2025 Maine Shared Community Health Needs Assessment

Northern Light Health

Waldo County

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Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). 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.

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.

This is the fifth collaborative Maine Shared CHNA and the fourth conducted on a triennial basis. The Maine Shared CHNA began with the One Maine Collaborative, a partnership between MaineGeneral Health, MaineHealth, and Northern Light Health, which published its first community health assessment in 2010. Community Action Agencies (CAAs) have a long history of community needs assessments (CNA), most recently as a collective system conducting a statewide assessment in Maine. The Maine Community Action Partnership, which represents the CAAs in Maine, and the Maine Shared CHNA partners most recently joined together in recognition that the partners' missions cut across the multitude of factors that influence a person's health and well-being and the overlap in service areas, patient populations, and services and programs. Additionally, common elements run through each partner's federal and accreditation reporting requirements leading to efficiencies and effectiveness in conducting a health and well-being assessment.

This assessment cycle, the Maine Shared CHNA has continued its collection and analysis of data covering community conditions and social drivers of health, protective and risk factors, and health conditions and outcomes at the urban, county, state, and national level. This cycle saw expanded efforts to engage communities across Maine, conducting statewide focus groups with specific populations, county level focus groups, key informant interviews, and a statewide community survey. Both the quantitative and qualitative data were used to inform a health and well-being prioritization process held with stakeholders at 17 forums, one in each county and two in Cumberland County. The resulting priorities for Waldo County are outlined in the following report, along with a summary of related and contributing data, community engagement findings, and forum discussions. A more detailed explanation of the Maine Shared CHNA methodology can be found in Appendix 1.

Executive Summary

Waldo County Health and Well-Being Priorities

The following table includes the top health and well-being priorities identified by Waldo County stakeholder forum participants based on quantitative and qualitative data, and their own knowledge, expertise, and experience in the community. Those followed by "(ME)" indicate they are also state priorities. A complete list of results from the county stakeholder forum health and well-being prioritization process are listed in Appendix 2.

Community Conditions	Protective & Risk Factors	Health Conditions & Outcomes
Housing (ME)	Adverse Childhood Experiences (ME)	Mental Health (ME)
Poverty (ME)	Nutrition (ME)	Substance Use Related Injury & Death
Transportation (ME)	Patient Education	Chronic Conditions

In addition, the following are state priorities that were not selected by Waldo County:

Provider Availability Substance Use

Next Steps

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Report Outline

This report is broken into three sections.

1. Data on Waldo County's select demographics, including socioeconomic indicators, race and ethnicity, age, and leading cause of death are presented to give a broad view of the make-up of people living in Waldo County and to provide context for which health and well-being conditions and outcomes may or may not prevail.
2. A section is devoted to discussing health equity and related terms and the Maine Shared CHNA's approach to community engagement.
3. The remainder of the report provides an in-depth discussion of each of the health and well-being priorities, grouped by the categories of community conditions, protective and risk factors, and health conditions and outcomes. Each discussion includes findings from the county focus group representing people with low-income, county specific results from the statewide community survey, summary discussions from the county stakeholder forum, and county specific quantitative data from the County Health Profile, as relevant and applicable.

Additional reports highlighting the results of the health and well-being assessment, including data profiles and community engagement overviews, as well as reports for each county and the state, are available online at www.mainechna.org.

Select Data

Demographics

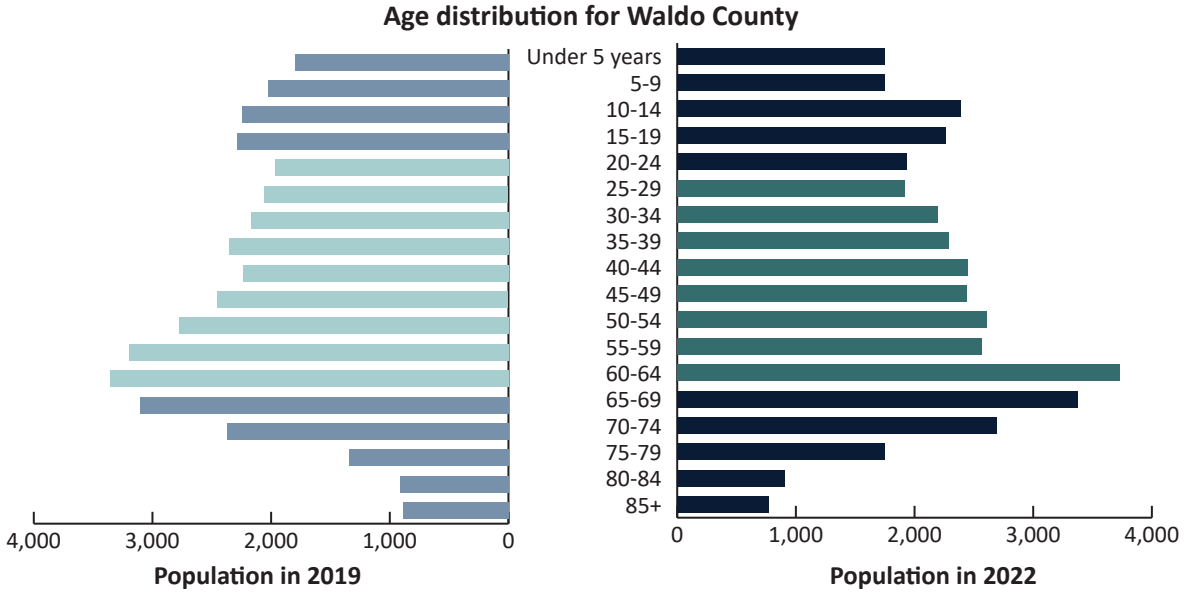
The following tables and chart show information about the population of Waldo County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

Waldo County Population	State of Maine Population
39,772	**1,366,949**

	Waldo	Maine
Median household income	**$62,694**	**$68,251**
Unemployment rate	**2.9%**	**3.1%**
Individuals living in poverty	**12.9%**	**10.9%**
Children living in poverty	**15.5%**	**13.4%**
65+ living alone	**26.1%**	**29.5%**

	Waldo County	
	Percent	Number
American Indian/Alaskan Native	**0.2%**	**99**
Asian	**0.4%**	**167**
Black/African American	**0.6%**	**222**
Native Hawaiian or other Pacific Islander	**0.0%**	**0**
Some other race	**1.2%**	**459**
Two or more races	**3.3%**	**1311**
White	**94.3%**	**37,514**
Hispanic	**1.6%**	**656**
Non-Hispanic	**98.4%**	**39,116**

The chart below shows the shift in the age of the population between 2015-2019 and 2018-2022. As Maine's population grows older, there may be impacts on health care costs, caregivers, and workforce capacity, while on the other end, increases in children may cause impacts on child care availability and educational institutions.



Leading Causes of Death

When reviewing the top health and well-being priorities it is important to consider how they may fit into the leading causes of death for the county and Maine. In some instances, they may overlap, in others they may contribute to or cause a leading cause of death, and in others they may be distantly related. The priorities identified demonstrate the continuum of health and well-being and the impact of other factors, such as social, institutional, and community conditions, and protective and risk factors on health and well-being outcomes.

Leading Causes of Death, 2022

The following chart compares leading causes of death for the state of Maine and Waldo County.

Cause of Death	Maine	Waldo County
Cancer	**25.9%**	**27.4%**
Heart disease	**27.2%**	**25.1%**
Accidents	**10.5%**	**11.9%**
Cerebrovascular disease	**4.8%**	**6.4%**
Chronic lower respiratory disease	**6.8%**	**5.7%**
COVID 19	**6.0%**	**5.7%**
Alzheimer's disease	**4.1%**	**4.3%**
Diabetes	**4.6%**	**4.1%**
Suicide	**2.0%**	**2.9%**
Parkinson's disease	**1.7%**	**2.1%**
Chronic liver disease and cirrhosis	**2.3%**	**1.9%**
Influenza & pneumonia	**2.1%**	**1.2%**
Nephritis, nephrotic syndrome & nephrosis	**1.8%**	**1.2%**

Health Equity

Definitions

Healthy People 2030 defines **health equity** as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[i] In order to achieve health equity, actions must be taken to improve access to conditions that influence health and well-being, specifically for those who lack access or have worse health. This in turn should impact everyone's outcomes positively. "Equity" means focusing on those who have been excluded or marginalized.[ii]

Healthy People 2030 defines a **health disparity** as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systemically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or exclusion."[iii] Disparities in health and well-being are how progress is measured toward health equity and are the preventable differences in health and well-being.[iv]

Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age – the community-level factors – that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social drivers of health are sometimes used interchangeably with social determinants of health; however, "determinants" can be interpreted to suggest nothing can be done; that our health and well-being is determined. Whereas "drivers" reframes the conversation with a focus on health and demonstrate changes can be made to improve health and well-being outcomes.[v]

Health-related social needs (HRSNs) is another term often used. These are the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They refer to individual-level factors, such as financial instability, lack of access to healthy food, lack of access to housing, and lack of access to health care and social services, that put people at risk for worse health and well-being outcomes and increased health care use.[vi]

Health Equity and Community Engagement

The Maine Shared CHNA takes a broad approach to assessing health and well-being throughout the state. While we attempted to reach many populations in our assessment process who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We ultimately engaged directly with LGBTQ+ people, multigenerational black/African Americans, people with low-income, veterans, women, young adults, and youth through focus groups and several other populations and sectors through interviews. Additionally, we heard from a diverse audience through a statewide survey.

It should be noted the voices we heard in focus groups and interviews are not meant to be representative of their entire identified population or community. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. 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.

Community Engagement Findings

The Maine Shared CHNA recognizes the findings of our assessment do not encompass all populations and communities in Maine, nor the diverse experiences of those within the populations and communities we have engaged with. Maine is a diverse state with approximately 51,696 people who identify as American Indian/Alaskan Native (6,722), Asian (15,071), Black/African American (21,775), or some other race (8,128). An additional 53,704 people identify as two or more races. The Maine Shared CHNA will continue to develop meaningful and transparent relationships with these populations and others, in an effort to continuously improve our assessment process and ultimately drive improvement in health and well-being outcomes. Additional information on the qualitative data process can be found in Appendix 1: Methodology and the complete community engagement findings can be found at www.mainechna.org.

Socioeconomic Empowerment

The Maine Shared CHNA recognizes the impact poverty and low incomes have on health and well-being. Community Action Agencies are funded through the Community Services Block Grant to administer support services that alleviate the causes and conditions of poverty in under resourced communities[vii] and identify those causes and conditions through the community needs assessment process. In an effort to reach this aim, the Maine Shared CHNA survey asked respondents to rate the top five items that are "very necessary" steps to help move people out of poverty and to a place of housing stability and financial stability. The table below represents the ratings for the county and Maine and when applicable, are referenced in each priority discussion.

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

Health and Well-Being Priorities

Section Overview

The following section contains the top health and well-being priorities for each category – community conditions, protective and risk factors, and health conditions and outcomes. The categories are derived from the Bay Area Regional Health Inequities Initiative (BARHII) framework. More information on the framework is in Appendix 1: Methodology.

Each priority contains a discussion of the related quantitative and qualitative data and stakeholder forum takeaways. Within each priority the following sections are also included, as applicable:

Socioeconomic Empowerment

- This provides the step or steps rated by Maine Shared CHNA survey respondents that help move a person from poverty to stability that relate to the priority. The complete list of the top five rated steps is outlined in the health equity section of this report.

Populations and Communities

- This includes populations and communities impacted by the priority as identified in a pre-forum survey and at the forum.

Community Resources

- This includes a list of assets and resources to address the priority as identified in a pre-forum survey and at the forum.

Crosscutting Priorities

- This section includes a list of the other health and well-being priorities for Waldo County that are related or connected to the priority of discussion. Readers are encouraged to reference these to gain more insight into the interconnectivity of the priorities and overall health and well-being.

Waldo County Strengths

The Maine Shared CHNA survey asked respondents to identify the top five strengths of their communities. For Waldo County, respondents highlighted:

- Safe opportunities to be active outside;
- Locally owned businesses;
- Low crime;
- Safe neighborhoods; and
- Strong sense of community.

People living in Waldo County have a positive outlook on their health and well-being – 56.6% of survey respondents believe their community is healthy or very healthy; 61.9% rate their own physical health as good or excellent and 67% say their mental health is good or excellent.

Community Conditions

Community conditions include the physical environment (environmental exposures, housing, transportation, etc.), economic and work environment (employment, income, etc.), social environment (discrimination, crime, community safety, etc.), and service environment (health care and social service access, education, etc.). Social drivers of health (SDOH), which are the policies, systems, structures, life experiences, and social supports that influence a person's health, most often fit into the context of community conditions. The following section outlines the top community conditions priorities for Waldo County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Waldo County Community Conditions		
Housing	Poverty	Transportation

Housing

Housing was the top priority for the community conditions category for Waldo County. For the purposes of the prioritization process, housing includes such topics as housing availability and affordability, costs associated with home ownership or renting, and costs of utilities.

Assessment Findings

In the Waldo County focus group, "safe and affordable housing" was a top theme. One focus group participant said:

"Heard that Waldo has one of the lowest vacancy rates. Affordability another major issue – rents increasing, incomes/reimbursements are not"

Waldo County stakeholder forum participants also discussed the affordability of housing. They noted there is a competitiveness within the market for both buying a home and renting and the market rate of houses has increased. In addition to buying a home, construction costs of homes have increased along with the increasing cost of building materials and contractors. Income disparities and people's knowledge of the housing market and financial literacy were noted as impacting who is able to afford to buy or rent a home. Data shows in Waldo County 11.3% of households spend more than 50% of their income toward housing, significantly better than the U.S. (14.1%) and the latest median gross rent for which data is available was $866, significantly better than Maine ($1,009) and the U.S. ($1,268, 2018-2022).

Another focus group participant said:

"Need to be able to get things repaired so that people are in safe housing."

For housing that is available, the cost of utilities was noted by forum participants, as well as, maintaining safe housing in general. The cost of utilities also negatively impacted survey respondents, their loved ones, and communities.

In the Maine Shared CHNA survey, respondents said "housing security" is the fourth of five social concerns negatively impacting their community and 66.5% said "housing needs" negatively impact them, a loved one, and/or their community. When asked about specific housing needs, several topics impacted respondents, their loved ones, and their community as detailed in Table 1: Housing Needs. Approximately three-quarters (78.2%) of survey respondents mentioned availability of housing, which was also discussed by Waldo County stakeholder forum participants. Forum participants noted issues with supply and demand, most notably people who are retiring to Maine and the impact of ordinances and zoning on housing availability. In Waldo County, 1.8% of housing units were vacant and for sale or rent (2022) and 78.4% of housing was occupied (2018-2022). Forum participants also noted available housing may not be in close proximity to places of employment, school, or child care.

Forum participants would like to see more nursing homes and assisted living facilities as well as opportunities to help people age in place. They would also like to see more homeless shelters, Section 8 Housing, and increases in general assistance.

Table 1: Housing Needs, 2024

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs	35.6%	41.4%	78.2%	0.0%	5.7%	1.1%
Availability of affordable, quality homes/rentals	23.0%	36.8%	78.2%	1.1%	3.4%	1.1%
Availability of affordable, quality housing for older adults or those with special needs	12.6%	27.6%	75.9%	2.3%	10.3%	4.6%
Issues associated with home ownership or renting	32.2%	46.0%	69.0%	0.0%	11.5%	3.4%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	12.6%	20.7%	63.2%	0.0%	23.0%	6.9%
Homelessness or availability of shelter beds	3.4%	9.2%	74.7%	2.3%	16.1%	5.7%
Cost of utilities	49.4%	47.1%	73.6%	4.6%	3.4%	2.3%
Costs associated with weatherization	26.4%	27.6%	66.7%	2.3%	18.4%	2.3%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of poverty and to a place of stability, "affordable and safe housing" was rated number two by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Housing

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For housing, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Housing

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For housing, respondents identified:

- Affordable housing developers
- Boothbay Vets
- Community Health Workers
- Faith-based organizations
- First-time home buyer programs
- General Assistance
- Habitat for Humanity
- Homeworthy
- Housing and Urban Development
- Low Income Home Energy Assistance Program (LIHEAP)
- Maine Department of Health and Human Services
- Maine State Housing Authority
- McKinney Vento
- New Hope Midcoast
- Penquis
- Section 8 Housing
- Volunteers of America
- Waldo Community Action Partners

Poverty

Poverty was the second priority for the community conditions category for Waldo County. For the purposes of the prioritization process, poverty includes such topics as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, and Asset Limited, Income Constrained, Employed (ALICE) thresholds.

Assessment Findings

In Waldo County,

- 12.9% of individuals in Waldo County live in poverty, significantly worse than Maine (10.9%, 2018-2022).
- 11.6% of families live below the federal poverty line, significantly worse than Maine (6.4%) and the U.S. (8.8%, 2018-2022).
- 15.5% of children live in poverty (2018-2022).
- 31% of households live above the federal poverty level, but below the Asset Limited, Income Constrained, Employed (ALICE) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy (2022).
- 14% of people were asset poor, meaning they have insufficient net worth to live without income at or above the poverty level for three months (2021).

In the Maine Shared CHNA survey, respondents said “low incomes and poverty” was the top social concern negatively impacting their community and 77.5% of respondents said “economic needs” negatively impact them, a loved one, and/or their community. When asked about specific economic needs,

- 76% said “access to affordable, quality foods”
- 71.9% said “availability of quality, affordable child care,” and
- 70.8% said “availability of jobs and employment opportunities,” impacts their community.

Related to these economic needs, in Waldo County:

- 13.9% of adults and 20.4% of youth were food insecure (2022).
- 32.3% of children were served in publicly funded state and local preschools (2023) and there were 24 child care centers (2024).
- 2.9% of people in Waldo County were unemployed (2023).

Approximately half of Maine Shared CHNA survey respondents said "ability to contribute to savings, retirement" negatively impacts them (51%), their loved ones (50%) and their community (64.6%).

Waldo County stakeholder forum participants discussed income inequality, the lack of a living wage, and the availability of jobs, specifically for high school students. For those with employment, they may face transportation barriers to get to their place of employment and/or lack housing to live in the area where they work. Forum participants noted the challenges with eligibility for benefits and the benefit cliff.

Poverty was discussed as being situational by forum participants potentially resulting from accidents, disabilities, job loss, divorce, domestic violence, credit card or medical debt, or unintended pregnancies. In addition, forum participants discussed the impact of chronic health conditions on poverty, such as for those with substance use disorder, mental health disorders, and people with special health needs, specifically women.

Forum participants would like to see more medical assistance when people lose their employment, increases in literacy and GED programs, and assistance navigating health insurance.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people out of poverty and to a place of stability, "jobs that pay enough to support a living wage" was rated number one and "affordable and quality child care" was rated number four by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Poverty

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For poverty, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Poverty

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For poverty, respondents identified:

- Community Health Workers
- Free Care
- General Assistance
- Goodwill
- Head Start
- Jobs for Maine Graduates
- Low Income Home Energy Assistance Program (LIHEAP)
- MaineHealth
- Medical providers, specifically those who connect people to services
- Northern Light Health
- Public health nurses
- Regional Recovery Center
- Restorative Justice Project
- School nurses
- Social workers
- Soup kitchens and food pantries
- Temporary Assistance for Needy Families
- Volunteers of America
- Waldo Community Action Partners
- Wayfinder School
- Women, Infants and Children Program

Crosscutting Priorities

Housing **Transportation** **Substance Use Related Injury & Death**

Chronic Conditions **Mental Health** **Adverse Childhood Experiences**

Transportation

Transportation was the third priority for the community conditions category for Waldo County. For the purposes of the prioritization process, transportation includes such topics as access to transportation, availability of transportation, and transportation that meets a variety of specific needs.

Assessment Findings

"Transportation" was a top theme in the Waldo County focus group. In the Maine Shared CHNA survey 57.9% of respondents said "transportation needs" negatively impact them, a loved one, and/or their community. When asked about specific transportation needs the following negatively impact respondents' community:

- "Availability of public transportation" (82.9%).
- "Availability of transportation that meets a variety of specific needs" (80.3%).
- "Costs associated with owning and maintaining a vehicle" (77.6%), which also impacts respondents (47.4%) and their loved ones (43.4%).
- "Access to transportation" (75%).

Waldo County stakeholder forum participants also discussed the costs associated with vehicle ownership, specifically gas, the cost of vehicles and insurance, and repairs. Costs associated with obtaining or reinstating a license are also a barrier, specifically accessing driver's education. Forum participants discussed a lack of public transportation and taxis in Waldo County, attributing this to a lack of drivers, low pay, and low reimbursement rates. For the public

transportation that does exist, scheduling is complex and can be a barrier to use.
In Waldo County 5.8% of households do not have a vehicle, significantly better than the U.S. (8.3%). During the period 2018-2022, 36.7% of people had a commute of greater than 30 minutes driving alone, significantly better than 2015-2019 (41%), but significantly worse than Maine (33.9%).

Forum participants would like to see more public buses, cab companies, and ride share programs. Language interpreters for rides and a clear multi-stop bus process would also benefit the community.

Populations and Communities Impacted by Transportation

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For transportation, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Transportation

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For transportation, respondents identified:

- Belfast Police, specifically help accessing medical appointments
- Cabs/taxis
- Case managers
- Concord Bus Lines
- DASH bus
- Faith-based organizations
- Homeworthy
- Maine Center for Disease Control and Prevention
- MaineCare
- Mid-Coast Connector
- St. George Neighbor to Neighbor
- Vehicles of Change
- Volunteers of America
- Waldo Community Action Partners
- Waldo County
- Wayfinder

Protective & Risk Factors

Protective and risk factors are aspects of a person or environment that make it less likely (protective) or more likely (risk) that someone will achieve a desired outcome or experience a given problem. The more protective factors a person experiences, the more likely they are to have positive health and well-being outcomes, whereas the more risk factors, the greater the likelihood of experiencing negative health and well-being outcomes. Protective and risk factors can occur at both the individual and the environmental level, often overlapping with topics that fall within community conditions. The following section outlines the top protective and risk factor priorities for Waldo County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities

Waldo County Protective & Risk Factors		
Adverse Childhood Experiences	**Nutrition**	**Patient Education**

Adverse Childhood Experiences

Adverse childhood experiences was the top priority for the protective and risk factors category for Waldo County. ACEs are potentially traumatic events that occur in childhood, such as experiencing abuse or neglect; witnessing violence; or the death of a family member by suicide and aspects of a child's environment, such as substance use, mental health problems, and instability in the home due to parental separation or an incarcerated family member.[viii]

Assessment Findings

In the Maine Shared CHNA survey, four of the five top social concerns that negatively impact the community could be associated with ACEs – low incomes and poverty, substance use, mental health issues, and housing insecurity. Approximately three-quarters of survey respondents said, "economic needs" (77.5%), a potential root cause of ACEs, impacts them, a loved one, and/or their community.

Of the 70.2% of survey respondents who said "mental health needs" negatively impact them, a loved one, and/or their community, 52.2% said youth mental health needs impacts their community and 27.8% said a loved one. In Waldo County,

- 31.4% of Waldo County high school students had at least four of nine adverse childhood experiences.
- 39.7% of high school students were sad/hopeless for two weeks in a row and 18% had seriously considered suicide (2023).
- 26.4% of middle school students were sad/hopeless and 19.5% had seriously considered suicide (2019).

In the Waldo County focus group, participants discussed barriers to accessing mental health care, saying:

"Mental health – the availability of therapists, counselors, case management."

"Those on MaineCare – dental, eye care, therapy can be difficult to access."

In Waldo County, as of 2024, there were 24,370 people for every psychiatrist and 320 people for every mental health provider. Waldo County stakeholder forum participants discussed the lack of resources and support for ACEs, specifically as it relates to youth and parents. They noted a lack of child care, after-school programs, challenges with the foster care system, and a need for more parental support. As of 2023, 32.3% of children were served in publicly funded state and local preschools and there were 24 child care centers in 2024.

Forum participants noted other contributing factors to ACEs, including chronic conditions such as substance use disorder and mental health disorders, experiencing housing instability or being unhoused, domestic violence or sexual abuse, and living in poverty.

Socioeconomic Empowerment

"Mental health care and treatment" was rated the third of five top rated "very necessary" steps to move people from poverty to a place of stability by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Adverse Childhood Experiences

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For ACEs, respondents cited: youth, parents, adults, caregivers, older adults, children, and teens.

Community Resources to Address Adverse Childhood Experiences

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For ACEs, respondents identified:

- 4-H
- Acadia and Barbara Bush Center's ACEs training
- Building Communities for Children
- Department of Health and Human Services
- Front Porch Project
- GameLoft
- Head Start
- Maine Children's Trust Network
- Maine Families
- MaineHealth, specifically mental health screenings
- Medical providers
- Restorative Justice Project
- RSU 3
- RSU 71's First Ten grant
- School nurses
- Schools, specifically teachers and social workers
- Scouts
- Waldo Community Action Partners
- YMCA

Crosscutting Priorities

Housing **Poverty** **Substance Use Related Injury & Death**

Chronic Conditions **Mental Health**

Nutrition

Nutrition was the second priority for the protective and risk factors category for Waldo County. For the purposes of the prioritization process, nutrition includes such topics as fruit and vegetable consumption and soda/sports drink consumption.

Assessment Findings

In the Maine Shared CHNA survey, of the 77.5% of people who said "economic needs" negatively impact them, a loved one, and/or their community, 76% said "access to affordable, quality foods" impacts their community, 38.5% said it impacts a loved one and 40.6% said it impacts them. In 2022, 13.9% of adults and 20.4% of youth in Waldo County were food insecure.

Participants at the Waldo County stakeholder forum discussed the impacts of climate change and the environment on food availability, specifically the impacts of climate change on hunting, environmental contaminants such as PFAS, and challenges faced by local farms. Of the 63.2% of survey respondents who said "environmental needs" negatively impacted them, a loved one, and/or their community, 65.9% said PFAS ("forever chemicals") contamination negatively impacts their community, 21.2% said it impacts a loved one, and 21.2% said it impacts them. With regard to accessing food, forum participants discussed challenges with the rurality of

Waldo County and a lack of transportation. Forum participants noted people may not be knowledgeable about nutrition and food preparation and nutrition may be a lower priority. More nutritious food can also be more expensive, which can serve as a barrier and people may face challenges accessing Supplemental Nutrition Assistance Program (SNAP) benefits.

In Waldo County,

- 37.4% of adults consumed less than one serving of fruit per day (2021), significantly worse than 2017 (25.7%).
- 13% of adults consumed less than one serving of vegetables per day (2021), significantly worse than 2017 (5.5%), but significantly better than the U.S. (20.4%).
- 10.7% of high school students consumed at least five servings of fruits and vegetables per day, significantly worse than 2019 (18.2%) and Maine (14.2%).
- 18% of middle school students consumed at least five servings of fruits and vegetables per day (2019).
- 23.7% of high school (2023) and 24.6% of middle school students (2019) consumed one or more soda/sports drinks per day.

Populations and Communities Impacted by Nutrition

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For nutrition, respondents cited: pregnant people, youth, adults, older adults, children, and teens.

Community Resources to Address Nutrition

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For nutrition, respondents identified:

- Belfast Soup Kitchen
- Breast Milk Donor Bank
- Emergency food bags and help yourself shelves
- Faith-based organizations
- Food pantries
- Good Shepherd Food Bank
- Greater Bay Area Ministries
- Hannaford
- Let's Go 5210
- Maine Breastfeeding Coalition
- MaineHealth SDOH (social drivers of health) screenings
- School Food Cupboards
- SNAP-Ed
- Spectrum Generations, specifically Meals on Wheels
- Supplemental Nutrition Assistance Program
- Waldo Community Action Partners
- Waldo County Bounty
- Women, Infants and Children Program

Crosscutting Priorities

Poverty **Transportation**

Patient Education

Patient education was the third priority for the protective and risk factors category for Waldo County.

Assessment Findings

Waldo County stakeholder forum participants discussed difficulties providing patient education due to low staffing ratios and the time allotted to each appointment. As of 2024, there were 2,251 people for every primary care physician in Waldo County and 75.6% of adults had been to a primary care provider in the past year (2019-2021), significantly better than 2015-2017 (67.1%). For adults with diabetes, 54.8% had formal diabetes education (2017-2021).

In addition, educational opportunities outside of a medical appointment may not be conducive to the patient or community members' schedules, nor are the locations where education is provided always convenient. Patients may not be interested or engaged in the education provided or not know what is provided. Forum participants noted patient education may not be culturally competent, and people may have difficulty accessing it due to literacy levels and digital accessibility. Regarding internet access, a Waldo County focus group participant said:

"Still not a lot of options for internet in rural communities. Cell service/hot spots not as good an option."

Quantitative data shows in Waldo County 87.1% of households have a broadband subscription (2018-2022), significantly better than 2015-2019 (80.3%). Forum participants would like to see more education opportunities that accommodate different learning styles and screening tools that match patients to resources.

Populations and Communities Impacted by Patient Education

Patient education was added as a priority at the forum, so not addressed in the pre-forum survey. At the forum, respondents cited: children, parents, people with low income, older adults, people living in isolation, older adults, youth.

Community Resources to Address Patient Education

Patient education was added as a priority at the forum, so not addressed in the pre-forum survey. Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. At the forum, respondents identified:

- And So I Am One
- Belfast Fire Department, specifically Narcan trainings
- Building Communities for Children
- Coastal Recovery Community Center
- Head Start
- Law enforcement
- OPTIONS
- Penobscot Bay Community Health Partnerships
- Restorative Justice Project
- SNAP-Ed
- Triad
- Volunteers of America
- Waldo Community Action Partners

Health Conditions & Outcomes

Health conditions and outcomes are the state of a person's health and well-being either as a current disease state, one that has been experienced, or the category of injury and death. These are at the downstream of the Bay Area Regional Health Inequities Initiative (BARHII) continuum (Appendix 1) and those that we ultimately hope to reduce and/or prevent through earlier changes in policies and systems, programs, and interventions at the upper stream levels. The following section outlines the top health conditions and outcomes priorities for Waldo County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Waldo County Health Conditions & Outcomes		
Mental Health	Substance Use Related Injury & Death	Chronic Conditions

Mental Health

Mental health was the top priority for the health conditions and outcomes category for Waldo County. For the purposes of the prioritization process, mental health includes such topics as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, and post-partum depression.

Assessment Findings

Participants in the Waldo County stakeholder forum discussed a lack of and access to mental health providers. In 2024, there were 24,370 people for every psychiatrist and 320 people for every mental health provider. In Waldo County, 17.3% of adults were receiving outpatient mental health treatment (2019-2021). Regarding access to mental health care, in the Waldo County focus group, participants said:

"Mental health – the availability of therapists, counselors, case management."

"Those on MaineCare – dental, eye care, therapy can be difficult to access."

In addition to a lack of providers, forum participants noted the impact of transportation and cost of accessing care. Just over one-quarter (29.5%) of Maine Shared CHNA survey respondents said they or a loved one chose not or could not get mental health care in the past year citing "long wait times to see a provider," "no evenings or weekend hours to receive care," and "did not feel comfortable seeking help" as reasons why. Related to responses of not feeling comfortable seeking help, forum participants also noted stigma that may be associated with mental health.

In the Maine Shared CHNA survey, "mental health issues" were the third of five top social concerns negatively impacting the community and 70.2% of respondents said "mental health

needs" negatively impact them, a loved one, and/or their community. When asked about specific mental health needs, the following negatively impact respondents' communities, their loved ones, and themselves respectively:

- "Anxiety or panic disorder" (41.1%, 60%, 46.7%).
- "Depression" (55.6%, 60%, 45.6%).
- "General stress of day-to-day life" (52.2%, 54.4%, 71.1%).

In Waldo County, 9.9% of adults have current symptoms of depression, 19.5% have had depression in their lifetime, with depression in their lifetime significantly better than Maine (23%), and 20.7% have experienced anxiety in their lifetime (2019-2021). When asked to rate their own mental health, 67% of Maine Shared CHNA survey respondents said, "good or excellent."

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people out of poverty and to a place of stability, "mental health care and treatment" was rated number three by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Mental Health

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For mental health, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Mental Heath

Participants in the pre-forum survey and at the forum were also asked to identify assets and resources related to their identified priorities. For mental health, respondents cited:

- Community Health Workers
- Health care providers
- MaineHealth
- MaineHealth Behavioral Health
- Mental health professionals
- NAMI Maine
- Office of Behavioral Health

Crosscutting Priorities

Poverty **Transportation**

Substance Use Disorder

Substance use disorder was the second priority for the health conditions and outcomes category for Waldo County. For the purposes of the prioritization process, substance use related injury and death includes such topics as drug affected infant reports, overdose, and opiate poisoning.

Assessment Findings

In the Maine Shared CHNA survey, "substance use" was the second of five top social concerns negatively impacting respondents' communities and 64.5% said substance use negatively impacts them, a loved one and/or their community. When asked about specific substances the following impact respondents' community:

- 72% said "opioid misuse."
- 70.7% said "alcohol misuse or binge drinking."
- 69.5% said "other illicit drug use."

In Waldo County,

- There were 25 overdose deaths per 100,000 people (2023).
- There were 32.5 drug-induced deaths per 100,000 people, significantly better than Maine (55.6 per 100,000, 2018-2022).
- There were 16.5 alcohol-induced deaths per 100,000 people (2018-2022).
- 11.2% of adults engage in chronic heavy drinking (2019-2021), significantly worse than 2015-2017 (6.5%).
- 14.1% of adults engage in binge drinking (2019-2021).

Waldo County stakeholder forum participants discussed the impact of social determinants of health and mental health on substance use, along with societal norms. Forum participants noted the ease of self-medicating and misuse. In 2020, there were 13.5 narcotic doses dispensed per 1,000 people in Waldo County. Overall, there is a general lack of education on substance use, particularly with regard to substance use interventions and treatment.

Populations and Communities Impacted by Substance Use Related Injury & Death

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For substance use related injury & death, respondents cited: unhoused/housing insecure, adults, older adults, children, youth, and teens.

Community Resources to Address Substance Use Related Injury & Death

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For substance use related injury & death, respondents cited:

- Alcoholics Anonymous
- Coastal Recovery Community Center
- Groups Recover Together
- Health care providers
- Law enforcement
- MaineHealth
- Medication Assisted Treatment
- Methadone clinics
- Narcotics Anonymous
- OPTIONS
- Recovery Coalitions

Crosscutting Priorities

Mental Health **Patient Education** **Adverse Childhood Experiences**

Chronic Conditions

Chronic conditions was the third priority for the health conditions and outcomes category for Waldo County.

Assessment Findings

Waldo County stakeholder forum participants noted the lack of primary care providers as a factor contributing to chronic disease. Quantitative data shows in Waldo County, there were 2,251 people for every primary care physician (2024) and 84.6% of adults have a usual primary care provider (2019-2021), with 75.6% of adults having seen a primary care provider in the past year (2019-2021), significantly better than 2015-2017 (67.1%). In the Maine Shared CHNA survey 61.9% of respondents rate their own physical health as "good or excellent."

In the past year 47.8% of Maine Shared CHNA survey respondents or their loved ones could not or chose not to get health care because of "long wait times to see a provider," "had health insurance, could not afford care," and "no evenings or weekend hours to get care." Regarding the inability to afford care, forum participants also discussed the impact of income. In Waldo County, 12.2% of people have experienced cost barriers to health care (2019-2021).

In the Waldo County focus group participants discussed barriers to care that could potentially impact chronic conditions:

"…very few people have a stable relationship with a practitioner and seek regular preventative care."

"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."

In the Maine Shared CHNA survey, 83% said "chronic health conditions" negatively impact them, a loved one, and/or their community. When asked about specific health conditions, no one chronic condition rose to the top, but several had impacts across respondents, their loved ones, and their communities, as detailed in Table 2: Chronic Health Conditions. Data shows in Waldo County,

- 32.4% of people have arthritis (2019-2021).
- 9.8% of people have diabetes (2019-2021).
- There were 33.3 heart attack deaths for every 100,000 people (2018-2022), significantly worse than Maine (24.6 per 100,000).
- There were 19.2 high blood pressure hospitalizations for every 100,000 people (2019-2021), significantly worse than 2016-2018 (11.4 per 100,000).

Forum participants discussed mental health, substance use disorder, and obesity as all contributing to chronic disease in Waldo County, in addition to social determinants of health and nutrition. In 2021, 38.5% of adults in Waldo County were obese.

Table 2: Chronic Health Conditions, 2024

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Asthma, COPD, or Emphysema	12.4%	30.9%	28.9%	8.2%	12.4%	21.6%
Arthritis	29.9%	48.5%	19.6%	3.1%	10.3%	13.4%
Cancer	11.3%	48.5%	36.1%	4.1%	7.2%	13.4%
Diabetes or high blood sugar	17.5%	41.2%	28.9%	7.2%	8.2%	14.4%
Heart disease or heart attack	4.1%	36.1%	36.1%	9.3%	6.2%	20.6%
High cholesterol	21.6%	40.2%	23.7%	6.2%	12.4%	15.5%
High blood pressure or hypertension	28.9%	48.5%	24.7%	8.2%	7.2%	12.4%
Overweight/obesity	38.1%	34.0%	44.3%	3.1%	5.2%	15.5%
Stroke	1.0%	13.4%	24.7%	17.5%	16.5%	32.0%
Chronic liver disease/cirrhosis	1.0%	7.2%	23.7%	12.4%	22.7%	36.1%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people from poverty to a place of stability, "affordable and available health care" was rated number five by Maine Shared CHNA survey respondents..

Populations and Communities Impacted by Chronic Conditions

Chronic conditions was added as a priority at the forum and was not addressed in the pre-forum survey; however, cardiovascular disease, obesity and weight status, and cancer were. For chronic conditions at the forum, respondents cited: older adults, New Mainers/immigrants, children, young families, and young adults. For cardiovascular disease, obesity/weight status, and cancer, respondents cited: adults, older adults, youth, teens, young adults, and children.

Community Resources to Address Chronic Conditions

Chronic conditions was added as a priority at the forum and was not addressed in the pre-forum survey; however, cardiovascular disease, obesity and weight status, and cancer were. For chronic conditions, forum participants did not identify any resources. In the pre-forum survey, for cardiovascular disease, obesity/weight status, and cancer, respondents identified:

- Food pantries
- Health care providers
- Hospitals
- Nutrition classes
- SNAP-Ed
- Waldo County General Hospital

Crosscutting Priorities

Poverty **Nutrition** **Mental Health** **Substance Use Related Injury & Death**

Appendices

Appendix 1: Methodology

The Maine Shared Community Health Needs Assessment conducted a multiprong health and well-being assessment, including the collection and analysis of quantitative and qualitative data. The following methodology section outlines this effort.

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 guidelines include a commitment to:

- 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.

Quantitative Data

Data Criteria

The Metrics Committee, one of two standing committees of the Maine Shared CHNA, is charged with reviewing and revising a common set of population and community health and well-being indicators and measures every three years. Each cycle, the following criteria are used to guide an extensive review of the data:

- Describes an existing or emerging health issue;
- Describes one or more social drivers of health (SDOH);
- Describes the people in Maine;
- Measures an issue that is actionable;
- Describes issues that are known to have high health and/or social costs;
- Collectively provide for a comprehensive description of population health;
- Aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People);
- Aligns with data previously included in Maine Community Health Partnership Assessments;
- Aligns with data routinely analyzed by the Maine CDC for program planning, monitoring, and evaluation;
- Have recent data less than two years old or have updates coming; and/or
- Were previously included, allowing for trends to be presented.

Additionally, the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the 2024 Maine Shared CHNA vendor) reviewed the data to check for changes in data sources and definitions, potential new sources of data, and any discrepancies or errors in the data.

Data Profiles & Interpretation

The data profiles provide more than 250 health and well-being indicators that describe demographics, health outcomes and behaviors, and conditions that influence our health and well-being. The number of indicators available vary between counties, urban areas, and health equity profiles based on data availability and other data limitations, discussed below. The data come from more than 30 sources and represent the most recent information available and analyzed as of November 2024. Data from several years is often combined to ensure the data is reliable enough to draw conclusions. County comparisons are made in several ways: between two time periods; to the state; and to the U.S. The two time periods can be found within the tables under columns marked, "Point 1" and "Point 2." The majority of comparisons are based on 95% confidence intervals. In some instances, a 90% confidence interval is calculated from a Margin of Error and is noted with a "#" symbol. Confidence intervals may be determined using various methodologies (e.g. using weighting in calculations), resulting in a more narrow or wide margin of error and impacting the frequency of statistically significant differences. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indicator of significant difference is included. A list of indicators, data sources, and definitions can be found in the appendix of each County Health Profile and is available on the Maine Shared CHNA website.

Data Limitations, Gaps, & Considerations

Quantitative data collection and analysis has several benefits, including the ability to see health and well-being trends over time. The Maine Shared CHNA draws on many data sets at the state and national level. Some of these include self-reported surveys while others are reports of health and well-being care and utilization rates. Each methodology has its own advantages and disadvantages, and both have limitations in response options and sample sizes. Additionally, some quantitative data representing the same indicators may be slightly different due to the source of the data and the methods used for interpretation. For example, this occurs with death data from the Maine's Data, Research, and Vital Statistics database versus the U.S. CDC's WONDER database.

The data sets used by the Maine Shared CHNA generally follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone and leave them without an option that represents their identity. Additionally, for some demographics, the numbers may be too small to have data disaggregated at certain levels, specifically the city and county level. Small sample sizes may pose the risk of unreliable or identifiable data. Both a lack of comprehensive response options and small sample sizes can lead to a gap in data analysis and reporting and leave some populations and communities underrepresented or missing entirely. The Maine Shared CHNA generally relies on

state-level data and aggregation of multiple years of data for more reliable estimates with less suppression. This implies an assumption that disparities found at the state level have similar patterns for smaller geographical areas, which does not account for the unique characteristics of populations throughout the state.

These data limitations may result in programming and policies that do not meet the needs of certain populations. To try to account for some of these gaps and complement the quantitative data, the Maine Shared CHNA engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews.

Specific data changes and limitations relevant to the 2024 Maine Shared CHNA data analysis are further described below.

Data Changes

This cycle brought a number of new indicators to the data set with the addition of the Maine Community Action Partnership to the Maine Shared CHNA collaborative, specifically related to social drivers of health. Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Previous versions of the Maine Shared CHNA have used the term social determinants of health to capture that same type of data. These and other changes were made based on currently available data and reviews by the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the Maine Shared CHNA vendor). New, retired, and paused indicators are listed at the end of each County Health Profile.

Data Discrepancies

COVID's Impact

The COVID-19 pandemic impacted health and well-being behaviors, utilization of health care, and health and well-being outcomes, among other things that have created long-lasting impacts across Maine. These impacts are now being reflected in a multitude of data sets from roughly 2020 through 2023. In most cases, more recent, post-pandemic data is not yet available. Rather than exclude data collected during the pandemic, unless advised by the data source, we encourage readers to interpret data collected during the pandemic with this context in mind and that it may not be representative of a non-pandemic year.

Health Equity Profiles

The Maine Shared CHNA highlights populations and geographies that experience disparate health and well-being outcomes due to social, institutional, and environmental inequities through a community engagement process and health equity data profiles. Due to limitations in data availability and capacity of Maine Shared CHNA partners, health equity profiles on rurality and disability status will not be ready until early 2025. Additionally, some health equity profiles may include fewer indicators than others given data availability, suppressed data rates, and what is and is not collected at the state and national level. As noted above, disparities are generally only analyzed at the state level. The Maine Shared CHNA website and dashboard will be updated as data is available and analyzed.

Qualitative Data

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. By drawing on narrative and lived experience we are better positioned to identify the root causes of health and well-being behaviors and outcomes. 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 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.

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. The Maine Shared CHNA's community engagement included: focus groups, key informant interviews, and a statewide community survey.

Considerations for Identifying Populations to Engage With

The Maine Shared CHNA takes 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 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. 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, in addition to the targeted populations listed below. It should be noted the voices we hear in focus groups are not meant to be representatives of their entire identified population or community.

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 – "the written and unwritten rules that create, maintain, or eliminate…patterns of advantage among socially constructed groups in the conditions that affect health, and the manifestation of power relations in that people and groups with more power based on current social structures

work to maintain their advantage by reinforcing or modifying these rules;"[ix]
- 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.

Considerations for the Use of Other Assessments

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.

Using these criteria, the Maine Shared CHNA identified two other assessments to use as part of our assessment. 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.

Focus Groups

Using the criteria listed above, the Maine Shared CHNA ultimately identified the following populations for community engagement through state level focus groups. The listing also includes the number of participants for each focus group:

- Statewide Focus Group Participants: 31 (total)

- Multigenerational Black / African American: 12
- Veterans: 7
- LGBTQ+: 5
- Women: 1
- Youth: 3
- Young Adults: 3

As part of the Community Services Block Grant reporting, the Community Action Agencies are required to engage directly with the communities they serve, namely those of lower income. To meet this requirement, the Maine Shared CHNA hosted local focus groups with people with low-income in each Maine County, 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. The following is a list of counties with the number of participants for each of the counties' focus groups.

- County Focus Group Participants: 93 (total)
  - Androscoggin: 5
  - Aroostook: 12
  - Cumberland: 19
  - Franklin: 4
  - Hancock: 3
  - Kennebec: 3
  - Knox: 6
  - Lincoln: 2
  - Oxford: 10
  - Penobscot: 10
  - Piscataquis: 1
  - Sagadahoc: 0
  - Somerset: 7
  - Waldo: 3
  - Washington: 3
  - York: 5

Key Informant Interviews

The Maine Shared CHNA completed 25 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. The findings from key informant interviews may be combined when similar themes exist.

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.

The following is a list of organizations that participated in the key informant interviews.

- Alliance for Addiction and Mental Health Services
- Children's Oral Health Network
- Community Caring Collaborative
- Disability Rights Maine
- Governor's Office of Policy Innovation and the Future
- Leadership Education in Neurodevelopmental & Related Disabilities
- Maine Center for Disease Control and Prevention
- Maine Children's Alliance
- Maine Conservation Alliance
- Maine Council on Aging
- 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

Statewide Community Survey

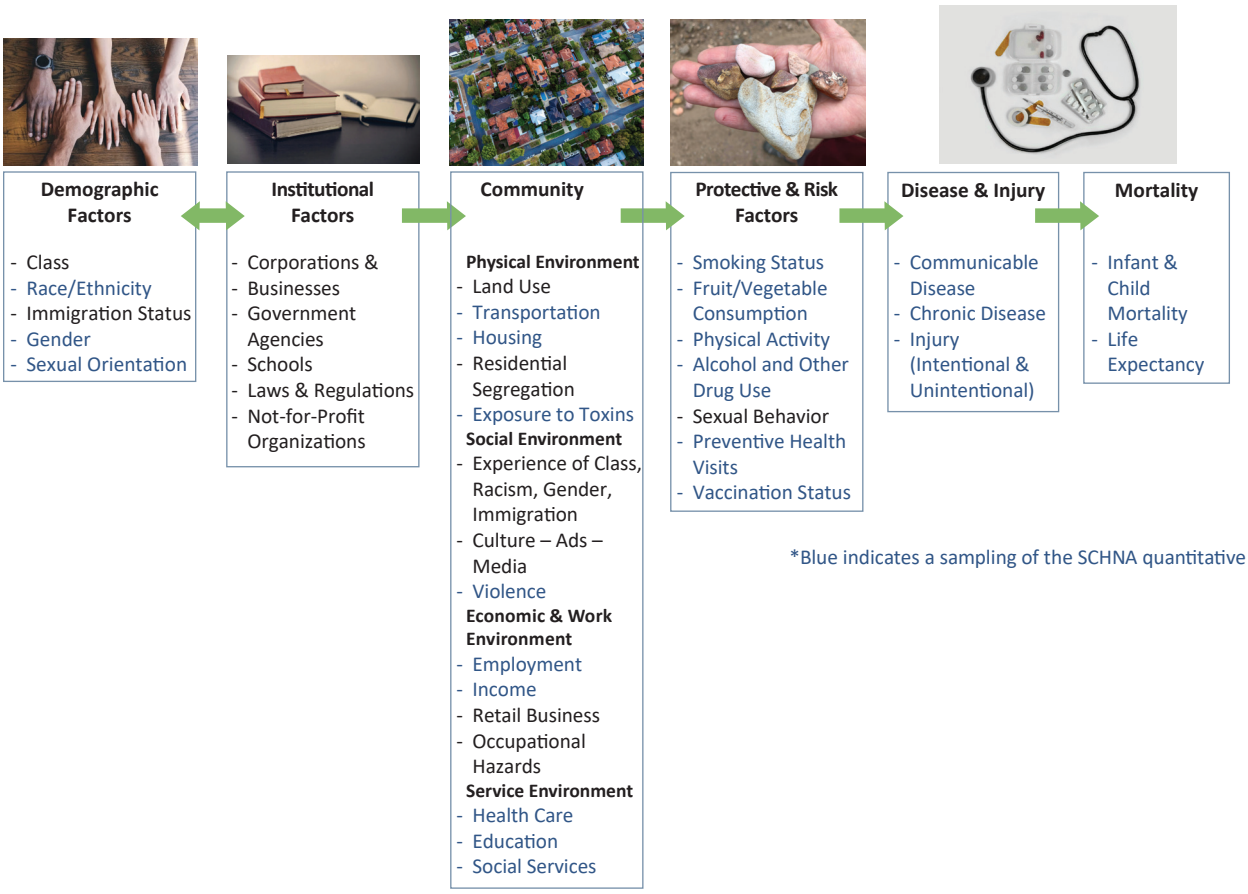
The Maine Shared CHNA also conducted a statewide, community survey on health and well-being. The survey was developed in collaboration by a small working group comprised of members of the Community Engagement and Metrics Committees, the Maine Shared CHNA Program Manager, and Crescendo Consulting Group, with final approval by the Steering Committee. The survey was translated and made available in eight languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish. It was distributed statewide with assistance from Maine Shared CHNA partners via multiple methods including newsletters, flyers, listservs, announcements, and social media (materials were available in formats compatible with Facebook and Instagram). Flyers and social media content were available in the eight languages of the survey. The survey was available electronically via SurveyMonkey and in paper format. The survey was open to anyone living in Maine and 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 not weighted and should not be considered a representative sample of the Maine Population or of sub-populations within Maine.

3,967 people completed the survey providing their insights on the health and well-being status, community assets, and social concerns. The majority of surveys were completed in English (98%), 1% were in Chinese and less than .5% were completed in French, Spanish, Arabic, Lingala, Portuguese, and Somali.

Bay Area Regional Health Inequities Initiative (BARHII) Framework

The impact of upstream factors on health and well-being continues to draw awareness and be incorporated into assessments and improvement planning as critical components of a person's ultimate health and well-being. Upstream factors of health are the social, institutional and community conditions that impact health and well-being and can be used to promote quality of life and prevent poor health and well-being outcomes – the downstream factors of health. The Maine Shared Community Health Needs Assessment based this cycle's assessment and health and well-being prioritization process on an adapted version of the Bay Area Regional Health Inequities Initiative (BARHII) Framework[x] (Figure 1). The BARHII Framework explains the connections between upstream factors on health and well-being outcomes and focuses attention on measures which have not characteristically been within the scope of public health epidemiology.[xi] Use of this framework enables a greater connection to the work of the Maine Shared CHNA's newest partner, the Maine Community Action Partnership, and the varying levels within which all of the collaborative and community partners of the Maine Shared CHNA can potentially have an impact. Additionally, it provides a framework with which to group the myriad health and well-being topics our community members and stakeholders are asked to share insight on and prioritize within their counties. Instead of comparing all of the health and well-being topics against each other, this Maine Shared CHNA aimed to prioritize topics within their best fit categories, while recognizing the interconnections upstream and downstream factors have with each other. In this way, the Maine Shared CHNA hopes to convey how the health and well-being priorities are related and influence one another, shedding light on potential opportunities for collaboration and cross sector work.

Figure 1: Bay Area Regional Health Inequities Initiative Framework (adapted)



Stakeholder Forums

Seventeen forums were conducted in each of Maine's Counties, with two held in Cumberland County. These forums were organized by Local Planning Teams, including the development of invitation lists. The aim of the invitation method was to include a broad and equal array of diverse sectors and voices, specifically those who are required as part of the signatory partners reporting and accreditation standards. Community members were not necessarily included in the forums this cycle as their voices were captured through other community engagement methods. Five of the forums were conducted virtually and 12 were conducted in-person. Each forum used the same methodology, including pre-forum voting on the top 15 health and well-being priorities for their county – five in each category: community conditions, protective & risk factors, and health conditions & outcomes -; a presentation of key findings and voting results and accompanying breakout to discuss those findings; a second round of prioritization voting to narrow the priorities to the top 3 in each category; and iterative breakout discussions to dive deeper into each priority – it's causes, collaborations, populations impacted, and assets and resources. Crescendo Consulting Group summarized the voting results and discussions in key forum findings documents for use in developing each county's Maine Shared CHNA report. The key findings are from a point in time discussion based on the expertise and opinions of those who participated in the forum, which is not necessarily representative of any county, community, or sector as a whole.

One in-person stakeholder forum was held in Waldo County on November 6, 2024, with 29 attendees. People from the following organizations participated in the forum process:

- Belfast Public Health Nursing Association
- Children's Oral Health Network of Maine (COHN)
- Climate, Energy and Utilities Committee- Belfast
- Homeworthy
- Maine Center for Disease Control and Prevention
- Maine CDC Midcoast District Public Health
- MaineHealth
- MaineHealth Institute for Research
- MaineHealth at Pen Bay Hospital
- MaineHealth Access to Care
- MaineHealth Waldo County Medical Partners
- Northern Light Inland Hospital
- Penobscot Bay Community Health Partnerships
- Penobscot Community Health Care (PCHC)
- RSU 71
- Volunteers of America - Northern New England
- Waldo Community Action Partners
- Waldo County General Hospital Community Health and Wellness

Reporting

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Appendix 2: Other Identified Health and Well-Being Topics

Prior to the stakeholder forums, registrants were asked to take part in a review of quantitative and qualitative data, in the form of data health profiles and community engagement overviews. Based on their interpretation of this information and their own knowledge, expertise, and experience, registrants were asked to vote on their top five health and well-being priorities in each of the following categories: community conditions, protective and risk factors, and health conditions and outcomes. This priority identification was the first step in the overall Maine Shared CHNA health and well-being prioritization process. The complete results are depicted in the table below.

Table 1: Complete Results of the First Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	17	81.0%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	15	71.4%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	12	57.1%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	8	38.1%
Timeliness of Healthcare and Social Services (such as wait times for an appointment, inability to easily access providers to ask questions, inability to get care when you need it, etc.)	8	38.1%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	7	33.3%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	7	33.3%
Environmental Exposures (such as tobacco smoke, arsenic, PFAS, lead and radon exposure)	4	19.1%
Climate Impacts (such as extreme weather events)	4	19.1%
Wage Gaps and Income Disparities	4	19.1%
Isolation	3	14.3%
Employment Opportunities	3	14.3%
Aging Related Services (such as long term care, assisted living access, and in-home care support services)	3	14.3%
Opportunities for Community Involvement (such as activities for seniors and youth, volunteer opportunities, etc.)	2	9.5%
Built Environment (such as crosswalks, sidewalks, universal access, bike lanes, access to parks and green spaces etc.)	1	4.8%
Crime (such as rape/non-consensual sex, intimate partner violence, nonfatal child maltreatment, violent crime rate, etc.)	1	4.8%
Education (such as pre-K through post-secondary and technical/trade opportunities)	1	4.8%
Stigma Around Accessing/Accepting Help, Services, or Treatment	1	4.8%
Insurance Status (such as MaineCare enrollment, children with dental insurance, cost barriers to health care)	1	4.8%
Other (please specify): Access to oral health services in general, especially in schools, for those with MaineCare insurance or with other income limitations	1	4.8%

Protective and Risk Factors	# Votes	% of Participants
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	11	52.4%
Adverse Childhood Experiences	11	52.4%
Preventive Oral Health Care	9	42.9%
Alcohol Use (including binge drinking)	9	42.9%
Illicit Drug Use	9	42.9%
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	8	38.1%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	8	38.1%
Youth Mattering (such as positive role models, community connections, etc.)	8	38.1%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	7	33.3%
Tobacco Use (including e-cigarettes and MaineQuit Link users)	6	28.6%
Vaping Use (including tobacco and cannabis)	5	23.8%
Cancer Prevention (such as cancer screenings, sunscreen use)	3	14.3%
Immunizations & Vaccinations	2	9.5%
Foster Care	2	9.5%
Prescription Drug Misuse	2	9.5%
Birth control use (including general use rates, knowledge of options, access, affordability, etc.)	1	4.8%
Cannabis Use	1	4.8%
Safe Drinking Water	1	4.8%
Other (please specify): Mental health	1	4.8%
Indoor Air Quality	1	3.1%
Provider Consistency (such as low turnover rates and ability to develop a long-term provider/ patient relationship)	2	6.3%
Aging Related Services (such as long term care, assisted living access, and in-home care support services)	2	6.3%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	16	76.2%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	11	52.4%
Obesity/Weight Status	10	47.6%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	10	47.6%
Cancer	8	38.1%
Diabetes	8	38.1%
Multiple Chronic Conditions	7	33.3%
Intentional Injury & Death (self-injury)	5	23.8%
Cognitive Decline, Alzheimer's disease and other dementias	4	19.1%
Dental Disease	4	19.1%
Special Health Care Needs (those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by people generally)	3	14.3%
Pregnancy and Birth Outcomes (such as c-sections, low birth weight, pre-term births, teen pregnancy, infant mortality)	2	9.5%

Health Conditions and Outcomes	# Votes	% of Participants
Non-Infectious Respiratory Disease (such as asthma, COPD)	2	9.5%
Infectious Disease (such as hepatitis C Lyme Disease vector-borne infectious diseases, etc.)	2	9.5%
Other (please specify): Lack of access to preventive oral health care and early health interventions to address decay; Homelessness and housing instability, poverty	2	9.5%
Unintentional Injury & Death (such as fall-related, traumatic brain injury, car accidents, firearms, work-related)	1	4.8%
Infectious Respiratory Disease (such as pertussis, tuberculosis, pneumonia, COVID)	1	4.8%
Arthritis	1	4.8%

After a presentation of key quantitative and qualitative findings and breakout discussions, participants were asked to take part in a second round of voting to narrow the health and well-being priorities for their county to the top three in each category of community conditions, protective & risk factors, and health conditions & outcomes. The complete results are depicted in the table below.

Table 2: Complete Results of the Second Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	73.7%	28
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	63.2%	24
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	60.5%	23
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	36.8%	14
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	26.3%	10
Bullying	26.3%	10
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	10.5%	4

Protective and Risk Factors	# Votes	% of Participants
Adverse Childhood Experiences	24	63.2%
Nutrition (such as fruit & veg consumption, soda/sports drink consumption)	20	52.6%
Illicit Drug Use	20	52.6%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	20	52.6%
Youth Mattering (such as positive role models, community connections, etc.)	17	44.7%
Cannabis Use	13	34.2%
Cancer Prevention (such as cancer screenings, sunscreen use)	8	25.0%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	8	25.0%
Alcohol Use (including binge drinking)	8	25.0%
Vaping Use (including tobacco and cannabis)	8	25.0%
Preventive Oral Health Care	7	21.9%
Cannabis Use	7	21.9%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	38	100.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning), Vascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	35	92.1%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	32	84.2%
Obesity/Weight Status	5	13.2%
Diabetes	2	5.3%
Aging Related Services (such as long term care, assisted living access, and in-home care support services)	2	6.3%

Appendix 3: Community Action Agency Profile

About Waldo Community Action Partners

Waldo Community Action Partners is a charitable, educational, 501(c)(3) private non-profit organization located in Belfast, Maine. It is designed to utilize and mobilize public and private resources to assist low-income Waldo County residents in the alleviation of poverty and address its underlying causes.

Our Vision: Waldo Community Action Partners was founded in 1965. Waldo Community Action Partners provides leadership and advocacy in the community to collaborate and develop programs and workgroups that address community problems and obstacles that prevent families from thriving. Elimination and alleviation of poverty in the areas of body, mind and spirit is our ultimate goal and service and advocacy are the primary tools.
Waldo Community Action Partners provides programs and services to support members of our community as they strive to lead meaningful and productive lives. We have strong commitments to Transportation Services, Housing Repair Services, Family Services such as Head Start/Child Nutrition, Energy Services, and Community Services carried out in partnership with other community groups.

- We hold the following declarations as guidance for the work we do:
- Every member of our community desires self-sufficiency and has an innate capacity with appropriate supports
- Every member of the community has the right to be treated with dignity and respect
- Every member of the community, regardless of economic status, should have a voice in the way of the state and federal policies and programs are developed and operated.

Waldo Community Action Partners has committed to:

- Respectful and dignified treatment of clients
- Responsible governance
- Exemplary fiscal management
- Thoughtful and deliberate use of technology
- Excellence in customer service
- Community leadership and partnership
- Effective advocacy for the vulnerable and needy populations
- Integrity in all actions

Overall, WCAP is dedicated to and strives to provide win-win solutions for clients, staff, volunteers and the entire community with a “no wrong door” policy in order to find viable options so that no person goes unserved.

Purpose and Mission: In order to reduce poverty in its community, a Community Action Agency works to better focus available local, state, private, and federal resources to assist low-income individuals and families to acquire useful skills and knowledge, gain access to new opportunities, and achieve economic self-sufficiency.
The mission of WCAP is “Empowering families, individuals, and communities by removing barriers, promoting economic stability, and improving quality of life.”.

Services Offered by WCAP

WCAP offers a full array of services including but not limited to:

- Public Transportation and non-emergency Transportation
- Energy Assistance including emergency heating assistance
- Early Childhood Programing including Head Start, Early Head Start and Pre-K
- Housing Services including weatherization, CHIP, AST, and Home Repair
- Community Services including, Case Management, Emergency Assistance, and Healthcare Navigation.
- Community Partnerships programs, Backpacks and school supplies, Holiday food boxes, Holiday gifts for children, the Cinderella Project of Maine.

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Endnotes

i Health Equity in Healthy People 2030 - Healthy People 2030 | odphp.health.gov

ii Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

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iv Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

v Using Clear Terms to Advance Health Equity – "Social Drivers" vs "Social Determinants" | PRAPARE

vi Social Drivers of Health and Health-Related Social Needs | CMS

vii Community Services Block Grant (CSBG) | The Administration for Children and Families

viii About Adverse Childhood Experiences | Adverse Childhood Experiences (ACEs) | CDC

ix Heller, J.C., Givens, M.L., Johnson, S.P. and Kindig, D.A. (2024), Keeping It Political and Powerful: Defining the Structural Determinants of Health. Milbank Quarterly., 102: 351-366. https://doi.org/10.1111/1468-0009.12695

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xi 3 key upstream factors that drive health inequities | American Medical Association

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