Oxford County

Maine Shared Community Health Needs Assessment Report

2025

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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 Oxford 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

Oxford County Health and Well-Being Priorities

The following table includes the top health and well-being priorities identified by Oxford 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)	Illicit Drug Use	Substance Use Related Injury & Death
Provider Availability (ME)	Youth Mattering	Obesity & Weight Status

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

Transportation Substance Use Nutrition Chronic Conditions

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 Oxford 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 Oxford 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

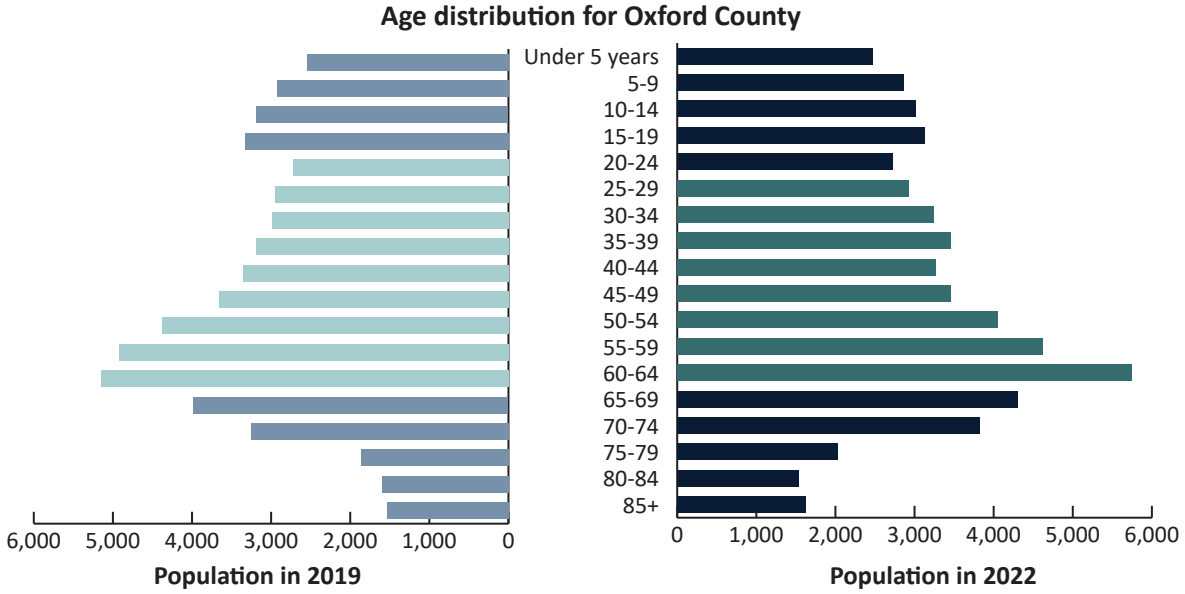
The following tables and chart show information about the population of Oxford County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

Oxford County Population	State of Maine Population
58,276	**1,366,949**

	Oxford	Maine
Median household income	**$54,780**	**$68,251**
Unemployment rate	**3.1%**	**3.1%**
Individuals living in poverty	**14.4%**	**10.9%**
Children living in poverty	**21.2%**	**13.4%**
65+ living alone	**26.5%**	**29.5%**

	Oxford County	
	Percent	Number
American Indian/Alaskan Native	**0.2%**	**125**
Asian	**0.5%**	**275**
Black/African American	**0.3%**	**171**
Native Hawaiian or other Pacific Islander	**0.0%**	**4**
Some other race	**0.5%**	**278**
Two or more races	**4.1%**	**2,380**
White	**94.5%**	**55,043**
Hispanic	**1.6%**	**924**
Non-Hispanic	**98.4%**	**57,352**

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 Oxford County.

Cause of Death	Maine	Oxford County
Cancer	**25.9%**	**26.1%**
Heart disease	**27.2%**	**25.3%**
Accidents	**10.5%**	**10.0%**
Chronic lower respiratory disease	**6.8%**	**7.4%**
COVID 19	**6.0%**	**6.6%**
Alzheimer's disease	**4.6%**	**5.5%**
Cerebrovascular disease	**4.8%**	**4.0%**
Diabetes	**4.1%**	**3.4%**
Nephritis, nephrotic syndrome & nephrosis	**2.3%**	**3.2%**
Suicide	**2.0%**	**3.1%**
Chronic liver disease and cirrhosis	**1.7%**	**2.1%**
Parkinson's disease	**2.1%**	**1.9%**
Influenza & pneumonia	**1.8%**	**1.3%**

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.

Oxford 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) Reduction in substance use (drugs, alcohol)	3) Mental health care and treatment
4) Mental health care and treatment	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 Oxford 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.

Oxford County Strengths

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

- Locally owned businesses;
- Safe opportunities to be active outside;
- Safe neighborhoods;
- Strong sense of community; and
- Schools and education for all ages.

People living in Oxford County have a positive outlook on their health and well-being – 54.8% of survey respondents believe their community is healthy or very healthy, 70.4% rate their own physical health as good or excellent and 73.5% 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 Oxford 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.

Oxford County Community Conditions		
Housing	Poverty	Provider Availability

Housing

Housing was the top priority for the community conditions category for Oxford 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 Oxford County focus group, "affordable housing" was a top theme. At the Oxford County stakeholder forum participants discussed a general lack of housing and inadequate funding for housing voucher programs. In Oxford County, 63.8% of houses are occupied (2018-2022) and 2.6% of housing units are vacant and for sale or rent (2022). Approximately half (54.5%) of the homes in Oxford County were built before 1979 and only 5.1% have been built since 2010.

One focus group participant said:

"Home repairs – so many blue tarps on roofs. The needs are so profound for older adults in the community."

While housing repairs may be a challenge for some older adults, Oxford County stakeholder forum participants noted that housing supports are available, at least in Northern Oxford County, for the aging population, as well as those living with a disability. However, forum participants noted for those with an intellectual disability and people experiencing homelessness there is a lack of support and the housing needs for teens and young adults are unaddressed, leaving them with few resources. People living in poverty are another group experiencing adverse impacts of housing.

In the Maine Shared CHNA survey, 73.1% of respondents living in Oxford County said "housing needs" negatively impacted them, a loved one, and/or their community. When asked about specific housing needs, several areas impacted respondents, their loved ones, and their community. These are indicated in Table 1: Housing Needs. In Oxford County, 11.6% of households spend more than 50% of their income toward housing (2018-2022). The median gross rent is $781, significantly better than Maine ($1,009) and the U.S. ($1,268).

Stakeholder forum participants would like to see more shelters, specifically for men and veterans, and the addition of a career center.

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	42.8%	48.2%	79.5%	0.6%	1.8%	0.6%
Availability of affordable, quality homes/rentals	27.7%	42.2%	83.1%	0.6%	3.0%	0.6%
Availability of affordable, quality housing for older adults or those with special needs	6.0%	26.5%	78.9%	3.0%	6.6%	1.8%
Issues associated with home ownership or renting	39.8%	40.4%	75.3%	1.2%	6.6%	0.6%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	11.4%	16.3%	65.1%	6.0%	15.7%	4.2%
Homelessness or availability of shelter beds	1.8%	9.0%	80.1%	2.4%	9.0%	3.6%
Cost of utilities	56.0%	53.0%	80.1%	0.6%	3.6%	0.0%
Costs associated with weatherization	35.5%	34.3%	75.3%	1.8%	7.2%	0.6%

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, "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, as were those at the forum. For housing, respondents cited: veterans, 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:

- Assistance Plus
- Community Concepts, in general and specific to Oxford County Mental Health Services
- Disability Rights Maine
- Faith-based organizations, specifically Praise Assembly God
- Northern Forest Center
- Norway's women and children shelter
- Oddfellow's Building Housing Project
- Projects for Assistance in Transition from Homelessness (PATH) programs
- Rumford Group Homes, including the Norway women and children shelter
- Safe Voices
- Seniors Plus
- Spurwink
- The Center for an Ecology Based Economy Co-Housing Project
- Western Maine Transportation Services

Crosscutting Priorities

Poverty **Mental Health**

Poverty

In Oxford County,

- 14.4% of individuals live in poverty (2018-2022) significantly worse than Maine (10.9%) and the U.S. (12.5%).
- 4.9% of families live below the federal poverty level, significantly better than (2015-2019), Maine (6.4%) and the U.S. (8.8%, 2018-2022).
- 21.2% of children live in poverty, significantly worse than Maine (13.4%, 2018-2022).
- 37% of households live above the federal poverty level, but below the Asset Limited, Income Constrained, Employed (ALICE) threshold of financial survival (2022). The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy.
- 15% of people were asset poor (2021) meaning they have insufficient net worth to live without income at or above the poverty level for three months.

In the Maine Shared CHNA survey, respondents said "low incomes and poverty" is the third of five social concerns negatively impacting their community and 77.7% said "economic needs" negatively impact them, a loved one, and/or their community. When asked about specific economic needs,

- 82.9% said "availability of quality, affordable childcare,"
- 80% said "availability of jobs and employment opportunities," and
- 75.9% said "access to affordable, quality foods" negatively impacts their community.

The "ability to contribute to savings, retirement" negatively impacts communities (70.6%), loved ones (43.5%), and respondents (52.4%).

Related to poverty, Oxford County focus group participants said:

"There is a great disparity between the rural and urban areas of Maine. It's often the responsibilities of the agencies and they never have enough money or staff or other things you need."

"Quality child care – we have two facilities in the community and a lot of mom-and-pop child care, at home day cares."

Related to these findings data shows in Oxford County,

- There were 33 child care centers (2024) and 64.3% of children were served in publicly funded state and local preschools (2023).
- 3.1% of people are unemployed (2023).
- The median household income is $54,780 (2018-2022), significantly worse than Maine ($68,251) and the U.S. ($75,149).
- 14.6% of adults and 22.3% of youth were food insecure (2022).

Oxford County stakeholder forum participants would like to see more career centers and apprentice programs for people to train on the job while being paid. Additionally, they would like more affordable child care and health care.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of poverty and to a place of stability, "jobs that pay enough to support a living wage" was rated number one 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, as were those at the forum. For poverty, respondents cited: veterans, people with disabilities, adults, children, youth, teens, and people with substance use disorders.

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:

- 211
- Beacon House
- Churches
- Community clothing closets
- Community Concepts
- Community firewood programs
- Employers
- Fedcap
- Food pantries
- Foothills Community Food Calendar
- General Assistance
- Hope Association
- Looking Ahead Clubhouse
- MaineHealth
- MaineHealth Stephens Hospital
- Mexico's winter shelter
- Recovery Friendly Workplaces
- Region 9 Adult Education
- Sacopee Valley Health Center
- Schools
- The Table
- Town assistance
- Western Maine Community Action Partnership
- Western Maine Transportation Services

Crosscutting Priorities

Provider Availability

Provider Availability

Provider availability was tied as the second priority for the community conditions category for Oxford County. For the purposes of the prioritization process, provider availability includes such topics 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.

Assessment Findings

In the Oxford County focus group, "dental care" was a top theme. This was reiterated by Oxford County stakeholder forum participants who discussed the lack of dental offices that accept MaineCare. In 2024, there were 3,874 people in Oxford County for every dentist. As of 2020, 57.9% of adults have been to the dentist in the past year, significantly worse than Maine (66.7%) and the U.S. (66.7%). Among MaineCare members 21 years and younger, 46% had been to the dentist in the past year (2021).

Focus group participants said:

"Wait times in the emergency room are extremely long. Lots of people in the hallways on beds. It takes away the privacy."

"There is not enough social workers or case managers. Even if you have a primary care provider that can advocate for you, but if you need a specialty doctor, you need to go through insurance coverage and still be on waiting lists. The healthcare system is overloading providers with patients."

In the Maine Shared CHNA survey 44.4% of respondents said they or a loved one chose not or could not get health care in the past year with "long wait times to see a provider" as a reason why. As of 2024, there were 1,833 people for every primary care physician. In Oxford County, 87.6% of adults have a usual primary care provider (2019-2021) and 80.1% have been to a primary care provider in the past year (2019-2021), significantly better than 2015-2017 (73.2%).

Oxford County stakeholder forum participants would like to see more done to address provider retention which directly impacts provider availability. Poor reimbursement rates were also cited as a factor impacting provider availability.

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, "affordable and available health care" was rated number five by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Provider Availability

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

Community Resources to Address Provider Availability

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

- Common Ground Counseling
- Comprehensive Addiction Medicine program
- Healthy Oxford Hills
- MaineHealth Behavioral Health
- MaineHealth Primary Care
- MaineHealth Stephens Hospital
- Mainely Teeth
- Medicaid
- Mobile dentistry practices
- Modivcare
- OPTIONS
- Oxford County Mental Health Services
- Primary care providers offering more mental health services
- Rumford Hospital
- Schools
- Spurwink
- Tooth Angels
- Western Maine Addiction Recovery Initiative

Crosscutting Priorities

Poverty **Mental Health**

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 Oxford 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.

Oxford County Protective & Risk Factors		
Adverse Childhood Experiences	Illicit Drug Use	Youth Mattering

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) was the top-rated priority for the protective and risk factors category for Oxford 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 Oxford County focus group, "accessible community for all" and "mental health" were top themes. In the Maine Shared CHNA survey, three of the five top social concerns that negatively impact the community could be associated with ACEs – substance use, mental health issues, and low incomes and poverty. Approximately three-quarters of survey respondents said economic needs (77.7%), mental health needs (73.9%), housing needs (73.1%), and substance use (72.2%), potential root causes of ACEs, impact them, a loved one, and/or their community.

Of those who said mental health needs, 59.2% and 32.5% said "youth mental health" negatively impacts their community and a loved one, respectively. In Oxford County,

- 29.8% of high school students have at least four of nine adverse childhood experiences (2023).
- 37.3% of high school students felt sad/hopeless for two weeks in a row (2023).
- 37.3% of middle school students felt sad/hopeless for two weeks in a row, significantly worse than 2019 (25.3%, 2023).

- 20% of high school students had seriously considered suicide (2023).
- 26.2% of middle school students had seriously considered suicide, significantly worse than 2019 (20.8%) and Maine (21.8%, 2023).

Oxford County stakeholder forum participants reiterated the impact of mental health. They discussed a lack of providers to address mental health and ACEs and would like to see more social workers, case managers, mental health clinicians and resources for adults and children with high ACE scores. Stakeholder forum participants identified isolation as a contributing factor to ACEs and noted a lack of transportation for people to get to activities. Domestic violence and substance use, specifically alcohol use, were also cited by forum participants as contributing factors to ACEs.

Forum participants discussed positive childhood experiences (PCEs), with a need for more awareness of what they are and their role in child development. Participants noted the assets within Oxford County for ACEs, such as collaboration between substance use prevention and recovery. There are also several initiatives happening within the school systems, such as social and emotional learning, trainings for Building Assets, Reducing Risk (BARR) and Positive Behavioral Interventions and Support (PBIS), outdoor opportunities, school youth groups, and civil rights clubs. Three-quarters (73.5%) of Oxford County Maine Shared CHNA survey respondents rate their own mental health as "good or excellent."

Socioeconomic Empowerment

"Mental health care and treatment" was the fourth rated "very necessary" step of five to move people out of poverty and 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: grandparents serving as caregivers, teens, children, youth, young adults, and adults.

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:

- Community Concepts
- Head Start
- Healthy Oxford Hills
- Journey Magazine
- Larry Labonte Recovery Center
- Maine Families
- Mountain Valley Schools
- NAMI Maine
- North Star youth mentoring
- Pediatric offices conducting screenings for ACEs, suicide, and trauma
- Recreation centers
- Resilient ME campaigns
- River Valley Healthy Community Coalition
- Schools
- Sexual Assault Prevention and Response Services
- Wellness Mobile Foundation

Crosscutting Priorities

Housing **Poverty** **Youth Mattering** **Provider Availability**

Illicit Drug Use **Substance Use Related Injury & Death**

Illicit Drug Use

Illicit drug use was the second priority for the protective and risk factors category for Oxford County.

Assessment Findings

In the Oxford County focus group, "substance use" was a top theme. In the Maine Shared CHNA survey, "substance use," which includes illicit drug use, was the top social concern negatively impacting the community and 72.2% of respondents said "substance use" negatively impacts them, a loved one, and/or their community. When asked about specific substances, 78.3% said "opioid misuse" and 77.1% said "other illicit drug use" negatively impacts their community.

In Oxford County,

- There were 36 overdose deaths for every 100,000 people (2023).
- There were 36.7 drug-induced deaths for every 100,000 people (2018-2022), significantly worse than 2015-2019 (22.1 per 100,000), but significantly better than Maine (55.6 per 100,000, 2018-2022).
- 4.4% of high school and 6.4% of middle school students misused prescription drugs in the past 30 days (2023).
- 3% of high school students used illicit drugs in their lifetime (2024).

Participants at the Oxford County stakeholder forum discussed ACEs, trauma, a lack of mental health resources, and isolation as contributing factors to illicit drug use. Forum participants discussed the impact of the medical system on illicit drug use, particularly for those with chronic disease and chronic pain who may be prescribed potentially addictive medicines and not provided with alternative treatment options. In 2020, there were 14.6 narcotic doses dispensed for every 1,000 people in Oxford County.

Poverty, specifically generational poverty, and a lack of access to work may contribute to illicit drug use. Forum participants would like to see more sober living residential options for those who need long term care and that accommodate families. Participants believe more social workers and more mental health providers and substance use prevention education in elementary schools are needed. Programming that addresses whole family resources would also be impactful, as would more options for medication assisted treatment.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of poverty and to a place of stability, "reduction in substance use" was rated number three by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Illicit Drug Use

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For illicit drug use, respondents cited: LGBTQ people, adults, teens, young adults, people with substance use disorder, and people with mental health disorders.

Community Resources to Address Illicit Drug Use

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 illicit drug use, respondents identified:

- Comprehensive Addiction Medicine Program
- Healthy Oxford Hills
- High schools
- HILLS Recovery Center
- Lake Region Recovery Center
- OPTIONS
- River Valley Healthy Communities Coalition
- Western Maine Addiction Recovery Initiative

Crosscutting Priorities

Poverty **Adverse Childhood Experiences** **Youth Mattering**

Illicit Drug Use **Provider Availability** **Mental Health**

Substance Use Related Injury & Death

Youth Mattering

Youth mattering was the third priority for the protective and risk factors category for Oxford County. For the purposes of the prioritization process, youth mattering includes such topics as positive role models and community connections.

Assessment Findings

In the Maine Shared CHNA survey, respondents listed community strengths related to youth mattering as “safe opportunities to be active outside,” “safe neighborhoods,” “strong sense of community,” and “schools and education for all ages.”

“Mental health issues” were the second of five top social concerns negatively impacting respondents’ community. Of the 73.9% who said “mental health needs” negatively impact them, a loved one, and/or their community, 59.2% and 32.5% said “youth mental health” negatively impacts their community and a loved one, respectively. In Oxford County,

- 37.3% of high school students felt sad/hopeless for two weeks in a row (2023).
- 37.3% of middle school students felt sad/hopeless for two weeks in a row, significantly worse than 2019 (25.3%, 2023).
- 20% of high school students had seriously considered suicide (2023).
- 26.2% of middle school students had seriously considered suicide, significantly worse than 2019 (20.8%) and Maine (21.8%, 2023).

Of the 72.2% of survey respondents who said “substance use” negatively impacts them, a loved one, and/or their community, 75.9% said “youth substance use” negatively impacts their community.

Of the 59% who said, “public safety needs” negatively impact them a loved one, and/or their community, 70.1% said “violence between people,” 60.1% said “racism,” and 60.1% “said “discrimination based on race, ethnicity, gender, LGBTQIA2S+, age, ability, etc.” negatively impacts their community. In Oxford County,

- 23.6% of high school students had been bullied on school property (2023).
- 55.7% of middle school students had been bullied on school property, significantly worse than 2019 (48.2%) and Maine (48.6%, 2023).
- 19.2% of high school students reported electronic bullying (2023).
- 42.1% of middle school students reported electronic bullying, significantly worse than Maine (35.1%, 2023).

Participants at the Oxford County stakeholder forum discussed assets and resources they would like to see in their community to address youth mattering. These include more opportunities for young people including after-school programs, specifically those for play and the arts, additional spaces for after-school programs similar to the YMCA, and peer support programs in schools. They also discussed exploring ways to ensure kids know they are cared for, supported, and heard.

Populations and Communities Impacted by Youth Mattering

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For youth mattering, respondents cited: youth, teens, young adults, LGBTQIA2S+, and children.

Community Resources to Address Youth Mattering

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

- Alan Day Community Garden
- Building Assets, Reducing Risks
- Community Concepts
- Dirigo Middle School’s Positive Cougar Club
- Fryeburg Teen Center
- Healthy Oxford Hills
- Key Clubs
- Maine Resilience Building Network
- North Star Youth Mentoring
- Positive Behavioral Interventions and Supports, specifically at Oxford Hills
- Resilient Maine campaigns
- Sacopee Valley Health Center
- Schools, specifically health classes and youth groups
- Smooth Feather Youth
- Students Against Destructive Decisions
- Telstar
- Town recreation departments
- Yellow Tulip Project

Crosscutting Priorities

Adverse Childhood Experiences | **Poverty** | **Mental Health** | **Substance Use Related Injury & Death**

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 Oxford 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.

Oxford County Health Conditions & Outcomes		
Mental Health	Substance Use Related Injury & Death	Obesity & Weight Status

Mental Health

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

Assessment Findings

In the Oxford County focus group, "accessible community for all" and "mental health" were top themes. One focus group participant said:

> **"We're not a wheelchair friendly community. People may become depressed and lead to challenges or conditions."**

Oxford County stakeholder forum participant discussed a lack of mental health resources, specifically for smaller communities in Oxford County as a contributing factor to mental health. In Oxford County, there are 176,138 people for every psychiatrist and 350 people for every mental health provider (2024) and 22.4% of adults are seeking outpatient mental health treatment (2019-2021). Community conditions, such as poverty and food insecurity, may also impact mental health. Unaddressed trauma, adverse childhood experiences, and bullying were also discussed by forum participants as contributors to mental health. In 2023, 19.2% of high school and 42.1% of middle school students reported electronic bullying, with middle school percentages significantly worse than Maine (35.1%).

"Mental health issues" was the second of five top social concerns negatively impacting Maine Shared CHNA survey respondents' community and 73.9% said "mental health needs" negatively impact them, a loved one, and/or their community. When asked about specific mental health needs, "depression" and "general stress of day-to-day life" impacted respondents (45.6%

and 64.5%), their loved ones (53.3% and 55.6%), and their communities (55.6% and 51.5%). In Oxford County, 10.9% of adults have current symptoms of depression, 24.3% have had depression in their lifetime, and 24.5% have had anxiety in their lifetime (2019-2021).

Three-quarters (73.5%) of Maine Shared CHNA survey respondents rate their own mental health as "good or excellent" and 34% of respondents said they or a loved one could not or chose not to get mental health care in the past year. They cited "long wait times to see a provider," "did not feel comfortable seeking help," and "not sure where to go for help" as reasons why. Forum participants noted those who are seeking care or have a mental health disorder may experience stigma.

Socioeconomic Empowerment

"Mental health care and treatment" was the fourth rated "very necessary" step of five to move people out of poverty and to a place of stability 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, as were those at the forum. For mental health, respondents cited: older adults, veterans, people with intellectual disabilities, women, teens, adults, youth, young adults, and people with substance use disorder.

Community Resources to Address Mental Heath

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 mental health, respondents identified:

- 211
- 988
- Common Ground Counseling
- Crooked River Counseling
- Healthy Oxford Hills
- Larry Labonte Recovery Center
- Local community health organizations
- Maine Youth Thriving
- MaineHealth Behavioral Health
- MaineHealth Stephens Hospital
- NAMI
- OUT Maine
- Oxford County Mental Health Services
- Oxford County Wellness Collaborative
- River Valley Healthy Communities Coalition
- Sacopee Valley Health Center, specifically groups for older adults
- School based health centers
- School counselors
- Schools
- Spurwink
- Western Maine Addiction Recovery Initiative and the HILLS Recovery Center
- Yellow Tulip Project's Hope Garden
- Youth Mental Health First Aid

Crosscutting Priorities

Adverse Childhood Experiences | **Poverty** | **Provider Availability** | **Youth Mattering**

Substance Use Related Injury & Death

Substance use related injury and death was the second priority for the health conditions and outcomes category for Oxford County. For the purposes of the prioritization process, this includes topics such as: drug affected infants, overdose, and opiate poisoning.

Assessment Findings

In the Oxford County focus group, "substance use" was a top theme. In the Maine CHNA survey, "substance use," was the top social concern negatively impacting the community and 72.2% of respondents said "substance use" negatively impacts them, a loved one, and/or their community. When asked about specific substances, three-quarters of respondents said, "alcohol misuse or binge drinking" (75.9%), "opioid misuse" (78.3%), and "other illicit drug use" (77.1%) negatively impact their communities.

In Oxford County,

- 8.9% of adults report chronic heavy drinking (2019-2021).
- 14.3% of adults report binge drinking (2019-2021).
- There were 36 overdose deaths per 100,000 people (2023).
- There were 36.7 drug-induced deaths per 100,000 people (2018-2022), significantly worse than 2015-2019 (22.1) and significantly better than Maine (55.6 per 100,000).

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people out of poverty and to a place of stability, "reduction in substance use" was rated number three by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Substance Use Related Injury and Death

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 substance use related injury and death, respondents cited: older adults, people with substance use disorder, people with mental health disorders, adults, young adults, and teens.

Community Resources to Address Substance Use Related Injury and 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 and death, respondents cited:

- Beacon House Peer Recovery Center
- Community Health Workers
- Comprehensive Addiction Medicine Program
- Family Restored
- Healthy Oxford Hills
- HILLS Recovery Center
- Lakes Region Recovery Center
- Larry Labonte Recovery Center
- Maine MOM
- MaineHealth
- Medicare, specifically syringe disposal
- Mobile treatment programs
- OPTIONS
- Pequawket Valley Initiatives
- River Valley Healthy Communities Coalition
- River Valley Recovers Strong
- Rumford Group Homes
- Sexual Assault Prevention and Response Services
- Western Maine Addiction Recovery Initiative

Crosscutting Priorities

Poverty **Illicit Drug Use**

Obesity and Weight Status

Obesity and weight status was the third priority for the health conditions and outcomes category for Oxford County.

Assessment Findings

In the Maine Shared CHNA survey, 78.9% of respondents said, “chronic health conditions,” of which obesity is one, negatively impacted them, a loved one, and/or their community. Approximately half of respondents said “overweight/obesity” negatively impacts their community (52.3%), a loved one (44.6%), or themselves (48.7%). In 2021, 31% of adults in Oxford County were obese and in 2023, 16.5% of high school and 19.8% of middle school students were obese.

In Oxford County,

- 27.8% of adults report a sedentary lifestyle (2021).
- 48.9% have met physical activity recommendations (2021).
- 45.3% of high school and 51.8% of middle school students have met physical activity recommendations, both significantly better than 2019 (21% and 27.9%).
- 23.3% of high school and 26% of middle school students report less than two hours of screen time (2023), with high school percentages significantly worse than 2019 (33%).
- 30.8% of adults report less than one serving of fruit per day, significantly better than the U.S. (39.7%).
- 11.7% of adults report less than one serving of vegetables per day, significantly better than the U.S. (20.4%).
- 12.2% of high school and 17.5% of middle school students reported more than five servings of fruits and vegetables per day.
- 26.9% of high school and 30.2% of middle school students report one or more soda/sports drinks per day.

Populations and Communities Impacted by Obesity and Weight Status

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 obesity and weight status, respondents cited: children, youth, teens, adults, older adults, and young adults.

Community Resources to Address Obesity and Weight Status

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

- Alan Day Community Garden
- Bright Bodies Program
- Food pantries
- Hannaford's star ratings program
- Head Start
- Healthy Outdoor Group
- Healthy Oxford Hills
- Let's Go 5210
- Maine Families
- Maine Harvest Bucks
- Maine Senior Farm Share
- Maine Trail Finder
- New Balance Foundation
- Pheonix
- Recovery and adult outings
- River Valley Healthy Communities Coalition
- Roberts Farm Experiential Learning Program
- School based health centers
- Second Nature Adventure Challenge
- SNAP-Ed
- Winter Kids
- Women, Infants and Children Program

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

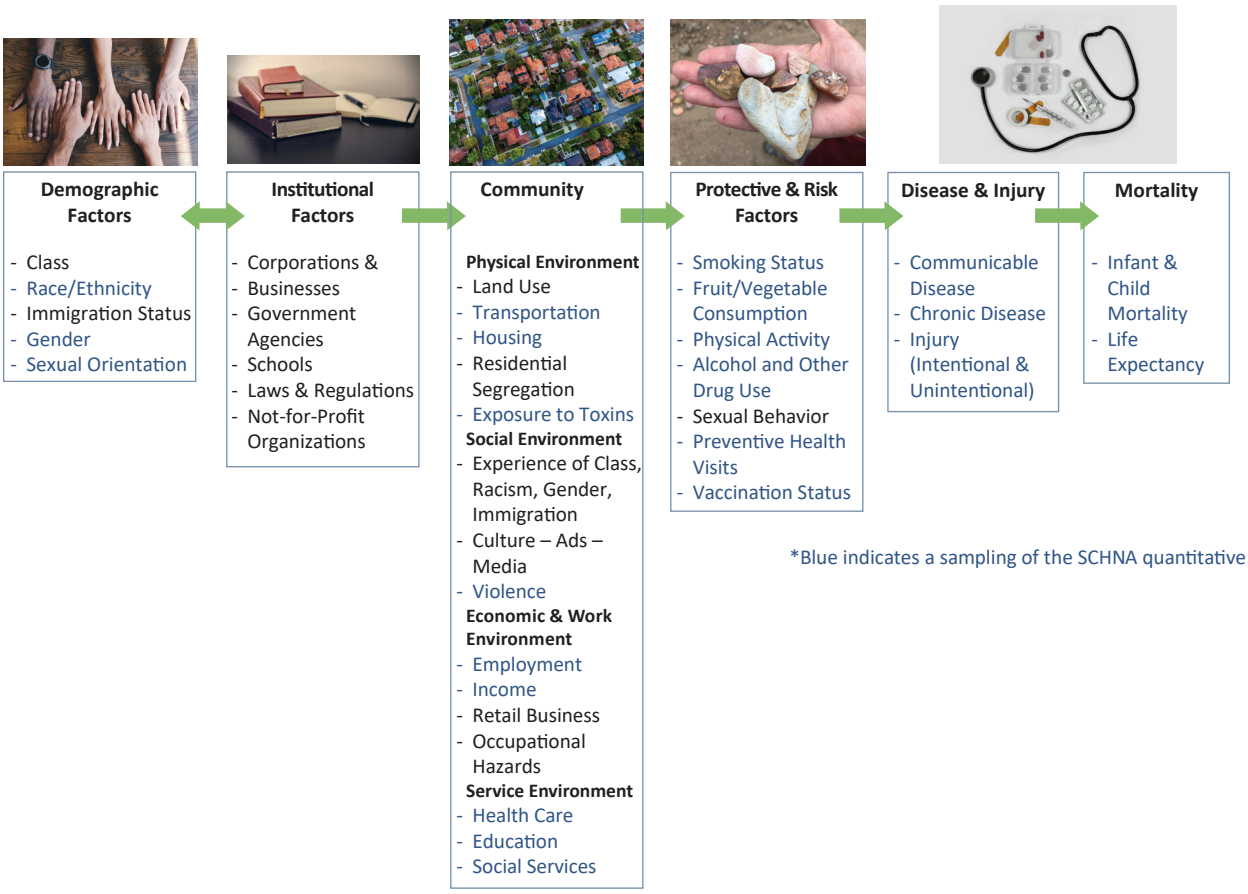
The Maine Shared CHNA also conducted a statewide, community survey on health and well-being. The survey was developed in collaboration by a small working group comprised of members of the Community Engagement and Metrics Committees, the Maine Shared CHNA Program Manager, and Crescendo Consulting Group, 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 virtual stakeholder forum was held in Oxford County on September 25, 2024, with 35 attendees. People from the following organizations participated in the forum process:

- Beacon House Peer and Recovery Center
- Central Maine Healthcare
- Central Maine Healthcare/Rumford Hospital/Bridgton Hospital
- Community Concepts Inc.
- Healthy Androscoggin/Central Maine Healthcare
- Healthy Oxford Hills
- Hope Association
- Larry Labonte Recovery Center
- Maine Center for Disease Control and Prevention
- MaineHealth
- MaineHealth Obstetrics & Gynecology, Norway
- MaineHealth Stephens Hospital - Norway, ME
- MSAD 17
- River Valley Healthy Communities Coalition
- RSU 56
- Rumford Group Homes Inc
- Second Congregational Church, Norway
- Sexual Assault Prevention and Response Services (SAPARS)
- Wellness Mobile Foundation
- Western Maine Addiction Recovery Initiative
- Western Maine Transportation Services

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
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	14	82.4%
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	13	76.5%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	9	52.9%
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)	8	47.1%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	6	35.3%
Stigma Around Accessing/Accepting Help, Services, or Treatment	6	35.3%
Isolation	4	23.5%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	4	23.5%
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.)	3	17.7%
Environmental Exposures (such as tobacco smoke, arsenic, PFAS, lead and radon exposure)	2	11.8%
Crime (such as rape/non-consensual sex, intimate partner violence, nonfatal child maltreatment, violent crime rate, etc.)	2	11.8%
Employment Opportunities	2	11.8%
Climate Impacts (such as extreme weather events)	1	5.9%
Built Environment (such as crosswalks, sidewalks, universal access, bike lanes, access to parks and green spaces etc.)	1	5.9%
Civic Engagement	1	5.9%
Community Safety (such as vandalism, neighborhood watch programs, well-lit areas, etc.)	1	5.9%
Bullying	1	5.9%
Wage Gaps and Income Disparities	1	5.9%
Provider Consistency (such as low turnover rates and ability to develop a long-term provider/ patient relationship)	1	5.9%
Ambulatory Care Sensitive Conditions	1	5.9%
Other (please specify): Dental services remain in critically short supply	1	5.9%

Protective and Risk Factors	# Votes	% of Participants
Illicit Drug Use	11	64.7%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	9	52.9%
Adverse Childhood Experiences	9	52.9%
Youth Mattering (such as positive role models, community connections, etc.)	7	41.2%
Cannabis Use	7	41.2%
Vaping Use (including tobacco and cannabis)	7	41.2%
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	5	29.4%
Preventive Oral Health Care	5	29.4%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	4	23.5%
Alcohol Use (including binge drinking)	4	23.5%
Prescription Drug Misuse	3	17.7%
Injury Prevention (such as fall prevention, always wear a seat belt)	2	11.8%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	2	11.8%
Cancer Prevention (such as cancer screenings, sunscreen use)	1	5.9%
Immunizations & Vaccinations	1	5.9%
Birth control use (including general use rates, knowledge of options, access, affordability, etc.)	1	5.9%
Tobacco Use (including e-cigarettes and MaineQuit Link users)	1	5.9%
Birth control use (including general use rates, knowledge of options, access, affordability, etc.)	2	6.3%
Foster Care	1	3.1%
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)	12	70.6%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	10	58.8%
Obesity/Weight Status	9	52.9%
Diabetes	7	41.2%
Cancer	6	35.3%
Intentional Injury & Death (self-injury)	6	35.3%
Sexually Transmitted Infections (such as hepatitis A and B, Chlamydia, Gonorrhea, HIV, Syphilis)	4	23.5%
Unintentional Injury & Death (such as fall-related, traumatic brain injury, car accidents, firearms, work-related)	3	17.7%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	3	17.7%
Pregnancy and Birth Outcomes (such as c-sections, low birth weight, pre-term births, teen pregnancy, infant mortality)	3	17.7%
Infectious Disease (such as hepatitis C Lyme Disease vector-borne infectious diseases, etc.)	3	17.7%
Multiple Chronic Conditions	3	17.7%
Non-Infectious Respiratory Disease (such as asthma, COPD)	2	11.8%

Health Conditions and Outcomes	# Votes	% of Participants
Cognitive Decline, Alzheimer's disease and other dementias	2	11.8%
Dental Disease	2	11.8%
Infectious Respiratory Disease (such as pertussis, tuberculosis, pneumonia, COVID)	1	5.9%
Arthritis	1	5.9%
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)	1	5.9%

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)	24	72.7%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	21	63.6%
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)	21	63.6%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	20	60.6%
Stigma Around Accessing/Accepting Help, Services, or Treatment	4	12.1%
Lack of resources for PLWD - all ages	4	12.1%
Electronic bullying	4	12.1%

Protective and Risk Factors	# Votes	% of Participants
Adverse Childhood Experiences	25	78.1%
Illicit Drug Use	20	62.5%
Youth Mattering (such as positive role models, community connections, etc.)	19	59.4%
Tobacco Use	11	34.4%
Alcohol Use	10	31.3%
Cannabis Use	9	28.1%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	4	12.5%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	32	100.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	31	96.9%
Obesity/Weight Status	16	50.0%
Intentional Injury & Death (self-injury)	13	40.6%

Appendix 3: Community Action Agency Profile

About Community Concepts Inc.

Community Concepts is a community-based 501(c)3 non-profit organization in Maine that has been supporting residents in Androscoggin, Oxford, and Franklin Counties to strengthen families since 1965. CCI helps more than 14,000 people every year with a dynamic range of services. Community Concepts fosters economic development in Maine through its wholly owned subsidiary, Community Concepts Finance Corporation (CCFC). CCFC provides home and business loans, financial coaching, and education to help people and businesses realize their financial goals.

Our Mission: "To provide pathways to a healthy life for and with those most impacted by inequities in Western Maine through programs, partnerships, and advocacy."

Our Vision: "To provide pathways to a healthy life for and with those most impacted by inequities in Western Maine through programs, partnerships, and advocacy."

Our Values:

- WHOLE FAMILIES We connect families with services to meet basic needs and work to correct the root causes of poverty to support current and future generations.
- PEOPLE AND RELATIONSHIPS matter. We work to build trust and create stronger connections that support everyone's journey toward hope, financial stability, and success.
- COMMUNITY THAT COOPERATES We cooperate with community partners by sharing our strengths and resources to build a stronger community.
- DIVERSITY & EQUITY: We welcome and create paths for people from diverse backgrounds to be leaders, decision-makers, and innovators. We value the wisdom and ideas that diverse experiences bring to create lasting solutions for everyone.

Services Offered by Community Concepts Inc.

Home Programs and Renovation:

- **Home Building and Renovating:** Our Self-Help program helps income-eligible families build their own homes with the help of other families or get support to purchase or rehab an existing home.
- **Evaluation and Maintenance:** Testing for lead paint (removal), home energy efficiency, and grant-funded maintenance work, including home repair.

Home Energy and Heating Assistance

- **Heating Assistance and Home Repair:** Energy and fuel assistance programs support residents in danger of having no heating oil or having utilities cut. The Central Heating Improvement Program (CHIP) provides grants to repair or replace heating systems or unsafe furnaces. We also offer weatherization services like insulation and repairs for safety and energy efficiency.

Children and Family Services

Works with a variety of partners to develop affordable housing options within communities. Current properties include:

- **Head Start and Childcare:** 13 licensed centers in Oxford and Franklin Counties provide center- and home-based Head Start services to income-eligible families, serving pregnant women and children from newborns through entering kindergarten. We have 7 centers that offer childcare services for children 6 weeks to kindergarten age.
- **Food Program:** We administer the USDA Child and Adult Care Food Program, which reimburses independent, licensed childcare homes for providing nutritious meals and snacks to enrolled children.
- **Maine Families Program:** Using the Parents as Teachers model, Family Visitors explore healthy pregnancies, child development, parenting topics, questions, and concerns with parents. Enrollment is open to anyone expecting or with a newborn residing in Androscoggin, Oxford, and Northern Cumberland Counties.
- **Parenting Support and Coaching:** We offer Parenting classes, support, playgroups, training on safe sleep, mandated reporting, and the Front Porch Project. We also offer Whole-Family Coaching services for families in Androscoggin and Oxford Counties to help them work toward their life goals.

Community Concepts Finance Corporation

- **Business Advisory Services:** Advisors work with clients one-on-one to help them start, expand, or buy a business. Free services include marketing and financing support.
- **Business Loans:** Loans to start or buy a business, provide working capital, or meet other business needs.
- **Homebuyer Counseling and Education:** Comprehensive group classes and personalized counseling services provide the skills and knowledge needed for successful homeownership and help participants meet requirements for most homebuyer assistance programs.
- **Credit and Foreclosure Counseling:** Free confidential assistance for individuals with credit difficulties to prevent foreclosure.

Oxford County Mental Health Services

- **OCMHS:** Provides comprehensive behavioral health services.
- **Crisis Intervention:** 24/7 community-based crisis assessment, intervention, and aftercare support.
- **Crisis Residential Unit:** Located in Rumford, a short-term residential care program offering emotion regulation skills development and case management to provide a safe return to the community.
- **Options Program:** Clinicians support treatment, harm reduction, and recovery for those seeking change in their substance use or supporting a loved one.
- **Behavioral Health Homes and Community Integration Services:** These services provide physical and behavioral health care coordination, community integration, wellness, education, and support.
- **Outpatient Therapy:** Mental Health Counseling, Substance Use treatment, Dialectical Behavior Therapy (DBT), and specialized groups.
- **Beacon House (Rumford):** A peer Recovery center offering peer support, structured groups, and self-help activities to encourage independence and self-reliance.
- **Andy's Place (Rumford)** is a community Residence and Rehabilitation program for adults suffering from mental illness. This program supports independent living, community integration, and wellness.

Maine Resiliency Center

The Maine Resiliency Canter was created in response to the mass shooting tragedy that happened on October 25, 2023, in Lewiston. The MRC offers a safe space for our guests to find connection, support and resources.

- **One-on-one Support and Advocacy:** Advocates provide one-on-one and family support to assist in navigating available resources and services.
- **Groups:** Provides various group support to affected community members. Groups are facilitated by trauma-informed providers and are available for both youth and adults.
- **Wellness Activities:** Staff organize and facilitate various restorative wellness activities, including yoga, meditation, and retreats to parks and camps, to help foster resiliency and connection.
- **Community Events:** Staff host events at the MRC or other venues to offer resources and connect with the community.
- **Education and Training:** Offering practice training and education resources to the community.

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Endnotes

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

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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

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