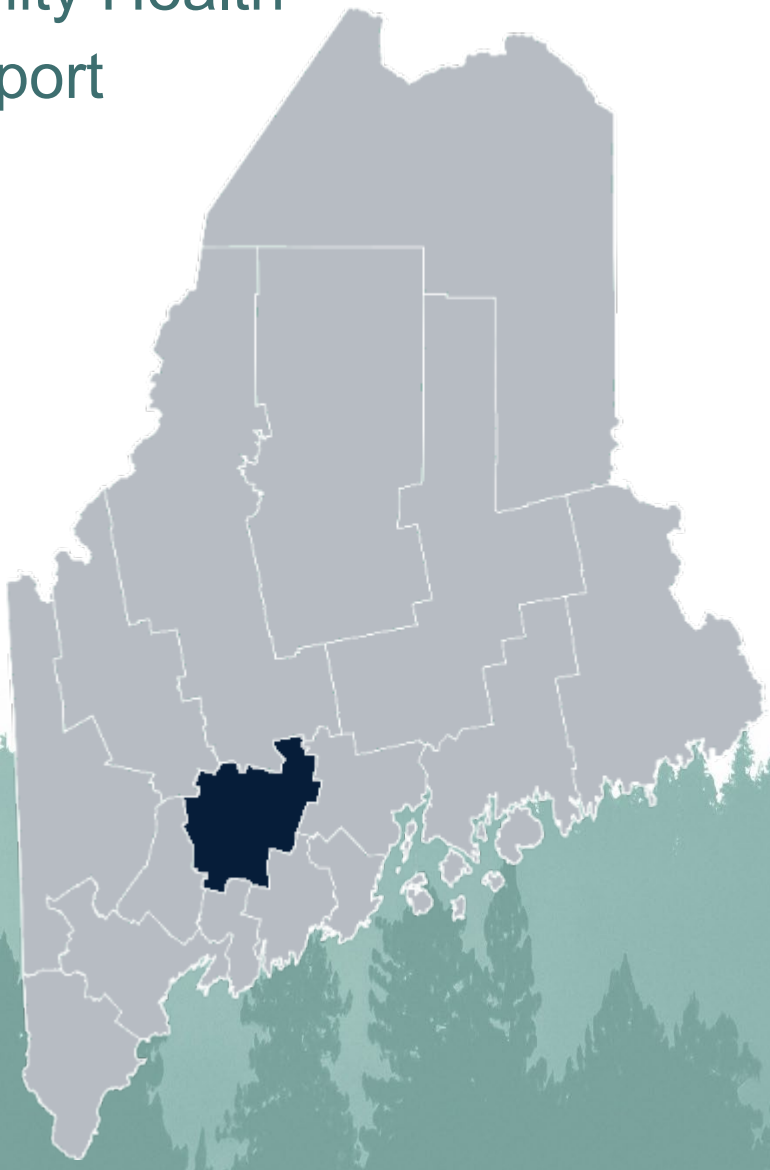
KENNEBEC COUNTY

Maine Shared Community Health Needs Assessment Report

2022



COVID-19 AND OUR HEALTH

While our quantitative data pre-dates the COVID-19 pandemic, the 2021 community health needs assessment outreach took place during the pandemic, and participants noted its impacts in deep and meaningful ways. It was impossible not to recognize the pandemic's impacts on healthcare, health outcomes, behavioral health, and social support systems, especially for those who experience systemic disadvantages.

Challenges in accessing care have impacted chronic disease management and caused delays in non-emergency procedures. Rates of those seeking medical care for even acute health events such as heart attack, stroke, and uncontrolled high blood sugar were low during the early phase of the pandemic due to COVID-19 concerns. This occurred even while the use of telemedicine increased (Kendzerska, et al., 2021). Later in the pandemic, health care usage data from July 2020 through July 2021 show that increases in ICU bed occupancy were followed weeks later by a higher number of deaths not caused by COVID than typically seen before the pandemic. ICU bed occupancy had exceeded 75% of capacity nationwide for at least 12 weeks as of October 25, 2021 (French G., et al., 2021).

Previous disasters have shown that the secondary impacts on population health are long-lasting. For instance, 10 years after Hurricane Katrina, Tulane University Health Sciences Center saw a significant increase in heart disease and related risk factors such as increases in A1C levels, blood pressure, and LDL cholesterol (Fonseca, et al., 2009). The after-effects of disasters such as the Iraqi occupation in Kuwait in 1990, the London bombings in 2005, and the tidal waves and the nuclear meltdown in Fukushima, Japan in 2011 have revealed the need for immediate as well as long-term mental health care (McFarlane & Williams, 2012).

Emerging concerns on the lasting impacts of this pandemic also include the long-term effects of COVID infection as our newest chronic disease. A recent systematic review estimates that more than half of COVID-19 survivors worldwide continue to have COVID-related health problems six months after recovery from acute COVID-19 infection (Groff, et al., 2021). New evidence shows increases in adult diagnoses of diabetes, the risk for diabetes among children, and worsening diabetes among those who already had diabetes after COVID-19 infection (Barrett, et al, 2022).

There are some concerns that the pandemic has had negative impacts on health behaviors. However, the evidence is not yet clear. In Maine, newly available 2020 Maine Behavioral Risk Factors Surveillance System (BRFSS) data on a few key measures give us an early snapshot of the health of Maine adults in the first year of the pandemic. These data do not show any evidence of adverse impacts on trends in smoking, alcohol use, overweight, obesity, or physical activity. Self-reported alcohol use, binge drinking, and current smoking in 2020 were at the lowest levels since 2011 (Maine CDC, unpublished analysis). Drug overdose deaths increased by 33% in 2020 and by another estimated 23% in 2021 according to preliminary findings (Maine Attorney General's Office); it is not clear whether this is a continuation of previous trends, other factors, or due to the pandemic.

The pandemic is affecting different segments of the population more than others. The August 2021/COVID Resilience Survey showed that younger people, people of color, and those with lower incomes all had elevated stress (American Psychological Association). In Maine, Black or African Americans experience a disproportionate share of the COVID-19 burden as they are only 1.4% of Maine's total population yet, as of January 19, 2022, makeup 3.1% of cases and hospitalizations (Maine DHHS).

Thus, the findings in the 2022 Maine Shared CHNA Reports which show the most often identified priorities such as mental health, substance and alcohol use, access to care, and social determinants of health take on new meaning and an increased sense of urgency.

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INTRODUCTION

The **Maine Shared Community Health Needs Assessment (Maine Shared CHNA)** is a collaboration between Central Maine Healthcare (CMHC), Maine Center for Disease Control and Prevention (Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH). The vision of the Maine Shared CHNA is to turn health data into action so that Maine will become the healthiest state in the U.S.

The mission of the Maine Shared CHNA is to:

- Create Shared CHNA Reports,
- Engage and activate communities, and
- Support data-driven health improvements for Maine people.

This is the fourth Maine Shared CHNA and the third conducted on a triennial basis. The Collaboration began with the One Maine initiative published in 2010. The project was renamed to the Shared Health Needs Assessment and Planning Process in 2015 which informed the 2016 final reports, and renamed to the Maine Shared CHNA in 2018, which informed the 2019 final reports. The 2021 community engagement cycle has informed the 2022 final reports.

New this cycle is an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort. One effort included nine community sponsored events hosted by organizations representing the following communities: Black or African Americans; people who are deaf or hard of hearing; people with a mental health diagnosis; people with a disability; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people with low income; older adults; people who are homeless or formerly homeless; and youth. In addition to these events, 1,000 oral surveys were conducted in collaboration with eight ethnic-based community organizations' community health workers to better reach Maine's immigrant population. A complete description of how these efforts were deployed, as well as a listing of those who provided input, is provided in the Methodology section on page 18.

All of the County, District, and State reports and additional information and data can be found on our web page: www.mainechna.org.

EXECUTIVE SUMMARY

LEADING CAUSES OF DEATH

One way to view the top health priorities is to consider their contributions to Maine's morbidity, mortality, and overall quality of life issues. It is important to note Maine's leading causes of death to put the community-identified health priorities into perspective. This includes underlying causes of death such as tobacco use, substance and alcohol use, and obesity.

Table 1. Leading Causes of Death

RANK	MAINE	KENNEBEC COUNTY
1	Cancer	Cancer
2	Heart Disease	Heart Disease
3	Unintentional Injury	Unintentional Injury
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Stroke	Stroke

TOP HEALTH PRIORITIES

The participants at the Kennebec County forum have identified the following health priorities.

Table 2. Top Health Priorities for Kennebec County

PRIORITIES	% OF VOTES
Mental Health	54%
Social Determinants of Health	49%
Substance & Alcohol Use	43%
Access to Care	34%

Statewideparticipants identified similar top four priorities in the 2021 engagement process as was in 2018.

Table 3. Top Health Priorities for County/State

PRIORITIES	2018		2021	
Mental Health	✓	●	✓	●
Social Determinants of Health	✓	●	✓	●
Substance & Alcohol Use	✓	●	✓	●
Access to Care	✓	●	✓	●
Older Adult Health	✓	●		
Physical Activity, Nutrition, and Weight	✓	●		

✓*County Priority* ● *State Priority*

Common themes identified by participants in 2021 include an emerging mental health crisis; challenges in access to healthcare, including mental health providers; issues related to poverty, transportation, and other social determinants of health in a rural state; and increasing rates of substance and alcohol use.

The following pages describe each of these priorities in more detail including the **major health concerns** identified by participants in the community engagement process. There is a description of community-identified resources available to address those concerns as well as any related gaps or needs. Where available, there is also information for certain groups that are at higher risk due to systemic disadvantages. Finally, following the sections that discuss each of the health priorities is a listing of other health issues that were raised by community members but were not identified as priorities.

DEMOGRAPHICS

Kennebec is the state's fourth most populous county, with a an average lower income and educational attainment rate. Much of the population is at or near retirement age. The aging rate is more rapid than in other counties.

Table 4. Selected Demographics

	COUNTY	MAINE
Population numbers	121,753	1.34M
Median household income	$55,365	$57,918
Unemployment rate	5.0%	5.4%
Individuals living in poverty	12.8%	11.8%
Children living in poverty	13.9%	13.8%

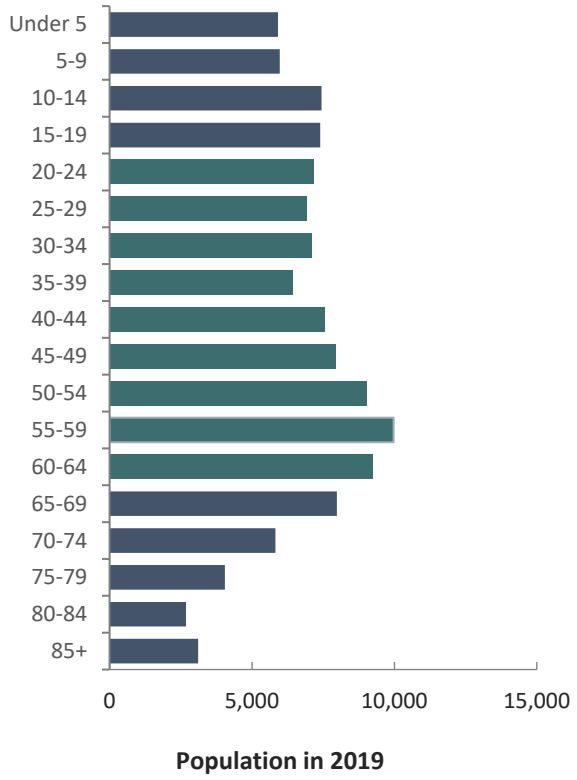
Table 4. Selected Demographics (continued)

	COUNTY	MAINE
65+ living alone	31.5%	29.0%
Associate's degree or higher (age 25+)	39.0%	41.9%
Gay, lesbian, and bisexual (adults)	3.0%	3.5%
Persons with a disability	16.6%	16.0%
Veterans	9.9%	9.6%

Table 5. Race/Ethnicity in Kennebec County

	PERCENT	NUMBER
American Indian/Alaskan Native	0.5%	661
Asian	0.9%	1,108
Black/African American	0.9%	1,039
Native Hawaiian or other Pacific Islander	-	-
White	95.7%	116,530
Some other race	0.2%	224
Two or more races	1.7%	2,106
Hispanic	1.6%	1,900
Non-Hispanic	98.4%	119,853

Figure 1. Age distribution for Kennebec County



HEALTH EQUITY

There is significant agreement between the priorities chosen during county forums and those identified through community-sponsored events and oral surveys. The underlying root causes for those who may experience systemic disadvantages differ depending on local resources and unique characteristics and cultural norms for each sub-population. These differences are best identified through further collaboration at the community level.

For a detailed look at what each community identified as priority health topics, as well as any gaps or barriers and resources or assets, please see the State Report, found on the Maine Shared CHNA website, www.mainechna.org.

For a quantitative look at how these differences affect health outcomes, see the Health Equity Data Sheets, also found on the Maine Shared CHNA website, www.mainechna.org.

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NEXT STEPS

This assessment report will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals as well as the Public Health Accreditation Board (PHAB) requirements for state and local public health departments. Next steps include:

- For hospitals, create an informed implementation strategy designed to address the identified needs.
- For District Coordinating Councils, create District Health Improvement Plans.
- For the Maine CDC, create an informed State Health Improvement Plan.

This report will also be used by policymakers, non-profits, businesses, academics, and countless community partners to support strategic planning, coalition building, and grant writing. Taken together, these steps can lead to Maine becoming the healthiest state in the nation.

PRIORITY: MENTAL HEALTH

KEY TAKEAWAYS FOR KENNEBEC COUNTY

Mental health was the top priority identified in Kennebec County. It was also identified as a top health concern in all other counties and in events with special populations in the state. Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.[1]

Participants in an event hosted for those with a mental health diagnosis noted extremely long waitlists for services, highlighting a need for more high-quality mental health services. Participants also suggested the need for more case management, supportive, and wrap-around services, as those with a mental health diagnosis required varied and nuanced care and treatment.

"The lack of workforce leads to long wait times, using the [emergency room] as the primary place for treatment."

Availability of mental health providers in Kennebec County was the most frequently mentioned indicator of concern. Community members noted the low availability of mental health providers in the area, both for inpatient and outpatient care. They also noted long waitlists to access mental health care services. **Emergency department** usage to address mental health needs was identified by 40% of community forum participants as a concern. During the 2016-2018 time period the rate of those seeking mental health care in the emergency department was 224.6 per 10,000. This is significantly higher than in Maine overall at 181.5 per 10,000 during the same time period.

Mental health issues among youth were concerning to those in the community, particularly the rate at which youth experience **suicidal ideation** and feeling **sad and hopeless**. In 2019, 30.9% of high school students and 25.8% of middle school students reported feeling sad or hopeless for two or more weeks in a row. During the same time period, 15.7% of high school students and 20.3% (1 in 5) of middle school students seriously considered suicide. These rates are similar to the state.

There were concerns about the impact of the COVID-19 pandemic on youth, including potential increases in adverse childhood experiences (ACEs) resulting from the pandemic which forced homeschooling in potentially unsafe situations while decreasing access to school-based supports.

"I would like to see more prevention efforts, more done in schools, more education, less stigma."

Chronic disease among those with mental health issues was another frequently mentioned top health concern among forum participants. Between 2011-2017, 29.6% - almost 1 in 3 - of Kennebec County residents with depression also had a chronic disease. This is similar to the state's overall rate (30.8%).

During the 2015-2017 time period, the percentage of **adults with current symptoms of depression** in Kennebec County was 7.5%, comparable to 9.5% of Maine overall.

Community resources mentioned by participants to address mental health issues include Northern Light Acadia Hospital's CARES training, 211 Maine, Employee Assistance Program at Northern Light Health, National Alliance on Mental Illness (NAMI) Maine, Kennebec Behavioral Health, and Maine Children's Home for Little Wanderers.

For more information about how those who may experience systemic disadvantages are impacted by this priority health topic area, please see the State CHNA Report.

[1] [1]Centers for Disease Control and Prevention. Available from: https://www.cdc.gov/mentalhealth/index.htm

MAJOR HEALTH CONCERNS FOR KENNEBEC COUNTY

	KENNEBEC COUNTY			BENCHMARKS			
INDICATOR	**POINT 1**	**POINT 2**	**CHANGE**	**MAINE**	**+/-**	**U.S.**	**+/-**
MENTAL HEALTH							
Mental health emergency department rate per 10,000 population	—	2016-2018 **224.6**	N/A	2016-2018 **181.5**	!	—	N/A
Depression, current symptoms (adults)	2012-2014 **8.5%**	2015-2017 **7.5%**	○	2015-2017 **9.5%**	○	—	N/A
Depression, lifetime	2012-2014 **23.5%**	2015-2017 **23.2%**	○	2015-2017 **23.7%**	○	2017 **19.1%**	N/A
Anxiety, lifetime	2012-2014 **19.3%**	2015-2017 **21.0%**	○	2015-2017 **21.4%**	○	—	N/A
Sad/hopeless for two weeks in a row (high school students)	2017 **26.2%**	2019 **30.9%**	○	2019 **32.1%**	○	—	N/A
Sad/hopeless for two weeks in a row (middle school students)	2017 **22.8%**	2019 **25.8%**	○	2019 **24.8%**	○	—	N/A
Seriously considered suicide (high school students)	2017 **14.6%**	2019 **15.7%**	○	2019 **16.4%**	○	—	N/A
Seriously considered suicide (middle school students)	2017 **16.9%**	2019 **20.3%**	○	2019 **19.8%**	○	—	N/A
Chronic disease among persons with depression	—	2011-2017 **29.6%**	N/A	2011-2017 **30.8%**	○	—	N/A
Ratio of population to psychiatrists	—	2019 **18,598.0**	N/A	2019 **12,985.0**	N/A	—	N/A
Currently receiving outpatient mental health treatment (adults)	2012-2014 **18.0%**	2015-2017 **18.8%**	N/A	2015-2017 **18.0%**	N/A	—	N/A

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COMMUNITY RESOURCES TO ADDRESS MENTAL HEALTH

Community members identified multiple available treatment options and the presence of youth mental health resources as assets available for the Kennebec County community. The community also identified barriers to care, including a lack of mental health providers, a need for additional youth mental health services, a lack of culturally competent care, and the potentially serious consequences of untreated mental health issues as ongoing challenges Kennebec County will need to overcome.

The following information was gathered from participants during a group activity. Participants were asked to share their knowledge of the gaps and needs or resources and assets in their communities regarding the identified health priorities. The numbers in parentheses indicate the number of times community members mentioned or concurred with what was listed.

Table 6. Gaps/Needs and Available Resources (Mental Health)

AVAILABLE RESOURCES	GAPS/NEEDS
Collaboration Collaboration between Community-based organizations and health systems (2) Diversity/new Mainers (2) **Treatment** Kennebec Behavioral Health Services (3) Maine Children's Home for Little Wanderers Telehealth (4) Kennebec Behavioral Health grant to become Certified Community Behavioral Health Clinic National Alliance on Mental Illness (NAMI) Maine (2) Employee Assistance Program @ Northern Light Health Bed expansion at Northern Light Acadia Hospital **Prevention** Outdoor programs (e.g., Quarry Road) (3) **Schools/Youth** Maine Children's Home for Little Wanderers Schools Free social-emotional learning modules from Department of Education (2) Northern Light Acadia Hospital's Child-Adolescent Resource and Educational Series (CARES) Training **ACEs/trauma** Healthy Northern Kennebec adverse childhood experiences (ACEs) training **First responders** Crisis Intervention Team training for first responders to handle calls differently (2)	**Barriers to Care** Pandemic policies that limit access Have to travel for services (3) Barriers to telehealth Stigma (9) Limited inpatient psychiatric beds (9) Lack of outpatient crisis intervention **Providers/workforce** Lack of providers - general (11) Lack of prescribers (2) Reduction in workforce Lack of child psychiatrists (8) **Youth** Trained Nurse Practitioners and Licensed Clinical Social Workers to care for youth's mental health needs (3) Not enough youth services addressing trauma and ACEs (4) Lack of school-based resources (3) Lack of providers for youth (2) **Community Cohesion** The gap between the faith community and other services **Funding** Funding for programs (2) **Culturally Competent Care** Need tailored services for different population segments (by race/ethnicity, LGBTQ+, new Mainers, etc.) (3)

PRIORITY: SOCIAL DETERMINANTS OF HEALTH

KEY TAKEAWAYS FOR KENNEBEC COUNTY

Social determinants of health was selected as a top priority in Kennebec County. It was also identified as one of the top health concerns in 14 other counties and most of the special population participants in the state.

Social determinants of health are the conditions in which people live, learn, work, play, worship, and age. Domains include education, economic stability, health care access and quality, the environment, and social connectedness. Examples include access to healthy food, housing, water, air, and relationships. Differences in social determinants can create disparities that impact vulnerable populations in rural areas like Kennebec County.[2]

Poverty was the most frequently mentioned health indicator in Kennebec County. According to recent estimates, 12.8% of individuals and 13.9% of children in Kennebec County live in poverty. This is similar to the state overall for individuals (11.8%) and children (13.8%). While **median household income** has improved over time to $55,365 in 2015-2019, is it still significantly lower than the state over ($57,918).

There needs to be recognition that social determinants of health- access to affordable housing, … transportation, … healthy nutritious foods, poverty- underlies many health issues and outcomes."

Adverse childhood experiences (ACEs) are a list of potentially traumatic events that occur during childhood and increase the likelihood of negative health and behavioral outcomes later in life. This was another frequently mentioned concern related to social determinants of health. In 2019, 22.3% of high school students in Kennebec County reported having experienced four or more adverse childhood experiences. This is similar to the state (21.3%).

Lack of transportation was the third most frequently mentioned health indicator. Data shows 2.1% of Kennebec County households do not have a vehicle. Community members noted there is a lack of community transportation in the area.

Almost one-third (31.5%) of older adults (65+ years) in Kennebec County were living alone between 2015 and 2019. This is similar to Maine overall, where 29.0% of older adults lived alone.

The **cost of housing** was the fifth most identified health indicator. According to recent estimates, 11.2% of Kennebec County residents spent more than **half their income on housing**.

Community members facing systemic disadvantages can be especially impacted by social determinants of health. Individuals with disabilities are impacted by a lack of transportation and face issues of discrimination. Black or African Americans noted issues related to poverty, unemployment, and food insecurity. Older adults often live on limited incomes on must rely on the support of others as well as face barriers related to transportation and food insecurity.

Resources mentioned by participants to address issues related to social determinants of health in Kennebec include Good Shepherd Food Bank, Connected Families Project, Kennebec Valley Community Action Program (KVCAP), and the Community Care team at MaineGeneral Health.

For more information about how those who may experience systemic disadvantages are impacted by this priority health topic area, please see the State CHNA Report.

[2] Healthy People 2030, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Available from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

MAJOR HEALTH CONCERNS FOR KENNEBEC COUNTY

	KENNEBEC COUNTY			BENCHMARKS			
INDICATOR	**POINT 1**	**POINT 2**	**CHANGE**	**MAINE**	**+/-**	**U.S.**	**+/-**
SOCIAL DETERMINANTS OF HEALTH							
Individuals living in poverty	2009-2011 **12.0%**	2015-2019 **12.8%**	○	2015-2019 **11.8%**	○	2019 **12.3%**	N/A
Children living in poverty	2018 **15.0%**	2019 **13.9%**	○	2019 **13.8%**	○	2019 **16.8%**	○
Children eligible for free or reduced lunch	2020 **42.5%**	2021 **36.6%**	N/A	2021 **38.2%**	N/A	2017 **15.6%**	N/A
Median household income	2007-2011 **$46,904**	2015-2019 **$55,365**	★	2015-2019 **$57,918**	!	2019 **$65,712**	N/A
Unemployment	2018 **3.2%**	2020 **5.0%**	N/A	2020 **5.4%**	N/A	2020 **8.1%**	N/A
High school student graduation	2019 **83.2%**	2020 **86.9%**	N/A	2020 **87.4%**	N/A	2019 **87.1%**	N/A
People living in rural areas	—	2019 **100.0%**	N/A	2019 **66.2%**	N/A	—	N/A
Access to broadband	2015 **98.7%**	2017 **99.1%**	N/A	2017 **88.6%**	N/A	2017 **90.4%**	N/A
No vehicle for the household	2007-2011 **2.2%**	2015-2019 **2.1%**	○	2015-2019 **2.1%**	○	2019 **4.3%**	N/A
Persons 65 years and older living alone	2011-2015 **31.1%**	2015-2019 **31.5%**	N/A	2015-2019 **29.0%**	N/A	2019 **26.6%**	N/A
Households that spend more than 50% of income toward housing	—	2015-2019 **11.2%**	N/A	2015-2019 **12.0%**	○	—	N/A
Housing insecure (high school students)	2017 **2.8%**	2019 **3.3%**	○	2019 **3.3%**	○	—	N/A
Adverse childhood experiences (high school students)	—	2019 **22.3%**	N/A	2019 **21.3%**	○	—	N/A
Associate's degree or higher among those age 25 and older	2007-2011 **34.1%**	2015-2019 **39.0%**	N/A	2015-2019 **41.9%**	N/A	2019 **41.7%**	N/A
Commute of greater than 30 minutes driving alone	—	2015-2019 **31.5%**	N/A	2015-2019 **32.9%**	N/A	2019 **37.9%**	N/A

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COMMUNITY RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Kennebec County community members point to several resources available that improve social determinants of health. These include many resources available to assist residents with accessing healthy foods, community cohesion, health screenings, and family support. However, community members also identified several challenges related to social determinants of health, including high levels of poverty, lack of resources for housing and transportation, lack of a trained workforce, and lack of childcare resources.

The following information was gathered from participants during a group activity. Participants were asked to share their knowledge of the gaps and needs or resources and assets in their communities regarding the identified health priorities. The numbers in parentheses indicate the number of times community members mentioned or concurred with what was listed.

Table 7. Gaps/Needs and Available Resources (Social Determinants of Health)

AVAILABLE RESOURCES	GAPS/NEEDS
Community Cohesion Strong sense of caring among neighbors (3) Kennebec Valley Community Action Program (3) Diversity in community/new Mainers (2) Community Action Program Agencies (2) **Food** Food programs, farmers markets (11) Good Shepherd Food Bank **Transportation** Transportation services **Child Development/schools** Schools **Health Services** Community Care Team at MaineGeneral Health. Community Health Workers (6) Opioid Health Homes (2) **Screening** Screening for SDOH **Family Supports** Connected Families Project Maine Children's Home for Little Wanderers	**Poverty** Poverty (3) **Housing** Housing issues (17) **Transportation** Transportation issues (19) **Coordination** The gap between the faith community and other services **Workforce** Not enough workforce to fill needs (2) People don't understand what Social Determinants of Health are **Funding** Funding for programs (2) **Access to Services** Pandemic policies that limit access

PRIORITY: SUBSTANCE & ALCOHOL USE

KEY TAKEAWAYS FOR KENNEBEC COUNTY

Substance and alcohol use was selected as a top priority in Kennebec County. It was also identified as one of the top health concerns in all other counties and communities in the state. Recurring use of alcohol and/or drugs have significant negative impacts, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance and alcohol use has also been linked to co-occurring mental health issues such as anxiety, depression, and attention-deficit/ hyperactivity disorder (ADHD), among others.[3]

Overdose deaths were mentioned by 46% of forum participants as a health indicator of concern. In 2020, the rate of overdose deaths per 100,000 population in Kennebec County was 39.9, an increase from 34.3 in 2019. The rate in Maine overall was 37.3 in 2020, lower than Kennebec County but not to a significant degree.

"There's a need for more prevention efforts. Happy to have needle exchange, harm reduction programs, [Medication Assisted Treatment] providers, and good collaboration between community organizations and hospitals."

Hospital utilization was the second most frequently mentioned health indicator for substance use. In 2016-2018, the rate of opiate poisoning emergency department rate per 10,000 population in Kennebec County was 12.7. This is significantly higher than in Maine (9.9).

Community forum participants expressed concerns about multiple drug and alcohol use health indicators, including, **chronic heavy drinking, alcohol-induced deaths**, **and alcohol-impaired driving deaths.** Participants noted changing societal norms around drug use and increased access, especially for marijuana and alcohol, coupled with a lack of early intervention and education. The rate of alcohol-induced deaths in Kennebec County was 10.7 per 100,000 residents between 2015 and 2019. This was similar to Maine overall (11.6).

Narcotic doses dispensed per capita by retail pharmacies in 2020 was 16.0, which is significantly higher than the state (12.1).

The rate of **drug-affected infants** reports per 1,000 births in Kennebec County was 58.33 in 2018-2019. This rate was significantly lower than the state overall (73.7).

Community members facing systemic disadvantages, including the formerly homeless or homeless, low-income adults, and the LGBTQ+ community mentioned a lack of treatment and recovery resources in the state. They noted a lack of harm-reduction programming, a need for supportive living environments, and skill-building programs for independent living.

Participants mentioned a common barrier to addressing substance and alcohol use in Kennebec County is a lack of substance and alcohol use treatment providers and programs, including those that offer Medication-Assisted Treatment (MAT). Participants also noted resources to address these issues include Healthy Northern Kennebec, MaineGeneral Health's Addiction Medicine Department, Syringe Service Program and Kennebec Behavioral Health.

For more information about how those who may experience systemic disadvantages are impacted by this priority health topic area, please see the State CHNA Report.

[3] Mental Health and Substance Use Disorders. Substance Abuse and Mental Health Services Administration (SAMHSA). Available from: https://www.samhsa.gov/find-help/disorders

MAJOR HEALTH CONCERNS FOR KENNEBEC COUNTY

	KENNEBEC COUNTY			BENCHMARKS			
INDICATOR	**POINT 1**	**POINT 2**	**CHANGE**	**MAINE**	**+/-**	**U.S.**	**+/-**
SUBSTANCE USE							
Overdose deaths per 100,000 population	2019 **34.3**	2020 **39.9**	○	2020 **37.3**	○	2019 **21.5**	N/A
Drug-induced deaths per 100,000 population	2007-2011 **12.1**	2015-2019 **38.4**	!	2015-2019 **29.5**	!	2019 **22.8**	N/A
Alcohol-induced deaths per 100,000 population	2007-2011 **7.6**	2015-2019 **10.7**	○	2015-2019 **11.6**	○	2019 **10.4**	N/A
Alcohol-impaired driving deaths per 100,000 population	2018 **1.6**	2019 **8.2**	N/A	2019 **3.8**	N/A	2019 **3.1**	N/A
Drug-affected infant reports per 1,000 births	2017 **66.3**	2018-2019 **58.3**	○	2018-2019 **73.7**	★	—	N/A
Chronic heavy drinking (adults)	2012-2014 **5.6%**	2015-2017 **8.4%**	○	2015-2017 **8.5%**	○	2017 **6.2%**	N/A
Binge drinking (adults)	2012-2014 **15.6%**	2015-2017 **16.7%**	○	2015-2017 **17.9%**	○	2017 **17.4%**	N/A
Past-30-day marijuana use (adults)	2013-2016 **11.0%**	2017 **16.3%**	○	2017 **16.3%**	○	—	N/A
Past-30-day misuse of prescription drugs (adult)	2012-2016 **0.4%**	2013-2017 **0.5%***	N/A	2013-2017 **1.0%**	○	—	N/A
Past-30-day alcohol use (high school students)	2017 **21.2%**	2019 **19.6%**	○	2019 **22.9%**	★	—	N/A
Past-30-day alcohol use (middle school students)	2017 **3.8%**	2019 **5.3%**	○	2019 **4.0%**	○	—	N/A
Binge drinking (high school students)	2017 **7.5%**	2019 **7.7%**	○	2019 **8.2%**	○	—	N/A
Binge drinking (middle school students)	2017 **1.2%**	2019 **1.8%**	○	2019 **1.3%**	○	—	N/A
Past-30-day marijuana use (high school students)	2017 **19.3%**	2019 **22.1%**	○	2019 **22.1%**	○	—	N/A
Past-30-day marijuana use (middle school students)	2017 **3.8%**	2019 **5.1%**	○	2019 **4.1%**	○	—	N/A
Past-30-day misuse of prescription drugs (high school students)	2017 **5.2%**	2019 **4.0%**	○	2019 **5.0%**	○	—	N/A
Past-30-day misuse of prescription drugs (middle school students)	2017 **1.5%**	2019 **2.9%**	○	2019 **3.0%**	○	—	N/A
Narcotic doses dispensed per capita by retail pharmacies	2019 **16.7**	2020 **16.0**	!	2020 **12.1**	N/A	—	N/A
Overdose emergency medical service responses per 10,000 population	2019 **85.0**	2020 **90.2**	○	2020 **76.7**	!	—	N/A
Opiate poisoning emergency department rate per 10,000 population	—	2016-2018 **12.7**	N/A	2016-2018 **9.9**	!	—	N/A
Opiate poisoning hospitalizations per 10,000 population	—	2016-2018 **1.7**	N/A	2016-2018 **1.4**	○	—	N/A

CHANGE columns shows statistically significant changes in the indicator over time.	
★	means the health issue or problem is getting better over time.
!	means the health issue or problem is getting worse over time.
○	means the change was not statistically significant.
N/A	means there is not enough data to make a comparison.
BENCHMARK columns compare the county data to the state and national data.	
★	means the county is doing significantly better than the state or national average.
!	means the county is doing significantly worse than the state or national average.
○	means there is no statistically significant difference between the data points.
N/A	means there is not enough data to make a comparison.
ADDITIONAL SYMBOLS	
*	means results may be statistically unreliable due to small numbers, use caution when interpreting.
—	means data is unavailable because of lack of data or suppressed data due to a small number of respondents.

COMMUNITY RESOURCES TO ADDRESS SUBSTANCE & ALCOHOL USE

Community members in Kennebec County identified peer recovery and treatment resources available as potential strengths to address substance and alcohol use in their county, along with harm reduction strategies and funding sources. Additionally, barriers to substance and alcohol use issues were identified by community members, including a lack of available treatment programs, a lack of recovery-friendly worksites, widely available addictive substances, and treatment options tailored to specific groups.

The following information was gathered from participants during a group activity. Participants were asked to share their knowledge of the gaps and needs or resources and assets in their communities regarding the identified health priorities. The numbers in parentheses indicate the number of times community members mentioned or concurred with what was listed.

Table 8. Gaps/Needs and Available Resources (Substance & Alcohol Use)

AVAILABLE RESOURCES	GAPS/NEEDS
Collaboration Strong state support from the governor Healthy Northern Kennebec Support from schools **Prevention** Prevention programs **Recovery** Recovery coaches (2) **Treatment** Medication-Assisted Treatment (MAT) providers/programs (5) MaineGeneral Addiction Medicine Department (3) Intensive Outpatient Programs Emergency Medical Services Training to become competent in treating co-occurring substance use disorders at University Maine Augusta Training first responders (2) Kennebec Behavioral Health grant to become Certified Community Behavioral Health Clinic **Harm Reduction** Syringe Service Programs (8) Increased harm reduction programs (3) **Law Enforcement** Local police/Project HOPE (2) **Organizations** Diversity/New Mainers (2) **Funding** Funding for opioid programs such as Rural Communities Opioid Response Program Grant, Drug-Free Communities' grants, and other state or federal funds) (3)	**Treatment** Have to travel for services (3) Lack of outpatient options (2) Lack of providers - general (11) Lack of rehab facilities Lack of funding for intensive outpatient programs Lack of MAT trained providers (3) Lack of coordinated care (2) Pandemic policies that limit access **Recovery** Lack of recovery friendly worksites and hiring practices (2) **Stigma** Stigma (7) **Funding** Funding for programs (2) **Equity** Tailored services for different pop segments (by race/ethnicity, LGBTQ+, new Mainers, etc.) (3) Mobile units for rural communities (3) **Prevention** Need more primary prevention

PRIORITY: ACCESS TO CARE

KEY TAKEAWAYS FOR KENNEBEC COUNTY

Access to care was identified as the second top priority in Kennebec County. It was also identified as a top health concern in all other counties in the state. Access to care means having the timely use of health services to achieve the best possible health outcomes. It consists of four main components: availability of insurance coverage, availability of services, timeliness of access, and the health care workforce.[4]

Participants in the community forums noted barriers exist that are difficult to address, including attracting and keeping health care providers, staff shortages and burnout, a lack of providers for youth services, long travel distances, and a lack of broadband access that makes telehealth and other online services more difficult to implement. Overuse or misuse of the emergency department for preventative or routine care was also noted as a challenge for the community.

A lack of health insurance was the most frequently identified health indicator mentioned by community members. From 2015-2019, the rate of **uninsured** in Kennebec County was 7.4%. The state uninsured rate was 7.9% over the same period.

"Lack of workforce and providers lead to long wait times and overutilization of the emergency room for care that could potentially be addressed through primary care."

Cost barriers to care were the second most frequently identified health indicator related to access to care. In 2015-2017, 11.0% of adults reported that there was a time during the last 12 months when they needed to see a doctor but could not because of the cost. This is similar to the state overall (10.6%).

The **distance needed to travel to see a primary care provider** is a concerning indicator in relation to the access to care. In 2019, 20.8% (1 in 5) of Kennebec County residents needed to travel 30 miles or more to be seen by a primary care provider. It was mentioned by 15% of forum participants as a common gap or need in the area.

In 2020, 30.5% of Kennebec County residents were enrolled in **MaineCare**. This is similar to the state where 29.1% of all Mainers were enrolled in the program. These are both higher rates of enrollment when compared to the U.S. (24.1%).

Disparate communities experience barriers related to access differently. Black or African American community members expressed concerns about representation and culturally competent care, as well as issues with health literacy. Similarly, individuals with disabilities noted a lack of provider training in care and communication with the population. Additionally, the LGBTQ+ community identified a need for primary care, behavioral health, and other providers who offer affirming care for the LGBTQ+ population.

Despite the challenges that Kennebec County faces with access to care, community forum participants noted the area has MaineGeneral Hub Central Referral Line, Projects for Assistance in Transition from Homelessness (PATH), Healthy Maine Partnerships, and Penquis.

For more information about how those who may experience systemic disadvantages are impacted by this health topic area, please see the State CHNA Report.

[4] Chartbook on Access to Health Care, Agency for Healthcare Research and Quality. Available from: https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/elements.html

MAJOR HEALTH CONCERNS FOR KENNEBEC COUNTY

	KENNEBEC COUNTY			BENCHMARKS			
INDICATOR	**POINT 1**	**POINT 2**	**CHANGE**	**MAINE**	**+/-**	**U.S.**	**+/-**
ACCESS							
Uninsured	2009-2011 **8.8%**	2015-2019 **7.4%**	○	2015-2019 **7.9%**	○	2019 **9.2%**	N/A
MaineCare enrollment (all ages)	2019 **27.2%**	2020 **30.5%**	N/A	2020 **29.1%**	N/A	**2020** **24.1%**	N/A
MaineCare enrollment (ages 0-19)	2019 **41.9%**	2020 **45.7%**	N/A	2020 **43.8%**	N/A	—	N/A
Ratio of population to primary care physicians	—	2019 **1,285.0**	N/A	2019 **1,332.0**	N/A	—	N/A
Usual primary care provider (adults)	2012-2014 **89.5%**	2015-2017 **88.1%**	○	2015-2017 **87.9%**	○	2017 **76.8%**	N/A
Primary care visit to any primary care provider in the past year	2012-2014 **72.5%**	2015-2017 **73.1%**	○	2015-2017 **72.0%**	○	2017 **70.4%**	N/A
Cost barriers to health care	2011-2013 **10.4%**	2015-2017 **11.0%**	○	2015-2017 **10.6%**	○	2016 **12.0%**	N/A
Primary care visits that were more than 30 miles from the patient's home	—	2019 **20.8%**	N/A	2019 **20.0%**	N/A	—	N/A

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ADDITIONAL SYMBOLS	
*	means results may be statistically unreliable due to small numbers, use caution when interpreting.
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COMMUNITY RESOURCES TO ADDRESS ACCESS TO CARE

Available resources in Kennebec County to address issues related to access include cohesion of the community, the presence of community organizations that increase access to care, emerging technologies, alternatives to in-office care, health care education, and a development plan for the health care workforce. Community members were also able to identify potential barriers to care. These included limited numbers of healthcare providers, a lack of specialist services, and a lack of resources for youth healthcare.

The following information was gathered from participants during a group activity. Participants were asked to share their knowledge of the gaps and needs or resources and assets in their communities regarding the identified health priorities. The numbers in parentheses indicate the number of times community members mentioned or concurred with what was listed.

Table 9. Gaps/Needs and Available Resources (Access to Care)

AVAILABLE RESOURCES	GAPS/NEEDS
Community Cohesion Collaboration among organizations (2) Schools (2) Healthy Maine Partnerships Diversity/New Mainers Multi-service community resources **Community Organizations** Federally Qualified Health Centers (6) Penquis MaineGeneral Hub Central Resource Line (3) **Technology** Telehealth (3) Online health portal for communication (2) **Access alternatives** Meds by Mail (2) Express care sites Community Care Team Project for Assistance in Transition from Homelessness/The Opportunity Alliance grant for homeless adults Homeless outreach for youth Availability of primary care **Workforce Development** Family Medicine Institute Maine Dartmouth Family Practice training new primary care providers **Education** Colon Cancer/Lung Screening awareness campaigns (4)	**Barriers to Care** Insurance issues (6) Cost of care (2) Broadband/internet issues Pandemic policies that limit access **Providers/workforce** Availability of primary care providers (6) Workforce - not enough providers to fulfill needs (5) Lack of specialists (2) **Long Term Care** Lack of nursing homes (3) Home care for elderly (2) **Coordination** Bring back comprehensive community health coalitions (4) **Youth** Who are the youth we don't know about? **Funding** Funding for programs (6)

OTHER IDENTIFIED NEEDS

The following is a list of all health priorities identified in the Kennebec County forum. Each participant was allowed to vote for up to 4 priorities from a list of twenty-four priorities. The first column is the name of the priority, the second column is the total number of votes that priority received, and the final column is the percentage of participants who voted for that priority.

Table 10. All Priority Health Topic Areas for Kennebec County

PRIORITIES	# OF VOTES	% OF PARTICIPANTS
Mental Health	35	54%
Social Determinants of Health	32	49%
Substance and Alcohol Use	28	43%
Access to Care	22	34%
Physical Activity, Nutrition, and Weight	15	23%
Older Adult Health	14	22%
Cancer	6	9%
Health Care Equity	4	6%
Pregnancy and Birth Outcomes	3	5%
Children with Special Needs	2	3%
Environmental Health	2	3%
Immunization	2	3%
Infectious Disease	2	3%
Intentional Injury	2	3%
Tobacco	2	3%
Cardiovascular Disease	1	2%
Oral Health	1	2%
Unintentional Injury	1	2%
Other (prevention, chronic disease, homelessness)	1	2%

APPENDIX: METHODOLOGY

The Maine Shared CHNA is a public-private collaboration governed by a Steering Committee, which is made up of representatives of each member organization (CMHC, MGH, MH, NLH, and Maine CDC). The Steering Committee sets fiscal and operational goals that are then implemented by the Maine Shared CHNA Program Manager. Input is provided by key stakeholder groups including the Metrics Committee and the Health Equity/Community Engagement Committee.

The **Metrics Committee** is charged with creating and reviewing a common set of population/community health indicators and measures every three years. Before the 2018-2019 Maine Shared CHNA, the Metrics Committee conducted an extensive review of the data using the following criteria as a guide: 1.] describes an emerging health issue; 2.] describes one or more social determinants of health; 3.] measures an actionable issue; 4.] the issue is known to have high health and social costs; 5.] rounds out our description of population health; 6.] aligns with national health assessments (e.g.: County Health Rankings, American Health Rankings, Healthy People); 7.] data is less than 2 years old; 8.] data was included in the previous data set, or 9.] the Maine CDC analyzes the indicator in a current program. This review process was carried into the 2021-2022 Maine Shared CHNA, where the Metrics Committee also reviewed the previous data set to check for changes in data sources, potential new sources of data to round out certain topics, and to deepen Social Determinants of Health data which many of our partners have included in their work.

The **Health Equity/Community Engagement Committee** is charged with updating outreach methodology to ensure a collection of broad, diverse, and representative qualitative data from groups that are more likely to experience health disparities. To ensure these methods reflect the needs and cultural expectations this committee included representatives from a variety of Maine's ethnic-based and community-based organizations, along with representatives from public health and healthcare, and a variety of additional partners.

The 2021-2022 Maine Shared CHNA process involved three phases.

Data Analysis

The first phase of the project involved the analysis of more than 220 health indicators for the state, counties, public health districts, selected cities, and by specific demographics when available.

Data analysis was conducted by the Maine CDC and its epidemiology contractor, the University of Southern Maine with additional support from the contracted vendor, Market Decisions Research.

Community Outreach and Engagement

Community outreach and engagement for the Maine Shared CHNA included the following efforts:

- 17 County Forums (Maine)
- 9 Community Sponsored Events
- 1,000 Oral Surveys

County Forums were held in each of Maine's 16 counties, with one county, Cumberland, hosting one event in western Cumberland and one in eastern Cumberland in recognition of the differences between Greater Portland (Maine's most densely populated area) and the Lakes Region, (a more rural area). Local planning teams led by local healthcare and public health district liaisons organized and promoted these events. Participants were shown a PowerPoint presentation with relevant county data and were led through guided discussions to identify indicators of concern. Participants then voted to identify their top four health priorities. They were then asked to share their knowledge on gaps and assets available in their communities to address each of the top priorities identified.

New this cycle was an expanded effort to reach those who experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted. One effort included nine community-sponsored events. The hosts were chosen for their statewide reach.

The communities included:

- Black or African American
- Homeless or formerly homeless
- LGBTQ+ community
- Older adults
- People who are deaf or hard of hearing
- People who live with a disability
- People with low income
- People with a mental health diagnosis
- Youth

These events followed the same methodology as county forums with hosts providing input on the data presentation and leading the effort to recruit participants

Oral surveys were conducted in collaboration with eight ethnic-based community organizations' (ECBO's) community health workers to better reach Maine's immigrant population. There were 1,000 surveys were conducted in either English (32%), Somali, (24%), Arabic (23%), French (8%), Spanish (5%), Lingala (3%), and other languages including Swahili, Maay Maay, Portuguese, Oromo, Eretria, Kirundi, and Amara. When asked for their countries of origin, respondents most commonly cited the United States (212), Iraq (205), Somalia (157), The Democratic Republic of Congo (81), Djibouti (70), Kenya (30), and Mexico (29).

Other countries of origin mentioned included Rwanda, Ethiopia, Angola, Syria, Guatemala, South Africa, Palestine, Puerto Rico, Morocco, Afghanistan, El Salvador, Nigeria, Canada, Burundi, Eritrea, France, Honduras, Uganda, Jamaica, Mali, Gabon, Sudan, Nicaragua, Peru, and Brazil

The survey was an adaptation of the City of Portland's Minority Health Program Survey conducted in 2009, 2011, 2014, and 2018. In 2021, a small group of stakeholders convened to adapt this survey to meet the needs of the Maine Shared CHNA. This group included those who deployed the survey as well as other interested parties.

Groups that piloted these new outreach methods were offered stipends for their time.

Due to concerns related to COVID-19, community engagements efforts were conducted virtually except the event for the deaf or hard of hearing, which was held in a gymnasium at the Governor Baxter School for the Deaf on Mackworth Island. Oral surveys were conducted telephonically or by following current U.S. CDC COVID-19 protocols.

Community engagement was supported by John Snow, Inc. (JSI), who also conducted the initial qualitative analysis. All support materials including Data Profiles and PowerPoints were produced by Market Decisions Research.

Reporting

Initial analysis for each event and the oral surveys were reviewed by local hosts for accuracy and to ensure the information the community may find sensitive was flagged. Final CHNA reports for the state, each county, and districts were developed in the spring of 2022. Final Reports were written and produced by Market Decisions Research.

In addition to Urban, County, and Health District reports, the County, District, and State level data are also available on an Interactive Data Portal. The data in the portal is arranged by health topic and provides demographic comparisons, trends over time, definitions, and information on the data sources. Visit www.mainechna.org and click on **Interactive Data** in the menu to the left. The Maine Shared CHNA website is hosted by the Maine DHHS. (www.mainechna.org).

One virtual community forum was held in Kennebec County on November 2, 2021, with 65 attendees. Persons from the following organizations representing broad interests of the community who were consulted during the engagement process:

Central Public Health District
City of Gardiner
Friends of Quarry Road
Good Shepherd Food Bank
HealthReach Community Health Centers
Healthy Communities of the Capital Area
Healthy Northern Kennebec
Inland Hospital
Kennebec Behavioral Health
Maine Center for Disease Control and Prevention
MaineGeneral Health
MaineGeneral Medical Center
Northern Light Health
Northern Light Health Inland Hospital
Northern Light Inland Hospital Continuing Care, Lakewood
Northern Light Sebasticook Valley Hospital
The Maine Children's Home for Little Wanderers

For a complete listing of organizations consulted for each of the 10 health equity outreach efforts, please see the Acknowledgments, page 21. The State Report, found on the Maine Shared CHNA website, www.mainechna.org, provides a full description of findings by each community-sponsored event.

ACKNOWLEDGMENTS

Funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous support from the Maine CDC and countless community partners and stakeholder groups. Additional funding was provided by the Maine Health Access Foundation and the Maine CDC to conduct additional outreach to engage those whose voices would not otherwise be distinctly heard. The Maine Shared CHNA is also supported in part by the U.S. Centers for Disease Control and Prevention (U.S. CDC) of the U.S. Department of Health and Human Services (U.S. DHHS) as part of the Preventive Health and Health Services Block Grant (awards NB01OT009343-01 & NB01OT009413-01). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the U.S. CDC/HHS, or the U.S. Government.

The infrastructure for community-led efforts is gaining strength. We are grateful to those who put their trust in the Maine Shared Community Health Needs Assessment process. Together, the MSCHNA and each of our community hosts have strived to ensure their voices are reflected herein.

Oral Survey Sponsors

Capital Area New Mainers Project
City of Portland's Minority Health Program
Gateway Community Services
Maine Access Immigrant Network
Maine Community Integration
Maine Department of Health and Human Services*
Maine Immigrant and Refugee Services
Mano en Mano
New England Arab American Organization
New Mainers Public Health Initiative

Community Event Sponsors

Consumer Council System of Maine
Disability Rights Maine
Green A.M.E. Zion Church
Health Equity Alliance
Maine Continuum of Care
Maine Council on Aging
Maine Primary Care Association
Maine Youth Action Network

*Includes the Manager of Diversity, Equity, and Inclusion and the Maine CDC.

Months of planning were conducted by stakeholder groups including the Metrics Committee, Data Analysis Team, Community Engagement Committee, Health Equity Committee, and Local Planning teams. For a complete listing please visit the Maine Shared CHNA website About Us page. Significant analysis was conducted by epidemiologists at the Maine CDC and the University of Southern Maine's Muskie School of Public Service. Market Decisions Research provided quantitative and qualitative analysis and design and production support. John Snow, Inc. (JSI) provided methodology, community engagement, and qualitative analysis expertise and support. The oral survey was adapted from the City of Portland's Minority Health Program's survey. Special thanks to the Partnership for Children's Oral Health for their data contribution.