Maine Shared Community Health Needs Assessment

## Statewide Coordinating Council

December 12, 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.
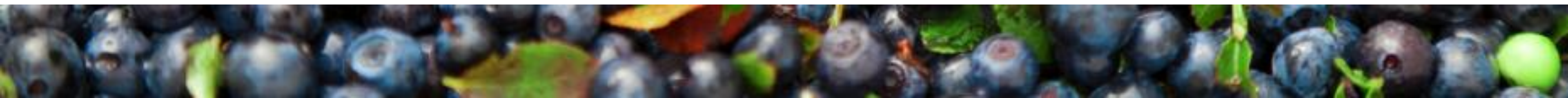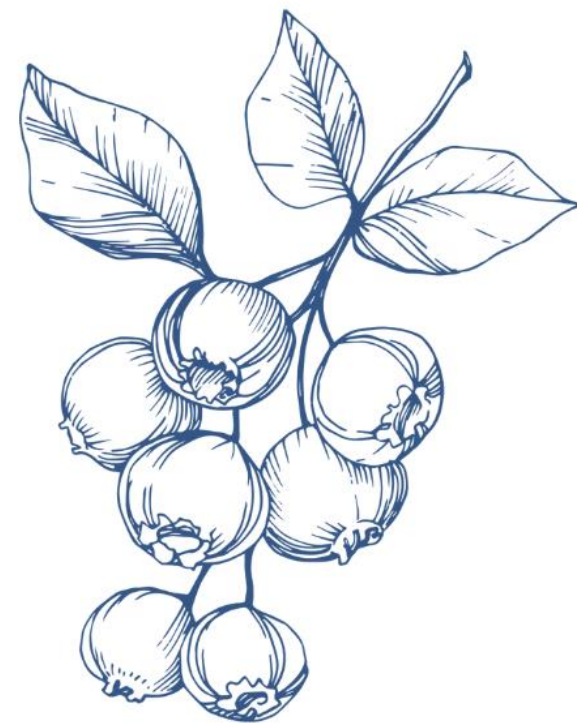
Reporting Requirements
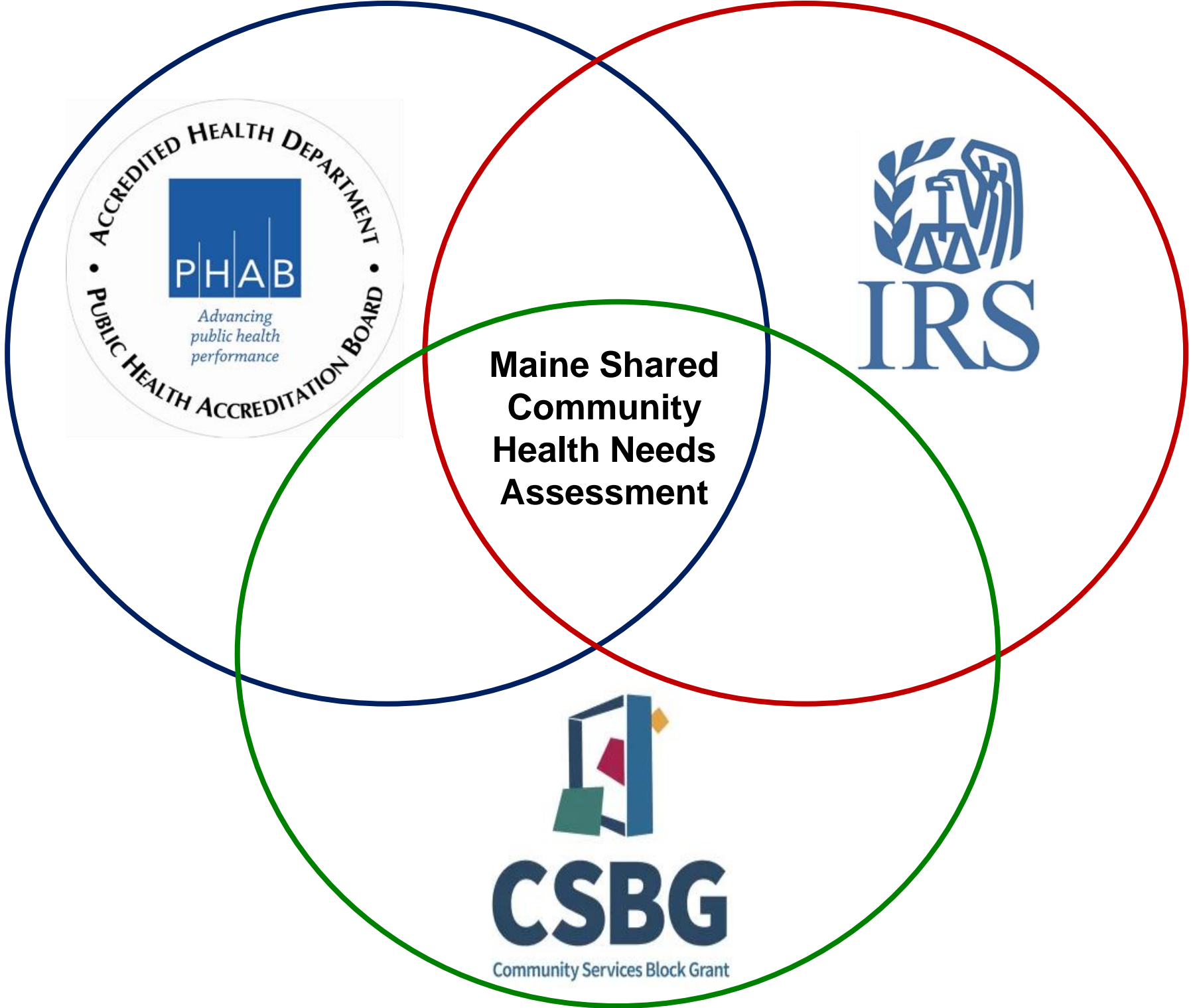
Structure

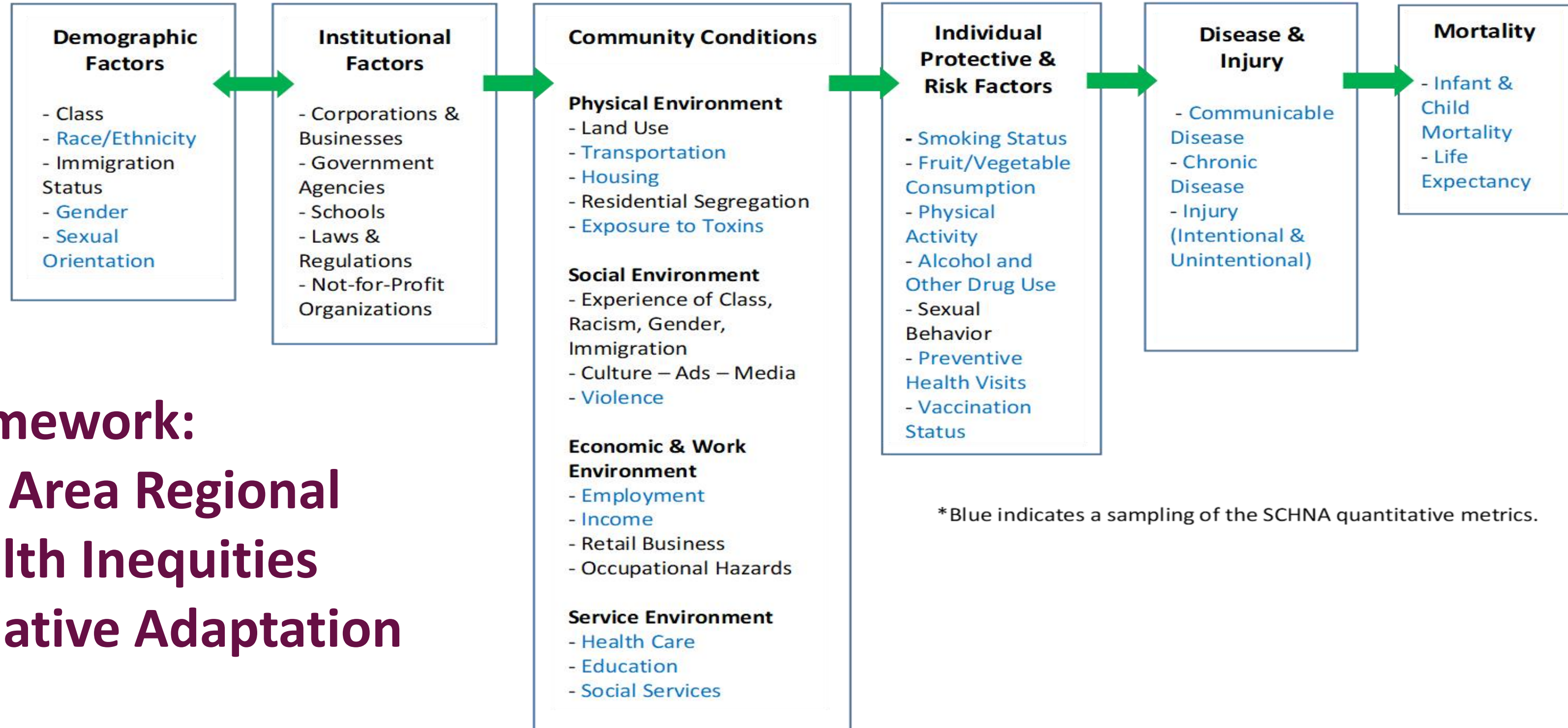Steering Committee

Program Manager

Metrics Committee

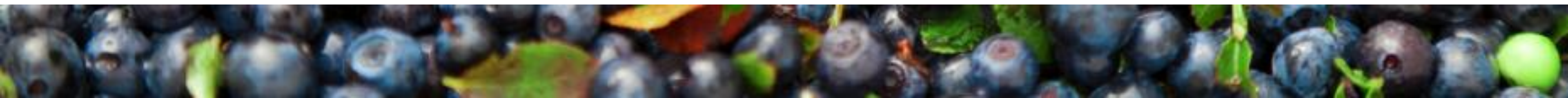Community Engagement Committee

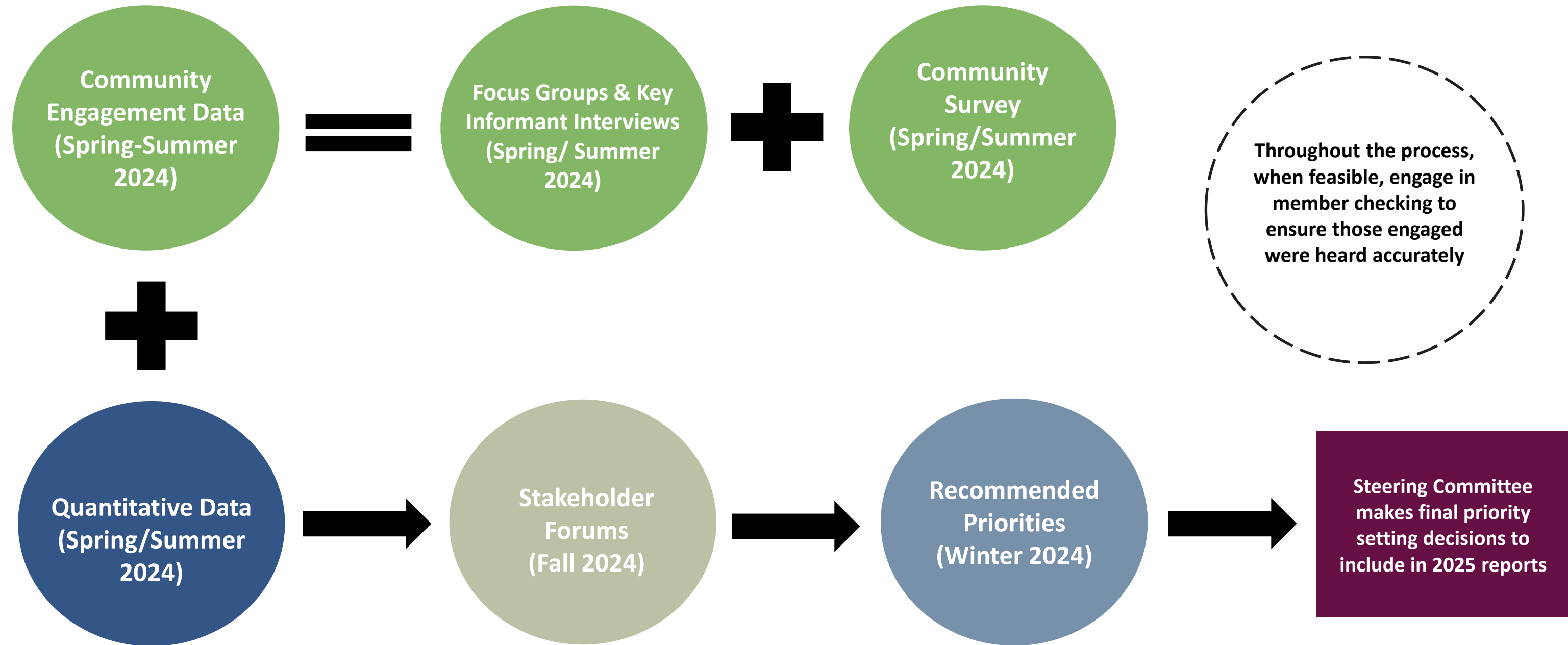Ad-Hoc Committees

Local Planning Teams

Demographic Factors

- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

Institutional Factors

- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

Community Conditions

Physical Environment
- Land Use
- Transportation
- Housing
- Residential Segregation
- Exposure to Toxins

Social Environment
- Experience of Class, Racism, Gender, Immigration
- Culture – Ads – Media
- Violence

Economic & Work Environment
- Employment
- Income
- Retail Business
- Occupational Hazards

Service Environment
- Health Care
- Education
- Social Services

Individual Protective & Risk Factors

- Smoking Status
- Fruit/Vegetable Consumption
- Physical Activity
- Alcohol and Other Drug Use
- Sexual Behavior
- Preventive Health Visits
- Vaccination Status

Disease & Injury

- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

Mortality

- Infant & Child Mortality
- Life Expectancy

*Blue indicates a sampling of the SCHNA quantitative metrics.

**Framework:
Bay Area Regional Health Inequities Initiative Adaptation**

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

Community Engagement Data (Spring-Summer 2024)

=

Focus Groups & Key Informant Interviews (Spring/ Summer 2024)

+

Community Survey (Spring/Summer 2024)

Throughout the process, when feasible, engage in member checking to ensure those engaged were heard accurately

+

Quantitative Data (Spring/Summer 2024)

→

Stakeholder Forums (Fall 2024)

→

Recommended Priorities (Winter 2024)

→

Steering Committee makes final priority setting decisions to include in 2025 reports

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

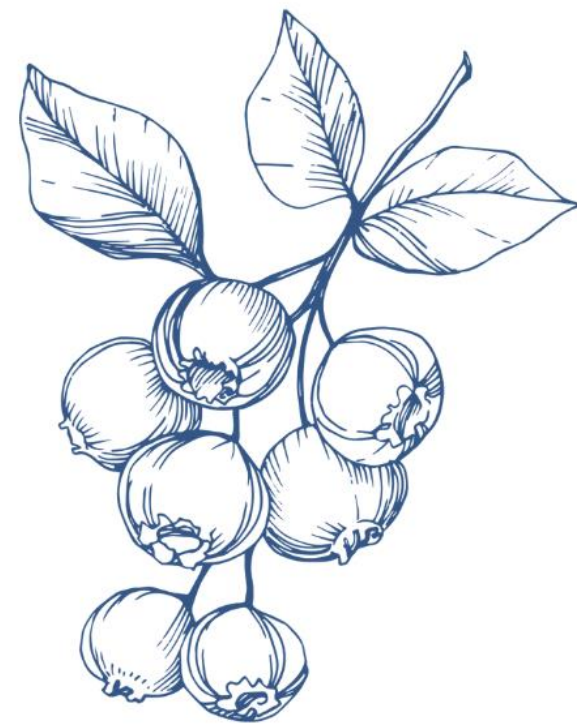# Data Collection

Data Commitments

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than implying that social or demographic categories are "causes" of disparities. 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.

- Acknowledge missing data and data biases and limitations.

- Identify and address important issues for which we lack data.

- Share data with communities affected by challenges, including sharing analysis, reporting and ownership of findings.

Data Criteria

- Describes an emerging health issue
- Describes one or more social drivers of health
- Measures an issue that is actionable
- The issue is known to have high health and social costs
- Rounds out a description of population health
- Aligns with national assessments
- Data is less than two years old
- Data has been included previously
- MeCDC analyzes the data in a current program

Data

Community Conditions

- Environmental Exposures
- Transportation
- Housing
- Unhoused/Housing Vulnerable
- Food Security
- Isolation
- Utilities/Technology
- Poverty
- Economic Stability
- Education
- Insurance Status
- Provider Availability
- Education
- Child Development

Protective & Risk Factors

- Physical Activity
- Nutrition
- Cancer Prevention
- Immunizations & Vaccinations
- Screening & Preventative Visits
- Oral Care
- Safety
- Cannabis Use
- Tobacco Use
- Alcohol Use
- Illicit Drug Use
- Pregnancy & Birth Outcomes
- Weight Status
- Adverse Childhood Experiences
- Youth Mattering

Health Conditions & Outcomes

- Injury (intentional & unintentional)
- Cancer
- Cardiovascular Health
- Respiratory Health
- Diabetes
- Obesity
- Infectious Disease
- Mental Health
- Oral Health
- Substance Use
- Multiple Chronic Conditions
- Violence
- Special Health Care Needs
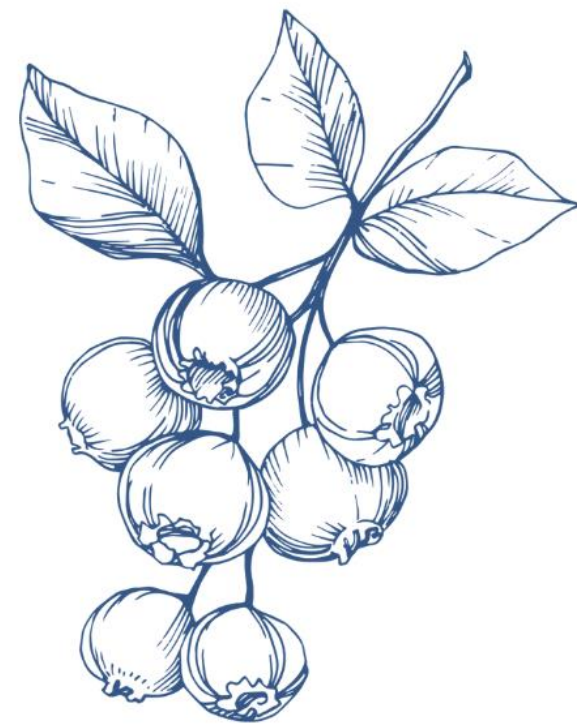- Stroke
- Arthritis
- COVID

Data Sources

- U.S. Census, American Community Survey
- Head Start
- Maine DHHS, including MaineCare and Office of Child and Family Services
- Maine Housing Authority
- Maine Families Home Visiting
- U.S. Department of Education
- Maine Integrated Youth Health Survey
- National Survey on Children's Health

- Bureau of Labor Statistics
- Federal Communications Commission
- Map the Meal
- Maine Department of Education
- Maine Department of Labor
- Maine Department of Public Safety
- Maine Department of Transportation
- National Survey on Drug Use and Health
- Behavioral Risk Factor and Surveillance Study

Data Limitations

- Follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identify which may not include or resonate with everyone, leaving them without an option that appropriately represents them.

- For some demographics, the numbers are too small to be disaggregated at certain levels, specifically city and county.

- Small sample sizes may pose a risk of unreliable and/or identifiable data.

- Rely on state-level data for reliable estimates, which implies an assumption disparities at the state level have similar patterns for smaller geographies, which is not necessarily true.
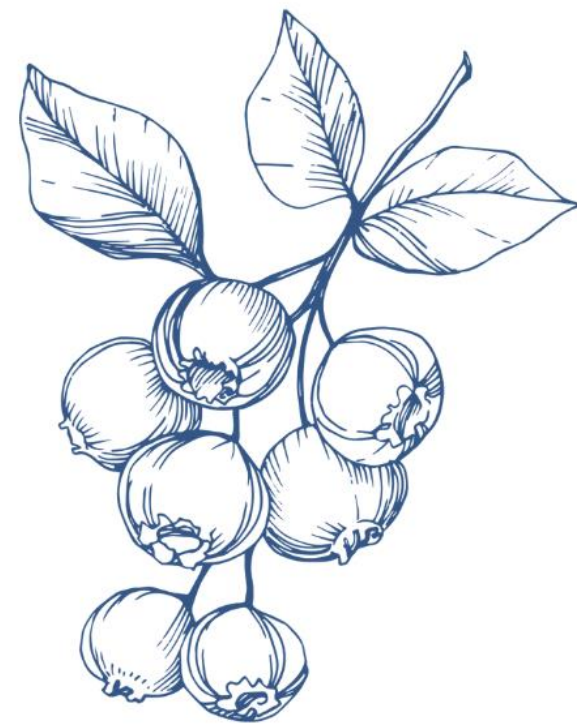
Community Engagement

Considerations for Identifying Populations to Engage

- Is medically underserved
- Is historically not involved with the CHNA process
- Is negatively impacted by structural determinants of health
- Experiences intersectionality (the interconnection and impact of multiple identities on a person's life)
- Ability to gather in-person or virtually for a focus group or interview

Populations of Focus

Focus Groups

- Black/Multigenerational African American
- Disability Community
- LGBTQ+
- Low-Income
- Migrant Populations
- Older Adults
- Veterans
- Women
- Young Adults
- Youth

Key Informant Interviews

- Unhoused/Homeless
- Migrant/Agricultural Workers
- Disability Community
- Incarcerated/Formerly Incarcerated
- Child Welfare
- Emergency management
- Environment/Climate
- Substance Use
- Transportation
- Food Security
- Older Adults
- Mental/Behavioral Health
- Oral Health
- Immigrants
- Veterans

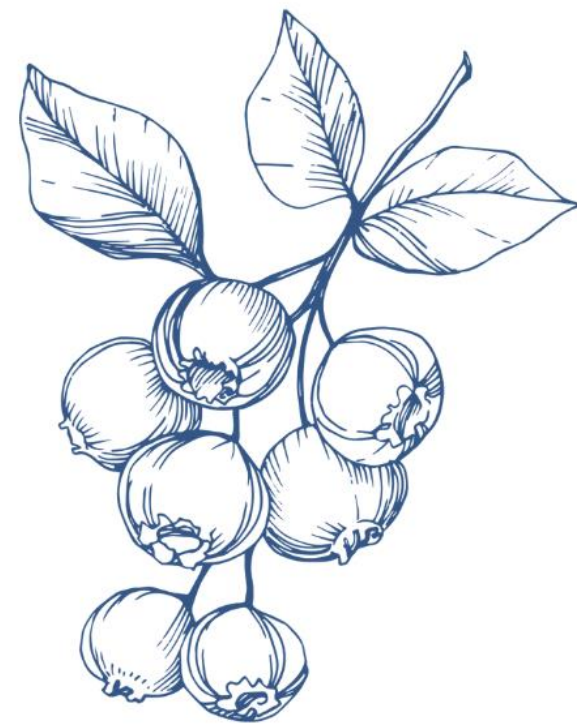## Survey

- Any person living in Maine

Prioritization & Reports

Health & Well-Being Prioritization

- Host 17 Stakeholder Forums, one in each County and two in Cumberland
  - Review county data and community engagement findings
  - Participate in two rounds of priority voting, resulting in 9 health and well-being priorities for the County
- County priorities are rolled up to identify priorities for Maine
- Priorities are the basis for community and state health improvement planning and strategic planning of the health systems, MeCDC, and CAPs, respectively

Reports

- Data (to be "final" January 2025)
  - 16 county data health profiles
  - 3 urban data health profiles
  - 1 state data profile
- Community Engagement (final versions due December 2024)
  - 16 community engagement overviews
  - 1 state community engagement executive summary
  - 1 state community engagement overview
- Overall Findings & Priorities (due March 2025)
  - 16 county reports
  - 1 state report
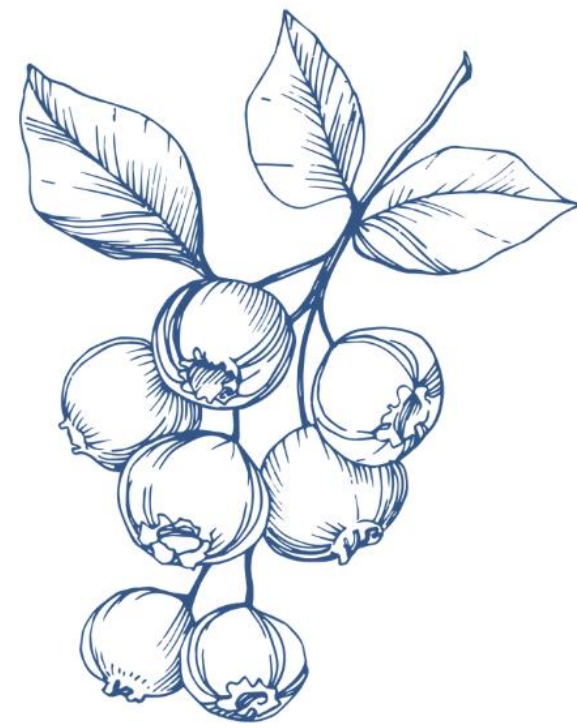
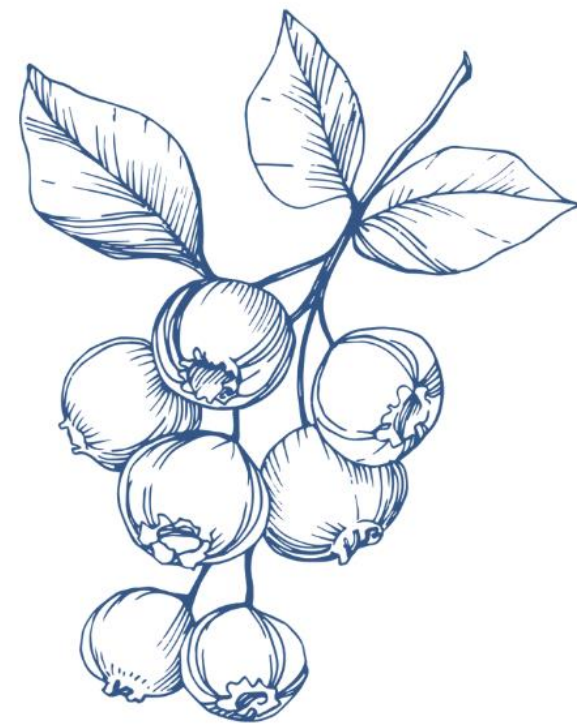# Findings: State Focus Groups & Interviews

Community Strengths & Needs:
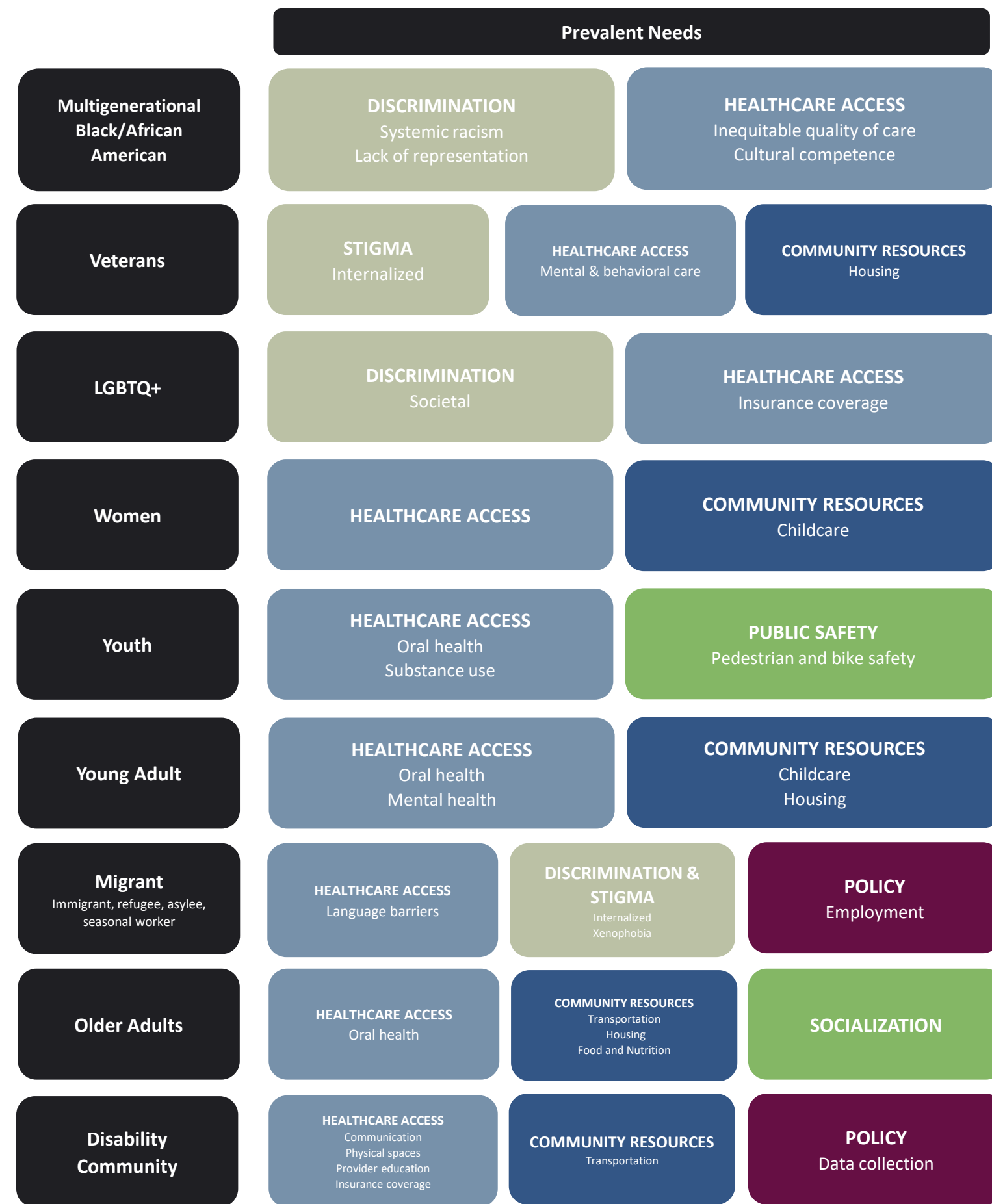
- Strengths:
  - Strong sense of community
  - Increased use of telehealth and telehealth accommodations
  - Creative public health initiatives

- Needs:
  - Housing and housing support
  - Transportation
  - Healthcare access
  - Social needs
  - Health equity efforts

Prevalent Needs

Multigenerational Black/African American

DISCRIMINATION	HEALTHCARE ACCESS
Systemic racism	Inequitable quality of care
Lack of representation	Cultural competence

Veterans

STIGMA	HEALTHCARE ACCESS	COMMUNITY RESOURCES
Internalized	Mental & behavioral care	Housing

LGBTQ+

DISCRIMINATION	HEALTHCARE ACCESS
Societal	Insurance coverage

Women

HEALTHCARE ACCESS	COMMUNITY RESOURCES
	Childcare

Youth

HEALTHCARE ACCESS	PUBLIC SAFETY
Oral health	Pedestrian and bike safety
Substance use	

Young Adult

HEALTHCARE ACCESS	COMMUNITY RESOURCES
Oral health	Childcare
Mental health	Housing

Migrant
Immigrant, refugee, asylee, seasonal worker

HEALTHCARE ACCESS	DISCRIMINATION & STIGMA	POLICY
Language barriers	Internalized	Employment
	Xenophobia	

Older Adults

HEALTHCARE ACCESS	COMMUNITY RESOURCES	SOCIALIZATION
Oral health	Transportation	
	Housing	
	Food and Nutrition	

Disability Community

HEALTHCARE ACCESS	COMMUNITY RESOURCES	POLICY
Communication	Transportation	Data collection
Physical spaces		
Provider education		
Insurance coverage		

Findings: State Survey

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

## 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

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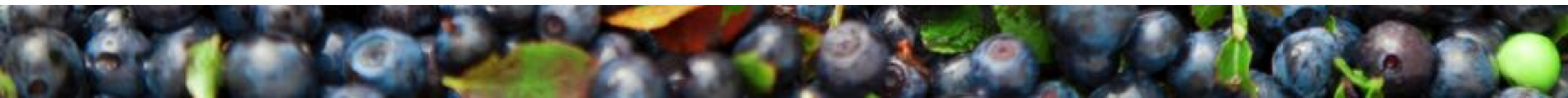
Top 5 items rated by respondents as 'very necessary' steps to help move people out of poverty and to a place of housing stability & financial stability.

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

County & State Priorities

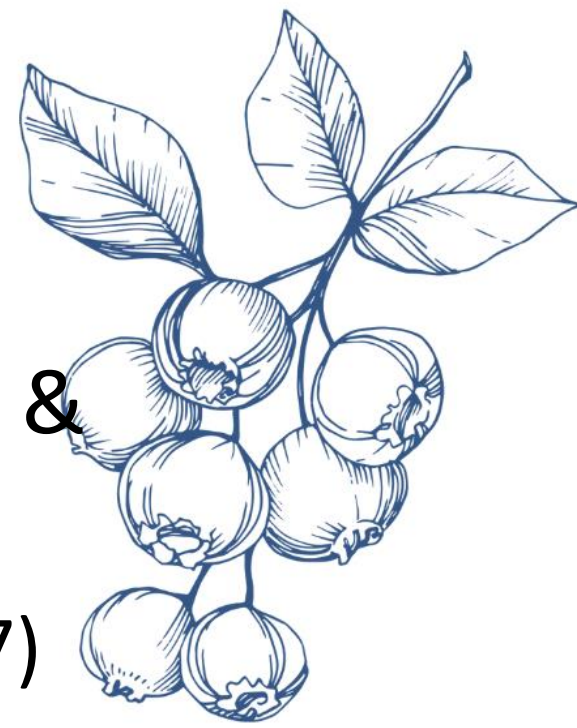# County Priorities

- Community Conditions
  - Housing (17)
  - Transportation (11)
  - Poverty (11)
  - Provider Availability (9)
  - Aging Related Services (2)
  - Childcare (2)

- Protective & Risk Factors
  - ACEs (15)
  - Illicit Drug Use (11)
  - Nutrition (9)
  - Youth Mattering (4)
  - Substance Use (3)
  - Alcohol Use (3)
  - Adult Screening & Preventative Visits (2)
  - Physical Activity (2)
  - Cancer Prevention (1)
  - Community Mattering (1)
  - Cannabis Use (1)
  - Preventive Oral Care (1)
  - Patient Education (1)

- Health Conditions & Outcomes
  - Mental Health (17)
  - Substance Use Injury & Disease (15)
  - Cardiovascular Disease (6)
  - Obesity/Weight Status (5)
  - Cancer (3)
  - Chronic Conditions (3)
  - Access to Long Term Care (1)
  - Special Health Care Needs (1)

State Priorities

- Community Conditions
  - Housing
  - Transportation
  - Poverty
  - Provider Availability

- Protective & Risk Factors
  - Substance Use, including but not limited to: alcohol, cannabis, illicit drugs, and tobacco
  - Adverse Childhood Experiences
  - Nutrition

- Health Conditions & Outcomes
  - Mental Health
  - Chronic Conditions, including but not limited to: cardiovascular disease, cancer, obesity/weight status, and multiple chronic conditions
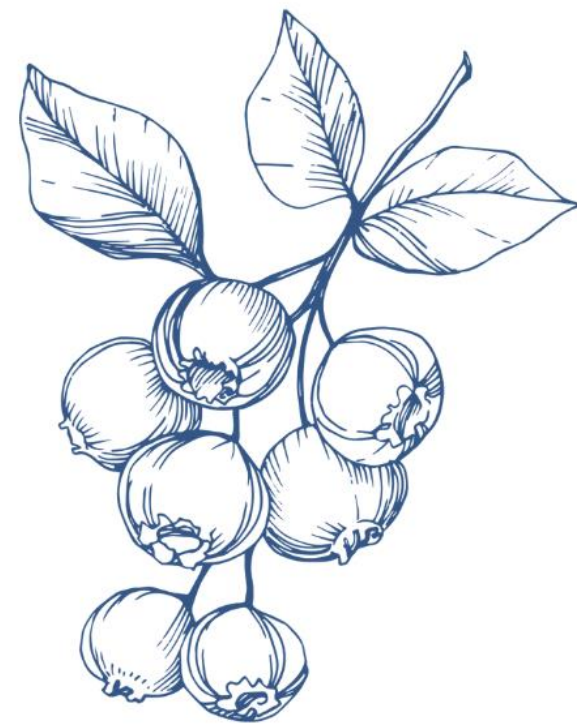
Learning & Improvements

Learning & Improvements

- Data
  - Lack of data for smaller geographies and demographics
  - Hard copy profiles versus on-line, interactive dashboards
  - Timeliness of data
- Community Engagement
  - Relationship building
  - Lack of a DEI plan
  - Need for continuous, meaningful engagement
  - Overburdening populations and communities
- Overall
  - Beholden to the voices that participate
  - How to demonstrate progress/changes have occurred

Questions?