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Cerebrovascular Diseases
5	Cerebrovascular Diseases	COVID-19	Chronic Lower Respiratory Disease
6	Alzheimer's Disease	Cerebrovascular Diseases	COVID-19
7	Diabetes	Diabetes	Alzheimer's Disease
8	Influenza & Pneumonia	Alzheimer's Disease	Diabetes
9	Liver Disease	Liver Disease	Suicide
10	Suicide	Influenza & Pneumonia	Parkinson's Disease





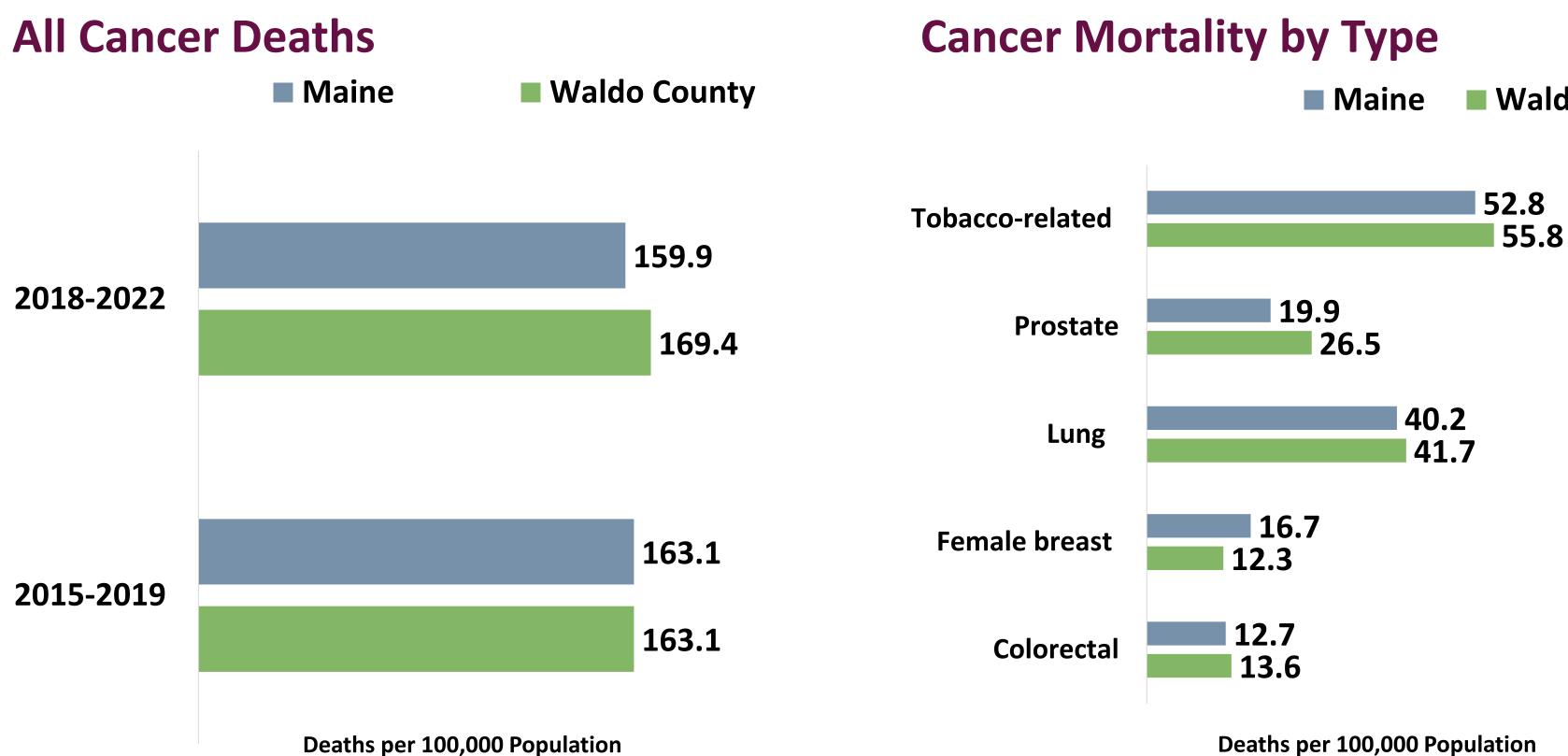
Cardiovascular disease deaths per 100,000 population 2015-2019: 211.5 2018-2022: 223.0



Injury deaths per 100,000 population 2015-2019: 84.3 2018-2022: 101.7

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

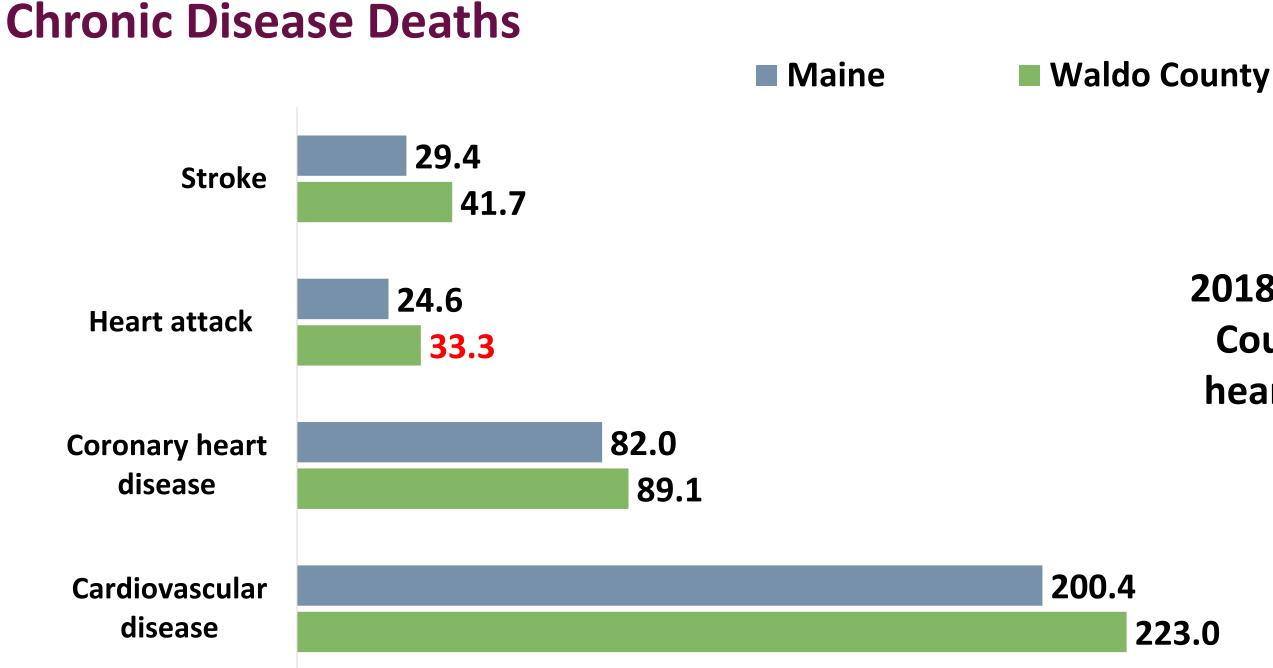




### Waldo County

Deaths per 100,000 Population





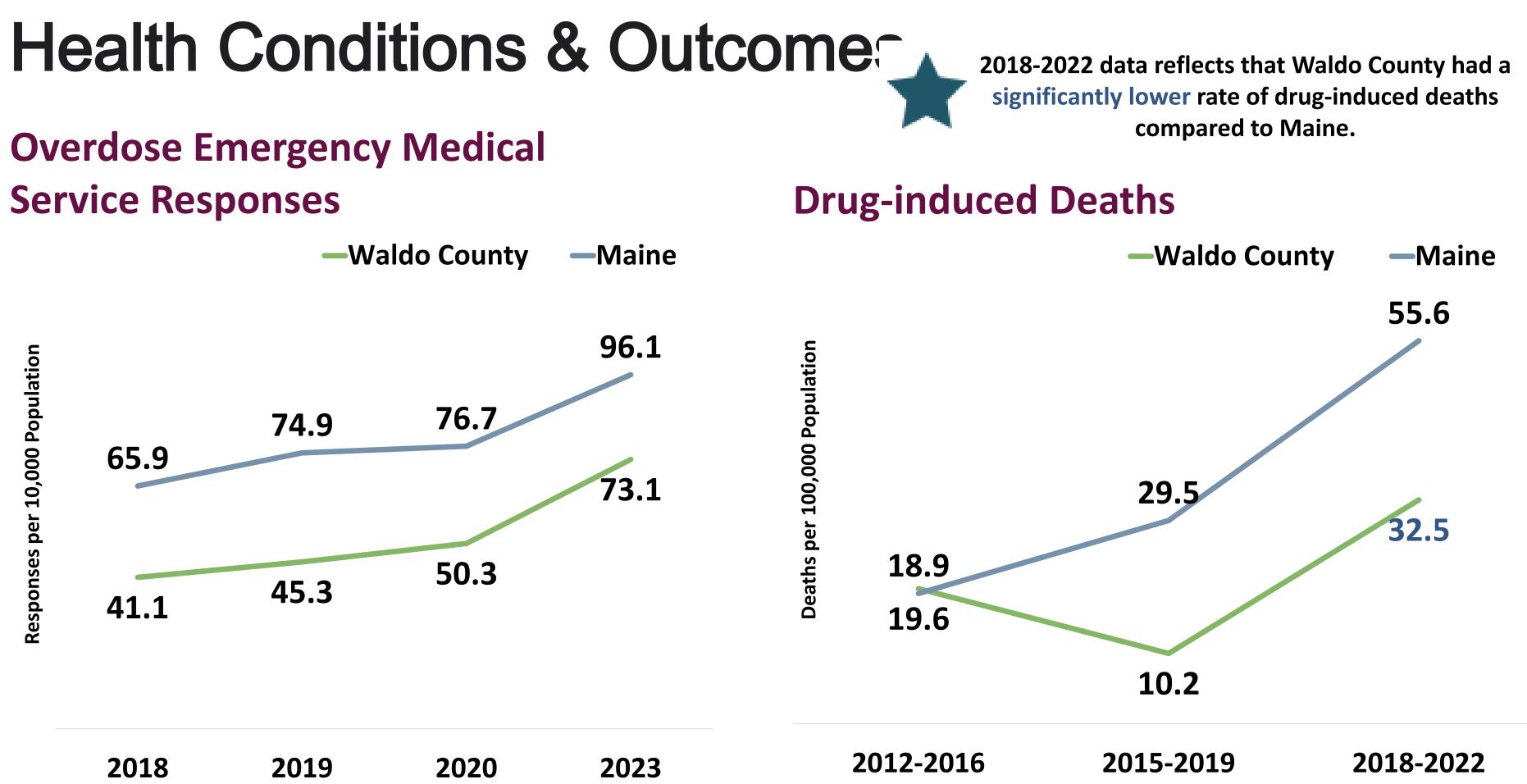
### Deaths per 100,000 Population





### 2018-2022 data reflects that Waldo **County has a significantly higher** heart attack death rate compared to Maine.

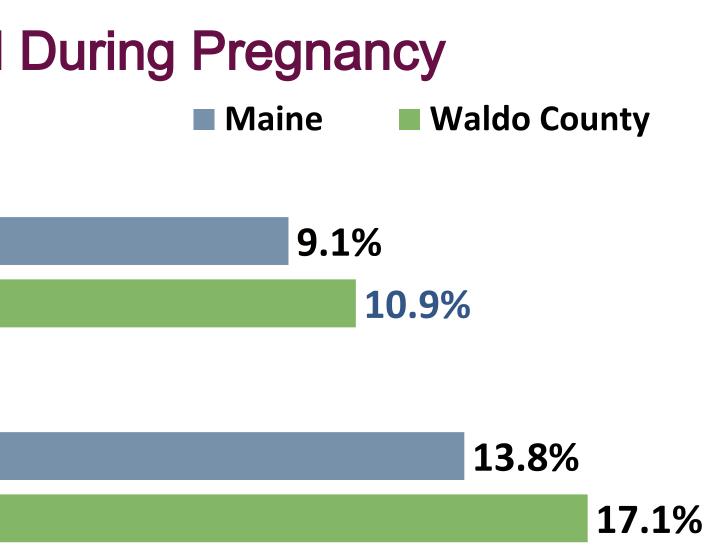
223.0



Infants who are ever breast fed	Smoked D	
Waldo County: 90.2%		
Maine: 87.6%	2021- 2022	
021-2022 data reflects that Waldo ounty has a significantly higher		
ate of infants who are ever reastfed compared to Maine.	2016- 2017	

Percentage of new mothers who smoked cigarettes at any time during pregnancy

2021-2022 data reflects a significantly lower percentage of women who reported smoking during pregnancy compared 2016-2017 county data.









## Focus Group Top Themes

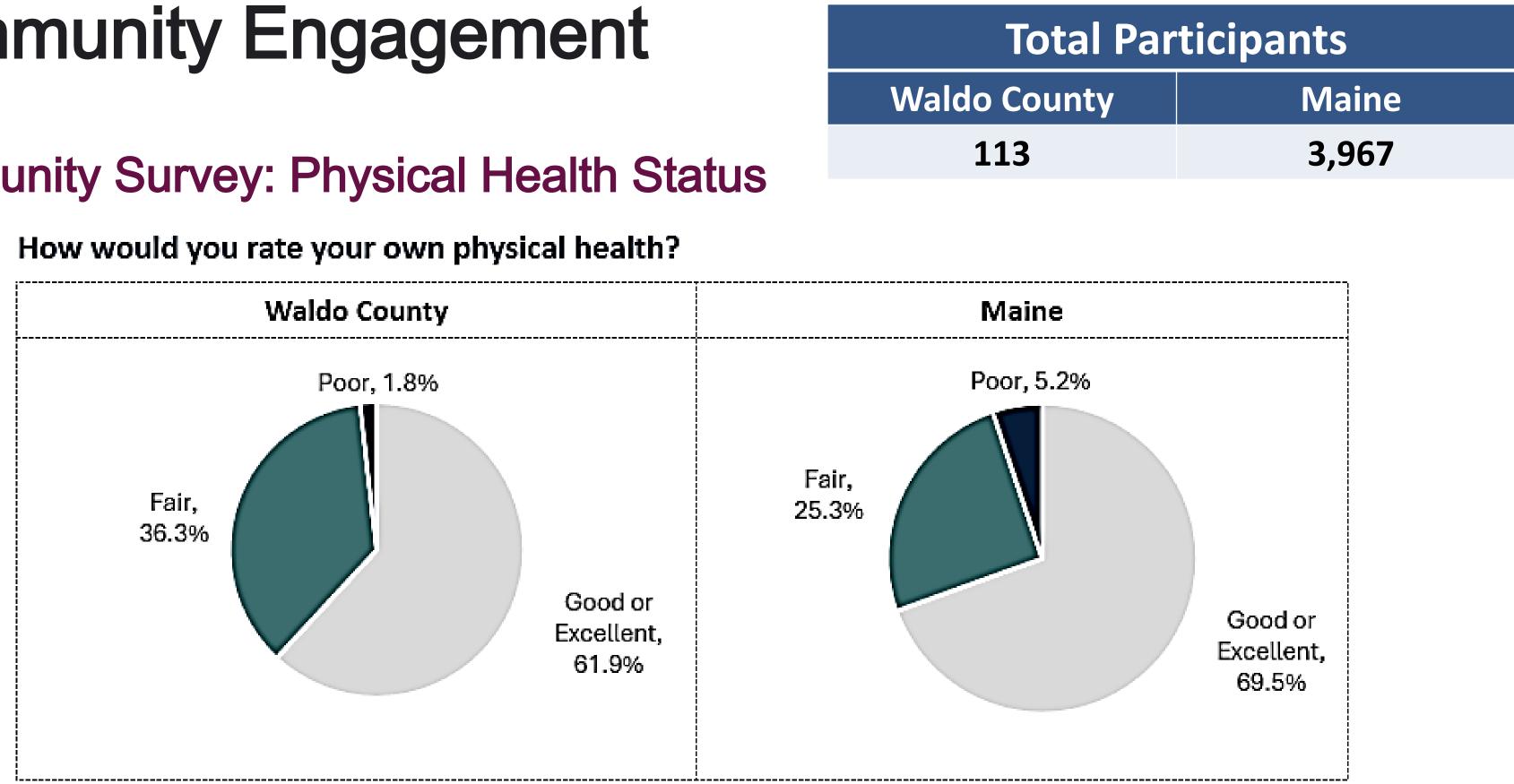
Equal access to services Internet connectivity Safe and affordable housing Transportation

### Select Quotes From Participants

- "Home health is not there have several neighbors who need it, but there is no staffing. They might be 50 cents off from qualifying. We're closing nursing homes left and right."
- "Still not a lot of options for internet in rural communities. Cell service/hot spots not as good an option."
- "[Of those visiting clinic in Waldo County and the ER] very few people have a stable relationship with a practitioner and seek regular preventative care."
- "Heard that Waldo has one of the lowest vacancy rates. Affordability is another major issue - rents increasing, incomes/reimbursements are not."



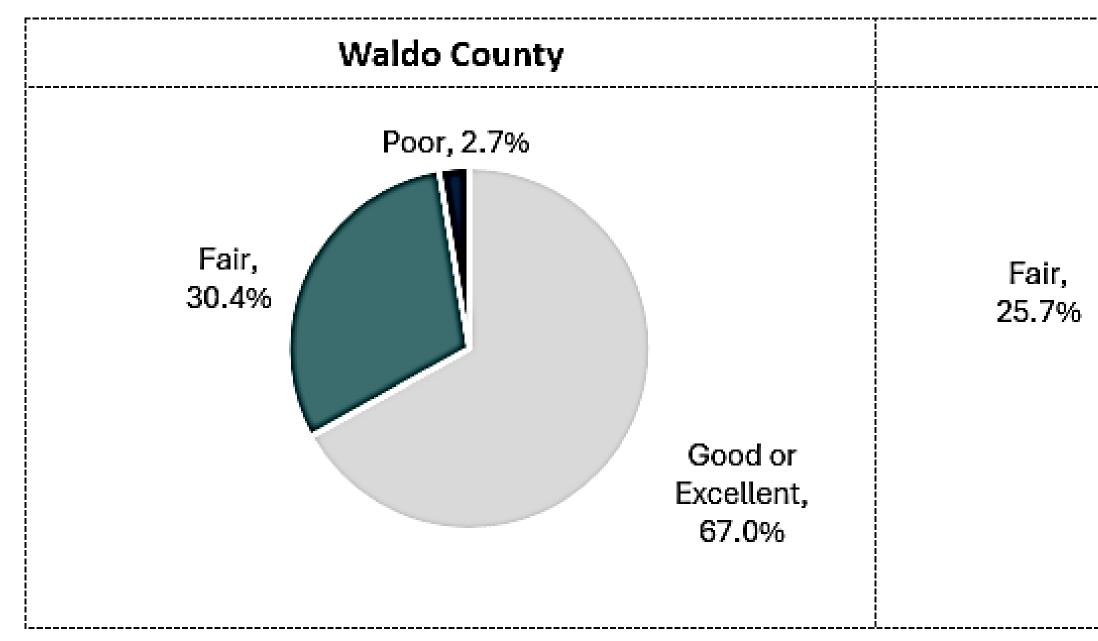
## **Community Survey: Physical Health Status**





## **Community Survey: Mental Health Status**

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





### Maine

Poor, 4.0%

Good or Excellent, 70.4%

## **Community Survey: Community Health Status**

Top 5 social concerns that negatively impact your community

Waldo County			
1)	Low incomes and poverty	1)	Mental health suicide, etc.)
2)	Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	2)	Substance us drugs, illicit d
3)	Mental health issues (anxiety, depression, suicide, etc.)	3)	Low incomes
4)	Housing insecurity	4)	Housing insec
5)	Tobacco or nicotine use (cigarettes, cigars, vapes, dip, nicotine pouches, etc.)	5)	Obesity



### Maine

th issues (anxiety, depression,

se (alcohol, cannabis, prescription Irugs, etc.)

s and poverty

curity

## **Community Engagement 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'

Waldo County		Maine		
Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	83.0%	Economic needs	76.1%	
Economic needs	77.5%	Chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)	75.7%	
Mental health needs	70.2%	Mental health needs	73.6%	
Housing needs	66.3%	Substance use	68.5%	
Substance use	64.5%	Housing needs	68.5%	
Environmental needs	63.2%	Transportation needs	60.9%	
Transportation needs	57.9%	Environmental needs	58.4%	
Public safety needs	50.9%	Public safety needs	53.7%	







# Prioritization Voting Results



Community Conditions

- 1. Housing (81.0%)
- 2. Transportation (71.4%)
- 3. Poverty (57.1%)
- 4. Childcare (38.1%)
- 5. Timeliness of Healthcare and Social Services (38.1%)

Result

Protective & Risk Factors

- 1. Nutrition (52.4%)
- 2. Adverse Childhood Experience (52.4%)
- 3. Preventive Oral Health Care (42.9%)
- 4. Alcohol Use (42.9%)
- 5. Illicit Drug Use (42.9%)

# Health Conditions & Outcomes

- 1. Mental Health (76.2%)
- 2. Cardiovascular Disease (52.4%)
- Obesity/Weight Status (47.6%)
- 4. Substance Use (47.6%)
- 5. Cancer (38.1%)



# Breakout Discussions

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?







**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.

# Voting Tool



# Results

### **Community Conditions**

- Housing (82.6%) 1.
- **Poverty (69.6%)** 2.
- 3. **Transportation (60.9%)**

## **Protective & Risk Factors**

- Adverse Childhood **Experiences (82.6%)**
- 2. Nutrition (56.5%)
- **Patient Education** 3. (52.2%)

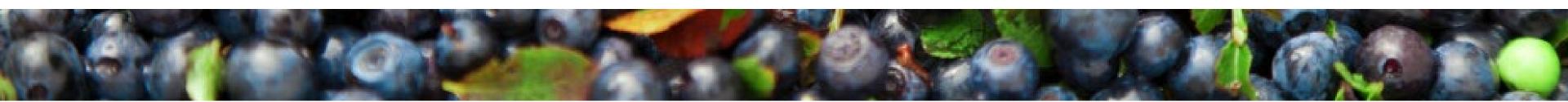


### **Health Conditions** & Outcomes

- 1. Mental Health (91.3%)
- 2. Substance Use **Related Injury & Death (73.9%)**
- **Multiple Chronic** 3. Conditions (69.6%)

# 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
- What do you see as the root causes and/or cor 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.

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# Final Remarks